DEPARTMENT OF VETERANS AFFAIRS
Washington DC 20420

June 2, 2020

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

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

Dear Austin Evers and Marueen Rasheed,

This is the Ninth 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."

Ninth 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 two thousand five hundred thirteen (2,513) pages, Bates-numbered 5001-7530.

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 you two thousand five hundred thirteen (2,513) pages, Bates-numbered 5001-7530, OSVA redacts some information with FOIA Exemptions 2, 4, 5, and 6. 5 U.S.C. § 552(b)(2) exempts from disclosure information "related solely to the internal personnel rules and practices of an agency." In this instance, the redacted information relates solely to internal personnel rules and practices of unsuccessful VA applicants applying for or considering VA positions, or VA employees resigning from the VA. The redacted information includes unsuccessful or withdrawn applicants' personal statements, past employers, jobs, duties, descriptions, locations, education, certifications, accomplishments, security clearances, training, awards, references, publications, research projects, and research grants. Redacted information also includes filled-in information from federal applicants submitted on SF-86, security clearance

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forms, FBI forms, and Presidential appointment forms, including attachments. Redacted information also includes details of Scott Blackburn's resignation.

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, Moskowitz's legal consultation, NGLPRQ, and a Bergen proposal to the New Jersey government), proposed technical approaches, teaming or partnership agreements, assessment methodology, labor rates, all of which the VA never accepted. Redacted information also includes copyrighted GCAAR forms and a Harvard journal article. Such information is marked confidential, and offerors (such as Apple, Moskowitz's legal consultation, NGLPRQ, and Bergen) typically treat such as commercially private information or having received an assurance of privacy from the VA.

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. OSVA redacted communications between VA employees and White House Counsel or advisors. Loving v. DOD, 550 F.3d 32, 37-38 (D.C. Cir. 2008) (Exemption 5 "incorporates" Presidential Communications Privilege, which protects "'communications directly involving and documents actually viewed by the President,' as well as documents 'solicited and received' by the President or his 'immediate White House advisers'" (internal citations omitted)); Berman v. CIA, 378 F. Supp. 2d 1209, 1219-20 (E.D. Cal. 2005) (same), aff'd on other grounds, 501 F.3d 1136 (9th Cir. 2007); Judicial Watch, Inc. v. DOJ, 365 F.3d 1108, 1110 n.1 (D.C. Cir. 2004) ("embrac[ing] the definitional analysis set forth" in In re Sealed Case, 121 F.3d 729, 749-50, 752 (D.C. Cir. 1997), protecting documents covered by Presidential Communications Privilege); Amnesty Int'l USA v. CIA, 728 F. Supp. 2d 479, 522 (S.D.N.Y. 2010) ("all twenty documents reflect or memorialize communications between senior presidential advisers and other United States government officials and are therefore properly withheld"). Out of twelve thousand nine hundred fifty-nine (12,959) pages released to you, OSVA redacted information per the presidential communications privilege on only sixty-three (63) 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 privilege, the VA redacts portions of records, emails, and communications between VA employees and attorneys relating to proposed language for a Request for Proposal procurement. Under the work product privilege, the VA redacts paraphrases of VA attorney-client communication relating to proposed language for a Request for Proposal procurement. The release of this information would impede the ability of VA employees and attorneys, as well as amongst VA employees who paragraphed VA attorney-client communication, to speak openly and frankly about legal issues concerning procurements. The release of this information would also compromise the VA's legal positions for any potential procurement lawsuits.

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,

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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, a VA OIG complaint details, and proposed language for a Request for Proposal, 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, a VA OIG complaint details, and proposed language for a Request for Proposal. 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").

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

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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, unsuccessful federal applicants, private citizens, and their family members. Federal employees, federal contractors, veterans, unsuccessful federal applicants, 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, unsuccessful federal applicants, 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, unsuccessful federal applicants, 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 nineteen thousand five hundred (19,500) pages and released twelve thousand nine hundred fifty-nine (12,959) pages, some redacted, to you. About six thousand five hundred (6,500) pages predate November 9, 2016 and, thus, are non-responsive to your FOIA request. Thirty (30) pages were unrelated to the VA and, thus, not agency records. Of the released twelve thousand nine hundred fifty-nine (12,959) pages, some redacted, to you, five thousand seven hundred forty-six (5,746) pages relate to three (3) informal advisors.

Previous Partial Initial Agency Decisions

On May 5, 2020, OSVA released to you six hundred eighty-nine (689) pages, Bates-numbered 19304-20000 redacted with FOIA Exemptions 5 and 6. 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.

On March 24, 2020, OSVA released to you two thousand three hundred seventy (2,370) pages, Bates-numbered 21639-21985 and 5001-7037, redacted with FOIA Exemptions 2, 4, 5, 6, and

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7. On March 17, 2020, OSVA released to you two thousand three hundred eighteen (2,318) pages, Bates-numbered 19304-21634, redacted with FOIA Exemptions 4, 5, and 6.

On March 10, 2020, OSVA released you two thousand two hundred seventy-four (2,774) pages, non-consecutively Bates-numbered 15140-19303, redacted with FOIA Exemptions 2, 4, 5, and 6. One thousand eight hundred twenty-nine (1,829) pages between those Bates-numbers predated November 9, 2016 and were, thus, non-responsive to your FOIA request. Thirty (30) pages between those Bates-numbers were unrelated to the VA and, thus, not agency records.

On February 3, 2020, OSVA released one thousand nine hundred fifty-four (1,954) pages, Bates-numbered 1659-3638, redacted with FOIA Exemptions 2, 4, 5, and 6. On January 14, 2020, OSVA released seven hundred six (706) pages, Bates-numbered 950-1658, redacted with FOIA Exemptions 2, 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:

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

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

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

Sincerely,

Richard Ha, JD, CIPP/G
OSVA FOIA Officer

Attachments – Redacted two thousand five hundred thirteen (2,513) pages

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Providing Optimal Mental Health Care for Military Personnel: Strategic Planning Process

Submitted by (b) (6), M.D.
Departments of Psychiatry, Neuroscience and Public Health
Columbia University

(b) (5)

Background

(b) (5)

(b) (5)

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(b) (5)

[redacted]

Scope of the Problem

- (b) (5)
- [redacted]

Strategic Planning Process

(b) (5)

[redacted]

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(b) (5)

[redacted]

Activities

(b) (5)

[redacted]

Support and Resources

(b) (5)

[redacted]

Time Frame

(b) (5)

[redacted]

DRAFT

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Message

From: David Shulkin [drshulkin@aol.com]
Sent: 3/14/2017 12:49:18 PM
To: (b) (6) @gmail.com
Subject: Fwd: complicated few days

(b) (6) I think the best options for the travel this week is:

Lets take the train from DC to Newark on Thursday both ways-

Then on Friday lets try for the 1 PM accela from DC to Phl with a return Acela at 715 or so on Sunday night to DC

In philly we will need to following from security.

Train station to Wharton on Friday and then from Wharton to the Vernick restauarant Friday night with the Nichtbergers then home to my residence

Saturday I will need a late afternoon detail about 4 30 PM from my residence to the king of Prussia mall - both to Home Depot and then to Dinner at the Bonefish Grill in King of Prussia

On Sunday I will need the detail at the reception hall in Gladwyne at noon (Jackie has the details) and then from the residence to 30th street leaving my home at 625 PM

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/7/2017 10:03:06 PM
To: Va David [vacodjs1@va.gov]
Subject: Fwd: VA CIO
Attachments: (b) (6) Biosketch-BRUE-2-16.doc; Untitled attachment 08289.htm

Sent from my iPhone

Begin forwarded message:

From: Bruce Moskowitz <brucem(b) (6) mac.com>
Date: April 7, 2017 at 3:28:07 PM EDT
To: drshulkin@aol.com
Cc: IP <(b)@frenchangel59.com>
Subject: VA CIO

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BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors in the order listed on Form Page 2.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME	POSITION TITLE
(b) (6), (b) (2)	(b) (6), (b) (2)
eRA COMMONS USER NAME (credential, e.g., agency login) (b) (6)	

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	MM/YY	FIELD OF STUDY
(b) (6), (b) (2)			

A. Personal Statement

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

B. Positions and Honors

Positions and Employment

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

Other Experience and Professional Memberships

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

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

[redacted]

Honors

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

[redacted]

C. Contribution to Science

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

[redacted]

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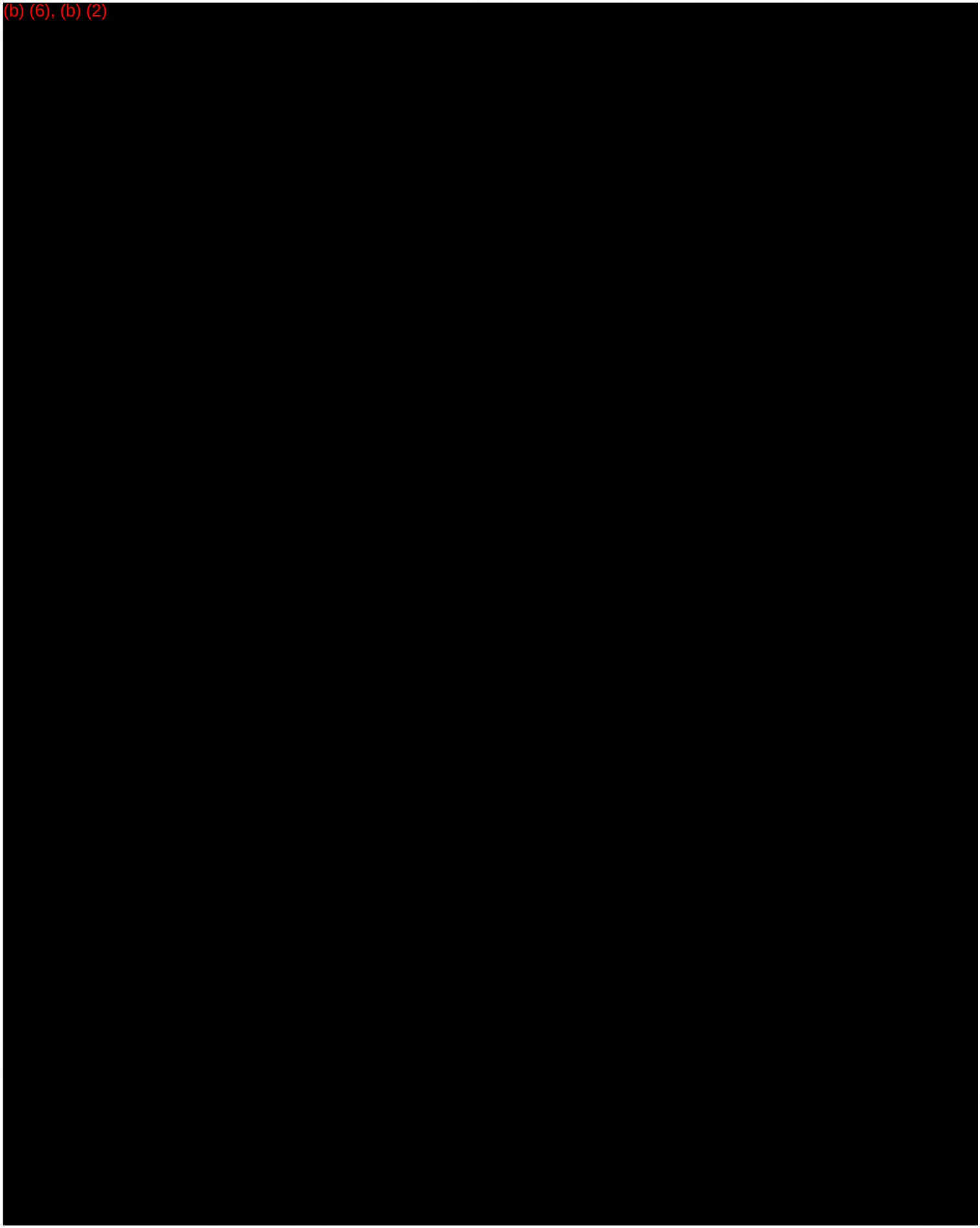

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(b) (6), (b) (2)



D. Research Support

Ongoing Research Support

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



Completed Research Support

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



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Sent from my iPad
Bruce Moskowitz M.D.

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Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 4/7/2017 7:28:07 PM
To: drshulkin@aol.com
CC: IP [(b)@frenchangel59.com]
Subject: VA CIO
Attachments: (b) (6) Biosketch-BRUE-2-16.doc; Untitled attachment 08295.txt

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BIOGRAPHICAL SKETCH

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NAME	POSITION TITLE
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EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	MM/YY	FIELD OF STUDY
(b) (6), (b) (2)			

A. Personal Statement

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

B. Positions and Honors

Positions and Employment

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

Other Experience and Professional Memberships

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

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

[redacted]

C. Contribution to Science

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

[redacted]

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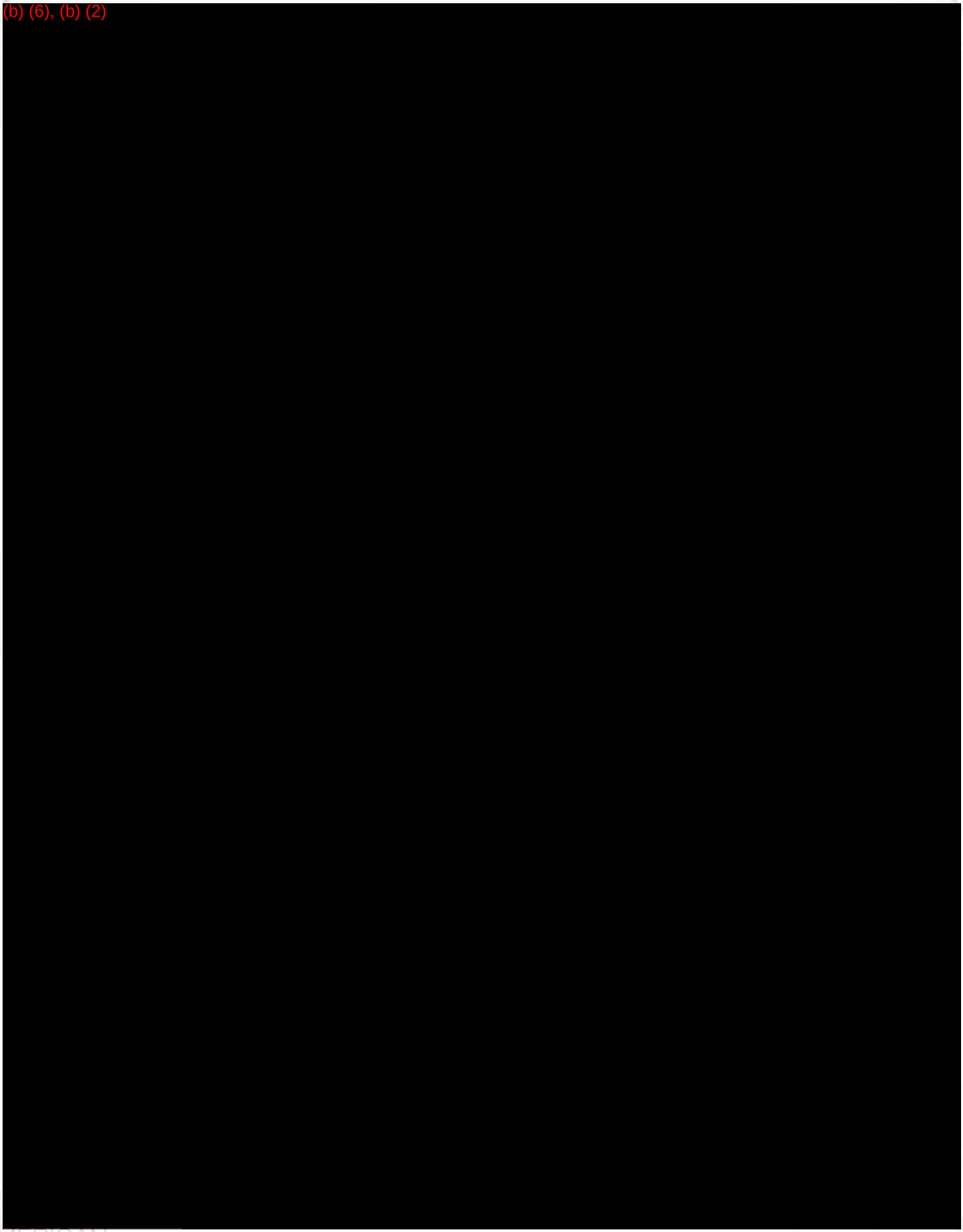
(b) (6), (b) (2)



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

[redacted]

D. Research Support

Ongoing Research Support

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

[redacted]

Completed Research Support

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

[redacted]

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Sent from my iPad
Bruce Moskowitz M.D.

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Message

From: Poonam Alaigh [(b) (6) hotmail.com]
Sent: 4/25/2017 1:22:37 PM
To: IP [@frenchangel59.com]
CC: David shulkin [drshulkin@aol.com]
Subject: Re: Wednesday's dinner April 26 and major event on Thursday, April 27th at 2:00 PM

Ike, we have a confirmation from DoD - Anthony Kurta is acting Under Secretary of Defense for Personnel and Readiness and his personal email is (b) (6) @hotmail.com

Sent from my iPhone

On Apr 25, 2017, at 7:34 AM, IP <(b)@frenchangel59.com> wrote:

FYI

From: IP [mailto:@frenchangel59.com]
Sent: Tuesday, April 25, 2017 7:32 AM
To: (b) (6) @who.eop.gov; (b) (6) @who.eop.gov
Cc: (b) (6) @who.eop.gov; (b) (6) EOP/WHO
(b) (6) @who.eop.gov)
Subject: Wednesday's dinner April 26 and major event on Thursday, April 27th at 2:00 PM

Jared and (b) (6)

The expected attendees at Wednesday's dinner are listed below FYI. The plan is to have some detailed discussion around most of the topics on the agenda I sent you Sunday. I have attached the agenda again for your reference. To the extent we have insufficient time to complete our discussions at dinner we plan to reconvene on Thursday early in the morning to continue. We will attend the major event at the White House at 2:00 PM.

Ike

****

Wednesday Dinner Attendees (as of now)

1. Ivanka Kushner (*If available*)
2. Jared Kushner
3. (b) (6)
4. (b) (6)
5. Dr. Bruce Moskowitz
6. Dr. (b) (6)
7. Dr. (b) (6)
8. Dr. (b) (6)
9. Dr. Poonam Alaigh
10. Marc Sherman
11. (b) (6)
12. Representative Roe
13. Secretary David Shulkin
14. Laurie Perlmutter

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15. Ike Perlmutter

Waiting to hear from Senator Isakson and DOD Representative

<image.png>

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Message

From: IP [(b) (6)@frenchangel59.com]
Sent: 4/25/2017 11:33:44 AM
To: Poonam Alaigh [(b) (6)hotmail.com]; David shulkin [drshulkin@aol.com]
Subject: FW: Wednesday's dinner April 26 and major event on Thursday, April 27th at 2:00 PM
Attachments: image.png

FYI

From: IP [mailto:(b) (6)@frenchangel59.com]
Sent: Tuesday, April 25, 2017 7:32 AM
To: (b) (6)@who.eop.gov; (b) (6)@who.eop.gov
Cc: (b) (6)@who.eop.gov; (b) (6) EOP/WHO (b) (6)@who.eop.gov)
Subject: Wednesday's dinner April 26 and major event on Thursday, April 27th at 2:00 PM

Jared and (b) (6)

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3. (b) (6)
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6. Dr. (b) (6)
7. Dr. (b) (6)
8. Dr (b) (6)
9. Dr. Poonam Alaigh
10. Marc Sherman
11. (b) (6)
12. Representative Roe
13. Secretary David Shulkin
14. Laurie Perlmutter
15. Ike Perlmutter

Waiting to hear from Senator Isakson and DOD Representative

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Possible Attendee	Agenda item to be considered
DOD	Cooperation between DOD and VA on mental and physical health tracking to prevent medical and mental health issues
Need to Determine - [Identified Physician Residency Link]	Medical residency slots that are linked to Veteran Care (almost every congressional meeting is focused on lack of medical hiring at the VA and with the huge physician shortage in the private sector there is no solution).
1. White House 2. DOD 3. Also a good discussion to have with Senator Isakson and Representative Roe	1. EMR, Cerner v. Epic, Procurement, one time legislative exemption. 2. The impediments of the procurement rules and the risks to life and saving lives.
1. White House 2. Congress	Inventory management systems, device registry and supply chain - also a procurement issue
White House	Telemedicine Executive Order
Congressmen	Choice 2.0
1. DOD 2. Identified Physician Residency Link	PTSD
1. White House 2. Congress	1. Competitive medical hiring flexibility. 2. Accountability

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/30/2017 2:57:15 AM
To: (b) (6) va.gov
Subject: Fwd: Design Ideas for VA Healthcare
Attachments: Modernizing the VA Health Care System Design Ideas.docx; Untitled attachment 08306.htm; VA Vacant Bldgs - 1-22-16.xlsx; Untitled attachment 08309.htm

Please print

Sent from my iPhone

Begin forwarded message:

From: Darin Selnick (b) (6) @gmail.com>
Date: March 29, 2017 at 9:03:48 PM CDT
To: David shulkin <Drshulkin@aol.com>
Subject: Design Ideas for VA Healthcare

Not sure if you were looking for this, but I did find from my Commission work a 2015 VA vacant buildings list, attached.

Also attached is my bullet point list that you asked for me to make up of my VA healthcare design ideas. You will find some new ideas from me and diagram.

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Darin

AMERICAN OVERSIGHT

Modernizing the VA Health Care System Design Ideas

High Level Design Considerations

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AMERICAN OVERSIGHT

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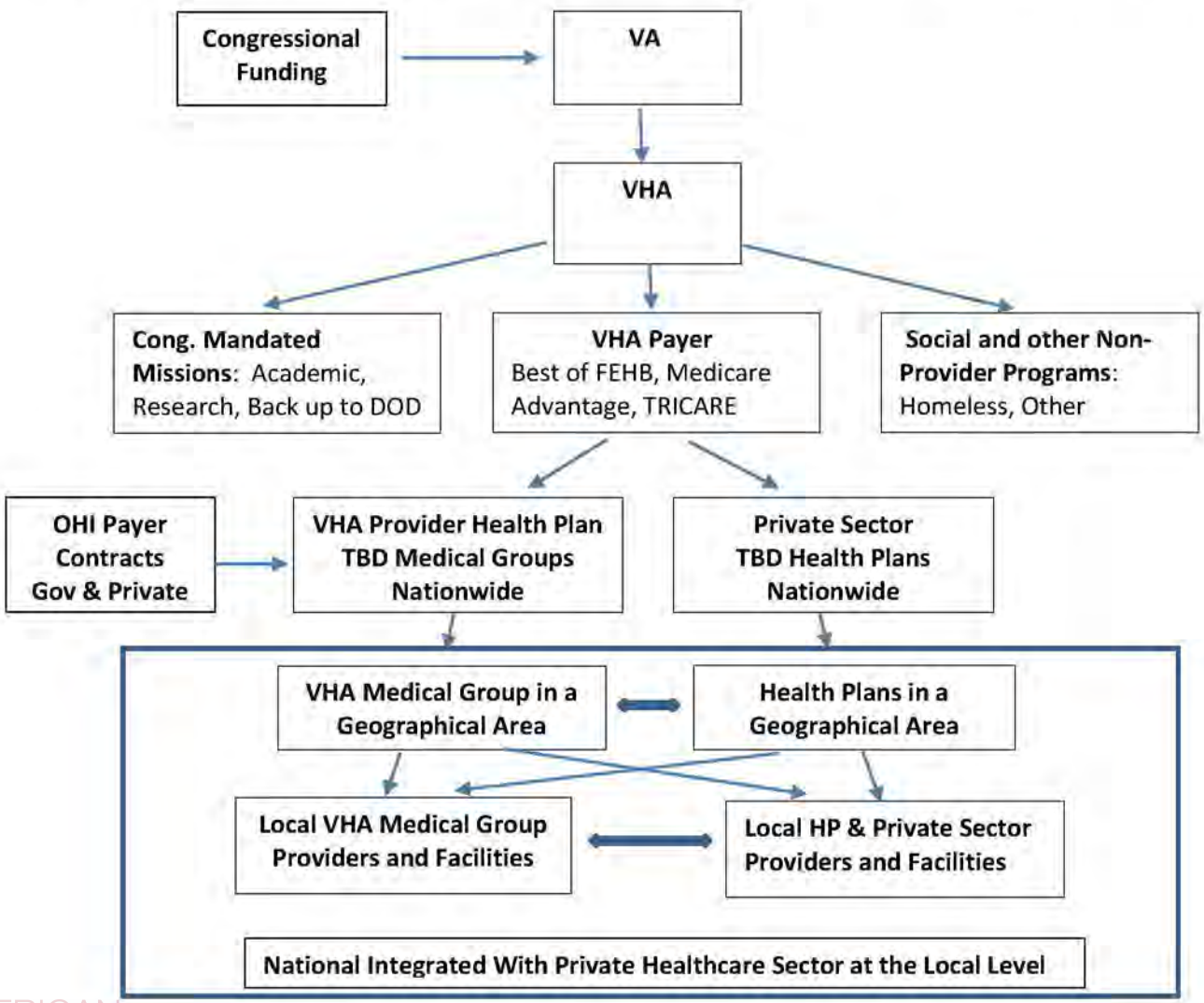
Future VA Healthcare System – *(Payer, Provider, Congressionally Mandated, Social Programs)*



AMERICAN OVERSIGHT

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VA Healthcare Integrated with the National Healthcare System

Example of Integration - Mayo Clinic Care Network Adapted to VHA

Purpose: All clinicians in the country have the ability to be proficient in providing care to veteran patients.

VHA Care Network: Collaborating to enhance locally delivered care

- The VHA Care Network is a network of like-minded organizations that share a common commitment to improving the delivery of health care to veterans in their communities through high-quality, data-driven, evidence-based medical care.
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Sent: 3/30/2017 2:56:58 AM
To: Darin Selnick (b) (6) @gmail.com]
Subject: Re: Design Ideas for VA Healthcare

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Sent from my iPhone

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> Darin
>
> <Modernizing the VA Health Care System Design Ideas.docx>
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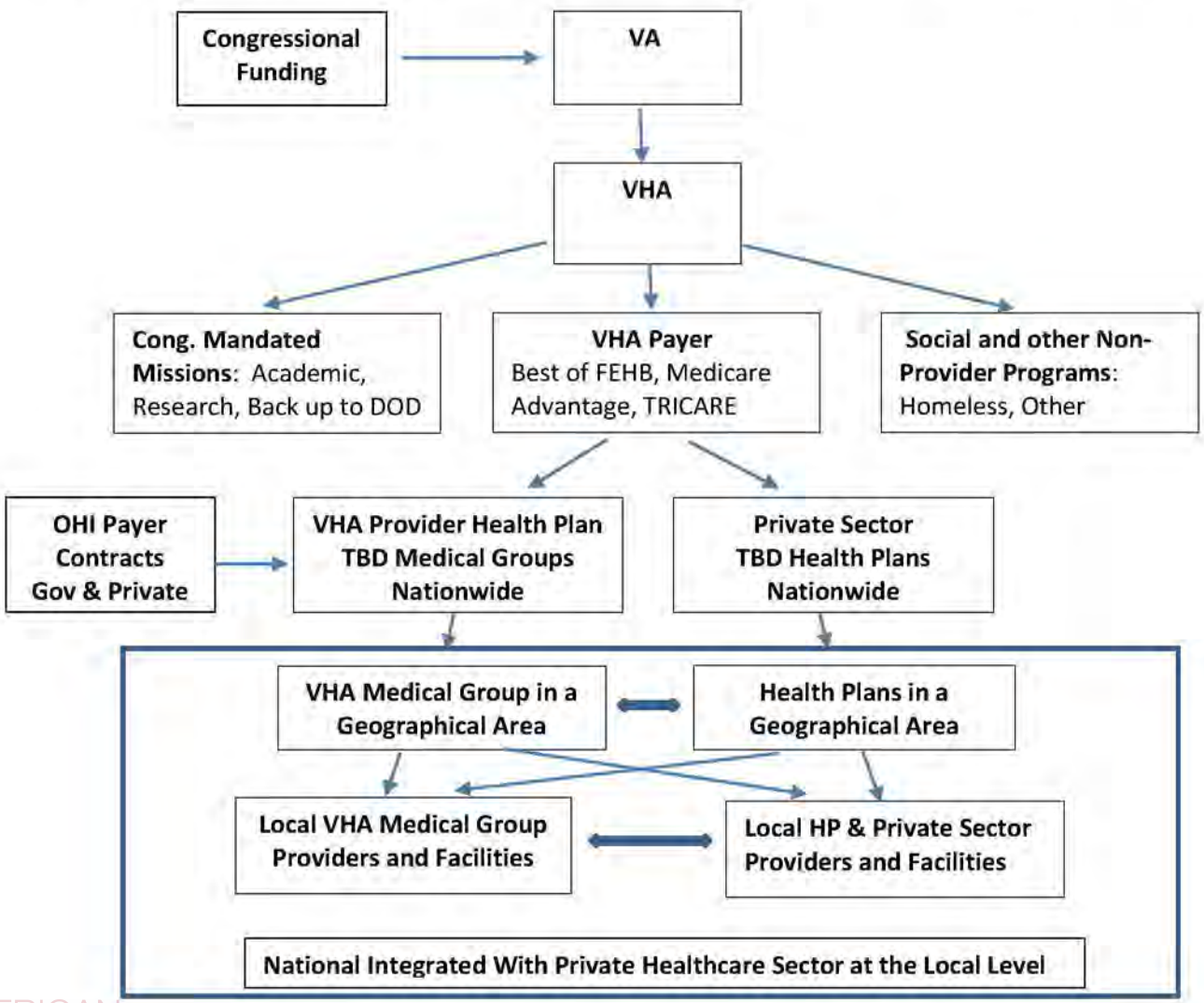

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AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/28/2017 8:11:37 PM
To: Jennifer Lee [(b) (6) @gmail.com]
Subject: Re: Good meeting w Sessions, Buck and Walter Jones

Great

Sent from my iPhone

> On Mar 28, 2017, at 3:23 PM, Jennifer Lee (b) (6) gmail.com> wrote:
>
> Hi David
> We just left our follow up meeting w Sessions and Buck. We have a good way forward. They want to do a case series in the community (Denver) of about 20 veterans w severe symptoms of TBI and PTSD etc and asks us to provide expertise and help select the patients, assess and follow them out.
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> Sessions and Buck were so pleased. Sessions will be sending a letter soon w details of the proposal.
> Jen
>
>
>

AMERICAN OVERSIGHT

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From: Jennifer Lee [(b) (6) @gmail.com]
Sent: 3/28/2017 7:23:28 PM
To: David Shulkin [drshulkin@aol.com]
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AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/17/2017 10:46:30 PM
To: IP [(b)(6)@frenchangel59.com]
Subject: Re: For Mr. Perlmutter

Thanks

Sent from my iPhone

> On Apr 17, 2017, at 6:31 PM, IP <(b)(6)@frenchangel59.com> wrote:
>
> FYI
>
> -----Original Message-----
> From: Marisol Garcia [mailto(b)(6)@frenchangel59.com]
> Sent: Monday, April 17, 2017 6:17 PM
> To: (b)(6)@frenchangel59.com; L Perl
> Subject: FW: For Mr. Perlmutter
>
> FYI
>
> -----Original Message-----
> From: (b) (6) EOP/WHO
> [mailto(b) (6) @who.eop.gov]
> Sent: Monday, April 17, 2017 6:11 PM
> To: Marisol Garcia
> Subject: For Mr. Perlmutter
>
> Marisol - please see attached for Mr. Perlmutter from the President!
>
> Best,
> (b) (6)
>
> (b) (6)
> Executive Assistant to the President of the United States
> Office: (b) (6)
> Cell: (b) (6)
>
> <[Untitled].pdf>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/17/2017 10:46:24 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Fwd: For Mr. Perlmutter
Attachments: [Untitled].pdf; Untitled attachment 08354.htm

Sent from my iPhone

Begin forwarded message:

From: "IP" <(b) @frenchangel59.com>
Date: April 17, 2017 at 6:31:47 PM EDT
To: "David shulkin" <drshulkin@aol.com>
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Executive Assistant to the President of the United States
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AMERICAN OVERSIGHT

(b) (5)

Trump's Promise to Veterans

By Rebecca Burgess

Donald Trump pitched himself as a friend to the American military, and to veterans in particular. His campaign pledged to fix the Department of Veterans Affairs "by firing the corrupt and incompetent VA executives who let our veterans down." Since taking office, however, President Trump hasn't defined what, if anything, his administration will do to make good on that promise. Here are a couple of obvious wrongs he can easily make right.

In 2015, a pair of senior VA officials were accused of defrauding the department to the tune of $400,000. Diana Rubens and Kimberly Graves, the directors of two regional VA offices, had allegedly manipulated the department's hiring and transfer systems for personal financial gain. Ms. Rubens was accused of pressuring a subordinate to leave the VA's Philadelphia office so she could take the job herself, move from Washington, and collect a $288,000 relocation payout. Similarly, Ms. Graves received more than $129,000 by engineering a move from Philadelphia to St. Paul, Minn.

Allison Hickey resigned in October 2015 as the VA undersecretary for benefits amid investigations into her role in the scheme. Ms. Rubens and Ms. Graves were called to appear before the House Veterans Affairs Committee that November, but they refused to testify, invoking their Fifth Amendment right against self-incrimination. Instead of being fired, the pair were demoted. Due to a VA "paperwork mistake," however, the demotion had to be rescinded in December 2015 and reissued.

Then the two got a reprieve from the Merit Systems Protection Board, the quasi-judicial agency whose mission, in part, is to review the disciplining of federal employees.

Corruption at the VA isn't punished, while the Pentagon claws back signing bonuses.

The MSPB is the successor of the U.S. Civil Service Commission, originally set up to protect federal workers from partisan recrimination.

In early 2016 the MSPB fully reversed the punishments of Ms. Rubens and Ms. Graves. Furthermore, the VA did not to try to recover the taxpayer funds that the pair had collected for relocating. It seems that since "senior officials" approved the $400,000, it would have been somehow improper to ask for the money back.

Yet the Los Angeles Times revealed in October 2016 that the Defense Department had been forcing National Guard veterans to repay re-enlistment bonuses—sometimes up to $20,000—they had received during the mid-2000s. The Pentagon said the bonuses were improperly awarded. Nearly 10,000 soldiers, the Times reports, have faced everything from retroactive interest to wage garnishment to tax liens. Debt collectors and tanked credit scores, the result of the retroactive action, will haunt many of them for the foreseeable future.

Unlike the senior VA officials, these soldiers weren't accused of conspiring to game the system. Rather, each signed a service contract and happily took the bonus that the military, under pressure to make up enlistment shortfalls, was eagerly offering. Many consequently deployed for multiple tours. What a way to thank them for their service.

Auditors later determined that the incentive program of the California Army National Guard had been operated like a slush fund, with as much as $100 million misspent. The program's onetime leader, former Master Sgt. Toni Jaffe, was sentenced in May 2012 to 30 months in prison after pleading guilty to filing $15.2 million in false claims. Three other officers were put on probation and forced to pay restitution.

Yet, for some reason, the Pentagon decided to claw back money from the veterans who had received the bonuses. Congress, it turns out, knew about the situation—or at least the California delegation did. When the story hit the press, then-Defense Secretary Ash Carter ordered a halt to the bonus hunting. But the order focused mostly on reviewing and streamlining the process. "This process has dragged on too long, for too many service members," Mr. Carter's statement said. "Too many cases have languished without action." Little was said about the underlying injustice of the matter.

Process is certainly important. As Alexander Pope mused: "For Forms of Government let fools contest; Whate'er is best administer'd is best." But Alexander Hamilton countered the point in Federalist 68. "The true test of a good government," he wrote, "is its aptitude and tendency to produce a good administration."

The rules at the Defense Department and the VA must apply to senior officials and enlisted soldiers alike. Without consistency, even the best process fails from the standpoint of justice.

Exhibit A: the VA, where employees are rewarded because they technically followed a process. Exhibit B: the Pentagon, which could not protect even itself with its own processes. If Mr. Trump wants to do right by veterans and the military, he could begin by insisting on consistency.

Ms. Burgess manages the Program on American Citizenship at the American Enterprise Institute.

Kimberley A. Strassel is away.

My Childhood as a Roaming Catholic

HOUSES OF WORSHIP
By Michael Kerrigan

In April 1978 my family traded Boston urbanity for the relatively untamed South. We had followed career opportunities for my dad before, but never outside the Northeast. My parents put on a brave face during the tumultuous drive

The road trip was soon over, and in time we would settle into our new community. But there was no way of knowing how long it would take, especially after our first Sunday in town, which happened to be Easter. It left us even more disoriented than when we arrived, and 40 years later I remember it well.

My mom and dad cradle

It must have been, because we went in and experienced an Easter Sunday I'll never forget. The priest looked like a cast member from "Hair" as he led an entrance procession inspired more by Frampton than Bach. His vestments, such as they were, barely hid casual attire underneath, and had the permanence of NBA

rediscover what made them fall in love in the first place. Immediately my sister and I tried to identify the unlucky couple among the parishioners.

During the Our Father, everyone in the pews held hands, even across the aisle. This wasn't just tolerated. It was a necessary condition, the closing of the [illegible] before the priest would throw

BOOKSHELF | B

Back U.S.S

Who Lost Ru

By Peter Conradi
(Oneworld, 370 pa

In 1996 President of his Russian co sult meant for th sian people chose de for the remarkable p and toward a free ec the Soviet Union, th nally democratic Ru

How things have beset by economic v the promise that it c its post-Soviet grow has proved otherwis



for alliance system and close to its borders? to accept its status a Soviet Union?

Mr. Conradi esche number of illuminat taken. For example, eign leader to call W 2001. Mr. Putin pled phone to Condoleez "The Cold War reall

Mr. Putin, howeve mentality in the We Russian leader fram his country's securit tied to. "Like Russia Mr. Putin "wanted w rather than strong, have the strategic d tin, NATO expansior cle his country, a pe ounding Ukraine's

AMERICAN ENTERPRISE INSTITUTE

VA-19-0799-I-000040

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/23/2017 8:22:38 PM
To: Ike Perlmutter [[redacted]@frenchangel59.com]
Subject: Re:

Grear was meant to say great

Sent from my iPhone

> On Mar 23, 2017, at 4:22 PM, David shulkin <Drshulkin@aol.com> wrote:
>
> I spoke to melissa- she was grear
>
> We have a plan!
>
> Thanks
>
> David
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 3/20/2017 1:00:27 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

Yup- I saw it- dont know what to make of it though

From: David shulkin <Drshulkin@aol.com>
Sent: Sunday, March 19, 2017 3:44 PM
To: Poonam Alaigh
Subject:

https://boingboing.net/2017/03/17/southern-white-house-my-ass.html



Trump's big VA meeting at Mar-a-Lago weirdly canceled at last minute after this awkward moment

boingboing.net

Trump's big VA meeting at Mar-a-Lago weirdly canceled at last minute after this awkward moment

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/19/2017 7:44:55 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]

https://boingboing.net/2017/03/17/southern-white-house-my-ass.html

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/14/2017 12:45:18 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
Attachments: IMG_3782.JPG; Untitled attachment 08380.txt

Bruce- i dont know if you can read this- but this is the offer from (b) (6) and (b) (6) (b)

Any thoughts?

AMERICAN OVERSIGHT

(b) (6) MD
Professor of Medicine

Penn Medicine
Perelman School of Medicine
University of Pennsylvania Health System

January 19, 2017

David J. Shulkin, MD
Under Secretary of Health
US Department of Veterans Affairs
810 Vermont Avenue
Washington, DC 20420
david.shulkin@va.gov

Dear David:

What a smart decision of the Trump administration to nominate you for the position in the cabinet as Secretary for the VA. Given your commitment to quality health care since the beginning of your professional life through the vast experience you've had from those early years, when we established the position of Chief Quality Officer, designed just for you, at the University of Pennsylvania Health System so many years ago, to the Under Secretary role - no one possibly could be more qualified. My warmest congratulations.

About 3 1/2 years ago, (b) (6) and I began tossing around the notion between the two of us that we should have a goal in America of having the Best Healthcare Ecosystem in the World. We moved quickly to include (b) (6) in our small group given his extensive experience, impeccable reputation, and enthusiastic commitment to this concept. We believe this concept was the nidus of what eventually evolved to become Vital Directions in Health and Healthcare under the leadership of (b) (6) at the NAM, recently published in JAMA. While we were totally supportive of their decision to take this on, we are not convinced that the outcome was as effective as it could have been and for several reasons we believe execution will be extremely difficult. Accordingly, when Tom Price (a medical student at U of M while I was there as Chair of Medicine - as was Ben Carson), was selected to be Secretary of HHS, we decided to take this concept to him in his new role. Now we would like to bring it to you.

I am attaching essentially what we sent to Tom on 1/1/17. You will be intimately familiar with all of the issues and knowing you, I believe, you would be highly supportive. Clearly, some of these areas would be ideal for the VA to take on. You also would be in a great position to provide advice and thoughts about how this could get this done.

We would treasure an opportunity to expand on our thinking on this project once you get settled into your new role.

Warm regards and again congratulations,

(b) (6)

(b) (6)

cc: (b) (6), MD; (b) (6) MD

Attachments: 1) Hippocrates 2.0®–The Best Health Care Ecosystem in the World; 2) Bio – (b) (6), MD; 3) Bio – (b) (6), MD; 4) Bio – (b) (6) MD

(b) (6)

Philadelphia, PA (b) (6) Tel: 215.573. (b) Cell: 610.420. (b) (6)
(b) (6) mail.med.upenn.edu; (b) (6) @hotmail.com

DS_00005048
AMERICAN OVERSIGHT
VA-19-0799-I-000046

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 3/11/2017 12:45:36 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: VA Research

(b) (6) @wharton.upenn.edu. (b) (6) . (b) @neuroflowsolution.com cell (b) (6)

Sent from my iPad
Bruce Moskowitz M.D.

On Mar 11, 2017, at 7:32 AM, David shulkin <Drshulkin@aol.com> wrote:

> That would be great
>
> Sent from my iPhone
>
> On Mar 11, 2017, at 6:50 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>
> > I can connect you to both do you want (b) email and the (b) or should they email you?
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If there are no negatives I would ask our J&J partners how they would see their ability to assist Veterans who have new technology in the fields J&J has an interest in.

Sent from my iPad
Bruce Moskowitz M.D.

On Mar 10, 2017, at 6:58 AM, David shulkin <Drshulkin@aol.com> wrote:

> This looks very interesting. It appears early but i think talking to the Penn people about what they are seeing makes sense
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> > Sent from my iPad
> > Bruce Moskowitz M.D.
> >
> > Begin forwarded message:
> >
> > **From:** (b) (6) (b) (6) @neuroflows

AMERICAN OVERSIGHT

olution .com>
Date: March 4, 2017 at 2:13:58 PM EST
To: "Bruce Moskowitz M.D." <bruce (b) (6) @mac.com>
Subject: Neuro Flow CEO Background and Research Update

Dr. Moskowitz,

A summary per your request, including my background and a research update:

AMERICAN OVERSIGHT

Neuro Flow is a digital health company changing the way we see brain health. Co-founded by a (b) (6) , a Wharton MBA, West Point graduate and Army Combat Veteran, and (b) (6) , a Penn bio-engineering PhD, Neuro Flow uses bio-metric data in real time to analyze mental stimulation

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data in order to optimize mental health assessments and performance metrics.

(b) , Neuro Flow's CEO, is a graduate of the United States Military Academy at West Point, NY, and served for 5 years as a Field Artillery Army officer, deploying overseas to combat in Iraq. He co-founded the Vetera

AMERICAN OVERSIGHT

n literacy non-profit, Things We Read, and is now an MBA candidate at The Wharton School of the University of Pennsylvania, graduating this May, and will lead Neuro Flow full-time (see attached for full resume).

Neuro Flow, so far, as engaged in preliminary data gathering and a human clinical

AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

Additionally, the software we have developed is now a fully functional prototype that can intake biometric data through bluetooth enabled devices, process and store that data, showing it in a user friendly manner.

Thank you in advance,
(b)

--
Respectfully,

(b) (6)

AMERICAN OVERSIGHT

Co-
Founder/C
EO
[redacted]

(b) [redacted]@neur
oflowsoluti
on.com
(c)
(b) (6) [redacted]

<Executive
Summary_NeuroFlow
.pdf>

<(b) (6) [redacted]
Resume.pdf>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/11/2017 12:32:43 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
Subject: Re: VA Research

That would be great

Sent from my iPhone

On Mar 11, 2017, at 6:50 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:

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> Sent from my iPad
> Bruce Moskowitz M.D.
>
> Begin forwarded message:
>
> > **From:** (b) (6) (b) (6) neuroflowsolution.com>
> > **Date:** March 4, 2017 at 2:13:58 PM EST
> > **To:** "Bruce Moskowitz M.D." <bruce(b) (6) @mac.com>
> > **Subject: NeuroFlow CEO Background and Research Update**
> >
> > Dr. Moskowitz,
> >
> > A summary per your request, including my background and a research update:
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> > NeuroFlow is a digital health company changing the way we see brain health. Co-founded by a (b) (6) a

AMERICAN OVERSIGHT

Wharton MBA, West Point graduate and Army Combat Veteran, and (b) (6) [redacted], a Penn bio-engineering PhD, NeuroFlow uses bio-metric data in real time to analyze mental stimulation data in order to optimize mental health assessments and performance metrics.

(b) (6) NeuroFlow's CEO, is a graduate of the United States Military Academy at West Point, NY, and served for 5 years as a Field Artillery Army officer, deploying overseas to combat in Iraq. He co-founded the Veteran literacy non-profit, Things We Read, and is now an MBA candidate at The Wharton School of the University of Pennsylvania, graduating this May, and will lead NeuroFlow full-time (see attached for full resume).

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AMERICAN OVERSIGHT

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Thank you in advance,
(b)

--
Respectfully,

(b) (6)
Co-Founder/CEO
[redacted]
(b) euroflowsolution.com
(c) (b) (6)

<Executive Summary_NeuroFlow.pdf>
<(b) (6) Resume.pdf>

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From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 3/11/2017 11:50:31 AM
To: David shulkin [Drshulkin@aol.com]
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(b) @neuroflowsolution.com
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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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(b)

—

AMERICAN OVERSIGHT

Respectfully,

(b) (6)
Co-Founder/CEO
[redacted]

(b) @neuroflowsolution.com
(c) (b) (6)

<Executive Summary_NeuroFlow.pdf>

<(b) (6) Resume.pdf>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/15/2017 4:54:40 PM
To: IP [(b) (6)@frenchangel59.com]
Subject: Re: Updates on the VA

Yes

Sent from my iPhone

On Mar 15, 2017, at 12:51 PM, IP <(b) (6)@frenchangel59.com> wrote:

> David,
>
> Can I share this with the President?
>
> Thank you,
> Ike
>
> **From:** David Shulkin [mailto:drshulkin@aol.com]
> **Sent:** Sunday, March 12, 2017 4:43 PM
> **To:** (b) (6)@frenchangel59.com; lper(b) (6)@gmail.com; bruce.m(b) (6)@gmail.com
> **Subject:** Updates on the VA
>
> A few important actions are underway
>
> 1. An Accountability Bill so that we can remove bad employees has been marked up and making its way to the House floor on 3/14/17
>
> 2. McCain and Roe are sponsoring legislation that will allow additional care to be provided in the private sector and avoid the program being terminated on August 7, 2017.
>
> 3. An executive order has been prepared for the President to expand the ability of VA clinicians nationally to perform telehealth services to the veterans home. This has been previously prohibited.
>
> 4. VA has expanded urgent mental healthcare services to other than honorably discharged veterans. This is directed towards our suicide prevention efforts and will immediately impact 500,000 veterans in need.
>
> 5. VA is scheduling a meeting with Secretary Mattis to combine suicide prevention efforts with the DOD - to decrease the gaps in transition from service. VA is also enlisting support from national academic leaders in suicide prevention.
>
> 6. We are now working on three important items that we will report progress on in the near future:
>
> - We are completing our economic modeling on ways to eliminate the 40 mile/30 day wait time regulations and replace them with expanded access to private healthcare. We have developed 7 principles that will guide the new program - most importantly assuring that low income veterans are not left behind and that service connected veterans (Priority groups 1-3) receive the broadest access to healthcare services in the private sector.
>
> - We are working to complete our internal analysis on facility conditions and utilization to seek input on the best way to proceed

AMERICAN OVERSIGHT

with efforts to rationalize our infrastructure requirements

- We are embarking on a group to look at eligibility requirements for VA services (as recommended in the Commission on Care report)

7. Finally, I am working hard to recruit appropriate people into our top leadership spots in VA- which include legal, human resources, public affairs, information technology, enterprise management, and of course our Deputy and three Under Secretary positions. All require vetting and moving through the political appointment process.

Much else is occurring of course, including getting ready to submit our 2018 budget.

Thanks for your continued guidance and support

David

AMERICAN OVERSIGHT

Message

From: IP [(b) (6)@frenchangel59.com]
Sent: 3/15/2017 4:51:43 PM
To: David shulkin [drshulkin@aol.com]
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To: (b) (6)@frenchangel59.com; lper(b) (6)@gmail.com; bruce.m(b) (6)@gmail.com
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AMERICAN OVERSIGHT

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Sent: 3/13/2017 11:45:30 PM
To: David shulkin [drshulkin@aol.com]
Subject: FW: Updates on the VA

FYI

From: (b) (6) [mailto(b) (6) ccf.org]
Sent: Monday, March 13, 2017 3:33 PM
To: IP
Subject: RE: Updates on the VA

GREAT WORK!! CONGRATULATIONS (b)

From: IP [mailto(b) @frenchangel59.com]
Sent: Monday, March 13, 2017 12:39 PM
To: 'Bruce Moskowitz' <brucem(b) (6) gmail.com>; 'Marc Sherman' <mbs(b) (6) gmail.com>; (b) (6) <(b) (6)@hopeunseen.com>; 'laurie perle' <(b) (6) @yahoo.com>; (b) (6) (b) (6) ccf.org>; (b) (6) M.D. (b) (6) @mayo.edu>; (b) (6) <(b) (6) @jhmi.edu>; (b) (6) <(b) @mayo.edu>; (b) (6) M. D.' <(b) (6) partners.org>((b) (6) kp.org
Subject: FW: Updates on the VA

I wanted to share with our group the below note from the Secretary with updates on the VA.

We are making great progress and close to seeing some profound changes occur within the VA and more broadly.

Thank you all for your ongoing support and partnership. It's only the beginning.

All my Best,

Ike

From: David Shulkin [mailto:drshulkin@aol.com]
Sent: Sunday, March 12, 2017 4:43 PM
To: (b)@frenchangel59.com; lper(b) @gmail.com; bruce.m(b) (6) @gmail.com
Subject: Updates on the VA

A few important actions are underway

1. An Accountability Bill so that we can remove bad employees has been marked up and making its way to the House floor on 3/14/17

2. McCain and Roe are sponsoring legislation that will allow additional care to be provided in the private sector and avoid the program being terminated on August 7, 2017.

3. An executive order has been prepared for the President to expand the ability of VA clinicians nationally to perform telehealth services to the veterans home. This has been previously prohibited.

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4. VA has expanded urgent mental healthcare services to other than honorably discharged veterans. This is directed towards our suicide prevention
efforts and will immediately impact 500,000 veterans in need.

5. VA is scheduling a meeting with Secretary Mattis to combine suicide prevention efforts with the DOD - to decrease the gaps in transition from
service. VA is also enlisting support from national academic leaders in suicide prevention.

6. We are now working on three important items that we will report progress on in the near future:

- We are completing our economic modeling on ways to eliminate the 40 mile/30 day wait time regulations and replace them
with expanded access to private healthcare. We have developed 7 principles that will guide the new program - most importantly
assuring that low income veterans are not left behind and that service connected veterans (Priority groups 1-3) receive the broadest
access to healthcare services in the private sector.

- We are working to complete our internal analysis on facility conditions and utilization to seek input on the best way to proceed
with efforts to rationalize our infrastructure requirements

- We are embarking on a group to look at eligibility requirements for VA services (as recommended in the Commission on Care report)

7. Finally, I am working hard to recruit appropriate people into our top leadership spots in VA- which include legal, human resources, public
affairs, information technology, enterprise management, and of course our Deputy and three Under Secretary positions. All require vetting
and moving through the political appointment process.

Much else is occurring of course, including getting ready to submit our 2018 budget.

Thanks for your continued guidance and support

David

==========

Please consider the environment before printing this e-mail
Cleveland Clinic is ranked as one of the top hospitals in America by U.S.News & World Report (2015). Visit us online at http://www.clevelandclinic.org for a complete listing of our services, staff and locations.
Confidentiality Note: This message is intended for use only by the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please contact the sender immediately and destroy the material in its entirety, whether electronic or hard copy. Thank you.

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 3/12/2017 8:43:05 PM
To: [redacted]@frenchangel59.com; lper[redacted]@gmail.com; bruce.m[redacted]@gmail.com
Subject: Updates on the VA

A few important actions are underway

1. An Accountability Bill so that we can remove bad employees has been marked up and making its way to the House floor on 3/14/17

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Much else is occurring of course, including getting ready to submit our 2018 budget.

Thanks for your continued guidance and support

David

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/10/2017 11:11:48 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Not sure

Totally totally swamped- lets talk next week

Sent from my iPhone

> On Mar 10, 2017, at 3:42 PM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> If you are getting any of my messages- probably not but had a few things to connect with you on- it's fine if you are busy, will just continue moving along- have a great weekend and we can touch base whenever
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 3/10/2017 8:42:01 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Not sure

If you are getting any of my messages- probably not but had a few things to connect with you on- it's fine if you are busy, will just continue moving along- have a great weekend and we can touch base whenever

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 3/15/2017 12:43:22 AM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
CC: David shulkin [drshulkin@aol.com]
Subject: Re: Meeting

Thanks, it will be a true honor.

From: Bruce Moskowitz <brucem(b) (6) mac.com>
Sent: Tuesday, March 14, 2017 6:12 PM
To: Poonam Alaigh M.D.
Cc: David shulkin
Subject: Meeting

We will have the President meet with you also Saturday

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 3/14/2017 10:12:31 PM
To: Poonam Alaigh M.D. [(b) (6)@hotmail.com]
CC: David shulkin [drshulkin@aol.com]
Subject: Meeting

We will have the President meet with you also Saturday

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 3/10/2017 11:31:55 AM
To: drshulkin@aol.com; Poonam Alaigh M.D. [(b) (6) @hotmail.com]
CC: Marc Sherman [mb((b) (6) gmail.com]; IP [(@frenchangel59.com]
Subject: CVS

This is what was discussed at the meeting to move forward with. Item one, four and six what CVS learns in a pilot project they will develop for the general population and this will be a huge revenue source for them. I explained on the call I recommend we have an agreement in place that the VA gets a significant amount of that future revenue since the VA is supplying the intellectual capital. We need someone like Terry Fadem to come up with an agreement prior to moving forward.

Item 2 we need to determine if they can do this at a lower cost then what is now contracted out.

Item 3 we explained that it is a donation item to allow us to ship controlled medicine directly to a CVS to be picked up by the Veteran. That would prevent stollen controlled substances.
Item 5. The VA needs to get out of the hearing aide and eye glass dispensing business it is a drain on resources.

1. Discharge medication programs, including medication reconciliation, and re-admission prevention in the ambulatory setting at CVS MinuteClinic. These efforts would be fully integrated with the patient's primary care medical home and electronic records through Epic and the e-Health Exchange, as we are currently doing in our pilots with the VA
2. Home infusion and infusion center services through Coram, the largest national infusion provider. As we discussed, these services are intended to help get patients home from the hospital sooner and avoid unnecessary, inconvenient and costly hospital based care
3. Facilitating medication dispensing and distribution in the ambulatory setting through our extensive retail footprint of 10k pharmacies. This may be particularly helpful in rural areas that may not have easy access to a VA facility. On the mail pharmacy side we would be glad to explore opportunities to leverage our vast and sophisticated capabilities in this space as well.
4. On maternal nutrition, we would be eager to build on our current women's health programs to add capabilities to support women before, during and after pregnancy, including in underserved areas
5. We are also developing new services in Audiology and Optometry, both provided in store with sophisticated diagnostic testing and dispensing of hearing aids and eyeglasses. We are beginning to ramp access to these services and would be eager to collaborate with the VA
6. We also discussed our OmniCare division, the leading provider of pharmacy care at Skilled Nursing and Assisted Living/Independent Living settings. We are eager to consider collaboration in this space that could include prompt and convenient dispensing (instead of waiting for mailed medications) as well as medication reconciliation on admission and prior to discharge, to avoid associated morbidity and re-admission.

I hope this gives you a good sense of some of our capabilities and our desire to be part of the team, helping to make care better for our veterans. As I mentioned, I will pull together a deck on these capabilities. We would be glad to set up our top executives in these areas to meet with your work group of VA and health system leaders, and discuss potential pilots. Please let me know on next steps.

Warm regards and have a

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 3/24/2017 1:59:10 PM
To: Marisol Garcia [(b)@frenchangel59.com]
CC: David shulkin [Drshulkin@aol.com]
Subject: Re: Sunday

This is a hoot!

Sent from my iPad
Bruce Moskowitz M.D.

On Mar 24, 2017, at 9:56 AM, Marisol Garcia <(b)@frenchangel59.com> wrote:

> Hi Bruce - I can't believe there is someone out there with your name - there is only one in my book :-)
>
> Not sure if you received the email below.
>
> From Secy Shulkin
> > **Would you have anytime on Sunday to get on the phone to review our new approach to sharing wait time data on appointments?**
> >
> > If you have 45 minutes anytime on Sunday let me know
> -----Original Message-----
> From: Bruce Moskowitz [mailto:bruce.m(b) (6) @gmail.com]
> Sent: Thursday, March 23, 2017 10:48 PM
> To: David Shulkin
> Cc: Ike Perlmutter; Laurie Perlmutter; Poonam Alaigh
> Subject: Re: Sunday
>
> David,
>
> I am not Bruce Moskowitz, MD. I have received emails for him in the past.
>
> Don't want you to think that Dr. Moskowitz is ignoring your emails.
>
> However my middle child is a 3rd year resident at UNC hospital so he may be interested in discussing wait time data with you.
>
> However I am Bruce Moskowitz, investment advisor with over 34 years of experience. If I can be of assistance please feel free to contact me. It would be my pleasure and pro bono.
>
> Sent from my iPhone
>
> > On Mar 23, 2017, at 8:18 PM, David Shulkin <drshulkin@aol.com> wrote:
> >
> > Would you have anytime on Sunday to get on the phone to review our new approach to sharing wait time data on appointments?
> >
> > If you have 45 minutes anytime on Sunday let me know
> >
> > David

AMERICAN OVERSIGHT

>
> Sent from my iPad

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 3/24/2017 8:28:08 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: Sunday

Anytime after 9 works

Sent from my iPad
Bruce Moskowitz M.D.

On Mar 23, 2017, at 11:13 PM, David Shulkin <drshulkin@aol.com> wrote:

> Sent from my iPad
>
> Begin forwarded message:
>
> **From:** David Shulkin <drshulkin@aol.com>
> **Date:** March 23, 2017 at 10:18:46 PM EDT
> **To:** Ike Perlmutter <(b) (6)@frenchangel59.com>, Laurie Perlmutter <(b) (6)@gmail.com>, Bruce Moskowitz <bruce.m(b) (6)z@gmail.com>
> **Cc:** Poonam Alaigh <(b) (6)@hotmail.com>
> **Subject: Sunday**
>
> Would you have anytime on Sunday to get on the phone to review our new approach to sharing wait time data on appointments?
>
> If you have 45 minutes anytime on Sunday let me know
>
> David
>
> Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 3/24/2017 3:13:02 AM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
Subject: Fwd: Sunday

Sent from my iPad

Begin forwarded message:

> **From:** David Shulkin <drshulkin@aol.com>
> **Date:** March 23, 2017 at 10:18:46 PM EDT
> **To:** Ike Perlmutter <(b)@frenchangel59.com>, Laurie Perlmutter <(b) (6) @gmail.com>, Bruce Moskowitz <bruce.m(b) (6) @gmail.com>
> **Cc:** Poonam Alaigh <(b) (6) @hotmail.com>
> **Subject: Sunday**
>
> Would you have anytime on Sunday to get on the phone to review our new approach to sharing wait time data on appointments?
>
> If you have 45 minutes anytime on Sunday let me know
>
> David
>
> Sent from my iPad

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [bruce.mo(b) (6) @gmail.com]
Sent: 3/24/2017 2:48:06 AM
To: David Shulkin [drshulkin@aol.com]
CC: Ike Perlmutter [(b) (6) @frenchangel59.com]; Laurie Perlmutter [(b) (6) @gmail.com]; Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Sunday

David,

I am not Bruce Moskowitz, MD. I have received emails for him in the past.

Don't want you to think that Dr. Moskowitz is ignoring your emails.

However my middle child is a 3rd year resident at UNC hospital so he may be interested in discussing wait time data with you.

However I am Bruce Moskowitz, investment advisor with over 34 years of experience. If I can be of assistance please feel free to contact me. It would be my pleasure and pro bono.

Sent from my iPhone

> On Mar 23, 2017, at 8:18 PM, David Shulkin <drshulkin@aol.com> wrote:
>
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>
> If you have 45 minutes anytime on Sunday let me know
>
> David
>
> Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 3/24/2017 2:18:46 AM
To: Ike Perlmutter [(b) (6) @frenchangel59.com]; Laurie Perlmutter [(b) (6) @gmail.com]; Bruce Moskowitz [bruce.m(b) (6) @gmail.com]
CC: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Sunday

Would you have anytime on Sunday to get on the phone to review our new approach to sharing wait time data on appointments?

If you have 45 minutes anytime on Sunday let me know

David

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: Alaigh, Poonam, M.D. [Poonam.Alaigh@va.gov]
Sent: 3/10/2017 2:56:51 AM
To: 'Bruce Moskowitz' [brucem(b) (6) mac.com]
CC: 'David shulkin' [drshulkin@aol.com]
Subject: RE: [EXTERNAL] Re: Face to Face meeting with Johnson and Johnson/VA

Thanks and appreciate your leadership, support and confidence as we explore the universe of possibilities.

Sent with Good (www.good.com)

-----Original Message-----
From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: Thursday, March 09, 2017 06:42 PM Eastern Standard Time
To: Alaigh, Poonam, M.D.
Cc: David shulkin
Subject: [EXTERNAL] Re: Face to Face meeting with Johnson and Johnson/VA

You were so excellent on the calls today that I just got off the phone with Ike Perlmutter and let him know it would be absolutely impossible to find a better undersecretary or partner for David. We need to make this happen and soon.
For my part we will set up a meeting with the academic centers after your j&j meeting. We all have a previous commitment for that date.

Sent from my iPhone

On Mar 9, 2017, at 6:00 PM, Alaigh, Poonam, M.D. <Poonam.Alaigh@va.gov> wrote:

> For those arriving from outside the VA, please plan to arrive about 15 minutes early to go through security. Once you arrive, please call 202-461-7000 or ask the security personnel to give us a call so we can escort you upstairs.
>
> Dr. (b) (6) will be the POC for VA for any read ahead materials
>
> Scheduling POC's:
> (b) (6) (Mr. (b) (6)
> (b) (6) : (b) (6) (Mr. (b) (6)
> (b) (6) : (b) (6) (Dr. Alaigh)
>
> <mime-attachment.ics>

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 3/9/2017 11:41:20 PM
To: Alaigh, Poonam, M.D. [Poonam.Alaigh@va.gov]
CC: David shulkin [drshulkin@aol.com]
Subject: Re: Face to Face meeting with Johnson and Johnson/VA

You were so excellent on the calls today that I just got off the phone with Ike Perlmutter and let him know it would be absolutely impossible to find a better undersecretary or partner for David. We need to make this happen and soon.
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>
> Dr. (b) (6) will be the POC for VA for any read ahead materials
>
> Scheduling POC's:
> (b) (6) (Mr. (b) (6)
> (b) (6) : (b) (6) (Mr. (b) (6)
> (b) (6) : (b) (6) (Dr. Alaigh)
>
> <mime-attachment.ics>

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 3/12/2017 11:47:43 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: Update - I spoke with (b) (6)

FYI

Sent from my iPhone

Begin forwarded message:

> **From:** Poonam Alaigh <(b) (6) @hotmail.com>
> **Date:** March 12, 2017 at 7:20:34 PM EDT
> **To:** (b) (6) <(b) (6) @gmail.com>
> **Subject: Re: Update - I spoke with** (b) (6)
>
> thanks (b) for the update - this is an important relationship and am glad you had an opportunity to have a meaningful dialogue
>
> Sent from my iPhone
>
> On Mar 12, 2017, at 5:56 PM, (b) (6) <(b) (6) @gmail.com> wrote:
>
> > Hi Poonam,
> >
> > I just wanted to let you know that I had about a 45 minute conversation with (b) (6) He seems like a great resource, with a lot of ideas - and I think he lends a lot of value. We discussed a lot about his assessment, what he knows, what he learned, and what he wants to learn, how he/they want to help, etc. We also discussed my thoughts and ideas. I feel we would work together well.
> >
> > He told me about the network of support from Mayo, Johns Hopkins, Kaiser, and others, as well as from corporate, like Apple. I told him some of the resources I might look to as well, which I think went over well. We both mentioned that it would be good to add some in-government people to the mix as well, as part of the advisory group that he wants to be part of - he recommended someone I should also talk with about it from NIH, who can help avoid 'landmines' and unknowns about working within government.
> >
> > I think we really connected on a lot of topics/areas, shared good thinking - and I think he would be great to have engaged long-term. He also shared some thoughts about creating a fellowship which has a lot of potential as well, FYI.
> >
> > Again, I very much appreciate the consideration. Please contact me if you want to discuss. I thank you again --- as always.
> >
> > Have a great week ahead!
> >
> > ---

AMERICAN OVERSIGHT

Sincerely,

(b) (6)
(b) (6) @gmail.com
(b) (6)
(b) (6) (cell)
(b) (6)
www.(b) (6) .com
(b) (6)

Check out my recent interview in Modern Marketing Today: http://bit.ly/ScottPearl_MMTinsights

Named one of the Top 50 Most Influential CMOs and Marketing Leaders of 2016 (Science of Digital Marketing), one of 10 CMOs to Watch in 2015 (WealthEngine), and ranked in the Top CMOs on Twitter in 2014, 2015 and 2016 (Social Media Marketing Magazine)!

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/9/2017 8:49:43 PM
To: (b) (6) ((b) (6) va.gov]
Subject: Fwd: FYI | Regulatory Reform
Attachments: regulatoryreform.pdf; Untitled attachment 08448.htm

Please print the attachment

Sent from my iPhone

Begin forwarded message:

> **From:** "IP" <(@frenchangel59.com>
> **Date:** March 9, 2017 at 2:01:08 PM EST
> **To:** "David shulkin" <drshulkin@aol.com>
> **Subject: FW: FYI | Regulatory Reform**
>
> Attached is the information I promised to send you.
>
> ---
>
> **From:** Bruce Moskowitz [mailto:brucem(b) (6) mac.com]
> **Sent:** Wednesday, February 22, 2017 1:25 PM
> **To:** IP
> **Cc:** Marisol Garcia
> **Subject:** Fwd: FYI | Regulatory Reform
>
> The PDF has the information the President requested.
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> > **From:** "(b) (6) <(b) @mayo.edu>
> > **Date:** February 22, 2017 at 1:21:41 PM EST
> > **To:** "brucem(b) (6) mac.com" <brucem(b) (6) mac.com>
> > **Subject: FYI | Regulatory Reform**
> >
> > Hi Dr. Moskowitz – fyi....
> >
> > (b) (6)
> > Chair | Mayo Clinic Department of Public Affairs
> > 200 First Street S.W. | Rochester, MN 55905
> > cell: (b) (6) | office: (b) (6)
> > e-mail: (b) @mayo.edu

AMERICAN OVERSIGHT

Reducing the Regulatory Burden in Health Care to Unleash Innovation and Accelerate the Transformation of Health Care

Introduction

In recent years, there has been a disturbing trend of increased regulation that slows innovation without a benefit to patients. Some government rules serve as artificial barriers to implementing the next breakthrough in science and care delivery. Barriers to tomorrow's discovery science and health system modernization should be removed to increase return on investment of health care spend, improve the health of all Americans, and strengthen America's competitive position as leaders in healthcare globally:

- **Discovery:** For every dollar spent on NIH research, more than two dollars are returned to the economy. Streamlining regulations could double or even triple the return on investment AND get treatments to more patients faster.
- **Transformation:** Our 21st century health care system remains bogged down in a 20th century payment system where we pay the same amount for ordinary care as we do for extraordinary care. Unfortunately, the current models for determining "value" don't measure real outcomes and often punish doctors and hospitals that treat the most complex patients.

Proposed Paradigm for Regulatory Reform

The following are examples of key priorities that **update, harmonize, and re-think** key regulations to streamline innovation, make healthcare safer and effective, and reduce wasteful administrative burden.

Accelerate Discovery Science

Update

We are on the cusp of eliminating entire categories of human disease, but discovery is dependent on significant and predictable increases to NIH funding over time.

- ***Create a funding roadmap for NIH that allows it to keep pace globally.*** Ensure the investments outlined in the 21st Century Cures Act are maintained and keep pace not just with the US economy, but with the potential economic benefits of the innovations they enable.
- ***Simplify and streamline current grant application and reporting requirements across federal agencies.*** Reduce pre-award (or proposal) requirements; deliver detailed budgets and other information just-in-time; standardize grant formats and biosketch requirements; eliminate duplicative reporting; and implement a unified federal system for report submission.

Harmonize

It is imperative that government rules, at minimum, do not contradict one another. Some current regulations create confusion, slow down research, and add inefficiency.

- ***Establish an interagency working group to examine and harmonize research regulations.*** This working group should work collaboratively with the Research Policy Board (RPB) required by the 21st Century Cures Act (see below). For instance:
  - CMS' Clinical Laboratory Improvement Amendments (CLIA) and HIPAA have conflicting mandates – it is impossible to be in compliance with both, leaving institutions to choose with which agency to be out of compliance.

Re-think

The right people need to be at the table to ensure that the regulatory process serves the need to expedite the progression of integrating research outcomes into practice.

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- ***Quickly stand up the new Research Policy Board called for in Section 2034 of the 21st Century Cure Act, but with modifications.*** The RPB is charged with coordinating and improving regulations and policies, discussing policy and regulatory gaps and challenges, and ongoing assessment of regulatory burden. We endorse the model proposed in the National Academy of Sciences 2016 report on "Optimizing the Nation's Investment in Academic Research: a new Regulatory Framework for the 21st Century", which suggested a three-pronged approach:
  1. A responsible federal officer – perhaps from White House Office of Science and Technology Policy.
  2. An agreed upon set of principles.
  3. Nine to12 members from research institutions/interest and 6-8 federal liaisons.

Driving Transformation – Obtaining Value in Health Care

Update

Technology can do so much more than record data that was once on paper. It can help Americans all over the country access the first-rate care we deliver at our hospitals without having to travel across the country.

- ***Expand Medicare Coverage for Telehealth Services.*** Telehealth technologies offer benefits such as consultations with distant specialists, high-tech monitoring without requiring patients to leave their homes, and less expensive and more convenient care options for patients. Coverage and payment for telehealth services remain major obstacles for providers seeking to improve patient care. *CMS should presume that Medicare-covered services are also covered when delivered via telehealth unless CMS specifically determines on a case-by-case basis that such coverage is inappropriate.*
- ***Expand coverage of novel care environments.*** Current rules make it difficult or impossible for providers to deliver care in novel environments. Mobile stroke units, where an Emergency Medical Services unit includes a fully-functional CT scan, with telehealth link to a diagnostician and IV administration of medication to mitigate ischemic stroke, has demonstrated life-saving and life-preserving value to patients. However, there is currently no mechanism to properly reimburse these services. *CMS should allow providers to propose and pilot new care environments, with streamlined approval and implementation processes.*

Harmonize

We need to harmonize financial incentives for value-based care models with regulations and metrics that truly measure patient outcomes and provide doctors and hospitals the flexibility to do their jobs.

- ***Waiver of Medicare Fee for Service Payment Policies.*** Much of the available savings for Accountable Care Organizations (ACOs) and Medicare Advantage Plans (MAPs) involve simplifying administrative processes and choosing the most appropriate site of care for a patient's health care needs. These plans should be granted waivers or exemptions from regulations that add artificial "stops," administrative burden and/or impair providers' ability to treat patients according to the patient's need. ACOs and MAPs are well-positioned to achieve cost savings by shifting the site of care to other safe and effective alternatives, such as long-term care hospitals, skilled nursing facilities, and home health agencies. *In order to facilitate and encourage ACOs to work closely with the full continuum of post-acute care and to reduce administrative burden, we suggest waivers or modifications to a number of discrete CMS regulations (see appendix)*

Rethink

One patient's heart attack is not the same as another's. We need to allow doctors to get back to their roots by treating the individual patient and acknowledge the broad spectrum of care and complexity of patient needs.

AMERICAN OVERSIGHT

- ***Create Stark Regulatory Exception for Clinical Integration Arrangements*** Hospitals are stymied in their efforts to coordinate care and participate in new payment models because of outdated regulations, such as the Anti-Kickback Statute and the "Stark" law, that place artificial barriers to placing patients at clinically integrated facilities. *A new exception should be created that protects any arrangement that meets the terms of the newly created Anti-Kickback safe harbor for clinical integration arrangements.*
- ***Adjust readmissions measures to reflect differences in socio-economic demographic factors.*** Socioeconomically disadvantaged patients are clustered at particular hospitals, including rural hospitals in underserved areas, certain urban health systems, safety net hospitals, and academic health centers. Emerging evidence demonstrates that the current hospital-wide readmission measure is inaccurately designed. It contains significant bias and systematic errors, and creates ethical tension by rewarding hospitals for turning away sicker and socially disadvantaged patients who may have adverse outcomes. *The hospital-wide readmission measures need to be reconsidered and at a minimum, should be adjusted to account for socio-economic status.*

AMERICAN OVERSIGHT

Appendix: Top regulatory changes for Trump administration

Agency: NIH
Action: Executive mandate

- *Quickly stand up and include academic health center stakeholders in the new Research Policy board (RPB) called for in Section 2034 of the 21st Century Cures Act, to expedite coordinated review of policy and regulatory gaps to optimize the nation's investment in academic research.*
- *Harmonize: conflict of interest rules; grant application and reporting procedures; privacy rules and clinical trials to avoid burdensome paperwork, reporting requirements etc. that do not enhance scientific inquiry or improved results.*

Agency: CMS
Action: Rulemaking

- *Create a Stark Law exception and anti-kickback regulatory safe harbor for clinical integration arrangements to encourage more streamlined patient care. (Section 1877(b)(4) of the Social Security Act gives the Secretary express authority to create exceptions to the Stark Law self-referral prohibition by regulation so long as the Secretary determines that the financial relationship "does not pose a risk of program or patient abuse." Section 1128B(b)(3)(E) gives the Secretary express authority to create by regulation exceptions to the anti-kickback statute.)*
- *Expand Medicare coverage for telehealth services, such as virtual consultations to expand convenient care options for patients. (Section 1834(m) (F)(i) gives the Secretary broad authority to extend Medicare coverage to "any additional service" that the Secretary wishes to cover when furnished via telehealth technology.")*
- *Eliminate 3-day qualifying stay for skilled nursing facilities and ease the physician face-to-face attestation for home health care to expedite moving patients to the appropriate and least expensive site of care.*

Agency: CMS
Action: Executive mandate

- *Suspend hospital star ratings from the Hospital Compare website used to calculate scores for hospitals, which can be misleading to consumers and take significant resources from hospitals without any benefit to patient care. (Section 1886 (o)(10) requires the Secretary to make information available to the public regarding the performance of individuals hospitals, and CMS created the star rating system to fulfill this obligation. CMS has ample authority to devise alternatives ways to fulfill this public disclosure obligation and can do so without undertaking a rulemaking process.)*
- *Revise contracts for Recovery Audit Contractors (RACs) to incorporate financial penalty for poor performance by RACs and hold them accountable, which will alleviate significant administrative burden for hospitals so they can focus more resources on patient care. (Section 1839(h) of the Social Security Act requires the Secretary to utilize RACs to identify overpayments and underpayments, and provides that payment shall be made on a contingent basis for collecting overpayments. The statute gives the Secretary broad authority to determine the contingent amount, and so allows the Secretary to penalize RACs for poor performance.)*

AMERICAN OVERSIGHT

- *Set accuracy requirements before implementing measures in pay for performance and public reporting to prevent confusion of the general public.*

Agency: SAMHSA
Action: Rulemaking

- *Modernize the regulations about confidentiality of alcohol and drug abuse patient records to facilitate information exchange, while addressing privacy concerns of patients seeking treatment for a substance use disorder to help reduce the human and economic impact of the opioid crisis.*

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/9/2017 8:04:06 PM
To: IP [(b) (6)@frenchangel59.com]
Subject: Re: FYI | Regulatory Reform

These are really good and ill think about if we can move any forward as well

Thanks

Sent from my iPhone

On Mar 9, 2017, at 2:01 PM, IP <(b) (6)@frenchangel59.com> wrote:

> Attached is the information I promised to send you.
>
> ---
>
> **From:** Bruce Moskowitz [mailto:brucem(b) (6) mac.com]
> **Sent:** Wednesday, February 22, 2017 1:25 PM
> **To:** IP
> **Cc:** Marisol Garcia
> **Subject:** Fwd: FYI | Regulatory Reform
>
> The PDF has the information the President requested.
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> > **From:** "(b) (6) <(b) @mayo.edu>
> > **Date:** February 22, 2017 at 1:21:41 PM EST
> > **To:** "brucem(b) (6) mac.com" <brucem(b) (6) mac.com>
> > **Subject: FYI | Regulatory Reform**
> >
> > Hi Dr. Moskowitz – fyi....
> >
> > (b) (6)
> > Chair | Mayo Clinic Department of Public Affairs
> > 200 First Street S.W. | Rochester, MN 55905
> > cell: (b) (6) | office: (b) (6)
> > e-mail: (b) @mayo.edu
>
> <regulatoryreform.pdf>

AMERICAN OVERSIGHT

Message

From: IP [(b) (6)@frenchangel59.com]
Sent: 3/9/2017 7:01:08 PM
To: David shulkin [drshulkin@aol.com]
Subject: FW: FYI | Regulatory Reform
Attachments: regulatoryreform.pdf

Attached is the information I promised to send you.

From: Bruce Moskowitz [mailto:brucem(b) (6) mac.com]
Sent: Wednesday, February 22, 2017 1:25 PM
To: IP
Cc: Marisol Garcia
Subject: Fwd: FYI | Regulatory Reform

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Sent from my iPhone

Begin forwarded message:

> **From:** "(b) (6) <(b) @mayo.edu>
> **Date:** February 22, 2017 at 1:21:41 PM EST
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> **Subject: FYI | Regulatory Reform**
>
> Hi Dr. Moskowitz – fyi....
>
> (b) (6)
> Chair | Mayo Clinic Department of Public Affairs
> 200 First Street S.W. | Rochester, MN 55905
> cell: (b) (6) | office: (b) (6)
> e-mail: (b) @mayo.edu

AMERICAN OVERSIGHT

Reducing the Regulatory Burden in Health Care to Unleash Innovation and Accelerate the Transformation of Health Care

Introduction

In recent years, there has been a disturbing trend of increased regulation that slows innovation without a benefit to patients. Some government rules serve as artificial barriers to implementing the next breakthrough in science and care delivery. Barriers to tomorrow's discovery science and health system modernization should be removed to increase return on investment of health care spend, improve the health of all Americans, and strengthen America's competitive position as leaders in healthcare globally:

- **Discovery:** For every dollar spent on NIH research, more than two dollars are returned to the economy. Streamlining regulations could double or even triple the return on investment AND get treatments to more patients faster.
- **Transformation:** Our 21st century health care system remains bogged down in a 20th century payment system where we pay the same amount for ordinary care as we do for extraordinary care. Unfortunately, the current models for determining "value" don't measure real outcomes and often punish doctors and hospitals that treat the most complex patients.

Proposed Paradigm for Regulatory Reform

The following are examples of key priorities that **update, harmonize, and re-think** key regulations to streamline innovation, make healthcare safer and effective, and reduce wasteful administrative burden.

Accelerate Discovery Science

Update

We are on the cusp of eliminating entire categories of human disease, but discovery is dependent on significant and predictable increases to NIH funding over time.

- ***Create a funding roadmap for NIH that allows it to keep pace globally.*** Ensure the investments outlined in the 21st Century Cures Act are maintained and keep pace not just with the US economy, but with the potential economic benefits of the innovations they enable.
- ***Simplify and streamline current grant application and reporting requirements across federal agencies.*** Reduce pre-award (or proposal) requirements; deliver detailed budgets and other information just-in-time; standardize grant formats and biosketch requirements; eliminate duplicative reporting; and implement a unified federal system for report submission.

Harmonize

It is imperative that government rules, at minimum, do not contradict one another. Some current regulations create confusion, slow down research, and add inefficiency.

- ***Establish an interagency working group to examine and harmonize research regulations.*** This working group should work collaboratively with the Research Policy Board (RPB) required by the 21st Century Cures Act (see below). For instance:
  - CMS' Clinical Laboratory Improvement Amendments (CLIA) and HIPAA have conflicting mandates – it is impossible to be in compliance with both, leaving institutions to choose with which agency to be out of compliance.

Re-think

The right people need to be at the table to ensure that the regulatory process serves the need to expedite the progression of integrating research outcomes into practice.

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- ***Quickly stand up the new Research Policy Board called for in Section 2034 of the 21st Century Cure Act, but with modifications.*** The RPB is charged with coordinating and improving regulations and policies, discussing policy and regulatory gaps and challenges, and ongoing assessment of regulatory burden. We endorse the model proposed in the National Academy of Sciences 2016 report on "Optimizing the Nation's Investment in Academic Research: a new Regulatory Framework for the 21st Century", which suggested a three-pronged approach:
  1. A responsible federal officer – perhaps from White House Office of Science and Technology Policy.
  2. An agreed upon set of principles.
  3. Nine to12 members from research institutions/interest and 6-8 federal liaisons.

Driving Transformation – Obtaining Value in Health Care

Update

Technology can do so much more than record data that was once on paper. It can help Americans all over the country access the first-rate care we deliver at our hospitals without having to travel across the country.

- ***Expand Medicare Coverage for Telehealth Services.*** Telehealth technologies offer benefits such as consultations with distant specialists, high-tech monitoring without requiring patients to leave their homes, and less expensive and more convenient care options for patients. Coverage and payment for telehealth services remain major obstacles for providers seeking to improve patient care. *CMS should presume that Medicare-covered services are also covered when delivered via telehealth unless CMS specifically determines on a case-by-case basis that such coverage is inappropriate.*
- ***Expand coverage of novel care environments.*** Current rules make it difficult or impossible for providers to deliver care in novel environments. Mobile stroke units, where an Emergency Medical Services unit includes a fully-functional CT scan, with telehealth link to a diagnostician and IV administration of medication to mitigate ischemic stroke, has demonstrated life-saving and life-preserving value to patients. However, there is currently no mechanism to properly reimburse these services. *CMS should allow providers to propose and pilot new care environments, with streamlined approval and implementation processes.*

Harmonize

We need to harmonize financial incentives for value-based care models with regulations and metrics that truly measure patient outcomes and provide doctors and hospitals the flexibility to do their jobs.

- ***Waiver of Medicare Fee for Service Payment Policies.*** Much of the available savings for Accountable Care Organizations (ACOs) and Medicare Advantage Plans (MAPs) involve simplifying administrative processes and choosing the most appropriate site of care for a patient's health care needs. These plans should be granted waivers or exemptions from regulations that add artificial "stops," administrative burden and/or impair providers' ability to treat patients according to the patient's need. ACOs and MAPs are well-positioned to achieve cost savings by shifting the site of care to other safe and effective alternatives, such as long-term care hospitals, skilled nursing facilities, and home health agencies. *In order to facilitate and encourage ACOs to work closely with the full continuum of post-acute care and to reduce administrative burden, we suggest waivers or modifications to a number of discrete CMS regulations (see appendix)*

Rethink

One patient's heart attack is not the same as another's. We need to allow doctors to get back to their roots by treating the individual patient and acknowledge the broad spectrum of care and complexity of patient needs.

AMERICAN OVERSIGHT

- ***Create Stark Regulatory Exception for Clinical Integration Arrangements*** Hospitals are stymied in their efforts to coordinate care and participate in new payment models because of outdated regulations, such as the Anti-Kickback Statute and the "Stark" law, that place artificial barriers to placing patients at clinically integrated facilities. *A new exception should be created that protects any arrangement that meets the terms of the newly created Anti-Kickback safe harbor for clinical integration arrangements.*
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AMERICAN OVERSIGHT

Appendix: Top regulatory changes for Trump administration

Agency: NIH
Action: Executive mandate

- *Quickly stand up and include academic health center stakeholders in the new Research Policy board (RPB) called for in Section 2034 of the 21st Century Cures Act, to expedite coordinated review of policy and regulatory gaps to optimize the nation's investment in academic research.*
- *Harmonize: conflict of interest rules; grant application and reporting procedures; privacy rules and clinical trials to avoid burdensome paperwork, reporting requirements etc. that do not enhance scientific inquiry or improved results.*

Agency: CMS
Action: Rulemaking

- *Create a Stark Law exception and anti-kickback regulatory safe harbor for clinical integration arrangements to encourage more streamlined patient care. (Section 1877(b)(4) of the Social Security Act gives the Secretary express authority to create exceptions to the Stark Law self-referral prohibition by regulation so long as the Secretary determines that the financial relationship "does not pose a risk of program or patient abuse." Section 1128B(b)(3)(E) gives the Secretary express authority to create by regulation exceptions to the anti-kickback statute.)*
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Agency: CMS
Action: Executive mandate

- *Suspend hospital star ratings from the Hospital Compare website used to calculate scores for hospitals, which can be misleading to consumers and take significant resources from hospitals without any benefit to patient care. (Section 1886 (o)(10) requires the Secretary to make information available to the public regarding the performance of individuals hospitals, and CMS created the star rating system to fulfill this obligation. CMS has ample authority to devise alternatives ways to fulfill this public disclosure obligation and can do so without undertaking a rulemaking process.)*
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AMERICAN OVERSIGHT

- *Set accuracy requirements before implementing measures in pay for performance and public reporting to prevent confusion of the general public.*

Agency: SAMHSA
Action: Rulemaking

- *Modernize the regulations about confidentiality of alcohol and drug abuse patient records to facilitate information exchange, while addressing privacy concerns of patients seeking treatment for a substance use disorder to help reduce the human and economic impact of the opioid crisis.*

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/15/2017 2:14:25 PM
To: Darin Selnick [(b) (6) @gmail.com]
Subject: Re:(b) (6)

Thanks Darin- much appreciated

Sent from my iPhone

> On Mar 15, 2017, at 9:37 AM, Darin Selnick (b) (6) @gmail.com> wrote:
>
> I reviewed last night all of the information on (b) (6) Although I do not know him well, I did participate in one meeting with him at the end of the landing team. The meeting was the presentation of the final version of the agency action plan to (b) and a couple of other senior transition officials. (b) is a very nice guy and was very engaging in the meeting.
>
> On the plus side of (b) is that he is a veterans, retired AF pilot, and he worked in Space Command as the IG. I also am a AF veteran and worked in Space Command.
>
> However, after a review of all of his previous professional experience and understanding what is needed at VA right now for the DepSec job, I would not recommend you select him for the position.
>
> You need some one who can jump in on day one, who knows the issues and can take a load off of you. I have worked closely with two previous DepSec and (b) would be of little help to you for at least a year.
>
> You do not need to check all the boxes, but you do need to check some of them. (b) is a former fighter pilot and IG, he does not have strong management experience from the military. As a civilian he has spent most of his time teaching economic and public administration and being a radio talk show host. He has no health care experience, knows nothing about the VA or about veterans issues. All he knows about VA is what we put in the agency action plan.
>
> Based on his experience there are two positions at VA I feel are a match for him:
>
> 1. Policy and planning which is the Assistant Secretary for Enterprise Integration
> 2. Under Secretary for Memorial Affairs. Traditionally this position has gone to someone who has done a lot for the President during a campaign, basically a political favor.
>
> That is my assessment. It is nice to have a lot of endorsements, but you really need someone who is the right fit for the job. Happy to discuss and to review other candidates for DepSec or other positions.
>
> Darin
>
>

AMERICAN OVERSIGHT

Message

From: Darin Selnick [(b) (6) @gmail.com]
Sent: 3/15/2017 1:37:05 PM
To: David shulkin [Drshulkin@aol.com]
Subject: (b) (6)

I reviewed last night all of the information on (b) (6) Although I do not know him well, I did participate in one meeting with him at the end of the landing team. The meeting was the presentation of the final version of the agency action plan to (b) and a couple of other senior transition officials. (b) is a very nice guy and was very engaging in the meeting.

On the plus side of (b) is that he is a veterans, retired AF pilot, and he worked in Space Command as the IG. I also am a AF veteran and worked in Space Command.

However, after a review of all of his previous professional experience and understanding what is needed at VA right now for the DepSec job, I would not recommend you select him for the position.

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Based on his experience there are two positions at VA I feel are a match for him:

1. Policy and planning which is the Assistant Secretary for Enterprise Integration
2. Under Secretary for Memorial Affairs. Traditionally this position has gone to someone who has done a lot for the President during a campaign, basically a political favor.

That is my assessment. It is nice to have a lot of endorsements, but you really need someone who is the right fit for the job. Happy to discuss and to review other candidates for DepSec or other positions.

Darin

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/10/2017 12:03:08 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: [EXTERNAL] FW: Global Summit on Mental Health Culture Change

Thats what i meant- must have been autocorrect

Sent from my iPhone

On Mar 9, 2017, at 11:01 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> Poonam great too?? - not the greatest??
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> **From:** "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
> **Date:** March 9, 2017 at 11:00:23 PM EST
> **To:** 'Poonam Alaigh' <(b) (6) @hotmail.com>
> **Subject: RE: [EXTERNAL] FW: Global Summit on Mental Health Culture Change**
>
> Sent with Good (www.good.com)
>
> -----Original Message-----
> **From:** DJS
> **Sent:** Thursday, March 09, 2017 02:57 PM Eastern Standard Time
> **To:** '(b) (6)
> **Subject:** RE: [EXTERNAL] FW: Global Summit on Mental Health Culture Change
>
> Poonam would be great too and works well with the surgeon general
>
> Sent with Good (www.good.com)
>
> -----Original Message-----
> **From:** (b) (6) [(b) (6) @giveanhour.org]
> **Sent:** Thursday, March 09, 2017 08:37 AM Eastern Standard Time
> **To:** DJS
> **Cc:** Shulkin, David J., MD
> **Subject:** Re: [EXTERNAL] FW: Global Summit on Mental Health Culture Change

AMERICAN OVERSIGHT

Slightly.

Looks like Surgeon General is interested in attending. Maybe Poonam - to underscore the work between OSG and VA. I am very fond of Poonam. She would be great.

(b) (6) PhD
Sent from my iPhone

On Mar 9, 2017, at 8:34 AM, DJS <vacodjs1@va.gov> wrote:

> Do you know Jennifer Lee?
>
> Sent with Good (www.good.com)
>
> -----Original Message-----
> **From:** (b) (6) [(b) (6) @giveanhour.org]
> **Sent:** Wednesday, March 08, 2017 04:34 PM Eastern Standard Time
> **To:** Shulkin, David J., MD
> **Subject:** [EXTERNAL] FW: Global Summit on Mental Health Culture Change
>
> David,
>
> I am sorry that you aren't able to join us.
>
> Who would you like to represent VA – Poonam, (b) (6) (b) (6)
>
> I want to have the right person to tell the VA story.
>
> Thank you.
>
> Take care,
> (b) (6)

AMERICAN OVERSIGHT

(b) (6) Ph.D.

Founder & President

Give an Hour
(b) (6)
(b) (6) @giveanhour.org
www.giveanhour.org

CFC# 65498
Get Connected: connected.giveanhour.org
Follow us: Facebook and Twitter



From: (b) (6) [mailto(b) (6) @va.gov]
Sent: Wednesday, March 08, 2017 3:42 PM
To: (b) (6)
Cc: (b) (6)
Subject: Global Summit on Mental Health Culture Change

Dr. (b) (6)

Thank you for inviting Secretary Shulkin to speak at the Global Summit on Mental Health Culture Change taking place May 1-3 in Los Angeles. Unfortunately prior commitments here in Washington prevent him from traveling during that time. Please accept his sincere regrets.

The Secretary sends his best regards and thanks Give an Hour for their commitment to our Nation's Veterans and their families.

AMERICAN OVERSIGHT

B/r,

(b) (6)

(b) (6)

Office of the Secretary

Department of Veterans Affairs

(b) (6) @va.gov

From: (b) (6) [mailto:(b) (6) @giveanhour.org]
Sent: Tuesday, March 07, 2017 5:03 PM
To: Shulkin, David J., MD
Subject: [EXTERNAL] An important invitation

Hello David,

I hope all is going well. I am sure you are in a constant state of motion.

I have a special invitation for you to speak that I would like to share with you.

The first ever Global Summit on Mental Health Culture Change will take place on May 1-3 in Los Angeles. Attached is the invitation and a summary document of what we are building.

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As you will see from the attached document – this is shaping up to be an amazing three day series of events – a Red Carpet Hollywood premier; A day of service focused on the mental health needs of veterans, homeless, youth, immigrants/refugees and at risk Seniors; and a Global Summit.

I would like to invite you to speak at the Summit.

Our goal is to harness the entertainment community in our effort to change the culture surrounding mental health. We will be featuring a panel of INVICTUS athletes and I am inviting our Surgeon General. Dr Vikram Patel – who leads Harvard's Global Health effort will be with us… I will be inviting high level officials from DoD as well.

There will be Ambassadors from Ukraine and Georgia – Ministers of Defense from those countries as well as the UK… We are also reaching out to Canada and Australia. Our mil/vet friends from UK, Georgia and Ukraine are keen to have discussions about how to share best practices and work together to remove the cultural barriers that prevent our veterans from seeking the care they deserve. We plan to coordinate a round table discussion for this purpose on the second day – while LA County is partnering with us for the service projects.

Please take a look. I hope you can join us. This is a great opportunity to showcase the good work that the VA is doing to change our culture – through partnerships with orgs like ours and others. By changing the culture, we will ensure that all in need receive the care they deserve.

I have already spoken with Harold and his team about engaging the West LA VA for the service day. LA County is excited about the opportunity. We want to tell some good stories! I also mentioned the event in an email to Rashi and (b)

Let me know if you have any questions. I hope you can join us.

AMERICAN OVERSIGHT

Take care,
(b) (6)

(b) (6) Ph.D.

Founder & President

Give an Hour
(b) (6)
(b) (6) @giveanhour.org
www.giveanhour.org

CFC# 65498
Get Connected: connected.giveanhour.org
Follow us: Facebook and Twitter

<image002.jpg>

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 3/11/2017 11:36:08 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Re:

So THATS what you've been so busy with this weekend- so good to see that you are in the "in" and really like the picture. I am so glad that (b) (6) was there too- hopefully she enjoyed it! Keeping my fingers crossed that the working relationship only gets stronger and better- this is critical for us

Sent from my iPhone

On Mar 11, 2017, at 5:28 PM, David Shulkin <drshulkin@aol.com> wrote:

> http://www.washingtontimes.com/news/2017/mar/11/donald-trump-holds-partial-cabinet-meeting-his-nor/
>
> Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 3/11/2017 10:28:36 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]

http://www.washingtontimes.com/news/2017/mar/11/donald-trump-holds-partial-cabinet-meeting-his-nor/

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/12/2017 4:50:11 PM
To: (b) (6) va.gov
Subject: Fwd: more thoughts on the idea we discussed...

Please print

Sent from my iPhone

Begin forwarded message:

From: Jennifer Lee <(b) (6) @gmail.com>
Date: March 11, 2017 at 10:52:41 PM EST
To: David Shulkin <drshulkin@aol.com>
Subject: more thoughts on the idea we discussed...

DRAFT
Bridging the Gap: Create a DoD/VA Joint Suicide Prevention Office

After over fifteen years of war, many of our Nations war fighters struggle with physical, psychological and emotional issues. Tragically, some service members and veterans choose to take their own life. These suicides share much in common.

All suicides are preventable. Whether a new enlisted soldier or a Veteran twenty years post service the DoD and VA must work collectively to bridge the gaps in suicide prevention services.

A single, well-coordinated DoD/VA Suicide Prevention Program would optimize and align efforts across the entire continuum of care that begins when a service member enters the military and extends through the rest of their lives.

This joint program could be initially chartered by the JEC (or perhaps by E.O.), and could later be codified into legislation.

Potential areas of synergy:

- Ensuring a warm hand-off to VA during the high risk transition time from active duty
- Research. Developing a shared research agenda that extends across the service member/Veteran life span
- Leveraging peer-to-peer interventions. Service members and veterans have existing shared lived experiences that can be further leveraged to help both communities through peer support.
- DoD #BEthere Call Center peer-to-peer support can be extended to Veterans (current data points toward half of the calls being received are Veterans)
- Optimize the Veterans/Military Crisis Line for both communities and ensure appropriate follow-up
- Leverage clinical informatics, data analytics in the EHR across DoD and VA

AMERICAN OVERSIGHT

- DoD/VA Conference – training the workforce together will result in a common service delivery for prevention, screening, intervention, treatment and postvention
- Connect VA suicide prevention coordinators with DoD installation suicide prevention program managers – execute common training elements, outreach capabilities, screening practices, and a host of other areas for cross pollination
- Conduct DoD/VA joint fatality review to ensure lessons learned from completed suicides are leveraged across entire care delivery system

AMERICAN OVERSIGHT

Message

From: Jennifer Lee [(b) (6) @gmail.com]
Sent: 3/12/2017 3:52:41 AM
To: David Shulkin [drshulkin@aol.com]
Subject: more thoughts on the idea we discussed...

DRAFT
Bridging the Gap: Create a DoD/VA Joint Suicide Prevention Office

After over fifteen years of war, many of our Nations war fighters struggle with physical, psychological and emotional issues. Tragically, some service members and veterans choose to take their own life. These suicides share much in common.

All suicides are preventable. Whether a new enlisted soldier or a Veteran twenty years post service the DoD and VA must work collectively to bridge the gaps in suicide prevention services.

A single, well-coordinated DoD/VA Suicide Prevention Program would optimize and align efforts across the entire continuum of care that begins when a service member enters the military and extends through the rest of their lives.

This joint program could be initially chartered by the JEC (or perhaps by E.O.), and could later be codified into legislation.

Potential areas of synergy:

- Ensuring a warm hand-off to VA during the high risk transition time from active duty
- Research. Developing a shared research agenda that extends across the service member/Veteran life span
- Leveraging peer-to-peer interventions. Service members and veterans have existing shared lived experiences that can be further leveraged to help both communities through peer support.
- DoD #BEthere Call Center peer-to-peer support can be extended to Veterans (current data points toward half of the calls being received are Veterans)
- Optimize the Veterans/Military Crisis Line for both communities and ensure appropriate follow-up
- Leverage clinical informatics, data analytics in the EHR across DoD and VA
- DoD/VA Conference – training the workforce together will result in a common service delivery for prevention, screening, intervention, treatment and postvention
- Connect VA suicide prevention coordinators with DoD installation suicide prevention program managers – execute common training elements, outreach capabilities, screening practices, and a host of other areas for cross pollination
- Conduct DoD/VA joint fatality review to ensure lessons learned from completed suicides are leveraged across entire care delivery system

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 4/16/2017 1:18:37 PM
To: (b) (6) @hotmail.com
Subject: Re: priorities

Who are you talking about?

-----Original Message-----
From: Poonam Alaigh <(b) (6) @hotmail.com>
To: David Shulkin <drshulkin@aol.com>
Sent: Sun, Apr 16, 2017 8:19 am
Subject: Re: priorities

Can you have her work with VBA to see if the benefit eligibility criteria can be changed to incentivize wellness and not sickness - this is big and don't know that Tom Murphy can do it skins without clinical knowledge and support

Sent from my iPhone

> On Apr 15, 2017, at 2:17 PM, David Shulkin <drshulkin@aol.com> wrote:
>
> management).

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 4/16/2017 12:19:19 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: priorities

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Sent from my iPhone

> On Apr 15, 2017, at 2:17 PM, David Shulkin <drshulkin@aol.com> wrote:
>
> management).

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 4/15/2017 6:16:53 PM
To: (b) (6) @hotmail.com
Subject: Re: priorities

That's what I said to her in a nice way

-----Original Message-----
From: Poonam Alaigh <(b) (6) @hotmail.com>
To: David Shulkin <drshulkin@aol.com>
Sent: Sat, Apr 15, 2017 2:15 pm
Subject: Fwd: priorities

David, see my message to you below

Sent from my iPhone

Begin forwarded message:

> **From:** "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
> **Date:** April 15, 2017 at 2:14:04 PM EDT
> **To:** 'Poonam Alaigh' <(b) (6) @hotmail.com>
> **Subject: FW: priorities**
>
> THANK YOU- I don't need her in our area at any cost.
>
> I have no confidence in her ability- everything she touches has shown no results, metrics, outcomes and remained controversial and stagnant.
>
> Examples - suicide prevention (2 person team), telehealth (no traction despite the urgency), Compassionate Care Center (not a center or structure in any way, Moonshot (nothing tangible done), IBM Watson (no analysis done), Caregiver (not operationalized right, only became controversial), specialty services (lots of problems and IG reports in the pipeline due to poor management).
>
> I think she has the right intentions, but no execution or competency in operations. She will be good at putting stuff in paper for you and bringing together some key players and influencers with the legislature. But DO NOT trust her with anything that is critical to us!
>
> Sent with Good (www.good.com)
>
> -----Original Message-----
> **From:** DJS
> **Sent:** Saturday, April 15, 2017 01:21 PM Eastern Standard Time
> **To:** Lee, Jennifer S. (VACO); Wright, Vivieca (Simpson)
> **Cc:** (b) (6)
> **Subject:** RE: priorities
>
> Jennifer I love that you have ideas and put a proposal together- but I don't think it's the right agenda-
>
> These are mostly vha things and we need them to lead and us to help where they need it
>
> I want you to focus on Department (my) priorities-
>
> This will be fun and meaningful

AMERICAN OVERSIGHT

Like any new position it will take you a few weeks to really understand the landscape (maybe quicker) but at least for week one just absorb-

I would suggest you start by pulling out the connission on care report and recommendations and my refined five new priorities ((b) (6) has these) and then we can discuss further

I hope your Focus will on modernization efforts - to reorganize the department- innovation- and driving the organizational priorities

The emr stuff is going a different direction I suspect but we can talk later on that

Sent with Good (www.good.com)

-----Original Message-----
From: Lee, Jennifer S. (VACO)
Sent: Saturday, April 15, 2017 10:56 AM Eastern Standard Time
To: DJS; Wright, Vivieca (Simpson)
Cc: (b) (6)
Subject: priorities

Hi David,
I'm excited to start on Monday.
I have some ideas about what I think I should focus on right away, but of course wanted to check in to see if this sounded right to you:

- IT and EHR
  - Frankly, we are not where we need to be right now. If you like, I could work with Scott and USDS to set some specific milestones for the OIT/VHA team and make sure we are making rapid progress on a roadmap that will be ready for July 1st.
  - Talent/Leadership- this is key and our major roadblock right now. I know we are working on this. I have some ideas here too on the health IT side
  - I would like to connect with the right people at DoD on this if that makes sense. I know there were some high level discussions recently?
    - Note: I also think we need another roundtable following up on the one we did in the fall, with private sector and DoD leaders. Should be open to media so it shows we are doing our homework. The focus should be on Interoperability.
  - Listening sessions – I suggest we launch a rapid series of listening sessions with our field staff to get their input on the EHR. There is much confusion and concern in the field and it would go a long way internally if we did this. (would be similar to Baligh's Choice sessions but w our own staff). We would ask those questions you suggested in your interview.
  - I want to reach out to GAO. They have many opinions on our health IT path and we should engage them early so they are less able to criticize our process later.
  - Scheduling – there are still many risks here. A deeper dive on timeline is needed. Also, I can help us push OIT related to login issues and VAR. I believe VAR will work well if we can fix the DS Login problem.
- Telehealth
  - (b) (5)
  -
- Suicide prevention
  - We need a bold and quick win. A White House suicide prevention task force/advisory council led by you could be a good announcement. It would have a lot of private sector members (btw I believe it is v important for NRA to be part of such a task force). I still support announcing a joint program with DoD and detailing their director over to work for VA and help us move faster (she is excellent), although this still needs vetting w VHA.

AMERICAN OVERSIGHT

What are your thoughts? Does this seem a good place to start? Of course, I will keep working the other projects too: Big Data, pharma collaborations, Innovation, etc.

Thanks
Jen

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 4/15/2017 6:15:22 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: priorities

David, see my message to you below

Sent from my iPhone

Begin forwarded message:

From: "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
Date: April 15, 2017 at 2:14:04 PM EDT
To: 'Poonam Alaigh' <(b) (6) @hotmail.com>
Subject: FW: priorities

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Cc: (b) (6)
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1. <!--[if !supportLists]--><!--[endif]--> IT and EHR
    1. <!--[if !supportLists]--><!--[endif]--> Frankly, we are not where we need to be right now. If you like, I could work with Scott and USDS to set some specific milestones for the OIT/VHA team and make sure we are making rapid progress on a roadmap that will be ready for July 1st.
    2. <!--[if !supportLists]--><!--[endif]--> Talent/Leadership- this is key and our major roadblock right now. I know we are working on this. I have some ideas here too on the health IT side
    3. <!--[if !supportLists]--><!--[endif]--> I would like to connect with the right people at DoD on this if that makes sense. I know there were some high level discussions recently?
        1. <!--[if !supportLists]--><!--[endif]--> Note: I also think we need another roundtable following up on the one we did in the fall, with private sector and DoD leaders. Should be open to media so it shows we are doing our homework. The focus should be on Interoperability.
    4. <!--[if !supportLists]--><!--[endif]--> Listening sessions – I suggest we launch a rapid series of listening sessions with our field staff to get their input on the EHR. There is much confusion and concern in the field and it would go a long way internally if we did this. (would be similar to Baligh's Choice sessions but w our own staff). We would ask those questions you suggested in your interview.

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5. <!--[if !supportLists]--><!--[endif]--> I want to reach out to GAO. They have many opinions on our health IT path and we should engage them early so they are less able to criticize our process later.
6. <!--[if !supportLists]--><!--[endif]--> Scheduling – there are still many risks here. A deeper dive on timeline is needed. Also, I can help us push OIT related to login issues and VAR. I believe VAR will work well if we can fix the DS Login problem.

2. <!--[if !supportLists]--><!--[endif]--> Telehealth
    1. (b) (6)
    2. [redacted]
3. <!--[if !supportLists]--><!--[endif]--> Suicide prevention
    1. <!--[if !supportLists]--><!--[endif]--> We need a bold and quick win. A White House suicide prevention task force/advisory council led by you could be a good announcement. It would have a lot of private sector members (btw I believe it is v important for NRA to be part of such a task force). I still support announcing a joint program with DoD and detailing their director over to work for VA and help us move faster (she is excellent), although this still needs vetting w VHA.

What are your thoughts? Does this seem a good place to start? Of course, I will keep working the other projects too: Big Data, pharma collaborations, Innovation, etc.

Thanks

Jen

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/9/2017 11:35:19 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re: Interview

Lets do sone research on how they have covered veteran issues- if its fair then yes

Sent from my iPhone

> On Mar 9, 2017, at 6:21 PM, (b) (6) (b) (6) gmail.com> wrote:
>
> Briebart News would like to interview you within two weeks about you plan to help veterans. 10-15 minutes. Ok?

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6)@gmail.com]
Sent: 3/9/2017 11:21:35 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Interview

Briebart News would like to interview you within two weeks about you plan to help veterans. 10-15 minutes. Ok?

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/10/2017 12:01:40 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
Subject: Re: J&J meeting

I agree this is the topic to focus on

60 minutes wants to interview me- if we can get this pulled together nicely - as a novel approach to solving a public health crisis- this could work well

Sent from my iPhone

> On Mar 10, 2017, at 6:44 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>
> The outcome of the below discussion is the VA needs their PR
> Outreach now for suicide prevention. For the meeting in Washington they want the VA databank and biobank which will be hugely profitable to them. Between this and the intellectual
> Capital the VA and our academic partners will supply we need to determine the ROI for the VA in advance of the meeting. They are focused on clinical trials and I suggested it has to be cooperative between the VA, the academic medical centers and J&J to make the clinical trials more robust.
>
>
>
>
> – committed to make a difference; conditions that affect the brain
> o PTSD, stress and suicide – on the verge of treatment for severe suicidal depression; rapid anti-suicidal effects
> ▪ Can identify those who may be at risk
> o PTSD – advancing the field of novel treatments
> o Traumatic brain injury – initiated a public/private partnership building infrastructure around databases; align the industry to better treat
> o One Mind for Brain Research – for brain injury and and PTSD – Peter Cornelli as CEO; traumatic brain injury biomarker
> o Bush Institute project – starting clinical trials at the VA; take advantage of clinical records
> ▪ Would like to join forces to make a big difference for veterans
>
> Sent from my iPad
> Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 3/10/2017 11:44:04 AM
To: Poonam Alaigh M.D. [(b) (6) @hotmail.com]; drshulkin@aol.com
CC: mbs(b) (6) gmail.com; IP [@frenchangel59.com]
Subject: J&J meeting

The outcome of the below discussion is the VA needs their PR
Outreach now for suicide prevention. For the meeting in Washington they want the VA databank and biobank which will be hugely profitable to them. Between this and the intellectual
Capital the VA and our academic partners will supply we need to determine the ROI for the VA in advance of the meeting. They are focused on clinical trials and I suggested it has to be cooperative between the VA, the academic medical centers and J&J to make the clinical trials more robust.

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o One Mind for Brain Research – for brain injury and and PTSD – Peter Cornelli as CEO; traumatic brain injury biomarker
o Bush Institute project – starting clinical trials at the VA; take advantage of clinical records
▪ Would like to join forces to make a big difference for veterans

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/28/2017 2:57:25 AM
To: Jared Kushner (b) (6)
Subject: Re:

Lol 😁

Sent from my iPhone

> On Mar 27, 2017, at 10:52 PM, Jared Kushner <(b) (b) (6) > wrote:
>
> Agreed, though ike informed me that now that I got good press I have 14 things he asked me to do that haven't gotten done yet!!! We are on it!!!
>
> On 3/26/17, 10:28 PM, "David shulkin" <Drshulkin@aol.com> wrote:
>
> Great story in the Post
>
> This is the type of press we need.
>
> Congratulations
>
> David Shulkin
>
> Sent from my iPhone
>
>

AMERICAN OVERSIGHT

Message

From: Jared Kushner [(b) (6)
Sent: 3/28/2017 2:52:07 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

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>
> Congratulations
>
> David Shulkin
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/27/2017 2:28:03 AM
To: Jared Kushner [(b) (b) (6)]

Great story in the Post

This is the type of press we need.

Congratulations

David Shulkin

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: (b) (6) (b) (6) @gmail.com]
Sent: 3/13/2017 10:49:38 AM
To: David Shulkin [drshulkin@aol.com]
CC: (b) (6) [(b) (6) @gmail.com]
Subject: Re: Following up & Stallone VA support

Thank you for your quick response. I will work with (b) (6) to connect with John as soon as possible.

Sent from my iPhone

> On Mar 12, 2017, at 11:19 PM, David Shulkin <drshulkin@aol.com> wrote:
>
> Thank you for letting me know what has been happening- I do want you part of the team as well
>
> I am going to have (b) (6) connect you with John ullevoit
>
> Sent from my iPad
>
>> On Mar 12, 2017, at 11:00 PM, (b) (6) (b) (6) gmail.com> wrote:
>>
>> Secretary Shulkin,
>>
>> I wanted to follow up with you about my interest in joining your team at the VA and current status.
>>
>> As a quick update, I met two weeks ago with the White House Office of Personnel and was told the next step in my appointment process is to meet with the White House Communications Director, (b) (6) I will continue to push for that meeting this week and will follow up with (b) (6) about the job description I was told is in the process of being finalized.
>>
>> Additionally, I spoke to a friend of mine, (b) (6) with the Artists and Athletes Alliance, who is working with Sylvester Stallone on a few projects. He informed me that Stallone has a strong interest in publicly supporting the work of the VA, e.g. appear at VA's major adaptive sports events, enlist other actors to join him (and you) in Public Service Announcements (perhaps around veteran homelessness, suicide prevention, etc). I got the sense from (b) that Stallone's people are open to discussing a wide range of possibilities.
>>
>> I am eager to come on board to help with the important work that lies ahead for you and the VA. Please let me know if there is anything I can do from my end to facilitate or accelerate the process of joining your staff.
>>
>> Thank you for your time and consideration.
>>
>> Regards,
>>
>> (b)
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>>
>

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 3/13/2017 3:19:28 AM
To: (b) (6) (b) (6) @gmail.com]
CC: (b) (6) [(b) (6) @gmail.com]
Subject: Re: Following up & Stallone VA support

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>
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>
> Regards,
>
> (b)
>
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>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/12/2017 2:33:23 PM
To: Carolyn M Clancy [(b) (6) @gmail.com]
Subject: Re: USA Today story: WOW!!!!

Truly a big deal- thanks to you and Joe and the team!

Sent from my iPhone

> On Apr 12, 2017, at 10:12 AM, Carolyn M Clancy <(b) (6) y@gmail.com> wrote:
>
> Better than I even fantasized!!
>
>

AMERICAN OVERSIGHT

Message

From: Carolyn M Clancy [(b) (6) @gmail.com]
Sent: 4/12/2017 2:12:50 PM
To: David shulkin [drshulkin@aol.com]
Subject: USA Today story: WOW!!!!

Better than I even fantasized!!

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 3/10/2017 3:29:05 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: [EXTERNAL] What I didn't and wouldn't say in the meeting

I have significant concerns on many different levels including as stated below, which was an eye opening experience for me. We need to talk - and I need to act. Many people from Jens team are expressing discontent and are sending indirect messages about leaving because of a negative culture

Sent from my iPhone

Begin forwarded message:

> **From:** "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
> **Date:** March 9, 2017 at 10:25:43 PM EST
> **To:** 'Poonam Alaigh' <(b) (6) @hotmail.com>
> **Subject: FW: [EXTERNAL] What I didn't and wouldn't say in the meeting**
>
> Sent with Good (www.good.com)
>
> -----Original Message-----
> **From:** (b) (6) b) (6) @URMC.Rochester.edu]
> **Sent:** Thursday, March 09, 2017 10:06 PM Eastern Standard Time
> **To:** Alaigh, Poonam, M.D.
> **Subject:** [EXTERNAL] What I didn't and wouldn't say in the meeting
>
> Poonam — I was pleased to meet you and most appreciated the attentive, questioning, and considered hearing that you gave today regarding VA suicide prevention efforts. *To my knowledge, this was the first occasion that any senior leader — especially Jennifer Lee and Lisa Pape — has sought to patiently listen, probe, and reflect with folks from OSP.*
>
> What I left unsaid: Jennifer and Lisa are ill equipped (unqualified) to lead this most important program. I say this with sadness because I am not a person who relishes any form of personal diminishment, and it certainly is not the way that I view administration or leadership. But there are disturbing data that I see — all pointing to substantial peril for our collective desire to reduce the burdens associated with suicides and attempted suicides among Veterans.
>
> - The formative processes for establishing the Office for Suicide Prevention (OSP) were stumbling and they remain incomplete. Jennifer, and especially Lisa as her Chief of Staff, should have been the driver of getting the Org Chart approved promptly (i.e., before Nov) and assuring that languishing position descriptions were approved in a timely fashion. While the Office was 'conceived' last summer, it only started to come together in Sept with personnel who are being detailed to OSP. I believe that there are only two who are formally assigned — (b) (6) and (b) (6) (b) (6) for example, still has split assignments.
> - As noted above, JL/LP have never sat with us to listen, learn, react-interact, or as you did today, seek to get to the substance of the matter. Rather they have been highly reactive to

AMERICAN OVERSIGHT

Dr. Shulkin's concerns without apparently discerning the need to create an urgent yet sustainable plan, with realistic goals and specific objectives, and *discussing with him the challenges to be addressed*.

- I was stunned to observe JL/LP grab onto Suicide Prevention during mid-January, and in the process show a fundamental lack of understanding of the field — what's been promising generally and what's not, who/how to drive forward initiatives, and indeed, what needs to be done across all of VA for non-enrolled Veterans [our 14 out of 20] and in particular within VHA in order to dramatically change the narrative of the past decades. The very recent enchantment with Zero Suicide (ZS), which arose in mid-January, reflected an uninformed reading of a complex set of processes. VHA *will benefit from implementing ZS;* however, it is essential to assess the impact(s) of what VHA has done during the past 10 years and where there needs to be improvement: for example, defining how SPCs function and where those roles can be clarified, standardized, and improved to create a seamless clinical system along with elements such as the VCL. It is much less about ZS's nuts-and-bolts and much more about *facility leadership buy-in and accountability, CQI activities, use of rigorous process and outcome metrics, and a fundamental drive toward day-to-day quality improvement. For VHA, this is as much about culture change as it is about specific activities*. To its credit, the OSP group has driven home these issues during the past couple of weeks. Of note, we had described these issues in a MyVA meeting with Scott Blackburn in mid-January prior to the recent focus on ZS.
- By mid-January, MyVA-related efforts included the formulation of a series of near-term actions that potentially hold substantial 'payoff promise' and were consistent with our developing strategic vision. Realistically, it is unlikely that they will pull down suicide rates in FY17, as this year already is well along, but they would have had punching power over the coming 18 months. While the VA folks leading MyVA were very encouraging after our initial presentation, the feedback from JL and LP was unenthused and at times negative. Listening to the two streams of reviews was, as if, there had been two entirely different presentations. Ultimately many of the proposed core elements were discarded in favor of the priorities defined by JL/LP. (The latter described 'going on Google' to explore possible new directions.)
- The morale in OSP is below measurement levels. (b) (6) was informed about 10 days ago that she is to be replaced as the lead; apparently Jennifer sees this as her role. I took the temperature today and it would appear that (b) (6) (b) (6) (b) (6) and (b) (6) Wilt (admin) all are on the verge of leaving. Certainly I will too should JL/LP remain as leads, given their lack of understanding and poor leadership. (b) (6) and (b) (6) are detailed to OSP and are considering not renewing, depending on what happens with the Office. (b) (6) and (b) (6) have been exploring alternatives. (It may be worthwhile to speak with (b) (6) alone to learn her perspectives.)
- I am deeply concerned that what was so promising now will evaporate.

As you can surmise, I was not going to elaborate today on these specific issues.

Again, I appreciate the time and attention you devoted to what we see as the most compelling and important challenge.

Best regards, (b)

(b) (6), M.D.
University of Rochester Medical Ctr.
300 Crittenden Blvd.

AMERICAN OVERSIGHT

Rochester, NY, USA 14642-8409
[p] [redacted]
[f] [redacted]

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 3/10/2017 3:29:04 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: [EXTERNAL] What I didn't and wouldn't say in the meeting

I have significant concerns on many different levels including as stated below, which was an eye opening experience for me. We need to talk - and I need to act. Many people from Jens team are expressing discontent and are sending indirect messages about leaving because of a negative culture

Sent from my iPhone

Begin forwarded message:

> **From:** "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
> **Date:** March 9, 2017 at 10:25:43 PM EST
> **To:** 'Poonam Alaigh' <(b) (6) @hotmail.com>
> **Subject: FW: [EXTERNAL] What I didn't and wouldn't say in the meeting**
>
> Sent with Good (www.good.com)
>
> -----Original Message-----
> **From:** (b) (6) (b) (6) @URMC.Rochester.edu]
> **Sent:** Thursday, March 09, 2017 10:06 PM Eastern Standard Time
> **To:** Alaigh, Poonam, M.D.
> **Subject:** [EXTERNAL] What I didn't and wouldn't say in the meeting
>
> Poonam — I was pleased to meet you and most appreciated the attentive, questioning, and considered hearing that you gave today regarding VA suicide prevention efforts. *To my knowledge, this was the first occasion that any senior leader — especially Jennifer Lee and Lisa Pape — has sought to patiently listen, probe, and reflect with folks from OSP.*
>
> What I left unsaid: Jennifer and Lisa are ill equipped (unqualified) to lead this most important program. I say this with sadness because I am not a person who relishes any form of personal diminishment, and it certainly is not the way that I view administration or leadership. But there are disturbing data that I see — all pointing to substantial peril for our collective desire to reduce the burdens associated with suicides and attempted suicides among Veterans.
>
> - The formative processes for establishing the Office for Suicide Prevention (OSP) were stumbling and they remain incomplete. Jennifer, and especially Lisa as her Chief of Staff, should have been the driver of getting the Org Chart approved promptly (i.e., before Nov) and assuring that languishing position descriptions were approved in a timely fashion. While the Office was 'conceived' last summer, it only started to come together in Sept with personnel who are being detailed to OSP. I believe that there are only two who are formally assigned — (b) (6) and (b) (6) (b) (6) for example, still has split assignments.
> - As noted above, JL/LP have never sat with us to listen, learn, react-interact, or as you did today, seek to get to the substance of the matter. Rather they have been highly reactive to

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Dr. Shulkin's concerns without apparently discerning the need to create an urgent yet sustainable plan, with realistic goals and specific objectives, and *discussing with him the challenges to be addressed*.

- I was stunned to observe JL/LP grab onto Suicide Prevention during mid-January, and in the process show a fundamental lack of understanding of the field — what's been promising generally and what's not, who/how to drive forward initiatives, and indeed, what needs to be done across all of VA for non-enrolled Veterans [our 14 out of 20] and in particular within VHA in order to dramatically change the narrative of the past decades. The very recent enchantment with Zero Suicide (ZS), which arose in mid-January, reflected an uninformed reading of a complex set of processes. VHA *will benefit from implementing ZS;* however, it is essential to assess the impact(s) of what VHA has done during the past 10 years and where there needs to be improvement: for example, defining how SPCs function and where those roles can be clarified, standardized, and improved to create a seamless clinical system along with elements such as the VCL. It is much less about ZS's nuts-and-bolts and much more about *facility leadership buy-in and accountability, CQI activities, use of rigorous process and outcome metrics, and a fundamental drive toward day-to-day quality improvement. For VHA, this is as much about culture change as it is about specific activities*. To its credit, the OSP group has driven home these issues during the past couple of weeks. Of note, we had described these issues in a MyVA meeting with Scott Blackburn in mid-January prior to the recent focus on ZS.
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300 Crittenden Blvd.

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Rochester, NY, USA 14642-8409
[p] [redacted]
[f] [redacted]

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Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 3/11/2017 12:51:07 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Next week

I have a list to go over with you. Most importantly, I will be moving suicide prevention into 10N under Tom Lynch. Neither Jen nor Tom knows yet, so a lot of heavy lifting but at the end it's about saving lives and I absolutely know that I need to do this.

Last week was not easy, but a lot of good stuff was accomplished, including critically evaluating many of our key programs, culture and the leadership within these areas as they are going through briefings

Sent from my iPhone

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Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 3/12/2017 3:28:50 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

sent you something on whatsapp

From: David shulkin <Drshulkin@aol.com>
Sent: Sunday, March 12, 2017 11:23 AM
To: Poonam Alaigh
Subject: Re:

Ok

Sent from my iPhone

> On Mar 12, 2017, at 10:41 AM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:
>
> 5:30 when driving to metropark
>
> Sent from my iPhone
>
>> On Mar 12, 2017, at 10:26 AM, David shulkin <Drshulkin@aol.com> wrote:
>>
>> Can we talk later - after 3 pm about suicide prevention
>>
>> Im ok if you want to wait till you are on the train
>>
>> Sent from my iPhone

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/12/2017 3:23:02 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re:

Ok

Sent from my iPhone

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From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 3/12/2017 2:41:25 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

5:30 when driving to metropark

Sent from my iPhone

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AMERICAN OVERSIGHT

Message

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Sent: 3/12/2017 2:26:29 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]

Can we talk later - after 3 pm about suicide prevention

Im ok if you want to wait till you are on the train

Sent from my iPhone

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/31/2017 1:43:46 AM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
Subject: Re: Ike

Are u still up? if not ill call you this weekend

Sent from my iPhone

> On Mar 30, 2017, at 5:32 PM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>
> Just finished call with him will fill you in call when convenient no rush
>
> Sent from my iPhone

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Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 3/30/2017 9:32:10 PM
To: David shulkin [drshulkin@aol.com]
Subject: Ike

Just finished call with him will fill you in call when convenient no rush

Sent from my iPhone

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Message

From: (b) (6) @hotmail.com]
Sent: 4/8/2017 12:34:57 PM
To: David shulkin [Drshulkin@aol.com]; (b) [(b) (6) @gmail.com]
Subject: Re: Article

Why

Sent from my iPhone

On Apr 8, 2017, at 8:27 AM, David shulkin <Drshulkin@aol.com> wrote:

> Sent from my iPhone
>
> Begin forwarded message:
>
> **From:** (b) (6) <(b) (6) @gmail.com>
> **Date:** April 8, 2017 at 6:02:58 AM EDT
> **To:** David Shulkin <drshulkin@aol.com>
> **Subject: Article**
>
> https://www.washingtonpost.com/local/education/the-cost-of-betsy-devoss-security-detail-1-million-per-month/2017/04/07/efa01488-1ade-11e7-9887-1a5314b56a08_story.html?utm_term=.e240d7e10fd9

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/8/2017 12:26:53 PM
To: (b) (6) (b) (6) @hotmail.com]
Subject: Fwd: Article

Sent from my iPhone

Begin forwarded message:

From: (b) (6) <(b) (6) @gmail.com>
Date: April 8, 2017 at 6:02:58 AM EDT
To: David Shulkin <drshulkin@aol.com>
Subject: Article

https://www.washingtonpost.com/local/education/the-cost-of-betsy-devoss-security-detail-1-million-per-month/2017/04/07/efa01488-1ade-11e7-9887-1a5314b56a08_story.html?utm_term=.e240d7e10fd9

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Message

From: [redacted] [redacted]@gmail.com]
Sent: 4/8/2017 10:02:58 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Article

https://www.washingtonpost.com/local/education/the-cost-of-betsy-devoss-security-detail-1-million-per-month/2017/04/07/efa01488-1ade-11e7-9887-1a5314b56a08_story.html?utm_term=.e240d7e10fd9

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Message

From: Jennifer Lee [(b) (6) @gmail.com]
Sent: 3/11/2017 3:49:02 AM
To: David Shulkin [drshulkin@aol.com]
Subject: A great idea on suicide

Hi David,
If you are up, I have an idea that I think could be a big win in suicide, and solves several problems for us.
Do you have time for a 5 min call?
I thought if you like it you may want to present it to POTUS tmrw as a possible big announcement on April 6th.
Thanks,
Jen

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/6/2017 2:33:52 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Fwd: (No Subject)

Lets discuss

Sent from my iPhone

Begin forwarded message:

From: (b) (6) (b) (6) horizonblue.com>
Date: March 6, 2017 at 7:15:32 AM EST
To: David shulkin <Drshulkin@aol.com>
Subject: RE: (No Subject)

David, all well on my end, thanks. Great to hear from you. I've been remiss in reaching out with my congratulations. Great for you, and even better for our veterans.

Would love to see you. That time works great. Please let me know if you have any special needs on security, etc. I can also arrange for us to stop by and see (b) (6) if you haven't already done so.

Best regards,

(b) (6)

From: David shulkin
Sent: Sunday, March 05, 2017 4:50:02 PM
To: (b) (6)
Subject:

(b) (6) i hope you are doing well.

Im coming to Newark on March 16 th for a dinner event that i am speaking at and wondered if you are around in the late afternoon that day 4 pm or 430 lets say. If so i would love to swing by the office and say hello and catch up.

Best Regards

David Shulkin

Sent from my iPhone

********** This message and any attachments are solely for the intended recipient. If you are not the intended recipient, disclosure, copying, use, or distribution of the information included in this message is prohibited -- please immediately and permanently delete this message.
****

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Message

From: Darin Selnick [(b) (6)@gmail.com]
Sent: 3/13/2017 7:46:00 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Heads Up

You got it. I am on hold until I hear from you.

Darin

On Mon, Mar 13, 2017 at 2:37 PM, David shulkin <Drshulkin@aol.com> wrote:
Ok but dont do anything yet till i meet with mitre ceo

Sent from my iPhone

On Mar 13, 2017, at 10:12 AM, Darin Selnick (b) (6)@gmail.com> wrote:

Yes, I would bring Mitre and (b) (6) into this. MITRE has some real depth on this based on what they did with the Independent Assessment and Commission on Care. The mistake we made on the Commission is that Mitre offered their assistance but we did not take them up on it.

Darin

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So do you think we should bring Mitre into this?

Sent from my iPhone

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I agree 100% and thought that was your position. So I was surprised on what they told me. Happy to discuss any time.

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Lets talk about this- i am not in favor- and never was- of VA being a primary payer- I am in favor of us being the coordinator of benefits only and have asked people to stop using the term primary payer

Sent from my iPhone

On Mar 12, 2017, at 11:42 PM, Darin Selnick (b) (6)@gmail.com> wrote:

A few updates for you.

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1. Choice 2.0. I talked to (b) (6) on Friday, he told me that Dr. Roe expects that with Choice 2.0, VA would be the 2nd payer for community care as it currently is with Choice.

In talking with (b) the other week, he mentioned the only reason there is 1 billion left over is due to 2nd payer. My understanding from Regan's staff is that our two scenarios for the Choice 2.0 briefing this week have VA as 1st payer, which I think is a mistake as it hurts our cost mitigation efforts. If we had better cost mitigation, we could afford the expanded choice and have funds for the modernization of the VHA provider system, which I call Owned and Operated 2.0. I am working with Regan's staff to get all of the assumptions and data points that went into their numbers so that I fully understand them.

However, for the presentation I would recommend focusing on the principles of Choice 2.0, which are very sound, and emphasize the numbers are very preliminary as we are still in a early design phase. My concern is that I would not want the four corners to misunderstand or misrepresent what we are presenting to them, like what happened with the Commission and the strawman.

Going forward I think we need to use the systems approach like the one I showed you from Mitre to flushout and test out the future vision and develop the roadmap. This would include all of the design elements for Choice 2.0., and like you said the modernization of the VHA provider system (Owned and Operated 2.0). The roadmap would be multi year (up to 10 Years?) to include the phase in of legislation, actions and the passing of additional legislation over a 2 or 3 year period.

Unless you already have this going on, I would recommend you have a core team develop this for you to include, Poonam, Baligh, Mark, Regan, Jennifer Lee, Steve Young and myself. I would also recommend a kickoff session with you spending a couple of hours white boarding with the team your full vision and ideas so we are all clear on the full vision scenarios and ready to start working on impact vs. feasibility assessments.

2. **Dr Kussman**. Vivieca needed a work statement for the contract so I made one up over the weekend. That should get the contract moving quickly. I had a good meeting last Thursday with Mike and Poonam, she said she would discuss it with you so that she understands what you want going forward.

3. **70 million in offsets for Accountability bill**. When I talked to (b) (6) he also said that if we came up with the 70 million in offsets by Monday, we could have the rest of the 3 Rs for you in the legislation when it went for a vote this week. So I talked to Vivieca and she was working on it and thought she would get the off-sets and the language by Monday morning. I

AMERICAN OVERSIGHT

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Hope you had a good trip.

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Shouldnt we involve VBA ?

Sent from my iPhone

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> Sent from my iPhone
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> > On Mar 9, 2017, at 3:15 PM, Darin Selnick (b) (6) @gmail.com> wrote:
> >
> > I wanted to give you a heads up on House Conference Chairwoman McMorris Rodgers. I received an email yesterday and a call today from her MLA (b) (6)
> >
> > McMorris Rodgers office has contacted (b) (6) to schedule a meeting with you. The topic is her draft discussion legislation from last year, Caring for our Heroes in the 21st Century Act, to reform VA healthcare. I

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believe she intents to introduce the legislation soon. She would like to discuss the legislation with you and get your input, thoughts and concerns on the bill. She would also like to understand your healthcare reform agenda and where you are going.
>
> McMorris Rodgers has not yet met with Dr. Roe, but they are scheduling a meeting with him and that meeting should happen before she meets with you.
>
> On a different subject, I know we are not changing any benefits or eligibility this year. But for the long term, I recommend we implement commission on care recommendation 18, establish an expert body to develop recommendations for VA eligibility and benefit design. If we do that with an independent assessment, it could advance the discussion, gives us cover, and keep it non-political, like the independent assessment did for the Commission.
>
> Darin

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Message

From: Darin Selnick [(b) (6)@gmail.com]
Sent: 3/13/2017 2:12:40 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Heads Up

Yes, I would bring Mitre and (b) (6) into this. MITRE has some real depth on this based on what they did with the Independent Assessment and Commission on Care. The mistake we made on the Commission is that Mitre offered their assistance but we did not take them up on it.

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AMERICAN OVERSIGHT

and keep it non-political, like the independent assessment did for the Commission.
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> Darin

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/9/2017 10:21:34 PM
To: Darin Selnick (b) (6) @gmail.com]
Subject: Re: Heads Up

Shouldnt we involve VBA ?

Sent from my iPhone

On Mar 9, 2017, at 4:33 PM, Darin Selnick (b) (6) @gmail.com> wrote:

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Im glad to meet with her

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From: David shulkin [Drshulkin@aol.com]
Sent: 3/9/2017 10:20:46 PM
To: Darin Selnick [(b) (6) @gmail.com]
Subject: Re: Heads Up

Yes

Sent from my iPhone

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/9/2017 8:48:31 PM
To: Darin Selnick (b) (6) @gmail.com]
Subject: Re: Heads Up

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AMERICAN OVERSIGHT

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Darin

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Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 3/14/2017 1:12:47 AM
To: Marisol Garcia [(b) @frenchangel59.com]
CC: Bruce Moskowitz [brucem(b) (6) mac.com]; David Shulkin [drshulkin@aol.com]
Subject: Re: Meeting ike in PB

Thank you

Sent from my iPhone

On Mar 13, 2017, at 8:34 PM, Marisol Garcia <(b) @frenchangel59.com> wrote:

> **This meeting is confirmed for Saturday, March 18th at 9:00 AM.**
>
> **Breakfast**
> **The Mar-a-Lago Club, L.C.**
> 1100 South Ocean Boulevard
> Palm Beach, Florida 33480
>
> (b) (6)
>
> **Participants:**
> **Doctor Poonam Alaigh, Laurie and Ike Perlmutter and Doctor Bruce Moskowitz**
>
> Best,
> Marisol

From: Bruce Moskowitz [mailto:brucem(b) (6) mac.com]
Sent: Monday, March 13, 2017 9:34 AM
To: Poonam Alaigh
Cc: David Shulkin; Marisol Garcia
Subject: Re: Meeting ike in PB

Ike and I will have Saturday breakfast with you at Mara lago he just confirmed
Marisol will give details
Sent from my iPhone

On Mar 12, 2017, at 10:03 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> Bruce, David and I just spoke. He agrees that it might be best if I come out there in the meantime this weekend. Traveling during the week is not going to be easy with the weather here in the northeast. But I could make myself available based

AMERICAN OVERSIGHT

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> > From: Bruce Moskowitz <brucem(b) (6) mac.com>
> > To: David shulkin <drshulkin@aol.com>; Poonam Alaigh M.D. <(b) (6) @hotmail.com>
> > Sent: Sun, Mar 12, 2017 6:44 pm
> > Subject: Meeting ike in PB
> >
> > Does this coming weekend work?
> >
> > Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Marisol Garcia [(b) @frenchangel59.com]
Sent: 3/14/2017 12:33:27 AM
To: 'Bruce Moskowitz' [brucem(b) (6) mac.com]; 'Poonam Alaigh' [(b) (6) @hotmail.com]
CC: 'David Shulkin' [drshulkin@aol.com]
Subject: RE: Meeting ike in PB

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Breakfast
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Palm Beach, Florida 33480

(b) (6)

Participants:
Doctor Poonam Alaigh, Laurie and Ike Perlmutter and Doctor Bruce Moskowitz

Best,
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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 3/13/2017 2:03:54 AM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
CC: David Shulkin [drshulkin@aol.com]
Subject: Re: Meeting ike in PB

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AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 3/13/2017 1:04:00 AM
To: brucem(b) (6) mac.com
Subject: Re: Meeting ike in PB

ok we will figure it out

-----Original Message-----
From: Bruce Moskowitz <brucem(b) (6) mac.com>
To: David Shulkin <drshulkin@aol.com>
Cc: palaigh <(b) (6) @hotmail.com>
Sent: Sun, Mar 12, 2017 8:35 pm
Subject: Re: Meeting ike in PB

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AMERICAN OVERSIGHT

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From: David Shulkin [drshulkin@aol.com]
Sent: 3/13/2017 12:30:03 AM
To: (b) (6) @hotmail.com
Subject: Re: Meeting ike in PB

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From: Poonam Alaigh <(b) (6) @hotmail.com>
To: David Shulkin <drshulkin@aol.com>
Sent: Sun, Mar 12, 2017 8:27 pm
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We should definitely try for the following weekend then since we are away in London the weekend of April 1 with Arvin

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AMERICAN OVERSIGHT

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From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 3/13/2017 12:27:06 AM
To: David Shulkin [drshulkin@aol.com]
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Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 3/13/2017 12:23:12 AM
To: mbs(b) (6) gmail.com
Subject: Re:

Thank you Marc- much appreciated

David

-----Original Message-----
From: Marc Sherman <mbs(b) (6) gmail.com>
To: David shulkin <Drshulkin@aol.com>
Cc: Ike Perlmutter <(@frenchangel59.com>; Laurie Perlmutter <(b) (6) @gmail.com>; Bruce Moskowitz <brucem(b) (6) mac.com>
Sent: Sun, Mar 12, 2017 6:35 pm
Subject: Re:

David,

I saw your testimony before the House VA Committee on Tuesday. It was a pleasure to watch (unlike most other acrimonious, biting political stages of late). Clearly, without exception, they favored and respected the program on which we all weighed in, and you were masterful in delivering the message and requests. Congratulations and well done!!!

Marc

On Sun, Mar 12, 2017 at 1:03 PM, David shulkin <Drshulkin@aol.com> wrote:
NY Times Editorial today

> https://mobile.nytimes.com/2017/03/11/opinion/sunday/a-lifeline-for-troubled-veterans.html?_r=0&referer=
>
>
>
> Sent with Good (www.good.com)

AMERICAN OVERSIGHT

Message

From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 3/12/2017 10:35:24 PM
To: David shulkin [Drshulkin@aol.com]
CC: Ike Perlmutter [(@frenchangel59.com]; Laurie Perlmutter [(b) (6) @gmail.com]; Bruce Moskowitz [brucem(b) (6) mac.com]
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>
> Sent with Good (www.good.com)

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Message

From: L Perl [(b) (6) @gmail.com]
Sent: 3/12/2017 8:24:48 PM
To: David shulkin [Drshulkin@aol.com]
CC: Ike Perlmutter [(@frenchangel59.com]; Bruce Moskowitz [brucem(b) (6) mac.com]; Marc Sherman [mbs(b) (6) gmail.com]
Subject: Re:

Progress!!!

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> Sent with Good (www.good.com)

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/12/2017 5:13:36 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
Subject: Re: Fwd:

This is a really good perspective - thanks

Sent from my iPhone

> On Mar 12, 2017, at 1:07 PM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>
> We all read it your testimony in front of congress was even more impressive. After talking with Lieberman I realized it is like telling a patient even though you have a risk for colon cancer we do not do colonoscopies we wait until you have a tumor then we treat you. He has worked with the DOD however prevention and early intervention has not been an option.
>
> Sent from my iPad
> Bruce Moskowitz M.D.
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>> On Mar 12, 2017, at 1:03 PM, David shulkin <Drshulkin@aol.com> wrote:
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>>
>>
>>> https://mobile.nytimes.com/2017/03/11/opinion/sunday/a-lifeline-for-troubled-veterans.html?_r=0&referer=
>>>
>>>
>>>
>>> Sent with Good (www.good.com)
>>

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 3/12/2017 5:07:56 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Fwd:

We all read it your testimony in front of congress was even more impressive. After talking with Lieberman I realized it is like telling a patient even though you have a risk for colon cancer we do not do colonoscopies we wait until you have a tumor then we treat you. He has worked with the DOD however prevention and early intervention has not been an option.

Sent from my iPad
Bruce Moskowitz M.D.

> On Mar 12, 2017, at 1:03 PM, David shulkin <Drshulkin@aol.com> wrote:
>
> NY Times Editorial today
>
>
>> https://mobile.nytimes.com/2017/03/11/opinion/sunday/a-lifeline-for-troubled-veterans.html?_r=0&referer=
>>
>>
>>
>> Sent with Good (www.good.com)
>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/12/2017 5:03:28 PM
To: Ike Perlmutter [(b) (6)@frenchangel59.com]; Laurie Perlmutter [(b) (6)@gmail.com]; Bruce Moskowitz [brucem(b) (6)mac.com]; Marc Sherman [mbs(b) (6)gmail.com]
Subject: Fwd:

NY Times Editorial today

> https://mobile.nytimes.com/2017/03/11/opinion/sunday/a-lifeline-for-troubled-veterans.html?_r=0&referer=
>
>
>
> Sent with Good (www.good.com)

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/7/2017 12:25:59 AM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re: You got this in the mail

Ok i wont go to ny then

Sent from my iPhone

On Mar 6, 2017, at 7:12 PM, (b) (6) <(b) (6) @gmail.com> wrote:

> Hi Sir, I printed but just wanted to share May 4th is the Military Heroes Event.
>
> (b)
>
> (b) (6)
>
> On Mon, Mar 6, 2017 at 6:59 PM, (b) (6) <(b) (6) @gmail.com> wrote:
>
> ---------- Forwarded message ---------
> From: David shulkin <Drshulkin@aol.com>
> Date: Mon, Mar 6, 2017 at 6:50 PM
> Subject: Fwd: You got this in the mail
> To: (b) (6) <(b) (6) @gmail.com>
>
> Pls print
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> > **From:** (b) (6) <(b) (6) @gmail.com>
> > **Date:** March 6, 2017 at 6:21:34 PM EST
> > **To:** Dad <drshulkin@aol.com>
> > **Subject: You got this in the mail**
> >
> > 
> >
> > Sent from my iPhone
>
> --
> Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 3/7/2017 12:12:20 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: You got this in the mail

Hi Sir, I printed but just wanted to share May 4th is the Military Heroes Event.

(b)

(b) (6)

On Mon, Mar 6, 2017 at 6:59 PM, (b) (6) <(b) (6) @gmail.com> wrote:

---------- Forwarded message ---------
From: David shulkin <Drshulkin@aol.com>
Date: Mon, Mar 6, 2017 at 6:50 PM
Subject: Fwd: You got this in the mail
To: Latriece Prince-Wheeler <(b) (6) er@gmail.com>

Pls print

Sent from my iPhone

Begin forwarded message:

From: (b) (6) <(b) (6) @gmail.com>
Date: March 6, 2017 at 6:21:34 PM EST
To: Dad <drshulkin@aol.com>
Subject: You got this in the mail



Sent from my iPhone

--
Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

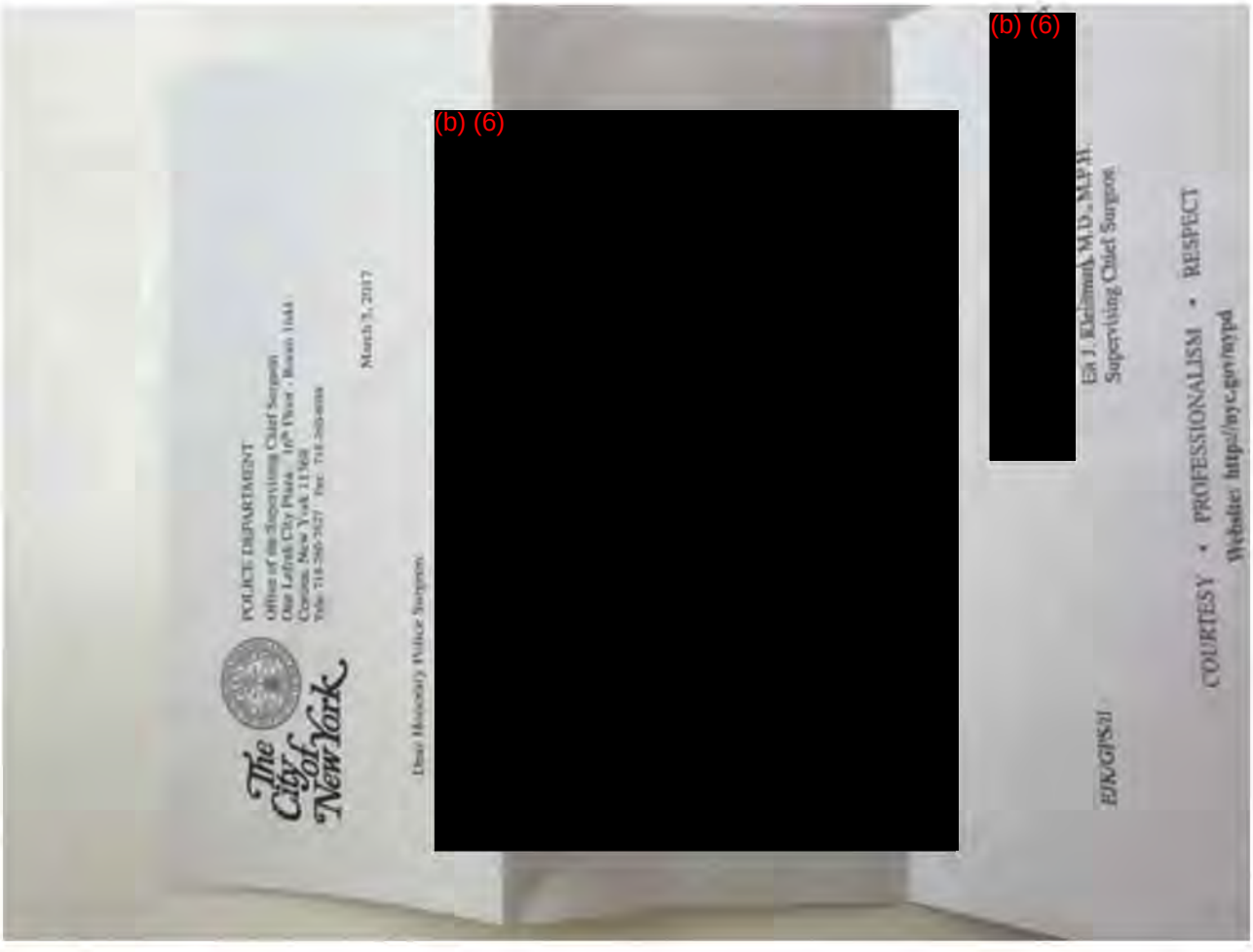
From: David shulkin [Drshulkin@aol.com]
Sent: 3/6/2017 11:50:22 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Fwd: You got this in the mail

Pls print

Sent from my iPhone

Begin forwarded message:

From: (b) (6) <(b) (6) @gmail.com>
Date: March 6, 2017 at 6:21:34 PM EST
To: Dad <drshulkin@aol.com>
Subject: You got this in the mail



Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/17/2017 5:04:48 PM
To: (b) (6) @yahoo.com
Subject: Re: Meeting with Tom Bowman

OK they will call you

Sent from my iPhone

On Mar 17, 2017, at 12:49 PM, thomas bowman <(b) (6) @yahoo.com> wrote:

> Per our discussion....I will be there...arrive Mar-a-Lago at about 9:30 for security checks?
>
> Sent from Yahoo Mail on Android
>
> On Fri, Mar 17, 2017 at 11:33 AM, David shulkin <Drshulkin@aol.com> wrote:
>
> > Can you do?
> >
> > Sent from my iPhone
> >
> > Begin forwarded message:
> >
> > **From:** L Perl <(b) (6) @gmail.com>
> > **Date:** March 17, 2017 at 9:39:56 AM EDT
> > **To:** David shulkin <drshulkin@aol.com>
> > **Cc:** IKE <(b)@frenchangel59.com>
> > **Subject: Meeting with Tom Bowman**
> >
> > We are having a breakfast meeting tomorrow morning at 9:00 with Dr. Alaigh and 9:00.
> >
> > Can you please schedule Tom Bowman for a meeting with us at mar-a-Lago at 10:30
> > tomorrow..
> >
> > Best...L

AMERICAN OVERSIGHT

Message

From: thomas bowman [(b) (6) @yahoo.com]
Sent: 3/17/2017 4:49:55 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Fwd: Meeting with Tom Bowman

Per our discussion....I will be there...arrive Mar-a-Lago at about 9:30 for security checks?

Sent from Yahoo Mail on Android

On Fri, Mar 17, 2017 at 11:33 AM, David shulkin
<Drshulkin@aol.com> wrote:

Can you do?

Sent from my iPhone

Begin forwarded message:

> **From:** L Perl <(b) (6) @gmail.com>
> **Date:** March 17, 2017 at 9:39:56 AM EDT
> **To:** David shulkin <drshulkin@aol.com>
> **Cc:** IKE <(b)@frenchangel59.com>
> **Subject: Meeting with Tom Bowman**
>
> We are having a breakfast meeting tomorrow morning at 9:00 with Dr. Alaigh and 9:00.
>
> Can you please schedule Tom Bowman for a meeting with us at mar-a-Lago at 10:30 tomorrow..
>
> Best...L

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/17/2017 3:33:20 PM
To: Thomas Bowman [(b) (6) @yahoo.com]
Subject: Fwd: Meeting with Tom Bowman

Can you do?

Sent from my iPhone

Begin forwarded message:

> **From:** L Perl <(b) (6) @gmail.com>
> **Date:** March 17, 2017 at 9:39:56 AM EDT
> **To:** David shulkin <drshulkin@aol.com>
> **Cc:** IKE <(b)@frenchangel59.com>
> **Subject: Meeting with Tom Bowman**
>
> We are having a breakfast meeting tomorrow morning at 9:00 with Dr. Alaigh and 9:00
>
> Can you please schedule Tom Bowman for a meeting with us at mar-a-Lago at 10:30 tomorrow..
>
> Best...L

AMERICAN OVERSIGHT

Message

From: L Perl [(b) (6) @gmail.com]
Sent: 3/17/2017 1:39:56 PM
To: David shulkin [drshulkin@aol.com]
CC: IKE [@frenchangel59.com]
Subject: Meeting with Tom Bowman

We are having a breakfast meeting tomorrow morning at 9:00 with Dr. Alaigh and 9:00.

Can you please schedule Tom Bowman for a meeting with us at mar-a-Lago at 10:30 tomorrow..

Best...L

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 3/27/2017 8:09:05 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

Let's meet at Beefsteak veggies today since it's a long travel day and I have luggage. In the future, when it's not a travel day, we will meet without the detail- definitely prefer that. You OK with leaving the office at 6pm?

Sent from my iPhone

On Mar 26, 2017, at 9:31 PM, David shulkin <Drshulkin@aol.com> wrote:

> Unless you prefer to do it without the details
>
> We could meet later at mandhu on 4 th and K across from my apt
>
> Sent from my iPhone
>
> On Mar 26, 2017, at 8:29 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:
>
> > Sure- should I have (b) (6) take me there, since you will have your guys with you too- a part of me feels a little awkward in case folks start to talk, although there is nothing and they will talk either ways.
> >
> > Send me the address either ways and what time?
> >
> > ---
> >
> > **From:** David shulkin <Drshulkin@aol.com>
> > **Sent:** Sunday, March 26, 2017 8:23 PM
> > **To:** Poonam Alaigh
> > **Subject:**
> >
> > Do u want to go to a vegetarian place tommoroW night?
> >
> > Beefsteakveggies 22nd and i streets?
> >
> > Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/27/2017 1:30:51 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re:

Unless you prefer to do it without the details

We could meet later at mandhu on 4 th and K across from my apt

Sent from my iPhone

On Mar 26, 2017, at 8:29 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> Sure- should I have (b) (6) take me there, since you will have your guys with you too- a part of me feels a little awkward in case folks start to talk, although there is nothing and they will talk either ways.
>
> Send me the address either ways and what time?

From: David shulkin <Drshulkin@aol.com>
Sent: Sunday, March 26, 2017 8:23 PM
To: Poonam Alaigh
Subject:

Do u want to go to a vegetarian place tommoroW night?

Beefsteakveggies 22nd and i streets?

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 3/27/2017 12:29:28 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

Sure- should I have (b) (6) take me there, since you will have your guys with you too- a part of me feels a little awkward in case folks start to talk, although there is nothing and they will talk either ways.

Send me the address either ways and what time?

From: David shulkin <Drshulkin@aol.com>
Sent: Sunday, March 26, 2017 8:23 PM
To: Poonam Alaigh
Subject:

Do u want to go to a vegetarian place tommoroW night?

Beefsteakveggies 22nd and i streets?

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/27/2017 12:23:41 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]

Do u want to go to a vegetarian place tommoroW night?

Beefsteakveggies 22nd and i streets?

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/7/2017 10:45:32 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Poonam at midnight

Last night?

Sent from my iPhone

> On Apr 7, 2017, at 6:36 PM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> Can you spot her?
>
> <IMG_2052.JPG>
>
>
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 4/7/2017 10:36:44 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Poonam at midnight
Attachments: IMG_2052.JPG; ATT00001.txt

Can you spot her?

AMERICAN OVERSIGHT

(b) (6)

AMERICAN OVERSIGHT

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/7/2017 11:48:40 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Fwd: Another Update

Print

Sent from my iPhone

Begin forwarded message:

From: '(b) (6) <(b) (6) @me.com>
Date: March 7, 2017 at 5:14:04 PM EST
To: gina.farisee@va.gov, vivieca.wright@va.gov
Cc: "David J. Shulkin" <drshulkin@aol.com>
Subject: FW: Another Update

(b) (6) not (b)

Sorry.

(b)

From: (b) (6) <(b) (6) @me.com>
Date: Tuesday, March 7, 2017 at 4:44 PM
To: "David J. Shulkin" <drshulkin@aol.com>
Cc: <gina.farisee@va.gov>, <vivieca.wright@va.gov>
Subject: Another Update

David

1. <!--[if !supportLists]--><!--[endif]-->Spoke with (b) (6) formerly COO of the SEC and highly respected by a string of boldface names. He would be a candidate for one of your Deputy positions because he is and is interested day to day ops, overseeing multiple functions and activities. This is different from what you and discussed but worth thinking about. **Please let me know your view**.

   Also you might learn something valuable from interviewing him. (b) came to us through (b) (6) (SEC) after (b) (6) called her.

2. <!--[if !supportLists]--><!--[endif]-->(b) (6) already holds high level clearances, appears to be apolitical, economically in a position to give back, has his Level C appointment expiring anyway and lives in Richmond Va with an apartment in D.C. He claims absence from social media and no known problems for vetting. Asked about his frustrations, he said everything in government takes longer than in private sector where he had transformation responsibilities of major

AMERICAN OVERSIGHT

activities. Capital One is not the scale of VA but it is large. And his prior posts in and training in the military are interesting development experiences.

3. <!--[if !supportLists]--><!--[endif]-->New possibilities with whom I will soon be speaking:

    a. <!--[if !supportLists]--><!--[endif]-->(b) (6) HR Chief of Amex, CHRO candidate (via Ops partner of Centerbridge)
    b. <!--[if !supportLists]--><!--[endif]-->(b) (6), CIO source (via ops partner of Centerbridge)
    c. <!--[if !supportLists]--><!--[endif]-->(b) (6) ts of Major Africa legal search firm (via managing partner of McDermott Emery)
    d. <!--[if !supportLists]--><!--[endif]-->(b) (6) as a source of CHRO
    e. <!--[if !supportLists]--><!--[endif]-->Riviera Partners (CIO search firm)

4. <!--[if !supportLists]--><!--[endif]-->Explained situation to (b) (6) EA at Spencer Stuart who will forward info to (b) today. Hoping for phone call this week.

    Am more than ever convinced that you need a great search firm partner as your partner and that the conversation should address overall organization near the top even though their scope may be limited. I can prime the pump, but not much more.

5. <!--[if !supportLists]--><!--[endif]-->Awaiting further communication from several other sources named in prior update.

6. <!--[if !supportLists]--><!--[endif]-->More as it happens.

7. <!--[if !supportLists]--><!--[endif]-->Available for your call or email whenever.

Best,

(b)

From: (b) (6) <(b) (6) @me.com>
Date: Tuesday, March 7, 2017 at 7:24 AM
To: (b) (6) <(b) (6) @me.com>
Subject: Fwd: Update

Begin forwarded message:

AMERICAN OVERSIGHT

From: David shulkin <Drshulkin@aol.com>
Subject: Re: Update
Date: March 6, 2017 at 7:22:41 PM EST
To: (b) (6) <(b) (6) @me.com>
Cc: gina.farrisee@va.gov, Vivieca Wright Simpson <vivieca.Wright@va.gov>

This is amazing (b) (6) thank you!

See below fir answers

Sent from my iPhone

On Mar 6, 2017, at 11:52 AM, (b) (6) <(b) (6) @me.com> wrote:

David

1. I am about to connect this week with Spencer Stuart's terrific and well known partner (b) (6). My quest is to see if he will agree to a pro bono exclusive search for your HR person. After my conversation, I plan a virtual intro of the two of you.

2. I am being connected later this week to a firm that specializes in law searches and in particular to a partner, (b) (6), married to Chief Justice Roberts. The firm is Major Lindsey Africa. After an initial conversation, I will virtually into to you if it seems worth pursuing.

3. I am being connected to another search firm that does a lot of CIO searches on the West Coast: Riviera Partners. I will connect to you as above.

4. It may be that three firms is the right way to go and go quickly or that one or two firms should have the ball

5. Several people are sending lists of actual candidates who should be in the consideration of the search firms.

6. Individual candidates already on my list so far are (giving you c.v.'s to start you thinking about what success looks like):

    a. (b) (6) (HR slot and broader) c.v. sent previously
    b. (b) (6) (HR slot) c.v. sent previously
    c. Jim Byrne (GC slot) c.v. attached (Lockheed Martin)

7. I believe you need to have search firms take this over right away:

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a. **Question 1: after an initial phone call with you, do you have someone who can be the day to day point of contact for you?**

Yes Gina Farrisee- Deputy Chief of Staff
Gina.Farisee@va.gov

b. **Question 2: should I wait to pass any individual candidate along to you until we know the story with search firms?**

No please pass along

c. **Question 3: If one of the candidates has a shorter timeline, may I connect to you by virtual introduction?**

Yes

8. The roster of people with whom I have discussed your needs includes:
   a. (b) (6), managing partner of Debevoise Plimpton
   b. (b) (6), managing partner of McDermott & Emery
   c. (b) (6), HR chief of Pandora Jewelry
   d. (b) (6), founder of Centerbridge Capital Partners
   e. (b) (6), lead ops partner of Centerbridge
   f. (b) (6), professor at HBS and my HBS roommate
   g. (b) (6) (eldest son how is in the digital and IT world)

9. I have asked these people to keep the number who know about this unofficial and unsanctioned activity to a minimum.

10. I have queried others who have not responded or did not have suggestions:
    a. (b) (6), former CEO Starwood Hotels (155,000 empioyees)
    b. (b) (6), CEO of Culligan International
    c. (b) (6)

AMERICAN OVERSIGHT

11. And (b) (6) was kind enough to make the introduction to (b) (6) of Spencer Stuart

12. I will advise anyone I connect to you to be patient, given your daily schedule.

Please comment or question at will on any of the above.

(b)

<Bio Byrne_one pg_Sep 21.docx>

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 3/7/2017 1:45:09 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: [EXTERNAL] Re: CVS Health Follow Up

Just spoke to him- see below, call me if can but it was about CVS opportunities that included medication management/wellness programs/medications including controlled substances pick up. Also talked about other collaborations including J&J, Denver pulmonologist group, quest labs, (b) (6) and medication compliance company.

Sent from my iPhone

Begin forwarded message:

> **From:** "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
> **Date:** March 6, 2017 at 8:33:57 PM EST
> **To:** 'Poonam Alaigh' <(b) (6) @hotmail.com>
> **Subject: FW: [EXTERNAL] Re: CVS Health Follow Up**
>
> Sent with Good (www.good.com)
>
> -----Original Message-----
> **From:** Bruce Moskowitz [brucem(b) (6) mac.com]
> **Sent:** Monday, March 06, 2017 06:17 PM Eastern Standard Time
> **To:** Alaigh, Poonam, M.D.
> **Subject:** [EXTERNAL] Re: CVS Health Follow Up
>
> We should probably talk prior to the call me at your convenience (b) (6)
>
> Sent from my iPad
> Bruce Moskowitz M.D.
>
> On Mar 6, 2017, at 9:43 AM, Alaigh, Poonam, M.D. <Poonam.Alaigh@va.gov> wrote:
>
> > CVS Health Follow Up with Dr. Alaigh, Acting Under Secretary for Health.
> >
> > <mime-attachment.ics>

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Message

From: Marisol Garcia [(b)(6)@frenchangel59.com]
Sent: 3/31/2017 4:29:36 PM
To: 'David shulkin' [Drshulkin@aol.com]
Subject: RE:

Thank you. :-)

-----Original Message-----
From: David shulkin [mailto:Drshulkin@aol.com]
Sent: Friday, March 31, 2017 11:48 AM
To: Marisol
Subject:

Pls let Ike know i am at the white house but will call him soon

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/31/2017 3:48:20 PM
To: Marisol [(b)(6)@frenchangel59.com]

Pls let Ike know i am at the white house but will call him soon

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/13/2017 10:26:16 PM
To: Ike Perlmutter [[redacted]@frenchangel59.com]; Laurie Perlmutter [(b) (6) [redacted]@gmail.com]
Attachments: IMG_1354.JPG.jpeg; Untitled attachment 08839.txt

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clinical impact on the communities and patients they serve," said Seifert. "The dimensions that consumers need to step back and reflect on are the quality of the care, the service and the clinical outcome." – GERALD SCHIFMAN

MOUNT SINAI

SOURCES: Form 99

TOP-PAID HOSPITAL EXECUTIVES

RANK	OFFICER/ DIRECTOR/TRUSTEE	HOSPITAL/SYSTEM	TOTAL CASH COMP. FROM ORG./FROM RELATED ORGS.	OTHER COMP.
1	Robert E. Kelly, M.D. *president*	New York-Presbyterian Hospital	**$6,361,928**[1] $6,361,928/$0	**$57,896**
2	Robert I. Grossman, M.D. *chief executive and dean*	NYU Langone Medical Center	**$5,183,266**[2] $2,591,633/$2,591,633	**$702,680**
3	Steven J. Corwin, M.D. *president and chief executive*	New York-Presbyterian Hospital	**$4,882,076**[3] $4,882,076/$0	**$209,767**
4	Steven M. Safyer, M.D. *president and chief executive*	Montefiore Medical Center	**$4,283,893**[4] $0/$4,283,893	**$51,255**
5	Kenneth L. Davis, M.D. *president and chief executive*	Mount Sinai Health System	**$4,083,824** $1,416,270/$2,667,554	**$63,931**
6	Robert C. Garrett *governor, president and chief executive*	Hackensack University Medical Center	**$3,953,618**[5] $3,953,618/$0	**$936,072**
7	Gloria D. Reeg *senior vice president and chief investment officer*	New York-Presbyterian Hospital	**$3,225,102**[6] $3,225,102/$0	**$39,445**
8	Michael J. Dowling *president and chief executive*	North Shore-LIJ Health System[7]	**$3,221,785** $0/$3,221,785	**$52,572**
9	Kevin F. Lawlor[8] *president and chief executive*	Huntington Hospital Association	**$2,762,433** $2,762,433/$0	**$0**
10	Phyllis R. Lantos *executive vice president, chief financial officer and treasurer*	New York-Presbyterian Hospital	**$2,718,558**[9] $2,718,558/$0	**$58,917**
11	Craig B. Thompson, M.D. *president and chief executive*	Memorial Sloan Kettering Cancer Center	**$2,483,680** $2,483,680/$0	**$360,957**
12	Alan D. Guerci, M.D. *president and chief executive*	Catholic Health Services of Long Island	**$2,376,352**[10] $2,376,352/$0	**$367,629**
13	Mark E. Larmore *group senior vice president, chief financial officer and treasurer*	New York-Presbyterian Hospital	**$2,322,075**[11] $2,322,075/$0	**$131,580**
14	Bernard Birnbaum, M.D.[12] *senior vice president, vice dean and chief of hospital operations*	NYU Langone Medical Center	**$2,302,701** $2,302,701/$0	**$35,648**
15	Philip O. Ozuah, M.D. *executive vice president and chief operating officer*	Montefiore Medical Center	**$2,285,645**[13] $0/$2,285,645	**$697,133**
16	Maxine Frank *executive vice president, chief legal officer*	New York-Presbyterian Hospital	**$2,272,607**[14] $2,272,607/$0	**$55,341**
17	Herbert Pardes, M.D. *executive vice chair*	New York-Presbyterian Hospital	**$2,235,948**[15] $2,235,948/$0	**$60,865**

TOP-PAI

RANK	EMPLOYEE
1	David Sama *chair, urol*
2	Joseph Levi *chief, electr*
3	Mark Sulta *chief, plast reconstruc*
4	Richard Sh *chair, card*
5	Sathish Su *neurosurg*
6	Morgan Cl *orthopedi*
7	Mark Urke *chief, hea neck surg*
8	Jacob Sha *chair, he*
9	Robert M *chair, su cardioth*
10	Eugene *director*
11	Todd A *surgec medi*
12	Lyle *chief reco*
13	Philip *chai*
14	Bar *chie*
15	Ge *ca*
16	Ale *ass clin*
17	Gre *chai*

DS_0000622

AMERICAN OVERSIGHT

VA-19-0799-I-000224

Number 2 in the country

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 4/25/2017 10:20:58 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Speaking to the DoD guy this morning

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 3/18/2017 1:41:01 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re:

No

Sent from my iPad

> On Mar 17, 2017, at 9:31 PM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> Are you going to be here tomorrow
>
> Sent from my iPhone
>
>> On Mar 17, 2017, at 1:04 PM, David shulkin <Drshulkin@aol.com> wrote:
>>
>> Tom- a brief background- you will meet at 1030 at Mar Lago with Ike Perlmutter. He will likely be joined by his wife Laurie, and his friend Bruce Moskowitz. Marc Sherman who you met with already may or may not be there. The President may or may not join you- i spoke to him today about this and he is juggling a number of things on his schedule but will join if he can. Regardless he definitely plans on dinner with Ike saturday night and invited me but i am not sure i will be able to make it.
>>
>> You may also see Dr Alaigh there as she has an earlier meeting and do not know if you will overlap or not.
>>
>> The meeting is to be strictly confidential.
>>
>> The background is that ike perlmutter the ceo of marvel, is a close personal friend of the president. He Laurie and Bruce have been working on VA issues for months- and they are now very close to me as well.
>>
>> They want to help and our are allies.
>>
>> The selling point for you is that you and I are aligned on what needs to be done and that with your extensive knowledge of vA that you have no learning curve and that we can jump in right away and we can move fast as time is of the essence. They and the President want to see real change and real fast. They want to see me have deputy thst works well with me, is loyal, and has a sense of urgency
>>
>> Be yourself and Ike will do the rest- do not underestimate him. He is a legend. Bruce is also an amazing person with great abilities. Laurie is working with us too
>>
>> Read up on (b) (6) laurie is close to her
>>
>> David
>>
>> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 3/18/2017 1:31:06 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

Are you going to be here tomorrow

Sent from my iPhone

> On Mar 17, 2017, at 1:04 PM, David shulkin <Drshulkin@aol.com> wrote:
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> Read up on (b) (6) laurie is close to her
>
> David
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/17/2017 5:04:20 PM
To: Thomas Bowman [(b) (6) @yahoo.com]
BCC: Poonam Alaigh [(b) (6) @hotmail.com]

Tom- a brief background- you will meet at 1030 at Mar Lago with Ike Perlmutter. He will likely be joined by his wife Laurie, and his friend Bruce Moskowitz. Marc Sherman who you met with already may or may not be there. The President may or may not join you- i spoke to him today about this and he is juggling a number of things on his schedule but will join if he can. Regardless he definitely plans on dinner with Ike saturday night and invited me but i am not sure i will be able to make it.

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Read up on (b) (6) laurie is close to her

David

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 3/26/2017 2:26:31 PM
To: drshulkin@aol.com; (b) (6) @hotmail.com
Subject: Telemedicine
Attachments: VA - Responsive Health - Page 2.pdf; Untitled attachment 08865.txt

Will discuss

AMERICAN OVERSIGHT

RxUniverse
a Responsive Health product

Responsive Health
Prescribing Digital Medicine

VA | U.S. Department of Veterans Affairs

RxUniverse for VA Cost Reduction

PTSD Cost Reduction:

- VA $2.2 Billion on PTSD and TBI for Iraq and Afghanistan veterans.
- 83-86% of Vets would have found effective ways to manage symptoms through the PTSD Coach app.
- RxUniverse up to 70% effective in initial App Adoption.
- RxUniverse smart-teams ensure ongoing adherence to care plan.
- Up to $250 Million costs savings using RxUniverse to prescribe and track usage of PTSD apps.

Women Veterans Cost Reduction:

- PTSD and Major Depressive Disorder account for 18.3% of Service-Connected Disabilities, up from 10.5% in 2009.
- Service women with Postpartum Depression are 42x more likely to be diagnosed with suicidality and require significant monitoring.
- Pregnant veterans are 33% more likely to develop symptoms of mental illness.
- Digital Mental Health Apps have shown a 50 percent decrease in depressive and anxiety symptoms.

Telemedicine:

- VA investing $1.2 Billion yearly in Telemedicine
- Telemedicine solutions can provide an average cost savings of up to $700 per patient.
- RxUniverse serves as a platform for prescribing telemedicine and ensures increased return on Telemedicine investments.
- Further reduces costs using predictive analysis to interviene via Telemedicine prior to an inperson visit.

Readmission Reduction:

- Patients who receive health education and longetudinal assesments of health are 30% less likely to be readmitted to the emergency department.
- RxUniverse provides post-discharge health education diretly to the patient's mobile device, as well as follow on e-surveys to assess patient health.

RxUniverse for VA Patient Health & Access

Opioid Abuse:

- $500 Million to expand Opioid Addiction Treatment Efforts
- There are 68,000 veterans with opioid-use disorders.
- Veterans are twice as likely to die from accidental opioid overdoses than non-veterans.
- Responsive Health is evaluating Apps that manage Opioid Use Disorder.
- By integrating to Opioid Use Apps, Responsive Health can provide monitoring to ensure patients continue to manage their care.

Chronic Conditions:

- Digital Medicine solutions exist across specialties for treating Chronic Conditions.
- Responsive Health has identified the best mobile health apps from clinical trials and published evidence.
- Our medical professionals evaluate these Digital Medicine solutions ensuring patients derive the full benefits of digital medicine.

Access and Availability:

- 3.3 million of the 8 million Veterans who use the VA in the United States reside in rural areas and are geographically remote to a VA facility.
- The Department of Veterans Affairs has increased their budget by 4.4 Billion dollars to address improved access.
- Responsive Health increases access by increased patient engagement through digital health solutions, surveys and telehealth solutions.
- RxUniverse has the ability to simultaneously 'bulk-prescribe' digital medicine solutions to populations of rural veterans with one click.
- RxUniverse continually collects health data from integrated medical apps.
- RxUniverse provides a concise medical dashboard to physicians allowing treatment for remote veterans.

RxUniverse for VA Fraud Reduction

Services Monitoring:

- Health Care Fraud and Abuse Control is adding $70 million to combat Fraud
- RxUniverse allows tracking of VA programs by monitoring interaction points with apps, surveys, and digital therapeutics.
- Key performance indicators, such as patient reach, number of prescribed app, patient app adoption, and ongoing usage provided by the system.
- Access to usage statistics eliminates fraudulent billings for connected health devices that a patient did not receive or is no longer using.
- Can monitor non-digital programs by prescribing follow-up surveys after therapy verifies the therapy happened.
- RxUniverse allows Administrators and Auditors to monitor care teams and ensure they are continuing to engage with patients.

Sources:
1. IntelliCare: An Eclectic, Skills-Based App Suite for the Treatment of Depression and Anxiety - Journal of Medical Internet Research 2017
2. A Reengineered Hospital Discharge Program to Decrease Rehospitalization
3. Women Veterans Report VA 2014; 2009
4. FY2017 VA Budget Press Release

engage@responsivehealth.org

VETERANS OVERSIGHT
VA-19-0799-I-000231
DS_00005233

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: Jennifer Lee [(b) (6) @gmail.com]
Sent: 3/11/2017 9:46:03 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Fwd: Dr Lee

Mission accomplished! :)
(b) was very nice.

(b) (6) said to say "Hi," and brought greetings from your 'favorite patient,' (b) (6).

On Mar 11, 2017 2:56 PM, "David shulkin" <Drshulkin@aol.com> wrote:

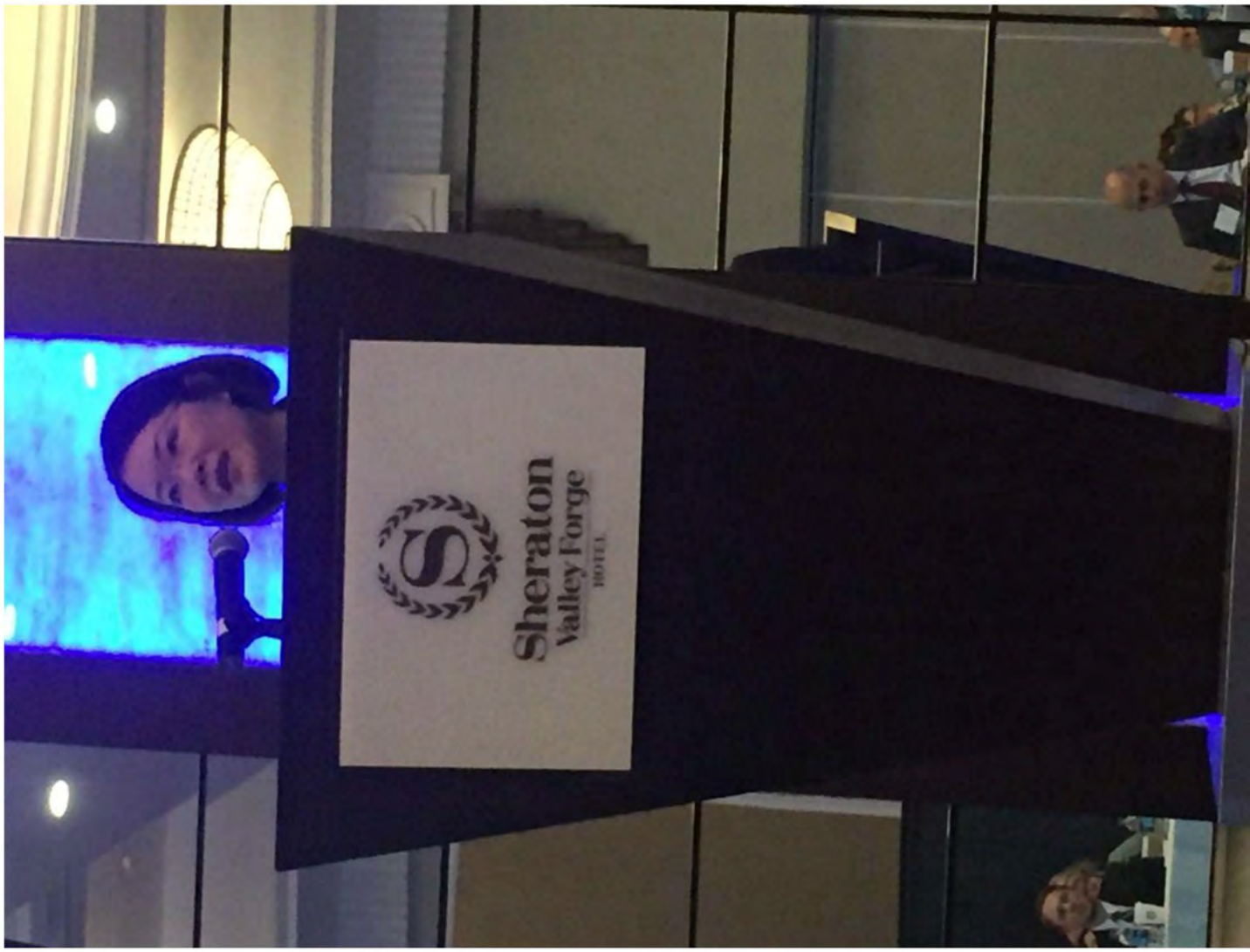
Sent from my iPhone

Begin forwarded message:

From: (b) (6) <(b) (6) @me.com>
Date: March 11, 2017 at 12:39:06 PM EST
To: drshulkin@aol.com
Subject: Dr Lee

Doing a great job!

AMERICAN OVERSIGHT



Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/11/2017 7:56:03 PM
To: Jennifer Lee [(b) (6) @gmail.com]
Subject: Fwd: Dr Lee

Sent from my iPhone

Begin forwarded message:

From: (b) (6) <(b) (6) @me.com>
Date: March 11, 2017 at 12:39:06 PM EST
To: drshulkin@aol.com
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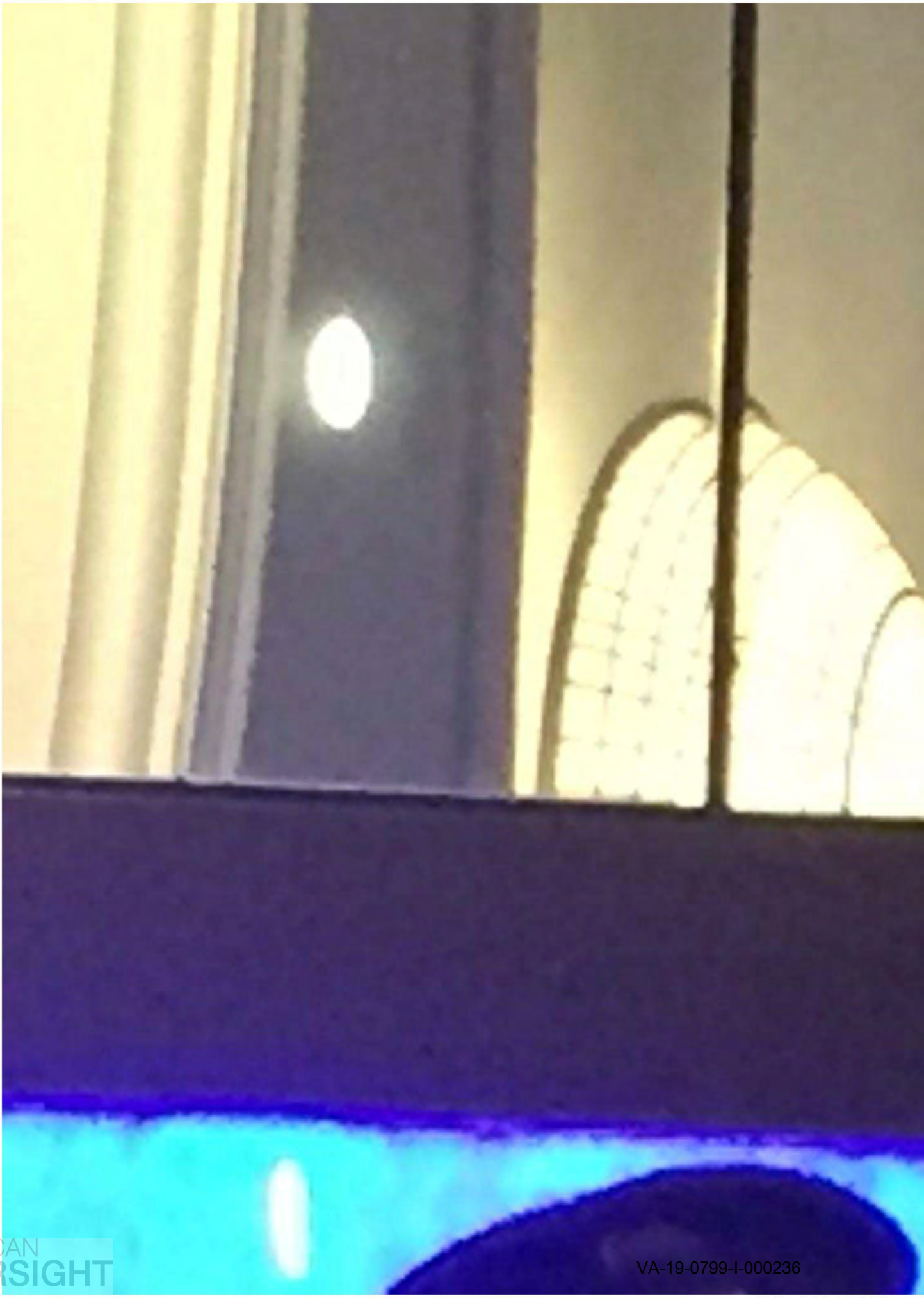
Doing a great job!

AMERICAN OVERSIGHT



AMERICAN OVERSIGHT

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/30/2017 2:54:54 AM
To: Darin Selnick(b) (6) @gmail.com]
Subject: Re: Attending the WH Correspondents Association dinner w The Associated Press

I dont have an issue with it

Sent from my iPhone

On Mar 29, 2017, at 9:16 PM, Darin Selnick (b) (6) @gmail.com> wrote:

> Here is a laugh for you today. I know this probably a no, but I was invited today by this AP reporter to be her guest at the WH Correspondents association dinner.
>
> Even if a no, it did get me thinking about our VA strategy about when and how do we proactively engage these reporters who have the VA on their beat. We need to control the narrative or others will, so we needed a plan to be proactive.
>
> Darin
>
> ---------- Forwarded message ----------
> From: **Superville, Darlene** <(b) (6) @ap.org>
> Date: Wed, Mar 29, 2017 at 2:21 PM
> Subject: Attending the WH Correspondents Association dinner w The Associated Press
> To: '(b) (6) @gmail.com' (b) (6) @gmail.com>
>
> Hi Darin –
>
> Rebecca Coffman said that you'd entertain the idea of attending next month's WH Correspondents' Association dinner with me, and I thank you for that.
>
> I cover the WH for The Associated Press, and I'm trying to get up to speed on the President's plans for the VA and for veterans. It's one of the coverage areas I'm supposed to keep tabs on. I met earlier this week with Rebecca and Mark Lucas, they mentioned that you're a former colleague and currently an adviser to Secretary Shulkin, and I thought it would be good to meet you.
>
> The dinner is one option for that. It will take place Saturday, April 29, from approx. 6-10pm, at the Washington Hilton.
>
> An answer by COB tomorrow would help, in case I have to find someone else to invite.

AMERICAN OVERSIGHT

Thanks for considering,

-Darlene

<image001.jpg>

Darlene Superville

AP White House reporter

(b) (6) - desk

(b) (6) - cell

(b) (6) @ap.org

Twitter (b) (6)

AMERICAN OVERSIGHT

Message

From: Darin Selnick [(b) (6)@gmail.com]
Sent: 3/30/2017 2:16:20 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Fwd: Attending the WH Correspondents Association dinner w The Associated Press

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Darin

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From: **Superville, Darlene** <(b) (6)@ap.org>
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Thanks for considering,

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AMERICAN OVERSIGHT

Darlene Superville

AP White House reporter

(b) (6) - desk

(b) (6) - cell

(b) (6) @ap.org

Twitter: (b) (6)

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/15/2017 4:29:21 PM
To: Ike Perlmutter [[redacted]@frenchangel59.com]
Subject: telehealth EO and background memo
Attachments: Executive Order - ek 2.27.17.docx; Untitled attachment 08933.htm

Ike- the attached EO is now a combined document instead of two separate documents

We are looking into several others- that still need time to develop- They are:

1. Accountability- the President asked us to look into this as a way to accelerate congressional action

2. Closing underutilized facilities- we are looking into the applicability of an EO fir this- as opposed to legislation

3. Suicide Prevention- requiring VA and DoD to work together on prevention

4. Information systems- requiring VA and DoD to work together

5. VA and DoD to share facilities

I am working with Secretary Mattis on number 3-5

David

AMERICAN OVERSIGHT

Executive Order: Ensuring our veterans get the care they need wherever and whenever they need it.

Executive Order

_ _ _ _ _ _ _

Ensuring our veterans get the care they need wherever and whenever they need it.

By the authority vested in me as President of the United States by the Constitution and the laws of the United States of America, it is hereby ordered as follows:

Section1: Purpose. The Department of Veterans Affairs (VA) Telehealth program is a modern, veteran- and family-centered health care delivery model that leverages information and telecommunication technologies to connect veterans with their clinicians and allied or ancillary health care professionals irrespective of the provider's location or the veteran's location.

Telehealth enhances the capacity of the VA health care system to deliver services, empowering VA to deliver critical or needed health care service to veterans located in areas where medical providers or specialty care may be unavailable. It also increases the accessibility of VA care, bringing VA provider services to locations most convenient for veterans, including clinics in remote communities and veterans' homes.

The purpose of this Executive Order is to enable the transformation of VA into a modern health care system by directing VA to deliver clinical services to veterans using advanced technologies and aligning the executive branches of government to support the provision of comprehensive veteran's health care services through advanced technologies.

Section 2: Policy.

It is the policy of the Executive branch that:

(a) To achieve important Federal interests, including but not limited to ensuring the availability of clinical care for veterans receiving care from VA, the Department of Veterans Affairs shall use every available resource and authority to enhance access to care, including through the use of telehealth where appropriate.

(b) In general, VA will recommend, and the Department of Justice will provide, legal representation or other appropriate response to a disciplinary or legal action initiated by a State or State licensing board against a VA-employed provider for furnishing telehealth services within their scope of employment and when authorized by VA.

Section 3: Actions

(a) In order to enhance the capacity of the VA health care system in and to increase the accessibility of VA care using modern technology, the Secretary of Veterans Affairs, with the support of the Office of Management and Budget and the Department of Justice, will promulgate regulations establishing a standard of care for VA providers delivering health care within the scope of their employment, irrespective of the provider's location or the Veteran's location within the United States, its territories, its possessions, the District of Columbia, and the Commonwealth of Puerto Rico. These standards will

Draft SAMPLE

AMERICAN OVERSIGHT

supersede any conflicting standards that may exist at a State or local level related to Telehealth, to care for Veterans.

(b) In order to create the infrastructure for a modern health care system, VA will propose a plan to modernize the internet capacity, technical field staffing, and technology supporting VA telehealth within the next 90 days.

(c) As part of the plan required under paragraph (b), VA will identify any obstacles, including statutory, regulatory, and budgetary, that will need to be resolved for VA to implement the modern health care system described in the previous paragraph.

(d) In order to ensure delivery of comprehensive telehealth services irrespective of a veteran's location, the Attorney General will establish a Special Registration Class for VA telehealth providers under the authority of title 21, United States Code (U.S.C.) § 831(h) to allow VA telehealth providers engaged in the practice of telemedicine (as that term is used in 21 U.S.C. 802(54)) to prescribe controlled substances in full compliance with the Controlled Substances Act within the next 90 days.

Section 4: General Provisions.

(a) Nothing in this order shall be construed to impair or otherwise affect the functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

(b) This order shall be implemented subject to the availability of appropriations.

Signature Block and Date

Draft SAMPLE

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 3/10/2017 10:44:54 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Lunch TMRW 12:30

Dr Shulkin,

Lunch tomorrow with the President is at the address below with approximately 8-10 people. Steve Munchin and his fiance are confirmed.

Trump National Golf Club

20391 Lowes Island Blvd, Sterling, VA 20165
(b) (6)

https://g.co/kgs/JTXyfJ

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/19/2017 11:28:08 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
CC: Poonam Alaigh [(b) (6)@hotmail.com]; mbs(b) (6) gmail.com; lper(b) @gmail.com; IP [(@frenchangel59.com]
Subject: Re: Responsive Health VA Service Overview

Got it- my fault - i had been waiting for clearance- but ike corrected my misunderstanding

Sent from my iPhone

On Apr 19, 2017, at 10:10 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:

> Also I believe the Whitehouse cleared the candidates I recommended.
>
> Sent from my iPad
> Bruce Moskowitz M.D.
>
> On Apr 19, 2017, at 7:20 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>
> > I would rate the Mayo candidate number one the Yale number two
> >
> > Sent from my iPad
> > Bruce Moskowitz M.D.
> >
> > On Apr 19, 2017, at 7:19 AM, David shulkin <Drshulkin@aol.com> wrote:
> >
> > > Bruce- ill review layer today- thanks
> > >
> > > Ive been meeting with CIO candidates this week- ive not yet seen your candidates (they are still being cleared through the WH) but so far the CIO from Mayo is by far the best- there is a good candidate from DoD as well but the Mayo guy is impressive. I am eager to meet your candidates of course- but it looks like well have some good options
> > >
> > > David
> > >
> > > Sent from my iPhone
> > >
> > > On Apr 19, 2017, at 6:39 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
> > >
> > > > This is the group I met with and what they can provide which I believe will assist with what we need to get done to achieve our agenda. The main person was head of IT for the Cleveland Clinic.

AMERICAN OVERSIGHT

I am going through all five centers top talent to get recommendations for what is already developed so we do not waste financial resources and time. Please review the attached and if you agree let's have a conference call with this group.

Sent from my iPad
Bruce Moskowitz MD

> We've attached an overview of the services that we believe would be a good fit for the VA. There are three attachments.
>
> (b) (6), CTO
> Responsive Health
> (b) @ResponsiveHealth.org
> (b) (6) (cell)
> (b) (6) (office)
> ResponsiveHealth.org

<VA - Responsive Health - Service Overview - Page 2.pdf>

<VA - Responsive Health - Service Overview - Page 3.pdf>

<VA - Responsive Health - Service Overview - Page 1.pdf>

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 4/19/2017 2:10:14 PM
To: David shulkin [Drshulkin@aol.com]
CC: Poonam Alaigh [(b) (6)@hotmail.com]; mbs(b) (6) gmail.com; lper(b) @gmail.com; IP [@frenchangel59.com]
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AMERICAN OVERSIGHT

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(6) (6) (cell)
(b) (6) (office)
ResponsiveHealth.org

<VA - Responsive Health - Service Overview - Page 2.pdf>

<VA - Responsive Health - Service Overview - Page 3.pdf>

<VA - Responsive Health - Service Overview - Page 1.pdf>

AMERICAN OVERSIGHT

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CC: Poonam Alaigh [(b) (6)@hotmail.com]; mbs(b) (6) gmail.com; lper(b) @gmail.com; IP [(@frenchangel59.com]
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> > > (b) (6) (cell)
> > > (b) (6) (office)
> > > ResponsiveHealth.org
> >
> > <VA - Responsive Health - Service Overview - Page 2.pdf>

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<VA - Responsive Health - Service Overview - Page 3.pdf>

<VA - Responsive Health - Service Overview - Page 1.pdf>

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/19/2017 11:19:28 AM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
CC: Poonam Alaigh [(b) (6) @hotmail.com]; mbs(b) (6) gmail.com; lper(b) @gmail.com; IP [@frenchangel59.com]
Subject: Re: Responsive Health VA Service Overview

Bruce- ill review layer today- thanks

Ive been meeting with CIO candidates this week- ive not yet seen your candidates (they are still being cleared through the WH) but so far the CIO from Mayo is by far the best- there is a good candidate from DoD as well but the Mayo guy is impressive. I am eager to meet your candidates of course- but it looks like well have some good options

David

Sent from my iPhone

On Apr 19, 2017, at 6:39 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:

> This is the group I met with and what they can provide which I believe will assist with what we need to get done to achieve our agenda. The main person was head of IT for the Cleveland Clinic.
>
> I am going through all five centers top talent to get recommendations for what is already developed so we do not waste financial resources and time. Please review the attached and if you agree let's have a conference call with this group.
>
> Sent from my iPad
> Bruce Moskowitz MD
>
> > We've attached an overview of the services that we believe would be a good fit for the VA. There are three attachments.
> >
> > (b) (6), CTO
> > Responsive Health
> > (b) @ResponsiveHealth.org
> > (b) (6) (cell)
> > (b) (6) (office)
> > ResponsiveHealth.org
>
> <VA - Responsive Health - Service Overview - Page 2.pdf>
> <VA - Responsive Health - Service Overview - Page 3.pdf>
> <VA - Responsive Health - Service Overview - Page 1.pdf>

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 4/19/2017 10:39:23 AM
To: David Shulkin [drshulkin@aol.com]; Poonam Alaigh [(b) (6) @hotmail.com]
CC: mbs(b) (6) gmail.com; lper(b) @gmail.com; IP [@frenchangel59.com]
Subject: Fwd: Responsive Health VA Service Overview
Attachments: VA - Responsive Health - Service Overview - Page 2.pdf; Untitled attachment 08978.htm; VA - Responsive Health - Service Overview - Page 3.pdf; Untitled attachment 08981.htm; VA - Responsive Health - Service Overview - Page 1.pdf; Untitled attachment 08984.htm

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RxUniverse
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Prescribing Digital Medicine

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RxUniverse for VA / Non-VA Facility Care Coordination

Pre-Approvals for non-VA facilities:

- Veterans Choice Program allows veterans to receive health care within their community through their existing VA health care and VA benefits.
- Approximately 30% of veterans are utilizing this offering.
- Currently there is no process for pre-approvals, resulting in unnecessary procedures and increased billing rates.
- VA requires a pre-approval system to quickly evaluate and decide on veteran care, and to ensure reasonable service charges from non-VA facilities.
- Responsive Health is partnered with a top-tier technology firm specializing in healthcare process and systems design, including pre-approval processing.

Coordination of Discharge Services:

- Improvements to the VA Discharge Process are needed. Further, patients utilizing non-VA facilities do not have access to the standard VA Discharge Process.
- VA notified of veteran visit to non-VA facility. VA engages RxUniverse to prescribe Care Plans for veteran needs.
- Ensures uniform adoption of best practices and quality of care for VA and non-VA facilities.

Veterans need to locate VA and non-VA facilities:

- Veterans need to locate facilities that offer the specific medical services they require.
- The Emergency Medical Center Locator App currently covers many medical conditions and is continually expanding to more.
- RxUniverse can be used to bulk-prescribe the Emergency Medical Center Locator App to entire VA Population.

VA Medical Record Sharing:

- Responsive Health is partnered with a top-tier technology firm that specializes in integration services within the healthcare industry.
- This partner has a Medical Record Sharing system that will allow information exchange between VA and non-VA EHR systems.

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engage@responsivehealth.org

VA-19-0799-I-000255

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RxUniverse
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RxUniverse for VA Cost Reduction

PTSD Cost Reduction:

- VA $2.2 Billion on PTSD and TBI for Iraq and Afghanistan veterans.
- 83-86% of Vets would have found effective ways to manage symptoms through the PTSD Coach app.
- RxUniverse up to 70% effective in initial App Adoption.
- RxUniverse smart-teams ensure ongoing adherence to care plan.
- Up to $250 Million costs savings using RxUniverse to prescribe and track usage of PTSD apps.

Women Veterans Cost Reduction:

- PTSD and Major Depressive Disorder account for 18.3% of Service-Connected Disabilities, up from 10.5% in 2009.
- Service women with Postpartum Depression are 42x more likely to be diagnosed with suicidality and require significant monitoring.
- Pregnant veterans are 33% more likely to develop symptoms of mental illness.
- Digital Mental Health Apps have shown a 50 percent decrease in depressive and anxiety symptoms.

Telemedicine:

- VA investing $1.2 Billion yearly in Telemedicine
- Telemedicine solutions can provide an average cost savings of up to $700 per patient.
- RxUniverse serves as a platform for prescribing telemedicine and ensures increased return on Telemedicine investments.
- Further reduces costs using predictive analysis to interviene via Telemedicine prior to an inperson visit.

Readmission Reduction:

- Patients who receive health education and longetudinal assesments of health are 30% less likely to be readmitted to the emergency department.
- RxUniverse provides post-discharge health education diretly to the patient's mobile device, as well as follow on e-surveys to assess patient health.

RxUniverse for VA Patient Health & Access

Opioid Abuse:

- $500 Million to expand Opioid Addiction Treatment Efforts
- There are 68,000 veterans with opioid-use disorders.
- Veterans are twice as likely to die from accidental opioid overdoses than non-veterans.
- Responsive Health is evaluating Apps that manage Opioid Use Disorder.
- By integrating to Opioid Use Apps, Responsive Health can provide monitoring to ensure patients continue to manage their care.

Chronic Conditions:

- Digital Medicine solutions exist across specialties for treating Chronic Conditions.
- Responsive Health has identified the best mobile health apps from clinical trials and published evidence.
- Our medical professionals evaluate these Digital Medicine solutions ensuring patients derive the full benefits of digital medicine.

Access and Availability:

- 3.3 million of the 8 million Veterans who use the VA in the United States reside in rural areas and are geographically remote to a VA facility.
- The Department of Veterans Affairs has increased their budget by 4.4 Billion dollars to address improved access.
- Responsive Health increases access by increased patient engagement through digital health solutions, surveys and telehealth solutions.
- RxUniverse has the ability to simultaneously 'bulk-prescribe' digital medicine solutions to populations of rural veterans with one click.
- RxUniverse continually collects health data from integrated medical apps.
- RxUniverse provides a concise medical dashboard to physicians allowing treatment for remote veterans.

RxUniverse for VA Fraud Reduction

Services Monitoring:

- Health Care Fraud and Abuse Control is adding $70 million to combat Fraud
- RxUniverse allows tracking of VA programs by monitoring interaction points with apps, surveys, and digital therapeutics.
- Key performance indicators, such as patient reach, number of prescribed app, patient app adoption, and ongoing usage provided by the system.
- Access to usage statistics eliminates fraudulent billings for connected health devices that a patient did not receive or is no longer using.
- Can monitor non-digital programs by prescribing follow-up surveys after therapy verifies the therapy happened.
- RxUniverse allows Administrators and Auditors to monitor care teams and ensure they are continuing to engage with patients.

Sources:
1. IntelliCare: An Eclectic, Skills-Based App Suite for the Treatment of Depression and Anxiety - Journal of Medical Internet Research 2017
2. A Reengineered Hospital Discharge Program to Decrease Rehospitalization
3. Women Veterans Report VA 2014; 2009
4. FY2017 VA Budget Press Release

engage@responsivehealth.org

VA-19-0799-I-000257

DS_00005259

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RxUniverse
a Responsive Health product

Responsive Health
Prescribing Digital Medicine

VA | U.S. Department of Veterans Affairs

RxUniverse for VA Return on Telemedicine Investment

Telemedicine Accessibility:

- 3.3 million of the 8 million veterans in the United States are geographically remote to a VA facility.
- Using RxUniverse to prescribe Telemedicine and Telepsychiatry allows veterans residing in rural areas to bridge access to care.

Suicide Hotline:

- Although the Suicide Hotline has become much more effective, a gap in care exists between the hotline and follow-up care.
- During the hotline call, the hotline operator can use RxUniverse to prescribe a Telepsychiatry consult, which ensures access and transition to care.

RxUniverse for VA End-To-End PTSD Treatment

End-To-End PTSD Treatment:

- RxUniverse provides PTSD screening through veteran reported outcomes.
- RxUniverse analytics identify veterans at risk for PTSD symptoms, who are then engaged via prescribed PTSD Coach app.
- Integration between PTSD Coach app and RxUniverse ensures adoption and ongoing utilization of PTSD Coach ensuring full benefits of app are obtained.
- Further patient reported health surveys provide insight into outcomes and trigger Telepsychiatry prescription as required.
- Service offering can be duplicated for additional behavioral health conditions.

RxUniverse for VA Care, Process, and Experience

Care Process Redesign:

- Extending care beyond the hospital via Digital Medicine has implications on the overall care process.
- Responsive Health works with care teams, allowing them to engage Digital Medicine.
- Responsive Health to analyze the impact of Digital Medicine on full care process and provide Care Process Redesign and Training and Adoption services.

Veteran Experience:

- VA can use RxUniverse to prescribe surveys, portal access apps, and other patient-engagement tools.
- RxUniverse provides a comprehensive solution for addressing patient engagement issues..

Readmission Reduction:

- Patients who receive health education and longitudinal assessments of health are 30% less likely to be readmitted to the emergency department.
- RxUniverse provides post-discharge health education, nutrition, exercise, and other care services directly to the veteran's mobile device.
- Follow on e-surveys to assess veteran health are also provided.

RxUniverse for VA Accountability

Health Impact as a Service:

- Health Systems are introducing new solutions in Digital Medicine via RxUniverse.
- Responsive Health to implement Patient 'Health Impact as a Service' to provide continual oversight on improved health results.

Accountability through Veteran Engagement; Identifying Drug Diversion:

- Issues exist within the VA around opioid theft, missing prescriptions, and unauthorized drug use by VA doctors, nurses, and pharmacy staff.
- End to end feedback through RxUniverse Patient Engagement, Surveys, and Self-Reported Health identifies fraud and creates accountability within the VA.

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engage@responsivehealth.org

VA-19-0799-I-000259

DS_00005261

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/17/2017 4:02:00 PM
To: Ike Perlmutter [(b) (6)@frenchangel59.com]; Laurie Perlmutter [(b) (6)@gmail.com]

Phone number for Poonam (b) (6) for 9 am

And phone number for Tom Bowman (b) (6) for 1030 am

Thanks for meeting them both

David

Sent from my iPhone

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/30/2017 1:41:07 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Wednesday

Ok thanks

Sent from my iPhone

On Mar 29, 2017, at 8:16 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> I will come to DC primarily because (b) (6) is in Jordan for that week and you have a 4 corners briefing on the Transparency website. So I want to be with you to support this critical launch. I can then also be there for the follow up meeting at the WH on the EMR . I spoke to (b) (6) today about making sure we are providing the collaboration we need on assessing the EMR solution with DoD- primarily on the Cerner contract but also the Vista evaluation. She is on top of it and will get our team prepped for the discussion

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Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 3/30/2017 1:16:31 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Wednesday

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/5/2017 5:15:03 PM
To: Carolyn Clancy [(b) (6) @gmail.com]; Jennifer Lee [(b) (6) @gmail.com]
Subject: Fwd: Letter from Dr. Herbert Pardes

Sent from my iPhone

Begin forwarded message:

From: (b) (6) <(b) (6) @nyp.org>
Date: April 5, 2017 at 12:33:55 PM EDT
To: "DRShulkin@aol.com" <DRShulkin@aol.com>
Cc: (b) (6) <(b) (6) @nyp.org>
Subject: Letter from Dr. Herbert Pardes

Dr. David Shulkin
DRShulkin@aol.com

Dear Dave,

Thank you for a lovely meeting. It was nice to see you again. I think we are lucky to have you leading the Department of Veterans Affairs (VA).

(b) (6) and I spoke afterwards. We both feel that being helpful in your effort to make the VA shine is very attractive to us and it would be good for the country. I, having watched you in action a bit, now am confident you are going to do a great job. We would be happy to applaud it and help in any way we can.

Please let me know any way I can help you and I am sure William Kelley and Michael Johns feel the same.

All the best.

Sincerely,

(b) (6), M.D.

(b) (6)

(b) (6)
(b) (6)
Executive Assistant to
Dr. (b) (6), Executive Vice Chair
of the Board of Trustees
NewYork-Presbyterian Hospital
177 Fort Washington Avenue, 1HN-142
New York, New York 10032

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(b) (6) @nyp.org
Tel. No. (b) (6)
Fax No. (b) (6)

This electronic message is intended to be for the use only of the named recipient, and may contain information that is confidential or privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of the contents of this message is strictly prohibited. If you have received this message in error or are not the named recipient, please notify us immediately by contacting the sender at the electronic mail address noted above, and delete and destroy all copies of this message. Thank you.
code:d34y

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/11/2017 1:30:34 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: E- intro

All makes sense

Sent from my iPhone

On Mar 11, 2017, at 8:23 AM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> Its a real position that we are looking into for him- (b) (6) Vivieca is working on it
>
> It was never the intention to have him in an advisor role. The advisor roles are for (b) only AND (b) (6) to start with but seeing how we evolve his role in the future

---

From: David shulkin <Drshulkin@aol.com>
Sent: Saturday, March 11, 2017 8:21 AM
To: Poonam Alaigh
Subject: Re: E- intro

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I dont think its an asst sec position- thats a presidential appointment

I think she means (b) (6) position and we will likely integrate this into one PR department so its nit really that big a stretch

Something to think about

Crazy busy weekend- have to quickly get back to DC as potus wants to see me at noon- trying to get a plane now

Sent from my iPhone

On Mar 11, 2017, at 7:38 AM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

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BTW- vivieca loved (b) and offered him the Asst Sec position- I told her that he was still green for that role

We will talk more about this next week

Sent from my iPhone

Begin forwarded message:

> **From:** (b) (6) <(b) (6) @gmail.com>
> **Date:** March 10, 2017 at 9:47:24 PM EST
> **To:** "(b) (6) <(b) (6) @mayo.edu>
> **Subject: Re: E- intro**
>
> Poonam, I am moving you to BCC to avoid clogging your email.
>
> Hi (b) thanks for the reply. On Sunday, I have a prior commitment that I must leave for by 11:30am CT; however, I can speak anytime before that. Does that work for you? If not, I am available after 2:30pm CT. If this does not work, please propose some days and times - evenings are OK as well - and I will do all that I can to make it work.
>
> Thank you for the time and willingness to talk; I look forward to it. I also hope the trip back home becomes an easier one. Have a great weekend!
>
> -(b)
>
> ---
> Sincerely,
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> (b) (6)
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> (b) (6) (cell)
> www.LinkedIn.com/in(b) (6)
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Thanks,

(b) (6)
Chair | Department of Public Affairs
(cell) (b) (6)

On Mar 10, 2017, at 6:06 PM, (b) (6)
<(b) (6) @gmail.com> wrote:

> Poonam, thank you very much for the intro. I appreciate it.
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and brainstorm further. Thanks and have a great weekend.

Sent from my iPad

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Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 3/11/2017 1:23:18 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: E- intro

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AMERICAN OVERSIGHT

On Mar 10, 2017, at 5:50 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> (b) and (b) (6) wanted to do an e-intro for the two of you so that you can connect. (b) (6) is the lead at Mayo Clinic for PR/External engagement/Communication/Board and is providing tremendous support to the VA in ensuring that we are developing a strategic approach to "owning our VA story". (b) is interested in joining our VA communications team and leading the health system aspect of it. Please feel free to connect directly and brainstorm further. Thanks and have a great weekend.
>
> Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/11/2017 12:41:42 PM
To: Poonam Alaigh [(b) (6)@hotmail.com]
Subject: Re: E- intro

Ok

Sent from my iPhone

On Mar 11, 2017, at 7:38 AM, Poonam Alaigh <(b) (6)@hotmail.com> wrote:

> I met (b) (6) yesterday and brainstormed a bit. I thought it would be helpful for (b) to talk to Scott- which would then make the "Five" part of the process - see below.
>
> BTW- vivieca loved (b) and offered him the Asst Sec position- I told her that he was still green for that role
>
> We will talk more about this next week
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> > **From:** (b) (6) <(b) (6)@gmail.com>
> > **Date:** March 10, 2017 at 9:47:24 PM EST
> > **To:** "(b) (6) <(b) (6)@mayo.edu>
> > **Subject: Re: E- intro**
> >
> > Poonam, I am moving you to BCC to avoid clogging your email.
> >
> > Hi (b) (6) thanks for the reply. On Sunday, I have a prior commitment that I must leave for by 11:30am CT; however, I can speak anytime before that. Does that work for you? If not, I am available after 2:30pm CT. If this does not work, please propose some days and times - evenings are OK as well - and I will do all that I can to make it work.
> >
> > Thank you for the time and willingness to talk; I look forward to it. I also hope the trip back home becomes an easier one. Have a great weekend!
> >
> > -(b)
> >
> > ---
> > Sincerely,
> >
> > (b) (6)
> > (b) (6)@gmail.com
> > (b) (6)
> > (b) (6) (cell)
> > www.LinkedIn.com/in(b) (6)

AMERICAN OVERSIGHT

@(b) (6)

On Fri, Mar 10, 2017 at 8:31 PM, (b) (6) (b) (6)@mayo.edu> wrote:
Hello (b) - reaching out midst an "interesting trip home to Minnesota," wondering if we could touch base this weekend - perhaps some time on Sunday. Wondering about your availability late morning or early afternoon CT?

Thanks,

(b) (6)
Chair | Department of Public Affairs
(cell) (b) (6)

On Mar 10, 2017, at 6:06 PM, (b) (6) <(b) (6)@gmail.com> wrote:

> Poonam, thank you very much for the intro. I appreciate it.
>
> (b) (6) it is a pleasure to meet, albeit in a virtual manner, and I certainly look forward to speaking. Please let me know your availability for a conversation, either this weekend or during the upcoming week - whichever works for you.
>
> Have a good weekend.
> -(b)
>
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AMERICAN OVERSIGHT

Thanks and have a great weekend.

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 3/11/2017 12:38:19 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: E- intro

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BTW- vivieca loved (b) and offered him the Asst Sec position- I told her that he was still green for that role

We will talk more about this next week

Sent from my iPhone

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AMERICAN OVERSIGHT

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> >
> > Sent from my iPad

AMERICAN OVERSIGHT

Message

From: Jennifer Lee [(b) (6) @gmail.com]
Sent: 3/12/2017 3:12:34 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: Thanks again

Wow! Nice!!

On Sat, Mar 11, 2017 at 5:28 PM, David Shulkin <drshulkin@aol.com> wrote:

> http://www.washingtontimes.com/news/2017/mar/11/donald-trump-holds-partial-cabinet-meeting-his-nor/
>
> Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 3/11/2017 10:28:20 PM
To: Jennifer Lee [(b) (6) @gmail.com]
Subject: Thanks again

http://www.washingtontimes.com/news/2017/mar/11/donald-trump-holds-partial-cabinet-meeting-his-nor/

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/6/2017 11:06:07 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Tomorrow morning

Ok thanks

Sent from my iPhone

> On Mar 6, 2017, at 3:14 PM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> I am getting to dc on a 6am flight- should get there in time for your 7:45 meeting , but may be a few minutes late - will dial in if that is the case until I get there
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 3/6/2017 8:14:24 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Tomorrow morning

I am getting to dc on a 6am flight- should get there in time for your 7:45 meeting , but may be a few minutes late - will dial in if that is the case until I get there

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 3/17/2017 3:47:24 AM
To: David shulkin [Drshulkin@aol.com]; Bruce Moskowitz [brucem(b) (6) mac.com]
Subject: Re: Wellness Program

Some initial level thoughts based on my discussion with David are below:

Joint Wellness Programs- we have a quarterly Joint Executive Committee. where we discuss collaboration on various initiatives between the DoD and the VA. Some of the areas we are working on include Suicide Prevention, Sexual Trauma, Separation Health Assessment, Interagency IT solutions. There is a meeting next week, where if David you think, I can broach the topic of wellness programs, especially as it pertains to Emotional Wellness which helps with resiliency, readiness, and readjustment/reintegration, mental well being and eventually suicide prevention

Corporate Wellness Programs- my recommendation is to see how we can work initially with our existing partners like CVS and J&J and assist them in their Veteran Employee Wellness programs including awareness around active duty life, transitioning into civilian life and understanding our Veterans in the workforce with their specific needs

CVS and Omnicare- I had an update earlier today with my team and there is certainly an opportunity to strengthen that relationship. Will send you details tomorrow once the team puts all this in a project plan.

Telemedicine- this is definitely a strategic area of focus for us and we are looking at a "virtualist network" to be used for telehealth to meet our Veteran centric access needs. Definitely interested in exploring newer technology as we are evolving our model of health care delivery model.

We can discuss more when we meet next week- thanks and take care

---

From: David shulkin <Drshulkin@aol.com>
Sent: Thursday, March 16, 2017 5:40 PM
To: Bruce Moskowitz
Cc: Poonam Alaigh
Subject: Re: Wellness Program

Poonam- lets discuss and get back to Bruce with a plan

Sent from my iPhone

> On Mar 16, 2017, at 4:45 PM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>
> If it is possible to work with the DOD on a wellness platform then it would seem beneficial that a working group from both organizations puts a plan in place rather than working separately on the issue.
> Aside from the common issues there is the following considerations:
> Corporate wellness, how we keep a Veteran in a job. Although both J&J and CVS have a wellness program it does not help address this issue.
>
> On a different subject that I discussed with CVS the low penetration of their Omnicare home infusion program for the general population and for the Veteran has to do with education of the patient and care givers.
>

AMERICAN OVERSIGHT

> Chronic care facilities the trend should be away from facilities to care at home. Both CVS and J&J are more oriented to chronic care facilities.
>
> Finally both CVS and J&J want to use a telemedicine platform for care delivery but the VA should look at the newer telemedicine platforms and control telemedicine. If we let an outside organization deliver telemedicine care we can not keep tract of the quality.
>
> Sent from my iPad
> Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/16/2017 9:40:35 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
CC: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Wellness Program

Poonam- lets discuss and get back to Bruce with a plan

Sent from my iPhone

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

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 3/16/2017 8:45:32 PM
To: David Shulkin [drshulkin@aol.com]; Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Wellness Program

If it is possible to work with the DOD on a wellness platform then it would seem beneficial that a working group from both organizations puts a plan in place rather than working separately on the issue. Aside from the common issues there is the following considerations:
Corporate wellness, how we keep a Veteran in a job. Although both J&J and CVS have a wellness program it does not help address this issue.

On a different subject that I discussed with CVS the low penetration of their Omnicare home infusion program for the general population and for the Veteran has to do with education of the patient and care givers.

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Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/14/2017 1:37:49 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
Subject: Re: (b) (6)

Ok very helpful

Sent from my iPhone

On Mar 14, 2017, at 8:56 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:

> (b) is looking to transition to a full time job. I am not sure he is best at getting this done. The residency shortage is severe. We brought this up to the President.
>
> Hippocrates 2.0 has ten core principles on which to reform healthcare.
>
> 1. Improve human health
> 2. Patient centered care
> 3. Value driven healthcare
> 4. Population-based care
> 5. Patient Access
> 6. Cost conscious behavior
> 7. Medical liability reform
> 8. Research funding and training
> 9. Precision/personalized medicine
> 10. Digital health transformation
>
> The most riveting issue about Dr. (b) (6) remarks was the issue of doctor shortages. According to the Association of American Medical Colleges (AAMC), "the United States faces a shortage of more than 130,600 physicians by 2025," equally split among primary care and specialities such as cardiology, oncology and neurosurgery. The shortage reported by AAMC in 2015 is 62,900.
>
> One of the problems of doctor shortages is that in the 1997 through the Balanced Budget Act Congress capped the number of federally funded residency training programs. The current level of 26,000 residency positions is not enough to provide training for medical school graduates as early as 2016.
>
> Sent from my iPad
> Bruce Moskowitz M.D.
>
> On Mar 14, 2017, at 8:45 AM, David shulkin <Drshulkin@aol.com> wrote:

AMERICAN OVERSIGHT

thoughts?

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 3/14/2017 12:56:57 PM
To: David shulkin [Drshulkin@aol.com]
Subject: (b) (6)

(b) is looking to transition to a full time job. I am not sure he is best at getting this done. The residency shortage is severe. We brought this up to the President.

Hippocrates 2.0 has ten core principles on which to reform healthcare.

1. Improve human health
2. Patient centered care
3. Value driven healthcare
4. Population-based care
5. Patient Access
6. Cost conscious behavior
7. Medical liability reform
8. Research funding and training
9. Precision/personalized medicine
10. Digital health transformation

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Sent from my iPad
Bruce Moskowitz M.D.

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AMERICAN OVERSIGHT

thoughts?

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/8/2017 3:30:08 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
Subject: Re: Ike and Laurie

Yes

Sent from my iPhone

> On Mar 8, 2017, at 10:00 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>
> See you at dinner tonight prior to dinner need to know if the VA can accept foundation donations for specific research. If yes then I will bring it up at dinner.
>
> Sent from my iPad
> Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/19/2017 11:28:42 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Fwd: (b) (6)

Lets discuss

Sent from my iPhone

Begin forwarded message:

> **From:** (b) (6) <(b) (6) @gmail.com>
> **Date:** April 19, 2017 at 9:08:24 AM EDT
> **To:** David shulkin <Drshulkin@aol.com>
> **Subject: Re:** (b) (6)
>
> http://www.modernhealthcare.com/article/20170322/NEWS/170329961
>
> On Apr 19, 2017, at 8:07 AM, David shulkin <Drshulkin@aol.com> wrote:
>
> > No what is he doing at hhs?
> >
> > Sent from my iPhone
> >
> > > On Apr 19, 2017, at 8:59 AM, (b) (6) <(b) (6) @gmail.com> wrote:
> > >
> > > Hey David,
> > > Want to see if you've connected up with (b) (6) at HHS? He's a former client and old friend who I'm guessing you may know from the MedAssets days.
> > > -(b) (6)
> > >
> > > > On Mar 22, 2017, at 11:32 AM, David shulkin <Drshulkin@aol.com> wrote:
> > > >
> > > > Will do
> > > >
> > > > Sent from my iPhone
> > > >
> > > > > On Mar 22, 2017, at 11:32 AM, (b) (6) <(b) (6) @gmail.com> wrote:

AMERICAN OVERSIGHT

Sorry we couldn't catch up yesterday. Let's find time for a dinner - if you ever come up for air! Congrats again.

-(b)

> On Mar 17, 2017, at 3:39 PM, David shulkin <Drshulkin@aol.com> wrote:
>
> Ok see you there
>
> Sent from my iPhone
>
> > On Mar 17, 2017, at 2:04 PM, (b) (6) (b) (6) (b) @gmail.com> wrote:
> >
> > See you at the Politico conference in DC Tuesday?
> >
> > -(b)

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/14/2017 12:32:51 AM
To: (b) (6) [(b) (6) @gmail.com]; Vivieca Simpson [(b) (6) @gmail.com]
Attachments: IMG_3779.JPG; Untitled attachment 09236.txt

AMERICAN OVERSIGHT



AMERICAN OVERSIGHT

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 4/28/2017 7:22:23 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Monday

Never!

Sent from my iPhone

On Apr 28, 2017, at 9:38 AM, David shulkin <Drshulkin@aol.com> wrote:

> I know soon youll be too busy for me so ill take what i can get now
>
> Sent from my iPhone
>
> On Apr 28, 2017, at 7:59 AM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:
>
> > Good- as I am getting busy, want to make sure you don't feel ignored- you still need my attention for your mental and spiritual wellbeing - you may not realize it
> >
> > Sent from my iPhone
> >
> > On Apr 28, 2017, at 7:11 AM, David Shulkin <drshulkin@aol.com> wrote:
> >
> > > Yes that works
> > >
> > > -----Original Message-----
> > > From: Poonam Alaigh <(b) (6) @hotmail.com>
> > > To: David Shulkin <drshulkin@aol.com>
> > > Sent: Fri, Apr 28, 2017 5:41 am
> > > Subject: Monday
> > >
> > > Dinner? Need to book with someone else is it doesn't work for you
> > >
> > > Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/28/2017 1:37:38 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Monday

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Sent from my iPhone

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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Sent: Fri, Apr 28, 2017 5:41 am
Subject: Monday

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Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 4/28/2017 9:41:45 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Monday

Dinner? Need to book with someone else is it doesn't work for you

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/7/2017 4:11:58 PM
To: (b) (6) ((b) (6) va.gov]
Subject: Fwd: [EXTERNAL] Re: RWJ Clinical Scholar
Attachments: Dr. SreyRam Kuy CV - VA 2017.pdf; Untitled attachment 09299.htm; Dr. SreyRam Kuy Bio - 2-2017.pdf; Untitled attachment 09302.htm

Sent from my iPhone

Begin forwarded message:

From: SreyRam Kuy <(b) (6) @gmail.com>
Date: March 7, 2017 at 11:01:10 AM EST
To: "Shulkin, David J., MD" <David.Shulkin@va.gov>, David shulkin <DrShulkin@aol.com>
Subject: Re: [EXTERNAL] Re: RWJ Clinical Scholar

Secretary Shulkin,

Thank you so much - I would love the opportunity to stop by and chat.

I can be in DC in the afternoons on Friday March 17, Friday March 24, or Friday March 31. Just let me know which date is most convenient for you. I would be happy to work around your schedule.

I will also be in DC for certain on Wednesday April 26-Friday April 28 for the Medicaid Medical Directors national meeting. Looking forward to the chance to chat.

Respectfully,
SreyRam

SreyRam Kuy, MD, MHS, FACS
Chief Medical Officer, Medicaid
Louisiana Department of Health

Phone: (b) (6)
Email: (b) (6) @gmail.com

On Mon, Mar 6, 2017 at 7:11 PM, Shulkin, David J., MD <David.Shulkin@va.gov> wrote:

> Please let me know when you are in DC next
>
> Thanks for the additional information

AMERICAN OVERSIGHT

David Shulkin

Sent with Good (www.good.com)

-----Original Message-----
From: SreyRam Kuy [(b) (6) @gmail.com]
Sent: Monday, March 06, 2017 09:58 AM Eastern Standard Time
To: Shulkin, David J., MD; David shulkin
Subject: [EXTERNAL] Re: RWJ Clinical Scholar

Hi Dr. Shulkin,

Thank you so much for taking the time to talk with my about my interest in serving the VA. I hope I can utilize my training as a RWJ Clinical Scholar, and my experiences leading a complex $10.7 billion healthcare system serving 1.6 million lives to help improve health for our veterans. I'm frequently in DC and would love any opportunity to stop by and chat at your convenience.

Dr. (b) (6) and Dr. (b) (6) have kindly agreed to speak on my behalf as references, if you have any questions at all.

Dr. (b) (6)
President-Elect, Vassar College
Professor of Public Health
Faculty Director of the Yale Global Health Leadership Institute
Brady-Johnson Professor of Grand Strategy
Master of Branford College, Yale University – School of Public Health
Yale Email: (b) (6) @yale.edu (until June 30, 2017)
Vassar Email: (b) (6) @vassar.edu (After July 1, 2017)

Dr. (b) (6)
Board of Governors, PCORI
Harold H Hines Professor of Medicine, Yale School of Medicine

AMERICAN OVERSIGHT

Director, Yale Robert Wood Johnson Foundation Clinical Scholars Program
Director, Center for Outcomes Research and Evaluation
Email: (b) (6) @yale.edu

Thank you so much, and hope you have a wonderful day.

Respectfully,
SreyRam

SreyRam Kuy, MD, MHS, FACS
Chief Medical Officer, Medicaid
Louisiana Department of Health

Phone: (b) (6)
Email: (b) (6) @gmail.com

On Wed, Feb 15, 2017 at 10:55 PM, Shulkin, David J., MD <David.Shulkin@va.gov> wrote:

> We're discussing internally
>
> Sent with Good (www.good.com)
>
> -----Original Message-----
> From: SreyRam Kuy [(b) (6) @gmail.com]
> Sent: Wednesday, February 15, 2017 11:42 AM Eastern Standard Time
> To: David shulkin; Shulkin, David J., MD
> Subject: [EXTERNAL] Re: RWJ Clinical Scholar
>
> SreyRam Kuy, MD, MHS, FACS
> Email: (b) (6) @gmail.com

AMERICAN OVERSIGHT

On Sun, Dec 4, 2016 at 2:03 PM, SreyRam Kuy <(b) (6) @gmail.com> wrote:

Dr. Shulkin,

Yes, January would be great! I absolutely understand, it must be

extraordinarily busy with transition going on. Please know that if

there's any way I can help or contribute at all during this very busy

time, I'd be more than delighted to do so!

Warmly,

SreyRam

SreyRam Kuy, MD, MHS, FACS

On Sat, Dec 3, 2016 at 10:23 PM, David shulkin <Drshulkin@aol.com> wrote:

Id be glad to- though very busy now with the transition of

administration

Can we talk in january?

Sent from my iPhone

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SreyRam Kuy, MD, MHS, FACS

Medicaid Chief Medical Officer, Louisiana Department of Health

Associate Professor of Surgery, Louisiana State University – New Orleans

PROFILE:

- ✓ **As Chief Medical Officer of Louisiana Medicaid, I lead the state's drive to improve healthcare quality, engage healthcare providers and stakeholders in both managed care and fee for service systems, develop quality performance metrics and integrate cost effectiveness into a $10.7 billion health system which serves 1.6 million lives.**

- ✓ **Supervise staff members comprising the Quality Team, Pharmacy Team, Clinical Policy Team, Health Information Technology Team and Benefits & Covered Services Team.**

- ✓ **Advise the Secretary of Health on critical public health issues, communicate policies and vision to state legislators and the Governor and represent Medicaid to the media on issues ranging from opioids to zika and healthcare quality.**

- ✓ **Lead initiatives for emerging public health threats such as coordinating medical efforts at Flood Shelters, developing a Zika transmission prevention policy, and working with the Governor's office and state legislators to implement strategies tackling the opioid crisis.**

- ✓ **Oversee CMS grant for state Health Information Technology projects; including increasing EHR adoption among providers, ED discharge data linkage to primary care physicians, advancing a Telehealth network, implementing an EHR system in the Department of Corrections, and enabling providers to achieve meaningful use HIT.**

- ✓ **More than a decade of experience in the VA systems in Oregon, Texas, Connecticut, Wisconsin and Louisiana as a trainee, provider and administrator. Served as Assistant Chief of the General Surgery Section, Director of the Center for Innovations in Quality, Outcomes and Patient Safety, Chair of the Systems Redesign Committee and Board Member on the Quality, Safety and Value Board at Overton Brooks VA Medical Center. Worked with the Pentad on SAIL performance reports, HEDIS and Joint Commission ORYX core measures. Led initiatives to improve veterans' access to care through a 50% reduction in surgery clinic no shows.**

- ✓ **Worked to successfully decrease veteran mortality and reduce patient safety adverse events at Overton Brooks VA Medical Center. Developed biweekly provider educational series, broadcast remotely to outlying VA Community Based Outpatient Clinics in Louisiana and East Texas.**

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PERSONAL:

Office Address: Louisiana Medicaid, Department of Health
628 North 4th Street, Baton Rouge, LA 70802

Mobile Telephone: (b) (6) [redacted]

Office Telephone: 225-342-5381

Email Address: (b) (6) [redacted]@gmail.com
SreyRam.Kuy@LA.Gov

Citizenship: United States

EDUCATION:

2017 Presidential Leadership Scholars Program
Nominated and selected to be a Presidential Leadership Scholar – a joint executive leadership training program by Presidents Bush and Clinton and run by the presidential centers of Lyndon B. Johnson, George H. W. Bush, William J. Clinton and George W. Bush

2016 Healthcare Executive Leadership Program in Health Policy and Management
Heller School of Policy and Management, Brandeis University

2009 M.H.S. (Master of Health Science)
Yale University School of Medicine, Robert Wood Johnson Clinical Scholar

2005 M.D. (Medical Degree)
Oregon Health & Sciences University School of Medicine

2000 B.S. (Bachelor of Science, Philosophy), magna cum laude
Oregon State University

2000 B.S. (Bachelor of Science, Microbiology), magna cum laude
Oregon State University

POSTGRADUATE TRAINING:

2009-2012 Residency, General Surgery (PGY 3-5)
Medical College of Wisconsin

2007-2009 Robert Wood Johnson Clinical Scholar Fellowship
Yale University School of Medicine

2005-2007 Residency, General Surgery (PGY 1-2)
University of Texas Health Sciences Center at San Antonio

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APPOINTMENTS:

2016-present Chief Medical Officer, Medicaid, Louisiana Department of Health and Hospitals

As CMO of Louisiana Medicaid I lead the drive to improve healthcare quality, cost effectiveness and Health Information Technology in a $10.7 billion health system which serves 1.6 million lives in both managed care and fee for service systems. My work includes managing the Quality Team, Pharmacy Team, Clinical Policy Team, Health Information Technology Team and a Benefits & Covered Services Team. In addition, I lead initiatives for emerging public health threats such as coordinating medical efforts at Flood Shelters, developing a Zika transmission prevention policy, and working with the Governor's office and legislatures to implement strategies tackling the opioid crisis.

- Health Information Technology Team: lead the state's electronic health record adoption initiative and health information technology strategy, oversee CMS grant for Health Information Technology and a National Governors' Association HIT grant
- Quality Team: Develop and evaluate incentivized quality performance measures for providers & health plans to improve outcomes, safety, and quality of care for the state of Louisiana. Manage a Quality Team comprised of physicians, nurses & policy analysts addressing health care quality. Creation of a "Search by Score" site that promotes quality, transparency and adoption in Louisiana healthcare.
- Clinical Policy Team overseeing the evidence based approach for coverage of new benefits and services for Medicaid beneficiaries
- Benefits and Covered Services Team: manage all covered services and benefits in the Louisiana Medicaid system
- Pharmacy Team: overseeing Medicaid prescription coverage
- Rapidly respond to emergent public health issues (such as Zika virus, Opioid epidemic, drug shortages, flooding and emergency natural disasters) and develop guidance for providers and health plans
- Work with Louisiana healthcare stake holders, including Managed Care Organizations, hospital associations, healthcare providers, health facilities and institutions, patient advocacy groups to ensure high quality care for Louisiana's Medicaid population, and efficient use of resources

2014-2016 Director, Center for Innovations in Quality, Outcomes and Patient Safety, OBVAMC

- Develop and lead initiatives to meet Joint Commission ORYX core measures, SAIL performance measures, and monitor PSI occurrences.
- Develop programs that lead to sustained improvement in quality, outcomes and safety in the Surgical Services at the OBVAMC.
- Work on reducing mortality and adverse events profiled in the VA National Center for Patient Safety newsletter and website. Work on decreasing clinic no-shows featured in the Association of VA Surgeons newsletter and website.
- Collaborate with section chiefs to assess needs for quality improvement; develop, monitor and assess quality measures and initiatives; monitor

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analyze and assess surgical outcomes; integrate quality improvement tools and surgical outcome measures to create a cohesive program for the OBVAMC Surgical Services.

- Partner with VA clinical, policy and operational leaders to implement and evaluate different ways to make surgical healthcare safer, more effective and more affordable.

2015-2016 Assistant Chief, General Surgery Section
Overton Brooks VA Medical Center (OBVAMC)

- Integrate quality improvement tools and surgical outcome measures to create a cohesive program for General Surgery Section, leading to improved patient safety with a decrease in patient mortality and reduction in Critical Incident Network Tracking adverse events
- Work on SAIL and Joint Commission performance measures (pressure ulcer prevention, accidental puncture monitoring, smoking cessation/flu immunization documentation)
- Led initiative to improve veterans access to care through decreased surgery clinic no shows, with more than 50% reduction in clinic no shows
- Develop, monitor and assess quality and efficiency measures and initiatives for the General Surgery Section
- Monitor, analyze and assess surgical outcomes for the General Surgery Section
- Review Quality Improvement tools and surveys
- Collaborate with other section chiefs (Anesthesiology, ENT, General Surgery, ENT, Neurosurgery, Ophthalmology, Orthopedics, Podiatry, Urology, Vascular and Thoracic Surgery) to assess needs for a collaborative, comprehensive surgical care

2014-2016 Director, Surgical Services Grand Rounds Lecture Series, OBVAMC

- Developed a CME accredited academic curriculum for Grand Rounds Lecture Series; recruited local and national speakers
- Incorporated telecommunication to broadcast Grand Rounds Lectures remotely, available to outlying VA Community Based Outpatient Clinics (CBOCs) in Louisiana and Texas and also to employee's computer desktops to allow greater educational reach

2017-present Associate Professor, Department of Surgery
Louisiana State University – New Orleans

2014-2016 Assistant Professor, Department of Surgery
Louisiana State University – Shreveport

2014-2016 Staff Surgeon, Overton Brooks Veterans Affairs Medical Center (OBVAMC)

- Had highest RVU's and total number of cases in general surgery section
- Performed first laparoscopic assisted Low Anterior Resection at OBVAMC

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- Developed a laparoscopic training course for residents, OR staff and surgeons; taught at OBVAMC and LSU

2014-2015 Consultant, Parkland Center for Clinical Innovation
Consultant on surgical site infection risk prediction modeling

BOARD CERTIFICATION
2014 American Board of Surgery # 059382

MEDICAL LICENSURE:
State of Texas # P9893 – Expiration 5/31/2017
State of Wisconsin #53724-20 – Expiration 10/3/2017
State of Tennessee #MD0000050960 – Expiration 3/31/2018
State of Louisiana #300710 – Expiration 3/31/2017

POSTGRADUATE COURSES:
10/2014 Cleveland Clinic, Advanced Laparoscopic Colorectal Master Class
11/2014 Florida Hospital, Laparoscopic General Surgery Master Class
7/2015 University of South Florida, Laparoscopic Colectomy Mini-Fellowship
9/2015 Methodist MITE, Advanced Hernia and Abdominal Wall Repair Master Class
2/2016 Life Cell, Complex Abdominal Wall Reconstruction Bioskills Lab

LEADERSHIP/HEALTHCARE POLICY TRAINING & EXPERIENCE:

American College of Surgeons Health Policy Award — June 12-18, 2016
"Leadership Program in Health Policy and Management" Executive Education Program at Brandeis University Heller School for Social Policy and Management.

American Medical Association Campaign School — 2013
Training in healthcare policy, legislation and politics in Washington, D.C.

American College of Surgeons Advocacy Grant — 2012

Robert Wood Johnson Clinical Scholar, Yale University School of Medicine — 2007 – 2009
Fellowship in healthcare policy & management, public health and research.

Healthcare Policy Synergy Workshop, Institute of Medicine. Washington, D.C. — 2008
Healthcare policy training, development of health disparities proposal

Robert Wood Johnson Foundation Cover the Uninsured Week Oregon Committee
Organized symposium on the uninsured in Oregon, speaker Governor Kitzhaber — 2003

American Academy of Family Physicians National Congress — 2000
Authored resolution on "Presentation of the AAFP Universal Health Care Coverage Task Force Report and Inclusion of Resident and Student Feedback

Kaiser Family Foundation Barbara Jordan Health Policy Scholar — 2000
Worked in Washington DC office of US Senator Tom Harkin. Wrote speeches on The Breast & Cervical Cancer Treatment Act and Re-authorization of the Older Americans Act, attended hearings, wrote briefs on prescription drug coverage, coverage for experimental studies, and healthcare instrument safety.

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HEALTH POLICY PANELS/KEY NOTE SPEAKER/PRESENTATIONS

The Louisiana Story: Tackling Preterm Birth through Collaboration and Innovation — Dec 2016
CMS Quality Conference, Baltimore, MD

Achieving Viral Load Suppression through Collaboration – The Louisiana Story — Dec 2016
HIV Affinity Group National Conference, Washington DC

Medicaid Expansion and Access to Healthcare: Learning from Louisiana — Dec 2016
Louisiana Public Health Institute

Bridging the Gap Between Health Care and Health Equity — Oct 2016
National Academy for State Health Policy, Pittsburgh, PA

HIV Affinity – The Louisiana Story — Nov 2016
HIV Health Improvement Affinity Group National Webinar

Medicaid Industry Who's Who Series, "Mostly Medicaid" — Sept 2016
State Spotlight Series: Achieving Healthcare Quality

Medicaid Expansion and Improving Healthcare Quality in Louisiana — Sept 2016
American Association on Intellectual & Developmental Disabilities,Alexandria,LA

Panel Member: Using National Data Sources to Understand Healthcare Quality, Access and Disparities Among Women — 2015
AcademyHealth 2015 Annual Research Meeting, Minneapolis, Minnesota

Panel Member: Emerging Issues in Gender-Based and Women's Health. — 2009
AcademyHealth 2009 Annual Research Meeting, Chicago, Illinois.

Moderator, Robert Wood Johnson Alumni Careers in Health Policy. — 2008
Robert Wood Johnson Clinical Scholars National Conference, Washington, D.C.

Panel Member: The Many Avenues to Pursuing a Career in Health Policy. — 2007
Barbara Jordan Health Policy Scholars Conference, Washington, D.C.

TOWN HALLS

Town Hall Meeting — August 2016
Flood Recovery, Mold and Tetanus Vaccination, Mental Health Crisis Hotline

Town Hall Meeting — August 2016
Flood Recovery, Prescription Co-Pay Waivers, Early Refills for Prescriptions

Rotary Club of Shreveport — July 2016
Key Note Speaker: Medicaid Expansion

Shreveport Medical Society — July 2016
Key Note Speaker: Medicaid Expansion

COMMITTEE SERVICE AND ORGANIZATIONS

National Quality Forum — 2016-present
Medicaid Innovation Accelerator Committee

Alliance for a Healthier Generation — 2016-present
Obesity Prevention Task Force

Opioid Commission — 2016-present

Comparing Outcomes of Drugs and Appendectomy (CODA) — 2016-present
National Stakeholder Advisory Board

National Academy for State Health Policy — 2016-present
Public and Population Health Advisory Group

AcademyHealth — 2016-present

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State Health Research and Policy Interest Group Advisory Committee	
American College of Surgeons	2016-2019
Committee on Diversity Issues	
Robert Wood Johnson Foundation Clinical Scholars Alumni Association	2016-2018
Co-President	
Chair, Medicaid Quality Committee	2016-present
Louisiana Commission on HIV, AIDS and Hep C	2016-present
Office of Public Health designee, appointed by Governor Edwards	
Louisiana Task Force on Telehealth Access	2016-present
Appointed by Secretary	
Executive Committee, Medicaid Evidence-based Decisions Project, Portland, OR	2016-present
Chair, Improving Veterans Access to Care Committee	2015
Board Member, Quality, Safety and Value Board, OBVAMC	2015-2016
Chair, Systems Redesign Committee, OBVAMC	2015-2016
Chair, General Surgery Faculty Recruitment Committee, OBVAMC	2015-2016
Federation of State Medical Boards (FSMB)	2015-2016
Appointed Representative to Accreditation Council for Continuing Medical Education Accreditation Review Committee (review accreditation for CME)	
National Board of Medical Examiners (NBME)	2011 – 2015
NBME Board Member	
Appointed by American Medical Association as one of 80 Board Members governing the NBME, overseeing a $100 million annual budget that governs the USMLE, the Post-Licensure Assessment System, and works with specialty boards to protect the public health.	
NBME Diversity and Inclusion Task Force	2013 – 2015
Tasked to improve diversity and inclusion in the executive leadership of the NBME and the USMLE exam contents.	
Association for Academic Surgery	
Membership Committee	2013 – 2015
Information and Technology Committee	2010 – 2012
Program Committee	2016 – present
Association of Women Surgeons, Communications Committee, Vice-Chair	2012 – 2014
Medical Society of Milwaukee County, Board of Directors	2012 – 2014
American Medical Association	
Chair, Wisconsin Resident & Fellow Governing Council	2011 – 2013
AMA Surgical Caucus, Executive Committee	2010 – 2011
Wisconsin Medical Society, AMA Resident Delegate	2010 – 2011
Robert Wood Johnson Clinical Scholars National Conference, Planning Committee	2008
Oregon Health & Science University Medical School First Year, Class President	2000 - 2001
Habitat for Humanity, Oregon State University Campus Chapter President	1988-1999
Science Student Council, President	1997-1998
Phi Eta Sigma National Honor Society, Oregon State University Chapter President	1997-1998
Oregon State University Undergraduate Senate, Senator	1997-1998
Talons Women's Leadership & Service Honorary Society, Vice-President	1997-1998
Medical Careers Explorer Scouts, Corvallis Chapter President	1995-1996

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PEER-REVIEWED PUBLICATIONS

1. **Kuy S**, Romero R. Eliminating Critical Incident Tracking Network Patient Safety Events at a Veterans Affairs Institution through Crew Resource Management Training. *American Journal of Medical Quality. In Press.*
2. **Kuy S**, Romero R. Improving Staff Perception of a Safety Climate with Crew Resource Management Training. *Journal of Surgical Research. In Press*
3. **Kuy S**. Rapidly Growing, Bleeding Mass on a Golfer's Back. *JAMA Surgery. In Press*
4. **Kuy S**, Romero R, Rose K, Vincent L. Perineal Pain and Malodorous Drainage in a Rectal Cancer Patient. *BMJ Postgraduate Medical Journal. In Press*
5. Koo D, **Kuy S**, Ogunleye A, Sangji N. A Tradition of Advocacy in the American College of Surgeons: Protecting our patients, advancing our profession. *Bull Am Coll Surg. In Press*
6. Eskander M, Neuwirth M, **Kuy S**, Keshava H, Meizoso J. Technology for Teaching: New Tools for 21st Century Surgeons. *Bull Am Coll Surg. In Press*
7. **Kuy S**, Dua A, Rieland J, Cronin D. Cavernous Transformation of the Portal Vein. *Journal of Vascular Surgery.* 2016 Feb;63(2):529.
8. **Kuy S**, Jenkins P, Romero R, Samra N, Kuy S. The Rising Incidence and Mortality of Clostridium Difficile Associated Megacolon. *JAMA Surgery.* 2015 Oct 7:1-2.
9. **Kuy S**, Romero R, Kuy S. Gas Gangrene in a Diabetic Foot. *Journal of the Louisiana State Medical Society.* 2015 Sep-Oct;167(5):213-214. Epub 2015 Oct 15.
10. **Kuy S**. Carotid Body Tumor. *Journal of the Louisiana State Medical Society.* 2015 Jul-Aug;167(4):165. Epub 2015 Aug 15.
11. Busch K, Keshava H, **Kuy S**, Nezgoda J, Picou A. Teaching in the Operating Room: New Lessons for Training Surgical Residents. *Bull Am Coll Surg.* 2015 Aug;100(8):29-34.
12. Ogunleye A, Bliss L, **Kuy S**, Leichtle S. Political Advocacy in Surgery: The Case for Individual Engagement. *Bull Am Coll Surg.* 2015 Aug;100(8):40-4.
13. Dua A, **Kuy S**, Desai S, Heller J, Lee C. Diagnosis and Management of a Ruptured Mycotic Popliteal Pseudoaneurysm. *Vascular.* 2015 Aug;23(4):419-21
14. **Kuy S**, Dua A. Uncertainty in management of carotid stenosis in women – reply. *JAMA Surgery.* 2014;149(4):402-3.
15. **Kuy S**, Dua A, Desai S, Chappidi Rohit, Patel B, Seabrook G, Brown K, Lewis B, Rossi P, Lee C. The Increasing Incidence of Thromboembolic Events among Hospitalized Patients with Inflammatory Bowel Disease. *Vascular.* 2014 Jul 1.pii: 1708538114541799.
16. **Kuy S**, Dua A, Lee C, Patel B, Desai S, Dua A, Szabo A, Patel P. National Trends in Utilization of IVC Filters in the United States, 2000-2009. *Journal of Vascular Surgery: Venous and Lymphatic Disorders.* 2014 Jan;2(1):15-20.
17. Dua A, **Kuy S**, Lee CJ, Upchurch G Jr, Desai S. Epidemiology of Aortic Aneurysm Repair in the United States from 2000 to 2010. *Journal of Vascular Surgery.* 2014;59(6):1512-7.
18. Dua A, McMaster J, Desai P, Desai S, **Kuy S**, Mata M, Cooper J. The Association between Blunt Cardiac Injury and Isolated Sternal Fracture. *Journal of Cardiology Research and Practice.* 2014;2014:629687
19. Dua A, Dua A, Jechow S, Desai S, **Kuy S**. Idiopathic Spontaneous Rupture of an Intercostal Artery. *Wisconsin Medical Journal.* 2014;113(3):116-8.
20. Dua A, Aziz A, Desai S, McMaster J, **Kuy S**. National Trends in the Adoption of Laparoscopic Cholecystectomy over 7 years in the United States and Impact of Laparoscopic Approaches Stratified by Age. *Minimally Invasive Surgery.* 2014;2014:635461.

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21. **Kuy S**, Juern J, Weigelt J. Laparoscopic Primary Repair of Traumatic Intrapericardial Diaphragmatic Hernia. *Journal of Laparoscopic Surgeons* 2014;18(2):333-7.
22. **Kuy S**, Dua A, Rossi P, Seabrook G, Lewis B, Patel B, Lee C, Desai S, Brown K. Carotid Endarterectomy National Trends Over a Decade: Does gender matter? *Annals of Vascular Surgery*. 2013 Dec 6. pii: S0890-5096(13)00641-9.
23. Dua A, Desai SS, Dua A, Charlton-Ouw K, Dongerkery SP, Patel B, **Kuy S**, McMaster J, Darlow M, Shapiro ML. The Impact of Co-Morbid Conditions and Insurance Status on Trauma Patient Outcomes. *TRAUMA*. 2013, Vol. 15 Issue 3, p239
24. **Kuy S**, Rossi P, Seabrook G, Brown K, Lewis B, Rilling W, Martin G, Patel B, Dua A, McMaster J, Desai S, Lee C. Endovascular Management of a Traumatic Renal-Caval Arteriovenous Fistula in a Pediatric Patient. *Annals of Vascular Surgery*. Dec 2013. pii: S0890-5096(13)00472-X.
25. **Kuy S**, Dua A, Desai S, Dua A, Patel B, Tondravi N, Seabrook G, Brown K, Lewis B, Lee C, Kuy S, Subbarayan R, Rossi P. Surgical Site Infections Following Lower Extremity Revascularization Procedures Involving Groin Incisions. *Annals of Vascular Surgery*. 2013 Nov 1. doi:pii: S0890-5096(13)00423-8.
26. Dua A, Dua A, Desai S, Kuy S, Sharma R, Jechow S, McMaster J, Patel B, **Kuy S**. Gender Based Differences in Management and Outcomes of Cholecystitis. *American Journal of Surgery*. 2013 Nov;206(5):641-6.
27. **Kuy S**, He C, Cronin D. Renal Mucormycosis: A Rare and Potentially Lethal Complication of Kidney Transplantation. *Case Reports in Transplantation*. October 2013;2013:915423
28. McMaster J, Dua A, Desai S, **Kuy S**. Short Term Outcomes Following Breast Cancer Surgery in Pregnant Women. *Gynecologic Oncology*. 2013 Sep 13. doi:pii: S0090-8258(13)01177-3.
29. Kulaylat AN, Zheng F, **Kuy S**, Bittner JG. Early Surgical Specialization: a new paradigm. *Bull Am Coll Surg*. 2013 Aug;98(8):43-9.
30. Baker J, Misra S, Manimala NJ, **Kuy S**, Gantt G. The Role of Politics in Shaping Surgical Training. *Bull Am Coll Surg*. 2013 Aug;98(8):17-25..
31. **Kuy S**, Seabrook G, Rossi P, Lewis B, Dua A, Brown K. Management of Carotid Stenosis in Women. *JAMA Surgery*. 2013 Aug;148(8):788-90. Epub June 26, 2013.
32. Dua A, Patel B, **Kuy S**, Seabrook G, Tondravi N, Brown K, Lewis B, Rossi P. Asymptomatic 50–75% Internal Carotid Artery Stenosis in 288 Patients: Risk Factors for Disease Progression and Ipsilateral Neurological Symptoms. *Perspectives in Vascular Surgery and Endovascular Therapy*. 2013 Dec; 24(4):165-70. doi: 10.1177/1531003513491986.
33. Dua A, Patel B, Heller J, **Kuy S**, Dubose J, Tomasek JS, Larssen EM, Desai S. Variability in the Management of Superficial Venous Thrombophlebitis between Phlebologists and Vascular Surgeons. *Perspectives in Vascular Surgery and Endovascular Therapy*. 2013 Jun;25(1-2):5-10.
34. Desai P, Dua A, McMaster J, Patel B, Dua A, **Kuy S**, Desai S, Krzowski-Firych J. Infectious Mononucleosis-Like Syndrome Presented in Toxoplasmosis Infection. *J Surg Rad*. 2013:134-136.
35. **Kuy S**, Vickery M, Dua A, Rosner G. Appendiceal endometriosis mimicking appendicitis. *JAMA Surgery*. 2013 May 1;148(5):481.
36. **Kuy S**, Somberg L, Paul J, Brown N, Saving A, Codner P. Undetected Penetrating Bladder Injuries Presenting as a Spontaneously Expulsed Bullet During Voiding: A Rare Entity and Review of the Literature. *Journal of Emergency Medicine*. 2013 May 25: S0736-4679(13)00356-9.
37. Dua A, Desai S, **Kuy S**, Patel B, Dua A, Desai P, Darlow M, Shirqavi J, Charlton-Ouw K, Shortell C. Predicting outcomes using the national trauma data bank: Optimum management of

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traumatic and blunt thoracic injury. *Perspectives in Vascular Surgery and Endovascular Therapy.* Sep;24(3):123-127, ePub: March 26, 2013.

38. **Kuy S**, Dua A, Desai SS, Baraniewski H, Lee C. Ruptured Mycobacterial Aneurysm of the Carotid Artery. *Perspectives in Vascular Surgery and Endovascular Therapy.* 2013;25(3-4):53-6.
39. Dua A, Desai S, McMaster J, Aziz A, Dua A, **Kuy S**. The Role of Platelets in Vascular Trauma Patients Compared to Patients with Chronic Vascular Disease. *Vascular Disease Management.* 2013;10(11):E240-E243.
40. **Kuy S**, Codner P, Guralnick M, Dua A, Paul J. Combined rectovesicular injuries from low velocity penetrating trauma in an adult. *Wisc Med J.* 2013;112(1):32-34.
41. **Kuy S**, Greenberg C, Gusani N, Dimick J, Kao L, Brasel K. Health services research resources for surgeons. *J Surg Res.* 2011;171(1):e69-73.
42. **Kuy S**, Sosa J, Desai R, Roman S, Rosenthal R. Age matters: A study of clinical and economic outcomes following cholecystectomy in elderly Americans. *Am J Surg.* 2011;201(6):789-796.
43. **Kuy S**, Roman SA, Desai R, Sosa JA. Outcomes Following Cholecystectomy in Pregnant and Non-pregnant Women. *Surgery.* 2009;146(2):358-366.
44. **Kuy S**, Roman S, Desai R, Sosa J. Outcomes following thyroid and parathyroid surgery in pregnant women. *Arch Surg.* 2009;144(5):399-406. Commentary by F Moore.
45. **Kuy S**. Stand up for patients. *Bull Am Coll Surg.* 2008;93(8):23-24.
46. Franks K, Li H, **Kuy S**, Kong W. Photodissociation of ICN at 266 nm and BrCN at 230 nm using brute force orientation. *Chemical Physics Letters*. 1999;302:151-156.

EDITORIALS/TECHNICAL NOTES/NEWSLETTER ARTICLES/MEDICAL BLOGS

1. **Kuy S,** Romero R, Cypher E. Shreveport: A Success Story. Creating a Culture of Safety at the Overton Brooks VA Medical Center. *Topics in Patient Safety. Veterans Affairs National Center for Patient Safety*. September 2014;14(5):1,4.
2. **Kuy S**. Profiles in Leadership. *Association of Women Surgeons Blog*. September 2014.
3. **Kuy S**. Health Services Research for Surgeons. *Association of Women Surgeons Website.* 2014.
4. **Kuy S**. Women Surgeon Leaders for the 21st Century. *Association of Women Surgeons Newsletter*. July 25, 2014
5. **Kuy S.** The Imperative to Improve Gallbladder Disease Treatment and Outcomes for Men. *Robert Wood Johnson Foundation Human Capitol Blog*. November 22, 2013.
6. **Kuy S.** Society for Vascular Surgery Trainee Advocacy Award Essay. *Society for Vascular Surgery* website. 2012.
7. **Kuy S**. Information & technology review: Online health resources for surgeons. *Association for Academic Surgery Newsletter*. Fall, 2010:6-7.
8. **Kuy S**. Stand up for patients. *Los Angeles Times*. February 28, 2008.

BOOKS AND BOOK CHAPTERS

1. **Kuy S** (senior editor), Kwon R, Hochman M. 50 Studies Every Surgeon Should Know. Oxford Press. (Planned release 2017)

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2. Provo B, **Kuy S**. Venous insufficiency ulcers. In Domino FJ (Ed.), The 5-Minute Clinical Consult 2015, Philadelphia: Lippincott Williams and Wilkins.
3. Aljoudi M, Dua A, **Kuy S.** Cervical Bruit. In Domino FJ (Ed.), The 5-Minute Clinical Consult 2016, Philadelphia: Lippincott Williams and Wilkins.
4. Dua A, Aljoudi M, **Kuy S.** Absent or Diminished Pulse. In Domino FJ (Ed.), The 5-Minute Clinical Consult 2016, Philadelphia: Lippincott Williams and Wilkins.
1. Aljoudi M, McMaster J, **Kuy S.** Breast Cancer and Pregnancy. In Domino FJ (Ed.), The 5-Minute Clinical Consult 2016, Philadelphia: Lippincott Williams and Wilkins.
2. Dua A, Desai S, **Kuy S.** Inguinal Mass. In Domino FJ (Ed.), The 5-Minute Clinical Consult 2016, Philadelphia: Lippincott Williams and Wilkins.

PRESENTATIONS

1. Reducing Surgery Cancellations in a Tertiary Hospital: A Three Year Review. Association of VA Surgeons 2016 Meeting; Virginia Beach, VA April 2016.
2. Why We Don't Come to Clinic: Patient Perspectives. Association of VA Surgeons 2016 Meeting; Virginia Beach, VA April 2016.
3. The Myth of Sisyphus: Is Reducing Surgery Clinic No-Shows Impossible? Association of VA Surgeons 2016 Meeting; Virginia Beach, VA April 2016.
4. It Takes a Village: Referring Providers Impact Patient No Shows. Association of VA Surgeons 2016 Meeting; Virginia Beach, VA April 2016.
5. Reducing Surgical Site Infections Utilizing a Prevention Bundle and a Multidisciplinary Approach at a Veterans Affairs Hospital. The American College of Surgeons NSQIP 2015 Meeting; Chicago, IL; July 2015.
6. Transformational Change: Creating a Culture of Safety in the Operating Room. Presented at: The American College of Surgeons NSQIP 2015 Meeting; Chicago, IL; July 2015.
7. Outlier to Leader: Designing a Risk Stratification Intervention to Decrease 30 Day Surgical Mortality in a Veterans Affairs Hospital. The American College of Surgeons NSQIP 2015 Meeting; Chicago, IL; July 2015.
8. Outlier to Leader: Designing a Risk Stratification Intervention to Decrease 30 Day Surgical Mortality in a Veterans Affairs Hospital. Presented at: The Association of VA Surgeons 2015 Meeting; Miami, FL; May 2015.
9. Transformational Change: Creating a Culture of Safety in the Operating Room. Presented at: The Association of VA Surgeons 2015 Meeting; Miami, FL; May 2015.
10. The Rising Incidence and Mortality of Clostridium Difficile Associated Megacolon. Presented at: The Association of VA Surgeons 2015 Meeting; Miami, FL; May 2015.
11. The Increasing Incidence of Thromboembolic Events Among Patients with Inflammatory Bowel Disease. Presented at: American College of Surgeons 2013 Clinical Congress; Washington DC; October 2013.
12. Diagnosis and Management of a Ruptured Popliteal Mycotic Pseudoaneurysm. Presented at: Eastern Vascular Society. Sulfur Springs, West Virginia. September 21, 2013. (First Place Winner of the 2013 Resident Award)
13. Ruptured Carotid Mycotic Tuberculoid Aneurysm from Intravesical BCG. Presented at: Midwestern Vascular Surgical Society. Chicago, Illinois; September 8, 2013

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14. Do women experience delays in carotid endarterectomy? Presented at: Society for Vascular Surgery Annual Meeting; San Francisco, California; May 31, 2013. (Winner of Sectional Poster Competition)
15. National trends in utilization of IVC filters over a decade in the United States, 2000-2009. Presented at: Society for Vascular Surgery Annual Meeting; San Francisco, California; May 31, 2013.
16. Surgical site infections and complications following vascular groin procedures. Presented at: Peripheral Vascular Surgery Society meeting; Park City, Utah; February 1, 2013.
17. Endovascular management of a traumatic renal-caval arteriovenous fistula in a pediatric patient. Presented at: International Symposium on Endovascular Therapy; Miami, Florida; January 22, 2013.
18. Carotid endarterectomy national trends over a decade: Does gender matter? Presented at: Midwestern Vascular Surgery annual meeting; Milwaukee, Wisconsin; September 6, 2012.
19. Asymptomatic 50-75% internal carotid artery stenosis in 288 patients: Risk factors for disease progression and ipsilateral neurological symptoms. Presented at: Midwestern Vascular Surgery annual meeting; Milwaukee, Wisconsin; September 6, 2012.
20. A study of clinical and economic outcomes following cholecystectomy in elderly Americans. Presented at: Department of Surgery grand rounds, Medical College of Wisconsin; Milwaukee, Wisconsin; June 10, 2010.
21. Predictors of in-hospital mortality following cholecystectomy among hospitalized patients. Presented at: 5th annual Academic Surgical Congress; San Antonio, Texas; February 3, 2010.
22. Predictors of in-hospital mortality following cholecystectomy. Presented at: American Medical Association 2010 research symposium; San Diego, California; November 5, 2010 (Honorable Mention Prize).
23. Outcomes following breast surgery in pregnant women. Presented at: 90th annual meeting of the New England Surgical Society; Newport, Rhode Island; September 13, 2009.
24. Outcomes following breast surgery in pregnant women. Presented at: Department of Surgery grand rounds, Yale University School of Medicine; New Haven, Connecticut; September 9, 2009.
25. Gender based differences in management and outcomes of cholecystitis. Presented at: AcademyHealth 2009 annual research meeting; Chicago, Illinois; June 28, 2009.
26. Gender based disparities in outcomes of cholecystitis. Presented at: New England science symposium; Boston, Massachusetts; April 3, 2009.
27. Women have better outcomes in cholecystitis. Presented at: American Medical Women's Association conference, Women's Health 2009, 17th Annual Congress; Williamsburg, Virginia; March 27-29, 2009.
28. Outcomes following cholecystectomy in pregnant and non-pregnant women. Presented at: 4th Annual Academic Surgical Congress; Fort Myers, Florida; February 3-6, 2009.
29. Outcomes following thyroid and parathyroid surgery in pregnant women. Presented at: Robert Wood Johnson Clinical Scholars 2008 National Conference; Washington, D.C.; November 18-21, 2008.

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30. Disparities in outcomes following thyroid and parathyroid surgery in pregnant and non-pregnant women. Presented at: Disparities in Surgical Care symposium; Boston, Massachusetts; Oct 27-28, 2008.
31. Outcomes following thyroidectomy and parathyroidectomy in pregnant women in the US, 1999-2005. Presented at: 89th annual meeting of the New England Surgical Society; Boston, Massachusetts; September 26-28, 2008.
32. Outcomes following thyroid and parathyroid surgery in pregnant women. Presented at: Department of Surgery grand rounds, Yale University School of Medicine; New Haven, Connecticut; September 24, 2008.
33. Are Drains Necessary After Craniosynostosis Surgery? American Society of Plastic Surgeons: Plastic Surgery Senior Residents Conference. Houston, Texas. March 17-19, 2005.
34. The Effects of Heat Treatment on Lactoferrin Concentration in Breast Milk. International Health Medical Education Consortium Conference. Havana, Cuba. March 12-15, 2002

JOURNAL REVIEWER

JAMA Surgery Reviewer	2016-present
Journal of Surgical Research Reviewer	2016-present
British Medical Journal Case Reports Reviewer	2014-present

TEACHING EXPERIENCE:

Louisiana State University – New Orleans, Associate Professor of Surgery	2017-present
Louisiana State University – Shreveport, Assistant Professor of Surgery	2014-2016
Lecturer, Surgery Resident SCORE Curriculum	2016
Lecturer, Third Year Medical Student Curriculum	2014-2016
Clinical Preceptor, First Year Medical Students	2014-2016
Yale University School of Medicine	
Course Facilitator, Introduction to Research	2007 – 2009
Oregon State University	
Teaching Assistant, General Microbiology	1999
Teaching Assistant, Introduction to Microbiology	1998 – 1999
Teaching Assistant, Biology	1997

HONORS, AWARDS & GRANTS

Early Career Achievement Award, Oregon Health & Sciences University, School of Medicine Alumni Association. 2017
Awarded to an alumnus who has made significant career contributions in improving health.

Presidential Leadership Scholar 2017
Executive Leadership Training led by President Bush and President Clinton, held over 6 months onsite at the George H. W. Bush Presidential Center, William J. Clinton Presidential Center, George W. Bush Presidential Center & Lyndon B. Johnson Presidential Center.

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American College of Surgeons Health Policy Scholar — 2016
Award provides $8,000 grant, one of two general surgeons awarded to attend the "Leadership Program in Health Policy and Management" Executive Education Program at Brandeis University Heller School for Social Policy and Management.

Business Report's 2016 "Forty Under 40" Award — 2016
Award in recognition of leadership, community service and career accomplishments

Ford Family Foundation Gerald E. Bruce Leadership & Community Service Award — 2016
Award recognizing excellence in leadership & service, provides $5,000 grant which Dr. Kuy donated to a nonprofit serving veterans.

Certificate of Appreciation, Overton Brooks VA Medical Center — 2015
Presented by Medical Center Director for work in promoting diversity, invited Keynote Speaker for VA's Asian Pacific American Celebration Month

Making a Difference Award, Overton Brooks VA Medical Center — 2014
Recognition of excellence in clinical care

Certificate of Appreciation, Overton Brooks VA Medical Center — 2014
Presented by Medical Center Director for Surgical Services' Achievement in Reducing Adverse Events and Mortality

American College of Surgeons Advocacy Travel Grant — 2012

American Medical Association 2010 Research Symposium Honorable Mention Prize — 2010

Medical College of Wisconsin Affiliated Hospitals (MCWAH) Research Award — 2010

New England Surgical Society 89th Annual Resident Research Competition Award — 2008

Robert Wood Johnson Foundation Clinical Scholars Fellowship. National award providing two years of training in health services research, Yale University School of Medicine — 2007 – 2009

Surgery Intern of the Year Award, Department of Surgery, University of Texas Health Sciences Center at San Antonio — 2006

Oregon Health & Science University ROSE Award (Recognition of Outstanding Service and Excellence) — 2001

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Ralph Bosworth, MD Memorial Scholarship	2000
Dr. JoAnne J. Trow Woman of Distinction Award	2000
Waldo-Cummings Outstanding Student Award	2000
Phi Kappa Phi Honor Society Tunison Award	1999
OSU Department of Microbiology Mark H. MiddleKauf Scholarship	1999
OSU Department of Microbiology Joseph E. Simmons Scholarship	1999
OSU College of Agricultural Science Jesse Hanson Scholarship	1999
OSU College of Science Heitmeyer Scholarship	1996
Presidential Scholar	1996
Laurel G. Case, MD Memorial Scholarship	1996
Robert C. Byrd Honors Scholar	1996
Valedictorian, Crescent Valley High School	1996

NEWS ARTICLES:

Read about Dr. Kuy's work reducing mortality and patient safety adverse events profiled in the VA National Center for Patient Safety here: http://www.patientsafety.va.gov/features/Shreveport_A_Success_Story.asp

Read about Dr. Kuy's work improving veterans' access to care through clinic efficiency profiled by the Association of VA Surgeons here: http://www.avasnews.com/single-post/2016/05/16/REDUCING-NO-SHOWS

Read about Dr. Kuy's work at Louisiana Medicaid improving healthcare quality profiled by Mostly Medicaid here: http://www.mostlymedicaid.com/?p=1821

Read about Dr. Kuy's work with Medicaid Expansion to improve patient health profiled by Business Reports 40 Under 40 here: https://www.businessreport.com/article/forty-40-qa-sreyram-kuy

GRANTS AWARDED:

Zero to Three Grant "Text4Baby"	2016

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$10,000 grant for Technical Assistance implementing Text4Baby, a program aimed at improving birth outcomes for pregnant women in Louisiana Medicaid.

National Governors Association Grant 2016
"Getting the Right Information to the Right Health Care Providers, at the Right Time- How States Can Improve Data Flow"
Awarded to Louisiana Medicaid's Health Information Technology Team, one of three states to receive this grant in the form of Technical Assistance

Centers for Medicare & Medicaid Services Grant 2016
"Louisiana's Health Information Technology (HIT) and Health Information Exchange (HIE) Implementation Advance Planning".
Support adoption and meaningful use of certified EHR technology activities, promote interoperability among EHRs, state HIEs and the Medicaid system; and provide for the design, development and implementation of the appropriate data infrastructure for FY 2017 and 2018.
Total grant awarded: $25,900,382

GRANT APPLICATION IN SUBMISSION
Submitted to PCORI 12/2016
"Provider-Targeted Strategies to Improve Patient-Centered Care for a Medicaid-Insured Population by Reducing Opioid Over-Prescribing and Increasing Provider Knowledge of Opioid Harms and Alternative Therapies for Chronic Non-Cancer Pain"

Principal Investigator:
SreyRam Kuy, MD, MHS, FACS (Louisiana Department of Health)

Total Project Cost: $4 million

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REFERENCES

Dr. (b) (6)
Board of Governors, PCORI
Harold H Hines Professor of Medicine, Yale School of Medicine
Director, Yale Robert Wood Johnson Foundation Clinical Scholars Program
Director, Center for Outcomes Research and Evaluation
Email: (b) (6) @yale.edu

Dr. (b) (6)
President-Elect, Vassar College
Professor of Public Health
Faculty Director of the Yale Global Health Leadership Institute
Brady-Johnson Professor of Grand Strategy
Master of Branford College, Yale University – School of Public Health
Yale Email: (b) (6) @yale.edu (until June 30, 2017)
Vassar Email: (b) (6) @vassar.edu (After July 1, 2017)

Dr. (b) (6)
Chief, Surgical Service, Overton Brooks VA Medical Center
Associate Professor, Louisiana State University – Shreveport
Phone: (b) (6)
Email: (b) (6) @va.gov

Dr. (b) (6)
Charles Knight, Sr Endowed Professor of Surgery
Chief, Surgical Oncology, Louisiana State University – Shreveport
Phone: (b) (6)
Email: (b) @lsuhsc.edu

Dr. (b) (6)
Associate Program Director of Pulmonary & Critical Care Medicine Fellowship
Overton Brooks VA Medical Center
Associate Professor, Louisiana State University – Shreveport
Phone: (b) (6)

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Bio: SreyRam Kuy, MD, MHS, FACS



SreyRam Kuy, MD, MHS, FACS currently serves as Chief Medical Officer for Medicaid in the Louisiana Department of Health. As CMO for Louisiana Medicaid, Dr. Kuy leads the drive for improving healthcare quality, promoting cost effectiveness and increasing health information technology adoption in a $10.7 billion health system serving 1.6 million patients. Under her leadership, Louisiana Medicaid was the first state to develop a Zika prevention strategy for pregnant Medicaid patients; enabled women with breast cancer to have access to needed reconstructive surgery and BRCA testing, led efforts to coordinate medical disaster relief efforts during Louisiana's Great Flood, and is leading Louisiana Medicaid's initiative to tackle the opioid epidemic as the first state in the South to implement a prescription opioid policy. She has developed state wide health performance metrics, pay for performance incentives, and established novel "Medicaid Expansion Early Wins measures" which enable the state of Louisiana to assess how access to healthcare directly impacts lives, which have been profiled by NPR and are being implemented in other states.

Prior to serving as Chief Medical Officer for Louisiana Medicaid, Dr. Kuy served in numerous leadership roles, including Director of the Center for Innovations in Quality, Outcomes and Patient Safety, Assistant Chief of General Surgery, Chair of the Systems Redesign Committee, and on the Quality, Safety & Value Board at Overton Brooks VA Medical Center. Dr. Kuy's work successfully reducing patient mortality & morbidity and decreasing adverse safety events was profiled by the VA National Center for Patient Safety. Her work increasing veterans' access to care through clinic efficiency was profiled by the Association for VA Surgeons, and templates she developed were disseminated for implementation at VA medical centers across the country.

Dr. Kuy grew up in Oregon, graduated as Valedictorian from Crescent Valley High School, and attended Oregon State University where she earned dual degrees in Philosophy and Microbiology. She attended medical school at Oregon Health & Sciences University, then finished general surgery residency. She earned her master's degree in health policy, public health and outcomes research at Yale University School of Medicine as a Robert Wood Johnson Clinical Scholar. Dr. Kuy has published more than 40 articles in JAMA Surgery, Surgery, American Journal of Surgery and other medical journals on healthcare quality and patient safety.

In 2017, Dr. Kuy was selected to be a Presidential Leadership Scholar, a joint program by President Clinton and President Bush and run by the presidential centers of Lyndon B. Johnson, George H.W. Bush, William J. Clinton and George W. Bush. Dr. Kuy has also received Business Report's 40 Under 40 Award for her work to improve healthcare quality in the Louisiana Medicaid population and the Ford Foundation's Gerald E. Bruce Community Service Award for her work serving veterans. Dr. Kuy was also selected for the Early Career Achievement Award in 2017 by Oregon Health & Sciences University School of Medicine.

SreyRam Kuy, MD, MHS, FACS **Email:** (b) (6) @gmail.com **Phone:** (b) (6)

AMERICAN OVERSIGHT

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Message

From: SreyRam Kuy [(b) (6) @gmail.com]
Sent: 3/7/2017 4:01:10 PM
To: Shulkin, David J., MD [David.Shulkin@va.gov]; David shulkin [DrShulkin@aol.com]
Subject: Re: [EXTERNAL] Re: RWJ Clinical Scholar
Attachments: Dr. SreyRam Kuy CV - VA 2017.pdf; Dr. SreyRam Kuy Bio - 2-2017.pdf

Secretary Shulkin,

Thank you so much - I would love the opportunity to stop by and chat.

I can be in DC in the afternoons on Friday March 17, Friday March 24, or Friday March 31. Just let me know which date is most convenient for you. I would be happy to work around your schedule.

I will also be in DC for certain on Wednesday April 26-Friday April 28 for the Medicaid Medical Directors national meeting. Looking forward to the chance to chat.

Respectfully,
SreyRam

SreyRam Kuy, MD, MHS, FACS
Chief Medical Officer, Medicaid
Louisiana Department of Health

Phone: (b) (6)
Email: (b) (6) @gmail.com

On Mon, Mar 6, 2017 at 7:11 PM, Shulkin, David J., MD <David.Shulkin@va.gov> wrote:
> Please let me know when you are in DC next
>
> Thanks for the additional information
>
> David Shulkin
>
>
>
> Sent with Good (www.good.com)
>
>
> -----Original Message-----
> From: SreyRam Kuy [(b) (6) @gmail.com]
> Sent: Monday, March 06, 2017 09:58 AM Eastern Standard Time
> To: Shulkin, David J., MD; David shulkin
> Subject: [EXTERNAL] Re: RWJ Clinical Scholar
>
> Hi Dr. Shulkin,
>
> Thank you so much for taking the time to talk with my about my interest in serving the VA. I hope I can utilize my training as a RWJ Clinical Scholar, and my experiences leading a complex $10.7 billion healthcare system serving 1.6 million lives to help improve health for our veterans. I'm frequently in DC and would love any opportunity to stop by and chat at your convenience.
>
> Dr. (b) (6) and Dr. (b) (6) have kindly agreed to speak on my behalf as references, if you have any questions at all.
>
> Dr. (b) (6)
> President-Elect, Vassar College
> Professor of Public Health
> Faculty Director of the Yale Global Health Leadership Institute
> Brady-Johnson Professor of Grand Strategy
> Master of Branford College, Yale University – School of Public Health
> Yale Email: (b) (6) @yale.edu (until June 30, 2017)
> Vassar Email: (b) (6) @vassar.edu (After July 1, 2017)
>
> Dr. (b) (6)

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> Board of Governors, PCORI
> Harold H Hines Professor of Medicine, Yale School of Medicine
> Director, Yale Robert Wood Johnson Foundation Clinical Scholars Program
> Director, Center for Outcomes Research and Evaluation
> Email: (b) (6) @yale.edu
>
> Thank you so much, and hope you have a wonderful day.
>
> Respectfully,
> SreyRam
>
> SreyRam Kuy, MD, MHS, FACS
> Chief Medical Officer, Medicaid
> Louisiana Department of Health
>
> Phone: (b) (6)
> Email: (b) (6) @gmail.com
>
>
>
> On Wed, Feb 15, 2017 at 10:55 PM, Shulkin, David J., MD
> <David.Shulkin@va.gov> wrote:
>> We're discussing internally
>>
>>
>>
>> Sent with Good (www.good.com)
>>
>>
>>
>> -----Original Message-----
>> From: SreyRam Kuy [(b) (6) @gmail.com]
>> Sent: Wednesday, February 15, 2017 11:42 AM Eastern Standard Time
>> To: David shulkin; Shulkin, David J., MD
>> Subject: [EXTERNAL] Re: RWJ Clinical Scholar
>>
>> SreyRam Kuy, MD, MHS, FACS
>> Email: (b) (6) @gmail.com
>>
>>
>> On Sun, Dec 4, 2016 at 2:03 PM, SreyRam Kuy <(b) (6) @gmail.com> wrote:
>>> Dr. Shulkin,
>>>
>>> Yes, January would be great! I absolutely understand, it must be
>>> extraordinarily busy with transition going on. Please know that if
>>> there's any way I can help or contribute at all during this very busy
>>> time, I'd be more than delighted to do so!
>>>
>>> Warmly,
>>> SreyRam
>>>
>>>
>>> SreyRam Kuy, MD, MHS, FACS
>>>
>>>
>>>
>>> On Sat, Dec 3, 2016 at 10:23 PM, David shulkin <Drshulkin@aol.com> wrote:
>>>> Id be glad to- though very busy now with the transition of
>>>> administration
>>>> Can we talk in january?
>>>>
>>>> Sent from my iPhone

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SreyRam Kuy, MD, MHS, FACS

Medicaid Chief Medical Officer, Louisiana Department of Health

Associate Professor of Surgery, Louisiana State University – New Orleans

PROFILE:

- ✓ **As Chief Medical Officer of Louisiana Medicaid, I lead the state's drive to improve healthcare quality, engage healthcare providers and stakeholders in both managed care and fee for service systems, develop quality performance metrics and integrate cost effectiveness into a $10.7 billion health system which serves 1.6 million lives.**

- ✓ **Supervise staff members comprising the Quality Team, Pharmacy Team, Clinical Policy Team, Health Information Technology Team and Benefits & Covered Services Team.**

- ✓ **Advise the Secretary of Health on critical public health issues, communicate policies and vision to state legislators and the Governor and represent Medicaid to the media on issues ranging from opioids to zika and healthcare quality.**

- ✓ **Lead initiatives for emerging public health threats such as coordinating medical efforts at Flood Shelters, developing a Zika transmission prevention policy, and working with the Governor's office and state legislators to implement strategies tackling the opioid crisis.**

- ✓ **Oversee CMS grant for state Health Information Technology projects; including increasing EHR adoption among providers, ED discharge data linkage to primary care physicians, advancing a Telehealth network, implementing an EHR system in the Department of Corrections, and enabling providers to achieve meaningful use HIT.**

- ✓ **More than a decade of experience in the VA systems in Oregon, Texas, Connecticut, Wisconsin and Louisiana as a trainee, provider and administrator. Served as Assistant Chief of the General Surgery Section, Director of the Center for Innovations in Quality, Outcomes and Patient Safety, Chair of the Systems Redesign Committee and Board Member on the Quality, Safety and Value Board at Overton Brooks VA Medical Center. Worked with the Pentad on SAIL performance reports, HEDIS and Joint Commission ORYX core measures. Led initiatives to improve veterans' access to care through a 50% reduction in surgery clinic no shows.**

- ✓ **Worked to successfully decrease veteran mortality and reduce patient safety adverse events at Overton Brooks VA Medical Center. Developed biweekly provider educational series, broadcast remotely to outlying VA Community Based Outpatient Clinics in Louisiana and East Texas.**

AMERICAN OVERSIGHT

PERSONAL:

Office Address: Louisiana Medicaid, Department of Health
628 North 4th Street, Baton Rouge, LA 70802

Mobile Telephone: (b) (6) [redacted]

Office Telephone: 225-342-5381

Email Address: (b) (6) [redacted]@gmail.com
SreyRam.Kuy@LA.Gov

Citizenship: United States

EDUCATION:

2017 Presidential Leadership Scholars Program
Nominated and selected to be a Presidential Leadership Scholar – a joint executive leadership training program by Presidents Bush and Clinton and run by the presidential centers of Lyndon B. Johnson, George H. W. Bush, William J. Clinton and George W. Bush

2016 Healthcare Executive Leadership Program in Health Policy and Management
Heller School of Policy and Management, Brandeis University

2009 M.H.S. (Master of Health Science)
Yale University School of Medicine, Robert Wood Johnson Clinical Scholar

2005 M.D. (Medical Degree)
Oregon Health & Sciences University School of Medicine

2000 B.S. (Bachelor of Science, Philosophy), magna cum laude
Oregon State University

2000 B.S. (Bachelor of Science, Microbiology), magna cum laude
Oregon State University

POSTGRADUATE TRAINING:

2009-2012 Residency, General Surgery (PGY 3-5)
Medical College of Wisconsin

2007-2009 Robert Wood Johnson Clinical Scholar Fellowship
Yale University School of Medicine

2005-2007 Residency, General Surgery (PGY 1-2)
University of Texas Health Sciences Center at San Antonio

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APPOINTMENTS:

2016-present Chief Medical Officer, Medicaid, Louisiana Department of Health and Hospitals

As CMO of Louisiana Medicaid I lead the drive to improve healthcare quality, cost effectiveness and Health Information Technology in a $10.7 billion health system which serves 1.6 million lives in both managed care and fee for service systems. My work includes managing the Quality Team, Pharmacy Team, Clinical Policy Team, Health Information Technology Team and a Benefits & Covered Services Team. In addition, I lead initiatives for emerging public health threats such as coordinating medical efforts at Flood Shelters, developing a Zika transmission prevention policy, and working with the Governor's office and legislatures to implement strategies tackling the opioid crisis.

- Health Information Technology Team: lead the state's electronic health record adoption initiative and health information technology strategy, oversee CMS grant for Health Information Technology and a National Governors' Association HIT grant
- Quality Team: Develop and evaluate incentivized quality performance measures for providers & health plans to improve outcomes, safety, and quality of care for the state of Louisiana. Manage a Quality Team comprised of physicians, nurses & policy analysts addressing health care quality. Creation of a "Search by Score" site that promotes quality, transparency and adoption in Louisiana healthcare.
- Clinical Policy Team overseeing the evidence based approach for coverage of new benefits and services for Medicaid beneficiaries
- Benefits and Covered Services Team: manage all covered services and benefits in the Louisiana Medicaid system
- Pharmacy Team: overseeing Medicaid prescription coverage
- Rapidly respond to emergent public health issues (such as Zika virus, Opioid epidemic, drug shortages, flooding and emergency natural disasters) and develop guidance for providers and health plans
- Work with Louisiana healthcare stake holders, including Managed Care Organizations, hospital associations, healthcare providers, health facilities and institutions, patient advocacy groups to ensure high quality care for Louisiana's Medicaid population, and efficient use of resources

2014-2016 Director, Center for Innovations in Quality, Outcomes and Patient Safety, OBVAMC

- Develop and lead initiatives to meet Joint Commission ORYX core measures, SAIL performance measures, and monitor PSI occurrences.
- Develop programs that lead to sustained improvement in quality, outcomes and safety in the Surgical Services at the OBVAMC.
- Work on reducing mortality and adverse events profiled in the VA National Center for Patient Safety newsletter and website. Work on decreasing clinic no-shows featured in the Association of VA Surgeons newsletter and website.
- Collaborate with section chiefs to assess needs for quality improvement; develop, monitor and assess quality measures and initiatives; monitor

AMERICAN OVERSIGHT

analyze and assess surgical outcomes; integrate quality improvement tools and surgical outcome measures to create a cohesive program for the OBVAMC Surgical Services.

- Partner with VA clinical, policy and operational leaders to implement and evaluate different ways to make surgical healthcare safer, more effective and more affordable.

2015-2016 Assistant Chief, General Surgery Section
Overton Brooks VA Medical Center (OBVAMC)

- Integrate quality improvement tools and surgical outcome measures to create a cohesive program for General Surgery Section, leading to improved patient safety with a decrease in patient mortality and reduction in Critical Incident Network Tracking adverse events
- Work on SAIL and Joint Commission performance measures (pressure ulcer prevention, accidental puncture monitoring, smoking cessation/flu immunization documentation)
- Led initiative to improve veterans access to care through decreased surgery clinic no shows, with more than 50% reduction in clinic no shows
- Develop, monitor and assess quality and efficiency measures and initiatives for the General Surgery Section
- Monitor, analyze and assess surgical outcomes for the General Surgery Section
- Review Quality Improvement tools and surveys
- Collaborate with other section chiefs (Anesthesiology, ENT, General Surgery, ENT, Neurosurgery, Ophthalmology, Orthopedics, Podiatry, Urology, Vascular and Thoracic Surgery) to assess needs for a collaborative, comprehensive surgical care

2014-2016 Director, Surgical Services Grand Rounds Lecture Series, OBVAMC

- Developed a CME accredited academic curriculum for Grand Rounds Lecture Series; recruited local and national speakers
- Incorporated telecommunication to broadcast Grand Rounds Lectures remotely, available to outlying VA Community Based Outpatient Clinics (CBOCs) in Louisiana and Texas and also to employee's computer desktops to allow greater educational reach

2017-present Associate Professor, Department of Surgery
Louisiana State University – New Orleans

2014-2016 Assistant Professor, Department of Surgery
Louisiana State University – Shreveport

2014-2016 Staff Surgeon, Overton Brooks Veterans Affairs Medical Center (OBVAMC)

- Had highest RVU's and total number of cases in general surgery section
- Performed first laparoscopic assisted Low Anterior Resection at OBVAMC

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- Developed a laparoscopic training course for residents, OR staff and surgeons; taught at OBVAMC and LSU

2014-2015 Consultant, Parkland Center for Clinical Innovation
Consultant on surgical site infection risk prediction modeling

BOARD CERTIFICATION
2014 American Board of Surgery # 059382

MEDICAL LICENSURE:
State of Texas # P9893 – Expiration 5/31/2017
State of Wisconsin #53724-20 – Expiration 10/3/2017
State of Tennessee #MD0000050960 – Expiration 3/31/2018
State of Louisiana #300710 – Expiration 3/31/2017

POSTGRADUATE COURSES:
10/2014 Cleveland Clinic, Advanced Laparoscopic Colorectal Master Class
11/2014 Florida Hospital, Laparoscopic General Surgery Master Class
7/2015 University of South Florida, Laparoscopic Colectomy Mini-Fellowship
9/2015 Methodist MITE, Advanced Hernia and Abdominal Wall Repair Master Class
2/2016 Life Cell, Complex Abdominal Wall Reconstruction Bioskills Lab

LEADERSHIP/HEALTHCARE POLICY TRAINING & EXPERIENCE:

American College of Surgeons Health Policy Award — June 12-18, 2016
"Leadership Program in Health Policy and Management" Executive Education Program at Brandeis University Heller School for Social Policy and Management.

American Medical Association Campaign School — 2013
Training in healthcare policy, legislation and politics in Washington, D.C.

American College of Surgeons Advocacy Grant — 2012

Robert Wood Johnson Clinical Scholar, Yale University School of Medicine — 2007 – 2009
Fellowship in healthcare policy & management, public health and research.

Healthcare Policy Synergy Workshop, Institute of Medicine. Washington, D.C. — 2008
Healthcare policy training, development of health disparities proposal

Robert Wood Johnson Foundation Cover the Uninsured Week Oregon Committee
Organized symposium on the uninsured in Oregon, speaker Governor Kitzhaber — 2003

American Academy of Family Physicians National Congress — 2000
Authored resolution on "Presentation of the AAFP Universal Health Care Coverage Task Force Report and Inclusion of Resident and Student Feedback

Kaiser Family Foundation Barbara Jordan Health Policy Scholar — 2000
Worked in Washington DC office of US Senator Tom Harkin. Wrote speeches on The Breast & Cervical Cancer Treatment Act and Re-authorization of the Older Americans Act, attended hearings, wrote briefs on prescription drug coverage, coverage for experimental studies, and healthcare instrument safety.

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HEALTH POLICY PANELS/KEY NOTE SPEAKER/PRESENTATIONS

The Louisiana Story: Tackling Preterm Birth through Collaboration and Innovation — Dec 2016
CMS Quality Conference, Baltimore, MD

Achieving Viral Load Suppression through Collaboration – The Louisiana Story — Dec 2016
HIV Affinity Group National Conference, Washington DC

Medicaid Expansion and Access to Healthcare: Learning from Louisiana — Dec 2016
Louisiana Public Health Institute

Bridging the Gap Between Health Care and Health Equity — Oct 2016
National Academy for State Health Policy, Pittsburgh, PA

HIV Affinity – The Louisiana Story — Nov 2016
HIV Health Improvement Affinity Group National Webinar

Medicaid Industry Who's Who Series, "Mostly Medicaid" — Sept 2016
State Spotlight Series: Achieving Healthcare Quality

Medicaid Expansion and Improving Healthcare Quality in Louisiana — Sept 2016
American Association on Intellectual & Developmental Disabilities,Alexandria,LA

Panel Member: Using National Data Sources to Understand Healthcare Quality, Access and Disparities Among Women — 2015
AcademyHealth 2015 Annual Research Meeting, Minneapolis, Minnesota

Panel Member: Emerging Issues in Gender-Based and Women's Health. — 2009
AcademyHealth 2009 Annual Research Meeting, Chicago, Illinois.

Moderator, Robert Wood Johnson Alumni Careers in Health Policy. — 2008
Robert Wood Johnson Clinical Scholars National Conference, Washington, D.C.

Panel Member: The Many Avenues to Pursuing a Career in Health Policy. — 2007
Barbara Jordan Health Policy Scholars Conference, Washington, D.C.

TOWN HALLS

Town Hall Meeting — August 2016
Flood Recovery, Mold and Tetanus Vaccination, Mental Health Crisis Hotline

Town Hall Meeting — August 2016
Flood Recovery, Prescription Co-Pay Waivers, Early Refills for Prescriptions

Rotary Club of Shreveport — July 2016
Key Note Speaker: Medicaid Expansion

Shreveport Medical Society — July 2016
Key Note Speaker: Medicaid Expansion

COMMITTEE SERVICE AND ORGANIZATIONS

National Quality Forum — 2016-present
Medicaid Innovation Accelerator Committee

Alliance for a Healthier Generation — 2016-present
Obesity Prevention Task Force

Opioid Commission — 2016-present

Comparing Outcomes of Drugs and Appendectomy (CODA) — 2016-present
National Stakeholder Advisory Board

National Academy for State Health Policy — 2016-present
Public and Population Health Advisory Group

AcademyHealth — 2016-present

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State Health Research and Policy Interest Group Advisory Committee	
American College of Surgeons	2016-2019
Committee on Diversity Issues	
Robert Wood Johnson Foundation Clinical Scholars Alumni Association	2016-2018
Co-President	
Chair, Medicaid Quality Committee	2016-present
Louisiana Commission on HIV, AIDS and Hep C	2016-present
Office of Public Health designee, appointed by Governor Edwards	
Louisiana Task Force on Telehealth Access	2016-present
Appointed by Secretary	
Executive Committee, Medicaid Evidence-based Decisions Project, Portland, OR	2016-present
Chair, Improving Veterans Access to Care Committee	2015
Board Member, Quality, Safety and Value Board, OBVAMC	2015-2016
Chair, Systems Redesign Committee, OBVAMC	2015-2016
Chair, General Surgery Faculty Recruitment Committee, OBVAMC	2015-2016
Federation of State Medical Boards (FSMB)	2015-2016
Appointed Representative to Accreditation Council for Continuing Medical Education Accreditation Review Committee (review accreditation for CME)	
National Board of Medical Examiners (NBME)	2011 – 2015
NBME Board Member	
Appointed by American Medical Association as one of 80 Board Members governing the NBME, overseeing a $100 million annual budget that governs the USMLE, the Post-Licensure Assessment System, and works with specialty boards to protect the public health.	
NBME Diversity and Inclusion Task Force	2013 – 2015
Tasked to improve diversity and inclusion in the executive leadership of the NBME and the USMLE exam contents.	
Association for Academic Surgery	
Membership Committee	2013 – 2015
Information and Technology Committee	2010 – 2012
Program Committee	2016 – present
Association of Women Surgeons, Communications Committee, Vice-Chair	2012 – 2014
Medical Society of Milwaukee County, Board of Directors	2012 – 2014
American Medical Association	
Chair, Wisconsin Resident & Fellow Governing Council	2011 – 2013
AMA Surgical Caucus, Executive Committee	2010 – 2011
Wisconsin Medical Society, AMA Resident Delegate	2010 – 2011
Robert Wood Johnson Clinical Scholars National Conference, Planning Committee	2008
Oregon Health & Science University Medical School First Year, Class President	2000 - 2001
Habitat for Humanity, Oregon State University Campus Chapter President	1988-1999
Science Student Council, President	1997-1998
Phi Eta Sigma National Honor Society, Oregon State University Chapter President	1997-1998
Oregon State University Undergraduate Senate, Senator	1997-1998
Talons Women's Leadership & Service Honorary Society, Vice-President	1997-1998
Medical Careers Explorer Scouts, Corvallis Chapter President	1995-1996

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PEER-REVIEWED PUBLICATIONS

1. **Kuy S**, Romero R. Eliminating Critical Incident Tracking Network Patient Safety Events at a Veterans Affairs Institution through Crew Resource Management Training. *American Journal of Medical Quality. In Press.*
2. **Kuy S**, Romero R. Improving Staff Perception of a Safety Climate with Crew Resource Management Training. *Journal of Surgical Research. In Press*
3. **Kuy S**. Rapidly Growing, Bleeding Mass on a Golfer's Back. *JAMA Surgery. In Press*
4. **Kuy S**, Romero R, Rose K, Vincent L. Perineal Pain and Malodorous Drainage in a Rectal Cancer Patient. *BMJ Postgraduate Medical Journal. In Press*
5. Koo D, **Kuy S**, Ogunleye A, Sangji N. A Tradition of Advocacy in the American College of Surgeons: Protecting our patients, advancing our profession. *Bull Am Coll Surg. In Press*
6. Eskander M, Neuwirth M, **Kuy S**, Keshava H, Meizoso J. Technology for Teaching: New Tools for 21st Century Surgeons. *Bull Am Coll Surg. In Press*
7. **Kuy S**, Dua A, Rieland J, Cronin D. Cavernous Transformation of the Portal Vein. *Journal of Vascular Surgery.* 2016 Feb;63(2):529.
8. **Kuy S**, Jenkins P, Romero R, Samra N, Kuy S. The Rising Incidence and Mortality of Clostridium Difficile Associated Megacolon. *JAMA Surgery.* 2015 Oct 7:1-2.
9. **Kuy S**, Romero R, Kuy S. Gas Gangrene in a Diabetic Foot. *Journal of the Louisiana State Medical Society.* 2015 Sep-Oct;167(5):213-214. Epub 2015 Oct 15.
10. **Kuy S**. Carotid Body Tumor. *Journal of the Louisiana State Medical Society.* 2015 Jul-Aug;167(4):165. Epub 2015 Aug 15.
11. Busch K, Keshava H, **Kuy S**, Nezgoda J, Picou A. Teaching in the Operating Room: New Lessons for Training Surgical Residents. *Bull Am Coll Surg.* 2015 Aug;100(8):29-34.
12. Ogunleye A, Bliss L, **Kuy S**, Leichtle S. Political Advocacy in Surgery: The Case for Individual Engagement. *Bull Am Coll Surg.* 2015 Aug;100(8):40-4.
13. Dua A, **Kuy S**, Desai S, Heller J, Lee C. Diagnosis and Management of a Ruptured Mycotic Popliteal Pseudoaneurysm. *Vascular.* 2015 Aug;23(4):419-21
14. **Kuy S**, Dua A. Uncertainty in management of carotid stenosis in women – reply. *JAMA Surgery.* 2014;149(4):402-3.
15. **Kuy S**, Dua A, Desai S, Chappidi Rohit, Patel B, Seabrook G, Brown K, Lewis B, Rossi P, Lee C. The Increasing Incidence of Thromboembolic Events among Hospitalized Patients with Inflammatory Bowel Disease. *Vascular.* 2014 Jul 1.pii: 1708538114541799.
16. **Kuy S**, Dua A, Lee C, Patel B, Desai S, Dua A, Szabo A, Patel P. National Trends in Utilization of IVC Filters in the United States, 2000-2009. *Journal of Vascular Surgery: Venous and Lymphatic Disorders.* 2014 Jan;2(1):15-20.
17. Dua A, **Kuy S**, Lee CJ, Upchurch G Jr, Desai S. Epidemiology of Aortic Aneurysm Repair in the United States from 2000 to 2010. *Journal of Vascular Surgery.* 2014;59(6):1512-7.
18. Dua A, McMaster J, Desai P, Desai S, **Kuy S**, Mata M, Cooper J. The Association between Blunt Cardiac Injury and Isolated Sternal Fracture. *Journal of Cardiology Research and Practice.* 2014;2014:629687
19. Dua A, Dua A, Jechow S, Desai S, **Kuy S**. Idiopathic Spontaneous Rupture of an Intercostal Artery. *Wisconsin Medical Journal.* 2014;113(3):116-8.
20. Dua A, Aziz A, Desai S, McMaster J, **Kuy S**. National Trends in the Adoption of Laparoscopic Cholecystectomy over 7 years in the United States and Impact of Laparoscopic Approaches Stratified by Age. *Minimally Invasive Surgery.* 2014;2014:635461.

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21. **Kuy S**, Juern J, Weigelt J. Laparoscopic Primary Repair of Traumatic Intrapericardial Diaphragmatic Hernia. *Journal of Laparoscopic Surgeons* 2014;18(2):333-7.
22. **Kuy S**, Dua A, Rossi P, Seabrook G, Lewis B, Patel B, Lee C, Desai S, Brown K. Carotid Endarterectomy National Trends Over a Decade: Does gender matter? *Annals of Vascular Surgery*. 2013 Dec 6. pii: S0890-5096(13)00641-9.
23. Dua A, Desai SS, Dua A, Charlton-Ouw K, Dongerkery SP, Patel B, **Kuy S**, McMaster J, Darlow M, Shapiro ML. The Impact of Co-Morbid Conditions and Insurance Status on Trauma Patient Outcomes. *TRAUMA*. 2013, Vol. 15 Issue 3, p239
24. **Kuy S**, Rossi P, Seabrook G, Brown K, Lewis B, Rilling W, Martin G, Patel B, Dua A, McMaster J, Desai S, Lee C. Endovascular Management of a Traumatic Renal-Caval Arteriovenous Fistula in a Pediatric Patient. *Annals of Vascular Surgery*. Dec 2013. pii: S0890-5096(13)00472-X.
25. **Kuy S**, Dua A, Desai S, Dua A, Patel B, Tondravi N, Seabrook G, Brown K, Lewis B, Lee C, Kuy S, Subbarayan R, Rossi P. Surgical Site Infections Following Lower Extremity Revascularization Procedures Involving Groin Incisions. *Annals of Vascular Surgery*. 2013 Nov 1. doi:pii: S0890-5096(13)00423-8.
26. Dua A, Dua A, Desai S, Kuy S, Sharma R, Jechow S, McMaster J, Patel B, **Kuy S**. Gender Based Differences in Management and Outcomes of Cholecystitis. *American Journal of Surgery*. 2013 Nov;206(5):641-6.
27. **Kuy S**, He C, Cronin D. Renal Mucormycosis: A Rare and Potentially Lethal Complication of Kidney Transplantation. *Case Reports in Transplantation*. October 2013;2013:915423
28. McMaster J, Dua A, Desai S, **Kuy S**. Short Term Outcomes Following Breast Cancer Surgery in Pregnant Women. *Gynecologic Oncology*. 2013 Sep 13. doi:pii: S0090-8258(13)01177-3.
29. Kulaylat AN, Zheng F, **Kuy S**, Bittner JG. Early Surgical Specialization: a new paradigm. *Bull Am Coll Surg*. 2013 Aug;98(8):43-9.
30. Baker J, Misra S, Manimala NJ, **Kuy S**, Gantt G. The Role of Politics in Shaping Surgical Training. *Bull Am Coll Surg*. 2013 Aug;98(8):17-25..
31. **Kuy S**, Seabrook G, Rossi P, Lewis B, Dua A, Brown K. Management of Carotid Stenosis in Women. *JAMA Surgery*. 2013 Aug;148(8):788-90. Epub June 26, 2013.
32. Dua A, Patel B, **Kuy S**, Seabrook G, Tondravi N, Brown K, Lewis B, Rossi P. Asymptomatic 50–75% Internal Carotid Artery Stenosis in 288 Patients: Risk Factors for Disease Progression and Ipsilateral Neurological Symptoms. *Perspectives in Vascular Surgery and Endovascular Therapy*. 2013 Dec; 24(4):165-70. doi: 10.1177/1531003513491986.
33. Dua A, Patel B, Heller J, **Kuy S**, Dubose J, Tomasek JS, Larssen EM, Desai S. Variability in the Management of Superficial Venous Thrombophlebitis between Phlebologists and Vascular Surgeons. *Perspectives in Vascular Surgery and Endovascular Therapy*. 2013 Jun;25(1-2):5-10.
34. Desai P, Dua A, McMaster J, Patel B, Dua A, **Kuy S**, Desai S, Krzowski-Firych J. Infectious Mononucleosis-Like Syndrome Presented in Toxoplasmosis Infection. *J Surg Rad*. 2013:134-136.
35. **Kuy S**, Vickery M, Dua A, Rosner G. Appendiceal endometriosis mimicking appendicitis. *JAMA Surgery*. 2013 May 1;148(5):481.
36. **Kuy S**, Somberg L, Paul J, Brown N, Saving A, Codner P. Undetected Penetrating Bladder Injuries Presenting as a Spontaneously Expulsed Bullet During Voiding: A Rare Entity and Review of the Literature. *Journal of Emergency Medicine*. 2013 May 25: S0736-4679(13)00356-9.
37. Dua A, Desai S, **Kuy S**, Patel B, Dua A, Desai P, Darlow M, Shirqavi J, Charlton-Ouw K, Shortell C. Predicting outcomes using the national trauma data bank: Optimum management of

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traumatic and blunt thoracic injury. *Perspectives in Vascular Surgery and Endovascular Therapy.* Sep;24(3):123-127, ePub: March 26, 2013.

38. **Kuy S**, Dua A, Desai SS, Baraniewski H, Lee C. Ruptured Mycobacterial Aneurysm of the Carotid Artery. *Perspectives in Vascular Surgery and Endovascular Therapy.* 2013;25(3-4):53-6.
39. Dua A, Desai S, McMaster J, Aziz A, Dua A, **Kuy S**. The Role of Platelets in Vascular Trauma Patients Compared to Patients with Chronic Vascular Disease. *Vascular Disease Management.* 2013;10(11):E240-E243.
40. **Kuy S**, Codner P, Guralnick M, Dua A, Paul J. Combined rectovesicular injuries from low velocity penetrating trauma in an adult. *Wisc Med J.* 2013;112(1):32-34.
41. **Kuy S**, Greenberg C, Gusani N, Dimick J, Kao L, Brasel K. Health services research resources for surgeons. *J Surg Res.* 2011;171(1):e69-73.
42. **Kuy S**, Sosa J, Desai R, Roman S, Rosenthal R. Age matters: A study of clinical and economic outcomes following cholecystectomy in elderly Americans. *Am J Surg.* 2011;201(6):789-796.
43. **Kuy S**, Roman SA, Desai R, Sosa JA. Outcomes Following Cholecystectomy in Pregnant and Non-pregnant Women. *Surgery.* 2009;146(2):358-366.
44. **Kuy S**, Roman S, Desai R, Sosa J. Outcomes following thyroid and parathyroid surgery in pregnant women. *Arch Surg.* 2009;144(5):399-406. Commentary by F Moore.
45. **Kuy S**. Stand up for patients. *Bull Am Coll Surg.* 2008;93(8):23-24.
46. Franks K, Li H, **Kuy S**, Kong W. Photodissociation of ICN at 266 nm and BrCN at 230 nm using brute force orientation. *Chemical Physics Letters*. 1999;302:151-156.

EDITORIALS/TECHNICAL NOTES/NEWSLETTER ARTICLES/MEDICAL BLOGS

1. **Kuy S,** Romero R, Cypher E. Shreveport: A Success Story. Creating a Culture of Safety at the Overton Brooks VA Medical Center. *Topics in Patient Safety. Veterans Affairs National Center for Patient Safety*. September 2014;14(5):1,4.
2. **Kuy S**. Profiles in Leadership. *Association of Women Surgeons Blog*. September 2014.
3. **Kuy S**. Health Services Research for Surgeons. *Association of Women Surgeons Website.* 2014.
4. **Kuy S**. Women Surgeon Leaders for the 21st Century. *Association of Women Surgeons Newsletter*. July 25, 2014
5. **Kuy S.** The Imperative to Improve Gallbladder Disease Treatment and Outcomes for Men. *Robert Wood Johnson Foundation Human Capitol Blog*. November 22, 2013.
6. **Kuy S.** Society for Vascular Surgery Trainee Advocacy Award Essay. *Society for Vascular Surgery* website. 2012.
7. **Kuy S**. Information & technology review: Online health resources for surgeons. *Association for Academic Surgery Newsletter*. Fall, 2010:6-7.
8. **Kuy S**. Stand up for patients. *Los Angeles Times*. February 28, 2008.

BOOKS AND BOOK CHAPTERS

1. **Kuy S** (senior editor), Kwon R, Hochman M. 50 Studies Every Surgeon Should Know. Oxford Press. (Planned release 2017)

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2. Provo B, **Kuy S**. Venous insufficiency ulcers. In Domino FJ (Ed.), The 5-Minute Clinical Consult 2015, Philadelphia: Lippincott Williams and Wilkins.
3. Aljoudi M, Dua A, **Kuy S.** Cervical Bruit. In Domino FJ (Ed.), The 5-Minute Clinical Consult 2016, Philadelphia: Lippincott Williams and Wilkins.
4. Dua A, Aljoudi M, **Kuy S.** Absent or Diminished Pulse. In Domino FJ (Ed.), The 5-Minute Clinical Consult 2016, Philadelphia: Lippincott Williams and Wilkins.
1. Aljoudi M, McMaster J, **Kuy S.** Breast Cancer and Pregnancy. In Domino FJ (Ed.), The 5-Minute Clinical Consult 2016, Philadelphia: Lippincott Williams and Wilkins.
2. Dua A, Desai S, **Kuy S.** Inguinal Mass. In Domino FJ (Ed.), The 5-Minute Clinical Consult 2016, Philadelphia: Lippincott Williams and Wilkins.

PRESENTATIONS

1. Reducing Surgery Cancellations in a Tertiary Hospital: A Three Year Review. Association of VA Surgeons 2016 Meeting; Virginia Beach, VA April 2016.
2. Why We Don't Come to Clinic: Patient Perspectives. Association of VA Surgeons 2016 Meeting; Virginia Beach, VA April 2016.
3. The Myth of Sisyphus: Is Reducing Surgery Clinic No-Shows Impossible? Association of VA Surgeons 2016 Meeting; Virginia Beach, VA April 2016.
4. It Takes a Village: Referring Providers Impact Patient No Shows. Association of VA Surgeons 2016 Meeting; Virginia Beach, VA April 2016.
5. Reducing Surgical Site Infections Utilizing a Prevention Bundle and a Multidisciplinary Approach at a Veterans Affairs Hospital. The American College of Surgeons NSQIP 2015 Meeting; Chicago, IL; July 2015.
6. Transformational Change: Creating a Culture of Safety in the Operating Room. Presented at: The American College of Surgeons NSQIP 2015 Meeting; Chicago, IL; July 2015.
7. Outlier to Leader: Designing a Risk Stratification Intervention to Decrease 30 Day Surgical Mortality in a Veterans Affairs Hospital. The American College of Surgeons NSQIP 2015 Meeting; Chicago, IL; July 2015.
8. Outlier to Leader: Designing a Risk Stratification Intervention to Decrease 30 Day Surgical Mortality in a Veterans Affairs Hospital. Presented at: The Association of VA Surgeons 2015 Meeting; Miami, FL; May 2015.
9. Transformational Change: Creating a Culture of Safety in the Operating Room. Presented at: The Association of VA Surgeons 2015 Meeting; Miami, FL; May 2015.
10. The Rising Incidence and Mortality of Clostridium Difficile Associated Megacolon. Presented at: The Association of VA Surgeons 2015 Meeting; Miami, FL; May 2015.
11. The Increasing Incidence of Thromboembolic Events Among Patients with Inflammatory Bowel Disease. Presented at: American College of Surgeons 2013 Clinical Congress; Washington DC; October 2013.
12. Diagnosis and Management of a Ruptured Popliteal Mycotic Pseudoaneurysm. Presented at: Eastern Vascular Society. Sulfur Springs, West Virginia. September 21, 2013. (First Place Winner of the 2013 Resident Award)
13. Ruptured Carotid Mycotic Tuberculoid Aneurysm from Intravesical BCG. Presented at: Midwestern Vascular Surgical Society. Chicago, Illinois; September 8, 2013

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14. Do women experience delays in carotid endarterectomy? Presented at: Society for Vascular Surgery Annual Meeting; San Francisco, California; May 31, 2013. (Winner of Sectional Poster Competition)
15. National trends in utilization of IVC filters over a decade in the United States, 2000-2009. Presented at: Society for Vascular Surgery Annual Meeting; San Francisco, California; May 31, 2013.
16. Surgical site infections and complications following vascular groin procedures. Presented at: Peripheral Vascular Surgery Society meeting; Park City, Utah; February 1, 2013.
17. Endovascular management of a traumatic renal-caval arteriovenous fistula in a pediatric patient. Presented at: International Symposium on Endovascular Therapy; Miami, Florida; January 22, 2013.
18. Carotid endarterectomy national trends over a decade: Does gender matter? Presented at: Midwestern Vascular Surgery annual meeting; Milwaukee, Wisconsin; September 6, 2012.
19. Asymptomatic 50-75% internal carotid artery stenosis in 288 patients: Risk factors for disease progression and ipsilateral neurological symptoms. Presented at: Midwestern Vascular Surgery annual meeting; Milwaukee, Wisconsin; September 6, 2012.
20. A study of clinical and economic outcomes following cholecystectomy in elderly Americans. Presented at: Department of Surgery grand rounds, Medical College of Wisconsin; Milwaukee, Wisconsin; June 10, 2010.
21. Predictors of in-hospital mortality following cholecystectomy among hospitalized patients. Presented at: 5th annual Academic Surgical Congress; San Antonio, Texas; February 3, 2010.
22. Predictors of in-hospital mortality following cholecystectomy. Presented at: American Medical Association 2010 research symposium; San Diego, California; November 5, 2010 (Honorable Mention Prize).
23. Outcomes following breast surgery in pregnant women. Presented at: 90th annual meeting of the New England Surgical Society; Newport, Rhode Island; September 13, 2009.
24. Outcomes following breast surgery in pregnant women. Presented at: Department of Surgery grand rounds, Yale University School of Medicine; New Haven, Connecticut; September 9, 2009.
25. Gender based differences in management and outcomes of cholecystitis. Presented at: AcademyHealth 2009 annual research meeting; Chicago, Illinois; June 28, 2009.
26. Gender based disparities in outcomes of cholecystitis. Presented at: New England science symposium; Boston, Massachusetts; April 3, 2009.
27. Women have better outcomes in cholecystitis. Presented at: American Medical Women's Association conference, Women's Health 2009, 17th Annual Congress; Williamsburg, Virginia; March 27-29, 2009.
28. Outcomes following cholecystectomy in pregnant and non-pregnant women. Presented at: 4th Annual Academic Surgical Congress; Fort Myers, Florida; February 3-6, 2009.
29. Outcomes following thyroid and parathyroid surgery in pregnant women. Presented at: Robert Wood Johnson Clinical Scholars 2008 National Conference; Washington, D.C.; November 18-21, 2008.

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30. Disparities in outcomes following thyroid and parathyroid surgery in pregnant and non-pregnant women. Presented at: Disparities in Surgical Care symposium; Boston, Massachusetts; Oct 27-28, 2008.
31. Outcomes following thyroidectomy and parathyroidectomy in pregnant women in the US, 1999-2005. Presented at: 89th annual meeting of the New England Surgical Society; Boston, Massachusetts; September 26-28, 2008.
32. Outcomes following thyroid and parathyroid surgery in pregnant women. Presented at: Department of Surgery grand rounds, Yale University School of Medicine; New Haven, Connecticut; September 24, 2008.
33. Are Drains Necessary After Craniosynostosis Surgery? American Society of Plastic Surgeons: Plastic Surgery Senior Residents Conference. Houston, Texas. March 17-19, 2005.
34. The Effects of Heat Treatment on Lactoferrin Concentration in Breast Milk. International Health Medical Education Consortium Conference. Havana, Cuba. March 12-15, 2002

JOURNAL REVIEWER

JAMA Surgery Reviewer	2016-present
Journal of Surgical Research Reviewer	2016-present
British Medical Journal Case Reports Reviewer	2014-present

TEACHING EXPERIENCE:

Louisiana State University – New Orleans, Associate Professor of Surgery	2017-present
Louisiana State University – Shreveport, Assistant Professor of Surgery	2014-2016
Lecturer, Surgery Resident SCORE Curriculum	2016
Lecturer, Third Year Medical Student Curriculum	2014-2016
Clinical Preceptor, First Year Medical Students	2014-2016
Yale University School of Medicine	
Course Facilitator, Introduction to Research	2007 – 2009
Oregon State University	
Teaching Assistant, General Microbiology	1999
Teaching Assistant, Introduction to Microbiology	1998 – 1999
Teaching Assistant, Biology	1997

HONORS, AWARDS & GRANTS

Early Career Achievement Award, Oregon Health & Sciences University, School of Medicine Alumni Association. 2017
Awarded to an alumnus who has made significant career contributions in improving health.

Presidential Leadership Scholar 2017
Executive Leadership Training led by President Bush and President Clinton, held over 6 months onsite at the George H. W. Bush Presidential Center, William J. Clinton Presidential Center, George W. Bush Presidential Center & Lyndon B. Johnson Presidential Center.

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American College of Surgeons Health Policy Scholar — 2016
Award provides $8,000 grant, one of two general surgeons awarded to attend the "Leadership Program in Health Policy and Management" Executive Education Program at Brandeis University Heller School for Social Policy and Management.

Business Report's 2016 "Forty Under 40" Award — 2016
Award in recognition of leadership, community service and career accomplishments

Ford Family Foundation Gerald E. Bruce Leadership & Community Service Award — 2016
Award recognizing excellence in leadership & service, provides $5,000 grant which Dr. Kuy donated to a nonprofit serving veterans.

Certificate of Appreciation, Overton Brooks VA Medical Center — 2015
Presented by Medical Center Director for work in promoting diversity, invited Keynote Speaker for VA's Asian Pacific American Celebration Month

Making a Difference Award, Overton Brooks VA Medical Center — 2014
Recognition of excellence in clinical care

Certificate of Appreciation, Overton Brooks VA Medical Center — 2014
Presented by Medical Center Director for Surgical Services' Achievement in Reducing Adverse Events and Mortality

American College of Surgeons Advocacy Travel Grant — 2012

American Medical Association 2010 Research Symposium Honorable Mention Prize — 2010

Medical College of Wisconsin Affiliated Hospitals (MCWAH) Research Award — 2010

New England Surgical Society 89th Annual Resident Research Competition Award — 2008

Robert Wood Johnson Foundation Clinical Scholars Fellowship. National award providing two years of training in health services research, Yale University School of Medicine — 2007 – 2009

Surgery Intern of the Year Award, Department of Surgery, University of Texas Health Sciences Center at San Antonio — 2006

Oregon Health & Science University ROSE Award (Recognition of Outstanding Service and Excellence) — 2001

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Ralph Bosworth, MD Memorial Scholarship	2000
Dr. JoAnne J. Trow Woman of Distinction Award	2000
Waldo-Cummings Outstanding Student Award	2000
Phi Kappa Phi Honor Society Tunison Award	1999
OSU Department of Microbiology Mark H. MiddleKauf Scholarship	1999
OSU Department of Microbiology Joseph E. Simmons Scholarship	1999
OSU College of Agricultural Science Jesse Hanson Scholarship	1999
OSU College of Science Heitmeyer Scholarship	1996
Presidential Scholar	1996
Laurel G. Case, MD Memorial Scholarship	1996
Robert C. Byrd Honors Scholar	1996
Valedictorian, Crescent Valley High School	1996

NEWS ARTICLES:

Read about Dr. Kuy's work reducing mortality and patient safety adverse events profiled in the VA National Center for Patient Safety here: http://www.patientsafety.va.gov/features/Shreveport_A_Success_Story.asp

Read about Dr. Kuy's work improving veterans' access to care through clinic efficiency profiled by the Association of VA Surgeons here: http://www.avasnews.com/single-post/2016/05/16/REDUCING-NO-SHOWS

Read about Dr. Kuy's work at Louisiana Medicaid improving healthcare quality profiled by Mostly Medicaid here: http://www.mostlymedicaid.com/?p=1821

Read about Dr. Kuy's work with Medicaid Expansion to improve patient health profiled by Business Reports 40 Under 40 here: https://www.businessreport.com/article/forty-40-qa-sreyram-kuy

GRANTS AWARDED:

Zero to Three Grant "Text4Baby"	2016

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$10,000 grant for Technical Assistance implementing Text4Baby, a program aimed at improving birth outcomes for pregnant women in Louisiana Medicaid.

National Governors Association Grant 2016
"Getting the Right Information to the Right Health Care Providers, at the Right Time- How States Can Improve Data Flow"
Awarded to Louisiana Medicaid's Health Information Technology Team, one of three states to receive this grant in the form of Technical Assistance

Centers for Medicare & Medicaid Services Grant 2016
"Louisiana's Health Information Technology (HIT) and Health Information Exchange (HIE) Implementation Advance Planning".
Support adoption and meaningful use of certified EHR technology activities, promote interoperability among EHRs, state HIEs and the Medicaid system; and provide for the design, development and implementation of the appropriate data infrastructure for FY 2017 and 2018.
Total grant awarded: $25,900,382

GRANT APPLICATION IN SUBMISSION
Submitted to PCORI 12/2016
"Provider-Targeted Strategies to Improve Patient-Centered Care for a Medicaid-Insured Population by Reducing Opioid Over-Prescribing and Increasing Provider Knowledge of Opioid Harms and Alternative Therapies for Chronic Non-Cancer Pain"

Principal Investigator:
SreyRam Kuy, MD, MHS, FACS (Louisiana Department of Health)

Total Project Cost: $4 million

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REFERENCES

Dr. (b) (6)
Board of Governors, PCORI
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Overton Brooks VA Medical Center
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Bio: SreyRam Kuy, MD, MHS, FACS



SreyRam Kuy, MD, MHS, FACS currently serves as Chief Medical Officer for Medicaid in the Louisiana Department of Health. As CMO for Louisiana Medicaid, Dr. Kuy leads the drive for improving healthcare quality, promoting cost effectiveness and increasing health information technology adoption in a $10.7 billion health system serving 1.6 million patients. Under her leadership, Louisiana Medicaid was the first state to develop a Zika prevention strategy for pregnant Medicaid patients; enabled women with breast cancer to have access to needed reconstructive surgery and BRCA testing, led efforts to coordinate medical disaster relief efforts during Louisiana's Great Flood, and is leading Louisiana Medicaid's initiative to tackle the opioid epidemic as the first state in the South to implement a prescription opioid policy. She has developed state wide health performance metrics, pay for performance incentives, and established novel "Medicaid Expansion Early Wins measures" which enable the state of Louisiana to assess how access to healthcare directly impacts lives, which have been profiled by NPR and are being implemented in other states.

Prior to serving as Chief Medical Officer for Louisiana Medicaid, Dr. Kuy served in numerous leadership roles, including Director of the Center for Innovations in Quality, Outcomes and Patient Safety, Assistant Chief of General Surgery, Chair of the Systems Redesign Committee, and on the Quality, Safety & Value Board at Overton Brooks VA Medical Center. Dr. Kuy's work successfully reducing patient mortality & morbidity and decreasing adverse safety events was profiled by the VA National Center for Patient Safety. Her work increasing veterans' access to care through clinic efficiency was profiled by the Association for VA Surgeons, and templates she developed were disseminated for implementation at VA medical centers across the country.

Dr. Kuy grew up in Oregon, graduated as Valedictorian from Crescent Valley High School, and attended Oregon State University where she earned dual degrees in Philosophy and Microbiology. She attended medical school at Oregon Health & Sciences University, then finished general surgery residency. She earned her master's degree in health policy, public health and outcomes research at Yale University School of Medicine as a Robert Wood Johnson Clinical Scholar. Dr. Kuy has published more than 40 articles in JAMA Surgery, Surgery, American Journal of Surgery and other medical journals on healthcare quality and patient safety.

In 2017, Dr. Kuy was selected to be a Presidential Leadership Scholar, a joint program by President Clinton and President Bush and run by the presidential centers of Lyndon B. Johnson, George H.W. Bush, William J. Clinton and George W. Bush. Dr. Kuy has also received Business Report's 40 Under 40 Award for her work to improve healthcare quality in the Louisiana Medicaid population and the Ford Foundation's Gerald E. Bruce Community Service Award for her work serving veterans. Dr. Kuy was also selected for the Early Career Achievement Award in 2017 by Oregon Health & Sciences University School of Medicine.

SreyRam Kuy, MD, MHS, FACS **Email:** (b) (6) @gmail.com **Phone:** (b) (6)

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/6/2017 6:30:16 PM
To: [redacted] va.gov]
Subject: Fwd: [EXTERNAL] Fwd: RWJ Clinical Scholar

Please put in resume binder

Sent from my iPhone

Begin forwarded message:

> **From:** "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
> **Date:** March 6, 2017 at 12:03:00 PM EST
> **To:** 'David shulkin' <Drshulkin@aol.com>
> **Subject: RE: [EXTERNAL] Fwd: RWJ Clinical Scholar**
>
> Not me
>
> Sent with Good (www.good.com)
>
> -----Original Message-----
> **From:** David shulkin [Drshulkin@aol.com]
> **Sent:** Monday, March 06, 2017 10:01 AM Eastern Standard Time
> **To:** Jennifer Lee; Alaigh, Poonam, M.D.
> **Subject:** [EXTERNAL] Fwd: RWJ Clinical Scholar
>
> I forget do you know this guy?
>
> Sent from my iPhone
>
> Begin forwarded message:
>
>> **From:** SreyRam Kuy <[redacted]@gmail.com>
>> **Date:** March 6, 2017 at 9:57:45 AM EST
>> **To:** "Shulkin, David J., MD" <David.Shulkin@va.gov>, David shulkin <DrShulkin@aol.com>
>> **Subject: Re: RWJ Clinical Scholar**
>>
>> Hi Dr. Shulkin,
>>
>> Thank you so much for taking the time to talk with my about my interest in serving the VA. I hope I can utilize my training as a RWJ Clinical Scholar, and my experiences leading a complex $10.7 billion healthcare system serving 1.6 million lives to help improve health for our veterans. I'm frequently in DC and would love any opportunity to stop by and chat at your convenience.

AMERICAN OVERSIGHT

Dr. (b) (6) and Dr. (b) (6) have kindly agreed to speak on my behalf as references, if you have any questions at all.

Dr. (b) (6)
President-Elect, Vassar College
Professor of Public Health
Faculty Director of the Yale Global Health Leadership Institute
Brady-Johnson Professor of Grand Strategy
Master of Branford College, Yale University – School of Public Health
Yale Email: (b) (6) @yale.edu (until June 30, 2017)
Vassar Email: (b) (6) @vassar.edu (After July 1, 2017)

Dr. (b) (6) olz
Board of Governors, PCORI
Harold H Hines Professor of Medicine, Yale School of Medicine
Director, Yale Robert Wood Johnson Foundation Clinical Scholars Program
Director, Center for Outcomes Research and Evaluation
Email: (b) (6) @yale.edu

Thank you so much, and hope you have a wonderful day.

Respectfully,
SreyRam

SreyRam Kuy, MD, MHS, FACS
Chief Medical Officer, Medicaid
Louisiana Department of Health

Phone: (b) (6)
Email: (b) (6) @gmail.com

On Wed, Feb 15, 2017 at 10:55 PM, Shulkin, David J., MD <David.Shulkin@va.gov> wrote:

> We're discussing internally
>
> Sent with Good (www.good.com)
>
> -----Original Message-----
> From: SreyRam Kuy [(b) (6) @gmail.com]
> Sent: Wednesday, February 15, 2017 11:42 AM Eastern Standard Time

AMERICAN OVERSIGHT

To: David shulkin; Shulkin, David J., MD

Subject: [EXTERNAL] Re: RWJ Clinical Scholar

SreyRam Kuy, MD, MHS, FACS

Email: (b) (6) @gmail.com

On Sun, Dec 4, 2016 at 2:03 PM, SreyRam Kuy <(b) (6) @gmail.com> wrote:

> Dr. Shulkin,
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> Yes, January would be great! I absolutely understand, it must be
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> extraordinarily busy with transition going on. Please know that if
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> time, I'd be more than delighted to do so!
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>
> SreyRam
>
> SreyRam Kuy, MD, MHS, FACS
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> On Sat, Dec 3, 2016 at 10:23 PM, David shulkin <Drshulkin@aol.com> wrote:
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AMERICAN OVERSIGHT

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Sent: 3/6/2017 5:03:00 PM
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Subject: RE: [EXTERNAL] Fwd: RWJ Clinical Scholar

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> Brady-Johnson Professor of Grand Strategy
> Master of Branford College, Yale University – School of Public Health
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AMERICAN OVERSIGHT

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Harold H Hines Professor of Medicine, Yale School of Medicine
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Director, Center for Outcomes Research and Evaluation
Email: (b) (6) @yale.edu

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Louisiana Department of Health

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SreyRam Kuy, MD, MHS, FACS

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AMERICAN OVERSIGHT

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From: David shulkin [Drshulkin@aol.com]
Sent: 3/6/2017 3:00:35 PM
To: Jennifer Lee [(b) (6) @gmail.com]; Poonam Alaigh [Poonam.Alaigh@va.gov]
Subject: Fwd: RWJ Clinical Scholar
Attachments: Dr. SreyRam Kuy CV - VA 2017.pdf; Untitled attachment 09314.htm; Dr. SreyRam Kuy Bio - 2-2017.pdf; Untitled attachment 09317.htm

I forget do you know this guy?

Sent from my iPhone

Begin forwarded message:

From: SreyRam Kuy <(b) (6) @gmail.com>
Date: March 6, 2017 at 9:57:45 AM EST
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AMERICAN OVERSIGHT

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Chief Medical Officer, Medicaid
Louisiana Department of Health

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AMERICAN OVERSIGHT

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SreyRam Kuy, MD, MHS, FACS

Medicaid Chief Medical Officer, Louisiana Department of Health

Associate Professor of Surgery, Louisiana State University – New Orleans

PROFILE:

- ✓ **As Chief Medical Officer of Louisiana Medicaid, I lead the state's drive to improve healthcare quality, engage healthcare providers and stakeholders in both managed care and fee for service systems, develop quality performance metrics and integrate cost effectiveness into a $10.7 billion health system which serves 1.6 million lives.**

- ✓ **Supervise staff members comprising the Quality Team, Pharmacy Team, Clinical Policy Team, Health Information Technology Team and Benefits & Covered Services Team.**

- ✓ **Advise the Secretary of Health on critical public health issues, communicate policies and vision to state legislators and the Governor and represent Medicaid to the media on issues ranging from opioids to zika and healthcare quality.**

- ✓ **Lead initiatives for emerging public health threats such as coordinating medical efforts at Flood Shelters, developing a Zika transmission prevention policy, and working with the Governor's office and state legislators to implement strategies tackling the opioid crisis.**

- ✓ **Oversee CMS grant for state Health Information Technology projects; including increasing EHR adoption among providers, ED discharge data linkage to primary care physicians, advancing a Telehealth network, implementing an EHR system in the Department of Corrections, and enabling providers to achieve meaningful use HIT.**

- ✓ **More than a decade of experience in the VA systems in Oregon, Texas, Connecticut, Wisconsin and Louisiana as a trainee, provider and administrator. Served as Assistant Chief of the General Surgery Section, Director of the Center for Innovations in Quality, Outcomes and Patient Safety, Chair of the Systems Redesign Committee and Board Member on the Quality, Safety and Value Board at Overton Brooks VA Medical Center. Worked with the Pentad on SAIL performance reports, HEDIS and Joint Commission ORYX core measures. Led initiatives to improve veterans' access to care through a 50% reduction in surgery clinic no shows.**

- ✓ **Worked to successfully decrease veteran mortality and reduce patient safety adverse events at Overton Brooks VA Medical Center. Developed biweekly provider educational series, broadcast remotely to outlying VA Community Based Outpatient Clinics in Louisiana and East Texas.**

AMERICAN OVERSIGHT

PERSONAL:

Office Address:	Louisiana Medicaid, Department of Health 628 North 4th Street, Baton Rouge, LA 70802
Mobile Telephone:	210-535-(b)
Office Telephone:	225-342-5381
Email Address:	(b) (6) @gmail.com SreyRam.Kuy@LA.Gov
Citizenship:	United States

EDUCATION:

2017	Presidential Leadership Scholars Program *Nominated and selected to be a Presidential Leadership Scholar – a joint executive leadership training program by Presidents Bush and Clinton and run by the presidential centers of Lyndon B. Johnson, George H. W. Bush, William J. Clinton and George W. Bush*
2016	Healthcare Executive Leadership Program in Health Policy and Management *Heller School of Policy and Management, Brandeis University*
2009	M.H.S. (Master of Health Science) *Yale University School of Medicine, Robert Wood Johnson Clinical Scholar*
2005	M.D. (Medical Degree) *Oregon Health & Sciences University School of Medicine*
2000	B.S. (Bachelor of Science, Philosophy), magna cum laude *Oregon State University*
2000	B.S. (Bachelor of Science, Microbiology), magna cum laude *Oregon State University*

POSTGRADUATE TRAINING:

2009-2012	Residency, General Surgery (PGY 3-5) *Medical College of Wisconsin*
2007-2009	Robert Wood Johnson Clinical Scholar Fellowship *Yale University School of Medicine*
2005-2007	Residency, General Surgery (PGY 1-2) *University of Texas Health Sciences Center at San Antonio*

AMERICAN OVERSIGHT

APPOINTMENTS:

2016-present Chief Medical Officer, Medicaid, Louisiana Department of Health and Hospitals

As CMO of Louisiana Medicaid I lead the drive to improve healthcare quality, cost effectiveness and Health Information Technology in a $10.7 billion health system which serves 1.6 million lives in both managed care and fee for service systems. My work includes managing the Quality Team, Pharmacy Team, Clinical Policy Team, Health Information Technology Team and a Benefits & Covered Services Team. In addition, I lead initiatives for emerging public health threats such as coordinating medical efforts at Flood Shelters, developing a Zika transmission prevention policy, and working with the Governor's office and legislatures to implement strategies tackling the opioid crisis.

- Health Information Technology Team: lead the state's electronic health record adoption initiative and health information technology strategy, oversee CMS grant for Health Information Technology and a National Governors' Association HIT grant
- Quality Team: Develop and evaluate incentivized quality performance measures for providers & health plans to improve outcomes, safety, and quality of care for the state of Louisiana. Manage a Quality Team comprised of physicians, nurses & policy analysts addressing health care quality. Creation of a "Search by Score" site that promotes quality, transparency and adoption in Louisiana healthcare.
- Clinical Policy Team overseeing the evidence based approach for coverage of new benefits and services for Medicaid beneficiaries
- Benefits and Covered Services Team: manage all covered services and benefits in the Louisiana Medicaid system
- Pharmacy Team: overseeing Medicaid prescription coverage
- Rapidly respond to emergent public health issues (such as Zika virus, Opioid epidemic, drug shortages, flooding and emergency natural disasters) and develop guidance for providers and health plans
- Work with Louisiana healthcare stake holders, including Managed Care Organizations, hospital associations, healthcare providers, health facilities and institutions, patient advocacy groups to ensure high quality care for Louisiana's Medicaid population, and efficient use of resources

2014-2016 Director, Center for Innovations in Quality, Outcomes and Patient Safety, OBVAMC

- Develop and lead initiatives to meet Joint Commission ORYX core measures, SAIL performance measures, and monitor PSI occurrences.
- Develop programs that lead to sustained improvement in quality, outcomes and safety in the Surgical Services at the OBVAMC.
- Work on reducing mortality and adverse events profiled in the VA National Center for Patient Safety newsletter and website. Work on decreasing clinic no-shows featured in the Association of VA Surgeons newsletter and website.
- Collaborate with section chiefs to assess needs for quality improvement; develop, monitor and assess quality measures and initiatives; monitor

AMERICAN OVERSIGHT

analyze and assess surgical outcomes; integrate quality improvement tools and surgical outcome measures to create a cohesive program for the OBVAMC Surgical Services.

- Partner with VA clinical, policy and operational leaders to implement and evaluate different ways to make surgical healthcare safer, more effective and more affordable.

2015-2016 Assistant Chief, General Surgery Section
Overton Brooks VA Medical Center (OBVAMC)

- Integrate quality improvement tools and surgical outcome measures to create a cohesive program for General Surgery Section, leading to improved patient safety with a decrease in patient mortality and reduction in Critical Incident Network Tracking adverse events
- Work on SAIL and Joint Commission performance measures (pressure ulcer prevention, accidental puncture monitoring, smoking cessation/flu immunization documentation)
- Led initiative to improve veterans access to care through decreased surgery clinic no shows, with more than 50% reduction in clinic no shows
- Develop, monitor and assess quality and efficiency measures and initiatives for the General Surgery Section
- Monitor, analyze and assess surgical outcomes for the General Surgery Section
- Review Quality Improvement tools and surveys
- Collaborate with other section chiefs (Anesthesiology, ENT, General Surgery, ENT, Neurosurgery, Ophthalmology, Orthopedics, Podiatry, Urology, Vascular and Thoracic Surgery) to assess needs for a collaborative, comprehensive surgical care

2014-2016 Director, Surgical Services Grand Rounds Lecture Series, OBVAMC

- Developed a CME accredited academic curriculum for Grand Rounds Lecture Series; recruited local and national speakers
- Incorporated telecommunication to broadcast Grand Rounds Lectures remotely, available to outlying VA Community Based Outpatient Clinics (CBOCs) in Louisiana and Texas and also to employee's computer desktops to allow greater educational reach

2017-present Associate Professor, Department of Surgery
Louisiana State University – New Orleans

2014-2016 Assistant Professor, Department of Surgery
Louisiana State University – Shreveport

2014-2016 Staff Surgeon, Overton Brooks Veterans Affairs Medical Center (OBVAMC)

- Had highest RVU's and total number of cases in general surgery section
- Performed first laparoscopic assisted Low Anterior Resection at OBVAMC

AMERICAN OVERSIGHT

- Developed a laparoscopic training course for residents, OR staff and surgeons; taught at OBVAMC and LSU

2014-2015 Consultant, Parkland Center for Clinical Innovation
Consultant on surgical site infection risk prediction modeling

BOARD CERTIFICATION
2014 American Board of Surgery # 059382

MEDICAL LICENSURE:
State of Texas # P9893 – Expiration 5/31/2017
State of Wisconsin #53724-20 – Expiration 10/3/2017
State of Tennessee #MD0000050960 – Expiration 3/31/2018
State of Louisiana #300710 – Expiration 3/31/2017

POSTGRADUATE COURSES:
10/2014 Cleveland Clinic, Advanced Laparoscopic Colorectal Master Class
11/2014 Florida Hospital, Laparoscopic General Surgery Master Class
7/2015 University of South Florida, Laparoscopic Colectomy Mini-Fellowship
9/2015 Methodist MITE, Advanced Hernia and Abdominal Wall Repair Master Class
2/2016 Life Cell, Complex Abdominal Wall Reconstruction Bioskills Lab

LEADERSHIP/HEALTHCARE POLICY TRAINING & EXPERIENCE:

American College of Surgeons Health Policy Award — June 12-18, 2016
"Leadership Program in Health Policy and Management" Executive Education Program at Brandeis University Heller School for Social Policy and Management.

American Medical Association Campaign School — 2013
Training in healthcare policy, legislation and politics in Washington, D.C.

American College of Surgeons Advocacy Grant — 2012

Robert Wood Johnson Clinical Scholar, Yale University School of Medicine — 2007 – 2009
Fellowship in healthcare policy & management, public health and research.

Healthcare Policy Synergy Workshop, Institute of Medicine. Washington, D.C. — 2008
Healthcare policy training, development of health disparities proposal

Robert Wood Johnson Foundation Cover the Uninsured Week Oregon Committee
Organized symposium on the uninsured in Oregon, speaker Governor Kitzhaber — 2003

American Academy of Family Physicians National Congress — 2000
Authored resolution on "Presentation of the AAFP Universal Health Care Coverage Task Force Report and Inclusion of Resident and Student Feedback

Kaiser Family Foundation Barbara Jordan Health Policy Scholar — 2000
Worked in Washington DC office of US Senator Tom Harkin. Wrote speeches on The Breast & Cervical Cancer Treatment Act and Re-authorization of the Older Americans Act, attended hearings, wrote briefs on prescription drug coverage, coverage for experimental studies, and healthcare instrument safety.

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HEALTH POLICY PANELS/KEY NOTE SPEAKER/PRESENTATIONS

The Louisiana Story: Tackling Preterm Birth through Collaboration and Innovation — Dec 2016
CMS Quality Conference, Baltimore, MD

Achieving Viral Load Suppression through Collaboration – The Louisiana Story — Dec 2016
HIV Affinity Group National Conference, Washington DC

Medicaid Expansion and Access to Healthcare: Learning from Louisiana — Dec 2016
Louisiana Public Health Institute

Bridging the Gap Between Health Care and Health Equity — Oct 2016
National Academy for State Health Policy, Pittsburgh, PA

HIV Affinity – The Louisiana Story — Nov 2016
HIV Health Improvement Affinity Group National Webinar

Medicaid Industry Who's Who Series, "Mostly Medicaid" — Sept 2016
State Spotlight Series: Achieving Healthcare Quality

Medicaid Expansion and Improving Healthcare Quality in Louisiana — Sept 2016
American Association on Intellectual & Developmental Disabilities,Alexandria,LA

Panel Member: Using National Data Sources to Understand Healthcare Quality, Access and Disparities Among Women — 2015
AcademyHealth 2015 Annual Research Meeting, Minneapolis, Minnesota

Panel Member: Emerging Issues in Gender-Based and Women's Health. — 2009
AcademyHealth 2009 Annual Research Meeting, Chicago, Illinois.

Moderator, Robert Wood Johnson Alumni Careers in Health Policy. — 2008
Robert Wood Johnson Clinical Scholars National Conference, Washington, D.C.

Panel Member: The Many Avenues to Pursuing a Career in Health Policy. — 2007
Barbara Jordan Health Policy Scholars Conference, Washington, D.C.

TOWN HALLS

Town Hall Meeting — August 2016
Flood Recovery, Mold and Tetanus Vaccination, Mental Health Crisis Hotline

Town Hall Meeting — August 2016
Flood Recovery, Prescription Co-Pay Waivers, Early Refills for Prescriptions

Rotary Club of Shreveport — July 2016
Key Note Speaker: Medicaid Expansion

Shreveport Medical Society — July 2016
Key Note Speaker: Medicaid Expansion

COMMITTEE SERVICE AND ORGANIZATIONS

National Quality Forum — 2016-present
Medicaid Innovation Accelerator Committee

Alliance for a Healthier Generation — 2016-present
Obesity Prevention Task Force

Opioid Commission — 2016-present

Comparing Outcomes of Drugs and Appendectomy (CODA) — 2016-present
National Stakeholder Advisory Board

National Academy for State Health Policy — 2016-present
Public and Population Health Advisory Group

AcademyHealth — 2016-present

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State Health Research and Policy Interest Group Advisory Committee

American College of Surgeons 2016-2019
Committee on Diversity Issues

Robert Wood Johnson Foundation Clinical Scholars Alumni Association 2016-2018
Co-President

Chair, Medicaid Quality Committee 2016-present

Louisiana Commission on HIV, AIDS and Hep C 2016-present
Office of Public Health designee, appointed by Governor Edwards

Louisiana Task Force on Telehealth Access 2016-present
Appointed by Secretary

Executive Committee, Medicaid Evidence-based Decisions Project, Portland, OR 2016-present

Chair, Improving Veterans Access to Care Committee 2015

Board Member, Quality, Safety and Value Board, OBVAMC 2015-2016

Chair, Systems Redesign Committee, OBVAMC 2015-2016

Chair, General Surgery Faculty Recruitment Committee, OBVAMC 2015-2016

Federation of State Medical Boards (FSMB) 2015-2016
Appointed Representative to Accreditation Council for Continuing Medical Education Accreditation Review Committee (review accreditation for CME)

National Board of Medical Examiners (NBME) 2011 – 2015
NBME Board Member
Appointed by American Medical Association as one of 80 Board Members governing the NBME, overseeing a $100 million annual budget that governs the USMLE, the Post-Licensure Assessment System, and works with specialty boards to protect the public health.

NBME Diversity and Inclusion Task Force 2013 – 2015
Tasked to improve diversity and inclusion in the executive leadership of the NBME and the USMLE exam contents.

Association for Academic Surgery
Membership Committee 2013 – 2015
Information and Technology Committee 2010 – 2012
Program Committee 2016 – present

Association of Women Surgeons, Communications Committee, Vice-Chair 2012 – 2014

Medical Society of Milwaukee County, Board of Directors 2012 – 2014

American Medical Association
Chair, Wisconsin Resident & Fellow Governing Council 2011 – 2013
AMA Surgical Caucus, Executive Committee 2010 – 2011
Wisconsin Medical Society, AMA Resident Delegate 2010 – 2011

Robert Wood Johnson Clinical Scholars National Conference, Planning Committee 2008

Oregon Health & Science University Medical School First Year, Class President 2000 - 2001

Habitat for Humanity, Oregon State University Campus Chapter President 1988-1999

Science Student Council, President 1997-1998

Phi Eta Sigma National Honor Society, Oregon State University Chapter President 1997-1998

Oregon State University Undergraduate Senate, Senator 1997-1998

Talons Women's Leadership & Service Honorary Society, Vice-President 1997-1998

Medical Careers Explorer Scouts, Corvallis Chapter President 1995-1996

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PEER-REVIEWED PUBLICATIONS

1. **Kuy S**, Romero R. Eliminating Critical Incident Tracking Network Patient Safety Events at a Veterans Affairs Institution through Crew Resource Management Training. *American Journal of Medical Quality. In Press.*
2. **Kuy S**, Romero R. Improving Staff Perception of a Safety Climate with Crew Resource Management Training. *Journal of Surgical Research. In Press*
3. **Kuy S**. Rapidly Growing, Bleeding Mass on a Golfer's Back. *JAMA Surgery. In Press*
4. **Kuy S**, Romero R, Rose K, Vincent L. Perineal Pain and Malodorous Drainage in a Rectal Cancer Patient. *BMJ Postgraduate Medical Journal. In Press*
5. Koo D, **Kuy S**, Ogunleye A, Sangji N. A Tradition of Advocacy in the American College of Surgeons: Protecting our patients, advancing our profession. *Bull Am Coll Surg. In Press*
6. Eskander M, Neuwirth M, **Kuy S**, Keshava H, Meizoso J. Technology for Teaching: New Tools for 21st Century Surgeons. *Bull Am Coll Surg. In Press*
7. **Kuy S**, Dua A, Rieland J, Cronin D. Cavernous Transformation of the Portal Vein. *Journal of Vascular Surgery.* 2016 Feb;63(2):529.
8. **Kuy S**, Jenkins P, Romero R, Samra N, Kuy S. The Rising Incidence and Mortality of Clostridium Difficile Associated Megacolon. *JAMA Surgery.* 2015 Oct 7:1-2.
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11. Busch K, Keshava H, **Kuy S**, Nezgoda J, Picou A. Teaching in the Operating Room: New Lessons for Training Surgical Residents. *Bull Am Coll Surg.* 2015 Aug;100(8):29-34.
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13. Dua A, **Kuy S**, Desai S, Heller J, Lee C. Diagnosis and Management of a Ruptured Mycotic Popliteal Pseudoaneurysm. *Vascular.* 2015 Aug;23(4):419-21
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15. **Kuy S**, Dua A, Desai S, Chappidi Rohit, Patel B, Seabrook G, Brown K, Lewis B, Rossi P, Lee C. The Increasing Incidence of Thromboembolic Events among Hospitalized Patients with Inflammatory Bowel Disease. *Vascular.* 2014 Jul 1.pii: 1708538114541799.
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19. Dua A, Dua A, Jechow S, Desai S, **Kuy S**. Idiopathic Spontaneous Rupture of an Intercostal Artery. *Wisconsin Medical Journal.* 2014;113(3):116-8.
20. Dua A, Aziz A, Desai S, McMaster J, **Kuy S**. National Trends in the Adoption of Laparoscopic Cholecystectomy over 7 years in the United States and Impact of Laparoscopic Approaches Stratified by Age. *Minimally Invasive Surgery.* 2014;2014:635461.

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22. **Kuy S**, Dua A, Rossi P, Seabrook G, Lewis B, Patel B, Lee C, Desai S, Brown K. Carotid Endarterectomy National Trends Over a Decade: Does gender matter? *Annals of Vascular Surgery*. 2013 Dec 6. pii: S0890-5096(13)00641-9.
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traumatic and blunt thoracic injury. *Perspectives in Vascular Surgery and Endovascular Therapy.* Sep;24(3):123-127, ePub: March 26, 2013.

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39. Dua A, Desai S, McMaster J, Aziz A, Dua A, **Kuy S**. The Role of Platelets in Vascular Trauma Patients Compared to Patients with Chronic Vascular Disease. *Vascular Disease Management.* 2013;10(11):E240-E243.
40. **Kuy S**, Codner P, Guralnick M, Dua A, Paul J. Combined rectovesicular injuries from low velocity penetrating trauma in an adult. *Wisc Med J.* 2013;112(1):32-34.
41. **Kuy S**, Greenberg C, Gusani N, Dimick J, Kao L, Brasel K. Health services research resources for surgeons. *J Surg Res.* 2011;171(1):e69-73.
42. **Kuy S**, Sosa J, Desai R, Roman S, Rosenthal R. Age matters: A study of clinical and economic outcomes following cholecystectomy in elderly Americans. *Am J Surg.* 2011;201(6):789-796.
43. **Kuy S**, Roman SA, Desai R, Sosa JA. Outcomes Following Cholecystectomy in Pregnant and Non-pregnant Women. *Surgery.* 2009;146(2):358-366.
44. **Kuy S**, Roman S, Desai R, Sosa J. Outcomes following thyroid and parathyroid surgery in pregnant women. *Arch Surg.* 2009;144(5):399-406. Commentary by F Moore.
45. **Kuy S**. Stand up for patients. *Bull Am Coll Surg.* 2008;93(8):23-24.
46. Franks K, Li H, **Kuy S**, Kong W. Photodissociation of ICN at 266 nm and BrCN at 230 nm using brute force orientation. *Chemical Physics Letters*. 1999;302:151-156.

EDITORIALS/TECHNICAL NOTES/NEWSLETTER ARTICLES/MEDICAL BLOGS

1. **Kuy S,** Romero R, Cypher E. Shreveport: A Success Story. Creating a Culture of Safety at the Overton Brooks VA Medical Center. *Topics in Patient Safety. Veterans Affairs National Center for Patient Safety*. September 2014;14(5):1,4.
2. **Kuy S**. Profiles in Leadership. *Association of Women Surgeons Blog*. September 2014.
3. **Kuy S**. Health Services Research for Surgeons. *Association of Women Surgeons Website.* 2014.
4. **Kuy S**. Women Surgeon Leaders for the 21st Century. *Association of Women Surgeons Newsletter*. July 25, 2014
5. **Kuy S.** The Imperative to Improve Gallbladder Disease Treatment and Outcomes for Men. *Robert Wood Johnson Foundation Human Capitol Blog*. November 22, 2013.
6. **Kuy S.** Society for Vascular Surgery Trainee Advocacy Award Essay. *Society for Vascular Surgery* website. 2012.
7. **Kuy S**. Information & technology review: Online health resources for surgeons. *Association for Academic Surgery Newsletter*. Fall, 2010:6-7.
8. **Kuy S**. Stand up for patients. *Los Angeles Times*. February 28, 2008.

BOOKS AND BOOK CHAPTERS

1. **Kuy S** (senior editor), Kwon R, Hochman M. 50 Studies Every Surgeon Should Know. Oxford Press. (Planned release 2017)

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2. Provo B, **Kuy S**. Venous insufficiency ulcers. In Domino FJ (Ed.), The 5-Minute Clinical Consult 2015, Philadelphia: Lippincott Williams and Wilkins.
3. Aljoudi M, Dua A, **Kuy S.** Cervical Bruit. In Domino FJ (Ed.), The 5-Minute Clinical Consult 2016, Philadelphia: Lippincott Williams and Wilkins.
4. Dua A, Aljoudi M, **Kuy S.** Absent or Diminished Pulse. In Domino FJ (Ed.), The 5-Minute Clinical Consult 2016, Philadelphia: Lippincott Williams and Wilkins.
1. Aljoudi M, McMaster J, **Kuy S.** Breast Cancer and Pregnancy. In Domino FJ (Ed.), The 5-Minute Clinical Consult 2016, Philadelphia: Lippincott Williams and Wilkins.
2. Dua A, Desai S, **Kuy S.** Inguinal Mass. In Domino FJ (Ed.), The 5-Minute Clinical Consult 2016, Philadelphia: Lippincott Williams and Wilkins.

PRESENTATIONS

1. Reducing Surgery Cancellations in a Tertiary Hospital: A Three Year Review. Association of VA Surgeons 2016 Meeting; Virginia Beach, VA April 2016.
2. Why We Don't Come to Clinic: Patient Perspectives. Association of VA Surgeons 2016 Meeting; Virginia Beach, VA April 2016.
3. The Myth of Sisyphus: Is Reducing Surgery Clinic No-Shows Impossible? Association of VA Surgeons 2016 Meeting; Virginia Beach, VA April 2016.
4. It Takes a Village: Referring Providers Impact Patient No Shows. Association of VA Surgeons 2016 Meeting; Virginia Beach, VA April 2016.
5. Reducing Surgical Site Infections Utilizing a Prevention Bundle and a Multidisciplinary Approach at a Veterans Affairs Hospital. The American College of Surgeons NSQIP 2015 Meeting; Chicago, IL; July 2015.
6. Transformational Change: Creating a Culture of Safety in the Operating Room. Presented at: The American College of Surgeons NSQIP 2015 Meeting; Chicago, IL; July 2015.
7. Outlier to Leader: Designing a Risk Stratification Intervention to Decrease 30 Day Surgical Mortality in a Veterans Affairs Hospital. The American College of Surgeons NSQIP 2015 Meeting; Chicago, IL; July 2015.
8. Outlier to Leader: Designing a Risk Stratification Intervention to Decrease 30 Day Surgical Mortality in a Veterans Affairs Hospital. Presented at: The Association of VA Surgeons 2015 Meeting; Miami, FL; May 2015.
9. Transformational Change: Creating a Culture of Safety in the Operating Room. Presented at: The Association of VA Surgeons 2015 Meeting; Miami, FL; May 2015.
10. The Rising Incidence and Mortality of Clostridium Difficile Associated Megacolon. Presented at: The Association of VA Surgeons 2015 Meeting; Miami, FL; May 2015.
11. The Increasing Incidence of Thromboembolic Events Among Patients with Inflammatory Bowel Disease. Presented at: American College of Surgeons 2013 Clinical Congress; Washington DC; October 2013.
12. Diagnosis and Management of a Ruptured Popliteal Mycotic Pseudoaneurysm. Presented at: Eastern Vascular Society. Sulfur Springs, West Virginia. September 21, 2013. (First Place Winner of the 2013 Resident Award)
13. Ruptured Carotid Mycotic Tuberculoid Aneurysm from Intravesical BCG. Presented at: Midwestern Vascular Surgical Society. Chicago, Illinois; September 8, 2013

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14. Do women experience delays in carotid endarterectomy? Presented at: Society for Vascular Surgery Annual Meeting; San Francisco, California; May 31, 2013. (Winner of Sectional Poster Competition)
15. National trends in utilization of IVC filters over a decade in the United States, 2000-2009. Presented at: Society for Vascular Surgery Annual Meeting; San Francisco, California; May 31, 2013.
16. Surgical site infections and complications following vascular groin procedures. Presented at: Peripheral Vascular Surgery Society meeting; Park City, Utah; February 1, 2013.
17. Endovascular management of a traumatic renal-caval arteriovenous fistula in a pediatric patient. Presented at: International Symposium on Endovascular Therapy; Miami, Florida; January 22, 2013.
18. Carotid endarterectomy national trends over a decade: Does gender matter? Presented at: Midwestern Vascular Surgery annual meeting; Milwaukee, Wisconsin; September 6, 2012.
19. Asymptomatic 50-75% internal carotid artery stenosis in 288 patients: Risk factors for disease progression and ipsilateral neurological symptoms. Presented at: Midwestern Vascular Surgery annual meeting; Milwaukee, Wisconsin; September 6, 2012.
20. A study of clinical and economic outcomes following cholecystectomy in elderly Americans. Presented at: Department of Surgery grand rounds, Medical College of Wisconsin; Milwaukee, Wisconsin; June 10, 2010.
21. Predictors of in-hospital mortality following cholecystectomy among hospitalized patients. Presented at: 5th annual Academic Surgical Congress; San Antonio, Texas; February 3, 2010.
22. Predictors of in-hospital mortality following cholecystectomy. Presented at: American Medical Association 2010 research symposium; San Diego, California; November 5, 2010 (Honorable Mention Prize).
23. Outcomes following breast surgery in pregnant women. Presented at: 90th annual meeting of the New England Surgical Society; Newport, Rhode Island; September 13, 2009.
24. Outcomes following breast surgery in pregnant women. Presented at: Department of Surgery grand rounds, Yale University School of Medicine; New Haven, Connecticut; September 9, 2009.
25. Gender based differences in management and outcomes of cholecystitis. Presented at: AcademyHealth 2009 annual research meeting; Chicago, Illinois; June 28, 2009.
26. Gender based disparities in outcomes of cholecystitis. Presented at: New England science symposium; Boston, Massachusetts; April 3, 2009.
27. Women have better outcomes in cholecystitis. Presented at: American Medical Women's Association conference, Women's Health 2009, 17th Annual Congress; Williamsburg, Virginia; March 27-29, 2009.
28. Outcomes following cholecystectomy in pregnant and non-pregnant women. Presented at: 4th Annual Academic Surgical Congress; Fort Myers, Florida; February 3-6, 2009.
29. Outcomes following thyroid and parathyroid surgery in pregnant women. Presented at: Robert Wood Johnson Clinical Scholars 2008 National Conference; Washington, D.C.; November 18-21, 2008.

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30. Disparities in outcomes following thyroid and parathyroid surgery in pregnant and non-pregnant women. Presented at: Disparities in Surgical Care symposium; Boston, Massachusetts; Oct 27-28, 2008.
31. Outcomes following thyroidectomy and parathyroidectomy in pregnant women in the US, 1999-2005. Presented at: 89th annual meeting of the New England Surgical Society; Boston, Massachusetts; September 26-28, 2008.
32. Outcomes following thyroid and parathyroid surgery in pregnant women. Presented at: Department of Surgery grand rounds, Yale University School of Medicine; New Haven, Connecticut; September 24, 2008.
33. Are Drains Necessary After Craniosynostosis Surgery? American Society of Plastic Surgeons: Plastic Surgery Senior Residents Conference. Houston, Texas. March 17-19, 2005.
34. The Effects of Heat Treatment on Lactoferrin Concentration in Breast Milk. International Health Medical Education Consortium Conference. Havana, Cuba. March 12-15, 2002

JOURNAL REVIEWER

JAMA Surgery Reviewer	2016-present
Journal of Surgical Research Reviewer	2016-present
British Medical Journal Case Reports Reviewer	2014-present

TEACHING EXPERIENCE:

Louisiana State University – New Orleans, Associate Professor of Surgery	2017-present
Louisiana State University – Shreveport, Assistant Professor of Surgery	2014-2016
Lecturer, Surgery Resident SCORE Curriculum	2016
Lecturer, Third Year Medical Student Curriculum	2014-2016
Clinical Preceptor, First Year Medical Students	2014-2016
Yale University School of Medicine	
Course Facilitator, Introduction to Research	2007 – 2009
Oregon State University	
Teaching Assistant, General Microbiology	1999
Teaching Assistant, Introduction to Microbiology	1998 – 1999
Teaching Assistant, Biology	1997

HONORS, AWARDS & GRANTS

Early Career Achievement Award, Oregon Health & Sciences University, School of Medicine Alumni Association. 2017
Awarded to an alumnus who has made significant career contributions in improving health.

Presidential Leadership Scholar 2017
Executive Leadership Training led by President Bush and President Clinton, held over 6 months onsite at the George H. W. Bush Presidential Center, William J. Clinton Presidential Center, George W. Bush Presidential Center & Lyndon B. Johnson Presidential Center.

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American College of Surgeons Health Policy Scholar — 2016
Award provides $8,000 grant, one of two general surgeons awarded to attend the "Leadership Program in Health Policy and Management" Executive Education Program at Brandeis University Heller School for Social Policy and Management.

Business Report's 2016 "Forty Under 40" Award — 2016
Award in recognition of leadership, community service and career accomplishments

Ford Family Foundation Gerald E. Bruce Leadership & Community Service Award — 2016
Award recognizing excellence in leadership & service, provides $5,000 grant which Dr. Kuy donated to a nonprofit serving veterans.

Certificate of Appreciation, Overton Brooks VA Medical Center — 2015
Presented by Medical Center Director for work in promoting diversity, invited Keynote Speaker for VA's Asian Pacific American Celebration Month

Making a Difference Award, Overton Brooks VA Medical Center — 2014
Recognition of excellence in clinical care

Certificate of Appreciation, Overton Brooks VA Medical Center — 2014
Presented by Medical Center Director for Surgical Services' Achievement in Reducing Adverse Events and Mortality

American College of Surgeons Advocacy Travel Grant — 2012

American Medical Association 2010 Research Symposium Honorable Mention Prize — 2010

Medical College of Wisconsin Affiliated Hospitals (MCWAH) Research Award — 2010

New England Surgical Society 89th Annual Resident Research Competition Award — 2008

Robert Wood Johnson Foundation Clinical Scholars Fellowship. National award providing two years of training in health services research, Yale University School of Medicine — 2007 – 2009

Surgery Intern of the Year Award, Department of Surgery, University of Texas Health Sciences Center at San Antonio — 2006

Oregon Health & Science University ROSE Award (Recognition of Outstanding Service and Excellence) — 2001

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Ralph Bosworth, MD Memorial Scholarship	2000
Dr. JoAnne J. Trow Woman of Distinction Award	2000
Waldo-Cummings Outstanding Student Award	2000
Phi Kappa Phi Honor Society Tunison Award	1999
OSU Department of Microbiology Mark H. MiddleKauf Scholarship	1999
OSU Department of Microbiology Joseph E. Simmons Scholarship	1999
OSU College of Agricultural Science Jesse Hanson Scholarship	1999
OSU College of Science Heitmeyer Scholarship	1996
Presidential Scholar	1996
Laurel G. Case, MD Memorial Scholarship	1996
Robert C. Byrd Honors Scholar	1996
Valedictorian, Crescent Valley High School	1996

NEWS ARTICLES:

Read about Dr. Kuy's work reducing mortality and patient safety adverse events profiled in the VA National Center for Patient Safety here: http://www.patientsafety.va.gov/features/Shreveport_A_Success_Story.asp

Read about Dr. Kuy's work improving veterans' access to care through clinic efficiency profiled by the Association of VA Surgeons here: http://www.avasnews.com/single-post/2016/05/16/REDUCING-NO-SHOWS

Read about Dr. Kuy's work at Louisiana Medicaid improving healthcare quality profiled by Mostly Medicaid here: http://www.mostlymedicaid.com/?p=1821

Read about Dr. Kuy's work with Medicaid Expansion to improve patient health profiled by Business Reports 40 Under 40 here: https://www.businessreport.com/article/forty-40-qa-sreyram-kuy

GRANTS AWARDED:

Zero to Three Grant "Text4Baby"	2016

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$10,000 grant for Technical Assistance implementing Text4Baby, a program aimed at improving birth outcomes for pregnant women in Louisiana Medicaid.

National Governors Association Grant 2016
"Getting the Right Information to the Right Health Care Providers, at the Right Time- How States Can Improve Data Flow"
Awarded to Louisiana Medicaid's Health Information Technology Team, one of three states to receive this grant in the form of Technical Assistance

Centers for Medicare & Medicaid Services Grant 2016
"Louisiana's Health Information Technology (HIT) and Health Information Exchange (HIE) Implementation Advance Planning".
Support adoption and meaningful use of certified EHR technology activities, promote interoperability among EHRs, state HIEs and the Medicaid system; and provide for the design, development and implementation of the appropriate data infrastructure for FY 2017 and 2018.
Total grant awarded: $25,900,382

GRANT APPLICATION IN SUBMISSION
Submitted to PCORI 12/2016
"Provider-Targeted Strategies to Improve Patient-Centered Care for a Medicaid-Insured Population by Reducing Opioid Over-Prescribing and Increasing Provider Knowledge of Opioid Harms and Alternative Therapies for Chronic Non-Cancer Pain"

Principal Investigator:
SreyRam Kuy, MD, MHS, FACS (Louisiana Department of Health)

Total Project Cost: $4 million

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REFERENCES

Dr. (b) (6)
Board of Governors, PCORI
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Dr. (b) (6)
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Faculty Director of the Yale Global Health Leadership Institute
Brady-Johnson Professor of Grand Strategy
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Bio: SreyRam Kuy, MD, MHS, FACS



SreyRam Kuy, MD, MHS, FACS currently serves as Chief Medical Officer for Medicaid in the Louisiana Department of Health. As CMO for Louisiana Medicaid, Dr. Kuy leads the drive for improving healthcare quality, promoting cost effectiveness and increasing health information technology adoption in a $10.7 billion health system serving 1.6 million patients. Under her leadership, Louisiana Medicaid was the first state to develop a Zika prevention strategy for pregnant Medicaid patients; enabled women with breast cancer to have access to needed reconstructive surgery and BRCA testing, led efforts to coordinate medical disaster relief efforts during Louisiana's Great Flood, and is leading Louisiana Medicaid's initiative to tackle the opioid epidemic as the first state in the South to implement a prescription opioid policy. She has developed state wide health performance metrics, pay for performance incentives, and established novel "Medicaid Expansion Early Wins measures" which enable the state of Louisiana to assess how access to healthcare directly impacts lives, which have been profiled by NPR and are being implemented in other states.

Prior to serving as Chief Medical Officer for Louisiana Medicaid, Dr. Kuy served in numerous leadership roles, including Director of the Center for Innovations in Quality, Outcomes and Patient Safety, Assistant Chief of General Surgery, Chair of the Systems Redesign Committee, and on the Quality, Safety & Value Board at Overton Brooks VA Medical Center. Dr. Kuy's work successfully reducing patient mortality & morbidity and decreasing adverse safety events was profiled by the VA National Center for Patient Safety. Her work increasing veterans' access to care through clinic efficiency was profiled by the Association for VA Surgeons, and templates she developed were disseminated for implementation at VA medical centers across the country.

Dr. Kuy grew up in Oregon, graduated as Valedictorian from Crescent Valley High School, and attended Oregon State University where she earned dual degrees in Philosophy and Microbiology. She attended medical school at Oregon Health & Sciences University, then finished general surgery residency. She earned her master's degree in health policy, public health and outcomes research at Yale University School of Medicine as a Robert Wood Johnson Clinical Scholar. Dr. Kuy has published more than 40 articles in JAMA Surgery, Surgery, American Journal of Surgery and other medical journals on healthcare quality and patient safety.

In 2017, Dr. Kuy was selected to be a Presidential Leadership Scholar, a joint program by President Clinton and President Bush and run by the presidential centers of Lyndon B. Johnson, George H.W. Bush, William J. Clinton and George W. Bush. Dr. Kuy has also received Business Report's 40 Under 40 Award for her work to improve healthcare quality in the Louisiana Medicaid population and the Ford Foundation's Gerald E. Bruce Community Service Award for her work serving veterans. Dr. Kuy was also selected for the Early Career Achievement Award in 2017 by Oregon Health & Sciences University School of Medicine.

SreyRam Kuy, MD, MHS, FACS **Email:** (b) (6) @gmail.com **Phone:** (b) (6)

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/7/2017 12:40:53 AM
To: Darin Selnick (b) (6) @gmail.com]
Subject: Re: Veterans Should Be Nervous About Upcoming VA Cuts, Up To 20 Percent

Strange

Sent from my iPhone

On Apr 6, 2017, at 8:23 PM, Darin Selnick (b) (6) @gmail.com> wrote:

> This is circulating among staffers on the Hill and veterans. This is the nonsense of DC.
>
> http://www.disabledveterans.org/2017/04/06/thanks-vsos-lawyers-veterans-nervous-upcoming-va-cuts-20-percent/
>
> The article says:
>
> "Rumors are circulating Capitol Hill that The Big 6 veteran service organizations (VSOs) and VA negotiated a massive and covert budget cut coming soon.
>
> According to a reliable source, Secretary David Shulkin, MD, recently met behind closed doors with what are known as The Big 6 VSOs. None of the smaller advocacy groups were said to be invited.
>
> In the meeting, Secretary Shulkin allegedly discussed certain upcoming policy changes. These changes will be painful for the veteran community.
>
> To help get the policy changes through, VA allegedly extended concessions as an olive branch to The Big 6 so long as they do not obstruct upcoming budget cuts.
>
> My source indicates those budget cuts may be as high as 20 percent, or $34 billion, off the VA's existing $170 billion budget."
>
> Caroline from Sen Moran office asked if it was true, of course I said no.
>
> Just thought you should know.
>
> Darin

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Message

From: Darin Selnick [(b) (6) @gmail.com]
Sent: 4/7/2017 12:23:05 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Veterans Should Be Nervous About Upcoming VA Cuts, Up To 20 Percent

This is circulating among staffers on the Hill and veterans. This is the nonsense of DC.

http://www.disabledveterans.org/2017/04/06/thanks-vsos-lawyers-veterans-nervous-upcoming-va-cuts-20-percent/

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"Rumors are circulating Capitol Hill that The Big 6 veteran service organizations (VSOs) and VA negotiated a massive and covert budget cut coming soon.

According to a reliable source, Secretary David Shulkin, MD, recently met behind closed doors with what are known as The Big 6 VSOs. None of the smaller advocacy groups were said to be invited.

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To help get the policy changes through, VA allegedly extended concessions as an olive branch to The Big 6 so long as they do not obstruct upcoming budget cuts.

My source indicates those budget cuts may be as high as 20 percent, or $34 billion, off the VA's existing $170 billion budget."

Caroline from Sen Moran office asked if it was true, of course I said no.

Just thought you should know.

Darin

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Message

From: David Shulkin [drshulkin@aol.com]
Sent: 4/23/2017 12:22:32 PM
To: Ike Perlmutter [(b) (6) @frenchangel59.com]; Laurie Perlmutter [(b) (6) @gmail.com]
BCC: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Fwd: Trump Reaches Beyond West Wing for Counsel - The New York Times

Ike- you are mentioned below

David

Subject: Trump Reaches Beyond West Wing for Counsel - The New York Times

https://www.nytimes.com/2017/04/22/us/politics/donald-trump-white-house.html?emc=edit_ta_20170422&nl=top-stories&nlid=453287&ref=headline&_r=0

Trump Reaches Beyond West Wing for Counsel

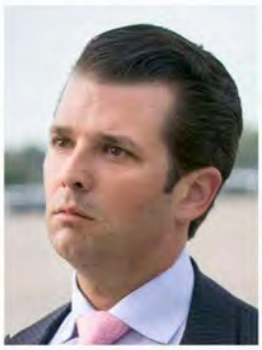
By MAGGIE HABERMAN and •APRIL 22, 2017

AMERICAN OVERSIGHT

THE SONS



Eric Trump



Donald Trump Jr.

THE FIRST LADY



Melania Trump

THE LAWYER



Sheri A. Dillon

THE MOGUL



Rupert Murdoch

THE FRIEND

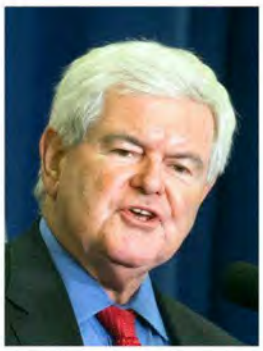


Richard LeFrak

THE CAMPAIGN ADVISERS



Corey Lewandowski



Newt Gingrich

THE MEDIA



Chris Ruddy

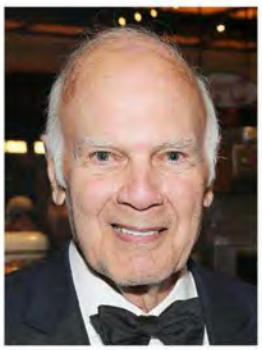


Sean Hannity

THE PEERS



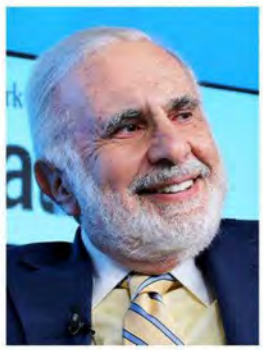
Steven Schwarzman



Steve Roth



Phil Ruffin



Carl Icahn



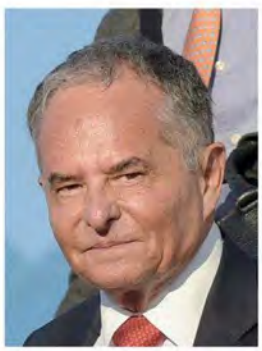
Thomas Barrack Jr.

THE SPEAKER

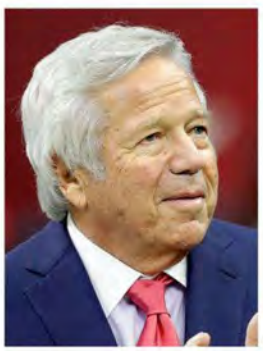


Paul D. Ryan

THE CLUBGOERS

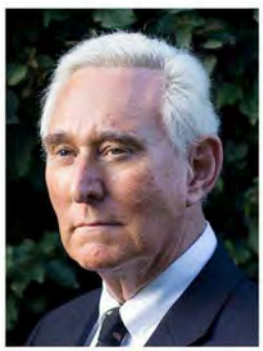


Ike Perlmutter



Robert Kraft

THE MYSTERY MAN



Roger J. Stone Jr.

THE GOVERNOR



Chris Christie

AMERICAN OVERSIGHT

Credits below

WASHINGTON — Relationships have always been President Trump's currency and comfort, helping him talk his way into real estate deals over three decades in New York. Those who know him best say that his outer confidence has always belied an inner uncertainty, and that he needs to test ideas with a wide range of people.

As Mr. Trump's White House advisers jostle for position, the president has turned to another group of advisers — from family, real estate, media, finance and politics, and all outside the White House gates — many of whom he consults at least once a week.

The media mogul Rupert Murdoch is on the phone every week, encouraging Mr. Trump when he's low and arguing that he focus on the economy rather than detouring to other issues. The developer Richard LeFrak is a soothing voice who listens to Mr. Trump's complaints that cost estimates for the border wall with Mexico are too high. Sean Hannity tells the president that keeping promises on core Republican issues is crucial.

Mr. Trump's West Wing aides, like President Bill Clinton's staff two decades before, say they sometimes cringe at the input from people they can't control, with consequences they can't predict. Knowing these advisers — who are mostly white, male and older — is a key to figuring out the words coming from Mr. Trump's mouth and his Twitter feed.

Here, based on interviews with more than a dozen friends, top aides and advisers inside and outside the White House, are 20 of Mr. Trump's outside touchstones.

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President Trump in the Roosevelt Room this week. Outside the White House, Mr. Trump has kept a small group of informal advisers whom he speaks with at least one a week. Al Drago/The New York Times

The Mogul

Rupert Murdoch

Mr. Trump's relationships depend on two crucial measures: personal success and loyalty to him. Mr. Murdoch excels in both categories. His New York Post vaulted Mr. Trump from local housing developer to gossip-page royalty, and his Fox News Channel was pro-Trump in the 2016 general election.

The two share preferences for transactional tabloid journalism and never giving in to critics. (Mr. Trump said the fallen Fox star Bill O'Reilly should not have settled sexual harassment complaints.) The president's relationship with Mr. Murdoch is deeper and more enduring than most in his life, and the two commiserate and plot strategy in their phone calls, according to people close to both.

AMERICAN OVERSIGHT

Mr. Murdoch even called the White House press secretary, Sean Spicer, to buck him up after Mr. Spicer was savaged for a remark about Adolf Hitler.

The Media

Sean Hannity

Presidents always deploy surrogates to appear on television to spout their talking points, but Mr. Trump has expanded on that by developing relationships with sympathetic media figures like Mr. Hannity who also serve as advisers. Mr. Hannity, the Fox News host, defends Mr. Trump's most controversial behavior in public, but privately, according to people close to Mr. Trump, he urges the president not to get distracted, and advises him to focus on keeping pledges like repealing the Affordable Care Act.

Chris Ruddy

The chief executive of Newsmax Media is a longtime Mar-a-Lago member and was a Trump cheerleader among conservative media well before the website Breitbart joined the parade. He employs writers and editors who tracked Mr. Trump's career when they were at The New York Post. He recently visited the Oval Office, and he and Mr. Trump kibitz in Florida and by phone.

The Lawyer

Sheri A. Dillon

Ms. Dillon seemed out of place when she spoke at a too-large lectern in the lobby of Trump Tower on Jan. 11, describing the steps Mr. Trump planned to take to separate himself from his business. But Ms. Dillon, an ethics lawyer who worked out a highly criticized plan for Mr. Trump to retain ownership of his company but step back from running it, has repeatedly counseled the president about the business and made at least one White House visit. (Michael Cohen, a veteran Trump aide, has been serving as his personal lawyer.)

Campaign Advisers

Corey Lewandowski

Despite his "you're fired" slogan, the president dislikes dismissing people. Mr. Lewandowski, Mr. Trump's hot-tempered first campaign manager, was fired in June but never really went away. A New England-bred operative whose

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working-class roots and clenched-teeth loyalty earned him Mr. Trump's trust, he continued to be in frequent phone contact with Mr. Trump until the election and beyond. Friends of Mr. Lewandowski say that he can see the windows of the White House residence from his lobbying office on Pennsylvania Avenue, and that the view is even better during his visits to the West Wing, including when the New England Patriots were there this past week.

Newt Gingrich

The former House speaker talks more with Mr. Trump's top advisers than he does with the president, but his presence permeates the administration. Mr. Gingrich's former spokesman is at the State Department, and two former advisers work in the West Wing. Mr. Gingrich has relentlessly promoted Mr. Trump's policy adviser, Stephen Miller, as the West Wing conservative ballast as the chief strategist, Stephen K. Bannon, has been under fire.

Childhood Friend

Richard LeFrak

Their fathers were developers together in New York, and the two men have been friends for decades. Mr. LeFrak is a Mar-a-Lago member, and he agreed to be part of an infrastructure effort that Mr. Trump hopes to put forward. Mr. Trump has turned to him to vent frustrations about the slow pace of bureaucracy.

The Peers

Thomas Barrack Jr.

Mr. Trump divides the people around him into broad categories: family, paid staff and wealthy men like Mr. Barrack whom he considers peers. A sunny and loyal near-billionaire who has socialized with the president for years, Mr. Barrack is less a strategic adviser than a trusted moneyman, fixer and sounding board who has often punctuated emails to Mr. Trump with exhortations like "YOU ROCK!" He has urged Mr. Trump to avoid needless, distracting fights.

Under Mr. Barrack's leadership, Mr. Trump's inaugural committee raised a record $106.7 million, much of it from big corporations, banks and Republican megadonors like the Las Vegas billionaire Sheldon Adelson. Mr. Barrack also helped usher Paul Manafort, the international political operative now under scrutiny for his ties to Russia, into the Trump fold last year. The velvet-voiced

AMERICAN OVERSIGHT

Mr. Barrack does not seek out attention for himself, one of the most important and elusive qualities by which the president judges people.

Stephen Schwarzman

The chairman and chief executive of the Blackstone Group, Mr. Schwarzman is the head of Mr. Trump's economic advisory council. He and the president don't speak daily, West Wing aides said, but do talk frequently. Mr. Schwarzman has counseled him on a number of topics, including advising him to leave in place President Barack Obama's executive order shielding young undocumented immigrants, known as "Dreamers," from deportation.

Steve Roth

A good way to get on Mr. Trump's side is to do a deal with him, particularly if it means rescuing him from his own financial crisis. That's what Mr. Roth, a real estate tycoon, did a decade ago when he bought out Mr. Trump's share in a West Side real estate deal that went sour. Mr. Roth, head of Vornado Realty Trust and a longtime Democratic donor, also helped Mr. Trump's son-in-law, Jared Kushner, when he injected $80 million into 666 Fifth Avenue, a Kushner family property in danger of defaulting on $1.1 billion in loans. Mr. Trump speaks with Mr. Roth frequently, and is leaning on him to help develop a trillion-dollar infrastructure package expected this year.

Phil Ruffin

Mr. Trump has 20-odd business partners, but none is closer to him than Mr. Ruffin, 82, a Texas billionaire who has lent his ear and private jet. The president was best man at the 2008 wedding of Mr. Ruffin to his third wife, a 26-year-old model and former Miss Ukraine. Mr. Ruffin has a knack for showing up when Mr. Trump needs him most and remains a die-hard defender. "This stuff about him having financial investments all over Russia — that's just pure crap," Mr. Ruffin told Forbes. "I went to Russia with him. We took my airplane. We were having lunch with one of the oligarchs there. No business was discussed."

Carl Icahn

Rounding out Mr. Trump's roster of wealthy octogenarians is this 81-year-old corporate raider and real estate mogul, who occupies perhaps the most respected perch in the president's circle of businessmen buddies. The affection is longstanding: The Queens-bred Mr. Icahn has known Mr. Trump and his family

AMERICAN OVERSIGHT

for decades. It's also numerical: Mr. Icahn is worth an estimated $16 billion, a major plus in the eyes of a president who keeps score. Mr. Icahn serves as a free-roving economic counselor and the head of Mr. Trump's effort to reduce government regulations on business.

Man of Mystery

Roger J. Stone Jr.

Few alliances in politics are as complicated as the 40-year relationship between the Nixon-tattooed Mr. Stone and Mr. Trump. Mr. Stone won't say how frequently they speak these days, but he shares the president's tear-down-the-system impulses and is ubiquitous on cable news, radio and the website InfoWars defending Mr. Trump.

The Clubgoers

Ike Perlmutter

Mr. Perlmutter, the chief executive of Marvel Comics, who is so reclusive that there are few public photographs of him, has been informally advising Mr. Trump on veterans issues. The two men are old friends, and Mr. Perlmutter has been a presence at Mar-a-Lago.

Robert Kraft

The owner of the New England Patriots is a Democrat, but his loyalty to Mr. Trump, Mr. Kraft once said, dates partly to the president's thoughtfulness when Mr. Kraft's father died. Mr. Trump loved talking about the Patriots during the campaign, and Mr. Kraft has been a Mar-a-Lago presence since the transition.

The First Lady

Melania Trump

Mrs. Trump is uninterested in the limelight, but she has remained a powerful adviser by telephone from New York. Among her roles: giving Mr. Trump feedback on media coverage, counseling him on staff choices and urging him, repeatedly, to tone down his Twitter feed. Lately, he has listened closely, and has a more disciplined Twitter finger.

The Governor

AMERICAN OVERSIGHT

Chris Christie

Mr. Kushner, the president's son-in-law and palace gatekeeper, has shown a capacity to hobble his rivals, but few have been finished off. The most durable has been Mr. Christie, whose transition planning, several West Wing aides now concede, should not have been discarded. He has been a frequent Oval Office visitor and has worked with the White House on the opioid addiction crisis.

The Speaker

Paul D. Ryan

Mr. Trump and the clean-cut and wonky Wisconsinite aren't exactly best friends forever. But their relationship is closer than in the bad old days of the 2016 campaign when Mr. Ryan delayed a hold-my-nose endorsement of Mr. Trump, whose morality he had long questioned. But as the president's agenda passes through the razor-blade gantlet of the House, where Mr. Ryan faces the constant threat of opposition and overthrow, the two men have become foxhole buddies.

The Sons

Donald Trump Jr. and Eric Trump

The two sons and the president insist they no longer discuss company business. But the family is close, and Mr. Trump still speaks to his sons frequently, inquiring about their lives and searching for gut-checks on his own.

Correction: April 22, 2017

An earlier version of a graphic with this article misspelled the given name of the chief executive of the Blackstone Group. He is Stephen Schwarzman, not Steven.

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6)@jhmi.edu]
Sent: 3/8/2017 6:46:37 PM
To: David shulkin [Drshulkin@aol.com]
CC: (b) (6) [(b)@jhmi.edu]
Subject: Re: Shulkin confirmed to lead Dept. of Veterans Affairs | TheHill

David

Sorry that I did not respond sooner but I had surgery on my shoulder yesterday and have been a little out of it. I will ask (b) to contact your office to find a time to talk

(b)

From: David shulkin <Drshulkin@aol.com>
Sent: Monday, March 6, 2017 6:15 PM
To: (b) (6)
Subject: Re: Shulkin confirmed to lead Dept. of Veterans Affairs | TheHill

Absolutely- i start traveling wednesdsy so either tonight (b) (6) or tomorrow in the office
(b) (6)

Sent from my iPhone

> On Mar 6, 2017, at 3:24 PM, (b) (6) <(b) (6)@jhmi.edu> wrote:
>
> David
>
> I hope you are doing well. I had two quick questions to ask you about. Is there any chance we could get some time to talk later this week?
>
> (b)
>
> (b) (6) M.D.
> Dean of the Medical Faculty
> CEO, Johns Hopkins Medicine
> (b) (6)
> (b) (6) (fax)
> (b) (6)@jhmi.edu
>
> -----Original Message-----
> From: David shulkin [mailto:Drshulkin@aol.com]
> Sent: Monday, February 13, 2017 9:51 PM
> To: (b) (6) <(b) (6)@jhmi.edu>
> Subject: Re: Shulkin confirmed to lead Dept. of Veterans Affairs | TheHill
>
> Thanks (b)
>
> Sent from my iPhone
>
>> On Feb 13, 2017, at 9:49 PM, (b) (6) <(b) (6)@jhmi.edu> wrote:
>>
>> Wonderful news. Congratulations David!
>>
>> Sent from my iPhone
>>
>>> On Feb 14, 2017, at 6:49 AM, Bruce Moskowitz <brucem(b) (6)mac.com> wrote:
>>>
>>> Fantastic confirmation Congratulations
>>> http://thehill.com/homenews/administration/319353-shulkin-confirmed-to-lead-veterans-affairs
>>>
>>>
>>> Sent from my iPad
>>> Bruce Moskowitz M.D.
>
>

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/6/2017 11:15:19 PM
To: (b) (6) [(b) (6) @jhmi.edu]
Subject: Re: Shulkin confirmed to lead Dept. of Veterans Affairs | TheHill

Absolutely- i start traveling wednesdsy so either tonight (b) (6) or tomorrow in the office (b) (6)

Sent from my iPhone

> On Mar 6, 2017, at 3:24 PM, (b) (6) <(b) (6) @jhmi.edu> wrote:
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> Dean of the Medical Faculty
> CEO, Johns Hopkins Medicine
> 733 N Broadway/ Suite 100
> Baltimore, MD 21205
> (b) (6)
> (b) (6) (fax)
> (b) (6) @jhmi.edu
>
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> From: David shulkin [mailto:Drshulkin@aol.com]
> Sent: Monday, February 13, 2017 9:51 PM
> To: (b) (6) <(b) (6) @jhmi.edu>
> Subject: Re: Shulkin confirmed to lead Dept. of Veterans Affairs | TheHill
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>

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From: (b) (6) [(b) (6) @jhmi.edu]
Sent: 3/6/2017 8:24:16 PM
To: 'David shulkin' [Drshulkin@aol.com]
Subject: RE: Shulkin confirmed to lead Dept. of Veterans Affairs | TheHill

David

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(b) (6)
M.D.
Dean of the Medical Faculty
CEO, Johns Hopkins Medicine
733 N Broadway/ Suite 100
Baltimore, MD 21205
(b) (6)
(fax)
@jhmi.edu

-----Original Message-----
From: David shulkin [mailto:Drshulkin@aol.com]
Sent: Monday, February 13, 2017 9:51 PM
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>>
>>
>> Sent from my iPad
>> Bruce Moskowitz M.D.

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/14/2017 2:50:44 AM
To: (b) (6) [(b) (6) @jhmi.edu]
Subject: Re: Shulkin confirmed to lead Dept. of Veterans Affairs | TheHill

Thanks (b)

Sent from my iPhone

> On Feb 13, 2017, at 9:49 PM, (b) (6) <(b) (6) @jhmi.edu> wrote:
>
> Wonderful news. Congratulations David!
>
> Sent from my iPhone
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>> On Feb 14, 2017, at 6:49 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
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>>
>>
>> Sent from my iPad
>> Bruce Moskowitz M.D.

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/14/2017 2:50:16 AM
To: (b) (6) M.D. (b) (6) @mayo.edu]
Subject: Re: Shulkin confirmed to lead Dept. of Veterans Affairs | TheHill

Thanks so much John

Sent from my iPhone

On Feb 13, 2017, at 9:39 PM, (b) (6) M.D. (b) (6) @mayo.edu> wrote:

> David-this is just wonderful. Congratulations. Please let me know how I can be of help to you. Thank you for your service to the country. (b)
>
> (b) (6) **M.D.**
> President and CEO
> Mayo Clinic Administration
> (b) (6)
> Phone: (b) (6)
> Fax: (b) (6)
>
> **Mayo Clinic**
> 200 First Street SW
> Rochester, MN 55905
> www.mayoclinic.org
>
> On Feb 13, 2017, at 6:18 PM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>
> > Fantastic confirmation Congratulations
> > http://thehill.com/homenews/administration/319353-shulkin-confirmed-to-lead-veterans-affairs
> >
> > Sent from my iPad
> > Bruce Moskowitz M.D.

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Message

From: (b) (6) [(b) (6) 1@jhmi.edu]
Sent: 2/14/2017 2:49:03 AM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
CC: drshulkin@aol.com; IP [@frenchangel59.com]; lper(b) @gmail.com; mbs(b) (6) gmail.com; (b) (6) [(b) @hopeunseen.com]; (b) (6) M.D. (b) (6) @mayo.edu]; (b) (6) partners.org; (b) (6) ccf.org; (b) (6) [(b) @mayo.edu]; (b) (6) kp.org
Subject: Re: Shulkin confirmed to lead Dept. of Veterans Affairs | TheHill

Wonderful news. Congratulations David!

Sent from my iPhone

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

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Message

From: [redacted] M.D. [redacted]@mayo.edu]
Sent: 2/14/2017 2:39:29 AM
To: Bruce Moskowitz [brucem[redacted]mac.com]
CC: drshulkin@aol.com; IP [redacted]@frenchangel59.com]; lper[redacted]@gmail.com; mbs[redacted]gmail.com; [redacted] [redacted]@hopeunseen.com]; [redacted] [redacted]@jhmi.edu]; [redacted]partners.org; [redacted]ccf.org; [redacted] [redacted]@mayo.edu]; [redacted]kp.org
Subject: Re: Shulkin confirmed to lead Dept. of Veterans Affairs | TheHill

David-this is just wonderful. Congratulations. Please let me know how I can be of help to you. Thank you for your service to the country. [redacted]

[redacted] **M.D.**
President and CEO
Mayo Clinic Administration
[redacted]
Phone: [redacted]
Fax: [redacted]

Mayo Clinic
200 First Street SW
Rochester, MN 55905
www.mayoclinic.org

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

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Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 2/14/2017 1:18:46 AM
To: drshulkin@aol.com
CC: IP [(@frenchangel59.com]; lper(b) @gmail.com; mbs(b) (6) gmail.com;(b) (6)
[(b) @hopeunseen.com];(b) (6) [(b) (6) @jhmi.edu];(b) (6) M.D.
(b) (6) @mayo.edu];(b) (6) partners.org;(b) (6) ccf.org;(b) (6) [(b) @mayo.edu];
(b) (6) kp.org
Subject: Shulkin confirmed to lead Dept. of Veterans Affairs | TheHill

Fantastic confirmation Congratulations
http://thehill.com/homenews/administration/319353-shulkin-confirmed-to-lead-veterans-affairs

Sent from my iPad
Bruce Moskowitz M.D.

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Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 4/29/2017 8:47:31 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: Re: HVAC members retreat
Attachments: 2017 05 01-2 HVAC Minority Member Retreat.pptx

We should problem add some accomplishments to this deck too.
---------- Forwarded message ----------
From: "(b) (6) <(b) (6) @gmail.com>
Date: Apr 25, 2017 11:46 AM
Subject: Re: HVAC members retreat
To: "(b) (6) <(b) (6) @gmail.com>
Cc:

Hi (b) (6) here is the revised deck from Secva.

(b) (6)

On Mon, Apr 24, 2017 at 4:10 PM, (b) (6) <(b) (6) @gmail.com> wrote:
(b) (6)

> The attached has the correct accountability slide. The first version I sent had an older one with very different wording.
>
> (b)

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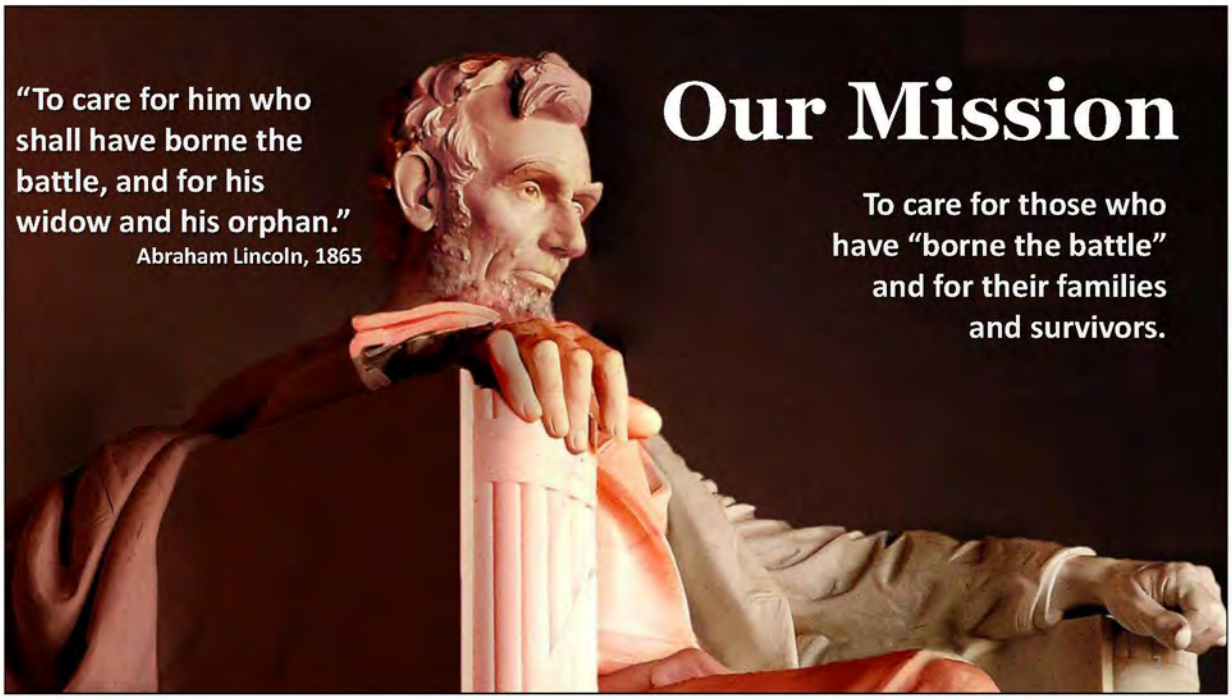

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VA's Definition of Health

	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 | U.S. Department of Veterans Affairs

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Top 5 Priorities for VA



Greater Choice



Modernize Systems



Focus Resources



Improve Timeliness



Suicide Prevention

VA | U.S. Department of Veterans Affairs

4

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1. Greater Choice for Veterans

- Redesign the 40/30 Rule
- Build a high-performing, integrated network of care
- Empower Veterans through transparency of information



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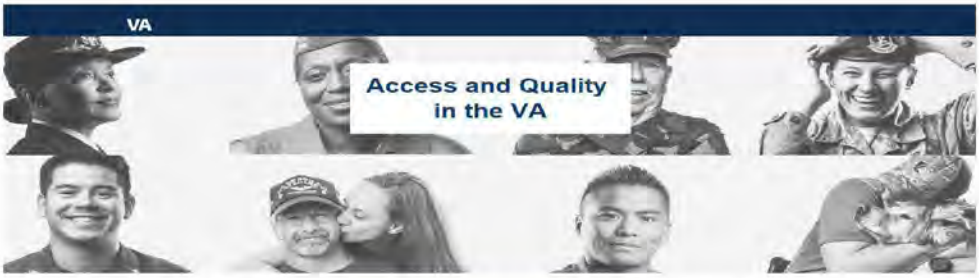
AMERICAN OVERSIGHT

Access and Quality



How quickly does my VA see patients?	How satisfied are veterans like me with the timeliness of their care?	How well does my VA's care compare to other hospitals?

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AMERICAN OVERSIGHT

VA Telehealth Services

2.14 million episodes to 677,000 Veterans (12%)



Home Telehealth
156,000 Veterans



Video Telehealth
282,000 Veterans



Store-and-Forward Telehealth
298,000 Veterans

45% of our Telehealth services are for rural Veterans

336,000 TeleMental health visits

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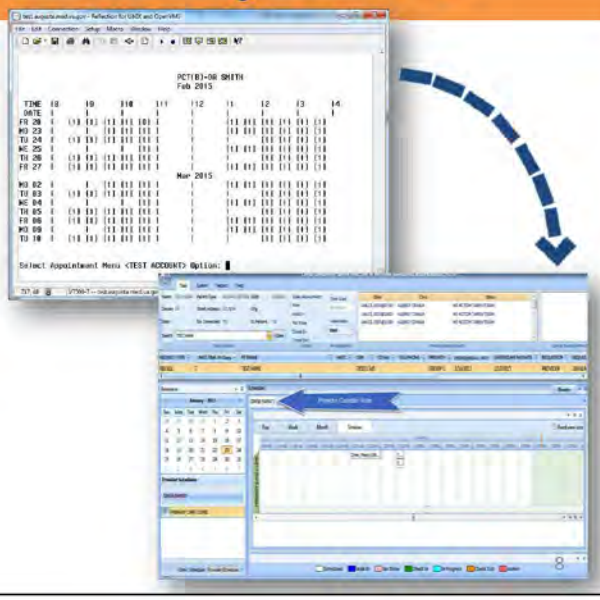
AMERICAN OVERSIGHT

2. Modernize Our Systems

- EMR interoperability and IT modernization
- Infrastructure improvements and streamlining services



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AMERICAN OVERSIGHT

VA Digital Health Platform



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9

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VA Mobile Apps





- **Veteran Appointment Request (VAR) –** Allows Veterans to directly schedule and cancel selected primary care appointments directly through the app
- **Veteran Appointment Usability Study:**
  - ❑ **76%** satisfied with the app
  - ❑ **95%** feel that it has the potential to improve access to care
  - ❑ http://mobile.va.gov/appstore

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Infrastructure Improvements

Officers' Quarters
Fort Thomas, KY
Circa 1895





Gas Station
Minneapolis, MN
1932



Palo Alto VAMC
2017

11

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3. Improve Timeliness of Services

- Access to care and wait times
- Decisions on appeals
- Performance on disability claims

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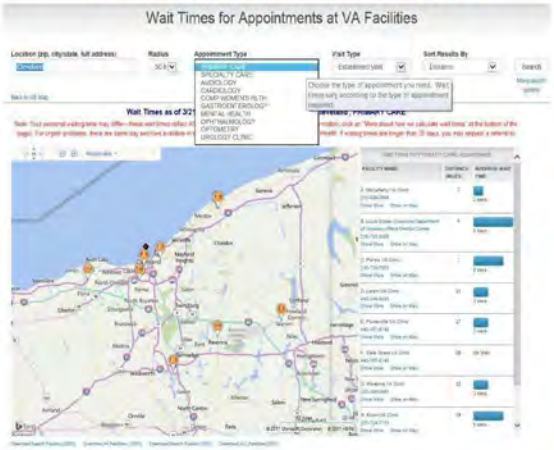
Transparency of Access

Wait times at local facilities



What Veterans are saying about access



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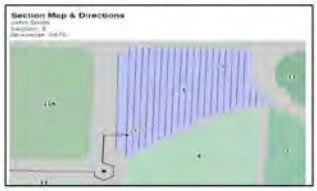
AMERICAN OVERSIGHT

NCA Modernization

1. Enhance public's visitation experience

- "Apps" to improve onsite/online cemetery visitation experience



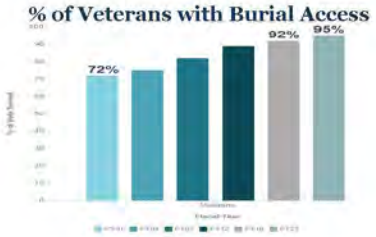


2. Strengthen tracking & accounting for remains

- GPS/GIS technology to digitally map all graves. 30 cemeteries complete; 85 cemeteries over next 4 years

3. Increase Burial Access

- Implement new burial access policies construct 18 VA national cemeteries providing new or enhanced service to over 2 million Veterans.



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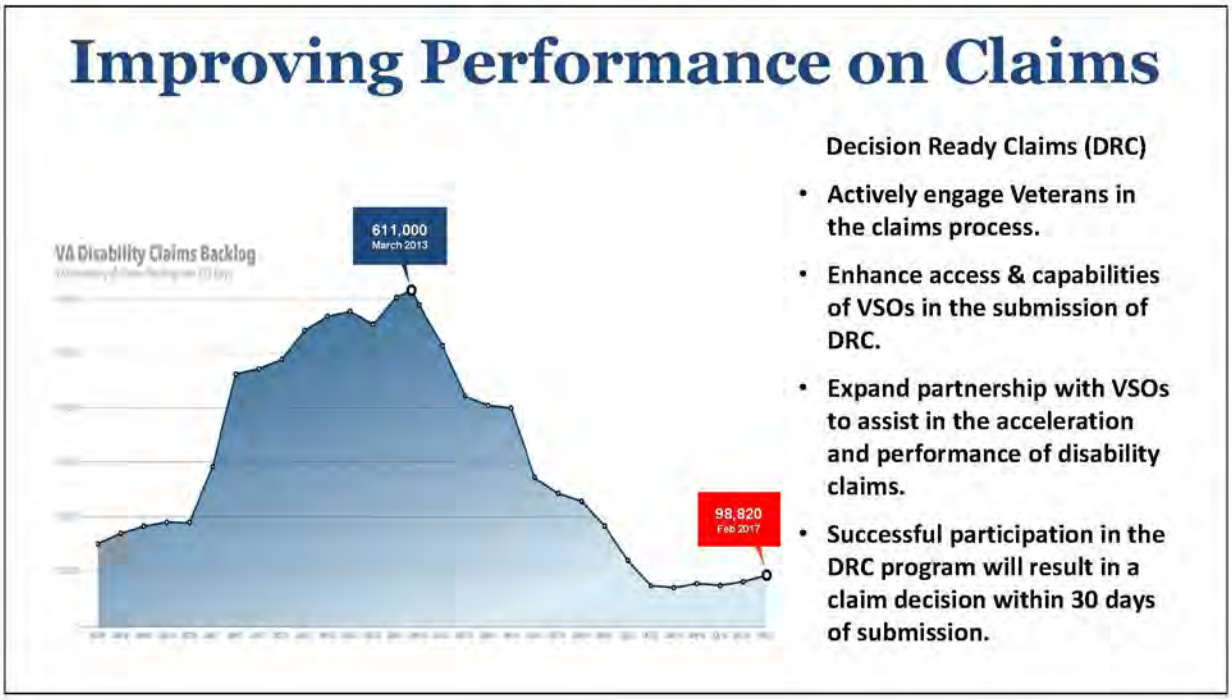
Appeals Modernization



AMERICAN OVERSIGHT



The bullets explain how the Decision Ready Claims program will improve performance, accelerate claims decisions, and further reduce the 125-day backlog. The program is slated to begin in May.

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4. Focus Resources More Efficiently

- Strengthening of foundational services in VA
- VA/DOD/Community coordination
- Deliver on accountability and effective management practices

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World-Class Foundational Services











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Accountability Legislation



Increased **flexibility to remove, demote, or suspend** VA employees for poor performance or misconduct.	Authority to **recoup bonuses** of employees for poor performance or misconduct.	Authority to **recoup relocation expenses** authorized through fraud or malfeasance.	Authority to **reduce federal pensions** for employees convicted of felonies.	Increased **protections for whistleblowers**.

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VA Research



Barcoding of Medications



Nicotine Patches



First Liver Transplant



8 Lasker Awards



Cardiac Pacemaker



3 Nobel Prizes



Artificial Kidney



CT Scanner

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VA-19-0799-I-000418

DS_00005420

Genomics Data: 560,000 Enrolled



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Big Data Science Initiative

Health Care Data - EHR

Million Veteran Program





Exascale high-performance computing environment

Knowledge & skill in computation science



World-class research infrastructure





Stable, diverse, altruistic patient population

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5. Suicide Prevention



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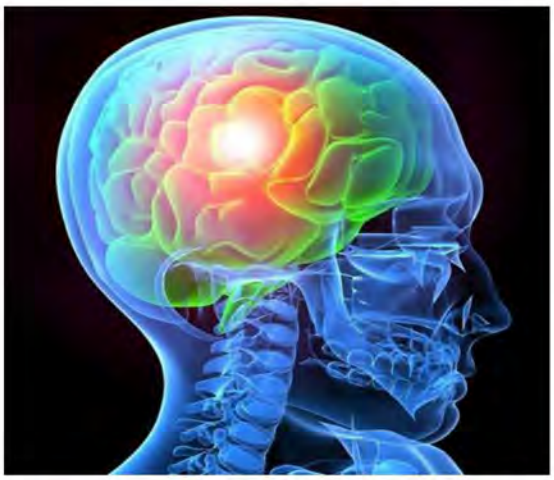
Predictive Analysis



- Suicide
- Oncology
- PTSD
- TBI

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Center for Compassionate Innovation

To enhance Veterans health and well-being by offering safe and ethical therapies after traditional treatments have not been successful



25

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Decline in Homelessness



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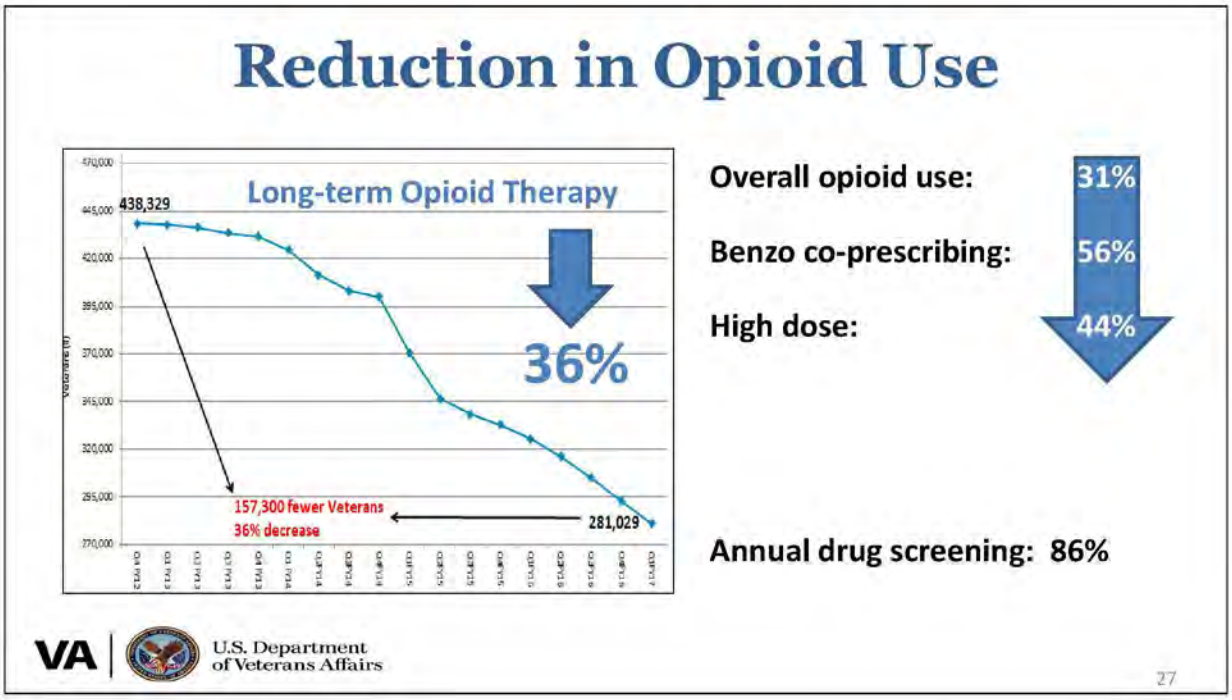

Decline in Veterans on long-term opioid therapy, 4Q FY 2012 to 1Q FY 2017. Overall opioid use down 31% in the same period.

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Population-based Hepatitis C treatment



86,000 Veterans treated

77,400 cured

90% cure rate

2,000 treated each month

Poised to eliminate Hep C among Veterans in 2 Years

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28

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Thank You



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AMERICAN OVERSIGHT

VA-19-0799-I-000427

DS_00005429

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 3/13/2017 1:14:30 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: national mayors

Ok

On Mar 12, 2017 9:13 PM, "David Shulkin" <drshulkin@aol.com> wrote:

Here is revised even shortened presentation

If I cannot get resecheduled to earlier in the day - then I will need to find an alternative speaker to go for me.

Maybe Poonam

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 3/13/2017 1:13:45 AM
To: (b) (6) [redacted]@gmail.com
Subject: national mayors
Attachments: cities.pptx

Here is revised even shortened presentation

If I cannot get resecheduled to earlier in the day - then I will need to find an alternative speaker to go for me.

Maybe Poonam

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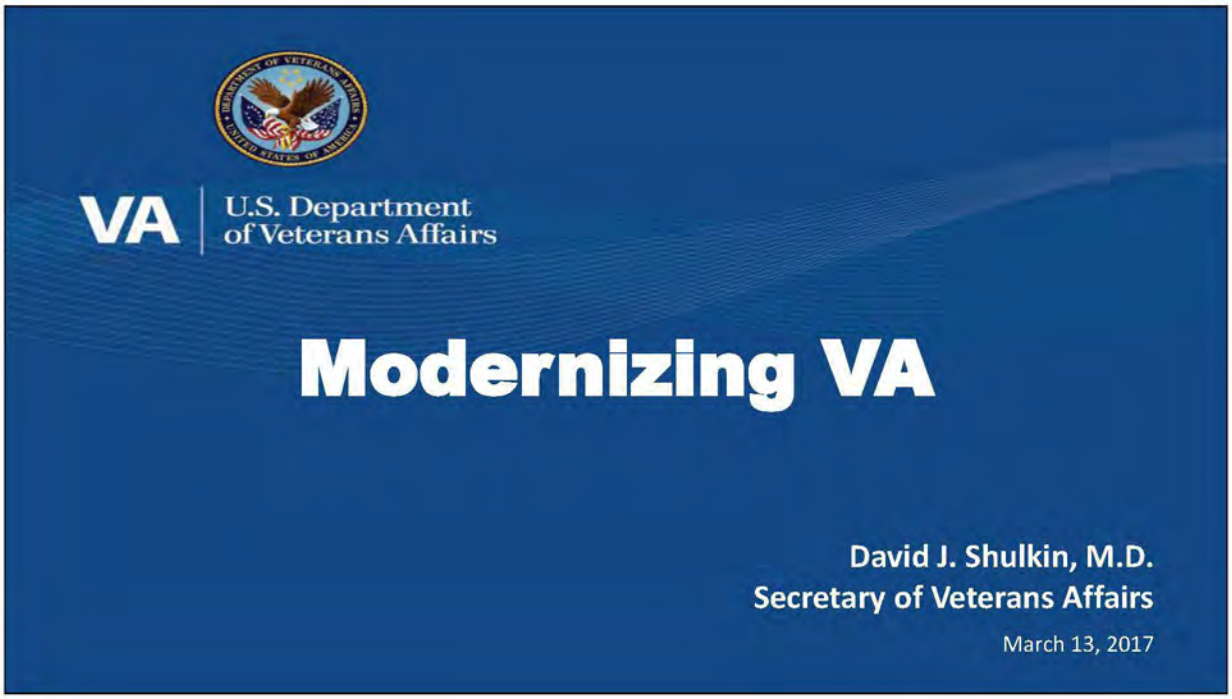

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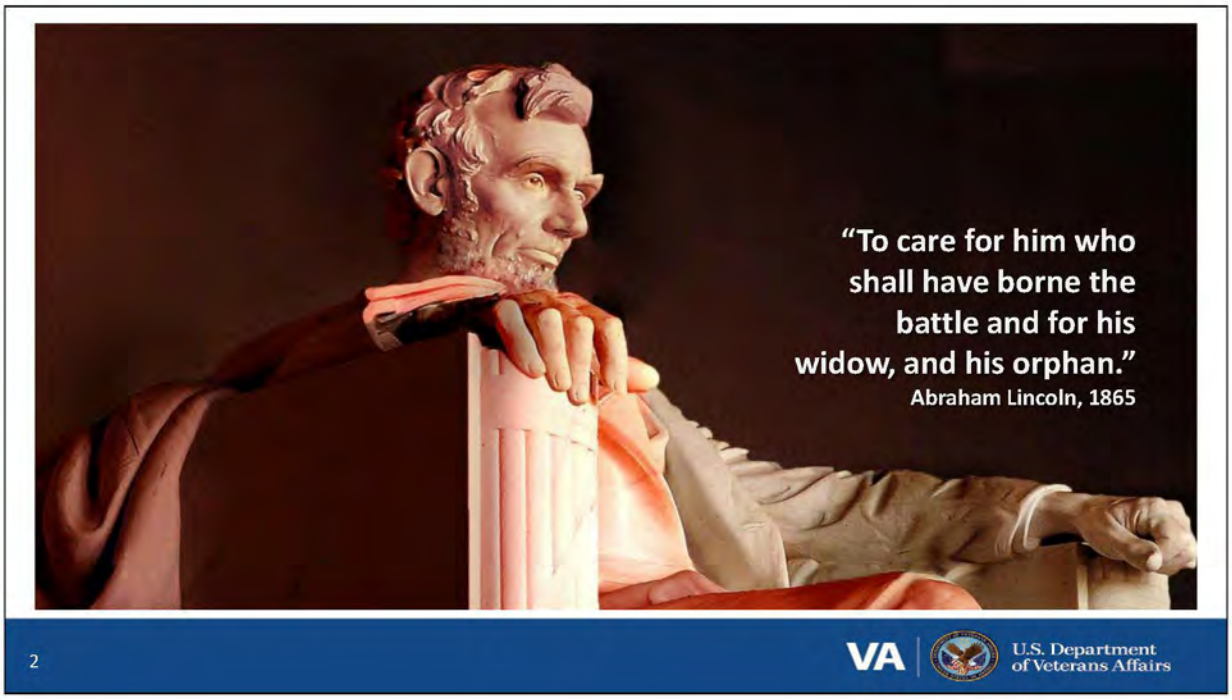

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Final Salute



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VA Adaptive Sports





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VA Telehealth



- Over 9 Million episodes of Telehealth
- 717,000 Veterans use Telehealth
- 336,000 Telemental health visits
- Over 5000 Tele-ICU patients

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VA Quality: RAND Study 2016



RAND OBJECTIVE ANALYSIS. EFFECTIVE SOLUTIONS.

RESEARCH · LATEST INSIGHTS · POLICY EXPERTS · CAPABILITIES · GRADUATE SCHOOL ·

Quality of Care in VA Health System Compares Well to Other Health Settings

FOR RELEASE
Monday
July 18, 2016

The Veterans Affairs health care system generally performs better than or similar to other health care systems on providing safe and effective care to patients, according to a new RAND Corporation study.

Analyzing a decade of research that examined the VA health care system across a variety of quality dimensions, researchers found that the VA generally delivered care that was better or equal in quality to other health care systems, although there were some exceptions.

The RAND study found there was too little information related to timeliness, equity, efficiency and patient centeredness to reliably draw conclusions about how the VA system compared to others across these dimensions. The findings are published in the Journal of General Internal Medicine.

Media Resources

RAND Office of Media Relations

Researcher Spotlight

Courtney A. Gidengil
Natural Scientist

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To Modernize, First Understand History



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VA-19-0799-I-000436

DS_00005440

VA's 140 Assessments



As identified in several recent reports:

Even with the significant recent improvements in access, diffusion of best practices, and employee engagement, incrementalism is not the answer to the additional improvements needed in VA.

- The current organizational design does not support the goal of becoming an increasingly high-performing and accountable healthcare organization.

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An Act of Congress



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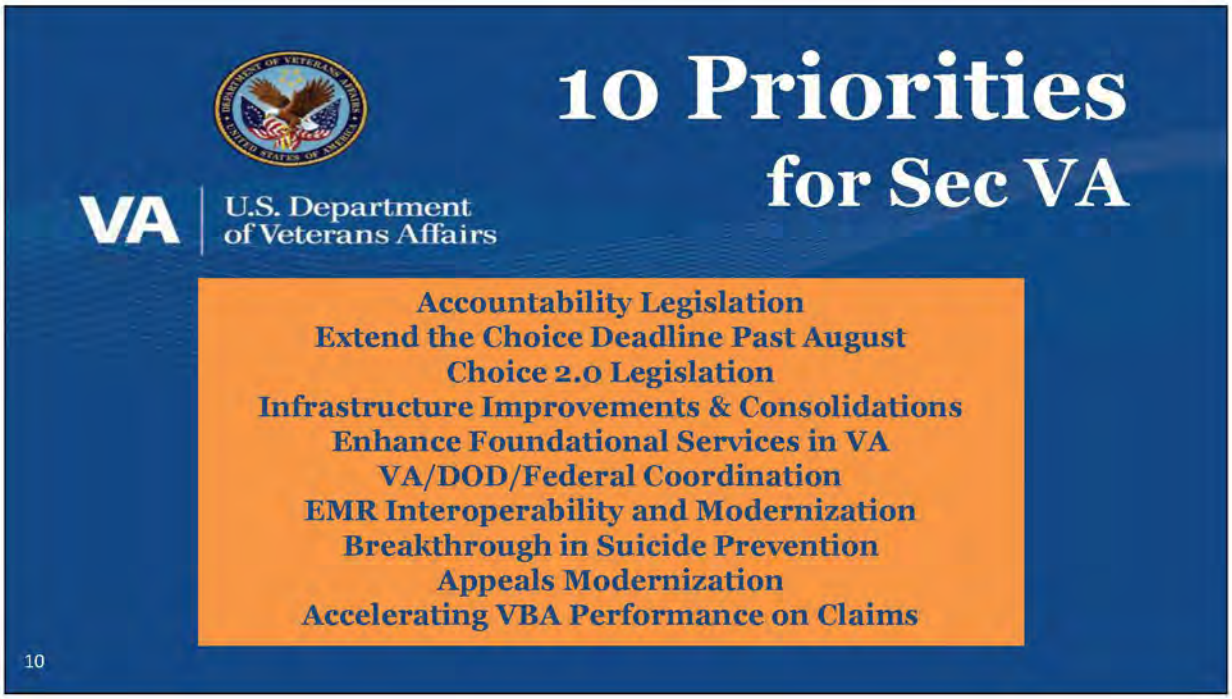

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How Are We Tracking Progress?

- ☑ Quality
- ☑ Access
- ☑ Progress in Priority Issues
- ☑ What Veterans Experience

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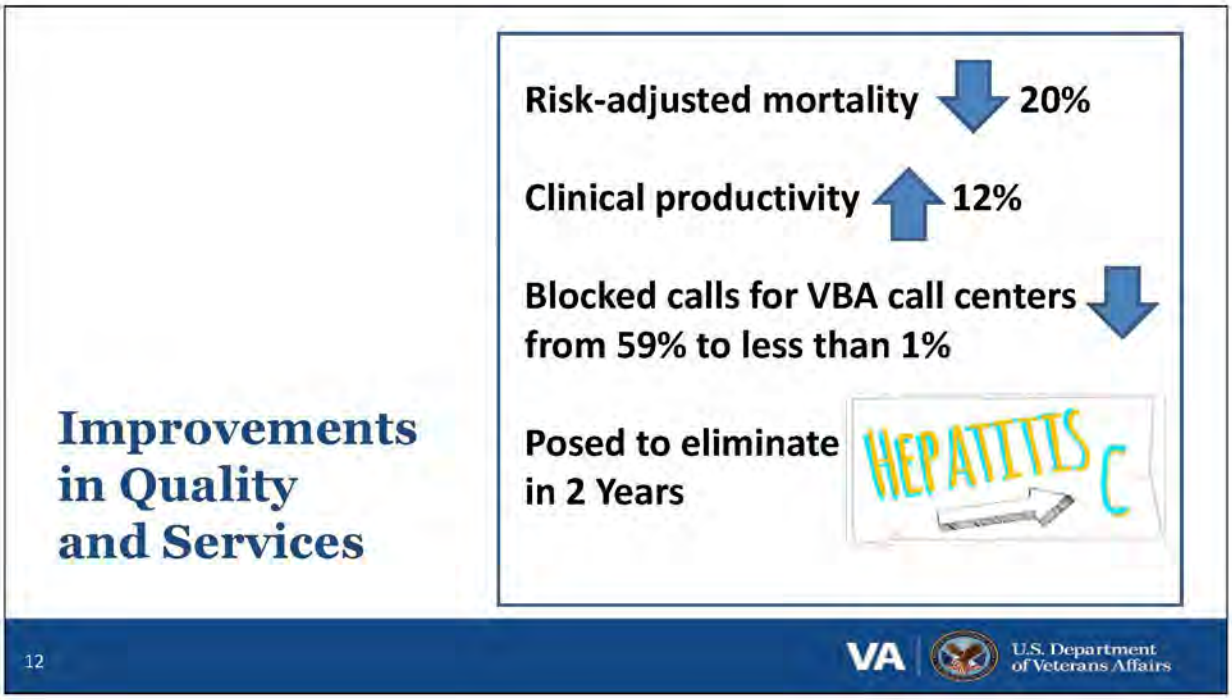

I've taken out opioid use here because I've added two slides on opioids below.

AMERICAN OVERSIGHT

Same-Day Services in Primary Care and Mental Health



- 96% of appointments are now completed within 30 days of the Veteran's preferred date
- 86% are within 7 days
- 23% are same-day appointments

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Decline in Opioid Use Since 2012

Opioid use:	↓	**31% to 471,340 Veterans on opioid**
Long-term opioid use:	↓	**36% to 281,029 Veterans on LOT**
Benzo co-prescribing:	↓	**56% to 53,485 Veterans**
High dose (>100 mg MEDD*):	↓	**44% to 33,149 Veterans**
Annual drug screening:	↑	**From 37% to 86%**



*MEDD = Morphine Equivalent Daily Dosage

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Decline in opioid use, 4Q FY 2012 to 1Q FY 2017.

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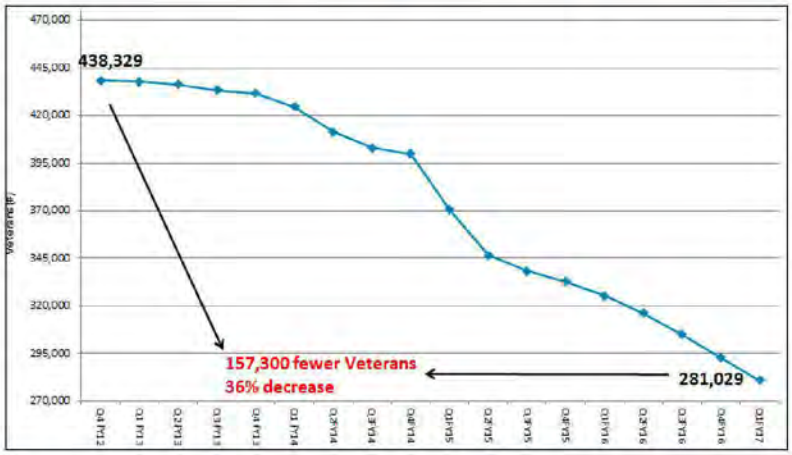
Long-Term Opioid Therapy



15

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Decline in Veterans on long-term opioid therapy, 4Q FY 2012 to 1Q FY 2017.

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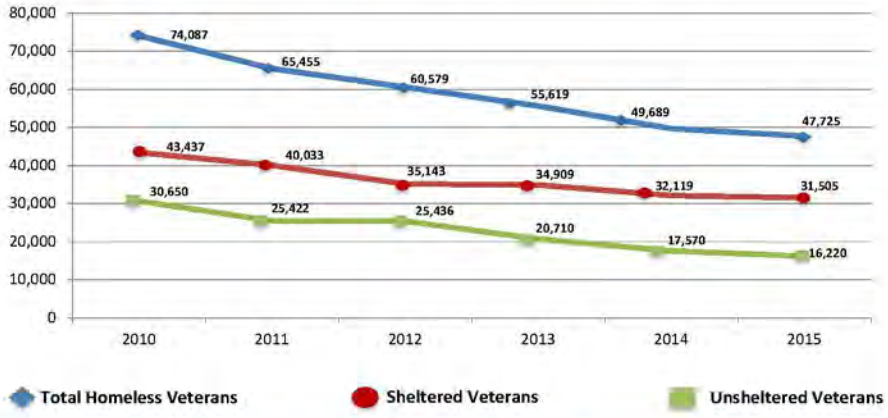
Decline in Homelessness





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AMERICAN OVERSIGHT

Veterans Treatment Courts

The best predictor of Veteran success:

- **Two out of three Veterans successfully complete treatment**
- **88% reduction in arrests from prior year to year after completing treatment**
- **30% increase in stable housing in the year after**



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In 2009, there were just four or five Veterans Treatment Courts. Today there are 461.

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Mayors Challenge

- **480,000 Veterans** or family members permanently housed, rapidly rehoused, or prevented from going homeless.
- **39 communities** and **3 states** — Virginia, Connecticut, and Delaware — have successfully ended Veteran homelessness.
- **883 leaders** have signed up to commit their communities to ending homelessness among Veterans.
- **NLC is playing a major role** in getting mayors and other leaders to join the effort and in engaging landlords to rent to Veterans exiting homelessness.



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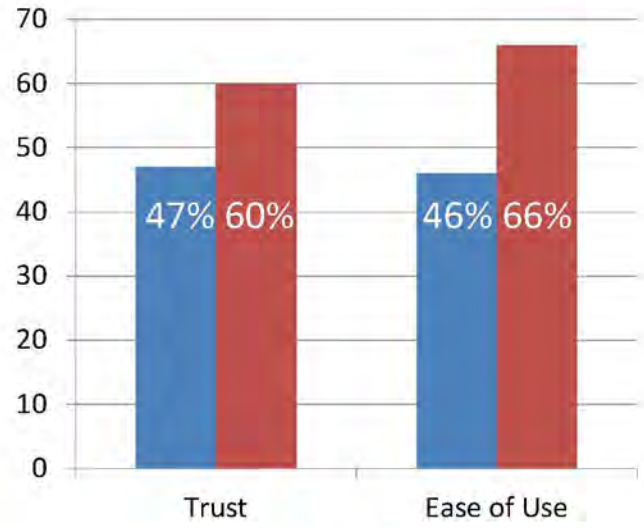
VA-19-0799-I-000447

DS_00005451

Veteran Trust



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AMERICAN OVERSIGHT

VA-19-0799-I-000449

DS_00005453

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/3/2017 10:20:51 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re:

Sure

Sent from my iPhone

On Apr 3, 2017, at 5:30 PM, (b) (6) <(b) (6) @gmail.com> wrote:

> (b) Tom poonam, (b) (6)
>
> On Apr 3, 2017 5:28 PM, "David shulkin" <Drshulkin@aol.com> wrote:
> Yes but to who
>
> Sent from my iPhone
>
> > On Apr 3, 2017, at 5:12 PM, (b) (6) <(b) (6) @gmail.com> wrote:
> >
> >
> > (b) gave me his wife's resume - she is a practicing physician and wants a role in VHA. Should I send?
> > <(b) (6) Curriculum Vitae (3 Apr 2017).doc>

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 4/3/2017 9:30:11 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

(b) Tom poonam, (b) (6)

On Apr 3, 2017 5:28 PM, "David shulkin" <Drshulkin@aol.com> wrote:
Yes but to who

Sent from my iPhone

> On Apr 3, 2017, at 5:12 PM, (b) (6) <(b) (6) @gmail.com> wrote:
>
>
> (b) gave me his wife's resume - she is a practicing physician and wants a role in VHA. Should I send?
> <(b) (6) Curriculum Vitae (3 Apr 2017).doc>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/3/2017 9:28:57 PM
To: (b) (6) (b) (6) @gmail.com]
Subject: Re:

Yes but to who

Sent from my iPhone

> On Apr 3, 2017, at 5:12 PM, (b) (6) <(b) (6) r@gmail.com> wrote:
>
>
> (b) gave me his wife's resume - she is a practicing physician and wants a role in VHA. Should I send?
> <(b) (6) Curriculum Vitae (3 Apr 2017).doc>

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 4/3/2017 9:12:28 PM
To: David Shulkin [drshulkin@aol.com]
Attachments: (b) (6) Curriculum Vitae (3 Apr 2017).doc

(b) gave me his wife's resume - she is a practicing physician and wants a role in VHA. Should I send?

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Curriculum Vitae

(b) (6), (b) (2) , MD MSPH FACP
(b) (6)
(b) (6) (Home)
(b) (6) (Cellular phone)

Education:

Post-graduate Training:

Board Certification:

Honors:

Employment:

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

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

Employment Continued:	(b) (6), (b) (2)
Faculty Appointments:	
Licensure:	
Certifications:	
Professional Societies:	
Research:	

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

Abstracts:

Oral Presentations:

Posters:

Committees:

CME:

Medical-Legal Reviews:

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

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/28/2017 1:34:46 PM
To: Marc Sherman [mbs(b) (6) gmail.com]
Subject: Re: A thought

I agree

Sent from my iPhone

> On Apr 28, 2017, at 8:01 AM, Marc Sherman <mbs(b) (6) mail.com> wrote:
>
> David
>
> I had a thought. Jon Tester was the only Democrat that attended the press conference yesterday. A thought is for you to reach out to him (phone call preferably or, less effective, an email) and personally thank him for attending the accountability event and for showing his support for the well-being of the veterans and the improvement of the system that is charged with caring for them properly. Tell him that his presence and support stood out and was noticed by many and so appreciated.
>
> A thank you reach out to Isakson and Roe by email thanking them again would also be a good gesture.
>
> Marc
>
> Marc Sherman
> (b) (6)

AMERICAN OVERSIGHT

Message

From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 4/28/2017 12:01:15 PM
To: David shulkin [drshulkin@aol.com]
Subject: A thought

David

I had a thought. Jon Tester was the only Democrat that attended the press conference yesterday. A thought is for you to reach out to him (phone call preferably or, less effective, an email) and personally thank him for attending the accountability event and for showing his support for the well-being of the veterans and the improvement of the system that is charged with caring for them properly. Tell him that his presence and support stood out and was noticed by many and so appreciated.

A thank you reach out to Isakson and Roe by email thanking them again would also be a good gesture.

Marc

Marc Sherman
(b) (6)

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Message

From: David Shulkin [drshulkin@aol.com]
Sent: 4/2/2017 2:55:23 PM
To: L Perl [(b) (6) @gmail.com]
CC: IKE [@frenchangel59.com]; Marc Sherman [mb((b) (6) gmail.com]; Bruce Moskowitz [brucem(b) (6) mac.com]
Subject: Re: TV Appearances

Thanks Laurie

Sent from my iPad

> On Apr 2, 2017, at 10:34 AM, L Perl (b) (6) gmail.com> wrote:
>
> David---- caught you on Fox this morning-- excellent interview-- as usual...
>
> Also saw piece on PTSD aired on ABC--- it was extremely well done-- and
> again-- you were great..
>
> Enjoy the rest of your day....Best...L

AMERICAN OVERSIGHT

Message

From: L Perl [(b) (6) @gmail.com]
Sent: 4/2/2017 2:34:14 PM
To: David shulkin [drshulkin@aol.com]
CC: IKE [@frenchangel59.com]; Marc Sherman [mb(b) (6) gmail.com]; Bruce Moskowitz [brucem(b) (6) mac.com]
Subject: TV Appearances

David---- caught you on Fox this morning-- excellent interview-- as usual...

Also saw piece on PTSD aired on ABC--- it was extremely well done-- and again-- you were great..

Enjoy the rest of your day....Best...L

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/5/2017 9:27:49 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Fwd: Google Alert - david shulkin

Please read the usatoday story

Sent from my iPhone

Begin forwarded message:

From: Google Alerts <googlealerts-noreply@google.com>
Date: March 5, 2017 at 3:03:32 PM EST
To: drshulkin@aol.com
Subject: Google Alert - david shulkin

Google Alerts

david shulkin

Daily update · March 5, 2017

NEWS

Inaccurate VA wait times preclude thousands of vets from getting outside care, probe finds
USA TODAY
VA Secretary **David Shulkin**, whom the Senate confirmed unanimously a few weeks ago, was undersecretary for health at the time of the audit, which ...
Delays in care at VA hospitals worse than thought - WTVD-TV
Report: VA not tracking true health care delays in 2 states - Greensboro News & Record
Full Coverage
Flag as irrelevant

Trump will take care of veterans
Allentown Morning Call
David Shulkin, testifying during his Feb. 1 Senate Veterans Affairs hearing, was later confirmed as secretary of Veterans Affairs in the Trump ...
Flag as irrelevant

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Receive this alert as RSS feed

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Send Feedback

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Message

From: Wright, Vivieca (Simpson) [Vivieca.Wright@va.gov]
Sent: 3/3/2017 10:24:31 PM
To: David shulkin [Drshulkin@aol.com]
CC: Poonam Alaigh [(b) (6) @hotmail.com]; Young, Steven W. [Steven.Young2@va.gov]
Subject: RE: [EXTERNAL] Fwd: Google Alert - david shulkin

Ok

From: David shulkin [mailto:Drshulkin@aol.com]
Sent: Friday, March 03, 2017 4:34 PM
To: Wright, Vivieca (Simpson)
Cc: Poonam Alaigh; Young, Steven W.
Subject: [EXTERNAL] Fwd: Google Alert - david shulkin

Please see the first story and lets add to report

Sent from my iPhone

Begin forwarded message:

From: Google Alerts <googlealerts-noreply@google.com>
Date: March 3, 2017 at 3:05:15 PM EST
To: drshulkin@aol.com
Subject: Google Alert - david shulkin

Google Alerts

david shulkin

Daily update - March 3, 2017

NEWS

Buchanan calls for Florida impact of reported VA drug thefts
Bradenton Herald
... veterans, Congressman Vern Buchanan voiced concerns over potential impact in Florida in a letter to Secretary of VA **David Shulkin** on Thursday.
Flag as irrelevant

VA costs could balloon with 'choice' reform, new Agent Orange ailments
Stars and Stripes
Department of Veterans Affairs Secretary David J. Shulkin announced this week that his priorities for improving services to veterans include expanding ...
Flag as irrelevant

AMERICAN OVERSIGHT

Lawmakers try again to accelerate discipline of VA employees; union fights back

Stars and Stripes

Complementary bills were introduced in the House and Senate this week to give VA Secretary **David Shulkin** those authorities. The legislation would ...

Flag as irrelevant

Sen. Warner on report on wait times at VA medical centers

Augusta Free Press

I have some tough questions for VA Secretary **David Shulkin**, who was Undersecretary of the Veterans Health Administration when this IG report was ...

Flag as irrelevant

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/3/2017 9:33:43 PM
To: Vivieca Wright Simpson [vivieca.Wright@va.gov]
CC: Poonam Alaigh [(b) (6) @hotmail.com]; Steven W. Young [steven.young2@va.gov]
Subject: Fwd: Google Alert - david shulkin

Please see the first story and lets add to report

Sent from my iPhone

Begin forwarded message:

From: Google Alerts <googlealerts-noreply@google.com>
Date: March 3, 2017 at 3:05:15 PM EST
To: drshulkin@aol.com
Subject: Google Alert - david shulkin

Google Alerts

david shulkin

Daily update · March 3, 2017

NEWS

Buchanan calls for Florida impact of reported VA drug thefts
Bradenton Herald
... veterans, Congressman Vern Buchanan voiced concerns over potential impact in Florida in a letter to Secretary of VA **David Shulkin** on Thursday.
Flag as irrelevant

VA costs could balloon with 'choice' reform, new Agent Orange ailments
Stars and Stripes
Department of Veterans Affairs Secretary David J. Shulkin announced this week that his priorities for improving services to veterans include expanding ...
Flag as irrelevant

Lawmakers try again to accelerate discipline of VA employees; union fights back
Stars and Stripes
Complementary bills were introduced in the House and Senate this week to give VA Secretary **David Shulkin** those authorities. The legislation would ...
Flag as irrelevant

Sen. Warner on report on wait times at VA medical centers

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Augusta Free Press

I have some tough questions for VA Secretary **David Shulkin**, who was Undersecretary of the Veterans Health Administration when this IG report was ...


Flag as irrelevant

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Unsubscribe | View all your alerts


Receive this alert as RSS feed

Send Feedback

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Message

From: (b) (6) [(b) (6)@gmail.com]
Sent: 3/3/2017 8:24:14 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Media

- Radio Interview – 7:30AM Friday Morning
- 2 –On Camera Interviews at Medical Center after conclusion of Visit
- 1- Print Interview

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 3/4/2017 3:01:39 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: [EXTERNAL] RE:

Oops sorry sent the wrong version to them. I am sorry will resend the correct version.
On Fri, Mar 3, 2017 at 10:00 PM David Shulkin <drshulkin@aol.com> wrote:

The choice agenda item should not have any detail below it - it should just read Choice Legilsation

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

From: (b) (6) <(b) (6) @gmail.com>

To: IP <[redacted]@frenchangel59.com>; Bruce Moskowitz <brucem(b) (6) mac.com>; David Shulkin <drshulkin@aol.com>

Sent: Fri, Mar 3, 2017 9:54 pm

Subject: Re: FW: [EXTERNAL] RE:

AMERICAN OVERSIGHT

Good evening, resending agenda. I do not believe the first email transmitted.

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

From: IP [(b) (6) @frenchangel59.com]

Sent: Friday, March 03, 2017 04:05 PM Eastern Standard Time

To: 'Bruce Moskowitz'; 'David shulkin'

Cc: (b) (6) .; (b) @frenchangel59.com

Subject: [EXTERNAL] RE:

AMERICAN OVERSIGHT

4:00 PM is perfect.

David, please email me the best number for you tomorrow and I will call you

and Bruce.

We don't need an 800#.

Thank you,

Ike

AMERICAN OVERSIGHT

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

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

Sent: Friday, March 03, 2017 3:57 PM

To: David shulkin

Cc: Ike Perlmutter; (b) (6)

Subject: Re:

Yes anytime

Sent from my iPad

Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

> On Mar 3, 2017, at 3:55 PM, David shulkin <Drshulkin@aol.com> wrote:

>

> I would like to review the agenda I have prepared for the President on

Monday

>

> Would you have time on Saturday at either 1 pm or 4 pm?

>

> (b) (6) can you send the Potus agenda out and set up a conference number?

>

> Sent from my iPhone

AMERICAN OVERSIGHT

--
Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 3/4/2017 3:00:26 AM
To: (b) (6) @gmail.com
Subject: Re: [EXTERNAL] RE:

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AMERICAN OVERSIGHT

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> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 3/4/2017 2:54:27 AM
To: IP [@frenchangel59.com]; Bruce Moskowitz [brucem(b) (6) mac.com]; David Shulkin [drshulkin@aol.com]
Subject: Re: FW: [EXTERNAL] RE:
Attachments: POTUS Agenda 3-6-17(Sec).docx

Good evening, resending agenda. I do not believe the first email transmitted.

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From: IP [(b)@frenchangel59.com]
Sent: Friday, March 03, 2017 04:05 PM Eastern Standard Time
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AMERICAN OVERSIGHT

THE HONORABLE DAVID J. SHULKIN
U.S. SECRETARY OF VETERANS AFFAIRS
MARCH 6, 2017 5:00PM
OVAL OFFICE

Agenda:

1.
2.
3.
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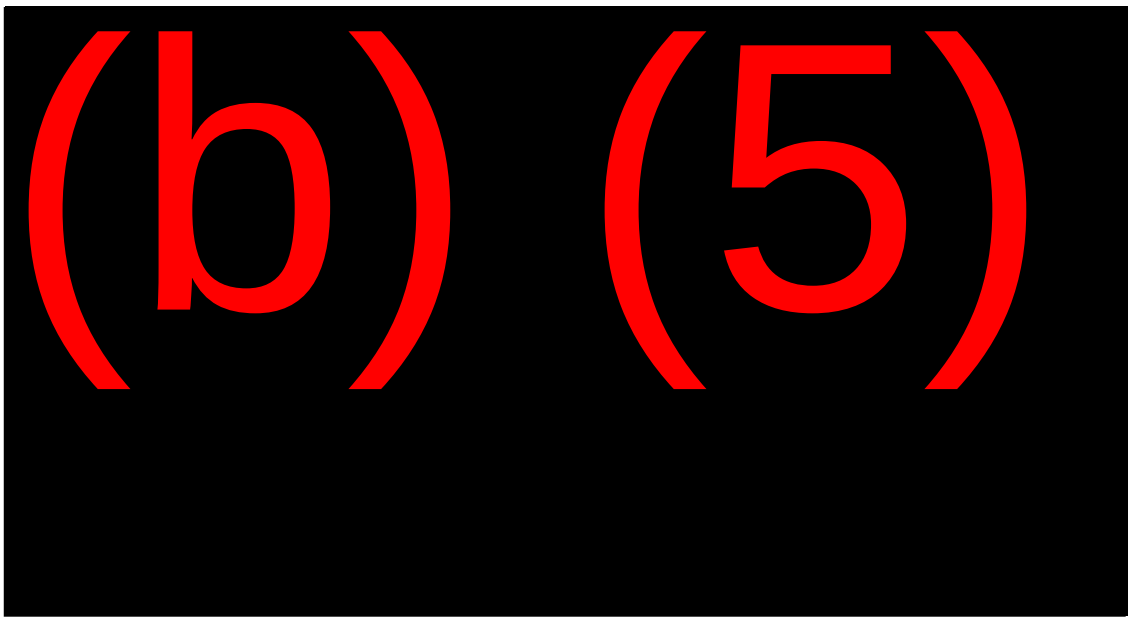

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/14/2017 2:13:54 AM
To: David Shulkin [drshulkin@aol.com]
BCC: Vivieca Simpson [(b) (6) @gmail.com]; (b) (6) [(b) (6) @davmail.org]; (b) (6) [(b) (6) @gmail.com]; (b) (6) [(b) (6) @mitre.org]; (b) (6) [(b) (6) @verizon.net]
Subject: Honoring Dr. David Shulkin...March 24th R.S.V.P required.

Hope you are able to attend. If so please them know if you are bringing a guest. Thank you.

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You are cordially invited

TO A SPECIAL COCKTAIL AND BUFFET RECEPTION HONORING

The Honorable David J. Shulkin

UNITED STATES SECRETARY OF VETERANS AFFAIRS

MARCH 24, 2017
6:00 O'CLOCK IN THE EVENING

AT THE RESIDENCE OF

(b) (6) [redacted]

(b) (6) [redacted] NW WASHINGTON DC (b) (6) [redacted]

TO RSVP, PLEASE EMAIL (b) (6) [redacted] @HOTMAIL.COM

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Message

From: David Shulkin [drshulkin@aol.com]
Sent: 3/3/2017 1:57:28 AM
To: (b) (6) [redacted]@gmail.com
Subject: please print
Attachments: POTUS Agenda 3.docx

AMERICAN OVERSIGHT

POTUS Agenda 3/6/2017

(b) (5)



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Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 3/3/2017 9:19:11 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
CC: David shulkin [Drshulkin@aol.com]; (b) (6) (b) (6) (b) (6) CVSHealth.com]; (b) (6) [(b) (6) @gmail.com]
Subject: Re: CVS Health Follow up

Thank you

Sent from my iPad
Bruce Moskowitz M.D.

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> > > > MinuteClinic/Executive Vice President, CVS Health
> > > > **p** (b) (6) | **c** (b) (6)

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CVS Health | One CVS Drive, MS100SVD, Woonsocket, RI 02895

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From: Bruce Moskowitz [mailto:brucem(b) (6) mac.com]
Sent: Friday, March 03, 2017 11:53 AM
To: (b) (6)
Subject: Re: CVS Health Follow up

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AMERICAN OVERSIGHT

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Warm regards and have a good weekend, (b)

Thank you.

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| Executive Vice President, Clinical Services, CVS Health
p (b) (6) | **c** (b) (6)
CVS Health | One CVS Drive, MS100SVD, Woonsocket, RI 02895

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Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 3/3/2017 9:17:29 PM
To: David shulkin [Drshulkin@aol.com]
CC: Bruce Moskowitz [brucem(b) (6) mac.com]; (b) (6) (b) (6) (b) (6) CVSHealth.com]
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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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> **CVS Health** | One CVS Drive, MS100SVD, Woonsocket, RI 02895
>
> CONFIDENTIALITY NOTICE: This communication and any attachments may contain confidential and/or privileged information for the use of the designated recipients named above. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution or copying of it or its contents is prohibited. If you have received this communication in error, please notify the sender immediately by email or telephone and destroy all copies of this communication and any attachments.
>
> ---
>
> **From:** Bruce Moskowitz [mailto:brucem(b) (6) mac.com]
> **Sent:** Friday, March 03, 2017 11:53 AM
> **To:** (b) (6)
> **Subject:** Re: CVS Health Follow up
>
> Thank you we should move forward with this agenda will discuss with my group.
>
> Sent from my iPad
> Bruce Moskowitz M.D.
>
> On Mar 3, 2017, at 11:31 AM, (b) (6) (b) (6) (b) (6) CVSHealth.com> wrote:
>
> > Bruce.. I enjoyed chatting with you earlier this week. It is exciting to hear of all the efforts to improve care for our veterans. As I mentioned, CVS Health has a strong interest in participating in this effort, and has already been engaging with the VA in our pilots at MinuteClinic in CA, and soon in AZ. We have a variety of enterprise assets that can assist veterans, across the spectrum of pharmacy care. As we discussed these could include:
> >
> > 1. <!--[if !supportLists]--><!--[endif]-->Discharge medication programs, including medication reconciliation, and re-admission prevention in the ambulatory setting at CVS MinuteClinic. These efforts would be fully integrated with the patient's primary care medical home and electronic records through Epic and the e-Health Exchange, as we are currently doing in our pilots with the VA

AMERICAN OVERSIGHT

2. <!--[if !supportLists]--><!--[endif]-->Home infusion and infusion center services through Coram, the largest national infusion provider. As we discussed, these services are intended to help get patients home from the hospital sooner and avoid unnecessary, inconvenient and costly hospital based care
3. <!--[if !supportLists]--><!--[endif]-->Facilitating medication dispensing and distribution in the ambulatory setting through our extensive retail footprint of 10k pharmacies. This may be particularly helpful in rural areas that may not have easy access to a VA facility. On the mail pharmacy side we would be glad to explore opportunities to leverage our vast and sophisticated capabilities in this space as well.
4. <!--[if !supportLists]--><!--[endif]-->On maternal nutrition, we would be eager to build on our current women's health programs to add capabilities to support women before, during and after pregnancy, including in underserved areas
5. <!--[if !supportLists]--><!--[endif]-->We are also developing new services in Audiology and Optometry, both provided in store with sophisticated diagnostic testing and dispensing of hearing aids and eyeglasses. We are beginning to ramp access to these services and would be eager to collaborate with the VA
6. <!--[if !supportLists]--><!--[endif]-->We also discussed our OmniCare division, the leading provider of pharmacy care at Skilled Nursing and Assisted Living/Independent Living settings. We are eager to consider collaboration in this space that could include prompt and convenient dispensing (instead of waiting for mailed medications) as well as medication reconciliation on admission and prior to discharge, to avoid associated morbidity and re-admission.

I hope this gives you a good sense of some of our capabilities and our desire to be part of the team, helping to make care better for our veterans. As I mentioned, I will pull together a deck on these capabilities. We would be glad to set up our top executives in these areas to meet with your work group of VA and health system leaders, and discuss potential pilots. Please let me know on next steps.

Warm regards and have a good weekend, (b)

Thank you.

(b) (6) **MD** | Executive Vice President, Clinical Services, CVS Health
p (b) (6) | **c** (b) (6)
CVS Health | One CVS Drive, MS100SVD, Woonsocket, RI 02895

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AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/11/2017 11:14:12 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Usually bogged down

Its what is so interesting about our jobs- it pulls on so many different areas of leadership

Sent from my iPhone

> On Apr 11, 2017, at 4:46 AM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> With work that is related to mitigating adverse outcomes, promoting collaborations and strengthening/ standardizing our processes/systems- so I am glad that you pulled me in on the innovative and creative stuff yesterday when Darrin etc. I need that to get my energy flowing as we dream of possibilities.
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 4/11/2017 8:46:39 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Usually bogged down

With work that is related to mitigating adverse outcomes, promoting collaborations and strengthening/ standardizing our processes/systems- so I am glad that you pulled me in on the innovative and creative stuff yesterday when Darrin etc. I need that to get my energy flowing as we dream of possibilities.

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: (b) (6) (b) (6) @va.gov]
Sent: 3/12/2017 11:02:05 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
CC: David shulkin [Drshulkin@aol.com];(b) (6) (b) (6) @va.gov]; (b) (6) (b) (6) @va.gov]; (b) (6) [(b) (6) @gmail.com]
Subject: RE: [EXTERNAL] Re: VA

Great to hear, Bruce. Look forward to meeting with you!

(b)
(b) (6)

-----Original Message-----
From: Bruce Moskowitz [mailto:bruce(b) (6) @mac.com]
Sent: Sunday, March 12, 2017 6:48 PM
To: (b) (6)
Cc: David shulkin; (b) (6) (b) (6) (b) (6)
Subject: Re: [EXTERNAL] Re: VA

Thank you (b) (6) will set up a call I take care of many owners and they are enthusiastic

Sent from my iPhone

> On Mar 12, 2017, at 6:44 PM, (b) (6) (b) (6) va.gov> wrote:
>
> Thanks for the introduction, David.
>
> Great to meet you, Bruce! Would love to leverage the relationship you have with professional sports pursuant to helping Veterans, and ultimately, American medicine.
>
> Over the past couple of years, we've created a Strategic Partnerships office at the VA to maximize our relationships with external partners, including professional sports organizations. Generally, we have found the same foundation of enthusiasm and excitement exhibited by these organizations as you now have.
>
> If possible, it would be great to connect with you and brainstorm about how to best leverage and work with these organizations. As a basis for our discussion, I can provide some examples of how we have established a sort of a professional sports "beachhead" we can build off of.
>
> Perhaps we can arrange a quick call to begin the process. Please let me know a few date/time opportunities when you are available, and we can go from there. If you are in DC, I am happy to meet with you in person at your convenience.
>
> Look forward to speaking with you further about this, Bruce.
>
> Thanks again!
>
> Sincerely,
>
> (b)
>
> (b) (6)
> Senior Advisor to the Secretary
> Department of Veterans Affairs
> (b) (6) (mobile)
>
>
>
> -----Original Message-----
> From: Bruce Moskowitz [mailto:bruce(b) (6) @mac.com]
> Sent: Thursday, March 09, 2017 11:34 AM
> To: David shulkin
> Cc: (b) (6)
> Subject: [EXTERNAL] Re: VA
>
> Thank you I did not realize how enthusiastic the response would be. They also were enthusiastic regarding hiring Veterans, assisting getting them to sports events, utilization of their vast PR network. The President loves sports at one time tried to buy a baseball team.
>
> Sent from my iPad
> Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

>
>> On Mar 9, 2017, at 11:21 AM, David shulkin <Drshulkin@aol.com> wrote:
>>
>> Bruce- i am going to connect you with (b) (6) who heads our strategic partnerships and has worked closely with the nfl, the usta, etc and he would be able followup and give us advice
>>
>> David
>>
>> Sent from my iPhone
>>
>>> On Mar 9, 2017, at 9:40 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>>>
>>> When I came to the office I had multiple calls from heads of American Baseball, National Football and National Hockey. Apparently my discussion of sports teams contributing to the VA went viral. There is an outpouring of support.
>>> All the professional teams are located in enough geographic areas to provide assistance.
>>> Not only are they prepared to have their exercise trainers and orthopedists work with the VA to provide regimens that treat acute and chronic pain without medication but also start an educational program for staff and Veterans.
>>> They can also be a very useful PR tool since most Veterans are avid sports fans.
>>>
>>> Sent from my iPad
>>> Bruce Moskowitz M.D.
>>

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 3/12/2017 10:48:18 PM
To: (b) (6) (b) (6) @va.gov]
CC: David shulkin [Drshulkin@aol.com]; (b) (6) (b) (6) @va.gov]; (b) (6) (b) (6) @va.gov]; (b) (6) [(b) (6) @gmail.com]
Subject: Re: [EXTERNAL] Re: VA

Thank you (b) (6) will set up a call I take care of many owners and they are enthusiastic

Sent from my iPhone

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>
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>
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> Perhaps we can arrange a quick call to begin the process. Please let me know a few date/time opportunities when you are available, and we can go from there. If you are in DC, I am happy to meet with you in person at your convenience.
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> Look forward to speaking with you further about this, Bruce.
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> Sincerely,
>
> (b)
>
> (b) (6)
> Senior Advisor to the Secretary
> Department of Veterans Affairs
> (b) (6) (mobile)
>
>
>
> -----Original Message-----
> From: Bruce Moskowitz [mailto:bruce(b) (6) @mac.com]
> Sent: Thursday, March 09, 2017 11:34 AM
> To: David shulkin
> Cc: (b) (6)
> Subject: [EXTERNAL] Re: VA
>
> Thank you I did not realize how enthusiastic the response would be. They also were enthusiastic regarding hiring Veterans, assisting getting them to sports events, utilization of their vast PR network. The President loves sports at one time tried to buy a baseball team.
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>>
>> David
>>
>> Sent from my iPhone
>>
>>> On Mar 9, 2017, at 9:40 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>>>

AMERICAN OVERSIGHT

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>>> They can also be a very useful PR tool since most Veterans are avid sports fans.
>>>
>>> Sent from my iPad
>>> Bruce Moskowitz M.D.
>>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/9/2017 6:49:52 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
Subject: Re: VA

Maybe we could have a VA baseball team

Sent from my iPhone

> On Mar 9, 2017, at 11:34 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>
> Thank you I did not realize how enthusiastic the response would be. They also were enthusiastic regarding hiring Veterans, assisting getting them to sports events, utilization of their vast PR network. The President loves sports at one time tried to buy a baseball team.
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>> Sent from my iPhone
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>>>
>>> Sent from my iPad
>>> Bruce Moskowitz M.D.
>>

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 3/9/2017 4:34:04 PM
To: David shulkin [Drshulkin@aol.com]
CC: (b) (6) (b) (6) @va.gov]
Subject: Re: VA

Thank you I did not realize how enthusiastic the response would be. They also were enthusiastic regarding hiring Veterans, assisting getting them to sports events, utilization of their vast PR network. The President loves sports at one time tried to buy a baseball team.

Sent from my iPad
Bruce Moskowitz M.D.

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>
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> Sent from my iPhone
>
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>> They can also be a very useful PR tool since most Veterans are avid sports fans.
>>
>> Sent from my iPad
>> Bruce Moskowitz M.D.
>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/9/2017 4:21:06 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
CC: (b) (6) (b) (6) @va.gov]
Subject: Re: VA

Bruce- i am going to connect you with (b) (6) who heads our strategic partnerships and has worked closely with the nfl, the usta, etc and he would be able followup and give us advice

David

Sent from my iPhone

> On Mar 9, 2017, at 9:40 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>
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>
> Sent from my iPad
> Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 3/9/2017 2:40:58 PM
To: David Shulkin [drshulkin@aol.com]
Subject: VA

When I came to the office I had multiple calls from heads of American Baseball, National Football and National Hockey. Apparently my discussion of sports teams contributing to the VA went viral. There is an outpouring of support.
All the professional teams are located in enough geographic areas to provide assistance.
Not only are they prepared to have their exercise trainers and orthopedists work with the VA to provide regimens that treat acute and chronic pain without medication but also start an educational program for staff and Veterans.
They can also be a very useful PR tool since most Veterans are avid sports fans.

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: [(b) (6) ((b) (6) va.gov]
Sent: 3/4/2017 12:04:19 PM
To: 'drshulkin' [drshulkin@aol.com]
Subject: FW: [EXTERNAL] Media Clip

-----Original Message-----
From: (b) (6) (b) (6) @gmail.com]
Sent: Saturday, March 04, 2017 07:00 AM Eastern Standard Time
To: (b) (6)
Subject: [EXTERNAL] Media Clip

https://www.stripes.com/news/lawmakers-try-again-to-accelerate-discipline-of-va-employees-union-fights-back-1.456785

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 3/4/2017 3:45:09 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Day 1 of the wedding
Attachments: IMG_2030.JPG; ATT00001.txt

>From the wedding celebrations after dancing all night - some of my college class mates and yes, you can guess the wild one from Florida - multiple events today

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AMERICAN OVERSIGHT

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 3/3/2017 9:31:11 AM
To: David Shulkin [drshulkin@aol.com]

Mr Secretary - it's difficult for me to have anyone in my core team who doesn't accept me in my role, wanted and continues to want this role for herself, and I cannot trust to be loyal to me. I will continue to try but I have a very low threshold for that- I made a big mistake in a similar role in the past- I can't do this job and make the same mistake again. Thank you in advance for understanding and I am hoping I have your support in any decision I make

Sent from my iPhone

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Message

From: David Shulkin [drshulkin@aol.com]
Sent: 3/4/2017 2:52:29 AM
To: (b) (6) @gmail.com
Subject: Fwd: slides for R and D conference in florida
Attachments: floridarandd.pptx

-----Original Message-----
From: David Shulkin <drshulkin@aol.com>
To: princewheeler <(b) (6) @va.gov>
Sent: Fri, Mar 3, 2017 9:47 pm
Subject: slides for R and D conference in florida

Still needs some formatting improvmeents

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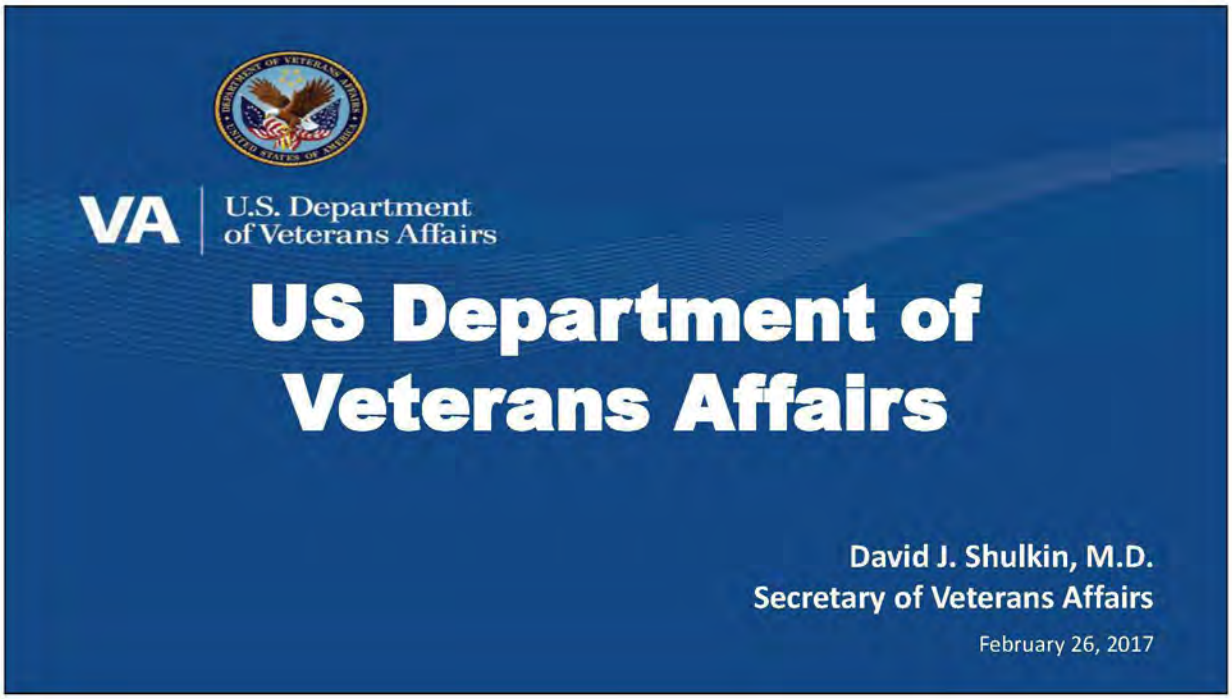

Thanks for the introduction and to the audience for their service and for all they do for their fellow Veterans.

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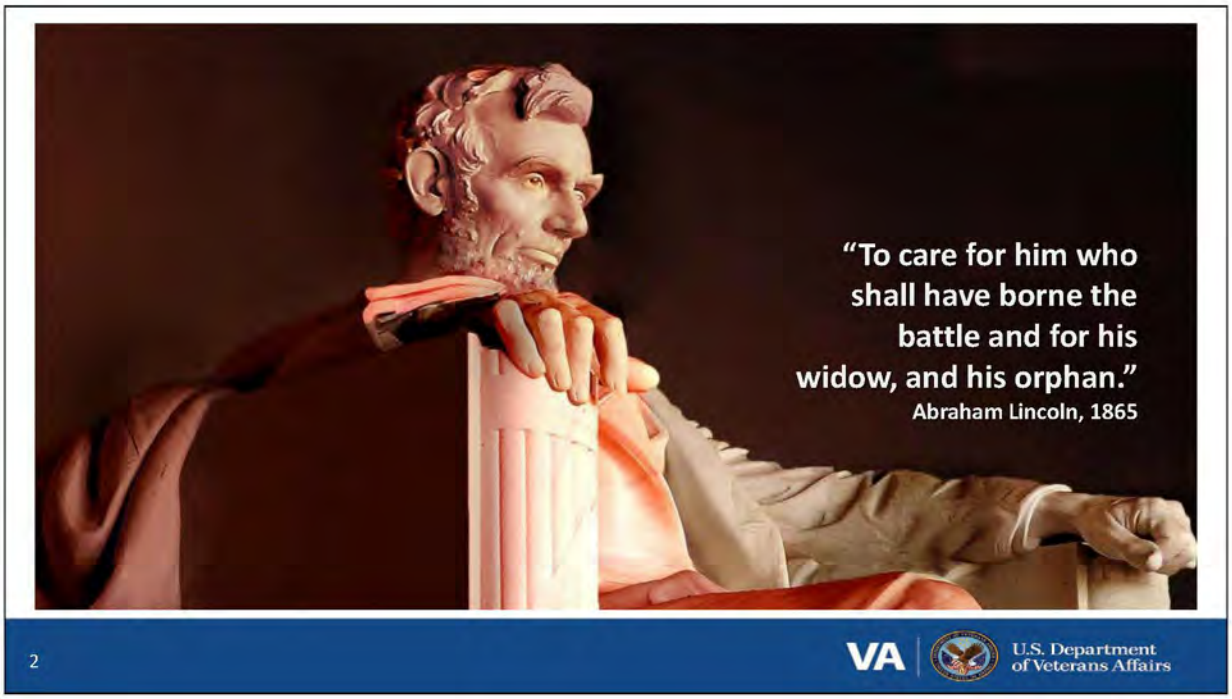

Honor to serve Veterans

Personal background

Advantage of clinical experience, hospital management in the private sector, and 18 months as USH

Commitment to the mission

Ready to seek bold changes

AMERICAN OVERSIGHT

'Final Salute' honors Holocaust survivor, Veteran



Sailors wait in a hallway on the medical-surgical floor at Lovell FHCC for the body of Holocaust survivor and Korean War Air Force Veteran Paul Argiewicz to be wheeled to the elevators. (Photos by Trevor Seela)

AMERICAN OVERSIGHT

VA Differences From Private Sector

	Private Sector	Veterans Health Administraiton
Peer Support		X
Crisis Lines		X
Transportation		X
Caregivers		X
Homelessness Services		X
Medication Support		X
Behavioral Health Integration		X
PTSD, TBI, SCI, Prosthetics, Polytrauma		X
Long Term Care Services		X
Adaptive Sports		X
Research on Veteran Well Being		X

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We're making it easier for other organizations to partner with VA, by standardizing our partnership process and making it more partner-friendly.

We're also working with communities around the country to establish Community Veterans Engagement Boards. The first of these, "MyVA Connecticut," held its first meeting in May. We hope to have at least a dozen in operation by the end of the summer.

Finally, this summer, we at VA are renewing our commitment to America's Veterans, and we're asking others to join us in that commitment.

We're calling it the "Summer of Service":

In the next three months, we'll be turning the spotlight on VA Volunteers to thank them for the work they do and to show others how they can help, too.

Our goal for the Summer of Service was to enlist 100,000 people as VA Volunteers by the end of August. We have almost 67,000 already.

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VA Tele-health



AMERICAN OVERSIGHT

VA Quality- RAND Studies 2016



RAND OBJECTIVE ANALYSIS. EFFECTIVE SOLUTIONS.

RESEARCH · LATEST INSIGHTS · POLICY EXPERTS · CAPABILITIES · GRADUATE SCHOOL ·

Quality of Care in VA Health System Compares Well to Other Health Settings

FOR RELEASE
Monday
July 18, 2016

The Veterans Affairs health care system generally performs better than or similar to other health care systems on providing safe and effective care to patients, according to a new RAND Corporation study.

Analyzing a decade of research that examined the VA health care system across a variety of quality dimensions, researchers found that the VA generally delivered care that was better or equal in quality to other health care systems, although there were some exceptions.

The RAND study found there was too little information related to timeliness, equity, efficiency and patient-centeredness to reliably draw conclusions about how the VA system compared to others across these dimensions. The findings are published in the Journal of General Internal Medicine.

Media Resources

RAND Office of Media Relations

(703) 414-4795
(310) 451-6913
media@rand.org

Researcher Spotlight

Courtney A. Gidengil
Natural Scientist

Courtney Gidengil is a natural scientist at the RAND Corporation and a member of the Pardee RAND Graduate School faculty. She is board certified in both general pediatrics and pediatric infectious diseases. Gidengil trained as a resident in pediatrics at Hasbro Children's Hospital and Brown...

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VA is Leading in Public Health Issues



A 22% Reduction since 2013



Potential to Eliminate in 2 Years

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To Modernize First Understand History



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I tasked VHA's NLC to tell me what we most need to do to modernize VA healthcare. Here are the areas I asked them to look at.

These are things we're looking at. Some might take considerable effort to bring about. But they would definitely move VA forward.

AMERICAN OVERSIGHT



I'm generally known to be a little bit impatient, and when I ran hospitals I used to complain to my management teams, "What's it going to take to get this done, an act of Congress?" Now of course, everything we do at VA takes an act of Congress, so life has a funny way of playing tricks on you.

Many of the things I've just talked about will take an act of Congress.

Two other major fixes also will:

Consolidation of our various Community Care programs
An overhaul of our claims appeals process

These are needs you've already heard a lot about, so I won't say much more about them, except that both are absolutely necessary if we want to do right by Veterans, and we'll need your help to get them through Congress.

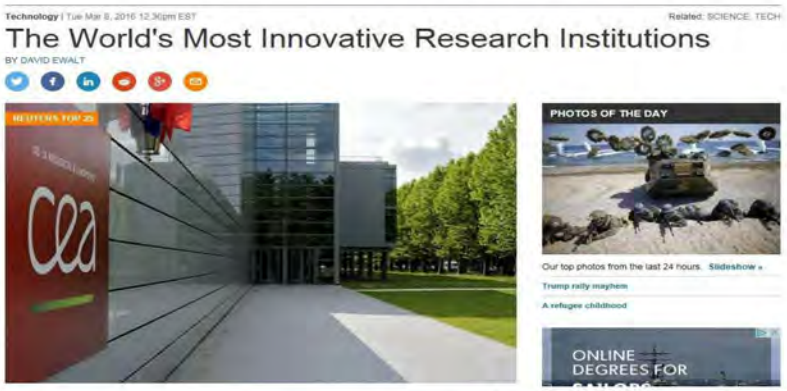
I had a great meeting with the chairman of SVAC and HVAC, and we share a consensus on the needs, but you know the devil is in the details. So we will need your help.

The President is committed to doing right by Veterans, and so am I. With your help, we'll make VA great again. We have to be bold and even at times audacious to do that.

I look forward to working with you in the future. Thank you.

AMERICAN OVERSIGHT

A Leader in Innovation



U.S. DEPARTMENT OF VETERANS AFFAIRS
CENTER FOR INNOVATION

VA | U.S. Department of Veterans Affairs

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VHA Office of Research and Development

- **Biomedical Laboratory Research and Development (BLR&D)** supports research exploring biological or physiological principles in humans or animals.
- **Clinical Science Research and Development (CSR&D)** supports research focusing on intact human beings as the unit of examination and includes interventional and effectiveness studies, clinical, epidemiological and technological studies.
- **Health Services Research and Development (HSR&D)** examines the organization, delivery, and financing of health care, from the perspectives of patients, caregivers, providers, and managers to improve the quality and economy of care.
- **Rehabilitation Research and Development (RR&D)** supports improving the quality of life of impaired and disabled veterans, through a full spectrum of research: from approved rehabilitation research projects, through evaluation and technology transfer to final clinical application.
- **Technology Transfer Office** supports patenting, licensing and Cooperative Research and Development Agreements (CRADAs).
- **Non-profit Program Office** supports operation of VA –associated nonprofits
- **PRIDE** supports the VA Central Institutional Review Board and educates on human subject protection.

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Funding

- ORD funds approximately 2000 intramural research projects, including individual investigator awards, large clinical trials, research centers, and career development awards at any one time.
- Approximately 20% of applicants are successful in any given funding round.
- Approximately 60% of investigators are clinicians.
- Program depends on close ties to academic affiliates.

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ORD-Funded Research Staff



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- Intramural and sponsored clinical trials opened nationally to enable broad patient access
  - Governance provided by disease-group steering committees
  - Utilization of Central IRBs (VA and NCI)
  - Support from VA and partners (NCI, pharma, non-profits)
  - Patients matched to clinical trials through utilization of structured and unstructured data
- Appeal to potential sponsors and partners
  - Potential rapid enrollment into clinical trials due to size of the VA
  - Cost effective given VA infrastructure and programs
- Collateral positive impact on high-performance team
  - Recruit and retain excellent staff

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Million Veteran Program



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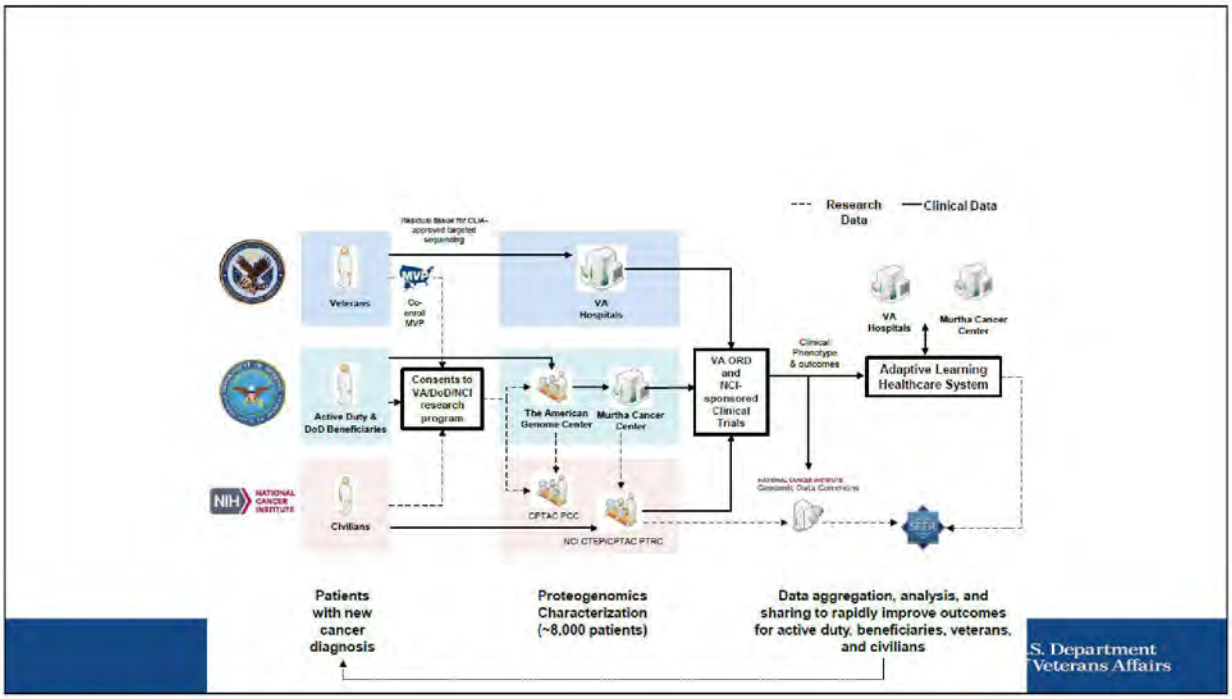

AMERICAN OVERSIGHT

What is Coming to VA

- Sample collection from every site
- Sequencing done in VA regional laboratories
- Availability to national oncology expertise and consultation from COE sites
- Virtual tumor boards
- Analysis and Reports returned to providers and patients
- Genetic Counseling accessible to all in VA through telehealth capabilities

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DoD-VA Research Partnership

- Strong relationships with research directors in the Office of the Assistant Secretary of Defense (Health Affairs), the Defense Health Agency, and health research arms of Army, Navy and Air Force.
- Joint Programmatic Reviews and planning for areas of overlapped interest.
- Jointly funded consortia to conduct research on the chronic effects of neurotrauma, and on PTSD, involving DoD, VA, and academic partners ($107M total over 5 years).

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Strategic Partnerships

Google DeepMind

IBM Watson Health

VA | U.S. Department of Veterans Affairs

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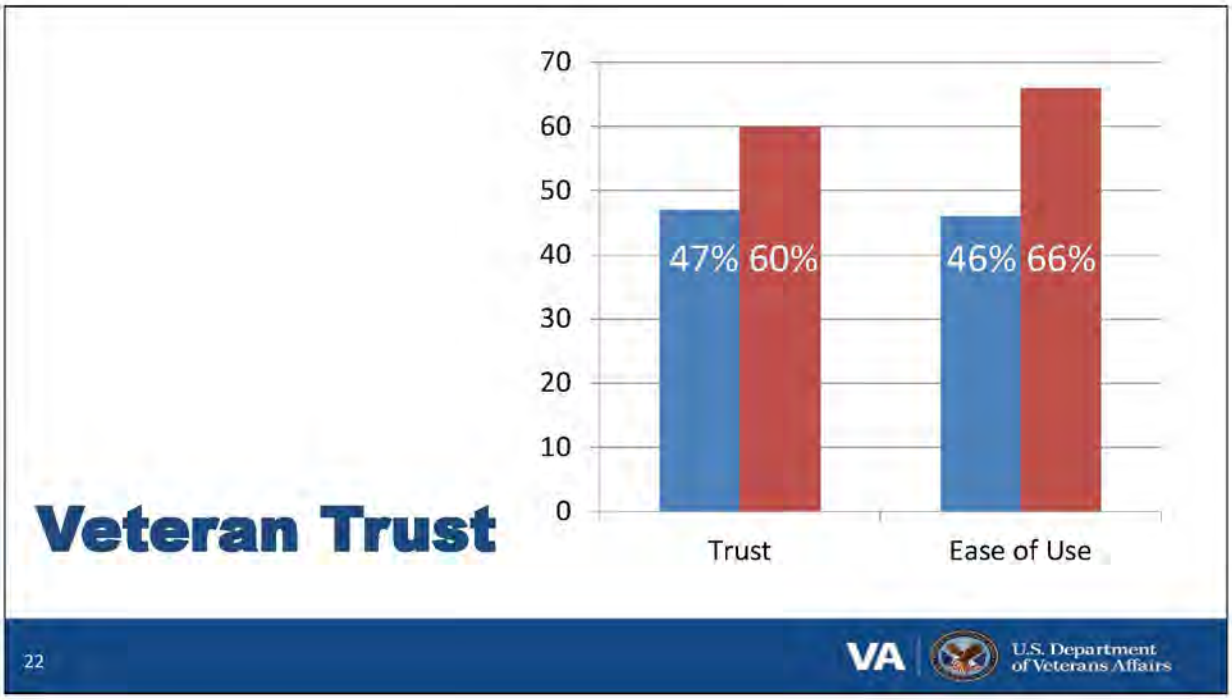

Their trust in VA is also up, as is their ease of use.

Trust up from 47% to 60%,

Ease of use up from 46% to 66%

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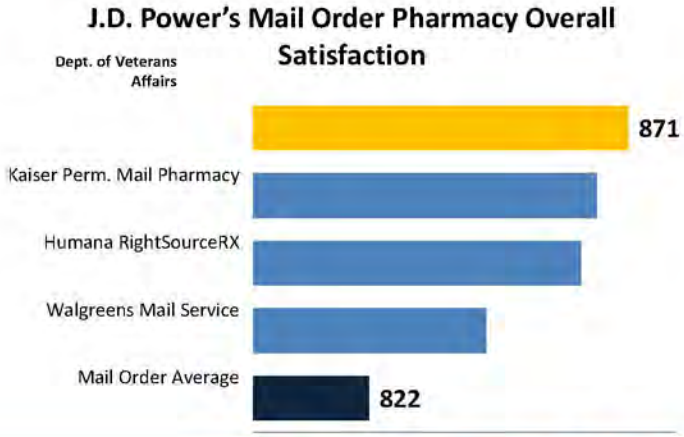
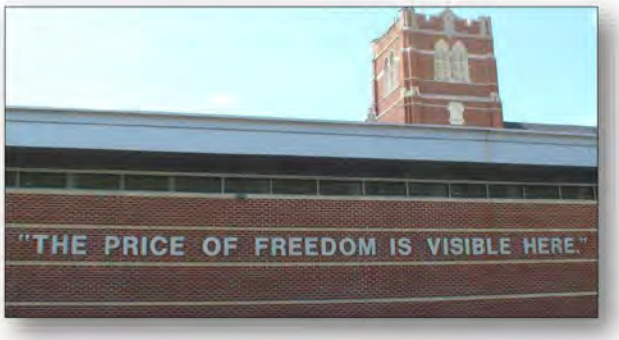
VA as a Customer Centric Organization



U.S. Department of Veterans Affairs

AMERICAN OVERSIGHT



VA | U.S. Department of Veterans Affairs

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Message

From: (b) (6) (b) (6) @va.gov]
Sent: 3/4/2017 12:01:08 AM
To: 'Bruce Moskowitz' [brucem(b) (6) mac.com]; 'David shulkin' [Drshulkin@aol.com]
CC: Yehia, Baligh R. (b) (6) @va.gov]; (b) (6) [(b) @mayo.edu]
Subject: RE: [EXTERNAL] Re: Cvs

Dear Bruce:
I am really looking forward to being of help.

Please do let me know if and when you'd like to speak.

Although I'm unfamiliar with the CVS Academic Project, I can add that we are trying to work with AMC staff and organizations in two capacities:

-using clinic branches in rural areas to serve Veterans where retail-based clinics are not available (as in Kentucky, where Baptist Heath hospital has clinics with better distribution); of course, the challenge here is in negotiating on a price bundle that makes sense

-with our Stanford/VA Health Services Research colleagues, who have not been yet involved in assessing or studying this program but are eager to do so.

Happy to chat at any time. (b) (6) .

Thank you,
(b) (6)

Sent with Good (www.good.com)

-----Original Message-----
From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: Thursday, February 23, 2017 07:55 AM Pacific Standard Time
To: David shulkin
Cc: Yehia, Baligh R.; (b) (6)
Subject: [EXTERNAL] Re: Cvs

Thank you I will send an agenda and set up a call.

Sent from my iPad
Bruce Moskowitz M.D.

> On Feb 23, 2017, at 10:34 AM, David shulkin <Drshulkin@aol.com> wrote:
>
> Bruce- i wanted to connect you with (b) (6) and Baligh Yehia (emails above) who i would recommend working with you on

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the CvS academic project
>
> Thanks
>
> David Shulkin
>
> Sent from my iPhone

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Message

From: David Shulkin [drshulkin@aol.com]
Sent: 4/30/2017 1:42:40 PM
To: (b) (6) @gmail.com
Subject: Fwd: Draft Remarks: Women's Caucus
Attachments: 2017 05-03 -2 Women's Caucus.docx

(b) (6) I reread this again and unfortunately this is completely useless to me.

Its written for a politician.

This is the only thing I care about-

What are the new initiatives and what are we working on now to improve in womens health?'

What help legislatively do we need in pursuing our improvements in womens health?

Can you ask (b) and (b) (6) these two questions?

Can I meet with (b) (6) to discuss what I need from the speechwriters?

-----Original Message-----
From: DJS <vacodjs1@va.gov>
To: 'Shulkin ' <drshulkin@aol.com>
Sent: Sun, Apr 30, 2017 9:01 am
Subject: FW: Draft Remarks: Women's Caucus

Sent with Good (www.good.com)

-----Original Message-----
From: (b) (6), Ph.D
Sent: Saturday, April 29, 2017 02:59 PM Eastern Standard Time
To: DJS
Cc: (b) (6)
Subject: Draft Remarks: Women's Caucus

Dr. Shulkin,

You will provide 5-10 minutes of opening remarks to the Women's Caucus on Wednesday, May 3, 2017. Attached are draft opening remarks for your review and guidance.

Regards,
(b) (6)

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DRAFT 2
Women's Caucus
May 3, 2017

OPENING

- Good Morning.
- I'm honored to be here with you today to highlight VA's demonstrated commitment to women Veterans.
- At the Department of Veterans Affairs, we honor the service of all Veterans—all 22 million alive today.
- Women are one of the fastest-growing populations of Veterans.
- Today, they make up approximately 2 million of over 21 million Veterans, and are expected to grow from 9.6% of the Veteran population to 10.5% by 2020.
- By 2040, that number will be close to 20%.
- Those estimates make clear that we must be prepared to address the

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gender specific healthcare needs of women Veterans.

- We want and need every woman who has served in uniform to proudly call themselves Veterans.

- More importantly, we want women Veterans to Choose VA for all of their healthcare needs.

- I'm committed to changing that with the help of all of you—the women's caucus—the director of the Center for Women's Veterans, Kayla Williams, and the Director of Women's Health, Dr. Patricia Hayes.

- I want to publicly thank them for their vision, hard work, and commitment to women Veterans and causes.

[PAUSE]

WOMEN'S ISSUES

- Too many women Veterans don't apply for the benefits and services they've earned.

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- It's a sad fact that many women Veterans don't identify as Veterans.
- We've got to change that.
- We've got to change how they see VA and how they view their service.
- We've got to get women Veterans to Choose VA.
- We're working on it.
- We're working to identify gaps in services and opportunities to not only serve women Veterans better but also to change the culture on how we view women and their needs.
- We've made tremendous strides in providing enhanced services and access for women.
- Here's what we're doing.
- We've ensured that 100 percent of medical centers and 90 percent of Community Based Outpatient Clinics (CBOCs) care for women Vets.

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DS_00005547

- We've created large-scale initiatives to train over 3100 VA physicians on women's health core curricula and priority topics.
- The Million Veteran Program conducted targeted outreach to women Veterans to increase their participation in this vital research.
- We've also created programs that specifically address women Veterans unemployment, homelessness, and mental health.
- I'm happy to report that we offer a full continuum of gender-sensitive mental health services to women Veterans.
- My top clinical priority is suicide prevention.
- 20 Veterans die by suicide a day.
- Of that 20, only 6 had received VA healthcare in the year of death or the prior year.
- What those numbers tell us is that one death is too many.

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VA-19-0799-I-000541
DS_00005548

- What those numbers don't tell us is how many are women. But we're going to ensure that trained personnel are able to reach and save all Veterans—because all of their lives are important.
- My goal is getting to zero.
- Let me assure you—we're committed to breaking down all barriers in VA to better serve our women Veterans.

CARE IN THE COMMUNITY

- As part of our efforts to connect our Veterans with the best care, we're building a network between VA and private providers to help bring care to Veterans when and where they need it.
- We want the care and experience of Veterans to be seamless wherever they receive their care in our network.
- That care should take place where its most convenient.

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- Historically, women Veterans have been the largest consumers of care in the community.
- We're confident that the consolidation of our purchased care programs will continue to serve their healthcare needs.
- To that end, we're developing a single consolidated program in VA that is easy to understand, simple to administer, and structured to meet the needs of Veterans and their families, community providers, and VA staff.
- This integrated approach will address three critical areas:
    - Improving the Veteran Experience
    - Becoming a Better Partner to Community Providers;
    - And Increasing Staff Efficiency and Engagement by (a) developing a suite of IT solutions to improve clinical and business processes.

[PAUSE]

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VA-19-0799-I-000543
DS_00005550

CENTER FOR WOMEN VETERANS

- The Center for Women Veterans (CWF) advocates for Women Veterans by helping to shape legislation, policies, and health initiatives aimed at improving their lives.

- For this year, CWF is leading the MyVA initiative, "Equitable Services for Women Veterans," to ensure they have access to timely, high-quality, and respectful care, as well as knowledge and access to benefits and programs.

- This initiative provides the Center with an exciting new avenue to make progress on reducing and ultimately eliminating disparities in wait times.

- It also includes developing a campaign to end harassment of women Veterans in VA facilities, a barrier that deters women Veterans from using VA care and services.

- The Center will also host a National Summit on Women Veterans in August of this year.

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- Purpose of the summit is to bring critical thought leaders, VSO representatives, partners, and women Veterans together to share best talk how we can create transformational outcomes collaborate in identifying and sharing best practices in serving them.

- Simply put, the Center is focused on empowering women Veterans.

CONCLUSION

- I'm happy to be here with all of you to talk how we improve the benefits and services we provide to women Vets.

- Serving as the Secretary of VA is a privilege.

- And in a small, serving Veterans at VA begins to repay the debt I owe to my grandfathers who served, my father who served, and all the men and women who have helped secure for all Americans the freedoms and opportunities we enjoy.

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- I think that's a debt and commitment we all share.
- This is not a simple commitment.
- It simply requires a commitment to a specific group within our culture whose healthcare needs are different.
- Thank you.
- I look forward to your questions.

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/4/2017 4:07:45 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
Subject: Re:

Ok lets play it by ear then

Sent from my iPhone

> On Mar 4, 2017, at 11:00 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>
> Depends on time. We have dinner with you and your wife Wednesday maralago and Friday Chex Jean Pierre
>
> Sent from my iPhone
>
>> On Mar 4, 2017, at 10:56 AM, David shulkin <Drshulkin@aol.com> wrote:
>>
>> Im thinking of making a brief surprise visit to the west palm beach VA on the 9 th - if you and Ike wanted to join me you would be more than welcome
>>
>> Ill be at the miami VA on the 10 th for a more formal visit
>>
>> Sent from my iPhone

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Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 3/4/2017 4:00:15 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

Depends on time. We have dinner with you and your wife Wednesday maralago and Friday Chex Jean Pierre

Sent from my iPhone

> On Mar 4, 2017, at 10:56 AM, David shulkin <Drshulkin@aol.com> wrote:
>
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> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/4/2017 3:56:34 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]

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Ill be at the miami VA on the 10 th for a more formal visit

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 5/2/2017 11:04:26 AM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re: Capitol Hill Summit

Ok

Sent from my iPhone

On May 2, 2017, at 5:46 AM, (b) (6) <(b) (6) @gmail.com> wrote:

> I asked Dr. Alaigh's team yesterday, they are going to get back to me by tmrw with a name. I want to suggest Baligh, Vivieca thinks I should let them choose. Will give them a day.
>
> On May 1, 2017 11:10 PM, "David shulkin" <Drshulkin@aol.com> wrote:
> Did you identify a hiv speaker? If not adk Baligh please
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> **From:** (b) (6) @hotmail.com>
> **Date:** May 1, 2017 at 12:05:27 PM EDT
> **To:** David <drshulkin@aol.com>
> **Subject: Fwd: Capitol Hill Summit**
>
> Anyone from va u recommend to speak there?
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> **From:** (b) (6) (b) (6) @aol.com>
> **Date:** May 1, 2017 at 11:55:06 AM EDT
> **To:** (b) (6) Md <(b) (6) @hotmail.com>
> **Subject: Capitol Hill Summit**
>
> Good afternoon (b) I had asked David to speak at this conference but his schedule did not permit. I'm trying to find the right person from the VA to speak on a panel about HIV and aging.
>
> Would you share this with David and ask him who I should contact at the VA?
>
> It was fun being together yesterday.
>
> Look forward to seeing you soon. Warmly, (b)
>
> (b) (6) , M.D.

AMERICAN OVERSIGHT

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Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 5/2/2017 9:46:28 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Fwd: Capitol Hill Summit

And I'll reach out to (b)

On May 1, 2017 11:10 PM, "David shulkin" <Drshulkin@aol.com> wrote:
Did you identify a hiv speaker? If not adk Baligh please

Sent from my iPhone

Begin forwarded message:

> **From:** (b) (6) <(b) (6) @hotmail.com>
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> > **Subject: Capitol Hill Summit**
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AMERICAN OVERSIGHT

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(b) (6) , M.D.

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 5/2/2017 3:05:37 AM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Fwd: Capitol Hill Summit
Attachments: DC Capitol Hill Conf 050117.pdf; Untitled attachment 09633.htm

Did you identify a hiv speaker? If not adk Baligh please

Sent from my iPhone

Begin forwarded message:

From: (b) (6) <(b) (6) @hotmail.com>
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(b) (6) , M.D.

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2017

SAVE THE DATE

Wednesday, June 14, 2017

Noon – 5 p.m.

Lunch will be provided

amfAR Capitol Hill Conference

Making AIDS History: A Roadmap for Ending the Epidemic

Senate Hart Office Building
Room 902
Washington, DC 20510

To RSVP, click here
For information, contact AIDSSummit@hayespr.com or 571-286-5950

Topics will include:

- **HIV/AIDS and the opioid epidemic**
- **From AIDS to Zika: The national security implications of infectious disease epidemics**
- **Aging with HIV/AIDS**
- **Cutting-edge research advances**
- **A roadmap for ending the HIV/AIDS epidemic through science and services**

Speakers include

Ambassador Deborah Birx, M.D.
Global AIDS Coordinator, US Department of State

Susan J. Blumenthal, M.D., M.P.A.
Senior Policy and Medical Advisor, amfAR
Former US Assistant Surgeon General

Michael Botticelli
Director, Grayken Center for Addiction Medicine, Boston University Medical Center
Former Director, White House Office of National Drug Control Policy

Kenneth Cole
Chairman of the Board, amfAR

Anthony Fauci, M.D.
Director, National Institute of Allergy and Infectious Diseases, NIH

Ambassador James Glassman
Visiting Fellow, American Enterprise Institute
Former Under Secretary for Public Diplomacy and Public Affairs
US Department of State

Maureen Goodenow, Ph.D.
NIH Associate Director for AIDS Research and Director, Office of AIDS Research, **NIH**

Ron Klain
Former White House Ebola Response Coordinator
Executive Vice President, Revolution LLC

Holly Kuzmich
Executive Director, The George W. Bush Institute
Senior Vice President, The George W. Bush Presidential Center

Jonathan Mermin, M.D, M.P.H.
Director, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, CDC

Anne Schuchat, M.D. (RADM, USPHS)
Acting Director, CDC

Michel Sidibé
Executive Director, UNAIDS
Under-Secretary-General, United Nations

David J. Smith, M.D.
Acting Assistant Secretary of Defense for Health Affairs
US Department of Defense

Judy Woodruff, Moderator
Anchor and Managing Editor, PBS Newshour

Members of Congress

amfAR
MAKING AIDS HISTORY
www.amfar.org

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Message

From: David Shulkin [drshulkin@aol.com]
Sent: 4/10/2017 2:27:39 AM
To: (b) (6) @hotmail.com
Subject: Re: VHA Media Roundtable

ok

-----Original Message-----
From: Poonam Alaigh <(b) (6) @hotmail.com>
To: Drshulkin <Drshulkin@aol.com>
Sent: Sun, Apr 9, 2017 8:45 pm
Subject: VHA Media Roundtable

VHA comms has planned a media Roundtable for Wednesday- I don't know the details, but do you want to lead it? They had planned for me to do it, but it may drive a powerful narrative with you taking the lead- I am fine either ways. Also, don't know the type of media- may just be local with not which such a big reach. Once I get more details, we can discuss more

Sent from my iPad

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Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 4/10/2017 12:45:35 AM
To: Drshulkin@aol.com
Subject: VHA Media Roundtable

VHA comms has planned a media Roundtable for Wednesday- I don't know the details, but do you want to lead it? They had planned for me to do it, but it may drive a powerful narrative with you taking the lead- I am fine either ways. Also, don't know the type of media- may just be local with not which such a big reach. Once I get more details, we can discuss more

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 3/3/2017 2:00:52 AM
To: (b) (6) @gmail.com
Subject: Re: Sen McCain

ok

-----Original Message-----
From: Darin Selnick (b) (6) @gmail.com>
To: David shulkin <Drshulkin@aol.com>
Sent: Thu, Mar 2, 2017 7:10 pm
Subject: Re: Sen McCain

We had some developments at the meeting with Chairman Roe today that should not wait, so we will get with (b) (6) tomorrow morning to grab some time on Friday.

Thanks

Darin

Sent from my iPhone

On Mar 2, 2017, at 6:10 PM, David shulkin <Drshulkin@aol.com> wrote:

> Ok or if comfortable we can discuss at report
>
> Sent from my iPhone
>
> On Mar 2, 2017, at 2:00 PM, Darin Selnick (b) (6) @gmail.com> wrote:
>
> > I talked to Brooks, the environment and dynamics is changing both with SVAC and HVAC, and Brooks and (b) have found out some new information that will effect the strategy of who to meet with first.
> >
> > All three of us feel it is important for us to grab 10-15 min of your time tomorrow to update you on this.
> >
> > Darin
> >
> > On Thu, Mar 2, 2017 at 1:46 PM, Darin Selnick (b) (6) @gmail.com> wrote:
> > Let me talk to Brooks and get his advise.
> >
> > Darin
> >
> > On Thu, Mar 2, 2017 at 1:44 PM, David shulkin <Drshulkin@aol.com> wrote:
> > Should we set up a meeting with Mccain or go thru isakson?
> >
> > Sent from my iPhone
> >
> > On Mar 2, 2017, at 1:11 PM, Darin Selnick (b) (6) @gmail.com> wrote:
> >
> > > A couple of days ago I meet with Sen McCain staff about VA healthcare. I wanted to make sure you saw my notes on this in advance of the HVAC testimony next week.
> > >
> > > **Key Points from McCain Staff**

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- DoD – 50% cheaper to purchase care than for military to do it
- Smaller provider networks are more cost effective
- Choice 2.0 – what is it, they want clarity, is it the interim solution or the permanent big healthcare reform. What is the cost migration strategy to make it affordable?
- FY 2018 – how do we pay for Choice?
- Moving forward – What is the plan? What is the messaging? Who is leading the effort?
- HVAC Hearing – Sen McCain will focus his remarks on that veterans should have Choice

- **Next Step** – they think it is overdue for SECVA to have a meeting with the Senator to discuss VA healthcare choice and reforms.

Recommend - McCain was the key to the Choice Act and he will probably be key to passage of our future health care reforms. I recommend that you meet with McCain soon and that I attend. I know it has been difficult to

schedule time for the whiteboard session, but we do need a roadmap of Choice extension, Choice 2.0, and the package of big healthcare reforms that House leadership wants done by August 7.

Darin

AMERICAN OVERSIGHT

Message

From: Darin Selnick [(b) (6)@gmail.com]
Sent: 3/3/2017 12:09:52 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Sen McCain

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> > Should we set up a meeting with Mccain or go thru isakson?
> >
> > Sent from my iPhone
> >
> > On Mar 2, 2017, at 1:11 PM, Darin Selnick (b) (6)@gmail.com> wrote:
> >
> > > A couple of days ago I meet with Sen McCain staff about VA healthcare. I wanted to make sure you saw my notes on this in advance of the HVAC testimony next week.
> > >
> > > **Key Points from McCain Staff**

AMERICAN OVERSIGHT

- DoD – 50% cheaper to purchase care than for military to do it
- Smaller provider networks are more cost effective
- Choice 2.0 – what is it, they want clarity, is it the interim solution or the permanent big healthcare reform. What is the cost migration strategy to make it affordable?
- FY 2018 – how do we pay for Choice?
- Moving forward – What is the plan? What is the messaging? Who is leading the effort?
- HVAC Hearing – Sen McCain will focus his remarks on that veterans should have Choice

- **Next Step** – they think it is overdue for SECVA to have a meeting with the Senator to discuss VA healthcare choice and reforms.

Recommend - McCain was the key to the Choice Act and he will probably be key to passage of our future health care reforms. I recommend that you meet with McCain soon and that I attend. I know it has been difficult to

schedule time for the whiteboard session, but we do need a roadmap of Choice extension, Choice 2.0, and the package of big healthcare reforms that House leadership wants done by August 7.

Darin

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/2/2017 11:10:55 PM
To: Darin Selnick (b) (6) @gmail.com]
Subject: Re: Sen McCain

Ok or if comfortable we can discuss at report

Sent from my iPhone

On Mar 2, 2017, at 2:00 PM, Darin Selnick (b) (6) @gmail.com> wrote:

> I talked to Brooks, the environment and dynamics is changing both with SVAC and HVAC, and Brooks and (b) have found out some new information that will effect the strategy of who to meet with first.
>
> All three of us feel it is important for us to grab 10-15 min of your time tomorrow to update you on this.
>
> Darin
>
> On Thu, Mar 2, 2017 at 1:46 PM, Darin Selnick (b) (6) @gmail.com> wrote:
> Let me talk to Brooks and get his advise.
>
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AMERICAN OVERSIGHT

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Darin

AMERICAN OVERSIGHT

Message

From: Darin Selnick (b) (6) @gmail.com]
Sent: 3/2/2017 7:00:03 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Sen McCain

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AMERICAN OVERSIGHT

Darin

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/2/2017 6:44:25 PM
To: Darin Selnick(b) (6) @gmail.com]
Subject: Re: Sen McCain

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Sent from my iPhone

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Darin

AMERICAN OVERSIGHT

Message

From: Darin Selnick [(b) (6) @gmail.com]
Sent: 3/2/2017 6:11:52 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Sen McCain

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Key Points from McCain Staff

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Darin

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 3/5/2017 7:14:51 PM
To: David Shulkin [drshulkin@aol.com]
CC: (b) (6) [(b) @mayo.edu]; Vivieca Simpson [(b) (6) @gmail.com]
Subject: Re: Question: Friday, DC (This Week)

(b) we should try to find some time and meet on Friday - will have my office reach out to you - thanks

Sent from my iPhone

On Mar 5, 2017, at 10:48 AM, David Shulkin <drshulkin@aol.com> wrote:

> (b) unfortunately I'm in Florida Wednesday thru Friday
>
> Sorry it won't work for me
>
> I wonder if Poonam or (b) or Vivieca has time as I would love to connect with you about our PR strategy as well as ideas for recruitment
>
> Sent from my iPad
>
> On Mar 5, 2017, at 1:06 PM, (b) (6) (b) @mayo.edu> wrote:
>
> > Hello – I will be in DC later this week – late Wednesday through late Friday afternoon. The agenda for the meeting I'm attending "gets lighter" starting late morning Friday mid-morning.
> >
> > If your schedule permits and if you're interested, would be available to talk face-to-face mid-day to mid-afternoon, Friday as you and your team begin to assess your short- and long-term communications/policy & government relations strategies and considers a fellowship program in those areas.
> >
> > Would welcome the chance to meet and to participate in conversations on those topics.
> >
> > Best,
> >
> > (b) (6)
> > Chair | Mayo Clinic Department of Public Affairs
> > [redacted]
> > cell: (b) (6) | office: (b) (6)
> > e-mail: (b) @mayo.edu

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 3/5/2017 6:48:11 PM
To: (b) (6) [(b) @mayo.edu]
CC: Poonam Alaigh ((b) (6) @hotmail.com) [(b) (6) @hotmail.com]; Vivieca Simpson [(b) (6) @gmail.com]
Subject: Re: Question: Friday, DC (This Week)

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> [redacted]
> cell: (b) (6) | office: (b) (6)
> e-mail: (b) @mayo.edu

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) @mayo.edu]
Sent: 3/5/2017 6:06:11 PM
To: drshulkin@aol.com; Poonam Alaigh (b) (6) @hotmail.com) [(b) (6) @hotmail.com]
Subject: Question: Friday, DC (This Week)

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Best,

(b) (6)
Chair | Mayo Clinic Department of Public Affairs
cell: (b) (6) | office: (b) (6)
e-mail: (b) @mayo.edu

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) @mayo.edu]
Sent: 3/5/2017 8:13:00 PM
To: Vivieca Simpson [(b) (6) @gmail.com]
CC: David Shulkin [drshulkin@aol.com]; Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Calendar: Friday, DC (This Week)

Hi – thanks Dr. Shulkin and Poonam; Vivieca, feel free to reach out directly to arrange a specific time for Friday.

Look forward to the conversation!

From: Poonam Alaigh [mailto(b) (6) @hotmail.com]
Sent: Sunday, March 05, 2017 1:15 PM
To: David Shulkin
Cc: (b) (6) Vivieca Simpson
Subject: Re: Question: Friday, DC (This Week)

(b) we should try to find some time and meet on Friday - will have my office reach out to you - thanks

Sent from my iPhone

On Mar 5, 2017, at 10:48 AM, David Shulkin <drshulkin@aol.com> wrote:

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> > [redacted]
> > cell: (b) (6) | office: (b) (6)

AMERICAN OVERSIGHT

e-mail: (b) [redacted]@mayo.edu

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 5/3/2017 2:33:49 AM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re: shadow cabinet

Who is in these? Anyone we trust?

Sent from my iPhone

On May 2, 2017, at 9:12 PM, (b) (6) <(b) (6) @gmail.com> wrote:

> They meet every single day, sometimes 2x in secret meetings. I see them. You have a 9am tmrw, be alert.
>
> On May 2, 2017 9:08 PM, "David shulkin" <Drshulkin@aol.com> wrote:
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> **From:** "Bowman, Thomas (Veterans Affairs)"
> (b) (6) @vetaff.senate.gov>
> **Date:** May 2, 2017 at 8:42:14 PM EDT
> **To:** David Shulkin <drshulkin@aol.com>
> **Subject: Fwd: shadow cabinet**
>
> Very interesting article. I sense you may have confronted some of the same at VA.....Yes? I confronted it during the Bush Administration.
>
> http://www.politico.com/story/2017/05/01/trump-starts-dismantling-his-shadow-cabinet-237819

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 5/3/2017 1:12:37 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Fwd: shadow cabinet

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> http://www.politico.com/story/2017/05/01/trump-starts-dismantling-his-shadow-cabinet-237819

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 5/3/2017 1:08:25 AM
To: Vivieca Simpson [(b) (6) @gmail.com]; (b) (6) [(b) (6) @gmail.com]; Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Fwd: shadow cabinet

Sent from my iPhone

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http://www.politico.com/story/2017/05/01/trump-starts-dismantling-his-shadow-cabinet-237819

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 3/3/2017 2:04:16 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: Rob Thomas

Do what you have to. It was just a passing thought - and get the right people you think to interview whoever you want. I have enough on my plate - I trust your judgement

Sent from my iPhone

On Mar 2, 2017, at 8:59 PM, David Shulkin <drshulkin@aol.com> wrote:

> We are trying to identify people to meet. I will keep an open mind
>
> -----Original Message-----
> From: Poonam Alaigh <(b) (6) @hotmail.com>
> To: David Shulkin <drshulkin@aol.com>
> Sent: Thu, Mar 2, 2017 8:33 pm
> Subject: Rob Thomas
>
> I think you should give him a chance- there is something that feels genuine about him- Jen told me that she was going to meet a person she knew for the CIO/his position at your request since she wanted him gone and you had no confidence in him.
>
> I am fine if that is your decision, but I really think there is a role for him. What happened to some of the folks Laverne had mentioned?

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 3/3/2017 1:59:54 AM
To: (b) (6) @hotmail.com
Subject: Re: Rob Thomas

We are trying to identify people to meet. I will keep an open mind

-----Original Message-----
From: Poonam Alaigh <(b) (6) @hotmail.com>
To: David Shulkin <drshulkin@aol.com>
Sent: Thu, Mar 2, 2017 8:33 pm
Subject: Rob Thomas

I think you should give him a chance- there is something that feels genuine about him- Jen told me that she was going to meet a person she knew for the CIO/his position at your request since she wanted him gone and you had no confidence in him.

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AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 3/3/2017 1:32:21 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Rob Thomas

I think you should give him a chance- there is something that feels genuine about him- Jen told me that she was going to meet a person she knew for the CIO/his position at your request since she wanted him gone and you had no confidence in him.

I am fine if that is your decision, but I really think there is a role for him. What happened to some of the folks Laverne had mentioned?

AMERICAN OVERSIGHT

Message

From: Yehia, Baligh R. [Baligh.Yehia@va.gov]
Sent: 3/1/2017 5:26:31 PM
To: 'David shulkin' [Drshulkin@aol.com]
CC: 'Poonam Alaigh' [(b) (6) @hotmail.com]
Subject: RE: (No Subject)

Sure let me know when you are free

Sent with Good (www.good.com)

-----Original Message-----
From: David shulkin [Drshulkin@aol.com]
Sent: Wednesday, March 01, 2017 11:08 AM Eastern Standard Time
To: Yehia, Baligh R.
Cc: Poonam Alaigh
Subject:

I need to discuss your clinic schedule with you- can you call me?

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 3/3/2017 2:00:20 AM
To: (b) (6) @gmail.com
Subject: Re: Hey its confidential

yes

-----Original Message-----
From: (b) (6) <(b) (6) @gmail.com>
To: David Shulkin <drshulkin@aol.com>
Sent: Thu, Mar 2, 2017 7:47 pm
Subject: Re: Hey its confidential

Did you understand why I said don't call Vivieca while (b) was in the car -now?

On Thu, Mar 2, 2017 at 9:01 AM (b) (6) <(b) (6) @gmail.com> wrote:

--
Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 3/3/2017 12:47:12 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: Hey its confidential

Did you understand why I said don't call Vivieca while (b) was in the car -now?

On Thu, Mar 2, 2017 at 9:01 AM (b) (6) <(b) (6) @gmail.com> wrote:

--
Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6)@gmail.com]
Sent: 3/2/2017 2:01:39 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Hey its confidential

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 4/8/2017 7:37:24 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

Nope- will find out

Sent from my iPhone

On Apr 8, 2017, at 9:56 AM, David shulkin <Drshulkin@aol.com> wrote:

> Did not know
>
> https://www.cnet.com/news/for-injured-veterans-va-amazon-echo-control4-smart-tech-is-crucial-to-quality-of-life/?ftag=CAD1c318f6&bhid=21042777748728236245185522239460
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/8/2017 1:55:44 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]

Did not know

https://www.cnet.com/news/for-injured-veterans-va-amazon-echo-control4-smart-tech-is-crucial-to-quality-of-life/?ftag=CAD1c318f6&bhid=21042777748728236245185522239460

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/3/2017 6:05:18 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Fwd: Dr. Shulkin & Team Gov Rate
Attachments: Dr. Shulkin - Folio.pdf; Untitled attachment 09747.htm; Ms. (b) (6) - Folio.pdf; Untitled attachment 09750.htm; Mr. (b) (6) - Folio.pdf; Untitled attachment 09753.htm; Mr. (b) - Folio.pdf; Untitled attachment 09756.htm; Ms. (b) - Folio.pdf; Untitled attachment 09759.htm; Ms. (b) (6) - Folio.pdf; Untitled attachment 09762.htm

Sent from my iPhone

Begin forwarded message:

From: (b) (6) <(b) (6) @tcfllc.org>
Date: March 3, 2017 at 11:44:59 AM EST
To: Drshulkin@aol.com, (b) (6) (b) (6) @torreyapartners.com>
Subject: Dr. Shulkin & Team Gov Rate

Hi All,

Please see the updated
folios from the Eau Reservation
folios attached
, regarding the updated check out date of March 11th, except for guest (b) (6) (b) (6) who is checking out on March 10th. Please let me know if you have any questions or concerns.

Best,
(b) (6)

Senior Conference Planner
The Conference Forum LLC
(b) (6)
Direct: (b) (6)
www.theconferenceforum.org

AMERICAN OVERSIGHT

EAU PALM BEACH
Resort & Spa

Honorable David J. Shulkin

United States

Travel Agent : The Conference Forum

A/R Number :

Room Number:	515
Arrival Date:	03-08-17
Departure Date:	03-11-17
Invoice No.:	
Page No:	1 of 1
Confirmation No.:	458491
Folio No:	
	03-03-17

Date	Description	Reference	Charges/Adj	Payments
03-08-17	Room Charge		449.00	
03-08-17	Sales Tax		31.43	
03-08-17	Tourism Tax		26.94	
03-09-17	Room Charge		449.00	
03-09-17	Sales Tax		31.43	
03-09-17	Tourism Tax		26.94	
03-10-17	Room Charge		449.00	
03-10-17	Sales Tax		31.43	
03-10-17	Tourism Tax		26.94	
		Total	1,522.11	0.00
		Balance	1,522.11	

100 SOUTH OCEAN BOULEVARD, MANALAPAN 33462 PH (561) 533-6000 FAX (561) 588-4202

AMERICAN OVERSIGHT
VA-19-0799-I-000587
DS_00005594

AMERICAN OVERSIGHT

EAU PALM BEACH
Resort & Spa

(b) (6)

United States

Arrival Date: 03-08-17
Departure Date: 03-11-17
Invoice No.:
Page No: 1 of 1
Confirmation No.: 458492
Folio No:

03-03-17

Travel Agent : The Conference Forum

A/R Number :

Date	Description	Reference	Charges/Adj	Payments
03-08-17	Room Charge		449.00	
03-08-17	Sales Tax		31.43	
03-08-17	Tourism Tax		26.94	
03-09-17	Room Charge		449.00	
03-09-17	Sales Tax		31.43	
03-09-17	Tourism Tax		26.94	
03-10-17	Room Charge		449.00	
03-10-17	Sales Tax		31.43	
03-10-17	Tourism Tax		26.94	
		Total	1,522.11	0.00
		Balance	1,522.11	

100 SOUTH OCEAN BOULEVARD, MANALAPAN 33462 PH (561) 533-6000 FAX (561) 588-4202

AMERICAN OVERSIGHT
VA-19-0799-I-000589
DS_00005596

AMERICAN OVERSIGHT

EAU PALM BEACH
Resort & Spa

(b) (6)

United States

Arrival Date: 03-08-17
Departure Date: 03-11-17
Invoice No.:
Page No: 1 of 1
Confirmation No.: 458493
Folio No:

03-03-17

Travel Agent : The Conference Forum

A/R Number :

Date	Description	Reference	Charges/Adj	Payments
03-08-17	Room Charge		449.00	
03-08-17	Sales Tax		31.43	
03-08-17	Tourism Tax		26.94	
03-09-17	Room Charge		449.00	
03-09-17	Sales Tax		31.43	
03-09-17	Tourism Tax		26.94	
03-10-17	Room Charge		449.00	
03-10-17	Sales Tax		31.43	
03-10-17	Tourism Tax		26.94	
		Total	1,522.11	0.00
		Balance	1,522.11	

AMERICA OVERSIGHT
VA-19-0799-I-000591
DS_00005598

AMERICAN OVERSIGHT

EAU PALM BEACH
Resort & Spa

(b) (6)

United States

Room Number: 374
Arrival Date: 03-07-17
Departure Date: 03-11-17
Invoice No.:
Page No: 1 of 1
Confirmation No.: 460031
Folio No:

03-03-17

Travel Agent : The Conference Forum

A/R Number :

Date	Description	Reference	Charges/Adj	Payments
03-07-17	Room Charge		449.00	
03-07-17	Sales Tax		31.43	
03-07-17	Tourism Tax		26.94	
03-08-17	Room Charge		449.00	
03-08-17	Sales Tax		31.43	
03-08-17	Tourism Tax		26.94	
03-09-17	Room Charge		449.00	
03-09-17	Sales Tax		31.43	
03-09-17	Tourism Tax		26.94	
03-10-17	Room Charge		449.00	
03-10-17	Sales Tax		31.43	
03-10-17	Tourism Tax		26.94	
		Total	2,029.48	0.00
		Balance	2,029.48	

100 SOUTH OCEAN BOULEVARD, MANALAPAN 33462 PH (561) 533-6000 FAX (561) 588-4202

AMERICA OVERSIGHT
VA-19-0799-I-000593
DS_00005600

AMERICAN OVERSIGHT

EAU PALM BEACH
Resort & Spa

(b) (6)

United States

Arrival Date: 03-08-17
Departure Date: 03-11-17
Invoice No.:
Page No: 1 of 1
Confirmation No.: 458494
Folio No:

03-03-17

Travel Agent : The Conference Forum

A/R Number :

Date	Description	Reference	Charges/Adj	Payments
03-08-17	Room Charge		449.00	
03-08-17	Sales Tax		31.43	
03-08-17	Tourism Tax		26.94	
03-09-17	Room Charge		449.00	
03-09-17	Sales Tax		31.43	
03-09-17	Tourism Tax		26.94	
03-10-17	Room Charge		449.00	
03-10-17	Sales Tax		31.43	
03-10-17	Tourism Tax		26.94	
		Total	1,522.11	0.00
		Balance	1,522.11	

AMERICA OVERSIGHT
VA-19-0799-I-000595
DS_00005602

AMERICAN OVERSIGHT

EAU PALM BEACH
Resort & Spa

(b) (6)

United States

Room Number: 614
Arrival Date: 03-07-17
Departure Date: 03-10-17
Invoice No.:
Page No: 1 of 1
Confirmation No.: 461219
Folio No:

03-02-17

Travel Agent : The Conference Forum

A/R Number :

Date	Description	Reference	Charges/Adj	Payments
03-07-17	Room Charge		449.00	
03-07-17	Sales Tax		31.43	
03-07-17	Tourism Tax		26.94	
03-08-17	Room Charge		449.00	
03-08-17	Sales Tax		31.43	
03-08-17	Tourism Tax		26.94	
03-09-17	Room Charge		449.00	
03-09-17	Sales Tax		31.43	
03-09-17	Tourism Tax		26.94	
		Total	1,522.11	0.00
		Balance	1,522.11	

AMERICA OVERSIGHT
VA-19-0799-I-000597
DS_00005604

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/28/2017 6:13:58 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
CC: (b) (6) [(b) @mayo.edu]; IP [@frenchangel59.com]; Marc Sherman [mbs(b) (6) gmail.com]; Marisol Garcia [(b) @frenchangel59.com]
Subject: Re: Highlights | Fadem Conversation

Terrific

Thank you all

Ill share what our team at VA puts together

Sent from my iPhone

> On Feb 28, 2017, at 12:45 PM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>
> Yes I agree and I spoke with (b) (6) prior to the call his thought was to have a team of two from each center to assist in this aspect.
>
> Sent from my iPad
> Bruce Moskowitz M.D.
>
>> On Feb 28, 2017, at 12:42 PM, (<(b) @mayo.edu> wrote:
>>
>>
>> Hi -- confident that Mayo Clinic and the other academic centers could share perspective on this topic as you formulate your strategy Dr. Shulkin.
>> <Fadem Conversation.docx>
>>
>>
>> Best,
>>
>> (b) (6)
>> Chair | Mayo Clinic Department of Public Affairs
>> (c) (b) (6)
>>

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 2/28/2017 5:45:56 PM
To: (b) (6) [(b) @mayo.edu]
CC: David shulkin [drshulkin@aol.com]; IP [@frenchangel59.com]; Marc Sherman [mbs(b) (6) gmail.com]; Marisol Garcia [(b) @frenchangel59.com]
Subject: Re: Highlights | Fadem Conversation

Yes I agree and I spoke with (b) (6) prior to the call his thought was to have a team of two from each center to assist in this aspect.

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Bruce Moskowitz M.D.

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> <Fadem Conversation.docx>
>
>
> Best,
>
> (b) (6)
> Chair | Mayo Clinic Department of Public Affairs
> (c) (b) (6)
>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/1/2017 8:13:15 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Fwd: Photos show veterans waiting in 'extreme pain for hours' at Durham VA Medical center

Can you have either vivieca or vha write up a brief summary of what we think occurred after we saw the full video and spoke to other patients

Sent from my iPhone

Begin forwarded message:

> **From:** "IP" <(b) @frenchangel59.com>
> **Date:** March 1, 2017 at 3:07:07 PM EST
> **To:** <lper(b) @gmail.com>, "David shulkin" <drshulkin@aol.com>, <brucem(b) (6) mac.com>, <mbs(b) (6) gmail.com>
> **Subject: Photos show veterans waiting in 'extreme pain for hours' at Durham VA Medical center**
>
> I don't know if you saw this article.
>
> http://www.nydailynews.com/news/national/photos-vets-awaiting-treatment-extreme-pain-hours-article-1.2985772
>
> Photos show veterans waiting in 'extreme pain for hours' at Durham VA Medical center.
>
> A North Carolina veteran had been experiencing pain in his lower back, but what he saw when he arrived at the Durham VA Medical Center hurt him even more.
>
> Stephen McMenamin and his wife, Hanna, were in the center's emergency room last month when they were disturbed by the treatment of other waiting veterans.

AMERICAN OVERSIGHT

The couple opted to snap several photos — all of which have since gone viral — and shared what they saw on Facebook with the hope of prompting improved treatment in the future.

Hanna noted there was one nurse in particular who seemed to be the issue and added they'd received sufficient care from loving VA staff in the past.

The startling images see a man in a wheelchair slumped over in pain and a second veteran suffering from "pneumonia-like" symptoms, Hanna said in her social media post.

"He could barely walk, sit up, or breathe," she wrote, adding he was yelled at by a nurse who wouldn't allow him to sit in the reclining chair her husband offered him.

AMERICAN OVERSIGHT



Stephen McMenamin and his wife, of Durham, N.C., posted photos of veterans waiting for hours at the VA Medical Center.

(via Facebook)

"Upon being approached by the nurse (who was extremely rude to him), he told her he could not

AMERICAN OVERSIGHT

sit up and needed to lay down. She completely disregarded him and demanded he go sit in the waiting room area, leaving the recliner completely empty."

After repeatedly telling the nurse he was unable to sit, the veteran gave up and stretched out on the floor.

"That's somebody's dad," Hanna told WRAL. "That's somebody's grandfather."

The other veteran in the wheelchair, Jesse Lee, told the news station he visited the center for phantom pains in the wake of a leg amputation.

"Somebody in real bad pain should be seen," Lee said. "It felt like a railroad spike was going through my foot. It's like one of the worst pains you've ever felt in your life."

AMERICAN OVERSIGHT



The photo was taken at the Durham VA Medical Center.

(WRAL News)

Lee said he waited in pain for several hours before he was treated.

Director of the Durham VA, DeAnne Seekins, told WNCN she felt the photos taken by the McMenamins don't tell the whole story.

She admitted there was a long wait at the emergency room — with 23 vets being cared for ahead of the ones pictured and 26 more in the waiting room — but believed they still received excellent care.

AMERICAN OVERSIGHT

“I feel very, very good because those veterans received high quality care,” Seekins said.

She said one veteran was not aware his picture was being taken and asked for the image to be removed. He even apologized for laying on the floor.

“One veteran is extremely upset because he said, ‘I’m a very private person, you know, I was here, I was sick, I didn’t need someone taking my photograph,’” Seekins said.

The McMenamins disputed Seekins’ claims and continued to stand by their post, which now blocks out the faces of the ill veterans. They also said the VA has reached out to them and said they are conducting interviews to get to the bottom of the incident.

AMERICAN OVERSIGHT

Message

From: IP [(b) (6)@frenchangel59.com]
Sent: 3/1/2017 8:07:07 PM
To: lper(b) (6)@gmail.com; David shulkin [drshulkin@aol.com]; brucem(b) (6)mac.com; mbs(b) (6)gmail.com
Subject: Photos show veterans waiting in 'extreme pain for hours' at Durham VA Medical center

I don't know if you saw this article.

http://www.nydailynews.com/news/national/photos-vets-awaiting-treatment-extreme-pain-hours-article-1.2985772

Photos show veterans waiting in 'extreme pain for hours' at Durham VA Medical center.

A North Carolina veteran had been experiencing pain in his lower back, but what he saw when he arrived at the Durham VA Medical Center hurt him even more.

Stephen McMenamin and his wife, Hanna, were in the center's emergency room last month when they were disturbed by the treatment of other waiting veterans.

The couple opted to snap several photos — all of which have since gone viral — and shared what they saw on Facebook with the hope of prompting improved treatment in the future.

AMERICAN OVERSIGHT

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"He could barely walk, sit up, or breathe," she wrote, adding he was yelled at by a nurse who wouldn't allow him to sit in the reclining chair her husband offered him.

AMERICAN OVERSIGHT



Stephen McMenamin and his wife, of Durham, N.C., posted photos of veterans waiting for hours at the VA Medical Center.

(via Facebook)

"Upon being approached by the nurse (who was extremely rude to him), he told her he could not sit up and needed to lay down. She completely disregarded

AMERICAN OVERSIGHT

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After repeatedly telling the nurse he was unable to sit, the veteran gave up and stretched out on the floor.

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The other veteran in the wheelchair, Jesse Lee, told the news station he visited the center for phantom pains in the wake of a leg amputation.

"Somebody in real bad pain should be seen," Lee said. "It felt like a railroad spike was going through my foot. It's like one of the worst pains you've ever felt in your life."

AMERICAN OVERSIGHT



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AMERICAN OVERSIGHT

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The McMenamins disputed Seekins’ claims and continued to stand by their post, which now blocks out the faces of the ill veterans. They also said the VA has reached out to them and said they are conducting interviews to get to the bottom of the incident.

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 3/13/2017 1:02:48 AM
To: (b) (6) @hotmail.com
Subject: additional names for party

Scott.blackburn@va.gov
(b) (6) @va.gov
(b) (6) @gmail.com
Carolyn.Clancy@va.gov
Steve.Young2@va.gov
(b) (6) @vva.org
(b) (6) @vfw.org
(b) (6) @davmail.org (repeat invite but we had not heard from him)
(b) (6) @pva.org

I need to get you emails for (I will get (b) (6) to send to you)

(b) (6) - Exec Director American Legion
(b) (6) - military officers association ((b) (6))
and (b) (6) at Amvets

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/10/2017 4:38:03 PM
To: Jennifer Lee [(b) (6)]@gmail.com]
CC: (b) (6) [(b) (6)]@gmail.com]
Subject: Re: Time for a call this weekend?

Can we do today? No time this weekend

Sent from my iPhone

> On Mar 10, 2017, at 11:07 AM, Jennifer Lee <(b) (6)]e@gmail.com> wrote:
>
> Hi David,
>
> Hope you are having a good trip.
> Do you have time for a brief call some time this weekend?
> I would like to touch base briefly on suicide prevention.
>
> Thank you very much,
> Jen
>
>
>

AMERICAN OVERSIGHT

Message

From: Jennifer Lee [(b) (6) @gmail.com]
Sent: 3/10/2017 4:07:55 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Time for a call this weekend?

Hi David,

Hope you are having a good trip.
Do you have time for a brief call some time this weekend?
I would like to touch base briefly on suicide prevention.

Thank you very much,
Jen

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 3/11/2017 11:50:05 PM
To: (b) (6) @hotmail.com
Subject: Re: are you traveling to DC tomorrow or are you there already

already in DC

-----Original Message-----
From: Poonam Alaigh <(b) (6) @hotmail.com>
To: David Shulkin <drshulkin@aol.com>
Sent: Sat, Mar 11, 2017 6:44 pm
Subject: are you traveling to DC tomorrow or are you there already

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 3/11/2017 11:44:41 PM
To: David Shulkin [drshulkin@aol.com]
Subject: are you traveling to DC tomorrow or are you there already

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/1/2017 12:49:20 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
Subject: Re: J&J and CVS

That would be terrific- esPecially for narcotics - which seem to get lost too often in the mail

Sent from my iPhone

> On Mar 1, 2017, at 7:46 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>
> They offered to disseminate the meds that the VA supplies as a courtesy to offer distribution points.
>
> Sent from my iPad
> Bruce Moskowitz M.D.
>
>> On Mar 1, 2017, at 7:38 AM, David shulkin <Drshulkin@aol.com> wrote:
>>
>> Bruce see below
>>
>> Sent from my iPhone
>>
>>> On Mar 1, 2017, at 7:23 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>>>
>>> This would be my plan to get this off the ground:
>>>
>>> J&J group, VA Group, 2 members from each of the 5 academic centers:
>>> Develop a screening tool for those who are transitioning from active duty to VA care for both mental health and physical health.
>>>
>> I like this- there is a program called taps which does transitioning work- this will require dept of defense cooperation which has not been easy in the past
>>
>>
>>> Set up a suicide prevention program with active treatment and cooperative research.
>>
>> Absolutely
>>>
>>> J&J has a robust nutritional program that can be utilized and expanded for disease prevention and promoting wellness.
>>
>> Good
>>>
>>> Combine the J&J neurological division with the Trauma division to work with the VA and the 5 academic centers to treat and provide research for the wounded Veteran.
>>
>> Their research focus may or may not be aligned with VA interests- we can facilitate a research meeting to explore
>>>
>>> My discussion with Dr. (b) (6) at CVS:
>>>
>>> Review discharge medicines with the Veteran and be available to
>>> Monitor for medication side effects and drug interactions.
>>>
>>
>> I would worry about doing this if its not in coordination with the primary care team
>> We can think this through
>>
>>> Arrange all followup appointments, tests and home care services
>>
>> Again coordination with VA may be complex
>>>
>>> Personalized diet and exercise evaluations
>>>
>>
>> Could be part if J and J program
>>
>>> Disseminate hospital reports and medication list to all care providers.
>>>
>> Absolutely
>>

AMERICAN OVERSIGHT

>>> Consider using CVS to provide medication pickup instead of mailing medication to the patient and utilization of their ability to monitor for opioid abuse.
>>
>> We buys meds far cheaper than cvs and have sole source contracting
>>
>> I think this one will be too difficult
>>>
>>> Above all we need to get this part up and running NOW.
>>
>> We can get the people on teams assigned to start
>>> Sent from my iPad
>>> Bruce Moskowitz M.D.
>>

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 3/1/2017 12:46:38 PM
To: David shulkin [Drshulkin@aol.com]
CC: IP [(b) (6) @frenchangel59.com]; mbs(b) (6) gmail.com
Subject: Re: J&J and CVS

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Sent from my iPad
Bruce Moskowitz M.D.

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AMERICAN OVERSIGHT

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>> Sent from my iPad
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>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/1/2017 12:38:57 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
CC: IP [@frenchangel59.com]; mbs(b) (6) gmail.com
Subject: Re: J&J and CVS

Bruce see below

Sent from my iPhone

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>

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We can think this through

> Arrange all followup appointments, tests and home care services

Again coordination with VA may be complex
>
> Personalized diet and exercise evaluations
>

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> Disseminate hospital reports and medication list to all care providers.
>
Absolutely

> Consider using CVS to provide medication pickup instead of mailing medication to the patient and utilization of their ability to monitor for opioid abuse.

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AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 3/1/2017 12:23:10 PM
To: IP [@frenchangel59.com]; David Shulkin [drshulkin@aol.com]; mbs(b) (6) gmail.com
Subject: J&J and CVS

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Personalized diet and exercise evaluations

Disseminate hospital reports and medication list to all care providers.

Consider using CVS to provide medication pickup instead of mailing medication to the patient and utilization of their ability to monitor for opioid abuse.

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Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/5/2017 4:49:10 PM
To: (b) (6) [(b) (6) @gmail.com]

See the email
For (b) (6) after we put on letterhead

I am reaching out to all of the people myself. You need to do nothing yet until I qualify them further.

(b) (6) kornferry.com

I'm assuming that you fixed up the letter a bit more.

(b) (6) is for your restructuring. He is the one who used to be at chop and currently is at Evolent and was at Geisinger as well. He is supposed to get back to me by Monday. He's having a bit of trouble possibly with the notion of this administration. Otherwise he would definitely be interested. I told him that you had been part of the Obama administration previously. He was extremely intrigued.

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 3/11/2017 3:05:30 PM
To: David Shulkin [drshulkin@aol.com]
Subject: sometimes

I feel that your silence is equal to lack of support sometimes. Regardless, I know that eventually you do come around, you may need some time to reflect and absorb. This phase of our professional journey together will be a true test of trust, loyalty and selfless commitment- hope we can survive it.

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 3/8/2017 1:02:27 AM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
CC: drshulkin@aol.com
Subject: Re: (b) (6)

Thank you Bruce and look forward to continuing to move forward with our collaboration. Really liked (b) (6) interview in the article as he was sharing his perspective and learnings.

Sent from my iPhone

On Mar 7, 2017, at 6:53 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:

> FYI also read the article today on precision medicine.
>
> Sent from my iPad
> Bruce Moskowitz M.D.
>
> Begin forwarded message:
>
> **From:** Bruce Moskowitz <brucem(b) (6) mac.com>
> **Date:** March 7, 2017 at 6:42:39 AM EST
> **To:** IP <(b)@frenchangel59.com>, lperl(b) @gmail.com, mbs(b) (6) gmail.com
> **Subject:** (b) (6)
>
> This article and another article in the WSJ today on precision medicine shows we need to see what is on the shelf of each of our five partners in terms of personnel expertise and technology. David assigned an extremely bright person Dr. Alaigh Poonan to work with me on a weekly basis to review what is needed and what our partners can supply including J&J and CVS. Our partners have also been pointing out new technology (one is an advance in tracking PTSD from a Captain in the Army who is currently at the Wharton School) that will reduce costs in health care delivery at the VA.
>
> I thought you would be interested in the following story from The Wall Street Journal.
>
> **Why Digital Transformations Are Hard**
>
> https://www.wsj.com/articles/why-digital-transformations-are-hard-1488856200
>
> Download the Wall Street Journal app here: WSJ.
>
> Sent from my iPad
> Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 3/7/2017 11:53:21 AM
To: drshulkin@aol.com; Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Fwd: (b) (6)

FYI also read the article today on precision medicine.

Sent from my iPad
Bruce Moskowitz M.D.

Begin forwarded message:

> **From:** Bruce Moskowitz <brucem(b) (6) mac.com>
> **Date:** March 7, 2017 at 6:42:39 AM EST
> **To:** IP <(b)@frenchangel59.com>, lper(b) (6)@gmail.com, mbs(b) (6) gmail.com
> **Subject:** (b) (6)
>
> This article and another article in the WSJ today on precision medicine shows we need to see what is on the shelf of each of our five partners in terms of personnel expertise and technology. David assigned an extremely bright person Dr. Alaigh Poonan to work with me on a weekly basis to review what is needed and what our partners can supply including J&J and CVS. Our partners have also been pointing out new technology (one is an advance in tracking PTSD from a Captain in the Army who is currently at the Wharton School) that will reduce costs in health care delivery at the VA.
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>
> Download the Wall Street Journal app here: WSJ
>
> Sent from my iPad
> Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/1/2017 4:07:26 PM
To: Baligh R. Yehia [Baligh.Yehia@va.gov]
CC: Poonam Alaigh [(b) (6) @hotmail.com]

I need to discuss your clinic schedule with you- can you call me?

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 3/3/2017 1:58:11 AM
To: (b) (6) @hotmail.com
Subject: Re: Tuesday

I think it would be interesting and should not be a problem

-----Original Message-----
From: Poonam Alaigh <(b) (6) @hotmail.com>
To: David Shulkin <drshulkin@aol.com>
Sent: Thu, Mar 2, 2017 8:33 pm
Subject: Tuesday

Should I bring (b) (6) to DC with me on Tuesday- he could attend the evening congressional reception and then your hearing if you think it would be appropriate- might be an interesting experience, but dont know if its appropriate/

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 3/3/2017 1:33:49 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Tuesday

Should I bring (b) (6) to DC with me on Tuesday- he could attend the evening congressional reception and then your hearing if you think it would be appropriate- might be an interesting experience, but dont know if its appropriate/

AMERICAN OVERSIGHT

Message

From: (b) [(b) (6) @hotmail.com]
Sent: 3/1/2017 10:35:09 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Fwd:

What is this? Can u check Monday lunch at mess hall

Sent from my iPhone

On Mar 1, 2017, at 5:13 PM, David shulkin <Drshulkin@aol.com> wrote:

> Sent from my iPhone
>
> Begin forwarded message:
>
> > **From:** (b) (6) <(b) (6) @gmail.com>
> > **Date:** March 1, 2017 at 5:08:35 PM EST
> > **To:** David Shulkin <drshulkin@aol.com>
> >
> > I called the detail agent's supervisor (b) (6)
> >
> > said that one agent will fly ahead for advance and the second agent flies with the secretary. On the way back, both agents fly with you.
> >
> > I called (b) (6) from Protocol:
> >
> > (b) said that protocol normally does following:
> > Walk you to your meetings in the building (stopped under Bob)
> > Escort your guests (yes they still do this)
> > Set up for your meetings(yes they still do this, provide coffee, water, etc)
> > Go to speaking engagements within a 50 mile radius and and your flag, tell you whose speaking etc (stopped under mcdonald)

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6)@gmail.com]
Sent: 3/1/2017 10:14:47 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

I think it's good to do all.

On Mar 1, 2017 5:14 PM, "(b) (6) <(b) (6)@gmail.com> wrote:
Ok but you normally are annoyed when people walk you to your meetings.

On Mar 1, 2017 5:12 PM, "David shulkin" <Drshulkin@aol.com> wrote:
Lets go back to pre mcdonald- do t you think?

Sent from my iPhone

> On Mar 1, 2017, at 5:08 PM, (b) (6) <(b) (6)@gmail.com> wrote:
>
> I called the detail agent's supervisor (b)
>
> (b) (6) said that one agent will fly ahead for advance and the second agent flies with the secretary. On the way back, both agents fly with you.
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>
>

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 3/1/2017 10:14:12 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

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Lets go back to pre mcdonald- do t you think?

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>
>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/1/2017 10:13:17 PM
To: (b) [(b) (6) @hotmail.com]
Subject: Fwd:

Sent from my iPhone

Begin forwarded message:

From: (b) (6) <(b) (6) @gmail.com>
Date: March 1, 2017 at 5:08:35 PM EST
To: David Shulkin <drshulkin@aol.com>

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AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/1/2017 10:12:27 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re:

Lets go back to pre mcdonald- do t you think?

Sent from my iPhone

> On Mar 1, 2017, at 5:08 PM, (b) (6) <(b) (6) r@gmail.com> wrote:
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> Go to speaking engagements within a 50 mile radius and and your flag, tell you whose speaking etc (stopped under mcdonald)
>
>

AMERICAN OVERSIGHT

Message

From: [redacted] [redacted]@gmail.com]
Sent: 3/1/2017 10:08:35 PM
To: David Shulkin [drshulkin@aol.com]

I called the detail agent's supervisor [redacted]

[redacted] said that one agent will fly ahead for advance and the second agent flies with the secretary. On the way back, both agents fly with you.

I called [redacted] from Protocol:

[redacted] said that protocol normally does following:
Walk you to your meetings in the building (stopped under Bob)
Escort your guests (yes they still do this)
Set up for your meetings(yes they still do this, provide coffee, water, etc)
Go to speaking engagements within a 50 mile radius and and your flag, tell you whose speaking etc (stopped under mcdonald)

AMERICAN OVERSIGHT

Message

From: IP [(b) (6)@frenchangel59.com]
Sent: 2/27/2017 5:04:29 PM
To: David shulkin [drshulkin@aol.com]
Subject: FW: Thank you

FYI

From: IP [mailto(b) (6)@frenchangel59.com]
Sent: Monday, February 27, 2017 10:03 AM
To: (b) (6) (b) (6)@hopeunseen.com); lper(b) (6)@gmail.com; brucem(b) (6)mac.com; (b) (6)partners.org; (b) (6)ccf.org; (b) (6)@jhmi.edu; (b) (6)@mayo.edu; (b) (6)@mayo.edu; (b) (6)kp.org; mbs(b) (6)gmail.com
Subject: Thank you

All,

I have an update on progress that I want to share with the group.

We took the combined views and advice of the group from our weeks of collaboration and discussion and, with David's concurrence, summarized it into a short and long-term strategic plan and messaging plan and shared that plan with the White House. Their reaction to the thoughts and conclusions of the group (and the summarized plan) was gratifying.

The White House is working on many issues in addition to the VA and said our conclusions and our plan are the most comprehensive and thorough of all that they are working on across the administration. None of those results would have been possible without the willingness of our group to share your valuable time and unmatched knowledge and collaborate to a consensus view toward a workable plan.

Thank you and I look forward to continuing our association and friendship as we proceed to help David and the White House make the plan a reality.

Ike

AMERICAN OVERSIGHT

Message

From: IP [(b) (6)@frenchangel59.com]
Sent: 2/23/2017 5:21:46 PM
To: (b) (6)@cvshealth.com; (b) (6)@cvshealth.com; (b) (6)y@cvshealth.com; (b) (6) (b) (6)cvshealth.com; 'David shulkin' [Drshulkin@aol.com]; 'L Perl' [(b) (6)@gmail.com]; 'Bruce Moskowitz' [brucem(b) (6)mac.com]; (b) (6) [(b)@mayo.edu]; mbs(b) (6)gmail.com
Subject: Thank you

I want I thank everyone for their time and participation on today's call. It was an excellent discussion.

We are making tremendous progress. I look forward to speaking with everyone again soon.

All my Best,

Ike

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/3/2017 7:45:47 PM
To: (b) (6) [(b) (6) @gmail.com]

I have a dinner tonight ((b) (6) knows) and then have to be at 601 pennsylvania ave for a home inspection tommorow at 930 am till 1130 am then the gridiron dinner saturday night

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 3/1/2017 4:48:30 AM
To: Jennifer Lee [(b) (6) @gmail.com]
Subject: Re:

Great

Sent from my iPad

On Feb 28, 2017, at 10:51 PM, Jennifer Lee <(b) (6) @gmail.com> wrote:

> Hope the NFL meeting in Indianapolis goes well!
> Wanted to make sure you had below background and ideas from ORD for TBI research
> I thought the growth hormone clinical trial and concussion data resource seemed particularly interesting.
>
> Background:
>
> - Chronic Effects of Neurotrauma Consortium (CENC, pronounced sen-see) is the largest concussion research consortium in the world.
> - Includes 30 Universities, 75 researchers, 15 VAs, 7 military treatment facilities
> - It currently has 1,000 Veterans and Service members being studied longitudinally and a 2 million person epidemiologic database from Veterans of Operation Enduring Freedom (Afghanistan) and Operation Iraqi Freedom
> - Those studied longitudinally reap considerable benefits from having the an extensive set of tests done annually, including MRI, EEG, neuropsych testing, computerized balance testing, behavioral testing (e.g., PTSD, depression), and eye tracking. In addition, these individuals are immediately notified if a new trial or advance occurs.
> - Thus, the costly work of setting up infrastructure is already done and ready to be leveraged efficiently and quickly
>
> Proposed expansion of the work:
>
> - CENC Longitudinal Study Expansion - $25 million
> - Increase enrollment from 1,000 Veterans to 5,000 individuals
> - Would increase our ability to examine specialized subsets of the population, essentially enabling precision medicine for these individuals.
> - Could include NFL players
> - Personalized Neuroendocrine Intervention Trial - $10 million
> - Implement already-approved, three-year clinical trial of growth hormone replacement to treat pituitary dysfunction in TBI
> - Expected outcome is an improvement in memory as well as a wide range of other facets of health (depression, fatigue, body composition)
> - Three-Year Study
> - Could include NFL players
> - NCAA-Military University Concussion (CARES) Longitudinal Cohort - $10 million
> - Recruit subset (n=3,000) of NCAA Military University subjects to include in CENC Longitudinal Study
> - MindShare Integrated Concussion Data Resource - $2.5 million

AMERICAN OVERSIGHT

- Integration of 9 DoD, VA and CMS datasets into our centralized epidemiologic dataset of 2 million Veterans and Service Members
- Would create – by far – the largest and richest database of concussion-related data, enabling us to use advanced data science for discovery
- Would also be of direct benefit to clinicians and patients because it would provide a data-driven risk index for short- and long-term difficulties due to concussion exposure as well as treatment recommendations or referrals.

On Tue, Feb 28, 2017 at 6:00 AM, David shulkin <Drshulkin@aol.com> wrote:

Jen- i need three things to help me-

I think you may know about all three already but just in case i wanted to make them visible to you

Im going to the nfl tommorow in indianoplis to ask forcresearch dollars for tbi - they have 100 million to give- what research can we ask to support?

Second are we working on a policy to provide mental health to other than honorable?

I am looking for help preparing a talk next week to pharma ceos about our research agenda and how we can partner on genomics and mvp with them

Thanks

David

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Jennifer Lee [(b) (6) @gmail.com]
Sent: 3/1/2017 3:51:01 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

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Background:

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  - Could include NFL players
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  - Recruit subset (n=3,000) of NCAA Military University subjects to include in CENC Longitudinal Study
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  - Integration of 9 DoD, VA and CMS datasets into our centralized epidemiologic dataset of 2 million Veterans and Service Members
  - Would create – by far – the largest and richest database of concussion-related data, enabling us to use advanced data science for discovery
  - Would also be of direct benefit to clinicians and patients because it would provide a data-driven risk index for short- and long-term difficulties due to concussion exposure as well as treatment recommendations or referrals.

AMERICAN OVERSIGHT

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I am looking for help preparing a talk next week to pharma ceos about our research agenda and how we can partner on genomics and mvp with them

Thanks

David

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Jennifer Lee [(b) (6) @gmail.com]
Sent: 2/28/2017 11:50:52 AM
To: Drshulkin@aol.com
Subject: Re:

Hi David,
Yes, we are actively working on the first two items.
I will get the TBI research ideas packaged for you today and a status report on the OTH.
We will start working with comms right away on your pharma speech for next week.
Updates coming soon
Jen

On Feb 28, 2017 6:01 AM, "David shulkin" <Drshulkin@aol.com> wrote:
Jen- i need three things to help me-

I think you may know about all three already but just in case i wanted to make them visible to you

Im going to the nfl tommorow in indianoplis to ask forcresearch dollars for tbi - they have 100 million to give- what research can we ask to support?

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Thanks

David

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/28/2017 11:00:58 AM
To: Jennifer Lee [(b) (6) @gmail.com]
BCC: (b) (6) (b (b) (6) ((b) (6) va.gov]

Jen- i need three things to help me-

I think you may know about all three already but just in case i wanted to make them visible to you

Im going to the nfl tommorow in indianoplis to ask forcresearch dollars for tbi - they have 100 million to give- what research can we ask to support?

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I am looking for help preparing a talk next week to pharma ceos about our research agenda and how we can partner on genomics and mvp with them

Thanks

David

Sent from my iPhone

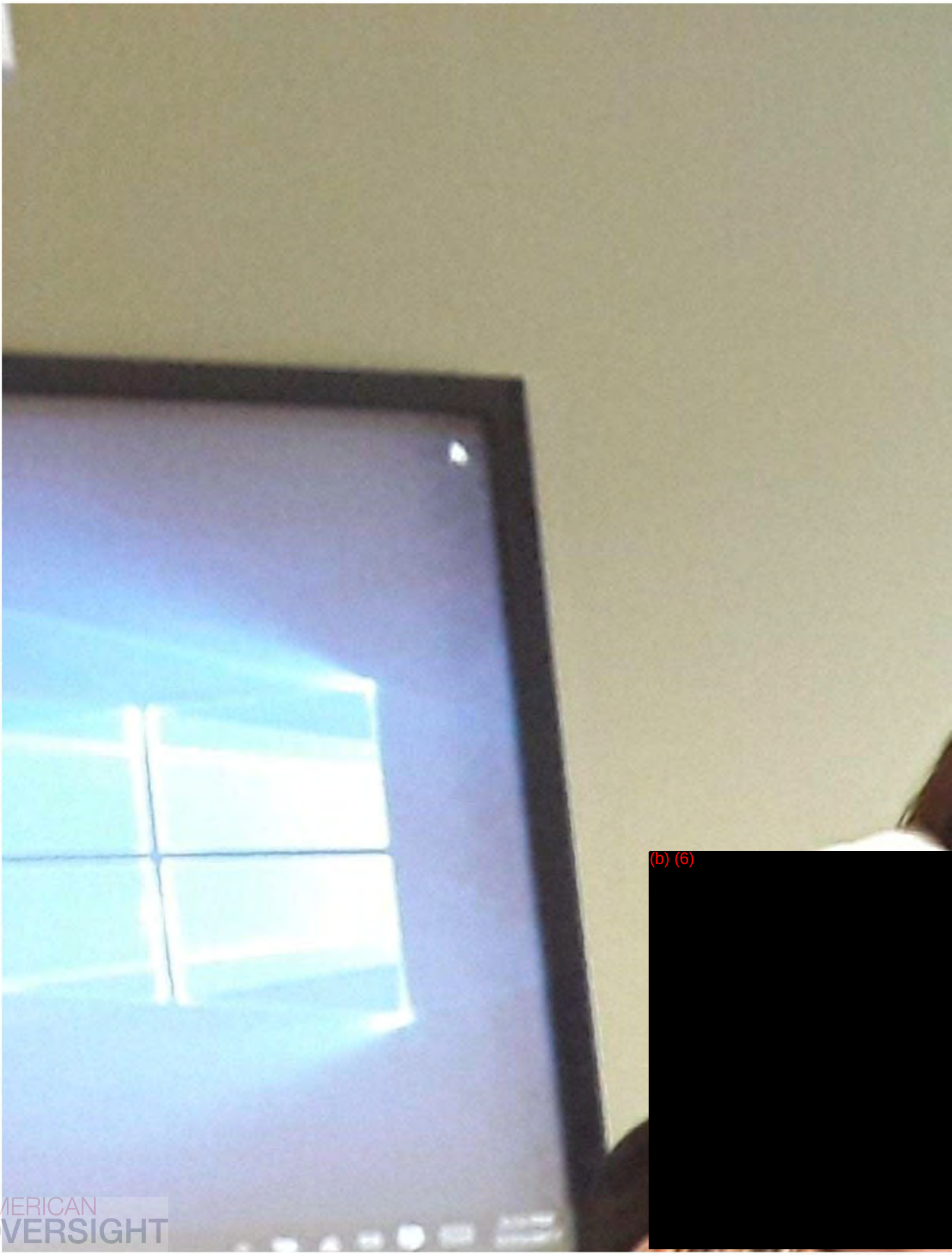
AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 2/28/2017 10:52:05 AM
To: drshulkin@aol.com
Subject: I know I will get over it

But missing them so much ....

AMERICAN OVERSIGHT



AMERICAN OVERSIGHT

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/26/2017 9:50:38 PM
To: Jennifer Lee [(b) (6) @gmail.com]
Subject: Re: contact from Secretary Shinseki

Yes ofcourse

And no - no issue at all

Sent from my iPhone

> On Feb 26, 2017, at 4:44 PM, Jennifer Lee (b) (6) @gmail.com> wrote:
>
> Would it be okay to share your contact info with Secretary Shinseki?
>
> He wanted to reach out to offer congrats and asked me to ask you.
>
> Also, he asked if you would have any problem with him authoring a forward in a book on Veteran homelessness. It is being written by Dr. Jack Tsai, a VA psychologist and researcher in west Haven.
>
> Thank you,
> Jen
>
>

AMERICAN OVERSIGHT

Message

From: Jennifer Lee [(b) (6) @gmail.com]
Sent: 2/26/2017 9:44:21 PM
To: David Shulkin [drshulkin@aol.com]
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Thank you,
Jen

AMERICAN OVERSIGHT

Message

From: [redacted] [redacted]@mayo.edu]
Sent: 2/28/2017 8:32:57 PM
To: David shulkin [drshulkin@aol.com]; IP [redacted]@frenchangel59.com]; Bruce Moskowitz, MD [brucem[redacted]mac.com]; Marc Sherman [mbs[redacted]gmail.com]
Subject: Highlights: J&J Conference Call
Attachments: J&J Conference Call.docx; ATT00001.txt

Hi -- my notes from today's call.....

AMERICAN OVERSIGHT

Johnson and Johnson | Conference Call

- (b) (6) total commitment from J&J to partner, be of service to veterans
- (b) (6) – committed to make a difference; conditions that affect the brain
    - PTSD, stress and suicide – on the verge of treatment for severe suicidal depression; rapid anti-suicidal effects
        - Can identify those who may be at risk
    - PTSD – advancing the field of novel treatments
    - Traumatic brain injury – initiated a public/private partnership building infrastructure around databases; align the industry to better treat
    - One Mind for Brain Research – for brain injury and and PTSD – Peter Cornelli as CEO; traumatic brain injury biomarker
    - Bush Institute project – starting clinical trials at the VA; take advantage of clinical records
        - Would like to join forces to make a big difference for veterans
- (b) (6) insights and learnings moving to episode of care; outcomes-based care – how do we work w/ patients prior to surgery to determine best candidates; how do they move to a fulsome recovery – whole person approach – mind, body and spirt
    - In unique position to be a leader and convener to serve veterans, first responders and providers who provide care – partner w/ the right organizations – 50K 501C3 organizations that serve veterans – partners w/ the right ones to "go deep"
    - USO, Vail Veterans, Wounded Warriors are among the groups
    - Human Performance Institute – wellness; energy for performance and life; bring together fitness and wellness; engagement around total well being
    - Ready, will need to align on areas of focus
- The more you work together – the more you can accomplish together; we have the five leading academic medical centers all committed to make lives better – need a ten-point plan; what can we grab off the shelf to accomplish quickly (B. Moskowitz MD)
- Ready to partner, make it happen (b) (6)
- Three specific areas of focus (D. Shulkin)
    - 1) More proactive in the area of precision medicine – average veteran in rural areas don't yet have exposure ;have the world's largest biobank tied into our electronic medical record; unique data discovery tools if we partner w/ industry
    - 2) Suicide among veterans is the number one clinical priority; want to do something new; launch a "Zero Suicide" effort – need assistance related to direct to consumer advertising – resources to "get the word out" to veterans in need
    - 3) Clinical trials – like to position VA that if there are new medications and treatments that the VA is a natural place that industry comes to, become a better partner for industry w/ clinical trials
- At a top line, can be a resource in all three areas (b) (6)
    - Work done in all ares of precision medicine – specificity is great, allows us to deliver
- Assign two people per academic center to work w/ J&J representative in each area (B. Moskowitz)
- Prior to discharge, need to know veteran's mental or medical status – pick it up early on, know way before discharge (B. Moskowitz)
- Need contact people from each of these areas; including Marketing (D. Shulkin)
- Get connected to right people + ad agencies to do this in a big way (b) (6)

AMERICAN OVERSIGHT

- (b) (6) and (b) (6) are gatekeepers for J&J; will get you to the people you need w/in J&J – rally the resources of J&J
- In Rarington and Titusville – close to New Brunswick
- Same people to coordinate w/ the academic centers

- Acting under secretary of VA – former secretary of health for New Jersey; research and clinical healthcare will be under her responsibility; Dr. Poonam Alaigh (Dr. Shulkin)

To Do: (b) (6) and (b) (6) to reach out to Dr. Moskowitz to get the ball rolling; follow-up call among this group in six week to update on progress post this call

(b) (6) **Biography:**

Chairman, Board of Directors and Chief Executive Officer | Johnson & Johnson

(b) (6) is Chairman and Chief Executive Officer of Johnson & Johnson. (b) is the seventh person to serve as Chairman and CEO of Johnson & Johnson since it became a publicly traded company in 1944. (b) began his Johnson & Johnson career as a sales representative with Janssen Pharmaceutica in 1988. Over the next 15 years, he advanced through positions of increasing responsibility in sales, marketing, and management. In 2001, (b) was appointed President of Janssen, and in 2003, he was named Company Group Chairman of Johnson & Johnson's pharmaceuticals business in Europe, the Middle East and Africa.

(b) left Johnson & Johnson in 2004 to join the Novartis Pharmaceuticals Corporation, where he served as head of the company's pharmaceuticals business in North America. He returned to Johnson & Johnson in 2008 as Company Group Chairman for Ethicon, Inc. In September 2009, he was appointed Worldwide Chairman of the Medical Devices segment. In January of 2011, he was named Vice Chairman of Johnson & Johnson's Executive Committee. (b) became Chief Executive Officer on April 26, 2012 and Chairman of the Board on December 28, 2013.

A longtime advocate of diversity and inclusion, (b) has been named one of the "100 Most Inspiring Leaders" by Pharma Voice. He is the Executive Sponsor of two Johnson & Johnson employee resource groups, the Women's Leadership Initiative and the Veteran's Leadership Council. (b) is also a member of the Business Council and the Business Roundtable.

(b) is a member of the Board of Directors of IBM, the Congressional Medal of Honor Board of Directors, and the Board of Directors of the National Academy Foundation. He was recently given the Joseph Wharton Leadership Award and the CADCA Humanitarian of the Year Award, as well as an Honorary Doctorate from Thomas Jefferson University in Philadelphia.

(b) holds a Bachelor of Science degree from the U.S. Military Academy at West Point, N.Y., and spent six years in the U.S. Army, finishing his military career with the rank of Captain. (b) earned a Master of Business Administration degree from The Wharton School of the University of Pennsylvania in 1996.

AMERICAN OVERSIGHT

Thanks,

(b) (6)

Chair | Mayo Clinic Department of Public Affairs

(c) (b) (6)

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 3/3/2017 9:44:43 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Jen

Forget everything I said, I was for some reason simply too emotional. We have a job to do, and the veterans and our country relies on us as the Sec-USH team. There is no David-Poonam in this equation- I will carry my own weight and you do the same.

From: David shulkin <Drshulkin@aol.com>
Sent: Thursday, March 2, 2017 6:06 PM
To: Poonam Alaigh
Subject: Re: Jen

Yup
I fully agree

Sent from my iPhone

> On Mar 2, 2017, at 5:27 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:
>
> I understand and also know that if it was anything even the slightest bit of importance, the first person you would turn to is me. You will have to carry the responsibility for both of us that during this time (now and into the future), the david-poonam relationship becomes even stronger- I will sway, but you cannot- that has to be your promise to me. The David- Poonam relationship is infinite times more important to me than the sec-ush one. Thanks for clearing my head - I need that dose every now and then
>
> Sent from my iPhone
>
>> On Mar 2, 2017, at 4:22 PM, David shulkin <Drshulkin@aol.com> wrote:
>>
>> Im not sure what you are talking about- im not involved even one bit in this - jen tried to mention something when i spoke to her on another topic but as you know that i often do - i wasn't really listening
>>
>> Ive told both Rob and jennifer im not going to play high school principal the way sloan did
>> This is between vha and IT
>>
>> I think the issue is going to be you not allowing the organization and your own reactions to let them split us- you know you have my full trust so you should not worry or show any reaction to anyone who comes to me- it shouldn't matter
>>
>> I am going to constantly be reaching into vha- if you think about the role of Secretary - it would be impossible not to-
>>
>> Bob and sloan did all day long- Sloan bothered me since he shared nothing back and I did not trust him on a personal level. Bob was different- i trsuted him and i did not mind at all when he reached in- i knew he would let me know when i needed to be involved- you should treat me like i did Bob and it will make it easier on you and it will frustrate the vha team who wants to play games because it shows such confidence on your part about your relationship
>> With the Secretary
>>
>> Sent from my iPhone
>>
>>> On Mar 2, 2017, at 3:18 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:
>>>

AMERICAN OVERSIGHT

>>> anymore
>>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/2/2017 11:06:52 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Jen

Yup
I fully agree

Sent from my iPhone

> On Mar 2, 2017, at 5:27 PM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
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>> Sent from my iPhone
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>>> On Mar 2, 2017, at 3:18 PM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>>>
>>> anymore
>>

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 3/2/2017 10:27:07 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Jen

I understand and also know that if it was anything even the slightest bit of importance, the first person you would turn to is me. You will have to carry the responsibility for both of us that during this time (now and into the future), the david-poonam relationship becomes even stronger- I will sway, but you cannot- that has to be your promise to me. The David- Poonam relationship is infinite times more important to me than the sec-ush one. Thanks for clearing my head - I need that dose every now and then

Sent from my iPhone

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> Sent from my iPhone
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>> On Mar 2, 2017, at 3:18 PM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>>
>> anymore
>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/2/2017 9:21:56 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Jen

Im not sure what you are talking about- im not involved even one bit in this - jen tried to mention something when i spoke to her on another topic but as you know that i often do - i wasn't really listening

Ive told both Rob and jennifer im not going to play high school principal the way sloan did
This is between vha and IT

I think the issue is going to be you not allowing the organization and your own reactions to let them split us- you know you have my full trust so you should not worry or show any reaction to anyone who comes to me- it shouldn't matter

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With the Secretary

Sent from my iPhone

> On Mar 2, 2017, at 3:18 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:
>
> anymore

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 3/2/2017 8:18:20 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Jen

Her behavior was like if you had given a certain direction to Rich and he simply went over you as USH to Bob Mcdonald and got what he wanted - I have been working hours and hours since last week on resolving the IT issues, the root cause of which is Jen - and she just disregards it- I am simply shocked that you didn't mention anything to me- I just finished a meeting with Rob and his team with Jen and her team coming to a consensus and next steps at 10:50am today, and she goes rushing to you derailing everything- I don't know what to think anymore

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/27/2017 3:00:59 AM
To: (b) (6) [(b) (6) va.gov]
Subject: Re: Shulkin discussion / VA Facilities tour

Ok lets try again

Sent from my iPhone

On Feb 26, 2017, at 7:25 PM, (b) (6) (b) (6) R. (b(b) (6) va.gov> wrote:

From: Assistant [mailto:(b) (6) (b) (6)
Sent: Sunday, February 26, 2017 10:20 AM
To: (b) (6)
Subject: [EXTERNAL] RE: Shulkin discussion / VA Facilities tour
Importance: High

Good morning,
After speaking with Ivanka and deeply reviewing her schedule, she is unable to participate in either date.
April 20 is the day after Passover and she will be traveling.
May 9 just won't' work after previous commitments that I was recently made aware of.

She suggests that she can due the NY facility the week of May 15-19.
She would also like to see possible other dates for the Cleveland OH facility.

If you can send along the details and timing of the events in Aspen, she'd like to take a deeper look at the event.

All the best,
(b) (6)

From: Assistant
Sent: Thursday, February 23, 2017 4:09 PM
To: Ivanka Trump ((b) (6) @(b) (6) <(b) (6) @(b) (6)
Subject: Shulkin discussion / VA Facilities tour

Good afternoon Ivanka,

After speaking with (b) (6) (Ike's assistant), we discuss the following possibilities for you to join on VA facilities tours.
April 20, 2017 (Thursday) Cleveland OH
May 9, 2017 (Tuesday) New York

Other dates that were proposed didn't fit into your schedule. Please let me know if you'd like to join on either of these.

Also – on another note, there is a VA event that takes place April 24-31... do you want me to get the details and present to you? It's at the tail end of your vacation which is why I hesitate.

AMERICAN OVERSIGHT

(b) (6)

From: Ivanka Kushner
Sent: Monday, February 20, 2017 8:56 PM
To: IP <(b) @frenchangel59.com>
Cc: Jared Kushner <(b) @(b) (6) lper(b) @gmail.com; Assistant <(b) (6) @(b) (6)
Subject: RE: Shulkin discussion

Thanks Ike. Either would work for me so I defer to David's schedule.
I am excited to participate and hope to be helpful to your efforts!

From: IP [mailto(b) @frenchangel59.com]
Sent: Monday, February 20, 2017 6:25 PM
To: Ivanka Kushner <(b) (6) @(b) (6)
Cc: Jared Kushner <(b) @(b) (6) lper(b) @gmail.com; Assistant <(b) (6) @(b) (6)
Subject: Re: Shulkin discussion

Ivanka,

Thank you. Laurie and I really enjoyed seeing you and Jared as well.

The call with (b) was very good. We had an excellent conversation and he had some very interesting ideas. We are scheduling a second call and will included some of the people helping us so we can discuss further.

If you agree, I recommend we focus on the May 8th or May 25th dates and pick the one that is most convenient for you. David will accompany you on the visit and has arranged for the fleet to fly you and him to the location. He has also prepared a draft agenda for your review in the email below, and included some additional location options as well.

All my Best,
Ike

From: David shulkin <Drshulkin@aol.com>
Date: February 20, 2017 at 5:43:30 PM EST
To: Ike Perlmutter <(b) @frenchangel59.com>
Cc: Marisol <(b) @frenchangel59.com>
Subject: Fwd: Future Visits

Sent from my iPhone

Begin forwarded message:

From: (b) (6)
(b) (6) @gmail.com>
Date: February 20, 2017 at 5:37:43

AMERICAN OVERSIGHT

PM EST
To: David Shulkin
<drshulkin@aol.com>
Subject: Future Visits

Draft Agenda for Future Visits

8:00-8:40 am Meeting with VA Leadership and Presentation
8:40-9:20am Meeting with employees (30 max, answer questions)
9:20-10:00am Meeting with Veteran Service Organizations
10:00-10:40am Meeting with local elected officials
10:40- 11:40am Facility Tour with Veteran Visits
11:40 -12:30 Lunch with Family Caregivers

Additional Dates:
March 10 - Miami
March 29 - Chicago
April 3 - Delaware
July 17 - Cincinnati (Wheelchair Games)

Sent from my iPhone

On Feb 20, 2017, at 4:41 PM, Ivanka Kushner <(b) (6) @(b) (6) wrote:

Thank you Ike.
Good seeing you this weekends.
I hope the call with (b) was productive.
In terms of dates, one of the below would work best:

- May 8th – Northport, NY
- May 25th – Nashville, TN
- June 9th – Palo Alto, CA (this would only work if I could build a bigger trip around it)

Do you have thoughts on an agenda for my visits? Would David join me or would I visit alone.
(b) (6) my assistant, cced, will hold these dates in my calendar while we work out the details.

From: IP [mailto(b) @frenchangel59.com]
Sent: Wednesday, February 15, 2017 10:07 PM
To: Ivanka Kushner <(b) (6) @(b) (6) Jared Kushner <(b) @(b) (6)

AMERICAN OVERSIGHT

Cc: lper[redacted]@gmail.com
Subject: FW: Shulkin discussion

Ivanka and Jared,

Good evening. I would like to share with you a few updates on the various VA workflows.

First, I have attached for your review our thoughts on short and long term plans and goals. These goals are consistent with David goals. We are continuing to think through the details and will share more in the next couple of days.

Next, we're working on scheduling our second conference call with [redacted] and his team to discuss his advice and potential assistance to the VA regarding the improvement of the technology infrastructure. We also scheduled a conference call with [redacted] from Johnson and Johnson for tomorrow at 2:00 PM. Thank you both again for introducing us to [redacted] and [redacted]

Finally, attached for your review and approval, please find a proposed schedule prepared by David for the visits to 3 - 4 VA locations.

We are making great progress.

All my Best,

Ike

From: Marc Sherman [mailto:mbs[redacted]gmail.com]
Sent: Wednesday, February 15, 2017 1:41 PM
To: IP; Bruce Moskowitz
Subject: Re: Shulkin discussion

David and I had a good conversation about a congressional commission in light of [redacted] comments and we discussed alternative approaches. I revised the "non-medical" outline in light of this discussion and have attached it.

On Wed, Feb 15, 2017 at 1:24 PM, Marc Sherman <mbs[redacted]gmail.com> wrote:
Ike

Call me when you get a chance. I will fill you in on my conversation with David. He gave me locations and said he will send both of us dates for visits to match the locations he gave me. He is also available for a call with [redacted] at 4pm on Friday.

AMERICAN OVERSIGHT

Marc

AMERICAN OVERSIGHT

Message

From: (b) (6) (b) (6) va.gov]
Sent: 2/27/2017 12:25:56 AM
To: 'David shulkin' [Drshulkin@aol.com]
CC: (b) (6) [(b) (6) @gmail.com]
Subject: FW: Shulkin discussion / VA Facilities tour

Importance: High

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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Marc

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/25/2017 4:01:32 AM
To: vacodjs1@va.gov
Subject: Fwd: Conference Call with (b) (6) (Johnson and Johnson) and Ike Perlmutter - Tuesday, February 28th at 3:00 PM EST

-----Original Message-----
From: Marisol Garcia <(b) @frenchangel59.com>
To: (b) (6) <(b) (6) its.jnj.com>; (b) (6) <(b) (6) its.jnj.com>; 'David shulkin' <Drshulkin@aol.com>; 'L Perl' <(b) (6) @gmail.com>; 'Bruce Moskowitz' <brucem(b) (6) mac.com>; mb(b) (6) <mbs(b) (6) gmail.com>; ip <(@frenchangel59.com>; (b) (6) (l(b) (6) va.gov>; (b) (6) (b) (6) (b) (6) @va.gov>; (b) (6) <(b) (6)@mayo.edu>; (b) (6) (b) (6) @mayo.edu>
Sent: Fri, Feb 24, 2017 7:07 pm
Subject: Conference Call with (b) (6) (Johnson and Johnson) and Ike Perlmutter - Tuesday, February 28th at 3:00 PM EST

AMERICAN OVERSIGHT

Appointment

From: Marisol Garcia [(b)@frenchangel59.com]
Sent: 2/25/2017 12:07:18 AM
To: (b) (6) its.jnj.com; (b) (6) @its.jnj.com; 'David shulkin' [Drshulkin@aol.com]; 'L Perl' [(b) (6) @gmail.com]; 'Bruce Moskowitz' [brucem(b) (6) mac.com]; mbs(b) (6) gmail.com; (@frenchangel59.com; (b) (6) va.gov; (b) (6) va.gov; (b) (6) [(b) @mayo.edu]; (b) (6) (b) (6) @mayo.edu]

Subject: Conference Call with (b) (6) (Johnson and Johnson) and Ike Perlmutter - Tuesday, February 28th at 3:00 PM EST
Location: Conference Call

Start: 2/28/2017 8:00:00 PM
End: 2/28/2017 8:30:00 PM
Show Time As: Tentative

Recurrence: (none)

Tuesday, February 28th

3:00 PM – 3:30 PM EST

Dial-in Information:

US: 1-866-244-(b) (6)

International: 719-457-(b) (6)

Passcode: (b) (6)

Participants:

(b) (6) Chairman and CEO (Johnson & Johnson), Secretary David Shulkin (White House), Dr. Bruce Moskowitz, Marc Sherman, (b) (6) (Chair, Mayo Clinic) and Ike

Thank you,

AMERICAN OVERSIGHT

Marisol Garcia

(b) (6) [redacted] (Cell)

(b) (6) [redacted]@frenchangel59.com

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/24/2017 6:50:54 PM
To: (b) (6) (b) (6) va.gov]
Subject: Fwd: Conference Call with (b) (6) (APPLE) on Friday, March 3rd at 1:00 PM – 2:00 PM EST
Attachments: mime-attachment.ics; Untitled attachment 10092.htm

Sent from my iPhone

Begin forwarded message:

From: "Marisol Garcia" <(b) @frenchangel59.com>
Date: February 24, 2017 at 1:34:09 PM EST
To: "(b) (6) <(b) (6) @apple.com>, (b) (6) apple.com>, "'David shulkin'" <Drshulkin@aol.com>, "'L Perl'" <(b) (6) @gmail.com>, "'Bruce Moskowitz'" <brucem(b) (6) mac.com>, <mbs(b) (6) gmail.com>, <(b) @frenchangel59.com>, "'(b) (6) <(b) (6) @mayo.edu>, (b) (6) @mayo.edu>, (b) (6) @mayo.edu>, "(b) (6) (b) (6) @mayo.edu>, "(b) (6) EOP/WHO" (b) (6) (b) (6) who.eop.gov>, "(b) (6) EOP/OMB" (b) (6) @omb.eop.gov>, "'(b) (6) (b) (6) @apple.com>, (b) (6) va.gov>, (b) (6) (b) (6) va.gov>
Subject: Conference Call with (b) (6) (APPLE) on Friday, March 3rd at 1:00 PM – 2:00 PM EST

AMERICAN OVERSIGHT

Appointment

From: Marisol Garcia [(b) @frenchangel59.com]
To: (b) (6) ([(b) (6) @apple.com) [(b) (6) @apple.com]; (b) (6) apple.com; David shulkin [Drshulkin@aol.com]; L Perl [(b) (6) @gmail.com]; Bruce Moskowitz [brucem(b) (6) mac.com]; mbs(b) (6) gmail.com; (@frenchangel59.com; (b) (6) [(b) @mayo.edu]; (b) (6) @mayo.edu; (b) (6) @mayo.edu; (b) (6) [(b) (6) @mayo.edu) (b) (6) @mayo.edu]; (b) (6) EOP/WHO(b) (6) (b) (6) who.eop.gov) (b) (6) (b) (6) who.eop.gov]; (b) (6) EOP/OMB (b) (6) @omb.eop.gov) (b) (6) @omb.eop.gov]; (b) (6) (b) (6) @apple.com]; (b) (6) va.gov; (b) (6) va.gov

Subject: Conference Call with (b) (6) (APPLE) on Friday, March 3rd at 1:00 PM – 2:00 PM EST
Location: Conference Call

Start: 3/3/2017 6:00:00 PM
End: 3/3/2017 7:00:00 PM
Show Time As: Tentative

Recurrence: (none)

Friday, March 3rd

1:00 PM – 2:00 PM EST

Dial-in Information:

US: 1-866-244-(b) (6)

International: 719-457-(b) (6)

Passcode: (b) (6)

Participants:

(b) (6) (CEO Apple), (b) (6) VP of Environment, Policy and Social Initiatives (Apple),

Secretary David Shulkin (White House), (b) (6) Assistant to the President For Intragovernmental and Technology Initiatives, (b) (6) Co-founder of the United States Digital Service

Dr. Moskowitz, Marc Sherman, (b) (6) (Chair, Mayo Clinic), (b) (6) (Marketing Manager, Mayo Clinic), (b) (6) (IT Tech Specialist, Mayo Clinic) and Ike Perlmutter

AMERICAN OVERSIGHT

Thank you,

Marisol Garcia

(b) (6) [redacted] (Cell)

(b) (6) [redacted]@frenchangel59.com

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

Appointment

From: Marisol Garcia [(b)(6)@frenchangel59.com]
Sent: 2/24/2017 6:34:09 PM
To: (b) (6) [(b) (6) @apple.com]; (b) (6) apple.com; 'David shulkin' [Drshulkin@aol.com]; 'L Perl' [(b) (6) @gmail.com]; 'Bruce Moskowitz' [brucem(b) (6) mac.com]; mbs(b) (6) gmail.com; @frenchangel59.com; (b) (6) [(b) @mayo.edu]; (b) (6) @mayo.edu; (b) (6) @mayo.edu; (b) (6) (b) (6) @mayo.edu]; (b) (6) EOP/WHO (b) (6) (b) (6) who.eop.gov]; (b) (6) EOP/OMB (b) (6) @omb.eop.gov]; (b) (6) (b) (6) @apple.com]; (b) (6) va.gov; (b) (6) va.gov

Subject: Conference Call with (b) (6) (APPLE) on Friday, March 3rd at 1:00 PM – 2:00 PM EST
Location: Conference Call

Start: 3/3/2017 6:00:00 PM
End: 3/3/2017 7:00:00 PM
Show Time As: Tentative

Recurrence: (none)

Friday, March 3rd

1:00 PM – 2:00 PM EST

Dial-in Information:

US: 1-866-244-(b) (6)

International: 719-457-(b) (6)

Passcode: (b) (6)

Participants:

(b) (6) (CEO Apple), (b) (6) VP of Environment, Policy and Social Initiatives (Apple),

Secretary David Shulkin (White House), (b) (6) Assistant to the President For Intragovernmental and Technology Initiatives, (b) (6) Co-founder of the United States Digital Service

Dr. Moskowitz, Marc Sherman, (b) (6) (Chair, Mayo Clinic), (b) (6) (Marketing Manager, Mayo Clinic), (b) (6) (IT Tech Specialist, Mayo Clinic) and Ike Perlmutter

AMERICAN OVERSIGHT

Thank you,

Marisol Garcia

(b) (6) [redacted] (Cell)

(b) (6) [redacted]@frenchangel59.com

AMERICAN OVERSIGHT

Appointment

From: Marisol Garcia [(b)(6)@frenchangel59.com]
Sent: 2/24/2017 5:37:14 PM
To: (b) (6) [(b) (6) @apple.com]; (b) (6) apple.com; 'David shulkin' [Drshulkin@aol.com]; 'L Perl' [(b) (6) @gmail.com]; 'Bruce Moskowitz' [brucem(b) (6) mac.com]; mbs(b) (6) gmail.com; @frenchangel59.com; (b) (6) [(b) @mayo.edu]; (b) (6) @mayo.edu; (b) (6) @mayo.edu; (b) (6) (b) (6) @mayo.edu]; (b) (6) EOP/WHO (b) (6) (b) (6) who.eop.gov]; (b) (6) EOP/OMB(b) (6) @omb.eop.gov]; (b) (6) (b) (6) @apple.com]((b) (6) va.gov; (b) (6) va.gov

Subject: Conference Call with (b) (6) (APPLE) on Friday, March 3rd at 1:00 PM – 2:00 PM EST
Location: Conference Call

Start: 3/3/2017 6:00:00 PM
End: 3/3/2017 7:00:00 PM
Show Time As: Tentative

Recurrence: (none)

Friday, March 1st

1:00 PM – 2:00 PM EST

Dial-in Information:

US: 1-866-244-(b) (6)

International: 719-457-(b) (6)

Passcode: (b) (6)

Participants:

(b) (6) (CEO Apple), (b) (6) VP of Environment, Policy and Social Initiatives (Apple),

Secretary David Shulkin (White House), (b) (6) Assistant to the President For Intragovernmental and Technology Initiatives, (b) (6) Co-founder of the United States Digital Service

Dr. Moskowitz, Marc Sherman, (b) (6) (Chair, Mayo Clinic), (b) (6) (Marketing Manager, Mayo Clinic), (b) (6) (IT Tech Specialist, Mayo Clinic) and Ike Perlmutter

AMERICAN OVERSIGHT

Thank you,

Marisol Garcia

(b) (6) [redacted] (Cell)

(b) (6) [redacted]@frenchangel59.com

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/5/2017 3:19:55 AM
To: Darin Selnick (b) (6) @gmail.com]
Subject: Re: White House

Yes we need to do this- lets try this week

Please give (b) my email

Sent from my iPhone

> On Mar 4, 2017, at 3:46 PM, Darin Selnick (b) (6) @gmail.com> wrote:
>
> I received a call today from (b) (6) from the WH. I know (b) from when she used to work for Sen Tillis. She reached out to reconnect and to talk about the Choice program and the big VA health care reforms, which we used to talk about when she worked for Tillis.
>
> (b) was very impressed with your ideas, vision and timetable for VA healthcare reform. She asked me what I thought and I told her I was in 100% agreement with you and that if is affordable if the cost mitigation is done correctly.
>
> (b) would like your personal email so in the future she can contact you directly and confidentially. Let me know if that is ok.
>
> We have not had the chance to white board everything out, but I would like to get up to speed on your VA healthcare ideas and framework, and think we need to develop the road map from Choice act extension through Choice 2.0 through the final big TRICARE like reforms. I have been working this from every angle the last two years and look forward to working on this with you.
>
> Thanks
>
> Darin

AMERICAN OVERSIGHT

Message

From: Darin Selnick [(b) (6) @gmail.com]
Sent: 3/4/2017 8:46:05 PM
To: David shulkin [Drshulkin@aol.com]
Subject: White House

I received a call today from (b) (6) from the WH. I know (b) from when she used to work for Sen Tillis. She reached out to reconnect and to talk about the Choice program and the big VA health care reforms, which we used to talk about when she worked for Tillis.

(b) was very impressed with your ideas, vision and timetable for VA healthcare reform. She asked me what I thought and I told her I was in 100% agreement with you and that if is affordable if the cost mitigation is done correctly.

(b) would like your personal email so in the future she can contact you directly and confidentially. Let me know if that is ok.

We have not had the chance to white board everything out, but I would like to get up to speed on your VA healthcare ideas and framework, and think we need to develop the road map from Choice act extension through Choice 2.0 through the final big TRICARE like reforms. I have been working this from every angle the last two years and look forward to working on this with you.

Thanks

Darin

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/15/2017 3:20:53 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
Subject: Re: VA: Referral from Secretary Shulkin

Yes i am impressed

Sent from my iPhone

On Mar 15, 2017, at 10:43 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:

> FYI this is why Terry is most effective.
>
> Sent from my iPad
> Bruce Moskowitz M.D.
>
> Begin forwarded message:
>
> **From:** Terry Fadem (b) (6) @gmail.com>
> **Date:** March 15, 2017 at 10:35:11 AM EDT
> **To:** "Ramoni, Rachel" <Rachel.Ramoni@va.gov>
> **Cc:** "Fadem, Terry" <(b) (6) @wharton.upenn.edu>
> **Subject: Re: VA: Referral from Secretary Shulkin**
>
> Rachel,
>
> Congratulations on your new position...I wish you well.
>
> Yes, this would be a good way for me to develop a better familiarity with issues and terms of agreements. I will be happy to provide a brief review with my personal opinions. So, in order for me to be as helpful as possible, I have a few questions that will guide my response. It is not critical that you provide me with all these answers as we start our dialogue...but it will help.
>
> Context of the licensing agreement - is this technology in a strategically important research area for the VA; what are the expectations for the technology in question - are expected returns forecast when licenses are considered; why is the technology being acquired (what is the potential value to the other party and how important is it - is it a platform technology upon which a product line can be built); how does the VA manage licensing (do you audit licensees; are any license agreements ever terminated; is this the first time this party and the VA have worked together); what are the expectations of the inventors (for example are they permitted to consult with licensees..I am not as conversant with the rules governing these folks as I need to be)
>
> This will help put the license agreement in context for me so that I can review the terms from a more informed perspective.

AMERICAN OVERSIGHT

Is the Master CRADA an accompanying document with the licensing agreement...or something separate? Is one contingent on the other? Or, is this a master CRADA to be applied to other/any corporate relationship?

Also, please fee free to forward any additional information that you feel will be helpful to me in my review.

My apologies for the list of questions. It is important for me to develop an understanding of the licensing environment at the VA. The needs and wants of the companies that license from the VA are also of interest in this setting and if growth is expected in licensing revenue.

Please feel free to call if you have any questions or if you want to discuss this further. I would like to help make growth of the VA technology transfer function a success.

best regards,
Terry

On Wed, Mar 15, 2017 at 12:17 AM, Ramoni, Rachel <Rachel.Ramoni@va.gov> wrote:

> Dear Terry,
>
> I hope that all is well with you.
>
> I am writing at the suggestion of Secretary Shulkin. He said that he'd had an interesting conversation with you a couple of weeks back. As you might know, the VA tech transfer program sits in the Office of Research and Development. (I'm the new Chief Research and Development Officer.) Dr. Shulkin wondered if you might be so kind as to review a licensing agreement and a master CRADA. He said that you'd discussed the potential for a broader engagement, and this would be a good way to get a practical sense of TTP at VA.
>
> Please let me know if you might be able to assist.
>
> With appreciation,
>
> Rachel

AMERICAN OVERSIGHT

Rachel B. Ramoni, DMD, ScD

Chief Research and Development Officer

Office of Research and Development

Veterans Health Administration

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 3/15/2017 2:43:33 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: VA: Referral from Secretary Shulkin

FYI this is why Terry is most effective.

Sent from my iPad
Bruce Moskowitz M.D.

Begin forwarded message:

> **From:** Terry Fadem (b) (6) @gmail.com>
> **Date:** March 15, 2017 at 10:35:11 AM EDT
> **To:** "Ramoni, Rachel" <Rachel.Ramoni@va.gov>
> **Cc:** "Fadem, Terry" <(b) (6) @wharton.upenn.edu>
> **Subject: Re: VA: Referral from Secretary Shulkin**
>
> Rachel,
>
> Congratulations on your new position...I wish you well.
>
> Yes, this would be a good way for me to develop a better familiarity with issues and terms of agreements. I will be happy to provide a brief review with my personal opinions. So, in order for me to be as helpful as possible, I have a few questions that will guide my response. It is not critical that you provide me with all these answers as we start our dialogue...but it will help.
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AMERICAN OVERSIGHT

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best regards,
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>
> Please let me know if you might be able to assist.
>
> With appreciation,
>
> Rachel
>
> Rachel B. Ramoni, DMD, ScD
>
> Chief Research and Development Officer
>
> Office of Research and Development
>
> Veterans Health Administration

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/25/2017 10:58:06 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
CC: (b) (6) [(b) @mayo.edu]; IP [@frenchangel59.com]; Marc Sherman [mbs(b) (6) gmail.com]
Subject: Re: FYI | Today's StarTribune

Good point- we will
Work on it

Sent from my iPhone

On Feb 25, 2017, at 2:52 PM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:

> Perhaps we can get a better message out. The research part is there on a search. We need to look at this from both the PR and how the message gets refreshed and updated. The message is from 2013 and I am sure updated but update is not highlighted
>
> Sent from my iPhone
>
> On Feb 25, 2017, at 2:43 PM, David shulkin <Drshulkin@aol.com> wrote:
>
> > (b) - thanks
> >
> > We do have a burn pit registry and ongoing research
> >
> > Any suggestions for what we may be missing or how we should be messaging our efforts?
> >
> > David
> >
> > Sent from my iPhone
> >
> > On Feb 25, 2017, at 10:29 AM, (b) (6) (b) (6)@mayo.edu> wrote:
> >
> > > Hi -- front-page coverage in today's StarTribune (Minneapolis).
> > >
> > > Please see:: Minn. veteran tried to expose toxic legacy of Iraq war
> > >
> > > Thanks,
> > >
> > > (b) (6)
> > > Chair | Mayo Clinic Department of Public Affairs
> > > (c) (b) (6)

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [bruce[redacted]mac.com]
Sent: 2/25/2017 7:52:59 PM
To: David shulkin [Drshulkin@aol.com]
CC: [redacted] [redacted]@mayo.edu]; IP [redacted]@frenchangel59.com]; Marc Sherman [mbs[redacted]gmail.com]
Subject: Re: FYI | Today's StarTribune

Perhaps we can get a better message out. The research part is there on a search. We need to look at this from both the PR and how the message gets refreshed and updated. The message is from 2013 and I am sure updated but update is not highlighted

Sent from my iPhone

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>
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> David
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> On Feb 25, 2017, at 10:29 AM, [redacted]@mayo.edu> wrote:
>
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> >
> > Please see:: Minn. veteran tried to expose toxic legacy of Iraq war
> >
> > Thanks,
> >
> > [redacted]
> > Chair | Mayo Clinic Department of Public Affairs
> > (c) [redacted]

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/25/2017 7:43:46 PM
To: (b) (6) [(b) @mayo.edu]
CC: IP [@frenchangel59.com]; Bruce Moskowitz, MD [brucem(b) (6) mac.com]; Marc Sherman [mbs(b) (6) gmail.com]
Subject: Re: FYI | Today's StarTribune

(b) - thanks

We do have a burn pit registry and ongoing research

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Sent from my iPhone

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>
> Please see:: Minn. veteran tried to expose toxic legacy of Iraq war
>
> Thanks,
>
> (b) (6)
> Chair | Mayo Clinic Department of Public Affairs
> (c)(b) (6)

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 2/25/2017 3:48:03 PM
To: Marc Sherman [mbs(b) (6) gmail.com]
CC: (b) (6) [(b) @mayo.edu]; David shulkin [drshulkin@aol.com]; IP [(@frenchangel59.com]
Subject: Re: FYI | Today's StarTribune

Agree we are talking to Terry Fadem who understands how this gets done correctly and how we can partner with academic centers and how to obtain funding.

Sent from my iPhone

On Feb 25, 2017, at 10:43 AM, Marc Sherman <mbs(b) (6) gmail.com> wrote:

> Thanks (b) (6) Not much publicity around this to date. Appreciate your sharing it. One sentence in the article stood out:
>
> *"The Department of Veterans Affairs' position on burn pit exposure has not changed. It believes research has not established evidence of long-term health problems."*
>
> This should be a priority on the VA research side and PR around that effort could be very beneficial.
>
> On Sat, Feb 25, 2017 at 10:29 AM, (b) (6) (b) (6) @mayo.edu> wrote:
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>
> Please see:: Minn. veteran tried to expose toxic legacy of Iraq war
>
> Thanks,
>
> (b) (6)
> Chair | Mayo Clinic Department of Public Affairs
> (c) (b) (6)

AMERICAN OVERSIGHT

Message

From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 2/25/2017 3:43:56 PM
To: (b) (6) [(b) @mayo.edu]
CC: David shulkin [drshulkin@aol.com]; IP [@frenchangel59.com]; Bruce Moskowitz, MD [brucem(b) (6) mac.com]
Subject: Re: FYI | Today's StarTribune

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> *"The Department of Veterans Affairs' position on burn pit exposure has not changed. It believes research has not established evidence of long-term health problems."*

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Hi -- front-page coverage in today's StarTribune (Minneapolis).

Please see:: Minn. veteran tried to expose toxic legacy of Iraq war

Thanks,

(b) (6)
Chair | Mayo Clinic Department of Public Affairs
(c) (b) (6)

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) @mayo.edu]
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To: David shulkin [drshulkin@aol.com]; IP [@frenchangel59.com]; Bruce Moskowitz, MD [brucem(b) (6) mac.com]; Marc Sherman [mbs(b) (6) gmail.com]
Subject: FYI | Today's StarTribune

Hi -- front-page coverage in today's StarTribune (Minneapolis).

Please see:: Minn. veteran tried to expose toxic legacy of Iraq war

Thanks,

(b) (6)
Chair | Mayo Clinic Department of Public Affairs
(c) (b) (6)

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 4/15/2017 5:06:45 PM
To: drshulkin@aol.com
Subject: Screen shots from annals site

Here they are in this look

https://jonesdlwa.s3.amazonaws.com/GDSflu5aZ0/Access2Care_screenshots.pdf

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/25/2017 7:49:52 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Sunday

Yes he is an amazing guy

Sent from my iPhone

On Feb 25, 2017, at 12:39 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> (b) (6) suggested (b) (6) pick me up on Sunday since I had luggage etc and I was still on travel- but (b) (6) recommendation was otherwise - (b) (6) still offered - see below - he is such a great guy. Thanks for leaving him for me.
>
> Sent from my iPad
>
> Begin forwarded message:
>
> **From:** "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
> **Date:** February 25, 2017 at 12:33:32 PM EST
> **To:** 'Poonam Alaigh' <(b) (6) @hotmail.com>
> **Subject: FW: Sunday**
>
> Sent with Good (www.good.com)
>
> -----Original Message-----
> **From:** Alaigh, Poonam, M.D.
> **Sent:** Saturday, February 25, 2017 09:05 AM Central Standard Time
> **To:** (b) (6)
> **Subject:** RE: Sunday
>
> (b) (6) I am overwhelmed at your generosity and at how much you care. I know now that I am in great hands and will let (b) know that he has nothing to worry about. It's the sincerest of thought that matters and you have touched my spirit by this offer. I also know now that you are one of my sincerest well wishers and feel so fortunate for that. But (b) (6) please know that I will be fine, I can easily take a cab which I have taken all along. Also, I will commit to texting you once I am safe and sound in the hotel so don't worry. Just catch up on the Oscars for me- don't like missing that so you will have to fill me in.
>
> We have great things to accomplish together so that we can "Serve those Who Have Served" in the best possible way. I am so glad you are part of our /Dr Shulkin's Team - will see you on Monday!
>
> THANK YOU

AMERICAN OVERSIGHT

Sent with Good (www.good.com)

-----Original Message-----
From: (b) (6)
Sent: Saturday, February 25, 2017 04:51 AM Central Standard Time
To: Alaigh, Poonam, M.D.
Subject: Sunday

I will pick you up Sunday 9:40 pm in my personal car. No one can object to that. See you then,
(b) (6)

(b) (6)
Serving Those Who Have Served

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 2/25/2017 5:39:01 PM
To: David shulkin [drshulkin@aol.com]
Subject: Fwd: Sunday

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> **From:** "Alaigh, Poonam, M.D." (b) (6) @va.gov>
> **Date:** February 25, 2017 at 12:33:32 PM EST
> **To:** 'Poonam Alaigh' <(b) (6) @hotmail.com>
> **Subject: FW: Sunday**
>
> Sent with Good (www.good.com)
>
> -----Original Message-----
> **From:** Alaigh, Poonam, M.D.
> **Sent:** Saturday, February 25, 2017 09:05 AM Central Standard Time
> **To:** (b) (6)
> **Subject:** RE: Sunday
>
> (b) (6) I am overwhelmed at your generosity and at how much you care. I know now that I am in great hands and will let (b) know that he has nothing to worry about. It's the sincerest of thought that matters and you have touched my spirit by this offer. I also know now that you are one of my sincerest well wishers and feel so fortunate for that. But (b) (6) please know that I will be fine, I can easily take a cab which I have taken all along. Also, I will commit to texting you once I am safe and sound in the hotel so don't worry. Just catch up on the Oscars for me- don't like missing that so you will have to fill me in.
>
> We have great things to accomplish together so that we can "Serve those Who Have Served" in the best possible way. I am so glad you are part of our /Dr Shulkin's Team - will see you on Monday!
>
> THANK YOU
>
> Sent with Good (www.good.com)
>
> -----Original Message-----
> **From:** (b) (6)

AMERICAN OVERSIGHT

Sent: Saturday, February 25, 2017 04:51 AM Central Standard Time
To: Alaigh, Poonam, M.D.
Subject: Sunday

I will pick you up Sunday 9:40 pm in my personal car. No one can object to that. See you then, (b) (6)

(b) (6)
Serving Those Who Have Served

AMERICAN OVERSIGHT

Message

From: IP [(@frenchangel59.com]
Sent: 3/15/2017 4:16:09 PM
To: 'David shulkin' [Drshulkin@aol.com]
Subject: RE: Timeline

Yes, please give me those two executives orders.

I suggest that you also share the others with me so we can save time.

-----Original Message-----
From: David shulkin [mailto:Drshulkin@aol.com]
Sent: Wednesday, March 15, 2017 11:37 AM
To: IP
Subject: Re: Timeline

Yes you can share

We only have two executive orders ready now- on access to care. I can get you those.

On the advice of White House staff we are working others through the other Secretaries and will then bring back as EO's

David

Sent from my iPhone

> On Mar 15, 2017, at 11:32 AM, IP <(@frenchangel59.com> wrote:
>
> Can I share this with the President when I meet with him?
>
> Also can I get a 1 page on the 6 or 7 executive orders so I can talk
> to the President...
>
> Thank you
>
> -----Original Message-----
> From: David shulkin [mailto:Drshulkin@aol.com]
> Sent: Wednesday, March 15, 2017 11:22 AM
> To: Ike Perlmutter
> Cc: Laurie Perlmutter; Bruce Moskowitz; Poonam Alaigh
> Subject: Fwd: Timeline
>
> Ike- I put this together after our discussion as a way to show our
> upcoming milestones
>>
>

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 3/15/2017 3:38:22 PM
To: David shulkin [Drshulkin@aol.com]
CC: Ike Perlmutter [(@frenchangel59.com]; Laurie Perlmutter [(b) (6) @gmail.com]; Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Timeline

This is excellent and shows why we have the right leadership for the VA.

Sent from my iPad
Bruce Moskowitz M.D.

> On Mar 15, 2017, at 11:22 AM, David shulkin <Drshulkin@aol.com> wrote:
>
> Ike- I put this together after our discussion as a way to show our upcoming milestones
>>
> <VA Timeline 2017_2018.pptx>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/15/2017 3:36:30 PM
To: IP [(@frenchangel59.com]
Subject: Re: Timeline

Yes you can share

We only have two executive orders ready now- on access to care. I can get you those.

On the advice of White House staff we are working others through the other Secretaries and will then bring back as EO's

David

Sent from my iPhone

> On Mar 15, 2017, at 11:32 AM, IP <(@frenchangel59.com> wrote:
>
> Can I share this with the President when I meet with him?
>
> Also can I get a 1 page on the 6 or 7 executive orders so I can talk to the
> President...
>
> Thank you
>
> -----Original Message-----
> From: David shulkin [mailto:Drshulkin@aol.com]
> Sent: Wednesday, March 15, 2017 11:22 AM
> To: Ike Perlmutter
> Cc: Laurie Perlmutter; Bruce Moskowitz; Poonam Alaigh
> Subject: Fwd: Timeline
>
> Ike- I put this together after our discussion as a way to show our upcoming
> milestones
>>
>

AMERICAN OVERSIGHT

Message

From: IP [[redacted]@frenchangel59.com]
Sent: 3/15/2017 3:32:51 PM
To: 'David shulkin' [Drshulkin@aol.com]
Subject: RE: Timeline

Can I share this with the President when I meet with him?

Also can I get a 1 page on the 6 or 7 executive orders so I can talk to the President...

Thank you

-----Original Message-----
From: David shulkin [mailto:Drshulkin@aol.com]
Sent: Wednesday, March 15, 2017 11:22 AM
To: Ike Perlmutter
Cc: Laurie Perlmutter; Bruce Moskowitz; Poonam Alaigh
Subject: Fwd: Timeline

Ike- I put this together after our discussion as a way to show our upcoming milestones
>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/15/2017 3:22:26 PM
To: Ike Perlmutter [(b) (6)@frenchangel59.com]
CC: Laurie Perlmutter [(b) (6)@gmail.com]; Bruce Moskowitz [brucem(b) (6)mac.com]; Poonam Alaigh [(b) (6)@hotmail.com]
Subject: Fwd: Timeline
Attachments: VA Timeline 2017_2018.pptx

Ike- I put this together after our discussion as a way to show our upcoming milestones
>

AMERICAN OVERSIGHT



AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) va.gov]
Sent: 2/21/2017 9:23:42 PM
To: 'Marisol Garcia' [(b)@frenchangel59.com]; 'David shulkin' [Drshulkin@aol.com]; 'Bruce Moskowitz' [brucem(b) (6) mac.com]; mbs(b) (6) gmail.com; (b) (6) [(b) @mayo.edu]
CC: (b) (6) [(b) (6) va.gov]; (b) (6) (b) (6) @va.gov]; (b) (6) (b) (6) va.gov]
Subject: RE: [EXTERNAL] CVS - (b) (6) President and CEO

Works for SecVA.

From: Marisol Garcia [mailto(b) @frenchangel59.com]
Sent: Tuesday, February 21, 2017 4:17 PM
To: (b) (6) 'David shulkin'; 'Bruce Moskowitz'; mbs(b) (6) gmail.com; (b) (6)
Cc: (b) (6) (b) (6) (b) (6)
Subject: RE: [EXTERNAL] CVS - (b) (6) President and CEO

(b) is able to do 9:15-10:15am EST on Thursday, 2/23rd - Is that OK?.

We will probably just need 45 minutes but please block the hour.

From: (b) (6) [mailto(b) (6) va.gov]
Sent: Tuesday, February 21, 2017 2:41 PM
To: 'Marisol Garcia'; 'David shulkin'; 'Bruce Moskowitz'; mbs(b) (6) gmail.com; (b) (6)
Cc: (b) (6) (b) (6) (b) (6)
Subject: RE: [EXTERNAL] CVS - (b) (6) President and CEO

I am sorry – tomorrow doesn't work. We can do 9:15-10:15am on Thursday.

From: Marisol Garcia [mailto(b) @frenchangel59.com]
Sent: Tuesday, February 21, 2017 2:37 PM
To: (b) (6) 'David shulkin'; 'Bruce Moskowitz'; mbs(b) (6) gmail.com; (b) (6)
Cc: (b) (6) (b) (6) (b) (6)
Subject: RE: [EXTERNAL] CVS - (b) (6) President and CEO

(b) (6)

Any time at all tomorrow works?

(b) can make 9-11am on the 23rd but unfortunately he's in a critical meeting at Noon on Thursday.

Thanks,
Marisol

From: (b) (6) [mailto(b) (6) va.gov]
Sent: Tuesday, February 21, 2017 1:47 PM
To: 'Marisol Garcia'; David shulkin; Bruce Moskowitz; (b) s(b) (6) gmail.com; (b) (6)
Cc: (b) (6) (b) (6) (b) (6)
Subject: RE: [EXTERNAL] CVS - (b) (6) President and CEO

Unfortunately – tomorrow at noon does not work for the Secretary, he'll be at a WH Meeting.

AMERICAN OVERSIGHT

We could do the next day at noon-1pm.

Thank you,

(b) (6)

From: Marisol Garcia [mailto:(b) @frenchangel59.com]
Sent: Tuesday, February 21, 2017 1:31 PM
To: David shulkin; Bruce Moskowitz; mbs(b) (6) gmail.com; (b) (6)
Cc: (b) (6)
Subject: [EXTERNAL] CVS - (b) (6) President and CEO

HI David, Bruce and Marc:

Are you available tomorrow Wednesday, February 22nd at 12:00 PM - !:00 PM for a conference call with (b) (6)

Please let me know as soon as possible if we should invite anyone else and if the date and time works..

Participants:
(b) (6) Secretary Shulkin, (b) (6) Dr. Moskowitz, Marc Sherman and Ike

Best,
Marisol

AMERICAN OVERSIGHT

Message

From: Marisol Garcia [(b) @frenchangel59.com]
Sent: 2/21/2017 9:17:04 PM
To: (b) (6) ((b) (6) va.gov]; 'David shulkin' [Drshulkin@aol.com]; 'Bruce Moskowitz' [brucem(b) (6) mac.com]; mbs(b) (6) gmail.com; (b) (6) [(b) @mayo.edu]
CC: (b) (6) ((b) (6) va.gov]; (b) (6) (b) (6) @va.gov]; (b) (6) (b) (6) R.' (b) (6) @va.gov]
Subject: RE: [EXTERNAL] CVS - (b) (6) President and CEO

(b) is able to do 9:15-10:15am EST on Thursday, 2/23rd - Is that OK?.

We will probably just need 45 minutes but please block the hour.

From: (b) (6) [mailto(b) (6) va.gov]
Sent: Tuesday, February 21, 2017 2:41 PM
To: 'Marisol Garcia'; 'David shulkin'; 'Bruce Moskowitz'; mbs(b) (6) gmail.com; (b) (6)
Cc: (b) (6) (b) (6) (b) (6)
Subject: RE: [EXTERNAL] CVS - (b) (6) President and CEO

I am sorry – tomorrow doesn't work. We can do 9:15-10:15am on Thursday.

From: Marisol Garcia [mailto(b) @frenchangel59.com]
Sent: Tuesday, February 21, 2017 2:37 PM
To: (b) (6) 'David shulkin'; 'Bruce Moskowitz'; mbs(b) (6) gmail.com; (b) (6)
Cc: (b) (6) (b) (6) (b) (6)
Subject: RE: [EXTERNAL] CVS - (b) (6) President and CEO

(b) (6)

Any time at all tomorrow works?

(b) **can make 9-11am on the 23rd but unfortunately he's in a critical meeting at Noon on Thursday.**

Thanks,
Marisol

From: (b) (6) [mailto(b) (6) va.gov]
Sent: Tuesday, February 21, 2017 1:47 PM
To: 'Marisol Garcia'; David shulkin; Bruce Moskowitz; mbs(b) (6) gmail.com; (b) (6)
Cc: (b) (6) (b) (6) (b) (6)
Subject: RE: [EXTERNAL] CVS - (b) (6) President and CEO

Unfortunately – tomorrow at noon does not work for the Secretary, he'll be at a WH Meeting.

We could do the next day at noon-1pm.

Thank you,

(b) (6)

AMERICAN OVERSIGHT

From: Marisol Garcia [mailto:(b) (6)@frenchangel59.com]
Sent: Tuesday, February 21, 2017 1:31 PM
To: David shulkin; Bruce Moskowitz; mbs(b) (6) gmail.com; (b) (6)
Cc: (b) (6)
Subject: [EXTERNAL] CVS - (b) (6) President and CEO

HI David, Bruce and Marc:

Are you available tomorrow Wednesday, February 22nd at 12:00 PM - !:00 PM for a conference call with (b) (6)

Please let me know as soon as possible if we should invite anyone else and if the date and time works..

Participants:
(b) (6) Secretary Shulkin, (b) (6) Dr. Moskowitz, Marc Sherman and Ike

Best,
Marisol

AMERICAN OVERSIGHT

Message

From: (b) (6) ([b) (6) va.gov]
Sent: 2/21/2017 7:40:34 PM
To: 'Marisol Garcia' [(b)@frenchangel59.com]; 'David shulkin' [Drshulkin@aol.com]; 'Bruce Moskowitz' [brucem(b) (6) mac.com]; mbs(b) (6) gmail.com; (b) (6) [(b) @mayo.edu]
CC: (b) (6) ((b) (6) va.gov]; (b) (6) (b) (6) @va.gov]; (b) (6) (b) (6) @va.gov]
Subject: RE: [EXTERNAL] CVS - (b) (6) President and CEO

I am sorry – tomorrow doesn't work. We can do 9:15-10:15am on Thursday.

From: Marisol Garcia [mailto(b) @frenchangel59.com]
Sent: Tuesday, February 21, 2017 2:37 PM
To: (b) (6) 'David shulkin'; 'Bruce Moskowitz'; mbs(b) (6) gmail.com; (b) (6)
Cc: (b) (6) (b) (6) (b) (6)
Subject: RE: [EXTERNAL] CVS - (b) (6) President and CEO

(b) (6)

Any time at all tomorrow works?

(b) **can make 9-11am on the 23rd but unfortunately he's in a critical meeting at Noon on Thursday.**

Thanks,
Marisol

From: (b) (6) [mailto(b) (6) va.gov]
Sent: Tuesday, February 21, 2017 1:47 PM
To: 'Marisol Garcia'; David shulkin; Bruce Moskowitz; mbs(b) (6) gmail.com; (b) (6)
Cc: (b) (6) (b) (6) (b) (6)
Subject: RE: [EXTERNAL] CVS - (b) (6) President and CEO

Unfortunately – tomorrow at noon does not work for the Secretary, he'll be at a WH Meeting.

We could do the next day at noon-1pm.

Thank you,

(b) (6)

From: Marisol Garcia [mailto(b) @frenchangel59.com]
Sent: Tuesday, February 21, 2017 1:31 PM
To: David shulkin; Bruce Moskowitz; mbs(b) (6) gmail.com; (b) (6)
Cc: (b) (6)
Subject: [EXTERNAL] CVS - (b) (6) President and CEO

HI David, Bruce and Marc:

Are you available tomorrow Wednesday, February 22nd at 12:00 PM - !:00 PM for a conference call with (b)
(b) (6)

AMERICAN OVERSIGHT

Please let me know as soon as possible if we should invite anyone else and if the date and time works..

Participants:
(b) (6) Secretary Shulkin, (b) (6) Dr. Moskowitz, Marc Sherman and Ike

Best,
Marisol

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 2/21/2017 6:35:09 PM
To: Marisol Garcia [(b)@frenchangel59.com]
CC: David shulkin [Drshulkin@aol.com]; mbs(b) (6) gmail.com; (b) (6) [(b) @mayo.edu]; (b) (6) [(b) (6) va.gov]
Subject: Re: CVS - (b) (6) President and CEO

Yes

Sent from my iPhone

On Feb 21, 2017, at 1:31 PM, Marisol Garcia <(b) @frenchangel59.com> wrote:

> HI David, Bruce and Marc:
>
> Are you available tomorrow Wednesday, February 22nd at 12:00 PM - !:00 PM for a conference call with (b) (6)
>
> Please let me know as soon as possible if we should invite anyone else and if the date and time works..
>
> Participants:
> (b) (6) Secretary Shulkin, (b) (6) Dr. Moskowitz, Marc Sherman and Ike
>
> Best,
> Marisol

AMERICAN OVERSIGHT

Message

From: Marisol Garcia [(b)@frenchangel59.com]
Sent: 2/21/2017 6:31:06 PM
To: David shulkin [Drshulkin@aol.com]; Bruce Moskowitz [brucem(b) (6) mac.com]; mbs(b) (6) gmail.com; (b) (6) [(b) @mayo.edu]
CC: (b) (6) [(b) (6) va.gov]
Subject: CVS - (b) (6) President and CEO

HI David, Bruce and Marc:

Are you available tomorrow Wednesday, February 22nd at 12:00 PM - !:00 PM for a conference call with (b) (b) (6)

Please let me know as soon as possible if we should invite anyone else and if the date and time works..

Participants:
(b) (6) Secretary Shulkin, (b) (6) Dr. Moskowitz, Marc Sherman and Ike

Best,
Marisol

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 3/4/2017 12:59:32 PM
To: drshulkin@aol.com
CC: IP [@frenchangel59.com]
Subject: 40/30 rule
Attachments: POTUS Agenda 3-6-17.docx; Untitled attachment 10237.htm

If the waiting period suddenly disappears and Veterans can not access timely care in the private sector we will have a major debacle on our doorstep.
One thing I am still concerned about, is the tremendous physician shortage in primary care, psychiatry and general surgery. Even in my affluent community it is impossible to get an appointment even If you are self pay. Given the 120,000 looming shortage of physicians, if the VA does not have the ability to add residency positions (in conjunction with the academic medical centers who would be obligated to give expedited care to Veterans) we may have the same access problem for Veterans that we have now.

However I believe the that after our discussion with the head of the American Academy of Surgeons and the American Academy of Physicians they will appeal to their physician membership to provide expedited care to our Veterans as a service to their Country. I also think we need to go together to the leadership of academic centers and Community hospitals to do the same. We will need to have all this in place as soon as the announcement goes out.

Sent from my iPad
Bruce Moskowitz M.D.

Begin forwarded message:

> **From:** (b) (6) <(b) (6) @gmail.com>
> **Date:** March 3, 2017 at 10:11:43 PM EST
> **To:** IP <@frenchangel59.com>, Bruce Moskowitz <brucem(b) (6) mac.com>, David Shulkin <drshulkin@aol.com>
> **Subject: Re: FW: [EXTERNAL] RE:**
>
> Good evening, please see correct version.
>
> (b) (6)
>
> On Fri, Mar 3, 2017 at 9:54 PM, (b) (6) <(b) (6) @gmail.com> wrote:
> Good evening, resending agenda. I do not believe the first email transmitted.
>
> -----Original Message-----
> **From:** IP [@frenchangel59.com]
> **Sent:** Friday, March 03, 2017 04:05 PM Eastern Standard Time
> **To:** 'Bruce Moskowitz'; 'David shulkin'
> **Cc:** (b) (6) (b) (6) (b) (b) @frenchangel59.com
> **Subject:** [EXTERNAL] RE:

AMERICAN OVERSIGHT

4:00 PM is perfect.

David, please email me the best number for you tomorrow and I will call you and Bruce.

We don't need an 800#.

Thank you,

Ike

-----Original Message-----
From: Bruce Moskowitz [mailto:brucem(b) (6) mac.com]
Sent: Friday, March 03, 2017 3:57 PM
To: David shulkin
Cc: Ike Perlmutter; (b) (6) ; (b) (6)
Subject: Re:

Yes anytime

Sent from my iPad
Bruce Moskowitz M.D.

> On Mar 3, 2017, at 3:55 PM, David shulkin <Drshulkin@aol.com> wrote:
>
> I would like to review the agenda I have prepared for the President on Monday
>
> Would you have time on Saturday at either 1 pm or 4 pm?
>
> (b) (6) can you send the Potus agenda out and set up a conference number?

>
> Sent from my iPhone

AMERICAN OVERSIGHT

THE HONORABLE DAVID J. SHULKIN
U.S. SECRETARY OF VETERANS AFFAIRS
MARCH 6, 2017 5:00PM
OVAL OFFICE

Agenda:

1.
2.
3.
4.
5.
6.
7.



AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/20/2017 1:35:30 PM
To: (b) (6) @yahoo.com
Subject: Re:

202758(b)

Sent from my iPhone

On Mar 20, 2017, at 9:03 AM, thomas bowman <(b) (6) @yahoo.com> wrote:

> Wow.....yes I need to speak with Marc before any call to Chairman Isakson....do you have his phone number? I will call him before I board my flight at 10:45am....again thank you very much.....
>
> Sent from Yahoo Mail on Android
>
> On Sun, Mar 19, 2017 at 6:29 PM, David shulkin <Drshulkin@aol.com> wrote:
>
> > Great meeting by all accounts this weekend. Mission accomplished. Youll learn there is a method to my madness and sometimes it seems crazy- but if it get us to the goal then its worth it.
> >
> > Marc Sherman will call you on monday as Potus wants him to call The Chairman as a courtesy
> >
> > David
> >
> > Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: thomas bowman [(b) (6) @yahoo.com]
Sent: 3/20/2017 1:03:45 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

Wow.....yes I need to speak with Marc before any call to Chairman Isakson....do you have his phone number? I will call him before I board my flight at 10:45am....again thank you very much.....

Sent from Yahoo Mail on Android

On Sun, Mar 19, 2017 at 6:29 PM, David shulkin
<Drshulkin@aol.com> wrote:

Great meeting by all accounts this weekend. Mission accomplished. Youll learn there is a method to my madness and sometimes it seems crazy- but if it get us to the goal then its worth it.

Marc Sherman will call you on monday as Potus wants him to call The Chairman as a courtesy

David

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/22/2017 3:38:05 AM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Fwd: Updated Pre-Occupancy Paperwork
Attachments: 2185_001.pdf; Untitled attachment 10292.htm

Can you print this page and the attachment?

Sent from my iPad

Begin forwarded message:

From: (b) (6) <(b) (6) @hotmail.com>
Date: February 21, 2017 at 5:42:27 PM EST
To: David <drshulkin@aol.com>
Subject: Fwd: Updated Pre-Occupancy Paperwork

Sent from my iPhone

Begin forwarded message:

From: (b) (6) @wfp.com" (b) (6) @wfp.com>
To: "(b) (6) @hotmail.com" <(b) (6) @hotmail.com>
Subject: Updated Pre-Occupancy Paperwork

Hi (b) (6)

I have updated the language in attached paperwork based on David's email.

I have been told by the agent that an all cash offer is coming in for 1006 (but nothing in hand yet)...if this is the case it would be a great situation and we would coincide with that settlement date and hopefully not even have to deal with a pre-occupancy situation.

I would like to submit the offer tomorrow after the offers from 1006 come in...I'm sure there will be negotiation with the price so that may take some time as well. Along with the price they may also try to negotiate terms on the pre-occupancy so that is always something that could happen. We are in a good place as there are no competing bids on 1007 at this time. However, If we do not get this wrapped up by Friday I say we may need to move on an start looking at back up options.

I know it seems like we are moving a bit slow on this but it really pivots on the offers that come in for 1006....

Call me of course with any questions.

AMERICAN OVERSIGHT

Best,

(b) (6)

(b) (6)
Washington Fine Properties
Office of Nancy Taylor Bubes
(b) (6)
Office: (b) (6)
Fax: (b) (6)
Cell: (b) (6)

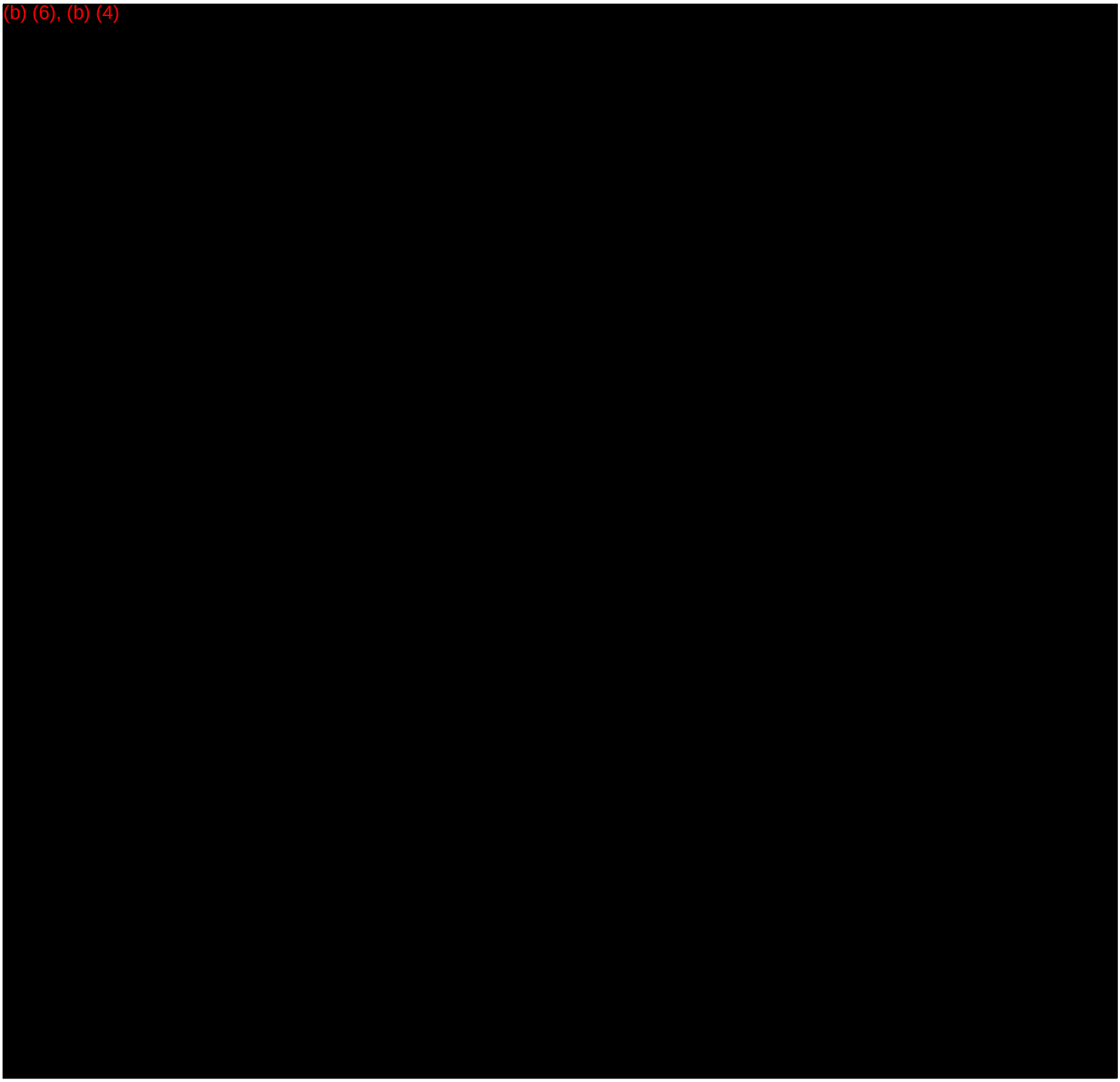
AMERICAN OVERSIGHT

Pre-Settlement Occupancy Addendum

(For Use in Montgomery County, Maryland and Washington, DC)

(This form may be used for pre-settlement occupancies in Montgomery County, Maryland and Washington, DC of not greater than sixty (60) days. If greater than sixty (60) days, use appropriate jurisdictional lease agreement.)

(b) (6), (b) (4)



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Washington Fine Properties, 2624 P Street NW Washington, DC 20007 Phone: 864-874-1847 Fax: 202-333-3361 601 Pennsylvania
Cailin Monahan

Produced with zipForm® by zipLogix 18070 Fifteen Mile Road, Fraser, Michigan 48026 www.zipLogix.com

AMERICAN OVERSIGHT

VA-19-0799-I-000722

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601 Pennsylvania

AMERICAN OVERSIGHT

Addendum of Clauses—B

(For use with GCAAR Sales Contract and MAR Residential Contract of Sale)

(b) (6), (b) (4)

[redacted]

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Washington Fine Properties, 2624 P Street NW Washington, DC 20007
Phone: 804-874-1847 Fax: 202-333-3361 Cailin Monahan

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AMERICAN OVERSIGHT

VA-19-0799-I-000724

DS_00005731

(b) (6), (b) (4)

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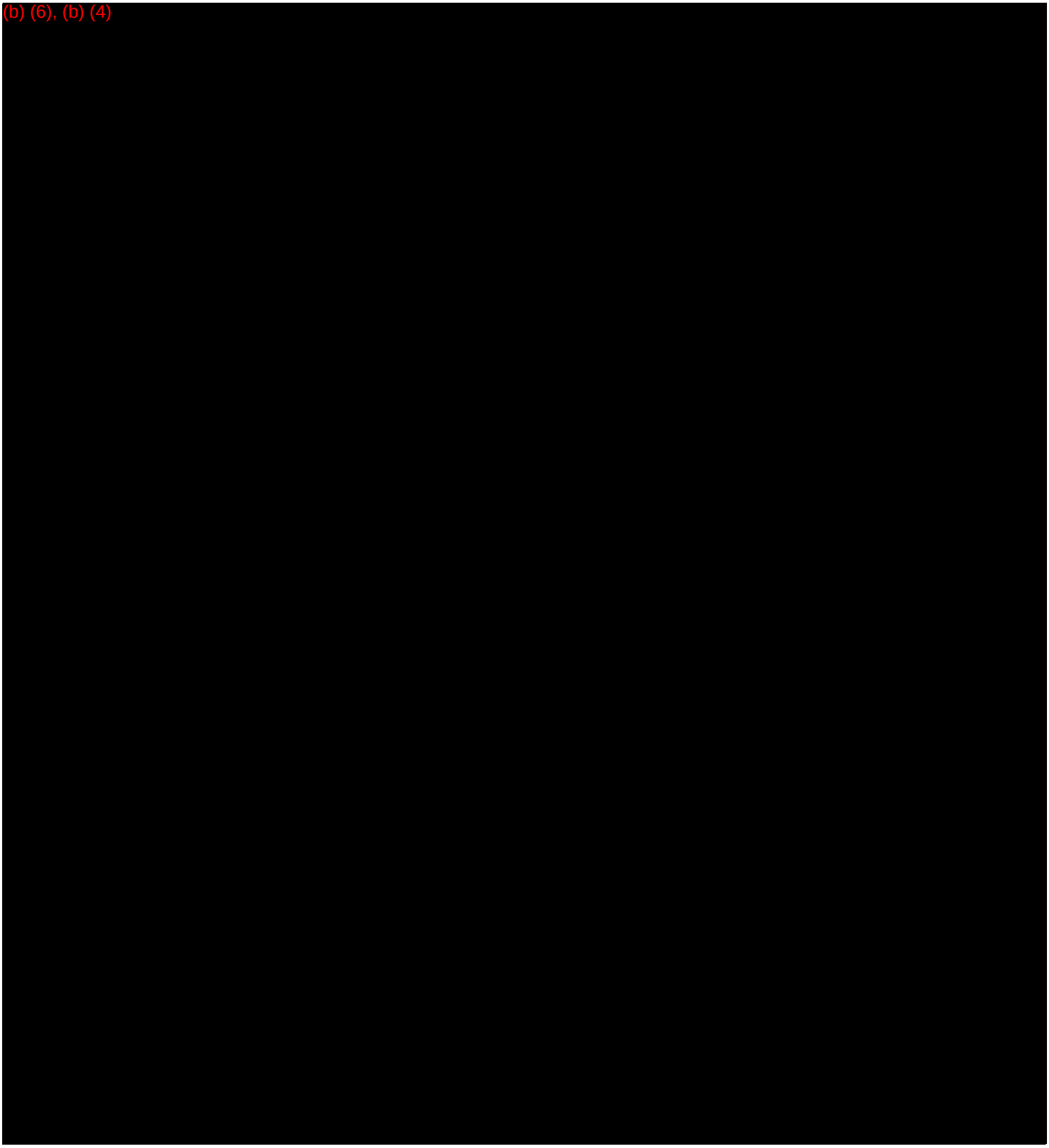
AMERICAN OVERSIGHT

(b) (6), (b) (4)



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AMERICAN OVERSIGHT
VA-19-0799-I-000726
DS_00005733



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AMERICAN OVERSIGHT
VA-19-0799-I-000727
DS_00005734

AMERICAN OVERSIGHT

Message

From: Marisol Garcia [(b) @frenchangel59.com]
Sent: 2/21/2017 8:51:24 PM
To: (b) (6) - Office (Trading/Research) [(b) (6) Point72.com]; David shulkin [Drshulkin@aol.com]; L Perl [(b) (6) @gmail.com]; Bruce Moskowitz [brucem(b) (6) mac.com]; mbs(b) (6) gmail.com; (@frenchangel59.com; (b) (6) @Point72.com; (b) (6) va.gov; (b) (6) (b) (6) @va.gov; (b) (6) va.gov; 'Sherman, Marc' (b) (6) @alvarezandmarsal.com]; (b) (6) [(b) @mayo.edu]
Subject: REMINDER- Conference Call with (b) (6) on Tuesday, February 21st 4:15 PM - 5:00 PM EST

Tuesday, February 21st

4:15 PM – 5:00 PM EST

Dial-in Information:

US: 1-866-244-(b) (6)

International: 719-457-(b) (6)

Passcode: (b) (6)

Thank you,
Marisol Garcia
(b) (6) (Cell)
(b) (6) @frenchangel59.com

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/28/2017 8:09:40 PM
To: Darin Selnick (b) (6) @gmail.com]
Subject: Re: Accountability Bill

I think its premature to say i support when i have not yet even reviewed it but i think its fair to say that weve been working closely with them

Sent from my iPhone

On Feb 28, 2017, at 1:28 PM, Darin Selnick (b) (6) @gmail.com> wrote:

> I just got a call from (b) (6) HVAC, they are going to introduce the accountability bill tonight. They are double checking that after the bill is introduced, that when asked, you will say that you support the bill.
>
> Thanks
>
> Darin
>
> Sent from my iPhone
>
> On Feb 22, 2017, at 8:03 PM, David Shulkin <drshulkin@aol.com> wrote:
>
> > Thanks Darin- great news and great progress. Good job.
> >
> > We can try to straighten out the hill on IT- I am supportive of COTS and think there may be some short cuts I am working on.I
> >
> > -----Original Message-----
> > From: Darin Selnick (b) (6) @gmail.com>
> > To: David shulkin <Drshulkin@aol.com>
> > Sent: Wed, Feb 22, 2017 7:59 pm
> > Subject: Re: Accountability Bill
> >
> > **Accountability bill** is on track again - Today I talked to GC Flanz and HVAC (b) (6) it looks like they have found a way to give you the direct hiring authority and the recruitment and retention you were looking for. It was tough as CBO did not want to admit they had erred.
> >
> > **Dr. Kussman** is scheduled to meet with you on Friday, which I will join, to get your guidance on inital items you want to do. After the meeting I will get with Vivieca to get him on board as soon as possible.
> >
> > **Heads up** - I am tracking down some rumors that are being passed on the Hill about VA IT. Basically that VA does not really intent to go COTS, and that the former CIO Laverne still talks weekly with her old staff, that is what upset Sen Ernst. I will be meeting with Sen Ernst staff to find the source of these rumors and put them to bed. I will let you know once I get the facts, but wanted you to know in case you get a letter or are approached in this.
> >
> > Darin
> >
> > On Tue, Feb 21, 2017 at 8:30 AM, Darin Selnick (b) (6) @gmail.com> wrote:

AMERICAN OVERSIGHT

I just got a call from (b) (6) HVAC, about the accountability bill. They are making all the accountability technical fixes that our GC Megan Flanz suggested.

The problem they have now is with adding the new recruitment, retention part. Although they agree with you on the policy, they may not be able to get it in the bill due to cost. Any new cost that CBO scores they would have to find an offset in the budget. They are trying to get CBO to look the other way, but they may not be able to do it, they will find out tomorrow morning.

What HVAC wants to know is if they can not put it in the bill, is that a deal breaker for you. Our GC Flanz told them that if they do not add it, it is a deal breaker. Is that correct? If it is a deal breaker then HVAC would have to talk to leadership about this.

They also want to to know if WH has their own position on the bill.

Bottom line - HVAC is trying to accomadate you as best they can. I need to know and relay back to them two points:

1. Is it a deal breaker if they can not add recruitment and retention into the bill?

2. Do you speak for both VA and the WH on this.

If you need to call me I have my cell (b) (6). My flight back to DC is a 3pm ET

Thanks

Darin

AMERICAN OVERSIGHT

Message

From: Darin Selnick [(b) (6)@gmail.com]
Sent: 2/28/2017 6:28:18 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: Accountability Bill

I just got a call from (b) (6) HVAC, they are going to introduce the accountability bill tonight. They are double checking that after the bill is introduced, that when asked, you will say that you support the bill.

Thanks

Darin

Sent from my iPhone

On Feb 22, 2017, at 8:03 PM, David Shulkin <drshulkin@aol.com> wrote:

> Thanks Darin- great news and great progress. Good job.
>
> We can try to straighten out the hill on IT- I am supportive of COTS and think there may be some short cuts I am working on.I
>
> -----Original Message-----
> From: Darin Selnick (b) (6) @gmail.com>
> To: David shulkin <Drshulkin@aol.com>
> Sent: Wed, Feb 22, 2017 7:59 pm
> Subject: Re: Accountability Bill
>
> **Accountability bill** is on track again - Today I talked to GC Flanz and HVAC (b) (6) it looks like they have found a way to give you the direct hiring authority and the recruitment and retention you were looking for. It was tough as CBO did not want to admit they had erred.
>
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>
> Darin
>
> On Tue, Feb 21, 2017 at 8:30 AM, Darin Selnick (b) (6) @gmail.com> wrote:
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> They also want to to know if WH has their own position on the bill.

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Bottom line - HVAC is trying to accomadate you as best they can. I need to know and relay back to them two points:

1. Is it a deal breaker if they can not add recruitment and retention into the bill?

2. Do you speak for both VA and the WH on this.

If you need to call me I have my cell (b) (6) [redacted] My flight back to DC is a 3pm ET.

Thanks

Darin

AMERICAN OVERSIGHT

Message

From: Darin Selnick [(b) (6) @gmail.com]
Sent: 2/23/2017 1:37:56 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: Accountability Bill

That would be great.

Darin

On Wed, Feb 22, 2017 at 5:03 PM, David Shulkin <drshulkin@aol.com> wrote:
Thanks Darin- great news and great progress. Good job.

We can try to straighten out the hill on IT- I am supportive of COTS and think there may be some short cuts I am working on.I

-----Original Message-----
From: Darin Selnick (b) (6) @gmail.com>
To: David shulkin <Drshulkin@aol.com>
Sent: Wed, Feb 22, 2017 7:59 pm
Subject: Re: Accountability Bill

Accountability bill is on track again - Today I talked to GC Flanz and HVAC (b) (6) it looks like they have found a way to give you the direct hiring authority and the recruitment and retention you were looking for. It was tough as CBO did not want to admit they had erred.

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AMERICAN OVERSIGHT

Thanks

Darin

AMERICAN OVERSIGHT

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From: David Shulkin [drshulkin@aol.com]
Sent: 2/23/2017 1:03:56 AM
To: (b) (6) @gmail.com
Subject: Re: Accountability Bill

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-----Original Message-----
From: Darin Selnick (b) (6) @gmail.com>
To: David shulkin <Drshulkin@aol.com>
Sent: Wed, Feb 22, 2017 7:59 pm
Subject: Re: Accountability Bill

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Thanks

Darin

AMERICAN OVERSIGHT

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Message

From: Darin Selnick [(b) (6) @gmail.com]
Sent: 2/23/2017 12:59:22 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Accountability Bill

Accountability bill is on track again - Today I talked to GC Flanz and HVAC (b) (6) it looks like they have found a way to give you the direct hiring authority and the recruitment and retention you were looking for. It was tough as CBO did not want to admit they had erred.

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Heads up - I am tracking down some rumors that are being passed on the Hill about VA IT. Basically that VA does not really intent to go COTS, and that the former CIO Laverne still talks weekly with her old staff, that is what upset Sen Ernst. I will be meeting with Sen Ernst staff to find the source of these rumors and put them to bed. I will let you know once I get the facts, but wanted you to know in case you get a letter or are approached in this.

Darin

On Tue, Feb 21, 2017 at 8:30 AM, Darin Selnick (b) (6) @gmail.com> wrote:
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2. Do you speak for both VA and the WH on this.

If you need to call me I have my cell (b) (6) My flight back to DC is a 3pm ET.

Thanks

Darin

AMERICAN OVERSIGHT

Message

From: Darin Selnick [(b) (6)@gmail.com]
Sent: 2/21/2017 4:30:09 PM
To: David shulkin [Drshulkin@aol.com]
CC: Jake Leinenkugel [(b) (6)@gmail.com]
Subject: Accountability Bill

I just got a call from (b) (6) HVAC, about the accountability bill. They are making all the accountability technical fixes that our GC Megan Flanz suggested.

The problem they have now is with adding the new recruitment, retention part. Although they agree with you on the policy, they may not be able to get it in the bill due to cost. Any new cost that CBO scores they would have to find an offset in the budget. They are trying to get CBO to look the other way, but they may not be able to do it, they will find out tomorrow morning.

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2. Do you speak for both VA and the WH on this.

If you need to call me I have my cell (b) (6). My flight back to DC is a 3pm ET.

Thanks

Darin

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 2/26/2017 4:55:49 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Some pics from the farewell

For every one person that has character flaws - there are so many that bring goodness to my life

Sent from my iPhone

On Feb 26, 2017, at 11:06 AM, David shulkin <Drshulkin@aol.com> wrote:

> These are really good people - they make the effort worthwhile
>
> Sent from my iPhone
>
> On Feb 26, 2017, at 9:03 AM, Poonam Alaigh (b) (6) @hotmail.com> wrote:
>
> <IMG_0032.JPG>
>
> <IMG_0031.JPG>
>
> <IMG_0030.JPG>
>
> Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/26/2017 4:06:14 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Some pics from the farewell

These are really good people - they make the effort worthwhile

Sent from my iPhone

On Feb 26, 2017, at 9:03 AM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

<IMG_0032.JPG>

<IMG_0031.JPG>

<IMG_0030.JPG>

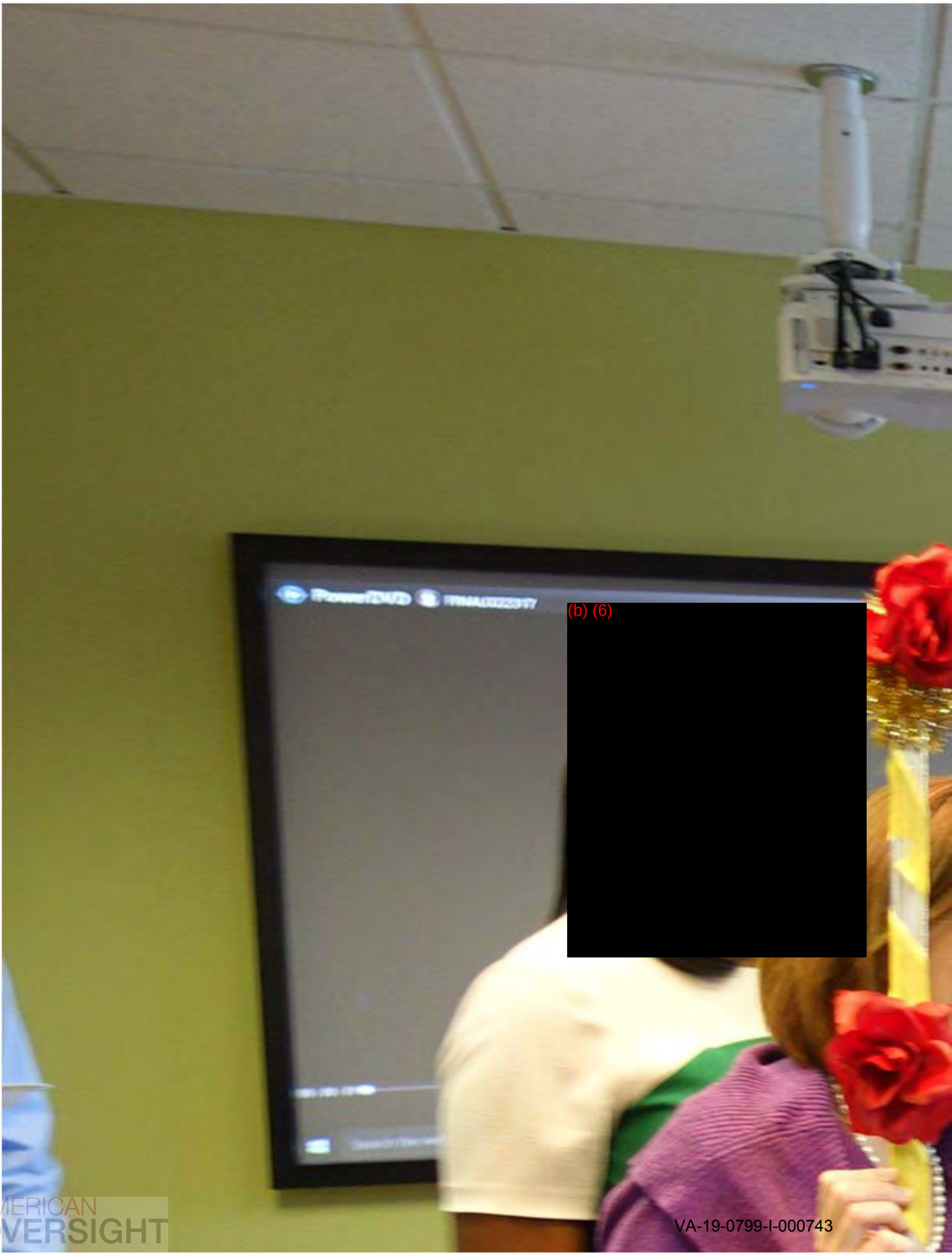
Sent from my iPad

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 2/26/2017 2:03:45 PM
To: drshulkin@aol.com
Subject: Some pics from the farewell

AMERICAN OVERSIGHT



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AMERICAN OVERSIGHT

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 5/20/2017 3:02:30 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: Posted from dca strangers

You!!

Sent from my iPhone

On May 19, 2017, at 10:01 PM, David Shulkin <drshulkin@aol.com> wrote:

> Strangers who recognize us
> Sent from my iPad
>
> On May 19, 2017, at 11:00 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:
>
> > Who took the picture and posted it
> >
> > Sent from my iPhone
> >
> > On May 19, 2017, at 9:36 PM, David Shulkin <drshulkin@aol.com> wrote:
> >
> > > http://static.politico.com/42/e4/5939a2ed48b68345153650bc5c36/fullsizerender.jpg
> > >
> > > Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 5/20/2017 3:01:42 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Posted from dca strangers

Strangers who recognize us
Sent from my iPad

On May 19, 2017, at 11:00 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> Who took the picture and posted it
>
> Sent from my iPhone
>
> On May 19, 2017, at 9:36 PM, David Shulkin <drshulkin@aol.com> wrote:
>
> > http://static.politico.com/42/e4/5939a2ed48b68345153650bc5c36/fullsizerender.jpg
> >
> > Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/24/2017 3:24:48 PM
To: Darin Selnick (b) (6) @gmail.com]
Subject: Re:

Ok - can you meet to plot next steps without me and then lets discuss the plan at a morning report

Sent from my iPhone

On Feb 24, 2017, at 9:52 AM, Darin Selnick (b) (6) @gmail.com> wrote:

> We will need legislation. I think the next step is discussing this with the WH and getting their approval on the concept.
>
> I would recommend you first have a meeting with Jake, (b) (6) Mike and myself to discuss the game plan so that we are fully prepared for a WH meeting.
>
> Darin
>
> On Fri, Feb 24, 2017 at 9:32 AM, David shulkin <Drshulkin@aol.com> wrote:
> What our next step in requesting more schedule Cs?
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Darin Selnick [(b) (6) @gmail.com]
Sent: 2/24/2017 2:52:46 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

We will need legislation. I think the next step is discussing this with the WH and getting their approval on the concept.

I would recommend you first have a meeting with Jake, (b) , Mike and myself to discuss the game plan so that we are fully prepared for a WH meeting.

Darin

On Fri, Feb 24, 2017 at 9:32 AM, David shulkin <Drshulkin@aol.com> wrote:
What our next step in requesting more schedule Cs?

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/24/2017 2:32:00 PM
To: Darin Selnick(b) (6) [redacted]@gmail.com]

What our next step in requesting more schedule Cs?

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/28/2017 1:41:57 AM
To: brucem(b) (6) mac.com
Subject: Re: Update

Bruce- I think so don't you?

By the way (b) and I are going to be in palm beach March 9th -- are you around for dinner.

We are seeing Ike and Laurie on the 8th.

David

-----Original Message-----
From: Bruce Moskowitz <brucem(b) (6) mac.com>
To: David shulkin <drshulkin@aol.com>
Sent: Mon, Feb 27, 2017 8:21 pm
Subject: Update

Is it worth talking to MD Anderson and the other cancer centers to donate time and expertise?

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 2/28/2017 1:21:15 AM
To: David shulkin [drshulkin@aol.com]
Subject: Update

Is it worth talking to MD Anderson and the other cancer centers to donate time and expertise?

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/25/2017 7:26:49 PM
To: Jennifer Lee [(b) (6)@gmail.com]
Subject: Re: a few updates on EO, etc.

Ok thanks

I will talk to the AG

Yes regular updates are fine- just remember my advice to you about poonam

Sent from my iPhone

> On Feb 25, 2017, at 11:53 AM, Jennifer Lee (b) (6)@gmail.com> wrote:
>
> Hi David,
> Update on the EO:
> we've been in conversations with DOJ this past week vetting the (b) (5)
>
> Other than honorable:
> -Ash is on point and working with Meghan Flanz on this. We will have an update soon and are making good progress.
>
> Suicide prevention updates:
> -we made good progress and think we have a way forward on VCL-telemed link;
> -OIT has been a challenge in their ideological opposition to EHMP. I have done the research and with necessary funding, EHMP could be a very helpful tool for suicide prev by end of this year. Poonam is aware and we are meeting with Rob this week.
>
> If you agree, I'd like to get on the schedule for regularly recurring (weekly?bi-weekly?) morning updates on suicide prev because this is fast-moving and we will need the whole department's support to do this right.
>
> Thanks and see you tomorrow (congrats on DAV award!)
> Jen
>
>

AMERICAN OVERSIGHT

Message

From: Jennifer Lee [(b) (6) @gmail.com]
Sent: 2/25/2017 4:53:04 PM
To: David Shulkin [drshulkin@aol.com]
Subject: a few updates on EO, etc.

Hi David,
Update on the EO:
we've been in conversations with DOJ this past week vetting (b) (5) [redacted].

Other than honorable:
-Ash is on point and working with Meghan Flanz on this. We will have an update soon and are making good progress.

Suicide prevention updates:
-we made good progress and think we have a way forward on VCL-telemed link;
-OIT has been a challenge in their ideological opposition to EHMP. I have done the research and with necessary funding, EHMP could be a very helpful tool for suicide prev by end of this year. Poonam is aware and we are meeting with Rob this week.

If you agree, I'd like to get on the schedule for regularly recurring (weekly?bi-weekly?) morning updates on suicide prev because this is fast-moving and we will need the whole department's support to do this right.

Thanks and see you tomorrow (congrats on DAV award!)
Jen

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 3/1/2017 9:14:52 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Ike

He just called me and asked for me to speak with you. Call at your convenience. He just had a conversation with the chief.

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Appointment

From: Marisol Garcia [(b) @frenchangel59.com]
Sent: 2/22/2017 8:52:29 PM
To: (b) (6) cvshealth.com; David shulkin [Drshulkin@aol.com]; L Perl [(b) (6) @gmail.com]; Bruce Moskowitz [brucem(b) (6) mac.com]; mbs(b) (6) gmail.com; (@frenchangel59.com; (b) (6) va.gov; (b) (6) va.gov; (b) (6) [(b) @mayo.edu]; (b) (6) (b) (6) @mayo.edu]; (b) (6) (b) (6) @CVSHealth.com]

Subject: Conference Call with (b) - CVS Heakth
Location: Conference Call

Start: 2/23/2017 2:30:00 PM
End: 2/23/2017 3:30:00 PM
Show Time As: Tentative

Recurrence: (none)

Thursday, February 23rd

9:30 AM – 10:30 AM EST

Dial-in Information:

US: 1-866-244-(b) (6)

International: 719-457-(b) (6)

Passcode: (b) (6)

Participants:

(b) (6) President and CEO of CVS Health, Secretary David Shulkin (WH), Dr. Bruce Moskowitz, (b) (6) and Ike

Marc Sherman (Will not be able to participate but Dr. Moskowitz will update him after the call)

Thank you,

AMERICAN OVERSIGHT

Marisol Garcia

(b) (6) [redacted] (Cell)

(b) (6) [redacted]@frenchangel59.com

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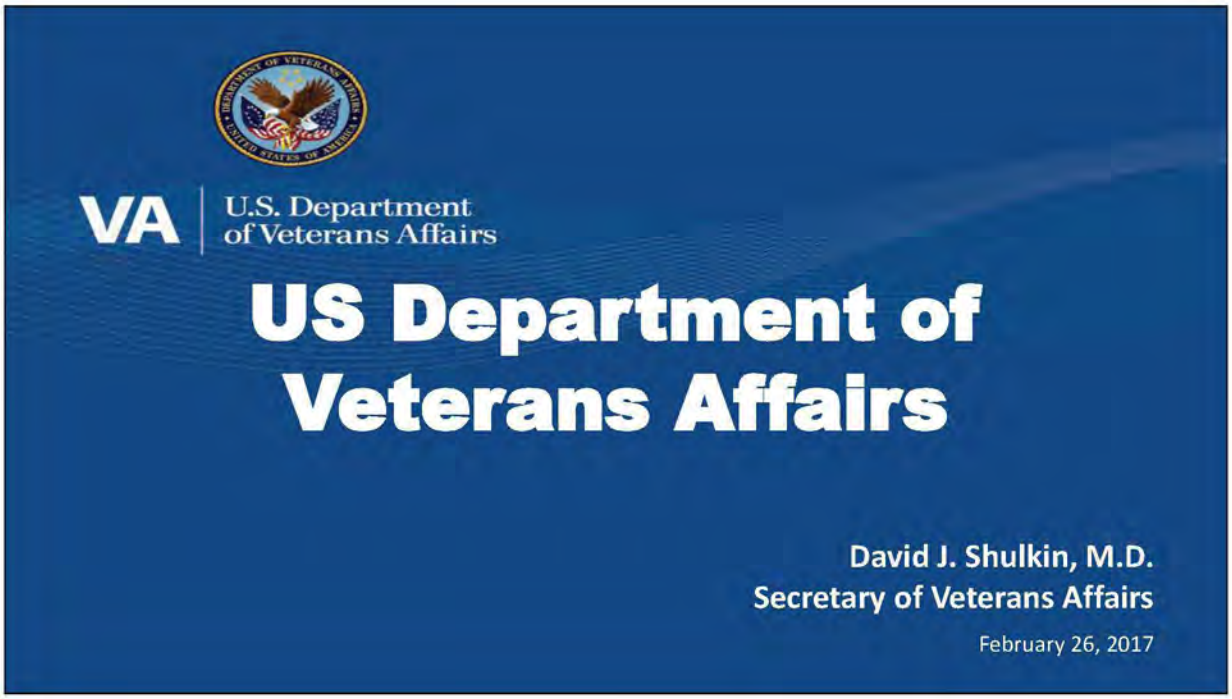
Message

From: David Shulkin [drshulkin@aol.com]
Sent: 3/4/2017 2:57:04 AM
To: (b) (6) [redacted]@gmail.com
Subject: I shortened fhe florida presentation
Attachments: floridarandd.pptx

AMERICAN OVERSIGHT



Thanks for the introduction and to the audience for their service and for all they do for their fellow Veterans.

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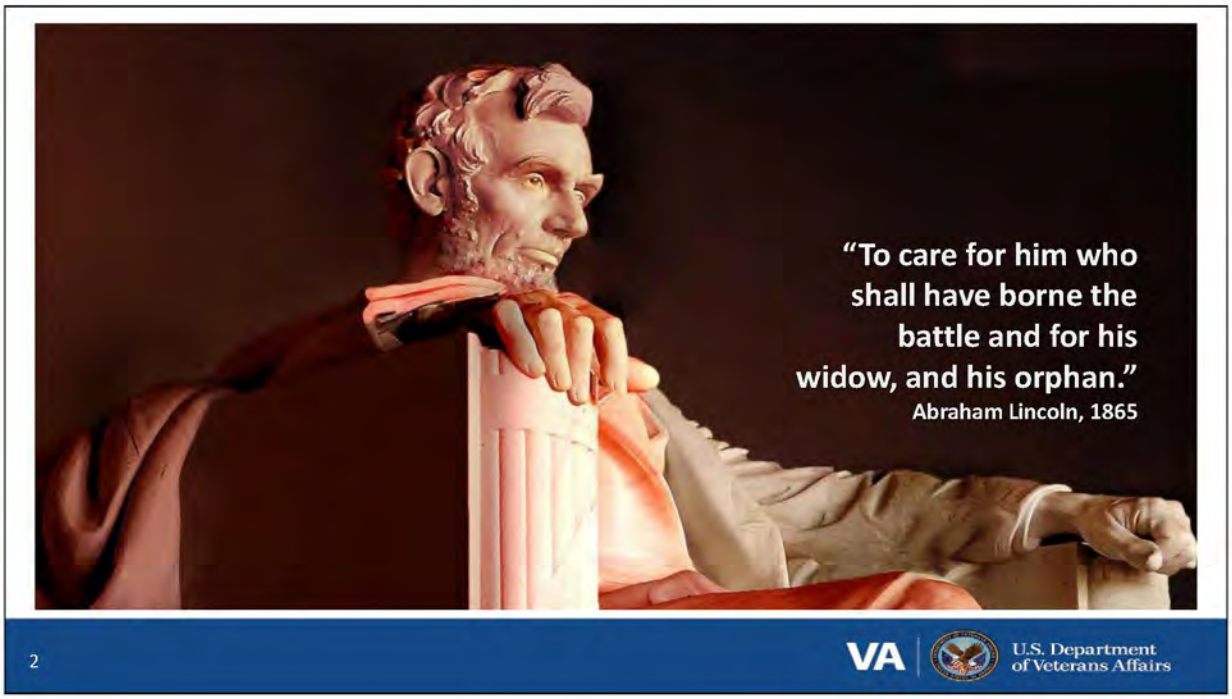

Honor to serve Veterans

Personal background

Advantage of clinical experience, hospital management in the private sector, and 18 months as USH

Commitment to the mission

Ready to seek bold changes

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'Final Salute' honors Holocaust survivor, Veteran



Sailors wait in a hallway on the medical-surgical floor at Lovell FHCC for the body of Holocaust survivor and Korean War Air Force Veteran Paul Argiewicz to be wheeled to the elevators. (Photos by Trevor Seela)

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We're making it easier for other organizations to partner with VA, by standardizing our partnership process and making it more partner-friendly.

We're also working with communities around the country to establish Community Veterans Engagement Boards. The first of these, "MyVA Connecticut," held its first meeting in May. We hope to have at least a dozen in operation by the end of the summer.

Finally, this summer, we at VA are renewing our commitment to America's Veterans, and we're asking others to join us in that commitment.

We're calling it the "Summer of Service":

In the next three months, we'll be turning the spotlight on VA Volunteers to thank them for the work they do and to show others how they can help, too.

Our goal for the Summer of Service was to enlist 100,000 people as VA Volunteers by the end of August. We have almost 67,000 already.

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VA Tele-health



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VA Quality- RAND Studies 2016



RAND OBJECTIVE ANALYSIS. EFFECTIVE SOLUTIONS.

RESEARCH · LATEST INSIGHTS · POLICY EXPERTS · CAPABILITIES · GRADUATE SCHOOL ·

Quality of Care in VA Health System Compares Well to Other Health Settings

FOR RELEASE
Monday
July 18, 2016

The Veterans Affairs health care system generally performs better than or similar to other health care systems on providing safe and effective care to patients, according to a new RAND Corporation study.

Analyzing a decade of research that examined the VA health care system across a variety of quality dimensions, researchers found that the VA generally delivered care that was better or equal in quality to other health care systems, although there were some exceptions.

The RAND study found there was too little information related to timeliness, equity, efficiency and patient-centeredness to reliably draw conclusions about how the VA system compared to others across these dimensions. The findings are published in the Journal of General Internal Medicine.

Media Resources

RAND Office of Media Relations

(703) 414-4795
(310) 451-6921
media@rand.org

Researcher Spotlight

Courtney A. Gidengil
Natural Scientist

Courtney Gidengil is a natural scientist at the RAND Corporation and a member of the Pardee RAND Graduate School faculty. She is board certified in both general pediatrics and pediatric infectious diseases. Gidengil trained as a resident in pediatrics at Hasbro Children's Hospital and Brown...

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VA is Leading in Public Health Issues



A 22% Reduction since 2013



Potential to Eliminate in 2 Years

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To Modernize First Understand History



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I tasked VHA's NLC to tell me what we most need to do to modernize VA healthcare. Here are the areas I asked them to look at.

These are things we're looking at. Some might take considerable effort to bring about. But they would definitely move VA forward.

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I'm generally known to be a little bit impatient, and when I ran hospitals I used to complain to my management teams, "What's it going to take to get this done, an act of Congress?" Now of course, everything we do at VA takes an act of Congress, so life has a funny way of playing tricks on you.

Many of the things I've just talked about will take an act of Congress.

Two other major fixes also will:

Consolidation of our various Community Care programs
An overhaul of our claims appeals process

These are needs you've already heard a lot about, so I won't say much more about them, except that both are absolutely necessary if we want to do right by Veterans, and we'll need your help to get them through Congress.

I had a great meeting with the chairman of SVAC and HVAC, and we share a consensus on the needs, but you know the devil is in the details. So we will need your help.

The President is committed to doing right by Veterans, and so am I. With your help, we'll make VA great again. We have to be bold and even at times audacious to do that.

I look forward to working with you in the future. Thank you.

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A Leader in Innovation



U.S. DEPARTMENT OF VETERANS AFFAIRS
CENTER FOR INNOVATION

VA | U.S. Department of Veterans Affairs

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VHA Office of Research and Development

- **Biomedical Laboratory Research and Development (BLR&D)** supports research exploring biological or physiological principles in humans or animals.
- **Clinical Science Research and Development (CSR&D)** supports research focusing on intact human beings as the unit of examination and includes interventional and effectiveness studies, clinical, epidemiological and technological studies.
- **Health Services Research and Development (HSR&D)** examines the organization, delivery, and financing of health care, from the perspectives of patients, caregivers, providers, and managers to improve the quality and economy of care.
- **Rehabilitation Research and Development (RR&D)** supports improving the quality of life of impaired and disabled veterans, through a full spectrum of research: from approved rehabilitation research projects, through evaluation and technology transfer to final clinical application.
- **Technology Transfer Office** supports patenting, licensing and Cooperative Research and Development Agreements (CRADAs).
- **Non-profit Program Office** supports operation of VA –associated nonprofits
- **PRIDE** supports the VA Central Institutional Review Board and educates on human subject protection.

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ORD-Funded Research Staff



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Million Veteran Program



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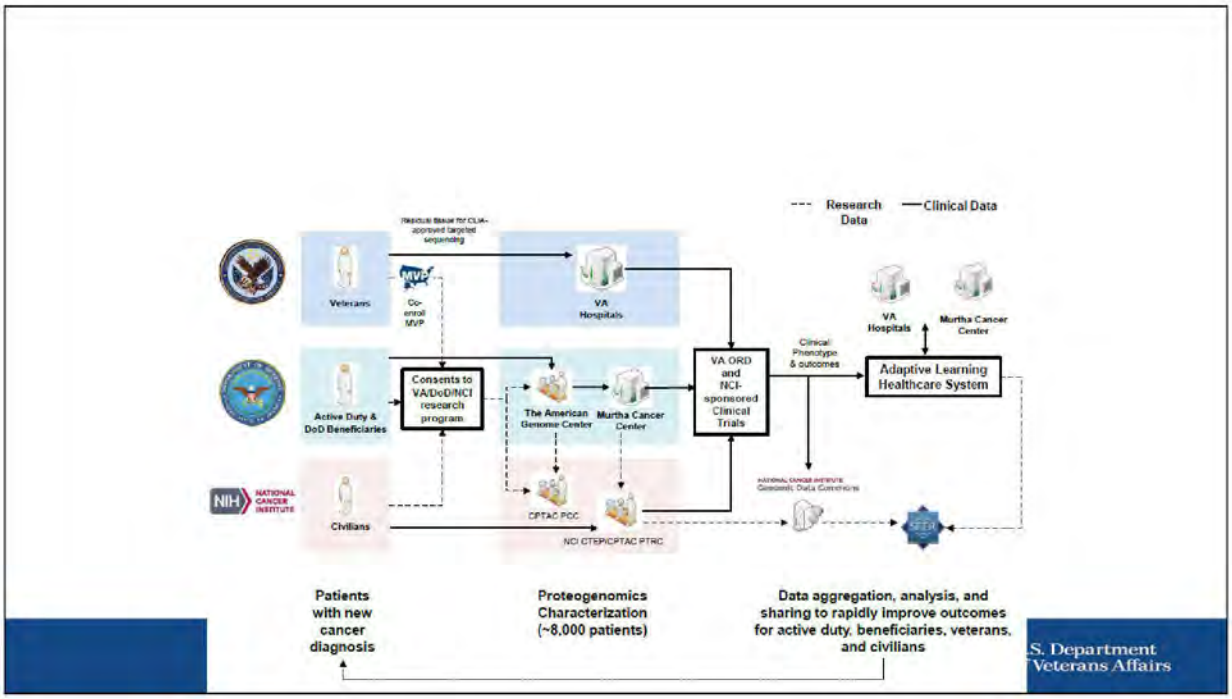

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What is Coming to VA

- Sample collection from every site
- Sequencing done in VA regional laboratories
- Availability to national oncology expertise and consultation from COE sites
- Virtual tumor boards
- Analysis and Reports returned to providers and patients
- Genetic Counseling accessible to all in VA through telehealth capabilities

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DoD-VA Research Partnership

- Strong relationships with research directors in the Office of the Assistant Secretary of Defense (Health Affairs), the Defense Health Agency, and health research arms of Army, Navy and Air Force.
- Joint Programmatic Reviews and planning for areas of overlapped interest.
- Jointly funded consortia to conduct research on the chronic effects of neurotrauma, and on PTSD, involving DoD, VA, and academic partners ($107M total over 5 years).

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VA-19-0799-I-000778

DS_00005785

Strategic Partnerships



IBM Watson Health

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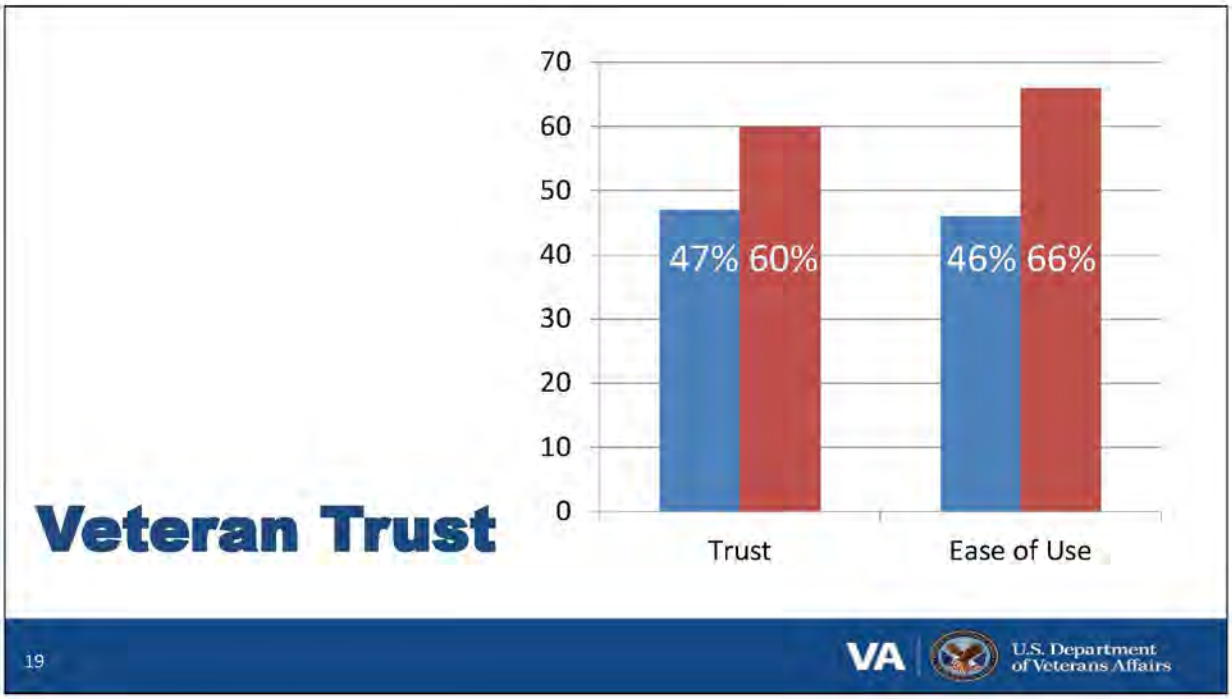

Their trust in VA is also up, as is their ease of use.

Trust up from 47% to 60%,

Ease of use up from 46% to 66%

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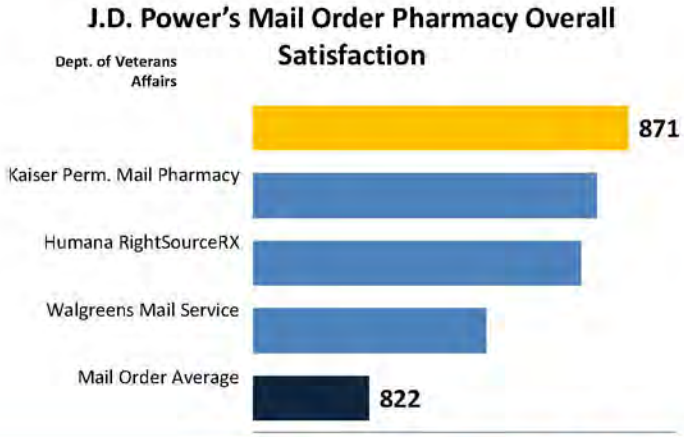
VA as a Customer Centric Organization



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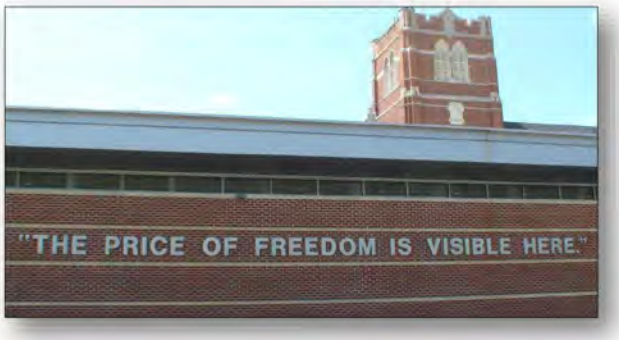

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/13/2017 12:45:45 AM
To: David Shulkin [drshulkin@aol.com]
BCC: (b) (6) @bleakley.com; (b) (b) (6) @gmail.com]; (b) (6) (b) @altresolutions.com]; (b) (b) (6) (b) (6) @sterlinginfosystems.com]; (b) (b) (b) (6) @aol.com]; (b) (6) @cushwake.com; (b) (b) (6) (b) (6) @optonline.net]; (b) @artandhealing.org; (b) (6) (b) (6) @horizonblue.com]; (b) (6) @aol.com; (b) (6) [(b) (6) @GNYHA.org]; (b) (6) [(b) (6) @gmail.com]; (b) (6) @gmail.com; (b) (b) (6) [(b) (6) limorgoodman.com]; (b) (6) @atlantichealth.org; (b) (6) (b) (6) @usi.biz]
Subject: Must see TV

I wanted to let you know- at 7 PM Monday evening on C-Span 2 (see listing info below) will be the vote by the Senate.
I am pretty sure you can get this off your computer. The Treasury Secretary is first then me.

https://www.c-span.org/schedule/?channel=2

David

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/12/2017 9:23:08 PM
BCC: [redacted]
Subject: Must see TV

I wanted to let you know- at 7 PM Monday evening on C-Span 2 (see listing info below) will be the vote by the Senate.
I am pretty sure you can get this off your computer. The Treasury Secretary is first then me.

https://www.c-span.org/schedule/?channel=2

David

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/21/2017 11:01:59 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Upcoming schedule

Ok

Sent from my iPhone

> On Feb 21, 2017, at 4:33 AM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> Starting next week will be in D.C. - regularly. This week, here today and tomorrow. Thursday is the day I need to be at Atlantic since I wrap up and have a chance to say goodbye to everyone.
>
> Following that- have some prior commitments which are the following :
>
> 1) Away March 3 and March 6 for a wedding that weekend in California
> 2) March 31 through April 4- in the U.K.- visiting Arvin
>
> Won't plan for anything else until things settle here with the transition
>
> Sent from my iPad

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Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 2/21/2017 9:33:32 AM
To: David Shulkin [drshulkin@aol.com]
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Won't plan for anything else until things settle here with the transition

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 2/23/2017 10:39:55 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Hotel

[redacted]

This is a follow up to our discussion about Mar-a-lago offering the GSA rate to employees on official travel. If that rate is available to all Federal employees on official business, as it would be available at any number of chain hotels, then there is no issue. I note that, based on the Mara-a-lago website, that it appears that you would need to be a member to stay there (see below). Also I was unable to verify the availability of the GSA rate by phone..

We have statutory authority to accept gifts of travel in excess of the GSA per diem rate $182 for Palm Beach county for February/March up to 300 percent of that rate, $546 in the instant case, but only when the donor pays the full price, not the difference. See 41 C.F.R. § 304-3.11. Further, the room featured below, it would arguably exceed the 300 percent cap.

(b) (6)

- Club



(b) (6)

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/22/2017 1:59:24 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Follow-up to your text message to me, today re: Exec. role in VA, via Anthony Scaramucci

Maybe you can have (b) get a feel for him

Could he be a med center director or a dushom?

Sent from my iPhone

On Feb 21, 2017, at 8:33 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> Not really sure- can't get a grasp on his skill set or the potential fit - there is no cv attached either- what do you think?
>
> Sent from my iPad
>
> On Feb 21, 2017, at 12:07 PM, David shulkin <Drshulkin@aol.com> wrote:
>
> > Any interest?
> >
> > Sent from my iPhone
> >
> > Begin forwarded message:
> >
> > **From:** (b) (6) (b) (6) @gmail.com>
> > **Date:** February 21, 2017 at 11:32:30 AM EST
> > **To:** David shulkin <Drshulkin@aol.com>
> > **Subject: Re: Follow-up to your text message to me, today re: Exec. role in VA, via Anthony Scaramucci**
> >
> > Hi David,
> >
> > Many thanks again for your 2+ recent notes of interest, these past few days.
> >
> > I caught most of your interview on Fox, this morning. As you assemble your exec team to transform the VA health system, my "blended" Ascension/HCA pedigree would reinforce and buttress your vision and the plan that requires history and success in the"real" healthcare leadership world.
> >
> > Wishing continued success, David.
> >
> > Regards,
> >
> > (b)

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On Fri, Feb 17, 2017 at 4:24 PM, David shulkin <Drshulkin@aol.com> wrote:
Ok thanks- we will think this through

Sent from my iPhone

On Feb 17, 2017, at 5:02 PM, (b) (6) (b) (6) @gmail.com> wrote:

Hi David,

Many thanks for your text message this morning, received @ 5:24 Chicago time...was up.
You asked me to share my resume, which I've attached. Also is a 1 pg. summary for reference.

My LI message, yesterday, is my reference point, i.e., reaching out to Anthony Scaramucci, etc.

Your text this morning asked if I was interested in "full or part-time, as well as DC or somewhere else". .....I have a colleague who served as an Undersecretary of the VA, leading all hospitals, which was a couple years ago.

While regional oversight and leadership could be an option, I would be effective, also, in assisting/formulating/distributing & ensuring that the "rules of engagement" that are desired and deserved are put in place.

I had previously served on the Board of Governors, for the Federation of American Hospitals (the investor-owned version of the American Hospital Assoc.). My unique Ascension Health/HCA pedigree also affords a "street cred and familiarity" with all health systems, recognized, like you, as a trusted peer and not a bureaucrat.
After gaining my investor-owned experience, I became valued, again, by the non-profit systems (Mercy Health, St Louis & Franciscan Alliance), for the mgmt discipline alluded to.

I can effectively assist with your message, both under the guise of Mission and being an exceptional community steward. From my HCA and other investor-owned chapter, I am also particularly comfortable and effective,

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operating in an accountable business environment, having learned the "management discipline", i.e., performance to budget and accountability to shareholders (tax-payers, for VA).

My personal characteristics/assets include having started my career as a hospital housekeeper. Both sisters are RN's. My Father was a med-device career marketing executive. He taught me that being a physician is a vocation. My career recipe became: Attract platinum-level physicians to my organization, find out what these physicians desire to be successful. Enable their success, which begets my hospitals' success. I had a repeatable interest/aptitude to achieve in every opportunity that was given to lead. To my Father's credit, my oldest child recently became a new Family Practitioner.

My Dad became afflicted with Alzheimer's (since passed). I chose to create time to help my parents, and worked to leverage my experience and network, to help my provider peers via the client service side.

With my "bottom of the ladder" career history, I effectively relate to, and deal with all strata of the organization. My broad background was recognized by the editors of **HealthLeaders Journal,** selected to be 1 of 2 judges, to evaluate and select their annual Top Leadership Teams in Healthcare (for 2 years), in the large hospital/system category.
I was fortunate to see the "greatest hits" of healthcare leadership.

I hope, David, I hope I can be helpful. A solid supporter of the current Administration! My VA DNA is limited to my Uncle, a Marine, who served in the Recon Div (precursor to Navy Seals).

Best and thanks,

(b) [redacted]

(b) (6) [redacted]
www.linkedin.com/in/(b) (6) [redacted]
(b) (6) [redacted]

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<(b) (6) _RESUME_2015HC.docx>
<(b) (6) 1 pg. summary (3).docx>

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(b) (6)
www.linkedin.com/in/(b) (6)
(b) (6)

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(b) (6) [redacted]
www.linkedin.com/in(b) (6) [redacted]
(b) (6) [redacted]
(b) (6) [redacted]_RESUME_2015HC.docx>
(b) (6) [redacted] 1 pg. summary (3).docx>

--

(b) (6) [redacted]
www.linkedin.com/in/(b) (6) [redacted]
(b) (6) [redacted]

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Sent: 2/21/2017 5:07:34 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Fwd: Follow-up to your text message to me, today re: Exec. role in VA, via Anthony Scaramucci

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AMERICAN OVERSIGHT

My LI message, yesterday, is my reference point, i.e., reaching out to Anthony Scaramucci, etc.

Your text this morning asked if I was interested in "full or part-time, as well as DC or somewhere else". .....I have a colleague who served as an Undersecretary of the VA, leading all hospitals, which was a couple years ago.

While regional oversight and leadership could be an option, I would be effective, also, in assisting/formulating/distributing & ensuring that the "rules of engagement" that are desired and deserved are put in place.

I had previously served on the Board of Governors, for the Federation of American Hospitals (the investor-owned version of the American Hospital Assoc.). My unique Ascension Health/HCA pedigree also affords a "street cred and familiarity" with all health systems, recognized, like you, as a trusted peer and not a bureaucrat.
After gaining my investor-owned experience, I became valued, again, by the non-profit systems (Mercy Health, St Louis & Franciscan Alliance), for the mgmt discipline alluded to.

I can effectively assist with your message, both under the guise of Mission and being an exceptional community steward. From my HCA and other investor-owned chapter, I am also particularly comfortable and effective, operating in an accountable business environment, having learned the "management discipline", i.e., performance to budget and accountability to shareholders (tax-payers, for VA).

My personal characteristics/assets include having started my career as a hospital housekeeper. Both sisters are RN's. My Father was a med-device career marketing executive. He taught me that being a physician is a vocation. My career recipe became: Attract platinum-level physicians to my organization, find out what these physicians desire to be successful. Enable their success, which begets my hospitals' success. I had a repeatable interest/aptitude to achieve in every opportunity that was given to lead. To my Father's credit, my oldest child recently became a new Family Practitioner.

My Dad became afflicted with Alzheimer's (since passed). I chose to create time to help my parents, and worked to leverage my experience and network, to help my provider peers via the client service side.

With my "bottom of the ladder" career history, I effectively relate to, and deal with all strata of the organization. My broad background was recognized by the editors of **HealthLeaders Journal,** selected to be 1 of 2 judges, to evaluate and select their annual Top Leadership Teams in Healthcare (for 2 years), in the large hospital/system category.
I was fortunate to see the "greatest hits" of healthcare leadership.

I hope, David, I hope I can be helpful. A solid supporter of the current Administration! My VA DNA is limited to my Uncle, a Marine, who served in the Recon Div (precursor to Navy Seals).

AMERICAN OVERSIGHT

Best and thanks,

(b)

(b) (6)
www.linkedin.com/in/(b) (6)
(b) (6)
<(b) (6) _RESUME_2015HC.docx>
(b) (6) 1 pg. summary (3).docx>

--

(b) (6)
www.linkedin.com/in/(b) (6)
(b) (6)

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/1/2017 10:18:29 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re:

I know thats true but i am willing to give it a shot

Sent from my iPhone

On Mar 1, 2017, at 5:14 PM, (b) (6) <(b) (6) @gmail.com> wrote:

> Ok but you normally are annoyed when people walk you to your meetings.
>
> On Mar 1, 2017 5:12 PM, "David shulkin" <Drshulkin@aol.com> wrote:
> Lets go back to pre mcdonald- do t you think?
>
> Sent from my iPhone
>
> > On Mar 1, 2017, at 5:08 PM, (b) (6) <(b) (6) @gmail.com> wrote:
> >
> > I called the detail agent's supervisor (b)
> >
> > (b) (6) said that one agent will fly ahead for advance and the second agent flies with the secretary. On the way back, both agents fly with you.
> >
> > I called (b) (6) from Protocol:
> >
> > (b) said that protocol normally does following:
> > Walk you to your meetings in the building (stopped under Bob)
> > Escort your guests (yes they still do this)
> > Set up for your meetings(yes they still do this, provide coffee, water, etc)
> > Go to speaking engagements within a 50 mile radius and and your flag, tell you whose speaking etc (stopped under mcdonald)
> >
> >

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/1/2017 10:17:45 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re:

I agree

Sent from my iPhone

On Mar 1, 2017, at 5:14 PM, (b) (6) <(b) (6) @gmail.com> wrote:

> I think it's good to do all.
>
> On Mar 1, 2017 5:14 PM, "(b) (6) <(b) (6) @gmail.com> wrote:
> Ok but you normally are annoyed when people walk you to your meetings.
>
> On Mar 1, 2017 5:12 PM, "David shulkin" <Drshulkin@aol.com> wrote:
> Lets go back to pre mcdonald- do t you think?
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> > On Mar 1, 2017, at 5:08 PM, (b) (6) <(b) (6) @gmail.com> wrote:
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> >
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> > Escort your guests (yes they still do this)
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> > Go to speaking engagements within a 50 mile radius and and your flag, tell you whose speaking etc (stopped under mcdonald)
> >
> >

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 2/27/2017 7:10:38 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: Legion slides without video
Attachments: secvavsotalks8 without video.pptx

---------- Forwarded message ----------
From: "(b) (6) <(b) (6) @gmail.com>
Date: Feb 27, 2017 2:07 PM
Subject: Legion slides without video
To: "(b) (6) <(b) (6) @gmail.com>, "(b) (6) " <(b) (6) @gmail.com>, "(b) (b) (6) (b) (6) @gmail.com>
Cc:

(b) (6)

Here are the slides without the video. With the video, I'd have to upload the file to Google Drive, which I haven't figured out how to do on my VA computer.

But we now have thumb drives for easy transfer.

(b)

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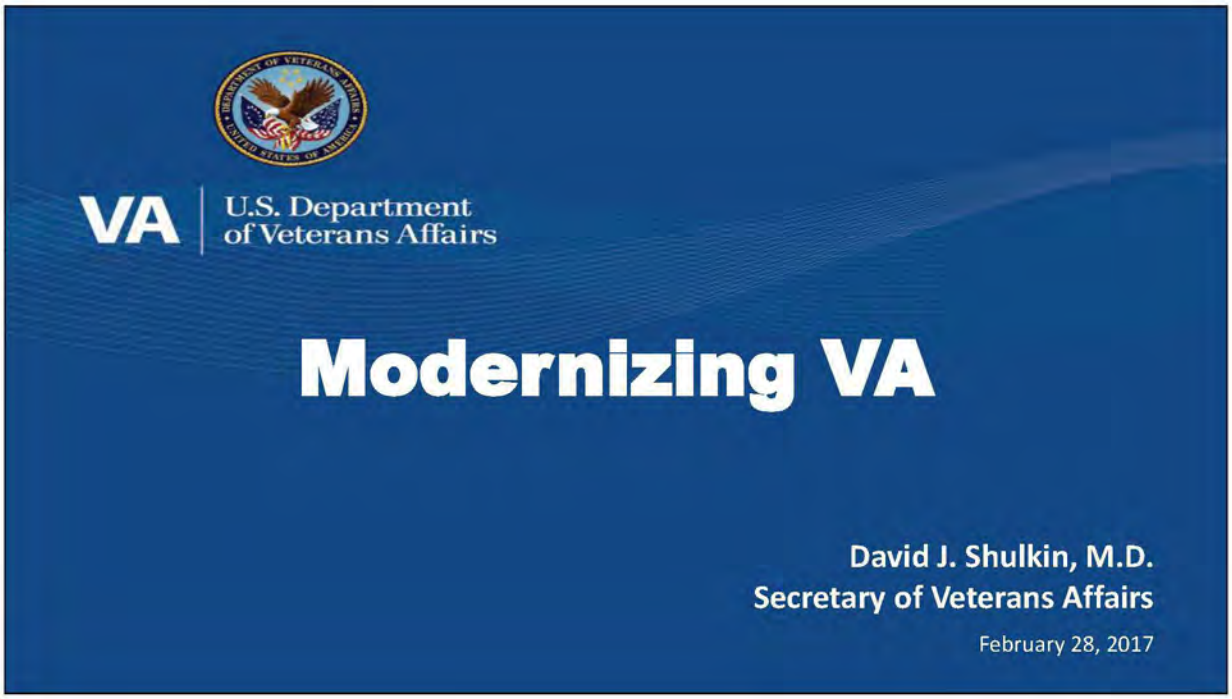

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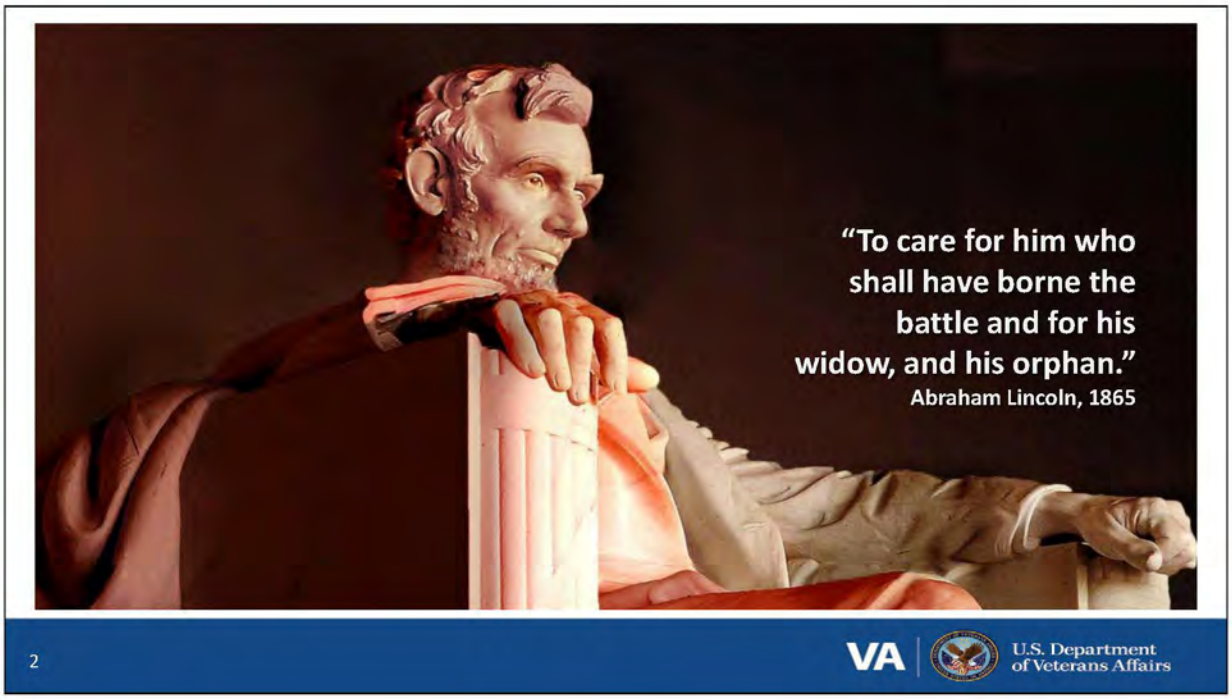

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'Final Salute' honors Holocaust survivor, Veteran



Sailors wait in a hallway on the medical-surgical floor at Lovell FHCC for the body of Holocaust survivor and Korean War Air Force Veteran Paul Argiewicz to be wheeled to the elevators. (Photos by Trevor Seela)

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Is VA Unique in What We Do?

- Only 1 in 5 private-sector providers have "high military cultural competency."
- Only 13% of private-sector mental health providers are proficient in military and deployment issues.



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VA Differences From Private Sector

	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
PTSD, TBI, SCI, Prosthetics, Polytrauma		X
Long Term Care Services		X
Adaptive Sports		X
Research on Veteran Well Being		X

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VA Adaptive Sports





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VA Telehealth



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VA's Use of Telehealth

- Over 9 Million episodes of Telehealth
- 717,000 Veterans use Telehealth
- 336,000 Telemental health visits
- Over 5000 Tele-ICU patients



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VA's Four Healthcare Missions



Emergency Preparedness



Federal Coordinating Centers

Army: Navy: Air Force: VA:

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To Modernize, First Understand History



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VA- 140 Assessments



As identified in several recent reports:

Even with the significant recent improvements in access, diffusion of best practices, and employee engagement, incrementalism is not the answer to the additional improvements needed in VA.

- The current organizational design does not support the goal of becoming an increasingly high-performing and accountable healthcare organization.

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Focus on Execution



Rapid Design and Implementation

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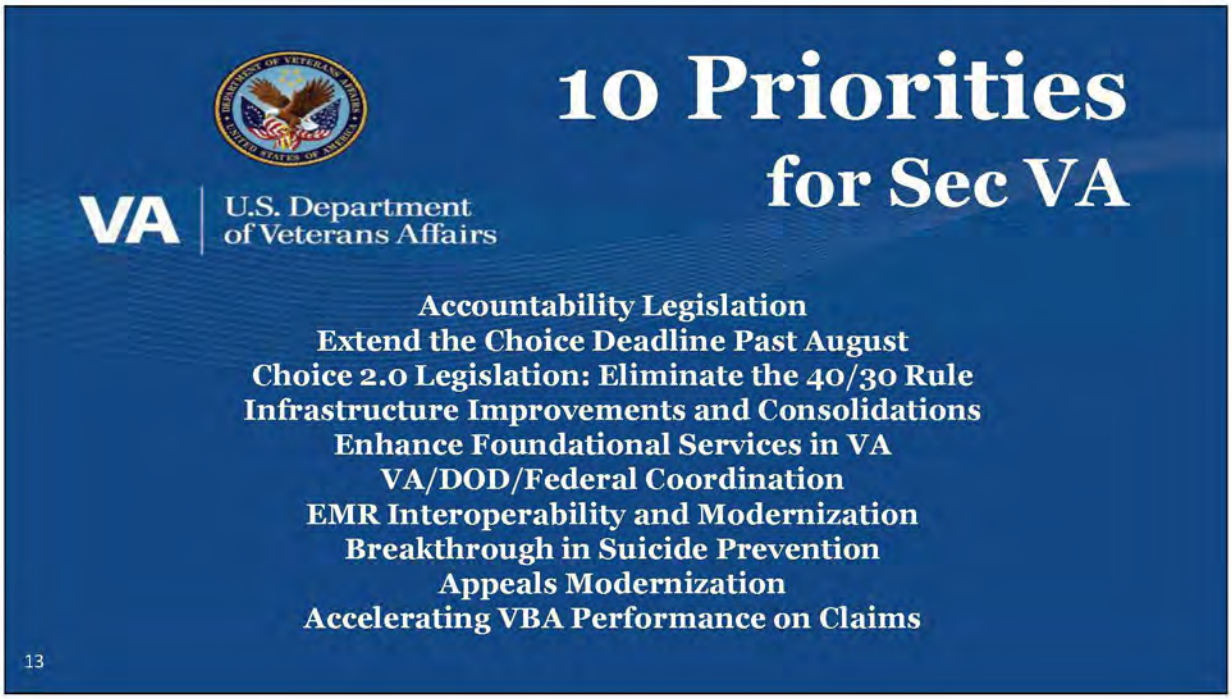

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An Act of Congress



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Officers' Quarters
Fort Thomas, KY
Circa 1895



Gas Station
Minneapolis, MN
1932



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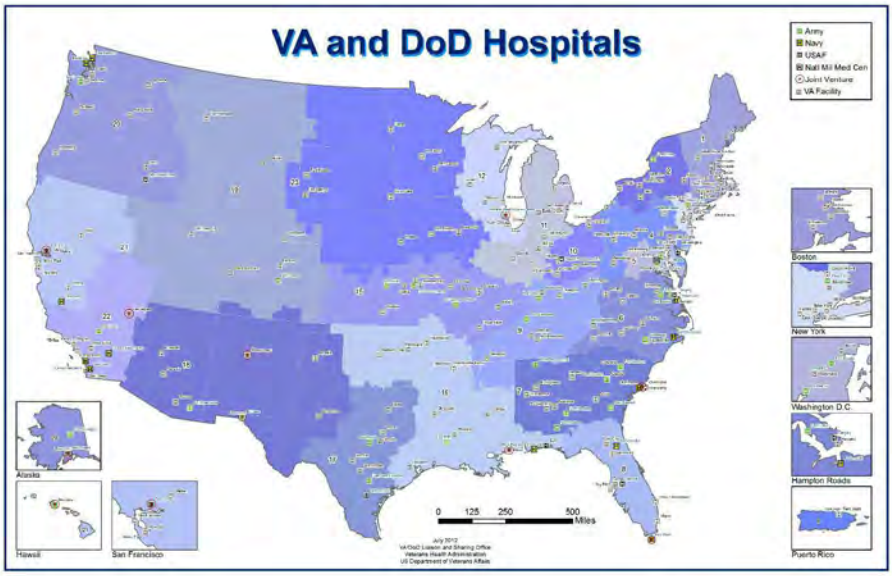

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Integrating Choice into a Network of Care





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How Are We Tracking Progress?

- ☑ Quality
- ☑ Access
- ☑ Progress in Priority Issues
- ☑ What Veterans Experience

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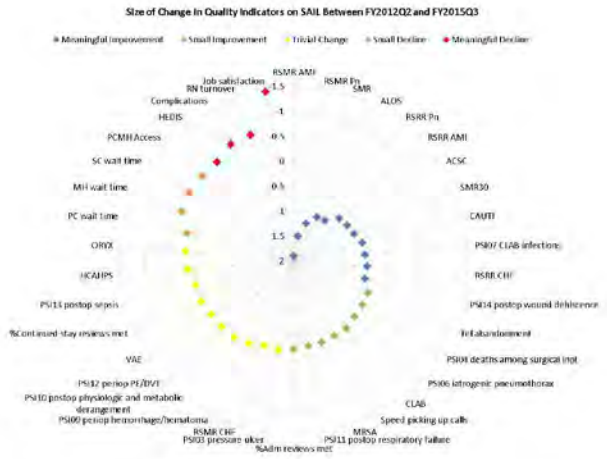
82%

Of VAMCs showed improvement as a result of using SAIL last year



SAIL:

Strategic Analytics for Improvement and Learning

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VA Quality: RAND Study 2016



RAND OBJECTIVE ANALYSIS. EFFECTIVE SOLUTIONS.

RESEARCH · LATEST INSIGHTS · POLICY EXPERTS · CAPABILITIES · GRADUATE SCHOOL ·

Quality of Care in VA Health System Compares Well to Other Health Settings

FOR RELEASE
Monday
July 18, 2016

The Veterans Affairs health care system generally performs better than or similar to other health care systems on providing safe and effective care to patients, according to a new RAND Corporation study.

Analyzing a decade of research that examined the VA health care system across a variety of quality dimensions, researchers found that the VA generally delivered care that was better or equal in quality to other health care systems, although there were some exceptions.

The RAND study found there was too little information related to timeliness, equity, efficiency and patient-centeredness to reliably draw conclusions about how the VA system compares to others across these dimensions. The findings are published in the Journal of General Internal Medicine.

Media Resources

RAND Office of Media Relations

[redacted]

Researcher Spotlight

[redacted] A. Gidengil

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VA is Leading in Public Health Issues



A 22% Reduction since 2013



Potential to Eliminate in 2 Years

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Improvements in Quality and Services

- Risk-adjusted mortality ↓ 20%
- Clinical productivity ↑ 12%
- Blocked calls for VBA call centers ↓ from 59% to less than 1%

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Quality: Important to Compare to Private Sector

NATIONAL QUALITY FORUM

NCQA
Measuring quality. Improving health care.
HEDIS® Measures

U.S. Department of Veterans Affairs
Strategic Analytics for Improvement and Learning (SAIL)

AHRQ
CAHPS Measures

The Joint Commission
ORYX® for Hospitals

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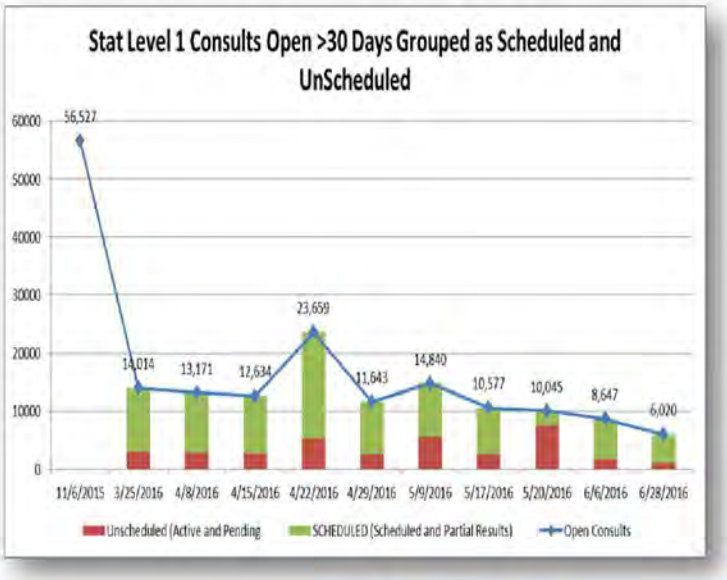
Urgent Consults



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Same-Day Services in Primary Care and Mental Health





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Progress on Access

- 96% of appointments are now completed within 30 days of the Veteran's preferred date
- 86% are within 7 days
- 23% are same-day appointments
- Average wait time for completed appointments:
  - 4 days for Primary Care
  - 7 days for Specialty Care
  - 3 days for Mental Health Care



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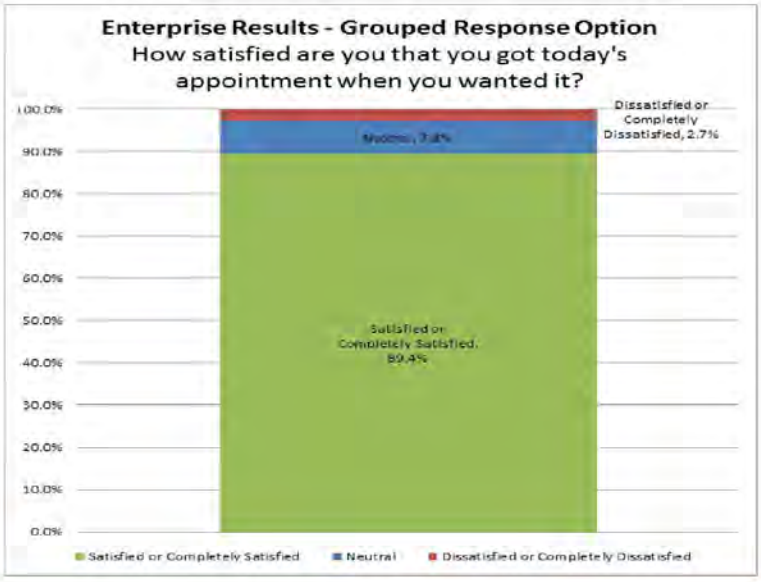
Veteran Satisfaction



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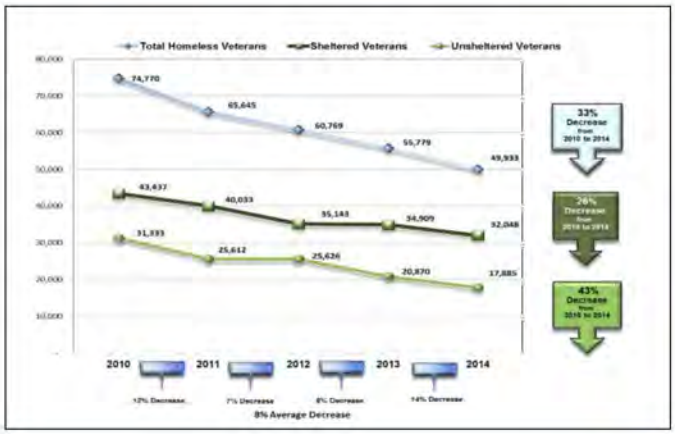
Decline in Veteran Homelessness



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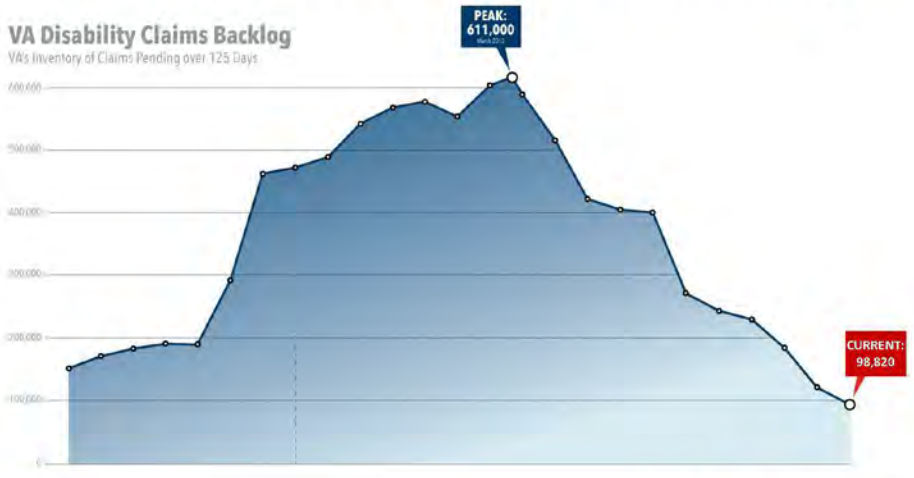
Decline in Claims Backlog



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NCA

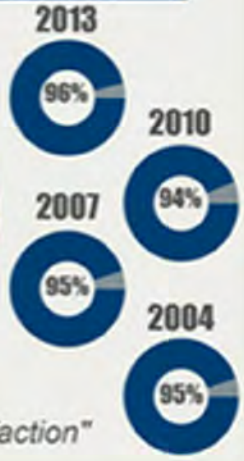


NCA Customer Satisfaction Survey Overall Results

2016

NCA achieved a customer satisfaction index of 96, currently the highest ACSI score in either the private or public sector. The score is nearly 32 points above the 64 point average for federal agencies.





"Leading the Nation in Customer Satisfaction"

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Suicide Prevention – Our Priority



- Expand the VA Suicide Prevention Office
- Reach Veterans and their families
- Develop innovative prevention strategies
- Change the conversation around suicide
- Build community engagement

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Placeholder for “I’m Good” video

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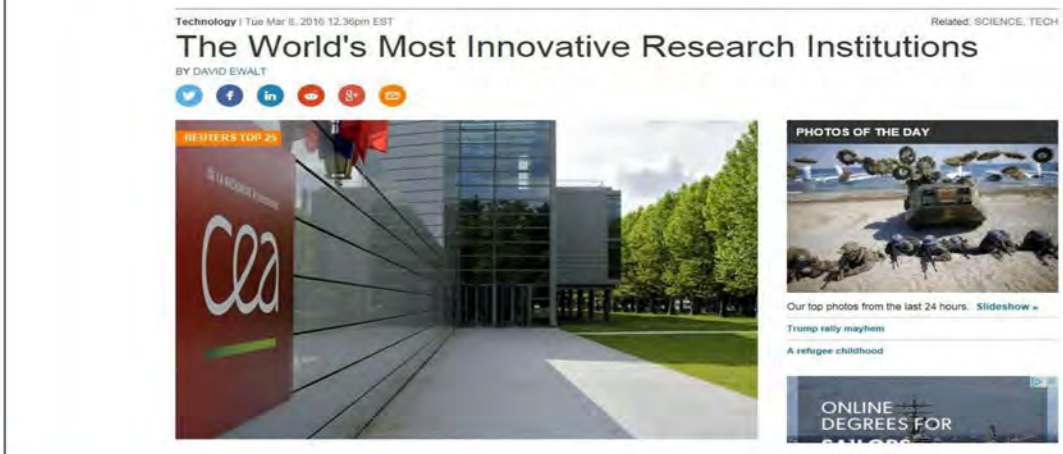
A Leader in Innovation

U.S. DEPARTMENT OF VETERANS AFFAIRS
CENTER FOR INNOVATION



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Mobile Hearing Aid App

Veterans Can Get Their Hearing Aid Adjusted Without Leaving Home

The Mobile Hearing Aid App leverages smartphones and Bluetooth technology so that an audiology technician can adjust hearing aids for Veterans remotely wherever the Veteran is located



Top Sources of Value	
Veteran Value	• On-demand care model: Service is delivered when and where the Veteran needs it • Increases access to audiology care and reduces travel costs and time • Increases access for Veterans by expanding care to a population that otherwise may not have chosen to receive hearing aid adjustments
Operational Value	• This technology allows audiology technicians to perform hearing aid adjustments, freeing up audiologists to focus on Veterans requiring more skilled care • Reduces the costs associated with performing hearing aid adjustments by moving the provider from a traditional brick-and-mortar facility to a centralized location with lower overhead costs

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VA-19-0799-I-000835

DS_00005843

Million Veteran Program



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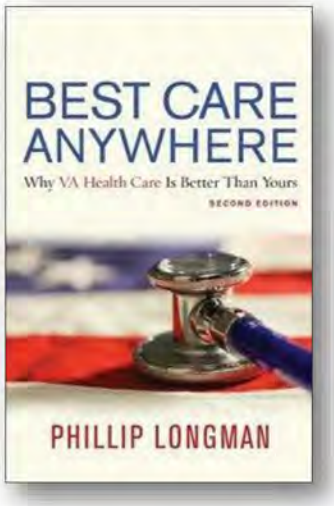
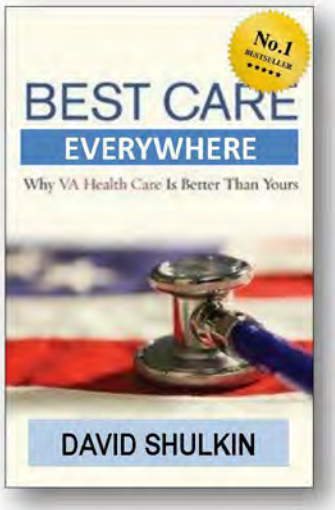


Best Practices



One single high-performance, clinically integrated network

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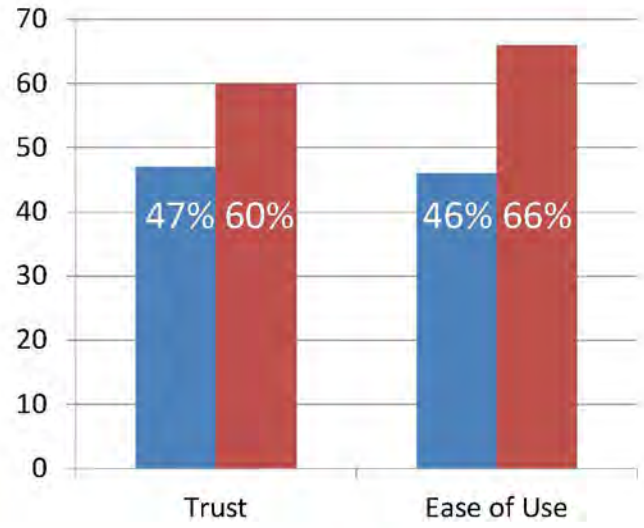
Veteran Trust



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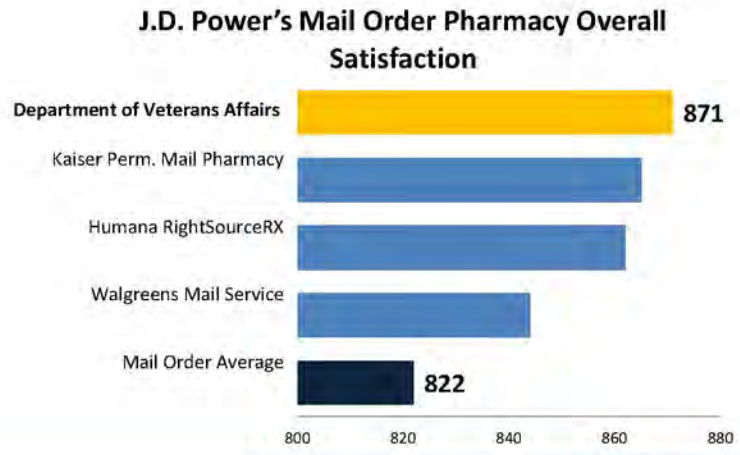
VA as a Customer-Centric Organization



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Partnering to Serve Veterans



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VSO Partnerships



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Message

From: L Perl [(b) (6) @gmail.com]
Sent: 3/1/2017 10:05:00 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: (b) and (b) (6)

David--- this is terrific news and so very much appreciated by (b) (6) and (b) (6)

You are the best!

Look forward to being with you and (b) (6) next Wednesday. L

On Wed, Mar 1, 2017 at 11:01 AM, David shulkin <Drshulkin@aol.com> wrote:
Laurie- fyi- i think we have a good plan for (b) (6) and (b) (6)

David

Sent from my iPhone

Begin forwarded message:

> **From:** DJS <vacodjs1@va.gov>
> **Date:** March 1, 2017 at 10:42:45 AM EST
> **To:** 'Shulkin ' <drshulkin@aol.com>
> **Subject: FW:** (b) (6) **and** (b) (6)
>
> Sent with Good (www.good.com)
>
> -----Original Message-----
> **From:** Manker, Jamie, VBAVACO
> **Sent:** Tuesday, February 28, 2017 02:33 PM Eastern Standard Time
> **To:** Shulkin, David J., MD
> **Subject:** (b) (6) and (b) (6)
>
> Good Day Dr. Shulkin,
>
> (b) (6) and I had a great discussion with the (b) (6) on their questions. Their primary concern was Social Security wants to offset payments they made to (b) (6) in the past because of book revenues. Apparently, they asked Senator Murray to look as well. SSA's review has halted collection actions—albeit temporarily. (b) committed to talking with his contacts in the SSA to see if there were any stones left unturned.
>
> Additionally, we offered to review his VBA case to ensure they had applied for every possible benefit they were eligible for.

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They were very appreciative of our contact. Further I offered my #/email to address any future issues they may encounter.

Very Respectfully

Jamie

James E. (Jamie) Manker Jr.

Acting Principal Deputy Undersecretary for Benefits

Veterans Benefits Administration

202-461-9900

www.va.gov

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/1/2017 4:01:40 PM
To: Laurie Perlmutter [(b) (6) @gmail.com]
Subject: Fwd: (b) and (b) (6)

Laurie- fyi- i think we have a good plan for (b) (6) and (b) (6)

David

Sent from my iPhone

Begin forwarded message:

From: DJS <vacodjs1@va.gov>
Date: March 1, 2017 at 10:42:45 AM EST
To: 'Shulkin ' <drshulkin@aol.com>
Subject: FW: (b) (6) **and** (b) (6)

Sent with Good (www.good.com)

-----Original Message-----
From: Manker, Jamie, VBAVACO
Sent: Tuesday, February 28, 2017 02:33 PM Eastern Standard Time
To: Shulkin, David J., MD
Subject: (b) (6) and (b) (6)

Good Day Dr. Shulkin,

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Jamie

James E. (Jamie) Manker Jr.

Acting Principal Deputy Undersecretary for Benefits

Veterans Benefits Administration

202-461-9900

www.va.gov

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Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 2/26/2017 9:17:39 PM
To: David Shulkin [drshulkin@aol.com]; Wright, Vivieca (Simpson) (SES) [Vivieca.wright@va.gov]
Subject: Media article from dav speech

https://www.stripes.com/news/veterans/shulkin-proposes-eliminating-40-mile-30-day-rule-for-non-va-care-1.456087#.WLNGonpOlnF

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 2/20/2017 9:39:37 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Spoke to Vivieca

She told me that she will have to check with the legal attorney on the title I have to use- acting PDUSH is what she thinks it is- but will clarify if we can using acting USH- will be really disappointing if its the former.

Also, she told me that I had to free up (b) (6) as soon as possible since she is your "Special Assistant" and is traveling with you all over and you need her at all times. This is great news for me, since she will not be involved with VHA anymore- which is my preference

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/22/2017 3:26:19 PM
To: IP [[redacted]@frenchangel59.com]
Subject: Re: 8 Things You Might Not Know About Chairman and CEO Alex Gorsky

He is very committed and will be a great partner

Sent from my iPhone

On Feb 22, 2017, at 9:36 AM, IP <[redacted]@frenchangel59.com> wrote:

> Marisol is working with Alex Gorsky's assistant on best date and time for conference call.
>
> https://www.jnj.com/leadership/8-things-you-might-not-know-about-chairman-and-ceo-alex-gorsky

8 Things You Might Not Know About Chairman and CEO Alex Gorsky

September 14, 2015

1.

He is a U.S. military veteran and avid supporter of our armed forces.

Alex was nominated and accepted to the United States Military Academy at West Point. After graduating in 1982, he served as a U.S. Army Ranger, finishing his military career with the rank of captain. "It was challenging and rewarding at the same time," he said. I learned a lot about leadership, service, and the important role the academy has in shaping future leaders for our country."

Today, Alex serves as a mentor for military veterans transitioning to civilian life through programs like ACP AdvisorNet. At Johnson & Johnson, we believe it's imperative that our veterans and their families have access to the health and wellness support they need during this period.

<image001.jpg>

AMERICAN OVERSIGHT

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In November, Alex traveled to China with the Operation Smile founders to meet with families whose children were having surgeries to repair a cleft lip; in 2015 he announced a $25 million enhanced partnership with Operation Smile.

<image002.jpg>

3.

He is only the 7th Chairman and CEO to serve at Johnson & Johnson in its 129-year history.

In 2012, Alex was named Chairman and CEO of Johnson & Johnson to become our 9th leader and only the 7th to hold this title.

"It was an incredibly humbling and proud moment for me with a middle class upbringing from the Midwest. In a full circle kind of way, my parents' and families' influence, my military service, and my development at the company had prepared me for this significant moment, to lead a global workforce focused on creating better health outcomes for people and communities around the world," he said.

<image003.jpg>

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He believes we have a responsibility to transform healthcare through innovation.

AMERICAN OVERSIGHT

As the Ebola outbreak spread across West Africa last year, Johnson & Johnson announced a commitment to accelerate and expand the production of an Ebola vaccine program in development at its Janssen Pharmaceutical Companies.

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Through our commitment, we are mobilizing significant resources and expertise and collaborating with global health stakeholders to help contain Ebola, protect the health of those at risk of being infected, and save lives.

<image004.png>

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Alex believes work-life balance is critical for all employees, to maintain productivity and engagement, but also for their own personal well-being. In a commencement address at Thomas Jefferson University, he urged graduates to remember to care for themselves. Alex also tries to set an example for employees by setting aside time for his own health every day.

<image005.png>

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AMERICAN OVERSIGHT

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<image006.jpg>

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"My parents and my five siblings were my first and among the best mentors anyone could wish for. They told me the things that really mattered and delivered many "tough love" messages. As they say, the greatest lessons in life are often learned at home," Alex said in 2009 speech for the Healthcare Women's Business Association.

Today, he frequently says: 'We are pleased, but never satisfied.' This attitude of continuous improvement is something he learned early in life. "Back in Freemont, Michigan, there were teachers like Ann Werner, who taught me not only how to diagram a sentence, but also how to encourage and inspire at the same time. I still remember getting back papers and, even with a good grade, there would be plenty of red so the next one would be even better," he said.

<image007.jpg>

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Alex will do almost anything for a good cause.

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AMERICAN OVERSIGHT

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This year, Johnson & Johnson participants raised more than $500,000 for cancer research and treatment at the Children's Hospital of Philadelphia (CHOP), adding up to more than $1 million raised over the past three years.

AMERICAN OVERSIGHT

Message

From: IP [redacted]@frenchangel59.com]
Sent: 2/22/2017 2:36:05 PM
To: David shulkin [drshulkin@aol.com]
Subject: 8 Things You Might Not Know About Chairman and CEO Alex Gorsky

Marisol is working with Alex Gorsky's assistant on best date and time for conference call.

https://www.jnj.com/leadership/8-things-you-might-not-know-about-chairman-and-ceo-alex-gorsky

8 Things You Might Not Know About Chairman and CEO Alex Gorsky

September 14, 2015

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AMERICAN OVERSIGHT

Message

From: L Perl [(b) (6) @gmail.com]
Sent: 2/22/2017 1:59:33 PM
To: David shulkin [Drshulkin@aol.com]
CC: Bruce Moskowitz [brucem(b) (6) mac.com]; IP [@frenchangel59.com]; Marc Sherman [mbs(b) (6) gmail.com]
Subject: Re: NFL and (b) (6)

Bruce--- I am going to have to dream up something to match your thinking...superb idea...

As you know, Ike and I are close friends of (b) (6) and are happy to help.....L

On Wed, Feb 22, 2017 at 7:18 AM, David shulkin <Drshulkin@aol.com> wrote:
Very timely Bruce- i joined the NFL Advisory board and will attend my first meeting in Indianapolis this week- they have 100 million to distribute for head injury research and I want some research dollars for VA- this is a new relationship for us.

I was not aware of their work in pain management but that is huge as well for us. Ill look for the wsj article. Maybe after my meeting next week we can reach out to (b) (6).

David

Sent from my iPhone

> On Feb 22, 2017, at 7:09 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
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> One thing to consider is the expertise the NFL has in treating acute and chronic pain without the use of addictive medication. The WSJ Had the article regarding the American College of Physicians recommendations for pain management without addictive medication. They may be a valuable asset to gain their expertise and a great working relationship. (b) (6) is an expert at getting the owners on the same page to get this done.
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> Sent from my iPad
> Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

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From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 2/22/2017 1:40:00 PM
To: Marc Sherman [mbs(b) (6) gmail.com]
CC: David shulkin [drshulkin@aol.com]; L Perl [(b) (6) @gmail.com]; IP [(@frenchangel59.com]
Subject: Re: NFL and (b) (6)

If we partner with Major League Baseball, National Hockey League, NFL and National Basketball Association they each have something different to contribute. I am friendly with most of the owners. It is a win-win for everyone especially the Veterans. Also they each have large research budgets designed around wellness and injury treatment.

Sent from my iPad
Bruce Moskowitz M.D.

On Feb 22, 2017, at 7:38 AM, Marc Sherman <mbs(b) (6) gmail.com> wrote:

> Bruce, what a great idea!!
>
> Marc Sherman
> (b) (6)
>
> On Feb 22, 2017 7:26 AM, "Bruce Moskowitz" <brucem(b) (6) mac.com> wrote:
> We should partner in this also. (b) (6) is a close friend and he is working with the NHL-NFL partnering on this issue. He will assist this effort.
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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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Sent: 2/22/2017 12:18:56 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
CC: IP [(b) (6) @frenchangel59.com]; L Perl [(b) (6) @gmail.com]; mbs(b) (6) gmail.com
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AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/29/2017 4:50:50 PM
To: (b) (6) [(b) (6) va.gov]
Subject: Fwd: Tinnitus problem

Print

Sent from my iPhone

Begin forwarded message:

> **From:** Bruce Moskowitz <brucem(b) (6) mac.com>
> **Date:** April 29, 2017 at 9:05:14 AM EDT
> **To:** Poonam Alaigh <(b) (6) @hotmail.com>
> **Cc:** David shulkin <drshulkin@aol.com>
> **Subject: Re: Tinnitus problem**
>
> No as chairman of department probably one in the depRtme t does. Also can you give me top 5 disability problems that the group could provide assistance
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> > > Let me know if you want to proceed.
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Sent: 4/28/2017 8:00:23 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
BCC: David Shulkin [drshulkin@aol.com]
Subject: Re: Tinnitus problem

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AMERICAN OVERSIGHT

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From: IP [(b) (6)@frenchangel59.com]
Sent: 3/16/2017 6:54:26 PM
To: David shulkin [drshulkin@aol.com]
Subject: FW: Update | VA, Conversations w/ Apple +
Attachments: VA Mobile App(b) (6) pdf; j&jconferencecall.pdf

FYI

From: (b) (6) [mailto(b) (6)@mayo.edu]
Sent: Thursday, March 16, 2017 2:02 PM
To: (b) (6) kp.org; (b) (6) ccf.org; (b) (6) partners.org; (b) (6) M.D.; (b) (6) @jhmi.edu
Cc: (b) (6) hopeunseen.com; (b) (6)@frenchangel59.com; brucem(b) (6) gmail.com; Marisol Garcia ((b) (6)@frenchangel59.com); mbs(b) (6) gmail.com
Subject: Update | VA, Conversations w/ Apple +

Hi – Dr. Moskowitz reached out earlier this week, sharing that we have a significant opportunity which he can amplify related to engagement of Apple in support of the VA.

W/in two weeks, Ike Perlmutter and Dr. Moskowitz hope to convene a meeting w/ to include the CEOs of each academic center + up to two representatives from each to support this collaborative project w/ Apple. Marisol Garcia will be in touch to schedule two meetings – the meeting w/ (b) (6) and the Apple leadership team and the CEO group + a brief planning meeting (30 minutes) in advance.

Please let Marisol Garcia know the names of any other participants from your organization when she reaches out to schedule.

The highlights of our first conversation w/ Apple are attached – along w/ a similar conversation w/ J&J. There is also opportunity for up to two representatives from each academic center to participate as part of a work team in support of the collaboration w/ J&J. Please share names of any of those from your organization who may be interested, available in participating in the J&J collaboration.

You also might find of interest this recent news coverage of Dr. David Shulkin and his "ten-point plan" to improve the VA.
http://www.militarytimes.com/articles/shulkin-10-point-plan-va-accountability-choice

Best,

(b) (6)
Chair |Mayo Clinic Department of Public Affairs
(b) (6)
cell: (b) (6) | office: (b) (6)
e-mail: (b) @mayo.edu

AMERICAN OVERSIGHT

Meeting w/ VA + (b) (6) | Friday/March 3, 2017

Attendees: Dr. David Shulkin; (b) (6) (b) (6) Apple; Ike Perlmutter; Dr. Bruce Moskowitz; (b) (6) (b) (6) Dr. (b) (6) (b) (6) (b) (6) (b) (6) absent – Mark Sherman

- Opening Comments:
  - Improve healthcare for veterans; and all improve care for Americans
  - What we need to accomplish in the near term – app to appropriate healthcare facility; nearby; or wherever they are
  - Set up to speed up the appointment time
  - Ability of veterans to download their medical records from VA or private doctor
  - Work together to develop apps for
  - Track medications; prevent errors
  - Telemedcine platform for mental health services
- Two areas: (D. Shulkin)
  - Development piece – bring healthcare w/ them, make it accessible wherever they are
  - Need people who can think from a platform point of view; talent that would allow
- White House (b) (6)
  - Of utmost importance to the President
  - Improve the technical ability of the VA
  - Coincides w/ efforts to modernize technology w/in government; use VA as a model
  - Get the technology w/in the VA perfect; extrapolate to other agencies
  - US Digital Service – get best talent in industry, bring them into government for tours of duty
- Ares of Partnership, Possibilities (b) (6)
  - Two approaches to improve access to talent
    - Use US Digital Service, apply it to VA – option to bring talent
      - Need for executive level positions; talent to think creatively at a platform level – explore individuals
    - Enormous platform play opportunity – so veterans are treated like others
      - API developers – build at the VA
  - Reinforce the idea of service in the tech industry – serve country w/ a tech background
  - Alliance w/ some of the leading companies; enable personnel to do tours of duty; commitment from company to come back to their employer
- Most major institutions – how will communication occur between government/VA and private sector (I. Perlmutter)
- Platform via mobile devices to access their records + how do we best access talent at executive level and engineering platform level (b) (6)
- US Digital Service was a success; think it's great that the mechanism is being used; would support it – need to better understand what needs to be done so we select the right skills (b) (6)
  - May be a model that people are cycled in for shorter periods of time so the broad range of skills are available – coupled w/ longer periods of time
  - Extremely flexible on making people available – encourage people to go; commit to take them back; ensuring that they have a good role on return
- Mobile record access; work going on that is not public; accesses Epic – very close to what you're looking for (b) (6)

AMERICAN OVERSIGHT

- Biggest challenge as a doctor, not having their record in front of me; it's their record and they deserve to have access to it; causes significant repetition; dangerous; expensive (B. Moskowitz)
    - Have top five academic centers available to engage on this
- Want to democratize the data; shift the ownership of the record/data to the patient (b) (6)
- Very common philosophy – the work we're doing; and what your needs are (b) (6)
- Transferable to the general population (B. Moskowitz)
- Get the technical teams together; VA; Apple; others (b) (6)
- Will support anywhere you want to move forward (b) (6)
- Establish a rapid response team (B. Moskowitz)
    - Five academic centers that will contribute two people each
    - How do we engage w/ Reed's team and Apple
    - We have two people from Apple ready to engage (b) (6) Apple)
    - Dr. Moskowitz will assemble the group
- EHMP team together w/ technical team from Apple – week long sprints –scope out and what would be required for appropriately secure API (b) (6)
- Dr. Shulkin, Haley's team' develop some specs – have some "meat on table" to get back to the academic medical centers (Dr. Shulkin)
- Investigating the EMR system w/in the VA to determine it's ability to interact w/ this effort (b)
- Will be w/ w/ the current Vista system for up to two years no matter what direction we go; helpful that Apple is getting experience engaging w/ off-the-shelf systems (D. Shulkin)
- Goal at Apple is to interface w/ all of those systems, as long it as it has "firewall" interface (b)
- Will be important for doctors that live far from academic medical centers (B. Moskowitz)
- Is there an opportunity for VA to be launchpad for this new product (b) (6)
- Yes, certainly that opportunity (b) (6)
- Opioid epidemic, no ability to track that – can be solved through technology (B. Moskowitz)
- As an administration, going to start an "opioid council" – many on this call can participate, can be back in touch in follow-up on that (b) (6)
- Mayo Clinic has built platforms to interact w/ multiple EMRs – ready to help (b) (6)
- Most helpful for Apple to be in the conversation early on to set the technical framework (b) (6)

Next steps:

- Set specifications – VA/US Digital/Apple – technical level; five centers willing to help as well – then engage five academic centers more fully (D. Shulkin)

AMERICAN OVERSIGHT

Johnson and Johnson | Conference Call

- (b) (6) total commitment from J&J to partner, be of service to veterans
- (b) (6) – committed to make a difference; conditions that affect the brain
    - PTSD, stress and suicide – on the verge of treatment for severe suicidal depression; rapid anti-suicidal effects
        - Can identify those who may be at risk
    - PTSD – advancing the field of novel treatments
    - Traumatic brain injury – initiated a public/private partnership building infrastructure around databases; align the industry to better treat
    - One Mind for Brain Research – for brain injury and and PTSD – (b) (6) as CEO; traumatic brain injury biomarker
    - Bush Institute project – starting clinical trials at the VA; take advantage of clinical records
        - Would like to join forces to make a big difference for veterans
- (b) (6) insights and learnings moving to episode of care; outcomes-based care – how do we work w/ patients prior to surgery to determine best candidates; how do they move to a fulsome recovery – whole person approach – mind, body and spirt
    - In unique position to be a leader and convener to serve veterans, first responders and providers who provide care – partner w/ the right organizations – 50K 501C3 organizations that serve veterans – partners w/ the right ones to "go deep"
    - USO, Vail Veterans, Wounded Warriors are among the groups
    - Human Performance Institute – wellness; energy for performance and life; bring together fitness and wellness; engagement around total well being
    - Ready, will need to align on areas of focus
- The more you work together – the more you can accomplish together; we have the five leading academic medical centers all committed to make lives better – need a ten-point plan; what can we grab off the shelf to accomplish quickly (B. Moskowitz MD)
- Ready to partner, make it happen (b) (6)
- Three specific areas of focus (D. Shulkin)
    - 1) More proactive in the area of precision medicine – average veteran in rural areas don't yet have exposure ;have the world's largest biobank tied into our electronic medical record; unique data discovery tools if we partner w/ industry
    - 2) Suicide among veterans is the number one clinical priority; want to do something new; launch a "Zero Suicide" effort – need assistance related to direct to consumer advertising – resources to "get the word out" to veterans in need
    - 3) Clinical trials – like to position VA that if there are new medications and treatments that the VA is a natural place that industry comes to, become a better partner for industry w/ clinical trials
- At a top line, can be a resource in all three areas (b) (6)
    - Work done in all ares of precision medicine – specificity is great, allows us to deliver
- Assign two people per academic center to work w/ J&J representative in each area (B. Moskowitz)
- Prior to discharge, need to know veteran's mental or medical status – pick it up early on, know way before discharge (B. Moskowitz)
- Need contact people from each of these areas; including Marketing (D. Shulkin)
- Get connected to right people + ad agencies to do this in a big way (b) (6)

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- (b) (6) and (b) (6) are gatekeepers for J&J; will get you to the people you need w/in J&J – rally the resources of J&J
- In Rarington and Titusville – close to New Brunswick
- Same people to coordinate w/ the academic centers

- Acting under secretary of VA – former secretary of health for New Jersey; research and clinical healthcare will be under her responsibility; Dr. Poonam Alaigh (Dr. Shulkin)

To Do: (b) (6) and (b) (6) to reach out to Dr. Moskowitz to get the ball rolling; follow-up call among this group in six week to update on progress post this call

(b) (6) **Biography:**

Chairman, Board of Directors and Chief Executive Officer | Johnson & Johnson

(b) (6) is Chairman and Chief Executive Officer of Johnson & Johnson. (b) is the seventh person to serve as Chairman and CEO of Johnson & Johnson since it became a publicly traded company in 1944. (b) began his Johnson & Johnson career as a sales representative with Janssen Pharmaceutica in 1988. Over the next 15 years, he advanced through positions of increasing responsibility in sales, marketing, and management. In 2001, (b) was appointed President of Janssen, and in 2003, he was named Company Group Chairman of Johnson & Johnson's pharmaceuticals business in Europe, the Middle East and Africa.

(b) left Johnson & Johnson in 2004 to join the Novartis Pharmaceuticals Corporation, where he served as head of the company's pharmaceuticals business in North America. He returned to Johnson & Johnson in 2008 as Company Group Chairman for Ethicon, Inc. In September 2009, he was appointed Worldwide Chairman of the Medical Devices segment. In January of 2011, he was named Vice Chairman of Johnson & Johnson's Executive Committee. (b) became Chief Executive Officer on April 26, 2012 and Chairman of the Board on December 28, 2013.

A longtime advocate of diversity and inclusion, (b) has been named one of the "100 Most Inspiring Leaders" by Pharma Voice. He is the Executive Sponsor of two Johnson & Johnson employee resource groups, the Women's Leadership Initiative and the Veteran's Leadership Council. (b) is also a member of the Business Council and the Business Roundtable.

(b) is a member of the Board of Directors of IBM, the Congressional Medal of Honor Board of Directors, and the Board of Directors of the National Academy Foundation. He was recently given the Joseph Wharton Leadership Award and the CADCA Humanitarian of the Year Award, as well as an Honorary Doctorate from Thomas Jefferson University in Philadelphia.

(b) holds a Bachelor of Science degree from the U.S. Military Academy at West Point, N.Y., and spent six years in the U.S. Army, finishing his military career with the rank of Captain. (b) earned a Master of Business Administration degree from The Wharton School of the University of Pennsylvania in 1996.

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 2/19/2017 12:24:56 PM
To: Marc Sherman [mbs(b) (6) gmail.com]
CC: David Shulkin [drshulkin@aol.com]; IP [@frenchangel59.com]; (b) (6) [(b) @mayo.edu]; L Perl [(b) (6) @gmail.com]
Subject: Re: List of actions

Marc your ability to organize this into an exceptionally easy to review document is inspirational.
The following does not need to be in the document but considered. It will be a lengthy process to hire 1,000 mental health workers. I have been listening to the heads of the major academic psychiatry programs along with the not for profit hospital networks . They have the infrastructure in terms of mental health care workers and more importantly the geographic diversity to assist in mental health care. This along with tele-health will allow us not to fall behind. Also we need to be sure we have a proper evaluation of the physical and mental health of those leaving active service and a robust number of social workers to tract them when they enter the VA program to make sure they are assisted in getting job, housing and health care.
Again I than everyone who worked on this document it is a terrific way forward.

Sent from my iPad
Bruce Moskowitz M.D.

On Feb 19, 2017, at 3:03 AM, Marc Sherman <mbs(b) (6) gmail.com> wrote:

> David
>
> I reviewed the list that you put together. I took a little different approach with it by identifying different potential benefits from the initiatives.
>
> To make it easier to spot my thoughts and potential benefits, I added two extra columns. The new fourth column (new) records my comments and notes. One thing that I highlight in this comments column, among others types of comments, is those instances when the initiative will be started in the first 100 days but will take considerable time to complete and will need to be part of a bigger strategic initiative. I added this because simply listing it as a 100 day initiative may be misleading.This column is typed in red. I then created a fifth column to identify Public Relations opportunities from the list you put together, with the result that I tagged 6 potential PR opportunities that, if completed, could be delivered in the first 100 days. This column is typed in green. I also noted where I thought the PR was either better coming from POTUS or would provide some good political benes if coming from POTUS. You will note other red type aside from the fourth column where I augmented some of your original info in columns 1-3.
>
> You will also note purple type. This type is to add some initiatives that Bruce and (b) (6) discussed today that you should consider as valuable parts of the list. I am including (b) on this email as well so he can weigh in on my PR comments throughout (green type).
>
> Once you have a chance to review, let me know what you think so that a clean list can be created for Ike to share with POTUS on the 100 day initiatives and the expected 100 day public relations opportunities.
>
> Best
>
> Marc

AMERICAN OVERSIGHT

On Fri, Feb 17, 2017 at 5:30 PM, David Shulkin <drshulkin@aol.com> wrote:

Marc- No rest for the weary. I spoke to Ike and he asked that I put together a list of actionable items that we can take over the next 100 days+. I have attached this.

He thought that you might look at them, apply the Sherman magic and maybe we could get something that would be in good enough shape for him to share with the President.

I am available if you want to discuss- or if it seems logical there may be no need.

Thanks

David

<100days-1 Shulkin Chart 021717 mbs.docx>

AMERICAN OVERSIGHT

Message

From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 2/19/2017 8:03:52 AM
To: David Shulkin [drshulkin@aol.com]
CC: IP [@frenchangel59.com]; Bruce Moskowitz [brucem(b) (6) mac.com]; (b) (6) [(b) @mayo.edu]
Subject: Re: List of actions
Attachments: 100days-1 Shulkin Chart 021717 mbs.docx

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To make it easier to spot my thoughts and potential benefits, I added two extra columns. The new fourth column (new) records my comments and notes. One thing that I highlight in this comments column, among others types of comments, is those instances when the initiative will be started in the first 100 days but will take considerable time to complete and will need to be part of a bigger strategic initiative. I added this because simply listing it as a 100 day initiative may be misleading.This column is typed in red. I then created a fifth column to identify Public Relations opportunities from the list you put together, with the result that I tagged 6 potential PR opportunities that, if completed, could be delivered in the first 100 days. This column is typed in green. I also noted where I thought the PR was either better coming from POTUS or would provide some good political benes if coming from POTUS. You will note other red type aside from the fourth column where I augmented some of your original info in columns 1-3.

You will also note purple type. This type is to add some initiatives that Bruce and (b) (6) discussed today that you should consider as valuable parts of the list. I am including (b) on this email as well so he can weigh in on my PR comments throughout (green type).

Once you have a chance to review, let me know what you think so that a clean list can be created for Ike to share with POTUS on the 100 day initiatives and the expected 100 day public relations opportunities.

Best

Marc

On Fri, Feb 17, 2017 at 5:30 PM, David Shulkin <drshulkin@aol.com> wrote:

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AMERICAN OVERSIGHT

INITIATIVE	DESCRIPTION	DATE TO LAUNCH	COMMENT/NOTES	100 DAY P/R MESSAGE
Freeze new Major Construction	No new starts for major construction	February	Freezing new major construction is critical and immediate, but needs to be part of a unified assessment and remediation plan. Accomplishing all of this will take quite a while (much more than 100 days). Perhaps the work plan for this effort is: 1. Freeze construction 2. Obtain list of properties/projects 3. Assess the utility and need of each property and determine how each property integrates with the overall redesigned healthcare delivery system (which delivery system design must therefore be simultaneously fashioned)	

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			4. Develop an action plan for each property 5. Sell the plan to Congress (this will require the creation of a message delivery mechanism) 6. Execute on the action plan.	
Benefits- Digitalization	Secretary to Announce First VA Regional Office has gone paperless- on the way to entire system being paperless	February	This could be a valuable 100 day P/R message if the message is "we have taken the first step to improving the efficiency of the benefits management system"	1) Message - This is the kick off of a program designed to improve the efficiency and effectiveness in the veterans' benefit enrollment process and the claims and and management processes.
Information Technology	VA will freeze new software development initiatives until a new IT plan is presented to the President	February	This initiative should be combined with the (b) (6) initiative below as well as the design and development of a strategy to investigate a new interoperable EHR system	

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40 Million Dollar Donation for Public Private Partnership	Announce 40 M dollars raised in new model for ambulatory service facilities in Omaha NE	March	I wonder if announcing this would have a ***better P/R impact if it were delayed until the public private program was thoroughly formulated***, had all practical and technological components designed and coordinated with the private sector. Otherwise, premature publicity about a public private partnership will draw negative reaction because of the speculation about what "private" means and the inability to provide details.	
VA Reorganization	In order to better serve veterans and improve value to taxpayers, VA will establish an Office of Modernization to reduce unnecessary layers and administrative offices and improve the efficiency of care delivery and other benefits.	March		2) Once the details are settled, this would be a great early P/R announcement
Rationalize VA Infrastructure	Prioritize underutilized facilities and identify the process for making recommendations for consolidation	March	This is a subset of my comment in the section above on freezing major construction	

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Establish Senior Advisor to Secretary for Fraud and Abuse	Utilize Technology for audit and identification of Fraud and Abuse	March	Let me know if I can help here as I have conducted many international and domestic waste, fraud and abuse investigations and control realignments in my career.	
Accountability	Legislation for VA Accountability to be introduced March 14th by House	March		
Benefits- Agent Orange	Secretary to announce 3 new presumptive conditions for exposure to Agent Orange	March		
Reduce Claims Processing Time	VA will launch a new process for reducing claims processing time for benefits by two weeks	March		[Combine with #1 above] This could be messaged with the Benefits P/R announcement above.
Veteran Listening Sessions	VA will begin national listening sessions on Choice to ensure that the system in the future is veteran centric	March		
Zero Suicide Imitative	Launch the Secretary's Zero Suicide Initiative that will include the recruitment of 1000 mental health personnel,	March		3) This is a great 100 Day P/R announcement

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	pursuing auto-enrollment from DOD to VA, immediate tele-mental health access, and a National Advisory Board of experts and families reporting to the Secretary			
Physician Volunteer Workforce	Secretary will announce the Physician Ambassador program for physicians to volunteer services to help veterans at VA's nationwide	March		
Expand Mental Health Coverage	Secretary will issue a directive to expand mental health treatment access to veterans with other than honorable discharges	April		[Combine with # 3 above] This could be messaged with the suicide P/R announcement above.
Quality	VA will release a new set of measures to easily compare VA to private sector quality to improve transparency	April		
VA/DOD Cooperation with IT Infrastructure Sharing	The President will direct VA and DOD Secretaries to present a plan for greater collaboration in sharing medical records	April		4) This is a good 100 day P/R announcement. Could it be accomplished prior to April?

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Appeals Modernization	Legislation will be introduced by Congress for appeals modernization	April		
Tech Initiative	VA will announce technology partnerships with leading companies to promote high tech solutions to veterans More fully leverage the technology transfer capabilities of those who work at the VA, engaging academic medical center partners into that strategy while ensuring that licensing agreements pour dollars back into the VA and as appropriate, to the academic medical center partners.	April	Explore with (b) (6) how Apple might be engaged in development of an app that provides veterans guidance on accessing care at the appropriate medical facility closest to them; how VA and private sector medical records can be downloaded to veterans' mobile phones; development of health/wellness apps to be used by the VA and those in active service; and creation of a telemedicine platform that eases access for veterans to care, w/ special emphasis on mental health services. These tools would be geared to VA, but also available to consumers. Opportunities w/ Google and other technology partners will also be explored.	5) Great 100 Day announcement. Perhaps this would be a good POTUS announcement related to the following part of the message: Agreement from (b) (6) and Apple to provide assistance and advice in development of an app that provides veterans guidance on accessing care
Improved Benefits Decisions	A revised system of ratings of disabilities will be released	April		[Combine with #1 above]

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				Perhaps this could be included with the two Benefits P/R pieces about to make one big Benefits announcement that then can be recognized as a big unified initiative.
White House Hotline	A new WH hotline will be launched to handle veteran issues	June		6) Good P/R message for POTUS. Could be messaged much earlier
Veteran Choice	Proposal will be presented to POTUS and we will work with Congress for removal of the 40/30 rule and to have a system that provides veterans with greater choice, access, and quality	June	This message would be beneficial as part of a bigger message that announces "the private public partnership designed to transform access to care and quality of care." This will need to be a very deliberately designed message to remove the fear of privatization. Accordingly, shouldn't the details of the entire partnership program be designed with the private partners on board before this message is delivered?	

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			Can this really be accomplished in 100 days	
Improve the VA Leadership Talent Pool:			Bring in more seasoned, strategic talent w/ demonstrated leadership success to overcome gaps in key, priority areas and surround Dr. Shulkin w/ team of highly effective individuals that can successfully implement his vision and 100-day plan.	
Build a Comprehensive Communications/Political Strategy for the VA:			With engagement of communications and political strategists at key academic medical centers, assess the current VA public relations and government relations infrastructure and make recommendations for improvement. Assessment will include issues management; proactive storytelling; digital (including social media); staff engagement; leadership communications; policy/government relations and advocacy strategies.	

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Stephen Cohen:			In follow-up conversations w/ Stephen Cohen, how best to integrate additional expertise/capability into the VA Care Delivery Network will be fully explored, including alignment w/ digital/telemedicine offerings and access to complex to highly complex care at academic medical centers.	
Supply Chain	Investigate consolidation of central purchasing through internal or outsourced supply chain initiative	Timing?		
Contract Management	Review all existing and proposed material contracts for renewal or termination to determine whether they are or are not in line with our broader strategy or do not benefit the VA	Timing?		

AMERICAN OVERSIGHT

Message

From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 2/18/2017 2:33:01 PM
To: David Shulkin [drshulkin@aol.com]
CC: IP [@frenchangel59.com]
Subject: Re: List of actions

David

I am reviewing it and will get back to you later today. Thanks for sending it.

Marc

On Fri, Feb 17, 2017 at 5:30 PM, David Shulkin <drshulkin@aol.com> wrote:

> Marc- No rest for the weary. I spoke to Ike and he asked that I put together a list of actionable items that we can take over the next 100 days+. I have attached this.
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> He thought that you might look at them, apply the Sherman magic and maybe we could get something that would be in good enough shape for him to share with the President.
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>
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AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 2/18/2017 2:18:56 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: List of actions

Reviewed excellent. The rest of group needed to understand the importance and budget for R&D and tech transfer so sent them the data and link. This is one of Presidents issues of creating more jobs via high tech research. The VA can be a leader for this.

Sent from my iPhone

On Feb 18, 2017, at 7:52 AM, David shulkin <Drshulkin@aol.com> wrote:

> Sorry - inadvertently left you off
>
> David
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> > **From:** David Shulkin <drshulkin@aol.com>
> > **Date:** February 17, 2017 at 5:30:25 PM EST
> > **To:** mbs(b) (6) gmail.com
> > **Cc:** (b)@frenchangel59.com
> > **Subject: List of actions**
> >
> > Marc- No rest for the weary. I spoke to Ike and he asked that I put together a list of actionable items that we can take over the next 100 days+. I have attached this.
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> > David
>
> <100days.docx>

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 2/18/2017 12:54:46 PM
To: David shulkin [Drshulkin@aol.com]
CC: IP [(b) @marvel.com]; L Perl [(b) (6) @gmail.com]; mbs(b) (6) gmail.com
Subject: Re: List of actions

Thank you will review

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AMERICAN OVERSIGHT

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From: David shulkin [Drshulkin@aol.com]
Sent: 2/18/2017 12:52:25 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
Subject: Fwd: List of actions
Attachments: 100days.docx; Untitled attachment 10657.htm

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David

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AMERICAN OVERSIGHT

US Department of Veterans Affairs- !00 DAY ACTIONS

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AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/18/2017 2:09:54 AM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re: List of actions

Interesting- thanks

Let me think about it

Sent from my iPhone

On Feb 17, 2017, at 8:28 PM, (b) (6) <(b) (6) @gmail.com> wrote:

> Yes I will, added the accountable office if you share at morning report. If not, will print original.
>
> (b) (6)
>
> On Fri, Feb 17, 2017 at 6:49 PM, David shulkin <Drshulkin@aol.com> wrote:
> (b) (6) please print for tuesday
>
> David
>
> Sent from my iPhone
>
> Begin forwarded message:
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<Secretary's Priorities 100 Day Plan - accountable.docx>

AMERICAN OVERSIGHT

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From: (b) (6) [(b) (6) @gmail.com]
Sent: 2/18/2017 1:28:53 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: List of actions
Attachments: Secretary's Priorities 100 Day Plan - accountable.docx

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> He thought that you might look at them, apply the Sherman magic and maybe we could get something that would be in good enough shape for him to share with the President.
>
> Thanks
>
> David

AMERICAN OVERSIGHT

100 Day Action Plan

INITIATIVE	DESCRIPTION	DATE TO LAUNCH	ACCOUNTABLE OFFICE
Freeze new Major Construction	No new starts for major construction	February	OALC – Gideon's, Fiotes
Benefits- Digitalization	Secretary to Announce First VA Regional Office has gone paperless- on the way to entire system being paperless	February	VBA – Murphy
Information Technology	VA will freeze new software development initiatives until a new IT plan is presented to the President	February	OIT - Thomas
40 Million Dollar Donation for Public Private Partnership	Announce 40M dollars raised in new model for ambulatory service facilities in Omaha NE	March	SP – (b) (6)
VA Reorganization	In order to better serve veterans and improve value to taxpayers, VA will establish an Office of Modernization to reduce unnecessary layers and administrative offices	March	OSVA
Rationalize VA Infrastructure	Prioritize underutilized facilities and identify the process for making recommendations for consolidation	March	SA – Selnick, OALC - Fiotes
Establish Senior Advisor to Secretary for Fraud and Abuse	Utilize Technology for audit and identification of Fraud and Abuse	March	OSVA

AMERICAN OVERSIGHT

Accountability	Legislation for VA Accountability to be introduced March 14th by House	March	GC – Flanz, OCLA – O'Connor
Benefits- Agent Orange	Secretary to announce 3 new presumptive conditions for exposure to Agent Orange	March	VBA – Murphy, OPP - Tran
Reduce Claims Processing Time	VA will launch a new process for reducing claims processing time for benefits by two weeks	March	VBA – Murphy
Veteran Listening Sessions	VA will begin national listening sessions on Choice to ensure that the system in the future is veteran centric	March	VHA - Yehia
Zero Suicide Imitative	Launch the Secretary's Zero Suicide Initiative that will include the recruitment of 1000 mental health personnel, pursuing auto-enrollment from DOD to VA, immediate tele-mental health access, and a National Advisory Board of experts and families reporting to the Secretary	March	VHA – Lee
Physician Volunteer Workforce	Secretary will announce the Physician Ambassador program for physicians to volunteer services to help veterans at VA's nationwide	March	VHA – Alaigh, Elnahal

AMERICAN OVERSIGHT

Expand Mental Health Coverage	Secretary will issue a directive to expand mental health treatment access to veterans with other than honorable discharges	April	VHA – Alaigh, Lee VBA – Murphy
Quality	VA will release a new set of measures to easily compare VA to private sector quality to improve transparency	April	VHA – Alaigh, Clancu
VA/DOD Cooperation with IT Infrastructure Sharing	The President will direct VA and DOD Secretaries to present a plan for greater collaboration in sharing medical records	April	VHA – Alaigh, Lee OIT - Thomas
Appeals Modernization	Legislation will be introduced by Congress for appeals modernization	April	BVA – Spickler, OCLA – O'Connor
Tech Initiative	VA will announce technology partnerships with leading companies to promote high tech solutions to veterans	April	OSVA
Improved Benefits Decisions	A revised system of ratings of disabilities will be released	April	VBA – Murphy
White House Hotline	A new WH hotline will be launched to handle veteran issues	June	OSVA - Davis
Veteran Choice	Proposal will be presented to POTUS and we will work with Congress for removal of the	June	VHA – Alaigh , Yehia

AMERICAN OVERSIGHT

	40/30 rule and to have a system that provides veterans with greater choice, access, and quality		

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/17/2017 11:49:18 PM
To: (b) (6) [(b) (6) @gmail.com]
CC: Poonam Alaigh [(b) (6) @hotmail.com]; Vivieca Simpson [(b) (6) @gmail.com]
Subject: Fwd: List of actions
Attachments: 100days.docx; Untitled attachment 10666.htm

(b) (6) please print for tuesday

David

Sent from my iPhone

Begin forwarded message:

> **From:** David Shulkin <drshulkin@aol.com>
> **Date:** February 17, 2017 at 5:30:25
> **Subject: List of actions**
>
> Marc- No rest for the weary. I spoke to Ike and he asked that I put together a list of actionable items that we can take over the next 100 days+. I have attached this.
>
> He thought that you might look at them, apply the Sherman magic and maybe we could get something that would be in good enough shape for him to share with the President.
>
> Thanks
>
> David

AMERICAN OVERSIGHT

US Department of Veterans Affairs- !00 DAY ACTIONS

INITIATIVE	DESCRIPTION	DATE TO LAUNCH
Freeze new Major Construction	No new starts for major construction	February
Benefits- Digitalization	Secretary to Announce First VA Regional Office has gone paperless- on the way to entire system being paperless	February
Information Technology	VA will freeze new software development initiatives until a new IT plan is presented to the President	February
40 Million Dollar Donation for Public Private Partnership	Announce 40 M dollars raised in new model for ambulatory service facilities in Omaha NE	March
VA Reorganization	In order to better serve veterans and improve value to taxpayers, VA will establish an Office of Modernization to reduce unnecessary layers and administrative offices	March
Rationalize VA Infrastructure	Prioritize underutilized facilities and identify the process for making recommendations for consolidation	March
Establish Senior Advisor to Secretary for Fraud and Abuse	Utilize Technology for audit and identification of Fraud and Abuse	March
Accountability	Legislation for VA Accountability to be introduced March 14th by House	March
Benefits- Agent Orange	Secretary to announce 3 new presumptive conditions for exposure to Agent Orange	March
Reduce Claims Processing Time	VA will launch a new process for reducing claims processing time for benefits by two weeks	March
Veteran Listening Sessions	VA will begin national listening sessions on Choice to ensure that the system in the future is veteran centric	March

AMERICAN OVERSIGHT

Zero Suicide Imitative	Launch the Secretary's Zero Suicide Initiative that will include the recruitment of 1000 mental health personnel, pursuing auto-enrollment from DOD to VA, immediate tele-mental health access, and a National Advisory Board of experts and families reporting to the Secretary	March
Physician Volunteer Workforce	Secretary will announce the Physician Ambassador program for physicians to volunteer services to help veterans at VA's nationwide	March
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Quality	VA will release a new set of measures to easily compare VA to private sector quality to improve transparency	April
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Appeals Modernization	Legislation will be introduced by Congress for appeals modernization	April
Tech Initiative	VA will announce technology partnerships with leading companies to promote high tech solutions to veterans	April
Improved Benefits Decisions	A revised system of ratings of disabilities will be released	April
White House Hotline	A new WH hotline will be launched to handle veteran issues	June

AMERICAN OVERSIGHT

Veteran Choice	Proposal will be presented to POTUS and we will work with Congress for removal of the 40/30 rule and to have a system that provides veterans with greater choice, access, and quality	June

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/17/2017 10:30:25 PM
To: mbs(b) (6) gmail.com
CC: @frenchangel59.com
BCC: drshulkin@aol.com
Subject: List of actions
Attachments: 100days.docx

Marc- No rest for the weary. I spoke to Ike and he asked that I put together a list of actionable items that we can take over the next 100 days+. I have attached this.

He thought that you might look at them, apply the Sherman magic and maybe we could get something that would be in good enough shape for him to share with the President.

I am available if you want to discuss- or if it seems logical there may be no need.

Thanks

David

AMERICAN OVERSIGHT

US Department of Veterans Affairs- !00 DAY ACTIONS

INITIATIVE	DESCRIPTION	DATE TO LAUNCH
Freeze new Major Construction	No new starts for major construction	February
Benefits- Digitalization	Secretary to Announce First VA Regional Office has gone paperless- on the way to entire system being paperless	February
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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

Veteran Choice	Proposal will be presented to POTUS and we will work with Congress for removal of the 40/30 rule and to have a system that provides veterans with greater choice, access, and quality	June

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 2/21/2017 3:14:46 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: (b) (6) Congratulations

Wow- brought back memories, a blast from the past. You are a good person- though annoying!

Let me find out, I think the team has settled on someone, but maybe not

Sent from my iPad

On Feb 20, 2017, at 9:48 PM, David Shulkin <drshulkin@aol.com> wrote:

> Do you still analytics people for access?
>
> Sent from my iPad
>
> Begin forwarded message:
>
> **From:** (b) (6) <(b) (6)@gmail.com>
> **Date:** February 20, 2017 at 8:50:27 PM EST
> **To:** David shulkin <Drshulkin@aol.com>
> **Subject: Re:** (b) (6) **Congratulations**
>
> Hi Dr. Shulkin,
>
> Hope all is well. Once again congrats on your position. As I previously mentioned, I have gained a lot of experience over the past several years in healthcare administration. I am currently working as the VP of Population Health Data Management and previously worked in Aetna as a Sr Scientist. I believe that I can bring a lot of valuable experience to the table in aspects of informatics, clinically integrated networks, quality measures, population health, ACO, and health information exchange. I am also a member of the quality committee of MPACT. This is a CIN, comprising of 50 hospitals.
>
> If you are willing, I would be more than happy to come to DC to meet with you (your time permitting).
>
> Looking forward to hearing back from you.
>
> Best,
> (b) (6)
>
> On Thu, Jan 12, 2017 at 9:21 PM, David shulkin <Drshulkin@aol.com> wrote:
> Thanks- lets see if we can do thst
>
> Sent from my iPhone
>
> > On Jan 12, 2017, at 12:30 PM, (b) (6) <(b) (6)@gmail.com> wrote:

AMERICAN OVERSIGHT

>
> Hello Dr Shulkin,
>
> Hope you and your family are doing well.
> I heard on the news that you have retained your position under Trump Administration, just want to give my congrats.
> I am currently in Kansas City, vice president of Population Health and Data analytics at Mosaic life care (Heartland Medical Center) involved in building analytical infrastructure, Clinically integrated network and ACO expansion as well.
> I still remember and appreciate the stepping stone that you provided with.
>
> Would again love the opportunity to work with you again.
>
> Take care
>
> (b) (6)
>
> (b) (6) MD, MBA
>

AMERICAN OVERSIGHT

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From: David Shulkin [drshulkin@aol.com]
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Sent from my iPhone

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> I still remember and appreciate the stepping stone that you provided with.

AMERICAN OVERSIGHT

>
> Would again love the opportunity to work with you again.
>
> Take care
>
> (b) (6)
>
> (b) (6) MD, MBA
>

AMERICAN OVERSIGHT

Message

From: Marisol Garcia [(b)@frenchangel59.com]
Sent: 2/21/2017 10:21:44 PM
To: David shulkin [Drshulkin@aol.com]
Subject: CVS

David,

When you get a chance please give me a call.

Best,
Ike

Since CVS has the minute clinics staffed with excellent medical personnel they would be a tremendous help in making sure Veterans are taking medication appropriately and serve as a resource to answer questions regarding their prescriptions….

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/22/2017 3:25:02 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Fwd: Ivanka's Assistant

Sent from my iPhone

Begin forwarded message:

> **From:** "IP" <(@frenchangel59.com>
> **Date:** February 22, 2017 at 9:44:39 AM EST
> **To:** "David shulkin" <drshulkin@aol.com>
> **Cc:** <(b) @frenchangel59.com>
> **Subject: Ivanka's Assistant**
>
> David,
>
> Per our conversation below is Ivanka's assistant's email address.
>
> (b) (6)
> Email: (b) (6) @(b) (6)
>
> Best,
> Ike

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/22/2017 3:24:54 PM
To: IP [(b)@frenchangel59.com]
CC: (b)@frenchangel59.com
Subject: Re: Ivanka's Assistant

Thank you

Sent from my iPhone

On Feb 22, 2017, at 9:44 AM, IP <(b)@frenchangel59.com> wrote:

> David,
>
> Per our conversation below is Ivanka's assistant's email address.
>
> (b) (6)
> Email: (b) (6) @(b) (6)
>
> Best,
> Ike

AMERICAN OVERSIGHT

Message

From: IP [(b)(6)@frenchangel59.com]
Sent: 2/22/2017 2:44:39 PM
To: David shulkin [drshulkin@aol.com]
CC: (b)(6)@frenchangel59.com
Subject: Ivanka's Assistant

David,

Per our conversation below is Ivanka's assistant's email address.

(b) (6)
Email: (b) (6) @(b) (6)

Best,
Ike

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/16/2017 9:37:27 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Fwd: Pitt Med Magazine

Can they work at this?

Sent from my iPhone

Begin forwarded message:

From: "(b) (6) " <(b) (6) @pitt.edu>
Date: February 16, 2017 at 4:21:15 PM EST
To: "drshulkin@aol.com" <drshulkin@aol.com>
Cc: "(b) (6) @va.gov" (b) (6) @va.gov>
Subject: Pitt Med Magazine

Dear Dr. Shulkin,

I'm the associate editor of Pitt Med Magazine, and I'm doing a short write up about you. I was wondering if I could ask you a couple questions. I know you're busy, and since it's a short write up, I'll just ask them below:

1) What are your goals as VA Secretary?

2) How has your time at UPMC continued to influence you in your career?

Thank you for your time! And congratulations on the confirmation!

Sincerely,

(b) (6)

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 2/21/2017 9:14:49 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: (b) (6) - CV
Attachments: (b) (6) - Updated CV.pdf

(b) (6) CV- spoke to him at length over the weekend- for a potential PR marketing role

Sent from my iPad

Begin forwarded message:

From: (b) (6) <(b) (6) gmail.com>
Date: February 20, 2017 at 11:55:57 PM EST
To: Poonam Alaigh <(b) (6) @hotmail.com>
Subject: (b) (6) **- CV**

Good evening Poonam,

Again, congratulations! I am happy for you and I know you will continue to bring a lot of change to the VA. The veterans are lucky to have you working on their behalf, and I would love the opportunity to continue to work together as well, however that might be. As requested, please find attached my CV for review. As I am not quite aware of what the role might be, I was not able to cater the content. So, please let me know if this works for you and/or David, and please let me know your thoughts; it would be appreciated.

I'm available anytime while traveling, so feel free to call, email or text, and I will get back to you right away. Otherwise, I am back on Wednesday, late evening. I welcome the chance to get together the next time you are in the area as well, even if that means meeting for only a few minutes at the Amtrak station in DC. I do look forward to meeting again.

Please confirm receipt of the CV, and let me know what else you might need. Have a great evening - and congratulations again.

And, as always, thanks!

Sincerely,

(b) (6)
(b) (6) @gmail.com
(b) (6)
(cell)
www.LinkedIn.com/in/(b) (6)
www.(b) (6) com
(b) (6)

Named One of the 10 CMOs to Watch in 2015 by WealthEngine and ranked in the Top CMOs on Twitter by Social Media Marketing Magazine!

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

(b) (6)
(b) (6)
www.LinkedIn.com/in(b) (6) | Twitter: (b) (6)

MARKETING AND COMMUNICATIONS / PUBLIC AFFAIRS / STRATEGY AND INNOVATION

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

Skills and Expertise

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

PROFESSIONAL EXPERIENCE

(b) (6), (b) (2) September 2016 – Present

(b) (6)

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

(b) (6), (b) (2) January 2016 – Present

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

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

-
-
-

(b) (6), (b) (2) February 2015 – October 2015

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

-
-
-
-

AMERICAN OVERSIGHT

(b) (6)

(b) (6), (b) (2) 2012 to 2014

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

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

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

[redacted] 2009 to 2012

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

[redacted]

- [redacted]
- [redacted]

[redacted] 2008 to 2009

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

[redacted]

- [redacted]

[redacted] 2006 to 2008

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

[redacted]

- [redacted]
- [redacted]

[redacted] 2003 to 2006

[redacted] (b) (6), (b) (2) [redacted]

[redacted]

- [redacted]

AMERICAN OVERSIGHT

MARKETING AGENCY EXPERIENCE

(b) (6), (b) (2) [redacted]

CONSULTING AND ADDITIONAL EXPERIENCE

(b) (6), (b) (2) [redacted]

RECENT ADVISORY AND BOARD POSITIONS

(b) (6), (b) (2) [redacted]

2015 – Present
2012 – 2015
2012 – 2013
2010 – 2012
2013 – 2015
2010 – 2013

SAMPLE OF PUBLICATIONS AND PUBLIC SPEAKING

(b) (6), (b) (2) [redacted]

AWARDS AND RECOGNITION

(b) (6), (b) (2) [redacted]

EDUCATION

- (b) (6), (b) (2) [redacted]

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/12/2017 11:35:38 AM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re:

I think we covered most- Why not tell them i got our agenda covered yestersay but if they have anything else i would be glad to come over at 3 pm (not 230) till 340 pm - otherwise we dont need this week

Sent from my iPhone

On Apr 12, 2017, at 6:19 AM, (b) (6) <(b) (6) @gmail.com> wrote:

> EMR
> CIO (think you may discussed this one)
> Executive Orders (I see you Darin scheduled a meeting with you vivieca (b) (6) and (b) and himself after the morning report convo)
> Fraud waste and abuse
> American innovation speaker for April 25
>
> On Apr 11, 2017 9:23 PM, "David Shulkin" <drshulkin@aol.com> wrote:
> What do we have on the agenda?
>
> -----Original Message-----
> From: (b) (6) <(b) (6) @gmail.com>
> To: David Shulkin <drshulkin@aol.com>
> Sent: Tue, Apr 11, 2017 7:34 pm
>
> Do you need the meeting with (b) tomorrow?

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 4/12/2017 10:19:29 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Re:

EMR
CIO (think you may discussed this one)
Executive Orders (I see you Darin scheduled a meeting with you vivieca (b) (6) and (b) and himself after the morning report convo)
Fraud waste and abuse
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From: (b) (6) <(b) (6) @gmail.com>
To: David Shulkin <drshulkin@aol.com>
Sent: Tue, Apr 11, 2017 7:34 pm

Do you need the meeting with (b) tomorrow?

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 4/12/2017 1:23:17 AM
To: (b) (6) @gmail.com
Subject: Re:

What do we have on the agenda?

-----Original Message-----
From: (b) (6) <(b) (6) @gmail.com>
To: David Shulkin <drshulkin@aol.com>
Sent: Tue, Apr 11, 2017 7:34 pm

Do you need the meeting with (b) tomorrow?

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6)@gmail.com]
Sent: 4/11/2017 11:34:02 PM
To: David Shulkin [drshulkin@aol.com]

Do you need the meeting with (b) tomorrow?

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 2/19/2017 12:01:55 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Done?

Hang in there- just see how she responds and don't tell her how (b) (6)

Sent from my iPhone

> On Feb 18, 2017, at 6:30 PM, David shulkin <Drshulkin@aol.com> wrote:
>
> (b) (6)
>
> Sent from my iPhone
>
>> On Feb 18, 2017, at 5:44 PM, Poonam Alaigh <(b) (6)n@hotmail.com> wrote:
>>
>> Is she done with the treatment? How did it go?
>>
>> Sent from my iPhone
>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/18/2017 11:29:58 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Done?

(b) (6)

[redacted]

[redacted]

Sent from my iPhone

> On Feb 18, 2017, at 5:44 PM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> Is she done with the treatment? How did it go?
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 2/18/2017 10:44:46 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Done?

Is she done with the treatment? How did it go?

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 3/14/2017 9:39:35 AM
To: (b) (6) [(b) (6) @yahoo.com]; David shulkin [Drshulkin@aol.com]
CC: (b) (6) (b) (6) @va.gov]
Subject: Re: VA Partnership - Project Healthy Heroes

(b) (6) we have a team at VHA working on it already and getting ready for follow up in person meeting the last week of March. We need to coordinate these efforts. Who is on point from your team so that they can link up with the VHA team. We have made significant progress around this already and are getting ready to implement some key initiatives together.

From: (b) (6) <(b) (6) @yahoo.com>
Sent: Monday, March 13, 2017 11:12 AM
To: David shulkin
Cc: Poonam Alaigh; (b) (6)
Subject: Re: VA Partnership - Project Healthy Heroes

Just to confirm... Strategic Partnerships is working this, and related efforts, through J & J.

Thanks,

(b)

Sent from my iPhone

On Mar 6, 2017, at 6:54 PM, David shulkin <Drshulkin@aol.com> wrote:

> (b) - is this something you could help us with?
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> **From:** "(b) (6) [JSGUS]" <(b) (6) @its.jnj.com>
> **Date:** March 6, 2017 at 6:35:13 PM "Poonam L. Alaigh ((b) (6) @hotmail.com)" <(b) (6) @hotmail.com>
> **Cc:** "David Shulkin (Drshulkin@aol.com)" <Drshulkin@aol.com>, "(b) (6) [JRDUS]" <(b) (6) @its.jnj.com>, "(b) (6) [DPYUS]" <(b) (6) @ITS.JNJ.com>
> **Subject: VA Partnership - Project Healthy Heroes**
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> Dear Dr. Alaigh, Dr. Moskowitz,
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> As we continue to work together on the program we have named "Project Healthy Heroes", I want to be sure we are leveraging all of the resources we discussed in our initial call on Feb 28th. During the call some other healthcare

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Message

From: (b) (6) [(b) (6) @yahoo.com]
Sent: 3/13/2017 3:12:33 PM
To: David shulkin [Drshulkin@aol.com]
CC: Poonam Alaigh [(b) (6) @hotmail.com]; (b) (6) (b) (6) @va.gov]
Subject: Re: VA Partnership - Project Healthy Heroes

Just to confirm... Strategic Partnerships is working this, and related efforts, through J & J.

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Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 3/7/2017 3:36:14 PM
To: (b) (6) [JSGUS] [(b) (6) @its.jnj.com]
CC: Ike Perlmutter (@frenchangel59.com) [@frenchangel59.com]; Poonam L. Alaigh (b) (6) @hotmail.com) [(b) (6) @hotmail.com]; David Shulkin (Drshulkin@aol.com) [Drshulkin@aol.com]; (b) (6) [JRDUS] [(b) (6) @its.jnj.com]; (b) (6) [DPYUS] [(b) (6) 1@ITS.JNJ.com]
Subject: Re: VA Partnership - Project Healthy Heroes

Thank you

Sent from my iPad
Bruce Moskowitz M.D.

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> (b) (6)
>
> ---
>
> **From:** Bruce Moskowitz [mailto:brucem(b) (6) mac.com]
> **Sent:** Monday, March 06, 2017 7:06 PM
> **To:** (b) (6) [JSGUS]
> **Cc:** Ike Perlmutter (@frenchangel59.com); Poonam L. Alaigh ((b) (6) @hotmail.com); David Shulkin (Drshulkin@aol.com); (b) (6) [JRDUS]; (b) (6) [DPYUS]
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To: Bruce Moskowitz [brucem[redacted]mac.com]
CC: Ike Perlmutter ([redacted]@frenchangel59.com) [redacted]@frenchangel59.com]; Poonam L. Alaigh [redacted]@hotmail.com) [redacted]@hotmail.com]; David Shulkin (Drshulkin@aol.com) [Drshulkin@aol.com]; [redacted] [JRDUS] [redacted]@its.jnj.com]; [redacted] [DPYUS] [redacted]1@ITS.JNJ.com]
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Sent: 3/7/2017 1:37:57 AM
To: David shulkin [Drshulkin@aol.com]
CC: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: VA Partnership - Project Healthy Heroes

Let me give this some thought, David.

Talk tomorrow,

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Sent from my iPhone

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AMERICAN OVERSIGHT

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Sent: 3/7/2017 12:05:40 AM
To: (b) (6) [JSGUS] [(b) (6) @its.jnj.com]
CC: Ike Perlmutter (@frenchangel59.com) [@frenchangel59.com]; Poonam L. Alaigh (b) (6) @hotmail.com) [(b) (6) @hotmail.com]; David Shulkin (Drshulkin@aol.com) [Drshulkin@aol.com]; (b) (6) [JRDUS] [(b) (6) @its.jnj.com]; (b) (6) [DPYUS] [(b) (6) 1@ITS.JNJ.com]
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From: (b) (6) [JSGUS] [(b) (6)@its.jnj.com]
Sent: 3/6/2017 11:35:13 PM
To: Bruce Moskowitz (brucem(b) (6) mac.com) [brucem(b) (6) mac.com]; Ike Perlmutter ((b) (6)@frenchangel59.com) [(b) (6)@frenchangel59.com]; Poonam L. Alaigh ((b) (6)@hotmail.com) [(b) (6)@hotmail.com]
CC: David Shulkin (Drshulkin@aol.com) [Drshulkin@aol.com]; (b) (6) [JRDUS] [(b) (6)@its.jnj.com]; (b) (6) [DPYUS] [(b) (6)1@ITS.JNJ.com]
Subject: VA Partnership - Project Healthy Heroes

Dear Dr. Alaigh, Dr. Moskowitz, and Ike,

As we continue to work together on the program we have named "Project Healthy Heroes", I want to be sure we are leveraging all of the resources we discussed in our initial call on Feb 28th. During the call some other healthcare companies were mentioned (See some of my summary notes below as a reminder from the call) that also are as committed and passionate about helping to make a difference for veterans we all are. I would like to get names of any points of leaders at any of those companies and the VA that are willing and able to help us with the 3 specific areas/workstreams that were requested by Sec. Shulkin? I am trying to get our teams fully resourced by the end of this week so that we can get moving and have a planning meeting on March 23/24 in DC.

Ike mentioned there was a desire to work together along with the VA and 5-6 other major Healthcare organizations (Kaiser, Mayo, Cleveland Clinic, Johns Hopkins, Brigham) to create a small outcomes oriented committee to come up with a 10 point plan to address some of the major issues affecting veterans and service members who are dying "every second " and there is no time to waste. We share in this sense of urgency.

Dr Shulkin mentioned he had 3 specific areas that he is looking for help and support from us. The items are as follows:

1. Precision Medicine- He would like help in accessing and expanding the use of data and discovery tools that are available for bot clinical and research purposes. He mentioned that he was concerned with their inability to support people in rural and underserved areas that don't have access to some of the latest capabilities. He would like to have a way to provide some of these services prior to discharge to enable consistency no matter where they end up. There are more than 500k samples in their database today.
2. Direct to Consumer Advertising Campaign (Similar to our Nursing campaign) focused on Veteran Suicide Prevention – Long term focus is to move from the 22 Veteran Suicides per day to 0 by providing public service messaging to veterans who are in need of help along with Mental Health Medicines and therapies. The VA has no marketing expertise or resources and he felt we could help with this issue very quickly. This is Dr. Shulkin's single biggest area of focus to get suicides to 0.
3. Clinical Trials – The VA must be viewed as a natural destination for industry to work with as a leader and partner in clinical trials. They have a tremendous amount of data, resources, and capabilities that go untapped because of bureaucracy and difficulties they have working with industry and he would appreciate some very honest feedback on how to change and improve.

Dr Moskowitz felt that J&J would be a great partner and could also assist in helping to facilitate develop systems and approaches to run diagnostics and establish baselines of mental health of service members prior to discharge and then track them through the VA and even private healthcare systems to ensure they get the right type of care.

AMERICAN OVERSIGHT

Message

From: Darin Selnick(b) (6) @gmail.com]
Sent: 3/1/2017 10:23:13 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Apple Update

In preparation for your Friday call with (b) (6) from Apple.

(b) (6) – Director of Veteran Initiatives from Apple, called me and they are still looking for the VA ask. Her talk with (b) (6) has not been fruitful and for anything VA she prefers going through me. She also mentioned that they are trying to prepare for the phone call meeting that her boss (b) (6) will be having with you on Friday. They have heard that Apple may be asked to join some advisory board, if the ask is for (b) (6) directly that would be challenging due to his time constraints, if it is for an Apple representative, then no problem.

I talked to (b) (6) and she mentioned that there are a couple of asks that were discussed with (b) (6)

- Telehealth – connecting rural veterans to providers
- Using Apple platform for the VA Health 1st

Bottom line from Apple, they want to help VA anyway they can, they just need to know what the ask is, and they will be patient until we are ready.

Darin

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 2/17/2017 12:51:35 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: My first charge

I am a fair person- that's her only saving grace- you know how I feel about her competence

Sent from my iPhone

> On Feb 17, 2017, at 7:46 AM, David shulkin <Drshulkin@aol.com> wrote:
>
> Remember she was one of the few that was loyal- so be nice
>
> Sent from my iPhone
>
>> On Feb 17, 2017, at 7:25 AM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>>
>> Will be reeling Jen in- she hasn't been easy to deal with over this past week as I have been discussing various topics- I think she is way over her head and she keeps using you as her sounding board and name drops you - I will need to manage her, she needs to respect organizational hierarchy and understand that she doesn't anymore have a straight line to you.
>>
>> Sent from my iPad
>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/17/2017 12:46:25 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: My first charge

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Sent from my iPhone

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AMERICAN OVERSIGHT

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Sent from my iPad

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 2/18/2017 1:55:09 PM
To: David shulkin [drshulkin@aol.com]
Subject: Tech transfer

I shared this with Ike and MB Sherman. You come across as a positive shining light. Ike wants to have a call with Terry Fadem who is at the Wharton and the Mack Center of Tech Transfer. When he worked for (b) (6) at Penn he was very effective loved by industry and academic medicine. We need to convince him to provide his expertise and contacts in the academic world and Business world to work with the VA R&D.

Sent from my iPad
Bruce Moskowitz M.D.

Begin forwarded message:

> **From:** Bruce Moskowitz <brucem(b) (6) mac.com>
> **Date:** February 18, 2017 at 6:52:53 AM EST
> **To:** IP <(b)@frenchangel59.com>, lper(b) @gmail.com, mbs(b) (6) gmail.com
> **Cc:** (b) @frenchangel59.com
> **Subject: The most important to review about VA TEch Transfer**
>
> The VA has a 1.8 billion research budget in 2014 had i5 patents and 15 license agreement and revenue was 300,000 dollars despite the fact that the VA invented the CT Scan, the cardiac stent and the nicotine patch. In contrast the NIH has a 3 billion budget and 153 patents 222 license agreements and received 137 million in licensing agreements. The USDA has a one billion research budget and received 3.6 million in licensing with 412 licensing agreements.
> This video on a congressional hearing tells why.
>
> https://veterans.house.gov/hearings/lost-opportunities-veterans-examination-va-s-technology-transfer-program
>
> Sent from my iPad
> Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 2/19/2017 3:56:19 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: slides for the vso meetings

Ok.

On Feb 19, 2017 10:53 AM, "David Shulkin" <drshulkin@aol.com> wrote:

> This is getting closer to the version that I want to use for the upcoming talks. Ok to share with the speech writers
>
> David

AMERICAN OVERSIGHT

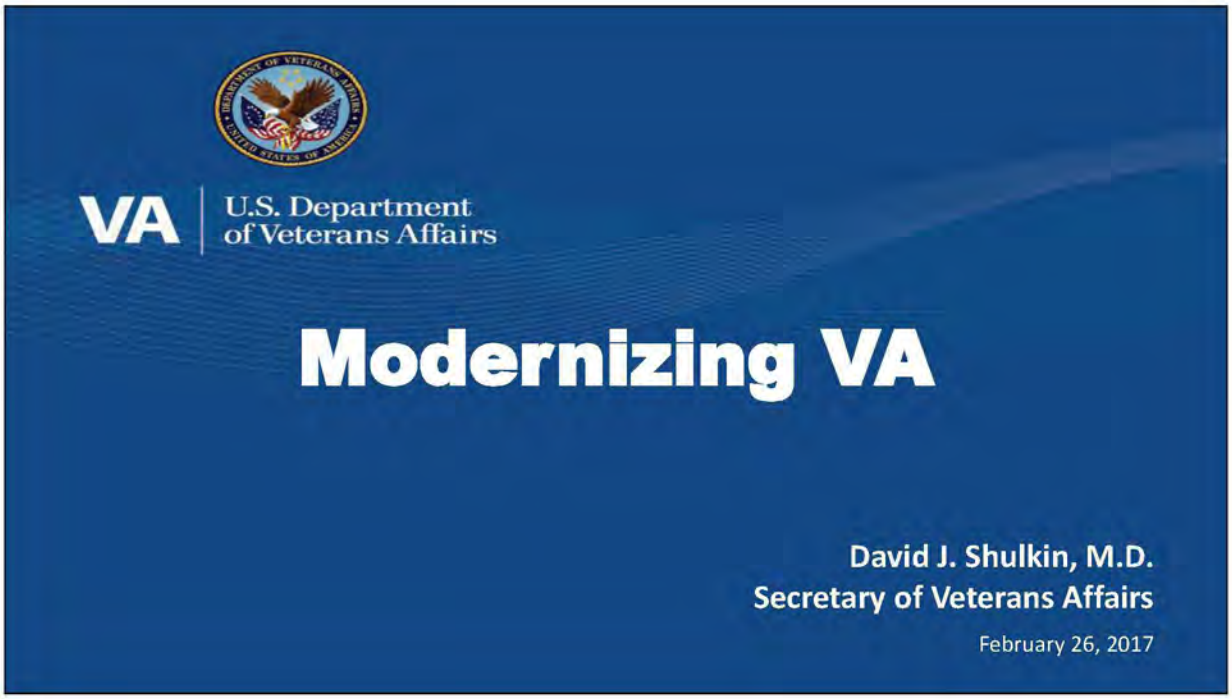
Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/19/2017 3:53:17 PM
To: (b) (6) [redacted]@gmail.com
Subject: slides for the vso meetings
Attachments: secvavsotalks.pptx

This is getting closer to the version that I want to use for the upcoming talks. Ok to share with the speech writers

David

AMERICAN OVERSIGHT



Thanks for the introduction and to the audience for their service and for all they do for their fellow Veterans.

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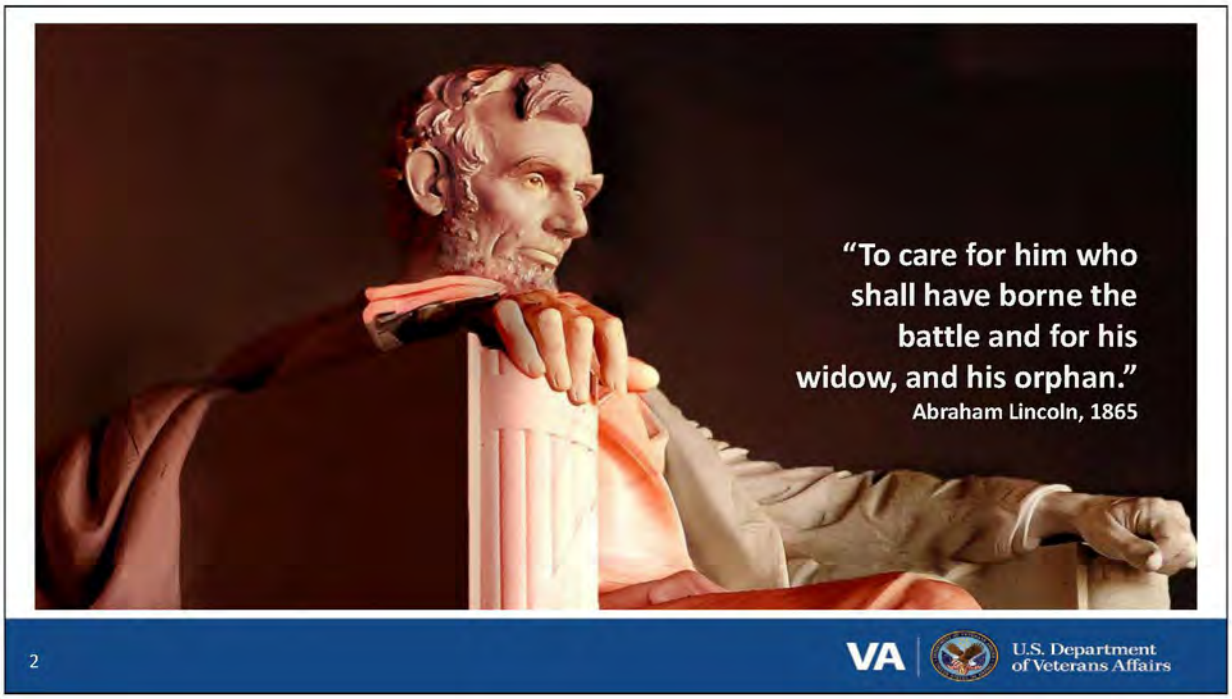

Honor to serve Veterans

Personal background

Advantage of clinical experience, hospital management in the private sector, and 18 months as USH

Commitment to the mission

Ready to seek bold changes

AMERICAN OVERSIGHT

'Final Salute' honors Holocaust survivor, Veteran



Sailors wait in a hallway on the medical-surgical floor at Lovell FHCC for the body of Holocaust survivor and Korean War Air Force Veteran Paul Argiewicz to be wheeled to the elevators. (Photos by Trevor Seela)

AMERICAN OVERSIGHT

VA Care in Not the Same as Community Care

- Only 1 in 5 have "high military cultural competency"
- Only 13% of community-based mental health providers were found:
  - Proficient in military and deployment issues



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AMERICAN OVERSIGHT

VA Differences From Private Sector

	Private Sector	Veterans Health Administraiton
Peer Support		X
Crisis Lines		X
Transportation		X
Caregivers		X
Homelessness Services		X
Medication Support		X
Behavioral Health Integration		X
PTSD, TBI, SCI, Prosthetics, Polytrauma		X
Long Term Care Services		X
Adaptive Sports		X
Research on Veteran Well Being		X

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We're making it easier for other organizations to partner with VA, by standardizing our partnership process and making it more partner-friendly.

We're also working with communities around the country to establish Community Veterans Engagement Boards. The first of these, "MyVA Connecticut," held its first meeting in May. We hope to have at least a dozen in operation by the end of the summer.

Finally, this summer, we at VA are renewing our commitment to America's Veterans, and we're asking others to join us in that commitment.

We're calling it the "Summer of Service":

In the next three months, we'll be turning the spotlight on VA Volunteers to thank them for the work they do and to show others how they can help, too.

Our goal for the Summer of Service was to enlist 100,000 people as VA Volunteers by the end of August. We have almost 67,000 already.

AMERICAN OVERSIGHT

VA Tele-health



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AMERICAN OVERSIGHT

VA's Use of Telehealth

- Over 9 Million episodes of Telehealth
- 717,000 Veterans use Telehealth
- 336,000 Telemental health visits
- >5000 Tele-ICU patients



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Four Missions

Federal Coordinating Centers







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To Modernize First Understand History



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More Recent VA History



As identified in several recent reports:

Even with the significant recent improvements in access, diffusion of best practices and employee engagement, incrementalism is not the answer to the additional improvements needed in VA

- The current organizational design does not support the goal of becoming an increasingly high-performing accountable healthcare organization

Source: Listed reports and assessments

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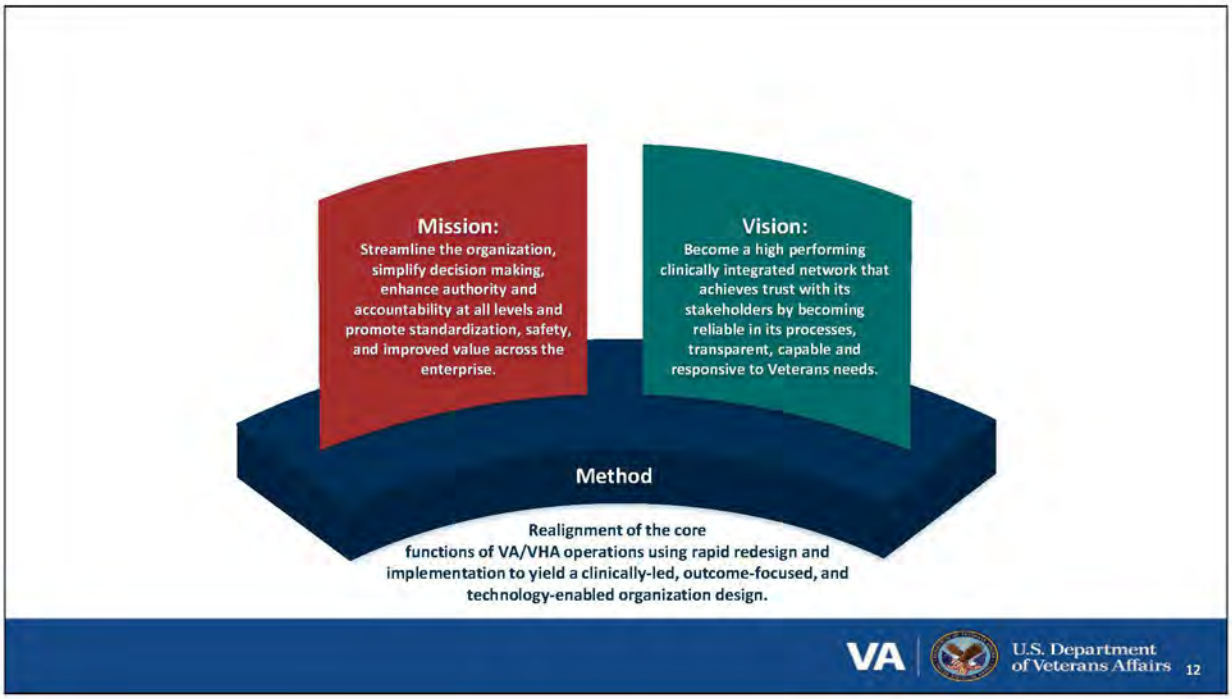
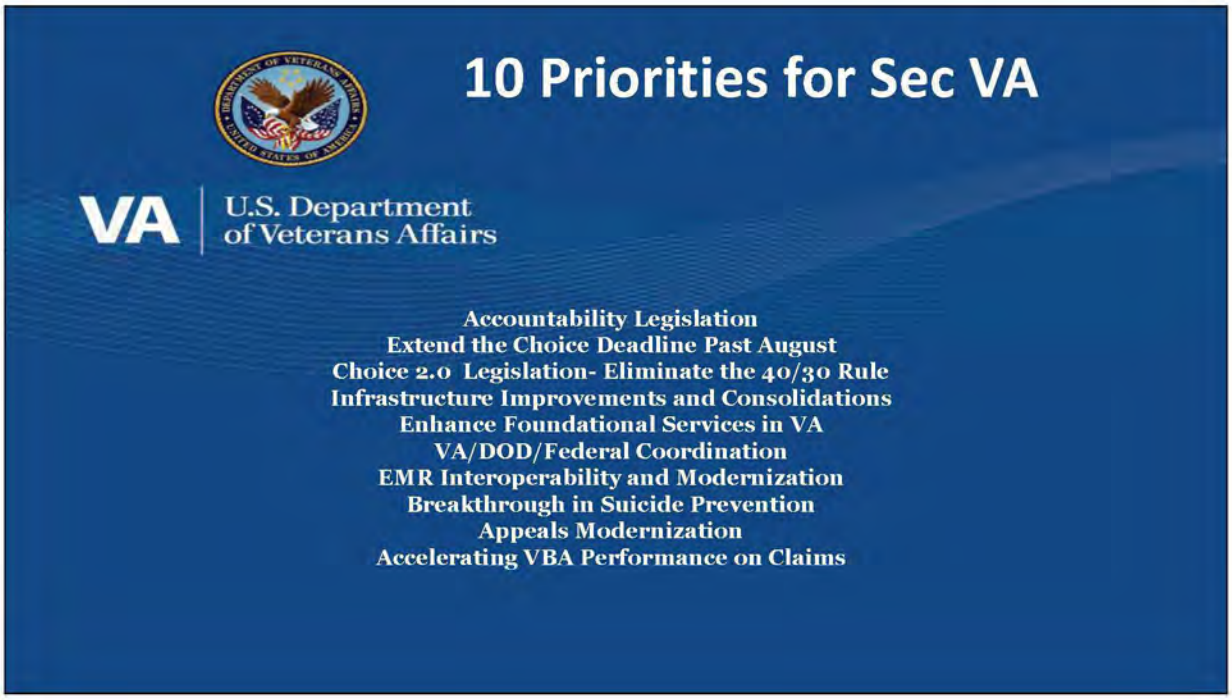


AMERICAN OVERSIGHT



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I tasked VHA's NLC to tell me what we most need to do to modernize VA healthcare. Here are the areas I asked them to look at.

These are things we're looking at. Some might take considerable effort to bring about. But they would definitely move VA forward.

AMERICAN OVERSIGHT



I'm generally known to be a little bit impatient, and when I ran hospitals I used to complain to my management teams, "What's it going to take to get this done, an act of Congress?" Now of course, everything we do at VA takes an act of Congress, so life has a funny way of playing tricks on you.

Many of the things I've just talked about will take an act of Congress.

Two other major fixes also will:

Consolidation of our various Community Care programs
An overhaul of our claims appeals process

These are needs you've already heard a lot about, so I won't say much more about them, except that both are absolutely necessary if we want to do right by Veterans, and we'll need your help to get them through Congress.

I had a great meeting with the chairman of SVAC and HVAC, and we share a consensus on the needs, but you know the devil is in the details. So we will need your help.

The President is committed to doing right by Veterans, and so am I. With your help, we'll make VA great again. We have to be bold and even at times audacious to do that.

I look forward to working with you in the future. Thank you.

AMERICAN OVERSIGHT



This is one of several houses in Fort Thomas we've been trying to unload for the past 10 YEARS! Some of them have views of the Ohio River, but we can't find buyers because of environmental and historic preservation issues.

VA currently has 385 buildings that are completely vacant, totaling 3.8 million square feet. Another 780 are underutilized. All of them cost us money to maintain. That's money that could be spent caring for Veterans.

We need and will push for —

Exemptions or waivers from many environmental and historical constraints on construction and disposal.
A BRAC-like independent review commission for VA facilities, as recommended by the Commission on Care.

You know and I know that people can be pretty protective of their local VA facilities, but if we are both serious about providing the best care for Veterans, and about allowing Veterans a choice of where that care comes from, then it only makes sense to give VA the flexibility needed to respond to changes in Veterans' choices. Otherwise we're just subsidizing the few at the expense of the many.

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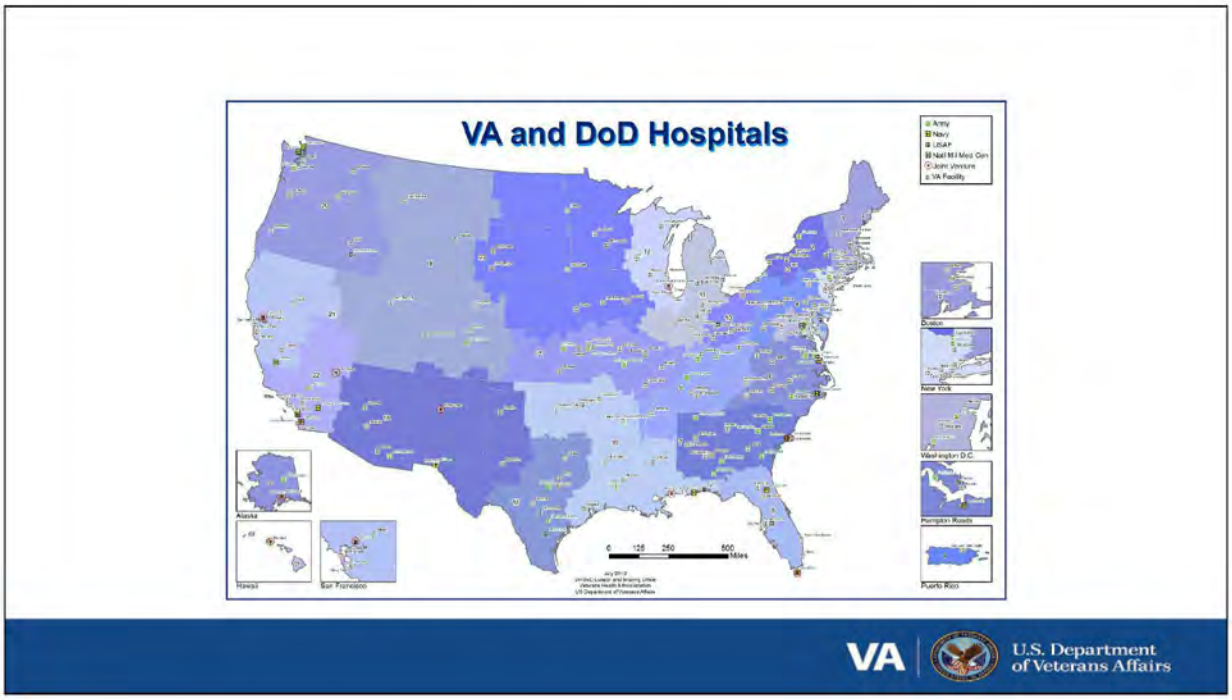

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Integrating Choice into a Network of Care





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How Are We Tracking Progress?

- Quality
- Access
- Progress in Priority Issues
- What Veterans Experience

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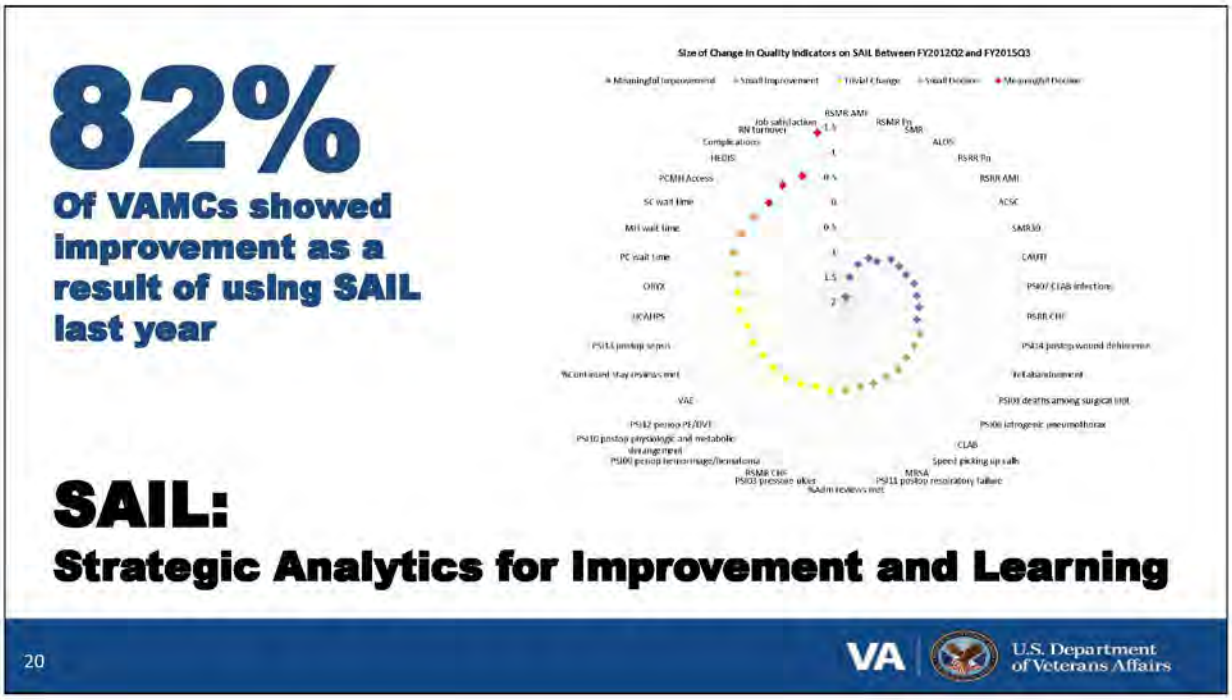

The benefits of this transparency are significant:

Veterans will be able to make better decisions about their care, whether at VA or in the private sector. Providers will be held accountable for their performance, which will motivate them to provide better care.

As I mentioned earlier, at VA, we've already seen improved performance at 82% of VA medical centers as a result of using SAIL. Not all of our VAMC directors are happy about it, but you can't argue with success.

SAIL includes several non-VA baselines — CAHPS, ORYX, HEDIS.

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VA Quality- RAND Studies 2016



RAND OBJECTIVE ANALYSIS. EFFECTIVE SOLUTIONS.

RESEARCH · LATEST INSIGHTS · POLICY EXPERTS · CAPABILITIES · GRADUATE SCHOOL ·

Quality of Care in VA Health System Compares Well to Other Health Settings

FOR RELEASE
Monday
July 18, 2016

The Veterans Affairs health care system generally performs better than or similar to other health care systems on providing safe and effective care to patients, according to a new RAND Corporation study.

Analyzing a decade of research that examined the VA health care system across a variety of quality dimensions, researchers found that the VA generally delivered care that was better or equal in quality to other health care systems, although there were some exceptions.

The RAND study found there was too little information related to timeliness, equity, efficiency and patient-centeredness to reliably draw conclusions about how the VA system compared to others across these dimensions. The findings are published in the Journal of General Internal Medicine.

Media Resources

RAND Office of Media Relations

Researcher Spotlight

A. Gidengil

VA | U.S. Department of Veterans Affairs

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VA is Leading in Public Health Issues



A 22% Reduction since 2013



Potential to Eliminate in 2 Years

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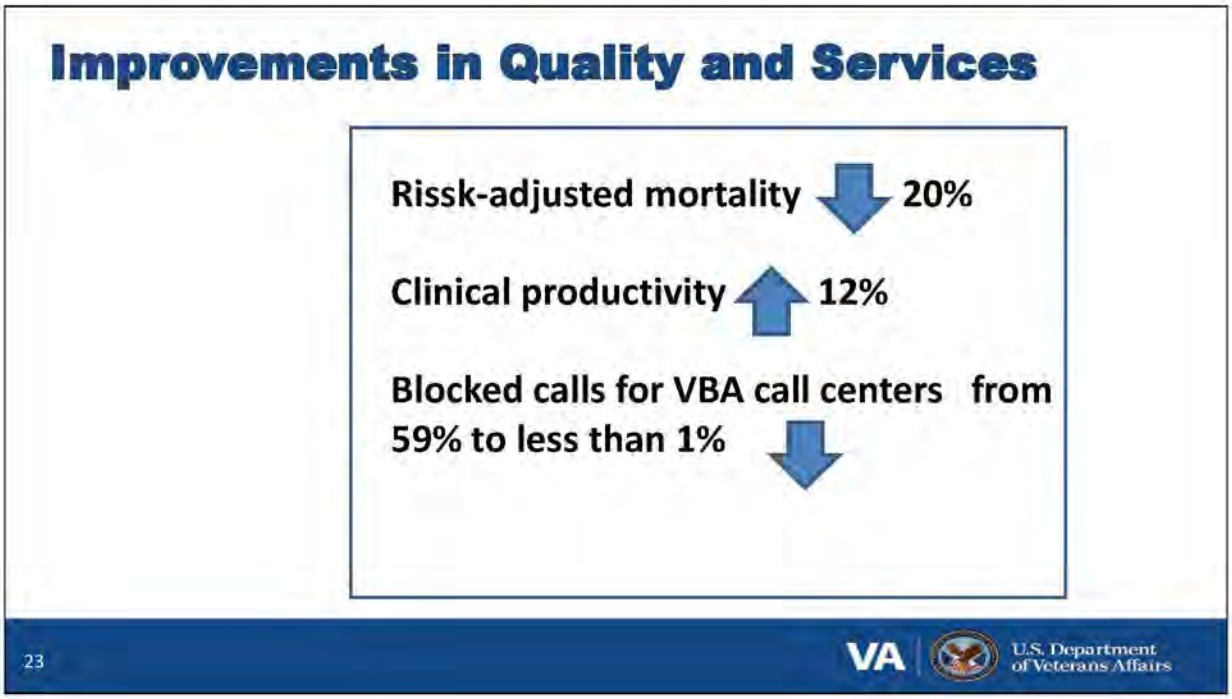

Quality is up as well:

82% of VAMCs showed real improvement in quality last year
Risk-adjusted mortality down 20%
Clinical productivity up 12%
Blocked calls for VBA call centers down from 59% to less than 1%

But we're not where we should be. …

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We are committed to being the most transparent healthcare system in the country.

That means publishing our own performance metrics, which we're already doing. But it also means making it as easy as possible for Veterans to compare VA performance with private-sector baselines.

We want to be the leader and generator of formats and platforms for comparing hospitals and eventually even patient care teams.

First, this will mean making all the relevant VA data available for comparison using any of the performance baselines in use by the private sector — such as CAPS, NQF, HEDIS, ORYX, etc. These provide overall performance ratings for facilities.

But we want to go further, and so that Veterans can compare their local VAMC with other hospitals in their area. They'll just go to our website and check the column showing the average of rating of hospitals in the area.

Second, we'll provide performance data for different conditions, so if a Veteran has diabetes, he'll be able to see how his local hospitals rank in treating diabetes.

This will begin with existing metrics for conditions such as diabetes, hypertension, ischemic vascular disease, heart failure, and coronary artery disease. But we'll also provide data for conditions common to Veterans but uncommon in the general populace, like PTSD, TBI, SCI, and prosthesis. The private sector doesn't have metrics for those.

The third step is to provide performance data on individual providers and care teams. We envision working with Medicare to developed a scorecard with a standard set of measures. But that's down the road.

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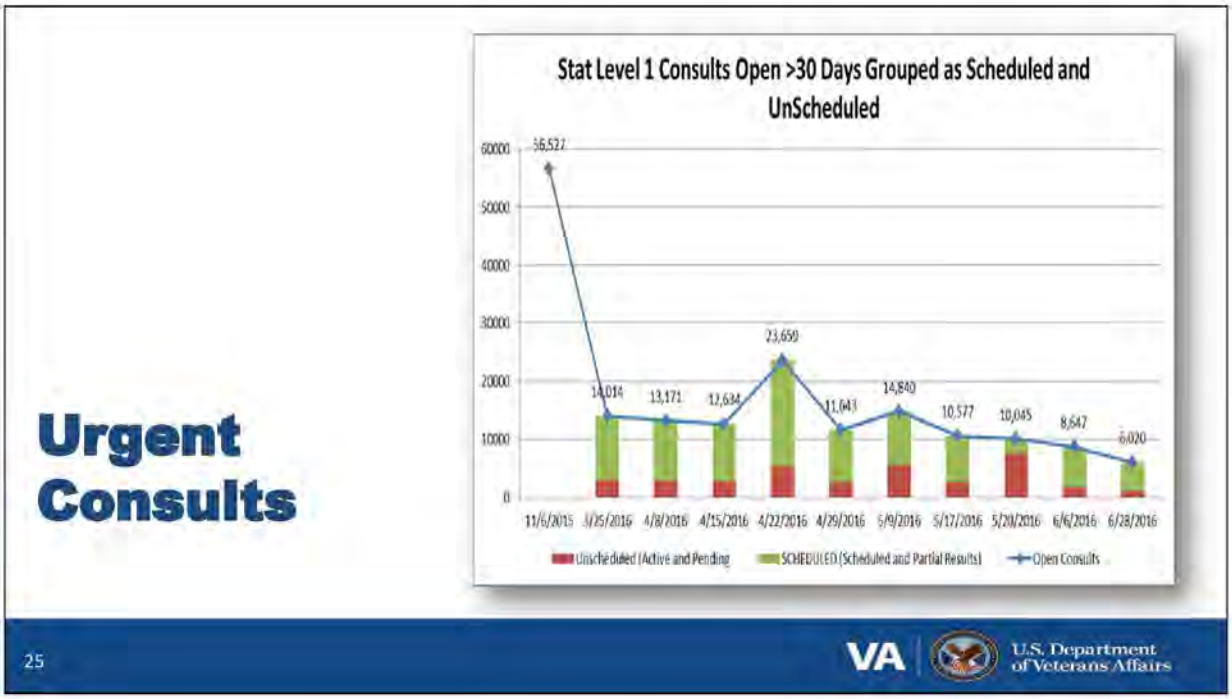

We're already substantial progress on access.

I came to VA during a time of crisis, when it was clear Veterans were not getting the timely access to high-quality health care they deserved. I soon discovered that years of ineffective systems and deficiencies in workplace culture had led to these problems. I concluded it would take years to fix the problems, but because Veterans' lives were at stake, there was no time to waste.

So I focused on meeting the most urgent health care needs of our Veterans first, and reorganized our approach to reflect that. No Veteran should have to wait for an urgent care need.

As a result, we've dramatically reduced the number of people waiting for urgent care. The VA now has same-day services in primary care and mental health at all our medical centers to make sure our Veterans get the urgent care they need, when they need it most.

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Same Day Services in Primary Care and Mental Health



#YOUR VACARE NOW

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We are providing regular updates of patient access data, so you can see how well we're doing. No private health system is doing this. No private health system wants to be measured by appointment wait times. This not an accepted industry practice, but we're doing it.

Here are the results:
7 million more appointments completed by VA or through VA (in the community) in the past 12 months.
97% of appointments are now completed within 30 days of the Veteran's preferred date.
88% are within 7 days.
20% are same-day appointments.
Average wait time for completed appointments:
4 days for Primary Care
5 days for Specialty Care
3 days for Mental Health Care

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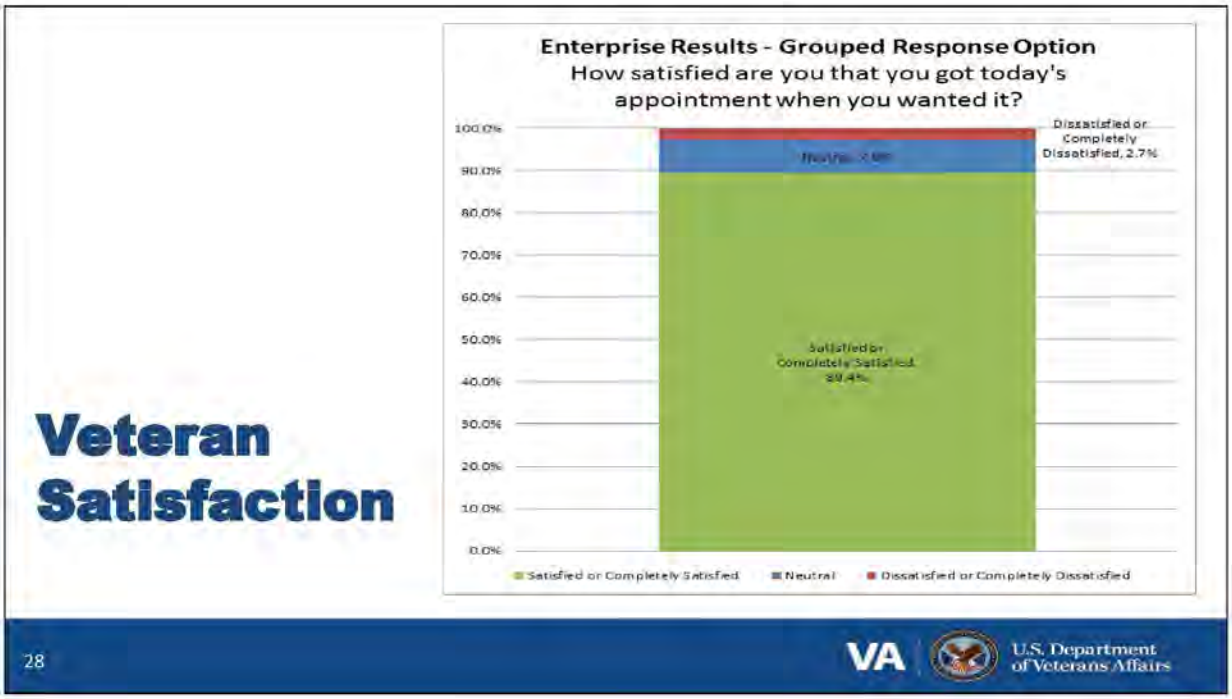

Demand for VA care is actually growing, and VA is growing to meet it.

We've hired more staff, leased more space, and added working hours.
Direct scheduling is now available at 141 VAMCs
547 graduate medical education positions added
Full practice authority for advanced practice nurses
Choice working better: Over a million have used it.

The result is the Veterans, by and large, are satisfied with the timeliness of their appointments, as you see here.

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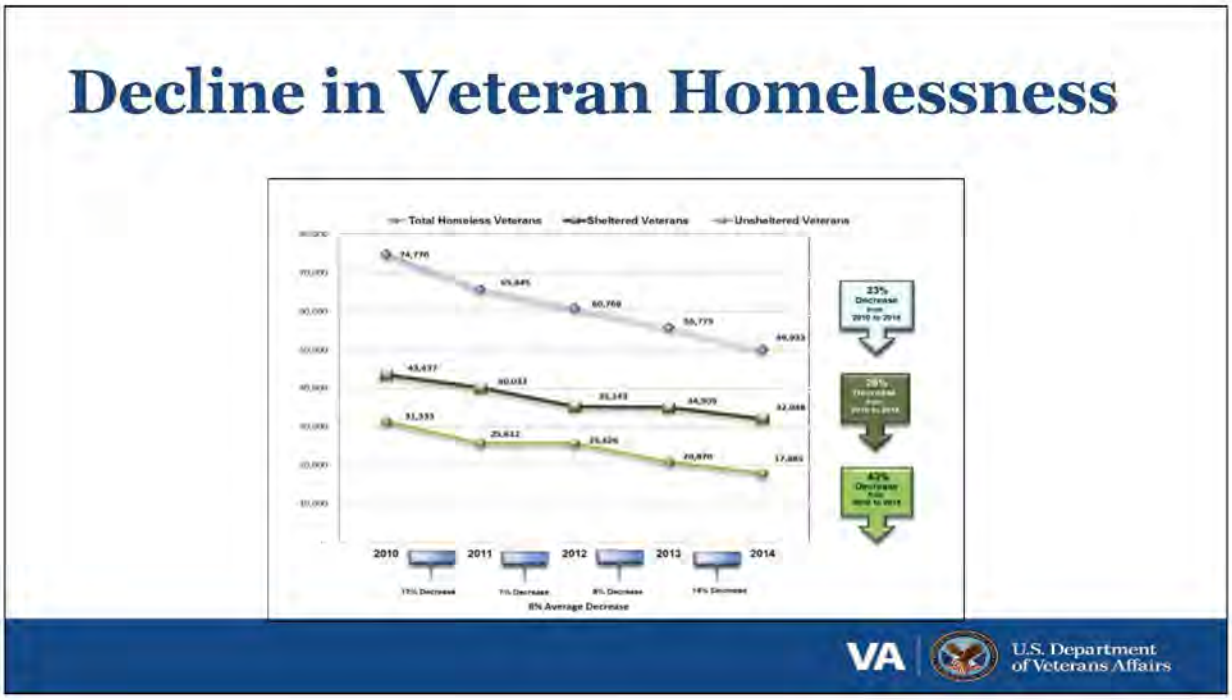

As you see here, we've also made a substantial dent Veterans homelessness, which has declined 33% from 2010 to 2014.

Ending homelessness is a local effort, so we're working with over 2,000 partners all over the country.

Over 700 civic leaders have accepted the First Lady's Mayor's Challenge to end Veterans homelessness, including — 550 mayors,

8 governors,

151 county and city officials.

Last December, New Orleans became the first major city to meet the challenge.

Phoenix & Salt Lake City have met major milestones in 2015.

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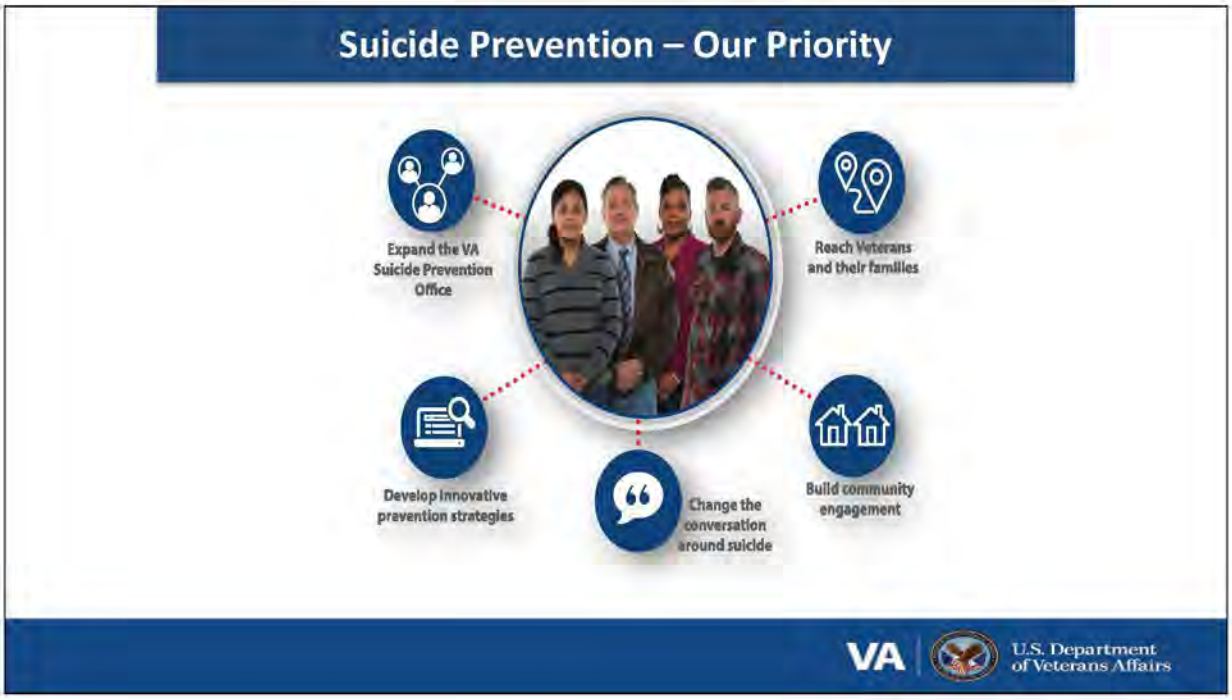

Suicide Prevention is everyone's business and a top VA priority. Preventing suicide and suicide attempts involves both providing care for Veterans during times of crisis and supporting Veterans every day in pursuing successful lives.

VA Suicide Prevention is uniquely positioned to become the leader of an innovative national initiative to change the course of suicide prevention effort in the United States. Through the creation and fortification of a national system of federal, community, and VSO strategic partnerships, we will build a comprehensive, integrated national suicide prevention community, with VA at its hub, that reaches deep into all Veteran communities and promotes Veterans' health, wellness, and mental health. Through these partnerships, VA Suicide Prevention will set a goal to reach each of our nation's 22 million Veterans. To fulfill this mission and ensure that VA has the resources and staff to complete, it, VA has elevated and expanded its Suicide Prevention office.

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https://www.youtube.com/watch?v=YPF09EvUUvA

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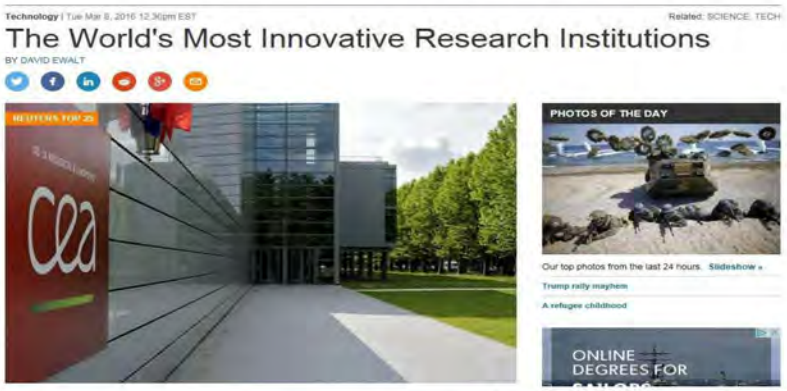
A Leader in Innovation



U.S. DEPARTMENT OF VETERANS AFFAIRS
CENTER FOR INNOVATION

VA | U.S. Department of Veterans Affairs

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Mobile Hearing Aid App: Veterans Can Get Their Hearing Aid Adjusted Without Ever Leaving Home

The Mobile Hearing Aid App leverages smartphones and Bluetooth technology so that an audiology technician can adjust hearing aids for Veterans remotely wherever the Veteran is located



Top Sources of Value	
Veteran Value	• On-demand care model: Service is delivered when and where the Veteran needs it • Increases access to audiology care and reduces travel costs and time • Increases access for Veterans by expanding care to a population that otherwise may not have chosen to receive hearing aid adjustments
Operational Value	• This technology allows audiology technicians to perform hearing aid adjustments, freeing up audiologists to focus on Veterans requiring more skilled care • Reduces the costs associated with performing hearing aid adjustments by moving the provider from a traditional brick-and-mortar facility to a centralized location with lower overhead costs

Innovation Coordinator: Allison Arvhein | Lead Innovator: [illegible] |
Location: Cleveland VAMC

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AMERICAN OVERSIGHT

Million Veteran Program



AMERICAN OVERSIGHT



On the left is Philip Longman's book, published in 2007. On the right is the book I want to write as few years from now.

Goal is a high-performance, clinically integrated network
Best of VA + Best of private sector

No VA privatization on my watch.

VA strengths: Research, Prosthesis and orthoses, Spinal Cord Injury, TBI, PTSD, Polytrauma, Geriatrics.

VA unique services: Caregiver support, Transportation, Adaptive sports, Homeless outreach, Justice outreach, Education & training.

Bold changes needed to build the new VA:

Improve Veterans Experience
Engage Employees
Increase access — No Veteran should have to wait for urgent care
Ensure accountability
Prevent suicide
Turn a loose federation of facilities into an integrated network

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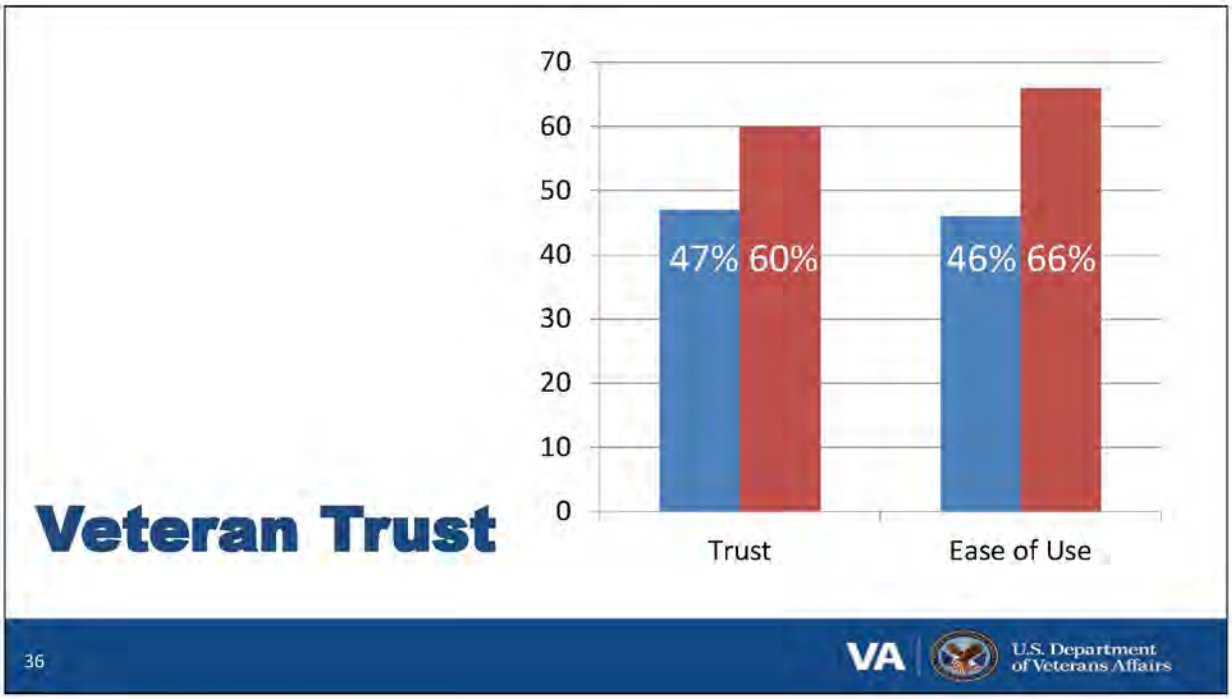


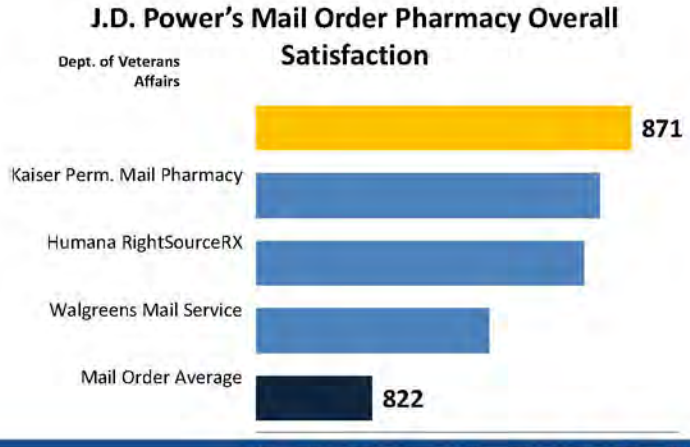
Their trust in VA is also up, as is their ease of use.

Trust up from 47% to 60%,

Ease of use up from 46% to 66%

AMERICAN OVERSIGHT

VA as a Customer Centric Organization



U.S. Department of Veterans Affairs

AMERICAN OVERSIGHT

Partnering to Serve Veterans



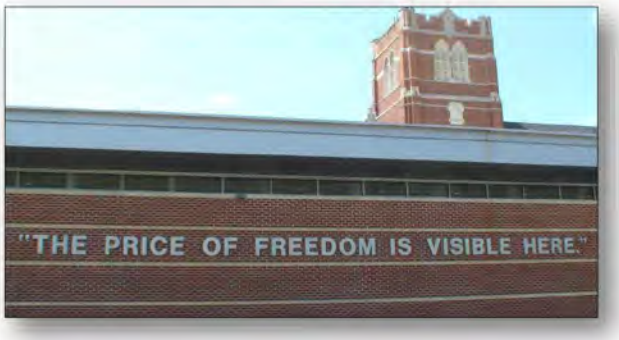
AMERICAN OVERSIGHT

VSO Partnerships



VA | U.S. Department of Veterans Affairs

AMERICAN OVERSIGHT



AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/19/2017 3:32:14 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: How are things today

Not good but id rather not discuss

Sent from my iPhone

On Feb 19, 2017, at 10:01 AM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 2/19/2017 3:01:04 PM
To: David Shulkin [drshulkin@aol.com]
Subject: How are things today

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/17/2017 12:46:43 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Asst sec for IT

Sure

Sent from my iPhone

> On Feb 17, 2017, at 7:41 AM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> As you look for the right person, can I be part of the interview panel since this position is so critical for making VHA successful and I want to make sure there is good synergy between the 2 departments
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 2/17/2017 12:41:05 PM
To: drshulkin@aol.com
Subject: Asst sec for IT

As you look for the right person, can I be part of the interview panel since this position is so critical for making VHA successful and I want to make sure there is good synergy between the 2 departments

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/14/2017 11:14:05 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: 4 Corners Breakfast

No- It is meant to be very limited so the members can talk amongst themselves

Sent from my iPhone

On Mar 14, 2017, at 6:18 AM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> I gather I don't need to be there for this meeting - just want to be sure
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> > **From:** "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
> > **Date:** March 14, 2017 at 6:17:08 AM EDT
> > **To:** 'Poonam Alaigh' <(b) (6) @hotmail.com>
> > **Subject: FW: 4 Corners Breakfast**
> >
> > Sent with Good (www.good.com)
> >
> > -----Original Message-----
> > **From:** O'Connor, Christopher
> > **Sent:** Monday, March 13, 2017 03:45 PM Eastern Standard Time
> > **To:** Wright, Vivieca (Simpson); Alaigh, Poonam, M.D.; Selnick, Darin; Crump, Regan; Yehia, Baligh R.; Yow, Mark W.; Tucker, Brooks; (b) (6) Leinenkugel, Jake
> > **Cc:** (b) (6) (b) (6)
> > **Subject:** RE: 4 Corners Breakfast
> >
> > Good afternoon,
> >
> > For Wednesday's breakfast, SecVA has updated his guidance.
> >
> > SecVA, DepSec, and COS will participate in the breakfast. He would like for Dr. Yehia and Mark Yow to be outside of OBCR in case the Choice discussion requires their presence. They would then be asked to join the meeting. The other principals who received the below e-mail should be on call in their offices should the discussion require their attendance in OBCR.
> >
> > Thank you very much, Chris

AMERICAN OVERSIGHT

From: Wright, Vivieca (Simpson)
Sent: Thursday, March 09, 2017 10:37 AM
To: O'Connor, Christopher; Alaigh, Poonam, M.D.; Selnick, Darin; Crump, Regan; Yehia, Baligh R.; Yow, Mark W.; Tucker, Brooks; (b) (6) Leinenkugel, Jake
Cc: (b) (6) (b) (6)
Subject: 4 Corners Breakfast

Good morning Team,

As you all know, we're hosting the 4 Corners and their Staff Directors for a breakfast on Wednesday, March 15th from 8-9am in the OBCR. Your participation is greatly appreciated.

Please note that we will begin the meeting with just the Secretary, Deputy, and myself, to allow our guests some private time to discuss sensitive issues, if they wish, with a smaller group.

After about 20 minutes, we will invite the larger group in to discuss the models. Please be waiting outside the OBCR on call. Feel free to contact me with any questions or concerns.

Thank you for your expertise, your service, and your understanding. We look forward to a productive breakfast meeting on Wednesday.

Vivieca

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 3/14/2017 10:18:47 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: 4 Corners Breakfast

I gather I don't need to be there for this meeting - just want to be sure

Sent from my iPhone

Begin forwarded message:

From: "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
Date: March 14, 2017 at 6:17:08 AM EDT
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Thank you for your expertise, your service, and your understanding. We look forward to a productive breakfast meeting on Wednesday.

Vivieca

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/15/2017 12:09:40 PM
To: (b) (6) [(b) (6) va.gov]
Subject: Re: [EXTERNAL] Fwd: Notes for Discussion

Lets talk about this today

Sent from my iPhone

On Feb 15, 2017, at 7:04 AM, (b) (6) [(b) (6) va.gov> wrote:

> Ok would you like to talk to the other two people related to VA Advisory committee alone today as well. Mark Zinner with Bruce? Try to get a feel of what the committee does and how I help.
>
> (b)

From: David shulkin [mailto:Drshulkin@aol.com]
Sent: Wednesday, February 15, 2017 7:02 AM
To: (b) (6)
Subject: Re: [EXTERNAL] Fwd: Notes for Discussion
Importance: High

No i think im ok talking to him

Sent from my iPhone

On Feb 15, 2017, at 6:44 AM, (b) (6) [(b) (6) va.gov> wrote:

> Will be at 10:30. (b) is scheduling, do you want Vivieca and I to listen to this call to plan ahead?
>
> -----Original Message-----
> **From:** David Shulkin [drshulkin@aol.com]
> **Sent:** Tuesday, February 14, 2017 10:28 PM Eastern Standard Time
> **To:** (b) (6)
> **Subject:** [EXTERNAL] Fwd: Notes for Discussion
>
> Can you find 10 min somewhere for me to call him?
>
> Sent from my iPad
>
> Begin forwarded message:
>
> **From:** Marc Sherman <mbs(b) (6) gmail.com>
> **Date:** February 14, 2017 at 10:13:42 PM EST
> **To:** David shulkin <Drshulkin@aol.com>
> **Subject: Re: Notes for Discussion**

AMERICAN OVERSIGHT

I know... didn't think you forgot for a moment...exciting day, congratulations. Also, we all had a call tonight and had some good ideas that I wanted to run by you. Are you available to talk in the morning?

Marc Sherman
(b) (6)

On Feb 14, 2017 10:08 PM, "David shulkin" <Drshulkin@aol.com> wrote:
Working on it - believe me Marc - its totally crazy here but i did not forget

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AMERICAN OVERSIGHT

On Sun, Feb 12, 2017 at 12:35 PM, David Shulkin <drshulkin@aol.com> wrote:

CONFIDENTIAL/DRAFT ONLY 2/12/17

VA Modernization Bill Needed

Accountability- Title 38 for all VHA employees and other authorities to remove employees

- Remove Recruitment, Retention and Relocation from CARA performance awards

CHOICE- Stage 1

Extend Choice beyond August 7th deadline

Provider Agreement Authority

Obligation of Funding change

Budget Flexability

CHOICE- Stage 2

Replace 40 mile/30 day wait time with the Freedom Plan

Service Connected (Priority 1-3) full choice - with primary care coordination by VA including virtual coordination

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Care Coordination, Quality Oversight, and Foundational Services are available to all veterans

AMERICAN OVERSIGHT

Infrastructure- Freeze new major construction
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Establish a Congressionally chartered independent review of facilities
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Allow for sole sourcing to academic affiliates in cases of shared infrastructure

IT- Authorize a COTS EMR with full interoperability
VSE scheduling system

Budget- Provide a single VHA authorization
Eliminate barriers to outsourcing
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Suicide Prevention- Add 1000 Mental Health Professionals

Other than Honorable- Full access to mental health services

Appeals Modernization

VBA Change from 125 Days to 90 days

Other issues

Modernization Office to oversee VACO restructuring and increased shared services to maximize efficiencies
Eliminate VEO and separate myVA team
Change Wait time Reporting
Implement Presidents Hot Line
Physician Volunteer Force (ACP, ACS)

<CONFIDENTIAL First Shulkin Infrastructure outline 021417.docx>

AMERICAN OVERSIGHT

Message

From: [redacted] va.gov]
Sent: 2/15/2017 12:04:43 PM
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Subject: RE: [EXTERNAL] Fwd: Notes for Discussion

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> > **Subject: Re: Notes for Discussion**
> >
> > I know... didn't think you forgot for a moment...exciting day, congratulations. Also, we all had a call tonight and had some good ideas that I wanted to run by you. Are you available to talk in the morning?
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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

- Remove Recruitment, Retention and Relocation from CARA performance awards

CHOICE- Stage 1

Extend Choice beyond August 7th deadline
Provider Agreement Authority
Obligation of Funding change
Budget Flexability

CHOICE- Stage 2

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AMERICAN OVERSIGHT

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<CONFIDENTIAL First Shulkin Infrastructure outline 021417.docx>

AMERICAN OVERSIGHT

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Sent: 2/15/2017 12:01:31 PM
To: (b) (6) [(b) (6) va.gov]
Subject: Re: [EXTERNAL] Fwd: Notes for Discussion

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

Message

From: [redacted] va.gov]
Sent: 2/15/2017 11:44:29 AM
To: 'David Shulkin' [drshulkin@aol.com]
Subject: RE: [EXTERNAL] Fwd: Notes for Discussion

Will be at 10:30. [redacted] is scheduling, do you want Vivieca and I to listen to this call to plan ahead?

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Change Wait time Reporting
Implement Presidents Hot Line
Physician Volunteer Force (ACP, ACS)

<CONFIDENTIAL First Shulkin Infrastructure outline 021417.docx>

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) va.gov]
Sent: 2/15/2017 7:29:36 AM
To: 'David shulkin' [Drshulkin@aol.com]
Subject: RE: [EXTERNAL] Fwd: Notes for Discussion

I reached out for time today. Added Vivieca I know she was trying to take a look at the sites we had on the list.

-----Original Message-----
From: David shulkin [Drshulkin@aol.com]
Sent: Tuesday, February 14, 2017 10:04 PM Eastern Standard Time
To: (b) (6)
Subject: [EXTERNAL] Fwd: Notes for Discussion

Any chance for time on friday or in the evening thursday?

Sent from my iPhone

Begin forwarded message:

> **From:** Marc Sherman <mbs(b) (6) gmail.com>
> **Date:** February 14, 2017 at 9:08:25 AM EST
> **To:** David shulkin <Drshulkin@aol.com>
> **Subject: Re: Notes for Discussion**
>
> Provide dates and locations if you can today and timing
>
> On Tue, Feb 14, 2017 at 9:05 AM, Marc Sherman <mbs(b) (6) gmail.com> wrote:
> Can you give me 3 or 4 visit locations for you and Ivanka so she can start planning for it today?
>
> On Tue, Feb 14, 2017 at 7:15 AM, Marc Sherman <mbs(b) (6) gmail.com> wrote:
> Yes. Enjoy today!!!!!!!!! Congratulations. Let me know what works for you.
>
> On Tue, Feb 14, 2017 at 7:02 AM, David shulkin <Drshulkin@aol.com> wrote:
> Thanks this looks good Marc
>
> Today wont work- i have the swearing in and lots of family here
>
> Can we look at later this week?
>
> Sent from my iPhone
>
> On Feb 14, 2017, at 6:52 AM, Marc Sherman <mbs(b) (6) gmail.com> wrote:
>
> > I didn't change any substance, but rearranged some things to make it more focused on where you get things done as opposed to programmatic. See attached Word doc. I can explain my thoughts when we talk. What time works best for you? I can talk at 9:30 or around 1:30 (ish) or after 5pm.

AMERICAN OVERSIGHT

On Sun, Feb 12, 2017 at 12:35 PM, David Shulkin <drshulkin@aol.com> wrote:

CONFIDENTIAL/DRAFT ONLY 2/12/17

VA Modernization Bill Needed

Accountability- Title 38 for all VHA employees and other authorities to remove employees
- Remove Recruitment, Retention and Relocation from CARA performance awards

CHOICE- Stage 1

Extend Choice beyond August 7th deadline
Provider Agreement Authority
Obligation of Funding change
Budget Flexability

CHOICE- Stage 2

Replace 40 mile/30 day wait time with the Freedom Plan
Service Connected (Priority 1-3) full choice - with primary care coordination by VA including virtual coordination
Non-Service Connected- Reduced copay for VA care, increased copay for access to the non-VA network
Ability to bill Medicare/Medicaid and Service Connected conditions with other health insurance
Health Savings Accounts for veterans without other health insurance
VA is coordinator of health benefits (acts like a primary payer but is not a true primary payer)
Care Coordination, Quality Oversight, and Foundational Services are available to all veterans

Infrastructure- Freeze new major construction
Allow for additional public private partnerships
Establish a Congressionally chartered independent review of facilities
Allow flexibility to invest in current infrastructure upgrades and Center of Excellence Programs
Allow for sole sourcing to academic affiliates in cases of shared infrastructure

IT- Authorize a COTS EMR with full interoperability
VSE scheduling system

Budget- Provide a single VHA authorization
Eliminate barriers to outsourcing
Allow VA and DOD to exchange services without billing

Suicide Prevention- Add 1000 Mental Health Professionals

AMERICAN OVERSIGHT

Other than Honorable- Full access to mental health services

Appeals Modernization

VBA Change from 125 Days to 90 days

Other issues

Modernization Office to oversee VACO restructuring and increased shared services to maximize efficiencies
Eliminate VEO and separate myVA team
Change Wait time Reporting
Implement Presidents Hot Line
Physician Volunteer Force (ACP, ACS)

<CONFIDENTIAL First Shulkin Infrastructure outline 021417.docx>

AMERICAN OVERSIGHT

Message

From: (b) (6) ((b) (6) va.gov]
Sent: 2/15/2017 7:16:39 AM
To: 'David Shulkin' [drshulkin@aol.com]
Subject: RE: [EXTERNAL] Fwd: Notes for Discussion

Yep, you have some time today, will reach out.

-----Original Message-----
From: David Shulkin [drshulkin@aol.com]
Sent: Tuesday, February 14, 2017 10:28 PM Eastern Standard Time
To: (b) (6)
Subject: [EXTERNAL] Fwd: Notes for Discussion

Can you find 10 min somewhere for me to call him?

Sent from my iPad

Begin forwarded message:

> **From:** Marc Sherman <mbs(b) (6) gmail.com>
> **Date:** February 14, 2017 at 10:13:42 PM EST
> **To:** David shulkin <Drshulkin@aol.com>
> **Subject: Re: Notes for Discussion**
>
> I know... didn't think you forgot for a moment...exciting day, congratulations. Also, we all had a call tonight and had some good ideas that I wanted to run by you. Are you available to talk in the morning?
>
> Marc Sherman
> (b) (6)
>
> On Feb 14, 2017 10:08 PM, "David shulkin" <Drshulkin@aol.com> wrote:
> Working on it - believe me Marc - its totally crazy here but i did not forget
>
> Sent from my iPhone
>
> On Feb 14, 2017, at 9:08 AM, Marc Sherman <mbs(b) (6) gmail.com> wrote:
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> Provide dates and locations if you can today and timing
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AMERICAN OVERSIGHT

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Can we look at later this week?

Sent from my iPhone

On Feb 14, 2017, at 6:52 AM, Marc Sherman <mbs(b) (6) gmail.com> wrote:

> I didn't change any substance, but rearranged some things to make it more focused on where you get things done as opposed to programmatic. See attached Word doc. I can explain my thoughts when we talk. What time works best for you? I can talk at 9:30 or around 1:30 (ish) or after 5pm.
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> CHOICE- Stage 1
>
> Extend Choice beyond August 7th deadline
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> Obligation of Funding change
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>
> CHOICE- Stage 2
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> Replace 40 mile/30 day wait time with the Freedom Plan
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AMERICAN OVERSIGHT

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IT- Authorize a COTS EMR with full interoperability
VSE scheduling system

Budget- Provide a single VHA authorization
Eliminate barriers to outsourcing
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Suicide Prevention- Add 1000 Mental Health Professionals

Other than Honorable- Full access to mental health services

Appeals Modernization

VBA Change from 125 Days to 90 days

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Change Wait time Reporting
Implement Presidents Hot Line
Physician Volunteer Force (ACP, ACS)

<CONFIDENTIAL First Shulkin Infrastructure outline 021417.docx>

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/15/2017 3:28:11 AM
To: (b) (6) [(b) (6) ((b) (6) va.gov]
Subject: Fwd: Notes for Discussion

Can you find 10 min somewhere for me to call him?

Sent from my iPad

Begin forwarded message:

> **From:** Marc Sherman <mbs(b) (6) gmail.com>
> **Date:** February 14, 2017 at 10:13:42 PM EST
> **To:** David shulkin <Drshulkin@aol.com>
> **Subject: Re: Notes for Discussion**
>
> I know... didn't think you forgot for a moment...exciting day, congratulations. Also, we all had a call tonight and had some good ideas that I wanted to run by you. Are you available to talk in the morning?
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> (b) (6)
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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

Allow for sole sourcing to academic affiliates in cases of shared infrastructure

IT- Authorize a COTS EMR with full interoperability
VSE scheduling system

Budget- Provide a single VHA authorization
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Physician Volunteer Force (ACP, ACS)

<CONFIDENTIAL First Shulkin Infrastructure outline 021417.docx>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/15/2017 3:04:04 AM
To: (b) (6) [(b) (6) ((b) (6) va.gov]
Subject: Fwd: Notes for Discussion

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Sent from my iPhone

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> > CONFIDENTIAL/DRAFT ONLY 2/12/17

AMERICAN OVERSIGHT

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VSE scheduling system

Budget- Provide a single VHA authorization
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Other than Honorable- Full access to mental health services

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Change Wait time Reporting

AMERICAN OVERSIGHT

Implement Presidents Hot Line
Physician Volunteer Force (ACP, ACS)

<CONFIDENTIAL First Shulkin Infrastructure outline 021417.docx>

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 3/5/2017 6:48:46 PM
To: Jennifer Lee [(b) (6) @gmail.com]
Subject: Re: Time for a quick call?

Would 8 pm work?

Sent from my iPad

> On Mar 5, 2017, at 12:45 PM, Jennifer Lee (b) (6) gmail.com> wrote:
>
> Hi David,
>
> Do you happen to have time for a quick call today? There are 3 items I would like to briefly touch base about:
>
> 1) Telehealth EO. I got a call late last night from (b) (6) at DPC. She is preparing the memo for the President on this. She is supportive but asked if you would consider a slightly different message/strategy with him.
>
> 2) IT leadership. I have an idea on this and hope you would be willing to meet w an internal candidate to see what you think. I discussed with Vivieca already and she is interested in checking setting up a meeting.
>
> 3) BAS update. I heard you are having lunch tomorrow w (b) (6) I would like to give you an update on where we are w the project.
>
> Thank you,
> Jen
> 202 406 0916
>

AMERICAN OVERSIGHT

Message

From: Jennifer Lee [(b) (6) @gmail.com]
Sent: 3/5/2017 5:45:14 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Time for a quick call?

Hi David,

Do you happen to have time for a quick call today? There are 3 items I would like to briefly touch base about:

1) Telehealth EO. I got a call late last night from (b) (6) at DPC. She is preparing the memo for the President on this. She is supportive but asked if you would consider a slightly different message/strategy with him.

2) IT leadership. I have an idea on this and hope you would be willing to meet w an internal candidate to see what you think. I discussed with Vivieca already and she is interested in checking setting up a meeting.

3) BAS update. I heard you are having lunch tomorrow w (b) I would like to give you an update on where we are w the project.

Thank you,
Jen
202 406 0916

AMERICAN OVERSIGHT

Appointment

From: Marisol Garcia [(b) @frenchangel59.com]
Sent: 2/24/2017 10:46:43 PM
To: Terry Fadem [(b) (6) @gmail.com]; 'David shulkin' [Drshulkin@aol.com]; 'L Perl' [(b) (6) @gmail.com]; 'Bruce Moskowitz' [brucem(b) (6) mac.com]; mbs(b) (6) gmail.com; (@frenchangel59.com; (b) (6) va.gov; (b) (6) va.gov; (b) (6) [(b) @mayo.edu]; (b) (6) (b) (6) @mayo.edu]

Subject: Conference Call with Terry Fadem - Tuesday, February 28th at 12:00 PM EST
Location: Conference Call

Start: 2/28/2017 5:00:00 PM
End: 2/28/2017 5:45:00 PM
Show Time As: Tentative

Recurrence: (none)

Tuesday, February 28th

12:00 PM – 12:45 PM EST

Dial-in Information:

US: 1-866-244-(b) (6)

International: 719-457-(b) (6)

Passcode: (b) (6)

Participants:

Terry Fadem, Secretary David Shulkin (White House), Dr. Bruce Moskowitz, (b) (6) and Ike

Marc Sherman (Will not be able to participate but Dr. Moskowitz will update him after the call)

Thank you,

AMERICAN OVERSIGHT

Marisol Garcia

(b) (6) [redacted] (Cell)

(b) (6) [redacted]@frenchangel59.com

AMERICAN OVERSIGHT

Message

From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 2/14/2017 11:52:33 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: Notes for Discussion
Attachments: CONFIDENTIAL First Shulkin Infrastructure outline 021417.docx

I didn't change any substance, but rearranged some things to make it more focused on where you get things done as opposed to programmatic. See attached Word doc. I can explain my thoughts when we talk. What time works best for you? I can talk at 9:30 or around 1:30 (ish) or after 5pm.

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CONFIDENTIAL/DRAFT ONLY 2/12/17

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Obligation of Funding change
Budget Flexability

CHOICE- Stage 2

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IT- Authorize a COTS EMR with full interoperability
VSE scheduling system

Budget- Provide a single VHA authorization
Eliminate barriers to outsourcing
Allow VA and DOD to exchange services without billing

AMERICAN OVERSIGHT

Suicide Prevention- Add 1000 Mental Health Professionals

Other than Honorable- Full access to mental health services

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Other issues

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AMERICAN OVERSIGHT

CONFIDENTIAL/DRAFT ONLY 2/14/17

PHYSICAL INFRASTRUCTURE TRANSFORMATION

- **Administrative Infrastructure program**
  - Freeze new major construction
  - Examine facility utilization for quality of care realignment
  - Coordinate with the Congressionally chartered independent review of facilities (see Legislative below)
  - Work with Congress to transform for efficiency of care and budget realignment
    - Examine for alternative use - Homeless and Jobs
  - Allow for additional public private partnerships
    Allow flexibility to invest in current infrastructure upgrades and Center of Excellence Programs
  - Allow for sole sourcing to academic affiliates in cases of shared infrastructure

- **Information Technology**
  - Authorize a COTS EMR with full interoperability
  - VSE scheduling system

LEGISLATIVE

- Establish a Congressional Commission on Infrastructure examination and transformation
- Accountability- Work with Congress to extend Title 38 to all VHA employees and other authorities to remove employee quality of care and other impediments, Remove Recruitment obstacles, Promote Retention and Relocation from CARA performance awards
- Work with Congress to establish VA Modernization Bill
- CHOICE EXPANSION
  - ***CHOICE- Stage 1***
    - Replace 40 mile/30 day wait time with the Freedom Plan
    - Extend Choice beyond August 7th deadline
    - Provider Agreement Authority
    - Obligation of Funding change
    - Budget Flexibility

  - ***CHOICE- Stage 2***
    - Service Connected (Priority 1-3) full choice - with primary care coordination by VA including virtual coordination
    - Non-Service Connected- Reduced copay for VA care, increased copay for access to the non-VA network
- Ability to bill Medicare/Medicaid and Service Connected conditions with other health insurance
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- VA is coordinator of health benefits (acts like a primary payer but is not a true primary payer)
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BUDGET TRANSFORMATION

- Provide a single VHA authorization
- Eliminate barriers to outsourcing
- Allow VA and DOD to exchange services without billing

MEDICAL

Suicide Prevention- Add 1000 Mental Health Professionals
Other than Honorable- Full access to mental health services
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OTHER ISSUES

- Modernization Office to oversee VACO restructuring and increased shared services to maximize efficiencies
- Eliminate VEO and separate myVA team
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- Physician Volunteer Force (ACP, ACS)

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/23/2017 11:01:49 PM
To: Poonam Alaigh [(b) (6)@hotmail.com]
Subject: Fwd: [EXTERNAL] Re: RWJ Clinical Scholar
Attachments: Briefing on Team Accomplishments - Dr. SreyRam Kuy.pdf; Untitled attachment 11113.htm; Dr. SreyRam Kuy CV - VA 2017.pdf; Untitled attachment 11116.htm

Dont know if u are around to meet him with me

Sent from my iPhone

Begin forwarded message:

From: SreyRam Kuy <(b) (6)@gmail.com>
Date: March 23, 2017 at 4:54:20 PM EDT
To: "Shulkin, David J., MD" <David.Shulkin@va.gov>, David shulkin <DrShulkin@aol.com>
Cc: "(b) (6) (t(b) (6) va.gov>, "(b) (6) (t(b) (6) va.gov>, "(b) (6) (b) (6) @va.gov>
Subject: Re: [EXTERNAL] Re: RWJ Clinical Scholar

Secretary Shulkin,

Thank you so much for the opportunity to visit with you this Friday. Your work is so inspiring, and I hope I can share with you some of my enthusiasm for improving healthcare for veterans. I attached a briefing, describing some of the work I've done as Chief Medical Officer for Louisiana Medicaid, and my CV.

I hope my experiences leading the drive to improve health in a $10.7 billion health system serving 1.6 million patients, and my decade of experience working in the VA system as a student, trainee, surgeon and administrator can be helpful to you and the VA. Thank you so much for taking the time to chat with me tomorrow.

If you have any questions, my mentors Dr. (b) (6) and Dr. (b) (6), have kindly agreed to serve as references.

Dr. (b) (6)
President-Elect, Vassar College
Professor of Public Health
Faculty Director of the Yale Global Health Leadership Institute
Brady-Johnson Professor of Grand Strategy
Master of Branford College, Yale University – School of Public Health
Yale Email: (b) (6)@yale.edu (until June 30, 2017)
Vassar Email (b) (6)@vassar.edu (After July 1, 2017)

Dr. (b) (6)
Board of Governors, PCORI
Harold H Hines Professor of Medicine, Yale School of Medicine
Director, Yale Robert Wood Johnson Foundation Clinical Scholars Program

AMERICAN OVERSIGHT

Director, Center for Outcomes Research and Evaluation
Email: (b) (6) @yale.edu

Again, thank you so much for your time.

Respectfully,
SreyRam

SreyRam Kuy, MD, MHS, FACS
Chief Medical Officer, Louisiana Medicaid
Phone: (b) (6)
Email: (b) (6) @gmail.com

On Tue, Mar 7, 2017 at 11:38 AM, (b) (6) (b) (6) @va.gov> wrote:

> Great, confirmed for Friday, March 24th at 2pm EST here at 810 Vermont Ave NW Washington DC 20420. A protocol officer will meet you at the front entrance lobby and escort you up to the Secretary's Suite at that time. Please let us know if you have any questions. Thank you.
>
> -----Original Message-----
> From: SreyRam Kuy [mailto:(b) (6) @gmail.com]
> Sent: Tuesday, March 07, 2017 12:22 PM
> To: (b) (6)
> Subject: Re: [EXTERNAL] Re: RWJ Clinical Scholar
>
> (b)
> Thanks! Friday March 24th at 2pm would be wonderful. Can you send me details on where the meeting will be at. Thank you so much! -SreyRam
>
> SreyRam Kuy, MD, MHS, FACS
>
> On Tue, Mar 7, 2017 at 10:25 AM, (b) (6) <(b) (6) va.gov> wrote:
>
> > Good morning Dr. Kuy,
> >
> > Thank you for your request. Secretary Shulkin is available Friday, March 24th at 2pm EST. Please confirm that this works for you.

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Thanks again,

(b) (6)

Office of the Secretary

Department of Veterans Affairs

Begin forwarded message:

From: SreyRam Kuy <(b) (6) @gmail.com>

Date: March 7, 2017 at 11:01:10 AM EST

To: "Shulkin, David J., MD" <David.Shulkin@va.gov>, David shulkin

<DrShulkin@aol.com>

Subject: Re: [EXTERNAL] Re: RWJ Clinical Scholar

Secretary Shulkin,

Thank you so much - I would love the opportunity to stop by and chat.

I can be in DC in the afternoons on Friday March 17, Friday March 24,

or Friday March 31. Just let me know which date is most convenient

for you. I would be happy to work around your schedule.

I will also be in DC for certain on Wednesday April 26-Friday April 28

for the Medicaid Medical Directors national meeting. Looking forward

to the chance to chat.

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Respectfully,
SreyRam

SreyRam Kuy, MD, MHS, FACS
Chief Medical Officer, Medicaid
Louisiana Department of Health

Phone: (b) (6)
Email: (b) (6) @gmail.com

On Mon, Mar 6, 2017 at 7:11 PM, Shulkin, David J., MD wrote:

Please let me know when you are in DC next

Thanks for the additional information

David Shulkin

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

From: SreyRam Kuy [(b) (6) @gmail.com]

Sent: Monday, March 06, 2017 09:58 AM Eastern Standard Time

To: Shulkin, David J., MD; David shulkin

Subject: [EXTERNAL] Re: RWJ Clinical Scholar

Hi Dr. Shulkin,

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Thank you so much for taking the time to talk with my about my

interest in serving the VA. I hope I can utilize my training as a RWJ

Clinical Scholar, and my experiences leading a complex $10.7 billion

healthcare system serving 1.6 million lives to help improve health for

our veterans. I'm frequently in DC and would love any opportunity to

stop by and chat at your convenience.

Dr. (b) (6) and Dr. (b) (6) have kindly agreed to

speak on my behalf as references, if you have any questions at all.

Dr. (b) (6)

President-Elect, Vassar College

Professor of Public Health

Faculty Director of the Yale Global Health Leadership Institute

Brady-Johnson Professor of Grand Strategy

Master of Branford College, Yale University – School of Public Health

Yale Email: (b) (6) @yale.edu (until June 30, 2017)

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Vassar Email: (b) (6) @vassar.edu (After July 1, 2017)

Dr. (b) (6)

Board of Governors, PCORI

Harold H Hines Professor of Medicine, Yale School of Medicine

Director, Yale Robert Wood Johnson Foundation Clinical Scholars Program

Director, Center for Outcomes Research and Evaluation

Email: (b) (6) @yale.edu

Thank you so much, and hope you have a wonderful day

Respectfully,

SreyRam

SreyRam Kuy, MD, MHS, FACS

Chief Medical Officer, Medicaid

Louisiana Department of Health

Phone: (b) (6)

AMERICAN OVERSIGHT

Email: (b) (6) @gmail.com

On Wed, Feb 15, 2017 at 10:55 PM, Shulkin, David J., MD wrote:

We're discussing internally

On Sun, Dec 4, 2016 at 2:03 PM, SreyRam Kuy <(b) (6) @gmail.com> wrote:

Dr. Shulkin,

Yes, January would be great! I absolutely understand, it must be extraordinarily busy with transition going on. Please know that if there's any way I can help or contribute at all during this very busy time, I'd be more than delighted to do so!

Warmly,

SreyRam

SreyRam Kuy, MD, MHS, FACS

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On Sat, Dec 3, 2016 at 10:23 PM, David shulkin wrote:

Id be glad to- though very busy now with the transition of

administration

Can we talk in january?

Sent from my iPhone

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From: SreyRam Kuy, MD, MHS, FACS
Chief Medical Officer, Medicaid

To: Quality, Covered Services & Benefits, Pharmacy, Policy and Health Information Technology Teams

Re: Medicaid Team Accomplishments Briefing

LOUISIANA DEPARTMENT OF HEALTH

Briefing on Team Accomplishments: Enhancing Access, Quality & Safety and Efficiency

Enhancing Access…

- Development of "Expansion Early Wins" metrics to access impact of access on patient lives - **profiled by NPR, being replicated by multiple other Medicaid states.** http://ldh.la.gov/healthyladashboard/index.html
- Directed Louisiana Medicaid Managed Care Organizations (MCOs) and Medicaid Fee-for-Service (FFS) to begin covering mosquito repellents for pregnant/childbearing age recipients in response to Zika threat. Policy published July 1—**first state in US to have a Medicaid Zika prevention policy.** No local transmissions of Zika in Louisiana to date.
- Added genetic testing for breast and ovarian cancer.
- Now cover over the counter preventive medications (Aspirin 81 mg, Folic Acid, Vitamin D) with no copayment.
- Working with the five Healthy Louisiana Managed Care organizations (MCOs) to eliminate barriers to 17-Progesterone to reduce risk of preterm births.
- Added breast reconstruction post-mastectomy as a covered benefit for cancer patients
- Implemented policy and fee changes to facilitate member access to enteral nutrition.

LIVES AFFECTED	OUTCOME	
411,221	**Health Insurance** Adults enrolled in Medicaid Expansion as of March 20, 2017	Details
72,063	**Preventive Care** Adults who received preventive healthcare or new patient services*	Details
5,895 88	**Breast Cancer** Women who've gotten screening or diagnostic breast imaging* Women diagnosed with breast cancer as a result of this imaging*	Details
6,921 1,980 70	**Colon Cancer** Adults who received colon cancer screening* Adults with colon polyps removed: colon cancer **averted*** Adults diagnosed with colon cancer as a result of this screening*	Details
1,586	**Newly Diagnosed Diabetes** Adults newly diagnosed and now treated for Diabetes*	Details
4,053	**Newly Diagnosed Hypertension** Adults newly diagnosed and now treated for Hypertension*	Details

*Statistics as of March 20, 2017

Louisiana Medicaid "Early Wins" Metrics http://ldh.la.gov/healthyladashboard/index.html

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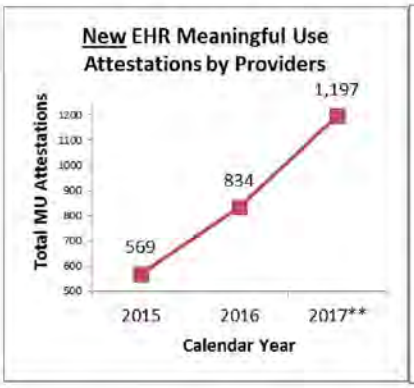
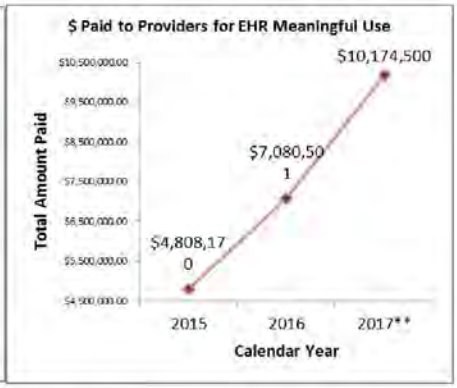
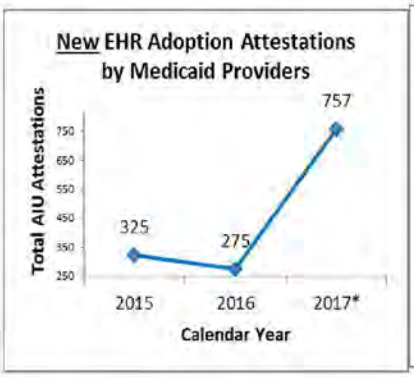
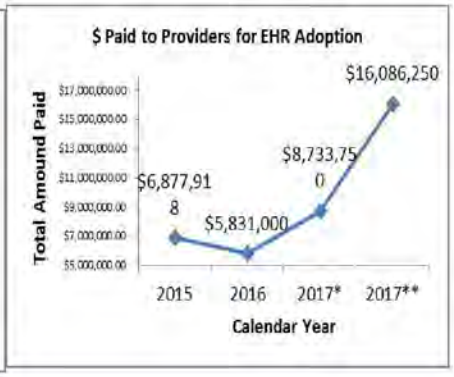
Doubled Statewide EHR Adoption…

- Through novel collaboration & aggressive provider outreach, Doubled adoption of electronic health records (EHR) by new providers, with $26 million distributed by Medicaid to Louisiana providers for incentive payments
- Worked with contractors to complete a state Health Information Technology (HIT) landscape survey.
- Worked with Department of Corrections to become the first state in the US to use Medicaid HITECH funds to implement EHRs in prisons statewide









Increasing Efficiency…

- Working with stakeholders, reformed Pediatric Day Health Care policy to curtail increasing costs and avoid discontinuing the program (FY 2015 $20 million, FY 2016 $14 million)
- Implemented evidence based clinical guidelines around cervical cancer screening policy - **prevents > 4,000 unnecessary procedures per year**, with cost avoidance of $52,000.
- Implemented streamlined process for providing member Third Party Liability record updates improving recoupment and cost avoidance.
- New process adopted pursuant to new legislation allowing LDH to require prior authorization on any new drug introduced to the market until review by the Pharmacy & Therapeutics Committee.

Improving and Measuring Quality & Safety…

- Implemented Medicaid opioid prescription policy limits to address prescription opioid crisis in Louisiana & save lives. Hosted educational webinars, symposiums, Lunch & Learn talks for providers. Created opioid advisory panel. Opioid resources & notices sent to all licensed Louisiana doctors.
- Implemented statewide Naloxone standing order to reduce overdose deaths.
- Updated clinical criteria for hepatitis C agents. To encourage appropriate utilization of Hepatitis C agents, continue to monitor and update clinical prior authorization criteria for FFS Pharmacy Program.
- With MCOs and Office of Behavioral Health, developing a strategic plan to improve use of behavioral therapy as first-line treatment of ADHD in very young children.
- Developed the Louisiana Medicaid Expansion "Dashboard" and "Search by Score" websites to promote transparency and accountability among all citizens in the state.

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Sharing the Vision, Locally…

- Developed the Louisiana Medicaid "Search by Score" websites to promote transparency and accountability among all citizens in the state.
- Conducted EHR Vendor Fair for providers to expedite adoption of HIT with 18 vendors presenting.
- Successfully planned and conducted the Connect Louisiana Symposium on Health Information Technology.
- Successfully hosted the Opioid Symposium for clinicians with over 250 attendees.
- Jump-started the monthly "Lunch and Learn" for clinicians; focused on opioids in December, reaching maximum capacity with over 100 clinicians in attendance.

Sharing the Vision, Nationally…

- Louisiana profiled by National Alliance of State & Territorial AIDS Directors success in viral load suppression. Presented the Healthy Louisiana HIV Performance Improvement Project at 2016 National Ryan White Conference.
- Featured by *Mostly Medicaid* allowing Louisiana to share accomplishments in advancing quality through metrics; distributed to national audience interested in/involved with Medicaid programs nationally.
- Shared the Louisiana "Blueprint" for improving access through expansion, greater engagement of stakeholders and integrating transparency and accountability at the 2016 National Academy for State Health Policy.
- Because of our aggressive focus on quality, invited to share quality alignment efforts with 22 states at the 2016 Oregon Health and Science University Center for Medicaid Evidence-Based Decisions (MED) Conference.
- Presenting efforts in Louisiana Medicaid to increase use of 17-P to prevent prematurity at the CMS Quality Meeting in December, 2016.
- Louisiana Medicaid Quality Section was recognized as a leader in maternal and child health and awarded a competitive 2016 grant for the national Text4Baby program.
- Won a competitive technical assistance grant from the National Governors' Association to work with providers to improve Health Informational Technology adoption



Caring for Medicaid members during the Summer '16 Floods…

- Due to historical flooding, Governor Edwards declared a State of Emergency. For recipients in affected parishes, Pharmacy FFS lifted or allowed overrides for Early Refills, Prior Authorization, Duplicate Therapy, Lock-In, Prescription Limits, and Copayments.
- Medicaid Pharmacy staff also instructed Healthy Louisiana MCOs on processing prescriptions overrides for a number of pharmacy edits.
- Access to or replacements for DME, Home Health, Rehabilitation and Personal Care Services facilitated for flood victims
- Talks at town halls about mold, tetanus immunizations, flood health hazards, flood resources, and emergency replacement medications for flood victims. Led efforts to coordinate medical volunteer efforts at flood shelters.

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SreyRam Kuy, MD, MHS, FACS

Medicaid Chief Medical Officer, Louisiana Department of Health

Associate Professor of Surgery, Louisiana State University – New Orleans

PROFILE:

- ✓ **As Chief Medical Officer of Louisiana Medicaid, I lead the state's drive to improve healthcare quality, engage healthcare providers and stakeholders in both managed care and fee for service systems, develop quality performance metrics and integrate cost effectiveness into a $10.7 billion health system which serves 1.6 million lives.**

- ✓ **Supervise staff members comprising the Quality Team, Pharmacy Team, Clinical Policy Team, Health Information Technology Team and Benefits & Covered Services Team.**

- ✓ **Advise the Secretary of Health on critical public health issues, communicate policies and vision to state legislators and the Governor and represent Medicaid to the media on issues ranging from opioids to zika and healthcare quality.**

- ✓ **Lead initiatives for emerging public health threats such as coordinating medical efforts at Flood Shelters, developing a Zika transmission prevention policy, and working with the Governor's office and state legislators to implement strategies tackling the opioid crisis.**

- ✓ **Oversee CMS grant for state Health Information Technology projects; including increasing EHR adoption among providers, ED discharge data linkage to primary care physicians, advancing a Telehealth network, implementing an EHR system in the Department of Corrections, and enabling providers to achieve meaningful use HIT.**

- ✓ **More than a decade of experience in the VA systems in Oregon, Texas, Connecticut, Wisconsin and Louisiana as a trainee, provider and administrator. Served as Assistant Chief of the General Surgery Section, Director of the Center for Innovations in Quality, Outcomes and Patient Safety, Chair of the Systems Redesign Committee and Board Member on the Quality, Safety and Value Board at Overton Brooks VA Medical Center. Worked with the Pentad on SAIL performance reports, HEDIS and Joint Commission ORYX core measures. Led initiatives to improve veterans' access to care through a 50% reduction in surgery clinic no shows.**

- ✓ **Worked to successfully decrease veteran mortality and reduce patient safety adverse events at Overton Brooks VA Medical Center. Developed biweekly provider educational series, broadcast remotely to outlying VA Community Based Outpatient Clinics in Louisiana and East Texas.**

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PERSONAL:

Office Address: Louisiana Medicaid, Department of Health
628 North 4th Street, Baton Rouge, LA 70802

Mobile Telephone: (b) (6) [redacted]

Office Telephone: 225-342-5381

Email Address: (b) (6) [redacted]@gmail.com
SreyRam.Kuy@LA.Gov

Citizenship: United States

EDUCATION:

2017 Presidential Leadership Scholars Program
Nominated and selected to be a Presidential Leadership Scholar – a joint executive leadership training program by Presidents Bush and Clinton and run by the presidential centers of Lyndon B. Johnson, George H. W. Bush, William J. Clinton and George W. Bush

2016 Healthcare Executive Leadership Program in Health Policy and Management
Heller School of Policy and Management, Brandeis University

2009 M.H.S. (Master of Health Science)
Yale University School of Medicine, Robert Wood Johnson Clinical Scholar

2005 M.D. (Medical Degree)
Oregon Health & Sciences University School of Medicine

2000 B.S. (Bachelor of Science, Philosophy), magna cum laude
Oregon State University

2000 B.S. (Bachelor of Science, Microbiology), magna cum laude
Oregon State University

POSTGRADUATE TRAINING:

2009-2012 Residency, General Surgery (PGY 3-5)
Medical College of Wisconsin

2007-2009 Robert Wood Johnson Clinical Scholar Fellowship
Yale University School of Medicine

2005-2007 Residency, General Surgery (PGY 1-2)
University of Texas Health Sciences Center at San Antonio

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APPOINTMENTS:

2016-present Chief Medical Officer, Medicaid, Louisiana Department of Health and Hospitals

As CMO of Louisiana Medicaid I lead the drive to improve healthcare quality, cost effectiveness and Health Information Technology in a $10.7 billion health system which serves 1.6 million lives in both managed care and fee for service systems. My work includes managing the Quality Team, Pharmacy Team, Clinical Policy Team, Health Information Technology Team and a Benefits & Covered Services Team. In addition, I lead initiatives for emerging public health threats such as coordinating medical efforts at Flood Shelters, developing a Zika transmission prevention policy, and working with the Governor's office and legislatures to implement strategies tackling the opioid crisis.

- Health Information Technology Team: lead the state's electronic health record adoption initiative and health information technology strategy, oversee CMS grant for Health Information Technology and a National Governors' Association HIT grant
- Quality Team: Develop and evaluate incentivized quality performance measures for providers & health plans to improve outcomes, safety, and quality of care for the state of Louisiana. Manage a Quality Team comprised of physicians, nurses & policy analysts addressing health care quality. Creation of a "Search by Score" site that promotes quality, transparency and adoption in Louisiana healthcare.
- Clinical Policy Team overseeing the evidence based approach for coverage of new benefits and services for Medicaid beneficiaries
- Benefits and Covered Services Team: manage all covered services and benefits in the Louisiana Medicaid system
- Pharmacy Team: overseeing Medicaid prescription coverage
- Rapidly respond to emergent public health issues (such as Zika virus, Opioid epidemic, drug shortages, flooding and emergency natural disasters) and develop guidance for providers and health plans
- Work with Louisiana healthcare stake holders, including Managed Care Organizations, hospital associations, healthcare providers, health facilities and institutions, patient advocacy groups to ensure high quality care for Louisiana's Medicaid population, and efficient use of resources

2014-2016 Director, Center for Innovations in Quality, Outcomes and Patient Safety, OBVAMC

- Develop and lead initiatives to meet Joint Commission ORYX core measures, SAIL performance measures, and monitor PSI occurrences.
- Develop programs that lead to sustained improvement in quality, outcomes and safety in the Surgical Services at the OBVAMC.
- Work on reducing mortality and adverse events profiled in the VA National Center for Patient Safety newsletter and website. Work on decreasing clinic no-shows featured in the Association of VA Surgeons newsletter and website.
- Collaborate with section chiefs to assess needs for quality improvement; develop, monitor and assess quality measures and initiatives; monitor

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analyze and assess surgical outcomes; integrate quality improvement tools and surgical outcome measures to create a cohesive program for the OBVAMC Surgical Services.

- Partner with VA clinical, policy and operational leaders to implement and evaluate different ways to make surgical healthcare safer, more effective and more affordable.

2015-2016 Assistant Chief, General Surgery Section
Overton Brooks VA Medical Center (OBVAMC)

- Integrate quality improvement tools and surgical outcome measures to create a cohesive program for General Surgery Section, leading to improved patient safety with a decrease in patient mortality and reduction in Critical Incident Network Tracking adverse events
- Work on SAIL and Joint Commission performance measures (pressure ulcer prevention, accidental puncture monitoring, smoking cessation/flu immunization documentation)
- Led initiative to improve veterans access to care through decreased surgery clinic no shows, with more than 50% reduction in clinic no shows
- Develop, monitor and assess quality and efficiency measures and initiatives for the General Surgery Section
- Monitor, analyze and assess surgical outcomes for the General Surgery Section
- Review Quality Improvement tools and surveys
- Collaborate with other section chiefs (Anesthesiology, ENT, General Surgery, ENT, Neurosurgery, Ophthalmology, Orthopedics, Podiatry, Urology, Vascular and Thoracic Surgery) to assess needs for a collaborative, comprehensive surgical care

2014-2016 Director, Surgical Services Grand Rounds Lecture Series, OBVAMC

- Developed a CME accredited academic curriculum for Grand Rounds Lecture Series; recruited local and national speakers
- Incorporated telecommunication to broadcast Grand Rounds Lectures remotely, available to outlying VA Community Based Outpatient Clinics (CBOCs) in Louisiana and Texas and also to employee's computer desktops to allow greater educational reach

2017-present Associate Professor, Department of Surgery
Louisiana State University – New Orleans

2014-2016 Assistant Professor, Department of Surgery
Louisiana State University – Shreveport

2014-2016 Staff Surgeon, Overton Brooks Veterans Affairs Medical Center (OBVAMC)

- Had highest RVU's and total number of cases in general surgery section
- Performed first laparoscopic assisted Low Anterior Resection at OBVAMC

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- Developed a laparoscopic training course for residents, OR staff and surgeons; taught at OBVAMC and LSU

2014-2015 Consultant, Parkland Center for Clinical Innovation
Consultant on surgical site infection risk prediction modeling

BOARD CERTIFICATION
2014 American Board of Surgery # 059382

MEDICAL LICENSURE:
State of Texas # P9893 – Expiration 5/31/2017
State of Wisconsin #53724-20 – Expiration 10/3/2017
State of Tennessee #MD0000050960 – Expiration 3/31/2018
State of Louisiana #300710 – Expiration 3/31/2017

POSTGRADUATE COURSES:
10/2014 Cleveland Clinic, Advanced Laparoscopic Colorectal Master Class
11/2014 Florida Hospital, Laparoscopic General Surgery Master Class
7/2015 University of South Florida, Laparoscopic Colectomy Mini-Fellowship
9/2015 Methodist MITE, Advanced Hernia and Abdominal Wall Repair Master Class
2/2016 Life Cell, Complex Abdominal Wall Reconstruction Bioskills Lab

LEADERSHIP/HEALTHCARE POLICY TRAINING & EXPERIENCE:

American College of Surgeons Health Policy Award — June 12-18, 2016
"Leadership Program in Health Policy and Management" Executive Education Program at Brandeis University Heller School for Social Policy and Management.

American Medical Association Campaign School — 2013
Training in healthcare policy, legislation and politics in Washington, D.C.

American College of Surgeons Advocacy Grant — 2012

Robert Wood Johnson Clinical Scholar, Yale University School of Medicine — 2007 – 2009
Fellowship in healthcare policy & management, public health and research.

Healthcare Policy Synergy Workshop, Institute of Medicine. Washington, D.C. — 2008
Healthcare policy training, development of health disparities proposal

Robert Wood Johnson Foundation Cover the Uninsured Week Oregon Committee
Organized symposium on the uninsured in Oregon, speaker Governor Kitzhaber — 2003

American Academy of Family Physicians National Congress — 2000
Authored resolution on "Presentation of the AAFP Universal Health Care Coverage Task Force Report and Inclusion of Resident and Student Feedback

Kaiser Family Foundation Barbara Jordan Health Policy Scholar — 2000
Worked in Washington DC office of US Senator Tom Harkin. Wrote speeches on The Breast & Cervical Cancer Treatment Act and Re-authorization of the Older Americans Act, attended hearings, wrote briefs on prescription drug coverage, coverage for experimental studies, and healthcare instrument safety.

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HEALTH POLICY PANELS/KEY NOTE SPEAKER/PRESENTATIONS

The Louisiana Story: Tackling Preterm Birth through Collaboration and Innovation — Dec 2016
CMS Quality Conference, Baltimore, MD

Achieving Viral Load Suppression through Collaboration – The Louisiana Story — Dec 2016
HIV Affinity Group National Conference, Washington DC

Medicaid Expansion and Access to Healthcare: Learning from Louisiana — Dec 2016
Louisiana Public Health Institute

Bridging the Gap Between Health Care and Health Equity — Oct 2016
National Academy for State Health Policy, Pittsburgh, PA

HIV Affinity – The Louisiana Story — Nov 2016
HIV Health Improvement Affinity Group National Webinar

Medicaid Industry Who's Who Series, "Mostly Medicaid" — Sept 2016
State Spotlight Series: Achieving Healthcare Quality

Medicaid Expansion and Improving Healthcare Quality in Louisiana — Sept 2016
American Association on Intellectual & Developmental Disabilities,Alexandria,LA

Panel Member: Using National Data Sources to Understand Healthcare Quality, Access and Disparities Among Women — 2015
AcademyHealth 2015 Annual Research Meeting, Minneapolis, Minnesota

Panel Member: Emerging Issues in Gender-Based and Women's Health. — 2009
AcademyHealth 2009 Annual Research Meeting, Chicago, Illinois.

Moderator, Robert Wood Johnson Alumni Careers in Health Policy. — 2008
Robert Wood Johnson Clinical Scholars National Conference, Washington, D.C.

Panel Member: The Many Avenues to Pursuing a Career in Health Policy. — 2007
Barbara Jordan Health Policy Scholars Conference, Washington, D.C.

TOWN HALLS

Town Hall Meeting — August 2016
Flood Recovery, Mold and Tetanus Vaccination, Mental Health Crisis Hotline

Town Hall Meeting — August 2016
Flood Recovery, Prescription Co-Pay Waivers, Early Refills for Prescriptions

Rotary Club of Shreveport — July 2016
Key Note Speaker: Medicaid Expansion

Shreveport Medical Society — July 2016
Key Note Speaker: Medicaid Expansion

COMMITTEE SERVICE AND ORGANIZATIONS

National Quality Forum — 2016-present
Medicaid Innovation Accelerator Committee

Alliance for a Healthier Generation — 2016-present
Obesity Prevention Task Force

Opioid Commission — 2016-present

Comparing Outcomes of Drugs and Appendectomy (CODA) — 2016-present
National Stakeholder Advisory Board

National Academy for State Health Policy — 2016-present
Public and Population Health Advisory Group

AcademyHealth — 2016-present

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State Health Research and Policy Interest Group Advisory Committee	
American College of Surgeons	2016-2019
Committee on Diversity Issues	
Robert Wood Johnson Foundation Clinical Scholars Alumni Association	2016-2018
Co-President	
Chair, Medicaid Quality Committee	2016-present
Louisiana Commission on HIV, AIDS and Hep C	2016-present
Office of Public Health designee, appointed by Governor Edwards	
Louisiana Task Force on Telehealth Access	2016-present
Appointed by Secretary	
Executive Committee, Medicaid Evidence-based Decisions Project, Portland, OR	2016-present
Chair, Improving Veterans Access to Care Committee	2015
Board Member, Quality, Safety and Value Board, OBVAMC	2015-2016
Chair, Systems Redesign Committee, OBVAMC	2015-2016
Chair, General Surgery Faculty Recruitment Committee, OBVAMC	2015-2016
Federation of State Medical Boards (FSMB)	2015-2016
Appointed Representative to Accreditation Council for Continuing Medical Education Accreditation Review Committee (review accreditation for CME)	
National Board of Medical Examiners (NBME)	2011 – 2015
NBME Board Member	
Appointed by American Medical Association as one of 80 Board Members governing the NBME, overseeing a $100 million annual budget that governs the USMLE, the Post-Licensure Assessment System, and works with specialty boards to protect the public health.	
NBME Diversity and Inclusion Task Force	2013 – 2015
Tasked to improve diversity and inclusion in the executive leadership of the NBME and the USMLE exam contents.	
Association for Academic Surgery	
Membership Committee	2013 – 2015
Information and Technology Committee	2010 – 2012
Program Committee	2016 – present
Association of Women Surgeons, Communications Committee, Vice-Chair	2012 – 2014
Medical Society of Milwaukee County, Board of Directors	2012 – 2014
American Medical Association	
Chair, Wisconsin Resident & Fellow Governing Council	2011 – 2013
AMA Surgical Caucus, Executive Committee	2010 – 2011
Wisconsin Medical Society, AMA Resident Delegate	2010 – 2011
Robert Wood Johnson Clinical Scholars National Conference, Planning Committee	2008
Oregon Health & Science University Medical School First Year, Class President	2000 - 2001
Habitat for Humanity, Oregon State University Campus Chapter President	1988-1999
Science Student Council, President	1997-1998
Phi Eta Sigma National Honor Society, Oregon State University Chapter President	1997-1998
Oregon State University Undergraduate Senate, Senator	1997-1998
Talons Women's Leadership & Service Honorary Society, Vice-President	1997-1998
Medical Careers Explorer Scouts, Corvallis Chapter President	1995-1996

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PEER-REVIEWED PUBLICATIONS

1. **Kuy S**, Romero R. Eliminating Critical Incident Tracking Network Patient Safety Events at a Veterans Affairs Institution through Crew Resource Management Training. *American Journal of Medical Quality. In Press.*
2. **Kuy S**, Romero R. Improving Staff Perception of a Safety Climate with Crew Resource Management Training. *Journal of Surgical Research. In Press*
3. **Kuy S**. Rapidly Growing, Bleeding Mass on a Golfer's Back. *JAMA Surgery. In Press*
4. **Kuy S**, Romero R, Rose K, Vincent L. Perineal Pain and Malodorous Drainage in a Rectal Cancer Patient. *BMJ Postgraduate Medical Journal. In Press*
5. Koo D, **Kuy S**, Ogunleye A, Sangji N. A Tradition of Advocacy in the American College of Surgeons: Protecting our patients, advancing our profession. *Bull Am Coll Surg. In Press*
6. Eskander M, Neuwirth M, **Kuy S**, Keshava H, Meizoso J. Technology for Teaching: New Tools for 21st Century Surgeons. *Bull Am Coll Surg. In Press*
7. **Kuy S**, Dua A, Rieland J, Cronin D. Cavernous Transformation of the Portal Vein. *Journal of Vascular Surgery.* 2016 Feb;63(2):529.
8. **Kuy S**, Jenkins P, Romero R, Samra N, Kuy S. The Rising Incidence and Mortality of Clostridium Difficile Associated Megacolon. *JAMA Surgery.* 2015 Oct 7:1-2.
9. **Kuy S**, Romero R, Kuy S. Gas Gangrene in a Diabetic Foot. *Journal of the Louisiana State Medical Society.* 2015 Sep-Oct;167(5):213-214. Epub 2015 Oct 15.
10. **Kuy S**. Carotid Body Tumor. *Journal of the Louisiana State Medical Society.* 2015 Jul-Aug;167(4):165. Epub 2015 Aug 15.
11. Busch K, Keshava H, **Kuy S**, Nezgoda J, Picou A. Teaching in the Operating Room: New Lessons for Training Surgical Residents. *Bull Am Coll Surg.* 2015 Aug;100(8):29-34.
12. Ogunleye A, Bliss L, **Kuy S**, Leichtle S. Political Advocacy in Surgery: The Case for Individual Engagement. *Bull Am Coll Surg.* 2015 Aug;100(8):40-4.
13. Dua A, **Kuy S**, Desai S, Heller J, Lee C. Diagnosis and Management of a Ruptured Mycotic Popliteal Pseudoaneurysm. *Vascular.* 2015 Aug;23(4):419-21
14. **Kuy S**, Dua A. Uncertainty in management of carotid stenosis in women – reply. *JAMA Surgery.* 2014;149(4):402-3.
15. **Kuy S**, Dua A, Desai S, Chappidi Rohit, Patel B, Seabrook G, Brown K, Lewis B, Rossi P, Lee C. The Increasing Incidence of Thromboembolic Events among Hospitalized Patients with Inflammatory Bowel Disease. *Vascular.* 2014 Jul 1.pii: 1708538114541799.
16. **Kuy S**, Dua A, Lee C, Patel B, Desai S, Dua A, Szabo A, Patel P. National Trends in Utilization of IVC Filters in the United States, 2000-2009. *Journal of Vascular Surgery: Venous and Lymphatic Disorders.* 2014 Jan;2(1):15-20.
17. Dua A, **Kuy S**, Lee CJ, Upchurch G Jr, Desai S. Epidemiology of Aortic Aneurysm Repair in the United States from 2000 to 2010. *Journal of Vascular Surgery.* 2014;59(6):1512-7.
18. Dua A, McMaster J, Desai P, Desai S, **Kuy S**, Mata M, Cooper J. The Association between Blunt Cardiac Injury and Isolated Sternal Fracture. *Journal of Cardiology Research and Practice.* 2014;2014:629687
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22. **Kuy S**, Dua A, Rossi P, Seabrook G, Lewis B, Patel B, Lee C, Desai S, Brown K. Carotid Endarterectomy National Trends Over a Decade: Does gender matter? *Annals of Vascular Surgery*. 2013 Dec 6. pii: S0890-5096(13)00641-9.
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24. **Kuy S**, Rossi P, Seabrook G, Brown K, Lewis B, Rilling W, Martin G, Patel B, Dua A, McMaster J, Desai S, Lee C. Endovascular Management of a Traumatic Renal-Caval Arteriovenous Fistula in a Pediatric Patient. *Annals of Vascular Surgery*. Dec 2013. pii: S0890-5096(13)00472-X.
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27. **Kuy S**, He C, Cronin D. Renal Mucormycosis: A Rare and Potentially Lethal Complication of Kidney Transplantation. *Case Reports in Transplantation*. October 2013;2013:915423
28. McMaster J, Dua A, Desai S, **Kuy S**. Short Term Outcomes Following Breast Cancer Surgery in Pregnant Women. *Gynecologic Oncology*. 2013 Sep 13. doi:pii: S0090-8258(13)01177-3.
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32. Dua A, Patel B, **Kuy S**, Seabrook G, Tondravi N, Brown K, Lewis B, Rossi P. Asymptomatic 50–75% Internal Carotid Artery Stenosis in 288 Patients: Risk Factors for Disease Progression and Ipsilateral Neurological Symptoms. *Perspectives in Vascular Surgery and Endovascular Therapy*. 2013 Dec; 24(4):165-70. doi: 10.1177/1531003513491986.
33. Dua A, Patel B, Heller J, **Kuy S**, Dubose J, Tomasek JS, Larssen EM, Desai S. Variability in the Management of Superficial Venous Thrombophlebitis between Phlebologists and Vascular Surgeons. *Perspectives in Vascular Surgery and Endovascular Therapy*. 2013 Jun;25(1-2):5-10.
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36. **Kuy S**, Somberg L, Paul J, Brown N, Saving A, Codner P. Undetected Penetrating Bladder Injuries Presenting as a Spontaneously Expulsed Bullet During Voiding: A Rare Entity and Review of the Literature. *Journal of Emergency Medicine*. 2013 May 25: S0736-4679(13)00356-9.
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traumatic and blunt thoracic injury. *Perspectives in Vascular Surgery and Endovascular Therapy.* Sep;24(3):123-127, ePub: March 26, 2013.

38. **Kuy S**, Dua A, Desai SS, Baraniewski H, Lee C. Ruptured Mycobacterial Aneurysm of the Carotid Artery. *Perspectives in Vascular Surgery and Endovascular Therapy.* 2013;25(3-4):53-6.
39. Dua A, Desai S, McMaster J, Aziz A, Dua A, **Kuy S**. The Role of Platelets in Vascular Trauma Patients Compared to Patients with Chronic Vascular Disease. *Vascular Disease Management.* 2013;10(11):E240-E243.
40. **Kuy S**, Codner P, Guralnick M, Dua A, Paul J. Combined rectovesicular injuries from low velocity penetrating trauma in an adult. *Wisc Med J.* 2013;112(1):32-34.
41. **Kuy S**, Greenberg C, Gusani N, Dimick J, Kao L, Brasel K. Health services research resources for surgeons. *J Surg Res.* 2011;171(1):e69-73.
42. **Kuy S**, Sosa J, Desai R, Roman S, Rosenthal R. Age matters: A study of clinical and economic outcomes following cholecystectomy in elderly Americans. *Am J Surg.* 2011;201(6):789-796.
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44. **Kuy S**, Roman S, Desai R, Sosa J. Outcomes following thyroid and parathyroid surgery in pregnant women. *Arch Surg.* 2009;144(5):399-406. Commentary by F Moore.
45. **Kuy S**. Stand up for patients. *Bull Am Coll Surg.* 2008;93(8):23-24.
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EDITORIALS/TECHNICAL NOTES/NEWSLETTER ARTICLES/MEDICAL BLOGS

1. **Kuy S,** Romero R, Cypher E. Shreveport: A Success Story. Creating a Culture of Safety at the Overton Brooks VA Medical Center. *Topics in Patient Safety. Veterans Affairs National Center for Patient Safety*. September 2014;14(5):1,4.
2. **Kuy S**. Profiles in Leadership. *Association of Women Surgeons Blog*. September 2014.
3. **Kuy S**. Health Services Research for Surgeons. *Association of Women Surgeons Website.* 2014.
4. **Kuy S**. Women Surgeon Leaders for the 21st Century. *Association of Women Surgeons Newsletter*. July 25, 2014
5. **Kuy S.** The Imperative to Improve Gallbladder Disease Treatment and Outcomes for Men. *Robert Wood Johnson Foundation Human Capitol Blog*. November 22, 2013.
6. **Kuy S.** Society for Vascular Surgery Trainee Advocacy Award Essay. *Society for Vascular Surgery* website. 2012.
7. **Kuy S**. Information & technology review: Online health resources for surgeons. *Association for Academic Surgery Newsletter*. Fall, 2010:6-7.
8. **Kuy S**. Stand up for patients. *Los Angeles Times*. February 28, 2008.

BOOKS AND BOOK CHAPTERS

1. **Kuy S** (senior editor), Kwon R, Hochman M. 50 Studies Every Surgeon Should Know. Oxford Press. (Planned release 2017)

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2. Provo B, **Kuy S**. Venous insufficiency ulcers. In Domino FJ (Ed.), The 5-Minute Clinical Consult 2015, Philadelphia: Lippincott Williams and Wilkins.
3. Aljoudi M, Dua A, **Kuy S.** Cervical Bruit. In Domino FJ (Ed.), The 5-Minute Clinical Consult 2016, Philadelphia: Lippincott Williams and Wilkins.
4. Dua A, Aljoudi M, **Kuy S.** Absent or Diminished Pulse. In Domino FJ (Ed.), The 5-Minute Clinical Consult 2016, Philadelphia: Lippincott Williams and Wilkins.
1. Aljoudi M, McMaster J, **Kuy S.** Breast Cancer and Pregnancy. In Domino FJ (Ed.), The 5-Minute Clinical Consult 2016, Philadelphia: Lippincott Williams and Wilkins.
2. Dua A, Desai S, **Kuy S.** Inguinal Mass. In Domino FJ (Ed.), The 5-Minute Clinical Consult 2016, Philadelphia: Lippincott Williams and Wilkins.

PRESENTATIONS

1. Reducing Surgery Cancellations in a Tertiary Hospital: A Three Year Review. Association of VA Surgeons 2016 Meeting; Virginia Beach, VA April 2016.
2. Why We Don't Come to Clinic: Patient Perspectives. Association of VA Surgeons 2016 Meeting; Virginia Beach, VA April 2016.
3. The Myth of Sisyphus: Is Reducing Surgery Clinic No-Shows Impossible? Association of VA Surgeons 2016 Meeting; Virginia Beach, VA April 2016.
4. It Takes a Village: Referring Providers Impact Patient No Shows. Association of VA Surgeons 2016 Meeting; Virginia Beach, VA April 2016.
5. Reducing Surgical Site Infections Utilizing a Prevention Bundle and a Multidisciplinary Approach at a Veterans Affairs Hospital. The American College of Surgeons NSQIP 2015 Meeting; Chicago, IL; July 2015.
6. Transformational Change: Creating a Culture of Safety in the Operating Room. Presented at: The American College of Surgeons NSQIP 2015 Meeting; Chicago, IL; July 2015.
7. Outlier to Leader: Designing a Risk Stratification Intervention to Decrease 30 Day Surgical Mortality in a Veterans Affairs Hospital. The American College of Surgeons NSQIP 2015 Meeting; Chicago, IL; July 2015.
8. Outlier to Leader: Designing a Risk Stratification Intervention to Decrease 30 Day Surgical Mortality in a Veterans Affairs Hospital. Presented at: The Association of VA Surgeons 2015 Meeting; Miami, FL; May 2015.
9. Transformational Change: Creating a Culture of Safety in the Operating Room. Presented at: The Association of VA Surgeons 2015 Meeting; Miami, FL; May 2015.
10. The Rising Incidence and Mortality of Clostridium Difficile Associated Megacolon. Presented at: The Association of VA Surgeons 2015 Meeting; Miami, FL; May 2015.
11. The Increasing Incidence of Thromboembolic Events Among Patients with Inflammatory Bowel Disease. Presented at: American College of Surgeons 2013 Clinical Congress; Washington DC; October 2013.
12. Diagnosis and Management of a Ruptured Popliteal Mycotic Pseudoaneurysm. Presented at: Eastern Vascular Society. Sulfur Springs, West Virginia. September 21, 2013. (First Place Winner of the 2013 Resident Award)
13. Ruptured Carotid Mycotic Tuberculoid Aneurysm from Intravesical BCG. Presented at: Midwestern Vascular Surgical Society. Chicago, Illinois; September 8, 2013

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14. Do women experience delays in carotid endarterectomy? Presented at: Society for Vascular Surgery Annual Meeting; San Francisco, California; May 31, 2013. (Winner of Sectional Poster Competition)
15. National trends in utilization of IVC filters over a decade in the United States, 2000-2009. Presented at: Society for Vascular Surgery Annual Meeting; San Francisco, California; May 31, 2013.
16. Surgical site infections and complications following vascular groin procedures. Presented at: Peripheral Vascular Surgery Society meeting; Park City, Utah; February 1, 2013.
17. Endovascular management of a traumatic renal-caval arteriovenous fistula in a pediatric patient. Presented at: International Symposium on Endovascular Therapy; Miami, Florida; January 22, 2013.
18. Carotid endarterectomy national trends over a decade: Does gender matter? Presented at: Midwestern Vascular Surgery annual meeting; Milwaukee, Wisconsin; September 6, 2012.
19. Asymptomatic 50-75% internal carotid artery stenosis in 288 patients: Risk factors for disease progression and ipsilateral neurological symptoms. Presented at: Midwestern Vascular Surgery annual meeting; Milwaukee, Wisconsin; September 6, 2012.
20. A study of clinical and economic outcomes following cholecystectomy in elderly Americans. Presented at: Department of Surgery grand rounds, Medical College of Wisconsin; Milwaukee, Wisconsin; June 10, 2010.
21. Predictors of in-hospital mortality following cholecystectomy among hospitalized patients. Presented at: 5th annual Academic Surgical Congress; San Antonio, Texas; February 3, 2010.
22. Predictors of in-hospital mortality following cholecystectomy. Presented at: American Medical Association 2010 research symposium; San Diego, California; November 5, 2010 (Honorable Mention Prize).
23. Outcomes following breast surgery in pregnant women. Presented at: 90th annual meeting of the New England Surgical Society; Newport, Rhode Island; September 13, 2009.
24. Outcomes following breast surgery in pregnant women. Presented at: Department of Surgery grand rounds, Yale University School of Medicine; New Haven, Connecticut; September 9, 2009.
25. Gender based differences in management and outcomes of cholecystitis. Presented at: AcademyHealth 2009 annual research meeting; Chicago, Illinois; June 28, 2009.
26. Gender based disparities in outcomes of cholecystitis. Presented at: New England science symposium; Boston, Massachusetts; April 3, 2009.
27. Women have better outcomes in cholecystitis. Presented at: American Medical Women's Association conference, Women's Health 2009, 17th Annual Congress; Williamsburg, Virginia; March 27-29, 2009.
28. Outcomes following cholecystectomy in pregnant and non-pregnant women. Presented at: 4th Annual Academic Surgical Congress; Fort Myers, Florida; February 3-6, 2009.
29. Outcomes following thyroid and parathyroid surgery in pregnant women. Presented at: Robert Wood Johnson Clinical Scholars 2008 National Conference; Washington, D.C.; November 18-21, 2008.

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30. Disparities in outcomes following thyroid and parathyroid surgery in pregnant and non-pregnant women. Presented at: Disparities in Surgical Care symposium; Boston, Massachusetts; Oct 27-28, 2008.
31. Outcomes following thyroidectomy and parathyroidectomy in pregnant women in the US, 1999-2005. Presented at: 89th annual meeting of the New England Surgical Society; Boston, Massachusetts; September 26-28, 2008.
32. Outcomes following thyroid and parathyroid surgery in pregnant women. Presented at: Department of Surgery grand rounds, Yale University School of Medicine; New Haven, Connecticut; September 24, 2008.
33. Are Drains Necessary After Craniosynostosis Surgery? American Society of Plastic Surgeons: Plastic Surgery Senior Residents Conference. Houston, Texas. March 17-19, 2005.
34. The Effects of Heat Treatment on Lactoferrin Concentration in Breast Milk. International Health Medical Education Consortium Conference. Havana, Cuba. March 12-15, 2002

JOURNAL REVIEWER

JAMA Surgery Reviewer	2016-present
Journal of Surgical Research Reviewer	2016-present
British Medical Journal Case Reports Reviewer	2014-present

TEACHING EXPERIENCE:

Louisiana State University – New Orleans, Associate Professor of Surgery	2017-present
Louisiana State University – Shreveport, Assistant Professor of Surgery	2014-2016
Lecturer, Surgery Resident SCORE Curriculum	2016
Lecturer, Third Year Medical Student Curriculum	2014-2016
Clinical Preceptor, First Year Medical Students	2014-2016
Yale University School of Medicine	
Course Facilitator, Introduction to Research	2007 – 2009
Oregon State University	
Teaching Assistant, General Microbiology	1999
Teaching Assistant, Introduction to Microbiology	1998 – 1999
Teaching Assistant, Biology	1997

HONORS, AWARDS & GRANTS

Early Career Achievement Award, Oregon Health & Sciences University, School of Medicine Alumni Association. 2017
Awarded to an alumnus who has made significant career contributions in improving health.

Presidential Leadership Scholar 2017
Executive Leadership Training led by President Bush and President Clinton, held over 6 months onsite at the George H. W. Bush Presidential Center, William J. Clinton Presidential Center, George W. Bush Presidential Center & Lyndon B. Johnson Presidential Center.

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American College of Surgeons Health Policy Scholar — 2016
Award provides $8,000 grant, one of two general surgeons awarded to attend the "Leadership Program in Health Policy and Management" Executive Education Program at Brandeis University Heller School for Social Policy and Management.

Business Report's 2016 "Forty Under 40" Award — 2016
Award in recognition of leadership, community service and career accomplishments

Ford Family Foundation Gerald E. Bruce Leadership & Community Service Award — 2016
Award recognizing excellence in leadership & service, provides $5,000 grant which Dr. Kuy donated to a nonprofit serving veterans.

Certificate of Appreciation, Overton Brooks VA Medical Center — 2015
Presented by Medical Center Director for work in promoting diversity, invited Keynote Speaker for VA's Asian Pacific American Celebration Month

Making a Difference Award, Overton Brooks VA Medical Center — 2014
Recognition of excellence in clinical care

Certificate of Appreciation, Overton Brooks VA Medical Center — 2014
Presented by Medical Center Director for Surgical Services' Achievement in Reducing Adverse Events and Mortality

American College of Surgeons Advocacy Travel Grant — 2012

American Medical Association 2010 Research Symposium Honorable Mention Prize — 2010

Medical College of Wisconsin Affiliated Hospitals (MCWAH) Research Award — 2010

New England Surgical Society 89th Annual Resident Research Competition Award — 2008

Robert Wood Johnson Foundation Clinical Scholars Fellowship. National award providing two years of training in health services research, Yale University School of Medicine — 2007 – 2009

Surgery Intern of the Year Award, Department of Surgery, University of Texas Health Sciences Center at San Antonio — 2006

Oregon Health & Science University ROSE Award (Recognition of Outstanding Service and Excellence) — 2001

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Ralph Bosworth, MD Memorial Scholarship	2000
Dr. JoAnne J. Trow Woman of Distinction Award	2000
Waldo-Cummings Outstanding Student Award	2000
Phi Kappa Phi Honor Society Tunison Award	1999
OSU Department of Microbiology Mark H. MiddleKauf Scholarship	1999
OSU Department of Microbiology Joseph E. Simmons Scholarship	1999
OSU College of Agricultural Science Jesse Hanson Scholarship	1999
OSU College of Science Heitmeyer Scholarship	1996
Presidential Scholar	1996
Laurel G. Case, MD Memorial Scholarship	1996
Robert C. Byrd Honors Scholar	1996
Valedictorian, Crescent Valley High School	1996

NEWS ARTICLES:

Read about Dr. Kuy's work reducing mortality and patient safety adverse events profiled in the VA National Center for Patient Safety here: http://www.patientsafety.va.gov/features/Shreveport_A_Success_Story.asp

Read about Dr. Kuy's work improving veterans' access to care through clinic efficiency profiled by the Association of VA Surgeons here: http://www.avasnews.com/single-post/2016/05/16/REDUCING-NO-SHOWS

Read about Dr. Kuy's work at Louisiana Medicaid improving healthcare quality profiled by Mostly Medicaid here: http://www.mostlymedicaid.com/?p=1821

Read about Dr. Kuy's work with Medicaid Expansion to improve patient health profiled by Business Reports 40 Under 40 here: https://www.businessreport.com/article/forty-40-qa-sreyram-kuy

GRANTS AWARDED:

Zero to Three Grant "Text4Baby"	2016

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$10,000 grant for Technical Assistance implementing Text4Baby, a program aimed at improving birth outcomes for pregnant women in Louisiana Medicaid.

National Governors Association Grant 2016
"Getting the Right Information to the Right Health Care Providers, at the Right Time- How States Can Improve Data Flow"
Awarded to Louisiana Medicaid's Health Information Technology Team, one of three states to receive this grant in the form of Technical Assistance

Centers for Medicare & Medicaid Services Grant 2016
"Louisiana's Health Information Technology (HIT) and Health Information Exchange (HIE) Implementation Advance Planning".
Support adoption and meaningful use of certified EHR technology activities, promote interoperability among EHRs, state HIEs and the Medicaid system; and provide for the design, development and implementation of the appropriate data infrastructure for FY 2017 and 2018.
Total grant awarded: $25,900,382

GRANT APPLICATION IN SUBMISSION
Submitted to PCORI 12/2016
"Provider-Targeted Strategies to Improve Patient-Centered Care for a Medicaid-Insured Population by Reducing Opioid Over-Prescribing and Increasing Provider Knowledge of Opioid Harms and Alternative Therapies for Chronic Non-Cancer Pain"

Principal Investigator:
SreyRam Kuy, MD, MHS, FACS (Louisiana Department of Health)

Total Project Cost: $4 million

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REFERENCES

Dr. (b) (6)
Board of Governors, PCORI
Harold H Hines Professor of Medicine, Yale School of Medicine
Director, Yale Robert Wood Johnson Foundation Clinical Scholars Program
Director, Center for Outcomes Research and Evaluation
Email: (b) (6) @yale.edu

Dr. (b) (6)
President-Elect, Vassar College
Professor of Public Health
Faculty Director of the Yale Global Health Leadership Institute
Brady-Johnson Professor of Grand Strategy
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Yale Email: (b) (6) @yale.edu (until June 30, 2017)
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Dr. (b) (6)
Chief, Surgical Service, Overton Brooks VA Medical Center
Associate Professor, Louisiana State University – Shreveport
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Dr. (b) (6)
Charles Knight, Sr Endowed Professor of Surgery
Chief, Surgical Oncology, Louisiana State University – Shreveport
Phone: (b) (6)
Email: (b) @lsuhsc.edu

Dr. (b) (6)
Associate Program Director of Pulmonary & Critical Care Medicine Fellowship
Overton Brooks VA Medical Center
Associate Professor, Louisiana State University – Shreveport
Phone: (b) (6)

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Message

From: SreyRam Kuy [(b) (6) @gmail.com]
Sent: 3/23/2017 8:54:20 PM
To: Shulkin, David J., MD [David.Shulkin@va.gov]; David shulkin [DrShulkin@aol.com]
CC: (b) (6) ((b) (6) va.gov]; (b) (6) (b) (6) va.gov]; (b) (6) ((b) (6) va.gov]
Subject: Re: [EXTERNAL] Re: RWJ Clinical Scholar
Attachments: Briefing on Team Accomplishments - Dr. SreyRam Kuy.pdf; Dr. SreyRam Kuy CV - VA 2017.pdf

Secretary Shulkin,

Thank you so much for the opportunity to visit with you this Friday. Your work is so inspiring, and I hope I can share with you some of my enthusiasm for improving healthcare for veterans. I attached a briefing, describing some of the work I've done as Chief Medical Officer for Louisiana Medicaid, and my CV.

I hope my experiences leading the drive to improve health in a $10.7 billion health system serving 1.6 million patients, and my decade of experience working in the VA system as a student, trainee, surgeon and administrator can be helpful to you and the VA. Thank you so much for taking the time to chat with me tomorrow.

If you have any questions, my mentors Dr. (b) (6) and Dr. (b) (6), have kindly agreed to serve as references.

Dr. (b) (6)
President-Elect, Vassar College
Professor of Public Health
Faculty Director of the Yale Global Health Leadership Institute
Brady-Johnson Professor of Grand Strategy
Master of Branford College, Yale University – School of Public Health
Yale Email: (b) (6) vale.edu (until June 30, 2017)
Vassar Email: (b) (6) vassar.edu (After July 1, 2017)

Dr. (b) (6)
Board of Governors, PCORI
Harold H Hines Professor of Medicine, Yale School of Medicine
Director, Yale Robert Wood Johnson Foundation Clinical Scholars Program
Director, Center for Outcomes Research and Evaluation
Email: (b) (6) @yale.edu

Again, thank you so much for your time.

Respectfully,
SreyRam

SreyRam Kuy, MD, MHS, FACS
Chief Medical Officer, Louisiana Medicaid
Phone: (b) (6)
Email: (b) (6) @gmail.com

On Tue, Mar 7, 2017 at 11:38 AM, (b) (6) <(b) (6) va.gov> wrote:
> Great, confirmed for Friday, March 24th at 2pm EST here at 810 Vermont Ave NW Washington DC 20420. A protocol officer will meet you at the front entrance lobby and escort you up to the Secretary's Suite at that time. Please let us know if you have any questions. Thank you.
>
> -----Original Message-----
> From: SreyRam Kuy [mailto:(b) (6) @gmail.com]
> Sent: Tuesday, March 07, 2017 12:22 PM
> To: (b) (6)
> Subject: Re: [EXTERNAL] Re: RWJ Clinical Scholar
>
> (b)
> Thanks! Friday March 24th at 2pm would be wonderful. Can you send me details on where the meeting will be at. Thank you so much! -SreyRam
>
> SreyRam Kuy, MD, MHS, FACS
>
>

AMERICAN OVERSIGHT

>
> On Tue, Mar 7, 2017 at 10:25 AM, (b) (6) (b) (6) va.gov> wrote:
>> Good morning Dr. Kuy,
>>
>>
>>
>> Thank you for your request. Secretary Shulkin is available Friday,
>> March 24th at 2pm EST. Please confirm that this works for you.
>>
>>
>>
>> Thanks again,
>>
>>
>>
>> (b) (5)
>>
>> Office of the Secretary
>>
>> Department of Veterans Affairs
>>
>>
>>
>> Begin forwarded message:
>>
>> From: SreyRam Kuy <(b) (6) n@gmail.com>
>> Date: March 7, 2017 at 11:01:10 AM EST
>> To: "Shulkin, David J., MD" <David.Shulkin@va.gov>, David shulkin
>> <DrShulkin@aol.com>
>> Subject: Re: [EXTERNAL] Re: RWJ Clinical Scholar
>>
>> Secretary Shulkin,
>>
>> Thank you so much - I would love the opportunity to stop by and chat.
>>
>> I can be in DC in the afternoons on Friday March 17, Friday March 24,
>> or Friday March 31. Just let me know which date is most convenient
>> for you. I would be happy to work around your schedule.
>>
>> I will also be in DC for certain on Wednesday April 26-Friday April 28
>> for the Medicaid Medical Directors national meeting. Looking forward
>> to the chance to chat.
>>
>> Respectfully,
>> SreyRam
>>
>> SreyRam Kuy, MD, MHS, FACS
>> Chief Medical Officer, Medicaid
>> Louisiana Department of Health
>>
>> Phone: (b) (6)
>> Email: (b) (6) @gmail.com
>>
>> On Mon, Mar 6, 2017 at 7:11 PM, Shulkin, David J., MD wrote:
>>
>> Please let me know when you are in DC next
>>
>>
>>
>> Thanks for the additional information
>>
>>
>>
>> David Shulkin
>>
>>
>>
>> -----Original Message-----
>>
>> From: SreyRam Kuy [(b) (6) n@gmail.com]
>>
>> Sent: Monday, March 06, 2017 09:58 AM Eastern Standard Time
>>
>> To: Shulkin, David J., MD; David shulkin
>>
>> Subject: [EXTERNAL] Re: RWJ Clinical Scholar
>>
>>
>>

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>>
>> Hi Dr. Shulkin,
>>
>> Thank you so much for taking the time to talk with my about my
>>
>> interest in serving the VA. I hope I can utilize my training as a RWJ
>>
>> Clinical Scholar, and my experiences leading a complex $10.7 billion
>>
>> healthcare system serving 1.6 million lives to help improve health for
>>
>> our veterans. I'm frequently in DC and would love any opportunity to
>>
>> stop by and chat at your convenience.
>>
>>
>> Dr. (b) (5) and Dr. (b) (5) have kindly agreed to
>>
>> speak on my behalf as references, if you have any questions at all.
>>
>>
>> Dr. (b) (5)
>>
>> President-Elect, Vassar College
>>
>> Professor of Public Health
>>
>> Faculty Director of the Yale Global Health Leadership Institute
>>
>> Brady-Johnson Professor of Grand Strategy
>>
>> Master of Branford College, Yale University – School of Public Health
>>
>> Yale Email: (b) (6) y@yale.edu (until June 30, 2017)
>>
>> Vassar Email: (b) (6) y@vassar.edu (After July 1, 2017)
>>
>>
>> Dr. (b) (5)
>>
>> Board of Governors, PCORI
>>
>> Harold H Hines Professor of Medicine, Yale School of Medicine
>>
>> Director, Yale Robert Wood Johnson Foundation Clinical Scholars
>> Program
>>
>> Director, Center for Outcomes Research and Evaluation
>>
>> Email: (b) (6) @yale.edu
>>
>>
>> Thank you so much, and hope you have a wonderful day.
>>
>>
>> Respectfully,
>>
>> SreyRam
>>
>>
>> SreyRam Kuy, MD, MHS, FACS
>>
>> Chief Medical Officer, Medicaid
>>
>> Louisiana Department of Health
>>
>>
>> Phone: (b) (6)
>>
>> Email: (b) (6) @gmail.com
>>

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>>
>>
>> On Wed, Feb 15, 2017 at 10:55 PM, Shulkin, David J., MD wrote:
>>
>> We're discussing internally
>>
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>>
>> On Sun, Dec 4, 2016 at 2:03 PM, SreyRam Kuy <(b) (6) n@gmail.com> wrote:
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>> Dr. Shulkin,
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>> Yes, January would be great! I absolutely understand, it must be
>>
>> extraordinarily busy with transition going on. Please know that if
>>
>> there's any way I can help or contribute at all during this very busy
>>
>> time, I'd be more than delighted to do so!
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>> Warmly,
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>> SreyRam
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>> SreyRam Kuy, MD, MHS, FACS
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>> On Sat, Dec 3, 2016 at 10:23 PM, David shulkin wrote:
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>> Id be glad to- though very busy now with the transition of
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>> administration
>>
>> Can we talk in january?
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>>
>>
>> Sent from my iPhone

AMERICAN OVERSIGHT

From: SreyRam Kuy, MD, MHS, FACS
Chief Medical Officer, Medicaid

To: Quality, Covered Services & Benefits, Pharmacy, Policy and Health Information Technology Teams

Re: Medicaid Team Accomplishments Briefing

LOUISIANA DEPARTMENT OF HEALTH

Briefing on Team Accomplishments: Enhancing Access, Quality & Safety and Efficiency

Enhancing Access…

- Development of "Expansion Early Wins" metrics to access impact of access on patient lives - **profiled by NPR, being replicated by multiple other Medicaid states.** http://ldh.la.gov/healthyladashboard/index.html
- Directed Louisiana Medicaid Managed Care Organizations (MCOs) and Medicaid Fee-for-Service (FFS) to begin covering mosquito repellents for pregnant/childbearing age recipients in response to Zika threat. Policy published July 1—**first state in US to have a Medicaid Zika prevention policy.** No local transmissions of Zika in Louisiana to date.
- Added genetic testing for breast and ovarian cancer.
- Now cover over the counter preventive medications (Aspirin 81 mg, Folic Acid, Vitamin D) with no copayment.
- Working with the five Healthy Louisiana Managed Care organizations (MCOs) to eliminate barriers to 17-Progesterone to reduce risk of preterm births.
- Added breast reconstruction post-mastectomy as a covered benefit for cancer patients
- Implemented policy and fee changes to facilitate member access to enteral nutrition.

LIVES AFFECTED	OUTCOME	
411,221	**Health Insurance** Adults enrolled in Medicaid Expansion as of March 20, 2017	Details
72,063	**Preventive Care** Adults who received preventive healthcare or new patient services*	Details
5,895 88	**Breast Cancer** Women who've gotten screening or diagnostic breast imaging* Women diagnosed with breast cancer as a result of this imaging*	Details
6,921 1,980 70	**Colon Cancer** Adults who received colon cancer screening* Adults with colon polyps removed: colon cancer **averted*** Adults diagnosed with colon cancer as a result of this screening*	Details
1,586	**Newly Diagnosed Diabetes** Adults newly diagnosed and now treated for Diabetes*	Details
4,053	**Newly Diagnosed Hypertension** Adults newly diagnosed and now treated for Hypertension*	Details

*Statistics as of March 20, 2017

Louisiana Medicaid "Early Wins" Metrics http://ldh.la.gov/healthyladashboard/index.html

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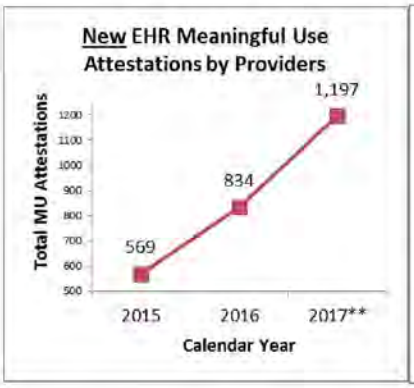
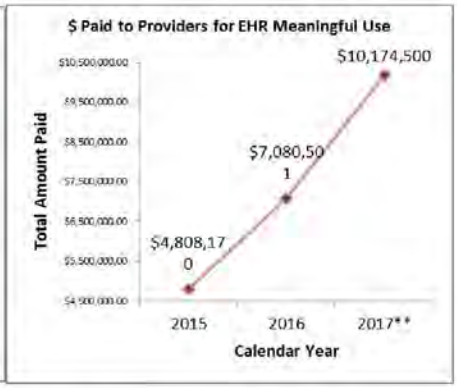
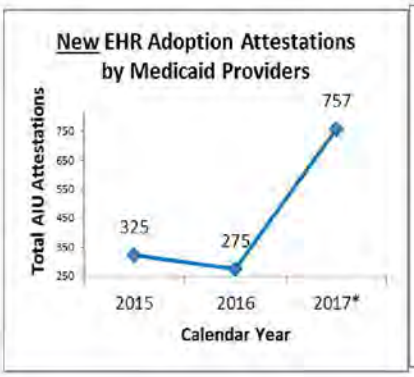
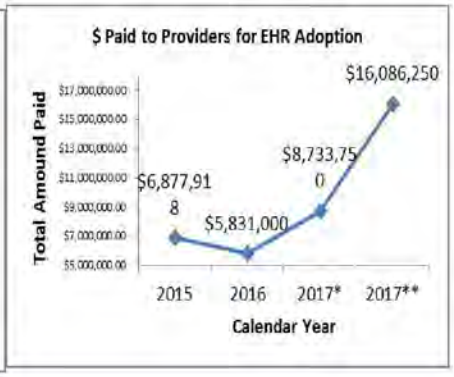
Doubled Statewide EHR Adoption…

- Through novel collaboration & aggressive provider outreach, Doubled adoption of electronic health records (EHR) by new providers, with $26 million distributed by Medicaid to Louisiana providers for incentive payments
- Worked with contractors to complete a state Health Information Technology (HIT) landscape survey.
- Worked with Department of Corrections to become the first state in the US to use Medicaid HITECH funds to implement EHRs in prisons statewide









Increasing Efficiency…

- Working with stakeholders, reformed Pediatric Day Health Care policy to curtail increasing costs and avoid discontinuing the program (FY 2015 $20 million, FY 2016 $14 million)
- Implemented evidence based clinical guidelines around cervical cancer screening policy - **prevents > 4,000 unnecessary procedures per year**, with cost avoidance of $52,000.
- Implemented streamlined process for providing member Third Party Liability record updates improving recoupment and cost avoidance.
- New process adopted pursuant to new legislation allowing LDH to require prior authorization on any new drug introduced to the market until review by the Pharmacy & Therapeutics Committee.

Improving and Measuring Quality & Safety…

- Implemented Medicaid opioid prescription policy limits to address prescription opioid crisis in Louisiana & save lives. Hosted educational webinars, symposiums, Lunch & Learn talks for providers. Created opioid advisory panel. Opioid resources & notices sent to all licensed Louisiana doctors.
- Implemented statewide Naloxone standing order to reduce overdose deaths.
- Updated clinical criteria for hepatitis C agents. To encourage appropriate utilization of Hepatitis C agents, continue to monitor and update clinical prior authorization criteria for FFS Pharmacy Program.
- With MCOs and Office of Behavioral Health, developing a strategic plan to improve use of behavioral therapy as first-line treatment of ADHD in very young children.
- Developed the Louisiana Medicaid Expansion "Dashboard" and "Search by Score" websites to promote transparency and accountability among all citizens in the state.

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Sharing the Vision, Locally…

- Developed the Louisiana Medicaid "Search by Score" websites to promote transparency and accountability among all citizens in the state.
- Conducted EHR Vendor Fair for providers to expedite adoption of HIT with 18 vendors presenting.
- Successfully planned and conducted the Connect Louisiana Symposium on Health Information Technology.
- Successfully hosted the Opioid Symposium for clinicians with over 250 attendees.
- Jump-started the monthly "Lunch and Learn" for clinicians; focused on opioids in December, reaching maximum capacity with over 100 clinicians in attendance.

Sharing the Vision, Nationally…

- Louisiana profiled by National Alliance of State & Territorial AIDS Directors success in viral load suppression. Presented the Healthy Louisiana HIV Performance Improvement Project at 2016 National Ryan White Conference.
- Featured by *Mostly Medicaid* allowing Louisiana to share accomplishments in advancing quality through metrics; distributed to national audience interested in/involved with Medicaid programs nationally.
- Shared the Louisiana "Blueprint" for improving access through expansion, greater engagement of stakeholders and integrating transparency and accountability at the 2016 National Academy for State Health Policy.
- Because of our aggressive focus on quality, invited to share quality alignment efforts with 22 states at the 2016 Oregon Health and Science University Center for Medicaid Evidence-Based Decisions (MED) Conference.
- Presenting efforts in Louisiana Medicaid to increase use of 17-P to prevent prematurity at the CMS Quality Meeting in December, 2016.
- Louisiana Medicaid Quality Section was recognized as a leader in maternal and child health and awarded a competitive 2016 grant for the national Text4Baby program.
- Won a competitive technical assistance grant from the National Governors' Association to work with providers to improve Health Informational Technology adoption



Caring for Medicaid members during the Summer '16 Floods…

- Due to historical flooding, Governor Edwards declared a State of Emergency. For recipients in affected parishes, Pharmacy FFS lifted or allowed overrides for Early Refills, Prior Authorization, Duplicate Therapy, Lock-In, Prescription Limits, and Copayments.
- Medicaid Pharmacy staff also instructed Healthy Louisiana MCOs on processing prescriptions overrides for a number of pharmacy edits.
- Access to or replacements for DME, Home Health, Rehabilitation and Personal Care Services facilitated for flood victims
- Talks at town halls about mold, tetanus immunizations, flood health hazards, flood resources, and emergency replacement medications for flood victims. Led efforts to coordinate medical volunteer efforts at flood shelters.

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SreyRam Kuy, MD, MHS, FACS

Medicaid Chief Medical Officer, Louisiana Department of Health

Associate Professor of Surgery, Louisiana State University – New Orleans

PROFILE:

- ✓ **As Chief Medical Officer of Louisiana Medicaid, I lead the state's drive to improve healthcare quality, engage healthcare providers and stakeholders in both managed care and fee for service systems, develop quality performance metrics and integrate cost effectiveness into a $10.7 billion health system which serves 1.6 million lives.**

- ✓ **Supervise staff members comprising the Quality Team, Pharmacy Team, Clinical Policy Team, Health Information Technology Team and Benefits & Covered Services Team.**

- ✓ **Advise the Secretary of Health on critical public health issues, communicate policies and vision to state legislators and the Governor and represent Medicaid to the media on issues ranging from opioids to zika and healthcare quality.**

- ✓ **Lead initiatives for emerging public health threats such as coordinating medical efforts at Flood Shelters, developing a Zika transmission prevention policy, and working with the Governor's office and state legislators to implement strategies tackling the opioid crisis.**

- ✓ **Oversee CMS grant for state Health Information Technology projects; including increasing EHR adoption among providers, ED discharge data linkage to primary care physicians, advancing a Telehealth network, implementing an EHR system in the Department of Corrections, and enabling providers to achieve meaningful use HIT.**

- ✓ **More than a decade of experience in the VA systems in Oregon, Texas, Connecticut, Wisconsin and Louisiana as a trainee, provider and administrator. Served as Assistant Chief of the General Surgery Section, Director of the Center for Innovations in Quality, Outcomes and Patient Safety, Chair of the Systems Redesign Committee and Board Member on the Quality, Safety and Value Board at Overton Brooks VA Medical Center. Worked with the Pentad on SAIL performance reports, HEDIS and Joint Commission ORYX core measures. Led initiatives to improve veterans' access to care through a 50% reduction in surgery clinic no shows.**

- ✓ **Worked to successfully decrease veteran mortality and reduce patient safety adverse events at Overton Brooks VA Medical Center. Developed biweekly provider educational series, broadcast remotely to outlying VA Community Based Outpatient Clinics in Louisiana and East Texas.**

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PERSONAL:

Office Address: Louisiana Medicaid, Department of Health
628 North 4th Street, Baton Rouge, LA 70802

Mobile Telephone: (b) (6) [redacted]

Office Telephone: 225-342-5381

Email Address: (b) (6) [redacted]@gmail.com
SreyRam.Kuy@LA.Gov

Citizenship: United States

EDUCATION:

2017 Presidential Leadership Scholars Program
Nominated and selected to be a Presidential Leadership Scholar – a joint executive leadership training program by Presidents Bush and Clinton and run by the presidential centers of Lyndon B. Johnson, George H. W. Bush, William J. Clinton and George W. Bush

2016 Healthcare Executive Leadership Program in Health Policy and Management
Heller School of Policy and Management, Brandeis University

2009 M.H.S. (Master of Health Science)
Yale University School of Medicine, Robert Wood Johnson Clinical Scholar

2005 M.D. (Medical Degree)
Oregon Health & Sciences University School of Medicine

2000 B.S. (Bachelor of Science, Philosophy), magna cum laude
Oregon State University

2000 B.S. (Bachelor of Science, Microbiology), magna cum laude
Oregon State University

POSTGRADUATE TRAINING:

2009-2012 Residency, General Surgery (PGY 3-5)
Medical College of Wisconsin

2007-2009 Robert Wood Johnson Clinical Scholar Fellowship
Yale University School of Medicine

2005-2007 Residency, General Surgery (PGY 1-2)
University of Texas Health Sciences Center at San Antonio

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APPOINTMENTS:

2016-present Chief Medical Officer, Medicaid, Louisiana Department of Health and Hospitals

As CMO of Louisiana Medicaid I lead the drive to improve healthcare quality, cost effectiveness and Health Information Technology in a $10.7 billion health system which serves 1.6 million lives in both managed care and fee for service systems. My work includes managing the Quality Team, Pharmacy Team, Clinical Policy Team, Health Information Technology Team and a Benefits & Covered Services Team. In addition, I lead initiatives for emerging public health threats such as coordinating medical efforts at Flood Shelters, developing a Zika transmission prevention policy, and working with the Governor's office and legislatures to implement strategies tackling the opioid crisis.

- Health Information Technology Team: lead the state's electronic health record adoption initiative and health information technology strategy, oversee CMS grant for Health Information Technology and a National Governors' Association HIT grant
- Quality Team: Develop and evaluate incentivized quality performance measures for providers & health plans to improve outcomes, safety, and quality of care for the state of Louisiana. Manage a Quality Team comprised of physicians, nurses & policy analysts addressing health care quality. Creation of a "Search by Score" site that promotes quality, transparency and adoption in Louisiana healthcare.
- Clinical Policy Team overseeing the evidence based approach for coverage of new benefits and services for Medicaid beneficiaries
- Benefits and Covered Services Team: manage all covered services and benefits in the Louisiana Medicaid system
- Pharmacy Team: overseeing Medicaid prescription coverage
- Rapidly respond to emergent public health issues (such as Zika virus, Opioid epidemic, drug shortages, flooding and emergency natural disasters) and develop guidance for providers and health plans
- Work with Louisiana healthcare stake holders, including Managed Care Organizations, hospital associations, healthcare providers, health facilities and institutions, patient advocacy groups to ensure high quality care for Louisiana's Medicaid population, and efficient use of resources

2014-2016 Director, Center for Innovations in Quality, Outcomes and Patient Safety, OBVAMC

- Develop and lead initiatives to meet Joint Commission ORYX core measures, SAIL performance measures, and monitor PSI occurrences.
- Develop programs that lead to sustained improvement in quality, outcomes and safety in the Surgical Services at the OBVAMC.
- Work on reducing mortality and adverse events profiled in the VA National Center for Patient Safety newsletter and website. Work on decreasing clinic no-shows featured in the Association of VA Surgeons newsletter and website.
- Collaborate with section chiefs to assess needs for quality improvement; develop, monitor and assess quality measures and initiatives; monitor

AMERICAN OVERSIGHT

analyze and assess surgical outcomes; integrate quality improvement tools and surgical outcome measures to create a cohesive program for the OBVAMC Surgical Services.

- Partner with VA clinical, policy and operational leaders to implement and evaluate different ways to make surgical healthcare safer, more effective and more affordable.

2015-2016 Assistant Chief, General Surgery Section
Overton Brooks VA Medical Center (OBVAMC)

- Integrate quality improvement tools and surgical outcome measures to create a cohesive program for General Surgery Section, leading to improved patient safety with a decrease in patient mortality and reduction in Critical Incident Network Tracking adverse events
- Work on SAIL and Joint Commission performance measures (pressure ulcer prevention, accidental puncture monitoring, smoking cessation/flu immunization documentation)
- Led initiative to improve veterans access to care through decreased surgery clinic no shows, with more than 50% reduction in clinic no shows
- Develop, monitor and assess quality and efficiency measures and initiatives for the General Surgery Section
- Monitor, analyze and assess surgical outcomes for the General Surgery Section
- Review Quality Improvement tools and surveys
- Collaborate with other section chiefs (Anesthesiology, ENT, General Surgery, ENT, Neurosurgery, Ophthalmology, Orthopedics, Podiatry, Urology, Vascular and Thoracic Surgery) to assess needs for a collaborative, comprehensive surgical care

2014-2016 Director, Surgical Services Grand Rounds Lecture Series, OBVAMC

- Developed a CME accredited academic curriculum for Grand Rounds Lecture Series; recruited local and national speakers
- Incorporated telecommunication to broadcast Grand Rounds Lectures remotely, available to outlying VA Community Based Outpatient Clinics (CBOCs) in Louisiana and Texas and also to employee's computer desktops to allow greater educational reach

2017-present Associate Professor, Department of Surgery
Louisiana State University – New Orleans

2014-2016 Assistant Professor, Department of Surgery
Louisiana State University – Shreveport

2014-2016 Staff Surgeon, Overton Brooks Veterans Affairs Medical Center (OBVAMC)

- Had highest RVU's and total number of cases in general surgery section
- Performed first laparoscopic assisted Low Anterior Resection at OBVAMC

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- Developed a laparoscopic training course for residents, OR staff and surgeons; taught at OBVAMC and LSU

2014-2015 Consultant, Parkland Center for Clinical Innovation
Consultant on surgical site infection risk prediction modeling

BOARD CERTIFICATION
2014 American Board of Surgery # 059382

MEDICAL LICENSURE:
State of Texas # P9893 – Expiration 5/31/2017
State of Wisconsin #53724-20 – Expiration 10/3/2017
State of Tennessee #MD0000050960 – Expiration 3/31/2018
State of Louisiana #300710 – Expiration 3/31/2017

POSTGRADUATE COURSES:
10/2014 Cleveland Clinic, Advanced Laparoscopic Colorectal Master Class
11/2014 Florida Hospital, Laparoscopic General Surgery Master Class
7/2015 University of South Florida, Laparoscopic Colectomy Mini-Fellowship
9/2015 Methodist MITE, Advanced Hernia and Abdominal Wall Repair Master Class
2/2016 Life Cell, Complex Abdominal Wall Reconstruction Bioskills Lab

LEADERSHIP/HEALTHCARE POLICY TRAINING & EXPERIENCE:

American College of Surgeons Health Policy Award — June 12-18, 2016
"Leadership Program in Health Policy and Management" Executive Education Program at Brandeis University Heller School for Social Policy and Management.

American Medical Association Campaign School — 2013
Training in healthcare policy, legislation and politics in Washington, D.C.

American College of Surgeons Advocacy Grant — 2012

Robert Wood Johnson Clinical Scholar, Yale University School of Medicine — 2007 – 2009
Fellowship in healthcare policy & management, public health and research.

Healthcare Policy Synergy Workshop, Institute of Medicine. Washington, D.C. — 2008
Healthcare policy training, development of health disparities proposal

Robert Wood Johnson Foundation Cover the Uninsured Week Oregon Committee
Organized symposium on the uninsured in Oregon, speaker Governor Kitzhaber — 2003

American Academy of Family Physicians National Congress — 2000
Authored resolution on "Presentation of the AAFP Universal Health Care Coverage Task Force Report and Inclusion of Resident and Student Feedback

Kaiser Family Foundation Barbara Jordan Health Policy Scholar — 2000
Worked in Washington DC office of US Senator Tom Harkin. Wrote speeches on The Breast & Cervical Cancer Treatment Act and Re-authorization of the Older Americans Act, attended hearings, wrote briefs on prescription drug coverage, coverage for experimental studies, and healthcare instrument safety.

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HEALTH POLICY PANELS/KEY NOTE SPEAKER/PRESENTATIONS

The Louisiana Story: Tackling Preterm Birth through Collaboration and Innovation — Dec 2016
CMS Quality Conference, Baltimore, MD

Achieving Viral Load Suppression through Collaboration – The Louisiana Story — Dec 2016
HIV Affinity Group National Conference, Washington DC

Medicaid Expansion and Access to Healthcare: Learning from Louisiana — Dec 2016
Louisiana Public Health Institute

Bridging the Gap Between Health Care and Health Equity — Oct 2016
National Academy for State Health Policy, Pittsburgh, PA

HIV Affinity – The Louisiana Story — Nov 2016
HIV Health Improvement Affinity Group National Webinar

Medicaid Industry Who's Who Series, "Mostly Medicaid" — Sept 2016
State Spotlight Series: Achieving Healthcare Quality

Medicaid Expansion and Improving Healthcare Quality in Louisiana — Sept 2016
American Association on Intellectual & Developmental Disabilities,Alexandria,LA

Panel Member: Using National Data Sources to Understand Healthcare Quality, Access and Disparities Among Women — 2015
AcademyHealth 2015 Annual Research Meeting, Minneapolis, Minnesota

Panel Member: Emerging Issues in Gender-Based and Women's Health. — 2009
AcademyHealth 2009 Annual Research Meeting, Chicago, Illinois.

Moderator, Robert Wood Johnson Alumni Careers in Health Policy. — 2008
Robert Wood Johnson Clinical Scholars National Conference, Washington, D.C.

Panel Member: The Many Avenues to Pursuing a Career in Health Policy. — 2007
Barbara Jordan Health Policy Scholars Conference, Washington, D.C.

TOWN HALLS

Town Hall Meeting — August 2016
Flood Recovery, Mold and Tetanus Vaccination, Mental Health Crisis Hotline

Town Hall Meeting — August 2016
Flood Recovery, Prescription Co-Pay Waivers, Early Refills for Prescriptions

Rotary Club of Shreveport — July 2016
Key Note Speaker: Medicaid Expansion

Shreveport Medical Society — July 2016
Key Note Speaker: Medicaid Expansion

COMMITTEE SERVICE AND ORGANIZATIONS

National Quality Forum — 2016-present
Medicaid Innovation Accelerator Committee

Alliance for a Healthier Generation — 2016-present
Obesity Prevention Task Force

Opioid Commission — 2016-present

Comparing Outcomes of Drugs and Appendectomy (CODA) — 2016-present
National Stakeholder Advisory Board

National Academy for State Health Policy — 2016-present
Public and Population Health Advisory Group

AcademyHealth — 2016-present

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State Health Research and Policy Interest Group Advisory Committee

American College of Surgeons 2016-2019
Committee on Diversity Issues

Robert Wood Johnson Foundation Clinical Scholars Alumni Association 2016-2018
Co-President

Chair, Medicaid Quality Committee 2016-present

Louisiana Commission on HIV, AIDS and Hep C 2016-present
Office of Public Health designee, appointed by Governor Edwards

Louisiana Task Force on Telehealth Access 2016-present
Appointed by Secretary

Executive Committee, Medicaid Evidence-based Decisions Project, Portland, OR 2016-present

Chair, Improving Veterans Access to Care Committee 2015

Board Member, Quality, Safety and Value Board, OBVAMC 2015-2016

Chair, Systems Redesign Committee, OBVAMC 2015-2016

Chair, General Surgery Faculty Recruitment Committee, OBVAMC 2015-2016

Federation of State Medical Boards (FSMB) 2015-2016
Appointed Representative to Accreditation Council for Continuing Medical Education Accreditation Review Committee (review accreditation for CME)

National Board of Medical Examiners (NBME) 2011 – 2015
NBME Board Member
Appointed by American Medical Association as one of 80 Board Members governing the NBME, overseeing a $100 million annual budget that governs the USMLE, the Post-Licensure Assessment System, and works with specialty boards to protect the public health.

NBME Diversity and Inclusion Task Force 2013 – 2015
Tasked to improve diversity and inclusion in the executive leadership of the NBME and the USMLE exam contents.

Association for Academic Surgery
Membership Committee 2013 – 2015
Information and Technology Committee 2010 – 2012
Program Committee 2016 – present

Association of Women Surgeons, Communications Committee, Vice-Chair 2012 – 2014

Medical Society of Milwaukee County, Board of Directors 2012 – 2014

American Medical Association
Chair, Wisconsin Resident & Fellow Governing Council 2011 – 2013
AMA Surgical Caucus, Executive Committee 2010 – 2011
Wisconsin Medical Society, AMA Resident Delegate 2010 – 2011

Robert Wood Johnson Clinical Scholars National Conference, Planning Committee 2008

Oregon Health & Science University Medical School First Year, Class President 2000 - 2001

Habitat for Humanity, Oregon State University Campus Chapter President 1988-1999

Science Student Council, President 1997-1998

Phi Eta Sigma National Honor Society, Oregon State University Chapter President 1997-1998

Oregon State University Undergraduate Senate, Senator 1997-1998

Talons Women's Leadership & Service Honorary Society, Vice-President 1997-1998

Medical Careers Explorer Scouts, Corvallis Chapter President 1995-1996

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PEER-REVIEWED PUBLICATIONS

1. **Kuy S**, Romero R. Eliminating Critical Incident Tracking Network Patient Safety Events at a Veterans Affairs Institution through Crew Resource Management Training. *American Journal of Medical Quality. In Press.*
2. **Kuy S**, Romero R. Improving Staff Perception of a Safety Climate with Crew Resource Management Training. *Journal of Surgical Research. In Press*
3. **Kuy S**. Rapidly Growing, Bleeding Mass on a Golfer's Back. *JAMA Surgery. In Press*
4. **Kuy S**, Romero R, Rose K, Vincent L. Perineal Pain and Malodorous Drainage in a Rectal Cancer Patient. *BMJ Postgraduate Medical Journal. In Press*
5. Koo D, **Kuy S**, Ogunleye A, Sangji N. A Tradition of Advocacy in the American College of Surgeons: Protecting our patients, advancing our profession. *Bull Am Coll Surg. In Press*
6. Eskander M, Neuwirth M, **Kuy S**, Keshava H, Meizoso J. Technology for Teaching: New Tools for 21st Century Surgeons. *Bull Am Coll Surg. In Press*
7. **Kuy S**, Dua A, Rieland J, Cronin D. Cavernous Transformation of the Portal Vein. *Journal of Vascular Surgery.* 2016 Feb;63(2):529.
8. **Kuy S**, Jenkins P, Romero R, Samra N, Kuy S. The Rising Incidence and Mortality of Clostridium Difficile Associated Megacolon. *JAMA Surgery.* 2015 Oct 7:1-2.
9. **Kuy S**, Romero R, Kuy S. Gas Gangrene in a Diabetic Foot. *Journal of the Louisiana State Medical Society.* 2015 Sep-Oct;167(5):213-214. Epub 2015 Oct 15.
10. **Kuy S**. Carotid Body Tumor. *Journal of the Louisiana State Medical Society.* 2015 Jul-Aug;167(4):165. Epub 2015 Aug 15.
11. Busch K, Keshava H, **Kuy S**, Nezgoda J, Picou A. Teaching in the Operating Room: New Lessons for Training Surgical Residents. *Bull Am Coll Surg.* 2015 Aug;100(8):29-34.
12. Ogunleye A, Bliss L, **Kuy S**, Leichtle S. Political Advocacy in Surgery: The Case for Individual Engagement. *Bull Am Coll Surg.* 2015 Aug;100(8):40-4.
13. Dua A, **Kuy S**, Desai S, Heller J, Lee C. Diagnosis and Management of a Ruptured Mycotic Popliteal Pseudoaneurysm. *Vascular.* 2015 Aug;23(4):419-21
14. **Kuy S**, Dua A. Uncertainty in management of carotid stenosis in women – reply. *JAMA Surgery.* 2014;149(4):402-3.
15. **Kuy S**, Dua A, Desai S, Chappidi Rohit, Patel B, Seabrook G, Brown K, Lewis B, Rossi P, Lee C. The Increasing Incidence of Thromboembolic Events among Hospitalized Patients with Inflammatory Bowel Disease. *Vascular.* 2014 Jul 1.pii: 1708538114541799.
16. **Kuy S**, Dua A, Lee C, Patel B, Desai S, Dua A, Szabo A, Patel P. National Trends in Utilization of IVC Filters in the United States, 2000-2009. *Journal of Vascular Surgery: Venous and Lymphatic Disorders.* 2014 Jan;2(1):15-20.
17. Dua A, **Kuy S**, Lee CJ, Upchurch G Jr, Desai S. Epidemiology of Aortic Aneurysm Repair in the United States from 2000 to 2010. *Journal of Vascular Surgery.* 2014;59(6):1512-7.
18. Dua A, McMaster J, Desai P, Desai S, **Kuy S**, Mata M, Cooper J. The Association between Blunt Cardiac Injury and Isolated Sternal Fracture. *Journal of Cardiology Research and Practice.* 2014;2014:629687
19. Dua A, Dua A, Jechow S, Desai S, **Kuy S**. Idiopathic Spontaneous Rupture of an Intercostal Artery. *Wisconsin Medical Journal.* 2014;113(3):116-8.
20. Dua A, Aziz A, Desai S, McMaster J, **Kuy S**. National Trends in the Adoption of Laparoscopic Cholecystectomy over 7 years in the United States and Impact of Laparoscopic Approaches Stratified by Age. *Minimally Invasive Surgery.* 2014;2014:635461.

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21. **Kuy S**, Juern J, Weigelt J. Laparoscopic Primary Repair of Traumatic Intrapericardial Diaphragmatic Hernia. *Journal of Laparoscopic Surgeons* 2014;18(2):333-7.
22. **Kuy S**, Dua A, Rossi P, Seabrook G, Lewis B, Patel B, Lee C, Desai S, Brown K. Carotid Endarterectomy National Trends Over a Decade: Does gender matter? *Annals of Vascular Surgery*. 2013 Dec 6. pii: S0890-5096(13)00641-9.
23. Dua A, Desai SS, Dua A, Charlton-Ouw K, Dongerkery SP, Patel B, **Kuy S**, McMaster J, Darlow M, Shapiro ML. The Impact of Co-Morbid Conditions and Insurance Status on Trauma Patient Outcomes. *TRAUMA*. 2013, Vol. 15 Issue 3, p239
24. **Kuy S**, Rossi P, Seabrook G, Brown K, Lewis B, Rilling W, Martin G, Patel B, Dua A, McMaster J, Desai S, Lee C. Endovascular Management of a Traumatic Renal-Caval Arteriovenous Fistula in a Pediatric Patient. *Annals of Vascular Surgery*. Dec 2013. pii: S0890-5096(13)00472-X.
25. **Kuy S**, Dua A, Desai S, Dua A, Patel B, Tondravi N, Seabrook G, Brown K, Lewis B, Lee C, Kuy S, Subbarayan R, Rossi P. Surgical Site Infections Following Lower Extremity Revascularization Procedures Involving Groin Incisions. *Annals of Vascular Surgery*. 2013 Nov 1. doi:pii: S0890-5096(13)00423-8.
26. Dua A, Dua A, Desai S, Kuy S, Sharma R, Jechow S, McMaster J, Patel B, **Kuy S**. Gender Based Differences in Management and Outcomes of Cholecystitis. *American Journal of Surgery*. 2013 Nov;206(5):641-6.
27. **Kuy S**, He C, Cronin D. Renal Mucormycosis: A Rare and Potentially Lethal Complication of Kidney Transplantation. *Case Reports in Transplantation*. October 2013;2013:915423
28. McMaster J, Dua A, Desai S, **Kuy S**. Short Term Outcomes Following Breast Cancer Surgery in Pregnant Women. *Gynecologic Oncology*. 2013 Sep 13. doi:pii: S0090-8258(13)01177-3.
29. Kulaylat AN, Zheng F, **Kuy S**, Bittner JG. Early Surgical Specialization: a new paradigm. *Bull Am Coll Surg*. 2013 Aug;98(8):43-9.
30. Baker J, Misra S, Manimala NJ, **Kuy S**, Gantt G. The Role of Politics in Shaping Surgical Training. *Bull Am Coll Surg*. 2013 Aug;98(8):17-25..
31. **Kuy S**, Seabrook G, Rossi P, Lewis B, Dua A, Brown K. Management of Carotid Stenosis in Women. *JAMA Surgery*. 2013 Aug;148(8):788-90. Epub June 26, 2013.
32. Dua A, Patel B, **Kuy S**, Seabrook G, Tondravi N, Brown K, Lewis B, Rossi P. Asymptomatic 50–75% Internal Carotid Artery Stenosis in 288 Patients: Risk Factors for Disease Progression and Ipsilateral Neurological Symptoms. *Perspectives in Vascular Surgery and Endovascular Therapy*. 2013 Dec; 24(4):165-70. doi: 10.1177/1531003513491986.
33. Dua A, Patel B, Heller J, **Kuy S**, Dubose J, Tomasek JS, Larssen EM, Desai S. Variability in the Management of Superficial Venous Thrombophlebitis between Phlebologists and Vascular Surgeons. *Perspectives in Vascular Surgery and Endovascular Therapy*. 2013 Jun;25(1-2):5-10.
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35. **Kuy S**, Vickery M, Dua A, Rosner G. Appendiceal endometriosis mimicking appendicitis. *JAMA Surgery*. 2013 May 1;148(5):481.
36. **Kuy S**, Somberg L, Paul J, Brown N, Saving A, Codner P. Undetected Penetrating Bladder Injuries Presenting as a Spontaneously Expulsed Bullet During Voiding: A Rare Entity and Review of the Literature. *Journal of Emergency Medicine*. 2013 May 25: S0736-4679(13)00356-9.
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traumatic and blunt thoracic injury. *Perspectives in Vascular Surgery and Endovascular Therapy.* Sep;24(3):123-127, ePub: March 26, 2013.

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40. **Kuy S**, Codner P, Guralnick M, Dua A, Paul J. Combined rectovesicular injuries from low velocity penetrating trauma in an adult. *Wisc Med J.* 2013;112(1):32-34.
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43. **Kuy S**, Roman SA, Desai R, Sosa JA. Outcomes Following Cholecystectomy in Pregnant and Non-pregnant Women. *Surgery.* 2009;146(2):358-366.
44. **Kuy S**, Roman S, Desai R, Sosa J. Outcomes following thyroid and parathyroid surgery in pregnant women. *Arch Surg.* 2009;144(5):399-406. Commentary by F Moore.
45. **Kuy S**. Stand up for patients. *Bull Am Coll Surg.* 2008;93(8):23-24.
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EDITORIALS/TECHNICAL NOTES/NEWSLETTER ARTICLES/MEDICAL BLOGS

1. **Kuy S,** Romero R, Cypher E. Shreveport: A Success Story. Creating a Culture of Safety at the Overton Brooks VA Medical Center. *Topics in Patient Safety. Veterans Affairs National Center for Patient Safety*. September 2014;14(5):1,4.
2. **Kuy S**. Profiles in Leadership. *Association of Women Surgeons Blog*. September 2014.
3. **Kuy S**. Health Services Research for Surgeons. *Association of Women Surgeons Website.* 2014.
4. **Kuy S**. Women Surgeon Leaders for the 21st Century. *Association of Women Surgeons Newsletter*. July 25, 2014
5. **Kuy S.** The Imperative to Improve Gallbladder Disease Treatment and Outcomes for Men. *Robert Wood Johnson Foundation Human Capitol Blog*. November 22, 2013.
6. **Kuy S.** Society for Vascular Surgery Trainee Advocacy Award Essay. *Society for Vascular Surgery* website. 2012.
7. **Kuy S**. Information & technology review: Online health resources for surgeons. *Association for Academic Surgery Newsletter*. Fall, 2010:6-7.
8. **Kuy S**. Stand up for patients. *Los Angeles Times*. February 28, 2008.

BOOKS AND BOOK CHAPTERS

1. **Kuy S** (senior editor), Kwon R, Hochman M. 50 Studies Every Surgeon Should Know. Oxford Press. (Planned release 2017)

AMERICAN OVERSIGHT

2. Provo B, **Kuy S**. Venous insufficiency ulcers. In Domino FJ (Ed.), The 5-Minute Clinical Consult 2015, Philadelphia: Lippincott Williams and Wilkins.
3. Aljoudi M, Dua A, **Kuy S.** Cervical Bruit. In Domino FJ (Ed.), The 5-Minute Clinical Consult 2016, Philadelphia: Lippincott Williams and Wilkins.
4. Dua A, Aljoudi M, **Kuy S.** Absent or Diminished Pulse. In Domino FJ (Ed.), The 5-Minute Clinical Consult 2016, Philadelphia: Lippincott Williams and Wilkins.
1. Aljoudi M, McMaster J, **Kuy S.** Breast Cancer and Pregnancy. In Domino FJ (Ed.), The 5-Minute Clinical Consult 2016, Philadelphia: Lippincott Williams and Wilkins.
2. Dua A, Desai S, **Kuy S.** Inguinal Mass. In Domino FJ (Ed.), The 5-Minute Clinical Consult 2016, Philadelphia: Lippincott Williams and Wilkins.

PRESENTATIONS

1. Reducing Surgery Cancellations in a Tertiary Hospital: A Three Year Review. Association of VA Surgeons 2016 Meeting; Virginia Beach, VA April 2016.
2. Why We Don't Come to Clinic: Patient Perspectives. Association of VA Surgeons 2016 Meeting; Virginia Beach, VA April 2016.
3. The Myth of Sisyphus: Is Reducing Surgery Clinic No-Shows Impossible? Association of VA Surgeons 2016 Meeting; Virginia Beach, VA April 2016.
4. It Takes a Village: Referring Providers Impact Patient No Shows. Association of VA Surgeons 2016 Meeting; Virginia Beach, VA April 2016.
5. Reducing Surgical Site Infections Utilizing a Prevention Bundle and a Multidisciplinary Approach at a Veterans Affairs Hospital. The American College of Surgeons NSQIP 2015 Meeting; Chicago, IL; July 2015.
6. Transformational Change: Creating a Culture of Safety in the Operating Room. Presented at: The American College of Surgeons NSQIP 2015 Meeting; Chicago, IL; July 2015.
7. Outlier to Leader: Designing a Risk Stratification Intervention to Decrease 30 Day Surgical Mortality in a Veterans Affairs Hospital. The American College of Surgeons NSQIP 2015 Meeting; Chicago, IL; July 2015.
8. Outlier to Leader: Designing a Risk Stratification Intervention to Decrease 30 Day Surgical Mortality in a Veterans Affairs Hospital. Presented at: The Association of VA Surgeons 2015 Meeting; Miami, FL; May 2015.
9. Transformational Change: Creating a Culture of Safety in the Operating Room. Presented at: The Association of VA Surgeons 2015 Meeting; Miami, FL; May 2015.
10. The Rising Incidence and Mortality of Clostridium Difficile Associated Megacolon. Presented at: The Association of VA Surgeons 2015 Meeting; Miami, FL; May 2015.
11. The Increasing Incidence of Thromboembolic Events Among Patients with Inflammatory Bowel Disease. Presented at: American College of Surgeons 2013 Clinical Congress; Washington DC; October 2013.
12. Diagnosis and Management of a Ruptured Popliteal Mycotic Pseudoaneurysm. Presented at: Eastern Vascular Society. Sulfur Springs, West Virginia. September 21, 2013. (First Place Winner of the 2013 Resident Award)
13. Ruptured Carotid Mycotic Tuberculoid Aneurysm from Intravesical BCG. Presented at: Midwestern Vascular Surgical Society. Chicago, Illinois; September 8, 2013

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14. Do women experience delays in carotid endarterectomy? Presented at: Society for Vascular Surgery Annual Meeting; San Francisco, California; May 31, 2013. (Winner of Sectional Poster Competition)
15. National trends in utilization of IVC filters over a decade in the United States, 2000-2009. Presented at: Society for Vascular Surgery Annual Meeting; San Francisco, California; May 31, 2013.
16. Surgical site infections and complications following vascular groin procedures. Presented at: Peripheral Vascular Surgery Society meeting; Park City, Utah; February 1, 2013.
17. Endovascular management of a traumatic renal-caval arteriovenous fistula in a pediatric patient. Presented at: International Symposium on Endovascular Therapy; Miami, Florida; January 22, 2013.
18. Carotid endarterectomy national trends over a decade: Does gender matter? Presented at: Midwestern Vascular Surgery annual meeting; Milwaukee, Wisconsin; September 6, 2012.
19. Asymptomatic 50-75% internal carotid artery stenosis in 288 patients: Risk factors for disease progression and ipsilateral neurological symptoms. Presented at: Midwestern Vascular Surgery annual meeting; Milwaukee, Wisconsin; September 6, 2012.
20. A study of clinical and economic outcomes following cholecystectomy in elderly Americans. Presented at: Department of Surgery grand rounds, Medical College of Wisconsin; Milwaukee, Wisconsin; June 10, 2010.
21. Predictors of in-hospital mortality following cholecystectomy among hospitalized patients. Presented at: 5th annual Academic Surgical Congress; San Antonio, Texas; February 3, 2010.
22. Predictors of in-hospital mortality following cholecystectomy. Presented at: American Medical Association 2010 research symposium; San Diego, California; November 5, 2010 (Honorable Mention Prize).
23. Outcomes following breast surgery in pregnant women. Presented at: 90th annual meeting of the New England Surgical Society; Newport, Rhode Island; September 13, 2009.
24. Outcomes following breast surgery in pregnant women. Presented at: Department of Surgery grand rounds, Yale University School of Medicine; New Haven, Connecticut; September 9, 2009.
25. Gender based differences in management and outcomes of cholecystitis. Presented at: AcademyHealth 2009 annual research meeting; Chicago, Illinois; June 28, 2009.
26. Gender based disparities in outcomes of cholecystitis. Presented at: New England science symposium; Boston, Massachusetts; April 3, 2009.
27. Women have better outcomes in cholecystitis. Presented at: American Medical Women's Association conference, Women's Health 2009, 17th Annual Congress; Williamsburg, Virginia; March 27-29, 2009.
28. Outcomes following cholecystectomy in pregnant and non-pregnant women. Presented at: 4th Annual Academic Surgical Congress; Fort Myers, Florida; February 3-6, 2009.
29. Outcomes following thyroid and parathyroid surgery in pregnant women. Presented at: Robert Wood Johnson Clinical Scholars 2008 National Conference; Washington, D.C.; November 18-21, 2008.

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30. Disparities in outcomes following thyroid and parathyroid surgery in pregnant and non-pregnant women. Presented at: Disparities in Surgical Care symposium; Boston, Massachusetts; Oct 27-28, 2008.
31. Outcomes following thyroidectomy and parathyroidectomy in pregnant women in the US, 1999-2005. Presented at: 89th annual meeting of the New England Surgical Society; Boston, Massachusetts; September 26-28, 2008.
32. Outcomes following thyroid and parathyroid surgery in pregnant women. Presented at: Department of Surgery grand rounds, Yale University School of Medicine; New Haven, Connecticut; September 24, 2008.
33. Are Drains Necessary After Craniosynostosis Surgery? American Society of Plastic Surgeons: Plastic Surgery Senior Residents Conference. Houston, Texas. March 17-19, 2005.
34. The Effects of Heat Treatment on Lactoferrin Concentration in Breast Milk. International Health Medical Education Consortium Conference. Havana, Cuba. March 12-15, 2002

JOURNAL REVIEWER

JAMA Surgery Reviewer	2016-present
Journal of Surgical Research Reviewer	2016-present
British Medical Journal Case Reports Reviewer	2014-present

TEACHING EXPERIENCE:

Louisiana State University – New Orleans, Associate Professor of Surgery	2017-present
Louisiana State University – Shreveport, Assistant Professor of Surgery	2014-2016
Lecturer, Surgery Resident SCORE Curriculum	2016
Lecturer, Third Year Medical Student Curriculum	2014-2016
Clinical Preceptor, First Year Medical Students	2014-2016
Yale University School of Medicine	
Course Facilitator, Introduction to Research	2007 – 2009
Oregon State University	
Teaching Assistant, General Microbiology	1999
Teaching Assistant, Introduction to Microbiology	1998 – 1999
Teaching Assistant, Biology	1997

HONORS, AWARDS & GRANTS

Early Career Achievement Award, Oregon Health & Sciences University, School of Medicine Alumni Association. 2017
Awarded to an alumnus who has made significant career contributions in improving health.

Presidential Leadership Scholar 2017
Executive Leadership Training led by President Bush and President Clinton, held over 6 months onsite at the George H. W. Bush Presidential Center, William J. Clinton Presidential Center, George W. Bush Presidential Center & Lyndon B. Johnson Presidential Center.

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American College of Surgeons Health Policy Scholar *Award provides $8,000 grant, one of two general surgeons awarded to attend the "Leadership Program in Health Policy and Management" Executive Education Program at Brandeis University Heller School for Social Policy and Management.*	2016
Business Report's 2016 "Forty Under 40" Award *Award in recognition of leadership, community service and career accomplishments*	2016
Ford Family Foundation Gerald E. Bruce Leadership & Community Service Award *Award recognizing excellence in leadership & service, provides $5,000 grant which Dr. Kuy donated to a nonprofit serving veterans.*	2016
Certificate of Appreciation, Overton Brooks VA Medical Center *Presented by Medical Center Director for work in promoting diversity, invited Keynote Speaker for VA's Asian Pacific American Celebration Month*	2015
Making a Difference Award, Overton Brooks VA Medical Center *Recognition of excellence in clinical care*	2014
Certificate of Appreciation, Overton Brooks VA Medical Center *Presented by Medical Center Director for Surgical Services' Achievement in Reducing Adverse Events and Mortality*	2014
American College of Surgeons Advocacy Travel Grant	2012
American Medical Association 2010 Research Symposium Honorable Mention Prize	2010
Medical College of Wisconsin Affiliated Hospitals (MCWAH) Research Award	2010
New England Surgical Society 89th Annual Resident Research Competition Award	2008
Robert Wood Johnson Foundation Clinical Scholars Fellowship. National award providing two years of training in health services research, Yale University School of Medicine	2007 – 2009
Surgery Intern of the Year Award, Department of Surgery, University of Texas Health Sciences Center at San Antonio	2006
Oregon Health & Science University ROSE Award (Recognition of Outstanding Service and Excellence)	2001

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Ralph Bosworth, MD Memorial Scholarship	2000
Dr. JoAnne J. Trow Woman of Distinction Award	2000
Waldo-Cummings Outstanding Student Award	2000
Phi Kappa Phi Honor Society Tunison Award	1999
OSU Department of Microbiology Mark H. MiddleKauf Scholarship	1999
OSU Department of Microbiology Joseph E. Simmons Scholarship	1999
OSU College of Agricultural Science Jesse Hanson Scholarship	1999
OSU College of Science Heitmeyer Scholarship	1996
Presidential Scholar	1996
Laurel G. Case, MD Memorial Scholarship	1996
Robert C. Byrd Honors Scholar	1996
Valedictorian, Crescent Valley High School	1996

NEWS ARTICLES:

Read about Dr. Kuy's work reducing mortality and patient safety adverse events profiled in the VA National Center for Patient Safety here: http://www.patientsafety.va.gov/features/Shreveport_A_Success_Story.asp

Read about Dr. Kuy's work improving veterans' access to care through clinic efficiency profiled by the Association of VA Surgeons here: http://www.avasnews.com/single-post/2016/05/16/REDUCING-NO-SHOWS

Read about Dr. Kuy's work at Louisiana Medicaid improving healthcare quality profiled by Mostly Medicaid here: http://www.mostlymedicaid.com/?p=1821

Read about Dr. Kuy's work with Medicaid Expansion to improve patient health profiled by Business Reports 40 Under 40 here: https://www.businessreport.com/article/forty-40-qa-sreyram-kuy

GRANTS AWARDED:

Zero to Three Grant "Text4Baby"	2016

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$10,000 grant for Technical Assistance implementing Text4Baby, a program aimed at improving birth outcomes for pregnant women in Louisiana Medicaid.

National Governors Association Grant 2016
"Getting the Right Information to the Right Health Care Providers, at the Right Time- How States Can Improve Data Flow"
Awarded to Louisiana Medicaid's Health Information Technology Team, one of three states to receive this grant in the form of Technical Assistance

Centers for Medicare & Medicaid Services Grant 2016
"Louisiana's Health Information Technology (HIT) and Health Information Exchange (HIE) Implementation Advance Planning".
Support adoption and meaningful use of certified EHR technology activities, promote interoperability among EHRs, state HIEs and the Medicaid system; and provide for the design, development and implementation of the appropriate data infrastructure for FY 2017 and 2018.
Total grant awarded: $25,900,382

GRANT APPLICATION IN SUBMISSION
Submitted to PCORI 12/2016
"Provider-Targeted Strategies to Improve Patient-Centered Care for a Medicaid-Insured Population by Reducing Opioid Over-Prescribing and Increasing Provider Knowledge of Opioid Harms and Alternative Therapies for Chronic Non-Cancer Pain"

Principal Investigator:
SreyRam Kuy, MD, MHS, FACS (Louisiana Department of Health)

Total Project Cost: $4 million

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REFERENCES

Dr. (b) (6)
Board of Governors, PCORI
Harold H Hines Professor of Medicine, Yale School of Medicine
Director, Yale Robert Wood Johnson Foundation Clinical Scholars Program
Director, Center for Outcomes Research and Evaluation
Email: (b) (6) @yale.edu

Dr. (b) (6)
President-Elect, Vassar College
Professor of Public Health
Faculty Director of the Yale Global Health Leadership Institute
Brady-Johnson Professor of Grand Strategy
Master of Branford College, Yale University – School of Public Health
Yale Email: (b) (6) @yale.edu (until June 30, 2017)
Vassar Email: (b) (6) @vassar.edu (After July 1, 2017)

Dr. (b) (6)
Chief, Surgical Service, Overton Brooks VA Medical Center
Associate Professor, Louisiana State University – Shreveport
Phone: (b) (6)
Email: (b) (6) @va.gov

Dr. (b) (6)
Charles Knight, Sr Endowed Professor of Surgery
Chief, Surgical Oncology, Louisiana State University – Shreveport
Phone: (b) (6)
Email: (b) @lsuhsc.edu

Dr. (b) (6)
Associate Program Director of Pulmonary & Critical Care Medicine Fellowship
Overton Brooks VA Medical Center
Associate Professor, Louisiana State University – Shreveport
Phone: (b) (6)

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 3/12/2017 12:03:34 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: Coming week

Perfect!

Sent from my iPhone

On Mar 11, 2017, at 7:02 PM, David Shulkin <drshulkin@aol.com> wrote:

> Yes you and I are going to celebrate the Pope- we will be there together and we can go somewhere after if we want
>
> -----Original Message-----
> From: Poonam Alaigh <(b) (6) @hotmail.com>
> To: David Shulkin <drshulkin@aol.com>
> Sent: Sat, Mar 11, 2017 7:00 pm
> Subject: Re: Coming week
>
> Isn't there an event we are going to be at- don't know if we can connect there or after that for 1;1 time- but I am fine with either
>
> Sent from my iPhone
>
> On Mar 11, 2017, at 6:51 PM, David Shulkin <drshulkin@aol.com> wrote:
>
> > What about Monday night?
> >
> > -----Original Message-----
> > From: Poonam Alaigh <(b) (6) @hotmail.com>
> > To: David Shulkin <drshulkin@aol.com>
> > Sent: Sat, Mar 11, 2017 6:38 pm
> > Subject: Coming week
> >
> > I am going to be leaving Wednesday night, will go to Manhatten VA on Thursday for a site visit so that I can attend your NJ event on Thursday evening. Only 1:1 time potentially for us is Tuesday evening - does that work for you otherwise another week goes by and we have to go over so much
> >
> > Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 3/12/2017 12:02:43 AM
To: (b) (6) @hotmail.com
Subject: Re: Coming week

Yes you and I are going to celebrate the Pope- we will be there together and we can go somewhere after if we want

-----Original Message-----
From: Poonam Alaigh <(b) (6) @hotmail.com>
To: David Shulkin <drshulkin@aol.com>
Sent: Sat, Mar 11, 2017 7:00 pm
Subject: Re: Coming week

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> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 3/11/2017 11:59:14 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: Coming week

Isn't there an event we are going to be at- don't know if we can connect there or after that for 1;1 time- but I am fine with either

Sent from my iPhone

On Mar 11, 2017, at 6:51 PM, David Shulkin <drshulkin@aol.com> wrote:

> What about Monday night?
>
> -----Original Message-----
> From: Poonam Alaigh <(b) (6) @hotmail.com>
> To: David Shulkin <drshulkin@aol.com>
> Sent: Sat, Mar 11, 2017 6:38 pm
> Subject: Coming week
>
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>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 3/11/2017 11:51:03 PM
To: (b) (6) @hotmail.com
Subject: Re: Coming week

What about Monday night?

-----Original Message-----
From: Poonam Alaigh <(b) (6) @hotmail.com>
To: David Shulkin <drshulkin@aol.com>
Sent: Sat, Mar 11, 2017 6:38 pm
Subject: Coming week

I am going to be leaving Wednesday night, will go to Manhatten VA on Thursday for a site visit so that I can attend your NJ event on Thursday evening. Only 1:1 time potentially for us is Tuesday evening - does that work for you otherwise another week goes by and we have to go over so much

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 3/11/2017 11:38:51 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Coming week

I am going to be leaving Wednesday night, will go to Manhatten VA on Thursday for a site visit so that I can attend your NJ event on Thursday evening. Only 1:1 time potentially for us is Tuesday evening - does that work for you otherwise another week goes by and we have to go over so much

Sent from my iPhone

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Message

From: Jennifer Lee [(b) (6) @gmail.com]
Sent: 2/18/2017 4:17:50 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: a great idea on telehealth

Oh! Well that would certainly be fastest!

I was going to get Darin or Jake to tap their WH staff contacts and float a draft so they can start working it. Not sure how much vetting they do-- I helped with the Obama mental health EO in 2012 which had considerable vetting but am guessing that we could move faster w this. Just in case, it still might save time for me to work in parallel with staff?

Do you need a memo or more background for POTUS? I can provide a more polished draft if it would help.

On Feb 17, 2017 9:49 PM, "David shulkin" <Drshulkin@aol.com> wrote:
How would you plan to move forward?

I would bring to Potus- what are you thinking?

Sent from my iPhone

On Feb 17, 2017, at 9:32 PM, Jennifer Lee <(b) (6) @gmail.com> wrote:

Great! So okay for me to move forward?

I will move fast to get this done quickly if okay with you

On Feb 17, 2017 9:10 PM, "David shulkin" <Drshulkin@aol.com> wrote:
Perfect

Sent from my iPhone

On Feb 17, 2017, at 8:22 PM, Jennifer Lee <(b) (6) @gmail.com> wrote:

I just drafted this for now and can get you better language, but just wanted to give you an idea...

The key issue we are having is clarified by the (b) (5) [redacted]

AMERICAN OVERSIGHT

(b) (5) [redacted]

[redacted]

[redacted]

-

[redacted]

[redacted]

[redacted]

[redacted]

On Fri, Feb 17, 2017 at 5:25 PM, David shulkin <Drshulkin@aol.com> wrote:
Tell me what it would say specifically

Sent from my iPhone

> On Feb 17, 2017, at 4:57 PM, Jennifer Lee <(b) (6) [redacted]@gmail.com> wrote:
>
> Would the President be willing to do an (b) (5) [redacted]

[redacted]

>

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> [redacted]
>
>
>
>
>

AMERICAN OVERSIGHT

Message

From: Jennifer Lee [(b) (6) @gmail.com]
Sent: 2/18/2017 2:32:55 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: a great idea on telehealth

Great! So okay for me to move forward?

I will move fast to get this done quickly if okay with you

On Feb 17, 2017 9:10 PM, "David shulkin" <Drshulkin@aol.com> wrote:
Perfect

Sent from my iPhone

On Feb 17, 2017, at 8:22 PM, Jennifer Lee <(b) (6) @gmail.com> wrote:

> I just drafted this for now and can get you better language, but just wanted to give you an idea...
>
> The key issue we are having is clarified by the (b) (5)

AMERICAN OVERSIGHT

(b) (5) [redacted]

[redacted]

On Fri, Feb 17, 2017 at 5:25 PM, David shulkin <Drshulkin@aol.com> wrote:
Tell me what it would say specifically

Sent from my iPhone

> On Feb 17, 2017, at 4:57 PM, Jennifer Lee <(b) (6) [redacted]@gmail.com> wrote:
>
> Would the President be willing to do an (b) (5) [redacted]
>
>
>
>
>

AMERICAN OVERSIGHT

Message

From: Jennifer Lee [(b) (6) @gmail.com]
Sent: 2/17/2017 9:57:27 PM
To: David Shulkin [drshulkin@aol.com]
Subject: a great idea on telehealth

Would the President be willing to do an (b) (5)

[redacted]

[redacted]

[redacted]

[redacted]

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/31/2017 10:41:29 AM
To: Marc Sherman [mbs(b) (6) gmail.com]
Subject: Re: Senator Isakson

Fantastic marc! Thanks so much

I think Senator Isakson is a great leader and we are fortunate to have him

Ill send you something soon on real estate

Sent from my iPhone

On Mar 31, 2017, at 12:53 AM, Marc Sherman <mbs(b) (6) gmail.com> wrote:

> David
>
> Important point I forgot to mention. I told the Senator that, in addition to the President's, I was also there with your knowledge and authorization and you felt the same way as the President about getting his blessing,
>
> On Fri, Mar 31, 2017 at 12:39 AM, Marc Sherman <mbs(b) (6) gmail.com> wrote:
> Sorry David for the delayed response. I got back very late tonight and was just able to sit down and focus. A few minutes ago I drafted a memo (before I saw this email) and sent it to you and Ike (and for Ike's delivery to the President). THE MEETING WAS FABULOUS IN MANY WAYS, RELATED TO TOM AND OTHERWISE. I called Tom earlier and briefed him. I will call you tomorrow to give you more details of our discussion that are not in the memo.
>
> On another topic, Ike and I were talking earlier today about VA "surplus real estate." Ike suggested that I work with you to evaluate that issue and help in the resolution. Surprisingly, to me at least, excess real estate was also an important topic that Senator Isakson raised with me today. He views real estate the same way that Ike and I do and would like to see action on the real estate front. We talked about my helping with its evaluation. It was top of mind with him. Would you be able to send me a list of VA real estate with details (or preferably an abstract) and any existing evaluations of any kind (either by the Commission on Care, the VA or otherwise) so I can review them...and then perhaps we can add real estate to our agenda on the 11th?
>
> On Thu, Mar 30, 2017 at 9:35 PM, David shulkin <Drshulkin@aol.com> wrote:
> How did it go Marc?
>
> Sent from my iPhone
>
> > On Mar 30, 2017, at 2:47 PM, Marc Sherman <mbs(b) (6) gmail.com> wrote:
> >
> > I am on my way to the Capitol to meet with Senator Isakson about Tom - in follow up to the President's request. I have an appointment with the Senator in a few minutes.
> >

AMERICAN OVERSIGHT

> Marc Sherman
(b) (6)

AMERICAN OVERSIGHT

Message

From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 3/31/2017 4:53:44 AM
To: David shulkin [Drshulkin@aol.com]
CC: IP [@frenchangel59.com]
Subject: Re: Senator Isakson

David

Important point I forgot to mention. I told the Senator that, in addition to the President's, I was also there with your knowledge and authorization and you felt the same way as the President about getting his blessing.

On Fri, Mar 31, 2017 at 12:39 AM, Marc Sherman <mbs(b) (6) gmail.com> wrote:

Sorry David for the delayed response. I got back very late tonight and was just able to sit down and focus. A few minutes ago I drafted a memo (before I saw this email) and sent it to you and Ike (and for Ike's delivery to the President). THE MEETING WAS FABULOUS IN MANY WAYS, RELATED TO TOM AND OTHERWISE. I called Tom earlier and briefed him. I will call you tomorrow to give you more details of our discussion that are not in the memo.

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AMERICAN OVERSIGHT

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From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 3/31/2017 4:39:09 AM
To: David shulkin [Drshulkin@aol.com]
CC: IP [@frenchangel59.com]
Subject: Re: Senator Isakson

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AMERICAN OVERSIGHT

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Sent: 3/31/2017 1:35:09 AM
To: Marc Sherman [mbs(b) (6) gmail.com]
CC: IP [@frenchangel59.com]
Subject: Re: Senator Isakson

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Sent from my iPhone

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> (b) (6)

AMERICAN OVERSIGHT

Message

From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 3/30/2017 6:47:21 PM
To: David shulkin [drshulkin@aol.com]; IP [(@frenchangel59.com]
Subject: Senator Isakson

I am on my way to the Capitol to meet with Senator Isakson about Tom - in follow up to the President's request. I have an appointment with the Senator in a few minutes.

Marc Sherman
(b) (6)

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/15/2017 12:02:35 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
Subject: Re: Ike meeting this am

Ok i think marc and I are connecting at 1030

Sent from my iPhone

On Feb 15, 2017, at 6:39 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:

> Marc is calling you this am then Ike and I. I prepared for them what I felt was the takeaway from our conversation on Sunday from only the medical point of view of what needs to be focused on initially. Marc will combine this with the business part. This is for him to present on one page to Jared and Ivanka. Please review and alter at will. Thank you
>
> 1. Bring together the top 5 centers who have special expertise in Psychiatry to provide guidance.
>
> 2. Develop a telemedicine platform that does the following:
> Allows for the assessment of those who will be discharged from military service to asses their psychological and physical status. Assign a social worker from day one and Provide for psychological care on an immediate basis with the telemedicine platform.
> Because of unnecessary rules and regulations this may be difficult to do without the cooperation of Dr. TIm Price.
>
> 3. Set up an app that geotags the closest hospital and ambulatory care center to the Veteran's location that meets the qualifications for excellence of care and cost containment.
>
> 4. Because of the physician shortage in primary care, general surgery and psychiatric services the wait time for the private sector is in crisis it will be worse for the Veteran population. Many of the young physicians who could be assisting this effort will not, since working with the VA system means less opportunity to advance your research interests. We need to correct this and add specific residencies to fix the specialty shortage.
>
> Sent from my iPad
> Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 2/15/2017 11:39:21 AM
To: drshulkin@aol.com
Subject: Ike meeting this am

Marc is calling you this am then Ike and I. I prepared for them what I felt was the takeaway from our conversation on Sunday from only the medical point of view of what needs to be focused on initially. Marc will combine this with the business part. This is for him to present on one page to Jared and Ivanka. Please review and alter at will. Thank you

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Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/2/2017 11:10:14 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Kussman

Im ok if you want to cancel

You dont want his help

Darin is pushing for a role for him

Sent from my iPhone

> On Mar 2, 2017, at 2:25 PM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> I have a meeting on my calendar with kussman and darrin- don't know how it got there but I understand that Darrin was pushing for kussman and you spoke to Vivieca about it- anything else I need to know?
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 3/2/2017 7:25:55 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Kussman

I have a meeting on my calendar with kussman and darrin- don't know how it got there but I understand that Darrin was pushing for kussman and you spoke to Vivieca about it- anything else I need to know?

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/16/2017 12:19:21 PM
To: Jennifer Lee [(b) (6) @gmail.com]
Subject: Re: ONC

Yes on white

I dont like indecision-- so bad sign with vindell

Sent from my iPhone

> On Feb 16, 2017, at 7:16 AM, Jennifer Lee (b) (6) @gmail.com> wrote:
>
> Hi David,
> I had a call yesterday with the Acting Director of the Office of the National Coordinator for Health IT, Dr. Jon White.
>
> He is highly respected and very interested in helping us.
> Based on my conversation with him, I think he might actually be able to be recruited over to VA! maybe a potential CIO candidate?
>
> Would you be interested in meeting with him?
>
> Btw, I reached out to Vindell after the day he came by and haven't heard anything back. I think he is still deciding what he wants to do next.
>
> Jen
>

AMERICAN OVERSIGHT

Message

From: Jennifer Lee [(b) (6) @gmail.com]
Sent: 2/16/2017 12:16:12 PM
To: David Shulkin [drshulkin@aol.com]
Subject: ONC

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Would you be interested in meeting with him?

Btw, I reached out to Vindell after the day he came by and haven't heard anything back. I think he is still deciding what he wants to do next.

Jen

AMERICAN OVERSIGHT

Message

From: Bowman, Thomas (Veterans Affairs) [(b) (6) @vetaff.senate.gov]
Sent: 2/17/2017 10:53:37 PM
To: drshulkin@aol.com
CC: (b) (6) @yahoo.com
Subject: (b) (6)
Attachments: Bio_(b) (6) _0611 (1).pdf

Dr. Shulkin: Is the attachment the same (b) at the WH?

AMERICAN OVERSIGHT

Biography

Boeing Defense, Space & Security
P.O. Box 516
St. Louis, MO 63166
www.boeing.com

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

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



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

AMERICAN OVERSIGHT

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



###

Contact:

(b) (6)
SM&DS Communications
Office: (b) (6)
Mobile: (b) (6)
(b) (6) @boeing.com

June 2011

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/15/2017 3:28:34 AM
To: Marc Sherman [mbs(b) (6) gmail.com]
Subject: Re: Notes for Discussion

What time do you get up and can take a call?

Sent from my iPad

On Feb 14, 2017, at 10:13 PM, Marc Sherman <mbs(b) (6) gmail.com> wrote:

> I know... didn't think you forgot for a moment...exciting day, congratulations. Also, we all had a call tonight and had some good ideas that I wanted to run by you. Are you available to talk in the morning?
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> (b) (6)
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AMERICAN OVERSIGHT

I didn't change any substance, but rearranged some things to make it more focused on where you get things done as opposed to programmatic. See attached Word doc. I can explain my thoughts when we talk. What time works best for you? I can talk at 9:30 or around 1:30 (ish) or after 5pm.

On Sun, Feb 12, 2017 at 12:35 PM, David Shulkin <drshulkin@aol.com> wrote:

CONFIDENTIAL/DRAFT ONLY 2/12/17

VA Modernization Bill Needed

Accountability- Title 38 for all VHA employees and other authorities to remove employees
- Remove Recruitment, Retention and Relocation from CARA performance awards

CHOICE- Stage 1

Extend Choice beyond August 7th deadline
Provider Agreement Authority
Obligation of Funding change
Budget Flexability

CHOICE- Stage 2

Replace 40 mile/30 day wait time with the Freedom Plan
Service Connected (Priority 1-3) full choice - with primary care coordination by VA including virtual coordination
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Health Savings Accounts for veterans without other health insurance
VA is coordinator of health benefits (acts like a primary payer but is not a true primary payer)
Care Coordination, Quality Oversight, and Foundational Services are available to all veterans

Infrastructure- Freeze new major construction
Allow for additional public private partnerships
Establish a Congressionally chartered independent review of facilities
Allow flexibility to invest in current infrastructure upgrades and Center of Excellence Programs
Allow for sole sourcing to academic affiliates in cases of shared infrastructure

IT- Authorize a COTS EMR with full interoperability

AMERICAN OVERSIGHT

VSE scheduling system

Budget- Provide a single VHA authorization
Eliminate barriers to outsourcing
Allow VA and DOD to exchange services without billing

Suicide Prevention- Add 1000 Mental Health Professionals

Other than Honorable- Full access to mental health services

Appeals Modernization

VBA Change from 125 Days to 90 days

Other issues

Modernization Office to oversee VACO restructuring and increased shared services to maximize efficiencies
Eliminate VEO and separate myVA team
Change Wait time Reporting
Implement Presidents Hot Line
Physician Volunteer Force (ACP, ACS)

<CONFIDENTIAL First Shulkin Infrastructure outline 021417.docx>

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/15/2017 3:27:42 AM
To: Marc Sherman [mbs(b) (6) gmail.com]
Subject: Fwd: Notes for Discussion

I'll do my best

Sent from my iPad

Begin forwarded message:

> **From:** Marc Sherman <mbs(b) (6) gmail.com>
> **Date:** February 14, 2017 at 10:13:42 PM EST
> **To:** David shulkin <Drshulkin@aol.com>
> **Subject: Re: Notes for Discussion**
>
> I know... didn't think you forgot for a moment...exciting day, congratulations. Also, we all had a call tonight and had some good ideas that I wanted to run by you. Are you available to talk in the morning?
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> Infrastructure- Freeze new major construction
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> Establish a Congressionally chartered independent review of facilities
> Allow flexibility to invest in current infrastructure upgrades and Center of Excellence Programs

AMERICAN OVERSIGHT

Allow for sole sourcing to academic affiliates in cases of shared infrastructure

IT- Authorize a COTS EMR with full interoperability
VSE scheduling system

Budget- Provide a single VHA authorization
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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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Eliminate VEO and separate myVA team
Change Wait time Reporting
Implement Presidents Hot Line
Physician Volunteer Force (ACP, ACS)

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

Message

From: Wright, Vivieca (Simpson) [Vivieca.Wright@va.gov]
Sent: 2/14/2017 4:39:21 PM
To: David shulkin [Drshulkin@aol.com]
Subject: RE: [EXTERNAL] Fwd: Notes for Discussion

Yes

From: David shulkin [mailto:Drshulkin@aol.com]
Sent: Tuesday, February 14, 2017 11:38 AM
To: Wright, Vivieca (Simpson)
Subject: Re: [EXTERNAL] Fwd: Notes for Discussion

Can you look at where else im going to be traveling to anyway?

Sent from my iPhone

On Feb 14, 2017, at 11:01 AM, Wright, Vivieca (Simpson) <Vivieca.Wright@va.gov> wrote:

> Are you willing to go all over – really good would be Palo Alto and Cleveland
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> **From:** David shulkin [mailto:Drshulkin@aol.com]
> **Sent:** Tuesday, February 14, 2017 10:33 AM
> **To:** Wright, Vivieca (Simpson)
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> We want two really good
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> On Sun, Feb 12, 2017 at 12:35 PM, David Shulkin <drshulkin@aol.com> wrote:
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> CONFIDENTIAL/DRAFT ONLY 2/12/17
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> VA Modernization Bill Needed
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> Accountability- Title 38 for all VHA employees and other authorities to remove employees
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> Infrastructure- Freeze new major construction
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AMERICAN OVERSIGHT

Establish a Congressionally chartered independent review of facilities

Allow flexibility to invest in current infrastructure upgrades and Center of Excellence Programs

Allow for sole sourcing to academic affiliates in cases of shared infrastructure

IT- Authorize a COTS EMR with full interoperability
VSE scheduling system

Budget- Provide a single VHA authorization
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Suicide Prevention- Add 1000 Mental Health Professionals

Other than Honorable- Full access to mental health services

Appeals Modernization

VBA Change from 125 Days to 90 days

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<CONFIDENTIAL First Shulkin Infrastructure outline 021417.docx>

AMERICAN OVERSIGHT

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From: David shulkin [Drshulkin@aol.com]
Sent: 2/14/2017 4:37:56 PM
To: Wright, Vivieca (Simpson) [Vivieca.Wright@va.gov]
Subject: Re: [EXTERNAL] Fwd: Notes for Discussion

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Sent: 2/14/2017 4:36:05 PM
To: Wright, Vivieca (Simpson) [Vivieca.Wright@va.gov]
Subject: Re: [EXTERNAL] Fwd: Notes for Discussion

Lets discuss in person

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<CONFIDENTIAL First Shulkin Infrastructure outline 021417.docx>

AMERICAN OVERSIGHT

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From: David shulkin [Drshulkin@aol.com]
Sent: 2/14/2017 3:33:00 PM
To: Vivieca Wright Simpson [vivieca.Wright@va.gov]
Subject: Fwd: Notes for Discussion

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Indianoplis could be one

Sent from my iPhone

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> **From:** Marc Sherman <mbs(b) (6) gmail.com>
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AMERICAN OVERSIGHT

VA Modernization Bill Needed

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CHOICE- Stage 1

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Budget Flexability

CHOICE- Stage 2

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Budget- Provide a single VHA authorization
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Suicide Prevention- Add 1000 Mental Health Professionals

Other than Honorable- Full access to mental health services

Appeals Modernization

VBA Change from 125 Days to 90 days

Other issues

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AMERICAN OVERSIGHT

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<CONFIDENTIAL First Shulkin Infrastructure outline 021417.docx>

AMERICAN OVERSIGHT

Message

From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 2/14/2017 2:08:25 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Notes for Discussion

Provide dates and locations if you can today and timing

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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To: Marc Sherman [mbs(b) (6) gmail.com]
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AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 2/12/2017 5:52:54 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: Notes for Discussion

Excellent this covers everything that needs to get done. I have no additions. Will go over point by point with you at 3pm

Sent from my iPad
Bruce Moskowitz M.D.

On Feb 12, 2017, at 12:34 PM, David Shulkin <drshulkin@aol.com> wrote:

CONFIDENTIAL/DRAFT ONLY 2/12/17

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From: David Shulkin [drshulkin@aol.com]
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Please print

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Change Wait time Reporting
Implement Presidents Hot Line
Physician Volunteer Force (ACP, ACS)

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/12/2017 5:34:21 PM
To: brucem(b) (6) mac.com
Subject: Notes for Discussion

CONFIDENTIAL/DRAFT ONLY 2/12/17

VA Modernization Bill Needed

Accountability- Title 38 for all VHA employees and other authorities to remove employees
- Remove Recruitment, Retention and Relocation from CARA performance awards

CHOICE- Stage 1

Extend Choice beyond August 7th deadline
Provider Agreement Authority
Obligation of Funding change
Budget Flexability

CHOICE- Stage 2

Replace 40 mile/30 day wait time with the Freedom Plan
Service Connected (Priority 1-3) full choice - with primary care coordination by VA including virtual coordination
Non-Service Connected- Reduced copay for VA care, increased copay for access to the non-VA network
Ability to bill Medicare/Medicaid and Service Connected conditions with other health insurance
Health Savings Accounts for veterans without other health insurance
VA is coordinator of health benefits (acts like a primary payer but is not a true primary payer)
Care Coordination, Quality Oversight, and Foundational Services are available to all veterans

Infrastructure- Freeze new major construction
Allow for additional public private partnerships
Establish a Congressionally chartered independent review of facilities
Allow flexibility to invest in current infrastructure upgrades and Center of Excellence Programs
Allow for sole sourcing to academic affiliates in cases of shared infrastructure

IT- Authorize a COTS EMR with full interoperability
VSE scheduling system

Budget- Provide a single VHA authorization
Eliminate barriers to outsourcing
Allow VA and DOD to exchange services without billing

Suicide Prevention- Add 1000 Mental Health Professionals

Other than Honorable- Full access to mental health services

Appeals Modernization

VBA Change from 125 Days to 90 days

Other issues

Modernization Office to oversee VACO restructuring and increased shared services to maximize efficiencies

AMERICAN OVERSIGHT

Eliminate VEO and separate myVA team
Change Wait time Reporting
Implement Presidents Hot Line
Physician Volunteer Force (ACP, ACS)

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/14/2017 4:21:24 PM
To: Va David [vacodjs1@va.gov]
Subject: Fwd: Terry Fadem

Sent from my iPhone

Begin forwarded message:

From: Bruce Moskowitz <brucem(b) (6) mac.com>
Date: March 14, 2017 at 11:19:54 AM EDT
To: David Shulkin <drshulkin@aol.com>
Cc: Terry Fadem (b) (6) @gmail.com>
Subject: Terry Fadem

Also cell for terry 215 2725974

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 3/14/2017 3:19:54 PM
To: David Shulkin [drshulkin@aol.com]
CC: Terry Fadem [(b) (6) @gmail.com]
Subject: Terry Fadem

Also cell for terry (b) (6)

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/20/2017 10:43:30 PM
To: Ike Perlmutter [(b)(6)@frenchangel59.com]
CC: Marisol [(b)(6)@frenchangel59.com]
Subject: Fwd: Future Visits

Sent from my iPhone

Begin forwarded message:

From: (b) (6) <(b) (6)@gmail.com>
Date: February 20, 2017 at 5:37:43 PM EST
To: David Shulkin <drshulkin@aol.com>
Subject: Future Visits

Draft Agenda for Future Visits

8:00-8:40 am Meeting with VA Leadership and Presentation
8:40-9:20am Meeting with employees (30 max, answer questions)
9:20-10:00am Meeting with Veteran Service Organizations
10:00-10:40am Meeting with local elected officials
10:40- 11:40am Facility Tour with Veteran Visits
11:40 -12:30 Lunch with Family Caregivers

Additional Dates:
March 10 - Miami
March 29 - Chicago
April 3 - Delaware
July 17 - Cincinnati (Wheelchair Games)

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6)@gmail.com]
Sent: 2/20/2017 10:37:43 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Future Visits

Draft Agenda for Future Visits

8:00-8:40 am Meeting with VA Leadership and Presentation
8:40-9:20am Meeting with employees (30 max, answer questions)
9:20-10:00am Meeting with Veteran Service Organizations
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11:40 -12:30 Lunch with Family Caregivers

Additional Dates:
March 10 - Miami
March 29 - Chicago
April 3 - Delaware
July 17 - Cincinnati (Wheelchair Games)

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/14/2017 11:32:11 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Swearing in today

Yes be at va at130

Sent from my iPhone

> On Feb 14, 2017, at 5:38 AM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> Did you send in my wave form- anything I need to do?
>
> Sent from my iPad

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 2/14/2017 10:38:39 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Swearing in today

Did you send in my wave form- anything I need to do?

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: IP [(b) (6)@frenchangel59.com]
Sent: 3/3/2017 6:53:16 PM
To: (b) (6) [(b) @mayo.edu]; 'David shulkin' [drshulkin@aol.com]; 'Bruce Moskowitz, MD' [brucem(b) (6) mac.com]; 'Marc Sherman' [mbs(b) (6) gmail.com]
Subject: RE: Highlights: VA | Mobile App, (b) (6) & Apple

(b) (6)

You are just amazing! Thank you so much.

Please enjoy the rest of your vacation.

All my Best,
Ike

-----Original Message-----
From: (b) [mailto(b) e@mayo.edu]
Sent: Friday, March 03, 2017 1:44 PM
To: David shulkin; IP; Bruce Moskowitz, MD; Marc Sherman
Subject: Highlights: VA | Mobile App, (b) (6) & Apple

Hi -- my notes from today's conversation.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/18/2017 2:48:13 AM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re: Governors Ball on Feb 26

Ok thanks

Sent from my iPhone

On Feb 17, 2017, at 9:34 PM, (b) (6) <(b) (6) @gmail.com> wrote:

> Heard back, not able to accommodate guests bc of space. I can ask again on Thursday if you want or Friday.
>
> On Fri, Feb 17, 2017 at 9:09 PM (b) (6) <(b) (6) @gmail.com> wrote:
> Waiting for a response
>
> On Fri, Feb 17, 2017 at 9:07 PM David shulkin <Drshulkin@aol.com> wrote:
> What did they say? Or are we waiting?
>
> Sent from my iPhone
>
> > On Feb 17, 2017, at 9:06 PM, (b) (6) <(b) (6) @gmail.com> wrote:
> >
> > Connected with White House social secretary to see if the governors ball can accommodate a plus 1.
> >
> > --
> >
> > Sent from Gmail Mobile
>
> --
> Sent from Gmail Mobile
> --
> Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 2/18/2017 2:34:59 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Governors Ball on Feb 26

Heard back, not able to accommodate guests bc of space. I can ask again on Thursday if you want or Friday.

On Fri, Feb 17, 2017 at 9:09 PM (b) (6) <(b) (6) @gmail.com> wrote:
Waiting for a response

On Fri, Feb 17, 2017 at 9:07 PM David shulkin <Drshulkin@aol.com> wrote:
What did they say? Or are we waiting?

Sent from my iPhone

> On Feb 17, 2017, at 9:06 PM, (b) (6) <(b) (6) @gmail.com> wrote:
>
> Connected with White House social secretary to see if the governors ball can accommodate a plus 1.
>
> --
>
> Sent from Gmail Mobile

--
Sent from Gmail Mobile
--
Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/18/2017 2:29:39 AM
To: (b) [(b) (6) @hotmail.com]
Subject: Fwd: Governors Ball on Feb 26

Sent from my iPhone

Begin forwarded message:

From: (b) (6) <(b) (6) @gmail.com>
Date: February 17, 2017 at 9:11:57 PM EST
To: David shulkin <Drshulkin@aol.com>
Subject: Re: Governors Ball on Feb 26

Waiting for a response
On Fri, Feb 17, 2017 at 9:07 PM David shulkin <Drshulkin@aol.com> wrote:
What did they say? Or are we waiting?

Sent from my iPhone

> On Feb 17, 2017, at 9:06 PM, (b) (6) <(b) (6) @gmail.com> wrote:

>

> Connected with White House social secretary to see if the governors ball can accommodate a plus 1.

> --

> Sent from Gmail Mobile

--
Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 2/18/2017 2:11:57 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Governors Ball on Feb 26

Waiting for a response
On Fri, Feb 17, 2017 at 9:07 PM David shulkin <Drshulkin@aol.com> wrote:
What did they say? Or are we waiting?

Sent from my iPhone

> On Feb 17, 2017, at 9:06 PM, (b) (6) <(b) (6) @gmail.com> wrote:
>
> Connected with White House social secretary to see if the governors ball can accommodate a plus 1
>
> --
>
> Sent from Gmail Mobile

--
Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/18/2017 2:07:57 AM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re: Governors Ball on Feb 26

What did they say? Or are we waiting?

Sent from my iPhone

> On Feb 17, 2017, at 9:06 PM, (b) (6) <(b) (6) r@gmail.com> wrote:
>
> Connected with White House social secretary to see if the governors ball can accommodate a plus 1.
> --
> Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/20/2017 3:22:08 AM
To: (b) [(b) (6) @hotmail.com]
Subject: Fwd: (No Subject)

Even if all came and all brought plus ones its just 40 people

(b) (6)
(b) (6) @aahs.org

(b) (6)

(b) (6)
(b) (6) @steptoe.com

(b) (6)
(b) (6) @whmo.mil

(b) (6)
(b) (6) @mitre.org

Laverne Council
(b) (6) @gmail.com

Poonam Alaigh
(b) (6) @hotmail.com

Vivieca Wright
(b) (6) @gmail.com

(b) (6)
(b @graceandassociates.com

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

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

(b) (6)
(b) (6) @bens.org

(b) (6)
(b) (6) @aamc.org

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(b) (6)
(b) (6) @davmail.org

(b) (6)
(b) (6) @vfw.org

(b) (b) (6)
(b) (6) @delloite.com

(b) (6)
(b) (6) collier2@va.gov

Scott Blackburn
Scott.blackburn@va.gov

David and (b) (6) Atkins
David.Atkins@va.gov

(b) (6)
(b) (6) @wl.rr.com

Sent with Good (www.good.com)

-----Original Message-----
From: David shulkin [Drshulkin@aol.com]
Sent: Sunday, February 19, 2017 09:47 PM Eastern Standard Time
To: DJS
Subject:

Good list

Lets add (b) (6)
Do you want (b) (6)
(b)
(6)
Laverne
Poonam
Vivieca
(b) (6) (she will then get all emails for us)
(b) (6)
(b) (b) (6)

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(b) (6)
[redacted]
Scott blackburn
(b) (6)

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: DJS [vacodjs1@va.gov]
Sent: 2/20/2017 3:13:32 AM
To: 'Shulkin ' [drshulkin@aol.com]
Subject: FW: (No Subject)

(b) (6)
(b) (6) @aahs.org

(b) (6)

(b) (6) @steptoe.com

(b) (6)
(b) (6) @whmo.mil

(b) (6)
(b) (6) @mitre.org

Laverne Council
(b) (6) @gmail.com

Poonam Alaigh
(b) (6) @hotmail.com

Vivieca Wright
(b) (6) @gmail.com

(b) (6)

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

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

(b) (6)
(b) (6) @bens.org

(b) (6)

(b) (6) @aamc.org

(b) (6)

AMERICAN OVERSIGHT

(b) (6)
(b) (6) @davmail.org

(b) (6)
(b) (6) @vfw.org

(b) (6)
(b) (6) @delloite.com

(b) (6)
(b) (6) @va.gov

Scott Blackburn
Scott.blackburn@va.gov

David and (b) (6) Atkins
(b) (6) @va.gov

Sent with Good (www.good.com)

-----Original Message-----
From: David shulkin [Drshulkin@aol.com]
Sent: Sunday, February 19, 2017 09:47 PM Eastern Standard Time
To: DJS
Subject:

Good list

Lets add (b) (6)
Do you want (b) (6)
(b)
(6)
r
Laverne
Poonam
Vivieca
(b) (6) (she will then get all emails for us)
(b) (6)
Vivek murthy
(b) (6)
?
(b) (6)

AMERICAN OVERSIGHT

(b) (6)
Scott blackburn
(b) (6)

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/12/2017 8:56:36 PM
To: brucem(b) (6) mac.com
Subject: Re: (b) (6)

Bruce- for some reason I don't seem to have Dean (b) (6) contact info.

Sorry

David

-----Original Message-----
From: Bruce Moskowitz <brucem(b) (6) mac.com>
To: David shulkin <drshulkin@aol.com>
Sent: Sat, Jan 14, 2017 8:18 am
Subject: (b) (6)

Will discuss at one on Sunday prior to call. He is interested in donating whatever you need from the Wharton School.

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 1/14/2017 1:12:49 PM
To: David shulkin [drshulkin@aol.com]
Subject: (b) (6)

Will discuss at one on Sunday prior to call. He is interested in donating whatever you need from the Wharton School.

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/14/2017 2:27:05 AM
To: Darin Selnick (b) (6) @gmail.com]
Subject: Re: Apple

Thanks Darin

Sent from my iPhone

On Feb 13, 2017, at 9:17 PM, Darin Selnick <(b) (6) @gmail.com> wrote:

> Congratulations Mr. Secretary on your unanimous confirmation. As many texts have come to me and said, time to roll up the sleeves and dive in. I am looking forward to it :-)
>
> Darin
>
> On Sun, Feb 12, 2017 at 10:20 AM, Darin Selnick (b) (6) @gmail.com> wrote:
> Ok, I will connect with Jake on Monday.
>
> Darin
>
> On Sun, Feb 12, 2017 at 10:17 AM, David Shulkin <drshulkin@aol.com> wrote:
> Ok great- we want to coordinate with (b) (6) at the White House and Ike Perlmutters team who are also in touch with Apple about the same issue. So lets plan on Thursday or Friday to get everyone coordinated.
>
> David
>
> -----Original Message-----
> From: Darin Selnick (b) (6) @gmail.com>
> To: David shulkin <Drshulkin@aol.com>
> Sent: Sun, Feb 12, 2017 1:15 pm
> Subject: Apple
>
> Hi David
>
> I received a call from a friend of mine, (b) (6) who works at Apple and was trying to follow up for them from the meeting you had with (b) (6) and his team.
>
> They would like to move the ball forward on your request, but they are not clear on what you want from them. So can you let me know your specific ask for Apple, is it talent on loan from Apple or something else.
>
> Once you let me know the specific ask, I will get with (b) and help move it forward, they seem like they really want to help VA and veterans.
>
> Darin

AMERICAN OVERSIGHT

Message

From: Darin Selnick [(b) (6) @gmail.com]
Sent: 2/14/2017 2:17:44 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: Apple

Congratulations Mr. Secretary on your unanimous confirmation. As many texts have come to me and said, time to roll up the sleeves and dive in. I am looking forward to it :-)

Darin

On Sun, Feb 12, 2017 at 10:20 AM, Darin Selnick (b) (6) @gmail.com> wrote:
Ok, I will connect with Jake on Monday.

Darin

On Sun, Feb 12, 2017 at 10:17 AM, David Shulkin <drshulkin@aol.com> wrote:
Ok great- we want to coordinate with (b) (6) at the White House and Ike Perlmutters team who are also in touch with Apple about the same issue. So lets plan on Thursday or Friday to get everyone coordinated.

David

-----Original Message-----
From: Darin Selnick (b) (6) @gmail.com>
To: David shulkin <Drshulkin@aol.com>
Sent: Sun, Feb 12, 2017 1:15 pm
Subject: Apple

Hi David

I received a call from a friend of mine, (b) (6) who works at Apple and was trying to follow up for them from the meeting you had with (b) (6) and his team.

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Once you let me know the specific ask, I will get with (b) and help move it forward, they seem like they really want to help VA and veterans.

Darin

AMERICAN OVERSIGHT

Message

From: Darin Selnick [(b) (6) @gmail.com]
Sent: 2/12/2017 6:20:14 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: Apple

Ok, I will connect with Jake on Monday.

Darin

On Sun, Feb 12, 2017 at 10:17 AM, David Shulkin <drshulkin@aol.com> wrote:
Ok great- we want to coordinate with (b) (6) at the White House and Ike Perlmutters team who are also in touch with Apple about the same issue. So lets plan on Thursday or Friday to get everyone coordinated.

David

-----Original Message-----
From: Darin Selnick (b) (6) @gmail.com>
To: David shulkin <Drshulkin@aol.com>
Sent: Sun, Feb 12, 2017 1:15 pm
Subject: Apple

Hi David

I received a call from a friend of mine, (b) (6) who works at Apple and was trying to follow up for them from the meeting you had with (b) (6) and his team.

They would like to move the ball forward on your request, but they are not clear on what you want from them. So can you let me know your specific ask for Apple, is it talent on loan from Apple or something else.

Once you let me know the specific ask, I will get with (b) and help move it forward, they seem like they really want to help VA and veterans.

Darin

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/12/2017 6:17:29 PM
To: (b) (6) @gmail.com
Subject: Re: Apple

Ok great- we want to coordinate with (b) (6) at the White House and Ike Perlmutters team who are also in touch with Apple about the same issue. So lets plan on Thursday or Friday to get everyone coordinated.

David

-----Original Message-----
From: Darin Selnick (b) (6) @gmail.com>
To: David shulkin <Drshulkin@aol.com>
Sent: Sun, Feb 12, 2017 1:15 pm
Subject: Apple

Hi David

I received a call from a friend of mine, (b) (6) who works at Apple and was trying to follow up for them from the meeting you had with (b) (6) and his team.

They would like to move the ball forward on your request, but they are not clear on what you want from them. So can you let me know your specific ask for Apple, is it talent on loan from Apple or something else.

Once you let me know the specific ask, I will get with (b) and help move it forward, they seem like they really want to help VA and veterans.

Darin

AMERICAN OVERSIGHT

Message

From: Darin Selnick [(b) (6) @gmail.com]
Sent: 2/12/2017 6:15:11 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Apple

Hi David

I received a call from a friend of mine, (b) (6) who works at Apple and was trying to follow up for them from the meeting you had with (b) (6) and his team.

They would like to move the ball forward on your request, but they are not clear on what you want from them. So can you let me know your specific ask for Apple, is it talent on loan from Apple or something else.

Once you let me know the specific ask, I will get with (b) (6) and help move it forward, they seem like they really want to help VA and veterans.

Darin

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6)@wharton.upenn.edu]
Sent: 2/13/2017 3:00:56 AM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
CC: David shulkin [drshulkin@aol.com]
Subject: Re: Conference call

Understood. Look forward to connecting Bruce. I am in Dubai until Wednesday, then California til Monday.

Geoff

From: Bruce Moskowitz <brucem(b) (6) mac.com>
Sent: Sunday, February 12, 2017 4:00:59 PM
To: (b) (6)
Cc: David shulkin
Subject: Conference call

David had to wait until his confirmation which should happen this week. We just spoke and he will set up a time. I saw (b) (6) last pm and updated him. Thank you

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 2/12/2017 9:00:59 PM
To: (b) (6) @wharton.upenn.edu
CC: David shulkin [drshulkin@aol.com]
Subject: Conference call

David had to wait until his confirmation which should happen this week. We just spoke and he will set up a time. I saw (b) (6) last pm and updated him. Thank you

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 2/12/2017 7:15:31 PM
To: David Shulkin [drshulkin@aol.com]
Subject: did you get (b) cell#

I gave him a heads up that you would speak to him this weekend

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/13/2017 4:50:04 AM
To: Poonam Alaigh [Poonam.Alaigh@va.gov]
Subject: Fwd: [EXTERNAL] Re: New Scenario You Requested

Sent from my iPad

Begin forwarded message:

> **From:** "Crump, Regan" <Regan.Crump@va.gov>
> **Date:** February 12, 2017 at 11:12:46 PM EST
> **To:** 'David Shulkin' <drshulkin@aol.com>
> **Subject: RE: [EXTERNAL] Re: New Scenario You Requested**
>
> Perfect.
>
> Regan Crump, MSN, DrPH
> Assistant Deputy Under Secretary for Health,
> Policy and Planning
> Veterans Health Administration
>
> -----Original Message-----
> **From:** David Shulkin [drshulkin@aol.com]
> **Sent:** Sunday, February 12, 2017 11:11 PM Eastern Standard Time
> **To:** Crump, Regan
> **Subject:** Re: [EXTERNAL] Re: New Scenario You Requested
>
> The self referral I am talking about is someone that has seen us in the last 1-2 years and is actively enrolled- and self referral for sc means no hassle no authorization just pick and choose but if they want va to pay that they would have a copay and we can bill Ohi
>
> Sent from my iPad
>
> On Feb 12, 2017, at 11:05 PM, Crump, Regan <Regan.Crump@va.gov> wrote:
>
> > We will work to tee up questions and choices as you have requested.
> >
> > We will have to first understand and then better define the type of "self-referral" that you are thinking about. I am aware of two types, one is for veterans using VA but they decide to see a private sector provider from their primary care provider's referral when VA care was available. We know about their need, refer them as they request, and agree to cover what their insurance does not cover.
> >
> > Then there is the "self-referral" where an enrolled Veteran who has not come to

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VA let's say for years, decides to go see a specialist and we have no idea he went, and then he sends us a bill. That is the example where we need more guidance and clarity.

Totally agree the SC copay should be less than the non SC copay and we will adjust that.

Regan

Regan Crump, MSN, DrPH
Assistant Deputy Under Secretary for Health,
Policy and Planning
Veterans Health Administration

-----Original Message-----
From: David shulkin [Drshulkin@aol.com]
Sent: Sunday, February 12, 2017 10:46 PM Eastern Standard Time
To: Crump, Regan
Cc: Alaigh, Poonam; Yow, Mark W.; Yehia, Baligh R.; Wright, Vivieca (Simpson); (b) (6) @gmail.com
Subject: Re: [EXTERNAL] Re: New Scenario You Requested

No doubt its complex but we have to make decisions fast

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Assistant Deputy Under Secretary for Health,
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Sent: Sunday, February 12, 2017 10:10 AM Eastern Standard Time
To: Crump, Regan
Cc: Alaigh, Poonam; Yow, Mark W.; Yehia, Baligh R.; Wright,

AMERICAN OVERSIGHT

Vivieca (Simpson); (b) (6) @gmail.com
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IS THERE A SCENARIO THAT WE ALLOW BILLING FOR SC?

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AMERICAN OVERSIGHT

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iv. If enrollee purchased a health insurance plan with their HRA, then VA can bill that plan.

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AMERICAN OVERSIGHT

Message

From: Crump, Regan [Regan.Crump@va.gov]
Sent: 2/13/2017 4:12:46 AM
To: 'David Shulkin' [drshulkin@aol.com]
Subject: RE: [EXTERNAL] Re: New Scenario You Requested

Perfect.

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To: Crump, Regan
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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

Regan

Regan Crump, MSN, DrPH
Assistant Deputy Under Secretary for Health,
Policy and Planning
Veterans Health Administration

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/13/2017 4:07:49 AM
To: Jennifer Lee [(b) (6) @gmail.com]
CC: Alaigh, Poonam [Poonam.Alaigh@va.gov]
Subject: Re: [EXTERNAL] Re: New Scenario You Requested

No- please do not
This would kill our entire agenda

We must first do the modeling to pick out the ones that are possible

Please keep all documents extremely confidential

Sent from my iPad

On Feb 12, 2017, at 10:58 PM, Jennifer Lee <(b) (6) @gmail.com> wrote:

> The other thing I think we should do now is quickly pull together a small group of VSO reps (only those we trust not to leak) to get their input early.
> We can provide them the goal and a strawman to react to.
>
> They may not like a lot of these proposals, yet we can't afford to lose their support. They need to feel part of the process as we will need them to help carry the weight and get the legislative changes we need passed.
>
> On Sun, Feb 12, 2017 at 2:33 PM, Alaigh, Poonam <Poonam.Alaigh@va.gov> wrote:
> Yes- let's do that
>
> Sent with Good (www.good.com)
>
> -----Original Message-----
> **From:** Jennifer Lee [(b) (6) @gmail.com]
> **Sent:** Sunday, February 12, 2017 12:58 PM Central Standard Time
> **To:** David Shulkin
> **Cc:** Alaigh, Poonam
> **Subject:** [EXTERNAL] Re: New Scenario You Requested
>
> Sounds good.
> I also have some longstanding relationships among respected policy experts and consultants here in DC.
>
> I am going to reach out right away in the interest of time and will circle back asap. I will only talk to people I trust who will keep convo confidential.
>
> Poonam, lets chat tonight or tomorrow?

AMERICAN OVERSIGHT

Thanks,
Jen

On Feb 12, 2017 12:21 PM, "David Shulkin" <drshulkin@aol.com> wrote:
Yes- please involve Poonam- she has the managed care expertise and she and I have contacts

It's important to get input without slowing anything down- time is of the essence

Sent from my iPad

On Feb 12, 2017, at 10:56 AM, Jennifer Lee <(b) (6) @gmail.com> wrote:

David,
Thanks for your feedback. I have been asking some of these same questions. Personally, I am concerned that we do not have the right level of policy and health economic expertise internally to correctly design these new benefit structures.
This is too important-- we have to get this right, and as close as possible right out of the gate.
Would you be okay if I quickly and quietly brought in a few experts I trust to help us think through this?
I have some ideas in mind. I think I could get free, confidential help.
Happy to discuss.
Thanks
Jen

On Feb 12, 2017 10:10 AM, "David Shulkin" <drshulkin@aol.com> wrote:
Regan thanks for sending this to clarify. I think its best if I respond in capitals (Im not shouting so sorry) to areas that I have some comments and then I will make some summary comments at the end. I would ask that everyone look at this email since we will spend a lot of wasted time if we do not ask the right questions up front---- and this stuff is like a hard crossword puzzle.

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AMERICAN OVERSIGHT

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Regan

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Assistant Deputy Under Secretary for Health,
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Veterans Health Administration

AMERICAN OVERSIGHT

Message

From: Crump, Regan [Regan.Crump@va.gov]
Sent: 2/13/2017 4:05:20 AM
To: 'David shulkin' [Drshulkin@aol.com]
CC: Alaigh, Poonam [Poonam.Alaigh@va.gov]; Yow, Mark W. [Mark.Yow@va.gov]; Yehia, Baligh R. [Baligh.Yehia@va.gov]; Wright, Vivieca (Simpson) [Vivieca.Wright@va.gov]; '(b) (6) @gmail.com' (b) (6) @gmail.com]
Subject: RE: [EXTERNAL] Re: New Scenario You Requested

We will work to tee up questions and choices as you have requested.

We will have to first understand and then better define the type of "self-referral" that you are thinking about. I am aware of two types, one is for veterans using VA but they decide to see a private sector provider from their primary care provider's referral when VA care was available. We know about their need, refer them as they request, and agree to cover what their insurance does not cover.

Then there is the "self-referral" where an enrolled Veteran who has not come to VA let's say for years, decides to go see a specialist and we have no idea he went, and then he sends us a bill. That is the example where we need more guidance and clarity.

Totally agree the SC copay should be less than the non SC copay and we will adjust that.

Regan

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Assistant Deputy Under Secretary for Health,
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Veterans Health Administration

-----Original Message-----
From: David shulkin [Drshulkin@aol.com]
Sent: Sunday, February 12, 2017 10:46 PM Eastern Standard Time
To: Crump, Regan
Cc: Alaigh, Poonam; Yow, Mark W.; Yehia, Baligh R.; Wright, Vivieca (Simpson); (b) (6) @gmail.com
Subject: Re: [EXTERNAL] Re: New Scenario You Requested

No doubt its complex but we have to make decisions fast

So if you can tee up specific questions or choices im willing to be a tie breaker

I think you are thinking about this clearly- but on the self referal im not in the same place

I think we should have self referral just like in our own insurance plans but if you self refer and you choose to use VA you should have a higher copay and we should bill OHI- The SC copay should be less than the nonSC copay

Sent from my iPhone

AMERICAN OVERSIGHT

On Feb 12, 2017, at 10:36 PM, Crump, Regan <Regan.Crump@va.gov> wrote:

Thank you for the extremely thoughtful and comprehensive response. I totally agree we need to think this through carefully, and I refer to as three-dimensional chess so the hard crossword puzzle analogy is quite appropriate.

I especially need to talk to staff and Milliman again about some technical questions and several key policy issues, and people on this email may also want to help sort this out. I don't have answers tonight, but here are a few initial reflections on your instructive comments and questions.

1. We have a higher cost share HRA scenario coming but need to decide if uninsured priority 1-3 service connected veterans would have a richer benefit than uninsured P7-8s. That brings back in our nation's commitment to them. Then what about the lower income, special and disabled veterans P4-6s.

2. We too are concerned about "crowd out", people dropping other coverage to pick up a cheaper or richer VA benefit. We are thinking like you that we have to use economics to prevent them from dropping or not electing other coverage, because we don't have access to a data source that tells us about veterans eligibility for coverage they decided not to elect, like employer sponsored insurance, exchange plans, or Medicaid.

3. Veteran Self-Referral - - Right now enrollment in VA care is not insurance, and it is not funded as a mandatory program like Medicare - it's discretionary, so I don't know how we can just accept and pay bills for care when the VA has no idea the veteran is going for that care outside of the high Performing Network. We agree that is their right and should be their Choice if they have other coverage, but for VA to assume that financial responsibility approaches the McCain plan and is estimated at an additional $50 billion.

4. Foundational services, transportation and family member care are further complicating aspects of the puzzle. I hope we can find some time to dig deeper and more thoughtfully on the great questions you have posed, even including these, so let's arrange time with all the right SMEs together (health care finance, health insurance, actuarial modeling, etc.) to nail this down a bit more.

The ideas have been evolving through discussions over the last 3 weeks, and they are critically important yet complex and confounding. It will take some time but we will get there together.

Regan

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-----Original Message-----
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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

Message

From: Jennifer Lee [(b) (6) @gmail.com]
Sent: 2/13/2017 3:58:47 AM
To: Alaigh, Poonam [Poonam.Alaigh@va.gov]
CC: David Shulkin [drshulkin@aol.com]
Subject: Re: [EXTERNAL] Re: New Scenario You Requested

The other thing I think we should do now is quickly pull together a small group of VSO reps (only those we trust not to leak) to get their input early.
We can provide them the goal and a strawman to react to.

They may not like a lot of these proposals, yet we can't afford to lose their support. They need to feel part of the process as we will need them to help carry the weight and get the legislative changes we need passed.

On Sun, Feb 12, 2017 at 2:33 PM, Alaigh, Poonam <Poonam.Alaigh@va.gov> wrote:
Yes- let's do that

Sent with Good (www.good.com)

-----Original Message-----
From: Jennifer Lee [(b) (6) @gmail.com]
Sent: Sunday, February 12, 2017 12:58 PM Central Standard Time
To: David Shulkin
Cc: Alaigh, Poonam
Subject: [EXTERNAL] Re: New Scenario You Requested

Sounds good.
I also have some longstanding relationships among respected policy experts and consultants here in DC.

I am going to reach out right away in the interest of time and will circle back asap. I will only talk to people I trust who will keep convo confidential.

Poonam, lets chat tonight or tomorrow?
Thanks,
Jen

On Feb 12, 2017 12:21 PM, "David Shulkin" <drshulkin@aol.com> wrote:
Yes- please involve Poonam- she has the managed care expertise and she and I have contacts

It's important to get input without slowing anything down- time is of the essence

Sent from my iPad

On Feb 12, 2017, at 10:56 AM, Jennifer Lee <(b) (6) @gmail.com> wrote:

AMERICAN OVERSIGHT

David,
Thanks for your feedback. I have been asking some of these same questions.
Personally, I am concerned that we do not have the right level of policy and health economic expertise internally to correctly design these new benefit structures.
This is too important-- we have to get this right, and as close as possible right out of the gate.
Would you be okay if I quickly and quietly brought in a few experts I trust to help us think through this?
I have some ideas in mind. I think I could get free, confidential help.
Happy to discuss.
Thanks
Jen

On Feb 12, 2017 10:10 AM, "David Shulkin" <drshulkin@aol.com> wrote:

Regan thanks for sending this to clarify. I think its best if I respond in capitals (Im not shouting so sorry) to areas that I have some comments and then I will make some summary comments at the end. I would ask that everyone look at this email since we will spend a lot of wasted time if we do not ask the right questions up front---- and this stuff is like a hard crossword puzzle.

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AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/13/2017 3:46:20 AM
To: Crump, Regan [Regan.Crump@va.gov]
CC: Alaigh, Poonam [Poonam.Alaigh@va.gov]; Yow, Mark W. [Mark.Yow@va.gov]; Yehia, Baligh R. [Baligh.Yehia@va.gov]; Wright, Vivieca (Simpson) [Vivieca.Wright@va.gov]; (b) (6) @gmail.com
Subject: Re: [EXTERNAL] Re: New Scenario You Requested

No doubt its complex but we have to make decisions fast

So if you can tee up specific questions or choices im willing to be a tie breaker

I think you are thinking about this clearly- but on the self referal im not in the same place

I think we should have self referral just like in our own insurance plans but if you self refer and you choose to use VA you should have a higher copay and we should bill OHI- The SC copay should be less than the nonSC copay

Sent from my iPhone

On Feb 12, 2017, at 10:36 PM, Crump, Regan <Regan.Crump@va.gov> wrote:

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AMERICAN OVERSIGHT

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I. Veteran must use OHI
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AMERICAN OVERSIGHT

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Regan

Regan Crump, MSN, DrPH
Assistant Deputy Under Secretary for Health,
Policy and Planning
Veterans Health Administration

AMERICAN OVERSIGHT

Message

From: Alaigh, Poonam [Poonam.Alaigh@va.gov]
Sent: 2/12/2017 7:33:08 PM
To: 'Jennifer Lee' [(b) (6) @gmail.com]; 'David Shulkin' [drshulkin@aol.com]
Subject: RE: [EXTERNAL] Re: New Scenario You Requested

Yes- let's do that

Sent with Good (www.good.com)

-----Original Message-----
From: Jennifer Lee [(b) (6) @gmail.com]
Sent: Sunday, February 12, 2017 12:58 PM Central Standard Time
To: David Shulkin
Cc: Alaigh, Poonam
Subject: [EXTERNAL] Re: New Scenario You Requested

Sounds good.
I also have some longstanding relationships among respected policy experts and consultants here in DC.

I am going to reach out right away in the interest of time and will circle back asap. I will only talk to people I trust who will keep convo confidential.

Poonam, lets chat tonight or tomorrow?
Thanks,
Jen

On Feb 12, 2017 12:21 PM, "David Shulkin" <drshulkin@aol.com> wrote:
Yes- please involve Poonam- she has the managed care expertise and she and I have contacts

It's important to get input without slowing anything down- time is of the essence

Sent from my iPad

On Feb 12, 2017, at 10:56 AM, Jennifer Lee <(b) (6) @gmail.com> wrote:

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AMERICAN OVERSIGHT

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On Feb 12, 2017 10:10 AM, "David Shulkin" <drshulkin@aol.com> wrote:

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IN BASE SCENARIO 1- HOW CAN WE ASSUME COMMUNITY CARE COSTS WILL BE THE SAME THROUGH 18 IF WE CHANGE THE 40/30 RULE? IS IT BECAUSE IT WILL TAKE A WHILE TO IMPLEMENT A RULE CHANGE?

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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From: David Shulkin [drshulkin@aol.com]
Sent: 2/12/2017 5:21:05 PM
To: Jennifer Lee [(b) (6) @gmail.com]
CC: Poonam Alaigh [Poonam.Alaigh@va.gov]
Subject: Re: New Scenario You Requested

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/12/2017 5:19:16 PM
To: Alaigh, Poonam [Poonam.Alaigh@va.gov]
Subject: Re: [EXTERNAL] Re: New Scenario You Requested

Time is of the essence

Things are moving really fast

Just jump in - I'll provide cover but we can't slow things down

Sent from my iPad

On Feb 12, 2017, at 11:51 AM, Alaigh, Poonam <Poonam.Alaigh@va.gov> wrote:

> David- I would like to sit with them and the modelers 1:1 and review before anything is presented for your final input. I have been on the periphery with this and want to roll up my sleeves this week- but somehow need to be assigned to be on point, otherwise it becomes a turf issue with all involved- I have many many questions before I can give my input
>
> Sent with Good (www.good.com)
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> -----Original Message-----
> **From:** David Shulkin [drshulkin@aol.com]
> **Sent:** Sunday, February 12, 2017 09:10 AM Central Standard Time
> **To:** Crump, Regan
> **Cc:** Alaigh, Poonam; Yow, Mark W.; Yehia, Baligh R.; Wright, Vivieca (Simpson); (b) (6) @gmail.com
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AMERICAN OVERSIGHT

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Regan Crump, MSN, DrPH
Assistant Deputy Under Secretary for Health,
Policy and Planning
Veterans Health Administration

AMERICAN OVERSIGHT

Message

From: Alaigh, Poonam [Poonam.Alaigh@va.gov]
Sent: 2/12/2017 4:51:10 PM
To: 'David Shulkin' [drshulkin@aol.com]
Subject: RE: [EXTERNAL] Re: New Scenario You Requested

David- I would like to sit with them and the modelers 1:1 and review before anything is presented for your final input. I have been on the periphery with this and want to roll up my sleeves this week- but somehow need to be assigned to be on point, otherwise it becomes a turf issue with all involved- I have many many questions before I can give my input

Sent with Good (www.good.com)

-----Original Message-----
From: David Shulkin [drshulkin@aol.com]
Sent: Sunday, February 12, 2017 09:10 AM Central Standard Time
To: Crump, Regan
Cc: Alaigh, Poonam; Yow, Mark W.; Yehia, Baligh R.; Wright, Vivieca (Simpson); jenstlee@gmail.com
Subject: [EXTERNAL] Re: New Scenario You Requested

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Assistant Deputy Under Secretary for Health,
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AMERICAN OVERSIGHT

Message

From: Jennifer Lee (b) (6) @gmail.com]
Sent: 2/12/2017 3:56:53 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: New Scenario You Requested

David,
Thanks for your feedback. I have been asking some of these same questions.
Personally, I am concerned that we do not have the right level of policy and health economic expertise internally to correctly design these new benefit structures.
This is too important-- we have to get this right, and as close as possible right out of the gate.
Would you be okay if I quickly and quietly brought in a few experts I trust to help us think through this?
I have some ideas in mind. I think I could get free, confidential help.
Happy to discuss.
Thanks
Jen

On Feb 12, 2017 10:10 AM, "David Shulkin" <drshulkin@aol.com> wrote:

Regan thanks for sending this to clarify. I think its best if I respond in capitals (Im not shouting so sorry) to areas that I have some comments and then I will make some summary comments at the end. I would ask that everyone look at this email since we will spend a lot of wasted time if we do not ask the right questions up front---- and this stuff is like a hard crossword puzzle.

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Sent: 2/12/2017 3:10:10 PM
To: regan.crump@va.gov
CC: poonam.alaigh@va.gov; mark.yow@va.gov; baligh.yehia@va.gov; vivieca.wright@va.gov; (b) (6) @gmail.com
Subject: Re: New Scenario You Requested

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HAVE WE MODELED IN FINANCIALLY A REDUCTION IN TRANSPORTATION BENEFITS IF PEOPLE ARE GOING TO GET CARE CLOSER TO HOME? WHY NOT PHASE IT OUT EXCEPT FOR SC?

IS IT WORTH ASKING FOR THE ABILITY TO TREAT FAMILY MEMBERS AT VA IF WE BILL OHI? WOULD THAT KEEP VA SERVICES MORE ROBUST?

Regan

Regan Crump, MSN, DrPH
Assistant Deputy Under Secretary for Health,
Policy and Planning
Veterans Health Administration

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Message

From: David Shulkin [drshulkin@aol.com]
Sent: 4/14/2017 2:23:22 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: Paper on VA Experience with hepatits C
Attachments: Curing HCV In VA 4-12-2017.docx; Untitled attachment 11497.htm

Sent from my iPad

Begin forwarded message:

> **From:** Poonam Alaigh <(b) (6) @hotmail.com>
> **Date:** April 13, 2017 at 9:57:41 PM EDT
> **To:** "Drshulkin@aol.com" <Drshulkin@aol.com>
> **Subject: Fwd: Paper on VA Experience with hepatits C**
>
> I think it looks fine- let me know if its good to go from your perspective
>
> Sent from my iPad
>
> Begin forwarded message:
>
> > **From:** "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
> > **Date:** April 13, 2017 at 9:47:31 PM EDT
> > **To:** 'Poonam Alaigh' <(b) (6) @hotmail.com>
> > **Subject: FW: Paper on VA Experience with hepatits C**
> >
> > Sent with Good (www.good.com)
> >
> > -----Original Message-----
> > **From:** Zenooz, Ashwini
> > **Sent:** Thursday, April 13, 2017 05:45 PM Eastern Standard Time
> > **To:** Alaigh, Poonam, M.D.
> > **Cc:** Hyduke, Barbara
> > **Subject:** Paper on VA Experience with hepatits C
> >
> > Poonam:
> >
> > As requested, please find attached a draft of the manuscript entitled: ***Curing Hepatitis C Infection: Best Practices from the Department of Veterans Affairs***, for review and comments by Dr. Shulkin. This was a joint effort by Pam Belperio and Maggie Chartier.

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Depending on Dr. Shulkin's thoughts and preferences, we would propose submitting to Annals of Internal Medicine as a Medicine and Public Issues piece in response to a recently published Ideas and Opinions article (also in Annals) which summarized the National Academies of Sciences, Engineering, and Medicine expert committee report on National Strategy for the Elimination of Viral Hepatitis.

In the attached manuscript highlights VA's successes and best practices relating to each of the 5 areas identified in the National Strategy report that can be shared and extended to other healthcare organizations and providers delivering HCV care.

Thanks,

Ash

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Curing Hepatitis C Infection: Best Practices from the Department of Veterans Affairs

David J. Shulkin MD[1], Maggie Chartier PsyD MPH[2], Pamela S. Belperio PharmD[3]

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Keywords: Veteran, access, direct acting antiviral, cascade

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Introduction

Since the introduction of Direct Acting Antivirals (DAAs) in 2014, the Department of Veterans Affairs (VA) has made substantial progress in curing the large number of veterans in VA care with hepatitis C virus (HCV) infection. As the nation's single largest provider of care to patients with HCV, VA is uniquely suited to inform the recently released *National Strategy for the Elimination of Viral Hepatitis,* produced by a National Academies of Sciences, Engineering, and Medicine expert committee, which emphasizes prevention, screening, and universal treatment of HCV-- areas in which VHA has become a recognized leader.[1,2] The proposed national strategy presents specific actions to reduce the burden of HCV and outlines 5 distinct areas—*Information, Interventions, Service delivery, Financing, and Research*.[1,2] Herein, VA's best practices and successes in each of these areas are highlighted.

Based on US National Health and Nutrition Examination Survey (NHANES) data from 2010, it was estimated that approximately 13% of all patients diagnosed with HCV in the United States (US) receive care within the VA, highlighting the disproportionate burden among veterans.[3,4] In 2013, before the availability of HCV DAAs, there were approximately 168,000 veterans diagnosed with HCV infection in VA care who were potentially eligible for treatment and an additional estimated 45,000 undiagnosed in care.[5]

With support from the US House and Senate Appropriations Committees, VA has made a substantial commitment to prioritizing HCV care as reflected in dedicated funding for HCV treatment in VA, universal access to DAAs, detailed guidance on individualizing care and the establishment of Veterans Integrated Service Network (VISN) Hepatitis C Innovation Teams (HITs).[6] This work, in collaboration with other key VA offices, is largely supported by the VA's National Viral Hepatitis Program which also

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develops policy, tools, trainings, and resources for patients and providers, easily accessible through internal channels and on its comprehensive website.[7] VA's success and best practices, informed by extensive population health data analysis capabilities, national tools, guidance and policies, is due to the dedicated providers and teams on the ground.

The significant resources and efforts VA and its HCV providers have dedicated to prioritizing this disease at every level of the organization are being tangibly realized. Between January 2014 and March 2017, 86,000 HCV-infected veterans enrolled in VA care have received potent oral DAA treatment, achieving cure rates of over 90%. As of March 2017, only 58,000 known veterans in VA care remain to be treated, compared to over 168,000 three years ago. While elimination appears attainable, VA recognizes the reality of the HCV epidemic and population; namely, many of those in care remaining to be treated have complex substance use, mental health, and medical co-morbidities, and many are challenged by homelessness, transportation, and rurality which pose significant barriers to engagement in care and treatment. The curve of elimination for HCV in VA will include a long tail of persistence driven by system, patient and care delivery determinants (Figure 1).

Information: Population Health Management

Using robust national databases and analytics, VA employs population health management strategies to efficiently track, measure, monitor and identify trends in HCV care, gaining insight into patterns of access and tailoring care provision programs accordingly. Every Veteran in VA care diagnosed with HCV is followed in VA's National Hepatitis C Clinical Case Registry (CCR), developed in part to ensure veterans with chronic HCV were linked to care .[8] The HCV CCR, used for both local and national population reporting, provides data on the number of patients known to be infected with HCV together with critical clinical information such as patient and disease characteristics, where care is received, receipt

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of DAA treatment and clinical outcomes. The VA's Central Data Warehouse, a repository of electronic medical record data, has spurred the creation of local and regional HCV dashboards which offer providers access to patient-specific data reports for real-time intervention and tracking. These sources allow for comprehensive monitoring of incidence, prevalence, and disease course to identify and address barriers and assess outcomes. National, regional and individual facility level data is posted regularly, allowing providers, teams, and leadership to assess progress and goals. This leveraging of health systems data transforms numbers into knowledge and guides providers and the VA toward more informed and effective delivery of care for each veteran.

Essential Interventions

Diagnosis and Testing

Improved case identification: A critical first step for improving HCV care is to identify those infected. In 2012, the Centers for Disease Control and Prevention (CDC) and subsequently the United States Preventive Services Task Force (USPSTF) developed recommendations for testing everyone born between 1945-1965, a cohort determined to have the highest HCV prevalence .[9-10] Prior to 2014, VA had guidance in place which recommended risk-based testing as well as testing of Vietnam-era veterans, a group which largely overlaps with the 1945-1965 birth cohort.[3] Using robust information systems to track screening, VA has been able to identify and target additional populations at risk for HCV, which include: African American males, for which the prevalence is double that of Caucasians (17.7% versus 8.3%); the homeless, for which the prevalence is over three times higher when compared to non-homeless (13.4% versus 3.5%); and persons who inject drugs.[11-12]

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Since the rapid adoption of these expanded screening recommendations, VA has successfully screened over 78% of the 2.5 million veterans in the 1945-1965 birth cohort. Of particular note, VA has screened 89.6% of its homeless population.[12] Using updated annual prevalence calculations from the number of new infections among those tested, VA estimates that there are only approximately 15,000 remaining veterans in VA care who would test positive for HCV if the entire at-risk population were screened.

Testing initiatives: Several initiatives undertaken within VA to increase HCV testing have significantly impacted these results. These include national electronic point-of-care clinical reminders for HCV risk assessment and testing, automated letters recommending HCV testing which dually serve as a laboratory order when presented to a VA lab, weekly primary care panel review identifying patients with upcoming appointments who require testing, and calling patients directly. To emphasize this as a priority, VA added birth cohort testing as a national performance measure in 2015 and reports quarterly screening rates by facility and region. To ensure complete testing while simultaneously providing an efficient and patient-centered approach, VA developed policy in 2009 whereby all patients tested for HCV with a positive antibody automatically had reflex confirmatory HCV RNA testing performed with the same laboratory sample, with over 97% compliance in 2015. As a result of these collective factors, the proportion of veterans in VA care screened for HCV have increased annually by 3% to 4% and are substantially higher than any other large healthcare system.[13]

Building Infrastructure

Hepatitis Innovation Team (HIT) Collaborative: Recognizing that care is not delivered the same way in all settings, regional HITs, comprising a multidisciplinary group of 15-30 healthcare providers, administrators, information technology and system redesign specialists, have implemented Lean Process Improvement methods to maximize their clinical expertise and redesign the process of HCV testing, diagnosis, treatment, and management to provide care in the most efficient and effective way possible for

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the populations they serve.[14] The HIT Collaborative has enabled a clinically focused foundation to share and implement best practices across and within teams, supported by local and regional administrators. The development of the HIT infrastructure on the ground which has leveraged and supported the work of dedicated VA providers has been one of the critical implementation arms that has allowed VA to nimbly respond to challenges in funding variability and other critical access issues that have arisen since the introduction of DAAs.

Service Delivery: Improving Linkage and Access

Once an enrolled veteran is diagnosed with HCV, the emphasis shifts to timely linkage to evaluation and referral for appropriate treatment. Robust population health data, the infrastructure of the HIT collaborative, and legions of dedicated providers on the ground have been instrumental in enhancing VA's outreach and engagement efforts. Efforts have focused on raising awareness among providers and staff about the need for HCV testing and availability of treatment, as well as promoting direct outreach to at-risk veterans and the veteran community more broadly through national and local social media and advertising campaigns, mobile phone applications, and secure messaging.

Expanding Capacity

Telemedicine and electronic technologies: VA has focused on increasing specialist capacity through telemedicine and clinical video telehealth (CVT), or real-time video teleconferencing, whereby HCV clinicians provide care to patients and/or consultation to other providers at another location. Largely modeled off of the University of New Mexico ECHO project,[15] the expanded VA-ECHO model includes urban and rural sites, homeless care clinics and incorporates a pharmacist-led provider program since much of HCV treatment in VA is managed by clinical pharmacists and an HCV mental health and

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substance use program to aid providers in treating patients with these co-morbidities. Inter-provider electronic consults offer another effective and efficient way to prepare patients for treatment avoiding the need for additional appointments. Using electronic databases, registries or dashboards, HCV team members can identify patients who may be candidates for treatment, notify primary care providers electronically through the medical record of their eligibility and recommend management. Similarly, primary care providers can efficiently consult HCV specialists regarding HCV care management and treatment recommendations eliminating the need for a specialty visit.

Non-physician advanced practice providers: Importantly, VA has also emphasized the expansion of HCV care beyond specialty providers. A substantial portion of HCV management has shifted, particularly treatment, outside of liver and infectious disease specialty care clinics at larger medical centers to primary care and community clinics. Furthermore, this care is often being delivered by non-physician providers such as Clinical Pharmacy Specialists, Nurse Practitioners and Physician Assistants, who have been recognized as delivering the same quality of care and providing more timely access to HCV treatment.[16-17] In 2016, almost one-third of all HCV antiviral prescriptions were initiated by a network of nearly 200 Clinical Pharmacy Specialists.[18] Targeted use of the limited number of specialists while expanding the skills of non-physician providers is one of the most important practices that can be adapted from the VA system into other healthcare systems.[16]

Challenging Populations

Barriers to Care: Based on VA HCV provider data collected in 2014 and 2015, it was estimated that up to 30% of veterans awaiting treatment were not currently willing or were unable to initiate HCV treatment. Major reported reasons included active alcohol/substance use, serious mental illness, documented non-adherence to medical appointments or treatment, unstable/uncontrolled medical

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comorbidities, inability to contact a veteran and, in some cases, veterans being unwilling to start treatment. As VA continues to treat more patients, an increasing number of those remaining in the untreated pool present more challenges, with accompanying resource demands to potentially modify these patient, system, or care delivery factors. Frequent reassessment and refocusing is required of healthcare systems and providers to adapt their approach and resources as the needs of its HCV population and barriers to initiating treatment change.

Addressing substance use: Recognizing alcohol and substance use as a considerable barrier to HCV treatment, VA took aggressive steps to eliminate non-evidence based, abstinence policies for HCV treatment and provided clinical guidance on effectively assessing alcohol and substance use, matching a patient's use with the actual risk of non-adherence. VA studies have consistently shown cure rates achieved among veterans with alcohol, substance use and mental health disorders are similar to those without these conditions.[19-20]

Integrated care: Where resources permit, VA has emphasized that integrated care, care coordination, case management, and mental health and substance use services are in place to address factors that pose significant impediments to HCV treatment. This comprehensive management approach facilitates care such that veterans' treatment candidacy can be reassessed. This has been particularly important for vulnerable populations. Accessible mental health and addiction specialists, care coordinators, case managers and social workers are invaluable resources to meet the individualized needs of this population.

Financing HCV Treatment

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Like all healthcare systems, VA has faced significant financial challenges as a result of highly priced DAAs. With strong advocacy from VA HCV providers, veterans and VA leadership expanded special purpose funding for HCV medications was made available through Congressional appropriations.[6,21] The dramatic reductions in the price of DAAs made possible by VA Pharmacy Benefits Management leadership steadfast negotiations in early 2016, simultaneous enactment of additional appropriations and removal of restrictions based on stage of liver disease solidified VAs ability to provide consistent access to HCV treatment. Currently, VA has no restrictions on DAAs which are available to all HCV patients regardless of stage of liver disease. Figure 2 depicts the significant impact of funding variability on DAA uptake in VA over recent years.

Recognizing that in order to comprehensively and successfully treat HCV infection in VA, resources beyond purchasing medications would be required. In 2016, VA boldly allocated 5% of the HCV drug budget for each VA medical center to non-drug clinical resources and infrastructure to further increase treatment starts. This has allowed VISN HITs to independently address local barriers and identify tangible solutions to increase treatment. These funds have successfully been used to expand HCV or liver disease VA-ECHO programs, increase treatment capacity through a Clinical Pharmacy Specialist initiative, increase integrated care, implement HIT innovations, host HCV testing events and fund local testing and treatment advertising campaigns.

Research to Inform

The comprehensive data sources within VA and the VA's diverse HCV population provides a broad milieu for examining scientific and clinical outcomes, cost-effectiveness, patterns of care, and the impact of specific interventions. VA HCV researchers actively contribute to the medical literature influencing and informing patient care, implementation strategies, operations and policy. Given the large number of

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HCV-infected veterans treated, real-world outcomes in special populations can be assessed to a greater degree than in many other healthcare environments thus providing valuable insight for other payors and healthcare systems.

Cascade of HCV Care in VA

The impact of DAAs on HCV has been universally transformational, making elimination seem a tangible goal, as the National Academies of Sciences, Engineering, and Medicine report highlights. Elimination can only occur when every individual with HCV infection is identified, linked to care, treated with HCV antivirals and achieves a sustained virologic response (SVR), or cure. These steps comprise the "hepatitis C cascade of care", a series of key care components used to describe the population health approach to HCV care and a mechanism to assess performance.[5,13,22-24]

Figure 3 depicts VA's HCV transformation since the availability of DAAs and the impact on each of the steps of the care cascade from 2014-2016. As of 2016, VA estimates that 92% of veterans with HCV in care have been diagnosed, and of those, 93% have been linked to care. The most significant change in the cascade has occurred in the treatment step. In 2014, the VA had initiated HCV treatment in 27% of veterans linked to VA care. In turn, 51% achieved SVR. By the end of 2016, HCV treatment had been initiated in 59% of veterans linked to VA care, and 84% of the veteran population ever receiving HCV treatment had achieved SVR. Overall, 84,192 veterans have been cured of HCV, the overwhelming majority since 2014.

Summary

The widespread availability of oral DAA medications that cure HCV have made the possibility of elimination seem achievable. VA is steadily approaching this goal and remains committed to diagnosing

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and treating all veterans with HCV who are willing and able to be treated. An extensive array of delivery of services, policy guidance, outreach efforts and funding has broadened the reach and capacity of VA to deliver these disease-curing medications, supported by an infrastructure to effectively implement change. The key actions that have advanced VA's HCV elimination efforts include: expanding treatment capacity with non-MD providers; use of video telehealth and modified ECHO models to expand treatment; widespread use of integrated care and improvement in addressing psychiatric, substance use and medical co-morbidities; use of electronic data tools for patient tracking and outreach; and dissemination and implementation of best practices developed through the Systems Redesign efforts of regional HITs. However, it must be underscored that financing for HCV treatment and infrastructure resources coupled with reduced drug pricing has been paramount to VA's success in curing HCV and is the lynch pin in achieving elimination for any health care system and the US nationally. Recognizing the resources necessary to realize this goal and the infrastructure and innovations that could make it truly possible, VA is well poised to share and extend best HCV practices to other healthcare organizations and providers delivering HCV care.

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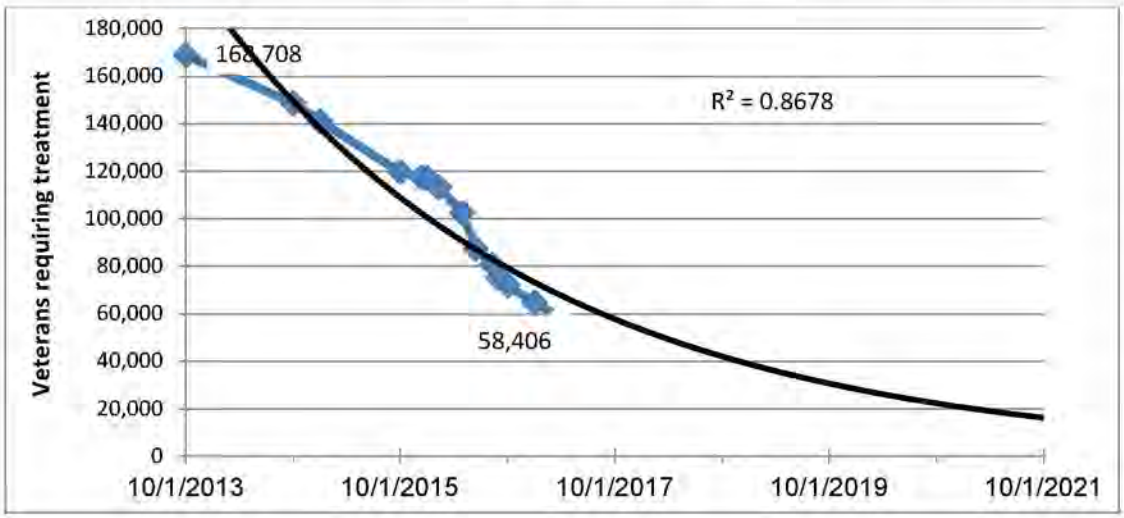
Figure 1. Number of Veterans with HCV in VA Care Requiring Antiviral Treatment Over Time



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VA-19-0799-I-001260
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Figure 2. Availability of Funding and Impact on HCV Treatment Starts per Week

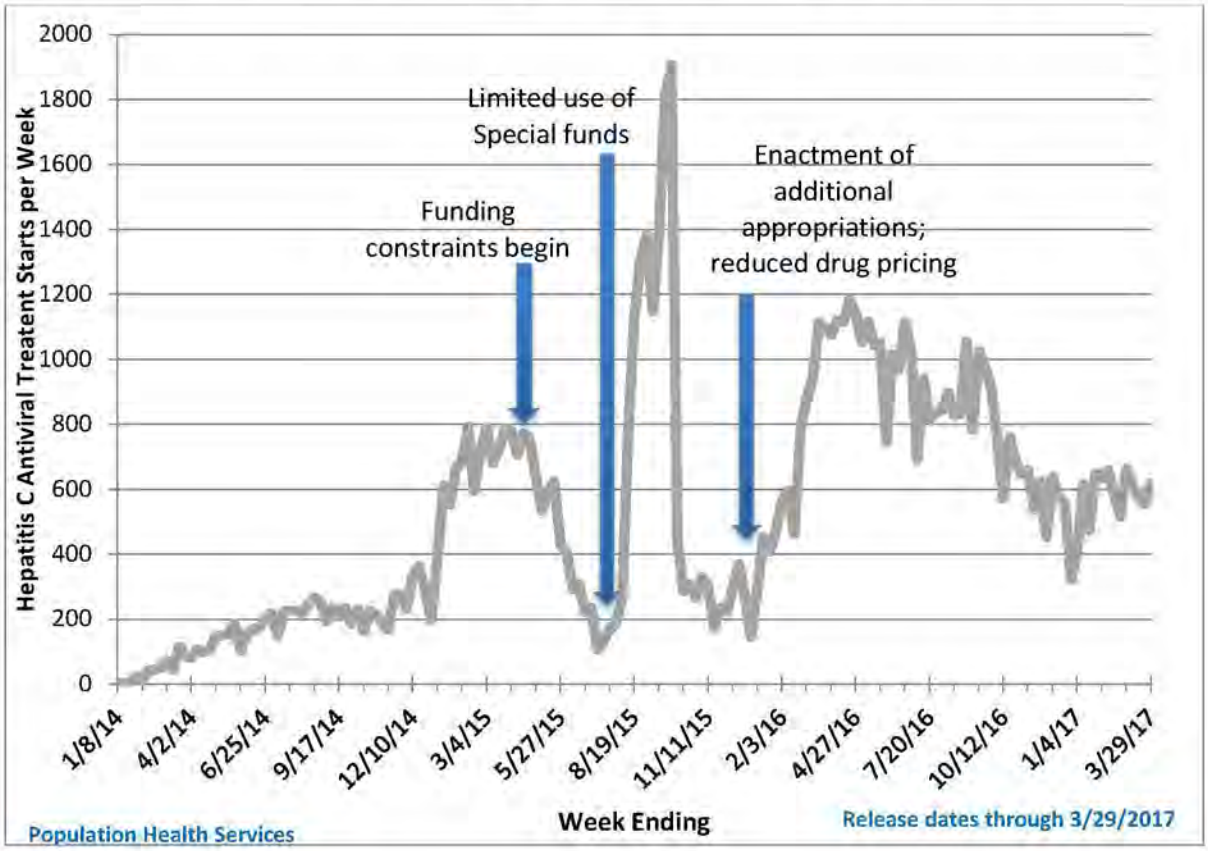

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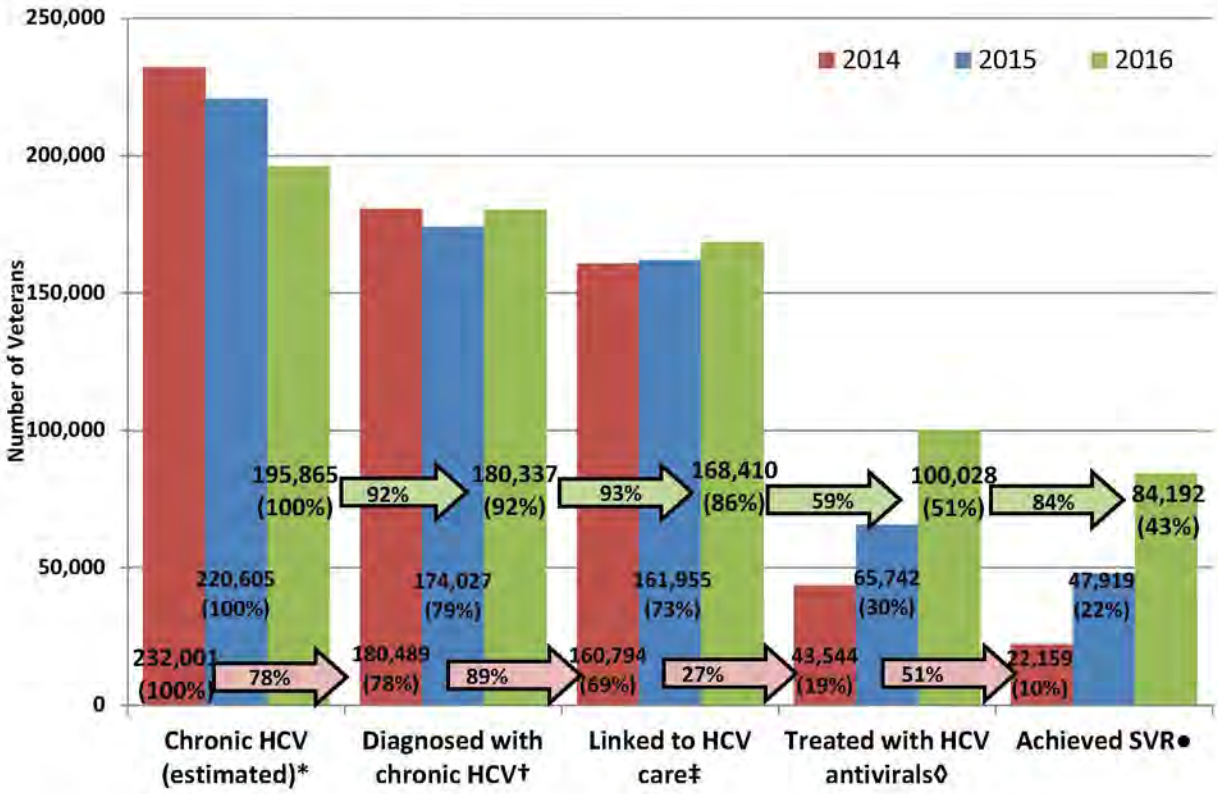
Figure 3. Cascade of HCV care in the Veterans Health Administration (VHA) in 2014, 2015, and 2016



The proportion of patients in each step of the cascade from the patients in the preceding step is presented in the arrows between each bar. SVR = sustained virologic response

*Estimated from diagnosed+ratio of prevalence in birth cohort strata in those tested in prior two years applied to those still untested

†Diagnosed with chronic HCV defined as ever had a detectable HCV RNA or genotype.

‡Linked to HCV care required an outpatient visit in the year, entry in the VHA's HCV registry and HCV entered on the patient's medical record problem list.

◊Treated with HCV antivirals defined as ever received HCV antivirals from VHA as of 31 December of the year.

●Achieved SVR defined as undetectable HCV RNA on all tests after end of treatment including at least one test at least 12 weeks after the end of treatment

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Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 4/14/2017 1:57:41 AM
To: Drshulkin@aol.com
Subject: Fwd: Paper on VA Experience with hepatits C
Attachments: Curing HCV In VA 4-12-2017.docx; ATT00001.htm

I think it looks fine- let me know if its good to go from your perspective

Sent from my iPad

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> **Subject: FW: Paper on VA Experience with hepatits C**
>
> Sent with Good (www.good.com)
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> -----Original Message-----
> **From:** Zenooz, Ashwini
> **Sent:** Thursday, April 13, 2017 05:45 PM Eastern Standard Time
> **To:** Alaigh, Poonam, M.D.
> **Cc:** Hyduke, Barbara
> **Subject:** Paper on VA Experience with hepatits C
>
> Poonam:
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> As requested, please find attached a draft of the manuscript entitled: ***Curing Hepatitis C Infection: Best Practices from the Department of Veterans Affairs***, for review and comments by Dr. Shulkin. This was a joint effort by Pam Belperio and Maggie Chartier.
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Thanks,

Ash

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Curing Hepatitis C Infection: Best Practices from the Department of Veterans Affairs

David J. Shulkin MD[1], Maggie Chartier PsyD MPH[2], Pamela S. Belperio PharmD[3]

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Keywords: Veteran, access, direct acting antiviral, cascade

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Introduction

Since the introduction of Direct Acting Antivirals (DAAs) in 2014, the Department of Veterans Affairs (VA) has made substantial progress in curing the large number of veterans in VA care with hepatitis C virus (HCV) infection. As the nation's single largest provider of care to patients with HCV, VA is uniquely suited to inform the recently released *National Strategy for the Elimination of Viral Hepatitis,* produced by a National Academies of Sciences, Engineering, and Medicine expert committee, which emphasizes prevention, screening, and universal treatment of HCV-- areas in which VHA has become a recognized leader.[1,2] The proposed national strategy presents specific actions to reduce the burden of HCV and outlines 5 distinct areas—*Information, Interventions, Service delivery, Financing, and Research*.[1,2] Herein, VA's best practices and successes in each of these areas are highlighted.

Based on US National Health and Nutrition Examination Survey (NHANES) data from 2010, it was estimated that approximately 13% of all patients diagnosed with HCV in the United States (US) receive care within the VA, highlighting the disproportionate burden among veterans.[3,4] In 2013, before the availability of HCV DAAs, there were approximately 168,000 veterans diagnosed with HCV infection in VA care who were potentially eligible for treatment and an additional estimated 45,000 undiagnosed in care.[5]

With support from the US House and Senate Appropriations Committees, VA has made a substantial commitment to prioritizing HCV care as reflected in dedicated funding for HCV treatment in VA, universal access to DAAs, detailed guidance on individualizing care and the establishment of Veterans Integrated Service Network (VISN) Hepatitis C Innovation Teams (HITs).[6] This work, in collaboration with other key VA offices, is largely supported by the VA's National Viral Hepatitis Program which also

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develops policy, tools, trainings, and resources for patients and providers, easily accessible through internal channels and on its comprehensive website.[7] VA's success and best practices, informed by extensive population health data analysis capabilities, national tools, guidance and policies, is due to the dedicated providers and teams on the ground.

The significant resources and efforts VA and its HCV providers have dedicated to prioritizing this disease at every level of the organization are being tangibly realized. Between January 2014 and March 2017, 86,000 HCV-infected veterans enrolled in VA care have received potent oral DAA treatment, achieving cure rates of over 90%. As of March 2017, only 58,000 known veterans in VA care remain to be treated, compared to over 168,000 three years ago. While elimination appears attainable, VA recognizes the reality of the HCV epidemic and population; namely, many of those in care remaining to be treated have complex substance use, mental health, and medical co-morbidities, and many are challenged by homelessness, transportation, and rurality which pose significant barriers to engagement in care and treatment. The curve of elimination for HCV in VA will include a long tail of persistence driven by system, patient and care delivery determinants (Figure 1).

Information: Population Health Management

Using robust national databases and analytics, VA employs population health management strategies to efficiently track, measure, monitor and identify trends in HCV care, gaining insight into patterns of access and tailoring care provision programs accordingly. Every Veteran in VA care diagnosed with HCV is followed in VA's National Hepatitis C Clinical Case Registry (CCR), developed in part to ensure veterans with chronic HCV were linked to care .[8] The HCV CCR, used for both local and national population reporting, provides data on the number of patients known to be infected with HCV together with critical clinical information such as patient and disease characteristics, where care is received, receipt

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of DAA treatment and clinical outcomes. The VA's Central Data Warehouse, a repository of electronic medical record data, has spurred the creation of local and regional HCV dashboards which offer providers access to patient-specific data reports for real-time intervention and tracking. These sources allow for comprehensive monitoring of incidence, prevalence, and disease course to identify and address barriers and assess outcomes. National, regional and individual facility level data is posted regularly, allowing providers, teams, and leadership to assess progress and goals. This leveraging of health systems data transforms numbers into knowledge and guides providers and the VA toward more informed and effective delivery of care for each veteran.

Essential Interventions

Diagnosis and Testing

Improved case identification: A critical first step for improving HCV care is to identify those infected. In 2012, the Centers for Disease Control and Prevention (CDC) and subsequently the United States Preventive Services Task Force (USPSTF) developed recommendations for testing everyone born between 1945-1965, a cohort determined to have the highest HCV prevalence .[9-10] Prior to 2014, VA had guidance in place which recommended risk-based testing as well as testing of Vietnam-era veterans, a group which largely overlaps with the 1945-1965 birth cohort.[3] Using robust information systems to track screening, VA has been able to identify and target additional populations at risk for HCV, which include: African American males, for which the prevalence is double that of Caucasians (17.7% versus 8.3%); the homeless, for which the prevalence is over three times higher when compared to non-homeless (13.4% versus 3.5%); and persons who inject drugs.[11-12]

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Since the rapid adoption of these expanded screening recommendations, VA has successfully screened over 78% of the 2.5 million veterans in the 1945-1965 birth cohort. Of particular note, VA has screened 89.6% of its homeless population.[12] Using updated annual prevalence calculations from the number of new infections among those tested, VA estimates that there are only approximately 15,000 remaining veterans in VA care who would test positive for HCV if the entire at-risk population were screened.

Testing initiatives: Several initiatives undertaken within VA to increase HCV testing have significantly impacted these results. These include national electronic point-of-care clinical reminders for HCV risk assessment and testing, automated letters recommending HCV testing which dually serve as a laboratory order when presented to a VA lab, weekly primary care panel review identifying patients with upcoming appointments who require testing, and calling patients directly. To emphasize this as a priority, VA added birth cohort testing as a national performance measure in 2015 and reports quarterly screening rates by facility and region. To ensure complete testing while simultaneously providing an efficient and patient-centered approach, VA developed policy in 2009 whereby all patients tested for HCV with a positive antibody automatically had reflex confirmatory HCV RNA testing performed with the same laboratory sample, with over 97% compliance in 2015. As a result of these collective factors, the proportion of veterans in VA care screened for HCV have increased annually by 3% to 4% and are substantially higher than any other large healthcare system.[13]

Building Infrastructure

Hepatitis Innovation Team (HIT) Collaborative: Recognizing that care is not delivered the same way in all settings, regional HITs, comprising a multidisciplinary group of 15-30 healthcare providers, administrators, information technology and system redesign specialists, have implemented Lean Process Improvement methods to maximize their clinical expertise and redesign the process of HCV testing, diagnosis, treatment, and management to provide care in the most efficient and effective way possible for

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the populations they serve.[14] The HIT Collaborative has enabled a clinically focused foundation to share and implement best practices across and within teams, supported by local and regional administrators. The development of the HIT infrastructure on the ground which has leveraged and supported the work of dedicated VA providers has been one of the critical implementation arms that has allowed VA to nimbly respond to challenges in funding variability and other critical access issues that have arisen since the introduction of DAAs.

Service Delivery: Improving Linkage and Access

Once an enrolled veteran is diagnosed with HCV, the emphasis shifts to timely linkage to evaluation and referral for appropriate treatment. Robust population health data, the infrastructure of the HIT collaborative, and legions of dedicated providers on the ground have been instrumental in enhancing VA's outreach and engagement efforts. Efforts have focused on raising awareness among providers and staff about the need for HCV testing and availability of treatment, as well as promoting direct outreach to at-risk veterans and the veteran community more broadly through national and local social media and advertising campaigns, mobile phone applications, and secure messaging.

Expanding Capacity

Telemedicine and electronic technologies: VA has focused on increasing specialist capacity through telemedicine and clinical video telehealth (CVT), or real-time video teleconferencing, whereby HCV clinicians provide care to patients and/or consultation to other providers at another location. Largely modeled off of the University of New Mexico ECHO project,[15] the expanded VA-ECHO model includes urban and rural sites, homeless care clinics and incorporates a pharmacist-led provider program since much of HCV treatment in VA is managed by clinical pharmacists and an HCV mental health and

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substance use program to aid providers in treating patients with these co-morbidities. Inter-provider electronic consults offer another effective and efficient way to prepare patients for treatment avoiding the need for additional appointments. Using electronic databases, registries or dashboards, HCV team members can identify patients who may be candidates for treatment, notify primary care providers electronically through the medical record of their eligibility and recommend management. Similarly, primary care providers can efficiently consult HCV specialists regarding HCV care management and treatment recommendations eliminating the need for a specialty visit.

Non-physician advanced practice providers: Importantly, VA has also emphasized the expansion of HCV care beyond specialty providers. A substantial portion of HCV management has shifted, particularly treatment, outside of liver and infectious disease specialty care clinics at larger medical centers to primary care and community clinics. Furthermore, this care is often being delivered by non-physician providers such as Clinical Pharmacy Specialists, Nurse Practitioners and Physician Assistants, who have been recognized as delivering the same quality of care and providing more timely access to HCV treatment.[16-17] In 2016, almost one-third of all HCV antiviral prescriptions were initiated by a network of nearly 200 Clinical Pharmacy Specialists.[18] Targeted use of the limited number of specialists while expanding the skills of non-physician providers is one of the most important practices that can be adapted from the VA system into other healthcare systems.[16]

Challenging Populations

Barriers to Care: Based on VA HCV provider data collected in 2014 and 2015, it was estimated that up to 30% of veterans awaiting treatment were not currently willing or were unable to initiate HCV treatment. Major reported reasons included active alcohol/substance use, serious mental illness, documented non-adherence to medical appointments or treatment, unstable/uncontrolled medical

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comorbidities, inability to contact a veteran and, in some cases, veterans being unwilling to start treatment. As VA continues to treat more patients, an increasing number of those remaining in the untreated pool present more challenges, with accompanying resource demands to potentially modify these patient, system, or care delivery factors. Frequent reassessment and refocusing is required of healthcare systems and providers to adapt their approach and resources as the needs of its HCV population and barriers to initiating treatment change.

Addressing substance use: Recognizing alcohol and substance use as a considerable barrier to HCV treatment, VA took aggressive steps to eliminate non-evidence based, abstinence policies for HCV treatment and provided clinical guidance on effectively assessing alcohol and substance use, matching a patient's use with the actual risk of non-adherence. VA studies have consistently shown cure rates achieved among veterans with alcohol, substance use and mental health disorders are similar to those without these conditions.[19-20]

Integrated care: Where resources permit, VA has emphasized that integrated care, care coordination, case management, and mental health and substance use services are in place to address factors that pose significant impediments to HCV treatment. This comprehensive management approach facilitates care such that veterans' treatment candidacy can be reassessed. This has been particularly important for vulnerable populations. Accessible mental health and addiction specialists, care coordinators, case managers and social workers are invaluable resources to meet the individualized needs of this population.

Financing HCV Treatment

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Like all healthcare systems, VA has faced significant financial challenges as a result of highly priced DAAs. With strong advocacy from VA HCV providers, veterans and VA leadership expanded special purpose funding for HCV medications was made available through Congressional appropriations.[6,21] The dramatic reductions in the price of DAAs made possible by VA Pharmacy Benefits Management leadership steadfast negotiations in early 2016, simultaneous enactment of additional appropriations and removal of restrictions based on stage of liver disease solidified VAs ability to provide consistent access to HCV treatment. Currently, VA has no restrictions on DAAs which are available to all HCV patients regardless of stage of liver disease. Figure 2 depicts the significant impact of funding variability on DAA uptake in VA over recent years.

Recognizing that in order to comprehensively and successfully treat HCV infection in VA, resources beyond purchasing medications would be required. In 2016, VA boldly allocated 5% of the HCV drug budget for each VA medical center to non-drug clinical resources and infrastructure to further increase treatment starts. This has allowed VISN HITs to independently address local barriers and identify tangible solutions to increase treatment. These funds have successfully been used to expand HCV or liver disease VA-ECHO programs, increase treatment capacity through a Clinical Pharmacy Specialist initiative, increase integrated care, implement HIT innovations, host HCV testing events and fund local testing and treatment advertising campaigns.

Research to Inform

The comprehensive data sources within VA and the VA's diverse HCV population provides a broad milieu for examining scientific and clinical outcomes, cost-effectiveness, patterns of care, and the impact of specific interventions. VA HCV researchers actively contribute to the medical literature influencing and informing patient care, implementation strategies, operations and policy. Given the large number of

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HCV-infected veterans treated, real-world outcomes in special populations can be assessed to a greater degree than in many other healthcare environments thus providing valuable insight for other payors and healthcare systems.

Cascade of HCV Care in VA

The impact of DAAs on HCV has been universally transformational, making elimination seem a tangible goal, as the National Academies of Sciences, Engineering, and Medicine report highlights. Elimination can only occur when every individual with HCV infection is identified, linked to care, treated with HCV antivirals and achieves a sustained virologic response (SVR), or cure. These steps comprise the "hepatitis C cascade of care", a series of key care components used to describe the population health approach to HCV care and a mechanism to assess performance.[5,13,22-24]

Figure 3 depicts VA's HCV transformation since the availability of DAAs and the impact on each of the steps of the care cascade from 2014-2016. As of 2016, VA estimates that 92% of veterans with HCV in care have been diagnosed, and of those, 93% have been linked to care. The most significant change in the cascade has occurred in the treatment step. In 2014, the VA had initiated HCV treatment in 27% of veterans linked to VA care. In turn, 51% achieved SVR. By the end of 2016, HCV treatment had been initiated in 59% of veterans linked to VA care, and 84% of the veteran population ever receiving HCV treatment had achieved SVR. Overall, 84,192 veterans have been cured of HCV, the overwhelming majority since 2014.

Summary

The widespread availability of oral DAA medications that cure HCV have made the possibility of elimination seem achievable. VA is steadily approaching this goal and remains committed to diagnosing

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and treating all veterans with HCV who are willing and able to be treated. An extensive array of delivery of services, policy guidance, outreach efforts and funding has broadened the reach and capacity of VA to deliver these disease-curing medications, supported by an infrastructure to effectively implement change. The key actions that have advanced VA's HCV elimination efforts include: expanding treatment capacity with non-MD providers; use of video telehealth and modified ECHO models to expand treatment; widespread use of integrated care and improvement in addressing psychiatric, substance use and medical co-morbidities; use of electronic data tools for patient tracking and outreach; and dissemination and implementation of best practices developed through the Systems Redesign efforts of regional HITs. However, it must be underscored that financing for HCV treatment and infrastructure resources coupled with reduced drug pricing has been paramount to VA's success in curing HCV and is the lynch pin in achieving elimination for any health care system and the US nationally. Recognizing the resources necessary to realize this goal and the infrastructure and innovations that could make it truly possible, VA is well poised to share and extend best HCV practices to other healthcare organizations and providers delivering HCV care.

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Figure 1. Number of Veterans with HCV in VA Care Requiring Antiviral Treatment Over Time

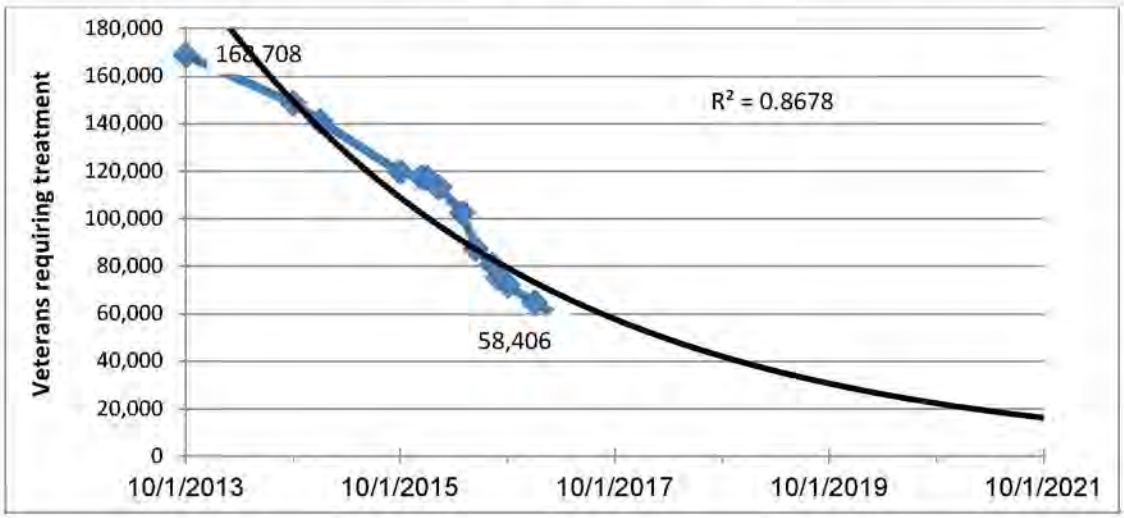

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Figure 2. Availability of Funding and Impact on HCV Treatment Starts per Week

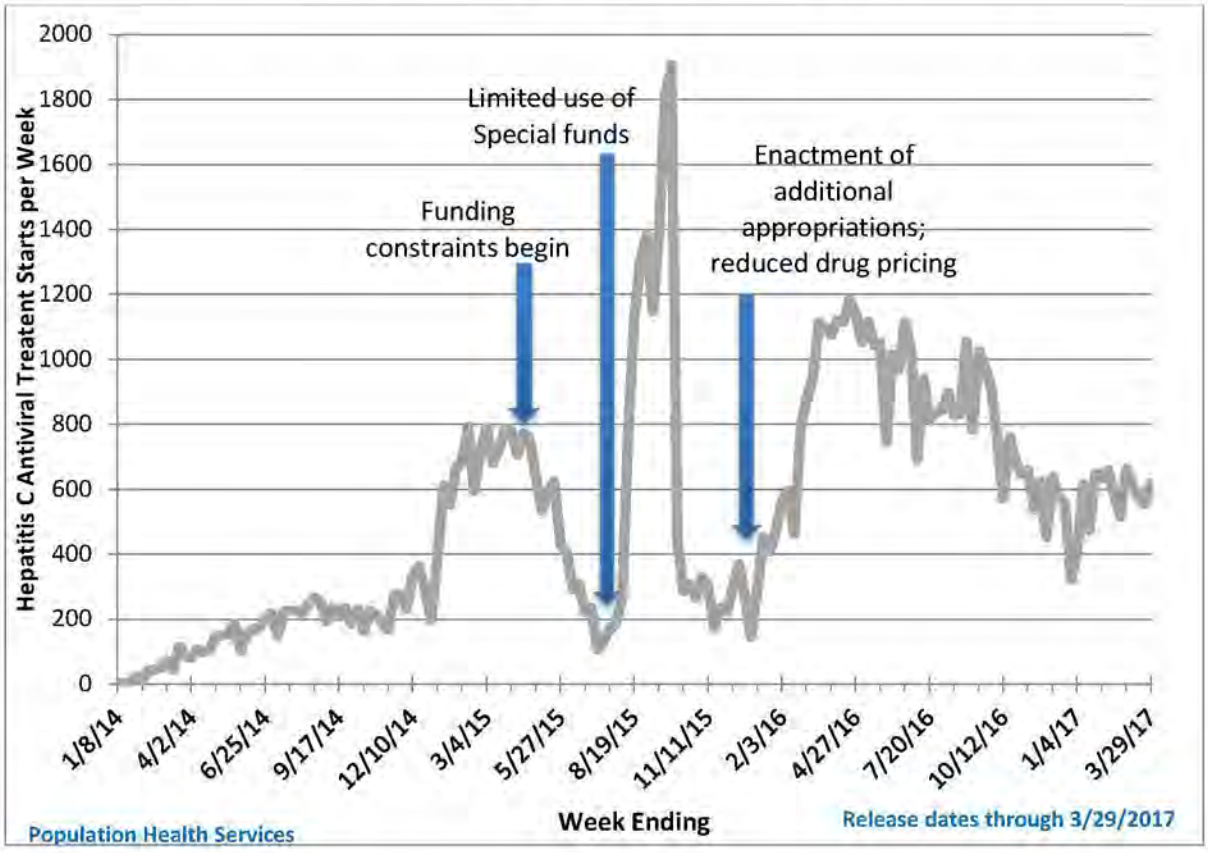

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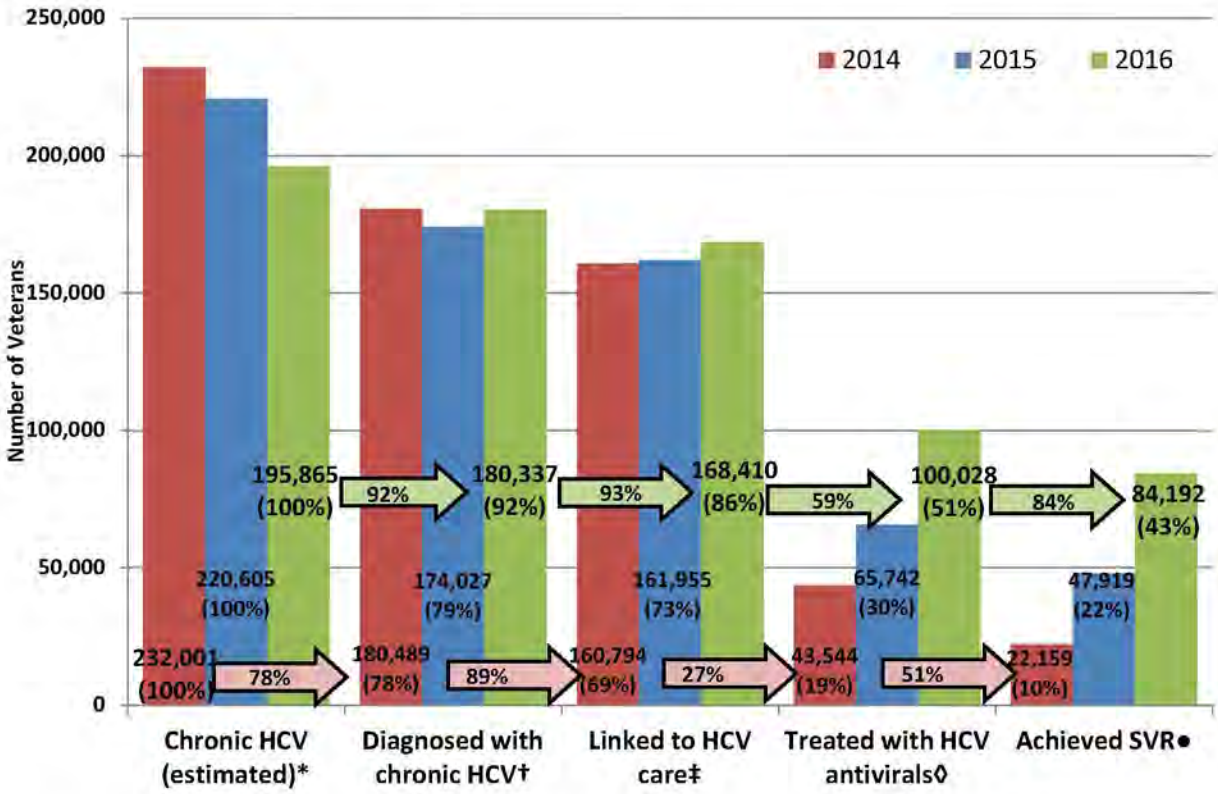
Figure 3. Cascade of HCV care in the Veterans Health Administration (VHA) in 2014, 2015, and 2016



The proportion of patients in each step of the cascade from the patients in the preceding step is presented in the arrows between each bar. SVR = sustained virologic response

*Estimated from diagnosed+ratio of prevalence in birth cohort strata in those tested in prior two years applied to those still untested

†Diagnosed with chronic HCV defined as ever had a detectable HCV RNA or genotype.

‡Linked to HCV care required an outpatient visit in the year, entry in the VHA's HCV registry and HCV entered on the patient's medical record problem list.

◊Treated with HCV antivirals defined as ever received HCV antivirals from VHA as of 31 December of the year.

●Achieved SVR defined as undetectable HCV RNA on all tests after end of treatment including at least one test at least 12 weeks after the end of treatment

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Message

From: Marisol Garcia [(b) @frenchangel59.com]
Sent: 2/22/2017 9:58:13 PM
To: David shulkin [Drshulkin@aol.com]; L Perl [(b) (6) @gmail.com]; Bruce Moskowitz [brucem(b) (6) mac.com]; mbs(b) (6) gmail.com; (@frenchangel59.com; (b) (6) [(b) @mayo.edu]
CC: (b) (6) va.gov; (b) (6) va.gov; (b) (6) (b) (6) @mayo.edu]
Subject: Below are the CVS Health participants:

(b) (6) invited the below people to participate on the CVS call tomorrow morning.

Please let me know if you need anything else on my end.

Thanks,
Marisol

From: (b) (6) [mailto(b) (6) CVSHealth.com]
Sent: Wednesday, February 22, 2017 4:04 PM
To: Marisol Garcia
Subject: Below are the CVS Health participants:

Thank you so much - below are the CVS Health participants:

1) (b) (6) President & CEO
2) Dr. (b) (6) President, MiniteClinic
3) (b) (6) Sr. VP Government Relations
4) (b) (6) VP Diversity

Thank you,
(b) (6)

(b) (6) | Executive Assistant to (b) (6) President & CEO, CVS Health
p (b) (6)
CVS Health | One CVS Drive, Mail Code 1000, Woonsocket, RI 02895

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/18/2017 2:29:19 AM
To: (b) [(b) (6) @hotmail.com]
Subject: Fwd: RE:

Sent from my iPhone

Begin forwarded message:

From: "Bob McDonald" <(b) (6) @gmail.com>
Date: February 15, 2017 at 8:17:23 AM EST
To: "'David Shulkin'" <drshulkin@aol.com>
Subject: RE:

David, I chose you to be Under Secretary for Health, you did a great job, I'm thrilled you were nominated and confirmed, and I'm thrilled you are continuing the work that all of us care so deeply about. How it all came about is behind us, and I and everyone else are behind you. In many ways you will have a more challenging job than I did. We want you to succeed. As we talked, I am happy to help you in any way. Thanks for your note. Bob

-----Original Message-----
From: David Shulkin [mailto:drshulkin@aol.com]
Sent: Tuesday, February 14, 2017 10:26 PM
To: bob mcDonald <(b) (6) @gmail.com>
Subject:

Bob- it's been a few weeks and I think of you many times a day- you are sorely missed by me and many many others

I can tell you that a meeting does not go by where someone does not say " I think Bob would want us to do this". And I see the progress continuing

I know you believe I somehow broke our trust and though I know I did nothing at all like that- I respect your feelings and don't want to push -- nor do I need a response

I just want you to know how grateful I am to you and how much better I am for having worked with you

David

Sent from my iPad

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Message

From: Bob McDonald [(b) (6) @gmail.com]
Sent: 2/15/2017 1:17:23 PM
To: 'David Shulkin' [drshulkin@aol.com]
Subject: RE:

David, I chose you to be Under Secretary for Health, you did a great job, I'm thrilled you were nominated and confirmed, and I'm thrilled you are continuing the work that all of us care so deeply about. How it all came about is behind us, and I and everyone else are behind you. In many ways you will have a more challenging job than I did. We want you to succeed. As we talked, I am happy to help you in any way. Thanks for your note. Bob

-----Original Message-----
From: David Shulkin [mailto:drshulkin@aol.com]
Sent: Tuesday, February 14, 2017 10:26 PM
To: bob mcDonald <(b) (6) @gmail.com>
Subject:

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I just want you to know how grateful I am to you and how much better I am for having worked with you

David

Sent from my iPad

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Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/15/2017 3:26:09 AM
To: bob mcDonald [(b) (6) @gmail.com]

Bob- it's been a few weeks and I think of you many times a day- you are sorely missed by me and many many others

I can tell you that a meeting does not go by where someone does not say " I think Bob would want us to do this". And I see the progress continuing

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I just want you to know how grateful I am to you and how much better I am for having worked with you

David

Sent from my iPad

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Message

From: IP [(b) (6)@frenchangel59.com]
Sent: 2/22/2017 2:30:27 PM
To: 'Bruce Moskowitz' [brucem(b) (6) mac.com]; mbs(b) (6) gmail.com; (b) (6) [(b) @mayo.edu]; 'David shulkin' [drshulkin@aol.com]
Subject: RE:(b) (6)

I agree 100% with Bruce.

I think (b) (6) group have a different agenda.

-----Original Message-----
From: Bruce Moskowitz [mailto:bruce(b) (6) @mac.com]
Sent: Tuesday, February 21, 2017 7:23 PM
To: mbs(b) (6) mail.com; IP; (b) David shulkin
Subject: (b) (6)

Marc did a great service in the meeting if they really are only interested in the best care for veterans they will meet in person and work together. The only thing I learned in medicine that is indisputable is the more you work together the better care you can provide for the patient.

Sent from my iPhone

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/22/2017 2:30:49 AM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
Subject: Re:(b) (6)

I agree

Sent from my iPhone

> On Feb 21, 2017, at 7:22 PM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>
> Marc did a great service in the meeting if they really are only interested in the best care for veterans they will meet in person and work together.
> The only thing I learned in medicine that is indisputable is the more you work together the better care you can provide for the patient.
>
> Sent from my iPhone

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Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 2/22/2017 12:22:38 AM
To: mbs(b) (6) gmail.com; IP [@frenchangel59.com]; (b) (6) [(b) @mayo.edu]; David shulkin [drshulkin@aol.com]
Subject: (b) (6)

Marc did a great service in the meeting if they really are only interested in the best care for veterans they will meet in person and work together.
The only thing I learned in medicine that is indisputable is the more you work together the better care you can provide for the patient.

Sent from my iPhone

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/11/2017 7:32:09 PM
To: Ike Perlmutter [[redacted]@frenchangel59.com]

Ike- Im scheduled for a senate vote monday night around 8 pm- with a swearing in tuesday at 3 pm

Very exciting- thanks for everything you and Laurie are doing

David

Sent from my iPhone

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/9/2017 2:08:06 PM
To: (b) [(b) (6) @hotmail.com]
Subject: Fwd:

Sent from my iPhone

Begin forwarded message:

From: L Perl <(b) (6) @gmail.com>
Date: February 9, 2017 at 8:57:25 AM EST
To: "(b) (6) <(b) (6) @mayo.edu>, Bruce Moskowitz <brucem(b) (6) mac.com>, "Dr. (b) (6) " <(b) (6) kp.org>, "Dr. David Shulkin" <Drshulkin@aol.com>, "Dr. (b) (6) " <(b) (6) partners.org>, "Dr. (b) (6) " <(b) (6) @mayo.edu>, "Dr. (b) (6) <(b) (6) ccf.org>, IKE <(b) @frenchangel59.com>, Marc Sherman <(b) s(b) (6) gmail.com>, (b) (6) <(b) (6) @jhmi.edu>, (b) (6) (b) (6) @hopeunseen.com>
Subject: Fwd:

Nice pic of all of us with the President.

Best....L

AMERICAN OVERSIGHT



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Message

From: L Perl [(b) (6) @gmail.com]
Sent: 2/9/2017 1:57:25 PM
To: (b) (6) [(b) @mayo.edu]; Bruce Moskowitz [brucem(b) (6) mac.com]; Dr. (b) (6) ((b) (6) kp.org]; Dr. David Shulkin [Drshulkin@aol.com]; Dr. (b) (6) [(b) (6) partners.org]; Dr. (b) (6) (b) (6) @mayo.edu]; Dr. (b) (b) (6) [(b) (6) ccf.org]; IKE [(@frenchangel59.com]; Marc Sherman [mbs(b) (6) gmail.com]; (b) (6) [(b) (6) @jhmi.edu]; (b) (6) [(b) (6) hopeunseen.com]
Subject: Fwd:
Attachments: IMG_3782.JPG; IMG_3780.JPG; IMG_3779.JPG

Nice pic of all of us with the President.

Best....L

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Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 2/11/2017 1:02:25 PM
To: drshulkin@aol.com
Subject: This weekend

I am so excited- the day has finally arrived!! Let me know if there is something you need from me this weekend. You may want to take (b) out on a date night movie "50 Shades", before things get complicated in your life - we saw it last night- (b) definitely enjoyed it

Sent from my iPhone

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/12/2017 11:37:38 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Fwd: Maternal health for Veterans
Attachments: Mindfulness-Based Childbirth and Parenting Program.docx; Untitled attachment 11675.htm

An example of the "help"

Sent from my iPhone

Begin forwarded message:

> **From:** Bruce Moskowitz <brucem(b) (6) mac.com>
> **Date:** February 12, 2017 at 6:34:28 PM EST
> **To:** drshulkin@aol.com
> **Subject: Maternal health for Veterans**
>
> FYI

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Mayo Clinic and Mayo Clinic Health System in Rochester, MN and throughout the tri-state region serve an uniquely diverse population of patients during the childbearing year—from those in training to become caregivers themselves to military families and the rural poor. We currently offer routine prenatal care and care in a group format known as Centering Pregnancy, all the while studying innovative prenatal care models such as OB Nest. While we are making strides in improving the delivery of prenatal care, we recognize expanding the content of our perinatal educational offerings would have the power to extend beyond the childbearing year to foster ongoing healthy behaviors within the context of family and parenting. This would be particularly important for those families affected by stressors related to separation due to military deployment, economic hardship, or working in the capacity of a professional caregiver.

(b) (6), founder of Mindfulness-Based Stress Reduction, describes Mindfulness as *the awareness that arises from paying attention, on purpose, in the present moment, and non-judgmentally.* Practicing mindfulness teaches patience, trust, acceptance, and letting go which, in turn, cultivates attitudes of kindness, compassion, and gratitude. Myriad research studies on the practice of Mindfulness during pregnancy have demonstrated a decrease in premature birth, decreased stress, and decreased perinatal mood concerns as well as an increase in the healthy development of newborns. At Mayo Clinic, we are very interested in incorporating Mindfulness into our perinatal care practice and educational offerings and to contribute to the body of evidence on the effects of this practice on health outcomes such as perinatal mood disorders and stress reduction.

There seems to be much disconnection and chaos in this world. People are attached to phones, electronic devices, distracted by jobs, responsibilities and stressors of everyday life: constantly distracted. Learning to live in present moment awareness offers the possibility to regain a connection with self and the world. It has the altruistic possibility of making the world a more peaceful and connected place. What better way to start than with new families in life's time of transition.

In order to integrate Mindfulness into our perinatal program, we would propose a three part approach: offering a 9 week Mindfulness-Based Childbirth Parenting (MBCP) Program quarterly, offering a Mind in Labor weekend program quarterly, and incorporating Mindfulness practice into our existing group prenatal care practice. Funding would be utilized to frontload staff training, coordinating research and program development. The effort would ultimately be self-sustaining as provider staff that becomes certified teachers of Mindfulness would go on to teach incoming providers.

The steps to achieve this are:

1. Training:
    a. 3-4 MD/CNM or more
2. What can be offered once training is complete:
    a. Initiation of the programs
    b. Programs can be started and used as a training ground for future providers
    c. Education of mindfulness principals for families through the 3 proposed forums
3. Plan to recruit people to attend the classes offered
    a. Though Mayo Health System and community forums
    b. Print brochures for circulation

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c. Make posters in high volume area throughout Mayo Enterprise
d. Social Media, Mayo Enterprise & Regional digital communications
e. Offer sessions for a cost to sustain program costs over time
    i. Military families to attend MBCP and Mind in labor for free

4. Evaluation of programs:
    a. Research based outcomes and effectiveness. Use evidence based tools to evaluate effectiveness of programs and life skills learned.
5. Success will be determined by
    a. Attendance
    b. Research outcomes
    c. Feedback survey from participants that is created
    d. Looking at depression & quality of life scores pre and post enrollment

The time to develop a competent teacher would take 2-3 years. By building the practices, ongoing teacher development could happen on site, and begin the cycle of building upon itself over time. By studying and publishing outcomes, the opportunities for family and teacher development are far reaching.

The Development & Study of Mindfulness-Based Childbirth Parenting Programs

Mayo Clinic Rochester, Minnesota

1. **Offer 9 week mindfulness course to couples 4 times per year**
    - **Fall of 2017 first course**

The Mindfulness-Based Childbirth and parenting program (MBCP) is an adaptation of the Mindfulness-Based Stress Reduction program (MBSR) founded by (b) (6), PHD, at the University of Massachusetts Medical Center in 1979. In the MBCP program, expectant parents are instructed in and encouraged to practice mindfulness meditation, yoga, and mindfulness in daily life. Classes include the physiology of childbirth, ways to use the mind to work with pain during labor, positions for birthing, breast feeding and parenting a newborn. As we actively cultivate mindfulness together we may find that we are able to more fully live the joys and more gracefully navigate the inevitable challenges of this life transforming time while building a foundation and a lifelong resource for healthy living and wise parenting (http://www.mindfulbirthing.org/classes-training/parents/#mbcp). Becoming a parent is perhaps one of the most profound transformations in an adult's life. The birth of a child is a beginning for the new being entering this world, as well as an individual(s) becoming a parent(s). It is a time of joy and stress, as well as a time of preparing for the next generation. The tools cultivated through MBCP teaching are as noted below (Bardake, N., 2016, mindfulbirthing.org).

- Access deep physical and mental relaxation
- Learn to engage the mind to work with pain during labor
- Increase confidence and courage for the experience of labor and delivery
- Practice prenatal yoga for strength and flexibility
- Develop skills for managing stress in pregnancy, parenting and daily life
- Enhance partner communication skills
- Become more aware of our own approach to parenting

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The course includes:

9 weeks of 3 hour classes before birth, and all day silent retreat, a reunion class after the birth and course materials.

What is needed to accomplish this?

- 3-4 CNMs/MDs need to be trained in Mindfulness techniques
  - Attend MBSR 8 week session
  - Attend MBCP 1 week retreat training
  - Attend Silent retreat x 2
  - Attend Mind in labor weekend training
  - Develop and commit to a personal practice of mindfulness

2. **Offer "Mind in labor", a weekend program 4 times per year**
   - **Start Spring 2018**

   a. **Mind in labor weekend training Spring or Fall 2017**
      - Offer a mind in labor weekend workshop for pregnant couples and staff for development of program/education

   b. **Mind in labor weekend sessions for pregnant couples offered 4 times per year**
      - **Begin Spring 2018**

The Mind in Labor workshop is a weekend workshop which provides expectant parents (pregnant women, along with a partner or support person) lifelong skills for healthy living and wise parenting using mindfulness meditation, yoga, and group dialogue. Healthcare professionals may also be invited to attend and will receive additional education and training. Midwives and MDs who serve pregnant women will be invited to attend. Providers who provide care to women in the military will be focus of recruitment efforts as well as CNMs and MDs, and nursing staff in neighboring communities and Mayo Health Systems.

The course includes:

A Friday Evening, Saturday all day, and Sunday 1/2 day session for up to 30 individuals or 15 couples.

3. **Incorporate Mindfulness into Centering Curriculum.**
   - **Fall 2017**

Centering pregnancy provides group prenatal care visits are scheduled for women & their partners, who are at approximately the same weeks of gestation. This provides for continuity, comprehensiveness, and empowerment of the women during pregnancy (CHI, 2010; Novick, 2009; Rising, 1998). The 2-hour session requires two facilitators including a certified nurse midwife, or doctor; and a nurse. In the non-centering pregnancy model, women are having visits for 20 minutes, which equates to six patient visits in 2 hours. Under the centering pregnancy model, a group has 8 to 12 participant couplets affording the ability to provide care to more participants within the same 2-hour period, thereby increasing contact time with the provider. Goals of centering sessions are assessment, support and education.

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- Centering is prenatal care in a group setting. It is currently a 10 week program with 2 hour prenatal sessions. Centering has an imbedded curriculum. There is some preliminary work in progress studying effects of mindfulness practice in centering curriculum. Mayo would have the opportunity to create our own hybrid of Centering with mindfulness practice and again study effects on pregnancy.
- Centering in the Military has the potential to build a community of support. These groups also foster support between participants and a social network that may be limited within the military setting. Studies have shown that Centering® programs not only reduce preterm labor, but also reduce the amount of stress that can occur during pregnancy. It can be a very stressful time for new moms and spouses of deployed soldiers who have no immediate support system or family. With the help of a centering program, many of the couples have the opportunity to begin lifetime friendships with the other couples in the groups. Centering has the potential to create a sense of community. (Foster et al., JOGNN, 41, 315-321; 2012).
- Incorporating mindfulness has the opportunity to increase personal resilience, coping and parenting skills.
- If we can study the effects of Mindful Centering, we have a great opportunity to support any couple involved.

The course would include: 8-10 week (2-3) hour sessions providing prenatal care and mindfulness skills for 8-12 couples.

Timeline for Program Development

What is needed before 1-3 above:

- 3-4 Midwives/MDs to attend week long teaching training workshop on MBCP in March 2018. (Lead CNM has completed this).
- MBSR training for lead CNM & 3-4 others
    - To be completed by Fall 2017 for lead, others Fall 2018
- Silent retreat for lead CNM & 3-4 others after initial MBCP training.
    - To be completed by Summer 2017 for lead, others Fall 2018
- Connect with Clinicians from other Health Systems sites that care for military families
    - Extend to providers and invitation to all offerings and training sessions

Mindfulness has the potential for any who participate to benefit as noted in Effects above. By inviting participants to the mind in labor weekend, from surrounding community, military CNMs can be invited to attend as well. In order to provide this service, providers need to be trained and to have a personal practice. This will take time and it is possible.

In closing, if approved, we would make a commitment to offer Mind in labor and MBCP available for veterans at no cost.

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Perinatal Mental Health Training for Obstetrics Providers

We currently do an excellent job screening patients 3-4 times during the pregnancy. The issue arises once a patient is identified, immediate care is often delayed. We strive to seek long term solutions to this supply and demand issue. While Mindfulness does have the potential to decrease postpartum depression, we currently struggle with having adequately trained staff to meet the current needs of our perinatal population affected by Postpartum depression. It is our hope to provide additional training and ongoing education from experts in the field so that we can better manage our patients.

1. Bring Postpartum Support International Training to Mayo Clinic Rochester
    - By Spring of 2018
    - Provide training for as many staff from Mayo Health System Perinatal providers
2. Funding for time from Dr. Moore or MD from Psychiatry with special interest in perinatal population
    - To provide onsite education and clinical mentoring for OB department Staff
    - Start by Fall 2017
    - Ongoing commitment to mentoring on site during clinical encounters with patients for up to 2 years.

I extend a deep bow of gratitude to you and your foundation for considering these programs.

(b) (6) , APRN, CNM

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Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/12/2017 11:37:18 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
Subject: Re: Maternal health for Veterans

Terrific- thanks

Sent from my iPhone

> On Feb 12, 2017, at 6:34 PM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>
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> FYI
> <Mindfulness-Based Childbirth and Parenting Program.docx>
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> Sent from my iPad
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AMERICAN OVERSIGHT

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From: David shulkin [Drshulkin@aol.com]
Sent: 2/9/2017 4:14:19 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Fwd: NOTE | VA Issues Meeting (Feb. 7, 2017)
Attachments: vaissuesgroupnotesfeb72017.docx; Untitled attachment 11680.htm

Please print

Sent from my iPhone

Begin forwarded message:

> **From:** "(b) (6) <(b) @mayo.edu>
> **Date:** February 9, 2017 at 10:28:25 AM EST
> **To:** "David shulkin (drshulkin@aol.com)" <drshulkin@aol.com>
> **Subject: NOTE | VA Issues Meeting (Feb. 7, 2017)**
>
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>
> Thank you for your leadership and service in support of veterans and our nation.
>
> Best,
>
> (b) (6)
> Chair | Mayo Clinic Department of Public Affairs
> 200 First Street S.W. | Rochester, MN 55905
> cell: (b) (6) | office: (b) (6)
> e-mail: (b) @mayo.edu

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Notes – Veterans Issues Meeting

- Important how we position "privatization" -- position it as option for patients
- VA has a health plan, but it does not function as a health plan
- More than 50% have a co-mobility in mental health; dual eligibles
- Short-term; concentrate and focus
- Short-term objective -- one shot at a major legislative reform; will need to be in the next six months -- get out in front of mid-term elections
- What are the important components of a restructuring package
- Still need to consider the long-term and express it in the legislative agenda
- Need to share clarity on where you want to take the VA for the long-term (b) (6)
- Build a system that has the capacity to meet the needs for the long-term
- Needs to be a burning platform -- Aug. 6, 2017 when the Choice Program expires
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- VA should not long-term treat itself as a monopoly and open itself up to competition
- Open up the system, give the veteran the choice -- care in the community or get the care in the VA
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- (b) (6) -- responsible for IT, Strategic Initiatives; "Reinvent the Entire Government"
- (b) (6) -- on the same team; tech modernization
- Poonam Alaigh -- worked in various healthcare sectors; Dr. Shulkin and she started ACO together; focused on improving access to care for veterans; Sr. Advisor to the Under Secretary; involved in most of Dr. Shulkin's strategic initiatives

- A long laundry list of ideas; focus on the most important things -- quick action steps
- At 10:45, here are our areas of focus when we spend time w/ the President
- Want to circulate new ideas that this group surfaces; quick action steps; what are the things that will make the most difference

Any ideas not captured:

- Central idea is privatization -- how you get their, expanding access to Veterans Choice
- 40 mile, 30 day wait time makes no sense -- how do we replace w/ a more open, more competitive environment
- How do you get it legislatively through; operational strategy; get the VSOs to come along
- You will pay for people's care, it's a matter of where -- public or private sector (
- Matter of starting w/ primary care, specialty care or across the Board (b) (6)
- Change from entitlement from "earring your keep" (b) (6)
- Payment of physicians will be an issue; fair pay for physicians in private sector (tag it to Medicare or Medicaid) or make it value based
- Need to look at the whole system of care, centered around primary care
- The only path should not be through a primary care specialist

What are the impediments to get there?

- Cannot be viewed as a takeaway, given the legislative path
- May need to grandfather current member benefits; build moving forward

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- Unfettered access currently; financial incentives are in place in most plans
- VA System (9M people); 20% are service connected
- Do you beguiled a service package for service and non-service connected
- Will be a hard cultural bridge for veterans who have
- If it's the right thing to do, have to figure out how to get it done
- Have an extremely complex clinical decision making process -- is a condition service connected or not service connected

What are the other big things?

- How you run the physical environment of the VA -- 431 empty and 781 underutilized
- Should VA be looking to consolidate itself w/ other veterans; DOD hospitals are underutilized
- Who's going to pay for it
- Needs to be consolidation and maximizing efficiency
- Could put Indian Health Services in that bucket as well
- Joint facility being run in north Chicago (VA and Navy) -- two of everything
- Where could money be saved?
- Purchasing; Facilities Closure; Consolidation of Services
- VA does not do shared services -- no central contracting currently
- HR is also not consolidated
- How do we organize ourselves to get the maximum savings
- The opportunities are massive to save $ and improve quality
- IT, VA has an inclination to want to build in-house; Vista was built in-house; spending a lot of money to sustain
- No value to veterans for VA to be a software
- Transition it over time; keep the existing one going, but build for the future
- Need to stop investing and begin to transition
- Could be up to $10-20B
- Need it to ensure quality and analytics, so it's built into the system
- Empty buildings should be sold and the money redirected and make it part of the pre-plan budget
- Initiative w/in the White House to sell underutilized assets -- law passed late in 2016 -- $500M
- Need to tie it together into an integrated system of scheduling and finance; tied in w/ the community providers
- All of the providers are Epic; revenue cycle needs to be tied in
- About the integrated model and connecting a lot of dots

- We say we have Vista; we have 85 variations of Vista
- Our strategy has been to go to a single version that is an overlay VA MD; single overlay
- In production, a year timeframe
- Congress sensed there was not a clear strategy, and the solution was not funded
- Have found $100M to finish the project; demonstration for a Big Bang (a common) solution
- Create a system -- managed care program that is the envy; build on best practices; help w/ big rocks
- Infrastructure is a big deal -- physical and technology
- Create One VA, systems that you want spread across the enterprise
- Don't take choice off the table -- creating choice helps get it done
- Will need to change the culture of the VA

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- Other industry leaders -- FedX; UPS -- bring their thought process into the conversation -- logistics; infrastructure
- Distinguish between a "life support" vs. "adding bells and whistles" as you build IT
- Will need space for training, take a strategic look

- Need to replace "entire leadership team" -- in IT a bold leadership opportunity; no one currently leading it; likely to get a political appointee
- Can this group offer an expert whose done an implementation, but is willing to work for $160K
- Perhaps to a sabbatical for someone at Epic or Cerner -- work out

- Governance, 535 member Board of Directors (Congress)
- Political appointee challenge; tenure individual needs to be at least 4-5 years
- Partner w/ Congress, huge appetite to address these issues
- Need Congressional approval of everything -- will not want to give up of control
- Could there be a "managing board of directors that reports to Congress
- IRS, Post Office, Amtrak uses that model -- model works pretty well
- Deans of Medical School
- Need to paint a vivid picture of a system that lacks accountability; current path is not a good path; share the vision
- Can't be a piecemeal ask

What is the win for Congress in this?
- Personal stories tell powerful stories
- Once the plan is built, will build in legislative affairs into the mix; White House will fill out the tactics
- Can you invoke a crisis from a legal perspective

Tell the Story:
- Create the burning platform; crisis
- Team in place
- Use the metaphor of the patient
- NIH Clinical Care Center, a model
- Paint the picture

- VA has to take on the same metrics as the rest of healthcare
- Start w/ explaining the crisis
- 10-point plan, need a Secretary that's going to carry it out

- As a non-FACA group' can offer perspective; individual opinions; not meet on a regular basis; invite others in
- Another route -- FACA compliant, commission to give collective opinion

Meeting -- President, COS and Jared
- Opening remarks by the President (7 minutes)
- Press in the meeting at the start
- Will acknowledge those in the room
- Remarks by President; Ike; (b) (6)

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- Parity w/ the private sector; simplifying th

Four Key Points:
- Leadership -- Governance
- Access to High-quality care
- Parity w/ the Private sector
- Modernizing the VA -- business metrics; IT

W/ President:
- Wilbur Ross introduced Ike and DJT
- Easier for a person on welfare vs. a veteran to access care ([redacted]
- Elizabeth Dole's Foundation -- mentioned by DJT
- Form a committee to work w/ David, Ike -- meetings periodically
- With you a 100%; David will be on the committee
- Single best appointment is Dr. Shulkin
- Design a system that puts veterans first
- We are able to run the system w/ the right governance
- Misalignment that needs to be rectified; going to need a group that's going to allow David to drive change
- Change the culture to shift away from sense of entitlement
- Requires a tight relationship w/ the leader and the governance
- Veterans need to have choice
- 20% of veterans that have service-related injuries need to have their complex needs; need to meet the primary care needs of the rest (40/30 rule needs to be addressed) -- need to create access; give veterans choice
- Vets deserve the highest quality care; comparable to any of our institutions -- need to put in place same quality and safety metrics
- Access, if they can't get in, they should have a safety valve of getting care in the private sector
- [redacted] -- Domestic Policy at meeting; build a mix of executive and legislative action; reforms associated Veterans Choice
- Need to give veterans choice; vote w/ their feet -- not taking away, giving them something in addition
- Change the attitude of the worker -- if a patient chooses your competitor down the street, you don't have job
- VA needs to organize in a shared services model; reduce tremendous waste and fraud; organize it as it would be in the private sector
- Could we outsource to one of the biggest hospital chains? (J. Kushner)
- If we're going to make it work, need to move people in/out of the system -- need to look at authorities that allow workers to be hired more quickly, as needed
- Need a secretary who's in the role for more than two years; CEO needs to have a degree of longevity
- Technology needs to be fixed; a massive investment ([redacted] US Digital Services)
- Government should not be competing w/ the private sector; bring advances in telemedicine
- Set up a great board; do the right thing; a board of the hospitals -- meet monthly, perhaps at the White House

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- May meet "once a week" -- whatever it takes

Central Ideas:

- We have a problem, timely access to high-quality care for veterans
- Our current system is in crisis (people dying each day, lack of access to mental health services)
- This is the opportunity -- committed to build the solutions
- Give veterans choice and timely access to the best care, a "whole person" approach to the lives/wellness of our vets
- Need a strong leader to carry out the 10-point plan
- Build infrastructure to match:
    - Centralized appointment environment
    - Best use of space, infrastructure
    - Shared services models to ensure that "spend" best supports the needs of veterans
    - Metrics to measure performance
- Invest in research and education, cutting edge transformation
- Build a bold vision that meets short-term and long-term vision (first, second and third phase)
- Ensure a governance model that permits the short- and long-term vision to be successfully implemented
- Need a different set of rules to get the right people in place to implement and create accountability (address fraud)

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Thank you for your leadership and service in support of veterans and our nation.

Best,

(b) (6)
Chair |Mayo Clinic Department of Public Affairs
200 First Street S.W. | Rochester, MN 55905
cell: (b) (6) |office: (b) (6)
e-mail: (b) @mayo.edu

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- You will pay for people's care, it's a matter of where -- public or private sector (
- Matter of starting w/ primary care, specialty care or across the Board (b) (6)
- Change from entitlement from "earring your keep" (b) (6)
- Payment of physicians will be an issue; fair pay for physicians in private sector (tag it to Medicare or Medicaid) or make it value based
- Need to look at the whole system of care, centered around primary care
- The only path should not be through a primary care specialist

What are the impediments to get there?

- Cannot be viewed as a takeaway, given the legislative path
- May need to grandfather current member benefits; build moving forward

AMERICAN OVERSIGHT

- Unfettered access currently; financial incentives are in place in most plans
- VA System (9M people); 20% are service connected
- Do you beguiled a service package for service and non-service connected
- Will be a hard cultural bridge for veterans who have
- If it's the right thing to do, have to figure out how to get it done
- Have an extremely complex clinical decision making process -- is a condition service connected or not service connected

What are the other big things?

- How you run the physical environment of the VA -- 431 empty and 781 underutilized
- Should VA be looking to consolidate itself w/ other veterans; DOD hospitals are underutilized
- Who's going to pay for it
- Needs to be consolidation and maximizing efficiency
- Could put Indian Health Services in that bucket as well
- Joint facility being run in north Chicago (VA and Navy) -- two of everything
- Where could money be saved?
- Purchasing; Facilities Closure; Consolidation of Services
- VA does not do shared services -- no central contracting currently
- HR is also not consolidated
- How do we organize ourselves to get the maximum savings
- The opportunities are massive to save $ and improve quality
- IT, VA has an inclination to want to build in-house; Vista was built in-house; spending a lot of money to sustain
- No value to veterans for VA to be a software
- Transition it over time; keep the existing one going, but build for the future
- Need to stop investing and begin to transition
- Could be up to $10-20B
- Need it to ensure quality and analytics, so it's built into the system
- Empty buildings should be sold and the money redirected and make it part of the pre-plan budget
- Initiative w/in the White House to sell underutilized assets -- law passed late in 2016 -- $500M
- Need to tie it together into an integrated system of scheduling and finance; tied in w/ the community providers
- All of the providers are Epic; revenue cycle needs to be tied in
- About the integrated model and connecting a lot of dots

- We say we have Vista; we have 85 variations of Vista
- Our strategy has been to go to a single version that is an overlay VA MD; single overlay
- In production, a year timeframe
- Congress sensed there was not a clear strategy, and the solution was not funded
- Have found $100M to finish the project; demonstration for a Big Bang (a common) solution
- Create a system -- managed care program that is the envy; build on best practices; help w/ big rocks
- Infrastructure is a big deal -- physical and technology
- Create One VA, systems that you want spread across the enterprise
- Don't take choice off the table -- creating choice helps get it done
- Will need to change the culture of the VA

AMERICAN OVERSIGHT

- Other industry leaders -- FedX; UPS -- bring their thought process into the conversation -- logistics; infrastructure
- Distinguish between a "life support" vs. "adding bells and whistles" as you build IT
- Will need space for training, take a strategic look

- Need to replace "entire leadership team" -- in IT a bold leadership opportunity; no one currently leading it; likely to get a political appointee
- Can this group offer an expert whose done an implementation, but is willing to work for $160K
- Perhaps to a sabbatical for someone at Epic or Cerner -- work out

- Governance, 535 member Board of Directors (Congress)
- Political appointee challenge; tenure individual needs to be at least 4-5 years
- Partner w/ Congress, huge appetite to address these issues
- Need Congressional approval of everything -- will not want to give up of control
- Could there be a "managing board of directors that reports to Congress
- IRS, Post Office, Amtrak uses that model -- model works pretty well
- Deans of Medical School
- Need to paint a vivid picture of a system that lacks accountability; current path is not a good path; share the vision
- Can't be a piecemeal ask

What is the win for Congress in this?
- Personal stories tell powerful stories
- Once the plan is built, will build in legislative affairs into the mix; White House will fill out the tactics
- Can you invoke a crisis from a legal perspective

Tell the Story:
- Create the burning platform; crisis
- Team in place
- Use the metaphor of the patient
- NIH Clinical Care Center, a model
- Paint the picture

- VA has to take on the same metrics as the rest of healthcare
- Start w/ explaining the crisis
- 10-point plan, need a Secretary that's going to carry it out

- As a non-FACA group' can offer perspective; individual opinions; not meet on a regular basis; invite others in
- Another route -- FACA compliant, commission to give collective opinion

Meeting -- President, COS and Jared
- Opening remarks by the President (7 minutes)
- Press in the meeting at the start
- Will acknowledge those in the room
- Remarks by President; Ike; (b) (6)

AMERICAN OVERSIGHT

- Parity w/ the private sector; simplifying th

Four Key Points:
- Leadership -- Governance
- Access to High-quality care
- Parity w/ the Private sector
- Modernizing the VA -- business metrics; IT

W/ President:
- Wilbur Ross introduced Ike and DJT
- Easier for a person on welfare vs. a veteran to access care ([redacted]
- Elizabeth Dole's Foundation -- mentioned by DJT
- Form a committee to work w/ David, Ike -- meetings periodically
- With you a 100%; David will be on the committee
- Single best appointment is Dr. Shulkin
- Design a system that puts veterans first
- We are able to run the system w/ the right governance
- Misalignment that needs to be rectified; going to need a group that's going to allow David to drive change
- Change the culture to shift away from sense of entitlement
- Requires a tight relationship w/ the leader and the governance
- Veterans need to have choice
- 20% of veterans that have service-related injuries need to have their complex needs; need to meet the primary care needs of the rest (40/30 rule needs to be addressed) -- need to create access; give veterans choice
- Vets deserve the highest quality care; comparable to any of our institutions -- need to put in place same quality and safety metrics
- Access, if they can't get in, they should have a safety valve of getting care in the private sector
- [redacted] -- Domestic Policy at meeting; build a mix of executive and legislative action; reforms associated Veterans Choice
- Need to give veterans choice; vote w/ their feet -- not taking away, giving them something in addition
- Change the attitude of the worker -- if a patient chooses your competitor down the street, you don't have job
- VA needs to organize in a shared services model; reduce tremendous waste and fraud; organize it as it would be in the private sector
- Could we outsource to one of the biggest hospital chains? (J. Kushner)
- If we're going to make it work, need to move people in/out of the system -- need to look at authorities that allow workers to be hired more quickly, as needed
- Need a secretary who's in the role for more than two years; CEO needs to have a degree of longevity
- Technology needs to be fixed; a massive investment ([redacted] US Digital Services)
- Government should not be competing w/ the private sector; bring advances in telemedicine
- Set up a great board; do the right thing; a board of the hospitals -- meet monthly, perhaps at the White House

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- May meet "once a week" -- whatever it takes

Central Ideas:

- We have a problem, timely access to high-quality care for veterans
- Our current system is in crisis (people dying each day, lack of access to mental health services)
- This is the opportunity -- committed to build the solutions
- Give veterans choice and timely access to the best care, a "whole person" approach to the lives/wellness of our vets
- Need a strong leader to carry out the 10-point plan
- Build infrastructure to match:
    - Centralized appointment environment
    - Best use of space, infrastructure
    - Shared services models to ensure that "spend" best supports the needs of veterans
    - Metrics to measure performance
- Invest in research and education, cutting edge transformation
- Build a bold vision that meets short-term and long-term vision (first, second and third phase)
- Ensure a governance model that permits the short- and long-term vision to be successfully implemented
- Need a different set of rules to get the right people in place to implement and create accountability (address fraud)

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/14/2017 1:35:39 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Dr Poonam Alaigh

Onto much bigger and bettervthings

Sent from my iPhone

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Subject: Dr Poonam Alaigh

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President Atlantic ACO
(b) (6) @atlantichealth.org<mailto(b) (6) @atlantichealth.org>
465 South Street, Suite 205
Morristown NJ, 07960
PLEASE NOTE NEW CELL PHONE NUMBER
Cell (b) (6)
Office (b) (6)

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Message

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Sent: 2/14/2017 1:32:33 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Dr Poonam Alaigh

Thats nice

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Subject: Fwd: Dr Poonam Alaigh

The announcement (b) (6) made below

Sent from my iPad

Begin forwarded message:

From: "Alaigh, Poonam" (b) (6) @atlantichealth.org>
Date: February 13, 2017 at 1:26:09 PM EST
To: Poonam Alaigh <(b) (6) @hotmail.com>, "(b) (6) @yahoo.com" <(b) (6) @yahoo.com>
Subject: Fwd: Dr Poonam Alaigh

My announcement

Sent from my iPhone

Begin forwarded message:

From: "(b) (6) "
(b) (6) @atlantichealth.org<mailto:(b) (6) @atlantichealth.org>>
Date: February 13, 2017 at 12:27:43 PM EST
To: "(b) (6) (b) (6)
(b) (6) @atlantichealth.org<mail(b) (6) @atlantichealth.org>>, "(b) (6) "
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"(b) (6) "

AMERICAN OVERSIGHT

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(b) (6) @atlantichealth.org<(b) (6) @atlantichealth.org>>, "Alaigh, Poonam" (b) (6) @atlantichealth.org<mailto(b) (6) atlantichealth.org>>,
"(b) (6) "
(b) (6) atlantichealth.org<mailto:(b) (6) atlantichealth.org>>
Cc: "(b) (6) "
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"(b) (6) "
<(b) (6) @atlantichealth.org<mailto:(b) (6) @atlantichealth.org>>
Subject: Dr Poonam Alaigh

To Atlantic Health System Leadership:

As many of you know, Dr. Poonam Alaigh will be transitioning from the ACO as Corporate Consultant on March 3rd to pursue other opportunities. Poonam's groundbreaking work in helping to launch and develop the ACO has guaranteed its success as the spearhead of innovation in population health management for the System and our communities. With her guidance, we have begun to change the way health care is delivered in NJ.

Among many other projects, Dr. Alaigh has also developed a nationally recognized model of care transformation in the post-acute care space.

Over her 5 year engagement, many if not all of you, have interacted with her in various capacities. We invite you to stop by the ACO office at 465 South Street Suite 205 on February 23rd, between 2 and 4 pm, to wish her well as she continues on her professional journey and takes on new challenges.

(b) (6)
President Atlantic ACO
(b) (6) @atlantichealth.org<mailto(b) (6) @atlantichealth.org>
465 South Street, Suite 205
Morristown NJ, 07960
PLEASE NOTE NEW CELL PHONE NUMBER
Cell (b) (6)
Office (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.

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/16/2017 3:53:56 AM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Fwd: Conference call on Friday, February 17th at 4:00 PM with Ike Perlmutter

Sent from my iPhone

Begin forwarded message:

> **From:** "IP" <(@frenchangel59.com>
> **Date:** February 15, 2017 at 10:48:49 PM EST
> **To:** "David shulkin" <drshulkin@aol.com>
> **Subject: FW: Conference call on Friday, February 17th at 4:00 PM with Ike Perlmutter**
>
> FYI
>
> Asking for more options.
>
> ---
>
> **From:** Marisol Garcia [mailto(b) @frenchangel59.com]
> **Sent:** Wednesday, February 15, 2017 9:17 PM
> **To:** (@frenchangel59.com
> **Subject:** FW: Conference call on Friday, February 17th at 4:00 PM with Ike Perlmutter
>
> FYI
>
> ---
>
> **From:** (b) (6) - Office (Trading/Research) [mailto(b) (6) Point72.com]
> **Sent:** Wednesday, February 15, 2017 8:59 PM
> **To:** Marisol Garcia
> **Subject:** Re: Conference call on Friday, February 17th at 4:00 PM with Ike Perlmutter
>
> I will be traveling at that time.We need to set up next week
>
> On Feb 15, 2017, at 5:10 PM, Marisol Garcia <(b) @frenchangel59.com> wrote:
>
> > (b)
> >
> > Ike would like to have a conference call with you, David Shulkin, Dr. Bruce Moskowitz and Marc Sherman.
> >
> > If 4:00 PM EST Friday, Feb. 17th works for you – I will provide the 800#.
> >
> > Thank you in advance.
> >
> > All my Best,
> > Marisol

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DISCLAIMER: This e-mail message and any attachments are intended solely for the use of the individual or entity to which it is addressed and may contain information that is confidential or legally privileged. If you are not the intended recipient, you are hereby notified that any dissemination, distribution, copying or other use of this message or its attachments is strictly prohibited. If you have received this message in error, please notify the sender immediately and permanently delete this message and any attachments.

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/16/2017 3:53:42 AM
To: IP [(b) @frenchangel59.com]
Subject: Re: Conference call on Friday, February 17th at 4:00 PM with Ike Perlmutter

Ok - ill get more in am

Sent from my iPhone

On Feb 15, 2017, at 10:48 PM, IP <(b) @frenchangel59.com> wrote:

> FYI
>
> Asking for more options.
>
> ---
>
> **From:** Marisol Garcia [mailto:(b) @frenchangel59.com]
> **Sent:** Wednesday, February 15, 2017 9:17 PM
> **To:** (b) @frenchangel59.com
> **Subject:** FW: Conference call on Friday, February 17th at 4:00 PM with Ike Perlmutter
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> **Sent:** Wednesday, February 15, 2017 8:59 PM
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Sent: 2/16/2017 3:48:49 AM
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Sent: Wednesday, February 15, 2017 8:59 PM
To: Marisol Garcia
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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/21/2017 5:08:38 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
Subject: Re: KAISER PERMANENTE FEATURED IN ARTICLE. Health-Care Innovations Are Coming to Your Digital Device - The Wall Street Journal.

Good plan

Sent from my iPhone

On Feb 21, 2017, at 9:18 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:

> Perhaps we should listen to Terry Fadem first on how he would recommend the VA works with the academic centers then put a working group together.
>
> Sent from my iPad
> Bruce Moskowitz M.D.
>
> On Feb 21, 2017, at 9:14 AM, David shulkin <Drshulkin@aol.com> wrote:
>
> > I agree- thanks Bruce
> >
> > Sent from my iPhone
> >
> > On Feb 21, 2017, at 7:59 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
> >
> > > Among the 5 centers there is a lot the VA can access and also assist in developing. We should consider a working group within the VA and with the academic centers to see what can be accomplished by partnering.
> > >
> > > I thought you would be interested in the following story from The Wall Street Journal.
> > >
> > > **Health-Care Innovations Are Coming to Your Digital Device**
> > >
> > > https://www.wsj.com/articles/health-care-innovations-are-coming-to-your-digital-device-1487635301
> > >
> > > Download the Wall Street Journal app here: WSJ.
> > >
> > > Sent from my iPad
> > > Bruce Moskowitz M.D.

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Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 2/21/2017 2:18:23 PM
To: David shulkin [Drshulkin@aol.com]
CC: IP [@frenchangel59.com]; L Perl [(b) (6) @gmail.com]; mbs(b) (6) gmail.com
Subject: Re: KAISER PERMANENTE FEATURED IN ARTICLE. Health-Care Innovations Are Coming to Your Digital Device - The Wall Street Journal.

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Sent from my iPad
Bruce Moskowitz M.D.

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> Sent from my iPhone
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> > Download the Wall Street Journal app here: WSJ.
> >
> > Sent from my iPad
> > Bruce Moskowitz M.D.

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/21/2017 2:14:36 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
Subject: Re: KAISER PERMANENTE FEATURED IN ARTICLE. Health-Care Innovations Are Coming to Your Digital Device - The Wall Street Journal.

I agree- thanks Bruce

Sent from my iPhone

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> https://www.wsj.com/articles/health-care-innovations-are-coming-to-your-digital-device-1487635301
>
> Download the Wall Street Journal app here: WSJ
>
> Sent from my iPad
> Bruce Moskowitz M.D.

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Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 2/21/2017 12:59:56 PM
To: drshulkin@aol.com
Subject: KAISER PERMANENTE FEATURED IN ARTICLE. Health-Care Innovations Are Coming to Your Digital Device - The Wall Street Journal.

Among the 5 centers there is a lot the VA can access and also assist in developing. We should consider a working group within the VA and with the academic centers to see what can be accomplished by partnering.

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

Health-Care Innovations Are Coming to Your Digital Device

https://www.wsj.com/articles/health-care-innovations-are-coming-to-your-digital-device-1487635301

Download the Wall Street Journal app here: WSJ.

Sent from my iPad
Bruce Moskowitz M.D.

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Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 2/28/2017 9:10:28 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: VA Data Collection

Spoke with ip he does believe that you should bring this up yourself with the President. Can discuss offline anytime.

Sent from my iPad
Bruce Moskowitz M.D.

> On Feb 28, 2017, at 3:39 PM, David shulkin <Drshulkin@aol.com> wrote:
>
> Did you suggest this ? Is there a new fda commissioner yet i can speak to?
>
> Sent from my iPhone
>
>> On Feb 28, 2017, at 3:30 PM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>>
>> The FDA is about to commit to a medical device registry (I am a member of a meeting discussing this today and the information is in the public record by the FDA).
>>
>> Instead of looking at private companies and other organizations to put this together if the VA Partners with the 5 academic centers in our group it will save the administration a huge expenditure. It would give the President the ability of showing that he looked at the FDA and cut a huge expense and at the same time benefited the VA. This comes at a time when he is trying to demonstrate that he can increase defense spending by cutting waste in other agencies.
>>
>> Sent from my iPad
>> Bruce Moskowitz M.D.
>

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/28/2017 8:39:37 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
Subject: Re: VA Data Collection

Did you suggest this ? Is there a new fda commissioner yet i can speak to?

Sent from my iPhone

> On Feb 28, 2017, at 3:30 PM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
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>
> Sent from my iPad
> Bruce Moskowitz M.D.

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Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 2/28/2017 8:30:52 PM
To: drshulkin@aol.com
CC: IP [(@frenchangel59.com]; mbs(b) (6) gmail.com
Subject: VA Data Collection

The FDA is about to commit to a medical device registry (I am a member of a meeting discussing this today and the information is in the public record by the FDA).

Instead of looking at private companies and other organizations to put this together if the VA Partners with the 5 academic centers in our group it will save the administration a huge expenditure. It would give the President the ability of showing that he looked at the FDA and cut a huge expense and at the same time benefited the VA. This comes at a time when he is trying to demonstrate that he can increase defense spending by cutting waste in other agencies.

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 2/9/2017 11:24:57 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: Text me a picture of your amtrak

Dr Shulkin, the security detail needs your train info, can you send this week and next week?

On Feb 7, 2017 9:08 PM, "(b) (6) <(b) (6) @gmail.com> wrote:

> Can you send me a screen shot of your amtrak tickets this week and next week? I can give it to the detail team in advance of Thursday

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/21/2017 9:06:18 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
CC: Ike Perlmutter [(@frenchangel59.com]; Laurie Perlmutter [(b) (6) @gmail.com]
Subject: Re: CVS

Ive been speaking regularly with (b) (6) the President of CVS minute clinics - we have two pilots going on- one in palo alto and one in Phoenix- and I've asked he spread the effort further

David Shulkin

Sent from my iPhone

On Feb 21, 2017, at 2:44 PM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:

> Please review prior to meeting.
>
> Sent from my iPad
> Bruce Moskowitz M.D.
>
> Begin forwarded message:
>
> **From:** Ivanka Kushner <(b) (6) @(b) (6)
> **Date:** February 17, 2017 at 11:32:38 AM EST
> **To:** Bruce Moskowitz <brucem(b) (6) mac.com>, L Perl <(b) (6) @gmail.com>
> **Cc:** IKE <(@frenchangel59.com>
> **Subject: RE: CVS**
>
> Very interesting. Makes sense. I will connect you with (b)
>
> **From:** Bruce Moskowitz [mailto:brucem(b) (6) mac.com]
> **Sent:** Friday, February 17, 2017 8:34 AM
> **To:** L Perl <(b) (6) @gmail.com>
> **Cc:** Ivanka Kushner <(b) (6) @(b) (6) IKE <(@frenchangel59.com>
> **Subject:** Re: CVS
>
> One excellent project that CVS could work on is one that we have developed as a pilot project for an academic center which would be of benefit to Veterans discharged from any hospital. Currently upon discharge you often receive whole new set of medication and when you get home you are unsure if some of the medication conflict or are duplicates of what you have. Since CVS has the minute clinics staffed with excellent medical personnel they would be a tremendous help in making sure Veterans are taking medication appropriately and serve as a resource to answer questions regarding
> their prescriptions.
>
> Sent from my iPad
> Bruce Moskowitz M.D.

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On Feb 17, 2017, at 7:40 AM, L Perl <(b) (6) @gmail.com> wrote:

I forwarded your email to Bruce Moskowitz -- please see answer below.

However, this is good info. Can you introduce us , so we can find out
if they can possibly do more for the VA.

I pulled an appropriate quote of the CVS minute Clinics from their website:

- <!--[if !supportLists]--><!--[endif]-->
- <!--[if !supportLists]--><!--[endif]-->

"MinuteClinic® walk-in medical clinics are staffed by nurse practitioners and physician assistants* who specialize in family health care. We care for children and adults, every day with no appointment needed "

The CVS clinics are a wonderful resource for individuals who are healthy but have minor problems i.e. Sore throats, pink eye etc.

As a primary care physician who overtime has seen Veterans of all ages, due to the complexity of their health care needs, the CVS Minute Clinics would not be the proper setting to render care.

Sent from my iPad
Bruce Moskowitz M.D.

On Feb 16, 2017, at 8:41 PM, L Perl <(b) (6) @gmail.com> wrote:

On Thu, Feb 16, 2017 at 8:30 PM, Ivanka Kushner <(b) (6) @(b) (6) wrote:

Yesterday I spoke briefly (b) (6) Chief Strategy Officer and General Counsel for CVS pharmacies.

AMERICAN OVERSIGHT

They have 9.6 retail pharmacies and 250,000 employees. They are doing some great pilot programs involving Veterns where Veterns can access their CVS "minute clinics."

They know David S but I will connect you directly if interested as I mentioned to them the great work that you are doing.

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 2/21/2017 7:44:59 PM
To: drshulkin@aol.com
Subject: Fwd: CVS

Please review prior to meeting.

Sent from my iPad
Bruce Moskowitz M.D.

Begin forwarded message:

From: Ivanka Kushner <(b) (6) @(b) (6)
Date: February 17, 2017 at 11:32:38 AM EST
To: Bruce Moskowitz <brucem(b) (6) mac.com>, L Perl <(b) (6) @gmail.com>
Cc: IKE <(@frenchangel59.com>
Subject: RE: CVS

Very interesting. Makes sense. I will connect you with (b)

From: Bruce Moskowitz [mailto:brucem(b) (6) mac.com]
Sent: Friday, February 17, 2017 8:34 AM
To: L Perl <(b) (6) @gmail.com>
Cc: Ivanka Kushner <(b) (6) @(b) (6) IKE <(@frenchangel59.com>
Subject: Re: CVS

One excellent project that CVS could work on is one that we have developed as a pilot project for an academic center which would be of benefit to Veterans discharged from any hospital. Currently upon discharge you often receive whole new set of medication and when you get home you are unsure if some of the medication conflict or are duplicates of what you have. Since CVS has the minute clinics staffed with excellent medical personnel they would be a tremendous help in making sure Veterans are taking medication appropriately and serve as a resource to answer questions regarding
their prescriptions.

Sent from my iPad
Bruce Moskowitz M.D.

On Feb 17, 2017, at 7:40 AM, L Perl <(b) (6) @gmail.com> wrote:

I forwarded your email to Bruce Moskowitz -- please see answer below.

However, this is good info. Can you introduce us , so we can find out if they can possibly do more for the VA.

AMERICAN OVERSIGHT

I pulled an appropriate quote of the CVS minute Clinics from their website:

- <!--[if !supportLists]--><!--[endif]-->
- <!--[if !supportLists]--><!--[endif]-->

"MinuteClinic® walk-in medical clinics are staffed by nurse practitioners and physician assistants* who specialize in family health care. We care for children and adults, every day with no appointment needed "

The CVS clinics are a wonderful resource for individuals who are healthy but have minor problems i.e. Sore throats, pink eye etc.

As a primary care physician who overtime has seen Veterans of all ages, due to the complexity of their health care needs, the CVS Minute Clinics would not be the proper setting to render care.

Sent from my iPad
Bruce Moskowitz M.D.

On Feb 16, 2017, at 8:41 PM, L Perl <(b) (6) @gmail.com> wrote:

> On Thu, Feb 16, 2017 at 8:30 PM, Ivanka Kushner <(b) (6) @(b) (6) wrote:
>
> Yesterday I spoke briefly (b) (6) Chief Strategy Officer and General Counsel for CVS pharmacies.
>
> They have 9.6 retail pharmacies and 250,000 employees. They are doing some great pilot programs involving Veterns where Veterns can access their CVS "minute clinics."
>
> They know David S but I will connect you directly if interested as I mentioned to them the great work that you are doing.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/26/2017 4:05:13 PM
To: Va David [vacodjs1@va.gov]
Subject: Fwd: Follow-up | StarTribune, BurnPit Research

Sent from my iPhone

Begin forwarded message:

From: "(b) (6) <(b) (6)@mayo.edu>
Date: February 26, 2017 at 10:25:36 AM EST

Subject: Follow-up | StarTribune, BurnPit Research

Good morning – sorry the delay, was in transit through yesterday w/ only intermittent access to email.

Would encourage proactive, assertive storytelling about the burn pit registry and an ongoing research through news media in key markets (especially in markets strategic in terms of Congressional support of the VA short- and long-term; or where the VAs approach on this issue is being misrepresented/needs clarity) – would also promote that coverage on VA social media platforms; and couple those efforts w/ direct advocacy to key Congressional offices (again, considered strategic) and your own communication, Dr. Shulkin, when you give key talks – painting it in the category of where you and the President want to "take the VA" (a commitment to medical research that supports and improves health care for veterans, partnering w/ academic centers to ensure that the best care can be brought to veterans in timely, effective fashion).

I offer the above w/ this caveat – I'm not close enough to gauge the "political calculus" – that should be part of determining the communications strategy, prior to moving to implementation.

Happy to assist in any way you/your team might find helpful.

Best, (b)

From: David shulkin [mailto:Drshulkin@aol.

Good point- we will
Work on it

Sent from my iPhone

On Feb 25, 2017, at 2:52 PM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:

> Perhaps we can get a better message out. The research part is there on a search. We need to look at this from both the PR and how the message gets refreshed and updated. The message is from 2013 and I am sure updated but update is not highlighted

AMERICAN OVERSIGHT

Sent from my iPhone

On Feb 25, 2017, at 2:43 PM, David shulkin <Drshulkin@aol.com> wrote:

> (b) - thanks
>
> We do have a burn pit registry and ongoing research
>
> Any suggestions for what we may be missing or how we should be messaging our efforts?
>
> David
>
> Sent from my iPhone
>
> On Feb 25, 2017, at 10:29 AM, (b) (6)
> <(b) (6)@mayo.edu> wrote:
>
> > Hi -- front-page coverage in today's StarTribune (Minneapolis).
> >
> > Please see:: Minn. veteran tried to expose toxic legacy of Iraq war
> >
> > Thanks,
> >
> > (b) (6)
> > Chair | Mayo Clinic Department of Public Affairs
> > (c) (b) (6)

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/26/2017 4:04:27 PM
To: (b) (6) [(b) @mayo.edu]
CC: Bruce Moskowitz [brucem(b) (6) mac.com]; IP [@frenchangel59.com]; Marc Sherman [mbs(b) (6) gmail.com]
Subject: Re: Follow-up | StarTribune, BurnPit Research

Thanks (b) (6) this is helpful in me driving change in our approach- ill update you on the internal change efforts as I begin to push.

Sent from my iPhone

On Feb 26, 2017, at 10:25 AM, (b) (6) (b) (6)@mayo.edu> wrote:

> Good morning – sorry the delay, was in transit through yesterday w/ only intermittent access to email.
>
> Would encourage proactive, assertive storytelling about the burn pit registry and an ongoing research through news media in key markets (especially in markets strategic in terms of Congressional support of the VA short- and long-term; or where the VAs approach on this issue is being misrepresented/needs clarity) – would also promote that coverage on VA social media platforms; and couple those efforts w/ direct advocacy to key Congressional offices (again, considered strategic) and your own communication, Dr. Shulkin, when you give key talks – painting it in the category of where you and the President want to "take the VA" (a commitment to medical research that supports and improves health care for veterans, partnering w/ academic centers to ensure that the best care can be brought to veterans in timely, effective fashion).
>
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>
> Happy to assist in any way you/your team might find helpful.
>
> Best, (b)
>
> ---
>
> **From:** David shulkin [mailto:Drshulkin@aol.com]
> **Sent:** Saturday, February 25, 2017 4:58 PM
> **To:** Bruce Moskowitz
> **Cc:** (b) (6) IP; Marc Sherman
> **Subject:** Re: FYI | Today's StarTribune
>
> Good point- we will
> Work on it
>
> Sent from my iPhone
>
> On Feb 25, 2017, at 2:52 PM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>
> > Perhaps we can get a better message out. The research part is there on a search. We need to look at this from both the PR and how the message gets refreshed and updated. The message is from 2013 and I am sure updated but update is not highlighted

AMERICAN OVERSIGHT

Sent from my iPhone

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>
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> David
>
> Sent from my iPhone
>
> On Feb 25, 2017, at 10:29 AM, (b) (6) <(b) (6)@mayo.edu> wrote:
>
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> >
> > Please see:: Minn. veteran tried to expose toxic legacy of Iraq war
> >
> > Thanks,
> >
> > (b) (6)
> > Chair | Mayo Clinic Department of Public Affairs
> > (c) (b) (6)

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) @mayo.edu]
Sent: 2/26/2017 3:25:36 PM
To: David shulkin [Drshulkin@aol.com]; Bruce Moskowitz [brucem(b) (6) mac.com]
CC: IP [@frenchangel59.com]; Marc Sherman [mbs(b) (6) gmail.com]
Subject: Follow-up | StarTribune, BurnPit Research

Good morning – sorry the delay, was in transit through yesterday w/ only intermittent access to email.

Would encourage proactive, assertive storytelling about the burn pit registry and an ongoing research through news media in key markets (especially in markets strategic in terms of Congressional support of the VA short- and long-term; or where the VAs approach on this issue is being misrepresented/needs clarity) – would also promote that coverage on VA social media platforms; and couple those efforts w/ direct advocacy to key Congressional offices (again, considered strategic) and your own communication, Dr. Shulkin, when you give key talks – painting it in the category of where you and the President want to "take the VA" (a commitment to medical research that supports and improves health care for veterans, partnering w/ academic centers to ensure that the best care can be brought to veterans in timely, effective fashion).

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Happy to assist in any way you/your team might find helpful.

Best, (b)

From: David shulkin [mailto:Drshulkin@aol.com]
Sent: Saturday, February 25, 2017 4:58 PM
To: Bruce Moskowitz
Cc: (b) (6) IP; Marc Sherman
Subject: Re: FYI | Today's StarTribune

Good point- we will
Work on it

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> Sent from my iPhone
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>
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> >
> > We do have a burn pit registry and ongoing research
> >
> > Any suggestions for what we may be missing or how we should be messaging our efforts?

AMERICAN OVERSIGHT

David

Sent from my iPhone

On Feb 25, 2017, at 10:29 AM, (b) (6) (b) (6)@mayo.edu> wrote:

> Hi -- front-page coverage in today's StarTribune (Minneapolis).
>
> Please see:: Minn. veteran tried to expose toxic legacy of Iraq war
>
> Thanks,
>
> (b) (6)
> Chair | Mayo Clinic Department of Public Affairs
> (c) (b) (6)

AMERICAN OVERSIGHT

Appointment

From: Marisol Garcia [(b)(6)@frenchangel59.com]
Sent: 4/11/2017 11:54:26 PM
To: (b) (6)@who.eop.gov; (b) (6)@who.eop.gov; David shulkin [Drshulkin@aol.com]; (b) (6)kp.org; Bruce Moskowitz [brucem(b) (6)mac.com]; mbs(b) (6)gmail.com; (@frenchangel59.com; (b) (6). EOP/WHO (b) (6)@who.eop.gov]; '(b) (6). EOP/WHO' (b) (6)@who.eop.gov]; (b) (6)@va.gov; (b) (6)@kp.org

Subject: VA - Call with (b) (6), Chairman and CEO (Kaiser Foundation Hospitals and Health Plan, Inc.)
Location: Conference Call

Start: 4/12/2017 6:00:00 PM
End: 4/12/2017 7:00:00 PM
Show Time As: Tentative

Recurrence: (none)

Wednesday, April 12th

2:00 PM – 3:00 PM EST

Dial-in Information:

US: 1-866-244-(b) (6)

International: 719-457-(b) (6)

Passcode: (b) (6)

Participants:

(b) (6) (b) (6) Secretary David Shulkin, (b) (6) Dr. Bruce Moskowitz, Marc Sherman and Ike

Thank you,

Marisol Garcia

AMERICAN OVERSIGHT

(b) (6) [redacted] (Office)

(b) (6) [redacted] (Cell)

(b) [redacted]@frenchangel59.com

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/4/2017 12:46:46 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re: cardivascular care

Great

Sent from my iPhone

On Mar 4, 2017, at 6:40 AM, (b) (6) <(b) (6) @gmail.com> wrote:

> Yes, we will ask the (b) (6) about cardiology; and homelessness and vba about about job creation.
>
> On Mar 3, 2017 9:50 PM, "David Shulkin" <drshulkin@aol.com> wrote:
> I wonder if we can ask if our cardiology program office has any slides or statistics on our cardiology care in VA for my Cardiology lecture next Saturday?
>
> I also wonder if we can ask our homelessness office if they have slides I can use to address the issue with our national league of cities- or if there are other program offices that have information on jobs creation or other issues that cities might be interested in

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 3/4/2017 11:40:31 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: cardivascular care

Yes, we will ask the (b) (6) about cardiology; and homelessness and vba about about job creation.

On Mar 3, 2017 9:50 PM, "David Shulkin" <drshulkin@aol.com> wrote:

I wonder if we can ask if our cardiology program office has any slides or statistics on our cardiology care in VA for my Cardiology lecture next Saturday?

I also wonder if we can ask our homelessness office if they have slides I can use to address the issue with our national league of cities- or if there are other program offices that have information on jobs creation or other issues that cities might be interested in

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 3/4/2017 2:50:09 AM
To: (b) (6) [redacted]@gmail.com
Subject: cardivascular care

I wonder if we can ask if our cardiology program office has any slides or statistics on our cardiology care in VA for my Cardiology lecture next Saturday?

I also wonder if we can ask our homelessness office if they have slides I can use to address the issue with our national league of cities- or if there are other program offices that have information on jobs creation or other issues that cities might be interested in

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/10/2017 3:14:30 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]; Vivieca Wright Simpson [vivieca.Wright@va.gov]
Subject: See comment in middle about VA

http://www.politico.com/story/2017/02/trump-cabinet-picks-confirmation-logjam-234851

Sent from my iPad

AMERICAN OVERSIGHT

Appointment

From: Marisol Garcia [(b) (6)@frenchangel59.com]
Sent: 2/17/2017 5:12:17 PM
To: (b) (6) - Office (Trading/Research)' [(b) (6) Point72.com]; David shulkin [Drshulkin@aol.com]; L Perl [(b) (6) @gmail.com]; Bruce Moskowitz [brucem(b) (6) mac.com]; mbs(b) (6) gmail.com; (@frenchangel59.com; (b) (6) @Point72.com; (b) (6) @va.gov; (b) (6) @va.gov; (b) (6) va.gov

Subject: Conference Call with (b) (6)
Location: Conference Call

Start: 2/21/2017 9:15:00 PM
End: 2/21/2017 10:00:00 PM
Show Time As: Tentative

Recurrence: (none)

Tuesday, February 21st

4:15 PM – 5:00 PM EST

Dial-in Information:

US: 1-866-244-(b) (6)

International: 719-457-(b) (6)

Passcode: (b) (6)

Thank you,

Marisol Garcia

(b) (6) (Cell)

(b) (6) @frenchangel59.com

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/12/2017 11:15:26 PM
To: (b) (6) [(b) (6) @gmail.com]
BCC: Vivieca Simpson [(b) (6) @gmail.com]
Subject: Re: Some issues to consider

(b) (6) youve got to work in your Chain

On the (b) thing you need to go to carolyn and have her help- if that fails then get me involved

The organization wont work going around peoples jobs

On the (b) thing im not sure i follow- do you have an open position? Isnt there a freeze? Or are you trying to reorganize? If so not the right time

Hope you feel better

Sent from my iPhone

> On Feb 12, 2017, at 6:10 PM, (b) (6) <(b) (6) l@gmail.com> wrote:
>
> Hi Dr Shulkin- hope you had a good weekend. I caught the flu myself so may not be in tomorrow
>
> Some things I was going to curbside you about:
>
> 1. The veterans experience ((b) (6) etc) people approached me- they want to work for me in VHA instead of at the department level. At first I was skeptical but after talking to them I think I can make them useful, especially if our CAHPS scores are by far our worst metric on the VHA scorecard.
>
> 2. After (b) (6) failed attempt to become the chief of staff under a new boss, she has refused to support Diffusion (she got the sense I was on your side I think). Both sustainment of the initiative and the Diffusion Hub in particular, which we depend on, are at risk. This is also part of the physician ambassador launch plan. Solution: can we meet with her to remind her that there was supposed to be some governance around VERC after she took it from Carolyn? Happy to either before or after you've moved upstairs- let me know what you think.
>
> Thanks,
>
> (b) (6), MD, MBA
> Cell (b) (6)

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 2/16/2017 11:50:59 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Official pic I got yesterday

I don't like your picture that much- we should try to make it either softer or a retake

Sent from my iPhone

On Feb 15, 2017, at 9:53 PM, David shulkin <Drshulkin@aol.com> wrote:

> Great!
>
> Sent from my iPhone
>
> On Feb 15, 2017, at 9:46 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:
>
> > What do you think
> > <image1.JPG>
> >
> > Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/16/2017 2:48:43 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Official pic I got yesterday

Great!

Sent from my iPhone

On Feb 15, 2017, at 9:46 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> What do you think
> <image1.JPG>
>
> Sent from my iPad

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 2/16/2017 2:46:51 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Official pic I got yesterday

What do you think

AMERICAN OVERSIGHT



Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/23/2017 3:58:56 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]

Poonam- remind me to update you on fraud and medicare- And when we will set up a meeting with narc sherman

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 2/10/2017 7:37:50 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Looks like Monday from all my readings

http://www.politico.com/story/2017/02/senate-trump-cabinet-confirmations-breakthrough-234893

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/18/2017 4:37:42 PM
To: Ike Perlmutter [(b) (6)@frenchangel59.com]
Subject: Here are my revisions below

Dear President Trump:

You have no doubt seen the report in the media about the Washington, DC VA. The good news is the VA was already in the process of evaluating the issues at that hospital and are starting to get their arms around many of the problems. Also, I am pleased to report that the Secretary removed the hospital director within hours of learning about the problems, action that is unheard of in the VA environment historically.

The Secretary has been taking strong actions to clean up VA. He recently terminated the hospital director in Shreveport, LA and is in the process of demoting two senior executives from two other hospitals. There are more actions underway. We are progressing on evaluating and understanding the vast problems and risks in the VA system and working as quickly as possible to reform them.

Best,

Ike

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

From: (b) (6) EOP/WHO

[mailto:(b) (6)@who.eop.gov]

Sent: Monday, April 17, 2017 6:11 PM

To: Marisol Garcia

Subject: For Mr. Perlmutter

Marisol - please see attached for Mr. Perlmutter from the President!

AMERICAN OVERSIGHT

Best,

(b) (6)

(b) (6)

Executive Assistant to the President of the United States

Office: (b) (6)

Cell: (b) (6)

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/13/2017 12:07:00 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Tick Tock

Ive not discussed but she is smart

Sent from my iPhone

On Feb 13, 2017, at 6:32 AM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> Does she know who it is
>
> Sent from my iPhone
>
> On Feb 12, 2017, at 8:57 PM, David shulkin <Drshulkin@aol.com> wrote:
>
> > Fyi
> >
> > Sent from my iPhone
> >
> > Begin forwarded message:
> >
> > **From:** (b) (6) <(b) (6) @gmail.com>
> > **Date:** February 12, 2017 at 8:32:06 PM EST
> > **To:** David Shulkin <drshulkin@aol.com>
> > **Subject: Tick Tock**
> >
> > Dr. Shulkin,
> >
> > Not trying to jump ahead, I know you are thinking about the sequence of events after you are sworn in. After your all employee message, the next sequential message would be for acting/interim ush. Usually goes right after. Doesn't have to, it's all on your call, but the strategic engagement folks will ask. Whenever it is announced, we will just want to make sure that person has an updated va photo and bio.
> >
> > Thanks.

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 2/13/2017 11:32:12 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Tick Tock

Does she know who it is

Sent from my iPhone

On Feb 12, 2017, at 8:57 PM, David shulkin <Drshulkin@aol.com> wrote:

> Fyi
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> **From:** (b) (6) <(b) (6) @gmail.com>
> **Date:** February 12, 2017 at 8:32:06 PM EST
> **To:** David Shulkin <drshulkin@aol.com>
> **Subject: Tick Tock**
>
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>
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>
> Thanks.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/13/2017 1:57:01 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Fwd: Tick Tock

Fyi

Sent from my iPhone

Begin forwarded message:

From: (b) (6) <(b) (6) @gmail.com>
Date: February 12, 2017 at 8:32:06 PM EST
To: David Shulkin <drshulkin@aol.com>
Subject: Tick Tock

Dr. Shulkin,

Not trying to jump ahead, I know you are thinking about the sequence of events after you are sworn in. After your all employee message, the next sequential message would be for acting/interim ush. Usually goes right after. Doesn't have to, it's all on your call, but the strategic engagement folks will ask. Whenever it is announced, we will just want to make sure that person has an updated va photo and bio.

Thanks.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/13/2017 1:56:00 AM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re: Tick Tock

Ok

Sent from my iPhone

> On Feb 12, 2017, at 8:32 PM, (b) (6) <(b) (6) r@gmail.com> wrote:
>
> Dr. Shulkin,
>
> Not trying to jump ahead, I know you are thinking about the sequence of events after you are sworn in. After your all employee message, the next sequential message would be for acting/interim ush. Usually goes right after. Doesn't have to, it's all on your call, but the strategic engagement folks will ask. Whenever it is announced, we will just want to make sure that person has an updated va photo and bio.
>
> Thanks.
>
>

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6)@gmail.com]
Sent: 2/13/2017 1:32:06 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Tick Tock

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Thanks.

AMERICAN OVERSIGHT

Message

From: Jennifer Lee [(b) (6) @gmail.com]
Sent: 2/9/2017 6:21:50 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Hearing link

https://www.youtube.com/watch?v=yem2sDgVQlo&feature=youtu.be

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 5/3/2017 9:31:52 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Fwd: Re: Fwd:

Sent from my iPhone

Begin forwarded message:

> **From:** Bruce Moskowitz <brucem(b) (6) mac.com>
> **Date:** May 3, 2017 at 5:20:41 PM EDT
> **To:** David shulkin <Drshulkin@aol.com>
> **Cc:** Ike Perlmutter <(b)@frenchangel59.com>, Laurie Perlmutter <(b) (6) @gmail.com>, Marc Sherman <mbs(b) (6) gmail.com>
> **Subject: Re: Fwd:**
>
> Excellent coverage
>
> Sent from my iPad
> Bruce Moskowitz M.D.
>
> On May 3, 2017, at 5:16 PM, David shulkin <Drshulkin@aol.com> wrote:
>
> > See below
> >
> > http://abcnews.go.com/Politics/wireStory/shulkin-closing-1100-va-facilities-47186630
> >
> > Sent with Good (www.good.com)

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 5/3/2017 9:20:41 PM
To: David shulkin [Drshulkin@aol.com]
CC: Ike Perlmutter [(@frenchangel59.com]; Laurie Perlmutter [(b) (6) @gmail.com]; Marc Sherman [mbs(b) (6) gmail.com]
Subject: Re: Fwd:

Excellent coverage

Sent from my iPad
Bruce Moskowitz M.D.

On May 3, 2017, at 5:16 PM, David shulkin <Drshulkin@aol.com> wrote:

See below

http://abcnews.go.com/Politics/wireStory/shulkin-closing-1100-va-facilities-47186630

Sent with Good (www.good.com)

AMERICAN OVERSIGHT

Message

From: [redacted]@CVSHealth.com]
Sent: 2/23/2017 10:06:29 PM
To: Bruce Moskowitz [brucem[redacted]mac.com]; [redacted]CVSHealth.com]; [redacted]cvshealth.com]; [redacted]CVSHealth.com]
CC: David Shulkin [drshulkin@aol.com]; IP [redacted]@frenchangel59.com]; L Perl [redacted]@gmail.com]; [redacted]@mayo.edu]; mbs[redacted]gmail.com
Subject: RE: Follow up conference call

Thank you for the discussion. We look forward to collaborating with all of you to provide excellent care for our Veterans. [redacted]

Thank you.

[redacted] **MD** | President, MinuteClinic/Executive Vice President, CVS Health
p [redacted] | **c** [redacted]
CVS Health | One CVS Drive, MS100SVD, Woonsocket, RI 02895

CONFIDENTIALITY NOTICE: This communication and any attachments may contain confidential and/or privileged information for the use of the designated recipients named above. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution or copying of it or its contents is prohibited. If you have received this communication in error, please notify the sender immediately by email or telephone and destroy all copies of this communication and any attachments.

From: Bruce Moskowitz [mailto:brucem[redacted]mac.com]
Sent: Thursday, February 23, 2017 12:48 PM
To: [redacted]
Cc: David Shulkin; IP; L Perl; [redacted] mbs[redacted]gmail.com
Subject: Follow up conference call

I also would like to thank everyone for their participation. It is quite obvious that CVS has taken a significant leadership position in improving health care. Developing a relationship between CVS, the VA and the Academic Medical Centers will significantly advance the care for those who serve our country. Ultimately what we develop for Veteran Care will also be of great benefit for community care as well.
I have reached out to Dr. [redacted] so that we can plan an agenda and do a follow up in depth call next week and get back to the group with a definitive plan.

Sent from my iPad
Bruce Moskowitz M.D.

On Feb 23, 2017, at 12:21 PM, IP <[redacted]@frenchangel59.com> wrote:

> I want I thank everyone for their time and participation on today's call. It was an excellent discussion.
>
> We are making tremendous progress. I look forward to speaking with everyone again soon.
>
> All my Best,
>
> Ike

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 2/23/2017 5:47:52 PM
To: (b) (6) cvshealth.com; (b) (6) cvshealth.com; (b) (6) cvshealth.com; (b) (6) (b) (6) cvshealth.com
CC: David Shulkin [drshulkin@aol.com]; IP [@frenchangel59.com]; L Perl [(b) (6) @gmail.com]; (b) [(b) @mayo.edu]; mbs(b) (6) gmail.com
Subject: Follow up conference call

I also would like to thank everyone for their participation. It is quite obvious that CVS has taken a significant leadership position in improving health care. Developing a relationship between CVS, the VA and the Academic Medical Centers will significantly advance the care for those who serve our country. Ultimately what we develop for Veteran Care will also be of great benefit for community care as well.
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Sent from my iPad
Bruce Moskowitz M.D.

On Feb 23, 2017, at 12:21 PM, IP <@frenchangel59.com> wrote:

> I want I thank everyone for their time and participation on today's call. It was an excellent discussion.
>
> We are making tremendous progress. I look forward to speaking with everyone again soon.
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> All my Best,
>
> Ike

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/16/2017 2:51:35 AM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Fwd: Update

Print

Sent from my iPhone

Begin forwarded message:

From: Darin Selnick (b) (6) @gmail.com>
Date: February 15, 2017 at 9:18:58 PM EST
To: David shulkin <Drshulkin@aol.com>
Subject: Re: Update

Quick updates.

I talked to Mike Kussman a couple of days ago. He was disappointed about not bringing on a team but he understood. He is supposed to get back to me by the end of the week to tell me how he wants to proceed with the options. He has asked who the Acting USH will be, when do you think we will get an announcement on that?

Future Meetings - I know you are jammed packed with meetings right now, but I want to get a sense on when you would want to meet with:

Jeff Miller - would recommend soon, as could be very helpful with Congress and legislation

CVA Executive Director - would recommend in a month, as they have good media connections for more positive press, plus $ for ads and grassroots callers, to support your reforms

Hill Meetings - I know you have been meeting with members I recommended. If you need me at any upcoming meetings I am happy to attend. I would recommend I attend meetings with Rep McMorris-Rodgers, Sen Rubio and Sen McCain due to my personal connections.

White boarding VA transformation and other meetings - when we met the other week, you mentioned there would soon be meetings you wanted me at to whiteboard with a team on the VA transformation and healthcare reform. I am ready to attend any these and any other meetings you feel I should be at, just let me know.

Thanks

Darin

On Thu, Feb 2, 2017 at 1:49 PM, Darin Selnick (b) (6) @gmail.com> wrote:
Hi David

I have some good news updates.

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1. Mike Kussman. I talked to Mike and I am working on bring him and his team on. His son Josh is sending a one pager on how it would work and initial focus.
Once I get that and get your ok, I will work out the details with VHA contracting.

2. OPM rule blocking the firing of the employee. I talked to Jake and we are happy to check this out and take it to the WH.

I just need the Name of the employee, and the name of the VA person who told you we are blocked by the OPM rule. I will talk to them and get the specific and see if there is a way around this, either by working with OPM or an executive order, or if it needs legislation. If it needs legislation, then we can work with Congress on then legislation they are proposing.

The other way is to offer the employee a choice, resign or get reassigned to an undesirable place far from home, like Alaska.

3. Members of Congress. I met today with Rep Lamborn and Rep Coffman staff. I was able to reassure Rep Lamborn so that instead of being a bomb thrower, he will be a partner. Rep Coffman staff was not as hard, but instead of being very skeptical they are looking at being partners. The first test is the Accountability legislation. I was asked by the staff of Speaker Ryan and Majority Leader McCarthy to with jointly with both of them on Friday to discuss VA and future legislation.
I know them well so I expect it to be a very productive talk.

I will get on your calendar for Monday and update you on this and some other meetings I have had. I think we are headed in a very positive direction and they will give us a chance, we just have to earn their trust through performing.

Darin

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Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 2/7/2017 2:54:44 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: [EXTERNAL] Re: White House meeting with JK+

Ok
On Mon, Feb 6, 2017 at 9:53 PM David shulkin <Drshulkin@aol.com> wrote:
Sounds good

Sent from my iPhone

On Feb 6, 2017, at 9:25 PM, (b) (6) <(b) (6) @gmail.com> wrote:

Thank you. Let me check before confirming.

---Original Message-----
From: (b) (6) EOP/WHO (b) (6) @who.eop.gov]
Sent: Monday, February 06, 2017 08:45 PM Eastern Standard Time
To: (b) (6) (b) S. EOP/WHO; (b) (6)
Cc: Drshulkin@aol.com; IP
Subject: RE: [EXTERNAL] Re: White House meeting with JK+

Hi,

Would it work to meet with the group up until 1010 and then have Mr. Perlmutter and Dr Shulkin meet with Jared and (b) at 1015 in Jared's office?

I'd be happy to meet you at 1010 and walk them over to the West Wing to meet Mr (b) (6) and Kushner- The meeting with the President at 1045 is in a room adjacent to Mr. Kushner's office

Best,

(b)

From: (b) (6) EOP/WHO
Sent: Monday, February 6, 2017 8:31 PM
To: (b) (6) (b) (6) (b (b) (6) va.gov>; (b) (6) EOP/WHO (b) (6) @who.eop.gov>

Hide quoted text

AMERICAN OVERSIGHT

--
Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/7/2017 2:53:52 AM
To: (b) (6) (b) (6) @gmail.com]
Subject: Re: [EXTERNAL] Re: White House meeting with JK+

Sounds good

Sent from my iPhone

On Feb 6, 2017, at 9:25 PM, (b) (6) (b) (6) r@gmail.com> wrote:

> Thank you. Let me check before confirming.
>
> ---Original Message-----
> **From:** (b) (6) EOP/WHO (b) (6) @who.eop.gov]
> **Sent:** Monday, February 06, 2017 08:45 PM Eastern Standard Time
> **To:** (b) (6) EOP/WHO; (b) (6)
> **Cc:** Drshulkin@aol.com; IP
> **Subject:** RE: [EXTERNAL] Re: White House meeting with JK+
>
> Hi,
>
> Would it work to meet with the group up until 1010 and then have Mr. Perlmutter and Dr Shulkin meet with Jared and (b) at 1015 in Jared's office?
>
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>
> Best,
>
> (b)
>
> **From:** (b) (6) EOP/WHO
> **Sent:** Monday, February 6, 2017 8:31 PM
> **To:** (b) (6) (b) (6) R. (b) (6) va.gov>; (b) (6) EOP/WHO (b) (6) @who.eop.gov>
>
> Hide quoted text

AMERICAN OVERSIGHT

Message

From: (b) (6) (b) (6) @gmail.com]
Sent: 2/7/2017 2:25:52 AM
To: (b) (6) (b) (6) who.eop.gov; (b) (6) @who.eop.gov
CC: David Shulkin [drshulkin@aol.com]; IP [@frenchangel59.com]; (b) (6) (b) (6) @va.gov]
Subject: RE: [EXTERNAL] Re: White House meeting with JK+

Thank you. Let me check before confirming.

---Original Message-----
From: (b) (6) EOP/WHO (b) (6) @who.eop.gov]
Sent: Monday, February 06, 2017 08:45 PM Eastern Standard Time
To: (b) (6) EOP/WHO; (b) (6)
Cc: Drshulkin@aol.com; IP
Subject: RE: [EXTERNAL] Re: White House meeting with JK+

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From: (b) (6) EOP/WHO
Sent: Monday, February 6, 2017 8:31 PM
To: (b) (6) (b) (6) (b)(b) (6) va.gov>; (b) (6) EOP/WHO (b) (6) @who.eop.gov>

Hide quoted text

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/8/2017 9:57:59 PM
To: Darin Selnick(b) (6) @gmail.com]
Subject: Re: Secretary Principi

Now is good

Sent from my iPhone

> On Feb 8, 2017, at 4:53 PM, Darin Selnick (b) (6) gmail.com> wrote:
>
> I just got a call from Secretary Principi. He was asked to speak by Dr. Roe to the HVAC and staff at an off site retreat tomorrow. One of the things he will be talking about will be the importance of HVAC to partner with you and VA. It might be a good idea to schedule the meeting you wanted to have with Secretary Principi.
>
> Do you want to go forward with that meeting now or wait until after final confirmation.
>
> Thanks
>
> Darin

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Message

From: Darin Selnick [(b) (6) @gmail.com]
Sent: 2/8/2017 9:53:56 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Secretary Principi

I just got a call from Secretary Principi. He was asked to speak by Dr. Roe to the HVAC and staff at an off site retreat tomorrow. One of the things he will be talking about will be the importance of HVAC to partner with you and VA. It might be a good idea to schedule the meeting you wanted to have with Secretary Principi.

Do you want to go forward with that meeting now or wait until after final confirmation.

Thanks

Darin

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/15/2017 12:23:41 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
Subject: Re: Cohen Veterans Network | Veterans Health Care

Ok- i know them well

Sent from my iPhone

On Feb 15, 2017, at 7:12 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:

> What we discussed on the group call last night
>
> Sent from my iPad
> Bruce Moskowitz M.D.
>
> Begin forwarded message:
>
> > **From:** Bruce Moskowitz <brucem(b) (6) mac.com>
> > **Date:** February 15, 2017 at 6:16:46 AM EST
> > **To:** (b) (6) partners.org, (b) (6) ccf.org, (b) (6)
> > <(b) (6) @jhmi.edu>, "(b) (6) M.D."
> > <(b) (6) @mayo.edu>, "(b) (6) <(b) (6)@mayo.edu>,
> > (b) (6) @kp.org
> > **Subject: Cohen Veterans Network | Veterans Health Care**
> >
> > https://www.cohenveteransnetwork.org/
> >
> > Sent from my iPad
> > Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 2/15/2017 12:12:40 PM
To: David shulkin [drshulkin@aol.com]
Subject: Fwd: Cohen Veterans Network | Veterans Health Care

What we discussed on the group call last night

Sent from my iPad
Bruce Moskowitz M.D.

Begin forwarded message:

From: Bruce Moskowitz <brucem(b) (6) mac.com>
Date: February 15, 2017 at 6:16:46 AM EST
To: (b) (6) partners.org, (b) (6) ccf.org, (b) (6) <(b) (6) @jhmi.edu>, "(b) (6) M.D." (b) (6) @mayo.edu>, "(b) (6) <(b) (6)@mayo.edu>, (b) (6) kp.org
Subject: Cohen Veterans Network | Veterans Health Care

https://www.cohenveteransnetwork.org/

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/12/2017 5:48:18 PM
To: (b) (6) @gmail.com
Subject: Slides
Attachments: secvaselectedslides.pptx

(b) (6) I was thinking more about my speeches and as you know I prefer to use my visual slides as a guide to flow along with my speech. So here are a number of selected slides that I like (not in any particular order) that the speechwriters could use to create the visuals along with their text speech.

Let me know if we need to discuss this further

Thanks

David

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Selected Slides to Integrate Into Talks

David Shulkin, MD
US Department of Veterans Affairs

VA HEALTH CARE | Defining EXCELLENCE in the 21st Century

Veterans Health Administration

0

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VA Differences From Private Sector

	Private Sector	Veterans Health Administraiton
Peer Support		X
Crisis Lines		X
Transportation		X
Caregivers		X
Homelessness Services		X
Medication Support		X
Behavioral Health Integration		X
Aligned Incentives		X
Life Long Relationships		X
Single EMR Platform		X
Works with Most Leading Med Centers		X

AMERICAN OVERSIGHT

RAND July 2016
VA Quality of Care



RAND OBJECTIVE ANALYSIS. EFFECTIVE SOLUTIONS.

RESEARCH · LATEST INSIGHTS · POLICY EXPERTS · CAPABILITIES · GRADUATE SCHOOL ·

Quality of Care in VA Health System Compares Well to Other Health Settings

FOR RELEASE
Monday
July 18, 2016

The Veterans Affairs health care system generally performs better than or similar to other health care systems on providing safe and effective care to patients, according to a new RAND Corporation study.

Analyzing a decade of research that examined the VA health care system across a variety of quality dimensions, researchers found that the VA generally delivered care that was better or equal in quality to other health care systems, although there were some exceptions.

The RAND study found there was too little information related to timeliness, equity, efficiency and patient-centeredness to reliably draw conclusions about how the VA system compared to others across these dimensions. The findings are published in the Journal of General Internal Medicine.

Media Resources

RAND Office of Media Relations
(703) 414-4795
(310) 451-6913
media@rand.org

Researcher Spotlight

(b) A. Gidengil
Natural Scientist

(b) Gidengil is a natural scientist at the RAND Corporation and a member of the Pardee RAND Graduate School faculty. She is board certified in both general pediatrics and pediatric infectious diseases. Gidengil trained as a resident in pediatrics at Hasbro Children's Hospital and Brown...

VETERANS HEALTH ADMINISTRATION

2

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#6: Approach to Team-Based Care





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VA-19-0799-I-001397
DS_00006413

Leading in Public Health Issues



A 22% Reduction since 2013



Potential to Eliminate in 2 Years

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VA-19-0799-I-001398

DS_00006414

#5: Polytrama Centers





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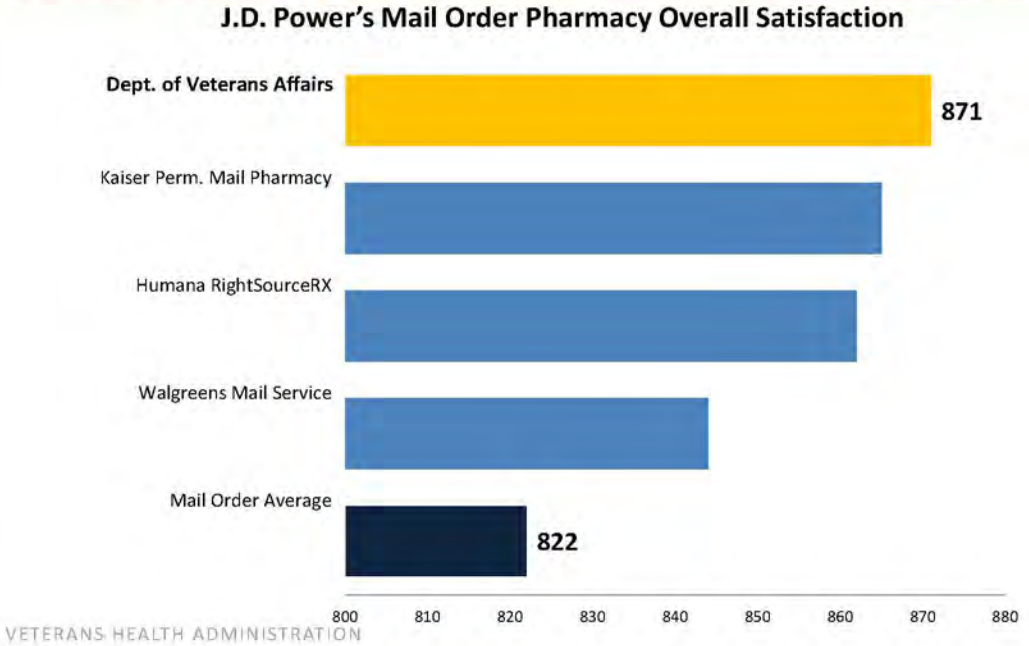
VA as a Customer Centric Organization



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VA-19-0799-I-001400
DS_00006416

A Leader in Innovation



VETERANS HEALTH ADMINISTRATION

U.S. DEPARTMENT OF VETERANS AFFAIRS
CENTER FOR INNOVATION

7

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Mobile Hearing Aid App: Veterans Can Get Their Hearing Aid Adjusted Without Ever Leaving Home

The Mobile Hearing Aid App leverages smartphones and Bluetooth technology so that an audiology technician can adjust hearing aids for Veterans remotely wherever the Veteran is located



Top Sources of Value	
Veteran Value	• On-demand care model: Service is delivered when and where the Veteran needs it • Increases access to audiology care and reduces travel costs and time • Increases access for Veterans by expanding care to a population that otherwise may not have chosen to receive hearing aid adjustments
Operational Value	• This technology allows audiology technicians to perform hearing aid adjustments, freeing up audiologists to focus on Veterans requiring more skilled care • Reduces the costs associated with performing hearing aid adjustments by moving the provider from a traditional brick-and-mortar facility to a centralized location with lower overhead costs

Innovation Coordinator: Allison Amrhein | Lead Innovator: Chad Gladden | Location: Cleveland VAMC

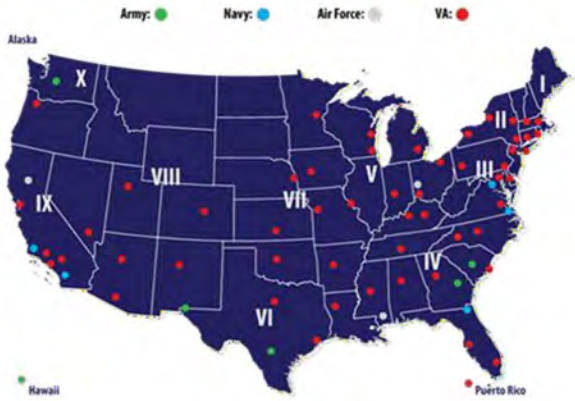
AMERICAN OVERSIGHT

VA-19-0799-I-001402

DS_00006418

VA's Fourth Mission
Emergency Preparedness

Federal Coordinating Centers





VETERANS HEALTH ADMINISTRATION 9

AMERICAN OVERSIGHT

Same Day Services in Primary Care and Mental Health

56 VA Medical Centers now provide same day access to primary care and mental health …

… and ALL will by **December 31, 2016**

#YOUR VACARE NOW



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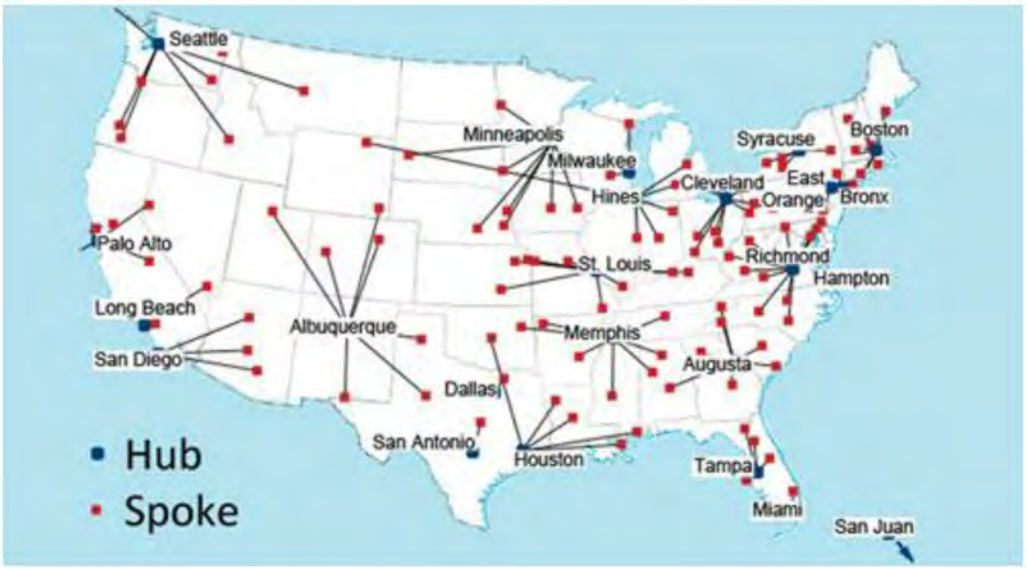
Treatment of Spinal Cord Injury Hub and Spoke System



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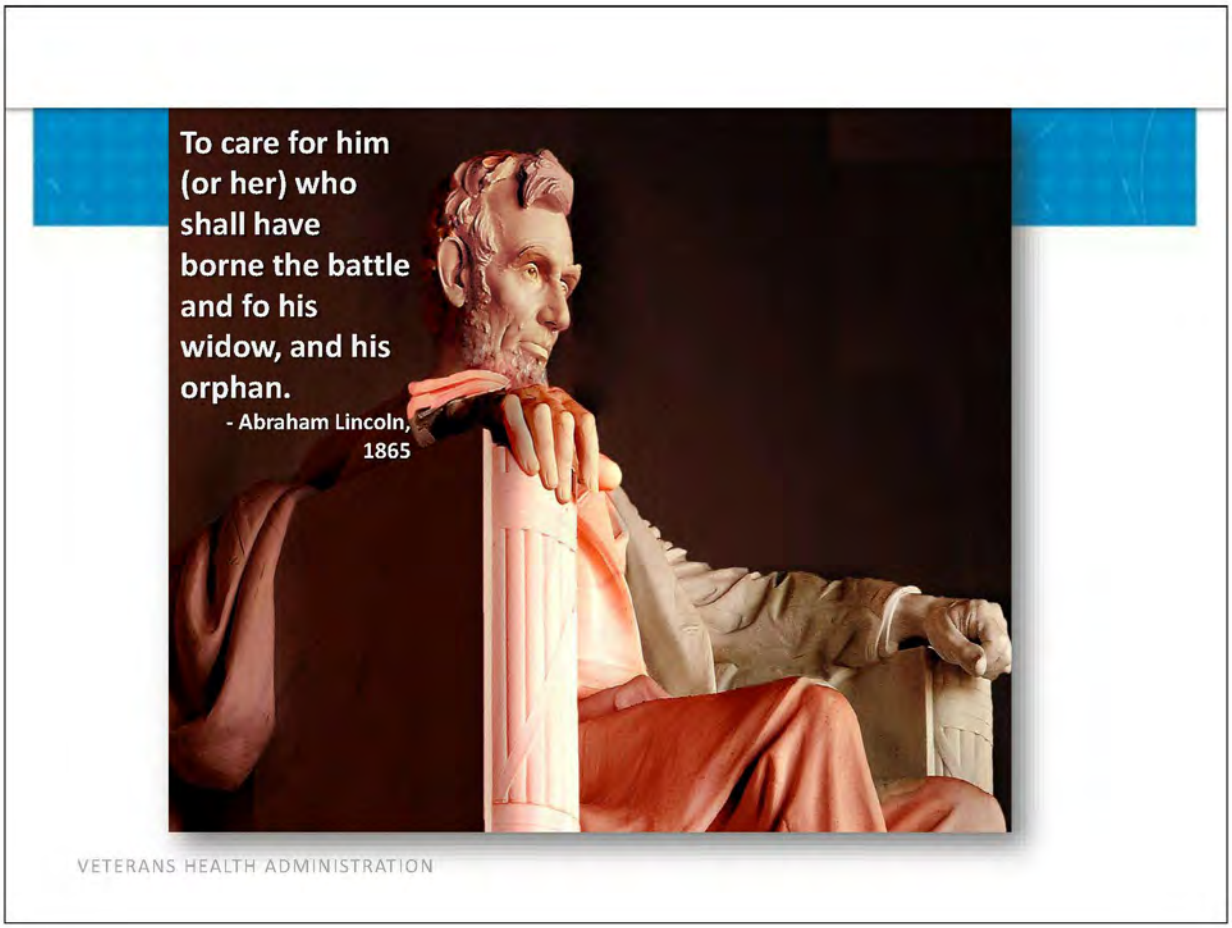

AMERICAN OVERSIGHT

VA Care in Not the Same as Community Care

- Less than half report regular use of validated screening tools for depression, PTSD, or alcohol and drug use
- Only 1 in 5 have "high military cultural competency"
- Only 13% of community-based mental health providers were found:
  - Proficient in military and deployment issues
  - Use of evidence-based psychotherapy



VETERANS HEALTH ADMINISTRATION

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Not Your Father's VA
Palo Alto



VETERANS HEALTH ADMINISTRATION

Pop Quiz: Name five healing principles found in this picture.

VA Palo Alto: private patient room with private toilet/shower, space for families, warm color tones, large window/view to the outdoors, task oriented lighting layout to allow veteran to have more control over environment
OPCC&CT and CFM first began collaborating in 2010/2011 during the update to the Inpatient Medical/Surgical planning and design standards

15

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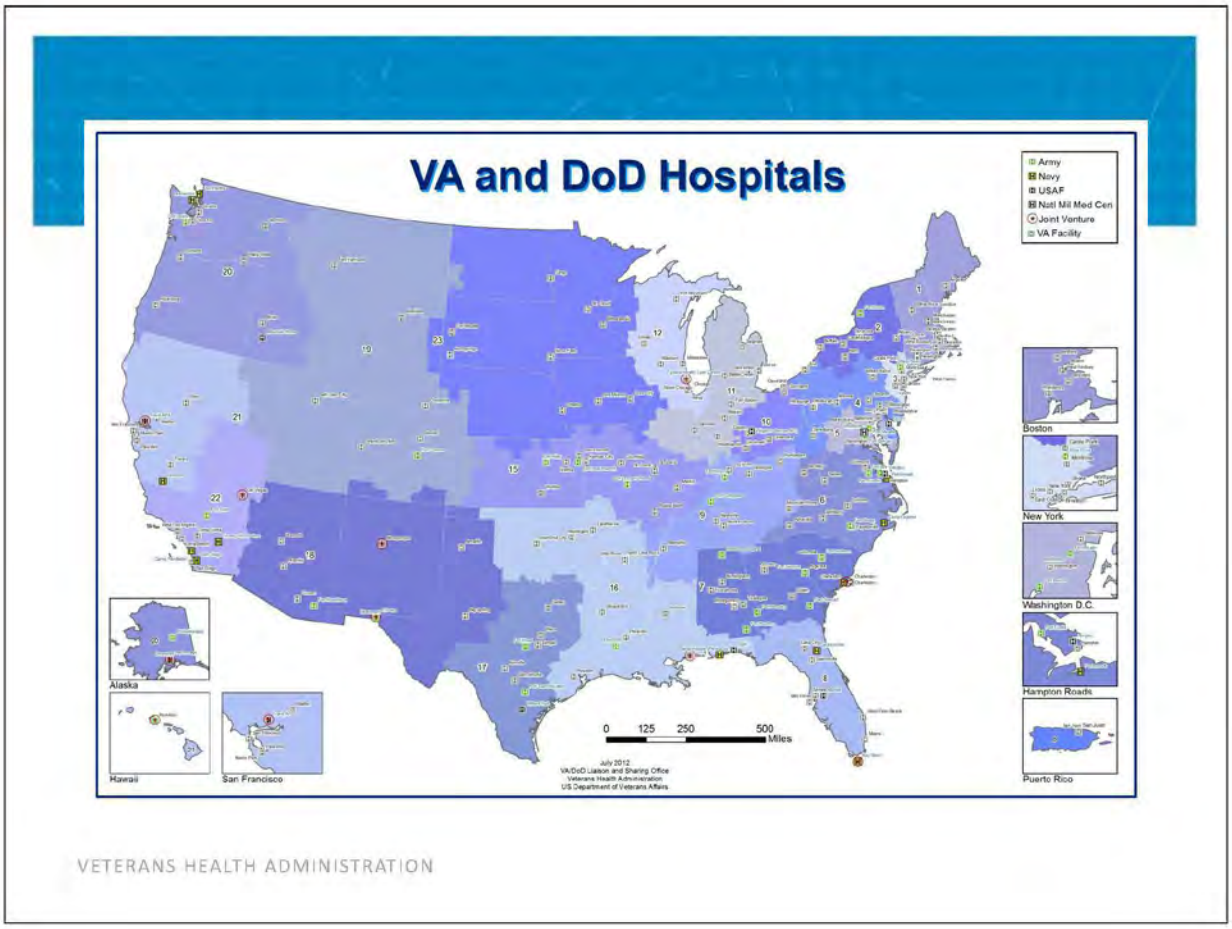

16

AMERICAN OVERSIGHT

VA-Delivered Foundational Services



A) VA-Delivered Foundational Services

Does the service meet the following criteria?

Proposed Criteria

- ❑ Provides management of military-related conditions/ disorders AND
- ❑ Limited expertise and/or access to care in the national market

OR

- ❑ Services that manage and coordinate the overall health of Veterans across their lifespan

Proposed Services Overview

- **Primary Care Services**** (excludes OB and specialized Gyn)
- **Mental Health Services**** (e.g., MH integrated care, PTSD group/ individuals/ teams)
- **Geriatrics & Extended Care Services**** (e.g., GeriPACT, home-based primary care)
- **Rehabilitation Services**** (e.g., Spinal cord, brain injury/ polytrauma, prosthesis/ orthesis)
- **VA Care Coordination**** (e.g., case management, care/ disease management)

Key Considerations

- Services create/ sustain specialized research and academic partnerships focused on these foundational areas
- Services will be reviewed and adjusted over time to meet changing Veteran needs
- Services will be delivered in a safe and high-quality way

[1] The workgroup focused on health services
***Denotes only selected services in the category apply*

AMERICAN OVERSIGHT

Great Tradition: Honoring Those Who Served

'Final Salute' honors Holocaust survivor, Veteran



Sailors wait in a hallway on the medical-surgical floor at Lovell FHCC for the body of Holocaust survivor and Korean War Air Force Veteran Paul Argiewicz to be wheeled to the elevators. (Photos by Trevor Secla)

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VA Famous for Firsts



VETERANS HEALTH ADMINISTRATION

AMERICAN OVERSIGHT
VA-19-0799-I-001413
DS_00006429

›espite Real Improvements, VA Has Not had a Major Organizational Change in 20 y

The Context | The Modernization | Key Differences | First Year | January Summit | Change Management | Assumptions

Today



2003 VHA Vision 2020

2009 Transformation 21 (T21)

2013 VHA Strategic Plan '13-18

2013 VA Strategic Plan '14-'20

2014 VA Health Care System Modernization Report

9/2015 Independent Assessments

6/2016 Commission on Care

9/2016 GAO Report

As identified in several recent reports:

Even with the significant recent improvements in access, diffusion of best practices and employee engagement, incrementalism is not the answer to the additional improvements needed in VA

- The current organizational design does not support the goal of becoming an increasingly high-performing accountable healthcare organization

Source: Listed reports and assessments

VETERANS HEALTH ADMINISTRATION

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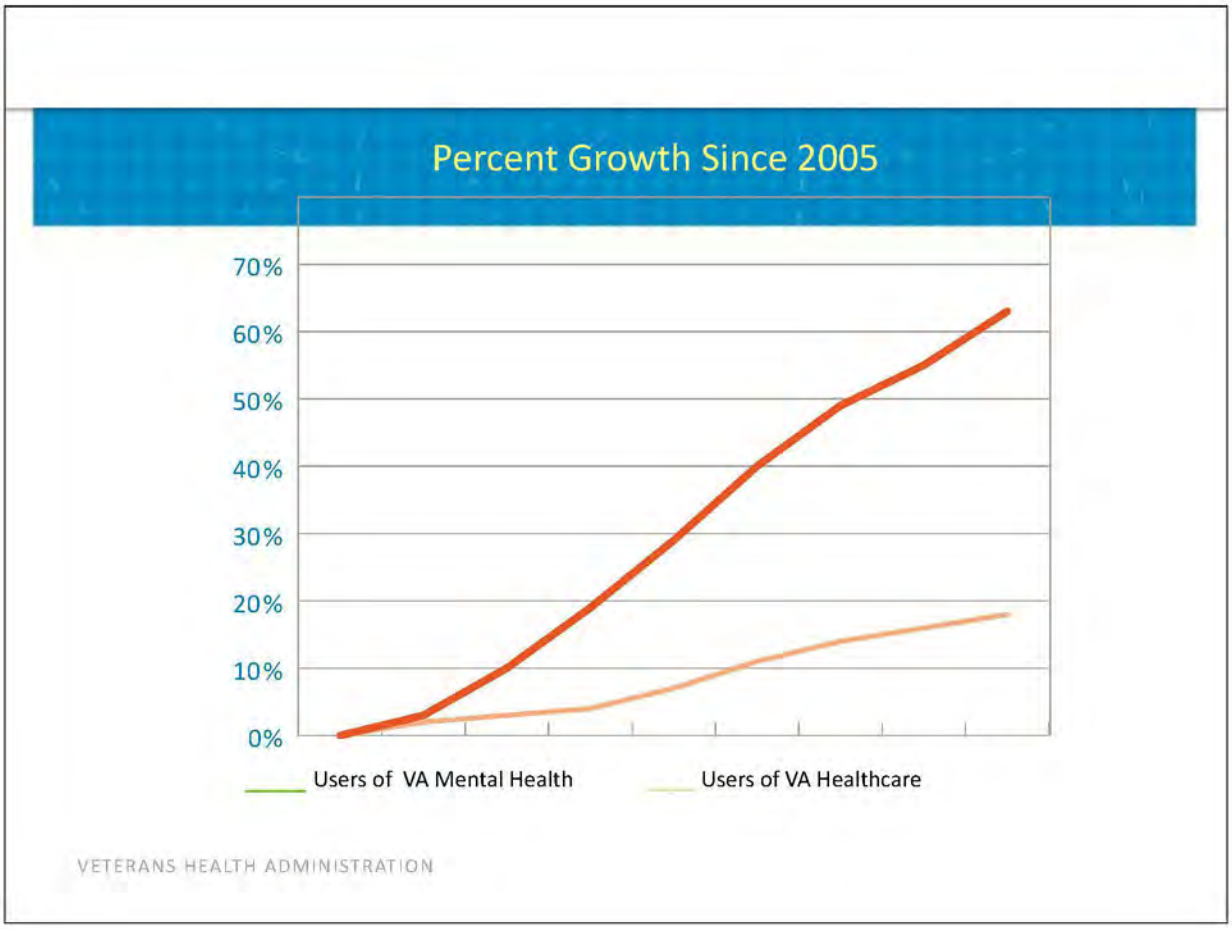
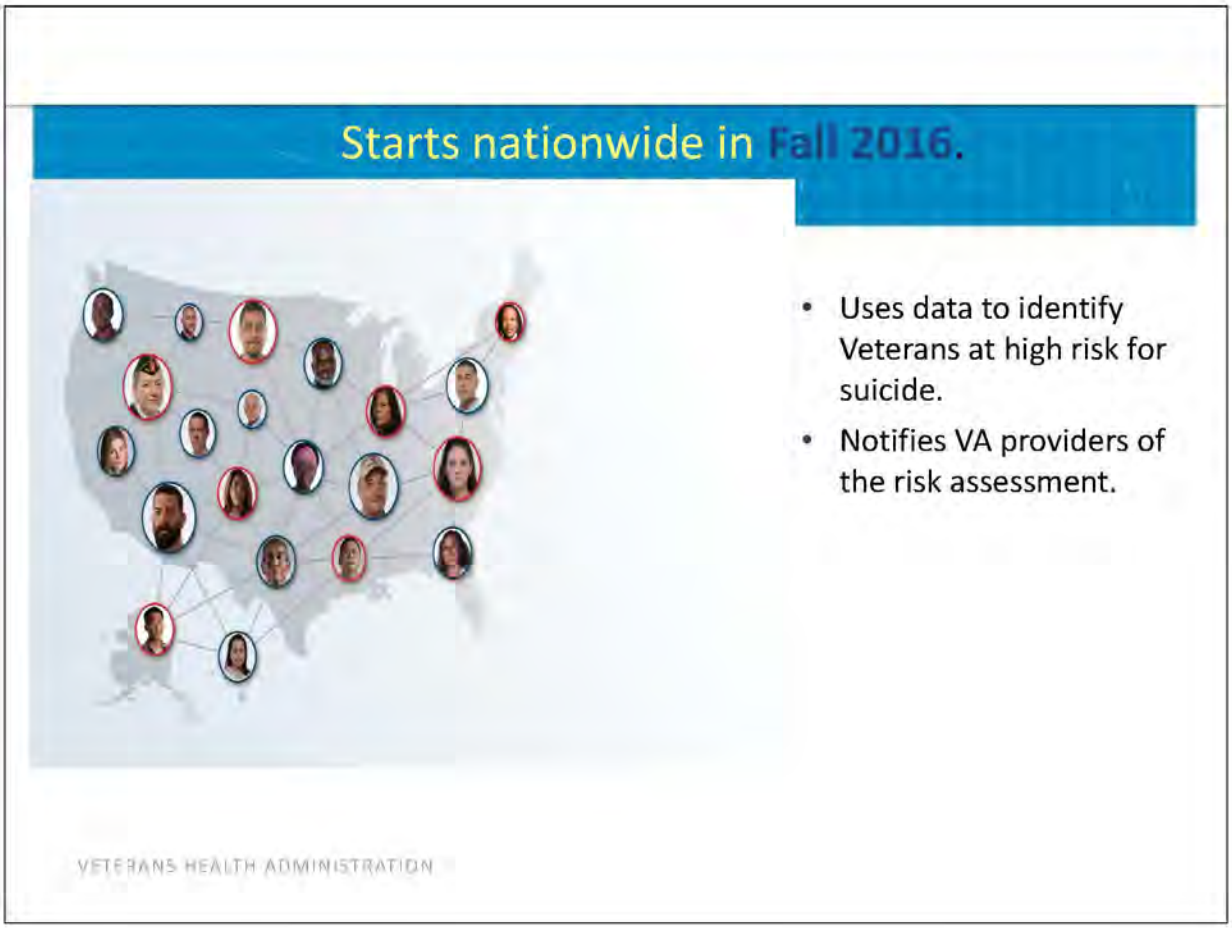


21

AMERICAN OVERSIGHT



REACH VET uses innovative statistical methods based on VHA data to identify VHA-enrolled Veterans at risk for suicide and other negative outcomes. REACH-VET is a supplement to current clinical strategies of identifying patients at increased risk.

REACH VET identifies Veterans at increased risk and notifies providers of identified Veterans, so providers can reevaluate and enhance the Veteran's care.

REACH VET enhances at risk Veterans' access to care and complements ongoing initiatives to increase access.

REACH VET starts nationwide in September 2016—it will identify thousands of Veterans with complex care needs across the country and ensure that they are receiving the very best evidence-based care.

22

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Supports treatment by providing tools for coping and positive thinking



VETERANS HEALTH ADMINISTRATION

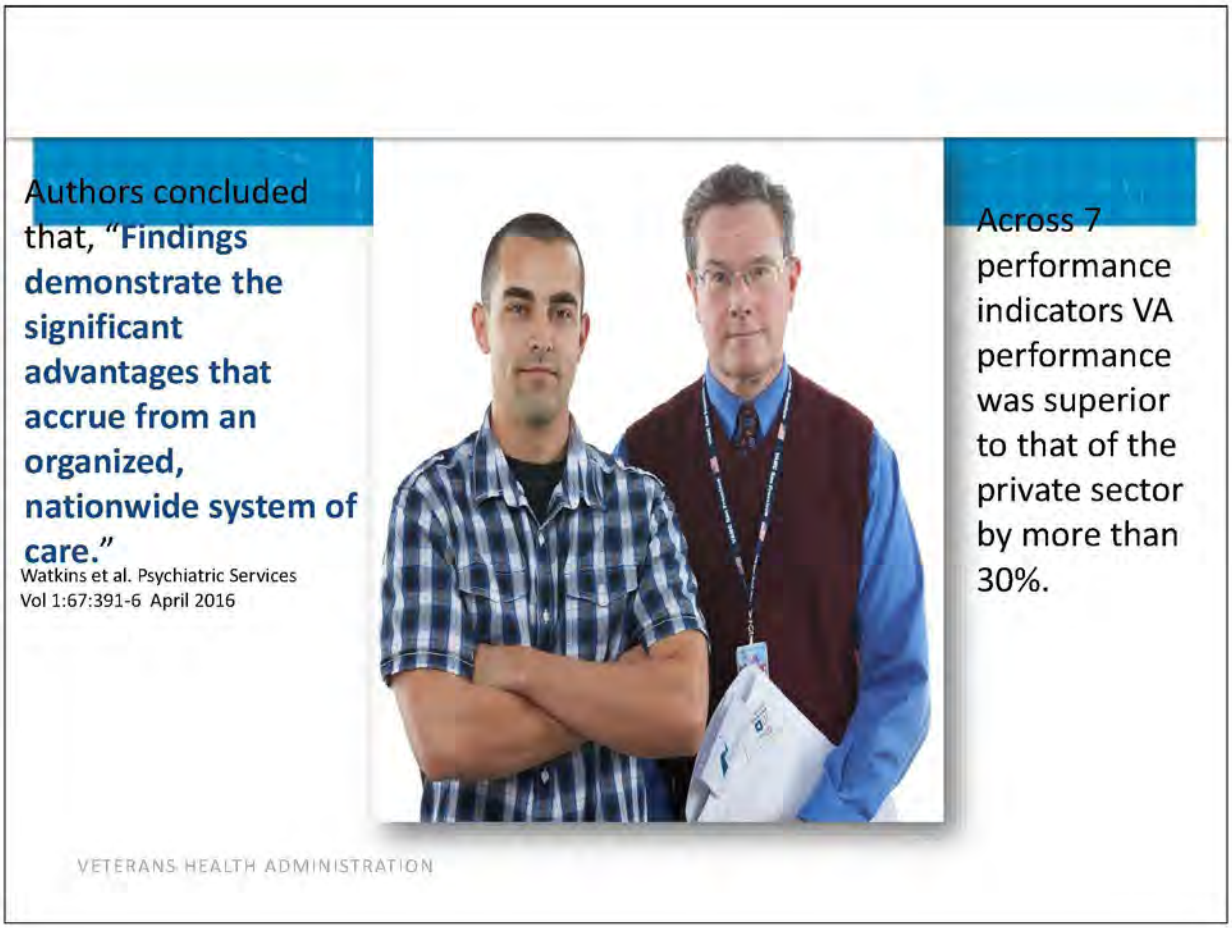
The Virtual Hope Box (VHB) is a smartphone application designed for use by patients and their behavioral health providers as an accessory to treatment.

It contains simple tools to help patients with coping, relaxation, distraction, and positive thinking. Patients and providers can work together to personalize the VHB content on the patient's own smartphone according to the patient's specific needs.

The patient can then use the VHB away from clinic, continuing to add or change content as needed.

23

AMERICAN OVERSIGHT



Across 7 performance indicators VA performance was superior to that of the private sector by more than 30%. Authors concluded that, "Findings demonstrate the significant advantages that accrue from an organized, nationwide system of care. The much higher performance of the VA has important clinical and policy implications." Consistent with prior reports that VA performance consistently exceeds that of non-VA comparison groups

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http://mobile.va.gov/appstore

VETERANS HEALTH ADMINISTRATION

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Suicide Prevention is everyone's business and a top VA priority. Preventing suicide and suicide attempts involves both providing care for Veterans during times of crisis and supporting Veterans every day in pursuing successful lives.

VA Suicide Prevention is uniquely positioned to become the leader of an innovative national initiative to change the course of suicide prevention effort in the United States. Through the creation and fortification of a national system of federal, community, and VSO strategic partnerships, we will build a comprehensive, integrated national suicide prevention community, with VA at its hub, that reaches deep into all Veteran communities and promotes Veterans' health, wellness, and mental health. Through these partnerships, VA Suicide Prevention will set a goal to reach each of our nation's 22 million Veterans. To fulfill this mission and ensure that VA has the resources and staff to complete, it, VA has elevated and expanded its Suicide Prevention office.

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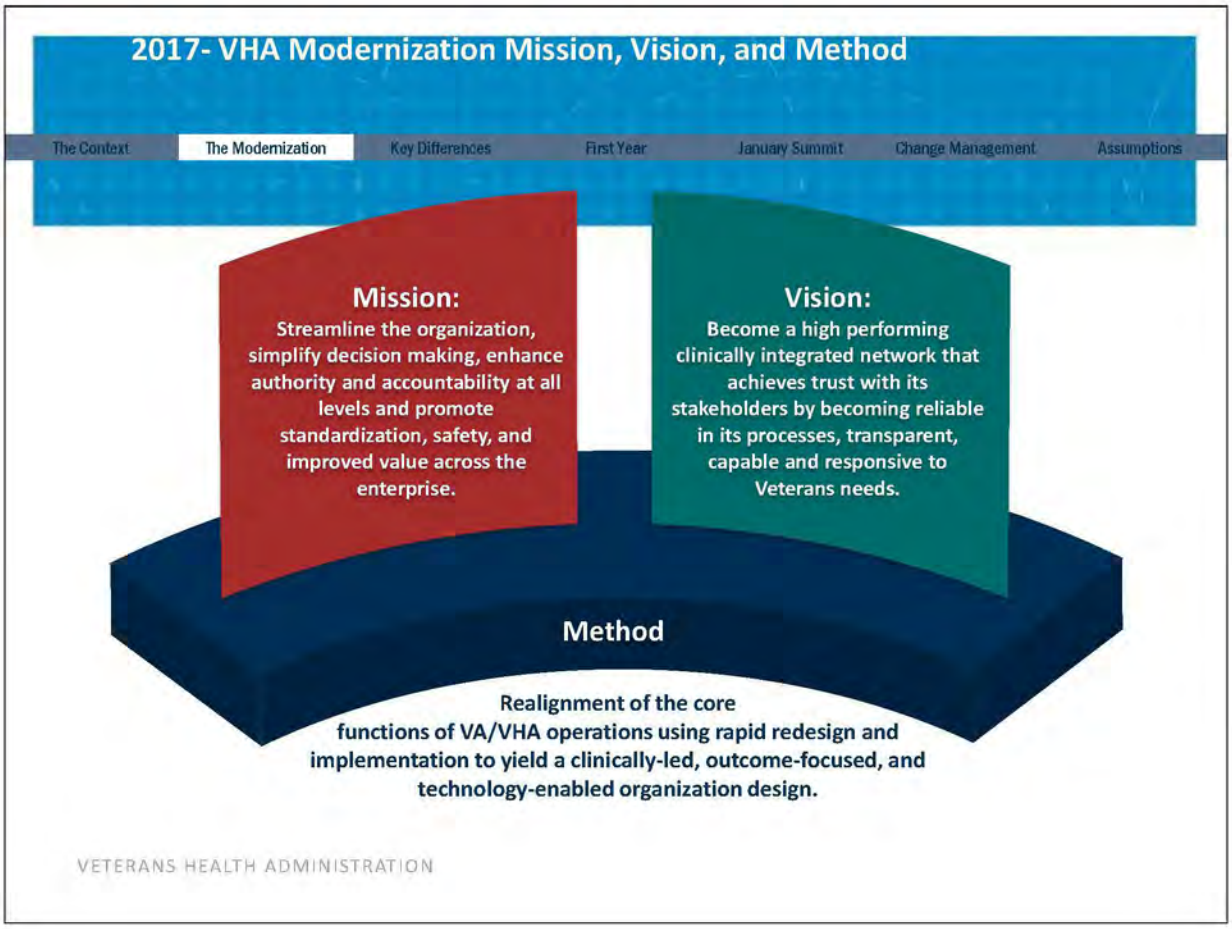

AMERICAN OVERSIGHT

Innovations from VA



SUCCESS REPORTED IN LIVER TRANSPLANT

DENVER, May 11 (AP)—The first successful surgical transplant of a human liver was disclosed by surgeons here today.

Two teams of doctors accomplished the feat in a six-hour operation at Veterans Administration Hospital last Sunday.

The patient, William Grigsby, 47 years old, of Denver, is said by surgeons to be responding well, showing all signs of recovery after the first critical week, and that the operation is apparently a success.

Mr. Grigsby, a janitor at the Denver County jail, was dying of a malignant tumor when the surgery was proposed to him, a hospital official said. The healthy liver was taken from another V.A. hospital patient minutes after he died of a brain tumor.

Only once before has a liver transplant been known to have been attempted between humans. That was at the same hospital here, two months ago. The patient died.

Spokesmen said the transplant, if successful, would open up a new area of treatment to previously incurable diseases amenable to this type of surgery. But they emphasize the technique is meticulous and complex, with many perils.

The New York Times

First Liver Transplant



CT Scanner



Artificial Kidney



7 Lasker Awards



3 Nobel Prizes



Nicotine Patches



Cardiac Pacemaker

VETERANS HEALTH ADMINISTRATION

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Practicing Telehealth



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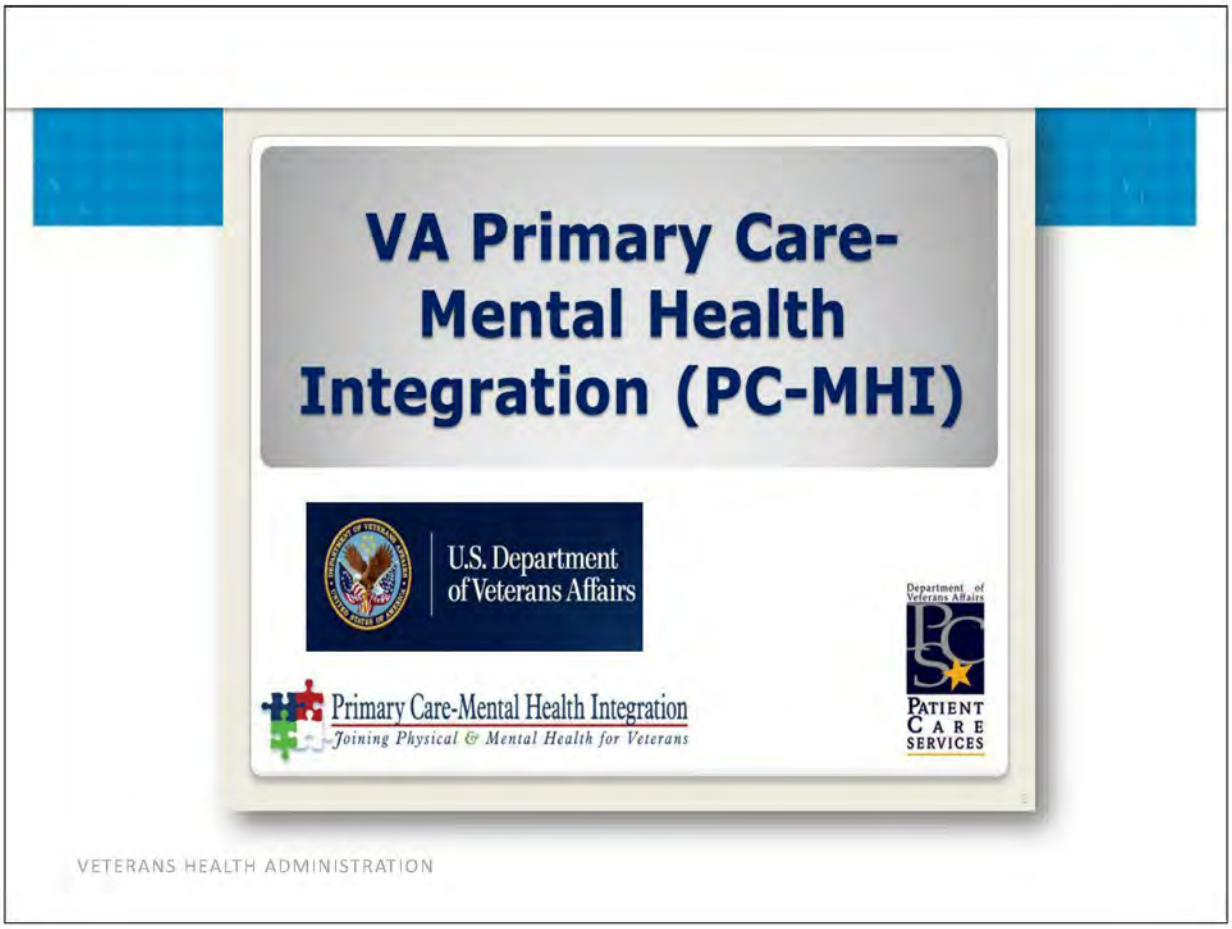

AMERICAN OVERSIGHT

VA Health System Today

- 390,000 employees
- 1700 facilities
- 26,000 physicians
- 60,000 nurses
- $100,000,000 in research
- 8000 students and residents
- Largest employer of Social Workers in the country







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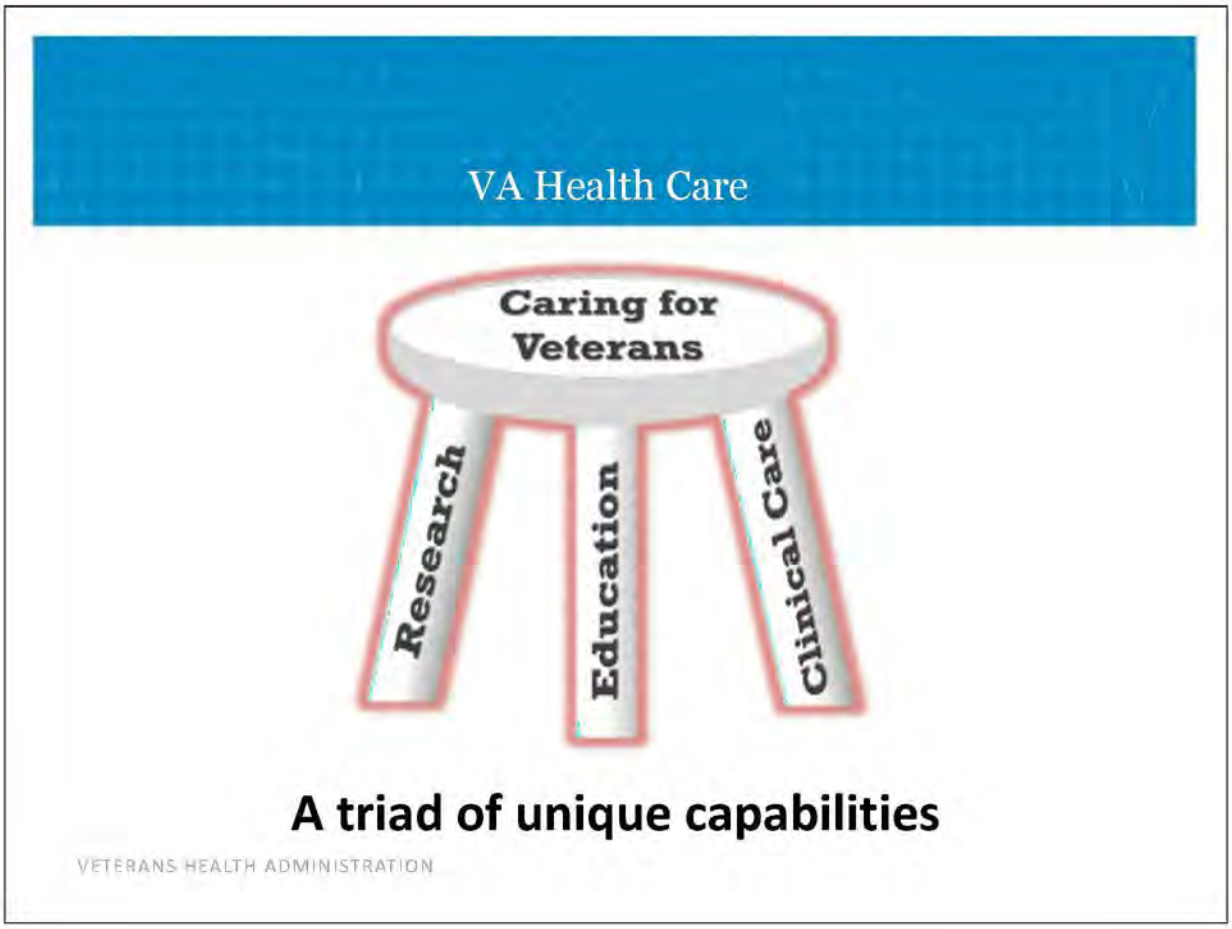

Recently, some people in Washington have begun to question the need for VA.

One thing I've learned since my confirmation as secretary is, there is no substitute for VA: Veterans need VA, American medicine needs VA, and Americans everywhere benefit from VA.

What's so special about VA healthcare?

VA's healthcare system is supported by three pillars—a unique system that depends on the strength inherent in all three of these areas:

Research

Education & Training

Clinical Care

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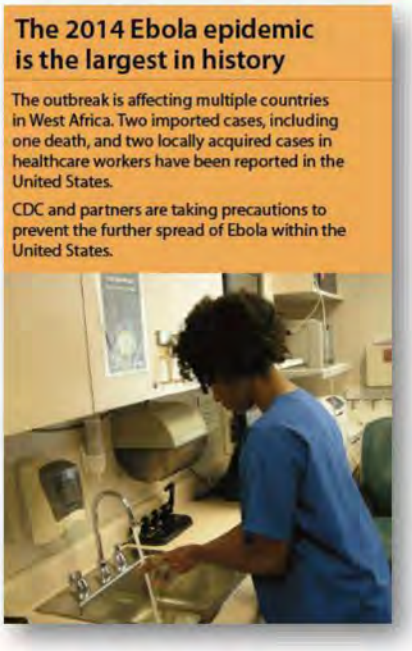
VA's Fourth Mission

- Emergency Preparedness Example
  - VA's efforts to control the outbreak of Ebola
    - Government agencies responsible for public health, include CDC and VA



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VA-19-0799-I-001428
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Mobile Vet Centers



Lake County News Chronicle
Two Harbors, Minnesota
August 14, 2015

AMERICAN OVERSIGHT

Education & Training



VETERANS HEALTH ADMINISTRATION

- VA partners with over 1,800 educational institutions and organizations
- VA trains:
  - 62,000 medical students and residents
  - 23,000 nursing students
  - 33,000 students in other health fields
- An estimated 70% of all US doctors have trained with VA

We're affiliated with many of the best medical schools and training programs — over 1,800 educational institutions.
We train 120,000 healthcare professionals a year, more than any system in the Nation:
62,000 medical students and residents,
23,000 nursing students,
33,000 students in other health fields.
An estimated 70% of all U.S. doctors have trained with VA, and we're largest employer of nurses in the Nation.
36

AMERICAN OVERSIGHT

Groundbreaking Research

- Groundbreaking research into PTSD, TBI, and Telehealth and personal-assistance technology
- Multiple advances in prosthetics, in identifying genetic risk factors for numerous diseases, and in treating Spinal Cord Injury (SCI)
- Partnered with DARPA to design artificial limbs that respond to thoughts of paralyzed patients — a system called "Braingate," featured by *60 Minutes*
- $1.8 billion for over 2,200 research projects in 2015



VETERANS HEALTH ADMINISTRATION

VA researchers have made major contributions to medical science, earning 3 Nobel Prizes, 7 Lasker Awards, many other awards and recognitions.

Among our achievements:

The implantable cardiac pacemaker, the first successful liver transplants, & the nicotine patch to help smokers quit;

Multiple advances in prosthetics, in identifying genetic risk factors for numerous diseases, and in treating Spinal Cord Injury (SCI) at the Bronx VA.

Groundbreaking strides in treating the signature wounds of today's conflicts — PTSD and TBI.

We were also the first large healthcare system to develop a system-wide electronic health record and the first to begin barcoding medications to reduce errors.

This year, VA will invest $1.8 billion in over 2,200 research projects involving nearly 3,400 VA researchers. This is research that will help not just Veterans but countless other Americans for generations to come.

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VA's Centers of Excellence

- Polytrauma Rehabilitation Centers
- Geriatric Research, Education and Clinical Centers
- Mental Health Center
- Epilepsy Center of Excellence
- Multiple Sclerosis Center of Excellence
- Parkinson Disease Research Education and Clinical Centers
- Traumatic Brain Injury Center of Excellence
- Vision Loss Center of Excellence
- Extremity Trauma and Amputation Center of Excellence
- Patient Aligned Care Team (PACT)
- Defense Hearing Center of Excellence
- Post Traumatic Stress Disorders
- Center for Neurotechnology and Neurorestoration
- Spinal Cord Injury Center of Excellence
- Brain Rehabilitation Research Center
- Rehabilitation Engineering and Human Research Laboratory





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VA-19-0799-I-001432

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A Focus on a Center of Excellence
Rehabilitation and Prosthetic Services



- 94,000 Veterans with Traumatic Brain Injury
- 85,000 Veterans with amputations
- 50,000 blind and severely visually impaired Veterans
- 28,241 Veterans with spinal cord injuries
- VA purchases 20% of all hearing aids in US
- 3 Million Veterans received a prosthetic item

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VA-19-0799-I-001433

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Homeless Stand Down



VETERANS HEALTH ADMINISTRATION

AMERICAN OVERSIGHT

Factors Fueling Demand

- Aging Veteran population
- More than a decade of war
- Agent Orange-related claims
- Unlimited claims appeal process
- Increased medical claims issues
- Higher survival rates of the wounded
- More sophisticated methods for identifying and treating Veterans



VETERANS HEALTH ADMINISTRATION

So, while it's true that the total number of Veterans is declining, the number of those seeking care and benefits is increasing, fueled by —

the aging Veteran population,
more than a decade of war,
Agent Orange–related claims,
an unlimited claims appeal process,
increased medical claims issues,
far higher survival rates of the wounded, and
more sophisticated methods for identifying and treating Veterans' medical issues.

Veterans' demand for services and benefits has exceeded VA's capacity to meet it.

It's important that Congress and the American people understand why that is happening.

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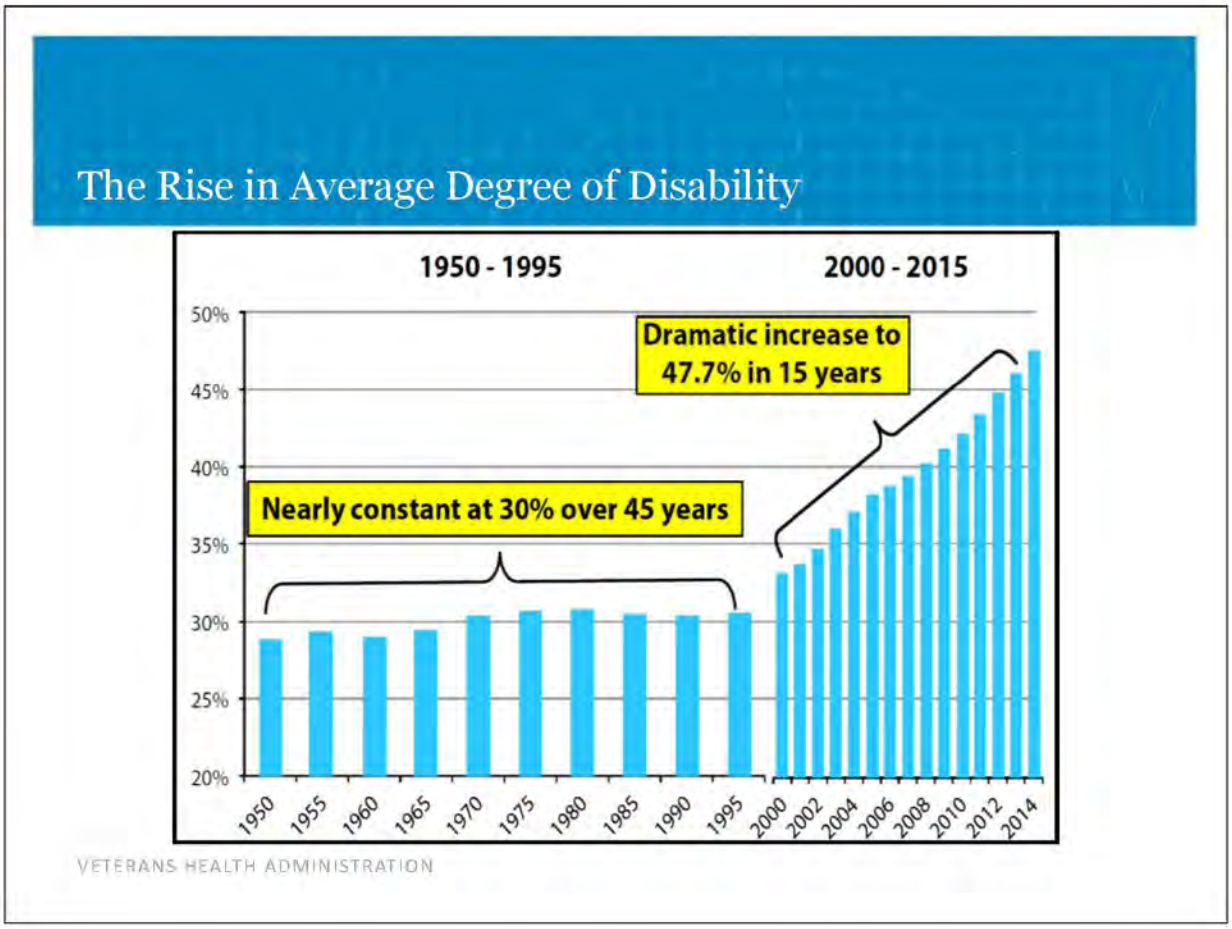

These increases were accompanied by a dramatic rise in the average degree of Veterans' disability compensation.

For 45 years, 1950 to 1995, the average degree of disability was 30%.

Since 2000, the average degree of disability has risen to 47.7%, as this chart shows.

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Listening Sessions- VSO Leadership Meeting



Meeting
with VSO leadership to discuss Veteran care

VETERANS HEALTH ADMINISTRATION

AMERICAN OVERSIGHT

Resource Prioritization
VHA's Aging Infrastructure Needs Investment



Quartermaster Gas Station
Built in 1932, Minneapolis, MN

VETERANS HEALTH ADMINISTRATION

It's costing us money just to keep old buildings on our books.

Here's an example: This is an actual building owned by VA in Minneapolis, built as a gas station in 1932.

We wanted to tear it down and build a homeless shelter on the site, but the building's supposed historical value has made that difficult to do, so it's still standing.

VA currently has 336 buildings vacant or less than 50% occupied — 10.5 million square feet, costing about $24 million dollars annually.

We could use these funds could to —
hire roughly 200 Registered Nurses for a year;
pay for 144,000 primary care visits;
or support 41,900 days of nursing home care.
44

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1. Clinically prioritize appointments
2. Launch a scheduling application
3. Recruit permanent leaders
4. Fund core facilitates and programs
5. Ensure consistency in Best Practices
6. Ask for Customer Feedback – "ICE"
7. Integrate Services better with the Private Sector
8. Focus on Employee Engagement
9. Embrace Transparency of Outcomes
10. Tell the Other Side of the Story

VA HEALTH CARE Defining EXCELLENCE in the 21st Century

Veterans Health Administration

AMERICAN OVERSIGHT

Progress on Access

- 7 million more appointments completed by VA or through VA in the past 12 months
- 97% of appointments are now completed within 30 days of the Veteran's preferred date
- 88% are within 7 days
- 20% are same-day appointments
- Average wait time for completed appointments:
  - 4 days for Primary Care
  - 5 days for Specialty Care
  - 3 days for Mental Health Care



VETERANS HEALTH ADMINISTRATION

We are providing regular updates of patient access data, so you can see how well we're doing. No private health system is doing this. No private health system wants to be measured by appointment wait times. This not an accepted industry practice, but we're doing it.

Here are the results:
7 million more appointments completed by VA or through VA (in the community) in the past 12 months.
97% of appointments are now completed within 30 days of the Veteran's preferred date.
88% are within 7 days.
20% are same-day appointments.
Average wait time for completed appointments:
4 days for Primary Care
5 days for Specialty Care
3 days for Mental Health Care
46

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Results with Access Initiatives

- 12% increase in after-hours and weekend appointments
- Expanded care options:
- 36% increase in secure messaging
- 19% increase in Telehealth
- 36% increase in e-consults
- 93% reduction in the New Enrollee Appointment Request (NEAR) list
- 47% reduction in the Electronic Wait List



VETERANS HEALTH ADMINISTRATION

12% increase in after-hours and weekend appointments
Expanded virtual care:
36% increase in secure messaging
19% increase in tele-health
36% increase in e-consults
93% reduction in the New Enrollee Appointment Request (NEAR) list
47% reduction in the Electronic Wait List
47

AMERICAN OVERSIGHT

Care in the Community

March 2015 survey of Veterans:

- 47% offered "Choice" elected to wait to get their care inside VA
- 78% were satisfied with their VA care experience
- 82% would recommend VA care to fellow Veterans



VETERANS HEALTH ADMINISTRATION

Speaking of Care in the Community …
VA has been referring Veterans to Care in the Community for decades whenever it made sense for Veterans — and we're not opposed to making greater use of Care in the Community to meet the access challenge.
But we know that many Veterans prefer VA healthcare.
In fact, VFW's own March survey of Veterans shows that —
47 percent offered Choice elected to wait to get their care inside VA,
78 percent were satisfied with their VA care experience, and
82 percent would recommend VA care to fellow Veterans.
One more thing to keep in mind: Most Veterans already have a choice — 81 percent have either Medicare, Medicaid, Tricare, or some private insurance.
Many come to VA because of the disparity in out-of-pocket costs between their insurance and VA care.
For example, the average Medicare reimbursement for a knee replacement is $25,000, with a co-pay of 20 percent.
Choosing VA saves Veterans $5,000.
48

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VA's Use of Telehealth

- Over 9 Million episodes of Telehealth
- 717,000 Veterans use Telehealth
- 336,000 Telemental health visits
- >5000 Tele-ICU patients



VETERANS HEALTH ADMINISTRATION

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Telehealth

- Teleretinal screening for diabetics helped achieve a 90% rate of screening
- Spinal Cord Injury used Telehealth in the home
- TeleTransplant network does initial evaluations and post transplant care
- Telemental care
- Tele-epilepsy care
- Tele-ICU



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Satisfaction with Telehealth

- Over 200,000 Veterans Surveyed
- 85% satisfaction with home Telehealth - greatest level of dissatisfaction was in frequency of service
- 94% satisfaction with video Telehealth
- 92% satisfaction with Telederm
- 94% satisfaction with Teleretinal services



VETERANS HEALTH ADMINISTRATION

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Million Veteran Program



VETERANS HEALTH ADMINISTRATION

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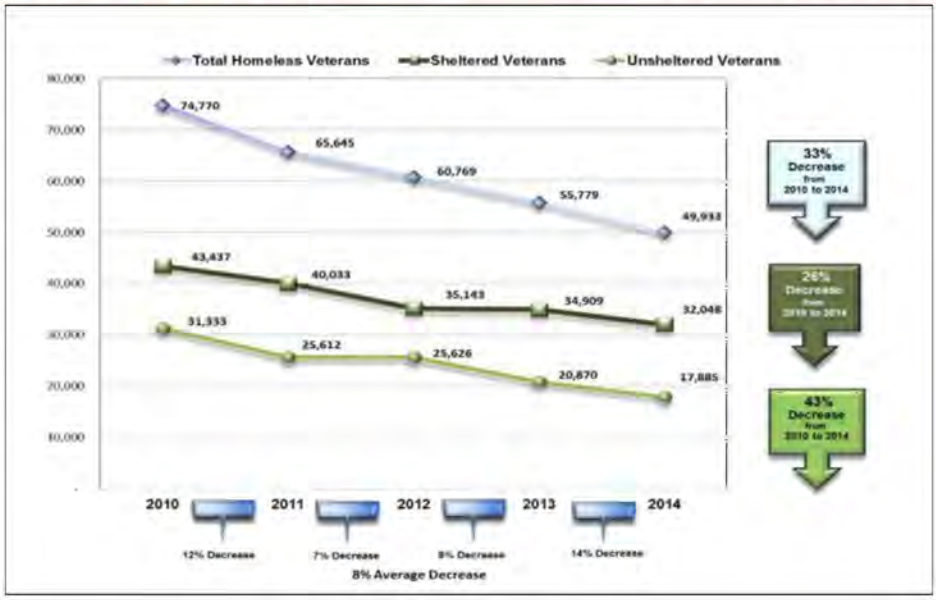
Decline in Veteran Homelessness



VETERANS HEALTH ADMINISTRATION

As you see here, we've also made a substantial dent Veterans homelessness, which has declined 33% from 2010 to 2014.

Ending homelessness is a local effort, so we're working with over 2,000 partners all over the country.

Over 700 civic leaders have accepted the First Lady's Mayor's Challenge to end Veterans homelessness, including —

550 mayors,

8 governors,

151 county and city officials.

Last December, New Orleans became the first major city to meet the challenge.

Phoenix & Salt Lake City have met major milestones in 2015.

53

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Enhancing Strategic Partnerships

- Making it easier to partner with VA, standardizing our partnership process to make it more partner-friendly.
- Community Veterans Engagement Boards — to coordinate the work of stakeholders locally.
- "Summer of Service" campaign — To spotlight VA Volunteers, thank them for the work they do, and show others how they can help, too.



VETERANS HEALTH ADMINISTRATION

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We're making it easier for other organizations to partner with VA, by standardizing our partnership process and making it more partner-friendly.

We're also working with communities around the country to establish Community Veterans Engagement Boards. The first of these, "MyVA Connecticut," held its first meeting in May. We hope to have at least a dozen in operation by the end of the summer.

Finally, this summer, we at VA are renewing our commitment to America's Veterans, and we're asking others to join us in that commitment.

We're calling it the "Summer of Service":

In the next three months, we'll be turning the spotlight on VA Volunteers to thank them for the work they do and to show others how they can help, too.

Our goal for the Summer of Service was to enlist 100,000 people as VA Volunteers by the end of August. We have almost 67,000 already.

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Accountability Legislation
Extend the Choice Deadline Past August
Choice 2.0 Legislation- Eliminate the 40/30 Rule
Infrastructure Improvements and Consolidations
Enhance Foundational Services in VA
VA/DOD/Federal Coordination
EMR Interoperability and Modernization
Breakthrough in Suicide Prevention
Appeals Modernization
Accelerating VBA Performance on Claims

VA HEALTH CARE Defining EXCELLENCE in the 21st Century

Veterans Health Administration

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 2/26/2017 7:06:51 PM
To: David Shulkin [drshulkin@aol.com]
CC: IP [(b) @frenchangel59.com]; mbs(b) (6) gmail.com
Subject: Re: Department of Veterans Affairs - Plans

Agree

Sent from my iPad
Bruce Moskowitz M.D.

On Feb 26, 2017, at 1:57 PM, David Shulkin <drshulkin@aol.com> wrote:

> Ike- this is excellent - I love it that we are all working together with such alignment
>
> David
>
> Sent from my iPad
>
> On Feb 26, 2017, at 1:10 PM, IP <(b)@frenchangel59.com> wrote:
>
> > FOR YOUR EYES ONLY
> >
> > **From:** IP [mailto(b)@frenchangel59.com]
> > **Sent:** Saturday, February 25, 2017 7:26 PM
> > **To:** (b) (6) EOP/WHO'; 'Kushner, Jared C. EOP/WHO'
> > **Cc:** (b) (6) EOP/WHO'; (b)@frenchangel59.com
> > **Subject:** RE: Department of Veterans Affairs - Plans
> >
> > (b)
> >
> > Thank you for your nice note. I am very happy that you are standing by to get it executed. We will all be counting on you. The plan and the memo are the product of six weeks of time commitment, collaboration and consensus of many; some of the top minds in quality of medical care delivery and business operations and transformation. Dr. Shulkin was an integral part of that collaboration as he participated and lent his opinions throughout and personally let us know of his appreciation.
> >
> > As you have noticed, we identified and included a number of policy issues in the plan. Glad to see that (b) (6) will be able to accomplish those. And, as you say, we will see what Apple has to offer. It is unlikely that they will dive into the EMR world given the existing competitiveness of the market in existing off-the-shelf products and the dominance of those products, but that is why I set up the call. We are also all looking forward to hearing from (b) (6) While we understand her points on DOD Cerner, we have to consider the strategic direction of the overall plan. The DOD Cerner option may limit the effectiveness of the private-side interoperability with the academic medical centers that largely are on Epic or the community medical centers that utilize other packages than Cerner. (b)

AMERICAN OVERSIGHT

should provide her thoughts on this challenge. That is the reason we originally requested that she be a part of our discussions.

Best,

Ike

From: (b) (6) EOP/WHO [mailto(b) (6) (b) (6) who.eop.gov]
Sent: Friday, February 24, 2017 5:28 PM
To: Kushner, Jared C. EOP/WHO; IP
Cc: (b) (6) EOP/WHO; (b) @frenchangel59.com
Subject: RE: Department of Veterans Affairs - Plans

Ike, your memo is excellent and Dr. Shulkin is unbelievably appreciate of your help. A couple thoughts I can add from my end:

1. I have (b) (6) from Domestic Policy totally engaged as there will certainly be a policy component to the fix. (b) (6) is passionate about the VA and he attended the meeting at the WH when you were here.
2. The call you have set up with (b) (6) will be incredibly helpful. Apple could provide a mobile healthcare application that Dr. Shulkin believes is vital for improving the care experience.
3. Apple is not currently in the business of EMR systems. Although they may be interested in getting into it, and we shd certainly hear them out, Dr. Shulkin and (b) (6) both believe the VA is too large for their initial project. (b) (6) believes we could utilize what is called an Economy Act Transfer to easily expand the Cerner contract w DOD into the VA. Her argument is that it would be extremely cost effective, fast, guarantee good transfer of records and information from DOD and VA, and teams VA w Cerner who is apparently a leader in the sector. Dr. Shulkin is highly supportive of (b) (6) idea. (b) (6) will walk you through the details of her thoughts to get your feedback.
4. Dr. Shulkin feels the President could get a PR win coming out strongly in favor of VA Accountability and Extension and Reform of the Choice act both of which will pass.

(b) (6)

From: Kushner, Jared C. EOP/WHO
Sent: Friday, February 24, 2017 5:05 PM
To: IP <(@frenchangel59.com>
Cc: (b) (6) EOP/WHO <(b) who.eop.gov>; (b) (6) EOP/WHO

AMERICAN OVERSIGHT

(b) (6) (b) (6) who.eop.gov>; (b) @frenchangel59.com; (b) (6) EOP/WHO (b) (6) (b) (6) who.eop.gov>
Subject: RE: Department of Veterans Affairs - Plans

Will try – I think (b) met with Dr S today. I plan to read your memo tomorrow and can try you on sunday

---

From: IP [mailto(@frenchangel59.com]
Sent: Friday, February 24, 2017 4:03 PM
To: Kushner, Jared C. EOP/WHO <(b) @who.eop.gov>
Cc: (b) (6) EOP/WHO <(b) who.eop.gov>; (b) (6) EOP/WHO (b) (6) (b) (6) who.eop.gov>; (b) @frenchangel59.com
Subject: RE: Department of Veterans Affairs - Plans

Jared,

Please let's talk on Sunday, 2/26 for 10 minutes.

Have a wonderful weekend.

All my Best,
Ike

From: Kushner, Jared C. EOP/WHO [mailto:(b @who.eop.gov]
Sent: Friday, February 24, 2017 6:39 AM
To: IP
Cc: (b) (6) EOP/WHO; (b) (6) EOP/WHO
Subject: Re: Department of Veterans Affairs - Plans

Will try to do this today

Sent from my iPad

On Feb 23, 2017, at 5:48 PM, IP <(@frenchangel59.com> wrote:

> Hi Jared,
>
> Please read and let me know when we can speak for 10 to 15 minutes.
>
> Please email me the best date, time and telephone number.
>
> Thank you,
> Ike
>
> ---
>
> **From:** IP [mailto:(@frenchangel59.com]
> **Sent:** Tuesday, February 21, 2017 9:14 AM
> **To:** Ivanka Kushner ((b) (6) @(b) (6) (b) (6) @who.eop.gov
> **Cc:** Iper(b) @gmail.com; (b) (6) @who.eop.gov
> **Subject:** Department of Veterans Affairs - Plans

AMERICAN OVERSIGHT

Ivanka and Jared,

Earlier this week the President asked me to mention to Secretary Shulkin that he would like to spend some time with him in advance of the Secretary's meeting with the Senate on March 7th.

I have attached a document for your review and approval that outlines the elements of the plan to transform the Department of Veterans Affairs. Secretary Shulkin has reviewed and approved, and supports this plan.

The attachment has three parts to it:

1. The Transformation Plan outline - this is a one page condensed description of the plan to transform the VA - it takes mountains of thoughts and plans and outlines them into one page;
2. a P/R messaging plan for the President on when and what to say about the VA's transformation efforts; and
3. a P/R messaging plan for the Secretary- this is for information purposes only so the President is aware of what other messages will be hitting the streets.

We are also presently working on a long term plan which we will share with you in the next few weeks.

Please let us know which day is best for the Secretary to spend some time with the President (in advance of the March 7th meeting) so he can brief the President on the topics of discussion of the plan.

All my Best,

Ike

<VA plan to POTUS 022017 v2.docx>

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/26/2017 6:57:32 PM
To: IP [(b)@frenchangel59.com]
CC: brucem(b) (6) mac.com; mbs(b) (6) gmail.com
Subject: Re: Department of Veterans Affairs - Plans

Ike- this is excellent - I love it that we are all working together with such alignment

David

Sent from my iPad

On Feb 26, 2017, at 1:10 PM, IP <(b)@frenchangel59.com> wrote:

FOR YOUR EYES ONLY

From: IP [mailto(b)@frenchangel59.com]
Sent: Saturday, February 25, 2017 7:26 PM
To: (b) (6) EOP/WHO'; 'Kushner, Jared C. EOP/WHO'
Cc: (b) (6) EOP/WHO'; (b)@frenchangel59.com
Subject: RE: Department of Veterans Affairs - Plans

(b)

Thank you for your nice note. I am very happy that you are standing by to get it executed. We will all be counting on you. The plan and the memo are the product of six weeks of time commitment, collaboration and consensus of many; some of the top minds in quality of medical care delivery and business operations and transformation. Dr. Shulkin was an integral part of that collaboration as he participated and lent his opinions throughout and personally let us know of his appreciation.

As you have noticed, we identified and included a number of policy issues in the plan. Glad to see that (b) (6) will be able to accomplish those. And, as you say, we will see what Apple has to offer. It is unlikely that they will dive into the EMR world given the existing competitiveness of the market in existing off-the-shelf products and the dominance of those products, but that is why I set up the call. We are also all looking forward to hearing from (b) (6). While we understand her points on DOD Cerner, we have to consider the strategic direction of the overall plan. The DOD Cerner option may limit the effectiveness of the private-side interoperability with the academic medical centers that largely are on Epic or the community medical centers that utilize other packages than Cerner. (b) should provide her thoughts on this challenge. That is the reason we originally requested that she be a part of our discussions.

Best,

Ike

From: (b) (6) EOP/WHO [mailto(b) (6) (b) (6) who.eop.gov]
Sent: Friday, February 24, 2017 5:28 PM
To: Kushner, Jared C. EOP/WHO; IP

AMERICAN OVERSIGHT

Cc: [redacted] EOP/WHO; [redacted]@frenchangel59.com
Subject: RE: Department of Veterans Affairs - Plans

Ike, your memo is excellent and Dr. Shulkin is unbelievably appreciate of your help. A couple thoughts I can add from my end:

1. I have [redacted] from Domestic Policy totally engaged as there will certainly be a policy component to the fix. [redacted] is passionate about the VA and he attended the meeting at the WH when you were here.
2. The call you have set up with [redacted] will be incredibly helpful. Apple could provide a mobile healthcare application that Dr. Shulkin believes is vital for improving the care experience.
3. Apple is not currently in the business of EMR systems. Although they may be interested in getting into it, and we shd certainly hear them out, Dr. Shulkin and [redacted] both believe the VA is too large for their initial project. [redacted] believes we could utilize what is called an Economy Act Transfer to easily expand the Cerner contract w DOD into the VA. Her argument is that it would be extremely cost effective, fast, guarantee good transfer of records and information from DOD and VA, and teams VA w Cerner who is apparently a leader in the sector. Dr. Shulkin is highly supportive of [redacted] idea. [redacted] will walk you through the details of her thoughts to get your feedback.
4. Dr. Shulkin feels the President could get a PR win coming out strongly in favor of VA Accountability and Extension and Reform of the Choice act both of which will pass.

[redacted]

From: Kushner, Jared C. EOP/WHO
Sent: Friday, February 24, 2017 5:05 PM
To: IP <[redacted]@frenchangel59.com>
Cc: [redacted] EOP/WHO <[redacted]who.eop.gov>; [redacted] EOP/WHO [redacted]who.eop.gov>; [redacted]@frenchangel59.com; [redacted] EOP/WHO [redacted]who.eop.gov>
Subject: RE: Department of Veterans Affairs - Plans

Will try – I think [redacted] met with Dr S today. I plan to read your memo tomorrow and can try you on sunday

---

From: IP [mailto:[redacted]@frenchangel59.com]
Sent: Friday, February 24, 2017 4:03 PM
To: Kushner, Jared C. EOP/WHO <[redacted]@who.eop.gov>
Cc: [redacted] EOP/WHO <[redacted]who.eop.gov>; [redacted] EOP/WHO [redacted]who.eop.gov>; [redacted]@frenchangel59.com
Subject: RE: Department of Veterans Affairs - Plans

Jared,

AMERICAN OVERSIGHT

Please let's talk on Sunday, 2/26 for 10 minutes.

Have a wonderful weekend.

All my Best,
Ike

From: Kushner, Jared C. EOP/WHO [mailto:(b)@who.eop.gov]
Sent: Friday, February 24, 2017 6:39 AM
To: IP
Cc: (b) (6) EOP/WHO; (b) (6) EOP/WHO
Subject: Re: Department of Veterans Affairs - Plans

Will try to do this today

Sent from my iPad

On Feb 23, 2017, at 5:48 PM, IP <(b)@frenchangel59.com> wrote:

> Hi Jared,
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> Please read and let me know when we can speak for 10 to 15 minutes.
>
> Please email me the best date, time and telephone number.
>
> Thank you,
> Ike
>
> ---
>
> **From:** IP [mailto:(b)@frenchangel59.com]
> **Sent:** Tuesday, February 21, 2017 9:14 AM
> **To:** Ivanka Kushner (b) (6)@(b) (6) (b) (6)@who.eop.gov
> **Cc:** (b) (6)@gmail.com; (b) (6)@who.eop.gov
> **Subject:** Department of Veterans Affairs - Plans
>
> Ivanka and Jared,
>
> Earlier this week the President asked me to mention to Secretary Shulkin that he would like to spend some time with him in advance of the Secretary's meeting with the Senate on March 7th.
>
> I have attached a document for your review and approval that outlines the elements of the plan to transform the Department of Veterans Affairs. Secretary Shulkin has reviewed and approved, and supports this plan.
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> The attachment has three parts to it:
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> 1. The Transformation Plan outline - this is a one page condensed description of the plan to transform the VA - it takes mountains of thoughts and plans and outlines them into one page;

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All my Best,

Ike

<VA plan to POTUS 022017 v2.docx>

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Message

From: IP [(b) (6)@frenchangel59.com]
Sent: 2/26/2017 6:10:52 PM
To: brucem(b) (6) mac.com; mbs(b) (6) gmail.com; David shulkin [drshulkin@aol.com]
Subject: FW: Department of Veterans Affairs - Plans

FOR YOUR EYES ONLY

From: IP [mailto(b) (6)@frenchangel59.com]
Sent: Saturday, February 25, 2017 7:26 PM
To: (b) (6) EOP/WHO'; 'Kushner, Jared C. EOP/WHO'
Cc: (b) (6) EOP/WHO'; (b) @frenchangel59.com
Subject: RE: Department of Veterans Affairs - Plans

(b)

Thank you for your nice note. I am very happy that you are standing by to get it executed. We will all be counting on you. The plan and the memo are the product of six weeks of time commitment, collaboration and consensus of many; some of the top minds in quality of medical care delivery and business operations and transformation. Dr. Shulkin was an integral part of that collaboration as he participated and lent his opinions throughout and personally let us know of his appreciation.

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All my Best,

Ike

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Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 4/16/2017 1:31:16 PM
To: David shulkin [Drshulkin@aol.com]; Bruce Moskowitz [brucem(b) (6) mac.com]
CC: mbs(b) (6) gmail.com; IP [@frenchangel59.com]; L Perl [(b) (6) @gmail.com]
Subject: Re: Call today

Yes, we will do it once she starts with us on 1/24, so will get her on it that week.

From: David shulkin <Drshulkin@aol.com>
Sent: Sunday, April 16, 2017 9:26 AM
To: Bruce Moskowitz
Cc: Poonam Alaigh; mbs(b) (6) gmail.com; IP; L Perl
Subject: Re: Call today

Poonam- can we ask (b) to coordinate this with Hopkins?

Sent from my iPhone

> On Apr 15, 2017, at 7:14 PM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>
> The two free applications already set up is the highest quality community hospital geotagged to the VA location and the second is the device registry which has 4000 devices. We will need to know the cost of the Hopkins software for the inventory control. Whatever the cost of the Hopkins program, it will not only save time but would be less than the VA can set it up own its own.
> Referring VA patients to community hospitals can be a huge cost overrun without controls in place for this the Partners organization can be the key.
>
> Sent from my iPad
> Bruce Moskowitz M.D.

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/16/2017 1:26:09 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
CC: Poonam Alaigh [(b) (6) @hotmail.com]; mbs(b) (6) gmail.com; IP [(@frenchangel59.com]; L Perl [(b) (6) @gmail.com]
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> Referring VA patients to community hospitals can be a huge cost overrun without controls in place for this the Partners organization can be the key.
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> Sent from my iPad
> Bruce Moskowitz M.D.

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/2/2017 1:51:56 PM
To: Jennifer Lee [(b) (6) @gmail.com]
Subject: Re: Suicide prev and Facebook

Ok - i like the ai idea

Sent from my iPhone

On Mar 2, 2017, at 8:50 AM, Jennifer Lee <(b) (6) @gmail.com> wrote:

> We use social media with VCL to help locate and outreach through VCL
> but not linked with predictive modeling or A.I.
>
> On Mar 2, 2017 6:50 AM, "David shulkin" <Drshulkin@aol.com> wrote:
> I thought we were doing something like this with social media? Was i mistaken?
>
> Sent from my iPhone
>
> On Mar 2, 2017, at 6:30 AM, Jennifer Lee <(b) (6) @gmail.com> wrote:
>
> > Saw this interesting link this morning...
> > This is the A.I. we should be trying to figure out how to use! (with appropriate privacy protections)
> > We are looking into it
> >
> > https://apple.news/AFCOUlcPlTaOhp3EArDTK1w

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Message

From: Jennifer Lee [(b) (6) @gmail.com]
Sent: 3/2/2017 1:50:36 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Suicide prev and Facebook

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/2/2017 11:50:10 AM
To: Jennifer Lee [(b) (6) @gmail.com]
Subject: Re: Suicide prev and Facebook

I thought we were doing something like this with social media? Was i mistaken?

Sent from my iPhone

On Mar 2, 2017, at 6:30 AM, Jennifer Lee <(b) (6) @gmail.com> wrote:

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We are looking into it

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/12/2017 6:55:52 PM
To: Darin Selnick (b) (6) @gmail.com]
Subject: Re: Accountability Bill

Ok thanks

Sent from my iPhone

On Feb 12, 2017, at 1:50 PM, Darin Selnick (b) (6) @gmail.com> wrote:

> Hi David
>
> I received the below message from (b) (6) HVAC about their new accountability bill and the meeting on Thursday with the Chairman to include you and the Trump VA political team. Attached is the draft legislation which is close hold. I know they are concerned about leaks.
>
> The meeting on Thursday is really important as it will set the tone and start the partnership process for all the legislation you will need going forward.
>
> I will huddle with Jake and (b) on Monday morning to get them up to date. Recommend we also get with you on Monday and Bob Snyder to discuss next steps such as WH, GC, etc.
>
> Darin
>
> ---------- Forwarded message ----------
> From: (b) (6) (t(b) (6) mail.house.gov>
> Date: Fri, Feb 10, 2017 at 1:58 PM
> Subject: Re: Accountability Bill
> To: Darin Selnick <(b) (6) @gmail.com>
> Cc: "(b) (6) (t(b) (6) mail.house.gov>, "(b) (6)
> (b) (6) @mail.house.gov>
>
> Darin, the Chairman is meeting with Dr. Shulkin on Thursday. He'd also like to meet with the Trump VA political team (I sent an email to (b) (6) on this) to ensure we're on the same page on accountability, health reform, etc. So, what we're looking for here is conformation that the Administration will support what we're doing on these fronts....and leading off is accountability. If there are changes suggested to get that support we'd need to know that as well. Thanks...hope all is well.
>
> Sent from my iPhone
>
> On Feb 10, 2017, at 4:51 PM, Darin Selnick (b) (6) @gmail.com> wrote:
>
> > Hi (b)

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I will read over the weekend. How quick of a response do you need from us.

Thanks

Darin

On Fri, Feb 10, 2017 at 12:02 PM, (b) (6) (b) (6) mail.house.gov> wrote:

> Darin:
>
> I hope this email finds you well. We wanted to give you a heads up that our leadership has indicated to us that they may be putting the accountability bill on the floor in mid-march. With that timeframe in mind and need to start putting support together for the bill we wanted to share the text with you (attached). I would ask that you keep the text close hold as we haven't shared it publically yet. We were hoping you could help us understand the administration's views of the bill and would like clarity from Dr. Shulkin if he will support the direction we are moving with this bill and will say so publically if asked. We are on a tight timeline on our end so apologize for the fire drill, but the quicker you are able to provide needed clarity on this issue the better. Thanks so much and please let (b) (6) or I know if you have any other questions. – (b)
>
> (b) (6)
> Staff Director
>
> Subcommittee on Economic Opportunity
> House Committee on Veterans' Affairs
> Direct Dial (b) (6)

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<ACCOUNTABILITY2_xml Discussion Draft.pdf>

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Message

From: Darin Selnick [(b) (6)@gmail.com]
Sent: 2/12/2017 6:50:37 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Fwd: Accountability Bill
Attachments: ACCOUNTABILITY2_xml Discussion Draft.pdf

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Subcommittee on Economic Opportunity
House Committee on Veterans' Affairs
Direct Dial (b) (6)

AMERICAN OVERSIGHT

[DISCUSSION DRAFT]

115TH CONGRESS
1ST SESSION

H. R. _____

To amend title 38, United States Code, to provide for the removal or demotion of employees of the Department of Veterans Affairs based on performance or misconduct, and for other purposes

---

IN THE HOUSE OF REPRESENTATIVES

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

A BILL

To amend title 38, United States Code, to provide for the removal or demotion of employees of the Department of Veterans Affairs based on performance or misconduct, and for other purposes

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "VA Accountability First Act of 2017".

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

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Sec. 1. Short title; table of contents.
Sec. 2. References to title 38, United States Code.
Sec. 3. Removal or demotion of employees based on performance or misconduct.
Sec. 4. Reduction of benefits for Department of Veterans Affairs employees convicted of certain crimes.
Sec. 5. Authority to recoup bonuses or awards paid to employees of Department of Veterans Affairs.
Sec. 6. Authority to recoup relocation expenses paid to or on behalf of employees of Department of Veterans Affairs.
Sec. 7. Senior executives: personnel actions based on performance or misconduct.
Sec. 8. Time period for notice of adverse actions against supervisory employees who commit prohibited personnel actions.

SEC. 2. REFERENCES TO TITLE 38, UNITED STATES CODE.

Except as otherwise expressly provided, whenever in this Act an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of title 38, United States Code.

SEC. 3. REMOVAL OR DEMOTION OF EMPLOYEES BASED ON PERFORMANCE OR MISCONDUCT.

(a) IN GENERAL.—Subchapter I of chapter 7 is amended by adding at the end the following new section:

"§ 719. Employees: removal or demotion based on performance or misconduct

"(a) IN GENERAL.—The Secretary may remove or demote an individual who is an employee of the Department if the Secretary determines the performance or misconduct of the individual warrants such removal or demotion. If the Secretary so removes or demotes such an individual, the Secretary may—

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"(1) remove the individual from the civil service (as defined in section 2101 of title 5); or

"(2) demote the individual by means of—

"(A) a reduction in grade for which the individual is qualified and that the Secretary determines is appropriate; or

"(B) a reduction in annual rate of pay that the Secretary determines is appropriate.

"(b) PAY OF CERTAIN DEMOTED INDIVIDUALS.—(1) Notwithstanding any other provision of law, any individual subject to a demotion under subsection (a)(2)(A) shall, beginning on the date of such demotion, receive the annual rate of pay applicable to such grade.

"(2) An individual so demoted may not be placed on administrative leave or any other category of paid leave during the period during which an appeal (if any) under this section is ongoing, and may only receive pay if the individual reports for duty. If an individual so demoted does not report for duty, such individual shall not receive pay or other benefits pursuant to subsection (e)(5).

"(c) NOTICE TO CONGRESS.—Not later than 30 days after removing or demoting an individual under subsection (a), the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives and to each Member of Congress representing a district

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in the State or territory where the facility where the individual was employed immediately before being removed or demoted is located notice in writing of such removal or demotion. Such notice shall include the job title of the individual, the location where the individual was employed immediately before being removed or demoted, the proposed action, and the reason for such removal or demotion.

"(d) PROCEDURE.—(1) Subsection (b) of section 7513 of title 5 shall apply with respect to a removal or a demotion under this section, except that the period for notice and response, which includes the advance notice period required by paragraph (1) of such subsection and the response period required by paragraph (2) of such subsection, shall not exceed a total of 10 calendar days.

"(2) The procedures under chapter 43 of title 5 shall not apply to a removal or demotion under this section.

"(3)(A) Subject to subparagraph (B) and subsection (e), any removal or demotion under subsection (a) may be appealed to the Merit Systems Protection Board.

"(B) An appeal under subparagraph (A) of a removal or demotion may only be made if such appeal is made not later than 7 days after the date of such removal or demotion.

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"(e) EXPEDITED REVIEW BY MSPB.—(1) Upon receipt of an appeal under subsection (d)(3)(A), the Merit Systems Protection Board shall expedite any such appeal under such section and, in any such case, shall issue a decision not later than 60 days after the date of the appeal.

"(2) Notwithstanding section 7701(c)(1)(B) of title 5, the Merit Systems Protection Board shall uphold the decision of the Secretary to remove or demote an employee under subsection (a) if the decision is supported by substantial evidence.

"(3) The decision of the Merit Systems Protection Board under paragraph (1), and any final removal or demotion described in paragraph (4), may be appealed to the United States Court of Appeals for the Federal Circuit pursuant to section 7703 of title 5. Any decision by such Court shall be in compliance with section 7462(f)(2) of this title.

"(4) In any case in which the Merit Systems Protection Board cannot issue a decision in accordance with the 60-day requirement under paragraph (1), the removal or demotion is final. In such a case, the Merit Systems Protection Board shall, within 14 days after the date that such removal or demotion is final, submit to Congress and the Committees on Veterans' Affairs of the Senate and

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House of Representatives and to each Member of Congress representing a district in the State or territory where the facility where the individual was employed immediately before being removed or demoted is located a report that explains the reasons why a decision was not issued in accordance with such requirement.

"(5) The Merit Systems Protection Board may not stay any removal or demotion under this section.

"(6) During the period beginning on the date on which an individual appeals a removal from the civil service under subsection (d) and ending on the date that the Merit Systems Protection Board issues a final decision on such appeal, such individual may not receive any pay, awards, bonuses, incentives, allowances, differentials, student loan repayments, special payments, or benefits.

"(7) To the maximum extent practicable, the Secretary shall provide to the Merit Systems Protection Board such information and assistance as may be necessary to ensure an appeal under this subsection is expedited.

"(8) If an employee prevails on appeal under this section, the employee shall be entitled to backpay (as provided in section 5596 of title 5).

"(f) WHISTLEBLOWER PROTECTION.—(1) In the case of an individual seeking corrective action (or on be-

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half of whom corrective action is sought) from the Office of Special Counsel based on an alleged prohibited personnel practice described in section 2302(b) of title 5, the Secretary may not remove or demote such individual under subsection (a) without the approval of the Special Counsel under section 1214(f) of title 5.

"(2) In the case of an individual who has filed a whistleblower complaint, as such term is defined in section 741 of this title, the Secretary may not remove or demote such individual under subsection (a) until a final decision with respect to the whistleblower complaint has been made.

"(g) TERMINATION OF INVESTIGATIONS BY OFFICE OF SPECIAL COUNSEL.—Notwithstanding any other provision of law, the Special Counsel (established by section 1211 of title 5) may terminate an investigation of a prohibited personnel practice alleged by an employee or former employee of the Department after the Special Counsel provides to the employee or former employee a written statement of the reasons for the termination of the investigation. Such statement may not be admissible as evidence in any judicial or administrative proceeding without the consent of such employee or former employee.

"(h) RELATION TO OTHER AUTHORITIES.—The authority provided by this section is in addition to the authority provided by subchapter V of chapter 74 of this

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title, subchapter II of chapter 75 of title 5, chapter 43 of such title, and any other authority with respect to disciplining an individual.

"(i) DEFINITIONS.—In this section:

"(1) The term 'individual' means an individual occupying a position at the Department but does not include—

"(A) an individual, as that term is defined in section 713(g)(1); or

"(B) a political appointee.

"(2) The term 'grade' has the meaning given such term in section 7511(a) of title 5.

"(3) The term 'misconduct' includes neglect of duty, malfeasance, or failure to accept a directed reassignment or to accompany a position in a transfer of function.

"(4) The term 'political appointee' means an individual who is—

"(A) employed in a position described under sections 5312 through 5316 of title 5 (relating to the Executive Schedule);

"(B) a limited term appointee, limited emergency appointee, or noncareer appointee in the Senior Executive Service, as defined under

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paragraphs (5), (6), and (7), respectively, of section 3132(a) of title 5; or

"(C) employed in a position of a confidential or policy-determining character under schedule C of subpart C of part 213 of title 5 of the Code of Federal Regulations.".

(b) CLERICAL AND CONFORMING AMENDMENTS.—

(1) CLERICAL.—The table of sections at the beginning of chapter 7 is amended by inserting after the item relating to section 717 the following new item:

"719. Employees: removal or demotion based on performance or misconduct.".

(2) CONFORMING.—Section 4303(f) of title 5, United States Code, is amended—

(A) by striking "or" at the end of paragraph (2);

(B) by striking the period at the end of paragraph (3) and inserting ", or"; and

(C) by adding at the end the following:

"(4) any removal or demotion under section 719 of title 38.".

SEC. 4. REDUCTION OF BENEFITS FOR DEPARTMENT OF VETERANS AFFAIRS EMPLOYEES CONVICTED OF CERTAIN CRIMES.

(a) REDUCTION OF BENEFITS.—

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(1) IN GENERAL.—Subchapter I of chapter 7 is further amended by inserting after section 719, as added by section 3, the following new section:

"§ 721. Reduction of benefits of employees convicted of certain crimes

"(a) REDUCTION OF ANNUITY FOR REMOVED EMPLOYEE.—(1) The Secretary shall order that the covered service of an employee of the Department removed from a position for performance or misconduct under section 713, 715, or 7461 of this title, chapter 43 or 75 of title 5, or any other provision of law shall not be taken into account for purposes of calculating an annuity with respect to such individual under chapter 83 or chapter 84 of title 5, if—

"(A) the individual is convicted of a felony that influenced the individual's performance while employed in the position; and

"(B) before such order is made, the individual is afforded—

"(i) notice of the order and an opportunity to respond to the order; and

"(ii) consistent with paragraph (2), an opportunity to appeal the order to the head of another department or agency of the Federal Government.

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"(2) If a final decision on an appeal made under paragraph (1)(B)(ii) is not made by the applicable department or agency of the Federal Government within 30 days after receiving such appeal, the order of the Secretary under paragraph (1) shall be final and not subject to further appeal.

"(b) REDUCTION OF ANNUITY FOR RETIRED EMPLOYEE.—(1) The Secretary may order that the covered service of an individual who is subject to a removal or transfer action for performance or misconduct under section 713, 715, or 7461 of this title, chapter 43 or 75 of title 5, or any other provision of law but who leaves employment at the Department prior to the issuance of a final decision with respect to such action shall not be taken into account for purposes of calculating an annuity with respect to such individual under chapter 83 or chapter 84 of title 5, if—

"(A) the individual is convicted of a felony that influenced the individual's performance while employed in the position; and

"(B) before such order is made, the individual is afforded—

"(i) notice of the order and an opportunity to respond to the order; and

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"(ii) an opportunity to appeal the order to the head of another department or agency of the Federal Government.

"(2) The Secretary shall make such an order not later than 7 days after the date of the conclusion of a hearing referred to in paragraph (1)(B) that determines that such order is lawful.

"(c) ADMINISTRATIVE REQUIREMENTS.—(1) Not later than 30 days after the Secretary issues an order under subsection (a) or (b), the Director of the Office of Personnel Management shall recalculate the annuity of the individual.

"(2) A decision regarding whether the covered service of an individual shall be taken into account for purposes of calculating an annuity under subsection (a) or (b) is final and may not be reviewed by any department or agency or any court.

"(d) LUMP-SUM ANNUITY CREDIT.—Any individual with respect to whom an annuity is reduced under subsection (a) or (b) shall be entitled to be paid so much of such individual's lump-sum credit as is attributable to the period of covered service.

"(e) SPOUSE OR CHILDREN EXCEPTION.—The Secretary, in consultation with the Office of Personnel Management, shall prescribe regulations that may provide for

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the payment to the spouse or children of any individual referred to in subsection (a) or (b) of any amounts which (but for this subsection) would otherwise have been non-payable by reason of such subsections. Any such regulations shall be consistent with the requirements of section 8332(o)(5) and 8411(l)(5) of title 5, as the case may be.

"(f) DEFINITIONS.—In this section:

"(1) The term 'covered service' means, with respect to an individual subject to a removal or transfer for performance or misconduct under section 713, 715, or 7461 of this title, chapter 43 or 75 of title 5, or any other provision of law, the period of service beginning on the date that the Secretary determines under such applicable provision that the individual engaged in activity that gave rise to such action and ending on the date that the individual is removed or transferred from the senior executive position or leaves employment at the Department prior to the issuance of a final decision with respect to such action, as the case may be.

"(2) The term 'lump-sum credit' has the meaning given such term in section 8331(8) or section 8401(19) of title 5, as the case may be.

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"(3) The term 'service' has the meaning given such term in section 8331(12) or section 8401(26) of title 5, as the case may be.".

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 7 is amended by inserting after the item relating to section 719, as added by section 3, the following new item:

"721. Reduction of benefits of employees convicted of certain crimes.".

(b) APPLICATION.—Section 721 of title 38, United States Code, as added by subsection (a)(1), shall apply to any action of removal or transfer of an employee of the Department of Veterans Affairs under section 713, 715, or 7461 of this title, chapter 43 or 75 of title 5, or any other provision of law, commencing on or after the date of the enactment of this Act.

SEC. 5. AUTHORITY TO RECOUP BONUSES OR AWARDS PAID TO EMPLOYEES OF DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—Subchapter I of chapter 7 is further amended by inserting after section 721, as added by section 4, the following new section:

"§ 723. Recoupment of bonuses or awards paid to employees of Department

"(a) RECOUPMENT.—(1) Notwithstanding any other provision of law, the Secretary may issue an order directing an employee of the Department to repay the amount,

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or a portion of the amount, of any award or bonus paid to the employee under title 5, including under chapters 45 or 53 of such title, or this title if—

"(A) the Secretary determines such repayment appropriate pursuant to regulations prescribed under subsection (c); and

"(B) before such repayment, the employee is afforded—

"(i) notice of the order and an opportunity to respond to the order; and

"(ii) consistent with paragraph (2), an opportunity to appeal the order to another department or agency of the Federal Government.

"(2) If a final decision on an appeal made under paragraph (1)(B)(ii) is not made by the head of the applicable department or agency of the Federal Government within 30 days after receiving such appeal, the order of the Secretary under this subsection shall be final and not subject to further appeal.

"(b) REVIEW.—A decision regarding a repayment by an employee pursuant to subsection (a)(2) is final and may not be reviewed by any department, agency, or court.

"(c) REGULATIONS.—The Secretary shall prescribe regulations to carry out this section.".

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(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter, as amended by section 4, is amended by inserting after the item relating to section 721 the following new item:

"723. Recoupment of bonuses or awards paid to employees of Department.".

(c) EFFECTIVE DATE.—Section 723 of title 38, United States Code, as added by subsection (a), shall apply with respect to an award or bonus paid by the Secretary of Veterans Affairs to an employee of the Department of Veterans Affairs on or after the date of the enactment of this Act.

(d) CONSTRUCTION.—Nothing in this Act or the amendments made by this Act may be construed to modify the certification issued by the Office of Personnel Management and the Office of Management and Budget regarding the performance appraisal system of the Senior Executive Service of the Department of Veterans Affairs.

SEC. 6. AUTHORITY TO RECOUP RELOCATION EXPENSES PAID TO OR ON BEHALF OF EMPLOYEES OF DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—Subchapter I of chapter 7 is further amended by adding at the end the following new section:

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"§ 725. Recoupment of relocation expenses paid on behalf of employees of Department

"(a) RECOUPMENT.—(1) Notwithstanding any other provision of law, the Secretary may direct an employee of the Department to repay the amount, or a portion of the amount, paid to or on behalf of the employee under title 5 for relocation expenses, including any expenses under section 5724 or 5724a of such title, or this title if—

"(A) the Secretary determines that—

"(i) the employee has committed an act of fraud, waste, or malfeasance; and

"(ii) such repayment is appropriate pursuant to regulations prescribed under subsection (c); and

"(B) before such repayment, the employee is afforded—

"(i) notice of the determination of the Secretary and an opportunity to respond to the determination; and

"(ii) consistent with paragraph (2), an opportunity to appeal the determination to the head of another department or agency of the Federal Government.

"(2) If a final decision on an appeal made under paragraph (1)(B)(ii) is not made by the head of the applicable department or agency of the Federal Government

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within 30 days after receiving such appeal, the order of the Secretary under paragraph (1) shall be final and not subject to further appeal.

"(b) REVIEW.—A decision regarding a repayment by an employee pursuant to subsection (a)(1)(B)(ii) is final and may not be reviewed by any department, agency, or court.

"(c) REGULATIONS.—The Secretary shall prescribe regulations to carry out this section.".

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is further amended by adding at the end the following new item:

"725. Recoupment of relocation expenses paid to or on behalf of employees of Department.".

(c) EFFECTIVE DATE.—Section 725 of title 38, United States Code, as added by subsection (a), shall apply with respect to an amount paid by the Secretary of Veterans Affairs to or on behalf of an employee of the Department of Veterans Affairs for relocation expenses on or after the date of the enactment of this Act.

(d) CONSTRUCTION.—Nothing in this section or the amendments made by this section may be construed to modify the certification issued by the Office of Personnel Management and the Office of Management and Budget regarding the performance appraisal system of the Senior Executive Service of the Department of Veterans Affairs.

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SEC. 7. SENIOR EXECUTIVES: PERSONNEL ACTIONS BASED ON PERFORMANCE OR MISCONDUCT.

(a) EXPANSION OF COVERED PERSONNEL ACTIONS.—Section 713 is amended in subsection (a)(1) by inserting after "such removal." the following: "If the Secretary determines that the performance or misconduct of such an individual does not merit removal from the senior executive service position, the Secretary may suspend, reprimand, or admonish the individual.".

(b) REMOVAL OF APPEAL TO MERIT SYSTEMS PROTECTION BOARD.—Section 713 is further amended—

(1) in subsection (a)—

(A) in paragraph (1), by striking "so removes" and inserting "removes"; and

(B) by adding at the end the following:

"(3) On the date that is 5 days before taking any personnel action against a senior executive under paragraph (1), the Secretary shall provide the individual with—

"(A) notice in writing of the proposed personnel action, including the reasons for such action; and

"(B) an opportunity to respond to the proposed personnel action within the 5-day period.";

(2) in subsection (b)(2)—

(A) by striking "under this section" and inserting "under section 723"; and

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(B) by striking the second sentence;

(3) in subsection (c)—

(A) by striking "30" and inserting "5"; and

(B) by striking "and the reason for such removal or transfer" and inserting ", the reason for such removal or transfer, the name and position of the employee, and all charging documents and evidence pertaining to such removal or transfer";

(4) by striking subsections (d) and (e) and inserting the following:

"(d) PROCEDURE.—(1) The procedures under title 5 shall not apply to any personnel action under this section.

"(2) A personnel action under this section—

"(A) consistent with paragraph (3), may be appealed to the Senior Executive Disciplinary Appeals Board under section 723; and

"(B) may not be appealed to the Merit Systems Protection Board under section 7701 of title 5.

"(3) An appeal of a personnel action pursuant to paragraph (2)(A) must be filed with the Senior Executive Disciplinary Appeals Board not later than the date that is 7 days after the date of such action. If such appeal

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is not made within the 7-day period, the personnel action shall be final and not subject to further appeal.'';

(5) by redesignating subsections (f) and (g) as subsections (e) and (f), respectively; and

(6) in subsection (f), as redesignated by paragraph (5), by adding at the end the following:

''(4) The term 'suspend' means the placing of an individual in a temporary status without duties and pay for a period greater than 14 days.''.

(c) REMOVAL OF EXPEDITED PROCEDURES.—Section 707 of the Veterans Access, Choice, and Accountability Act of 2014 (38 U.S.C. 713 note) is amended by—

(1) striking subsection (b); and

(2) redesignating subsections (c) and (d) as subsections (b) and (c), respectively.

(d) SENIOR EXECUTIVE DISCIPLINARY APPEALS BOARD.—Chapter 7 is further amended by inserting after section 725, as added by section 6, the following new section:

''§ 727. Senior Executive Disciplinary Appeals Board

''(a) The Secretary shall from time to time appoint a board to hear appeals of any personnel action taken under section 713 of this title. Such board shall be known as the Senior Executive Disciplinary Appeals Board (hereinafter referred to as the 'Board'). Each Board shall con-

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sist of three employees of the Department. The Board shall have exclusive jurisdiction to review any personnel action under section 713 of this title.

"(b) Upon an appeal of such a personnel action, the Senior Executive Disciplinary Appeals Board shall—

"(1) review all evidence provided by the Secretary and the appellant; and

"(2) issue a decision not later than 21 days after the date of the appeal.

"(c) The Board shall afford an employee appealing a personnel action an opportunity for an oral hearing. If such a hearing is held, the appellant may be represented by counsel.

"(d) The Board shall uphold the decision of the Secretary if—

"(1) there is substantial evidence supporting the decision; and

"(2) the applicable personnel action is within the tolerable bounds of reasonableness.

"(e) If the Board issues a decision under this section that reverses or otherwise mitigates the applicable personnel action, the Secretary may reverse the decision of the Board. Consistent with the requirements of subsection (g), the decision of the Secretary under this subsection shall be final.

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"(f) In any case in which the Board cannot issue a decision in accordance with the 21-day requirement under subsection (b)(2), the personnel action is final.

"(g) A petition to review a final order or final decision of the Secretary or the Board under this section shall be filed in the United States Court of Appeals for the Federal Circuit. Any decision by such Court shall be in compliance with section 7462(f)(2) of this title.

"(h) During the period beginning on the date on which an individual appeals a removal from the civil service under section 713(d) and ending on the date that the Board or Secretary issues a final decision on such appeal, such individual may not receive any pay, awards, bonuses, incentives, allowances, differentials, student loan repayments, special payments, or benefits.

"(i) If an employee prevails on appeal under this section, the employee shall be entitled to backpay (as provided in section 5596 of title 5).".

(e) TECHNICAL AND CLERICAL AMENDMENTS.—

(1) TECHNICAL AMENDMENT.—The section heading of section 713 is amended to read as follows: **Senior executives: personnel actions based on performance or misconduct**.

(2) CLERICAL AMENDMENTS.—The table of contents for such chapter is further amended—

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(A) by striking the item relating to section 713 and inserting the following:

"713. Senior executives: personnel actions based on performance or misconduct.";

and

(B) by inserting after the item relating to section 725, as added by section 6(b), the following new item:

"727. Senior Executive Disciplinary Appeals Board.".

(f) RULE OF CONSTRUCTION.—Nothing in this section or section 719 of title 38, United States Code, (as added by section 3) shall be construed to apply to an appeal of a removal, transfer, or other personnel action that was pending before the date of the enactment of this Act.

SEC. 8. TIME PERIOD FOR RESPONSE TO NOTICE OF ADVERSE ACTIONS AGAINST SUPERVISORY EMPLOYEES WHO COMMIT PROHIBITED PERSONNEL ACTIONS.

Section 733(a)(2)(B) is amended—

(1) in clause (i), by striking "14 days" and inserting "10 days"; and

(2) in clause (ii), by striking "14-day period" and inserting "10-day period".

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/8/2017 2:48:27 PM
To: (b) (6) ((b) (6) va.gov]
Subject: Re: [EXTERNAL] Fwd: Veteran assistance

American college physicians

Sent from my iPhone

On Feb 8, 2017, at 8:38 AM, (b) (6) (t(b) (6) va.gov> wrote:

> What does ***"ACP"*** stand for?
>
> **From:** (b) (6) [mailto(b) (6) @gmail.com]
> **Sent:** Tuesday, February 07, 2017 9:59 PM
> **To:** (b) (6)
> **Subject:** [EXTERNAL] Fwd: Veteran assistance
> **Importance:** High
>
> ---------- Forwarded message ----------
> From: "David Shulkin" <drshulkin@aol.com>
> Date: Feb 7, 2017 9:58 PM
> Subject: Fwd: Veteran assistance
> To: <(b) (6) @gmail.com>
> Cc:
>
> Can we set up a brief call next week ?
>
> -----Original Message-----
> From: (b) (6) <(b) (6) @mail.acponline.org>
> To: drshulkin <drshulkin@aol.com>
> Sent: Tue, Feb 7, 2017 9:30 pm
> Subject: Re: Veteran assistance
>
> David,
> Sure! My cell is(b) (6)
> (b) (6)
>
> On Feb 7, 2017, at 9:22 PM, David Shulkin <drshulkin@aol.com> wrote:
>
> > (b) (6) I'd be glad to give you a call if Bruce has not been able to reach back out to you.
> >
> > David
> >
> > -----Original Message-----
> > From: (b) (6) <(b) (6) @mail.acponline.org>
> > To: bruce(b) (6) <brucem(b) (6) mac.com>
> > Cc: drshulkin <drshulkin@aol.com>; (b) (6) <(b) (6) @mail.acponline.org>
> > Sent: Tue, Feb 7, 2017 7:54 pm
> > Subject: Re: Veteran assistance

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Dr. Mosokowitz,
Thank you for the follow up. Any clarification for short and long term goals as well as a time frame for pulling the first meeting together would be extremely helpful.
The ACP looks forward our future discussions!
(b) (6)

> On Feb 7, 2017, at 2:20 PM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>
> We had our meeting today and Dr. Shulkin would like to meet with your leadership in Washington. Thank you for agreeing to explore how the ACP can assist in the care of Veterans.
>
> Sent from my iPad
> Bruce Moskowitz M.D.
>
>> On Feb 1, 2017, at 11:59 AM, (b) (6) <(b) (6) @mail.acponline.org> wrote:
>>
>> Fantastic. We will await further guidance on 2/7.
>> (b) (6)
>>>>> Bruce Moskowitz <brucem(b) (6) mac.com> 2/1/2017 9:47 AM >>>
>> This is excellent we have a meeting next Tuesday at the and this is a major agenda item so I will be able to explain that day in an email on how to proceed.
>>
>> Sent from my iPhone
>>
>>> On Feb 1, 2017, at 9:12 AM, (b) (6) <(b) (6) @mail.acponline.org> wrote:
>>>
>>> Dr. Moskowitz,
>>>
>>> Thank you again for reaching out to the ACP. After some internal discussion, we have come up with a group of ACP members/leadership and staff who are visionaries and span the spectrum from medical education, innovative delivery models, practice transformation, health and public policy, and the regulatory environment. All the physicians are practicing PCPs, and one is a geriatricianas well (aren't we all geriatricians?). Please let me know if we are on target with your ask. Our tentative list is:
>>>
>>> ACP Leadership/ Former Leadership/Members
>>> (b) (6) MD, Chair, ACP Medical Informatics Committee, Medical Director,Ambulatory EHR and Health IT Policy, MedStar Health, practicing general internist, Washington DC
>>> (b) (6) MD, Texas Northern Governor and Regent-elect ACP, Chair-elect, ACP Health and Public Policy Committee, practicing general internist Dallas, Tx
>>> (b) (6) MD, Vice-Chair, ACP Education and Publications Committee, Chair-elect, ACP Board of Governors, Professor of Medicine, Oregon Health Sciences University and Staff Physician, Portland VA, practicing general internist, Portland OR
>>> (b) (6) President-elect, ACP, Professor of Medicine, Perelman School of Medicine, University of Pennsylvania, practicing general internist
>>> (b) (6) MD, Chair, Medical Practice and Quality Committee, ACP Board of Regents, practicing general internist, Thomson GA
>>> (b) (6) MD, Professor of Medicine, Johns Hopkins School of Medicine and Bloomberg School of Public Health, practicing geriatrician, Baltimore, MD
>>>
>>> ACP Staff
>>> (b) (6) SVP, Medical Education, ACP
>>> (b) (6) Director of Health Policy, ACP
>>> (b) (6) SVP, Governmental and Legislative Affairs, ACP
>>> (b) (6) VP, Governmental and Regulatory Affairs, ACP
>>> (b) (6) Director, Regulatory Affairs, ACP
>>> (b) (6) MD, EVP/CEO ACP, Adjunct Professor of Medicine, Lewis Katz School of Medicine at Temple University, part time practicing general internist
>>> (b) (6) VP for Clinical Practice, ACP, part time practicing general internist, Philadelphia, PA

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>>>
>>> It would be extremely helpful if you could send me a brief note summarizing the charge of this group that I can use when reaching out to them, as well as any tentative time line.
>>>
>>> Thank you for taking on this important work,
>>>
>>> (b) (6)
>>>

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Message

From: (b) (6) [(b) (6) va.gov]
Sent: 2/8/2017 1:38:34 PM
To: 'David shulkin' [Drshulkin@aol.com]
Subject: RE: [EXTERNAL] Fwd: Veteran assistance

What does ***"ACP"*** stand for?

From: (b) (6) [mailto(b) (6) @gmail.com]
Sent: Tuesday, February 07, 2017 9:59 PM
To: (b) (6)
Subject: [EXTERNAL] Fwd: Veteran assistance
Importance: High

---------- Forwarded message ----------
From: "David Shulkin" <drshulkin@aol.com>
Date: Feb 7, 2017 9:58 PM
Subject: Fwd: Veteran assistance
To: <(b) (6) @gmail.com>
Cc:

Can we set up a brief call next week ?

-----Original Message-----
From: (b) (6) <(b) (6) @mail.acponline.org>
To: drshulkin <drshulkin@aol.com>
Sent: Tue, Feb 7, 2017 9:30 pm
Subject: Re: Veteran assistance

David,
Sure! My cell is(b) (6)
(b) (6)

On Feb 7, 2017, at 9:22 PM, David Shulkin <drshulkin@aol.com> wrote:

> (b) (6) I'd be glad to give you a call if Bruce has not been able to reach back out to you.
>
> David
>
> -----Original Message-----
> From: (b) (6) <(b) (6) @mail.acponline.org>
> To: bruce(b) (6) <brucem(b) (6) mac.com>
> Cc: drshulkin <drshulkin@aol.com>; (b) (6) <(b) (6) @mail.acponline.org>
> Sent: Tue, Feb 7, 2017 7:54 pm
> Subject: Re: Veteran assistance
>
> Dr. Mosokowitz,
> Thank you for the follow up. Any clarification for short and long term goals as well as a time frame for pulling the first meeting together would be extremely helpful.
> The ACP looks forward our future discussions!
> (b) (6)
>
> > On Feb 7, 2017, at 2:20 PM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
> >

AMERICAN OVERSIGHT

> We had our meeting today and Dr. Shulkin would like to meet with your leadership in Washington. Thank you for agreeing to explore how the ACP can assist in the care of Veterans.
>
> Sent from my iPad
> Bruce Moskowitz M.D.
>
>> On Feb 1, 2017, at 11:59 AM, (b) (6) <(b) (6) @mail.acponline.org> wrote:
>>
>> Fantastic. We will await further guidance on 2/7.
>> (b) (6)
>>>>> Bruce Moskowitz <brucem(b) (6) mac.com> 2/1/2017 9:47 AM >>>
>> This is excellent we have a meeting next Tuesday at the and this is a major agenda item so I will be able to explain that day in an email on how to proceed.
>>
>> Sent from my iPhone
>>
>>> On Feb 1, 2017, at 9:12 AM, (b) (6) <(b) (6) @mail.acponline.org> wrote:
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>>>
>>> Thank you again for reaching out to the ACP. After some internal discussion, we have come up with a group of ACP members/leadership and staff who are visionaries and span the spectrum from medical education, innovative delivery models, practice transformation, health and public policy, and the regulatory environment. All the physicians are practicing PCPs, and one is a geriatricianas well (aren't we all geriatricians?). Please let me know if we are on target with your ask. Our tentative list is:
>>>
>>> ACP Leadership/ Former Leadership/Members
>>> (b) (6) MD, Chair, ACP Medical Informatics Committee, Medical Director,Ambulatory EHR and Health IT Policy, MedStar Health, practicing general internist, Washington DC
>>> (b) (6) MD, Texas Northern Governor and Regent-elect ACP, Chair-elect, ACP Health and Public Policy Committee, practicing general internist Dallas, Tx
>>> (b) (6) MD, Vice-Chair, ACP Education and Publications Committee, Chair-elect, ACP Board of Governors, Professor of Medicine, Oregon Health Sciences University and Staff Physician, Portland VA, practicing general internist, Portland OR
>>> (b) (6) President-elect, ACP, Professor of Medicine, Perelman School of Medicine, University of Pennsylvania, practicing general internist
>>> (b) (6) MD, Chair, Medical Practice and Quality Committee, ACP Board of Regents, practicing general internist, Thomson GA
>>> (b) (6) MD, Professor of Medicine, Johns Hopkins School of Medicine and Bloomberg School of Public Health, practicing geriatrician, Baltimore, MD
>>>
>>> ACP Staff
>>> (b) (6) SVP, Medical Education, ACP
>>> (b) (6) Director of Health Policy, ACP
>>> (b) (6) SVP, Governmental and Legislative Affairs, ACP
>>> (b) (6) VP, Governmental and Regulatory Affairs, ACP
>>> (b) (6) Director, Regulatory Affairs, ACP
>>> (b) (6) MD, EVP/CEO ACP, Adjunct Professor of Medicine, Lewis Katz School of Medicine at Temple University, part time practicing general internist
>>> (b) (6) VP for Clinical Practice, ACP, part time practicing general internist, Philadelphia, PA
>>>
>>> It would be extremely helpful if you could send me a brief note summarizing the charge of this group that I can use when reaching out to them, as well as any tentative time line.
>>>
>>> Thank you for taking on this important work,
>>>
>>> (b) (6)
>>>

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/8/2017 2:58:11 AM
To: (b) (6) @gmail.com
Subject: Fwd: Veteran assistance

Can we set up a brief call next week ?

-----Original Message-----
From: (b) (6) <(b) (6) @mail.acponline.org>
To: drshulkin <drshulkin@aol.com>
Sent: Tue, Feb 7, 2017 9:30 pm
Subject: Re: Veteran assistance

David,
Sure! My cell is (b) (6)
(b) (6)

On Feb 7, 2017, at 9:22 PM, David Shulkin <drshulkin@aol.com> wrote:

(b) (6) I'd be glad to give you a call if Bruce has not been able to reach back out to you.

David

-----Original Message-----
From: (b) (6) <(b) (6) @mail.acponline.org>
To: bruce(b) (6) <brucem(b) (6) mac.com>
Cc: drshulkin <drshulkin@aol.com>; (b) (6) <(b) (6) @mail.acponline.org>
Sent: Tue, Feb 7, 2017 7:54 pm
Subject: Re: Veteran assistance

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Thank you for the follow up. Any clarification for short and long term goals as well as a time frame for pulling the first meeting together would be extremely helpful.
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AMERICAN OVERSIGHT

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>>> (b) (6) MD, Vice-Chair, ACP Education and Publications Committee, Chair-elect, ACP Board of Governors, Professor of Medicine, Oregon Health Sciences University and Staff Physician, Portland VA, practicing general internist, Portland OR
>>> (b) (6) President-elect, ACP, Professor of Medicine, Perelman School of Medicine, University of Pennsylvania, practicing general internist
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>>> ACP Staff
>>> (b) (6) SVP, Medical Education, ACP
>>> (b) (6) Director of Health Policy, ACP
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>>> It would be extremely helpful if you could send me a brief note summarizing the charge of this group that I can use when reaching out to them, as well as any tentative time line.
>>>
>>> Thank you for taking on this important work,
>>>
>>> (b) (6)
>>>

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/7/2017 5:30:10 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Fwd: Vox: Partisanship of Cabinet confirmations is rising. But Trump's picks are still different.

Sent from my iPhone

Begin forwarded message:

From: (b) (6) <(b) (6) @gmail.com>
Date: February 7, 2017 at 8:40:48 AM EST
To: Dad <drshulkin@aol.com>, (b) <(b) (6) @hotmail.com>
Subject: Vox: Partisanship of Cabinet confirmations is rising. But Trump's picks are still different.

Interesting says VA and Agriculture has a 97% confidence interval for confirmation

Partisanship of Cabinet confirmations is rising. But Trump's picks are still different.
Vox

This chart that shows how Cabinet nominations have become hyperpartisan. Read the full story

Shared from Apple News

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/8/2017 11:06:44 AM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
CC: (b) (6) [(b) (6) [(b) (6) va.gov]
Subject: Re: Group meeting

Bruce- this was not the confirmation vote- it was a committee vote- we still need a floor vote

(b) (6) can help arrange a call

Sent from my iPad

On Feb 8, 2017, at 6:00 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:

> Congratulations I was unanimous. I will set up call with Mike Zinner for American College of Surgeons. Give me a good time for you.
>
> Sent from my iPad
> Bruce Moskowitz M.D.
>
> On Feb 7, 2017, at 9:57 PM, David Shulkin <drshulkin@aol.com> wrote:
>
> > I would like to echo Bruce's comments and in particular thank him, Ike, and Laurie. I know how busy all of you are and having you be there in person, and so present, was truly a gift. I found the time that we spent, the focus that came out of our discussions, and the time we had with the President very meaningful. I think we all believe that we can and need to provide better care to our veterans and I am grateful for your involvement.
> >
> > David
> >
> > -----Original Message-----
> > From: Bruce Moskowitz <brucem(b) (6) mac.com>
> > To: (b) (6) <(b) (6) partners.org>; (b) (6) <(b) (6) ccf.org>; (b) (6) <(b) (6) @jhmi.edu>; (b) (6) M.D., M.D. (b) (6) @mayo.edu>; (b) (6) <(b) (6) @mayo.edu>; (b) (6) (l(b) (6) kp.org>; mb(b) (6) <mbs(b) (6) gmail.com>; (b) (6) <(b) (6) hopeunseen.com>; IP <(@frenchangel59.com>; L Perl <(b) (6) @gmail.com>; drshulkin <drshulkin@aol.com>
> > Sent: Tue, Feb 7, 2017 1:44 pm
> > Subject: Group meeting
> >
> > I would like to thank everyone for their dedication and very important insight so that we can transition from vision to reality.
> > We do not need to meet in person monthly, but meet face to face only when necessary to respect everyone's valuable time. We will set up phone conference calls at a convenient time. Have a safe trip back.
> >
> > Sent from my iPad
> > Bruce Moskowitz M.D.

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Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 2/8/2017 11:00:41 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: Group meeting

Congratulations I was unanimous. I will set up call with Mike Zinner for American College of Surgeons. Give me a good time for you.

Sent from my iPad
Bruce Moskowitz M.D.

On Feb 7, 2017, at 9:57 PM, David Shulkin <drshulkin@aol.com> wrote:

> I would like to echo Bruce's comments and in particular thank him, Ike, and Laurie. I know how busy all of you are and having you be there in person, and so present, was truly a gift. I found the time that we spent, the focus that came out of our discussions, and the time we had with the President very meaningful. I think we all believe that we can and need to provide better care to our veterans and I am grateful for your involvement.
>
> David
>
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> From: Bruce Moskowitz <brucem(b) (6) mac.com>
> To: (b) (6) <(b) (6) partners.org>; (b) (6) <(b) (6) ccf.org>; (b) (6) <(b) (6) @jhmi.edu>; (b) (6) M.D., M.D. (b) (6) @mayo.edu>; (b) (6) <(b) (6)@mayo.edu>; (b) (6) (t(b) (6) kp.org>; mb(b) (6) <mbs(b) (6) gmail.com>; (b) (6) <(b) (6) hopeunseen.com>; IP <(@frenchangel59.com>; L Perl <(b) (6) @gmail.com>; drshulkin <drshulkin@aol.com>
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> Sent from my iPad
> Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/8/2017 2:57:33 AM
To: brucem(b) (6) mac.com; (b) (6) partners.org; (b) (6) ccf.org; (b) (6) @jhmi.edu; (b) (6) @mayo.edu; (b) @mayo.edu; (b) (6) kp.org; mbs(b) (6) gmail.com; (b) (6) hopeunseen.com; @frenchangel59.com; lper(b) @gmail.com
Subject: Re: Group meeting

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From: Bruce Moskowitz <brucem(b) (6) mac.com>
To: (b) (6) <(b) (6) @partners.org>; (b) (6) <(b) (6) ccf.org>; (b) (6) <(b) (6) @jhmi.edu>; (b) (6) M.D., M.D. (b) (6) @mayo.edu>; (b) (6) <(b) (6)@mayo.edu>; (b) (6) (b) (6) kp.org>; mb(b) (6) <mbs(b) (6) gmail.com>; (b) (6) <(b) (6) hopeunseen.com>; lP <(@frenchangel59.com>; L Perl <(b) (6) @gmail.com>; drshulkin <drshulkin@aol.com>
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Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 2/7/2017 6:38:19 PM
To: (b) (6) partners.org; (b) (6) ccf.org; (b) (6) [(b) (6) @jhmi.edu]; (b) (6) M.D. (b) (6) @mayo.edu]; (b) (6) [(b) @mayo.edu]; (b) (6) kp.org; mbs(b) (6) gmail.com; (b) (6) [(b) (6) hopeunseen.com]; IP [(@frenchangel59.com]; L Perl [(b) (6) @gmail.com]; drshulkin@aol.com
Subject: Group meeting

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Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 5/5/2017 12:59:04 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Double lung transplant- GLA

Great

Sent from my iPhone

On May 4, 2017, at 8:03 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> Spoke to Rep Knight at 12:30pm this morning about the decision below and family was informed at 1pm after we spoke to the congressman- everyone was elated and relieved - congressman got his win too
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> > **From:** "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
> > **Date:** May 4, 2017 at 8:02:04 PM EDT
> > **To:** 'Poonam Alaigh' <(b) (6) @hotmail.com>
> > **Subject: FW: Double lung transplant- GLA**
> >
> > Sent with Good (www.good.com)
> >
> > -----Original Message-----
> > **From:** Alaigh, Poonam, M.D.
> > **Sent:** Thursday, May 04, 2017 08:00 PM Eastern Standard Time
> > **To:** 'David Shulkin'
> > **Subject:** FW: Double lung transplant- GLA
> >
> > Sent with Good (www.good.com)
> >
> > -----Original Message-----
> > **From:** Alaigh, Poonam, M.D.
> > **Sent:** Thursday, May 04, 2017 02:51 PM Eastern Standard Time
> > **To:** DJS; Blackburn, Scott R.
> > **Cc:** Wright, Vivieca (Simpson)
> > **Subject:** Double lung transplant- GLA
> >
> > Had a call with Rep Knight and his staff earlier today- notified them that the patient will be getting the procedure at UCLA. The family has also been notified by GLA and they are relieved. This was done since our VACO surgical office has

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expressed a gap in transplant services in that geographic area and we are exploring the provision of this service with UCLA. We will use this instance to develop the GLA program in collaboration with UCLA. In addition the quality outcomes are comparable in both locations- UCLA and Seattle.

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 5/5/2017 12:03:51 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: Double lung transplant- GLA

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Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/10/2017 3:04:10 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: (b) (6)

Could he be either chief legal counsel or our restructuring guy?

Sent from my iPad

On Feb 9, 2017, at 8:35 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> Just got back from dinner with him today- I really like him, trust him and is politically connected- he is the guy who I was talking about regarding the detox centers. He used to be CEO of St Vincents and I think St Michaels. He knows you and admires you. He wants to help us at the VA- more when we talk
>
> http://www.csglaw.com/biographies/(b) (6)
>
> (b) (6) | | Chiesa Shahinian & Giantomasi PC
>
> www.csglaw.com
>
> (b) (6) is a member in the firm's Corporate and Securities group. Henry's practice concentrates in commercial transactions and contractual disputes, with a ...

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Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/10/2017 3:02:16 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: (b) (6)

Ok

Sent from my iPad

On Feb 9, 2017, at 8:35 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

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AMERICAN OVERSIGHT

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www.csglaw.com

(b) (6) is a member in the firm's Corporate and Securities group. Henry's practice concentrates in commercial transactions and contractual disputes, with a ...

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/4/2017 2:48:48 PM
To: (b) (6) @gmail.com
Subject: Re: Did you see?

yes

-----Original Message-----
From: (b) (6) <(b) (6) @gmail.com>
To: David Shulkin <drshulkin@aol.com>
Sent: Sat, Feb 4, 2017 8:28 am
Subject: Did you see?

http://abcnews.go.com/Politics/vincent-viola-withdraws-secretary-army-nomination-citing-business/story?id=45262914

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Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 2/4/2017 1:28:25 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Did you see?

http://abcnews.go.com/Politics/vincent-viola-withdraws-secretary-army-nomination-citing-business/story?id=45262914

AMERICAN OVERSIGHT

Message

From: thomas bowman [(b) (6) @yahoo.com]
Sent: 2/5/2017 12:03:56 AM
To: Marc Sherman [mbs(b) (6) gmail.com]
CC: David shulkin [drshulkin@aol.com]
Subject: Re: Connecting the two of you

Marc.....see you there....I will arrive early as well....looking forward to meeting you....tom

Sent from Yahoo Mail on Android

On Sat, Feb 4, 2017 at 6:06 PM, Marc Sherman
<mbs(b) (6) gmail.com> wrote:

Tom,

I have had that happen and I also am not terribly good about checking the spam folder. Don't give it a second thought. I have made a reservation at Tadich Grill for noon on Monday. The address is 1001 Penn. Ave, NW. It is two blocks from the Red Line Metro Center Station (11th Street Exit) in the event you are taking Metro. I have a tight afternoon, so I will likely arrive a few minutes before. The reservation is in my name.

Please confirm that the time and location work for you. I look forward to seeing you then.

Marc

On Sat, Feb 4, 2017 at 12:13 PM, thomas bowman <(b) (6) @yahoo.com> wrote:
Marc.....your messages went into spam.....only check spam periodically.....very sorry for that....lunch on Monday would be great....you name the place and time and I will be there.....feel free to call me at any time 24/7(b) (6)
Tom

Sent from Yahoo Mail on Android

On Tue, Jan 31, 2017 at 10:45 AM, Marc Sherman
<mbs(b) (6) gmail.com> wrote:

Tom,

I will be back in DC on Monday. Are you by chance available to grab lunch on Monday?

Marc

Marc Sherman
(b) (6)

On Jan 29, 2017 4:11 PM, "Marc Sherman" <mbs(b) (6) gmail.com> wrote:
Tom

I also look forward to connecting. My cell number is (b) (6) I am catching a plane to Minneapolis early tomorrow morning and will be away all week. When we talk we can compare calendars.

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Marc

On Sun, Jan 29, 2017 at 4:39 PM, thomas bowman <(b) (6) @yahoo.com> wrote:
Dr. Shulkin...thank you for the introduction....
Marc...I look forward to connecting with you....I am flying back to DC from Tampa at the moment. Please send me your cell number and I will call you tomorrow am...I look forward to meeting you.....
My cell is (b) (6) .....tom

Sent from Yahoo Mail on Android

On Sun, Jan 29, 2017 at 3:25 PM, David Shulkin
<drshulkin@aol.com> wrote:

Marc and Tom- I wanted to connect the two of you in hopes of the two of you getting together to meet and discuss the opportunity to improve the VA.

Tom- Marc is a key member of the Trump advisory team that is helping bring the best resources available to VA to help with the transformation. He has particular expertise in restructuring but brings a lot more to the table.

Marc- Tom's experience and abilities will speak for themselves when you get a chance to meet.

Your respective emails are above and I will leave it to you to coordinate schedules.

Thanks

David

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Message

From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 2/4/2017 11:06:01 PM
To: (b) (6) @yahoo.com
CC: David shulkin [drshulkin@aol.com]
Subject: Re: Connecting the two of you

Tom,

I have had that happen and I also am not terribly good about checking the spam folder. Don't give it a second thought. I have made a reservation at Tadich Grill for noon on Monday. The address is 1001 Penn. Ave, NW. It is two blocks from the Red Line Metro Center Station (11th Street Exit) in the event you are taking Metro. I have a tight afternoon, so I will likely arrive a few minutes before. The reservation is in my name.

Please confirm that the time and location work for you. I look forward to seeing you then.

Marc

On Sat, Feb 4, 2017 at 12:13 PM, thomas bowman <(b) (6) @yahoo.com> wrote:
Marc.....your messages went into spam.....only check spam periodically.....very sorry for that....lunch on Monday would be great....you name the place and time and I will be there.....feel free to call me at any time 24/7.....(b) (6) ....
Tom

Sent from Yahoo Mail on Android

On Tue, Jan 31, 2017 at 10:45 AM, Marc Sherman <mbs(b) (6) gmail.com> wrote:

Tom,

I will be back in DC on Monday. Are you by chance available to grab lunch on Monday?

Marc

Marc Sherman
(b) (6)

On Jan 29, 2017 4:11 PM, "Marc Sherman" <mbs(b) (6) gmail.com> wrote:
Tom

I also look forward to connecting. My cell number is (b) (6) I am catching a plane to Minneapolis early tomorrow morning and will be away all week. When we talk we can compare calendars.

Marc

On Sun, Jan 29, 2017 at 4:39 PM, thomas bowman <(b) (6) @yahoo.com> wrote:
Dr. Shulkin...thank you for the introduction....
Marc...I look forward to connecting with you....I am flying back to DC from Tampa at the moment. Please send me your cell number and I will call you tomorrow am...I look forward to meeting you....
My cell is (b) (6) .....tom

AMERICAN OVERSIGHT

Sent from Yahoo Mail on Android

On Sun, Jan 29, 2017 at 3:25 PM, David Shulkin
<drshulkin@aol.com> wrote:

Marc and Tom- I wanted to connect the two of you in hopes of the two of you getting together to meet and discuss the opportunity to improve the VA.

Tom- Marc is a key member of the Trump advisory team that is helping bring the best resources available to VA to help with the transformation. He has particular expertise in restructuring but brings a lot more to the table.

Marc- Tom's experience and abilities will speak for themselves when you get a chance to meet.

Your respective emails are above and I will leave it to you to coordinate schedules.

Thanks

David

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/4/2017 5:15:43 PM
To: (b) (6) @yahoo.com; mbs(b) (6) gmail.com
Subject: Re: Connecting the two of you

That happens to me too- I thought it might be something like that- glad the two of you are able to connect

David

-----Original Message-----
From: thomas bowman <(b) (6) @yahoo.com>
To: Marc Sherman <mbs(b) (6) gmail.com>
Cc: David shulkin <drshulkin@aol.com>
Sent: Sat, Feb 4, 2017 12:13 pm
Subject: Re: Connecting the two of you

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David

AMERICAN OVERSIGHT

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From: thomas bowman [(b) (6) @yahoo.com]
Sent: 2/4/2017 5:13:29 PM
To: Marc Sherman [mbs(b) (6) gmail.com]
CC: David shulkin [drshulkin@aol.com]
Subject: Re: Connecting the two of you

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AMERICAN OVERSIGHT

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Thanks

David

AMERICAN OVERSIGHT

Message

From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 1/31/2017 3:45:48 PM
To: (b) (6) @yahoo.com
CC: David shulkin [drshulkin@aol.com]
Subject: Re: Connecting the two of you

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David

AMERICAN OVERSIGHT

Message

From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 1/29/2017 10:11:10 PM
To: (b) (6) @yahoo.com
CC: David Shulkin [drshulkin@aol.com]
Subject: Re: Connecting the two of you

Tom

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Thanks

David

AMERICAN OVERSIGHT

Message

From: thomas bowman [(b) (6) @yahoo.com]
Sent: 1/29/2017 9:39:17 PM
To: David Shulkin [drshulkin@aol.com]; mbs(b) (6) gmail.com
Subject: Re: Connecting the two of you

Dr. Shulkin...thank you for the introduction....
Marc...I look forward to connecting with you....I am flying back to DC from Tampa at the moment. Please send me your cell number and I will call you tomorrow am...I look forward to meeting you.....
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>
> David

AMERICAN OVERSIGHT

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From: David Shulkin [drshulkin@aol.com]
Sent: 1/29/2017 8:25:29 PM
To: mbs(b) (6) gmail.com; (b) (6) @yahoo.com
Subject: Connecting the two of you

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Marc- Tom's experience and abilities will speak for themselves when you get a chance to meet.

Your respective emails are above and I will leave it to you to coordinate schedules.

Thanks

David

AMERICAN OVERSIGHT

Message

From: IP [[redacted]@frenchangel59.com]
Sent: 3/31/2017 8:43:58 PM
To: David shulkin [drshulkin@aol.com]
Subject: FW: Tom Bowman - Update
Attachments: Tom Bowman memo to Donald Trump 033017.pdf

FYI

From: IP [mailto:[redacted]@frenchangel59.com]
Sent: Friday, March 31, 2017 11:20 AM
To: (b) (6) [redacted]@who.eop.gov'
Subject: Tom Bowman - Update

President Trump:

At our last meeting at Mar-a-Lago we highly recommended Tom Bowman as Deputy Secretary of the Department of Veterans Affair...Tom is also David Shulkin's choice. Recall that Tom currently works for Senator Johnny Isakson, the Chairman of the Senate VA Committee and, as such, you asked Marc Sherman to speak with Senator Isakson before you nominate Tom. Marc had a face-to-face meeting with the Senator yesterday and prepared a memo to you which I have attached, reporting very good news. The meeting also covered many other VA related items that will be of great benefit to your VA efforts and success as we proceed forward.

Best,
Ike

AMERICAN OVERSIGHT

Marc B. Sherman
Managing Director
Alvarez & Marsal

1001 G. Street, N.W.
Washington, DC 20001
(b) (6) (o)
(b) (6) (m)

MEMORANDUM

To: Donald Trump, President

Date: March 30, 2017

Re: VA Deputy Secretary Nomination of Tom Bowman

Cc: David Shulkin, Secretary

This memo follows-up on the conversation we had, and the request you made, in our meeting on Saturday March 18 at Mar-a-Lago. In our Mar-a-Lago meeting, we discussed the recommendation and potential nomination of Tom Bowman (retired Marine Corps Colonel Thomas G. Bowman) for Deputy Secretary of the Department of Veterans Affairs. Tom currently serves as the Staff Director of the Senate VA Committee, chaired by Senator Johnny Isakson. You provided your support for Tom's nomination, but expressed reluctance to nominate an employee of the Senate and Senator Isakson without a dialogue. Accordingly, you asked that I speak to Senator Isakson to express your desire to nominate him, but your unwillingness without the Senator's consent.

Today, I met with Senator Isakson in person in the Capitol for approximately 45 minutes. We discussed Tom and other items of interest to the VA. On the topic of Tom's nomination, Senator Isakson first expressed his pleasure and great appreciation to you for your courtesy and thoughtfulness in approaching him first. The Senator believes that Tom will be a genuine asset in his new role at the VA and would not stand in the way of Tom's and the VA's advancement, but wants to make sure that Tom's move does not setback the continuation of the important work that Tom contributes to the Senate Committee. I then spoke with Tom to make sure his nomination would not impact the work of the Senate Committee and Tom provided his assurances. In fact, Tom has already begun identifying his replacement and has three potential candidates. He has provided the credentials and name of his number one choice to the Senator's office, and interviews are imminent. So, we are a go!

The Senator also inquired about my role and I explained that you tapped some individuals (who we discussed) to whom the Secretary could reach out for ideas and advice on state of the art initiatives to transform the VA. He showed great interest and said that he was pleased at the approach to "think outside of the box." We also spoke at length about accountability, choice and some of the initiatives that David is implementing and considering. We closed with his thoughts that the transformation will require legislative changes and his support for the direction of the initiatives and the required legislation. His closing thoughts were, "don't stop midway…see it through to the end."

Let me know if you have any further questions or if I can assist further in any way.

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/5/2017 6:02:37 PM
To: (b) (6) @hotmail.com
Subject: Re: Responses to svac

working on over 200 post hearing questions due tomorrow am

But all under control

-----Original Message-----
From: Poonam Alaigh <(b) (6) @hotmail.com>
To: David Shulkin <drshulkin@aol.com>
Sent: Sun, Feb 5, 2017 11:18 am
Subject: Responses to svac

How is it going- let me know if I can help in anyway- also sent a note to Vivieca since haven't been in the loop. Most importantly, also don't want to disrupt anything if you have it under control

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 2/5/2017 4:17:49 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Responses to svac

How is it going- let me know if I can help in anyway- also sent a note to Vivieca since haven't been in the loop. Most importantly, also don't want to disrupt anything if you have it under control

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 2/7/2017 1:06:54 AM
To: Marisol Garcia [(b)@frenchangel59.com]
CC: (b) (6) [(b) (6) hopeunseen.com]; (b) (6) M.D. (b) (6) @mayo.edu]; (b) (6) ccf.org; David shulkin [drshulkin@aol.com]; IP [@frenchangel59.com]; (b) (6) [(b) @mayo.edu]; (b) (6) [(b) (6) @jhmi.edu]; (b) (6) M. D. [(b) (6) partners.org]; Bruce Moskowitz [brucem(b) (6) mac.com]; L Perl [(b) (6) @gmail.com]; (b) (6) kp.org
Subject: Re: Instructions for tomorrow - Tuesday, February 7, 2017

All

One clarification that Marisol asked that I pass on. We are still meeting for breakfast at 7am at the Hay Adams hotel. We will all walk over to the White House (actually the Executive Office Building) together after. I know the way, so don't worry about getting your maps out.

Marc

Marc Sherman
(b) (6)

On Feb 6, 2017 7:54 PM, "Marisol Garcia" <(b) @frenchangel59.com> wrote:

Tuesday, February 7, 2017

TIME

Event to begin promptly at 8:30AM. ***Guests may begin to arrive at the Southwest Gate at 8:15AM***

Attached please find a map of the White House and document detailing the logistics of the event tomorrow.

If you go to the red circled area at the corner of New York Avenue and State Place, Henry Gindt will wait for you there and escort you to room 476 in the Eisenhower building at 8:30 AM and then at 10:30 AM Henry will escort you to the Roosevelt Room of the White House.

I am available 24/7 at (b) (6) or on my cell (b) (6) if you have any questions.

AMERICAN OVERSIGHT

Thank you,

Marisol Garcia

POINT OF CONTACT

(b) (6) [redacted]

Special Assistant to the President & Deputy, Strategic Initiatives Group

(b) (6) [redacted] **or** (b) (6) [redacted]

(b) (6) [redacted]@who.eop.gov

Listening Session re:

Veterans Affairs

LOCATION

The White House

Eisenhower Executive Office Building (Room 476)

&

The Roosevelt Room

1600 Pennsylvania Avenue, NW
Washington, DC 20500

ENTRANCE

AMERICAN OVERSIGHT

Please plan to enter the White House grounds using the Southwest Gate at 17th and State Place NW marked with "Visitor Entrance". Once past this first security checkpoint, you will be given instructions to walk down State Place to the second security checkpoint. From there, you will be escorted on foot to the Executive Office Building West Wing lobby and then to the Roosevelt Room.

Parking will not be available to guests within the White House campus. Please plan your arrival to the Southwest Gate accordingly.

TIME

Event to begin promptly at 8:30AM. Guests may begin to arrive at the Southwest Gate at 8:15AM

ATTIRE

Business

DOCUMENTATION REQUIRED

A government-issued ID is required for entry. The information on your ID should match the vitals information you submitted. Please be prepared for security screening.

PROHIBITED ITEMS

Prohibited items include, but are not limited to the following: guns, ammunition, fireworks, electric stun guns, mace, martial arts weapons/devices, or knives of any size; aerosol spray; selfie sticks; large bags or backpacks; outside food or beverages (specifically packaged goods); any other items deemed prohibited by Secret Service.

EXIT

The event will conclude at approximately 12:00PM. Guests will be escorted on foot from the White House to the Southwest Gate at 17th and State Place NW.

AMERICAN OVERSIGHT

POINT OF CONTACT

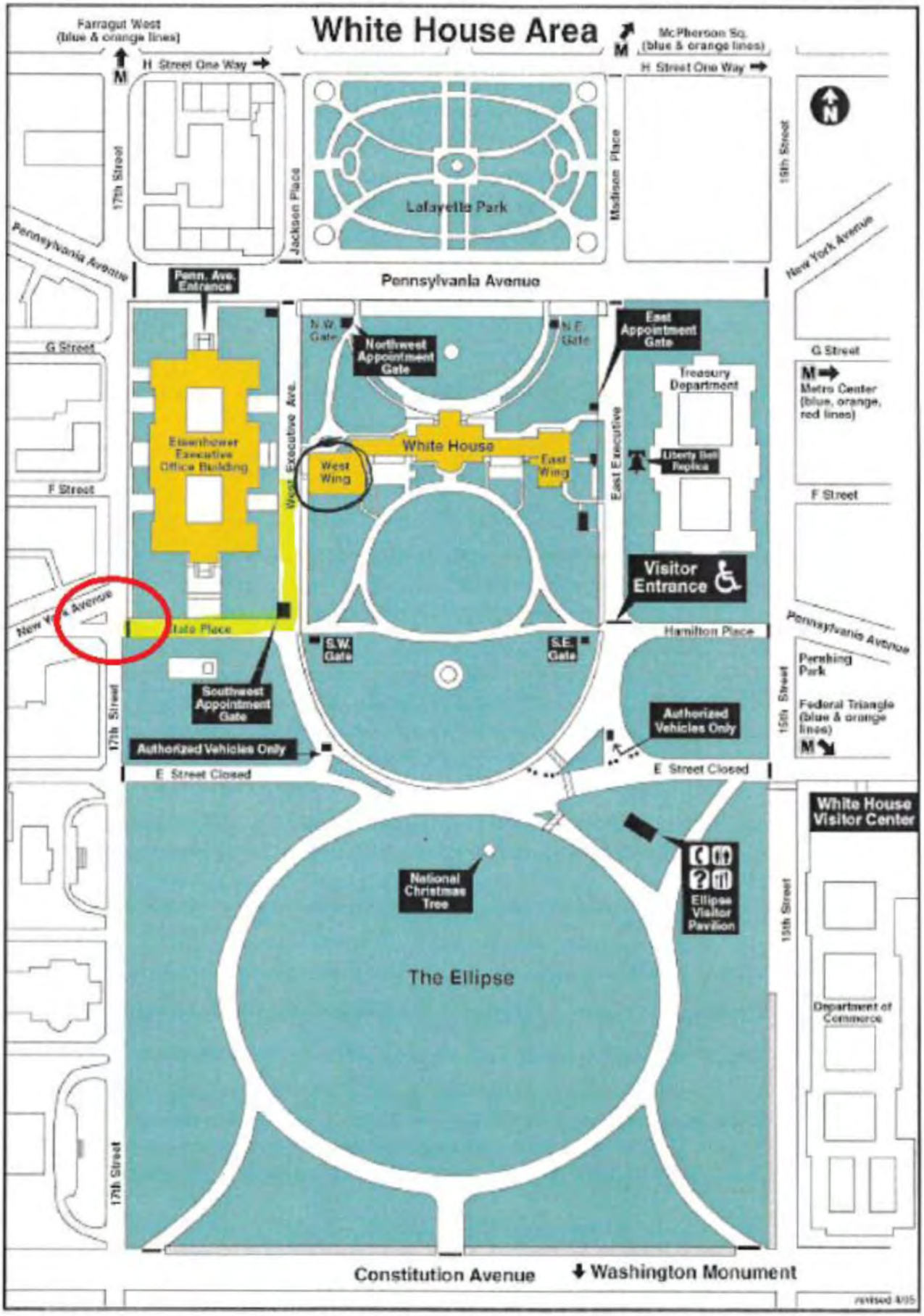
(b) (6)

Special Assistant to the President & Deputy, Strategic Initiatives Group

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

(b) (6) @who.eop.gov

AMERICAN OVERSIGHT



AMERICAN OVERSIGHT

Message

From: Marisol Garcia [(b)(6)@frenchangel59.com]
Sent: 2/7/2017 12:53:48 AM
To: 'Bruce Moskowitz' [brucem(b) (6) mac.com]; (b) (6) partners.org; (b) (6) ccf.org; (b) (6) [(b) (6) .@jhmi.edu]; '(b) (6) M.D.' (b) (6) @mayo.edu]; (b) (6) [(b) @mayo.edu]; (b) (6) kp.org; (b) s(b) (6) gmail.com; '(b) (6) [(b) (6) hopeunseen.com]; 'IP' [(@frenchangel59.com]; lper(b) @gmail.com; drshulkin@aol.com
Subject: Instructions for tomorrow - Tuesday, February 7, 2017
Attachments: Meeting Point_White House.png; 2.7 Breakfast and Listening Session_VA.DOCX

Tuesday, February 7, 2017

TIME
Event to begin promptly at 8:30AM. ***Guests may begin to arrive at the Southwest Gate at 8:15AM***

Attached please find a map of the White House and document detailing the logistics of the event tomorrow.

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I am available 24/7 at (b) (6) or on my cell (b) (6) if you have any questions.

Thank you,
Marisol Garcia

POINT OF CONTACT
(b) (6)
Special Assistant to the President & Deputy, Strategic Initiatives Group
(b) (6) **or** (b) (6)
(b) (6) @who.eop.gov

Listening Session re:
Veterans Affairs

LOCATION
The White House

Eisenhower Executive Office Building (Room 476)

AMERICAN OVERSIGHT

&
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Special Assistant to the President & Deputy, Strategic Initiatives Group
(b) (6) or (b) (6)
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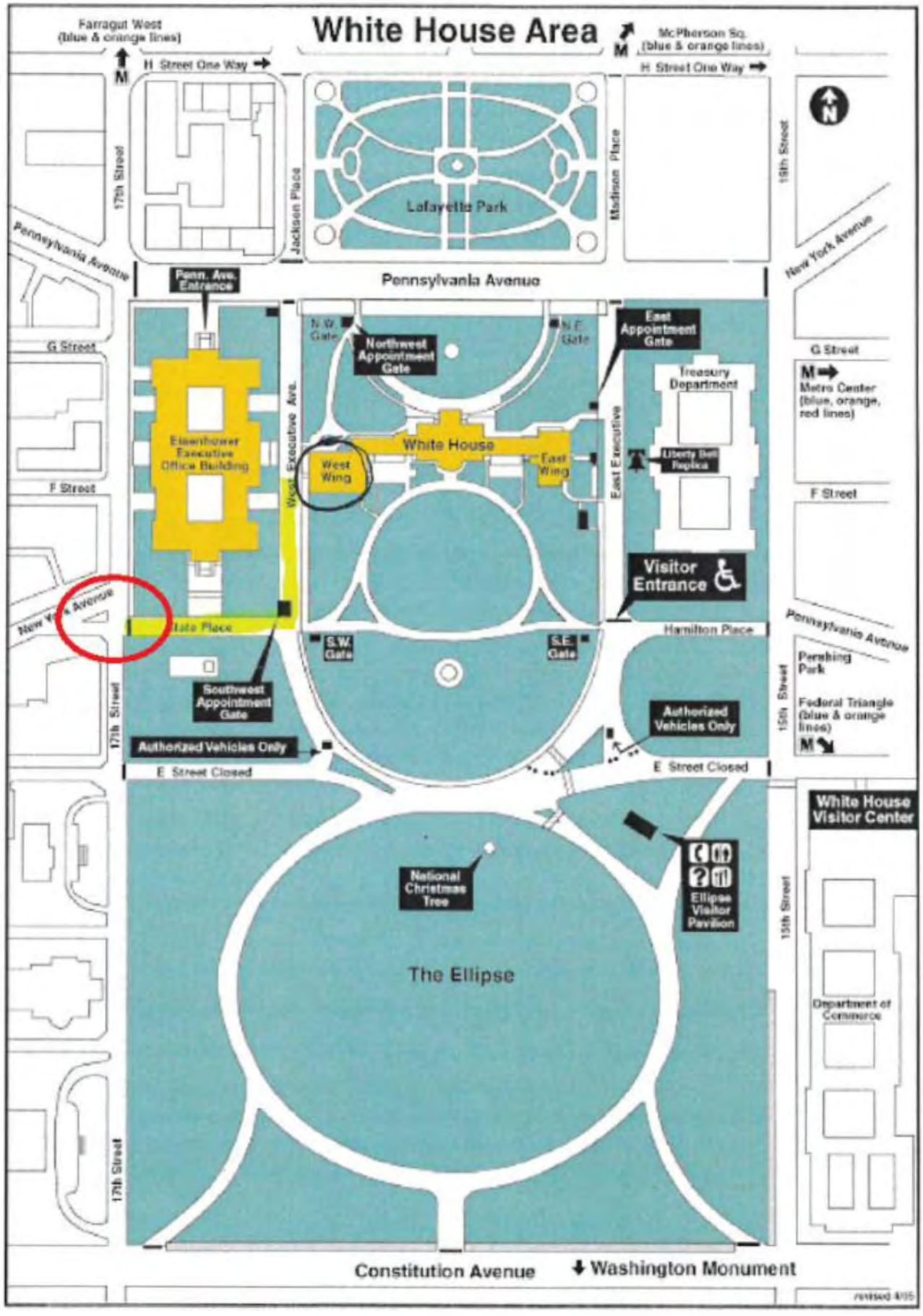
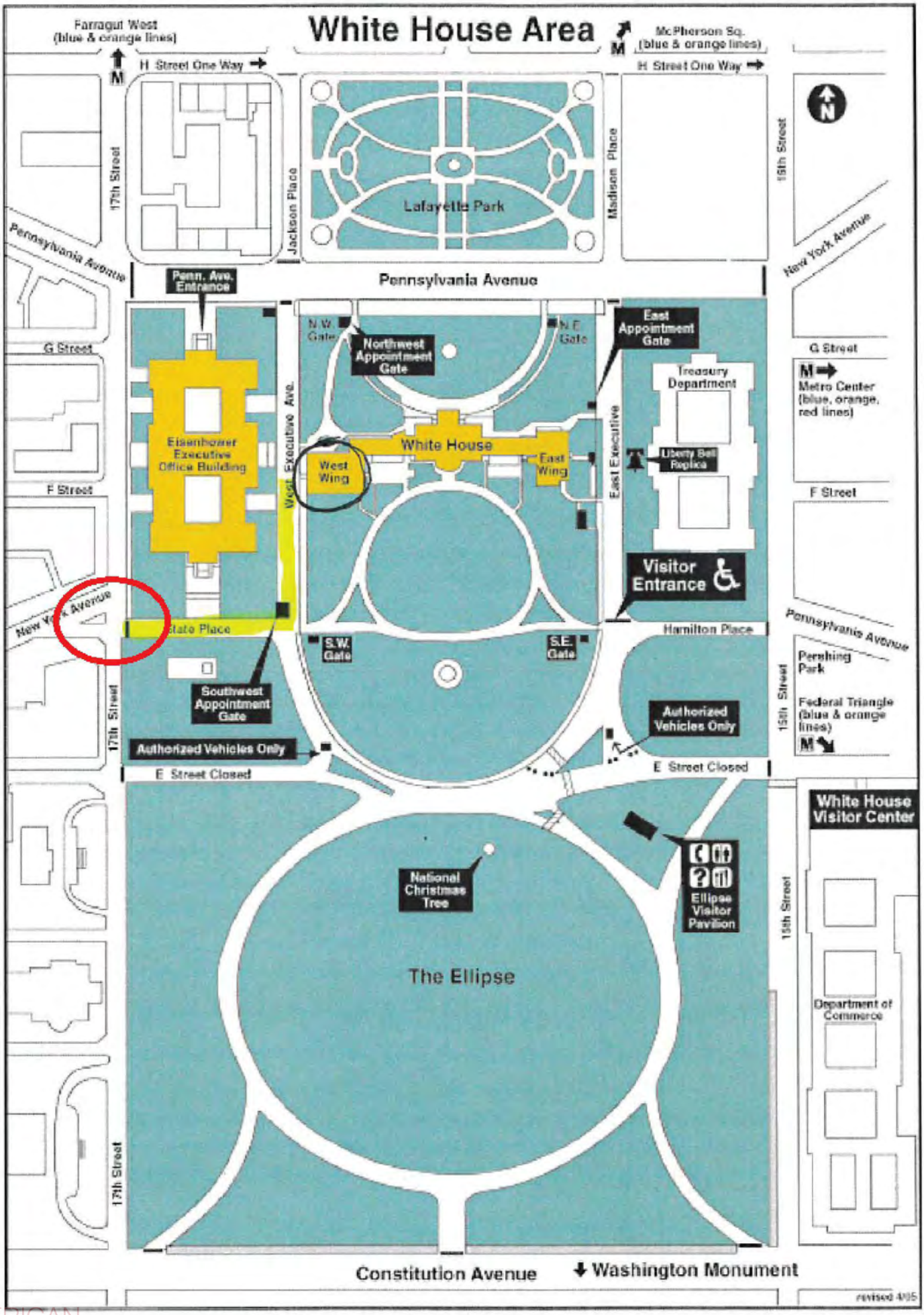
AMERICAN OVERSIGHT



AMERICAN OVERSIGHT



AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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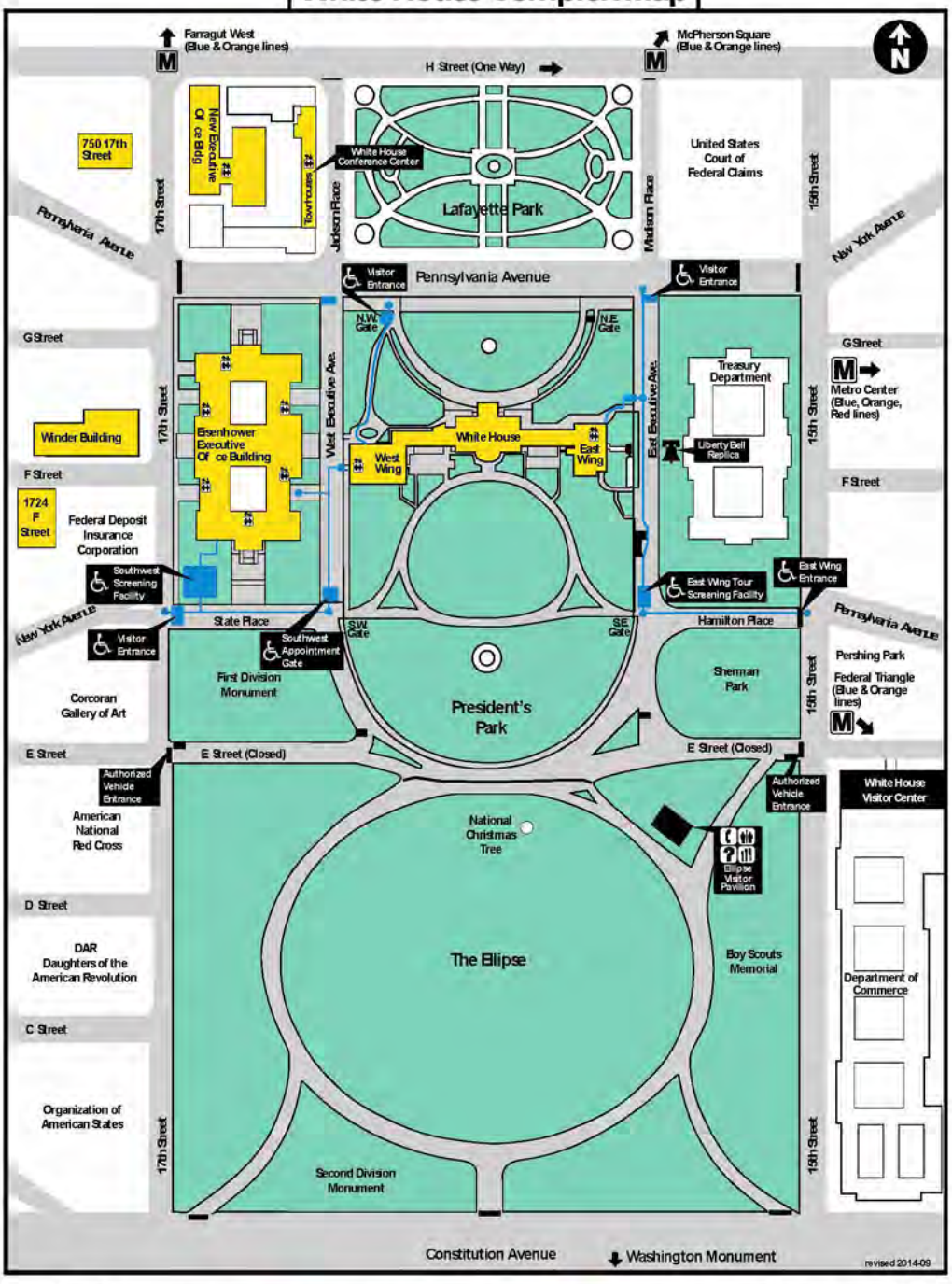
Special Assistant to the President & Deputy, Strategic Initiatives Group
(b) (6) or (b) (6)
(b) (6) @who.eop.gov

AMERICAN OVERSIGHT

White House Complex Map



Metrorail Stations — Accessible Route — USSS Gate — Accessible Gate — Elevator

Please contact White House Operations to schedule Appointment Parking or parking for an accessibility need.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/21/2017 11:03:13 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Thoughts

Ok we hqve to consider either svhedule c roles or special advisors considering the hiringfreeze

Sent from my iPhone

> On Feb 21, 2017, at 4:23 AM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> Wanted to go over what I was thinking- as of now, want these 3 to join us, have spoken to all and they are ready:
>
>
> 1) (b) (6) - for the private partnership/health plan piece
> 2) (b) (6) quality- building systems for accountability/ High risk
> 3) GAO-IIG monitoring/public reporting
> 4) (b) (6) PR/social media/marketing
>
> Other ideas on people and roles- let me know if I should just proceed or you want discuss
>
>
> Sent from my iPad

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 2/8/2017 10:45:33 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: Read

This is the disruptive innovative nuclear option- not so bad as an initial draft

Sent from my iPad

On Feb 7, 2017, at 9:23 PM, David Shulkin <drshulkin@aol.com> wrote:

-----Original Message-----
From: (b) (6) <(b) (6) @gmail.com>
To: David Shulkin <drshulkin@aol.com>
Sent: Tue, Feb 7, 2017 6:13 pm
Subject: Read

https://mcmorris.house.gov/mcmorris-rodgers-releases-draft-va-reform-legislation/

Baligh wanted me to have you read this.

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/8/2017 2:23:55 AM
To: (b) (6) @hotmail.com
Subject: Fwd: Read

-----Original Message-----
From: (b) (6) <(b) (6) @gmail.com>
To: David Shulkin <drshulkin@aol.com>
Sent: Tue, Feb 7, 2017 6:13 pm
Subject: Read

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AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 2/7/2017 11:13:51 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Read

https://mcmorris.house.gov/mcmorris-rodgers-releases-draft-va-reform-legislation/

Baligh wanted me to have you read this.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/3/2017 3:08:08 PM
To: Darin Selnick (b) (6) @gmail.com]
Subject: Re: VA/Ascension/Priebus

Yes i have already passed (b) (6) interest along

Thanks

Sent from my iPhone

On Feb 3, 2017, at 9:17 AM, Darin Selnick (b) (6) @gmail.com> wrote:

> Hi David
>
> (b) (6) from Speaker Ryan office just sent this to me, so I am passing it to you so you are aware of it. I have also passed it to Jake so the request goes to the appropriate person at the WH for consideration.
>
> Are you giving the President input on this?
>
> Darin
>
> ---------- Forwarded message ----------
> From: (b) (6) <(b) (6) mail.house.gov>
> Date: Thu, Feb 2, 2017 at 7:11 PM
> Subject: FW: VA/Ascension/Priebus
> To: Darin Selnick (b) (6) @gmail.com>
>
> Passing this along in case you all are still looking
>
> **From:** (b) (6) [mailto (b) (6) @mc-dc.com]
> **Sent:** Friday, January 27, 2017 2:33 PM
> **To:** (b) (6) (l(b) (6) mail.house.gov>
> **Subject:** VA/Ascension/Priebus
>
> (b)
>
> As you will recall, I recently brought Ascension Health to meet with you and the Speaker. (Thank you for that.) You may also recall that Ascension is the largest non-profit health system

AMERICAN OVERSIGHT

in the U.S. and the largest Catholic system in the world, with a substantial footprint in Wisconsin (more on that below).

Here is the issue:

We are hearing that next week President Trump is going to appoint a CEO-level advisory committee to the VA that will be made up of the CEOs of the Cleveland Clinic, the Mayo Clinic and others. Our CEO, Tony Tersigni, would be honored to serve on this advisory committee at the VA, and we would be thrilled if you/the Speaker would consider reaching out to the White House to suggest it (it is my understanding that Priebus is the point man on the CEOs).

Ascension as a system has made a major commitment to the Veterans Choice program—in fact we believe we are likely making the largest commitment of any health system in the U.S. to veterans care. We would very much like to be a strong part of this effort with our commitment to serving veterans. Here is a link to an op-ed that Tony recently wrote for Becker's Hospital Review about our work to serve those who have served: http://www.beckershospitalreview.com/hospital-management-administration/collaboration-is-vital-to-ensure-veterans-receive-safe-quality-care.html We see serving our nation's veterans as core to our Mission. There is more information about our efforts to serve here: http://ascension.org/our-work/ascension-health/veterans-choice-program.

Given that this is being announced next week, there is a sense of urgency around the request. We also thought that this would make sense given Priebus' WI ties along with the Speaker. On that front, here are the WI facts again:

Wisconsin's four major Catholic healthcare systems are now Ascension Wisconsin, part of Ascension. Ascension Wisconsin employs 23,500 people in the state and has revenue of more than $3.5 billion with 24 hospitals, 111 primary care clinics, and nearly 1,000 medical group clinicians all delivering compassionate, personalized care every day. In Southeastern Wisconsin, Ascension Wisconsin includes Columbia-St. Mary's and Wheaton Franciscan Healthcare. In North and Central Wisconsin this includes Affinity Health and Ministry Health System.

Sorry for the lengthy email on the tail end of retreat, but, again, given the timing of the announcement we wanted to act quickly. Let me know your thoughts on this or if there is any additional info I can get you. Much appreciated.

-(b)

AMERICAN OVERSIGHT

(b) (6)

Mehlman Castagnetti

Cell: (b) (6)

Desk: (b) (6)

Email: (b) (6) @mc-dc.com

From: (b) (6) [mailto:(b) (6) @mc-dc.com]
To: (b) (6) (b) (6) mail.house.gov>
Subject: RE: VA/Ascension/Priebus

Thanks, (b) Below is the public bio and checking to see if there is a longer/better form.

http://ascension.org/about/professionals/leadership/ascension-executives/anthony-tersigni

Anthony R. Tersigni, EdD, FACHE, is President and Chief Executive Officer of Ascension, a faith-based healthcare organization dedicated to transformation through innovation across the continuum of care. As the largest non-profit health system in the U.S. and the world's largest Catholic health system, Ascension is committed to delivering compassionate, personalized care to all with special attention to persons in poverty and those most vulnerable. Approximately 150,000 associates and 36,000 aligned providers serve in 2,500 sites of care – including 141 hospitals and more than 30 senior living facilities – in 24 states and the District of Columbia. In addition to healthcare delivery, Ascension subsidiaries provide a variety of solutions including physician practice management, venture capital investing, investment management, biomedical engineering, clinical care management, information services, risk management, and contracting through Ascension's own group purchasing organization. With more than 36 years of healthcare operations experience, Dr. Tersigni's ability to recognize, then capitalize, on growth opportunities, combined with his proven strategic and leadership capabilities, has allowed him to maximize success. His education and work experience provide Dr. Tersigni a unique understanding of the efforts needed to lead an organization, especially during difficult and changing times. He is passionate about the formation of leaders in the Catholic healthcare ministry, championing the development of programs and efforts geared toward preparing current and future leaders for all levels of sponsorship, governance and leadership.

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AMERICAN OVERSIGHT

Current Board Memberships:

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Healthcare Leadership Council – Member and Past Board Chair

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AMERICAN OVERSIGHT

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Career History

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Dr. Tersigni holds a doctorate in the field of leadership/organizational development from Western Michigan University, Kalamazoo, Michigan, and honorary doctorates from the Aquinas Institute of Theology, Saint Louis University, and the Dominican School of Philosophy and Theology in Berkeley, California.

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Each year from 2005 through 2016, Modern Healthcare has recognized Dr. Tersigni as one of its 100 Most Influential People in Healthcare, ranking him No. 3 in 2016.

AMERICAN OVERSIGHT

Message

From: Darin Selnick [(b) (6) @gmail.com]
Sent: 2/3/2017 2:17:30 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Fwd: FW: VA/Ascension/Priebus

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AMERICAN OVERSIGHT

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Sorry for the lengthy email on the tail end of retreat, but, again, given the timing of the announcement we wanted to act quickly. Let me know your thoughts on this or if there is any additional info I can get you. Much appreciated.

-(b) (6)

[redacted]

Mehlman Castagnetti

Cell: (b) (6)

Desk: (b) (6)

Email: (b) (6) @mc-dc.com

AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/3/2017 11:55:17 AM
To: Erickson, Ralph L. [Ralph.Erickson@va.gov]
Subject: Re: [EXTERNAL] Re: Sen. Cassidy QFRs

I hope you feel better

Sent from my iPhone

On Feb 3, 2017, at 5:23 AM, Erickson, Ralph L. <Ralph.Erickson@va.gov> wrote:

> Dr. Shulkin:
> I am home sick today, but have drafted the first short response to Senator Cassidy's QFR and have sent it forward through my chain. We will get this done.
> v/r
> Loren
>
> Ralph L. Erickson MD, DrPH
>
> **From:** David Shulkin [mailto:drshulkin@aol.com]
> **Sent:** Thursday, February 02, 2017 8:57 PM
> **To:** Barrans, David; Flohr, Brad, VBAVACO; Erickson, Ralph L.; (b) (6) @live.com; Wright, Vivieca (Simpson)
> **Cc:** (b) (6)
> **Subject:** [EXTERNAL] Re: Sen. Cassidy QFRs
>
> I am not clear from reading this that there is someone who is working on this. Anytime I see an assignment that has multiple people named I am concerned that maybe the ball will get dropped. We need a response by tomorrow- who is taking the lead on this?
>
> David Shulkin MD
>
> -----Original Message-----
> From: Barrans, David <David.Barrans@va.gov>
> To: Flohr, Brad, VBAVACO, VBAVACO <brad.flohr@va.gov>; Erickson, Ralph L. <Ralph.Erickson@va.gov>; (b) (6) (b) (6) @live.com>; Wright, Vivieca (Simpson) (Simpson) <Vivieca.Wright@va.gov>
> Cc: drshulkin <drshulkin@aol.com>; O'Connor, Christopher <Christopher.O'Connor2@va.gov>; (b) (6) (b) (6) va.gov>; Jensen, Jon M. <Jon.Jensen@va.gov>; (b) (6) (b) (6) @va.gov>; (b) (6) (b) (6) @va.gov>; (b) (6) VBAVACO, VBAVACO (b) (6) @va.gov>; (b) (6) (b) (6) @va.gov>
> Sent: Thu, Feb 2, 2017 4:12 pm
> Subject: RE: Sen. Cassidy QFRs
>
> Thanks. I suggest (b) take the pen and coordinate with (b) (6) and me as needed.
>
> ---
>
> **From:** Flohr, Brad, VBAVACO
> **Sent:** Thursday, February 02, 2017 4:10 PM
> **To:** Erickson, Ralph L.; (b) (6) Wright, Vivieca (Simpson); Barrans, David
> **Cc:** drshulkin@aol.com; O'Connor, Christopher; (b) (6) (b) (6) R.; Jensen, Jon M.; (b) (6) (b) (6) (b) (6) VBAVACO
> **Subject:** RE: Sen. Cassidy QFRs

AMERICAN OVERSIGHT

I asked (b) (6) to provide a response as he is our expert on this subject.

Brad

From: Erickson, Ralph L.
Sent: Thursday, February 02, 2017 3:19 PM
To: (b) (6) Wright, Vivieca (Simpson); Flohr, Brad, VBAVACO; Barrans, David
Cc: drshulkin@aol.com; O'Connor, Christopher; (b) (6) (b) (6) R.; Jensen, Jon M.; (b) (6) (b) (6) (b) (6) VBAVACO
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1. Toxic Exposure:
Dr Shulkin, in 2002 the VA stopped granting the presumption of Agent Orange exposure to those veterans who served in the bays, harbors and territorial seas of the Republic of Vietnam despite the fact that there is strong evidence of infiltration of toxins into those harbors and bays. In 2015, the Court of Appeals for Veterans Claims (Gray v McDonald) found that the VA had excluded the bays and harbors from the definition of "inland waters", and ordered that the VA rewrite the regulation based upon the probability of exposure due to river discharge.

The VA currently continues to exclude these bays and harbors from the definition of inland waters. We all agree the rivers were contaminated and rivers run into the harbors and bays. Maritime traffic and anchoring kept that area in a state of lux and the Institute of Medicine has also confirmed a plausible pathway for the dioxin to have entered the shipboard potable water system via the shipboard distillation system, which actually enriheds the dioxin. Will you be taking action to restore benefits to these veterans?"

(b) (6)

The above was extracted from the attachment from Senator Cassidy's office. I recommend direct involvement of **David Barrans and OGC** as this touches on past/current litigation for Blue Water Navy personnel.

How soon do you need a response?

ATB,
Loren

From: (b) (6) [mailto:(b) (6) @live.com]
Sent: Thursday, February 02, 2017 3:06 PM
To: Wright, Vivieca (Simpson); Flohr, Brad, VBAVACO; Erickson, Ralph L.
Cc: drshulkin@aol.com; O'Connor, Christopher; (b) (6) (b) (6) R.; Jensen, Jon M.
Subject: [EXTERNAL] Fwd: Sen. Cassidy QFRs

Viveca
2nd set on toxic exposure and telemedicine from Cassidy.

Regards
(b)

Sent from my iPhone

Begin forwarded message:

AMERICAN OVERSIGHT

From: "(b) (6) (Veterans Affairs)" <(b) (6) @vetaff.senate.gov>
Date: February 2, 2017 at 2:38:14 PM EST
To: "(b) (6) (b) (6) @va.gov)" (b) (6) @va.gov>,
(b) (6) r@va.gov" (b) (6) r@va.gov>
Cc: "(b) (6) @live.com" <(b) (6) @live.com>
Subject: Sen. Cassidy QFRs

If only I had waited another several minutes I could have included these too!

Attached are Senator Cassidy's post hearing questions for the record for Dr. Shulkin.

Thanks!

(b) (6)

Chief Clerk
U.S. Senate Committee on Veterans' Affairs
412 Russell Senate Office Building
(b) (6) direct | (b) (6) main

This e-mail may contain information that is privileged, confidential or otherwise protected from disclosure. If you are not the intended recipient of this e-mail, please notify the sender immediately by return e-mail, purge it and do not disseminate or copy it.

AMERICAN OVERSIGHT

Message

From: Erickson, Ralph L. [Ralph.Erickson@va.gov]
Sent: 2/3/2017 10:23:58 AM
To: David Shulkin [drshulkin@aol.com]; Barrans, David [David.Barrans@va.gov]; Flohr, Brad, VBAVACO [brad.flohr@va.gov]; (b) (6) @live.com; Wright, Vivieca (Simpson) [Vivieca.Wright@va.gov]
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AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/3/2017 1:56:39 AM
To: David.Barrans@va.gov; brad.flohr@va.gov; Ralph.Erickson@va.gov; (b) (6) @live.com; Vivieca.Wright@va.gov
CC: (b) (6) @va.gov
Subject: Re: Sen. Cassidy QFRs

I am not clear from reading this that there is someone who is working on this. Anytime I see an assignment that has multiple people named I am concerned that maybe the ball will get dropped. We need a response by tomorrow- who is taking the lead on this?

David Shulkin MD

-----Original Message-----
From: Barrans, David <David.Barrans@va.gov>
To: Flohr, Brad, VBAVACO, VBAVACO <brad.flohr@va.gov>; Erickson, Ralph L. <Ralph.Erickson@va.gov>; (b) (6) <(b) (6) @live.com>; Wright, Vivieca (Simpson) (Simpson) <Vivieca.Wright@va.gov>
Cc: drshulkin <drshulkin@aol.com>; O'Connor, Christopher <Christopher.O'Connor2@va.gov>; (b) (6) (b) (6) va.gov>; Jensen, Jon M. <Jon.Jensen@va.gov>; (b) (6) (b) (6) @va.gov>; (b) (6) (b) (6) @va.gov>; (b) (6) VBAVACO, VBAVACO (b) (6) @va.gov>; (b) (6) (b) (6) va.gov>
Sent: Thu, Feb 2, 2017 4:12 pm
Subject: RE: Sen. Cassidy QFRs

Thanks. I suggest (b) take the pen and coordinate with (b) (6) and me as needed.

From: Flohr, Brad, VBAVACO
Sent: Thursday, February 02, 2017 4:10 PM
To: Erickson, Ralph L.; (b) (6) Wright, Vivieca (Simpson); Barrans, David
Cc: drshulkin@aol.com; O'Connor, Christopher; (b) (6) (b) (6) R.; Jensen, Jon M.; (b) (6) (b) (6) (b) (6) VBAVACO
Subject: RE: Sen. Cassidy QFRs

I asked (b) (6) to provide a response as he is our expert on this subject.

Brad

From: Erickson, Ralph L.
Sent: Thursday, February 02, 2017 3:19 PM
To: (b) (6) Wright, Vivieca (Simpson); Flohr, Brad, VBAVACO; Barrans, David
Cc: drshulkin@aol.com; O'Connor, Christopher; (b) (6) (b) (6) R.; Jensen, Jon M.; (b) (6) (b) (6) (b) (6) VBAVACO
Subject: RE: Sen. Cassidy QFRs

1. Toxic Exposure:
Dr Shulkin, in 2002 the VA stopped granting the presumption of Agent Orange exposure to those veterans who served in the bays, harbors and territorial seas of the Republic of Vietnam despite the fact that there is strong evidence of infiltration of toxins into those harbors and bays. In 2015, the Court of Appeals for Veterans Claims (Gray v McDonald) found that the VA had excluded the bays and harbors from the definition of "inland waters", and ordered that the VA rewrite the regulation based upon the probability of exposure due to river discharge.

The VA currently continues to exclude these bays and harbors from the definition of inland waters. We all agree the rivers were contaminated and rivers run into the harbors and bays. Maritime traffic and anchoring kept that area in a state of lux and the Institute of Medicine has also confirmed a plausible pathway for the dioxin to have entered the

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shipboard potable water system via the shipboard distillation system, which actually enriheds the dioxin. Will you be taking action to restore benefits to these veterans?"

(b) (6)

The above was extracted from the attachment from Senator Cassidy's office. I recommend direct involvement of **David Barrans and OGC** as this touches on past/current litigation for Blue Water Navy personnel.

How soon do you need a response?

ATB,
Loren

From: (b) (6) [mailto:(b) (6) @live.com]
Sent: Thursday, February 02, 2017 3:06 PM
To: Wright, Vivieca (Simpson); Flohr, Brad, VBAVACO; Erickson, Ralph L.
Cc: drshulkin@aol.com; O'Connor, Christopher; (b) (6) (b) (6) R.; Jensen, Jon M.
Subject: [EXTERNAL] Fwd: Sen. Cassidy QFRs

Viveca
2nd set on toxic exposure and telemedicine from Cassidy.

Regards
(b)

Sent from my iPhone

Begin forwarded message:

> **From:** "(b) (6) (Veterans Affairs)" <(b) (6) vetaff.senate.gov>
> **Date:** February 2, 2017 at 2:38:14 PM EST
> **To:** "(b) (6) (b) (6) @va.gov)" (b) (6) @va.gov>, (b) (6) r@va.gov" (b) (6) r@va.gov>
> **Cc:** "(b) (6) @live.com" <(b) (6) @live.com>
> **Subject: Sen. Cassidy QFRs**
>
> If only I had waited another several minutes I could have included these too!
>
> Attached are Senator Cassidy's post hearing questions for the record for Dr. Shulkin.
>
> Thanks!
>
> (b) (6)
> *Chief Clerk*
> U.S. Senate Committee on Veterans' Affairs
> 412 Russell Senate Office Building
> (b) (6) direct | (b) (6) main
>
> This e-mail may contain information that is privileged, confidential or otherwise protected from disclosure. If you are not the intended recipient of this e-mail, please notify the sender immediately by return e-mail, purge it and do not disseminate or copy it.

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Message

From: Barrans, David [David.Barrans@va.gov]
Sent: 2/2/2017 9:12:45 PM
To: Flohr, Brad, VBAVACO [brad.flohr@va.gov]; Erickson, Ralph L. [Ralph.Erickson@va.gov]; (b) (6) [(b) (6) @live.com]; Wright, Vivieca (Simpson) [Vivieca.Wright@va.gov]
CC: drshulkin@aol.com; O'Connor, Christopher [Christopher.O'Connor2@va.gov]; (b) (6) ((b) (6) va.gov]; Jensen, Jon M. [Jon.Jensen@va.gov]; (b) (6) (b) (6) va.gov]; (b) (6) (b) (6) @va.gov]; (b) (6) VBAVACO (b) (6) @va.gov]; (b) (6) (b) (6) @va.gov]
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Subject: Sen. Cassidy QFRs

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Thanks!

(b) (6)
Chief Clerk
U.S. Senate Committee on Veterans' Affairs
412 Russell Senate Office Building
(b) (6) (main

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Message

From: Marisol Garcia [(b)@frenchangel59.com]
Sent: 2/4/2017 3:11:13 PM
To: (b) (6)@hotmail.com
CC: David shulkin [Drshulkin@aol.com]
Subject: Tuesday meeting 2/7/2017 at 8:00 AM - Information needed for the White House

Dr. Alaigh:

It was a pleasure speaking to you.

We need to provide the below information to the White House:

Full name
Date of birth
Social Security #
City and state of residence

I am available on my cell: (b) (6) the entire weekend.

Thank you,
Marisol
212-576-(b) (6) (Office)

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Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/4/2017 8:39:00 PM
To: vivieca.wright@va.gov
Subject: Fwd: Undeliverable: [EXTERNAL]
Attachments: details.txt

Attached Message

From	David Shulkin <drshulkin@aol.com>
To	viveca.wright@va.gov; (b) (6) [redacted]@gmail.com
Subject	[EXTERNAL]
Date	Sat, 4 Feb 2017 13:57:58 -0500

Do either of you have Senator Cassidy's questions so I can review them?

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Reporting-MTA: dns;va.gov
Received-From-MTA: dns;gwwmta2.va.gov
Arrival-Date: Sat, 4 Feb 2017 18:58:22 +0000

Final-Recipient: rfc822;viveca.wright@va.gov
Action: failed
Status: 5.1.1
Diagnostic-Code: smtp;550 5.1.1 RESOLVER.ADR.RecipNotFound; not found

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Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/4/2017 4:36:45 PM
To: vivieca.wright@va.gov; (b) (6) @gmail.com
Subject: Morans questions
Attachments: PostHQFR for Shulkin - Sen Moran (3).docx

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Senate Veterans Affairs Committee
Hearing Date: 01 February 2017
Subject of Hearing: Confirmation Hearing for Dr. David Shulkin, Nominee for Secretary of the Department of Veterans Affairs
Member: Senator Moran
Witnesses: Dr. David Shulkin, Nominee for Secretary of the Department of Veterans Affairs
Question #:

1. What role do you see the VSO community playing under your leadership? Please give at least five (5) specific examples of how you anticipate involving the VSOs.
Response: Veterans Service Organizations (VSOs) will play an integral role under my leadership. I am committed to transparency, cooperation and coordination with our VSO partners to maximize input from the widest range of appropriate stakeholders and to facilitate an open exchange of opinion from diverse groups to improve our programs to assist Veterans. During my tenure as USH, I engaged and solicited input and feedback from VSOs on key issues, best practices or opportunities to improve policies, programs, service quality and meet Veteran needs.
I host monthly VSO breakfast meetings with our senior leadership team, have participation and representation of VSOs on our workgroups and planning teams within our VA Program offices and also meet with VSOs on a frequent basis as specific issues or needs arise. In addition, I personally traveled to many of their national conventions and meetings last year. All of these engagements are necessary and will continue as VSOs are an important partner in helping us understand what improvements we can make to better deliver care and services to our nation's Veterans.

   There are several areas of planned collaboration and ongoing communication between VA and the VSO community going forward to include Appeals Modernization, MyVA Access, Care in the Community, Patient Experience and partnering on communications at the national, regional and local level to share success stories/best practices as well to address opportunities for improvement.

2. What are your top three goals as Secretary of Veterans Affairs?
Response:
1) Getting the right people in place in management positions at VA in order to have the biggest impact across the organization. These positions include the Secretary's direct reports, VISN Directors, Medical Center Directors and clinical leaders. This then cascades down throughout their respective organizations to get the right employees who are serving our veterans.

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2) Addressing the critical access issues in the system. While we have made real progress in improving access for the urgent care needs of our veterans, much work still needs to be done. We must have a system that fully addresses the needs of veterans at the time that they need those services.

3) Restoring the trust of veterans in VA through creating a veteran centric organization. Everything we do must be focused on serving our veterans and as we begin to move in this direction I believe we will see that our veterans will increasingly have confidence and trust in VA.

3. The Veterans Health Administration has made undeniable progress over the past two years in integrating more community care into the VA healthcare system. Do you believe that a veteran's primary care clinician should continue to be part of the VA system or can s/he be any clinician a veteran chooses?
Response: Our goal is to provide all eligible Veterans with access to an integrated, high-performing network that allows Veterans to achieve the best health outcomes and patient experiences possible. This network takes the best of VA and the best of the private sector and combines them together. VA wants to ensure that all Veterans have a primary care provider to coordinate their care in the high performing network. In those cases where VA cannot provide a primary care provider, than Veterans should be able to select a primary care provider from the high performing network.

4. The Commission on Care rejected the idea of granting veterans who use the VA unfettered choice in seeking care outside of the VA. Do you agree with this position, or do you believe that a veteran who is eligible for VA health care ought to be provided with a voucher to seek care wherever s/he chooses, with the VA footing the bill?
Response: Our goal is to provide all eligible Veterans with access to an integrated, high-performing network that allows Veterans to achieve the best health outcomes and patient experiences possible. This network takes the best of VA and the best of the private sector and combines them together. Today, 80% of Veterans already have a choice between VA and private sector care as they have other health insurance options. Last year 1/3 of all of our appointments were in the community, up from 20% less than two years ago. The Commission on Care considered a few options and rejected the idea of unfettered choice. Given what they were considering I do agree with their decision making. However, if confirmed as Secretary I would consider a number of new alternatives to a system restricting care based upon wait times and mileage. I believe that there are new model that need to be considered that are clinically based and that maximizes the strengths of VA and the private-sector, is mindful of taxpayer dollars, and puts the Veteran at the center of decision making. I would welcome the opportunity to work with you

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further to ensure that we are considered all of the options available to us to ensure that veterans are getting the care that they need.

5. Are you in favor of or are you opposed to Recommendation 17 of the Commission on Care, which would grant veterans with other-than-honorable administrative discharges eligibility to access VA health care on at least a temporary basis? VBA

Response: If confirmed, I would commit to using the regulatory authority available to the Secretary to ensure that veterans with other than honorable discharges are getting access to care. In the situation where we need legislative change I would work with both the White House and Congress about ways that we can address this population.

6. What specific plans can you offer to reduce the number of veteran suicides, which are unacceptably high?
Response: VA's comprehensive, integrated, data-driven approach to preventing Veteran suicide connects Veterans to an array of resources and support in order to reach Veterans before challenges become crises. VA's Office for Suicide Prevention (OSP) is using findings from completion of the most comprehensive analysis of Veteran suicide data to date examining more than 55 million Veteran records from 1979 to 2014 from all 50 states and 4 territories to inform suicide prevention activities:
   - Providing immediate outreach and enhanced care to Veterans found to be at highest risk for suicide (top 0.1%) through predictive analytics; rapidly expanding this program to include outreach to Veterans who are at moderate risk for suicide
   - Increasing staffing and resources for Suicide Prevention Coordinators integrated at every VAMC and large CBOC (over 300 nationwide who solely work on Veteran suicide prevention efforts)
   - Training every VA employee to specifically respond to Veterans at risk for suicide and crisis, including staff at VBA, NCA, VACO, and Vet Centers
   - Rapidly disseminating evidence-based treatments (Dialectical Behavioral Therapy, Collaborative Assessment and Management of Suicide, Cognitive Behavioral Therapy) for Veterans experiencing suicidal ideation across VA's healthcare system
   - Engaging all U.S. governors to prioritize combatting Veteran suicide in every state; Immediately coordinating with 5 states with highest rates of Veteran suicide to develop suicide prevention initiatives to include strategic partnerships, targeted outreach, and enhanced care for all Veterans who may be at risk for suicide
   - Distributing gun locks, gun safes, and other safe storage resources to at-risk Veterans and their families

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- Disseminating nationally community toolkits for safe firearm storage in partnership with National Shooting Sports Foundation (NSSF) and other firearms stakeholders
- Developing comprehensive OSP-DoD Transition program to identify and follow all Service members who may be at risk for suicide upon separation
- Establishing partnerships to train employers of large concentrations of Veterans (e.g. IBM, Johnson & Johnson, Homeland Security, etc.) in recognizing and responding to suicide risk and help employers understand specific assets and needs of Veterans to retain them in the workforce.
- Improving the performance and capacity of the Veterans Crisis Line by opening a second call center and reducing calls that go to backup centers to nearly 0%. Over 2.6 million calls have been answered since VCL opened in 2007
- Immediately convening a VA Secretary Advisory Board on Suicide Prevention to include Congressional members, Veteran Service Organizations, Federal Partners, Non-profit Partners, Family Members, Veteran Suicide Attempt Survivors, and others to inform and enhance VA's suicide prevention initiatives.

7. What specific recruitment and retention plans can you offer to increase the organizational capacity of VA mental health clinicians and support personnel?
Response: VHA has added 3,946 additional mental health providers over the past 5 years and has increased the number of patients provided mental health treatment by 355,500 (28%). VHA offers education loan assistance via the Education Debt Reduction Program (EDRP) to mental health providers in hard to recruit/retain positions and locations. 26% of physicians receiving EDRP are psychiatrists. In the EDRP pilot program established by the Clay Hunt Act, the amount of the annual award will be increased and the program will be extended to psychiatrists in their final year of their residency training. VHA is helping to build a pipeline of highly-trained mental health professionals. VHA's Office of Academic Affiliations trains roughly 6,400 trainees in mental health occupations per year, and roughly 70 percent of VA psychiatrists and psychologists received some of their clinical training at a VA facility. VHA's Mental Health Education Expansion Initiative, a new five-year commitment, will increase clinical education in mental health professions. In the first year, Academic Year 2013-2014, over 200 training positions were added. In the second year, Academic Year 2014-2015, 126 positions at 45 different sites were added. VHA has increased mental health training opportunities for several years through increases in mental health training positions and approval of new sites for training. For example, as of July 2014, VHA psychology internships are present in 49 states, Puerto Rico, and the District of Columbia. There has been some targeted expansion in training in rural and highly rural facilities. VA had the first accredited Psychology residency program in the state of Alaska. In FY16, VA awarded eighteen pre-degree Licensed Professional Mental Health Counselor internship positions to

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seven VA medical centers. For FY17, VA awarded 3 pre-degree Marriage and Family Therapist internship positions at one site.

8. During the 114th Congress, I was proud to sponsor the Veterans Mobility Safety Act (PL: 114-256) (hereinafter "the Act"). The purpose of the Act is to require certain safety and quality standards of providers of automobile adaptive and special adaptive equipment so that disabled veterans, and the driving public, are safer on the roads. Providing quality care for disabled veterans is something that I have taken very seriously as both a member of the United States Senate Committee on Veterans' Affairs, and the Chairman of the United States Senate Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies.

   In your new role as the Secretary of the U.S. Department of Veterans Affairs (hereinafter "VA"), will you commit to providing disabled veterans with the highest quality of care that you, and the VA, can possibly provide?

   Response: Yes, absolutely. VA will maintain our commitment to ensure disabled Veterans receive the specialized services they need. In addition to the longstanding Automobile Adaptive Equipment benefit, and VA Driver's Training Program, VA has established programs and systems of care to maintain and ensure the provision of lifelong specialized care and services for these severely disabled Veterans. VA's systems of care for Polytrauma / Traumatic Brain Injury (TBI), Amputation, Spinal Cord Injury and Disorders, and Blind Rehabilitation are well established. Specialized care and services are provided across tiered networks of specialty rehabilitation centers that serve as regional referral centers for acute inpatient rehabilitation for severe injuries. Ongoing care and services are provided for these Veterans in VA facilities with specialized interdisciplinary teams closer to the Veteran's home community. These VA programs uphold the highest standards of rehabilitation, such as CARF (Commission on Accreditation of Rehabilitation Facilities) accreditation for inpatient rehabilitation facilities, and participating in Department of Health and Human Services 'Model Systems' for VA's TBI and SCI programs (consortium of premiere private and academic rehabilitation centers). VA is further committed to ensuring Veterans continue to receive the prosthetic items and services they need. In FY2016, VA expended $2.8 Billion to provide 20 million medical items, prosthetic devices and items to 3.3 million Veterans. Finally, VA maintains its priority and visibility for these Veterans in partnership with our Federal Advisory Committee for Prosthetics and Special Disabilities – the longest standing federal advisory committee serving the VA. Established by Congress in 1992, this Committee advises the Secretary on VA prosthetic and special disabilities programs that serve Veterans with spinal cord injury, blindness or visual impairment, amputation, deafness or hearing impairment, and other serious disabilities. An annual report is also provided to Congress regarding this Committee's recommendations and VA's actions taken in response to those

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recommendations. Finally, the Office of Quality, Safety, and Value will ensure that these veterans are receiving the highest quality medical care with our multiple mechanisms for tracking safety and quality metrics for these complex patients.

9. On February 2, 2017, the VA filed a "Notice of Inquiry" in the Federal Register to "request information and comments from interested parties to help inform VA's development" of a quality and safety policy for providers of modification services under the Automobile Adaptive Equipment program. However, the Act requires that the Secretary develop this comprehensive policy in "consultation" with different stakeholders, including the National Highway Transportation Safety Administration, and industry representatives.

   Unfortunately, in VA's Notice of Inquiry, VA confirms that it is going to use this notice as the platform to receive the aforementioned required consultation. This is entirely unacceptable, as the law requires consultation, and should not be misinterpreted as merely a comment period for the Notice. Moreover, I believe that a robust consultation with different stakeholders will provide superior safety and quality standards. If you do indeed believe that disabled veterans deserve a high quality of care, in your new role as Secretary of the VA, will you follow the clear language of the statute and require consultation with specific stakeholders?
   Response: Yes, VA fully intends to comply with establishing this program in consultation with stakeholders and AAE entities across the national and state level, and public sector. VA has already been in contact with many of these stakeholders, and in doing so has discovered a number of entities with established quality and safety programs related to automobile adaptive equipment. Given the short suspense to implement this comprehensive program and supporting policy, and in order to be as broadly inclusive as possible, VA issued this public notice to expeditiously gather information from across all entities. Once this information is coalesced, VA will be fully informed about, and will have identified, all stakeholders for subsequent extensive consultation. This plan will then be presented in proposed regulation to all for review / public comment.

10. Will the major Information Technology (IT) modernization projects and programs currently underway at the VA lead to improvements in VA vendor reimbursement? More specifically, will the aforementioned IT projects produce a reliable system for ensuring the prompt and accurate payment of VA vendor invoices?
    Response: Yes, the Community Care Reimbursements Systems (CCRS) Project align with industry standard claim reimbursements to fully automate and integrate with other business systems including Referral and Authorization, Revenue, Fraud, Waste, and Abuse (FWA), data analytics and

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financial systems. This system will align with the future state, highly-integrated Community Care model, supporting both contracted Community Care Networks and Out of Network claims processing.

11. During a July 2016 hearing, the need for VA IT modernization and pursuit of a commercial off-the-shelf (COTS) HER was discussed and you stated "We reached consensus...that looking at a commercial product is the way to go. It has to be done recognizing the unique needs of our community and providers."

    Can you provide an update in pursuing a COTS solution, please describe in detail and include projected timing on this effort?

    Response: VistA was one of the first broadly used Electronic Health Records (EHR) in the country. It has been recognized for effectiveness and is still a high quality EHR used as the primary tool across the country. VA is proud of VistA, but we recognize the need for improvements.

    We will complete the next iteration of the VistA Evolution Program—VistA 4—in fiscal year (FY) 2018, in accordance with the VistA Roadmap and VistA Lifecycle Cost Estimate. VistA 4 will bring improvements in efficiency and interoperability, and will continue VistA's award-winning legacy of providing a safe, efficient health care platform for providers and Veterans.

    We have made substantial progress in delivering new capabilities leveraging VistA, while also strategizing for our future needs. VA is considering the future of VistA and VA's EHR as one component of a Digital Health Platform (DHP). The previous Administration delivered a Business Case for DHP, which included 3 options for the EHR component. This Business Case needs to be evaluated and a decision will be made on our path forward with respect to DHP and our EHR modernization efforts. However, the success of the digital health platform is not dependent on any particular EHR.

    The issue of moving away from VistA to a commercial EMR has been a subject of discussion at VA for years. VA has not always been clear on the future direction with regards to a COTS solution. I believe it is time that we make a firm decision and once a decision is made we will need to work closely with the Administration and Congress to define the path towards a successful outcome. If confirmed as Secretary I will commit to a decision on the COTS vs. Vista upgrade by July 1, 2017. The time leading up to July will be required to do a full assessment of the options in the context of the Digital Health Platform and work that is still required to make an informed decision.

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12. The Commission on Care's Final Report included a recommendation to "modernize VA's IT systems and infrastructure to improve veterans' health and well-being and provide the foundation needed to transform VHA's clinical and business processes." (Recommendation #7). Further recommending, "the VHA procure and implement a comprehensive, commercial off-the-shelf (COTS) information technology solution to include clinical, operational and financial systems that can support the transformation of VHA as described in this report." Former Secretary McDonald, recommended to former President Obama that the VA found this recommendation feasible and advisable.

Do you agree with this recommendation? What are the barriers to implementing this recommendation?
Response: Yes. Approximately 90% of OI&T's budget goes toward sustaining our aging infrastructure and applications, compared to around 60% in the private sector. OI&T has sacrificed modernizing these legacy systems and turning off older applications in exchange for adding incremental improvements and new capabilities. OI&T has developed a comprehensive strategy to substantially decrease its legacy system footprint and sustainment costs moving forward. A cornerstone of that strategy is VA's cloud implementation, which will improve efficiency and reduce costs. Implementing new functions like cloud will decrease sustainment costs because it requires significantly less maintenance.

13. Although DoD has just begun its implementation of a new COTS solution, they reportedly carried out a successful procurement and testing process. How closely have you worked with DoD to learn from their experiences and processes? Will you pursue working with the DoD to capitalize on the COTS experience?
Response: Yes, I have been told that VA has been working with DoD throughout the entire process and is learning from DoD's experiences while also helping to continue to advance on our Interoperability efforts. O I and T was did not report to me directly as Under Secretary, although we worked closely together on many projects. If confirmed as Secretary, I would work directly with DOD to determine how we might work closer together to leverage their work in this area.

14. Do you believe that VISTA can manage the business and clinical commitments of Care in the Community or the idea and concepts embedded in the VA Choice Program? Does the VHA currently have the ability to create an electronic longitudinal health record that veterans simultaneously incorporates the care of veterans at the VA and in the community?
Response: Yes. The VistA Evolution Program manages the development of a collection of approximately 60 projects and initiatives. Many of these are focused on VA's interoperability efforts with DoD and the private sector.

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The VistA 4 work managed by the VistA Evolution Program was first funded in FY 2014 and is scheduled to be completed by the end of FY 2018 (September 30, 2018). However, just because I believe VistA is capable of performing these functions, does not mean that the best ultimate decision is to stay with VistA. As stated above we will have a decision on a COTS product vs. VistA by July 1, 2017.

15. In the 114th Congress, provisions from the Toxic Exposure Research Act were signed into law as subtitle C of H.R. 6416. Simultaneously, the VA entered into a contract with the National Academy of Medicine to conduct a study on the health conditions of descendants of veterans exposed to toxins during the Gulf War. This is an important step forward, however, the aforementioned legislation that is now law requires a broader application and does not stipulate a certain conflict, time periods, group of veterans or type of exposure. The law requires the VA to contract with the National Academy of Medicine to conduct a review of health conditions potentially related to the toxic exposure of veterans who may have been exposed during their military service, which is intended to address veterans from any or all conflicts where they may have been exposed regardless of timeframe and locale. As Secretary, will you incorporate this statute into the currently contracted National Academy of Medicine study? It would seem redundant and duplicative to execute this statute at a later date when the VA has contracted with the National Academy of Medicine to conduct similar but limited work.
Response: At the time VA contracted with the National Academy of Medicine (NAM) for both Gulf War & Health, Volume 11 and Veterans & Agent Orange, Volume 11, VA subject matter experts (SMEs) were well aware of Congress' upcoming legislative requirement and wrote the two contracts accordingly – to have major focus on intergenerational health effects. With the final passage and signing into law of the Toxic Exposure Research Act, VA SMEs took further steps to discuss with NAM staff each of these two contracts AND the exact language of the Act to ensure that NAM would be able to deliver reports which met the explicit requirements of Congress. On 12 January, 2017 VA SMEs took the additional step of discussing with the seated NAM ad hoc committee for Gulf War & Health, Volume 11 both the charge to the committee (from the contract) and the language from the Act. VA SMEs will do the same with the NAM ad hoc committee for Veterans & Agent Orange, Volume 11 in March 2017. Both of these NAM reports are due to be completed in early 2019. Both of these reports, but especially Gulf War & Health, Volume 11, will have broad applicability to all Veteran cohorts and their descendants.

VA does oppose additional legislation on this matter as we feel that we have this legislative requirement covered. The NAM has already empaneled "top scientists, epidemiologists, clinicians, and investigators to research the

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literature on health conditions" for the committee preparing the Gulf War & Health, Volume 11 report.

16. Would you favor or oppose legislation that would require the VA to extend its contract with the National Academy of Medicine (formerly the Institute of Medicine) to empanel top scientists, epidemiologists, clinicians, and investigators to research the literature on health conditions associated with exposure not only to Agent Orange but to other toxic agents as well?
Response: VA does oppose additional legislation on this matter as we feel that we have this legislative requirement covered. The NAM has already empaneled "top scientists, epidemiologists, clinicians, and investigators to research the literature on health conditions" for the committee preparing the Gulf War & Health, Volume 11 report, and NAM will soon do so for the Veterans & Agent Orange, Volume 11 committee. Both committees will address the key elements of the Toxic Exposure Research Act.

17. How do you plan to address improving the quality of benefits claims decisions and appeals? With public pressure to decrease the backlog of both claims and appeals, there is an increasing preference for adjudicating claims speedily at the expense of the quality and thoroughness of decisions. What are your specific ideas for how you expect to improve the quality of claims decisions that will ensure that veterans are provided all the due process and duty to assist rights afforded them under the law?
Response: VBA has emphasized the importance of completing claims decisions in a timely and accurate manner. Quality is a critical performance element for all claims processors as is productivity. VBA has developed a multi-faceted approach to continuous quality improvement. Quality reviews completed on a national level provide data for error correction and tracking, targeted employee training, and station performance metrics. Consistency studies are regularly administered to claims processing employees to assess consistency of decision making and provide training and feedback on any targeted areas of concern identified. Local offices complete systematic quality reviews on individual employees and quality checks on cases during the adjudication process. The results of these reviews are used for error trend analysis, targeted training and individual employee performance evaluations.

With regard to appeals, a critical flaw in the current appeals process is that VBA's initial claim adjudicators do not receive effective quality feedback from VBA appeal decisions or from Board of Veterans' Appeals decisions. This is because the appeals process features an open record and continuous duty to assist and it generally takes several years to finally decide an appeal. As a result, a resolved appeal is based on a record that is different than the record

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considered by the initial VBA adjudicator. To address this concern, VA worked with VSOs and other stakeholders to design a new appeals process that features two quality feedback loops based upon a review of the same record, one in VBA and one from the Board. In addition, under the new framework, appeals to the Board will feature a more concise record that is easier to review. VA expects that this design will improve the quality of its initial decisions and reduce appeals. This new appeals framework was introduced in several bills in the 114th Congress and reintroduced in the 115th Congress. In addition, VBA has realigned all of its appeals operations and policy under a new organization, its Appeals Management Office, for improved oversight and quality assurance. The Board has also changed its quality assurance process to focus on known areas of concern and expanded the scope of its review to allow for identification and improvement of issues in all parts of the appeals system.

18. Do you endorse or oppose the creation of a fourth entity within the VA, a Veterans Economic Opportunity Administration?
Response: While VA appreciates the focus on improving employment services for Veterans by consolidating various programs, we do not support the creation of a separate Veterans Economic Opportunities Administration (VEOA). The current Veterans Benefits Administration (VBA) structure reflects the Under Secretary for Benefits' overall responsibility for Veterans benefit programs, including compensation, pension, survivors' benefits, VR&E, educational assistance, home loan guaranty, and insurance. A separate Administration for economic opportunity programs would negatively impact Veterans and would result in a redundancy of management support services. Additional staff would be required to support the administrative and management functions for the new administration which would be at the expense of direct FTE associated with the delivery of benefits, which would reduce support to Veterans. In 2011, the Office of Economic Opportunity (OEO) was established in VBA under the authority of the Under Secretary of Benefits to directly oversee Education Service, VR&E Service, Loan Guaranty Service, and Economic and Employment Initiatives. We believe there is currently an appropriate management structure in which there is internal collaboration among these program offices to oversee Veteran programs related to economic opportunities. We are concerned that dividing the benefit programs between two Administrations will result in a redundancy of management support services and add an administrative burden.

19. The Choice Act authorized the Secretary of the VA to seek the removal or transfer of Senior Executives based on poor performance or misconduct. To date, the VA has used its authority to fire only six senior executives. Last year, the VA and the Justice Department informed Congress that it would no

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longer enforce the removal provisions of the Choice Act. In addition, previous VA leadership vigorously opposed congressional efforts to enact additional accountability measures on non-senior executive VA employees:

a. Do you agree with the previous administration's refusal to enforce the removal provisions of the Choice Act?

b. If confirmed, will you use your powers Congress has given you under the Choice Act to remove Senor Executives who fail to serve our nation's veterans?

c. If confirmed, will you work with Congress to enact additional accountability measures to hold all VA employees accountable?

Response: The Department of Justice is frankly in a much better position than I am to determine whether a particular statute is or is not consistent with the U.S. Constitution. The issue DOJ has flagged in this case is a fairly nuanced legal issue, and it's not really up to me to say whether their analysis is right or wrong. That said, I want to be sure that we can sustain through the appeal process any action we take against an executive who failed to serve Veterans well or who has acted inconsistent with our values. If that means we need to amend the Choice Act to correct the issue DOJ flagged, I am supportive of that. At the same time, we should consider adding language to the statute that directs the Merit Systems Protection Board to defer to VA's actions unless our actions are arbitrary or illegal in some way. Ideally Congress would look at ways to improve the accountability and appeals processes for all Federal employees rather than singling VA employees out for different treatment. I look forward to working with Congress to identify and implement whatever solutions we need get this critical process right. If confirmed I would use my full powers as Secretary to ensure that I would remove Senior Executives that have failed in their responsibility to care for our veterans.

20. Your predecessor frequently claimed that 90 percent of VA medical centers have "new leadership teams." Please provide detailed analysis that justifies this figure. If analysis does not exist to justify this statistic, please provide your own, personal assessment of how many "new leadership teams" exist. However, those who have engaged in misconduct and are transferred from one VA facility to another do not factor in this equation. Most of these senior employees have appeared to avoid any accountability for their actions:
Response: Unfortunately, the 91% was an erroneous estimate that was mistakenly included in VA's March 2015 Accountability Fact Sheet. The correct fact at that time should have read as follows:

Since June 2014, 84% of our medical facilities and VISNs have newly placed leaders or leadership team members onboard. This percentage is inclusive of both newly placed and permanent leaders. The leadership team is defined as the Medical Center Director, Chief of Staff, Associate Director, Assistant Director, Nurse Executive, and Deputy Medical Center Director, Network

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Director, Chief Medical Officer, and Deputy Network Director. (Source: VHA Executive Recruitment Quad Report as of 12/3/2015; Timeframe: June 2014 to February 2015).

I have not quoted statistics like this as I am not sure it is the most meaningful way to determine if we are getting the right management teams on board. What is more important to me is to make sure that our searches for medical center leadership are brining us the best candidates. I am not in favor of continuing the same with the same ways that we have recruited leaders in the past. I have publicly stated on numerous occasions that I am looking for a mix of leaders that come from VA who are promoted for the right reasons into management positions but to also bring in outside leaders who are familiar with private sector practices. I believe that the selection of new leaders for our organization is among the highest priorities for the Secretary.

a. If confirmed, will you commit to ending the practice of merely transferring VA leaders when they engage in misconduct and instead ensure they are really held accountable for their actions?

Response: Beginning in 2014, allegations of misconduct or poor performance by a Medical Center Director or other senior VA leader have been referred to the Office of Accountability Review, an independent investigative body aligned within VA's Office of General Counsel but with dotted-line reporting to the Secretary through the Deputy Secretary and Chief of Staff. When OAR substantiates that a Director has engaged in misconduct or failed to act in accordance with our values, OAR has made recommendations for appropriate action to the Chief of Staff and Deputy Secretary. We do not move bad actors around – we take whatever action is warranted, up to and including removal. If confirmed as Secretary, I will make sure that several things are done. I would be seeking faster decisions on disciplinary actions of senior executives to either clear them of the allegations or to remove them from service. Of course, anything we do must be consistent with the current law and uphold the employee's due process. I am not in favor of routinely transferring employees to other positions (detailing) or in using paid administrative leaves.

21. For fiscal year 2015, the Office of Special Counsel (OSC) processed 2,165 cases from the VA. The agency with the next highest case load was the Department of Defense (DOD), with 1,322 cases—despite the fact that the DOD has twice as many civilian employees as the VA. Last Congress, OSC testified that the overwhelming volume of VA complaints presented numerous challenges to the agency charged with investigating and enforcing our nation's whistleblower protection statutes.

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a. Do you agree that the VA has a cultural problem with respect to reprisal on whistleblower?

b. How will you improve the culture of the VA with respect to whistleblowing?

c. If confirmed, how will you work with the Office of Special Counsel to investigate whistleblower claims and ensure that VA whistleblowers are protected?

d. If confirmed, will you commit to holding managers that engage in whistleblower retaliation accountable?

Response: We have made a lot of progress since Fiscal Year 2015 in the way we approach whistleblower disclosures and whistleblower retaliation claims. We've been working with OSC in closer collaboration than I think any other Federal agency does, working jointly with them to train our supervisors and managers on the whistleblower laws, to expedite relief to employees who may be experiencing retaliation, and to improve the sense of psychological safety that we need our employees to have so they feel comfortable speaking up when some aspect of our service to Veterans is in some way flawed. We've also reorganized the functions within VA that investigate whistleblower disclosures and retaliation claims, as well as the functions that track referrals we receive from OSC and from our Inspector General's office, to provide greater visibility over these issues and ensure we are thorough and consistent in our approach.

With respect to the volume of disclosures and retaliation complaints that OSC receives from VA employees, I do think we need to be mindful that only a small percentage are substantiated, but of course OSC needs to review all of them to be sure VA's programs are being conducted properly and our employees are being treated fairly. I am hopeful that Congress will continue to properly resource OSC to do this critical work. If confirmed, I would hold mangers accountable for whistleblower retaliation.

22. If confirmed, how will you work with the VA Office of Inspector General to investigate whistleblower claims and ensure that VA whistleblowers are protected?

Response: I would refer any whistleblowers claims of serious misconduct to the OIG and would implement any recommendations that results from that review. As well as ensure any disciplinary actions are taken by any misconduct identified by the OIG. Also, I will take the necessary steps to ensure the whistleblowers identity is kept confidential, if so requested.

23. There have been several instances when VA employees who are also veterans blow the whistle on wrongdoing at their facilities, they have had their private medical records improperly accessed by coworkers and used to discredit their claims.

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a. Do you believe that HIPPA provides enough protections for VA employees that encounter these experiences? If not, will you work with us to enact additional protections into law?

Response: Yes, I believe that HIPPA provides the necessary protections. I would be willing to consider and work with you on additional protections if they are necessary.

b. Will you commit to ensuring that employees that VA employees who improperly access VA whistleblowers' medical records as a means of retaliation are held accountable?

Response: Working collaboratively with OSC and the Privacy officer here within VHA, we have developed a new process to investigate and deal with issues of this type. I don't think we need any additional statutory protections to address this issue; we just need to keep enforcing the statutes and other legal authorities we already have. I will of course commit to ensuring that whistleblowers are protected from all manner of retaliation, including improper access to their medical records, and to holding accountable anyone who engages in retaliatory conduct.

24. In August of 2016, the VA released its comprehensive report on veteran suicides after analyzing 3 million records in only 20 states, with the result being 20 veterans a day taking their life. Another study commissioned by the Senate VA committee in 2013 directly linked the prescription of psychiatric drugs to an increase in the veteran suicide rate, and it cited a report that Health and Human Services and Centers for Medicare and Medicaid Services published in August 2013, stating, "Antidepressant medications have been shown to increase the risk of suicidal thinking and behavior."

In the 114th Congress, I was visited by a veteran and his service dog, who informed me of the training his dog received to help with his specific symptoms of PTSD. He prvided a peer-reviewed study from researchers at Purdue University and the Human Animal Bond Research Initiative on the efficacy of service dogs for suicidal veterans with positive results. Shortly after the meeting, I cosponsored the PAWS Act, which would provide VA-supervised service dogs to our nations veterans as a complementary or alternative method of treatment. Will you commit to exploring this option during your tenure as Secretary, and more broadly commit to research involving other alternative methods of treatment in an effort to continue reducing the tragically high rate of veteran suicides?"

Response: VA is aware of the interest in the potential therapeutic value of service dogs in the treatment of PTSD and other mental health disorders. That is why, on my initiative, VA's Center for Compassionate Innovation has launched a pilot program pairing Veterans with Mental Health Mobility Service Dogs. At the same time, VA is in the process of completing a landmark study

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on service dogs in the treatment of PTSD. We are also continuing to work with your office on the PAWS Act and look forward to coordinating with you on next steps in this direction. I will gladly commit to further research involving this and other alternative methods of treatment during my tenure as Secretary.

We are committed to evaluating the impact of service dogs on the quality of life for Veterans with mental health conditions in the following three ways:

- **Animal Assisted Therapy** programs where Veterans are part of the training process for service dogs, particularly around socialization of the service dogs in different settings
    - Socialization of the dog in crowds, on elevators, in public places, etc. necessitates the Veteran involved in the training to be in these settings
    - Allow the Veteran to apply coping strategies learned in therapy to real-life situations while training the dog
    - Gives the Veteran a sense of purpose and 'giving back' to others since the dogs are ultimately paired with another Veteran with a physical disability
    - Several programs across the country; program at Palo Alto has been in place almost 9 years with many success stories
- **Mental Health Mobility Impairment Service Dog Initiative** where Veterans with substantial mobility limitation secondary to a mental health condition are eligible for the veterinary health benefit
    - Evaluation by a multidisciplinary team, including a mental health clinician, determines that a service dog is the optimum intervention to overcome or mitigate the mobility limitation
    - Mobility limitation may include difficulty navigating public spaces, completing the activities of daily life such as shopping in a grocery store, and coming into the clinic for appointments
    - Center for Compassionate Innovation, Mental Health, and Prosthetics and Sensory Aid Services are teaming up to evaluate quality of life and satisfaction outcomes from 100 Veterans under this initiative
    - 7 Veterans have been approved for the veterinary benefit, 4 have dogs and 3 are in the process of being paired with a service dog, and 20 are going through the evaluation process with their multidisciplinary teams
- **PTSD Service Dog Study**
    - Recruitment is at greater than 80%; recruitment anticipated to be completed by spring
    - Fully staffed with all dog trainers (on board). Two per study site at three study sites = six (6) trainers. A seventh trainer serves as the supervisor

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VA supports a range of studies on post-deployment mental health concerns such as PTSD, depression, anxiety, substance abuse, and suicide. Research aims to:

- describe the incidence and prevalence of mental health disorders,
- identify their risk factors, including pre- and post-deployment assessments,
- quantify effect of deployment on future health outcomes
- understand the basic mechanisms underlying disorders,
- identify new effective treatments, and
- develop models of care that will deliver effective treatments more quickly, widely, and reliably to Veterans in need.

During the last 18 months, VA and other federal research funding agencies have worked together to address the mental health needs of Veterans through the National Research Action Plan (NRAP), developed in response to President Obama's Executive Order 13625. The plan outlines the vision for PTSD, TBI, and suicide prevention research and describes requirements intended to help the agencies successfully reach important research goals over the next few years.

VA also participates in developing cross-agency priority goals for Veterans' mental health. These goals, coordinated by the Office of Management and Budget (www.performance.gov), will establish common data elements for PTSD and suicide prevention, which will improve the coordination of research efforts across Federal agencies. Earlier efforts produced common data elements for TBI and substance use.

VA is also implementing a randomized program implementation: Block randomization or step-wedge design techniques, is a method by which one can assess the efficacy of a program during and after implementation, which is the strength of randomized clinical trials. This technique, if it can be made to work on a large scale, is much more reliable as a program assessment tool than the use of historical controls or pilot projects. This research work stream will attempt to use randomized-program implementation in several program rollouts to determine feasibility and barriers to implementation of this approach in the VA healthcare system. The function of assessment tools will depend upon the output of the Measurement Science work stream; and the rollout strategy employed may benefit from output of the Operations Research work stream. Current randomized program implementation initiatives have been launched to determine effective approaches for suicide prevention, opioid prescribing, telehealth, and home-based geriatric services.

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VA is also studying the use of service dogs for Veterans with PTSD. A multisite study will provide eligible Veterans with either an emotional support dog or a service dog that has been specifically trained to perform tasks that mitigate PTSD. Researchers will look for improvements in participants' PTSD symptoms, quality of life, participation in society, and employment status.

As of the second week in December 2016, 180 of 220 Veterans (82%) have been recruited and assigned to receive either a service dog or an emotional support dog. At the current rate of recruitment, the remaining 40 Veterans should be enrolled by May 2017.

25. Do you believe the VA can benefit from public/private partnerships, specifically with existing healthcare facilities and new construction?
Response: Yes. Public private partnerships can support the right sizing and adaptation of VA's owned infrastructure that could realize a better return on investment for Veterans and taxpayers. Partnerships can take various forms and should be evaluated against VA's needs and on a lifecycle cost basis compared to a traditional public sector project.
VA is presently exploring up to five infrastructure partnerships pursuant to the Communities Helping Invest through Property and Improvements Needed for Veterans (CHIP IN) Act that passed in late December 2016. VA enjoys collaborations with numerous healthcare affiliates, universities and community hospitals, which could be enhanced with the ability to share space and facilities that is limited by current laws and regulations. VA has also had success through its enhanced use lease (EUL) partnership program to leverage private investment with little or no government funding. Further flexibility, including expanding EUL legislation and a broader authority for Public Private partnerships will provide VA the potential partnerships to build or lease new or renovate/reuse existing facilities.

26. The VHA has been attempting to address the issues of interoperability with other departments, including Defense and HHS along with the general healthcare community. With the growth of the Choice Act, what is your plan to achieve interoperability with these diverse entities?
Response: One of the goals of VA Community Care is to establish a clear process for Veterans to seamlessly transition between VA, DOD, HHS and community providers. In order to improve the coordination of care and reduce administrative burden, VA will implement integrated administrative systems for eligibility, referral, authorizations, provider payments and customer service. To that end, we will leverage technology to:
(1) Provide easy to understand eligibility information to Veterans, community providers and VA staff

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(2) Provide Veterans timely access to a community provider by automating referral and authorization process

(3) Provide tools to ensure access to high-quality care inside and outside VA

(4) Coordinate care through seamless health information exchange

(5) Increase automation to support accurate and timely payment of community providers

(6) Provide tools for quick resolution of questions and issues for Veterans, community provider and Staff

These improvements will be implemented through a system of systems approach which involves the design, deployment, and integration of systems. Implementation of this approach will be executed through rapid cycle deployment using agile methodologies. This will allow VA to fix the most pressing issues with community care today, while making continuous updates to promote a learning health system that evolves with the needs of the Veteran population.

27. The Choice Act has shown the need for outside providers to service veterans, at least those geographically removed from department operated sites. How do you envision creating a better system for coordinating care and services of veterans utilizing the choice program and monitoring the outcomes of choice providers and ensuring all veterans receive the same excellent level of care and services wherever they go?
Response: VA's high performing network will have preferred providers that meet quality, safety and reliability metrics to ensure excellent level of care for all Veterans. Our contracted network TPAs will work collaboratively with the VA provider relations office, and local VAMCs to ensure local and regional community care partners join the network to meet the unique needs in a Veteran's community. We will also have regional quality and peer review committees with membership from both our contractors and the VA. We will match as closely as possible community standard quality metrics and VA metrics to ensure Veterans receive excellent quality of care within our integrated network which includes VA and our community partners. VA is also creating tools for the secure and seamless exchange a vital health information. These tools are currently being tested in the field at several VAMCs and their community partners.

28. The private sector has made many advances in both technology and procedures in the medical field. How do you implement these advances into the department? Will you implement these through pilot projects to better evaluate their applicability to the Veteran environment? How will you encourage private entities to bring their innovations to the department in a timely manner?
Response: VA must take advantage of technology advances in the private sector to improve care and services for Veterans. OI&T has shifted its mindset from complex customized acquisitions to leveraging the best of

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private sector existing technology and innovative mechanisms like public private partnerships. This not only improves speed to market, but allocates resources efficiently, and ensures VA is using the best technology available. Our strategic sourcing approach consolidates VA's IT purchasing power to obtain and deliver the best solutions to our Veterans from the best industry talent at the best price. Strategic Sourcing will provide access to best-in-class suppliers; ensure strong contractual performance through continuous monitoring; improve our speed to market, product compliance, and quality; ensure our compliance with Federal Information Technology Acquisition Reform Act (FITARA); provide greater technical capabilities for VA and our Veterans; and foster the most responsible allocation of taxpayer dollars.

Initiatives like this have been proven successful in efforts such as the Digital Health Platform (DHP) proof of concept, which utilized the public private partnership construct with an academic partner. DHP is a first-of-its-kind public-private partnership that will redefine the concept of "interoperability." DHP is a cloud-based platform. It is not hampered by software updates and changing technology. It is flexible and open. DHP already works with existing health platforms such as VistA, Cerner, Epic, and more. Future developments can be sourced industry wide.

Additionally, we are utilizing private sector solutions through VA's Center for Innovation (VACI). The work of VACI is driven by a strong commitment to a Veteran-centered approach to service delivery, and dedication to data-driven decision making, design thinking, and agile development. We do this through competitions, special projects, human centered design, innovators network, open innovation, and fellowships.

29. I request specific data regarding the number of VA employees who are currently or were held on administrative leave due to offenses of misconduct. Of those, how much has the VA exhausted on their salaries while on administrative leave and unable to fulfill the duties for which they were hired? I requested this information as an advance question prior to your hearing but it was not answered. Your response was a 29-page spreadsheet listing individuals with "proposed actions" and "actions taken" regarding their "sustained offenses." There is no data regarding the number of days each individual was on administrative leave due to the "sustained offenses" and just as important the dollar amount exhausted on administrative leave during the time period when the individual was put on administrative leave and when they were reinstated, if at all. The response also does not include a summary clearly explaining the total number of VA individuals and total cost incurred by the federal government. Please furnish this data and if there is no method by which the VA has tracked and collected this data, please explain why and how intend to furnish this data.

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Response: In response to your request for specific data regarding the number of VA employees placed on administrative leave related to misconduct, and the salary costs associated with such administrative leave, the attached table lists 25 employees who are/have been placed on administrative leave during the current Fiscal Year. The table lists the total number of days each employee was on administrative leave, the salary dollar value of the administrative leave, and date the administrative leave period ended.

I am aware of a newspaper article that recently quoted a much higher number of VA employees that have been placed on administrative leave. I have not been able to have this data confirmed by the VA Department of Human Resources. I will continue to ask VA to provide me with the comprehensive data that would substantiate this number. The issue that I am told this is difficult to do is that administrative leaves are recorded for many reasons other than disciplinary issues. Regardless of the difficulty in reporting this data, if confirmed as Secretary I would use my office to ensure that the practice of paid administrative leaves is used as little as possible and only when absolutely required.

Finally, by way of context, at VA, as at other Federal agencies, administrative leave may be used to take an employee out of the workplace while agency management or another entity (such as the Office of Inspector General) investigates to determine whether the employee has engaged in misconduct warranting adverse action. Employees may also be placed on administrative leave during the time period between the delivery of a proposed removal or other adverse action and the issuance of a final decision on the proposal.



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Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/5/2017 1:56:26 PM
To: (b) (6) @gmail.com; vivieca.wright@va.gov
Subject: Some final edits to Boozman's questions
Attachments: Questions for the Record- Boozman - 1305 FINAL.docx

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Questions for the Record
Dr. Shulkin Confirmation Hearing
Senator John Boozman

Dr. Shulkin, you have rightly stated that the VA should stop doing the things the VA doesn't do well. I think many would agree that the VA does not have the strongest track record when it comes to VA led IT solutions, to include software development. Countless iterations of VISTA and a currently disjointed scheduling system are cases in point.

Yet, the VA is again pursuing what appears to be a VA solution to scheduling software with VSE. This is concerning, when there are many commercially available, proven and affordable off-the-shelf solutions. Even more concerning is at the hearing yesterday you also referenced an additional VA scheduling tool, called MASS. I am very concerned the VA is moving forward with multiple scheduling tools, at great cost, without giving adequate thought to commercially available solutions, interoperability and effectiveness. An even greater, overarching concern is the scheduling solutions you describe did not mention how they would integrate into an even larger EHR transition. Lack of preparation and the absence of a coordinated strategy are what led to the disjointed IT architecture VA has now.

1. Please describe how you have arrived at multiple software solutions, the respective capabilities and objectives of VSE and MASS, anticipated costs, as well as what consideration has been given to ensuring interoperability with existing platforms and needs.
   Response:
   Improving the tools to support accurate and timely scheduling is a top priority for VA and critical to our ongoing efforts to expand and improve access. VA's current legacy scheduling application successfully schedules millions of appointments, but it is cumbersome to use, does not have a modern look-and-feel, and does not include functions that can drive improved operational efficiencies. VA is focused on providing our workforce with modern scheduling tools. Please find additional details below.
   VSE
   VistA Scheduling Enhancements (VSE) is a cost-effective, interim solution to bring an urgently needed modern interface to the antiquated VistA scheduling package. VSE is currently being piloted in multiple clinical settings at five VA facilities. If the pilot is successful, VSE will be implemented nationally until a permanent and complete solution is available. The "go /no go" decision related to VSE is anticipated by February 10, 2017 after feedback from the pilot sites. The costs for the pilot sites are less than 10 million.. The anticipated spending on VSE through FY19 is $36 million, which includes development, enhancement and national deployment costs.
   MASS
   In addition to VSE, VA awarded a contract for the Medical Appointment Scheduling System (MASS). The Medical Appointment Scheduling Solution (MASS), a best-in-class Commercial off the shelf (COTS) resource-based scheduling tool. MASS is being piloted in Boise, Idaho as a potential long term solution to VA's scheduling needs. The future

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potential deployment costs and approach will be clarified through this MASS pilot. As you note in your question, scheduling decisions must be made as part of a broader view of Health IT strategy at VA. The anticipated spending on MASS through FY 17 is $19.5 million, with the total spending to be determined after completion of the pilot. However, if VSE is determined to meet the needs of our schedulers and a decision is made to proceed with a national rollout then the Mass pilot could be stopped and the cost of the pilot would be significantly less.

2. Please explain how these tools affect the self-scheduling pilot project required by the Faster Care for Veterans Act.
   Response:
   The Faster Care for Veterans Act requires a full and open competition for a Commercial Off-the-Shelf Solution (COTS) self-scheduling application for use by Veterans. The Request for Proposal (RFP) to acquire that application is on-track for release by February 14, 2017 with an anticipated contract award date of April 17, 2017, as required by the Act. The Act stipulates that these self-scheduling solutions must integrate with VA's current scheduling platform, VistA, or any future scheduling platform.

   Prior to the Faster Care for Veterans Act, VA developed the Veteran Appointment Request (VAR) self-scheduling application through a contract... VAR allows Veterans to self-schedule Primary Care appointments with their Patient-Aligned Care Team and to request assistance in booking both Primary Cary and Mental Health appointments at VA facilities where they receive care. As of February 3, 2017, VAR is operating in 42 VA medical centers and expansion to additional sites is planned.

3. Please provide specific details regarding the RFI that was recently issued regarding the Faster Care for Veterans Act pilot, to include justification as to why the VA has imposed such restrictive requirements which exceed congressional intent and may impede full consideration of available, commercial off-the-shelf solutions.
   Response:
   The intent of the RFI is to conduct market research and ensure that VA is in a position to gather the best information on commercial-off-the-shelf (COTS) solutions that will meet the requirements specified in the legislation. In addition, the RFI provides VA with the information to determine if the procurement must be set aside for competition among Veteran-owned-small-businesses (VOSB) in compliance with the June 16, 2016, U.S. Supreme Court decision regarding Kingdomware Technologies, Inc. v. United States (Kingdomware) case.

   In order to ensure the solution is scalable, reliable, and sustainable, the RFI questions sought to determine the range of options available. In addition, the RFI included questions that provided additional information to determine the stability of the recommended solution. The questions on case studies allowed the supplier to demonstrate that the proposed solution is fully operational, and supports the intent of the legislation. It should be noted, that the VA has received 8 responses, several of which

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are not current VA contractors. This will provide excellent input to the next phase – the release of the RFP by 2/14/17.

4. Will you ensure, as the Faster Care for Veterans Act requires, that the RFP is free and open and not limited to existing VA contractors? How will you ensure that a pilot is launched quickly and safely without unreasonable customization?
Response:
Yes, we fully expect it will be a full and open competition as required by the Act. We expect the RFI market research will demonstrate that VA is not required to restrict the competition to SDVOSB or VOSB vendors in accordance with Public Law 109-461 (38 U.S.C. 8127 and 8128) "Kingdomware decision." There have been eight respondents to the RFI; several of which were not current VA contractors. It is in both VA's and the taxpayer's interest to select a partner that can offer a product that does not require extensive customization in order to meet the criteria set out in the law.

   The RFP is not restricted to those who responded to the RFI, and VA expects many more suppliers can provide their solutions during the RFP solicitation process.
   The requirements included in the RFP are being reviewed to ensure they are sufficient to meet critical VA needs, including security, privacy, VistA integration, and identification of patient eligibility without exceeding the capabilities specified in the Act. VA is prepared to move forward once a successful award is made, and the pilot is planned to begin shortly after contract award (on-target for April 17, 2017).

5. Finally, please describe how you are standardizing functions across the entire VA enterprise and leveraging other large EHR implementations to prepare for such a large transition to a fully functioning electronic health record.
Response:
VA is currently reviewing options regarding long-term EHR modernization which include continuing to upgrade VistA, shift to a commercial EHR platform, some combination of both, among other alternatives.

   In order to enhance our clinical practice standardization, VA will leverage the Enterprise Health Management Platform (eHMP), which is now deployed and in pilot testing throughout the VA system. It provides a structured interface for standardization of clinical processes and can be utilized with our current legacy systems or a commercial EHR.

   In addition, the VA has developed a Digital Health Platform concept that has a goal of standardizing functions across the entire VA, and provide a comprehensive end-to-end model for integrating healthcare across an individual's lifespan enabling interoperability among systems much more efficiently than traditional system integration efforts. VA is actively reviewing all of the above technology approaches and frameworks so as to make future-looking Health IT modernization decisions that provide cutting edge technology to VA medical providers serving Veterans in the most cost-effective manner.

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Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/8/2017 2:24:11 AM
To: (b) (6) @mayo.edu
Subject: Re: Congrats

Thanks so much (b)

-----Original Message-----
From: (b) (6) M.D., M.D. (b) (6) @mayo.edu>
To: David shulkin <drshulkin@aol.com>
Sent: Tue, Feb 7, 2017 7:50 pm
Subject: Congrats

It has been reported that you sailed through today. Fantastic. My best, David.
(b)

(b) (6) **M.D.**
President and CEO
Mayo Clinic Administration
Mayo Building, East 11
Phone: (b) (6)
Fax: (b) (6)

Mayo Clinic
200 First Street SW
Rochester, MN 55905
www.mayoclinic.org

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Message

From: (b) (6) M.D. (b) (6) @mayo.edu]
Sent: 2/8/2017 12:50:56 AM
To: David shulkin [drshulkin@aol.com]
Subject: Congrats

It has been reported that you sailed through today. Fantastic. My best, David.
(b)

(b) (6) **M.D.**
President and CEO
Mayo Clinic Administration
Mayo Building, East 11
Phone: (b) (6)
Fax: (b) (6)

Mayo Clinic
200 First Street SW
Rochester, MN 55905
www.mayoclinic.org

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Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 2/9/2017 12:47:44 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Senate Hearing Photos- total 13
Attachments: 170201113 Shulkin Test b.jpg; 170201112 Shulkin Test c (1).jpg; 170201103 Shulkin Test b.jpg; 170201097 Shulkin Test b.jpg; 170201071 Shulkin Test c (1).jpg; 170201061 Shulkin Test e.jpg; 170201332 Shulkin Test b.jpg; 170201280 Shulkin Test b.jpg; 170201266 Shulkin Test b.jpg; 170201227 Shulkin Test b.jpg; 170201226 Shulkin Test c.jpg; 170201112 Shulkin Test c.jpg; 170201159 Shulkin Test c.jpg

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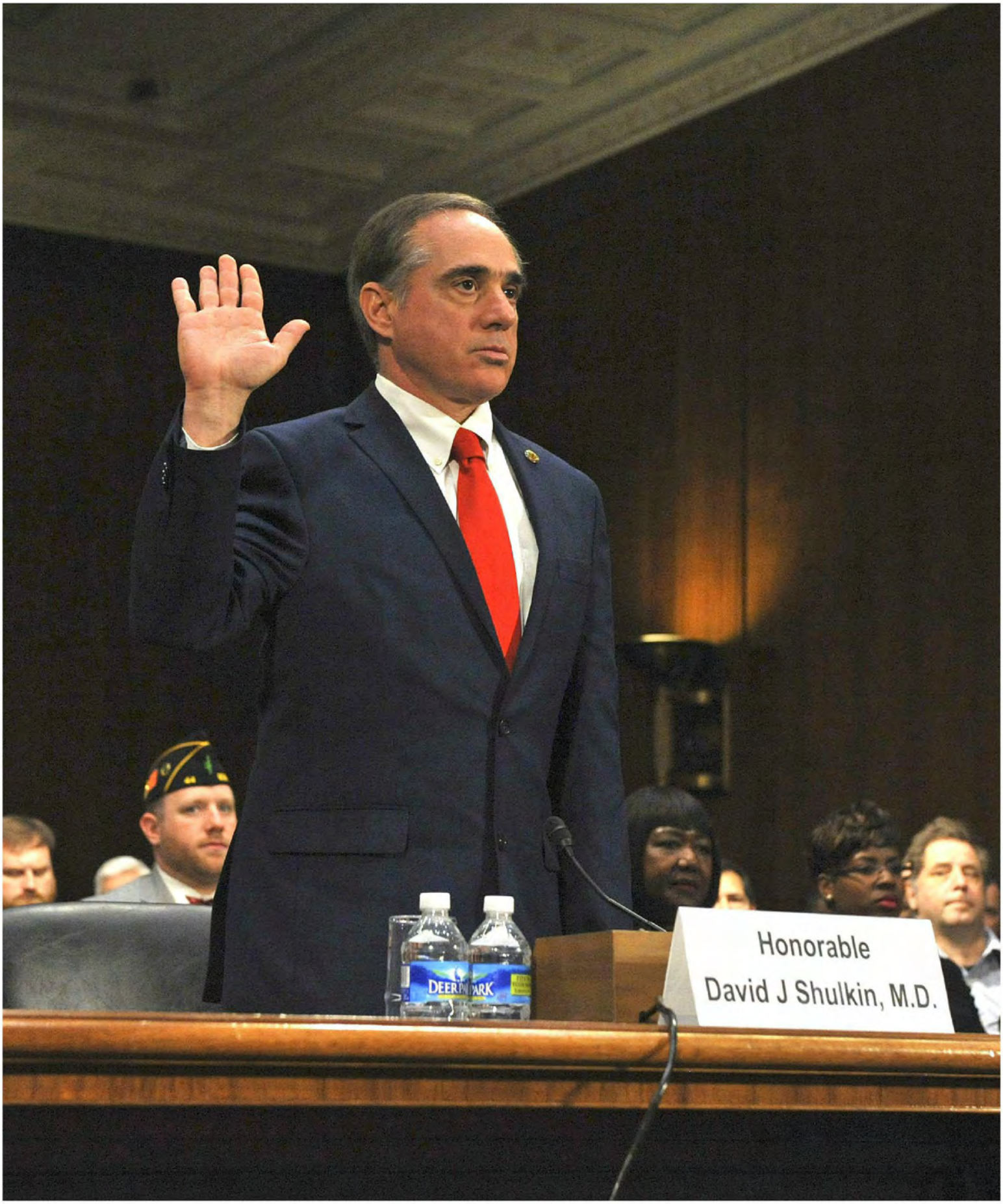

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VA-19-0799-I-001612

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/7/2017 11:08:25 AM
To: Vivieca Simpson [(b) (6) @gmail.com]

Can we het an update on the san juan director? I know he has been removed but is there a mspb appeal pending? What are next steps?

Sent from my iPhone

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/9/2017 2:09:41 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: picture is worth a thousand words

Sorry to here - but get pampering

Sent from my iPhone

On Feb 9, 2017, at 7:42 AM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> K- I will open and send them as attachments. I am really sick with a (b) (6) ! Its so awesome to be home even though will be on conference calls for most of the day. Enjoy Day 2 of NLC!!

From: David shulkin <Drshulkin@aol.com>
Sent: Thursday, February 9, 2017 7:35 AM
To: Poonam Alaigh
Subject: Re: picture is worth a thousand words

I cannotbopen on my mobile either

Sent from my iPhone

On Feb 9, 2017, at 6:52 AM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> Omg- I thought you had these already since (b) (6) was on it- they sent me a whole bunch yesterday but I could only open them on my laptop once I got home- not on my mobile devices. I will forward the email right now to both your emails and if you can't open, let me know and I will open and resend to you. They are so precious and great pictures with (b) (6) there too
>
> Sent from my iPad
>
> On Feb 9, 2017, at 6:44 AM, David Shulkin <drshulkin@aol.com> wrote:
>
> > I love it too

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Where did you get it

Sent from my iPad

On Feb 8, 2017, at 10:30 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> I am looking at you so proudly- simply love this picture
>
> <170201071 Shulkin Test c.jpg>

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Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 2/9/2017 12:42:23 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: picture is worth a thousand words

K- I will open and send them as attachments. I am really sick with a (b) (6) [redacted]! Its so awesome to be home even though will be on conference calls for most of the day. Enjoy Day 2 of NLC!!

From: David shulkin <Drshulkin@aol.com>
Sent: Thursday, February 9, 2017 7:35 AM
To: Poonam Alaigh
Subject: Re: picture is worth a thousand words

I cannotbopen on my mobile either

Sent from my iPhone

On Feb 9, 2017, at 6:52 AM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> Omg- I thought you had these already since (b) (6) was on it- they sent me a whole bunch yesterday but I could only open them on my laptop once I got home- not on my mobile devices. I will forward the email right now to both your emails and if you can't open, let me know and I will open and resend to you. They are so precious and great pictures with (b) (6) there too
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> > I love it too
> >
> > Where did you get it
> >
> > Sent from my iPad
> >
> > On Feb 8, 2017, at 10:30 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:
> >
> > > I am looking at you so proudly- simply love this picture
> > > <170201071 Shulkin Test c.jpg>

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/9/2017 12:35:21 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: picture is worth a thousand words

I cannotbopen on my mobile either

Sent from my iPhone

On Feb 9, 2017, at 6:52 AM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> Omg- I thought you had these already since (b) (6) was on it- they sent me a whole bunch yesterday but I could only open them on my laptop once I got home- not on my mobile devices. I will forward the email right now to both your emails and if you can't open, let me know and I will open and resend to you. They are so precious and great pictures with (b) (6) there too
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> > On Feb 8, 2017, at 10:30 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:
> >
> > > I am looking at you so proudly- simply love this picture
> > >
> > > <170201071 Shulkin Test c.jpg>

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Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 2/9/2017 11:52:27 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: picture is worth a thousand words

Omg- I thought you had these already since (b) (6) was on it- they sent me a whole bunch yesterday but I could only open them on my laptop once I got home- not on my mobile devices. I will forward the email right now to both your emails and if you can't open, let me know and I will open and resend to you. They are so precious and great pictures with (b) (6) there too

Sent from my iPad

On Feb 9, 2017, at 6:44 AM, David Shulkin <drshulkin@aol.com> wrote:

> I love it too
>
> Where did you get it
>
> Sent from my iPad
>
> On Feb 8, 2017, at 10:30 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:
>
> > I am looking at you so proudly- simply love this picture
> >
> > <170201071 Shulkin Test c.jpg>

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Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/9/2017 11:44:30 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: picture is worth a thousand words

I love it too

Where did you get it

Sent from my iPad

On Feb 8, 2017, at 10:30 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> I am looking at you so proudly- simply love this picture
>
> <170201071 Shulkin Test c.jpg>

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Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 2/9/2017 3:30:52 AM
To: David Shulkin [drshulkin@aol.com]
Subject: picture is worth a thousand words
Attachments: 170201071 Shulkin Test c.jpg

I am looking at you so proudly- simply love this picture

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Message

From: IP [(b) (6)@frenchangel59.com]
Sent: 2/8/2017 2:47:05 PM
To: 'Marc Sherman' [mbs(b) (6)gmail.com]; 'Bruce Moskowitz' [brucem(b) (6)mac.com]
CC: 'David shulkin' [drshulkin@aol.com]; 'L Perl' [(b) (6)@gmail.com]
Subject: RE: Next phone agenda

I am going to make a couple of calls and find out how they set-up the business committee.

I don't think the Senate or Congress were involved with the business committee so we should look to do the same.

I will get back to you as soon as possible.

From: Marc Sherman [mailto:mbs(b) (6)gmail.com]
Sent: Wednesday, February 08, 2017 7:23 AM
To: Bruce Moskowitz
Cc: David shulkin; L Perl; IP
Subject: Re: Next phone agenda

Agree. We should also talk about the official form of the group. (b) (5) David, any insight and thoughts?

Marc Sherman
(b) (6)

On Feb 8, 2017 7:04 AM, "Bruce Moskowitz" <brucem(b) (6)mac.com> wrote:
We should plan for this after the confirmation. According to Politico it should occur this week. I will be available to discuss anytime. We should try to get the first call within 10 days so we do not loose momentum with the group. Thank you.

Sent from my iPad
Bruce Moskowitz M.D.

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Message

From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 2/8/2017 12:22:43 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
CC: David shulkin [drshulkin@aol.com]; L Perl [(b) (6) @gmail.com]; IP [(@frenchangel59.com]
Subject: Re: Next phone agenda

Agree. We should also talk about the official form of the group. (b) (5) [redacted]. David, any insight and thoughts?

Marc Sherman
(b) (6) [redacted]

On Feb 8, 2017 7:04 AM, "Bruce Moskowitz" <brucem(b) (6) mac.com> wrote:
We should plan for this after the confirmation. According to Politico it should occur this week. I will be available to discuss anytime. We should try to get the first call within 10 days so we do not loose momentum with the group. Thank you.

Sent from my iPad
Bruce Moskowitz M.D.

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Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/4/2017 2:32:50 PM
To: vivieca.wright@va.gov
CC: (b) (6) @gmail.com
Subject: Senator Murrays Questions
Attachments: PostHQFR for Shulkin - Sen Murray.docx

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Senator Patty Murray's Questions for the Record
Senate Veterans' Affairs Committee
February 1, 2017
"Pending Nomination of David. J Shulkin, M.D., Nominee to be Secretary of Veterans Affairs"

Dr. David Shulkin
Nominee
Secretary of Veterans Affairs

VA Puget Sound Health Care System

1) As you know, many Seattle area veterans receive their care through the VA Puget Sound Health Care System – specifically at the Seattle campus. Unfortunately, in meetings with individual veterans as well as Veteran Service Organizations in Washington state, we regularly hear of obstacles that veterans face in accessing care. My colleagues and I have worked to identify some of the root causes of these issues, which seem largely to stem from unfilled management positions, an overreliance on "acting" roles that lack decision-making authority, and frequent turnover in leadership.

   On October 26, 2016, you spoke with my colleague Congressman Adam Smith, whose district includes the VA Puget Sound Healthcare Center in Seattle. During that call, Mr. Smith specifically noted the multiple leadership issues that plague the Seattle VA facility, including ongoing problems with open, unfilled positions. It is my understanding that both you and Congressman Smith agreed that sending a management improvement team was warranted, and would be beneficial to Seattle area veterans. Your staff in Washington, D.C. confirmed this in an October 28, 2016 message.

   Unfortunately, on November 14 last year, Congressman Smith's office was informed that this commitment was being rescinded, and VA officials have so far refused to explain why. The leadership problems continue, and have only worsened with President Trump's recent Executive Order directing a federal hiring freeze. Clearly, the need for assistance remains.

   - To that end, will you commit to sending a management improvement team to the VA Puget Sound Health Care System?

Response: I am disappointed to hear this and I was not aware of any decision to rescind a team from going to VA Puget Sound. I will commit that a team Human Resources experts will be on site within 60 days to assist VA Puget Sound Health Care

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System hiring efforts and further instruct the team that no one but me would be allowed to rescind this commitment. .

Impact of Hiring Freeze

2) Dr. Shulkin, you said in your nomination hearing: "the most important thing to me is that we have the resources to hire the people that we need to take care of our veterans. We have requested that from the White House and we have gotten that." You further claimed that there are 45,000 positions open within VA, of which 37,000 are exempt, but that still leaves 7,000 positions vacant. Additionally, those numbers only apply to positions in the Veterans Health Administration. There are another 688 vacancies within the Veterans Benefits Administration, none of which are exempt. So the hiring freeze will clearly have a very real impact on veterans' access to services and care.

   For example, data from VA Portland Health Care System, which provides benefits and treatment to veterans in Washington state, shows that on average they processed more than 500 claims for beneficiary travel program every business day in 2016. As a result of this high volume, the travel reimbursement claims processing time is backlogged to about six weeks for most claims and up to eight weeks or more for complex claims. Portland VA had hoped to address this backlog by hiring additional staff for their Veterans Transportation Program. Unfortunately, although the authorized number of staff for the VTP was raised to nine employees, the hiring freeze has blocked this VA from hiring the staff it needs to quickly provide this important benefit to our veterans.

   - How can you say that you have received all the resources you need to take care of our veterans when close to 700 positions related to providing our veterans with benefits remain vacant and how are you going to address the delays in processing veterans' benefits with so many open positions at VBA?

Response: If confirmed as Secretary my focus would be to address any barrier that prevents us from delivering the services needed to our veterans. At this point in time, my primary concern in to ensure the health and safety of our veterans. I believe we have the exemption for hiring that allows us to do that. VBA continues to offer overtime on an optional basis to employees processing compensation rating claims. Additionally, VBA has authorized overtime for specific pension and non-rating work. VBA is considering all options, to include mandatory overtime, to ensure that Veterans are getting the best care and services possible while the hiring freeze is in effect.

   - If confirmed, will you exempt VBA positions from the hiring freeze?

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Response: I stated in my testimony that I had spoken to the current Acting Under Secretary for Benefits and asked him to closely monitor the situation with clear metrics to make sure that we are not seeing a significant deterioration of service levels. It is my understanding that VBA is in the process of submitting an exemption request to permit the hiring of direct labor occupations to ensure reduced impact on VBA's ability to serve veterans. If I am confirmed as Secretary I would give full consideration to this request.

3) As VA Secretary, it will be your job to advocate on behalf of all policies that affect veterans. That means that you must advocate not just for access to health care but also for veterans' ability to access all the benefits that have been provided to them in return for their service. One of those benefits is the hiring preference veterans receive when applying for federal positions. I am very concerned that President Trump's hiring freeze will impact these veterans, who apply for federal positions in disproportionate numbers compared to non-veterans.

   - If confirmed, what work will you do with the Administration to make sure that veterans are not disadvantaged in their effort to seek federal employment?

Response: VA provides first consideration to all qualified preference eligible Veterans when filling jobs open to the general public. When filling jobs that are only open to current Federal employees, VA also accepts applications from Veterans who are currently not part of the Federal workforce, but are eligible for hire using special hiring authorities. A large percentage of the Veteran workforce at VA, 32.57%, was hired using a variety of special hiring flexibilities, such as the Veterans Recruitment Act, Veterans Employment Opportunity Act, Schedule A Authority for People With Severe Physical Disabilities, Psychiatric Disabilities, and Intellectual Disabilities, and the 30% or More Disabled Veteran Public Law. To the maximum extent possible, if confirmed as Secretary, VA will continue to fill jobs with qualified veterans.

The VA also has an established Veterans Employment Services Office to monitor our progress with regard to employment of Veterans and to advise me on Veteran recruiting and retention strategies. I am proud of the work we've done to assist Veterans seeking Federal employment, and I remain committed to those efforts. Over 120,000 of our employees are Veterans, including over 50,000 of whom are Disabled Veterans.

I look forward to the opportunity to serve as co-chair, with the Secretary of Labor, of the Veteran's Employment Council to ensure the Federal Government maintains its momentum in providing employment opportunities for Veterans both in the Federal Government and in the private sector.

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Under Other than Honorable Discharges

4) I am concerned about the increasing number of service members who leave the service not knowing their VA eligibility status. A 2016 report from Swords to Plowshares showed that under other than honorable (UOTH) discharges often result from minor infractions that relate to PTSD or other conditions that prevent them serving as expected. The report noted that Post-9/11 veterans in particular are three times more likely than Vietnam Era veterans to receive an under other than honorable discharge, and that veterans with an under other than honorable discharge are twice as likely to commit suicide, twice as likely to be homeless, and 50 percent more likely to get caught up in the criminal justice system.

   The brave men and women who volunteer to serve in our military should not be left without healthcare or basic workers' compensation for injuries in service. Thankfully, the issues surrounding UOTH discharges have gained public and media attention, and increasing attention from this Committee, including a media event that the Chairman hosted last month.

   Current law allows former service members to get basic veteran services if their conduct was not dishonorable. However, it is often up to VA discretion when it comes to providing services to a veteran with an UOTH discharge. Over the past several years, VA has taken steps to address this problem, including preserving homeless housing eligibility while corrective legislation was prepared; improving the internal processes for deciding eligibility in these cases; improving internal communication to VA staff to make sure every veteran has an opportunity to access services; and making a commitment to this Committee last year that it would revise its regulations to better take mental health and other factors into account. These are great first steps, but there is much more that must be done to properly care for veterans with an UOTH discharge.

   If confirmed, what specific steps do you plan to undertake to provide services and care to eligible veterans with UOTH discharges?

   - In particular, will VA follow through on its commitment to issue new regulations this fiscal year amending the criteria for "under other than dishonorable" service, regardless of President Trump's executive order that would require agencies to revoke two regulations for every new rule they want to issue?
   - If confirmed, will VHA revise its military sexual trauma program instructions to ensure that no veteran is denied access to military sexual trauma care, regardless of circumstances of discharge?

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Response: If confirmed as Secretary, I would work to use the full regulatory authority available at VA to serve as many veterans as possible including those with other than honorable (OTH) discharges. If there are statutory requirements that prevent us from doing this, I would come to you to ask for your assistance. Currently, an OTH discharge is not necessarily a bar receiving MST-related health care. It is my understanding that veterans with OTH discharges can currently receive VA care, including MST-related care, upon review of their discharge by the Veterans Benefits Administration (VBA). Following this review, VBA issues a decision as to whether or not the Veteran's discharge is a bar to receipt of health care benefits. VA has taken steps to ensure staff are aware that Veterans with OTH discharges are potentially eligible for MST-related services and that there have been no shifts in policy to tighten eligibility requirements. I am committed that no veteran with MST would be denied access to care.

Pain Management

5) The VA, with Committee oversight and support, has taken important steps to improve pain management throughout the VA system. These include implementation of a "step care" model that matches appropriate therapies to the unique needs of individual patients, particularly for veterans with complex chronic pain problems of long, sometimes lifelong, duration. There has also been collaboration with the Department of Defense to allow servicemembers transitioning to VA care to have their pain management coordinated across the systems. Furthermore, VA researchers have worked with the National Institute of Health and other research partners on new treatments, particularly those that could be alternatives to the use of opioids for chronic pain. Despite progress, a lot remains to be done.
   - What is your position on alternative methods of pain management?

Response: I have always been a strong believer in the importance of complementary and alternative methods in pain management. As the CEO of Beth Israel Medical Center in NYC we developed one of the largest private sector Complimentary Care Programs in the country. At VA, we have an extensive commitment to complementary care under the leadership of Dr. Tracy Gaudet. Dr. Gaudet prior to coming to VA led Duke University's programs in Complimentary Care.

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- **If confirmed, how specifically will you continue prioritizing these efforts?**

Response: In response to Section 932 of the Comprehensive Addiction and Recovery Act (CARA), passed in July 2016, the VHA has developed an ambitious plan to expand research, education, and clinical delivery of complementary and integrative health approaches for pain management as well as mental health and overall well-being over the coming three years. On the clinical side, the Integrative Health Coordinating Center in the Office of Patient Centered Care & Cultural Transformation is working to make the evidence-based CIH approaches—including acupuncture, chiropractic, yoga, tai chi, meditation, and massage—more widely available to veterans nationally. Our commitment is that every medical center will offer at least two of these therapies routinely for veterans with pain, and one "flagship" site in each VISN will offer the entire range of therapies. Our new Community Care contract will also make these complementary therapies available to veterans in the community if they are not available through the medical center.

To support this increased access to CIH therapies for pain we are actively working to revise VA medical policies and regulations to facilitate delivery and evaluation of CIH approaches as part of the VA medical benefits package. We are also rolling out a large scale educational initiative through our Employee Education Service to increase awareness among clinical staff of the role of evidence-based CIH approaches for pain, so that our clinicians will begin to utilize these approaches more actively with veterans. Finally, our Office of Research Development is collaborating with the National Center of Complementary and Integrative Health at NIH and the DoD to fund a large research initiative supporting demonstration projects developing the most effective ways to deliver CIH for pain in our military populations.

Veterans Ability to Raise Concerns

6) I have heard from many veterans in Washington state that it is very difficult to get a concern or complaint addressed that is not specifically related to an appeal or claim. I have also heard that former Secretary McDonald's open door policy, including the establishment of town halls, was well received by veterans. I understand that veteran advocates are intended to help veterans with complaints, but my office continues to receive complaints from veterans who do not feel their advocates are actually addressing their concerns, perhaps a consequence of the structure in which veterans advocates work with local VA but do not raise the concerns to the Department in D.C.

   - If confirmed, can you assure me that you will continue the open-door policy established by former Secretary McDonald, and that you will create an

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avenue through which veterans can raise their concerns and complaints higher than a veterans advocate if they feel the complaint has not been addressed?

Response: Secretary McDonald and I share many of the same values in how to run organizations, but of course our styles are not identical. My record at VA shows that I have also been accessible to veterans and many organizations as well. I hold town hall meetings, speak at numerous events where I interact with veterans and organizations that represent them, and take advantage of as much interaction as I can. My career has been focused on allowing the voice of the patient to be heard as a primary means for improving healthcare. I've started companies that allow patients to be more empowered and I've written a book called "Questions Patients Need to Ask" to allow patients to be more informed about being a knowledgeable consumer of services. I would plan to continue with this philosophy of patient empowerment if confirmed as Secretary.

7) While I have heard support for the VA town hall program, I have also received complaints from veterans in rural communities who have not been able to attend these meetings because they only take place in the greater Seattle area.

- If confirmed, can you assure me that you will keep the VA town hall program going, and that you will expand it to reach parts of the country outside major metropolitan cities.

Response: Yes

Bremerton CBOC

8) I wanted to follow up on the conversation we had regarding the Bremerton CBOC. As I mentioned, for the last decade, my office has been working with VA, the local community, and the Navy to find an appropriate relocation site for the CBOC in Bremerton, Washington, which is significantly undersized. In your written response to questions you cited multiple tools to solve real estate problems, some of which were not effective in resolving the Bremerton CBOC issue. This facility has experienced two failed relocation efforts, the last of which means a new facility won't open until 2019 at the earliest. I understand it is VA's opinion that this location is not opening as a result of the building not being renovated in compliance with seismic regulations. However, this community has been without adequate care capacity for ten years, so I am less interested in what has gone wrong than how you intend to fix it.
   - What immediate steps will you take to provide additional outpatient resources to the growing veteran population in Bremerton?

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Response: The VISN 20 Network Director during an update call with your staff on February 2, 2017, committed to seeking clinical space in a non-VHA healthcare facility into which could be placed an additional PACT Team to increase primary care while work to relocate the Bremerton CBOC is completed. VA has already identified two possible locations: one at the new Harrison Hospital in Silverdale; a second in the Franciscan Medical Building in Port Orchard. Opening an additional PACT team at a satellite location in the Bremerton area is contingent on our ability to timely recruit the PACT medical team professionals required to provide this service. In the meantime, all new veterans seeking enrollment for Primary Care Services in the Kitsap County area are offered the option to enroll with a Choice primary care provider. There are approximately 153 Primary Care Choice providers in Kitsap County - sufficient to provide the primary care needs of our veterans in the Bremerton area.

- What changes will you make to prevent this from happening again?

Response: The delays associated with moving the Bremerton CBOC to a new and larger location were related to the contractor that was selected for this project. This raises the issue of federal contracting law and the ability to select the best contractor for the job to ensure that this type of issue does not arise again. If confirmed as Secretary I would undertake a review of our contracting rules and make recommendations on how we can improve and prevent issues like this from recurring. In the meantime, please be assured that the Bremerton CBOC relocation project has the personal attention of the VISN 20 Network Director and VA Deputy Under Secretary for Health for Operations and Management.

Access to Women's Health in Rural Areas

9) Dr. Shulkin, women make up the fastest growing veterans population in the United States. In response to pre-hearing questions, you noted that since 2014, 100 percent of medical centers and 90 percent of CBOCs have Designated Women's Health Providers (DWHP). Those are commendable numbers, but I would like to see 100 percent of CBOCs have a DWHP, especially since so many veterans live in rural areas where their only access to VA care is through their local CBOC. In fact, a report released this January by the U.S. Census Bureau found that roughly half of all veterans live in rural areas. In my home state of Washington, more veterans lived in rural areas than non-veterans.
   - With VA projections showing that the number of women veterans is expected to rise to 15 percent of the entire living veteran population, how will you, if confirmed, ensure that 100 percent of CBOC's have a Designated Women's Health Provider?

Response: VA recognizes that the population of women Veterans has grown dramatically and will continue to rapidly expand. For FY 2017, VA has set a Secretary's

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Management Initiative focus on women Veterans' access, trust and satisfaction. Specifically with regard to access in CBOC's we will conduct additional trainings this year gaining an additional 500 providers through our Mini Residency trainings. The attendees are selected specifically targeted to gaps in providers, particularly for CBOCs. In addition, we are launching a new travelling education for rural sites to deliver the curriculum to CBOC providers. VA has identified where the gaps in providers exist, we strive to have Designated Women's health Providers at every facility and CBOC. VA, just as for all of health care, continues to be challenged in hiring Primary Care providers. To assist with recruitment, Workforce Management and Consulting (WMC) is developing new recruitment tools to entice more women's health providers into VA employment.

- What else will you do, specifically, to care for the growing population of women veterans?

Response: With regard to ongoing access, VA Office of Community Care has recently added analysis of referrals for women and provider availability. Approximately 33% of women go out into community care each year, thus an important focus had been adequacy of referral networks. In house, we have expanded Mammography to 52 sites and will continue to add locations that reach the critical minimum number of women at that site. VA Office of Women's Veterans Health has developed IT tools for management of breast cancer cases. Also added is a tracking system that allows follow up of tests ordered for women, whether seen in the VA or in the community.

VA recognizes ongoing challenges for women Veterans using VA care and benefits. Despite many gains in culture change, women Veterans report feeling less welcome at VA than men, and overall do not report high trust in VA. We have launched a new campaign to enhance respect of Veterans and to end harassment of women Veterans by other Veterans. The full campaign will roll out it waves throughout this year.

Caregivers

10) As I have long believe, you stated in your meeting with me on Tuesday that the Caregivers program may actually be cost effective. However, you also stated that it would cost $3 billion annually in your answer to my pre-hearing questions. When we discussed this further you said that you would be interested in doing a cost-benefit analysis of the Caregivers program, or something similar, to determine if it is a cost effective program for VA to utilize, which could result in the actual cost of the program being much less than $3 billion.
    - Do I have your assurance that you will conduct a cost benefit analysis of the Caregivers program to determine if it is actually cost effect? Once this analysis is complete will you work with CBO to update the estimated costs associated with the Caregivers program?

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Response: You have captured our conversation correctly. I do believe that support of additional Caregivers, particularly to older veterans, may be cost-effective. This may be especially true in the area of cost avoidance of institutional care. I would be very interested in seeing the results of a study that would allow us to make a decision regarding the value of expanding the program. Rather than committing to a study right now, I would first want to make sure that such a study has not already been done for us to learn from. If not, I would want to speak to our researchers in VA to see if we have the ability to do such a study and if not I would want to speak to an outside group to determine the cost, time required and scope of such a study. Finally, I would want to confer first with CBO to make sure that we are asking the right questions up front to ensure that the results of the study would be meaningful to them. .

Impact of Increased Military

11) President Trump has said he wants to substantially increase the size of the U.S. military, with an addition of 60,000 active duty soldiers, an unspecified number of additional sailors to man the 78 naval vessels he would like to build, another 12,000 Marines, and additional personnel to man at least another 100 combat aircraft for the Air Force. These servicemembers will one day become veterans who will rely on VA to provide them timely access to the benefits and care they earned through their military services. A Brown University study showed that the cost of caring for veterans peaks 30 to 40 years after a conflict has ended, and that future costs associated with the Iraq and Afghanistan veterans will likely be between $600 billion and $1 trillion. If President Trump is serious about increasing the size of our military, he must also be serious about providing resource to VA to ensure that all veterans can access the services and benefits they have earned in a timely matter.
    - How are you preparing VA so it can afford the impending influx in veterans from the Iraq and Afghanistan wars?

Response: As Secretary McDonald stated in testimony from FY 2017 budget hearings, forty years after the Vietnam War ended, the number of Vietnam Era Veterans receiving disability compensation has not yet peaked. VA anticipates a similar trend for Gulf War Era Veterans, only 27 percent of whom have been awarded disability compensation. As the demand for benefits and services from Veterans of all eras continues to increase, VA will ensure budget requests to Congress reflect the necessary resources to handle influxes in workload and benefit payments.

- Have you had conversation with President Trump about the possibility of increased funding for VA concurrent with the increase in the number of servicemembers? If not, do I have your assurance that you will have periodic

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conversations with President Trump if funding shortfalls continue to impact VA's ability to provide benefits**?**

Response: I have not had this conversation with President Trump. VA will continue to coordinate with the White House as well as DoD leadership to ensure workload forecasts and funding requests reflect the latest information available regarding separating Servicemembers. This ongoing coordination will ensure VA and Veterans are not impacted by a funding shortfall. If confirmed as Secretary, I would commit to raising issues to the President that impact on our ability to deliver necessary services to our veterans.

Homelessness

12) You stated in your response to a pre-hearing question that you believe the current spending levels for key programs that combat homelessness among our veterans, particularly HUD-VASH and Supportive Services for Veterans and Families, are sufficient to address this serious issue.

However, the Department of Housing and Urban Development estimates that nearly 40,000 veterans are homeless on any given night.

- Can you please explain how there is no need for additional resources to address veteran homelessness with so many of our veterans sleeping in the streets each night?

Response: The 2017 President's Budget includes $1.6 billion for VA programs that prevent or end homelessness among Veterans including funding for case management support for the nearly 80,000 existing Housing and Urban Development-VA Supportive Housing (HUD-VASH) vouchers, grant funding for community-based prevention and rapid rehousing services provided through the Supportive Services for Veteran Families (SSVF) program, clinical outreach and treatment services through Health Care for Homeless Veterans (HCHV), service intensive transitional housing through the Grant and Per Diem (GPD) and prevention services to justice involved Veterans in the Veteran Justice Program (VJP); and employment supports in Homeless Veterans Community Employment Services (HVCES). .

We believe that through prevention and housing retention efforts that our current capacity allows us to provide we will be able to continue to reduce the inflow of veterans becoming homeless or returning to homelessness. Those veterans who are currently homeless often require enhanced efforts at engagement and support to help them achieve housing. The reduction in the overall number of homeless Veterans allows us to re-direct the services and programming to those more complex veterans with greater needs. We believe we have the capacity to do this within our current programming

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while continuing to decrease the number of Veterans identified in our PIT counts. We do, however, need to ensure that funding levels are sustained so that communities can meet the goal of ending Veterans homelessness, and once there, they will be able to sustain it and not jeopardize the progress to date or recreate the levels of homelessness among Veterans prior to the investment.

Education

13) Throughout my time in the Senate, protecting our service members and veterans enrolled in higher education has been one of my top priorities. Unfortunately, our military students and their families have not always been treated well by their colleges and student loan servicers. One such company was ITT Educational Services, Inc., ("ITT") which closed last September after enforcement actions by the Department of Education. ITT had been subject to investigations by numerous state attorneys general, the Securities and Exchange Commission, the Department of Justice, and the Consumer Financial Protection Bureau for illegal recruitment practices, scamming students into taking out expensive private loans, and other misconduct. According to data provided to my office by the Workforce Training & Education Coordinating Board, there were approximately 215 veteran students in Washington State enrolled in ITT programs at the time the school abruptly closed. I want to make sure that we do everything we can to avoid putting our veterans at risk for future abuses by unscrupulous actors. Do you commit to withdrawing program approval for GI Bill Benefits when an institution of higher education is found by any other federal or state entity to have committed fraud, including deceptive or misleading recruitment?

- If confirmed, will you commit to working with other federal agencies to crack down on "bad actor" colleges that deceive veterans?

Response: Yes. We have already forged and continue to strengthen relationships focused on enforcement with the FTC, DoD, Dept of Education, Consumer Financial Protection Bureau, and DoJ. Additionally we are collaborating on these issues with the State Approving Agencies.

14) As you may know, our financial aid rules permit for-profit colleges to receive up to 90 percent of their total revenue from federal aid, which is known as the "90/10" rule. However, a loophole in federal law does not technically "count" educational programs for veterans and servicemembers, including Post 9/11 GI Bill benefits and Military Tuition Assistance, as "federal aid." These benefits are therefore excluded from the 90 percent cap. I am very concerned that this loophole drives

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unnecessarily aggressive marketing and recruitment of our military students and their families. But regardless of whether you share my opinion on whether Congress should close this loophole, I hope we can agree on the facts.

- Do you consider Department of Veterans Affairs Post 9/11 GI Bill, and Department of Defense Tuition Assistance benefits, both of which are paid for by American taxpayers, to be federal aid?

Response: Yes

15) Last year, the Department of Education worked with the Department of Veterans Affairs to publish full estimates on the amount and percentage of VA and DOD funding that is received by institutions of higher education from each federal educational program, including Post 9/11 GI Bill benefits and Military Tuition Assistance. I had been pressing for some time for this data to become publicly available as a useful tool to know which institutions have a healthy level of outside, non-federal investment.

- Do you believe this is important consumer information for the U.S. Department of Education to continue making available to our veterans and servicemembers?

Response: Yes as it provides quantifiable impact of any proposed changes to the 90/10 rule.

16) I believe it is essential to ensure that student veterans have the resources they need to succeed in their educational pursuits.

- Do you believe that veterans who were attending a school that closed before they could complete their education deserve to have their eligibility for GI Bill benefits restored, just like students who receive Pell Grants and student loans?

Response: VA has supported proposed legislation (S 2253) that would reduce the negative impact on student veterans and their dependents of abrupt school closure to include some amount of entitlement restoral.

- Additionally, do you believe that student veterans who are using their GI Bill benefits when their school closes should see their living stipends extended for at least a short period?

Response: VA has supported legislation (S 2253) that would provide a limited continuation of the housing stipend in cases of abrupt school closure.

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17) The conflicts in Iraq and Afghanistan have led to a tremendous number of veterans returning home to get an education using their Post 9/11 GI bill benefits. But unfortunately, as noted by former Consumer Financial Protection Bureau official Holly Petraeus, many colleges see these veterans as nothing more than a "dollar sign in uniform."

In the last few years, the Department of Veterans Affairs, Defense, Education, and the Consumer Financial Protection Bureau have begun to implement Executive Order 13607, Establishing Principles of Excellence for Educational Institutions Serving Service Members, Veterans, Spouses, and Other Family Members. The "Principles of Excellence" allow the VA to make law enforcement referrals to crack down on bad actors, particularly for-profit colleges, like Corinthian and ITT.

- If confirmed as VA Secretary, will you support the law enforcement community by following the Principles of Excellence and actively making referrals to other agencies in order to protect veterans and curb waste and abuse of education benefits provided by taxpayers?

Response: Yes, VA already has and will continue to refer schools and incidents to other Federal agencies to ensure compliance with all applicable laws and regulations.

LGBTQ

18) When Vice President Mike Pence was running for Congress in 2000, his website included multiple statements that are shamefully discriminatory against the LGBTQ community. In addition to opposing gay marriage and anti-discrimination laws that protect LGBTQ individuals, a section of his website included a statement that has been interpreted as an endorsement of conversion therapy, a discredited practice that falsely purports to change a person's sexual orientation or gender identity. While Vice President Pence has denied this accusation, I remain deeply concerned about this Administration's treatment of LGBTQ individuals.

- If confirmed as VA Secretary, can you assure me that you will never deny care to any veteran on the basis of his or her sexual orientation or gender identity?
- Can you further assure me that you will continue to protect LGBTQ employees from discrimination based on their sexual orientation or gender identity**?**

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Response: I am committed to diversity and inclusion in both patient care and the VA workforce. In fact, VA is among the leaders in the Federal Government in the area of LGBT protections. With respect to Veteran patient care, on July 1, 2014, VHA issued a policy memorandum ensuring that all our LGBT Veteran patients receive quality and respectful patient care, "in an environment and culture that is informed, welcoming, and empowering for the LGBT Veterans and families whom we serve." The specific guidance on care for transgender Veterans can be found in VHA Directive 2013-003: Providing Health Care for Transgender and Intersex Veterans. VHA also established an Office of Health Equity to address the different and specific health care needs of diverse populations, including the LGBT community. To ensure that these services are delivered by culturally competent health care providers, VA has had a longstanding commitment and explicit policy protecting all of its employees from discrimination and harassment on the basis of gender identity and sexual orientation, long before these protections became embedded in Federal policy or law. We complement these policy protections with mandatory and elective EEO, cultural competency and unconscious bias training in the area of LGBT awareness for all our employees, including health care providers and supervisors. The VA is close to issuing a Transgender Employee Workplace Transition Guidance as a resource for our employees to address these issues appropriately and sensitively in the VA workplace; I will ensure this gets published. I commit to you that VA will continue to support these and other protections for our LGBTQ Veterans and employees.

ACA

19) Dr. Shulkin, I am deeply concerned about the impact that dismantling the Affordable Care Act may have on our veterans. A study released last September by the Urban Institute found that the ACA's combined coverage expansions reduced the uninsured rate among non-elderly veterans by 42 percent. The number of non-elderly veterans without health insurance has declined from 12 percent in 2013 to 8.6 percent in 2014 as a result of the ACA. If ACA is repealed without a comprehensive replacement plan the most likely scenario at this time is that many veterans currently insured through the ACA will turn to VA for health care.
   - As Republicans rush to rip apart the civilian healthcare system by repeal, increase uncompensated care at rural hospitals, threaten to gut Medicaid and take away the guarantee of full coverage under Medicare, what conversations have you been a part of to ensure no veterans lose health insurance?
   - During your confirmation hearing you said that VA will do all it can to care for all veterans; could you provide specific answers to how, if confirmed, you will handle a possible increase in the number of veterans seeking VA care if they lose coverage through ACA repeal?

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Response: The Urban Institute's analysis of 2011-2015 American Community Survey data that noted a decline in the number of uninsured Veterans between 2013 and 2014 is encouraging news for efforts to promote Veteran's access to care. Within this context, it is possible that both the ACA and VA's outreach to encourage enrollment in the VA health care system contributed to this reported decline in uninsured Veterans. Regardless of future national health reform policies, the VA will continue to plan for providing high quality health care to our nation's Veterans that are eligible for VA health care services. If more veterans seek care in VHA as a result of an ACA repeal or any other reason, as Secretary I would seek the resources necessary to make sure we honor our commitment to serve these veterans.

Sexual Assault

20) Sexual assault continues to be a pervasive issue in our military. Reports suggest that as many as 1 in 10 servicemembers experience sexual assault or harassment. In 2014, 62 percent of those who reported they were assaulted also said they experienced retaliation. While the Department of Defense has undergone commendable efforts to tackle this distressing problem, we have a long way to go to ensure that the brave men and women in our military are provided the resources they need, and VA plays an integral role in supporting survivors of sexual assault.

- If confirmed as VA Secretary, what specific steps will you take to ensure that survivors of sexual assault and harassment receive the specialized care they need and are entitled to?

Response: All Veterans seen for health care services are screened for experiences of MST (sexual assault or repeated threatening sexual harassment). This is an important way to ensure that Veterans are aware of and offered the free MST-related care available through VHA. Every VA medical center provides MST-related services including evidence-based psychotherapies that target the mental health diagnoses that are associated with MST. MST is an experience, not a diagnosis or a condition in and of itself. Every VA medical center has a designated MST Coordinator who can assist Veterans with accessing MST-related health care. Beginning in FY 2012, VHA mental health and physical care providers must complete a one-time mandatory training that is accredited for continuing education. The MST Support Team in Mental Health Services coordinates a wide range of other national specialized MST-related training initiatives for VHA clinicians.

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21) During your time as President of Morristown Medical Center you withdrew counselors from Morris County Sexual Assault Center, which provided important resources to survivors. In an Op-Ed concerning this decision you suggested that ER services would be adequate.

- If confirmed, will you commit to putting all the resources necessary to support survivors of sexual assault in the military, including ensuring that survivors have access to counseling services to treat long-term trauma?

Response: Your statement about what happened at Morristown is not accurate. I would be glad to discuss the specific circumstances with you at the appropriate time, but the facts show that when I learned about this I restored these services. In regards to your question, the MST Support Team in Mental Health Services completes an annual report to determine whether each VA health care system (HCS) has adequate capacity to provide MST-related care. The most recent report found that 100 percent of VA HCS were at or above the established benchmark for MST-related mental health staffing capacity. All Veterans seen for health care services are screened for experiences of MST (sexual assault or repeated threatening sexual harassment). This is an important way to ensure that Veterans are aware of and offered the free MST-related care available through VHA. Every VA medical center provides MST-related services including evidence-based psychotherapies that target the mental health diagnoses that are associated with MST. The VA offers a continuum of MST-related care that ranges from outpatient to mental health rehabilitation and treatment programs (MH RRTPs) and inpatient programs for Veterans who need more intense treatment and support.

Medical Legal Partnerships

22) Research indicates that genetics, medical care, and personal choices account for 40 percent of an individual's health outcomes while 60 percent of health outcomes are determined by social and environmental factors. This is particularly true for veterans who often face barriers to safe housing, benefits appeals, and employment that negatively affect their health. The VA's annual CHALENG survey of homeless veterans has shown that four of homeless veteran's top 10 unmet needs are legal needs including eviction and foreclosure issues, child support and family law, outstanding warranties and fines, and restoring drivers' licenses. Medical-legal partnerships ("MLPs") between legal services and medical providers can help to address these issues by integrating legal solutions into medical settings.

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- In recognition of the importance of MLPs, the VA recently launched the MLP Expansion Initiative to expand the number of MLPs in VA sites in order to identify and identify veterans' legal needs that effect health outcomes and to improve physician quality of care. If confirmed as VA Secretary, will you commit to continuing the MLP Expansion Initiative to increase veterans' access to legal services in VA facilities?

Response: Medical-legal partnerships (MLPs) allow VA to help Veterans address not only their health-related needs but also their health-harming legal needs, by providing access to legal services that VA itself cannot offer. There are now 13 MLPs in VA facilities, and I am committed to fostering such partnerships elsewhere in our health care system. The VA MLP Expansion Initiative will therefore continue its work on this important issue.

- VHA Directive 2011-034 encourages VA Medical Centers to make space available for legal services providers to assist veterans. Approximately 120 legal pro bono clinics staffed by outside legal providers are currently given space to operate in VA centers. Do you commit to keeping VHA Directive 2011-034 in place? What additional steps will you take to ensure veterans have access to legal services, to support existing MLPs, and to create new partnerships between health facilities and legal service providers?

Response: VHA will soon issue a new directive to replace the expiring VHA Directive 2011-034. This new directive will restate VHA's commitment to facilitating Veterans' access to legal services, and provide expanded operational guidance to VA facilities. It is in the final stages of pre-publication review in VHA, and once released it will guide VHA's continued efforts to assist Veterans with unmet legal needs. Although VA does not have the authority to provide or fund legal services, we will continue to seek out and develop new partnerships to improve Veterans' access to needed legal services.

Certified Registered Nurse Anesthetists

23) In your response to pre-hearing questions, you recognized workforce shortages at VA and promised to continue pursuing strategies to meet such gaps, which included expanding the scope of practice for advanced practice registered nurses. On December 14, 2016, VA issued the final rule providing full practice authority for advanced practice registered nurses with an effective date of January 13, 2017. However, the final rule excluded Certified Registered Nurse Anesthetists (CRNAs) from receiving full practice authority, which the draft rule did not. This is despite supportive evidence in favor of full practice authority for CRNAs in research journals and recommendations from numerous independent

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entities, including the Commission on Care. Additionally, the exclusion of CRNAs from the VA final rule is inconsistent with the full practice authorities that exist in other federal health care systems in the military and the Indian Health Service. I understand that VA's rationale behind excluding CRNAs from the final rule was that there is no shortage of anesthesia providers in the VA system. However, a RAND study commissioned by this Committee published in 2015 found that a lack of anesthesia services and support directly affects VA's ability to provide care. It seems like the research evidence, recommendations from independent entities, and policies of federal health systems outside VA should have been sufficient to include CRNAs in the final rule, which I fully support.

- Can you please provide a comprehensive explanation as to how you came to the conclusion you did, including fully identifying and explaining the criteria you used for providing APRN full practice authority and how this criteria was applied equitably across the four APRN categories?
- Will you commit to revisiting VA's rule on nursing full practice authority to further assess whether CRNAs should be included if confirmed?

Response: I appreciate your point of view on this issue. VA first began to look at changing its' policy on advanced practice nurses over 9 years ago. As Under Secretary I committed to making a decision and I did so. We have received hundreds of thousands of comments and I have personally taken dozens of meetings and sessions to hear people thoughts and input on this topic. I tried to make the best decision I could at the time, with the information I had available.

The truth is that I believe CRNAs play a critical role in providing care for our Veterans. In fact we hire at VA many more CRNA's than we do anesthesiolgists. We also believe that it is a team based approach to anesthesia care that serves our veterans best, with the best outcomes. A team based approach to care includes CRNA's working with anesthesiologists. In making our final rule, we did not find that VA had immediate and broad access challenges in the area of anesthesia that would require a change to our current approach to anesthesia care, that is a team based approach. If VA learns of access problems in the area of anesthesia care in specific facilities or more generally that would benefit from FPA for CRNA's, now or in the future, or if other relevant circumstances change, we will consider a follow-up rulemaking to address granting FPA to CRNAs. VA CRNAs that are granted full practice authority by their state license will continue to practice in VA in accordance with their state license and subject to credentialing and privileging by their VA medical facility's medical executive committee. VA will not restrict or eliminate these CRNAs' full practice authority. Amending this regulation increases VA's capacity to provide timely, efficient, and effective primary care services, as well as other services. This increases veteran access to needed VA health

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care, particularly in medically-underserved areas and decreases the amount of time Veterans spend waiting for patient appointments.

Smoking

24) As a physician, I'm sure you know that smoking poses a significant threat to the health of our veterans, in addition to costing the VA healthcare system billions of dollars every year. You may also be aware that over half of current smokers (57%) report that they had tried quitting within the past year and, according to the Centers for Disease Control and Prevention, as of 2010 nearly 70% of adult smokers wanted to quit.

- **If confirmed as VA Secretary, what policies and practices will you put in place to ensure that all veterans have affordable and comprehensive access to the help they need when they want to quit?**

Response: VA is a leader in smoking and tobacco use cessation treatment with a range of evidence-based interventions. Today, the smoking rate of Veterans in VA care 16.8%, the lowest ever and a 49% decrease from fiscal year 1999. VA is committed to maintaining current programs and to build on their success through the development and implementation of new innovative treatment models that will ensure that any Veterans who wants assistance with quitting smoking will receive comprehensive and effective care.

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/8/2017 7:19:54 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Bergen regional - Fwd: Newspaper article today

Oh no

Sent from my iPhone

On Feb 8, 2017, at 1:38 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> Don't think we have much of a shot - but some coverage today
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> **From:** (b) (6) (t(b) (6) gmail.com>
> **Date:** February 8, 2017 at 9:28:08 AM EST
> **To:** (b) (6) <(b) (6) @verizon.net>, Poonam Alaigh <(b) (6) @hotmail.com>, (b) (6) (b) (6) @gmail.com>
> **Cc:** (b) (6) <(b) (6) @chasanlaw.com>, (b) (6) <(b) (6) @chasanlaw.com>
> **Subject: Newspaper article today**
>
> Ugh, I wish they had gotten the Quorum thing right.
> Lots of tidbits here worth discussing.
>
> http://www.northjersey.com/story/news/health/2017/02/08/bidders-have-big-plans-new-bergen-regional/97408858/

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Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 2/8/2017 6:38:37 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Bergen regional - Fwd: Newspaper article today

Don't think we have much of a shot - but some coverage today

Sent from my iPhone

Begin forwarded message:

From: (b) (6) (b) (6) gmail.com>
Date: February 8, 2017 at 9:28:08 AM EST
To: (b) (6) <(b) (6) @verizon.net>, Poonam Alaigh <(b) (6) @hotmail.com>, (b) (6) (b) (6) @gmail.com>
Cc: (b) (6) <(b) (6) @chasanlaw.com>, (b) (6) <(b) (6) @chasanlaw.com>
Subject: Newspaper article today

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http://www.northjersey.com/story/news/health/2017/02/08/bidders-have-big-plans-new-bergen-regional/97408858/

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/6/2017 3:52:08 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
Subject: Re:

Looking forward to it

Sent from my iPhone

> On Feb 6, 2017, at 10:20 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>
> See you at dinner
>
> Sent from my iPhone
>
>> On Feb 5, 2017, at 6:39 PM, David shulkin <Drshulkin@aol.com> wrote:
>>
>> No problem
>>
>> Sent from my iPhone
>>
>>> On Feb 5, 2017, at 6:01 PM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>>>
>>> We are arriving together but unsure when until 10 am tomorrow
>>>
>>> Sent from my iPhone
>>>
>>>> On Feb 5, 2017, at 6:00 PM, David shulkin <Drshulkin@aol.com> wrote:
>>>>
>>>> Do you know Ikes schedule- we could all meet monday night if it makes sense
>>>>
>>>> If not its ok too
>>>>
>>>> Sent from my iPhone
>>>>
>>>>> On Feb 5, 2017, at 5:49 PM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>>>>>
>>>>> Hopefully but will know in am I owe you an update so that you can prepare
>>>>>
>>>>> Sent from my iPhone
>>>>>
>>>>>> On Feb 5, 2017, at 5:28 PM, David shulkin <Drshulkin@aol.com> wrote:
>>>>>>
>>>>>> When are you getting into DC?   In time for dinner monday?
>>>>>>
>>>>>> Sent from my iPhone
>>>>
>>

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Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 2/6/2017 3:20:08 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

See you at dinner

Sent from my iPhone

> On Feb 5, 2017, at 6:39 PM, David shulkin <Drshulkin@aol.com> wrote:
>
> No problem
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>>>>> On Feb 5, 2017, at 5:28 PM, David shulkin <Drshulkin@aol.com> wrote:
>>>>>
>>>>> When are you getting into DC? In time for dinner monday?
>>>>>
>>>>> Sent from my iPhone
>>>
>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/5/2017 11:39:13 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
Subject: Re:

No problem

Sent from my iPhone

> On Feb 5, 2017, at 6:01 PM, Bruce Moskowitz <brucem(b) (6) ac.com> wrote:
>
> We are arriving together but unsure when until 10 am tomorrow
>
> Sent from my iPhone
>
>> On Feb 5, 2017, at 6:00 PM, David shulkin <Drshulkin@aol.com> wrote:
>>
>> Do you know Ikes schedule- we could all meet monday night if it makes sense
>>
>> If not its ok too
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>> Sent from my iPhone
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AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 2/5/2017 11:01:45 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

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Sent from my iPhone

> On Feb 5, 2017, at 6:00 PM, David shulkin <Drshulkin@aol.com> wrote:
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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 2/5/2017 10:49:46 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

Hopefully but will know in am I owe you an update so that you can prepare

Sent from my iPhone

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AMERICAN OVERSIGHT

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From: David shulkin [Drshulkin@aol.com]
Sent: 2/5/2017 10:28:27 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]

When are you getting into DC? In time for dinner monday?

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 2/4/2017 2:41:01 PM
To: David Shulkin [drshulkin@aol.com]
Subject: really nice smile in this picture

http://www.militarytimes.com/articles/shulkin-confirmation-ivf-plans-unchanged

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/3/2017 7:40:37 PM
To: (b) (6) [(b) (6) ((b) (6) va.gov]
Subject: Fwd: VA

Sent from my iPhone

Begin forwarded message:

> **From:** "Kushner, Jared C. EOP/WHO" (b) (6) @who.eop.gov>
> **Date:** February 3, 2017 at 2:23:33 PM EST
> **To:** "(b) (6) EOP/WHO" (b) (6) (b) (6) who.eop.gov>, "(b) (6) EOP/WHO" (b) (6) @who.eop.gov>
> **Cc:** David shulkin <Drshulkin@aol.com>
> **Subject: Re: VA**
>
> Sending to proper emails now
>
> Sent from my iPhone
>
> > On Feb 3, 2017, at 2:21 PM, Jared Kushner <(b) @(b) (6) wrote:
> >
> > Let's do it next week!
> >
> > Sent from my iPhone
> >
> > > On Feb 3, 2017, at 2:20 PM, David shulkin <Drshulkin@aol.com> wrote:
> > >
> > > Jared- sometime either next week or the following week if you have 15 minutes I would love the opportunity to meet and briefly talk about some of the strategies to transform VA. Let me know if you might have a few minutes.
> > >
> > > David Shulkin
> > >
> > > Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Kushner, Jared C. EOP/WHO [(b) (6)@who.eop.gov]
Sent: 2/3/2017 7:23:33 PM
To: (b) (6) EOP/WHO [(b) (6) (b) (6) who.eop.gov]; (b) (6) EOP/WHO (b) (6) @who.eop.gov]
CC: David shulkin [Drshulkin@aol.com]
Subject: Re: VA

Sending to proper emails now

Sent from my iPhone

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>>
>> Shabbat Shalom,
>>
>> David Shulkin
>>
>> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/3/2017 7:15:34 PM
To: Jared Kushner [(b) (6) @(b) (6)
Subject: VA

Jared- sometime either next week or the following week if you have 15 minutes I would love the opportunity to meet and briefly talk about some of the strategies to transform VA. Let me know if you might have a few minutes.

Shabbat Shalom,

David Shulkin

Sent from my iPhone

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/8/2017 3:48:30 PM
To: Darin Selnick (b) (6) @gmail.com]
Subject: Re: reaching out on behalf of Dr. Kussman

I know Mike spoke with Dr Stome- We need to discuss further

Sent from my iPhone

On Feb 8, 2017, at 10:39 AM, Darin Selnick (b) (6) @gmail.com> wrote:

> Just checking back in on if you want to go forward on the Dr. Kussman proposal or discuss first. Please let me know how you want to proceed so I can get back to Dr. Kussman.
>
> Thanks
>
> Darin
>
> On Sun, Feb 5, 2017 at 1:53 PM, Darin Selnick (b) (6) @gmail.com> wrote:
> Hi David
>
> Here is the proposal from Dr. Kussman on him and his team helping you and VA. Josh is his son and sent it, of course it is just the starting point.
>
> Please let me know what you think about it tomorrow.
>
> Darin
>
> ---------- Forwarded message ----------
> From: **Josh Kussman** (b) (6) @sentinelbas.com>
> Date: Thu, Feb 2, 2017 at 1:48 PM
> Subject: RE: reaching out on behalf of Dr. Kussman
> To: Darin Selnick (b) (6) @gmail.com>
>
> Darin,
>
> Great to chat with you this morning. Per our discussion, attached is a high-level proposal for the project we discussed. We would be privileged to help you and the rest of the VA Senior Leadership Team in any way we can. Please don't hesitate to reach out if I can provide any additional information.
>
> V/r,
>
> Josh

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AMERICAN OVERSIGHT

Message

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Sent: 2/8/2017 3:39:33 PM
To: David shulkin [Drshulkin@aol.com]
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V/r,

Josh

AMERICAN OVERSIGHT

Message

From: Darin Selnick [(b) (6) @gmail.com]
Sent: 2/5/2017 6:53:05 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Fwd: reaching out on behalf of Dr. Kussman
Attachments: Sentinel proposal to VA Senior Leadership Team for strategic consulting services.pdf

Hi David

Here is the proposal from Dr. Kussman on him and his team helping you and VA. Josh is his son and sent it, of course it is just the starting point.

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Darin

---------- Forwarded message ----------
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V/r,

Josh

AMERICAN OVERSIGHT

Sentinel
Strategy and Policy Consulting

Proposal to Provide Strategic Consulting, Coordination and Facilitation Services to the Senior Leadership of the Dept. of Veterans Affairs

Summary:

Sentinel Strategy and Policy Consulting ("Sentinel") proposes to provide the Senior Leadership of the Dept. of Veterans Affairs (VA) with strategic consulting, coordination, and facilitation services focused on helping the VA plan, coordinate and execute its upcoming Transformation.

Current Challenge: Managing the VA While Executing a Complex Transition

The VA's Senior Leadership faces a tremendous challenge: **transforming the VA while simultaneously managing the organization as it exists today**. This challenge is even harder because the incoming Administration expects the VA to achieve meaningful results quickly. To help overcome this challenge, the VA's Senior Leadership would benefit from outside assistance to expand their ability to plan, coordinate and execute the VA's Transformation effort while still managing day-to-day VA operations.

Proposal:

Sentinel proposes to provide the VA with a multidisciplinary team of experts to support VA personnel in staffing a small organization/office focused on planning, coordinating and executing the overall VA Transformation effort.

Project Objectives: Our team would support VA Senior Leadership and staff to achieve the following priority objectives:

- Plan and organize Transformation activities so that demonstrable and **measurable** results can be achieved within six months while ensuring that the overall Transformation effort proceeds steadily towards the Secretary's longer-term end-state vision of a fully transformed VA (which will undoubtedly be a multi-year effort to fully complete).
- Provide VA Senior Leadership and Staff with additional bandwidth to assist them with both managing the current VA while still maintaining control over the direction and details of the Transformation effort;
- Coordinate the different activities that will be necessary to fully Transform the VA, ensuring maximum efficiency and avoiding duplicative or contradictory efforts;
- Develop effective internal and external messages to ensure that veterans and stakeholders fully understand the goals and benefits of VA Transformation efforts, in furtherance of the Secretary's goal of continuing to build and enhance stakeholder and veterans trust in the VA.

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Sentinel
Strategy and Policy Consulting

Project Activities: The proposed effort would include the following activities (among others as directed by the VA's Senior Leadership):

- **Strategic planning** on overall Transformation efforts, including (for example): providing high-level subject matter experts on key issues; recommending steps to create measurable near-term Transformation results; supporting the development of independent assessments by outside experts/groups; and other related tasks as requested.
- **Legislative/regulatory analysis** to assess what Transformation goals require new legislation, which objectives require new/modified regulations, and support for VA staff in developing recommendations to make necessary legislative and regulatory changes.
- **Strategic communications** support, helping VA personnel develop more effective messages to internal and external stakeholders including but not limited to veterans, the public, Congress, and the VA's chain of command within the Executive Branch, including developing clear metrics to demonstrate measurable progress and success.
- **Stakeholder outreach/management** to help VA personnel better focus and coordinate messaging and outreach to the many stakeholder groups with an interest in VA transformation, including but not limited to Veteran Service Organizations (VSOs).
- **Project/task coordination** to help the VA Senior Leadership Team keep track of, and monitor progress on, the many different ongoing projects and streams of work that will be required for VA Transformation, including the development of tools like project dashboards, etc.

Staffing and Recommended Level of Effort:

We recommend a 10-12 person interdisciplinary team of personnel including subject matter experts with deep expertise in disciplines including military and veterans' healthcare, complex change management; strategic communications; stakeholder management; legislative and regulatory analysis; and project management. To lead our team, we will provide Dr. Michael Kussman, the former VA Under Secretary for Health, and a Strategic Advisor to Sentinel. Dr. Kussman will lead an interdisciplinary team of other Sentinel experts who will assist him and provide the additional necessary skills and bandwidth to support the VA's Senior Leadership Team. Dr. Kussman will actively support and participate in this effort and will be regularly available to the VA's Senior Leadership.

Sentinel Strategy & Policy Consulting LLC
8618 Westwood Center Dr., Suite 307
Vienna VA 22182

Josh Kussman, CEO
(b) (6) @sentinelspc.com
(b) (6)

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Sentinel
Strategy and Policy Consulting

Michael J. Kussman, MD, MS, MACP –

Strategic Advisor to Sentinel Strategy and Policy Consulting



Honorable Michael J. Kussman, M.D., M.S., MACP, Brigadier General, U.S Army Retired, completed 37 years of distinguished government service in May, 2009. His last position was Under Secretary for Health for the Veterans Health Administration (VHA). He was confirmed by the Senate to this position on May 7, 2007. As the Under Secretary for Health, he led the Nation's largest integrated health care system, and was directly responsible for 250,000 health care professionals at more than 1,400 sites of care, including hospitals, community and facility-based clinics, nursing homes, and various other facilities. At the VHA, he also served in a number of other senior positions, including Principal Deputy Undersecretary for Health.

At the VHA, he also served in a number of other senior positions, including Principal Deputy Undersecretary for Health. Under his leadership, The VHA made dramatic improvements in the delivery of primary care and mental health. For example, new models of health care delivery were developed making care much more accessible for veterans, and Polytrauma Rehabilitation Centers were created to meet the needs of recently injured service members.

Prior to his service at VHA, Dr. Kussman retired from the U.S. Army Medical Corps as a Brigadier General, where among many other positions he served as Commander of the Europe Regional Medical Command; Command Surgeon for U.S. Army Europe; TRICARE lead agent for Europe; Commander of the Walter Reed Health Care System in Washington, D.C.; and Commander of Martin Army Community Hospital at Ft. Benning, GA. Dr. Kussman is a graduate of the Army War College and an honor graduate of the Command and General Staff College. His military decorations include the Distinguished Service Medal (the highest award given in peace time), Legion of Merit with three oak leaf clusters, Defense Meritorious Service Medal and the Order of Military Medical Merit. Dr. Kussman received the prestigious "A" designator from The Army Surgeon General, which identifies professorial rank, and the Laureate Award from the American College of Physicians as well as being selected as a Master of the College. He is board certified in Internal Medicine and serves on the faculty of the Uniformed Services University of Health Sciences. He served as Co-Chair of the Concerned Veterans of America Bipartisan Policy Taskforce "Fixing Veterans Health Care." http://cv4a.org/wp-content/uploads/2016/01/Fixing-Veterans-Healthcare.pdf

Dr. Kussman earned a Bachelors and Medical degree from Boston University in 1968. He earned a Masters degree in Management from Salve Regina University in 1994.

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Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 2/4/2017 12:21:32 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Tuesday meeting agenda

K- I will also plan to get to the office by 3ish - if we want to prep regardless of whether I go with you or not, we can find time to do so Monday once I get there

Sent from my iPhone

On Feb 3, 2017, at 7:16 PM, David shulkin <Drshulkin@aol.com> wrote:

> I would
>
> Sent from my iPhone
>
> On Feb 3, 2017, at 6:41 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:
>
> > Should I change my travel and book a hotel today then - in case I get invited- will otherwise be difficult to get a hotel for Monday night
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> > Sent from my iPhone
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> > On Feb 3, 2017, at 6:25 PM, David shulkin <Drshulkin@aol.com> wrote:
> >
> > > Im going to work on getting you an invite- but this is a very close hold and ike is very protective of this- while i suspect they will honor my request - i am not 100 percent certain. Take a look at the agenda and let me work on this
> > >
> > > **Subject: Tuesday meeting agenda**
> > >
> > > The meeting is confirmed to start Tuesday 8 am at the Whitehouse. Instructions for security and where to enter will be provided this weekend. Below is the agenda. I want to personally thank everyone for their input and I look forward to a productive meeting.
> > >
> > > Sent from my iPad
> > > Bruce Moskowitz M.D.
> > <VA AC Mtg Agenda 02xx17 FINAL.pdf>

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From: David shulkin [Drshulkin@aol.com]
Sent: 2/4/2017 12:15:52 AM
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Sent from my iPhone

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> <VA AC Mtg Agenda 02xx17 FINAL.pdf>

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Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 2/3/2017 11:46:28 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Tuesday meeting agenda

Sent from my iPhone

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AMERICAN OVERSIGHT

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> Bruce Moskowitz M.D.
> <VA AC Mtg Agenda 02xx17 FINAL.pdf>

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/3/2017 11:24:59 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Fwd: Tuesday meeting agenda
Attachments: VA AC Mtg Agenda 02xx17 FINAL.pdf; Untitled attachment 12598.htm

Im going to work on getting you an invite- but this is a very close hold and ike is very protective of this- while i suspect they will honor my request - i am not 100 percent certain. Take a look at the agenda and let me work on this

Subject: Tuesday meeting agenda

The meeting is confirmed to start Tuesday 8 am at the Whitehouse. Instructions for security and where to enter will be provided this weekend. Below is the agenda. I want to personally thank everyone for their input and I look forward to a productive meeting.

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AGENDA
VETERANS ADMINISTRATION ADVISORY COMMITTEE

TUESDAY, FEBRUARY 7, 2017 | 10AM EST

Attendees:

David Shulkin
(b) (6)
(b) (6)

Bruce Moskowitz
(b) (6)
Ike Perlmutter

Laurie Perlmutter
(b) (6)
Marc Sherman

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

(b) (6) (representing the White House)

1. **Introductions and Purpose**
2. **Discussion Items - Potential Issues / Potential Solutions**
   a. Underutilized facilities- case example Blackhills
   b. IT: issues related to cloud based system vs cots
   c. Public Relations Strategy
   d. Supply Chain
   e. Shared Services vs. local control
   f. Community Care RFP / Community based healthcare and payment
   g. Physician Shortage (See detail in Appendix A)
   h. Telemedicine
   i. 40/30 rule
   j. Increase mental health professionals
   k. Homelessness
   l. Job training and jobs
   m. Implementation
   n. A veterans' advocate program
   o. A veteran's patient portal
   p. Fraud Waste & Abuse [https://www.va.gov/oig/publications/press-releases.asp]
   q. Research and NIH
   r. Veterans' family issues
   s. Trial managed care programs [similar to JHH DOD program - (b) (6)
3. **Obstacles**
   a. Physician shortage
   b. Role / impact of Capitol Hill / Regulatory Environment / Existing Regulations
   c. Civil Service system
   d. Redirection of funds
   e. Others
4. **Role of the White House**
5. **Timing**
6. **Role / impact of outside Veterans' Service Organizations**
   [https://en.wikipedia.org/wiki/List_of_veterans_organizations#United_States]
7. **Role / impact of Veterans' Advisory Committees [25 existing committees]**
8. **Immediate Crisis Steps**
   a. Hire a top executive to help Dr. Shulkin implement and execute his plans
   b. Retain a top Public Relations firm who specializes in crisis management

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c. Divest or repurpose all underutilized real estate
d. Identify the centers that are not providing high quality treatment and care, have few patients, and/or are losing money
e. Immediate freeze on all planned CAPEX for the future projects
f. Review all existing and proposed material contracts for renewal or termination to determine whether they are or are not in line with our broader strategy or do not benefit the VA

9. Immediate Systemic Improvement

a. Establish Fellowship Program
b. Centralize all procurement for all VA hospitals
c. IT (Electronic Records)

10. Immediate Veterans' Service Improvement

a. Eliminate the "40/30 rule"
b. Establish community healthcare alternatives and payment mechanism.
c. Establish a program that can help veterans [post-treatment] locate jobs.
d. Systemic restructuring to improve Patient care
e. Physician and nursing retention
f. Veterans' employment & reentry programs & initiatives
[http://heroesworkhere.disney.com]

11. Action Steps

Appendix A (Physician Shortage)

1. Bruce Moskowitz met with the leadership of the American College of Surgeons and the American College of Physicians to ask for their assistance, two organizations that include private sector members who are board certified. They have the resources to immediately ask members to open up their practices to veterans. However, we would need to get rid of the 40/ 30 rule, the overly burdensome paperwork and the current inability to share records. They are willing to accept Medicare rates which is below what they usually see patients for.

2. The hiring process for physicians and nurse practitioners needs to be restructured. It takes on average three to six months. The process needs to be streamlined by adopting the Kaiser Permanente approach.

3. The VA System should institute telemedicine in multiple ways. David and Bruce have first-hand experience of how patient care and outcomes can vastly improve through telemedicine. In addition, it improves the VA's ability to provide immediate care and follow-up care. Some of the institutions represented on the committee have the platforms already in place to do this.

4. The lack of medical training slots after graduating medical school is going to create a shortage of 250,000 physicians in the private sector in the very near future. This is under the jurisdiction of Dr. Price (Health and Human services). We need to look at a plan that opens up slots (whether it is NYU or any other medical center) that in return provides Veteran Care.

5. Finally, the inducement for joining the VA for new graduates (even with a shift to the private sector we will need physicians who are committed to spending their careers taking care of Veterans) will only occur if they are allowed to also do research that eventually may create a licensed product and share the rewards. David and Bruce will seek the assistance of someone that is recognized as the best in technology transfer. We cannot be competitive without this. Even physicians in the private sector who assist with care of the Veteran need this opportunity.

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Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 2/3/2017 11:03:25 PM
To: (b) (6) ccf.org; (b) (6) [(b) (6) @jhmi.edu]; (b) (6) M.D. (b) (6) @mayo.edu]; mbs(b) (6) gmail.com; drshulkin@aol.com; (b) (6) [(b) @mayo.edu]; (b) (6) kp.org; (b) (6) [(b) (6) hopeunseen.com]; (b) (6) partners.org; laurie perle [(b) (6) @yahoo.com]; IP [(@frenchangel59.com]
CC: (b @frenchangel59.com; (b) @jhmi.edu; (b) (6) @partners.org; (b) (6) @kp.org; (b) (6) @ccf.org
Subject: Tuesday meeting agenda
Attachments: VA AC Mtg Agenda 02xx17 FINAL.pdf; Untitled attachment 12604.txt

The meeting is confirmed to start Tuesday 8 am at the Whitehouse. Instructions for security and where to enter will be provided this weekend. Below is the agenda. I want to personally thank everyone for their input and I look forward to a productive meeting.

AMERICAN OVERSIGHT

AGENDA
VETERANS ADMINISTRATION ADVISORY COMMITTEE

TUESDAY, FEBRUARY 7, 2017 | 10AM EST

Attendees:

David Shulkin
(b) (6)
(b) (6)

Bruce Moskowitz
(b) (6)
Ike Perlmutter

Laurie Perlmutter
(b) (6)
Marc Sherman

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

(b) (6) (representing the White House)

1. **Introductions and Purpose**
2. **Discussion Items - Potential Issues / Potential Solutions**
   a. Underutilized facilities- case example Blackhills
   b. IT: issues related to cloud based system vs cots
   c. Public Relations Strategy
   d. Supply Chain
   e. Shared Services vs. local control
   f. Community Care RFP / Community based healthcare and payment
   g. Physician Shortage (See detail in Appendix A)
   h. Telemedicine
   i. 40/30 rule
   j. Increase mental health professionals
   k. Homelessness
   l. Job training and jobs
   m. Implementation
   n. A veterans' advocate program
   o. A veteran's patient portal
   p. Fraud Waste & Abuse [https://www.va.gov/oig/publications/press-releases.asp]
   q. Research and NIH
   r. Veterans' family issues
   s. Trial managed care programs [similar to JHH DOD program - (b) (6)
3. **Obstacles**
   a. Physician shortage
   b. Role / impact of Capitol Hill / Regulatory Environment / Existing Regulations
   c. Civil Service system
   d. Redirection of funds
   e. Others
4. **Role of the White House**
5. **Timing**
6. **Role / impact of outside Veterans' Service Organizations**
   [https://en.wikipedia.org/wiki/List_of_veterans_organizations#United_States]
7. **Role / impact of Veterans' Advisory Committees [25 existing committees]**
8. **Immediate Crisis Steps**
   a. Hire a top executive to help Dr. Shulkin implement and execute his plans
   b. Retain a top Public Relations firm who specializes in crisis management

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c. Divest or repurpose all underutilized real estate
d. Identify the centers that are not providing high quality treatment and care, have few patients, and/or are losing money
e. Immediate freeze on all planned CAPEX for the future projects
f. Review all existing and proposed material contracts for renewal or termination to determine whether they are or are not in line with our broader strategy or do not benefit the VA

9. Immediate Systemic Improvement

a. Establish Fellowship Program
b. Centralize all procurement for all VA hospitals
c. IT (Electronic Records)

10. Immediate Veterans' Service Improvement

a. Eliminate the "40/30 rule"
b. Establish community healthcare alternatives and payment mechanism.
c. Establish a program that can help veterans [post-treatment] locate jobs.
d. Systemic restructuring to improve Patient care
e. Physician and nursing retention
f. Veterans' employment & reentry programs & initiatives
[http://heroesworkhere.disney.com]

11. Action Steps

Appendix A (Physician Shortage)

1. Bruce Moskowitz met with the leadership of the American College of Surgeons and the American College of Physicians to ask for their assistance, two organizations that include private sector members who are board certified. They have the resources to immediately ask members to open up their practices to veterans. However, we would need to get rid of the 40/ 30 rule, the overly burdensome paperwork and the current inability to share records. They are willing to accept Medicare rates which is below what they usually see patients for.

2. The hiring process for physicians and nurse practitioners needs to be restructured. It takes on average three to six months. The process needs to be streamlined by adopting the Kaiser Permanente approach.

3. The VA System should institute telemedicine in multiple ways. David and Bruce have first-hand experience of how patient care and outcomes can vastly improve through telemedicine. In addition, it improves the VA's ability to provide immediate care and follow-up care. Some of the institutions represented on the committee have the platforms already in place to do this.

4. The lack of medical training slots after graduating medical school is going to create a shortage of 250,000 physicians in the private sector in the very near future. This is under the jurisdiction of Dr. Price (Health and Human services). We need to look at a plan that opens up slots (whether it is NYU or any other medical center) that in return provides Veteran Care.

5. Finally, the inducement for joining the VA for new graduates (even with a shift to the private sector we will need physicians who are committed to spending their careers taking care of Veterans) will only occur if they are allowed to also do research that eventually may create a licensed product and share the rewards. David and Bruce will seek the assistance of someone that is recognized as the best in technology transfer. We cannot be competitive without this. Even physicians in the private sector who assist with care of the Veteran need this opportunity.

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Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 6/10/2017 4:09:26 PM
To: David Shulkin [drshulkin@aol.com]
Subject: (b) (6)

There are lots of openings in 10P- although the structure will evolve, we will probably need folks like him- should we explore other stuff for him - is so, connect him to us - I do think there is value we can get out of his experience

Sent from my iPhone

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Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 2/5/2017 4:21:12 PM
To: David Shulkin [drshulkin@aol.com]
CC: vivieca.wright@va.gov
Subject: Re: blumenthal

No attachment here.

On Feb 4, 2017 1:43 PM, "David Shulkin" <drshulkin@aol.com> wrote:

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Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/4/2017 6:43:52 PM
To: vivieca.wright@va.gov
CC: (b) (6) @gmail.com
Subject: blumenthal

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/9/2017 12:03:04 AM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
CC: IP [(b) @frenchangel59.com]; lper(b) @gmail.com; mbs(b) (6) gmail.com
Subject: Re: (b) (6) of Kaiser Permanente

Very impressive guy- we ate lucky to have him

Ike- my lawyers are thinking about our issue- they will get back to us

David

Sent from my iPhone

On Feb 8, 2017, at 6:53 PM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:

> Saw Bloomberg but missed the other
>
> Sent from my iPhone
>
> On Feb 8, 2017, at 6:12 PM, IP <(b)@frenchangel59.com> wrote:
>
> > I don't know if you read these articles.
> >
> > **From:** (b) (6) [mailto:(b) (6) @gmail.com]
> > **Sent:** Wednesday, February 08, 2017 1:58 PM
> > **To:** IP
> > **Cc:** (b) (6)
> > **Subject:** Re: (b) (6) of Kaiser Permanente
> >
> > https://www.bloomberg.com/graphics/2015-how-did-i-get-here/bernard-tyson.html
> >
> > https://share.kaiserpermanente.org/article/chairman-ceo-bernard-j-tyson-kaiser-permanente-named-no-2-modern-healthcare-list-influential-health-care-leaders/

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Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 2/8/2017 11:53:53 PM
To: IP [(@frenchangel59.com]
CC: David shulkin [drshulkin@aol.com]; lper(b) @gmail.com; mbs(b) (6) gmail.com
Subject: Re: (b) (6) of Kaiser Permanente

Saw Bloomberg but missed the other

Sent from my iPhone

On Feb 8, 2017, at 6:12 PM, IP <(@frenchangel59.com> wrote:

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> **Subject:** Re: (b) (6) of Kaiser Permanente
>
> https://www.bloomberg.com/graphics/2015-how-did-i-get-here/bernard-tyson.html
>
> https://share.kaiserpermanente.org/article/chairman-ceo-bernard-j-tyson-kaiser-permanente-named-no-2-modern-healthcare-list-influential-health-care-leaders/

AMERICAN OVERSIGHT

Message

From: IP [(b) (6)@frenchangel59.com]
Sent: 2/8/2017 11:12:59 PM
To: David shulkin [drshulkin@aol.com]; brucem(b) (6) mac.com; lper(b) @gmail.com; mbs(b) (6) gmail.com
Subject: FW: (b) (6) of Kaiser Permanente

I don't know if you read these articles.

From: (b) (6) [mailto(b) (6) @gmail.com]
Sent: Wednesday, February 08, 2017 1:58 PM
To: IP
Cc: (b) (6)
Subject: Re: (b) (6) of Kaiser Permanente

https://www.bloomberg.com/graphics/2015-how-did-i-get-here/bernard-tyson.html

https://share.kaiserpermanente.org/article/chairman-ceo-bernard-j-tyson-kaiser-permanente-named-no-2-modern-healthcare-list-influential-health-care-leaders/

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Message

From: (b) (6) ((b) (6) va.gov]
Sent: 2/8/2017 11:25:38 AM
To: 'drshulkin' [drshulkin@aol.com]
Subject: Please send train times screen shot

Please send your train times for this week and next with a screen shot for the security detail.

-----Original Message-----
From: David Shulkin [drshulkin@aol.com]
Sent: Wednesday, February 08, 2017 06:06 AM Eastern Standard Time
To: Bruce Moskowitz
Cc: (b) (6)
Subject: [EXTERNAL] Re: Group meeting

Bruce- this was not the confirmation vote- it was a committee vote- we still need a floor vote

(b) (6) can help arrange a call

Sent from my iPad

On Feb 8, 2017, at 6:00 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:

> Congratulations I was unanimous. I will set up call with Mike Zinner for American College of Surgeons. Give me a good time for you.
>
> Sent from my iPad
> Bruce Moskowitz M.D.
>
> On Feb 7, 2017, at 9:57 PM, David Shulkin <drshulkin@aol.com> wrote:
>
> > I would like to echo Bruce's comments and in particular thank him, Ike, and Laurie. I know how busy all of you are and having you be there in person, and so present, was truly a gift. I found the time that we spent, the focus that came out of our discussions, and the time we had with the President very meaningful. I think we all believe that we can and need to provide better care to our veterans and I am grateful for your involvement.
> >
> > David
> >
> > -----Original Message-----
> > From: Bruce Moskowitz <brucem(b) (6) mac.com>
> > To: (b) (6) <(b) (6) partners.org>; (b) (6) <(b) (6) ccf.org>; (b) (6) <(b) (6) @jhmi.edu>; (b) (6) M.D., M.D. (b) (6) @mayo.edu>; (b) (6) <(b) (6)@mayo.edu>; (b) (6) t(b) (6) kp.org>; mb(b) (6) <mbs(b) (6) gmail.com>; (b) (6) <(b) (6) hopeunseen.com>; IP <(@frenchangel59.com>; L Perl <(b) (6) @gmail.com>; drshulkin <drshulkin@aol.com>
> > Sent: Tue, Feb 7, 2017 1:44 pm
> > Subject: Group meeting

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I would like to thank everyone for their dedication and very important insight so that we can transition from vision to reality.
We do not need to meet in person monthly, but meet face to face only when necessary to respect everyone's valuable time. We will set up phone conference calls at a convenient time. Have a safe trip back.

Sent from my iPad
Bruce Moskowitz M.D.

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/1/2017 12:36:19 PM
To: Jennifer Lee [(b) (6) @gmail.com]
Subject: Re: Eye care handbook - Senator Boozman interest

Ok

Sent from my iPhone

On Jan 31, 2017, at 11:06 PM, Jennifer Lee <(b) (6) @gmail.com> wrote:

> Hi David, as you know Senator Boozman is an optometrist and has an interest in our eye care handbook.
>
> Here is a brief update from (b) (6)
>
> - The Eye Care Handbook expired in spring of 2016
> - There has been a pattern of poor communication and poor trust between Optometry and Ophthalmology, which was reflected in some proposed drafts of the revised handbook.
> - The prior handbook was roughly 50 pages. The new policy requires a much shorted directive format. The Specialty Care office just completed a major revision to address the issues.
> - New language to address these differences will be established with the direct input of Specialty Care, with the goal of allowing all practitioners to work to the top of their scope of practice as well as providing the best quality and access to veterans for eye care.
> - We anticipate a complete draft addressing all issues will be available in about 30 days.

AMERICAN OVERSIGHT

Message

From: Jennifer Lee [(b) (6) @gmail.com]
Sent: 2/1/2017 4:06:13 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Eye care handbook - Senator Boozman interest

Hi David, as you know Senator Boozman is an optometrist and has an interest in our eye care handbook.

Here is a brief update from (b) (6)

- The Eye Care Handbook expired in spring of 2016
- There has been a pattern of poor communication and poor trust between Optometry and Ophthalmology, which was reflected in some proposed drafts of the revised handbook.
- The prior handbook was roughly 50 pages. The new policy requires a much shorted directive format. The Specialty Care office just completed a major revision to address the issues.
- New language to address these differences will be established with the direct input of Specialty Care, with the goal of allowing all practitioners to work to the top of their scope of practice as well as providing the best quality and access to veterans for eye care.
- We anticipate a complete draft addressing all issues will be available in about 30 days.

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Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 2/11/2017 1:00:55 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Re:

Poonam Alaigh,
(b) (6) NJ
SS # (b) (6)

(b) cell is (b) (6) you can text him to confirm a time but probably sometime after 2:30pm today or tomorrow.

Congrats and overjoyed!!

Sent from my iPhone

On Feb 11, 2017, at 6:38 AM, David Shulkin <drshulkin@aol.com> wrote:

> Poonam- at this point it looks like the vote will be Monday night and the swearing in set for Tuesday at 8 AM-
>
> If you would like to attend then please send me your information then I can submit to the White house
>
> Name
> DOB
> City State
> SS#
>
> How was the Bergen Interview?
>
> What is the best time for me to reach (b) this weekend? Best Number?
>
> David

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/11/2017 11:38:25 AM
To: (b) (6) @hotmail.com

Poonam- at this point it looks like the vote will be Monday night and the swearing in set for Tuesday at 8 AM-

If you would like to attend then please send me your information then I can submit to the White house

Name
DOB
City State
SS#

How was the Bergen Interview?

What is the best time for me to reach (b) this weekend? Best Number?

David

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/31/2017 2:00:20 AM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re: Hearing After Party

If anyone else is planning on going you can spread the word- just not too widely

Sent from my iPhone

On Jan 30, 2017, at 8:35 PM, (b) (6) <(b) (6) @gmail.com> wrote:

> I love this :-)
>
> On Jan 30, 2017 8:31 PM, "David shulkin" <Drshulkin@aol.com> wrote:
> Dear Friends - if you are planning to attend the hearing on Wednesday at 230 (Dirksen Building room 106) I may not get a chance to see much of you before the hearing so if you can make it after the hearing we are planning to walk over to the Hawk and Dove bar (nearby) at 329 Pennsylvania Ave SE - if for some reason too many staffers beat us there and its too crowded walk next door to Tune In at 331 Pensylvania ave SE
>
> Hope to see you there
>
> David
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 1/31/2017 1:35:53 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Hearing After Party

I love this :-)

On Jan 30, 2017 8:31 PM, "David shulkin" <Drshulkin@aol.com> wrote:

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>
> Hope to see you there
>
> David
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/1/2017 5:54:42 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]; Vivieca Wright Simpson [vivieca.Wright@va.gov]; (b) (6) ((b) (6)
(b) (6) @va.gov]

See senator browns comment on me

http://www.cnn.com/2017/01/19/politics/sen-sherrod-brown-mnuchin-erin-burnett-out-front-cnntv/index.html

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 2/5/2017 1:04:57 PM
To: David Shulkin [drshulkin@aol.com]
CC: (b) (6) (l(b) (6) va.gov]; Wright, Vivieca (Simpson) (SES) [Vivieca.wright@va.gov]
Subject: Re: Questions to Date

You sent rounds on friday, we have that, that makes 12. I don't have tester, sullivan, and boozman in my box

On Feb 5, 2017 7:27 AM, "(b) (6) <(b) (6) @gmail.com> wrote:
Are these all coming to my personal email or my va email? I have a lot of undeliverable messages from your aol.com. I can get them from vivieca if they went to her va account tmrw morning

On Feb 4, 2017 2:01 PM, "David Shulkin" <drshulkin@aol.com> wrote:
Here are the ten that I reviewed and sent back

1. Murray
2. Hirona
3. Tester
4. Moran
5. Manchin
6. Blumenthal
7. Sullivan
8. Tillis
9. Boozman
10. Brown

Here is the 11th?

11. Cassidy

Is there a 12th or do we have them all?

I still owe you the Brown Supplemental questions that we got last night

Do we have the missing question from Steve Lieberman?

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 2/5/2017 12:27:04 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: Questions to Date

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Is there a 12th or do we have them all?

I still owe you the Brown Supplemental questions that we got last night

Do we have the missing question from Steve Lieberman?

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/4/2017 7:01:23 PM
To: viveca.wright@va.gov; (b) (6) @gmail.com
Subject: Questions to Date

Here are the ten that I reviewed and sent back

1. Murray
2. Hirona
3. Tester
4. Moran
5. Manchin
6. Blumenthal
7. Sullivan
8. Tillis
9. Boozman
10. Brown

Here is the 11th?

11. Cassidy

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I still owe you the Brown Supplemental questions that we got last night

Do we have the missing question from Steve Lieberman?

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 2/18/2017 12:36:11 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: This weekend

How will we get our time

Sent from my iPhone

> On Feb 17, 2017, at 7:22 PM, David shulkin <Drshulkin@aol.com> wrote:
>
> I agree- i hope it goes well thanks
>
> Just got to ny with my 6 secret service in toe who are spending the weekend with me
>
> Im working at the hospital monday morning and taping fox and friends monday afternoon
>
> Were on the 5 pm accela out of nyc on monday
>
> Sent from my iPhone
>
>> On Feb 17, 2017, at 7:18 PM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>>
>> Really hoping things go miraculously well for Jennie this weekend- somehow I am feeling optimistic. She is your biggest priority. Let me know how things go. I am on the 6:30pm train from metropark on Monday in case you are on the same one. Call me at any point as needed
>>
>> Sent from my iPhone
>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/18/2017 12:22:08 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: This weekend

I agree- i hope it goes well thanks

Just got to ny with my 6 secret service in toe who are spending the weekend with me

Im working at the hospital monday morning and taping fox and friends monday afternoon

Were on the 5 pm accela out of nyc on monday

Sent from my iPhone

> On Feb 17, 2017, at 7:18 PM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
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AMERICAN OVERSIGHT

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From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 2/18/2017 12:18:11 AM
To: David Shulkin [drshulkin@aol.com]
Subject: This weekend

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Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: (b) (6)) (6) @va.gov]
Sent: 2/2/2017 10:15:58 PM
To: Wright, Vivieca (Simpson) [Vivieca.Wright@va.gov]
CC: drshulkin@aol.com; O'Connor, Christopher [Christopher.O'Connor2@va.gov]; (b) (6)
((b) (6) va.gov]; Jensen, Jon M. [Jon.Jensen@va.gov]
Subject: FW: Post hearing QFRs from Sens. Sullivan and Hirono
Attachments: PostHQFR for Shulkin - Sen Hirono.docx; PostHQFR for Shulkin - Sen Sullivan.docx

QFR Set # 8—Sullivan—27 questions

QFR Set #9—Hirono—3 questions

From: (b) (6) (Veterans Affairs) [mailto(b) (6) @vetaff.senate.gov]
Sent: Thursday, February 02, 2017 5:05 PM
To: (b) (6) (b) (6) (b) (6) @live.com
Subject: [EXTERNAL] Post hearing QFRs from Sens. Sullivan and Hirono

Here's two more

(b) (6)

Chief Clerk
U.S. Senate Committee on Veterans' Affairs
412 Russell Senate Office Building
(b) (6) direct (main

This e-mail may contain information that is privileged, confidential or otherwise protected from disclosure. If you are not the intended recipient of this e-mail, please notify the sender immediately by return e-mail, purge it and do not disseminate or copy it

AMERICAN OVERSIGHT

SENATOR MAZIE K. HIRONO

QUESTIONS FOR THE RECORD
FOR SECRETARY OF VETERANS AFFAIRS NOMINEE
THE HONORABLE DAVID SHULKIN, M.D.

SENATE VETERANS' AFFAIRS COMMITTEE
CONFIRMATION HEARING (FEBRUARY 1, 2017)

1. Dr. Shulkin, the Veterans Choice and Accountability Act of 2014 provided the VA with $2.5 billion to add critically needed physicians and other medical staff. However, there have been recent reports that there has been no bump in VA hiring that would indicate staffing had increased beyond normal hiring and there has been priority given to those VA hospitals with the largest wait times. Please answer the following questions:
    a. Has the $2.5 billion been used to increase staffing beyond normal hiring patterns?
    b. Was there any priority given to those VA facilities that had the longest wait times?
    c. Did the hiring reflect critical needs, for example in areas that had acute provider shortages in their Cardiology departments was there an emphasis on increasing cardiology staffing or was hiring done without consideration of targeted need?
    d. What plans are there to hire in the VA in a way that reflects need-prioritizing not only locations with shortages but particular specialties that are the highest priority.
    e. How much of the $2.5 billion has been used and how has it been used?

2. Dr. Shulkin, following up from the question on the Palo Alto pilot which allows veterans to access care at pharmacy clinics, what is the timeline and path forward on expansion of the program? What additional requirements would improve the program's accessibility for veterans?

3. Dr. Shulkin, telehealth services are an important part of the VA's health care delivery system. What additional resources are required to expand the existing system and how can the program be used to fill the gaps in care for veterans who live in rural communities?

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Questions for the Record for David J. Shulkin
Nominee to be Secretary of Veterans Affairs
From Senator Dan Sullivan (R-AK)
February 2, 2017

1. Do you believe the current hiring process within the VA is as timely and efficient as it could be? If not, what do you believe should done in order to improve the current system so that hiring high-quality personnel occurs as expeditiously as possible?

2. I am asking this question on behalf my constituent, Ross Bieling: "Dr. Shulkin, as Under Secretary to the VA during the Obama administration, during your tenure, please provide examples where you have implemented meaningful ideas resulting in positive change within the VA system that have directly or indirectly benefited all veterans. And if not, why not?"

3. I am asking this question on behalf my constituent, Capt. Bob Pawlowski: "Given the effort to revamp the VA and the important focus on health care and services for our veterans, what do you propose to improve the perception in our veterans minds that this is a "new VA" and you are "here to serve"?"

4. I am asking this question on behalf my constituent, Charles Wilson: "I was told my entire military career that if I stay in and retire, I would be given medical benefits at no cost. I was actually shocked, when I retired, to learn that I had to pay for that benefit. Why? Is there any relief in sight to this tragedy, or we going to be asked to suck it up once again?"

5. I am asking this question this on behalf my constituent, Bejean Page: "Will you [as VA Secretary] seek out veterans and ask them what they need?"

6. I am asking these questions on behalf my constituent, D.A. Anderson: "What is your vision for the VA in going forward? How can the VA be run more like a business that has accountability for its actions and treats the veterans of this country with fairness and respect?"

7. I am asking this question on behalf my constituent, Jason Nesslage: "There is discussion in our veterans ranks regarding concurrent receipt of retired pay and disability pay. There is not one veteran that wants this to return to the past, where a retired service member chose whether he/she wanted the VA offset pay or their retirement pay. These are clearly two different entitlements that should never be up for discussion again. What are your thoughts?"

8. I am asking this question on behalf my constituent, Ross Bieling: "Do you believe that the current VA structure for purchasing, ensures that new products and equipment are considered for purchasing at the lowest competitive price possible ensuring that budget dollars are spent wisely and effectively? Please describe in detail the current system utilized within the VA for purchasing and if or how you would restructure it under your leadership ensuring that veterans will ultimately benefit within these important areas."

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9. I am asking this question on behalf my constituent, Tony Molina: "Would the VA consider establishing a special help desk for VSO's and Tribal Veteran Representatives, so when a family member asks for a copy of their DD214, we can receive it as quickly as possible? I have been given many answers but there is still no quick way for us to attain a DD214 with one phone call and online takes forever."

10. I am asking this question on behalf my constituents, Mike and Sandy Coons: "Why is it that retired veterans who have served 20+ years for our nation are required to put up with waiting for an authorization for medical care for weeks, much less days? Retired military or vets with 100% disability have the retired military ID card. We have earned our free medical and dental that was promised to us, yet we have to pay into Tricare, we have to get a "mother may I?" for physical therapy, lab tests, radiological testing when all we should be doing is showing our ID to the doctor's office and the doctor's office bills the VA. All we want is for the government to honor the promises made that we fulfilled on our end!"

11. I am asking this question on behalf my constituents, Mike and Sandy Coons: "Why can't vets with 20+ years or 100% disability, get full dental coverage for all needs, routine cleanings, fillings, crowns, dentures, partials, etc.?"

12. I am asking this question on behalf my constituent, Grace Itter: "My niece is a retired veteran with lupus and has to wait months for an appointment. In addition, the VA is not as familiar with this specific disease as other doctors. Therefore, I believe my niece does not receive the best care, even after serving our country. If a patient cannot receive prompt attention and appropriate care, will the VA pay for a doctor outside of the network?"

13. I am asking this question on behalf my constituent, Ric Davidge: "The demand for mental health professionals in Alaska has been long and well known. We just need more. A suggestion is that the VA through the US Public Health Service focus on this highly needed professional group and then put them in Alaska for two years."

14. I am asking this question on behalf my constituent, Brenda Rhodes: "I have observed three instances of what could be determined as HIPAA violations since 2014. My husband and I have received two pieces of unrelated medical correspondence for veterans who live somewhere else: one, a faxed a prescription for a VA pharmacy for a veteran who lives elsewhere, the second was a piece of correspondence pertaining to a medical appointment for a veteran who lives in Texas, (the appointment was set for a provider in Texas.) I made the VA and the Choice Program aware of these two instances.

    "The third instance was revealed to have impacted my husbands' benefits claim directly. We received a copy of his Disability Benefits Questionnaires which contained medical history of another veteran that had been erroneously inserted into my husband's claim. This other veteran is older and had been seen at a VA for dizziness which my husband now suffers from as well. However, this medical appointment date was 1986 when my

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husband was just a freshman in high-school and did not suffer dizziness until his traumatic brain injury (TBI) sustained while performing USAF work duties in Plattsburgh, NY in 1990. This 1986 VA visit was cited as the reason for denying his C & P rating increase claim in 2014. An appeal was filed in a timely manner and the second rating doctor reviewed this rating file and used the original rating doctor's decision as the reason to also deny the benefit rating increase claim. Neither of these doctors referred James for follow up evaluation of TBI related issues."

"How will the workflow processes be improved to end these potentially life-altering mistakes? Would Dr. Shulkin be open to having an audit of workflow processes in an effort to identify gaps and unnecessary duplicitous steps in order to streamline the process?"

15. I am asking this question on behalf my constituent, Dixie Banner: "I currently have a claim for service-connected Hepatitis C that has been denied twice at the local level and now it is under review at the national level. Will the VA acknowledge the transmission of HCV by jet injector?"

16. I am asking this question on behalf my constituent, Karen Momany: "My husband tried to get just medical assistance from the VA in 2004 for Hepatitis C. He believed he got HCV at boot camp, or Korea during the war from air guns. The VA turned him down for medical treatment and he died in 2008. He did not know much about it, like everyone else. I've have had an appeal since 2008. I have HCV that I believe I got from Dana. I'm pretty healthy, except I need treatment, like he did. He was proud to be in the Army. I am trying to get DIC benefits, but the VA is fighting it. I have letters from friends, doctors, etc. I have been fighting since 2008."

17. I am asking these questions on behalf my constituent, D.A. Anderson: "Because you have been a part of the VA system in the last administration, would you consider that a liability or an asset and why? Do you think that being a non-veteran will affect your effectiveness in any way?"

18. I am asking this question on behalf my constituent, Carol Kacal: "When is the VA going to pay their bills? I had to find another podiatrist due to the VA being behind on paying the bills."

19. I am asking this question on behalf my constituent, Tony Molina: "Since those of us who qualify for boots on the ground, why do we have to go through so many hoops to share a buddy letter or to show through our experiences that we do have PTSD, no matter what our MOS was?"

20. I am asking this question on behalf my constituent, Capt. Trevor Sayer: "I am a USMC Captain retiring this summer. I am retiring from a joint command in Arizona, and begin my terminal leave in March. The VA pre-discharge claims enrollment program (BDD) allows active duty to submit claims 120 days out. However, if you are leaving the state in which you file before the claim is processed and your appointment for your initial

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medical exams are not made in time then the claim has to start over in the new state. Now in my case, I am in Arizona and going home to Ketchikan. I could start my claim now in Arizona but I am told it could delay processing by months because the claim would need to be transferred to Alaska then arrangements for me to fly from Ketchikan to a VA med center in Anchorage would need to be made in order to do initial medical screenings. There simply isn't time within this 120 day window to do all the evaluations in AZ before I depart. The alternative being to forego terminal leave in order to do medical screening prior to going to Alaska or wait till I get home to Ketchikan and submit a fully developed claim once my retirement is effective thus eliminating the benefit of the pre-discharge program. What if the VA had a mobile outreach program in Alaska?"

21. I am asking this question on behalf my constituents, Bob and Judy Lavigne: "We called one of the VA phone numbers and they said on the recording that if there was someone who was feeling suicidal, to call a hotline number or call 911. So why is it that the VA phone systems cannot give an immediate option to press a number to go immediately to the hotline or to the 911 services?"

22. I am asking this question on behalf my constituents, Bob and Judy Lavigne: "Issues like the flu, sinus infections, migraines and items like that it is much easier for us to go to a local hospital and use our TriWest in the urgent care department and pay the co-pays. As far as we know, we can't go to urgent care at the local hospital and use our VA. Is this where Choice would come in? Also, going in for urgent care or emergency care in a regular hospital could they streamline the VA Choice like it is with the Tricare (TriWest) so we don't have to call prior to treatment for authorizations?"

23. I am asking this question on behalf my constituents, Bob and Judy Lavigne: "We travel out of Alaska to Florida for our winter time for three months. So when we arrive in Florida, we can use the urgent care or the emergency room at Bay Pines VA Medical Center in Seminole, Florida and those services are really pretty good. However, we have to go into module A and wait because we do not have a VA primary doctor down here in Florida. We have noticed that our records and annotations from Alaska and records and annotations here in Florida do not always make it into the same record files on My Health in a timely manner. Why is that? One example is the echocardiogram my husband had at the Bay Pines VA medical center on Friday a week later, it is still not on the My Health records. This was a specialist referral that was requested in Anchorage that we asked to be conducted in the VA Gainesville thoracic surgeon's office so we would be close to family in case a surgery was needed."

24. I am asking this question on behalf my constituents, Bob and Judy Lavigne: "We think every VA center, especially in Alaska, needs to have an emergency room or agreements need to be worked out with local hospitals to service disabled veterans by using the VA Choice for emergency services at local hospitals."

25. I am asking this question on behalf my constituents, Bob and Judy Lavigne: "It is extremely difficult to see the VA primary care doctors more than once a year face-to-

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face. A lot of our interaction takes place on phone calls with nursing staff. When dealing with specialized health issues, that once a year face-to-face is not sufficient. We need to be able to go into our primary care when we're dealing with being moved from specialty clinic to specially clinic in order to discuss the next course of action."

26. I am asking this question on behalf my constituents, Bob and Judy Lavigne: "We have both have talked to several dependent wives whose spouses are suffering from PTSD that served in the war zone and that they are not able to get help while they're serving at their current assignment. They feel like they have to get out of the service and they need to cope with it on their own, as the upper supervision has impressed upon them that they don't have a problem and they don't need to go get help for it. There is still a high need for more treatment and education in the upper management levels for them to understand and to help their troops suffering with PTSD without taking away peoples jobs or the stigma of this. Especially special ops or infantry. Our military and our veterans have served well, they have fought well, but they are struggling because they're being told that they should not identify themselves with PTSD issues because they might lose their jobs. Also, a lot of the dependent wives are having to cope with PTSD with their husbands that they don't fully understand how they can handle it, how they can walk through it with them, and how they can encourage them. We suggest that there needs to be a PTSD assistance and education program for spouses of military members/veterans to help the families as well. Also, recommend offering co-counseling services for dependent spouses that have walk-through documented PTSD incidences with their veteran husbands or their wives."

27. I am asking this question on behalf my constituents, Bob and Judy Lavigne: "There appears to be some pretty significant delays in the referral management office to get referral appointments. We believe that part of the problem is a lack of sufficient personal for referral management offices to handle and swiftly process those referrals outside of the VA to a specialist. If a specialist is seen (like a pulmonary doctor) and refers to another specialist (thoracic surgeon), we have to go back to the VA referral process system again into a holding pattern to get the request from the specialist that requested we see another specialist or series of tests that results in further delays. And we have to wait for the primary nurse practitioner to approve it before we can even get to the other specialist who is a doctor. We also find that we have to make routine phone calls to follow up on those actions, like the 'squeaky wheel gets greased first.'"

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/2/2017 7:07:35 PM
To: Vivieca Simpson [(b) (6) @gmail.com]
Subject: Fwd: SVAC Notice of Business Meeting - OTF 2/7/2017 Time/Location TBD
Attachments: SVAC OTF Meeting Notice 2.7.2017.pdf; Untitled attachment 12806.htm; Agenda 2.7.2017 (final).docx; Untitled attachment 12809.htm

Sent from my iPhone

Begin forwarded message:

From: "Bowman, Thomas (Veterans Affairs)" (b) (6) @vetaff.senate.gov>
Date: February 2, 2017 at 1:44:41 PM EST
To: David Shulkin <drshulkin@aol.com>
Subject: FW: SVAC Notice of Business Meeting - OTF 2/7/2017 Time/Location TBD

FYI.....More specific time and location to be determined when we have a better idea of the Senate schedule next week.

COMMITTEE NOTICE of MEETING

The Senate Committee on Veterans' Affairs will meet **off the Senate Floor**, in **a room to be determined,** on **Tuesday, February 7, 2017, in conjunction with afternoon votes,** to hold a business meeting to consider the pending nomination of David J. Shulkin, Nominee to be Secretary of Veterans Affairs, U.S. Department of Veterans Affairs.

(b) (6)
Chief Clerk
U.S. Senate Committee on Veterans' Affairs
412 Russell Senate Office Building
(b) (6) direct | (b) (6) main

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CHAIRMAN
JERRY MORAN, KANSAS
JOHN BOOZMAN, ARKANSAS
DEAN HELLER, NEVADA
BILL CASSIDY, LOUISIANA
MIKE ROUNDS, SOUTH DAKOTA
THOM TILLIS, NORTH CAROLINA
DAN SULLIVAN, ALASKA

JON TESTER, MONTANA,
RANKING MEMBER
PATTY MURRAY, WASHINGTON
BERNARD SANDERS, VERMONT
SHERROD BROWN, OHIO
RICHARD BLUMENTHAL, CONNECTICUT
MAZIE K. HIRONO, HAWAII
JOE MANCHIN III, WEST VIRGINIA

United States Senate

COMMITTEE ON VETERANS' AFFAIRS
WASHINGTON, DC 20510

February 2, 2017

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UNITED STATES SENATE
COMMITTEE ON VETERANS' AFFAIRS

Meeting to Consider Pending Nomination

February 7, 2017

Agenda

I. Nomination of the Honorable David J. Shulkin, M.D., to be Secretary of Veterans Affairs, U.S. Department of Veterans Affairs

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/2/2017 2:42:03 PM
To: Marisol Garcia [(b)@frenchangel59.com]
Subject: Re: DRAFT Proposed Agenda for the first Advisory Committee Meeting

Ok sorry

Sent from my iPhone

On Feb 2, 2017, at 9:36 AM, Marisol Garcia <mg@frenchangel59.com> wrote:

> Good morning Dr. Shulkin:
>
> I noticed you have my email address instead of Ike's under his name.
>
> Ike's email address is:
> (b)@frenchangel59.com
>
> Please change when you get a chance.
>
> Thank you in advance.
>
> Best,
> Marisol

From: David shulkin [mailto:Drshulkin@aol.com]
Sent: Thursday, February 02, 2017 8:45 AM
To: Bruce Moskowitz; Ike Perlmutter
Subject: Re: DRAFT Proposed Agenda for the first Advisory Committee Meeting

Ok - whatever you think is good with me

Sent from my iPhone

On Feb 2, 2017, at 7:34 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:

> If we do not meet on Tuesday we may loose most of the committee who will be abroad.
>
> Sent from my iPad
> Bruce Moskowitz M.D.
>
> On Feb 2, 2017, at 7:31 AM, David shulkin <Drshulkin@aol.com> wrote:
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> > Ike and Bruce- the hearing went well yesterday- NPR called it a "lovefest" and the Committee will move it through with unanimous support. They need to leave the record open for post hearing question till monday at 6 pm and will push for a floor vote by the end of next week.

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So i wont be confirmed by tuesday and dont know what you feel about the Committee meeting date at this point.

Whatever you decide is fine with me.

Thanks

David

Sent from my iPhone

On Jan 31, 2017, at 6:19 PM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:

> Agree thank you
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> Sent from my iPhone
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> On Jan 31, 2017, at 6:12 PM, L Perl <(b) (6) @gmail.com> wrote:
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> > good idea.....L & I
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> > On Tue, Jan 31, 2017 at 5:26 PM, (b) (6) <(b) (6) hopeunseen.com> wrote:
> > Agenda looks great. I would suggestions adding a discussion about benefits/grants. The current benefit system is extremely painful. Long and obnoxious paper work that is more than often denied. Most Veterans who are deserving of the benefits are denied the first time. It is suggested to hire a lawyer to navigate the VA benefit system (this is unacceptable) There needs to be a simple way to access and received the benefits that are promised to the appropriate Veteran.
> >
> > Thanks,
> >
> > (b) (6)
> >
> > On Jan 31, 2017, at 5:41 AM, Marc Sherman wrote:

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<VA AC Mtg Agenda 02xx17 v2.pdf>

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

From: Marisol Garcia [(b)@frenchangel59.com]
Sent: 2/2/2017 2:36:18 PM
To: 'David shulkin' [Drshulkin@aol.com]; 'Bruce Moskowitz' [brucem(b) (6) mac.com]
CC: (@frenchangel59.com
Subject: RE: DRAFT Proposed Agenda for the first Advisory Committee Meeting

Good morning Dr. Shulkin:

I noticed you have my email address instead of Ike's under his name.

Ike's email address is:
(b)@frenchangel59.com

Please change when you get a chance.

Thank you in advance.

Best,
Marisol

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/2/2017 1:44:32 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]; Ike Perlmutter [(b)@frenchangel59.com]
Subject: Re: DRAFT Proposed Agenda for the first Advisory Committee Meeting

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From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 2/2/2017 12:34:17 PM
To: David shulkin [Drshulkin@aol.com]
CC: Ike Perlmutter [(b) fenchangel59@gmail.com]
Subject: Re: DRAFT Proposed Agenda for the first Advisory Committee Meeting

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/2/2017 12:31:42 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]; Ike Perlmutter [(b) @fenchangel59@gmail.com]
Subject: Re: DRAFT Proposed Agenda for the first Advisory Committee Meeting

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Sent: 1/31/2017 11:19:53 PM
To: L Perl [(b) (6) @gmail.com]
CC: (b) (6) [(b) (6) hopeunseen.com]; Marc Sherman [mbs(b) (6) gmail.com]; IP [(@frenchangel59.com]; Dr. (b) (6) [(b) (6) ccf.org]; David shulkin [drshulkin@aol.com]; (b) (6) M.D. (b) (6) @mayo.edu]; (b) (6) M. D. [(b) (6) partners.org]; (b) (6) [(b) @mayo.edu]; (b) (6) kp.org; (b) (6) [(b) (6) .@jhmi.edu]
Subject: Re: DRAFT Proposed Agenda for the first Advisory Committee Meeting

Agree thank you

Sent from my iPhone

On Jan 31, 2017, at 6:12 PM, L Perl <(b) (6) @gmail.com> wrote:

> good idea.....L & I
>
> On Tue, Jan 31, 2017 at 5:26 PM, (b) (6) <(b) (6) hopeunseen.com> wrote:
> Agenda looks great. I would suggestions adding a discussion about benefits/grants. The current benefit system is extremely painful. Long and obnoxious paper work that is more than often denied. Most Veterans who are deserving of the benefits are denied the first time. It is suggested to hire a lawyer to navigate the VA benefit system (this is unacceptable) There needs to be a simple way to access and received the benefits that are promised to the appropriate Veteran.
>
> Thanks,
>
> (b) (6)
>
> On Jan 31, 2017, at 5:41 AM, Marc Sherman wrote:
>
> <VA AC Mtg Agenda 02xx17 v2.pdf>
>
> (b) (6)
> (b) (6)
> www.HopeUnseen.com

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) hopeunseen.com]
Sent: 1/31/2017 10:26:49 PM
To: Marc Sherman [mbs(b) (6) gmail.com]
CC: IP [@frenchangel59.com]; L Perl [(b) (6) @gmail.com]; Bruce Moskowitz [brucem(b) (6) mac.com]; (b) (6) ccf.org; David shulkin [drshulkin@aol.com]; (b) (6) M.D. (b) (6) @mayo.edu]; (b) (6) M. D. [(b) (6) partners.org]; (b) (6) [(b) @mayo.edu]; (b) (6) kp.org; (b) (6) [(b) (6) .@jhmi.edu]
Subject: Re: DRAFT Proposed Agenda for the first Advisory Committee Meeting

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(b) (6)

On Jan 31, 2017, at 5:41 AM, Marc Sherman wrote:

<VA AC Mtg Agenda 02xx17 v2.pdf>

(b) (6)
(b) (6)
www.HopeUnseen.com

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/31/2017 3:27:14 PM
To: Marc Sherman [mbs(b) (6) gmail.com]
Subject: Re: DRAFT Proposed Agenda for the first Advisory Committee Meeting

Looks comprehensive and robust

Thanks Marc

David

Sent from my iPhone

> On Jan 31, 2017, at 8:41 AM, Marc Sherman <mbs(b) (6) mail.com> wrote:
>
> All
>
> See attached. I have assembled a draft proposed agenda for our meeting, with the agenda items taken from our prior discussions and further input from several of you. Please provide your feedback at your earliest convenience so I can finalize before tomorrow.
>
> Best
>
> Marc
>
> Marc Sherman
> (b) (6)
> <VA AC Mtg Agenda 02xx17 v2.pdf>

AMERICAN OVERSIGHT

Message

From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 1/31/2017 1:41:48 PM
To: IP [(b) (6) @frenchangel59.com]; L Perl [(b) (6) @gmail.com]; Bruce Moskowitz [brucem(b) (6) mac.com]; (b) (6) ccf.org; David shulkin [drshulkin@aol.com]; (b) (6) M.D. (b) (6) @mayo.edu]; (b) (6) M. D. [(b) (6) partners.org]; (b) (6) [(b) @mayo.edu]; (b) (6) kp.org; (b) (6) [(b) (6) @jhmi.edu]; (b) (6) [(b) (6) hopeunseen.com]
Subject: DRAFT Proposed Agenda for the first Advisory Committee Meeting
Attachments: VA AC Mtg Agenda 02xx17 v2.pdf

All

See attached. I have assembled a draft proposed agenda for our meeting, with the agenda items taken from our prior discussions and further input from several of you. Please provide your feedback at your earliest convenience so I can finalize before tomorrow.

Best

Marc

Marc Sherman
(b) (6)

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AGENDA
VETERANS ADMINISTRATION ADVISORY COMMITTEE

XXXXXXX, FEBRUARY XX, 2017 | TIME EST

Attendees:

David Shulkin
Marc Sherman
(b) (6)
(b) (6) (representing the White House)

Ike Perlmutter
(b) (6)
(b) (6)

Laurie Perlmutter
(b) (6)
(b) (6)

Bruce Moskowitz
(b) (6)
(b) (6)

1. **Introductions and Purpose**
2. **Discussion Items - Potential Issues / Potential Solutions**
    a. Underutilized facilities- case example blackhills
    b. IT: issues related to cloud based system vs cots
    c. Public Relations Strategy
    d. Supply Chain
    e. Shared Services vs. local control
    f. Community Care RFP / Community based healthcare and payment
    g. Physician Shortage (See detail in Appendix A)
    h. Telemedicine
    i. 40/30 rule
    j. Increase mental health professionals
    k. Homelessness
    l. Job training and jobs
    m. Implementation
    n. A veterans' advocate program
    o. A veteran's patient portal
    p. Fraud Waste & Abuse [https://www.va.gov/oig/publications/press-releases.asp]
    q. Research and NIH
    r. Veterans' family issues
3. **Obstacles**
    a. Physician shortage
    b. Role / impact of Capitol Hill / Regulatory Environment / Existing Regulations
    c. Civil Service system
    d. Redirection of funds
    e. Others
4. **Role of the White House**
5. **Timing**
6. **Role / impact of outside Veterans' Service Organizations**
   [https://en.wikipedia.org/wiki/List_of_veterans_organizations#United_States]
7. **Role / impact of Veterans' Advisory Committees [25 existing committees]**
8. **Immediate Crisis Steps**
    a. Hire a top executive to help Dr. Shulkin implement and execute his plans.
    b. Retain a top Public Relations firm who specializes in crisis management.
    c. Divest or repurpose all underutilized real estate.

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d. Identify the centers that are not providing high quality treatment and care, have no patients, and are losing money.
e. Immediate freeze on all planned CAPEX for the future projects.
f. Review any contracts that were signed in last 13 months. If they are not in line with our broader strategy and do not benefit the VA we should not renew.

9. Immediate Systemic Improvement

a. Establish Fellowship Program
b. Centralize all procurement for all VA hospitals
c. IT (Electronic Records)

10. Immediate Veterans' Service Improvement

a. Eliminate the "40/30 rule".
b. Establish community healthcare alternatives and payment mechanism.
c. Establish a program that can help veterans [post-treatment] locate jobs.
d. Systemic restructuring to improve Patient care
e. Physician and nursing retention
f. Veterans'' Employment & reentry programs & initiatives
[http://heroesworkhere.disney.com]

11. Action Steps

Appendix A (Physician Shortage)

1. All physicians in the private sector who are board certified are either in the American College of Surgeons or the American College of Physicians. David requested that I ask for their assistance. I met with the leadership of both. They have the resources to immediately ask members to open up their practices to veterans. However, we would need to get rid of the 30-day rule, the ridiculous paperwork and inability to share records. They are willing to accept Medicare rates which is below what they usually see patients for.

2. The hiring of physicians and nurse practitioners is totally flawed that it on average can take 3 to six months. We need to streamline this by adopting how they do it at Kaiser Permanente.

3. The VA System has to apply telemedicine in multiple ways immediately. DAvid and I know how the experience and outcome for patient care can vastly improve our ability to provide immediate care and the ability to provide follow up care. We have some bright minds in the institutions that are on the committee that have the platforms already in place to do this.

4. The lack of medical training slots after graduating medical school is going to create a shortage of 250,000 physicians in the private sector in the very near future. This is under the jurisdiction of Dr. PRice (health and human services). We need to look at a plan that opens up slots whether it is NYU or any other medical center that in return agrees to provide Veteran Care in return.
Finally the inducement for joining the VA for new graduates (even with a shift to the private sector we will need physicians who are committed to spending their careers taking care of Veterans) will only occur if they are allowed to also do research that eventually may create a licensed product and share the rewards. David and I are going to ask the assistance of someone that is recognized as the best in technology transfer if he will assist. We cannot be competitive without this. So even for physicians in the private sector who assist with care of the Veteran need this opportunity.

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/24/2017 3:27:32 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Baptism by fire

We can figure this out

Sent from my iPhone

> On Feb 24, 2017, at 9:00 AM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> We can discuss all this at the next opportunity- it's not about you helping me- I trust you more than I trust myself. It's about how the team reacts to your genuine engagement and support and starts to disregard organizational hierarchy
>
> Sent from my iPad
>
>> On Feb 24, 2017, at 6:38 AM, David shulkin <Drshulkin@aol.com> wrote:
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>> Yes you could
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>> I gave access to (b) (6)
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>>> what is mail call meeting,
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>> Waste of time- its just to review letters and packages to sign- but you could do that by reviewing these yourself if you dont want a mail call
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>>> what are some of the things you did and had others do for you in the front office to make your day run smoother- right now I have been in up to 3 meetings simultaneously- the EA and COS are both going to be new, so I can groom them- but what did you have them do to make us as a department move forward and not wear you down - I remember you told me that this was a great place and I was no longer going to be the worker- I feel I am a slave to everyone right now with not a moment to think - I know it's temporary, but once I start getting the team together, I need advice on what and how they all contribute optimally
>>
>> You know this- its all about how you choose to spend your time- you cant be involved in everythingA its seems to me that you are trying to do everything- you need to pick and chosse your time -
>>
>> I tried to spend 15 percent time externally - either speaking to groups- or traveling to VAs - 10 percent of my time (4-5 hours a week) with political issues of capital hill or white house and 75 percent operationally- i tried to spend about 20 percent of this operational time on future state and then the rest on operational issues. Its one of the hardest jobs in america but one of the most rewarding too
>>
>> one thing you need to do is to leverage me and not try to see everything before i do- we are a team and you can let me help- that why i let sloan and bob run with their own projects in vha- its way too much for any one person to do
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>> And yes it gets easier - with moments of terror
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>>>>>

AMERICAN OVERSIGHT

>>>>> Your girl gang has disappeared with no assistance or guidance what so ever from the moment I stepped in- my predecessor has spent minimal time orienting me, I have been hanging onto my life with a straw, and the only person who has been by my side is (b) (6) who has been fabulous. No one has prepared a formal briefing or orientation session on the various programs- trying to get started with that, while dealing with the crisis of the moment. Vivieca doesn't want (b) so Barb will fill in the cos role, and she is simply wrong for the job albeit temporary. I am trying to get Maura and Rachel on details in the next 2 weeks to get some reliable support around me. It has been completely consuming ....but still.....worth it
>>>>>
>>>>> Sent from my iPhone
>>>>
>>

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 2/24/2017 2:00:51 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Baptism by fire

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From: David shulkin [Drshulkin@aol.com]
Sent: 2/24/2017 11:38:17 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Baptism by fire

Sent from my iPhone

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AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/24/2017 4:15:31 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Baptism by fire

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Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 2/24/2017 3:22:20 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Baptism by fire

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Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Wright, Vivieca (Simpson) [Vivieca.Wright@va.gov]
Sent: 2/4/2017 10:27:55 PM
To: 'David Shulkin' [drshulkin@aol.com]
Subject: RE: Undeliverable: [EXTERNAL] Questions to Date

Rounds

-----Original Message-----
From: David Shulkin [drshulkin@aol.com]
Sent: Saturday, February 04, 2017 03:38 PM Eastern Standard Time
To: Wright, Vivieca (Simpson)
Subject: Fwd: Undeliverable: [EXTERNAL] Questions to Date

Attached Message

From	David Shulkin <drshulkin@aol.com>
To	viveca.wright@va.gov; (b) (6) [redacted]@gmail.com
Subject	[EXTERNAL] Questions to Date
Date	Sat, 4 Feb 2017 14:01:23 -0500

Here are the ten that I reviewed and sent back

1. Murray
2. Hirona
3. Tester
4. Moran
5. Manchin
6. Blumenthal
7. Sullivan
8. Tillis
9. Boozman
10. Brown

Here is the 11th?

11. Cassidy

Is there a 12th or do we have them all?

I still owe you the Brown Supplemental questions that we got last night

Do we have the missing question from Steve Lieberman?

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Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/4/2017 8:38:25 PM
To: vivieca.wright@va.gov
Subject: Fwd: Undeliverable: [EXTERNAL] Questions to Date
Attachments: details.txt

Attached Message

From	David Shulkin <drshulkin@aol.com>
To	viveca.wright@va.gov; (b) (6) [redacted]@gmail.com
Subject	[EXTERNAL] Questions to Date
Date	Sat, 4 Feb 2017 14:01:23 -0500

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Reporting-MTA: dns;va.gov
Received-From-MTA: dns;gwemta1.va.gov
Arrival-Date: Sat, 4 Feb 2017 19:01:44 +0000

Final-Recipient: rfc822;viveca.wright@va.gov
Action: failed
Status: 5.1.1
Diagnostic-Code: smtp;550 5.1.1 RESOLVER.ADR.RecipNotFound; not found

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 9/24/2018 4:14:28 AM
To: DrShulkin@aol.com
Subject: Fwd: Follow-up

-----Original Message-----
From: IP <[redacted]@frenchangel59.com>
To: David shulkin <drshulkin@aol.com>; Poonam Alaigh <(b) (6) @hotmail.com>
Sent: Sat, Apr 15, 2017 9:36 am
Subject: FW: Follow-up

FYI

From: (b) (6) EOP/WHO [mailto:(b) (6) @who.eop.gov]
Sent: Saturday, April 15, 2017 9:27 AM
To: IP
Subject: Re: Follow-up

Sorry for the delay, yesterday was Good Friday, so I didn't get an update on part until this morning.

We will be all set to sign the Veterans Choice Act on Wednesday.

The Accountability and Whistleblower protection EO will be done next. We will have comments back in Wed and then reviewed by the lawyers. It will be ready to sign for the event with POTUS and VA leaders on 4/25.

We had very good comments back from DOJ and DEA on the VA telemedicine issues. (These are serious issues, and we don't want to risk making the Opioids crisis among veterans worse if this isn't done right.)
VA is currently working on responses to both issues (defining their telemedicine scope of practice, and their counter proposal to DEA on a prescribing special registration status for certain VA physicians) and should have responses to us by Wednesday. At that point we will be ready to redo the scope of the original telemedicine EO, and send it to the lawyers for review (I would expect it would be ready to sign around the beginning of May).

On the EHR contracts, I think we will get an initial response on Tuesday to help direct next steps.

Thanks for your help.
(b) (6)

On Apr 15, 2017, at 6:36 AM, IP <[redacted]@frenchangel59.com> wrote:

> Good morning (b) (6)
>
> I truly need this information for tonight.
>
> Please let me know who can provide today if its not you. I waited until midnight for this.
>
> Ike

AMERICAN OVERSIGHT

From: (b) (6) EOP/WHO [mailto:(b) (6) @who.eop.gov]
Sent: Friday, April 14, 2017 2:17 PM
To: IP
Subject: Re: Follow-up

Tonight.

Sent from my iPhone

On Apr 14, 2017, at 2:07 PM, IP <(@frenchangel59.com> wrote:

> (b) (6)
>
> What time today do you think I will have the information?
>
> Please let me know.
>
> Thank you,
> Ike
>
> **From:** (b) (6) EOP/WHO [mailto:(b) (6) @who.eop.gov]
> **Sent:** Thursday, April 13, 2017 8:45 PM
> **To:** IP
> **Subject:** RE: Follow-up
>
> I'll have a better idea of timing of the next actions tomorrow.
> Thank you for all your help.
> (b) (6)
>
> **From:** IP [mailto:(@frenchangel59.com]
> **Sent:** Thursday, April 13, 2017 5:58 PM
> **To:** (b) (6) EOP/WHO (b) (6) @who.eop.gov>
> **Subject:** Follow-up
>
> Per our conversation:
>
> When do you think I will get the email?
>
> Thank you in advance.
>
> Ike

AMERICAN OVERSIGHT

Message

From: IP [(b) (6)@frenchangel59.com]
Sent: 4/20/2017 2:26:00 PM
To: brucem(b) (6) mac.com; mbs(b) (6) gmail.com; Poonam Alaigh [(b) (6)@hotmail.com]; David shulkin [drshulkin@aol.com]
CC: lper(b) @gmail.com
Subject: FW: Follow-up

FYI

From: IP [mailto(b) @frenchangel59.com]
Sent: Thursday, April 20, 2017 10:19 AM
To: (b) (6) EOP/WHO'
Subject: RE: Follow-up

Thank you (b) (6) I really appreciate all of your hard work on this. This was a great day for the veterans and it gives us great momentum. We are now off the starting blocks and need to keep the momentum going...There is still a long way to travel. I know you and Stephen will stay laser focused on the VA as we move forward.

From: (b) (6) EOP/WHO [mailto(b) (6) @who.eop.gov]
Sent: Wednesday, April 19, 2017 7:02 PM
To: IP
Subject: RE: Follow-up

Yes, our initial read is that the epic contract could not be used, but we are having additional folks look at it. We will have a better idea by the end of the week.

(b) (5)

[redacted]

We also got very good comments back from DOJ and DEA on the VA telemedicine issues. This evening we got VA's response to the DOJ questions about their scope of practice, and they are still writing their counter proposal to DEA on a prescribing special registration status for certain VA physicians. (we expect to get this by the end of the week).
This will keep us on track for getting this revised EO ready to sign during the beginning of May.

From: IP [mailto(b) @frenchangel59.com]
Sent: Wednesday, April 19, 2017 5:45 PM
To: (b) (6) EOP/WHO(b) (6) @who.eop.gov>
Subject: RE: Follow-up

(b) (6)

Any information on the EHR contracts?

Please let me know.

AMERICAN OVERSIGHT

Thank you again for your support,

Ike

From: (b) (6) EOP/WHO [mailto:(b) (6) @who.eop.gov]
Sent: Saturday, April 15, 2017 9:27 AM
To: IP
Subject: Re: Follow-up

Sorry for the delay, yesterday was Good Friday, so I didn't get an update on part until this morning.

We will be all set to sign the Veterans Choice Act on Wednesday.

The Accountability and Whistleblower protection EO will be done next. We will have comments back in Wed and then reviewed by the lawyers. It will be ready to sign for the event with POTUS and VA leaders on 4/25.

We had very good comments back from DOJ and DEA on the VA telemedicine issues. (These are serious issues, and we don't want to risk making the Opioids crisis among veterans worse if this isn't done right.)
VA is currently working on responses to both issues (defining their telemedicine scope of practice, and their counter proposal to DEA on a prescribing special registration status for certain VA physicians) and should have responses to us by Wednesday. At that point we will be ready to redo the scope of the original telemedicine EO, and send it to the lawyers for review (I would expect it would be ready to sign around the beginning of May).

On the EHR contracts, I think we will get an initial response on Tuesday to help direct next steps.

Thanks for your help.
(b) (6)

On Apr 15, 2017, at 6:36 AM, IP <(@frenchangel59.com> wrote:

> Good morning (b) (6)
>
> I truly need this information for tonight.
>
> Please let me know who can provide today if its not you. I waited until midnight for this.
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> Ike
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> ---
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> >
> > What time today do you think I will have the information?

AMERICAN OVERSIGHT

Please let me know.

Thank you,
Ike

From: (b) (6) EOP/WHO [mailto:(b) (6) @who.eop.gov]
Sent: Thursday, April 13, 2017 8:45 PM
To: IP
Subject: RE: Follow-up

I'll have a better idea of timing of the next actions tomorrow.
Thank you for all your help.
(b) (6)

From: IP [mailto:(@frenchangel59.com]
Sent: Thursday, April 13, 2017 5:58 PM
To: (b) (6) EOP/WHO (b) (6) @who.eop.gov>
Subject: Follow-up

Per our conversation:

When do you think I will get the email?

Thank you in advance.

Ike

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/20/2017 11:47:07 AM
To: IP [(b) (6)@frenchangel59.com]
Subject: Re: Follow-up

Thanks for sharing this.

Sent from my iPhone

On Apr 20, 2017, at 4:19 AM, IP <(b) (6)@frenchangel59.com> wrote:

FYI

From: (b) (6) EOP/WHO [mailto(b) (6)@who.eop.gov]
Sent: Wednesday, April 19, 2017 7:02 PM
To: IP
Subject: RE: Follow-up

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(b) (5)

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<(b) (6) @who.eop.gov>
Subject: Follow-up

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To: brucem(b) (6) mac.com; mbs(b) (6) gmail.com; David shulkin [drshulkin@aol.com]; Poonam Alaigh [(b) (6)@hotmail.com]
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AMERICAN OVERSIGHT

Thank you for all your help.
(b) (6)

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To: (b) (6) EOP/WHO (b) (6) @who.eop.gov>
Subject: Follow-up

Per our conversation:

When do you think I will get the email?

Thank you in advance.

Ike

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/15/2017 1:40:42 PM
To: IP [(b) (6)@frenchangel59.com]
CC: Poonam Alaigh [(b) (6)@hotmail.com]
Subject: Re: Follow-up

I think this is real progress- weve got his attention and need to keep the pressure on to get these across the finish line

Thank you Ike

Sent from my iPhone

On Apr 15, 2017, at 9:35 AM, IP <(b) (6)@frenchangel59.com> wrote:

> FYI
>
> ---
>
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> **Sent:** Saturday, April 15, 2017 9:27 AM
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AMERICAN OVERSIGHT

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Sent: Friday, April 14, 2017 2:17 PM
To: IP
Subject: Re: Follow-up

Tonight.

Sent from my iPhone

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(b) (6)

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Please let me know.

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Thank you for all your help.
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Sent: Thursday, April 13, 2017 5:58 PM
To: (b) (6) EOP/WHO
(b) (6) @who.eop.gov>
Subject: Follow-up

Per our conversation:

When do you think I will get the email?

Thank you in advance.

Ike

AMERICAN OVERSIGHT

Message

From: IP [(b) (6)@frenchangel59.com]
Sent: 4/15/2017 1:35:34 PM
To: David shulkin [drshulkin@aol.com]; Poonam Alaigh [(b) (6)@hotmail.com]
Subject: FW: Follow-up

FYI

From: (b) (6) EOP/WHO [mailto(b) (6) @who.eop.gov]
Sent: Saturday, April 15, 2017 9:27 AM
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> **To:** IP
> **Subject:** Re: Follow-up
>
> Tonight.
>
> Sent from my iPhone

AMERICAN OVERSIGHT

On Apr 14, 2017, at 2:07 PM, IP <[redacted]@frenchangel59.com> wrote:

(b) (6)

What time today do you think I will have the information?

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Thank you,
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Subject: RE: Follow-up

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Subject: Follow-up

Per our conversation:

When do you think I will get the email?

Thank you in advance.

Ike

AMERICAN OVERSIGHT

Message

From: Selnick, Darin (b) (6) @va.gov]
Sent: 5/12/2017 6:26:10 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
CC: mbs(b) (6) gmail.com; IP [@frenchangel59.com]; drshulkin@aol.com; Poonam Alaigh [(b) (6) @hotmail.com]
Subject: RE: [EXTERNAL] Apple

Bruce

Sounds great.

Best

Darin

Darin Selnick
Senior Advisor to the Secretary
Cell (b) (6)

-----Original Message-----
From: Bruce Moskowitz [mailto:bruce(b) (6) @mac.com]
Sent: Friday, May 12, 2017 2:10 PM
To: Selnick, Darin
Cc: mbs(b) (6) mail.com; IP; drshulkin@aol.com; Poonam Alaigh
Subject: [EXTERNAL] Apple

There are 4 more experts to have on the apple call they are Ash Atreja , Andy PFU, Ed Berde and Pavan Choksi. All with responsive health.org. I met with them today and they are experts on the tough part of the agenda. To make the call effective we plan to have two to Three from our side speak and the rest are available to answer technical questions. All of the group have different areas of expertise.

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 2/19/2017 6:43:38 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: Fox and Friends Interview on Monday

Ok. Got it
On Sun, Feb 19, 2017 at 1:43 PM David Shulkin <drshulkin@aol.com> wrote:

No just him and me - to keep it intimate and to develop a relationship - I will call him

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

From: (b) (6) <(b) (6) @gmail.com>

To: David shulkin <Drshulkin@aol.com>

Sent: Sun, Feb 19, 2017 1:34 pm

Subject: Re: Fox and Friends Interview on Monday

Sure, will set up for 4 using VANTS with Pete. 800-767-(b) acc (b) (6) do you want (b) (6) or (b) (6) on the call?

AMERICAN OVERSIGHT

//

You have a call with Boris at 5pm. Just background, judging by Boris's attitude when he called me on Friday he himself wants to feel like he brokered this exchange. (Not for you to do anything just sharing)

On Sun, Feb 19, 2017 at 1:28 PM David shulkin <Drshulkin@aol.com> wrote:

Please get darin a call in number for tuesday an

Sent from my iPhone

Begin forwarded message:

AMERICAN OVERSIGHT

From: Darin Selnick (b) (6) @gmail.com>
Date: February 19, 2017 at 12:35:29 PM EST
To: David shulkin <Drshulkin@aol.com>
Subject: Fox and Friends Interview on Monday

Hi David

I just finished talking to Pete Hegseth. I am now clear on exactly what will be happening on Monday with the Fox and Friends interview. Pete will be getting the exclusive interview with you on Monday, which will be taped. Clips from the interview will be played on Tuesday and then the long version on Thursday.

Pete wants you, Trump and especially the VA reforms to be successful, and that is the purpose of the interview and a springboard for you. Pete will not be throwing any curve balls at you but will ask direct questions on VA reforms such as accountability, health care reform and Trump 10 point plan, and what your plans are going forward and how you are different from Bob McDonald, chance to show your reformist side and that you are hard charging.

Good chance the President will be watching and Pete is available if you like to discuss the interview in advance today after 4pm ET.

I highly recommend you call Pete today on his **cell phone** (b) (6) , so that you can discuss this with him and be prepared for the interview.

If you need to talk to me, I am always **available any time at** (b) (6)

AMERICAN OVERSIGHT

Other updates

- Mike Kussman, talked to him and he is on board with how you want to use him per our last discussion. He wants to meet with you next week for clarity on next steps, so I will set up a meeting.
- SECVA Morning report - I am now on the list for the Tuesday and Thursday meetings, I will be in Oceanside CA still, so will not be at the Tuesday, but I will ask if there is a call in number to listen in.

Hope you are having a great weekend.

Darin

--

Sent from Gmail Mobile

AMERICAN OVERSIGHT

--
Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/19/2017 6:43:04 PM
To: (b) (6) @gmail.com
Subject: Re: Fox and Friends Interview on Monday

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-----Original Message-----
From: (b) (6) <(b) (6) @gmail.com>
To: David shulkin <Drshulkin@aol.com>
Sent: Sun, Feb 19, 2017 1:34 pm
Subject: Re: Fox and Friends Interview on Monday

Sure, will set up for 4 using VANTS with Pete. 800-767-1750 acc 22021, do you want Brandon or James on the call?

//

You have a call with Boris at 5pm. Just background, judging by Boris's attitude when he called me on Friday he himself wants to feel like he brokered this exchange. (Not for you to do anything just sharing)

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AMERICAN OVERSIGHT

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From: (b) (6) [(b) (6) @gmail.com]
Sent: 2/19/2017 6:34:46 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Fox and Friends Interview on Monday

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> Pete wants you, Trump and especially the VA reforms to be successful, and that is the purpose of the interview and a springboard for you. Pete will not be throwing any curve balls at you but will ask direct questions on VA reforms such as accountability, health care reform and Trump 10 point plan, and what your plans are going forward and how you are different from Bob McDonald, chance to show your reformist side and that you are hard charging.
>
> Good chance the President will be watching and Pete is available if you like to discuss the interview in advance today after 4pm ET.
>
> I highly recommend you call Pete today on his **cell phone** (b) (6), so that you can discuss this with him and be prepared for the interview.
>
> If you need to talk to me, I am always **available any time at** (b) (6)
>
> **Other updates**

AMERICAN OVERSIGHT

- Mike Kussman, talked to him and he is on board with how you want to use him per our last discussion. He wants to meet with you next week for clarity on next steps, so I will set up a meeting.
- SECVA Morning report - I am now on the list for the Tuesday and Thursday meetings, I will be in Oceanside CA still, so will not be at the Tuesday, but I will ask if there is a call in number to listen in.

Hope you are having a great weekend.

Darin

--
Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/19/2017 6:28:06 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Fwd: Fox and Friends Interview on Monday

Please get darin a call in number for tuesday an

Sent from my iPhone

Begin forwarded message:

> **From:** Darin Selnick (b) (6) @gmail.com>
> **Date:** February 19, 2017 at 12:35:29 PM EST
> **To:** David shulkin <Drshulkin@aol.com>
> **Subject: Fox and Friends Interview on Monday**
>
> Hi David
>
> I just finished talking to Pete Hegseth. I am now clear on exactly what will be happening on Monday with the Fox and Friends interview. Pete will be getting the exclusive interview with you on Monday, which will be taped. Clips from the interview will be played on Tuesday and then the long version on Thursday.
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> Hope you are having a great weekend.
>
> Darin

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/19/2017 6:26:42 PM
To: Darin Selnick (b) (6) @gmail.com]
Subject: Re: Fox and Friends Interview on Monday

Ok perfect and thanks

Ill call Pete

Right now im dealing with some WH requests for potus but ill get back to you later

Sent from my iPhone

On Feb 19, 2017, at 12:35 PM, Darin Selnick (b) (6) @gmail.com> wrote:

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>
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> Darin

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 2/7/2017 3:09:25 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Table setting

Oh just a few of you. Can't wait to hear about it tmrw.
On Mon, Feb 6, 2017 at 10:07 PM David shulkin <Drshulkin@aol.com> wrote:

Sent from my iPhone
--
Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/7/2017 3:06:52 AM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Table setting
Attachments: IMG_3673.JPG; Untitled attachment 12928.txt

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 2/4/2017 3:41:48 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: Tuesday meeting - Information needed for the White House

done

From: David Shulkin <drshulkin@aol.com>
Sent: Saturday, February 4, 2017 9:48 AM
To: (b) (6) @hotmail.com
Subject: Fwd: Tuesday meeting - Information needed for the White House

Poonam can you send to Marisol below your

Name
DOB
City and State where you live
Citizenship
SS Number (you can call her if you prefer see below)

Cc: Marisol Garcia (b) @frenchangel59.com;

ent: Sat, Feb 4, 2017 9:22 am
Subject: Re: Tuesday meeting - Information needed for the White House

Absolutely bring her spoke to ike. Marisol needs to clear her.

Sent from my iPhone

On Feb 4, 2017, at 7:59 AM, David shulkin <Drshulkin@aol.com> wrote:

> Ike and Bruce- if you are agreeable I would like to consider inviting my Senior Advisor (Dr Poonam Alaigh) to the meeting. She has worked with me 6 years now and i have full trust in her. She was the former health commissioner in NJ and has good government experience and has worked at VA as a doctor for over a decade. I am thinking of having her in the acting UnderSecretary role once I move to Secretary so i thought it would be good to have her hear the conversation. Sometimes it helps to have another set of ears in case i dont absorb it all.
>
> David
>
> Sent from my iPhone
>
> On Feb 3, 2017, at 8:53 PM, Marisol Garcia <(b) @frenchangel59.com> wrote:
>
> > Dr. Shulkin:
> >
> > We need to provide the below information to the White House:

AMERICAN OVERSIGHT

Full name
Date of birth
Social Security #
City and state of residence

I would prefer if you call me with your social security number but please email me the rest of the information.

I am available until 9:30 PM tonight at (b) (6) or call my iPhone: (b) (6) after 9:30 PM and over the weekend.

Thank you,
Marisol

-----Original Message-----
From: Bruce Moskowitz [mailto:brucem(b) (6) mac.com]
Sent: Friday, February 03, 2017 6:03 PM
To: (b) (6) ccf.org; (b) (6) (b) (6) M.D.; mbs(b) (6) gmail.com; drshulkin@aol.com; (b) (6) (b) (6) kp.org; (b) (6) (b) (6) partners.org; laurie perle; IP
Cc: (b) @frenchangel59.com; (b) @jhmi.edu; (b) (6) @partners.org; (b) (6) @kp.org; (b) (6) @ccf.org
Subject: Tuesday meeting agenda

The meeting is confirmed to start Tuesday 8 am at the Whitehouse. Instructions for security and where to enter will be provided this weekend. Below is the agenda. I want to personally thank everyone for their input and I look forward to a productive meeting.

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/4/2017 2:48:26 PM
To: (b) (6) @hotmail.com
Subject: Fwd: Tuesday meeting - Information needed for the White House

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DOB
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AMERICAN OVERSIGHT

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Cc: (b) @frenchangel59.com; (b) @jhmi.edu; (b) (6) @partners.org; (b) (6) @kp.org; (b) (6) @ccf.org
Subject: Tuesday meeting agenda

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AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 1/29/2017 6:49:33 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: 1DEC9F19-57C6-401D-AB07-67A85828387A.JPG

So exciting- getting so anxious about it- feel like I am going through every moment and living it with you through you- next week this time- hopefully Mr Secretary- keeping my fingers crossed

Sent from my iPhone

On Jan 29, 2017, at 12:58 PM, David shulkin <Drshulkin@aol.com> wrote:

> <1DEC9F19-57C6-401D-AB07-67A85828387A.JPG>
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/29/2017 5:58:10 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: 1DEC9F19-57C6-401D-AB07-67A85828387A.JPG
Attachments: 1DEC9F19-57C6-401D-AB07-67A85828387A.JPG; Untitled attachment 12982.txt

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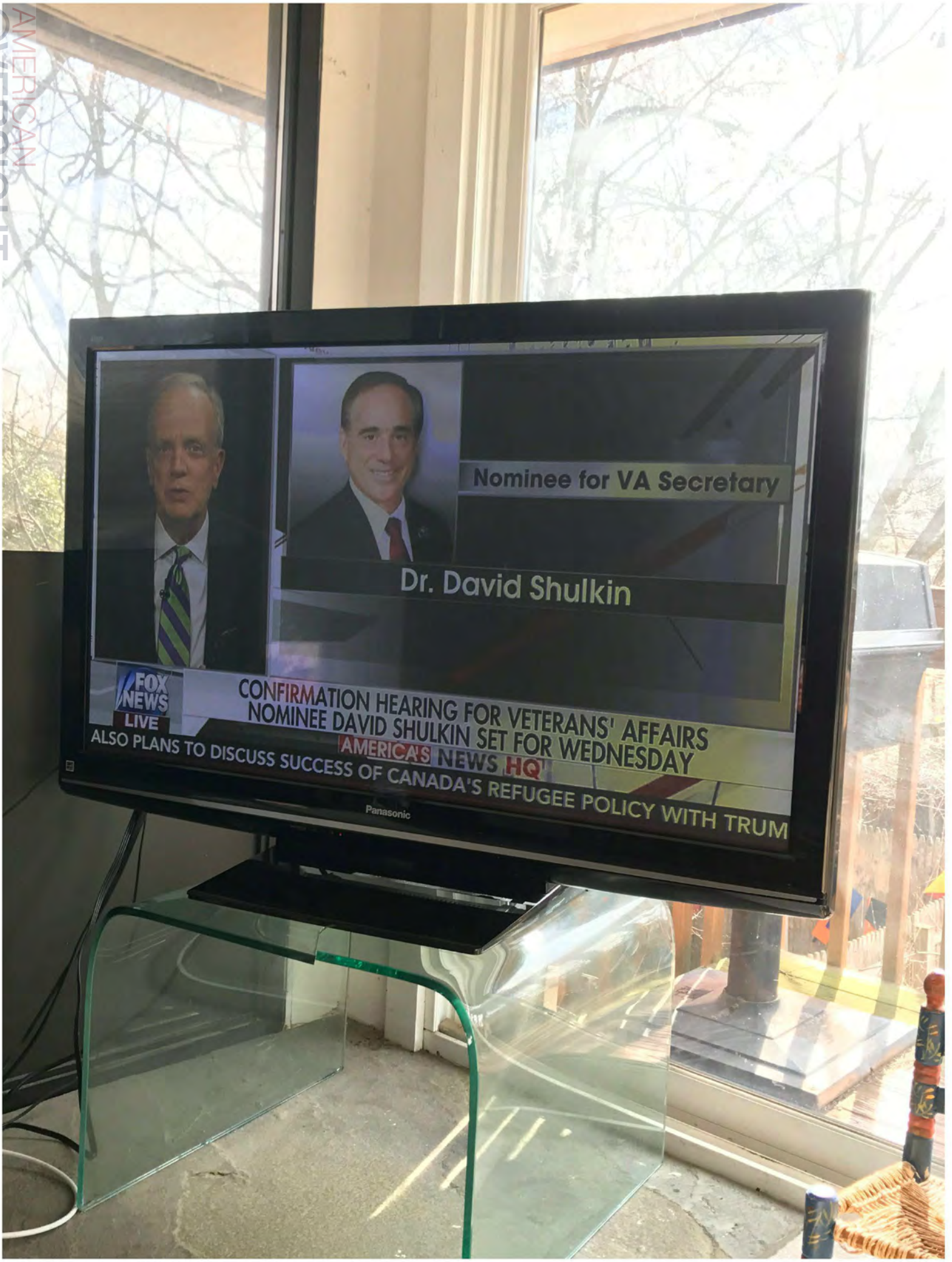
AMERICAN OVERSIGHT



VA-19-0799-I-001776
DS_00006793

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/4/2017 9:34:30 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Ash

Thanks

Sent from my iPhone

On Feb 4, 2017, at 4:09 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> Don't let her distract you- she calls me regularly about something or the other- she called me today and made sure that she told me that you called her to speak to her in addition to some other stuff. I finally told her that as a leader of the organization, I needed her not to be a messenger, but someone who can assess the situation and clear out the signal from the noise and help with ensuring that we accomplish and not just spin our wheels in rumors and distractions.

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 2/4/2017 9:09:14 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Ash

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AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/30/2017 6:49:33 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
Subject: Re: Agenda

I think its a good idea

Some complexity with tying back into VAs emr and with licensure requirements across state lines- but certainly worth exploring

Sent from my iPhone

> On Jan 30, 2017, at 9:12 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>
> For the agenda you proposed we discussed one possible solution for mental health services and would like your input. For a tele-health platform specifically devoted to mental health, we would have all the academic centers in the United States and not for profit health systems, vet psychologists, psychiatrists etc that would provide consultations and or local appointments. Since there would be a large pool of certified health care professionals we could pair a Veteran request with a mental health care expert who has free time to do the consult at a particular time including weekends that works for the patient and health care professional.
> The system can be monitored and outcomes tracked. We did one study for prevention of postpartum depression that documented even in major cities there are not enough trained in this particular mental health need however there were 2,000 nationwide who were available to do this via telemedicine.
> Sent from my iPad
> Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 1/30/2017 2:12:25 PM
To: David shulkin [drshulkin@aol.com]
Subject: Agenda

For the agenda you proposed we discussed one possible solution for mental health services and would like your input. For a tele-health platform specifically devoted to mental health, we would have all the academic centers in the United States and not for profit health systems, vet psychologists, psychiatrists etc that would provide consultations and or local appointments. Since there would be a large pool of certified health care professionals we could pair a Veteran request with a mental health care expert who has free time to do the consult at a particular time including weekends that works for the patient and health care professional.
The system can be monitored and outcomes tracked. We did one study for prevention of postpartum depression that documented even in major cities there are not enough trained in this particular mental health need however there were 2,000 nationwide who were available to do this via telemedicine.
Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 5/1/2017 4:16:26 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: As I was leaving this mornings meeting

Poonam- i surprised with this type of note

I would have thought that you would have seen that by now being USH that walking in my old shoes you would understand how different your view of what i did was and the pressures of the job

Id ask you to understand the secva job is even tougher- huge pressures- and i have a clear vision on how to change the organization - and its not true o keep doing what we are doing

Id ask you trust me- i am hard on you in public precisely because people think i am treating you special- so trust me that i have your back when i do this

Sent from my iPhone

> On May 1, 2017, at 10:24 AM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> Folks were telling me to keep smiling and were glad I made it to the meeting-you can be so harsh - anyway, always prefer for you to be harsh on private vs public- makes it so much harder since everyone then thinks they can behave the same way with me - no biggie but just felt like letting you know. It's hard enough for folks to see me as my own identify, have my own credentials and not a "mini-me" in this role cause I am your "friend"
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> Sent from my iPhone

AMERICAN OVERSIGHT

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Sent: 5/1/2017 2:24:02 PM
To: David Shulkin [drshulkin@aol.com]
Subject: As I was leaving this mornings meeting

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Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: (b) [(b) (6) @hotmail.com]
Sent: 1/30/2017 9:28:47 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Results: VA Secretary nominee poll

Try to stay chill

Sent from my iPhone

On Jan 30, 2017, at 4:25 PM, David shulkin <Drshulkin@aol.com> wrote:

> He is much worse than i thought
>
> The attacks are now starting all over
>
> Sent from my iPhone
>
> On Jan 30, 2017, at 2:23 PM, (b) (6) <(b) (6) @hotmail.com> wrote:
>
> > Ok , not ur biggest fan
> >
> > Sent from my iPhone
> >
> > On Jan 30, 2017, at 1:52 PM, David shulkin <Drshulkin@aol.com> wrote:
> >
> > > Sent from my iPhone
> > >
> > > Begin forwarded message:
> > >
> > > **From:** thomas bowman
> > > <(b) (6) @yahoo.com>
> > > **Date:** January 30, 2017 at 1:34:40 PM EST
> > > **To:** David Shulkin <drshulkin@aol.com>
> > > **Subject: Fw: Results: VA Secretary nominee poll**
> > > **Reply-To:** "(b) (6) @yahoo.com"
> > > <(b) (6) @yahoo.com>
> > >
> > > Fyi...just received this.....wanted you to be aware if
> > > you had not already seen this....
> > >
> > > Sent from Yahoo Mail on Android
> > >
> > > On Mon, Jan 30, 2017 at 1:23 PM, (b) (6)
> > > IAVA
> > > <(b) (6) mail.iava.org> wrote:

To view this email as a web page, go here.

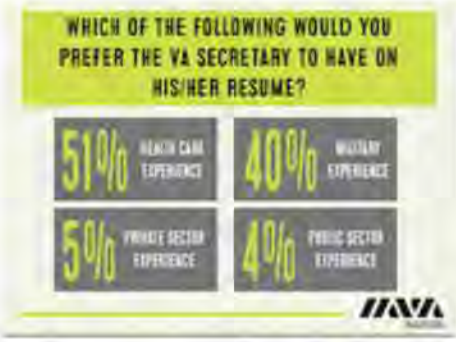
AMERICAN OVERSIGHT

Thomas,

We asked you to sound off about the new nominee for VA Secretary--and you responded. Over 2
and allies responded in the first 24 hours alone. The results are in.

The key takeaway? **Dr. David Shulkin will have to prove himself**. 41% of you said you haven't
about him as a nominee. 36% support his nomination. 23% do not.







President Trump's pick to lead the VA at this critical time is a very big deal. If confirmed, Dr. Shulk
non-veteran to lead the VA--something IAVA members nationwide told us they are lukewarm abou
medical experience and knows the VA and the VSO community.

Dr. Shulkin's confirmation hearing is **this Wednesday** in Washington. And we want your help aski
What do you want him to be asked?

Submit your questions here now.

Share this email and encourage your friends to submit their questions too.

We'll deliver your questions to Dr. Shulkin personally this week. We'll also share your questions wi
conducting the hearing--and with the national media. Every question will be posted on our website
sure your voice is heard.

After years of controversy at VA, we need and deserve the right leader. On Wednesday, America
IAVA will ensure the voices of post-9/11 vets are heard.

Onward!

(b)

AMERICAN OVERSIGHT

This email was sent to (b) (6) @yahoo.com
This email was sent from Iraq And Afghanistan Veterans Of America, Inc.
119 West 40st Street, 19th Floor New York, NY, 10018, United States

Update Profile and Subscription Preferences | Unsubscribe From All Emails

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
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> > >
> > > Thomas,
> > >
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> > >
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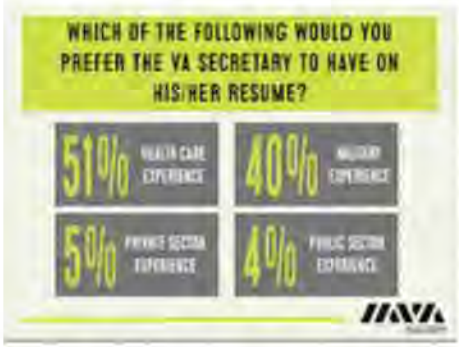
AMERICAN OVERSIGHT







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Onward!

(b)

AMERICAN OVERSIGHT

This email was sent to (b) (6) @yahoo.com
This email was sent from Iraq And Afghanistan Veterans Of America, Inc.
119 West 40st Street, 19th Floor New York, NY, 10018, United States

Update Profile and Subscription Preferences | Unsubscribe From All Emails

AMERICAN OVERSIGHT

Message

From: [redacted] [redacted]@hotmail.com]
Sent: 1/30/2017 7:23:17 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Results: VA Secretary nominee poll

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AMERICAN OVERSIGHT







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Onward!

(b)

AMERICAN OVERSIGHT

This email was sent to (b) (6) @yahoo.com
This email was sent from Iraq And Afghanistan Veterans Of America, Inc.
119 West 40st Street, 19th Floor New York, NY, 10018, United States

Update Profile and Subscription Preferences | Unsubscribe From All Emails

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/30/2017 6:52:25 PM
To: (b) [(b) (6) @hotmail.com]
Subject: Fwd: Results: VA Secretary nominee poll

Sent from my iPhone

Begin forwarded message:

From: thomas bowman <(b) (6) @yahoo.com>
Date: January 30, 2017 at 1:34:40 PM EST
To: David Shulkin <drshulkin@aol.com>
Subject: Fw: Results: VA Secretary nominee poll
Reply-To: "(b) (6) @yahoo.com" <(b) (6) @yahoo.com>

Fyi...just received this.....wanted you to be aware if you had not already seen this....

Sent from Yahoo Mail on Android

On Mon, Jan 30, 2017 at 1:23 PM, (b) (6) , IAVA <(b) (6) mail.iava.org> wrote:

> To view this email as a web page, go here.
>
> Thomas,
>
> We asked you to sound off about the new nominee for VA Secretary--and you responded. Over 2,000 IAVA members and allies responded in the first 24 hours alone. The results are in.
>
> The key takeaway? **Dr. David Shulkin will have to prove himself**. 41% of you said you haven't made your mind up about him as a nominee. 36% support his nomination. 23% do not.

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AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/30/2017 6:49:57 PM
To: (b) (6) @yahoo.com
Subject: Re: Results: VA Secretary nominee poll

I saw

Sent from my iPhone

On Jan 30, 2017, at 1:34 PM, thomas bowman <(b) (6) @yahoo.com> wrote:

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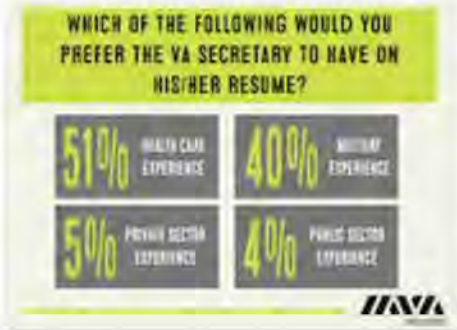
> > 
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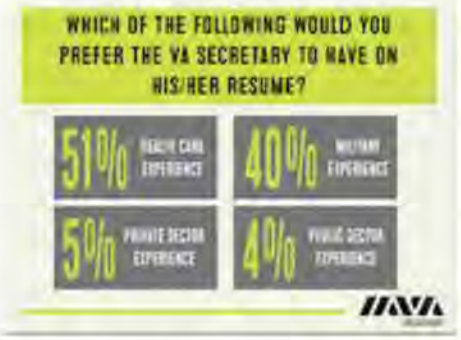



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Message

From: David Shulkin [drshulkin@aol.com]
Sent: 1/29/2017 8:26:10 PM
To: (b) (6) @gmail.com
Subject: can we add to the calander

-----Original Message-----
From: Darin Selnick (b) (6) @gmail.com>
To: David Shulkin <drshulkin@aol.com>
Sent: Sun, Jan 29, 2017 3:22 pm
Subject: Re:

Sure

Darin

On Sun, Jan 29, 2017 at 12:19 PM, David Shulkin <drshulkin@aol.com> wrote:
would Tuesday at 9 AM work?

-----Original Message-----
From: Darin Selnick (b) (6) @gmail.com>
To: David shulkin <Drshulkin@aol.com>
Sent: Sun, Jan 29, 2017 3:11 pm
Subject: Re:

FYI - Got a tip that Fox reporter Will Carr is doing a story on Phoenix VAMC that will show on Fox with Brett Baier, Tuesday, 1/31, at 6pm. It will be focusing on how in many ways Phoenix VAMC is worse now than 2 years ago and how the new director Rima Nelson is unqualified and has a ton of baggage.

Reporter is also shooting to get same story played again Tuesday night on Tucker Carlson show. Just wanted you to know as Tuesday is the day before the confirmation hearing and a lot of people will see it on Fox News. I have passed this information to (b) (6) and (b) (6)

Also, what is your preference when I need 10 minutes of your time to update or run stuff by you. When Dr. Kussman was USH, he just had me come by early in the morning at 7am. I could do that or just have staff schedule me in, whatever works best for you. I do have a few quick updates for you.

Thanks

Darin

On Fri, Jan 27, 2017 at 5:17 AM, Darin Selnick(b) (6) gmail.com> wrote:
Yes, definitely.

Darin

Sent from my iPhone

On Jan 27, 2017, at 7:15 AM, David shulkin <Drshulkin@aol.com> wrote:

I think this is terrific

Would we consider him for an advisory committee role?

Sent from my iPhone

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On Jan 26, 2017, at 11:36 PM, Darin Selnick (b) (6) @gmail.com> wrote:

FYI - I received a nice call from Chairman Jeff Miller. He mentioned he has spoken briefly to you recently and offered his full support and assistance. He wants to help you be successful from the outside, any way he can to reform and improve VA.

He could be one of the independent voices Newt mentioned and he will be a great help in dealing with Congress with helping to push our legislative agenda.

Hope the confirmation prep is going well.

Darin

On Fri, Jan 20, 2017 at 11:58 AM, David shulkin <Drshulkin@aol.com> wrote:
Ok thanks for the heads up

Sent from my iPhone

On Jan 20, 2017, at 12:42 PM, Darin Selnick (b) (6) @gmail.com> wrote:

Hi David

I hope you are having a great inauguration day. Just want to pass to you a media tip I received about a possible post inauguration story about the VA from Dave Phillips New York Times.

Dave Phillips New York Times, does not like DJT, so I am told he has been sitting on a story about the VA, he wants to release after inauguration to make DJT look bad. Focus of the story is about Phoenix VAMC, veterans suicides in 2016 and how mental health is a big problem and fixes that were exposed by whistleblowers were not done. His complaint will be about why is VA not fixing the problems at Phoenix concerning mental health.

I do not know what Dave Phillips will say about you in his story. I did let (b) (6) know about the story in case it is released, as it could then come up during confirmation hearings. He did not seem to concerned.

Have a great weekend. See you Monday.

Darin

On Tue, Jan 17, 2017 at 3:43 PM, Darin Selnick
(b) (6) @gmail.com> wrote:
23rd is fine, I will have some more information then. I will contact (b) (6) and ask her to schedule me in on the 23rd.

Thanks

Darin

On Tue, Jan 17, 2017 at 3:34 PM, David shulkin
<Drshulkin@aol.com> wrote:
Excellent Darin

Lets hold off till the 23 rd unless you need me sooner

Thanks again

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Sent from my iPhone

On Jan 17, 2017, at 6:12 PM, Darin Selnick (b) (6) @gmail.com> wrote:

> I had some great meetings today with my Senate and House contacts. They are looking forward to working with you. I can update you by phone or in person on Jan 23. Let me know your preference.
>
> Thanks
>
> Darin
> (b) (6)
>
> On Mon, Jan 16, 2017 at 3:24 PM, David shulkin <Drshulkin@aol.com> wrote:
> Yes please thats great
>
> Sent from my iPhone
>
> On Jan 16, 2017, at 6:15 PM, Darin Selnick (b) (6) @gmail.com> wrote:
>
> > I agree the focus is on the Senate. My list included post confirmation meetings and the House members and all other non Senate would be post confirmation.
> >
> > Speaking of post confirmation, I just finished talking with Secretary Principi. He wants you to be successful and to help you any way he can.
> >
> > Should I give (b) (6) his contact information so she can schedule a post confirmation meeting.
> >
> > Darin
> >
> > On Mon, Jan 16, 2017 at 3:04 PM, David Shulkin <drshulkin@aol.com> wrote:
> > Darin- I think that the trump team ((b) may not appreciate why its important to meet with House members. He has asked for me to cancel my meeting with Chairman Rowe. I don't know what your thoughts are- but if you disagree I need to push back
> >
> > -----Original Message-----
> > From: Darin Selnick (b) (6) @gmail.com>
> > To: David shulkin <Drshulkin@aol.com>

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Sent: Mon, Jan 16, 2017 5:25 pm
Subject: Re:

I did some checking about you requesting me as your Senior Advisor. There are a number of Senior Advisors, so in order to not cause confusion we should be specific on type of Senior Advisor.

Recommend you call over to them and let them know you want me to be your **Senior Advisor for Healthcare**. That will also be helpful to HR as they are processing the on-boarding documents.

Also, I received some intelligence today that there are a couple of news outlets working on a couple of unfavorable stories on you to be released before the 31st, I will find out more on this tomorrow morning. We do need to find you some good public affairs/communication appointees quickly.

Attached is an overall list of both pre and post confirmation people to meet with. Once the beach head team knows my role as requested by you, I can coordinate with (b) (6) on needed pre confirmation meetings, as I am sure Trump WH has a list already.

Best

Darin

On Mon, Jan 16, 2017 at 6:41 AM, Darin Selnick (b) (6) @gmail.com> wrote:

I talked to Newt Gingrich staff. They are happy to set up the meeting. Is it ok to give them this email for their scheduler.

Darin

Sent from my iPhone

On Jan 15, 2017, at 7:30 PM,

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David shulkin <Drshulkin@aol.com> wrote:

> Ok
>
> Sent from my iPhone
>
> On Jan 15, 2017, at 10:26 PM, Darin Selnick (b) (6) @gmail.com> wrote:
>
> > O n e l a s t i t e m , w e d i d n o t d i s c u s s y o u r p e r m a n e n t C h i e f o

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Darin OnSun, Jan 15, 2017 at 6:48 PM, Davidshulkin <Drshulkin@aol.com>

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wrote:

Terrific Darin - thanks so much

Sent from my iPhone

On Jan 15, 2017

AMERICAN OVERSIGHT

, at 9:24 PM, Darin Selnick <(b)(6)[redacted]@gmail.com> wrote:

Great tal

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kingtoyoutonight,veryexcitedaboutwecando.

IwillaskSecretaryPri

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ncipiandgetthisadviseaboutanactingDepSec. Couldbeabighelp, ifwef

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indtherightguy,butPrincipiwouldknowbestsincehewasinthissituati

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on in 2001

Best

Darin

On Sun, Jan 15, 2017 at 3:18 PM, Darin Selnick <
(b) (6)

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(b) (6)

@gmail.com> wrote: Sure, talk to you at 7:30pm ET. Thanks

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Darin

On Sun, Jan 15, 2017 at 3:17 PM, David Shulkin <Drshulkin@aol.com>

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wrote: Darin - any chance of pushing it back 30 min to 730 - im still ill at dinner

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and730isbetter

Ifthatsanissueletskeepitat7

David

Sentfrommy

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iPhone

On Jan 15, 2017, at 10:51 AM, Darin Selnick <(b) (6) @gmail.

AMERICAN OVERSIGHT

.com> wrote:

> Great, talk to you then. Darin
>
> On Sun, Jan 15, 2017 at 5:19 A

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emynumberis (b) (6) [redacted]

Sentfrommyi Phone

OnJan14,2017,at11:06PM,

AMERICAN OVERSIGHT

Darin Selnick <(b) (6) @gmail.com> wrote:

Sunday night work sas

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I am flying back to DC early Monday.

How does Sunday at 7pm ET work

(b) (6)

AMERICAN OVERSIGHT

(b) (6)

Darin

On Sat, Jan 14, 2017 at 7:37 PM, David Shulkin <Dr.Shulkin

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n@aol.com>wrote: Darin-Ithinkifoundafewalreadyy Nextweekiscrazyf

AMERICAN OVERSIGHT

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Anychancetotalkmondaymorningorsundayeveningonthephone? If

AMERICAN OVERSIGHT

notthe23rdworks

Sentfrommy iPhone

OnJan14,2017,at8:11PM,Darin S

AMERICAN OVERSIGHT

elnick <(b)(6)@gmail.com> wrote:

Hi David Iknowithasbeencr

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azybusysinceyourSECVAnomination. Youhaveanhistoricopportunityf

AMERICAN OVERSIGHT

orVAreformandIwantyoutoknowIhaveyourbackandwantyoutobesuccessf

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ul. However, there are a lot of land mines, and I would like to talk to you pr

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ivatelyabouthem.

Ihavehelpedthree SECVAthroughthoselandminesan

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d l w o u l d l i k e t o h e l p y o u a s w e l l .

W e c a n t a l k a t b r e a k f a s t l i k e w e d i d l a s t

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timeoratyourofficeIwillbeinDCTuesdayandWednesday,1/17-18,orw

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ecantalkwhenIstartonJan23.

Letmeknowwhatworksforyou.

Best

Dar

AMERICAN OVERSIGHT

in

On Wed, Jan 11, 2017 at 10:04 AM, David shulkin <Drshulkin@aol.com> w

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rote:
Thanks Darin
Sent from my iPhone
>On Jan 11, 2017, at 12:51 PM, Dari

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AMERICAN OVERSIGHT

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uldbesthelpyouout.>>Best>>Darin>>Sentfrommyi Phone>>>OnDec13,20

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16, at 7:38 PM, Davidshulkin <Dr.shulkin@aol.com> wrote: > > > > Darin-see

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y o u a t 8 a t t e a i s m o n H a n d 1 7 t h ? > > > S e n t f r o m m y i P h o n e

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/31/2017 5:09:11 PM
To: Jennifer Lee [(b) (6) @gmail.com]
Subject: Re: inpatient suicide SCI unit - McGuire VISN 6

Ok

Sent from my iPhone

> On Jan 31, 2017, at 12:05 PM, Jennifer Lee (b) (6) @gmail.com> wrote:
>
> you probably saw the issue brief already.
> this is horrifying. we are working with 10N to find out more. I don't understand how this could happen.
>
> we are going to be much more aggressive on suicide.
> let me know if/when you want details on the new plan we are developing
>
>

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From: Jennifer Lee [(b) (6) @gmail.com]
Sent: 1/31/2017 5:05:17 PM
To: David Shulkin [drshulkin@aol.com]
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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/1/2017 3:44:54 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Fwd: Whistleblowers Claim Retaliation for Revealing VA Horrors - NBC News fyi

Please print the link

Sent from my iPhone

Begin forwarded message:

> **From:** Thirdwave2 <(b) (6) @speakergingrich.com>
> **Date:** February 1, 2017 at 9:43:33 AM EST
> **To:** Dr Shulkin <drshulkin@aol.com>
> **Subject: Fwd: Whistleblowers Claim Retaliation for Revealing VA Horrors - NBC News fyi**
>
> You should publicly support this whistleblower newt
>
> Sent from my iPad
>
> Begin forwarded message:
>
> > **From:** (b) (6) <(b) (6) @gingrichproductions.com>
> > **Date:** January 31, 2017 at 9:10:27 AM EST
> > **To:** Thirdwave2 <(b) (6) @speakergingrich.com>
> > **Subject: Whistleblowers Claim Retaliation for Revealing VA Horrors - NBC News**
> >
> > http://www.nbcnews.com/news/us-news/whistleblowers-claim-retaliation-revealing-va-horrors-n707996
> >
> > It's been almost three years since a whistleblower shocked the nation by disclosing that 1,400 of veterans languished without care at the Phoenix, Arizona, Veterans Affairs Hospital — and new whistleblowers say little has changed except for the harassment they've received.
> >
> > The April 2014 announcement cost then-VA Secretary Eric Shinseki his job while members of Congress and President Obama promised that they would do better by the 6 million veteranswho use the hospital system. It proved to be an empty promise.
> >
> > Earlier this month, the president's Office of Special Counsel (OSC) reported that thousands of Phoenix veterans went without appointments in the past two years — and 215 of them ultimately died.

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Play



- Facebook
- Twitter
- Google Plus
- Embed

Trump Announces David Shulkin as Veterans Affairs Secretary 2:01

Despite a mandate to see patients within one month, on a daily basis the hospital still has 1,100 people still waiting longer than that, the report found.

Now, the whistleblower who alerted the OSC to these alarming numbers tells NBC News that he believes his desire to save veterans' lives came with a price: the VA retaliated against him with harassment, insurmountable work tasks and by placing him under surveillance and investigation for not solving the scheduling problem the VA created.

"As an Iraq veteran, it makes me feel like dirt that bureaucratic civilians who've never served this country are abusing vets like me, and killing vets who have are defenseless because they're ill," said Kuauhtemoc Rodriguez, a scheduling

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manager for the Phoenix VA's specialty care. "They know the price of freedom and the VA abuses that, and benefits off the backs of veterans."

Rodriguez's plight to expose the corrupt system even caught the attention of Sens. John McCain of Arizona and Chuck Grassley of Iowa, whom respectively, wrote a letter to VA Secretary Bob McDonald demanding answers and issued statements praising the Rodriguez and Coleman.



Sen. John McCain, R-Ariz., speaks to Veterans Affairs Secretary Eric Shinseki, right, and Veterans Affairs Undersecretary for Health Robert Petzel on Capitol Hill on May 15, 2014, during a hearing to examine the state of Veterans Affairs health care. Cliff Owen / AP file

Rodriguez said he sought the protection of the OSC after several things happened: His complaint to the Inspector General's office was somehow emailed to several staff members by his boss, his computer was monitored, he was placed under surveillance, and he was criticized for not fixing scheduling problems by himself.

"They grilled me for four hours in a [VA investigatory] board. I was in the military and had to deal with the CIA once and that only took me an hour," Rodriguez told NBC News.

"I've been in combat in Iraq and to have to come home and deal with this?" asked Rodriguez.

Phoenix VA spokesman Paul Coupaud denied that Rodriguez was being retaliated against for whistleblowing, but said the actions were taking because the VA's Administrative Investigation Board (AIB) was "investigating allegations of harassment."

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Coupaud said the Phoenix VA's director received multiple complaints of harassment against the health services leadership team, which included Rodriguez.

"In the VA, an AIB is an impartial inquiry to determine facts, collect evidence, reveal improvement areas, and identify system problems," Coupaud said. "Generally, an AIB does not make recommendations for action to senior leaders, but only reports facts found during the investigation ... As the investigation is not complete, we cannot address what facts the AIB has or has not discovered."

The VA also disputed the number of veteran deaths saying the number was actually 118 — and that only one person could be verified as a definite result of unscheduled care.

“They grilled me for four hours in a [VAinvestigatory] board. I was in the military and had to deal with the CIAonce and that only took me an hour” Rodriguez said he first discovered that something was wrong in April 2015, when he was going through a list of veterans unscheduled for care and found six dead patients. Concerned, he did further research and found more than 200 dead patients — all who had died waiting for procedures like dialysis, colonoscopies, lump removals, vascular surgeries and mental health screenings. Thousands more patients awaited appointments, he said.

He brought the findings to his supervisors but decided to complain to the Inspector General when "there was no real movement to get to the bottom why we weren't scheduling people on time."

The VA would have needed to hire an additional 38 people to manage the scheduling, but no move was done to do this, he said.

Play



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Rodriguez, who served as an Army military police officer for seven years, is one of about 50 whistleblowers who have surfaced in the past few years to complain about excessive wait times, dirty facilities and substandard care in VA hospitals across the nation.

Many whistleblowers have reported some sort of retaliation from the hospital directors or the VA's Office of Inspector General — even though a federal law specifically prohibits harassment of agency employees who bring wrongdoing to light.

Veteran Shea Wilkes, a social worker at the Shreveport VA Hospital was placed under criminal investigation by the Inspector General after he reported hundreds of patients had been placed on a secret waiting list so the hospital appeared to be complying with the one-month mandate. His "crime" was violating HIPAA laws by turning over the list of names to prove his allegations, according to documents by the OSC and interviews with Wilkes and his attorney, Richard John.

The probe lasted a year and ended in June 2015 when John received a phone call from the Inspector General saying Wilkes was no longer under investigation, John said.

And therapist Brandon Coleman was suspended for 460 days on what he says were unsubstantiated charges of assault in Phoenix after he told the media that suicidal veterans were leaving the facility without receiving proper care. The OSC stepped in and resolved the matter in May 2016, finding a new place within the VA for Coleman to work that didn't involve harassment, he said.

"The whole thing smells fishy," Coleman said of VA probe into Rodriguez. "It is Phoenix VA leadership textbook 101 how they work harder to go after whistleblowers than they do in actually admitting to and fixing the problems we raise."

Sent from my iPhone

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Message

From: Wright, Vivieca (Simpson) [Vivieca.Wright@va.gov]
Sent: 2/5/2017 7:23:40 PM
To: 'David Shulkin' [drshulkin@aol.com]; '(b) (6) @gmail.com' [(b) (6) @gmail.com]
Subject: RE: [EXTERNAL] brown

Ok

-----Original Message-----
From: David Shulkin [drshulkin@aol.com]
Sent: Sunday, February 05, 2017 11:04 AM Eastern Standard Time
To: (b) (6) @gmail.com; Wright, Vivieca (Simpson)
Subject: [EXTERNAL] brown

Here are browns questions. The supplemental here has a minor revision from what I had sent previously.

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Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/5/2017 4:04:16 PM
To: (b) (6) [redacted]@gmail.com; vivieca.wright@va.gov
Subject: brown
Attachments: PostHQFR for Shulkin - Sen Brown (3).docx; posthearingBrown Supplemental Questions.docx

Here are browns questions. The supplemental here has a minor revision from what I had sent previously.

AMERICAN OVERSIGHT

Sen. Sherrod Brown
Questions for the Record
for
Dr. David Shulkin
SVAC Hearing February 1, 2017

1. For-profit colleges are able to leverage the Higher Education Act's 90/10 loophole to go after veterans with GI Bill benefits, using those funds to compensate for the gap these institutions face due to a lack of federal fund.

   a. Do you support closing the 90/10 loophole?

   Response: While VA defers to the Department of Education on the 90/10 calculation, I am supportive of including the Post-9/11 GI Bill in the 90 percent limit on Federal funding or related proposals. Under the present structure, some institutions may be targeting Veterans because the Federal education benefits they receive are treated the same way as private funds in the 90/10 calculation.

   Modifications to the 90/10 rule could provide additional tools to assist in this area. However, it is understood that such a change could cause some schools to exceed the 90 percent threshold and be at risk of losing eligibility to receive Federal student aid. Therefore, in order to ensure that Veterans are not adversely affected, the manner in which such a change would be implemented is important. VA would welcome the opportunity to work collaboratively with the Department of Education and Congress as it considers changes in this area.

   b. What actions are you prepared to take to ensure VA's compliance with 38 USC 3969?

   Response: The VA, Education Service is postured to formally request the Secretary to leverage his authorities outlined in the public law when an institute of higher learning (IHL) is in violation of the law. VA has recently made two referrals to FTC for potential violations of section 3696.

   c. What is your plan to hold colleges accountable to properly using the GI Bill benefits veterans sacrificed for?

   Response: VA will continue to work with all State Approving Agencies and our Federal partners to ensure compliance and enforcement of all GI Bill statutory and regulatory requirements.

   d. What is your strategy for communicating to colleges the standards for compliance with the VA Advisory Committee on Education's VA Principles of Excellence initiative?

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Response: Since the inception of the Principles of Excellence (POE) in 2012, the standards for compliance with POE are communicated to the institutes of higher learning via the VA GI Bill web site and reviewed during the over 5000 annual compliance visits with schools.

e. Please outline your plan to collaborate with other federal entities to address colleges that take advantage of veterans and their benefits.

Response: We have developed strong relationships with the Department of Education, Federal Trade Commission, Department of Justice, Department of Defense, Consumer Financial Protection Bureau and VA's Office of Inspector General. Regular meetings are ongoing and as needed virtual communications are leveraged as warranted. In 2017, VA will further strengthen these collaborations in order to ensure schools that engage in any activities that negatively impact our student veterans are addressed appropriately and in accordance with applicable laws and regulations. These include but are not limited to deceptive marketing, deceptive recruiting, and accreditation of IHL programs and schools.

2. How will you implement the Career Ready Student Veterans Act, legislation aimed at blocking GI Bill benefits going to programs that, due to low-quality or lack of accreditation, do not result in veteran-graduates earning state certifications and licenses?
Response: The State Approving Agencies, who are charged with enforcing the requirements for initial and continued GI Bill program approval, will be at the forefront of the implementation effort, as they have expertise in GI Bill approval requirements and state licensure and certification requirements. VA has had a number of discussions with the State Approving Agencies (SAAs) on these new provisions and we are currently in the process of drafting guidance. Both VA and the SAAs strongly believe that vocational and occupational programs should meet the requirements in the state in which the educational institution is located so that GI Bill beneficiaries are well-prepared upon completion of these programs.

3. As Governor of Indiana, Vice President Pence wrote to VA officials, including Secretary McDonald, urging the Department to compensate student veterans for lost GI Bill benefits used at shuttered ITT Tech and Corinthian College locations. These student veterans were taken advantage of by institutions looking to profit from their sacrifice.

   a. How will you ensure that these veterans' GI Bill benefits are restored?

   Response: Currently, VA does not have the statutory authority to restore a student's GI Bill benefits due to a school closure. VA has provided technical assistance to Congress on draft legislative language that would allow for such

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benefit restoration and will continue to provide any additional assistance that may be needed.

b. Do you believe that when VA and other federal entities designate that an institution of higher education displays signs of instability? If so, what is your plan to communicate to student veterans when an institution shows such potential, as ITT Tech and Corinthian Colleges did prior to their closing?

Response: VA uses a web based Comparison Tool with an appropriate Caution Flag to make student veterans aware of indicators VA or other federal agencies have determined potential students should pay attention to and consider before enrolling in a program of education. The VA is also very proactive in sending emails to individual students attending such institutions which explain the potential impact to their education benefits. For example VA has sent six different email communications to ITT students providing information and resources to assist them.

4. Knowing the risks posed by colon cancer, the second-most common cause of death from cancer for men and women collectively, and the opportunities for patients through early screening and detection, will you ensure that all available colorectal cancer screening methods endorsed by the U.S. Preventative Services Task Force are employed to serve the healthcare needs of veterans?

Response: Yes I will. The VHA is proud to have just received an achievement award from the national colorectal cancer roundtable for surpassing an 80% screening rate for colorectal cancer (http://nccrt.org/tools/2017-80-by-2018-national-achievement-awards/). However, we are continuing efforts to further expand screening and to ensure appropriate and rapid follow up of every veteran. Specifically, we have developed and are deploying an IT tool to automate the reminder for the appropriate screening and tracking of every veteran. VA is currently updating its recommendations for colorectal cancer screening and is carefully considering the recommendations of the U.S. Preventive Services Task Force.

5. In your testimony you said that VA needs to be able to hold its employees accountable. What did you mean by that, and what metrics would you use to hold employees accountable?
Response: I know that the vast majority of the VA workforce is highly professional and motivated to take care of our Veterans. There are times when employees get off track and need help in either getting back on track or moving out of the VA. While we already have and leverage existing laws to help move off track employees out of the workforce, additional legislation is needed. More specifically:
   - The Choice Act VA needs to be modified, specific to SES removal procedures, to ensure constitutionality.
   - The Merit Systems Protection Board needs to be directed to a lower burden of proof and deference to the agency's choice of penalty.

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- We need the authority to use indefinite suspensions where there is reasonable cause to believe an employee has done something to harm or endanger a patient or a coworker.
- 5 U.S.C. 7511(a)(1)(A), (B), and (C) and 5 C.F.R. 752.401(2), (3) and (5) need modified to allow those individuals serving a probationary period or on a temporary appointment to be separated without full due process and appeal rights.

6. Last December, ProPublica and The Virginian-Pilot issued a report, based on data gathered from VA's Agent Orange Registry, which assess that children born to servicemembers who had self-reported Agent Orange exposure during or after the Vietnam War were 34 percent more likely to have a birth defect than children born to servicemembers who had not self-reported exposure.

   a. On Tuesday I received a response from VA-that you signed and your letter said VA recommended to ProPublica that the report be peer reviewed, but my question to you is if VA had been collecting this information for over 40 years, why didn't VA initiate its own study? (Deferred to VHA)

   b. Why did it take a FOIA request to produce a study on data that VA already had at its finger tips? (Deferred to VHA)

   c. What is the timeline for VA's Agent Orange working group to review whether to include bladder cancer, hypothyroidism, Parkinson's-like symptoms, and hypertension to the list of presumptive conditions?

      Response: A VA Technical Working Group has reviewed the National Academy of Medicine's Veterans and Agent Orange, Update 2014 and is in the process of drafting recommendations for the Secretary of Veterans Affairs.

   d. I know VA has had the information from the Agent Orange Registry for years, yet VA says more research is needed, particularly from male servicemembers. These veterans and their families have waited too long for VA to do the right thing. Is the only reason VA isn't acting because of funding? (Deferred to VHA)

7. Many of the issues veterans face as they transition from active duty into the community is because of a lack of connectivity and collaboration between the Department of Defense and VA.
   a. What steps would you take as Secretary to fix this?

   Response: The Departments of Veterans Affairs (VA) and Defense (DoD) partner with other agencies to administer the Transition Assistance Program. This inter-agency cooperation provides coordinated information, counseling, and support to transitioning Service members. This includes one-on-one counseling

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with military service representatives experienced in the transition process, enhanced VA benefits briefings that are designed to provide individuals with information about education and employment programs; training vehicles on VA benefits and services that can improve a transitioning Service members' overall quality of life, as well as, overviews of other benefits to assist in building and maintaining a stable home environment.

VA and DoD have developed a robust relationship to improve the experience for separating Service members as they transition into civilian life. Under the auspices of the Joint Executive Committee, which provides senior leadership a forum for collaboration and resource sharing, both departments have worked closely to remove barriers and challenges that impede collaborative efforts, assert and support mutually beneficial opportunities to improve business practices, ensure high quality cost-effective services for VA and DoD beneficiaries, and facilitate opportunities to improve resource utilization. As Secretary, I will work to strengthen the role of the Joint Executive Committee as it provides the strategic direction for the joint coordination and sharing efforts between the two Departments and oversees the implementation of those efforts.

b. Will you make the single electronic health record from active duty to VA a priority?

Response: Yes, we continue to make this a priority. We are actively exploring a few ways to accomplish this. The recent development of a prototype of the Digital Health record has created a new opportunity to make this a cost-effective mechanism to accomplish this.

8. In 2010, the federal government adopted Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness. Opening Doors set out goals for ending homelessness for families and youth, the chronically homeless, and veterans. Through a combination of increased federal investment – in both HUD-VASH vouchers and VA programs - and better practices, the federal government has made significant progress toward that goal. Since 2010, we've reduced homelessness among veterans by 47 percent.

   But more needs to be done to ensure that no veteran is homeless. Last year, Congress enacted key provisions from the Veterans Housing Stability Act of 2015, which I cosponsored, to keep moving us toward this goal. Among other things, the bill would increase veterans' access to permanent housing options by increasing outreach to landlords to encourage renting to veterans and expand the definition of "homeless veteran," so more veterans, including those facing domestic abuse, can access housing assistance.

   If confirmed, will you work expeditiously to implement these provisions?

   Response: Yes. The Jeff Miller and Richard Blumenthal Veterans Health Care Act and Benefits Improvement Act of 2016, Public Law 114-315, was signed into

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law on December 16, 2016. Section 701 of this Act expands the eligibility to participate in the GPD program to persons fleeing domestic violence and interpersonal violence. VHA is working to incorporate the statutory changes as they relate to eligibility under the GPD program as quickly as possible following the standard agency protocols for inclusion of new statutory elements and notification to the field. Additionally, Our HUD-VASH regulations further define homeless as any individual or family who is fleeing or is attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions in the individual's or family's current housing situation, including where the health and safety of children is jeopardized and who have no other residence and lack the resources or support networks to obtain other permanent housing.

Regarding outreach to landlords, VA in partnership with HUD and the United States Interagency Council on Homelessness (USICH) have embarked on a coordinated outreach effort to engage and recruit landlords, and the trade and professional associations to which they belong to provide affordable housing for Veterans exiting homelessness. The goal is an increased willingness to work with government and community providers to help these Veterans locate and maintain permanent and permanent supportive housing.

9. Are you familiar with Opening Doors? If confirmed, will you commit to requesting the resources and pursuing policies necessary to achieving the goal of ending veterans' homelessness?
Response: Yes, Opening Doors is the Federal Strategic Plan to Prevent and End Homelessness among all populations - Veterans being a priority sub-population. I am proud to say that since its inception in 2010, Veteran homelessness has decreased by nearly fifty percent – far more than any other sub-population. One reason for this significant decrease has been the targeted resources that have been appropriated to combat Veteran homelessness. The 2017 President's Budget includes $1.6 billion for VA programs that prevent or end homelessness among Veterans. These funds are critical to ensure that once communities meet the goal of ending Veterans homelessness they will be able to sustain it and not jeopardize the progress to date or recreate the levels of homelessness among Veterans prior to the investment. I will continue to request appropriate levels of funding to ensure that Veteran homelessness is rare, brief, and nonrecurring.

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Brown Supplemental Questions

Last December, ProPublica and The Virginian-Pilot issued a report, based on data gathered from VA's Agent Orange Registry, which assess that children born to servicemembers who had self-reported Agent Orange exposure during or after the Vietnam War were 34 percent more likely to have a birth defect than children born to servicemembers who had not self-reported exposure.

a. On Tuesday I received a response from VA-that you signed and your letter said VA recommended to ProPublica that the report be peer reviewed, but my question to you is if VA had been collecting this information

Response:

As was mentioned in the letter "a voluntary registry such as the Agent Orange Registry, may have bias, or a systematic deviation, that results if those who volunteer are not representative of the entire population of concern." Any research based on or conclusions that are drawn from flaws in a dataset are potentially suspect for this reason. Desiring quality data and study design, VA has initiated the Vietnam Era Health Retrospective Observational Study (VE-HEROeS). Peer review is an accepted practice to ensure scientific integrity.

b. Why did it take a FOIA request to produce a study on data that VA already had at its finger tips?

Response:

As mentioned above, the voluntary Agent Orange Registry did not provide a quality data set for research. VA has initiated the Vietnam Era Health Retrospective Observational Study with the aim to aim to develop scientific, peer-reviewed evidence that will inform policy decisions. I was not aware of any request for this data or a FOIA request when it occurred. If confirmed as Secretary my policy would be to have transparency of our data, and in situations where we have concerns that we share those concerns, rather than put up barriers to releasing the data.

c. What is the timeline for VA's Agent Orange working group to review whether to include bladder cancer, hypothyroidism, Parkinson's-like symptoms, and hypertension to the list of presumptive conditions?

Response: A VA Technical Working Group has reviewed the National Academy of Medicine's Veterans and Agent Orange, Update 2014 and is in the process of drafting recommendations for the Secretary of Veterans Affairs. Every two years, National Academy of Medicine (NAM) publishes a report on Agent Orange. The newest one came out March 2016. It elevated 4 conditions where there is higher category of evidence/link to agent orange: bladder cancer, hypothyroidism, Parkinson's-like symptoms, and hypertension. VA Directive 0215 is a roadmap to how VA deals with this report from NAM. In general, there are

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4 recommended steps - technical workgroup, IOM strategic workgroup, IOM taskforce, and then to the Secretary. The current VA response document has cleared the first 2 and is now at the IOM taskforce We expect the document to clear IOM taskforce by Feb 17 and then to the Secretary and depending upon who the Secretary is at that time it is likely to be determined within 2 months of this date. This would be approximately the end of April. Once the Secretary makes final determination, it goes to OMB before it gets published which generally takes 3-4 months.

d. I know VA has had the information from the Agent Orange Registry for years, yet VA says more research is needed, particularly from male servicemembers. These veterans and their families have waited too long for VA to do the right thing. Is the only reason VA isn't acting because of funding?

Response:

VA relies on scientific, peer-reviewed evidence to inform policy decisions, and such evidence for transgenerational effects due to Agent Orange exposure does not currently exist, as reported in the most recent Veterans & Agent Orange Report issued by the National Academy of Medicine. However, VA continuously monitors the development of new scientific approaches that may provide additional insight. If confirmed as secretary I would commit to making this determination as soon as we were able to . I would not tolerate unnecessary delays as I too believe that these veterans and families have been waiting too long..

From: Wright, Vivieca (Simpson)
Sent: Friday, February 03, 2017 6:00 PM
To: Zenooz, Ashwini; Lee, Jennifer S. (VACO)
Cc: (b) (6) (b) (6) (b) (6) Jensen, Jon M.
Subject: QFRs for Brown

Want to make sure these are on your radar – thanks.

1. Last December, ProPublica and The Virginian-Pilot issued a report, based on data gathered from VA's Agent Orange Registry, which assess that children born to servicemembers who had self-reported Agent Orange exposure during or after the Vietnam War were 34 percent more likely to have a birth defect than children born to servicemembers who had not self-reported exposure.

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/19/2017 6:37:24 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Thank you

Very nice

Sent from my iPhone

On Mar 19, 2017, at 12:48 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> Laurie, Bruce, Ike and Marc- I truly appreciate the time that we spent on understanding and brainstorming the various issues and subsequent opportunities we have to improve the care to our Veterans and as a domino effect, the health care system of our nation. As we all agreed, there has never been a time like this in the history of the VA where all the right forces are aligning together- starting with the unwavering commitment of our President to our Veterans, to our Secretary who is categorically the best person in the country to bring about innovative transformation, to the Congress that is willing to change the status quo. Most importantly, its all of you who are providing the faith, confidence, support, shield, critical advice, best practice partnership opportunities and out of the box thinking to us. All this while removing the potential hurdles that come our way that may inadvertently put us back into a risk averse environment. There is a short time frame that we can bring about bold and sustainable change, and we need you for that. Thank you for being part of our vision as we serve those who have served and who have sacrificed so much. There is no stronger mission than ours, and I want to personally express my gratitude to you for being part of our team, and providing unconditional support to David and having his back, which he absolutely needs as we prepare for the biggest transformation for the VA. I am hoping that I will be part of the team, but even if it doesn't happen, feel so fortunate to have met you and know that we are going to make a positive impact, collectively and together.
>
> A special thanks to Marisol, who makes everything happen so seamlessly and with so much of professionalism and care. She is a true asset and want to recognize the critical role she is playing in serving our nation's heroes with us.
>
> Hope everyone has a great rest of the weekend with a week where we will continue to make strides.
>
> Best,
>
> Poonam

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Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 3/19/2017 4:48:52 PM
To: Ike Perlmutter [@frenchangel59.com]; Laurie Perlmutter [(b) (6)@gmail.com]; Bruce Moskowitz [brucem(b) (6)mac.com]; mbs(b) (6)gmail.com
CC: David Shulkin [drshulkin@aol.com]; Marisol Garcia [(b)@frenchangel59.com]
Subject: Thank you

Laurie, Bruce, Ike and Marc- I truly appreciate the time that we spent on understanding and brainstorming the various issues and subsequent opportunities we have to improve the care to our Veterans and as a domino effect, the health care system of our nation. As we all agreed, there has never been a time like this in the history of the VA where all the right forces are aligning together- starting with the unwavering commitment of our President to our Veterans, to our Secretary who is categorically the best person in the country to bring about innovative transformation, to the Congress that is willing to change the status quo. Most importantly, its all of you who are providing the faith, confidence, support, shield, critical advice, best practice partnership opportunities and out of the box thinking to us. All this while removing the potential hurdles that come our way that may inadvertently put us back into a risk averse environment. There is a short time frame that we can bring about bold and sustainable change, and we need you for that. Thank you for being part of our vision as we serve those who have served and who have sacrificed so much. There is no stronger mission than ours, and I want to personally express my gratitude to you for being part of our team, and providing unconditional support to David and having his back, which he absolutely needs as we prepare for the biggest transformation for the VA. I am hoping that I will be part of the team, but even if it doesn't happen, feel so fortunate to have met you and know that we are going to make a positive impact, collectively and together.

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Hope everyone has a great rest of the weekend with a week where we will continue to make strides.

Best,

Poonam

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/4/2017 11:33:45 PM
To: Marc Sherman [mbs(b) (6) gmail.com]
Subject: Re:

Thanks

Sent from my iPhone

On Feb 4, 2017, at 6:12 PM, Marc Sherman <mbs(b) (6) gmail.com> wrote:

> I am glad you asked as well. Although, I was just about to check in with you about it. I will call you on Monday after the lunch to fill you in. I look forward to seeing you on Tuesday.
>
> On Sat, Feb 4, 2017 at 11:43 AM, David Shulkin <drshulkin@aol.com> wrote:
> I think there is likely a communicating error since I saw him at my hearing on Wednesday and he said he was looking forward to breakfast on Friday. Let me reach out to him again and just make sure that there isn't an email problem (like going into spam or something).
>
> Glad I asked
>
> David
>
> -----Original Message-----
> From: Marc Sherman <mbs(b) (6) gmail.com>
> To: David shulkin <Drshulkin@aol.com>
> Sent: Sat, Feb 4, 2017 11:06 am
> Subject: Re:
>
> He never responded to my last two emails. I emailed him on the 29th and 31st with my availability. I was going to email you today to let you know. I am boarding a flight and will send him another message when I land. Perhaps you should reach out to him.
>
> Marc Sherman
> (b) (6)
>
> On Feb 4, 2017 8:02 AM, "David shulkin" <Drshulkin@aol.com> wrote:
> Marc- I wasnt sure if you got together yet with Tom Bowman?
>
> Sent from my iPhone

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Message

From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 2/4/2017 11:12:10 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Re:

I am glad you asked as well. Although, I was just about to check in with you about it. I will call you on Monday after the lunch to fill you in. I look forward to seeing you on Tuesday.

On Sat, Feb 4, 2017 at 11:43 AM, David Shulkin <drshulkin@aol.com> wrote:

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Glad I asked

David

-----Original Message-----
From: Marc Sherman <mbs(b) (6) gmail.com>
To: David shulkin <Drshulkin@aol.com>
Sent: Sat, Feb 4, 2017 11:06 am
Subject: Re:

He never responded to my last two emails. I emailed him on the 29th and 31st with my availability. I was going to email you today to let you know. I am boarding a flight and will send him another message when I land. Perhaps you should reach out to him.

Marc Sherman
(b) (6)

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Marc- I wasnt sure if you got together yet with Tom Bowman?

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/4/2017 4:45:51 PM
To: (b) (6) @yahoo.com
Subject: Fwd:

Tom- see below- it would be good to try to connect with him soon to make a date. I am going to see him on Tuesday at the White House and even a phone call would be good- if his travel schedule prevents a meeting.

David

-----Original Message-----
From: David Shulkin <drshulkin@aol.com>
To: mb(b) (6) <mbs(b) (6) gmail.com>
Sent: Sat, Feb 4, 2017 11:43 am
Subject: Re:

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To: David shulkin <Drshulkin@aol.com>
Sent: Sat, Feb 4, 2017 11:06 am
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AMERICAN OVERSIGHT

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From: David Shulkin [drshulkin@aol.com]
Sent: 2/4/2017 4:43:11 PM
To: mbs(b) (6) gmail.com
Subject: Re:

I think there is likely a communicating error since I saw him at my hearing on Wednesday and he said he was looking forward to breakfast on Friday. Let me reach out to him again and just make sure that there isn't an email problem (like going into spam or something).

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David

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From: Marc Sherman <mbs(b) (6) gmail.com>
To: David shulkin <Drshulkin@aol.com>
Sent: Sat, Feb 4, 2017 11:06 am
Subject: Re:

He never responded to my last two emails. I emailed him on the 29th and 31st with my availability. I was going to email you today to let you know. I am boarding a flight and will send him another message when I land. Perhaps you should reach out to him.

Marc Sherman
(b) (6)

On Feb 4, 2017 8:02 AM, "David shulkin" <Drshulkin@aol.com> wrote:
Marc- I wasnt sure if you got together yet with Tom Bowman?

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 2/4/2017 4:06:39 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

He never responded to my last two emails. I emailed him on the 29th and 31st with my availability. I was going to email you today to let you know. I am boarding a flight and will send him another message when I land. Perhaps you should reach out to him.

Marc Sherman
(b) (6)

On Feb 4, 2017 8:02 AM, "David shulkin" <Drshulkin@aol.com> wrote:
Marc- I wasnt sure if you got together yet with Tom Bowman?

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/4/2017 4:02:01 PM
To: Marc Sherman [mbs(b) (6) gmail.com]

Marc- I wasnt sure if you got together yet with Tom Bowman?

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/5/2017 2:28:39 PM
To: (b) (6) @hotmail.com
Subject: Re: Vision & Valor / DINNER HONORING DR. DAVID SHULKIN/ Rabbinical College of America /

go with AHS- VA is not going to have a table

-----Original Message-----
From: Poonam Alaigh <(b) (6) @hotmail.com>
To: drshulkin <drshulkin@aol.com>
Sent: Sun, Feb 5, 2017 8:55 am
Subject: Fwd: Vision & Valor / DINNER HONORING DR. DAVID SHULKIN/ Rabbinical College of America /

See below the folks who are going to be there- don't know if should attend as VA or ahs - won't be at ahs at that time but they still want me to be there

Sent from my iPhone

Begin forwarded message:

> **From:** "Alaigh, Poonam" (b) (6) @atlantichealth.org>
> **Date:** February 5, 2017 at 8:52:38 AM EST
> **To:** Poonam Alaigh <(b) (6) @hotmail.com>
> **Subject: Fwd: Vision & Valor / DINNER HONORING DR. DAVID SHULKIN/ Rabbinical College of America /**
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> From: (b) (6) @atlantichealth.org<mailto(b) (6) @atlantichealth.org>>
> Date: February 3, 2017 at 3:50:37 PM EST
> To: "(b) (6)
> (b) (6) @atlantichealth.org<mailto(b) (6) @atlantichealth.org>>
> Subject: Re: Vision & Valor / DINNER HONORING DR. DAVID SHULKIN/ Rabbinical College of America
> /
>
> What's the dress code
>
> Sent from my iPhone
>
> On Feb 3, 2017, at 3:10 PM, (b) (6)
> (b) (6) @atlantichealth.org<mailto(b) (6) @atlantichealth.org>> wrote:
>
> The event is being called Vision & Valor, honoring Dr. Shulkin and the Honorable Dani Dayan, the Consul General of Israel, hosted by the Rabbinical College of America.
> Atlantic Health System will be "Coalition of Support" sponsors.
> The event will take place at the Robert Treat Hotel, 50 Park Place, Newark, NJ.
> Elaborate cocktail buffet at 6 pm / Program begins at 7:15 pm / Buffet desert at 9 pm
>
> Two Atlantic Health Tables of 10:
> (b) (6)

AMERICAN OVERSIGHT

(b) (6)
[redacted]
Dr. Poonam Alaigh
(b) (6)
[redacted]

<meeting.ics>

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.

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 2/5/2017 1:55:37 PM
To: drshulkin@aol.com
Subject: Fwd: Vision & Valor / DINNER HONORING DR. DAVID SHULKIN/ Rabbinical College of America /

See below the folks who are going to be there- don't know if should attend as VA or ahs - won't be at ahs at that time but they still want me to be there

Sent from my iPhone

Begin forwarded message:

> **From:** "Alaigh, Poonam" (b) (6) @atlantichealth.org>
> **Date:** February 5, 2017 at 8:52:38 AM EST
> **To:** Poonam Alaigh <(b) (6) @hotmail.com>
> **Subject: Fwd: Vision & Valor / DINNER HONORING DR. DAVID SHULKIN/ Rabbinical College of America /**
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> From: (b) (6) @atlantichealth.org<mailto:(b) (6) @atlantichealth.org>>
> Date: February 3, 2017 at 3:50:37 PM EST
> To: "(b) (6) "
> (b) (6) @atlantichealth.org<mailto:(b) (6) @atlantichealth.org>>
> Subject: Re: Vision & Valor / DINNER HONORING DR. DAVID SHULKIN/ Rabbinical College of America /
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> What's the dress code
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> (b) (6) @atlantichealth.org<mailto(b) (6) @atlantichealth.org>>
> wrote:
>
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> Atlantic Health System will be "Coalition of Support" sponsors.
> The event will take place at the Robert Treat Hotel, 50 Park Place, Newark, NJ.
> Elaborate cocktail buffet at 6 pm / Program begins at 7:15 pm / Buffet desert at 9 pm
>
> Two Atlantic Health Tables of 10:
> (b) (6)

AMERICAN OVERSIGHT

(b) (6)
[redacted]

Dr. Poonam Alaigh

(b) (6)
[redacted]

(b) (6)
[redacted]

<meeting.ics>

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.

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 1/29/2017 4:06:20 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Arvin sent this- might be good to listen to as a refresher

Specific issue around the fact that veterans who also have private insurance could lose it with the ACA repeal - and how would be accommodate their needs

Sent from my iPhone

On Jan 29, 2017, at 9:13 AM, David shulkin <Drshulkin@aol.com> wrote:

> Thanks i had not heard
>
> Sent from my iPhone
>
> On Jan 29, 2017, at 9:07 AM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:
>
> > http://www.npr.org/2017/01/25/511469982/hiring-freeze-and-obamacare-repeal-could-clobber-veterans-affairs
> >
> > Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/29/2017 2:13:16 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Fwd: (b) sent this- might be good to listen to as a refresher

Short audio on npr today

Sent from my iPhone

Begin forwarded message:

> **From:** Poonam Alaigh <(b) (6) @hotmail.com>
> **Date:** January 29, 2017 at 9:07:48 AM EST
> **To:** "drshulkin@aol.com" <drshulkin@aol.com>
> **Subject:** (b) (6) **sent this- might be good to listen to as a refresher**
>
> http://www.npr.org/2017/01/25/511469982/hiring-freeze-and-obamacare-repeal-could-clobber-veterans-affairs
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/29/2017 2:12:58 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: (b) sent this- might be good to listen to as a refresher

Thanks i had not heard

Sent from my iPhone

On Jan 29, 2017, at 9:07 AM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> http://www.npr.org/2017/01/25/511469982/hiring-freeze-and-obamacare-repeal-could-clobber-veterans-affairs
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/29/2017 2:12:47 PM
To: (b) [(b) (6) @hotmail.com]; (b) (6) @gmail.com]
Subject: Fwd: (b) sent this- might be good to listen to as a refresher

Sent from my iPhone

Begin forwarded message:

From: Poonam Alaigh <(b) (6) @hotmail.com>
Date: January 29, 2017 at 9:07:48 AM EST
To: "drshulkin@aol.com" <drshulkin@aol.com>
Subject: (b) (6) **sent this- might be good to listen to as a refresher**

http://www.npr.org/2017/01/25/511469982/hiring-freeze-and-obamacare-repeal-could-clobber-veterans-affairs

Sent from my iPhone

AMERICAN OVERSIGHT

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From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 1/29/2017 2:07:48 PM
To: drshulkin@aol.com
Subject: (b) sent this- might be good to listen to as a refresher

http://www.npr.org/2017/01/25/511469982/hiring-freeze-and-obamacare-repeal-could-clobber-veterans-affairs

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 1/29/2017 2:35:33 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Modernization document

I know you have everything and the Modernization discussion will be very broad and high level with no specifics- as it should be.

But the way I would traditionally prepare for hearings is to have a comprehensive set of elements/concepts, and then I would pick out what was most important for my story to tell. Don't let me distract you any further- I am completely confident in you- just ping me if you need anything at all!! Good luck with prep- you will be simply spectacular!!

Sent from my iPhone

On Jan 29, 2017, at 9:09 AM, David shulkin <Drshulkin@aol.com> wrote:

> Maybe im not thinking about this right
>
> Im thinking hearing prep- for that i need no more than three sentences. (And im okay with what ill say)
>
> Are you thinking this is for something else?
>
> Sent from my iPhone
>
> On Jan 28, 2017, at 6:13 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:
>
> > See attached- its not very concise and crisp- is this a good start for you? I know the team is continuing to work on it, but wanted to send this along to you so you can extract your talking points- I like the visual at the bottom. Let me know if you want to discuss over the weekend. Will this suffice for Wed- or do you want something additional/different?
> >
> > <2017-01-27 Modernization of VA v1.docx>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/29/2017 2:09:35 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Modernization document

Maybe im not thinking about this right

Im thinking hearing prep- for that i need no more than three sentences. (And im okay with what ill say)

Are you thinking this is for something else?

Sent from my iPhone

On Jan 28, 2017, at 6:13 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

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>
> <2017-01-27 Modernization of VA v1.docx>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/29/2017 12:14:21 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Modernization document

Nope dont need anything

Sent from my iPhone

On Jan 28, 2017, at 7:07 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> I am heading out for the evening but if you need me to work it without them so that it's helpful to you, will do so tomorrow
>
> Sent from my iPhone
>
> On Jan 28, 2017, at 6:56 PM, David Shulkin <drshulkin@aol.com> wrote:
>
> > I got what I need- thanks-
> >
> > -----Original Message-----
> > From: Poonam Alaigh <(b) (6) @hotmail.com>
> > To: David Shulkin <drshulkin@aol.com>
> > Sent: Sat, Jan 28, 2017 6:50 pm
> > Subject: Re: Modernization document
> >
> > I absolutely know that David- I wanted you to pick out the elements from this you find most helpful in your messaging- it wasn't for you to use in its entirety
> >
> > Sent from my iPhone
> >
> > On Jan 28, 2017, at 6:42 PM, David Shulkin <drshulkin@aol.com> wrote:
> >
> > > Poonam- thanks- Its way more than I ever need- my rule is if you cannot say it in a few sentences its too complicated for me. So please tell them to stop working on it- its not that I don't appreciate it- its just that its wasted time. I wish people could learn to say things simple.
> > >
> > > -----Original Message-----
> > > From: Poonam Alaigh <(b) (6) @hotmail.com>
> > > To: David Shulkin <drshulkin@aol.com>
> > > Sent: Sat, Jan 28, 2017 6:13 pm
> > > Subject: Modernization document
> > >
> > > See attached- its not very concise and crisp- is this a good start for you? I know the team is continuing to work on it, but wanted to send this along to you so you can extract your talking points- I like the visual at the bottom. Let me know if you want to discuss over the weekend. Will this suffice for Wed- or do you want something additional/different?

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 1/29/2017 12:07:25 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: Modernization document

I am heading out for the evening but if you need me to work it without them so that it's helpful to you, will do so tomorrow

Sent from my iPhone

On Jan 28, 2017, at 6:56 PM, David Shulkin <drshulkin@aol.com> wrote:

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> Sent: Sat, Jan 28, 2017 6:50 pm
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> > From: Poonam Alaigh <(b) (6) @hotmail.com>
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> >
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AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 1/28/2017 11:56:44 PM
To: (b) (6) @hotmail.com
Subject: Re: Modernization document

I got what I need- thanks-

-----Original Message-----
From: Poonam Alaigh <(b) (6) @hotmail.com>
To: David Shulkin <drshulkin@aol.com>
Sent: Sat, Jan 28, 2017 6:50 pm
Subject: Re: Modernization document

I absolutely know that David- I wanted you to pick out the elements from this you find most helpful in your messaging- it wasn't for you to use in its entirety

Sent from my iPhone

On Jan 28, 2017, at 6:42 PM, David Shulkin <drshulkin@aol.com> wrote:

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> From: Poonam Alaigh <(b) (6) @hotmail.com>
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> Subject: Modernization document
>
> See attached- its not very concise and crisp- is this a good start for you? I know the team is continuing to work on it, but wanted to send this along to you so you can extract your talking points- I like the visual at the bottom. Let me know if you want to discuss over the weekend. Will this suffice for Wed- or do you want something additional/different?

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 1/28/2017 11:42:15 PM
To: (b) (6) @hotmail.com
Subject: Re: Modernization document

Poonam- thanks- Its way more than I ever need- my rule is if you cannot say it in a few sentences its too complicated for me. So please tell them to stop working on it- its not that I don't appreciate it- its just that its wasted time. I wish people could learn to say things simple.

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From: Poonam Alaigh <(b) (6) @hotmail.com>
To: David Shulkin <drshulkin@aol.com>
Sent: Sat, Jan 28, 2017 6:13 pm
Subject: Modernization document

See attached- its not very concise and crisp- is this a good start for you? I know the team is continuing to work on it, but wanted to send this along to you so you can extract your talking points- I like the visual at the bottom. Let me know if you want to discuss over the weekend. Will this suffice for Wed- or do you want something additional/different?

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 1/28/2017 11:13:25 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Modernization document
Attachments: 2017-01-27 Modernization of VA v1.docx

See attached- its not very concise and crisp- is this a good start for you? I know the team is continuing to work on it, but wanted to send this along to you so you can extract your talking points- I like the visual at the bottom. Let me know if you want to discuss over the weekend. Will this suffice for Wed- or do you want something additional/different?

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Characteristics of High Performing Organization:

To fully support the whole health and success of patients, large healthcare organizations must evolve from a loose federation of competing agents, priorities and interesets into integrated, patient-centric, and reliable systems of care.[1] Successful organizations like Kaiser-Permanente, Intermountain Healthcare, Ascension Health, Hospital Coorporation of America, and Providence Health recognized that they are on a continuous journey, as each faced and addressed the same issues plaguing VA: bureaucratic complexity, suboptimal governance, poorly defined decision-making authorities, lack of accountability, and ineffective communication and feedback mechanisms. These thriving integrated networks muted variability, duplication, and inefficiency by focusing on the role of the corporate center, and by defining authorities and accountabilities at each level, creating a business model under which the network as a whole is most effective.

Our recent site visits with these high-performing, clinically integrated health care provider networks provide a blueprint for how to replicate change. Due to differences in size and scale, no one network provides a one-to-one examples for organizational redesign, but Leaders told us they focused on:

- defining strategies and avoiding numerous unconnected priorities;
- defining decision-rights and establishing a governance framework that incorporates the perspectives of those who must execute the work on the front-line;
- promoting shared accountability and responsibility;
- promoting organizational excellence by focusing on key performance improvement efforts, methods, and resources to drive and sustain change;
- centralizing shared administrative services in order to mute variability and promote efficiency; and
- standardizing clinical processes and promoting centers of excellence where appropriate.

VA Central Office (VACO): Identifying the Role of the Corporate Center

Similar to private sector healthcare systems, VA must leverage its scale. The role of VACO should be to support local operations with a consistent focus on the following functions:

- strategic direction, planning, and governance, including oversight of budget and resource allocation;
- policy development, implementation, and oversight;
- oversight and assurance of quality, and corporate data management;
- shared services, ensuring responsive enterprise delivery of value to lines of business;
- strategic partnerships and stakeholder engagement;
- statutory compliance; and
- strategic transformational change.

[1] See Appendix for an overview of lessons learned through the External Analysis.

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VHA: Creating Efficiency, Reducing Redundancy, and Enhancing Decision-Rights at the Lowest Level – Lessons Learned from Kaiser-Permanente

A preliminary inventory of VHACO was conducted in collaboration with Workforce Management and Consulting, identifying approximately 140 "program offices," many with overlapping duties. Within the first 100 days, an analysis will be performed using data collection and interviews. This analysis will produce actionable recommendations for bold change that can be implemented using a phased approach in subsequent quarters. The goal is to reduce redundancy, create efficiency, and clarify roles and responsibilities in VHACO in the first 100 days.

A thoughtful approach to understanding VISNs will require careful evaluation of each of the following: leadership, systems, measurement, learning, capacity, and culture, similar to the approach used by Kaiser-Permanente. The comprehensive analysis will include VISN organizational structures, committees, reporting, shared-services, and administrative support structures. This analysis will result in clear recommendations to further flatten the organizational structure, and distribute decision making to the lowest level within CY 2017.

Long-Term Strategy for Modernizing VA – Lessons Learned from Kaiser-Permanente:

Similar to the IRS modernization effort, long-term sustained change does not result from "moving the boxes around." The previous organizational realignment in VHACO focused primarily on an artificial division between operations and policy.

By addressing VA and VHACO first, and following up with the VISNs, we can address a much broader set of change activities. The model for a modern delivery system must be centered around the Veteran experience supported by a high performing modernized network which is consistent with the unique context and mission of VHA. Within 12 months of initiation of this effort a road map and implementation plan to drive broader, sustained change will be developed.

DRAFT
AMERICAN OVERSIGHT

Appendix

Talking Points

- We are flipping the old adage of "form follows function" on its head. If we address our form, we create an environment for better function.
- By focusing first on VHA central office, we will better define the critially important role of the center. And, we will send a clear signal to the field that enterprise change starts with change at central office.
- Even after we better organize VHACO, we don't plan for VHACO to make all the decisions on running VHA; rather, like at Ascension, VHACO will manage the process that allows decisions to be made – i.e. allowing for flexibility to accommodate local conditions while closely muting variability.
- Bold actions from VA and VHA will require bold actions from Congress. We need legislative support to truly modernize the organization – either to get rid of existing red tape or create new parameters within which VA and VHA can drive change

Shared Characteristics of High-Performing External Health Systems



AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/5/2017 1:42:46 PM
To: (b) (6) [redacted]@gmail.com
Subject: Tester
Attachments: PostHQFR for Shulkin - Sen Tester.docx

AMERICAN OVERSIGHT

Post-Hearing Questions for the Record for the Nomination Hearing of Dr. David Shulkin to be Secretary of Veterans Affairs From Ranking Member Jon Tester

1. During your nomination hearing, you stated with regard to President Trump's Hiring Freeze, that the most important factor was having the resources to hire the people you need to take care of our veterans. You added that you felt very comfortable about where VA is after receiving all of the hiring freeze exemptions you requested from the White House. What would it take for you to ask for exemptions for the Veterans Benefits Administration and the Board of Veterans' Appeals? What metrics would you use to determine whether hiring exemptions are necessary for VBA and BVA?

Response: There is no doubt that if the hiring freeze were to continue for an indefinite period of time that we would begin to see a real degradation of service levels of veterans I would be specifically concerned that if there was a delay in new enrollments for benefits that access to healthcare may be impacted, which would be unacceptable. As I mentioned in my hearing I have spoken to the Acting Under Secretary for Benefits, Thomas Murphy, is prioritizing new enrollments and will inform the Secretary if a significant changes that occur as a result of attrition that may be impacting service levels. If there is a significant change in the number of days that veterans are waiting for benefits then or the Acting Secretary of VA would address this with the White House and request an exemption from the hiring freeze. Currently, VBA is in the process of submitting an exemption request to permit the hiring of direct labor occupations to ensure reduced impact on VBA's ability to serve veterans.

Regarding appeals, while staffing is important we will not significantly impact its pending inventory without appeals modernization legislation that discontinues the flow of appeals into the current broken process and a temporary surge of additional resources. During the 114th Congress, VA worked with VSOs and other stakeholders to design a new appeals process that is fair, transparent, and timely. This new framework for appeals was introduced in several bills in the 114th Congress and has been reintroduced in the 115th Congress. VA intends to address its need for a temporary surge of additional resources to eliminate its current inventory of appeals in the annual budget process.

2. How hands-on of a leader have you been in problem solving on controversial issues that VA has faced since your arrival – for instance, high profile suicide incidents, Veterans Crisis Line issues, or the aftermath of the Tomah opioid crisis. What was your personal role in resolving these challenges?

Response: My management style is one that leads by example. In response to the access crisis I began seeing patients in the walk in access clinic in New York and by telehealth in Grants Pass, Oregon. In our homeless programs I participated in our midnight point in time counts in LA and in both years I have been here in our homeless stand-down's in DC. I personally called for and led our urgent call to action to prevent suicides among veterans that we help with members of Congress in 2016. In issues such as VA's response to the opioid crisis I led public forums with our elected members of Congress and the Surgeon General to address the issue and then wrote up our approach to opioid reduction for publication in a major medical journal. These are just examples, but I believe they demonstrate my belief that leaders must get personally involved in issues that matter and it is essential that leaders be seen as having personal involvement in areas that they want the organization and the community to effectively address.

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3. VA has been criticized for how it distributed medical staff hired under the Veterans Access, Choice and Accountability Act of 2014. Please discuss your role in these decisions and if you had no role, what you would have done differently?

Response: I did not arrive at VA until July of 2015. However, in September 2014, VHA completed a nation-wide data call to identify staffing needs for clinical and medical support staff, with a special emphasis on Primary Care, Mental Health, and Specialty Care. After further analysis, VHA identified the need for 10,682 additional Full-Time Equivalent Employee (FTEE) to be hired by September 2016. VHA directed a prioritization of the VACAA 801 funds distribution to 33 VAMCs experiencing the greatest challenges with Veterans access. Since access remained a critical priority across the entire VA Health Care System, the remaining funds were distributed proportionally across all sites, based upon the Veterans population to be served. This decision was made by the Acting Under Sectary for Health, Dr. Carolyn Clancy. By December 31, 2015, VHA had achieved 102% of the VACAA target, having hired 10,854 FTEE.
Primary Care, Mental Health, and Specialty Care areas were VHA's most urgent needs at the time and were appropriate for prioritization of the VACAA staffing allocations.

4. It seems to me that technology is the underpinning of success at VA and things are pretty far behind – there still is no new scheduling system, no decision on EHR, no consistency of systems between processing of initial claims and appeals on those claims. With respect to the various important and pressing IT needs facing the Department, how do you intend to prioritize? Where do you stand on VISTA Evolution vs. DoD and VA simply using the same system?

Response: The goals of the VistA Evolution program are improving the efficiency and quality of Veterans' health care by modernizing VA's health information systems; increasing data interoperability with DoD and private sector care partners; reducing the time it takes to deploy new health information management capabilities; and continuing to provide safe, efficient health care IT tools to VA medical providers so they can continue to deliver Veteran-centric, team-based, and quality-driven care. The VistA Evolution Program manages the development of what is known as VistA 4 which is a collection of approximately 60 projects and initiatives focused on VA's interoperability efforts with DoD and the private sector; the flagship Enterprise Health Management Platform (eHMP) and Joint Legacy Viewer (JLV) projects and other projects. Among many achievements, the work of the VistA Evolution Program has enabled VA to certify to Congress, together with Department of Defense (DoD), that VA had met the FY 2014 National Defense Authorization Act (NDAA) interoperability standards.

As of January 2017, the VistA Evolution Program had completed approximately 27 projects and 31 remain to be finished by the end of FY 2018. The investments and work of the VistA Evolution Program have and continue to deliver value for Veterans and VA providers regardless of whether VA's path forward is to continue with VistA, shift to a commercial EHR platform as DoD is doing, some combination of both or other alternatives. VA is currently reviewing options regarding long-term EHR modernization courses of action.

5. Same Day Access has been one of your initiatives. What is your definition of Same Day Access?

Response: In primary care, when a Veteran contacts a VA about a healthcare need, VA will either address that need the same day or schedule appropriate follow up care. Veterans with urgent issues will be provided care the same day. VA may address the needs of Veterans by providing a face to face visit at a VA medical center, returning a phone call, arranging a telehealth or video care visit,

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responding by secure email or scheduling a future appointment. For mental health, if the Veteran is in crisis or has another need for care right away, the Veteran will receive immediate attention from a health care professional at the VA medical center.

6. Are you satisfied with the level of communication between VA central office and the field? If yes, how quickly did you find out about problems in the field, and if no, what have you done to improve communication?

Response: As one of my first steps as Under Secretary I sought candid feedback about the adequacy of communication with the field. What I consistently heard was that the communication was unidirectional, in that the field would get directives from Central Office but they did not feel that their input into directives and other policies was being adequately considered. I sought to improve these communications, and to make the discussions bi-directional by having more forums in which to communicate with the field. This has included quarterly town hall meetings, the use of an intranet communications tool (called Pulse) that has close to 100,000 users from the field, regular and frequent calls with the field and Central office where I participate in many of these, and regular videos and emails that I send to the field to communicate important priorities, events, and milestones. In addition, our leaders developing leaders program has helped to improve communication with the field among thousand of our field staff and central office staff. Having detailed some of the progress we have made, we have much more work to do to close the deficits that have long existed between central office and the field. We have prioritized our efforts in internal communications and will continue to work on this as a priority. I can commit that if confirmed as Secretary that improved communications will be a vital element for my leadership team.

7. Do you share my belief that Bob McDonald was an effective and successful VA Secretary? In your testimony, you said you would seek "major reform and a transformation of VA". How does your vision of "transformation and reform" differ from Bob McDonald's?

Response: Secretary McDonald entered VA in 2014 at a time of crisis. His leadership allowed VA to begin a path of recovery and he was able to lay the foundation for the transformation of VA. As such, yes I believe that Secretary McDonald was both effective and successful. My vision of transformation and reform can build upon the good work that Secretary McDonald began. I do believe that for VA to be successful we must now begin to address some of the long term systems problems that VA faces. First is our need to act as an integrated enterprise both within our three separate administrations and across the country. This will allow us to take advantage of VA's economies of scale and also begin to deliver a more consistent experience to our veterans. We must also modernize many of our systems that have been long neglected. We must address the need for greater integration of our services between VA and the private sector and other federal entities, whether this relates to healthcare or to building and maintaining our current infrastructure and facilities. This action will take dedicated focus by our leadership but I believe can be accomplished and will result in meaningful improvements to our veterans.

8. As VA Secretary, what are you going to do to make VA a more attractive place to work – whether we're talking about Montana or Georgia?

Response: VA is undergoing one of the most ambitious Department-wide initiatives to transform its workplace culture in its history, known as MyVA. The MyVA initiative is predicated on five foundational strategies, one of which is Improving the Employee Experience. This core strategy is aimed at fundamentally changing the VA culture to focus on two key and inextricably linked goals: improving leadership and increasing employee engagement in every corner of the Department. To that end, we have implemented a new ILEAD campaign that promotes leadership development for

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leaders at every level, characterized by principle-based leadership and demonstrated though "servant leader" behavior. These two powerful concepts shift the emphasis from self-serving behaviors and blindly following bureaucratic rules, to behaving in ways that put principles first, and service to others as the driving force. With respect to employee engagement, I will reply on feedback from our employees through the OPM Federal Employees Viewpoint Survey and the VA All Employee Survey. As a result of these surveys I am committed to:

- Moving pay setting for our healthcare employees to a market-based pay system
- Working with the committee to establish an alternate personnel system for all VHA personnel, and proposals that will allow VA to offer more competitive pay (special rate increase, elimination of dual compensation waiver, and changes to Physician and Dentist Pay)
- Implementing changes to the Title 38 leave system for Physicians and other "24/7" providers, creating more flexible work schedules that will address critical staffing needs while being more desirable to Physicians.

In addition, I need the ability to use all recruitment and retention tools and flexibilities; however the CARA Act has significantly reduced VA's ability to offer recruitment, relocation, and retention incentives.

9. What are you going to do differently than your predecessor to make the Choice program work better in states like mine?

Response: VA has worked to make many changes and improvements to the Veterans Choice Program and will continue to do. We now have completed over 60 contract modifications with Health Net and TriWest to improve the program from the original implementation. VA has improved communications with the contractors by developing a standardized referral form for care. The referral form, VHA 10-0386" "VHA Choice Approval for Medical Care", provides a set format for VA facilities to requested needed care, and helps to avoid any miscommunication and misdirected to inappropriate specialties. VA has embedded contractor staff in facilities to assist in resolving questions and issues timely. In addition, VA implemented Provider Agreements to assist Veterans in receiving timely care. Provider Agreements have been utilized in to provide care to Veterans, when the contractors were unable to schedule such care timely. The Provider Agreements are initiated at the VA medical center level, and allow Community Care providers to work directly with VAMC to schedule care for referrals that have been returned in certain circumstances from the contractors. These agreements have augmented the care provided under contractors to ensure Veterans receive timely community care.

10. In response to question 6 of my pre-hearing questions, you raised VA's Whistleblower Protection Program. As you may know, section 247 of the Continuing Appropriations and Military Construction, Veterans Affairs, and Related Agencies Appropriations Act of 2017 (P.L. 114-223) directs VA to establish a new process for VA employees to file whistleblower complaints. Section 247 of P.L. 114-223 is based on legislation, the VA Patient Protection Act of 2016, which was considered before the Senate Veterans' Affairs Committee in November 2015. According to testimony from VA, VAOIG, and the U.S. Office of the Special Counsel, the new process established by section 247 is unworkable, unnecessary, and may undermine current whistleblower protections. What are your views on section 247? If confirmed, will you work with the Senate Veterans' Affairs Committee to ensure that whistleblower protections in the Department are effective?

Response: I have several concerns about section 247.

First, I believe strongly that VA employees should be entitled to the same whistleblower protections as other Federal employees, to include an easy-to-access and easily understood process for disclosing concerns about safety or about fraud, waste, or abuse in the workplace and

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about retaliation they may encounter after making a disclosure. Section 247 imposes on VA, alone among Federal agencies, an additional set of rules and requirements around disclosures and retaliation complaints that are frankly confusing for employees, duplicative of existing processes, and expensive to carry out from a manpower perspective. It also imposes on VA supervisors, alone among Federal supervisors, a more draconian set of penalties for retaliation.
I would prefer to see the whistleblower protection rules apply equally across the entire government. Rather than impose this unfunded mandate on VA to handle these matters differently than anyone else does, I'd prefer to see Congress properly resource the Office of Special Counsel, which is in essence the Central Whistleblower Office for all Federal employees, and VA's Inspector General , which has the mandate and the expertise to investigate many of the concerns that VA whistleblowers raise.

Another concern I have about section 247 is the burden in places on VA's first-line supervisors – many of whom are doctors or nurses who supervise in addition to caring for Veteran patients, or are claims processors or cemetery workers who serve Veterans directly while also supervising. Section 247 says that when an employee submits a whistleblower claim under this new process, the supervisor has to stop what he or she is doing in support of Veterans to carry out this complicated process of determining whether the claim meets the legal definition of whistleblowing and, if it does, to provide a formal written response back to the employee within four days. That is not the best use of our supervisory health care providers or claims representatives or cemetery staff, and I think it will create an unhelpful formal or even adversarial dynamic between our supervisors and their employees.

11. VA's fiscal year (FY) 2017 budget request states that there is a direct and proportional correlation between the number of employees at the Board of Veterans' Appeals (Board) and the resolution of claims for VA benefits that reach the Board. As you acknowledged in your confirmation hearing, today there are over 450,000 appeals pending. To address the appeals inventory, VA's FY17 budget called for an increase of full-time equivalent (FTE) employees in fiscal years 2017 and 2018. For FY 2017, the Board received funds from Congress to hire 242 FTEs. I fought to get VA these funds. If confirmed, will you ensure that the President's across-the-board hiring freeze does not negatively impact VA's ability to meaningfully address the over 450,000 appeals that are pending?

Response: I am committed to addressing VA's pending appeals inventory. As of January 31, 2017, there are over 469,000 appeals pending in the Department, with over 135,000 pending with the Board. VA is grateful for the additional funds received in FY17, enabling the Board to hire 242 FTEs, for a total of 922 cumulative FTE. The Board has been aggressively hiring and onboarding staff to a current level of 738 cumulative FTE, but has many more FTE to hire and onboard to reach its FY17 FTE goal. While a hiring freeze would negatively impact the Board's ability to provide appeals decisions to Veterans Regarding appeals, VA cannot significantly impact its pending inventory without appeals modernization legislation that discontinues the flow of appeals into the current broken process and a temporary surge of additional resources. I would note, for clarification, that although the Board projected continued FTE growth in FY18 as part of its workload projections in VA's FY17 budget, we are aware that any increase in resources above the FY 2017 baseline will be contingent on annual budget appropriations.

12. In the 2016 Commission on Care report, the Commission projected that by 2034, 60 percent of veteran users could be using private care. Under your vision for the future of VA health care, would this be acceptable? Are you concerned about the impact on specialized services such as spinal cord injury, prosthetics, traumatic brain injury, post-traumatic stress disorder, and

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other mental health needs, given the more costly private sector is not as equipped to provide these services to veterans? Please discuss.

Response: Under my vision for the future of VA health care, I would project that although 100 percent of enrolled veterans could be using either VA or Community care, because they would have a real choice, that we would still see a majority of enrolled veterans choosing to use VA for integrated primary care and mental health services, along with most of the specialized services designed for people who served in the military. We would use community care often for specialty care that does not require tailoring for the military, like obstetrical care, optometric services and care for management of chronic disease for veterans who live where it would not be convenient to reach VA care.

You make an excellent point in your question that many of these services tailored to the needs of prior service members are simply not available in most communities, but are quite costly when they are. For those reasons, and because so many veterans prefer to receive these services alongside comrades who served, I am not too concerned that use of an integrated VA/community care network will erode our ability to provide these specialized services to America's heroes.

13. What is your plan to support VA's Office of Tribal Government Relations, in their efforts of continued collaboration and outreach to Native American Veterans in their communities?

Response: I will rely on the support and counsel of our Office of Tribal Government Relations (OTGR) to coordinate the agency's tribal consultation efforts, and to ensure both the Secretary and other senior VA leadership are engaged in communicating and working with tribal leaders as part of the enduring government to government relationship that exists between the United States and Indian tribes. We also rely on OTGR to assist the VA enterprise with cultivating informed, trusting relationships with tribal leaders, national intertribal organizations and service providers to identify opportunities for sharing of resources and pursuing partnerships that ensure access to care for our Veterans living within or near tribal communities.

It is our expectation that OTGR will play a key role in leading VA's efforts to connect VA, other members of the federal family, state governmental organizations, private and non-profit organizations, with tribal communities. Additionally, I will rely on OTGR to coordinate the agency's response to the identified priorities which include access to medical care, addressing housing and homelessness, treatment for PTSD and mental health, understanding benefits, including benefits for families and transportation. By recognizing and adhering to these culturally specific requests, VA will be informed, demonstrate trustworthiness and continue to understand the nuances of working within Indian Country. An organization that understands the people and population it serves has the best odds of success.

14. What are your thoughts on the proposed consolidation of the Indian Health Service and Tribal Reimbursement Program into one standard program?

Response: Consolidation of the agreements with the IHS and Tribal Health Programs into one program could make the program more straightforward to administer; however, given VA values its relationships with these partners, we would recommend consultation with these stakeholders be initiated to determine what tribes' concerns and recommendations may be regarding the potential impact of a consolidation with Indian Health Service.. This could also have implications for tribal health programs who opt to serve as community care providers that deliver care to non-native Veterans because IHS is fairly limited to delivering care to IHS-eligible patients. This would also

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continue to multiply the different ways VA purchases community care rather than consolidating and streamlining into one overall program for the VA.

15. What is your plan to ensure the Department of Housing and Urban Development-Veterans Affairs Supportive Housing program, Tribal HUD-VASH, is permanently funded in order to combat homelessness of Native American Veterans who live on tribal lands?

Response: Tribal HUD-VASH is an important and necessary joint effort between HUD and VA, with HUD providing the housing vouchers and VA providing the necessary case management. To date, Tribal HUD-VASH has 26 tribal grantees and each tribal grantee is funded for one case manager. VA includes case management funding in its overall budget requests for HUD-VASH and it is included in our FY 2017 appropriation, and we expect to continue to fund the positions in subsequent years. For the continued support of the Tribal HUD-VASH program, HUD has requested $7 million in its FY 2017 Budget, a request both the House and Senate Committees on Appropriations supported in their draft fiscal year 2017 appropriations bills. In a similar show of support, Congress included a Tribal HUD-VASH funding anomaly for HUD in the second FY 2017 Continuing Resolution (CR) to ensure program continuity of operations during the CR period.

16. How do you intend to work with the National Association of State Departments of Veterans Affairs?

Response: I will continue to prioritize working closely with our state partners and with NASDVA. NASDVA President Randy Reeves and I have already been in frequent contact and I look forward to building upon the great relationship between VA and NASDVA that my predecessors have forged before me. Additionally, I also intend to reaffirm VA's commitment to partnering with the states by signing a new Memorandum of Agreement between VA and NASDVA at their winter conference later in February.

17. Please describe your plan to address national physician assistant recruitment and retention issues.

Response: The National Recruitment Program (NRP) provides a centralized in-house team of skilled professional recruiters employing private sector best practices to fill the agency's most critical clinical and executive positions. The national recruiters, all of whom are Veterans, work directly with executives, clinical leaders, and local human resources departments in the development of comprehensive, client-centered recruitment strategies that address both current and future critical needs. At facility request, NRP targets hard-to-fill recruitments in their regions.
VHA markets directly to direct patient care providers through partnerships such as National Rural Recruitment & Retention Network (3RNet), a national network of non-profit organizations devoted to health care recruitment and retention for underserved and rural locations, as just one example. Through these partnerships, VHA has access to a robust database of candidates interested in working for VHA. National Recruiters routinely post VHA practice opportunities on career sites such as www.vacareers.gov.

18. At your hearing, you said that colleges that engage in deceptive and misleading recruiting practices would "not be tolerable." In May 2016, 23 major national veterans and military organizations wrote a letter to the VA Secretary requesting action on this critical issue. Would you commit to reporting back to this committee within three months with your recommendation for practical and realistic steps VA can take to ensure student veterans are protected from

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predatory and deceptive practices and given the information they need to make an informed choice about their college?

Response: Yes

19. On behalf of the National Alliance on Mental Illness, Montana, I submit the following question: According to a March 2016 report prepared by the Veterans Legal Clinical at Harvard Law School, approximately 125,000 post-9/11 veterans cannot access basic VA services, such as mental health care because of Other Than Honorable or "Bad Paper" discharges. The report details that VA has never evaluated the service of 90 percent of the veterans in this category, many having sought healthcare or housing services from VA, only to be turned away without any Character of Discharge review. Even more alarming, about 22,000 veterans with service-connected mental illness have received Other Than Honorable discharges since 2009. If confirmed, will you commit to thoroughly reviewing each of these cases, and where necessary allow veterans to receive the VA services, including mental health care, they deserve?

Response: Yes I will, Veterans with OTH discharges can potentially receive VA care, including MST-related care, upon review of their discharge by the Veterans Benefits Administration (VBA). Following this review, VBA issues a decision as to whether or not the Veteran's discharge is a bar to receipt of health care benefits. VA has taken steps to ensure staff are aware that Veterans with OTH discharges are potentially eligible for some services and that there have been no shifts in policy to tighten eligibility requirements.

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Message

From: IP [[redacted]@frenchangel59.com]
Sent: 2/9/2017 6:04:49 PM
To: 'David shulkin' [Drshulkin@aol.com]
Subject: RE:

Thank you.

-----Original Message-----
From: David shulkin [mailto:Drshulkin@aol.com]
Sent: Thursday, February 09, 2017 12:32 PM
To: Ike Perlmutter
Subject:

Ike- the VA lawyers are working on something now for us

David

Sent from my iPhone

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/9/2017 5:32:18 PM
To: Ike Perlmutter [[redacted]@frenchangel59.com]

Ike- the VA lawyers are working on something now for us

David

Sent from my iPhone

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Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 2/17/2017 11:39:41 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: Am I smiling enough for you?

I think it's the perfect one for Poonam but as an official photo that will be installed in thousands of places for public viewing, could have been better. Don't know if there is a chance to redo - but if it's not too late;

1) smile needs to be a little more subtle- it needs to show you are open minded and approachable, while understanding the responsibility and the gravitas of the mission
2) The blue suit blend in with the background
3) your grays could be hidden better
4) your image less sharp and softer- which the photographer can do

Look at all the official president portraits - it is of similar stature - this is going to be cemented in history for all the future Shulkin generations to look up to, hundreds of years from now. It needs at be as perfect as possible in your role to serve the most honorable mission.

I would give it a 7/10- I want it to be a 10/10 if possible- of its too late, don't worry though- it still is you!!

Sent from my iPad

On Feb 16, 2017, at 11:12 PM, David Shulkin <drshulkin@aol.com> wrote:

> http://www.militarytimes.com/articles/shulkin-trump-twitter-account
>
> Sent from my iPad

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Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/17/2017 4:12:19 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Am I smiling enough for you?

http://www.militarytimes.com/articles/shulkin-trump-twitter-account

Sent from my iPad

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Message

From: (b) (6) [(b) (6)@gmail.com]
Sent: 1/30/2017 4:52:05 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: Shulkin VA Secretary Nominee - SF 86 Supplemental
Attachments: sf- 86 supplement Shulkin va nom.pdf

Dr. SHulkin, if you want to send this to (b) (6) here is the SF-86 Supplemental.

---------- Forwarded message ----------
From: (b) (6) <(b) (6)@gmail.com>
Date: Tue, Jan 17, 2017 at 12:52 PM
Subject: Re: Shulkin VA Secretary Nominee - SF 86 Supplemental
To: incomingdocs@ptt.gov
Cc: David Shulkin <drshulkin@aol.com>

Good Afternoon Please find the SF-86 Supplemental Form for David Shulkin

(b) (6)

On Tue, Jan 17, 2017 at 9:05 AM, (b) (6) <(b) (6)@gmail.com> wrote:
Good Morning, Please find attached tab 5 -OGE Signature and tab 6 tax waiver for David Shulkin, VA Nominee

(b) (6)

On Tue, Jan 17, 2017 at 8:49 AM, (b) (6) <(b) (6)@gmail.com> wrote:
Good Morning,

Please find David Shulkin's Tabs 2 and 4 attached.

(b) (6)

On Thu, Jan 12, 2017 at 10:38 AM, David Shulkin <drshulkin@aol.com> wrote:

Good Morning,

Please find the Bio Form TAB 1 attached to set up equip account.

David
-----Original Message-----
From: Shulkin, David J., MD, MD <David.Shulkin@va.gov>
To: 'incomingdocs@ptt.gov' <incomingdocs@ptt.gov>
Cc: 'David shulkin' <Drshulkin@aol.com>
Sent: Thu, Jan 12, 2017 10:33 am
Subject: D. Shulkin-Bio Form Tab 1

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Good Morning,

Please find the Bio Form TAB 1 attached to set up equip account.

David

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SF-86 Supplement

Note: For all of the following questions, *please provide as much detail as possible.*

1. (b) (6), (b) (2)

2.

3.

4.

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

5. [redacted]

6. [redacted]

7. [redacted]

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Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 1/17/2017 5:52:46 PM
To: incomingdocs@ptt.gov
CC: David Shulkin [drshulkin@aol.com]
Subject: Re: Shulkin VA Secretary Nominee - SF 86 Supplemental
Attachments: sf- 86 supplement Shulkin va nom.pdf

Good Afternoon Please find the SF-86 Supplemental Form for David Shulkin

(b) (6)

On Tue, Jan 17, 2017 at 9:05 AM, (b) (6) <(b) (6) @gmail.com> wrote:
Good Morning, Please find attached tab 5 -OGE Signature and tab 6 tax waiver for David Shulkin, VA Nominee

(b) (6)

On Tue, Jan 17, 2017 at 8:49 AM, (b) (6) <(b) (6) @gmail.com> wrote:
Good Morning,

Please find David Shulkin's Tabs 2 and 4 attached.

(b) (6)

On Thu, Jan 12, 2017 at 10:38 AM, David Shulkin <drshulkin@aol.com> wrote:

Good Morning,

Please find the Bio Form TAB 1 attached to set up equip account.

David
-----Original Message-----
From: Shulkin, David J., MD, MD <David.Shulkin@va.gov>
To: 'incomingdocs@ptt.gov' <incomingdocs@ptt.gov>
Cc: 'David shulkin' <Drshulkin@aol.com>
Sent: Thu, Jan 12, 2017 10:33 am
Subject: D. Shulkin-Bio Form Tab 1

Good Morning,

Please find the Bio Form TAB 1 attached to set up equip account.

David

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SF-86 Supplement

Note: For all of the following questions, *please provide as much detail as possible.*

1. (b) (6), (b) (2)

2.

3.

4.

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

5. [redacted]

6. [redacted]

7. [redacted]

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Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/18/2017 3:31:43 AM
To: (b) (6) @gmail.com
Subject: Fwd: Isakson QFRS 2-17-17
Attachments: Isaakson QFRS 2-17-17.docx

These look fine- thanks

-----Original Message-----
From: DJS <vacodjs1@va.gov>
To: 'Shulkin ' <drshulkin@aol.com>
Sent: Fri, Feb 17, 2017 10:19 pm
Subject: FW: Isakson QFRS 2-17-17

Sent with Good (www.good.com)

-----Original Message-----
From: (b) (6)
Sent: Friday, February 17, 2017 07:59 PM Eastern Standard Time
To: 'David shulkin'; DJS; Wright, Vivieca (Simpson)
Subject: Isakson QFRS 2-17-17

Dr. Shulkin and Vivieca

Here are the combined responses to Isakson's QFRs he handed you on Wednesday. The questions required detail explanations around 4 of the priorities, Choice, Accountability, Appeals and IT, given the amount of support you received this week, want to make sure these were crafted carefully.

If you have a few moments, please take a look at the responses for 1 (Choice RFP) and 4(IT –EHR), I believe you may have said something different and we can tweak more.

2 and 3 were cleaned up and I believe are ok.

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Senator Isakson Questions for Secretary Shulkin

As you are aware, during the presidential transition the Department issued a Request for Proposals (RFP) for the Community Care Network. It is important that VA provide a better structure for delivering care in the community and improve on the lessons learned from implementation of the Veterans Choice Program.

a. How does the current RFP meet the priorities of the Trump Administration to provide veterans with care in the community?

Response: The CCN Community Care Network (CCN) Request for Proposal (RFP) is in alignment the following points on the President's Plan to Reform the Department of Veterans Affairs:

- 9: Increase the number of mental health care professionals, and allow Veteran's to be able to seek mental health care outside of the VA
- 10: Ensure every Veteran has the choice to seek care at the VA or at a private service provider of their own choice

The CCN RFP provides additional services which were previously excluded under the Veterans Choice Program (VCP) / Patient Centered Community Care (PC3) contract. This includes general and specialty care; complementary and integrative services; dental and pharmacy services. The RFP will use industry standards to increase the access to care and improve the provider reimbursement process. The RFP also includes standard performance measures to ensure high quality, timely care for Veterans.

b. Please explain in detail how, under the current RFP, care in the community would be provided to veterans.

Response: The goal of the RFP is to deliver a program that is easy to understand, simple to administer, and meets the needs of Veterans and their families, community providers, and VA staff. The RFP will establish a high performing network by streamlining business and clinical processes. The CCN network will consist of 4 regions aligned along state lines (break-down attached).

VA aligned the services offered under the CCN with VA Health Benefit Package pursuant to 38 C.F.R § 17.38 (primary / specialty care; complementary and integrative; dental and pharmacy). This improvement will increase Veterans' access to care which were previously excluded under the Veterans Choice Program (VCP) and the Patient Centered Community Care (PC3) contract.

Veterans who reside within one hundred (100) miles of a Regional border may elect to enroll in the adjacent CCN Region. The new CCN will improve customer service by reducing handoffs. In response to concerns from providers and payments on timely payments, the new CCN RFP addressed this issue with robust claims processing requirements designed to improve Veteran and community provider satisfaction through auto-adjudicated claims, a metric to process and adjudicate 98% of all clean claims within 30 days of receipt and inclusion of an improper payment plan that includes a Healthcare Fraud Detection and Prevention Plan.

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The CCN network will consist of 4 regions aligned along state lines.

Region 1	Region 2	Region 3	Region 4
Maine	Ohio	Oklahoma	Texas
New Hampshire	Kentucky	Arkansas	New Mexico
Vermont	Indiana	Louisiana	Arizona
Massachusetts	Illinois	Tennessee	California
Connecticut	Missouri	Mississippi	Nevada
Rhode Island	Kansas	Alabama	Utah
New York	Nebraska	Georgia	Colorado
New Jersey	Iowa	South Carolina	Wyoming
Delaware	Wisconsin	Florida	Idaho
Maryland	Michigan	Puerto Rico	Oregon
Pennsylvania	Minnesota	U.S. Virgin Island	Washington
District of Columbia	North Dakota		Montana
West Virginia	South Dakota		Alaska
Virginia			Hawaii
			Northern Mariana Island
			Guam
			American Samoa

c. It is the Committee's understanding that VA intends to move the scheduling of appointments in the community back under the Veterans Health Administration's (VHA) control. Please provide a business case analysis for moving this function to VHA. Please include specifics as to which office within the VHA would be responsible for this, the number of employees currently dedicated to this and the number needed to provide the function, and a cost comparison of the contractors making the appointments versus VHA making the appointments.

Response : VHA plans to move the care coordination function, which includes the coordination of scheduling of Veterans appointments in the community, from the contractors back into VHA. This function is part of VHA's new care coordination model which supports the Veteran through the entire journey to receive community care and back into the VA. This care coordination model ensures timely, high-quality, well-coordinated care. Utilizing newly developed policies, procedures, processes, technology and a new contracted network, VHA has created a model to be able to deliver Veterans timely access to community care.

Apart from the Choice program, VA Medical Center's work directly with Veterans and community providers in scheduling 75% of appointments that take place in the community. Eligibility in the Choice program is identified in the VA between Veterans and their VA providers. Clinically, the number of handoffs between the VA and the Choice contractors required to care for the Veteran is proportional to the risk of error, fragmented care and potentially lower quality. The quality of timely and accurate scheduling in large call centers is compromised as identified in the recent VA OIG report showing that it took an average of 45 days for the Choice contractors to schedule Veterans in the community.

The VHA Deputy Under Secretary for Health for Operations and Management in cooperation

AMERICAN OVERSIGHT

with the Deputy Under Secretary for Health for Community Care will own this responsibility. The care is coordinated by the staff at the Medical Center where they receive their primary care. This personalized coordinated care is invaluable to having VA staff meet our timeliness and accuracy expectations. Recognizing the need to provide support to local facilities, flexible provisions added to the RFP gives VA the ability to use contracted partners to assist with care coordination.

d. Should Congress provide you with the authority to enter into provider agreements, how would you ensure that those agreements would only be used in rare situations and not compete with any Community Care Network national contract?

Response: Yes, VA needs the authority to enter into provider agreements. It is the VA's intention to provide all care for Veterans internal to the VA medical centers or through the CCN. However, there are instances where the CCN will be unavailable and the VA would like to remain flexible in our ability to partner directly with community care providers to deliver health care services not readily available under the CCN. This will ensure timely care is provided to Veterans. Those instances include nursing home care, hospice, long term acute care hospitals, homemaker and home health aide services, bowel and bladder services and adult day health care. Most often these services are provided by smaller businesses and Veteran caregivers who do not partner with major contractors but operate as independent entities.

2. Dr. Shulkin, in response to a pre-hearing question you indicated -"The process to remove employees is currently too long and too cumbersome. While it is essential that there is due process, I would seek the authority to remove these individuals in a more expedited manner." What additional authority, specifically, do you need from Congress in order to swiftly remove bad employees from the VA and address the accountability issues plaguing the department? Please provide a legislative request for this authority.

Response: The current statutory authorities are overly bureaucratic and do not provide sufficient deference to agency actions necessary to remove poor-performing employees from the payroll. Specifically, I will request from Congress and look forward to working with you on these critical reforms:

- Specific statutory language directing the Merit Systems Protection Board (MSPB) and other tribunals to apply a more deferential "substantial evidence" burden of proof
- Specific statutory language directing MSPB and other tribunals to defer to the agency's chosen penalty
- Specific statutory language providing for appeal to the Presidentially-appointed, Senate-confirmed Merit Systems Protection Board, not just to a lower-level MSPB administrative judge
- Repeal of the unworkably restrictive caps on recruitment and retention awards to set by the Comprehensive Addiction & Recovery Act of 2016

AMERICAN OVERSIGHT

3. The Government Accountability Office provided VA with a draft report on VA's appeal reform proposal and VA's plans to implement a new appeals system if the proposal is adopted. Also, the Independent Budget — written by three major veterans groups and supported by others — recently outlined a number of remaining concerns with the appeals reform proposal. As we continue examining how the appeals process can be improved, GAO's independent assessment could be very valuable, as well as the input of key stakeholders. Would you please commit to personally reviewing that GAO report, VA's proposed response to the report, and input from key stakeholders about their concerns? Would you please provide the Committee with any feedback as to how you think that report and input may impact the structure or implementation plans for appeals reform?

Response: VA is committed to reforming the appeals process. Comprehensive legislative reform is necessary to modernize the current, broken appeals process so VA can provide the best service to Veterans. I appreciate GAO's interest in appeals reform and intend to review both the GAO report and VA's proposed response. The appeals reform proposal was developed collaboratively with our stakeholders. VA worked collaboratively with the VSOs to reach a consensus regarding the design of the new appeals framework described in the appeals modernization proposal. VA plans to continue to partner with VSOs to provide a new appeals framework that will meet expectations of both Veterans and stakeholders. Although the IB raises concerns, we do not interpret any of these concerns as requiring changes to the statutory language. If this widespread reform is not enacted, the problem will only continue to get worse, more appeals will enter the current complex appeals process that is already inefficient, ineffective, confusing, and takes too long. Although GAO indicates that pilot testing of appeals reform should be utilized to manage risks, VA concluded that the potential risks are manageable, and the greatest risk for Veterans would be failure to enact the appeals reform proposal. We believe that pilot testing the appeals reform proposal is not necessary, particularly in light of the proposed 18-month implementation period and because the broad consensus for change will allow for post-implementation improvements as they become necessary. I am committed to remaining engaged with stakeholders as we move towards implementation of the new appeals framework. We fully support passage of the proposed legislation as drafted and will meet with the IB VSOs to address any remaining concerns that they may have.

VA is prepared to successfully implement the appeals reform proposal within the proposed 18-month period it proposed. VA has undertaken necessary planning efforts to put itself in a position to successfully implement the appeals reform proposal concurrently with other ongoing efforts, and is committed to continuing to work with stakeholders during implementation of appeals reform.

4. In testimony before the House Committee on Veterans Affairs, Rob Thomas stated, "I'm comfortable that we're going commercial." Please provide an update on your plans for long - term Electronic Health Record (EHR) modernization including if you intend to move forward with a commercial transition before a permanent Assistant Secretary for Information and Technology is in place.

Response: We are currently reviewing options regarding long-term EHR modernization courses of action and VA's overall EHR modernization plan will be released by July 1st of

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this year.VA has made substantial progress in delivering new capabilities through our VistA Evolution Program, while also strategizing for our future needs. VA is considering the future of VistA and VA's EHR. The Office of Information & Technology delivered a Business Case for an approach known as the Digital Health Platform (DHP) at the end of the previous administration for Departmental consideration, which included three options for the EHR component. This Business Case needs to be evaluated by VA administrations that it would impact, including the Veterans Health Administration, and a Departmental decision will be made on our path forward with respect to DHP and our EHR modernization efforts. However, the success of the DHP is not dependent on any particular EHR.

In late 2016, VHA hosted clinical informatics representatives from more than eight different health systems, including the private sector, Department of Defense, and Coast Guard, at an "EHR Roundtable" facilitated by the Institute of Medicine. The goal of the roundtable was to learn from others who have faced similar EHR challenges so that we can best prepare for our coming EHR modernization. Key lessons learned include: 1) need for highly resource intensive change management strategies, 2) best practices for addressing legacy systems, including retraining of staff, and 3) strategies, such as phased roll-outs, to mitigate impacts to patient access.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/30/2017 7:23:05 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re: made contact

He called (b) i was with (b)

Sent from my iPhone

> On Jan 30, 2017, at 2:19 PM, (b) (6) <(b) (6) r@gmail.com> wrote:
>
> you made contact with (b) (6) I saved his number and phone address. Sorry I didn't get to him before he called you.
>
>
> (b) (6)

AMERICAN OVERSIGHT

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From: (b) (6) [(b) (6) @gmail.com]
Sent: 1/30/2017 7:19:02 PM
To: David Shulkin [drshulkin@aol.com]
Subject: made contact

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(b) (6)

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/29/2017 10:14:18 PM
To: Marc Sherman [mbs(b) (6) gmail.com]
Subject: Re: Interview

Ok we can connect before for sure

Sent from my iPhone

On Jan 29, 2017, at 5:13 PM, Marc Sherman <mbs(b) (6) gmail.com> wrote:

> I am thinking that before I meet with Tom I should get a briefing from you on him, what he knows about the current state and his intended role.
>
> On Sun, Jan 29, 2017 at 3:21 PM, David Shulkin <drshulkin@aol.com> wrote:
> ok- I will connect the two of you to coordinate things
>
> David
>
> -----Original Message-----
> From: Marc Sherman <mbs(b) (6) gmail.com>
> To: David shulkin <drshulkin@aol.com>
> Cc: IP <(@frenchangel59.com>
> Sent: Sun, Jan 29, 2017 3:05 pm
> Subject: Interview
>
> David
>
> Ike mentioned that you have have an employee candidate in mind to help lead the implementation effort. I would be happy to interview him/her if you think that would be helpful. If so, let's get calendars together, I will be traveling in the Midwest and West all this week.
>
> Marc

AMERICAN OVERSIGHT

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From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 1/29/2017 10:13:00 PM
To: David Shulkin [drshulkin@aol.com]
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To: David shulkin <drshulkin@aol.com>
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AMERICAN OVERSIGHT

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From: David Shulkin [drshulkin@aol.com]
Sent: 1/29/2017 8:21:23 PM
To: mbs(b) (6) gmail.com
Subject: Re: Interview

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CC: IP [@frenchangel59.com]
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AMERICAN OVERSIGHT

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From: David shulkin [Drshulkin@aol.com]
Sent: 2/8/2017 2:48:48 PM
To: Bruce Moskowitz [(b) (6) @gmail.com]
Subject: Re: Veteran assistance

Sorry

Sent from my iPhone

On Feb 8, 2017, at 7:52 AM, Bruce Moskowitz (b) (6) @gmail.com> wrote:

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> My name is Bruce Moskowitz but not Dr. Bruce Moskowitz. I must have received this email in error.
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> (However my middle child is a 3rd year resident at UNC Hospital if that matters).
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> Have a good day,
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> From: (b) (6) <(b) (6) @mail.acponline.org>
> To: bruce(b) (6) <brucem(b) (6) mac.com>
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> >>>>> Bruce Moskowitz <brucem(b) (6) mac.com> 2/1/2017 9:47 AM >>>

AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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Cc: drshulkin <drshulkin@aol.com>; (b) (6) <(b) (6) @mail.acponline.org>
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Sent: 2/8/2017 2:29:46 AM
To: drshulkin@aol.com
Subject: Re: Veteran assistance

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(b) (6)

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>>> (b) (6) MD, Professor of Medicine, Johns Hopkins School of Medicine and Bloomberg School of Public Health, practicing geriatrician, Baltimore, MD
>>>
>>> ACP Staff
>>> (b) (6) SVP, Medical Education, ACP
>>> (b) (6) Director of Health Policy, ACP
>>> (b) (6) SVP, Governmental and Legislative Affairs, ACP
>>> (b) (6) VP, Governmental and Regulatory Affairs, ACP
>>> (b) (6) Director, Regulatory Affairs, ACP
>>> (b) (6) MD, EVP/CEO ACP, Adjunct Professor of Medicine, Lewis Katz School of Medicine at Temple University, part time practicing general internist
>>> (b) (6) VP for Clinical Practice, ACP, part time practicing general internist, Philadelphia, PA
>>>
>>> It would be extremely helpful if you could send me a brief note summarizing the charge of this group that I can use when reaching out to them, as well as any tentative time line.
>>>
>>> Thank you for taking on this important work,
>>>
>>> (b) (6)
>>>

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @mail.acponline.org]
Sent: 2/8/2017 12:54:32 AM
To: brucem(b) (6) mac.com
CC: drshulkin@aol.com; (b) (6) [(b) (6) @mail.acponline.org]
Subject: Re: Veteran assistance

Dr. Mosokowitz,
Thank you for the follow up. Any clarification for short and long term goals as well as a time frame for pulling the first meeting together would be extremely helpful.
The ACP looks forward our future discussions!
(b) (6)

> On Feb 7, 2017, at 2:20 PM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>
> We had our meeting today and Dr. Shulkin would like to meet with your leadership in Washington. Thank you for agreeing to explore how the ACP can assist in the care of Veterans.
>
> Sent from my iPad
> Bruce Moskowitz M.D.
>
>> On Feb 1, 2017, at 11:59 AM, (b) (6) <(b) (6) @mail.acponline.org> wrote:
>>
>> Fantastic. We will await further guidance on 2/7.
>> (b) (6)
>>>>> Bruce Moskowitz <brucem(b) (6) mac.com> 2/1/2017 9:47 AM >>>
>> This is excellent we have a meeting next Tuesday at the and this is a major agenda item so I will be able to explain that day in an email on how to proceed.
>>
>> Sent from my iPhone
>>
>>> On Feb 1, 2017, at 9:12 AM, (b) (6) <(b) (6) @mail.acponline.org> wrote:
>>>
>>> Dr. Moskowitz,
>>>
>>> Thank you again for reaching out to the ACP. After some internal discussion, we have come up with a group of ACP members/leadership and staff who are visionaries and span the spectrum from medical education, innovative delivery models, practice transformation, health and public policy, and the regulatory environment. All the physicians are practicing PCPs, and one is a geriatricianas well (aren't we all geriatricians?). Please let me know if we are on target with your ask. Our tentative list is:
>>>
>>> ACP Leadership/ Former Leadership/Members
>>> (b) (6) MD, Chair, ACP Medical Informatics Committee, Medical Director,Ambulatory EHR and Health IT Policy, MedStar Health, practicing general internist, Washington DC
>>> (b) (6) MD, Texas Northern Governor and Regent-elect ACP, Chair-elect, ACP Health and Public Policy Committee, practicing general internist Dallas, Tx
>>> (b) (6) MD, Vice-Chair, ACP Education and Publications Committee, Chair-elect, ACP Board of Governors, Professor of Medicine, Oregon Health Sciences University and Staff Physician, Portland VA, practicing general internist, Portland OR
>>> (b) (6) President-elect, ACP, Professor of Medicine, Perelman School of Medicine, University of Pennsylvania, practicing general internist
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>>> Thank you for taking on this important work,
>>>
>>> (b) (6)

AMERICAN OVERSIGHT

>>>

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 2/7/2017 7:19:47 PM
To: (b) (6) [(b) (6) @mail.acponline.org]
CC: David shulkin [drshulkin@aol.com]
Subject: Veteran assistance

We had our meeting today and Dr. Shulkin would like to meet with your leadership in Washington. Thank you for agreeing to explore how the ACP can assist in the care of Veterans.

Sent from my iPad
Bruce Moskowitz M.D.

> On Feb 1, 2017, at 11:59 AM, (b) (6) <(b) (6) @mail.acponline.org> wrote:
>
> Fantastic. We will await further guidance on 2/7.
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> > Dr. Moskowitz,
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> > (b) (6) VP for Clinical Practice, ACP, part time practicing general internist, Philadelphia, PA
> >
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> >
> > Thank you for taking on this important work,
> >
> > (b) (6)
> >

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 1/27/2017 5:55:10 PM
To: (b) (6) [(b) (6) @jhmi.edu]; (b) (6) M.D. (b) (6) @mayo.edu]; (b) (6) [(b) @mayo.edu]; (b) (6) partners.org; (b) (6) ccf.org; (b) (6) kp.org; IP [(@frenchangel59.com]; L Perl [(b) (6) @gmail.com]; (b) (6) [(b) (6) hopeunseen.com]; mbs(b) (6) gmail.com; drshulkin@aol.com
CC: (b) (6) @partners.org]; (b) (6) [(b) (6) @ccf.org]; (b @frenchangel59.com; (b) @jhmi.edu; (b) (6) @kp.org
Subject: White House meeting

After the announcement at the White House we will have a 4 hour meeting to start working on the complex problems. I have asked that David Shulkin, Marc Sherman and (b) (6) prepare a preliminary agenda for everyone to review.
Thank you and enjoy the weekend.

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/5/2017 1:45:06 PM
To: (b) (6) @gmail.com
Subject: Fwd: QFRS from Dan Sullivan

answers below to Senator Sullivans questions

-----Original Message-----
From: David Shulkin <drshulkin@aol.com>
To: Vivieca.Wright <Vivieca.Wright@va.gov>
Sent: Thu, Feb 2, 2017 8:53 pm
Subject: Re: QFRS from Dan Sullivan

see below

-----Original Message-----
From: Wright, Vivieca (Simpson) (Simpson) <Vivieca.Wright@va.gov>
To: David shulkin (Drshulkin@aol.com) <Drshulkin@aol.com>
Cc: Jensen, Jon M. <Jon.Jensen@va.gov>; J(b) (6) (b) (b) (6) @va.gov>; (b) (6) (t(b) (6) va.gov>
Sent: Thu, Feb 2, 2017 5:40 pm
Subject: QFRS from Dan Sullivan

1. I am asking this question on behalf my constituent, Ross Bieling: "Dr. Shulkin, as Under Secretary to the VA during the Obama administration, during your tenure, please provide examples where you have implemented meaningful ideas resulting in positive change within the VA system that have directly or indirectly benefited all veterans. And if not, why not?"

   Mr. Bieling- thank you for your question. I would be glad to share several examples that started as ideas and moved into meaningful benefits for our veterans. I will share four ideas here that all relate to improving access to care. The are 1) reorganizing our approach to wait times to a clinically meaningful approach towards urgent care, 2) Access standdowns 3) same day services and 4) Best practice adoption.

   When I came to VA, 18 months ago the biggest issue I believe we faced was access to care for our veterans. However, from the way that VA was approaching access I did not believe that we could develop an effective solution to the problems we faced. I therefore instructed our team to reduce our clinicians way of ordering consults from 31 different ways to just 2 ways; either routine or urgent. That allowed us to see which veterans needed care the most- and we could focus our efforts on these urgent health care needs. Once we did that, we went to our second idea- that is to have national access standdowns. This was a mandatory event that occurred in every single medical center to focus the entire staff on reducing urgent care needs. This effort is described in an article I wrote on it catalyst.nejm.org/va-stand-down-resolved-56000-plus-urgent-care-consults/. After we reduced our urgent consults, we then implemented the next idea- same day access. We have implemented same day services for primary care and mental health in every one of our medical centers in the country. The final idea implemented is our diffusion of excellence initiative. In this initiative we have taken best practices in access from around the country and sharing them among VA's to adopt these practices. All of these ideas have led to a significant improvement in access for our veterans.

2. I am asking this question on behalf my constituent, Capt. Bob Pawlowski: "Given the effort to revamp the VA and the important focus on health care and services for our veterans, what do you propose to improve the perception in our veterans minds that this is a "new VA" and you are "here to serve"?"

AMERICAN OVERSIGHT

Captain Pawlowski- thanks for your question. The design of the "new VA" as you call it- is already underway. Since my arrival 18 months ago, we have been working to define a veteran centric experience. This is about changing the culture of VA, and setting new expectations for our employees. Our ICARE values define the "new VA"- Integrity, Commitment, Advocacy, Respect, and Excellence (ICARE). We have asked all employees to sign a commitment pledge to upholding these values and we have now trained over 100000 of our leaders in how to manage to these values. We are teaching a "principle" based management style rather than a "rules" based style that had begun to characterize much of VA in the past. If confirmed as Secretary, I will continue to lead through these values and make sure that all employees are working to honor our veterans through the adoption of these principles. The ultimate judge of our success will be our veterans.

3. I am asking this question this on behalf my constituent, Bejean Page: "Will you [as VA Secretary] seek out veterans and ask them what they need?"

   Mr. Page- If confirmed as Secretary I will absolutely do this. In fact, as Under Secretary I can assure you that we have begun to do this now. We seek direct veteran feedback about what they need in several ways. Let me name four of these ways. First, we speak to our veterans all of the time. Whenever I do visits to our medical centers around the country I make sure I meet with veterans to get their candid feedback. In addition,. I actually practice medicine in the VA system and care for patients (who do not know I am the Under Secretary) so I hear it straight from them. Second, we ask our veterans directly all the time. We do hundreds of thousand of satisfaction questionnaires and we pay attention to what we hear and we also ask our patients on our kioks (we call it Vetlink) about their experience and how we can do better. Third, veterans contact us everyday with their issues and we not only listen, but we respond. I get dozens of these emails myself directly from veterans and I can assure you I pay attention to what I am hearing. And remember 33% of our employees are veterans and many use our services so we listen to our employees as well. Finally we have established a formal veteran insights panel of a few thousand veterans that we run ideas by and ask their thoughts. We also use our veteran service organizations in a similar way and ask them what they think. As you know they represent collectively millions of veterans.

4. I am asking these questions on behalf my constituent, D.A. Anderson: "What is your vision for the VA in going forward? How can the VA be run more like a business that has accountability for its actions and treats the veterans of this country with fairness and respect?"

   I have a background in business and in running leading healthcare organizations. My approach to running VA is similar to running these other organizations. Successful businesses must be responsive to their customers or they fail. My vision for VA is to be the system of choice in the country and to have healthcare and services that are second to none anywhere. VA must not only be responsive to veterans (and their families and caregivers) but also be responsible to taxpayers. This means that both the quality of the services and the efficiency of the services must be competitive with private sector options. Accountability in my opinion is set by having clear expectation, clear metrics and feedback, and clear consequences. I am committed to do just this.

5. I am asking these questions on behalf my constituent, D.A. Anderson: "Because you have been a part of the VA system in the last administration, would you consider that a liability or an asset and why? Do you think that being a non-veteran will affect your effectiveness in any way?"

   I have been at VA 18 months. I consider this an asset. Since I was new to the VA system, it took me several months to learn about the system, identify the ways of getting management initiatives accomplished, and developing relationships and trust with employees, veteran groups, and community organizations. Eighteen months however is not long enough to have become engrained in the system about doing things the same way as we always have. My current knowledge of the system allows me, if confirmed, to have the ability to move the system forward without a new learning curve and with the ability to know how to implement these changes.

AMERICAN OVERSIGHT

In terms of being a non-veteran, I have spoken to dozens and dozens of veterans about what they want in a new Secretary. What I have consistently heard, is that the most important thing they want, is a Secretary who know how and who will make the system work better for them. I believe my experience will allow me to do this. Since I have worked in the system for the past 18 months, I do believe that I have developed a good understanding of the veteran perspective. However, by non being a veteran I know that I will need to try even harder to make sure I am including the veteran perspective in everything I do. I plan to accomplish this by building a strong management team that has strong representation from veterans, and in constantly asking for feedback and input from veterans.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/27/2017 5:05:35 PM
To: Jennifer Lee [(b) (6) @gmail.com]
Subject: Re: written testimony- quick Q

Yes

Sent from my iPhone

On Jan 27, 2017, at 12:03 PM, Jennifer Lee <(b) (6) @gmail.com> wrote:

> Hi David,
> The written testimony for my HVAC hearing on IT is due today.
> I just met with Rob Thomas and we both agree on this:
> "The success of the digital health platform is not dependent on any particular EHR. VA is considering the future of VistA as one component of a Digital Health Platform or DHP. At this time a decision has not been made on the EHR component of DHP. **We expect to have a decision on the EHR within the first 100 days of this new Administration**."
> is this okay with you?
> We have time with you on Monday to discuss further but am asking now because our written testimony is due.
> Thanks
> Jen

AMERICAN OVERSIGHT

Message

From: Jennifer Lee [(b) (6) @gmail.com]
Sent: 1/27/2017 5:03:49 PM
To: David Shulkin [drshulkin@aol.com]
Subject: written testimony- quick Q

Hi David,
The written testimony for my HVAC hearing on IT is due today.
I just met with Rob Thomas and we both agree on this:
"The success of the digital health platform is not dependent on any particular EHR. VA is considering the future of VistA as one component of a Digital Health Platform or DHP. At this time a decision has not been made on the EHR component of DHP. **We expect to have a decision on the EHR within the first 100 days of this new Administration**."
is this okay with you?
We have time with you on Monday to discuss further but am asking now because our written testimony is due.
Thanks
Jen

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 2/1/2017 4:13:17 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Percentage of OTH

Sir, (b) stopped by with the percentage from the NY times. 13% of post 9/11 is OTH. So your statement of 10-15% of total population seems accurate.

..

AMERICAN OVERSIGHT

Message

From: Vivieca Simpson [(b) (6) @gmail.com]
Sent: 1/26/2017 11:34:01 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

Ok

On Jan 26, 2017 18:20, "David shulkin" <Drshulkin@aol.com> wrote:
> Can you find out if that 120 day rule still
> Applies in the 1 year probationary period
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/26/2017 11:20:39 PM
To: Vivieca Simpson [(b) (6) @gmail.com]

Can you find out if that 120 day rule still
Applies in the 1 year probationary period

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/25/2017 4:31:01 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
Subject: Fwd: Proposed Committee to the Secretary

Bruce - see below to reach out to the attorney

David

Sent from my iPhone

Begin forwarded message:

From: "Shulkin, David J., MD" <David.Shulkin@va.gov>
Date: January 25, 2017 at 11:23:24 AM EST
To: "drshulkin@aol.com" <drshulkin@aol.com>
Subject: FW: Proposed Committee to the Secretary

From: (b) (6)
Sent: Wednesday, January 25, 2017 8:46 AM
To: Shulkin, David J., MD
Cc: Hipolit, Richard; Flanz, Meghan Serwin; Bradshaw, Doug
Subject: RE: Proposed Committee to the Secretary

Dr. Shulkin,

I am the OGC attorney assigned to review matters related to the Federal Advisory Committee Act (FACA). Based on the brief description below, it appears that FACA may be implicated. However, I need a little more information about the purpose and membership of the committee to fully review. Is there a point person for the group that I could contact who could provide additional details?

V/r,

(b) (6)

Staff Attorney
Torts and Administrative Law Group
Office of General Counsel
U.S. Department of Veterans Affairs
810 Vermont Ave., NW
Washington, DC 20420
(b) (6)
(b) (6) @va.gov

AMERICAN OVERSIGHT

This e-mail is intended only for the person or entity to which it is addressed and may contain information that is privileged, confidential, or otherwise protected from disclosure. Dissemination, distribution, or copying of this e-mail or the information herein by anyone other than the intended recipient, or an employee or agent responsible for delivering the message to the intended recipient, is prohibited. If you have received this e-mail in error, please destroy the original message and all copies and alert the sender of the error so that corrective action may be taken if necessary.

--

Sent with Good (www.good.com)

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 1/25/2017 11:18:10 PM
To: (b) (6) @gmail.com
Subject: Re:

yes

-----Original Message-----
From: Jennifer Lee <(b) (6) @gmail.com>
To: David shulkin <Drshulkin@aol.com>
Sent: Wed, Jan 25, 2017 6:17 pm
Subject: Re:

Are you okay if I talk with Rob Thomas about asking Gartner to do an independent external analysis of DHP?

On Wed, Jan 25, 2017 at 6:08 PM, David shulkin <Drshulkin@aol.com> wrote:

Sent from my iPhone

Begin forwarded message:

From: (b) (6) <(b) (6) @gmail.com>
Date: January 25, 2017 at 5:07:38 PM EST
To: Dad <drshulkin@aol.com>, Mom <(b) (6) @hotmail.com>

http://www.modernhealthcare.com/article/20170125/NEWS/170129946?utm_campaign=socialflow&utm_source=twitter&utm_medium=social

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Jennifer Lee [(b) (6) @gmail.com]
Sent: 1/25/2017 11:17:26 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

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Date: January 25, 2017 at 5:07:38 PM EST
To: (b) <drshulkin@aol.com>, (b) <(b) (6) @hotmail.com>

http://www.modernhealthcare.com/article/20170125/NEWS/170129946?utm_campaign=socialflow&utm_source=twitter&utm_medium=social

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/25/2017 11:08:13 PM
To: Jennifer Lee [(b) (6) @gmail.com]
Subject: Fwd:

Sent from my iPhone

Begin forwarded message:

> **From:** (b) (6) (b) (6) @gmail.com>
> **Date:** January 25, 2017 at 5:07:38 PM EST
> **To:** (b) <drshulkin@aol.com>, (b) <(b) (6) @hotmail.com>
>
> http://www.modernhealthcare.com/article/20170125/NEWS/170129946?utm_campaign=socialflow&utm_source=twitter&utm_medium=social
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/27/2017 2:42:58 PM
To: (b) [(b) (6)@hotmail.com]
Subject: Fwd: White House Announcement for the VA Committee

This lady is getting around

Sent from my iPhone

Begin forwarded message:

From: (b) (6) <(b) (6) hopeunseen.com>
Date: January 26, 2017 at 9:04:28 PM EST
To: Bruce Moskowitz <brucem(b) (6) mac.com>
Cc: (b) (6) ccf.org, (b) (6) <(b) (6) @jhmi.edu>, (b) (6) kp.org, "(b) <(b) (6)@mayo.edu>, "(b) (6) M.D." (b) (6) @mayo.edu>, "(b) (6) M. D." <(b) (6) partners.org>, IP <(b)@frenchangel59.com>, L Perl <(b) (6) @gmail.com>, drshulkin@aol.com, mbs(b) (6) gmail.com, "(b) (6) " <(b) (6) @partners.org>, (b) (6) <(b) (6) @ccf.org>, Marisol Garcia <(b) @frenchangel59.com>, (b) (6) <(b) (6)@jhmi.edu>, (b) (6) @kp.org
Subject: Re: White House Announcement for the VA Committee

Dr. Moskowitz,
What a true honor this is. Bringing real change for Veterans.

I was able to talk briefly with Kellyanne today while POTUS delivered a speech at the GOP retreat. (b) (6) and I were able to meet behind the stage with the VP. We will be on Fox and Friends tomorrow morning and Saturday morning.

Looking forward to seeing you all again. Keep me posted on details.

Sincerely,

(b) (6)

On Jan 26, 2017, at 4:16 PM, Bruce Moskowitz wrote:

> After the confirmation of Dr. Shulkin, the President will announce the Committee at the White House and has requested our presence during the announcement. We will all have one week notice. It is a distinct honor that the President wants to personally present the committee.
>
> Sent from my iPad
> Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

(b) (6)
(b) (6)
www.HopeUnseen.com

AMERICAN OVERSIGHT

Message

From: [redacted] [redacted]hopeunseen.com]
Sent: 1/27/2017 2:04:28 AM
To: Bruce Moskowitz [brucem[redacted]mac.com]
CC: [redacted]ccf.org; [redacted] [redacted]@jhmi.edu]; [redacted]kp.org; [redacted] [redacted]@mayo.edu]; [redacted] M.D. [redacted]@mayo.edu]; [redacted] M. D. [redacted]partners.org]; IP [redacted]@frenchangel59.com]; L Perl [redacted]@gmail.com]; drshulkin@aol.com; mbs[redacted]gmail.com; [redacted] [redacted]@partners.org]; [redacted] [redacted]@ccf.org]; Marisol Garcia [redacted]@frenchangel59.com]; [redacted] [redacted]@jhmi.edu]; [redacted]@kp.org
Subject: Re: White House Announcement for the VA Committee

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[redacted]

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

[redacted]
[redacted]
www.HopeUnseen.com

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 1/26/2017 9:16:47 PM
To: (b) (6) ccf.org; (b) (6) [(b) (6) @jhmi.edu]; (b) (6) kp.org; (b) (6) [(b) @mayo.edu]; (b) (6) M.D. (b) (6) @mayo.edu]; (b) (6) M. D. [(b) (6) partners.org]; IP [@frenchangel59.com]; L Perl [(b) (6) @gmail.com]; drshulkin@aol.com; mbs(b) (6) gmail.com; (b) (6) [(b) (6) hopeunseen.com]
CC: (b) (6) (b) (6) @partners.org]; (b) (6) [(b) (6) @ccf.org]; Marisol Garcia [(b) @frenchangel59.com]; (b) (6) [(b) @jhmi.edu]; (b) (6) @kp.org
Subject: White House Announcement for the VA Committee

After the confirmation of Dr. Shulkin, the President will announce the Committee at the White House and has requested our presence during the announcement. We will all have one week notice. It is a distinct honor that the President wants to personally present the committee.

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/15/2017 2:58:20 AM
To: Marisol Garcia [(b) @frenchangel59.com]
CC: Ike Perlmutter [@frenchangel59.com]; Laurie Perlmutter [(b) (6) @gmail.com]
Subject: Re: Conference Call for Today, February 14th at 9:00 PM

Sorry just seeing this- Ive been literally running nonstop- what a crazy day

Ike- i owe you the dates and sites for trips with Ivanka- we've been working on it and will finalize a list in the morning and get a note to you asap.

David

Sent from my iPhone

On Feb 14, 2017, at 3:37 PM, Marisol Garcia <(b) @frenchangel59.com> wrote:

> Hi Dr. Shulkin,
>
> We apologize for the late notice. We know how busy you are today!
>
> **Today at 9:00 PM EST** Laurie and Ike are having a conference call with the individuals on Post Confirmation – Next Steps. I
>
> **f you are available Ike would love for you to participate for 15 minutes.**
>
> Please let me know as soon as possible if you can make that time work. I will send the 800# for that time.
>
> Thank you in advance.
>
> All my Best,
> Marisol

AMERICAN OVERSIGHT

Message

From: Marisol Garcia [(b)@frenchangel59.com]
Sent: 2/14/2017 8:37:01 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Conference Call for Today, February 14th at 9:00 PM

Importance: High

Hi Dr. Shulkin,

We apologize for the late notice. We know how busy you are today!

Today at 9:00 PM EST Laurie and Ike are having a conference call with the individuals on Post Confirmation – Next Steps. I

f you are available Ike would love for you to participate for 15 minutes.

Please let me know as soon as possible if you can make that time work. I will send the 800# for that time.

Thank you in advance.

All my Best,
Marisol

AMERICAN OVERSIGHT

Message

From: (b) (6) kp.org [(b) (6) kp.org]
Sent: 1/25/2017 8:23:49 PM
To: brucem(b) (6) mac.com
CC: (b) @mayo.edu; (b) (6) ccf.org; (b) (6) partners.org; drshulkin@aol.com; @frenchangel59.com; (b) (6) @kp.org; lper(b) @gmail.com; mbs(b) (6) gmail.com; (b) (6) @mayo.edu; (b) (6) .@jhmi.edu
Subject: Re: (b) (6)
Attachments: MFE_GoldAward_161222_FINAL.docx

Thanks Bruce and everyone. I am pleased to be a part of this worthy effort.
As a side note, I attached a recent recognition that I am proud to be part of as well. Onward,

(b) (6)
Chairman and CEO
Kaiser Foundation Hospitals & Health Plan, Inc.

(b) (6) Fax: (b) (6)

NOTICE TO RECIPIENT: If you are not the intended recipient of this e-mail, you are prohibited from sharing, copying, or otherwise using or disclosing its contents. If you have received this e-mail in error, please notify the sender immediately by reply e-mail and permanently delete this e-mail and any attachments without reading, forwarding or saving them. Thank you.

From: Bruce Moskowitz <brucem(b) (6) mac.com>
To: (b) (6) ccf.org, "(b) (6) M.D." (b) (6) @mayo.edu>, "(b) (6) M. D." <(b) (6) partners.org>, (b) (6) <(b) (6) @jhmi.edu>, IP <(b) @frenchangel59.com>, L Perl <(b) (6) @gmail.com>, drshulkin@aol.com, mbs(b) (6) gmail.com, "(b) (6) <(b) @mayo.edu>
Cc: (b) (6) @KAIPERM, (b) (6) @KAIPERM
Date: 01/24/2017 05:06 PM
Subject: (b) (6)

Caution: This email came from outside Kaiser Permanente. Do not open attachments or click on links if you do not recognize the sender.

Mr. (b) (6) has graciously accepted the opportunity to serve on our committee. His knowledge and expertise in health care will be a most valued resource as we move forward. I urge everyone on the committee to reach out to him personally. Thank you.

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Article for KP Share

Option 1: **Kaiser Permanente Recognized As 2017 Military Friendly Top Ten Gold Employer**

When Dan Modlin joined Kaiser Permanente's Junior Military Officer program in 2015, he didn't expect to be sold on the organization, but that's exactly what happened. "Growing up primarily in New York and New Jersey, I knew little about Kaiser Permanente and wasn't seeking a career in the health care industry but the service aspect of Kaiser Permanente was a major selling point for me," he said. "And after learning about the mission and vision and how Kaiser Permanente is transforming health care in America, I wanted to be a part of that. I haven't been disappointed."

Kaiser Permanente earned the number 3 spot on the 2017 Military Friendly Top Ten Gold Employer list in the nonprofit category for outstanding commitment and programs for the nation's veterans and their families. This marks the second consecutive year that Kaiser Permanente has been recognized as a Military Friendly Employer (MFE) by Victory Media, publisher of G.I. Jobs and other military friendly brands.

"I've been at KP now for more than a year and it has exceeded all my expectations with great leaders and meaningful, challenging work," said Modlin. "It's rare to find an organization you're proud to work for. That's how I felt about the Army. I was proud to be serving a greater cause."

"Supporting veterans, active service members, and their families is a priority for Kaiser Permanente," said Marcus Williams, Military Recruitment Programs leader. "Recognition as a Military Friendly Top Ten Gold Employer is a solid affirmation that we're on the right track."

Marcus praised the commitment and passion of the many people across Kaiser Permanente supporting our employees with military connections as well as veterans and military families in the community.

Kaiser Permanente's Veterans program has come a long way in a short period of time. Since 2013, KP has launched a Junior Military Officer Recruitment program, enhanced the Kaiser Permanente Careers website to provide essential tools to support job applicants with military connections, and built lasting partnerships and strategic alliances that significantly improved how we recruit and support veterans and their families. In October of 2016, Kaiser Permanente was inducted into the Military Spouse Employment Partnership (MSEP), a targeted recruitment and employment solution that creates employment opportunities for military spouses by connecting them with employers who are actively recruiting. MSEP is part of the Department of Defense's Spouse Education and Career Opportunities initiative and was launched in 2011 with the support of Dr. Jill Biden, wife of former Vice President Joe Biden.

If you're a military veteran looking for a career at Kaiser Permanente, join Kaiser Permanente's Military Talent Network to receive information about career opportunities that align with your interests. You can also learn more about why Kaiser Permanente is a great place to work.

If you're a military spouse looking to launch your next career, register on the MSEP site to get started.

Commented [(b)]: KP flags this site as unsafe. I'm waiting for info from Web security about how to remove the block

AMERICAN OVERSIGHT

Message

From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 1/25/2017 2:46:26 AM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
CC: (b) (6) ccf.org; (b) (6) M.D. (b) (6) @mayo.edu]; (b) (6) M. D. [(b) (6) partners.org]; (b) (6) [(b) (6) @jhmi.edu]; IP [@frenchangel59.com]; L Perl [(b) (6) @gmail.com]; David shulkin [drshulkin@aol.com]; (b) (6) [(b) @mayo.edu]; (b) (6) kp.org; (b) (6) @kp.org
Subject: Re: (b) (6)

Mr. (b) (6)

I am one of the few but proud non-MDs on the Advisory Committee. I am a business, financial and restructuring guy. I so look forward to your participation with the group and meeting in person. Thank you for agreeing to join in.

Until we meet,

Marc

Marc Sherman
(b) (6)

On Tue, Jan 24, 2017 at 8:06 PM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:

> Mr. (b) (6) has graciously accepted the opportunity to serve on our committee. His knowledge and expertise in health care will be a most valued resource as we move forward. I urge everyone on the committee to reach out to him personally. Thank you.
>
> Sent from my iPad
> Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/25/2017 1:07:11 AM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
CC: (b) (6) ccf.org; (b) (6) M.D. (b) (6) @mayo.edu]; (b) (6) M. D. [(b) (6) partners.org]; (b) (6) [(b) (6) @jhmi.edu]; IP [@frenchangel59.com]; L Perl [(b) (6) @gmail.com]; mbs(b) (6) gmail.com; (b) (6) [(b) @mayo.edu]; (b) (6) kp.org; (b) (6) @kp.org
Subject: Re: (b) (6)

He is a great addition- thank you Bruce

David

Sent from my iPhone

> On Jan 24, 2017, at 8:06 PM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>
> Mr. (b) has graciously accepted the opportunity to serve on our committee. His knowledge and expertise in health care will be a most valued resource as we move forward. I urge everyone on the committee to reach out to him personally. Thank you.
>
> Sent from my iPad
> Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 1/25/2017 1:06:01 AM
To: (b) (6) ccf.org; (b) (6) M.D. (b) (6) @mayo.edu]; (b) (6) M. D. [(b) (6) partners.org]; (b) (6) [(b) (6) @jhmi.edu]; IP [@frenchangel59.com]; L Perl [(b) (6) @gmail.com]; drshulkin@aol.com; mbs(b) (6) gmail.com; (b) (6) [(b) @mayo.edu]
CC: (b) (6) kp.org; (b) (6) @kp.org
Subject: (b) (6)

Mr. (b) has graciously accepted the opportunity to serve on our committee. His knowledge and expertise in health care will be a most valued resource as we move forward. I urge everyone on the committee to reach out to him personally. Thank you.

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/30/2017 5:56:33 PM
To: Jennifer Lee [(b) (6) @gmail.com]
Subject: Re: (b) (6) (b) (6)

Ok I like these ideas

Sent from my iPhone

> On Jan 30, 2017, at 12:43 PM, Jennifer Lee <(b) (6) e@gmail.com> wrote:
>
> Met with him. We think he could be very helpful here!
> (b) (6) doesn't want to be a political appointee- but what would you think about Deputy CIO in OIT? OIT has IT expertise, but not necessarily health IT/EHR expertise.
>
> I will check in with (b) (6) re CHIO. I do think (b) is still interested but if not (b) (6) could also be good for that role, or maybe ADUSH ((b) (6) me right now).
> we really can use all the help we can get in IT. We have a thin bench and need to completely rebuild the team.
>
>
>

AMERICAN OVERSIGHT

Message

From: Jennifer Lee [(b) (6) @gmail.com]
Sent: 1/30/2017 5:43:30 PM
To: David Shulkin [drshulkin@aol.com]
Subject: (b) (6)

Met with him. We think he could be very helpful here!
(b) (6) doesn't want to be a political appointee- but what would you think about Deputy CIO in OIT? OIT has IT expertise, but not necessarily health IT/EHR expertise.

I will check in with (b) (6) re CHIO. I do think (b) is still interested but if not (b) (6) could also be good for that role, or maybe ADUSH ((b) (6) right now).
we really can use all the help we can get in IT. We have a thin bench and need to completely rebuild the team.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/30/2017 1:32:17 AM
To: Jennifer Lee [(b) (6) @gmail.com]
Subject: Re: henry Ford suicide prevention model worked to reduce suicide

Yes this is great

Sent from my iPhone

On Jan 29, 2017, at 8:23 PM, Jennifer Lee <(b) (6) @gmail.com> wrote:

> Yes! Exactly my plan.
> Just wanted to share that there are good models out there--
> I want to drive the "6 out of 20" down to zero!
> Even if we dont move a single person outside of our system we will have shown that we can make a big impact by changing outcomes w our own pts.
> I am sick of reading those issue briefs.
>
> On Jan 29, 2017 8:00 PM, "David shulkin" <Drshulkin@aol.com> wrote:
> I really like this but They dont really say what they did other than eliminate screening and assessments and improve access. I wonder if its worth calling thrm to get more detail on their efforts
>
> Sent from my iPhone
>
> On Jan 29, 2017, at 7:27 PM, Jennifer Lee <(b) (6) @gmail.com> wrote:
>
> > David,
> > found this great article:
> > http://catalyst.nejm.org/dramatically-reduced-suicide/
> >
> > "The overall result of this transformation was a dramatic and statistically significant 80% reduction in suicide that has been maintained for over a decade, including one year (2009) when they actually achieved the perfection goal of zero suicides."
> >
> > I think we could model our approach after this.
> > will circle back to you soon, but wanted you to know that we are actively working up with fresh approaches to the problem.

AMERICAN OVERSIGHT

Message

From: Jennifer Lee [(b) (6) @gmail.com]
Sent: 1/30/2017 1:23:28 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: henry Ford suicide prevention model worked to reduce suicide

Yes! Exactly my plan.
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Sent from my iPhone

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AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/30/2017 1:00:23 AM
To: Jennifer Lee [(b) (6) @gmail.com]
Subject: Re: henry Ford suicide prevention model worked to reduce suicide

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AMERICAN OVERSIGHT

Message

From: Jennifer Lee [(b) (6) @gmail.com]
Sent: 1/30/2017 12:27:50 AM
To: David Shulkin [drshulkin@aol.com]
Subject: henry Ford suicide prevention model worked to reduce suicide

David,
found this great article:
http://catalyst.nejm.org/dramatically-reduced-suicide/

"The overall result of this transformation was a dramatic and statistically significant 80% reduction in suicide that has been maintained for over a decade, including one year (2009) when they actually achieved the perfection goal of zero suicides."

I think we could model our approach after this.
will circle back to you soon, but wanted you to know that we are actively working up with fresh approaches to the problem.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/26/2017 11:17:46 PM
To: Vivieca Simpson [(b) (6) @gmail.com]
Subject: Re:

Omg

Sent from my iPhone

> On Jan 26, 2017, at 6:12 PM, Vivieca Simpson (b) (6) gmail.com> wrote:
>
> Guess who has been behind closed doors for over an hour planning the future with Rich - Darren.😊

AMERICAN OVERSIGHT

Message

From: Vivieca Simpson [(b) (6)@gmail.com]
Sent: 1/26/2017 11:12:05 PM
To: drshulkin@aol.com

Guess who has been behind closed doors for over an hour planning the future with Rich - Darren.😉

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 1/31/2017 2:21:05 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: Do you want to be picked up at 7:45?

Ok

On Jan 30, 2017 9:20 PM, "David Shulkin" <drshulkin@aol.com> wrote:
8 is good then

Sent from my iPad

On Jan 30, 2017, at 9:16 PM, (b) (6) <(b) (6) @gmail.com> wrote:

No reports it's cancelled

On Jan 30, 2017 9:14 PM, "David Shulkin" <drshulkin@aol.com> wrote:
Tommorow? We have report at 745 right? So 730

Sent from my iPad

> On Jan 30, 2017, at 9:02 PM, (b) (6) <(b) (6) @gmail.com> wrote:
>
> Or 8?

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 1/31/2017 2:20:34 AM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re: Do you want to be picked up at 7:45?

8 is good then

Sent from my iPad

On Jan 30, 2017, at 9:16 PM, (b) (6) <(b) (6) @gmail.com> wrote:

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AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 1/31/2017 2:16:02 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: Do you want to be picked up at 7:45?

No reports it's cancelled

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AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 1/31/2017 2:14:24 AM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re: Do you want to be picked up at 7:45?

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Sent from my iPad

> On Jan 30, 2017, at 9:02 PM, (b) (6) (b) (6) gmail.com> wrote:
>
> Or 8?

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6)@gmail.com]
Sent: 1/31/2017 2:02:55 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Do you want to be picked up at 7:45?

Or 8?

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/7/2017 3:49:15 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re:

Memorable for sure

All characters in an upcoming sat night live show

Ike
(b)
Potus
Preibus

Sent from my iPhone

> On Feb 6, 2017, at 10:16 PM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> Will be an interesting day
>
> Sent from my iPhone
>
>> On Feb 6, 2017, at 9:55 PM, David shulkin <Drshulkin@aol.com> wrote:
>>
>> Sounds like we are meeting with potus at 1045
>>
>> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 2/7/2017 3:16:47 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

Will be an interesting day

Sent from my iPhone

> On Feb 6, 2017, at 9:55 PM, David shulkin <Drshulkin@aol.com> wrote:
>
> Sounds like we are meeting with potus at 1045
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/7/2017 2:54:53 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]

Sounds like we are meeting with potus at 1045

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/28/2017 10:18:22 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
Subject: Re: Ip

Ok - i have not reached out to wharton yet

Sent from my iPhone

> On Jan 28, 2017, at 4:31 PM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>
> If needed ike and I will talk with (b) (6) to make sure the Wharton is assisting you.
> I spoke with The ACP and ACS and they will when we engage them have a plan ready to have membership open appointments and track expedited care. They will work together with us so that medical records are seamless.
> Enjoy the rest of the weekend.
>
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 1/28/2017 9:31:13 PM
To: David shulkin [drshulkin@aol.com]
Subject: Ip

If needed ike and I will talk with (b) (6) to make sure the Wharton is assisting you.
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Enjoy the rest of the weekend.

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/27/2017 9:17:53 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
Subject: Re:

Makes sense to me

Sent from my iPhone

> On Jan 27, 2017, at 3:48 PM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>
> I think we need a separate group of willing hospital systems that will work with the VA. Will defer to your judgement.
>
> Sent from my iPad
> Bruce Moskowitz M.D.
>
>> On Jan 27, 2017, at 3:24 PM, David shulkin <Drshulkin@aol.com> wrote:
>>
>> This is from Ascension- its a large system- we may have enough already but in case you or Ike may be interested
>>
>> David
>>
>> <IMG_3650.JPG>
>>
>>
>>
>> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 1/27/2017 8:48:23 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

I think we need a separate group of willing hospital systems that will work with the VA. Will defer to your judgement.

Sent from my iPad
Bruce Moskowitz M.D.

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>
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> David
>
> <IMG_3650.JPG>
>
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> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/27/2017 8:24:11 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
Attachments: IMG_3650.JPG; Untitled attachment 13563.txt

This is from Ascension- its a large system- we may have enough already but in case you or Ike may be interested

David

AMERICAN OVERSIGHT

January 12, 2017

David J. Shulkin, M.D
Under Secretary of Health
U.S. Department of Veterans Affairs
Veterans Health Administration
810 Vermont Avenue, NW, Room 800
Washington, DC 20420

Dear David,

Congratulations on your nomination as the Secretary of the Veterans Administration. I was thrilled to hear the news, as you and your staff have been so willing to listen to Ascension's input on our experience with the Veterans Choice Program. In fact, we are very excited that Baligh Yehia will be visiting with us in St. Louis on January 30 to discuss additional input on the VA Choice program and areas where we can serve as a resource for the Department.

In the President-elect's announcement of your nomination, he discussed the group of hospital CEOs that he is establishing to provide advice to you on veterans' health issues. We would be delighted to be included in such a group. We are proud of the time and resources that we have invested in becoming a trusted partner to the VA on the Veterans Choice program. We consider serving veterans in partnership with the VA as an important way that we can fulfill our Mission to serve all communities, with a special emphasis on serving those living in poverty and most vulnerable. As a veteran myself, I am especially sensitive to the sacrifices that our veterans have made for their country and believe that they deserve the best healthcare that our nation can provide, whether through the VA health system or the private sector.

Congratulations again on your selection to be the Secretary -- it was an inspired choice by the President-elect. If there is anything that I can do to be of assistance now or in the futu please do not hesitate to call.

Best regards,

(b) (6)

(b) (6)

Ed.D., FACHE, President and Chief Executive Officer
101 South Hanley, Suite 450, St. Louis, MO 63105 | 314-733(b) (6) www.ascension.org

AMERICAN OVERSIGHT

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 1/30/2017 5:00:32 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

I sent you all the forms that were required that we sent in on 1/17.

(b) (6)

On Mon, Jan 30, 2017 at 11:17 AM, (b) (6) <(b) (6) @gmail.com> wrote:
No. What form? I don't recall a former but I'll check on my end.

On Jan 30, 2017 11:04 AM, "David shulkin" <Drshulkin@aol.com> wrote:
From (b) (6) Waiting to hear from WH Counsel. Initial word was you still have to submit an FBI form but they are clarifying

(b) (6) - are we missing a fbi form?

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/30/2017 4:04:21 PM
To: (b) (6) [(b) (6) @gmail.com]

From (b) (6) Waiting to hear from WH Counsel. Initial word was you still have to submit an FBI form but they are clarifying

(b) (6) - are we missing a fbi form?

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/10/2017 2:11:44 AM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re: Letter for review for report

How often do we submit this?

Sent from my iPhone

On Mar 9, 2017, at 8:25 PM, (b) (6) <(b) (6) @gmail.com> wrote:

> Sir, draft letter for cabinet report for review
>
> SECTION 1: DIRECT MESSAGE TO THE PRESIDENT
>
> I appreciate the opportunity I had to meet with you in the Oval Office on Monday. With your leadership and support, I am confident that VA is on a clear path to true reform and modernization. Earlier this week, I testified before the House Veterans Affairs Committee (HVAC) on VA's Community Care Program. As mentioned in our meeting on Monday, due to the hasty implementation, multiple amendments and contract modifications, the current program does not meet the access to care needs for our Veterans. I am pleased that both Senate and House Veterans Affairs Committees are working on legislation to extend the current program beyond August 7, 2017 and introduce new legislation to redesign a more comprehensive program for a more integrated system of care. Additionally, Ms. Vivieca Wright Simpson, VA Chief of Staff and I attended the first Veterans Service Organization (VSO) listening session in the Executive Office Building with the (b) (6) (b) (6) and (b) (6). The VSO's have tremendous capabilities to reach a multitude of stakeholders, their partnership is essential to VA reform.
>
> On Wednesday, I traveled to Palm Beach, Florida to attend the 7th Annual Research and Development Summit. I participated on two panels discussing how to demonstrate value, and address issues impacting research and development decision making in the pharmaceutical industry. I challenged the audience to develop innovative ways to improve how pharma engages with healthcare leaders to help patients obtain greater access to low cost pharmaceuticals, especially for Veterans who suffer from invisible wounds. I had the opportunity to visit the West Palm Beach Medical Center and to speak directly to Veterans and caregivers who were all very satisfied with their care. Veterans approached me on my visit boasting about the same day access for urgent conditions and access to specialty care. While in West Palm Beach, I also visited the South Florida National Cemetery. I learned that the South Florida National Cemetery ranks 17 out of 135 national cemeteries for interments. Later this week, I plan to visit the Miami VA Medical Center and speak directly to Veterans and employees.
>
> Next week, I will speak at the National League of Cities conference and HillVets 100 Gala, both in Washington, DC. I also plan to meet with all of the chairmen and ranking members of the HVAC subcommittees and host a congressional breakfast with the four corners. Later in the week, I will travel to Newark, New Jersey to visit the East Orange VA Medical Center and to Philadelphia, to visit the VA Regional Office.

AMERICAN OVERSIGHT

--
Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/10/2017 2:11:14 AM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Fwd: Letter for review for report

Very good

Lets add this at the end

In followup to our meeting this past week I am preparing several executive orders to improve access to care for veterans. I am also working on refining our eligibility criteria for services and in filling our critical leadership positions.

Sent from my iPhone

Begin forwarded message:

> **From:** (b) (6) <(b) (6) @gmail.com>
> **Date:** March 9, 2017 at 8:25:25 PM EST
> **To:** David Shulkin <drshulkin@aol.com>
> **Subject: Letter for review for report**
>
> reform.

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 3/10/2017 1:25:25 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Letter for review for report

Sir, draft letter for cabinet report for review

SECTION 1: DIRECT MESSAGE TO THE PRESIDENT

(b) (5)

(b) (5)

AMERICAN OVERSIGHT

--
Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/30/2017 5:19:58 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re: Shulkin VA Secretary Nominee - Tab 2 and 4 attached

I dont have his email- can you text him the form?

Sent from my iPhone

On Jan 30, 2017, at 11:57 AM, (b) (6) <(b) (6) @gmail.com> wrote:

> Dr. Shulkin, If you want to forward to (b) (6) FBI form is in here.
>
> (b) (6)
>
> ---------- Forwarded message ----------
> From: (b) (6) <(b) (6) @gmail.com>
> Date: Tue, Jan 17, 2017 at 8:49 AM
> Subject: Shulkin VA Secretary Nominee - Tab 2 and 4 attached
> To: incomingdocs@ptt.gov
>
> Good Morning,
>
> Please find David Shulkin's Tabs 2 and 4 attached.
>
> (b) (6)
>
> On Thu, Jan 12, 2017 at 10:38 AM, David Shulkin <drshulkin@aol.com> wrote:
>
> > Good Morning,
> >
> > Please find the Bio Form TAB 1 attached to set up equip account.
> >
> > David
> > -----Original Message-----
> > From: Shulkin, David J., MD, MD <David.Shulkin@va.gov>
> > To: 'incomingdocs@ptt.gov' <incomingdocs@ptt.gov>
> > Cc: 'David shulkin' <Drshulkin@aol.com>
> > Sent: Thu, Jan 12, 2017 10:33 am
> > Subject: D. Shulkin-Bio Form Tab 1
> >
> > Good Morning,
> >
> > Please find the Bio Form TAB 1 attached to set up equip account.
> >
> > David

AMERICAN OVERSIGHT

<ShulkinTAB1-incomingdocs.pdf>

<Shulkin Tab1, 2, 4.pdf>

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 1/30/2017 4:57:33 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: Shulkin VA Secretary Nominee - Tab 2 and 4 attached
Attachments: ShulkinTAB1-incomingdocs.pdf; Shulkin Tab1, 2, 4.pdf

Dr. Shulkin, If you want to forward to (b) (6) FBI form is in here.

(b) (6)

---------- Forwarded message ----------
From: (b) (6) <(b) (6) @gmail.com>
Date: Tue, Jan 17, 2017 at 8:49 AM
Subject: Shulkin VA Secretary Nominee - Tab 2 and 4 attached
To: incomingdocs@ptt.gov

Good Morning,

Please find David Shulkin's Tabs 2 and 4 attached.

Latriece Prince-Wheeler

On Thu, Jan 12, 2017 at 10:38 AM, David Shulkin <drshulkin@aol.com> wrote:

> Good Morning,
>
> Please find the Bio Form TAB 1 attached to set up equip account.
>
> David
> -----Original Message-----
> From: Shulkin, David J., MD, MD <David.Shulkin@va.gov>
> To: 'incomingdocs@ptt.gov' <incomingdocs@ptt.gov>
> Cc: 'David shulkin' <Drshulkin@aol.com>
> Sent: Thu, Jan 12, 2017 10:33 am
> Subject: D. Shulkin-Bio Form Tab 1
>
> Good Morning,
>
> Please find the Bio Form TAB 1 attached to set up equip account.
>
> David

AMERICAN OVERSIGHT

OFFICE OF THE PRESIDENT-ELECT

Office of Presidential Appointments

APPOINTEE INFORMATION SHEET

NOTICE: Review the instructions attached to this form. Return to the Office of Presidential Appointments as soon as complete. This information is necessary to begin the clearance process. Return via email to Incomingdocs@ptt.gov or contact the office for alternate submission methods.

PART I: TO BE COMPLETED BY POTENTIAL APPOINTEE

1. FULL NAME (Last, First, Middle):	2. SOCIAL SECURITY NUMBER:
SHULKIN, DAVID, Jonathan	(b) (6), (b) (2)

3. CURRENT RESIDENTIAL ADDRESS (Number, Street, City, State, ZIP Code)
(b) (6), (b) (2)

4. VOTING ADDRESS IN 2016 (Number, Street, City, State, ZIP Code)
(b) (6), (b) (2)

5. PLACE OF BIRTH (City, State; if not U.S., state country)	6. GENDER	7. DATE OF BIRTH
(b) (6), (b) (2)	MALE	(b) (6), (b) (2)

8. ETHNIC HERITAGE	9. RACE	10. POLITICAL PARTY
(b) (6), (b) (2)	(b) (6), (b) (2)	

11. HOME PHONE	12. CELL PHONE	13. WORK PHONE
(b) (6), (b) (2)	(b) (6), (b) (2)	202-461-7000

14. PERSONAL EMAIL	15. WORK EMAIL
DRshulkin@aol.com	DAVID.shulkin@va.gov

16. CURRENT POSITION (Title, Company)	17. WORK ADDRESS (Number, Street, City, State, Zip)
Under Secretary for Health, Dept of Veterans Affairs	810 Vermont, Washington DC 20420

18. SPOUSE	19. CHILDREN (2)
(b) (6), (b) (2)	(b) (6), (b) (2)

20. NAME AND HOME STATE (For official announcement and nomination)
DAVID J. SHULKIN M.D. (b) (6), (b) (2)

21. EDUCATION (Degree, Institution, Year) 22. AWARDS (SEE ATTACHED)
(b) (6), (b) (2)

23. MILITARY SERVICE (Rank, Branch, Years)	24. PREVIOUS PRESIDENTIAL APPOINTMENTS
N/A	Under Secretary for Health

PART II: TO BE COMPLETED BY PRESIDENTIAL PERSONNEL

1. POSITION

2. TYPE	3. VICE	4. TERM

5. POTUS APPROVAL	6. SECURITY PACKAGE SENT	7. COUNSEL START

AMERICAN OVERSIGHT

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

[redacted]

AMERICAN OVERSIGHT

OFFICE OF THE PRESIDENT-ELECT

Office of Presidential Appointments

APPOINTEE INFORMATION SHEET

NOTICE: Review the instructions attached to this form. Return to the Office of Presidential Appointments as soon as complete. This information is necessary to begin the clearance process. Return via email to Incomingdocs@ptt.gov or contact the office for alternate submission methods.

PART I: TO BE COMPLETED BY POTENTIAL APPOINTEE

1. FULL NAME (Last, First, Middle): SHULKIN, DAVID, Jonathan	2. SOCIAL SECURITY NUMBER: (b) (6), (b) (2)
3. CURRENT RESIDENTIAL ADDRESS (Number, Street, City, State, ZIP Code) (b) (6), (b) (2)	
4. VOTING ADDRESS IN 2016 (Number, Street, City, State, ZIP Code) (b) (6), (b) (2)	
5. PLACE OF BIRTH (City, State; if not U.S., state country) (b) (6), (b) (2)	6. GENDER MALE / 7. DATE OF BIRTH (b) (6), (b) (2)
8. ETHNIC HERITAGE (b) (6), (b) (2)	9. RACE (b) (6), (b) (2) / 10. POLITICAL PARTY
11. HOME PHONE (b) (6), (b) (2)	12. CELL PHONE (b) (6), (b) (2) / 13. WORK PHONE (b) (6), (b) (2)
14. PERSONAL EMAIL DRshulkin@aol.com	15. WORK EMAIL DAVID.shulkin@va.gov
16. CURRENT POSITION (Title, Company) Under Secretary for Health, Dept of Veterans Affairs	17. WORK ADDRESS (Number, Street, City, State, Zip) 810 Vermont, Washington DC 20420
18. SPOUSE (b) (6), (b) (2)	19. CHILDREN (2) (b) (6), (b) (2)
20. NAME AND HOME STATE (For official announcement and nomination) DAVID J. SHULKIN M.D. (b) (6), (b) (2)	
21. EDUCATION (Degree, Institution, Year) (b) (6), (b) (2)	22. AWARDS (b) (6), (b) (2)
23. MILITARY SERVICE (Rank, Branch, Years) N/A	24. PREVIOUS PRESIDENTIAL APPOINTMENTS Under Secretary for Health

PART II: TO BE COMPLETED BY PRESIDENTIAL PERSONNEL

1. POSITION		
2. TYPE	3. VICE	4. TERM
5. POTUS APPROVAL	6. SECURITY PACKAGE SENT	7. COUNSEL START

AMERICAN OVERSIGHT

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



AMERICAN OVERSIGHT

OFFICE OF COUNSEL THE PRESIDENT-ELECT

MEMORANDUM FOR PROSPECTIVE NOMINEES

This memorandum confirms in writing your express consent for the Federal Bureau of Investigation to investigate your background in connection with the consideration of your application for federal employment.

The information will be used to assess your suitability for federal employment and/or to obtain necessary clearances to assist you in your work. The background information, which includes FBI files, will be disclosed to staff of the Office of the President-elect and to other federal entities to assist in the process of assessing your suitability for federal employment and/or obtaining security clearances. Willfully making a false statement or concealing a material fact may constitute a violation of Title 18, U.S.C. §1001.

If you provide any information which indicates a violation of the law, whether civil, criminal, or regulatory in nature, it will be referred to the appropriate federal, state, local, or foreign agency. Information may also be disclosed as provided in the FBI Privacy Act system notice, Justice/FBI-002, 63 Federal Register 8671.

By volunteering information concerning activities protected by the First Amendment, it will be assumed that you are expressly authorizing the maintenance of this information in the records of any federal agency.

The FBI background investigation will include the collection and use of relevant information in the files of various Federal agencies, and it is necessary that you authorize the disclosure of such information to the FBI if you wish to be considered for Federal employment and/ or appropriate security clearances.

If you consent to such a background investigation and to the disclosure of relevant information by other Federal agencies to the FBI, please sign your name below and return this original memorandum of consent.

Name (print or type) DAVID SHULKIN

Signature _____ Date 1/12/17

AMERICAN OVERSIGHT

Rev. 9/23/08

FEDERAL BUREAU OF INVESTIGATION

Disclosure and Authorization
Pertaining to Consumer Reports
Pursuant to the Fair Credit Reporting Act
(Title 15, U.S. Code, section 1681)

This is a release for the Federal Bureau of Investigation to obtain one or more consumer/credit reports about you in connection with your security clearance eligibility for your employment with the Office of The President-elect, or in the course of your employment with the Federal Government. One or more reports about you may be obtained for employment purposes, including evaluating your fitness for employment, promotion, reassignment, retention, or access to sensitive or classified information. I, DAVID Jonathan Shulkin, hereby authorize the Federal Bureau of Investigation to obtain such reports from any consumer/credit reporting agency for employment purposes.

(Print of Type Full Name)

David J

Signature

1/12/17

Date

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

Social Security Number

AMERICAN OVERSIGHT

Message

From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 4/12/2017 7:12:09 PM
To: David shulkin [drshulkin@aol.com]
CC: IP [@frenchangel59.com]
Subject: Procurement questions

David

The questions that need the review of a procurement lawyer are:

1. Does the existing scheduling (module) contract between the VA and Epic have flexibility in any permissible way to allow for a modification to that contract to expand it for more modules for a VA EMS?
2. Who is the Prime contractor under the DOD contact for their EMS. Is it Cerner, Accenture or another third party?
3. Could a subcontract mod be appended to that Prime contract (or a sub-sub contract to a subcontract) to allow for the Epic product at VA under Cerner, Accenture or another implementer?

Also, let me know when you can speak so we can talk about the procurement lawyer.

Marc

AMERICAN OVERSIGHT

Message

From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 1/27/2017 4:03:41 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
CC: (b) (6) [(b) @mayo.edu]; David shulkin [drshulkin@aol.com]
Subject: Re: Working meeting after announcement

Once I get (b) items, I will add mine and put together (format) a formal agend for your review.

Marc Sherman
(b) (6)

On Jan 27, 2017 7:08 AM, "David shulkin" <Drshulkin@aol.com> wrote:
Six issues right off the top
Of my head are

1. Underutilized facilities- case example blackhills

2. iT- issues related to cloud based system vs cots

3. Public Relations Strategy

4. Supply Chain

5. Shared Services vs. local control

6. Community Care RFP

Sent from my iPhone

> On Jan 27, 2017, at 6:21 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>
> We plan for a four hour meeting after the announcement and if the three of you can work on the agenda it would be appreciated. Thank you
>
> Sent from my iPad
> Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/27/2017 12:08:15 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
CC: mbs(b) (6) gmail.com; (b) (6) [(b) @mayo.edu]
Subject: Re: Working meeting after announcement

Six issues right off the top
Of my head are

1. Underutilized facilities- case example blackhills

2. iT- issues related to cloud based system vs cots

3. Public Relations Strategy

4. Supply Chain

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6. Community Care RFP

Sent from my iPhone

> On Jan 27, 2017, at 6:21 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>
> We plan for a four hour meeting after the announcement and if the three of you can work on the agenda it would be appreciated. Thank you
>
> Sent from my iPad
> Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 1/27/2017 11:21:25 AM
To: mbs(b) (6) gmail.com; drshulkin@aol.com; (b) (6) [(b) @mayo.edu]
Subject: Working meeting after announcement

We plan for a four hour meeting after the announcement and if the three of you can work on the agenda it would be appreciated. Thank you

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: L Perl [(b) (6) @gmail.com]
Sent: 2/14/2017 1:45:54 AM
To: David shulkin [drshulkin@aol.com]
CC: Bruce Moskowitz [brucem(b) (6) mac.com]
Subject: Fwd: FW:

David-- I agree with you!😀 Ike is a genius...
Mazel tov! We know you will be terrific and will transform the VA....

Warmest regards and congratulations! Laurie -and Ike!

-----Original Message-----
From: David shulkin [mailto:Drshulkin@aol.com]
Sent: Monday, February 13, 2017 7:55 PM
To: Ike Perlmutter
Cc: Bruce Moskowitz
Subject:

Ike- you look like a genius (and you are)- 100-0!

Amazing ! Thank you

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/14/2017 12:54:52 AM
To: Ike Perlmutter [(b) (6)@frenchangel59.com]
CC: Bruce Moskowitz [brucem(b) (6) mac.com]

Ike- you look like a genius (and you are)-
100-0!

Amazing ! Thank you

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/3/2017 3:21:47 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Fwd: potus agenda revised
Attachments: POTUS Agenda 3.docx; Untitled attachment 13707.htm

Revised

Sent from my iPhone

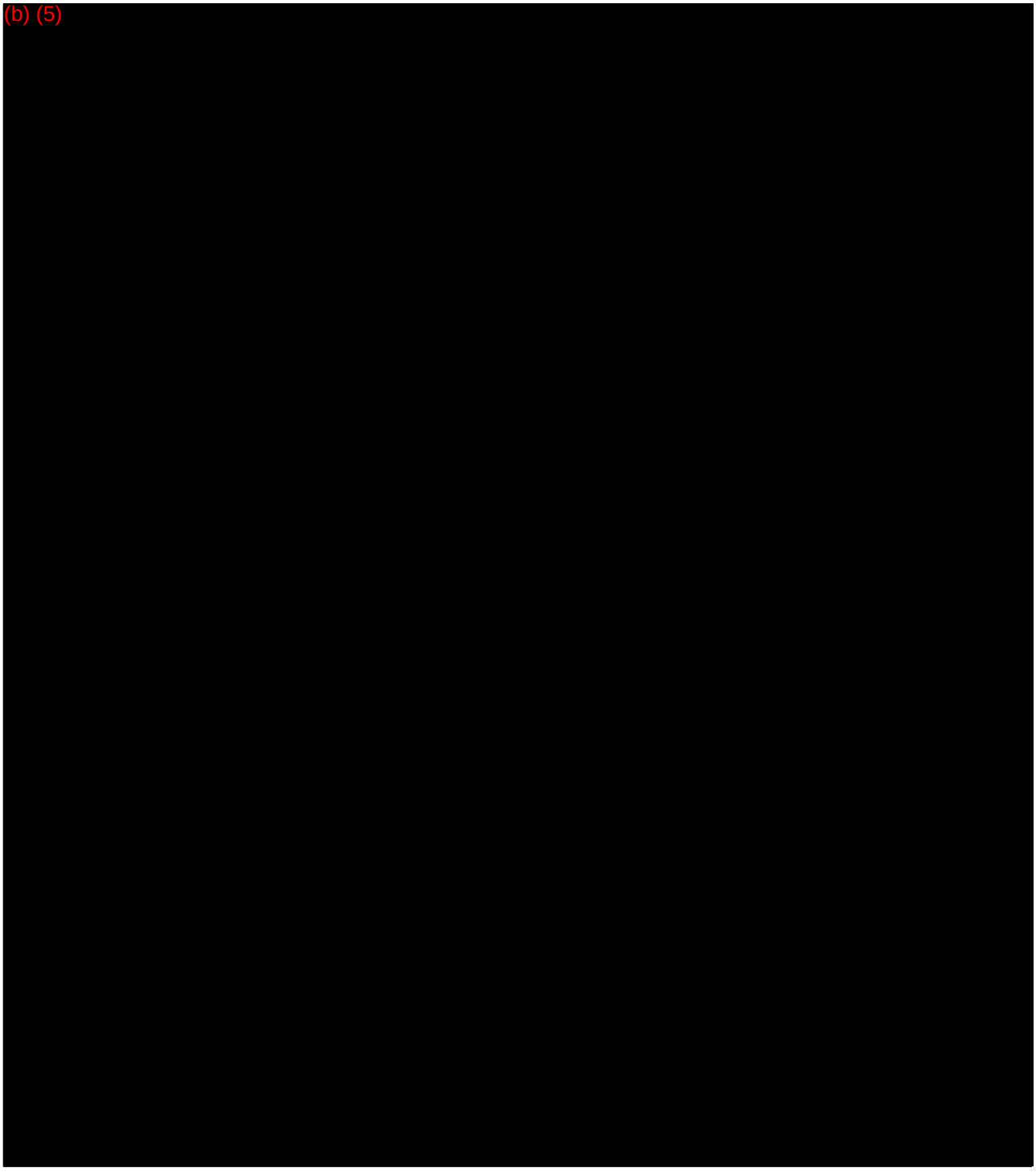
Begin forwarded message:

> **From:** David Shulkin <drshulkin@aol.com>
> **Date:** March 2, 2017 at 10:16:12 PM EST
> **To:** drshulkin@aol.com
> **Subject: potus agenda revised**

AMERICAN OVERSIGHT

POTUS Agenda 3/6/2017

(b) (5)



AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/25/2017 1:07:39 AM
To: Vivieca Simpson [(b) (6) @gmail.com]
Subject: Re:

No never

Sent from my iPhone

> On Jan 24, 2017, at 5:25 PM, Vivieca Simpson <(b) (6) gmail.com> wrote:
>
> Did you give Darren to Rich?

AMERICAN OVERSIGHT

Message

From: Vivieca Simpson [(b) (6)@gmail.com]
Sent: 1/24/2017 10:25:21 PM
To: drshulkin@aol.com

Did you give Darren to Rich?

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/9/2017 7:59:03 PM
To: Ike Perlmutter [[redacted]@frenchangel59.com]
Subject: Fwd: Proposed Committee to the president

Ike- it looks like the attorney feel that the FACA mechanism is the only real option if we want to use the collective opinions of the group. See below.

David

Sent from my iPhone

Begin forwarded message:

> **From:** DJS <vacodjs1@va.gov>
> **Date:** February 9, 2017 at 2:54:56 PM EST
> **To:** 'drshulkin' <drshulkin@aol.com>
> **Subject: FW: Proposed Committee to the President**
>
> Sent with Good (www.good.com)
>
> -----Original Message-----
> **From:** Flanz, Meghan Serwin
> **Sent:** Thursday, February 09, 2017 12:41 PM Eastern Standard Time
> **To:** Shulkin, David J., MD
> **Subject:** FW: Proposed Committee to the President
>
> Dr. Shulkin, we have used the following broad summary to advise previous VA leaders about FACA's coverage. Please let me know if you'd like something more detailed or would like our FACA expert to sit down with you to discuss.
>
> > The Federal Advisory Committee Act (FACA)
> >
> > The Federal Advisory Committee Act (5 U.S.C. App. 2) governs the establishment, management, and termination, and transparency requirements for Federal advisory committees. FACA applies if the President or an executive branch agency establishes or utilizes a group that has non-Federal employees to obtain advice or recommendations. Under the law, a group is "utilized" by the Executive Branch when that group is Federally funded or under the strict management and control of the Executive Branch. A group is under the strict management and control of the Executive Branch if the Executive Branch "appoints [the group's] members, provides staff, sets the [group's] agenda, records the minutes, and maintains [the group's] records." Generally, FACA will not be triggered if (i) the President or an executive branch agency does not establish or utilize the group, (ii) the group provides only individual advice or feedback of a factual nature, or (iii) the group includes only full-time, or permanent part-time, officers or employees of the Federal government.

AMERICAN OVERSIGHT

Meghan Flanz

Interim General Counsel

U.S. Department of Veterans Affairs

810 Vermont Avenue NW

Washington DC 20420

(202) 461-7661

From: (b) (6)
Sent: Wednesday, January 25, 2017 8:46 AM
To: Shulkin, David J., MD
Cc: Hipolit, Richard; Flanz, Meghan Serwin; Bradshaw, Doug
Subject: RE: Proposed Committee to the Secretary

Dr. Shulkin,

I am the OGC attorney assigned to review matters related to the Federal Advisory Committee Act (FACA). Based on the brief description below, it appears that FACA may be implicated. However, I need a little more information about the purpose and membership of the committee to fully review. Is there a point person for the group that I could contact who could provide additional details?

V/r,

(b) (6)

(b) (6)

Staff Attorney

Torts and Administrative Law Group

AMERICAN OVERSIGHT

Office of General Counsel

U.S. Department of Veterans Affairs

810 Vermont Ave., NW

Washington, DC 20420

(b) (6) [redacted]

(b) (6) [redacted]@va.gov

This e-mail is intended only for the person or entity to which it is addressed and may contain information that is privileged, confidential, or otherwise protected from disclosure. Dissemination, distribution, or copying of this e-mail or the information herein by anyone other than the intended recipient, or an employee or agent responsible for delivering the message to the intended recipient, is prohibited. If you have received this e-mail in error, please destroy the original message and all copies and alert the sender of the error so that corrective action may be taken if necessary.

-----Original Message-----
From: Shulkin, David J., MD
Sent: Tuesday, January 24, 2017 09:58 PM Eastern Standard Time
To: Flanz, Meghan Serwin
Subject:

Meghan- the President has started to form an advisory committee to the new incoming Secretary composed of the ceos of kaiser, mayo, johns Hopkins, Harvard etc.

Is there any legal requirement that we should do to structure this in an appropriate way or can it act as an informal advocate advisory group to the President or Secretary?

David

Sent with Good (www.good.com)

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/26/2017 11:10:42 PM
To: Vivieca Simpson [(b) (6) @gmail.com]
BCC: (b) [(b) (6) @hotmail.com]

http://hotair.com/archives/2017/01/25/change-heads-finally-begin-rolling-at-va/

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/25/2017 3:13:05 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
Subject: Re: Committee

Perfect

Sent from my iPhone

> On Jan 25, 2017, at 9:48 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>
> I will arrange a call after the confirmation first with Michael Zinner the chair of American College of Surgeons and Doctor (b) chair of ACP.
>
> Sent from my iPad
> Bruce Moskowitz M.D.
>
>> On Jan 25, 2017, at 9:19 AM, David shulkin <Drshulkin@aol.com> wrote:
>>
>> Sure that would be great
>>
>> Sent from my iPhone
>>
>>> On Jan 25, 2017, at 7:26 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>>>
>>> Aside from the committee it may be worthwhile to consider that the Chair of the American College of Surgeons and the American College of Physicians provide you their assistance, to assist in access and coordination of care when needed. If you decide this would be of benefit to you I will make the introduction.
>>>
>>> Sent from my iPad
>>> Bruce Moskowitz M.D.
>>

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 1/25/2017 2:48:00 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Committee

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Bruce Moskowitz M.D.

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>> Sent from my iPad
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>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/25/2017 2:19:51 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
Subject: Re: Committee

Sure that would be great

Sent from my iPhone

> On Jan 25, 2017, at 7:26 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>
> Aside from the committee it may be worthwhile to consider that the Chair of the American College of Surgeons and the American College of Physicians provide you their assistance, to assist in access and coordination of care when needed. If you decide this would be of benefit to you I will make the introduction.
>
> Sent from my iPad
> Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 1/25/2017 12:26:52 PM
To: David shulkin [drshulkin@aol.com]
Subject: Committee

Aside from the committee it may be worthwhile to consider that the Chair of the American College of Surgeons and the American College of Physicians provide you their assistance, to assist in access and coordination of care when needed. If you decide this would be of benefit to you I will make the introduction.

Sent from my iPad
Bruce Moskowitz M.D.

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/22/2017 11:05:10 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: This week

Ok

Sent from my iPhone

On Jan 22, 2017, at 5:57 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> Of course I will understand- also, please let me know of any meetings you want me to attend with you on Thursday and Friday- including some of the prep stuff, which will ensure that I am consistent with you on all fronts.

From: David Shulkin <drshulkin@aol.com>
Sent: Sunday, January 22, 2017 5:19 PM
To: (b) (6) @hotmail.com
Subject: Re: This week

Ok lets plan on it- I know you'll understand if things get totally crazy- but I would like to do this for sure

-----Original Message-----
From: Poonam Alaigh <(b) (6) @hotmail.com>
To: David Shulkin <drshulkin@aol.com>
Sent: Sun, Jan 22, 2017 2:17 pm
Subject: This week

I will be there Thursday and Friday- let me know if you have time to catch up after work on Thursday- if not, don't worry

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 1/22/2017 10:57:51 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: This week

Of course I will understand- also, please let me know of any meetings you want me to attend with you on Thursday and Friday- including some of the prep stuff, which will ensure that I am consistent with you on all fronts.

From: David Shulkin <drshulkin@aol.com>
Sent: Sunday, January 22, 2017 5:19 PM
To: (b) (6) @hotmail.com
Subject: Re: This week

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-----Original Message-----
From: Poonam Alaigh <(b) (6) @hotmail.com>
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Sent: Sun, Jan 22, 2017 2:17 pm
Subject: This week

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Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 1/22/2017 10:19:55 PM
To: (b) (6) @hotmail.com
Subject: Re: This week

Ok lets plan on it- I know you'll understand if things get totally crazy- but I would like to do this for sure

-----Original Message-----
From: Poonam Alaigh <(b) (6) @hotmail.com>
To: David Shulkin <drshulkin@aol.com>
Sent: Sun, Jan 22, 2017 2:17 pm
Subject: This week

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Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 1/22/2017 7:17:09 PM
To: David Shulkin [drshulkin@aol.com]
Subject: This week

I will be there Thursday and Friday- let me know if you have time to catch up after work on Thursday- if not, don't worry

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/27/2017 9:18:04 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Dr. Raju's next steps

No

Sent from my iPhone

On Jan 27, 2017, at 3:15 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> Did he give you any indication?
>
> Sent from my iPhone
>
> On Jan 27, 2017, at 12:10 PM, David shulkin <Drshulkin@aol.com> wrote:
>
> > Sent from my iPhone
> >
> > Begin forwarded message:
> >
> > **From:** (b) (6) @aol.com
> > **Date:** January 27, 2017 at 11:36:53 AM EST
> > **To:** (b) (6) <DRShulkin@aol.com>
> > **Subject: Fwd: Dr. Raju's next steps**
> >
> > Sent from my iPhone
> >
> > Begin forwarded message:
> >
> > **From:** (b) (6) <(b) (6) @gmail.com>
> > **Date:** January 27, 2017 at 11:24:44 AM EST
> > **To:** (b) (6) <(b) (6) @aol.com>
> > **Subject: Fwd: Dr. Raju's next steps**

From: (b) (6)
Sent: Friday, January 27, 2017 9:56 AM
To: (b) (6)
(b) (6) @nychhc.org>
Subject: RE: Dr. Raju's next steps

AMERICAN OVERSIGHT

Raju to join Northwell Health

Dr. Ram Raju, former chief executive of NYC Health + Hospitals, will become senior vice president and community health investment officer at Northwell Health, a newly created position. In his new role, Raju, who resigned from the city's public health system two months ago, will assess the most vulnerable communities Northwell serves on Long Island, in New York City and in Westchester County. He'll collaborate with community-based organizations to improve the health of those populations. "Ram's vast experience, deep commitment to caring for vulnerable communities and keen understanding of New York's health care delivery system make him the ideal individual to lead our efforts," Michael Dowling, Northwell's president and chief executive, said in a statement. Raju led the financially struggling NYC Health + Hospitals from January 2014 to November 2016. Without improvement, the health system is on track to lose $1.8 billion in fiscal 2020. Raju was traveling Thursday afternoon and unable to respond to *Crain's* request for comment. "My new role with Northwell will enable me to promote, sustain and advance an environment that supports equity and diversity, and help eliminate health disparities within the communities served by Northwell," he said in a statement. —J.L.

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legally privileged. It is intended solely for the addressee(s). If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted to be taken in reliance on this e-mail, is prohibited and may be unlawful. If you have received this E-Mail message in error, notify the sender by reply E-Mail and delete the message.

Best Regards,

(b) (6)

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Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 1/27/2017 8:15:49 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Dr. (b) next steps

Did he give you any indication?

Sent from my iPhone

On Jan 27, 2017, at 12:10 PM, David shulkin <Drshulkin@aol.com> wrote:

> Sent from my iPhone
>
> Begin forwarded message:
>
> **From:** (b) (6) @aol.com
> **Date:** January 27, 2017 at 11:36:53 AM EST
> **To:** (b) (6) <DRShulkin@aol.com>
> **Subject: Fwd: Dr. Raju's next steps**
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> **From:** (b) (6) <(b) (6) @gmail.com>
> **Date:** January 27, 2017 at 11:24:44 AM EST
> **To:** (b) (6) <(b) (6) @aol.com>
> **Subject: Fwd: Dr. Raju's next steps**
>
> **From:** (b) (6)
> **Sent:** Friday, January 27, 2017 9:56 AM
> **To:** (b) (6) (b) (6) @nychhc.org>
> **Subject:** RE: Dr. Raju's next steps
>
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Best Regards,

(b) (6) [redacted]

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/27/2017 5:06:12 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Fwd: Dr. Raju's next steps

Sent from my iPhone

Begin forwarded message:

From: (b) (6) @aol.com
Date: January 27, 2017 at 11:36:53 AM EST
To: (b) (6) <DRShulkin@aol.com>
Subject: Fwd: Dr. Raju's next steps

Sent from my iPhone

Begin forwarded message:

From: (b) (6) <(b) (6) @gmail.com>
Date: January 27, 2017 at 11:24:44 AM EST
To: (b) (6) <(b) (6) @aol.com>
Subject: Fwd: Dr. Raju's next steps

From: (b) (6)
Sent: Friday, January 27, 2017 9:56 AM
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Best Regards,

(b) (6) [redacted]

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/25/2017 11:54:26 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Today

Hold your head high you have much to be proud of

Hiliary was so beaming and smiling at the trump lunch- i know it was hard in her but she would have been much worse if she showed her real emotions

Sent from my iPhone

> On Jan 25, 2017, at 6:10 AM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:
>
> Tom is announcing that I am leaving- it's going to be awkward for sure
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 1/25/2017 11:10:40 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Today

Tom is announcing that I am leaving- it's going to be awkward for sure

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/24/2017 3:07:20 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: All the change

Yup one step at a time

Sent from my iPhone

On Jan 23, 2017, at 9:59 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> David, I am getting a little anxious about everything that is coming my way- having to live in DC, being away from home, giving up so much personally and professionally- I am just taking one step at a time, its not easy dealing with all this change- hopefully we will look back and say it was all worth it.
>
> Its just so scary...but knowing that you are there with me, gives me courage and strength.

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Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 1/24/2017 2:59:10 AM
To: David Shulkin [drshulkin@aol.com]
Subject: All the change

David, I am getting a little anxious about everything that is coming my way- having to live in DC, being away from home, giving up so much personally and professionally- I am just taking one step at a time, its not easy dealing with all this change- hopefully we will look back and say it was all worth it.

Its just so scary...but knowing that you are there with me, gives me courage and strength.

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/9/2017 12:48:13 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: VA emails

It must have been some conversation

Sent from my iPhone

On Mar 9, 2017, at 5:08 AM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> I have only had one conversation with him on the phone- anyway, as you say, one step at a time
>
> Sent from my iPhone
>
> On Mar 8, 2017, at 9:45 PM, David shulkin <Drshulkin@aol.com> wrote:
>
> > Had dinner with bruce and ike tonight at maro lago with (b) (6)
> >
> > Bruce loves you- was telling us that you absolutely have to be ush and no one else will do- he wants ike to call potus tomorrow- ike wants to meet you first - so he can say he knows you
> >
> > Looks like you will get to see marolago as well
> >
> > Im smiling at this whole thing
> >
> > Sent from my iPhone
> >
> > On Mar 8, 2017, at 6:11 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:
> >
> > > If anything personal and meant for just me, please do not use my VA emails since Rachel now has access to my VA emails

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Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 3/9/2017 10:08:40 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: VA emails

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Sent from my iPhone

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AMERICAN OVERSIGHT

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From: David shulkin [Drshulkin@aol.com]
Sent: 3/9/2017 2:45:19 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: VA emails

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AMERICAN OVERSIGHT

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From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 3/8/2017 11:11:13 PM
To: David Shulkin [drshulkin@aol.com]
Subject: VA emails

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AMERICAN OVERSIGHT

Message

From: Wright, Vivieca (Simpson) [Vivieca.Wright@va.gov]
Sent: 1/22/2017 10:49:36 PM
To: 'David Shulkin' [drshulkin@aol.com]; (b) (6) @gmail.com
CC: Shulkin, David J., MD [David.Shulkin@va.gov]
Subject: RE: [EXTERNAL] Senate Questions

This is what the group that I have assembled for the a.m. will do.

From: David Shulkin [mailto:drshulkin@aol.com]
Sent: Sunday, January 22, 2017 5:19 PM
To: (b) (6) @gmail.com; Wright, Vivieca (Simpson)
Cc: Shulkin, David J., MD
Subject: [EXTERNAL] Senate Questions

Here is a response to all questions that I have either edited to the best of my ability and responses to the questions that had my name on it- I think I need people to review these to add or revise to be consistent with what VA is already on record with.

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 1/22/2017 10:18:47 PM
To: (b) (6) @gmail.com; vivieca.wright@va.gov
CC: david.shulkin@va.gov
Subject: Senate Questions
Attachments: senatequestionsmay8.docx

Here is a response to all questions that I have either edited to the best of my ability and responses to the questions that had my name on it- I think I need people to review these to add or revise to be consistent with what VA is already on record with.

AMERICAN OVERSIGHT

Questions for the Record- David Shulkin, M.D.

Questions from Senator Brown

1. The Veterans Access, Choice, and Accountability Act of 2014 is important legislation that needs to be fully implemented. If confirmed, I am committed to seeing that veterans get access to the care they need from within VA and, when not available, from the private sector, as specified by the legislation. Ensuring that veterans have access to the care they need requires a comprehensive operational plan. In this plan, there must be clarity around the policies and processes that are being utilized to access care. Veterans must also be aware of their benefits and how to seek assistance in obtaining care if they need help. The VA must also work to expand partnerships with the private sector and community partners to ensure the seamless coordination of care between VA and non-VA providers. Finally there needs to be an effective monitoring and surveillance plan in place to ensure that the system is working as intended.

2. I am aware of the serious health concerns regarding dioxin exposure in Agent-Orange contaminated aircraft. I have reviewed the Institute of Medicine report on this topic released in January of 2015. The VA must be committed to caring for those that have experienced adverse health events while serving their country. I know there is focused attention currently within VA to address how best to serve the medical care of these reservists. However, since I have not been confirmed at this time, I am not privy to the specific discussions that are ongoing within VA or the timeline to finalize the resolution to this problem. However, if confirmed I would commit to quickly coming up to speed on the internal discussions and briefing the committee on the Department's actions and timelines. It would be my intent to see this issue resolved in the shortest time possible.

3. The efforts to integrate health records between DOD and VA date back several decades and has cost the US taxpayer billions of dollars. Both DOD and VA have renewed their commitments to an electronic exchange of information and for working together to resolve the transfer of information between Departments. However, currently health records take approximately 45 days to reach VA and therefore necessary information is not always available to the VA provider when they are seeing a patient who has recently left the military. As a physician and an administrator, I know the importance of clinicians having access to information about care that has been provided by the previous healthcare provider. Without a seamless transfer of healthcare information, the care provided can be suboptimal. A provider caring for a patient, without the prior record, does not have the ability to know the results of past diagnostic studies, findings from other doctors, and medication history. This lack of information is a quality issue and a patient safety issue. It is my strong belief that this problem must be resolved and, if confirmed, I would commit to work with DOD to find a workable resolution to this issue.

Questions from Senator Sullivan

1. If confirmed as Undersecretary of health for VHA, reducing the rates of veteran suicide would be a top priority. The Clay Hunt Suicide Prevention Act is a good step towards reducing these tragedies. As noted, VA has had success in several of its' programs that are targeted at preventing suicides among veterans. These include the national suicide hotline for veterans, awareness events at VA medical centers and screening and assessing suicide risk. I would continue to support these programs but much more needs to be done. The steps I would take would include, but not limited, to the following: 1) Hiring and training of additional mental health professionals for the VA system including additional suicide prevention coordinators, 2) reducing barriers to accessing help from professionals, 3) strengthening partnerships with community based organizations and other government organizations that have strengths in these areas, 4) better screening programs for depression and alcohol and substance abuse, 5) enhanced surveillance for identifying risk factors among veterans, 6)

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improved medication and non-medication management for depression and anxiety and 7) new research into effective tools and interventions to reduce the burden of behavioral health issues, post traumatic stress, and traumatic brain injury.

2. I have been able to review the publically available information on the GAO's report on VHA. I am familiar with the five general categories of concern that led to the GAO placing VHA on the high risk list (ambiguous policies and inconsistent processes, inadequate training, oversight and accountability issues, unclear resource needs and priorities and information technology). As I stated during my hearing, if confirmed, I would commit that VHA will address these issues and work diligently to come off of the GAO list. If I were to become the Undersecretary for Health, I would seek information on where the Department stands on each of these recommendations, where the gaps may exist to resolve these issues, and a plan and timeline for complying with these recommendations. I have not yet seen each of the specific 100 recommendations, so it is not possible for me to comment specifically on each of them. However, if there are specific recommendations that relate to suicide prevention, these would be prioritized.

3. Reducing wait times and access to care is a critical issue to address within VA. Alaska has appeared to have more successfully addressed the wait time issue than many other parts of the country. Benchmarking data and sharing best practices is an important way that VA can leverage the capabilities that are within the system. Once best practices are identified they should then be implemented and standardized. If confirmed, I would like to learn more about the processes and practices in place in Alaska and share what is learned with other VA facilities across the country.

4. Successful organizations have performance measurement and management systems in place. This then allows those in the system that are performing well to be recognized and rewarded and those that are not meeting the standards to be appropriately addressed as well. The GAO identified that VHA was lacking in oversight and accountability and in consistency in its' processes. These issues need to be addressed and will be essential for VA to establish a culture that serves veterans with the highest quality of care. I do believe in rewards for good performance. Such rewards can either be financial or non-financial. If confirmed, I would seek to learn about what systems are in place within VA to reward and recognize good performance and extraordinary efforts.

5. Changing the culture at VHA will require a number of important steps be taken. As Undersecretary I would support the Secretary's efforts to have all employees recommit to the mission of serving veterans. The culture of an organization is largely determined by the values of the leadership and of its' employees. If confirmed, I would travel to VHA sites throughout the country to connect with medical center leaders and staff to communicate our commitments to veterans and to hear their thoughts and ideas on how we can best support their efforts to care for their patients. I would plan on communicating our goals, performance improvement plans, expectations, and mutual accountabilities. I would commit to clear and fact based decision making by leadership and the inclusion of the workforce and of veterans in how these decisions are made. Culture change requires regular communication, consistency of message, and supporting behaviors that should be encouraged and penalizing behaviors that do not support the mission.

6. If confirmed, I would work to enhance the culture of innovation within VA. Innovation currently exists within VA but needs to be encouraged and nourished. The VA Center for Innovation, established in 2010, works to identify, test, and evaluate new approaches to health care. This Center has done great work and as Undersecretary I would support an expansion of their efforts. My background as an entrepreneur and having started several companies has allowed me to understand the necessary requirements needed to be able to take new ideas and develop them into meaningful initiatives.

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In order to further encourage innovation within VA I would support enhanced infrastructure to help incubate promising new ideas, encourage idea sharing among VA employees and medical staff, further collaborations with academic centers in the areas of discovery and technology, and seek opportunities to partner with the private sector and other government agencies to promote new practice innovations. Given the importance of innovation in our rapidly changing healthcare environment I would ensure that innovators get appropriate attention and support from the central VHA office. Rewarding employees for their ideas and initiative is important. The VHA Intellectual Property policy (Title 37 Code Part 501) and the VA Technology Transfer Program define the rights and responsibilities involved in the disclosure of discoveries and inventions. VA can encourage innovation through its' competitions and recognition programs and in ensuring that innovations are integrated back into the clinical setting to improve the quality of life for veterans.

AMERICAN OVERSIGHT

Message

From: Bowman, Thomas (Veterans Affairs) [T(b) (6) @vetaff.senate.gov]
Sent: 2/1/2017 2:48:36 AM
To: Thomas (Per) Bowman [(b) (6) @yahoo.com]; David Shulkin [drshulkin@aol.com]
Subject: Fwd: IB Letter to President regarding federal hiring freeze and VA
Attachments: image001.jpg; ATT00001.htm; IB Letter to PresidentTrump re Hiring Freeze -January 31, 2017.pdf; ATT00002.htm

FYI.

Sent from my iPhone

Begin forwarded message:

> **From:** (b) (6) <(b) @davmail.org>
> **Date:** January 31, 2017 at 5:55:34 PM EST
> **To:** "Thomas Bowman - SVAC (b) (6) @vetaff.senate.gov)"
> (b) (6) @vetaff.senate.gov>
> **Subject: FW: IB Letter to President regarding federal hiring freeze and VA**
>
> Tom—attached is a letter from the Independent Budget veterans service organizations (DAV, PVA and VFW), sent to President Trump today regarding the hiring freeze and the Department of Veterans Affairs.
>
> (b) (6) **| National Legislative Director**
> Disabled American Veterans
> National Service & Legislative Headquarters| 807 Maine Ave. SW | Washington, D.C. 20024
> Direct Dial: (b) (6) | Main Office: (b) (6) | Fax: (b) (6)

AMERICAN OVERSIGHT



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THE INDEPENDENT BUDGET

A Budget for Veterans by Veterans

www.independentbudget.org

January 31, 2017

The Honorable Donald J. Trump
President of the United States
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear President Trump:

As leaders of The Independent Budget (IB) veterans service organizations (Disabled American Veterans, Paralyzed Veterans of America and Veterans of Foreign Wars), and on behalf of our combined 2.6 million members, we write to respectfully request your support to contemplate the broader effect of the executive order calling for a 90-day federal hiring freeze and allow the entire Department of Veterans Affairs (VA) to continue recruiting and hiring sufficient staff to meet the needs of America's veterans.

As you know, the past few years have been a challenging time for VA, both for its health care and benefits systems. However, as a result of significant Congressional oversight, enactment of new legislation and internal VA transformation, there has been a marked increase in both the quality and timeliness of VA health care and benefits. As these reforms have taken hold, the number of veterans, family members and survivors seeking access has increased. In order to keep up with the rising demand, Congress infused VA with new resources to fill thousands of open positions as well as expand staff to meet critical needs of veterans in areas such as mental health, homelessness, claims and appeals processing. While we are encouraged by the recent news that most clinical positions have been exempted from the hiring freeze, many of non-clinical but nonetheless critical VA positions would remain vacant under this executive order. Of course, not every Veterans Health Administration program may need to hire additional staff, and in fact there are some that may be able to reduce staff, particularly where redundant administrative functions and layers of management can be replaced by clinical staff who serve veterans at the bedside. That said, we believe those decisions should be made by the Secretary and his senior staff without any restrictions from a hiring freeze.

Demand for VA benefits is also increasing. The number of veterans filing claims for disability compensation due to injuries and illnesses incurred in service continues to rise, with about 1.3 million claims processed last year. Despite significant gains in VA's productive capacity resulting from modern technology and automation, the backlog of claims, which had fallen by more than 80% over the past five years, has slowly started to rise again as almost 100,000 veterans are now waiting more than 125 days for their benefits. The number of appeals of claims has risen to over 450,000 and can now take upwards of 3 years for a final decision. In addition, more veterans are applying to VA's vocational rehabilitation program

AMERICAN OVERSIGHT
VA-19-0799-I-002044
DS_00007061

for assistance in preparing for and finding a job or starting a business. VA's educational assistance and home loan guaranty programs continue to help hundreds of thousands of veterans and family members every year. With a 10% annual attrition rate for federal employees, a hiring freeze would actually reduce VA's workforce and thereby significantly decrease its ability to provide even the current level of services and benefits, much less increase to meet rising demand. Unfortunately, even a 90-day hiring freeze would result in more veterans waiting longer to get critical benefits they rely on for their financial security.

We recognize the intention of this executive order is to have every federal department and agency conduct a thorough review of their personnel needs before your new administration makes longer term decisions. However, VA has already received the most intense scrutiny of any cabinet department over the past few years and Congress – in a bipartisan manner – has repeatedly authorized VA to increase staffing for both its health care and benefits programs.

Mr. President, knowing of your consistent strong statements of support for America's veterans, we would respectfully ask that you modify or clarify the executive order to exempt the entire Department of Veterans Affairs from this or any future hiring freeze. We look forward to working closely with you and, once he is confirmed, Secretary Shulkin, over the next four years to fulfill our promises to the men and women who served.

Respectfully,

(b) (6)
(b) (6) ey
National Commander
Disabled American Veterans

(b) (6)
(b) (6)
National President
Paralyzed Veterans of America

(b) (6)
(b) (6)
Commander-in-Chief
Veterans of Foreign Wars
of the United States

Cc. Hon. Robert D. Snyder, Acting Secretary of Veterans Affairs
Hon. Paul Ryan, Speaker of the House
Hon. Nancy Pelosi, House Minority Leader
Sen. Mitch McConnell, Senate Majority Leader
Sen. Charles Schumer, Senate Minority Leader

AMERICAN OVERSIGHT

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Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 1/25/2017 11:57:44 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Military Times

This is sooo awesome- just what I needed to put me in the right frame of mind!!

Sent from my iPhone

On Jan 25, 2017, at 6:55 AM, David shulkin <Drshulkin@aol.com> wrote:

> Sent from my iPhone
>
> Begin forwarded message:
>
> **From:** (b) (6) <(b) (6) @comcast.net>
> **Date:** January 24, 2017 at 10:29:00 PM EST
> **To:** (b) (6) @ptt.gov, (b) (6) @yahoo.com
> **Cc:** David shulkin <drshulkin@aol.com>
> **Subject: Military Times**
>
> See this?
>
> http://www.militarytimes.com/articles/shulkin-confirmation-hearing-easy-path
>
> (b) (6)

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/25/2017 11:54:58 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Fwd: Military Times

Sent from my iPhone

Begin forwarded message:

From: (b) (6) <(b) (6) @comcast.net>
Date: January 24, 2017 at 10:29:00 PM EST
To: (b) (6) @ptt.gov,(b) (6) @yahoo.com
Cc: David shulkin <drshulkin@aol.com>
Subject: Military Times

See this?

http://www.militarytimes.com/articles/shulkin-confirmation-hearing-easy-path

(b) (6)

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 1/31/2017 2:14:40 AM
To: (b) [(b) (6) @hotmail.com]
Subject: Re: (b) (6) and (b) (b) Fox Interviews

Think so

Sent from my iPad

On Jan 30, 2017, at 9:07 PM, (b) (6) <(b) (6) @hotmail.com> wrote:

> Is she on ur side?
>
> Sent from my iPhone
>
> On Jan 30, 2017, at 9:01 PM, David shulkin <Drshulkin@aol.com> wrote:
>
> > See Mccains comments
> >
> > Sent from my iPhone
> >
> > Begin forwarded message:
> >
> > **From:** L Perl <(b) (6) @gmail.com>
> > **Date:** January 30, 2017 at 8:49:12 PM EST
> > **To:** (b) (6) <(b) (6) hopeunseen.com>
> > **Cc:** David shulkin <drshulkin@aol.com>, "(b) (6) M.D." (b) (6) @mayo.edu>, "(b) (6) M. D." <(b) (6) partners.org>, (b) (6) <(b) (6) @jhmi.edu>, "(b) (6) <(b) (6)@mayo.edu>, (b) (6) @kp.org, (b) (6) ccf.org, Bruce Moskowitz <brucem(b) (6) mac.com>, IKE <(b)@frenchangel59.com>
> > **Subject: Re:** (b) (6) **and** (b) (6) (b) (6) **Fox Interviews**
> >
> > (b) (6)
> >
> > You made some terrific progress...excellent work.
> >
> > Our committee has some great ideas for short and long term that we will be sharing with you
> > in the next few days..
> >
> > Additionally, if Ike can be of assistance to you relative to any contract you
> > might be negotiating re your screenplay, please let me know. He is an expert at
> > this.
> >
> > Warmest regards...L

AMERICAN OVERSIGHT

On Mon, Jan 30, 2017 at 1:11 PM, (b) (6)
<(b) (6) hopeunseen.com> wrote:
Laurie,
Thank you for watching and forwarding the Fox news clips along. I think you will really enjoy Hope Unseen :). It has been an heartbreaking and triumphant journey for (b) (6) and I. We worked really hard to get some of it put into a book. We have been humbled by the response to our story. We look forward to continuing to make a positive impact in this country and world. We currently have a screenplay that was just recently completed.

All of the Representatives and Senators received our book this week at the retreat, which is great.

Our meetings were powerful and productive this week. We were able to meet VP Pence and I was able to talk with Kellyanne as well, Veteran issues are definitely on her radar and scope. A Congresswoman was going to make sure that Kellyanne received my WSJ Op-ed.

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Excited to see you soon,

(b) (6)

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AMERICAN OVERSIGHT

How did your retreat meetings go?

Looking forward to seeing you soon.....Best.....Laurie

---------- Forwarded message ----------
From: **L Perl** <(b) (6) @gmail.com>
Date: Mon, Jan 30, 2017 at 9:14 AM
Subject: (b) (6) and (b) (6) (b) (6) Fox Interviews
To: L Perl <(b) (6) @gmail.com>

http://www.fox29.com/good-day/232095936-video

http://video.foxnews.com/v/5299923706001/?playlist_id=930909787001#sp=show-clips

(b) (6)

www.HopeUnseen.com

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Message

From: (b) [(b) (6) @hotmail.com]
Sent: 1/31/2017 2:07:36 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: (b) (6) and (b) (b) Fox Interviews

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(b) (6)
(b) (6)
www.HopeUnseen.com

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/31/2017 2:01:31 AM
To: (b) [(b) (6) @hotmail.com]; Danny [(b) (6) @gmail.com]
Subject: Fwd: (b) (6) and (b) (b) Fox Interviews

See Mccains comments

Sent from my iPhone

Begin forwarded message:

From: L Perl <(b) (6) @gmail.com>
Date: January 30, 2017 at 8:49:12 PM EST
To: (b) (6) <(b) (6) hopeunseen.com>
Cc: David shulkin <drshulkin@aol.com>, "(b) (6) M.D." (b) (6) @mayo.edu>, "(b) (6) M. D." <(b) (6) partners.org>, (b) (6) <(b) (6) @jhmi.edu>, "(b) (6) <(b) (6)@mayo.edu>, (b) (6) @kp.org, (b) (6) ccf.org, Bruce Moskowitz <brucem(b) (6) mac.com>, IKE <(b)@frenchangel59.com>
Subject: Re: (b) (6) **and** (b) (6) (b) (6) **Fox Interviews**

(b) (6)

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AMERICAN OVERSIGHT

(b) (6)
(b) (6)
www.HopeUnseen.com

AMERICAN OVERSIGHT

Message

From: [redacted] M.D. [redacted]@mayo.edu]
Sent: 1/25/2017 2:18:07 PM
To: Bruce Moskowitz [brucem[redacted]mac.com]; [redacted]ccf.org; [redacted] [redacted]1@jhmi.edu]; [redacted] M. D. [[redacted]partners.org]; [redacted] [[redacted]@mayo.edu]; L Perl [[redacted]@gmail.com]; IP [[redacted]@frenchangel59.com]; mbs[redacted]gmail.com; drshulkin@aol.com
Subject: RE: VA Committee Update

Thanks for this summary...good progress, Bruce. Fully support.
John

[redacted] **M.D.**
President and CEO
Mayo Clinic Administration
Mayo Building, East 11
Phone [redacted]
Fax: [redacted]

Mayo Clinic
200 First Street SW
Rochester, MN 55905
www.mayoclinic.org

From: Bruce Moskowitz [mailto:brucem[redacted]mac.com]
Sent: Tuesday, January 24, 2017 9:47 AM
To: [redacted]ccf.org; [redacted] [redacted] M. D.; [redacted] M.D.; [redacted] L Perl; IP; mbs[redacted]gmail.com; drshulkin@aol.com
Subject: VA Committee Update

A few notable activities have taken place in the past week that I wanted you to be aware of. I have outlined them below. If you have any questions or would like to discuss or provide your thoughts on any of them, please don't hesitate to call or provide feedback by way of email.

1. Last week the Perlmutter's and I had the distinct honor to meet with [redacted] and [redacted] is a disable **veteran who was awarded the Purple Heart** and has faced the difficult path of navigating the VA, with many roadblocks. Dr. Shulkin also participated. [redacted] wrote the moving story recently in the WSJ about [redacted] blindness and inability to access care. Both are excited about our work and believe that Dr. David Shulkin and our committee can finally bring the change that President Trump envisions. [redacted] has been an inspirational and passionate public advocate for change in the VA for the benefit of all veterans in need of care like [redacted] Given their experiences, together with their favorable public image, we think that the Smileys would be a positive addition to the Committee and bring needed experiences, views and recognition. Dr. Shulkin agrees.
2. At present, Dr. Shulkin's confirmation hearings are scheduled to commence on January 31.
3. It is expected that the White House will issue a press release announcing the willingness of the committee members to assist in "fixing" the VA and announce the names of those involved. They will determine the timing of the press release.
4. Dr. Shulkin and I are exploring the addition of the CEO of Kaiser Permanente to the committee.
5. **Jared Kushner** suggested that we meet with [redacted] formerly of the White House Digital Services Agency, to explore ideas about IT issues at the VA. **Jared also suggested we meet with [redacted] who will serve as an assistant to the president for intragovernmental and technology**

AMERICAN OVERSIGHT

initiatives,. On Thursday of this week, Marc Sherman is meeting in the White House with her, (b) and others to explore their resources and ideas for addressing the various IT needs of the VA.

We welcome your thoughts on these additions to the committee or any other areas of interest for our discussion.

All the best,

Bruce

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 1/24/2017 3:46:41 PM
To: (b) (6) ccf.org; (b) (6) [(b) (6) @jhmi.edu]; (b) (6) M. D. [(b) (6) partners.org]; (b) (6) M.D. (b) (6) @mayo.edu]; (b) (6) [(b) @mayo.edu]; L Perl [(b) (6) @gmail.com]; IP [(@frenchangel59.com]; mbs(b) (6) gmail.com; drshulkin@aol.com
Subject: VA Committee Update

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We welcome your thoughts on these additions to the committee or any other areas of interest for our discussion.
All the best,
Bruce

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/4/2017 4:37:25 PM
To: (b) (6) @gmail.com
Subject: Re:

I would prefer to wait- I have way too much going on right now

-----Original Message-----
From: (b) (6) <(b) (6) @gmail.com>
To: David Shulkin <drshulkin@aol.com>
Sent: Sat, Feb 4, 2017 11:19 am

Hi,

I've been thinking about how can I grow and be more value added lately. Don't want to sound insensitive bc you have bigger things to worry about, but would mind if I shared what I'd like to do as my next step, next week. If you prefer to wait until your vote before I bring up, totally understand that. I want to be supportive.

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6)@gmail.com]
Sent: 2/4/2017 4:19:18 PM
To: David Shulkin [drshulkin@aol.com]

Hi,

I've been thinking about how can I grow and be more value added lately. Don't want to sound insensitive bc you have bigger things to worry about, but would mind if I shared what I'd like to do as my next step, next week. If you prefer to wait until your vote before I bring up, totally understand that. I want to be supportive.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/25/2017 1:09:00 AM
To: Vivieca Simpson [(b) (6) @gmail.com]
Subject: Re:

Went great

100 percent support

Sent from my iPhone

On Jan 24, 2017, at 4:48 PM, Vivieca Simpson <(b) (6) @gmail.com> wrote:

> How is it going?
>
> On Jan 20, 2017 09:56, "David shulkin" <Drshulkin@aol.com> wrote:
> Thanks- its certainly an amazing journey
>
> Sent from my iPhone
>
> > On Jan 20, 2017, at 8:29 AM, Vivieca Simpson <(b) (6) @gmail.com> wrote:
> >
> > Enjoy the day! We have a lot of work ahead. We have the briefings ready for next week. I plan to go in on Sunday - let me know if you need anything.

AMERICAN OVERSIGHT

Message

From: Vivieca Simpson [(b) (6) @gmail.com]
Sent: 1/24/2017 9:48:35 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

How is it going?

On Jan 20, 2017 09:56, "David shulkin" <Drshulkin@aol.com> wrote:

> Thanks- its certainly an amazing journey
>
> Sent from my iPhone
>
> > On Jan 20, 2017, at 8:29 AM, Vivieca Simpson <(b) (6) @gmail.com> wrote:
> >
> > Enjoy the day! We have a lot of work ahead. We have the briefings ready for next week. I plan to go in on Sunday - let me know if you need anything.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/20/2017 2:56:23 PM
To: Vivieca Simpson [(b) (6) @gmail.com]
Subject: Re:

Thanks- its certainly an amazing journey

Sent from my iPhone

> On Jan 20, 2017, at 8:29 AM, Vivieca Simpson [(b) (6) gmail.com> wrote:
>
> Enjoy the day! We have a lot of work ahead. We have the briefings ready for next week. I plan to go in on Sunday - let me know if you need anything.

AMERICAN OVERSIGHT

Message

From: Vivieca Simpson [(b) (6) @gmail.com]
Sent: 1/20/2017 1:29:15 PM
To: drshulkin@aol.com

Enjoy the day! We have a lot of work ahead. We have the briefings ready for next week. I plan to go in on Sunday - let me know if you need anything.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/2/2017 1:31:22 PM
To: (b) (6) [(b) (6) @gmail.com]

Can you get me secretary Choa's email?

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/23/2017 6:36:05 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re: Emails

Lets do the davidshulkin1

Sent from my iPhone

On Jan 23, 2017, at 1:11 PM, (b) (6) <(b) (6) @gmail.com> wrote:

> Which one is good?
>
> On Mon, Jan 23, 2017 at 1:10 PM David shulkin <Drshulkin@aol.com> wrote:
> Thats good
>
> Sent from my iPhone
>
> On Jan 23, 2017, at 12:09 PM, (b) (6) <(b) (6) @gmail.com> wrote:
>
> > if there is time today or tomorrow - lets see if we can discuss your emails
> >
> > IT is recommending that we create a new email for you - David.Shulkin1@va.gov as your new private account, and we manage the public account.
> >
> > in order for them to reinstall the Native Client - which allows you to use 2 emails, we would need to do a memo requesting to use the Native client.
> >
> > -or -
> > we could have DJS installed on your phone and remove David.Shulkin@va.gov, but have all of the David.Shulkin@va,gov emails forwarded to your DJS in a separate folder.
> >
> > (b) (6)
>
> --
> Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 1/23/2017 6:11:39 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Emails

Which one is good?

On Mon, Jan 23, 2017 at 1:10 PM David shulkin <Drshulkin@aol.com> wrote:

Thats good

Sent from my iPhone

On Jan 23, 2017, at 12:09 PM, (b) (6) <(b) (6) @gmail.com> wrote:

> if there is time today or tomorrow - lets see if we can discuss your emails
>
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>
> in order for them to reinstall the Native Client - which allows you to use 2 emails, we would need to do a memo requesting to use the Native client.
>
> -or -
> we could have DJS installed on your phone and remove David.Shulkin@va.gov, but have all of the David.Shulkin@va,gov emails forwarded to your DJS in a separate folder.
>
> (b) (6)

--
Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/23/2017 6:10:54 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re: Emails

Thats good

Sent from my iPhone

On Jan 23, 2017, at 12:09 PM, (b) (6) <(b) (6) @gmail.com> wrote:

> if there is time today or tomorrow - lets see if we can discuss your emails
>
> IT is recommending that we create a new email for you - David.Shulkin1@va.gov as your new private account, and we manage the public account.
>
> in order for them to reinstall the Native Client - which allows you to use 2 emails, we would need to do a memo requesting to use the Native client.
>
> -or -
> we could have DJS installed on your phone and remove David.Shulkin@va.gov, but have all of the David.Shulkin@va,gov emails forwarded to your DJS in a separate folder.

(b) (6)

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 1/23/2017 5:09:59 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Emails

if there is time today or tomorrow - lets see if we can discuss your emails

IT is recommending that we create a new email for you - David.Shulkin1@va.gov as your new private account, and we manage the public account.

in order for them to reinstall the Native Client - which allows you to use 2 emails, we would need to do a memo requesting to use the Native client.

-or -
we could have DJS installed on your phone and remove David.Shulkin@va.gov, but have all of the David.Shulkin@va,gov emails forwarded to your DJS in a separate folder.

(b) (6)

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/29/2017 9:29:18 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
Subject: Re: IT Wish List

Perfect

Sent from my iPhone

On Jan 29, 2017, at 4:00 PM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:

> Excellent can I use these ideas and incorporate them in a document that Ike and I are preparing for (b) (6) We would word it that the following is directly from Dr Shulkin that needs assistance from your team at Apple.
>
> Sent from my iPad
> Bruce Moskowitz M.D.
>
> On Jan 29, 2017, at 3:40 PM, David Shulkin <drshulkin@aol.com> wrote:
>
> > For IT- my hope would be to identify a group composed of technology industry leaders that would
> > have dedicated thought leaders and programmers to impact some of the following issues:
> >
> > -Cloud based interoperability for clinical information between VA providers, community providers, and veterans
> >
> > - Smart phone based applications for veterans to receive care (tele-medicine) and care options
> >
> > - Scheduling options for appointment making (we do have some options on the table that need to be validated)
> >
> > - Validation of a concept called a Digital Health Platform (we have a protype) to plot out the future direction of VA's EMR
> >
> > - Reduce the reliance of veterans to use the phone (we have 1000 call centers if you can believe that) and we cannot answer the phone.
> > Just think of the number of calls we are going to get with the President's new hot line- I would rather that be more web based.
> >
> > - Technology solutions to the stubborn medical issues plaguing
> > veterans- Suicide, PTSD, Depression, Drug Use, Pain, Isolation
> >
> > - Solutions for veterans to find jobs, vocational training and educational opportunities (GI Bill)
> >
> > - And Finally but certainly not least- something better than USAjobs.gov so that potential employees can match up with job positions that we have to fill. Its currently not very user friendly.
> >

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 1/29/2017 9:00:46 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: IT Wish List

Excellent can I use these ideas and incorporate them in a document that Ike and I are preparing for (b) (6)
We would word it that the following is directly from Dr Shulkin that needs assistance from your team at Apple.

Sent from my iPad
Bruce Moskowitz M.D.

On Jan 29, 2017, at 3:40 PM, David Shulkin <drshulkin@aol.com> wrote:

> For IT- my hope would be to identify a group composed of technology industry leaders that would have dedicated thought leaders and programmers to impact some of the following issues:
>
> -Cloud based interoperability for clinical information between VA providers, community providers, and veterans
>
> - Smart phone based applications for veterans to receive care (tele-medicine) and care options
>
> - Scheduling options for appointment making (we do have some options on the table that need to be validated)
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> - Validation of a concept called a Digital Health Platform (we have a protype) to plot out the future direction of VA's EMR
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> - Reduce the reliance of veterans to use the phone (we have 1000 call centers if you can believe that) and we cannot answer the phone.
> Just think of the number of calls we are going to get with the President's new hot line- I would rather that be more web based.
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> - Technology solutions to the stubborn medical issues plaguing veterans- Suicide, PTSD, Depression, Drug Use, Pain, Isolation
>
> - Solutions for veterans to find jobs, vocational training and educational opportunities (GI Bill)
>
> - And Finally but certainly not least- something better than USAjobs.gov so that potential employees can match up with job positions that we have to fill. Its currently not very user friendly.
> '

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 1/29/2017 8:40:49 PM
To: brucem(b) (6) mac.com
Subject: IT Wish List

For IT- my hope would be to identify a group composed of technology industry leaders that would have dedicated thought leaders and programmers to impact some of the following issues:

-Cloud based interoperability for clinical information between VA providers, community providers, and veterans

- Smart phone based applications for veterans to receive care (tele-medicine) and care options

- Scheduling options for appointment making (we do have some options on the table that need to be validated)

- Validation of a concept called a Digital Health Platform (we have a protype) to plot out the future direction of VA's EMR

- Reduce the reliance of veterans to use the phone (we have 1000 call centers if you can believe that) and we cannot answer the phone.
Just think of the number of calls we are going to get with the President's new hot line- I would rather that be more web based.

- Technology solutions to the stubborn medical issues plaguing veterans- Suicide, PTSD, Depression, Drug Use, Pain, Isolation

- Solutions for veterans to find jobs, vocational training and educational opportunities (GI Bill)

- And Finally but certainly not least- something better than USAjobs.gov so that potential employees can match up with job positions that we have to fill. Its currently not very user friendly.
'

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/2/2017 5:42:09 PM
To: (b) (6) [(b) (6) @msn.com]
BCC: (b) (6) [(b) (6) @gmail.com]
Subject: Re: Recognition continues

Ill be glad to consider this (b)

My office will be in touch

Sent from my iPhone

On Feb 2, 2017, at 12:40 PM, (b) (6) (b) (6) @msn.com> wrote:

> David just saw that you were included in the elite company of the Executive Mosaic 2017 Washington most remarkable 100.
>
> Congrats and I understand once you have the certificate you are eligible to get a cup of Starbucks coffee for $1.79; however value of all cups need to be reported on your tax return.
>
> Was going to wait until things calmed down with new administration's transition but that appears to not be in sight any time soon.
>
> In addition to your selection for the Hospital Planning and Marketing Society of NJ's achievement award, any possibility you might want to be our keynote speaker? You certainly would have much to share.
>
> I'll let you think about it. The HPMSNJ Annual meeting will be December 1, 2017 in Princeton. If a go, I'll treat you to a Starbucks coffee.
>
> Best regards
>
> (b)
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 1/24/2017 10:05:59 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Next week

Great- will plan to be there for the hearing on Tuesday and Wednesday then - so glad its next week!!!

Sent from my iPhone

> On Jan 24, 2017, at 3:56 PM, David shulkin <Drshulkin@aol.com> wrote:
>
> Hearing 2/1
>
> Sent from my iPhone
>
>> On Jan 24, 2017, at 6:46 AM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>>
>> K- then I will not make my travel arrangements to DC next week until we know - thanks
>>
>> Sent from my iPad
>>
>>> On Jan 24, 2017, at 6:27 AM, David shulkin <Drshulkin@aol.com> wrote:
>>>
>>> Lets see when it is
>>>
>>> Sent from my iPhone
>>>
>>>> On Jan 24, 2017, at 6:22 AM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>>>>
>>>> Do you want me to be there at your hearing or should I just watch it
>>>>
>>>> Sent from my iPad
>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/24/2017 8:56:42 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Next week

Hearing 2/1

Sent from my iPhone

> On Jan 24, 2017, at 6:46 AM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> K- then I will not make my travel arrangements to DC next week until we know - thanks
>
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>>>
>>> Do you want me to be there at your hearing or should I just watch it
>>>
>>> Sent from my iPad

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 1/24/2017 11:46:15 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Next week

K- then I will not make my travel arrangements to DC next week until we know - thanks

Sent from my iPad

> On Jan 24, 2017, at 6:27 AM, David shulkin <Drshulkin@aol.com> wrote:
>
> Lets see when it is
>
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>
>> On Jan 24, 2017, at 6:22 AM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>>
>> Do you want me to be there at your hearing or should I just watch it
>>
>> Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/24/2017 11:27:58 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Next week

Lets see when it is

Sent from my iPhone

> On Jan 24, 2017, at 6:22 AM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> Do you want me to be there at your hearing or should I just watch it
>
> Sent from my iPad

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 1/24/2017 11:22:01 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Next week

Do you want me to be there at your hearing or should I just watch it

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/22/2017 11:03:47 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
Subject: Re: Ip

Excellent

Sent from my iPhone

On Jan 22, 2017, at 5:38 PM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:

> He said if you need help convincing him to let us know. To him it is the best choice.
>
> Also after confirmation Laurie Perlmutter and I will convince Terry Fadem to assist you with Technology Transfer. She knows him personally also and he will not say no to her, no matter what his commitments are.
> Finally if you need more from Wharton then what the dean offers let us know.
>
> Sent from my iPhone
>
> On Jan 22, 2017, at 4:34 PM, David Shulkin <drshulkin@aol.com> wrote:
>
> > http://www.modernhealthcare.com/community/top-25-minority/2016/
> >
> > Bruce I will call you
> >
> > Sent from my iPad
> >
> > On Jan 22, 2017, at 3:05 PM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
> >
> > > http://www.uchospitals.edu/physicians/patricia-turner.html
> > >
> > > Sent from my iPad
> > > Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 1/22/2017 10:38:12 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Ip

He said if you need help convincing him to let us know. To him it is the best choice.

Also after confirmation Laurie Perlmutter and I will convince Terry Fadem to assist you with Technology Transfer. She knows him personally also and he will not say no to her, no matter what his commitments are. Finally if you need more from Wharton then what the dean offers let us know.

Sent from my iPhone

On Jan 22, 2017, at 4:34 PM, David Shulkin <drshulkin@aol.com> wrote:

> http://www.modernhealthcare.com/community/top-25-minority/2016/
>
> Bruce I will call you
>
> Sent from my iPad
>
> On Jan 22, 2017, at 3:05 PM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>
> > http://www.uchospitals.edu/physicians/patricia-turner.html
> >
> > Sent from my iPad
> > Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/27/2017 12:08:42 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: LinkedIn

He is going to come in to see us

Sent from my iPhone

> On Jan 27, 2017, at 5:53 AM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:
>
> Should I have a conversation with him on the phone
>
> Sent from my iPhone
>
>> On Jan 26, 2017, at 5:54 PM, David Shulkin <drshulkin@aol.com> wrote:
>>
>> lets consider
>>
>>
>> -----Original Message-----
>> From: (b) (6) <(b) (6) @gmail.com>
>> To: DrShulkin <DrShulkin@aol.com>
>> Sent: Thu, Jan 26, 2017 4:39 pm
>> Subject: Re: LinkedIn
>>
>> Dear David,
>>
>> We spoke about a year ago through LinkedIn.
>>
>> As you may know, I led IBM's global healthcare consumerism, access, and engagement consulting group.
>>
>> Having learned that IBM wanted me to sell IBM products instead of consulting to providers, I have returned to the international customer experience consulting firm that I founded and ran for twenty years.
>>
>> I would, however, welcome the opportunity to be considered to join your team at the VA. I've met with a number of your colleagues to discuss ways to rethink patient access and engagement both through call centers and through the creation of a patient-centered portal using human-centered design.
>>
>> The brief attached deck describes how I think about the issues.
>> My best,
>>
[https://docs.google.com/uc?export=download&id=0B9NpFc8jzFjfa0tkaXozZlU0TE0&revid=0B9NpFc8jzFjfVkVaODVxdWVuNFFZMzczUXZLbURmWXo1ZkNFPQ]
>>
[https://static.wixstatic.com/media/361667_d1af779530684765ae52edad5c8838c5.jpg/v1/fill/w_249,h_110,al_c,q_80,usm_0.66_1.00_0.01/361667_d1af779530684765ae52edad5c8838c5.jpg]<http://palerhinoconsulting.com>
>> [http://www.circleofexistence.com/bodytao/img/linkedin-logo.png][https://s.w.org/about/images/logos/wordpress-logo-32-blue.png]<http://healthcareitstrategy.com>[https://encrypted-tbn1.gstatic.com/images?q=tbn:ANd9GcQp8FnQ6E0PoObIuCpa2eMXHVupIqF4eK4xI4tn1rJI31_HJjVRyA]<http://twitter.com/(b) (6) >
>>
>>
>>
>>
>>
>> (b) (6)
>> Pale Rhino Consulting, Chief Imaginist
>> 1475 Luna Drive, Downingtown, PA 19335
>> (b) (6)
>>
>>
>> <consumerism access & engagement.pdf>

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 1/26/2017 10:53:43 PM
To: (b) (6) @hotmail.com
Subject: Fwd: LinkedIn
Attachments: consumerism access & engagement.pdf

lets consider

-----Original Message-----
From: (b) (6) <(b) (6) @gmail.com>
To: DrShulkin <DrShulkin@aol.com>
Sent: Thu, Jan 26, 2017 4:39 pm
Subject: Re: LinkedIn

Dear David,

We spoke about a year ago through LinkedIn.

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The brief attached deck describes how I think about the issues.

My best,



(b) (6)
Pale Rhino Consulting, Chief Imaginist
1475 Luna Drive, Downingtown, PA 19335
(

AMERICAN OVERSIGHT

paleRHINO

UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

The last, best consumer experience anyone has anywhere

Becomes their minimum expectation for the healthcare experiences they want everywhere

AMERICAN OVERSIGHT

Most Experiences Occur Outside Of The Hospital

Kevin Mahoney (Paraphrased) *"We're using human-centered-design to design great experiences in the facility. To attract, acquire and retain patients, we need to design the same high quality experiences for everyone when they are not in the facility."*



How Does Marketing's Create A 4X ROI?

- Content *marketing* provides information to people…
- Marketing tries to *purchase* their attention
- *In healthcare, being effective is not marketing or selling…it's connecting—providing value*



- Health systems market to a demographic—outbound ***marketing***
- In the digital world, content marketing is ***inbound***—patients go find what they need

AMERICAN OVERSIGHT

VA-19-0799-I-002087

DS_00007104

How Does Marketing's Create A 4X ROI?

- Traditional marketing addresses prospective patients as though they were all gathered together in a stadium
- Yet when people interact with you they are alone
- Instead of content for groups, it should be connecting with an individual



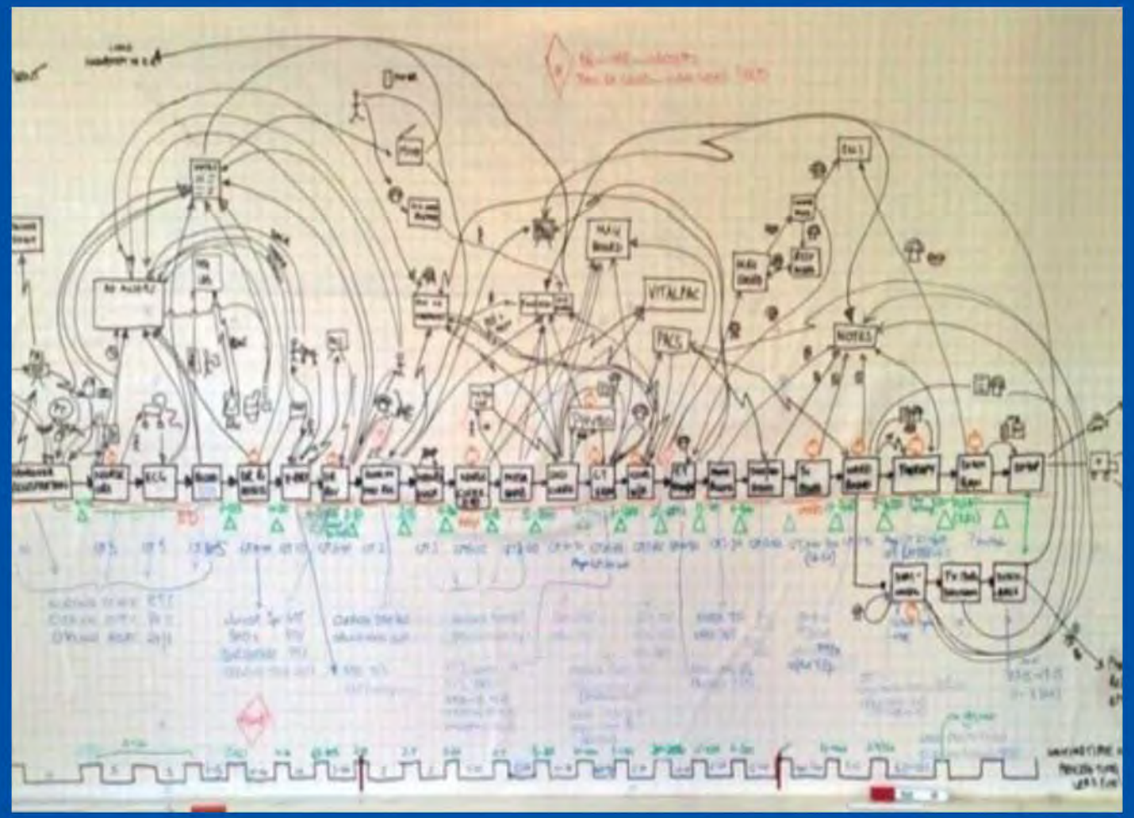
AMERICAN OVERSIGHT

VA-19-0799-I-002088
DS_00007105

"Your Call May Be Recorded For Quality Purposes"

This is not *connecting*

72% of prospective patients go online before doing anything else: Pew Online Research



Provider Patient & Customer Experience Has Four Fatal Flaws

1. It ignores most customers—caregivers, family members, referring physicians
2. It ignores where most experiences occur—before and after treatment
3. It was never designed
4. It ignores customer expectations

HCAHPS







Will I buy care from you?
(Leakage here is 100 times greater)

Will I buy from you again?

AMERICAN OVERSIGHT

VA-19-0799-I-002090

DS_00007107

How Do Patients & Customers Access & Engage Today?











AMERICAN OVERSIGHT

Patient & Customer Access & Engagement Today…

Gen Xers & Millennials Don't Want To Call Anyone…

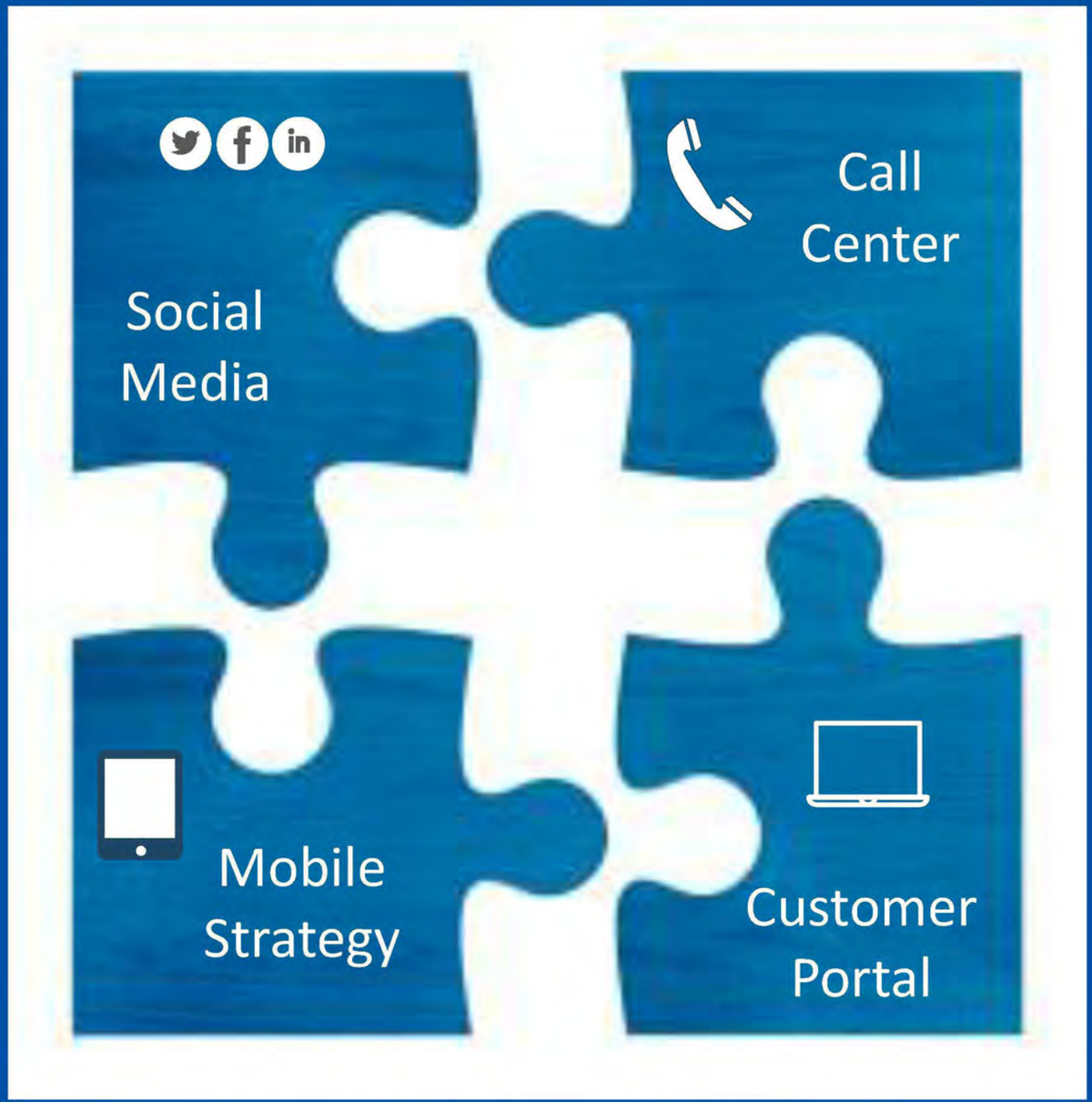
…Ever



A remarkable experience for every patient every time (on any device)

AMERICAN OVERSIGHT

Access & Engagement Tomorrow…Must Be Omni-Channel



A remarkable experience for every patient every time (on any device)

AMERICAN OVERSIGHT
VA-19-0799-I-002093
DS_00007110

Customers Don’t Want…

- Better faxing processes
- Quicker responses to snail mail
- Faster talk times

67% of callers are frustrated before they even make the call

75% of callers are frustrated after they speak with an agent

50% of callers did not find what they needed on your website



AMERICAN OVERSIGHT

How Do Customers Rate Access & Engagement?



A remarkable experience for every patient every time (on any device)

AMERICAN OVERSIGHT

What Are The ROIs Of Recasting Customer Access & Engagement?

- Increase Patient Acquisition
- Improve Care Management
- Improve Retention & Referrals
- Reduce Cancellations & No-Shows
- Reduce Back Office Support Costs
- Reduce Leakage
- Reduce Admissions & Readmissions
- Accountable Care & Population Health

AMERICAN OVERSIGHT

VA-19-0799-I-002096

DS_00007113

Customers Have To Work Hard To Meet Their Needs

- Find the phone number
- Find my account number
- Use the IVR—'Your call may be recorded for quality purposes'
- Wait on hold, Be transferred, Wait on hold
- Identify myself
- Repeat my information
- Fight business rules that conflict with their needs
- Hope the agent does what they need done
- Rinse and repeat



AMERICAN OVERSIGHT

VA-19-0799-I-002097

Customer Experience…

The future started a decade ago. The best CX firms recognize:

- The experience must be consistent across channels
- Experience must be designed to meet expectations
- Web and mobile usage have overtaken all other channels
- 56% of adults use online communities
- Web Chat provides a low friction, non emotional interaction with an agent
- Call centers have become the escalation channel
- Customers use an average of three channels to resolve customer issues

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What Do Customers Do If…?

- They do not want to call
- The hours are not helpful
- Calling isn't efficient or effective
- The agents can't meet their needs
- They've called repeatedly to meet their needs



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VA-19-0799-I-002099

What Do Customers Do If They Don't Want To Call…?

"But we have a website…"

- It's like a big online brochure
- Hundreds of links
- Dozens of phone numbers
- Plenty to read
- Nothing to do



AMERICAN OVERSIGHT

VA-19-0799-I-002100

DS_00007117

What Do Customers Do If They Don't Want To Call…?

"But we have a Patient Portal…"

- It's okay if you are in the EMR
- It offers zero functionality for family members, Caregivers, & prospective patients (customers)
- It does not allow people to complete non care-related tasks



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How Do *Companies* Usually Measure CX Success?

- Average handle time
- Average talk time
- Percent of repeat calls
- Percent of abandoned calls
- Average wait time



Companies measure efficiency—speed. Success is equated to the call, not the caller.



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How Do *Customers* Measure CX Success?

- Customers want to be able to conduct as much of their business as possible via a mobile, cognitive portal
- Many customers want Average Handle Time to be Zero
- I want to solve my issue without speaking to you
- Give me with real-time answers via chat and video



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The Ideal Customer Experience…

"A remarkable experience for every person, every time, at any time, and on any device"









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The Time Invested By A Customer Is A Key Component Of Their Satisfaction

Time spent online and by phone

Multiple calls to several people

Routing requests through multiple calls and faxes through several people over several days

Total time to complete a task

Actual time needed to complete the task



AMERICAN OVERSIGHT

VA-19-0799-I-002105

DS_00007122

What Do Consumers Question?

- Why do I have to call?
- Why can't I do everything I need online?
- Why can't I do it when I want on a device I want?
- Why don't you know me?
- Why didn't you ask me what I expect?



VA-19-0799-I-002106

DS_00007123

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What Are The Top CX Challenges?

- 54% say meeting the CX ROI
- 51% say creating s single view of the customer
- 51% sat creating the new CX
- 50% say creating a customer focused organization
- 47% say connecting CX investment to business outcomes

(HBR)



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VA-19-0799-I-002107

What Are The Biggest Obstacles?

- 41% systems integration
- 37% omni channel complexity
- 33% organizational
- 33% data integrity
- 32% lack of effective strategy & plan

(HBR)



AMERICAN OVERSIGHT

VA-19-0799-I-002108

DS_00007125

Tying CX To Business Outcomes?

- Businesses with a defined omni channel CX strategy and plan found it to be 67% easier to implement sustained CX improvement
- Leading-edge CX approaches outperform on desired business outcomes by almost double
- The best firms use analytics more effectively

(HBR)



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Good Consumerism Is

a strategic tool to drive care, wellness, acquisition & retention



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What Does Remarkable CX Look Like?

The best CX must be Omni-Channel

- Customers demand a choice in access and experience
- Mobile-First—go mobile or go home
- Natural Language processing of select call types
- Effective real-time online and video chat
- Real-time email exchange
- Self-help for simple issues



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Remarkable CX Must Be Designed To Be Effective

Most customer experiences were never designed, they simply evolved.

- Design a remarkable experience requires asking customers what they want
- CX & PX must be contextually relevant
- Design Thinking meets customer expectations
- CX & PX should provide a consistent experience across channels

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What if Consumers & Patients Could Design Their Access?

- 24 x 7 real-time access & engagement
- User-Centered-Design for a great user experience
- Reduces the number of calls & repeat calls
- Triples the customer service hours
- Increases customer acquisition & retention
- Increases customer satisfaction
- Reduces cost per contact



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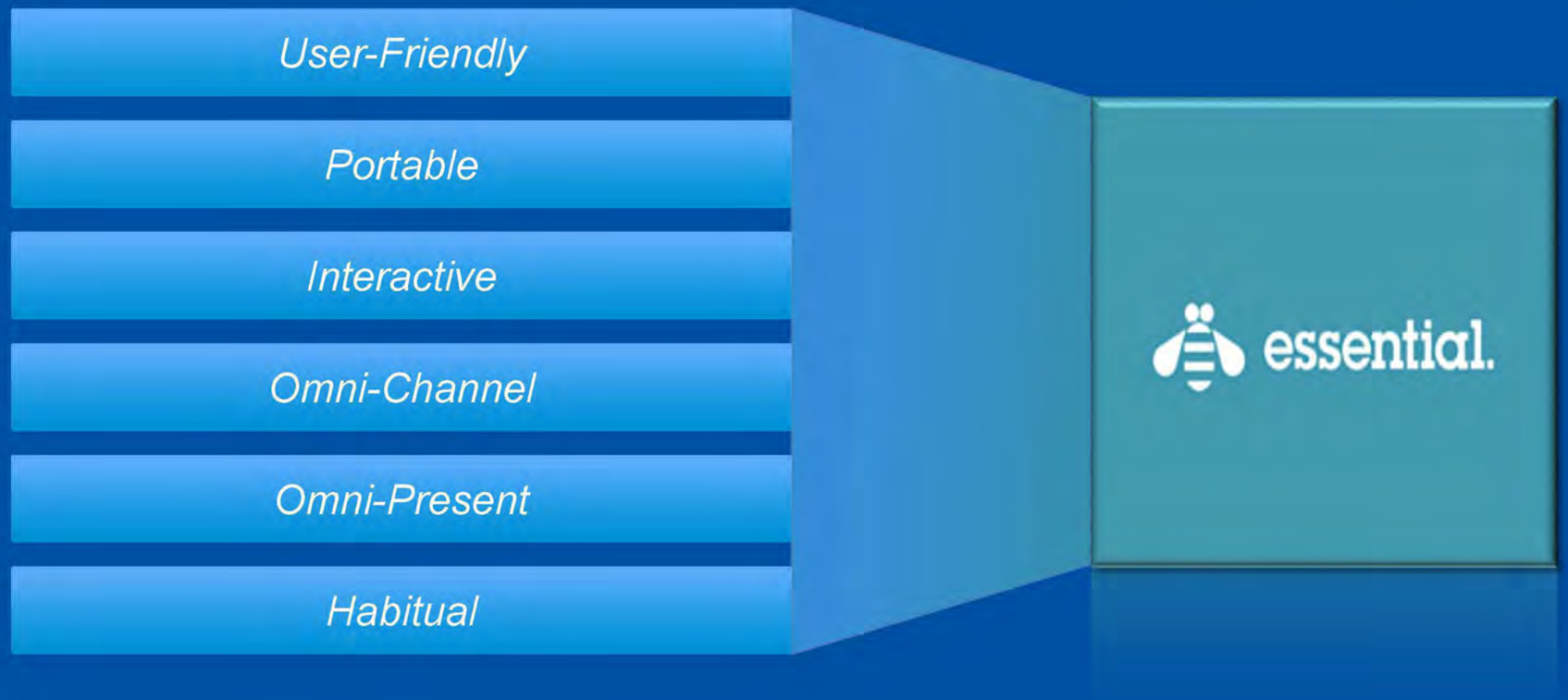
Recasting How Patients & Consumers Manage Their Health

Consumers demand a Healthcare Consumerism Model that is:



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Needs By C-Suite Position

OFFERING	C-SUITE POSITION							
	CEO	COO	CIO	CMO	CNO	PXO	CFO	CMedO
CX STRATEGY	✓	✓		✓	✓	✓	✓	
PROCESS AUTOMATION	✓	✓		✓	✓	✓		✓
CUSTOMER PORTAL		✓	✓	✓	✓	✓	✓	✓
MOBILE ACCESS		✓	✓	✓		✓		✓
CALL CENTER	✓	✓	✓	✓	✓	✓	✓	✓
CRM		✓	✓	✓		✓	✓	

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VA-19-0799-I-002115

DS_00007132

ROIs By C-Suite Position

ROI MEASURE	C-SUITE POSITION							
	CEO	COO	CIO	CMO	CNO	PXO	CFO	CMedO
INCREASED RETENTION	✓	✓	✓	✓		✓	✓	
INCREASED REFERRALS	✓	✓	✓	✓		✓	✓	
DECREASED SERVICE COSTS	✓	✓	✓	✓		✓	✓	✓
REDUCED INPATIENT READMISSIONS	✓	✓	✓	✓	✓	✓	✓	✓
REDUCED OUTPATIENT ADMISSIONS	✓	✓	✓	✓	✓	✓	✓	
IMPROVED PHM	✓	✓	✓	✓	✓	✓		✓

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3 Steps to Innovate Access & Engagement

The innovation of patient access and patient experience encompasses three components

Assess & Define Enterprise-Wide Access/Experience Strategy

- Create vision for access and experience
- Define the As-Is model
- Develop personas and journey maps
- Define the To-Be model
- Analyze the consumerism GAP
- Build roadmap for change

Design & Implement Effective Voice Access

- Develop Patient & Consumer personas
- Create journey maps
- Determine Call Center strategy
- CRM requirements, selection and implementation

Design & Implement Interactive Digital Access

- Create Mobile-First strategy
- Assess processes to be included
- Develop change management program
- Design and build Customer Portal
- Design and implement mobile strategy
- Design and implement Social Media strategy

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Our Approach To Innovating Access

Focus Area	Offerings
Enterprise-Wide Access/Experience Strategy	○ Enterprise-wide Touch Point Inventory ○ Patient Personas & Journey Mapping ○ Touch Point Scorecard ○ Experience GAP Analysis ○ Enterprise-wide Strategy ○ Solution Road Map
Interactive Digital Access	○ Design & Build Customer Portal ○ Design & Implement Mobile Strategy ○ Design & Implement Social Media Experience Programs
Voice Access	○ Design Access & Experience Strategy for Call Center ○ Define Requirements & Create RFP for CRM ○ Select & Implement CRM
Process Elimination/ Automation	○ Eliminate duplicate, manual and paper processes ○ Create automated 2-way processes ○ Design Change Management Initiatives

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Next Steps…

- Design an Omni-Channel Customer Access & Experience Strategy
- Document the Current State
- Define Customer Personas and Journey Maps
- Define the To-Be State
- Create a Roadmap



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Excerpts From A Sample Deliverable…



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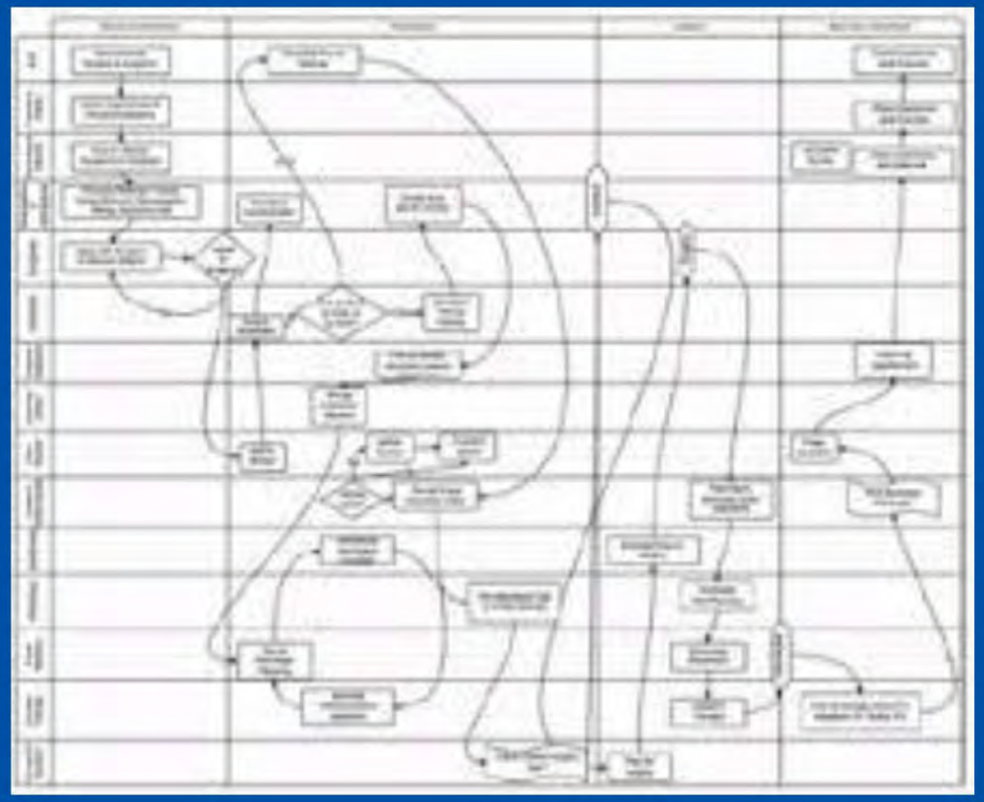
Defining The Patient





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Creating The Persona



Rachel, is 32 years old. She has a bachelor's degree in the liberal arts. Rachel works part time from home while raising two children, ages 3 years and 18 months. She manages her family's health issues, including a spouse who is overweight, with type II diabetes, and a child with asthma. Rachel also cares for her parents who are relatively healthy, but require increasing oversight and assistance meeting their health needs.

Rachel is not a demographic

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A Sample Persona

NAME Rachel Harris
AGE 32
OCCUPATION Solicitor
STATUS Married
LOCATION Dublin, Ireland
HEALTH Recently diagnosed

Ambitious | Admired | Focused



"I manage my life, my career and my family from my smartphone. I get cancer and they hand me a stack of paper brochures? I don't have time for brochures. I need data."

BIO

Rachel has been recently been diagnosed with breast cancer. She is a young mum of one and happily married. With being a solicitor she spends most of her time meeting with clients. Rachel is worried that the treatment will have a major effect on her appearance. She is into fashion and follows the latest trends. She fears she will not be able to keep with the latest trends in beauty and fashion once the chemotherapy takes over. There is also a strong possibility that Rachel will need to undergo a mastectomy. Due to this Rachel needs to know what resources are available for her.

NEEDS

- Information at her fingertips
- Info such as lifestyle changes
- Reminders and updates due to her busy schedule

TECH LITERACY

- Has all the latest tools and smartphone
- Uses her smartphone daily to manage her schedule
- Carries a tablet with her for work

FRUSTRATIONS

- Slow download times
- Lack of resources
- Poor communication

HOBBIES

- Shopping - Lastest Trends
- Keeping Fit
- Cooking

TECHNOLOGY

IT and Internet
Software
Mobile Apps
Social Networks

WANTS/DESERVES

- Post treatment fashion tips
- Clear helpful information
- Option to hear other patients stories and advice on coping with breast cancer.

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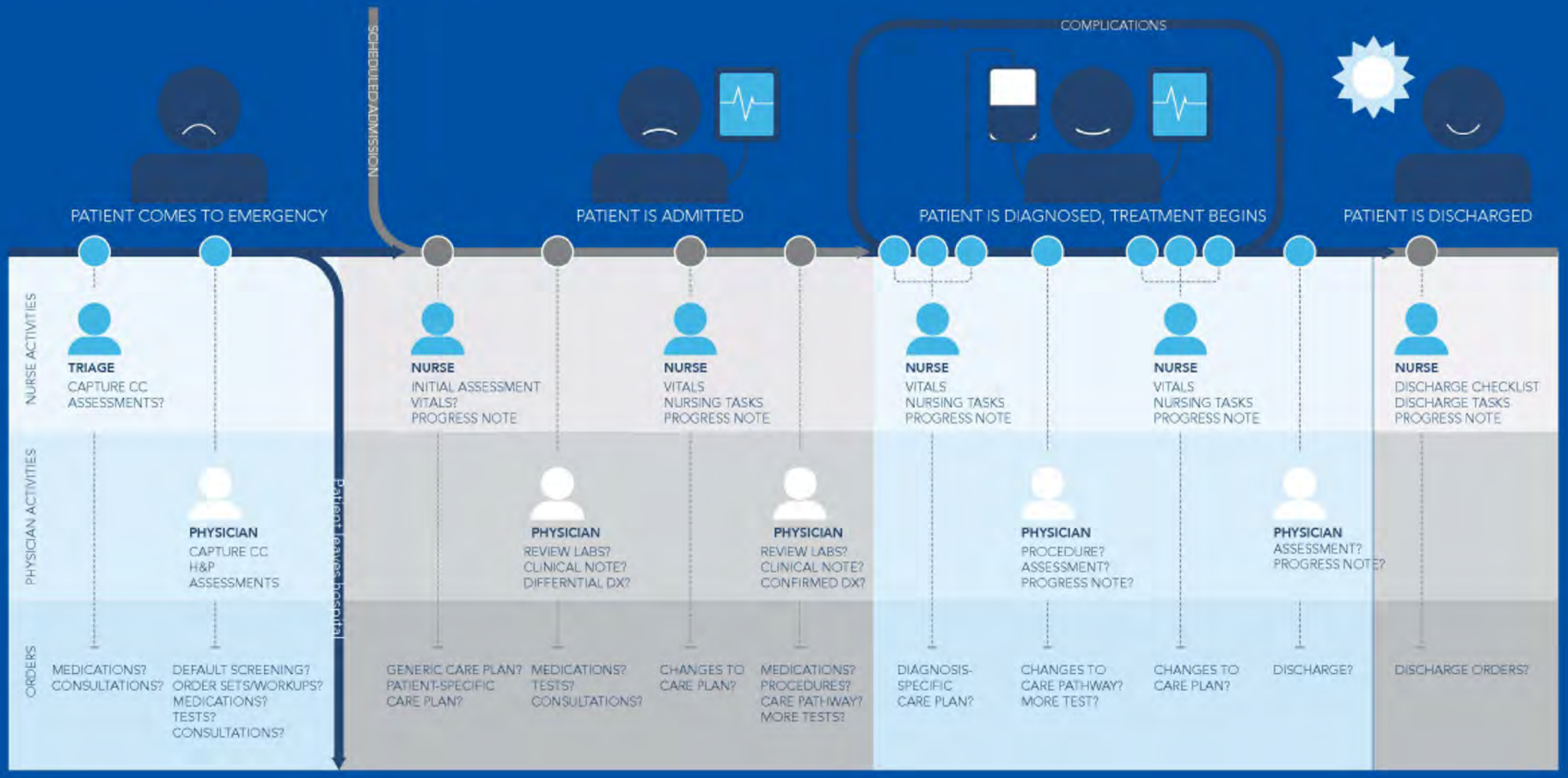
VA-19-0799-I-002123
DS_00007140

Rachel Has A Journey…



The journey starts before treatment…and continues after treatment

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Organizational Readiness

Leading Practice Indicators – Patient Access/Experience

Through interviews and process observations, the following gaps were identified against industry Leading Practices:

Leading Practice Indicator	Assessment
Agents are able to complete a caller's request 95% of the time	
First contact resolution is above 90%	
Agents feel respected by the organizations they represent	
Agents have the access they need to the organization to be successful	
Agents have the tools they need and access to information	
The desired patient experience is defined and designed	
Standardized policies and procedures exist	
Patients call with a belief that their needs will be met	



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Customer Satisfaction

Leading Practice Indicators – Customer Access/Experience

Leading Practice	Observations / Outcomes	Assessment
Customers have the all of the required tools need to meet their needs	• Customers do not have online or video chat, they cannot email the call center agents, customers cannot complete any transactions online, the mobile platform did not employ 'Design Thinking' and does not utilize 'Responsive Design'	

Recommendations

- Define an effective omni-channel strategy that is consistent across each channel
- Design the 'To-Be' experience using contextual inquiry to capture how customers want to contact you
- Deploy these 'quick wins': Online chat, email access
- Define enterprise-wide customer requirements for access and engagement

 No concerns  Some concerns  Requires Attention

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Organizational Readiness

Leading Practice Indicators – Patient Access/Experience

Leading Practice	Observations / Outcomes	Assessment
First contact resolution is above 90%	• There is no data about how many people have to call back more than once, in part because so many calls are transferred, and because other callers quit calling • Conversations suggest more than 30% of the people call multiple times, some people call daily. • +5,600 people were unable to schedule appointments last year	

Recommendations
• To increase first contact resolution the organization must first define the business problems the call center should handle • Equip the call center with the tools (IVR, CRM) to allow agents to complete the calls • Align the operations, policies, processes, and scheduling of the clinics • Imbed the authorization process within the call center • Reengineer the referral process • Place nurses/MAs within the call center to avoid placing callers on hold • Create a 24 x 7 nurse hotline



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Together, We Can Redefine Healthcare Consumerism

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Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 1/24/2017 11:22:19 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: (b) looks good at minute 56:47

Yes- he does!!

Sent from my iPad

On Jan 23, 2017, at 11:12 PM, David Shulkin <drshulkin@aol.com> wrote:

> https://m.youtube.com/watch?v=Orb7oWtqCuk
>
> Sent from my iPad

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Message

From: David Shulkin [drshulkin@aol.com]
Sent: 1/24/2017 4:12:09 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: (b) looks good at minute 56:47

https://m.youtube.com/watch?v=Orb7oWtqCuk

Sent from my iPad

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Message

From: (b) (6) [(b) (6) @live.com]
Sent: 2/2/2017 8:17:31 PM
To: vivieca.wright@va.gov
CC: drshulkin@aol.com; christopher.o'connor2@va.gov; (b) (6) va.gov; Jon.Jensen@va.gov
Subject: Fwd: QFRs from Sen Manchin
Attachments: PostHQFR for Shulkin - Sen Manchin.docx; ATT00001.htm

Viveca
3rd Set from Manchin -- 22 questions. Didn't have time to review but several different offices need to action.

Regards
(b)

Sent from my iPhone

Begin forwarded message:

From: "(b) (6) (Veterans Affairs)" (b) (6) @vetaff.senate.gov>
Date: February 2, 2017 at 3:12:27 PM EST
To: "(b) (b) (6) (b) (6) @va.gov)" (b) (6) @va.gov>, (b) (6) @va.gov" (b) (6) @va.gov>
Cc: "(b) (6) @live.com" <(b) (6) @live.com>
Subject: QFRs from Sen Manchin

Attached are the questions for the record for Dr. Shulkin from Senator Manchin.

(b) (6)
Chief Clerk
U.S. Senate Committee on Veterans' Affairs
412 Russell Senate Office Building
(b) (6) | (b) (6) main

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Questions for the Record for Dr. David J. Shulkin, Presumptive Nominee to be the Secretary of Veterans Affairs, US Department of Veterans Affairs from Senator Joe Manchin, III

1. As of February 1, 2017 per the VA's website, there are 388,364 pending claims in VA's queue waiting for a decision. Of those, there are 97,119 backlogged rating-related claims backlogged. Please elaborate on your plan to:
    a. Get these backlogged claims processed within the next 60 days,
    b. Reduce the backlog to zero?
    c. Ensure all new and pending claims are processed within 125 days?

2. Mandatory overtime of Veterans Benefit Administration employees has previously been used to reduce claims. While the current "hiring freeze" executive order is in effect, is the Department allowed to institute mandatory overtime if the claims backlog reaches a certain threshold? Do you anticipate that you will need to require mandatory overtime in the next 90 days?

3. Is there ever a reason why a veteran would be taken off the Agent Orange Registry? If so, what are the parameters that the Department of Veterans Affairs uses to make such a judgement?

4. You have mentioned in previous public statements that eradicating veterans homelessness is not a single event; it requires a long term commitment. Now that the number of homeless veterans has diminished, how do you plan to reach the remaining population of homeless veterans who are so difficult to reach? Additionally, are there specific initiatives in place to handle female veteran homelessness?

5. The pernicious nature of post-traumatic stress is especially traumatic for rural veterans who do not always have access to high quality mental health and/or cannot receive care in a timely manner. Please elaborate on you plan to improve treatment, wait times, and increase options for rural Veterans with PTSD to ensure their safety and health.

6. How is the Department of Veterans Affairs currently differentiating treatment options, as well as facilities, for female victims of Military Sexual Trauma? Are there policy alternatives regarding treatment and facility structure being considered now that are different than the status quo?

7. Will you continue to advance the MyVA concepts and programs put into place under Secretary McDonald's leadership? Are there components of MyVA that you will differ from?

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8. You have previously stated that you do not and will not support a whole sale privatization of the Veterans Health Administration, and rather, you support an "integrated" model. Please elaborate on what you mean by "integrated" model.

9. What statutory authorities do you need to remove employees who are low-performing and/or not working in the best interest of America's veterans?

10. The Veteran Success on Campus (VSOC) program has been widely successful and there are many campuses, like West Virginia University, that meet the requirements for VSOC, but still are on the wait list. Will you commit to supporting additional funding in The President's FY18 budget that will make it so more of our nation's veterans have access to this program?

11. Both Healthnet and TriWest have a footprint in West Virginia and my office has received complaints about the inability to reach a representative by phone and the lengthy approval process. Lengthy approval times often lead to a financial burden on the veteran and their family. Please elaborate on what VA is currently doing and what you envision VA will do when contracting with third party administrators in the future?

12. What do you believe are the factors that create appointment wait times and how do you plan on mitigating those factors to ensure timely, quality care for our nation's veterans?

13. Will you commit to ensuring that VA continues to invest in the veteran transportation program?

14. With VA's expertise on substance abuse and the Department's robust Office of Research and Development, I believe that you are well equipped to be on the forefront of alterative pain therapy research for the entire country. Please elaborate on how you will increase the number of alternative treatments for pain management. What investments will you make and are there authorities you need from Congress?

15. The Department of Veterans Affairs is often charged with having a corrosive culture that breeds unethical, and sometimes unlawful, behavior that is not veteran-centric. While there have been improvements under Secretary McDonald's leadership, there is still work to be done. What are specific actions that you will implement to ensure that the culture of VA will continue to improve?

16. Please elaborate on specific ways the Department of Veterans Affairs and Congress can work together to improve the claims backlog.

17. Do you support an expansion of the Caregivers programs beyond post-9/11 veteran era?

18. Do you believe there are improvements or changes that need to be made in the way VA determines service connected disabilities? Would you be open to reexamining the compensation and pension exam process?

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19. The difficulty veterans face in scheduling appointments is a frequent complaint to my office. Please elaborate on ways to improve scheduling to make it easier both for VA scheduling staff and the veteran.

20. What are ways that you would like to see access to Mental Health improve? What is being done to help prevent the overprescribing of opioids and benzodiazepines?

21. In the past, you have stated that you would not have used the "40 mile" and "30 day" rule if you had designed the Choice program. Please elaborate on how you would like to see Choice fixed and what measures you would use in considering eligibility for referral to care in the community?

22. A frustration that many veterans have is that even though there is a VA regional office in their community, they have to contact a call-center to get an update on the status of their claim or to ask questions. How can the Veterans Benefits Administration be more accessible to veterans directly? Furthermore, have you considered embedding VBA counselors in VA Medical Centers to help veterans and their families understand their benefits during a hospitalization?

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/24/2017 12:37:20 AM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Fwd: Support Letter from U.S.VETS
Attachments: image032.jpg; Untitled attachment 14093.htm; image033.png; Untitled attachment 14096.htm; image034.png; Untitled attachment 14099.htm; image035.jpg; Untitled attachment 14102.htm; image036.jpg; Untitled attachment 14105.htm; image037.png; Untitled attachment 14108.htm; image038.png; Untitled attachment 14111.htm; image039.jpg; Untitled attachment 14114.htm; image041.jpg; Untitled attachment 14117.htm; image042.png; Untitled attachment 14120.htm; image043.png; Untitled attachment 14123.htm; image044.jpg; Untitled attachment 14126.htm; image045.jpg; Untitled attachment 14129.htm; image046.png; Untitled attachment 14132.htm; image047.png; Untitled attachment 14135.htm; image048.jpg; Untitled attachment 14138.htm; Support Letter for Dr. Shulkin.pdf; Untitled attachment 14141.htm

Are we able to get this and the jewish war veterans letter on my desk to members of the senate committee?

Sent from my iPhone

Begin forwarded message:

From: "(b) (6) (b) (6) va.gov>
Date: January 23, 2017 at 6:53:33 PM EST
To: 'David shulkin' <Drshulkin@aol.com>
Subject: FW: Support Letter from U.S.VETS

From: (b) (6) [mailto (b) (6) @usvetsinc.org]
Sent: Monday, January 23, 2017 6:04 PM
To: (b) (6)
Cc: (b) (6) J.
Subject: [EXTERNAL] Support Letter from U.S.VETS

Hello (b) (6)

Please see the support letter attached. If you would like the original mailed as well, please let me know.

(b) (6)
Executive Assistant - National Office
United States Veterans Initiative
800 West 6th Street, Suite 1505
Los Angeles, CA 90017
Direct - (b) (6)
Main - (b) (6)
Fax - (b) (6)
(b) (6) @usvetsinc.org
www.usvetsinc.org

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From: (b) (6) [mailto:(b) (6) @va.gov]
Sent: Saturday, January 21, 2017 4:05 AM
To: (b) (6) <(b) @usvetsinc.org>
Cc: (b) (6) (b) (6) @va.gov>
Subject: RE: [EXTERNAL] Re: Meeting Request from U.S.VETS

Thank you. Please send to us, addressed to The Honorable Dr. David Shulkin, address 810 Vermont Avenue Washington DC 20420. You can email a copy to me.

(b) (6)
Chief Administrative Officer
Office of the Under Secretary for Health
(b) (6)

-----Original Message-----
From: (b) (6) [(b) @usvetsinc.org]
Sent: Friday, January 20, 2017 09:53 PM Eastern Standard Time
To: (b) (6)
Cc: (b) (6) J.
Subject: [EXTERNAL] Re: Meeting Request from U.S.VETS

Hello Ms. (b) (6)

Mr. (b) has drafted the support letter and just needs to know who it should be addressed to and where to send. Please provide this info so we can get the letter out prior to any deadlines.

Thank you,

(b)

From: (b) (6) J. (b) (6) @va.gov>
Sent: Wednesday, January 18, 2017 11:19 AM
To: (b) (6)
Cc: (b) (6)
Subject: RE: Meeting Request from U.S.VETS

Ms. (b)

I'm adding Ms. (b) (6) to the email as she is coordinating all confirmation activities.

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(b) (6)
Staff Assistant

Office of the Under Secretary for Health

Veterans Health Administration

(b) (6) (Office)

(b) (6) (Mobile)

Request a meeting: https://vets.force.com/USH/s

From: (b) (6) [mailto:(b) @usvetsinc.org]
Sent: Wednesday, January 18, 2017 2:15 PM
To: (b) (6) J.
Subject: [EXTERNAL] RE: Meeting Request from U.S.VETS
Importance: High

Hello (b) (6)

(b) has informed me that Dr. Shulkin has requested a letter of support for the Senate hearing and (b) needs to know when the hearing is to ensure he gets the letter to you in time. Please let me know the date so we can get you the letter in time.

Thank you,

(b) (6)

Executive Assistant - National Office

United States Veterans Initiative

800 West 6th Street, Suite 1505

Los Angeles, CA 90017

Direct - (b) (6)

Main - (b) (6)

Fax - (b) (6)

(b) (6) @usvetsinc.org

www.usvetsinc.org

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From: (b) (6) J. [mailto:(b) (6) va.gov]
Sent: Wednesday, January 18, 2017 9:44 AM
To: (b) (6) <(b) @usvetsinc.org>
Cc: (b) (6) <(b) @usvetsinc.org>
Subject: RE: Meeting Request from U.S.VETS

Friday, January 27 @ 12:30; please call (b) (6). I will send a calendar invitation.

(b) (6)
Staff Assistant

Office of the Under Secretary for Health

Veterans Health Administration

(b) (6) (Office)

(b) (6) (Mobile)

Request a meeting: https://vets.force.com/USH/s

From: (b) (6) [mailto:(b) @usvetsinc.org]
Sent: Wednesday, January 18, 2017 12:42 PM
To: (b) (6) J.
Cc: (b) (6)
Subject: [EXTERNAL] RE: Meeting Request from U.S.VETS
Importance: High

Hello (b) (6)

Friday the 12th at 12:30pm would work best for (b) Please confirm with the call number. If Dr. Shulkin would like others on the call, I can provide a conference line.

Thank you,

(b) (6)

Executive Assistant - National Office

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United States Veterans Initiative

800 West 6th Street, Suite 1505

Los Angeles, CA 90017

Direct - (b) (6)

Main - (b) (6)

Fax - (b) (6)

(b) @usvetsinc.org

www.usvetsinc.org

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From: (b) (6) J. [mailto:(b) (6) va.gov]
Sent: Wednesday, January 18, 2017 5:56 AM
To: (b) (6) <(b) @usvetsinc.org>
Subject: RE: Meeting Request from U.S.VETS

Ms. (b)

Please remove the 24th as an available date.

From: (b) (6) J.
Sent: Wednesday, January 18, 2017 6:57 AM
To: (b) @usvetsinc.org'
Subject: FW: Meeting Request from U.S.VETS

Good morning Ms. (b) Which of the following dates/times will work best with Mr. (b) schedule?

Tuesday, January 24 @ 9:15

Wednesday, January 25 @ 9:15

Friday, January 27 @ 12:30

(b) (6)
Staff Assistant

Office of the Under Secretary for Health

Veterans Health Administration

(b) (6) (Office)

(b) (6) (Mobile)

Request a meeting: https://vets.force.com/USH/s

-----Original Message-----
From: (b) (6)
Sent: Tuesday, January 17, 2017 04:16 PM Eastern Standard Time
To: (b) (6) Shulkin, David J., MD
Cc: (b) (6) ((b) (6)
Subject: RE: Meeting Request from U.S.VETS

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Hi (b) thank you. We will get back to you with Dr. Shulkin's availability soon.

From: (b) (6) [mailto:(b) @usvetsinc.org]
Sent: Tuesday, January 17, 2017 3:18 PM
To: Shulkin, David J., MD
Subject: [EXTERNAL] Meeting Request from U.S.VETS
Importance: High

Hello Dr. Shulkin,

Mr. (b) President and CEO of U.S.VETS asked that I contact you to see if you have any availability this week for a call. Please let me know if you can make any time to speak with him this week and I will schedule.

Thank you,

(b) (6)

Executive Assistant - National Office

United States Veterans Initiative

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U.S.VETS
UNITED STATES VETERANS INITIATIVE
A nonprofit 501(c)(3) corporation

"Serving Those Who Served"

BOARD OF DIRECTORS

(b) (6)

January 23, 2017

The Honorable Dr. David Shulkin
810 Vermont Avenue
Washington DC 20420

I am writing this letter in support of Dr. David Shulkin's nomination as Secretary of the Department of Veterans Affairs. Because he has nearly two years of experience with the VA, he will bring welcomed continuity to this vast system that is so crucial to the health and welfare of millions of veterans in America.

I am the President and CEO of U.S.VETS, the largest veteran-specific nonprofit housing and service provider in the country. Our mission is to facilitate the successful transition of military veterans and their families through the provision of housing, counseling, career development, and comprehensive support. We have locations in 11 communities nationwide and interact with VA Medical Centers on a daily basis. The need to increase the integration of VA services, with services and housing provided by community based non-profits like ours, is essential if we are to treat every veteran holistically, bringing him or her the most comprehensive services available.

Dr. Shulkin has been directly involved in VA initiatives that have immediate impact on the homeless veterans we serve. He led the launch of MyVA Access, an initiative that aims to give veterans more control of how and when they receive healthcare, which was introduced in 2014 to transform the VA into a patient-centered organization. Veterans who have become homeless are in need of a variety of supports, both from the community based organizations, and from VA Medical Centers, and often have trouble negotiating these systems. MyVA will help coordinate these two systems, easing access and making comprehensive care more readily available.

Dr. Shulkin also advocates increasing access by integrating the VA system with private-sector providers. Community based organizations often encounter veterans in the community before they go to the VA, and partnering with qualified community based agencies to provide services, such as mental health counseling, will result in better access, increasing the number of veterans who are receiving the needed services. Such partnerships broaden the VA's capabilities rather than simply relying on the VA's internal capabilities and current infrastructure.

We look forward to working with Dr. Shulkin as we continue the drive to get homeless veterans off the street and provide them with the care and benefits they have earned through their service.

Sincerely,

(b) (6)

(b) (6) MSW
President/CEO U.S.VETS
USMC '68-'71

800 West 6th Street
Suite 1505
Los Angeles, CA 90017
www.usvetsinc.org
Phone: 213.542.2600
Fax: 213.542.5195

Tax ID# (b) (6)

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Message

From: (b) (6) [(b) (6) hopeunseen.com]
Sent: 1/22/2017 10:53:59 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: From: Laurie Perlmutter

Monday is best as I'm just getting back into town. Let me know best time tomorrow

Thank you,

(b) (6)

Sent from my iPhone

On Jan 22, 2017, at 1:58 PM, David shulkin <Drshulkin@aol.com> wrote:

> (b) (6) - would it be more convenient for you to speak tonight or on monday?
>
> David
>
> Sent from my iPhone
>
> On Jan 22, 2017, at 4:39 PM, (b) (6) <(b) (6) hopeunseen.com> wrote:
>
> > Thank you Laurie, (b) (6) and I had such a wonderful time meeting you all. I look forward to call from Dr. Shulkin. In the meantime, Dr. Moskowitz, could you send me the 308 page assessment on the VA that you spoke with (b) (6) about?
> >
> > What an incredible group of Patriots.
> >
> > Looking forward to seeing you all in the future:)
> >
> > Sincerely,
> >
> > (b) (6)
> > Cell: (b) (6)
> > On Jan 22, 2017, at 11:51 AM, L Perl wrote:
> >
> > > Dear (b) (6)
> > >
> > > Marisol forwarded your email to us.
> > >
> > > We were delighted to meet you and (b) (6) on Thursday morning and happy
> > > we were able to provide tickets for you to the Inaugural Ball. Hope you enjoyed it.
> > >
> > > In response to your email, please expect a call from Dr. David Shulkin
> > > today or tomorrow...

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We look forward to seeing you and (b) (6) very soon...

Warmest regards....Laurie and Ike

(b) (6)
(b) (6)
www.HopeUnseen.com

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/22/2017 9:58:12 PM
To: (b) (6) [(b) (6) hopeunseen.com]
Subject: Re: From: Laurie Perlmutter

(b) (6) - would it be more convenient for you to speak tonight or on monday?

David

Sent from my iPhone

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> Sincerely,
>
> (b) (6)
> Cell: 509-475-(b)
> On Jan 22, 2017, at 11:51 AM, L Perl wrote:
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> > We look forward to seeing you and (b) (6) very soon...
> >
> > Warmest regards...Laurie and Ike
>
> (b) (6)
> (b) (6)
> www.HopeUnseen.com

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Message

From: (b) (6) [(b) (6) hopeunseen.com]
Sent: 1/22/2017 9:39:51 PM
To: L Perl [lperl2528@gmail.com]
CC: David shulkin [drshulkin@aol.com]; Marc Sherman [mbs(b) (6) gmail.com]; Bruce Moskowitz [brucem(b) (6) mac.com]; IKE [(b) (6) @frenchangel59.com]
Subject: Re: From: Laurie Perlmutter

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What an incredible group of Patriots.

Looking forward to seeing you all in the future:)

Sincerely,

(b) (6)
Cell: (b) (6)
On Jan 22, 2017, at 11:51 AM, L Perl wrote:

> Dear Tiffany,
>
> Marisol forwarded your email to us.
>
> We were delighted to meet you and (b) (6) on Thursday morning and happy we were able to provide tickets for you to the Inaugural Ball. Hope you enjoyed it.
>
> In response to your email, please expect a call from Dr. David Shulkin today or tomorrow...
>
> We look forward to seeing you and (b) (6) very soon...
>
> Warmest regards... Laurie and Ike

(b) (6)
(b) (6)
www.HopeUnseen.com

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Message

From: L Perl [(b) (6) @gmail.com]
Sent: 1/22/2017 7:51:53 PM
To: (b) (6) hopeunseen.com
CC: David shulkin [drshulkin@aol.com]; Marc Sherman [mbs(b) (6) gmail.com]; Bruce Moskowitz [brucem(b) (6) mac.com]; IKE [@frenchangel59.com]
Subject: From: Laurie Perlmutter

Dear (b) (6)

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We look forward to seeing you and (b) (6) very soon...

Warmest regards....Laurie and Ike

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Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 1/23/2017 4:22:18 PM
To: (b) (6) ((b) (6) va.gov]; David Shulkin [drshulkin@aol.com]; david.shulkin@va.gov
Attachments: senatorquestions.docx; Senate Prehearing questions.docx; hearing testimony.docx

ush responses

(b) (6)

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Pre-Hearing Questions for the Honorable David J. Shulkin, Presumptive Nominee to be Secretary of Veterans Affairs, U.S. Department of Veterans Affairs
From Chairman Isakson

1. After serving at the Department of Veterans Affairs (VA) for about 20 months, what do you see as the most significant challenges facing VA and what would be your highest priorities if confirmed as Secretary?

   Response: Our most significant challenge will be to address the systemic challenges that face VA. Over the past 18 months that I have served as USH we have been focused on addressing the acute issues that VA faced in its' crisis in access and its erosion of confidence with the American people. We've made real progress and have begun to turn the corner in many areas,but its now time to address the systemic issues that are required in a transformation of a business.

   My highest priority would be to work with the Administration and Congress to develop a sustainable plans for VA's transformation. This would involve a true integrated network of care between VA and the private sector, a system supported by an engaged workforce and modern technology solutions, and accountable for improving outcomes and efficiencies.

   Specifically I would target improvements in ease of use of our services by decreasing non value added rules and regulations, and implementing industry best practices that can lead to improved Quality and efficiencies. I also specifically want to accelerate efforts in suicide prevention and behavioral health conditions, homelessness, womens healthcare, continue to decrease the claims backlog and work on appeals modernization.

2. Would you please detail what experiences you have had while serving as Under Secretary for Health that you believe have helped prepare you for this broader role at VA?

   Response: Most significant in preparing for the role of SECVA has been the opportunity to visit, spend time with, and listen and learn about the needs of the veterans we serve. During my 18 months as USH I have seen firsthand the unique services and programs that VA offers to veterans. As a practicing physician in VA, I have been able to use and see the systems our clinician rely upon and have learned what works and what needs to be changed. I have similarly seen all too often where we have fallen short of the trust and expectations that veterans has placed in us

   VA has been working hard to act more as an integrated enterprise and in doing so I have worked closely with my colleagues in VBA, NCA and the Board of Appeals. I understand that veterans see us all as one VA and not separate administrations and therefore having a seamless experience is critical to us fulfilling our mission.

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During my time as USH I have been able to contribute to efforts that improve services to veterans who utilize VBA and NCA. If confirmed I would build upon my foundational understanding of these issues to accelerate changes in all three administrations.

3. Since 2010, veteran homelessness has decreased by 47 percent. If confirmed, how do you intend to continue to prioritize efforts to prevent and end veteran homelessness?

   Response: While these statistics indicate tremendous progress in ending Veteran homelessness and that the efforts of VA and its partners are producing successful outcomes for many Veterans, more must be done to accelerate progress. No one entity can end homelessness among Veterans alone. To achieve this goal, we need continued urgency and commitment from leaders in every community. There has been unprecedented support from the Administration, Congress, and state and local leaders to provide both the funding and human resources needed to end Veteran homelessness and much of our progress has come from the VA's collaboration with community leaders focusing efforts on the implementation of evidence based proven practices that are reducing homelessness among Veterans. But we know that ending Veteran homelessness is not a single event in time; rather, it is a deliberate effort made to achieve the goal, and continued follow-up efforts to make sure that progress toward achieving the goal is maintained.

   We must continue our commitment to our efforts around rapid rehousing and permanent supportive housing for Veterans who fall into homelessness so that their homelessness is rare, brief, and nonrecurring. The ultimate goal is to make sure that every Veteran has permanent, sustainable housing with access to high-quality health care and other supportive services and that Veteran homelessness in the future is prevented whenever possible.

   But housing Veterans is not the end of the journey. These Veterans, especially Veterans who have experienced chronic homelessness, need ongoing intervention and case management. Therefore, we must commit to continue to fully support our homeless programs such as HUD-VASH and Supportive Services for Veteran Families (SSVF) and the current efforts to transform our homeless Grant and Per Diem (GPD) program. These programs provide data driven essential services designed to support Veterans with obtaining and maintaining housing stability. With our commitment to efforts that have proven to be successful to date, we can and will end Veteran homelessness.

4. Legislation was enacted last fall to authorize VA to implement its master plan for the West Los Angeles campus. This new model for the campus, with a focus on housing and supportive services for veterans, could become a model for future VA campuses. If confirmed, how would you safeguard against mismanagement, which has occurred in the past, and ensure the master plan is implemented in a

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transparent, responsible way that best serves veterans and that will be an example for other VA campuses?

Response: In September 2016, Congress passed the West Los Angeles Leasing Act of 2016, which is historic legislation essential to VA's ongoing effort to revitalize the West Los Angeles campus. Through such legislation, VA envisions providing approximately 1,200 permanent supportive housing units and Veteran focused services on the campus, particularly for homeless, severely disabled, aging, and female Veteran populations. Within the next 30 days, we plan to execute the first Enhanced-Use Lease agreement for the campus, which will provide approximately 55 new housing units for Veterans.

Enactment of this legislation was based on unprecedented collaboration and cooperation between the Department, Congress, Veteran Service Organizations, the community, and other stakeholders. Our ultimate goal is to fully revitalize the campus, so that it is both a 21st Century facility that provides convenient healthcare, benefits, and services, and serves a home for our Veterans and their families. As noted in the framework Draft Master Plan announced in January 2016, VA is working to ensure that future third-party land-use agreements are Veteran focused and provide fair market value, from both a monetary and in-kind consideration standpoint.

Currently, the West Los Angeles Leasing Act of 2016 requires VA to notify Congress 45 days before entering or renewing any leases or sharing agreement on the campus. The bill also requires VA to provide annual reports to Congress for the leases and sharing agreements carried out at West LA. In that regard, we have instituted a process where all proposed land-use agreements undergo thorough review of subject matter experts at both the medical center and VA headquarters, before approval and execution. And as required under the legislation, any revenues generated from such agreements will remain on campus, to maintain and renovate facilities to serve Veterans of greater Los Angeles. Additionally, the legislation expressly prohibits VA from disposing of any of the land at West LA. We are also required to submit annual audits to Congress, for any leases and Sharing Agreements executed on the campus.

Through this process, VA has recently executed new agreements with our local medical affiliate, the University of California at Los Angeles, as well as the Brentwood School, and the City of Los Angeles. These agreements are part of our overall intent, to create irreversible momentum in a collaborative and transparent manner, where the campus is used consistent with the principles of the 1888 deed, which conveyed the property to the United States.

We have established a new Community Veteran Engagement Board for the campus, where pertinent Veteran organizations and representatives will meet regularly, to discuss any and all matters of interest regarding our mission and

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operation of serving Veterans on the campus; to include the framework Master Plan and campus development.

A number of efforts are underway to support the implementation of the framework Draft Master Plan. In October, 2016, VA hired Concourse Federal Group (CFG) to assist with project management. CFG and their team of subject matter experts provide daily, on the ground support to VA for campus optimization and utilization, land use matters, and external communications. In December 2016, we also formed a VA Integrated Project Team, to begin the next phase of working to finalize the master plan for the campus. Experts from pertinent offices such as VHA; VA's Office Of Construction And Facilities Management; Office Of Asset Enterprise Management, Office of General Counsel, and the Office of the Secretary, will be working in unison, to ensure that the next steps such as environmental, historic, traffic, and utilities due diligence, occurs in an open and inclusive process. VA will continue to hold town hall and public hearing events, to enable us to receive valuable input from Veterans, Veteran service organizations, our community partners, and local neighbors. Through this process, we envision a campus that includes not just permanent supportive housing units for Veterans and their families, but complimentary services to promote Veteran wellness, education, vocational training, rehabilitation, and peer interaction.

We are also working with local philanthropists, specifically a 501(c)(3) entity known as the "1887 Fund," to allow them to raise funds and provide donated expertise to restore the historic Wadsworth Chapel, and other landmark historic facilities on the campus.

In coordination with the Los Angeles National Cemetery, we are working to commence the planned columbarium expansion project at the campus, to provide up to 10,000 new niches for Veterans wishing for the campus to serve as their final resting place.

We are also pleased to advise that the campus is under new leadership. In February 2016, Ann Brown was appointed to serve as the Medical Center Director at West LA. Before coming to the campus, she served as the Director at the Jesse Brown VA Medical Center in Chicago, Illinois. Before that, she was the Director in Martinsburg, West Virginia; the Acting Deputy Network Director for VISN 9; the Associate Director for Operations in Nashville, Tennessee, and the VISN 23 Business Office Manager in Lincoln, Nebraska. Through her leadership and during her brief tenure, the West LA campus now has a new Acting Associate Director, a Chief of Staff, an Associate Director for Patient Care Services, and an Assistant Director. We look forward to Ann continuing to build her team at the campus, to successfully carry out the charge we have for her and other VA personnel, which is to continue to put Veterans at the center of everything we do.

Our sustained focus, commitment, and collaboration with the Department of Housing & Urban Development, the Department of Labor, local housing

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authorities, the former plaintiffs to the West LA litigation, local philanthropists, Veteran stakeholders, and the local community, has resulted in a 57% decline in Veteran homelessness in greater Los Angeles, since 2011. We know that in order to end Veteran homelessness nationwide, we must end it in Greater LA. Through our continued and collective efforts, I am confident that West LA will become a 21st-century, state-of-the-art model for other campuses nationwide, and make us all proud as we continue to serve and honor our nations Veterans.

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5. Women constitute an ever-growing segment of the Armed Forces and, consequently, the overall veteran population. What do you see as the primary challenges to appropriately treating and serving women veterans in VA facilities?

Response:

- The primary challenges to caring for women Veterans in VA facilities include: ensuring providers are well-trained to provide women's health services, ensuring an open and welcoming culture, including environment of care/facility issues, and outreaching to women Veterans to reduce and prevent suicide.

Access

- Since 2014, VA has made tremendous strides in providing enhanced services and access for women.
    - 100% of medical centers and 90% of Community Based Outpatient clinics have Designated Women's Health Providers
    - 130 VA Medical Centers have gynecology services on-site
    - VA tracks quality by gender and has reduced or eliminated several key disparities
        - On some important quality measures, VA is better than the private sector (breast and cervical cancer screening)
- To meet increasing demand, VA needs to hire and/or train 675 additional Designated Women's Health Providers per year.
    - Convincing VA providers to train in Womens Health is difficult due to:
        1) increased provider workload;
        2) few incentives for those who have been seeing only men for decades.
    - Recruiting external providers is difficult due to:
        1) shrinking national workforce of Primary Care physicians;
        2) persistent perception of limited opportunity to care for women in VA settings.

Culture

- VA is now engaged in an enterprise-wide effort to ensure its language, practice, and culture is inclusive of women Veterans.

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- A 2015 national survey of women Veterans showed high satisfaction for those in VA care, perceived lack of Womens Health services among those not in VA care.
- VA has launched multiple campaigns aimed at inclusivity and recognition for women Veterans.
- The "End Harassment" campaign is an even more direct effort to increase civility and respect.
- Issues of safety and comfort within VA facilities are known to be particularly salient for women Veterans who experienced military sexual trauma.
    - All Primary Care and Mental Health providers are trained in the care of Veterans who have experienced MST

Suicide Among Women Veterans

- In 2014, an average of 20 Veterans died by suicide each day. Six of the 20 were users of VHA services.
- Between 2001 and 2014:
    - The age-adjusted rate of suicide climbed much more rapidly for women Veterans than for women in the civilian population.
    - The rate of suicide for women Veterans in VA care, however, climbed more slowly than did the rate for those not using VA services.
- VA's Office for Suicide Prevention partners with organizations to target services to women Veterans and ensures all outreach materials are inclusive.

6. In response to the mismanagement and cost overruns at the new Denver VA Medical Center, Congress mandated that all major construction projects over $100 million be managed by the US Army Corps of Engineers. Additionally, VA made numerous changes to its policies and procedures for major construction projects. If confirmed, would you make it a priority to continue these and additional reform efforts to ensure that VA major construction projects are on budget and on schedule?

   Response: VA's Office of Construction & Facilities Management (CFM) is responsible planning, designing, constructing and acquiring major facilities, and setting design and construction standards. VA recognizes that there is a need for continued improvement in the management of its major construction program and for adopting best practices to avoid cost overruns and lengthy delays encountered on some recent major projects.

   Since 2014, VA has put in place sound construction management processes based on best practices from private industry and other Federal agencies including recommendations from the Government Accountability Office, VA's Office of Inspector General, and the US Army Corps of Engineers (USACE). VA has also partnered with, and embarked on process improvements based on recommendations from construction industry partners such as the National Institute of Building Sciences and the Associated General Contractors of America. The following improvements were put in place to ensure future success in the major construction program:

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- Incorporating integrated master planning to ensure projects address gaps and meet agency goals;
- Requiring major medical construction projects to achieve at least 35% design prior to establishing cost and schedule estimates or requesting funds;
- Implementing rigorous requirements control and change management processes, and structured decision making at key acquisition milestones;
- Using a Project Management Plan for delivery – from planning to activation – to ensure clear communication throughout the life of every project;
- Conducting pre-construction reviews of major construction projects throughout the design, to evaluate design and engineering factors and ensure constructability within given budget and schedule parameters;
- Integrating Medical Equipment Planners into construction project teams from concept through activation; and
- Putting in place metrics tools that will help monitor and manage performance and identify and mitigate emerging risks on large projects.

By accepting and incorporating best practices and recommendations from these organizations, CFM has been on a path of continuous improvement with the goal of achieving successful execution of our major construction projects.

Additionally, VA and USACE have a long history of working together to advance VA's facility construction program and share best practices. VA has engaged USACE to support our non-recurring maintenance and minor construction programs at more than 70 of our medical centers and national cemeteries across the enterprise. In December 2014, VA entered into an agreement to transition the Denver project to USACE for completion. Since then, VA has entered into agreements with USACE that now include VA utilizing USACE as Construction Agent on several major construction projects. This partnership continues to develop and mature, and the two agencies are working together to ensure the success of those partnered projects.

VA continues to address concerns from Congress and other entities and will continue to work to ensure the VA construction program is delivering quality, sustainable facilities on-time and on-budget into the future. VA is also interested in improving the planning and execution of its entire capital program to better address its aging infrastructure and meet the needs of Veterans with state-of-the art facilities and services

If confirmed, I would plan to undertake a review of all current construction projects to make sure that the necessary safeguards are in place and in addition that these projects are being build in the best way to serve veterans and provide taxpayers with the best value.

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7. What do you see as the role of this Committee in conducting oversight regarding VA and what steps would you take to ensure that the Committee is promptly notified of any emerging trends, issues, or developments at VA?

Response: The committee's responsibility to the American public is to provide oversight of the Veterans Administration on all Veterans affairs issues to include budget, health care, benefits and cemetery affairs. I would seek to increase communication and collaboration with the committee and its members and reduce the internal barriers that delay our responses and partnership with SVAC. I would also seek to make available my senior leaders and subject matter experts to answer your questions and be a resource that you need to do your job.

Since joining the VA as Under Secretary, I have worked to provide quality and timely responses that meets the needs of the committee. I will ensure that we notify your committee of concerning issues, trends and developments in a timely manner. We will continue our work on decreasing case work response time and ensure that you have the information you need to provide oversight necessary.

8. The National Cemetery Administration (NCA) has repeatedly earned the highest customer satisfaction score among the private or public sectors, yet the American Customer Satisfaction Index ranked the Department of Veterans Affairs third last in customer satisfaction among Federal agencies for 2015. What factors set NCA so far apart from the rest of VA and how would you leverage their best practices to improve customer satisfaction across the rest of the department?

Response: NCA continues to perform at a high level and builds its customer service culture around VA's core values, ICARE-Integrity, Commitment, Advocacy, Respect, and Excellence. In 2016, NCA received the highest ranking for any organization-public or private-on the American Customer Satisfaction Index (ACSI). With an index score of 96, NCA scored 28 points higher than the aggregate federal government score of 68.The following is a brief overview of the key processes underlying NCA's high customer satisfaction ratings.

1. Commitment from top leadership to be the best.
2. Define Excellence using input from all levels of the organization.
    a. NCA has established a formal Organization and Assessment (OAI) program to assess performance and the overall organizational health of National Cemeteries, Memorial Service Networks (MSNs), and Central Office components. Using Malcolm Baldrige National Quality Award criteria as a management framework, it enables NCA to document, track, monitor, and report progress toward successful achievement of NCA Operational Standards and Measures in the key cemetery operational areas of interments, grounds maintenance, headstone/marker operations, equipment maintenance, facility, maintenance, and safety.

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   b. NCA applies OAI to each organizational entity annually and records performance as a scorecard.
   c. Long Range Plan (FY2016-2021) developed which focuses on five specific goals that will enhance service to Veterans and their families.
3. Train employees on how excellence is defined and provide tools to succeed.
   a. Conduct front-line training at NCA's National Training Center in St. Louis
      i. 48-week Cemetery Director intern program
      ii. Cemetery Caretaker training
4. Hold employees and management accountable.
   a. Cascade performance expectations in performance plans.
5. Establish continuous customer feedback loop and adjust OAI surveys.
   a. Quarterly Customer Satisfaction Surveys
   b. Refresh operational standards and measures based on feedback
      i. Annual Lessons Learned Conference
      ii. Communities of Practice website
6. Commitment to employing Veterans.
   a. Workforce embodies the culture of Veterans serving Veterans
      i. Almost 75% of NCA employees are Veterans
      ii. Over 28% are disabled Veterans

The Veterans Health Administration (VHA) does, in fact, utilize the American Customer Satisfaction Index (ACSI) to understand how Veterans who have used VA healthcare services rate their customer experience, and compares that experience with that of private sector hospitals. For over a decade, VHA ACSI scores have outpaced that of the private sector (see Table 1 below). But VHA is not content to rely solely on the ACSI to judge its performance, and we believe that the best way to compare ourselves is not with other Federal agencies, but rather, the U.S. health care system at large. Across private hospitals, physician groups, and plans in this nation, the principal measure of patient experience is the Consumer Assessment of Health Providers and Systems (CAHPS) survey, which VA administers using an outside contractor. Our CAHPS surveys indicate VHA does have more work to do in the area of Access, although other areas, such as Comprehensiveness of Care, i.e., care for Veterans that focuses on all of their needs and preferences are, in fact, superior.

Regarding best practices, while I was Under Secretary, I commissioned the Diffusion of Excellence initiative as an endeavor that focuses on achieving consistency of best practices throughout the VHA. During my first few months in office, I visited a number of facilities that had very unique ways of engaging both veterans and the employees who served them—even in sites that struggled to perform overall. I knew that if we identified the practices that worked best for veterans—both clinical and business-related—that we would be able to improve customer satisfaction throughout the system.

The Diffusion model has not only identified over 100 best practices within VHA alone for improving the veteran experience—it actually provides a framework that allows us to replicate those change efforts in other areas throughout the system.

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As of today, these best practices have been replicated over 300 times across different sites in the system. The Diffusion model has gained traction, and is featured in an article that I wrote for the Journal of the American Medical Association, published just a couple of weeks ago.

In addition, a major enabler of establishing and spreading these best practices is an electronic platform (called the Diffusion Hub) that not only helps with implementing methodologies—it also provides a library of tool kits for specific solutions that we would like to see everywhere. This platform not only includes projects within VHA—but projects that originated out of NCA and VBA, for spread in other administrations as appropriate. As of now, there are already several best practices in customer engagement that NCA has contributed to this platform through our Leaders Developing Leaders (LDL) initiative.

Table 1: VHA Trends in the American Customer Satisfaction Index

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
VHA Inpatients	83	84	83	85	84	85	85	84	84	81	86
VHA Outpatients	80	82	83	81	83	82	83	82	82	79	80
Private Sector Hospitals	71	74	77	75	77	73	76	76	78	76	74

Table 2: VA comparisons on Consumer Assessment of Health Providers and Systems

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CAHPS Composite	VA vs. Private Sector (adjusted for differences in age, education, and health status)
Access (based on % always getting care when needed)	6 points *lower* than private sector
Communication	About the same
Provider Discusses Medical Decisions	About the same
Self-Management Support	About the same
Comprehensiveness (attending to mental and emotional health as well as physical health)	6 points *higher* than private sector
Office Staff	About the same

9. The Veterans Choice Program, created by section 101 of Public Law 113-146, the Veterans Access, Choice and Accountability Act of 2014, would expire August 7, 2017, without Congressional action. Going forward, how do you envision expanding veterans' access to non-VA care while preserving within the Veterans Health Administration (VHA) the care and services VHA performs well?

   Response: One of the most critical needs facing our Veterans is access to community care. VA's long-term vision for the future state is delivering timely, high-quality community care. We must make it easier for Veterans to access community care and easier for community providers to work with VA.

   Our goal is to deliver community care that is easy to understand, simple to administer, and meets the needs of Veterans and their families, community providers, and VA Staff. VA has developed a long-term strategy as a starting point that allows for a balance between community care and care in the VA, purchasing community care when VA does not provide the service, cannot provide it when clinically needed, or cannot provide it as well as the private sector. VA needs local market assessments to determine the availability of care both in the VA and in the community to ensure the appropriate mix of care.

   We are making immediate improvements today, while seeking longer-term solutions. Together with Congress's support and funding, VA will continue working to streamline and transform VA Community Care to improve the community care experience.

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Senator Jerry Moran

Pre-Hearing Questions for the Record for
Presumptive Nominee, David J Shulkin,
to be Secretary of Veterans' Affairs

1. How would you describe the culture and functionality of the highest echelon in the VA Central Office? What changes would you make in the VA Central Office? Please be specific and candid.

   Over the past 18 months as Under Secretary of Health, I have come to understand the issues involving VA management and organization of our Central Office. While I have made several important organizational changes, I made a deliberate decision not to undergo large scale organizational changes while I wanted the focus on the organization on addressing our wait time issues and other organizational priorities that I had established. Organizational change in important, but it can also be very distracting, and I wanted the organization to know our top priority was to address the clinical needs of our veterans. Also during the time that I have served as Under Secretary I have named 20 new leaders to my top 22 management positions. Each has been instructed to assess their organization and to present their assessments. We have begun a formal organizational review and assessment and if confirmed, I am prepared to make the necessary changes at VACO and the field to ensure more efficient and effective operations. Specifically I plan to address the separation between policy and operations at VACO which has resulted in duplicative and sometimes confusing direction to the field.

2. What distinguishes you from the current VA leadership team? Do you plan to lead and manage the VA differently than the current VA leadership team? What are the differences? Please be specific.

   The Secretary of VA is responsible to ensure that our nations veterans receive the highest level of service and care that we can provide. The Secretary also serves to ensure that the President and Congress' policies and laws are carried out to the best of their ability. If confirmed, as Secretary, I would work tirelessly to see that these objectives are fulfilled.

   With a new Administration and Congress, we have the opportunity to address issues that have not been fully addressed in the last Administration. If confirmed, I would seek to work collaboratively with the new Administration, Congress, and Veteran organizations to implement systemic changes for VA that would improve service, quality and value. Given that there will be new leadership teams in place at the White House, Congress, and VA, this will be different than the last

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Administration. The mandate from the country to do better for our veterans is clear and now is the time to take on the tough issues and propose bold solutions. I stand ready to do this.

3. Once the replacement for a new Undersecretary of the Veterans Health Administration (VHA) has been identified, what are the top three priorities that individual should consider in this position overseeing the VHA? What are the biggest challenges facing the VHA?

   Response:

   As Under Secretary for Health, I established five priorities for VHA. I firmly believe that these priorities are critical to the continued improvement of VHA. These five priorities were 1) Improve Access to Care, 2) Improve employee engagement and filling VA management vacancies, 3) Implementing industry best practices, 4) Developing a integrated network of care between VA and community care, and 5) Enhancing trust among veterans.

   My instructions to a new Under Secretary for Health will be to prioritize Quality. Quality involves three important components of care- access, clinical outcomes, and service levels. Specifically the focus on quality will want to accelerate efforts in suicide prevention and treatment of behavioral health conditions, and women's healthcare. .

4. How many rural VA facilities have you visited? Please identify the locations.

   Response: I have visited a number of rural facilities: Dublin, Georgia; Augusta Maine; Bangor Maine, Caribou Maine, and Lebanon, Pennsylvania. In addition I conducted a number of listening sessions in Alaska during my visit there in 2015. I also practice internal medicine, via telehealth, in Grants Pass Oregon, which is a rural area that has a shortage of primary care physicians.

5. How many VA employees are currently on administrative leave? Of those currently on administrative leave, how much has the VA exhausted on their salaries while they have been on administrative leave and unable to fulfill the duties for which they were hired?

   Response: *HR has to make a request through DFAS for information in order to fully respond to the question*.

6. In your experience in the VA Central Office, are there VA employees you believe are toxic, corrosive or indifferent to VA culture reform? If so, would you remove some or none of these individuals from the VA? If so, what authorities do you possess and would utilize to remove these individuals from the VA? If you

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believe you do not have the authority to remove them, explain why. If you believe you need additional authority to remove them, explain in detail the authority you believe is required.

Response:

Yes, I believe that there are employees that have deviated from the values that we are essential for us to serve veterans. As Secretary, I would work to remove these employees from our workforce. The process to remove employees is currently too long and too cumbersome. While it is essential that there is due process, I would seek the authority to remove these individuals in a more expedited manner.

7. Please provide information regarding the Office of General Counsel, to include: FY09-FY17 funding levels, full-time personnel and their duty station, and job descriptions for the positions within the Office of General Counsel. Please also describe and explain the breadth of the Office of General Counsel's work and advisement. If the Office of General Counsel advises you take a position or make a decision that is counter to President-elect Trump's positions and commitments to reform the VA, will you follow the advisement of the Office of General Counsel? Is the Secretary of the VA required by law to execute the position or decision advised by the Office of General Counsel? Explain options available to the Secretary of the VA to take a position or make a decision counter to the advisement of the Office of General Counsel.

Response: OGC's annual budget of approximately $114M ($94M BA, $20M RA) supports +/- 700 FTE. Roughly 400 of OGC's personnel work in the District Chief Counsel Offices that provide legal support to VA's Medical Centers, Regional Offices, National Cemeteries, and other field operations; approximately 85 represent the Department in litigation before the US Court of Appeals for Veterans Claims; and the balance are assigned to VA Central Office and provide subject-matter-specific legal support to VA leadership on all issues arising from VA policies and programs, including information law, personnel law, procurement law, real estate law, Veterans' benefits law, torts and administrative law. The OGC workforce includes approximately 480 attorneys and 220 non-attorneys, including paralegals, legal assistants, and other administrative staff.

OGC's authorizing statute, 38 U.S.C. § 311, provides for the appointment of a General Counsel by the President, with the advice and consent of the Senate, to serve as the chief legal officer of the Department and to provide legal assistance to the Secretary concerning the programs and policies of the Department. OGC's authorizing regulations, provided in 38 CFR Part 14, provide that the General Counsel is responsible to the Secretary for the following:

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(a) All litigation arising in, or out of, the activities of the Department of Veterans Affairs or involving any employee thereof in his or her official capacity.

(b) All interpretative legal advice involving construction or application of laws, including statutes, regulations, and decisional as well as common law.

(c) All legal services, advice and assistance required to implement any law administered by the Department of Veterans Affairs.

(d) All delegations of authority and professional guidance required to meet these responsibilities.

(e) Maintenance of a system of field offices capable of providing legal advice and assistance to all Department of Veterans Affairs field installations and acting for the General Counsel as provided by Department of Veterans Affairs Regulations and instructions, or as directed by the General Counsel in special cases. This includes cooperation with U.S. Attorneys in all civil and criminal cases pertaining to the Department of Veterans Affairs and reporting to the U.S. Attorneys, as authorized, or to the General Counsel, or both, criminal matters coming to the attention of the Regional Counsel.

(f) Other matters assigned.

OGC provides advice and counsel to the Secretary and other VA officials regarding the legal framework within which those officials may act. Because actions taken in contravention of applicable laws may put the Department at unnecessary risk of litigation or other adverse outcomes, OGC endeavors to provide an analysis of available options rather than to simply advise for or against a single course of action. OGC strives to give useful, practical advice, couched in terms of "yes, if …" rather than "no, because." This approach generally avoids putting the Secretary in the position of having to choose between carrying out the President's agenda and complying with the law. As Secretary, I intend to work with my General Counsel to identify legally defensible means of accomplishing the reforms to which the President has committed for the benefit of Veterans and taxpayers.

8. If the VA Inspector General (IG) provides a report with findings of wrongdoing and criminal action, do you intend to notify Congress prior to or in tandem with the disclosure of the IG's report? In detail, please explain the authorities and actions you will execute to hold accountable the employees identified in the IG's report. Regarding similar instances under the leadership of Secretary McDonald, he refused to execute and utilize authorities provided to him. Do you intend to break with this precedent and use the authorities granted to the Secretary of Veterans Affairs?

Response: With respect to utilizing the statutory authorities for employee accountability that are at my disposal, I am aware that the expedited Senior Executive removal authority contained within the Veterans' Access, Choice, and Accountability Act of 2014 has come under question in the courts and may be

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found to be unconstitutional. Because the Choice Act authority supplemented rather than replaced other, more defensible authorities for holding employees accountable, Secretary McDonald chose to use the other authorities rather than the Choice Act once the constitutional issue became clear. We do still have a number of options for holding employees accountable, including traditional processes under Title 5 and Title 38 and the expedited process that came with the Choice Act. As frustrating as it is for me as a leader and for Congress as an authorizing body to see that authority challenged, it really doesn't serve Veterans or taxpayers well if we take an action that we know we'll have trouble defending in court. So while I will consider all of the authorities at my disposal to hold misbehaving and under-performing employees accountable, I will approach each case with an eye toward ensuring that the action taken will withstand appeal.

9. In July of 2015, the VA requested authorities from Congress to transfer $3.5 billion from the Choice Program to fund a shortfall in non-VA health care. Despite knowledge of such a debt as early as February 2015, VA officials waited until July to disclose the situation, providing a one-month notice of the potential lapse in health care for veterans due to insufficient funds. Do you agree with the VA's strategy to leave Congress little time to assess and address the $3.5 billion shortfall? If not, please explain how this situation should have been handled? If a shortfall scenario were to occur again as some have insinuated, what can we expect you to do differently from previous VA leadership?

Response:

- VA's budget plan early in FY 2015 was based on the Choice Program being operational more quickly than what was ultimately possible and a higher anticipated use by Veterans of Choice Program funds. VA pushed forward with plans for providing Care in the Community as part of the effort to improve Veterans access to care. The planned increase in workload was not able to be supported within the Choice Program operations established at that time. As a result, VA's non-Choice Care in the Community program's increased execution was at a rate that exceeded the 2015 plan. Program execution visibility was hampered by limitations of the financial management systems as well as the uncertainty of the program's cost in 2015 from both unreported obligations and over-obligations associated with medical authorizations.

- Regrettably, the process to clearly define the specific shortfall required more time than would have been preferred and significantly shortened the response time made available to the Congress. Secretary McDonald was made aware of the shortfall in May 2015 when VA staff confirmed there would be funding shortfalls in Care in the Community. Congress was informed in briefings in June and July that the non-Choice Care in the Community account was executing at a rate well beyond the 2015 funded plan.

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- In June 23, 2015 letters to the Committees on Veterans Affairs and the Appropriations Committees and subcommittees, VA requested authority to use available Choice Act funding and to transfer existing funds from other medical programs to address the shortfall in non-Choice Community Care requirements.

- VA requested Congressional flexibility to use section 802 funds on a limited authority basis in the amount of $2.5 billion as the estimated cost exceeding the Care in the Community 2015 budget and use $500 million for Hepatitis C treatments. VA could also make a $348.5 million transfer from Medical Facilities to the Medical Services account for Community Care, all totaling $3.48 billion.

- Congressional action provided VA the authority to use up to $3.3485 billion of Choice Act funds to meet the shortfall in the non-Choice Care in the Community FY 2015 budget.

  I want to make clear that I arrived at VA on July 6, 2015 and it took me a few weeks to understand the budget issues that were outlined above. When I became aware of these issues, we were fully engaged in working with Congress to seek the funding flexibility that was granted.

What is different now?

- Significant advancements have been made in refining processes for the utilization of Choice Program funds.

- VHA is completing monthly Financial Management System – Fee Basis Claims System (FMS-FBCS) reconciliations that are certified by VISN directors and Chief Financial Officers.

- For FY 2017, VA requested and received a separate appropriation for Community Care which will improve transparency and Congressional oversight.

- The FY 2017 appropriation provided VA with new authority to transfer funds to the Medical Community Care account from other VA discretionary accounts.

- VA is in the process of modernizing the Financial Management System, which along with improvements in methods and processes in the various automation systems that feed into the financial management system, will give VA senior management the ability to more easily identify this type of problem in the future.

- A congressional action that would assist VA is legislative language allowing VA to record the costs of Care in the Community at the time of payment, like

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some other Federal agencies, as opposed to the current practice requiring funds to be obligated at the time of authorization for care.

The planning and budget execution review processes that are now in place, will provide the necessary early warning of any similar funding issues and will allow for possible internal corrections. Additionally, I will be provided with the necessary information regarding the development of such an issue and will inform the Congress of it in a much more responsive manner.

10. If the Senate Veterans Affairs Committee requests the presence of VA employees to testify regarding a matter that was investigated by the Inspector General, will you make those personnel available to testify? Would you refuse to make VA employees available and advise they invoke their Fifth Amendment right against self-incrimination as Deputy Secretary Sloan Gibson did with several VA employees that the IG found were manipulating the VA system regarding relocation and financially benefitted. Would you have made these employees available to testify before the House Veterans Affairs Committee? What would you have done in this specific situation?

Response: I am committed to sharing information about VA policies, programs and activities with the oversight committees. I am also committed to fully cooperating with providing Congress with the information that they need to fufull their responsibilities to the American public.

In regards to the specific situation above, I was not involved in any way regarding the decision making involving these VBA executives or about the decisions made regarding their testimony before HVAC. It is my understanding however in this situation that the issue was one of timing: would testimony before the Committee during an active IG investigation potentially compromise a criminal proceeding, or violate an individual witness's Constitutional right against self-incrimination? We have to balance those competing interests in an effort to do the right thing in each case.

In the VBA relocation cases, it is my understanding that those employees retained private attorneys who advised them to invoke their Fifth Amendment rights. The Fifth Amendment right against self-incrimination is personal to individuals, not subject to invocation or waiver by one's employer, including the Deputy Secretary.

At the time that the employees' testimony was requested, the IG had referred the case to the Department of Justice for possible criminal prosecution, and DOJ had not yet determined whether it would take the case. As a result, HVAC's demand for those employees' testimony on the same issues that had been referred for potential criminal prosecution posed a real – not hypothetical - threat to their constitutional right against self-incrimination. In the interest of providing the Committee the information it needed, the Deputy Secretary asked the Committee

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to defer the hearing until after DOJ disposed of the case so the employees' Fifth Amendment rights would not be implicated. When the Committee declined to postpone the hearing, the employees invoked their right against self-incrimination.

11. How do you define unusual and excessive burden as it relates to the clause within the Choice Act? Do you consider it is an unusual and/or excessive burden for an 80 year old veteran without a vehicle to arrange transportation for a 200 mile drive to receive a shingles shot at a VA hospital facility? In this specific case, would you permit this veteran access to a shingles shot in his community by utilizing the unusual and excessive burden clause in Choice?

Response: As defined in the Veterans Access, Choice and Accountability Act (VACAA), the Unusual or Excessive burden provision is for a Veteran who resides 40 miles or less from the closest VA medical facility and the Veteran faces an unusual or excessive burden in accessing such a facility. If the Veteran lives 200 miles from the closest VA medical facility, they would be able to use the Choice program for all of their care under the distance provision of VACAA. If the Veteran lived 40 miles or less from the closest VA medical facility and has a medical condition that impacts his ability to travel to that facility, the Veteran would be eligible to receive all of their care through VACAA. The Unusual or Excessive burden provision did not account for transportation issues in making a determination regarding eligibility. The Unusual and Excessive burden provision does not take into account the availability of services in local market. VA believes that eligibility requirements should allow for the use of community care in instances where clinicians have determined there is need and VA cannot provide the service or provide the service timely.

12. Do you believe the Choice Program should be extended? Should the criteria for eligibility be altered? Do you have recommendations to improve Choice? If so, please provide a summary.

Response: Yes, VA would recommend that the Choice Act be amended to make full expenditure of the Choice Fund the sole basis for the expiration of the Veterans Choice Program (VCP) while utilizing existing eligibility criteria. This change would serve as an interim measure while Congress continues to consider VA's long term plans as well as the recommendations of the Commission on Care.

VA's long term plan would consolidate all of its community care programs into a single program that meets the needs of Veterans, their families, and community providers. This new program would clarify eligibility requirements, build on existing infrastructure to develop a high-performing network, streamline clinical and business processes, and implement continuum of care coordination

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services. This new program will provide enrolled Veterans increased flexibility, greater choice and faster access to health care in the community.

VA has also identified several shorter-term legislative measures that offer immediate improvement for VCP. Addressing the sunset date issue in the coming weeks will accomplish three significant objectives that VA believes all stakeholders can agree on: 1) allowing Veterans to benefit from every dollar already appropriated by Congress to improve Veterans' access to care; 2) providing the new 115th Congress, the new incoming Administration, and Veteran stakeholders more time to chart the course for the future of community care, including ensuring the financial resources are available to carry out that course; and 3) time for VA to work with Congress and stakeholders to ensure a smooth transition with minimal disruption for Veterans moving from VCP to VA's new consolidated community care program.

13. Do you consider front-line medical facility positions, including direct patient care positions, to be positions that are low risk and do not require a heightened sensitivity level to conduct an investigation and/or criminal background check? Do you believe the policies within 5 CFR 731 that govern suitability of covered positions in the VA provides sufficient guidance and specific direction to determine whether an individual is "favorable" to hire and should be in contact with veterans? What would you change in the VA credentialing process, please be specific, to better protect veterans from individuals who may cause them harm

Response: Provision of high-quality, safe patient care is the foremost mission of the VA. A critical component of providing safe care is the hiring and appointing of qualified healthcare providers. This begins before the provider is offered a position through the onboarding process.

The onboarding process is comprised of many steps which are all in place to ensure the applicants have the qualifications to meet VA standards and perform the duties for which they are being hired. The onboarding process includes the Human Resource process of investigating background to reveal criminal convictions, civil judgements, and exclusions from participation in Federal and State Health Care Programs, qualifications and basic eligibility determination, interviews, reference checks, and at minimum, a National Agency Check with Written Inquiry (NACI) level background investigation.

I believe that we need to streamline and shorten our onboarding process. It takes too long to get the necessary professionals hired to serve our veterans. My goal would be to have VA processes that ensure safety but that are similar in length and complexity to the best in the private sector.

Another distinct and separate component of the onboarding process is the credentialing and privileging of the provider. This is an extensive process in which the training, education, work history, clinical references, and licensure are primary source verified. During the credentialing process the National

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Practitioner Data Bank (NPDB) is queried as well as the Federation of State Medical Boards (FSMB) (for physicians) to identify any licensure actions, medical malpractice payments, adverse clinical privileges actions, health care-related criminal convictions and civil judgements and exclusions from participation in Federal or state health care programs. Licensed Independent Practitioners, such as physicians and dentists, are also enrolled in the NPDB's continuous query program and FSMB's Disciplinary Alert Service so that the facility is instantly notified if any report is made by any entity (VA or non-VA) to either organization so that immediate action can be taken as necessary.

VA utilizes an electronic credentialing software platform, VetPro, in which the primary source verified credentials for over 300,000 licensed, registered, or certified healthcare provider are stored and maintained. These files are easily shared and transferred between VA facilities to expedite the credentialing process for providers who move within the agency. The sharing of these files also assists in ensuring providers who have had substantiated clinical care concerns do not easily move throughout the system as their VA clinical history is available to anyone with access to their file. .

The selecting official at the facility level has all of this information to review and consider when making a decision of whether or not to hire the provider and if they are a good fit for the patient care needs of the facility.

Once hired, all Licensed Independent Practitioners are continuously monitored through a Focused Professional Practice Evaluation process and then through an Ongoing Professional Practice Evaluation process. These are screening tools (required for any Joint Commission Accredited facility) used to evaluate all providers who have been granted privileges and to proactively identify quality of care issues.

VA is committed to the thorough vetting of all providers who will treat our patients and we will continue to provide education, guidance, and tools to help the leaders at the VHA facilities make informed hiring decisions. VA meets and exceeds the Joint Commission accreditation standards for credentialing of healthcare providers that are utilized by healthcare organizations throughout the country.

If confirmed, as Secretary I would look for even better ways to credential our professionals. One of these ways that we are exploring is to work with DOD with their system of credentialing. Such a joint approach, between VA and DOD would offer many advantages and potentially be a solution that would well for our medical centers and for veterans

Sen Tester

Pre-Hearing Questions for the Record for the Nomination Hearing

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of Dr. David Shulkin to be Secretary of Veterans Affairs
From Ranking Member Jon Tester

1. What is your view on the role of the Secretary of Veterans Affairs? If confirmed, would you seek to be an independent advocate for veterans or would you be the executor of the Administration's policies relating to veterans?

   The Secretary of VA is responsible to ensure that our nations veterans receive the highest level of service and care that we can provide. The Secretary also serves to ensure that the President and Congress' policies and laws are carried out to the best of their ability. If confirmed, as Secretary, I would work tirelessly to see that these objectives are fulfilled. As Secretary, if confirmed, I would be a strong and independent advocate for veterans and for policies that would support the interests of veterans. Once laws and policies are put in place, the Secretary should serve to ensure that these are carried out to the best of his or her ability.

Response:

2. What are your top three goals as Secretary of Veterans Affairs?

If confirmed, my top goals as Secretary would be:

1) To ensure that the right people are in place to serve veterans, whether that be senior management or front line staff.
2) To ensure that the right resources, tools, and systems are in place to deliver these services to our veterans
3) To ensure that veterans are receiving the highest quality and character of services that they have earned and deserve.

3. After serving nearly two years as Under Secretary for Health, how will you broaden your focus for VHA to the entire organization? What do you foresee as your biggest challenge in that endeavor?

Response:

If confirmed, my goal for VA is to work as a seamless organization to meet the needs of our veterans. From a veterans perspective, they do not care if their services come from VHA, VBA, or NCA, but rather they care their issues are being addressed. The real strength of VA comes from the ability to meet physical, social, economic, and the holistic needs of the veteran.

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VA has been working hard to act more as an integrated enterprise and in doing so I have worked closely with my colleagues in VBA, NCA and the Board of Appeals. I understand that veterans see us all as one VA and not separate administrations and therefore having a seamless experience is critical to us fulfilling our mission. During my time as USH I have been able to contribute to efforts that improve services to veterans who utilize VBA and NCA. If confirmed I would build upon my foundational understanding of these issues to accelerate changes in all three administrations and implement a singular veteran centric service model for VA.

The largest challenge to working as an integrated enterprise is the ability to accelerate our journey to be a veteran centric organization and to challenge the status quo.

4. One of the Secretary's major roles on an annual basis is developing and then defending VA's budget for a given year. Please explain your role in this endeavor under Secretary McDonald.

   My role as Under Secretary of Health is to propose a budget for the health needs of the veterans we serve.

Response:

   a. Do you anticipate working within the limits established by the Office of Management and Budget or going to the President to advocate for the level of funding that is needed to fully fund the Department in the coming year?

It is essential that the Secretary be a strong advocate for the resources that are required to do the job of serving our country's veterans. It is also essential that the Secretary ensure that those resources that are allocated are spent in an efficient and effective manner.

Response:

5. If confirmed, what will be your plan to work with employee unions? Do you believe they play an important role in bridging communication between VA employees and management?

   If confirmed, I would work closely with our unions to seek solutions and to implement changes involving our workforce that would allow VA to better fufill its mission. I do believe that our unions are important partners in our efforts to improve quality and service.

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Response:

6. What is your view on the role of whistleblowers? If confirmed, will you encourage whistleblowing by the Department's employees?

Response:

(NEED A STATEMENT ON WHISTLEBLOWERS)

7. Last Congress, this Committee considered a number of legislative proposals that would have provided the Department with authority to sanction employees—both general schedule and Senior Executives—that is not available to other federal agencies. Do you believe that, in order to best manage the Department's workforce, it needs expedited firing authority that would reduce an employee's right to appeal?

Response:

What we need is an employee discipline and appeal process that provides enough due process to pass constitutional muster but allows us to take action faster than we can under the current process and affords more deference to the Agency's decisions than Merit Systems Protection Board judges often do. Ideally we'd like to see an overall reform of employee discipline and appeals rules throughout the Federal government, not something that singles out VA employees for harsher treatment than their peers in other agencies, because we want to be able to attract and retain good people from all over rather than lose them to other agencies. We'd like to see a change in the agency's burden of proof on appeal to the MSPB, so we can sustain our actions based on substantial evidence rather than the higher and harder-to-prove preponderant evidence standard that applies today. That small change would allow us to take discipline more expeditiously and sustain our well-founded actions on appeal.

8. Have you spoken to the President about your vision for the rest of the leadership team at VA? What is that vision?

Yes, I have spoken to President Trump about my vision for the leadership team at VA. We seek to fill our leadership positions with people that have good values and ethics, people that are passionate about serving veterans, people with superb experience and competence, and people who understand the needs of veterans.

Response:

9. Will you commit to quarterly meetings to update this committee on progress the Department has made on recommendations from OIG, GAO, OSC, and other

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investigative reports? Who is responsible within VA for tracking and ensuring that these recommendations are implemented?

Yes, I will commit to these quarterly updates. OCLA will be responsible for communicating the recommendations from these reports and the resulting actions taken by VA to comply with these recommendations.

Response:

10. The President-elect's vision to reform VA included the following statement, "Ensure our veterans get the care they need wherever and whenever they need it. No more long drives. No more waiting backlogs. No more excessive red tape. Just the care and support they earned with their service to our country." If confirmed, how will you achieve this vision—do you have more specifics on the President's 10-Point plan for reforming and modernizing VA for the 21st Century?

Response:

If confirmed, I will immediately begin the work to define the options that would work towards the improvements in VA that the President, Congress, and the American public seeks. In terms of the 10 point plan, I am still studying the various proposals and options that have been laid out by the President.

11. Secretary McDonald has been lauded by Veterans Service Organizations and military service organizations for his attentiveness to their concerns.

    a. Please describe your past VSO and MSO interactions.

My interactions with Veteran Service Organizations (VSOs) and Military Service Organizations (MSOs) have been very positive and collaborative in nature. I have met with the many of the VSOs (Disabled American Veterans, The American Legion, Veterans of Foreign Wars, Paralyzed Veterans of America, AMVETS and Vietnam Veterans of America, Iraq and Afghanistan Veterans of America (IAVA) on a monthly basis to share best practices and proactively address major VSO issues. Senior VA leaders have also met with the Post 9/11 VSO Groups: Got Your Six, Team Rubicon, Team Red, White and Blue (RWB), Student Veterans of America, Travis Manion Foundation and many MSOs such as Military Officers Association of America (MOAA) and Fleet Reserve Association (FRA) to build coalitions and address Veteran issues as well. VA Leaders have traveled to the major conventions and annual meetings and met individually with each of the VSO groups on a routine and reoccurring basis to solicit feedback and opportunities that VA can take to improve services for Veterans. On the local level, VA medical center facilities meet with our VSO partners on a monthly basis to capture feedback and improve the care and delivery of health care services to

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Veterans in the community. Some of the initiatives that we have worked closely with MSOs/VSOs included MyVA Transformation, MyVA Access and Suicide Prevention.

b. Please give specific examples of how you anticipate involving the VSOs and MSOs.

Response:
We expect the same level of partnership and engagement with our VSOs/MSOs colleagues to continue as we work to continue the progress/momentum that we have gained with MyVA Transformation.

12. Will you commit to making data public, including the Monday morning workload report and wait times by medical facility?

I am a strong believer of transparency of data. I am committed to making public our wait times by medical facility and our patient satisfaction scores related to access by facility. I am not familiar with the workload report, but if confirmed would be willing to consider looking at this suggestion.

Response:

13. If confirmed, will you direct your agency to timely and fully respond to all reasonable Freedom of Information Act requests submitted by the American people?

Yes
Response

14. Will you commit to sharing with committee staff VA organizational charts, for the administrations and staff offices, which include names and contact information, so that staff can get timely answers to concerns?
Response:

Yes

15. As you know, RAND recently reported that VA health care is as good or better than health care provided by the private sector. After nearly two years as Under Secretary of Health at VA, do you agree with this finding? Please explain.
Response:

Statements related to the comparison of quality between VA and the private sector

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have been studied by numerous independent research groups. These research finding speak for themselves. My interpretation of these studies is that clearly in some areas, VA outperforms the private sector. Areas of superior performance generally include the comprehensive nature of VA care and include measures related to helath screening, primary care, outpatient meausres, safety and behavioral health. However, there are other areas of healthcare performance where VHA lags. If confirmed as Secretary, I would continue to focus my efforts on improving the quality and safety of VA healthcare, and continue to pursue improvement efforts utilizing private sector benchmarks.

16. Many veterans, especially those with complicated health issues, rely upon the specialized services of the VHA. Many of these services, like spinal cord injury, blind rehabilitation, and prosthetics, are not widely available in the private sector. In an era of declining budgets and decentralization of funds, please describe your views on VA's responsibility to maintain capacity in these programs. What is your perspective on the future of VA specialized services (spinal cord injury, polytrauma, blinded rehabilitation, mental health)?

Response:

With regard to mental health care, VA comprises an unparalleled system of comprehensive treatments and integrated services to meet the needs of each Veteran and the family members who support the Veteran's care. These services support Veteran resilience, identify and treat mental health conditions at their earliest onset, address acute mental health crises, and provide recovery-oriented treatments. VA provides a continuum of forward-looking outpatient, residential, and inpatient mental health services across the country. In FY 2016, more than 1.6 million Veterans received specialized mental health treatment from VA; This number has risen each year from over 900,000 in FY 2006. VHA provides mental health care integrated within its Primary Care clinics at VHA medical centers and large and very large community clinics with 15% more Veterans receiving Primary Care Mental Health Integration services in 2016 than in 2014. The integration of mental health services into primary care settings is designed in part to help overcome some Veterans' reservations about seeking mental health services. It also provides an opportunity to deliver mental health services to those who may otherwise not seek them and to identify, prevent, and treat mental health conditions at the earliest opportunity. Through the Measurement Based Care in Mental Health Initiative, VA is working toward the nationwide implementation of measurement based care (MBC). Fifty-eight champion sites, representing 18 Veterans Integrated Service Networks, have been selected to help develop and refine the infrastructure for this implementation. With MBC, Veterans assess their wellness through a standardized set of questions, with the resulting data then used to individualize and enhance their mental health care. To our knowledge VA is the largest mental health system implementing MBC.

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A key VHA strategic principle is to ensure access, continuity, and quality for special emphasis and vulnerable populations in VHA, such as Veterans with spinal cord injuries and disorders (SCI/D), where VHA has expertise not found in the community. VA provides world class care to Veterans with SCI/D so they can achieve the highest possible health, independence, quality of life, and productivity throughout life.

A unique strength of the VA SCI/D System of Care, not found elsewhere in the private sector, is that the full continuum of care is provided to Veterans with SCI/D throughout life. This includes rehabilitation, acute care, ongoing primary care, preventive care (including comprehensive annual evaluations), lifelong medical management, outpatient care, home care, telehealth, respite care, long-term care, and end of life care. That care is coordinated through a hub and spokes model; similar coordination is not available outside of the VA.

There is no better place for Veterans with an SCI/D to get care than one of the 24 regional VA SCI/D Centers, where care is provided through highly dedicated and committed teams of knowledgeable and skilled professionals from different disciplines. In addition, VA facilities without an SCI Center have trained SCI/D teams that work closely with SCI Centers to deliver primary and limited specialty care. This hub and spoke model of care provides integrated and coordinated regional and local care throughout the US. Geographical access is further enhanced by dedicated SCI/D home care and telehealth programs. There are unique dedicated SCI/D long-term care units in VA that are not available anywhere else in the country. There are superior critical services provided in VA, such as prosthetics, bowel and bladder care, ventilator care, Home Improvement and Structural Modifications (HISA) grants, and travel.

In 2000, a report "VA Spinal Cord Injury and Disorders: A Comparison of Program Data Collected Across Four Modes of Care" demonstrated that the VA SCI/D System of Care was more comprehensive and offered superior resources, care, and training as compared with other large SCI Systems of Care in the U.S. and in Europe. Analyses of outcome data collected since then show that VA provides care that meets or exceeds internal and external benchmarks in all areas, including outcomes related to quality of life. Over the past 20 years, studies, surveys, anecdotal evidence, and behavior have demonstrated that Veterans with SCI/D highly value VA care.

- A will maintain our commitment to ensure these Veterans receive the specialized services they need. Such services are not widely available in the private sector – if at all.
- VA has established programs and systems of care to maintain and ensure the provision of lifelong specialized care and services for these severely disabled Veterans

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- VA's systems of care for Polytrauma / Traumatic Brain Injury (TBI), Amputation, Spinal Cord Injury and Disorders, and Blind Rehabilitation are strong:
    - Specialized services are provided across tiered networks of specialty rehabilitation centers that serve as regional referral centers for acute inpatient rehabilitation for severe injuries.
    - Ongoing care and services are provided for Veterans in VA facilities with specialized interdisciplinary teams closer to the Veteran's home community.
- These VA programs uphold the highest standards of rehabilitation, such as CARF (Commission on Accreditation of Rehabilitation Facilities) accreditation for inpatient rehabilitation facilities, and participating in HHS 'Model Systems' for VA's TBI and SCI programs (consortium of premiere private and academic rehabilitation centers).
- VA is further committed to ensuring Veterans continue to receive the prosthetic items and services they need. In FY2016, VA expended $2.8 Billion to provide 20 million medical items, prosthetic devices and items to 3.3 million Veterans.
- With regard to **mental health** care, VA comprises an unparalleled system of comprehensive treatments and integrated services to meet the needs of each Veteran and the family members who support the Veteran's care.
- These services support Veteran resilience, identify and treat mental health conditions at their earliest onset, address acute mental health crises, and provide recovery-oriented treatments.
- VA is committed to ensuring continuing access to a full spectrum of mental health care for our Veterans.

17. VHA has made undeniable progress over the past two years in integrating more community care into the VA health care system. Do you believe that a veteran's primary care clinician should continue to be part of the VA system or can s/he be any clinician a veteran chooses?

Response:

VA has developed a model of personalized, proactive, primary care for Veterans. It provides a comprehensive approach to caring for the Veteran. Every Veteran is assigned to a primary care provider when they begin participating in VA health care to ensure their care is coordinated. This approach is critical to ensuring the Veterans health. However, in many parts of the country, Veterans live too far or face other obstacles in getting to the VA for their primary care. If Veterans receives primary care in the community, VA needs to ensure that all of the care is coordinated and the provider quality is the same or better than the VA.

18. As we have discussed on numerous occasions, the roll-out and execution of the Veterans Choice Program in Montana and many other states has been nothing

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short of a disaster. In fact, the same issues have remained largely unresolved for two years and have left veterans, community providers and VA employees frustrated and angry. As many of these issues remain the responsibility of the Third Party Administrators in Choice, what are you going to do to hold them accountable for a continued failure to meet the terms of their contract, and to meet the basic expectations of veterans? Do you continue to believe that VA becoming the primary payer of Choice for all veterans and community care spending flexibility are critical to ensuring that the Choice program operates as intended?

Response:

The VA uses several strategies to evaluate contractor performance and imposes penalties on contractors when they fail to meet the terms of their contracts. The Quality Assurance Surveillance Plan (QASP) is a recurring assessment of contractor performance throughout the term of the contract. When contractors fail to meet the metrics established in the QASPs, letters of correction and financial penalties, also called equitable adjustments, are assessed against the contractor. Equitable adjustments have been, and will continue to be, used to move the contractor toward meeting the metrics outlined in the contract.

Congress can assist in simplifying the claims processes through a change in the law that makes the VA the primary payer. This change would lead to greater efficiencies in claims submission by our community providers and subsequent payment by our contracting partners. This change would also eliminate the labor intensive process of identifying and communicating other insurance coverage on the front end. A transition back to VA being primary payer should be a relatively smooth transition since the original framework of our Consolidated Patient Account Centers (CPAC) was built upon this premise. This change will allow our CPACs to operate as originally designed by recouping costs from third-party payers after care has been rendered.

19. The Commission on Care rejected the idea of granting veterans who use the VA unfettered choice in seeking care outside of the VA. Do you agree with this position, or do you believe that a veteran who is eligible for VA health care ought to be provided with a voucher to seek care wherever s/he chooses, with VA footing the bill?

Response:

My belief is that every veteran that relies upon VHA for their healthcare must have access to the best quality healthcare in a timeframe that meets their clinical needs. We must utilize care within the VA and outside the VA to meet this objective. In terms of total unfettered access, I think given the models considered by the Commission and the subsequent economic modeling done by their economists, that the Commission came up with the reasonable conclusions. However, if confirmed, I would plan to explore different options that would allow veterans greater choice while maintaining the

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unique character and services of VHA. These proposals will require additional analysis before they can be fully considered.

20. Are you in favor of the Commission on Care recommendation that would grant veterans with other-than-honorable administrative discharges eligibility to access VA health care on at least a temporary basis?

Response:

If confirmed, I would take a serious look at such a proposal and confer with both the White House and Congress about ways that we might address this population.

a. Have you spoken to President-elect Trump about how he intends to handle services for veterans in need who have bad paper discharges?

Response:

No

21. President-elect Trump's plan for veterans talks about embedding satellite VA clinics within other health care facilities in rural and other underserved areas. With existing government acquisition, leasing, and contracting laws, how do you intend to make this happen quickly?

Response:

The Department has various means for providing care or embedding "clinics" in affiliates or other healthcare facilities to provide healthcare for Veterans in rural and other underserved areas:

VA providers only – VA provides healthcare out of non-VA's healthcare sites through the sharing of staff/resources, not real property. This is a similar model to how VA partnered with the Department of Defense (DoD) to do exit exams. A VA doctor would perform exams in a DoD facility, but VA would not have real property interest in the site, it would be purely resource sharing.

Real Estate Solutions – VA could utilize tools such as revocable licenses and permits as quick, short-term real estate agreements to occupy third-party space for VA providers. Such agreements do not have to be competitively sourced but can only provide a interim solution – up to 5 years in certain circumstances but typically much shorter. For any type of long-term, presence, VA would acquire space from a third party through leasing. With current competitive requirements, it may take longer to go through the process. VA would lease a portion of space and staff it with VA personnel as a standard clinic. The competitive procurement process would dictate the final location from within a VA specified geographic area, but requirements could be written to help narrow down the scope. This issue could be streamlined with legislative changes to allow sole source leasing with affiliates and state and local governments. In that case, it would still be a

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lease, but could be non-competitive if it were with an affiliate location or applicable local government.

22. Do you intend to modify Secretary McDonald's MyVA priorities or "breakthrough initiatives"?

Response:

The MyVA priorities were established through consultations with VA management and staff, veterans service organizations, community groups and The MyVA advisory Committee. Progress has been made in many of these areas and in some cases the goals have been achieved. If I were to be confirmed as Secretary, I would continue progress in those areas where progress is still needed, establish new and bold goals for other priority areas, and continue to consult with veterans and the organizations that represent their interest to modify and evolve these initiatives.

23. In your opinion, what more do you believe needs to be done to improve personnel recruitment and retention at VA health care facilities?

Response: VHA is continually striving to improve personnel recruitment and retention at VA health care facilities, and has a robust and multi-pronged approach to recruitment. Local facilities have in-house human resources departments, as well as nurse recruiters, who reach out to and coordinate with applicants on a local level, including outreach to nearby training programs and hosting open houses when needed to facilitate hiring. Facilities also produce job advertisements in local, state and national publications, journals, newspapers, radio advertisements, hold local career/job fairs, and attend local and regional job fairs. VHA also has a National Recruitment Program (NRP), 100 percent staffed by Veterans, that employs private sector best practices to fill VHA's top five most critical clinical and executive positions.

Our major challenge is the unnecessary hiring complexity caused by VA having three different hiring authorities. As Secretary, I'd like to continue to explore with the Congress establishing an Alternative Human Resources (HR) System for VA, converting VA to Title 38. Additionally, for our clinicians, a single Federal credentialing system, coupled with national reciprocity for credentialing, would greatly improve our ability to hire and retain clinicians, improve the hiring process from the applicant's perspective, and allow us to more easily deploy our clinicians to meet surge needs as the may arise across VHA.

Finally, the prudent use of recruitment, retention and relocation incentives has been an important tool for VHA hiring and retention. Removing these incentives from the CARA award caps would restore our ability to appropriately deploy these important flexibilities to improve our ability to compete with the private sector.

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24. There has been increasing pressure in recent years for VA to contract for services in local – especially rural – communities where VA facilities are not easily accessible. Mental health is one area of particular emphasis in this regard. What do you believe is VA's responsibility for meeting the needs, including mental health needs, of rural veterans? If confirmed, what emphasis would you place on this issue?

Response:

- VHA is committed to meeting the health care needs, including mental health, of **all** Veterans, regardless of where they live.
- Rural Veterans deserve a special focus as they have a higher risk of suicide than Veterans in urban areas.
- Other challenges of rural Veterans include:
  - Provider shortages
  - Geographic barriers
  - Lack of transportation options
  - Rural community hospital closures
- VHA is taking steps to address mental health provider shortages in rural areas by establishing regional **telemental health** hubs
- In 2016 VHA established four regional telemental health (TMH) hubs to enhance Veteran access to mental health care for Veterans residing in rural areas
  - The four hubs are in South Carolina, Utah, Pennsylvania, and Washington-Oregon area.
  - Six additional hubs are planned to come online in 2017.
  - This will extend mental health services to up to 200 sites of care where more mental health capacity is needed.
- VHA has also expanded capacity to serve rural Veterans at home, issuing **tablets** for the delivery of care, including mental health, to nearly 3,000 Veterans.
- **Standardized training on suicide prevention** guidelines in face-to-face clinical settings and during telephone contacts specifically for clinicians who work with rural Veterans
- Integrating evidence-based practices and existing VA programs (e.g., suicide risk management in primary care, crisis support, firearm safety, and the Home-Based Mental Health Evaluation program) into a comprehensive portfolio of best practices to prevent rural Veteran suicides.
- We recognize there are workforce shortages in rural areas and will continue to pursue **strategies to meet these workforce gaps,** including:

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- Expanded scope of practice for advanced practice registered nurses
- Expanding workforce training programs in rural VA locations
- Leveraging the VA ECHO (Extension for Community Health Outcomes) program to ensure primary care providers in rural sites can access specialty training and consultation
- Hiring of highly trained Veteran combat medics and corpsmen

25. What is the appropriate level of oversight and responsibility that VA has for the care veterans receive from community providers?

Response:
VA needs to ensure we provide a full network of care, including appropriate quality in the network. The Request for Proposal (RFP) that was released on December 28, 2015 includes requirements for the networks to be accredited and for providers to be credentialed. The contractor must establish a variety of quality, network adequacy, patient experience and operational efficiency plans. There are over 20 in total that will be required as part of the contract. In addition, VA will establish certain quality measures to be included based on industry standards. A Quality and Patient Safety Model and Framework was created to establish the baseline for moving to a value-based model of care, based on the Institute of Medicine (IOM). These measures will move the VA forward in ensuring appropriate quality when community care is provided.

26. Female veterans are the fastest growing population in the VA today and will continue to grow over the next several years. The President-elect has stated his intent to better meet the needs of female veterans, which I support.

    a. During your time at VA, what have you done to improve the physical and mental health care access, quality of care, and address privacy, security, as well as the transition for female veterans?

Response:

Physical and Mental Health Care Access

- Since 2014, VA has made tremendous strides in providing enhanced services and access for women.
  - 100% of medical centers and 90% of Community Based Outpatient Clinics have Designated Women's Health Providers
  - 130 VA Medical Centers have gynecology services on-site
  - VA offers a full continuum of gender-sensitive mental health services to women Veterans
  - VA has deployed large scale initiatives to train current VA physicians on Women's Health core curricula and priority topics, including Mental Health

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- All Primary Care and Mental Health providers are also trained in the care of Veterans who have experienced Military Sexual Trauma

Quality of Care

- VA tracks quality by gender and has reduced or eliminated several key disparities
- On some important quality measures, VA is better than the private sector (breast and cervical cancer screening)

Privacy and Security

- VHA has committed to ensuring all facilities meet Privacy Standards – to include physical and auditory privacy – and to increasing the accountability of facilities to follow these standards.
- By policy, all Veterans' personalized health information is protected with the same level of privacy and security regardless of gender.
- VA's focus also goes beyond physical security to ensure the entire experience of women Veterans is positive.
- VA has launched multiple campaigns aimed at recognizing the service of women Veterans and is now launching an even more direct effort to increase civility and respect through the "End Harassment" campaign.

b. Will the President-elect's desire to "fully equip" every VA hospital with women's health services bump other projects for the SCIP list to achieve this goal?

Response:

For the past several years, one of VHA's goals has been to incorporate women's health into various aspects of our capital initiatives. Just a few of our numerous examples include dedicating a women's health exam room into the PACT design model; converting existing multi-bed inpatient rooms to single bed inpatient rooms; updating VA's Women's Health Design Standard and Guide for separate women's clinics; and including a women's health sub-criteria in the Strategic Capital Investment Planning (SCIP) scoring process to increase points for any capital initiative focusing on women's health.

In addition, in the SCIP 2018 cycle, VHA narrowed the first year capital initiative focus to only include leases and projects under the following umbrellas: Women's Health, Inpatient Medical/Surgical Bed Conversion to Single Beds, Primary Care and Outpatient Mental Health, Safety, and Infrastructure. The impact of this focus for first year projects and leases resulted in approximately a 1/3 reduction in capital initiatives compared between the SCIP 2017 cycle final list and SCIP 2018's preliminary list. This allowed women's health type projects and leases to better compete for limited construction and leasing funding.

VHA plans to continue this narrowed focus with the same categories for the SCIP 2019 cycle in an effort to continue to support VHA's goals, which includes converting existing deficient space and/or adding more space, resulting in state of the art, modern environments for VA to provide women's health.

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27. During your time at VA, what have you specifically done to reduce the number of veteran suicides? What do you still hope to accomplish if confirmed as Secretary?

Response:

Accomplished:

- Convened a Call to Action on Preventing Veteran Suicide in February 2016 – included Congressional members, federal partners, non-profits, VSOs, survivors of suicide prevention; led to recommendations that have been implemented throughout VA and communities
- Completed most comprehensive analysis of Veteran suicide to date: "Suicide Among Veterans and Other Americans" - examining more than 55 million Veteran records from 1979 to 2014 from all 50 states and 4 territories.
- Convened several public-private partnership strategic planning sessions to seek input and dialogue about our partnership strategy.
- Signed Memoranda of Agreement with Johnson & Johnson, Give an Hour, Bristol Myers Squibb Foundation, IBM, Wounded Warrior Project, Psych Armor, and Project Hero expanding the reach of VA mental health programing.
- Developed and implemented REACH VET (Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment), to identify and intervene with Veterans who are at a statistically elevated risk for suicide and other adverse outcomes.
- Designated the month of September for Suicide Prevention Awareness and led "Be There" campaign across federal, VSO, and corporate partners.
- Elevated VA's suicide prevention efforts and redirected resources, and personnel to create a new Office for Suicide Prevention to reach across entire department and lead a comprehensive strategy on suicide prevention

In Progress

- Implement state-of-the-art best practices for risk assessment, treatment, crisis management and quality improvement for VHA users in all clinics that treat Veterans at elevated risk.
- Continue to deploy comprehensive solutions, including targeted screening, risk assessment, predictive analytics, outreach, and innovative programming to identify Veterans at elevated risk and offer care as appropriate.
- Enhance enterprise-wide awareness and training of all staff (clinical and non-clinical) in recognition and intervention for Veterans at risk for suicide.
- Ensure ease of Veteran experience and quality of clinical care in VCL-Suicide Prevention Coordinator care continuum. Expand programming of

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Suicide Prevention Coordinators (SPCs) based on identified areas of need.

- Execute a public-private partnership program to increase coordination of available suicide prevention resources for Veterans not enrolled in VA.
- Expand existing outreach campaigns to target highest-risk Veterans and increase overall reach.
- Create new and update existing IT infrastructure to provide rapid access to data that inform suicide prevention effort
- Develop data-sharing strategies specific to Veteran suicides to engage our federal, non-profit, and corporate partners to work together on better understanding Veteran suicide

28. Veteran homelessness decreased by 47 percent between 2010 and 2016, largely due to funding from Congress and the hard work of local communities, yet on any given night, nearly 40,000 veterans remain homeless. Ensuring veterans have permanent housing is incredibly important.

    a. If confirmed, will you commit to ensuring that this work remains a priority at VA?

Response:
VA remains committed to ending Veteran homelessness. While there has been tremendous progress in ending Veteran homelessness and the efforts of VA and its partners are producing successful outcomes for many Veterans, there is still work to be done to ensure that no Veteran is without a place to call home. We know that ending Veteran homelessness is not a single event in time; rather, it is a deliberate effort made to achieve the goal, and continued follow-up efforts to make sure that progress toward achieving the goal is maintained.
We must continue our commitment to our efforts around rapid rehousing and permanent supportive housing for Veterans who fall into homelessness so that their homelessness is rare, brief, and nonrecurring. The ultimate goal is to make sure that every Veteran has permanent, sustainable housing with access to high-quality health care and other supportive services and that Veteran homelessness in the future is prevented whenever possible.

    b. While several states and nearly 40 communities have met the federal benchmarks and criteria for ending veteran homelessness, I have heard from communities that have reached the goal earlier that maintaining a system that can rapidly house newly homeless veterans takes nearly the same level of effort and resources as housing unsheltered veterans to meet the goals. Even as the number of unsheltered veterans decreases, will you commit to evaluating resource needs based on existing populations *and* projections as you consider budget proposals for these programs?

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Response: Communities who have reached an effective end to Veteran homelessness understand that it is not an automatic guarantee of long-term success. If the strategies that got them there are not sustainable, or if resources are subsequently diverted to other focus areas, these communities will see their numbers begin to rise again.

Continuing progress and sustaining our gains is vital to ultimately achieving the goal of ending Veteran homelessness. In order to keep making progress, we must sustain our intensive efforts, maintain investment levels into this work, add to our stock of affordable and supportive housing, and stem the flow into homelessness through effective prevention.

VA's homeless programs and services have evolved over the years as a result of improved data collection and evaluation. We now know that housing a Veteran isn't enough to ensure a sustained exit from homelessness. Veterans, especially Veterans those who have experienced chronic homelessness, need ongoing intervention and case management. VA's programs provide data driven essential services designed to support Veterans obtain and maintain housing stability. Therefore, we must commit to continue to fully support our homeless programs such as HUD-VASH and Supportive Services for Veteran Families (SSVF) and the current efforts to transform our homeless Grant and Per Diem (GPD) program.

29. According to the VA's National Center on Homelessness Among Veterans, the fastest growing subpopulations of homeless veterans are female veterans and those who have deployed to Afghanistan and Iraq under OEF/OIF/OND in the last decade and a half. What will you do to ensure that VA homelessness programs address the needs of these specific groups?

Response:
Last year, the National Center on Homelessness Among Veterans conducted a study to look at population projections of Veterans likely to either be a risk of or actually become homeless and access VA care over the next 10 years. Women Veterans and Veterans who had served in the OEF/OIF era were identified as two subpopulations projected to grow in number while those older than age 55 were projected to decline. It should be noted that even with this growth, the majority of homeless Veterans is still projected to be predominantly single and male (85-90% in 2025). The National Center has commissioned two subsequent studies to map both current need profiles of homeless women Veterans served within VA and outcomes associated with different program utilization patterns. We expect to have results from these studies within the next six months which will be essential to accurately mapping where we need to strategically direct resources to address this projected demand. At this time, we do feel that current VHA program capacity, particularly in the Supportive Services for Veterans and Families (SSVF) and HUD-VASH programs which provide the

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bulk of services for women Veterans who are homeless or at-risk for homelessness, is sufficient to support these projections for at least the near term.



Homeless_Veteran_Population_Projections

30. Over the last 15 years, Congress has worked to improve health care, benefits, and care coordination for our most seriously wounded, ill and injured servicemembers, veterans, and their caregivers/family members to ensure a seamless transition between the DoD and VA systems and to provide continuity in care and services. How do you plan to strengthen collaboration and cooperation between these two agencies and improve upon the existing health and benefit systems?

Response:

- VA, in partnership with DoD, has taken significant steps to address the transition of seriously wounded, ill and injured Service members and Veterans. We will continue to build on this work by:
  - Leveraging the VA/DoD Interagency Care Coordination Committee (IC3), a subcommittee under the VA/DoD Joint Executive Committee, was formed to improve care coordination and reduce transition gaps.
  - Enhancing care coordination through the Lead Coordinator role who serves as the primary point of contact for Servicemembers and Veterans and their caregivers during recovery and transition between DoD and VA;
  - Community of Practice - connecting the DoD and VA clinical and non-clinical case managers of recovering Servicemembers and Veterans enabling collaboration and best practices to be shared;
  - Implementing Interagency Comprehensive Care Plans - serves as a single, interoperable, individualized plan that assists managing the patient's goals thus reducing the need to retell their story as they transition and relocate. We will work to establish an IT solution for the Interagency Comprehensive Plan.
  - Enhancing health information exchange:
    - A Veteran's complete health history is critical to providing seamless, high-quality integrated care and benefits.
    - Today, more than 220,000 VA health care and benefits professionals have access to Joint Legacy Viewer, which VA and DoD clinicians can use to access the health records of Veterans and Active Duty and Reserve Service members
    - We are currently deploying EHMP (Electronic Health Management Platform) which will integrate health data from VA, DoD, and community care partners into a customizable interface that provides a holistic view of each Veteran's health records.

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- **Disability claim filing pathways:** ***(not sure this is the right place, but including here just in case)***
  - VA and DoD are dedicated to improving the processes for individuals in the IDES and Separating Service Member (SSM) disability claim filing pathways.
  - The Service Treatment Record (STR) is the common data information source critical to support both claimant groups.
  - Efforts are actively underway to ensure the STR can be electronically transferred from the DoD to VA systems, relieving the need for the Service member to hand-carry their records to VBA for claim support.
  - VA and DoD have re-engineered the Separating Service Member claims workflow and it will be piloted by DoD and VA facilities in the National Capital area starting in March 2017.

31. Accurate forecasting of usage of veterans benefits is essential in planning for resources to administer those benefits. If confirmed, what would you do to ensure that VA provides accurate and timely forecasts of the need for additional staffing resources so that Congress is able to appropriate resources in a timely manner?

Response:

A workforce analysis is the foundation of any good workforce plan as it directly aligns the organization's needs with outcomes. VBA's workforce analysis is an ongoing effort, and as new data becomes available (such as the Veterans Benefits Management System (VBMS) transactional-level data and National Work Queue (NWQ) post-implementation data), it is incorporated in VBA's Resource Allocation Model (RAM) which is a systematic approach to distributing field resources each fiscal year.

The RAM utilizes a weighted model to assign compensation and pension Full Time Equivalent (FTE) resources based on regional office (RO) workload, including rating inventory; and rating, non-rating, and appeal receipts. The RAM incorporates several variables to accurately align with VBA's transformation to a paperless, electronic environment, where receipts can be assigned and managed at the national level. These variables include station efficiency (claims completed per FTE), quality, and RO capacity.

VBA leaders use the model as a guide, making adjustments for special circumstances or missions performed by individual ROs. Special missions include:

- the Appeals Management Office (AMO),
- Benefits Delivery at Discharge (BDD) sites,
- Integrated Disability Evaluation System (IDES) processing sites,
- Quick Start processing locations,

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- National Call Centers (NCCs),
- foreign claims processing locations,
- radiation processing locations,
- Camp Lejeune Contaminated Water (CLCW) processing locations, and
- Pension Management Centers (PMCs).

With the exploration and analysis of future workload management functionality, VBA will work closely with DoD to collaborate on drawdown estimates and aggregate demographics of forces so VA has an early picture of the Veteran population profile. Data will be assessed at a more granular level to understand employee production and prioritize the integration of additional enhancements in the NWQ. VBA submits its annual Staffing Levels report to Congress in late March, detailing the staffing levels at each RO.

32. The current appeals process for veterans benefits is broken. More than 450,000 appeals are pending. The current appeals process is complex, inefficient, and confusing. Most importantly, it no longer serves veterans and their families. In 2016, VA worked with eleven VSO and non-VSO stakeholders to create a framework to reform the appeals process. Do you support reforming the current appeals process? If confirmed, will you prioritize reforming the current appeals process? Do you support the 2016 framework as described above?

Response:

I fully support reforming the current appeals process. Comprehensive reform is necessary to replace the current lengthy, complex, confusing VA appeals process with a new appeals framework that makes sense for Veterans, their advocates, VA, and stakeholders. This reform is crucial to enable VA to provide the best service to Veterans and, if confirmed, I will prioritize reforming the current appeals process.

I support the framework developed collaboratively by VA and a wide spectrum of stakeholder groups in 2016. I believe that the engagement of the organizations that participated in development of the new framework ultimately led to a stronger proposal, as we were able to incorporate their feedback and experience having helped Veterans through the complex appeals process.

The current VA appeals process takes too long. Appeals have no defined endpoint or timeframe and require continuous evidence gathering and re-adjudication. On average Veterans are waiting 3 years for a resolution on their appeal. For cases that reach the Board of Veteran's Appeals (Board), Veterans are waiting on average 6 years and thousands of Veterans are waiting much longer. The current appeals process is also too complex. Veterans do not understand the process, it contains too many steps and it is very challenging to explain to Veterans. Additionally, accountability does not rest with one appellate body; rather, jurisdiction over appeals is split between the Veterans Benefits Administration (VBA) and the Board.

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The new framework, which I fully support, steps away from an appeals process that tries to do many unrelated things inside a single process and replaces it with differentiated lanes, which give Veterans clear options after receiving an initial decision on a claim. For a claim decision originating in VBA, for example, one lane would be for review of the same evidence by a higher-level claims adjudicator in VBA; one lane would be for submitting new and relevant evidence with a supplemental claim to VBA; and one lane would be the appeals lane for seeking review by a Veterans Law Judge at the Board. In this last lane, intermediate and duplicative steps currently required by statute to receive Board review, such as the Statement of the Case and the Substantive Appeal, would be eliminated. Furthermore, hearing and non-hearing options at the Board would be handled on separate dockets so these distinctly different types of work can be better managed. As a result of this new design, the agency of original jurisdiction (AOJ), such as VBA, would be the claims adjudication agency within VA, and the Board would be the appeals agency.

This new design would contain a mechanism to correct any duty to assist errors by the AOJ. If the higher-level claims adjudicator or Board discovers an error in the duty to assist that occurred before the AOJ decision being reviewed, the claim would be returned to the AOJ for correction unless the claim could be granted in full. However, the Secretary's duty to assist would not apply to the lane in which a Veteran requests higher-level review by the AOJ or review on appeal to the Board. The duty to assist would, however, continue to apply whenever the Veteran initiated a new claim or supplemental claim.

This disentanglement of process would be enabled by one crucial innovation. In order to make sure that no lane becomes a trap for any Veteran who misunderstands the process or experiences changed circumstances, a Veteran who is not fully satisfied with the result of any lane would have 1 year to seek further review while preserving an effective date for benefits based upon the original filing date of the claim. For example, a Veteran could go straight from an initial AOJ decision on a claim to an appeal to the Board. If the Board decision was not favorable, but it helped the Veteran understand what evidence was needed to support the claim, then the Veteran would have 1 year to submit new and relevant evidence to the AOJ in a supplemental claim without fearing an effective-date penalty for choosing to go to the Board first.

To fully enable this process and provide the appeals experience that Veterans deserve, VBA, which receives the vast majority of appeals, would modify its claims decisions notices to ensure they are clearer and more detailed. This information would allow Veterans and their representatives to make informed choices about whether to file a supplemental claim with the AOJ, seek a higher-level review of the initial decision within the AOJ, or appeal to the Board.

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The new framework would not only improve the experience of Veterans and deliver more timely results, but it would also improve quality. By having a higher-level review lane within the VBA claims process and a non-hearing option lane at the Board, both reviewing only the record considered by the initial claims adjudicator, the output of those reviews would provide a feedback mechanism for targeted training and improved quality in VBA.

The legislation should be enacted now. It has wide stakeholder support and the longer we wait to enact the Appeals Reform legislation more and more appeals will enter the current, broken system. The status quo is not acceptable for our Nation's Veterans and taxpayers. The new framework will provide much needed comprehensive reform to modernize the VA appeals process and provide Veterans a decision on their appeal that is timely, transparent, and fair.

33. There was a recent Congressional Budget Office report released that suggested that significant savings could be realized in VA compensation expenditures by streamlining who is considered service-connected. Of particular note, the report suggests that a number of presumptive conditions, such as Multiple Sclerosis, should not in fact be presumptively considered for service-connection. Do you support the recommendations offered by CBO targeting service-connected disabled veterans compensation?

Response:

This recommendation would alter the fundamental principles of the VA disability compensation program, specifically the definition of "line of duty" as it relates to determing service-connection for diseases or injuries related to military service. While this principle has been debated and studied over the years, VA still believes and Congress has historically maintained support for the current definition of line of duty. That is, service members who contract *any* injury or illness while on duty or on authorized leave, that is not the result of willful misconduct or drug and alcohol abuse, are entitled to service-connection for such conditions. The basic premise is that Servicemembers are on duty 24 hours a day, seven days a week and such individuals are subject to the Uniform Code of Military Justice at all times and in all places, including while on leave. VA believes that the government should continue to support those who have made enormous sacrifices and answered the call to defend their country by maintaining the current definition of line of duty.

Additionally, VA does not support eliminating the presumption of service-connection for certain conditions such as Multiple Sclerosis. The establishment of presumptive disabilities is based on extensive medical evidence and sound scientific research which identifies certain medical conditions that manifest years after the Veteran's exposure. VA believes these individuals are justly considered for service-connected benefits as it relates to these conditions.

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34. VA's FY 17 budget request for major and minor construction of $1.025 billion is a significant decrease from FY 16 request of $1.675 billion. The Department testified that it was taking a "strategic pause" regarding construction awaiting the report by the Commission on Care. Now that the report has been published, what do you think the Department should do to modernize and replace its aging and substandard facilities?

Response:

In FY 2017 the Department did not request funding for any new construction projects. Instead, VA's FY 2017 budget request focused on fixing what we have by directing resources to fund the continuation or completion of minor construction and non-recurring maintenance (NRM) projects initiated in prior fiscal years.

The reason for not funding any new projects was because VA was waiting to receive the recommendations from the Commission on Care (which we received in July 2016) to incorporate into VA's immediate and long-term infrastructure strategy and to determine if resources would need to be reallocated or requested to implement infrastructure strategies accordingly. In addition, VA wanted to ensure maximum future flexibility by not committing to a long term solution prior to the release of the report.

In August 2016, the President and VA responded to the Commission's report. The Department agreed that the Commission's facilities recommendations were critical to enable a successful transformation of VA's healthcare system to an integrated network to serve Veterans. VA stated that a strong suite of capital planning programs, tools, and resources would be needed to be able to fully realize the benefits and Veteran outcomes expected from implementing an integrated healthcare network.

Currently, VA is working towards the goal of high performing networks that take into account current and expected future services by developing a structure to integrate community care and VA-provided healthcare on a market by market basis. The Department kicked-off an effort with private sector healthcare experts to design an approach for integrated healthcare delivery decisions based on Veteran population, demand, internal capacity, and external public and private sector health care resources and capacity. Once the approach is validated, tested, piloted, and deployed nationwide, a national infrastructure realignment strategy will be developed accordingly to establish an objective process to appropriately realign VA's capital infrastructure. Through this process, VA will also identify the resources, tools, and authorities that are needed to enable the divestiture of assets and to streamline capital project execution. VA is committed to pursuing the appropriate capital resources to serve Veterans and ensure that a successful realignment strategy is implemented.

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35. VA's vocational rehabilitation and employment program is one of the smallest, yet most important, programs within the Department. It is the linchpin for helping veterans who incur service-connected disabilities achieve a fulfilling and gainful future. I am deeply committed to making sure that this program lives up to its full potential, especially when individuals who have sustained serious injuries in combat are concerned. What are your thoughts on the role that vocational rehabilitation plays in terms of the total rehabilitation of an individual recovering from severe combat-related injuries and on how VA's current efforts might be improved?

Response: "What are your thoughts on the role that vocational rehabilitation plays in terms of the total rehabilitation of an individual recovering from severe combat-related injuries":

- The Vocational Rehabilitation and Employment (VR&E) program provides comprehensive services and assistance to enable Veterans and Servicemembers with service-connected disabilities to include physical, cognitive, mental, and emotional disabilities as well as an employment handicap to prepare for, find, and maintain suitable employment. For Veterans with service-connected disabilities so severe that they cannot immediately consider work, the VR&E program offers services to improve their ability to live as independently as possible in their homes and communities Nearly one quarter or more of VR&E participants recently studied, by cohort, have a primary rating for Post-Traumatic Stress Disorder (PTSD). (VR&E Longitudinal Study Annual Report 2016, 2015). VR&E participants in the longitudinal study also reflect an average disability rating of 60%; participants have a range of physical and emotional barriers and disabilities.
- VR&E's service delivery model works to best support Veterans where Veterans are located. VR&E employs over 1,000 professional Vocational Rehabilitation Counselors (VRCs) and Employment Coordinators (EC). These personnel provide services to Veterans and transitioning Servicemembers through a network of over 350 locations. VR&E's service delivery model include operations at 56 regional offices (ROs); the National Capital Region Benefits Office; approximately 142 out-based offices; 71 Integrated Disability Evaluation System (IDES) installations and 94 VetSuccess on Campus (VSOC) schools/sites. VR&E is also able to provide individualized services based on the Veteran or Servicemember's unique individualized needs.
- VR&E has two special missions focused on reaching critical populations via targeted outreach and support – IDES and VSOC. VR&E actively collaborates with the Department of Defense to provide VR&E services to Servicemembers through the IDES program. Vocational Rehabilitation Counselors are located on 71 military installations and work directly with transitioning Servicemembers to provide VR&E services. VR&E is committed

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to ensuring that the needs of seriously injured Veterans and Servicemembers are met in a timely manner by providing priority processing of applications for these populations. Automatic entitlement to VR&E services for wounded, ill and injured Servicemembers, a provision of Public Law 110-181(NDAA; Congress has renewed annually), allows for streamlined support and assistance for this critical population. Veteran Success on Campus (VSOC) Counselors provide on-campus access to VA benefits and services/support for 78,000 Veteran students on 94 campuses across the country.

Response: "How could VA's current efforts be improved"

- As part of ongoing VR&E Transformation, VR&E has several initiatives currently in development to improve service delivery to Veteran clients. VR&E Service is currently developing a new case management system and process that will be fully electronic and paperless, with planned pilot/deployment in FY17. VR&E also deployed tele-counseling Nation-wide in 2015, and continues to work to increase the use of this enabling technology to better serve both Veterans and their counselors. VR&E is also working on initiatives to streamline administrative processing and support for VR&E counselors in order to provide more focused counseling support to Veterans in the VR&E program.
- To continue to better understand the VR&E population, VR&E continues to execute the congressionally mandated 20-year VR&E Longitudinal Study of Veterans who began their VR&E programs in 2010, 2012, and 2014. Reports are submitted to Congress annually on the long-term benefits of participating in the VR&E program. The study allows VR&E to continuously analyze trends among participants receiving services, and respond with initiatives that improve and adapt services to their changing needs.

36. VA granted the presumption of service-connection for conditions associated with exposure to Agent Orange to recipients of the Vietnam Service Medal until 2002 when criteria was restricted to those who had "boots on the ground." What are your views on granting the presumption of service-connection to veterans who served in the bays, harbors, and territorial seas?

Response:

VA honors the service and dedication of U.S. Navy and Coast Guard Veterans who served aboard ships on the offshore waters of Vietnam. However, current laws are intended to compensate Veterans for Agent Orange exposure related diseases when there was an actual potential for such exposure. That potential existed for Veterans who served within the land boundaries of Vietnam, including its inland waterways, where Agent Orange use occurred.

The United States Court of Appeals for the Federal Circuit upheld this definition in *Haas v. Peake* (2008). Available evidence does not support such potential exposure existed for service aboard ships operating on Vietnam's open water bays, harbors, and territorial seas. The distinction is based on the fact that aerial

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spraying of Agent Orange and other tactical herbicides over Vietnam was used to destroy enemy food crops, reveal enemy positions by defoliating jungle and riverbank cover, and create vegetation-free security zones around military bases. No such use of Agent Orange occurred over the offshore waters of Vietnam.

To better understand possible Agent Orange exposure among Navy Vietnam Veterans, VA tasked the National Academies of Science (NAS) with investigating and determining whether there were any potential routes of exposure, such as through aerial spray drift or sea water contamination from river water runoff. The NAS report, *Blue Water Navy Vietnam Veterans and Agent Orange Exposure* (2011), determined that there was insufficient evidence to confirm that these potential routes resulted in any significant exposure. U.S. Navy and Coast Guard activity during the Vietnam War involved large open water ships conducting operations off the coast of Vietnam [often referred to as the "Blue Water Navy"] and smaller vessels conducting operations on the inland bays and river system of Vietnam [often referred to as the "Brown Water Navy"]. Some Blue Water ships temporarily entered Vietnam's inland waterways to conduct naval gunfire support of ground operations or to deliver supplies.

Although there is insufficient scientific evidence to grant a blanket presumption of Agent Orange exposure for all U.S. Navy Vietnam Veterans, VA has a liberal policy of presuming exposure for all Veterans who served aboard Brown Water vessels operating on Vietnam's inland waterways and for those Veterans serving aboard Blue Water ships that temporarily entered the inland waterways. Additionally, if evidence shows that a Blue Water ship off the Vietnam coast sent crew members ashore for duty or visitation, any Veteran on the ship at that time will receive the presumption of exposure if they state that they personally went ashore. The Veterans Benefits Administration (VBA) maintains a list of ships that entered Vietnam's inland waterways or otherwise sent crew members ashore for duty or visitation. This list is based on evidence found in ship histories or deck logs, which are received from the Department of Defense's Army and Joint Services Records Research Center (JSRRC) or other credible sources. The list is available online and can be quickly updated by VBA's Compensation Service to reflect the most up-to-date research.

37. VA currently uses the criteria of 170,000 un-served veterans within a 75-mile radius for purposes of establishing new national cemeteries. In the past, the Senate has supported this standard and has authorized new cemeteries based upon VA's recommendations. Do you believe this should continue to be the standard practice? In the absence of a VA recommendation, do you believe Congress should legislate the location of new national cemeteries?

    Do you believe this should continue to be the standard practice?

Response:

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VA changed the criteria used to establish new national cemeteries in FY 2011. The current standard, which was approved by Congress, reduced the Veteran population threshold required to build a new national cemetery from 170,000 to 80,000 within a 75-mile radius. As a result of this change, VA will construct 5 new national cemeteries designed to serve over 550,000 Veterans.

In addition, VA established burial access policies in 2011 and 2013 that will allow for construction of five Columbarium-only national cemeteries in certain urban locations where time and distance barriers make it difficult for Veterans to use the existing national cemeteries. VA will also establish a national cemetery presence in eight rural areas where the Veteran population is less than 25,000 within a 75-mile service area. The proposal targets those states in which: 1) there is no open national cemetery within the state; and 2) areas within the state are not currently served by a state Veterans cemetery or a national cemetery in another state.

In the absence of a VA recommendation, do you believe Congress should legislate the location of new national cemeteries?

Response:

VA opposes any legislative action that would direct the location of a national cemetery. The placement of national cemeteries is based on objective criteria that address the maximum number of unserved Veterans in a given area. This approach has been very successful. To date, 91.7% of the total Veteran population--approximately 20 million Veterans--has convenient access to a burial option. When all planned national and state Veteran cemeteries currently in queue are opened, 95% of the Veteran population will be served.

38. What is the future of VHA's electronic health record?

Response:

The future of VHA's electronic health record (EHR) is a modern system that improves health outcomes for Veterans on a platform that can seamlessly adopt technological advances.

VA is carefully considering the future of VistA. In the context of current budgetary constraints, we are evaluating all options from adopting a commercial off the shelf (COTS) EHR to retaining an enhanced and standardized VistA. We are actively gathering key information and expert feedback, and recruiting a Chief Health Informatics Officer with extensive commercial EHR experience to help VHA craft an informed EHR strategy within the first 100 days of the new Administration. The goal is to make a decision that will best serve Veteran's needs.

OI&T has been working in partnership with VHA to develop the foundation for a modern health platform – the Digital Health Platform (DHP). This new initiative successfully completed a proof-of-concept. Over time, this approach will address

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the interoperability and integration challenges for Veterans by integrating information gathered from mobile applications, devices, wearable technology, along with data from Veterans' VA, military and commercial electronic health records in real-time.

We are not waiting for a decision to enhance the care Veterans are receiving today. Interoperability between VA and DoD is better today than at any point in the history of the Departments with the deployment of the Joint Legacy Viewer (JLV). JLV is not a vision for the future or a plan on paper. JLV is available to all clinicians in every VA facility in the country. It is a web based user interface that provides the clinician an intuitive interface to display DoD and VA healthcare data on a single screen. Providers from a variety of specialties have provided positive feedback and user stories are proving that we are successfully sharing information seamlessly between the departments. We have also invested in a longer term interoperability solution known as the Enterprise Health Management Platform (eHMP).

eHMP builds on the interoperability success of JLV, and is a modern web based user-interface that will improve access to health information by integrating health data from VA, DoD, and community care partners into a customizable interface that provides a holistic view of each Veteran's health records. A version of eHMP has been installed at 130 sites.

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RESEARCH BRIEF

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Emerging Populations: Female, OEF/OIF/OND and Older Veterans

Tom Byrne, PhD

EXECUTIVE SUMMARY

Background

The number of Veterans experiencing homelessness nationwide on a given night dropped by 47% between 2010 and 2016. To maintain and sustain this progress, three emerging sub-groups of the homeless Veteran population will warrant special focus in coming years:

- Female Veterans
- Veterans who served in Operations Enduring or Iraqi Freedom or Operation New Dawn (OEF/OIF/OND)
- Older Veterans

This report provides population projections over the next ten years for these three sub-populations and characterizes distinct need and use patterns among current users of VA homeless programs within each sub-population. The intent is to provide information to policy makers and program planners about the potential demand for services among Veterans who will become homeless or face risk for homelessness over the next ten years as well as potential characteristics of that need so that programming and capacity can be proactively considered.

Results

This report developed projections of changes in the number of Veterans in each of the three groups who are likely to access some form of assistance from a VA specialized homeless program in Federal Fiscal Years (FY) 2015-2025 using a straightforward method that relied on data from Veterans Health Administration (VHA) Support Services Center (VSSC) and the VA Office of the Actuary's Veteran Population Projection Model (VetPop) 2014. It also used a statistical method known as Latent Class Analysis (LCA) to to identify distinct need and service use profiles within each group of interest.

Key findings from the report include:

- The projected numbers of women Veterans who may subsequently either become homeless and or be at risk for becoming homeless will increase 4.4% from 36,443 in FY 2015 to 38,048 in FY 2020 and to 39,686 in FY 2025, representing an overall projected increase of about 9% between FY 2015 and FY 2025.
- The number of OEF/OIF/OND Veterans using VA homeless programs or with a homeless identification was 55,629 in FY 2015. Between FY 2015 and FY 2020 this number is projected to grow by about 33% from 55,629 to 73,789. By 2025 the number is projected to rise to 83,774, representing a total increase of 51% from FY 2015.

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- Veterans aged 55 and above comprised about 50% of all Veterans who accessed a VA specialized homeless program or who had a homeless indication in FY 2015. The number of Veterans aged 55 or more who may need assistance from a VA homeless program is projected to decline by 5% between 2015 and 2020, and by about 11% overall between 2015 and 2025, from 176,607 Veterans to 166,580 and 155,315 Veterans, respectively. However, even with declining numbers, older homeless Veterans will continue to make up a large share of the overall pool of Veterans using VA homeless assistance programs. In 2025, for example, the projected number of older homeless Veterans who may need assistance from a VA homeless program is 3.9 times and 1.9 times higher than the corresponding projections for female and OEF/OIF/OND Veterans, respectively.
- The results of the LCA identified between 5 and 6 distinct profiles within each sub-population. These profiles demonstrate that service needs are likely to vary both across and within members of each of the three populations.

Conclusions

The composition of the Veteran population is changing, bringing about key shifts in the kinds of Veterans who experience homelessness or face risk of homelessness. Findings from this report suggest that there will be growing need for assistance among female and OEF/OIF/OND Veterans, while older Veterans will be a declining, but still sizeable, constituency for VA homeless assistance programs. This report is a first step towards providing information to help VA homeless services to align strategically with these shifts. There are many critical questions around how to determine the type and constellation of services that will be effective for the various sub-groups within the three populations discussed here. Future work to address these questions should include the perspective and input of female, OEF/OIF/OND, and older Veterans to help ensure that there is continued progress towards preventing and ending homelessness among Veterans.

INTRODUCTION

The U.S. Department of Veterans Affairs (VA) has made preventing and ending homelessness among Veterans a top priority. VA has re-aligned its approach and invested substantial energy and resources in programs and practices that help Veterans obtain and maintain stable, permanent housing.

These efforts have borne success: the number of Veterans experiencing homelessness nationwide on a given night dropped by 47% between 2010 and 2016. [1] However, in the upcoming years, three emerging sub-groups of homeless Veteran population warrant special focus:

- Female Veterans
- Veterans who served in Operations Enduring or Iraqi Freedom (OEF/OIF/OND)
- Older Veterans

The first two groups comprise an increasing share of the overall Veteran population and a growing proportion of those experiencing homelessness who receive assistance from VA specialized homeless programs. Female Veterans account for about 10% of VA homeless program users and OEF/OIF/OND Veterans make up roughly 15%. There is also evidence that women Veterans and OEF/OIF/OND Veterans have characteristics and needs that differ from those of their male counterparts and predecessors from previous service eras, respectively. Older Veterans are also an important group, as Veterans aged 55 and above currently comprise about 50% of all VA homeless program users and will continue to constitute a significant share of participants over the next decade.

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This report provides population projections for these three sub-populations over the next ten years and characterizes distinct need and use patterns among the current women, OEF/OIF/OND and older Veterans accessing VA homeless programs. The intent is to inform policy makers and program planners of potential demand for care and services among Veterans who will become homeless or at risk for homelessness over the next ten years as well as potential characteristics of that need so that programming and capacity can be proactively considered.

METHODS

We developed projections of changes in the number of Veterans in each of the three groups who are likely to access some form of assistance from a VA specialized homeless program in Federal Fiscal Years (FY) 2015-2025. These projections were developed using a straightforward two-step method that relied on data from the Veterans Health Administration (VHA) Support Services Center (VSSC) Homeless Services Dashboard 1 Report and the VA Office of the Actuary's Veteran Population Projection Model (VetPop) 2014.[2] In the first step, we calculated the proportion of the overall group of interest (i.e., females, OEF/OIF/OND Veterans, Veterans aged 55+) who, according to the VSSC data, had received a VA specialized homeless service, benefit, or indication in FY 2015. To achieve this, we used VSSC estimates of the unique number of Veterans in each group who received a VA homeless service, benefit, or indication in FY 2015 as the numerator, and the VetPop estimate for the total number of Veterans in each group in 2015 as the denominator. We then multiplied this figure by the VetPop estimates for the group's total population in each year from 2016-2025. For example, the VSSC data indicated that in FY 2015, a total of 36,443 female Veterans received a VA specialized homeles service, benefit, or indication and the VetPop estimates indicated that in FY 2015 there were a total of 2,035,213 female Veterans nationwide. Thus, we calculated the proportion of female Veterans accessing VA homeless services or with a homeless identification to be about 1.8% (36,443/2,035,213 = .018). Then, to project the number of female Veterans likely to be candidates for VA homeless prevention or other services in 2020, we multiplied this proportion (1.8%) by the VetPop projection for the total number of female Veterans in 2020 (2,124,866). This resulted in an projected estimate of 38,048 homeless or at-risk female Veterans who are likely to be candidates for VA homeless prevention or other services in 2020. This two-step approach is mathematically equivalent to multiplying the VSSC estimates of the unique number of Veterans in each group who received a VA homeless service, benefit, or indication in FY 2015 by the percent change in the total number of Veterans in each group from the VetPop projections from 2015 to each subsequent year.

To describe the need and care use characteristics of these sub-populations, we used a statistical technique known as latent class analysis (LCA) to identify distinct profiles within each group of interest. LCA was conducted on a sample of Veterans in each group who accessed a VA homeless program at some point during FY 2014. We used the following variables to conduct the LCA and identify distinct profiles: gender, age, service in OEF/OIF/OND, race, ethnicity, presence of behavioral health diagnoses, presence of chronic health diagnoses, and utilization of VA inpatient and/or outpatient services in FY 2014.

Limitations and Caveats to Methodology

There are several important caveats to this projection approach. First, the VSSC estimates used as the basis of these projections capture Veterans who are both homeless or at risk of homelessness and it should not be assumed that all of these individuals will become literally homeless.

A second limitation of the VSSC estimates is that they only capture Veterans who touch the VA system and therefore miss an unknown proportion of Veterans who only use community-based homeless assistance programs. As such, the projection results are best understood as estimates of the number of

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Veterans—both homeless and at-risk—who will have contact with the VA at some point over the course of a year, rather than as estimates of the number of Veterans experiencing homelessness.

A further caveat to the projections is that they assume that the proportion of Veterans in each group who are potential candidates for assistance from VA specialized homeless programs in future years will remain constant at their 2015 levels. Implicit in this assumption is that baseline economic conditions (e.g., unemployment rate, housing market conditions) and other factors that may affect the proportion of Veterans who are homeless or at risk of homelessness are held constant in future years. Thus, the projections do not account for future changes in economic or other factors including the effectiveness of upstream interventions and the impact they may have on the population of Veterans who may become homeless or at risk of homelessness. The corollary of this assumption is that any projected changes in the number of Veterans who will access VA homeless programs will come solely from changes in the underlying population of Veterans as they are currently projected by VetPop.

Finally, while these groups represent the majority of Veterans who will be served by VA homeless progams, they do overlap (i.e., OEF/OIF/OND Veterans who are women). While their projections are considered separately, the projected numbers should not be considered exclusive or additive.

FEMALE VETERANS

The Female Veteran Population in Context

Women are an increasingly important part of the United States Military. According to figures from the Department of Defense, in 2014 there were roughly 201,000 women on active duty in the armed forces, comprising 15.1% of all active duty members.[3] This represents a roughly five-fold increase over the past 40 years; in 1975 women comprised roughly 4.6% of the armed forces.[4] In concert with this trend, the overall number of female Veterans also stands to grow substantially in the coming years, both in absolute numbers and as a share of the overall Veteran population. This is illustrated in Figure 1. In FY 2015 there were an estimated 2 million female Veterans comprising about 9% of the overall Veteran population. By 2025 these numbers are expected to grow to 2.2 million and 12% respectively, and by 2040 there will be an estimated 2.4 million female Veterans who will make up 16% of the overall Veteran population.

The anticipated growth in the female Veteran population has important implications for VA specialized homeless programs. Evidence suggests that female Veterans who experience homelessness are characteristically different from their male counterparts. For example, more than a third have experienced military sexual trauma[5] although they have lower rates of substance abuse and mental health problems than their male counterparts.[6] Female Veterans who experience homelessness are more likely to be part of a family with children,[7] and their homeless experience may impact their parenting ability and outcomes for their children.[8]

Projecting Future Need for Assistance from VA Homeless Programs

Figure 2 presents the projections of female Veterans who will need assistance from VA homeless programs. The number of women accessing VA specialized homeless programs or with a homeless identification has grown substantially in recent years, from 11,016 in FY 2010 to 36,443 in FY 2015, which is likely due to the growth in VA program capacity in recent years.

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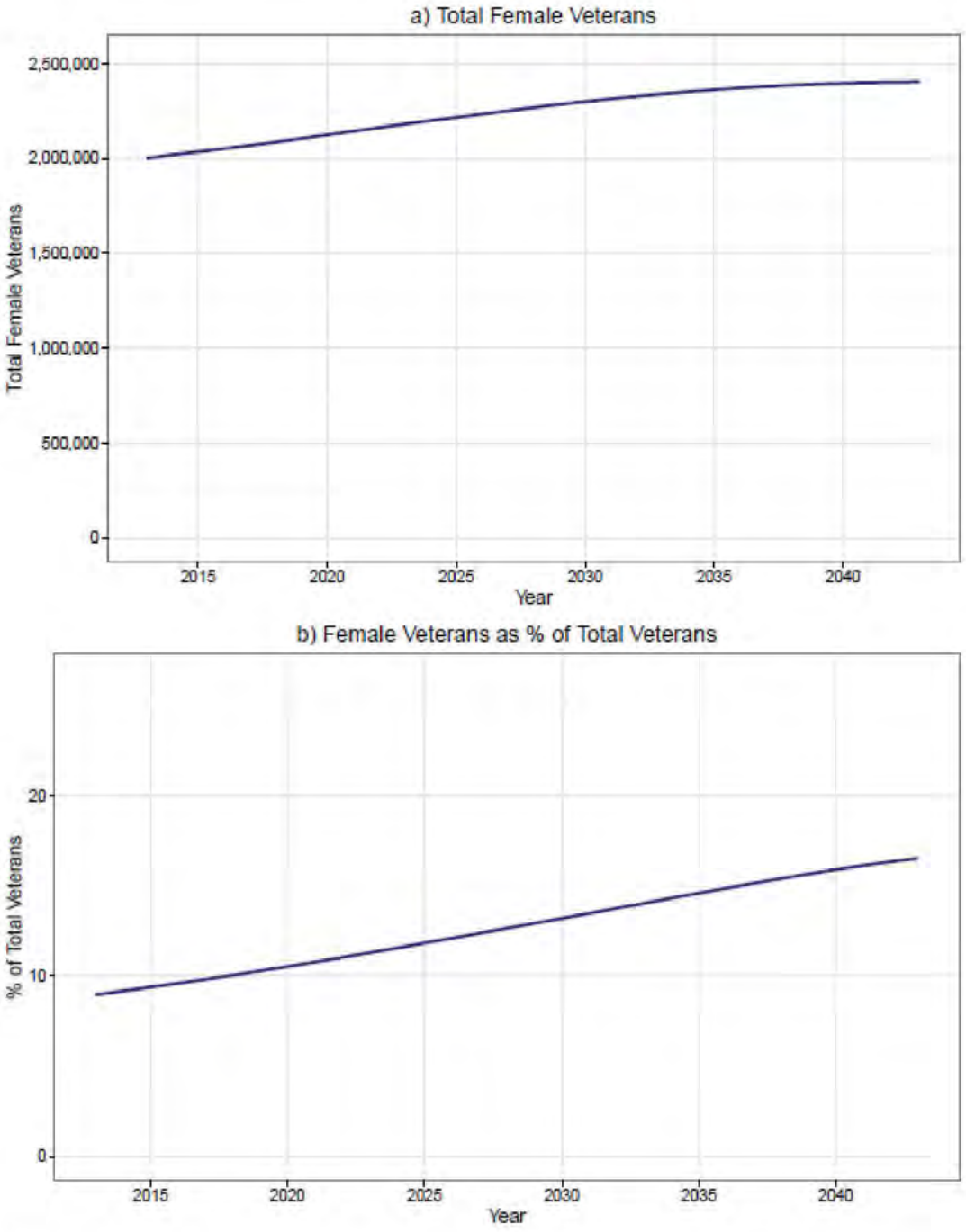
Figure 1 - Projection of Female Veteran Population and Female Veterans As Share of Total Veteran Population



Source: VetPop2014, Table 1L

Based on the projected number of women separating from military service and enrolling in VA, the projected numbers of women Veterans who may subsequently either becomme homeless and or be at risk

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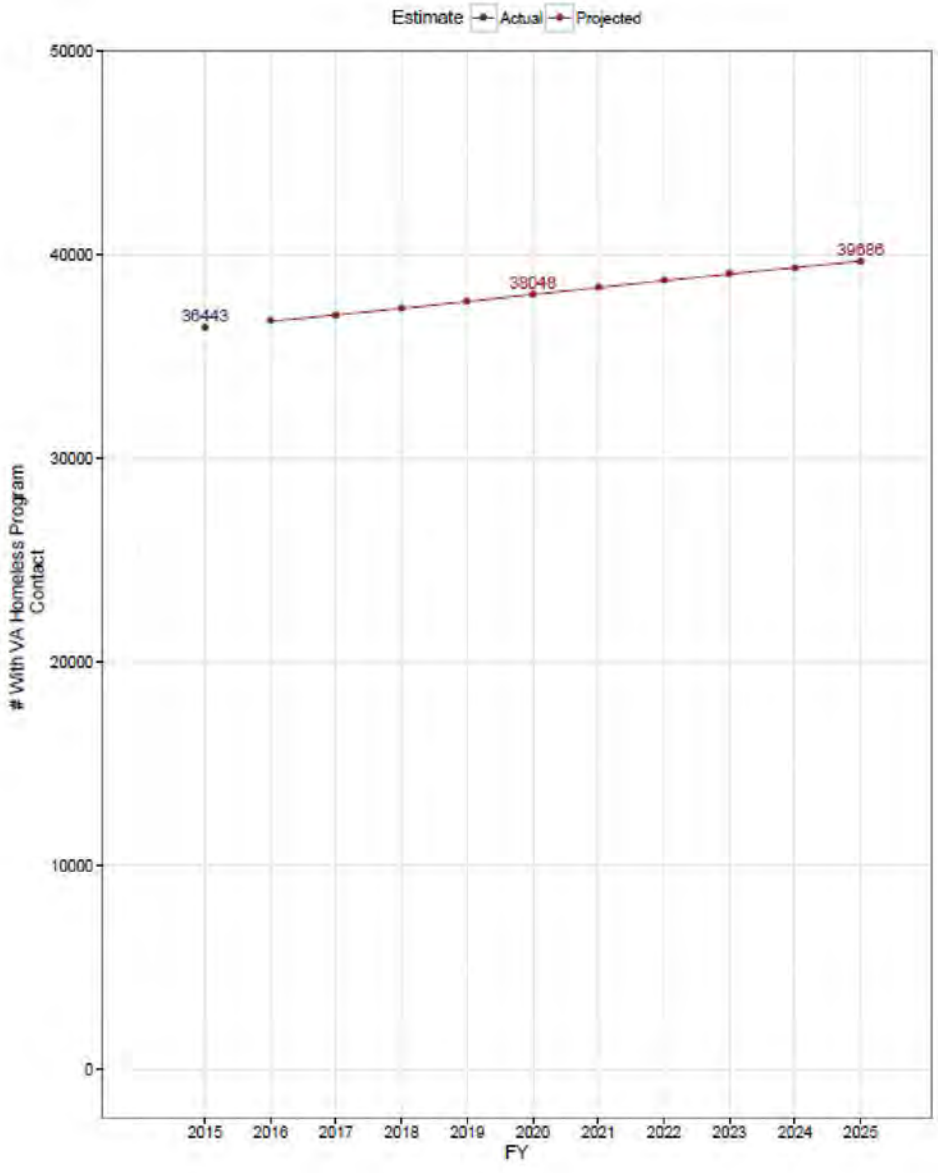
for becoming homeless will increase 4.4% from 36,443 in FY 2015 to 38,048 in FY 2020 and to 39,686 in FY 2025, representing an overall projected increase of about 9% between FY 2015 and FY 2025.

Figure 2 - Actual and Projected Number of Female Veterans Who May Require Assistance from a VA Specialized Homeless Program, FY 2015-2025



Identifying Profiles of Female Veterans Served by VA Homeless Programs

The Latent Class Analyses conducted for female Veterans identified six distinct profiles. These are described briefly below.

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1. Middle-Aged, Limited Health Care Service Users

The largest profile group comprised 40% of all female Veterans using VA homeless programs. They were largely middle-aged (roughly 50% were between the ages of 40 and 60) and were characterized by low rates of VA health care services use,suggesting they have a limited connection with VA services or more limited clinical needs.

2. Older, Low Health Care Service Users

The second largest profile group comprised 31.4% of all female Veterans using VA homeless programs. They were generally older (roughly 50% were aged 50 and above and nearly 15% were aged 60 and above). They also had limited use of VA health care services. It is possible that some members of this group may only require a limited form of assistance, although some may need more intensive services as they age and experience more complex health and aging-related challenges.

3. OEF/OIF/OND Veterans

This group comprised 8.5% of all female Veterans using VA homeless programs. All members in this group had a record of service in OEF/OIF/OND and the vast majority (82%) were aged 39 or younger.

4. Medium-Need, Medium Health Care Service Users

This group comprised 8.5% of all female Veterans using VA homeless programs. Roughly 1 in 10 persons in this group had a behavioral health diagnosis and nearly 60% had a chronic medical condition. They made more intensive use of VA health care services than all other identified sub-groups, except for the high-need, high service users.

5. High-Need, High Health Care Service Users

This profile group comprised 7.4% of all female Veterans using VA homeless programs. They were generally older (the majority were aged 40 and above, and roughly 1/3 were age 50+) and were characterized by high rates of both behavioral health diagnoses (roughly 25% had a diagnosis indicating a serious mental illness, 6% had a drug/alcohol disorder, and 11% had both) and chronic health conditions (76% had a diagnosis for a chronic health condition). This group also made more extensive use of both inpatient and outpatient VA health care than any other group.

6. Younger Veterans

The smallest profile group comprised 4.3% of all female Veterans using VA homeless programs. Nearly 40% of persons in this group were between the ages of 18 and 29 and 28% had a record of service in OEF/OIF/OND. This group made very limited use of VA health care services.

OEF/OIF/OND VETERANS

The OEF/OIF /OND Veteran Population in Context

An estimated 2.5 million men and women have served in some capacity in the recent conflicts in Iraq and Afghanistan.[9] As these conflicts continue to wind down, a growing number of service members will transition back to civilian life and comprise an increasingly important segment of the overall Veteran population. Although there are no readily available estimates of the expected growth in the number of Veterans who served specifically in Operation Enduring Freedom,Operation Iraqi Freedom, or Operation New Dawn, such estimates do exist for the more general cohort of Veterans who served in the post-9/11 era. Figure 3 below plots the expected growth in Veterans who served in the post-9/11 era over the next

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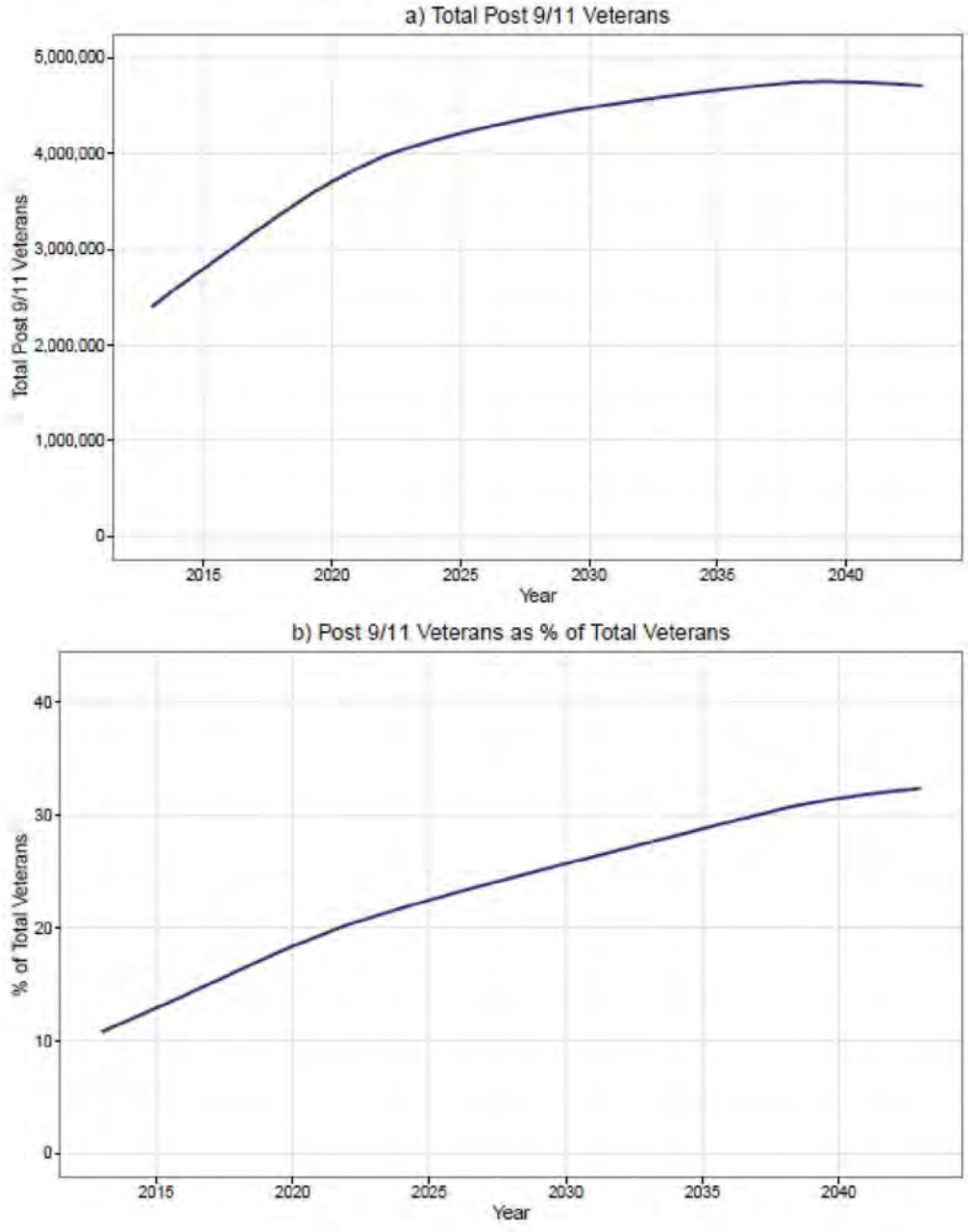
several decades. In a trend that mirrors what was observed for female Veterans, the number of post-9/11 era Veterans is expected to rise substantially in the coming years, growing by 50.6% between FY 2015 and FY 2025, from about 2.8 million to about 4.2 million, where it is expected to plateau.

Figure 3 - Projection of Total Veteran Population, Post-9/11 Veteran Population and Post-9/11 Veterans As Share of Total Veteran Population



Source: VetPop2014, Table 2L

Veterans in the post-9/11 cohort represent a group that is characteristically distinct from their peers who served during earlier eras. Not only do women comprise a greater share of OEF/OIF/OND era Veterans,

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but these Veterans are more racially diverse than other Veterans: non-whites comprise a third of male Veterans (relative to 20% of male Veterans from previous eras) and 45% of female Veterans (relative to 30% from previous eras).[10] In addition, post-9/11 Veterans have a rate of service connected disability (31%) that is about double that of Veterans from prior cohorts (16.3%) and are also more likely to receive public assistance and have lower median incomes than their older counterparts.[12] There is also evidence that OEF/OIF/OND Veterans who experience homelessness have behavioral health treatment needs that differ from their counterparts from previous eras. One study found that OEF/OIF/OND Veterans had much higher rates of Posttraumatic Stress Disorder (PTSD) but lower rates of substance abuse and psychiatric disorders than those who served in previous eras, although this may also be related to increased detection rates.[11]

Projecting Future Need for Assistance from VA Homeless Programs

Figure 4 shows the number of OEF/OIF/OND Veterans projected to need VA homeless program assistance in future years. Between FY 2015 and 2020 this number is projected to grow by about 33% from 55,629 to 73,789. By 2025 the number is projected to rise to 83,774, representing a total increase of 51% from FY 2015.

As has been noted, these projections do not account for changes in external factors that may mitigate risk of homelessness experienced by OEF/OIF/OND Veterans. While the pathways to homelessness among this group are not entirely well understood, it is possible that as time elapses and the cohort moves further away from military service, their risk for homelessness may change in several ways. For example, more Veterans who need treatment for PTSD/Traumatic Brain Injury (TBI) or other conditions may be accessing preventative clinical services or receiving disability pensions, mitigating their risk. Similarly, time may allow for the rebuilding of social and familial ties that may have been strained by a Veteran's deployment. On the other hand, for members of this group experiencing homelessness on a more prolonged basis, exiting homelessness may become increasingly difficult.

Identifying Profiles of OEF/OIF/OND Veterans Served by VA Homeless Programs and Projecting Future Need for Specific Interventions

The results of the LCA conducted for OEF/OIF/OND Veterans identified five distinct profiles. The three largest profile groups were comprised of Veterans who made very limited use of VA health care services, suggesting either fairly low clinical needs, or low levels of engagement with VA health care services. These three groups are distinguished by their demographic characteristics (especially race and gender), but are otherwise nearly identical. Thus, they may have similar needs with respect to the forms of assistance that will help them obtain successful housing outcomes but additional research is needed to determine this. The complete set of profiles are briefly described below.

1. Predominately white limited health care service users

The largest profile group comprised 30.9% of all OEF/OIF/OND Veterans using VA homeless programs. They were mostly (66%) white, predominantly male, and had very low rates of VA health care services use. Only about 5% of persons in this group had an episode of VA inpatient or outpatient service use in FY 2014.

2. Younger male limited health services users

This group comprised 28.1% of all OEF/OIF/OND Veterans using VA homeless programs. They were all male and younger than other groups (50% were between the ages of 18-29). Fewer than 1 in 10 members of this group used VA inpatient or outpatient care in FY 2014.

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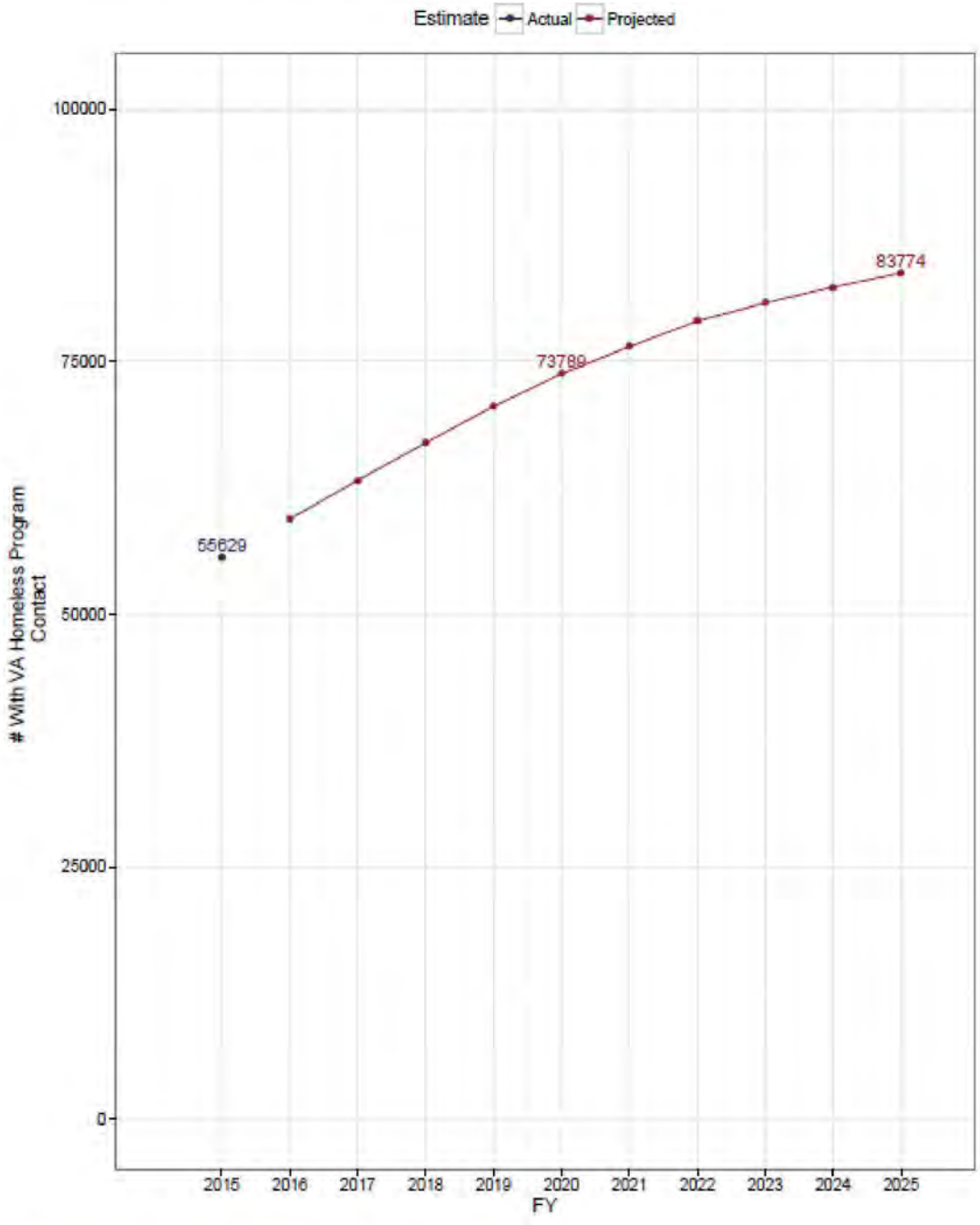
Figure 4 – Actual and Projected Number of OEF/OIF/OND Veterans Who May Require Assistance from a VA Specialized Homeless Program, FY 2015-2025



3. Mixed gender limited health care service users

The third largest profile group comprised 27.2% of all OEF/OIF/OND Veterans using VA homeless programs. This group had the highest proportion of females (25%) relative to all other groups. About 8% had an episode of VA inpatient or outpatient service use in FY 2014.

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4. Veterans with chronic health conditions

This profile group comprised 7.9% of all OEF/OIF/OND Veterans using VA homeless programs. About 60% had an identified chronic health condition. Members of this group also had high levels of engagement with VA outpatient health care.

5. Veterans with complex health and behavioral health needs

This profile group comprised 5.9% of all OEF/OIF/OND Veterans using VA homeless programs. The group was defined primarily by its high rate of identified behavioral health conditions (47% overall, including 38% with a serious mental illness either alone or in combination with a substance abuse disorder) and chronic health conditions (77% with an identified chronic health condition). This group also made more extensive use of both inpatient and outpatient VA health services than any other OEF/OIF/OND profile group.

OLDER VETERANS

The Older Veteran Population in Context

In contrast to female Veterans and OEF/OIF/OND Veterans, the number of older Veterans in the overall Veteran population stands to decline sharply in coming years. As Figure 5 shows, the number of Veterans aged 55 and above nationwide is projected to drop by about 33% between 2015 and 2040, which will drive a corresponding decrease in the overall Veteran population.

Nonetheless, older Veterans will continue to comprise a majority of the Veteran population for the foreseeable future with Veterans who are now between the ages of about 50 and 60 continuing to constitute a significant share of all Veterans who receive assistance from VA specialized homeless programs. Veterans aged 55 and above comprised about 50% of all Veterans who accessed a VA specialized homeless program or who had a homeless indication in FY 2015. As this cohort continues to age its members are likely to have increasingly complex health and aging-related needs. Thus, it will be important for VA homeless assistance programs to adapt to the evolving needs of older Veterans.

Projecting Future Need for Assistance from VA Homeless Programs

Figure 6 presents a summary of the number of Veterans aged 55 and above who are projected to access VA homeless program services over the next ten years. The number of Veterans aged 55 or more who may need assistance from a VA homeless program is projected to decline by 5% between 2015 and 2020 and by about 11% overall between 2015 and 2025. This decline is expected for the following reasons: First, high rates of mortality in this population may contribute to the reduction. Second, some members of the cohort will have aged into eligibility for Social Security, providing them with a source of income that could help them exit homelessness. Third, some members of this group may become medically frail enough to require care in a nursing home and therefore no longer need assistance from a VA specialized homeless assistance program. Whatever the cause, the projections suggest that this decline is likely to continue as the underlying number of older Veterans decreases as well. However, it is important to note that, even with declining numbers, older homeless Veterans will continue to make up a large share of the overall pool of Veterans using VA homeless assistance programs. In 2025, for example, the projected number of older homeless Veterans who may need assistance from a VA homeless program is 3.9 times and 1.9 times higher than the corresponding projections for female and OEF/OIF/OND Veterans, respectively.

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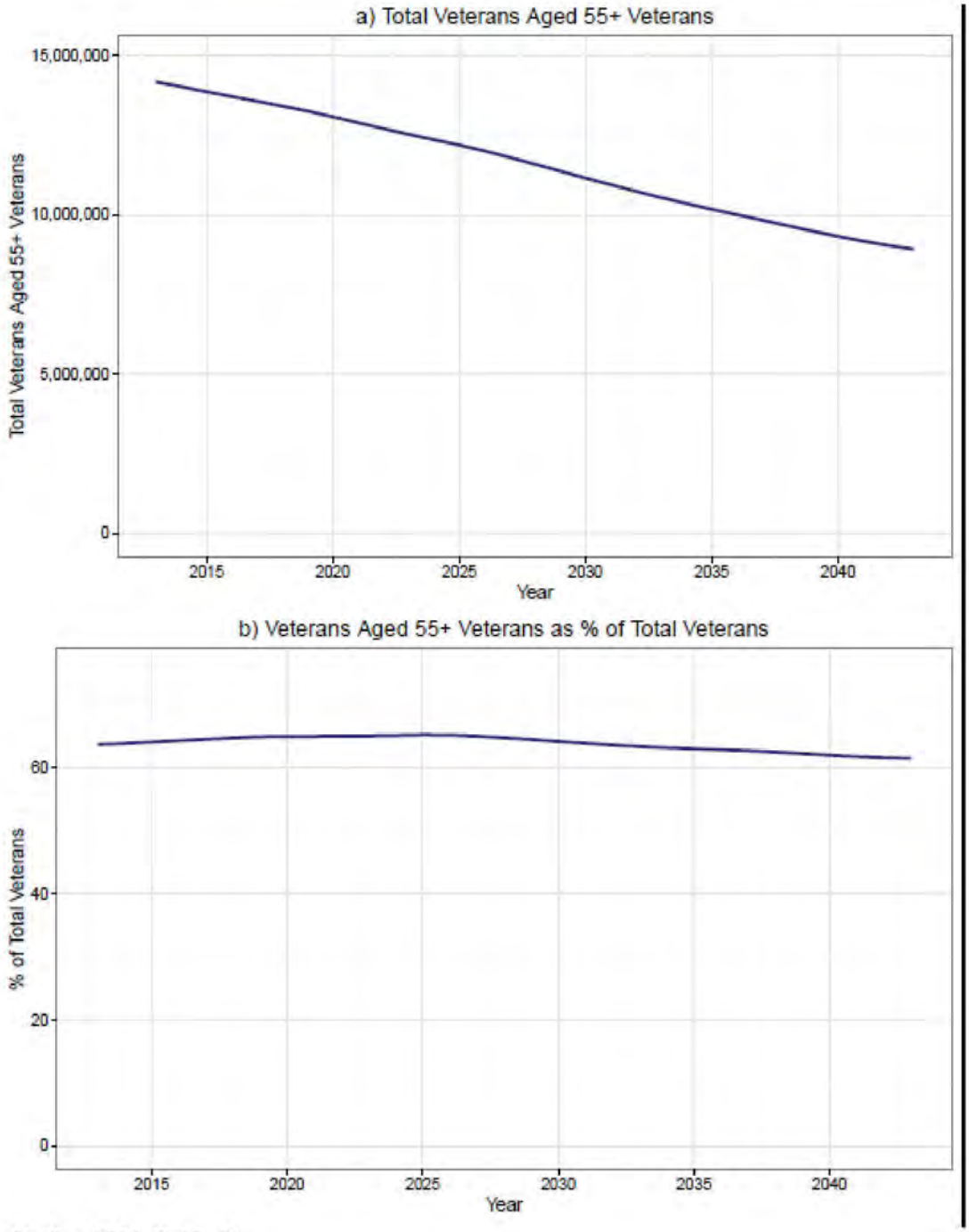
Figure 5 - Projection of Total Veteran Population, Veteran Population Aged 55+ and Veteran Population Age 55+ As Share of Total Veteran Population



Source: VetPop 2014, Table 1L

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Identifying Profiles of Older Veterans Served by VA Homeless Programs and Projecting Future Need for Specific Interventions

The results of the LCA conducted for older Veterans identified five distinct profile groups. The complete set of profiles are briefly described below.

1. Late middle-aged African-American Veterans with limited health care service use

The largest profile group comprised 42% of all Veterans aged 55 and above using VA homeless programs. They were mostly (66%) African American, and the majority (55%) were between the ages of 55 and 59 in 2014. This group was also characterized by its limited use of VA health care services. The group did not have any use of inpatient services, and only about 1 in 10 had an episode of VA outpatient service use in FY 2014.

2. Veterans in advanced old age

The second largest group comprised 21.2% of all older Veterans using VA homeless programs. This profile group was almost entirely male and was markedly older than the other groups. All Veterans in this group were aged 60 or more, with nearly one third 70 years old or above. This group did not have identified chronic health or behavioral health conditions and made very limited use of VA health care services. Given their relatively older age, it is assumed that some members of this group will require more intensive services as they age and experience more complex health and aging-related challenges.

3. Veterans in late middle age

This group comprised 20.5% of older Veterans. Nearly 80% were Veterans 55 to 59 and none were 70 or above, hence the designation of his group as Veterans in late middle age. This group was also characterized by low rates of chronic and behavioral health conditions and limited use of VA health care services.

4. Older Veterans with chronic health conditions

This profile group comprised 8.2% of all older Veterans using VA homeless programs. About 54% of the group had an identified chronic health condition, with around 12% who also had an identified behavioral health condition, including approximately 9% with a serious mental illness. Members of this group also had relatively high levels of engagement with VA outpatient health care.

5. Older, heavy service using Veterans with multiple needs

This profile group comprised 8.2% of all older Veterans using VA homeless programs. The group was defined primarily by its high rate of identified behavioral health conditions (38% overall, including 34% with a serious mental illness either alone or in combination with a substance abuse disorder) and chronic health conditions (72% with an identified chronic health condition). This group also made heavy use of VA inpatient services, with nearly 1 in 5 having at least one inpatient stay during FY 2014. They also made much greater use of outpatient services than any other group, with nearly all (96%) having 10 or more outpatient visits in FY 2014.

CONCLUSIONS

Since 2010 the VA has undertaken an ambitious efforts to address homelessness among Veterans. This has resulted in a signficant reduction in the number of homeless Veterans and a growing list of cities and states that have effectively ended homelessness for Veterans in their communities. However, the

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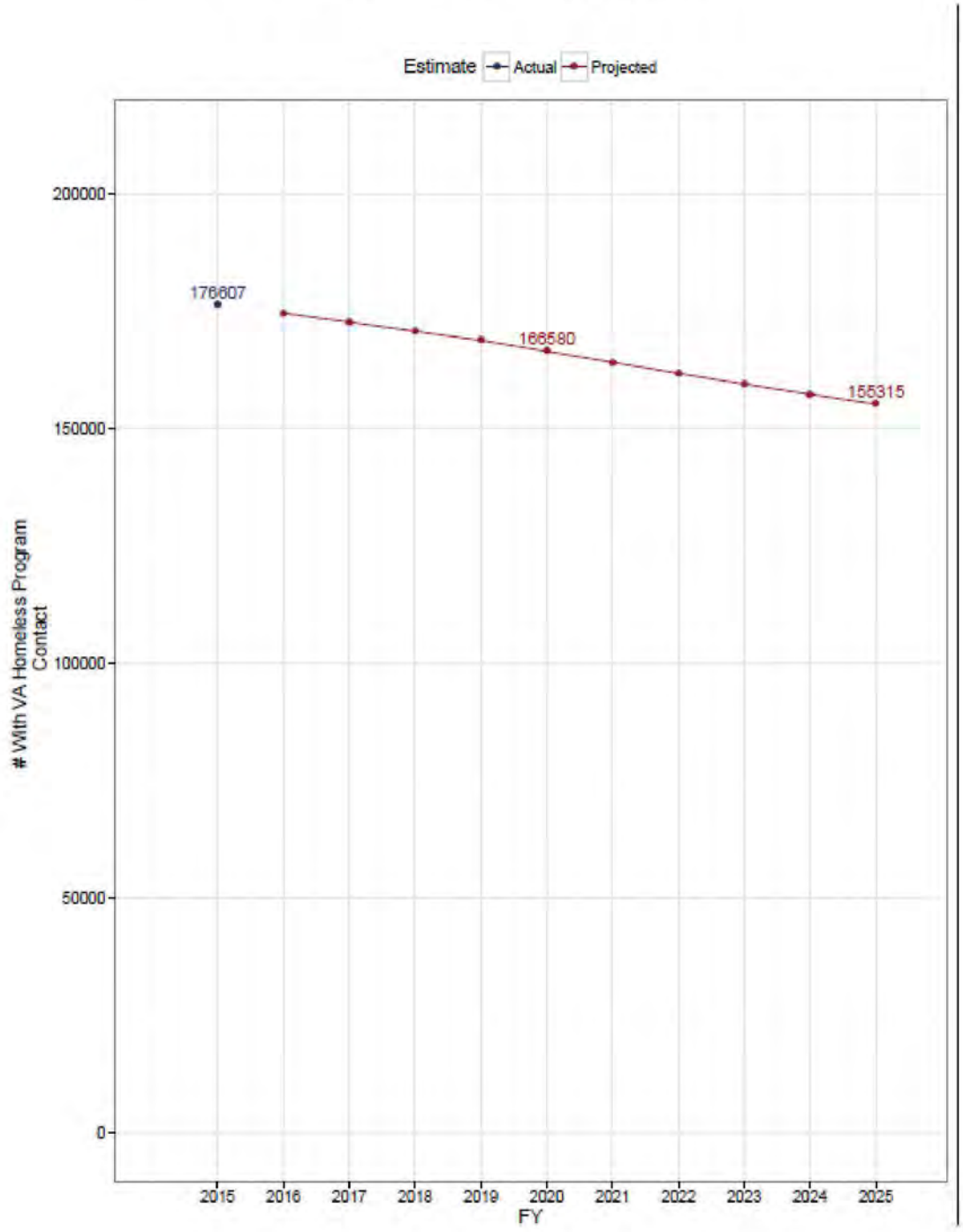
Figure 6 - Actual and Projected Number of Veterans Age 55+ Who May Require Assistance from a VA Specialized Homeless Program, FY 2015-2025



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composition of the Veteran population is changing, bringing about key shifts in the kinds of Veterans who experience homelessness or face risk of homelessness. This report is a first step towards providing information to help VA homeless services to align strategically with these shifts.

To that end, there are three key takeaways from this report. First, the number of female Veterans and OEF/OIF/OND Veterans who may need homeless prevention and assistance services is likely to grow in the coming years, especially among the OEF/OIF/OND cohort. Second, the number of older Veterans who may need VA homeless assistance services appears to be declining and is likely to continue to drop consistent with decreases in this sub-population projected within the overall Veteran pool. Nonetheless, Veterans aged 55 and above will continue to comprise a large share of the population of Veterans who are homeless or at risk of homelessness and will need VA services. Third and finally, service needs are likely to vary both across and within members of each of the three populations of interest in this report. Individual preferences should be solicited and taken into account when matching Veterans with forms of assistance that will help them obtain stable housing.

In closing, there is a clear need for additional work to build on this report. There are many critical questions around how to determine the type and constellation of services that will be effective for the various sub-groups within the three populations discussed here. Future work to address these questions should include the perspective and input of female, OEF/OIF/OND, and older Veterans to help ensure that there is continued progress towards preventing and ending homelessness among Veterans.

Tom Byrne, PhD, is an Investigator at the VA National Center on Homelessness Among Veterans. He is also Assistant Professor at the Boston University School of Social Work. His research focuses broadly on homelessness and housing policy, with recent studies examining community-level determinants of homelessness, profiles of unsheltered homelessness among Veterans and housing outcomes of Veterans receiving homelessness and rapid rehousing services.

Opinions expressed in this research brief represent only the position of the National Center on Homelessness Among Veterans and do not necessarily reflect the official policy of the U.S. department of Veterans Affairs.

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ENDNOTES

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Pre-Hearing Questions for the Honorable David J. Shulkin, Presumptive Nominee to be Secretary of Veterans Affairs, U.S. Department of Veterans Affairs

From Chairman Isakson

1. After serving at the Department of Veterans Affairs (VA) for about 20 months, what do you see as the most significant challenges facing VA and what would be your highest priorities if confirmed as Secretary?

   Our most significant challenge will be to address the systemic challenges that face VA. Over the past 18 months that I have served as USH we have been focused on addressing the acute issues that VA faced in its' crisis in access and its erosion of confidence with the American people. We've made real progress and to turn the corner in many areas, but its now time to address the systemic issues that are required in a transformation of a business.

   My highest priority would be to work with the Administration and Congress to develop a sustainable plans for VA's transformation. This would involve a true integrated network of care, a system supported by an engaged workforce and modern technology solutions, and accountable for improving outcomes and efficiencies.

   Specifically I would target improvements in ease of use of our services by decreasing non value added rules and regulations, and implementing industry best practices that can lead to improved Quality and efficiencies. I also specifically want to accelerate efforts in suicide prevention, homelessness, womens healthcare, continue to decrease the claims backlog and work on appeals modernization.

2. Would you please detail what experiences you have had while serving as Under Secretary for Health that you believe have helped prepare you for this broader role at VA?

Most significant in preparing for the role of SECVA has been the opportunity to visit, spend time with, and listen and learn about the needs of the veterans we serve. During my 18 months as USH I have seen firsthand the unique services and programs that VA offers to veterans. Even as a practicing physician I have been able to use and see the systems our clinician rely upon and have learned what works and what needs to be changed. I have similarly seen all too often where we have fallen short of the trust and expectations that veterans has placed in us

VA has been working hard to act more as an integrated enterprise and in doing so I have worked closely with my colleagues in VBA, NCA and the Board of Appeals. I understand that veterans see us all as one VA and not separate administrations and therefore having a seamless experience is critical to us fulfilling our mission. During my time as USH I have been able to contribute to efforts that improve services to veterans who utilize VBA and NCA. If confirmed I would build upon my foundational understanding of these issues to accelerate changes in all three administrations.

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3. Since 2010, veteran homelessness has decreased by 47 percent. If confirmed, how do you intend to continue to prioritize efforts to prevent and end veteran homelessness?

4. Legislation was enacted last fall to authorize VA to implement its master plan for the West Los Angeles campus. This new model for the campus, with a focus on housing and supportive services for veterans, could become a model for future VA campuses. If confirmed, how would you safeguard against mismanagement, which has occurred in the past, and ensure the master plan is implemented in a transparent, responsible way that best serves veterans and that will be an example for other VA campuses?

5. Women constitute an ever-growing segment of the Armed Forces and, consequently, the overall veteran population. What do you see as the primary challenges to appropriately treating and serving women veterans in VA facilities?

6. In response to the mismanagement and cost overruns at the new Denver VA Medical Center, Congress mandated that all major construction projects over $100 million be managed by the US Army Corps of Engineers. Additionally, VA made numerous changes to its policies and procedures for major construction projects. If confirmed, would you make it a priority to continue these and additional reform efforts to ensure that VA major construction projects are on budget and on schedule?

7. What do you see as the role of this Committee in conducting oversight regarding VA and what steps would you take to ensure that the Committee is promptly notified of any emerging trends, issues, or developments at VA?

8. The National Cemetery Administration (NCA) has repeatedly earned the highest customer satisfaction score among the private or public sectors, yet the American Customer Satisfaction Index ranked the Department of Veterans Affairs third last in customer satisfaction among Federal agencies for 2015. What factors set NCA so far apart from the rest of VA and how would you leverage their best practices to improve customer satisfaction across the rest of the department?

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9. The Veterans Choice Program, created by section 101 of Public Law 113-146, the Veterans Access, Choice and Accountability Act of 2014, would expire August 7, 2017, without Congressional action. Going forward, how do you envision expanding veterans' access to non-VA care while preserving within the Veterans Health Administration (VHA) the care and services VHA performs well?

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Senator Jerry Moran
Pre-Hearing Questions for the Record for
Presumptive Nominee, David J Shulkin,
to be Secretary of Veterans' Affairs

Q. How would you describe the culture and functionality of the highest echelon in the VA Central Office? What changes would you make in the VA Central Office? Please be specific and candid.

Q. What distinguishes you from the current VA leadership team? Do you plan to lead and manage the VA differently than the current VA leadership team? What are the differences? Please be specific.

Q. Once the replacement for a new Undersecretary of the Veterans Health Administration (VHA) has been identified, what are the top three priorities that individual should consider in this position overseeing the VHA? What are the biggest challenges facing the VHA?

1. Fill top management positions with highly qualified leaders

2. Focus on the highest clinical needs of our veterans first, including both physical and behavioral health issues

3. Build an integrated system of care - utilizing what VA does best and what the private sector does best all with the goal of improving quality and service for our veterans.

Biggest Challenges:

Meeting the growing demands of veterans with the resources that are allocated

Addressing the manpower and management needs of the system

Q. How many rural VA facilities have you visited? Please identify the locations.

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Q. How many VA employees are currently on administrative leave? Of those currently on administrative leave, how much has the VA exhausted on their salaries while they have been on administrative leave and unable to fulfill the duties for which they were hired?

Q. In your experience in the VA Central Office, are there VA employees you believe are toxic, corrosive or indifferent to VA culture reform? If so, would you remove some or none of these individuals from the VA? If so, what authorities do you possess and would utilize to remove these individuals from the VA? If you believe you do not have the authority to remove them, explain why. If you believe you need additional authority to remove them, explain in detail the authority you believe is required.

Q. Please provide information regarding the Office of General Counsel, to include: FY09-FY17 funding levels, full-time personnel and their duty station, and job descriptions for the positions within the Office of General Counsel. Please also describe and explain the breadth of the Office of General Counsel's work and advisement. If the Office of General Counsel advises you take a position or make a decision that is counter to President-elect Trump's positions and commitments to reform the VA, will you follow the advisement of the Office of General Counsel? Is the Secretary of the VA required by law to execute the position or decision advised by the Office of General Counsel? Explain options available to the Secretary of the VA to take a position or make a decision counter to the advisement of the Office of General Counsel.

Q. If the VA Inspector General (IG) provides a report with findings of wrongdoing and criminal action, do you intend to notify Congress prior to or in tandem with the disclosure of the IG's report? In detail, please explain the authorities and actions you will execute to hold accountable the employees identified in the IG's report. Regarding similar instances under the leadership of Secretary McDonald, he refused to execute and utilize authorities provided to him. Do you intend to break with this precedent and use the authorities granted to the Secretary of Veterans Affairs?

Q. In July of 2015, the VA requested authorities from Congress to transfer $3.5 billion from the Choice Program to fund a shortfall in non-VA health care. Despite knowledge of such a debt as early as February 2015, VA officials waited until July to disclose the situation, providing a one-month notice of the potential lapse in health care for veterans due to insufficient funds. Do you agree with the VA's strategy to leave Congress little time to assess and address the $3.5 billion shortfall? If not, please explain how this situation should have been handled? If a shortfall scenario were to occur again as some have insinuated, what can we expect you to do differently from previous VA leadership?

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Q. If the Senate Veterans Affairs Committee requests the presence of VA employees to testify regarding a matter that was investigated by the Inspector General, will you make those personnel available to testify? Would you refuse to make VA employees available and advise they invoke their Fifth Amendment right against self-incrimination as Deputy Secretary Sloan Gibson did with several VA employees that the IG found were manipulating the VA system regarding relocation and financially benefitted. Would you have made these employees available to testify before the House Veterans Affairs Committee? What would you have done in this specific situation?

Q. How do you define unusual and excessive burden as it relates to the clause within the Choice Act? Do you consider it is an unusual and/or excessive burden for an 80 year old veteran without a vehicle to arrange transportation for a 200 mile drive to receive a shingles shot at a VA hospital facility? In this specific case, would you permit this veteran access to a shingles shot in his community by utilizing the unusual and excessive burden clause in Choice?

Q. Do you believe the Choice Program should be extended? Should the criteria for eligibility be altered? Do you have recommendations to improve Choice? If so, please provide a summary.

Yes I do believe the Choice program should be extended. However, the Choice program has not delivered on much of its promise due to the complexity of the program and the ability of the TPA's to operate as had been intended. We submitted a proposal in October 2015 that sought revisions to the program.

Q. Do you consider front-line medical facility positions, including direct patient care positions, to be positions that are low risk and do not require a heightened sensitivity level to conduct an investigation and/or criminal background check? Do you believe the policies within 5 CFR 731 that govern suitability of covered positions in the VA provides sufficient guidance and specific direction to determine whether an individual is "favorable" to hire and should be in contact with veterans? What would you change in the VA credentialing process, please be specific, to better protect veterans from individuals who may cause them harm?

We need to do a better job on onboarding employees and cut the time from posting a job to getting a person who is able to begin serving veterans.

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Bullet Points for Hearing Testimony

I want to thank the Chairman, Ranking member, and all members of SVAC for this opportunity. I recognize that if confirmed, we have a lot of work to do, and we face some significant challenges, but I know the dedicated and commitment that each of you have to doing what is best for veterans and I know that by working together we can make a difference. Over the past 18 months I have gotten to know you and I have great confidence in this committee and I want to personally thank each of you for your continued commitment to serving veterans.

It has been a privilege to serve as USH for the past 18 months and to have dedicated myself to serving our veterans. It is my greatest professional honor to have been nominated to be considered for SECVA.

As I have traveled the country, speaking to veterans, our VSO's, our community partners, and our employees I have seen so much that is good about what we do in the VA and at the same time I have seen the opportunity an the promise of how much better we can do.

During my time as USH I have gotten to know so many of our men and women who have selflessly put their lives on the line for our country. Their commitment to service and their patriotism has inspired me and make me even more committed to our mission.

My father served as a Captain in the army, and my grandfather served as well and then went on to be the first Chief Pharmacist at the Madison WI VA. I trained a the Philadelphia, West Haven and Pittsburgh VA's as well and I understand how essential VA is to the education this country's healthcare professionals.

I entered VA at a time of crisis- when it was clear that VA was failing veterans. Upon entering VA, I recognized that it has taken years of ineffective systems and deficiencies in the culture that led to these problems and it would similarly taken years to fix. But when it comes to people's lives we did not have time to waste. That's why I focused on meeting the healthcare needs of our veterans and reorganized our approach to address those with urgent medical needs first. We've significantly reduced those waiting for urgent care and have put in place same day services in primary care and mental health at all of our medical centers throughout the country.

VA has a sacred mission and is essential to us fulfilling our mission to those that have served

VA is a unique national resource that is worth saving and I am committed to doing that. And one thing I want to be especially clear on – is that we have great employees and great doctors and nurses- and our veterans tell us this everyday. It is unfortunate that a few bad employees- that deviated from the values that we hold so dear- have been able to tarnish the reputation of so many who have dedicated their lives to serving those that have served.

There should be no doubt- as SECVA, if confirmed, I would seek major reform and a transformation of VA. But I am not in favor of privatization - what I am in favor of building a system that puts the veteran first and allows them to get the best healthcare wherever It may be- in the VA or in the community.

AMERICAN OVERSIGHT

I've demonstrated my commitment to moving care into the community where it makes sense for the veteran. When I began as USH we had 21% of care delivered in the community- today that stands at 31%.

But lets be clear- veterans are telling us, even with the ability to seek care in the community, that they want VA services. Of more than 1 million veterans that have taken advantage of the Choice program, just about 5000 have sought care solely in the community. The rest utilized both VA and community services.

My intent, should I be confirmed, is to build an integrated system of care that would strengthen those services with VA that are essential for veteran well being, and to utilized those services in the community that can serve veterans with better outcomes and greater value to the taxpayer. If confirmed, we will need to work closely together to extend and reform the Choice program to ensure that veterans are able to seek the care in the community that they need.

I did want to specifically highlight a few issues that are of personal importance to me and that I would address if I were to be confirmed. We have done much in suicide prevention- we have hired more mental health professionals, we created a new office of suicide prevention, we have implemented a new predictive tool to identify those at greatest risk, and we have fixed the veterans crisis line so it better serves our veterans, but there is still much more to do. Another area we must continue our progress in is further services to address the needs of our women veterans.

I also want to make sure I recognize the importance of the families and caregivers that are involved in the care of our veterans. Support for their efforts is critical. I also want to recognize the support we receive from community groups, state and federal partners, and our strategic partners. It is clear VA can do this alone.

Although we have made real progress, we have to continue to clean up our disability claims backlog and we must work on legislation that would allow us to modernize our appeals processes. We have to continue the progress we have made in reducing veteran homelessness and we have to modernize our IT systems if we are to improve our services and efficiencies.

We have to address the crumbling infrastructure of our facilities and look at those facilities that no longer are serving a purpose or sit empty. We need to look more towards public private partnerships rather than continue business as usual in building medical centers that have large cost overruns and take years to build.

Clearly, there is much work to be done. And the status quo is not acceptable. If confirmed, I would dedicate myself to the transformation of VA and work to implement the President's vision, but above all everything I would do would be to make sure that it is in the best interest of veterans.

I am grateful for the opportunity to appear before you and to be considered for such a vital role in serving our veteran community. Thank you.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/1/2017 12:02:10 AM
To: Vivieca Simpson [(b) (6) @gmail.com]
Subject: Re:

No

Sent from my iPhone

> On Jan 31, 2017, at 4:43 PM, Vivieca Simpson (b) (6) gmail.com> wrote:
>
> (b) should have given you the Tester questions for tomorrow- they appear routine. Do you need help with any.
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Vivieca Simpson [(b) (6) @gmail.com]
Sent: 1/31/2017 9:43:47 PM
To: David shulkin [drshulkin@aol.com]

(b) should have given you the Tester questions for tomorrow- they appear routine. Do you need help with any.

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 1/30/2017 3:39:14 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Re:

Encouraging

Sent from my iPhone

On Jan 29, 2017, at 10:24 PM, David Shulkin <drshulkin@aol.com> wrote:

> https://m.youtube.com/watch?v=Euk4n-SjJRE
>
> Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 1/30/2017 3:24:21 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]

https://m.youtube.com/watch?v=Euk4n-SjJRE

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/4/2017 6:51:12 PM
To: (b)@frenchangel59.com
Subject: Re: Tuesday meeting - Information needed for the White House

(b) (6)

-----Original Message-----
From: Marisol Garcia <(b)@frenchangel59.com>
To: 'David shulkin' <Drshulkin@aol.com>
Sent: Sat, Feb 4, 2017 1:18 pm
Subject: RE: Tuesday meeting - Information needed for the White House

Do you have a middle name? Thanks

From: David shulkin [mailto:Drshulkin@aol.com]
Sent: Saturday, February 04, 2017 7:53 AM
To: Marisol Garcia
Subject: Re: Tuesday meeting - Information needed for the White House

David Shulkin
DoB (b) (6)
Male
Residence (b) (6)
Citizen USA

Ill call with my ss

Sent from my iPhone

On Feb 3, 2017, at 8:53 PM, Marisol Garcia <(b)@frenchangel59.com> wrote:

> Dr. Shulkin:
>
> We need to provide the below information to the White House:
>
> Full name
> Date of birth
> Social Security #
> City and state of residence
>
> ***I would prefer if you call me with your social security number but please email me the rest of the information.***
>
> I am available until 9:30 PM tonight at (b) (6) or call my iPhone: (b) (6) after 9:30 PM and over the weekend.

AMERICAN OVERSIGHT

Thank you,
Marisol

-----Original Message-----
From: Bruce Moskowitz [mailto:brucem(b) (6) mac.com]
Sent: Friday, February 03, 2017 6:03 PM
To: (b) (6) ccf.org; (b) (6) (b) (6) M.D.; mbs(b) (6) gmail.com; drshulkin@aol.com; (b) (6) (b) (6) kp.org; (b) (6) (b) (6) partners.org; laurie perle; IP
Cc: (b) @frenchangel59.com; (b) @jhmi.edu; (b) (6) @partners.org; (b) (6) kp.org; (b) (6) @ccf.org
Subject: Tuesday meeting agenda

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AMERICAN OVERSIGHT

Message

From: Marisol Garcia [(b)@frenchangel59.com]
Sent: 2/4/2017 6:17:47 PM
To: 'David shulkin' [Drshulkin@aol.com]
Subject: RE: Tuesday meeting - Information needed for the White House

Do you have a middle name? Thanks

From: David shulkin [mailto:Drshulkin@aol.com]
Sent: Saturday, February 04, 2017 7:53 AM
To: Marisol Garcia
Subject: Re: Tuesday meeting - Information needed for the White House

David Shulkin
DoB (b) (6)
Male
Residence (b) (6)
Citizen USA

Ill call with my ss

Sent from my iPhone

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> From: Bruce Moskowitz [mailto:brucem(b) (6) mac.com]
> Sent: Friday, February 03, 2017 6:03 PM

AMERICAN OVERSIGHT

To: (b) (6) ccf.org; (b) (6) (b) (6) M.D.; mbs(b) (6) gmail.com; drshulkin@aol.com; (b) (6) (b) (6) kp.org; (b) (6) (b) (6) partners.org; laurie perle; IP
Cc: (b) @frenchangel59.com; (b) @jhmi.edu; (b) (6) @partners.org; (b) (6) @kp.org; (b) (6) @ccf.org
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AMERICAN OVERSIGHT

Message

From: Marisol Garcia [(b)@frenchangel59.com]
Sent: 2/4/2017 5:00:01 PM
To: 'David shulkin' [Drshulkin@aol.com]
Subject: RE: Tuesday meeting - Information needed for the White House

I received your voicemail and have the SS#. Thank you

From: David shulkin [mailto:Drshulkin@aol.com]
Sent: Saturday, February 04, 2017 7:53 AM
To: Marisol Garcia
Subject: Re: Tuesday meeting - Information needed for the White House

David Shulkin
DoB (b) (6)
Male
Residence (b) (6)
Citizen USA

Ill call with my ss

Sent from my iPhone

On Feb 3, 2017, at 8:53 PM, Marisol Garcia <(b)@frenchangel59.com> wrote:

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> Thank you,
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> From: Bruce Moskowitz [mailto:brucem(b) (6) mac.com]
> Sent: Friday, February 03, 2017 6:03 PM

AMERICAN OVERSIGHT

To: (b) (6) ccf.org; (b) (6) (b) (6) M.D.; mbs(b) (6) gmail.com; drshulkin@aol.com; (b) (6) (b) (6) kp.org; (b) (6) (b) (6) partners.org; laurie perle; IP
Cc: (b) @frenchangel59.com; (b) @jhmi.edu; (b) (6) @partners.org; (b) (6) @kp.org; (b) (6) @ccf.org
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AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 2/4/2017 2:22:05 PM
To: David shulkin [Drshulkin@aol.com]
CC: Marisol Garcia [(b)@frenchangel59.com]; (@frenchangel59.com
Subject: Re: Tuesday meeting - Information needed for the White House

Absolutely bring her spoke to ike. Marisol needs to clear her.

Sent from my iPhone

On Feb 4, 2017, at 7:59 AM, David shulkin <Drshulkin@aol.com> wrote:

> Ike and Bruce- if you are agreeable I would like to consider inviting my Senior Advisor (Dr Poonam Alaigh) to the meeting. She has worked with me 6 years now and i have full trust in her. She was the former health commissioner in NJ and has good government experience and has worked at VA as a doctor for over a decade. I am thinking of having her in the acting UnderSecretary role once I move to Secretary so i thought it would be good to have her hear the conversation. Sometimes it helps to have another set of ears in case i dont absorb it all.
>
> But if its better to keep the group smaller at this point - i totally understand.
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Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 2/4/2017 1:17:40 PM
To: David shulkin [Drshulkin@aol.com]
CC: Marisol Garcia [(b) @frenchangel59.com]; (@frenchangel59.com
Subject: Re: Tuesday meeting - Information needed for the White House

It is fine with me but will defer to ike

Sent from my iPhone

On Feb 4, 2017, at 7:59 AM, David shulkin <Drshulkin@aol.com> wrote:

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Cc: (b) @frenchangel59.com; (b) @jhmi.edu; (b) (6) @partners.org;
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AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [bruce[redacted]mac.com]
Sent: 2/4/2017 1:03:22 PM
To: David shulkin [Drshulkin@aol.com]
CC: Marisol Garcia [[redacted]@frenchangel59.com]; [redacted]@frenchangel59.com
Subject: Re: Tuesday meeting - Information needed for the White House

Will defer to Ike

Sent from my iPhone

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AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/4/2017 12:59:02 PM
To: Marisol Garcia [(b)@frenchangel59.com]
CC: Bruce Moskowitz [brucem(b) (6) mac.com]; (@frenchangel59.com
Subject: Re: Tuesday meeting - Information needed for the White House

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AMERICAN OVERSIGHT

(b) (6) [redacted]@ccf.org
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Subject: Re: Tuesday meeting - Information needed for the White House

David Shulkin
DoB (b) (6)
Male
Residence (b) (6)
Citizen USA

Ill call with my ss

Sent from my iPhone

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From: Marisol Garcia [(b)@frenchangel59.com]
Sent: 2/4/2017 1:53:32 AM
To: David shulkin [Drshulkin@aol.com]
CC: Bruce Moskowitz [brucem(b) (6) mac.com]; (@frenchangel59.com
Subject: FW: Tuesday meeting - Information needed for the White House

Dr. Shulkin:

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Full name
Date of birth
Social Security #
City and state of residence

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AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 1/28/2017 9:53:34 PM
To: (b) (6) [(b) @mayo.edu]
CC: Marc Sherman [mbs(b) (6) gmail.com]; David shulkin [drshulkin@aol.com]
Subject: Re: Feedback: Working meeting after announcement

Thank you important additions

Sent from my iPhone

On Jan 27, 2017, at 1:58 PM, (b) (6) (b) (6)@mayo.edu> wrote:

> Hi -- thanks Marc and Dr. Moskowitz. Looks good, one additional potential agenda item:
>
> - <!--[if !supportLists]--><!--[endif]-->Strategies for identification and diffusion of best practices
>
> In follow-up to our conference call on Jan. 15, wondering if agenda items related to these topics have merit for consideration:
>
> - <!--[if !supportLists]--><!--[endif]-->Improving access and choose one's provider
> - <!--[if !supportLists]--><!--[endif]-->Remove the 40-mile/30-day provision
> - <!--[if !supportLists]--><!--[endif]-->Doing some economic modeling
> - <!--[if !supportLists]--><!--[endif]-->Increase the mental health professionals + increase the effectiveness of interventions
>
> Best, (b)
>
> **From:** Marc Sherman [mailto:mbs(b) (6) gmail.com]
> **Sent:** Friday, January 27, 2017 10:04 AM
> **To:** Bruce Moskowitz
> **Cc:** (b) (6) David shulkin
> **Subject:** Re: Working meeting after announcement
>
> Once I get (b) (6) items, I will add mine and put together (format) a formal agend for your review.
>
> Marc Sherman
> (b) (6)
>
> On Jan 27, 2017 7:08 AM, "David shulkin" <Drshulkin@aol.com> wrote:
> Six issues right off the top
> Of my head are
>
> 1. Underutilized facilities- case example blackhills
>
> 2. iT- issues related to cloud based system vs cots
>
> 3. Public Relations Strategy

AMERICAN OVERSIGHT

4. Supply Chain

5. Shared Services vs. local control

6. Community Care RFP

Sent from my iPhone

> On Jan 27, 2017, at 6:21 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>
> We plan for a four hour meeting after the announcement and if the three of you can work on the agenda it would be appreciated. Thank you
>
> Sent from my iPad
> Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 1/27/2017 7:09:51 PM
To: (b) (6) [(b) @mayo.edu]
CC: David shulkin [drshulkin@aol.com]; Bruce Moskowitz [brucem(b) (6) mac.com]
Subject: Re: Feedback: Working meeting after announcement

Totally agree about the Jan 15 thought. I will add some of those as appropriate.

Marc Sherman
(b) (6)

On Jan 27, 2017 1:58 PM, "(b) (6) <(b) (6)@mayo.edu> wrote:

Hi -- thanks Marc and Dr. Moskowitz. Looks good, one additional potential agenda item:

- Strategies for identification and diffusion of best practices

In follow-up to our conference call on Jan. 15, wondering if agenda items related to these topics have merit for consideration:

- Improving access and choose one's provider
  - Remove the 40-mile/30-day provision
  - Doing some economic modeling
- Increase the mental health professionals + increase the effectiveness of interventions

Best, (b)

From: Marc Sherman [mailto:mbs(b) (6) gmail.com]
Sent: Friday, January 27, 2017 10:04 AM
To: Bruce Moskowitz
Cc: (b) (6) David shulkin
Subject: Re: Working meeting after announcement

Once I get (b) (6) items, I will add mine and put together (format) a formal agend for your review.

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Marc Sherman
(b) (6) [redacted]

On Jan 27, 2017 7:08 AM, "David shulkin" <Drshulkin@aol.com> wrote:

Six issues right off the top
Of my head are

1. Underutilized facilities- case example blackhills

2. iT- issues related to cloud based system vs cots

3. Public Relations Strategy

4. Supply Chain

5. Shared Services vs. local control

6. Community Care RFP

Sent from my iPhone

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> Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: IP [(b) (6)@frenchangel59.com]
Sent: 1/24/2017 7:54:07 PM
To: 'Marc Sherman' [mbs(b) (6) gmail.com]; 'Bruce Moskowitz' [brucem(b) (6) mac.com]
CC: 'David shulkin' [Drshulkin@aol.com]; 'Marisol Garcia' [(b) (6)@frenchangel59.com]; 'Laurie Perlmutter' [(b) (6)@gmail.com]
Subject: RE: IT call tomorrow

I agree with Marc. Yes, he will be a perfect fit.

From: Marc Sherman [mailto:mbs(b) (6) gmail.com]
Sent: Tuesday, January 24, 2017 1:39 PM
To: Bruce Moskowitz
Cc: David shulkin; Marisol Garcia; Laurie Perlmutter; IP
Subject: Re: IT call tomorrow

I really like (b) (6) What a solid guy and a perfect fit and resource for our challenge, with a very logical thinking process.

On Tue, Jan 24, 2017 at 12:53 PM, (b) (6) <(b) (6)@gmail.com> wrote:
Good Afternoon,

(b) (6) ((b) (6) kp.org, cell (b) (6), office: (b) (6)

(b) (6)

On Tue, Jan 24, 2017 at 10:47 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
I will speak to him ASAP

Sent from my iPad
Bruce Moskowitz M.D.

On Jan 24, 2017, at 10:37 AM, David shulkin <Drshulkin@aol.com> wrote:

> Bruce- i spoke with (b) (6) today who seemed predisposed to joining us. He has some questions about time commitment and his role- which I told him that you or others could address in a followup call. (b) (6) in my office can share his contact info (he is going to send to her shortly)- i told him we have a short timeframe
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hard to find.

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> Sent from my iPhone
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> > **Please call Doctor Shulkin at 2:00 PM at (b) (6)**
> >
> > **Thank you,**
> >
> > **Marisol**
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> > **From:** Marc Sherman [mailto:mbs(b) (6) gmail.com]
> > **Sent:** Saturday, January 21, 2017 8:15 PM
> > **To:** IP
> > **Cc:** David shulkin; Marisol Garcia
> > **Subject:** RE: IT call tomorrow
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> > You can call me on my regular number... my cell... (b) (6) . David?
> >
> > Marc Sherman
> > (b) (6)

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On Jan 21, 2017 7:56 PM, "IP"
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Hi Marc,

We don't need a conference call number – please email me a telephone number to reach Dr. Shulkin and one for you.

I will make the call from my office.

Thank you,

Ike

From: Marc Sherman [mailto:mbs(b) (6) gmail.com]
Sent: Saturday, January 21, 2017 6:30 PM
To: David shulkin; IP
Subject: IT call tomorrow

Ike & David

We are all set for a call tomorrow (Sunday) at 2pm EST. Ike, do you want to provide a conference call in number?

Marc

Marc Sherman
(b) (6)

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AMERICAN OVERSIGHT

Message

From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 1/24/2017 6:38:42 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
CC: David shulkin [Drshulkin@aol.com]; Marisol Garcia [(b) @frenchangel59.com]; Laurie Perlmutter [(b) (6) @gmail.com]; IP [(@frenchangel59.com]
Subject: Re: IT call tomorrow

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(b) (6), (b) (6) kp.org, cell (b) (6), office: (b) (6)

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I had a great call with [redacted] this morning and she is all set with her message to Congress. i think she will be terrific.

Thanks

David

Sent from my iPhone

On Jan 22, 2017, at 7:57 AM, Marisol Garcia <[redacted]@frenchangel59.com> wrote:

The call its at 2:00 PM EST

Ike,

Please call Doctor Shulkin at 2:00 PM at [redacted]

Thank you,

Marisol

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To: IP
Cc: David shulkin; Marisol Garcia
Subject: RE: IT call tomorrow

You can call me on my regular number... my cell... [redacted] David?

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[redacted]

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Hi Marc,

AMERICAN OVERSIGHT

We don't need a conference call number – please email me a telephone number to reach Dr. Shulkin and one for you.

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Thank you,

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From: Marc Sherman
[mailto:mbs(b) (6) gmail.com]
Sent: Saturday, January 21, 2017 6:30 PM
To: David shulkin; IP
Subject: IT call tomorrow

Ike & David

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Marc

Marc Sherman
(b) (6)

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6)@gmail.com]
Sent: 1/24/2017 5:53:26 PM
To: Bruce Moskowitz [brucem(b) (6)mac.com]
CC: David shulkin [Drshulkin@aol.com]; Marisol Garcia [(b)@frenchangel59.com]; Laurie Perlmutter [(b) (6)@gmail.com]; IP [@frenchangel59.com]; Marc Sherman [mbs(b) (6)gmail.com]
Subject: Re: IT call tomorrow

Good Afternoon,

(b) (6) (b) (6) kp.org, cell (b) (6) office (b) (6)

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From: Marc Sherman [mailto:mbs(b) (6) gmail.com]
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To: IP
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Subject: RE: IT call tomorrow

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Marc Sherman
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Hi Marc,

We don't need a conference call number – please email me a telephone number to reach Dr. Shulkin and one for you.

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I will make the call from my office.

Thank you,

Ike

From: Marc Sherman [mailto:mbs(b) (6) gmail.com]
Sent: Saturday, January 21, 2017 6:30 PM
To: David shulkin; IP
Subject: IT call tomorrow

Ike & David

We are all set for a call tomorrow (Sunday) at 2pm EST. Ike, do you want to provide a conference call in number?

Marc

Marc Sherman
(b) (6)

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/24/2017 3:37:28 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
CC: Marisol Garcia [(b) @frenchangel59.com]; Laurie Perlmutter [(b) (6) @gmail.com]; IP [@frenchangel59.com]; Marc Sherman [mbs(b) (6) gmail.com]; (b) (6) [(b) (6) @gmail.com]
Subject: Re: IT call tomorrow

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AMERICAN OVERSIGHT

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Sent: 1/23/2017 3:23:44 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
CC: Marisol Garcia [(b) @frenchangel59.com]; Laurie Perlmutter [(b) (6) @gmail.com]; IP [@frenchangel59.com]; Marc Sherman [mbs(b) (6) gmail.com]
Subject: Re: IT call tomorrow

No objection

Sent from my iPhone

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AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/23/2017 2:49:09 PM
To: Marisol Garcia [(b)@frenchangel59.com]; Laurie Perlmutter [(b) (6)@gmail.com]; Bruce Moskowitz [brucem(b) (6)mac.com]
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AMERICAN OVERSIGHT

To: David shulkin; IP
Subject: IT call tomorrow

Ike & David

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Marc

Marc Sherman
(b) (6)

AMERICAN OVERSIGHT

Message

From: IP [(b) (6)@frenchangel59.com]
Sent: 1/22/2017 12:55:55 AM
To: 'Marc Sherman' [mbs(b) (6) gmail.com]; 'David shulkin' [drshulkin@aol.com]
CC: (b) @frenchangel59.com
Subject: RE: IT call tomorrow

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Marc

Marc Sherman
(b) (6)

AMERICAN OVERSIGHT

Message

From: IP [(b) (6)@frenchangel59.com]
Sent: 2/7/2017 2:18:35 AM
To: (b) (6) EOP/WHO(b) (6)@who.eop.gov]; (b) (6) EOP/WHO' (b) (6) (b) (6) who.eop.gov]; (b) (6) (b) (6) R.(b) (6) va.gov]; (b) @frenchangel59.com
CC: Drshulkin@aol.com
Subject: RE: [EXTERNAL] Re: White House meeting with JK+

Hi (b)

Its ok with me but I would also like to invite the brains behind the operation to attend with me: ☺

Dr. Bruce Moskowitz, Marc Sherman and my wife Laura Perlmutter.

Please copy my assistant Marisol at (b) @frenchangel59.com or call her at (b) (6)

Please let us know.

Thank you,
Ike

From: (b) (6) EOP/WHO [mailto(b) (6)@who.eop.gov]
Sent: Monday, February 06, 2017 8:44 PM
To: (b) (6) EOP/WHO; (b) (6)
Cc: Drshulkin@aol.com; IP
Subject: RE: [EXTERNAL] Re: White House meeting with JK+

Hi,
Would it work to meet with the group up until 1010 and then have Mr. Perlmutter and Dr Shulkin meet with Jared and (b) at 1015 in Jared's office?
I'd be happy to meet you at 1010 and walk them over to the West Wing to meet Mr (b) (6) and Kushner- The meeting with the President at 1045 is in a room adjacent to Mr. Kushner's office

Best,
(b)

From: (b) (6) EOP/WHO
Sent: Monday, February 6, 2017 8:31 PM
To: (b) (6) (b) (6) R.(b) (6) va.gov>; (b) (6) EOP/WHO (b) (6) @who.eop.gov>
Cc: (b) (6) (b) (6) @gmail.com>
Subject: RE: [EXTERNAL] Re: White House meeting with JK+

OK; copying (b) I will make myself avail; Jared is the schedule we need to marry.

(b) (6)
Assistant to the President
For Intragovernmental and Technology Initiatives
(b) (6) Direct)

AMERICAN OVERSIGHT

(b) (6) (Cell)
(b) (6) (b) (6) who.eop.gov

From: (b) (6) [mailto(b) (6) va.gov]
Sent: Monday, February 6, 2017 8:29 PM
To: (b) (6) EOP/WHO (b) (6) (b) (6) who.eop.gov>
Cc: (b) (6) <(b) (6) @gmail.com>
Subject: RE: [EXTERNAL] Re: White House meeting with JK+

Hi (b) unfortunately he is an all morning meeting at the WH with the Advisory committee, starting with a meeting with the President at 8am.

-----Original Message-----
From: (b) (6) EOP/WHO (b) (6) (b) (6) who.eop.gov]
Sent: Monday, February 06, 2017 08:26 PM Eastern Standard Time
To: (b) (6)
Cc: (b) (6)
Subject: RE: [EXTERNAL] Re: White House meeting with JK+

10:15 looks like the right time. (b) will email shortly!

(b) (6)
Assistant to the President
For Intragovernmental and Technology Initiatives
(b) (6) (Direct)
(b) (6) (Cell)
(b) (6) (b) (6) who.eop.gov

From: (b) (6) [mailto(b) (6) va.gov]
Sent: Monday, February 6, 2017 5:53 PM
To: (b) (6) EOP/WHO (b) (6) (b) (6) who.eop.gov>
Cc: (b) (6) <(b) (6) @gmail.com>
Subject: RE: [EXTERNAL] Re: White House meeting with JK+

Hi (b) do you think Tuesday (tmr) could work at noon?

(b)

From: (b) (6) EOP/WHO [mailto(b) (6) (b) (6) who.eop.gov]
Sent: Saturday, February 04, 2017 9:22 AM
To: (b) (6)
Subject: Re: [EXTERNAL] Re: White House meeting with JK+
Importance: High

I think so, I am pulling together week schedule today and will reach out to you tom.

Sent from my iPad

On Feb 4, 2017, at 8:45 AM, (b) (6) (t(b) (6) va.gov> wrote:

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Apologies [redacted] It is with David Shulkin, Jared and yourself from below. Do I have that right?

-----Original Message-----
From: [redacted] EOP/WHO [redacted]who.eop.gov]
Sent: Saturday, February 04, 2017 08:39 AM Eastern Standard Time
To: [redacted]
Subject: [EXTERNAL] Re: White House meeting with JK+

Thank you, who is this call with? Thanks.

Sent from my iPad

On Feb 4, 2017, at 7:18 AM, [redacted] [redacted]va.gov> wrote:

> Hi [redacted] incorrectly copied your email and left you off the message to [redacted]
> Asked if you all were available on Tuesday after 12, please let me know.
>
> Have a great weekend.

> -----Original Message-----
> **From:** David shulkin [Drshulkin@aol.com]
> **Sent:** Friday, February 03, 2017 06:45 PM Eastern Standard Time
> **To:** [redacted]
> **Subject:** [EXTERNAL] Fwd: Re:
>
> Please print
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> > **From:** [redacted] [redacted]@cushwake.com>
> > **Date:** February 3, 2017 at 6:30:26 PM EST
> > **To:** David shulkin <Drshulkin@aol.com>
> > **Subject: Re:**
> >
> > Perfect . Have a great weekend !

[redacted]
Chairman, Global Brokerage
Licensed Corporate Real Estate Broker
Cushman & Wakefield, Inc.
1290 Avenue of the Americas
New York, NY 10104

AMERICAN OVERSIGHT

Tel: (b) (6)
Fax: (b) (6)

Email:
(b) (6) cushwake.com
(b) (6) @gmail.com

www.cushmanwakefield.com
Please consider your environmental responsibility before printing this email.
This message and any attachments are solely for the intended recipient and contain confidential or privileged information. If you are not the intended recipient, any disclosure, copying, use, or distribution of the information included in this message and any attachments is prohibited. If you have received this communication in error, please notify us by reply e-mail and immediately and permanently delete this message and any attachments. Thank you.

On Feb 3, 2017, at 6:17 PM, David shulkin <Drshulkin@aol.com> wrote:

> How is a call on monday?
>
> Sent from my iPhone
>
> On Feb 3, 2017, at 6:14 PM, (b) (6) (b) (6) @cushwake.com> wrote:
>
> > Would love to catch up when your time
> > Permits . Great to see you and your family at Inaugural .

(b) (6)
Chairman, Global Brokerage
Licensed Corporate Real Estate Broker
Cushman & Wakefield, Inc.
1290 Avenue of the Americas
New York, NY 10104

Tel: (b) (6)
Fax: (b) (6)

Email:
(b) (6) @cushwake.com
(b) (6) @gmail.com

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On Jan 20, 2017, at 10:17 AM, David shulkin <Drshulkin@aol.com> wrote:

> Excellent
>
> Sent from my iPhone
>
> On Jan 20, 2017, at 10:13 AM, (b) (6) [redacted] (b) (6) [redacted]@cushwake.com> wrote:
>
> > David thanks but I have my plane lined up coming private and I really ant to see you ! I'm in

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(b) (6)
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Licensed Corporate Real Estate Broker
Cushman & Wakefield, Inc.
1290 Avenue of the Americas
New York, NY 10104

Tel: (b)(6)
Fax: (b)(6)

Email: (b) (6)@cushwake.com
(b) (6)@gmail.com

www.cushma

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nwakefield.com
Please consider your environmental responsibility before printing this email. This message and any attachments are solely for the intended recipient and contain confidential or privileged information. If you are not the intended recipient, any disclosure, copying, use, or distribution of the information

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included in this message and any attachments is prohibited. If you have received this communication in error, please notify us by reply e-mail and immediately and permanently delete this message and any attachments. Thank you.

On Jan 20, 2017, at 10:01 AM, David shulkin <Drshulkin@aol.co

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m>
wrote:

I know your dealing with something and pleased dont feel any

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pressure to come if you need to be somewhere else - I would total

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lyunderstand

David

Sent from my iPhone

The information contained in this communication is confidential, may be privileged and is intende

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d for the exclusive use of the above named addressee(s). If you are not the intended recipient(s), you are expressly prohibited from copying, distributing, disseminating, or in any other way using any information contained within this communication. If you have received this communication in error please

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contact the sender by telephone or by response via mail.

We have taken precautions to minimize the risk of transmitting software viruses, but we advise you to carry out your own virus checks on any attachment to this message. We cannot accept liability for any loss or damage caused by software

AMERICAN OVERSIGHT

viruses
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Message

From: (b) (6) EOP/WHO [(b) (6) @who.eop.gov]
Sent: 2/7/2017 1:44:03 AM
To: (b) (6) EOP/WHO (b) (6) (b) (6) who.eop.gov]; (b) (6) (b) (6) @va.gov]
CC: Drshulkin@aol.com; IP [@frenchangel59.com]
Subject: RE: [EXTERNAL] Re: White House meeting with JK+

Hi,
Would it work to meet with the group up until 1010 and then have Mr. Perlmutter and Dr Shulkin meet with Jared and (b) at 1015 in Jared's office?
I'd be happy to meet you at 1010 and walk them over to the West Wing to meet Mr (b) (6) and Kushner- The meeting with the President at 1045 is in a room adjacent to Mr. Kushner's office

Best,
(b)

From: (b) (6) EOP/WHO
Sent: Monday, February 6, 2017 8:31 PM
To: (b) (6) (l(b) (6) va.gov>; (b) (6) EOP/WHO (b) (6) @who.eop.gov>
Cc: (b) (6) <(b) (6) @gmail.com>
Subject: RE: [EXTERNAL] Re: White House meeting with JK+

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(b) (6)
Assistant to the President
For Intragovernmental and Technology Initiatives
(b) (6) (Direct)
(b) (6) (Cell)
(b) (6) (b) (6) who.eop.gov

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Sent: Monday, February 6, 2017 8:29 PM
To: (b) (6) EOP/WHO (b) (6) (b) (6) who.eop.gov>
Cc: (b) (6) <(b) (6) @gmail.com>
Subject: RE: [EXTERNAL] Re: White House meeting with JK+

Hi (b) unfortunately he is an all morning meeting at the WH with the Advisory committee, starting with a meeting with the President at 8am.

-----Original Message-----
From: (b) (6) EOP/WHO (b) (6) (b) (6) who.eop.gov]
Sent: Monday, February 06, 2017 08:26 PM Eastern Standard Time
To: (b) (6)

AMERICAN OVERSIGHT

Cc: (b) (6)
Subject: RE: [EXTERNAL] Re: White House meeting with JK+

10:15 looks like the right time. (b) will email shortly!

(b) (6)
Assistant to the President
For Intragovernmental and Technology Initiatives
(b) (6) (Direct)
(b) (6) (Cell)
(b) (6) (b) (6) who.eop.gov

From: (b) (6) (b) (6) R. [mailto(b) (6) va.gov]
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To: (b) (6) EOP/WHO (b) (6) (b) (6) who.eop.gov>
Cc: (b) (6) <(b) (6) @gmail.com>
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(b)

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Sent: Saturday, February 04, 2017 9:22 AM
To: (b) (6)
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Importance: High

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Sent from my iPad

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> **From:** (b) (6) EOP/WHO (b) (6) (b) (6) who.eop.gov]
> **Sent:** Saturday, February 04, 2017 08:39 AM Eastern Standard Time
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> Thank you, who is this call with? Thanks.
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>
> > Hi (b) (6) incorrectly copied your email and left you off the message to (b) (6)
> > Asked if you all were available on Tuesday after 12, please let me know.

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Have a great weekend.

-----Original Message-----
From: David shulkin [Drshulkin@aol.com]
Sent: Friday, February 03, 2017 06:45 PM Eastern Standard Time
To: (b) (6)
Subject: [EXTERNAL] Fwd: Re:

Please print

Sent from my iPhone

Begin forwarded message:

> **From:** (b) (6) (b) (6) @cushwake.com>
> **Date:** February 3, 2017 at 6:30:26 PM EST
> **To:** David shulkin <Drshulkin@aol.com>
> **Subject: Re:**
>
> Perfect . Have a great weekend !

(b) (6)
Chairman, Global Brokerage
Licensed Corporate Real Estate Broker
Cushman & Wakefield, Inc.
1290 Avenue of the Americas
New York, NY 10104

Tel: (b) (6)
Fax: (b) (6)

Email:
(b) (6) er@cushwake.com
(b) (6) gmail.com

www.cushmanwakefield.com
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On Feb 3, 2017, at 6:17 PM, David shulkin <Drshulkin@aol.com> wrote:

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>
> Sent from my iPhone
>
> On Feb 3, 2017, at 6:14 PM, (b) (6) (b) (6) @cushwake.com> wrote:
>
> > Would love to catch up when your time
> > Permits . Great to see you and your family at Inaugural .

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1290 Avenue of the Americas
New York, NY 10104

Tel: (b) (6)
Fax: (b) (6)

Email:
(b) (6) @cushwake.com
(b) (6) @gmail.com

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> Excellent
>
> Sent from my iPhone
>
> On Jan 20, 2017, at 10:13 AM, (b) (6) [redacted] (b) (6) [redacted]@cushwake.com> wrote:
>
> > David thanks but I have my plane lined up coming private and I really ant to see you ! I'm in
>
> (b) (6) [redacted]
> Chairman, Global Brokerage
> *Licensed Corporate Real Estate Broker*

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Cushman & Wakefield, Inc.
1290 Avenue of the Americas
New York, NY 10104

Tel: (b)(6)
Fax: (b)(6)

Email: (b) (6) (b)@cushwake.com
(b) (6) (b) @gmail.com

www.cushmanwakefield.com
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communication in error, please notify us by reply e-mail and immediately and permanently delete this message and any attachments. Thank you.

On Jan 20, 2017, at 10:01 AM, David shulkin <Drshulkin@aol.com> wrote:

I know your deal

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ingwithsomethingandpleasedontfeelanypressuretocomeif

AMERICAN OVERSIGHT

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Sent from my iPhone

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you are expressly prohibited from copying, distributing, disseminating, or in any other way using any information contained within this communication. If you have received this communication in error please contact the sender by telephone or by response via mail.

We have taken precautions to

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Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 1/26/2017 11:04:14 PM
To: David shulkin [Drshulkin@aol.com]
CC: (b) (6) [(b) (6) @mail.acponline.org]
Subject: Re:

Than you David. The involvement of the ACP is of critical importance. My cell is (b) (6)

Sent from my iPhone

> On Jan 26, 2017, at 5:24 PM, David shulkin <Drshulkin@aol.com> wrote:
>
> (b) (6) - I tried calling but missed you. i wonder if you could do me a favor. Would you mind connecting with Dr Moskowitz (emailAbove) who is an internist, amazing person, and becoming a good friend. Bruce is helping the President and me with resources to turnaround the VA and we wanted to involve the ACP. I think it would be great for the two if you to connect and then we can followup at your convenience.
>
> Thanks so much
>
>
> David Shulkin
>
> Sent from my iPhone

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/26/2017 10:24:27 PM
To: (b) (6) [(b) (6) @mail.acponline.org]
CC: Bruce Moskowitz [brucem(b) (6) mac.com]

(b) (6) - I tried calling but missed you. i wonder if you could do me a favor. Would you mind connecting with Dr Moskowitz (emailAbove) who is an internist, amazing person, and becoming a good friend. Bruce is helping the President and me with resources to turnaround the VA and we wanted to involve the ACP. I think it would be great for the two if you to connect and then we can followup at your convenience.

Thanks so much

David Shulkin

Sent from my iPhone

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/28/2017 3:53:45 AM
To: L Perl [(b) (6) @gmail.com]
Subject: Re: Dinner--- March 8th

Laurie- what you address?

My security detail wants to know so they can prepare for the 8 th

Looking forward to seeing you

David

Sent from my iPhone

On Feb 22, 2017, at 10:34 AM, L Perl <(b) (6) @gmail.com> wrote:

> Perfect! Would you be able to meet us at our apartment
> at around 6:15 for a quick drink-- then on to dinner at Mar-a-Lago?
>
> On Wed, Feb 22, 2017 at 10:27 AM, David shulkin <Drshulkin@aol.com> wrote:
> That would be great - yes (b) (6) will be there too
>
> Sent from my iPhone
>
> > On Feb 22, 2017, at 8:57 AM, L Perl <(b) (6) @gmail.com> wrote:
> >
> > Hi David,
> >
> > Ike mentioned to me that you will be here in town on Wednesday -March 8th.
> > We are free that evening and would love to have dinner with you....Will (b) (6)
> > be with you as well?
> >
> > Please let me know if this is good for you. Best...L
> >
> >

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/22/2017 3:49:54 PM
To: L Perl [(b) (6) @gmail.com]
BCC: (b) [(b) (6) @hotmail.com]
Subject: Re: Dinner--- March 8th

Perfect

Sent from my iPhone

On Feb 22, 2017, at 10:34 AM, L Perl <(b) (6) @gmail.com> wrote:

> Perfect! Would you be able to meet us at our apartment
> at around 6:15 for a quick drink-- then on to dinner at Mar-a-Lago?
>
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> Sent from my iPhone
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> >
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> > be with you as well?
> >
> > Please let me know if this is good for you. Best...L
> >
> >

AMERICAN OVERSIGHT

Message

From: L Perl [(b) (6) @gmail.com]
Sent: 2/22/2017 3:34:51 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Dinner--- March 8th

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at around 6:15 for a quick drink-- then on to dinner at Mar-a-Lago?

On Wed, Feb 22, 2017 at 10:27 AM, David shulkin <Drshulkin@aol.com> wrote:
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Sent from my iPhone

> On Feb 22, 2017, at 8:57 AM, L Perl <(b) (6) @gmail.com> wrote:
>
> Hi David,
>
> Ike mentioned to me that you will be here in town on Wednesday -March 8th.
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> be with you as well?
>
> Please let me know if this is good for you. Best...L
>
>

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Message

From: L Perl [(b) (6) @gmail.com]
Sent: 2/22/2017 1:57:01 PM
To: David shulkin [drshulkin@aol.com]
Subject: Dinner--- March 8th

Hi David,

Ike mentioned to me that you will be here in town on Wednesday -March 8th. We are free that evening and would love to have dinner with you....Will (b) (6) be with you as well?

Please let me know if this is good for you. Best...L

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Message

From: Jennifer Lee [(b) (6) @gmail.com]
Sent: 1/28/2017 3:32:19 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

Yes she has started but doesnt have her VA iphone so no access to VA email just yet

On Jan 27, 2017 7:31 PM, "David shulkin" <Drshulkin@aol.com> wrote:
Did rachel start?

Sent from my iPhone

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/28/2017 12:31:03 AM
To: Jennifer Lee [(b) (6) @gmail.com]

Did rachel start?

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/22/2017 8:26:42 PM
To: Jennifer Lee [(b) (6) @gmail.com]
Subject: Re: beachhead team

Id be trqnsparent- no real other advice

Sent from my iPhone

> On Jan 22, 2017, at 2:53 PM, Jennifer Lee (b) (6) mail.com> wrote:
>
> I heard yesterday that Regan's new friend from the beachhead team will be Darin Selnick
> Any further guidance on how to interact with him/them?
> I was thinking I'd ask Regan to let him know I'd be happy to meet with him if he would like and could provide more insight into broader policy initiatives, etc.
> For instance, we are preparing our legislative proposals for FY18 now and he may be interested to learn about those
> I'd like to be very up front and transparent about our work if possible?
> Thanks
>
>
>
>

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Message

From: Jennifer Lee [(b) (6) @gmail.com]
Sent: 1/22/2017 7:53:31 PM
To: David Shulkin [drshulkin@aol.com]
Subject: beachhead team

I heard yesterday that Regan's new friend from the beachhead team will be Darin Selnick
Any further guidance on how to interact with him/them?
I was thinking I'd ask Regan to let him know I'd be happy to meet with him if he would like and could provide more insight into broader policy initiatives, etc.
For instance, we are preparing our legislative proposals for FY18 now and he may be interested to learn about those
I'd like to be very up front and transparent about our work if possible?
Thanks

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/23/2017 3:26:09 PM
To: (b) (6) [(b) (6) @comcast.net]
Subject: Re: Thank you for breakfast

Thats nice

Sent from my iPhone

On Jan 23, 2017, at 9:47 AM, (b) (6) <(b) (6) @comcast.net> wrote:

> Sent from my iPhone
>
> Begin forwarded message:
>
> **From:** L Perl <(b) (6) @gmail.com>
> **Date:** January 23, 2017 at 9:39:56 AM EST
> **To:** (b) (6) <(b) (6) @comcast.net>
> **Subject: Re: Thank you for breakfast**
>
> It was a pleasure meeting you and David.....cannot believe your Dad was involved with (b) (6) (been so many years-- not sure am spelling it correctly)
>
> We look forward to seeing you both soon , perhaps even getting you to visit us in Palm Beach.
>
> With David as our leader, I am sure the VA will change for the good and make this country proud.
>
> Warmest regards.... Laurie
>
> On Sun, Jan 22, 2017 at 7:04 PM, (b) (6) <(b) (6) @comcast.net> wrote:
> Hi Laurie,
> Just wanted to say how much I enjoyed meeting you and Ike. It was delightful company at breakfast.
> So glad David met Ike and appreciative of both your support.
> By the way, you are the only other person i know who spells your name like my daughter's middle name.
> Look forward to seeing you again soon.
> Best,
> (b) (6)
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: [redacted] [redacted]@comcast.net]
Sent: 1/23/2017 2:47:30 PM
To: David [drshulkin@aol.com]
Subject: Fwd: Thank you for breakfast

Sent from my iPhone

Begin forwarded message:

From: L Perl <[redacted]@gmail.com>
Date: January 23, 2017 at 9:39:56 AM EST
To: [redacted] <[redacted]@comcast.net>
Subject: Re: Thank you for breakfast

It was a pleasure meeting you and David.....cannot believe your Dad was involved with [redacted] (been so many years-- not sure am spelling it correctly)

We look forward to seeing you both soon , perhaps even getting you to visit us in Palm Beach.

With David as our leader, I am sure the VA will change for the good and make this country proud.

Warmest regards.... Laurie

On Sun, Jan 22, 2017 at 7:04 PM, [redacted] <[redacted]@comcast.net> wrote:
Hi Laurie,
Just wanted to say how much I enjoyed meeting you and Ike. It was delightful company at breakfast.
So glad David met Ike and appreciative of both your support.
By the way, you are the only other person i know who spells your name like my daughter's middle name.
Look forward to seeing you again soon.
Best,
[redacted]

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/23/2017 4:35:58 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Fwd: VA

Sent from my iPhone

Begin forwarded message:

From: Jared Kushner <(b) @(b) (6)
Date: January 22, 2017 at 7:39:30 PM EST
To: David shulkin <drshulkin@aol.com>
Cc: (b) (6) <(b) (6) @gmail.com>, (b) (6) <(b) (6) @hotmail.com>
Subject: Re: VA

100% - lets try to make a time this week to have a call and then lay out a plan to get your group into the WH over next few weeks to give an update on action plan

On 1/22/17, 5:04 PM, "David shulkin" <drshulkin@aol.com> wrote:

Jared- what an amazing weekend and past few days. I bet your head is still spinning.

But in classic Ike Perlmutter form, he doesn't want us to lose any time. So he asked I reach out to you to connect and ensure alignment of a few things regarding our direction with our VA advisory committee and IT.

If you have time for a quick call this week let me know. If another time is better I understand since there is a lot going on.

David Shulkin MD

Office-(b) (6)
Cell- (b) (6)

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/16/2017 2:31:22 AM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Fwd: Call with (b) (6)

Sent from my iPhone

Begin forwarded message:

> **From:** Marc Sherman <mbs(b) (6) gmail.com>
> **Date:** February 15, 2017 at 1:46:59 PM EST
> **To:** David shulkin <drshulkin@aol.com>
> **Subject: Call with** (b) (6)
>
> Can you give me three to five options (dates and times) for a call with (b) (6) me, Ike, (b) (6) and someone from the White House?

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/15/2017 10:54:04 PM
To: Marc Sherman [mbs(b) (6) gmail.com]
Subject: Re: Call with(b) (6)

Will do

Sent from my iPhone

> On Feb 15, 2017, at 1:46 PM, Marc Sherman <mbs(b) (6) mail.com> wrote:
>
> Can you give me three to five options (dates and times) for a call with (b) (6) me, Ike, (b) and someone from the White House?

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/15/2017 10:50:13 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Fwd: Call with (b) (6)

Lets discuss too

Sent from my iPhone

Begin forwarded message:

> **From:** Marc Sherman <mbs(b) (6) gmail.com>
> **Date:** February 15, 2017 at 2:40:04 PM EST
> **To:** David shulkin <drshulkin@aol.com>
> **Subject: Re: Call with** (b) (6)
>
> When you meet with Ivanka for the tours, can you share with her (physically give her) the VA's "property list" so she can see the state and quantity of valuable vs not valuable properties and have a better sense of the need to freeze new construction and re-purpose and dispose of properties?
>
> On Wed, Feb 15, 2017 at 1:46 PM, Marc Sherman <mbs(b) (6) gmail.com> wrote:
> Can you give me three to five options (dates and times) for a call with (b) (6) me, Ike, (b) (6) and someone from the White House?

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/15/2017 10:49:57 PM
To: Marc Sherman [mbs(b) (6) gmail.com]
Subject: Re: Call with(b) (6)

Yes

Sent from my iPhone

On Feb 15, 2017, at 2:40 PM, Marc Sherman <mbs(b) (6) gmail.com> wrote:

> When you meet with Ivanka for the tours, can you share with her (physically give her) the VA's "property list" so she can see the state and quantity of valuable vs not valuable properties and have a better sense of the need to freeze new construction and re-purpose and dispose of properties?
>
> On Wed, Feb 15, 2017 at 1:46 PM, Marc Sherman <mbs(b) (6) gmail.com> wrote:
> Can you give me three to five options (dates and times) for a call with (b) (6) me, Ike, (b) (6) and someone from the White House?

AMERICAN OVERSIGHT

Message

From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 2/15/2017 7:40:04 PM
To: David shulkin [drshulkin@aol.com]
Subject: Re: Call with(b) (6)

When you meet with Ivanka for the tours, can you share with her (physically give her) the VA's "property list" so she can see the state and quantity of valuable vs not valuable properties and have a better sense of the need to freeze new construction and re-purpose and dispose of properties?

On Wed, Feb 15, 2017 at 1:46 PM, Marc Sherman <mbs(b) (6) gmail.com> wrote:
Can you give me three to five options (dates and times) for a call with (b) (6) me, Ike, (b) (6) and someone from the White House?

AMERICAN OVERSIGHT

Message

From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 2/15/2017 6:46:59 PM
To: David shulkin [drshulkin@aol.com]
Subject: Call with (b) (6)

Can you give me three to five options (dates and times) for a call with (b) (6) me, Ike, (b) (6) and someone from the White House?

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/22/2017 10:04:25 PM
To: Jared Kushner [(b) (6) @(b) (6)
Subject: VA

Jared- what an amazing weekend and past few days. I bet your head is still spinning.

But in classic Ike Perlmutter form, he doesn't want us to lose any time. So he asked I reach out to you to connect and ensure alignment of a few things regarding our direction with our VA advisory committee and IT.

If you have time for a quick call this week let me know. If another time is better I understand since there is a lot going on.

David Shulkin MD

Office- (b) (6)
Cell- (b) (6)

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 2/3/2017 11:05:03 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: Shulkin 3pm meeting with Cabinet affairs 2/3

Ok

On Feb 3, 2017 6:01 AM, "David Shulkin" <drshulkin@aol.com> wrote:
Not for my first meeting

Sent from my iPad

On Feb 3, 2017, at 5:31 AM, (b) (6) <(b) (6) @gmail.com> wrote:

> Do you need me to go to this with you?
> ---------- Forwarded message ----------
> From: "(b) (6) <(b) (6) @gmail.com>
> Date: Feb 2, 2017 7:51 PM
> Subject: Re: Shulkin 3pm meeting with Cabinet affairs 2/3
> To: "(b) (6) EOP/WHO" <(b) (6) @who.eop.gov>
> Cc:
>
> Thank you
>
> On Feb 2, 2017 7:51 PM, "(b) (6) EOP/WHO" <(b) (6) @who.eop.gov> wrote:
> So sorry! Old executive office building room 124
>
> Thank you,
> (b) (6)
> Senior Director
> Cabinet Affairs
> (b) (6)
>
> Please excuse typos. Sent from my iPhone
>
> On Feb 2, 2017, at 7:30 PM, (b) (6) <(b) (6) @gmail.com> wrote:
>
> > Many thanks. Please let us know the location.
> >
> > (b) (6)
> >
> > On Thu, Feb 2, 2017 at 7:06 PM (b) (6) EOP/WHO
> > (b) (6) @who.eop.gov> wrote:

AMERICAN OVERSIGHT

Of course! (b) (6) Cabinet Secretary, and I will meet with him to discuss how Cabinet Affairs will assist Dr Shulkin with his role as Secretary. I will brief him on the swearing in process and answer and questions he may have. General meet and greet.

We are looking forward to it!

Thank you,

(b) (6)

Senior Director

Cabinet Affairs

(b) (6)

Please excuse typos. Sent from my iPhone

On Feb 2, 2017, at 6:42 PM, (b) (6)
<(b) (6) @gmail.com> wrote:

AMERICAN OVERSIGHT

Good Evening (b) (6)

Please see the waves information for David Shulkin for the Cabinet Affairs at 3pm. Can you share the location and who will be in the meeting?

Full Name: David Jonathan Shulkin

DOB (b) (6)

SSN: (b) (6)

Citizen: Yes

Country of Birth: United States of America

City and State of Residence: (b) (6)

Thanks,

(b) (6)

AMERICAN OVERSIGHT

--
Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/3/2017 11:01:54 AM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re: Shulkin 3pm meeting with Cabinet affairs 2/3

Not for my first meeting

Sent from my iPad

On Feb 3, 2017, at 5:31 AM, (b) (6) <(b) (6) @gmail.com> wrote:

> Do you need me to go to this with you?
> ---------- Forwarded message ----------
> From: "(b) (6) <(b) (6) @gmail.com>
> Date: Feb 2, 2017 7:51 PM
> Subject: Re: Shulkin 3pm meeting with Cabinet affairs 2/3
> To: "(b) (6) EOP/WHO" (b) (6) @who.eop.gov>
> Cc:
>
> Thank you
>
> On Feb 2, 2017 7:51 PM, "(b) (6) EOP/WHO" <(b) (6) @who.eop.gov> wrote:
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>
> Thank you,
> (b) (6)
> Senior Director
> Cabinet Affairs
> (b) (6)
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> Please excuse typos. Sent from my iPhone
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> > (b) (6)
> >
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> > (b) (6) @who.eop.gov> wrote:

AMERICAN OVERSIGHT

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We are looking forward to it!

Thank you,

(b) (6)

Senior Director

Cabinet Affairs

(b) (6)

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AMERICAN OVERSIGHT

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Full Name: David Jonathan Shulkin

DOB: (b) (6)

SSN: (b) (6)

Citizen: Yes

Country of Birth: United States of America

City and State of (b) (6)

Thanks,

(b) (6)

AMERICAN OVERSIGHT

--
Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 2/3/2017 10:31:31 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: Re: Shulkin 3pm meeting with Cabinet affairs 2/3

Do you need me to go to this with you?
---------- Forwarded message ----------
From: "(b) (6) <(b) (6) @gmail.com>
Date: Feb 2, 2017 7:51 PM
Subject: Re: Shulkin 3pm meeting with Cabinet affairs 2/3
To: "(b) (6) EOP/WHO" (b) (6) @who.eop.gov>
Cc:

Thank you

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So sorry! Old executive office building room 124

Thank you,
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Senior Director
Cabinet Affairs
(b) (6)

Please excuse typos. Sent from my iPhone

On Feb 2, 2017, at 7:30 PM, (b) (6) <(b) (6) @gmail.com> wrote:

> Many thanks. Please let us know the location.
>
> (b) (6)
>
> On Thu, Feb 2, 2017 at 7:06 PM (b) (6) EOP/WHO (b) (6) @who.eop.gov> wrote:
>
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>
> We are looking forward to it!

AMERICAN OVERSIGHT

Thank you,

(b) (6)

Senior Director

Cabinet Affairs

(b) (6)

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Good Evening (b) (6)

AMERICAN OVERSIGHT

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Full Name: David Jonathan Shulkin

DOB (b) (6)

SSN (b) (6)

Citizen: Yes

Country of Birth: United States of America

City and State of Residence: (b) (6)

Thanks,

(b) (6)

--

AMERICAN OVERSIGHT

Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: (b) (6) EOP/WHO [(b) (6) @who.eop.gov]
Sent: 2/3/2017 12:50:52 AM
To: (b) (6) [(b) (6) @gmail.com]
CC: David Shulkin [drshulkin@aol.com]; (b) (6) [(b) (6) va.gov]
Subject: Re: Shulkin 3pm meeting with Cabinet affairs 2/3

So sorry! Old executive office building room 124

Thank you,
(b) (6)
Senior Director
Cabinet Affairs
(b) (6)

Please excuse typos. Sent from my iPhone

On Feb 2, 2017, at 7:30 PM, (b) (6) <(b) (6) @gmail.com> wrote:

> Many thanks. Please let us know the location.
>
> (b) (6)
>
> On Thu, Feb 2, 2017 at 7:06 PM (b) (6) EOP/WHO (b) (6) @who.eop.gov> wrote:
>
> Of course! (b) (6) Cabinet Secretary, and I will meet with him to discuss how Cabinet Affairs will assist Dr Shulkin with his role as Secretary. I will brief him on the swearing in process and answer and questions he may have. General meet and greet.
>
> We are looking forward to it!
>
> Thank you,
>
> (b) (6)

AMERICAN OVERSIGHT

Senior Director

Cabinet Affairs

(b) (6)

Please excuse typos. Sent from my iPhone

On Feb 2, 2017, at 6:42 PM, (b) (6) <(b) (6) @gmail.com> wrote:

Good Evening (b) (6)

Please see the waves information for David Shulkin for the Cabinet Affairs at 3pm. Can you share the location and who will be in the meeting?

AMERICAN OVERSIGHT

Full Name: David Jonathan Shulkin

DOB (b) (6)

SSN: (b) (6)

Citizen: Yes

Country of Birth: United States of America

City and State of Residence: (b) (6)

Thanks,

(b) (6)

--
Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 2/3/2017 12:30:08 AM
To: (b) (6) EOP/WHO (b) (6) @who.eop.gov]
CC: David Shulkin [drshulkin@aol.com]; (b) (6) [(b) (6) va.gov]
Subject: Re: Shulkin 3pm meeting with Cabinet affairs 2/3

Many thanks. Please let us know the location.

(b) (6)

On Thu, Feb 2, 2017 at 7:06 PM (b) (6) EOP/WHO (b) (6) @who.eop.gov> wrote:

Of course! (b) (6) Cabinet Secretary, and I will meet with him to discuss how Cabinet Affairs will assist Dr Shulkin with his role as Secretary. I will brief him on the swearing in process and answer and questions he may have. General meet and greet.

We are looking forward to it!

Thank you,

(b) (6)

Senior Director

Cabinet Affairs

(b) (6)

AMERICAN OVERSIGHT

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Good Evening (b) (6)

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Full Name: David Jonathan Shulkin

DOB: (b) (6)

SSN: (b) (6)

Citizen: Yes

Country of Birth: United States of America

AMERICAN OVERSIGHT

City and State of Residence: (b) (6)

Thanks,

(b) (6)

--
Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: (b) (6) EOP/WHO [(b) (6) @who.eop.gov]
Sent: 2/3/2017 12:05:23 AM
To: (b) (6) [(b) (6) @gmail.com]
CC: David Shulkin [drshulkin@aol.com]; (b) (6) [(b) (6) va.gov]
Subject: Re: Shulkin 3pm meeting with Cabinet affairs 2/3

Of course! (b) (6) Cabinet Secretary, and I will meet with him to discuss how Cabinet Affairs will assist Dr Shulkin with his role as Secretary. I will brief him on the swearing in process and answer and questions he may have. General meet and greet. We are looking forward to it!

Thank you,
(b) (6)
Senior Director
Cabinet Affairs
(b) (6)

Please excuse typos. Sent from my iPhone

On Feb 2, 2017, at 6:42 PM, (b) (6) <(b) (6) @gmail.com> wrote:

> Good Evening (b) (6)
>
> Please see the waves information for David Shulkin for the Cabinet Affairs at 3pm. Can you share the location and who will be in the meeting?
>
> Full Name: David Jonathan Shulkin
> DOB: (b) (6)
> SSN: (b) (6)
> Citizen: Yes
> Country of Birth: United States of America
> City and State of Residence: (b) (6)
>
> Thanks,
> (b) (6)

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/24/2017 3:36:42 AM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Please print

Study group to study facilities

Advisory group on suicide prevention with families

New technology innovation center

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/19/2017 9:54:56 AM
To: (b) (6) [(b) (6) @gmail.com]

Can you send me (b) (6) b(b) (6) email?

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/24/2017 11:26:09 PM
To: Vivieca Simpson [(b) (6) @gmail.com]
Subject: Re:

Nothing on this link what is it?

Sent from my iPhone

On Apr 24, 2017, at 6:30 PM, Vivieca Simpson <(b) (6) @gmail.com> wrote:

> Thanks
>
> On Apr 19, 2017 19:41, "David Shulkin" <drshulkin@aol.com> wrote:
> See at 1:13
>
> https://m.youtube.com/watch?v=AufMXIGtr-Q
>
> Sent from my iPad

AMERICAN OVERSIGHT

Message

From: Vivieca Simpson [(b) (6) @gmail.com]
Sent: 4/24/2017 10:30:16 PM
To: David shulkin [drshulkin@aol.com]
Subject: Re:

Thanks

On Apr 19, 2017 19:41, "David Shulkin" <drshulkin@aol.com> wrote:

> See at 1:13
>
> https://m.youtube.com/watch?v=AufMXIGtr-Q
>
> Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 4/19/2017 11:41:33 PM
To: Vivieca Simpson [(b) (6) @gmail.com]; Poonam Alaigh [(b) (6) @hotmail.com]

See at 1:13

https://m.youtube.com/watch?v=AufMXIGtr-Q

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: IP [[redacted]@frenchangel59.com]
Sent: 4/20/2017 1:59:03 PM
To: David shulkin [drshulkin@aol.com]
Subject: FW: help with Dr David Shulkin, please

Good morning David,

When you get a chance please give me a call.

Thanks,
Ike

From: Dan Raviv [mailto:(b) (6) [redacted]@gmail.com]
Sent: Thursday, April 20, 2017 9:38 AM
To: IP
Subject: help with Dr David Shulkin, please

Good morning!

My producers at "i24 News TV" are having trouble finding the correct press representative for Secretary David Shulkin.

(See below.)

Could you -- please -- call him, and tell him a little bit about me ... and about i24 News as a global TV station that is based in Tel Aviv?

I'd love to interview him tomorrow or Monday or Tuesday, BEFORE the VA Department publicly announces the changes it is making.

Perhaps he would tell you who is his "press person" -- and perhaps an e-mail address or phone number -- so we can officially make the request?

THANK YOU so much!

Dan

....
My producer wrote me: (and now I told her to hold off, as I'll try to get the right contact) :

... I have called the media relations office and it is a mailbox asking for reporters to leave their contact info. and request
Also sent an interview request with the Secretary via e-mail yesterday and asked (b) [redacted] to look for a direct name/contact for us

Trying again this morning thanks...

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/4/2017 12:50:30 PM
To: (b) (6) [(b) (6) va.gov]
Subject: Re: [EXTERNAL] Fwd: Tuesday meeting agenda

Yes

Sent from my iPhone

On Feb 4, 2017, at 5:49 AM, (b) (6) [(b) (6) va.gov> wrote:

Will you send your waves in when you get the instructions?

-----Original Message-----
From: David shulkin [Drshulkin@aol.com]
Sent: Friday, February 03, 2017 06:17 PM Eastern Standard Time
To: (b) (6)
Subject: [EXTERNAL] Fwd: Tuesday meeting agenda

Im going to need to be here all tuesday am

Can we see about rescheduling the senators tuesday am till late tuesday ?

Sent from my iPhone

Begin forwarded message:

From: Bruce Moskowitz <brucem(b) (6) mac.com>
Date: February 3, 2017 at 6:03:25 PM EST
To: (b) (6) ccf.org, (b) (6) <(b) (6) @jhmi.edu>, "(b) (6) M.D." (b) (6) @mayo.edu>, mbs(b) (6) gmail.com, drshulkin@aol.com, "(b) (6) <(b) (6) @mayo.edu>, (b) (6) kp.org, (b) (6) <(b) (6) hopeunseen.com>, (b) (6) partners.org, laurie perle <(b) (6) @yahoo.com>, IP <j @frenchangel59.com>
Cc: (b) @frenchangel59.com, (b) (6) @jhmi.edu, (b) (6) @partners.org, (b) (6) @kp.org, j(b) (6) @ccf.org
Subject: Tuesday meeting agenda

The meeting is confirmed to start Tuesday 8 am at the Whitehouse. Instructions for security and where to enter will be provided this weekend. Below is the agenda. I want to personally thank everyone for their input and I look forward to a productive meeting.

AMERICAN OVERSIGHT

Message

From: [redacted] va.gov]
Sent: 2/4/2017 10:49:03 AM
To: 'David shulkin' [Drshulkin@aol.com]
Subject: RE: [EXTERNAL] Fwd: Tuesday meeting agenda

Will you send your waves in when you get the instructions?

-----Original Message-----
From: David shulkin [Drshulkin@aol.com]
Sent: Friday, February 03, 2017 06:17 PM Eastern Standard Time
To: [redacted]
Subject: [EXTERNAL] Fwd: Tuesday meeting agenda

Im going to need to be here all tuesday am

Can we see about rescheduling the senators tuesday am till late tuesday ?

Sent from my iPhone

Begin forwarded message:

> **From:** Bruce Moskowitz <brucem[redacted]mac.com>
> **Date:** February 3, 2017 at 6:03:25 PM EST
> **To:** [redacted]ccf.org, [redacted] <[redacted]@jhmi.edu>, "[redacted] M.D." [redacted]@mayo.edu>, mbs[redacted]gmail.com, drshulkin@aol.com, "[redacted] <[redacted]@mayo.edu>, [redacted]kp.org, [redacted] <[redacted]hopeunseen.com>, [redacted]partners.org, laurie perle <[redacted]@yahoo.com>, IP <[redacted]@frenchangel59.com>
> **Cc:** [redacted]@frenchangel59.com, [redacted]@jhmi.edu, [redacted]@partners.org, [redacted]@kp.org, [redacted]@ccf.org
> **Subject: Tuesday meeting agenda**
>
> The meeting is confirmed to start Tuesday 8 am at the Whitehouse. Instructions for security and where to enter will be provided this weekend. Below is the agenda. I want to personally thank everyone for their input and I look forward to a productive meeting.

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/3/2017 11:16:55 PM
To: (b) (6) R. (b) (6) ((b) (6) va.gov]
Subject: Fwd: Tuesday meeting agenda
Attachments: VA AC Mtg Agenda 02xx17 FINAL.pdf; Untitled attachment 14609.htm

Im going to need to be here all tuesday am

Can we see about rescheduling the senators tuesday am till late tuesday ?

Sent from my iPhone

Begin forwarded message:

From: Bruce Moskowitz <brucem(b) (6) mac.com>
Date: February 3, 2017 at 6:03:25 PM EST
To: (b) (6) ccf.org, (b) (6) <(b) (6) @jhmi.edu>, "(b) (6) M.D." (b) (6) @mayo.edu>, mbs(b) (6) gmail.com, drshulkin@aol.com, "(b) (6) <(b) (6)@mayo.edu>, (b) (6) kp.org, (b) (6) <(b) (6) hopeunseen.com>, (b) (6) partners.org, laurie perle <(b) (6) @yahoo.com>, IP <(b)@frenchangel59.com>
Cc: (b) @frenchangel59.com, (b) (6)@jhmi.edu, (b) (6) @partners.org, (b) (6) @kp.org, (b) (6) @ccf.org
Subject: Tuesday meeting agenda

The meeting is confirmed to start Tuesday 8 am at the Whitehouse. Instructions for security and where to enter will be provided this weekend. Below is the agenda. I want to personally thank everyone for their input and I look forward to a productive meeting.

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AGENDA
VETERANS ADMINISTRATION ADVISORY COMMITTEE

TUESDAY, FEBRUARY 7, 2017 | 10AM EST

Attendees:

David Shulkin
(b) (b) (6)
(b) (6)

Bruce Moskowitz
(b) (6)
Ike Perlmutter

Laurie Perlmutter
(b) (6)
Marc Sherman

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

(b) (6) (representing the White House)

1. **Introductions and Purpose**
2. **Discussion Items - Potential Issues / Potential Solutions**
   a. Underutilized facilities- case example Blackhills
   b. IT: issues related to cloud based system vs cots
   c. Public Relations Strategy
   d. Supply Chain
   e. Shared Services vs. local control
   f. Community Care RFP / Community based healthcare and payment
   g. Physician Shortage (See detail in Appendix A)
   h. Telemedicine
   i. 40/30 rule
   j. Increase mental health professionals
   k. Homelessness
   l. Job training and jobs
   m. Implementation
   n. A veterans' advocate program
   o. A veteran's patient portal
   p. Fraud Waste & Abuse [https://www.va.gov/oig/publications/press-releases.asp]
   q. Research and NIH
   r. Veterans' family issues
   s. Trial managed care programs [similar to JHH DOD program - (b) (6)
3. **Obstacles**
   a. Physician shortage
   b. Role / impact of Capitol Hill / Regulatory Environment / Existing Regulations
   c. Civil Service system
   d. Redirection of funds
   e. Others
4. **Role of the White House**
5. **Timing**
6. **Role / impact of outside Veterans' Service Organizations**
   [https://en.wikipedia.org/wiki/List_of_veterans_organizations#United_States]
7. **Role / impact of Veterans' Advisory Committees [25 existing committees]**
8. **Immediate Crisis Steps**
   a. Hire a top executive to help Dr. Shulkin implement and execute his plans
   b. Retain a top Public Relations firm who specializes in crisis management

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c. Divest or repurpose all underutilized real estate
d. Identify the centers that are not providing high quality treatment and care, have few patients, and/or are losing money
e. Immediate freeze on all planned CAPEX for the future projects
f. Review all existing and proposed material contracts for renewal or termination to determine whether they are or are not in line with our broader strategy or do not benefit the VA

9. Immediate Systemic Improvement

a. Establish Fellowship Program
b. Centralize all procurement for all VA hospitals
c. IT (Electronic Records)

10. Immediate Veterans' Service Improvement

a. Eliminate the "40/30 rule"
b. Establish community healthcare alternatives and payment mechanism.
c. Establish a program that can help veterans [post-treatment] locate jobs.
d. Systemic restructuring to improve Patient care
e. Physician and nursing retention
f. Veterans' employment & reentry programs & initiatives
[http://heroesworkhere.disney.com]

11. Action Steps

Appendix A (Physician Shortage)

1. Bruce Moskowitz met with the leadership of the American College of Surgeons and the American College of Physicians to ask for their assistance, two organizations that include private sector members who are board certified. They have the resources to immediately ask members to open up their practices to veterans. However, we would need to get rid of the 40/ 30 rule, the overly burdensome paperwork and the current inability to share records. They are willing to accept Medicare rates which is below what they usually see patients for.

2. The hiring process for physicians and nurse practitioners needs to be restructured. It takes on average three to six months. The process needs to be streamlined by adopting the Kaiser Permanente approach.

3. The VA System should institute telemedicine in multiple ways. David and Bruce have first-hand experience of how patient care and outcomes can vastly improve through telemedicine. In addition, it improves the VA's ability to provide immediate care and follow-up care. Some of the institutions represented on the committee have the platforms already in place to do this.

4. The lack of medical training slots after graduating medical school is going to create a shortage of 250,000 physicians in the private sector in the very near future. This is under the jurisdiction of Dr. Price (Health and Human services). We need to look at a plan that opens up slots (whether it is NYU or any other medical center) that in return provides Veteran Care.

5. Finally, the inducement for joining the VA for new graduates (even with a shift to the private sector we will need physicians who are committed to spending their careers taking care of Veterans) will only occur if they are allowed to also do research that eventually may create a licensed product and share the rewards. David and Bruce will seek the assistance of someone that is recognized as the best in technology transfer. We cannot be competitive without this. Even physicians in the private sector who assist with care of the Veteran need this opportunity.

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Sent from my iPad
Bruce Moskowitz M.D.

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/23/2017 3:34:28 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
CC: Baligh R. Yehia [Baligh.Yehia@va.gov]; (b) (6) @va.gov
Subject: Cvs

Bruce- i wanted to connect you with (b) (6) and Baligh Yehia (emails above) who i would recommend working with you on the CvS academic project

Thanks

David Shulkin

Sent from my iPhone

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Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 2/10/2017 11:04:25 PM
To: David Shulkin [drshulkin@aol.com]
Subject: current charts
Attachments: OSVA Org Charts.pdf

here are the official org charts from the 10th given to vivieca, take a look.

There are vacancies to help facilitate change. It really is a logical plan if it worked.

1. Chief of Impact Analysis is vacant - place (b) there
2. Mission Ops (Over the Travel Team) - place (b) (6) here
3. Travel coordinator (place (b) (6) here)

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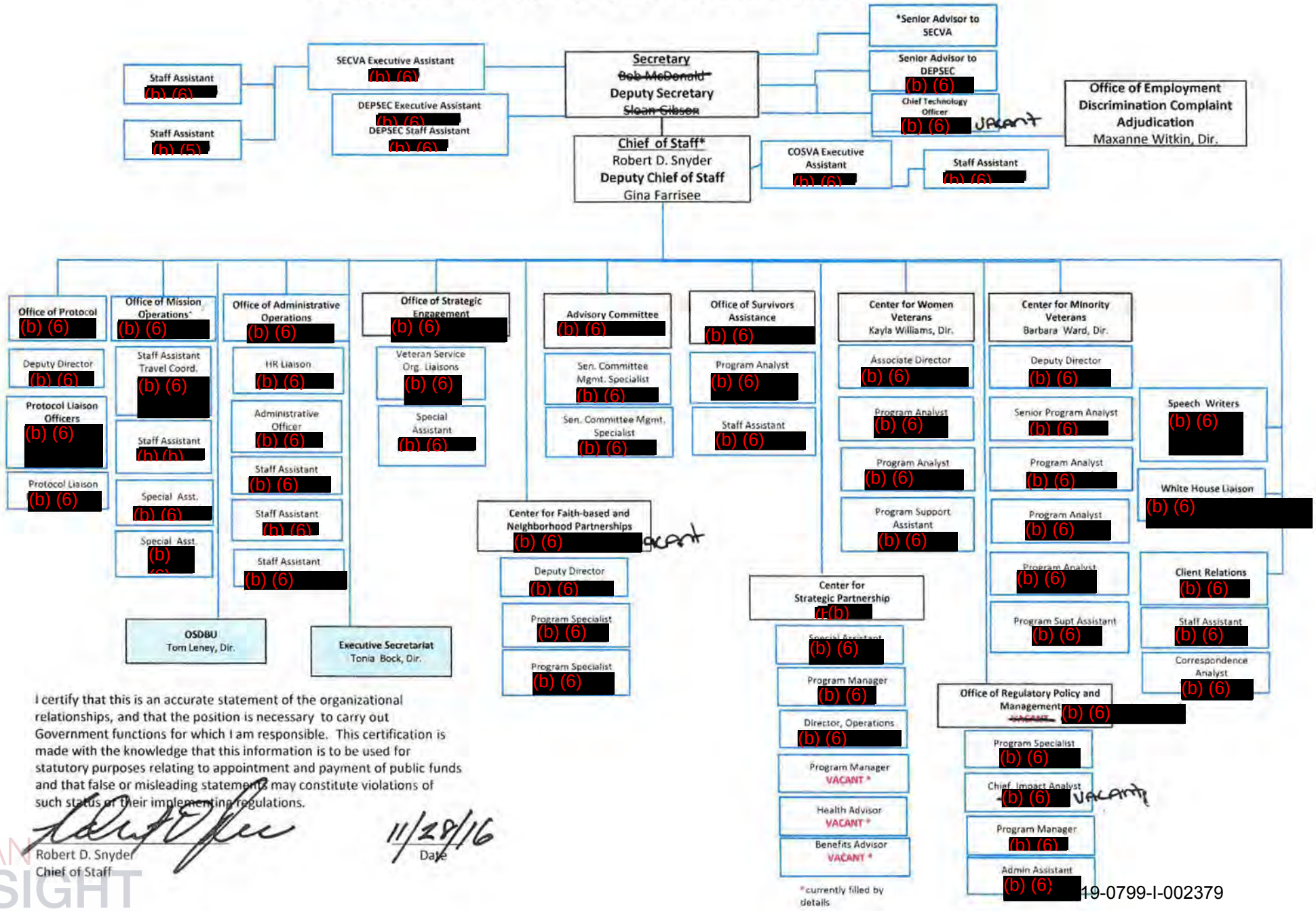
Office of the Secretary : ORGANIZATIONAL CHART



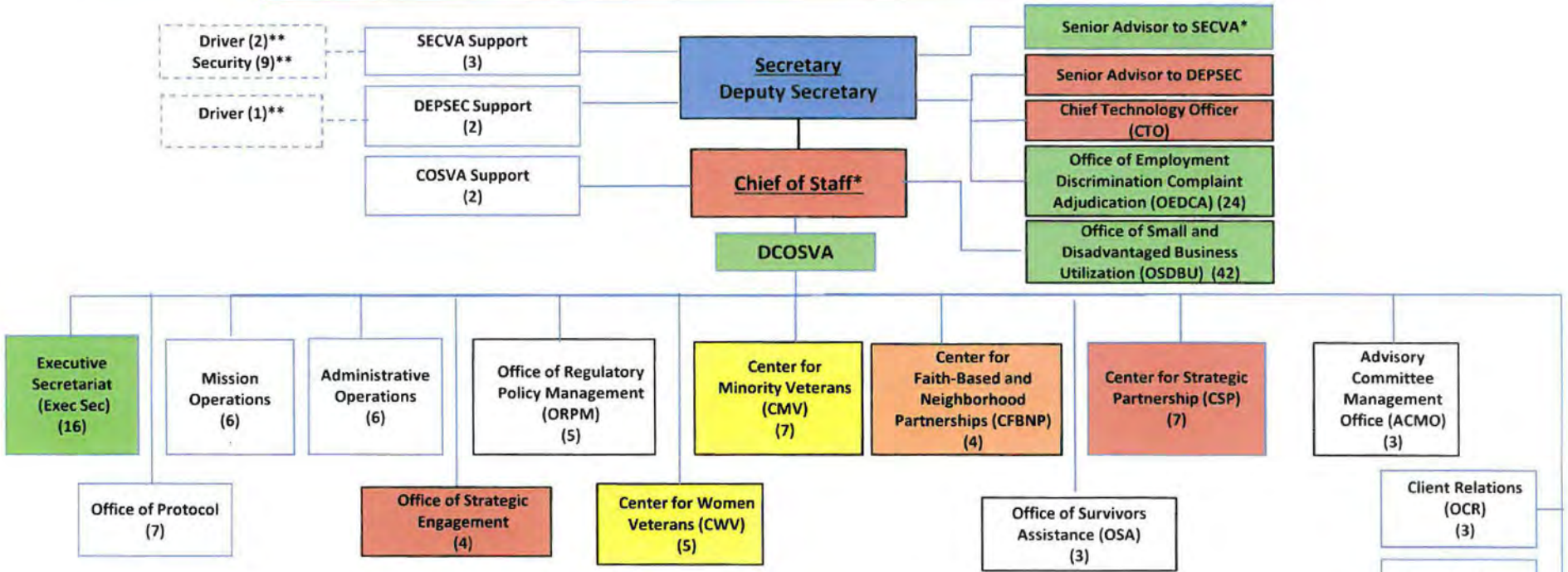
I certify that this is an accurate statement of the organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds and that false or misleading statements may constitute violations of such status or their implementing regulations.

Robert D. Snyder
Chief of Staff

11/28/16
Date

DS_0000739
AMERICAN OVERSIGHT
19-0799-I-002379

Organization Chart



NOTE: OSVA totals 161 FTE
* Incumbent is a career SES
** Driver FTE from Office of Administration; Security FTE from Office of Security and Preparedness

- Political Appointees
- Career SES
- Term Appointees
- Non Career SES
- Schedule C

DS_0007397
AMERICAN OVERSIGHT 2/9/2017
VA-19-0799-I-002380

Message

From: L Perl [(b) (6) @gmail.com]
Sent: 3/14/2017 11:57:48 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Caregiver Support

absolutely agree

On Mon, Mar 13, 2017 at 9:55 PM, David shulkin <Drshulkin@aol.com> wrote:
I think we need a family advisory committee/caregiver group to go through our current programs and regulations to see what is working and what is not

If you agree I can pursue this

David

Sent from my iPhone

On Mar 13, 2017, at 8:39 PM, IP <(@frenchangel59.com> wrote:

How do you think we should handle this?

This is very sad.

From: L Perl [mailto:(b) (6) @gmail.com]
Sent: Monday, March 13, 2017 4:32 PM
To: Bruce Moskowitz
Cc: (b) (6) IKE
Subject: Re: Caregiver Support

Agree with you, Bruce.....L

On Mon, Mar 13, 2017 at 4:23 PM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:

We should look at those with 100% disability first find what is working and what does not work. Once we define the worst case scenario we can address the rest.

Sent from my iPad

Bruce Moskowitz M.D.

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On Mar 13, 2017, at 2:39 PM, (b) (6) <(b) (6) hopeunseen.com> wrote:

I just spoke with the Caregiver Support National Director. We have several issues facing our combat injured military families (caregivers) on the ground level. It is really a problem with Congress, everyone is constrained by congress' rules and regulations, dictated by the budget, which I understand. When the caregiver support rolled out they had so many applications that they had to adjust the rules and regulations because they could not compensate them all. I guess for us it really comes down to the point that helping Veterans and their families is all dictated under rules and regulations which I understand, but there is no room for free thought in helping and assisting in real rationale ways.

I explained how when I went back to work after 10 years of helping (b) (6) I struggled with simple things like mowing the lawn and getting (b) (6) rides. Our monthly budget in car rides went up drastically. I expressed that if we care for the Veterans' family we are also caring for the Veteran. Right now the system is set up based on the Veterans rating/productivity/work, not the caregivers needs, which is directly related to the Veterans productivity.

I hope to speak to members in congress about this in April. The whole system is not set up to listen to the Veteran or the Family, no room for rationale free thought.

(b) (6) and I do not "qualify" for caregiver support and the largest home adaptation grant based on the laws congress set up. On paper (b) (6) is well over 100% combat disabled Veteran, but because he has chosen to work and overcome, he becomes ineligible for most support. I know we cannot replicate (b) (6) but don't we want all our Veterans and families to find meaningful work and continue to be contributing members in society? And shouldn't the VA have tangible ways to help support and assist them. We have to change the whole language around all of this, I would be curious of an analysis: if Veterans and their families knew the VA was there to support and assist them through their journeys to finding health and success wouldn't we save a lot more money than threatening to take away benefits if they work or seek opportunity?

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(b) (6)
(b) (6)
www.HopeUnseen.com

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/14/2017 1:55:35 AM
To: IP [(b) (6)@frenchangel59.com]; Bruce Moskowitz [brucem(b) (6)mac.com]; Laurie Perlmutter [(b) (6)@gmail.com]
Subject: Re: Caregiver Support

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David

Sent from my iPhone

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> **Cc:** (b) (6) IKE
> **Subject:** Re: Caregiver Support
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> Sent from my iPad
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>
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(b) (6)
(b) (6)
www.HopeUnseen.com

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Message

From: IP [(b) (6)@frenchangel59.com]
Sent: 3/14/2017 12:39:10 AM
To: David shulkin [drshulkin@aol.com]
Subject: FW: Caregiver Support

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This is very sad.

From: L Perl [mailto(b) (6)@gmail.com]
Sent: Monday, March 13, 2017 4:32 PM
To: Bruce Moskowitz
Cc: (b) (6) IKE
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(b) (6)
(b) (6)
www.HopeUnseen.com

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/24/2017 3:14:45 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Fwd: Re:

Sent from my iPhone

Begin forwarded message:

From: (b) (6) <(b) (6) @gmail.com>
Date: January 23, 2017 at 4:06:51 PM EST
To: Marc Sherman <mbs(b) (6) gmail.com>
Cc: David shulkin <drshulkin@aol.com>, "(b) (6) EOP/WHO" <(b) (6) (b) (6) who.eop.gov>
Subject: Re:

(Moving folks to bcc to spare inboxes and adding (b)

Marc--would love to meet wed afternoon. (b) wants to join too, and asked if 5:15 would work on your end? He said he's happy to host the discussion here at the WH if you'll be in town.

Thanks!

(

On Sunday, January 22, 2017, Marc Sherman <mbs(b) (6) gmail.com> wrote:
(b) (6)

Rather than waiting for the confirmation hearing to conclude so that David can weigh in, I wonder if it makes sense for you and me to talk sometime this week. If you agree, let me know what your schedule permits. I could talk by phone on Monday (tomorrow) between 3-4pm or Tuesday between 8:30am and 10am. I could also meet on Wednesday in DC around 4:30pm or Thursday at 9:30am.

Looking forward to it.

Marc

Marc Sherman

On Sun, Jan 22, 2017 at 11:31 AM, (b) (6) <(b) (6) @gmail.com> wrote:
Ike--

Great to speak with you as well! Im incredibly energized by how much focus is being put on VA reform already by this team, and am more than happy to help however I can. I believe this will be a unique moment to create some long-needed, lasting change.

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Dr. Shulkin, Mr. Sherman--let me know when is a good time for you to connect further. Im based in DC so can meet in person, or by phone, whatever is easiest.

Best,

(b) (6)

On Fri, Jan 20, 2017 at 9:17 AM, IP <[redacted]@frenchangel59.com> wrote:

(b) (6)

It was a real pleasure speaking to you yesterday. I am very excited about your ideas and efforts to bring government into the modern digital age. I am even more excited about having your counsel, thoughts and skills to help our Advisory Committee improve the VA and make the lives of our deserving veterans better.

Our Advisory Committee members know how to run the most efficient healthcare programs in the world as well as turnaround troubled ones, but including digital transformation as part of that effort will help us create something for the veterans that is far greater than just "fixing" current obstacles. With that in mind, I would ask that you, Dr. Shulkin, the VA Secretary nominee, and Marc Sherman, one of the committee members, compare schedules and arrange to get together when they think the time is right. I am copying the two of them as well.

Jared, thank you for introducing the two of us.

All my best,

Ike

From: (b) (6) [mailto:(b) (6) @gmail.com]
Sent: Thursday, January 19, 2017 11:08 AM
To: [redacted]@frenchangel59.com
Subject: Re:

Thanks for the intro, Jared (moving you to bcc).

Ike--pleasure to be connected, and very glad to hear you are targeting the VA, it desperately needs help. There's a lot of work to do.

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Happy to talk anytime on the phone or in person. I'm based out of DC, but let me know time/place that works for you and we'll get it on the books.

(b) (6)

On Thursday, January 19, 2017, Jared Kushner <(b) @(b) (6) wrote:

(b) (6) - I want to introduce you to Ike who is going to help us fox the VA. He is someone we trust 100%. Can you please make a time to speak or meet with him and offer suggestions?

Sent from my iPhone

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Message

From: (b) (6) EOP/WHO[(b) (6) (b) (6) who.eop.gov]
Sent: 1/24/2017 1:09:50 AM
To: Marc Sherman [mbs(b) (6) gmail.com]; (b) (6) [(b) (6) @gmail.com]
CC: David shulkin [drshulkin@aol.com]; (b) (6) [(b) (b) (6)
Subject: RE: Re:

Thank you Marc. (b) is copied and will work with you on entry / info needed.

From: Marc Sherman [mailto:mbs(b) (6) gmail.com]
Sent: Monday, January 23, 2017 5:49 PM
To: (b) (6) <(b) (6) @gmail.com>
Cc: (b) (6) EOP/WHO <(b) ((b) (6) who.eop.gov>; David shulkin <drshulkin@aol.com>
Subject: Re:

Wednesday works. I am in town and can do 5:15. Will need entry protocal. I will be walking over from my office a few blocks away.

Marc

Marc Sherman
(b) (6)

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>
> Marc Sherman
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>
> (b) (6)

AMERICAN OVERSIGHT

It was a real pleasure speaking to you yesterday. I am very excited about your ideas and efforts to bring government into the modern digital age. I am even more excited about having your counsel, thoughts and skills to help our Advisory Committee improve the VA and make the lives of our deserving veterans better.

Our Advisory Committee members know how to run the most efficient healthcare programs in the world as well as turnaround troubled ones, but including digital transformation as part of that effort will help us create something for the veterans that is far greater than just "fixing" current obstacles. With that in mind, I would ask that you, Dr. Shulkin, the VA Secretary nominee, and Marc Sherman, one of the committee members, compare schedules and arrange to get together when they think the time is right. I am copying the two of them as well.

Jared, thank you for introducing the two of us.

All my best,

Ike

From: (b) (6) [mailto:(b) (6) @gmail.com]
Sent: Thursday, January 19, 2017 11:08 AM
To: @frenchangel59.com
Subject: Re:

Thanks for the intro, Jared (moving you to bcc).

Ike--pleasure to be connected, and very glad to hear you are targeting the VA, it desperately needs help. There's a lot of work to do.

Happy to talk anytime on the phone or in person. I'm based out of DC, but let me know time/place that works for you and we'll get it on the books.

(b) (6)

On Thursday, January 19, 2017, Jared Kushner <(b) @(b) (6) wrote:

(b) (6) - I want to introduce you to Ike who is going to help us fox the VA. He is someone we trust 100%. Can you please make a time to speak or meet with him and offer suggestions?

Sent from my iPhone

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

Message

From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 1/22/2017 7:54:37 PM
To: (b) (6) [(b) (6) @gmail.com]
CC: IP [@frenchangel59.com]; Jared Kushner [(b) @(b) (6)]; David shulkin [drshulkin@aol.com]; Marisol Garcia [(b) @frenchangel59.com]; (b) (6) [(b) (6) (b) (6)]; (b) (6) [(b) ((b) (6)
Subject: Re:

(b) (6)

Rather than waiting for the confirmation hearing to conclude so that David can weigh in, I wonder if it makes sense for you and me to talk sometime this week. If you agree, let me know what your schedule permits. I could talk by phone on Monday (tomorrow) between 3-4pm or Tuesday between 8:30am and 10am. I could also meet on Wednesday in DC around 4:30pm or Thursday at 9:30am.

Looking forward to it.

Marc

Marc Sherman

On Sun, Jan 22, 2017 at 11:31 AM, (b) (6) <(b) (6) @gmail.com> wrote:

Ike--

Great to speak with you as well! Im incredibly energized by how much focus is being put on VA reform already by this team, and am more than happy to help however I can. I believe this will be a unique moment to create some long-needed, lasting change.

Dr. Shulkin, Mr. Sherman--let me know when is a good time for you to connect further. Im based in DC so can meet in person, or by phone, whatever is easiest.

Best,

(b) (6)

On Fri, Jan 20, 2017 at 9:17 AM, IP < @frenchangel59.com> wrote:

(b) (6)

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AMERICAN OVERSIGHT

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Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 1/22/2017 4:31:41 PM
To: IP [@frenchangel59.com]
CC: Jared Kushner [(b) @(b) (6) David shulkin [drshulkin@aol.com]; Marc Sherman [mbs(b) (6) gmail.com]; (b) @frenchangel59.com; (b) (6) (b) (6) (b) (6) (b) (6) [(b) (6) (b) (6)]
Subject: Re:

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All my best,

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From: (b) (6) [mailto:(b) (6) @gmail.com]
Sent: Thursday, January 19, 2017 11:08 AM

AMERICAN OVERSIGHT

To: [redacted]@frenchangel59.com
Subject: Re:

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Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: IP [(b) (6)@frenchangel59.com]
Sent: 1/20/2017 2:17:48 PM
To: (b) (6) [(b) (6)@gmail.com]; 'Jared Kushner' (b) (6)@(b) (6) David shulkin [drshulkin@aol.com]; 'Marc Sherman' [mbs(b) (6)gmail.com]
CC: (b) (6)@frenchangel59.com; (b) (6) [(b) (6) (b) (6)]; (b) (6) [(b) (b) (6)
Subject: RE:

(b) (6)

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Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 1/22/2017 9:34:51 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
Subject: Re: (b) (6), (b) (2) , MD - The University of Chicago Medicine

http://www.modernhealthcare.com/community/top-25-minority/2016/

Bruce I will call you

Sent from my iPad

On Jan 22, 2017, at 3:05 PM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:

> http://www.uchospitals.edu/physicians(b) (6), (b) (2) html
>
> Sent from my iPad
> Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 1/22/2017 8:05:57 PM
To: drshulkin@aol.com
Subject: (b) (6), (b) (2) , MD - The University of Chicago Medicine

http://www.uchospitals.edu/physicians/(b) (6), (b) (2) .html

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: [redacted] [redacted]@jhmi.edu]
Sent: 1/31/2017 12:08:28 PM
To: 'L Perl' [redacted]@gmail.com]; David shulkin [drshulkin@aol.com]; [redacted] M.D. [redacted]@mayo.edu]; [redacted] M. D. [redacted]partners.org]; [redacted] [redacted]@mayo.edu]; [redacted]ccf.org; Marc Sherman [mbs[redacted]gmail.com]; [redacted]kp.org
CC: IKE [redacted]@frenchangel59.com]
Subject: RE: [redacted] and [redacted] Fox Interviews

Laurie

Thanks for sharing these interviews. Their story is truly inspiring.

[redacted]
(6)
[redacted] M.D.
Dean of the Medical Faculty
CEO, Johns Hopkins Medicine
733 N Broadway/ Suite 100
Baltimore, MD 21205
[redacted]
[redacted](fax)
[redacted]@jhmi.edu

From: L Perl [mailto[redacted]@gmail.com]
Sent: Monday, January 30, 2017 9:19 AM
To: David shulkin <drshulkin@aol.com>; [redacted] M.D. [redacted]@mayo.edu>; [redacted] M. D. <[redacted]partners.org>; [redacted] <[redacted]@mayo.edu>; [redacted]ccf.org; [redacted] <[redacted]@jhmi.edu>; Marc Sherman <mbs[redacted]gmail.com>; [redacted]kp.org
Cc: IKE <[redacted]@frenchangel59.com>
Subject: Fwd: [redacted] and [redacted] Fox Interviews

I think you will find these interviews interesting..
Best...Laurie
-

http://www.fox29.com/good-day/232095936-video

http://video.foxnews.com/v/5299923706001/?playlist_id=930909787001#sp=show-clips

AMERICAN OVERSIGHT

Message

From: L Perl [(b) (6) @gmail.com]
Sent: 1/31/2017 1:49:12 AM
To: (b) (6) [(b) (6) hopeunseen.com]
CC: David shulkin [drshulkin@aol.com]; (b) (6) M.D (b) (6) mayo.edu]; (b) (6) M. D. [(b) (6) partners.org]; (b) (6) [(b) (6) @jhmi.edu]; (b) (6) [(b) @mayo.edu]; (b) (6) kp.org; (b) (6) ccf.org; Bruce Moskowitz [brucem(b) (6) mac.com]; IKE [@frenchangel59.com]
Subject: Re: (b) (6) and (b) (b) Fox Interviews

(b) (6)

You made some terrific progress...excellent work.

Our committee has some great ideas for short and long term that we will be sharing with you in the next few days..

Additionally, if Ike can be of assistance to you relative to any contract you might be negotiating re your screenplay, please let me know. He is an expert at this.

Warmest regards...L

On Mon, Jan 30, 2017 at 1:11 PM, (b) (6) <(b) (6) hopeunseen.com> wrote:

Laurie,
Thank you for watching and forwarding the Fox news clips along. I think you will really enjoy Hope Unseen :). It has been an heartbreaking and triumphant journey for (b) (6) and I. We worked really hard to get some of it put into a book. We have been humbled by the response to our story. We look forward to continuing to make a positive impact in this country and world. We currently have a screenplay that was just recently completed.

All of the Representatives and Senators received our book this week at the retreat, which is great.

Our meetings were powerful and productive this week. We were able to meet VP Pence and I was able to talk with Kellyanne as well, Veteran issues are definitely on her radar and scope. A Congresswoman was going to make sure that Kellyanne received my WSJ Op-ed.

We also spoke briefly with Senator McCain who expressed his support of Dr. Shulkin, he expressed that he thought the President did well in picking Dr. Shulkin and he believes he will do great as the VA Secretary.

(b) (6) and I were able to express our concerns and share our story. I expressed how the culture of our VA needs to change and how we must all come together to make direct changes as soon as possible. We also expressed the need for jobs for our Veterans and how we all have a roll in ensuring that our Veterans are given purpose and opportunity when they return from service and sacrifice to our nation. We made a point that service members and their families sacrifice and serve for all 50 stars on the flag. Every representative has an obligation to improve the lives of all Veterans.

Excited to see you soon,

(b) (6)

AMERICAN OVERSIGHT

On Jan 30, 2017, at 6:23 AM, L Perl wrote:

> I just viewed both interviews---- you were both excellent. I forwarded them to the rest of our committee.I did not know that (b) (6) had written a book---- am ordering it today.
>
> How did your retreat meetings go?
>
> Looking forward to seeing you soon.....Best.....Laurie
>
> ---------- Forwarded message ----------
> From: **L Perl** <(b) (6) @gmail.com>
> Date: Mon, Jan 30, 2017 at 9:14 AM
> Subject: (b) (6) and (b) (6) (b) (6) Fox Interviews
> To: L Perl <(b) (6) @gmail.com>
>
> http://www.fox29.com/good-day/232095936-video
>
> http://video.foxnews.com/v/5299923706001/?playlist_id=930909787001#sp=show-clips

(b) (6)
(b) (6)
www.HopeUnseen.com

AMERICAN OVERSIGHT

Message

From: (b) (6) M.D. (b) (6) @mayo.edu]
Sent: 1/30/2017 11:27:01 PM
To: L Perl [(b) (6) @gmail.com]; David shulkin [drshulkin@aol.com]; (b) (6) M. D. [(b) (6) partners.org]; (b) (6) [(b) @mayo.edu]; (b) (6) ccf.org; (b) (6) [(b) (6) @jhmi.edu]; Marc Sherman [mbs(b) (6) gmail.com]; (b) (6) kp.org
CC: IKE [@frenchangel59.com]
Subject: RE: (b) (6) and (b) (b) Fox Interviews

Laurie – thank you for sharing these with us. Inspiring to all I know.
(b)

From: L Perl [mailto(b) (6) @gmail.com]
Sent: Monday, January 30, 2017 8:19 AM
To: David shulkin; (b) (6) M.D.; (b) (6) M. D.; (b) (6) (b) (6) ccf.org; (b) Marc Sherman; (b) (6) kp.org (6)
Cc: IKE
Subject: Fwd: (b) (6) and (b) (6) (b) (6) Fox Interviews

I think you will find these interviews interesting..
Best...Laurie
-

http://www.fox29.com/good-day/232095936-video

http://video.foxnews.com/v/5299923706001/?playlist_id=930909787001#sp=show-clips

AMERICAN OVERSIGHT

Message

From: [redacted] kp.org [[redacted] kp.org]
Sent: 1/30/2017 5:10:19 PM
To: lper[redacted]@gmail.com
CC: [redacted]@mayo.edu; [redacted] ccf.org; [redacted] partners.org; drshulkin@aol.com; [redacted]@frenchangel59.com; mbs[redacted]gmail.com; [redacted]@mayo.edu; [redacted]@jhmi.edu
Subject: Re: Fwd: [redacted] and [redacted] Fox Interviews

Amazing and so uplifting!
Thanks for sharing.

[redacted]
Chairman and CEO
Kaiser Foundation Hospitals & Health Plan, Inc.

[redacted] Fax: [redacted]

NOTICE TO RECIPIENT: If you are not the intended recipient of this e-mail, you are prohibited from sharing, copying, or otherwise using or disclosing its contents. If you have received this e-mail in error, please notify the sender immediately by reply e-mail and permanently delete this e-mail and any attachments without reading, forwarding or saving them. Thank you.

From: L Perl <[redacted]@gmail.com>
To: David shulkin <drshulkin@aol.com>, "[redacted] M.D." [redacted]@mayo.edu>, "[redacted] M. D." <[redacted] partners.org>, "[redacted] <[redacted]@mayo.edu>, [redacted] ccf.org, [redacted] <[redacted]@jhmi.edu>, Marc Sherman <mbs[redacted]gmail.com>, [redacted]@KAIPERM
Cc: IKE <[redacted]@frenchangel59.com>
Date: 01/30/2017 06:19 AM
Subject: Fwd: [redacted] and [redacted] Fox Interviews

Caution: This email came from outside Kaiser Permanente. Do not open attachments or click on links if you do not recognize the sender.

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http://video.foxnews.com/v/5299923706001/?playlist_id=930909787001#sp=show-clips

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6)@gmail.com]
Sent: 1/24/2017 9:18:13 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Nice note from senator moran
Attachments: 20170124_161926.jpg; 20170124_161939.jpg

He said that sometimes good things happen to really good people. :-)

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

Member of Congress

Jan. 11, 2017

James P. Moran
8th District

Dr. David Shulkin, M.D.
Under Secretary for Health
Veterans Administration

Dear Dr. Shulkin,

Let me be the 10,000th person to congratulate you on your appointment.

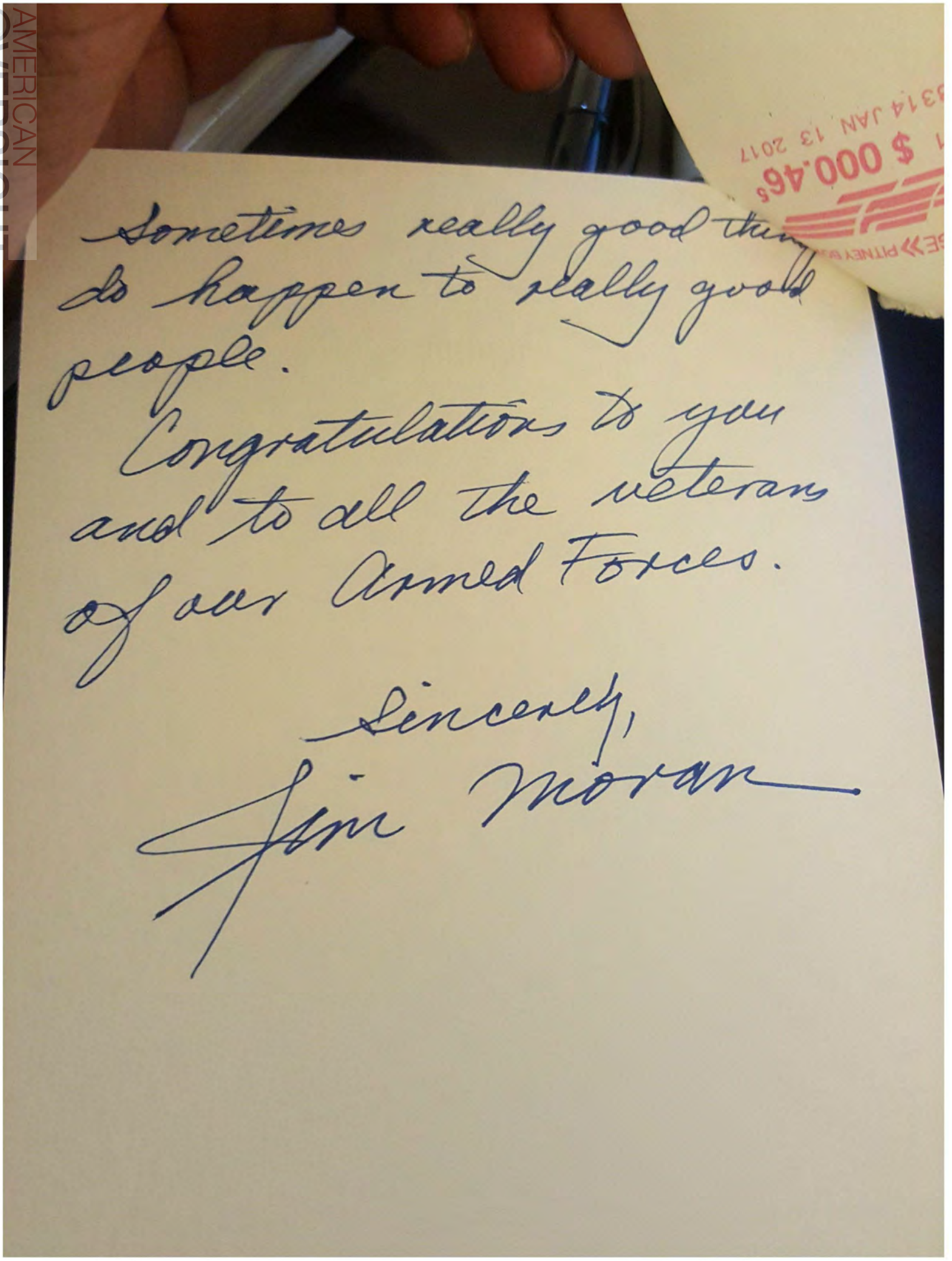
After talking with you and your son at the BENS dinner in NYC, I said to Steve Ryan and the whole table I was sitting at, "In a perfect world, Dr. Shulkin would be the next Secretary of Veterans' Affairs.

Authorized and paid for by Moran for Congress Committee

(over)

VA-19-0799-I-002410

DS_00007427



AMERICAN OVERSIGHT
VA-19-0799-I-002411
DS_00007428

Message

From: [(b) (6) ((b) (6) va.gov]
Sent: 1/23/2017 12:10:06 AM
To: 'David shulkin' [Drshulkin@aol.com]
Subject: RE: [EXTERNAL] Fwd: From: Laurie Perlmutter

Ok yes

-----Original Message-----
From: David shulkin [Drshulkin@aol.com]
Sent: Sunday, January 22, 2017 06:05 PM Eastern Standard Time
To: (b) (6)
Subject: [EXTERNAL] Fwd: From: Laurie Perlmutter

Can we find 5 or 10 minutes- maybe in route somwhere

Sent from my iPhone

Begin forwarded message:

> **From:** (b) (6) <(b) (6) hopeunseen.com>
> **Date:** January 22, 2017 at 5:53:59 PM EST
> **To:** David shulkin <Drshulkin@aol.com>
> **Subject: Re: From: Laurie Perlmutter**
>
> Monday is best as I'm just getting back into town. Let me know best time tomorrow
>
> Thank you,
>
> (b) (6)
>
> Sent from my iPhone
>
> On Jan 22, 2017, at 1:58 PM, David shulkin <Drshulkin@aol.com> wrote:
>
> > (b) (6) - would it be more convenient for you to speak tonight or on monday?
> >
> > David
> >
> > Sent from my iPhone
> >
> > On Jan 22, 2017, at 4:39 PM, (b) (6) <(b) (6) hopeunseen.com> wrote:
> >
> > > Thank you Laurie, (b) (6) and I had such a wonderful time meeting you all. I look forward to call from Dr. Shulkin. In the meantime, Dr. Moskowitz, could you send me the 308 page assessment on the VA that you spoke with (b) (6) about?
> > >
> > > What an incredible group of Patriots.

AMERICAN OVERSIGHT

Looking forward to seeing you all in the future:)

Sincerely,

(b) (6)
Cell: (b) (6)
On Jan 22, 2017, at 11:51 AM, L Perl wrote:

> Dear (b) (6)
>
> Marisol forwarded your email to us.
>
> We were delighted to meet you and (b) (6) on Thursday morning and happy
> we were able to provide tickets for you to the Inaugural Ball. Hope you enjoyed it.
>
> In response to your email, please expect a call from Dr. David Shulkin
> today or tomorrow...
>
> We look forward to seeing you and (b) (6) very soon...
>
> Warmest regards....Laurie and Ike

(b) (6)
(b) (6)
www.HopeUnseen.com

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/22/2017 11:04:55 PM
To: (b) (6) [(b) (6) ((b) (6) va.gov]
Subject: Fwd: From: Laurie Perlmutter

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Sent from my iPhone

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Warmest regards....Laurie and Ike

(b) (6)
(b) (6)
www.HopeUnseen.com

AMERICAN OVERSIGHT

Message

From: IP [[redacted]@frenchangel59.com]
Sent: 5/25/2017 8:34:20 PM
To: David shulkin [drshulkin@aol.com]
Subject: ACP - American Corporate Partners - These are comments from previous employees so don't know how accurate

https://www.glassdoor.com/Reviews/Employee-Review-American-Corporate-Partners-RVW8229172.htm

Mar 20, 2017

Helpful (1)

"Operations Associate"

Current Employee - Operations Associate in New York, NY
Recommends
Positive Outlook

I have been working at American Corporate Partners full-time (More than a year)

Pros

The people are wonderful. I've never worked for an organization where I felt so welcome and comfortable seeking advice from every individual I worked alongside.

This is also a great opportunity to really get your feet wet in different areas within non-profits as we don't outsource any of our departments you can gain experience in outreach, building corporate relationships, marketing, and just about anything … Show More

Cons

Although we foster mentorships, we are not directly mentored in our own professional development. Room for growth is limited, you must be very proactive in asking the right people the right questions in order to expand your opportunities.

Oct 8, 2015

AMERICAN OVERSIGHT

"Heed Negative Reviews Here"

Former Employee - Operations Associate
Doesn't Recommend
Neutral Outlook

I worked at American Corporate Partners full-time (More than a year)

Pros

This is probably a decent job for someone right out of college who maybe isn't quite sure what they want to do. Pretty decent salary for a nonprofit position. Good benefits and nice office. You can probably find several people in the office to be friends with too. There are occasional potlucks or team lunches that are fun. Good work life balance - hours are strictly 9-5:30, and if you can't get your work done in that amount of time there's probably something wrong.Show Less

Cons

Despite the fact that this is advertised in the job posting and discussed in the interview, ACP is not a good place to grow. There are not opportunities for advancement. **Almost every decision has to go through the founder of the organization, and if he doesn't like it it doesn't happen**. Many employees or managers will squash ideas before they even get to him though, **because they are afraid of him.** There is definitely a toxic culture here. The work is not challenging at all and I don't think that you are really helping veterans - feedback received from both Mentors and veteran proteges is mostly ignored. **Founder puts more emphasis on the sponsoring companies than the veterans and is extremely concerned about image.** There is a strict dress code, despite the fact that there are almost never visitors in the office. Absurd standards of perfection expected that no one else in the business world pays attention to. Extremely high staff turnover rate due to reasons listed here and in other reviews.

Advice to Management

Actually listen to your current employees, veterans and mentors on how to make the organization a better place to work, more helpful for veterans and easier for mentors to participate. Allow for professional development opportunities for staff.

////////////////

Other Employee Reviews for American Corporate Partners

1. Jun 24, 2015

   Helpful (4)

AMERICAN OVERSIGHT

"Best to avoid"

Former Employee - Operations Associate
Doesn't Recommend
Neutral Outlook

I worked at American Corporate Partners full-time (More than a year)

Pros

The pay is decent and it's easy to find a friend in at least a few of the other people who work here; for the most part, everyone is kind, good-hearted, professional, funny, and hardworking.

It does feel good to assist veterans and work at something that theoretically gives value to other people and communities.

Cons

As others have noted, **members of management/leadership tend towards pettiness and being unnecessarily patronizing. There is not much direction as to what to do or where to take projects, but plenty of disapproval once independent action is taken, so employees are often left feeling like their hands are tied in terms of being creative or innovative in their work.**

There is not really that much room for growth and there is absolutely no "mentorship" for employees themselves. In this regard, it is not a great place to start a career other than gaining general professional skills and earning a fair paycheck.

The work itself is not actually fulfilling. The concept sounds fulfilling, but in actuality, it's a tedious, boring day-to-day and I questioned whether what I was doing was actually helping many veterans beyond the white, male officer demographic.

Advice to Management

Start actually investing in your employee's satisfaction and growth. Open up communication by actually being open to real and honest feedback regarding how to run the program in a way that's most beneficial to the veterans. Don't punish those who express dissenting views or alternative angles by removing them from projects, etc.

//

AMERICAN OVERSIGHT

"Great people, not a great job."

Former Employee - Anonymous Employee
Doesn't Recommend
Neutral Outlook

Pros

The team that you will work with is a great bunch of individuals.

Cons

Management has little to no training, often times seems very disorganized and unprofessional. Very little investment in employees.

AMERICAN OVERSIGHT

Message

From: (b) (6) @aol.com [(b) (6) @aol.com]
Sent: 2/13/2017 2:21:34 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Must see TV

Thanks for the heads up !!!! I am absolutely going to watch but am confident how ...the story ends

Sent from my iPhone

On Feb 12, 2017, at 7:45 PM, David shulkin <Drshulkin@aol.com> wrote:

> I wanted to let you know- at 7 PM Monday evening on C-Span 2 (see listing info below) will be the vote by the Senate.
> I am pretty sure you can get this off your computer. The Treasury Secretary is first then me.
>
> https://www.c-span.org/schedule/?channel=2
>
> David

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/30/2017 5:19:10 PM
To: Vivieca Simpson [(b) (6) @gmail.com]
CC: (b) (6) [(b) (6) @gmail.com]
Subject: Fwd: From newt

See below

Sent from my iPhone

Begin forwarded message:

From: Thirdwave2 <(b) (6) @speakergingrich.com>
Date: January 30, 2017 at 12:06:02 PM EST
To: Dr Shulkin <drshulkin@aol.com>
Subject: Fwd: From newt

This is an amazing list ali compiled

Sent from my iPad

Begin forwarded message:

From: (b) (6) <(b) (6) @gingrichproductions.com>
Date: January 29, 2017 at 6:23:16 PM EST
To: Thirdwave2 <(b) (6) @speakergingrich.com>
Subject: Re: From newt

Fired Employees who spent time on paid leave:

1. **More than 2,500 employees on paid leave in 2014**
   a. https://www.washingtonpost.com/news/federal-eye/wp/2015/10/30/more-than-2500-va-employees-were-on-paid-leave-last-year-the-va-hasnt-tracked-why/
      ii. "More than 2,500 employees at the Department of Veterans Affairs were placed on paid leave for at least a month last year, and the agency acknowledges it didn't track the details and why they were sent home, according to newly released information."
      iii. "The total tab in salary alone for these absences — ranging from 30 days to more than a year for 46 employees — came to $23 million, according to a report provided to several congressional Republicans."

1. **Dr. Houlihan** - Doctor at the Tomah VA was on paid leave a year despite having his medical licensesuspended

a. http://dailycaller.com/2016/04/08/va-candy-man-may-keep-his-job-despite-no-medical-license/

2. **Sharron Hemlan** – Phoenix VA director during wait times scandal was on paid leave for a year
   a. http://www.usatoday.com/story/news/nation/2015/05/06/ousted-phoenix-va-chief-lawsuit/70889960/

AMERICAN OVERSIGHT

3. **Terry Wolf** – Pittsburgh VA director during Legionnaires outbreak spent about 5 months on paid leave.
    a. http://pittsburgh.cbslocal.com/2014/10/03/va-wants-to-remove-pittsburgh-hospitals-director/
4. **James Talton** – Alabama VA Director fired spent 2 months on paid leave
    a. http://www.washingtontimes.com/news/2014/nov/20/firing-of-central-alabama-va-director-upheld/
    b. https://www.washingtonpost.com/news/federal-eye/wp/2014/10/27/va-removes-first-official-under-new-firing-rules-after-two-months-of-paid-leave/
5. **Dr. Daniel Kim** – on leave getting his full salary after blinding a patient and forging another patient'sconsent form who then died in routine cosmetic surgery

a. http://www.clarionledger.com/story/news/2016/02/13/taxpayers-pay-millions-to-keep-questionable-va-doctors-on-leave/79659046/

6. **Frederick Harris** – continues to get his full salary despite being charged with manslaughter after he was accused of beating a patient to death

a. http://www.clarionledger.com/story/news/2016/02/13/taxpayers-pay-millions-to-keep-questionable-va-doctors-on-leave/79659046/

7. **Dr. Jose Bejar** - received more that $330,000 while on paid leave for 2 years after 5 females accused him of sexual misconduct

a. http://www.clarionledger.com/story/news/2016/02/13/taxpayers-pay-millions-to-keep-questionable-va-doctors-on-leave/79659046/

8. **Ed Russell** – Reno VA employee who according to Rep. Titus "We know that he did a terrible job. He was the fifth-worst in the country, and was put on leave for about a year with pay. Then they created a special job for him where he can telework from Reno to be an adviser to somebody here in Washington. It was a totally created job, it didn't exist before," Titus, a Nevada Democrat, said Tuesday.
    a. http://www.reviewjournal.com/politics/government/nevada-rep-titus-calls-investigation-veterans-affairs-job-moves
9. **Lance Robinson** – Associate Director at the phoenix VA hospital who was put on paid leave for 19 months after the scandal broke, then got put back to work for two months before being fired again. I assume he will be on paid leave during the appeals process.
    a. http://www.azcentral.com/story/news/arizona/investigations/2016/01/08/suspended-va-bosses-return-phoenix-jobs-january-11/78517854/
    b. http://www.azcentral.com/story/news/local/arizona-investigations/2016/06/08/three-more-phoenix-va-officials-fired-after-wait-time-scandal/85614056/
10. **Brad Curry** – Chief of Health Administration Services also at the Phoenix VA hospital and is in same situation as Lance Robinson above
    a. http://www.azcentral.com/story/news/arizona/investigations/2016/01/08/suspended-va-bosses-return-phoenix-jobs-january-11/78517854/
    b. http://www.azcentral.com/story/news/local/arizona-investigations/2016/06/08/three-more-phoenix-va-officials-fired-after-wait-time-scandal/85614056/
11. **Dr. Darren Deering** – The Phoenix hospital's Chief of Staff was also fired in May of 2014 and has been on paid leave but never got his job back like Robinson and Curry. All three Phoenix administrators were just recently fired for "negligent performance of duties and failure to proved effective oversight."

AMERICAN OVERSIGHT

a. http://www.federaltimes.com/story/government/management/oversight/2016/06/09/va-fires-phoenix-execs-after-2-years-investigations/85643224/

Sent from my iPhone

On Jan 29, 2017, at 6:00 PM, Thirdwave2 <(b) (6) @speakergingrich.com> wrote:

> Do you have notes on the 3 va sr employees who got full pay while being suspended for a long time? Thanks newt
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 5/8/2017 2:46:09 AM
To: Marc Sherman [mbs(b) (6) gmail.com]
CC: (b) (6) [(b) (6) @gmail.com]
Subject: Re: PowerPoint for Morning Report

Sorry- ill have (b) (6) see if she can do it

Sent from my iPhone

On May 7, 2017, at 9:29 PM, Marc Sherman <mbs(b) (6) gmail.com> wrote:

> Nothing attached.
>
> On Sun, May 7, 2017 at 9:20 PM, David shulkin <Drshulkin@aol.com> wrote:
> Marc- let me know if you can open this presentation
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> > Here is the PowerPoint for the briefing for the morning report which is now scheduled for Friday.
> >
> > Thanks
> >
> > Darin Selnick
> >
> > Senior Advisor to the Secretary

AMERICAN OVERSIGHT

Message

From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 5/8/2017 1:29:41 AM
To: David shulkin [Drshulkin@aol.com]
CC: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: PowerPoint for Morning Report

Nothing attached.

On Sun, May 7, 2017 at 9:20 PM, David shulkin <Drshulkin@aol.com> wrote:
Marc- let me know if you can open this presentation

Sent from my iPhone

Begin forwarded message:

> Here is the PowerPoint for the briefing for the morning report which is now scheduled for Friday.
>
> Thanks
>
> Darin Selnick
>
> Senior Advisor to the Secretary

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 5/8/2017 1:20:31 AM
To: Marc Sherman [mbs(b) (6) gmail.com]
CC: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Fwd: PowerPoint for Morning Report

Marc- let me know if you can open this presentation

Sent from my iPhone

Begin forwarded message:

> Here is the PowerPoint for the briefing for the morning report which is now scheduled for Friday.
>
> Thanks
>
> Darin Selnick
> Senior Advisor to the Secretary

AMERICAN OVERSIGHT

Message

From: IP [(b) (6)@frenchangel59.com]
Sent: 4/15/2017 10:37:37 AM
To: David shulkin [drshulkin@aol.com]
Subject: FW: Impediments that could cost lives

(b) (6) will call you.

From: (b) (6) EOP/WHO [mailto(b) (6)@who.eop.gov]
Sent: Friday, April 14, 2017 11:28 PM
To: IP; Kushner, Jared C. EOP/WHO
Cc: (b) (6) EOP/WHO; lper(b) @gmail.com; brucem(b) (6) mac.com; mbs(b) (6) gmail.com; (b) (6) EOP/WHO; (b) (6) EOP/WHO
Subject: RE: Impediments that could cost lives

Thank you. I will call the Secretary tomorrow.

From: IP [mailto(b)@frenchangel59.com]
Sent: Friday, April 14, 2017 10:44 PM
To: Kushner, Jared C. EOP/WHO <(b)@who.eop.gov>; (b) (6) EOP/WHO (b) (6)@who.eop.gov>
Cc: (b) (6) EOP/WHO (b) (6)@who.eop.gov>; lper(b) @gmail.com; brucem(b) (6) mac.com; mbs(b) (6) gmail.com; (b) (6) EOP/WHO <(b) who.eop.gov>; (b) (6) EOP/WHO (b) (6)@who.eop.gov>
Subject: Impediments that could cost lives

Jared and (b) (6)

As you know, the VA Inspector General's office (OIG) issued a report on Wednesday reporting serious deficiencies at the Washington, DC VA Medical Center. Today, a Washington Post article publicized those same problems. While the OIG report only deals with the Washington DC Medical Center, the issues are likely not limited to Washington. Some examples of the deficiencies (the ones dealing with inventory management) include:

- no effective inventory system to manage medical supplies used for patient care;
- no system to ensure that recalled supplies were not used on patients;
- over $150 million in equipment had not been inventoried or accounted for.

The IG makes a point that it deployed a Rapid Response Team because of the exigent nature of the issues that placed patients at unnecessary risk. This obviously means that the problems must be fixed without haste, which the Secretary is on top of. However, his hands are practically bound...the only practical fix is to acquire and install a new and state of the art inventory / supply chain management system, which would accomplish many things, such as:

- knowing what supplies are available for patient treatment and surgery (an OIG complaint);
- knowing where those supplies are located,, such as the required OR (an OIG complaint);
- preventing patient procedures from occurring without the required supplies and equipment at hand (an OIG complaint);
- preventing over ordering, and therefore accumulating old, stale or recalled supplies (an OIG complaint); and
- significantly reducing fraud, waste and abuse in significant amounts.

AMERICAN OVERSIGHT

BUT THE REQUIRED SWIFT RESOLUTION OF THESE ISSUES THAT CHALLENGE PATIENT SAFETY PRESENT US WITH A REAL AND SERIOUS PROBLEM...in a normal business, we recognize the problem, assess the alternative solutions and fix the problem, all with the haste it deserves.

IN GOVERNMENT, HOWEVER, WE FOLLOW THE RULES OF PROCUREMENT AND FIX THE PROBLEM MANY MONTHS OR YEARS LATER; IN THIS CASE AT GREAT RISK TO PATIENT SAFETY IN THE INTERIM.

The federal procurement rules make sense if we are executing a contract to buy better and cheaper towels for the bathrooms. It is NOT ok when we are dealing with exigent circumstances (as the IG recognized) that threaten patient safety and patient healthcare delivery. There are inventory management systems on the market that could be acquired and installed quickly to solve many of these problems that are existing and now publicized. This issue is not solely related to inventory or the IG report, but relates to many of the issues that require restructuring at the VA. Can you help the VA and the Secretary improve patient safety and proper healthcare delivery with the speed that they so deserve by finding a way to prevent the procurement rules (while well intentioned and of value in many normal circumstances) from threatening the lives and safety of our deserving veteran patients?

Ike

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/8/2017 11:09:20 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: I know it didn't come out right

Not what I intended to say

I wasnt saying that I think you are best because of our friendship but rather that you are the best qualified by far of anyone

Sent from my iPad

> On Feb 8, 2017, at 5:59 AM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> But imagine if you told someone you wanted to marry him/her because there was no one else, its like you were settling for someone as a compromise vs the top choice.
>
> I know you want me in this role because you know I am the best one to deliver results for the VA, our veterans and for us. You know it's not easy for me- and in fact more difficult for me than (b) , but I also know that it's worth this sacrifice for a life time opportunity. Knowing that you are there and really wanting this too for the right reason (having confidence in me and not just settling on me) makes it so much easier and gives me strength.
>
>
>
> Sent from my iPad

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 2/8/2017 10:59:50 AM
To: David Shulkin [drshulkin@aol.com]
Subject: I know it didn't come out right

But imagine if you told someone you wanted to marry him/her because there was no one else, its like you were settling for someone as a compromise vs the top choice.

I know you want me in this role because you know I am the best one to deliver results for the VA, our veterans and for us. You know it's not easy for me- and in fact more difficult for me than Ray- but I also know that it's worth this sacrifice for a life time opportunity. Knowing that you are there and really wanting this too for the right reason (having confidence in me and not just settling on me) makes it so much easier and gives me strength.

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/27/2017 11:47:37 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re:

Yup the only one so far

Sent from my iPhone

> On Jan 27, 2017, at 6:34 PM, (b) (6) <(b) (6) r@gmail.com> wrote:
>
> I like (b) (6).

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6)@gmail.com]
Sent: 1/27/2017 11:34:10 PM
To: David Shulkin [drshulkin@aol.com]

I like (b) (6).

AMERICAN OVERSIGHT

Message

From: Marisol Garcia [(b)@frenchangel59.com]
Sent: 1/29/2017 10:51:03 PM
To: 'David Shulkin' [drshulkin@aol.com]; (@frenchangel59.com
CC: brucem(b) (6) mac.com
Subject: RE: First Draft of Action Items
Attachments: FixtheVA.DOCX

Hi David,

Below is Ike's email address.

Please feel free to email him directly.

(b) @frenchangel59.com

Thank you,
Marisol

From: David Shulkin [mailto:drshulkin@aol.com]
Sent: Sunday, January 29, 2017 2:39 PM
To: (b)@frenchangel59.com
Cc: brucem(b) (6) mac.com
Subject: First Draft of Action Items

Ike- I took a first draft at a number of immediate action items. The list is longer than its should be - but I thought we would be better to start off with a larger number of options and then pair it down. I think we want to end up with a tight list- and a list that is consistent with the President's 10 point plan. We also want to get other Committee members ideas as well- so lets just consider this an early starting point.

Thanks,

David

AMERICAN OVERSIGHT

Fixing the VA- Initial Actions to Take Consistent with the President's 10 Point Plan

-DRAFT 1/28/7

1. Form an Advisory Committee of World Class Healthcare and System Change Leaders to advise the Secretary of VA on Transformation
2. Extend the Choice Program Termination Date beyond 8/6/17 (budget neutral)
3. Replace the 40 mile/30 Day Wait time criteria for Choice with criteria based upon service connection and clinical need (models are being worked on- target date 7/1/17)
4. Dispose of Vacant and Underutilized Facilities (431 vacant buildings)
5. Expand Telehealth and Smartphone capabilities to veterans so care and services are delivered where the veteran is located (launch a industry led Tech Initiative)
6. Freeze all new building construction over 50 Million until alternative approaches can be explored such as Public Private Partnerships
7. Hire an additional 1000 mental health professionals by 12/31
8. Create a veteran/family/caregiver Committee for Suicide Prevention to Guide Efforts
9. Target 200 additional Graduate Medical Education Trainees in rural VA sites
10. Fill all remaining Medical Center Director positions by July 1, 2017
11. Ban Smoking on VA campuses
12. Create a National Supply Chain Formulary to save 500 million in supply costs
13. Pass Appeals Modernization Legislation
14. Streamline the Central Office organization by integrating Policy and Operations and eliminating duplicative administrative functions
15. Direct an Inter-Agency Working Group between with VA and DOD to further integrate services
16. Expedite the Secretary's authority for Removal of Poor Performing employees consistent with constitutional protections (will require DOJ consultation)
17. Post easily understandable wait times and Quality Data on VA services
18. Allow VA the flexibility needed to reward good performing employees with performance awards and with market competitive salaries where needed.
19. Install the President's hot line and website for veterans to resolve their issues
20. Answer all calls that are coming into the Veterans Crisis Line
21. Launch a Physician Ambassador Program for Doctors that Want to Volunteer to care for veterans
22. All applications for Benefits to be available on line at vets.gov
23. Form regional partnerships with leading academic and community health systems to create integrated systems of care to serve veterans where care in the community is needed most.
24. Expand a digital team at VA to focus on smartphone applications for veterans

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 1/29/2017 7:39:24 PM
To: (b)(6)@frenchangel59.com
CC: brucem(b) (6)mac.com
Subject: First Draft of Action Items
Attachments: FixtheVA.docx

Ike- I took a first draft at a number of immediate action items. The list is longer than its should be - but I thought we would be better to start off with a larger number of options and then pair it down. I think we want to end up with a tight list- and a list that is consistent with the President's 10 point plan. We also want to get other Committee members ideas as well- so lets just consider this an early starting point.

Thanks,

David

AMERICAN OVERSIGHT

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24. Expand a digital team at VA to focus on smartphone applications for veterans

AMERICAN OVERSIGHT

Message

From: IP [(b) (6)@frenchangel59.com]
Sent: 2/23/2017 6:07:07 PM
To: David shulkin [drshulkin@aol.com]
Subject: FW: Issue

David,

Please give me a call.

Thank you,
Ike

From: (b) (6) [mailto(b) (6) hopeunseen.com]
Sent: Thursday, February 23, 2017 12:41 PM
To: IP; L Perl
Cc: (b) (6) hopeunseen.com (b) (6)
Subject: Issue

Ike,
I was wondering if you had some time to talk to (b) (6) about an issue we have been having with Social Security Disability? We respect you and would like your advice/direction. Let me know if you have some time.

All our best,

(b) (6) and (b) (6)
(b) (6)
www.HopeUnseen.com

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 1/30/2017 4:53:29 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: Shulkin VA Secretary Nominee - Tab 7 Personal Data
Attachments: Shulkin - Personal Data Statement - Tab 7.docx; Shulkin - Personal Data Statement - Tab 7.docx

Dr. Shulkin if you want to send the following to Rick Dearbon related to your FBI file.

---------- Forwarded message ----------
From: (b) (6) <(b) (6) @gmail.com>
Date: Wed, Jan 18, 2017 at 7:29 AM
Subject: Shulkin VA Secretary Nominee - Tab 7 Personal Data
To: incomingdocs@ptt.gov
Cc: David Shulkin <drshulkin@aol.com>

(b) (6)

On Tue, Jan 17, 2017 at 12:52 PM, (b) (6) <(b) (6) @gmail.com> wrote:
Good Afternoon Please find the SF-86 Supplemental Form for David Shulkin

(b) (6)

On Tue, Jan 17, 2017 at 9:05 AM, (b) (6) <(b) (6) @gmail.com> wrote:
Good Morning, Please find attached tab 5 -OGE Signature and tab 6 tax waiver for David Shulkin, VA Nominee

(b) (6)

On Tue, Jan 17, 2017 at 8:49 AM, (b) (6) <(b) (6) @gmail.com> wrote:
Good Morning,

Please find David Shulkin's Tabs 2 and 4 attached.

(b) (6)

On Thu, Jan 12, 2017 at 10:38 AM, David Shulkin <drshulkin@aol.com> wrote:

Good Morning,

Please find the Bio Form TAB 1 attached to set up equip account.

AMERICAN OVERSIGHT

David
-----Original Message-----
From: Shulkin, David J., MD, MD <David.Shulkin@va.gov>
To: 'incomingdocs@ptt.gov' <incomingdocs@ptt.gov>
Cc: 'David shulkin' <Drshulkin@aol.com>
Sent: Thu, Jan 12, 2017 10:33 am
Subject: D. Shulkin-Bio Form Tab 1

Good Morning,

Please find the Bio Form TAB 1 attached to set up equip account.

David

AMERICAN OVERSIGHT

Personal Data Statement

I. Professional Background

1. Please list any professional licenses, the status of each license, and whether the license has ever been withdrawn, suspended or revoked.

(b) (6), (b) (2) [redacted]

2. Please provide the names of all entities with which you are now, or during the past ten years have been, affiliated with as an advisor, attorney or consultant.

Name of Organization	Dates of Your Membership (You may approximate)	Position(s) Held
(b) (6), (b) (2) [redacted]		

AMERICAN OVERSIGHT

3. Have you or your spouse ever registered or acted as a lobbyist or other legislative agent to influence federal or state legislation or administrative acts? If so, please supply details.

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

4. If you or your spouse have ever been registered as an agent for, performed work for, received any payments from and/or made any payments to any foreign entity (e.g., government, business, non- profit organization or individual), please describe the circumstances, the source and amount.

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

5. Briefly describe the most controversial matters you have been involved with during the course of your career.

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

II. Publications, Writing, & Speeches

6. Have you ever written a book, article, etc., given a speech, or sent an electronic communication (including email, text messages, etc.) that could suggest a conflict of interest, could be viewed as controversial, or be a possible source of embarrassment?

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

III. Relationships & Affiliations

7. Please list each membership, including any board memberships, you or your spouse have or have had with any political, civic, social, charitable, educational, professional, fraternal, benevolent or religious organization, private club or other membership organization during the past ten years. Please include dates of membership and any positions you have had with the organization.

AMERICAN OVERSIGHT

Name of Organization	Dates of Your Membership (You may approximate)	Position(s) Held
(b) (6), (b) (2)		

8. Have you (or your spouse) at any time belonged to any membership organization that, as a matter of policy or practice, denied or restricted membership?

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

IV. Financial Information

9. Please list any loans made to you or your spouse, or by you or your spouse, which contained terms not generally available to the public, such as below market rates.

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

AMERICAN OVERSIGHT

10. Please describe any contractual or informational arrangement you may have made with any person or business enterprise in regard to future employment or termination payments or financial benefits that will be provided to you if you enter federal government employment or you leave your current employment

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

11. Do you, your spouse, or any member of your immediate family, or business in which you, your spouse, or immediate family member have a substantial interest, have any relationship with any government through contracts, consulting services, grants, loans or guarantees? If yes, please provide details.

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

12. Other than from relatives or close and longstanding personal friends on occasions such as birthdays or seasonal holidays, have you or your spouse ever received a gift that has the potential for embarrassment considering your possible government service? If yes, please provide details.

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

V. Tax Information

13. Have you and your spouse filed and paid all required federal, state, local and foreign income tax returns?

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

14. Has a tax lien or other collection procedure ever been instituted against you or your spouse by federal, state or local authorities? If so, describe the circumstances and the resolution of the matter.

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

15. Have you ever not paid U.S. and /or state income taxes because you were not resident in the United States, or for any other reason?

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

16. Have you ever been, or do you have any expectation that you will be, subject to any tax, financial or other audit inquiry? If so, please describe.

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

AMERICAN OVERSIGHT

VI. Legal and Administrative Proceedings

17. Have you, or your spouse, been involved in litigation of any kind other than as an attorney? Include any arbitrations, mediations, divorce and domestic relations matters, and bankruptcy proceedings.

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

18. Have you ever been investigated by any law enforcement agency, or convicted of violating any law, regulation or ordinance? If so, please describe.

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

19. Have any claims of sexual harassment or of other workplace misconduct ever been made against you or any employee directly supervised by you? If so, please describe.

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

VII. Household Help

20. Have you ever hired occasional or regular domestic help, such as a housekeeper, nanny, babysitter, gardener, persona] assistant, etc.)7 If yes, please indicate the name and years of service for each individual and provide a brief description of services rendered. (b) (6),
(b) (2)

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

21. Were all individuals listed in Question 20 legally eligible to work in the U.S. at the time that you employed them? (b) (6),
(b) (2)

AMERICAN OVERSIGHT

22. Have you paid all taxes and social security obligations and complied with atl laws and regulations applicable to the individuals listed in Question 20 in a timely fashion? (b) (6), (b) (2)

VIII. Miscellaneous

23. Have you had any association with any person, group or business venture that could be used, or are you aware of anyone who might take steps, even unfairly, to impugn or attack your character and qualifications for government service? (b) (6), (b) (2)

24. Please provide any other information, including information about other members of your family, that could suggest a conflict of interest, be a possible source of embarrassment, or be used to coerce or blackmail you? (b) (6), (b) (2)

25. Are you aware of any reason not discussed above that may call into question your suitability to serve in public office? (b) (6), (b) (2)

AMERICAN OVERSIGHT

Personal Data Statement

I. Professional Background

1. Please list any professional licenses, the status of each license, and whether the license has ever been withdrawn, suspended or revoked.

(b) (6), (b) (2) [redacted]

2. Please provide the names of all entities with which you are now, or during the past ten years have been, affiliated with as an advisor, attorney or consultant.

Name of Organization	Dates of Your Membership (You may approximate)	Position(s) Held
(b) (6), (b) (2) [redacted]		

AMERICAN OVERSIGHT

3. Have you or your spouse ever registered or acted as a lobbyist or other legislative agent to influence federal or state legislation or administrative acts? If so, please supply details.

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

4. If you or your spouse have ever been registered as an agent for, performed work for, received any payments from and/or made any payments to any foreign entity (e.g., government, business, non- profit organization or individual), please describe the circumstances, the source and amount.

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

5. Briefly describe the most controversial matters you have been involved with during the course of your career.

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II. Publications, Writing, & Speeches

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AMERICAN OVERSIGHT

Name of Organization	Dates of Your Membership (You may approximate)	Position(s) Held
(b) (6), (b) (2)	[redacted]	[redacted]

8. Have you (or your spouse) at any time belonged to any membership organization that, as a matter of policy or practice, denied or restricted membership?

(b) (6),
(b) (2) [redacted]

IV. Financial Information

9. Please list any loans made to you or your spouse, or by you or your spouse, which contained terms not generally available to the public, such as below market rates.

(b) (6),
(b) (2) [redacted]

AMERICAN OVERSIGHT

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

11. Do you, your spouse, or any member of your immediate family, or business in which you, your spouse, or immediate family member have a substantial interest, have any relationship with any government through contracts, consulting services, grants, loans or guarantees? If yes, please provide details.

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

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

AMERICAN OVERSIGHT

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

18. Have you ever been investigated by any law enforcement agency, or convicted of violating any law, regulation or ordinance? If so, please describe.

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

19. Have any claims of sexual harassment or of other workplace misconduct ever been made against you or any employee directly supervised by you? If so, please describe.

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20. Have you ever hired occasional or regular domestic help, such as a housekeeper, nanny, babysitter, gardener, persona] assistant, etc.)7 If yes, please indicate the name and years of service for each individual and provide a brief description of services rendered. (b) (6), (b) (2)

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AMERICAN OVERSIGHT

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VIII. Miscellaneous

23. Have you had any association with any person, group or business venture that could be used, or are you aware of anyone who might take steps, even unfairly, to impugn or attack your character and qualifications for government service? (b) (6), (b) (2)

24. Please provide any other information, including information about other members of your family, that could suggest a conflict of interest, be a possible source of embarrassment, or be used to coerce or blackmail you? (b) (6), (b) (2)

25. Are you aware of any reason not discussed above that may call into question your suitability to serve in public office? (b) (6), (b) (2)

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/5/2017 11:38:53 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Do you remember

Yup

Sent from my iPhone

> On Feb 5, 2017, at 5:59 PM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> How we watched Super Bowl last year- so much has happened in a year
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 2/5/2017 10:59:44 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Do you remember

How we watched Super Bowl last year- so much has happened in a year

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 5/9/2017 6:20:49 PM
To: (b) (6) [(b) (6) va.gov]
Subject: Fwd: NYT ARTICLE COMMENTS BY READERS A MUST READ FOR ALL

Print

Sent from my iPhone

Begin forwarded message:

From: Bruce Moskowitz <brucem(b) (6) mac.com>
Date: May 9, 2017 at 12:59:05 PM EDT
To: drshulkin@aol.com, Poonam Alaigh <(b) (6) @hotmail.com>
Cc: mbs(b) (6) gmail.com, IP <(b)@frenchangel59.com>, lper(b) (6)@gmail.com
Subject: NYT ARTICLE COMMENTS BY READERS A MUST READ FOR ALL

I pulled off what I deemed important comments by readers:

Running an agency of this size is tough. Running one that's been mired in mediocrity for 50 years is a nightmare. Dr. Shulkin is an honorable man who really understands what must be done to organize, develop, discipline, and make management accountable.
Congress must streamline most of it's constraints on the agency, and give Shulkin the direct authorization authority to make changes quicker, with widespread "instant" results. There's never been a Director with the power, determination, and most importantly, the determination to make it happen!

I applaud moves to streamline hiring and firing. I quit my job as a physician with the VA because the nurse I was supposed to rely on was untrustworthy. After I left I heard his behavior was because he was an alcoholic. My patients loved me and I enjoyed my job, other than my concern about that nurse.

I approached my boss on multiple occasions before leaving about my concerns about patient safety with that nurse. He told me they could not fire him because he was in the union.

Like Dr Shulkin, I think the VA needs to get out of the business of providing broad healthcare to Veterans in stand alone government owned hospitals. Much of the care currently offered at DVA facilities could be just as easily accomplished at private sector Clinics and Hospitals. In a broader reform, we might be able to get the VA out of the hospital business completely.

Congress and the DVA should investigate the possibility of creating Veterans Centers within existing private hospitals that have space and special staffing only where needed to address the special needs of wounded veterans and let the partner hospital take care of the rest. Otherwise, concentrate VA staffing and funding on the special needs of veterans- not their routine medical care.

I realize that this is a sensitive issue with the many Veterans Organizations, with the Government Employee Unions that represent many staffers and politicians looking to make a mark posturing on the issue. Navigating the minefield of potential political roadblocks will be a difficult task,

AMERICAN OVERSIGHT

but the DVA healthcare system is not taking care of business.

We owe our line of duty wounded Veterans the care they need in a dignified, effective and responsive system- that is the prime directive here.

I hope Mr. Shulkin can reform the VA Health Care System (VHA). The VHA is a cumbersome bureaucracy that can't be reformed during one person's administrative leadership. I have recently retired from the VHA. A major problem I have seen within the system is that each VHA facility functions with a different set of rules. There is no consistency in care across the system. I also have a great deal of concern regarding quality of care at those facilities in the community that contract with the VHA to provide care for the veterans. These facilities do not function within the VHA system of care; are payed per veteran they see, and are only herding veteran patients in and out like cattle at an auction. Also, morale among VHA staff is at a very low point, thus affecting their ability to provide good health care with a positive attitude to our veterans. Each veteran deserves consistent care throughout the VHA system; if Mr. Shulkin can address this issue, he will have done a great service to the veterans who depend on this system for their health care.

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/16/2017 7:09:30 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
Subject: Re: Ip

Ok thanks

Sent from my iPhone

> On Feb 16, 2017, at 1:30 PM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>
> I do not have any other information when I talk with (b) I will ask him. All the board member knows it is for research in pulmonary disease.
> Also I did not want to send email on talking points Ike and I discussed prior to the call with (b) but will fill you in anytime verbally prior to next Tuesday call . We are still unsure what can be put in emails and what to discuss verbally. Finally I had dinner with (b) (6) at PENN, if he can be of any assistance let me know.
>
> Sent from my iPad
> Bruce Moskowitz M.D.
>
>> On Feb 16, 2017, at 1:20 PM, David shulkin <Drshulkin@aol.com> wrote:
>>
>> How can i get more info on the grant? Is there a contact?
>>
>> Sent from my iPhone
>>
>>> On Feb 16, 2017, at 1:03 PM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>>>
>>> Ike's friend and neighbor who I also know personally ((b) (6) is on Board) asked me to talk with (b) (6) who is the CEO of National Jewish Hospital Denver. Apparently there is a grant from the Defense Department for ten million that has not been used but can be applied for a project at the VA. Any idea how you would like to see this utilized?
>>>
>>> Sent from my iPad
>>> Bruce Moskowitz M.D.
>>

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 2/16/2017 6:30:47 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Ip

I do not have any other information when I talk with (b) I will ask him. All the board member knows it is for research in pulmonary disease.
Also I did not want to send email on talking points Ike and I discussed prior to the call with (b) but will fill you in anytime verbally prior to next Tuesday call . We are still unsure what can be put in emails and what to discuss verbally. Finally I had dinner with (b) (6) at PENN, if he can be of any assistance let me know.

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

AMERICAN OVERSIGHT

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From: David shulkin [Drshulkin@aol.com]
Sent: 2/16/2017 6:20:44 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
Subject: Re: Ip

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Sent from my iPhone

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

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 2/16/2017 6:03:59 PM
To: David shulkin [drshulkin@aol.com]
Subject: Ip

Ike's friend and neighbor who I also know personally ((b) (6) is on Board) asked me to talk with (b) (6) who is the CEO of National Jewish Hospital Denver. Apparently there is a grant from the Defense Department for ten million that has not been used but can be applied for a project at the VA. Any idea how you would like to see this utilized?

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/21/2017 3:17:34 PM
To: Jennifer Lee [(b) (6) @gmail.com]
Subject: Re: iP

Yes (b) (6) their ceo has offered any help that we need in teaearch

Should i reach out to him to get a name?

Sent from my iPhone

On Apr 21, 2017, at 9:48 AM, Jennifer Lee <(b) (6) @gmail.com> wrote:

> I've been doing some research and hear that Hopkins has an excellent Tech transfer program. It used to be dysfunctional, but apparently has now been turned around.
> I am going to reach out to them if okay with you?
>
> Are there any other programs that you personally know of with a strong reputation in this area that we should be looking at for models/templates?
> Thanks
>
> On Thu, Apr 20, 2017 at 10:16 PM, David shulkin <Drshulkin@aol.com> wrote:
>
> > **Subject: iP**
> >
> > Bruce- Terry Fedem reviewed the VA intellectual property agreements
> >
> > We are going to reach out to our academic partners to get their agreements as a template and work to get a better agreement in place
> >
> > Thanks
> >
> > Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Jennifer Lee [(b) (6) @gmail.com]
Sent: 4/21/2017 1:48:33 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: iP

I've been doing some research and hear that Hopkins has an excellent Tech transfer program. It used to be dysfunctional, but apparently has now been turned around.
I am going to reach out to them if okay with you?

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Thanks

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>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/21/2017 1:08:29 PM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
Subject: Re: iP

Great

Sent from my iPhone

> On Apr 21, 2017, at 6:47 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>
> I can get the templates.
>
> Sent from my iPad
> Bruce Moskowitz M.D.
>
>> On Apr 20, 2017, at 10:07 PM, David shulkin <Drshulkin@aol.com> wrote:
>>
>>
>> Bruce- Terry Fedem reviewed the VA intellectual property agreements and as we suspected he found them to be lacking
>>
>> I put a hold to using them and further
>>
>> We are going to reach out to our academic partners to get their agreements as a template and work with Terry to get a better agreement in place
>>
>> Thanks
>>
>> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/21/2017 2:16:05 AM
To: Jennifer Lee [(b) (6) @gmail.com]
Subject: Fwd: iP

Subject: iP

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Thanks

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/21/2017 2:07:27 AM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
CC: Ike Perlmutter [(@frenchangel59.com]
BCC: David Shulkin [drshulkin@aol.com]
Subject: iP

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I put a hold to using them and further

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Thanks

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 3/10/2017 12:16:28 PM
To: David shulkin [Drshulkin@aol.com]
CC: Poonam Alaigh [(b) (6)@hotmail.com]; IP [@frenchangel59.com]; mbs(b) (6) gmail.com
Subject: Re: NeuroFlow CEO Background and Research Update

I agree we need to bring new innovative individuals into the process. We can often learn a new approach. The PENN Med group are diverse and interesting. It would be worth having them travel to Washington to understand how a Wharton Mack Center of Technological Innovation graduate works on a project with the medical school thus combining business expertise with medicine.

Sent from my iPad
Bruce Moskowitz M.D.

On Mar 10, 2017, at 6:58 AM, David shulkin <Drshulkin@aol.com> wrote:

> This looks very interesting. It appears early but i think talking to the Penn people about what they are seeing makes sense
>
> David
>
> Sent from my iPhone
>
> On Mar 10, 2017, at 6:47 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>
> > This research was done at (b) (6) center at Wharton and the U of PENN. My foundation donated for the PENN Medicine Part. We need to determine if it has any relevance to the VA and if so I will discuss directly with (b) (6)
> >
> > Sent from my iPad
> > Bruce Moskowitz M.D.
> >
> > Begin forwarded message:
> >
> > **From:** (b) (6) <(b) @neuroflowsolution.com>
> > **Date:** March 4, 2017 at 2:13:58 PM EST
> > **To:** "Bruce Moskowitz M.D." <brucem(b) (6) mac.com>
> > **Subject: NeuroFlow CEO Background and Research Update**
> >
> > Dr. Moskowitz,
> >
> > A summary per your request, including my background and a research update:
> >
> > NeuroFlow is a digital health company changing the way we see brain health. Co-founded by a (b) (6) a Wharton MBA, West Point graduate and Army Combat Veteran, and (b) (6), a Penn bio-engineering PhD, NeuroFlow uses bio-metric data in real time to analyze mental stimulation data in order to optimize mental health assessments and performance metrics.

AMERICAN OVERSIGHT

(b) (6) NeuroFlow's CEO, is a graduate of the United States Military Academy at West Point, NY, and served for 5 years as a Field Artillery Army officer, deploying overseas to combat in Iraq. He co-founded the Veteran literacy non-profit, Things We Read, and is now an MBA candidate at The Wharton School of the University of Pennsylvania, graduating this May, and will lead NeuroFlow full-time (see attached for full resume).

NeuroFlow, so far, as engaged in preliminary data gathering and a human clinical study approved by University of Pennsylvania's Institutional Review Board (IRB). The study is not expected to be completed until the early summer, but early results show a clear correlation between EEG signals (primarily power of Alpha-waves), heart rate variability and gavlonic skin responses.

Additionally, the software we have developed is now a fully functional prototype that can in-take bio-metric data through blue-tooth enabled devices, process and store that data, showing it in a user friendly manner.

Thank you in advance,
(b)

--
Respectfully,

(b) (6)
Co-Founder/CEO

(b) @neuroflowsolution.com
(c) (b) (6)

<Executive Summary_NeuroFlow.pdf>
<(b) (6) Resume.pdf>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/10/2017 11:58:06 AM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
CC: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: NeuroFlow CEO Background and Research Update

This looks very interesting. It appears early but i think talking to the Penn people about what they are seeing makes sense

David

Sent from my iPhone

On Mar 10, 2017, at 6:47 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:

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>
> Sent from my iPad
> Bruce Moskowitz M.D.
>
> Begin forwarded message:
>
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> > **Date:** March 4, 2017 at 2:13:58 PM EST
> > **To:** "Bruce Moskowitz M.D." <brucem(b) (6) mac.com>
> > **Subject: NeuroFlow CEO Background and Research Update**
> >
> > Dr. Moskowitz,
> >
> > A summary per your request, including my background and a research update:
> >
> > NeuroFlow is a digital health company changing the way we see brain health. Co-founded by a (b) (6) a Wharton MBA, West Point graduate and Army Combat Veteran, and (b) (6), a Penn bio-engineering PhD, NeuroFlow uses bio-metric data in real time to analyze mental stimulation data in order to optimize mental health assessments and performance metrics.
> >
> > (b) (6) NeuroFlow's CEO, is a graduate of the United States Military Academy at West Point, NY, and served for 5 years as a Field Artillery Army officer, deploying overseas to combat in Iraq. He co-founded the Veteran literacy non-profit, Things We Read, and is now an MBA candidate at The Wharton School of the University of Pennsylvania, graduating this May, and will lead NeuroFlow full-time (see attached for full resume).
> >
> > NeuroFlow, so far, as engaged in preliminary data gathering and a human clinical study approved by University of Pennsylvania's Institutional Review Board (IRB). The study is not expected to be completed until the early summer, but

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early results show a clear correlation between EEG signals (primarily power of Alpha-waves), heart rate variability and gavlonic skin responses.

Additionally, the software we have developed is now a fully functional prototype that can in-take bio-metric data through blue-tooth enabled devices, process and store that data, showing it in a user friendly manner.

Thank you in advance,
(b) [redacted]

--
Respectfully,

(b) (6) [redacted]
Co-Founder/CEO
[redacted]

(b) [redacted]@neuroflowsolution.com
(c) (b) (6) [redacted]

<Executive Summary_NeuroFlow.pdf>
<(b) (6) [redacted] Resume.pdf>

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Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 3/10/2017 11:47:50 AM
To: drshulkin@aol.com; Poonam Alaigh M.D. [(b) (6)@hotmail.com]
Subject: Fwd: NeuroFlow CEO Background and Research Update
Attachments: Executive Summary_NeuroFlow.pdf; Untitled attachment 14972.htm; (b) (6) Resume.pdf; Untitled attachment 14975.htm

This research was done at (b) (6) center at Wharton and the U of PENN. My foundation donated for the PENN Medicine Part. We need to determine if it has any relevance to the VA and if so I will discuss directly with (b) (6)

Sent from my iPad
Bruce Moskowitz M.D.

Begin forwarded message:

From: (b) (6) <(b) @neuroflowsolution.com>
Date: March 4, 2017 at 2:13:58 PM EST
To: "Bruce Moskowitz M.D." <brucem(b) (6) mac.com>
Subject: NeuroFlow CEO Background and Research Update

Dr. Moskowitz,

A summary per your request, including my background and a research update:

NeuroFlow is a digital health company changing the way we see brain health. Co-founded by a (b) (6) a Wharton MBA, West Point graduate and Army Combat Veteran, and (b) (6), a Penn bio-engineering PhD, NeuroFlow uses bio-metric data in real time to analyze mental stimulation data in order to optimize mental health assessments and performance metrics.

(b) (6) NeuroFlow's CEO, is a graduate of the United States Military Academy at West Point, NY, and served for 5 years as a Field Artillery Army officer, deploying overseas to combat in Iraq. He co-founded the Veteran literacy non-profit, Things We Read, and is now an MBA candidate at The Wharton School of the University of Pennsylvania, graduating this May, and will lead NeuroFlow full-time (see attached for full resume).

NeuroFlow, so far, as engaged in preliminary data gathering and a human clinical study approved by University of Pennsylvania's Institutional Review Board (IRB). The study is not expected to be completed until the early summer, but early results show a clear correlation between EEG signals (primarily power of Alpha-waves), heart rate variability and gavlonic skin responses.

Additionally, the software we have developed is now a fully functional prototype that can in-take bio-metric data through blue-tooth enabled devices, process and store that data, showing it in a user friendly manner.

Thank you in advance,
(b)

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—

Respectfully,

(b) (6)
Co-Founder/CEO

(b) @neuroflowsolution.com
(c) (b) (6)

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[redacted] | www.neuroflowsolution.com
Changing The Way We See Brain Health™

EXECUTIVE SUMMARY

The purpose of this summary is to provide an overview of the digital health company, NeuroFlow, including its key team members and advisors, the problem which its solving, how the technology works and a progress update. Please feel free to e-mail [redacted]@neuroflowsolution.com with any questions or request for more information.

Background and Summary

NeuroFlow is a digital health company changing the way we see brain health. Co-founded by a [redacted] a Wharton MBA, West Point graduate and Army Combat Veteran, and [redacted], a Penn bio-engineering PhD, NeuroFlow uses bio-metric data in real time to analyze mental stimulation data in order to optimize mental health assessments and performance metrics.

Currently, mental health is largely subjective, reliant on self-reporting and prone to error, resulting in exorbitant costs and poor patient care. The numbers speak for themselves – the Department of Veterans Affairs estimates 20 Veterans commit suicide per day on average; 8 million Americans (not just Veterans) are diagnosed with PTSD annually – leading to a staggering human cost, and an immense economic cost of $40 billion a year (NeuroFlow is not limited to just the PTSD market, for we are measuring mental stimulation in general, but PTSD is something we're personally passionate about). **The general problem is that there is no clear and objective way to measure our mental health.**

NeuroFlow's software analyzes a patient's physiological response to stressful stimulus in order to better gauge and objectively understand the state of someone's mental health. Patients are outfitted with commercially-available wearables that send biometric data to NeuroFlow's software platform for analysis by a proprietary algorithm.

Our data analysis measures stress output in response to various stimuli can be monitored over multiple discreet sessions or in real-time to provide feedback to mental health professionals or performance coaches.

In just under a year of operating, NeuroFlow has already begun a human clinical study at the Hospital of the University of Pennsylvania, received grants from private foundations and won numerous awards, including the Wharton Venture Award, Philadelphia Veteran Network's Shark Tank, Wharton Healthcare Conference Competition, Penn Innovation-Corps, Wharton Innovation Fund, and PennApps Accelerator.

Core Team

- [redacted]

Advisors

- [redacted]

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(b) (6)
(b) (6) @wharton.upenn.edu | linkedin.com/in/(b) (6)

EDUCATION

(b) (6)

EXPERIENCE

(b) (6)

ADDITIONAL INFORMATION

- (b) (6)

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Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 4/10/2017 12:35:41 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Cahps on website

An FYI since I don't think you need so much of detail but - for a large healthcare system, e.g. Boston or nj, the SC cahps data is merged and reported for only one campus. In Boston, only Jamaica plain has sc cahps data. For NJ only east Orange is listed.

Sent from my iPhone

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/16/2017 4:00:14 PM
To: (b) (6) kp.org
Subject: Re: Shulkin confirmed to lead Dept. of Veterans Affairs | TheHill

Thanks so much (b) (6)

Sent from my iPhone

On Feb 16, 2017, at 1:50 AM, (b) (6) kp.org wrote:

> I second this. Big congratulations!
>
> (b) (6)
> Chairman and CEO
> Kaiser Foundation Hospitals and Health Plan, Inc.
> (b) (6)
>
> On Feb 15, 2017, at 10:35 AM, (b) (6) M.D. (b) (6) @mayo.edu> wrote:
>
> > **Caution:** This email came from outside Kaiser Permanente. Do not open attachments or click on links if you do not recognize the sender.
> >
> > David-this is just wonderful. Congratulations. Please let me know how I can be of help to you. Thank you for your service to the country. John
> >
> > (b) (6) **M.D.**
> > President and CEO
> > Mayo Clinic Administration
> > Mayo Building, East 11
> > Phone (b) (6)
> > Fax: (b) (6)
> >
> > **Mayo Clinic**
> > 200 First Street SW
> > Rochester, MN 55905
> > www.mayoclinic.org
> >
> > On Feb 13, 2017, at 6:18 PM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
> >
> > > Fantastic confirmation Congratulations
> > > http://thehill.com/homenews/administration/319353-shulkin-confirmed-to-lead-veterans-affairs

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Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: (b) (6) kp.org [(b) (6) kp.org]
Sent: 2/16/2017 6:50:53 AM
To: (b) (6) @mayo.edu
CC: brucem(b) (6) mac.com; drshulkin@aol.com; (@frenchangel59.com; lper(b) @gmail.com; mbs(b) (6) gmail.com; (b) (6) hopeunseen.com; (b) (6) @jhmi.edu; (b) (6) partners.org; (b) (6) ccf.org; (b) @mayo.edu
Subject: Re: Shulkin confirmed to lead Dept. of Veterans Affairs | TheHill

I second this. Big congratulations!

(b) (6)
Chairman and CEO
Kaiser Foundation Hospitals and Health Plan, Inc.
(b) (6)

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Caution: This email came from outside Kaiser Permanente. Do not open attachments or click on links if you do not recognize the sender.

David-this is just wonderful. Congratulations. Please let me know how I can be of help to you. Thank you for your service to the country. John

(b) (6) **M.D.**
President and CEO
Mayo Clinic Administration
Mayo Building, East 11
Phone: (b) (6)
Fax: (b) (6)

Mayo Clinic
200 First Street SW
Rochester, MN 55905
www.mayoclinic.org

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

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/24/2017 11:26:18 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re: Meeting with (b) tmrw

Ok

Sent from my iPhone

On Apr 24, 2017, at 6:29 PM, (b) (6) <(b) (6) @gmail.com> wrote:

> Will need to include Jake too.
>
> On Apr 24, 2017 6:23 PM, "(b) (6) <(b) (6) @gmail.com> wrote:
> Ok
>
> On Apr 24, 2017 6:19 PM, "David shulkin" <Drshulkin@aol.com> wrote:
> Cio candidates
> Chouce 2.0 and darin should join me
>
> Sent from my iPhone
>
> > On Apr 24, 2017, at 5:56 PM, (b) (6) <(b) (6) @gmail.com> wrote:
> >
> > Sir, (b) (6) called and said you mentioned that there is a meeting tomorrow, this is the meeting we were trying to combine with (b) (6) on Wednesday. Anywho, we are leaving the meeting on with (b) to avoid any more confusion. Let me know what you want for an agenda.
> >
> >

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 4/24/2017 10:29:05 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Meeting with (b) tmrw

Will need to include Jake too.

On Apr 24, 2017 6:23 PM, "(b) (6) <(b) (6) @gmail.com> wrote:
Ok

On Apr 24, 2017 6:19 PM, "David shulkin" <Drshulkin@aol.com> wrote:
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Chouce 2.0 and darin should join me

Sent from my iPhone

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>
>

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 4/24/2017 10:23:40 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Meeting with (b) tmrw

Ok

On Apr 24, 2017 6:19 PM, "David shulkin" <Drshulkin@aol.com> wrote:
Cio candidates
Chouce 2.0 and darin should join me

Sent from my iPhone

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>
>

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/24/2017 10:19:04 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re: Meeting with (b) tmrw

Cio candidates
Chouce 2.0 and darin should join me

Sent from my iPhone

> On Apr 24, 2017, at 5:56 PM, (b) (6) <(b) (6) r@gmail.com> wrote:
>
> Sir, (b) (6) called and said you mentioned that there is a meeting tomorrow, this is the meeting we were trying to combine with (b) (6) on Wednesday. Anywho, we are leaving the meeting on with (b) to avoid any more confusion. Let me know what you want for an agenda.
>
>

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 4/24/2017 9:56:20 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Meeting with (b) tmrw

Sir, (b) (6) called and said you mentioned that there is a meeting tomorrow, this is the meeting we were trying to combine with (b) (6) on Wednesday. Anywho, we are leaving the meeting on with (b) to avoid any more confusion. Let me know what you want for an agenda.

AMERICAN OVERSIGHT

Message

From: Jennifer Lee [(b) (6) @gmail.com]
Sent: 1/22/2017 3:25:08 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: VCL

Yes we will get both for you

We have proposals but are meeting w Tom to talk about the org structure changes- (b) wont like it and has been challenging
Tom and Steve understand we need changes to clarify clinical oversight and we are trying to work to agreement.
Hopefully we can reach consensus and have our plans to you by Wed

On Jan 22, 2017 8:34 AM, "David shulkin" <Drshulkin@aol.com> wrote:
Can we start getting daily missed call rates?

We also need to clarify the vcl org structure and reporting- is it clear now?

Sent from my iPhone

> On Jan 21, 2017, at 11:16 PM, Jennifer Lee <(b) (6) @gmail.com> wrote:
>
> Regarding the idea of a preemptive positive press release--
> (b) (6) and I have a lot of hesitation about this- because it is so recent that we reached "functional zero" and it could be tenuous
> also, because the OIG report lists a lot of other issues that we have yet to address - quality management, clinical oversight, etc.
> (b) (6) and I are working on plans to address all this- will discuss with Tom and Steve on Monday, but I personally think it would be better to have things in motion first.
> Hopefully now we can make progress faster.
> Happy to discuss
>
>
>
>

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/22/2017 1:34:03 PM
To: Jennifer Lee [(b) (6) @gmail.com]
Subject: Re: VCL

Can we start getting daily missed call rates?

We also need to clarify the vcl org structure and reporting- is it clear now?

Sent from my iPhone

> On Jan 21, 2017, at 11:16 PM, Jennifer Lee <(b) (6) e@gmail.com> wrote:
>
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> (b) and I have a lot of hesitation about this- because it is so recent that we reached "functional zero" and it could be tenuous
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> Hopefully now we can make progress faster.
> Happy to discuss
>
>
>
>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 1/22/2017 12:53:47 PM
To: Jennifer Lee [(b) (6) @gmail.com]
Subject: Re: VCL

Ok

Sent from my iPhone

> On Jan 21, 2017, at 11:16 PM, Jennifer Lee <(b) (6) e@gmail.com> wrote:
>
> Regarding the idea of a preemptive positive press release--
> (b) and I have a lot of hesitation about this- because it is so recent that we reached "functional zero" and it could be tenuous
> also, because the OIG report lists a lot of other issues that we have yet to address - quality management, clinical oversight, etc.
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> Happy to discuss
>
>
>
>

AMERICAN OVERSIGHT

Message

From: Jennifer Lee [(b) (6) @gmail.com]
Sent: 1/22/2017 4:16:36 AM
To: David Shulkin [drshulkin@aol.com]
Subject: VCL

Regarding the idea of a preemptive positive press release--
(b) (6) and I have a lot of hesitation about this- because it is so recent that we reached "functional zero" and it could be tenuous
also, because the OIG report lists a lot of other issues that we have yet to address - quality management, clinical oversight, etc.
(b) (6) and I are working on plans to address all this- will discuss with Tom and Steve on Monday, but I personally think it would be better to have things in motion first.
Hopefully now we can make progress faster.
Happy to discuss

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 5/10/2017 11:03:34 AM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
Subject: Re: Mammogram

Perfect

Sent from my iPhone

On May 10, 2017, at 6:46 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:

> We will get further out in front, we have a pending call with the head of women's health at Hopkins (a Navy veteran) and the head of the Harvard women's health initiative. After the call you can announce that the two major programs in the country are working together with the VA to improve health care for women.
>
> Sent from my iPad
> Bruce Moskowitz M.D.
>
> On May 10, 2017, at 6:42 AM, David shulkin <Drshulkin@aol.com> wrote:
>
> > Bruce- in order to get out in front of womens health issues we made a big announcement last night-see attached- this will get alot of attention for our support for women's health athanks for your advice on getting out in front
> >
> > Feel free to share
> >
> > David
> >
> > <VA Adopts American Cancer Society Mammogram Screening Guidelines - lw.docx>

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Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 5/10/2017 10:46:36 AM
To: David shulkin [Drshulkin@aol.com]
CC: Ike Perlmutter [(@frenchangel59.com]; Laurie Perlmutter [(b) (6) @gmail.com]; Marc Sherman [mbs(b) (6) gmail.com]; Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Mammogram

We will get further out in front, we have a pending call with the head of women's health at Hopkins (a Navy veteran) and the head of the Harvard women's health initiative. After the call you can announce that the two major programs in the country are working together with the VA to improve health care for women.

Sent from my iPad
Bruce Moskowitz M.D.

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> Feel free to share
>
> David
>
> <VA Adopts American Cancer Society Mammogram Screening Guidelines - lw.docx>

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 5/10/2017 10:42:57 AM
To: Bruce Moskowitz [brucem(b) (6) mac.com]
CC: Ike Perlmutter [(@frenchangel59.com]; Laurie Perlmutter [(b) (6) @gmail.com]; Marc Sherman [mbs(b) (6) gmail.com]
Subject: Fwd: Mammogram
Attachments: Untitled attachment 15082.docx; Untitled attachment 15085.htm

Bruce- in order to get out in front of womens health issues we made a big announcement last night-see attached- this will get alot of attention for our support for women's health athanks for your advice on getting out in front

Feel free to share

David

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VA | U.S. Department of Veterans Affairs | News Release
Office of Public Affairs
Media Relations
Washington, DC 20420
(202) 461-7600
www.va.gov

FOR IMMEDIATE RELEASE
May XX, 2017

VA Adopts American Cancer Society Mammogram Screening Guidelines

WASHINGTON – Today, the Department of Veterans Affairs (VA) announced it is adopting American Cancer Society (ACS) breast cancer screening guidelines which give women a choice to begin screening at age 40. The guidelines also recommend starting yearly mammograms by age 45 and then every other year from age 55. The guidelines apply to women at average risk for breast cancer and complement VA's already-extensive program for breast care for Veterans.

"It is important for our women Veterans to know that when it comes to their care, they are in control of it and the care they receive from VA is consistent or exceeds care in the private sector," said VA Secretary Dr. David J. Shulkin. "Adopting American Cancer Society standards gives Veterans further assurances that their care aligns with other health care systems. Currently 76 percent of women Veterans age 40-49 receive mammograms through VA.

In addition to adopting ACS guidelines for breast cancer screening, other notable achievements include:

- Expanded access to onsite mammograms by 62 percent;
- All eligible women Veterans have access to mammograms either onsite or through care in the community;
- VA quality scores from the Healthcare Effectiveness Data and Information Set (HEDIS) , show that women Veterans are much more likely to receive age-appropriate breast cancer screening than women in private sector health care;
- In 2015, VA screened 86 percent of women age 50-74 received screening mammograms compared to the private sector at 73 percent; and
- VA has established a state of the art information technology Breast Cancer Registry (BCR). The BCR integrates data from several VA sources to provide comprehensive patient specific information about breast cancer screening, test results, past and current breast cancer treatment and population surveillance of breast care (both in the community and within the VA).

"Engaging and better servicing the unique health care needs of our women Veterans is one of VA most important priorities," said Dr. Poonam Alaigh, Acting Under Secretary for Health. "When it comes to their care, we want them to be in control of it *every* day and in *every* way."

For more information about VA's commitment to women Veterans, visit https://www.va.gov/womenvet/ or call Women Veterans can also call 1-855-VA-WOMEN or 1-855-829-6636 for information about VA services and resources.

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/19/2017 8:47:30 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Fwd: a great idea on telehealth
Attachments: 100daysrevised.docx; Untitled attachment 15094.htm

Print

Sent from my iPhone

Begin forwarded message:

From: David Shulkin <drshulkin@aol.com>
Date: February 19, 2017 at 2:21:11 PM EST
To: mbs(b) (6) gmail.com
Cc: (b) @frenchangel59.com, brucem(b) (6) mac.com, (b) (6)@mayo.edu
Subject: Re: a great idea on telehealth

Ike, Marc, Bruce and (b)

Attached is a revised list of actionable items for POTUS and a second one for SecVA.

As I mentioned on the call (and (b) hopefully Bruce was able to connect with you)- this is meant to be a starting place and the messaging has to be right. I think if the President can talk about how these actions are delivering on his promise of his 10 point plan its even better.

Thanks again to all and I look forward to seeing your edits.

David

-----Original Message-----
From: Marc Sherman <mbs(b) (6) gmail.com>
To: David shulkin <Drshulkin@aol.com>
Cc: Ike Perlmutter <(@frenchangel59.com>; Bruce Moskowitz <brucem(b) (6) mac.com>
Sent: Sun, Feb 19, 2017 11:03 am
Subject: Re: a great idea on telehealth

I have some thoughts on this Executive Order (EO) you proposed, with the caveat that I am not a constitutional lawyer. Please also know that I am providing these thoughts to spur the discussion **so the solution can be chosen with as much likelihood of success as possible**, not to stifle it or the need to clear implement telemedicine.

It seems to me that an EO to allow telemedicine to be conducted by a doctor **from one VA facility to a doctor at another VA** facility is no problem. Although, do you really need an EO for that? It seems you could do that without an EO. I wonder if an EO from a doctor at a VA facility to a doctor at a private facility would carry the day. I predict that it will challenged by the states. I am not suggesting that the states win that challenge, but I do think it will be controversial, time consuming and take focus away. Any reaction or further thoughts? Also, what other EOs could advance the ball faster?

On Fri, Feb 17, 2017 at 9:01 PM, David shulkin <Drshulkin@aol.com> wrote:
Ike- here is one additional action item to consider- an executive order from POTUS
to expand access for veterans by giving VA the ability to do telemedicine across state lines- it would be a big help.

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Just an idea

David

DRAFT

Executive Order to allow VA Doctors Freedom to Deliver Telehealth care to Veterans

Many of our Veterans currently have to travel hundreds of miles to see their VA doctor. Red tape is keeping our VA physicians from using technology, in the form of telemedicine, to care for our Veterans using their mobile phone or computers.

By the authority vested in me as President by the Constitution and the laws of the United States of America, it is hereby ordered as follows:

A Department of Veterans Affairs health care professional may practice the health care profession of the health care professional at any location in any State, regardless of where such health care professional or the patient is located, when the health care professional is using telemedicine to provide treatment to an individual.

Department health care professional' means a health care professional who is--

(A) authorized by the Secretary to provide health care under this chapter; and

(B) is appointed by the Department under title 5 or title 38, United States Code.

The health care professional would be required to adhere to all quality standards relating to the provision of telemedicine in accordance with applicable policies of the Department; and would be required to have an active, current, full, and unrestricted license, registration, or certification in a State to practice the health care profession of the health care professional. **VA providers who are covered by the Federal Tort Claims Act when caring for patients in person would similarly be covered when delivering care via telemedicine to a patient no matter where the provider or patient is located.**

VA providers who meet the above requirements, and who are also participating in and checking their state PDMP, would also be exempt from conducting at least 1 in-person medical examination with a patient before prescribing them a controlled substance, which currently requires veterans to travel hundreds of miles to a VA facility in order to receive needed care.

> > > >

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OBJECTIVE	DESCRIPTION	FORMAT	DATE	100 DAY MESSAGE
Improve Access to Care	Allow for VA doctors nationwide to provide telehealth services into veterans homes and phone and allow for VA doctors to manage pain better through telehealth	POTUS Executive Order	Early March	Provide Immediate Access to veterans who are waiting for care- through use of technology and best doctors
Provide modern and efficient facilities for veterans	Announce a private-public partnership model in Omaha Nebraska that would alleviate the need for a new hospital facility and instead provide veterans with modern ambulatory care- using 10% of the money allocated and private funds to build the rest	POTUS Announcement	Early March	Stop business as usual and start to show how private sector practices can benefit veterans and taxpayers
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AMERICAN OVERSIGHT

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VA SECRETARY PLANS TO COMPLIMENT PRESIDENT's ACTIONS

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AMERICAN OVERSIGHT

Bring new talent to help lead VA	Announcement cooperation with leading AMC's and professional organizations	SECVA Announcement	May	

AMERICAN OVERSIGHT

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Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 2/19/2017 7:31:08 PM
To: David Shulkin [drshulkin@aol.com]
CC: mbs(b) (6) gmail.com; @frenchangel59.com; (b) @mayo.edu
Subject: Re: a great idea on telehealth

Thank you have alerted (b)

Sent from my iPhone

On Feb 19, 2017, at 2:21 PM, David Shulkin <drshulkin@aol.com> wrote:

> Ike, Marc, Bruce and (b)
>
> Attached is a revised list of actionable items for POTUS and a second one for SecVA.
>
> As I mentioned on the call (and (b) hopefully Bruce was able to connect with you)- this is meant to be a starting place and the messaging has to be right. I think if the President can talk about how these actions are delivering on his promise of his 10 point plan its even better.
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> Thanks again to all and I look forward to seeing your edits.
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> From: Marc Sherman <mbs(b) (6) gmail.com>
> To: David shulkin <Drshulkin@aol.com>
> Cc: Ike Perlmutter <@frenchangel59.com>; Bruce Moskowitz <brucem(b) (6) mac.com>
> Sent: Sun, Feb 19, 2017 11:03 am
> Subject: Re: a great idea on telehealth
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> On Fri, Feb 17, 2017 at 9:01 PM, David shulkin <Drshulkin@aol.com> wrote:
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DRAFT

AMERICAN OVERSIGHT

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<100daysrevised.docx>

AMERICAN OVERSIGHT

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From: David Shulkin [drshulkin@aol.com]
Sent: 2/19/2017 7:21:11 PM
To: mbs(b) (6) gmail.com
CC: (@frenchangel59.com; brucem(b) (6) mac.com; (b) @mayo.edu
Subject: Re: a great idea on telehealth
Attachments: 100daysrevised.docx

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AMERICAN OVERSIGHT

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Bring new talent to help lead VA	Announcement cooperation with leading AMC's and professional organizations	SECVA Announcement	May	

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 2/19/2017 5:12:24 PM
To: mbs(b) (6) gmail.com
Subject: Re: a great idea on telehealth

Marc- thanks for all of your comments on the chart that you sent back

Do you have time for a brief call today? If so I am available from now till later this afternoon

-----Original Message-----
From: Marc Sherman <mbs(b) (6) gmail.com>
To: David shulkin <Drshulkin@aol.com>
Cc: Ike Perlmutter <(@frenchangel59.com>; Bruce Moskowitz <brucem(b) (6) mac.com>
Sent: Sun, Feb 19, 2017 11:03 am
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Message

From: Bruce Moskowitz [brucem(b) (6) mac.com]
Sent: 2/19/2017 4:14:04 PM
To: Marc Sherman [mbs(b) (6) gmail.com]
CC: David shulkin [Drshulkin@aol.com]; Ike Perlmutter [(@frenchangel59.com]
Subject: Re: a great idea on telehealth

Currently I am aware that the telemedicine companies that use doctors without a Florida license get around this by having a registered doctor in every state they provide the service. However at some point it will be challenged. Since there are enough academic centers in every state who would be willing to do the telemedicine for their own geographic region we should be fine.

Sent from my iPad
Bruce Moskowitz M.D.

On Feb 19, 2017, at 11:03 AM, Marc Sherman <mbs(b) (6) gmail.com> wrote:

> I have some thoughts on this Executive Order (EO) you proposed, with the caveat that I am not a constitutional lawyer. Please also know that I am providing these thoughts to spur the discussion **so the solution can be chosen with as much likelihood of success as possible**, not to stifle it or the need to clear implement telemedicine.
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From: David Shulkin [drshulkin@aol.com]
Sent: 2/19/2017 4:10:17 PM
To: mbs(b) (6) gmail.com
CC: (@frenchangel59.com; brucem(b) (6) gmail.com
Subject: Re: a great idea on telehealth

Marc- I had similar thoughts but do think that an EO is the way to go. The States wont challenge federal supremacy. But the problem is that when we tried to do it before the DOJ said that they would not step up to defend us (they are our lawyers) in the case of malpractice. In a similar way the DEA did not respond to our request to allow us to use telemedicine to prescribe narcotics to veterans that have no access in other situations. I think an EO directs both DOJ and DEA to be supportive of these efforts.

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