DEPARTMENT OF VETERANS AFFAIRS
Washington DC 20420

November 5, 2019

In Reply Refer To: 001B
FOIA Request: 19-11320-F

Austin R. Evers
Executive Director
American Oversight
1030 15th Street NW, Suite B255
Washington, DC 20005
Foia@americanoversight.org

This is the Initial Agency Decision (IAD) from the Office of the Secretary, U.S. Dept. Veterans Affairs (OSVA) to your Freedom of Information Act (FOIA) request received and dated September 4, 2019, and assigned FOIA tracking number **19-11320-F.** You requested:
"All email communications (including email messages, email attachments, calendar invitations, and calendar invitation attachments) between (1) the specified VA officials and employees and (2) anyone communicating from an email address ending in jnj.com, its.jnj.com, janssen.com, or janssencarepath.com.
VA officials and employees:

a. Robert Wilkie, Secretary of Veterans Affairs, and anyone serving as his assistant or scheduler;
b. David Shulkin, former Secretary of Veterans Affairs, and anyone serving as his assistant or scheduler;
c. Thomas G. Bowman, former Deputy Secretary;
d. Jake Leinenkugel, former Senior White House Advisor and Director of the COVER Commission;
e. Peter O'Rourke, Former Acting Secretary, Chief of Staff, and Senior Advisor;
f. Pamela J. Powers, Chief of Staff;
g. Vivieca Wright Simpson, former Chief of Staff;
h. Casin Spero, Executive Director of the COVER Commission and Senior Advisor;
i. James E. Hutton, former Deputy Assistant Secretary for Public Affairs and current Assistant Secretary for Public and Intergovernmental Affairs;
j. John Ullyot, former Assistant Secretary for Public and Intergovernmental Affairs;
k. Richard A. Stone, Executive in Charge, Veterans Health Administration;
l. Carolyn Clancy, former Executive in Charge, Veterans Health Administration;
m. Steven L. Lieberman, Acting Principal Deputy Under Secretary for Health;
n. Lawrence Connell, Chief of Staff, Veterans Health Administration;
o. Jon M. Jenson, Acting Deputy Chief of Staff;
p. Valerie Mattison Brown, Assistant Deputy Under Secretary for Health, Policy and Planning;
q. Maria Llorente, Acting Assistant Deputy Under Secretary for Health for Patient Care Services (PCS);
r. Michael A. Valentino, Chief Consultant – Pharmacy Benefit Management Services (PBM), and anyone serving as his assistant or scheduler;
s. Matthew A. Fuller, National Clinical Pharmacy Program Manager, PBM;
t. David Carroll, Executive Director, Office of Mental Health and Suicide Prevention;
u. Anyone serving in the capacity of White House Liaison or Advisor.

Please provide all responsive records from January 20, 2017, to the date of the search."

The VHA and OPIA FOIA offices will respond to you separately for records located within their respective FOIA offices. OSVA is responding for responsive records located within OSVA.

IAD and Reasonable Searches Dated 9/12/19, 10/4/19, 11/1/19, & 11/5/19

On September 12, 2019, our search cut-off date, the OSVA FOIA Officer requested that the VA OIT office provide all responsive records with date timeframe of January 20, 2017, to September 12, 2019 within the email boxes and calendar entries of: 1) Robert Wilkie, 2) Peter

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O'Rourke, 3) David Shulkin, 4) Thomas Bowman, 5) Pam Powers, 6) Vivieca Wright-Simpson, 7) Casin Spero, 8) Jake Leinenkugel, and 9) four (4) Executive Assistants for Robert Wilkie, Peter O'Rourke, and David Shulkin. On September 20, 2019, the VA OIT office provided preliminary results.

On October 4, 2019, November 1, 2019, and November 5, 2019, the OSVA FOIA Officer conducted follow-up searches with date timeframe of January 20, 2017, to September 12, 2019 within the email boxes and calendar entries of:) Robert Wilkie, 2) Peter O'Rourke, 3) David Shulkin, 4) Thomas Bowman, 5) Pam Powers, 6) Vivieca Wright-Simpson, 7) Casin Spero, 8) Jake Leinenkugel, and 9) four (4) Executive Assistants for Robert Wilkie, Peter O'Rourke, and David Shulkin. The OSVA FOIA Officer looked for any emails or calendar entries to, from, or copying email addresses ending in jnj.com, its.jnj.com, janssen.com, or janssencarepath.com. These searches yielded six hundred eighty-five (685) pages.

After reviewing the six hundred eighty-five (685) pages, OSVA redacts some information with FOIA Exemptions 4 and 6. 5 U.S.C. § 552(b)(4) exempts from disclosure "trade secrets and commercial or financial information obtained from a person and privileged or confidential." "Where commercial or financial information is both customarily and actually treated as private by its owner and provided to the government under an assurance of privacy, the information is "confidential" within Exemption 4's meaning." *Food Marketing Inst. v. Argus Media,* No. 18-481, at *2 (U.S. June 24, 2019). Redacted information includes non-public, specific information about Johnson & Johnson's Quickfire Challenges or technical approaches. Such information is marked confidential, and offerors typically treat such as commercially private information or having received an assurance of privacy from the VA. Johnson & Johnson objected to the release of such information.

5 U.S.C. § 552(b)(6) exempts from required disclosure "personnel and medical files and similar files the disclosure of which would constitute a clearly unwarranted invasion of personal privacy." FOIA Exemption 6 permits VA to withhold a document or information within a document if disclosure of the information, either by itself or in conjunction with other information available to either the public or the FOIA requester, would result in an unwarranted invasion of an individual's personal privacy without contributing significantly to the public's understanding of the activities of the federal government. Specifically, the information being withheld, as indicated on the enclosed documents, under FOIA Exemption 6, consists of names, identities, email addresses, phone numbers, cellular numbers, facsimile numbers, and conference phone numbers and codes of: federal, contractor employees, and private citizens. However, we release the names and VA contact information of VA Senior Executives. Federal, contractor employees, and private citizens 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, contractor employees, and private citizens 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, and conference phone numbers and codes of: federal, contractor employees, and private citizens. 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

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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).

FOIA Mediation

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

VA Central Office FOIA Public Liaison:
Name: John Buck
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 Initial Agency Decision to request **19-11320-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 – six hundred eighty-five (685) redacted pages

AMERICAN OVERSIGHT

From: (b)(6) [SCGUS]
Sent: 29 Apr 2019 18:50:38 +0000
To: Scher, Deborah L.
Cc: Manji, Husseini [JRDUS]
Subject: [EXTERNAL] Introduction to Dr. Manji
Attachments: Suicide Prevention Czar Position Description Final 4.23.19.pdf

Deborah,
I was able to connect with Dr. Manji today and wanted give him a brief synopsis of the role for which you are looking to fill. I have copied him above and have shared the job description as well.

I will let you both take it from here to talk live.

Thank you for trusting us enough to share this new role and seek candidates inside the J&J family.

(b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6) @its.jnj.com

Providing services for Janssen Pharmaceutical Companies of Johnson & Johnson

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From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Friday, April 26, 2019 10:48 AM
To: (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Subject: [EXTERNAL] Call Follow-up

Dea (b)(6)
As we discussed. Thank you in advance for helping us identify the best candidates for this critical position. I look forward to our follow-up conversation.

Enjoy your time with your son this weekend!

Warm regards,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships

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US Department of Veterans Affairs
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President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS) Executive Order Program Office / Department of Veterans Affairs

Suicide Prevention Czar:

On March 5, 2019, President Trump issued a national call to action and signed a landmark Executive Order designed to take an inclusive and innovative approach to impacting the scourge of Veteran suicide. Veterans are 1.5 times more likely than non-Veterans to take their lives and 20 die by suicide on average each day according to the Department of Veterans Affairs. The President's order, the PREVENTS initiative, creates a Cabinet-level task force to be led by VA Secretary Robert Wilkie that will coordinate and align efforts across the federal government and throughout industry to help stem the Veteran suicide crisis. In the process, we anticipate this task force will raise the national conversation about mental health and develop new, innovative solutions to help all Americans reverse this human tragedy.

The Suicide Prevention Czar will provide a unique opportunity to lead this initiative across government, industry, foundation and other resources, serving as a national figure to galvanize all of America to take action to reverse this crisis. The position will bring together the most impactful researchers focused on suicide prevention to accelerate insights and the development of new initiatives. The Suicide Czar will serve as a focal point to unite disparate efforts and inspire action from experts and innovators across multiple organizations through public and internal working sessions, meetings and convening. This effort will complement the strategy of the VA's National Office of Suicide Prevention by working closely to set priorities and develop the implementation roadmap to articulate an effective path forward.

The Suicide Prevention Czar is a senior leadership position with a broad mandate to incorporate innovative and novel solutions to a nationwide crisis that is destroying lives and families. Reporting directly to VA Secretary Robert Wilkie, the Suicide Prevention Czar will be the national voice to effectively lead this mission critical effort and deliver impactful results. This position is anticipated to be for a minimum of one year.

Responsibilities for this position include:

- Serving as an advocate for the PREVENTS Initiative
- Driving inspired and creative engagement with governmental, not-for-profit, and private sector partners aligned with the EO's objectives
- Serving as the lead in external and internal facing events by communicating key messaging and objectives
- Coordinating with VA's leadership on healthcare delivery and strategies, Veterans Experience, Strategic Partnerships, VSO engagement, Public Affairs and other relevant offices and responsibilities
- Serving as the Executive responsible for EO execution and working with VA's Office of the Secretary to ensure efforts reflect the Secretary's priorities and coordination with other VA leaders

Reporting relationships:

- Incumbent will report to the task force leadership, the head of the Domestic Policy Council and the Secretary of the Department of Veterans Affairs

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- Incumbent will serve as the primary contact for the cross-governmental steering committee
- Internally, the Executive Director will coordinate with other VA offices primarily with the National Office of Suicide Prevention as well as the Veterans Experience Office, the Secretary's Center for Strategic Partnerships and the Office of Public and Intergovernmental Affairs
- Incumbent will direct internally provided staff and budget

Experience and Capabilities:
It is expected that the Suicide Prevention Czar's career will have shown a passionate commitment to this issue as well as significant experience directing portfolios and research programs to drive innovation in this field. Specific experience related to service member and Veterans mental health, community engagement and overall wellness is prioritized, along with experience within defense or civilian government. Demonstrated evidence of coalition building across multiple organizations and collaboration is critical.

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From: Manji, Husseini [JRDUS]
Sent: 4 May 2019 12:18:02 +0000
To: Scher, Deborah L.
Subject: [EXTERNAL] Re: Update

Hi Deborah

Thank you for your note, and delighted to hear the quick response from my colleagues. Yes, agree -- while it's a very, very important position, it may need knocking on a number of doors to find the *exact individual*. In this regard, could I ask your thoughts in terms of "rank ordering" what you would consider the most important attributes/qualities/experience of a very suitable candidate? As we discussed, there are a number of ideal characteristics, but it may make sense to characterize which ones are most important ones. Then I will absolutely try to think of other suitable individuals.

Coincidentally, I am chairing the American Federation for Suicide Prevention Gala in NYC this Tuesday...and that may also trigger some thoughts as I will likely be with a number of people passionate about this cause

Take care

Husseini

From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Saturday, May 4, 2019 8:09 AM
To: Manji, Husseini [JRDUS]
Subject: [EXTERNAL] Update

Good Morning Husseini:
Circling back to let you know that I received a quick response from all three physicians. (b)(6) and I already connected late yesterday and I am scheduled to speak with both (b)(6) and (b)(6) this afternoon. Clearly your referral created a sense of excitement and urgency!

As you might imagine, candidates are passionate in their commitment to this undertaking but like you many have important reasons why it would be extremely difficult for them to leave what they are doing for a full year. While we can structure some flexibility into this role, we do need a significant commitment in order to truly make progress.

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Might I impose upon you to give some thought to exceptional leaders in the field who are perhaps about to step down from important roles, are planning to retire in the near future or who have recently retired?

Thank you in advance for your consideration and for your partnership on this.

With much appreciation,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs

From: Manji, Husseini [JRDUS] (b)(6) @its.jnj.com>
Date: Friday, May 03, 2019, 2:26 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] RE: Introduction to Dr. Manji

Hi Deborah

Absolutely – thank you. Same here....my cell number is (b)(6)

Take care

Husseini

From: "Scher, Deborah L." <Deborah.Scher@va.gov>
Date: Friday, May 3, 2019 at 2:19 PM
To: HUSSEINI MANJI (b)(6) @its.jnj.com>
Subject: [EXTERNAL] RE: Introduction to Dr. Manji

Dear Husseini:
Thank you very much for making time to speak with me and for sharing these suggestions. If you would like to have a follow-up conversation over the weekend, this is my most important priority. My cell is 202-820-3864.

With much appreciation,

Deborah
Deborah Lafer Scher

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Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
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From: Manji, Husseini [JRDUS] <(b)(6)@its.jnj.com>
Sent: Friday, May 3, 2019 2:01 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] Introduction to Dr. Manji

Dear Deborah

It was a real pleasure speaking a few minutes ago. As mentioned, I look forward to assisting in this endeavor – we absolutely have to make a difference.

Here are some of the names we discussed. As mentioned, feel free to use my name.

1. (b)(6)@kp.org
   https://www.kpwashingtonresearch.org/our-research/our-scientists/(b)(6)
   (b)(6)/
2. (b)(6)@partners.org
   https://www.mcleanhospital.org/biography(b)(6)
3. (b)(6)**@ucsd.edu** https://profiles.ucsd.edu(b)(6)

Best wishes

Husseini

From: "Scher, Deborah L." <Deborah.Scher@va.gov>
Date: Monday, April 29, 2019 at 4:41 PM
To: (b)(6) [SCGUS]" <(b)(6)@its.jnj.com>
Cc: HUSSEINI MANJI <HManji@its.jnj.com>
Subject: RE: [EXTERNAL] Introduction to Dr. Manji

Dear(b)(6)
Thank you very much for going out of your way to make this helpful introduction and for doing it so quickly.

Dear Dr. Manji:

AMERICAN OVERSIGHT

It is an absolute pleasure to meet you by email. Thank you in advance for your generosity in agreeing to make time to discuss this mission critical position.

If you might point me in the direction of the person who manages your calendar, we will reach out to arrange a time.

With much appreciation,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs

From: (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Date: Monday, Apr 29, 2019, 11:54 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: Manji, Husseini [JRDUS] (b)(6) @its.jnj.com>
Subject: [EXTERNAL] Introduction to Dr. Manji

Deborah,
I was able to connect with Dr. Manji today and wanted give him a brief synopsis of the role for which you are looking to fill. I have copied him above and have shared the job description as well.

I will let you both take it from here to talk live.

Thank you for trusting us enough to share this new role and seek candidates inside the J&J family.

(b)(6)
Field Director Federal Team/ Strategic Engagement
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transmission in error, please reply to the sender, so that Johnson & Johnson can arrange for proper delivery, and then please delete the message from your inbox. Thank you.

From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Friday, April 26, 2019 10:48 AM
To: (b)(6) [SCGUS] <(b)(6) @its.jnj.com>
Subject: [EXTERNAL] Call Follow-up

Dear (b)(6)
As we discussed. Thank you in advance for helping us identify the best candidates for this critical position. I look forward to our follow-up conversation.

Enjoy your time with your son this weekend!

Warm regards,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
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From: Scher, Deborah L.
Sent: 5 May 2019 17:23:09 +0000
To: Manji, Husseini [JRDUS]
Subject: RE: [EXTERNAL] Re: Update

Hi Husseini:
Thank you for sharing these insights. They are extraordinarily helpful.

I have been interviewing over the weekend and will include these recommendations in my outreach.

My sincerest apologies for the time I have taken away from your weekend.

Warmest regards,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs

From: Manji, Husseini [JRDUS] <(b)(6) @its.jnj.com>
Date: Sunday, May 05, 2019, 11:35 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] Re: Update

Hi Deborah

Thanks very much for the very thoughtful (but challenging!) criteria. Based on those, I think that (b)(6) and (b)(6) would fit the bill in terms of considerable leadership/administrative experience and name recognition that would help "open doors". Unfortunately I don't believe that either has first-hand experience directly working in Govt. By contrast, (b)(6) likely has broad experience, and I believe has also worked as a special asst to the NIMH Director, and so likely has some first hand Govt experience

Will continue to think about suitable people

best

Husseini

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From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Saturday, May 4, 2019 3:58 PM
To: Manji, Husseini [JRDUS]
Subject: RE: [EXTERNAL] Re: Update

Hi Husseini:
Thank you very much for being my thought partner on this, particularly on the weekend.

I am combining my responses to both of your helpful notes. You raised an important set of questions this morning about the most critical attributes for this position.

First and foremost, this person must be an exceptional leader, a partner to the Secretary to help galvanize the county around this issue with passion and purpose. They must be an experienced coalition builder and an articulate and inspiring communicator. While they should have credibility around mental health, they do not need to be a physician or research SME. Someone who when others hear their name are convinced that this will not be just another government task force, that something meaningful and impactful will actually get done.

Second, because government operates so differently from other sectors, as you well know, and it can take a while to move up the learning curve, it would be helpful if candidates had some government exposure.

Finally, we are seeking a candidate with that rare quality that I heard people use when describing you, that when Dr. Manji asks, it is extremely difficult, if not impossible to say no to him!

I would be curious as to how you would rate the people below using this criteria and appreciate your very generous offer to keep this position in mind as you chair the annual dinner on Tuesday night.

With much gratitude,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs

From: (b)(6) [JRDUS] (b)(6) @its.jnj.com>
Date: Saturday, May 04, 2019, 9:06 AM

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To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] Re: Update

Hi Deborah

A few more thoughts based on your note below

1) (b)(6) -- was Chair of Psychiatry at Penn for a number of years. Stepped down from that role ? ~2-3 years ago because of "term limit". Still at Penn as a faculty member . https://www.med.upenn.edu/apps/faculty/index.php/g275/p19812 .
(b)(6) @mail.med.upenn.edu

2) (b)(6) -- senior leadership roles in numerous organizations over the years. At Columbia Univ, largely spearheading their quality and outcomes research https://www.columbiapsychiatry.org/profile (b)(6) md .

(b)(6) @nyspi.columbia.edu

3) (b)(6) -- at UTSW in a senior leadership role. And was "second in command" for the the landmark NIMH treatment of depression STAR*D study. Has now retired from there, and is primarily consulting https://utswmed.org/doctors/ (b)(6)
(b)(6) / . (b)(6) @utsouthwestern.edu

4) (b)(6) -- Exec Director of a Suicide Prevention Organization, SAVE https://save.org/who-we-are/ . (b)(6) @save.org

5 (b)(6) -- senior executive at the Foundation for the NIH....which, as you likely know, manages numerous public-private partnerships https://fnih.org/about/staff/ (b)(6) fnih.org

6) (b)(6) -- chairman of Psychiatry at Univ of Wisconsin for a number of years. Also recently appointed Editor of the American Journal of Psychiatry. Here, if he's interested, he may need to be able to continue to be Editor (assume that wouldn't be a problem, since I was Editor of journals while at the NIH, although I recognize that NIH/VA rules may be different)
https://www.psychiatry.wisc.edu/staff (b)(6) @wisc.edu

I'll keep thinking!

Best

(b)(6)

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From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Saturday, May 4, 2019 8:09 AM
To: Manji, Husseini [JRDUS]
Subject: [EXTERNAL] Update

Good Morning Husseini:
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As you might imagine, candidates are passionate in their commitment to this undertaking but like you many have important reasons why it would be extremely difficult for them to leave what they are doing for a full year. While we can structure some flexibility into this role, we do need a significant commitment in order to truly make progress.

Might I impose upon you to give some thought to exceptional leaders in the field who are perhaps about to step down from important roles, are planning to retire in the near future or who have recently retired?

Thank you in advance for your consideration and for your partnership on this.

With much appreciation,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs

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Date: Friday, May 03, 2019, 2:26 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] RE: Introduction to Dr. Manji

Hi Deborah

Absolutely – thank you. Same here….my cell number is (b)(6)

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Take care

Husseini

From: "Scher, Deborah L." <Deborah.Scher@va.gov>
Date: Friday, May 3, 2019 at 2:19 PM
To: HUSSEINI MANJI <(b)(6)@its.jnj.com>
Subject: [EXTERNAL] RE: Introduction to Dr. Manji

Dear Husseini:
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With much appreciation,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
Follow us on Twitter

From: Manji, Husseini [JRDUS] <(b)(6)@its.jnj.com>
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Here are some of the names we discussed. As mentioned, feel free to use my name.

1. (b)(6)@kp.org
   https://www.kpwashingtonresearch.org/our-research/our-scientists(b)(6)
   (b)(6)

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2. (b)(6) @partners.org
https://www.mcleanhospital.org/biography (b)(6)
3. (b)(6) @ucsd.edu https://profiles.ucsd.edu/ (b)(6)

Best wishes

Husseini

From: "Scher, Deborah L." <Deborah.Scher@va.gov>
Date: Monday, April 29, 2019 at 4:41 PM
To: (b)(6) SCGUS]" (b)(6) @its.jnj.com>
Cc: HUSSEINI MANJI <(b)(6) @its.jnj.com>
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With much appreciation,

Deborah
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Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs

From (b)(6) SCGUS] (b)(6) @its.jnj.com>
Date: Monday, Apr 29, 2019, 11:54 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: Manji, Husseini [JRDUS] (b)(6) @its.jnj.com>
Subject: [EXTERNAL] Introduction to Dr. Manji

Deborah,

AMERICAN OVERSIGHT

I was able to connect with Dr. (b)(6) today and wanted give him a brief synopsis of the role for which you are looking to fill. I have copied him above and have shared the job description as well.

I will let you both take it from here to talk live.

Thank you for trusting us enough to share this new role and seek candidates inside the J&J family.

(b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6) @its.jnj.com

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From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Friday, April 26, 2019 10:48 AM
To: (b)(6) [SCGUS] <(b)(6) @its.jnj.com>
Subject: [EXTERNAL] Call Follow-up

Dear (b)(6)
As we discussed. Thank you in advance for helping us identify the best candidates for this critical position. I look forward to our follow-up conversation.

Enjoy your time with your son this weekend!

Warm regards,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
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AMERICAN OVERSIGHT

From: (b)(6) [SCGUS]
Sent: 6 May 2019 19:30:17 +0000
To: Scher, Deborah L.
Cc: (b)(6) SCGUS]
Subject: [EXTERNAL] Re: Internal VA JLABS follow up discussion

If those dates don't work, please have (b)(6) forward additional dates so we can try to backend into them from our end.
Prom was fantastic. Mom was a little tired but (b)(6) he was smiling all weekend.

(b)(6)
Field Director Federal/ Strategic Engagement
Strategic Customer Group
Johnson & Johnson Healthcare Systems
C- (b)(6)
(b)(6) @its.jnj.com
HTTPS://WWW.JNJ.COM/HEROES

From: Scher, Deborah L. <deborah.scher@va.gov>
Sent: Monday, May 6, 2019 2:35 PM
To: (b)(6) [SCGUS]
Cc: (b)(6) [SCGUS]
Subject: [EXTERNAL] RE: Internal VA JLABS follow up discussion

Dea (b)(6)
Too bad. I know that date worked for her and her schedule is packed. (b)(6) will check on these June dates.

Thank you for letting us know. Hope the Prom was wonderful,
Deborah

From: (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Sent: Monday, May 6, 2019 11:39 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: (b)(6) [SCGUS] <(b)(6) @its.jnj.com>
Subject: [EXTERNAL] Fwd: Internal VA JLABS follow up discussion

Deborah
Good Monday morning. I received this email over the weekend and since I was all caught up with the Prom I wanted to get this out to you as soon as I could.

As you can see they would like to include experts from both our Mental Health and Women's Health sectors which I am very happy about.

Do you think this new date would work for you and Dr. Clancy?

AMERICAN OVERSIGHT

At least we are not straddling memorial weekend and I am not pushed with my sons graduation.

Sent from my iPhone

(b)(6)
Johnson & Johnson Healthcare Systems
Field Director Federal Team/ Strategic Engagement
(b)(6)
(b)(6) @its.jnj.com

Begin forwarded message:

From: (b)(6) [JRDUS]" <(b)(6) @ITS.JNJ.com>
Date: May 4, 2019 at 10:25:43 AM EDT
To: (b)(6) [SCGUS]" <(b)(6)
[SCGUS]"(b)(6) @its.jnj.com>
Cc:(b)(6) [US]" <(b)(6) @its.jnj.com>
Subject: Re: Internal VA JLABS follow up discussion

Hi(b)(6) and(b)(6)

Hope all is well. Couple items:

(b)(6) now has an urgent conflict the last week of May and will no longer be able to attend the meeting. Can we see if the VA can move the meeting to the following week on 6/5 or 6/6?
-we would like to organize experts from our mental health, women's health, etc teams to be in attendance for the meeting but to coordinate we would like to know whom will be in the room from the VA. Calendars are getting booked so it would be helpful to get the list of attendees from the VA. Is that something you can share?

Thanks!

(b)(6)

(b)(6)

On May 2, 2019, at 1:04 PM(b)(6) [SCGUS](b)(6) @its.jnj.com> wrote:

Hi(b)(6)

AMERICAN OVERSIGHT

(b)(6) and I would be happy to get on a call next week. Can you schedule with (b)(6) copied on Email). Thank you and we look forward to connecting.

(b)(6)

Sent from my iPad

On May 2, 2019, at 3:51 PM, (b)(6) JRDUS] <(b)(6)@its.jnj.com> wrote:

> Hi (b)(6) and (b)(6)
>
> Hope you are doing well. Wanted to follow up on the note below to see about scheduling a call for early next week in preparation for the larger group discussion next Friday. Also, checking on the two other items 1) any updates to the notes we consolidated, and 2) whom from the VA will be in attendance at the meeting on the 28th.
>
> Thanks in advance and happy to hop on the phone to discuss any of the above.
>
> Take care,
>
> Erika
>
> (b)(6)
> Director, Sourcing Innovation
> <image001.jpg> (b)(6)
> <image002.jpg> (b)(6)@its.jnj.com
> <image003.jpg>
> **Connect with JLABS:**
> <image004.png> <image005.png> <image006.png> <image007.png>
>
> **From:** (b)(6) JRDUS]
> **Sent:** Wednesday, May 1, 2019 12:00 PM
> **To:** (b)(6) [SCGUS]
> (b)(6)@its.jnj.com>(b)(6) [SCGUS]
> (b)(6)@its.jnj.com>
> **Cc:** (b)(6) [CNTUS] <(b)(6)@its.jnj.com>;
> (b)(6) US] <(b)(6)@its.jnj.com>
> **Subject:** RE: Internal VA JLABS follow up discussion
> **Importance:** High
>
> Hi (b)(6) and (b)(6)
>
> Hope all is well. Looking forward to the discussion next week in preparation for our meeting with the VA on May 28th. We were putting our thoughts together on the JLABS site and

AMERICAN OVERSIGHT

thought it would be useful to have a pre-prep meeting with a small subset of the larger group (Melinda, (b)(6) and I) to prepare a draft agenda, etc. Do you have time tomorrow (Thursday) or early next week to connect?

Also, a couple questions:

1. Attached are the consolidated notes from our side from the meeting in April, can you review and add any additional items? We would like to send these over to the VA as a follow up.
2. Do you know who is coming from the VA on the 28th? Also, who is coming from the attendees on the calendar entry? This will be helpful for us as we space plan for our meeting and frame the agenda.

Looking forward to connecting shortly and let me know if you have any questions.

Take care,

(b)(6)

Director, Sourcing Innovation
<image001.jpg> (b)(6)
<image002.jpg> (b)(6) @its.jnj.com
<image003.jpg>
Connect with JLABS:
<image004.png> <image005.png> <image006.png>
<image007.png>

-----Original Appointment-----
From: (b)(6) [SCGUS]
Sent: Thursday, April 25, 2019 1:41 PM
To: (b)(6) [SCGUS]; (b)(6) [JAN]; Richter, Melinda [JRDUS]; (b)(6) [SCGUS]; (b)(6) [JRDUS]; (b)(6) [JJCUS]; (b)(6) (b)(6) [JJCUS]; (b)(6) [CNTUS]
Cc: (b)(6) [JJCUS]; (b)(6) [JJCUS]
Subject: Internal VA JLABS follow up discussion
When: Friday, May 10, 2019 3:00 PM-4:00 PM (UTC-05:00) Eastern Time (US & Canada).
Where: Skype Meeting

We needed to reschedule this call due to key participant conflicts.
Thank you for your flexibility.
(b)(6)

Join Skype Meeting

AMERICAN OVERSIGHT

Trouble Joining? Try Skype Web App

Join by phone

Toll number: +1 (908) 316-2436,(b)(6)# (Dial-in Number) English (United States)

Find a local number

Conference ID:(b)(6)

Forgot your dial-in PIN? | Help

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1. "Use Skype for Business (full audio and video experience)" Select ONLY if you are using a USB connected Audio Device and have a good network connection (DO NOT SELECT THIS OPTION IF YOU ARE DIALING IN FROM A PHONE)
2. "Call Me at" Select if you have a phone that can be directly dialed (not supported in all countries).
3."Don't join audio" Select if you will be dialing into the meeting from your phone.

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AMERICAN OVERSIGHT

From: (b)(6) [SCGUS]

Sent: 7 May 2019 00:42:35 +0000

To: Scher, Deborah L.

Subject: [EXTERNAL] Re: Internal VA JLABS follow up discussion

Let me see if I can get some other dates.

(b)(6)

Field Director Federal/ Strategic Engagement

Strategic Customer Group

Johnson & Johnson Healthcare Systems

C- (b)(6)

E- (b)(6) @its.jnj.com

HTTPS://WWW.JNJ.COM/HEROES

From: Scher, Deborah L. <deborah.scher@va.gov>

Sent: Monday, May 6, 2019 7:50 PM

To: (b)(6) [SCGUS]

Subject: RE: [EXTERNAL] Re: Internal VA JLABS follow up discussion

(b)(6)

Thank you for letting me know.

Dr. Clancy is confirmed for May 28, but is out of town the week of the fifth. Waiting to hear from her EA about other dates. Did you have something else in mind for June that works with your team?

Have a good evening,

AMERICAN OVERSIGHT

Deborah

Deborah Lafer Scher

Executive Advisor to the Secretary

Secretary's Center for Strategic Partnerships

US Department of Veterans Affairs

From: (b)(6) [SCGUS] <(b)(6) @its.jnj.com>

Date: Monday, May 06, 2019, 7:40 PM

To: Scher, Deborah L. <Deborah.Scher@va.gov>

Subject: [EXTERNAL] Re: Internal VA JLABS follow up discussion

Deborah

After looking at our schedule, we might need to lean more toward June 6th vs. June 5th. But as I said before, let me know if neither of these dates work and I can help to get us aligned.

We are having our pre call meeting with the JLABS people this Friday, so i might be easier for me to sell another date when everyone is on the phone live.

Hope you had a good Monday.

(b)(6)

Field Director Federal/ Strategic Engagement

Strategic Customer Group

Johnson & Johnson Healthcare Systems

C-(b)(6)

E(b)(6) @its.jnj.com

HTTPS://WWW.JNJ.COM/HEROES

AMERICAN OVERSIGHT

From: Scher, Deborah L. <deborah.scher@va.gov>
Sent: Monday, May 6, 2019 2:35 PM
To: (b)(6) [SCGUS]
Cc: (b)(6) [SCGUS]
Subject: [EXTERNAL] RE: Internal VA JLABS follow up discussion

Dear (b)(6)

Too bad. I know that date worked for her and her schedule is packed. (b)(6) will check on these June dates.

Thank you for letting us know. Hope the Prom was wonderful,

Deborah

From (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Sent: Monday, May 6, 2019 11:39 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Subject: [EXTERNAL] Fwd: Internal VA JLABS follow up discussion

Deborah

Good Monday morning. I received this email over the weekend and since I was all caught up with the Prom I wanted to get this out to you as soon as I could.

As you can see they would like to include experts from both our Mental Health and Women's Health sectors which I am very happy about.

Do you think this new date would work for you and Dr. Clancy?

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At least we are not straddling memorial weekend and I am not pushed with my sons graduation.

Sent from my iPhone

(b)(6)

Johnson & Johnson Healthcare Systems

Field Director Federal Team/ Strategic Engagement

(b)(6)

(b)(6) @its.jnj.com

Begin forwarded message:

From: (b)(6) [JRDUS]" (b)(6) @ITS.JNJ.com>

Date: May 4, 2019 at 10:25:43 AM EDT

To: (b)(6) [SCGUS]" (b)(6) @its.jnj.com> (b)(6)

[SCGUS]" (b)(6) @its.jnj.com>

Cc: (b)(6) [US]" (b)(6) @its.jnj.com>

Subject: Re: Internal VA JLABS follow up discussion

H(b)(6) no(b)(6)

Hope all is well. Couple items:

(b)(6) now has an urgent conflict the last week of May and will no longer be able to attend the meeting. Can we see if the VA can move the meeting to the following week on 6/5 or 6/6?

-we would like to organize experts from our mental health, women's health, etc teams to be in attendance for the meeting but to coordinate we would like to

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Thanks!

(b)(6)

(b)(6)

On May 2, 2019, at 1:04 PM, (b)(6) [SCGUS] (b)(6) @its.jnj.com> wrote:

Hi (b)(6)

(b)(6) and I would be happy to get on a call next week. Can you schedule with (b)(6) (copied on Email). Thank you and we look forward to connecting.

(b)(6)

Sent from my iPad

On May 2, 2019, at 3:51 PM, (b)(6) [JRDUS] (b)(6) @its.jnj.com> wrote:

Hi (b)(6) and (b)(6)

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Thanks in advance and happy to hop on the phone to discuss any of the above.

Take care,

(b)(6)

(b)(6)
Director, Sourcing Innovation
<image001.jpg>(b)(6)
<image002.jpg>(b)(6) @its.jnj.com
<image003.jpg>
Connect with JLABS:
<image004.png> <image005.png> <image006.png>
<image007.png>

From: (b)(6) JRDUS]
Sent: Wednesday, May 1, 2019 12:00 PM
To: (b)(6) [SCGUS]
(b)(6) @its.jnj.com>(b)(6) [SCGUS]
(b)(6) @its.jnj.com>
Cc: (b)(6) [CNTUS] (b)(6) @its.jnj.com>;
(b)(6) [US](b)(6) @its.jnj.com>
Subject: RE: Internal VA JLABS follow up discussion
Importance: High

Hi (b)(6) and (b)(6)

Hope all is well. Looking forward to the discussion next week in preparation for our meeting with the VA on May 28th. We were putting our thoughts together on the JLABS site and thought it would be useful to have a pre-prep meeting with a small subset of the larger group (b)(6) and I)

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to prepare a draft agenda, etc. Do you have time tomorrow (Thursday) or early next week to connect?

Also, a couple questions:

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Take care,

(b)(6)

Director, Sourcing Innovation

<image001.jpg> (b)(6)

<image002.jpg> (b)(6) @its.jnj.com

<image003.jpg>

Connect with JLABS:

<image004.png> <image005.png> <image006.png> <image007.png>

-----Original Appointment-----

From: (b)(6) [SCGUS]

Sent: Thursday, April 25, 2019 1:41 PM

To: (b)(6) [SCGUS]; (b)(6) [JAN]; Richter, Melinda [JRDUS] (b)(6) [SCGUS]; (b)(6) [JRDUS] (b)(6) [JJCUS]; (b)(6)

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(b)(6) [JJCUS]; (b)(6) [CNTUS]

Cc (b)(6) [JJCUS]; (b)(6) [JJCUS]

Subject: Internal VA JLABS follow up discussion

When: Friday, May 10, 2019 3:00 PM-4:00 PM (UTC-05:00) Eastern Time (US & Canada).

Where: Skype Meeting

We needed to reschedule this call due to key participant conflicts.

Thank you for your flexibility.

(b)(6)

.....

.....

Join Skype Meeting

Trouble Joining? Try Skype Web App

Join by phone

Toll number: +1 (908) 316-2436, (b)(6) Dial-in Number) English (United States)

Find a local number

Conference ID: (b)(6)

Forgot your dial-in PIN? | Help

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2. "Call Me at" Select if you have a phone that can be directly dialed (not supported in all countries).
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AMERICAN OVERSIGHT

From: (b)(6) SCGUS]
Sent: 7 May 2019 11:12:58 +0000
To: Scher, Deborah L.
Subject: [EXTERNAL] Re: Dr. Manji

Deborah
I am so glad he is helping you. He is one of the best when it comes to understanding how to make a dent with Suicide Prevention.

I can't remember if I connected you and (b)(6) to have a more casual conversation. I had to send my computer in for an upgrade and have been working off my IPAd since Thursday. Do you still want me to do that for you?

Sent from my iPhone

(b)(6)
Johnson & Johnson Healthcare Systems
Field Director Federal Team/ Strategic Engagement
(b)(6)
(b)(6) @its.jnj.com

> On May 7, 2019, at 6:31 AM, Scher, Deborah L. <Deborah.Scher@va.gov> wrote:
>
> Good morning (b)(6)
>
> Thank you again for all the time and effort you spent connecting the two of us. He has been a pleasure to get to know and has become my new penpal! We were emailing back and forth all during the weekend, discussing the position and reviewing candidates. He has been a tremendous source of referrals.
>
> So appreciate your partnership on this. Look forward to speaking soon,
>
> Have a great day,
>
>
> Deborah
> Deborah Lafer Scher
> Executive Advisor to the Secretary
> Secretary's Center for Strategic Partnerships
> US Department of Veterans Affairs
>

AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 7 May 2019 23:05:24 +0000
To: (b)(6) [SCGUS]
Subject: RE: [EXTERNAL] RE: New Office Factsheet

Fabulous! Such a small world. So glad she could be helpful. You will enjoy getting to know each other at our next stakeholders meeting. So glad I could connect you with someone to help move this important work forward.

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs

From (b)(6) [SCGUS] <(b)(6)@its.jnj.com>
Date: Tuesday, May 07, 2019, 4:46 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] RE: New Office Factsheet

Sounds like a great plan.
I just got off the phone with (b)(6) from Psych Armor and I cannot believe it but she lives in my hometown in NY.
Her kids went to the same High School I did.
What a small world.

We talked for 40 minutes and I think there is a possible avenue to go down around education to the VA around Spravato.

Will be reaching out to my brand team to give them some highlights.
But in the meantime, Tina is going to find out who the J&J contact was that (b)(6) had prior to her moving over to Psych Hub.

Love it when I can uncover new opportunities.
Thank you so much for the introduction.

(b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6)@its.jnj.com

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From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Tuesday, May 07, 2019 4:26 PM
To: (b)(6) [SCGUS] <(b)(6)@its.jnj.com>
Subject: [EXTERNAL] RE: New Office Factsheet

Dear (b)(6)
Thank you for making the time to review this and to share your feedback. It means so much to me!

We plan to post this on our website which should be launched very soon.

Yes, would be delighted if you might share this with your Corporate Equity team. I would welcome their feedback as well.

With appreciation,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
Follow us on Twitter

From (b)(6) [SCGUS] <(b)(6)@its.jnj.com>
Sent: Tuesday, May 7, 2019 3:49 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] RE: New Office Factsheet

Deborah
This is excellent and so much clearer than the last version you sent me.

How do you plan distributing this to the masses?
Will you post this on Twitter/ Linkedin as a way to drive people to your site?
Will you send out via personal emails?
.
When can I send this along to our Corporate Equity team? I will be curious to see how they Will react to it?

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It certainly gets your juices flowing with ideas.

WELL DONE!!

(b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6) @its.jnj.com

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From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Tuesday, May 07, 2019 2:44 PM
To: (b)(6) [SCGUS] <(b)(6) @its.jnj.com>
Subject: [EXTERNAL] New Office Factsheet

Dea (b)(6)
Some time ago, you were kind enough to review our website materials in draft and rightly pointed out we needed more information on how to partner. We've recently created the fact sheet attached and wondered if we might impose on you again to provide feedback.

Thank you in advance,
Deborah

AMERICAN OVERSIGHT

From: (b)(6) [SCGUS]
Sent: 14 May 2019 16:22:47 +0000
To: Scher, Deborah L.
Subject: [EXTERNAL] (b)(6) info
Attachments: FY2018_Q1_VA_Veteran_Suicide_Prevention.pdf

Deborah
I wanted to send you this slide deck around the Suicide Prevention modeling we spoke to last night. This would fall under the Healthy Heroes Precision Medicine workstream.

Looks like on slide 17 you can see that (b)(6) is the Data person from the VA.

Hope this helps frame out the work that is done from the VA prospective.

(b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6) @its.jnj.com

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Veteran Suicide Prevention

Goal Leads: Dr. Keita Franklin, Acting Director, Suicide Prevention and Dr. David Carroll, Executive Director, Office of Mental Health and Suicide Prevention

Veterans Benefits and Services

AMERICAN OVERSIGHT

Overview

Goal Statement

- The Veterans Health Administration (VHA) will proactively identify and provide interventions for at-risk Veterans, both those using VHA care and those using other care systems, to prevent suicide and overdose death. VHA will increase the use of interventions for Veterans at-risk for suicide through the use of predictive modeling and enhanced engagement strategies. By September 30, 2019, the percent of Veterans targeted through predictive modeling algorithms within the VHA system that receive core recommended interventions will increase to 90% from the baseline of 57%. By September 30, 2019, VA has partnered with Health and Human Services(HHS)/Substance Abuse and Mental Health Services Administration (SAMHSA) and 17 cities in a “Mayor’s Challenge” to develop community plans to end Veteran suicide outside the VHA system.

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Overview

Challenge

- While interventions to reduce the likelihood of suicide and overdose have been developed, they do no good unless they reach the people who need them at the right time.

Opportunity

- VA is using advanced analytics combined with clinical interventions to identify people most likely in need of preventive intervention and connect them with services.
  - Within VA, we mine electronic medical record data to identify patients at greatest risk of overdose or suicide events or death. Computer systems are used to provide lists of patients estimated to be at high risk paired with key information about the patient's clinical case and suggestions for interventions to address risks. Clinicians and care coordinators use these computer systems to target clinical interventions and outreach to those with high estimated risk.
  - To help Veterans not enrolled in VA care, we are examining data to identify the Veteran populations at greatest risk and the organizations with which they engage. Partnering with Health and Human Services/SAMHSA and 17 cities through the Mayor's Challenge, VA is working collaboratively based on data to develop community action plans to end Veteran suicide.

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Goal Structure & Strategies (1 of 4)

Goal Structure for Targeting Patients Receiving VA Health Care:

- Within VA, efforts to target interventions to high risk patients focus on use of two predictive models: (1) Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment (REACH VET), which identifies patients at statistical risk of death by suicide in the next month; and (2) The Stratification Tool for Opioid Risk Mitigation (STORM), which identifies patients at statistical risk of overdose or suicide-related health care events or death in the next year.
- Patients identified as within the top risk tier at their facility based on the REACH VET model are expected to receive a care review and outreach intervention from a personally assigned care provider.
- Patients receiving opioid prescriptions who are identified as very high risk based on the STORM model are expected to receive guideline recommended risk mitigation interventions, including written informed consent, Prescription Drug Monitoring Program checks, and urine drug screening.

AMERICAN OVERSIGHT

Goal Structure & Strategies (2 of 4)

Strategies for Targeting Patients Receiving VA Health Care:

- Improve clinical implementation of core recommended interventions for patients predicted to be at high risk of suicide or overdose
- Improve predictive models to more reliably and accurately identify Veterans at risk
- Enhance data systems to enable more complex data mining and analysis and higher performance clinical decision support systems
- Expand clinical capacity for provision of risk intervention through the Mental Health Hiring Initiative and restructuring of care practices.

AMERICAN OVERSIGHT

Goal Structure & Strategies (3 of 4)

Goal Structure for Targeting Veterans Not Receiving VA Health Care:

- Veteran suicide is an important public health issue impacting Veterans and communities nationally. Of Veterans who die by suicide, 70% are not recently engaged in VHA health care. Ending Veteran suicide will take coordinated, bundled, up stream approaches that fit the unique needs and opportunities within communities and are beyond the scope of VA alone.
- SAMHSA is uniquely positioned and empowered to work directly with states and communities to address suicide. We have partnered with SAMHSA to host a Mayor's Challenge aimed at developing local action plans focused on ending Veteran suicide.

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Goal Structure & Strategies (4 of 4)

Strategies for Targeting Veterans Not Receiving VA Health Care:

- As part of the Mayor's Challenge, we will develop community strategic action plans that can be implemented at the local level to end Veteran suicide.
  - Integrate Veteran suicide prevention into the values, culture, leadership, and work of a broad range of organizations and programs with a role in supporting suicide prevention activities.
  - Establish effective, sustainable, and collaborative suicide prevention programs for Veterans at the national, state/territorial, tribal, and local levels.
  - Pursue and sustain public-private partnerships to advance Veterans suicide prevention.
  - Develop, implement, and evaluate communication efforts designed to reach Veterans.

AMERICAN OVERSIGHT

Key Milestones (1 of 5)

- Improve clinical implementation of core recommended interventions for Veterans predicted to be at high risk of suicide or overdose
- FY18Q1 Status: Developed and finalized the APG's goal statement and action plan.

Milestone Summary					
Key Milestones	Milestone Due Date	Milestone Status	Change from Last Quarter	Owner	Anticipated Barriers or Other Issues Related to Milestone Completion
Provide guidance and tools on models of care delivery using predictive model-based targeting of at risk patients	March, 2018 and on-going			OMHSP	None at this time.
Provide technical assistance and clinical facilitation to VA health care systems to improve implementation of practices	March, 2018 and on-going			OMHSP	Competing priorities for technical assistance staff may limit available resources
Develop and disseminate provider educational materials and programs on recommended interventions	April, 2018 and on-going			OMHSP	Large volume of new initiatives may limit both education resource development and provider bandwidth
Provide implementation monitoring tools to help facilities track and trouble-shoot practice implementation	June, 2018 and on-going			OMHSP	None at this time.

AMERICAN OVERSIGHT

Key Milestones (2 of 5)

- Improve predictive models to more reliably and accurately identify Veterans at risk
- FY18Q1 Status: Developed and finalized the APG's goal statement and action plan.

Milestone Summary					
Key Milestones	Milestone Due Date	Milestone Status	Change from Last Quarter	Owner	Anticipated Barriers or Other Issues Related to Milestone Completion
Update REACH VET model on more recent outcome data	June, 2018			OMHSP	None at this time.
Update STORM model on more recent outcome data	June, 2018			OMHSP	None at this time.
Define and calculate new candidate predictors for REACH VET and STORM models	Sept, 2018			OMHSP	Complexity of work makes unanticipated delays more likely. No current delays at this time.
Recode REACH VET and STORM decision-support systems to utilize updated models	Dec, 2018			OMHSP	Limited personnel with necessary skills may impact availability to complete coding

AMERICAN OVERSIGHT

Key Milestones (3 of 5)

- Enhance data systems to enable more complex data mining and analysis and higher performance clinical decision support systems
- FY18Q1 Status: Developed and finalized the APG's goal statement and action plan.

Milestone Summary					
Key Milestones	Milestone Due Date	Milestone Status	Change from Last Quarter	Owner	Anticipated Barriers or Other Issues Related to Milestone Completion
Develop a cloud-based development and reporting platform for VA decision-support systems	March, 2018			OIT	None at this time.
Migrate REACH VET and STORM to the cloud-based platform	June 30, 2018			OMHSP	Architecture options still being defined. May impact timeline
Develop a platform for data analysis and decision support processing on the Dept of Energy supercomputer	Sept 2018			OMHSP	Technically complex multi-agency effort may create additional barriers to overcome
Incorporate newly derived data elements from the supercomputer environment into VA suicide prevention decision support systems	March 2019			OMHSP	Technically complex multi-agency effort may create additional barriers to overcome

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Key Milestones (4 of 5)

- Expand clinical capacity for provision of risk intervention through the MH Hiring Initiative and restructuring of care practices.
- FY18Q1 Status: Developed and finalized the APG's goal statement and action plan.

Milestone Summary					
Key Milestones	Milestone Due Date	Milestone Status	Change from Last Quarter	Owner	Anticipated Barriers or Other Issues Related to Milestone Completion
Provide strategic planning support for facilities to guide mental health and suicide prevention team staffing plans	Feb, 2018	Complete		OMHSP	None at this time.
Provide technical assistance to facilities with recruitment and retention challenges	Feb, 2018 and on-going			OMHSP	Competing priorities for technical assistance staff may limit available resources
Monitor progress towards net gain of 1000 MH Full Time Equivalent (FTE), with focus, on SPT, PCMHI, and outpatient clinical FTE	Feb, 2018 and on-going			OMHSP	None at this time.

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Key Milestones (5 of 5)

- As part of the Mayor's Challenge develop community strategic action plans that can be implemented at the local level to end Veteran suicide for all Veterans.
- FY18Q1 Status: Developed and finalized the APG's goal statement and action plan.

Milestone Summary					
Key Milestones	Milestone Due Date	Milestone Status	Change from Last Quarter	Owner	Anticipated Barriers or Other Issues Related to Milestone Completion
Select initial 7 cities	January 2018	Complete		OMHSP	None at this time.
Conduct Policy Academy for city teams	March 2018			OMHSP	None at this time.
Develop community specific plans to end suicide	March 18-June 18			OMHSP	Tight timeline and competition for resources will make it challenging to deliver on time
Implement plans and submit follow up reports	May 18-August 18			OMHSP	Tight timeline and competition for resources will make it challenging to deliver on time
Launch second wave of cities in the Challenge	June 18			OMHSP	Increased interest after initial round may create a significantly larger candidate pool that requires additional screening
Complete second wave of cities	February 19			OMHSP	Delayed start may impact completion

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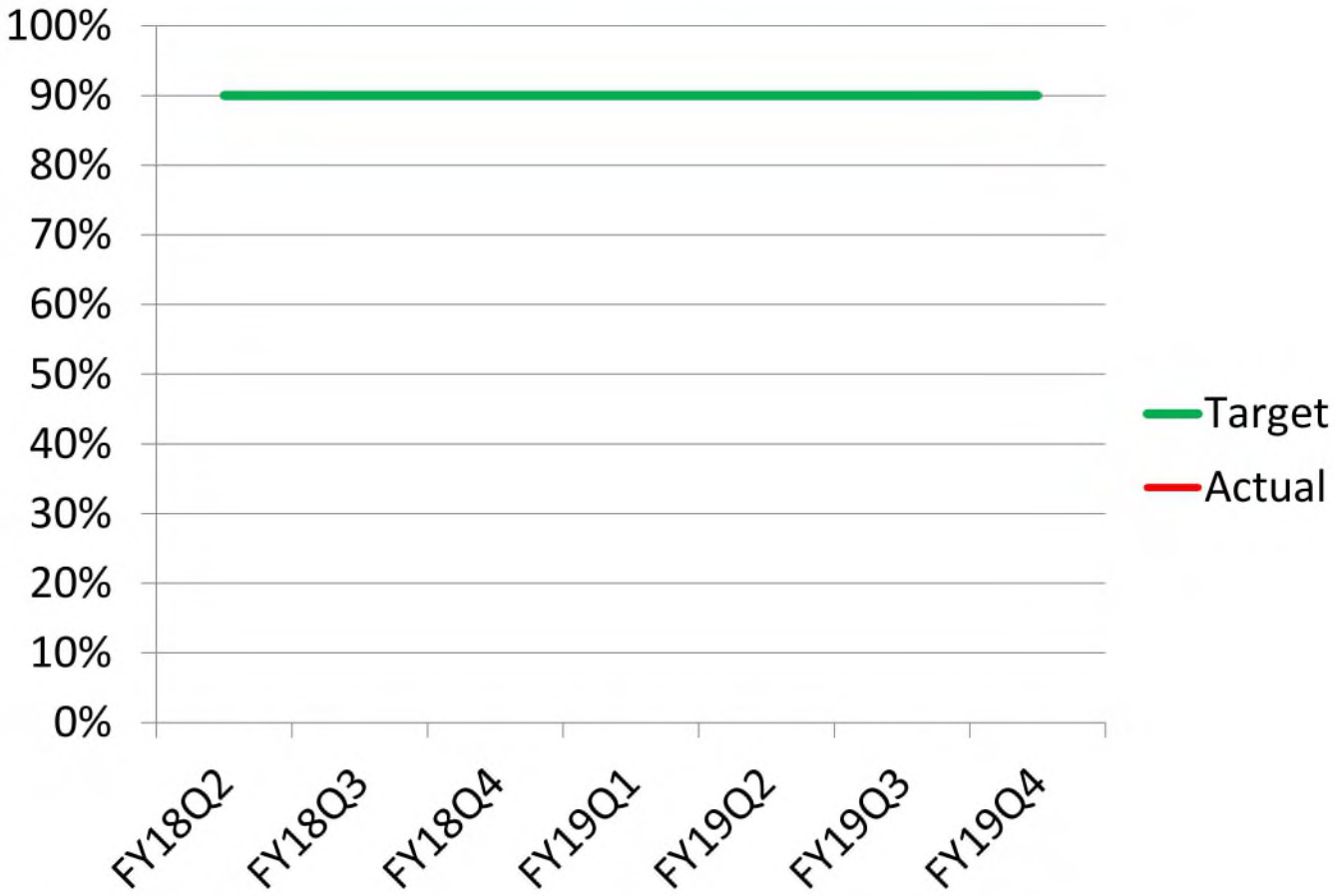
Key Indicators

Percent of Veterans targeted through predictive modeling algorithms within the VHA system that receive core recommended interventions



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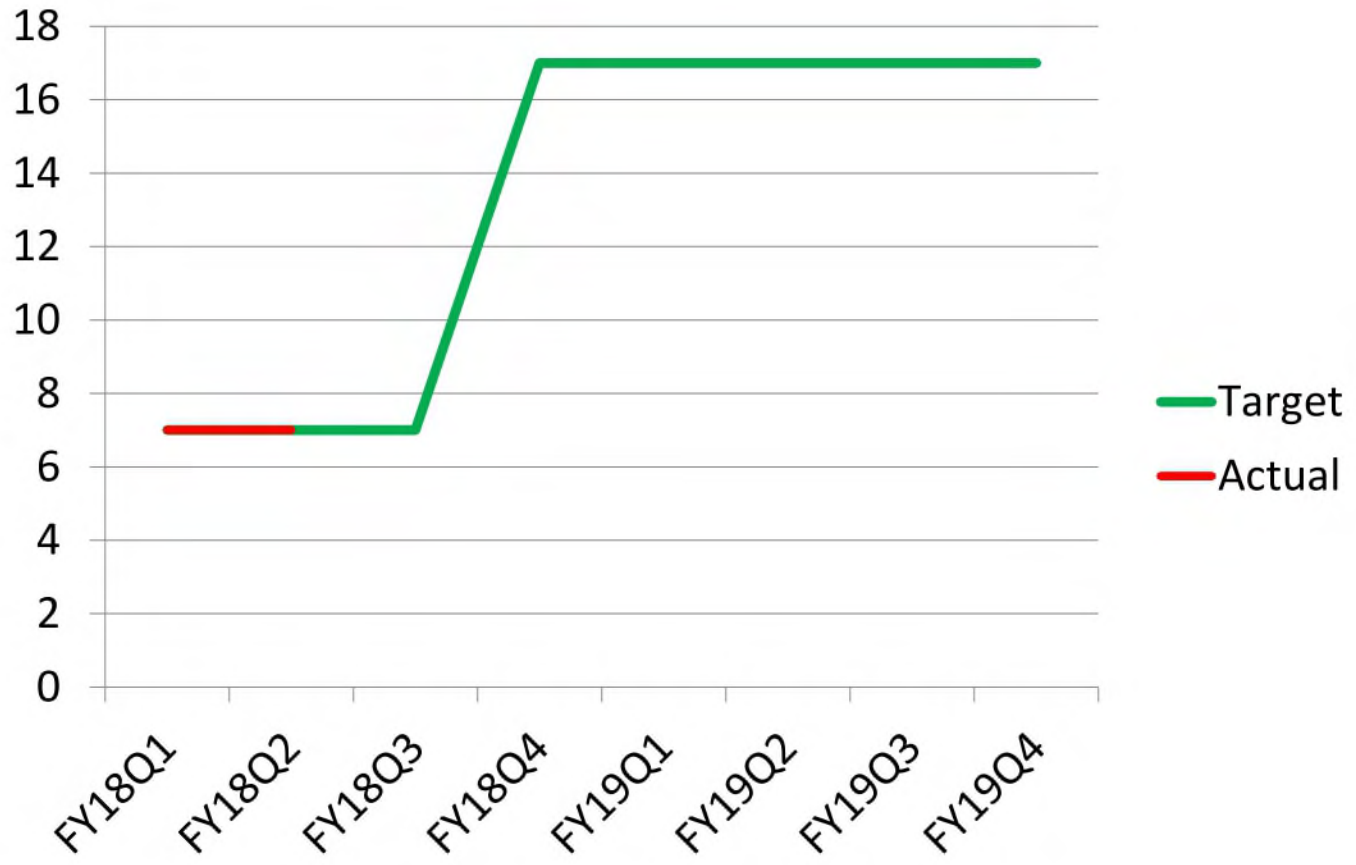
Key Indicators

of cities partnering as part of the Mayor's Challenge to develop community plans to end Veteran suicide outside the VHA system



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Data Accuracy and Reliability (1 of 2)

Data on whether targeted patient populations receive recommended interventions are based on data elements within the VA Corporate Data Warehouse (CDW). Data from CDW is extracted nightly from the VA's Electronic Health Record (EHR), and includes information entered by clinicians regarding the care delivered to Veterans during health care encounters. This includes prescriptions written, procedures conducted and diagnoses treated.
VA has on-going data quality validations underway to ensure proper data transmission and accuracy of the data tables.

However, data is limited by accuracy and completeness of clinical coding; if clinicians make errors in documenting care in the medical record (e.g. picking an incorrect diagnostic code or procedure code in their data entry), the database will reflect those errors. Likewise, some interventions are supposed to be documented in the EHR using specific structured notes or documentation templates.

If care is delivered but documented using generic clinical notes, these interventions may not be identified in the data warehouse. VHA employs clinical coding experts that work with clinical staff to improve clinical coding, and provides trainings to encourage use of standardized documentation practices to mitigate these data limitations.

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Data Accuracy and Reliability (2 of 2)

High risk patients are identified using predictive models developed on VA data. Information on the validation and limitations of these models have been published:

Kessler, R.C., Hwang, I., Hoffmire, C.A., McCarthy, J.F., Petukhova, M.V., Rosellini, A.J., Sampson, N.A., Schneider, A.L., Bradley, P.A., Katz, I.R., Thompson, C., & Bossarte, R.M. (2017, September). Developing a practical suicide risk prediction model for targeting high-risk patients in the Veterans Health Administration. *International Journal of Methods in Psychiatric Research, 26*(3). doi: 10.1002/mpr.1575.

McCarthy, J.F., Bossarte, R.M., Katz, I.R., Thompson, C., Kemp, J., Hannemann, C.M., Nielson, C., & Schoenbaum, M. (2015, September). Predictive modeling and concentration of the risk of suicide: Implications for preventive interventions in the US Department of Veterans Affairs. *American Journal of Public Health,105(9*),1935-1942. doi: 10.2105/ajph.2015.302737.

Oliva, E.M., Bowe, T., Tavakoli, S., Martins, S., Lewis, E.T., Paik, M., Wiechers, I., Henderson, P., Harvey, M., Avoundjian, T., Medhanie, A., & Trafton, J.A. (2017, February). Development and applications of the Veterans Health Administration's Stratification Tool for Opioid Risk Mitigation (STORM) to improve opioid safety and prevent overdose and suicide. *Psychological Services,*14(1), 34-49. doi: 10.1037/ser0000099.

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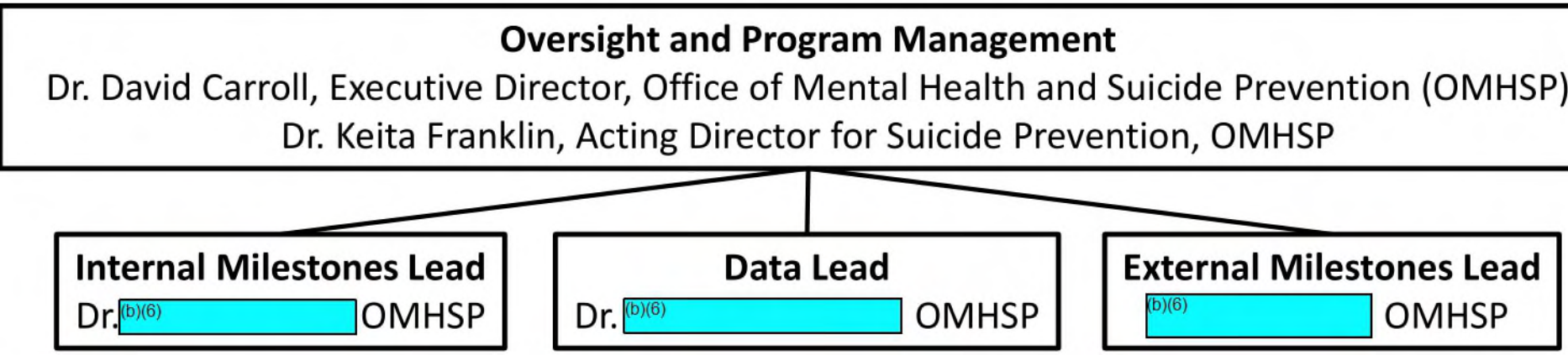
Leadership



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Additional Information

Contributing Programs

Organizations:

- Cities participating in the Mayor's Challenge

Regulations:

- Comprehensive Addiction and Recovery Act of 2016

Policies:

- VHA Directive 1306, Querying State Prescription Drug Monitoring Programs
- VHA Directive 1005, Informed Consent for Long-term Opioid therapy for Pain
- VHA Handbook 1160, Uniform Mental Health Services

Other Federal Activities:

- Health and Human Services/SAMHSA
- Department of Defense
- Department of Energy
- Department of Homeland Security

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Additional Information

Stakeholder / Congressional Consultations

- Congressional consultations
- The Veteran
- Veteran Service Organizations
- Community Partners

AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 16 May 2019 02:17:00 +0000
To: (b)(6) (VHACO)
Subject: RE: [EXTERNAL] FW: Contact suggestions for Spravato access.

Terrific. I will come to you at 10. See you then.

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
U.S. Department of Veterans Affairs

From (b)(6) (VHACO) (b)(6) @va.gov>
Date: Wednesday, May 15, 2019, 10:06 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: RE: [EXTERNAL] FW: Contact suggestions for Spravato access.

Hi- why don't we meet tomorrow in my office at 10 or 10:30 tomorrow? I am in 820- will that work?

Sent with BlackBerry Work
(www.blackberry.com)

From: Scher, Deborah L. <Deborah.Scher@va.gov>
Date: Wednesday, May 15, 2019, 10:01 PM
To: (b)(6) (VHACO) (b)(6) @va.gov>
Subject: RE: [EXTERNAL] FW: Contact suggestions for Spravato access.

Hi (b)(6)
I see we have a call in line set. Lets meet in person. Please let me know where you sit and I will come to you.

Thank you,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
U.S. Department of Veterans Affairs

From: (b)(6) (VHACO) (b)(6) @va.gov>
Date: Wednesday, May 15, 2019, 11:14 AM

AMERICAN OVERSIGHT

To: Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: (b)(6) @va.gov>
Subject: RE: [EXTERNAL] FW: Contact suggestions for Spravato access.

Hi Deborah – great to see you and was glad to be a part of the briefing! Would you be available to meet or for a call Thursday to go over next steps?

Thanks (b)(6)

(b)(6)
Executive Assistant to the Principal Deputy Under Secretary for Health (10A)
Veterans Health Administration
Phone: (b)(6)
Mobile:
Fax: 202-273-7090

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From: Scher, Deborah L.
Sent: Tuesday, May 14, 2019 10:40 PM
To: (b)(6) (VHACO) <(b)(6) @va.gov>
Subject: FW: [EXTERNAL] FW: Contact suggestions for Spravato access.

Hi (b)(6)
So nice to see you today. Let's discuss next next steps given the people and timetable outlined in (b)(6) note below.

Thank you. Hope the hearing goes well tomorrow,
Deborah

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
U.S. Department of Veterans Affairs

From (b)(6) [SCGUS] <(b)(6) @its.jnj.com>
Date: Tuesday, May 14, 2019, 10:31 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] FW: Contact suggestions for Spravato access.

A couple of thoughts regarding your ask around timeline.

Here are a couple of dates we need to have in the back of our head.

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If we want a patient treated by June, you are going to need to:

1. Touch base with both Dr. (b)(6) and (b)(6) to see what needs to be done on their end to make that happen. (This will give (b)(6) a heads up for next week since the P&T meeting is going to be on May 21st.) This might make her uncomfortable but please reinforce that Dr. Stone asked for an update and this is the goal he has set out for all of us.
2. There might need to be something expedited with Dr. (b)(6) end. She is in charge of providing the national guidance since this is informing her phase 1 sites (Ketamine IV Sites) how she wants the drug to be delivered and monitored. I don't believe this was supposed to be presented till the June P&T (if it follows the same cadence of the May meeting, I am thinking this should happen around June 18th). Again delivering the same message above regarding Dr. Stone's goals, this might uncover other barriers I don't know about. This is past the 90 day timeline that Dr. Stone spoke to today. (Drug was available on March 17th, 90 days later is June 17th.)
3. Getting the list of 12 Ketamine sites should not be a problem, unless she tells you that she needs clearance to share that list with us. Might be something you can on your end to help expedite that so we can start to deploy our people in those sites and start to do the education needed to ensure a proper set up.

Does this help? If you need more detail I will be available tomorrow am. Just call me.
Hope you had a great rest of the day.

(b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6) @its.jnj.com

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From: (b)(6) [SCGUS]
Sent: Tuesday, May 14, 2019 4:12 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: Contact suggestions for Spravato access.

Deborah
Thank you for continuing to help us with this important initiative.
The only people I could suggest to connect with are the 2 main people we are working with via your recommendations.

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Isle Wiechers MD-Developing the National Guidance and putting together the phased approach. (b)(6) Head of PBM P&T.

Another person which you spoke to today is (b)(6) MD. We have a great relationship with her, but was not sure how to use her appropriately. So if you have ideas I would be happy to connect with her.

Let me know if you need me to do anything on my end.

(b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6) @its.jnj.com

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From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Tuesday, May 14, 2019 1:03 PM
To: (b)(6) [SCGUS] <(b)(6) @its.jnj.com>
Subject: [EXTERNAL] RE: Terry Hubert info

Dear (b)(6):
Thank you very much for sending this. I have placed it in my bag to read on the plane.

As a follow-up to this morning's conversation, it would be helpful if you would please send me the names of the people to follow-up with in order to meet Dr. Stone's target timetable.

Separately, we are working to pull together the Women Veterans data we discussed.

Thank you very much for your terrific partnership this week.

Safe travels home,
Deborah

From: (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Sent: Tuesday, May 14, 2019 12:23 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] (b)(6) info

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Deborah
I wanted to send you this slide deck around the Suicide Prevention modeling we spoke to last night.
This would fall under the Healthy Heroes Precision Medicine workstream.

Looks like on slide 17 you can see that (b)(6) is the Data person from the VA.

Hope this helps frame out the work that is done from the VA prospective.

(b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6) @its.jnj.com

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From: Manji, Husseini [JRDUS]
Sent: 29 May 2019 15:06:20 +0000
To: Scher, Deborah L.
Subject: [EXTERNAL] Re: VA Participation in a meeting?

Hi Deborah

Excellent. Let me connect you with one of the meeting organizers

Best

Husseini

Sent from my mobile, so please excuse typos and creative text autocorrections

On May 29, 2019, at 9:48 AM, Scher, Deborah L. <Deborah.Scher@va.gov> wrote:

> Good Morning Husseini:
> We have been discussing your panel and trying to zero in on who might be most effective. Is there any more information you might be able to share about the other panelists and the content focus you are hoping for, within the topic?
>
> Thank you very much,
> Deborah
>
> **From:** Manji, Husseini [JRDUS] (b)(6) @its.jnj.com>
> **Sent:** Friday, May 24, 2019 1:55 PM
> **To:** Scher, Deborah L. <Deborah.Scher@va.gov>
> **Subject:** [EXTERNAL] VA Participation in a meeting?
>
> Hi Deborah
>
> Hope all is going well. I have been working with One Mind for Brain Research for a number of years (as you may recall, General (b)(6) was its CEO before retiring a year or so ago)
>
> One area that they have entered is the area of workplace mental health – because we recognize that the workplace may be a major venue to really make a difference (raise awareness/reduce stigma, etc). In this regard, there is a "One Mind at Work" event in Napa, CA Sept 11, and I will be chairing/moderating a session, **How Research is Changing the Mental Health Landscape**
> *A panel of professionals will give an overview of the state of neuroscientific and mental health research in 2019 with specific commentary on how the evolving scientific understanding of mental health conditions, as well as the study mental*

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health in the workplace, are changing the landscape. In particular, what do these shifts mean for employers in terms of their attitudes and approaches?

Given the VA's tremendous presence in this space, I was wondering if you thought someone from the VA might be suitable to include in this Panel?

Best

(b)(6)

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From: Manji, Husseini [JRDUS]
Sent: 26 May 2019 11:25:14 +0000
To: Scher, Deborah L.
Subject: [EXTERNAL] Re: VA Participation in a meeting?

Hi Deborah

Yes, the proverbial "small world", indeed! Glad that you will be attending.

Yes, if you could identify the leading VA researcher in the area, that would be terrific -- I think that it will be a nice addition to the Panel

Best

Husseini

From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Sunday, May 26, 2019 6:45 AM
To: Manji, Husseini [JRDUS]
Subject: RE: [EXTERNAL] VA Participation in a meeting?

Good Morning Husseini:
I hope you are having a wonderful holiday weekend and I am very much looking forward to meeting you in person in a few weeks.

Thank you for this thoughtful invitation. Funny how connected this world is! In the course of recruiting candidates for our Suicide Prevention leader, I was introduced to (b)(6) and (b)(6) who have been extremely helpful thought partners throughout this process (b)(6) also invited me,and the person who we choose to fill this position, to attend this conference in September. I would be happy to also identify the leading VA researcher in this area if that would be helpful.

I very much appreciate your thinking of the VA for this panel.

Warmest regards,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
U.S. Department of Veterans Affairs

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From: Manji, Husseini [JRDUS] <(b)(6)@its.jnj.com>
Date: Friday, May 24, 2019, 1:55 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] VA Participation in a meeting?

Hi Deborah

Hope all is going well. I have been working with One Mind for Brain Research for a number of years (as you may recall, General (b)(6) was its CEO before retiring a year or so ago)

One area that they have entered is the area of workplace mental health – because we recognize that the workplace may be a major venue to really make a difference (raise awareness/reduce stigma, etc). In this regard, there is a "One Mind at Work" event in Napa, CA Sept 11, and I will be chairing/moderating a session, **How Research is Changing the Mental Health Landscape**
A panel of professionals will give an overview of the state of neuroscientific and mental health research in 2019 with specific commentary on how the evolving scientific understanding of mental health conditions, as well as the study mental health in the workplace, are changing the landscape. In particular, what do these shifts mean for employers in terms of their attitudes and approaches?

Given the VA's tremendous presence in this space, I was wondering if you thought someone from the VA might be suitable to include in this Panel?

Best

Husseini

AMERICAN OVERSIGHT

From: (b)(6) [JANUS]
Sent: 21 May 2019 05:12:42 +0000
To: Scher, Deborah L.
Subject: [EXTERNAL] Re: Introduction from (b)(6)
Attachments: image001.jpg

Deborah,

Nice to meet you, and moving (b)(6) to bcc with gratitude.

I am in San Francisco this week, and could do a call on Wednesday around noon your time. Please let me know if that is convenient.

Look forward to speaking,

(b)(6)

Sent from my iPhone

On May 20, 2019, at 12:40 PM, Scher, Deborah L. <Deborah.Scher@va.gov> wrote:

Dear (b)(6)
Thank you for going out of your way to make this introduction. I am most appreciative.

Dear (b)(6)
It is a pleasure to meet you by email. I watched your Tedtalk and was spellbound by your courage, your determination and your compassion.

When it fits with your schedule, I would welcome an opportunity to speak.

Warm regards,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
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From: (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Sent: Thursday, May 16, 2019 2:38 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>; (b)(6) [JANUS] (b)(6) @its.jnj.com>
Subject: [EXTERNAL] Introduction from (b)(6)

Deborah,
It has been a very busy week for us both and I wanted to be sure you are introduced to (b)(6) who is our Mental Health Ambassador for our Neuroscience division.

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(b)(6) has had a very diverse background and thought he would be a great person for you to speak with as you look to bring in a Suicide Prevention Strategic Director.
I believe you are both already connected via Linkedin.

I have copied (b)(6) above so you can work with your schedules to connect at a good time.

It is my pleasure to bring you two together.

Best Regards,

(b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

<image001.jpg>

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6)@its.jnj.com

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Johnson & Johnson HEALTH CARE SYSTEMS INC.

AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 15 May 2019 18:39:18 +0000
To: Scher, Deborah L (b)(6) (VHACO)
Subject: Contact Suggestions for Spravato Access
Attachments: RE: [EXTERNAL] FW: Contact suggestions for Spravato access.

AMERICAN OVERSIGHT

From: (b)(6) (VHACO)
Sent: 15 May 2019 18:37:48 +0000
To: (b)(6)
Subject: RE: [EXTERNAL] FW: Contact suggestions for Spravato access.

Hi (b)(6) – how about either 10 or 10:30?

(b)(6)
Executive Assistant to the Principal Deputy Under Secretary for Health (10A)
Veterans Health Administration
Phone: (b)(6)
Mobile:
Fax: 202-273-7090

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Please print only when necessary

From: (b)(6)
Sent: Wednesday, May 15, 2019 1:13 PM
To: (b)(6) (VHACO) (b)(6) @va.gov>
Subject: RE: [EXTERNAL] FW: Contact suggestions for Spravato access.

Good Afternoon (b)(6)

Do you have time for a call Thursday at 10:00, 10:30, 12:30, or 1:00?

Thank you,

(b)(6)
Portfolio Manager | Secretary's Center for Strategic Partnerships
Office of the Secretary
U.S. Department of Veterans Affairs
810 Vermont Ave., NW | Washington, DC 20420
Office: (b)(6)
Mobile:
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From: Scher, Deborah L.
Sent: Wednesday, May 15, 2019 12:17 PM
To (b)(6) (VHACO) (b)(6) @va.gov>
Cc: (b)(6) @va.gov>
Subject: RE: [EXTERNAL] FW: Contact suggestions for Spravato access.

Absolutely (b)(6) Let's make sure that happens.

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Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
U.S. Department of Veterans Affairs

From: (b)(6) (VHACO) (b)(6) @va.gov>
Date: Wednesday, May 15, 2019, 11:14 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: (b)(6) @va.gov>
Subject: RE: [EXTERNAL] FW: Contact suggestions for Spravato access.

Hi Deborah – great to see you and was glad to be a part of the briefing! Would you be available to meet or for a call Thursday to go over next steps?

Thanks – (b)(6)

(b)(6)
Executive Assistant to the Principal Deputy Under Secretary for Health (10A)
Veterans Health Administration
Phone (b)(6)
Mobile
Fax: 202-273-7090

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From: Scher, Deborah L.
Sent: Tuesday, May 14, 2019 10:40 PM
To: (b)(6) (VHACO) <(b)(6) @va.gov>
Subject: FW: [EXTERNAL] FW: Contact suggestions for Spravato access.

Hi (b)(6)
So nice to see you today. Let's discuss next next steps given the people and timetable outlined in (b)(6) (b)(6) note below.

Thank you. Hope the hearing goes well tomorrow,
Deborah

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
U.S. Department of Veterans Affairs

AMERICAN OVERSIGHT

From: (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Date: Tuesday, May 14, 2019, 10:31 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] FW: Contact suggestions for Spravato access.

A couple of thoughts regarding your ask around timeline.

Here are a couple of dates we need to have in the back of our head.
If we want a patient treated by June, you are going to need to:

1. Touch base with both Dr. (b)(6) and (b)(6) to see what needs to be done on their end to make that happen. (This will give (b)(6) a heads up for next week since the P&T meeting is going to be on May 21st.) This might make her uncomfortable but please reinforce that Dr. Stone asked for an update and this is the goal he has set out for all of us.
2. There might need to be something expedited with Dr. (b)(6) end. She is in charge of providing the national guidance since this is informing her phase 1 sites (Ketamine IV Sites) how she wants the drug to be delivered and monitored. I don't believe this was supposed to be presented till the June P&T (if it follows the same cadence of the May meeting, I am thinking this should happen around June 18th). Again delivering the same message above regarding Dr. Stone's goals, this might uncover other barriers I don't know about. This is past the 90 day timeline that Dr. Stone spoke to today. (Drug was available on March 17th, 90 days later is June 17th.)
3. Getting the list of 12 Ketamine sites should not be a problem, unless she tells you that she needs clearance to share that list with us. Might be something you can on your end to help expedite that so we can start to deploy our people in those sites and start to do the education needed to ensure a proper set up.

Does this help? If you need more detail I will be available tomorrow am. Just call me.
Hope you had a great rest of the day.

(b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6) @its.jnj.com

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From: (b)(6) [SCGUS]
Sent: Tuesday, May 14, 2019 4:12 PM

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To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: Contact suggestions for Spravato access.

Deborah
Thank you for continuing to help us with this important initiative.
The only people I could suggest to connect with are the 2 main people we are working with via your recommendations.

(b)(6) MD-Developing the National Guidance and putting together the phased approach.
(b)(6) Head of PBM P&T.

Another person which you spoke to today is (b)(6) MD. We have a great relationship with her, but was not sure how to use her appropriately. So if you have ideas I would be happy to connect with her.

Let me know if you need me to do anything on my end.

(b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6)@its.jnj.com

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From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Tuesday, May 14, 2019 1:03 PM
To: (b)(6) [SCGUS] (b)(6) its.jnj.com>
Subject: [EXTERNAL] RE: (b)(6) info

Dear (b)(6)
Thank you very much for sending this. I have placed it in my bag to read on the plane.

As a follow-up to this morning's conversation, it would be helpful if you would please send me the names of the people to follow-up with in order to meet Dr. Stone's target timetable.

Separately, we are working to pull together the Women Veterans data we discussed.

Thank you very much for your terrific partnership this week.

Safe travels home,

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Deborah

From: (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Sent: Tuesday, May 14, 2019 12:23 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] (b)(6) info

Deborah
I wanted to send you this slide deck around the Suicide Prevention modeling we spoke to last night. This would fall under the Healthy Heroes Precision Medicine workstream.

Looks like on slide 17 you can see that (b)(6) is the Data person from the VA.

Hope this helps frame out the work that is done from the VA prospective.

(b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6) @its.jnj.com

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Sent: 7 May 2019 11:38:42 +0000
To: Manji, Husseini [JRDUS]
Subject: Candidate update

Good morning Husseini:

I hope your week is off to a great start. Just wanted to give you an update on my candidate calls over the weekend and yesterday. Doctors (b)(6) and

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs

Mark Friedlander MD is the Chief Medical Officer for Aetna Behavioral Health. I worked with Mark on a broad range of issues including autism, mental health parity, treatments for depression, and strategies to address the opioid crisis. See https://www.healthcarebusinesstoday.com/healthcare-systems-and-fighting-suicide/ for an example of his public facing presence wrt suicide prevention. He is incredibly articulate, reasoned, and convincing. Overall, I hold him in the highest regard.

(b)(6) MD served in the Marine Corps before obtaining his medical degree. He rose to the rank of Captain before retiring, and is currently on staff at Island Hospital in Anacortes, WA. He worked for me in San Diego as the director of the Naval Center for Combat and Operational Stress Control and subsequently served as the director of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. See https://www.linkedin.com/in(b)(6) (b)(6) md-aa359555/ and several military bios online. (b)(6) is very mission focused and did a terrific job building the Operational Stress Control center from scratch.

(b)(6) MD is the immediate past Chief Medical Officer for Magellan Behavioral Health. He retired in July 2018, so is potentially available. Please see https://www.magellanproviderfocus.com/issues/summer-2018/features/dr(b)(6) etires.aspx for his parting comments to Psychiatry colleagues. I worked closely with(b)(6) on mental health parity and care for substance abuse disorders. His great strength is his ability to pull health care professionals of all disciplines together into a coherent high achieving team.

(b)(6) MD is a retired Navy Captain whose Linked In profile lists him as Medical Director for the Semper Fi Fund. He was a

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pioneer in Navy Medicine with respect to our understanding of psychological health. He served as BUMED Director of Deployment Health/Psychological Health, as well as a "plank owner" provider at the National Intrepid Center of Excellence. He is a proponent of integrative medicine and a compelling speaker. See https://semperfifund.org/wp-content/uploads/2010/05/(b)(6) (b)(6) pdf

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From: Scher, Deborah L.
Sent: 20 May 2019 19:39:40 +0000
To: (b)(6) [SCGUS](b)(6) [JANUS]
Subject: RE: Introduction from (b)(6)

Dear (b)(6)
Thank you for going out of your way to make this introduction. I am most appreciative.

Dear (b)(6)
It is a pleasure to meet you by email. I watched your Tedtalk and was spellbound by your courage, your determination and your compassion.

When it fits with your schedule, I would welcome an opportunity to speak.

Warm regards,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
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From: (b)(6) [SCGUS](b)(6) @its.jnj.com>
Sent: Thursday, May 16, 2019 2:38 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>(b)(6) [JANUS] <(b)(6) @its.jnj.com>
Subject: [EXTERNAL] Introduction from (b)(6)

Deborah,
It has been a very busy week for us both and I wanted to be sure you are introduced to (b)(6) who is our Mental Health Ambassador for our Neuroscience division.
(b)(6) has had a very diverse background and thought he would be a great person for you to speak with as you look to bring in a Suicide Prevention Strategic Director.
I believe you are both already connected via Linkedin.

I have copied (b)(6) above so you can work with your schedules to connect at a good time.

It is my pleasure to bring you two together.

Best Regards,

(b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)

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Fax: 866.485.2348
E-Mail: (b)(6) @its.jnj.com

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From: Scher, Deborah L.
Sent: 11 Jun 2019 13:57:28 +0000
To: (b)(6) [JANUS]
Subject: Thank you!

Dear (b)(6)
Thank you very much for making time to speak last week and for the very helpful information you shared. I have been reflecting on your key messages, particularly the absence of reliable outcomes data on mental health treatments. If there is a larger effort in this area, perhaps there are ways the VA could participate.

I hope our paths will cross in person in the near future and look forward to staying in touch.

With much appreciation for the important work you are doing,

Warm regards,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
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From: Scher, Deborah L.
Sent: 13 Jun 2019 09:42:04 +0000
To: Richter, Melinda [JRDUS];Clancy, Carolyn
Cc: (b)(6) JRDUS](b)(6) [SCGUS](b)(6) [SCGUS]
Subject: RE: [WARNING: ATTACHMENT UNSCANNED][EXTERNAL] Agenda for JLABS/VA Meeting and Portfolio Companies in your Areas of Interest

Good Morning Melinda:
Thank you for sharing these advance materials and for all of the time and effort your team has devoted to preparing such an exciting program. Dr. Clancy and I are very much looking forward to spending time with you all and beginning to build impactful collaborations around innovation together.

With much appreciation,
Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
U.S. Department of Veterans Affairs
www.va.gov/scsp

From: Richter, Melinda [JRDUS] (b)(6) @its.jnj.com>
Date: Wednesday, Jun 12, 2019, 1:33 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>, Clancy, Carolyn <Carolyn.Clancy@va.gov>
Cc: (b)(6) [JRDUS](b)(6) @ITS.JNJ.com>,(b)(6) [SCGUS] (b)(6) @its.jnj.com>,(b)(6) [SCGUS] (b)(6) @its.jnj.com>
Subject: [WARNING: ATTACHMENT UNSCANNED][EXTERNAL] Agenda for JLABS/VA Meeting and Portfolio Companies in your Areas of Interest

Dear Dr. Clancy and Deborah,

I hope you are both doing well and we are looking forward to seeing you again next week at JLABS @ NYC.

In advance of the meeting we wanted to send you two items:

1. Final Agenda including meeting participants and suggested meeting discussion points
2. Portfolio of JLABS companies developing solutions in the areas we discussed when we last met (Telemedicine, Mental Health and Women's Health). These companies represent a subset of the total JLABS portfolio and we are more than happy to facilitate introductions to any company here that you may be interested in engaging with now or in the future.

Please let me know if you have any comments or questions regarding either document.

Again, looking forward to seeing you on Monday.

Melinda

Melinda RICHTER
Global Head, Johnson & Johnson Innovation JLABS

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+1(b)(6)

(b)(6) @its.jnj.com

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From: Scher, Deborah L.
Sent: 17 Jun 2019 13:07:08 +0000
To: (b)(6)
Subject: FW: Research concerning pregnant Women Veterans

Good Morning:
Hope all your travels went well and your husband had a wonderful Father's Day.

Here is some initial background information on the topic we discussed.

Looking forward to a great day!
See you soon,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
U.S. Department of Veterans Affairs
www.va.gov/scsp

From: Barry, Ashleigh <Ashleigh.Barry@va.gov>
Date: Friday, Jun 14, 2019, 1:48 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: FW: Research concerning pregnant Women Veterans

Deborah:
Here is more information concerning our discussion around pregnent women Veterans. I shared a journal resource with (b)(6) and he was very helpful in compiling more information for you.

VA | U.S. Department of Veterans Affairs

Ashleigh Barry
Senior Advisor, Strategic Communications/Partnerships
Office of the Secretary
Secretary's Center for Strategic Partnerships
810 Vermont Avenue, NW
Washington DC 20420
O: (202) 461-7173 // C: (202) 740-7025
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From: (b)(6)
Sent: Friday, June 14, 2019 1:24 PM
To: Barry, Ashleigh <Ashleigh.Barry@va.gov>
Cc: (b)(6) @va.gov>
Subject: Research concerning pregnant Women Veterans

Ashleigh, listed below is research conducted on mental health concerns in pregnant Veterans.

Analysis: Mental health professionals working within the Veterans Affairs (VA) system and those working in non-VA settings are likely to encounter Women Veterans. According to the Journal of Women's Health, Women Veterans of Operation Enduring Freedom/Operation Iraqi Freedom experience mental health problems after military service at a higher rate than other Women Veterans.

Mental health conditions are higher among Women Veterans with an identified pregnancy than among those without. Pregnancy and mental health-related issues are of special concern because pregnancy can precipitate or exacerbate mental health conditions, and maternal anxiety during pregnancy can cause pre-term deliveries and lower birth weights. Key statistics regarding pregnant Women Veterans include:

- Studies suggest that OEF/OIF women are the fastest growing segments of new VA users, with as many as 44% of women returning from Operation Enduring Freedom/Operation Iraqi Freedom electing to use VA Healthcare.

- One study conducted among female Veterans with PTSD, found that, of the lifetime traumas they reported, sexual trauma (including military sexual trauma) was the most common, followed by physical assault; combat exposure was the least common.

- VA does not routinely capture pregnancy outcomes, it is difficult to determine the period of pregnancy among Women Veterans, and difficult to capture any services that may occur during this period. Nearly all VA maternity care is outsourced to private health care services and through DoD treatment facilities.

- Veterans with a pregnancy were also more likely to be enlisted service members rather than officers and more likely to be active duty service members at the time of last deployment rather than members of the Guard or Reserves.

- Overall, 32% of pregnant Women Veterans received one or more distinct mental health diagnoses, compared with 21% of Women Veterans without a pregnancy-related condition.

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- Over 30% of pregnant Veterans sought care from VA mental health providers during their pregnancy, with an average of 6.6 mental health visits during the pregnancy.

- Nine percent of pregnant Veterans sought care for PTSD, 2% of pregnant Veterans received substance abuse counseling, and 1% of pregnant Veterans received care related to sexual trauma.

- Women Veterans are more likely than nonveteran women to be overweight or obese, have painful musculoskeletal issues, be diagnosed with depression and/or post traumatic stress disorder, engage in smoking, have poorer self-reported physical and mental health, and have lower social support.

- VA offers free mental health tools for Women Veterans suffering from postpartum depression. They are an Anonymous Screening Tool, a Women Veterans Call Center, Veterans Crisis Line, an online Maternal Mental Health site, VA Medical Centers and MomMoodBooster. MomMoodBooster is funded by VA Women's Health Services and VA Office of Rural Health. This initiative offers:

    1. An online treatment program for postpartum depression
    2. Six counseling sessions over six weeks
    3. Online treatment
    4. Regular phone coach support

Summary: The number of Women Veterans is rapidly expanding and has specific mental health concerns which are different than male Veterans. While the research I conducted does not directly correlate combat service as a major factor in Women Veteran's mental health or PTSD diagnoses, it could in the future. Also, research demonstrates women exposed to combat, experience PTSD at a higher rate than male Veterans. Many hazardous-duty restrictions for women were lifted, with numerous women serving in combat-supported missions throughout Iraq and Afghanistan.

While the VA has mental health services in place for Women Veterans, most of the information is not as accessible as general information about Veterans. VA also has several programs in place to help Women Veterans treat postpartum depression, as well as traditional mental health programs available to anyone receiving VA health care.

References:

https://www.research.va.gov/topics/womens_health.cfm

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3052271/

https://www.nursingcenter.com/cearticle?an=00000446-201611000-00027&Journal_ID=54030&Issue_ID=3847557#P13

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https://www.nacvso.org/images/company_assets/ca5e4709-02f5-4f0b-a1d7-317e0aaf5cac/files/About/Women%20Veterans/Cyber%20Seminars/Women%20Veterans%20-%20Reproductive%20Health%20Across%20the%20Life%20Course.pdf

https://academic.oup.com/tbm/article/8/3/419/5001937

Thanks for providing an opportunity to assist.

Very respectfully,

(b)(6)

Communications & Portfolio Manager
Secretary's Center for Strategic Partnerships
U.S. Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420
(b)(6) (Phone)
(Mobile)

"I can imagine no more rewarding a career. And any man who may be asked in this century what he did to make his life worthwhile, I think can respond with a good deal of pride and satisfaction: 'I served in the United States Navy." – President John F. Kennedy

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VACO 001B FOIA Inbox

From: Scher, Deborah L.
Sent: Wednesday, May 29, 2019 1:43 PM
To: (b)(6) [SCGUS]
Subject: Draft Presentation for June 17th
Attachments: Driving Innovation Together-shortened 5.29.19.pptx

Dear (b)(6)
I hope you had a wonderful holiday weekend with your family.

Hard to believe it is almost June! In preparation for our meeting on the 17th, we are finalizing a document on Women Veterans and also produced this shorter version of the VA Healthcare 2019 presentation. We streamlined the narrative, removed the IBM Watson video and the section on social determinants of health (LinkedIn, Feeding America etc). It is about 30 minutes now. I would welcome your feedback.

So glad we have a call on the calendar with (b)(6)

Let's catch up live soon.

Best,
Deborah

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Driving Innovation Together
Department of Veterans Affairs

VA Healthcare 2019

Gaylord National Harbor

May 13, 2019

DEBORAH LAFER SCHER

Executive Advisor to the Secretary

Secretary's Center For Strategic Partnerships

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VA Partnerships in Primetime



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VA Secretary Robert Wilkie



"All of us are committed to active engagement and productive partnerships so we can, together, change Veterans' lives for the better. At VA, we take pride in our legacy of groundbreaking, game-changing contributions to American medicine."

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Secretary Wilkie's Priorities

- Customer Service
- MISSION Act
- Business Transformation
- VA/DoD Collaboration



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Secretary Wilkie's Priorities

Customer Service

- The University of Delaware, in partnership with the VA Veterans Experience Office, created the VA Patient Experience Academy in 2018.

- The program generated a 90 percent satisfaction rate for Veterans.



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Secretary Wilkie's Priorities



Mission Act

- Community care expansion underway (June 6)
- 20 days for primary care and mental health care services
- 30 minute average drive time for primary care, and mental health care services
- 60 minute average drive time for specialty care

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Secretary Wilkie's Priorities

Business Transformation

- Electronic Health Record – Cerner contract
- Financial Management Business Transformation
- Supply Chain Management



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Secretary Wilkie's Priorities



VA/DoD Collaboration

- Suicide Prevention
- Supply Chain
- Transition Assistance Program (TAP)
- Cerner Electronic Health Record

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VA at a Glance

U.S. Department of Veterans Affairs

- More than 20 million living Veterans
- More than 9 million Veterans enrolled in VA
- 170 medical centers
- 1,074 outpatient sites
- 58 million patient appointments, 2018
- 370,000 employees



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VA

U.S. Department of Veterans Affairs
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VA Healthcare Innovations

- 1st health care organization to eradicate Hepatitis C
- 1st health care organization to publish opioid rates and then lower them by 40 percent
- Million Veteran Program – 750,000 Veterans enrolled, 700,000 gene mutations, 100,000 whole genomes sequenced
- Blue Button – Veterans own their healthcare information

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Secretary's Center for Strategic Partnerships

Mission

- To seek out big, bold and impactful collaborations that significantly improve the lives of Veterans

Authority

- Leadership has delegated authority from the VA Secretary to solicit and receive donations

Partnering

- Working with SCSP, organizations can donate resources (monetary or non-monetary) directly to the VA or provide free services or products for Veterans

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Partners

































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VA

U.S. Department of Veterans Affairs

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Leading the Nation in Telehealth

Increasing Access for Veterans

- 1 million+ telehealth appointments annually
- 1/3 of Veterans live in rural areas
- 136,000+ Veterans use VA Remote Patient Monitoring/Home Telehealth Services

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Leading the Nation in Telehealth

Extending the VA Care Footprint

- Veterans often have to drive great distances to receive care
- Some live in areas without sufficient broadband for video telehealth.
- 90% of Americans live within 10 miles of a Walmart. 90% of Veterans don't live within 10 miles of a VA Medical Center



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U.S. Department of Veterans Affairs
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Leading the Nation in Telehealth

Extending the VA Care Footprint

- Philips committed to donate equipment, and create dedicated space for telehealth sessions
- 10 rural access points at VFW & American Legion Halls
- Eventually expand to 100 locations







Photo Credit: Philips North America

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Leading the Nation in Telehealth

Philips prototype featured in parade







Photo Credit: Shane Corcoran for Philips North America

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VA | U.S. Department of Veterans Affairs

Office of the Secretary
Secretary's Center for Strategic Partnerships

Building a Precision Oncology Ecosystem



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Building a Precision Oncology Ecosystem

- Prostate cancer is the most frequently diagnosed cancer among Veterans
- Prostate Cancer Foundation committed $50M for 10 VA Centers for Excellence
- VA building on this network to create a Precision Oncology System of Excellence

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Building a Precision Oncology Ecosystem



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Secretary's Center for Strategic Partnerships

Precision Medicine

Sanford Health Partnership

- Sanford Health made a **$50M commitment** for Veterans to receive free pharmacogenetic testing through Pharmacogenomics Action for Cancer Survivorship (PHASeR) program

- VA plans to reach **250,000 Veterans** by 2022

"This screening test will help providers at the VA prescribe the most appropriate medications at the right dose for cancer survivors. Our goal is to continue delivering the best care possible for our nation's heroes, and this partnership helps us do just that."

~ VA Secretary Robert Wilkie

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Mental Health

Suicide Prevention

- Presidential Executive Order enacted to help end a national tragedy of suicide: PREVENTS Initiative
- Everyone has a role to help reverse this tragic crisis
- VA and Johnson & Johnson partnered to offer the newly approved Spravato nasal spray for treatment-resistant depression



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Mental Health



Be There Campaign

- VA placed ads in the 100 largest markets to promote both #BeThere campaign and the Veterans Crisis Line.
- Times Square receives 355,000 visitors daily.
- The program will include 700 billboards in the top 100 markets.

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VA | U.S. Department of Veterans Affairs
Office of the Secretary
Secretary's Center for Strategic Partnerships

Piloting Health Care Innovation

3D Printing

- Allows physicians to see patient anatomy in its true 3-dimensional form
- Embraced by radiologists and surgeons
- 23 VA sites with 3D printing capabilities with more to come



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Piloting Health Care Innovation



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U.S. Department of Veterans Affairs

Office of the Secretary

Secretary's Center for Strategic Partnerships

Driving Innovation Together



Partner with us to further:

- Secretary Robert Wilkie's Key Priorities
- Big, Bold, Impactful collaborations that change Veterans' lives
- Healthcare innovation

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Join the Conversation

Learn how you can help by connecting with the Secretary's Center for Strategic Partnerships

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VA

U.S. Department of Veterans Affairs
Office of the Secretary
Secretary's Center for Strategic Partnerships

From: (b)(6) on behalf of Clancy, Carolyn
To: Scher, Deborah L.
Cc: (b)(6)
Subject: Johnson & Johnson Innovation JLabs Site Visit [Read Aheads Attached]
Attachments: JLabs Suggested May 28th for our NYC visit. Would that work .msg
FW VA visit to NYC JLABS .msg
In Person VA Meeting at NYC_AGENDA_FINAL.docx
JLAB Portfolio_Telemed-MH-WH.pdf
image002.png
image004.png
image006.png
image008.png
image010.png
image012.png
image014.png
image016.png

From: Richter, Melinda [JRDUS] (b)(6)@its.jnj.com <mailto:(b)(6)@its.jnj.com> >

Date: Wednesday, Jun 12, 2019, 1:33 PM

To: Scher, Deborah L. <Deborah.Scher@va.gov <mailto:Deborah.Scher@va.gov> >, Clancy, Carolyn <Carolyn.Clancy@va.gov <mailto:Carolyn.Clancy@va.gov> >

Cc: (b)(6) [JRDUS] (b)(6)@ITS.JNJ.com <mailto:(b)(6)@ITS.JNJ.com> (b)(6) [SCGUS] (b)(6)@its.jnj.com <mailto:(b)(6)@its.jnj.com> >, (b)(6) [SCGUS] (b)(6)@its.jnj.com <mailto:(b)(6)@its.jnj.com> >

Subject: [WARNING: ATTACHMENT UNSCANNED][EXTERNAL] Agenda for JLABS/VA Meeting and Portfolio Companies in your Areas of Interest

Dear Dr. Clancy and (b)(6)

I hope you are both doing well and we are looking forward to seeing you again next week at JLABS @ NYC.

In advance of the meeting we wanted to send you two items:

1. Final Agenda including meeting participants and suggested meeting discussion points
2. Portfolio of JLABS companies developing solutions in the areas we discussed when we last met (Telemedicine, Mental Health and Women's Health). These companies represent a subset of the total JLABS portfolio and we are more than happy to facilitate introductions to any company here that you may be interested in engaging with now or in the future.

Please let me know if you have any comments or questions regarding either document.

Again, looking forward to seeing you on Monday.

Melinda

Melinda RICHTER

Global Head, Johnson & Johnson Innovation JLABS

+1 (b)(6)

(b)(6)@its.jnj.com <mailto:(b)(6)@its.jnj.com>

<https://jlabs.jnjinnovation.com/>

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<https://www.linkedin.com/groups/5131060/>

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Subject:

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Meeting with VA at JLABS @ NYC

LOGISTICS:

Location: JLABS @ NYC

Date: June 17, 2019

Schedule: 11 am to 3 pm ET (VA departing for train station promptly at 3 pm)

ATTENDEES:

First Name	Last Name	Title	Org	Session	Role
Deborah	Scher	Executive Advisor, Secretary's Center for Strategic Partnerships	VA	all day	VA lead
Carolyn	Clancy	Deputy Under Secretary for Discovery, Education and Affiliate Networks (10X)	VA	all day	VA lead
Melinda	Richter	Global Head of JLABS	JLABS	all day	JLABS lead
(b)(6)		Director, Sourcing Innovation	JLABS	all day	JLABS lead
		Head, JLABS @ NYC	JLABS	morning tour and afternoon	JLABS @ NYC lead and telemedicine expert
		Field Director, Federal Accounts	JNJ	all day	Meeting organizer
		Head of Institutional Business Group	JNJ	all day	Meeting organizer
		Sr Director, Strategy and Operations	JNJ	all day	Strategic framework for GEI
Joanne	Waldstreicher	Chief Medical Officer	JNJ	afternoon	women's health expert
Husseini	Manji	Global TA Head, Neuroscience	JNJ	afternoon	mental health expert
(b)(6)		Global Director, Digital Innovation	JNJ	afternoon	telemedicine expert
		Vice President, External Innovation, Regulatory Sci., and Exec Dir Scientific Partnerships, JLABS @ Washington DC	JNJ	afternoon	Strategic framework for GEI and JLABS @ Washington DC
		Global Head of Healthtech Strategy	JNJ	afternoon	telemedicine expert
		VP, Data Scienes	JNJ	afternoon	mental health expert
		VP, Glutamatergic Pathway Area Leader	JNJ	afternoon	mental health expert

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AGENDA:

Time	Topic	Goal/Discussion Points	Who
11-11:15 am *15 min*	**Lunch**	**Introductions**	**Lead:** (b)(6) JLABS, VA, (b)(6) (b)(6)
11:15-11:45 am *30 min*	**Kick-Off/JLABS Model Overview & Site Tour**	**Site Tour** (b)(6) | *15 min* **JLABS overview** (b)(6) *15 min*	**Lead:** (b)(6) **Tour Lead:** (b)(6) JLABS, VA, (b)(6) (b)(6)
11:45 – 1:15 pm *90 min*	**Considering Strategic Collaborations between JLABS and VA**	**Overview from VA re: priorities** *Deborah | 30 min* **Overview of existing collaborations (JLABS/BARDA arrangements)** (b)(6) *| 20 min* **Discussion** *All | 35 min* • VA strategic areas of focus for possible JLABS collaboration • Understanding VA collaboration landscape (What is possible? Are there limitations/restrictions?) • How can the JLABS model assist the VA in addressing its challenges within that framework? ***Wrap up*** *All | 5 min*	**Lead:** (b)(6) JLABS, VA, (b)(6) (b)(6)
1:15 – 1:25 pm *10 min*	Break		
1:25-3 pm *95 min*	**Education and Ongoing Activities in VA Areas of Interest (Telehealth, Women's Health and Mental Health)**	**JNJ Overview of work in different areas** *Leads | 45 min* • **Telehealth** (b)(6) *15 min* • **Women's Health** (b)(6) *| 15 min* • **Mental Health** *Husseini | 15 min* **Discussion re: areas for collaboration** *All | 45 min* • Roundtable/VA Q&A on telehealth, women's health and mental health • Assessing potential for collaboration in these areas • Leveraging the JLABS model as a conduit to VA success in these areas ***Wrap up*** *All | 5 min*	**Lead:** (b)(6) VA, JNJ reps ***Telehealth:*** (b)(6) (b)(6) ***Women's Health:*** *Joanne Waldstreicher,* ***Mental Health:*** *Husseini Manji,* (b)(6)

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Johnson & Johnson INNOVATION | JLABS

Introduction

- JLABS works with a variety of companies within its portfolio that fit the stated VA Areas of Interest ("AOI", *e.g.*, telemedicine, mental health and woman's health)
- The profiles contained in this deck have been selected to provide examples of companies performing unique or interesting work in the AOIs; these profiles (and other JLABS portfolio company information) are publicly available for review at https://jlabs.jnjinnovation.com/companies
- For additional information on any of the companies profiled herein, please feel free to reach out to Erika Kula @ ekula@its.jnj.com

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Johnson & Johnson INNOVATION | JLABS

JLABS Mental Health Focused Companies

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TORONTO

App4 Independence

PRIMARY SECTOR/TA/INDICATION:	Medical Devices | Health Tech
SECONDARY SECTOR/TA/INDICATION:	Pharmaceuticals | Neuroscience | Schizophrenia
RESIDENT STATUS LOCATION:	Toronto
RESIDENT STATUS:	Current
R&D STAGE:	Pre-Clinical / Early Mechanical

KEY DIFFERENTIATION:

Digital platform that allows for real time assessment of cognitive function in psychiatric disorders

MISSION STATEMENT:

A Joint Venture between CAMH and MEMOTEXT, A4i aims to solve many of the current problems across the schizophrenia healthcare continuum. An evidence-based, peer-to-peer patient centric mobile app and provider portal, A4i enhances both illness self-management and provider engagement to better support recovery, medication adherence and community functioning while predicting and attempting to reduce relapse risk for people living with schizophrenia and psychosis.

PROBLEM:

Schizophrenia occupies 1 out of 12 hospital beds in Canada, costing $6.85B annually in healthcare costs and effective services are hampered by several complex, compounding factors. Currently there are no commercially available and/or clinically proven digital or mobile health offerings that provide a solution to improve medication adherence in patients with schizophrenia. With a 70% mobile tech adoption among patients, A4i is a response to the gaps in the current system of care for individual s with schizophrenia-spectrum illnesses.

SOLUTION:

Our technology is unique in that it is designed with clinical expertise of a leading mental health institution and the expertise of a digital health commercialization innovation team. Behind this team is a robust and proprietary technology with clinically specific IP and significant market access both through commercial and clinical collaborative opportunities. The IP will relate to the clinical decision rules used by the system to determine content distribution and interpretation of ambient and subjective health data. A4i combines multiple frameworks (social activation, stress, anxiety, motivation and cognition) to dynamically engage, collect data, tailor and deliver (anonymized) peer-to-peer and evidence-based content. A4i uses interactions, usage and ambient sleep monitoring, pioneering the use of machine learning and hypothesis-driven content feed and data analysis to combine subjective and objective data elements to segment intervention content in real-time. These key functions of A4i are tailored to the specific needs and preferences of individual users. They were developed from a rigorous process of iterative and incremental development that involved reviews of the academic literature and building from proven e-health strategies. Most importantly, active participation of end-users and key stakeholders engaged as advisors throughout the course of iterative testing. The system which will be accessible both with smart (iOS/Android) and feature (non-smart/flip phones) will be unique in its ability to adapt the intervention to the specific needs and behaviors of the patient/user.

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SAN FRANCISCO

Blackthorn Therapeutics

www.blackthornrx.com

PRIMARY SECTOR/TA/INDICATION:	Pharmaceuticals | Neuroscience | Mood Disorders
RESIDENT STATUS LOCATION:	Bay Area – SSF
RESIDENT STATUS:	Alumni
R&D STAGE:	Phase 2a

KEY DIFFERENTIATION:

Blackthorn uses a stronger data science approach for their clinical trials creating and utilizing new endpoints. They are working in these areas because they want to remove some of the subjectivity that is found in neurological clinical testing and treatment.

BlackThorn THERAPEUTICS

MISSION STATEMENT:

BlackThorn Therapeutics mission is to develop breakthrough medicines for patients with neurodevelopmental disorders with circuit dysfunction as a cause of the disorder.

PROBLEM:

Historically the approach to the discovery and development of neurobehavioral therapeutics has been grounded in categorical diagnoses (DSM) and subjective tools. This approach has resulted in limited success in bringing new treatments to the field. BlackThorn's philosophy is that by taking a circuit and physiologic based approach to neurobehavioral disorders that significant improvement can be made in developing novel CNS therapeutics. The company's approach is grounded in linking targets known to regulate neural circuits, which underlie dysregulated behaviors such as anhedonia, impulsivity or poor reward recognition, schizophrenia, and ASD. By drugging validated targets known to regulate specific behaviors the company believes that substantial improvement can be made in treating neurobehavioral disorders.

SOLUTION:

BlackThorn's circuit-based approach to neurobehavioral disorders is deep supported by advancements in technology and data science providing unique understanding and insights of the core underlying pathophysiology of neurobehavioral disorders. To address the historical challenges in neurobehavioral clinical development, such as subjectivity, patient heterogeneity and high placebo response rates, BlackThorn is leading the way in integrating novel technologies such as digital and vocal biomarkers into the clinical development process. Applying these technologies when integrated with data science insights provides BlackThorn with an ability to understand neurobehavioral disorders as never before. The result of these unique insights is hypothesized to be smaller trials, targeted to the right patients and with a higher probability of success. BlackThorn's vision is that this differentiated approach to neurobehavioral disorders will allow patients in the future to be quickly and accurately diagnosed with matched with effective and targeted treatments.

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BOSTON

Eikonizo Therapeutics



PRIMARY SECTOR/TA/INDICATION:	Pharmaceuticals | CNS/Neurology, Gerontology/Aging | Alzheimer's Disease
RESIDENT STATUS LOCATION:	Boston – LabCentral
RESIDENT STATUS:	Current
R&D STAGE:	Discovery (Research, TI/TV)

KEY DIFFERENTIATION:

Have proprietary PET imaging technology to be used in combination with drug discovery efforts which will enable better target engagement and dose determination.

MISSION STATEMENT:

To catalyze development of life-changing therapies by deploying rapid in vivo target engagement techniques and accelerating identification of lead drug candidates, particularly for brain diseases.

PROBLEM:

A disease-modifying treatment does not exist for Alzheimer's disease (AD) or the related neurodegenerative disease, amyotrophic lateral sclerosis (ALS).

SOLUTION:

There is a fundamental flaw in the approach of all drug candidates for AD or ALS investigated to date: a focus on single mechanistic drivers of disease. This, coupled with poor utilization of modern target engagement tools (e.g. known and novel PET radiotracers), has resulted in a patient population desperate for an evolution in medicine. Our technology leverages a novel radiotracer tool and expertise in chemistry to explore HDAC6 inhibition as a strategy to attack multiple disease related pathways underlying neurodegenerative diseases, starting with AD and ALS.

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NYC

Holmusk

holmusk

PRIMARY SECTOR/TA/INDICATION:	Pharmaceuticals | Neuroscience | Data analysis
SECONDARY SECTOR/TA/INDICATION:	Pharmaceuticals | Health Tech
RESIDENT STATUS LOCATION:	NYC
RESIDENT STATUS:	Current
R&D STAGE:	Discovery (Research, TI/TV)

KEY DIFFERENTIATION:

End to end collation of mental health data between patients and physicians enabling a holistic view of the patient experience enabling better clinical decision making.

MISSION STATEMENT:

To use technology to enhance data-enabled, human-driven healthcare and improve the lives of people with chronic and behavioural health.

PROBLEM:

Behavioral health patients are underserved. Solutions to behavioral health, mental health and neuropsychiatric diseases are limited, with the practice of clinical care and the rate of investment in research and development of new drug treatments unable to keep up with the intensity of the problem.

SOLUTION:

Holmusk, through the capture, organizing and analytics of patient behavioral health data, is building a next generation behavioral health platform to enable the delivery of quality care for patients suffering from mental health disorders. This platform incorporates a behavioral health specific electronic health record system (MindLinc 2.0), combined with a digital health platform (HealthLinc) gathering digital phenotype data outside of clinician visits to create the largest longitudinal real-world behavioural health database (Holmusk Database). Holmusk's proprietary algorithms (Holmusk Analytics) stitch together these two types of data, processing & translating them into a continuous disease trajectory for individual patients. This brings an unprecedented understanding of patient mental health, allowing pharma companies, clinicians and researchers to investigate needs of patients and design new therapeutics, drugs and interventions which can be tested readily on a network of community mental health clinics.

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Holobiome

www.holobiome.org

PRIMARY SECTOR/TA/INDICATION:	Pharmaceuticals | Microbiome
SECONDARY SECTOR/TA/INDICATION:	Pharmaceuticals | Neuroscience | Mood Disorders
RESIDENT STATUS LOCATION:	Boston – LabCentral
RESIDENT STATUS:	Current
R&D STAGE:	Preclinical (GLP Tox-IND)

KEY DIFFERENTIATION:

Pathway and disease specific use of microbiome as a clinical intervention with neuromodulator evaluation.

Holobiome

MISSION STATEMENT:

Our mission at Holobiome is to treat and prevent disease by manipulating the human microbiome. Our early focus is around treating diseases related to the nervous system, including sleep discorders, treatment-resistant depression, and irritable bowel syndrome. We seek to build portfolio and infrastructure value as we develop therapeutics (in the form of OTC probiotics and/or biologics) for these initial indications. This will enable rapid expansion into other therapeutic areas.

PROBLEM:

Up to 30% of the global population suffers from sleep issues, and this comes with a substantially increased risk of metabolic and cardiovascular disease, as well as behavioral disorders. Depression, recently classified as the leading cause of disability worldwide by the World Health Organization, affects up to 9% of adults in the U.S. per year, and an estimated 20% of the population will experience a depressive episode in their lifespan. IBS is characterized by chronic abdominal pain and discomfort, and is estimated to effect between 10 and 20% of the U.S. population. Unfortunately, a major problem with treating these disorders is the lack of efficacy of front line drugs, or lack of therapeutic options. For example, 29 – 46% of patients with depression do not see resolution or improvement of symptoms after front-line treatment, which are typically serotonin reuptake inhibitors. However, it was withdrawn due to an increased risk of adverse cardiovascular events. For sleep disorders, while several drugs exist today – such as eszopiclone (Lunesta) or zolpidem (Ambien) – many come with a high risk of addiction and a negative stigma. This is a likely reason why many individuals suffering from sleep disorders do not seek treatment (<20%). Due to limited or poor therapeutic options for sleep disorders, treatment resistant depression, and IBS, these diseases impose an enormous socioeconomic burden on society and the affected individual, with an estimated annual global cost of over one trillion dollars. We seek to fix this, providing health solutions to those in need.

SOLUTION:

The lead products of Holobiome consist of bacteria able to alter host GABAergic and Serotonergic neurotransmission. Incredibly, intervention with these neurotransmitter modulating bacteria has been shown to provide antidepressant, anxiolytics, and improved intestinal motility phenotypes, multiple animal models, and microbiome intervention in humans can alter levels of these important nearutransmitters or their prescursons. Providing these bacteria to patients will provide therapeutic efficacy in our target indications via stimulation of the enteric and peripheral nervous system locally and/or to the central nervous system via the vagus nerve. A key feature of our products are there strong safety profiles. Many existing drugs for our target indications have considerable side effects, such as weight gain, sexual dysfunction, and addiction. Microbiome-based therapeutics, consisting of naturally occurring microbes that exist in healthy humans, are expected to be exceptionally safe with minimal side effects. This inherent safety will minimize regulatory costs and hurdles, while expediting the developmental timeline compared to traditional drugs. For the probiotic path, the fact these strains have evolved with and exist in humans reinforces their safety profiles, and has been received well by the FDA for generally regarded as safe (GRAS) notification submissions.

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Intheon (fka Syntrogi)

intheon

http://www.intheon.io/

PRIMARY SECTOR/TA/INDICATION:	Medical Devices | Health Tech
SECONDARY SECTOR/TA/INDICATION:	Medical Devices | Diagnostics
RESIDENT STATUS LOCATION:	San Diego – JRD
RESIDENT STATUS:	Alumni
R&D STAGE:	Pre-Clinical / Early Mechanical

KEY DIFFERENTIATION:

Intheon is pioneering the world's first neurotechnology middleware platform, powering transformative applications that connect to your mind and body – anytime.

MISSION STATEMENT:

Intheon's mission is to power the coming neurotechnology revolution by enabling turnkey integration of advanced brain & body state assessment into any application or device – anytime, anywhere.

PROBLEM:

Rapidly accelerating advances in fundamental and applied neuroscience, machine learning and AI, and physiological sensing and computing have created tremendous potential for neurotechnology to transformatively impact many facets of everyday life, including health, medicine, and wellness; human performance and ergonomics, and more. However, R&D and software infrastructure involved in developing and deploying advanced neurotechnology solutions are typically expensive, time-consuming, and requires rare expertise.

SOLUTION:

We empower businesses to surmount R&D and deployment challenges, while reducing cost and time-to-market, for their neurotechnology-related products through the first scalable "plug and play" Platform as a Service for brain & body state assessment. Our cloud middleware service, NeuroScale™, provides "anytime, anywhere" access to state-of-the-art real time and batch processing of neuronal and other physiological signals, from diverse non-invasive (+wearables) and invasive sensor hardware, through an easy-to-use API and our turnkey pipelines. Detailed analyses of individual datasets or large studies can be quickly summarized into meaningful digests through our automated NeuroScale™ Reports service. Additionally, our NeuroPype™ Enterprise desktop application suite allows researchers and developers to easily design, develop, and trial their own specialized biosignal processing pipelines, with one-click deployment to our cloud service or on-premise execution.

By enabling businesses to quickly build on advanced R&D and established infrastructure, we aim to catalyze growth, accessibility, and impact of transformative neurotechnology solutions .

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BEERSE



Mindpax

Mindpax.me

https://mindpax.me/en/

PRIMARY SECTOR/TA/INDICATION:	Medical Devices | Health Tech
SECONDARY SECTOR/TA/INDICATION:	Pharmaceuticals | Neuroscience | Mood Disorders
RESIDENT STATUS LOCATION:	Beerse
RESIDENT STATUS:	Current
R&D STAGE:	Full Product Development

KEY DIFFERENTIATION:

The Mindpax system for collecting and analyzing data is both simple to use and works independently of hardware platforms. The Mindpax monitoring system helps to monitor biorhythms, to give insights into physical and mental wellbeing and predict mental health attacks before they happen.

MISSION STATEMENT:

We aim to become leader in digital therapy for patients suffering from the most severe mental health diseases of schizophrenia and bipolar disorder.

PROBLEM:

High costs of mental health treatment, low quality of life of psychiatric patients, no long-term information on disease development for doctors

SOLUTION:

Focus on long-term monitoring of circadian rhythms as a proxy for digital biomarker predicting relapse of severe mental health diseases.

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TORONTO

NeuroTheryX

www.neurotheryx.com

PRIMARY SECTOR/TA/INDICATION:	Pharmaceuticals | Neuroscience | Mood Disorders
SECONDARY SECTOR/TA/INDICATION:	Pharmaceuticals | Platform | Therapeutic
RESIDENT STATUS LOCATION:	Toronto
RESIDENT STATUS:	Current
R&D STAGE:	Lead (H2L-LO)

KEY DIFFERENTIATION:

In vivo expression system provides opportunity to screen and rapidly identify drugs for treatment of neurodegenerative models.

MISSION STATEMENT:

NeuroTheryX is an R&D-driven development stage drug discovery company focusing on CNS diseases. NeuroTheryX utilizes a discovery platform defined by highly predictive and efficient biology-driven models with a focused and prioritized chemistry approach. NeuroTheryX has extensive biological disease models that can be screened with both small molecules as well as biological extracts. The NeuroTheryX lead drug is a small molecule therapeutic for the treatment of progressive multiple sclerosis. NeuroTheryX also has interest in the area of neuropsychiatric disorders such as bipolar disorder

PROBLEM:

NeurotheryX is bringing a novel biological approach to drug discovery which has been neglected. Specifically, NeurotheryX focuses on CNS diseases. Our main project addresses the un-met need for therapeutics aimed at myelin repair in demyelinating conditions.

SOLUTION:

A unique biology driven technology platform combined with focused chemistry allows NeurotheryX to generate powerful intellectual property protected new chemical entity therapeutics that have been extensively de-risked.

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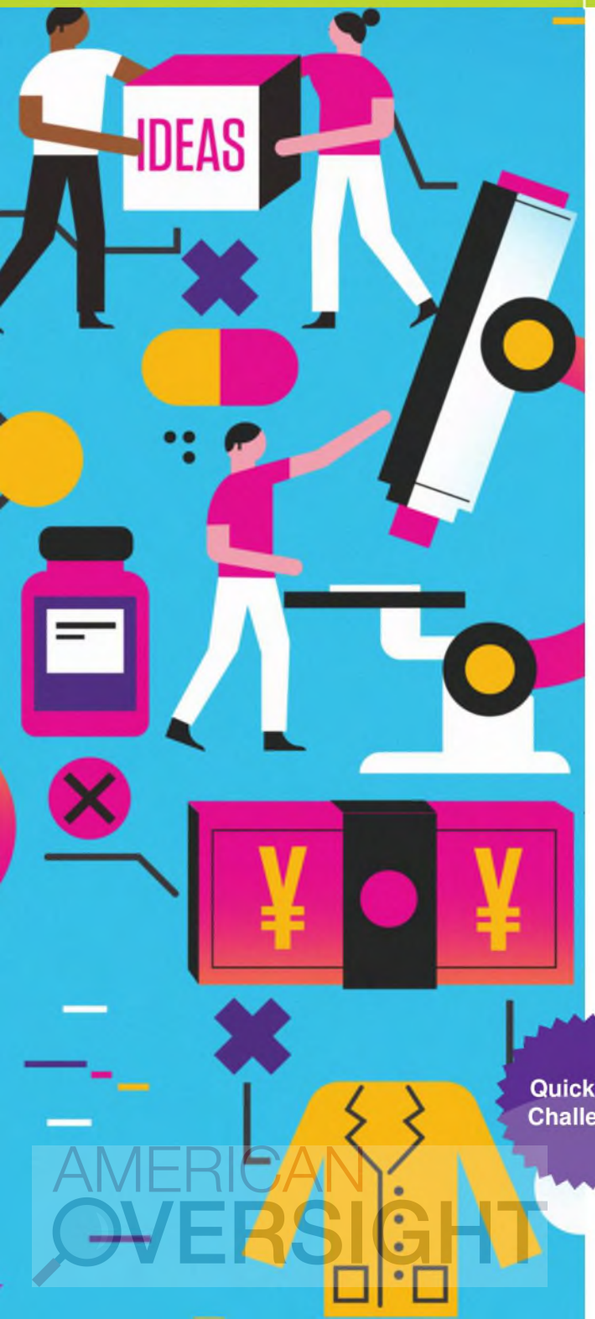
QUICKFIRE CHALLENGE



Neurotrack

Neurotrack

www.neurotrack.com

PRIMARY SECTOR/TA/INDICATION:	Consumer | Health Tech | Sensors
SECONDARY SECTOR/TA/INDICATION:	Pharmaceuticals | Neuroscience | Alzheimer's Disease
RESIDENT STATUS LOCATION:	Virtual
RESIDENT STATUS:	Current
R&D STAGE:	Pre Revenue/Commercial

KEY DIFFERENTIATION:

At Neurotrack, our neuroscientists, neuropsychologists and engineers have developed the Imprint Memory Assessment based on breakthrough research. Taken online, the assessment offers advanced eye tracking technology in the comfort and privacy of an individuals own home and allows recurring assessment to show and predict decline over time.

MISSION STATEMENT:

Silicon-Valley-based Neurotrack, led by Elli Kaplan, CEO, is on a mission to transform the diagnosis and prevention of memory loss and related diseases like Alzheimer's.

PROBLEM:

Alzheimer's disease is the greatest healthcare challenge of our generation. Its insidious and debilitating nature takes an enormous toll on the quality of life of those who suffer from the disease as well as their family members and caretakers.

SOLUTION:

Neurotrack is commercializing the first fully integrated digital platform for assessing and preventing cognitive decline and Alzheimer's disease. Neurotrack's digital therapeutic is validated to delay Alzheimer's and improve cognition. The companion Imprint 30-min assessment can assess an individual's risk for cognitive decline and the 5-minute Imprint Monitor is used to engage and monitor patients while on the digital therapeutic. The platform is available on desktop and mobile.

AMERICAN OVERSIGHT



TORONTO

Pentavere Research Group

www.pentavere.com

PRIMARY SECTOR/TA/INDICATION:	Consumer | Health Tech | Data Mining
RESIDENT STATUS LOCATION:	Toronto
RESIDENT STATUS:	Current
R&D STAGE:	Various

KEY DIFFERENTIATION:

Company has demonstrated that their tool can take unstructured data and turn it into structured data.

PENTAVERE

MISSION STATEMENT:

To improve health outcomes by uncovering knowledge hidden within unstructured health data.

PROBLEM:

Despite drowning in data, 80% of the health information we create is still buried in clinical narrative documentation. Today the only way to aggregate and extract real world evidence from these unstructured clinical sources is by manual chart abstraction which is time consuming, cost prohibitive, and does not scale.

The result is that critical information is lost, innovative projects go un-started and medical error death rates continue to increase despite the technological advances in medical treatment.

SOLUTION:

Pentavere has developed technology, clinically validated, which transforms unstructured clinical narrative sources into high quality “row and column” data sets in a fraction of the time and with more precision than manual chart abstraction. These data sets are then used for diagnosis analytics, predictive applications, and precision medicine. The value of delivering datasets that provide truly meaningful insights without having to incur the costs, time delays, and inaccuracies of manual abstraction is significant in reducing the inadequate medical information problem that continues to be a leading cause of death in North America.

AMERICAN OVERSIGHT



NYC

Redpin Therapeutics

REDPIN therapeutics

PRIMARY SECTOR/TA/INDICATION:	Pharmaceuticals | Neuroscience | Parkinson's Disease
RESIDENT STATUS LOCATION:	NYC
RESIDENT STATUS:	Current
R&D STAGE:	Preclinical (GLP Tox-IND)

KEY DIFFERENTIATION:

Redpin has two mechanisms to activate the modified receptors which would enable therapeutic benefit, no other company has access to this technology. The technology can be applied to various disease states.

MISSION STATEMENT:

RedPin seeks to develop and commercialize two novel and complementary platform technologies that enable the non-invasive regulation of cell activity using engineered receptors that are controlled by one of two methods: an FDA-approved drug (chemogenetics) or a magnetic field (magnetogenetics). We aim to treat both neurological and psychiatric disorders that do not respond to current therapies.

PROBLEM:

Today's drugs that modulate cell activity usually do so by systemic drug adminitration that leads to pharmacological effects across multiple regions and cell types. This untargeted approach may be associated with side effects that may limit efficacy.

SOLUTION:

Our chemogenetic and magnetogenetic technologies turn drug development on its head. Instead of the costly and slow traditional approach, which painstakingly develops a different drug for each receptor associated with a particular disease, Redpin has a scalable, generalizable solution that is applicable to many different diseases. We have developed engineered receptors that can be activated by a safe, potent, FDA-approved drug or magnetic fields to obtain pharmacological control over any cell type. Using different engineered receptors, the activated response can be either inhibitory or stimulatory to individual cells or neuronal circuits. The power of this unique technology is that it can be used to treat currently intractable disorders in disparate areas of medicine by targeting specific cells responsible for disease states in neurology, psychiatry, metabolism, and cancer.

AMERICAN OVERSIGHT



SAN FRANCISCO

Tiatros Inc.

TIATROS

www.tiatros.com

PRIMARY SECTOR/TA/INDICATION:	Consumer | Health Tech | Digital Therapeutics
RESIDENT STATUS LOCATION:	MBC SF
RESIDENT STATUS:	Alumni
R&D STAGE:	Pre Revenue/Commercial

KEY DIFFERENTIATION:

Tiatros has tested their digital health program in collaboration with the VA on soldiers with PTSD.

MISSION STATEMENT:

Tiatros provides resilience skills training programs and analytic tools that enable Human Resources and Employee Benefit groups to actively manage the productivity, mental health and psychological resilience of their workforce.

PROBLEM:

Large self-insured employers increasingly understand that underspending on mental health results in overspending on physical health. They understand that the key to lowering their corporate healthcare costs is to provide access to effective mental health care. They need affordable, evidenced-based behavioral health and psychological resilience skills services that result in quantitatively measurable improvements to the overall health, productivity and psychological resilience of their entire workforce.

Employers must be part of the solution to this problem, because they bear much of its cost. Collectively, employers lose $200 billion dollars in productivity each year due to untreated mental illness, while spending another $200 billion dollars to treat anxiety and depression in the workforce. That said, lost productivity costs and the direct cost of mental health care are just the tip of the proverbial iceberg for self-insured employers. The largest and most difficult-to-quantify part of their corporate healthcare budgets is spent indirectly on mental illness, i.e., hundreds of billions of dollars of healthcare spending on gastrointestinal illnesses, musculoskeletal illnesses, insomnia, pre-diabetic conditions, heart disease, substance abuse, migraine, and other chronic illnesses that are greatly exacerbated by untreated co-occurring mental illness.

SOLUTION:

Tiatros programs consist of 8 weekly sessions that each take approximately 90 minutes to complete. 12 – 16 participants who have similar health challenges and personal goals form a 'peer group'. Each peer group is moderated by a trained facilitator and overseen by an expert CBT therapist. Participants access their programs asynchronously, from anywhere, on their personal devices, when it is most convenient.

Participants learn and practice CBT skills with the other members of their peer group. We teach evidence-based CBT exercises, including Narrative Therapy and storytelling, journaling, and mindful meditation, that are carefully tailored to resonate with participants. We use social media-styled methods to foster a supportive and nurturing community that is itself therapeutic, acting to encourage every participant to actively engage in and complete his/her program. This approach greatly increases the number of therapeutic touch points, with most participants engaging daily, and some several times per day, so Tiatros achieves 75% program completion rates and clinical outcomes that are as good those seen in psychotherapies conducted by expert psychiatrists at top medical centers.

Tiatros integrates natural language analytics to personalize the user experience and sustain high levels of engagement; improve clinical outcomes; and provide the tools that our customers need to make data driven decisions to manage their budgets to optimize the health and psychological resilience of their workforce.

AMERICAN OVERSIGHT



TORONTO

Winterlight labs

www.winterlightlabs.com

PRIMARY SECTOR/TA/INDICATION:	Pharmaceuticals | Neuroscience | Alzheimer's Disease
SECONDARY SECTOR/TA/INDICATION:	Pharmaceuticals | Health Tech
RESIDENT STATUS LOCATION:	Toronto
RESIDENT STATUS:	Current
R&D STAGE:	Discovery (Research, TI/TV)

KEY DIFFERENTIATION:

Algorithm has demonstrated potential to identify AD from clinical trial data.

WINTERLIGHT

MISSION STATEMENT:

To detect and diagnose cognitive and mental health conditions through speech and language using artificial intelligence.

PROBLEM:

Currently neuropsychology assessments are:

1. Time consuming & expensive
2. Subjective
3. Stressful
4. Can't be done often

SOLUTION:

We're the only company that uses speech and language to computationally detect cognitive impairment.

AMERICAN OVERSIGHT

Johnson & Johnson INNOVATION | JLABS

JLABS Women's & Maternal Health Focused Companies

AMERICAN OVERSIGHT



NYC

Aggamin

www.aggamin.com

PRIMARY SECTOR/TA/INDICATION:	Pharmaceuticals | Women's Health
RESIDENT STATUS LOCATION:	NYC
RESIDENT STATUS:	Current
R&D STAGE:	Discovery (Research, TI/TV)

KEY DIFFERENTIATION:

Aggamin is exclusively focused on addressing preeclampsia, a women's health issue. The company developed a preeclampsia diagnostic test marketed in the EU and Asia, is in Ph II clinical trials with a medical device therapy and is developing a biologic drug to reverse and prevent preeclampsia

Aggamin

MISSION STATEMENT:

To commercialize therapies for women's health indications.

PROBLEM:

Unmet medical needs for women's health.

SOLUTION:

Issued IP for validated pathways. Company founders successfully commercialized diagnostic for indication creating market for therapy.

AMERICAN OVERSIGHT



Antiva Biosciences

www.antivabio.com

PRIMARY SECTOR/TA/INDICATION:	Pharmaceuticals | Infectious Diseases
RESIDENT STATUS LOCATION:	San Diego
RESIDENT STATUS:	Alumni
R&D STAGE:	Lead (H2L-LO)

KEY DIFFERENTIATION:

Intheon is pioneering the world's first neurotechnology middleware platform, powering transformative applications that connect to your mind and body – anytime.

MISSION STATEMENT:

Lead product is a topical antiviral for the treatment of high-risk strains of human papillomavirus (HPV) infections, the primary cause of cervical cancer.

PROBLEM:

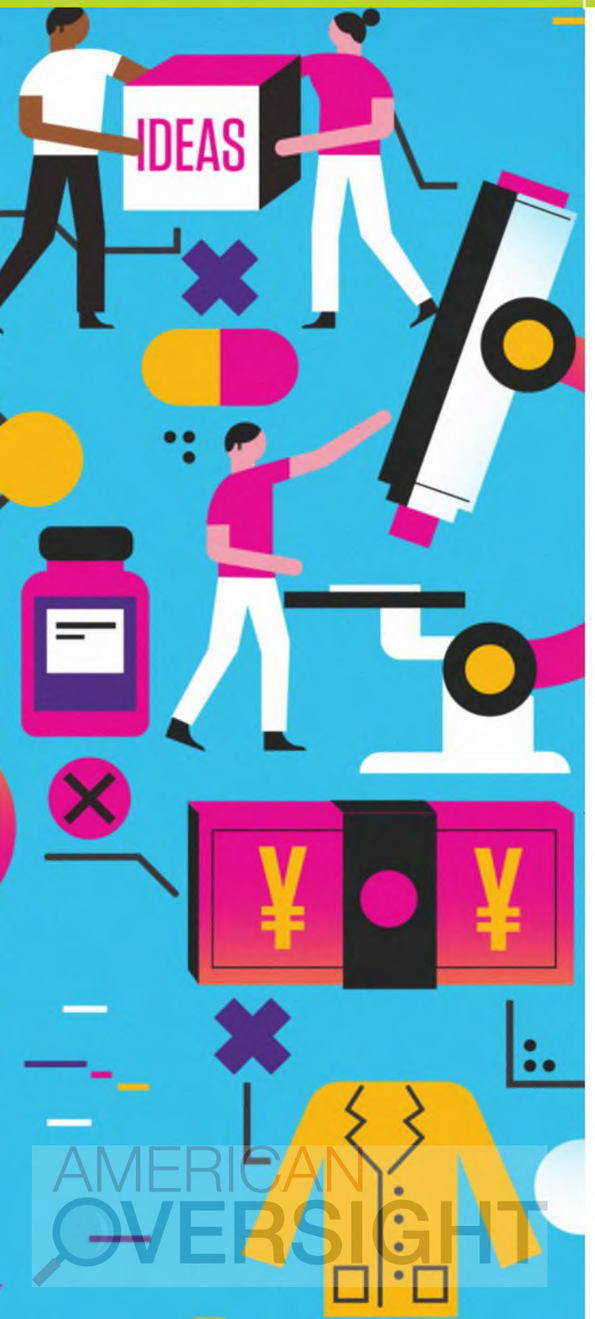
Cervical cancer incidence in the US is approximately 12,000, of which 99% is attributable to HPV. HPV-associated cancers are a major global health problem, with 500,000 new cases of cervical cancer annually. While cervical neoplasias and cancer are the most well-known HPV-related conditions, HPV is also a major cause of anal neoplasias and anal cancer, oropharyngeal neoplasias that cause head and neck cancer, genital warts, and respiratory papillomatosis. The advent of the prophylactic vaccine for HPV 16/18 in 2006 was a major step forward in the fight against HPV-associated cancers. However, the prophylactic vaccines do not cover all oncogenic HPV subtypes and adoption rates have been disappointing, particularly in the US and EU. Therefore, HPV infections and the disease states driven by such infections remain a major clinically unmet need.

SOLUTION:

Antiva Biosciences's lead drug program is aimed at intervening before intraepithelial lesions in the cervix and anus become cancerous. ABI-1968 is a double prodrug of an acyclic nucleoside phosphonate with known potent anti-viral activity but poor cellular permeability and use-limiting systemic toxicity. When administered topically or locally, ABI-1968 provides rapid uptake into cells and slow release of the active metabolite, thereby overcoming the challenges of the parent compound. ABI-1968 works by directly blocking HPV replication and inducing apoptosis in HPV-infected lesions, while sparing normal cells. A Phase 1a study was completed mid-2017. ABI-1968 is currently being studied in two Phase 1b clinical studies: one in CIN 2,3 patients and another in AIN 2,3 patients.

AMERICAN OVERSIGHT

QUICKFIRE CHALLENGE



Bloomlife

www.bloomlife.com

PRIMARY SECTOR/TA/INDICATION:	Consumer | Women's Health
SECONDARY SECTOR/TA/INDICATION:	Consumer | Wellbeing and Health | Baby Care
RESIDENT STATUS LOCATION:	Virtual
RESIDENT STATUS:	Current
R&D STAGE:	Full Clinical and Product Development

bloomlife

MISSION STATEMENT:

Bloomlife combines prenatal wearables with data analytics to reassure and empower moms and help doctors earlier predict and manage pregnancy complications to improve birth outcomes.

PROBLEM:

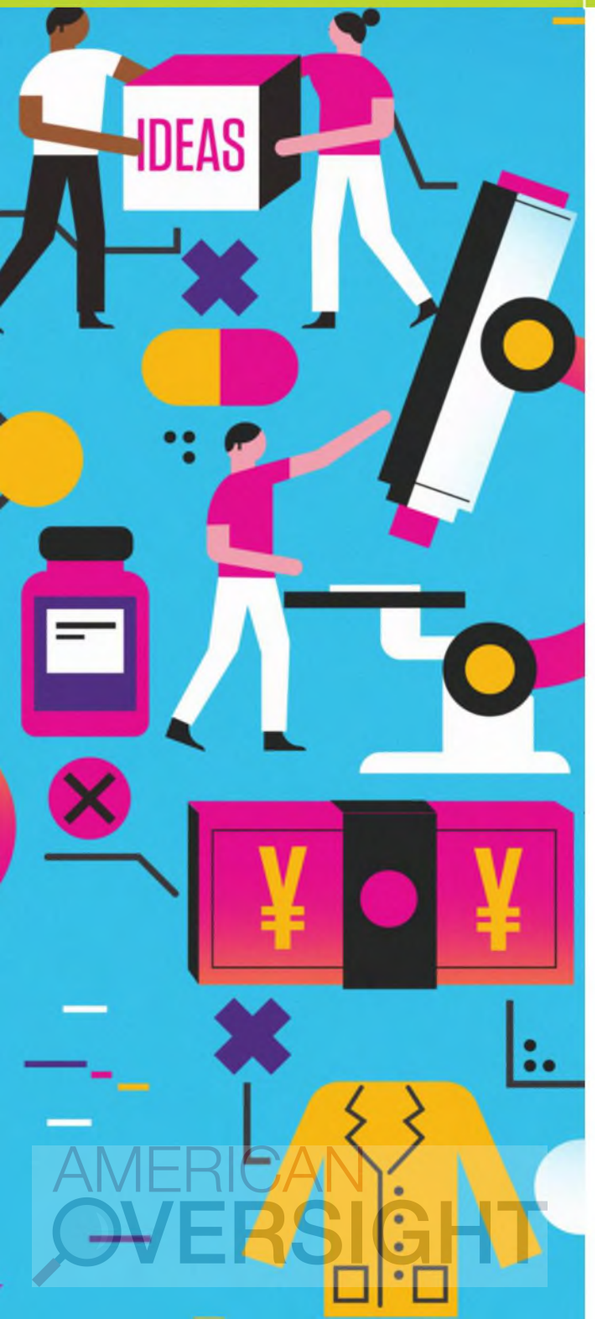
There remain many unknowns in pregnancy. Unknowns that create stress, fear, and anxiety for moms, and unknowns that lead to complications and health risk for mom and baby (20% experience pregnancy complications, 1 in 8 babies born preterm). Over the past several decades there has been an increasing rate of high risk pregnancies and pregnancy complications due to maternal age, chronic disease, and lifestyle factors. At the same time access to care is increasingly an obstacle with 50% of US counties lacking a single OBGYN. Despite spending $100B annually on pregnancy and childbirth, the US ranks last in birth outcomes.

SOLUTION:

Bloomlife is pioneering the future of prenatal care by designing mom-centered, personalized health solutions that embrace each mom's unique journey and experience. We combine clinical grade prenatal wearables with data analytics. Our prenatal wearable is a small patch worn on mom's belly that non-invasively tracks important health parameters of mom and baby (maternal heart rate, stress, sleep, uterine activity + fetal heart rate + fetal movement). We can further capture self-reported (age, weight, mental health, drug/alcohol use) and environmental factors via the smartphone. Our analytics backend uses machine learning algorithms to identify modifiable risk factors for pregnancy complications and predict events (e.g preterm birth). Information is served to mom via a smartphone app where we deliver the right information, to the right mom, at the right time. With better information tailored to her, we take the guesswork out of pregnancy for mom to educate, reassure, and empower healthy decisions during this life changing period.

AMERICAN OVERSIGHT

QUICKFIRE CHALLENGE



CallMidwife.com

https://callmidwife.com/en/

PRIMARY SECTOR/TA/INDICATION:	Consumer | Wellbeing and Health | Baby Care
RESIDENT STATUS LOCATION:	Virtual
RESIDENT STATUS:	Current
R&D STAGE:	Full Clinical and Product Development

CallMidwife.com

MISSION STATEMENT:

Developed a web-based and mobile app for pregnant women and parents that enables parents to monitor their pregnancy, diagnose various complaints and access home. treatment guidelines.

PROBLEM:

Pregnant mothers and new parents often need immediate advice, emotional support or consultation for numerous and varied questions related to pregnancy and newborns. Easy access to such information can help prevent and solve problems related to women's and children's health and well-being, as well as support the health system.

SOLUTION:

CallMidwife.com is a web-based and mobile app for pregnant women and parents that uses evidence-based algorithms created by medical experts which enables parents to monitor their pregnancy, diagnose various complaints and access home treatment guidelines. In addition, CallMidwife.com offers 24/7 midwife consultation services via video, phone and live chat and can provide emotional support or advice on how to cope with any issues that may occur with a newborn baby.

AMERICAN OVERSIGHT

SAN FRANCISCO



Control Panel, Inc. (aka Droplet)

Control Panel

https://control-panel.io/

PRIMARY SECTOR/TA/INDICATION:	Medical Devices | Diagnostics
SECONDARY SECTOR/TA/INDICATION:	Medical Devices | Diagnostics | Women's Health
RESIDENT STATUS LOCATION:	Bay Area – MBC SF
RESIDENT STATUS:	Current
R&D STAGE:	Early Technical Feasibility and Prototyping

MISSION STATEMENT:

Our general company mission is "Wellness for every woman."

PROBLEM:

Routine diagnostics require women to sacrifice time, money, and privacy.

SOLUTION:

We're making diagnostic tests for women more convenient than ever before by combining state-of-the-art diagnostics with best-in-class logistics to make at-home tests focused on female health both feasible and affordable.

AMERICAN OVERSIGHT

QUICKFIRE CHALLENGE



iSono Health

www.isonohealth.com

PRIMARY SECTOR/TA/INDICATION:	Medical Devices
SECONDARY SECTOR/TA/INDICATION:	Health IT
RESIDENT STATUS LOCATION:	Virtual
RESIDENT STATUS:	Current
R&D STAGE:	Early Technical Feasibility and Prototyping

MISSION STATEMENT:

iSono Health is transforming breast cancer screening by combining artificial intelligence (AI) and automated ultrasound to empower women and physicians with accessible and personalized breast health monitoring.

PROBLEM:

Every year 1.7 million women get diagnosed with breast cancer and 1.5 billion women need breast cancer screening. Mammogram as a screening tool has significant shortcomings: 1) insufficient access 2) x-ray radiation; 3) deficient sensitivity in dense breast tissue affecting more than 47% of women in US/Europe and 70% of women in Asia. As a result, 39% of breast cancers are discovered after spreading beyond local tissue, which highlights the pressing need for more accessible detection of cancers at earlier stages, when treatment is most effective and costs 10x less compared to late stage. Ultrasound is a scalable and highly sensitive technology proven to identify tumors at earlier stages. However, the adoption of ultrasound as been limited due to variability of scans and interpretation based on the operator skill resulting in false positives, lengthy exam time (15-30mins), and shortage of ultrasound specialists. Automated breast ultrasound (ABUS) systems improve on limitations of hand-held ultrasound, however, adoption and accessibility of ABUS has been limited, especially in point-of-care settings, due to high capital cost, and large equipment size.

SOLUTION:

Our platform combines compact, automated ultrasound with AI. Our patented ultrasound scanner automatically captures 3D images of whole breast in 1min. The scanner attaches to a bra-like accessory, communicates with a smart device, and data is transferred to a secure cloud for storage and deep learning. Our deep learning algorithm identifies abnormal masses and tracks changes in breast tissue using acoustic biomarkers extracted from quantitative ultrasound data. Unlike other imaging modalities, our system captures breast in its natural shape, produces repeatable images independent of operator skill in 1 minute without the need for expensive capital equipment, radiation, and patient discomfort.

AMERICAN OVERSIGHT

QUICKFIRE CHALLENGE



Mercy BioAnalytics, Inc.

www.mercybio.com

PRIMARY SECTOR/TA/INDICATION:	Pharmaceuticals | Diagnostics
RESIDENT STATUS LOCATION:	Boston - LabCentral
RESIDENT STATUS:	Current
R&D STAGE:	Discovery (Research, TI/TV)

KEY DIFFERENTIATION:

We are developing plasma-based assays that promise significantly greater sensitivity and specificity for stage I cancer than competing approaches, including those using cell-free nucleic acids, circulating tumor cells, and proteomics.

MERCY BIOANALYTICS

MISSION STATEMENT:

Mercy BioAnalytics (MBA) is dedicated to developing liquid biopsy to detect cancer at stage I, when it is more likely to be cured, and improve the efficiency of clinical trials.

PROBLEM:

Every year 600,000 Americans die of cancer. The mortality and morbidity of cancer could be greatly reduced by detecting cancer early; early cancer detection improves survival four to ten times across cancer types. For example, the five-year survival rate of ovarian cancer is 92% and 14% for stage I and IV disease, respectively. Despite the large difference in survival, only 15% of women are diagnosed with stage I ovarian cancer. Many patients continue to be diagnosed with late-stage cancer because of the lack of an effective screening test. Secondly, the FDA is putting pressure on pharmaceutical companies to incorporate biomarkers into their oncology clinical trial strategies to more precisely find patients likely to respond. The motivation for increased precision is driven by the low average response rate for oncology treatments, currently at 24%, meaning 3 out of 4 patients will not benefit from receiving a prescribed oncology drug. Many of the world's top pharma companies are now looking for biomarkers that will predict drug sensitivity, drug efficacy, or disease progression. Moreover, biomarkers used to stratify patients in clinical trials from 2010 to 2017 have increased the chance the drug is FDA approved by three times. Given the advantages of biomarkers, Dr. Pascal Soriot, the CEO of AstraZeneca, has mandated in 2015 that every new therapeutic asset under development at the company have an associated biomarker.

SOLUTION:

Mercy BioAnalytics' (MBA) solution is highly interdisciplinary, utilizing new techniques from data science (machine learning), bioengineering (microfluidics), and targeted sequencing. We are identifying biomarkers and developing a novel form of liquid biopsy diagnostic. Our computational platform has identified several unique cancer biomarkers with much higher sensitivity and specificity for early-stage cancers than FDA approved and competing platforms. FDA approved approaches to cancer screening include medical procedures, protein biomarkers, and medical imaging. Medical procedures are impractical for screening on a large scale due to invasiveness and infrastructure needs. Protein biomarkers, such as prostate specific antigen, have a high-false positive rate, leading to over-diagnosis. Medical imaging exposes patients to radiation and is often not applicable to all patients; mammograms, for example, are less sensitive and specific for women with dense breasts. Our approach would conversely require light infrastructure and be highly sensitive and specific, universally applicable to all patients, and non-invasive. Unlike companies pursuing similar goals, including Grail, Foundation Medicine, Guardant Health, and Personal Genome Diagnostics, our instrumentation is designed to survey certain classes of biomolecules that have not been previously examined by these companies. As such, we may uniquely detect cancers that are less than 1 cm3, identify the cancer's tissue of origin, and pick-up on drug sensitivity or resistance markers earlier.

AMERICAN OVERSIGHT

Johnson & Johnson INNOVATION | JLABS

JLABS Telemedicine Focused Companies

AMERICAN OVERSIGHT



AMERICAN OVERSIGHT

TORONTO

App4 Independence

PRIMARY SECTOR/TA/INDICATION:	Medical Devices | Health Tech
SECONDARY SECTOR/TA/INDICATION:	Pharmaceuticals | Neuroscience | Schizophrenia
RESIDENT STATUS LOCATION:	Toronto
RESIDENT STATUS:	Current
R&D STAGE:	Pre-Clinical / Early Mechanical

KEY DIFFERENTIATION:

Digital platform that allows for real time assessment of cognitive function in psychiatric disorders.

MISSION STATEMENT:

A Joint Venture between CAMH and MEMOTEXT, A4i aims to solve many of the current problems across the schizophrenia healthcare continuum. An evidence-based, peer-to-peer patient centric mobile app and provider portal, A4i enhances both illness self-management and provider engagement to better support recovery, medication adherence and community functioning while predicting and attempting to reduce relapse risk for people living with schizophrenia and psychosis.

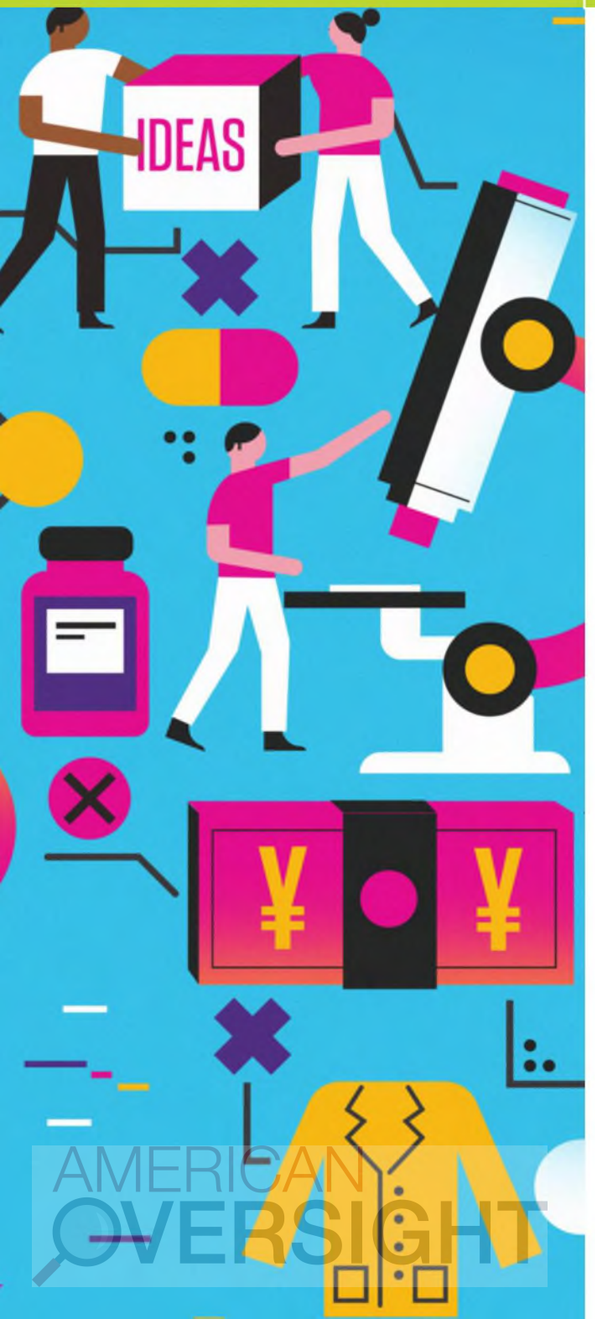
PROBLEM:

Schizophrenia occupies 1 out of 12 hospital beds in Canada, costing $6.85B annually in healthcare costs and effective services are hampered by several complex, compounding factors. Currently there are no commercially available and/or clinically proven digital or mobile health offerings that provide a solution to improve medication adherence in patients with schizophrenia. With a 70% mobile tech adoption among patients, A4i is a response to the gaps in the current system of care for individuals with schizophrenia-spectrum illnesses.

SOLUTION:

Our technology is unique in that it is designed with clinical expertise of a leading mental health institution and the expertise of a digital health commercialization innovation team. Behind this team is a robust and proprietary technology with clinically specific IP and significant market access both through commercial and clinical collaborative opportunities. The IP will relate to the clinical decision rules used by the system to determine content distribution and interpretation of ambient and subjective health data. A4i combines multiple frameworks (social activation, stress, anxiety, motivation and cognition) to dynamically engage, collect data, tailor and deliver (anonymized) peer-to-peer and evidence-based content. A4i uses interactions, usage and ambient sleep monitoring, pioneering the use of machine learning and hypothesis-driven content feed and data analysis to combine subjective and objective data elements to segment intervention content in real-time. These key functions of A4i are tailored to the specific needs and preferences of individual users. They were developed from a rigorous process of iterative and incremental development that involved reviews of the academic literature and building from proven e-health strategies. Most importantly, active participation of end-users and key stakeholders engaged as advisors throughout the course of iterative testing. The system which will be accessible both with smart (iOS/Android) and feature (non-smart/flip phones) will be unique in its ability to adapt the intervention to the specific needs and behaviors of the patient/user.

QUICKFIRE CHALLENGE



HealthBeacon

http://healthbeacon.com/

PRIMARY SECTOR/TA/INDICATION:	Consumer | Health Tech | Health & Healing
RESIDENT STATUS LOCATION:	Virtual
RESIDENT STATUS:	Current
R&D STAGE:	Full Clinical and Product Development

KEY DIFFERENTIATION:

Tiatros has tested their digital health program in collaboration with the VA on soldiers with PTSD.

HEALTH BEACON

MISSION STATEMENT:

HealthBeacon is a medication adherence technology company that develops smart tools for managing medication.

PROBLEM:

Poor medical adherence has been estimated to be a $290 billion issue annually by the New England Health Institute. They estimate that 2 billion cases of non-adherence are avoidable. Clinical studies have demonstrated that only 50%-70% of patients adhere properly to prescribed drug therapy. Smart connected devices have demonstrated an ability to improve adherence by as much as 27%. (Partners Centre for Connected Health 2010).

SOLUTION:

HealthBeacon has developed an FDA cleared, smarts sharps system that is able to track whether a patient has taken their medication and help them stay adherent to their prescription schedule. This system has been clinically reviewed, validated by the pharmaceutical industry and has been integrated into patient care programs throughout North America and Europe, delivering valuable data to both the patient and their clinical team.

AMERICAN OVERSIGHT



NYC

Holmusk

holmusk

PRIMARY SECTOR/TA/INDICATION:	Pharmaceuticals | Neuroscience | Data analysis
SECONDARY SECTOR/TA/INDICATION:	Pharmaceuticals | Health Tech
RESIDENT STATUS LOCATION:	NYC
RESIDENT STATUS:	Current
R&D STAGE:	Discovery (Research, TI/TV)

KEY DIFFERENTIATION:

End to end collation of mental health data between patients and physicians enabling a holistic view of the patient experience enabling better clinical decision making.

MISSION STATEMENT:

To use technology to enhance data-enabled, human-driven healthcare and improve the lives of people with chronic and behavioural health.

PROBLEM:

Behavioral health patients are underserved. Solutions to behavioral health, mental health and neuropsychiatric diseases are limited, with the practice of clinical care and the rate of investment in research and development of new drug treatments unable to keep up with the intensity of the problem.

SOLUTION:

Holmusk, through the capture, organizing and analytics of patient behavioral health data, is building a next generation behavioral health platform to enable the delivery of quality care for patients suffering from mental health disorders. This platform incorporates a behavioral health specific electronic health record system (MindLinc 2.0), combined with a digital health platform (HealthLinc) gathering digital phenotype data outside of clinician visits to create the largest longitudinal real-world behavioural health database (Holmusk Database). Holmusk's proprietary algorithms (Holmusk Analytics) stitch together these two types of data, processing & translating them into a continuous disease trajectory for individual patients. This brings an unprecedented understanding of patient mental health, allowing pharma companies, clinicians and researchers to investigate needs of patients and design new therapeutics, drugs and interventions which can be tested readily on a network of community mental health clinics.

AMERICAN OVERSIGHT



ICmed

www.icmedonline.com

PRIMARY SECTOR/TA/INDICATION:	Pharmaceuticals | Health Tech
RESIDENT STATUS LOCATION:	Boston
RESIDENT STATUS:	Current
R&D STAGE:	Marketed Products

KEY DIFFERENTIATION:

Enables integration of various data sources for use by patients and caregivers and can be utilized by external stakeholders such as payors and providers.

MISSION STATEMENT:

To use technology to enhance data-enabled, human-driven healthcare and improve the lives of people with chronic and behavioral health.

PROBLEM:

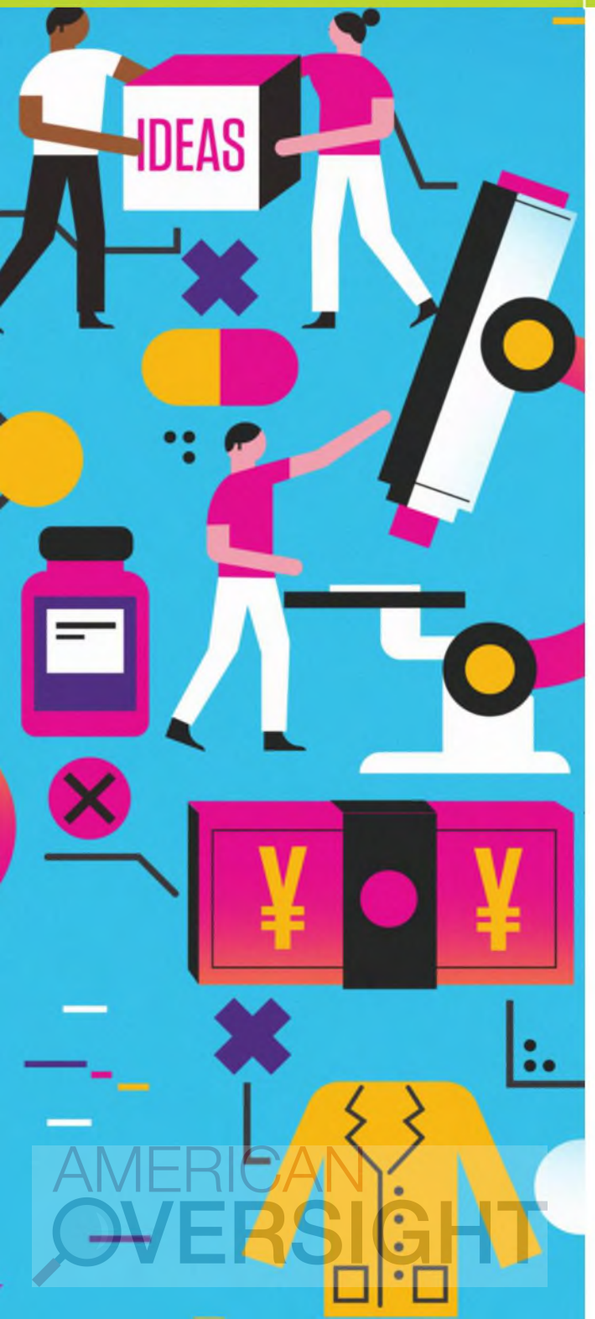
Value-based models of care require sustained patient engagement, adherence to care plans, coordination among diverse provider care teams, free exchange of relevant data in real time, and unburdened caregiver support. Otherwise, quality outcomes and patients are at risk, providers stand to lose income, and caregivers' role is compromised. Traditional Electronic Medical Record platforms, built for health systems and payers to organize patient data in technical jargon to capture and facilitate reimbursement, are NOT a consumer tool and cannot be adapted as such.

SOLUTION:

ICmed is a patient- and caregiver-centered communication and collaboration mobile software solution allowing the patient-caregiver dyad to work as a team, in coordination with their provider care staff. Users OWN, SHARE and LEARN from their health care provider staff (nurse, PA, case worker) and their health profile, medical conditions and collected data in a safe, secure environment. The provider care team works in collaboration with the patient-caregiver dyad through their enterprise dashboard, tailored to their workflow and synchronized with the mobile app. Imperative: None of our tech development or workflow design is undertaken without the informal (usually family) caregiver in mind. This is unique. Limited but compelling research indicates that medical outcomes and preventative health are both improved with the inclusion of an informal (usually family) caregiver in the plan. The ICmed business model addresses a consumer imperative to not only access one's health data, but also allow caregivers to empathize and support. Both patients and caregivers learn how to manage health independently and take direction from providers, all on a fluid communication platform. The extent of caregiver involvement in our solutions is a key differentiating competitive factor.

AMERICAN OVERSIGHT

QUICKFIRE CHALLENGE



LIGHTHOUSE

https://lighthouse247.com

PRIMARY SECTOR/TA/INDICATION:	Consumer | Health Tech | Virtual/Augmented Reality
RESIDENT STATUS LOCATION:	Virtual
RESIDENT STATUS:	Current
R&D STAGE:	Pre-Revenue/Commercial

LIGHTHOUSE

MISSION STATEMENT:

LIGHTHOUSE uses the power of voice (e.g., Alexa) to translate doctor-prescribed health journeys into accelerated patient action.

PROBLEM:

PATIENT: Heart wrenching numbers related to patient adherence, lifestyle change and logging. Digital programs or "digital therapeutics" have made limited evolution beyond simple reminders, check lists or log books. Tech phobia, language preference and patient literacy levels reduce the impact of many digital programs.

PHARMA: Outcomes-based healthcare remains an industry trend on every pharma company's ten-year plan. It is not inconceivable to follow the path of IBM, who over the course of a decade changed their revenue mix from 80% hardware/20% services to the inverse. "How?" remains the big open question.

SOLUTION:

Voice based patient programs. LIGHTHOUSE puts your doctor's care plan on your kitchen table, available with the simple phrase "Alexa, check in with LIGHTHOUSE".

- LIGHTHOUSE connects directly into a physician's EMR and translates care plans, discharge protocols or care priorities into bite-sized patient programs
- We use sophisticated patient behavior models to build core skills in diet, physical activity, taking your meds and writing stuff down
- A voice-based program triggers significantly less tech-phobia (everyone talks), multiple language support and improved health literacy
- The "magic" is in the way that LIGHTHOUSE constructs patient conversations to build patient relationships, meet patients at "their" commitment level and translate care plans into daily actions – all to drive better patient outcomes.

AMERICAN OVERSIGHT



NYC

MyInfo, LLC (dba MyHealth.us)

www.myhealth.us

PRIMARY SECTOR/TA/INDICATION:	Consumer | Health IT | Mobility/Wearables
RESIDENT STATUS LOCATION:	NYC
RESIDENT STATUS:	Current
R&D STAGE:	Various

KEY DIFFERENTIATION:

MyHealth.Us is the largest source for consumers to collect their medical and Medicare records, track healthcare observations, and find better consumer-facing solutions online and via 24/7 call center for emergency treatment and diagnostic assistance. Its combined patent-pending patient engagement and service delivery model reduces claims, errors and time to treatment, and improves outcomes. It is very low cost, easy to use, secure, comprehensive, and used by four labor unions and one insurer - and growing.

MYHEALTH.US
We Save Lives!®

MISSION STATEMENT:

Consumer-facing agnostic healthcare platform to help people get and stay well quickly, affordably, with fewer errors, more preventive and predictive care by using innovative care solutions and behavioral inputs for lasting benefits.

PROBLEM:

Lack of data (difficultly accessing and sharing of medical records, lack of patient engagement, failure to record patient/family/caregiver observations). Limited access to innovative solutions with sufficient data for predictive and preventive care. Rudimentary care delivery solutions.

SOLUTION:

Sell MyHealth LifeCode ID and 24/7 service to businesses, insurers and communities to provide free to individuals and family who track their information in response to emails, text and other encouragements, and then receive assistance and online access to broad range of innovative affordable solutions. Unique is our building of expertise in patient engagement and solution delivery. Patent files for storing medical records and observations together with common ID.

AMERICAN OVERSIGHT



NYC

Mymee

www.mymee.com

PRIMARY SECTOR/TA/INDICATION:	Pharmaceuticals | Immunology | Digital Health
RESIDENT STATUS LOCATION:	NYC
RESIDENT STATUS:	Current

KEY DIFFERENTIATION:

Novel method for analyzing patient parameters with nutritional input to understand response to stimuli and potentially reduce pharma therapy burden.

mymee
know myself

MISSION STATEMENT:

Everybody is different, your treatment should be too. Our mission is to bring precision medicine to the masses, improving outcomes while reducing cost. We are starting by fixing chronic autoimmune disease while working to validate the intervention as a cost saving tool because it reduces the number of drugs and surgeries that patients need. We want to work with insurers and self-insured employers in shared savings contracts and provide our intervention to the patients for free.

PROBLEM:

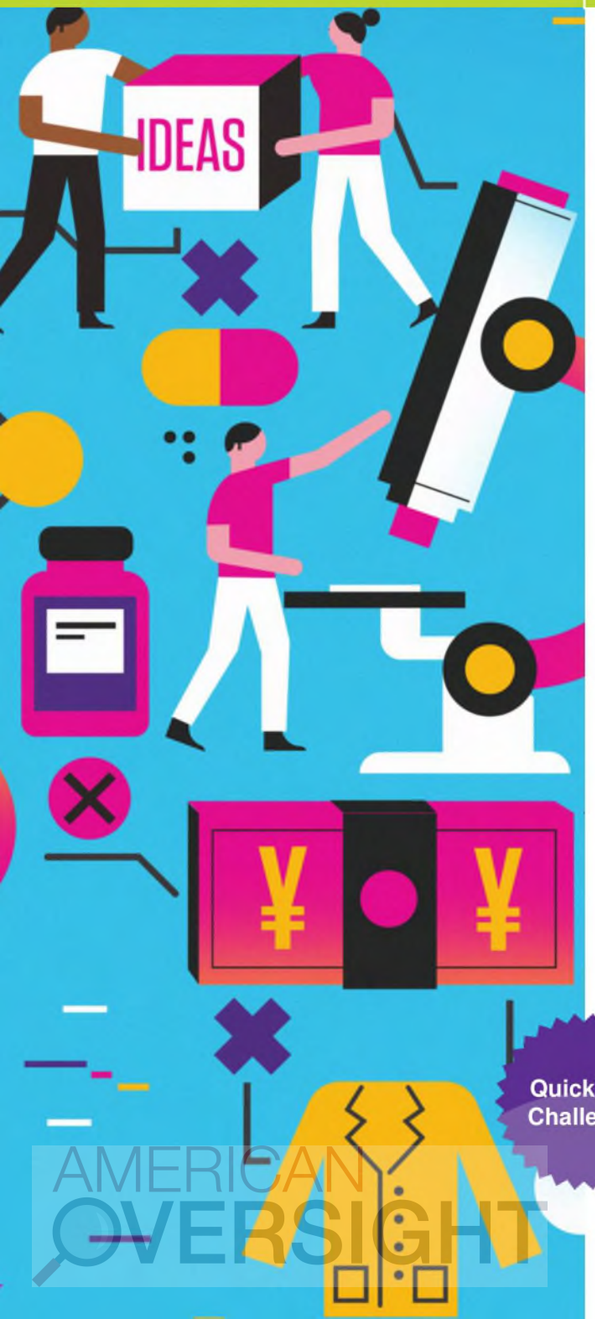
There are 24 million Americans who suffer from at least one autoimmune disease, a $136B problem while another 100 million have elevated ANA (pre-autoimmune disease), making it the second largest pop health problem facing our country. The current standard of care for autoimmune disease patients usually involves putting patients on steroids and immunosuppressant drugs, or getting surgeries. Unfortunately, these drugs are expensive and lead to debilitating side effects, including organ failure and death. There are 157 different autoimmune diseases and most are rare, so this costly population has been largely ignored. We solve the problem underlying all of them - immune dysregulation which allows us to consolidate all these rare diseases into one massive problem worth solving.

SOLUTION:

Our Digital Therapeutics program reverses the symptoms of chronic autoimmune disease through data analytics and health coaching which reduces or eliminates the need for expensive specialty pharmacy drugs. In 16-weeks Mymee builds data models of each participant based on patient-generated health data. Week by week the coach customizes the app so that patients track an adaptive set of potential triggers against their symptoms. Machine learning allows us to collect the minimum viable data to help coaches identify the root cause of each patient's disease. They create behavioral change to mitigate or reverse symptoms, dramatically improving quality of life and decreasing cost of care.

AMERICAN OVERSIGHT

QUICKFIRE CHALLENGE



Neurotrack

Neurotrack

www.neurotrack.com

PRIMARY SECTOR/TA/INDICATION:	Consumer | Health Tech | Sensors
SECONDARY SECTOR/TA/INDICATION:	Pharmaceuticals | Neuroscience | Alzheimer's Disease
RESIDENT STATUS LOCATION:	Virtual
RESIDENT STATUS:	Current
R&D STAGE:	Pre Revenue/Commercial

KEY DIFFERENTIATION:

At Neurotrack, our neuroscientists, neuropsychologists and engineers have developed the Imprint Memory Assessment based on breakthrough research. Taken online, the assessment offers advanced eye tracking technology in the comfort and privacy of an individuals own home and allows recurring assessment to show and predict decline over time.

MISSION STATEMENT:

Silicon-Valley-based Neurotrack, led by Elli Kaplan, CEO, is on a mission to transform the diagnosis and prevention of memory loss and related diseases like Alzheimer's.

PROBLEM:

Alzheimer's disease is the greatest healthcare challenge of our generation. Its insidious and debilitating nature takes an enormous toll on the quality of life of those who suffer from the disease as well as their family members and caretakers.

SOLUTION:

Neurotrack is commercializing the first fully integrated digital platform for assessing and preventing cognitive decline and Alzheimer's disease. Neurotrack's digital therapeutic is validated to delay Alzheimer's and improve cognition. The companion Imprint 30-min assessment can assess an individual's risk for cognitive decline and the 5-minute Imprint Monitor is used to engage and monitor patients while on the digital therapeutic. The platform is available on desktop and mobile.

AMERICAN OVERSIGHT

BEERSE

Q1.6



www.questions.ai

PRIMARY SECTOR/TA/INDICATION:	Pharmaceuticals | Immunology| Rheumatoid Arthritis
RESIDENT STATUS LOCATION:	Beerse
RESIDENT STATUS:	Current
R&D STAGE:	Biomarkers

KEY DIFFERENTIATION:

Using so called Micro Moments to capture data from people in moments that are "free".

MISSION STATEMENT:

Developing the Q platform to improve patient engagement and capture more and more accurate data, by combining multiple data streams and multiple communication channels for large pharma and medical device companies.

PROBLEM:

Keeping patients engaged in medical therapy and clinical studies by interacting through micro moments. Collecting high quality data and combining data streams at lower cost for health care professionals.

SOLUTION:

We split complex interactions into micro-moment communications. We make the interactions personalized and hyper-relevant using a dynamic decision tree, that adapts the interaction with the patient to their situation. With less effort we get more data, more quickly, more reliably and of a better quality.

AMERICAN OVERSIGHT



NYC

Savor Health

www.savorhealth.com

PRIMARY SECTOR/TA/INDICATION:	Pharmaceuticals | Health IT | Mobile Wellness
RESIDENT STATUS LOCATION:	NYC
RESIDENT STATUS:	Current

KEY DIFFERENTIATION:

1. Disease-specific approach to personalizing nutrition solutions leveraging evidence-base science, clinical best practices and unique patient data (as compared to a broader, more generalized approach to nutrition and nutrition intervention).
2. Multi-variable personalization algorithm, combined with unconstrained "solution set" (versus the 5-7 predetermined options/solutions offered by others in the market) results in dynamic, personalized and clinically appropriate recommendations for cancer patients who also have multiple co-morbid conditions, medications, side effects, and medical needs/issues that need to be "solved for" nutritionally in order to impact positive clinical outcome at lower total cost of care.

Savor health
EAT WELL. BE WELL.

MISSION STATEMENT:

Savor Health's mission is to improve the lives of people with cancer by empowering them with safe, evidence-based and easily actionable solutions to their nutritional issues.

PROBLEM:

Savor Health is addressing the highly prevalent problem of malnutrition and nutrition-related side effects and symptoms experienced by cancer patients. Ultimately, we intend to leverage our technology solution in other chronic medical conditions where treating and managing nutritional issues has also been shown to improve outcomes. The nutritional issues of cancer patients have a negative impact on all stakeholders in the healthcare system - payors (including self-insured employers), providers and patients and, as a result, all stakeholders have an incentive to find solutions to address these issues. Evidence-based literature confirms that nutritional issues are prevalent in people with cancer and that up to 80% of patients experience them. Malnutrition is the #2 secondary diagnosis in cancer patients and 1/3 of all cancer deaths are due to severe malnutrition. HemOnc Today in June 2017 reported that severe malnutrition in cancer patients today is "almost epidemic." Malnourished patients experience greater treatment toxicity and are less adherent to drug therapy. Patients that are malnourished drive up healthcare costs as they experience a 54% higher rate of re-admission and a 4-6 day longer length of stay.

SOLUTION:

The Savor Health solution is an AI-based personalized nutrition care management and patient engagement technology platform designed to prevent and manage the nutritional issues of people with chronic medical conditions, initially cancer patients. Created by a team of oncology-credentialed medical professionals and data scientists, Savor Health's technology provides highly personalized, clinically appropriate nutrition recommendations based on evidence-based science, clinical best practices and unique patient data. Through its patent-pending chat bot, Savor Health engages with patients and caregivers and unique patient data is collected. Data is then analyzed and, based on a proprietary rules engine and expert coaching dialogues, actions and recommendations, patients are provided with appropriate nutrition-related advice and support. As patient treatments and needs change, Savor Health's recommendations are also adjusted. Feedback loops and machine learning enable greater personalization and, ultimately, prescriptive nutrition solutions. While initially focused in oncology for proof of concept, the technology will be replicated in other chronic medical conditions where proper nutrition has been shown to improve clinical and quality of life outcomes to reduce healthcare spending.

AMERICAN OVERSIGHT



SAN FRANCISCO

Tiatros Inc.

TIATROS

www.tiatros.com

PRIMARY SECTOR/TA/INDICATION:	Consumer | Health Tech | Digital Therapeutics
RESIDENT STATUS LOCATION:	MBC SF
RESIDENT STATUS:	Alumni
R&D STAGE:	Pre Revenue/Commercial

KEY DIFFERENTIATION:

Tiatros has tested their digital health program in collaboration with the VA on soldiers with PTSD.

MISSION STATEMENT:

Tiatros provides resilience skills training programs and analytic tools that enable Human Resources and Employee Benefit groups to actively manage the productivity, mental health and psychological resilience of their workforce.

PROBLEM:

Large self-insured employers increasingly understand that underspending on mental health results in overspending on physical health. They understand that the key to lowering their corporate healthcare costs is to provide access to effective mental health care. They need affordable, evidenced-based behavioral health and psychological resilience skills services that result in quantitatively measurable improvements to the overall health, productivity and psychological resilience of their entire workforce.

Employers must be part of the solution to this problem, because they bear much of its cost. Collectively, employers lose $200 billion dollars in productivity each year due to untreated mental illness, while spending another $200 billion dollars to treat anxiety and depression in the workforce. That said, lost productivity costs and the direct cost of mental health care are just the tip of the proverbial iceberg for self-insured employers. The largest and most difficult-to-quantify part of their corporate healthcare budgets is spent indirectly on mental illness, i.e., hundreds of billions of dollars of healthcare spending on gastrointestinal illnesses, musculoskeletal illnesses, insomnia, pre-diabetic conditions, heart disease, substance abuse, migraine, and other chronic illnesses that are greatly exacerbated by untreated co-occurring mental illness.

SOLUTION:

Tiatros programs consist of 8 weekly sessions that each take approximately 90 minutes to complete. 12 – 16 participants who have similar health challenges and personal goals form a 'peer group'. Each peer group is moderated by a trained facilitator and overseen by an expert CBT therapist. Participants access their programs asynchronously, from anywhere, on their personal devices, when it is most convenient.

Participants learn and practice CBT skills with the other members of their peer group. We teach evidence-based CBT exercises, including Narrative Therapy and storytelling, journaling, and mindful meditation, that are carefully tailored to resonate with participants. We use social media-styled methods to foster a supportive and nurturing community that is itself therapeutic, acting to encourage every participant to actively engage in and complete his/her program. This approach greatly increases the number of therapeutic touch points, with most participants engaging daily, and some several times per day, so Tiatros achieves 75% program completion rates and clinical outcomes that are as good those seen in psychotherapies conducted by expert psychiatrists at top medical centers.

Tiatros integrates natural language analytics to personalize the user experience and sustain high levels of engagement; improve clinical outcomes; and provide the tools that our customers need to make data driven decisions to manage their budgets to optimize the health and psychological resilience of their workforce.

AMERICAN OVERSIGHT

SAN DIEGO



telmedx

http://www.telmedx.com/

PRIMARY SECTOR/TA/INDICATION:	Consumer | Health IT | Mobile Wellness
RESIDENT STATUS LOCATION:	Virtual
RESIDENT STATUS:	Alumni
R&D STAGE:	Full Clinical and Product Development

telmedx

MISSION STATEMENT:

telmedx provides a mobile phone-based telemedicine platform that enables doctors, nurses and other caregivers to engage patients wherever they happen to be located and whenever they need to be seen via high-resolution live video and remote image capture.

PROBLEM:

The current model of caring for patients in person is unsustainable. While traditional videoconference systems are being used in telemedicine, they simply cannot deliver the resolution and clarity needed for doctors to remotely make clinical decisions with confidence.

SOLUTION:

The telmedx mobile telemedicine platform delivers high-resolution live video and photos over wireless networks, enabling doctors to deliver care remotely and confidently without the need for patients to visit medical facilities.

The telmedx platform provides superior clarity and resolution via a secure, HIPAA/HITECH and EU-compliant live medical-grade video feed from the digital cameras in the back of mobile phones and tablets, even in low bandwidth environments. WiFi and WiMax networks can also be used, as well as WiFi via satellite. The live video and audio continue while still images are captured, and the video can be started and stopped during an existing audio call, without interrupting that call. Multiple doctors in different locations can view the same video, and each can independently capture their own images, thereby making specialist consultations seamless. See www.telmedx.com/video for the platform in use. The telmedx platform delivers much higher quality voice and video than traditional Voice over Internet Protocol (VoIP) video conferencing systems.

Kaiser Permanente in Portland managed about 25 wound care and home health patients per month in 2013. Today, using the telmedx platform, KPNW has scaled to more than 3,200 wound care virtual consults per year. In 94% of the consults, the patient was treated at home and did not go to a brick-and-mortar medical facility.

AMERICAN OVERSIGHT



NYC

uMedeor

www.umed.org

PRIMARY SECTOR/TA/INDICATION:	Pharmaceuticals | Health IT | Blockchain
RESIDENT STATUS LOCATION:	NYC
RESIDENT STATUS:	Current

KEY DIFFERENTIATION:

uMed uniquely allows research organizations to remotely engage patients and monitor outcomes in real-time across a network of sites.
Our competitors such as TriNetX are unable to support real-time engagement based on queries to their dataset, limiting value across the product lifecycle.

MISSION STATEMENT:

uMed aims to be the key enabler to precision research and individualized care by driving targeted access to patients and their health data.

PROBLEM:

It is not just clinicians who need to reach patients, and their health data; regional groups, payers, charities, academics and industry partners increasingly collaborate to drive targeted programs spanning direct care to cutting-edge research. However, there are many legal & ethical barriers that must be addressed to enable access, and as yet no satisfactory solution exists.

SOLUTION:

uMed combines technology with a unique legal approach to ensures patient's rights are respected whilst enabling 'at scale' access to patients and the health data. We consolidate pseudonymized data from healthcare provider partners, allowing validated 3rd party organizations to identify targeted patient cohorts. We then channel communications and consent requests through the patient's healthcare provider with the following benefits:

- Patients: Transparency over data sharing, increased access to research, and feedback on their contributions
- Healthcare Providers: Zero cost platform for internal risk stratification & engagement programs
- Research Orgs: Rapid access to patients and health data from targeted cohorts across our network; enabling precision campaigns in the pre & post market space, as well as access to longitudinal health data for RWE/RWD.

AMERICAN OVERSIGHT



NYC

Veta Health

https://www.myvetahealth.com/

PRIMARY SECTOR/TA/INDICATION:	Pharmaceuticals | Health IT | Mobile Wellness
RESIDENT STATUS LOCATION:	NYC
RESIDENT STATUS:	Current

KEY DIFFERENTIATION:

1. Disease-specific approach to personalizing nutrition solutions leveraging evidence-base science, clinical best practices and unique patient data (as compared to a broader, more generalized approach to nutrition and nutrition intervention).
2. Multi-variable personalization algorithm, combined with unconstrained "solution set" (versus the 5-7 predetermined options/solutions offered by others in the market) results in dynamic, personalized and clinically appropriate recommendations for cancer patients who also have multiple co-morbid conditions, medications, side effects, and medical needs/issues that need to be "solved for" nutritionally in order to impact positive clinical outcome at lower total cost of care.

Veta Health

MISSION STATEMENT:

Veta Health offers protocol-based care solutions using digital technologies. Our solutions accompany patients on their care journeys in non-traditional care settings to improve transparency and patient empowerment.

PROBLEM:

90% of the patient journey occurs beyond the reach of clinical teams and patients are often left to their own devices to interpret and act on their disease or condition. There is a lack of evidence-based medicine and clinically-driven patient support mechanisms, which leads to poor health outcomes and adherence.

SOLUTION:

The Veta Health platform utilizes a combination of patient tracking & support mechanisms from digital biomarkers to medication adherence to content and community support. Real-time patient tracking and automated patient management is married with advanced analytics to intelligently respond to patients in real-time. The flexible technology can be applied for automated care management and advanced risk scoring as well as a digital wrapper for drug therapies.

AMERICAN OVERSIGHT



TORONTO

Winterlight labs

www.winterlightlabs.com

PRIMARY SECTOR/TA/INDICATION:	Pharmaceuticals | Neuroscience | Alzheimer's Disease
SECONDARY SECTOR/TA/INDICATION:	Pharmaceuticals | Health Tech
RESIDENT STATUS LOCATION:	Toronto
RESIDENT STATUS:	Current
R&D STAGE:	Discovery (Research, TI/TV)

KEY DIFFERENTIATION:

Algorithm has demonstrated potential to identify AD from clinical trial data.

WINTERLIGHT

MISSION STATEMENT:

To detect and diagnose cognitive and mental health conditions through speech and language using artificial intelligence.

PROBLEM:

Currently neuropsychology assessments are:

1. Time consuming & expensive
2. Subjective
3. Stressful
4. Can't be done often

SOLUTION:

We're the only company that uses speech and language to computationally detect cognitive impairment.

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<https://jlabs.jnjinnovation.com/subscribe>

<http://jlabs-jnjinnovation-3988599.hs-sites.com/wechat>

<https://jlabs.jnjinnovation.com/quickfire-challenges>

Check out our exciting events in your region

Northern California <https://jlabshub.splashthat.com/?f%5B0%5D=event_region%3A1736&menu_id=menu_link_content%3Ac8a190f8-5e3f-4474-afe9-4831f3253473> | Southern California <https://jlabshub.splashthat.com/?f%5B0%5D=event_region%3A1736&menu_id=menu_link_content%3Ac8a190f8-5e3f-4474-afe9-4831f3253473> | New York <https://jlabshub.splashthat.com/?f%5B0%5D=event_region%3A1736&menu_id=menu_link_content%3Ac8a190f8-5e3f-4474-afe9-4831f3253473> | Boston & East Coast <https://jlabshub.splashthat.com/?f%5B0%5D=event_region%3A1736&menu_id=menu_link_content%3Ac8a190f8-5e3f-4474-afe9-4831f3253473> | Texas <https://jlabshub.splashthat.com/?f%5B0%5D=event_region%3A1736&menu_id=menu_link_content%3Ac8a190f8-5e3f-4474-afe9-4831f3253473> | Canada <https://jlabshub.splashthat.com/?f%5B0%5D=event_region%3A1736&menu_id=menu_link_content%3Ac8a190f8-5e3f-4474-afe9-4831f3253473> | Europe <https://jlabshub.splashthat.com/?f%5B0%5D=event_region%3A1736&menu_id=menu_link_content%3Ac8a190f8-5e3f-4474-afe9-4831f3253473> | Asia <https://jlabshub.splashthat.com/?f%5B0%5D=event_region%3A1736&menu_id=menu_link_content%3Ac8a190f8-5e3f-4474-afe9-4831f3253473>

From: "Scher, Deborah L." <Deborah.Scher@va.gov <mailto:Deborah.Scher@va.gov> >
Date: Wednesday, April 10, 2019 at 9:09 AM
To: (b)(6) @va.gov <mailto:(b)(6) @va.gov> >
Cc: "Clancy, Carolyn" <Carolyn.Clancy@va.gov <mailto:Carolyn.Clancy@va.gov> >
Subject: Visit to JLabs in NYC

Good Morning (b)(6)

Dr. Clancy and I would like to plan this one day trip as soon as she has availability. When you get a chance, would you mind please letting me know some days in the next few weeks that would work with her schedule?

Thank you very much,
Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs

AMERICAN OVERSIGHT

From: Scher, Deborah L.
To: (b)(6)
Cc: Clancy, Carolyn
Subject: JLabs Suggested May 28th for our NYC visit. Would that work?
Date: Monday, April 15, 2019 12:30:34 PM

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs

AMERICAN OVERSIGHT

From: (b)(6) on behalf of (b)(6) SCGUS]
To: (b)(6) [SCGUS]; Richter, Melinda [JRDUS]; (b)(6) [JRDUS]; (b)(6) [JAN]; Scher, Deborah L.; (b)(6) [JJCUS]; (b)(6) COBIUS]; (b)(6) [GCSOUS] (b)(6) CNTUS] (b)(6) [US]
Subject: FW: VA visit to NYC JLABS

Here is the official invite from JnJ

-----Original Appointment-----
From: (b)(6) [SCGUS] <(b)(6) @its.jnj.com>
Sent: Tuesday, May 07, 2019 3:37 PM
To: (b)(6) [SCGUS]; (b)(6) [SCGUS]; Richter, Melinda [JRDUS]; (b)(6) JRDUS] (b)(6) [JAN]; Scher, Deborah L.; (b)(6) JJCUS]; (b)(6) COBIUS]; (b)(6) GCSOUS] (b)(6) [CNTUS]; (b)(6) (b)(6) US]
Subject: [EXTERNAL] VA visit to NYC JLABS
When: Monday, June 17, 2019 11:00 AM-5:00 PM (UTC-05:00) Eastern Time (US &Canada).
Where: 101 6th Ave, New York, NY 10013

AMERICAN OVERSIGHT

Meeting with VA at JLABS @ NYC

LOGISTICS:

Location: JLABS @ NYC

Date: June 17, 2019

Schedule: 11 am to 3 pm ET (VA departing for train station promptly at 3 pm)

ATTENDEES:

First Name	Last Name	Title	Org	Session	Role
Deborah	Scher	Executive Advisor, Secretary's Center for Strategic Partnerships	VA	all day	VA lead
Carolyn	Clancy	Deputy Under Secretary for Discovery, Education and Affiliate Networks (10X)	VA	all day	VA lead
Melinda	Richter	Global Head of JLABS	JLABS	all day	JLABS lead
(b)(6)		Director, Sourcing Innovation	JLABS	all day	JLABS lead
		Head, JLABS @ NYC	JLABS	morning tour and afternoon	JLABS @ NYC lead and telemedicine expert
		Field Director, Federal Accounts	JNJ	all day	Meeting organizer
		Head of Institutional Business Group	JNJ	all day	Meeting organizer
		Sr Director, Strategy and Operations	JNJ	all day	Strategic framework for GEI
Joanne	Waldstreicher	Chief Medical Officer	JNJ	afternoon	women's health expert
Husseini	Manji	Global TA Head, Neuroscience	JNJ	afternoon	mental health expert
(b)(6)		Global Director, Digital Innovation	JNJ	afternoon	telemedicine expert
		Vice President, External Innovation, Regulatory Sci., and Exec Dir Scientific Partnerships, JLABS @ Washington DC	JNJ	afternoon	Strategic framework for GEI and JLABS @ Washington DC
		Global Head of Healthtech Strategy	JNJ	afternoon	telemedicine expert
		VP, Data Scienes	JNJ	afternoon	mental health expert
		VP, Glutamatergic Pathway Area Leader	JNJ	afternoon	mental health expert

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AGENDA:

Time	Topic	Goal/Discussion Points	Who
11-11:15 am *15 min*	**Lunch**	**Introductions**	**Lead:** (b)(6) JLABS, VA, (b)(6) (b)(6)
11:15-11:45 am *30 min*	**Kick-Off/JLABS Model Overview & Site Tour**	**Site Tour** (b)(6) | *15 min* **JLABS overview** (b)(6) | *15 min*	**Lead:** (b)(6) **Tour Lead:** (b)(6) JLABS, VA, (b)(6) (b)(6)
11:45 – 1:15 pm *90 min*	**Considering Strategic Collaborations between JLABS and VA**	**Overview from VA re: priorities** *Deborah | 30 min* **Overview of existing collaborations (JLABS/BARDA arrangements)** *Melinda | 20 min* **Discussion** *All | 35 min* • VA strategic areas of focus for possible JLABS collaboration • Understanding VA collaboration landscape (What is possible? Are there limitations/restrictions?) • How can the JLABS model assist the VA in addressing its challenges within that framework? ***Wrap up*** *All | 5 min*	**Lead:** (b)(6) JLABS, VA, (b)(6) (b)(6)
1:15 – 1:25 pm *10 min*	Break		
1:25-3 pm *95 min*	**Education and Ongoing Activities in VA Areas of Interest (Telehealth, Women's Health and Mental Health)**	**JNJ Overview of work in different areas** *Leads | 45 min* • **Telehealth** (b)(6) | *15 min* • **Women's Health** *Joanne | 15 min* • **Mental Health** *Husseini | 15 min* **Discussion re: areas for collaboration** *All | 45 min* • Roundtable/VA Q&A on telehealth, women's health and mental health • Assessing potential for collaboration in these areas • Leveraging the JLABS model as a conduit to VA success in these areas ***Wrap up*** *All | 5 min*	**Lead:** (b)(6) VA, JNJ reps ***Telehealth:*** (b)(6) (b)(6) ***Women's Health:*** *Joanne Waldstreicher,* ***Mental Health:*** *Husseini Manji,* (b)(6)

AMERICAN OVERSIGHT

Johnson & Johnson INNOVATION | JLABS

Introduction

- JLABS works with a variety of companies within its portfolio that fit the stated VA Areas of Interest ("AOI", *e.g.*, telemedicine, mental health and woman's health)
- The profiles contained in this deck have been selected to provide examples of companies performing unique or interesting work in the AOIs; these profiles (and other JLABS portfolio company information) are publicly available for review at https://jlabs.jnjinnovation.com/companies
- For additional information on any of the companies profiled herein, please feel free to reach out to Erika Kula @ ekula@its.jnj.com

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT



TORONTO

App4 Independence

PRIMARY SECTOR/TA/INDICATION:	Medical Devices | Health Tech
SECONDARY SECTOR/TA/INDICATION:	Pharmaceuticals | Neuroscience | Schizophrenia
RESIDENT STATUS LOCATION:	Toronto
RESIDENT STATUS:	Current
R&D STAGE:	Pre-Clinical / Early Mechanical

KEY DIFFERENTIATION:

Digital platform that allows for real time assessment of cognitive function in psychiatric disorders

QuickFire Challenge

AMERICAN OVERSIGHT

MISSION STATEMENT:

A Joint Venture between CAMH and MEMOTEXT, A4i aims to solve many of the current problems across the schizophrenia healthcare continuum. An evidence-based, peer-to-peer patient centric mobile app and provider portal, A4i enhances both illness self-management and provider engagement to better support recovery, medication adherence and community functioning while predicting and attempting to reduce relapse risk for people living with schizophrenia and psychosis.

PROBLEM:

Schizophrenia occupies 1 out of 12 hospital beds in Canada, costing $6.85B annually in healthcare costs and effective services are hampered by several complex, compounding factors. Currently there are no commercially available and/or clinically proven digital or mobile health offerings that provide a solution to improve medication adherence in patients with schizophrenia. With a 70% mobile tech adoption among patients, A4i is a response to the gaps in the current system of care for individual s with schizophrenia-spectrum illnesses.

SOLUTION:

Our technology is unique in that it is designed with clinical expertise of a leading mental health institution and the expertise of a digital health commercialization innovation team. Behind this team is a robust and proprietary technology with clinically specific IP and significant market access both through commercial and clinical collaborative opportunities. The IP will relate to the clinical decision rules used by the system to determine content distribution and interpretation of ambient and subjective health data. A4i combines multiple frameworks (social activation, stress, anxiety, motivation and cognition) to dynamically engage, collect data, tailor and deliver (anonymized) peer-to-peer and evidence-based content. A4i uses interactions, usage and ambient sleep monitoring, pioneering the use of machine learning and hypothesis-driven content feed and data analysis to combine subjective and objective data elements to segment intervention content in real-time. These key functions of A4i are tailored to the specific needs and preferences of individual users. They were developed from a rigorous process of iterative and incremental development that involved reviews of the academic literature and building from proven e-health strategies. Most importantly, active participation of end-users and key stakeholders engaged as advisors throughout the course of iterative testing. The system which will be accessible both with smart (iOS/Android) and feature (non-smart/flip phones) will be unique in its ability to adapt the intervention to the specific needs and behaviors of the patient/user.



SAN FRANCISCO

Blackthorn Therapeutics

www.blackthornrx.com

PRIMARY SECTOR/TA/INDICATION:	Pharmaceuticals | Neuroscience | Mood Disorders
RESIDENT STATUS LOCATION:	Bay Area – SSF
RESIDENT STATUS:	Alumni
R&D STAGE:	Phase 2a

KEY DIFFERENTIATION:

Blackthorn uses a stronger data science approach for their clinical trials creating and utilizing new endpoints. They are working in these areas because they want to remove some of the subjectivity that is found in neurological clinical testing and treatment.

BlackThorn THERAPEUTICS

MISSION STATEMENT:

BlackThorn Therapeutics mission is to develop breakthrough medicines for patients with neurodevelopmental disorders with circuit dysfunction as a cause of the disorder.

PROBLEM:

Historically the approach to the discovery and development of neurobehavioral therapeutics has been grounded in categorical diagnoses (DSM) and subjective tools. This approach has resulted in limited success in bringing new treatments to the field. BlackThorn's philosophy is that by taking a circuit and physiologic based approach to neurobehavioral disorders that significant improvement can be made in developing novel CNS therapeutics. The company's approach is grounded in linking targets known to regulate neural circuits, which underlie dysregulated behaviors such as anhedonia, impulsivity or poor reward recognition, schizophrenia, and ASD. By drugging validated targets known to regulate specific behaviors the company believes that substantial improvement can be made in treating neurobehavioral disorders.

SOLUTION:

BlackThorn's circuit-based approach to neurobehavioral disorders is deep supported by advancements in technology and data science providing unique understanding and insights of the core underlying pathophysiology of neurobehavioral disorders. To address the historical challenges in neurobehavioral clinical development, such as subjectivity, patient heterogeneity and high placebo response rates, BlackThorn is leading the way in integrating novel technologies such as digital and vocal biomarkers into the clinical development process. Applying these technologies when integrated with data science insights provides BlackThorn with an ability to understand neurobehavioral disorders as never before. The result of these unique insights is hypothesized to be smaller trials, targeted to the right patients and with a higher probability of success. BlackThorn's vision is that this differentiated approach to neurobehavioral disorders will allow patients in the future to be quickly and accurately diagnosed with matched with effective and targeted treatments.

AMERICAN OVERSIGHT

BOSTON



Eikonizo Therapeutics

PRIMARY SECTOR/TA/INDICATION:	Pharmaceuticals | CNS/Neurology, Gerontology/Aging | Alzheimer's Disease
RESIDENT STATUS LOCATION:	Boston – LabCentral
RESIDENT STATUS:	Current
R&D STAGE:	Discovery (Research, TI/TV)

KEY DIFFERENTIATION:

Have proprietary PET imaging technology to be used in combination with drug discovery efforts which will enable better target engagement and dose determination.

Eikonizo Therapeutics

MISSION STATEMENT:

To catalyze development of life-changing therapies by deploying rapid in vivo target engagement techniques and accelerating identification of lead drug candidates, particularly for brain diseases.

PROBLEM:

A disease-modifying treatment does not exist for Alzheimer's disease (AD) or the related neurodegenerative disease, amyotrophic lateral sclerosis (ALS).

SOLUTION:

There is a fundamental flaw in the approach of all drug candidates for AD or ALS investigated to date: a focus on single mechanistic drivers of disease. This, coupled with poor utilization of modern target engagement tools (e.g. known and novel PET radiotracers), has resulted in a patient population desperate for an evolution in medicine. Our technology leverages a novel radiotracer tool and expertise in chemistry to explore HDAC6 inhibition as a strategy to attack multiple disease related pathways underlying neurodegenerative diseases, starting with AD and ALS.

AMERICAN OVERSIGHT



NYC

Holmusk

holmusk

PRIMARY SECTOR/TA/INDICATION:	Pharmaceuticals | Neuroscience | Data analysis
SECONDARY SECTOR/TA/INDICATION:	Pharmaceuticals | Health Tech
RESIDENT STATUS LOCATION:	NYC
RESIDENT STATUS:	Current
R&D STAGE:	Discovery (Research, TI/TV)

KEY DIFFERENTIATION:

End to end collation of mental health data between patients and physicians enabling a holistic view of the patient experience enabling better clinical decision making.

MISSION STATEMENT:

To use technology to enhance data-enabled, human-driven healthcare and improve the lives of people with chronic and behavioural health.

PROBLEM:

Behavioral health patients are underserved. Solutions to behavioral health, mental health and neuropsychiatric diseases are limited, with the practice of clinical care and the rate of investment in research and development of new drug treatments unable to keep up with the intensity of the problem.

SOLUTION:

Holmusk, through the capture, organizing and analytics of patient behavioral health data, is building a next generation behavioral health platform to enable the delivery of quality care for patients suffering from mental health disorders. This platform incorporates a behavioral health specific electronic health record system (MindLinc 2.0), combined with a digital health platform (HealthLinc) gathering digital phenotype data outside of clinician visits to create the largest longitudinal real-world behavioural health database (Holmusk Database). Holmusk's proprietary algorithms (Holmusk Analytics) stitch together these two types of data, processing & translating them into a continuous disease trajectory for individual patients. This brings an unprecedented understanding of patient mental health, allowing pharma companies, clinicians and researchers to investigate needs of patients and design new therapeutics, drugs and interventions which can be tested readily on a network of community mental health clinics.

AMERICAN OVERSIGHT



Holobiome

www.holobiome.org

PRIMARY SECTOR/TA/INDICATION:	Pharmaceuticals | Microbiome
SECONDARY SECTOR/TA/INDICATION:	Pharmaceuticals | Neuroscience | Mood Disorders
RESIDENT STATUS LOCATION:	Boston – LabCentral
RESIDENT STATUS:	Current
R&D STAGE:	Preclinical (GLP Tox-IND)

KEY DIFFERENTIATION:

Pathway and disease specific use of microbiome as a clinical intervention with neuromodulator evaluation.

Holobiome

MISSION STATEMENT:

Our mission at Holobiome is to treat and prevent disease by manipulating the human microbiome. Our early focus is around treating diseases related to the nervous system, including sleep discorders, treatment-resistant depression, and irritable bowel syndrome. We seek to build portfolio and infrastructure value as we develop therapeutics (in the form of OTC probiotics and/or biologics) for these initial indications. This will enable rapid expansion into other therapeutic areas.

PROBLEM:

Up to 30% of the global population suffers from sleep issues, and this comes with a substantially increased risk of metabolic and cardiovascular disease, as well as behavioral disorders. Depression, recently classified as the leading cause of disability worldwide by the World Health Organization, affects up to 9% of adults in the U.S. per year, and an estimated 20% of the population will experience a depressive episode in their lifespan. IBS is characterized by chronic abdominal pain and discomfort, and is estimated to effect between 10 and 20% of the U.S. population. Unfortunately, a major problem with treating these disorders is the lack of efficacy of front line drugs, or lack of therapeutic options. For example, 29 – 46% of patients with depression do not see resolution or improvement of symptoms after front-line treatment, which are typically serotonin reuptake inhibitors. However, it was withdrawn due to an increased risk of adverse cardiovascular events. For sleep disorders, while several drugs exist today – such as eszopiclone (Lunesta) or zolpidem (Ambien) – many come with a high risk of addiction and a negative stigma. This is a likely reason why many individuals suffering from sleep disorders do not seek treatment (<20%). Due to limited or poor therapeutic options for sleep disorders, treatment resistant depression, and IBS, these diseases impose an enormous socioeconomic burden on society and the affected individual, with an estimated annual global cost of over one trillion dollars. We seek to fix this, providing health solutions to those in need.

SOLUTION:

The lead products of Holobiome consist of bacteria able to alter host GABAergic and Serotonergic neurotransmission. Incredibly, intervention with these neurotransmitter modulating bacteria has been shown to provide antidepressant, anxiolytics, and improved intestinal motility phenotypes, multiple animal models, and microbiome intervention in humans can alter levels of these important nearutransmitters or their prescursons. Providing these bacteria to patients will provide therapeutic efficacy in our target indications via stimulation of the enteric and peripheral nervous system locally and/or to the central nervous system via the vagus nerve. A key feature of our products are there strong safety profiles. Many existing drugs for our target indications have considerable side effects, such as weight gain, sexual dysfunction, and addiction. Microbiome-based therapeutics, consisting of naturally occurring microbes that exist in healthy humans, are expected to be exceptionally safe with minimal side effects. This inherent safety will minimize regulatory costs and hurdles, while expediting the developmental timeline compared to traditional drugs. For the probiotic path, the fact these strains have evolved with and exist in humans reinforces their safety profiles, and has been received well by the FDA for generally regarded as safe (GRAS) notification submissions.



Intheon (fka Syntrogi)

http://www.intheon.io/

PRIMARY SECTOR/TA/INDICATION:	Medical Devices | Health Tech
SECONDARY SECTOR/TA/INDICATION:	Medical Devices | Diagnostics
RESIDENT STATUS LOCATION:	San Diego – JRD
RESIDENT STATUS:	Alumni
R&D STAGE:	Pre-Clinical / Early Mechanical

KEY DIFFERENTIATION:

Intheon is pioneering the world's first neurotechnology middleware platform, powering transformative applications that connect to your mind and body – anytime.

intheon

MISSION STATEMENT:

Intheon's mission is to power the coming neurotechnology revolution by enabling turnkey integration of advanced brain & body state assessment into any application or device – anytime, anywhere.

PROBLEM:

Rapidly accelerating advances in fundamental and applied neuroscience, machine learning and AI, and physiological sensing and computing have created tremendous potential for neurotechnology to transformatively impact many facets of everyday life, including health, medicine, and wellness; human performance and ergonomics, and more. However, R&D and software infrastructure involved in developing and deploying advanced neurotechnology solutions are typically expensive, time-consuming, and requires rare expertise.

SOLUTION:

We empower businesses to surmount R&D and deployment challenges, while reducing cost and time-to-market, for their neurotechnology-related products through the first scalable "plug and play" Platform as a Service for brain & body state assessment. Our cloud middleware service, NeuroScale™, provides "anytime, anywhere" access to state-of-the-art real time and batch processing of neuronal and other physiological signals, from diverse non-invasive (+wearables) and invasive sensor hardware, through an easy-to-use API and our turnkey pipelines. Detailed analyses of individual datasets or large studies can be quickly summarized into meaningful digests through our automated NeuroScale™ Reports service. Additionally, our NeuroPype™ Enterprise desktop application suite allows researchers and developers to easily design, develop, and trial their own specialized biosignal processing pipelines, with one-click deployment to our cloud service or on-premise execution.

By enabling businesses to quickly build on advanced R&D and established infrastructure, we aim to catalyze growth, accessibility, and impact of transformative neurotechnology solutions .

AMERICAN OVERSIGHT

BEERSE



Mindpax

https://mindpax.me/en/

PRIMARY SECTOR/TA/INDICATION:	Medical Devices | Health Tech
SECONDARY SECTOR/TA/INDICATION:	Pharmaceuticals | Neuroscience | Mood Disorders
RESIDENT STATUS LOCATION:	Beerse
RESIDENT STATUS:	Current
R&D STAGE:	Full Product Development

KEY DIFFERENTIATION:

The Mindpax system for collecting and analyzing data is both simple to use and works independently of hardware platforms. The Mindpax monitoring system helps to monitor biorhythms, to give insights into physical and mental wellbeing and predict mental health attacks before they happen.

Mindpax.me

MISSION STATEMENT:

We aim to become leader in digital therapy for patients suffering from the most severe mental health diseases of schizophrenia and bipolar disorder.

PROBLEM:

High costs of mental health treatment, low quality of life of psychiatric patients, no long-term information on disease development for doctors

SOLUTION:

Focus on long-term monitoring of circadian rhythms as a proxy for digital biomarker predicting relapse of severe mental health diseases.

AMERICAN OVERSIGHT



TORONTO

NeuroTheryX

www.neurotheryx.com

PRIMARY SECTOR/TA/INDICATION:	Pharmaceuticals | Neuroscience | Mood Disorders
SECONDARY SECTOR/TA/INDICATION:	Pharmaceuticals | Platform | Therapeutic
RESIDENT STATUS LOCATION:	Toronto
RESIDENT STATUS:	Current
R&D STAGE:	Lead (H2L-LO)

KEY DIFFERENTIATION:

In vivo expression system provides opportunity to screen and rapidly identify drugs for treatment of neurodegenerative models.

MISSION STATEMENT:

NeuroTheryX is an R&D-driven development stage drug discovery company focusing on CNS diseases. NeuroTheryX utilizes a discovery platform defined by highly predictive and efficient biology-driven models with a focused and prioritized chemistry approach. NeuroTheryX has extensive biological disease models that can be screened with both small molecules as well as biological extracts. The NeuroTheryX lead drug is a small molecule therapeutic for the treatment of progressive multiple sclerosis. NeuroTheryX also has interest in the area of neuropsychiatric disorders such as bipolar disorder

PROBLEM:

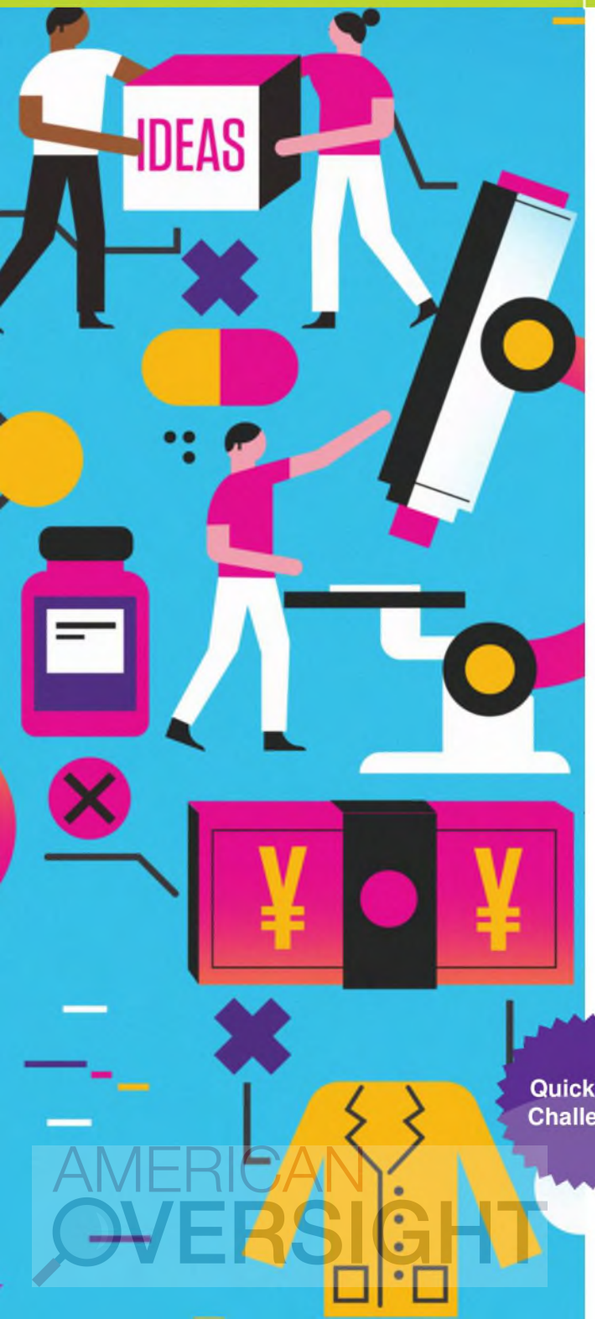
NeurotheryX is bringing a novel biological approach to drug discovery which has been neglected. Specifically, NeurotheryX focuses on CNS diseases. Our main project addresses the un-met need for therapeutics aimed at myelin repair in demyelinating conditions.

SOLUTION:

A unique biology driven technology platform combined with focused chemistry allows NeurotheryX to generate powerful intellectual property protected new chemical entity therapeutics that have been extensively de-risked.

AMERICAN OVERSIGHT

QUICKFIRE CHALLENGE



Neurotrack

Neurotrack

www.neurotrack.com

PRIMARY SECTOR/TA/INDICATION:	Consumer | Health Tech | Sensors
SECONDARY SECTOR/TA/INDICATION:	Pharmaceuticals | Neuroscience | Alzheimer's Disease
RESIDENT STATUS LOCATION:	Virtual
RESIDENT STATUS:	Current
R&D STAGE:	Pre Revenue/Commercial

KEY DIFFERENTIATION:

At Neurotrack, our neuroscientists, neuropsychologists and engineers have developed the Imprint Memory Assessment based on breakthrough research. Taken online, the assessment offers advanced eye tracking technology in the comfort and privacy of an individuals own home and allows recurring assessment to show and predict decline over time.

MISSION STATEMENT:

Silicon-Valley-based Neurotrack, led by Elli Kaplan, CEO, is on a mission to transform the diagnosis and prevention of memory loss and related diseases like Alzheimer's.

PROBLEM:

Alzheimer's disease is the greatest healthcare challenge of our generation. Its insidious and debilitating nature takes an enormous toll on the quality of life of those who suffer from the disease as well as their family members and caretakers.

SOLUTION:

Neurotrack is commercializing the first fully integrated digital platform for assessing and preventing cognitive decline and Alzheimer's disease. Neurotrack's digital therapeutic is validated to delay Alzheimer's and improve cognition. The companion Imprint 30-min assessment can assess an individual's risk for cognitive decline and the 5-minute Imprint Monitor is used to engage and monitor patients while on the digital therapeutic. The platform is available on desktop and mobile.

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT



NYC

Redpin Therapeutics

REDPIN therapeutics

PRIMARY SECTOR/TA/INDICATION:	Pharmaceuticals | Neuroscience | Parkinson's Disease
RESIDENT STATUS LOCATION:	NYC
RESIDENT STATUS:	Current
R&D STAGE:	Preclinical (GLP Tox-IND)

KEY DIFFERENTIATION:

Redpin has two mechanisms to activate the modified receptors which would enable therapeutic benefit, no other company has access to this technology. The technology can be applied to various disease states.

MISSION STATEMENT:

RedPin seeks to develop and commercialize two novel and complementary platform technologies that enable the non-invasive regulation of cell activity using engineered receptors that are controlled by one of two methods: an FDA-approved drug (chemogenetics) or a magnetic field (magnetogenetics). We aim to treat both neurological and psychiatric disorders that do not respond to current therapies.

PROBLEM:

Today's drugs that modulate cell activity usually do so by systemic drug adminitration that leads to pharmacological effects across multiple regions and cell types. This untargeted approach may be associated with side effects that may limit efficacy.

SOLUTION:

Our chemogenetic and magnetogenetic technologies turn drug development on its head. Instead of the costly and slow traditional approach, which painstakingly develops a different drug for each receptor associated with a particular disease, Redpin has a scalable, generalizable solution that is applicable to many different diseases. We have developed engineered receptors that can be activated by a safe, potent, FDA-approved drug or magnetic fields to obtain pharmacological control over any cell type. Using different engineered receptors, the activated response can be either inhibitory or stimulatory to individual cells or neuronal circuits. The power of this unique technology is that it can be used to treat currently intractable disorders in disparate areas of medicine by targeting specific cells responsible for disease states in neurology, psychiatry, metabolism, and cancer.

AMERICAN OVERSIGHT



SAN FRANCISCO

Tiatros Inc.

TIATROS

www.tiatros.com

PRIMARY SECTOR/TA/INDICATION:	Consumer | Health Tech | Digital Therapeutics
RESIDENT STATUS LOCATION:	MBC SF
RESIDENT STATUS:	Alumni
R&D STAGE:	Pre Revenue/Commercial

KEY DIFFERENTIATION:

Tiatros has tested their digital health program in collaboration with the VA on soldiers with PTSD.

MISSION STATEMENT:

Tiatros provides resilience skills training programs and analytic tools that enable Human Resources and Employee Benefit groups to actively manage the productivity, mental health and psychological resilience of their workforce.

PROBLEM:

Large self-insured employers increasingly understand that underspending on mental health results in overspending on physical health. They understand that the key to lowering their corporate healthcare costs is to provide access to effective mental health care. They need affordable, evidenced-based behavioral health and psychological resilience skills services that result in quantitatively measurable improvements to the overall health, productivity and psychological resilience of their entire workforce.

Employers must be part of the solution to this problem, because they bear much of its cost. Collectively, employers lose $200 billion dollars in productivity each year due to untreated mental illness, while spending another $200 billion dollars to treat anxiety and depression in the workforce. That said, lost productivity costs and the direct cost of mental health care are just the tip of the proverbial iceberg for self-insured employers. The largest and most difficult-to-quantify part of their corporate healthcare budgets is spent indirectly on mental illness, i.e., hundreds of billions of dollars of healthcare spending on gastrointestinal illnesses, musculoskeletal illnesses, insomnia, pre-diabetic conditions, heart disease, substance abuse, migraine, and other chronic illnesses that are greatly exacerbated by untreated co-occurring mental illness.

SOLUTION:

Tiatros programs consist of 8 weekly sessions that each take approximately 90 minutes to complete. 12 – 16 participants who have similar health challenges and personal goals form a 'peer group'. Each peer group is moderated by a trained facilitator and overseen by an expert CBT therapist. Participants access their programs asynchronously, from anywhere, on their personal devices, when it is most convenient.

Participants learn and practice CBT skills with the other members of their peer group. We teach evidence-based CBT exercises, including Narrative Therapy and storytelling, journaling, and mindful meditation, that are carefully tailored to resonate with participants. We use social media-styled methods to foster a supportive and nurturing community that is itself therapeutic, acting to encourage every participant to actively engage in and complete his/her program. This approach greatly increases the number of therapeutic touch points, with most participants engaging daily, and some several times per day, so Tiatros achieves 75% program completion rates and clinical outcomes that are as good those seen in psychotherapies conducted by expert psychiatrists at top medical centers.

Tiatros integrates natural language analytics to personalize the user experience and sustain high levels of engagement; improve clinical outcomes; and provide the tools that our customers need to make data driven decisions to manage their budgets to optimize the health and psychological resilience of their workforce.

AMERICAN OVERSIGHT



TORONTO

Winterlight labs

www.winterlightlabs.com

PRIMARY SECTOR/TA/INDICATION:	Pharmaceuticals | Neuroscience | Alzheimer's Disease
SECONDARY SECTOR/TA/INDICATION:	Pharmaceuticals | Health Tech
RESIDENT STATUS LOCATION:	Toronto
RESIDENT STATUS:	Current
R&D STAGE:	Discovery (Research, TI/TV)

KEY DIFFERENTIATION:

Algorithm has demonstrated potential to identify AD from clinical trial data.

WINTERLIGHT

MISSION STATEMENT:

To detect and diagnose cognitive and mental health conditions through speech and language using artificial intelligence.

PROBLEM:

Currently neuropsychology assessments are:

1. Time consuming & expensive
2. Subjective
3. Stressful
4. Can't be done often

SOLUTION:

We're the only company that uses speech and language to computationally detect cognitive impairment.

AMERICAN OVERSIGHT

Johnson & Johnson INNOVATION | JLABS

JLABS Women's & Maternal Health Focused Companies

AMERICAN OVERSIGHT



NYC

Aggamin

www.aggamin.com

PRIMARY SECTOR/TA/INDICATION:	Pharmaceuticals | Women's Health
RESIDENT STATUS LOCATION:	NYC
RESIDENT STATUS:	Current
R&D STAGE:	Discovery (Research, TI/TV)

KEY DIFFERENTIATION:

Aggamin is exclusively focused on addressing preeclampsia, a women's health issue. The company developed a preeclampsia diagnostic test marketed in the EU and Asia, is in Ph II clinical trials with a medical device therapy and is developing a biologic drug to reverse and prevent preeclampsia

Aggamin

MISSION STATEMENT:

To commercialize therapies for women's health indications.

PROBLEM:

Unmet medical needs for women's health.

SOLUTION:

Issued IP for validated pathways. Company founders successfully commercialized diagnostic for indication creating market for therapy.

AMERICAN OVERSIGHT



Antiva Biosciences

www.antivabio.com

PRIMARY SECTOR/TA/INDICATION:	Pharmaceuticals | Infectious Diseases
RESIDENT STATUS LOCATION:	San Diego
RESIDENT STATUS:	Alumni
R&D STAGE:	Lead (H2L-LO)

KEY DIFFERENTIATION:

Intheon is pioneering the world's first neurotechnology middleware platform, powering transformative applications that connect to your mind and body – anytime.

MISSION STATEMENT:

Lead product is a topical antiviral for the treatment of high-risk strains of human papillomavirus (HPV) infections, the primary cause of cervical cancer.

PROBLEM:

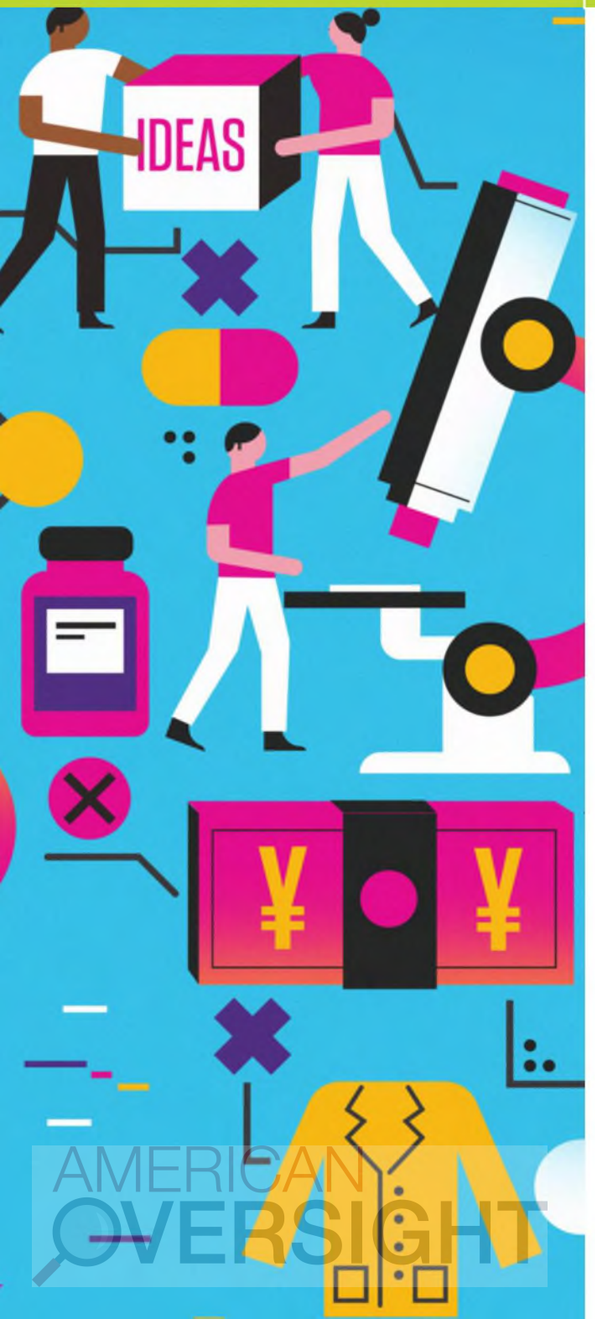
Cervical cancer incidence in the US is approximately 12,000, of which 99% is attributable to HPV. HPV-associated cancers are a major global health problem, with 500,000 new cases of cervical cancer annually. While cervical neoplasias and cancer are the most well-known HPV-related conditions, HPV is also a major cause of anal neoplasias and anal cancer, oropharyngeal neoplasias that cause head and neck cancer, genital warts, and respiratory papillomatosis. The advent of the prophylactic vaccine for HPV 16/18 in 2006 was a major step forward in the fight against HPV-associated cancers. However, the prophylactic vaccines do not cover all oncogenic HPV subtypes and adoption rates have been disappointing, particularly in the US and EU. Therefore, HPV infections and the disease states driven by such infections remain a major clinically unmet need.

SOLUTION:

Antiva Biosciences's lead drug program is aimed at intervening before intraepithelial lesions in the cervix and anus become cancerous. ABI-1968 is a double prodrug of an acyclic nucleoside phosphonate with known potent anti-viral activity but poor cellular permeability and use-limiting systemic toxicity. When administered topically or locally, ABI-1968 provides rapid uptake into cells and slow release of the active metabolite, thereby overcoming the challenges of the parent compound. ABI-1968 works by directly blocking HPV replication and inducing apoptosis in HPV-infected lesions, while sparing normal cells. A Phase 1a study was completed mid-2017. ABI-1968 is currently being studied in two Phase 1b clinical studies: one in CIN 2,3 patients and another in AIN 2,3 patients.

AMERICAN OVERSIGHT

QUICKFIRE CHALLENGE



Bloomlife

www.bloomlife.com

PRIMARY SECTOR/TA/INDICATION:	Consumer | Women's Health
SECONDARY SECTOR/TA/INDICATION:	Consumer | Wellbeing and Health | Baby Care
RESIDENT STATUS LOCATION:	Virtual
RESIDENT STATUS:	Current
R&D STAGE:	Full Clinical and Product Development

bloomlife

MISSION STATEMENT:

Bloomlife combines prenatal wearables with data analytics to reassure and empower moms and help doctors earlier predict and manage pregnancy complications to improve birth outcomes.

PROBLEM:

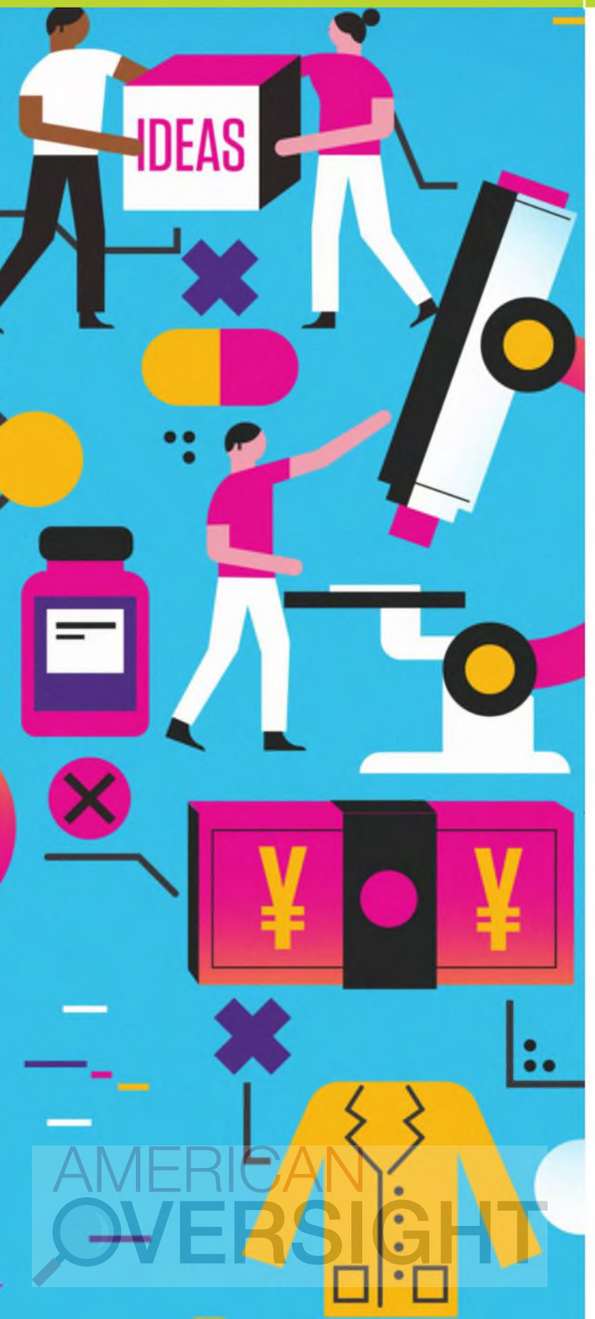
There remain many unknowns in pregnancy. Unknowns that create stress, fear, and anxiety for moms, and unknowns that lead to complications and health risk for mom and baby (20% experience pregnancy complications, 1 in 8 babies born preterm). Over the past several decades there has been an increasing rate of high risk pregnancies and pregnancy complications due to maternal age, chronic disease, and lifestyle factors. At the same time access to care is increasingly an obstacle with 50% of US counties lacking a single OBGYN. Despite spending $100B annually on pregnancy and childbirth, the US ranks last in birth outcomes.

SOLUTION:

Bloomlife is pioneering the future of prenatal care by designing mom-centered, personalized health solutions that embrace each mom's unique journey and experience. We combine clinical grade prenatal wearables with data analytics. Our prenatal wearable is a small patch worn on mom's belly that non-invasively tracks important health parameters of mom and baby (maternal heart rate, stress, sleep, uterine activity + fetal heart rate + fetal movement). We can further capture self-reported (age, weight, mental health, drug/alcohol use) and environmental factors via the smartphone. Our analytics backend uses machine learning algorithms to identify modifiable risk factors for pregnancy complications and predict events (e.g preterm birth). Information is served to mom via a smartphone app where we deliver the right information, to the right mom, at the right time. With better information tailored to her, we take the guesswork out of pregnancy for mom to educate, reassure, and empower healthy decisions during this life changing period.

AMERICAN OVERSIGHT

QUICKFIRE CHALLENGE



CallMidwife.com

https://callmidwife.com/en/

PRIMARY SECTOR/TA/INDICATION:	Consumer | Wellbeing and Health | Baby Care
RESIDENT STATUS LOCATION:	Virtual
RESIDENT STATUS:	Current
R&D STAGE:	Full Clinical and Product Development

CallMidwife.com

MISSION STATEMENT:

Developed a web-based and mobile app for pregnant women and parents that enables parents to monitor their pregnancy, diagnose various complaints and access home. treatment guidelines.

PROBLEM:

Pregnant mothers and new parents often need immediate advice, emotional support or consultation for numerous and varied questions related to pregnancy and newborns. Easy access to such information can help prevent and solve problems related to women's and children's health and well-being, as well as support the health system.

SOLUTION:

CallMidwife.com is a web-based and mobile app for pregnant women and parents that uses evidence-based algorithms created by medical experts which enables parents to monitor their pregnancy, diagnose various complaints and access home treatment guidelines. In addition, CallMidwife.com offers 24/7 midwife consultation services via video, phone and live chat and can provide emotional support or advice on how to cope with any issues that may occur with a newborn baby.

AMERICAN OVERSIGHT

SAN FRANCISCO



Control Panel, Inc. (aka Droplet)

Control Panel

https://control-panel.io/

PRIMARY SECTOR/TA/INDICATION:	Medical Devices | Diagnostics
SECONDARY SECTOR/TA/INDICATION:	Medical Devices | Diagnostics | Women's Health
RESIDENT STATUS LOCATION:	Bay Area – MBC SF
RESIDENT STATUS:	Current
R&D STAGE:	Early Technical Feasibility and Prototyping

MISSION STATEMENT:

Our general company mission is "Wellness for every woman."

PROBLEM:

Routine diagnostics require women to sacrifice time, money, and privacy.

SOLUTION:

We're making diagnostic tests for women more convenient than ever before by combining state-of-the-art diagnostics with best-in-class logistics to make at-home tests focused on female health both feasible and affordable.

AMERICAN OVERSIGHT

QUICKFIRE CHALLENGE



iSono Health

www.isonohealth.com

PRIMARY SECTOR/TA/INDICATION:	Medical Devices
SECONDARY SECTOR/TA/INDICATION:	Health IT
RESIDENT STATUS LOCATION:	Virtual
RESIDENT STATUS:	Current
R&D STAGE:	Early Technical Feasibility and Prototyping

MISSION STATEMENT:

iSono Health is transforming breast cancer screening by combining artificial intelligence (AI) and automated ultrasound to empower women and physicians with accessible and personalized breast health monitoring.

PROBLEM:

Every year 1.7 million women get diagnosed with breast cancer and 1.5 billion women need breast cancer screening. Mammogram as a screening tool has significant shortcomings: 1) insufficient access 2) x-ray radiation; 3) deficient sensitivity in dense breast tissue affecting more than 47% of women in US/Europe and 70% of women in Asia. As a result, 39% of breast cancers are discovered after spreading beyond local tissue, which highlights the pressing need for more accessible detection of cancers at earlier stages, when treatment is most effective and costs 10x less compared to late stage. Ultrasound is a scalable and highly sensitive technology proven to identify tumors at earlier stages. However, the adoption of ultrasound as been limited due to variability of scans and interpretation based on the operator skill resulting in false positives, lengthy exam time (15-30mins), and shortage of ultrasound specialists. Automated breast ultrasound (ABUS) systems improve on limitations of hand-held ultrasound, however, adoption and accessibility of ABUS has been limited, especially in point-of-care settings, due to high capital cost, and large equipment size.

SOLUTION:

Our platform combines compact, automated ultrasound with AI. Our patented ultrasound scanner automatically captures 3D images of whole breast in 1min. The scanner attaches to a bra-like accessory, communicates with a smart device, and data is transferred to a secure cloud for storage and deep learning. Our deep learning algorithm identifies abnormal masses and tracks changes in breast tissue using acoustic biomarkers extracted from quantitative ultrasound data. Unlike other imaging modalities, our system captures breast in its natural shape, produces repeatable images independent of operator skill in 1 minute without the need for expensive capital equipment, radiation, and patient discomfort.

AMERICAN OVERSIGHT

QUICKFIRE CHALLENGE



Mercy BioAnalytics, Inc.

www.mercybio.com

PRIMARY SECTOR/TA/INDICATION:	Pharmaceuticals | Diagnostics
RESIDENT STATUS LOCATION:	Boston - LabCentral
RESIDENT STATUS:	Current
R&D STAGE:	Discovery (Research, TI/TV)

KEY DIFFERENTIATION:

We are developing plasma-based assays that promise significantly greater sensitivity and specificity for stage I cancer than competing approaches, including those using cell-free nucleic acids, circulating tumor cells, and proteomics.

MERCY BIOANALYTICS

MISSION STATEMENT:

Mercy BioAnalytics (MBA) is dedicated to developing liquid biopsy to detect cancer at stage I, when it is more likely to be cured, and improve the efficiency of clinical trials.

PROBLEM:

Every year 600,000 Americans die of cancer. The mortality and morbidity of cancer could be greatly reduced by detecting cancer early; early cancer detection improves survival four to ten times across cancer types. For example, the five-year survival rate of ovarian cancer is 92% and 14% for stage I and IV disease, respectively. Despite the large difference in survival, only 15% of women are diagnosed with stage I ovarian cancer. Many patients continue to be diagnosed with late-stage cancer because of the lack of an effective screening test. Secondly, the FDA is putting pressure on pharmaceutical companies to incorporate biomarkers into their oncology clinical trial strategies to more precisely find patients likely to respond. The motivation for increased precision is driven by the low average response rate for oncology treatments, currently at 24%, meaning 3 out of 4 patients will not benefit from receiving a prescribed oncology drug. Many of the world's top pharma companies are now looking for biomarkers that will predict drug sensitivity, drug efficacy, or disease progression. Moreover, biomarkers used to stratify patients in clinical trials from 2010 to 2017 have increased the chance the drug is FDA approved by three times. Given the advantages of biomarkers, Dr. Pascal Soriot, the CEO of AstraZeneca, has mandated in 2015 that every new therapeutic asset under development at the company have an associated biomarker.

SOLUTION:

Mercy BioAnalytics' (MBA) solution is highly interdisciplinary, utilizing new techniques from data science (machine learning), bioengineering (microfluidics), and targeted sequencing. We are identifying biomarkers and developing a novel form of liquid biopsy diagnostic. Our computational platform has identified several unique cancer biomarkers with much higher sensitivity and specificity for early-stage cancers than FDA approved and competing platforms. FDA approved approaches to cancer screening include medical procedures, protein biomarkers, and medical imaging. Medical procedures are impractical for screening on a large scale due to invasiveness and infrastructure needs. Protein biomarkers, such as prostate specific antigen, have a high-false positive rate, leading to over-diagnosis. Medical imaging exposes patients to radiation and is often not applicable to all patients; mammograms, for example, are less sensitive and specific for women with dense breasts. Our approach would conversely require light infrastructure and be highly sensitive and specific, universally applicable to all patients, and non-invasive. Unlike companies pursuing similar goals, including Grail, Foundation Medicine, Guardant Health, and Personal Genome Diagnostics, our instrumentation is designed to survey certain classes of biomolecules that have not been previously examined by these companies. As such, we may uniquely detect cancers that are less than 1 cm3, identify the cancer's tissue of origin, and pick-up on drug sensitivity or resistance markers earlier.

AMERICAN OVERSIGHT

Johnson & Johnson INNOVATION | JLABS

JLABS Telemedicine Focused Companies

AMERICAN OVERSIGHT



TORONTO

App4 Independence

PRIMARY SECTOR/TA/INDICATION:	Medical Devices | Health Tech
SECONDARY SECTOR/TA/INDICATION:	Pharmaceuticals | Neuroscience | Schizophrenia
RESIDENT STATUS LOCATION:	Toronto
RESIDENT STATUS:	Current
R&D STAGE:	Pre-Clinical / Early Mechanical

KEY DIFFERENTIATION:

Digital platform that allows for real time assessment of cognitive function in psychiatric disorders.

MISSION STATEMENT:

A Joint Venture between CAMH and MEMOTEXT, A4i aims to solve many of the current problems across the schizophrenia healthcare continuum. An evidence-based, peer-to-peer patient centric mobile app and provider portal, A4i enhances both illness self-management and provider engagement to better support recovery, medication adherence and community functioning while predicting and attempting to reduce relapse risk for people living with schizophrenia and psychosis.

PROBLEM:

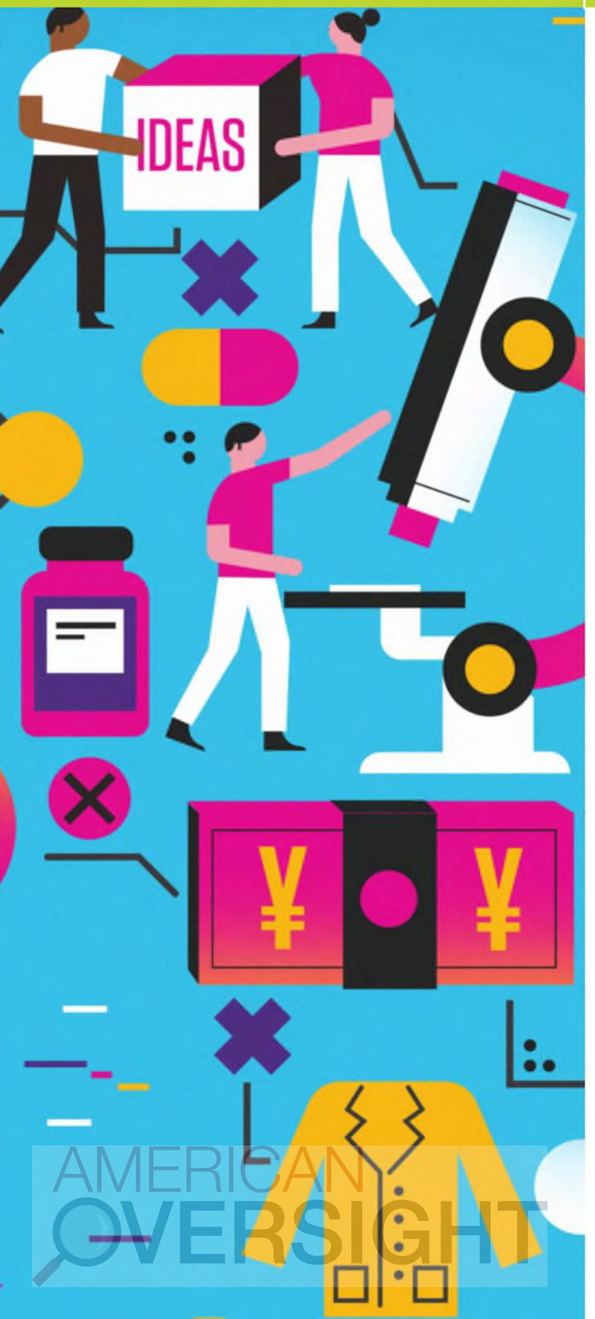
Schizophrenia occupies 1 out of 12 hospital beds in Canada, costing $6.85B annually in healthcare costs and effective services are hampered by several complex, compounding factors. Currently there are no commercially available and/or clinically proven digital or mobile health offerings that provide a solution to improve medication adherence in patients with schizophrenia. With a 70% mobile tech adoption among patients, A4i is a response to the gaps in the current system of care for individuals with schizophrenia-spectrum illnesses.

SOLUTION:

Our technology is unique in that it is designed with clinical expertise of a leading mental health institution and the expertise of a digital health commercialization innovation team. Behind this team is a robust and proprietary technology with clinically specific IP and significant market access both through commercial and clinical collaborative opportunities. The IP will relate to the clinical decision rules used by the system to determine content distribution and interpretation of ambient and subjective health data. A4i combines multiple frameworks (social activation, stress, anxiety, motivation and cognition) to dynamically engage, collect data, tailor and deliver (anonymized) peer-to-peer and evidence-based content. A4i uses interactions, usage and ambient sleep monitoring, pioneering the use of machine learning and hypothesis-driven content feed and data analysis to combine subjective and objective data elements to segment intervention content in real-time. These key functions of A4i are tailored to the specific needs and preferences of individual users. They were developed from a rigorous process of iterative and incremental development that involved reviews of the academic literature and building from proven e-health strategies. Most importantly, active participation of end-users and key stakeholders engaged as advisors throughout the course of iterative testing. The system which will be accessible both with smart (iOS/Android) and feature (non-smart/flip phones) will be unique in its ability to adapt the intervention to the specific needs and behaviors of the patient/user.

AMERICAN OVERSIGHT

QUICKFIRE CHALLENGE



HealthBeacon

http://healthbeacon.com/

PRIMARY SECTOR/TA/INDICATION:	Consumer | Health Tech | Health & Healing
RESIDENT STATUS LOCATION:	Virtual
RESIDENT STATUS:	Current
R&D STAGE:	Full Clinical and Product Development

KEY DIFFERENTIATION:

Tiatros has tested their digital health program in collaboration with the VA on soldiers with PTSD.

HEALTH BEACON

MISSION STATEMENT:

HealthBeacon is a medication adherence technology company that develops smart tools for managing medication.

PROBLEM:

Poor medical adherence has been estimated to be a $290 billion issue annually by the New England Health Institute. They estimate that 2 billion cases of non-adherence are avoidable. Clinical studies have demonstrated that only 50%-70% of patients adhere properly to prescribed drug therapy. Smart connected devices have demonstrated an ability to improve adherence by as much as 27%. (Partners Centre for Connected Health 2010).

SOLUTION:

HealthBeacon has developed an FDA cleared, smarts sharps system that is able to track whether a patient has taken their medication and help them stay adherent to their prescription schedule. This system has been clinically reviewed, validated by the pharmaceutical industry and has been integrated into patient care programs throughout North America and Europe, delivering valuable data to both the patient and their clinical team.

AMERICAN OVERSIGHT



NYC

Holmusk

holmusk

PRIMARY SECTOR/TA/INDICATION:	Pharmaceuticals | Neuroscience | Data analysis
SECONDARY SECTOR/TA/INDICATION:	Pharmaceuticals | Health Tech
RESIDENT STATUS LOCATION:	NYC
RESIDENT STATUS:	Current
R&D STAGE:	Discovery (Research, TI/TV)

KEY DIFFERENTIATION:

End to end collation of mental health data between patients and physicians enabling a holistic view of the patient experience enabling better clinical decision making.

MISSION STATEMENT:

To use technology to enhance data-enabled, human-driven healthcare and improve the lives of people with chronic and behavioural health.

PROBLEM:

Behavioral health patients are underserved. Solutions to behavioral health, mental health and neuropsychiatric diseases are limited, with the practice of clinical care and the rate of investment in research and development of new drug treatments unable to keep up with the intensity of the problem.

SOLUTION:

Holmusk, through the capture, organizing and analytics of patient behavioral health data, is building a next generation behavioral health platform to enable the delivery of quality care for patients suffering from mental health disorders. This platform incorporates a behavioral health specific electronic health record system (MindLinc 2.0), combined with a digital health platform (HealthLinc) gathering digital phenotype data outside of clinician visits to create the largest longitudinal real-world behavioural health database (Holmusk Database). Holmusk's proprietary algorithms (Holmusk Analytics) stitch together these two types of data, processing & translating them into a continuous disease trajectory for individual patients. This brings an unprecedented understanding of patient mental health, allowing pharma companies, clinicians and researchers to investigate needs of patients and design new therapeutics, drugs and interventions which can be tested readily on a network of community mental health clinics.

AMERICAN OVERSIGHT



ICmed

www.icmedonline.com

PRIMARY SECTOR/TA/INDICATION:	Pharmaceuticals | Health Tech
RESIDENT STATUS LOCATION:	Boston
RESIDENT STATUS:	Current
R&D STAGE:	Marketed Products

KEY DIFFERENTIATION:

Enables integration of various data sources for use by patients and caregivers and can be utilized by external stakeholders such as payors and providers.

MISSION STATEMENT:

To use technology to enhance data-enabled, human-driven healthcare and improve the lives of people with chronic and behavioral health.

PROBLEM:

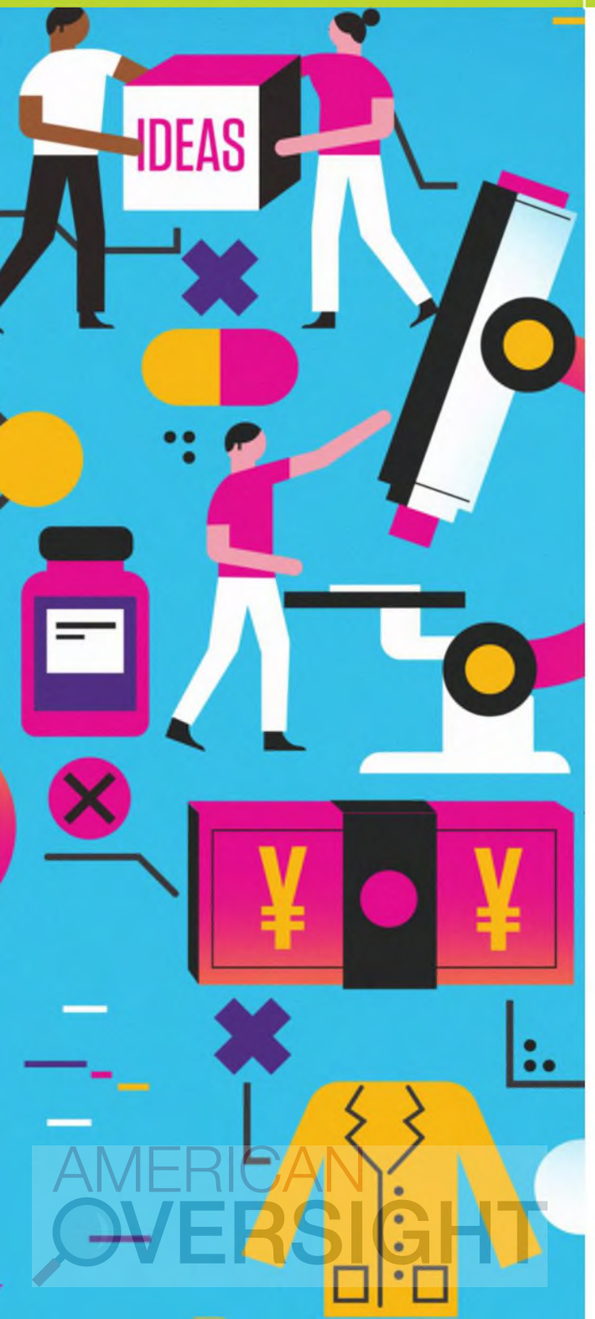
Value-based models of care require sustained patient engagement, adherence to care plans, coordination among diverse provider care teams, free exchange of relevant data in real time, and unburdened caregiver support. Otherwise, quality outcomes and patients are at risk, providers stand to lose income, and caregivers' role is compromised. Traditional Electronic Medical Record platforms, built for health systems and payers to organize patient data in technical jargon to capture and facilitate reimbursement, are NOT a consumer tool and cannot be adapted as such.

SOLUTION:

ICmed is a patient- and caregiver-centered communication and collaboration mobile software solution allowing the patient-caregiver dyad to work as a team, in coordination with their provider care staff. Users OWN, SHARE and LEARN from their health care provider staff (nurse, PA, case worker) and their health profile, medical conditions and collected data in a safe, secure environment. The provider care team works in collaboration with the patient-caregiver dyad through their enterprise dashboard, tailored to their workflow and synchronized with the mobile app. Imperative: None of our tech development or workflow design is undertaken without the informal (usually family) caregiver in mind. This is unique. Limited but compelling research indicates that medical outcomes and preventative health are both improved with the inclusion of an informal (usually family) caregiver in the plan. The ICmed business model addresses a consumer imperative to not only access one's health data, but also allow caregivers to empathize and support. Both patients and caregivers learn how to manage health independently and take direction from providers, all on a fluid communication platform. The extent of caregiver involvement in our solutions is a key differentiating competitive factor.

AMERICAN OVERSIGHT

QUICKFIRE CHALLENGE



LIGHTHOUSE

https://lighthouse247.com

PRIMARY SECTOR/TA/INDICATION:	Consumer | Health Tech | Virtual/Augmented Reality
RESIDENT STATUS LOCATION:	Virtual
RESIDENT STATUS:	Current
R&D STAGE:	Pre-Revenue/Commercial

LIGHTHOUSE

MISSION STATEMENT:

LIGHTHOUSE uses the power of voice (e.g., Alexa) to translate doctor-prescribed health journeys into accelerated patient action.

PROBLEM:

PATIENT: Heart wrenching numbers related to patient adherence, lifestyle change and logging. Digital programs or "digital therapeutics" have made limited evolution beyond simple reminders, check lists or log books. Tech phobia, language preference and patient literacy levels reduce the impact of many digital programs.

PHARMA: Outcomes-based healthcare remains an industry trend on every pharma company's ten-year plan. It is not inconceivable to follow the path of IBM, who over the course of a decade changed their revenue mix from 80% hardware/20% services to the inverse. "How?" remains the big open question.

SOLUTION:

Voice based patient programs. LIGHTHOUSE puts your doctor's care plan on your kitchen table, available with the simple phrase "Alexa, check in with LIGHTHOUSE".

- LIGHTHOUSE connects directly into a physician's EMR and translates care plans, discharge protocols or care priorities into bite-sized patient programs
- We use sophisticated patient behavior models to build core skills in diet, physical activity, taking your meds and writing stuff down
- A voice-based program triggers significantly less tech-phobia (everyone talks), multiple language support and improved health literacy
- The "magic" is in the way that LIGHTHOUSE constructs patient conversations to build patient relationships, meet patients at "their" commitment level and translate care plans into daily actions – all to drive better patient outcomes.

AMERICAN OVERSIGHT



NYC

MyInfo, LLC (dba MyHealth.us)

www.myhealth.us

PRIMARY SECTOR/TA/INDICATION:	Consumer | Health IT | Mobility/Wearables
RESIDENT STATUS LOCATION:	NYC
RESIDENT STATUS:	Current
R&D STAGE:	Various

KEY DIFFERENTIATION:

MyHealth.Us is the largest source for consumers to collect their medical and Medicare records, track healthcare observations, and find better consumer-facing solutions online and via 24/7 call center for emergency treatment and diagnostic assistance. Its combined patent-pending patient engagement and service delivery model reduces claims, errors and time to treatment, and improves outcomes. It is very low cost, easy to use, secure, comprehensive, and used by four labor unions and one insurer - and growing.

MYHEALTH.US
We Save Lives!®

MISSION STATEMENT:

Consumer-facing agnostic healthcare platform to help people get and stay well quickly, affordably, with fewer errors, more preventive and predictive care by using innovative care solutions and behavioral inputs for lasting benefits.

PROBLEM:

Lack of data (difficultly accessing and sharing of medical records, lack of patient engagement, failure to record patient/family/caregiver observations). Limited access to innovative solutions with sufficient data for predictive and preventive care. Rudimentary care delivery solutions.

SOLUTION:

Sell MyHealth LifeCode ID and 24/7 service to businesses, insurers and communities to provide free to individuals and family who track their information in response to emails, text and other encouragements, and then receive assistance and online access to broad range of innovative affordable solutions. Unique is our building of expertise in patient engagement and solution delivery. Patent files for storing medical records and observations together with common ID.

AMERICAN OVERSIGHT



NYC

Mymee

www.mymee.com

PRIMARY SECTOR/TA/INDICATION:	Pharmaceuticals | Immunology | Digital Health
RESIDENT STATUS LOCATION:	NYC
RESIDENT STATUS:	Current

KEY DIFFERENTIATION:

Novel method for analyzing patient parameters with nutritional input to understand response to stimuli and potentially reduce pharma therapy burden.

mymee
know myself

MISSION STATEMENT:

Everybody is different, your treatment should be too. Our mission is to bring precision medicine to the masses, improving outcomes while reducing cost. We are starting by fixing chronic autoimmune disease while working to validate the intervention as a cost saving tool because it reduces the number of drugs and surgeries that patients need. We want to work with insurers and self-insured employers in shared savings contracts and provide our intervention to the patients for free.

PROBLEM:

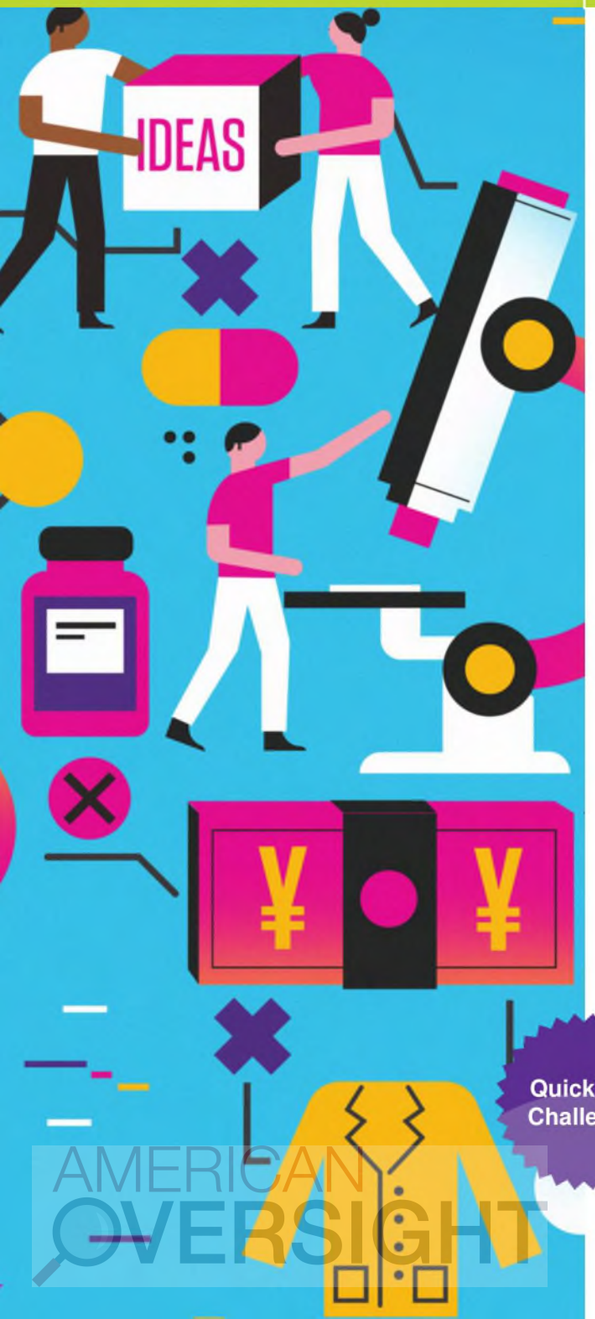
There are 24 million Americans who suffer from at least one autoimmune disease, a $136B problem while another 100 million have elevated ANA (pre-autoimmune disease), making it the second largest pop health problem facing our country. The current standard of care for autoimmune disease patients usually involves putting patients on steroids and immunosuppressant drugs, or getting surgeries. Unfortunately, these drugs are expensive and lead to debilitating side effects, including organ failure and death. There are 157 different autoimmune diseases and most are rare, so this costly population has been largely ignored. We solve the problem underlying all of them - immune dysregulation which allows us to consolidate all these rare diseases into one massive problem worth solving.

SOLUTION:

Our Digital Therapeutics program reverses the symptoms of chronic autoimmune disease through data analytics and health coaching which reduces or eliminates the need for expensive specialty pharmacy drugs. In 16-weeks Mymee builds data models of each participant based on patient-generated health data. Week by week the coach customizes the app so that patients track an adaptive set of potential triggers against their symptoms. Machine learning allows us to collect the minimum viable data to help coaches identify the root cause of each patient's disease. They create behavioral change to mitigate or reverse symptoms, dramatically improving quality of life and decreasing cost of care.

AMERICAN OVERSIGHT

QUICKFIRE CHALLENGE



Neurotrack

Neurotrack

www.neurotrack.com

PRIMARY SECTOR/TA/INDICATION:	Consumer | Health Tech | Sensors
SECONDARY SECTOR/TA/INDICATION:	Pharmaceuticals | Neuroscience | Alzheimer's Disease
RESIDENT STATUS LOCATION:	Virtual
RESIDENT STATUS:	Current
R&D STAGE:	Pre Revenue/Commercial

KEY DIFFERENTIATION:

At Neurotrack, our neuroscientists, neuropsychologists and engineers have developed the Imprint Memory Assessment based on breakthrough research. Taken online, the assessment offers advanced eye tracking technology in the comfort and privacy of an individuals own home and allows recurring assessment to show and predict decline over time.

MISSION STATEMENT:

Silicon-Valley-based Neurotrack, led by Elli Kaplan, CEO, is on a mission to transform the diagnosis and prevention of memory loss and related diseases like Alzheimer's.

PROBLEM:

Alzheimer's disease is the greatest healthcare challenge of our generation. Its insidious and debilitating nature takes an enormous toll on the quality of life of those who suffer from the disease as well as their family members and caretakers.

SOLUTION:

Neurotrack is commercializing the first fully integrated digital platform for assessing and preventing cognitive decline and Alzheimer's disease. Neurotrack's digital therapeutic is validated to delay Alzheimer's and improve cognition. The companion Imprint 30-min assessment can assess an individual's risk for cognitive decline and the 5-minute Imprint Monitor is used to engage and monitor patients while on the digital therapeutic. The platform is available on desktop and mobile.

AMERICAN OVERSIGHT

BEERSE

Q1.6



www.questions.ai

PRIMARY SECTOR/TA/INDICATION:	Pharmaceuticals | Immunology| Rheumatoid Arthritis
RESIDENT STATUS LOCATION:	Beerse
RESIDENT STATUS:	Current
R&D STAGE:	Biomarkers

KEY DIFFERENTIATION:

Using so called Micro Moments to capture data from people in moments that are "free".

MISSION STATEMENT:

Developing the Q platform to improve patient engagement and capture more and more accurate data, by combining multiple data streams and multiple communication channels for large pharma and medical device companies.

PROBLEM:

Keeping patients engaged in medical therapy and clinical studies by interacting through micro moments. Collecting high quality data and combining data streams at lower cost for health care professionals.

SOLUTION:

We split complex interactions into micro-moment communications. We make the interactions personalized and hyper-relevant using a dynamic decision tree, that adapts the interaction with the patient to their situation. With less effort we get more data, more quickly, more reliably and of a better quality.

AMERICAN OVERSIGHT



NYC

Savor Health

www.savorhealth.com

PRIMARY SECTOR/TA/INDICATION:	Pharmaceuticals | Health IT | Mobile Wellness
RESIDENT STATUS LOCATION:	NYC
RESIDENT STATUS:	Current

KEY DIFFERENTIATION:

1. Disease-specific approach to personalizing nutrition solutions leveraging evidence-base science, clinical best practices and unique patient data (as compared to a broader, more generalized approach to nutrition and nutrition intervention).
2. Multi-variable personalization algorithm, combined with unconstrained "solution set" (versus the 5-7 predetermined options/solutions offered by others in the market) results in dynamic, personalized and clinically appropriate recommendations for cancer patients who also have multiple co-morbid conditions, medications, side effects, and medical needs/issues that need to be "solved for" nutritionally in order to impact positive clinical outcome at lower total cost of care.

Savor health
EAT WELL. BE WELL.

MISSION STATEMENT:

Savor Health's mission is to improve the lives of people with cancer by empowering them with safe, evidence-based and easily actionable solutions to their nutritional issues.

PROBLEM:

Savor Health is addressing the highly prevalent problem of malnutrition and nutrition-related side effects and symptoms experienced by cancer patients. Ultimately, we intend to leverage our technology solution in other chronic medical conditions where treating and managing nutritional issues has also been shown to improve outcomes. The nutritional issues of cancer patients have a negative impact on all stakeholders in the healthcare system - payors (including self-insured employers), providers and patients and, as a result, all stakeholders have an incentive to find solutions to address these issues. Evidence-based literature confirms that nutritional issues are prevalent in people with cancer and that up to 80% of patients experience them. Malnutrition is the #2 secondary diagnosis in cancer patients and 1/3 of all cancer deaths are due to severe malnutrition. HemOnc Today in June 2017 reported that severe malnutrition in cancer patients today is "almost epidemic." Malnourished patients experience greater treatment toxicity and are less adherent to drug therapy. Patients that are malnourished drive up healthcare costs as they experience a 54% higher rate of re-admission and a 4-6 day longer length of stay.

SOLUTION:

The Savor Health solution is an AI-based personalized nutrition care management and patient engagement technology platform designed to prevent and manage the nutritional issues of people with chronic medical conditions, initially cancer patients. Created by a team of oncology-credentialed medical professionals and data scientists, Savor Health's technology provides highly personalized, clinically appropriate nutrition recommendations based on evidence-based science, clinical best practices and unique patient data. Through its patent-pending chat bot, Savor Health engages with patients and caregivers and unique patient data is collected. Data is then analyzed and, based on a proprietary rules engine and expert coaching dialogues, actions and recommendations, patients are provided with appropriate nutrition-related advice and support. As patient treatments and needs change, Savor Health's recommendations are also adjusted. Feedback loops and machine learning enable greater personalization and, ultimately, prescriptive nutrition solutions. While initially focused in oncology for proof of concept, the technology will be replicated in other chronic medical conditions where proper nutrition has been shown to improve clinical and quality of life outcomes to reduce healthcare spending.

AMERICAN OVERSIGHT



SAN FRANCISCO

Tiatros Inc.

TIATROS

www.tiatros.com

PRIMARY SECTOR/TA/INDICATION:	Consumer | Health Tech | Digital Therapeutics
RESIDENT STATUS LOCATION:	MBC SF
RESIDENT STATUS:	Alumni
R&D STAGE:	Pre Revenue/Commercial

KEY DIFFERENTIATION:

Tiatros has tested their digital health program in collaboration with the VA on soldiers with PTSD.

MISSION STATEMENT:

Tiatros provides resilience skills training programs and analytic tools that enable Human Resources and Employee Benefit groups to actively manage the productivity, mental health and psychological resilience of their workforce.

PROBLEM:

Large self-insured employers increasingly understand that underspending on mental health results in overspending on physical health. They understand that the key to lowering their corporate healthcare costs is to provide access to effective mental health care. They need affordable, evidenced-based behavioral health and psychological resilience skills services that result in quantitatively measurable improvements to the overall health, productivity and psychological resilience of their entire workforce.

Employers must be part of the solution to this problem, because they bear much of its cost. Collectively, employers lose $200 billion dollars in productivity each year due to untreated mental illness, while spending another $200 billion dollars to treat anxiety and depression in the workforce. That said, lost productivity costs and the direct cost of mental health care are just the tip of the proverbial iceberg for self-insured employers. The largest and most difficult-to-quantify part of their corporate healthcare budgets is spent indirectly on mental illness, i.e., hundreds of billions of dollars of healthcare spending on gastrointestinal illnesses, musculoskeletal illnesses, insomnia, pre-diabetic conditions, heart disease, substance abuse, migraine, and other chronic illnesses that are greatly exacerbated by untreated co-occurring mental illness.

SOLUTION:

Tiatros programs consist of 8 weekly sessions that each take approximately 90 minutes to complete. 12 – 16 participants who have similar health challenges and personal goals form a 'peer group'. Each peer group is moderated by a trained facilitator and overseen by an expert CBT therapist. Participants access their programs asynchronously, from anywhere, on their personal devices, when it is most convenient.

Participants learn and practice CBT skills with the other members of their peer group. We teach evidence-based CBT exercises, including Narrative Therapy and storytelling, journaling, and mindful meditation, that are carefully tailored to resonate with participants. We use social media-styled methods to foster a supportive and nurturing community that is itself therapeutic, acting to encourage every participant to actively engage in and complete his/her program. This approach greatly increases the number of therapeutic touch points, with most participants engaging daily, and some several times per day, so Tiatros achieves 75% program completion rates and clinical outcomes that are as good those seen in psychotherapies conducted by expert psychiatrists at top medical centers.

Tiatros integrates natural language analytics to personalize the user experience and sustain high levels of engagement; improve clinical outcomes; and provide the tools that our customers need to make data driven decisions to manage their budgets to optimize the health and psychological resilience of their workforce.

AMERICAN OVERSIGHT



telmedx

http://www.telmedx.com/

PRIMARY SECTOR/TA/INDICATION:	Consumer | Health IT | Mobile Wellness
RESIDENT STATUS LOCATION:	Virtual
RESIDENT STATUS:	Alumni
R&D STAGE:	Full Clinical and Product Development

telmedx

MISSION STATEMENT:

telmedx provides a mobile phone-based telemedicine platform that enables doctors, nurses and other caregivers to engage patients wherever they happen to be located and whenever they need to be seen via high-resolution live video and remote image capture.

PROBLEM:

The current model of caring for patients in person is unsustainable. While traditional videoconference systems are being used in telemedicine, they simply cannot deliver the resolution and clarity needed for doctors to remotely make clinical decisions with confidence.

SOLUTION:

The telmedx mobile telemedicine platform delivers high-resolution live video and photos over wireless networks, enabling doctors to deliver care remotely and confidently without the need for patients to visit medical facilities.

The telmedx platform provides superior clarity and resolution via a secure, HIPAA/HITECH and EU-compliant live medical-grade video feed from the digital cameras in the back of mobile phones and tablets, even in low bandwidth environments. WiFi and WiMax networks can also be used, as well as WiFi via satellite. The live video and audio continue while still images are captured, and the video can be started and stopped during an existing audio call, without interrupting that call. Multiple doctors in different locations can view the same video, and each can independently capture their own images, thereby making specialist consultations seamless. See www.telmedx.com/video for the platform in use. The telmedx platform delivers much higher quality voice and video than traditional Voice over Internet Protocol (VoIP) video conferencing systems.

Kaiser Permanente in Portland managed about 25 wound care and home health patients per month in 2013. Today, using the telmedx platform, KPNW has scaled to more than 3,200 wound care virtual consults per year. In 94% of the consults, the patient was treated at home and did not go to a brick-and-mortar medical facility.

AMERICAN OVERSIGHT



NYC

uMedeor

www.umed.org

PRIMARY SECTOR/TA/INDICATION:	Pharmaceuticals | Health IT | Blockchain
RESIDENT STATUS LOCATION:	NYC
RESIDENT STATUS:	Current

KEY DIFFERENTIATION:

uMed uniquely allows research organizations to remotely engage patients and monitor outcomes in real-time across a network of sites.
Our competitors such as TriNetX are unable to support real-time engagement based on queries to their dataset, limiting value across the product lifecycle.

MISSION STATEMENT:

uMed aims to be the key enabler to precision research and individualized care by driving targeted access to patients and their health data.

PROBLEM:

It is not just clinicians who need to reach patients, and their health data; regional groups, payers, charities, academics and industry partners increasingly collaborate to drive targeted programs spanning direct care to cutting-edge research. However, there are many legal & ethical barriers that must be addressed to enable access, and as yet no satisfactory solution exists.

SOLUTION:

uMed combines technology with a unique legal approach to ensures patient's rights are respected whilst enabling 'at scale' access to patients and the health data. We consolidate pseudonymized data from healthcare provider partners, allowing validated 3rd party organizations to identify targeted patient cohorts. We then channel communications and consent requests through the patient's healthcare provider with the following benefits:

- Patients: Transparency over data sharing, increased access to research, and feedback on their contributions
- Healthcare Providers: Zero cost platform for internal risk stratification & engagement programs
- Research Orgs: Rapid access to patients and health data from targeted cohorts across our network; enabling precision campaigns in the pre & post market space, as well as access to longitudinal health data for RWE/RWD.

AMERICAN OVERSIGHT



NYC

Veta Health

https://www.myvetahealth.com/

PRIMARY SECTOR/TA/INDICATION:	Pharmaceuticals | Health IT | Mobile Wellness
RESIDENT STATUS LOCATION:	NYC
RESIDENT STATUS:	Current

KEY DIFFERENTIATION:

1. Disease-specific approach to personalizing nutrition solutions leveraging evidence-base science, clinical best practices and unique patient data (as compared to a broader, more generalized approach to nutrition and nutrition intervention).
2. Multi-variable personalization algorithm, combined with unconstrained "solution set" (versus the 5-7 predetermined options/solutions offered by others in the market) results in dynamic, personalized and clinically appropriate recommendations for cancer patients who also have multiple co-morbid conditions, medications, side effects, and medical needs/issues that need to be "solved for" nutritionally in order to impact positive clinical outcome at lower total cost of care.

Veta Health

MISSION STATEMENT:

Veta Health offers protocol-based care solutions using digital technologies. Our solutions accompany patients on their care journeys in non-traditional care settings to improve transparency and patient empowerment.

PROBLEM:

90% of the patient journey occurs beyond the reach of clinical teams and patients are often left to their own devices to interpret and act on their disease or condition. There is a lack of evidence-based medicine and clinically-driven patient support mechanisms, which leads to poor health outcomes and adherence.

SOLUTION:

The Veta Health platform utilizes a combination of patient tracking & support mechanisms from digital biomarkers to medication adherence to content and community support. Real-time patient tracking and automated patient management is married with advanced analytics to intelligently respond to patients in real-time. The flexible technology can be applied for automated care management and advanced risk scoring as well as a digital wrapper for drug therapies.

AMERICAN OVERSIGHT



TORONTO

Winterlight labs

www.winterlightlabs.com

PRIMARY SECTOR/TA/INDICATION:	Pharmaceuticals | Neuroscience | Alzheimer's Disease
SECONDARY SECTOR/TA/INDICATION:	Pharmaceuticals | Health Tech
RESIDENT STATUS LOCATION:	Toronto
RESIDENT STATUS:	Current
R&D STAGE:	Discovery (Research, TI/TV)

KEY DIFFERENTIATION:

Algorithm has demonstrated potential to identify AD from clinical trial data.

WINTERLIGHT

MISSION STATEMENT:

To detect and diagnose cognitive and mental health conditions through speech and language using artificial intelligence.

PROBLEM:

Currently neuropsychology assessments are:

1. Time consuming & expensive
2. Subjective
3. Stressful
4. Can't be done often

SOLUTION:

We're the only company that uses speech and language to computationally detect cognitive impairment.

AMERICAN OVERSIGHT

From: (b)(6) [JJCUS]
Sent: 1 Jul 2019 18:20:58 +0000
To: Scher, Deborah L.
Cc: (b)(6) [SCGUS];Richter, Melinda [JRDUS](b)(6) [JRDUS]
Subject: [EXTERNAL] FW: Partnership Slide Deck
Attachments: JLABS VA Collaboration Opportunity_FINAL.pdf

Apologies, sending once more.

From: (b)(6) [JJCUS]
Sent: Monday, July 01, 2019 2:01 PM
To: deborah.sher@va.gov
Cc (b)(6) [SCGUS] (b)(6) @its.jnj.com>; Richter, Melinda [JRDUS]
(b)(6) @its.jnj.com>(b)(6) [JRDUS] (b)(6) @its.jnj.com>
Subject: Partnership Slide Deck

Deborah,

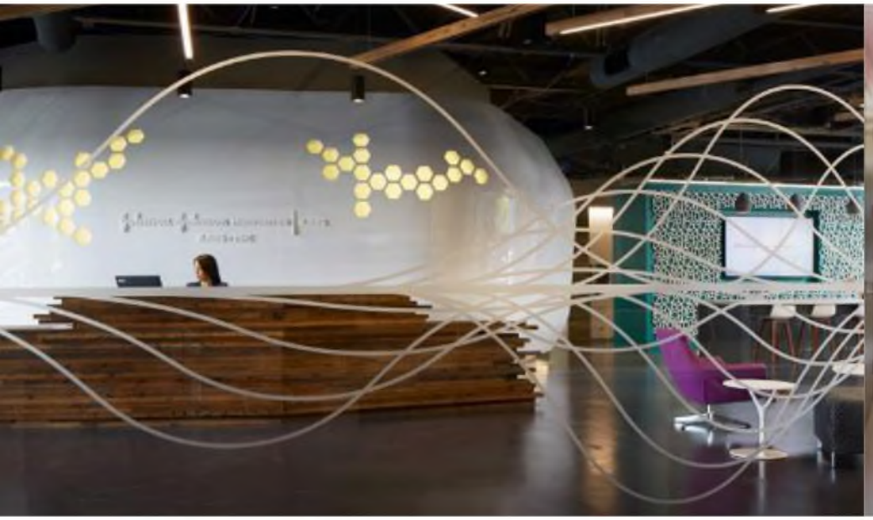
Apologies for not mentioning this earlier,(b)(6) also completed a draft slide deck summarizing the potential VA-JLabs partnership, as discussed in New York. Understanding that there is a lot of foundational work still to do, I wanted to make sure you had this so we could start incorporating feedback from you and your team whenever you are ready.

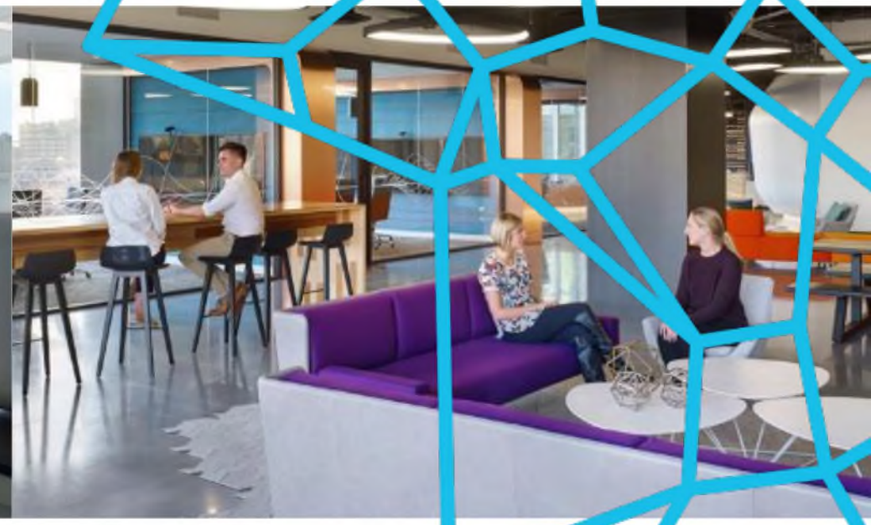
Many thanks,

(b)(6)
MD, PhD
Vice President, External Innovation, Global Leader for Regulatory Science, and Executive Director of Scientific Partnerships for JLABS @ Washington, DC
Johnson & Johnson
Office:(b)(6) | Cell:(b)(6) Email: (b)(6) @its.jnj.com
1350 I (Eye) Street, Suite 1250, NW, Washington, DC 20005
Executive Assistant(b)(6)
Office: (b)(6) | Cell:(b)(6) Email: mailto(b)(6) @its.jnj.com

AMERICAN OVERSIGHT

Johnson & Johnson INNOVATION | JLABS





Opportunity for JLABS and the VA

Overview for Discussion

June 2019

AMERICAN OVERSIGHT

This document contains confidential business and other information shared for discussion purposes only. Further dissemination of this information is restricted to a "need-to-know" basis unless prior written consent of the other party is obtained.

Purpose of Deck

- Follow-up to meeting at JLABS @ NY on June 17, 2019 with JLABS, representatives from various J&J sectors and the VA which focused on the cross-section between JLABS/J&J areas of expertise and VA areas of need
- In particular, JLABS and VA discussed JLABS capabilities and potential areas for future collaboration. This deck captures the different possibilities related to future collaboration to address mutual areas of interest so that the VA may determine possible arrangements and best paths to proceed

AMERICAN OVERSIGHT

JLABS and VA Collaboration in DC

Johnson & Johnson InnoVAtion - JLABS (JLABS) and the Department of **Veterans Affairs (VA)** aim to to utilize their mutual expertise and resources towards the **aligned goal of finding and supporting innovative solutions of common interest. The strategic areas of interest include:**

- **mental health**
- **women's health, and**
- **nursing inspired solutions**

The currently contemplated partnership is anticipated to be launched Veterans Day, 2019 and seeks to leverage JLABS @ Washington, DC to with a goal of announcing the kick off "A Year of Innovation at the VA".

Partnership goals include (1) 3 QuickFire Challenges during 2019-2020 that will highlight these priority areas of interest and (2) utilization JLABS @ DC to anchor an (b)(4)

(b)(4)

collaboration would include:

- **Series of QuickFire Challenges** focused on strategic areas of interest with the aim of exciting a global innovation ecosystem and identifying high potential innovation

(b)(4)

(b)(4)

Johnson & Johnson INNOVATION | JLABS

AMERICAN OVERSIGHT

Confidential – For Discussion Purposes Only

QuickFire Challenges
A Year of Innovation at the VA

Mental Health



Proposed Focused Areas: suicide prevention, depression, postmenopausal depression, combating loneliness, etc.
Award: $100,000 provided by VA
Launch: Veteran's Day 2019, at public announcement of the collaboration
Winner Announcement: May 2020 during Mental Health Awareness Month

Women's Health



Proposed Focused Areas: TBD in collaboration with J&J
Award: $100,000 provided by VA/J&J
Launch: Feb - March 2020
Winner Announcement: September 2020

VA Nursing Innovation



Proposed Focused Areas: Current or retired VA nurses
Award: $100,000 provided by VA/J&J
Launch: National Nurses Week beginning of May 2020
Winner Announcement: Veteran's Day 2020

*dates subject to change based on amplification opportunities, conferences, etc.

AMERICAN OVERSIGHT

VA-19-1108-A-000202

Key Dates

- Definition and Planning
  - VA provide feedback on collaboration elements and framework | July 8
  - Develop and finalize budget | July 30
  - Finalize timelines | July 30
- Engagement
  - VA to identify available contracting mechanisms | July 12
  - Agreement(s) executed | Sept 30
- Announcement
  - Finalize announcement event plan | August 30
  - Finalize press release | October 31

AMERICAN OVERSIGHT

VA-19-1108-A-000203

Roadmap & Key Milestones to Launch

	Q2 FY19	Q3 FY19			Q4 FY19		
Phases/Milestones	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Definition & Planning Identify collaboration elements and framework Finalize timelines Finalize topics and focus areas Develop budgets							
Engagement Identify available contract mechanisms Negotiate agreements Finalize signatures							
Announcement Develop announcement event plan Finalize speaker invitations Draft and finalize press release							

(b)(4)

AMERICAN OVERSIGHT

Johnson & Johnson INNOVATION | JLABS

VA-19-1108-A-000204

Back Up Slides

AMERICAN OVERSIGHT

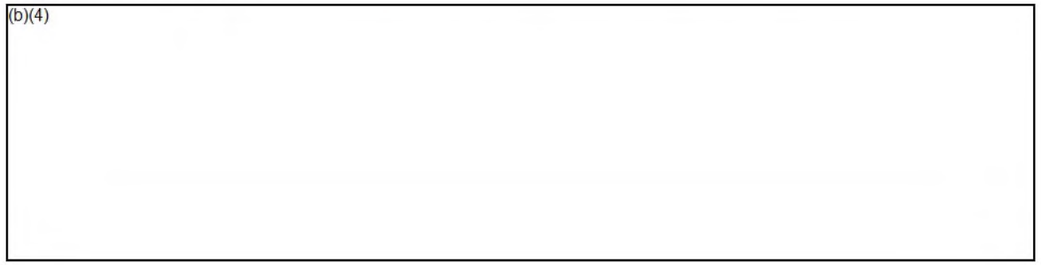
VA-19-1108-A-000205

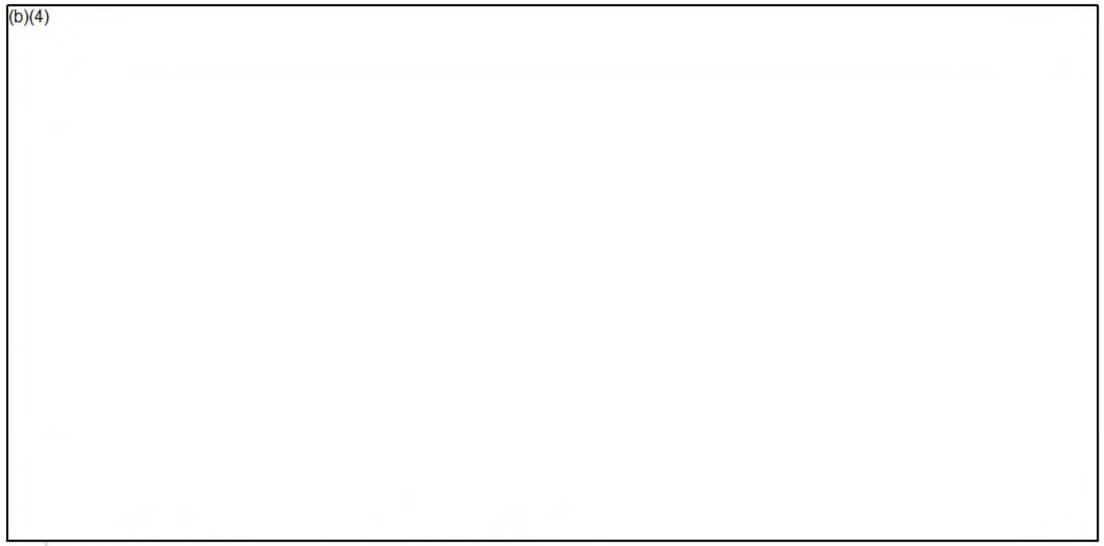
QuickFire Challenges

Johnson & Johnson Innovation - JLABS leverages the QuickFire Challenge (herein referred to as “QFC”) as a platform to inspire the best science and technology to solve the biggest healthcare challenges of our time. This crowdsourcing platform seeks to empower and enable groundbreaking science and health solutions by encouraging students, entrepreneurs, researchers, and start-up companies to apply.

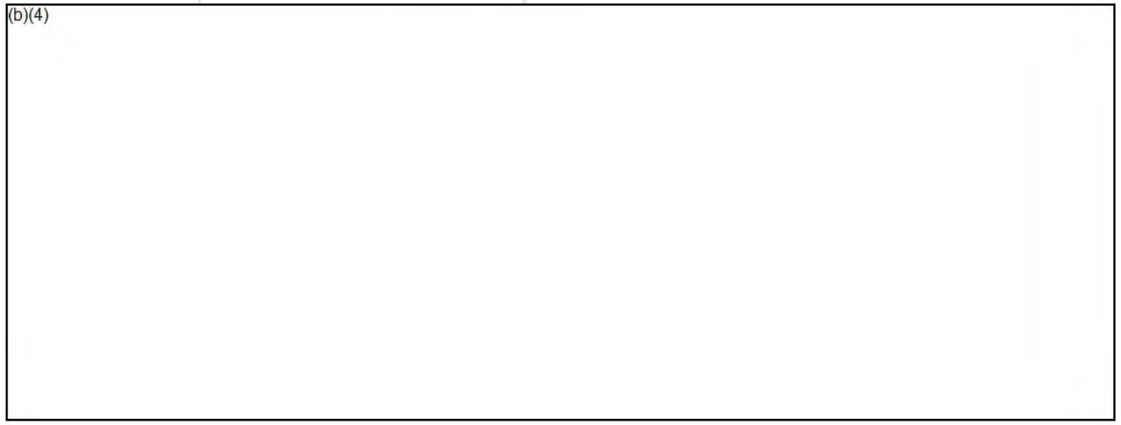
QUICKFIRE STAGES

JLABS deploys each challenge through the process outlined here:





To date, JLABS has launched:



AMERICAN OVERSIGHT



AMERICAN OVERSIGHT

From: (b)(6) [SCGUS]
Sent: 31 Jul 2019 12:31:14 +0000
To: Scher, Deborah L.
Subject: [EXTERNAL] Fwd: VA/DoD Suicide Prevention Conference
Attachments: 2019 Banquet Menus.pdf, ATT00001.htm, Partnership - offset costs sheet.docx, ATT00002.htm

Deborah
Can you connect with Wendy regarding our discussion yesterday when you get a chance?

Sent from my iPhone

(b)(6)
Johnson & Johnson Healthcare Systems
Field Director Federal Team/ Strategic Engagement
(b)(6)
(b)(6) @its.jnj.com

Begin forwarded message:

From: "Lakso, Wendy" <Wendy.Lakso@va.gov>
Date: July 31, 2019 at 7:40:20 AM EDT
To: '(b)(6) @its.jnj.com" (b)(6) @its.jnj.com>
Subject: [EXTERNAL] VA/DoD Suicide Prevention Conference

Good morning (b)(6)
I am circling back to see the interest of Johnson and Johnson's support to the VA/DoD Suicide Prevention Conference. We are finalizing plans. Below are a list items/events we are hoping for partnership support (the banquet menu is attached):

1. **Reception Wednesday August 28th** evening during poster presentation: Menu attached - the carving stations are between $16-$23 per person (page 18 for reference) and could be accompanied by some hors d'oeuvre stations that range anywhere from $7.50 per piece to $27 per person (see pages 14 & 17 for these).

2. **Registration Wall Cling Graphics:** Freeman Wall Cling graphics and labor to install and remove: $2,220.15 and $2,808.15.
3. **Rental Space for two pole banners**
   $150.00 Per pole-total of $300.00
4. **Draping for Exhibitor space**
   Total (taxes not included) $3,506.00
5. **Additional cost for GS room Set up**
   Difference of $3938.10

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6. **Rigging for all conference signs - four conference banners** $4000.00 total
7. **Breakfast/Coffee/Tea-grab and go tables**
   Gaylord Banquets-see attached pricing guide

Thank you very much for your willingness to help with the VA and DoD Suicide Prevention Conference.
Wendy

Wendy Lakso
Deputy Executive Director, PREVENTS Executive Order 13861
Department of Veterans Affairs
Cell: (202) 794-3478

AMERICAN OVERSIGHT

Gaylord Opryland Resort & Convention Center

BANQUET MENU





GAYLORD OPRYLAND®

RESORT & CONVENTION CENTER

AMERICAN OVERSIGHT

WELCOME

Our 3,000 Gaylord Opryland STARS — each uniquely trained in their craft — stand ready, willing and able to ensure a flawless banquet experience for your distinguished guests.

The team consists of creative catering professionals, passionate culinarians, sommeliers, floral designers as well as eager banquet servers, conference set-up and stewarding STARS — all working together to deliver your vision.

Our mission is clear. Each event is individually designed to accomplish your goals and encompass our passions. Gaylord Hotels' entrepreneurial approach to every event, specifically here at Gaylord Opryland, has garnered rave reviews from clients for many years and continues to resonate loudly through the convention industry.

One of our highest distinctions includes being among Meetings and Conventions magazine's Gold Award Hall of Fame inductees, as well as recognition with the magazine's Gold Platter 'Elite' Award, which is given to the top five outstanding catering departments worldwide.

We view each plate, each cocktail and each gesture as the key to our success and a signature difference in creating incredible food, beverage and service experiences for our guests.

Please use this menu resource as a baseline for the talent at your disposal.

Sincerely,

Matt Foreman
Executive Chef



AMERICAN OVERSIGHT

BREAKFAST | CONTINENTAL *(priced per person)*

All of our breads, pastries and muffins are baked on-site every morning. All continental breakfasts are served with freshly brewed coffee and an assortment of tea, orange juice and cranberry juice.

Continental Breakfast | 34.

Fresh-cut fruit

Assorted cereals, including gluten-free option, with whole, 2% and skim milk

Dannon yogurts

House-made granola

Fresh from our bakery: Daily assortment of muffins and croissants

Served with sweet butter, wild flower honey and preserves

Enhanced Continental Breakfast | 38.

Steel-cut oats with brown sugar, raisins, fresh berries and walnuts

Fresh-cut fruit

Assorted cereals including gluten-free option, with whole, 2% and skim milk

Dannon Yogurts

Fresh from our bakery: Daily assortment of muffins and croissants

Choice of one:
Brioche French toast bread pudding with warm syrup, cinnamon rolls or sticky buns

Served with whipped Opryland honey butter and preserves

Additional Offerings
Upgrade your Continental Breakfast
(priced per person)

Breakfast Burrito | 6.
Scrambled eggs, pepper jack cheese and chorizo-stuffed burritos with enchilada sauce

Served with fire-roasted salsa and guacamole crèma

Croissant Sandwich | 7.
Scrambled egg, hickory-smoked bacon and buttermilk cheddar

Tennessee Hand Pie | 8.
Biscuit dough stuffed with ground pork and country gravy

The Jersey Sandwich | 7.
Pork roll, fried egg, farm house cheddar on a roll

Light Breakfast Sandwich | 7.
Egg white, smoked salmon, low-fat mozzarella, dill-caper cream cheese, multigrain English muffins

Greek Yogurt Mason Jar Parfait | 7.
Select Two:
- Freeze-dried raspberry and raspberry jam
- Blueberry, chia seed
- Blackberry, almond
- Caramelized banana
- Strawberry, house-made granola
- Cinnamon apple

All prices are subject to a 25% service charge and 9.25% sales tax.

AMERICAN OVERSIGHT

BREAKFAST | BUFFET *(priced per person)*

All of our breads, pastries and muffins are baked on-site every morning. Breakfast buffets include freshly brewed coffee and an assortment of tea, orange juice and cranberry juice.

Breakfast Buffet | 45.

Steel-cut oats with brown sugar, raisins, fresh berries and pecans

Fresh-cut fruit

Fresh from our bakery: Daily assortment of muffins and croissants

Pick One Scramble:

Traditional Scramble
Cage-free scrambled eggs with cheddar

Southern Scramble
Cage-free eggs and egg white scramble with assorted hot sauces, green tomato, chow-chow and buttermilk cheddar

Huevos Rancheros
Tomato chili sauce, guacamole, black bean and charred corn salsa, Monterey Jack cheese and flour tortillas

Buffet Accompaniments
Select from each of the following groups:

Select One:
- Dannon yogurt
- Assorted cereals, including gluten-free option, with whole, 2% and skim milk

Select One:
- Hash brown casserole
- Oven-roasted red bliss potatoes with bell peppers
- Sweet potato and fingerling potato hash

Select Two:
- Smoked brisket hash
- Canadian bacon
- Hickory-smoked bacon
- Country link sausage
- Apple chicken sausage

An additional charge of $150 per event will be added to groups with fewer than 50 people.

All prices are subject to a 25% service charge and 9.25% sales tax.

AMERICAN OVERSIGHT

BREAKFAST | BUFFET ENHANCEMENTS
(priced per person)

Additional Offerings
Upgrade your Breakfast Buffet

House-Made Granola | 5.
Fresh berries with whole, 2% and skim milk

Anson Mills Shrimp and Grits Bar | 8.
Savory grits with smoked Gouda and shrimp

Deep-Dish Pancakes | 8.
Served with warm maple syrup
Choose One:
- Blueberry granola
- Cranberry apple

Belgian Waffles | 8.
Fruit compote, whipped honey butter, whipped cream and warm maple syrup

Omelet Station | 12. *Requires attendant*
Cage-free whole eggs, egg beaters, egg whites

Ham, mushrooms, peppers, onions, tomatoes, bacon, cheddar, Swiss and Jack cheese

Individual Overnight Oats | 6.
Select two:
- Banana and maple syrup
- Citrus and honey
- Strawberry and basil

Vegetable Frittata | 7.
Feta, sundried tomatoes and almond pesto

Southern Strata | 8.
Country ham, mushroom, potato and asparagus

Sweet Scones | 7.
Blueberry, apple cinnamon and citrus with lemon curd, clotted cream and honey butter

House-Smoked Salmon Display | 10.
Naan bread, diced hard cooked eggs, red onion and capers

Individual Breakfast Eggs Baked in Puff Pastry | 7.
Choose One:
- Tomatoes, mozzarella cheese and fresh basil
- Smoked bacon and cheddar cheese

Quinoa Breakfast Risotto | 10.
Almond milk, dried cranberries and toasted flax seeds

All prices are subject to a 25% service charge and 9.25% sales tax.

AMERICAN OVERSIGHT

BREAKFAST | PLATED *(priced per person)*

All plated breakfasts include orange juice served tableside, bake shop specialties, freshly brewed coffee and assorted tea.

Plated Accompaniments
Preset on table

Choose One:
- Seasonal fresh fruit
- Macerated berries with whipped mascarpone
- Greek yogurt parfait with fresh berries and house-made granola

Specialty Entrées
Select one specialty entrée:

Southern Egg Scramble | 34.
Local buttermilk cheddar scramble with green tomato salsa

Breakfast Burrito | 34.
Scrambled eggs, pepper jack cheese and chorizo topped with red sauce, house-made salsa and avocado crème

Protein Power | 34.
Crustless egg white frittata with spinach, low fat mozzarella and roasted Roma tomato

Deep-Dish Pancake | 34.
Blueberry granola and deep-dish pancake with warm maple syrup

Breakfast Salad | 33.
Chopped kale, avocado, citrus segments, soft boiled egg and apple cider vinaigrette

Plated Accompaniments
Select from each of the following groups:

Choose One:
- Canadian bacon
- Chicken-apple sausage
- Country link sausage
- Crisp bacon

Choose One:
- White cheddar grits
- Sweet potato hash
- Oven-roasted red bliss potatoes

All prices are subject to a 25% service charge and 9.25% sales tax.

AMERICAN OVERSIGHT

BREAKS *(priced per person)*

Breaks are designed for a 30-minute or 1-hour service period.

All-Day Beverage Break | 42. 8:30am - 5:00pm
Freshly brewed coffee, assorted tea, soft drinks and bottled water

Hit the Trail 30 minutes 19. | 1 hour 29.
Whole fruit; build-your-own trail mix: honey-roasted cashews, tamari almonds, peanuts, chocolate-covered pretzels, black bean sticks, granola, dried fruit and dark chocolate bark; infused cucumber-orange water

Music City Break 30 minutes 19. | 1 hour 29.
Candied bacon, deviled eggs, Goo-Goo Cluster parfaits, Moon Pie parfaits and seasonal sweet tea

Ball Park 30 minutes 19. | 1 hour 29.
Nathan's all-beef mini hot dogs with mustard, freshly popped popcorn with cheddar cheese and spicy barbecue salt, bags of peanuts, Cracker Jacks and raspberry lemonade

Pretzel Break 30 minutes 18. | 1 hour 28.
Bavarian pretzel sticks, beer cheddar stuffed pretzels, salted caramel stuffed pretzels, grain mustard and dill pickle dip, Hank's root beer

Banana Break 30 minutes 17. | 1 hour 27.
Whole bananas, banana trail mix, banana mini muffins, banana cream pie and banana smoothie

Coffee & Doughnut Break 30 minutes 19. | 1 hour 29.
Assorted glazed, filled and cake doughnuts with house coffee, flavored syrups, and rock candy sugar

The All-Natural 30 minutes 20. | 1 hour 29.
Individual bags of veggie chips and pita chips, Babybel cheeses with sun-dried tomato hummus, lemon-garlic hummus, mason jar fruit cups and CQ Lemon Water

Adrenaline Break 30 minutes 19. | 1 hour 29.
Kind Bars, Cliff Bars, chocolate-covered coffee beans and mixed nuts and Rock STAR energy drinks

AM Bake Shop Break 30 minutes 17. | 1 hour 27.
Banana bread, cinnamon coffee cake, warm cinnamon rolls and pecan sticky buns and house-brewed coffee

PM Bake Shop Break 30 minutes 17. | 1 hour 26.
Select Two Types of Cookies: Snickerdoodle, chocolate chip, oatmeal, rocky road and peanut butter; fudge brownies, raspberry bars, individual milks

New Orleans Break 30 minutes 19. | 1 hour 29.
Mini muffulettas, Zapp's Voodoo Chips, mini king cake parfaits and virgin hurricanes

Southern Tea Time 30 minutes 18. | 1 hour 28.
Tea sandwiches: salmon-cucumber and boursin spread, avocado, radish, country ham and fig, blueberries and citrus scones with lemon curd, and seasonal sweet tea

Southern Cupcake Break 30 minutes 18. | 1 hour 28.
Red velvet with cream cheese, spiced maple-bacon and chocolate turtle cupcakes and house-made peach iced tea

Candy Break 30 minutes 16. | 1 hour 26.
M&Ms, Jelly Belly beans, Jolly Ranchers, Swedish Fish, caramels, Laffy Taffy, Pixy Stix, chocolate candy bars and Lemon Sparklers

Citrus Break 30 minutes 18. | 1 hour 28.
Key lime bars, chili-lime cashew and fruit kabobs with citrus yogurt and lemon-infused CQ waters

Sodas, Water a la carte | 6 each

All prices are subject to a 25% service charge and 9.25% sales tax.

AMERICAN OVERSIGHT

A LA CARTE

Food

Breakfast Bakeries & Muffins | 60. per dozen

Bagel Station | 65. per dozen
Plain, cinnamon raisin and everything

Philadelphia Cream Cheese, sweet butter, wild flower honey and preserves with a toaster

Cinnamon Buns | 65. per dozen

Mascarpone Marble Brownies | 65. per dozen

Cookies | 65. per dozen
Snickerdoodle, chocolate chip, oatmeal, rocky road and peanut butter

Miniature Desserts & Pastries | 65. per dozen

House-Made Granola with Whole, 2% and Skim Milk | 5. per person

Dannon Yogurt | 4.5 each

Greek Yogurt | 5. each

Seasonal Whole Fruit | 3.5 each

Fresh-Cut Fruit | 10. per person

Candy Bars | 6. each

Tortilla Chips & Salsa | 10. each

Assorted Gourmet Chips, Pretzels and Popcorn | 4.50 each

Ice Cream Novelties | 6. each

Deluxe Mixed Nuts | 45. per pound

Cliff Bars and Kind Bars | 6. each

Goo Goo Clusters and Moon Pies | 5. each

Beverages

Freshly Brewed Coffee | 103. per gallon

Assorted Tazo Tea | 103. per gallon

House-Made Peach Sweet Tea | 98. per gallon
Served with fresh lemon wedges

Raspberry Lemonade | 98. per gallon

Soft Drinks | 6. each

Still and Sparkling Bottled Waters | 6. each

Bottled Fruit Juices | 6. each

Vitamin Water | 7. each

Energy Drinks | 7. each

CQ Water Infusions | 98. per gallon
Various refreshing and seasonal flavors

bubly Flavored Water | 5.5 each

All prices are subject to a 25% service charge and 9.25% sales tax.

AMERICAN OVERSIGHT

LUNCH | BUFFETS *(priced per person)*

All luncheon buffets include unsweet iced tea, freshly brewed coffee and assorted hot tea.

Lunch of the Day | 53. • ***Lunch*** | 57.

South of the Border | Monday

Caesar Salad with Cotija cheese, croutons and fire-roasted poblano dressing

Cucumber, melon and jicama with agave vinaigrette

Corn, garbanzo beans, cherry tomatoes, green beans with tomato-lime vinaigrette

Chicken adobo

Beef barbacoa

Sweet potato and mushroom

Calabacitas con elote: zucchini, squash, corn, onion and peppers

Flour tortillas, jalapeño salsa, pico de gallo, guacamole, queso fresco and pickled onions

Borracho black beans

Mexican rice

Dulce de leche cheesecake
Mango and coconut mousse
Passion fruit tres leches cake

+ Baja garlic shrimp | 4.

Tennessee Flavors | Tuesday

Iceberg lettuce, grape tomato, cucumbers, Kenny's cheddar with buttermilk ranch

Harvest salad with soy beans, bulgur wheat, kale, pecans, green tomatoes and parsley lemon vinaigrette

Chopped salad with cauliflower, broccoli, cabbage, red onions, mushrooms, blue cheese and barbecue dressing

Chicken breast with apple vinegar white barbecue sauce

Barbecue pulled pork with chow chow

Vegetarian Hoppin' John paella

Cheddar mac and cheese

Southern-style green beans with roasted onions

Jalapeño cornbread

Individual apple cobbler

Jack Daniel's pecan bar

Individual triple layer chocolate trifle

+ Sliced beef brisket | 4.

Mediterranean | Wednesday

Baby greens, pickled fennel, goat cheese, strawberry, pecan and apple cider vinaigrette

Spinach, red bibb, mushrooms, red onion, chick peas, lemon-oregano vinaigrette

Cheese tortellini with fire-roasted tomatoes, figs, ricotta and pesto

Antipasto salad with fried artichoke, roasted peppers, cured meats, aged cheese and banana peppers

Chicken with citrus and tomato

Seared salmon with roasted fennel, spinach and capers

Béchamel vegetarian lasagna

Roasted new potatoes with rosemary

Garlic broccolini

Garlic-herb focaccia

Tiramisu

Panna cotta with strawberry-balsamic preserves

White chocolate cherry amaretto bars

The Sandwich Shop | Thursday

Kale vegetable soup

Wild rice salad with dried fruit, walnuts, herbs, sherry vinegar

Niçoise potato salad

BLT salad: baby gem lettuce, tomato, bacon, blue cheese, radish and green goddess dressing

Sliced turkey sandwich on croissant

House smoked pastrami panini on rye with grain mustard aioli and Swiss

Chicken pot pie with pastry

Vegetarian pita with hummus, cucumber, squash, tomato, corn and watercress

Assorted dirty potato chips

Mascarpone brownies

Chocolate caramel terrine

Raspberry cheesecake tarts

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AMERICAN OVERSIGHT

LUNCH | BUFFETS *(priced per person)*

All luncheon buffets include unsweet iced tea, freshly brewed coffee and assorted hot tea.

Meat and Three Lunch | Friday

Southern Cobb with romaine, corn, black peas, pickled green tomatoes, country ham vinaigrette

Deviled macaroni salad

Broccoli-slaw

Choose three:

- Honey fried chicken
- Chicken and biscuits
- Meat loaf with mushroom gravy
- House smoked sliced brisket
- Fried catfish with Duke's Mayonnaise aioli
- Smoked sausage
- Tennessee mushroom and kale cannelloni

Sides:

- Fried apples
- Sour cream whipped potatos with gravy
- Roasted tri-colored carrots and cauliflower
- Pull-apart honey rolls

Individual chess pie

Banana pudding

Red velvet cupcakes

Additional protein | 4.

Market Fresh Salad Bar | Saturday

Seasonal bisque

Market fresh salad:

Kale Caesar

Mixed greens with radish, carrot and cucumber

White balsamic vinaigrette, buttermilk ranch and Caesar dressing

Sweet potato with picked parsley, spiked pecans and lime-ginger vinaigrette

Roasted corn with fregola, grilled halloumi cheese, mint and lemon basil vinaigrette

Tomato caprese with fresh mozzarella and berry balsamic reduction

Quinoa, dried apricot, pistachio and orange vinaigrette

Roasted salmon

Grilled chicken breast with lemon and oregano

Shrimp served warm with whole-grain mustard

Artisanal rolls

Cheesecake with berry compote

Fresh raspberry parfait

Flourless chocolate cake

Delicatessen | Sunday

Soup du jour

North Carolina coleslaw

Russet potato salad with bacon and sour cream

Hickory-smoked chicken salad with pecans

Tossed greens with carrot, pear tomatoes, Monterey Jack cheese, cucumber and roasted tomato vinaigrette

Selection of sliced turkey, roast beef*, smoked ham, cheddar cheese, Gouda, provolone and grilled vegetables

Garlic mayonnaise, pickles, giardiniera and whole-grain mustard

Assorted breads and rolls

House-made brownies

Chocolate-walnut blondies

Freshly baked cookies

+ Sliced pastrami | 4.

*Consuming raw or undercooked meats, poultry, seafood, shellfish or eggs may increase your risk of foodborne illness, especially if you have a medical condition. These foods may be cooked to order.

All prices are subject to a 25% service charge and 9.25% sales tax.

An additional charge of $150 per event will be added to groups with fewer than 50 people.

AMERICAN OVERSIGHT

LUNCH | PLATED *(priced per person)*

All plated luncheons include unsweet iced tea, freshly brewed coffee and assorted hot tea and dessert.

Starter

Choose One:

- Tennessee salad with Romaine, black-eyed peas, roasted corn, tomatoes, pecans and barbecue dressing
- Kale Caesar with grana padano, torn focaccia croutons, poblano and Caesar dressing
- Baby greens, radish, dried cherries, carrots and green goddess dressing
- Spinach, arugula, fire-roasted tomatoes, fennel, goat cheese and caper vinaigrette

Entrée

Choose One Entrée:

Beef Tenderloin* | 53.
Pan-seared beef filet with tomato marmalade, merlot reduction

Braised Beef Short Rib | 50.
Red wine-braised

French Cut Chicken with Sun-Dried Tomatoes and Feta | 45.
Madeira mushroom sauce

Pan-Seared Chicken | 43.
Mustardo reduction

Salmon | 47.
Olive-tomato jam

Seasonal Catch | 60.
Carrot velouté

Sides

Choose one side:

- Smoked Gouda orecchiette
- Whipped potato with garlic and crème fraîche
- Quinoa pilaf
- Olive oil crushed potatoes
- Cheddar grits

Choose one vegetable:

- Broccolini
- Asparagus
- Heirloom carrots
- Brussels sprouts
- Blistered tomatoes

Dessert

Choose one:

- Lemon-blueberry meringue pie in a Mason jar
- Salted caramel brownie parfait in a Mason jar
- Southern banana pudding with fresh bananas, Nilla Wafers and toasted meringue in a Mason jar
- Chocolate-hazelnut crunch cheesecake bar
- Chocolate pot de crème, cinnamon Chantilly and cinnamon shortbread

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AMERICAN OVERSIGHT

LUNCH | PLATED *(priced per person)*

All plated luncheons include unsweet iced tea, freshly brewed coffee and assorted hot tea and dessert.

Two-Course Executive Luncheon | 42.

Choose One Entrée or Entrée Salad

Entrée

- Chicken salad on croissant with lettuce and tomato, potato salad and pesto pasta salad
- Brisket pot pie, field green salad, carrots, cucumber, cheddar and charred lemon vinaigrette

Entrée Salads

- Five-spice beef flank steak*, charred edamame, carrots, spicy peanuts, frisée, radicchio and lemongrass dressing
- Kale salad with salmon, goat cheese, roasted sweet potatoes, pecans, dried cherries and maple Dijon vinaigrette
- Tennessee cobb salad with bibb lettuce, grilled chicken, black-eyed peas, roasted corn, cheddar cheese, bacon, tomatoes and barbecue dressing

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AMERICAN OVERSIGHT

GAYLORD OPRYLAND'S SIGNATURE EVENT

Minimum of 150 guests to purchase these buffets (priced per person).

Taste of Opryland | 110.

Stax
All-natural beef sliders with aged cheddar, tomato and roasted garlic aioli

Veggie sliders with sun-dried tapenade

Flash-fried chips

Red velvet cupcakes

Paisano's
Made-in-the-room Caesar salad

Hand-tossed pizzas to include four cheese, pepperoni and vegetable

Tiramisu

Wasabi's at Water's Edge
Choice of vegetarian, California roll, crunchy shrimp and spicy tuna* rolls, wasabi, pickled ginger and soy sauce

Jack Daniel's on the Delta Walkway
Mason jar spinach salad with red onion, candied pecans, boiled eggs and warm bacon vinaigrette

Jack's honey rolls with Tennessee butter and sea salt served in cast iron

Beef brisket and molasses barbecue sauce

Pulled pork with Carolina vinegar sauce

Tennessee hot chicken with bread and butter pickles

Mason jar Jack Daniel's pecan pie and mud pie

CQ peach tea stations

Solario Cantina at Water's Edge *Requires attendant*
Corn tacos with choice beef, chicken or vegetarian

Cojita cheese, queso fresco, guacamole, smoked poblano salsa, assorted hot sauce and cumin crema

Warm Mexican brownie with cinnamon ice cream

Delta Delight Frozen Yogurt
Pick your flavors and toppings for a one of a kind treat
*Only available on the Delta Garden

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AMERICAN OVERSIGHT

RECEPTIONS | STATIONED HORS D'OEUVRES

Hot Hors d'Oeuvres | 7.5 each

Tennessee Hot Chicken and Waffle Satay
Bourbon barrel maple syrup

Chicken and Cheese Empanada

Brie, Pear and Almond in Phyllo (V)

Smoked Barbecue Pork Spring Roll

Vegetarian Spring Rolls (VV)
Blue ginger sauce

Edamame Pot Sticker (V)

Beef Satay
Chimichurri

Thai Chicken Satay
Peanut sauce

Mini Beef Wellington
Béarnaise

Butter Pecan Shrimp Stick

Andouille Sausage Puff

Beef Short Rib on a Paddle
Wrapped with bacon

Low Country Boil Kabob with Shrimp

Mini Crab Cakes
Spiked aioli and Tennessee chow chow

Chicken Samosa

Cold Hors d'Oeuvres | 7.5 each

Mini Low Country Shrimp Roll

Jack Daniel's Whiskey-Soaked Fig (V)
Whipped blue cheese, brioche

Jewel Tomato with Mozzarella Mousse (V)
Basil pesto, Melba toast, sea salt

Mini Antipasto Skewers
Soppressata, mozzarella, olive, cherry tomato

Smoked Salmon on Grilled Baguette
Dill, capers, crème fraîche

Duck Rillette
Blackberry jam, smoked salt, served on crostini

Lump Crab Salad on Cucumber
Micro Chives

Togarashi-Seared Ahi Tuna on a Rice Crisp*
Wasabi, pickled carrot

Mini Charcuterie Board
Pumpernickel, cured beef, Kenny's reserve cheddar, house grain mustard

Mini BLT on Brioche
Opryland honey, Nueske's bacon, tomato, beer-mustard aioli

Nashville Hot Chicken Bites
Fried chicken, biscuit, hot sauce, house pickles, served room temperature

Passed Chef Shots | 8. Each

Cold

Spicy Shrimp
House-made bloody mary mix and cracked black pepper

The California
Hot house cucumber, crab and avocado

Hot

Celery Root & Potato Purée (V)
Wild mushroom ragù and truffle

Shrimp and Cheddar Grits
Bonnie Blue Farm goat cheese and Anson Mills grits

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All prices are subject to a 25% service charge and 9.25% sales tax.

(V) = Vegetarian | (VV) = Vegan

AMERICAN OVERSIGHT

VA-19-1108-A-000223

RECEPTIONS | DISPLAYS & STATIONS
(priced per person)

Receptions

The Tennessee | 85.

Pimento deviled eggs

Mason jar salads:

- Applewood bacon potato salad with kale coleslaw
- Tomato cucumber salad with aged sherry, fried field peas, baby greens and buttermilk vinaigrette

Gourmet potato chip bar: Cheddar cheese sauce and barbecue sauce served with bacon, blue cheese and green onions

Buttermilk cheddar mac & cheese with assorted hot sauces

Shrimp and grits with Worcestershire sauce

Tennessee hot chicken with bread and butter pickles on Texas toast, carved smoked brisket with molasses barbecue sauce

Goo Goo parfait

Moon Pie terrine

Cherry cobbler

County Fair | 75.

Roasted peanuts

Individual pork rinds in nacho dip

Popcorn (popped in the room)

Fried pickle chips with buttermilk ranch dressing

Tater tot station: Cheddar cheese sauce, house-made chili, diced onions, bacon cracklins and sour cream

Corn dogs with mustard

Beef sliders on house-baked buns with jalapeño ketchup, cheese sauce, Roma tomatoes, shredded lettuce and roasted garlic aioli

Caramel corn, deep-fried Twinkies

Ice Cream Sundae Bar *(Requires attendant)*:

- Vanilla, chocolate
- Chef's choice sundae toppings: hot fudge and caramel

All prices are subject to a 25% service charge and 9.25% sales tax.

AMERICAN OVERSIGHT

RECEPTIONS | DISPLAYS & STATIONS
(priced per person)

Receptions

Smoke House Reception | 115.++

Tennessee salad with Romaine, black-eyed peas, roasted corn, tomatoes, pecans and barbecue dressing

Buttermilk coleslaw

Grilled corn panzanella

Potato salad bar in Mason jars *(Requires attendant)*
Bacon, green onion, black olives, red onion, blue cheese, cheddar cheese, and assorted hot sauce

Signature chili, jalapeño corn bread muffins and honey butter

From the Opryland smoker:
House-smoked beef brisket, pulled pork, beer can chicken, smoked sausage, hot smoked cedar plank salmon

Barbecue Sauces:
Jack Daniel's molasses, Carolina peach and mustard, Alabama white

Sides:
Smoked Gouda mac & cheese, sweet potato streusel, sour cream whipped potatoes, shaved Brussels sprouts, bacon collards, heirloom carrots

Blackberry moonshine buckle

Pecan tarts

S'mores bars

Express Micro Plate* | 25.++
Choose Two:

Sushi roll
California, spicy tuna or fried shrimp

Mini muffuletta and Zapp's Voodoo chips

Pulled pork slider and sweet potato chips

Beef slider, cheddar, roasted garlic aioli, dirty potato chips

Nathan's all-beef mini hot dog, dirty potato chips

Braised mojo pork, Cuban black beans, rice bowl

Sweet potato, kale, mushrooms, feta, toasted almonds, brown rice bowl

Sushi bowl, shrimp, edamame, spicy peanut, whipped avocado, sushi rice

*Only available before a group's departure off property. All Stations have attendant fees, all paper and plastic. All Stations based on one hour of service. Entrées come with choice of soda or water

All prices are subject to a 25% service charge and 9.25% sales tax.

AMERICAN OVERSIGHT

RECEPTIONS | DISPLAYS & STATIONS
(priced per person)

Make any station an action station. Contact your catering manager for more information.

Stations

Artisanal Cheese Display | 20.
Selection of domestic and imported cheese garnished with seasonal fruit, sliced breads, preserves and gourmet crackers

Fresh Fruit Display | 13.
Honey and walnut dipping sauce

Chef's Selections of House-Rolled Sushi* | 24.
(Based on 4 pieces per person)
California rolls, nigiri and shrimp dynamite rolls with pickled ginger, wasabi and soy sauce

Southern Sushi | 22.
(Based on 4 pieces per person)
Fried chicken sushi, Cajun shrimp and pork sushi, wasabi and soy sauce

Lettuce Wrap Station | 17. *Requires attendant*
Boston Bibb, Thai-spiced chicken and beef and Napa slaw

Antipasti Display | 25.
Parma ham, imported provolone cheese, salami, Mortadella, marinated peppers, mushrooms, grilled artichokes, eggplant, olives and bread sticks

Market Vegetable Crudité | 13.
Buttermilk green goddess and hummus

Tennessee Hot Chicken and Sweet Corn Bread | 21.
Requires attendant
Buttermilk-brined Tennessee fried hot chicken with bread & butter pickles, hot sauce, sweet corn bread and whipped honey butter

Satay Station | 19.
Indonesian beef, chicken and vegetable satays marinated in ginger, green curry paste, grilled scallions and Asian dipping sauces

Salad and Grain Bar | 27.
Kale Caesar, Chopped House and Cobb Salads
Fregola and Quinoa
Whipped avocado, white bean hummus, lavosh
Parmigiano-Reggiano, blue cheese and aged cheddar
White balsamic vinaigrette, buttermilk ranch and Caesar dressing
Pulled chicken and shrimp

Calzone Station | 20. *Requires attendant*
Choose Two:
- Four cheese
- Mushroom and onion
- Ricotta and ham
- House-ground sausage and pepperoni

Marinara and Asiago béchamel on the side

Sliders and Chips Station | 22.
(Based on 2 per person & requires attendant)
All sliders served with house-made barbecue chips

Choose Two:
- Molasses barbecue pulled pork with pickled slaw
- Angus beef with pimento cheese aioli, Bibb lettuce and tomato
- Peach barbecue with pulled chicken with Tennessee chow chow
- Crab cakes with Old Bay aioli and shredded lettuce
- Vegan burger with lettuce and house-made tomato relish

Served with blue ginger soy, pickled cucumber and Asian slaw

Taco-Taco | 22.
Choose Two:
- Veracruz-style spice-rubbed white fish
- Pulled chicken
- Beef barbacoa
- Pork shoulder carnitas

Served with flour tortillas, pickled red onion, whipped avocados, queso fresco, chipotle ranch, cilantro slaw and pico de gallo

Mac and Cheese Station | 19.
Elbow pasta served with:
- Barbecue pork mac & cheese
- White aged cheddar
- Mushroom and smoked Gouda

Rice Bowls Station | 20. *Requires attendant*
Braised mojo pork, Cuban black beans, rice
Sweet potato, kale, mushrooms, feta, toasted almonds, brown rice
Sushi bowl, shrimp, spicy peanut, guacamole, rice
Assorted hot sauces, tamari, black vinegar

Southern Paella Station | 20.
Long grain rice, andouille sausage, shrimp, chicken, charred peppers and onions

*Consuming raw or undercooked meats, poultry, seafood, shellfish or eggs may increase your risk of foodborne illness, especially if you have a medical condition. These foods may be cooked to order.

All prices are subject to a 25% service charge and 9.25% sales tax.

AMERICAN OVERSIGHT

RECEPTIONS | DISPLAYS & STATIONS
(priced per person)

Carvings
Requires attendant

Pork Roulade with Chestnuts, Blue Cheese and Spinach | 16.
Smoked cheddar grits and whole-grain mustard reduction

Herb and Pepper-Crusted Tenderloin of Beef* | 23.
Béarnaise aioli and artisan rolls

Slow Smoked Beef Brisket | 17.
Slow-smoked beef brisket, peach mopping sauce and cornbread

Sage-Rubbed Breast of Turkey | 18.
Cranberry relish, pan gravy and parsnip purée

Prime Rib* | 20.
Sour cream horseradish, au jus and artisan rolls

Maple-Brined Fresh Ham | 14.
Pickled mustard seed, house-made chow chow and whole-grain rolls

Bourbon Planked Salmon | 17.
Sweet onion and scallion sauce

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All prices are subject to a 25% service charge and 9.25% sales tax.

An additional charge of $150 per event will be added to groups with fewer than 50 people.

AMERICAN OVERSIGHT

RECEPTIONS | DESSERT *(priced per person)*

Ice Cream Sundae Social | 24.

Requires attendant

Warm chocolate chip cookies baked in the room, chocolate fudge brownies, butterscotch brown butter bars

Vanilla, chocolate and strawberry ice cream

Warm salted caramel sauce and hot fudge

Pineapple and strawberry sauce

Candied pecans, maraschino cherries and fresh cream

French Market Reception | 25.

Crème brûlée
White chocolate-raspberry, coffee and double chocolate

Macarons
Blueberry, chocolate, lemon-poppy seed and raspberry

Crepe station
Berries, Nutella and fresh cream

Southern Sweets | 23.

Mason jar parfaits
Moon Pie, Goo Goo Cluster and Salted Caramel Brownie

Cobblers - *served in cast iron skillets*
Apple, blackberry and peach served with vanilla ice cream

Pecan brittle
Hickory-smoked cocoa nibs and chocolate

DIY Ice Cream Cookie Sandwich Bar | 23.

Warm cookies, snicker doodle, peanut butter, chocolate chip and oatmeal

Dulche de leche, strawberry, chocolate and vanilla ice cream

Candied walnuts, rainbow sprinkles, chocolate chips and crushed Heath bar

S'mores Station | 22.

Toast your own s'mores with house-made marshmallows, chocolate bar, Nutella and graham crackers

S'mores cupcakes
Chocolate cupcake w/ marshmallow filling and chocolate buttercream

Chocolate bark
Dried fruit and nuts

An additional charge of $150 per event will be added to groups with fewer than 50 people.

All prices are subject to a 25% service charge and 9.25% sales tax.

AMERICAN OVERSIGHT

DINNER | PLATED *(priced per person)*

All plated dinners are served with house-made bread, iced water, freshly brewed coffee and assorted hot tea.

Starter

Choose One:

- Red pepper and eggplant bisque en croute
- Crab and sweet corn bisque en croute
- Mixed baby greens, blue cheese, candied walnuts, dried cherries and red wine vinaigrette
- Pinot Noir poached pear salad with candied pecans, prosciutto, tomatoes and lavender vinaigrette
- Iceberg wedge with crisp bacon, blue cheese, diced carrots, blistered tomatoes, cucumbers and herb buttermilk dressing
- Caprese salad with arugula, honey balsamic, mozzarella cheese, tomatoes and basil pistachio pesto

Entrée

Choose One:

French Cut Chicken Breast | 73.
Parsnip purée, Brussels sprouts, roasted mushrooms, blistered tomatoes and lemon-thyme butter

Oven-Roasted Georgia Chicken | 72.
Peach mustard glaze, pecans, Boursin cheese, Swiss chard and wheat berry wild rice

Honey Bourbon-Glazed Cobia | 80.
Creamed kale, Hoppin' John risotto cake and roasted corn salsa

Chili-Rubbed Pork Chop | 78.
Grilled asparagus, roasted garlic mashed potatoes and charred tomatoes

Braised Short Ribs | 90.
Asiago and sage polenta, roasted carrot hash and lemon garlic broccolini

Filet of Beef* | 100.
Merlot wine glaze, tomato jam, roasted baby carrot and shallot mashed potatoes

New York Strip* | 95.
Red wine reduction, celery root mashed potatoes, onion bacon marmalade and roasted heirloom carrots

Duo Entrée

Chicken & Short Rib Hash | 92.
French cut chicken, shredded short rib, mushroom demi-glace, shallot whipped potatoes and asparagus

Chargrilled Tenderloin of Beef* and Maryland Lump Crab Cake | 112.
Shallot demi-glace, grain mustard butter sauce, fennel potato gratin, blistered tomatoes and asparagus

Chargrilled Tenderloin of Beef* with Grilled Shrimp | 110.
Ragu porcini mushrooms, basil hollandaise, pancetta risotto, charred corn hash and baby carrots

Chargrilled Tenderloin of Beef* with Crab Crusted Cobia | 115.
Merlot wine glaze, creole buerre blanc, wheat berry risotto and braised kale

Dessert

Choose One:

Lemon Meringue Cheesecake and Blueberry Pie
Served with lemon curd gelato

Strawberry-Rhubarb Cobbler and Buttermilk Gelato
Oat streusel crust and brown butter cake

Caramel Cheesecake
Apple-walnut cake and linzer cookie

White Chocolate Pistachio Bar
Cranberry biscotti and pistachio gelato

Dark Chocolate Praline Terrine
Cinnamon pound cake and cherry-amaretto gelato

White Chocolate Clementine Tart
Pumpkin spice cake and mascarpone cream chocolate macaron

Add a custom logo to your dessert | 4.

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AMERICAN OVERSIGHT
VA-19-1108-A-000229

DINNER | BUFFETS *(priced per person)*

All dinner buffets include iced water, freshly brewed coffee and assorted hot tea.

The Southern | 97.

Hoppin' John rice salad with grilled asparagus and feta

Spinach salad with apricots, pecans, bacon, goat cheese and sweet onion vinaigrette

Pickled shrimp, field peas, green tomatoes, kale and aged sherry vinaigrette

Brussels sprout slaw

Pan-seared chicken breast with apple cider sauce

Gulf snapper with sweet corn and scallion butter

Beef tenderloin with smoked peppercorn, double cola barbecue lacquer *Requires attendant*

Warm Yukon gold potato salad

Sweet potato streusel

Roasted corn succotash with pearl onions

Smashed sweet potato

Freshly baked honey rolls

Goo Goo Cluster parfait with caramel, salted peanuts, milk chocolate and marshmallow

Pecan toffee bars with short bread crust

Spiked bread pudding with bourbon-caramel sauce

All-American | 95.

Tomato shrimp cocktail salad with frisée and cucumber

Greens with roasted apple, goat cheese, smoked almonds and white balsamic vinaigrette

Artichoke and olive salad with arugula and sherry-herb vinaigrette

Carved beef sirloin with pinot noir sauce *Requires attendant*

Pan-seared chicken breast with spinach and tomato ragout

Roasted salmon with caper-raisin buerre blanc

Roasted fingerling potatoes

Roasted carrot hash

Freshly baked rolls

New York cheesecake with mixed berry compote

Caramel apple terrine

Boston cream pie

An additional charge of $150 per event will be added to groups with fewer than 50 people.

All prices are subject to a 25% service charge and 9.25% sales tax.

AMERICAN OVERSIGHT

DINNER | BUFFETS *(priced per person)*

All dinner buffets include iced water, freshly brewed coffee and assorted hot tea.

Italian | 96.

Caprese salad with heirloom tomatoes, buffalo mozzarella, fried basil and balsamic reduction

Green salad with Gorgonzola cheese, toasted pine nuts, plumped sun-dried cherries and barrel-aged sherry vinaigrette

Farro salad with tomatoes, mushrooms, citrus and basil

Sundried tomato focaccia

Prosciutto and Parmigiano-Reggiano display

Chicken piccata with lemon butter and capers

Seasonal catch of the day with sage and crushed tomatoes

Braised short ribs with roasted garlic and garnished with green olives

Olive oil crushed potatoes

Roasted cauliflower, zucchini, raisins, pine nuts

Tiramisu

Panna cotta with clementine compote cannoli

Assorted cannoli

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An additional charge of $150 per event will be added to groups with fewer than 50 people.

AMERICAN OVERSIGHT

BEVERAGE SERVICE

Host-Sponsored Bars

1-Hour
Resort Brands | 32.
Deluxe Brands | 28.

2-Hour
Resort Brands | 46.
Deluxe Brands | 42.

(After 2 hours, each additional 30 minutes is $7 per person)

Hand-Crafted Cocktails

13. per drink

Prohibition-inspired with house-made bitters, brown and clear liquors, custom flavored ice and perfectly garnished glassware

Perfect for those receptions that you need to make a little more upscale

Hosted Bars on Consumption

Resort Brand Liquor | 12. per drink

Deluxe Brand Liquor | 11. per drink

Wine | 10. per glass

Domestic Beer | 7.5 per bottle

Craft/Import Beer | 8.5 per bottle

Bottled Soft Drinks | 5.5 each

Bottled Mineral Water | 5.5 each

Bottled Fruit Juices | 5.5 each

Wines

Starving Artist | 10. per glass
Sycamore Lane
Chardonnay and Cabernet

One Hit Wonder | 11. per glass
Greystone Cellars
Chardonnay and Cabernet

Opry Stars | 12. per glass
Storypoint Vineyards
Chardonnay and Cabernet

Liquor

Resort Brands
- Grey Goose
- Bacardi Superior
- Mt. Gay Eclipse Gold
- Bombay Sapphire
- Johnnie Walker Black Label
- Knob Creek
- Jack Daniel's
- Crown Royal
- Patron Silver Tequila
- Hennessy Privilege VSOP

Deluxe Brands
- Absolut
- Bacardi Superior
- Captain Morgan Original Spiced
- Tanqueray
- Johnnie Walker Red Label
- Maker's Mark
- Jack Daniel's
- Canadian Club
- 1800 Silver
- Courvoisier VS

Beer

Craft/Import
- Heineken
- Corona
- Samuel Adams

Domestic
- Budweiser
- Bud Light
- Miller Lite
- Omission (gluten-free)

Non-Alcoholic
- Becks
- O'Douls

Make your bar local with these great Nashville products:

Yazoo Beers | 8.5 each
Corsair Liquors | 11. & up per drink

77 Ale | 8.5 each
Celebrate Gaylord Opryland's 40th anniversary with an exclusive American Pale Ale (APA) from Blackstone Brewing Company, Nashville's oldest and most award-winning brewery.

Our expertise lies in specialty cocktails. Please ask your catering manager for details.

All prices are subject to a 25% service charge and 9.25% sales tax.
Additional Tennessee tax of 15% on liquor and wine

AMERICAN OVERSIGHT

WINE MENU

BUBBLES

Freixenet, Blanc de Blancs, **Cava Brut**, *Catalonia*	36
Segura Viudas "Aria," **Cava Brut**, *Catalonia*	40
La Marca, **Prosecco**, *Italy*	48
Moët & Chandon, **Brut**, "Impérial," *Champagne*	125
Mumm Napa, **Brut**, "Prestige," *Napa Valley*	68
Veuve Cliquot "Yellow Label," **Brut**, *Reims*	135
Gruet, **Brut Rose**, *New Mexico*	72
Moët & Chandon "Dom Perignon," **Vintage Brut**, *Epernay*	295

SWEET WHITES / BLUSH

St. Supery Vineyards, **Moscato**, *Napa Valley*	52
Chateau Ste. Michelle, **Riesling**, *Columbia Valley*	40
Arrington Vineyards, **White Blend**, *Tennessee*	52
Conundrum, **White Blend**, *California*	56
Beringer, **White Zinfandel**, *California*	40

LIGHT WHITES

Pighin, **Pinot Grigio**, *Friuli-Venezia*	50
Salmon Creek, **Pinot Grigio**, *California*	40
Terlato Family Vineyards, **Pinot Grigio**, *Friuli*	58
Brancott Estate, **Sauvignon Blanc**, *Marlborough*	48
Kim Crawford, **Sauvignon Blanc**, *Marlborough*	56
Chateau de Sancerre, **Sancerre**, *Loire*	68
Cakebread Cellars, **Sauvignon Blanc**, *Napa Valley*	75
Cloudy Bay, **Sauvignon Blanc**, *Marlborough*	80

CHARDONNAY

Arrington Vineyards, **Chardonnay**, *Tennessee*	48
Cakebread Cellars, **Chardonnay**, *Napa Valley*	98
Chateau Ste. Michelle, "Canoe Ridge Est.," **Chardonnay**, *Horse Heaven Hills*	62
Clos du Bois, **Chardonnay**, *North Coast*	56
Greystone Cellars, **Chardonnay**, *California*	58
J.W. Morris, **Chardonnay**, *California*	40
Louis Jadot, "Pouilly Fuisse," **Chardonnay**, *Burgundy*	68
Shafer, "Red Shoulder Ranch," **Chardonnay**, *Carneros*	135
Storypoint Vineyards, **Chardonnay**, *California*	54
Trefethen, **Chardonnay**, *Napa Valley*	85

LIGHT-BODIED REDS

Acacia, **Pinot Noir,** *Carneros*	56
MacMurray Ranch, **Pinot Noir**, *Central Coast*	60
Mark West, **Pinot Noir,** *California*	48
Merry Edwards, **Pinot Noir**, *Sonoma Coast*	128
Solena, "Grand Cuvee," **Pinot Noir**, *Willamette Valley*	75
Alamos, **Malbec**, *Mendoza*	40
Decoy by Duckhorn, **Merlot**, *Sonoma County*	60
J.W. Morris, **Merlot**, *California*	40
Rutherford Hill, **Merlot**, *Napa Valley*	56
Stags' Leap Winery, **Merlot**, *Napa Valley*	110

FULL-BODIED REDS

Avalon, **Cabernet Sauvignon**, *Napa Valley*	56
Caymus, **Cabernet Sauvignon**, *Napa Valley*	225
Ferrari-Carano, **Cabernet Sauvignon**, *Alexander Valley*	86
Greystone Cellars, **Cabernet Sauvignon**, *California*	48
Jordan, **Cabernet Sauvignon**, *Sonoma County*	140
Louis Martini, **Cabernet Sauvignon**, *Napa Valley*	60
Lyeth, "L de Lyeth," **Cabernet Sauvignon**, *Sonoma County*	52
Silver Oak, **Cabernet Sauvignon**, *Alexander Valley*	165
Stag's Leap Wine Cellars, "Artemis," **Cabernet Sauvignon**, *Napa Valley*	150
Sterling, **Cabernet Sauvignon**, *Napa Valley*	65
Storypoint Vineyards, **Cabernet Sauvignon**, *California*	54
Hayman & Hill, **Meritage**, *Napa Valley*	56
Ruffino, Riserva Ducale, **Chianti Classico**, *Tuscany*	68
Arrington Vineyards, "Red Fox," **Sangiovese Blend**, *Tennessee*	48
D'arenburg, "Laughing Magpie," **Shiraz**, *McClaren Vale*	72
Conde de Valdemar, **Tempranillo**, *Rioja*	44
Numanthia, "Termes," **Tempranillo**, *Toro*	92
St. Francis, "Old Vines," **Zinfandel**, *Sonoma County*	66
The Prisoner, **Zinfandel Blend**, *Napa Valley*	90

All prices are subject to a 25% service charge and 9.25% sales tax.
Additional Tennessee tax of 15% on liquor and wine

AMERICAN OVERSIGHT
VA-19-1108-A-000233

Attendance Estimates & Guarantees

1. A 10-day updated estimate attendance count is required on all meal functions. Your catering manager must be notified of the updated estimate of attendance by 8 a.m. Central Standard Time on the specified days. In the event an updated estimate of attendance is not received by 8 a.m. Central Standard Time, the original or most recent estimated attendance count will be utilized. The 10-day estimated attendance numbers can be increased or decreased by a maximum of 10% when submitting the 72-hour final guarantee. Increases above 10% will be accommodated based upon product availability from suppliers and cannot be guaranteed. Your catering manager will provide you with a schedule of dates the updated estimates are due.
2. A 72-hour (3 working days) guarantee is required on all meal functions. Prior to each event, your catering manager must be notified of the exact number of attendees from whom you wish to guarantee payment by 8 a.m. Central Standard Time on the specified days. In the event a guarantee is not received by 8 a.m. Central Standard Time, the most recent estimated attendance count will be prepared and billed. For functions scheduled on Tuesday, the guarantee must be received by 8 a.m. Central Standard Time on the preceding Friday. The Hotel will only plate food for the guaranteed number of meals and prepare to serve the set number as follows: 5% over the final guarantee for events 499 guests and below and 3% over the final guarantee for events with 500 guests and above.

Additional Fees, Taxes, Pricing & Payment

1. All food and beverage functions are subject to a 25% service charge and 9.25% sales tax. Wine and liquor are subject to an additional 15% tax.
2. All bars are subject to a $200.00 bartender charge.
3. Attendants for stations including Carvers are $200.00 charge per station.
4. Pop-Up Fees – The hotel reserves the right to add an $85 fee to all "pop-up" requests. A "pop-up" is classified as an event that is requested for the hotel within 72 business hours of the group arrival.
5. Seating arrangements are 72" round tables set up for 10 persons per table. Requests for seating arrangements with fewer than 10 persons per table will incur additional labor fees.
6. When entertainment is contracted, the client will be responsible for any costs incurred for additional audio/visual, electrical hook-ups, Food & Beverage and Security. Client should be aware and inform the hotel of setup times for contracted entertainment.
7. Any meal functions requiring complete table setup by more than one half-hour prior to serving time or a delay of one half-hour over the planned starting time is subject to a labor charge.
8. Prices – Prices herein are subject to increase in the event costs of food, beverages or other costs of operations increase at the time of the function. Patron grants the right to the hotel to increase such prices or to make reasonable substitutions on the menu with prior written notice to the patron, providing, however, patron shall have the right to terminate this agreement within 7 days after such written notice from Gaylord Opryland Resort and Convention Center Nashville.
9. Payment must be made in advance of the function unless credit has been established to the satisfaction of the hotel, in which an event deposit shall be paid at the time of signing. The balance of the account is due and payable 30 days after the date of the function. A deposit of 25 percent of the total balance of social functions is required.
10. All event orders must be signed prior to the first event.

General Information & Policies

1. The hotel does not allow any food or beverages to be brought in from the outside by guests, due to city, state, health and liquor laws. The hotel will purchase any special items requested from a licensed purveyor.
2. Carved menu items can be served a maximum of 2 hours per state health codes. After a 2-hour period has elapsed, the carved item must be removed and/or replaced if additional quantities were ordered and still available.
3. Outdoor Functions – The hotel reserves the right to make the decision to move any outdoor function to the inside backup space due to inclement weather. You will be advised of all options for your function at a minimum of 8 hours in advance of the event. The hotel's decision is final.
4. Gaylord Opryland Resort and Convention Center, as a licensee, is responsible for the administration of the sale and service of alcoholic beverages in accordance with the Tennessee Alcoholic Beverage Control Board's regulations. It is our policy, therefore, that all liquor must be supplied by the hotel and sold by the drink. The hotel will purchase specific items requested from licensed vendors.
5. The hotel, according to the guaranteed minimum number of people anticipated, assigns function rooms. Room rental fees are applicable, and additional set-up fees could be applied for room sets changed on the day of the event. The hotel reserves the right to change groups to a room more suitable at the hotel's discretion, if attendance decreases or increases.

AMERICAN OVERSIGHT

VA/DoD Suicide Prevention Conference
August 27-29

Registration Clings	Freeman We're looking at between $2,220.15 and $2,808.15.
Rental Space for two pole banners	$150.00 Per pole-total of $300.00
Draping for Exhibitor space	Total (taxes not included) $3,506.00  TENNESSEE BALLROOM 8x10 LoI Two week lead time
Additional cost for GS room Set up	Difference of $3938.10
Rigging for all conference signs	Rigging of four conference banners; $4000.00 total
Breakfast/Coffee/Tea-grab and go tables	Gaylord Banquets-see attached pricing guide
Receptions:	Tuesday evening prior to the conference or Wednesday evening during Poster presentations

AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 31 Jul 2019 13:39:32 +0000
To: (b)(6) [SCGUS]
Subject: RE: [EXTERNAL] Fwd: VA/DoD Suicide Prevention Conference

Yes. I tried to reach her yesterday but was not successful. You might also try to reach her directly as this is my last day in the office for the next 10 days and we may not connect.

From: (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Sent: Wednesday, July 31, 2019 8:31 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] Fwd: VA/DoD Suicide Prevention Conference

Deborah
Can you connect with Wendy regarding our discussion yesterday when you get a chance?

Sent from my iPhone

(b)(6)
Johnson & Johnson Healthcare Systems
Field Director Federal Team/ Strategic Engagement
(b)(6)
(b)(6) @its.jnj.com

Begin forwarded message:

> **From:** "Lakso, Wendy" <Wendy.Lakso@va.gov>
> **Date:** July 31, 2019 at 7:40:20 AM EDT
> **To:** (b)(6) @its.jnj.com" (b)(6) @its.jnj.com>
> **Subject: [EXTERNAL] VA/DoD Suicide Prevention Conference**
>
> Good morning (b)(6)
> I am circling back to see the interest of Johnson and Johnson's support to the VA/DoD Suicide Prevention Conference. We are finalizing plans. Below are a list items/events we are hoping for partnership support (the banquet menu is attached):
>
> 1. **Reception Wednesday August 28th** evening during poster presentation: Menu attached - the carving stations are between $16-$23 per person (page 18 for reference) and could be accompanied by some hors d'oeuvre stations that range anywhere from $7.50 per piece to $27 per person (see pages 14 & 17 for these).
>
> 2. **Registration Wall Cling Graphics:** Freeman Wall Cling graphics and labor to install and remove: $2,220.15 and $2,808.15.
> 3. **Rental Space for two pole banners**
>
> $150.00 Per pole-total of $300.00
> 4. **Draping for Exhibitor space**
>
> Total (taxes not included) $3,506.00

AMERICAN OVERSIGHT

5. **Additional cost for GS room Set up**

   Difference of $3938.10
6. **Rigging for all conference signs - four conference banners** $4000.00 total
7. **Breakfast/Coffee/Tea-grab and go tables**
   Gaylord Banquets-see attached pricing guide

Thank you very much for your willingness to help with the VA and DoD Suicide Prevention Conference.
Wendy

Wendy Lakso
Deputy Executive Director, PREVENTS Executive Order 13861
Department of Veterans Affairs
Cell: (202) 794-3478

AMERICAN OVERSIGHT

From: Eversole, Eric
Sent: 31 Jul 2019 19:41:16 +0000
To: (b)(6) @its.jnj.com'
Cc: (b)(6)
Subject: [EXTERNAL] Best practices in the workforce around mental wellbeing and suicide prevention

(b)(6)

The U.S. Chamber of Commerce Foundation-Hiring Our Heroes is working with the U.S. Department of Veterans Affairs (VA) to help identify and share best practices in the workforce around mental wellbeing and suicide prevention for the benefit of Veteran employees and all Americans. Because of the recognized commitment your leadership in this field has demonstrated, we are asking for your expertise in helping to build a consensus roadmap of the most effective programs and then to galvanize your fellow corporate leaders to pledge to implement them.

As a first step, we will be holding a meeting in Washington on August 21 with a select group of your peers representing a diversity of industries to share insights, best practices, key metrics and outcomes measurements. We hope you will join us.

On average, 20 Veterans die by suicide each day. VA research has determined that 6 of the 20 Veterans receive health care services from the VA system, and 14 do not. The VA has requested our partnership to help provide programs of broad and effective mental health support to those they do not reach. We know this is of critical importance to you and would value your expertise.

We encourage participating leaders to use this meeting as a platform to educate, listen and learn from each other and to produce a Best Practices Program Roadmap that CEOs will be asked to publicly pledge to implement. Our agenda will also include vital next steps and identify potential obstacles in rolling this out to our broader membership.

The meeting will be held from 10:00 a.m. - 2:00 p.m. at the U.S. Chamber of Commerce, 1615 H Street NW, Washington D.C. 20062. Please respond to (b)(6) at (b)(6) @uschamber.com by August 9, 2019.

We look forward to seeing you there as we launch this mission critical work.

Best regards,

Eric

Eric Eversole
President, Hiring Our Heroes
Vice President, U.S. Chamber of Commerce
1615 H Street NW | Washington, DC | 20062
(b)(6) office | (b)(6) mobile
(b)(6) @uschamber.com

AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 31 Jul 2019 22:48:20 +0000
To: Manji, Husseini [JRDUS]
Subject: FW: [EXTERNAL] Request for Information (RFI): PREVENTS

Dear Husseini:
Thank you again for making time to speak on the phone last week. I appreciated your time and the information you shared.

I wanted to make sure you saw this request for information that the VA has posted around mental health and suicide prevention. They have extended the due date to August 12. I am guessing someone within your organization is already working on this but just wanted to doublecheck.

Sending warmest regards,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
U.S. Department of Veterans Affairs
www.va.gov/scsp

---

https://www.research.va.gov/PREVENTS/

AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 3 Jul 2019 23:51:25 +0000
To: (b)(6) Manji, Husseini [JRDUS]
Cc: (b)(6)
Subject: Introducing your new VA panel member!
Attachments: (b)(6) photo and bio for PASA.docx

Dear Dr. Manji and (b)(6):
By copy of this email, I am pleased to introduce you to Dr. (b)(6), a VA rockstar leader in mental health research. In addition to the accomplishments outlined in her bio attached, Dr. (b)(6) is currently leading an incredibly innovative "pay for performance" program securing meaningful employment for veterans with PTSD.

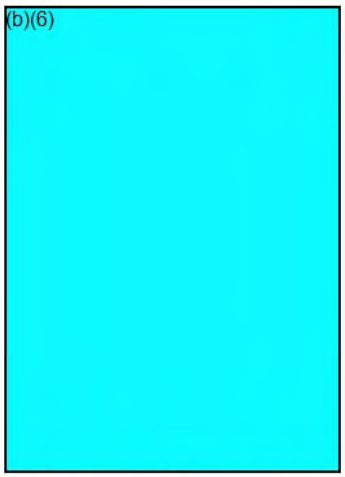
We are grateful for the invitation you extended to have the VA participate at the upcoming One Mind summit and believe Dr. (b)(6) would make a terrific addition to Dr. Manji's panel. I will leave it to the three of you to make follow up arrangements.

Best wishes to you all for a Happy Fourth of July. I am very much looking forward to meeting you in person and learning from you at the summit in September.

Warm regards,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
U.S. Department of Veterans Affairs
www.va.gov/scsp

AMERICAN OVERSIGHT



(b)(6) MD, is Associate Chief of Staff for Research at the Tuscaloosa VA Medical Center and Professor of Psychiatry in the Department of Psychiatry, University of Alabama Health System, in Birmingham and Tuscaloosa, AL. She received her undergraduate degree from Duke University and her medical degree from the University of North Carolina at Chapel Hill. She completed psychiatry residency at the University of Alabama at Birmingham. Dr (b)(6) has been conducting clinical trials in the treatment of posttraumatic stress disorder, major depression, and addictions for over 25 years. She was a member of the American Psychiatric Association Mood Disorders Workgroup on DSM-5 and is a member of the 2017 VA-DoD workgroup for the revision of the Clinical Practice Guidelines for PTSD. She is Study Chair for the VA Cooperative Study Program multisite trial evaluating the efficacy of Individual Placement and Support supported employment in the rehabilitation of unemployed Veterans with PTSD. Her most recent project funded by the PASA Consortium is focused on kappa-opioid receptor antagonism in the treatment of veterans and service members recovering from alcohol use disorders (AUD) and comorbid posttraumatic stress disorder (PTSD). The multi-site study evaluates the efficacy and physiological effects of sublingual buprenorphine (Subutex) combined with extended-release injectable naltrexone (Vivitrol) in the treatment of comorbid AUD and PTSD. Sublingual buprenorphine, which acts as an antagonist at kappa and partial agonist of the mu receptors, combined with extended-release injectable naltrexone, which blocks the mu receptor, yields a pharmacologically net effect of kappa opioid receptor (KOR) antagonism.

AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 22 Jul 2019 19:03:25 +0000
To: Manji, Husseini [JRDUS]
Subject: Your guidance

Dear Husseini:
I hope this finds you well. I have already registered for One Mind in September and am looking forward to meeting you in person then.

(b)(6) has officially started at the VA and the Suicide prevention task force is underway. If you can spare a few minutes, I would be grateful to hear your guidance on a few of our initiatives.

Thank you in advance for your consideration,

Best regards,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
U.S. Department of Veterans Affairs
www.va.gov/scsp

AMERICAN OVERSIGHT

From: (b)(6) [JAN]
Sent: 25 Feb 2019 11:33:33 +0000
To: Scher, Deborah L.
Subject: [EXTERNAL] Automatic reply: Johnson & Johnson Invitation- U.S. Department of Veterans Affairs- Lake Nona Impact Forum Invitation- Deborah Scher

I am traveling on business through Thursday, Feb. 28th. If your matter is urgent, please call me at (b)(6)

Thank you,

(b)(6)
Director, Strategic Accounts
National Federal Team - Strategic Customer Group
Johnson & Johnson Health Care Systems
T: (b)(6) *https://www.jnj.com/heroes: Johnson & Johnson Supports Our Troops & Veterans*
Providing services for Janssen Pharmaceutical Companies of Johnson & Johnson

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AMERICAN OVERSIGHT

From: (b)(6) SCGUS]
Sent: 6 Mar 2019 20:59:43 +0000
To: Wilson, Breanna L.
Cc: Scher, Deborah L. (b)(6) [JAN]
Subject: [EXTERNAL] FW: Times which work for Deborah and J&J follow up meeting

Bre,
Why don't we start with Deborah and her team's schedule to see what might be open and then I can help manage it from my end for our Janssen leadership team.

Areas we were looking to brainstorm around were:

1. Healthy workforce goals within the VA and opportunities where J&J can partner.
2. Suicide Prevention and areas of partnership
    a. People who were suggested to convene are:
        i. Keita Franklin
        ii. CCN (Kameron Matthews and team was suggested)
        iii. Office of Research and Development ((b)(6) team was suggested)
        iv. Deborah Scher
3. Interest in virtual prostate clinical trials
4. J&J Supply Chain expertise which could be helpful for the VA's initiative Dr. Stone spoke to.

We certainly do not have to attack all of this at once, as I think it would be too much.
I will follow Deborah's priorities and or direction here.

Sincerely,

(b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6) @its.jnj.com

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AMERICAN OVERSIGHT

From: (b)(6) [SCGUS]
Sent: 7 Mar 2019 17:12:28 +0000
To: Scher, Deborah L.
Subject: [EXTERNAL] Healthy workforce J&J Strategic Advisory Board
Attachments: SAB Draft Agenda_March 27-29th.docx

Deborah
I wanted to not forget about exposing you to the J&J Advisory Board which will be taking place in our brand new Human Performance Institute building from March 27-29th, down in Orlando, Fl.
I have attached the draft agenda above.

This forum is meant to be a group of executives across large IDN's in the country that can provide us feedback on resources J&J is building specifically aimed at the "healthy work force" topic.

Thursday is totally focused on a deep dive into our HPI session. This is not the typical 2 ½ day session, but will certainly give you a great experience.

Would this be of interest to you? Is it too soon? If it is, we can always circle back around on your interest by working to get something set up specifically for you and VA leadership.

We do not pay an honorarium to the participants. They pay for their hotel and travel, which was requested by this particular audience.

Open to any feedback from you.

If you are interested in attending, I will get an official invitation sent out to you immediately.

(b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6)@its.jnj.com

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AMERICAN OVERSIGHT

Johnson & Johnson Strategic Advisory Board
March 27-29, 2019

Johnson & Johnson
FAMILY OF COMPANIES

Johnson & Johnson Human Performance Institute®
Lake Nona Medical City, Orlando, FL

Wednesday, March 27th

12:00 – 1:00 p.m.	Meeting Registration and Check-In *Lunch available*
1:00 – 1:30 p.m.	Welcome & Introductions (b)(6) *Chief Strategic Customer Officer, J&J Medical Device Companies* *Gary Bisbee, Ph.D., Chairman, The Health Management Academy*
1:30 – 2:00 p.m.	J&J Evolution of Health and Wellness *Len Greer, President, J&J Health and Wellness Solutions, Inc.*
2:00 - 3:15 p.m.	Discussion and Feedback Session: Health & Wellness Priorities and Challenges (b)(6) *Vice President, Strategic Account Management, Janssen* *Mark Dixon, Executive in Residence, The Health Management Academy*
3:15 – 3:45 p.m.	Break
3:45 – 4:45 p.m.	Introduction to J&J Healthy Workforce Programs (b)(6) *Director Integrated Care Solutions*
4:45 – 5:30 p.m.	Overview of The Human Performance Institute and Introduction to Healthcare Professional Wellbeing Program *Lowinn Kibbey, Global Head, J&J Human Performance Institute®* (b)(6) *Senior Director, Enterprise Solutions, J&J Health and Wellness*
5:30 – 6:15 p.m.	Cocktail Reception
6:15 – 7:00 p.m.	Fireside Chat with Nauman Shah *Facilitated by Gary Bisbee, Ph.D., Chairman, The Health Management Academy*
7:00 p.m.	Dinner

AMERICAN OVERSIGHT

Johnson & Johnson
FAMILY OF COMPANIES

The Academy
The Health Management Academy

Thursday, March 28th

7:00 – 7:30 a.m.	Optional Johnson & Johnson OFFICIAL 7 MINUTE WORKOUT® *Chris Jordan, MS, CSCS, NSCA-CPT, ACSM EP-C/APT, Director of Exercise Physiology, J&J Human Performance Institute* (b)(6) *BS, CPT, Fitness Specialist, J&J Human Performance Institute*
7:30 – 8:00 a.m.	Cool-down or shower for participants
8:00 – 8:30 a.m.	HPI Breakfast
8:30 – 9:00 a.m.	Background and Objectives (b)(6) *Ph.D. Senior Performance Coach and Innovation Catalyst, J&J Human Performance Institute* (b)(6) *Senior Director, Enterprise Solutions, J&J Health and Wellness*
9:00 – 10:00 a.m.	Experiential Program and Feedback Session: Energy Management Module (b)(6) *M.Ed., Performance Coach, J&J Human Performance Institute*
10:00– 10:15 a.m.	Energy Break
10:15 – 11:15 p.m.	Experiential Program and Feedback Session: Resilience Module (b)(6) *Ed.D, Performance Coach and Implementation Consultant, J&J Human Performance Institute*
11:15 – 12:15 p.m.	Experiential Program and Feedback Session: Interpersonal Interaction Module (b)(6) *Ph.D. Senior Performance Coach and Innovation Catalyst, J&J Human Performance Institute*
12:15 – 1:15 p.m.	Lunch
1:15 – 2:15 p.m.	Experiential Program and Feedback Session: Leadership Module *Caren Kenney, CPC, Premier Executive Leadership, J&J Human Performance Institute*
2:15 – 3:15 p.m.	Discussion and Feedback Session: Recap of the Four Modules (b)(6) *Ph.D. Senior Performance Coach and Innovation Catalyst, J&J Human Performance Institute*
3:15 – 3:30 p.m.	Energy Break
3:30 – 4:30 p.m.	Discussion and Feedback Session: Pilot & Commercialization Plan (b)(6) *Senior Director, Enterprise Solutions, J&J Health and Wellness*
4:30 – 5:15 p.m.	Free time: network, gym, recharge!

AMERICAN OVERSIGHT
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The Academy The Health Management Academy
VA-19-1108-A-000247

6:15 p.m. Meet for transportation to offsite dinner event

Friday, March 29th

7:30 – 8:00 a.m. Breakfast

8:00 – 9:00 a.m. Discussion & Feedback Session: Current and Future Program Offerings Supporting Health and Wellness
(b)(6) *Director, Integrated Care Solutions, J&J Medical Device Companies*
(b)(6) *Marketing Manager Healthy Workforce*

9:00 – 10:00 a.m. Discussion & Feedback Session: Employee Engagement and Wellness Implications on Delivering High Quality Care
(b)(6) *MD, MBA, FACP, Senior Director of Quality, Janssen*

10:00 – 10:15 a.m. Break

10:15 – 11:15 a.m. Best Practice Sharing: Building a Culture that Supports Employee Wellness
Health Systems to be confirmed
(b)(6) *Vice President, Global Health Services, J&J*

Facilitated by (b)(6) *Vice President, Customer Marketing and Solutions, J&J Medical Device Companies*

11:15 – 11:45 a.m. Wrap-up

12:00 p.m. Departures

AMERICAN OVERSIGHT
Johnson & Johnson FAMILY OF COMPANIES
The Academy The Health Management Academy
VA-19-1108-A-000248

From: Scher, Deborah L.
Sent: 8 Mar 2019 12:10:45 +0000
To: (b)(6) [SCGUS]
Cc: Wilson, Breanna L.(b)(6) JAN]
Subject: RE: [EXTERNAL] RE: Stakeholder meeting follow-up

Good Morning(b)(6)
Thank you for your quick reply. So pleased to hear our thoughts are aligned!

I am away until Monday, but I know Bre will find us a date soon to meet.

Very much looking forward to seeing you and to our conversation.

Have a good weekend,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs

From (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Date: Wednesday, Mar 06, 2019, 12:36 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: Wilson, Breanna L. <Breanna.Wilson@va.gov>, (b)(6) [JAN]
(b)(6) @ITS.JNJ.com>
Subject: [EXTERNAL] RE: Stakeholder meeting follow-up

Deborah,
It is so funny that your email just landed in my inbox. (b)(6) and I are at a new drug launch meeting since our FDA approval last night, and we have been talking about you and the VA throughout the day.

We would welcome the opportunity to schedule a meeting to meet live and continue our discussion/ brainstorming ideas with all appropriate parties.

I look forward to working with Bre to find a good date in the near future.

Hope you are staying warm.

(b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

AMERICAN OVERSIGHT

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6) @its.jnj.com

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From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Wednesday, March 06, 2019 2:27 PM
To: (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Cc: Wilson, Breanna L. <Breanna.Wilson@va.gov>
Subject: [EXTERNAL] Stakeholder meeting follow-up

Dear (b)(6)
I was so pleased you could attend our Stakeholders meeting last week. Thank you very much for making the time.

I very much appreciated your engagement and enjoyed hearing all of the many potential areas for collaboration that you identified in a short period of time.

I would welcome the opportunity to explore them further with you. If you are willing, perhaps Bre can work with your office to help us find a time to meet in the next few weeks.

Warm regards,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
202-461-0325
Twitter: @VAPartnerships

AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 8 Mar 2019 14:14:00 +0000
To: (b)(6) [SCGUS]
Subject: RE: [EXTERNAL] Healthy workforce J&J Strategic Advisory Board

Good Morning (b)(6)
Thank you very much for sharing this. Very helpful to know key IDN leaders are convening around this important topic.

Although it would be wonderful to participate, I will have to gratefully decline.

As you very rightly pointed out, there are many areas of potential high impact collaboration for our two organizations. Within the wellness space, our priority focus is to figure out how to build an effective wellness ecosystem for the Veterans we serve, enhancing the capabilities of the VA Whole Health program. Let's add this to our agenda for when we meet.

Thank you again for your thoughtfulness. I am very much looking forward to our upcoming conversation.

Have a great weekend,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs

From: (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Date: Thursday, Mar 07, 2019, 10:13 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] Healthy workforce J&J Strategic Advisory Board

Deborah
I wanted to not forget about exposing you to the J&J Advisory Board which will be taking place in our brand new Human Performance Institute building from March 27-29th, down in Orlando, Fl.
I have attached the draft agenda above.

This forum is meant to be a group of executives across large IDN's in the country that can provide us feedback on resources J&J is building specifically aimed at the "healthy work force" topic.

AMERICAN OVERSIGHT

Thursday is totally focused on a deep dive into our HPI session. This is not the typical 2 ½ day session, but will certainly give you a great experience.

Would this be of interest to you? Is it too soon? If it is, we can always circle back around on your interest by working to get something set up specifically for you and VA leadership.

We do not pay an honorarium to the participants. They pay for their hotel and travel, which was requested by this particular audience.

Open to any feedback from you.

If you are interested in attending, I will get an official invitation sent out to you immediately.

(b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6)@its.jnj.com

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AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 10 Mar 2019 14:45:34 +0000
To: (b)(6) SCGUS]
Subject: RE: [EXTERNAL] Conversation yesterday with Secretary Wilkie and J&J CEO

Good Morning:
I hope you are having a good weekend.

Dr. Stone and I spoke about this and he says this project is well underway. He has coordinated all of the appropriate leaders from pharmacy, mental health etc.

So, one project off of our list! Look forward to working on the others with you very soon.

Best,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs

From: Scher, Deborah L. <Deborah.Scher@va.gov>
Date: Friday, Mar 08, 2019, 8:32 AM
To: (b)(6) [SCGUS] <(b)(6) @its.jnj.com>
Subject: RE: [EXTERNAL] Conversation yesterday with Secretary Wilkie and J&J CEO

Good Morning (b)(6)
Thank you for reaching out regarding this very important initiative. I would be happy to help and take the lead on this.

I am currently out on vacation through the weekend. Let me get current on our internal discussions regarding next steps and come back to you early next week with the best way to proceed.

Warm regards,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs

AMERICAN OVERSIGHT

From: (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Date: Friday, Mar 08, 2019, 7:36 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] Conversation yesterday with Secretary Wilkie and J&J CEO

Deborah,
Good Friday morning.
I wanted to make you aware of a conversation that took place yesterday between Secretary Wilkie, our CEO of J&J, Alex Gorsky and our President of Neuroscience.
Since the approval of our drug for treatment resistant depression on Wednesday, there has been a call to action to make sure the VA is a priority for us.

I need your help here to make sure we have the proper strategy in place, to ensure we are working in partnership with the VA.

Who from a leadership prospective, would you say we should talk with to have productive conversations with specific VISN level leaders, (both pharmaceutically and medically)?

Once we have those people identified, who could help us share the larger goal from Secretary Wilkie to gain access to those people?

Clearly, our meeting last week was meant to be.
This is very exciting for us to be able to help so many Veteran's in need, just want to make sure we do it purposefully with your Mission at the core of our action.

I can get the right people to the table on our side, but did not want to just take a guess here.
Dr. Stone's name came up in the conversation yesterday with the leaders. Also thought maybe Keita Franklin?

Hope you have a great day,

(b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6) @its.jnj.com

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AMERICAN OVERSIGHT

From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Friday, March 08, 2019 9:14 AM
To: (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Subject: RE: [EXTERNAL] Healthy workforce J&J Strategic Advisory Board

Good Morning (b)(6)
Thank you very much for sharing this. Very helpful to know key IDN leaders are convening around this important topic.

Although it would be wonderful to participate, I will have to gratefully decline.

As you very rightly pointed out, there are many areas of potential high impact collaboration for our two organizations. Within the wellness space, our priority focus is to figure out how to build an effective wellness ecosystem for the Veterans we serve, enhancing the capabilities of the VA Whole Health program. Let's add this to our agenda for when we meet.

Thank you again for your thoughtfulness. I am very much looking forward to our upcoming conversation.

Have a great weekend,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs

From: (b)(6) [SCGUS] <(b)(6) @its.jnj.com>
Date: Thursday, Mar 07, 2019, 10:13 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] Healthy workforce J&J Strategic Advisory Board

Deborah
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Thursday is totally focused on a deep dive into our HPI session. This is not the typical 2 ½ day session, but will certainly give you a great experience.

AMERICAN OVERSIGHT

Would this be of interest to you? Is it too soon? If it is, we can always circle back around on your interest by working to get something set up specifically for you and VA leadership.

We do not pay an honorarium to the participants. They pay for their hotel and travel, which was requested by this particular audience.

Open to any feedback from you.

If you are interested in attending, I will get an official invitation sent out to you immediately.

(b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6)@its.jnj.com

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AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 14 Mar 2019 17:19:36 +0000
To: Scher, Deborah L.(b)(6) [SCGUS](b)(6) [JAN]
Cc: (b)(6) [SCGUS]
Subject: Meeting with(b)(6) and(b)(6)

Building:
810 Vermont Ave NW
Washington, DC 20420

Bre Cell: (202)412-4487

From:(b)(6) [SCGUS] <(b)(6)@its.jnj.com>
Date: Wednesday, Mar 06, 2019, 12:36 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: Wilson, Breanna L. <Breanna.Wilson@va.gov>,(b)(6) [JAN] <(b)(6)@ITS.JNJ.com>
Subject: [EXTERNAL] RE: Stakeholder meeting follow-up

Deborah,
It is so funny that your email just landed in my inbox. Jeremy and I are at a new drug launch meeting since our FDA approval last night, and we have been talking about you and the VA throughout the day.

We would welcome the opportunity to schedule a meeting to meet live and continue our discussion/ brainstorming ideas with all appropriate parties.

I look forward to working with Bre to find a good date in the near future.

Hope you are staying warm.

(b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile:(b)(6)
Fax: 866.485.2348
E-Mail: (b)(6)@its.jnj.com

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From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Wednesday, March 06, 2019 2:27 PM

AMERICAN OVERSIGHT

To: (b)(6) [SCGUS] <(b)(6) @its.jnj.com>
Cc: Wilson, Breanna L. <Breanna.Wilson@va.gov>
Subject: [EXTERNAL] Stakeholder meeting follow-up

Dear (b)(6)
I was so pleased you could attend our Stakeholders meeting last week. Thank you very much for making the time.

I very much appreciated your engagement and enjoyed hearing all of the many potential areas for collaboration that you identified in a short period of time.

I would welcome the opportunity to explore them further with you. If you are willing, perhaps Bre can work with your office to help us find a time to meet in the next few weeks.

Warm regards,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
202-461-0325
Twitter: @VAPartnerships

AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 19 Mar 2019 16:43:56 +0000
To: (b)(6) [SCGUS]
Cc: (b)(6) [JAN];Wilson, Breanna L.
Subject: RE: (b)(6) joining us for our Thursday meeting

Dea (b)(6)
Always nice to hear from you. Thank you very much for letting me know. I am looking forward to meeting him and to our collective conversation. We have so many potentially impactful areas to cover!

Safe travels to DC,
Deborah

From: (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Sent: Tuesday, March 19, 2019 12:24 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: (b)(6) [JAN] (b)(6) @ITS.JNJ.com>; Wilson, Breanna L. <Breanna.Wilson@va.gov>
Subject: [EXTERNAL] (b)(6) joining us for our Thursday meeting

Deborah,
Good Tuesday afternoon, I wanted you to know that my boss, (b)(6) will be joining us for our live meeting this Thursday. He will be a great addition to our conversation and I know you will really like him. He worked on our device side of the business for 20+ years as well as is an executive leader at Janssen in NJ. Together with Jeremy and I, I know we will leave with a number of areas around partnership that will be exciting for our futures.

I just didn't want you to be surprised when you saw a third person.

Looking forward to seeing you Thursday.

Have a great rest of your day,

(b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6) @its.jnj.com

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AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 20 Mar 2019 19:34:33 +0000
To: (b)(6) [SCGUS]
Subject: RE: [EXTERNAL] RE: SCSP Overview

Thank you very much (b)(6) We are most appreciative.

Best,
Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs

From: (b)(6) [SCGUS] <(b)(6) @its.jnj.com>
Date: Wednesday, Mar 20, 2019, 3:14 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] RE: SCSP Overview

I would be happy to take a look and am honored you asked.

(b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6) @its.jnj.com

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From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Wednesday, March 20, 2019 2:47 PM
To: (b)(6) [SCGUS] <(b)(6) @its.jnj.com>
Subject: [EXTERNAL] SCSP Overview

Dear (b)(6)

I am very much looking forward to our meeting tomorrow.

AMERICAN OVERSIGHT

Separately, our office is in the process of drafting a brief overview of our activities and key partnerships. As a leader who is newly interacting with our team, I wonder if you might review it at your convenience and let us know the changes we might make to have it be most relevant to a private sector audience.

Thank you in advance. Safe travels tomorrow.

With much appreciation,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs

AMERICAN OVERSIGHT

From: (b)(6) [SCGUS]
Sent: 21 Mar 2019 00:36:18 +0000
To: Scher, Deborah L.
Cc: (b)(6) [JAN]; (b)(6) [SCGUS]
Subject: [EXTERNAL] RE: SCSP Overview
Attachments: Secretarys Center for Strategic Partnerships Overview3.5.19_v3.docx

Deborah
Thank you for asking for feedback from J&J.
As I read through this SCCP Overview a couple of thoughts run through my head as a private sector party.
Maybe you could add a section saying something like "How can you get involved" or "Interested in joining our venture?

This way my eye goes to this section so I can focus on what to do next.
Here are the top 3 questions that come to mind for me.

1. Where could I fit in?
2. If I have an idea, is there something I can refer to, to help me align with to make sure I am focusing on what is most important to you?
   (i.e. FY2018-2024 Strategic Plan)
3) Once I have an idea, who do I connect with?

We can talk more tomorrow, but I think the overview as a whole is impressive and it makes me think creatively as to what J&J can do so we can be a part of this larger mission.

Have a great rest of the night and see you tomorrow.

(b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6)@its.jnj.com

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From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Wednesday, March 20, 2019 2:47 PM
To: (b)(6) [SCGUS] (b)(6)@its.jnj.com>
Subject: [EXTERNAL] SCSP Overview

AMERICAN OVERSIGHT

Dear (b)(6)

I am very much looking forward to our meeting tomorrow.

Separately, our office is in the process of drafting a brief overview of our activities and key partnerships. As a leader who is newly interacting with our team, I wonder if you might review it at your convenience and let us know the changes we might make to have it be most relevant to a private sector audience.

Thank you in advance. Safe travels tomorrow.

With much appreciation,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs

AMERICAN OVERSIGHT

Secretary's Center for Strategic Partnerships - March 2019

Contact us at sp@va.gov

Overview

The Secretary's Center for Strategic Partnerships (SCSP) collaborates with industry and non-profit organizations to cultivate and steward significant external resources and expertise to further the VA Secretary's highest priority initiatives for Veterans, their families, survivors, and caregivers. With delegated authority from the Secretary, our mission is to seek out **big, bold and impactful** collaborations that significantly improve Veterans lives. Recent partnerships commitments will increase access to and improve the quality of healthcare, extend broadband internet access to rural and low-income Veterans, deliver expansive telehealth services, drive best-in-class oncology care and provide desirable employment opportunities. SCSP is grateful to the community of supporters who help enhance the VA's services to Veterans.

Serving Veterans Through Partnership

Collaborating with the VA provides a unique opportunity to serve our Nation's Veterans. The SCSP specializes in identifying and developing synergies between the needs of VA and the expertise of prospective external partners, leading the process from conception through successful implementation.

These partnerships most frequently are structured in two ways: Expanding VA programs through a direct contribution of resources to the VA, and implementing programs that serve Veterans directly. For example, the Prostate Cancer Foundation has generously committed $50 million to help VA deliver best in class prostate cancer for Veterans and IBM Watson donated 10,000 genomic studies. In serving Veterans directly, LinkedIn donates one year of LinkedIn Premium to every transitioning military service member, T-Mobile assigns a zero-data charge to Veterans using the VA telehealth app and Walmart is providing a private space in their stores for Veterans to access VA healthcare closer to home through VA telehealth.

Collaborations of this magnitude provide a distinct opportunity to truly make an impact on the lives of thousands of Veterans, with external organizations working alongside the VA to serve those who have served, together. VA is eager to engage with corporations and organizations committed to fostering our shared goal to support Veterans.

Functions and Activities

The Secretary's Center for Strategic Partnerships advises the Secretary and other senior leadership on matters related to external partnerships with touchpoints across the VA and oversees effective execution of those programs. SCSP collaborates regularly with VA program offices to understand critical services and resources currently provided to Veterans, and to explore and identify valuable opportunities to improve services with the help of external resources. Leadership within the office participates in critical discussions with key decisionmakers in business, government, philanthropic, nonprofit and other stakeholder organizations. SCSP conceptualizes, develops, leads, negotiates and executes high impact, high value partnerships to further the VA's key priorities. SCSP encourages valuable feedback from stakeholders on key Veteran issues and welcomes the opportunity to learn from their expertise.

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Outcomes

The Secretary's Center for Strategic Partnerships has cultivated and executed numerous partnerships that have a significant impact on Veterans. Examples of successful strategic partnerships with sustained positive outcomes include:

- **Bristol Meyers Squibb Foundation** (BMS): Veterans' tobacco use is higher than the general population in all age groups. To facilitate early detection, the BMS Foundation funded the establishment of 10 lung cancer screening centers within VA Medical Centers as well as related clinical trial research measuring the impact of this program to save lives.
- **Feeding America**: In collaboration with the nation's largest hunger relief organization, VA has opened 17 food pantries at VA facilities across the country, with 6 more under development. By providing easy access to nutritious food options, the VA and Feeding America have served over 44,000 Veterans and their families with nearly 800,000 pounds of food.
- **IBM Watson**: To accelerate the availability of precision medicine within the VA, IBM Watson donated 10,000 genomics studies, providing a valuable tool to VA oncologists in delivering care.
- **LinkedIn:** To ease the transition from active duty to civilian employment, LinkedIn donates one year of LinkedIn Premium to every transitioning service member. In 2018, LinkedIn extended this benefit to 5,000 caregivers.
- **Philips, American Legion and VFW:** Approximately one third of Veterans we serve live in rural areas. They often must drive great distances to receive their care at the VA. Philips is donating the equipment required to pilot 10 rural access points at VSO halls for Veterans to conduct telehealth sessions with their VA providers, with a commitment to expand to 100 total sites.
- **Prostate Cancer Foundation** (PCF): Prostate cancer is the most frequently diagnosed cancer among Veterans. In 2016, PCF committed $50 million over five years to create VA centers of excellence that deliver innovative, best-in-class prostate cancer care to Veterans. More than half of the funds have already been used to establish nine centers of excellence and fund the research of numerous VA physician scientists. The platform SCSP created with PCF will be used to build centers of excellence for other cancers as well.
- **Sanford Health:** To help VA physicians use precision medicine to better match medications to individual cancer survivors, Sanford made a $50 million commitment to the VA. This includes the donation of 250,000 pharmacogenetic tests and associated implementation expenses.
- **T-Mobile, Sprint, and Verizon**: Major US telecom providers are committed to working with the VA to help "bridge the digital divide" for Veterans. They will eliminate data usage charges for Veterans and caregivers who utilize the VA Video Connect application for telehealth appointments.
- **Walgreens:** With the passage of the Mission Act and future expansion of care in the community, VHA is seeking ways to better inform community providers about how best to care for Veterans. As a first step, Walgreens arranged to have their pharmacists and key staff participate with the VA Office of Suicide Prevention to receive SAVE training. Additional joint efforts are planned.
- **Walmart**: Like Philips, Walmart has made a commitment to bring healthcare closer to where rural Veterans live. While video telehealth can be used to provide more convenient care and facilitate access to specialists, many rural areas lack sufficient home broadband service. Walmart is donating a private space in five rural store locations for Veterans to use for telehealth sessions with their VA physicians, using Walmart's broadband access.

AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 21 Mar 2019 10:53:50 +0000
To: (b)(6) [SCGUS]
Cc: (b)(6) [JAN]; (b)(6) [SCGUS]
Subject: RE: [EXTERNAL] RE: SCSP Overview

Good morning (b)(6)

We can't thank you enough for the time you spent reviewing this and for the honest feedback you shared. This is exactly the kind of information we need to communicate our message most effectively and to engage with organizations like yours.

We are most grateful and are looking forward to our conversation later today.

Have an easy trip in,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs

From: (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Date: Wednesday, Mar 20, 2019, 8:38 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: (b)(6) [JAN] <(b)(6) @ITS.JNJ.com>, (b)(6) [SCGUS] <(b)(6) @its.jnj.com>
Subject: [EXTERNAL] RE: SCSP Overview

Deborah
Thank you for asking for feedback from J&J.
As I read through this SCCP Overview a couple of thoughts run through my head as a private sector party.
Maybe you could add a section saying something like "How can you get involved" or "Interested in joining our venture?

This way my eye goes to this section so I can focus on what to do next.
Here are the top 3 questions that come to mind for me.

1. Where could I fit in?
2. If I have an idea, is there something I can refer to, to help me align with to make sure I am focusing on what is most important to you?
   (i.e. FY2018-2024 Strategic Plan)
3) Once I have an idea, who do I connect with?

AMERICAN OVERSIGHT

We can talk more tomorrow, but I think the overview as a whole is impressive and it makes me think creatively as to what J&J can do so we can be a part of this larger mission.

Have a great rest of the night and see you tomorrow.

(b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6)@its.jnj.com

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From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Wednesday, March 20, 2019 2:47 PM
To: (b)(6) [SCGUS] (b)(6)@its.jnj.com>
Subject: [EXTERNAL] SCSP Overview

Dear (b)(6):

I am very much looking forward to our meeting tomorrow.

Separately, our office is in the process of drafting a brief overview of our activities and key partnerships. As a leader who is newly interacting with our team, I wonder if you might review it at your convenience and let us know the changes we might make to have it be most relevant to a private sector audience.

Thank you in advance. Safe travels tomorrow.

With much appreciation,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs

AMERICAN OVERSIGHT

From: (b)(6) [SCGUS]
Sent: 21 Mar 2019 20:40:10 +0000
To: Scher, Deborah L.;Barry, Ashleigh
Cc: (b)(6) [SCGUS];(b)(6) [JAN]
Subject: [EXTERNAL] Re: Thank you!

Hi Deborah and Ashleigh,

It was a pleasure to meet you both. Thank you for reaching out - happy that you are smiling, I am sitting on the train doing the same.

Thank you for your follow-up on Spravato. We will be in touch very soon on the other initiatives.

Best regards,

(b)(6)

Sent from my iPad

On Mar 21, 2019, at 3:57 PM, Scher, Deborah L. <Deborah.Scher@va.gov> wrote:

> Dear (b)(6) and (b)(6)
> Ashleigh and I cannot thank you all enough for making the trip in to meet with us today. We are still smiling!
>
> It was obvious you devoted a great deal of time considering in advance how best to partner with us. We are extremely grateful for your commitment and your thought partnership.
>
> I have confirmed our POC for the Spravato clinical implementation and will be connecting you in a separate email.
>
> We are excited to be moving forward on several fronts and look forward to work with you on the next steps.
>
> Safe travels home.
>
> Warmest regards,
>
> Deborah
> Deborah Lafer Scher
> Executive Advisor to the Secretary
> Secretary's Center for Strategic Partnerships

AMERICAN OVERSIGHT

US Department of Veterans Affairs
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AMERICAN OVERSIGHT

From: (b)(6) [SCGUS]
Sent: 22 Mar 2019 01:38:03 +0000
To: Scher, Deborah L.
Cc: (b)(6) [JAN];(b)(6) [SCGUS];Barry, Ashleigh
Subject: [EXTERNAL] RE: Thank you!

Deborah,
(b)(6) and I cannot thank you enough for finding our Medical Spravato contact so quickly. What is so impressive is Dr(b)(6) had already reached out to(b)(6) and I before we landed back in Charlotte and California.

We are committed to responding with the same sense of urgency the VA continues to show around access for those Veterans suffering from Treatment Resistant Depression.

Over lunch we all agreed that we have found the perfect leaders in the VA to work with and are excited to see our 4 key areas of partnership unfold.

I will be in touch as we connect with our internal key partners to set up the follow up calls regarding

1. JLABS
2. Healthy workforce and the JJ Health and Wellness leaders, specifically with the Human Performance Institute.

I hope you all stayed dry. It was a bit rocky taking off in all that rain today.
I just have to once again acknowledge that in our world of technology, nothing compares to a live meeting. Can't wait to come back.

(b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6)@its.jnj.com

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From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Thursday, March 21, 2019 3:58 PM
To: (b)(6) [SCGUS] <(b)(6)@its.jnj.com>
Cc: (b)(6) [JAN] (b)(6)@ITS.JNJ.com>;(b)(6) [SCGUS] (b)(6)@its.jnj.com>; Barry, Ashleigh <Ashleigh.Barry@va.gov>
Subject: [EXTERNAL] Thank you!

AMERICAN OVERSIGHT

Dear (b)(6) and (b)(6)
Ashleigh and I cannot thank you all enough for making the trip in to meet with us today. We are still smiling!

It was obvious you devoted a great deal of time considering in advance how best to partner with us. We are extremely grateful for your commitment and your thought partnership.

I have confirmed our POC for the Spravato clinical implementation and will be connecting you in a separate email.

We are excited to be moving forward on several fronts and look forward to work with you on the next steps.

Safe travels home.

Warmest regards,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
Follow us on Twitter

AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 22 Mar 2019 11:12:45 +0000
To: (b)(6) [SCGUS]
Subject: RE: [EXTERNAL] RE: Thank you

Good Morning Ann Marie:
Thank you for your lovely note and your incredible partnership. I know we are going to do big and impactful programs together that will change veterans lives.

Can't wait!

Have a wonderful weekend,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs

From: (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Date: Thursday, Mar 21, 2019, 9:27 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] RE: Thank you

Deborah,
Good evening, I hope you had a great rest of the day.
Sorry for the late email here, I landed and went straight to the gym since I was on such a high☺

I could not agree with you more with regards to your comments below.
It is rare that you connect with a new customer in the way we have.
It feels like we have worked together for a long time.

I am really excited about what we can build together, and what makes me smile, is knowing we are going to have a blast while doing it. I will be sure to get us going behind the scenes and can't wait to take this to the next level under your guidance.

Will be in touch with our follow up steps tomorrow am.

(b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)

AMERICAN OVERSIGHT

Fax: 866.485.2348
E-Mail: (b)(6) @its.jnj.com

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From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Thursday, March 21, 2019 6:26 PM
To: (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Subject: [EXTERNAL] Thank you

Dear (b)(6)
It was a special treat to get to know you better today. I was stunned at the connectivity of our mutual thought process and incredibly appreciative of the careful consideration, passion, creativity and sheer energy that you brought to our discussions.

Thank you again for making the trip in. It will be a privilege to work with you and I can't wait!

Warmly,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
Follow us on Twitter

AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 25 Mar 2019 19:29:58 +0000
To: (b)(6) [JAN]
Subject: RE: E-Introduction., J &J Spravato

Hi (b)(6)
Thank you for sending this lovely note. My team will be thrilled to hear your feedback! We are grateful for your engagement and support and try hard to set up our time together to be valuable. So wonderful to hear we are succeeding.

I am pleased you were able to arrange a call with Dr. (b)(6) so quickly. It sounds like both teams are all set, but please come back to us if we can provide support as you collectively roll out this important program.

It seems like many roads lead us to J &J, with the VA Healthcare Summit being just the latest on the list. Your input will be very helpful. I know Ashleigh will be reaching out.

We are all very much looking forward to our future work together.

Thank you again for making a trip across the country to be with us.

With much appreciation,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
Follow us on Twitter

From (b)(6) [JAN] (b)(6) @ITS.JNJ.com>
Sent: Friday, March 22, 2019 4:17 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] RE: E-Introduction., J &J Spravato

Hi Deborah,

I can count on one hand how often I have made the trip to DC and been thoroughly happy with how productive a 90 minute- 3 hour meeting has been (and now 3 of them are your meetings!). I am excited about the many items we discussed and thank you again for connecting us with Dr Wiechers. We are all set to talk on Tuesday.

If you do feel there is benefit to bounce off ideas relative to the "VA Healthcare Summit address" I am certainly available as well.

AMERICAN OVERSIGHT

Have a great weekend,

(b)(6)
Director, Strategic Accounts
National Federal Team - Strategic Customer Group
Johnson & Johnson Health Care Systems
T: (b)(6) - *https://www.jnj.com/heroes: Johnson & Johnson Supports Our Troops & Veterans*

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From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Friday, March 22, 2019 9:44 AM
To: (b)(6) [JAN] <(b)(6) @ITS.JNJ.com>
Subject: [EXTERNAL] FW: E-Introduction., J &J Spravato

Dear (b)(6)
Thank you again for making the trip in yesterday. Such a productive and enjoyable meeting! You are all an amazing team!

I am thrilled you and Dr. (b)(6) have connected. I appreciate your warm outreach note to her and offer of support. Together, I know this collaborative program will make a tremendous difference to Veterans.

Best regards,
Deborah

From: (b)(6)
Sent: Friday, March 22, 2019 12:40 PM
To: (b)(6) [JAN]' <(b)(6) @ITS.JNJ.com>; Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: (b)(6) [SCGUS] <(b)(6) @its.jnj.com>; (b)(6) [SCGUS] (b)(6) @its.jnj.com>; Barry, Ashleigh <Ashleigh.Barry@va.gov>
Subject: RE: E-Introduction., J &J Spravato

(b)(6) -

Welcome back home to the Bay Area! I'm sitting about an hour away from you (depending on traffic!), in Menlo Park. ☺

Below I've listed the times I have available for a call this coming week – please let me know what works best for you and others on your team and we can set something up.

Best,
(b)(6)

AMERICAN OVERSIGHT

Tue 3/26 anytime after 11:30 am
Wed 3/27 anytime after 10 am
Thu 3/28 10-12p, anytime after 1p
Fri 3/29 8-9, anytime after 10a

From: (b)(6) [JAN] <(b)(6) @ITS.JNJ.com>
Sent: Friday, March 22, 2019 9:30 AM
To: (b)(6) @va.gov>; Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: (b)(6) [SCGUS] (b)(6) @its.jnj.com> (b)(6) [SCGUS] (b)(6) @its.jnj.com>; Barry, Ashleigh <Ashleigh.Barry@va.gov>
Subject: [EXTERNAL] RE: E-Introduction., J &J Spravato

Dr (b)(6)

Sorry for the delayed response, I was traveling back to California from DC and can empathize with early calls on the west coast! I live in Livermore.

I am thrilled that Deborah made the introduction after our meeting with her in DC yesterday. I have attended each of the Anywhere 2 Anywhere meetings and have often heard your name referenced as the expert leading the charge for PDSI and the complex problems program.

I currently work closely with the PBM and am responsible for coordinating J&J resources/personnel as it relates to clinical, operational, value & evidence, and healthcare delivery within the VA setting. I think a great starting point, would be to hop on a call next week to understand your needs, perhaps share some insights we have gained thus far, and ideate around important operational considerations that this new treatment demands. We want to ensure an optimal care experience and workflow for our nation's veterans suffering with TRD and offer assistance where appropriate.

Please let me know if there is a time that works for your schedule and thanks for caring for our veterans.

Best,

(b)(6)
Director, Strategic Accounts
National Federal Team - Strategic Customer Group
Johnson & Johnson Health Care Systems
T (b)(6) - *https://www.jnj.com/heroes: Johnson & Johnson Supports Our Troops & Veterans*
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From: (b)(6) @va.gov>
Sent: Thursday, March 21, 2019 1:27 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: (b)(6) [SCGUS] <(b)(6) @its.jnj.com>; (b)(6) [JAN] (b)(6) @ITS.JNJ.com>; (b)(6) [SCGUS] (b)(6) @its.jnj.com>; Barry, Ashleigh <Ashleigh.Barry@va.gov>
Subject: [EXTERNAL] RE: E-Introduction., J &J Spravato

Thank you, Deborah.

J & J team – let me know when we can arrange a phone call to discuss how best to start moving this process forward. Please bear in mind I am California-based, so morning meetings earlier than 10 am ET are tough for me to make. Thanks, and looking forward to working with you.

Best,
Ilse

***

(b)(6) **MD, MPP, MHS**
National Director, Psychotropic Drug Safety Initiative (PDSI)
Co-Director, Care for Patients with Complex Problems $(CP)^2$
Associate Director, Northeast Program Evaluation Center
Office of Mental Health and Suicide Prevention (10NC5), Department of Veterans Affairs
Assistant Clinical Professor of Psychiatry, Yale University School of Medicine
cell (b)(6)
ema (b)(6) @va.gov | (b)(6) @yale.edu

Connect to:
PDSI Home
PDSI Management System
FAQs

From: Scher, Deborah L.
Sent: Thursday, March 21, 2019 1:06 PM
To: (b)(6) @va.gov>
Cc: Hubbard, Ann Marie [SCGUS] <(b)(6) @its.jnj.com>; (b)(6) [JAN] (b)(6) @ITS.JNJ.com>; (b)(6) [SCGUS] (b)(6) @its.jnj.com) (b)(6) @its.jnj.com>; Barry, Ashleigh <Ashleigh.Barry@va.gov>
Subject: E-Introduction., J &J Spravato

Dea (b)(6)
By copy of this email, it is my pleasure to introduce you to (b)(6) and (b)(6) (b)(6) from J & J. They will be leading the effort to connect you with the J &J team assigned to support VHA with the effective clinical implementation of this new program. I know you will enjoy working with them and their colleagues.

AMERICAN OVERSIGHT

Thank you all for your leadership in making this program available to Veterans.

With appreciation,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
Follow us on Twitter

AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 1 Apr 2019 16:07:40 +0000
To: (b)(6) [SCGUS];Barry, Ashleigh
Cc: (b)(6) [JAN];(b)(6) [SCGUS]
Subject: RE: [EXTERNAL] RE: Touching Base

Dear (b)(6)

Thank you for reaching out and for making us smile. We are most grateful for all of your collective efforts that are happening behind the scene and absolutely appreciate that initiatives of this magnitude take time. I imagine there will certainly be times in the future when we will be sending that same message to your team.

With much appreciation for your partnership,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs

From: (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Date: Monday, Apr 01, 2019, 11:49 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>, Barry, Ashleigh <Ashleigh.Barry@va.gov>
Cc: (b)(6) [JAN] (b)(6) @ITS.JNJ.com>(b)(6) [SCGUS] (b)(6) @its.jnj.com>
Subject: [EXTERNAL] RE: Touching Base

Thank you Deborah. I hope you and Ashleigh understand how much is being done behind the scenes to make this happen…..and it's NOT giving me an ulcer. It will just take a little time.

Thanks again.

(b)(6)

From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Monday, April 01, 2019 10:25 AM
To (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Cc: (b)(6) [JAN] (b)(6) @ITS.JNJ.com>(b)(6) [SCGUS] (b)(6) @its.jnj.com>; Barry, Ashleigh <Ashleigh.Barry@va.gov>
Subject: [EXTERNAL] RE: Touching Base

Good Morning (b)(6)

AMERICAN OVERSIGHT

Wonderful to hear from you and to learn more about the "behind the scenes" work you are doing on behalf of our collaborations. We are most grateful for your leadership in championing these programs and look forward to continuing our conversations when it works best with your schedule.

Have a terrific week,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
Follow us on Twitter

From: (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Sent: Friday, March 29, 2019 5:35 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: (b)(6) [JAN] <(b)(6) @ITS.JNJ.com>; (b)(6) [SCGUS] (b)(6) @its.jnj.com>; Barry, Ashleigh <Ashleigh.Barry@va.gov>
Subject: [EXTERNAL] RE: Touching Base

Deborah
So great to hear from you, I just got home from the Human Performance Institute down in Lake Nona, Florida and I spoke to many people about the VA to continue to advocate for you and the "Healthy Workforce" conversation.

With regards to JLABS, we have a call on the books with their executive early next week so we can come back to you with next steps. You know I don't go to the "little people" instead aim for the sky, which sometimes can be a little bit slower, but in the long run will be more productive.

We had and continue to have great conversations with Dr. (b)(6)
We can't thank you enough for connecting us, she is absolutely the right person for us to work with.

So glad, (b)(6) could be of help with the VA Healthcare Summit. Can't wait to hear you speak.

I will be sure to be in touch by the end of next week.

Have a wonderful weekend. It is going to hit 80 here ☺

(b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

AMERICAN OVERSIGHT

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6)@its.jnj.com

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From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Friday, March 29, 2019 3:33 PM
To: (b)(6) [SCGUS] (b)(6)@its.jnj.com>
Cc: (b)(6) [JAN] (b)(6)@ITS.JNJ.com>(b)(6) [SCGUS] (b)(6)@its.jnj.com>; Barry, Ashleigh <Ashleigh.Barry@va.gov>
Subject: [EXTERNAL] Touching Base

Good Afternoon (b)(6) and (b)(6)

I hope the call with Dr. (b)(6) went well and the clinical care plans are underway.

A huge thank you to (b)(6) for sharing insights with my team about the upcoming healthcare conference. Your perspective and recommendations were extremely helpful in focusing my remarks.

I wanted to share that we had a follow-up conversation with Dr. Clancy about J Labs. (I hope this is not creating chest pain for (b)(6) She continues to be an enthusiastic supporter and eager to take a field trip to NYC to see your facility there, if there is support within J & J.

Separately, I heard from our colleagues here that they were jealous of all of the laughter coming from our meeting room and would like to be included in the fun next time.

Wishing you all a great weekend. Look forward to connecting again when it fits with your schedule.

Warm regards,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
Follow us on Twitter

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From: (b)(6) [SCGUS]
Sent: 2 Apr 2019 18:46:19 +0000
To: Scher, Deborah L.; (b)(6) SCGUS]
Cc: (b)(6) JAN]
Subject: [EXTERNAL] RE: Request from (b)(6) o speak live?? Very exciting opportunity with a short timeline

Sorry all – you will have to carry on without me.

Deborah – You are in good hands.

(b)(6)

From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Tuesday, April 02, 2019 2:41 PM
To: (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Cc: (b)(6) [JAN] (b)(6) @ITS.JNJ.com>; (b)(6) [SCGUS] <(b)(6) @its.jnj.com>
Subject: [EXTERNAL] RE: Request from (b)(6) to speak live?? Very exciting opportunity with a short timeline

Terrific. Thank you for your flexibility.

From (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Sent: Tuesday, April 2, 2019 2:12 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: (b)(6) [JAN] <(b)(6) @ITS.JNJ.com>; (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Subject: [EXTERNAL] RE: Request from Ann Marie Hubbard to speak live?? Very exciting opportunity with a short timeline

Yes 4:30 would be great.
Can you dial into Skype?
I will send an invite out now.

(b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6) @its.jnj.com

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From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Tuesday, April 02, 2019 1:48 PM
To: (b)(6) [SCGUS] <(b)(6)@its.jnj.com>
Cc: (b)(6) [JAN] (b)(6)@ITS.JNJ.com>; (b)(6) [SCGUS] (b)(6)@its.jnj.com>
Subject: [EXTERNAL] RE: Request from (b)(6) to speak live?? Very exciting opportunity with a short timeline

Dear (b)(6)
I am so excited to learn more! Would 4:30 work?

Best,
Deborah

From: (b)(6) [SCGUS] (b)(6)@its.jnj.com>
Sent: Tuesday, April 2, 2019 12:36 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: (b)(6) [JAN] (b)(6)@ITS.JNJ.com>; (b)(6) [SCGUS] <(b)(6)@its.jnj.com>
Subject: [EXTERNAL] Request from (b)(6) to speak live?? Very exciting opportunity with a short timeline

Deborah,
(b)(6) and I just got off the phone with the Global Head of JLABS and we have a phenomenal opportunity for you and other leaders in the VA.
Could we get you on the phone today live? It would take maybe 10-15 minutes.

You are going to be very excited with what we have to share. Just a little teaser for you ☺

(b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6)@its.jnj.com

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From: (b)(6) JAN]
Sent: 2 Apr 2019 21:52:14 +0000
To: Scher, Deborah L.
Cc: (b)(6) SCGUS]
Subject: [EXTERNAL] J&J Innovation Profiles
Attachments: J&J Innovation Profiles.pdf

Hi Deborah,

It was great to connect today! Please see the attached profiles for Dr Stoffels, Dr Hait, and Melinda Richter. Please let us know if you have any additional questions.

Thanks!

(b)(6)
Director, Strategic Accounts
National Federal Team - Strategic Customer Group
Johnson & Johnson Health Care Systems
T (b)(6) *https://www.jnj.com/heroes: Johnson & Johnson Supports Our Troops & Veterans*

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AMERICAN OVERSIGHT

Paul Stoffels, MD



Vice Chair of the Executive Committee and Chief Scientific Officer, Johnson & Johnson

Paul Stoffels is a visionary leader who inspires and drives transformational innovation to bring years of life and quality of life to millions of people around the world.

Paul spearheads the Johnson & Johnson research and product pipeline by leading teams across all our sectors to set the company-wide innovation agenda, discovering and developing transformational healthcare solutions. He also is responsible for the safety of all products of the Johnson & Johnson Family of Companies worldwide, and steers the company's global public health strategy to make innovative medicines and technologies accessible in the world's most vulnerable communities and resource-poor settings.

Paul's commitment to fueling innovation and finding the best science, wherever it exists, is the driving force behind the launch of Johnson & Johnson Innovation in 2013, which he now leads to foster science and technology through strategic partnerships, licensing and acquisitions. Paul also oversees JJDC, the oldest corporate venture fund in the life science industry.

Previously, in his role as Worldwide Chairman, Pharmaceuticals, Paul led the transformation of the pharmaceutical research and development pipeline for Janssen Pharmaceutical Companies of Johnson & Johnson, driving a fundamental shift in the R&D paradigm that is now a model in the industry for productivity and innovation. Under his leadership, Janssen rejuvenated its pipeline, launching multiple new medicines and making a difference for people all over the world.

Prior to this, Paul held various R&D leadership roles within the pharmaceutical sector of Johnson & Johnson. He joined Johnson & Johnson in 2002 with the acquisition of Virco and Tibotec, where he was Chief Executive Officer of Virco and Chairman of Tibotec, and led the development of several breakthrough products for the treatment of HIV that helped to transform this devastating disease from a death sentence to a chronic and treatable condition.

Paul studied Medicine at the University of Diepenbeek and the University of Antwerp in Belgium and Infectious Diseases and Tropical Medicine at the Institute of Tropical Medicine in Antwerp, Belgium. He began his career as a physician in Africa, focusing on HIV and tropical diseases research.

AMERICAN OVERSIGHT

William N. Hait, M.D., Ph.D.

Global Head, Johnson & Johnson External Innovation

Dr. William N. Hait leads the external sourcing and creation of transformational innovation to help Johnson & Johnson achieve its mission to change the trajectory of health for humanity. He works on building an enterprise-wide external R&D pipeline, creating innovative solutions that utilize J&J's excellence in pharmaceuticals, medical devices and consumer products. His team strives to identify disruptive technologies and cutting-edge early innovations in disease areas of emphasis at J&J, to eliminate disease through prevention, interception and cures.

Dr. Hait joined J&J in 2007 and served as Global Therapeutic Area Head for Oncology from 2009 to 2011, and then as Global Head, Janssen Research & Development, from 2011 through 2018. Before that, he was the founding Director of The (Rutgers) Cancer Institute of New Jersey. From 1993 to 2007 he was Professor of Medicine and Pharmacology and Associate Dean for Oncology Programs at the University of Medicine and Dentistry of New Jersey -- Robert Wood Johnson Medical School.

Dr. Hait joined the Yale University School of Medicine faculty in 1984 and became Associate Professor of Medicine and Pharmacology, Chief of the Division of Medical Oncology, Associate Director of the Yale University Comprehensive Cancer Center, Director of the Breast Cancer Unit and Co-Director of the Lung Cancer Unit. He is Board Certified in Internal Medicine and Medical Oncology.

He devoted time to numerous advisory and editorial boards, served in a range of scientific functions, societies and committees, was elected President of the American Association for Cancer Research (2007 – 2008) and has received numerous awards and honors.





AMERICAN OVERSIGHT

Melinda Richter

Global Head of JLABS, Johnson & Johnson Innovation





As Global Head of Johnson & Johnson Innovation, JLABS (JLABS), Melinda Richter fosters the Johnson & Johnson Family of Companies external R&D engine and supports the innovation community by creating capital-efficient commercialization models that give early stage companies a big company advantage. By providing infrastructure, services, educational programs and networks in global hotspots, JLABS is the best place to start a company working in healthcare, with a specific emphasis on Johnson & Johnson's sectors: consumer, medical device and pharmaceuticals.

Prior to joining JLABS, Melinda was Founder and CEO of Prescience International, an award-winning firm dedicated to accelerating research to the patient. Melinda founded Prescience after she had a medical emergency that left her questioning the efficiency and efficacy of the healthcare system. With the tenacity and resolve of a patient looking for a better solution, she set out to create a better model, which now forms the basis for JLABS' operational infrastructure. Prior to starting Prescience, Melinda held posts across a variety of functional areas with a global corporation, Nortel Networks, in locations such as Research Triangle Park, New York, Toronto, London, Hong Kong and Beijing before arriving in San Francisco. She also initiated, raised capital and secured large corporate deals for several companies in both the life science and technology space. She holds a Bachelor of Commerce from the University of Saskatchewan in Canada and a MBA from INSEAD in France. Melinda is an active board member and Treasurer of the California Life Sciences Association (CLSA).

AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 17 Apr 2019 10:45:47 +0000
To: Scher, Deborah L.;Stone, Richard A., MD(b)(6)@its.jnj.com;(b)(6) [JJCUS]
Cc: Felan, Leilani;Howard, Kristi;Wilson, Breanna L.(b)(6) [JSGUS]
Subject: Dr. Stone/J&J Meeting

PURPOSES:
--To provide a brief update as to all the progress J&J has made to date with the VA since the launch of Spravato
--Discussion of what else is needed to better serve the Veterans with Depression or Suicide Ideation

Johnson&Johnson Attendees:
Mr. Courtney Billington, President at Janssen Neuroscience over Spravato
Ms(b)(6) Field Director Federal Team/Strategic Engagement, Strategic Customer Group
Ms. Lauryl Jackson, Director of Government Affairs

AMERICAN OVERSIGHT

Sent: 25 Feb 2019 11:33:10 +0000
To: (b)(6) RDUS]
Cc: (b)(6) [JJCUS]; (b)(6) [JAN]; (b)(6) [SCGUS]; (b)(6) [JANUS]
Subject: RE: [EXTERNAL] RE: Johnson & Johnson Invitation- U.S. Department of Veterans Affairs- Lake Nona Impact Forum Invitation- Deborah Scher
Attachments: image001.jpg

Dear (b)(6) and colleagues:
Thank you for going out of your way to include me in this week's Lake Nona Impact Forum. The sessions were informative, engaging and enlightening.

It was inspiring to learn about important work from leaders in the wellness field, a growing focus for the VA. It was a terrific group and I expect several of the conversations around potential collaborations to progress. Certainly, a very worthwhile few days.

With much appreciation,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs

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8-A-000290


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From: (b)(6)

Sent: 10 Jan 2019 21:56:31 +0000

To: (b)(6) @amazon.com; (b)(6) (b)(6) (b)(6) @us.ibm.com (b)(6) (GE Healthcare; (b)(6) @ge.com; (b)(6) @cof.org; (b)(6) (b)(6) @optum.com; (b)(6) @bah.com; (b)(6) (b)(6) @ElizabethDoleFoundation.org; (b)(6) @pcf.org; (b)(6) @pcf.org (b)(6) @elizabethdolefoundation.org; (b)(6) @its.jnj.com; (b)(6) @intel.com; (b)(6) @ironbow.com; (b)(6) (Physician); (b)(6) MD (b)(6) @amazon.com; (b)(6) @amazon.com; (b)(6) (b)(6) @bah.com; (b)(6) @comcast.com; (b)(6) @med.ge.com (b)(6) @its.jnj.com (b)(6) @its.jnj.com; (b)(6) @psycharmor.org;Barry, Ashleigh (OAWP); (b)(6) @intel.com; (b)(6) @intel.com; (b)(6) @us.ibm.com; (b)(6) (b)(6) @amazon.com (b)(6) @optum.com (b)(6) (b)(6) @everyoneon.org; (b)(6) @everyoneon.org (b)(6) @walmart.com; (b)(6) (b)(6)

Cc: Scher, Deborah L. (b)(6) (b)(6)

Subject: February VA Stakeholder Roundtable Meeting

AMERICAN OVERSIGHT

From: (b)(6) [JRDUS]
Sent: 22 Jan 2019 11:51:00 +0000
To: Scher, Deborah L.
Cc: (b)(6) JJCUS] (b)(6) JAN (b)(6) (b)(6) [SCGUS]
Subject: [EXTERNAL] Johnson & Johnson Invitation- U.S. Department of Veterans Affairs- Lake Nona Impact Forum Invitation- Deborah Scher
Attachments: Lake Nona Impact Forum AGENDA 2018 11 03.docx

Hello Deborah,

On behalf of Johnson & Johnson, I would like to cordially invite you to join us at the Lake Nona Impact Forum in February 2019.

Each year, more than 250 of the nation's top executive leaders, health care innovators and thought leaders gather in Lake Nona, Orlando for one of the most engaging dialogues in the industry. In 2019, the Lake Nona Impact Forum will focus on "Wellbeing" as we understand the profound impact it has on the individuals, organization and community.

Please see attached a detailed overview and agenda for the Lake Nona Impact Forum in **Orlando February 20 – February 22, 2019**. Please RSVP directly to me, and please copy (b)(6) (b)(6) @its.jnj.com) on your response. I would be happy to connect by phone if you'd like more information about this exciting and prestigious event.

- **2018 LAKE NONA IMPACT -** https://vimeo.com/259259342

Sincerely,

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

(b)(6) MS
Group Product Director, Oncology
☎Phone: 845.313 (b)(6)
✉Email: (b)(6) @its.jnj.com

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Lake Nona Impact Forum (Draft Agenda)

February 20 -22
Starts: Wednesday, February 20, 3:00 p.m.
Concludes: Friday, February 22, 12:00 p.m.

Wednesday, February 20, 2019

Advisory Board Reception

Welcome

Wellbeing Moonshot

Global Wellbeing Solutions

Making A Difference: FDA Perspective

Financial Wellbeing (Macro & Micro Perspectives)

One Meal a Day / Rethinking Nutrition

Mindfulness: Fireside Chat

Art & Wellbeing

Dinner Reception

Thursday, February 21, 2019

Impact Interview: Steve Case

The Big Deal about Big Data

Healthcare Game Changers

Mental Wellbeing

Food: Better Strategies for Fueling Wellbeing

Fireside Chat: (b)(6)

Democratization of Healthcare

Healthcare 2030

Bringing your A Game: New Models in Healthcare Leadership

Promising Health & Wellbeing Technologies

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Dinner – Dr. Phillips Center for the Performing Arts

Friday, February 22, 2019

Opening Keynote

J&J: Fireside Chat (proposed)

Bringing Wellbeing Down to Earth - Terrestrial Applications of Space Medicine

Wellbeing Moonshot

Unlocking Human Potential: Sports Panel

Improving Human Performance:

Closing Keynote

Speakers

- (b)(6) COO Siemens Health
- (b)(6) President, Google Cloud Health
- (b)(6) Chief Executive, Microsoft Health
- (b)(6) Chairman & CEO, Johnson & Johnson
- (b)(6) Dean, Harvard T Chan School of Public Health
- (b)(6) Vice Chair and Chief Innovation Officer, J&J (pending)
- (b)(6) Chairman, Founder, Revolution Partners
- (b)(6) Chairman, CEO Evolution Partners
- (b)(6) Global Chief Economist, Citibank
- Founder, The Chopra Center for Wellbeing
- (b)(6) World Health Organization, Ambassador for Global Strategy
- (b)(6) President, Fortune
- EVP & COO Kaiser Permanente,
- (b)(6) DA Commissioner, (Pending)
- Chief Medical Officer, Flatiron Health,
- (b)(6) Vice Chair and Chief Scientific Officer, Pepsico,
- Author, Actress, Food Advocate (James Cameron, pending)
- (b)(6) Chairman, Crystal Bridges Museum; Board of Directors, Walton Family Foundation
- (b)(6) Chief Medical Officer, NASA
- (b)(6) g, award-winning producer, director and cinematographer; Member, Academy of Motion Arts and Sciences.

AMERICAN OVERSIGHT

- (b)(6), Chairman & CEO Target
- Chairman & President, Pegasus Group
- (b)(6) i, President Health & Wellness, Walmart U.S
- (b)(6) Chair, National Advisory Board Lake Nona Institute
- (b)(6), Founder, Artocene,
- oseph P. and Rose F. Kennedy Professor of Neurology, Harvard University
- (b)(6) Chairman / Partner of the Global Healthcare Practice
- Chairman & CEO, Amicus Therapeutics
- (b)(6) h, Chairman and President, Cura Foundation
- Chairman & CEO, Global Wellness Institute

AMERICAN OVERSIGHT

Sent: 22 Jan 2019 13:57:17 +0000
To: (b)(6) [JRDUS]
Cc: (b)(6) [JJCUS]; (b)(6) [JAN]; (b)(6) [SCGUS]
Subject: RE: [EXTERNAL] Johnson & Johnson Invitation- U.S. Department of Veterans Affairs- Lake Nona Impact Forum Invitation- Deborah Scher
Attachments: image001.jpg

Good Morning (b)(6) and (b)(6)
Thank you very much for this thoughtful and generous invitation to your important conference. I was introduced to Gloria at the end of the year and she kindly extended an invitation to this Forum which I accepted. The VA internal OGC Ethics review just cleared last week.

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs

From: (b)(6) [JRDUS] <(b)(6) @its.jnj.com>
Date: Tuesday, Jan 22, 2019, 6:52 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: (b)(6) @va.gov>, (b)(6) [JJCUS] (b)(6) @its.jnj.com>, (b)(6) [JAN] <(b)(6) @ITS.JNJ.com>, (b)(6) [SCGUS] <(b)(6) @its.jnj.com>
Subject: [EXTERNAL] Johnson & Johnson Invitation- U.S. Department of Veterans Affairs- Lake Nona Impact Forum Invitation- Deborah Scher

AMERICAN OVERSIGHT

8-A-000298


Janssen
Oncology
AMERICAN
OVERSIGHT
PHARMACEUTICAL COMPANIES OF Johnson & Johnson

Sent: 22 Jan 2019 13:58:43 +0000
To: (b)(6) [JRDUS]
Cc: (b)(6) [JJCUS]; (b)(6) [JAN] (b)(6) [SCGUS]
Subject: RE: [EXTERNAL] Johnson & Johnson Invitation- U.S. Department of Veterans Affairs- Lake Nona Impact Forum Invitation- Deborah Scher

Good Morning (b)(6) an (b)(6)
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I am very much looking forward to participating and seeing all of you then.

With much appreciation,
Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs

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Date: Tuesday, Jan 22, 2019, 6:52 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: (b)(6) @va.gov>, (b)(6) [JJCUS] <(b)(6) @its.jnj.com>, (b)(6) [JAN] (b)(6) @ITS.JNJ.com>, (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Subject: [EXTERNAL] Johnson & Johnson Invitation- U.S. Department of Veterans Affairs- Lake Nona Impact Forum Invitation- Deborah Scher

AMERICAN OVERSIGHT

From: (b)(6) [JRDUS]
Sent: 22 Jan 2019 16:54:50 +0000
To: Scher, Deborah L.
Cc: (b)(6) [JJCUS]; (b)(6) [JAN]; (b)(6) [SCGUS]; (b)(6) (b)(6) [JANUS]
Subject: [EXTERNAL] RE: Johnson & Johnson Invitation- U.S. Department of Veterans Affairs- Lake Nona Impact Forum Invitation- Deborah Scher

Deborah,

Thank you for your quick reply. We are very exciting to hear you will be attending! Please reach out if you have any questions or concerns.

Thank you again and we look forward to speaking with you soon.

Regards,

Staff
(b)(6)

(b)(6) MS
Group Product Director, Oncology
☎Phone: 845.313.(b)(6)
✉Email: (b)(6) @its.jnj.com

janssen Oncology

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From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Tuesday, January 22, 2019 8:59 AM
To: (b)(6) [JRDUS] (b)(6) @its.jnj.com>
Cc: (b)(6) [JJCUS] <(b)(6) @its.jnj.com>; (b)(6) JAN] (b)(6) @ITS.JNJ.com>; (b)(6) (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Subject: RE: [EXTERNAL] Johnson & Johnson Invitation- U.S. Department of Veterans Affairs- Lake Nona Impact Forum Invitation- Deborah Scher

Good Morning (b)(6) and (b)(6)

AMERICAN OVERSIGHT

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Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs

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Date: Tuesday, Jan 22, 2019, 6:52 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: (b)(6) @va.gov>, (b)(6) [JJCUS] (b)(6) @its.jnj.com>, (b)(6) (b)(6) [JAN] <(b)(6) @ITS.JNJ.com>, (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Subject: [EXTERNAL] Johnson & Johnson Invitation- U.S. Department of Veterans Affairs- Lake Nona Impact Forum Invitation- Deborah Scher

Hello Deborah,

On behalf of Johnson & Johnson, I would like to cordially invite you to join us at the Lake Nona Impact Forum in February 2019.

Each year, more than 250 of the nation's top executive leaders, health care innovators and thought leaders gather in Lake Nona, Orlando for one of the most engaging dialogues in the industry. In 2019, the Lake Nona Impact Forum will focus on "Wellbeing" as we understand the profound impact it has on the individuals, organization and community.

Please see attached a detailed overview and agenda for the Lake Nona Impact Forum in **Orlando February 20 – February 22, 2019**. Please RSVP directly to me, and please cop (b)(6) (b)(6) @its.jnj.com) on your response. I would be happy to connect by phone if you'd like more information about this exciting and prestigious event.

- **2018 LAKE NONA IMPACT -** https://vimeo.com/259259342

Sincerely,

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

(b)(6) MS

AMERICAN OVERSIGHT

Group Product Director, Oncology
☎Phone: 845.313(b)(6)
✉Email:(b)(6)@its.jnj.com

janssen Oncology

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AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 20 Feb 2019 18:58:40 +0000
To: (b)(6) @its.jnj.com
Subject: 7 minute workout

Good Morning:
I would like to register for this tomorrow at 6am at the Courtyard.

Thank you,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs

AMERICAN OVERSIGHT

Sent: 24 Feb 2019 16:50:47 +0000
To: (b)(6) [JRDUS]
Cc: (b)(6) [JJCUS](b)(6) [JAN](b)(6) [SCGUS](b)(6) [JANUS]
Subject: RE: [EXTERNAL] RE: Johnson & Johnson Invitation- U.S. Department of Veterans Affairs- Lake Nona Impact Forum Invitation- Deborah Scher
Attachments: image001.jpg

Dear (b)(6) and colleagues:
Thank you for going out of your way to include me in this week's Lake Nona Impact Forum. The sessions were inspiring, engaging and enlightening.

I felt privileged to participate and honored to learn about important work from leaders in the field. It was a terrific group. We had several conversations that have the potential to evolve into meaningful partnerships for Veterans and the VA. Certainly, a very worthwhile few days.

I am grateful you invited me.

With much appreciation,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs

AMERICAN OVERSIGHT

8-A-000305


Janssen
Oncology
AMERICAN
OVERSIGHT
PHARMACEUTICAL COMPANIES OF Johnson & Johnson

From: (b)(6) [JJCUS]
Sent: 25 Feb 2019 11:33:31 +0000
To: Scher, Deborah L.
Subject: [EXTERNAL] Automatic reply: Johnson & Johnson Invitation- U.S. Department of Veterans Affairs- Lake Nona Impact Forum Invitation- Deborah Scher

I will be out of the office with limited access to email from 7/2-7/6. If you need immediate assistance - please contact (b)(6)

AMERICAN OVERSIGHT

From: (b)(6) [JAN]

Sent: 25 Feb 2019 14:51:23 +0000

To: Scher, Deborah L. (b)(6) [JRDUS]

Cc: (b)(6) [JJCUS] (b)(6) [SCGUS]; (b)(6) [JANUS]

Subject: [EXTERNAL] Re: Johnson & Johnson Invitation- U.S. Department of Veterans Affairs- Lake Nona Impact Forum Invitation- Deborah Scher

Hi Deborah

Thank you for taking the time to shoot us a quick note on the forum. I am glad you found it worthwhile and both (b)(6) and I look forward to the meeting in Washington DC later this week.

Regards,

(b)(6)
Director, Strategic Accounts
National Federal Team - Strategic Customer Group
Johnson & Johnson Health Care Systems
T: 209-648- (b)(6) - https://www.jnj.com/heroes: Johnson & Johnson Supports Our Troops & Veterans

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Sent from iPad

AMERICAN OVERSIGHT

From: Scher, Deborah L. <deborah.scher@va.gov>

Sent: Monday, February 25, 2019 3:33 AM

To: (b)(6) [JRDUS]

Cc: (b)(6) JJCUS]; (b)(6) JAN]; (b)(6) [SCGUS]; (b)(6) (b)(6) JANUS]

Subject: RE: [EXTERNAL] RE: Johnson & Johnson Invitation- U.S. Department of Veterans Affairs- Lake Nona Impact Forum Invitation- Deborah Scher

Dear (b)(6) and colleagues:

Thank you for going out of your way to include me in this week's Lake Nona Impact Forum. The sessions were informative, engaging and enlightening.

It was inspiring to learn about important work from leaders in the wellness field, a growing focus for the VA. It was a terrific group and I expect several of the conversations around potential collaborations to progress. Certainly, a very worthwhile few days.

With much appreciation,

Deborah

Deborah Lafer Scher

Executive Advisor to the Secretary

Secretary's Center for Strategic Partnerships

US Department of Veterans Affairs

Deborah,

AMERICAN OVERSIGHT

Thank you for your quick reply. We are very exciting to hear you will be attending! Please reach out if you have any questions or concerns.

Thank you again and we look forward to speaking with you soon.

Regards,

(b)(6)

(b)(6), MS
Group Product Director, Oncology
☎Phone: 845.313.(b)(6)
✉Email: (b)(6)@its.jnj.com

janssen Oncology

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From: Scher, Deborah L. <Deborah.Scher@va.gov>

Sent: Tuesday, January 22, 2019 8:59 AM

To: (b)(6) [JRDUS] <(b)(6)@its.jnj.com>

Cc: (b)(6) [JJCUS] <(b)(6)@its.jnj.com>; (b)(6) [JAN] (b)(6)@ITS.JNJ.com>; (b)(6) [SCGUS] (b)(6)@its.jnj.com>

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Subject: RE: [EXTERNAL] Johnson & Johnson Invitation- U.S. Department of Veterans Affairs- Lake Nona Impact Forum Invitation- Deborah Scher

Good Morning (b)(6) and (b)(6)

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I am very much looking forward to participating and seeing all of you then.

With much appreciation,

Deborah

Deborah Lafer Scher

Executive Advisor to the Secretary

Secretary's Center for Strategic Partnerships

US Department of Veterans Affairs

From (b)(6) [JRDUS] <(b)(6) @its.jnj.com>

Date: Tuesday, Jan 22, 2019, 6:52 AM

To: Scher, Deborah L. <Deborah.Scher@va.gov>

Cc: (b)(6) @va.gov>, (b)(6) [JJCUS] (b)(6) @its.jnj.com>, (b)(6) [JAN] (b)(6) @ITS.JNJ.com>, (b)(6) [SCGUS] (b)(6) @its.jnj.com>

Subject: [EXTERNAL] Johnson & Johnson Invitation- U.S. Department of Veterans Affairs- Lake Nona Impact Forum Invitation- Deborah Scher

Hello Deborah,

On behalf of Johnson & Johnson, I would like to cordially invite you to join us at the Lake Nona Impact Forum in February 2019.

AMERICAN OVERSIGHT

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Please see attached a detailed overview and agenda for the Lake Nona Impact Forum in**Orlando February 20 – February 22, 2019**. Please RSVP directly to me, and please copy (b)(6) (b)(6) @its.jnj.com) on your response. I would be happy to connect by phone if you'd like more information about this exciting and prestigious event.

- **2018 LAKE NONA IMPACT -** https://vimeo.com/259259342

Sincerely,

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

(b)(6) MS
Group Product Director, Oncology
☎Phone: 845.313.(b)(6)
✉Emai(b)(6) @its.jnj.com

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

Sent: 26 Feb 2019 12:11:10 +0000
To: (b)(6) [JAN] (b)(6) JRDUS]
Cc: (b)(6) JJCUS]; (b)(6) [SCGUS]; (b)(6) [JANUS]
Subject: RE: [EXTERNAL] Re: Johnson & Johnson Invitation- U.S. Department of Veterans Affairs- Lake Nona Impact Forum Invitation- Deborah Scher

Good Morning (b)(6)

I am so pleased you and (b)(6) will be able to join us and look forward to seeing both of you on Thursday.

Warm regards,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs

From: (b)(6) [JAN] (b)(6) @ITS.JNJ.com>
Date: Monday, Feb 25, 2019, 9:53 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>, (b)(6) [JRDUS]
(b)(6) @its.jnj.com>
Cc: (b)(6) [JJCUS] (b)(6) @its.jnj.com>, (b)(6) [SCGUS]
(b)(6) @its.jnj.com>, (b)(6) [JANUS] (b)(6) @its.jnj.com>
Subject: [EXTERNAL] Re: Johnson & Johnson Invitation- U.S. Department of Veterans Affairs- Lake Nona Impact Forum Invitation- Deborah Scher

AMERICAN OVERSIGHT

From: (b)(6) [JJCUS]
Sent: 26 Feb 2019 12:11:22 +0000
To: Scher, Deborah L.
Subject: [EXTERNAL] Automatic reply: Johnson & Johnson Invitation- U.S. Department of Veterans Affairs- Lake Nona Impact Forum Invitation- Deborah Scher

I will be out of the office with limited access to email from 7/2-7/6. If you need immediate assistance - please contact (b)(6)

AMERICAN OVERSIGHT

From: (b)(6) [JRDUS]
Sent: 27 Feb 2019 10:42:56 +0000
To: Scher, Deborah L.
Cc: (b)(6) JJCUS] (b)(6) [JAN]; (b)(6) [SCGUS]; (b)(6) (b)(6) JANUS]
Subject: [EXTERNAL] RE: Johnson & Johnson Invitation- U.S. Department of Veterans Affairs- Lake Nona Impact Forum Invitation- Deborah Scher

Deborah,

We are very excited to hear you found the Lake Nona Forum to be of such high value. We greatly appreciate your continued partnership and support.

Thank you and please reach out if we can provide any additional follow-up.

Kind Regards,

(b)(6)

(b)(6) MS
Group Product Director, Oncology
☎Phone: 845.313 (b)(6)
✉Email: (b)(6) @its.jnj.com

janssen Oncology

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From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Monday, February 25, 2019 6:33 AM
To: (b)(6) JRDUS] (b)(6) @its.jnj.com>
Cc: (b)(6) JJCUS] (b)(6) @its.jnj.com>; (b)(6) JAN] (b)(6) @ITS.JNJ.com>; (b)(6) (b)(6) [SCGUS] <(b)(6) @its.jnj.com>; (b)(6) [JANUS] <(b)(6) @its.jnj.com>
Subject: RE: [EXTERNAL] RE: Johnson & Johnson Invitation- U.S. Department of Veterans Affairs- Lake Nona Impact Forum Invitation- Deborah Scher

Dear (b)(6) nd colleagues:

AMERICAN OVERSIGHT

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With much appreciation,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
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US Department of Veterans Affairs

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Thank you again and we look forward to speaking with you soon.

Regards,

(b)(6)

(b)(6), MS
Group Product Director, Oncology
☎Phone: 845.313.(b)(6)
✉Email: (b)(6)@its.jnj.com

janssen Oncology
PHARMACEUTICAL COMPANIES OF Johnson & Johnson

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To: (b)(6) [JRDUS] <(b)(6) @its.jnj.com>
Cc: (b)(6) [JJCUS] <(b)(6) @its.jnj.com>; (b)(6) [JAN] <(b)(6) @ITS.JNJ.com>; (b)(6) (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Subject: RE: [EXTERNAL] Johnson & Johnson Invitation- U.S. Department of Veterans Affairs- Lake Nona Impact Forum Invitation- Deborah Scher

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Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs

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Date: Tuesday, Jan 22, 2019, 6:52 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: (b)(6) @va.gov>, H (b)(6) [JJCUS] <(b)(6) @its.jnj.com>, (b)(6) (b)(6) [JAN] (b)(6) 4@ITS.JNJ.com>, (b)(6) [SCGUS] <(b)(6) @its.jnj.com>
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AMERICAN OVERSIGHT

- **2018 LAKE NONA IMPACT -** https://vimeo.com/259259342

Sincerely,

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

(b)(6) MS
Group Product Director, Oncology
☎Phone: 845.313(b)(6)
✉Email: (b)(6) @its.jnj.com

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AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 6 Mar 2019 19:26:49 +0000
To: (b)(6) @its.jnj.com
Cc: (b)(6) va.gov)
Subject: Stakeholder meeting follow-up

Dea (b)(6)
I was so pleased you could attend our Stakeholders meeting last week. Thank you very much for making the time.

I very much appreciated your engagement and enjoyed hearing all of the many potential areas for collaboration that you identified in a short period of time.

I would welcome the opportunity to explore them further with you. If you are willing, perhaps Bre can work with your office to help us find a time to meet in the next few weeks.

Warm regards,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
202-461-0325
Twitter: @VAPartnerships

AMERICAN OVERSIGHT

From: (b)(6) [JAN]
Sent: 14 Mar 2019 17:28:10 +0000
To: Scher, Deborah L.
Subject: [EXTERNAL] Accepted: Meeting with (b)(6) and (b)(6)

AMERICAN OVERSIGHT

From: (b)(6) [SCGUS]
Sent: 14 Mar 2019 18:16:04 +0000
To: Scher, Deborah L.
Subject: [EXTERNAL] Accepted: Meeting with (b)(6) and (b)(6)

AMERICAN OVERSIGHT

From: (b)(6) SCGUS]
Sent: 14 Mar 2019 19:35:06 +0000
To: Scher, Deborah L.
Subject: [EXTERNAL] Accepted: Meeting with (b)(6) and (b)(6)

AMERICAN OVERSIGHT

From: (b)(6) [JAN]
Sent: 14 Mar 2019 20:11:38 +0000
To: Scher, Deborah L.
Subject: [EXTERNAL] Accepted: Meeting with (b)(6) and (b)(6)

AMERICAN OVERSIGHT

From: (b)(6) [SCGUS] on behalf of (b)(6) [SCGUS]
Sent: 15 Mar 2019 16:32:31 +0000
To: Scher, Deborah L.
Subject: [EXTERNAL] Accepted: FW: Meeting with (b)(6) and (b)(6)

AMERICAN OVERSIGHT

From: (b)(6) [SCGUS] on behalf of (b)(6) [SCGUS]
Sent: 19 Mar 2019 17:31:24 +0000
To: Scher, Deborah L.
Subject: [EXTERNAL] Accepted: Meeting with (b)(6) and (b)(6)

AMERICAN OVERSIGHT

From: (b)(6) [JAN]
Sent: 19 Mar 2019 18:39:27 +0000
To: Scher, Deborah L.
Subject: [EXTERNAL] Accepted: Meeting with (b)(6) and (b)(6)

AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 20 Mar 2019 18:47:07 +0000
To: (b)(6) [SCGUS]
Subject: SCSP Overview
Attachments: Secretarys Center for Strategic Partnerships Overview3.5.19_v3.docx

Dear (b)(6)

I am very much looking forward to our meeting tomorrow.

Separately, our office is in the process of drafting a brief overview of our activities and key partnerships. As a leader who is newly interacting with our team, I wonder if you might review it at your convenience and let us know the changes we might make to have it be most relevant to a private sector audience.

Thank you in advance. Safe travels tomorrow.

With much appreciation,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs

AMERICAN OVERSIGHT

Secretary's Center for Strategic Partnerships - **March 2019**

Contact us at sp@va.gov

Overview

The Secretary's Center for Strategic Partnerships (SCSP) collaborates with industry and non-profit organizations to cultivate and steward significant external resources and expertise to further the VA Secretary's highest priority initiatives for Veterans, their families, survivors, and caregivers. With delegated authority from the Secretary, our mission is to seek out **big, bold and impactful** collaborations that significantly improve Veterans lives. Recent partnerships commitments will increase access to and improve the quality of healthcare, extend broadband internet access to rural and low-income Veterans, deliver expansive telehealth services, drive best-in-class oncology care and provide desirable employment opportunities. SCSP is grateful to the community of supporters who help enhance the VA's services to Veterans.

Serving Veterans Through Partnership

Collaborating with the VA provides a unique opportunity to serve our Nation's Veterans. The SCSP specializes in identifying and developing synergies between the needs of VA and the expertise of prospective external partners, leading the process from conception through successful implementation.

These partnerships most frequently are structured in two ways: Expanding VA programs through a direct contribution of resources to the VA, and implementing programs that serve Veterans directly. For example, the Prostate Cancer Foundation has generously committed $50 million to help VA deliver best in class prostate cancer for Veterans and IBM Watson donated 10,000 genomic studies. In serving Veterans directly, LinkedIn donates one year of LinkedIn Premium to every transitioning military service member, T-Mobile assigns a zero-data charge to Veterans using the VA telehealth app and Walmart is providing a private space in their stores for Veterans to access VA healthcare closer to home through VA telehealth.

Collaborations of this magnitude provide a distinct opportunity to truly make an impact on the lives of thousands of Veterans, with external organizations working alongside the VA to serve those who have served, together. VA is eager to engage with corporations and organizations committed to fostering our shared goal to support Veterans.

Functions and Activities

The Secretary's Center for Strategic Partnerships advises the Secretary and other senior leadership on matters related to external partnerships with touchpoints across the VA and oversees effective execution of those programs. SCSP collaborates regularly with VA program offices to understand critical services and resources currently provided to Veterans, and to explore and identify valuable opportunities to improve services with the help of external resources. Leadership within the office participates in critical discussions with key decisionmakers in business, government, philanthropic, nonprofit and other stakeholder organizations. SCSP conceptualizes, develops, leads, negotiates and executes high impact, high value partnerships to further the VA's key priorities. SCSP encourages valuable feedback from stakeholders on key Veteran issues and welcomes the opportunity to learn from their expertise.

AMERICAN OVERSIGHT

Outcomes

The Secretary's Center for Strategic Partnerships has cultivated and executed numerous partnerships that have a significant impact on Veterans. Examples of successful strategic partnerships with sustained positive outcomes include:

- **Bristol Meyers Squibb Foundation** (BMS): Veterans' tobacco use is higher than the general population in all age groups. To facilitate early detection, the BMS Foundation funded the establishment of 10 lung cancer screening centers within VA Medical Centers as well as related clinical trial research measuring the impact of this program to save lives.
- **Feeding America**: In collaboration with the nation's largest hunger relief organization, VA has opened 17 food pantries at VA facilities across the country, with 6 more under development. By providing easy access to nutritious food options, the VA and Feeding America have served over 44,000 Veterans and their families with nearly 800,000 pounds of food.
- **IBM Watson**: To accelerate the availability of precision medicine within the VA, IBM Watson donated 10,000 genomics studies, providing a valuable tool to VA oncologists in delivering care.
- **LinkedIn:** To ease the transition from active duty to civilian employment, LinkedIn donates one year of LinkedIn Premium to every transitioning service member. In 2018, LinkedIn extended this benefit to 5,000 caregivers.
- **Philips, American Legion and VFW:** Approximately one third of Veterans we serve live in rural areas. They often must drive great distances to receive their care at the VA. Philips is donating the equipment required to pilot 10 rural access points at VSO halls for Veterans to conduct telehealth sessions with their VA providers, with a commitment to expand to 100 total sites.
- **Prostate Cancer Foundation** (PCF): Prostate cancer is the most frequently diagnosed cancer among Veterans. In 2016, PCF committed $50 million over five years to create VA centers of excellence that deliver innovative, best-in-class prostate cancer care to Veterans. More than half of the funds have already been used to establish nine centers of excellence and fund the research of numerous VA physician scientists. The platform SCSP created with PCF will be used to build centers of excellence for other cancers as well.
- **Sanford Health:** To help VA physicians use precision medicine to better match medications to individual cancer survivors, Sanford made a $50 million commitment to the VA. This includes the donation of 250,000 pharmacogenetic tests and associated implementation expenses.
- **T-Mobile, Sprint, and Verizon**: Major US telecom providers are committed to working with the VA to help "bridge the digital divide" for Veterans. They will eliminate data usage charges for Veterans and caregivers who utilize the VA Video Connect application for telehealth appointments.
- **Walgreens:** With the passage of the Mission Act and future expansion of care in the community, VHA is seeking ways to better inform community providers about how best to care for Veterans. As a first step, Walgreens arranged to have their pharmacists and key staff participate with the VA Office of Suicide Prevention to receive SAVE training. Additional joint efforts are planned.
- **Walmart**: Like Philips, Walmart has made a commitment to bring healthcare closer to where rural Veterans live. While video telehealth can be used to provide more convenient care and facilitate access to specialists, many rural areas lack sufficient home broadband service. Walmart is donating a private space in five rural store locations for Veterans to use for telehealth sessions with their VA physicians, using Walmart's broadband access.

AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 21 Mar 2019 22:26:13 +0000
To: (b)(6) [SCGUS]
Subject: Thank you

Dea (b)(6)
It was a special treat to get to know you better today. I was stunned at the connectivity of our mutual thought process and incredibly appreciative of the careful consideration, passion, creativity and sheer energy that you brought to our discussions.

Thank you again for making the trip in. It will be a privilege to work with you and I can't wait!

Warmly,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
Follow us on Twitter

AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 22 Mar 2019 11:12:45 +0000
To: (b)(6) [SCGUS]
Subject: RE: [EXTERNAL] RE: Thank you

Good Morning (b)(6):
Thank you for your lovely note and your incredible partnership. I know we are going to do big and impactful programs together that will change veterans lives.

Can't wait!

Have a wonderful weekend,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs

From: (b)(6) [SCGUS] <(b)(6)@its.jnj.com>
Date: Thursday, Mar 21, 2019, 9:27 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] RE: Thank you

Deborah,
Good evening, I hope you had a great rest of the day.
Sorry for the late email here, I landed and went straight to the gym since I was on such a high☺

I could not agree with you more with regards to your comments below.
It is rare that you connect with a new customer in the way we have.
It feels like we have worked together for a long time.

I am really excited about what we can build together, and what makes me smile, is knowing we are going to have a blast while doing it. I will be sure to get us going behind the scenes and can't wait to take this to the next level under your guidance.

Will be in touch with our follow up steps tomorrow am.

(b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: 704.578(b)(6)

AMERICAN OVERSIGHT

Fax: 866.485.(b)(6)
E-Mail: (b)(6) @its.jnj.com

Providing services for Janssen Pharmaceutical Companies of Johnson & Johnson

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From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Thursday, March 21, 2019 6:26 PM
To: (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Subject: [EXTERNAL] Thank you

Dear (b)(6)
It was a special treat to get to know you better today. I was stunned at the connectivity of our mutual thought process and incredibly appreciative of the careful consideration, passion, creativity and sheer energy that you brought to our discussions.

Thank you again for making the trip in. It will be a privilege to work with you and I can't wait!

Warmly,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
Follow us on Twitter

AMERICAN OVERSIGHT

Sent: 29 Mar 2019 19:30:45 +0000
To: (b)(6) [SCGUS]
Cc: (b)(6) [JAN]; (b)(6) [SCGUS];Barry, Ashleigh
Subject: Touching Base

Good Afternoon (b)(6) and (b)(6)

I hope the call with Dr. (b)(6) went well and the clinical care plans are underway.

A huge thank you to (b)(6) for sharing insights with my team about the upcoming healthcare conference. Your perspective and recommendations were extremely helpful in focusing my remarks.

I wanted to share that we had a follow-up conversation with Dr. Clancy about J Labs. (I hope this is not creating chest pain for (b)(6)) She continues to be an enthusiastic supporter and eager to take a field trip to NYC to see your facility there, if there is support within J & J.

Separately, I heard from our colleagues here that they were jealous of all of the laughter coming from our meeting room and would like to be included in the fun next time.

Wishing you all a great weekend. Look forward to connecting again when it fits with your schedule.

Warm regards,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
Follow us on Twitter

AMERICAN OVERSIGHT

From: (b)(6) [SCGUS]
Sent: 2 Apr 2019 18:12:11 +0000
To: Scher, Deborah L. (b)(6) [JAN]; (b)(6) [SCGUS]
Subject: [EXTERNAL] JLABS opportunity

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Toll number: +1 (908) 316-2436, (b)(6) # (Dial-in Number) English (United States)

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Conference ID: (b)(6)

Forgot your dial-in PIN? | Help

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2. "Call Me at" Select if you have a phone that can be directly dialed (not supported in all countries).
3."Don't join audio" Select if you will be dialing into the meeting from your phone.

Please note that J&J Skype for Business Meetings allow J&J meeting presenters to optionally record audio and other information shared during the meeting session, including any Instant Messages sent in the meeting. If a meeting presenter wishes to utilize the recording feature, the presenter should notify participants at the beginning of the meeting. Recorded participants will also be notified with either an audio or visual indication depending on how the participant is joined to the meeting. If you do not consent to being recorded, please discuss your concerns with the meeting organizer either prior to or at the beginning of the meeting, or do not join the meeting.

AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 2 Apr 2019 18:41:21 +0000
To: (b)(6) [SCGUS]
Subject: Accepted: [EXTERNAL] JLABS opportunity

AMERICAN OVERSIGHT

From: [redacted] [SCGUS] on behalf of Johnson & Johnson Innovation
Sent: 2 Apr 2019 20:36:58 +0000
To: Scher, Deborah L.
Subject: [EXTERNAL] FW: Project Hope Announcement Invitation - CONFIDENTIAL

-----Original Appointment-----
From: Johnson & Johnson Innovation
Sent: Tuesday, April 02, 2019 11:56 AM
To: Johnson & Johnson Innovation; [redacted]
Cc: [redacted]
Subject: FW: Project Hope Announcement Invitation - CONFIDENTIAL
When: Tuesday, April 09, 2019 2:30 PM-6:00 PM (UTC-05:00) Eastern Time (US & Canada).
Where: Knight Conference Center at the Newseum, 8th Floor, 555 Pennsylvania Ave., NW, Washington, D.C. 20001

-----Original Appointment-----
From: Johnson & Johnson Innovation
Sent: Friday, March 29, 2019 5:03 PM
To: Johnson & Johnson Innovation; [redacted]
Cc [redacted]
Subject: Project Hope Announcement Invitation - CONFIDENTIAL
When: Tuesday, April 9, 2019 2:30 PM-6:00 PM (UTC-05:00) Eastern Time (US & Canada).

AMERICAN OVERSIGHT

Where: Knight Conference Center at the Newseum, 8th Floor, 555 Pennsylvania Ave., NW, Washington, D.C. 20001

AMERICAN OVERSIGHT

Johnson & Johnson INNOVATION | JLABS

Project Hope

Dear Colleagues,

You are cordially invited to join a special ceremony to celebrate an exciting (and still confidential*) announcement of a new JLABS site in Washington, D.C.!

We're proud to be entering this important collaboration with Children's National Health System to launch JLABS @ Washington, DC. The 32,000sf, JLABS facility will be part of the new Children's National Research and Innovation Campus located at the former Walter Reed Army Medical Center campus in the nation's capital.

Within this site, JLABS will be co-located with other precision medicine groups, Children National's Research Institute Centers, academic partners, and federal agencies (FDA & NIH) who will have offices for innovation and engagement.

Additionally, benefitting from the strategic location, the Biomedical Advanced Research and Development Authority (BARDA) has made a commitment to collaborate and co-invest in an innovation unit within JLABS to fund company residency and programming of mutual interest aimed at securing our nation from public health threats and emerging infectious diseases.

To mark the announcement, JLABS will also launch the **JLABS @ Washington DC QuickFire Challenge** with an aim to accelerate the development of healthcare innovations and commercialization that impact pediatric oncology, pediatric surgical care, and influenza.

Please join us on **Tuesday, April 9, 2019** when we make the official announcement with our partners and fellow Johnson & Johnson colleagues in Washington, D.C. **The Honorable Muriel Bowser**, Mayor of the District of Columbia, **Paul Stoffels, M.D.**, Chief Scientific Officer, Johnson & Johnson, **Kurt Newman, M.D.**, President and Chief Executive Officer, Children's National, and **Rick Bright, Ph.D.**, Deputy Assistant Secretary for Preparedness and Response and Director of BARDA will join me to host the event which will feature remarks from other District representatives and leaders.

The opening of JLABS @ Washington, DC is a big step in our efforts to drive life science innovation within the BioHealth Capital, while creating a JLABS anchor site to federal agencies, and supporting the region's efforts to revitalize economic advancement across the greater D.C. metropolitan area.

We hope you can join us to celebrate this major milestone as we strive to accelerate the discovery and development of breakthrough solutions to address the world's most pressing healthcare challenges and improve health for humanity.

Sincerely,
Melinda Richter
Global Head, Johnson & Johnson Innovation - JLABS

**Please be advised that the announcement of a JLABS @ Washington, DC will be held confidential until Tuesday, April 9, 2019.*

Date:
Tuesday, April 9, 2019

Location:
Knight Conference Center at the Newseum
8th floor
555 Pennsylvania Ave., NW
Washington, D.C. 20001

Agenda: *Eastern Standard Time*

2:30-3:00 p.m.	Event Registration
3:00-3:10 p.m.	Opening remarks from Children's National, Johnson & Johnson, and BARDA
3:10-3:30 p.m.	The Honorable Muriel Bowser, Mayor of the District of Columbia Leadership from Partner organization
4:00 p.m.	Networking Reception

RSVP Today

Please contact (b)(6) at (b)(6) @fkhealth.com for any inquiries.

This invitation is non-transferrable.

AMERICAN OVERSIGHT

From: Johnson & Johnson Innovation
Sent: 9 Apr 2019 15:50:14 +0000
To: Johnson & Johnson Innovation; (b)(6) [JJCUS]; (b)(6) [JJCUS]; (b)(6) [JJCUS]; (b)(6) [VISUS]; (b)(6) [VISUS]; (b)(6) [DPYUS]; (b)(6) [JJCUS]; (b)(6) [CONUS Non-J&J]; (b)(6) [JJCUS]; (b)(6) [JJCUS]; (b)(6) [JJCUS]; (b)(6) [JRDUS]; (b)(6) [JJCUS]; (b)(6) [JJCUS]; (b)(6) [JJCUS]; (b)(6) [JJCUS]; (b)(6) [JJCUS]; (b)(6) [JRDUS]; (b)(6) [JRDUS]; (b)(6) [JJCUS]; (b)(6) [JJCUS]; (b)(6) [JJCUS]; (b)(6) [JJCUS]; (b)(6) [JRDUS]; (b)(6) [MEDGB]; (b)(6) [JJCUS]; (b)(6) [JRDUS]; (b)(6) [JJCUS]; (b)(6) [JJCUS]; (b)(6) [JJCUS]; (b)(6) [JJCUS]; (b)(6) [JRDBE]; (b)(6) [JJCUS]; (b)(6) [JJCUS]; (b)(6) [JRDUS]; (b)(6) [JRDUS]; (b)(6) [US]; (b)(6) [JRDUS]; (b)(6) [JJCUS]; (b)(6) [JRDUS]; (b)(6) [JJCUS]; (b)(6) [JJISG]
Cc: (b)(6) [JRDUS]; (b)(6) [JJCUS]; (b)(6) [JJCUS]; (b)(6) [SCGUS]; (b)(6) [SCGUS]; (b)(6) [JAN]; (b)(6) [JJCUS]; (b)(6) [CNTUS]; (b)(6) [JJCUS]; (b)(6) [JJCUS];JLABSActivation; (b)(6) [RNDBE]; (b)(6) [JRDUS]; (b)(6) [JRDUS]; (b)(6) [US]; (b)(6) [JOICA]; (b)(6) [JRDUS]; (b)(6) [JRDUS]; (b)(6) [JRDUS]; (b)(6) [JRDUS]; (b)(6) [JRDUS]; (b)(6) [JRDUS]; (b)(6) [JRDUS]; (b)(6) [JJCUS]; (b)(6) [US]; (b)(6) [JOICA]; (b)(6) [JRDUS]; (b)(6) [JJCUS]; (b)(6) [JJC]
Subject: [EXTERNAL] Project Hope Announcement Invitation - CONFIDENTIAL

ENTRANCE: The entrance to the Knight Conference Center is on **6th Street and Pennsylvania Ave.**

PARKING: The Newseum offers parking inside its building. Entrance to parking is located on C Street, just past the Group Entrance. For additional information, please call Monumental Parking at 202-833-9357.

METRORAIL: Two metro stops are within walking distance to the venue: **Archives/Navy Memorial/Penn Quarter**, served by the Green Line and Yellow Lines and **Judiciary Square**, served by the Red Line.

VIEW DRIVING DIRECTIONS -->

Please contact (b)(6) for any questions (b)(6) @its.jnj.com

AMERICAN OVERSIGHT

Johnson & Johnson INNOVATION | JLABS

Project Hope

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3:10-3:30 p.m.	The Honorable Muriel Bowser, Mayor of the District of Columbia Leadership from Partner organization
4:00 p.m.	Networking Reception

RSVP Today

Please contact (b)(6) at (b)(6) @fkhealth.com for any inquiries.

This invitation is non-transferrable.

AMERICAN OVERSIGHT

From: (b)(6) [SCGUS]
Sent: 17 Apr 2019 21:44:08 +0000
To: (b)(6) [SCGUS];Scher, Deborah L.;(b)(6) [SCGUS]
Subject: [EXTERNAL] Pre call discussion for J&J engagements

AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 18 Apr 2019 11:48:21 +0000
To: (b)(6) [SCGUS]
Cc: (b)(6) [SCGUS] (b)(6) @its.jnj.com)
Subject: FW: Meeting with J&J President of Neuroscience on 4/25?

Good Morning (b)(6)
When you return from vacation, let's discuss if our office should send an official invite.
Thank you,

Have a wonderful hoiday.
Deborah

From: (b)(6)
Sent: Wednesday, April 17, 2019 9:37 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: Wilson, Breanna L. <Breanna.Wilson@va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Good morning Deborah,
Please let me know if I should invite Mr. (b)(6) to the meeting on May 14th 8:30-9:00 am in Dr. Stone's Office. If so, I will need his email address.

Standing by for your guidance.
Thank you,
(b)(6)

AMERICAN OVERSIGHT

From: (b)(6) [SCGUS]
Sent: 18 Apr 2019 11:48:30 +0000
To: Scher, Deborah L.
Subject: [EXTERNAL] Automatic reply: Meeting with J&J President of Neuroscience on 4/25?

I will be on vacation from April 17th-April 21st. I look forward to responding back to you when I return on Monday the 22nd.

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VACO 001B FOIA Inbox

Subject: Johnson & Johnson Innovation JLabs Site Visit [Confirmed]
Location: 101 6th Avenue, New York, NY 10013

Start: Mon 6/17/2019 11:00 AM
End: Mon 6/17/2019 3:00 PM
Show Time As: Tentative

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: Clancy, Carolyn
Required Attendees Scher, Deborah L.
Optional Attendees: Wilson, Breanna L.

AMERICAN OVERSIGHT

VACO 001B FOIA Inbox

From: Scher, Deborah L.
Sent: Monday, April 15, 2019 12:31 PM
To: (b)(6)
Cc: Clancy, Carolyn
Subject: JLabs Suggested May 28th for our NYC visit. Would that work?

AMERICAN OVERSIGHT

From: (b)(6)
Sent: 29 May 2019 10:20:40 +0000
To: (b)(6) SCGUS];Scher, Deborah L. (b)(6) JCUS];Wilson, Breanna L.; (b)(6)
Cc: Barry, (b)(6) (b)(6) D.
Subject: Opportunity: J&J Commissioned Film, Ward 5B

Please use Skype for presentation and VANTS for audio. Thanks, (b)(6)

Join Skype Meeting

Trouble Joining? Try Skype Web App

From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Tuesday, May 21, 2019 10:26 AM
To: (b)(6) SCGUS] (b)(6) @its.jnj.com>
Cc: (b)(6) @va.gov>; Wilson, Breanna L. <Breanna.Wilson@va.gov>; (b)(6) (b)(6) @va.gov>; (b)(6) @va.gov>
Subject: [EXTERNAL] RE: Opportunity: J&J Commissioned Film, Ward 5B

Good Morning (b)(6)
By copy of this email, I am introducing you to (b)(6) our fabulous Chief Nursing Officer at the VA. (b)(6) reviewed the film trailer and is interested to discuss how we might use this film to celebrate the dedication of nurses at the VA, the impact they have on Veterans healthcare outcomes and the profession in general. Might you be able to help us organize a call with (b)(6) to discuss possible next steps?

Adding Bre from our office and (b)(6) and (b)(from (b)(6) office to help with scheduling.

Thank you very much for making this opportunity available to us!

With much appreciation,

(b)(6)
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
Follow us on Twitter

From: (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Sent: Tuesday, May 14, 2019 4:56 PM
To: (b)(6) @va.gov>
Subject: [EXTERNAL] Opportunity: J&J Commissioned Film, Ward 5B

(b)(6)

AMERICAN OVERSIGHT

I wanted to provide you some background on the Nursing/ J&J opportunity I briefly spoke about this morning.
Below is a nice synopsis of what this is all about.

What struck my cord, was the focus on HIV and Nursing innovation since we had just heard this with Dr. Clancy and Dr. Stoffels during their discussion.

Let me know if you think the CNO or any other leader that would be interested in learning more about this opportunity.

I would be glad to bring (b)(6) on the phone to walk through the details and see if the VA would be interested.

I will take your lead on this one.

(b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

<image001.jpg>

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6) @its.jnj.com

Providing services for Janssen Pharmaceutical Companies of Johnson & Johnson

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From: (b)(6) [JJCUS]
Sent: Tuesday, May 14, 2019 4:40 PM
To: (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Subject: RE: Time Sensitive Opportunity: J&J Commissioned Film, Ward 5B

Background:

In 2016, J&J, a long-time advocate for nurses, commissioned original film content (directed by Dan Krauss (twice Oscar Nominated) to tell the story of Ward 5B, a designated ward for AIDS patients at San Francisco General, the first in the country designed specifically to care for AIDS patients in the 1980s. The story emphasizes the incredible role that nurses played in designing the Ward and caring for the patients at a time with the country was in crisis and in panic about the risk of infection. The work of these nurses changed the face of how patients with AIDS were cared for, and is a largely unknown story. In this powerful piece of original content the story of 5B is told through first-person testimony of the nurses and other hospital staff who volunteered to work on the ward, as well as the patients and their loved ones, resulting in a bittersweet and moving monument to a moment in San Francisco history and a celebration of quiet heroes worthy of remembrance and renewed recognition. You can see a trailer here:

AMERICAN OVERSIGHT

https://www.thewrap.com/dan-krauss-documentary-5b-about-the-hiv-aids-epidemic-acquired-by-verizon-media-video/

The Opportunity:

- Verizon will screen the film at Festivals, in 500 theatres nation-wide starting in June, and via streaming this fall.
- J&J has the opportunity to amplify and screen the film for our key partners at private events, at medical conferences, etc.
- **Would the VA be interested in attending private screenings?**

(b)(6)
Senior Director, Corporate Equity & Partnerships

Johnson & Johnson Services, Inc
410 George Street
New Brunswick, NJ 08901
(b)(6)

AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 5 Jun 2019 19:01:21 +0000
To: Scher, Deborah L.(b)(6) [JANUS]
Subject: Call with(b)(6)
Attachments: [EXTERNAL] RE: Introduction from(b)(6)

AMERICAN OVERSIGHT

From: (b)(6) [JANUS]
Sent: 5 Jun 2019 18:26:35 +0000
To: Wilson, Breanna L.
Subject: [EXTERNAL] RE: Introduction from (b)(6) (b)(6) (b)(6)

Bre,

11-11:30 would work!

(b)(6)

From: Wilson, Breanna L. <Breanna.Wilson@va.gov>
Sent: Wednesday, June 05, 2019 2:21 PM
To: (b)(6) [JANUS](b)(6) @its.jnj.com>
Subject: RE: [EXTERNAL] Re: Introduction from (b)(6)

Good Afternoon (b)(6)

I am so sorry I am delayed in my response. If you still have time open in your morning Deborah is freed from 9:30 until 11:30. I would be happy to set up a 30 minute call if you also have some free time in that window.

Thanks,
Bre Wilson
Portfolio Manager | Secretary's Center for Strategic Partnerships
Office of the Secretary
U.S. Department of Veterans Affairs
810 Vermont Ave., NW | Washington, DC 20420
Office: (202) 461-0166
Mobile: (202)412-4487
Follow us on Twitter
Or on the web: www.va.gov/scsp/

From: (b)(6) [JANUS] (b)(6) @its.jnj.com>
Sent: Thursday, May 30, 2019 3:40 PM
To: Wilson, Breanna L. <Breanna.Wilson@va.gov>
Subject: [EXTERNAL] Re: Introduction from (b)(6) (b)(6) (b)(6)

Thursday before noon is open.

On May 30, 2019, at 12:24 PM, Wilson, Breanna L. <Breanna.Wilson@va.gov> wrote:

Good Afternoon (b)(6)

Sorry for the delay in connecting. Happy to help find sometime for you and Deborah to connect. What availabilities do you have in your schedule for next week?

AMERICAN OVERSIGHT

Thank you,

Bre Wilson
Portfolio Manager | Secretary's Center for Strategic Partnerships
Office of the Secretary
U.S. Department of Veterans Affairs
810 Vermont Ave., NW | Washington, DC 20420
Office: (202) 461-0166
Mobile: (202)412-4487
Follow us on Twitter
Or on the web: www.va.gov/scsp/

From: Scher, Deborah L.
Sent: Wednesday, May 22, 2019 7:46 AM
To: (b)(6) [JANUS] (b)(6)@its.jnj.com>
Cc: Wilson, Breanna L. <Breanna.Wilson@va.gov>
Subject: RE: [EXTERNAL] Re: Introduction from (b)(6) (b)(6) (b)(6)

Apologies (b)(6) I have a conflict at that time but would welcome an opportunity to speak. Bre can help us find some time.

Looking forward to our conversation,
Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
U.S. Department of Veterans Affairs

From: (b)(6) [JANUS] (b)(6)@its.jnj.com>
Date: Tuesday, May 21, 2019, 1:14 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] Re: Introduction from (b)((b)(6) (b)(6)

Deborah,

Nice to meet you, and moving (b)(6) (b)(6) to bcc with gratitude.

I am in San Francisco this week, and could do a call on Wednesday around noon your time. Please let me know if that is convenient.

Look forward to speaking,

(b)(6)

Sent from my iPhone

AMERICAN OVERSIGHT

On May 20, 2019, at 12:40 PM, Scher, Deborah L. <Deborah.Scher@va.gov> wrote:

Dear (b)(6)
Thank you for going out of your way to make this introduction. I am most appreciative.

Dear (b)(6)
It is a pleasure to meet you by email. I watched your Tedtalk and was spellbound by your courage, your determination and your compassion.

When it fits with your schedule, I would welcome an opportunity to speak.

Warm regards,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
Follow us on Twitter

From: (b)(6) [SCGUS](b)(6)@its.jnj.com>
Sent: Thursday, May 16, 2019 2:38 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>;(b)(6) [JANUS](b)(6)@its.jnj.com>
Subject: [EXTERNAL] Introduction from (b)(6)

Deborah,
It has been a very busy week for us both and I wanted to be sure you are introduced to (b)(6) who is our Mental Health Ambassador for our Neuroscience division.
(b)(6) has had a very diverse background and thought he would be a great person for you to speak with as you look to bring in a Suicide Prevention Strategic Director.
I believe you are both already connected via Linkedin.

I have copied (b)(6) above so you can work with your schedules to connect at a good time.

It is my pleasure to bring you two together.

Best Regards,

(b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

<image001.jpg>

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6)@its.jnj.com

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Sent from my iPhone

AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 22 Jul 2019 12:42:01 +0000
To: Scher, Deborah L.(b)(6) DURVAMC(b)(6)@duke.edu(b)(6) DURVAMC(b)(6) Ph.D.(b)(6)@ITS.JNJ.com
Cc: (b)(6) [COBIUS](b)(6) [JANUS](b)(6) [JANUS](b)(6) (b)(6) [JRDUS](b)(6) [OMJUS](b)(6) [COBIUS]
Subject: Virtual Clinical Trails Call
Attachments: RE: [EXTERNAL] Re: Following up - Virtual Clinical Trials

AMERICAN OVERSIGHT

From: (b)(6) DURVAMC
Sent: 22 Jul 2019 12:25:37 +0000
To: Wilson, Breanna L.
Subject: RE: [EXTERNAL] Re: Following up - Virtual Clinical Trials

Breanna

I have a open slot for Monday 29 July 2019 at 4:00pm.
Wednesday 31 July 20119 2:00pm.

(b)(6)

From: Wilson, Breanna L.
Sent: Monday, July 22, 2019 8:20 AM
To (b)(6) DURVAMC <(b)(6)@va.gov>; (b)(6), Ph.D. (b)(6)@va.gov>
Subject: FW: [EXTERNAL] Re: Following up - Virtual Clinical Trials

Good morning (b)(6) and (b)(6)

Looking to for availabilities for to schedule a call this week or early next week with Johnson and Johnson, see text below. As of right now these are Deborah's availabilities, I can find what overlaps for Dr (b)(6) and (b)(6) schedules. If you wouldn't mind just sending availabilities for the listed dates.

Tuesday: 7/23:	12:30, 2:30
Wednesday 7/24:	9, 3
Thursday 7/25:	9:30, 10, 2, 4
Friday 7/26:	1:30, 2
Monday 7/29:	open 9-12, 2-5
Tuesday 7/30:	9, 9:30, 12:30, 1, open 3-5
Wednesday 7/31:	9, 9:30, 4

Thank you,

Bre Wilson
Portfolio Manager | Secretary's Center for Strategic Partnerships
Office of the Secretary
U.S. Department of Veterans Affairs
810 Vermont Ave., NW | Washington, DC 20420
Office: (202) 461-0166
Mobile: (202)412-4487
Follow us on Twitter
Or on the web: www.va.gov/scsp/

From: (b)(6) [COBIUS] (b)(6)@ITS.JNJ.com>
Sent: Monday, July 22, 2019 7:24 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>

AMERICAN OVERSIGHT

Cc: Wilson, Breanna L. <Breanna.Wilson@va.gov>
Subject: [EXTERNAL] Re: Following up - Virtual Clinical Trials

Hi Deborah,

Thanks for the follow up!

Bre, can you provide 5 dates/times that work for the calendars of those involved? I think it will easier to find a 30min slot on a shorter time frame for multiple people. Open to feedback on this.

That will give me something to circulate w our team.

Have a nice week!

(b)(6)

Get Outlook for Android

From: Scher, Deborah L.
Sent: Monday, July 22, 6:45 AM
Subject: RE: [EXTERNAL] RE: Following up - Virtual Clinical Trials
To: (b)(6) [COBIUS]
Cc: Wilson, Breanna L.

Good morning (b)(6)

I hope you had a nice weekend and managed to stay cool.

I had a brief conversation with (b)(6) on Friday. He is eager to move forward on this. A helpful next step would be to arrange a call with a small group of people to share thoughts on how we might best to do a first virtual trial together in lung cancer and then arrange a follow up working session. Bre can coordinate the VA participants which would includ (b)(6) and me. Who should she work with on your team? Would be great to get this scheduled for this week or the early part of next week.

Thank you very much for your partnership on this,

Best,
Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
U.S. Department of Veterans Affairs
www.va.gov/scsp

From: (b)(6) [COBIUS] (b)(6) @ITS.JNJ.com>
Date: Wednesday, Jul 17, 2019, 9:19 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] RE: Following up - Virtual Clinical Trials

AMERICAN OVERSIGHT

Hi Deborah,

Correct – Lorie and I met yesterday to move the process forward. My ask about some additional information regarding virtual clinical trials was to inquire as to whether there was something approved to circulate for this ask. Ok if there's nothing available, just thought to ask.

We arrived on a list of stakeholders that we'd include and will look to you for dates in August once Dr. (b)(6) gets back up and running after vacation!

Thanks,

(b)(6)

(b)(6) **PharmD, MS**
Scientific Director, National Accounts
Real World Value & Evidence, Field
Janssen Scientific Affairs LLC
1125 Trenton-Harbourton Rd.
Titusville, NJ 08560
Mobile (b)(6)
Desk (b)(6)
(b)(6) @its.jnj.com

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From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Wednesday, July 17, 2019 7:53 AM
To: (b)(6) [COBIUS] <(b)(6) @ITS.JNJ.com>
Subject: RE: [EXTERNAL] Following up - Virtual Clinical Trials

Good morning (b)(6)

Thank you very much for the call you organized and for your follow up.

As a next step, my understanding was that (b)(6) was going to organize your lung cancer subject matter experts and brief them on this potential collaboration. In parallel, I committed to reach out to our oncology leadership to discuss this specific opportunity. We would then arrange a call with everyone to discuss overall parameters of what we might do together.

Dr. (b)(6) has been on vacation but he and I are scheduled to speak on Friday. Let me come back to you after he and I have that conversation.

With appreciation for your partnership,

AMERICAN OVERSIGHT

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
U.S. Department of Veterans Affairs
www.va.gov/scsp
From: (b)(6) [COBIUS] (b)(6) @ITS.JNJ.com>
Date: Monday, Jul 15, 2019, 4:12 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] Following up - Virtual Clinical Trials

Hi Deborah,

Great speaking with you last week! I wanted to follow with a few things:

I believe we landed on lung cancer as our first order of business. Was that your expectation? I know prostate cancer is also a focus for you/your population, but I also know we have more pipeline innovations to consider in lung.If that works, could you provide some dates / times (say 5) in the mid to late August time frame that would work for a meeting between our teams?Could you share a one-pager with me that I could use to accurately socialize the concept with my internal stakeholders?

Let me know what you think and we'll work through next steps –

Thanks,

(b)(6)

(b)(6) **PharmD, MS**
Scientific Director, National Accounts
Real World Value & Evidence, Field
Janssen Scientific Affairs LLC
1125 Trenton-Harbourton Rd.
Titusville, NJ 08560
Mobile: (b)(6)
Desk: (b)(6)
(b)(6) @its.jnj.com



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From: Scher, Deborah L.
Sent: 17 Jul 2019 14:27:02 +0000
To: (b)(6) (b)(6) [COBIUS]
Subject: RE: [EXTERNAL] RE: Following up - Virtual Clinical Trials

H(b)(6)
Glad we are on the same page. This one pager is on my agenda for the call with Dr.(b)(6) This is a high priority for him and I am sure he has much to share.

Looking forward to working with you on this.

Best,
Deborah

From: (b)(6) (b)(6) [COBIUS] <(b)(6)@ITS.JNJ.com>
Sent: Wednesday, July 17, 2019 9:14 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] RE: Following up - Virtual Clinical Trials

Hi Deborah,

Correct – (b)(6) and I met yesterday to move the process forward. My ask about some additional information regarding virtual clinical trials was to inquire as to whether there was something approved to circulate for this ask. Ok if there's nothing available, just thought to ask.

We arrived on a list of stakeholders that we'd include and will look to you for dates in August once Dr. (b)(6) gets back up and running after vacation!

Thanks,

(b)(6)

(b)(6) (b)(6) **PharmD, MS**
Scientific Director, National Accounts
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Janssen Scientific Affairs LLC
1125 Trenton-Harbourton Rd.
Titusville, NJ 08560
Mobile: (b)(6)
Desk: (b)(6)
(b)(6) @its.jnj.com

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Please consider the environment before printing this email

From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Wednesday, July 17, 2019 7:53 AM
To: (b)(6) (b)(6) [COBIUS] <(b)(6)@ITS.JNJ.com>
Subject: RE: [EXTERNAL] Following up - Virtual Clinical Trials

Good morning (b)(6)

Thank you very much for the call you organized and for your follow up.

As a next step, my understanding was that (b)(6) was going to organize your lung cancer subject matter experts and brief them on this potential collaboration. In parallel, I committed to reach out to our oncology leadership to discuss this specific opportunity. We would then arrange a call with everyone to discuss overall parameters of what we might do together.

Dr. (b)(6) has been on vacation but he and I are scheduled to speak on Friday. Let me come back to you after he and I have that conversation.

With appreciation for your partnership,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
U.S. Department of Veterans Affairs
www.va.gov/scsp

From: (b)(6) (b)(6) [COBIUS] (b)(6)@ITS.JNJ.com>
Date: Monday, Jul 15, 2019, 4:12 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] Following up - Virtual Clinical Trials

Hi Deborah,

Great speaking with you last week! I wanted to follow with a few things:

1. I believe we landed on lung cancer as our first order of business. Was that your expectation? I know prostate cancer is also a focus for you/your population, but I also know we have more pipeline innovations to consider in lung.
2. If that works, could you provide some dates / times (say 5) in the mid to late August time frame that would work for a meeting between our teams?
3. Could you share a one-pager with me that I could use to accurately socialize the concept with my internal stakeholders?

Let me know what you think and we'll work through next steps –

Thanks,

AMERICAN OVERSIGHT

(b)(6)

(b)(6) (b)(6) **PharmD, MS**
Scientific Director, National Accounts
Real World Value & Evidence, Field
Janssen Scientific Affairs LLC
1125 Trenton-Harbourton Rd.
Titusville, NJ 08560
Mobile (b)(6)
Desk (b)(6)
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AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 17 Jul 2019 17:53:11 +0000
To: (b)(6) (b)(6) (b)(6) [SCGUS]
Subject: RE: Help with Provider locator under the Mission Act

Thanks (b)(6) (b)(6) I will ask.

From: (b)(6) (b)(6) (b)(6) [SCGUS] <(b)(6)@its.jnj.com>
Sent: Wednesday, July 17, 2019 12:14 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] Help with Provider locator under the Mission Act

Deborah
Our team is wanting to support the Mission Act in the Oncology space specifically on the platform of provider and patient education.
However in the website we cannot seem to pull down a search tool for the providers?
When we pull down the drop down for "Community Care outside the VA" it is minimal at best.

Is there a better place to look for this type of information?

Hope you are having a great day.

(b)(6) (b)(6) (b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6)@its.jnj.com

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From: Scher, Deborah L.
Sent: 17 Jul 2019 21:43:43 +0000
To: (b)(6) (b)(6) (b)(6) [SCGUS]
Subject: FW: Help with Provider locator under the Mission Act

Dear (b)(6) (b)(6)
Here is the address I have been given.

Providers in Regions 1 and 2 interested in joining CCN can contact Optum at

VACCNProviderContracting@optum.com
Hope this is helpful,
Deborah

From: (b)(6) (b)(6) (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Sent: Wednesday, July 17, 2019 12:14 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] Help with Provider locator under the Mission Act

Deborah
Our team is wanting to support the Mission Act in the Oncology space specifically on the platform of provider and patient education.
However in the website we cannot seem to pull down a search tool for the providers?
When we pull down the drop down for "Community Care outside the VA" it is minimal at best.

Is there a better place to look for this type of information?

Hope you are having a great day.

(b)(6) (b)(6) (b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6) @its.jnj.com

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AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 18 Jul 2019 15:50:23 +0000
To: (b)(6) (b)(6) (b)(6) [SCGUS]
Subject: RE: [EXTERNAL] RE: One Mind

Thank you!

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
U.S. Department of Veterans Affairs
www.va.gov/scsp

From: (b)(6) (b)(6) (b)(6) [SCGUS] <(b)(6)@its.jnj.com>
Date: Thursday, Jul 18, 2019, 11:34 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] RE: One Mind

Give me the afternoon and I will find out.

(b)(6) (b)(6) (b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6)@its.jnj.com

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From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Thursday, July 18, 2019 11:00 AM
To: (b)(6) (b)(6) (b)(6) [SCGUS] <(b)(6)@its.jnj.com>
Subject: [EXTERNAL] One Mind

Good Morning (b)(6) (b)(6)
We had a very productive meeting with them yesterday, identifying several areas of potential collaboration both in research and for partnerships. They shared that J&J was a major sponsor. Do you know what part of the company is supporting their efforts?

AMERICAN OVERSIGHT

Thank you,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
U.S. Department of Veterans Affairs
www.va.gov/scsp

AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 27 Jul 2019 12:07:29 +0000
To: (b)(6) (b)(6) (b)(6) [SCGUS]
Subject: RE: [EXTERNAL] Help to get in on the VA DOD Suicide Prevention conf

Good morning (b)(6) (b)(6)

I am sorry to hear this and hope Wendy can be helpful to you.

Have a good weekend,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
U.S. Department of Veterans Affairs
www.va.gov/scsp

From: (b)(6) (b)(6) (b)(6) [SCGUS] <(b)(6) @its.jnj.com>
Date: Friday, Jul 26, 2019, 3:09 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] Help to get in on the VA DOD Suicide Prevention conf

Deborah
I sent an email to (b)(6) to ask if she could help us get in to the VA DOD Suicide Prevention conference.
It is sold out for external attendees.

(b)(6) got in but (b)(6) and myself can't get in.

I have booked my hotel for the week using the code which was great.

(b)(6) (b)(6) (b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6) @its.jnj.com

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From: Scher, Deborah L.
Sent: 29 Jul 2019 19:20:54 +0000
To: (b)(6) (b)(6) (b)(6) [SCGUS]
Subject: RE: Follow up from our conversation

Hi (b)(6) (b)(6)
The U. S Chamber/Hiring Our Heroes, will be sending out invitations related to an Employer Challenge working group session next month. Would you be able to share (b)(6) contact details with me?

Thank you,
Deborah

From: (b)(6) (b)(6) (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Sent: Thursday, July 25, 2019 10:15 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] Follow up from our conversation

Deborah
Great touching base with you today.
Here are some follow ups:

1. Attachment of the AHA Roundtable work that has been done for Mental Health in the Employer space.
2. (b)(6) (b)(6) title is VP of Global Health Services/ Health and Wellness World Wide, let me know if you would like to speak to her about your Employer Challenge Initiative.
3. Finally the main VA person who is opposite (b)(6) (b)(6) who could help you further understand the previous (b)(6) (b)(6) role is (b)(6) (b)(6)

Is it Friday yet?? ☺

(b)((b)(6) (b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6) @its.jnj.com

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AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 31 Jul 2019 19:04:45 +0000
To: (b)(6) (b)(6) (b)(6) [SCGUS]
Cc: (b)(6) (b)(6) [JJCUS]
Subject: RE: [EXTERNAL] RE: Best practices in the workforce around mental wellbeing and suicide prevention

Excellent. Thank you

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
U.S. Department of Veterans Affairs
www.va.gov/scsp

From: (b)(6) (b)(6) (b)(6) [SCGUS] <(b)(6) @its.jnj.com>
Date: Wednesday, Jul 31, 2019, 2:52 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: (b)(6) (b)(6) [JJCUS] (b)(6) @its.jnj.com>
Subject: [EXTERNAL] RE: Best practices in the workforce around mental wellbeing and suicide prevention

Deborah

Thank you for reaching out, I just connected with (b)(6) (b)(6) and she is the right person to send this invite to.

I have copied (b)(6) above for an appropriate handoff for this initiative.

Thank you,

(b)(6) (b)(6) (b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6) @its.jnj.com

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AMERICAN OVERSIGHT

From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Wednesday, July 31, 2019 1:25 PM
To: (b)(6) (b)(6) (b)(6) [SCGUS](b)(6) @its.jnj.com>
Subject: FW: [EXTERNAL] Best practices in the workforce around mental wellbeing and suicide prevention

Dear (b)(6)

The Chamber of Commerce sent these out today. We are looking forward to learning from leading employers on this critical topic.

Best,
Deborah

From: Eversole, Eric (b)(6) @USChamber.com>
Sent: Wednesday, July 31, 2019 11:49 AM
Subject: [EXTERNAL] Best practices in the workforce around mental wellbeing and suicide prevention

Dear ____,

The U.S. Chamber of Commerce Foundation-Hiring Our Heroes is working with the U.S. Department of Veterans Affairs (VA) to help identify and share best practices in the workforce around mental wellbeing and suicide prevention for the benefit of Veteran employees and all Americans. Because of the recognized commitment your leadership in this field has demonstrated, we are asking for your expertise in helping to build a consensus roadmap of the most effective programs and then to galvanize your fellow corporate leaders to pledge to implement them.

As a first step, we will be holding a meeting in Washington on August 21 with a select group of your peers representing a diversity of industries to share insights, best practices, key metrics and outcomes measurements. We hope you will join us.

On average, 20 Veterans die by suicide each day. VA research has determined that 6 of the 20 Veterans receive health care services from the VA system, and 14 do not. The VA has requested our partnership to help provide programs of broad and effective mental health support to those they do not reach. We know this is of critical importance to you and would value your expertise.

We encourage participating leaders to use this meeting as a platform to educate, listen and learn from each other and to produce a Best Practices Program Roadmap that CEOs will be asked to publicly pledge to implement. Our agenda will also include vital next steps and identify potential obstacles in rolling this out to our broader membership.

AMERICAN OVERSIGHT

The meeting will be held from 10:00 a.m. - 2:00 p.m. at the U.S. Chamber of Commerce, 1615 H Street NW, Washington D.C. 20062. Please respond to (b)(6) at (b)(6) @uschamber.com by August 9, 2019.

We look forward to seeing you there as we launch this mission critical work.

Best regards,

(b)(

Eric Eversole
President, Hiring Our Heroes
Vice President, U.S. Chamber of Commerce
1615 H Street NW | Washington, DC | 20062
(b)(6) office | (b)(6) mobile
(b)(6) @uschamber.com

AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 15 Jul 2019 14:59:50 +0000
To: (b)(6) (b)(6) (b)(6) [SCGUS]
Cc: Breanna L. Wilson (Breanna.Wilson@va.gov)
Subject: RE: Reflexion Health: Thank you

Good Morning (b)(6) (b)(6)

Thank you for sharing this. The VA has offered Tele PT for several years. I am not sure if they have a need/are interested in expanding to outside vendors but will ask Bre to see if there is a POC for this company to connect with.
Best,
Deborah

From: (b)(6) (b)(6) (b)(6) [SCGUS] <(b)(6)@its.jnj.com>
Sent: Monday, July 15, 2019 6:50 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] FW: Reflexion Health: Thank you

Deborah
Good Monday morning, I hope you had a great weekend. It was a great to relax a bit, although hot. I have had the opportunity to spend some time with the company above (Reflexion) which J&J is partnering with since they play in the PT space for Hips and Knees. In addition they are founded by a War Veteran, (b)(6) (b)(6) under the West Foundation focused on helping people age in their home.

When I better understood their solution, It sounded very close to the types of partnerships you are looking for around virtual health.

This company has a totally virtual Physical Therapy solution with data analytics to back it up. They have recently been cleared to work with the VA and completed their studies with Duke Clinical Research Institution.

They would like to speak with someone inside the VA that is not necessarily an end user.

They have a number of questions to better understand how financially their model would be beneficial to the VA since reimbursement is not a focal point.

Who would you suggest they start with?

(b)(6) (b)(6) (b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6)@its.jnj.com

AMERICAN OVERSIGHT

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From: (b)(6) (b)(6) (b)(6)
Sent: Wednesday, July 10, 2019 8:40 PM
To: (b)(6) (b)(6) (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Cc: (b)((b)(6) (b)(6) (b)(6) (b) [DPYUS - AVP Value Based Purchasing] (b)(6) @its.jnj.com>
Subject: [EXTERNAL] Reflexion Health: Thank you

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

Thank you so much for your time today and for your kind offer to introduce Reflexion Health to VA Leadership. To assist you in the introduction, I thought you might find the attached slide deck helpful, as it outlines the growth of joint replacements in the U.S. (as I'm sure you are more than aware), highlights the costs of post-acute care, and details our service and technology. If you have any questions or concerns, I'd be delighted to answer them.

Have a great night. We look forward to continued discussions.

Best,
(b)(6) (b)(6)

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Reflexion Health Inc.

AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 12 Jul 2019 14:34:40 +0000
To: (b) (b)(6) (b)(6 (b)(6) [SCGUS]
Cc: Wilson, Breanna L.
Subject: RE: [EXTERNAL] Re: Introduction to a great colleague (b) (b)(6)

Good morning (b)(6)
It is an absolute pleasure to meet you by email. Always delighted to spend time with people (b)(6) (b)(6) thinks highly enough to recommend.

I will ask Bre to find us some time to speak next week and look forward to getting to know you better.

Warm regards,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
U.S. Department of Veterans Affairs
www.va.gov/scsp

From: (b)((b)(6) <(b)(6) @gmail.com>
Date: Thursday, Jul 11, 2019, 8:03 PM
To: (b)(6) (b)(6 (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Cc: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] Re: Introduction to a great colleague (b)((b)(6)

Deborah,

As (b)(6) said, I have worked for JNJ for 23 years. I just decided to leave as I want to pursue something I'm passionate about in my next chapter.

Prior to JNJ, I spent 5 years as a paratrooper in the 82nd Airborne. I am passionate about providing our veterans with the best care and have had many experiences with the VA to shape my thoughts. In addition, many veterans - myself included - suffer from orthopedic challenges given the hard nature of military service. That is an area where the VA has ever increasing demand and an area where I bring unique expertise.

I'd love to connect to discuss the work your team is doing and to see if there are any opportunities for me to help.

Regards,
(b)(6

(b)(6 (b)(6)

AMERICAN OVERSIGHT

Mobile: 704-953-3043

On Jul 11, 2019, at 6:27 PM, (b)(6) (b)(6) (b)(6) [SCGUS] (b)(6) @its.jnj.com> wrote:

Deborah
I am sending you this email with the intention of introducing you to a great colleague and friend. (b) (b)(6) and I have worked together for a number of years and where a phenomenal team when it came to representing the total J&J approach.

(b) graduated from Georgetown, is a true leader and it a Veteran. He has worked for J&J for 23 yrs. He has a great LinkedIn profile.
We connected yesterday and he is very interested in speaking with you to gain some prospective on possible areas he could provide his expertise.

I know you will find him to be full of great ideas and passion.

I have copied him above so you both can find time to connect.

I realize how much you have on your plate, thank you for any time you might be able to carve out to talk with (b)(

Hope you had a great day today at our office.

Thank you for all that you do for the on behalf of all our Veterans.

(b)(6) (b)(6) (b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

<image001.jpg>

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6) @its.jnj.com

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AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 8 Jul 2019 20:36:59 +0000
To: Scher, Deborah L.
Subject: FW: Meeting with J&J President of Neuroscience on 4/25?
Attachments: RE: Meeting with J&J President of Neuroscience on 4/25?, [EXTERNAL] RE: New Office Factsheet, [EXTERNAL] Re: Update, RE: Healthy Heros, RE: POC for Spravato clinical implementation, RE: E-Introduction., J &J Spravato, image001.jpg, RE: [EXTERNAL] Re: Thank you, RE: Meeting with J&J President of Neuroscience on 4/25?, RE: Meeting with J&J President of Neuroscience on 4/25?, RE: Confirmation for May 14th at 8:30am with Dr. Stone

---

Johnson & Johnson HEALTH CARE SYSTEMS INC.

AMERICAN OVERSIGHT

From: (b)(6) (b)(6) T.
Sent: 17 Apr 2019 13:37:18 +0000
To: Scher, Deborah L.
Cc: Wilson, Breanna L.
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Good morning Deborah,
Please let me know if I should invite Mr. (b)(6) to the meeting on May 14th 8:30-9:00 am in Dr. Stone's Office. If so, I will need his email address. I can get the office number from (b)(6)

Standing by for your guidance.
Thank you,
(b)(6)

From: Scher, Deborah L.
Sent: Wednesday, April 17, 2019 8:42 AM
To: (b)(6) (b)(6) (b)(6) @va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>; (b)(6) (b)(6) D. <(b)(6) @va.gov>; (b)(6) (b)(6) (b)(6) @va.gov>; VHA USH Meeting Requests <VHAUSHMeetingRequests@va.gov>; (b)(6) @va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

We will take care of the calendar invite and escorting Mr. (b)(6)

Thank you,
Deborah

From: (b)(6) (b)(6)
Sent: Wednesday, April 17, 2019 8:40 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>; (b)(6) (b)(6) D. (b)(6) @va.gov>; (b)(6) (b)(6) (b)(6) @va.gov>; VHA USH Meeting Requests <VHAUSHMeetingRequests@va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Wonderful! Should we send a calendar invite to Mr. (b)(6) Do you have his email address? Or will your team take care of escorting him up? We will have the meeting in Dr. Stone's office.

From: Scher, Deborah L.
Sent: Wednesday, April 17, 2019 8:37 AM
To: (b)(6) (b)(6) (b)(6) @va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) <(b)(6) @va.gov>; (b)(6) (b)(6) D. (b)(6) @va.gov>; (b)(6) (b)(6) (b)(6) @va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Good Morning (b)(6)

AMERICAN OVERSIGHT

This is confirmed. I will also join the meeting and send advance materials.

Thank you for setting aside time for this.

Best,
Deborah

From: (b)(6) (b)(6)
Sent: Tuesday, April 16, 2019 8:23 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>; (b)(6) (b)(6) D. (b)(6) @va.gov>; Felan, (b)(6) (b)(6) @va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Good morning Deborah – Apologies for the delay. Dr. Stone is available on May 14th from 8:30-9:00am. Would that work? I will put a hold on the calendar for now. Thanks!

From: Scher, Deborah L.
Sent: Tuesday, April 16, 2019 5:38 AM
To: (b)(6) (b)(6) (b)(6) @va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Good Morning (b)(6) and (b)(6)
I know Dr. Stone's schedule is packed. Any chance you might be able to find a 30 minute spot on one of these days below?
Thank you very much,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
From: Scher, Deborah L. <Deborah.Scher@va.gov>
Date: Thursday, Apr 11, 2019, 4:28 PM
To: (b)(6) (b)(6) (b)(6) @va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Hi (b)(6)
Mr. (b)(6) (b)(6) would like to work around Dr. Stone's schedule. Might he have a 30 minute opening on May 2-3, the week of May 6th or May14th?

Thank you very much in advance for your assistance,
Deborah

AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: Wednesday, April 10, 2019 2:21 PM
To: (b)(6) (b)(6) (b)(6) @va.gov>; Stone, Richard A., MD <Richard.Stone2@va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Hi (b)(6)
Thank you for checking and getting back to me so quickly. I will find out when he will next be in DC.

Best,
Deborah

From: (b)(6) (b)(6)
Sent: Wednesday, April 10, 2019 2:17 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>; Stone, Richard A., MD <Richard.Stone2@va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Hi Deborah – Is that the only time he will be in DC? Unfortunately Dr. Stone is going to be at an all day offsite meeting April 23-25? Thanks!

From: Scher, Deborah L.
Sent: Wednesday, April 10, 2019 12:13 PM
To: Stone, Richard A., MD <Richard.Stone2@va.gov>
Cc: (b)(6) (b)(6) (b)(6) @va.gov>; (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>
Subject: Meeting with J&J President of Neuroscience on 4/25?

Dear Rich:

Mr. (b)(6) (b)(6) will be in DC on April 25th and would like to spend 30 minutes with you if possible sometime between 2-5. He was on the call with you and Secretary Wilkie about Spravato. The purpose would be to provide a brief update as to all the progress J&J has made to date with the VA since the launch of Spravato and then a discussion of what else you need or want to better serve the Veterans with Depression or Suicide Ideation.

Thank you,
Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
Follow us on Twitter

AMERICAN OVERSIGHT

From: (b)(6) (b)(6) (b)(6) [SCGUS]
Sent: 7 May 2019 20:42:34 +0000
To: Scher, Deborah L.
Subject: [EXTERNAL] RE: New Office Factsheet

Sounds like a great plan.
I just got off the phone with (b)(6) from Psych Armor and I cannot believe it but she lives in my hometown in NY.
Her kids went to the same High School I did.
What a small world.

We talked for 40 minutes and I think there is a possible avenue to go down around education to the VA around Spravato.

Will be reaching out to my brand team to give them some highlights.
But in the meantime, (b)(6) is going to find out who the J&J contact was that (b)(6) had prior to her moving over to Psych Hub.

Love it when I can uncover new opportunities.
Thank you so much for the introduction.

(b)(6) (b)(6) (b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6) @its.jnj.com

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From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Tuesday, May 07, 2019 4:26 PM
To: (b)(6) (b)(6) (b)(6) [SCGUS] <(b)(6) @its.jnj.com>
Subject: [EXTERNAL] RE: New Office Factsheet

Dear (b)(6) (b)(6)
Thank you for making the time to review this and to share your feedback. It means so much to me!

We plan to post this on our website which should be launched very soon.

AMERICAN OVERSIGHT

Yes, would be delighted if you might share this with your Corporate Equity team. I would welcome their feedback as well.

With appreciation,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
Follow us on Twitter

From: (b)(6) (b)(6) (b)(6) [SCGUS(b)(6)@its.jnj.com>
Sent: Tuesday, May 7, 2019 3:49 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] RE: New Office Factsheet

Deborah
This is excellent and so much clearer than the last version you sent me.

How do you plan distributing this to the masses?
Will you post this on Twitter/ Linkedin as a way to drive people to your site?
Will you send out via personal emails?
.
When can I send this along to our Corporate Equity team? I will be curious to see how they Will react to it?

It certainly gets your juices flowing with ideas.

WELL DONE!!

(b)((b)(6) (b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6)@its.jnj.com

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From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Tuesday, May 07, 2019 2:44 PM
To: (b)(6) (b)(6) (b)(6) [SCGUS] <(b)(6) its.jnj.com>
Subject: [EXTERNAL] New Office Factsheet

Dear (b)(6) (b)(6)
Some time ago, you were kind enough to review our website materials in draft and rightly pointed out we needed more information on how to partner. We've recently created the fact sheet attached and wondered if we might impose on you again to provide feedback.

Thank you in advance,
Deborah

AMERICAN OVERSIGHT

From: (b)(6) (b)(6) [JRDUS]
Sent: 12 May 2019 12:26:31 +0000
To: Scher, Deborah L.
Subject: [EXTERNAL] Re: Update

Hi Deborah

Thanks for your note. Yes, the Suicide event was very eventful and moving. I pointed out that -- while its the very tragic situation that brings us here tonight -- it really was an evening of Hope. Hope that coming together, we could make a *big difference* and save lives. And that resonated with everyone.

Thanks for sending me the additional potential names. I don't know them but will do some homework and let you know.

Delighted that you're giving a keynote at the VA Healthcare Conference -- I'm sure that it will be great! And you will enjoy meeting (b)(6) J&J is a large complex organization -- so I'll just explain. I am the Global Head of Neuroscience *R&D*. (b)(6) is the North American *Commercial* Neuroscience. So we wok closely together (eg my team discovered/developed Spravato as a novel, rapid acting antidepressant; his group is involved in commercializing it). Most importantly, he is also a veteran, and we work closely on a number of Veteran's initiatives, including our "Healthy Heroes Project" with the VA

Take care

(b)(6)

From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Sunday, May 12, 2019 6:42 AM
To: (b)(6) (b)(6) [JRDUS]
Subject: RE: [EXTERNAL] Re: Update

Good Morning (b)(6)
Congratulations! I am so pleased to hear the dinner went well and you were able to recognize such a broad coalition of supporters. You have clearly created an important focal point for their efforts that I hope we can build on.

Thank you for including Veterans in your remarks. We are fortunate to have (b)(6) (b)(6) and her endless, passionate and determined commitment to this cause, leading the VA's Office of Suicide Prevention. Now to find her a national partner!

AMERICAN OVERSIGHT

As an update, Drs (b)(6) and (b)(6) both declined. Dr. (b)(6) was interested but could only commit 50% of his time. We have recently reached out to General (b)(6) (b)(6) Mr. (b)(6) from the National Coalition of Health Care Purchasers and Dr. (b)(6) from Semperfi. Would you have insights on any of them?

I am looking forward to seeing (b)(6 (b)(6) (b)(6) at the VA Healthcare 2019 conference tomorrow (my first keynote!), and to meeting Mr. (b)(6) (b)(6) on Tuesday.

With much appreciation for your ongoing partnership,
Deborah

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6) (b)(6) [JRDUS] (b)(6) @its.jnj.com>
Date: Saturday, May 11, 2019, 8:30 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] Re: Update

Hi Deborah

Hope all is well; just touching base --- hope the search is going well

At the Suicide Prevention Gala went *extremely well* . We recognized a number of media and sports personalities (in addition to researchers) who have been committed to making a difference. These included Anderson Cooper, Kate Snow (NBC), SF 49ers player Solomon Thomas, etc. And David Axelrod, and SF 49ers CEO (who introduced Anderson Cooper and the Thomas family, respectively) also spoke about their losses to suicide

During my comments I called out the tragic situation of our losing ~ 20 heroes/day, and how we need to come together as a society to make a real difference. I also had some good conversations with current/former VA folks I know, including (b)(6) (b)(6) and (b)(6) (b)(6) (the latter now with George HW Bush Institute I believe). Finally (b)(6) (b)(6) mentioned having had a good discussion with you, and (b)(6) (b)(6) indicated that he was going to be speaking. I encouraged him to look at it carefully

Best

(b)(6)

AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 14 May 2019 10:01:28 +0000
To: Clancy, Carolyn
Subject: RE: Healthy Heros

Oh boy. Happy to brief you at your convenience. Hope the day goes well. We will miss having you with us!

Deborah
Deborah Lafer Scher

From: Clancy, Carolyn <Carolyn.Clancy@va.gov>
Date: Tuesday, May 14, 2019, 5:52 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: RE: Healthy Heros

Thx

I am at nih today and demands on (b)(6) schedule already playing havoc with my participation at the NLM Board of Regents so will catch up with you later

Carolyn M Clancy, MD
Deputy Undersecretary for Health
Discovery, Education and Affiliated Networks (DEAN)
810 Vermont Ave NW, Room 875D
Washington, DC 20420
Assistant: (b)(6) (b)(6) (202-461-9121, (b)(6)

From: Scher, Deborah L. <Deborah.Scher@va.gov>
Date: Monday, May 13, 2019, 8:39 PM
To: Clancy, Carolyn <Carolyn.Clancy@va.gov>
Subject: RE: Healthy Heros

Carolyn,
Thank you for your quick response and this background information.

The meeting is at 10:30 and is primarily an update on the roll out of Spravato. I am guessing it will be 20 minutes on that and 10 minutes on Healthy Heros.

Deborah
Deborah Lafer Scher

From: Clancy, Carolyn <Carolyn.Clancy@va.gov>

AMERICAN OVERSIGHT

Date: Monday, May 13, 2019, 8:05 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: RE: Healthy Heros

Deborah,

I am not current. I vividly recall meeting with them and signing a MOU which was quite a wish list but I am not aware of meaningful traction beyond the PSA.

What time is the meeting?

Carolyn M Clancy, MD
Deputy Undersecretary for Health
Discovery, Education and Affiliated Networks (DEAN)
810 Vermont Ave NW, Room 875D
Washington, DC 20420
Assistant: (b)(6) (b)(6) ((b)(6) @va.gov)

From: Scher, Deborah L. <Deborah.Scher@va.gov>
Date: Monday, May 13, 2019, 6:54 PM
To: Clancy, Carolyn <Carolyn.Clancy@va.gov>
Subject: Healthy Heros

Hi Carolyn:
I am learning about this program from J&J. Your name was on a 2017 document. Are you still involved? Seems a broad initiative that includes Ai prediction of Suicide risk, (b)(6) (b)(6) Tom Hanks Suicide prevention commercials, clinical trials across therapeutic areas etc.

They will be mentioning this in a meeting with Dr Stone tomorrow. As it was all new to me, I wondered if you both were current.

Thank you,
Deborah

Deborah
Deborah Lafer Scher

AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 21 Mar 2019 19:50:11 +0000
To: Boyd, Teresa D.;Carroll, David (VACO)
Cc: Stone, Richard A., (b)(6) (b)(
Subject: RE: POC for Spravato clinical implementation

Thank you very much Teresa. This is very helpful.

(b)(
Nice to meet you by email. Thank you in advance for what sounds like a complex but very important clinical roll out. I will send a separate email to connect you with the J & J support team.

Best,
Deborah

From: Boyd, Teresa D.
Sent: Thursday, March 21, 2019 3:33 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>; Carroll, David (VACO) <David.Carroll@va.gov>
Cc: Stone, Richard A., MD <Richard.Stone2@va.gov>; (b)(6) (b)(<(b)(6) @va.gov>
Subject: RE: POC for Spravato clinical implementation

Thanks for the email regarding Spravato, Deborah!

There is a team working on this as there are many important aspects to consider as we roll out safe delivery of care. Adding (b)(6) to the email as the POC/Champion. (b)(- look forward to continued work on careful implementation!

Hope this helps, Deborah, and feel free to contact us for any additional needs.

Teresa

Sent with BlackBerry Work
(www.blackberry.com)

From: Scher, Deborah L. <Deborah.Scher@va.gov>
Date: Thursday, Mar 21, 2019, 3:01 PM
To: Boyd, Teresa D. <Teresa.Boyd@va.gov>, Carroll, David (VACO) <David.Carroll@va.gov>
Cc: Stone, Richard A., MD <Richard.Stone2@va.gov>
Subject: POC for Spravato clinical implementation

Good Afternoon:
With advance apologies because I am not sure exactly where to address this question. A senior team from J &J was visiting with us to discuss several partnership opportunities. In our meeting, they commented on how quickly the two organizations have moved to make this drug available, and noted that the key Pharmacy leads have connected and an implementation plan is in place. However, given the complex process for administering this product, they asked if we might help identify the VA POC for the clinical implementation. Their field staff is ready to provide training and support, but are not sure what the VA's plans are in general, which locations might be targeted and who they should be interfacing with from the VA.

AMERICAN OVERSIGHT

Dr. Boyd or Dr. Carroll, are either of you the right POC for this effort?

Thank you very much in advance for your assistance,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
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AMERICAN OVERSIGHT

From: (b)(6) (b)(
Sent: 22 Mar 2019 16:40:08 +0000
To: (b)(6) (b)(6) [JAN]';Scher, Deborah L.
Cc: (b)(6) (b)(6 (b)(6) (b)(6) (b)(6) [SCGUS];Barry, Ashleigh
Subject: RE: E-Introduction., J &J Spravato

(b)(6) –

Welcome back home to the Bay Area! I'm sitting about an hour away from you (depending on traffic!), in Menlo Park. 😊

Below I've listed the times I have available for a call this coming week – please let me know what works best for you and others on your team and we can set something up.

Best,
(b)(

Tue 3/26 anytime after 11:30 am
Wed 3/27 anytime after 10 am
Thu 3/28 10-12p, anytime after 1p
Fri 3/29 8-9, anytime after 10a

From: (b)(6) (b)(6) [JAN] (b)(6) @ITS.JNJ.com>
Sent: Friday, March 22, 2019 9:30 AM
To: (b)(6) (b)((b)(6) @va.gov>; Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: (b)(6) (b)(6 (b)(6) [SCGUS] <(b)(6) @its.jnj.com>; (b)(6) (b)(6) [SCGUS] <(b)(6) @its.jnj.com>; Barry, Ashleigh <Ashleigh.Barry@va.gov>
Subject: [EXTERNAL] RE: E-Introduction., J &J Spravato

Dr (b)(6)

Sorry for the delayed response, I was traveling back to California from DC and can empathize with early calls on the west coast! I live in Livermore.

I am thrilled that Deborah made the introduction after our meeting with her in DC yesterday. I have attended each of the Anywhere 2 Anywhere meetings and have often heard your name referenced as the expert leading the charge for PDSI and the complex problems program.

I currently work closely with the PBM and am responsible for coordinating J&J resources/personnel as it relates to clinical, operational, value & evidence, and healthcare delivery within the VA setting. I think a great starting point, would be to hop on a call next week to understand your needs, perhaps share some insights we have gained thus far, and ideate around important operational considerations that this new treatment demands. We want to ensure an optimal care experience and workflow for our nation's veterans suffering with TRD and offer assistance where appropriate.

Please let me know if there is a time that works for your schedule and thanks for caring for our veterans.

AMERICAN OVERSIGHT

Best,
(b)(6)

(b)(6) (b)(6)
Director, Strategic Accounts
National Federal Team - Strategic Customer Group
Johnson & Johnson Health Care Systems
T:(b)(6) - *https://www.jnj.com/heroes: Johnson & Johnson Supports Our Troops & Veterans*

Providing services for Janssen Pharmaceutical Companies of Johnson & Johnson

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From: (b)(6) (b)((b)(6)
Sent: Thursday, March 21, 2019 1:27 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: (b)(6) (b)(6 (b)(6) [SCGUS](b)(6) @its.jnj.com>; (b)(6) (b)(6) [JAN](b)(6) @ITS.JNJ.com>; (b)(6) (b)(6) [SCGUS](b)(6) @its.jnj.com>; Barry, Ashleigh <Ashleigh.Barry@va.gov>
Subject: [EXTERNAL] RE: E-Introduction., J &J Spravato

Thank you, Deborah.

J & J team – let me know when we can arrange a phone call to discuss how best to start moving this process forward. Please bear in mind I am California-based, so morning meetings earlier than 10 am ET are tough for me to make. Thanks, and looking forward to working with you.

Best,
(b)(

***
(b)(R. (b)(6) **MD, MPP, MHS**
National Director, Psychotropic Drug Safety Initiative (PDSI)
Co-Director, Care for Patients with Complex Problems $(CP)^2$
Associate Director, Northeast Program Evaluation Center
Office of Mental Health and Suicide Prevention (10NC5), Department of Veterans Affairs
Assistant Clinical Professor of Psychiatry, Yale University School of Medicine
cell (b)(6)
email: (b)(6) | (b)(6)

Connect to:
PDSI Home
PDSI Management System
FAQs

AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: Thursday, March 21, 2019 1:06 PM
To: (b)(6) (b)(<(b)(6)@va.gov>
Cc: (b)(6) (b)(6 (b)(6) [SCGUS] (b)(6)@its.jnj.com>; (b)(6) (b)(6) [JAN] (b)(6)@ITS.JNJ.com>; (b)(6) (b)(6) [SCGUS](b)(6)@its.jnj.com) <(b)(6)@its.jnj.com>; Barry, Ashleigh <Ashleigh.Barry@va.gov>
Subject: E-Introduction., J &J Spravato

Dear (b)(

By copy of this email, it is my pleasure to introduce you to (b)(6) (b)(6) (b)(6 (b)(6) (b)(6) and (b)(6) (b)(6) from J & J. They will be leading the effort to connect you with the J &J team assigned to support VHA with the effective clinical implementation of this new program. I know you will enjoy working with them and their colleagues.

Thank you all for your leadership in making this program available to Veterans.

With appreciation,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
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AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 10 Apr 2019 12:46:59 +0000
To: (b)(6) (b)(6) (b)(6) [SCGUS]
Cc: (b)(6) (b)(6) [SCGUS]
Subject: RE: [EXTERNAL] Re: Thank you

Good morning:

So sorry your journey was not a quick one. Glad you were pleased with the events of the day. Could we have a quick touch base call around 1115 or 1130 this morning? And then yes, happy to take forward the meeting on the 25th (time frame he is available?)and our other next steps.

Thank you,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs

From: (b)(6) (b)(6) (b)(6) [SCGUS] <(b)(6)@its.jnj.com>
Date: Wednesday, Apr 10, 2019, 8:08 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: (b)(6) (b)(6) [SCGUS] <(b)(6)@its.jnj.com>
Subject: [EXTERNAL] Re: Thank you

Deborah,
You beat me to it. My flight home had all kinds of tiny delays which ultimately got me home at 11pm. But every minute of my trip was totally worth it.

(b)(6) and I were also grateful things got moved back and agreed it totally worked in our favor. We would have never gotten that amount of time if it was prior to the press release.

The level of conversation and ideas that were exchanged with both you and Dr. Clancy to Dr. Stoffels and (b)(6) was inspirational.

I will be closing the loop as to were we landed for follow up meetings with Melinda and Dr. Stoffels today.

In the meantime if it is at all possible can we try to see if you and Dr. Stone might be available to meet with our NS President (b)(6) (b)(6) and myself for 30minutes on April 25th anytime between 2-5pm?

(b)(6) was on the original phone conversation with Secretary Wilkie, Dr. Stone and our CEO Alex Gorsky.

AMERICAN OVERSIGHT

The purpose would be to provide a brief update as to all the progress we have made to date with the VA since the launch of Spravato and then a simple ask of what else Dr. Stone needs or wants to better serve the Veterans with Depression or Suicide Ideation.

I am very flexible tomorrow to connect live to discuss next steps together if that works with your schedule.

Have a great day, it is beautiful here in Charlotte and hope it is the same in Washington DC.

Sent from my iPhone

(b)(6) (b)(6) (b)(6)
Johnson & Johnson Healthcare Systems
Field Director Federal Team/ Strategic Engagement
(b)(6)
(b)(6) @its.jnj.com

> On Apr 10, 2019, at 7:39 AM, Scher, Deborah L. <Deborah.Scher@va.gov> wrote:
>
> Good morning (b)(6) and (b)(6)
>
> Thank you very much for all of the time and effort you spent arranging for our meeting yesterday. It was clear that you both worked very hard to secure the time and make the case for why a meeting would be valuable.
>
> Dr. Clancy and I both enjoyed the conversation and are eager to pursue the follow up meetings we identified. On a personal note, I thought the revised schedule actually worked in our favor and was grateful for the additional opportunity to get to know both of you better.
>
> Let's schedule a time to speak in the next day or so to finalize next steps.
>
> With appreciation,
>
>
> Deborah
> Deborah Lafer Scher
> Executive Advisor to the Secretary
> Secretary's Center for Strategic Partnerships
> US Department of Veterans Affairs
>

AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 16 Apr 2019 14:32:50 +0000
To: (b)(6) (b)(6)
Cc: (b)(6) (b)(6) L. (VHACO); (b)(6) (b)(6) (b)(6) (b)(6)
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Hi (b)(6)
Thank you very much. I will reach out to confirm and come back to you.
Have a good day,
Deborah

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs

From: (b)(6) (b)(6) <(b)(6) @va.gov>
Date: Tuesday, Apr 16, 2019, 8:22 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>, (b)(6) (b)(6) D. (b)(6) @va.gov>, (b)(6) (b)(6) <(b)(6) @va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Good morning Deborah - Apologies for the delay. Dr. Stone is available on May 14th from 8:30-9:00am. Would that work? I will put a hold on the calendar for now. Thanks!

From: Scher, Deborah L.
Sent: Tuesday, April 16, 2019 5:38 AM
To: (b)(6) (b)(6) (b)(6) @va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Good Morning (b)(6) and Jen:
I know Dr. Stone's schedule is packed. Any chance you might be able to find a 30 minute spot on one of these days below?
Thank you very much,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
From: Scher, Deborah L. <Deborah.Scher@va.gov>
Date: Thursday, Apr 11, 2019, 4:28 PM

AMERICAN OVERSIGHT

To: (b)(6) (b)(6) (b)(6) @va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) <(b)(6) @va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Hi (b)(6)
Mr. (b)(6) (b)(6) would like to work around Dr. Stone's schedule. Might he have a 30 minute opening on May 2-3, the week of May 6th or May14th?

Thank you very much in advance for your assistance,
Deborah

From: Scher, Deborah L.
Sent: Wednesday, April 10, 2019 2:21 PM
To: (b)(6) (b)(6) (b)(6) @va.gov>; Stone, Richard A., MD <Richard.Stone2@va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) <(b)(6) @va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Hi (b)(6)
Thank you for checking and getting back to me so quickly. I will find out when he will next be in DC.

Best,
Deborah

From: (b)(6) (b)(6)
Sent: Wednesday, April 10, 2019 2:17 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>; Stone, Richard A., MD <Richard.Stone2@va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) <(b)(6) @va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Hi Deborah - Is that the only time he will be in DC? Unfortunately Dr. Stone is going to be at an all day offsite meeting April 23-25? Thanks!

From: Scher, Deborah L.
Sent: Wednesday, April 10, 2019 12:13 PM
To: Stone, Richard A., MD <Richard.Stone2@va.gov>
Cc: (b)(6) (b)(6) (b)(6) @va.gov>; (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>
Subject: Meeting with J&J President of Neuroscience on 4/25?

Dear Rich:

Mr. (b)(6) (b)(6) will be in DC on April 25th and would like to spend 30 minutes with you if possible sometime between 2-5. He was on the call with you and Secretary Wilkie about Spravato. The purpose would be to provide a brief update as to all the progress J&J has made to date with the VA since the launch of Spravato and then a discussion of what else you need or want to better serve the Veterans with Depression or Suicide Ideation.

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Thank you,
Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
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AMERICAN OVERSIGHT

From: (b)(6) (b)(6) T.
Sent: 17 Apr 2019 13:37:18 +0000
To: Scher, Deborah L.
Cc: Wilson, Breanna L.
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Good morning Deborah,
Please let me know if I should invite Mr (b)(6) to the meeting on May 14th 8:30-9:00 am in Dr. Stone's Office. If so, I will need his email address. I can get the office number from (b)(6)

Standing by for your guidance.
Thank you,
(b)(6)

From: Scher, Deborah L.
Sent: Wednesday, April 17, 2019 8:42 AM
To: (b)(6) (b)(6) <(b)(6) @va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>; (b)(6) (b)(6) D. (b)(6) va.gov>; (b)(6) (b)(6) (b)(6) @va.gov>; VHA USH Meeting Requests <VHAUSHMeetingRequests@va.gov>; (b)(6) (b)(6) (b)(6) @va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

We will take care of the calendar invite and escorting M (b)(6)

Thank you,
Deborah

From: (b)(6) (b)(6)
Sent: Wednesday, April 17, 2019 8:40 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>; (b)(6) (b)(6) D. (b)(6) @va.gov>; (b)(6) (b)(6) (b)(6) @va.gov>; VHA USH Meeting Requests <VHAUSHMeetingRequests@va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Wonderful! Should we send a calendar invite to Mr (b)(6) Do you have his email address? Or will your team take care of escorting him up? We will have the meeting in Dr. Stone's office.

From: Scher, Deborah L.
Sent: Wednesday, April 17, 2019 8:37 AM
To: (b)(6) (b)(6) (b)(6) va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>; (b)(6) (b)(6) D. (b)(6) @va.gov>; (b)(6) (b)(6) (b)(6) @va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Good Morning (b)(6)

AMERICAN OVERSIGHT

This is confirmed. I will also join the meeting and send advance materials.

Thank you for setting aside time for this.

Best,
Deborah

From: (b)(6) (b)(6)
Sent: Tuesday, April 16, 2019 8:23 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>; (b)(6) (b)(6) D. <(b)(6) @va.gov>; Felan, (b)(6) (b)(6) @va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

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From: Scher, Deborah L.
Sent: Tuesday, April 16, 2019 5:38 AM
To: (b)(6) (b)(6) <(b)(6) @va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Good Morning (b)(6) and (b)(6)
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Thank you very much,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
From: Scher, Deborah L. <Deborah.Scher@va.gov>
Date: Thursday, Apr 11, 2019, 4:28 PM
To: (b)(6) (b)(6) <(b)(6) @va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Hi (b)(6)
Mr. (b)(6) (b)(6) would like to work around Dr. Stone's schedule. Might he have a 30 minute opening on May 2-3, the week of May 6th or May14th?

Thank you very much in advance for your assistance,
Deborah

AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: Wednesday, April 10, 2019 2:21 PM
To: (b)(6) (b)(6) (b)(6) @va.gov>; Stone, Richard A., MD <Richard.Stone2@va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) <(b)(6) @va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Hi (b)(6)
Thank you for checking and getting back to me so quickly. I will find out when he will next be in DC.

Best,
Deborah

From: (b)(6) (b)(6)
Sent: Wednesday, April 10, 2019 2:17 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>; Stone, Richard A., MD <Richard.Stone2@va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Hi Deborah – Is that the only time he will be in DC? Unfortunately Dr. Stone is going to be at an all day offsite meeting April 23-25? Thanks!

From: Scher, Deborah L.
Sent: Wednesday, April 10, 2019 12:13 PM
To: Stone, Richard A., MD <Richard.Stone2@va.gov>
Cc: (b)(6) (b)(6) <(b)(6) @va.gov>; (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>
Subject: Meeting with J&J President of Neuroscience on 4/25?

Dear Rich:

Mr. (b)(6) (b)(6) will be in DC on April 25th and would like to spend 30 minutes with you if possible sometime between 2-5. He was on the call with you and Secretary Wilkie about Spravato. The purpose would be to provide a brief update as to all the progress J&J has made to date with the VA since the launch of Spravato and then a discussion of what else you need or want to better serve the Veterans with Depression or Suicide Ideation.

Thank you,
Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
Follow us on Twitter

AMERICAN OVERSIGHT

From: (b)(6) (b)(6) T.
Sent: 24 Apr 2019 18:05:11 +0000
To: Scher, Deborah L.;Wilson, Breanna L.
Subject: RE: Confirmation for May 14th at 8:30am with Dr. Stone

Working it, thanks

From: Scher, Deborah L.
Sent: Wednesday, April 24, 2019 12:31 PM
To: (b)(6) (b)(6) (b)(6) @va.gov>; Wilson, Breanna L. <Breanna.Wilson@va.gov>
Subject: FW: Confirmation for May 14th at 8:30am with Dr. Stone

(b)(6) and Bre:
Please work with (b)(6) (b)(6) to finalize and send out this invite. It is already on Dr. Stone's calendar. (b)(6) (b)(6) is his POC.

Our office should make arrangements with Security please and welcome the J&J leadership that morning. The meeting will take place in Dr. Stone's office. (b)(6) (b)(6) and I will attend.

Thank you,
Deborah

From: (b)(6) (b)(6) (b)(6) [SCGUS] <(b)(6) @its.jnj.com>
Sent: Wednesday, April 24, 2019 11:40 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] Confirmation for May 14th at 8:30am with Dr. Stone

Deborah
I just heard back from our President at Janssen Neuroscience over Spravato and he is confirmed to be available to meet with Dr. Stone on May 14th at 8:30am.
Can you send me an outlook invite so we have the logistics and then I can send them along to (b)(6)
So glad we will be together on both the 13th and the 14th.

Hope you are having a good day today.

(b)(6) (b)(6) (b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6) @its.jnj.com

Providing services for Janssen Pharmaceutical Companies of Johnson & Johnson

AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

Sent: 17 Jul 2019 21:24:26 +0000
To: (b)(6) (b)(6) (b)(6) [SCGUS]
Subject: FW: Help with Provider locator under the Mission Act

Dear (b)(6) (b)(6)
Please see the email

From: (b)(6) (b)(6)
Sent: Wednesday, July 17, 2019 4:10 PM
Subject: RE: Help with Provider locator under the Mission Act

hello-

Providers in Regions 1 and 2 interested in joining CCN can contact Optum at VACCNProviderContrac_ng@optum.com.

(b)(6) (b)(6) MA
Management Analyst
DUSH for Community Care
(b)(6)

From: (b)(6) (b)(6) (b)(6) [SCGUS](b)(6) @its.jnj.com>
Sent: Wednesday, July 17, 2019 12:14 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] Help with Provider locator under the Mission Act

Deborah
Our team is wanting to support the Mission Act in the Oncology space specifically on the platform of provider and patient education.
However in the website we cannot seem to pull down a search tool for the providers?
When we pull down the drop down for "Community Care outside the VA" it is minimal at best.

Is there a better place to look for this type of information?

Hope you are having a great day.

(b)(6) (b)(6) (b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6) @its.jnj.com

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From: (b)(6) (b)(6) (b)(6) [SCGUS]
Sent: 18 Jul 2019 20:26:55 +0000
To: Scher, Deborah L.
Subject: [EXTERNAL] RE: One Mind

Deborah
I just found out the person I need to connect with to find out more around ONE MIND. I have a call set up for tomorrow afternoon.

(b)(6) (b)(6) (b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6)@its.jnj.com

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From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Thursday, July 18, 2019 11:00 AM
To: (b)(6) (b)(6) (b)(6) [SCGUS] (b)(6)@its.jnj.com>
Subject: [EXTERNAL] One Mind

Good Morning (b)(6) (b)(6)
We had a very productive meeting with them yesterday, identifying several areas of potential collaboration both in research and for partnerships. They shared that J&J was a major sponsor. Do you know what part of the company is supporting their efforts?

Thank you,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
U.S. Department of Veterans Affairs
www.va.gov/scsp

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From: Wilson, Breanna L.
Sent: 22 Jul 2019 12:42:42 +0000
To: (b)(6) (b)(6) [COBIUS];Scher, Deborah L.
Subject: RE: [EXTERNAL] Re: Following up - Virtual Clinical Trials

Good morning,

As of right now the only time in the next two weeks that works for Deborah and Dr. (b)(6) is Monday 29 July 2019 at 4:00pm.
I have forwarded a calendar invite from Deborah's schedule. If this time doesn't work we will need to look at dates in the second week of August.

Thank you,

Bre Wilson
Portfolio Manager | Secretary's Center for Strategic Partnerships
Office of the Secretary
U.S. Department of Veterans Affairs
810 Vermont Ave., NW | Washington, DC 20420
Office: (202) 461-0166
Mobile: (202)412-4487
Follow us on Twitter
Or on the web: www.va.gov/scsp/

From: (b)(6) (b)(6) [COBIUS] (b)(6) @ITS.JNJ.com>
Sent: Monday, July 22, 2019 7:24 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: Wilson, Breanna L. <Breanna.Wilson@va.gov>
Subject: [EXTERNAL] Re: Following up - Virtual Clinical Trials

Hi Deborah,

Thanks for the follow up!

Bre, can you provide 5 dates/times that work for the calendars of those involved? I think it will easier to find a 30min slot on a shorter time frame for multiple people. Open to feedback on this.

That will give me something to circulate w our team.

Have a nice week!

Phil

Get Outlook for Android

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From: Scher, Deborah L.
Sent: Monday, July 22, 6:45 AM
Subject: RE: [EXTERNAL] RE: Following up - Virtual Clinical Trials
To: (b)(6) (b)(6) [COBIUS]
Cc: Wilson, Breanna L.

Good morning Phil:

I hope you had a nice weekend and managed to stay cool.

I had a brief conversation with Dr. (b)(6) on Friday. He is eager to move forward on this. A helpful next step would be to arrange a call with a small group of people to share thoughts on how we might best to do a first virtual trial together in lung cancer and then arrange a follow up working session. Bre can coordinate the VA participants which would include Drs (b)(6) and me. Who should she work with on your team? Would be great to get this scheduled for this week or the early part of next week.

Thank you very much for your partnership on this,

Best,
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Secretary's Center for Strategic Partnerships
U.S. Department of Veterans Affairs
www.va.gov/scsp

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Date: Wednesday, Jul 17, 2019, 9:19 AM
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We arrived on a list of stakeholders that we'd include and will look to you for dates in August once Dr (b)(6) gets back up and running after vacation!

Thanks,

(b)(6)

(b)(6) (b)(6) **PharmD, MS**
Scientific Director, National Accounts
Real World Value & Evidence, Field

AMERICAN OVERSIGHT

Janssen Scientific Affairs LLC
1125 Trenton-Harbourton Rd.
Titusville, NJ 08560
Mobile: (b)(6)
Desk: (b)(6)
(b)(6) @its.jnj.com

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To: (b)(6) (b)(6) [COBIUS] <(b)(6) @ITS.JNJ.com>
Subject: RE: [EXTERNAL] Following up - Virtual Clinical Trials

Good morning Phil:

Thank you very much for the call you organized and for your follow up.

As a next step, my understanding was that (b)(6) was going to organize your lung cancer subject matter experts and brief them on this potential collaboration. In parallel, I committed to reach out to our oncology leadership to discuss this specific opportunity. We would then arrange a call with everyone to discuss overall parameters of what we might do together.

Dr. (b)(6) has been on vacation but he and I are scheduled to speak on Friday. Let me come back to you after he and I have that conversation.

With appreciation for your partnership,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
U.S. Department of Veterans Affairs
www.va.gov/scsp
From: (b)(6) (b)(6) [COBIUS] (b)(6) @ITS.JNJ.com>
Date: Monday, Jul 15, 2019, 4:12 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] Following up - Virtual Clinical Trials

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I believe we landed on lung cancer as our first order of business. Was that your expectation? I know prostate cancer is also a focus for you/your population, but I also know we have more

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pipeline innovations to consider in lung.If that works, could you provide some dates / times (say 5) in the mid to late August time frame that would work for a meeting between our teams?Could you share a one-pager with me that I could use to accurately socialize the concept with my internal stakeholders?

Let me know what you think and we'll work through next steps –

Thanks,

(b)(6)

(b)(6) (b)(6) **PharmD, MS**
Scientific Director, National Accounts
Real World Value & Evidence, Field
Janssen Scientific Affairs LLC
1125 Trenton-Harbourton Rd.
Titusville, NJ 08560
Mobile: (b)(6)
Desk (b)(6)
(b)(6) @its.jnj.com



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From: (b)(6) (b)(6) (b)(6) [SCGUS]
Sent: 19 Jul 2019 19:08:53 +0000
To: Scher, Deborah L.
Subject: [EXTERNAL] RE: One Mind

Deborah
I had a chance to dig into J&J and found out the best person for you to connect with around our involvement with ONE MIND is (b)(6) (b)(6) or Dr. (b)(6) t looks like most of our involvement has been on the R&D side of our business.
Since I know you have connected with both of them personally I thought it best to let you take it from here, versus me trying to be the middle person.

Happy Friday,

(b)(6) (b)(6) (b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6) @its.jnj.com

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Sent: Thursday, July 18, 2019 11:00 AM
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Subject: [EXTERNAL] One Mind

Good Morning (b)(6) (b)(6)
We had a very productive meeting with them yesterday, identifying several areas of potential collaboration both in research and for partnerships. They shared that J&J was a major sponsor. Do you know what part of the company is supporting their efforts?

Thank you,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
U.S. Department of Veterans Affairs
www.va.gov/scsp

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From: (b)(6) (b)(6) [COBIUS]
Sent: 29 Jul 2019 17:13:03 +0000
To: Scher, Deborah L.
Subject: [EXTERNAL] RE: Following up - Virtual Clinical Trials

That's perfect, thank you!

(b)(6) (b)(6) **PharmD, MS**
Scientific Director, National Accounts
Real World Value & Evidence, Field
Janssen Scientific Affairs LLC
1125 Trenton-Harbourton Rd.
Titusville, NJ 08560
Mobile (b)(6)
Desk: (b)(6)
(b)(6) @its.jnj.com



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Cc: Wilson, Breanna L. <Breanna.Wilson@va.gov>
Subject: RE: [EXTERNAL] RE: Following up - Virtual Clinical Trials

Hi Phil:
Thank you for your note. We are very much looking forward to this call.

I like your plan. After your intros, I would like to turn the call over to Dr (b)(6) to elaborate on his vision for what we might do together.

We appreciate your organizing your team on short notice.

Best,
Deborah

From: (b)(6) (b)(6) [COBIUS] <(b)(6) @ITS.JNJ.com>
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Cc: Wilson, Breanna L. <Breanna.Wilson@va.gov>
Subject: [EXTERNAL] RE: Following up - Virtual Clinical Trials

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Hi Deborah,

A quick note to follow up on our call today @ 4p.

We'll have 4 folks from our medical affairs and R&D teams joining us. As you might imagine, we're working in ironing out the process on our end as well. After you welcome and introduce the group, please kick it over to me and I'll try to keep the intros efficient.

Glad we were able to make the connection today –

All the best,

Phil

(b)(6) (b)(6) **PharmD, MS**
Scientific Director, National Accounts
Real World Value & Evidence, Field
Janssen Scientific Affairs LLC
1125 Trenton-Harbourton Rd.
Titusville, NJ 08560
Mobile: (b)(6)
Desk (b)(6)
(b)(6) @its.jnj.com



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Thanks,

(b)(6)

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Good morning (b)(6):

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As a next step, my understanding was that Laura was going to organize your lung cancer subject matter experts and brief them on this potential collaboration. In parallel, I committed to reach out to our oncology leadership to discuss this specific opportunity. We would then arrange a call with everyone to discuss overall parameters of what we might do together.

Dr (b)(6) has been on vacation but he and I are scheduled to speak on Friday. Let me come back to you after he and I have that conversation.

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www.va.gov/scsp

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3. Could you share a one-pager with me that I could use to accurately socialize the concept with my internal stakeholders?

Let me know what you think and we'll work through next steps –

Thanks,

(b)(6)

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Scientific Director, National Accounts
Real World Value & Evidence, Field
Janssen Scientific Affairs LLC
1125 Trenton-Harbourton Rd.
Titusville, NJ 08560
Mobile (b)(6)
Desk (b)(6)
(b)(6) @its.jnj.com



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From: (b)(6) (b)(6) (b)(6) [SCGUS]
Sent: 25 Jul 2019 14:14:41 +0000
To: Scher, Deborah L.
Subject: [EXTERNAL] Follow up from our conversation
Attachments: Mental-Health-Full-Report-March-5-2019.pdf

Deborah
Great touching base with you today.
Here are some follow ups:

1. Attachment of the AHA Roundtable work that has been done for Mental Health in the Employer space.
2. (b)(6) (b)(6) title is VP of Global Health Services/ Health and Wellness World Wide, let me know if you would like to speak to her about your Employer Challenge Initiative.
3. Finally the main VA person who is opposite (b)(6) (b)(6) who could help you further understand the previous (b)(6) (b)(6) role is (b)(6) (b)(6)

Is it Friday yet?? ☺

(b)(6) (b)(6) (b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
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MENTAL HEALTH

A WORKFORCE CRISIS



American Heart Association.

CEO ROUNDTABLE

Commissioned by the
American Heart Association CEO Roundtable
and conducted by the **American Heart Association's**
Center for Workplace Health

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FOREWORD

Our nation is facing a mental health crisis. Media reports tell the story, from rising rates of depression and suicide to an alarming increase in random acts of violence. As employers dedicated to workplace health and well-being, we have an obligation to prioritize mental health on the same level and with the same laser focus as physical health. The American Heart Association CEO Roundtable is a leadership collaborative of 40-plus members and we collectively represent more than 10 million employees and their family members. We commissioned *Mental Health: A Workforce Crisis* to illustrate the need for employers to support employee mental health. This report is informed by unique insights from a nationwide employee survey and a synthesis of the evidence on the effectiveness of workplace mental health interventions.

Regardless of race, ethnicity, gender, religion, sexual orientation, education or income, mental health disorders do not discriminate. The problem is so pervasive in the United States that almost 45 million adults — or about one of every five — have a mental health disorder.[1]

As CEOs, we must lead by example and engage other business leaders in redefining workplace inclusiveness and powering a mental health movement. We cannot afford to let social stigma and discrimination hinder an individual's ability to achieve optimum health and employment.

Like chronic diseases, mental health disorders are treatable, and employers can use comprehensive strategies to cultivate supportive work environments.

This report provides actionable strategies for advancing workplace mental health from CEO Roundtable companies and an expert panel.

Our member CEOs share an unyielding commitment to help build healthier workplaces and communities. We hope this report will inspire employers to do more to provide mental health education, training and support across all levels of their organizations.



NANCY BROWN
CHIEF EXECUTIVE OFFICER
AMERICAN HEART ASSOCIATION



ALEX GORSKY
CHAIRMAN AND CEO
JOHNSON & JOHNSON
CO-CHAIRMAN,
AHA CEO ROUNDTABLE



BRIAN MOYNIHAN
CHAIRMAN AND CEO
BANK OF AMERICA
CO-CHAIRMAN,
AHA CEO ROUNDTABLE

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ACKNOWLEDGEMENTS

We wish to thank the following people who contributed to this report:

Science Advisory Group

Jennifer Bruno, BS, Vice President Global Health Services, Johnson & Johnson (Chair)
Mark Boquet, MD, MPH, MS, Chief Health Officer, The Dow Chemical Company
Kathy Gerwig, MBA, VP Employee Safety Health and Wellness, Kaiser Permanente
Karen Hume, MPA, Senior Advisor, Canadian Mental Health Association, Center of Excellence, Calgary
William Kassler, MD MPH FACP, Deputy Chief Health Officer, IBM Watson Health
Eduardo Sanchez, MD MPH, Chief Medical Officer for Prevention, American Heart Association
Shelly Wolff, MS MBA, Senior Health Management Consultant, Willis Towers Watson

Expert Panel

Joan Demetriadis, MBA, Director of Strategy, One Mind
Jodi Frey, PhD, Professor, University of Maryland School of Social Work
Darcy Gruttadaro, JD, Executive Director, American Psychiatric Association Foundation
Karen Hearod, LCSW, Region 6 Administrator, Substance Abuse and Mental Health Services Administration (SAMHSA)
Michelle Hellebuyck, MS, Program Manager, Mental Health America
Debra Lerner, MS PhD, Professor, Tufts Medical Center
Judith Lichtman, PhD MPH, Department Chair and Associate Professor of Epidemiology (Chronic Diseases), Yale School of Public Health
Katy Riddick, BA, Director, High Lantern Group
Fred Seavey, MA, Research Director, National Union of Healthcare Workers
Michael Thompson, BS, CEO, National Alliance of Healthcare Purchaser Coalitions
Melissa Turner, MPA, MA, Senior Policy Advisor, Department of Labor- Office of Disability Employment Policy

Third Party Collaborators

Harris Insights & Analytics
Live For Life Media Information Design

American Heart Association Staff

Chris Calitz, MPP, Director, Center for Workplace Health
Lisa Langas, Program Director, CEO Roundtable
Drew Mills, MPH, Health Programs Analyst, Center for Workplace Health
Vanessa Perez, MLIS, Librarian, National Center
Jennifer Pratt, MBA, APR Communications Manager, Office of the CEO

AMERICAN OVERSIGHT

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EXECUTIVE SUMMARY

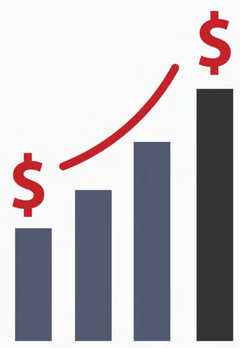
The Problem



Mental health challenges are a growing concern for employers worldwide.

Increasing Prevalence

Global rates of depression and anxiety have increased 15 percent to 20 percent during the last decade.[2]



Rising Costs

The World Economic Forum projects that mental health disorders will cost nations $16.3 trillion between 2011 and 2030, which represents a staggering loss in economic output.[3] In the United States, approximately one in five adults (almost 45 million) has a mental disorder.[1]

Depression alone is estimated to cost the American economy $210 billion annually, with 50 percent of that cost shouldered by employers.[4]



These costs are probably underestimated because roughly four in 10 adults with mental health disorders do not seek treatment.[5]

The American Heart Association CEO Roundtable (CEO Roundtable) commissioned this report to underscore the business imperative to employers for providing comprehensive, science-based support for employee mental health.

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Key Insights



- **Mental health disorders are very common and rising.** This causes human suffering and depletes the economic vitality of communities and nations.



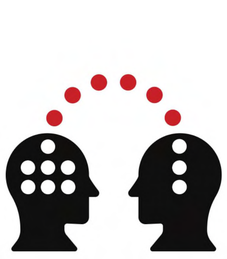
- **Employers have a unique opportunity to improve the mental health of the 157 million working U.S. adults**[6] who spend more time working than any other activity apart from sleeping.[7]



- **Clinically effective treatments for most mental health disorders exist in primary care,** including Cognitive Behavioral Therapy (CBT), which many employers subsidize with medical benefits.



- **Training leaders and managers to reduce the stigma** associated with mental health is a promising organizational approach to help create a psychologically healthy workplace. Overall, few studies have evaluated organizational-level programs to improve employee mental health outcomes and more research is urgently needed in this area.



- **Overall, many types of mental health interventions delivered in the workplace are effective at improving mental health outcomes,** although the size of the effect is small to medium. Stress management programs for individuals are especially effective at reducing stress and improving overall mental health.



- **The growing number of digital interventions** offered by third party vendors and insurance carriers to employees are promising ways to tailor programs for different populations based on their risk for mental health disorders.



- **Employees expect their employers to support mental health** as strongly as physical health and offer policies, programs, and an environment that is mental health-friendly.

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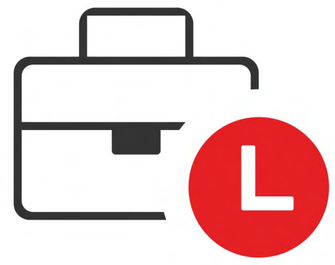
Employers have a compelling interest for promoting positive mental health in the workplace, because adults spend most of their waking hours at work.[7]

Adults spend most of their waking hours at work.



Poor mental health not only exacts a high toll on workforce health and well-being, it also negatively impacts productivity. The costs of depression and other mental health disorders are often underestimated because the indirect costs such as work absenteeism and poor performance at work (presenteeism) are costlier than the direct costs associated with medical care and prescription drugs[8] (see Employer costs associated with mental health disorders). Because depression often occurs with other expensive chronic conditions such as obesity, diabetes and heart disease, the economic burden on employers and the health care system are amplified (see Comorbid conditions).

Costs are often underestimated

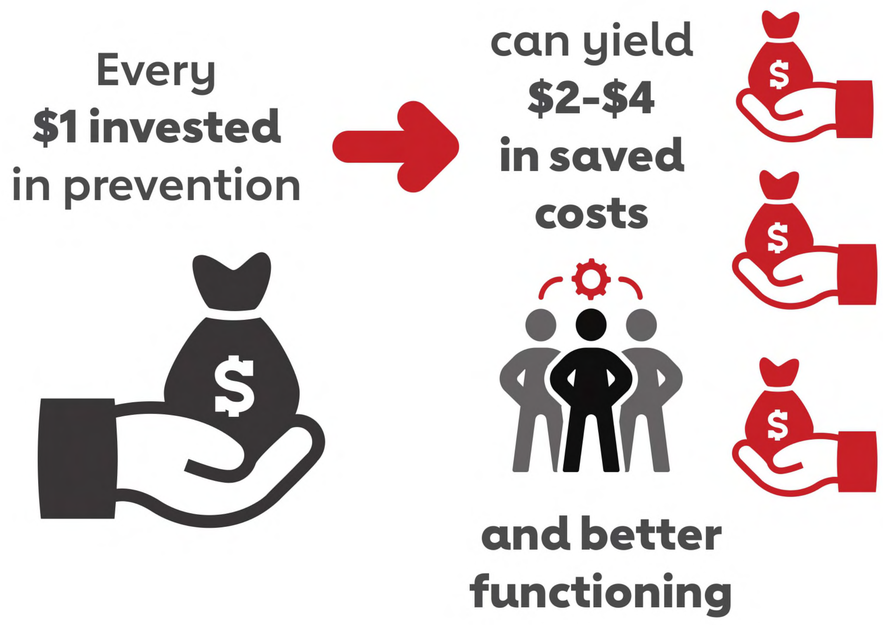


and include both direct and indirect expenses.

Investing in mental health treatment in general has been shown to be cost-effective. Many evidence-based treatments can save $2 to $4 for every dollar invested in prevention and early intervention (see Table 4. Cost of mental health disorders and cost-effectiveness of treatments).[9, 10, 11] Interventions offered in the workplace have generally been targeted at reducing symptoms in individuals rather than modifying the work conditions that are risk factors for poor mental health such as job strain or unsupportive relationships between supervisors and employees.

Cost-effective investments can improve outcomes.

Many evidence-based treatments offer valuable returns on investment.



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Highlighted Findings

A national poll of U.S. employees conducted by Harris Poll for the CEO Roundtable found:

A Prevalence of Mental Health Disorders

76%



- Roughly three in four employees (76 percent) indicate they have struggled with at least one issue that affected their mental health.

42%



- About two in five employees (42 percent) answered yes when asked if they have ever been diagnosed with a mental health disorder.

63%



- Although many were willing to divulge their disorder in this confidential survey, 63 percent of those diagnosed with a disorder say they have not disclosed it to their employer.

Perceptions of the Employer's Role

9 in 10



- Nearly nine in 10 survey respondents agree that employers have a responsibility to support mental health. Although more than eight in 10 employees say their employers provide at least one mental health offering, they also say those employers can do more.

42%



- For example, 42 percent of employees would like their employers to provide more information about mental health benefits, accommodations, and resources.

40%



- 40 percent want their employers to train managers and supervisors to identify emotional distress among workers (see results from a national survey on Employees' Perceptions and Attitudes on Mental Health In the Workplace)

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Mental health program summaries provided by 19 CEO Roundtable companies indicate that employers are implementing a range of science-based prevention programs to support workplace mental health and well-being (see Company Mental Health Program Summaries).



Recommended Actionable Strategies for Employers

The American Heart Association's Center for Workplace Health convened a panel of a dozen mental health experts to review information in this report, as well as published guidelines and standards for workplace mental health.[12] The panel, which consisted of individuals from academia, industry, a labor union, and consumer advocacy groups, evaluated the feasibility and impact of workplace mental health strategies documented in the occupational health, public health and epidemiology literature. Based on their review, this report sets out high-level strategies and tactics organized around seven workplace health pillars to guide employers who wish to create and sustain mental health-friendly workplaces.



Leadership

Leaders demonstrate visible and proactive actions to build a diverse and inclusive culture that supports a mental health-friendly workplace.



Policies and Environmental Support

Develop a broad Mental Health Plan for the organization that can be fully implemented, understood, and available to all employees.



Communication

Develop a plan to communicate clearly and often to employees about the organization's mental health policies, medical benefits, programs, education resources and training opportunities.



Programs and Benefits

Offer a comprehensive package of medical and behavioral health benefits and programs based on caring for and supporting employees.



Engagement

Involve all employees in all aspects of workplace decision-making.



Community Partnerships

Use community partnerships to promote the internal and external objectives of the Mental Health Plan.



Reporting Outcomes

Collect and analyze a variety of data to identify strengths and opportunities to continually improve the mental health and well-being of employees.

Each strategic area is supported by several evidence-informed tactics. For more information, see Actionable Strategies.

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ACTIONABLE STRATEGIES

The American Heart Association convened a multi-stakeholder, cross-industry expert panel on December 13, 2018, in Washington, D.C. to propose high-impact actionable strategies for employers that have the potential to create a work environment supportive of mental health.

At the American Heart Association's request, the objectives of the panel were to:

- Identify current best-practice guidelines regarding mental health in the workplace
- Identify gaps in current guidelines on mental health in the workplace
- Recommend high-impact actionable strategies for employers to implement

The strategies and tactics were developed through a combination of systematic literature review, literature synthesis, and expert panel discussion and consensus. Panelists reviewed and provided feedback on five high-quality published guidelines for workplace mental health promotion[13,14,15,16,17] based on these three criteria.

Evaluation Criteria:



1) The potential for positive health impact



2) Operational feasibility for large, medium and small firms



3) Estimated implementation costs

The strategies and tactics are organized around the American Heart Association's seven pillars of workplace health contained in the Workplace Health Achievement Index[18], a voluntary online organizational scorecard and recognition program. These pillars or domains comprise: Leadership, Organizational Policies and Environmental Supports, Communications, Programs and Benefits, Engagement, Community Partnerships and Reporting Outcomes. Collectively these best practices can be thought of comprising an organization's overall "culture of health" for workplace health promotion programs.

A detailed description of the methods used for the expert panel process and panelist biographies can be found in Appendix C.

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Table 1. Actionable Strategies for Employers

Pillar	Strategy	Tactics
Leadership 	**Leaders demonstrate visible and proactive actions to build a diverse and inclusive culture that supports a mental health-friendly workplace.** **What Success Looks Like** The enthusiastic support and involvement of leaders and managers is evident and employees understand their employers' commitment to creating a workplace that is mental health-friendly.	1. Develop a broad Mental Health Plan with input from all stakeholders. 2. Provide adequate resources to support plan implementation. 3. Consistently model positive mental health behaviors and enforce plan policies. 4. Train managers to encourage staff participation, provide constructive feedback on performance and mentor their teams. 5. Develop capable and supportive managers and supervisors by providing resources, education and training. 6. Reward and recognize employees for their performance and achievements.
Organizational Policies and Environmental Supports 	**Develop a broad Mental Health Plan for the organization that can be fully implemented, understood and available to all employees.** **What Success Looks Like** Policies for employee mental health are explicitly linked to the organization's mission and values. Organizational goals are aligned to promote employee mental health and hold supervisors accountable for a mental health-friendly workplace.	7. Integrate the Mental Health Plan into the organization's health, safety, and well-being strategy. 8. Align manager goals to promote the Plan and hold managers accountable for reaching stated goals. 9. Put in place processes to manage changes in the workplace (such as re-structuring and downsizing) to minimize adverse effects of change on employees' mental health.
Communications 	**Develop a plan to communicate clearly and often to employees about the organization's mental health policies, medical benefits, programs, education resources and training opportunities.** **What Success Looks Like** Employees demonstrate a high level of awareness and healthy utilization of the organization's Mental Health Plan and the availability of supporting resources.	10. Establish communication processes that address employees' education, awareness, and understanding of stigma, psychological illness, and safety relating to mental health. 11. Monitor and assess the mental well-being of employees using tools such as confidential surveys.

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Table 1. (*Continued*): Actionable Strategies for Employers

Pillar	Strategy	Tactics
Programs and Benefits 	**Offer a comprehensive package of medical benefits and prevention programs that put employees at the center of care and support.** **What Success Looks Like** Employees participate in programs that have been designed based on an organizational needs assessment. Employees use high-value medical benefits based on their health and well-being needs.	12. Conduct a comprehensive needs assessment that explicitly includes mental health and informs program and benefits decisions. 13. Implement a variety of mental health promotion/awareness and prevention programs that take into consideration the diversity of the population. 14. Provide employees with affordable medical benefits that include no or low out-of-pocket costs for medications, counseling and treatment services.
Engagement 	**Involve employees in all aspects of workplace decision-making.** **What Success Looks Like** Employees have a voice in the development and improvement of the organization's Mental Health Plan. There is evidence of acceptance of employees with mental health.	15. Consider the unique, diverse needs of employees and the best way to engage them 16. Incorporate feedback from employees and relevant dependents into programs and policies by using various tools such as surveys and polls. 17. Identify internal champions who can drive positive changes in the policies, programs, benefits and culture that affect an employee's mental health. 18. Establish an integrated health, safety and well-being committee that meets regularly and is accountable to the C-suite. 19. Promote the acceptance of employees with mental health challenges within the organization through de-stigmatization and anti-discrimination efforts. 20. Help employees to understand the resources available to them to support their own mental health.
Community Partnerships 	**Use community partnerships to promote the internal and external objectives of the Mental Health Plan.** **What Success Looks Like** Employers document their engagement in local communities to support the mental health of their employees and their community.	21. Identify ways to align with community-based organization to improve mental health within the employer's communities. 22. Participate in multi-stakeholder coalitions to advocate for improved access, quality, and value of mental health services. 23. Partner with external organizations to leverage local community resources. 24. Share ideas with other organizations that have mental health best practices and evaluate if these approaches are a good fit for your organization.

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Table 1. (*Continued*): Actionable Strategies for Employers

Pillar	Strategy	Tactics
Reporting Outcomes 	**Collect and analyze a variety of data to identify strengths and opportunities to continually improve the mental health and well-being of employees.** **What Success Looks Like** The benefits of a Mental Health Plan are sustained through continuous quality improvement based on robust data collection, analysis, and reporting.	25. Establish objectives and targets for improving employee mental health based on available data. 26. Create a comprehensive evaluation plan prior to implementation of the Mental Health Plan. 27. Evaluate the mental health, functional performance, and productivity impact of the plan. 28. Determine the cost-benefit and/or cost-effectiveness of the Plan. 29. Monitor changes in employee engagement using all available metrics. 30. Use all available outcomes data to review and evaluate overall Plan performance. Adjust and improve based on data insights.

Developing a Mental Health Plan

There is no consensus on the classification system for the components of workplace health and well-being promotion programs, however, there are some helpful frameworks that employers can use to guide the development, implementation, and evaluation of the effectiveness of their organization's Mental Health Plan.

The Center for Disease Control and Prevention (CDC) **Workplace Health Model** (Figure 1) offers a comprehensive, systematic and stepwise approach: *Assessment, Planning & Management, Implementation, and Evaluation*.[19] This framework is similar to the Plan Do Check Act Model[20] used for continuous improvement in business process management, however, it reflects the components that are specifically relevant to workplace health, safety, and well-being. These process steps are relevant to developing a broad Mental Health Plan, which is a foundational strategy for creating a mental health-friendly workplace.

The process starts with a needs assessment of the organization using multiple data points to understand employee, organization, and community assets, strengths, and gaps. This step helps business managers understand the specific needs of employees, the business, and community partners with respect to a broad Mental Health Plan. For example, an evaluation of the work environment may highlight "hotspots" where emotional distress and turnover are more pronounced in the organization either by geographical location or business unit. This finding might inform the prioritization of efforts and the allocation of resources for activities like job redesign, work process improvements or supervisor training.

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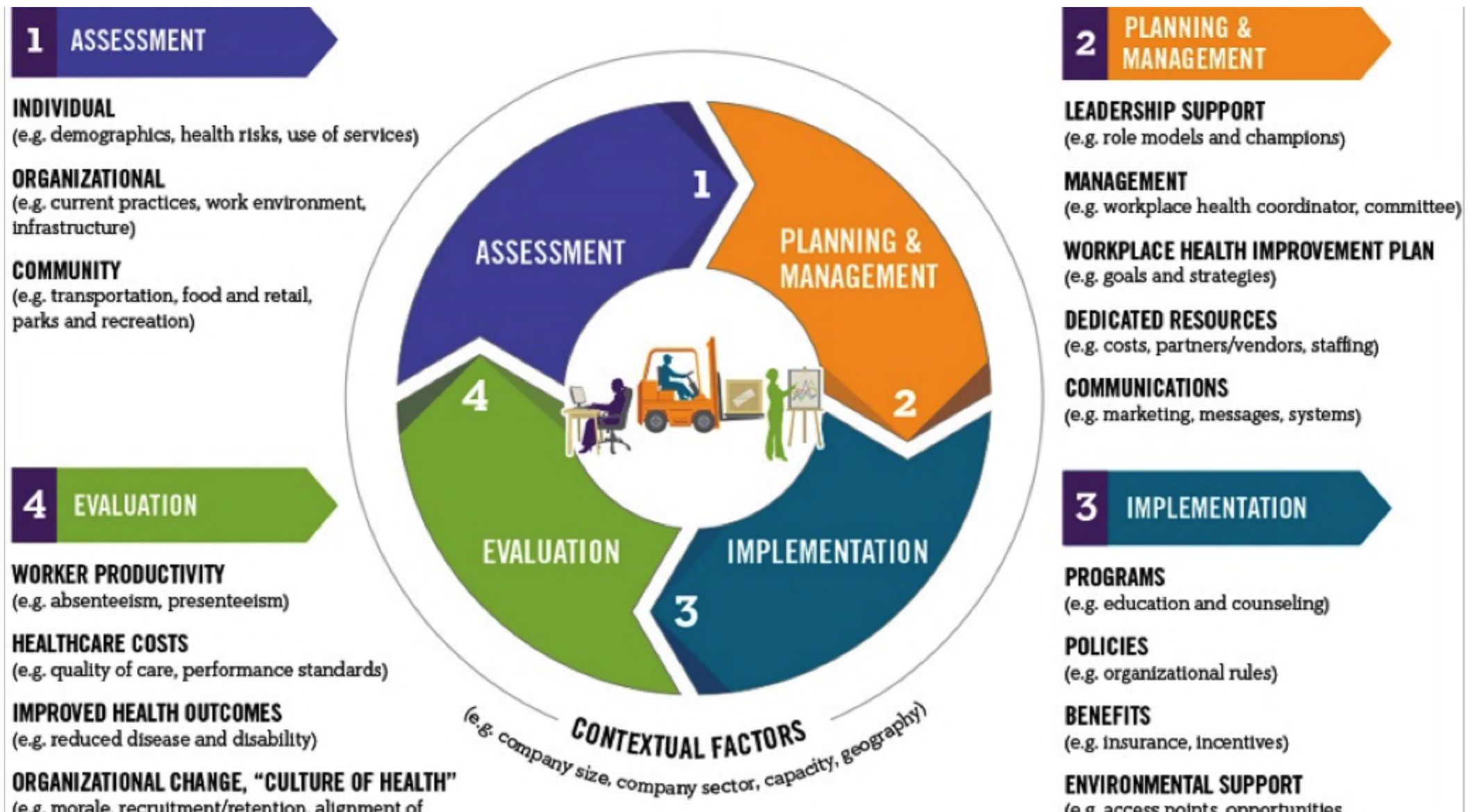
The planning and management phase evaluates organizational readiness to implement the Mental Health Plan by addressing five infrastructure needs that will be key to successful implementation:

- Leadership support for the plan
- Management capacity
- Allocation of dedicated resources to support implementation
- A communications plan
- Developing a plan where the goals and objectives are aligned with the organization's mission and strategy

Figure 1: Workplace Health Model



Source: CDC Workplace Health Resource Center[19]

During the implementation phase, managers execute the plan consisting of programs, policies, medical benefits, and environmental supports for a mental health-friendly workplace.

The final phase of evaluation comprises the organization collecting data informed by the evaluation plan to assess the effectiveness of the Mental Health Plan ("is it working?").

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Typically, outcomes fall into four broad categories:

- **Worker productivity** (absenteeism and presenteeism)
- **Healthcare costs** (medical and pharmacy claims costs, quality of care, etc)
- **Mental and physical health outcomes** (for example, changes in functional performance or reduced symptoms of stress, depression and anxiety based on data collected from voluntary health assessments)
- **Broader indicators** that measure organizational culture and climate (for example, morale, employee retention, employee survey data about leadership and climate)

Readers will notice that the majority of the Workplace Health Achievement Index pillars, which are used in this report to present the actionable strategies, are located in the "plan" and "do" parts of the process. These important phases, however, are crucially informed by the needs assessment and evaluation phases, which allow employers to help answer questions like: Is the plan working? What changes are needed to improve effectiveness?

Evidence from the workplace health promotion literature indicates that plans that are comprehensively designed, fully implemented, and rigorously evaluated are associated with improved health, cost, and productivity outcomes over time.[21] Consequently, we recommend that employers follow the process steps outlined above.



Readers can find more information and resources about workplace health and well-being promotion topics from the following sources:

American Heart Association[22]

Centers for Disease Control and Prevention[23]

Health Enhancement Research Organization (HERO)[24]

Johns Hopkins - Institute for Health and Productivity Studies[25]

Integrated Benefits Institute[26]

American Psychiatric Association Foundation[27]

American Psychological Association[28]

Mental Health Commission of Canada[29]

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OVERVIEW

Mental Health: A Workforce Crisis

Mental health disorders are on the rise worldwide, creating a crisis that goes beyond those who struggle and their families to affecting communities and society at large. In parallel, poor mental health — a state of suboptimal functional performance — is a growing concern for employers and employees (see Key Mental Health Definitions).

The symptoms of poor mental health can be emotionally, mentally and physically debilitating and negatively impact work performance, resulting in lost income and contributing to absenteeism and presenteeism (poor performance while at work). Comorbid conditions including heart disease, obesity and diabetes can exacerbate these factors (see Comorbid Conditions).



The economic burden of mental health disorders is staggering, costing the United States billions of dollars in health care and lost productivity.

Employers bear much of the financial burden.

The economic burden of mental health disorders is staggering, costing the United States billions of dollars in health care and lost productivity. Employers bear much of the financial burden, which includes direct costs, such as medical services and drugs, and indirect costs, including absenteeism and presenteeism (see The Business Case for Employers Investing in Mental health Promotion: Employer costs associated with mental health disorders).

Evidence suggests that early intervention and prevention can have overall health and financial benefits. Employing positive mental health strategies, for example, can decrease health care claims and reduce morbidity by alleviating symptoms of depression, anxiety and stress (see Evidence Review).

Purpose

The members of the American Heart Association CEO Roundtable commissioned this report on mental health in the workplace as a resource for employers, executives, benefits and human resource managers, those involved in implementing and maintaining employee health and well-being wellness programs. The objective of this report is to provide guidance to employers on effective mental health approaches, with an expert panel review of science-based strategies that cultivate a safe and supportive workplace culture.

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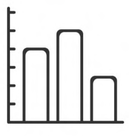
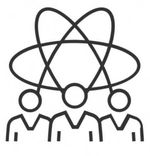
To achieve the objective, this report will:



- **Describe the prevalence of mental health disorders** and their estimated costs to U.S. employers and society.



- **Synthesize the scientific peer-reviewed literature** on he effectiveness of workplace mental health interventions.



- **Describe employees' attitudes** toward, and experiences with, workplace mental health offerings.



- **Summarize approaches used** at CEO Roundtable companies that support mental health.

The American Heart Association applauds our partners that bring expertise in both workplace health and mental health. The urgency to stem the growing tide of poor mental health has yielded several reports in recent years, including:

- The U.S. Surgeon General's National Strategy for Suicide Prevention[30]
- Pain in the Nation from the Well Being Trust and Trust for America's Health[31]
- One Mind Initiative at Work's *The High Cost of Mental Disorders* report[32]

Mental Health: A Workforce Crisis builds on these and other reports with additional insights on workplace implications, program effectiveness, employee attitudes and perceptions, and the comprehensive approaches employers can take to optimize mental health on the job.

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Key Definitions

The distinctions between mental health and mental health disorders can help inform well-being programming and benefit decisions for promotion, prevention and treatment.[15, 16]

Mental health



Mental health is defined as a state of successful performance of mental function, resulting in:

- Productive activities
- Fulfilling relationships with other people
- Ability to adapt to change and cope with challenges

Everyone has mental health, and everyone is likely to experience issues, problems or challenges throughout their lifespan that may negatively affect their mental health.[33]

Mental health disorders



Mental health disorders are specific health conditions characterized by:

- Alterations in thinking, mood and/or behavior
- Associated distress and/or impaired functioning

Mental health disorders contribute to a host of problems that may include disability, pain or death. Mental health disorders are diagnosed by a health care professional. Individuals diagnosed with a mental health disorder may receive treatment, including, but not limited to, prescription drugs, counseling and/or behavioral therapies.[33]

Mental health and mental health disorders co-exist. For example, a person can have, or be in a state of, poor mental health and not have a mental health disorder.[33,34] The reverse is also true. A person can have a mental health disorder and have, or be in a state of, good mental health. That is because mental health disorders can be episodic.[35]

Mental health stigma



In this report, we will discuss **mental health stigma** in the workplace. **Stigma refers to when a person is viewed in a negative way because they are struggling with issues related to mental health.**[36]

In the workplace, stigma can contribute to social isolation and prevent an employee from seeking needed support. Stigmatizing an employee can negatively impact his or her work performance, working relationships, career opportunities and overall well-being. In the workplace, mental health stigma and discrimination is probably a key barrier that employers can overcome to better support employees in need.

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Behavioral Health



"Behavioral health is a key part of a person's overall health. It is just as important as physical health. It includes your emotional, psychological, and social well-being. Behavioral health conditions include mental and substance use disorders. Mental disorders involve changes in thinking, mood, and/or behavior that may occur often, or less often. Substance use disorders occur when the use of alcohol and/or drugs (like opioids or tobacco) causes health problems or a disability."[37]

Integrated Behavioral Health Care



"The care a patient experiences as a result of a team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population. This care may address mental health and substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization."[38]

Mental Health-Friendly Workplace



"Mental health-friendly workplace are those that value the health of their employees, including their mental health and well-being, and have specific practices and policies in place. Specific policies and practices can include valuing diversity, treating mental illness with the same urgency as physical illness, promoting a healthy work-life balance, and providing training for managers and supervisors on mental health issues in the workplace. In addition, mental health-friendly workplaces support employees in seeking treatment, safeguard employee health information, and provide employees referral resources such as EAPs."[39]

Workplace Culture of Health



"Building a Culture of Health [in the Workplace] involves all levels of the organization and establishes the workplace health program as a routine part of business operations aligned with overall business goals. The results of this culture change include engaged and empowered employees, an impact on health care costs, and improved worker productivity."[40]

Organizational Culture



"The organizational norms and expectations regarding how people behave and how things are done in an organization. This includes implicit norms, values, shared organizational expectations, and assumptions that guide the behaviors of members of a work unit."[41] Organizational norms, values, and expectations are embodied in policies, practices, material resources, and organizational conditions.

Organizational Climate



"Refers to the employees' perceptions of and reaction to the characteristics of the work environment."[41]

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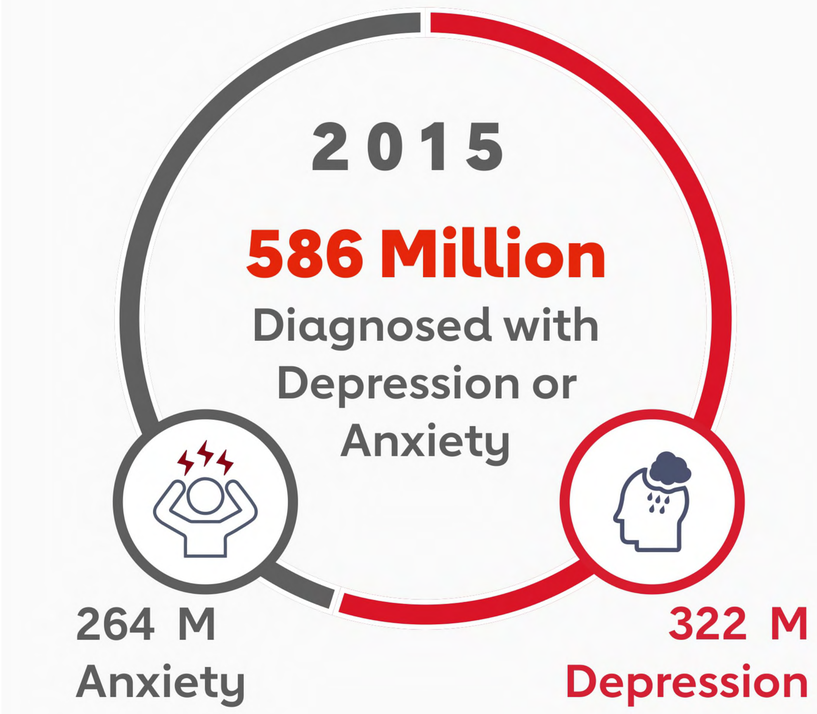
PREVALENCE OF MENTAL HEALTH DISORDERS

High toll of poor mental health: a global crisis

Globally, the prevalence of mental health disorders is high.[42, 43] Mental health disorders, including substance misuse disorders, are the leading cause of disability worldwide.[2] In 2015, approximately 586 million people were diagnosed with depression (322 million) or anxiety (264 million),[34] and the number of people with mental health disorders is on the rise.[34] From 2005 to 2015, depression increased 18.4 percent and anxiety increased 14.9 percent.[2] Depression also contributes to other mental health issues, such as suicide; however, suicide can and does happen in the absence of depression. Nearly 800,000 people die by suicide each year. In 2015, suicide accounted for approximately 1.5 percent of all deaths worldwide.[2] Although it occurs across generations, suicide significantly affects youth and is the second-leading cause of global deaths among 15- to 29-year-olds.[2]

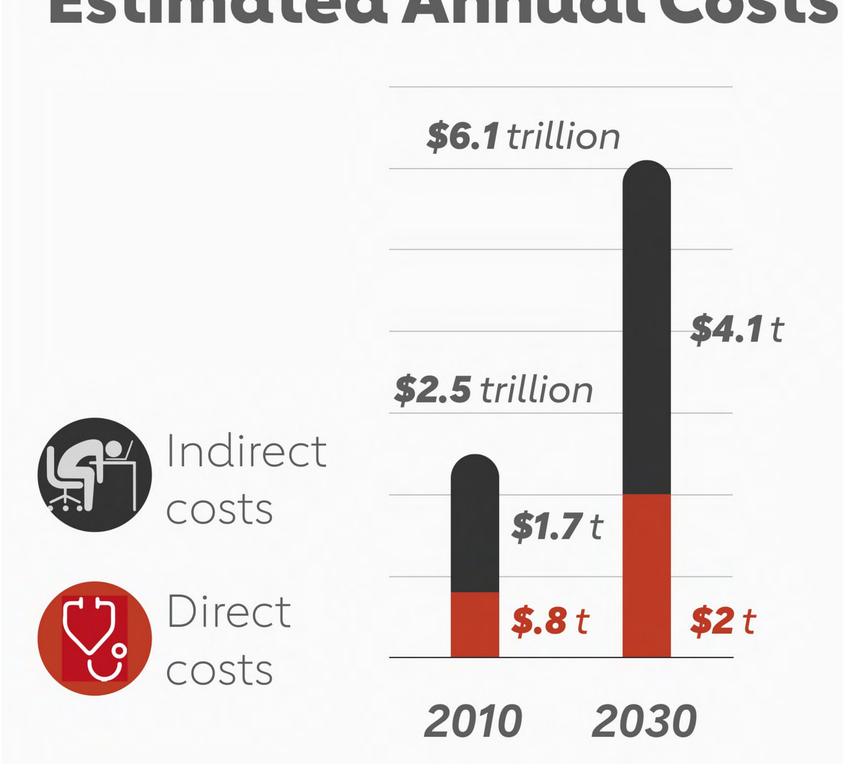


800,000
die by suicide each year

2nd leading cause of death among 15-29-year-olds

The estimated global cost of mental disorders in 2010 was $2.5 trillion. Of that total, $1.7 trillion (68 percent) was due to indirect costs (lost productivity from absenteeism and presenteeism) and $0.8 trillion (32 percent) was due to direct costs.[8] The annual cost of depression is expected to rise to a staggering $6.1 trillion by 2030. Between 2011 and 2030, the cumulative cost related to mental health is predicted to be $16.3 trillion,[3] higher than the estimated cost for cardiovascular disease ($15.6 trillion) and cancer ($8.3 trillion).[3, 8]

Estimated Annual Costs



Source: Figure 2 in Trautman 2016 [8]

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U.S. mental health is poor and getting worse

In the United States, approximately 45 million adults (18 percent, or nearly one in five) suffer from "any mental illness" (AMI).[1] Table 2 below summarizes the estimated annual deaths and prevalence for a variety of mental health disorders.

Nearly one in five suffers from any mental illness.



An estimated 16 million individuals (7 percent) live with major depression disorder (MDD), and roughly 30 million (9 percent) with anxiety. Consistent with global trends, depression appears to be increasing in prevalence. Further, substance abuse disorders are quite common, with roughly one in ten adults with an opioid use disorder, nearly one-fifth with a drug addiction in the past year, and about two-thirds reporting alcohol abuse in the past year. Deaths from these substance abuse disorders have increased over the past two decades. Nearly 45,000 people died by suicide in 2016 and the number of suicides increased by nearly one-third since 2000. Men between the ages of 35 and 64 account for 40 percent of U.S. suicides. The number of men in this age group and their relative representation in the U.S. population are both increasing.

These sobering statistics illustrate the grave toll that mental disorders and substance misuse disorders have on the U.S. population.

Table 2. Deaths, prevalence and trends in mental health disorders in the United States

Mental Health Outcome	Annual Deaths (Adults 18+)	Estimated Population Prevalence	Trends
Depression (MDD)	NA	**16 million (7%)**	**11% increase** 2005-2015
Anxiety	NA	**30 million (9%)**	
Opioid Use Disorder	**18,200**	**8-12%**	**4x increase in deaths** (2002-2017)
Drugs	**72,306**	**19% past year** or 49.5% lifetime	**3x increase in deaths** (2002-2017)
Alcohol	**25,300**	**65.7% past year** or 80.9% lifetime	**47% increase in deaths** (2000-2015)
Suicide	**44,965**	**0.5%**	**31% increase in deaths** (2000-2015)

Sources: The State of US Health, 1990-2016 – USBOD, *JAMA*, (2018)[44]
Prevalence- Vowles 2015[46], NIDA (2017)[47], NIMH (2018)[48]
Deaths – Leading Causes, CDC (2018)[45] and NIDA, (2018)[46]
Trends- NIDA (2018)[49], CDC(2016)[45]

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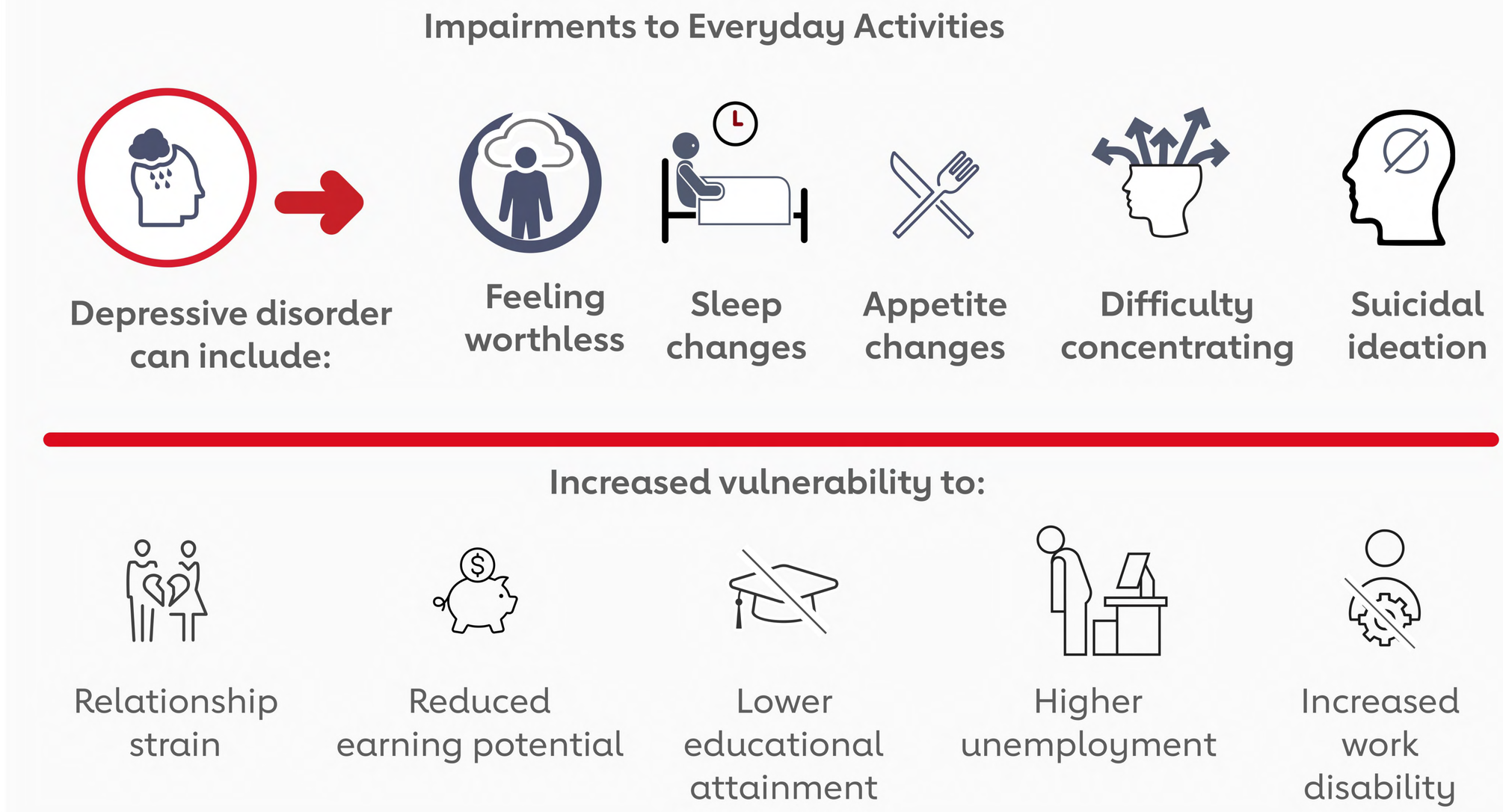
Effects of Depression and Living with Mental Health Disorders

Individuals who struggle with poor mental health may suffer from distressing symptoms that can impair their ability to participate in everyday activities. For example, major depressive disorder (MDD), can include symptoms of feeling worthless, suicidal ideation, loss of interest in activities, changes in sleep or appetite or difficulty concentrating.[50] These symptoms can negatively affect functionality at work and strain personal and work relationships. Those living with mental disorders are more vulnerable to adverse social, economic and health outcomes. For example, depression is associated with reduced educational attainment, lower earning potential, higher unemployment and increased work disability.[4,50]



The estimated annual cost of depression in the United States is $210 billion, with roughly 40 percent of the total costs associated with treatment of depression and 60 percent related to the cost of treating comorbid conditions such as diabetes and heart disease.[51] These costs are probably underestimated, because only 40 percent of U.S. adults with depression receive treatment.[5]



The high prevalence of mental health disorders around the world leads to human suffering and has significant associated costs that burden families and communities.

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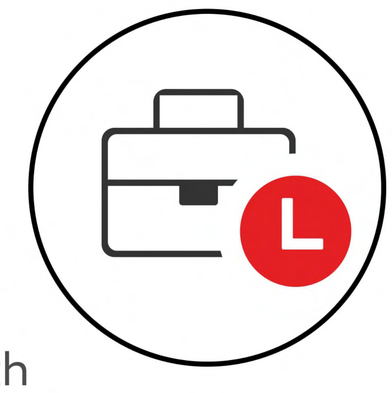
THE BUSINESS CASE FOR INVESTING IN MENTAL HEALTH

Employers should provide comprehensive mental health prevention and treatment programs because:

- Adults spend most of their waking hours at work.
- Mental health disorders and stress are common among the U.S. workforce.
- Many people have depression as well as other expensive chronic conditions including obesity, diabetes and heart disease.
- The cost of doing nothing is higher than investing in evidence-based prevention and treatment.
- Several evidence-based and cost-effective employer strategies are available.
- Effective treatments can lower total medical costs, increase productivity, (e.g. reduce presenteeism and absenteeism) and decrease disability costs.

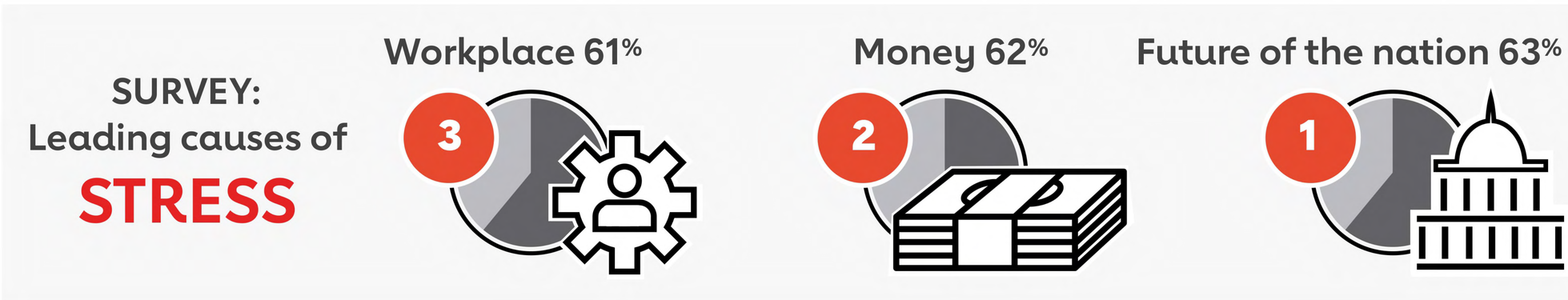
Mental health disorders in the workplace



An estimated 157 million U.S. adults are employed,[6] and the average American worker spends more time working (over eight hours daily) than any other activity apart from sleeping.[7] With roughly one in five American adults reporting a mental disorder each year,[1] the workplace is an important setting to address mental health and employers are important community stakeholders to promote mental health. Table 3 shows the estimated 12-month prevalence for mental disorders by clinical diagnosis.

Anxiety disorders are the most prevalent mental health disorders in the U.S. adult population, and rates are highest among women and among people ages 30 to 44. **Substance disorders** are the next most common; rates are highest among men and people aged 18 to 29. **Impulse control disorders** are the third-most common disorders with rates highest among men ages 18 to 29. Finally, **mood disorders**, which includes major depressive disorder (MDD,) are most common among women and people between the ages of 18 and 29.

According to a 2017 national survey by the American Psychological Association (APA), **the workplace was reported as the third-leading cause of stress** (61 percent), after money (62 percent) and the future of the nation (63 percent).[52]



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Another national survey, conducted by Nielsen in 2016, found that 28 percent of employees say they often or always experience stress as a result of work.[53] Furthermore, work conditions that contribute to employee stress have been estimated to account for 120,000 annual deaths incurring annual health care costs of approximately $190 billion.[54]

Table 3. 12-month prevalence estimates for mental health disorders by diagnostic category

Condition	Total	Gender		Age			
	(%)	Female (%)	Male (%)	18-29 (%)	30-44 (%)	45-5 9 (%)	60+ (%)
Any anxiety disorder	**19.1**	**23.4**	**14.3**	**22.3**	**22.7**	**20.6**	**9.0**
Specific phobia	*9.1*	*12.2*	*5.8*	*10.3*	*9.7*	*10.3*	*9.6*
Social phobia	*7.1*	*8.0*	*6.0*	*9.1*	*8.7*	*6.8*	*3.1*
PTSD	*3.6*	*5.2*	*1.8*	*4.0*	*3.5*	*5.3*	*1.0*
Any mood disorder	**9.7**	**11.6**	**7.7**	**12.9**	**11.9**	**9.4**	**3.6**
Major depressive disorder (MDD)	*6.8*	*8.6*	*4.9*	*8.3*	*8.4*	*7.0*	*2.9*
Bipolar disorders	*2.8*	*2.8*	*2.9*	*4.7*	*3.5*	*2.2*	*0.7*
Dysthymia	*1.5*	*1.9*	*1.0*	*1.1*	*1.7*	*2.3*	*0.5*
Any impulse control disorder	**10.5**	**9.3**	**11.7**	**11.9**	**9.2**	**-**	**-**
ADHD	*4.1*	*3.9*	*4.3*	*3.9*	*4.2*	-	-
Intermittent explosive disorder	*4.1*	*3.4*	*4.8*	*8.3*	*4.6*	*2.1*	*0.9*
Conduct disorder	*1.0*	*0.4*	*1.7*	*1.4*	*0.8*	-	-
Oppositional-defiant disorder	*1.0*	*1.1*	*0.9*	*1.2*	*0.8*	-	-
Any substance disorder	**13.4**	**11.6**	**15.4**	**22.0**	**13.8**	**11.2**	**5.9**
Nicotine dependence	*11.0*	*10.5*	*11.6*	*11.6*	*11.2*	*10.0*	*5.6*
Alcohol misuse	*3.1*	*1.8*	*4.5*	*7.1*	*3.3*	*1.6*	*0.3*
Drug misuse	*1.4*	*0.7*	*2.2*	*16.7*	*1.2*	*0.4*	*0.0*

Note: Table is simplified and adapted from Table 5 in Lerner et al 2018.[32] Underlying data is from the 2007 National Comorbidity Survey Replication (NCS-R). Table lists the total percentages for key diagnostic categories and the top 3 individual diagnoses for additional context.

Comorbid conditions

Mental health disorders are compounded when they co-exist with other chronic conditions or behavioral risk factors, such as tobacco use. As previously noted, approximately 60 percent of the total cost of depression is spent on treating these comorbid conditions, including heart disease, diabetes and obesity.[51]

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Depression and heart disease

There is a strong link between heart disease and depression. Research has demonstrated depression is associated with adverse cardiovascular disease outcomes.[55] Furthermore, the more severely depressed people are, the more severe their cardiac events are.[56] In reverse, research has also demonstrated that roughly one in five people (22 percent) with heart disease struggle with depression[57] and that depression is roughly three times more common in patients after a heart attack.[55]

Study findings consistently link depression and heart disease, prompting the American Heart Association to issue a scientific advisory in 2008 recommending that physicians screen, refer and treat depression in people who are at higher risk for heart disease.[58] In one study, patients with heart disease and comorbid depression had significantly more ambulatory visits, emergency room visits, days in bed due to illness and functional disability.[59] In one study, heart disease patients with elevated depressive symptoms had 41 percent higher health care costs (excluding mental health costs) compared to heart disease patients with fewer depressive symptoms.[60]



Depression and diabetes

Depression is also associated with diabetes.[32] The prevalence of diabetes in the United States is roughly 5 percent,[61] and about 12 percent of those people with diabetes also have depression.[62,63] Despite the connection, approximately two-thirds of people with diabetes do not receive treatment for their depression.[64] Compared to people with unrecognized depression, people with diabetes who have diagnosed depression have annual average health care cost that are at least $3,000 higher; among people with diabetes and symptomatic depression, the annual average costs exceed $5,000 more than costs for people without diabetes or depression.[65]



Depression and obesity

Obesity rates in the United States remain high, with nearly 40 percent of adults classified as overweight or obese in 2015-2016.[66] There is significant variation in obesity levels between occupations, too, with employees in transportation, protective services and health care support showing the highest prevalence of obesity.[67]

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The relationship between obesity and depression appears to be bidirectional: Individuals who are obese are more likely to have depression, and individuals with depression people are more likely to be obese.[68] In a large commercial claims database, the mean net health care expenditures for obesity was $1,907 per patient per visit. However, claims for obesity and heart failure were $5,275, or 1.7 times higher.[69]



Depression and tobacco use

Despite declines in tobacco use, roughly 40 million people in the United States still use tobacco products.[70] Not only is tobacco use associated with several chronic conditions, including heart disease, it is also associated with poor mental health. Among adults who use tobacco, 77 percent are in poor mental health; among adults with poor mental health, about one-third use tobacco.[71]

A 2014 meta-analysis found that numerous workplace interventions are effective at reducing tobacco use, including group therapy, individual counseling and pharmacotherapies.[72] The American Lung Association reports that smoking costs the U.S. economy over $300 billion annually. These costs come in the form of direct health care expenses, loss in workplace productivity and premature deaths.[73] Tobacco cessation interventions are both clinically and cost effective. Smoking cessation programs can save $1.26 per dollar spent.[74]

Employer costs associated with mental health disorders

People with untreated mental health disorders can struggle with physical, mental and emotional impairments that can worsen over time and lead to other health issues.[75]

Depression has a significant impact on people's ability to be optimally productive at work.[76] Approximately 50 percent of the annual cost of treating depression in the United States — $110 billion annually — is shouldered by employers.[51] Table 4 summarizes the total costs an employer bears in one year due to major depressive disorder (MDD.)

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Table 4. The employer's one-year full cost of MDD: Example of the cost calculator in 2016 dollars

This example includes the following assumptions: average employee earnings of $70,000 annually, 10,000 employees, 55 percent female/45 percent male, 30 percent of employees with depression receive depression treatment.

Cost component	One-year cost per employee with depression	One-year total employer cost	Total cost as a percentage of $70M profit (%)
Incremental direct costs of medical and pharmacy claims			
Treatment for major and other depression	$924	$910	1.30
Treatment for medical and psychiatric disorders comorbid with depression	$951	$937	1.34
Treatment for disorders of employees with untreated diagnosed major depression	$4,157	$4,093	5.85
Treatment for diabetes with unrecognized, asymptomatic confirmed depression	$97	$95	0.14
Work disability days of employee claimants with diagnosed depression			
Short-term disability days	$410	$403	0.58
Long-term disability days	$128	$126	0.18
Absenteeism and presenteeism costs due to depression			
Absence days (Unrelated to disability claims)	$4,900	$4,824	6.89
Presenteeism (At-work productivity loss)	$4,550	$4,479	6.40
Absenteeism and presenteeism costs due to caregiving for depression			
Absence days (unrelated to disability claims) and presenteeism (at-work productivity loss)	$1,317	$1,297	1.85
Replacement costs			
Deaths due to suicide	$16	$15	0.02
Job Turnover	$63	$62	0.09
Total	**$16,613**	**$17,241**	**24.63**

Source: Adapted with permission from Lerner, (2018)[32] **Dollar amounts rounded up. Percentages rounded up to the first decimal point.**

For an interactive version of the Depression Cost Calculator shown above, please refer to the One Mind Institute website.[77] The American Psychiatric Association Foundation website also offers alcohol and substance abuse calculators in addition to depression.[78]

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The "Invisible Costs"

Total employer costs of mental health disorders is often underestimated because both direct and indirect medical costs contribute to the overall financial burden. **Direct costs** are "visible" costs that comprise medical claims and pharmacy costs, whereas **indirect costs** such absenteeism, presenteeism and work disability are more difficult to accurately quantify and are "invisible" in that these costs are not included in financial statements.

Depression and comorbid conditions are also associated with workplace safety. One study of chronic illnesses and their impact on workplace productivity and workplace accidents found that the leading cause of lost work hours, measured through absenteeism and presenteeism, was depression.[79] In another study of a nationally representative sample of U.S. employees, MDD was associated with 27 lost work days per employee per year with annual per capita cost of $4,426.[80] In contrast, bipolar disorder is associated with roughly 66 lost days of work per employee at an annual per capita cost of $9,619 per ill worker.[80] These exorbitant employer costs are also likely to be underestimated because stigma often prevents people living with mental health disorders from seeking early diagnosis, even though clinically effective treatments exist. [81,82, 83, 84]

A Leading Cause of Lost Work Hours



Sources: Lost work days depression and bipolar[80]

Table 5 summarizes the estimated economic burden for the mental health disorders and conditions commonly found in the workplace. The table also shows that the estimated economic efficiency of treatment programs is generally positive with a return on investment (ROI) ranging from roughly $2 to $4 saved for every dollar invested treatment. Effective treatments can lower total medical costs, increase productivity, reduce absenteeism and decrease disability costs.

Note: The ROI estimates below are from all programs, not programs specific to the workplace setting.

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Table 5. Cost of mental health disorders and cost-effectiveness of treatments

Mental Health Outcome	Estimated Economic Burden	Estimated Cost-Effectiveness of Treatment
Depression (MDD)	**$210.5 bn** (2015)	**$2.3-$2.6 saved per $1 spent**
Anxiety	**$33.71 bn** (2013)	**$2.7-$3.0 saved per $1 spent[3]**
Opioids	**$78.5 bn** (2016)	
Drugs	**$193 bn** (2011)	**$3.77 saved per $1 spent**
Alcohol	**$249 bn** (2015)	
Suicide	**$93.5 bn** (2015)	**$2.43 saved per $1 spent**

Sources: $210.5bn- Greenberg[85]; $33.71bn- Shirneshan;[86] 78.5bn- Florence[87] ; $193bn- NDIC[88]; $249bn- Sacks[89]; $93.5bn- Stone[90]; $2.3-$2.6 Chisholm[10]; $2.7-$3.0 Chisholm[10]; $3.77- Aos[11]; 2.43- Richardson[9]

Note: The Estimate Cost Effectiveness of Treatment statistics are based on treatments such as psychosocial treatment, psychosocial treatment plus antidepressants, post-discharge follow-up calls, cognitive behavioral therapy, and drug counseling, to note a few. Exact treatments vary by statistic. Please refer to the appropriate references for more information.

Evidence-based mental health promotion and prevention programs are sound investments. Promotion and prevention programs, for example, can mitigate rates at which individuals develop symptoms and mental health disorders.[30] The economic benefit of mental health promotion also includes lowered use of health care and reduced morbidity and mortality.[91, 92, 93]

Investing in the prevention and treatment of mental health disorders can provide employers with longer-term cost benefits, as well as improved health outcomes. Data shows that overall the cost of doing nothing is higher than investing in evidence-based prevention and treatment strategies. There are some cost-effective options available as examined in the Evidence Review section.

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ACCESS TO MENTAL HEALTH CARE

Access to affordable, high-quality healthcare and mental health interventions are crucial elements for reducing the high population burden from mental health and behavioral health disorders. However, several reports have documented the fragmented and underfunded nature of mental and behavioral health in the United States.[94,95]

Integrating Mental and Behavioral Health into Primary Care

The 2008 **Mental Health Parity and Addiction Equity Act** mandated certain health care plans to maintain equal coverage between physical and mental health treatments, known as "mental health parity."[96] Mental health parity was strengthened by the 2010 **Patient Protection and Affordable Care Act**, also known as the ACA, which required health insurance companies to offer mental health services as an "essential health benefit" in health insurance plans offered by employers and state and federal insurance marketplaces. Also, the ACA mandated that private insurers cover preventive services recommended by the US Preventative Services Task Force (USPSTF) with a grade of A or B with no cost-sharing (i.e., no deductible and no co-pay.)

The USPSTF is an independent, volunteer panel of national experts in disease prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services. Clinical preventive services that are given A or B grades are recommended by USPSTF based on a systematic evaluation of the published evidence of benefit and harms.

In 2016 the USPSTF published a recommendation in the *Journal of the American Medical Association* that the general adult population, including pregnant and postpartum women, should be screened in clinical settings (Table 6).[97]

Table 6. USPSTF Recommendation – Depression in Adults: Screening

Population	Recommendation	Grade
General adult population, including pregnant and postpartum women 	The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.	B

Sources: US Preventive Services Task Force[98]

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Theoretically, these legislative measures and the USPSTF findings should translate to parity in mental health coverage for those employees in eligible plans. However, studies have shown that coverage is highly variable and inadequate in many states.[99] Furthermore, there are no mental health parity requirements in both the Medicaid and Medicare programs.

In addition to the barriers surrounding access to affordable mental health treatment, the nation also has a shortfall of mental and behavioral health practitioners to meet the demand for these services. The USPSTF recommendation states that screening should be implemented when there are "***adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.***"[98] However, the U.S. Department of Health and Human Services estimates that by 2025 there will be a national shortfall of almost 58,000 clinical, counseling, and school psychiatrists and 78,050 school counsellors. Across all practitioner categories, the total estimated shortfall by 2025 is over 250,000 mental and behavioral care providers.[95]

Other barriers to integrating services include:



- **Insufficient funding for early intervention and targeting upstream services** such as school-based screenings and treatment despite a growing evidence base



- **Patient stigma** against disclosing mental health status and seeking treatment



- **Lack of consistent high-quality treatment services**



- **Lack of financial incentive** for payers to integrate existing standalone fee-for-service medical and behavioral health operations



- **Increased administrative burden** associated with integration



- **Additional training required** for primary care and behavioral health providers



- **Insufficient funds to cover cost of providing integrated delivery,** which providers try to offset with limited federal and state grant funding

Sources: Bipartisan Policy Center 2019[95]; Commonwealth Fund 2014[94]

One of the most effective strategies for many employers is to ensure that their health insurance providers adhere to federal and state regulations regarding mental health parity and remove treatment limitations such as prior authorization requirements and fail-first/step therapies.[95] Other promising strategies for increasing access to services include providing onsite health clinics and telemedicine services.

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Onsite or Near Onsite Health Clinics



Employers have responded to the high prevalence of mental and behavioral health, and the general lack of clinical integration, by offering access to onsite or near onsite clinics. According to two national surveys conducted by the National Association of Worksite Health Clinics, 1 in 3 large employers (5,000 or more employees) in 2017 offered general medical worksite clinics, up from 1 in 5 in 2012. In contrast, 1.6 in 10 smaller employers (500 to 4,999 employees) provided a general medical clinic.[100]

Although onsite medical clinics remove barriers for employees such as time, transportation, and childcare, they could have a negative impact on stigma if employees do not feel comfortable or safe using clinics located at their workplace for fear of disclosing a mental or behavioral health problem. Conversely, offsite health clinics may afford greater confidentiality to employees, however, utilization may be challenging for many employees, especially those with time, financial, and childcare constraints.

Telehealth



Employers can increase access to confidential offsite services by purchasing telemedicine services for mental and behavioral health, either through their carrier or directly with a third party provider. Telemedicine is the use of telecommunications and information technologies to provide a range of healthcare services such as clinical care and health education. Telehealth is a broad term that encompasses telemedicine, eHealth, connected health, and mHealth. If implemented correctly, telehealth has the potential to be safe, timely, efficient and effective.

According to the 2017 American Heart Association's policy statement on the implementation of telemedicine in cardiovascular and stroke care, effective telehealth monitoring platforms exist for disease conditions like diabetes and evidence shows that telehealth monitoring has demonstrated benefits in heart failure and acute stroke. Many telehealth studies have also shown high rates of patient satisfaction.[101]

Rising healthcare costs, and other barriers to access, have increased the use of telehealth by employers. According to the National Business Group on Health Large Employers' 2018 Health Care Strategy and Plan Design Survey, 96% of large employers offered telehealth in 2018, up from 7% in 2012.[102] The 2017 Employee Benefits Survey of the Society for Human Resource Management, which includes small and medium employers, found that 34% of employers offer a telehealth benefit, including diagnosis, treatment or prescriptions by phone or video, up 11% from the previous year.[103] Although employers are increasingly offering access to telehealth for general and behavioral health services, uptake is generally in the single digits.[102] For telehealth programs to be effective and cost-effective at improving the mental health of a population, higher utilization rates are required.

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Telehealth Case Study: Be Well at Work

Be Well at Work is a telehealth intervention, provided over the telephone by masters-level counselors, which uses a multi-pronged approach to target depression. The program emphasizes:

- **Ongoing assessment** using state-of-the-art tools to track each participant's progress, and provide guided feedback to the participant and his or her primary care team
- **Tailored strategies** to help the participant reduce patterns of thinking, feeling, and behaving that interfere with working
- **Modifying work routines** to eliminate barriers to working effectively and efficiently
- **Building skills and knowledge** to enable the participant to self-manage his or her own illness and future performance problems

Be Well at Work is evidence-based and was developed by The Program on Health, Work and Productivity, at Tufts Medical Center, with federal funding from the National Institutes of Health, the Centers for Disease Control and Prevention, and the Veterans Health Administration. After testing in four clinical trials involving more than 20 US companies, and the VA healthcare system, Be Well at Work is now being transitioned to real-world settings and is undergoing workplace and healthcare system implementation pilots.

- **A 50% reduction in absences**
- **A 50% reduction in at-work productivity loss** (presenteeism)
- **Improvements in time management** of 40% vs. 6.2% in usual care
- **Improvements in ability to perform mental tasks** and interpersonal tasks of 46% vs. 18% in usual care
- **Estimated savings of $3,100 per year per participant** in reduced absences (and $5,100 per year per participant in reduced presenteeism (based on median US salary of $33.8/yr)

Be Well at Work also outperformed usual depression care in achieving clinical outcomes such as a 50% reduction in depressive symptom severity and mental health improvements within four months to levels obtained with antidepressants.

Be Well at Work is an evidence-based, short-term program that focuses on functional improvement techniques. It is easily integrated into a system of care to work alongside existing medical care, behavioral healthcare, and Employee Assistance Programs.

Sources: Lerner et al. (2012)[76], Lerner et al. (2015)[104], Adler et al. (2015)[105], Lerner et al. (2017)[106], Lerner et al. (2015)[107]

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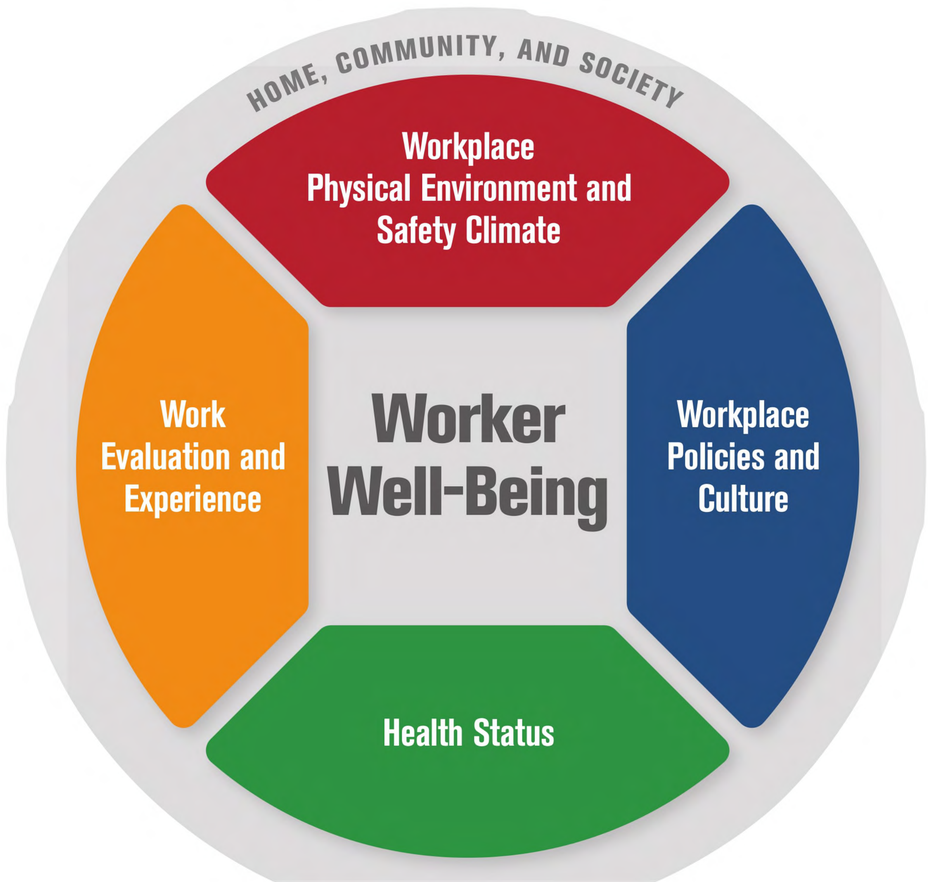
MENTAL HEALTH AND WELL-BEING

Mental health is a vital component of worker well-being

The National Institute for Occupational Health & Safety (NIOSH) published a framework (Figure 2) earlier this year to describe the many dimensions of worker well-being. In this framework mental health is included as an element in the domain of Health Status along with physical health, health-related behaviors and lifestyle, functionality/disability and injuries. Mental health concepts, which can be measured as outcomes, include overall mental health, stress, depression and anxiety. These are the main health outcomes that are included in this report. This report focuses on the mental health disorders that are most common in the workplace: depression, anxiety, substance misuse disorders (drugs and alcohol) and, increasingly, opioid misuse.[32] Although unmanaged stress is not considered a clinical disorder, it increases a person's risk of developing a mental health disorder, so it is included in this review.

Figure 2. Proposed worker well-being framework **(NIOSH 2018)**



Several good frameworks have been developed to describe the elements of well-being, including the Gallup-Sharecare Well-Being Index,[108] and the Canadian Index of Well-Being.[109]

Mental health is a vital component of worker well-being

With mental health, it's not a case of having it or losing it. Rather, studies have shown that people can experience mental health symptoms on a continuum or spectrum.[110, 111] While individuals may not have all the symptoms that comprise a clinical mental disorder, they are likely to experience one or more symptoms of mental illness throughout their lifetime. Studies have also shown that a person believing in a continuum of symptoms is associated with fewer stigmatizing attitudes toward people living with mental illness.[112, 113] Where a person is on the spectrum can help inform what types of prevention or treatment programs can be used by health care teams, employers, and their vendors to optimally manage the mental health of their populations. Figure 3 shows the progression and indicates different approaches to prevention that employers can consider as part of a comprehensive approach to promoting and managing mental health in the workplace.

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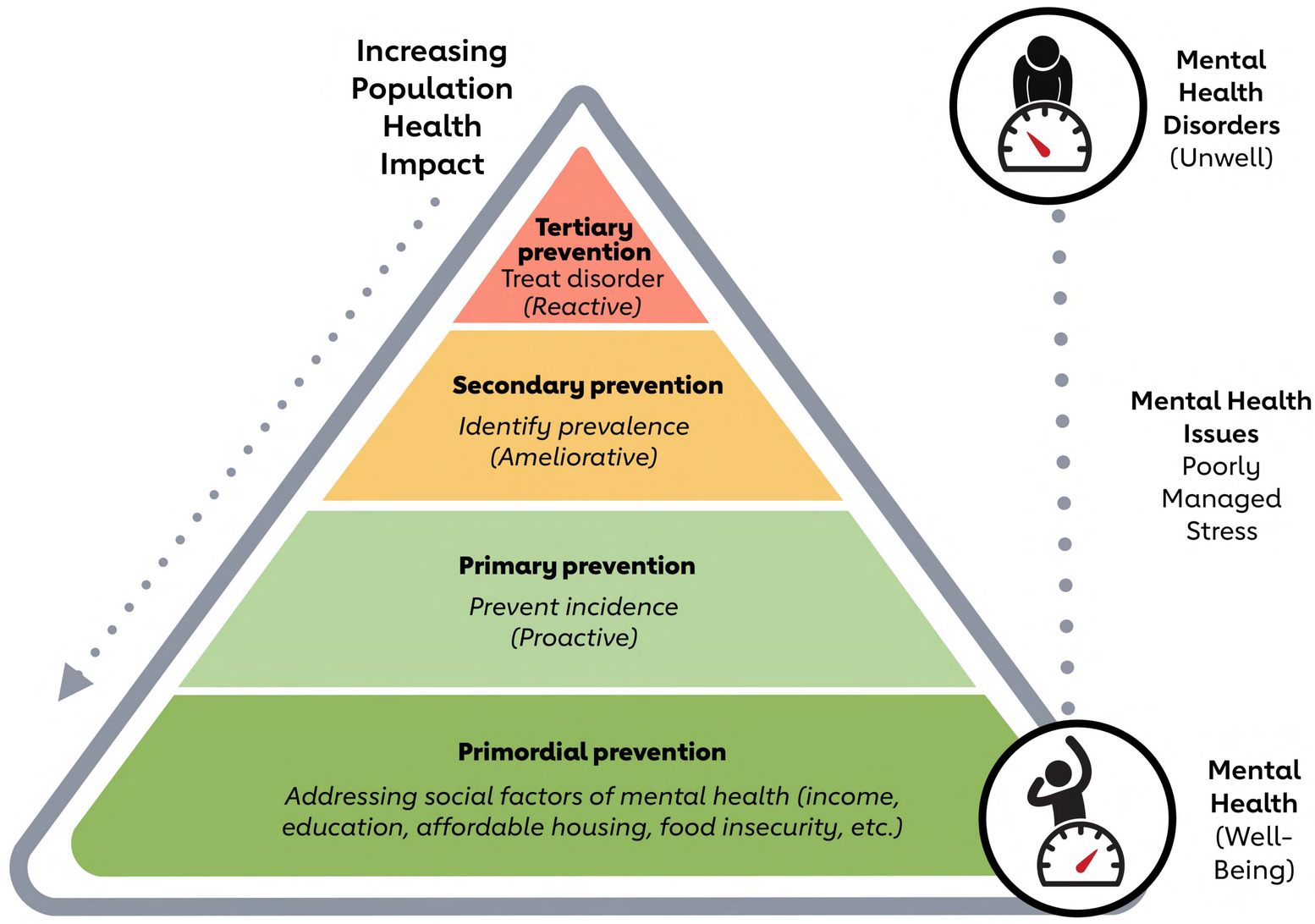
Figure 3: Continuum of mental health and levels of prevention



Sources: Adapted from The Health Impact Pyramid.[114] A Dictionary of Epidemiology – 4th Edition.[115]

Levels of prevention

Primordial prevention: Actions and measures employers can take, in partnership with community stakeholders, to address the social and environmental risk factors for mental health such as income, education, affordable housing, food insecurity and so forth.

Example: Employers can invest in worker training or offer college loan repayment support.

Primary prevention: Strategies to enhance protective factors and minimize risk factors. (This is also sometimes referred to as health promotion.)

Example: Employers' organizational culture can support mental health by:

- ***Having policies for workplace harassment and bullying***
- ***Training staff in these policies***
- ***Acting decisively when bullying or harassment occurs in order to create a mental health-friendly work environment***

Secondary prevention: Measures for early detection and prompt intervention to control disease and minimize disability.

For example, employers can use voluntary, confidential health risk assessments to screen for mental health indicators such as stress, depression, and anxiety.

Tertiary prevention: Efforts to reduce suffering and disability among those employees living with mental health disorders and preventing the recurrence of mental illness. This is the task of treatment and rehabilitation.

For example, employers can offer Employee Assistance Programs that offer short-term counseling and referral to appropriate clinical support services.

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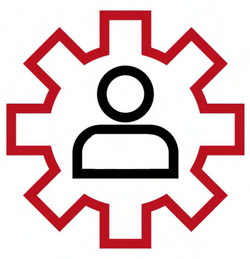
Protective and risk factors

A variety of factors influence mental health, including protective factors that reduce the chances of developing mental health disorders and risk factors — either amenable to change or not.[116] Workers can experience protective or risk factors at the individual, workplace or community level.[117] Understanding these factors and the levels at which they occur can also help employers develop effective policies, programs, environmental supports, and community partnerships.

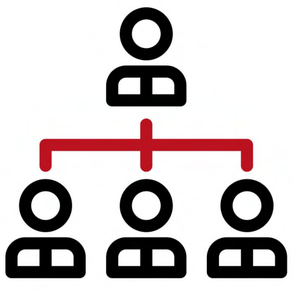
Table 7 below is adapted from the World Health Organization (WHO) and lists several known risk factors associated with mental health at the individual and organizational levels.[117] While some risks are not easily modified, like genetic risk, several other factors are amenable to change and can be targets for creating and maintaining a psychologically healthy and thriving workplace.

Individual strategies



Individual strategies focus on promoting protective factors and reducing risk factors at the employee level. For example, employers can offer digital mental health programs (web-based or apps) that aim to equip employees with knowledge and skills to manage work-related stressors more effectively.

Organizational strategies



Organizational strategies focus on promoting systemic strategies that create a safe, supportive culture, free from stigma. For example, companies can train supervisors to recognize the symptoms of poor mental health among their employees and equip them with knowledge, skills and confidence to detect the signs and symptoms of emotional distress and confidentially refer them to employee assistance programs and other mental health resources (also known as “mental health first aid”).

Note: The social factors or determinants of mental health, some of which are listed in Table 7, is an important health policy topic, however, it is not the focus of this report. Readers interested in this topic can read *The Social Determinants of Mental Health*, edited by Michael T. Compton and Ruth S. Shim for more information.[118]

Work exposures associated with mental health

Employers play an important role in determining the conditions that impact a mental health-friendly workplace. While employers cannot realistically shape factors like urbanization or malnutrition, many characteristics are amenable to modification.

In their study of the health effects of workplace exposures, Goh and colleagues[54] estimated that 155,000 annual excess deaths are associated with 10 work-related exposures (Table 8). We have adapted the table by adding workplace bullying and harassment, which also contribute to a toxic workplace.

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Table 7. Protective and risk factors for poor mental health and mental health disorders

	Protective factors	Risk factors
INDIVIDUAL LEVEL		
Biological factors	Low genetic risk	High genetic risk
Behavioral factors	High physical activity	Physical inactivity Sedentary behavior
Psychological factors	Nurturing parenting High resilience	Early childhood neglect Adverse childhood experiences Low resilience
Social factors	Social support Good nutrition	Urbanization and poverty Malnutrition Inadequate housing Technological change
ORGANIZATIONAL LEVEL		
Work content		
Workload	Manageable workload	Excessive workload
Participation	Able to participate in decision-making	Inability to participate in decision-making
Job control	Able to choose how to complete work	Unable to choose how to complete work
Job content	Safe tasks Diverse tasks	Monotonous tasks Unsafe tasks Unpleasant/aversive tasks
Work context		
Recognition	Rewarded for performance	Lack of reward
Organizational role	Clearly defined role and responsibilities	Role conflict Role ambiguity
Interpersonal relationships	Supportive supervision Positive relationships with work colleagues	Unsupportive supervision Bullying, harassment or violence Isolated or solitary work
Working environment and conditions	Safe physical environment	Inadequate physical environment (e.g., noise, pollution, light, danger) Irregular working hours (e.g., shift work or excessive work hours)
Work culture	Supportive leadership Positive, frequent communication Clarity about workplace objectives and structure	Poor leadership Poor communication Lack of clarity about workplace objectives and structure
Home-work interface	Support at home and at work	Conflicting demands at home and work Lack of support for home at work Lack of support for work at home
Inequity (lack of fairness)	High perception of equity or fairness	Low perception of equity or fairness (e.g., workload, salary, or promotion) Poor management or organizational change (e.g., downsizing)

Source: Adapted from Mental Health Policies and Programs in the Workplace World Health Organization, (2005).[117]

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Table 8. Workplace exposures and excess mortality and health care costs

Workplace Condition	Annual Excess Deaths	Annual Excess Health Care Costs ($ billion)
1. Unemployment	35,000	$15 B
2. No health insurance	50,000	$40 B
3. Shift work	13,000	$12 B
4. Long work hours	–	$13 B
5. Job insecurity	29,000	$16 B
6. Work-family conflict	–	$24 B
7. Low job control	17,000	$11 B
8. Low social support	3,000	$9 B
9. Low fairness	–	$16 B
10. High job demands	8,000	$46 B
11. Bullying and harassment	–	0.25

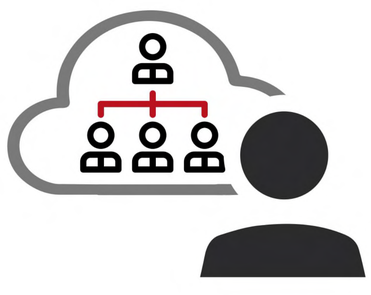
Source: Numbers 1-10 from *Dying for a Paycheck* by Jeffrey Pfeffer, Harper Business (2018).[119] Number 11 – estimate from Crumpton2014[120]

These work exposures have been shown to negatively impact health and well-being. For example, people who work 55 hours or more a week are at greater risk of stroke than people who work 35-40 hours a week.[121] Furthermore, job strain (high job demands and low job control) has been shown to increase the risk of stroke.[122]

Organizations and leaders can promote positive mental health by:



Developing a healthy organizational culture



Engaging leadership to model a mental health-friendly work culture



Using organization-level approaches that reduce work-related risk factors



Enhance work-related protective factors

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KEY THEMES

"Every company has a culture. Not every company has a culture of health and well-being."

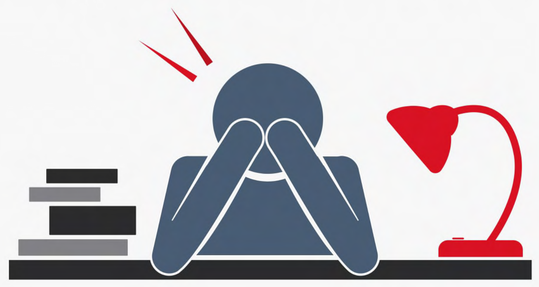
– Nico Pronk, President, Health Partners Institute[123]

The Role of Leaders in Mental Health Promotion

There is growing literature on the important role that leaders play in advancing cultures of health in the workplace across different organizational settings.[41] As the World Health Organization framework for risk and protective factors for mental health in this report indicates [see Table 7], positive leadership is an attribute of work culture that influences the environment in a way that may support mental health in the workplace. By contrast, it appears that negative leadership styles have the potential to adversely impact physical and mental health.

Studies show that behaviors of leaders and supervisors influence the actions and job performance of employees[124] **and that unsupportive managers are associated with poorer employee health and higher turnover.**[125,126] More recent evidence builds on previous studies to show that having an unsupportive supervisor is also associated with poor heart health. A 2018 analysis of Gallup-Sharecare Well-Being Index data found that not trusting your supervisor was associated with an increased adjusted odds of having many risk factors for cardiovascular disease (based on the American Heart Association's definition of ideal cardiovascular health called Life's Simple 7[127]). Among workers whose supervisor created a mistrustful environment, the odds ratios were the greatest (>20%) for having four or more Life's Simple 7 risk factors, that is, having poor heart health.[128]

Having an unsupportive supervisor at work



is correlated with increased heart health risk factors.

Although the workplace health literature points to several elements of workplace culture of health (COH) as important, there is sparse evidence on which elements are most strongly associated with employee physical and mental health outcomes.

Note: Recently, John Quelch from Harvard Business School has conceptualized COH as comprising four elements or pillars: healthy, products, healthy employees, healthy community, and healthy environment.[129] While the American Heart Association supports this approach, healthy products, communities, and environment were not part of the scope of this report.

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A recent evaluation using 2013-2015 data from the National Healthy Worksite Program, a Centers for Disease Control and Prevention (CDC)-led initative, evaluated the effect of seven workplace COH elements (environmental supports, policy supports, programmatic supports, leadership support, coworker support, employee engagement, and strategic communications) on self-reported lifestyle risks (nutrition, physical activity, and tobacco use).[130]

Data were evaluated from 825 employees from 41 companies that participated at the start of the study in 2013 and at follow-up in 2015. At the start of the study, leadership support, coworkers support, and employee engagement were significantly associated with lifestyle risks. At follow-up, however, only leadership support was statistically significantly associated with lifestyle risk ($p<0.05$) and environmental and policy supports were marginally significant ($p<0.10$). Although the study design had many strengths, including measuring both employer and employee indicators and multilevel modeling, changes in mental health was not measured.



Perceptions of a "good" organizational climate were significantly associated with positive employee mental health outcomes such as lower levels of burnout, depression, and anxiety.

Studies on employee mental health outcomes have included measures of burnout. This burnout literature is predominantly set in healthcare settings (doctors, nurses, and social workers). In a 2015 systematic review of studies in healthcare organizations on the effect of organizational climate and employee health outcomes found that perceptions of a "good" organizational climate were significantly associated with positive employee mental health outcomes such as lower levels of burnout, depression, and anxiety.[131] In this study, coworker support was the strongest indicator, although leadership support was also related to the mental health outcomes of nurses. While this may be the case in healthcare settings, more research is needed to evaluate which dimensions of workplace culture of health elements have the strongest effect on a range of mental health outcomes.



The practical implications for employers is that paying attention to positive leadership and management styles, and stimulating a supportive atmosphere among employees, are actionable strategies for addressing employee mental health.

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The Role of Federal Funding

Panelists pointed to low levels of dedicated federal research funding for high-quality workplace health research in the United States. Although U.S. adults spend most of their waking hours at work, the workplace setting is understudied and underfunded compared to other settings such as health care organizations and communities. According to one estimate, the National Institutes of Health (NIH) spent a scant 2% of its prevention research budget between 2010-2012 on funding human behavioral research in workplace settings.[132] By comparison, approximately 31% was spent on research in health care organizations and 8% in community settings excluding workplaces during the same period.

The National Institute for Occupational Safety and Health (NIOSH) received $335 million in the 2018 Omnibus spending bill to fund workplace health research largely focused on occupational safety and health (OSH).[133] In 2016, NIOSH funded six Centers of Excellence for its concept of Total Worker Health,[134] which it defines as "policies, programs, and practices that integrate protection from work-related safety and health hazards with promotion of injury and illness prevention efforts to advance worker well-being." Approximately $6.3 million dollars were allocated to these Centers over 5 years (January 14, 2019; email correspondence, Office of the Director, Total Worker Health).

There are several reasons that could account for the low priority given by federal research funding organizations to workplace health research, including:

- Federal research agencies may believe that it is the responsibility of employers to fund workplace research
- Clinical research conducted in workplaces is difficult to translate to real-life settings
- The majority of National Institutes of Health funding is initiated by researchers and scores high during peer-review, which may account for the relatively low proportions of workplace-related mental health studies
- Some question whether randomized controlled trials are the best study design for workplace settings that have interactions across multiple levels
- Certain populations may be perceived as lower priority in funding decisions

Since federal research agencies do not adequately fund workplace health research, businesses often fund their own research, which has led to variability in the quality, amount and types of programs studied. For example, published studies are in larger organizations, which limits the application of the results for small and medium-sized companies.



The practical implications for employers is that they can consider advocating for increased federal funding for workplace health research and may even fund their own well-designed studies in partnership with academic institutions.

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The Role of Innovation

Panelists discussed the merits and limitations of looking at peer-reviewed evidence to inform decisions about which program and policies to implement. They recognized that evidence obtained from formal research studies takes time to publish and even after dissemination it may be difficult to translate into scalable programs in worksites. For example, it is estimated that it takes 17 years for scientific knowledge or guidelines to be implemented into practice or real-life settings.[135] The practical implication of the "knowledge-to-action gap" for employers is to create innovative programs and policies to test in their own worksites and evaluate outcomes.

The need for balance between using evidence-based programs and innovation (especially the use of technology) is consistent with the view expressed by several organizations that issued a 2016 Joint Consensus Statement, including the American Heart Association, in response to wellness rules proposed the Equal Employment Opportunity Commission (EEOC)[136], which stated:

> *"In order for a wellness program design to be considered credible and effective, it must be informed by evidence of effectiveness. Program design must be guided by the most current level of scientific research available concerning best practices while also allowing space for employers to experiment or innovate with new strategies that support employee health and access to affordable health care, furthering our understanding of what works best."* [136]



The practical implications for employers is that they are encouraged to implement evidence-based programs where there is good evidence of effectiveness and to innovate and test new approaches where there are gaps in knowledge.

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The Rising Toll of Caregiving

Factors including the aging American population, the increased prevalence of chronic health conditions, shorter hospital stays, and preferences for receiving care at home are resulting in an increased degree of reliance on families to provide informal, unpaid care to family members[137] with a range of disease conditions, including heart disease, stroke, and heart diseases that co-occur with mental and behavioral disorders.

According to a 2018 American Heart Association Policy Statement, informal caregiving for patients with CVD adds an additional 11% of medical and productivity costs attributable to cardiovascular diseases.[138] The report estimated that informal caregiving was $61 billion in 2015, which will increase to $128 billion in 2035. Including the cost of informal caregiving increases total CVD costs by 11% to $616 billion in 2015 and $1.2 trillion in 2035.

When considering mental health, an estimated 8.4 million adults provide unpaid assistance to individuals with emotional or mental health problems according to a 2015 report by National Alliance of Caregiving and AARP.[139] The paper reported that nearly half of higher-hour caregivers report high emotional distress. Furthermore, with an average household income of $45,700, informal caregivers also reported financial strain. Worryingly, 70% of employed caregivers had to modify their work conditions by reducing their hours, changing jobs, turning down a promotion, taking a leave of absence or even retiring early.

A recent study by Debra Lerner and colleagues addressed the topic for informal caregivers of individuals with schizophrenia and/or schizoaffective disorder and found substantial distress and lost workplace productivity in this population.[140] In a four-week period, currently employed informal caregivers were limited at work between 20% of the time on average (in relation to performing physical job tasks) to almost 30% of the time on average, respectively, for time management and mental and interpersonal job task performance. On average, at-work productivity decreased by almost 8%. In the same period, almost two-thirds missed work due to informal caregiving responsibilities and the average productivity loss due to work absences was 15%.



The practical implication of these findings for employers is that the rising burden of caregiving has a negative impact on workforce productivity and participation.

Flexible work arrangements and policies such as adequate sick leave and paid time off could allow employees to rest and recover from caregiving responsibilities to mitigate the adverse consequences of caring for family members with chronic conditions like mental health disorders, heart disease and stroke.

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MEASURING MENTAL HEALTH

Voluntary health assessments can help employers better understand the mental health needs of their workforce by detecting symptoms of mental health disorders, such as depression and anxiety, and by measuring individual risk and assessing factors like stress.



Employers can use health risk assessments (HRAs) and/or biometric screenings to evaluate employee health and well-being. HRAs are voluntary assessments that rely on employee self-reporting of medical conditions and risk factors related to tobacco use, physical activity, diet and mental health. In turn, employers leverage de-identified and aggregated data from these assessments to implement health programs and measure improvement.

Numerous mental health assessment tools are available to employers, and the most credible tools are reliable and valid from a research point of view. **Reliability** refers to consistent results over time and **validity** refers to accuracy of measurement. Employers must weigh the benefits of brief screening tools having lower user burden and more lengthy diagnostic tools with higher validity.

Below, we offer suggested health risk assessment tools for depression, anxiety, stress and overall mental health. These tools have all been tested in different settings and different populations and have evidence of reliability and validity. We encourage employers to be familiar with these tools, as they are frequently layered into larger health assessments.

Applied in the workplace, **these tools are not meant to diagnose** but to provide feedback to the employer in the form of aggregate, de-identified employee data about what mental health support may be needed. Understanding employees' health needs can help employers design and implement effective programs and policies. Health assessments can also help link employees with appropriate professional medical care.



Depression

The American Heart Association recommends the Patient Health Questionnaire (PHQ-2) to initially screen for depression in patients in a clinical setting.[141] The PHQ-2 is a two-question validated "first-step" approach to screen for depression, which indicates if a patient should be further evaluated using the PHQ-9, a longer nine-question measure.[142] (The PHQ-2 is designed to be a clinical screening tool, whereas the PHQ-9 can be used for a provisional clinical diagnosis.)

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Depression Assessment

If patients answer "yes" to either or both questions listed (1) and (2) below, the AHA recommends using the PHQ-9.[58] PHQ-9 provides a provisional depression diagnosis and a severity score.

Table 9. Patient Health Questionnaire-9 (PHQ-9) * Depression Screening Tool

Over the past two weeks, how often have you been bothered by any of the following problems?

- ☐ 1. Little interest or pleasure in doing things.
- ☐ 2. Feeling down, depressed, or hopeless.
- ☐ 3. Trouble falling asleep, staying asleep, or sleeping too much.
- ☐ 4. Feeling tired or having little energy.
- ☐ 5. Poor appetite or overeating.
- ☐ 6. Feeling bad about yourself, feeling that you are a failure, or feeling that you have let yourself or your family down.
- ☐ 7. Trouble concentrating on things such as reading the newspaper or watching television
- ☐ 8. Moving or speaking so slowly that other people could have noticed. Or being fidgety or restless that you have been moving around a lot more than usual
- ☐ 9. Thinking that you would be better off dead or that you want to hurt yourself in some way.

Questions are scored:
Not at all=0; several days=1; more than half the days=2; and nearly every day=3.
Add together the item scores to get a total score for depression severity.

Source: Kroenke et al. (2001) [142]

The PHQ-9 is designed to provide requisite information without overburdening patients and providers, and thus is suitable for use in primary care. Given the potential sensitivity of the last question about suicidal or self-harming thoughts, and the fear of stigma that may exist in a workplace setting, it is understandable that employers may choose PHQ-2 over PHQ-9, however, there are important trade offs to consider. Although the PHQ-2 does not add significant length to a comprehensive HRA, limitations of PHQ-2 include the possibility of higher false positive results in populations with low depression.[143]

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There are other longer measuring instruments for evaluating depression such as the Beck Depression Inventory[144] and the Center for Epidemiological Studies Depression scale.[145] Given their length, employers might consider using these scales in an intervention program rather than as an initial screener.



Anxiety

Employers may wish to screen separately for anxiety disorders, given their prevalence and presence with even mild depression. The Generalized Anxiety Disorder (GAD-7) screening tool is a brief initial screener that is commonly used in primary care.[146] The GAD-7 is a seven-item, self-reporting scale for identifying the presence of generalized anxiety disorder and assessing symptom severity.

The SAMSHA-HRSA Center for Integrated Solutions[147] website includes comprehensive information on screening tools for depression, anxiety, bipolar disorder, trauma, and suicide risk. Available at: https://www.integration.samhsa.gov/clinical-practice/screening-tools





Stress

Although stress is not considered a clinical mental disorder, it is a risk factor for developing a mental disorder.[116] The Perceived Stress Scale-4 (PSS-4) is a validated measure of stress,[148] although the longer PSS-10 and PSS-14 are more reliable and valid.[149] The PSS-4 does not have a cutoff point that indicates high or low stress, but higher scores typically indicate higher levels of stress. Employers can use PSS-4 to identify employees experiencing higher levels of unmanageable stress by comparing average scores. It is important to note that stress is not a diagnosable condition, and the PSS-4 can only screen for perceived levels of higher or lower stress, relative to everyone.

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Table 10: Perceived Stress Scale (PSS-4)

INSTRUCTIONS:
The questions in this scale ask you about your feelings and thoughts during THE LAST MONTH. In each case, please indicate your response by placing an "X" over the square representing HOW OFTEN you felt or thought a certain way.

	Never	Almost Never	Sometimes	Fairly Often	Very Often
1. In the last month, how often have you felt that you were unable to control the import things in your life?	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
2. In the last month, how often have you felt confident about your ability to handle your personal problems?	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐
3. In the last month, how often have you felt that things were going your way?	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐
4. In the last month, how often have you felt difficulties were piling up so high that you not overcome them?	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐

Scoring for the Perceived Stress Scale 4:

Questions 1 and 4:

0 = Never
1 = Almost Never
2 = Sometimes
3 = Fairly Often
4 = Very Often

Questions 2 and 3:

4 = Never
3 = Almost Never
2 = Sometimes
1 = Fairly Often
0 = Very Often

Higher scores are correlated to more stress.

0 — **Lowest score**

16 — **Highest score**

Source: Lee 2012 [149]

The other limitation of PSS-4 is that it measures generalized stress rather than specific settings that are potential sources of stress, such as stressed experienced at home, at work or in personal relationships.

Overall Mental Health

To evaluate overall mental health, the Short Form Health Survey (SF-20) can be used. The RAND Health Care for the Medical Outcomes Study (MOS) developed SF-20 as a way of limiting survey length and respondent burden while maintaining the precision of the instrument.[150] The mental health section of the survey is made up of five questions that assess four dimensions of mental health: anxiety, depression, loss of behavioral-emotional control and psychological well-being. The 12-item version of the General Health Questionnaire (GHQ-12) can be used to identify minor psychiatric disorders in the general population.[151]

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EVIDENCE REVIEW

Employers can design, implement and evaluate a variety of programs to screen for, prevent, and treat mental health disorders. Whether programs are developed internally or purchased from vendors, employers need to know if they are effective and represent value. (Do they work? What is the return on investment?)

Brief Methods

To shed light on these questions, we reviewed scientific literature published between 1995 and 2017 on the effectiveness of workplace interventions aimed at improving mental health and stress. Articles were included if they were systematic literature reviews or meta-analyses. We used meta-analyses for the evidence tables provided in this section, because meta-analysis quantitatively estimates the effectiveness of mental health programs by pooling the results of outcomes from multiple studies. To assist general readers with interpretation, we summarize these as "small," "medium," or "large." We used qualitative information about effective interventions from both qualitative reviews and meta-analysis.

Based on the inclusion and exclusion criteria, approximately 50 papers met the initial eligibility criteria for review. To home in on the most current information, studies published in the past 15 years were prioritized. Subsequently, we summarize high-level findings below from 17 meta-analyses (Table 11) involving more than 350 studies involving a total of approximately 100,000 participants. *A detailed description of the methodological approach and findings on effectiveness can be found in* Appendix A.

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Table 11. List of reviews used in summary of evidence

Domain	Author; Year	Study Period	Studies (#)	Participants (#)
General Mental Health Interventions (depression, anxiety)	1. Yunus et al (2018) 2. Tan et al (2014) 3. Martin et al (2009)*	1987-2015 1980-2013 1997-2007	22 9 22	NA 2,275 3,632
Stress Management Interventions (SMIs)	4. Richardson et al (2008)*	1977-2006	36	NA
Physical Activity Interventions (PA)	5. Chu et al (2014) 6. Conn et al (2009)*	1990-2013 1969-2007	17 138	NA 38,000
Alcohol Misuse Interventions	7. Webb at al (2009)	NA	10	NA
Digital Mental Health Interventions	8. Stratton et al (2017)* 9. Carolan et al (2017)	1975-2016 2000-2016	13 13	NA
Employment Assistance Programs (EAPs)	10. Joseph et al (2017) 11. Sharar et al (2013) 12. Hargrave et al (2008)	2005-2016 NA NA	17 NA NA	Unclear NA 155
Return to Work Interventions	13. Nieuwenhuijsen et al (2014)*	NA	NA	NA
Stigma Reduction Programs	14. Gayed et al (2018) 15. Hanisch et al (2016)	2000-2017 2004-2014	10 16	4,801 3,854
Organizational Climate Interventions	16. Bronkhorst et al (2015)	2000-2012	21	56,214
Economic Evaluations	17. Hamburg van Reenen (2012)*	2000-2011	10	NA
		(Total)	350+	100K+

Key: *=Meta-analysis used for effect size estimates. **NA**=Not available.

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SUMMARY OF EVIDENCE

The current evidence indicates that workplace mental health programs have mixed effectiveness, varying according to the type of program used, the outcome being measured and the population targeted below. Overall, mental health interventions appear to be effective at improving mental health outcomes, although the size of the effect is small to medium. (Table 12)

Mental health interventions directly targeting symptoms of depression and anxiety through knowledge and skills building are slightly effective at reducing the symptoms of depression and anxiety, but not general mental health. Stress management programs targeted at individual employees are associated with significantly large improvements in stress outcomes, and moderate improvements in depression, anxiety and overall mental health. Physical activity programs are somewhat effective at alleviating work-related stress. Even though programs may have small effect sizes at the individual employee level, it is possible for employers to improve population health outcomes if a majority of employees participate in evidence-based programs with proven effectiveness. Overall, digital mental health interventions have a small, but significantly positive effect at reducing stress.

The evidence for organization-level programs is sparse but there is emerging evidence that organizational climate is associated with improved employee mental health outcomes. No studies reported addressing the social determinants of employee health (e.g., education, wages, food insecurity) to improve mental health.

Strengths and Limitations

The methods used in this report have several strengths.

- **First, a meta-review can be conducted more quickly than a systematic literature review and meta-analysis of individual clinical trials.** This is helpful when a relatively quick assessment of the literature is required.
- **Second, using outcomes data from meta-analyses provides a more objective appraisal of the evidence than traditional narrative reviews.**
- **Third, meta-analyses synthesize data from a number of studies, which increases statistical power for evaluating the direction (positive or negative) and magnitude (low, medium or high) of observed effects.** This "ten thousand feet" view can highlight relationships that are potentially not visible through individual studies. It can also indicate what knowledge gaps may exist. Finally, **Table 12** presents the data in a format is easily digestible for a non-technical audience.

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Despite these strengths, there are also a number of limitations to bear in mind when interpreting the results.

- **First, meta-reviews document past research and are therefore not good indicators of leading research or innovation in the field. T**o capture innovation, researchers often use qualitative methods, including case studies, to complement quantitative results from systematic reviews. This report tries to balance the insights from meta-analyses with the current practices of large employers.
- **Second, conclusions from meta-analyses are susceptible to the methodological quality of included studies.** Results from studies with poor to moderate quality may be different from high-quality studies.
- **Third, conclusions from meta-analyses are also susceptible to reporting biases and to the choices that reviewers make when including and excluding studies.** There is often a wide degree of variability in the content, structure and goals of individual studies.
- **Fourth, the results taken from the selected literature reviews and meta-analyses indicate that studies were generally of a low quality** with small sample sizes, short-term follow- up and inadequate reporting of relevant population characteristics that may be associated with mental health, including race-ethnicity, educational attainment and income.
- **Fifth, reviews of randomized control trials (RCTs) do not include other study designs** that can help to shed light on the literature, such as well-designed quasi-experimental studies with robust statistical methods to minimize the effects of selection bias and other forms of bias. Since there are relatively few RCTs conducted in workplace settings, results from well-designed non-randomized control trials can provide information that provide estimates of effects that can be contrasted with results from RCTs to provide context to researchers and practitioners.
- **Finally, the format in** Table 12 **may be easy to digest at a high-level,** however, this presentation does not reveal important nuances that implementers need to consider when offering programs in the workplace. In light of these limitations, we provide select examples of how employers can interpret Table 12. We also encourage implementers to read Appendix A, which includes a detailed, narrative interpretation of the results.

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Table 12. High-level summary of program effectiveness on mental health outcomes

Intervention Modalities	Mental Health Outcomes			
Mental Health Interventions (n=26)	**Overall**	**Depression**	**Anxiety**	**Stress**
Direct Interventions	None	Small*	Small*	ⓘ
Indirect Interventions	Small*	Small	Small	ⓘ
Stress Management Interventions (SMIs) (n=53)				
Individual-level	Medium*	Medium*	Medium*	Large*
Organization-level	Small	ⓘ	ⓘ	ⓘ
Physical activity programs (n≈40)	Small	ⓘ	ⓘ	Small*
Digital mental health interventions (n=13)	Small	Small	Small	Small*
Employment Assistance Programs (EAPs) (n=17)	Medium	ⓘ	ⓘ	ⓘ

Key: **None=** no effect,
Small= Small, positive effect,
Medium= Moderate, positive effect,
Large= Large, positive effect,
***= s**tatistically significant

ⓘ = data not available.
Direct interventions = programs that target mental health directly using psychoeducational approaches
Indirect interventions = programs that seek to reduce mental health symptoms indirectly through other program modalities, for example, physical activity

Implications for practice

Despite the limitations noted in this evidence review, including small sample sizes, short-term follow-up and low study quality, nevertheless there are some learnings from the existing evidence base that have practical implications for employers.Box 1 summarizes these insights that are discussed in more detail in Appendix A.

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Physical Activity Interventions

Physical Activity Interventions - Table 12 shows that physical activity interventions have small, non-significant effects on overall measures of mental health. This high-level result may lead employers to conclude that physical activity interventions are not effective and should not be offered in the workplace. However, the average number of minutes achieved across the studies in the meta-analysis by Conn and colleagues[152] was 50 minutes per week, which is well below the recommended 150 minutes of moderate to vigorous minutes per week. Programs that consisted of onsite group exercise classes did show a positive effect on mental health outcomes. This is consistent with the evidence from the 2nd edition of the *Physical Activity Guidelines for Americans*.[153] Since most employers, especially small employers, may not have the resources to provide onsite gyms that offer regular exercise classes, employers can consider other physical activity strategies to get employees to move more and sit less.



Digital Mental Health Interventions

Digital Mental Health Interventions - Table 12 shows that the effects for digital mental health interventions are small and only significant for stress. A closer look at the individual studies indicates that digital meditation apps have a moderate and significant effect on overall mental health and stress on the **general population**, and digital stress management interventions are associated with large, significant effects on symptoms of anxiety among **at-risk employees**. Since these results are from only 13 studies, more research on digital health interventions would benefit researchers, employers and policymakers.



Stigma Reduction Interventions

Stigma Reduction Interventions – The studies included in this report did not measure the effect of stigma reduction training on employee mental health outcomes, instead they evaluated supervisor attitudes, knowledge, and behaviors related to mental health stigma. Furthermore, the studies have short-term follow-up, which limits the conclusions that we can draw about their effectiveness over time. These limited findings should not, however, dissuade employers from offering evidence-based stigma reduction interventions in the workplace. Employers are encouraged to offer these programs and evaluate their effectiveness. In fact, the emerging evidence documented in this report suggest that supervisors and managers would benefit from booster training every six months. More rigorous studies using validated measures of stigma and linking them to employee mental health outcomes over time will help to advance the science and practice of stigma reduction in the workplace.

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VA-19-1108-A-000458

General Mental Health Interventions

Employers can use direct interventions, which target mental health outcomes through psychological education, or indirect interventions, which target risk factors associated with depression and anxiety such as obesity or physical activity.

- Both direct and indirect interventions are effective at improving depression and anxiety outcomes, although the size of the effect is small.
- Programs that use cognitive behavior therapy (CBT), meditation, and a combination of techniques appear be effective at improving depression and anxiety.
- Programs that combine several different techniques appear to be more effective compared to programs that use single technique. Note: This finding is mainly for programs that are generally delivered face-to-face either through individual coaching or group-based workshops.
- Employers can make mental health programs available to all employees, or those at risk. However, at risk employees may show the most overall improvement in outcomes.
- Employers are encouraged to provide primary and secondary prevention programs to maximize the benefit of these programs for different employee groups across the organization.

Stress Management Interventions (SMIs)

Evidence since the 1970s shows that SMIs targeted at employees at risk for stress are highly effective at reducing symptoms of stress, and moderately effective at improving anxiety and overall health.

- Interventions using cognitive behavioral therapy (CBT) are associated with the highest level of effectiveness, so employers are encouraged to provide these.
- Relaxation techniques also appear to provide some benefit. However, organization-level approaches to date have been associated with small or negative outcomes, although these are not statistically significant.
- Stress management interventions improve productivity at work, but may not reduce absenteeism among employees.

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VA-19-1108-A-000459



Physical Activity Programs

Several studies have found that exercise programs are effective at improving activity-related outcomes. However, few have evaluated the effect of exercise in the workplace on mental health.

- Exercise programs delivered in the workplace are significantly effective at absenteeism but the effect size is small.
- Activity programs do not appear to significantly improve mood and overall quality of life, however, this may be due to the low dose (average number of activity minutes per week) observed in existing studies.
- Other barriers that exist in the workplace, such as lack of time or cost, may also prevent employees from achieving the mental health benefit from being active.
- Employers are encouraged to address barriers to the best of their ability given operational and resource constraints.
- Employers are strongly advised to promote the Physical Activity Guidelines for Americans issued by the Department of Health and Human Services and adopted by the American Heart Association.

It is important for employees to reduce their sitting time and move more throughout the day to meet the recommended guidelines, which are at least 150 minutes of moderate physical activity a week.





Alcohol Misuse Programs

We could not identify a meta-analysis of workplace alcohol misuse prevention programs. This may be due to HR concerns, stigma or low federal funding for substance abuse programs.

- There is some evidence to support that workplace alcohol interventions can improve alcohol-use related outcomes in the workplace, but this is from a very low evidence base.
- Intervention methods that may be effective include health and lifestyle checks, psychosocial skills training and peer-referral.
- Employers are encouraged to discuss integrated behavioral interventions with their EAP and telehealth providers to ensure a consistency of approach and messaging.



Digital Mental Health Interventions

Digital programs including apps are appealing to employers because they offer individual tailoring, feedback and theoretically scale at a more affordable price per employee.

- Overall, digital interventions are effective at improving general mental health and stress, but not depression and anxiety.

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Digital Mental Health Interventions (continued)

- Digital tools that use meditation and stress management techniques are more effective than digital tools that use CBT techniques.
- Digital **stress management interventions** should be targeted toward employees at high risk of stress, rather than the general employee population.
- Digital **meditation apps** are an effective way to reduce stress in the general population.
- Preliminary findings suggest that the following design features may increase program engagement and completion: interventions that are shorter (6-7 weeks), use SMS and email to engage, and incorporate persuasive technology are effective at improving mental health-related outcomes.



Employee Assistance Programs

EAPs are a staple of workplace benefits; however, few rigorous evaluations of EAPs have been conducted. Furthermore, employee utilization is low and employer investment in declining.

- Employee assistance programs that use counseling and multi-component interventions can be effective at reducing absenteeism, presenteeism, well-being and workplace functioning.
- The effectiveness of EAPs can vary depending on the current mental health status of the employee, level of investment by employers and usage rates by employees.
- EAPs appear to be cost effective, although few independent evaluations have been published.
- Employers should consider the advantages and disadvantages of different EAP formats and decide which would be the best fit for them.
- There is a large amount of variability in the quality and types of services provided by EAPs. Low cost EAPs are often very limited in the offerings they provide.



Return to Work Programs

Return to Work (RTW) programs are tertiary prevention or treatment programs that seek to re-integrate employees with prolonged absence from work due to mental health-related issues.

- Adding work-directed programs or telephonic CBT to clinical rehabilitation programs appear to be moderately more effective than clinical RTW programs alone.
- While most RTW interventions consist of education with or without antidepressants, other components such as physical activity can be added to optimize mental health outcomes.
- The current evidence on the cost-effectiveness is sparse and generally indicates that it does not yield a significant return on investment.

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Stigma Reduction Programs

Stigma reduction programs are considered to be systemic or organization-level programs that promote mental health awareness and seek to organizational stigma toward employees with mental health issues.

- Stigma programs appear to improve manager and employee knowledge and behavior, but the effect on attitudes is less positive.
- Brief stigma reduction interventions are effective in the short term but may require periodic refresher trainings to maintain effectiveness.
- Stigma reduction interventions may improve employee self-reported mental health outcomes, but the effect is not statistically significant.



Organizational Climate Programs

Initial evidence indicates that a perceived positive organizational climate is associated with better mental health outcomes.

- Supportive leadership and supervision are associated with positive employee mental health outcomes.



Economic effectiveness of workplace mental health programs

- Primary and secondary prevention programs are associated with positive cost-benefits.
- RTW programs do not show significant differences across groups.

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VA-19-1108-A-000472

MARKET RESEARCH

The Employee Voice

RESULTS FROM A NATIONAL SURVEY
On Employees' Perceptions and Attitudes on
Mental Health in the Workplace

AMERICAN OVERSIGHT

UNDERSTANDING EMPLOYEES' PERCEPTIONS OF MENTAL HEALTH SUPPORT IN THE WORKPLACE

Results from a National Employee Survey

Introduction

The American Heart Association commissioned The Harris Poll to conduct an online national survey on mental health in September 2018.* The survey was conducted to gain insight into employees' attitudes toward, and experiences with, employers' mental health offerings in the workplace, including policies, programs and practices across the prevention spectrum.

Of the 1,041 U.S. adults 18 years or older who participated in the survey, all work full time or part time at an organization that offers health insurance and has 25 or more employees. Respondents were selected among those who have agreed to participate in online surveys.

Figures for age by gender, income, education, race/ethnicity, region, size of household, marital status and employment status were weighted where necessary to align with their actual proportions in the population. Despite the weighting, this sample is not representative of all U.S. adults. More information about the sample demographics, including characteristics of the organizations they represent, is shown in Appendix B.

The cross-sectional nature of the survey provides a point-in-time snapshot of the vast mental health workplace landscape. These findings may be helpful in sparking additional research questions, suggesting areas for further research, and offering recommendations for employers around supporting employees' mental health.



Definitions of Mental Health

Throughout the survey, respondents were reminded of the following definitions:



Mental health

Mental health is defined as a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges.

Everyone has mental health, and everyone is likely to experience issues, problems or challenges throughout their lifespan that may negatively affect their mental health. (HP 2020)

Mental health disorders

Mental health disorders are specific health conditions characterized by alterations in thinking, mood and/or behavior and that are associated with distress and/or impaired functioning.

Mental health disorders contribute to a host of problems that may include disability, pain or death. Mental health disorders are diagnosed by a health care professional. Individuals diagnosed with a mental health disorder may receive treatment, including, but not limited to, prescription drugs, counseling and/or behavioral therapies. (HP 2020)

Key Findings

Mental health is as important as physical health to employees. Employees believe employers have a role in supporting their mental health. While feelings lean positive about their employers' commitment to employees' mental health — and the culture surrounding mental health in the workplace — employees are not resounding in their opinions. This suggests that employers can do more. For example, the majority of employees indicate they want their employer to take additional action to support employee health. Primarily, employees would like employers to provide more information about mental health benefits, accommodations, and resources available to employees.

*The survey was conducted between Sept. 5 and Sept. 18, 2018.

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VA-19-1108-A-000474

Employees Recognize Overall Health Includes Mental Health

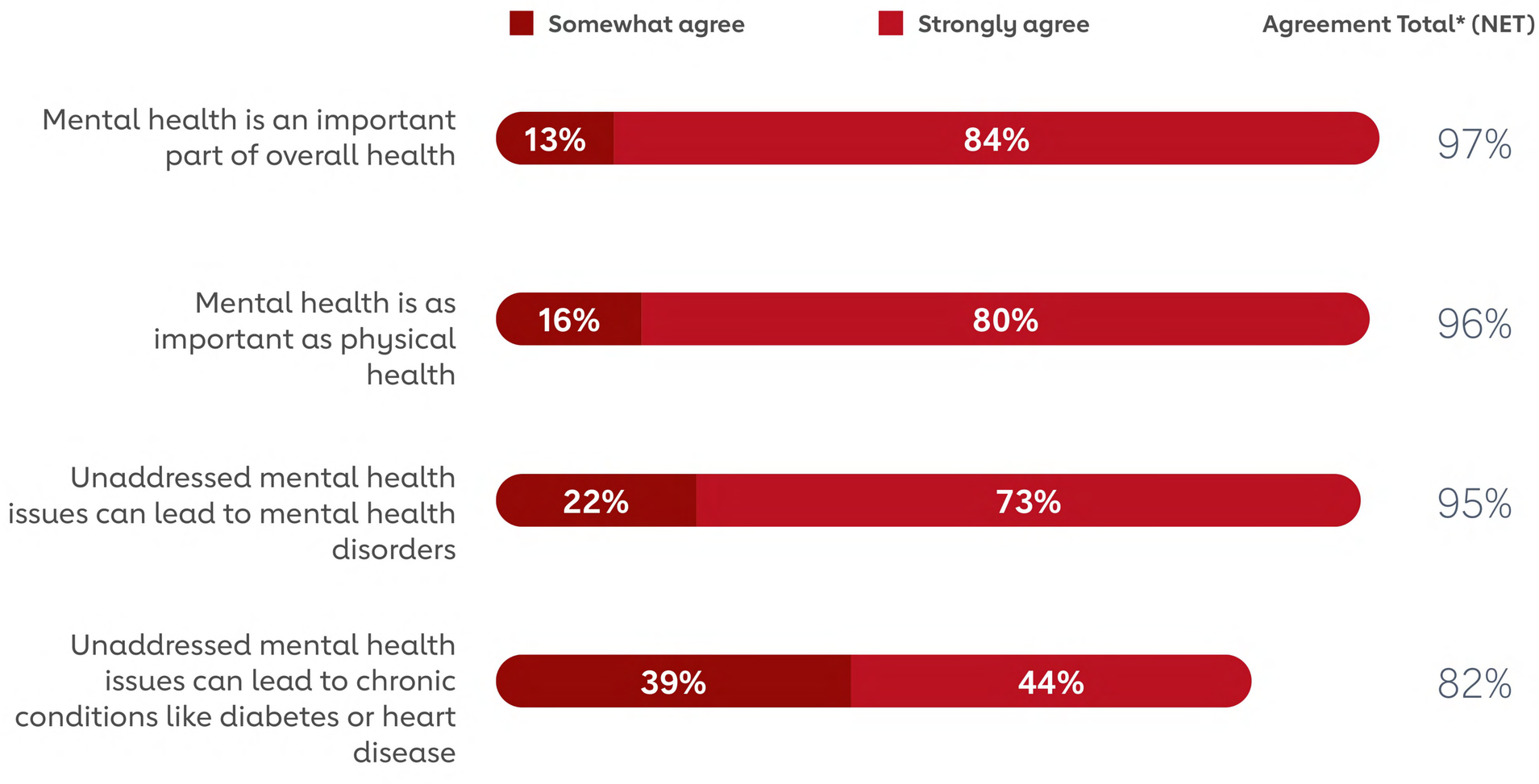
An overwhelming majority of employees see mental health as a clear priority.

Nearly all (**97%**) acknowledge that mental health is an important part of overall health.

96% agree that mental health is as important as physical health.

These employee convictions are not lukewarm.
In fact, 8 in 10 strongly agree with each of these statements (84 percent and 80 percent, respectively).

Table 13. Agreement with Mental Health Statements



BASE: ALL QUALIFIED RESPONDENTS (n=1,041)
Q700 How much do you agree or disagree with the following statements about mental health?
** Agreement Total refers to the combined total of answers indicating either Somewhat Agree or Strongly Agree.*

Moreover, almost all employees recognize it is important to take action, rather than letting mental health issues go unattended.

For example, the vast majority feel that, if unaddressed, mental health issues can lead to mental health disorders and/or chronic conditions like diabetes and heart disease. In addition, the majority (82 percent) of employees feel that mental health disorders require treatment. This may indicate that employees are aware that individuals with mental health issues, including mental health disorders, are in need of support.

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VA-19-1108-A-000475

Employees Can Have Good Mental and Physical Health, Yet Still Struggle

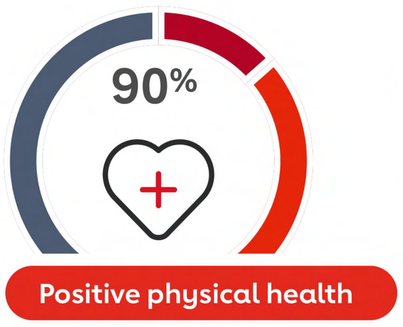
The majority of employees indicate they have struggled with at least one issue that has negatively affected their mental health.



(Q720. Which of the following issues, if any, have ever negatively affected your mental health? Please select all that apply. Base: All qualified respondents (n=1,041)

However, the majority of employees also report having at least good physical and mental health.

Employees Report Good Health Overall



Employees rate their own physical health as:
Excellent (12 percent)
Very good (37 percent)
Good (40 percent)

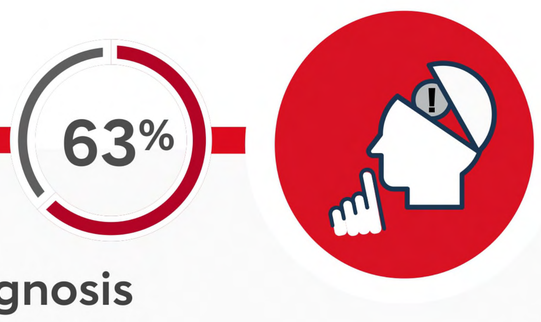
Similarly they rate their own mental health as:
Excellent (19 percent)
Very good (35 percent)
Good (34 percent)



Question Q710; How would you rate your own physical health?
Base: All qualified respondents (n=1,041).

Question Q715; Q715: How would you rate your own mental health?
Base: All qualified respondents (n=1,041).

Employers May or May Not Know About Their Employees' Mental Health Challenges



Employees May Be Reluctant To Reveal a Diagnosis

Most employees who have been diagnosed with a mental health disorder say they **have not told** their employer about their diagnosis.

Question Q750; Have you ever told your employer about your mental health disorder?
Base: Diagnosed with a mental health disorder (n=371).

Likewise, when employees consider the possibility of being diagnosed with a mental health disorder in the future, 52 percent say they **would not be likely to tell their employer.**

Question Q755; If you were diagnosed with a mental health disorder in the future, how likely would you be to tell your employer about your disorder?
Base: All qualified respondents (n=1,041).

In summary, **employers may not be fully aware of their employees' mental health needs because employees are not likely to tell them.** Employers should gain a better understanding of employees' perceptions and attitudes toward their role in promoting mental health and providing support for mental health issues, including diagnosed mental health disorders.

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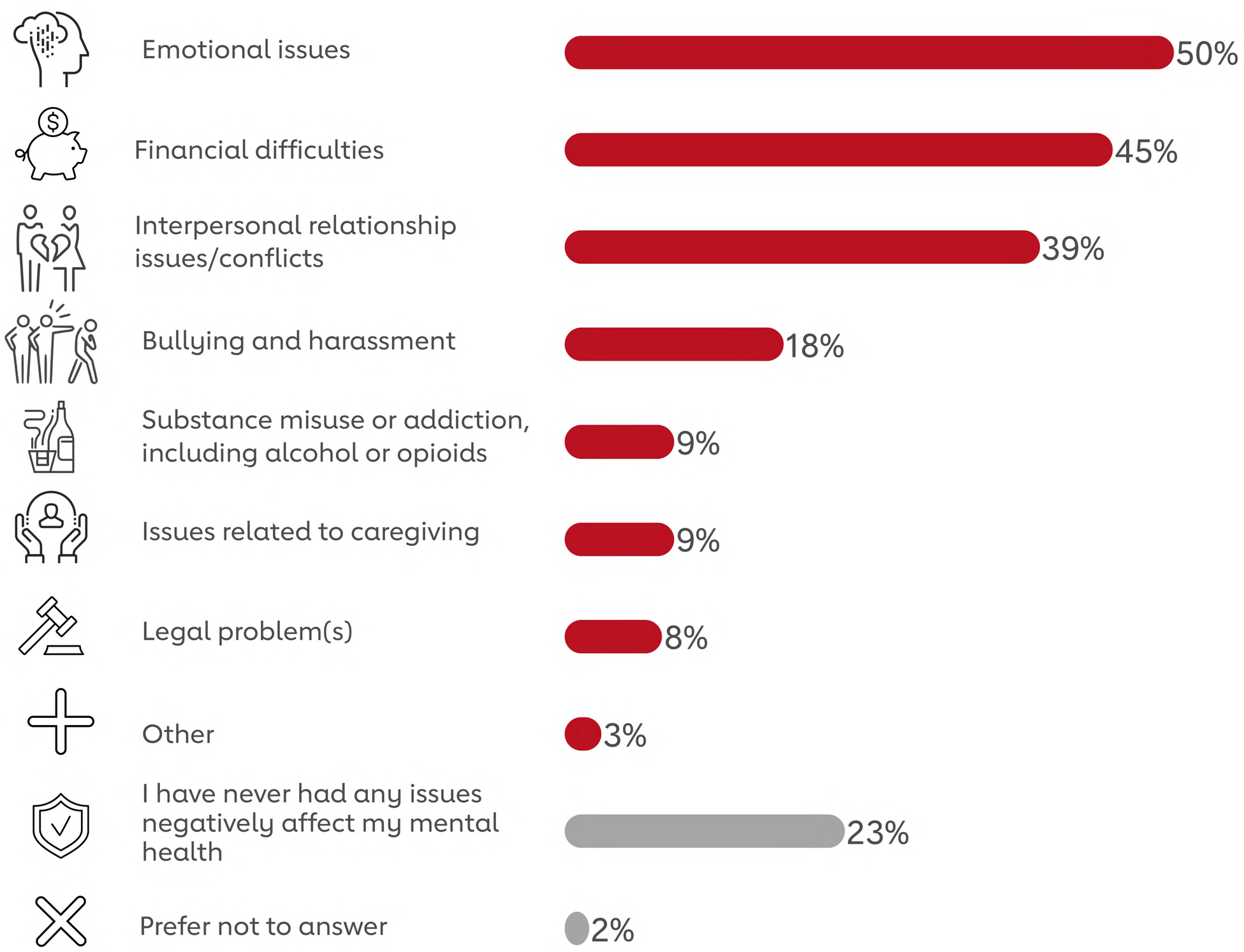
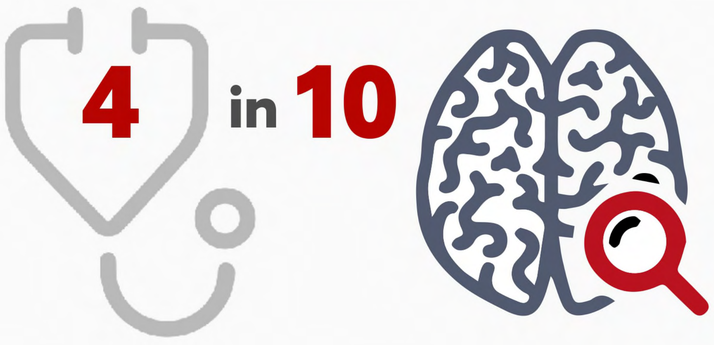
VA-19-1108-A-000476

Employees can be healthy overall, but still sometimes experience issues that require mental health support.

Table 14. Issues That Have Negatively Affected Employees' Mental Health



Base: All qualified respondents (n=1,041)
Q720 Which of the following issues, if any, have ever negatively affected your mental health? Please select all that apply.



have been diagnosed with a mental health disorder

In addition, a notable percentage of employees report being diagnosed with a mental health disorder. Regarding diagnosis, 4 in 10 say a health care professional has diagnosed them with a mental health disorder, including depression, anxiety or panic disorder. Of those who say they have been diagnosed with a mental health disorder, the majority (72 percent) say they received treatment. See Table 15.

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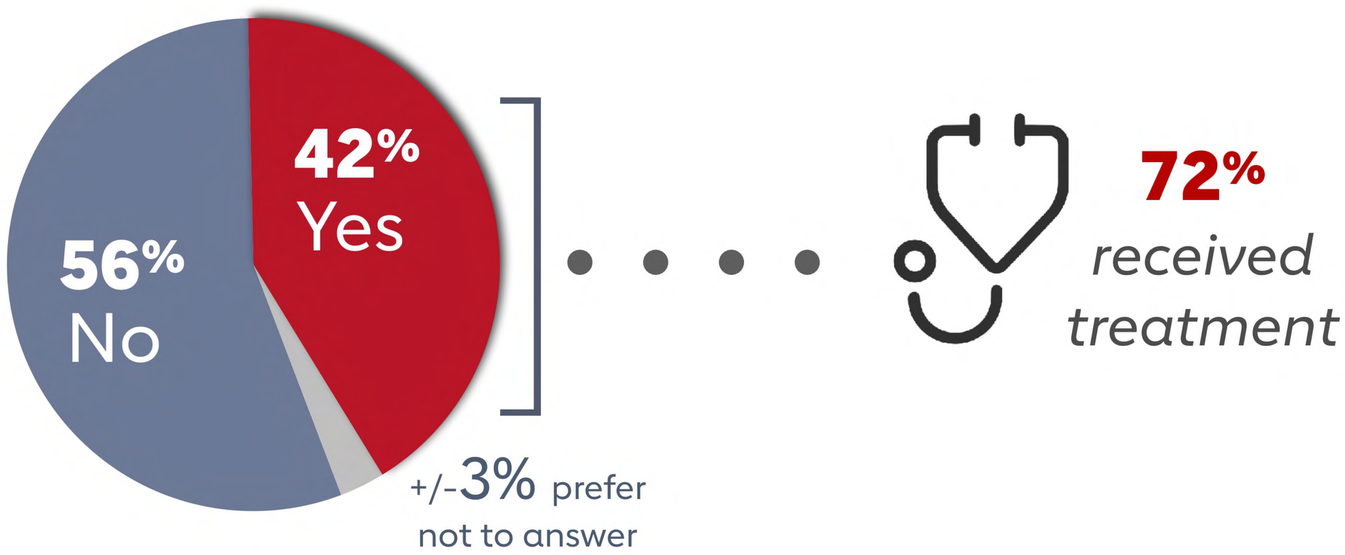
VA-19-1108-A-000477

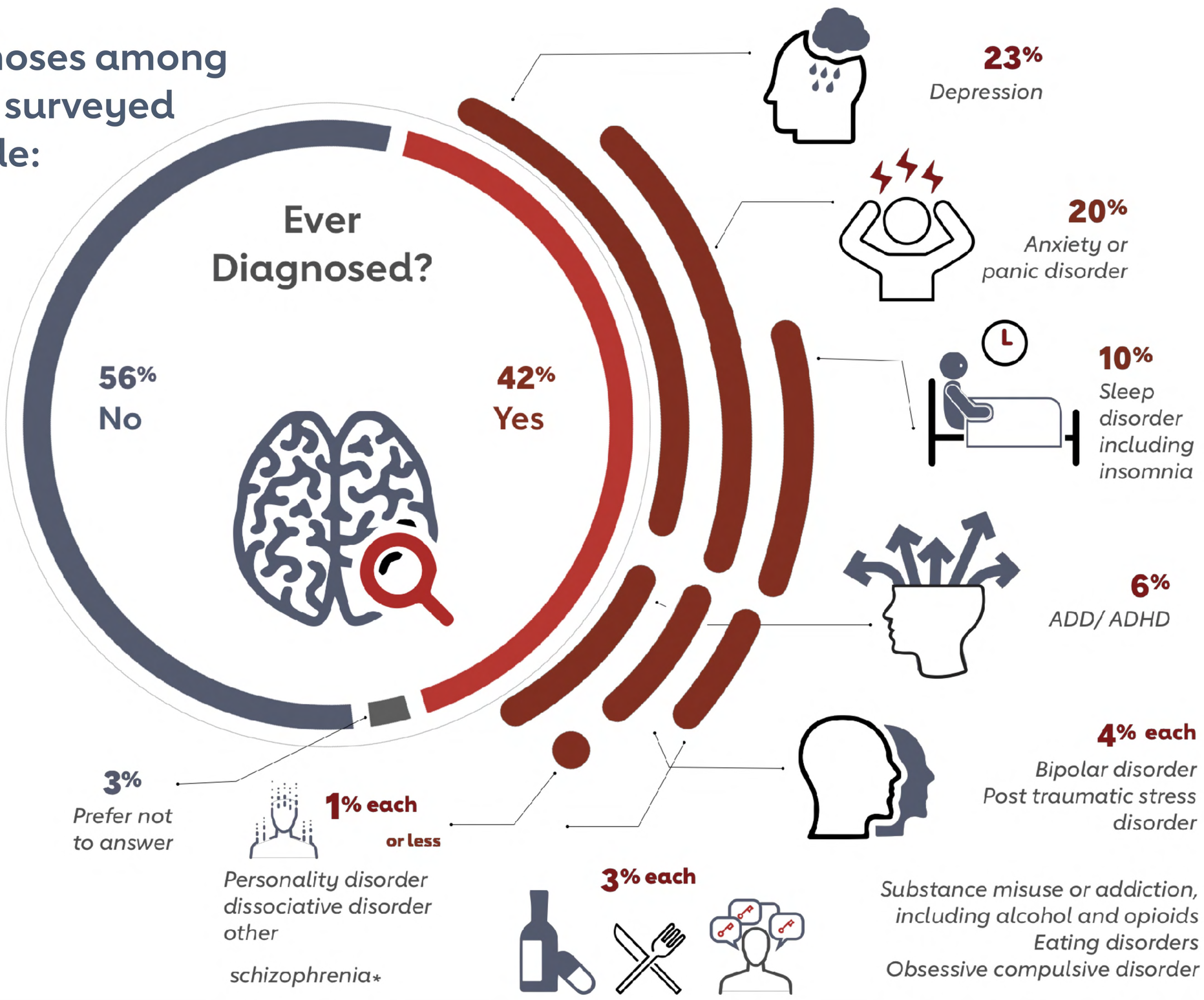
Employers may not be fully aware of their employees' mental health needs.

Table 15. Mental Health Disorders Diagnosed by HCP

Has a doctor, nurse or other health care professional ever diagnosed you with any of the following mental health disorders?



Diagnoses among those surveyed include:



Base: All qualified respondents (n=1,041)
Q740 Has a doctor, nurse or other health care professional ever diagnosed you with any of the following mental health disorders? Please select all that apply.
* An asterisk (*) signifies a value of less than one-half percent.
NOTE: Totals are greater than 100 percent because some respondents indicated more than one diagnosis.

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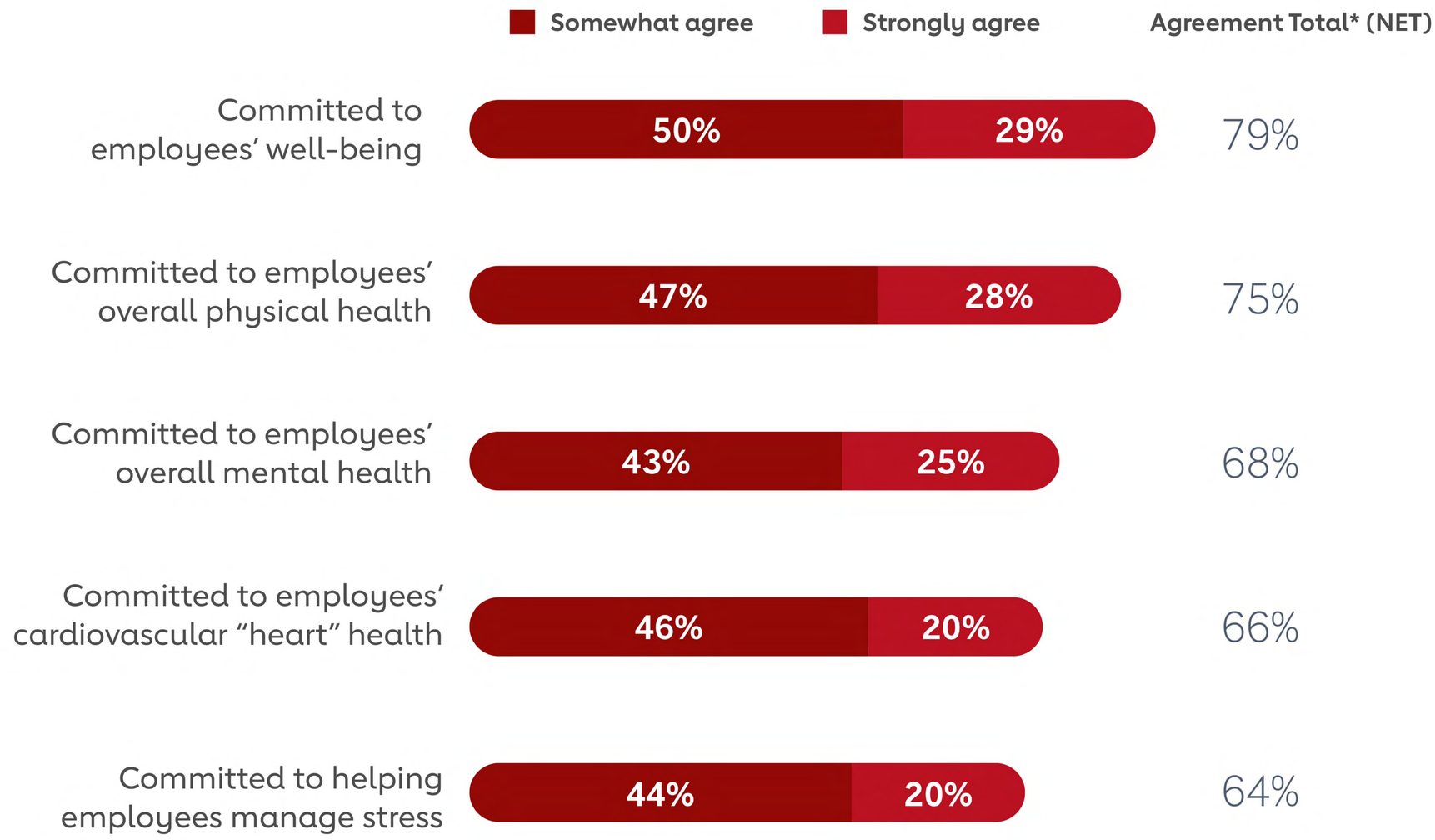
VA-19-1108-A-000478

Employee Perceptions on Employers' Role in Supporting Mental Health



Employers have a responsibility to support employee mental health (88 percent) and support employees diagnosed with a mental health disorder (88 percent), but fewer employers are described as committed to the mental health of the employees (68 percent).

Table 16. Perception of Employer's Commitment to Employee Health



Base: All qualified respondents (n=1,041)
Question Q805 - How much do you agree or disagree with each of the following statements about your employer's commitment to employees? Strongly Agree, Somewhat Agree, Somewhat Disagree, Strongly Disagree
* Agreement Total refers to the combined total of answers indicating either Somewhat Agree or Strongly Agree.

Employees describe their employer as doing a good job and being fairly committed to their employees' well-being and overall physical health, but are slightly less likely to agree that their employer is committed to the overall mental health of employees.

These findings indicate employers can do more to demonstrate they support mental health as much as physical health. For example, employers can emphasize the link between cardiovascular health and mental health and the importance of managing one to address the other.

> **"Employers can do more to demonstrate they support mental health as much as physical health."**



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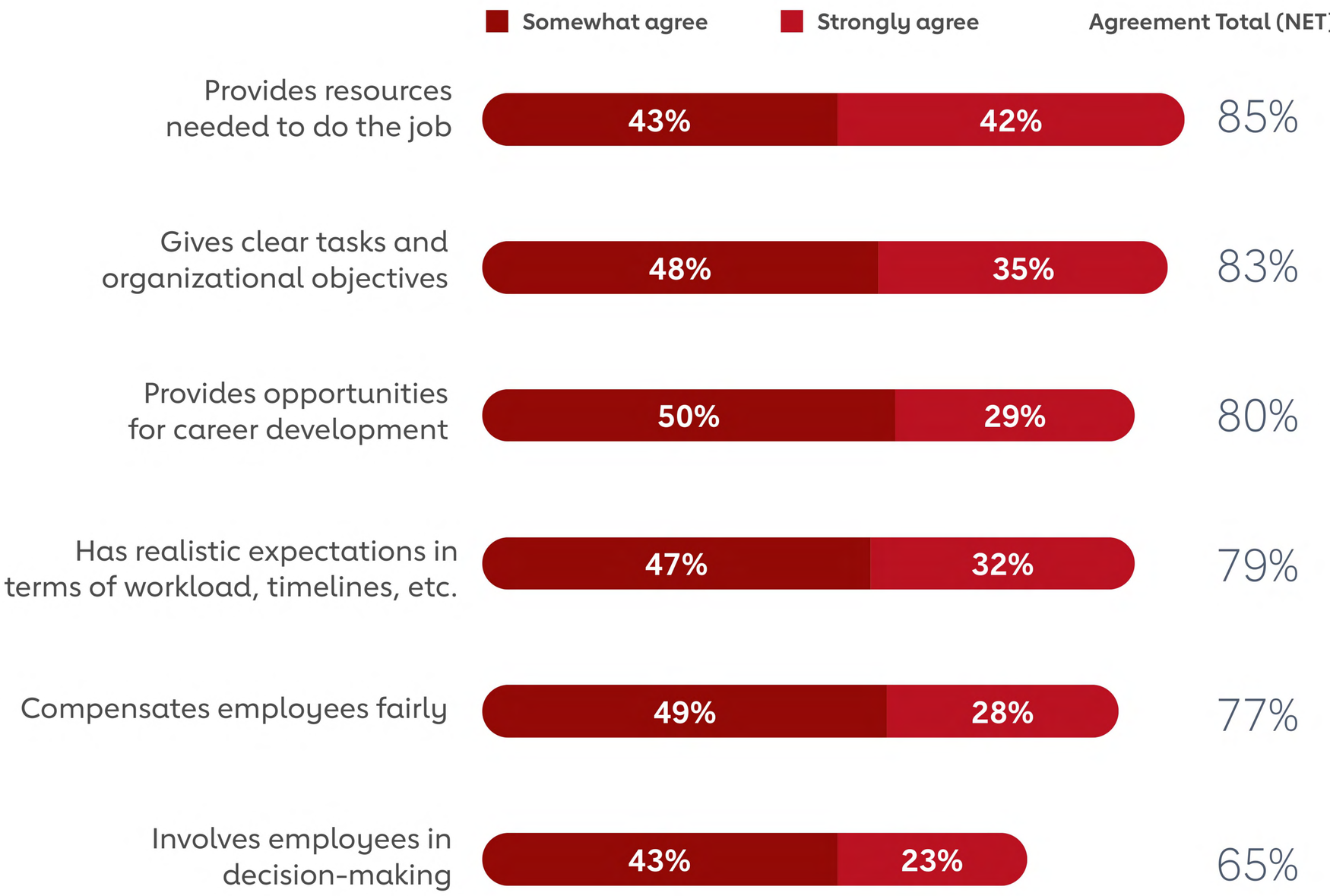
VA-19-1108-A-000479

Supporting work-life balance may enhance employee mental health.

In addition to preventing and treating mental health disorders, employers should be promoting positive mental health. To gauge employer performance in this area, the survey asked respondents to rate their level of agreement with the following statements:

Table 17. Employee Perceptions About Overall Work Environment



Base: All qualified respondents (n=1,041)
Q800: How much do you agree or disagree with each of the following statements about your employer? Strongly agree, Somewhat agree, Somewhat disagree, Strongly disagree
*Agreement Total refers to the combined total of answers indicating either Somewhat Agree or Strongly Agree.

Employers should consider the extent to which they facilitate a supportive work environment and should encourage positive mental health by modeling work-life balance. They should also make mental health resources and information more available to employees.

Aspects related to mental health information were rated somewhat positively, indicating employers can do more to communicate available resources to employees and provide more information about mental health in general health communication to employees. This may help employees feel better prepared, so if the need arises, they are knowledgeable about where to access help from their employer.

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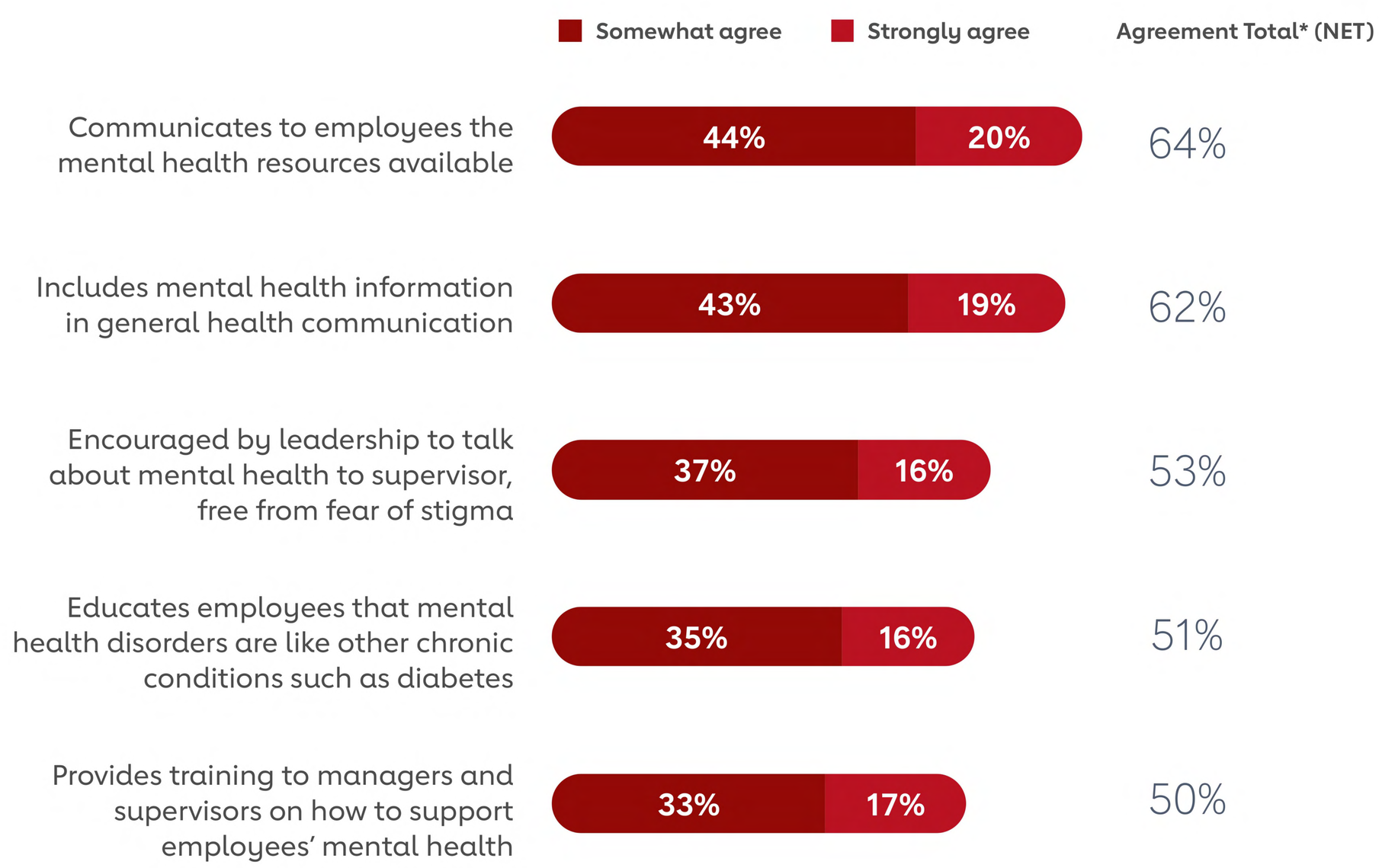
VA-19-1108-A-000480

Table 18. Agreement with Statements About Employer's Culture Around Mental Health



Base: All qualified respondents (n=1,041)
Q815 How much to you agree or disagree with the following statements about your employer's culture toward mental health?
*Agreement Total refers to the combined total of answers indicating either Somewhat Agree or Strongly Agree.

Employers can do more to engage leadership in dialogue with employees about mental health.

Only 53 percent of employees agreed that leadership encourages them to talk about their mental health to their supervisors, free from fear of stigma. It may be that employees would like to see their employers do more to encourage open conversations about mental health and, secondly, do more to ensure employees feel safe and comfortable talking about their mental health. To develop such a workplace environment, employers can mitigate the potential stigma associated with mental health issues through employee training and education.

Only 53%
feel encouraged to talk about their mental health with supervisors, free from fear of stigma



Employers should provide more mental health education and training across all levels of the organization.

Aspects related to education and training were rated least positively. Employers should consider providing more mental health training for employees across all organizational levels, including leadership.

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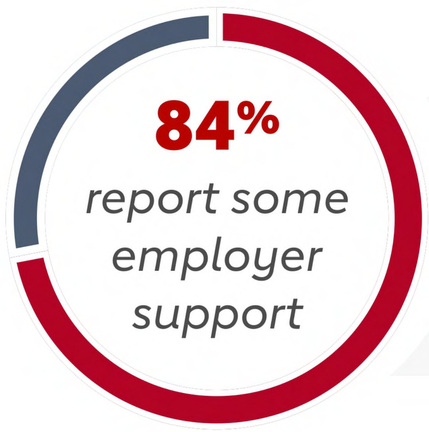
Employers provide a range of programs, policies and resources to support mental health.



Most employees report that their employers offer some support for employee mental health.

While no single offering is experienced by the majority, most commonly mentioned is information on employees' rights under the Family and Medical Leave Act, adequate insurance coverage for mental health services, flexible work schedules, and permitted leave of absence for mental health reasons. (Table 19)

Table 19. Awareness of Employer Offerings to Support Employees' Mental Health



Base All qualified respondents (n=1,041)
Q820 Which of the following, if any, does your employer offer employees to support their mental health? Please select all that apply.

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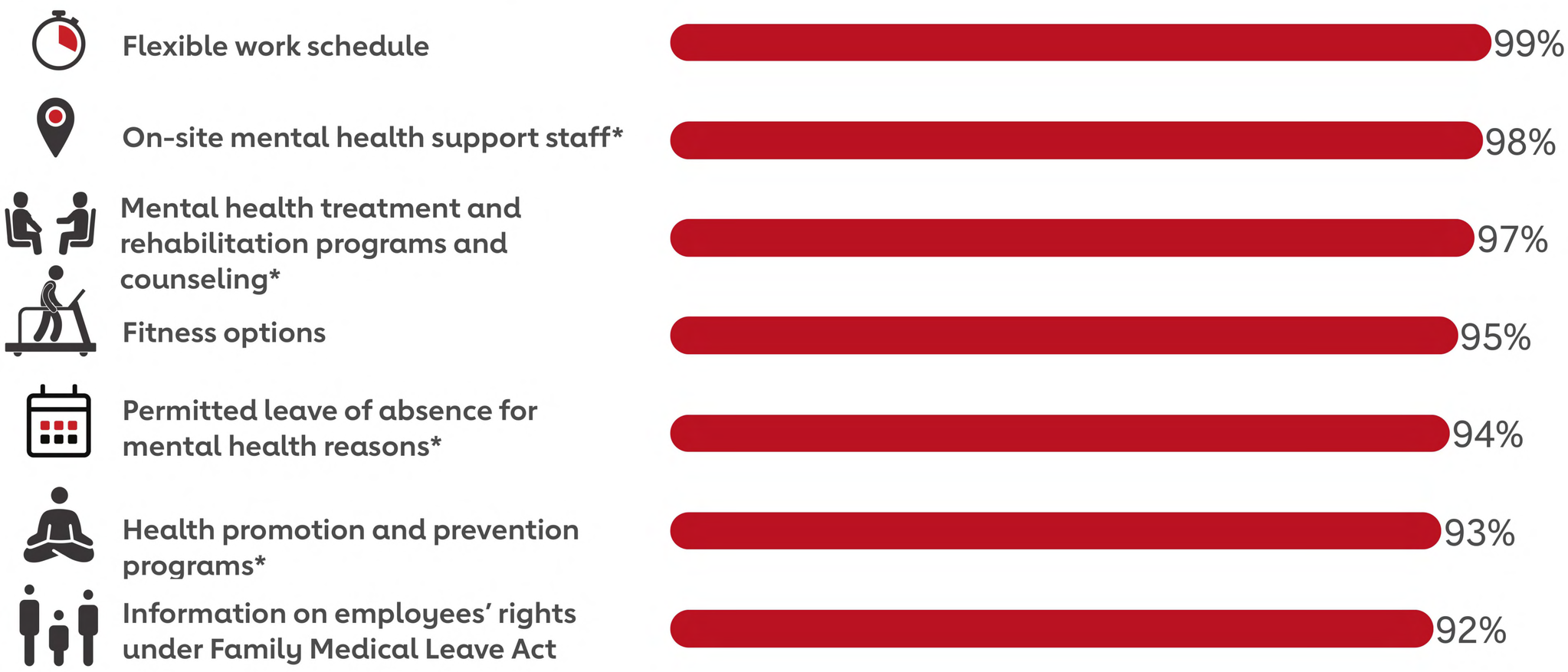
Employees take advantage of employer-provided mental health resources and find them useful.

Among the programs, policies and resources offered by their current or past employer, the majority of employees have taken advantage of flexible work schedules (57 percent) and fitness options (53 percent). They have also used health promotion and prevention programs (46 percent) when offered.

Employees report that these offerings have been overwhelmingly helpful.

Table 20. Helpfulness of Employee Offerings Used: *% Rated Offering as Very/Somewhat Helpful*

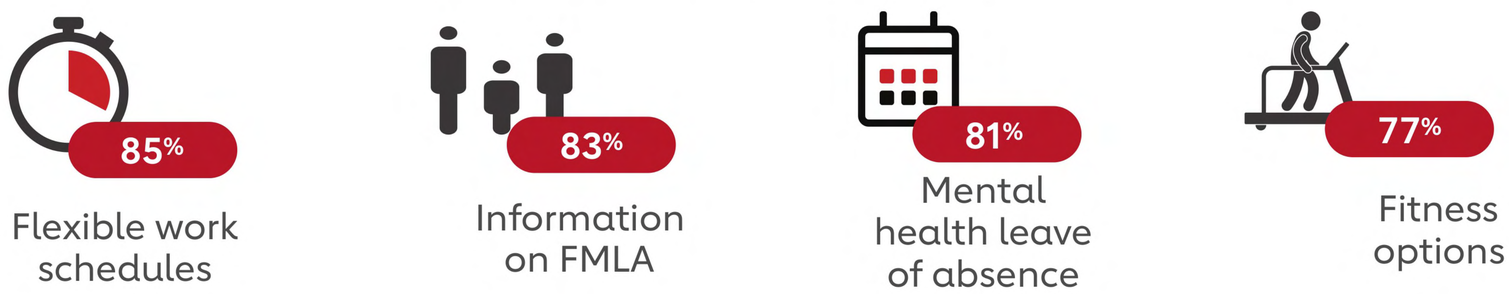


Base: Used Program (n=varies for each)
Question Q830;* Indicates a small base size (less than n=100 were offered program); use caution when interpreting

Employees are likely to use these mental health supports if the need arises.

Regardless of whether employees have received these supports to date, most say they are likely to use them in the future should an issue emerge that negatively affects their mental health. The programs they say they are most likely to use are flexible work schedules, information about employees' rights under FMLA, permitted leave of absence for mental health reasons, and fitness options.

Most likely to use in the future:



Employees want employers to take action to support mental health.

Although employers offer a range of mental health supports and employees report modest use of these supports, there may be more employers can do. In fact, the vast majority of employees (88 percent) envision steps they would like to see employers take to support mental health in the workplace. Among them are providing more information about available mental health benefits, accommodations and resources, training managers and supervisors to identify emotional distress among employees, and offering health promotion and prevention programs. (See Table 9)

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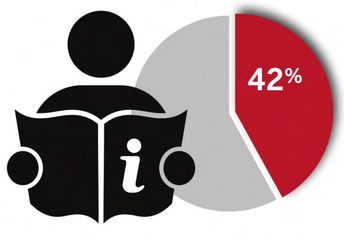
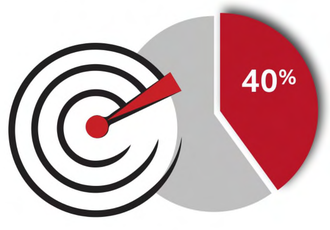
VA-19-1108-A-000483

Table 21. Actions Employees Would Like to See Employer Take to Support Mental Health



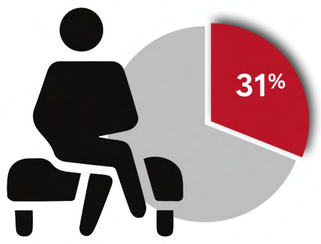
Provide more information about mental health benefits, accommodations, resources available to employees



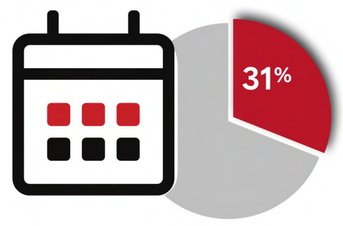
Train managers and supervisors to identify emotional distress among employees



Offer health promotion and prevention programs



Offer treatment, rehabilitation and counseling programs for mental health disorders



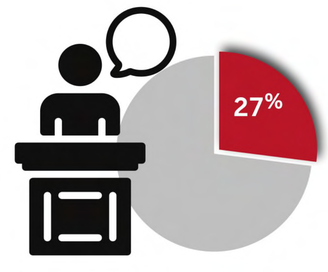
Require that vacation time be taken



Have leaders model work-life balance



Provide better quality outpatient and inpatient insurance coverage for mental health treatment



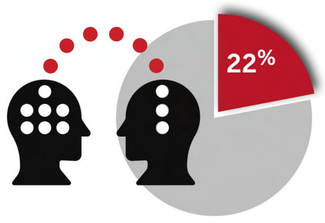
Have senior leaders talk about emotional well-being in communication to employees



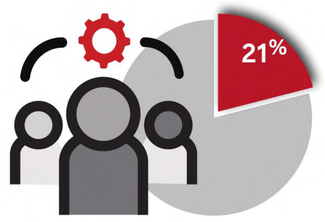
Create guidelines for job accommodations, including time to participate in therapy, other mental health programs



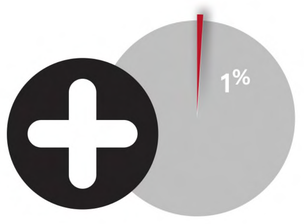
Develop written organizational policies protecting employees against bullying and harassment



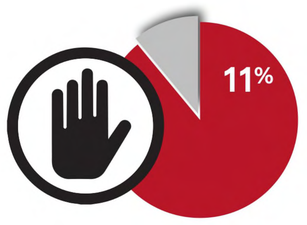
Offer a mentor/mentee program



Develop an employee-led workgroup focused on building a supportive culture of health in the workplace



Other



I would not like to see my employer take any actions to support the mental health of employees.

Base: All qualified respondents (n=1,041)
Q840 What actions, if any, would you like to see your employer take to support the mental health of employees? Please select all that apply.



Employers should optimize their current mental health supports (e.g., benefits, accommodations, training, promotion, prevention, etc.) and consider which of the above programs and policies they can offer as well.

AMERICAN OVERSIGHT

VA-19-1108-A-000484

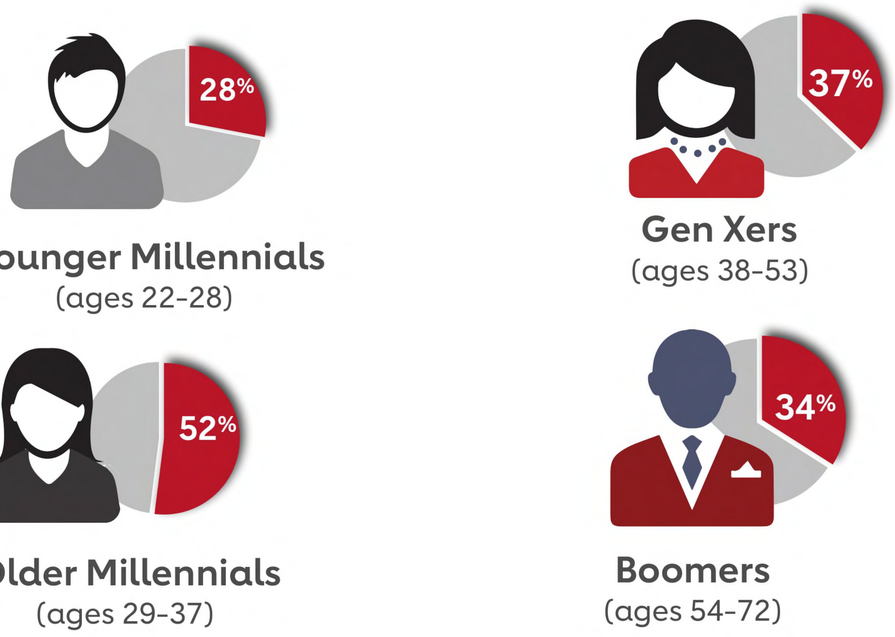
Employees have different perceptions, attitudes and behaviors toward mental health.

Having a better understanding of how perceptions, attitudes and behaviors vary within the workforce may help inform employers' approach to communicating messages and implementing mental health programs and policies. This survey examined differences across generations, genders, parental guardianship, and supervisory status.

Millennials may be less aware of available resources compared to other generations.



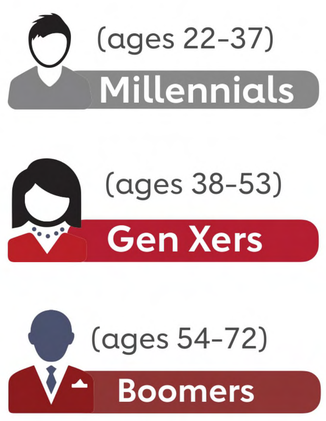
Older Millennials are more likely to turn to a mental health professional than other age groups.

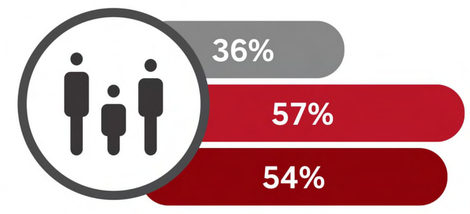


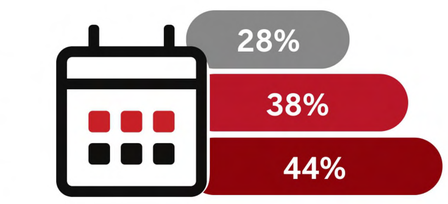
Base: (n=73) Indicates a small base size (less than n=100); use caution when interpreting
Q730. You mentioned you were able to find the support you needed to help you cope with issue(s) you were facing. Where did you receive your support?

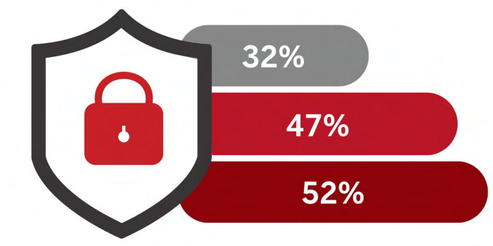
Awareness (by Age) of Mental Health Program Provided by Employers

Millennials are also less likely than Gen Xers and Boomers to say their employer offers programs to support mental health.

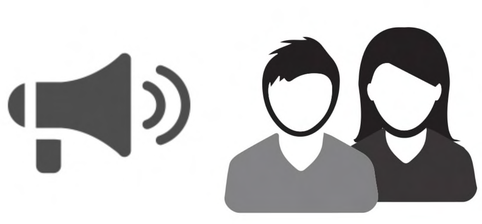








Base: All qualified respondents (n=1,041)
Q820 Which of the following, if any, does your employer offer employees to support their mental health? Please select all that apply.



Based on these findings, employers may want to target more communications toward Younger Millennials (ages 22-28), who may be in most need and open to support, but less aware than other generations of available resources.

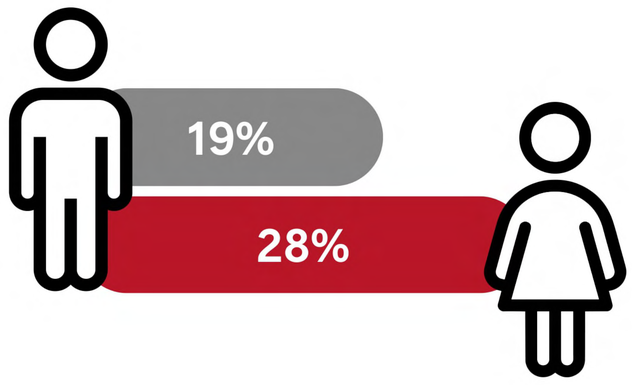
AMERICAN OVERSIGHT
VA-19-1108-A-000485

Women may be advocates for health promotion and prevention programs.

Male employees Female employees

Knows About Programs

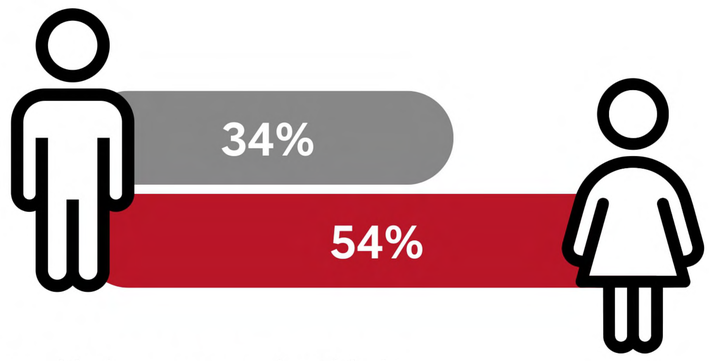
Female employees are more likely than male employees to say their employer offers health promotion and prevention programs to support mental health.



Base: All qualified respondents (n=1,041)
Q820 Which of the following, if any, does your employer offer employees to support their mental health? Please select all that apply.

Likely to Use Programs

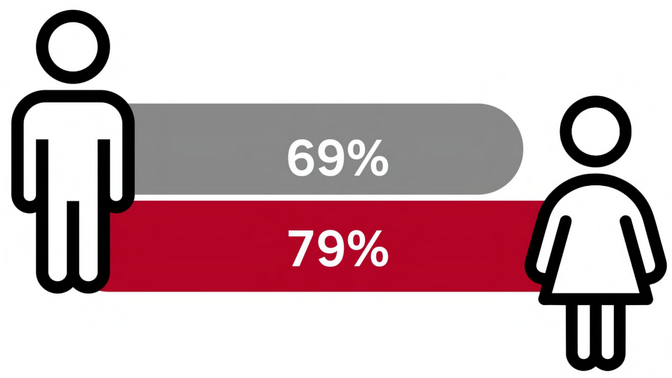
Female employees are more likely to use programs when offered.



Base: All qualified respondents (n=1,041) % shown includes respondents selecting very likely or somewhat likely
Q825 Have you used or taken advantage of the following? Please select all that apply.

Anticipate Future Usage

If an issue emerges in the future that negatively affects their mental health, female employees more often anticipate they will use these health promotion and prevention programs if offered.



Base: all qualified respondents, (n=1,041)
Q835: If an issue emerged in the future that negatively affected your mental health, how likely would you be to use each of the following if offered by your employer? Very likely, Somewhat likely, Not very likely, Not at all likely

Women are more likely to want their employer to support employee mental health by offering health promotion and prevention programs than men, especially those without children (40 percent vs. 28 percent of men without children). Women without children are also more likely than men to want their senior leaders to talk about emotional well-being in organizational communications (35 percent vs. 24 percent men with children, 24 percent men without children).

Base: All qualified respondents (n=1,041)
Q840 What actions, if any, would you like to see your employer take to support the mental health of employees? Please select all that apply.

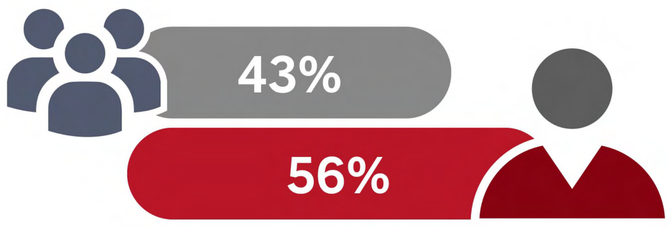
AMERICAN OVERSIGHT
VA-19-1108-A-000486

There may be differences among managers and frontline employees.

Managers | Non-managers

Excellent or very good physical health

Managers are more likely to rate their **physical** health better than employees who do not manage employees.



Base: All qualified respondents (n=1,041)
Q710 How would you rate your own physical health? Excellent, Very good, Good, Fair, Poor

Self-reported mental health

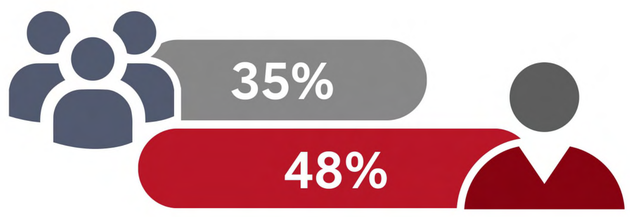
There is no difference in how managers and non-managers evaluate their **mental** health.



Base: All qualified respondents (n=1,041)
Q710 How would you rate your own mental health? Excellent, Very good, Good, Fair, Poor

Diagnosed with Mental Health Disorder

However, managers are more likely to say they have been diagnosed with a mental health disorder than non-managing employees.*

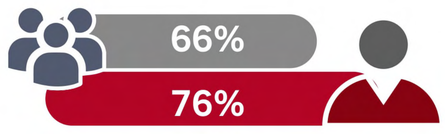


** While this could imply a greater mental health need among managers, it could also imply that managers may have greater awareness and/or access to mental health professionals who can diagnose their issues.*

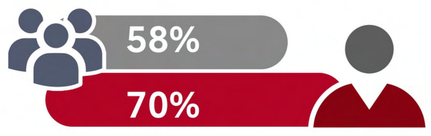
Base: All qualified respondents (n=1,041)
Q740 Has a doctor, nurse, or other health care professional ever diagnosed you with any of the following mental health disorders? Please select all that apply.

There are also differences in perceptions toward employers' commitment to health, in terms of manager status. Managers are more likely than non-managers to agree that:

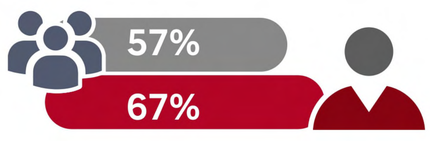
Employer provides an environment that is supportive of employees' mental health



Employer communicates to employees the mental health resources available



Information about mental health is included in general health communication from their employer



Base: all qualified respondents, (n=1,041)
Q815: How much do you agree or disagree with the following statements about your employer's culture toward mental health? Strongly agree, Somewhat agree, Somewhat disagree, Strongly disagree

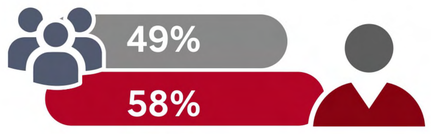
AMERICAN OVERSIGHT
VA-19-1108-A-000487

There may be differences among managers and frontline employees.

Managers | Non-managers

Free to Talk About Mental Health

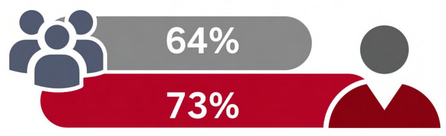
They are more likely than non-managers to agree that employees are encouraged by leadership to talk about their mental health to their supervisor, free from fear of stigma.



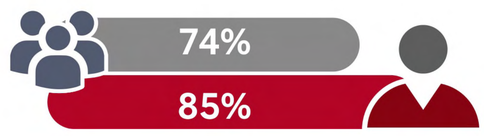
Base: all qualified respondents, (n=1,041)
Q815: How much do you agree or disagree with the following statements about your employer's culture toward mental health? Strongly agree, Somewhat agree, Somewhat disagree, Strongly disagree

Managers have more positive attitudes than front-line employees regarding their employers' commitment. For example, those who manage or supervise were more likely than non-managers to agree:

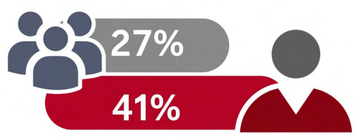
Employer is committed to overall mental health of employees.



Employer is committed to the well-being of employees.



These perceptions may relate to why managers are more likely to disclose their mental health disorder to their employer than non-managing employees.



Base: all qualified respondents, (n=1,041)
Q805: How much do you agree or disagree with each of the following statements about your employer's commitment to employees? Strongly Agree, Somewhat Agree, Somewhat Disagree, Strongly Disagree
Q815: How much do you agree or disagree with the following statements about your employer's culture toward mental health? Strongly agree, Somewhat agree, Somewhat disagree, Strongly disagree
Q750: Have you ever told your employer about your mental health disorder? Base: Diagnosed With Mental Health Disorder (n=371)

Managers may be less fearful of stigma around reporting a mental health issue.

When it comes to treatment, however, managers are more likely than non-managers to indicate they have not been treated for their diagnosed mental health disorder (31 percent vs. 18 percent). This may mean that they are not getting the health care they need despite being aware of and having access to resources.

Nevertheless, employers should ensure that communication about available treatment resources is reaching all staff, including non-management staff, and that the communication includes messaging about the privacy and confidentiality of disclosed employee health information.

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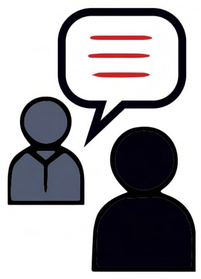
VA-19-1108-A-000488

Summary

Much like physical health, employers play an important role in supporting the mental health of their employees. By offering and promoting mental health programs, information and support, employers can have a meaningful impact on the lives of their employees. An important piece of this support is understanding the needs and wants of the workforce when it comes to mental health.

Below are some steps employers can take as they guide their employees to be more open and honest about their mental health struggles so they can create and promote meaningful initiatives in the workplace.

Key Takeaways:



- **Encourage employees and their managers to have open and honest communication** about mental health issues that may arise – creating an environment that is supportive and encourages getting treatment.



- **Provide more education to both managers and leaders** on how to effectively support the mental health of their employees. By doing so, employees may be more likely to go to them for support.



- **Promote mental health programs** offered in the workplace. When used, the vast majority of employees find them helpful.



- **Consider demographic differences** in supporting mental health. Mental health needs and preferences may vary based on their age, gender and management status.

This research provides employers with initial action steps that can be implemented relatively easily but greatly impact employees' mental health and general well-being, especially as mental health becomes a greater focus in the workplace.

AMERICAN OVERSIGHT

VA-19-1108-A-000489

COMPANY MENTAL HEALTH PROGRAM SUMMARIES

The American Heart Association CEO Roundtable is a premier leadership collaborative where member CEOs collectively commit to tackle the biggest workforce health challenges.

Fueled by the science and mission of the Association, member CEOs take bold action to help create scalable solutions and systemic change for companies across the country, drive innovations in employee health through evidence-based interventions, and improve the lives of their nearly 10 million employees and family members. This includes taking comprehensive approaches to support employees mental health, through health promotion, prevention, screening, treatment and rehabilitation.

In this section, we include descriptions from 19 companies that showcase a wide range of implemented programs, policies and practices. The intent in sharing these examples is to spark ideas among other companies and provide examples of mental health support for employees.

Program Summaries

This report contains summaries describing the strategies incorporated by CEO Roundtable companies to support the mental health of their employees.

1. ADP
2. American Heart Association
3. Amgen
4. AT&T
5. Bank of America
6. Booz Allen Hamilton
7. Dignity Health
8. The Dow Chemical Company (Dow)
9. Express Scripts
10. Humana
11. Johnson & Johnson
12. Kaiser Permanente
13. KKR
14. Leo Burnett
15. Levi Strauss & Co.
16. Macy's, Inc.
17. Merck
18. Philips
19. Quest Diagnostics

For additional case studies on mental health programs in the workplace please refer to the American Psychiatric Association Foundation's Center for Workplace Mental Health.[154]

AMERICAN OVERSIGHT

ADP

A more human resource.℠

At ADP, we are committed to helping people do their best work — not only for our clients and their businesses, but for our associates. As one of the world's largest providers of human capital management solutions, with over 58,000 associates worldwide, our purpose is to design products, services, and experiences that people love using every day. We are committed to the health and well-being of our associates, as they are the hearts and minds who help us fulfill our mission. We can't do what we do without them.

We foster a safe and positive work environment through our corporate policies. We also approach health comprehensively. When we think about the health of our associates, we consider all aspects of health, including mental health. As part of our comprehensive benefits package, associates have access to a range of mental health support services. At no cost, associates can receive counseling through our Employee Assistance Program or access resources available through our LifeCare referral service, our Voluntary Wellness Program, and our On-site Health and Wellness Centers. Our associates can seek mental health care through a choice of two leading health care provider networks under our medical plans. We've also expanded our telemedicine coverage to include virtual visits with behavioral health providers, making mental health care more affordable and convenient.

ADP also thinks about mental health in terms of how the organization can promote positive mental health and well-being for all associates. ADP provides an inclusive culture and nurtures an environment where well-being thrives. For example, many of our locations are equipped with on-site gyms, walking trails and offer on-site meditation services. We also support a broad range of Business Resource Groups which are voluntary groups of like-minded associates that enable them to connect with each other and participate together in associate and community engagement activities. Further, our senior leaders communicate with associates openly through leader blogs which provides a forum for associates to share and comment on matters important to them. Encouraging this open dialogue helps develop a workplace culture of health where associates feel comfortable talking with each other and with leadership about their well-being, including the support they may need in the workplace to foster their well-being.

The well-being of our associates has been a long-standing priority at ADP. In 1992, we established our first On-site Health and Wellness Center. Since then, we've expanded to twelve locations, each staffed by physicians and medical professionals who provide emergency and primary medical care and are able to refer associates to other care providers for mental health support. The staff further supports our associates with work accommodations to help manage stress and anxiety, even helping obtain an emotional support pet if needed.

AMERICAN OVERSIGHT

VA-19-1108-A-000491

ADP

A more human resource.℠

In recent years we've seen a rise in utilization for mental health related services in our health care plans and in our Employee Assistance Program (EAP). We recognize that our associates need support and in response, we are expanding our EAP to offer virtual counseling. In addition, we are partnering with our EAP vendor to develop mental health awareness programs for managers.

In addition, through our voluntary Wellness Program, we promote emotional and mental well-being by providing incentives for associates who talk with an EAP counselor or associates who complete a stress-less challenge which includes activities to help them build resiliency skills.

Our efforts to support associates' well-being continue to grow in response to our associates' health-related needs. For instance, to help combat family and financial stress, we're introducing a new backup child and adult care benefit and have expanded our paid parental leave program to offer associates more ways to balance their lives.

We strive to provide a supportive workplace for our associates that empowers them to be their best.

Carlos Rodriguez
President and CEO



AMERICAN OVERSIGHT

American Heart Association

At the American Heart Association, the overall health and well-being of our employees and their families is our highest priority, so we can focus on what matters most — keeping people healthy around the globe. We also know that people who suffer from heart disease or stroke can also likely suffer from anxiety or depression, and it is important to understand that link so we can effectively educate and support the people we serve.

Research shows there could be physiological connections between mental health and heart health. The biological and chemical factors that trigger mental health issues can also influence heart disease. That's why weaving mental health awareness into the fabric of everything we do inside our organization is foundational. We care about our employees' overall health and well-being and we innately understand how devastating mental illness can be to people's everyday lives. We have many programs in place to help our employees tackle issues that negatively affect their mental health and provide support for diagnosed mental health disorders.

Promoting flexibility allows our employees to integrate their professional responsibilities with their personal goals and obligations to optimize their emotional and mental well-being. Many companies promise work-life satisfaction — we actively encourage it. And our mission-driven organization provides nearly 3,500 nationwide employees with a sense of purpose to help save lives.

Employees changing health needs and identifying when support may be needed is vital and we encourage continual listening to one another with the intention of understanding. Through the employee wellness program, a voluntary annual health survey asks employees about stress, depression, substance abuse, social engagement and overall employee attitudes toward their health. Feedback from this assessment is translated into recommended programs and activities to help promote mental and emotional well-being.

Staff are provided a variety of resources to help mitigate stress and develop resiliency skills. For example, coaching programs, including Stress Less, Meditation and Happiness, help manage stress and enhance everyday lifestyle. Suggested mood and stress impact activities are: try a new group activity, meditate daily, breathe deeply, write in a journal, talk to friends and family, do something creative or keep a mood diary.

For employees who may be experiencing personal and/or work-related challenges, we offer free and confidential short-term counseling, referrals and follow-up services through our Employee Assistance Program (EAP). The Personal Assistant component of our EAP helps employees research anything they need help with such as finding elder care options for their parents and in-laws. From 2016 to 2017, our EAP utilization rates of 5 percent - 9 percent continue to be higher than the national benchmark of 4 percent.

AMERICAN OVERSIGHT

VA-19-1108-A-000493

American Heart Association

Our medical plans offer the same level of benefit for mental health treatment as for medical/surgical treatments. And when our employees need interventions, we offer traumatic event group counseling, resources such as a grief counselor at the office to assist employees work through their feelings related to the passing of a co-worker, materials, professional guidance, and private/confidential, individual, couples or family counseling. If long-term counseling is needed, our medical coverage allows for inpatient/residential treatment or outpatient care.

As a future priority, the American Heart Association is implementing stand-alone health support services such as expanding our telehealth services to reduce barriers to access and make counseling services available to more employees virtually. We've expanded our employee resource groups ERGs, who come together based on shared life experiences to move our mission forward and give further meaning to their work.

We have also recently published a presidential advisory from the American Heart Association that identifies ideal brain health so that it can be measured, monitored and modified. Our work will include the emotional component of brain health as we explore the contribution of behavioral science to develop solutions people who are counting on us most. We will collaborate with other experts in the field to inform our approach.

What sets us apart is the fact that we're in the business of managing chronic disease – whether it's heart disease or a related condition. We don't shy away from health challenges. We embrace them. Most importantly, our employees know that they will be supported no matter what.

We are committed to support the overall health and well-being for our employees, their families and the people we serve around the world because we are a relentless force for a world of longer, healthier lives.

Nancy Brown

Nancy Brown

Chief Executive Officer



AMERICAN OVERSIGHT

VA-19-1108-A-000484

Amgen

Amgen's Commitment to Mental Health
Amgen is committed to unlocking the potential of biology for patients suffering from serious illnesses by discovering, developing, manufacturing and delivering innovative human therapeutics. While we work to develop treatments to take care of others, we are also committed to taking care of the people contributing to these advances.
For example, Amgen offers its 12,000 staff in the U.S. and Puerto Rico a variety of programs that support mental health and well-being:

For example, Amgen offers its 12,000 staff in the U.S. and Puerto Rico a variety of programs that support mental health and well-being:

- **Employee Assistance Program:** This is an Amgen-sponsored benefit that connects staff members and their eligible dependents with effective and convenient care for their mental and emotional well-being. The program combines technology, research-backed therapeutic methods and top therapists to offer personalized care at no cost to the participant. The program provides access to certified counselors and coaches as needed. The services are delivered in different mediums (in-person, live video or self-guided) and sessions can begin almost immediately.

- **Meditation Program:** This program features meditations and teaches simple and effective tools for mindfulness at work and at home. The meditations are varied in topics and duration and are delivered in a "self-study" online medium, which allows staff to participate at a time that is most convenient.

We also offer our employees help in managing some of life's most stressful situations—from having a baby to caring for an elderly parent.

- **Cancer Support Resources:** A proprietary oncology resource guide, and other cancer support, is provided through our medical network. Amgen pays the full cost of this program.

- **Future Moms Program:** Personalized support from nurse coaches is provided to help expectant mothers through all stages of pregnancy.

- **College Coaching:** On-site seminars and personalized assistance are provided from former admissions officers who are available to assist staff members with questions related to financial aid applications, essay reviews and college savings.

- **Adoption Assistance Program:** Amgen reimburses eligible adoption expenses up to $4,000.

- **Elder Care:** Personalized support and resources are provided for staff members who care for an elderly family member. Some of the services provided include assessing appropriate housing options, discussing the benefits of engaging an elder care attorney, and evaluating available insurance options.

AMERICAN OVERSIGHT

Amgen

- **Child Care:** Amgen provides discounts for staff members utilizing child care services at participating day care centers. Partially-subsidized, on-site child care is provided at our headquarters in Thousand Oaks, California and at our manufacturing facility in Puerto Rico.

- **Special Needs Program:** Amgen provides webinars and personalized assistance to staff with special needs children or children facing everyday issues such as bullying, drug use, etc.

- **New Mom's Return to Work Support:** In addition to the required nursing room space, Amgen provides fully equipped rooms with hospital grade pumps, drying racks, and supplies. For nursing mothers traveling for Amgen business, Amgen provides a breast milk shipment service.

Robert A. Bradway

Robert A. Bradway

Chairman and CEO



AMERICAN OVERSIGHT

AT&T

AT&T is a modern media company.
We unite premium content, direct customer relationships, advertising technology and high-speed networks to deliver unique experiences to consumers and businesses of all sizes. We have about 270,000 employees across the US in functions ranging from corporate roles, data scientists, retail operations, technicians and call center representatives. Our major US locations include Dallas, Los Angeles, Atlanta, Chicago and New York City.

When it comes to our employees' mental health and well-being, AT&T's goal is to provide robust and well-rounded services through traditional benefits and our Your Health Matters (YHM) program. For example, we work to remove barriers that get in the way of access to quality care. We meet our employees "where they are" through a variety of channels: mobile app, website, text or telephone. And to contribute to the overall well-being of our employees, we are currently evaluating resiliency and stress management solutions to possibly complement our existing mental health support programs.

Overall Approach to Mental Health:

AT&T offers a variety of benefits and resources to help address life issues such as personal and family concerns, financial and legal issues, depression and other mental illnesses. The benefits and resources available to employees are accessible online or via telephone, and include:

- Mental Health/Substance Use Disorder Benefits
- Employee Assistance Program
- Work Life Services
- Well-Being Services

One example of our company's focus on mental health is our annual Stamp Out Stigma campaign. In 2018, the campaign was designed to educate employees to recognize and reduce the stigma surrounding mental illness and substance abuse. We encouraged them to take the pledge to Stamp Out Stigma, either online or in-person, and donated $1 to Mental Health America for every pledge collected. The campaign was promoted through storytelling on corporate communication channels and in-person by YHM champions in over 50 AT&T offices. By the campaign's end, we had collected over 11,250 employee pledges.

Besides our annual Stamp Out Stigma campaign, we also encourage supervisors to talk about AT&T's Employee Assistance Program (EAP). Our program administrator offers a specially trained team of EAP Consultants, called the Health and Performance Solutions (HPS) team, to assist supervisors with workplace issues or help employees develop strategies to resolve any issues they have. Supervisors may also contact HPS to request brochures or consultation on topics such as working with difficult people, coping with grief, excessive tardiness or absences, changes in personal hygiene, an inability to concentrate or other signs that raise concern.

AT&T's EAP, Mental Health (MH)/Substance Use Disorder (SUD) benefits work with other services to prevent, diagnose and treat issues related to mental illness. Each has received a minimum 90% satisfaction rating by our employees. One of our main goals is to have more

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proactive depression screenings performed by our vendor partners and to continue working across the company to lessen the stigma around mental illness. These programs are designed to provide superior resources for employees' mental health concerns and to address issues that may impact work performance.

Our vendor partners offer effective and cost-efficient services with ample provider networks, including the development of a preferred provider network that allows members rapid access to high-quality providers. The programs are universally available to our employees, and we continue using data to evaluate them and find ways to help to identify employees who may be at risk and in need of behavioral health support.

Historically, one of the common concerns of our employees was that our providers were sometimes no-longer in-network or not accepting new patients. To address that, we collaborated with our vendor partners and developed the preferred provider network. The data so far is showing us that more members have seen a preferred provider and are satisfied with the level of care they received. Eliminating this barrier alone helps employees get the help they need. That was key for us.

Outcomes

AT&T continues to focus on increasing participation in the EAP program, with a goal of resolving more cases before transitioning to behavioral health benefits. In cases that require additional MH/SUD care, we continue to emphasize the value of using an in-network preferred provider.

Current participation in the employee assistance program is around 8%. Campaigns like Stamp Out Stigma help employees understand that mental illness is nothing to be ashamed of. In fact, we've had several employees offer their own video testimonials of the struggles they overcame, and how they utilized our resources to find the right level of care. These powerful personal stories are a very effective tool to engage other employees.

AT&T continues to explore how to better integrate and coordinate medical, behavioral health and well-being services. We believe it's important to look at the holistic well-being of an employee and strive to make our services and benefits easily accessible to employees, regardless of where they are in their search. We're also considering staffing our onsite health clinics with EAP counselors to proactively screen, counsel or refer members to in-network providers. And finally, we are working with digital solutions to help aid in assessing and triaging members. Our goal is to direct employees to the appropriate level of care, while using data to proactively reach out to those who may need mental health support.

Randall Stephenson

Randall Stephenson

Chairman and CEO



AMERICAN OVERSIGHT

VA-19-1108-A-000498

Bank of America

Supporting Mental Health and Resiliency is Important to Bank of America's Approach to Wellness

Overview

At Bank of America, our purpose is to help make financial lives better through the power of every connection. We deliver on that by driving responsible growth. What does that mean? First, we have to grow, and do it by serving our clients and managing risk well. It also means that our growth has to be sustainable. This means that we share our success, including through our Environment, Social, and Governance programs; that we continue to invest in our talent and capabilities by focusing on continuous improvement through operational excellence; and, third, that we focus on being a great place to work for our teammates.

Fundamental to being a great place to work is supporting employees' wellness across three areas – financial, physical and emotional. To do that, we offer programs and resources that include approaches to stress management, work-life challenges, and mental health care. We also offer assistance for life's major moments such as the birth of a child, the death of a loved one, retirement, and other milestones. This encompasses a number of programs, benefits, and resources, including:

- **Comprehensive wellness benefits and resources:** Bank of America provides a range of resources related to mental health, work-life challenges, and stress management:
  - **In-person and telephonic counseling** – Employees and their families can access six face-to-face counseling sessions per issue, plus unlimited telephonic support with a specialist, all at no cost to the employee, through our Employee Assistance Program.
  - **Work-life support** – Work and life benefits include back-up child and elder care, free financial counseling, tuition reimbursement and referrals for everyday needs. By addressing these stressors — big or small — these programs help support mental well-being.
  - **Return-to-work** – A physician and an administrator partner supports employees in a graduated return-to-work process.
- **Courageous conversations:** In an effort to address the stigma that can accompany discussions about mental health, senior leaders and employees across the company have engaged in conversations about the importance of well-being, and how to find support and resources. The discussions emphasize the importance of investing in employees' and communities' well-being. Leaders have shared personal stories of how they addressed challenges in their own lives.
- **Wellness communications:** To support the efforts around emotional wellness, we offer a series of articles and events for employees. In recognition of Mental Health Awareness Month in May, we shared messages with employees around the world about building resiliency, stress management, the importance of sleep, crisis prevention, and mental health care – all to create discussions accessible for employees at all levels. These conversations will continue into 2019 on topics including suicide prevention, mental health support for at risk populations like veterans and youth, support for victims of domestic violence, and substance use disorder and recovery awareness.

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Bank of America

- **Focusing on managers:** Managers are the front line when it comes to staying in touch with our employees' wellness. Managers are equipped with programs and tools related to helping build resiliency. When employees have a major life event, we also have our Life Event Services team, which is a single point of contact and a trained, empathetic ear in times of crisis. This team brings resources to bear when teammates or their family experience tragedy, loss, or crisis.

Our focus is on how we support employees' physical, emotional and financial wellness. Each aspect of wellness contributes to the others. It is important to being a great place to work for our teammates.

Brian Moynihan

Chairman and CEO



AMERICAN OVERSIGHT

Booz | Allen | Hamilton
100 YEARS

Booz Allen Hamilton

Mental Health Program Summary: Booz Allen Hamilton

For more than 100 years, business, government and military leaders have turned to Booz Allen Hamilton to solve their most complex management and technology problems. We create value from tomorrow's technology today, applying a combination of consulting, analytics, digital solutions, engineering and cyber expertise. Headquartered in McLean, Virginia, our firm employs more than 25,000 people across the globe.

Mental health and emotional wellness are at the core of our people programs. Through leadership development that focuses on building up our people and health and wellness programs that empower, employees are provided with the tools to change the world. For those experiencing mental health conditions, we aim to provide personalized care, resources to reduce stress, and a compassionate support system to ensure they get the help they need. We focus on fostering holistic health and well-being. Our goal is to increase awareness about the importance of mental health, reduce stigma, and provide employees with the tools they need to improve their mental well-being.

To support our global workforce, we take a high-touch and high-tech approach to promote total physical, emotional, and financial wellness and reduce the stigma around mental health. Our PowerUP program, for example, provides opportunities throughout the year to practice healthy habits and build resilience. In addition, we have partnered with a resilience training website, MeQuilibrium, to provide online stress management and skills programs to all employees and their spouses/domestic partners, regardless of health care plan. Employees who participate in our annual emotional wellness challenge are rewarded with an $150 contribution to their HSA. In 2015, Booz Allen partnered with the Campaign to Change Direction (CCD), adopting resources from CCD's five signs of emotional suffering campaign. The campaign has created a c**ommon language for talking about mental health issues at the firm** and has reinforced an institutional culture that puts people's well-being at the center.

At the core of our business are our leadership philosophy, employee value proposition and purpose statement: "Empower People to Change the World." Our leadership philosophy commits leaders to revere our people, to be personally invested in their success and to provide them with a supportive culture to be themselves. When an employee experiences a mental health issue, their leadership team and the Booz Allen First Responders (HR community, Legal, Employee Relations, Security) make the biggest impact. That is why we dedicate time and resources to training to ensure that our leaders promote positive mental health. Leadership are educated on how to prevent unhealthy work behaviors that cause stress and how to spot warning signs of emotional suffering using the five signs. They are also equipped with effective practices to reintegrate and employ people who have experienced mental health problems.

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VA-19-1108-A-000591

The most valuable resource for many employees is our Disabilities Accommodations Team (DAT). Employees may request assistance from DAT and be assigned a case manager to create a plan and arrange workplace accommodations that help them perform their work, while managing their mental health needs. Each plan is tailored to the employee's medical needs and designed to promote workplace success and productivity. In accordance with recommendations from a health care provider, as well as the desires of the individual, our accommodation specialists help implement workplace accommodations, ranging from equipment to flexible work schedules.

For the past two years, Booz Allen leaders, including our CEO and Chief People Officer, have sponsored and championed the Emotional Wellness Symposium. At the symposium, leaders, employees, and external experts share stories and resources on coping with mental and emotional challenges. As leaders model unflinching courage and talk about their own personal journeys with mental health, they set a tone for openness and understanding across the firm. Put simply, our leaders show that at Booz Allen we care about and empower one another.

The support we provide includes medical and specialist care. We provide 8 free counseling sessions per mental health event for employees and dependents, and expert advice through our EAP. Mental health services and medical coverage are included in our company health care plans. Additional online resources are available 24/7, such as meditation and mindfulness practices for stress reduction through Castlight and resources on dealing with life events through Lifeworks.

While promoting positive mental health is a good business practice (reduces health care costs and improves retention), we measure success by how healthy and empowered our people are. We believe we are making progress in destigmatizing mental health issues, as evidenced in the increased use and participation in our mental health programs. For example, we've seen an increase in the use of the EAP, and in 2017, employee inquiries about mental health resources more than doubled from the prior year to more than 16,000 inquiries by phone and online. We also expanded the range of wellness offerings from largely physical wellness programs to a variety of emotional wellness offerings such as yoga, meditation and the Emotional Wellness Symposium. These new offerings yielded an additional 1,000 employees engaged in mental and emotional wellness programming, with participation totaling approximately 37 percent of the workforce. Our leaders and managers have also reported an increase in conversations and inquiries about accommodations and mental health in general. We consider this increase a positive indicator that employees are seeking the assistance they need to improve their overall health through firm-provided resources.

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Booz Allen Hamilton

To sustain momentum, we've incorporated a mental health and emotional wellness training into our mandatory annual ethics and compliance training for all leaders.

We care about our employees and want to provide them with the resources they need to live their best lives. This is why we strive to increase awareness about the importance of mental health, reduce stigma, and provide employees with the tools they need to improve their mental well-being.



Horacio Rozanski
President and CEO

AMERICAN OVERSIGHT

Dignity Health

Dignity Health is one of the nation's largest health systems with more than 400 care centers, including 41 hospitals, urgent and occupational care, imaging and surgery centers, home health, and primary care clinics in 22 states. Founded in 1986 by the Sisters of Mercy under the name Catholic Healthcare West, Dignity Health has more than 60,000 employees and 10,000 active physicians – all united by a mission to provide compassionate, high-quality, and affordable patient-centered care to all populations. We strive to keep our patients and staff members healthy and fulfilled through teamwork, innovation, strategic partnerships, faith, and compassion.

Delivering care to patients can be a rewarding and fulfilling career. For some, it is a higher calling to serve. But building healing connections with patients can also take an emotional toll on health caregivers. Practitioners can suffer from ongoing stress that comes with the responsibility of caring for other people's lives. At worst, this can have an impact for providers, resulting in industry-wide issues related to burnout. Research has shown that there are many factors that contribute to both physician and nurse fatigue. That is why Dignity Health works toward the overall well-being of our employees by promoting a culture of resilience and providing physical, mental and spiritual resources they need to feel safe, productive and valued. Over the years, Dignity Health has developed evidence-based interventions and engaged in partnerships that increase resilience and improve the overall well-being and satisfaction of employees.

Dignity Health understands that tackling burnout can't be a one-size-fits-all solution and must instead encompass a combination of interventions to address the unique needs of our individual care facilities and teams.

Most recently, in 2017, Dignity Health established an interdisciplinary resilience steering committee to help employees across the network acquire skills that can be applied – at work or at home – to improve resilience and their individual well-being. Based on research conducted in partnership with academic and social innovation organizations to explore the impact of compassion and kindness in health care, the committee developed a toolkit of evidence-based interventions. Programs in that toolkit include reflective pauses, peer support, and compassion skills training. We also leverage technology such as apps and online programs to scale these offerings across our broader employee network.

Dignity Health partners with Stanford Medicine's Center for Compassion and Altruism Research and Education (CCARE) program aims to cultivate compassion and promote altruism through science and research. An extensive scientific literature review sponsored by Dignity Health and conducted by CCARE found growing evidence that kindness holds the power to heal, and that when patients are treated with kindness, they experience better outcomes.

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VA-19-1108-A-000884

Dignity Health

Providers benefit from compassionate care, too, as evidenced by Dignity Health's mindfulness-based cognitive program for nurses. Our research and analytics team, along with experts from CCARE, worked with the staff to develop "mindfulness shift huddles," in which nurses perform a series of mindfulness exercises at the beginning of their shifts and agree on a phrase they can use throughout the day to reset when needed. Participating nurses reported improved communication and better handling of complicated situations with patients. The program is now being scaled and offered online for nurses at several of our facilities.

There is nothing more important than the well-being of those who are called to be caregivers. As the needs of our employees evolve, Dignity Health will continue to promote a culture of resilience and offer evidence-based strategies and resources to our employees and physicians. These individuals give so much of themselves and it is important that we address and are open about the strain they experience on a daily basis. After all, they are the key to delivering the highest standard of care to patients throughout our system.

Lloyd Dean
President/CEO



AMERICAN OVERSIGHT

The Dow Chemical Company

Dow combines science and technology knowledge to develop premier materials science solutions that are essential to human progress. Dow's market-driven, industry-leading portfolio of advanced materials, industrial intermediates and plastics businesses deliver a broad range of differentiated technology-based products and solutions for customers in high-growth markets such as packaging, infrastructure, and consumer care. Dow employs approximately 37,000 manufacturing, research and development (R & D), commercial and support employees serving customers in more than 150 countries.

As a company that aspires to be the most innovative, customer-centric, inclusive and sustainable Materials Science company in the world, the mental and emotional well-being of employees is critical to Dow's success. This is because a work environment that enables employees to bring their best and whole self to work increases Dow's ability to collaborate creatively, work safely and act efficiently.

Dow treats mental health as one dimension of total health and creates a support structure for mental health, in parallel with creating support structures for the other dimensions of well-being (e.g., physical, intellectual, financial). Dow's approach to supporting the mental health of employees is comprehensive; yet, it continues to evolve as the organization learns more about the evolving needs of its employees, including changes to work and life stressors. For example, technology and globalization have led to increasing fatigue among employees. Several decades ago, fatigue was a mental health challenge reported mostly by shiftworkers. However, today fatigue is an issue Dow observes across its whole workforce. In response to this need, Dow now provides support to all employees to address fatigue.

Further, Dow has moved beyond singularly addressing "stress management" to addressing "total health." While Dow offers specific stress and resilience training, programs and communications, Dow, more importantly, focuses on providing broader "total health" support to address the underlying causes of stress. Total worker health strategies involve recognition, communication, health services, employee resource groups, mentoring, flexible work, and safe, appealing work environments. For example, Dow works actively with cross-functional teams to identify and address workplace stressors and reduce their impact on safety, employee satisfaction and company performance. At Dow, stress is not viewed or discussed as a personal weakness; it is readily accepted as a business imperative to help employees manage.

Dow's approach to address mental health involves being aware and inclusive of employee differences and taking understanding of those differences into consideration in the design and implementation of company policies and practices. For example, offering of programs like Dow's employee assistance program (EAP) is no longer a perk limited to some locations. Today, Dow's EAP is available to every employee and his or her dependents, globally. Globally, EAP utilization averages about 5 percent, which is consistent with market average. The design of global health programming has also changed. Twenty-five years ago, for example, Dow operated health promotion programs designed for the general U.S. workforce. Today, Dow creates and delivers its own health programming through a global lens. Dow's health promotion programming aims to address all dimensions of well-being and aims to customize its programming to its various employee subgroups. For example, Dow translates its health promotion programming into more than 10 languages.

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The Dow Chemical Company

Specifically, for mental health, Dow has offered mental health-related support for employees for more than 30 years.

Key activities include:

- **A global healthy culture index, with an annual assessment and site-based action planning**
- **Diversity and Inclusion strategy and Chief Inclusion Officer**
- **Mental health parity in U.S. health care benefits**
- **Various leave options for stages of life or personal needs, in addition to traditional holiday and vacation programs**
- **Global substance use policy**
- **Active leadership and funding to help communities where we operate flourish**
- **Stress/resiliency and depression leader training**
- **Energy management and purpose programs**

In addition, since 2014, 5,000 employees participated in Dow's team-based stressor assessment and improvement program. Employees who have participated in this program report improvements in the workplace culture, regarding support for mental health and emotional well-being. In another example, users of a purpose app saw statistically significant improvements in outcomes such as presence, creativity, energy, willpower and personal, family and community alignment.

Dow regularly assesses the mental health needs of employees and evaluates the effectiveness of its approach to support employee mental health. For example, Dow's annual employee health exam and employee survey includes questions about stress and mental illness. Asking about these areas of health demonstrates to employees that Dow values mental health as much as it values the other dimensions of well-being. Results from these assessments indicate, consistently, 80% of employees do not perceive that work-related stress affects their ability to do job well. In addition, only 20% of employees feel they do not have energy for family, friends and activities at the end of a workday. Where available, we also monitor prevalence and direct health care costs associated with mental disorders. In general, our covered populations are at or below peer levels.

We are currently in the process of updating our mental health and emotional well-being approach (as part of our overall corporate well-being strategy) and increasing our efforts to reduce stigma related to mental health. Going forward, we will extend our efforts to create an amazing employee experience, to go beyond just removing stressors and toward a work experience where Dow people thrive.

Jim Fitterling

Chief Executive Officer



AMERICAN OVERSIGHT

Express Scripts

Express Scripts is a health care opportunity company. Our legacy as an industry innovator provides us with the foresight to recognize potential where others see problems – potential for safer, more affordable care and better health for all. Every day, we actively expose opportunities to unlock new value through our specialized expertise, deep insights, active listening and meticulous data analysis. We take on the toughest challenges in health care wherever they arise, with unwavering focus and a tenacious determination that never fades. In working alongside our clients and partners, we continue to innovate and reach toward getting better, together by developing personalized solutions that make a meaningful difference for our 100 million members. At Express Scripts, we are "all in" for our patients, and that includes many of our 27,000 employees. In alignment with the national conversation surrounding mental health awareness, Express Scripts remains dedicated to providing resources and tools to educate our employees about mental illness in the workplace and beyond.

Overall Approach to Mental Health

This September, Express Scripts introduced #StampOutStigma, a campaign that is devoted to reducing the stigma surrounding mental illness. As an organization, #StampOutStigma represents our commitment to raising awareness about mental health issues and removing barriers to treatment for our employees. Over the past several months, Express Scripts has offered live, interactive webinars facilitated by GuidanceResources® behavioral health professionals, which allow employees to learn more about various mental health topics. By taking part in these webinars, our employees have come together to align our corporate values with our #StampOutStigma initiatives, further developing our culture of inclusion on behalf of those with mental illness.

Building a Culture that Supports Mental Health

To promote our #StampOutStigma webinar series, we leveraged our Recognition Rx program to incentivize employee participation. When an employee registers and attends any of the monthly webinars, s/he is entered into the webinar session's sweepstakes drawing. The winners of the drawing each month win 100 Award Points. Using these points, employees may purchase items from company's Recognition Rx store or provide donations to charitable organizations.

As a follow-up to the webinar, employees also have access to send #StampOutStigma cards to leaders and other employees, recognizing their contribution to "stamping out the stigma" of mental illness. These cards are used when a leader allows time for an employee to attend a training or a co-worker uses one of the toolkits on HR Express Way, leads a behavioral health conversation in a meeting or supports others during a difficult time. These #StampOutStigma cards connect awareness with gratitude, encouraging mutual respect and collaboration among co-workers.

AMERICAN OVERSIGHT

Express Scripts

Mental Health Programming

In addition to the #StampOutStigma webinar series, Express Scripts provides employees with a "Mental Health Toolkit," which contains information to aid employees in becoming mental health advocates. These resources include checklists and research-driven insights about mental health issues, such as what to do if someone is contemplating suicide and the warning signs of depression. Furthermore, the GuidanceResources program offers all employees convenient access to confidential counseling. These counselors are certified health professionals available 24/7 to assist advocates and patients with strategies for managing and coping with mental illness. With our "Mental Health Toolkit," our guiding philosophy of being "all in" for patients informs our multi-faceted approach to employee well-being, reminding those with mental illness that help is always readily available and accessible.

Mental Health Programming Outcomes

Beyond metrics and data points, the real value of our #StampOutStigma campaign reveals itself in the community building that comes with awareness, as recently evidenced in one of our "Post Script" blog posts. The "Post Script" blog is an internal forum where our employees are invited to tell personal stories related to health care topics within the larger Express Scripts community. This November, one of our associates shared her ongoing journey with chronic mental illness. While describing her idyllic childhood, professional achievements and caring family, she also delved into the darkness of severe depression and the shame that often accompanies mental illness. With time, this associate courageously acknowledged her closeted condition and sought out strategies that have allowed her to move forward, understanding that the road to recovery is a lifelong journey. After reading her story, I was struck by the remarkable outpouring of positive support and sincere gratitude from fellow Express Scripts employees and co-workers in the comments section. Within the first day, the post had garnered more than 120 likes and 37 comments. Reading through these comments, I noticed how her courage became contagious, inspiring others to share their story, seek out help and create "a life to love." Following her example, Express Scripts will continue to raise awareness and reduce anxieties about mental health issues in the workplace and beyond.

Tim Wentworth
President and CEO



AMERICAN OVERSIGHT

VA-19-1108-A-000899

Humana

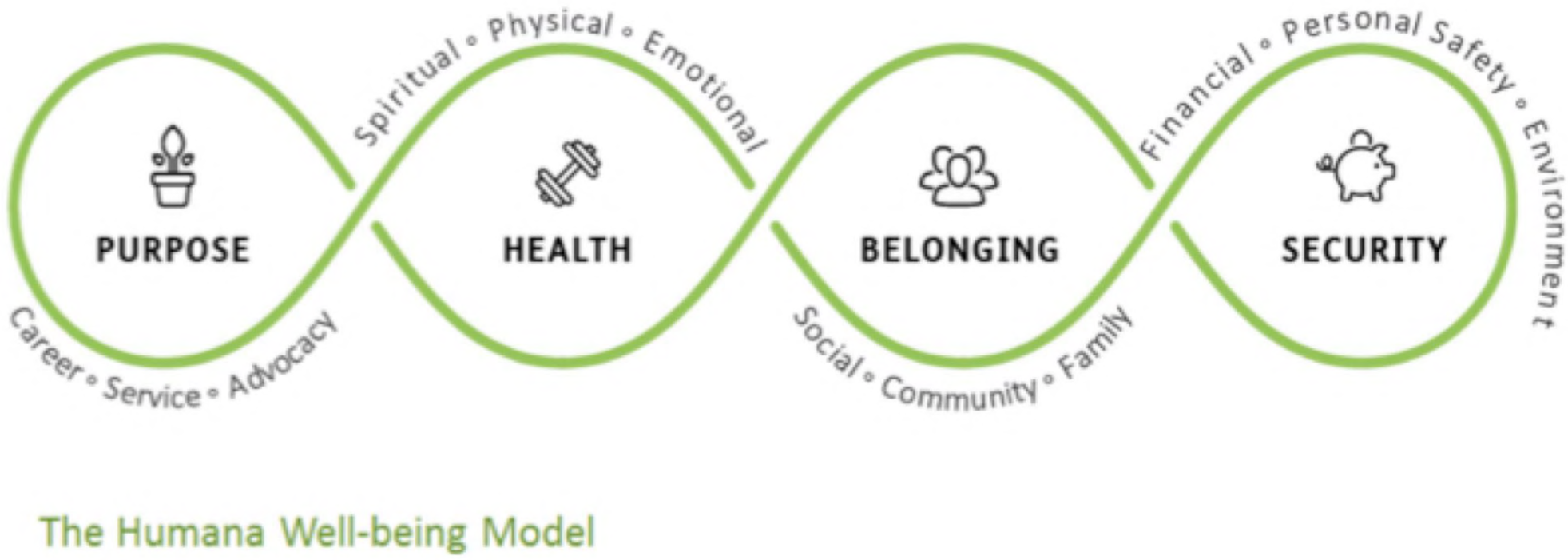
With a rich history in care delivery and health plan administration, Humana is creating a new kind of integrated care with the power to improve health and well-being and lower costs. The company's 42,000 employees are in nearly every state plus Puerto Rico, with roughly one quarter of them in clinical care roles.

Humana's approach to mental health is holistic, fitting with a commitment to whole-person well-being. The focus is on building emotional health and resilience, creating an environment for honest, open dialogue and when life becomes too difficult, EAP/Work-Life, financial assistance, and behavioral health support are available.

Humana's approach to employee mental/emotional health and well-being

Using Humana's holistic well-being model as an underpinning, the company first understands employees' needs and positive practices and then delivers simple, integrated experiences to help improve well-being across multiple life dimensions:

- **Purpose:** Inspiration leading to meaningful activities that bring joy, including one's job
- **Health:** Having the physical, emotional and spiritual energy and desire to thrive every day.
- **Belonging:** Personal relationships and connections within communities.
- **Security:** Feeling safe and protected, including financially.



The Humana Well-being Model

This broad spectrum of care helps to address social determinants that impede mental health, such as social isolation, economic insecurities and disengagement in one's work. Emotional health programs, experts and practices are made available to all employees. In addition, caring leadership create opportunities for discussion and shared support, and behavioral health services are integrated into benefits. When resilience resources are not enough, targeted interventions are used.

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Humana

Humana

Building a culture that supports employee well-being

Humana's culture impacts employees' emotional well-being by nurturing their relationships with leaders and teammates. Leaders are expected to create meaningful experiences by showing simple acts of support and encouragement. For example, listening with empathy and showing compassion elevates employees' experiences at work. Leaders are provided guidance and coaching to help them interact with their teams in this way. Emotional well-being outcomes, such as perceived stress or Mentally Unhealthy Days, are part of the digital dashboard used by leaders and teams to set improvement goals across all well-being dimensions and continue shared progress.

In addition, Humana launched a series of conversations and exercises for all employees. Developed by a behavioral expert, these interactive team experiences are designed to promote optimism, build resilience, and reduce stress.

As a result, safe and open conversations about needs and values are now a more normal part of the workplace. This sharing of feelings has increased empathy and trust and enhanced the perception of teammates as a source of support. This care and attention to emotional well-being makes all the difference to employees. Collective well-being has measurably improved in many ways with employees happier, healthier, more resilient and more engaged in their work.

Experiences and resources for employee emotional well-being

Humana utilizes internal and external best-in-class practices to deliver measurable results. Services are tailored to population needs and geography, with an emphasis on creating simple and meaningful experiences. With Humana's multi-dimensional well-being model, emotional health and resilience are an essential focus for the culture and leadership. Care and support address the breadth of emotional needs. For example, webinars are available to increase awareness of the signs and symptoms of substance use disorders and offer guidance on what employees can do if they, a family member, or a friend has a substance use disorder/problem. They also showcase how EAP can help reduce the impact of mental health disorders, workplace stress and other work/life issues. EAP behavioral health counselors are embedded within Humana's onsite health and well-being centers as part of integrated employee care. Behavioral health services are provided for those enrolled in benefits and targeted interventions are made with people struggling or when trauma is too difficult to address through available resilience resources.

There's also substantial support for employees caring for or affected by family members, co-workers, or friends struggling with substance abuse. The EAP/Work-Life team can assess and locate support including substance abuse treatment services, after-care services such as transitional/halfway houses or sober living programs, and support groups for those recovering from substance abuse issues or those affected by a loved one's substance abuse.

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VA-19-1108-A-000811

Humana

Humana

Well-being outcomes for the Humana employee population

In 2014, Humana set a Bold Goal to improve the health of every community served by 20% by the year 2020. The primary measurement for Bold Goal community health improvement is Healthy Days, a measure developed by the CDC that includes the combined total of physical and mental unhealthy days. By the end of 2017, employees' health had improved 18%. These gains amount to over 1.8 million more Healthy Days than they would have otherwise experienced at baseline. In 2018, Unhealthy Days per month continues to trend down, and in Q2, reached a full 20% improvement, at 4.9 Unhealthy Days/month.



In 2017, 85.4% of employees reported their leaders care about their well-being. Further, teams who have a high sense of belonging – empathy and compassion for each other – experienced 6 times fewer Mentally Unhealthy Days. Recent measurable results signal continued positive progress:

- **Overall well-being across the four dimensions has improved over 25% since 2013**
- **Mental Unhealthy Days have improved 9% over the past 5 years.**
- **In 2018, a 19% YOY decline was observed in the number of employees reporting elevated levels of perceived stress (7 or above on a 10 point scale, according to the American Psychological Association).**
- **EAP/Work-Life services utilization by Humana employees (strongly promoted and integrated) is at an annualized rate of20%. That's more than two times the level of utilization reported by National Business Group on Health members (surveyed in 2018) and over 4 times above the national average which is usually reported between 2-5%.**

Humana's holistic approach addresses mental health within the context of whole-person well-being. This approach has facilitated building a culture that fosters emotional well-being and has supported health outcome improvements among the workforce, including a notable decline in mentally unhealthy days. To continue improving the workplace culture and achieve additional health outcome improvements, Humana will continue supporting employee's overall well-being across multiple life dimensions: purpose, health, belonging and security.

Bruce Broussard

Bruce Broussard

President and CEO



AMERICAN OVERSIGHT

VA-19-1108-A-000512

Johnson & Johnson

"There is so much more to be done; the patients are waiting."

That famous quote from Dr. Paul Janssen is very meaningful to us at Johnson & Johnson because it embodies our determination to find solutions to persistent public health issues, and specifically, mental health.

We believe good health is the foundation of vibrant lives, thriving communities and forward progress. That's why for more than 130 years, we have aimed to keep people well at every age and stage of life. Every day, our more than 130,000 employees across the world are blending heart, science and ingenuity to profoundly change the trajectory of health for humanity.

At Johnson & Johnson, we believe in looking at health holistically: physical, mental and emotional health are inexorably linked. We continue to foster and grow an inclusive and understanding culture that destigmatizes mental health issues and provides the resources to support our employees in bringing their wholes selves to work. As an active leader in global mental health advocacy, we support mental health within our workforce through strong leadership, compassionate culture and innovative technologies. New approaches are evaluated using continuous measurement to understand employee needs and impact.

Strong Leadership

J&J's CEO, senior executives, and managers have committed to raising awareness and proactively addressing mental health in the workplace. Our employee health goals are publicly reported and our leaders have shared accountability for those goals. Leaders not only regularly communicate the progress toward our health goals and emphasize employee resources at company events and business town halls, but many leaders often share personal stories to help raise awareness and contribute to building a safe and inclusive culture. This provides a foundation and guide for all the company's mental health efforts – consistent with the company's overall focus on every employee being their personal best, in all dimensions of health.

Compassionate Culture

Johnson & Johnson provides a work environment, culture and programs that support an integrated approach to health that addresses three pillars -Healthy Eating, Healthy Movement, and Healthy Mind.

AMERICAN OVERSIGHT

VA-19-1108-A-000813

Johnson & Johnson

Within the Healthy Mind pillar, we have implemented a Healthy Mind policy, which is designed to:

- Educate and engage employees and families on the importance of mental well-being
- Conduct a periodic review of, and ensure compliance with, regional/local regulatory requirements related to mental well-being
- Regularly conduct a workplace risk analysis of key elements impacting mental well-being, and develop action plans to address identified risks
- Provide awareness training for managers and employees on resources available and how to reduce the stigma related to mental health
- Provide employees access to resources and programs on mental well-being (including stress management, resiliency, energy management, and work-life effectiveness)
- Provide and promote an Employee Assistance Program (EAP) to employees and families
- Provide individual and organizational support during critical incidents
- Report and provide data annually on EAP utilization and effectiveness

Innovative Technologies

We continue to offer new services, based on emerging trends. For example, we provide computer-based mental health training and a mobile app that teaches resiliency and self-stress management techniques.

In April 2017, the Mental Health Diplomats employee resource group was formed. This group of 600+ passionate employees in 21 countries worldwide have a common interest in raising awareness of mental health in the workplace, providing resources to educate and support employees coping with mental illness and ultimately fostering a culture of inclusion at J&J by helping to remove the stigma often associated with mental health. Recently, this group mobilized 80+ global J&J sites to share their resources on World Mental Health Day. Sites across the globe held interactive activities, speaker forums, and lunch & learns, while also promoting via posters, videos and through our internal social newsfeed.

Measuring Outcomes

J&J not only invests in well-designed and well-executed employee health and well-being programs, but also spends money to evaluate program outcomes across multiple dimensions that included health risks and financial returns.

Our programs have been verified externally to show a proven return on investment as well as demonstrate strong links to improved market performance. This value has been realized via decreased health care costs, lower absenteeism, increased employee engagement and productivity.

AMERICAN OVERSIGHT

VA-19-1108-A-000514

Johnson & Johnson

We offer behavioral health programs as part of our medical plan. These programs are universally-targeted, and the services are available 24/7/365. To measure the effectiveness of these services, we work with Aetna to employ specific quality metrics and identify complex clinical management cases as early as possible. For example, in 2017 we saw a positive trend in accurately identifying behavioral health comorbidities during the initial case manager contact. On average, we expect to see 25% of a population with behavioral health comorbidities. Of the 8,284 Johnson & Johnson members who sought care using Aetna, 22% were accurately identified with a behavioral health comorbidity, therefore we identified 88% of the potential cases upon first interaction.

We are dedicated to continuous measurement and improvement by reviewing utilization of the mental health program and EAP. Some recent outcomes from this approach include: appropriate behavioral health diagnosis and improved worker health.

J&J supports the mental health of its global workforce through strong leadership, compassionate culture, and innovative technologies. In addition, J&J recognizes the importance of continuously assessing the effectiveness of efforts to ensure that programs are providing benefit and that all aspects of employee health, including mental health, are addressed holistically.

Alex Gorsky

Chairman and CEO



AMERICAN OVERSIGHT

Kaiser Permanente

As a leader in total health, Kaiser Permanente understands the importance of supporting the mental health and wellness of our employees and physicians to inspire, encourage, and motivate them to live healthier lives, ensuring that they continue to thrive and provide high-quality care and service to our members.

Our workforce well-being model – a multi-function approach that integrates the total health experience of mental health and wellness, physical health and safety, career and financial wellness, healthy relationships, and community involvement – is foundational to how we support our employees' overall health, ensuring they have access to the help they need, when and where they need it. We apply a model for mental health and wellness based on evidence of what works, measurable outcomes, integration of emerging technologies, and breaking barriers caused by stigmas.

Don Mordecai, M.D., Kaiser Permanente's National Leader for Mental Health and Wellness, suggests that it's important for all of us to learn behavioral signs indicating a person may be at risk, how to discuss depression and suicidal thoughts, and what to do if someone tells you they need help. We must build a culture that supports a stigma-free environment, where employees feel safe to openly talk about mental health and wellness, and where our workplace encourages more dialogue and provides support for those who are reaching out for help.

In 2016, Kaiser Permanente embarked on a focused effort to address stigma around mental health conditions. Through our public health awareness campaign, "Find Your Words," we educate and encourage everyone to speak up about their mental health needs, and access resources and support. We have showcased those resources internally and encourage our leaders, managers and supervisors to share personal stories about their own mental health and wellness, modeling resilience, vulnerability and authenticity to help spread the message that our mental health matters and should be regarded as a vital part of our total health. These stories have proven to be a powerful way to help end the stigma around mental health and wellness, raise awareness and spread hope.

We regularly promote our Employee Assistance Program (EAP) for anyone who is facing mental health issues. The EAP licensed therapists meet our employees and their dependents "where they are," providing initial counseling, supporting self-care, and making referrals. EAP also provides immediate response to critical incidents in the workplace. Almost all Kaiser Permanente employees are also KP Health Plan members and can access the full range of clinical offerings, including providing easy-to-access resources and services that supports our employees' ability to lead resilient, mentally healthy and meaningful lives.

AMERICAN OVERSIGHT

VA-19-1108-A-000516

Kaiser Permanente

Kaiser Permanente utilizes an annual employee survey and workforce health data to guide our work and meet the mental health and wellness needs of our growing and evolving employee population; feedback from the survey helps to inform strategy and development of future programs. The survey includes 5 questions specific to a culture of health and well-being (Culture of Health Index), such as leadership role modeling, direct supervisor support of health and well-being and organizational support in creating supportive work environments. This index shows a specific correlation between Kaiser Permanente having a strong culture of health and well-being and our organizational outcomes, such as improved attendance and reduced workplace injury.

To help our workforce manage stress, build resilience, practice mindfulness and gratitude, promote respect and kindness, and find joy and meaning in their lives, we provide programs and activities – such as Kaiser Permanente's Healthy Workplace Activities Policy, One-Moment Meditation, Gratitude Trees, our Pathways to Happiness trainings, and Health and Happiness for the Holidays campaign. These programs help to engage employees in creating a supportive and safe, stigma-free environment. Web-based education on various mental health and wellness topics are available to our workforce year-round, including trainings geared toward leadership, managers, and supervisors on how to build a culture of health and well-being for their teams.

Future efforts include the implementation of a new online mental health and wellness training for employees, managers, and supervisors, to learn how to identify the signs and symptoms of mental health conditions and be able to assist someone – a co-worker, colleague, or loved one – in need. Our goal is that 100% of our workforce receives mental health training within the next three years.

Kaiser Permanente is committed to continue creating a stigma-free workplace, where support for and awareness of mental health is high, where education and resources are easily accessible, and where employees feel safe to seek the help they need.

Bernard J. Tyson
Chairman and CEO



AMERICAN OVERSIGHT

KKR

KKR is a leading global investment firm that manages multiple alternative asset classes, including private equity, energy, infrastructure, real estate and credit, with strategic partners that manage hedge funds. KKR employs approximately 1,200 employees with offices in 21 cities in 15 countries across four continents.

KKR's wellness strategy is designed to help employees proactively manage their health goals from both a physical and mental well-being perspective. KKR recognizes that mental well-being is a foundational part of an impactful wellness program given how important it is for employees to have the skills to adopt and maintain healthy behaviors in their work and personal lives.

The firm continues to evolve health and wellness programming to foster a workplace that promotes inclusion and diversity, generates engagement in the consumption of benefit plans, and ensures employees and their families are supported across a spectrum of work-life challenges that can generate daily anxieties and stressors that impact employee health and productivity.

As an organization that values its people, KKR supports the mental and emotional well-being of each employee. While physical well-being is important, addressing mental health is equally paramount to ensuring our employees' overall health and wellness. The firm has committed to investing in enhanced behavioral support programs, reviewing opportunities for improved manager/employee training around mental health management, and continuing to build a work environment where diversity and inclusion is prioritized.

We believe that by speaking openly about mental health within our workplace, while offering employees more resources to proactively manage their own mental well-being, as well as providing training and development opportunities such as unconscious bias training, we will build a more resilient and productive workplace.

KKR is currently evaluating the Mental Health First Aid training program, organized by the national Council for Behavioral Health and the Missouri Department of Mental Health. The program encourages optimal support between managers and employees by training managers to recognize the signs of mental health issues and to properly articulate and provide support to employees working through mental well-being concerns.

In 2018, KKR developed a global thematic calendar with each month speaking to a different dimension of the KKR Experience. The KKR Experience encompasses four dimensions: Values and Environment, which underpin all we do; Core Business, in which we produce exceptional results; Career Development, to ensure employees thrive; and Citizenship, to support people and communities. August focused on mental well-being and in 2018, KKR launched a partnership with Spring Health to provide all U.S. employees with an enhanced digital mental well-being resource.

As part of the launch of the Spring Health partnership, senior leadership sent a kick-off message to employees highlighting how support of mental and emotional well-being is a critical part of the firm's overarching benefits and wellness strategy. This leadership message laid the foundation for follow-up messaging as part of the Spring Health program.

AMERICAN OVERSIGHT

VA-19-1108-A-000518

In addition, KKR leveraged its weekly internal newsletter, which is distributed to all employees globally, to feature five senior executives and their personal stories/best practices on how they manage their own mental well-being. The examples ranged from the practice of Transcendental Meditation to spending time with their daughter to recalibrate and ground themselves after a frenetic day in the office. We also leveraged the firm's intranet site to post (during the month of August) twice-a-week tips, ranging from decluttering your desk/home to disconnecting from technology. Through these communication challenges we also conducted employee giveaways to Headspace subscriptions, Marie Kondo's book on decluttering, and a Muse headband.

The Spring Health program was launched because KKR felt it was important to invest in an enhanced behavioral health program that improved employee engagement in accessing mental health support. KKR also wanted to offer employees programming that addressed the limitations of most insurer-provided Employee Assistance Programs (EAPs). Using the national average 3% participation rate for EAPs for comparison, with less than 5 months since the implementation of Spring Health, KKR had 10% of eligible employees access the platform, 75% of those employees complete a mental health assessment, and 50% engage with a mental health provider, indicating a successful implementation and engagement of employees in their health.

While the impact on employee health hasn't been measured yet, KKR believes that continuing to remove barriers to care and closing gaps in health care coverage is an integral part of our health and well-being strategy – from that standpoint, the value on the investment (VOI) is more meaningful than attempting to measure the return on investment (ROI) on every dollar spent to potentially avoid future health care costs, because our strategies help employees be more present and productive, today. Being able to appropriately quantify the costs of improved mental health is both challenging and secondary to our focus on being a workplace that recognizes and supports employees.

Given the early stages of the Spring Health program, KKR believes that initiating the conversation around mental well-being in a way that is transparent and supported by enhanced access to care, is the start of a process to further evolving the culture of health at the firm.

While the focus has been on the U.S., additional resources will be made available globally. In addition, KKR will continue to focus on other means of supporting mental well-being through ongoing executive wellness coaching for key talent as well as making other means of mindfulness and meditation more readily available/financially sponsored for all employees, again focusing on the removal of barriers to engagement across all levels, titles and business units at the firm.

Henry Kravis
Co-Chairman and Co-CEO



AMERICAN OVERSIGHT

Leo Burnett

Leo Burnett is a North America-based creative solutions company founded on the idea that "what helps people helps business." By solving human problems with the power of creativity, Leo Burnett delivers value for people and prosperity for brands.

Leo Burnett recognizes the correlation between the demands of a client-service oriented workplace and the mental health and wellbeing of our over 1100 employees. We strive to foster a culture of flexibility and inclusivity that empowers employees to live balanced and full lives.

Overall Approach to Mental Health

The agency provides a wide range of services and resources to employees to encourage the holistic health of individuals and families.
In addition to providing comprehensive insurance to employees and their families across several plan options, Leo Burnett offers access to several no-cost resources:

- Workplace Solutions, offering employees support and guidance in the form of consultations and referrals to address life challenges, including those most closely correlated to mental health—stress, anxiety, depression, addiction, and more;
- Health Advocate, which assists employees in navigating the insurance benefits world, from finding specific medical providers in network, to helping break down the potential costs of enrollment plans;
- Employee Assistance Program, a voluntary and anonymous service that helps employees identify resources and support systems to suit their particular needs; and
- Rethink, a scalable wellness program and elearning support system for parents who have children with developmental disabilities; and more.

In addition, short-term disability coverage is provided to employees at no cost, allowing employees eligibility for 100% pay when they need to be medically out of the office, whether for physical or mental health. Leo Burnett is also proud to offer flexible vacation days and an optional work-from-home policy which encourages a healthy work-life balance by granting employees the ability to responsibly manage their work in a way that also services the demands of their personal lives.

The practice of mindfulness has become a core feature of our agency culture, and a growing body of research shows that that mindfulness-based interventions can be effective in the prevention and management of mental and physical health issues.

Last year, Leo Burnett North America CEO Andrew Swinand introduced "Conscious Leadership" to his senior team, inviting leaders to help create a culture of accountability, trust, and respectful candor where collaboration and creativity could flourish. Shared from the top down, conscious leadership practices have led to the development of meditation classes and a speaker series focused on mental well-being.

AMERICAN OVERSIGHT

Leo Burnett

This year, the agency unveiled a new internal communications campaign, "Create Greater Than," designed to encourage an empathetic and inclusive culture. Leo Burnett also utilizes a digital platform called Tiny Pulse to promote constructive communication between agency employees and the leadership team. Employees can, and do, leverage the platform to share positive feedback and appreciation with their peers.

Leo Burnett seeks to provide health and wellbeing programs that are as diverse as our employees. Our Employee Resource Groups (ERGs) support specific employee populations—women, parents, LGBTQ+, veterans, multicultural, and more—through targeted programming and live events.

To ensure a safe and respectful workplace, Leo Burnett hosts trainings and workshops throughout the year in multiple formats—including a mandatory harassment training, a three-day 4A's Workplace Enlightenment Certification® Workshop, and a day-long Unconscious Bias training program.

To address issues of stress and provide employees with positive social outlets, the agency sponsors involvement in extracurricular sports teams, and provides multiple opportunities to participate in community service initiatives benefiting Chicago's Off the Street Club and Ronald McDonald House.All employees are encouraged to join the employee-only Revisions gym and fitness center, which also offers on-going health screenings, wellness seminars and more.

Leo Burnett has high participation rates across its insurance plans, as well as supplemental programming.

- Approximately 40% of Leo Burnett employees are active across the agency's ERGs.
- Approximately 950 employees hold membership with the Revisions gym and fitness center
- Across its first three Mindful Morning sessions, the agency attracted 150 employee participants.

A significant percentage of Leo Burnett employees takes advantage of the company's comprehensive insurance offerings. Many of the supplemental and auxiliary resources are available at employees' discretion and/or anonymous, so the agency does not necessarily track or gather data on their involvement.
The agency continues to expand its programs and offerings on mindfulness and awareness. In 2019, the agency will providing a portion of the employee population with access to the Life XT Habit System, designed to help users cultivate mindful habits through everyday moments. Further, Leo Burnett will participate in a research project with the American Heart Association designed to evaluate the effect of the Life XT program on employee resilience, mindfulness and well-being.

Andrew Swinand
CEO, Leo Burnett Group



AMERICAN OVERSIGHT

VA-19-1108-A-000821

Levi Strauss & Co.

LS&Co. has 13,800 global employees based in the Americas, Europe and Asia. A history of responsible business practices, rooted in our core values, has helped us build our brands and engender consumer trust around the world.

We take a holistic view of an individual's well-being. The mental health of employees is considered within the broader context of well-being, for example. Programs are designed to support employees in addressing essential aspects of life, through a wide range of mental health programs and resources. Integration of health metrics drives our wellness strategy, allowing us to enhance programs based on what we are learning.

To support the mental health of our employees, our goal is to remove barriers and reduce stigma for employees reaching out for mental health services. We do this in several ways:

- **Outreach** Globally placed Wellness Champions allow us to understand geographically- based well-being challenges.
- **Coaching** Our Human Performance program offers free coaching in areas of health, including but not limited to physical fitness and financial health.
- **Support** Employee Resource Groups foster peer-to-peer connections, which helps to develop a supportive work environment.

Awareness = Change
Our newest strategy supports the mental health of employees in emergency situations. Recognizing the importance of addressing access-to-support in emergency situations, in 2017 we embedded Global Employee Assistance Program (EAP) information into our security protocols. When incidences occur, security can determine physical safety and then immediately connect affected employees to the next level of care and psychological support through the Global EAP resource.

This approach helps us deliver quality programs encouraging meaningful, long-term change and improved outcomes for employees. In 2018, our efforts were recognized by One Mind Initiative at Work when Levi Strauss & Co. was the inaugural recipient of the Salus Award for Workplace Mental Health. This was presented for “excellence in workplace mental health and outstanding leadership, with executives that deeply care for their own workers and the communities in which they operate." Levi Strauss & Co. is proud of how it supports the mental health and overall well-being of its employees and will continue to provide support in response to its employees’ diverse and ever-evolving well-being needs.

Chip Bergh
President and CEO



AMERICAN OVERSIGHT

VA-19-1108-A-000822

Macy's, Inc.

Macy's, Inc. is one of the nation's premier retailers. With approximately 130,000 employees, the company operates approximately 690 department stores under the nameplates Macy's and Bloomingdale's, and more than 170 specialty stores that include Bloomingdale's The Outlet, Bluemercury, Macy's Backstage and STORY. Macy's, Inc. operates stores in 44 states, the District of Columbia, Guam and Puerto Rico, as well as macys.com, bloomingdales.com and bluemercury.com.

At Macy's, Inc., every colleague plays a role in our success. We strive to build a culture that educates, engages and empowers our colleagues to reach their optimum individual well-being, which includes support for mental health.

- **Employee Assistance Program (EAP):** All colleagues who work an average of 20 hours per week or more, as well as anyone in their household, have access to a confidential EAP. Colleagues can receive five counseling sessions at no cost, including a video-based telehealth option. An EAP counselor is available to listen, help assess the situation, and recommend appropriate resources or treatment options.
- **Employee Resource Groups (ERGs):** More than 4,000 Macy's colleagues support nearly 50 ERG communities at Macy's. Their many successes include driving our national "Can We Talk?" program on cultural and social issues, promoting career development, and building team resilience. We've held "Can We Talk?" events around topics including Black Lives Matter and Being Muslim in America.
- **Mental Health Benefits:** Colleagues enrolled in a company-sponsored health plan have access to an array of mental health benefits. Coverage varies by plan.
- **Meditation:** After a successful pilot in select locations, we are partnering with Journey Meditation to offer a 13-week stress management and mental well-being meditation program in multiple locations across the country.
- **Flexible Work:** We know our colleagues value work/life balance and we're pleased to offer flexible schedules for many positions. For example, colleagues working in our stores and distribution centers have direct access to their schedule and can select when they want to swap or pick up additional shifts.
- **Paid Parental Leave:** Welcoming a new family member is a special experience and we're proud to offer paid parental leave to give our salaried colleagues time to warmly welcome their newest family member.
- **Onsite Health Coach:** Colleagues at our Customer & Credit Services location in Cincinnati have access to a full-time, on-site Health Coach to help them attain their individual health goals.

Through these resources and services, Macy's, Inc. aims to support colleagues' overall well-being, including their mental health.

Jeff Gennette
Chairman and CEO



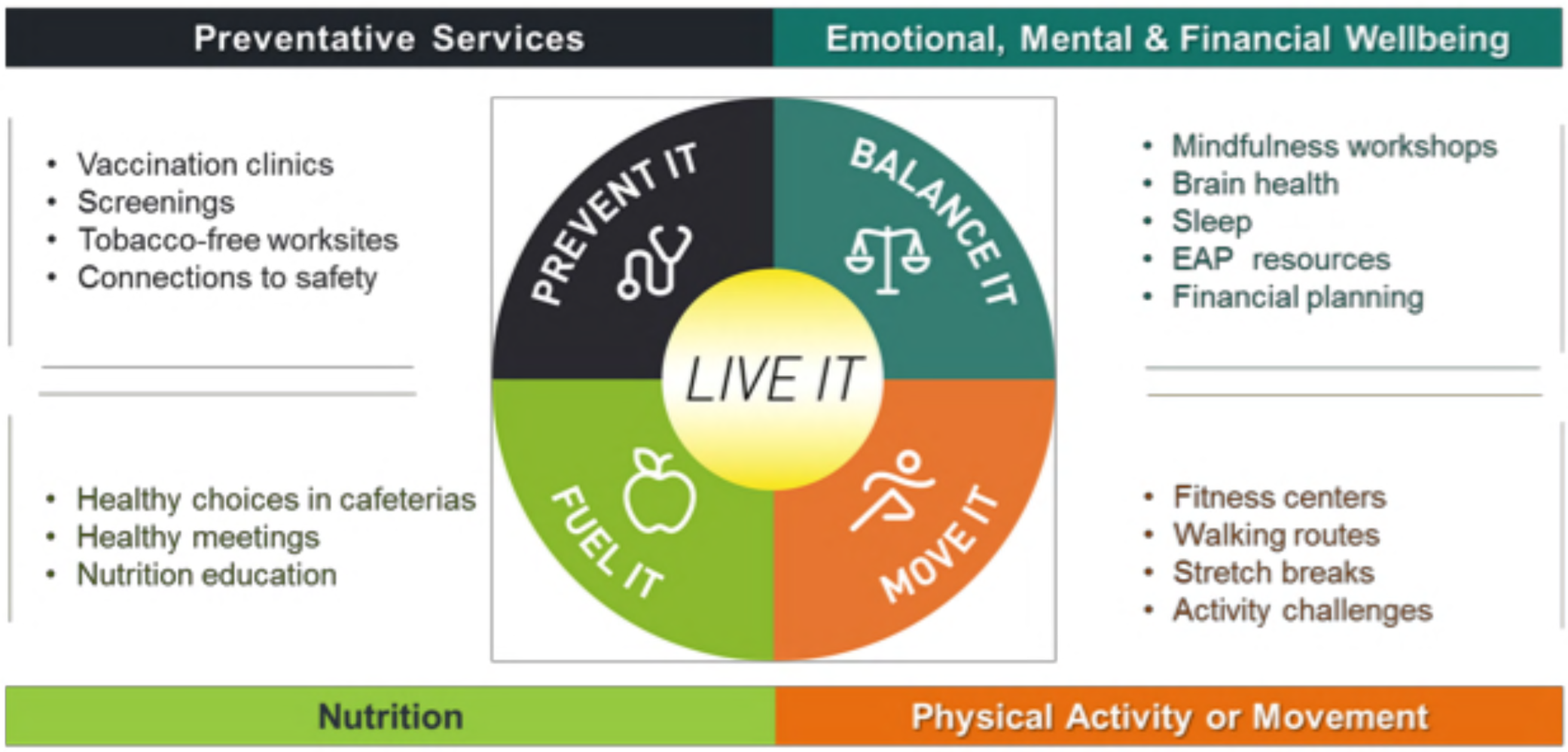
AMERICAN OVERSIGHT

Merck

Merck is a global biopharmaceutical company inspired by a shared vision and mission to save and improve lives. This commitment extends to our employees. LIVE IT is our holistic approach to well-being designed by and for employees and their families to be healthier and more productive, both professionally and personally. LIVE IT includes four components: 1) preventive services within PREVENT IT; 2) emotional, mental and financial health within BALANCE IT; 3) physical activity/movement within MOVE IT and 4) nutrition within FUEL IT. LIVE IT serves as a call to action to our employees for enhancing physical, emotional and financial health. Within the framework of LIVE IT, the components are flexible to allow for employee needs and cultural nuances. At Merck, we're not just Inventing for Life, we LIVE IT.

Merck has approximately 69,000 employees worldwide. About 35% are located in the United States, of which 83% are located in U.S.-based worksites. Our company has presence in more than 80 countries and operates in 140 countries.

LIVE IT - A Holistic Approach to Well-being Designed by and for Merck Employees and Their Families



At Merck, we address mental health through the LIVE IT BALANCE IT component. Results from our annual Personal Health Assessment in the U.S. and biennial Global Employee Voice Survey demonstrate that stress is a common issue among our employees. Over 40% of U.S.-based employees surveyed identified stress as a top health issue. Despite the fact that this percentage is close to benchmark, we recognize the importance of supporting well-being as it relates to stress and resiliency.

AMERICAN OVERSIGHT

VA-19-1108-A-000824

Merck

We developed a global strategy to ensure that the majority of our employees had access to resources to address mental health regardless of which country they work. We recognized the opportunity to introduce a Global Employee Assistance Program (EAP) to support employees experiencing stress and the stigma associated with mental health issues.

In April 2016, we launched Resources for Living, a Global EAP and Work-Life Program to employees and their family members in 83 countries and in 23 languages. Significant resources were dedicated to ensure effective program promotion and awareness. The EAP consists of four key services:

- **In-the-moment telephone support for daily relationship challenges, work issues and everyday stress.**
- **Professional counseling sessions for personal, family or emotional issues (telephone, face-to-face, or video sessions).**
- **Work-life services for everyday help and everyday needs, such as finding assisted living for aging parent or support with child care services.**
- **Crisis support for unanticipated events.**

To ensure a seamless user experience, EAP counselors were trained on the portfolio of our employee benefits so members could be referred to relevant services when needed, such as personalized health coaching, health advocacy and provider referrals.

This program expanded EAP coverage from 15 to 83 countries, with greater consistency in program governance and administration. Post-launch, the global utilization rate exceeded benchmarks provided by our Global EAP. Assessment of the Global EAP services showed that the U.S., Canada, France, Germany, Australia, the UK and Turkey had the highest utilization rates. The most common mental health services requested were in response to personal stress, anxiety/depression, and workplace stress and workplace performance issues.

Building a Culture that Supports Mental Health

To help expand and extend mental health services across our population, we offer web access to a variety of services. Digital mindfulness exercises, stress reduction techniques, cognitive behavioral therapy, behavioral activation and motivational interviewing are examples. The EAP website offers a diverse range of tools and resources on behavioral health and work-life balance topics. Endorsement of employee emotional well-being from leadership helped to reduce the stigma associated with using these services. Local management ensured that cultural awareness was incorporated into the program promotion.

In an effort to raise awareness of mental health and reduce the stigma often associated with it, our Cramlington UK site took the initiative to train a mixed team of 24 Mental Health First Aiders through a two-day course at the end of 2015. People managers were also provided and encouraged to complete a two-hour awareness training.

AMERICAN OVERSIGHT

VA-19-1108-A-000525

Merck

Senior leadership was a strong supporter of this training experience. The mental health first aid training spread to the remaining four UK sites and has become a country wide initiative managed completely by employee volunteers.

In the U.S. we are taking learnings from our UK colleagues to implement mental health first aid training to employee volunteer 'ambassadors'. This began with a two-hour mental health first aid course held in our corporate headquarters earlier this year. The mental health first aid course provides the type of training needed to assist someone experiencing a mental health crisis. In this two-hour training session focused on anxiety and depression, the employees learn what it is, how it is treated and how they can help someone in need. Over 30 employees were trained. These employees will become our first task force ambassadors with the vision to: create a work environment that has an inclusive and supportive environment that values employees' overall health, including emotional well-being and mental health creating a foundation for a culture of openness, acceptance, understanding and compassion. Objectives of task force is to reduce the stigma of mental health within our workplace by:

- **Helping to raise awareness that mental health conditions are not the result of personal weakness, lack of character or poor upbringing—and that knowing the facts about mental illness can help reject stigmatizing stereotypes**
- **Promoting relevant support services our company offers**
- **Leading by example to help replace silence and stigma with acceptance and compassion**

We have many ways that we communicate with our employees. With over 24,000 employees dispersed around the U.S., we provide relevant health and wellness information through several different channels and formats to reach as many employees as possible wherever they are. We offer an employee intranet well-being portal called LIVE IT, which contains information about many of the programs and resources our company offers to keep our employees healthy. We also proactively distribute a monthly electronic newsletter which is sent to all US employees which includes updates and educational programs offered that month on LIVE IT (Well-being), Total Rewards (Compensation and Benefits) and Diversity. In addition, we have launched four Wellness Champion Networks at all of our major sites and are now working to expand this network to many of our small sites. Our Champions join the network because they are passionate about the importance of well-being to our company and employees.

Mental Health Programming

We take a balanced approach to improve employees' emotional/mental health. Our EAP provides in-the-moment telephone support along with professional counseling and crisis support. Our EAP vendor also offers a "My Strength" tool which is based in cognitive behavioral therapy (CBT) and available online 24/7 at no cost to employees. It is an evidence-based, private and confidential digital self-help resource for emotional health and overall well-being. We spotlight this tool in newsletters, during mindfulness sessions, and provide training on the "My Strength" tool/features with our wellness champions.

AMERICAN OVERSIGHT

Merck

New features to the "My Strength" tool include sleep, LGBTQ+ Resources, Opioid Management & Addiction Recovery, and Pregnancy and Postpartum Mental Health.

Over the past two years, we have coordinated global webcasts on well-being topics such as Mindfulness and most recently on reducing the stigma of mental health. Andy Lee, Chief Mindfulness Officer of Aetna, conducted our 2017 Mindfulness webcast. Over 5,000 employees attended or watched this global webcast. This year on World Mental Health Day, Christine Moutier, M.D., Chief Medical Officer of the American Foundation for Suicide Prevention, presented - Emotional Well-being and What We Can Do Together: A global webcast focused on supporting emotional well-being and reducing the stigma of mental illness. An email invitation was sent from our C-Suite Member who is also our GD&I Council Sponsor. Having C-Suite Members invite people into the BALANCE IT efforts has made a difference in acceptance. Over 950 employees joined live and via webcast.

Because gratitude is a component of emotional health, we run an annual 30-day gratitude challenge in November. This is coordinated with our Merck employee wellness champions. We create posters that employees can post a sticky note of something they were thankful for. After 30 days we collect the sticky notes and create a Word Cloud of gratitude messages which gets featured in our U.S. HR newsletter and Yammer/social media platform.

Lessons Learned
Implementing a global EAP is a complex undertaking. Lessons learned from the launch and program management experiences include:

- Stigma associated with EAP is not universal. It is correlated with employee education level, local cultural norms and social acceptance. In some emerging markets, EAP is perceived as a contemporary program and employees were curious to explore the tools and services provided.
- Program language and symbols have different meanings. The imagery or the branding in one country and culture may be interpreted differently in another country or culture. For example, a pile of rocks may represent tranquility in some cultures but is considered a burial symbol in another. Language and symbols should be assessed for local interpretation.
- Compliance and tax implications may exist. It is important to understand whether EAP is considered a benefit in kind and taxable for employees. We needed to address this with EAP providers and local tax advisors.
- Leadership support is a critical success factor. Senior corporate leaders and local country management were instrumental in preparing for the launch, engaging employees early and building awareness and enthusiasm.

AMERICAN OVERSIGHT

VA-19-1108-A-000827

Merck

Next Steps
Increasing employee awareness and engagement, and continued efforts to mitigate stigma associated with emotional and mental health issues, remain priorities. Merck's Employee Population Health and Human Resource teams are initiating a Wellness Champions Network to encourage use of EAP resources and educate on other aspects of employee health and well-being. With leadership support, program promotion across functional areas and regions, and a dedicated effort to create work environments that support Total Worker Health, we will achieve our goal of becoming one of the healthiest workforces in the world.

Kenneth C. Frazier

Chairman and CEO



AMERICAN OVERSIGHT

Philips

In Our People strategy, the first step in our mission is to improve our people's lives and ensure we create the best place to work for people who share our passion. A key aspect of this strategy is to consider health and well-being as part of the employee experience.

In December 2016, Philips launched its Global Health and Well-being Strategy which aligned to three focus areas – Health Lifestyle & Vitality, Healthy Safe Workplace and Well-being at Work. The focus area, Well-being at Work, helps to support the mental health of employees and underscores the idea that an inclusive and caring workplace is a productive workplace. We work hard to support employees to "feel empowered and in control" at work. This means supporting them in reaching a work-life balance, promoting positive working relationships and developing their passion for their work.

Philips recognizes that creating this supportive workplace culture must be affected through multiple channels. Leadership engagement is critical to changing workplace culture where employees feel included and a valuable part of an organization. Philips will focus on training leadership to acquire skills to help identify and proactively manage the environmental and behavioral risks that can contribute to an unhealthy work environment. underlying root causes of unhealthy workplace stress. In addition, employee awareness and engagement must be complement leadership initiatives. Therefore, Philips also focuses on training employees to identify triggers that could affect their resilience in the workplace, along with skills on how to address them effectively.

Philips will focus on managing stress-related issues in the workplace on three levels:

- **Primary level.** Measures Stress climate and focuses on organizational-level interventions and corporate stress prevention initiatives.
- **Secondary level.** Interventions that focus upon the detection and management of experienced stress, and the enhancement of team and individual vitality, to more effectively manage stressful conditions by increasing awareness, knowledge, skills and coping resources.
- **Tertiary level.** Interventions are reactive and focus upon the curative approach to Common Mental Health Disorders (CMD) for those individuals suffering from ill-health as a result of stress.

Targeted Outcomes:

1. **Understand and continuously measure the problem** – Employee feedback surveys provide feedback on workplace issues and enable focus on managing concerns before they escalate. The aim of these surveys is to meet or exceed employee satisfaction levels compared with comparable organizations.
2. **Develop leadership awareness of the risks** that can contribute to an unhealthy work environment, enhance leadership skills to address workplace stress and assess performance in promoting a stress-free workplace.
3. **Fewer cases of clinically diagnosed Common Mental Disorders (CMD)**

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Targeted Outcomes: ***(continued)***

4. **Demonstrate link between employee wellness, vitality and enhanced productivity / output and reduced absenteeism**
5. **Demonstrate de-stigmatization of CMD** by, resulting in superior employee engagement

Historically, Philips has promoted a number of employee Wellness & Mindfulness-led programs to address management of stress in locations including the Netherlands, USA, UK, India and China (e.g., Happy and Healthy, Lunch and Learn). Some internal stress reduction projects with external support (e.g., University of Utrecht) were completed. A successful Stress Management program was implemented in the UK and Philips is exploring how this can be leveraged across the company. Philips also provides outsourced medical support in the Netherlands and the UK.

We have also empowered our markets to deliver their own initiatives, specifically focusing on Well-being at Work and supporting positive Mental Health. These initiatives have incorporated Private Medical Insurance (PMI), Occupational Health services, Mindfulness workshops, trained Mental Health Champions and Employee Assistance Program (EAP) as support.

However, we recognize we need to do more:

- We will start with our Leaders who need to acquire additional skills that will help them to identify and proactively manage the underlying root causes of stress for themselves and others.
- We need to educate and empower our People Managers by educating them in Mental Health issues, Mindfulness and we recognize the need to de-stigmatize the impact of CMD in the workplace, starting with their own teams.
- We need to engage all employees and make them aware of the issues, and create a culture of inclusion where they feel comfortable in reporting them and give them the tools and time to manage them effectively.
- Communication at all levels will be critical.

Looking Ahead:

- In August 2018 under direction of Ronald de Jong, Chief HR Officer, Philips launched an initiative to pull Mental Health into a formal Occupational Health program. This program will have a proactive focus in eliminating the root causes of stress in the workplace. It will also deliver medical support to manage any cases that do occur.

- Philips is trialing an assessment protocol - Copenhagen Psychosocial Questionnaire (COPSOQ) in Germany and investigating its applicability company-wide. but operationalized through proactive Wellness & Vitality programs across the company.

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- A major Stress Management pilot project is being deployed in the Netherlands. Occupational Health provision is being enhanced as part of the upgrade of the Health and Safety Department and they are reviewing previous projects and learnings with a mandate to produce one consistent Stress Management program grounded in Occupational Health,

- One internal program (secondary level) was developed in collaboration with the University of Utrecht. This measured a baseline of Absenteeism, Motivation and Orders Booked on Time. The intervention focused on engaged leadership with the goal of: "strengthening, connecting, empowering and inspiring their team members. Leaders promote the fulfillment of followers' basic psychological needs for competence, relatedness, autonomy, and meaningfulness respectively" The project demonstrated clear gains in all three measurements. We are revisiting this to evaluate its potential as a component of a bespoke Philips Stress Management Program.

In order to achieve this, Philips has formed a multi-disciplinary team to craft a practical solution that will meet our commitment to improve our people's lives and ensure we create the best place to work for people who share our passion.

Frans van Houten

Chief Executive Officer



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Quest Diagnostics

Quest Diagnostics empowers people to take action to improve health outcomes. Derived from the world's largest database of clinical lab results, our diagnostic insights reveal new avenues to identify and treat disease, inspire healthy behaviors, and improve health care management. Annually, Quest serves one in three adult Americans and half the physicians and hospitals in the United States. Our 45,000 employees understand that, in the right hands and with the right context, our diagnostic insights can inspire actions that transform lives.

Quest developed its mental health strategy around two of the company's three aspirational goals: promoting a healthier world and creating an inspiring workplace. At Quest, our commitment to building a healthier world starts at home with our employees and their families. We recognize that our ability to care for the millions of patients we serve is closely tied to the well-being of our employees, and that mental and emotional health is an essential component of overall well-being – often intersecting with and influencing other aspects of health.

From the company's CEO on down, health and wellness is a priority for the company. To help address the ever-changing, unique and personal needs of our 45,000 employees and their families, we are taking a multi-pronged approach to support a continuum of mental health and emotional well-being needs. This includes support, treatment, advocacy, and education services that are accessible, interconnected, and covered by our medical plans. The ultimate goal for our Quest colleagues and their loved ones is to achieve emotional vitality — when one feels a sense of positive energy, empowerment to regulate one's behavior and emotions, and meaningful engagement in life in general.

Our effort to cater to a broad spectrum of mental and emotional well-being needs begins with addressing and dismantling stigmas around mental health—a powerful barrier to seeking help. To that effect, we launched Chill@Work – a branded campaign and onsite movement dedicated to promoting mental and emotional well-being in a positive and proactive way. We engage employees with motivational messaging and offer diverse, simple activities to help manage stress and develop resilience including: daily intention setting, deep breathing, meditation, exercises in gratitude and mindfulness, and creativity opportunities. We encourage managers and supervisors to participate in educational webinars that give them tools to practice self-care and empower them to help their direct reports do the same. In addition, our wellness champion network regularly shares key facts and stats about mental health issues and promotes relevant webinars and resources to raise awareness and destigmatize mental health.

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By normalizing the conversation around mental well-being and offering resources to our employees onsite, we not only demonstrate our commitment to their overall well-being, but also give them the permission, knowledge, and tools to make positive changes for themselves and loved ones.

Ample research shows that practicing stress-reducing techniques to build resilience can help individuals cope with both nonclinical and clinical problems (like pain, cancer, heart disease, depression and anxiety); transform how they respond to life events; prevent relapse in affective disorders; and address the challenges of anxiety disorders. As such, providing opportunities for employees to practice stress reduction is foundational to our strategy. Our onsite coaches lead workshops, disseminate valuable information and engage individuals one on one. They do this by promoting educational webinars and an interactive web-based stress-management program; leading gratitude workshops; and distributing finding balance toolkits. We also developed an e-learning module, CHILL: Quest for Less Stress, that teaches employees simple but meaningful techniques they can incorporate in their daily lives, presented in an interactive "choose your own adventure" format.

Additionally, our Employee Assistance Program (EAP), Resources for Living, helps employees and their family members cope with everyday stressors like child care, legal matters, elder care, family conflict, grief and loss, and offers complimentary and confidential counseling sessions for those in need. We know that early engagement with emotional support and daily-life assistance is key to preventing more serious conditions, so we launched an intense evaluation in 2017 to identify and alleviate perceived barriers to use. Armed with more than 6,000 survey responses, voice-of-the-customer feedback, and root cause analysis results, we developed a plan to better promote the EAP that boosted engagement by 10% and more than doubled that of the national benchmark business. Through our EAP, when traumatic events or natural disasters affect a large employee population (e.g., when several employees lost cars, homes and belongings to the recent hurricanes), counselors come onsite to offer grief counseling and support. Individuals with more severe mental health needs are served by our medical plans, which also recognize and cover emotional well-being at the same level of physical medical needs.

Health care is complex, and Quest's management recognizes that expecting the average employee to navigate it successfully alone is unrealistic. Therefore, Quest set out to identify places where gaps in care can occur. Research tells us that only a small portion of those who could benefit from mental health services actually engage. We are addressing this with pilot initiatives that will eventually broaden emotional well-being screening

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through the health-risk assessment portion of our world-class Blueprint for Wellness™ health screening program. In doing so, we aspire to successfully engage more individuals with the right care at the right time and drive further utilization of the valuable resources we already offer. Future initiatives also include collaborations with academic institutions to increase convenience and access to care.

As the world leader in diagnostic information services, Quest uses our unique position and unmatched data to collaborate with leading academic institutions to improve the health of the millions of patients we serve, as well as our own employees. We anticipate that our expanded and collaborative thought leadership, combined with our diagnostic footprint, will improve engagement in emotional well-being programs for our Quest colleagues and their family members. Quest has also sought to replace the one-size-fits-all approach typical of corporate wellness programs with targeted approaches – often in collaboration with leading health care specialists. For instance, an employee with a cancer diagnosis may access Memorial Sloan Kettering's MSK Direct guided cancer program for guidance or get a second opinion from a top medical expert through Grand Rounds. A busy working parent can tap into telehealth services through Teladoc, while an individual struggling with high prescription drug costs can seek lower-cost alternatives from Rx Savings Solutions. Our unique collaborations may also better connect the individuals we serve to the right care for the right person at the right time.



Stephen H. Rusckowski

Chairman, President and CEO



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CONCLUSION

Mental health disorders are rising globally and in the U.S. population. These alarming trends pose significant headwinds to the health and economic vitality of organizations and communities.

In this report, we make the business case for why organizations should invest time and resources to create and maintain mental health-friendly workplaces. Research shows that many mental health prevention programs delivered in clinical settings have a positive return on investment. Furthermore, there is growing evidence that school-based mental health promotion programs can improve the mental health outcomes, which is an important upstream investment for organizations to consider for their community investment and philanthropic activities.

We present seven high-level actionable strategies developed with input from multiple stakeholders and experts in mental health. These strategies are supported by thirty evidence-informed tactics in seven key workplace health and well-being promotion domains:



Emerging evidence from workplace culture of health research suggests that leadership support is a critical element in creating an organizational culture and perceived climate that is conducive to a mental health-friendly workplace.

Examples of approaches from the American Heart Association CEO Roundtable member companies demonstrate that large companies are not only investing in evidence-based policies and programs, they are also innovating and testing new approaches that can support employee mental health. Results from a national employee survey indicate that employees believe that employers have a duty to support mental health in the workplace and that there is an expressed need to increase training for managers to recognize symptoms of emotional distress and to connect employees with resources, including treatment programs where appropriate.

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Based on a high-level review of the scientific literature from the last fifteen year, we present information on which programs can be effective for alleviating symptoms of stress, depression, and anxiety. While some interventions appear to be more effective than others, most programs studied have focused on the individual with few studies looking at how organization-level elements can be leveraged to improve mental health in large populations. From this body of evidence, we provide employers with practical advice on how to think about using a range of interventions in the workplace. We recommend that employers address mental health across the continuum of prevention: promoting mental health through policies, environmental supports and health education, screening for mental health disorders, and providing medical benefits that reduce barriers to accessing high-quality treatment services.

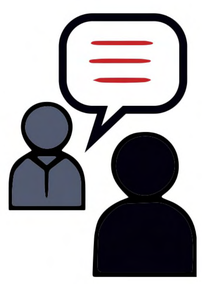
Looking ahead, the American Heart Association CEO Roundtable is committed to working alongside many mental health stakeholders to advocate for policies, programs, and environmental factors that create and sustain mental health friendly workplaces. Where appropriate, the American Heart Association will convene stakeholders to address gaps in knowledge, translation, implementation and dissemination. Through the thought leadership and handprint of 10 million employees and family members, the CEO Roundtable companies will continue to shine a light on the mental health and well-being of the American and global workforce.

This report concludes with a summary of the key considerations for employers based on the actionable strategies, evidence review, national employee survey results and CEO Roundtable program summaries.

Key Considerations



Almost all employees agree that employers have a responsibility for supporting the mental health of their employees. Many employees also share that their employers are committed to their health, including both their physical and mental health. Yet, employees' perceptions differ when it comes to speaking about mental health issues within the workplace. This suggests employers can do more to reduce mental health stigma and encourage dialogue across all levels of the organization about mental health, starting with the leadership.



The more organizations create a culture where it is safe to talk about mental health, the less taboo it becomes. Everyone is likely at some point to face life or work challenges that may negatively affect their mental health and we know that at least 42 percent of employees struggle with a mental health disorder. While our health is primarily our own responsibility, the workplace can and does play a significant role in our ability to manage both our physical and psychological health. Successful and continual improvement of workplace psychological health and safety depends on the active participation of both the organization and its employees.

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Employers should consider providing education and training related to mental health to all staff. These strategies can be beneficial for different reasons. First, education and training can help facilitate open dialogue in an organization about mental health. For example, education and training is an opportunity for an organization to develop common language to adequately discuss often sensitive topics related to mental health. Second, education and training can target specific skills and topics, such as mental health awareness training, which educates employees to identify signs of mental health issues and appropriately connect someone in need to help.

There is a lot that employers can think about when it comes to selecting, designing and tailoring their mental health interventions. Based on the evidence review conducted, we advise employers to consider interventions that have documented evidence of effectiveness. For example, regarding treatment interventions, implementing those that specifically aim to improve symptoms of depression and anxiety using science-based techniques, such as cognitive behavioral therapy with coping skills training, may be successful. Digital mental health interventions, including meditation apps, are a promising way to reach many employees at an affordable cost.

Employers must also consider offering services that meet a spectrum of mental health needs across the spectrum of prevention. In this report, we consider the comprehensiveness of an approach to mental health through the continuum of mental health and levels of prevention. We advise employers consider the overall promotion of positive mental health, as well as the prevention and treatment of mental health disorders. Further, we highlight that the importance of interventions addressing specific protective and risk factors related to mental health disorders. Beyond individual-level programs, we also recommend the use of organizational-level practices, including health communications and visible, consistent leadership engagement. The CEO Roundtable company program summaries illustrate how a myriad of strategies can come together harmoniously.

The American Heart Association is committed to being a catalyst for mental health support in the workplace. Through this report, the Association and its CEO Roundtable bring together research and findings from a variety of sources and to show what employers should consider to strengthen the mental health of the U.S. workforce in pursuit of our mission to be a relentless force for a world of longer, healthier lives.

Additional Resources

For more information on the effectiveness of resilience training programs and suggested practices for employers, access the American Heart Association's Resilience in the Workplace Report, published in 2017.[155]

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APPENDICES

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APPENDIX A

Evidence Review
With the help of a professional medical librarian, we conducted a search of systematic literature reviews (with or without meta-analysis) published in English from 1995-2017, and which evaluated the effectiveness of workplace mental health interventions.

Inclusion criteria
Studies were included if they were published systematic literature reviews and/or meta-analyses evaluating the effectiveness of mental health interventions among working age adults in a workplace setting. The primary outcome was mental health status, including general mental health, depression, anxiety or stress. Secondary outcomes of interest were employer health care costs, employee well-being, productivity, and engagement. Time did not permit formal review and synthesis of individual studies.

Exclusion criteria
Studies were excluded if they a) assessed individual interventions in clinical settings, b) did not take place in a workplace setting or c) evaluated outcomes in very specific workplace settings that would limit their applicability to general workplace settings, e.g., first responders or hospital nurses, etc.

Study selection and metareview
Two reviewers independently reviewed article Abstract Titles and differences were resolved between the two reviewers. The two reviewers divided the reviews, summarized the findings in an a priori review summary form and discussed findings.

Results

General mental health interventions

Two meta-analyses and one systematic review published between 2009 and 2018 evaluated the effectiveness of different types of primary and secondary prevention interventions on mental health outcomes in the workplace.[156,157,158] The two meta-analyses identified 26 individual studies, and the systematic review identified 22 individual studies. The interventions included across the 48 studies were implemented in a variety of workplace industries, including information technology, education, manufacturing, law enforcement and banking.

The meta-analysis by Martin et al. 2009[158] reported that both direct and indirect interventions were effective at improving depression and anxiety measures (only significant for direct interventions), although overall measures of mental health outcomes showed no improvement, regardless of whether the intervention was direct or indirect.[158] Direct mental health interventions focus on changing mental health outcomes themselves, while indirect mental health interventions target the risk and protective factors for mental health outcomes, e.g., physical activity, obesity or smoking. **This information means developers of workplace health programs could consider mental health programs that target mental health outcomes directly and/or aim to reduce the symptoms of depression indirectly through weight loss, physical activity or smoking cessation.**

Table 22. Effectiveness of general workplace mental health interventions

Intervention Description	Intervention Outcomes		
	Depression	**Anxiety**	**Composite**
All Studies (n=26)	Small*	Small*	None
Direct Interventions	Small*	Small*	None
Indirect Interventions	Small	Small	Small*

Source: Martin et al., (2009) [158]
Key: Small= small effect size, **None=** No difference, ***=** statistically significant ($p<0.05$), **Composite=** overall self-reported health evaluated by a general mental health questionnaire.

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Interventions to improve depression levels in the workplace appear to be positive and effective, although the size of the effect ranged from small to medium (not shown in table).[156,157,158] While all intervention methods appeared to be effective to some degree, interventions that combined psychological and educational techniques such as CBT and coping flexibility training appear to be more effective than stand-alone interventions methods.[156] Meditation and relaxation interventions,[156] and CBT interventions[157] generally showed small, positive effects, while combined interventions on the whole appeared to show medium, positive effects. This result may be due to the fact that using multiple techniques in an intervention may allow participants to learn a variety of skills or people may respond differently to different methods. Interventions combining two or more techniques may also be more effective because multiple techniques can address more than one risk or protective factor.[156] In addition to depression, workplace anxiety interventions were also associated with similarly small but significant improvements in the anxiety symptoms of employees.[158]

When designing an intervention, employers may want to consider incorporating multiple techniques that offer participants several points of entry to engage in behavior change.

Stress management interventions

Stress management interventions (SMIs) are generally considered to be secondary prevention programs because they mostly target employees who are identified as being at high risk for stress. For example, employees with higher levels of stress may be identified through an employer-administered health risk assessment. Employees may also be identified as being at risk of unmanageable stress based on their level within the organization (e.g., management or C-suite) or type of job (e.g., law enforcement). While SMIs can be offered to all employees irrespective of their level of stress or risk for stress, there is some evidence that indicates this approach may have a negative effect on stress outcomes (see below).

A 2008 meta-analysis of occupational stress management intervention programs evaluated 36 experimental studies representing 55 interventions implemented between 1977 and 2006.[159] **Overall, SMIs are associated with a significant medium to large effect size across all programs (Table 23).**

SMIs are associated with a large positive effect on symptoms of stress and moderate positive effect on symptoms of anxiety and general mental health. These results are all highly statistically significant. In the 16 studies that reported "mental health" as an outcome, the vast majority used general instruments such as General Health Questionnaire (GHQ).

When designing an intervention, employers may want to consider incorporating multiple techniques that offer participants several points of entry to engage in behavior change.

Stress was generally measured by the Perceived Stress Scale and anxiety was evaluated using a variety of different scales; no study reported depression as a separate mood disorder. These results indicate that employers are encouraged to implement well-designed stress management interventions to reduce symptoms of stress, anxiety, and improve general mental health.

Cognitive behavior therapy (CBT) approaches were associated with the largest effect sizes for all psychological outcomes although the effect on anxiety and overall mental health was from a small number of studies, so should be interpreted with caution. Stress programs appear to have a large positive effect on productivity; the effect on absenteeism is negative, but not statistically significant. Of the 11 studies that looked at organization-level outcomes associated with SMIs, the overall effect appears to be small and not statistically significant. When these studies are divided into those that studied productivity and absenteeism, there is a large positive effect on productivity, but not absenteeism. Based on these results, employers are encouraged to consider stress management programs as a way to improve symptoms of stress and productivity. **More research is needed to understand which organization-level strategies are the most effective at improving employee stress.**

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Table 23: Effectiveness of workplace stress management interventions

Study Outcomes	All	CBT	Relax	Org	Multi	Other
Psychological outcomes						
All combined (n=52)	Medium*	Large*	Medium*	Small	Small*	Large*
Stress (n=18)	Large*	Large*	Large*	Negative†	Medium*	Large*†
Anxiety (n=22)	Medium*	Large*†	Medium*		Medium*	Large
Mental health (n=16)	Medium*	Large*†	Medium*	Small	Medium	Medium*†
Physiological outcomes						
All combined (n=14)	Small*		Small		Small	Large*
Organizational outcomes						
All combined (n=11)	Small	Medium†	Medium*	Small†	Negative†	
Productivity (n=4)	Large*	Medium†	Medium*†	Large*†		
Absenteeism (n=7)	Negative†		Small†	Negative†	Negative†	

Source: Richardson et al., (2008) [159]
Key: Numbers (n)=Number of intervention studies, **CBT**=Cognitive Behavioral Therapy, **Relax=Relaxation Interventions**, **Org**=Organization-level Interventions, **Multi**=Multimodal Interventions, **Other**=Miscellaneous Interventions, **Small**= Small, positive effect, **Medium**= Moderate, positive effect, **Large**= Large, positive effect, **Negative=** negative effect, *= statistically significant, †= small study sample.

Physical activity interventions

A previous systematic review by the Community Preventive Services Taskforce – known as The Community Guide[160] concluded that workplace exercise programs are effective at increasing the activity levels of employees.[161] However, few studies have evaluated whether workplace exercise programs improve mental health outcomes like depression, anxiety and stress. Two systematic reviews[152,162] have been published on the effectiveness of workplace physical activity interventions to improve mental health outcomes and one [152] included a meta-analysis.

The 2009 review by Conn and colleagues analyzed a variety of health-related outcomes from over 38,000 people who participated in 138 studies (with 206 comparisons) published between 1969 and 2007. The authors included a variety of study designs, including nonrandomized control trials and pre-posttests treatment studies. A minority of studies reported mental health outcomes such as quality of life (23 comparisons; 9 percent), mood (40 comparisons; 19 percent) or job stress (11 comparisons; 6 percent). In contrast, the majority of studies reported physical activity related outcomes such as physical activity levels (62 percent), fitness (80 percent) or physical health measures such as cholesterol (59 percent). The majority of studies were conducted in larger companies (750 employees or more) from the health/education, government, and manufacturing sectors. Physical activity interventions were mostly implemented at worksites using onsite fitness facilities using research instructors.

Eight in 10 studies used motivation or education techniques, while approximately two in ten used supervised exercise. The median number of minutes of supervised exercise was 50 (range seven-160) and the median frequency was three times per week (range one -14). Only six studies reported using organizational policy change such as providing free or reduced membership to exercise facilities not located onsite.

Consistent with other studies, exercise programs were found to significantly improve activity behavior, fitness levels and risk of diabetes (Table 24). Pooled results from the small number of studies that examined mental health outcomes indicated that physical activity programs have a small positive effect for improved quality of life and mood, and reduced job stress, however, these results were not significant. Physical activity programs do appear to significantly improve work attendance, although the magnitude of the effect is small. **Employers are encouraged to lower the barriers to engaging in physical activity in order to improve work absenteeism.**

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Table 24: Effectiveness of physical activity interventions on a range of outcomes

Intervention Description	Outcomes Reported (Select)					
	Activity	**Fitness**	**Quality of Life**	**Mood**	**Job Stress**	**Absenteeism**
Physical Activity	Small*	Medium*	Small	Small	Small	Small*

Source: Conn et al., (2009) [152]
Key: Numbers (n)=Number of intervention studies, **Small**= Small, positive effect, **Medium**= Moderate, positive effect, *= statistically significant

Several factors influencing effectiveness were reported for activity outcomes. For example, weight-related outcomes were significantly associated with employees being paid during the interventions, an employee fitness instructor, fitness facility onsite and organizational policy change. The review did not report on similar moderators for mental health outcomes, probably because the underlying articles did not report them. These findings are consistent with the qualitative review by Chu and colleagues, which was based on 17 studies conducted between 1990 and 2013. The authors included yoga delivered in the workplace. Less than 50 percent of the studies reviewed were classified as high-quality interventions, however, and the evidence of effectiveness was mixed or inconclusive.

There are several reasons why these reviews report small effect sizes or no significant effect of physical activity programs on mental health outcomes. First, it is likely that a higher dose of weekly physical activity is required to show improvements in depression, anxiety and stress over sustained periods of time. The median number of minutes in these studies (50 minutes) is less than the recommended guidelines of 150 minutes of moderate physical activity per week.[153] **The full physical and mental health benefits from exercise are only realized if employees are regularly active and meet the guidelines, therefore, employers are advised to underscore the importance of engaging in at least 150 minutes of moderate physical activity a week.**

Second, participants in these studies may not have been at risk for stress or mental health disorders, which may explain the modest improvements in outcomes. **To the extent that it is possible, employers and their wellness vendors are encouraged to find innovative ways to engage low activity employees in regular moderate physical activity.**

Third, organizational policies that provide financial and non-financial incentives to engage in physical activity have been associated with positive health and well-being outcomes.[163] **Employers are encouraged to implement policies that lower the barriers for employees to access fitness memberships or to engage in exercise during the workday.**

Alcohol misuse interventions

No substance misuse reviews in the workplace were identified, except for a 2009 qualitative review of 10 alcohol studies.[164] **The literature review concluded that there is a lack of high-quality research on the workplace alcohol interventions.**

Despite the lack of high-quality research on the workplace alcohol interventions, the 2009 literature review found mixed support for the effectiveness of workplace alcohol interventions; interventions that were brief and included methods such as health and lifestyle checks, psychosocial skills training, and peer referral were potentially effective at improving self-reported consumption of alcohol or alcohol-related problems,[165, 166, 167, 168, 169, 170] reduced binge drinking and desire to binge drink,[168,171] and perceived riskiness of alcohol consumption.[169] This evidence applies to a variety of industries, including food and retail service, health care, transportation, and manufacturing.

The lack of high-quality studies could be due to several reasons. First, it is possible that alcohol misuse is not the target of interventions in the workplace because these programs are typically provided by EAPs. Second, it is possible that stigma associated with alcohol misuse prevents employees from expressing a need for such programs. Employees may not be disclosing misuse of or dependence on alcohol to their employers for fear of consequences, including job loss.

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Third, organizational policies that provide financial and non-financial incentives to engage in physical activity have been associated with positive health and well-being outcomes.[163] **Employers are encouraged to implement policies that lower the barriers for employees to access fitness memberships or to engage in exercise during the workday.**

Digital mental health interventions

The last decade has seen an explosion of workplace digital tools targeting mental health. These digital mental health tools may be appealing to employers because they offer the prospect of reaching more employees with potentially greater economic efficiency.

Two meta-analyses published in 2017[173,174] evaluated the effectiveness of workplace health interventions delivered to employees via web and mobile phone applications (apps). Data in Table 25 below summarizes findings from the meta-analysis by Stratton and colleagues[173] on the effectiveness of three common types of digital psychological interventions: cognitive behavioral therapy (CBT), mindfulness interventions (MI) and stress management interventions (SMI). This meta-analysis reported on the effectiveness of these three types of interventions on the following outcomes of interest: overall mental health, depression, anxiety, and stress. Overall, 13 interventions provided quantitative data that allowed the researchers to calculate an effect size and draw conclusions on the effectiveness of the interventions.

The level of effectiveness varied between CBT, MI and SMI interventions. **Overall researchers found that regardless of whether the interventions were CBT, MI or SMI, digital interventions were associated with a small, but statistically significant, positive effect on overall mental health and stress, but not depression and anxiety.**

Differences were also observed depending on whether the target employee population had elevated risk for mental health issues or not. For example, sometimes evidence of effectiveness was found for interventions targeting the general employee population and other results indicated evidence of effectiveness for interventions targeting employees with elevated risk for mental health issues.

Regarding guided **digital CBT,** the two meta-analyses found that these interventions had a **small,** but statistically significant effect size for improving overall mental health and stress when offered to all employees. Contrastingly, no evidence was found for the effectiveness of digital CBT targeted to employees with elevated risk for mental health issues. CBT was also not effective in improving depression and anxiety related outcomes.

Digital **mindfulness interventions (MI)** were found to have a **moderate,** statistically significant, positive effective on overall mental health and on reducing symptoms of stress. Like CBT, no evidence was found for digital MIs reducing symptoms of depression and anxiety.

Finally, **digital stress management interventions** that targeted employees at risk of high stress showed a large, statistically significant, positive effect on symptoms of anxiety, although this finding is from three published studies, so should be regarded with some caution.

Of note, digital SMIs offered to all employees may have had a negative effect on overall mental health and symptoms of stress, although this finding is not statistically significant. **Employers should be cautious of delivering SMIs broadly to the general employee population and may instead want to offer these interventions to employees who are at risk of high stress, given evidence of positive effects found when offered to this population.**

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Table 25. Summary of effectiveness of digital mental health intervention

Intervention Description			Health Outcome			
			Overall	**Depression**	**Anxiety**	**Stress**
Overall			Small*	Small	Small	Small*
All digital interventions (n=13)	Population Addressed	Targeted	Small*	Small	Small	Medium*
		Untargeted	Small	Small	Small	Small
	Support Offered	Guided	Medium*	Medium*	Medium	Medium*
		Unguided	Small	Small	Small	Small
CBT (n=6)	Population Addressed	Targeted	Small	Small	Small	Small
		Untargeted	Small*	Small*	Small	Small
	Support Offered	Guided	Small*	Small*	Small	Small
		Unguided	Small	Small	Small	Small
MI (n=4)	Population Addressed	Targeted	ⓘ	ⓘ	ⓘ	ⓘ
		Untargeted	Medium*	Small	Small	Medium*
	Support Offered	Guided	ⓘ	ⓘ	ⓘ	ⓘ
		Unguided	Medium*	Small	Small	Medium*
SMI (n=3)	Population Addressed	Targeted	Medium*	Small*	Large*	Medium
		Untargeted	Negative	ⓘ	ⓘ	Negative
	Support Offered	Guided	Medium*	Medium*	Large*	Medium
		Unguided	Negative	ⓘ	ⓘ	Negative

Source: Stratton, (2017)[173]
Key: CBT=Cognitive Behavioral Therapy, MI=Mindfulness Intervention, SMI=Stress Management Intervention, Small= Small, positive effect, Medium= Moderate, positive effect, Large= Large, positive effect, Negative= negative effect, *= statistically significant.

ⓘ = data not available.

Notably, in their analysis of seven published studies with the highest participation and the lowest attrition, Carolan and colleagues found preliminary evidence that effective digital mental health interventions are delivered over a shorter period of time (6-7 weeks), use secondary elements for engaging users (e.g., emails and text messages) and incorporate elements of persuasive technology (e.g., self-monitoring and individual tailoring).[174] **Employers are encouraged to consider incorporating these design elements in their digital mental health interventions.**

Employee assistance programs

Based on 17 studies included in this review by Joseph et al. that were conducted between 2005 and 2016, employee assistance programs (EAPs) appear to be effective at improving a variety of outcomes, including presenteeism, absenteeism, and well-being. The effects are small to moderate in size. The effects vary across population.

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For example, participants who screen positive for depression prior to enrolling in an EAP show greater improvements in presenteeism than non-depressed participants.[175] Although the bulk of studies focused on absenteeism as the primary outcome of interest, there is evidence that presenteeism is just as, or more, important. Up to 80 percent of costs related to productivity may be due to presenteeism, with absenteeism making up the rest of the cost.[175,176] In addition, EAPs overall appear to be very cost effective, with one study reporting a return on investment of between $5.17 and $6.47 for every dollar spent.[176]

Table 26. Effectiveness of Employee Assistance Programs (EAPs)

Intervention Description	Outcomes				
	Absenteeism	**Presenteeism**	**Level of functioning**	**Well-being**	**Absenteeism**
All Employee Assistance Programs (n=17)	Small	Medium	Medium	Medium	Small
Counseling Interventions (n=8)	Small*	Medium*	Medium	Small	Small*
Multi-Component EAPs (n=5)	Small*	Medium*	Medium*	Medium*	Medium*

Source: Joseph et al., (2017)[175]
Key: Small= Small, positive effect**, Medium**= Moderate, positive effect, **EAP=** Employee Assistance Program***=** statistically significant.

Despite being generally effective, the level of effectiveness of EAPs can vary significantly based on their funding, quality and usage. There has been a recent trend in decreasing costs paid to EAPs (specifically external EAPs).[177] This may benefit employers who save money by spending less, but the effectiveness of programs may be reduced because providers may not able to offer the highest-quality services at such low prices.

In addition, rates of employee usage of EAPs remain low (about 6.5 percent).[178] If employees are not using the available EAP services, then it does not matter how effective they are. This emphasizes a need for employers to better market and promote their available EAP programs to increase usage rates.[179] **Employers and their employees could benefit if employers invested more in their EAP's, rather than selecting EAP offerings based solely on cost. Further, offering EAP services that are strategically aligned with the organization's needs and objectives could improve the impact they have on employee and organizational outcomes. In return, it is likely that employers will request greater transparency from EAP providers about their program effectiveness evaluations upon which ROI estimates are based.**

Employers generally have several options for how they provide EAPs to their employees- internal, external and hybrid programs. Internal EAPs are those that are run by in-house staff, including counselors, and support staff. External programs are coordinated by a third party that provides EAP services.[175] Hybrid programs that combine some aspects of both internal and external EAP programs, often through the use of an internal EAP manager, are also widely used. All three types of programs offer several advantages or disadvantages. For example, internal programs are often more easily tailored to the individual and may be better integrated into the organization. However, they potentially face issues with confidentiality and can be expensive. External programs can be more affordable and can offer more diverse services but may be less adaptable, potentially implemented poorly, and more difficult to coordinate with internal HR and benefits services.[180] No evidence was found that suggests one type of EAP is more effective than others, but which type is best likely depends on the organizations resources and needs.[181] **Given the effectiveness of EAPs regardless of whether they are internal, external or hybrid, we suggest employers consider the advantages and disadvantages of each and offer an EAP if they are not already doing so.**

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Return to work (RTW) interventions

Return to work (RTW) interventions are tertiary prevention programs that are designed to help workers who are on sick leave due to mental health reasons return to work in a temporary, limited or light duty capacity while they recover. Although they are generally executed in clinical settings, such as rehabilitation centers or hospitals, work-directed programs can be added to augment clinical programs. RTW interventions often consist of psychological programs with or without antidepressant medication. In some instances, physical activity or education may also be included as part of the intervention.[182]

A 2014 meta-analysis of RTW randomized control trials found that adding work-directed programs or telephonic Cognitive Behavioral Therapy to clinical care were moderately more effective compared to standard clinical care alone.[182] In terms of economic efficiency, a 2012 systematic review of five RTW studies reporting economic outcomes found no statistically significant differences in total health care or productivity costs between employees who received a RTW program and those that did not. [183]

Stigma reduction interventions

Evidence from two recent literature reviews (one with metanalysis) and a combined 33 interventions published up to and including 2017, support the use of stigma reduction programs in the workplace.[184,185] The stigma reduction interventions targeted knowledge, attitudes, and behaviors of employees as they relate to mental health. Overall, these interventions have large, positive effects on both the knowledge and behavior of participants but have less pronounced effects on attitudes toward mental health.

Table 27. Effectiveness of Stigma Reduction Interventions in the Workplace

Intervention Description			Outcomes			
			Mental Health	**Knowledge**	**Attitude**	**Behavior**
All Stigma Reduction Interventions (n=33)		Overall	Small	Large	Small	Large
	Change	Manager	ⓘ	Large*	Small*	Medium*
		Employee	Small	Large*	Medium	Large
	Sustainability	Manager	ⓘ	Small	Small	Small
		Employee	ⓘ	Medium	Medium	Medium

Source: Hanisch et al., (2016)[184] and Gayed et al., (2018).[185]

Key: Small= Small, positive effect**, Medium**= Moderate, positive effect**, Large**= Large, positive effect, **Negative=** negative effect, *= statistically significant.

Despite overall positive effects, there are some studies that did not find a statistically significant effect. For example, Hanisch and colleagues found these employee interventions resulted in improved outcomes, but results were nonsignificant.[184] **These findings suggest employers may want to design interventions to target the knowledge, attitudes, and behavior of both employees and supervisors to address mental health stigma. In addition, they may want to consider tailoring interventions specifically to each group. This will help ensure that participants in each group receive relevant messaging and information.**

In managers, significant positive effects were reported between two and six months later, but there is insufficient evidence that these positive results were sustained after six months. This suggests that when creating stigma reduction programs, employers may need to plan to re-implement their programs periodically to ensure maintained effectiveness. This may come in the form of repeating the same training or could be taken advantage of in the program design steps to develop staged programming that periodically reviews and then builds upon previous training.

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Organizational climate interventions

Organizational climate is generally defined as the meaning that employees attach to events, policies, practices and procedures in the workplace, as well as the behaviors that are supported.[186] A literature review conducted in 2015 that included 21 studies concluded that **a perceived good organizational climate is associated with improved employee mental health outcomes.**[131] Specifically, the review looked at the effects of organizational climate (composite measure) as well as components of organizational climate (leadership and supervision, group behavior and relationships, and communication and participation) on depression, anxiety, burnout/emotional exhaustion, and psychological distress/general mental health. It is important to note, though, that this literature review only included studies using health care organizations, and generalizability may be limited.

There appears to be support that depression outcomes are improved by all components of organizational climate, although there was mixed significance. Regarding anxiety, there was limited evidence available, but leadership and supervision, and group behavior and relationships seem to be positively related to anxiety outcomes. Psychological distress/general mental health is positively affected by leadership and supervision, group behavior and relationships, and communication and participation, but these relationships may be nonsignificant. A large portion of the evidence in this paper relates to burnout as an exposure, though this is not the focus of the current paper.

The available evidence on this topic is mixed in its results, and there are inconsistencies in how concepts are defined and measured. It is notable, though, that a large portion of the studies included addressed leadership and supervision, and that these studies generally showed a positive relationship with mental health outcomes.

This suggests that leaders and supervisors within organizations have a prominent role in shaping the organizational climate. Leadership training that addresses how to best support subordinates may be effective at improving mental health outcomes.

Economic effectiveness

In addition to understanding whether an intervention achieves the desired outcomes, employers also wish to understand if an intervention represents a good return on investment (ROI) or value on investment (VOI). ROI is a narrower calculation of the financial benefits of a program whereas VOI is a broader measure of investment that take into consideration other, often intangible (but measurable) metrics of success. These include employee engagement, job satisfaction, and even loyalty.[187] To the best of our knowledge, no study evaluating the VOI of a workplace mental health program has been published.

A 2012 systematic narrative review evaluated the cost-effectiveness of worksite mental health interventions;[183] ten studies were identified comprising four prevention programs and six return to work studies. All four of the prevention programs had a positive cost-benefit ratio, although the quality of the studies was generally low. In the study with the highest quality score,[188] enhanced primary care treatment of depression was associated with a net benefit of $30 per worker in year one and $257 per worker in year two. This intervention had a positive ROI of 302 percent over two years (range 20 percent - 566 percent). In contrast, five or the six RTW studies found no favorable cost-benefit balance i.e. there were no significant differences in measures of cost between participants and non-participants.

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APPENDIX B: MARKET RESEARCH METHODS
FIRMOGRAPHICS

BASE: ALL QUALIFIED RESPONDENTS

Q1425 About how many people work for your organization at all levels and in all locations across the United States? Your best guess will do.

	TOTAL
Base	n = 1,041
1 to 24	-
25 to 49	7%
50 to 99	8%
100 to 249	10%
250 to 499	10%
500 to 999	11%
1,000 to 2,499	12%
2,500 to 4,999	7%
5,000 to 9, 999	9%
10,000 or more	26%

BASE: ALL QUALIFIED RESPONDENTS

Q1311 Which of following best describes the industry you work in?

	TOTAL
Base	n = 1,041
Educational and Health	24%
Information, Professional and Finance	17%
Trade, Transportation and Utilities	17%
Goods Producing	15%
Leisure and Hospitality	5%
Other	22%

BASE: ALL QUALIFIED RESPONDENTS

Q1455 For what type of organization do you work?

	TOTAL
Base	n = 1,041
For-profit organization	68%
Not-for-profit organization	17%
Local, state or federal government	15%

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APPENDIX B: (CONT)
DEMOGRAPHICS

BASE: ALL QUALIFIED RESPONDENTS
Which of the following best describes your employment status?

	TOTAL
Base	n = 1,041
Employed full time	88%
Employed part time	12%

BASE: ALL QUALIFIED RESPONDENTS
Do you manage or supervise staff?

	TOTAL
Base	n = 1,041
Yes	48%
No	52%

BASE: ALL QUALIFIED RESPONDENTS
Region

	TOTAL
Base	n = 1,041
South	38%
West	22%
Midwest	22%
Northeast	18%

BASE: ALL QUALIFIED RESPONDENTS
What is your health insurance status?

	TOTAL
Base	n = 1,041
HAVE HEALTH INSURANCE (NET)	97%
Health insurance provided by my employer	70%
Health insurance provided by family member's employer	10%
Individual insurance policy bought by myself/my family	4%
Medicare	5%
Medicaid	4%
Health insurance provided to students	*
Veterans benefits (e.g., active military, veterans, TriCare, reserve)	2%
Health insurance from an exchange	1%
Other (Please specify)	1%
None; do not have health insurance	3%

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APPENDIX B: (CONT)
DEMOGRAPHICS

BASE: ALL QUALIFIED RESPONDENTS
Which of the following best describes your employment status?

	TOTAL
Base	n = 1,041
Employed full time	88%
Employed part time	12%

BASE: ALL QUALIFIED RESPONDENTS
Do you manage or supervise staff?

	TOTAL
Base	n = 1,041
Yes	48%
No	52%

BASE: ALL QUALIFIED RESPONDENTS
Region

	TOTAL
Base	n = 1,041
South	38%
West	22%
Midwest	22%
Northeast	18%

BASE: ALL QUALIFIED RESPONDENTS
What is your health insurance status?

	TOTAL
Base	n = 1,041
HAVE HEALTH INSURANCE (NET)	97%
Health insurance provided by my employer	70%
Health insurance provided by family member's employer	10%
Individual insurance policy bought by myself/my family	4%
Medicare	5%
Medicaid	4%
Health insurance provided to students	*
Veterans benefits (e.g., active military, veterans, TriCare, reserve)	2%
Health insurance from an exchange	1%
Other (Please specify)	1%
None; do not have health insurance	3%

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APPENDIX B: (CONT)
DEMOGRAPHICS



BASE: ALL QUALIFIED RESPONDENTS
Age

	TOTAL
Base	n = 1,041
18-21	5%
22-28	13%
29-37	24%
38-53	33%
54-72	23%
73+	2%
MEAN	*42 years old*
MEDIAN	*40 years old*



BASE: ALL QUALIFIED RESPONDENTS
Race/Ethnicity

	TOTAL
Base	n = 1,041
White	60%
Black or African-American	14%
Hispanic	16%
Asian	7%
Native-American or Alaskan Native	*
Arab/West Asian	-
Mixed race	2%
Some other race	*
Prefer not to answer	*



BASE: ALL QUALIFIED RESPONDENTS
Gender

	TOTAL
Base	n = 1,041
Male	52%
Female	47%
Transgender	*
Genderqueer	-
Multiple gender categories	*
Other	*
Prefer not to answer	*

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APPENDIX B: (CONT)
DEMOGRAPHICS



BASE: ALL QUALIFIED RESPONDENTS
Education

	TOTAL
Base	n = 1,041
LESS THAN HIGH SCHOOL DEGREE (NET)	5%
Less than high school	1%
Completed some high school	4%
HS DEGREE TO LESS THAN A 4-YEAR COLLEGE DEGREE (NET)	54%
High school graduate	15%
Job-specific training program(s) after high school	3%
Some college, but no degree	22%
Associate degree	14%
4 YEAR COLLEGE DEGREE OR MORE (NET)	41%
Bachelor's degree (such as B.A., B.S.)	24%
Some graduate school but no degree	2%
Graduate degree (such as MBA, MS, M.D., Ph.D.)	16%



BASE: ALL QUALIFIED RESPONDENTS
Income

	TOTAL
Base	n = 1,041
Less than $15,000	1%
$15,000 to $24,999	4%
$25,000 to $34,999	5%
$35,000 to $49,999	10%
$50,000 to $74,999	19%
$75,000 to $99,999	18%
$100,000 to $124,999	20%
$125,000 to $149,999	10%
$150,000 to $199,999	7%
$200,000 to $249,999	3%
$250,000 or more	1%
Prefer not to answer	2%

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APPENDIX B: (CONT)
DEMOGRAPHICS

BASE: ALL QUALIFIED RESPONDENTS
Marital Status

		TOTAL
	Base	n = 1,041
Married or civil union		50%
Never married		30%
Divorced		13%
Living with partner		5%
Widow/Widower		2%
Separated		1%

BASE: ALL QUALIFIED RESPONDENTS
Household Size: Adults

		TOTAL
	Base	n = 1,041
1		18%
2		55%
3		17%
4		6%
5+		4%
MEAN		*2 adults*
MEDIAN		*2 adults*

BASE: ALL QUALIFIED RESPONDENTS
Household Size: Children

		TOTAL
	Base	n = 1,041
0		53%
1		21%
2		19%
3		6%
4		1%
5+		1%
MEAN		*1 child*
MEDIAN		*0 children*

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APPENDIX C- METHODS

The methodology for making recommendations to employers on mental health best practices included a combination of systematic literature review, evidence synthesis, and Expert Panel review and consensus.

Review scope

The expert panel consisted of a one-day, in-person meeting in Washington DC on December 13th, 2018, as well as follow-up work from the invited panelists.
The objectives were to:

- Identify current best-practice guidelines regarding mental health in the workplace
- Identify gaps in current guidelines on mental health in the workplace
- Recommend high-impact actionable strategies for employers to implement

The scope of the deliberations did not include access to the mental health care delivery system due to time constraints. Access to high-value, affordable mental health treatments services and medications is a vital component of the mental health support ecosystem. The National Alliance of Healthcare Purchaser Coalitions have published a set of resources as part of the Mental Health Initiative, including addressing disparities in network access and mental health parity. For more information, visit: National Alliance of Healthcare Purchasers - Mental Health Initiative [189] or Employee Assistance Society of North America - Selecting and Strengthening Employee Assistance Programs: A Purchaser's Guide. [190]

Guideline selection

Guidelines reviewed by the panel were based on systematic literature review conducted by the American Heart Association Center for Workplace Health staff with the assistance of a trained medical librarian. The systematic review process yielded a recent review of workplace mental health standards, guidelines and practices published in the peer-reviewed literature by Nexo and colleagues.[12] This review identified four guidelines of high quality using the AGREE II quality of evidence assessment tool.[191] The Center extracted 56 unduplicated recommendations, which included some recommendations from the American Heart Association and the Center for Disease Control and Prevention[163] where there were notable gaps.

This final list of guidelines was then mapped to the American Heart Association's Workplace Health Achievement Index and its seven pillars of workplace health. These pillars are:

- Leadership
- Organizational policies and environmental supports
- Communications
- Programs and benefits
- Engagement
- Community partnerships
- Reporting outcomes

These pillars are identified by the AHA as seven components that make up effective workplace health programs. They represent areas of focus that should be addressed to ensure the success of programs targeting employee wellness. The pillars were adapted from researcher Nico Pronk's work in this field. These pillars were chosen as the framework for the actionable strategies because they represent clear, concise categories that are likely familiar to employers. Also, the association intends to incorporate high-impact practices for mental health and stress into the Index in the future.

Expert panel discussions

The discussions during the expert panel were organized around each pillar of the Index and their respective guidelines. Panelists were divided into small groups to discuss each set of guidelines. Their initial objective was to rank and prioritize the guidelines within each pillar based on the following criteria:

- **Health Impact** (scale of 0-10)
- **Feasibility for small firms** (scale 0-10)
- **Relative cost** (scale 0-10)

Following discussion, some groups provided feedback that quantitative ranking was challenging, so most groups provided more qualitative feedback on the relative priority of the draft action strategies. Each group briefly presented their top strategies and their rationale for the selection for a facilitated discussion.

Follow-up activities

Panelists were asked to provide additional feedback after the one-day meeting. Center staff consolidated their feedback into the final list of draft actionable strategies. These strategies were reviewed twice by the expert panel and refined using their feedback into the current list.

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Panelist Biographies

Panelists were selected by association staff based on their professional, academic, and industry experience dealing with mental health in the workplace. A short list of panelists was identified and invited. Panelists were selected to ensure a breadth of experience and representation of key stakeholders involved in workplace health, safety, and well-being.



Jennifer Bruno (Chair)

Vice President of Global Health Services for Johnson & Johnson in New Brunswick, NJ.

In this role, Jennifer is part of the Total Reward Leadership Team and leads J&J's employee health and wellness strategies, policies, guidelines and service delivery for the 130,000 employees in more than 260 companies worldwide.

She is responsible for driving innovative approaches and operational excellence across Occupational & Executive Health, Mental Well-being, Energy Management, Wellness & Health Promotion and Work-Life Services to achieve the enterprise aligned goal of the healthiest workforce.

Jennifer is a member of the Global Business Group on Health, National Business Group on Health, Health Enhancement Research Organization, American Heart Association CEO Roundtable Lieutenant Group and the Healthcare Business Women's Association. Jennifer is a board member for The Health Project and an Advisory Council Member to the Harvard T.H. Chan School of Public Health and the Harvard Business School Culture of Health Advisory Committee.

Jennifer holds a Bachelor of Science from Pennsylvania State University, University Park, PA.



Mark Boquet

Chief Health Officer and Director of Health Services for The Dow Chemical Company

He is directly responsible for leadership and management of all Occupational Health, Epidemiology, and Health Promotion programs and staff around the world.

Mark is a board-certified Family and Occupational Medicine physician. He has worked for Dow Chemical since 2014, where his initial focus was on leading the implementation of Health Services strategy throughout Louisiana, followed by rapid expansion of his role to other states within the US Gulf Coast region.

Mark quickly assumed several global consulting responsibilities, subject matter expert roles and joined the global Health Services Leadership Team. He has been very active in the American College of Occupational and Environmental Medicine and its Mid-South Region, including leadership and annual conferences.

Dr. Boquet holds a bachelor's degree in biochemistry from Louisiana State University in Baton Rouge, Louisiana. He earned his Medical Degree and a Master's in Public Health from Louisiana State University Health Sciences Center in New Orleans, and in addition, a Master's of Science in Health Care Management from the University of New Orleans.



Joan Demetriades

Director of Strategy & Program Development of One Mind

She brings extensive experience in pharmaceutical R&D strategy development, strategic leadership, portfolio planning, program & project management, organizational effectiveness, merger integration, bioanalytical chemistry and pharmacokinetics.

Joan's career spans executive and leadership positions at Janssen Pharmaceuticals R&D, Johnson & Johnson Pharmaceutical R&D, AstraZeneca, Astra Merck, and Merck Research Labs.

Joan earned a Master of Business Administration from La Salle University and a Bachelor of Science in Medical Technology from Duquesne University.

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Jodi Jacobson Frey

Associate Professor at The University of Maryland, School of Social Work.
She chairs the Employee Assistance Program (EAP) sub-specialization and the Financial Social Work Initiative. Her research focuses on workplace behavioral health, including the impact of employee health and well-being on productivity and safety.

She studies the effectiveness of employee assistance, work/life, and financial capability programs for working families and has dedicated a significant portion of her research agenda to the prevention of suicide and crisis response in the workplace.

Jody has published over 35 articles in journals including the American Journal of Addictions, Social Work, Journal of Career Development, Journal of Occupational and Environmental Medicine, Journal of Social Work Education, Journal of Workplace Behavioral Health, Research on Social Work Practice, and Suicide and Life-Threatening Behavior. Dr. Frey regularly presents her research at national and international professional conferences. She is also the Co-Editor-in-Chief for the Journal of Workplace Behavioral Health.

Dr. Frey earned her PhD and Master's degrees from the University of Maryland.



Kathy Gerwig

VP of Employee Safety, Health, and Wellness at Kaiser Permanente in Oakland, CA.
She is responsible for eliminating workplace injuries, promoting well-being and healthy lifestyle choices, and reducing health risks for the 215,000 employees of Kaiser Permanente, a leading health care provider and not-for-profit health plan/hospital system serving more than 12 million members in the United States.

She oversees the national departments of workplace safety, workforce wellness, integrated disability management, employee assistance programs and environmental, health and safety. Kathy is also responsible for leading a nationwide environmental stewardship program for the organization. Her book, *Greening Health Care, How Hospitals Can Heal the Planet* examines the critical role health care organizations can play in addressing serious environmental threats to health. She is on the boards of several leading non-governmental organizations focused on safety, health and environmental sustainability. Kathy holds an MBA from Pepperdine University.



Darcy Gruttadaro

Director, Center for Workplace Mental Health, American Psychiatric Association Foundation

As director, she is developing and implementing the Center's strategic direction in providing employers the tools and resources needed to support the mental health of employees and their families.

Before joining the Center, Darcy served in multiple senior positions with the National Alliance on Mental Illness (NAMI), where her work focused on expanding access to effective mental health services and supports for youth and adults impacted by mental health conditions. She has also worked with national organizations representing managed care organizations and practiced law with the Harris Beach law firm, concentrating her legal practice on health care and mental health related issues. She served as a law clerk in the U.S. District Court for the Western District of New York.

Ms. Gruttadaro earned a Bachelor of Science degree from Clarkson University and a JD from Western New England University School of Law.

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CDR Karen Hearod

CDR Karen Hearod serves as the Substance Abuse and Mental Health Services Administration (SAMHSA) Regional Administrator for Region 6, which includes Arkansas, Louisiana, New Mexico, Oklahoma & Texas.
In her role as Regional Administrator, she supports stakeholders through technical assistance, promoting program development, policy innovation, and system transformation.

Prior to accepting her position at SAMHSA, CDR Hearod served as the Indian Health Service Oklahoma City Area Acting Behavioral Health Consultant. In this position, CDR Hearod had oversight over behavioral health and substance use disorder programs across Oklahoma, Texas, and Kansas. In addition to providing leadership as Chair for the IHS National Zero Suicide Advisory Committee, she served as a member of the National Suicide Crisis Policy Committee working to establish the first IHS national suicide care policy.

CDR Hearod received a Master of Social Work degree from the University of Oklahoma and a Bachelor of Social Work from East Central University. She is a Licensed Clinical Social Worker.



Michelle Hellebuyck

Michele Hellebuyck is the Policy and Program Manager for Mental Health America (MHA), based in Washington D.C.
She oversees MHA's workplace mental health program and is responsible for collecting and analyzing data on workplace mental health. Her recent findings were published in the Mind the Workplace report. She also sources data and authors Mental Health America's State of Mental Health America report, which ranks states on prevalence and access to care.

Michelle holds a master's in International Development, Economics and Global Health, and is skilled in policy analysis, program design, monitoring and evaluation, and social impact assessment.



Karen Hume

Karen Hume, MPA is Senior Advisor, Centre of Excellence in Recovery and Peer Support, CMHA-Calgary and the International Initiative for Mental Health Leadership (IIMHL) in Workplace Mental Health.

Karen also serves on science advisory groups and expert panels including the Mental Health Commission of Canada - Asia-Pacific Economic Cooperation (APEC), American Heart Association, National Alliance of Healthcare Purchaser Coalitions and the Meadows Mental Health Policy Institute.

Before joining CMHA's Centre of Excellence, Karen served as a workplace program advisor for Mental Health America of Greater Houston, co-developing evidence-based workplace interventions in partnership with the University of Glasgow, UK. She is a certified advisor of the first Psychological Health and Safety Standard in the Workplace and has contributed to published whitepapers, commentaries and statement articles on health and wellness promotion. Karen also proudly serves as a non-profit mental health consultant providing practical guidance, tools and resources that help organizations implement and sustain effective worksite health management practices.
Karen received her Master of Public Administration from Dalhouse University, and a Bachelor of Arts in Political Science and Government from St Francis Xavier University.

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William 'Bill' Kassler, MD

Dr. Kassler currently works at IBM Watson Health as Deputy Chief Health Officer and Lead Health Officer for Population Health.

Prior to joining Watson Health, he served as Chief Medical Officer for the New England Region of the Centers for Medicare and Medicaid Services (CMS), was a founding member in the CMS Innovation Center's population health group; he served as the State Health Officer for New Hampshire Department of Health and Human Services, with leadership and administrative roles in public health, social services and Medicaid; and at the Centers for Disease Control and Prevention (CDC) as an epidemiologist, chief of health services research and evaluation, and Senior Advisor for Health Policy.

He received his MD from the University of Massachusetts Medical School, a Masters of Science in nutrition from Case Western Reserve University, a Masters of Public Health from Berkeley. He completed a primary care internal medicine residency at Brown and was a Robert Wood Johnson Clinical Scholar at the University of California, San Francisco.



Debra Lerner

Dr. Lerner is the Director and founder of the Program on Health, Work and Productivity, within Tufts Medical Center Institute for Clinical Research and Health Policy Studies.

She is a senior scientist and Professor in the Departments of Medicine and Psychiatry of Tufts School of Medicine, and Associate Director of the Tufts Clinical and Translational Science Institute.

Debra has specialized in mental health issues and has been a principal investigator on multiple projects related to employee mental health improvement. She is considered a national thought leader on workplace interventions for stress and depression. Recent projects include producing a white paper for business leaders on the costs of depression and a comprehensive report evaluating the dissemination of workplace interventions for depression. Debra has been Principal Investigator on four federally-funded clinical trials, which have resulted in a best-in-class evidence-based screening and intervention program to improve the work performance and productivity of employees with depression.

Dr. Lerner has a masters degree in Health Planning/Administration from the University of Cincinnati and a doctorate in Medical Sociology from Boston University.



Judith Lichtman

Judith Lichtman is an Associate Professor (with tenure) and Chair of the Department of Chronic Disease Epidemiology at the Yale School of Public Health, and Co-Director of the Yale Center for Neuroepidemiology and Clinical Neurological Research.

Her research focuses the epidemiology of stroke and heart disease using longitudinal databases and prospective observational studies to understand cardiovascular and stroke outcomes.

She has served on several national committees including the American Heart Association's Patient Education System Task Force, Stroke and Epidemiology Councils, the Quality of Care and Outcomes Research Expert Panel, and the American College of Cardiology Foundation/AHA Task Force on Clinical Data Standards. She has been the co-chair for two National AHA Writing Committees on depression and heart disease, as well as a co-author for numerous AHA guidelines and scientific statements.

Dr Lichtman holds a PhD, as well as an MPH, from Yale University. She received a Bachelor of Arts from the University of Rochester.

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Katy Riddick

At High Lantern Group, Katy advises business and non-profit leaders and senior staffers across a host of industries and issue areas, from health care and energy to travel and tourism.

Organizations look to Katy to help them navigate complex operating environments, assess and respond to organizational risks and emerging threats to their industries and identify opportunities for growth.

Before joining HLG, Katy led the Government Affairs team at Alzheimer's Research UK, the largest charitable funder of dementia research in Europe. During her tenure, the UK Government committed to an ambitious goal of a disease-modifying treatment for Alzheimer's by 2025. Katy helped craft the supporting strategy, while also managing multiple issue campaigns on key legislative priorities. She led the development of a program of work focused on the impacts of dementia on women, which established the organization as a thought-leader on the issue. A native Oregonian, Katy graduated with Honors from the University of San Francisco with a degree in Politics.



Fred Seavey

Fred Seavey is the Research Director of the National Union of Healthcare Workers (NUHW) in Emeryville, Calif.

In his role as Research Director, Fred is responsible for leading a team of researchers who analyze health care providers' clinical, operational, and financial performance; assist caregivers with workplace issues; perform public policy research and advocacy; and work with consumers, advocacy organizations and professional associations.

Fred began working with NUHW upon its founding in 2009. He has more than 20 years of experience working for health care worker unions. Earlier in his career, Fred worked with NGOs in the US and Latin America on issues of community and economic development, job training, and affordable housing.
Fred has a Bachelor of Arts from Princeton University and a Master of Arts from the University of California at Los Angeles.



Michael Thompson

Michael Thompson is the President and CEO of the National Alliance of Healthcare Purchaser Coalitions (National Alliance), an association of approximately 50 regional coalitions collectively supporting over 12,000 health care purchasers providing health coverage to more than 45 million Americans.

Prior to joining the National Alliance, Mike was a Principal at PricewaterhouseCoopers (PwC) for 20 years. He has worked with major employers and other stakeholders on sustainable cost reduction, integrated health, wellness and consumerism, retiree health, private health exchanges and health reform. Known for developing and promoting collaborative cross-sector health industry initiatives, Mike participated on the steering board of the World Economic Forum's "Working towards Wellness" initiative and co-founded the Private Exchange Evaluation Collaborative (PEEC). Prior to PwC, Mike served as an executive with diverse roles with Prudential Healthcare for over 17 years.

Michael holds a Bachelor's degree in mathematics from Union College.

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Melissa Turner

Melissa Turner is a Senior Policy Advisor on the Employer Policy Team at the Department of Labor's Office of Disability Employment Policy (ODEP).

Prior to joining ODEP, she led state policy work for the National Center for Learning Disabilities, managing regional mobilization and advocacy around issues that impact students with learning disabilities.

Melissa has experience in the Office of Management and Budget (OMB), analyzing education and disability budget, policy, legislative and regulatory proposals for the US Department of Education. While at OMB she developed regulations to protect the rights of individuals with disabilities under the Workface Innovation and Opportunity Act and the Individuals with Disabilities Education Act. Prior to her role at OMB, Melissa worked in the US Department of Education's Office of Special Education Programs, providing technical assistance and monitoring state special education and general education programs to improve results for children with disabilities.

Melissa received her Master of Public Administration from Syracuse University. She received her Master of Arts in Teaching from American University, as well as a Bachelor of Arts in American Studies.



Shelly Wolff

Shelly Wolff is a national and international expert in Willis Towers Watson's Health & Well-being specialty area in the Health and Benefits Practice.

She is also responsible for leading global health and productivity projects, engagement strategies and is a regular contributor to Willis Towers Watson's published research on global and domestic health and well-being strategies, programs and impacts.

Prior to joining Towers Watson, Shelly came from General Electric where she was responsible for leading companywide cross functional projects which became a cornerstone in GE's absence and worker health programs. Shelly brings 20+ years of experience having worked in the insurance industry prior to her work at GE.

Shelly holds an MBA from the University of St. Thomas, Minneapolis, MN and Masters Degree in Vocational Rehabilitation Counseling from the University of Minnesota.

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VA-19-1108-A-000873

From: (b)(6) (b)(6) R. (OGC)
Sent: 31 Jul 2019 11:23:49 +0000
To: (b)(6) (b)(6) M.D.;Scher, Deborah (b)(6) (b)(6) (b)(6) (b)(6) [JRDUS]
Cc: (b)(6) (b)(6) DURVAMC (b)(6) (OGC)
Subject: RE: Next steps: Confidentiality Disclosure Agreement - Oncology

If this is going to go through the Specialty Team Advising Research ("STAR"), their acting Chief is (b)(6). I have taken the liberty of copying him in so that he is aware of this string/traffic.

Respectfully,

(b)(6)
(b)(6) (b)(6) (b)(6) Esq.
Department of Veterans Affairs
Office of the General Counsel
Information Law Group: Appropriations Team
810 Vermont Ave., N.W., #1141
Washington, D.C. 20420
(b)(6); iPhone (b)(6)

The only way to avoid criticism is to do nothing, say nothing, and mean nothing.

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From: (b)(6) (b)(6) M.D (b)(6) @duke.edu>
Sent: Tuesday, July 30, 2019 5:06 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>; (b)(6) (b)(6) [COBIUS] (b)(6) @ITS.JNJ.com>; (b)(6) (b)(6) [JRDUS] (b)(6) @its.jnj.com>
Cc: (b)(6) (b)(6) R. (OGC) (b)(6) (b)(6) (b)(6) DURVAMC (b)(6)
Subject: [EXTERNAL] Re: Next steps: Confidentiality Disclosure Agreement - Oncology

(b)(6)

What is the subject and scope of the CDA? For a clinical trial or pipeline discussion, the VA investigator routes the CDA through their institution to the appropriate "Star" attorney in VA's OGC.

(b)(6) J (b)(6) MD
Professor of Medicine, Duke University Medical Center

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Chief, Hematology-Oncology, Durham VA Medical Center
National Program Director for Oncology, Dept of Veterans Affairs

---

From: "Scher, Deborah L." <Deborah.Scher@va.gov>
Date: Tuesday, July 30, 2019 at 4:42 PM
To: (b)(6) (b)(6) [COBIUS]" <(b)(6)@ITS.JNJ.com>, (b)(6) (b)(6) [JRDUS]" (b)(6)@its.jnj.com>
Cc: (b)(6) (b)(6) R. (OGC)" (b)(6) (b)(6) (b)(6) DURVAMC" (b)(6) (b)(6) (b)(6) M.D.'(b)(6)@duke.edu>
Subject: RE: Next steps: Confidentiality Disclosure Agreement - Oncology

Yes ORD would be perfect. You probably already have agreements with them. Adding in Dr. (b)(6)

From: (b)(6) (b)(6) [COBIUS] <(b)(6)@ITS.JNJ.com>
Sent: Tuesday, July 30, 2019 4:39 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>; (b)(6) (b)(6) [JRDUS] <(b)(6)@its.jnj.com>
Cc: (b)(6) (b)(6) R. (OGC) (b)(6)
Subject: [EXTERNAL] Re: Next steps: Confidentiality Disclosure Agreement - Oncology

Hi all,

Thanks for the response. I'm wondering if this might need to run through the VA Office of Research and Development, considering our history of clincial trials.

Alternatively, we could work w(b)(6) directly, maybe there's a path forward on that front as well.

(b)(6)

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From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Tuesday, July 30, 2019 4:28:10 PM
To: (b)(6) (b)(6) [COBIUS] <(b)(6)@ITS.JNJ.com>; (b)(6) (b)(6) [JRDUS] (b)(6)@its.jnj.com>
Cc: (b)(6) (b)(6) R. (OGC) (b)(6)
Subject: [EXTERNAL] RE: Next steps: Confidentiality Disclosure Agreement - Oncology

Dear(b)(6)
Thank you for the quick follow up. In general, the VA does not execute confidentiality agreements because government information is most often subject to FOIA.

By copy of this email, I am happy to connect you with Mr. (b)(6) (b)(6) who is the partnership SME in our General Counsel's office. Perhaps there are some exceptions.

Best regards,

AMERICAN OVERSIGHT

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
Follow us on Twitter
www.va.gov/scsp/

From: (b)(6) (b)(6) [COBIUS] (b)(6) @ITS.JNJ.com>
Sent: Tuesday, July 30, 2019 4:16 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>; (b)(6) (b)(6) [JRDUS] <(b)(6) @its.jnj.com>
Subject: [EXTERNAL] Next steps: Confidentiality Disclosure Agreement - Oncology

Hi Deborah,

Per our discussion yesterday, I'm following up to connect you to a Janssen partner, (b)(6) (b)(6) that can help with executing a CDA in oncology between our organization and the appropriate legal entity at the VA. As this is above my pay grade, I'm looking to (b)(6) to help with next steps.

Thanks so much to you both.

All the best,

(b)(6)

(b)(6) (b)(6) **PharmD, MS**
Scientific Director, National Accounts
Real World Value & Evidence, Field
Janssen Scientific Affairs LLC
1125 Trenton-Harbourton Rd.
Titusville, NJ 08560
Mobile: (b)(6)
Desk: (b)(6)
(b)(6) @its.jnj.com



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From: (b)(6) (b)(6) (b)(6) [SCGUS]
Sent: 29 May 2019 19:50:11 +0000
To: Scher, Deborah L.
Subject: [EXTERNAL] RE: Draft Women Veteran Profile

Deborah
Great seeing you on email, do you and Dr. Clancy have your flights yet?
If so can you push me your itinerary?

(b)(6) (b)(6) (b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6) 2@its.jnj.com

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From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Wednesday, May 29, 2019 3:25 PM
To: (b)(6) (b)(6) (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Subject: [EXTERNAL] Draft Women Veteran Profile

Dear (b)(6) (b)(6)
Attached is a first draft profile of Women Veterans. We are still working on documenting the priority health needs and hope to be able to incorporate that next week. Wanted to get this to you in draft form before we went any further to make sure we are creating a document that will be useful to the attendees on June 17th.

Thank you in advance for sharing your feedback,

Best,
Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
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From: (b)(6) (b)(6) (b)(6) [SCGUS]
Sent: 29 May 2019 19:59:20 +0000
To: Scher, Deborah L.
Subject: [EXTERNAL] RE: June 17 travel arrangements

Perfect,
I have a call tomorrow with JLABS and told them you all need to be on a 6pm flight.

(b)(6) (b)(6) (b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6)@its.jnj.com

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From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Wednesday, May 29, 2019 3:56 PM
To: (b)(6) (b)(6) (b)(6) [SCGUS](b)(6)@its.jnj.com>
Cc: Wilson, Breanna L. <Breanna.Wilson@va.gov>
Subject: [EXTERNAL] June 17 travel arrangements

Dear (b)(6) (b)(6)
Bre is working on travel arrangements with Dr. Clancy's office. I will ask her to send you our itinerary when it is set. Not sure if we will be traveling by plane or train.

Best,
Deborah

From: (b)(6) (b)(6) (b)(6) [SCGUS] <(b)(6)@its.jnj.com>
Sent: Wednesday, May 29, 2019 3:50 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] RE: Draft Women Veteran Profile

Deborah
Great seeing you on email, do you and Dr. Clancy have your flights yet?
If so can you push me your itinerary?

(b)(6) (b)(6) (b)(6)
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Fax: 866.485.2348
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From: Wilson, Breanna L.
Sent: 29 May 2019 20:17:13 +0000
To: Scher, Deborah (b)(6) (b)(6) (b)(6) [SCGUS]
Subject: RE: June 17 travel arrangements

Yes! I will get you that info next week.

Thanks,

Bre Wilson
Portfolio Manager | Secretary's Center for Strategic Partnerships
Office of the Secretary
U.S. Department of Veterans Affairs
810 Vermont Ave., NW | Washington, DC 20420
Office: (202) 461-0166
Mobile: (202)412-4487
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From: Scher, Deborah L.
Sent: Wednesday, May 29, 2019 3:56 PM
To: (b)(6) (b)(6) (b)(6) [SCGUS](b)(6) @its.jnj.com>
Cc: Wilson, Breanna L. <Breanna.Wilson@va.gov>
Subject: June 17 travel arrangements

Dear (b)(6) (b)(6)
Bre is working on travel arrangements with Dr. Clancy's office. I will ask her to send you our itinerary when it is set. Not sure if we will be traveling by plane or train.

Best,
Deborah

From: (b)(6) (b)(6) (b)(6) [SCGUS] <(b)(6) @its.jnj.com>
Sent: Wednesday, May 29, 2019 3:50 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] RE: Draft Women Veteran Profile

Deborah
Great seeing you on email, do you and Dr. Clancy have your flights yet?
If so can you push me your itinerary?

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From: (b)(6) (b)(6) (b)(6) [SCGUS]
Sent: 7 Jun 2019 15:07:23 +0000
To: Scher, Deborah L.
Subject: [EXTERNAL] RE: Executive Ethics Policy

Perfect

(b)(6) (b)(6) (b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

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Fax: 866.485.2348
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From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Friday, June 07, 2019 11:04 AM
To: (b)(6) (b)(6) (b)(6) [SCGUS] <(b)(6)@its.jnj.com>
Subject: [EXTERNAL] RE: Executive Ethics Policy

Our Ethics OGC says this does not apply because a J&J donation would be given to the VA, not to Dr. Clancy directly. Does this answer the question?
Thank you,
Deborah

From: (b)(6) (b)(6) (b)(6) [SCGUS] (b)(6)@its.jnj.com>
Sent: Friday, June 7, 2019 10:31 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] Executive Ethics Policy

Deborah,
From what I can tell this seems like it pertains to people who Executive Branch Employees.
https://www2.oge.gov/web/oge.nsf/Resources/Executive+Order+13770+(Jan.+28,+2017):+Ethics+Commitments+by+Executive+Branch+Appointees

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From: (b)(6) (b)(6) (b)(6) [SCGUS]
Sent: 4 Jun 2019 19:38:55 +0000
To: Scher, Deborah L.
Subject: [EXTERNAL] FW: Spravato Promotion
Attachments: VHA Directive 1108.10 Section 5-B highlight.pdf
Importance: High

Deborah
I wanted to send you an email that (b)(6) just received from (b)(6) (b)(6) who is over P&T at the VA PBM.

Based on the timeframe that Dr. Stone has laid out, we made a decision to train and deploy the field in specific VA's so we could meet Dr. Stone's timeline.

However, as you can see below, if we adhere to what (b)(6) is asking, I am not sure we will meet the June 17th timeline.

Did you have any conversation with Michael Valentino?

(b)(6) and I have a call on the books with (b)(6) tomorrow about something else , but I am sure this will come up.

We need to be careful here, because (b)(6) manages all of our J&J business which is much larger than Spravato.

Let me know what you think here???

(b)(6) (b)(6) (b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6)@its.jnj.com

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From: (b)(6) (b)(6) [JAN]
Sent: Tuesday, June 04, 2019 2:59 PM
To: (b)(6) (b)(6) (b)(6) [SCGUS] (b)(6)@its.jnj.com>
Subject: FW: Spravato Promotion
Importance: High

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Hi (b)(6)

If there is any way we can connect today (after 3:30pm EST) to discuss this email it would be great because I know this will come up on our call tomorrow. This has not been shared anywhere yet. We need to discuss next steps.

The VHA Directive 1108.10 that she references is attached– See yellow highlighted portion on page 7

Thanks!

(b)(6) (b)(6)
Director, Strategic Accounts
National Federal Team - Strategic Customer Group
Johnson & Johnson Health Care Systems
T: (b)(6) - *https://www.jnj.com/heroes : Johnson & Johnson Supports Our Troops & Veterans*
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From: (b)(6) (b)(6) L. (PBM) (b)(6)
Sent: Tuesday, June 04, 2019 11:21 AM
To: (b)(6) (b)(6) [JAN] (b)(6) @ITS.JNJ.com>
Subject: [EXTERNAL] Spravato Promotion
Importance: High

Hi (b)(6)
We got a note from a VA provider today that had received a message from J&J staff wanting to set up a meeting to discuss Spravato. Since we are still working out our national guidance on this drug, I would ask that J&J not reach out to any VA facility proactively until the documents are approved and publicly available. I am hoping that the CFU and formulary decisions will be finalized this month. If a VA provider reaches out to J&J, I would ask that you only respond within the confines of VHA Directive 1108.10, but again, I would like you to hold your sales force from proactively reaching out to VA at this time.

Thanks, and let me know if any questions.
(b)(6)

(b)(6) L. (b)(6) PharmD, BCPP
Associate Chief Consultant
VA Pharmacy Benefits Management Services
(b)(6)
(b)(6) @va.gov

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PROMOTION OF DRUGS AND DRUG-RELATED SUPPLIES BY PHARMACEUTICAL COMPANY REPRESENTATIVES (PCR)

1. REASON FOR ISSUE: The Veterans Health Administration (VHA) directive provides policy related to Pharmaceutical Company Representative (PCR) activities in Department of Veterans Affairs (VA) medical facilities.

2. SUMMARY OF MAJOR CHANGES: Major changes include:

a. In paragraph 4, Responsibilities:

(1) Adding responsibilities for the Deputy Under Secretary for Health for Operations and Management, Deputy Under Secretary for Health for Policy and Services, Veterans Integrated Service Network (VISN) Directors, and Deputy Chief Consultant for Formulary Management, Pharmacy Benefits Management Services.

(2) Clarifying Chief Consultants and Pharmacy Benefits Manager (PBM) responsibilities.

(3) Removing responsibilities of the PCR.

(4) Added clarifying language addressing VA's responsibility to issue a written notice of interim action or a final written order when the facility determines that a PCR is noncompliant.

b. In paragraph 6, Promotion Procedures, biologic products was included in New Molecular Entities (NME).

c. Adding examples to Education and Promotional Materials.

3. RELATED ISSUES: VHA Directive 1108.08, VHA Formulary Management Process, dated November 2, 2016, and VHA Handbook 1004.07, Financial Relationships between VHA Health Care Professionals and Industry, October 21, 2009.

4. RESPONSIBLE OFFICE: The Chief Consultant, Pharmacy Benefits Management (10P4P) in the Office of Patient Care Services is responsible for the contents of this directive. Questions may be addressed at 202-461-7360.

5. RESCISSION: VHA Handbook 1108.10, dated December 28, 2012, is rescinded.

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6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of June 2023. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

Carolyn M. Clancy, M.D
Executive in Charge

NOTE: *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

DISTRIBUTION: Emailed to the VHA Publications Distribution List on June 15, 2018.

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CONTENTS

PROMOTION OF DRUGS AND DRUG-RELATED SUPPLIES BY PHARMACEUTICAL COMPANY REPRESENTATIVES (PCR)

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PROMOTION OF DRUGS AND DRUG-RELATED SUPPLIES BY PHARMACEUTICAL COMPANY REPRESENTATIVES (PCR)

1. PURPOSE

This Veterans Health Administration (VHA) directive provides policy regarding on-site, in-person promotional activities of drugs and drug-related supplies, including educational activities, detailing, patient and provider contact, and overall conduct in Department of Veterans Affairs (VA) facilities by Pharmaceutical Company Representative (PCR) in VA medical facilities. It does not apply to the distribution of information and materials through other means. **AUTHORITY:** Title 38 Code of Federal Regulations (CFR) 1.220.

2. DEFINITIONS

a. **Criteria-for-Use.** Criteria-for-use is clinical criteria developed by VA at a national level that describes how certain drugs may be used. VA criteria-for-use documents are available to the public at the PBM website: https://www.pbm.va.gov. ***NOTE:*** *Exceptions may be applied at the local level for operational reasons.*

b. **Drug or Drugs.** The term "drug" or "drugs" refers to:

(1) Articles recognized in the official United States Pharmacopoeia, official Homeopathic Pharmacopoeia of the United States, official National Formulary, or any supplement to any of them;

(2) Articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animals;

(3) Articles (other than food) intended to affect the structure or any function of the body of man or other animals; and

(4) Articles intended for use as a component of any article specified in subparagraphs b.(1), b.(2), or b.(3) of this definition.

c. **Drug-Related Supplies.** Drug-related supplies are supplies related to the use of a drug, such as test strips or testing devices, inhalers, spacers, insulin syringes, and tablet splitters.

d. **New Molecular Entity.** A new molecular entity is a drug product containing an active ingredient that has never before received United States Food and Drug Administration (FDA) approval.

e. **Non-Promotable Drugs.** Non-promotable drugs are drugs designated by VA as non-promotable on the Pharmacy Benefits Management Web site that can be accessed at https://www.pbm.va.gov/. ***NOTE:*** A list of the drugs or drug-related supplies classified by VA as non-promotable may be requested by contacting the VA medical facility's Chief of Pharmacy Services.

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f. **Non-VA National Formulary (Non-VANF) Drugs or Drug-related Supplies.** Non-VANF drugs or drug-related supplies are drugs or drug-related supplies that do not appear on the VA National Formulary.

g. **Pharmaceutical Company Representative.** A PCR is any individual employed by or contracted to represent a pharmaceutical manufacturer or retailer.

h. **VA Medical Facility.** VA medical facility refers to any property under the charge and control of VA used to provide medical benefits, including Community-Based Outpatient Clinics and similar facilities.

i. **VA National Formulary (VANF) Drugs or Drug-related Supplies.** VANF drugs or drug-related supplies refer to any drug or drug-related supply that appears on the VANF. The VANF is available via the VA formulary search tool located at: https://www.pbm.va.gov/apps/VANationalFormulary/. This may also be requested by contacting the VA medical facility's Chief of Pharmacy Services.

3. POLICY

It is VHA policy that VA medical facilities ensure that, as part of an ethical health care delivery environment, relationships between VA employees and PCRs maintain appropriate limits and adhere to Food and Drug Administration (FDA) and VA regulation, policy, and guidelines.

4. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health, or an individual appointed by the person in position of responsibility, is responsible for:

(1) Ensuring compliance with this directive.

(2) Providing a ruling on the appeal of a suspension or permanent revocation of privileges when:

(a) Multiple representatives of a pharmaceutical company have their visiting privileges suspended or permanently revoked by a VA medical facility Director; and,

(b) The pharmaceutical company requests a one-time appeal of the decision.

b. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management, or an individual appointed by the person in position of responsibility, is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISN);

(2) Ensuring that each VISN Director has the resources required to support the fulfillment of the terms of this directive in all VA medical facilities within that VISN;

AMERICAN OVERSIGHT

(3) Confirming that each VISN has and utilizes on an ongoing basis a means for ensuring the terms of this directive are fulfilled in all the VA medical facilities of the VISN.

c. **Deputy Under Secretary for Health for Policy and Services.** The Deputy Under Secretary for Health for Policy and Services, or an individual appointed by the person in position of responsibility, is responsible for assuring that all local manuals related to PCR activities are aligned with the content of this directive.

d. **Deputy Chief Consultant for Formulary Management Pharmacy Benefits Management Services, Hines, Illinois.** The Deputy Chief Consultant, or an individual appointed by the person in position of responsibility, is responsible for:

(1) Providing national approval to PCRs to present professionally developed educational materials intended for the patient or provider. ***NOTE:*** *Although permission to use the materials at a given facility still rests with the VA medical facility's Chief of Pharmacy Services, or an individual appointed by the person in position of responsibility, a national approval by the Office of the Deputy Chief Consultant will in most cases streamline this process for PCRs who intend to use this specific educational material in multiple facilities.*

(2) Coordinating requests to meet with a VHA Medical Advisory Panel (MAP) member when deemed appropriate.

e. **Veterans Integrated Service Network (VISN) Director.** The VISN Director, or an individual appointed by the person in position of responsibility is responsible for:

(1) Communicating the contents of this directive to each of the VA facilities within the VISN; and

(2) Providing oversight of facilities to assure compliance with this directive, relevant standards, and applicable regulations by communicating with the VISN formulary committee and the facilities directors at least annually.

f. **VA Medical Facility Director.** The VA medical facility Director, or an individual appointed by the person in position of responsibility , is responsible for:

(1) Approving and ensuring that all drug samples and drug-related supplies donated to the VA medical facility by pharmaceutical companies and their PCRs are delivered to the Office of the Chief of Pharmacy Services for proper storage, documentation, and dispensing.

(2) Ensuring that all pharmaceutical company donations to a VA medical facility, to support education or VA research, are in compliance with existing VHA, Employee Education System (EES), and VISN policies on accepting donations for education and research. ***NOTE:*** *Generally, VHA deposits such as donations into the General Post Fund, or an approved VA Not-for-Profit Research or Education Corporation.*

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(3) Approving donations of drugs and supplies. ***NOTE:*** *If the donated products are intended to be used solely to allow VA clinicians to gain familiarity with the product, such use must be pre-approved by the VISN Pharmacist Executive and/or VISN Formulary Committee. Information pertaining to the trial use of these products must be forwarded to the VISN Pharmacy Benefits Management Office and/or VISN Formulary Committee. Drugs or supplies dispensed to VA patients from donated inventory are ordinarily not labeled with the words "sample," "professional sample," or similar wording. Rare exceptions to labeling as samples, such as in the case of product shortages, are permissible if such use is in the best interests of the patients.*

(4) Ensuring continuing education materials and textbooks that exceed the permissible value for acceptance under government ethics rules are not given to individual employees and approving items donated by PCRs to a medical facility library or individual department for use by all employees.

(5) Levying limitations, suspensions, or the permanent revocation of the privileges of a PCR or entire sales force of a given manufacturer when appropriate, as follows:

(a) The facility Director or an individual appointed by the person in position of responsibility will issue a written notice to the PCR of non-compliance and of Director's interim action. The PCR will have 30 calendar days to respond to the notice; however, the interim action will be enforced effective the date of the notice.

(b) After the end of 30-day response period, or after Director or an individual appointed by the person in position of responsibility receives a timely response, the Director or an individual appointed by the person in position of responsibility will issue the PCR and their supervisor a final written order either confirming the action taken as indicated in the notice or specifying another action to be taken in accordance with 38 CFR 1.220(i) (3).

g. **Facility Chief of Pharmacy Services**. The Chief of Pharmacy Services, or an individual appointed by the person in position of responsibility, is responsible for:

(1) Providing copies of the directive and the local VA medical facility policy to all PCRs who seek access to VA medical facilities prior to initiating any activities.

(2) Collecting all information regarding usage of approved samples of drugs and drug-related supplies within the VA medical facility and at least annually and reviewing to assure that samples were stored and dispensed in accordance with this directive.

(3) Coordinating the review of on-site, in-person promotional activities, including educational activities, by pharmaceutical company representatives at VA medical facilities.

(4) Ensuring educational programs or promotional materials presented by a PCR are reviewed within 60 calendar days of receipt prior to presentation and distribution within VA facilities unless the Chief of Pharmacy and PCR agree on an earlier date.

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(5) Determining whether the educational program or promotional materials proposed by a PCR complies with VA initiatives and all locally established criteria. The determination is based on the following requirements:

(a) Industry sponsorship must be disclosed in the introductory remarks and in the announcement brochure. Sponsorship includes any contribution, whether in the form of staple goods, personnel, or financing, intended to support the educational program.

(b) When industry-sponsored and non-sponsored sources of data or other analytical information exist for FDA approved uses of a particular drug or drug related supply, a direct comparison between the two sources must be disclosed in the introductory remarks and in the announcement brochure.

(c)The educational program must not solicit protected health information or patient participation in pharmaceutical company-sponsored programs, except as may be required by Federal laws and regulations such as an educational program that is part of a Risk Evaluation and Mitigation Strategy (REMS) required by FDA https://www.accessdata.fda.gov/scripts/cder/rems/index.cfm.

(d) Patient educational materials must not contain the name or logo of the pharmaceutical manufacturer or be used for promotion of a specific medication, unless the VA PBM Service determines that the logo or name is inconspicuous and the legal requirements (e.g., trademark requirements) make their removal impractical. This requirement, however, does not apply to labeling required by FDA.

(e) All educational activities and distribution of promotional materials in which a PCR provides on-site, in-person information about a drug or drug-related supply must be pre-scheduled and approved by the VA medical facility's Chief of Pharmacy Services, or an individual appointed by the person in position of responsibility, as specified in a local guidance manual. This includes educational programs and associated materials regarding drugs already on the VANF, or any new therapeutic indication for a drug that is already on the VANF but has not been reviewed by VA.

(f) Educational programs and associated materials focusing primarily on non-VANF drugs or drug-related supplies without criteria-for-use must receive prior approval from the VA medical facility's Chief of Pharmacy Services or an individual appointed by the person in position of responsibility.

(6) Communicating permissions to the PCR.

(7) Pre-scheduling and approving guest speakers to VA facilities for educational purposes.

(8) Maintaining and making available a list of individuals or departments that wish to be called on by PCRs.

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(9) Developing local medical facility standard operating procedures (SOPs) by February 28, 2019, that states the rules of engagement for registering what can be promoted at that medical facility.

5. PROMOTION PROCEDURES

PCRs may only promote VANF and non-VANF drugs and drug-related products in accordance with applicable FDA and VA guidelines, including PBM Criteria-for-Use or other applicable prescribing restrictions which exist for those products.

a. **VANF Drugs and Drug-Related Supplies.** VANF drugs and drug-related supplies may be promoted in VA medical centers (including community-based outpatient clinics (CBOCs and other VA points of care and other VA medical facilities) provided that all of the following conditions are met:

(1) The promotion has been approved by the VA medical facility's Chief of Pharmacy Services, or an individual appointed by the person in position of responsibility;

(2) The drugs and drug-related supplies are discussed, displayed, and represented accurately regarding formulary status, FDA approved indications, and the like;

(3) The promotion has significant educational value and does not inappropriately divert VA staff from other activities they would otherwise perform during duty hours, including patient care and other educational activities; and,

(4) The drug or drug-related supply has not been classified by VA as non-promotable.

b. **Non-VANF Drugs and Drug-Related Supplies.** Non-VANF drugs and drug-related supplies may be promoted in VA medical facilities (including CBOCs and other VA points of care) provided that all of the following conditions are met:

(1) The promotion has been approved by the VA medical facility's Chief of Pharmacy Services, or an individual appointed by the person in position of responsibility;

(2) The promotion is consistent with the existing PBM Criteria-for-Use guidance. ***NOTE:*** *PCRs may access information regarding VA Criteria-for-Use from the PBM Formulary Search Tool at:* https://www.pbm.va.gov/apps/VANationalFormulary/;

(3) The drugs or drug-related supplies are discussed, displayed, and represented accurately;

(4) The promotion has significant educational value and does not inappropriately divert VA staff members from other activities they would otherwise perform during duty hours, including patient care and other educational activities; and

(5) The drug or drug-related supply has not been classified by VA as non-promotable.

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c. **Non-VANF Drugs and Drug-Related Supplies where PBM Criteria-for-Use have not been developed**. Non-VANF drugs and drug-related supplies for which PBM Criteria-for-Use have not been developed, may be promoted in VA medical facilities (including CBOCs and other VA points of care) provided that all of the following conditions are met:

(1) The promotion is specifically permitted by the VA medical facility's Chief of Pharmacy Services, or an individual appointed by the person in position of responsibility;

(2) Drugs or drug-related supplies are discussed, displayed, and represented accurately;

(3) The promotion has significant educational value and does not inappropriately divert VA staff from other activities they would otherwise perform during duty hours, including patient care and other educational activities; and

(4) The drug or drug-related supply has not been classified by VA as non-promotable. ***NOTE:*** *The PBM maintains a National listing of formulary medications that are not to be promoted or detailed by PCRs on the PBM Intranet* https://vaww.cmopnational.va.gov/cmop/PBM/National%20Formulary/Forms/AllItems.aspx?RootFolder=%2Fcmop%2FPBM%2FNational%20Formulary%2FNon%2DPromotable%20List&FolderCTID=0x012000F34DA063B9FFAF4C87A2BBBC779C4B9C&View={C71E48E9-1D7F-41E6-994F-02A5281C723C} *and VA intranet* https://www.pbm.va.gov/PBM/NationalFormulary.asp. ***NOTE****: The PBM intranet Web site is an internal Web site and is not available to the public. The list also may be requested by contacting the VA medical facility's Chief of Pharmacy Services.*

d. **New Molecular Entities (NME) and Biologic Products.** New molecular entities and biologic products may be promoted in VA medical facilities (including CBOCs and other VA points of care) provided that all of the following conditions are met:

(1) Promotion is specifically permitted by the VA medical facility's Chief of Pharmacy Services, or an individual appointed by the person in position of responsibility: ***NOTE:*** *In instances where a given facility has permitted the promotion of a NME prior to any National decision regarding its VANF status, that facility needs to revisit their decision when: either the drug or drug-related supply has been granted VANF status but is labeled non-promotable; or the drug or drug-related supply is designated as Non-formulary at the National level.*

(2) The NME is discussed, displayed, and represented accurately;

(3) Promotion has significant educational value and does not inappropriately divert VA staff from other activities that VA staff would otherwise perform during duty hours, including patient care and other educational activities; and

(4) The drug or drug-related supply has not been classified by VA as non-promotable.

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6. EDUCATIONAL AND PROMOTIONAL MATERIALS

All educational programs must be approved by the appropriate continuing education accreditation agency, such as the Accreditation Council for Pharmacy Education (ACPE) or the Accreditation Council for Continuing Medical Education (ACCME), when appropriate, before submission to the facility designee for review. VA medical facilities are to encourage PCRs to present any professionally developed educational materials, intended for the patient or provider, to the Office of the Deputy Chief Consultant for Formulary Management, Pharmacy Benefits Management Services in Hines, Illinois, for review. Although permission to use the materials at a given facility still rests with the VA medical facility's Chief of Pharmacy Services, or an individual appointed by the person in position of responsibility, a national approval by the Office of the Deputy Chief Consultant will in most cases streamline this process for PCRs who intend to use this specific educational material in multiple facilities. Industry sponsorship of such materials must be adequately disclosed in the following manner:

a. Disclosure of industry sponsorship (financial or otherwise) of any educational program conducted at a VA medical facility must be included in the introductory remarks and in the announcement brochure.

b. If industry-sponsored and non-sponsored sources of data or other analytical information exists for FDA-approved uses of a particular drug, a direct comparison between the two sources must be disclosed in the introductory remarks and in the announcement brochure.

c. PCRs are prohibited from conducting marketing activities during a sponsored educational program. An educational activity may be subject to further requirements by continuing education providers.

d. Educational materials or literature regarding a new drug or a new therapeutic indication for a drug already on the VANF, but which has not been reviewed by the VHA Medical Advisory Panel (MAP) and VISN Pharmacist Executives (VPE) Committees, must be identified as such prior to being displayed or discussed.

e. Educational programs and associated materials focusing primarily on non-VANF drugs or drug related supplies may be promoted with approval of the facility Chief of Pharmacy.

f. Educational and promotional materials which offer patients an opportunity to participate in manufacturer-sponsored programs and require the furnishing of Protected Health Information are not permitted.

g. Educational and promotional materials are not to be placed in any patient care area.

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7. GIFTS

a. Maintaining appropriate relationships between VHA employees and PCRs is essential to ensuring an ethical health care delivery environment. To avoid violating or giving the appearance of violating government ethics rules or professional ethics standards, VHA employees must exercise careful judgment when considering the acceptance of any gift, gratuity, favor, entertainment, loan, or anything of monetary value from a PCR (or any other representative who is currently involved or seeking to become involved in business relations with VA). Appearance of a conflict of interest is as impermissible as an actual conflict of interest. ***NOTE:*** *VHA employees are subject to VHA Handbook 1004.07, Financial Relationships Between VHA Health Care Professionals and Industry, and 5 CFR 2635.204(a).*

b. A report by VHA's National Ethics Committee (NEC), "Gifts to Health Care Professionals from the Pharmaceutical Industry," downloadable at https://www.ethics.va.gov/docs/necrpts/NEC_Report_20031201_Gifts_From_Pharma_Industry.pdf, discusses the nature of gift relationships and why gifts to health care professionals from the pharmaceutical industry may be ethically problematic. This reference offers practical guidance for health care professionals and facilities for avoiding inappropriate interactions with representatives. To ensure a consistent approach to relationships with representatives throughout the VHA system, clinical staff members are encouraged to review this report and incorporate its recommendations into VISN, medical facility and service-level policies and procedures where appropriate.

c. No PCR is to give and no VA employee is to receive any item (including but not limited to promotional items, continuing education materials, textbooks, entertainment, and gratuities) that exceeds the value permissible for acceptance under government ethics rules, 5 CFR 2635.204(a). However, such items may be donated to a medical facility library or individual department for use by all employees, in accordance with medical facility policy. Gifts in support of VA official travel may be accepted by the department in accordance with title 31 United States Code (U.S.C.) 1353, 41 CFR 304, and *VHA Handbook 1004.07, Financial Relationships Between VHA Health Care Professionals and Industry.* ***NOTE:*** *The value permissible for acceptance under government ethics rules (5 CFR 2635.204(a)) is $20 or less per occasion, not to exceed $50 in a calendar year from one source. Different PCRs from the same company are considered one source for the purposes of calculating this total. Government ethics laws apply to VHA staff regardless of whether the staff member is located on VA property or off VA property, on duty or off duty.*

d. No PCR is to provide food items of any type or any value, into VA facilities for provision to VA staff or non-VA staff (e.g., employees of affiliates, volunteers, without compensation employees, etc.).

8. FACILITY ACCESS FOR PCRs

a. PCRs are to be granted controlled access to all VA medical care facilities and staff who are on the call list. They must comply with the following procedures:

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(1) In order to minimize the potential for disruption of patient care activities, a PCR must schedule an appointment prior to each specific visit. Appointments are to be made by either telephone or e-mail, but must be made in advance of visiting the medical center.

(2) The PCR may not use the overhead public address (paging) system to locate any member of the medical, house, pharmacy, or nursing staffs. Contacts using the electronic paging system (beepers) are generally discouraged, but are permissible if specifically requested by an individual VHA provider.

(3) A PCR visiting a VA medical facility for a previously scheduled appointment may not initiate requests for impromptu meetings with other VA staff. However, they may respond to requests for meetings initiated by VA staff during the visit. Entering any area of a VA campus, medical facility, or clinic without a previously scheduled appointment is prohibited.

(4) VA medical facilities must develop a list of individuals or departments that wish to be contacted by PCRs. A PCR may not attempt to make appointments with or leave materials for any individuals or departments who are not on the list. ***NOTE:*** *This list may be obtained from the VA medical facility's Chief of Pharmacy Services, or an individual appointed by the person in position of responsibility.*

(5) To maximize learning opportunities and minimize potential confusion on the part of students still serving in their primary educational programs, PCRs are prohibited from marketing or promoting to medical, pharmacy, nursing and other health profession students, including residents. Any exceptions must be approved in advance by and conducted in the presence of their clinical staff supervisor or mentor. PCRs are not permitted to discuss VA related matters with medical, pharmacy, nursing and other health profession students, including residents when these trainees are practicing at affiliated sites outside of the VA campus.

(6) A PCR is not permitted to attend a medical facility conference where individual patient information is discussed or presented.

(7) PCRs must comply with VA security requirements and VISN procedures for accurately monitoring their whereabouts when visiting VA medical facilities (i.e., log-in and log-out-sheets, photo identification badges, etc.).

(8) All PCRs are encouraged to schedule appointments in VA medical facilities between the business hours of 8:00 a.m. and 3:30 p.m., Monday through Friday; however, if necessary for the convenience of VHA staff, appointments at other times may be permitted.

(9) PCRs are not permitted to make presentations in patient care areas. These restricted areas include, but are not limited to:

(a) Patient rooms and ward areas where patients may be encountered,

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(b) Clinic examination rooms,

(c) Nurses stations,

(d) Intensive care units,

(e) Operating room suites,

(f) Emergency rooms,

(g) Urgent care centers, and

(h) Ambulatory treatment centers

b. PCR may meet with a staff member whose office is located in a patient care area, provided there are no breaches of patient privacy.

c. PCRs may not wait for appointments in patient care areas, but may briefly travel through them when they have a scheduled appointment in a staff member's office.

d. Drug or supply samples may not be provided by PCRs to VHA providers outside of Pharmacy Service for any reason, including VHA staff member personal use or for use by family and/or friends of the VHA staff member.

e. PCRs and VA account managers are strongly discouraged from contacting individual members of the MAP for the purposes of product promotion. Requests to meet with a MAP member must be coordinated through the Office of the Deputy Chief Consultant for Formulary Management, Pharmacy Benefits Management Services, Hines, Illinois.

f. PCRs are not permitted to discuss specific patient with VHA staff members. Patient specific issues will be handled internally by VA providers.

g. PCRs who conduct business with VA, must not engage in, permit or encourage conduct in violation of this directive. This includes any actions that may be reasonably perceived by VHA staff to be in conflict with this directive.

h. Failure of a PCR to comply with the provisions outlined in this directive may result in the suspension, limitation, and temporary or permanent revocation of commercial visiting privileges for one or more VHA medical facilities. Multiple occurrences may lead to additional sanctions. (See paragraph 4.g. (7).) ***NOTE:*** *Any sanctions issued under the regulation may be communicated to all VA medical facility Directors.*

i. Suspension or limitation of visiting privileges are considered significant restrictions and need to be used judiciously and only with good cause. When a VA medical facility Director suspends or permanently revokes the privileges of multiple PCRs of a given manufacturer, a one- time appeal may be requested of the Under Secretary for Health.

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Until such time that the Under Secretary for Health provides a ruling, the visiting privileges of the PCR remain suspended or permanently revoked.

j. Violations which are sustained after any appeals may be communicated to other facilities or VISNs.

9. TRAINING REQUIREMENTS

There are no training requirements.

10. RECORDS MANAGEMENT

All records regardless of format (paper, electronic, electronic systems) created by this directive must be managed per the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. If you have any question to the regarding any aspect of records management you must contact your facility Records Manager or your Records Liaison.

11. REFERENCES

a. 31 U.S.C. 1353.

b. 38 U.S.C. 501(a).

c. 5 CFR 2635.204(a).

d. 38 CFR 1.220.

e. 41 CFR 304.

f. VHA Directive 1108.08, VHA Formulary Management Process, dated November 2, 2016.

g. VHA Handbook 1004.07, Financial Relationships between VHA Health Care Professionals and Industry, November 24, 2014.

h. Veterans Health Administration. National Ethics Committee (NEC), Gifts to Health Care Professionals from the Pharmaceutical Industry.

i. Veterans Health Administration. National Ethics Committee. Compensation to Health Care Professionals from the Pharmaceutical Industry.

AMERICAN OVERSIGHT

From: Wilson, Breanna L.
Sent: 7 Jun 2019 15:13:06 +0000
To: (b)(6) (b)(6) (b)(6) [SCGUS]
Cc: Scher, Deborah L.
Subject: RE: June 17 travel arrangements

Good Morning (b)(6) (b)(6)

Do you have an agenda for this meeting? If not, no worries – just wanted to check.

Thank you,

Bre Wilson
Portfolio Manager | Secretary's Center for Strategic Partnerships
Office of the Secretary
U.S. Department of Veterans Affairs
810 Vermont Ave., NW | Washington, DC 20420
Office: (202) 461-0166
Mobile: (202)412-4487
Follow us on Twitter
Or on the web: www.va.gov/scsp/

From: Scher, Deborah L.
Sent: Wednesday, May 29, 2019 3:56 PM
To: (b)(6) (b)(6) (b)(6) [SCGUS] <(b)(6)@its.jnj.com>
Cc: Wilson, Breanna L. <Breanna.Wilson@va.gov>
Subject: June 17 travel arrangements

Dear (b)(6) (b)(6)
Bre is working on travel arrangements with Dr. Clancy's office. I will ask her to send you our itinerary when it is set. Not sure if we will be traveling by plane or train.

Best,
Deborah

From: (b)(6) (b)(6) (b)(6) [SCGUS] <(b)(6)@its.jnj.com>
Sent: Wednesday, May 29, 2019 3:50 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] RE: Draft Women Veteran Profile

Deborah
Great seeing you on email, do you and Dr. Clancy have your flights yet?
If so can you push me your itinerary?

(b)(6) (b)(6) (b)(6)
Field Director Federal Team/ Strategic Engagement

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Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6)@its.jnj.com

Providing services for Janssen Pharmaceutical Companies of Johnson & Johnson

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From: (b)(6) (b)(6) [JJCUS]
Sent: 11 Jun 2019 14:40:55 +0000
To: (b)(6) (b)(6) (b)(6 (b)(6) (b)(6 (b)(6) [SCGUS];Scher, Deborah L.;Wilson, Breanna L.
Cc: (b)(6) [DPYUS Non J&J]
Subject: [EXTERNAL] Opportunity: J&J Commissioned Film, Ward 5B - 2 videos to watch before our call if you possible!

Hi everyone,
Looking forward to touching base this afternoon, to talk about J&J Nursing, 5B and potential synergies with the VA.

If you have a moment before our call, would encourage you to watch our current J&J Nursing video, which highlights our focus on elevating nurse-led innovation in healthcare: https://www.youtube.com/watch?time_continue=2&v=gTMuh6AF3A0, and a link to our J&J Nurse Innovation Platform https://nursing.jnj.com/innovate-with-us

And here is the link to our J&J Nursing website and the 5B trailer: https://nursing.jnj.com/

Talk soon!
(b)(6) (b)(6)
J&J Nursing

-----Original Appointment-----
From: (b)(6) (b)(6) (b)(6) @va.gov>
Sent: Wednesday, May 29, 2019 6:21 AM
To: (b)(6) (b)(6) (b)(6) (b)(6 A; (b)(6) (b)(6 (b)(6) [SCGUS]; Scher, Deborah L.; (b)(6) (b)(6) [JJCUS]; Wilson, Breanna L.
Subject: [EXTERNAL] Opportunity: J&J Commissioned Film, Ward 5B
When: Tuesday, June 11, 2019 12:00 PM-12:45 PM (UTC-05:00) Eastern Time (US & Canada).
Where: vaco room 632/vants 91299#

From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Tuesday, May 21, 2019 10:26 AM
To: (b)(6) (b)(6 (b)(6) [SCGUS] <(b)(6) @its.jnj.com>
Cc: (b)(6) (b)(6 (b)(6) @va.gov>; Wilson, Breanna L. <Breanna.Wilson@va.gov>; (b)(6) (b)(6) (b)(6) @va.gov>; (b)(6) (b (b)(6) @va.gov>
Subject: [EXTERNAL] RE: Opportunity: J&J Commissioned Film, Ward 5B

Good Morning (b)(6 (b)(6)
By copy of this email, I am introducing you to (b)(6 (b)(6) our fabulous Chief Nursing Officer at the VA. (b)(6 reviewed the film trailer and is interested to discuss how we might use this film to celebrate the dedication of nurses at the VA, the impact they have on Veterans healthcare outcomes and the profession in general. Might you be able to help us organize a call with (b)(6) to discuss possible next steps?

Adding Bre from our office and (b)(6) and (b from (b)(6) office to help with scheduling.

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Thank you very much for making this opportunity available to us!

With much appreciation,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
Follow us on Twitter

From: (b)(6) (b)(6) (b)(6) [SCGUS] <(b)(6)@its.jnj.com>
Sent: Tuesday, May 14, 2019 4:56 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] Opportunity: J&J Commissioned Film, Ward 5B

Deborah,
I wanted to provide you some background on the Nursing/ J&J opportunity I briefly spoke about this morning.
Below is a nice synopsis of what this is all about.

What struck my cord, was the focus on HIV and Nursing innovation since we had just heard this with Dr. Clancy and Dr. Stoffels during their discussion.

Let me know if you think the CNO or any other leader that would be interested in learning more about this opportunity.

I would be glad to bring (b)(6) (b)(6) on the phone to walk through the details and see if the VA would be interested.

I will take your lead on this one.

(b)(6) (b)(6) (b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

<image001.jpg>

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6)@its.jnj.com

Providing services for Janssen Pharmaceutical Companies of Johnson & Johnson

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From: (b)(6) (b)(6) [JJCUS]
Sent: Tuesday, May 14, 2019 4:40 PM
To: (b)(6) (b)(6) (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Subject: RE: Time Sensitive Opportunity: J&J Commissioned Film, Ward 5B

Background:

In 2016, J&J, a long-time advocate for nurses, commissioned original film content (directed by Dan Krauss (twice Oscar Nominated) to tell the story of Ward 5B, a designated ward for AIDS patients at San Francisco General, the first in the country designed specifically to care for AIDS patients in the 1980s. The story emphasizes the incredible role that nurses played in designing the Ward and caring for the patients at a time with the country was in crisis and in panic about the risk of infection. The work of these nurses changed the face of how patients with AIDS were cared for, and is a largely unknown story. In this powerful piece of original content the story of 5B is told through first-person testimony of the nurses and other hospital staff who volunteered to work on the ward, as well as the patients and their loved ones, resulting in a bittersweet and moving monument to a moment in San Francisco history and a celebration of quiet heroes worthy of remembrance and renewed recognition. You can see a trailer here: https://www.thewrap.com/dan-krauss-documentary-5b-about-the-hiv-aids-epidemic-acquired-by-verizon-media-video/

The Opportunity:

- Verizon will screen the film at Festivals, in 500 theatres nation-wide starting in June, and via streaming this fall.
- J&J has the opportunity to amplify and screen the film for our key partners at private events, at medical conferences, etc.
- **Would the VA be interested in attending private screenings?**

(b)(6) (b)(6)
Senior Director, Corporate Equity & Partnerships

Johnson & Johnson Services, Inc
410 George Street
New Brunswick, NJ 08901
(b)(6)

AMERICAN OVERSIGHT

From: Caroff, Krissa J.
Sent: 1 Aug 2019 12:34:55 +0000
To: (b)(6) (b)(6) DURVAMC
Cc: (b)(6) (b)(6) R. (b)(6) (b)(6) (b)(6) (b)(6) M.D.;Scher, Deborah (b)(6) (b)(6) [COBIUS]
Subject: RE: Next steps: Confidentiality Disclosure Agreement - Oncology

Dr. (b)(6) and others-

I would be happy to assist with this. Please let me know who I need to work with at Janssen.

(b)(6)

(b)(6), MS
Access to Clinical Trials (ACT) for Veterans Program Coordinator
(b)(6)

From: (b)(6) (b)(6) DURVAMC
Sent: Wednesday, July 31, 2019 8:41 PM
To: (b)(6)@va.gov>
Cc: (b)(6) (b)(6) R. (OGC) (b)(6) (b)(6) (b)(6) [JRDUS] (b)(6)@its.jnj.com>; (b)(6) (b)(6) M.D (b)(6)@duke.edu>; Scher, Deborah L. <Deborah.Scher@va.gov>; (b)(6) (b)(6) [COBIUS] (b)(6)@ITS.JNJ.com>
Subject: RE: Next steps: Confidentiality Disclosure Agreement - Oncology

(b)(6)

Can you help navigate this request from Janssen for a CDA for an oncology pipeline talk? The committee chairs should be invited to participate and, if they agree, will need to be covered.

Thanks,

(b)(6)

From: (b)(6) (b)(6) [JRDUS] (b)(6)@its.jnj.com>
Sent: Wednesday, July 31, 2019 1:17 PM
To: (b)(6) (b)(6) M.D. <(b)(6)@duke.edu>; Scher, Deborah L. <Deborah.Scher@va.gov>; (b)(6) (b)(6) [COBIUS] (b)(6) ITS.JNJ.com>
Cc: (b)(6) (b)(6) R. (OGC) (b)(6) (b)(6) (b)(6) DURVAMC (b)(6)
Subject: [EXTERNAL] RE: Next steps: Confidentiality Disclosure Agreement - Oncology

Hello (b)(6)

AMERICAN OVERSIGHT

The scope of this CDA would be for Janssen to disclose confidential information related to our solid tumor clinical research related pipeline and not any specific protocol/clinical trial. Would you/your office be the correct contact to negotiate and execute such an agreement? Also, how do we ensure that this CDA with this office can be extended to partners that might physically work in another part of the VA, but are operating under this office's initiatives?

Best Regards,

(b)(6) (b)(6)
Oncology Therapeutic Area
Associate Director, Contract Management

JanssenResearch & Development
1400 McKean Road, PO Box 776
Spring House, PA 19477, USA
Phone: (b)(6)
(b)(6) @its.jnj.com

Please consider the environment before printing this email

From: (b)(6) (b)(6) M.D. (b)(6) @duke.edu>
Sent: Tuesday, July 30, 2019 5:06 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>; (b)(6) (b)(6) [COBIUS] <(b)(6) @ITS.JNJ.com>; (b)(6) (b)(6) [JRDUS] (b)(6) @its.jnj.com>
Cc: (b)(6) (b)(6) R. (OGC) (b)(6) (b)(6) (b)(6) DURVAMC (b)(6)
Subject: Re: Next steps: Confidentiality Disclosure Agreement - Oncology

(b)(6)

What is the subject and scope of the CDA? For a clinical trial or pipeline discussion, the VA investigator routes the CDA through their institution to the appropriate "Star" attorney in VA's OGC.

(b)(6) J (b)(6) MD
Professor of Medicine, Duke University Medical Center
Chief, Hematology-Oncology, Durham VA Medical Center
National Program Director for Oncology, Dept of Veterans Affairs

---

From: "Scher, Deborah L." <Deborah.Scher@va.gov>
Date: Tuesday, July 30, 2019 at 4:42 PM
To: (b)(6) (b)(6) [COBIUS]" <(b)(6) @ITS.JNJ.com>, (b)(6) (b)(6) [JRDUS]" (b)(6) @its.jnj.com>

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Cc: (b)(6) (b)(6) R. (OGC)" (b)(6) @va.gov>, (b)(6) (b)(6) DURVAMC" (b)(6) @va.gov>, (b)(6) (b)(6) M.D." <(b)(6) @duke.edu>
Subject: RE: Next steps: Confidentiality Disclosure Agreement - Oncology

Yes ORD would be perfect. You probably already have agreements with them. Adding in Dr. (b)(6)

From: (b)(6) (b)(6) [COBIUS] (b)(6) @ITS.JNJ.com>
Sent: Tuesday, July 30, 2019 4:39 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>; (b)(6) (b)(6) [JRDUS] <(b)(6) @its.jnj.com>
Cc: (b)(6) (b)(6) R. (OGC) (b)(6) @va.gov>
Subject: [EXTERNAL] Re: Next steps: Confidentiality Disclosure Agreement - Oncology

Hi all,

Thanks for the response. I'm wondering if this might need to run through the VA Office of Research and Development, considering our history of clincial trials.

Alternatively, we could work w (b)(6) directly, maybe there's a path forward on that front as well.

Phil

Get Outlook for Android

From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Tuesday, July 30, 2019 4:28:10 PM
To: (b)(6) (b)(6) [COBIUS] <(b)(6) @ITS.JNJ.com>; (b)(6) (b)(6) [JRDUS] (b)(6) @its.jnj.com>
Cc: (b)(6) (b)(6) R. (OGC) (b)(6) @va.gov>
Subject: [EXTERNAL] RE: Next steps: Confidentiality Disclosure Agreement - Oncology

Dear (b)(6)
Thank you for the quick follow up. In general, the VA does not execute confidentiality agreements because government information is most often subject to FOIA.

By copy of this email, I am happy to connect you with Mr. (b)(6) (b)(6) who is the partnership SME in our General Counsel's office. Perhaps there are some exceptions.

Best regards,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
Follow us on Twitter
www.va.gov/scsp/

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From: (b)(6) (b)(6) [COBIUS] (b)(6) @ITS.JNJ.com>
Sent: Tuesday, July 30, 2019 4:16 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>; (b)(6) (b)(6) [JRDUS] (b)(6) @its.jnj.com>
Subject: [EXTERNAL] Next steps: Confidentiality Disclosure Agreement - Oncology

Hi Deborah,

Per our discussion yesterday, I'm following up to connect you to a Janssen partner, (b)(6) (b)(6) that can help with executing a CDA in oncology between our organization and the appropriate legal entity at the VA. As this is above my pay grade, I'm looking to (b)(6) to help with next steps.

Thanks so much to you both.

All the best,

(b)(6)

(b)(6) (b)(6) **PharmD, MS**
Scientific Director, National Accounts
Real World Value & Evidence, Field
Janssen Scientific Affairs LLC
1125 Trenton-Harbourton Rd.
Titusville, NJ 08560
Mobile (b)(6)
Desk (b)(6)
(b)(6) @its.jnj.com

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From: (b)(6) (b)(6) [JJCUS]
Sent: 11 Jun 2019 15:31:43 +0000
To: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) [SCGUS];Scher, Deborah L.;Wilson, Breanna L.(b)(6) [DPYUS Non J&J]
Subject: [EXTERNAL] RE: Opportunity: J&J Commissioned Film, Ward 5B

Hi (b)(6) – hmmm - did not see it come through?

From: (b)(6) (b)(6) (b)(6) @va.gov>
Sent: Tuesday, June 11, 2019 11:24 AM
To: (b)(6) (b)(6) [JJCUS](b)(6) @its.jnj.com>; (b)(6) (b)(6) (b)(6) va.gov>; (b)(6) (b)(6) (b)(6) [SCGUS] (b)(6) @its.jnj.com>; Scher, Deborah L. <Deborah.Scher@va.gov>; Wilson, Breanna L. <Breanna.Wilson@va.gov>;(b)(6) [DPYUS Non J&J] (b)(6) @its.jnj.com>
Subject: [EXTERNAL] RE: Opportunity: J&J Commissioned Film, Ward 5B

Hello, Updated invite has been sent with a Skype link.

Thanks,

(b)(6) (b)(6)
Staff Assistant
VHA Office of Nursing Services (10A1)
Main line: 202-461-6700
Direct dial:(b)(6)
(b)(6) va.gov

From: (b)(6) (b)(6) [JJCUS] (b)(6) @its.jnj.com>
Sent: Tuesday, June 11, 2019 10:48 AM
To: (b)(6) (b)(6) (b)(6) @va.gov>; (b)(6) (b)(6) (b)(6) @va.gov>; (b)(6) (b)(6) (b)(6) [SCGUS](b)(6) @its.jnj.com>; Scher, Deborah L. <Deborah.Scher@va.gov>; Wilson, Breanna L. <Breanna.Wilson@va.gov>;(b)(6) [DPYUS Non J&J] (b)(6) @its.jnj.com>
Subject: [EXTERNAL] RE: Opportunity: J&J Commissioned Film, Ward 5B

(b)(6) - do you have Skype or webex capabilities that can be added to this call?

-----Original Appointment-----
From: (b)(6) (b)(6) (b)(6) @va.gov>
Sent: Wednesday, May 29, 2019 6:21 AM
To: (b)(6) (b)(6) (b)(6) (b)(6) A; (b)(6) (b)(6) (b)(6) [SCGUS]; Scher, Deborah L.; (b)(6) (b)(6) [JJCUS]; Wilson, Breanna L.
Subject: [EXTERNAL] Opportunity: J&J Commissioned Film, Ward 5B
When: Tuesday, June 11, 2019 12:00 PM-12:45 PM (UTC-05:00) Eastern Time (US & Canada).
Where: vaco room 632/vants 91299#

From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Tuesday, May 21, 2019 10:26 AM
To: (b)(6) (b)(6) (b)(6) [SCGUS] (b)(6) @its.jnj.com>

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Cc: (b)(6) (b)(6) (b)(6) @va.gov>; Wilson, Breanna L. <Breanna.Wilson@va.gov>; (b)(6) (b)(6) (b)(6) @va.gov>; (b)(6) (b) (b)(6) @va.gov>
Subject: [EXTERNAL] RE: Opportunity: J&J Commissioned Film, Ward 5B

Good Morning (b)(6) (b)(6)
By copy of this email, I am introducing you to (b)(6) (b)(6) our fabulous Chief Nursing Officer at the VA. (b)(6) reviewed the film trailer and is interested to discuss how we might use this film to celebrate the dedication of nurses at the VA, the impact they have on Veterans healthcare outcomes and the profession in general. Might you be able to help us organize a call with (b)(6) to discuss possible next steps?

Adding Bre from our office and (b)(6) and (b) from (b)(6) office to help with scheduling.

Thank you very much for making this opportunity available to us!

With much appreciation,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
Follow us on Twitter

From: (b)(6) (b)(6) (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Sent: Tuesday, May 14, 2019 4:56 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] Opportunity: J&J Commissioned Film, Ward 5B

Deborah,
I wanted to provide you some background on the Nursing/ J&J opportunity I briefly spoke about this morning.
Below is a nice synopsis of what this is all about.

What struck my cord, was the focus on HIV and Nursing innovation since we had just heard this with Dr. Clancy and Dr. Stoffels during their discussion.

Let me know if you think the CNO or any other leader that would be interested in learning more about this opportunity.

I would be glad to bring (b)(6) (b)(6) on the phone to walk through the details and see if the VA would be interested.

I will take your lead on this one.

(b)(6) (b)(6) (b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

AMERICAN OVERSIGHT

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6) @its.jnj.com

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From: (b)(6) (b)(6) [JJCUS]
Sent: Tuesday, May 14, 2019 4:40 PM
To: (b)(6) (b)(6) (b)(6) [SCGUS] <(b)(6) @its.jnj.com>
Subject: RE: Time Sensitive Opportunity: J&J Commissioned Film, Ward 5B

Background:

In 2016, J&J, a long-time advocate for nurses, commissioned original film content (directed by Dan Krauss (twice Oscar Nominated) to tell the story of Ward 5B, a designated ward for AIDS patients at San Francisco General, the first in the country designed specifically to care for AIDS patients in the 1980s. The story emphasizes the incredible role that nurses played in designing the Ward and caring for the patients at a time with the country was in crisis and in panic about the risk of infection. The work of these nurses changed the face of how patients with AIDS were cared for, and is a largely unknown story. In this powerful piece of original content the story of 5B is told through first-person testimony of the nurses and other hospital staff who volunteered to work on the ward, as well as the patients and their loved ones, resulting in a bittersweet and moving monument to a moment in San Francisco history and a celebration of quiet heroes worthy of remembrance and renewed recognition. You can see a trailer here: https://www.thewrap.com/dan-krauss-documentary-5b-about-the-hiv-aids-epidemic-acquired-by-verizon-media-video/

The Opportunity:

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- J&J has the opportunity to amplify and screen the film for our key partners at private events, at medical conferences, etc.
- **Would the VA be interested in attending private screenings?**

(b)(6) (b)(6)
Senior Director, Corporate Equity & Partnerships

Johnson & Johnson Services, Inc
410 George Street
New Brunswick, NJ 08901
(b)(6)

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From: (b)(6) (b)(6) [COBIUS]
Sent: 13 Aug 2019 16:15:43 +0000
To: Scher, Deborah L.
Cc: (b)(6) (b)(6) DURVAMC
Subject: [EXTERNAL] Re: Touching base

Happy to help!

(b)(6) (b)(6) PharmD, MS

Scientific Director, National Accounts
Janssen Scientific Affairs
Real World Value & Evidence - Field (fka HECOR)
e: (b)(6) @its.jnj.com
t: (b)(6)

From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Tuesday, August 13, 2019 10:51:00 AM
To: (b)(6) (b)(6) [COBIUS] (b)(6) @ITS.JNJ.com>
Cc: (b)(6) (b)(6) DURVAMC <(b)(6) @va.gov>
Subject: [EXTERNAL] RE: Touching base

Thanks very much Non This is helpful. We appreciate the time you are spending being the internal champion for this important effort and look forward to hearing more when you can share it.

Best,
Deborah

From: (b)(6) (b)(6) [COBIUS] <(b)(6) @ITS.JNJ.com>
Sent: Tuesday, August 13, 2019 9:31 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: (b)(6) (b)(6) DURVAMC (b)(6) @va.gov>
Subject: [EXTERNAL] RE: Touching base

Hi –

I can't really speak for the team and their priorities at this point. I think what we learned from our initial discussions was the oral products are the best fit currently for this application. And, I think you've given us a pretty wide berth to dock this ship, so-to-speak, as the overarching need is to bring novel pharmacotherapy to US Vets that may have access limitations to VA facilities. Those parameters lend itself to addressing solid tumor malignancies – but, I hate to close the door on opportunities that might have not yet come to my attention.

Happy to share more once this process continues to move forward!

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Phil

(b)(6) (b)(6) **PharmD, MS**
Scientific Director, National Accounts
Real World Value & Evidence, Field
Janssen Scientific Affairs LLC
1125 Trenton-Harbourton Rd.
Titusville, NJ 08560
Mobile (b)(6)
Desk (b)(6)
(b)(6) @its.jnj.com



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From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Tuesday, August 13, 2019 9:22 AM
To: (b)(6) (b)(6) [COBIUS] <(b)(6) @ITS.JNJ.com>
Cc: (b)(6) (b)(6) DURVAMC <(b)(6) @va.gov>
Subject: [EXTERNAL] RE: Touching base

Thanks very much (b)(6) Glad to hear good progress has been made.

Can you share anything about your current interest- lung vs. prostate etc?

Best,
Deborah

From: (b)(6) (b)(6) [COBIUS] <(b)(6) @ITS.JNJ.com>
Sent: Tuesday, August 13, 2019 9:16 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: (b)(6) (b)(6) DURVAMC <(b)(6) @va.gov>
Subject: [EXTERNAL] RE: Touching base

Hi there –

Welcome back!

Your email comes at a good time. Since we last spoke, we've been working through how to execute a CDA with the VA ORD that would appropriately cover J&J and VA providers involved with these discussions. After a fair amount of back and forth, we have the right folks in contact

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between J&J contract management and an attorney from the VA ORD Health Care Law Group/Specialty Team Advising Research. We're working on a time to meet this week. Thankfully, we're not starting from scratch as the ask reads like a variation on a theme that guides our current process to implement RCTs at single VA sites.

I should know more this week and can get back to you when I learn about some next steps.

Thanks,

(b)(6)

(b)(6) (b)(6) **PharmD, MS**
Scientific Director, National Accounts
Real World Value & Evidence, Field
Janssen Scientific Affairs LLC
1125 Trenton-Harbourton Rd.
Titusville, NJ 08560
Mobile: (b)(6)
Desk (b)(6)
(b)(6) its.jnj.com



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From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Tuesday, August 13, 2019 9:09 AM
To: (b)(6) (b)(6) [COBIUS] (b)(6) @ITS.JNJ.com>
Cc: (b)(6) (b)(6) DURVAMC <(b)(6) @va.gov>
Subject: [EXTERNAL] Touching base

Good morning (b)(6)

I hope your week is off to a great start.

I've just returned from vacation and wanted to check in on the status of our virtual clinical trial discussions. At your convenience, it would be helpful to learn more about your team's thoughts on next steps after our call.

Thank you very much,

AMERICAN OVERSIGHT

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
U.S. Department of Veterans Affairs
www.va.gov/scsp

AMERICAN OVERSIGHT

From: (b)(6) (b
Sent: 11 Jun 2019 16:51:38 +0000
To: (b)(6) (b)(6) @its.jnj.com
Cc: (b)(6) (b)(6 (b)(6) (b)(6 (b)(6) [SCGUS;Scher, Deborah L.;Wilson, Breanna L.(b)(6) DPYUS Non J&J
Subject: RE: Opportunity: J&J Commissioned Film, Ward 5B

Yes, we have Skype capabilities.

(b)(6) (b)(6) (b)(6) MHSA, FACHE
Supervisory Health System Specialist, 10A1

From: (b)(6) (b)(6) [JJCUS] <(b)(6) @its.jnj.com>
Sent: Tuesday, June 11, 2019 10:48 AM
To: (b)(6) (b)(6) (b)(6) @va.gov>; (b)(6) (b)(6 (b)(6) @va.gov>; (b)(6) (b)(6 (b)(6) [SCGUS] <(b)(6) @its.jnj.com>; Scher, Deborah L. <Deborah.Scher@va.gov>; Wilson, Breanna L. <Breanna.Wilson@va.gov>;(b)(6) [DPYUS Non J&J] <(b)(6) @its.jnj.com>
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(b)(6) - do you have Skype or webex capabilities that can be added to this call?

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Sent: Wednesday, May 29, 2019 6:21 AM
To: (b)(6) (b)(6) (b)(6) (b)(6 A; (b)(6) (b)(6 (b)(6) [SCGUS]; Scher, Deborah L.; (b)(6) (b)(6) [JJCUS]; Wilson, Breanna L.
Subject: [EXTERNAL] Opportunity: J&J Commissioned Film, Ward 5B
When: Tuesday, June 11, 2019 12:00 PM-12:45 PM (UTC-05:00) Eastern Time (US & Canada).
Where: vaco room 632/vants 91299#

From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Tuesday, May 21, 2019 10:26 AM
To: (b)(6) (b)(6 (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Cc: (b)(6) (b)(6 (b)(6) @va.gov>; Wilson, Breanna L. <Breanna.Wilson@va.gov>; (b)(6) (b)(6) (b)(6) @va.gov>; (b)(6) (b (b)(6) @va.gov>
Subject: [EXTERNAL] RE: Opportunity: J&J Commissioned Film, Ward 5B

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Adding Bre from our office and (b)(6) and (b from (b)(6) office to help with scheduling.

AMERICAN OVERSIGHT

Thank you very much for making this opportunity available to us!

With much appreciation,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
Follow us on Twitter

From: (b)(6) (b)(6) (b)(6) [SCGUS] <(b)(6) @its.jnj.com>
Sent: Tuesday, May 14, 2019 4:56 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] Opportunity: J&J Commissioned Film, Ward 5B

Deborah,
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Let me know if you think the CNO or any other leader that would be interested in learning more about this opportunity.

I would be glad to bring (b)(6) (b)(6) on the phone to walk through the details and see if the VA would be interested.

I will take your lead on this one.

(b)(6) (b)(6) (b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

<image001.jpg>

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6) @its.jnj.com

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From: (b)(6) (b)(6) [JJCUS]
Sent: Tuesday, May 14, 2019 4:40 PM
To: (b)(6) (b)(6) (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Subject: RE: Time Sensitive Opportunity: J&J Commissioned Film, Ward 5B

Background:

In 2016, J&J, a long-time advocate for nurses, commissioned original film content (directed by Dan Krauss (twice Oscar Nominated) to tell the story of Ward 5B, a designated ward for AIDS patients at San Francisco General, the first in the country designed specifically to care for AIDS patients in the 1980s. The story emphasizes the incredible role that nurses played in designing the Ward and caring for the patients at a time with the country was in crisis and in panic about the risk of infection. The work of these nurses changed the face of how patients with AIDS were cared for, and is a largely unknown story. In this powerful piece of original content the story of 5B is told through first-person testimony of the nurses and other hospital staff who volunteered to work on the ward, as well as the patients and their loved ones, resulting in a bittersweet and moving monument to a moment in San Francisco history and a celebration of quiet heroes worthy of remembrance and renewed recognition. You can see a trailer here: https://www.thewrap.com/dan-krauss-documentary-5b-about-the-hiv-aids-epidemic-acquired-by-verizon-media-video/

The Opportunity:

- Verizon will screen the film at Festivals, in 500 theatres nation-wide starting in June, and via streaming this fall.
- J&J has the opportunity to amplify and screen the film for our key partners at private events, at medical conferences, etc.
- **Would the VA be interested in attending private screenings?**

(b)(6) (b)(6)
Senior Director, Corporate Equity & Partnerships

Johnson & Johnson Services, Inc
410 George Street
New Brunswick, NJ 08901
(b)(6)

AMERICAN OVERSIGHT

From: (b)(6) (b)(6) (b)(6) [SCGUS]
Sent: 10 Jun 2019 17:57:06 +0000
To: Scher, Deborah L.
Subject: [EXTERNAL] RE: Quick call around 2:30?

Yes I am open. Why don't you call me on my cellphone.

(b)(6) (b)(6) (b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6)@its.jnj.com

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From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Monday, June 10, 2019 1:51 PM
To: (b)(6) (b)(6) (b)(6) [SCGUS] <(b)(6)@its.jnj.com>
Subject: [EXTERNAL] Quick call around 2:30?

Hi (b)(6) (b)(6)
Hope you had a nice weekend. Would you have a few minutes to touch base around 2:30?
Thank you,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
Follow us on Twitter
www.va.gov/scsp/

AMERICAN OVERSIGHT

From: (b)(6) (b)(6) (b)(6) [SCGUS]
Sent: 2 Jul 2019 18:57:26 +0000
To: Scher, Deborah L.
Subject: [EXTERNAL] #Bethere campaign

https://www.facebook.com/jnj/videos/johnson-johnson-is-proud-to-join-the-us-department-of-veterans-affairs-on-this-p/10154869395915951/

(b)(6) (b)(6) (b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6) @its.jnj.com

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AMERICAN OVERSIGHT

From: (b)(6) (b)(6) (b)(6) [SCGUS]
Sent: 1 Jul 2019 17:06:50 +0000
To: (b)(6) [JJCUS];(b)(6) [JJCUS]
Cc: (b)(6) [JJCUS];Scher, Deborah L.
Subject: [EXTERNAL] Follow up request from Deborah Scher

(b)(6)

I hope you are doing well, (b)(6) and I just finished a great conversation with Deborah Scher from the VA.
She was looking forward to reviewing the presentation you spoke to on our JLABS day.
Is this something you could follow to her?
Deborah's email is: Deborah.scher@va.gov

Thank you for all your work on this important topic for the VA.
Looking forward to our future engagements.

Sincerely,

(b)(6) (b)(6) (b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6) @its.jnj.com

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AMERICAN OVERSIGHT

From: (b)(6) (b)(6) [JAN]
Sent: 27 Jun 2019 17:06:30 +0000
To: Scher, Deborah L.
Cc: (b)(6) (b)(6) (b)(6) [SCGUS]
Subject: [EXTERNAL] RE: August Suicide prevention conference

Hi Deborah,

It was great to see you in DC and you built yet another very successful meeting. We are so honored to be a part of this very important initiative.

In regards to the conference, no apologies needed and thank you for the clarity on attendance. We'll look forward to learning more about the outcomes post-conference.

Have a great rest of your week,
(b)(6)

(b)(6) (b)(6)
Director, Strategic Accounts
National Federal Team - Strategic Customer Group
Johnson & Johnson Health Care Systems
T: (b)(6) - *https://www.jnj.com/heroes : Johnson & Johnson Supports Our Troops & Veterans*
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From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Thursday, June 27, 2019 4:29 AM
To: (b)(6) (b)(6) [JAN] (b)(6)@ITS.JNJ.com>
Cc: (b)(6) (b)(6) (b)(6) [SCGUS] (b)(6)@its.jnj.com>
Subject: [EXTERNAL] August Suicide prevention conference

Good morning (b)(6)

It was so nice to see you again at our meeting last week. Thank you very much for making the trip across country to be there. We are so grateful for your participation.

Please except my apologies for the delay in getting back to you on this conference. It took us a while to uncover the details. It turns out, that this is an internal only conference for DOD and VA and is primarily set up to be a training program for them.

We appreciate your interest and hope this is helpful. Look forward to speaking soon,

Deborah

AMERICAN OVERSIGHT

Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
U.S. Department of Veterans Affairs
www.va.gov/scsp

AMERICAN OVERSIGHT

From: (b)(6) (b)(6) (b)(6) [SCGUS]
Sent: 11 Jul 2019 22:27:16 +0000
To: (b)(6)@gmail.com;Scher, Deborah L.
Subject: [EXTERNAL] Introduction to a great colleague (b) (b)(6)

Deborah
I am sending you this email with the intention of introducing you to a great colleague and friend. (b) (b)(6) and I have worked together for a number of years and where a phenomenal team when it came to representing the total J&J approach.

(b) graduated from Georgetown, is a true leader and it a Veteran. He has worked for J&J for 23 yrs. He has a great LinkedIn profile.
We connected yesterday and he is very interested in speaking with you to gain some prospective on possible areas he could provide his expertise.

I know you will find him to be full of great ideas and passion.

I have copied him above so you both can find time to connect.

I realize how much you have on your plate, thank you for any time you might be able to carve out to talk with (b)(

Hope you had a great day today at our office.

Thank you for all that you do for the on behalf of all our Veterans.

(b)(6) (b)(6) (b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6)@its.jnj.com

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AMERICAN OVERSIGHT

From: (b)(6) (b)(6) (b)(6) [SCGUS]
Sent: 11 Jul 2019 22:29:19 +0000
To: Scher, Deborah L.
Subject: [EXTERNAL] RE: VA Patient Experience Summit - Oct. 28th -30th Delivering a better experience to Veterans

And now I know why, $1,000 for the conference per person. A bit too expensive for 2 days for our team.

(b)(6) (b)(6) (b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6)@its.jnj.com

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From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Thursday, July 11, 2019 4:46 PM
To: (b)(6) (b)(6) (b)(6) [SCGUS] <(b)(6)@its.jnj.com>
Subject: [EXTERNAL] RE: VA Patient Experience Summit - Oct. 28th -30th Delivering a better experience to Veterans

We do not attend this.

From: (b)(6) (b)(6) (b)(6) [SCGUS] <(b)(6)@its.jnj.com>
Sent: Thursday, July 11, 2019 3:30 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] FW: VA Patient Experience Summit - Oct. 28th -30th Delivering a better experience to Veterans

Is this a conference your team attends as well? I am considering going, but thought I would pass it by you first.

(b)(6) (b)(6) (b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

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Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6) @its.jnj.com

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From: (b)(6) [SCGUS]
Sent: Thursday, July 11, 2019 3:10 PM
To: (b)(6) (b)(6) (b)(6) [SCGUS] (b)(6) @its.jnj.com>; (b)(6) (b)(6) [JAN] (b)(6) @ITS.JNJ.com>; (b)(6) [SCGUS] <(b)(6) @its.jnj.com>; (b)(6) [JANUS] <(b)(6) @its.jnj.com>; (b)(6) (b)(6) [COBIUS] (b)(6) @ITS.JNJ.com>
Subject: VA Patient Experience Summit - Oct. 28th -30th Delivering a better experience to Veterans

Fyi…this overlaps with Joint Forces but a good opportunity for presence if not already on the radar.

From: (b)(6) @idga.org>
Sent: Tuesday, July 09, 2019 1:57 PM
To: (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Subject: [EXTERNAL] Delivering a better experience to Veterans

Hi (b)(6)

As healthcare transforms across the VA, delivering excellent patient experience has become a top priority across the department. In response to this Department-wide initiative, IDGA has created our inaugural **VA Patient Experience Summit** taking place this October 28-30, in Washington, D.C. The Summit is strategically designed to increase awareness of emerging efforts to establish patient satisfaction and offer opportunities for service and solutions providers to meet and network with top level decision makers at the VA. Speakers already confirmed:

- **Peter Shelby**, Asst. Secretary for Office of Human Resources & Administration, **U.S. Department of Veterans Affairs**
- (b)(6) Executive Director VA Patient Experience, **U.S. Department of Veteran Affairs**
- (b)(6) Patient Experience Facilitator, **U.S. Department of Veteran Affairs**
- (b)(6) Former Senior Adviser Architect and Design, **U.S. Department of Veteran Affairs**
- (b)(6) American Business Consultant and Organizational Theorist
- (b)(6) Director of Business Development Office of Patient Experience, **Cleveland Clinic**

Download the official VA Patient Experience Agenda

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At this important gathering, our esteemed speakers will shed light on emerging initiatives such as API integration, policies, and developing programs and ideas to effectively provide top care to our Veterans. In addition to a heightened focus on delivering exemplary patient experience at the VA, the following budgets present an actionable response to delivering these next-generation priorities. **This includes $401.3 million for development in support of current healthcare systems platforms, as well as replacing legacy systems**

We look forward to seeing you in October.

(b)(6)

Program Director, VA Patient Experience
October 28-30, 2019 I Washington D.C.

Note: **Purchase your pass by July 12, 2019 to receive $400 off your full conference pass**.

Although the subject matter of this IDGA conference relates to VA Patient Experience, this is a non-VA event.

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ID:|1-E50HVQ4

AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 8 Jul 2019 20:36:59 +0000
To: Scher, Deborah L.
Subject: FW: Meeting with J&J President of Neuroscience on 4/25?
Attachments: RE: Meeting with J&J President of Neuroscience on 4/25?, [EXTERNAL] RE: New Office Factsheet, [EXTERNAL] Re: Update, RE: Healthy Heros, RE: POC for Spravato clinical implementation, image001.jpg, RE: E-Introduction., J &J Spravato, RE: [EXTERNAL] Re: Thank you, RE: Meeting with J&J President of Neuroscience on 4/25?, RE: Meeting with J&J President of Neuroscience on 4/25?, RE: Confirmation for May 14th at 8:30am with Dr. Stone

---

Johnson & Johnson HEALTH CARE SYSTEMS INC.

AMERICAN OVERSIGHT

From: (b)(6) (b)(6) T.
Sent: 17 Apr 2019 13:37:18 +0000
To: Scher, Deborah L.
Cc: Wilson, Breanna L.
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Good morning Deborah,
Please let me know if I should invite Mr. (b)(6) to the meeting on May 14th 8:30-9:00 am in Dr. Stone's Office. If so, I will need his email address. I can get the office number from (b)(6)

Standing by for your guidance.
Thank you,
(b)(6)

From: Scher, Deborah L.
Sent: Wednesday, April 17, 2019 8:42 AM
To: (b)(6) (b)(6) (b)(6) @va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>; (b)(6) (b)(6) D. (b)(6) @va.gov>; (b)(6) (b)(6) <(b)(6) @va.gov>; VHA USH Meeting Requests <VHAUSHMeetingRequests@va.gov>; (b)(6) (b)(6) (b)(6) @va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

We will take care of the calendar invite and escorting Mr. Billington.

Thank you,
Deborah

From: (b)(6) (b)(6)
Sent: Wednesday, April 17, 2019 8:40 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>; (b)(6) (b)(6) D. (b)(6) @va.gov>; (b)(6) (b)(6) (b)(6) @va.gov>; VHA USH Meeting Requests <VHAUSHMeetingRequests@va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Wonderful! Should we send a calendar invite to Mr (b)(6) Do you have his email address? Or will your team take care of escorting him up? We will have the meeting in Dr. Stone's office.

From: Scher, Deborah L.
Sent: Wednesday, April 17, 2019 8:37 AM
To: (b)(6) (b)(6) (b)(6) @va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>; (b)(6) (b)(6) D. (b)(6) @va.gov>; (b)(6) (b)(6) (b)(6) @va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Good Morning (b)(6)

AMERICAN OVERSIGHT

This is confirmed. I will also join the meeting and send advance materials.

Thank you for setting aside time for this.

Best,
Deborah

From: (b)(6) (b)(6)
Sent: Tuesday, April 16, 2019 8:23 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>; (b)(6) (b)(6) D. (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Good morning Deborah – Apologies for the delay. Dr. Stone is available on May 14th from 8:30-9:00am. Would that work? I will put a hold on the calendar for now. Thanks!

From: Scher, Deborah L.
Sent: Tuesday, April 16, 2019 5:38 AM
To: (b)(6) (b)(6) <(b)(6) @va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Good Morning (b)(6) and (b)(6)
I know Dr. Stone's schedule is packed. Any chance you might be able to find a 30 minute spot on one of these days below?
Thank you very much,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
From: Scher, Deborah L. <Deborah.Scher@va.gov>
Date: Thursday, Apr 11, 2019, 4:28 PM
To: (b)(6) (b)(6) (b)(6) @va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Hi (b)(6)
Mr. (b)(6) (b)(6) would like to work around Dr. Stone's schedule. Might he have a 30 minute opening on May 2-3, the week of May 6th or May14th?

Thank you very much in advance for your assistance,
Deborah

AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: Wednesday, April 10, 2019 2:21 PM
To: (b)(6) (b)(6) (b)(6) @va.gov>; Stone, Richard A., MD <Richard.Stone2@va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Hi (b)(6)
Thank you for checking and getting back to me so quickly. I will find out when he will next be in DC.

Best,
Deborah

From: (b)(6) (b)(6)
Sent: Wednesday, April 10, 2019 2:17 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>; Stone, Richard A., MD <Richard.Stone2@va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Hi Deborah – Is that the only time he will be in DC? Unfortunately Dr. Stone is going to be at an all day offsite meeting April 23-25? Thanks!

From: Scher, Deborah L.
Sent: Wednesday, April 10, 2019 12:13 PM
To: Stone, Richard A., MD <Richard.Stone2@va.gov>
Cc: (b)(6) (b)(6) (b)(6) @va.gov>; (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>
Subject: Meeting with J&J President of Neuroscience on 4/25?

Dear Rich:

Mr. (b)(6) (b)(6) will be in DC on April 25th and would like to spend 30 minutes with you if possible sometime between 2-5. He was on the call with you and Secretary Wilkie about Spravato. The purpose would be to provide a brief update as to all the progress J&J has made to date with the VA since the launch of Spravato and then a discussion of what else you need or want to better serve the Veterans with Depression or Suicide Ideation.

Thank you,
Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
Follow us on Twitter

AMERICAN OVERSIGHT

From: (b)(6) (b)(6) (b)(6) [SCGUS]
Sent: 7 May 2019 20:42:34 +0000
To: Scher, Deborah L.
Subject: [EXTERNAL] RE: New Office Factsheet

Sounds like a great plan.
I just got off the phone with (b)(6) from Psych Armor and I cannot believe it but she lives in my hometown in NY.
Her kids went to the same High School I did.
What a small world.

We talked for 40 minutes and I think there is a possible avenue to go down around education to the VA around Spravato.

Will be reaching out to my brand team to give them some highlights.
But in the meantime (b)(6) is going to find out who the J&J contact was that (b)(6) had prior to her moving over to Psych Hub.

Love it when I can uncover new opportunities.
Thank you so much for the introduction.

(b)(6) (b)(6) (b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
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From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Tuesday, May 07, 2019 4:26 PM
To: (b)(6) (b)(6) (b)(6) [SCGUS](b)(6)@its.jnj.com>
Subject: [EXTERNAL] RE: New Office Factsheet

Dear (b)(6) (b)(6)
Thank you for making the time to review this and to share your feedback. It means so much to me!

We plan to post this on our website which should be launched very soon.

AMERICAN OVERSIGHT

Yes, would be delighted if you might share this with your Corporate Equity team. I would welcome their feedback as well.

With appreciation,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
Follow us on Twitter

From: (b)(6) (b)(6 (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Sent: Tuesday, May 7, 2019 3:49 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] RE: New Office Factsheet

Deborah
This is excellent and so much clearer than the last version you sent me.

How do you plan distributing this to the masses?
Will you post this on Twitter/ Linkedin as a way to drive people to your site?
Will you send out via personal emails?
.
When can I send this along to our Corporate Equity team? I will be curious to see how they
Will react to it?

It certainly gets your juices flowing with ideas.

WELL DONE!!

(b)((b)(6) (b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6) @its.jnj.com

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From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Tuesday, May 07, 2019 2:44 PM
To: (b)(6) (b)(6) (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Subject: [EXTERNAL] New Office Factsheet

Dear (b)(6) (b)(6)
Some time ago, you were kind enough to review our website materials in draft and rightly pointed out we needed more information on how to partner. We've recently created the fact sheet attached and wondered if we might impose on you again to provide feedback.

Thank you in advance,
Deborah

AMERICAN OVERSIGHT

From: (b)(6) (b)(6) [JRDUS]
Sent: 12 May 2019 12:26:31 +0000
To: Scher, Deborah L.
Subject: [EXTERNAL] Re: Update

Hi Deborah

Thanks for your note. Yes, the Suicide event was very eventful and moving. I pointed out that -- while its the very tragic situation that brings us here tonight -- it really was an evening of Hope. Hope that coming together, we could make a *big difference* and save lives. And that resonated with everyone.

Thanks for sending me the additional potential names. I don't know them but will do some homework and let you know.

Delighted that you're giving a keynote at the VA Healthcare Conference -- I'm sure that it will be great! And you will enjoy meeting Courtney. J&J is a large complex organization -- so I'll just explain. I am the Global Head of Neuroscience *R&D*. (b)(6) is the North American *Commercial* Neuroscience. So we wok closely together (eg my team discovered/developed Spravato as a novel, rapid acting antidepressant; his group is involved in commercializing it). Most importantly, he is also a veteran, and we work closely on a number of Veteran's initiatives, including our "Healthy Heroes Project" with the VA

Take care

(b)(6)

From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Sunday, May 12, 2019 6:42 AM
To: (b)(6) (b)(6) [JRDUS]
Subject: RE: [EXTERNAL] Re: Update

Good Morning (b)(6)
Congratulations! I am so pleased to hear the dinner went well and you were able to recognize such a broad coalition of supporters. You have clearly created an important focal point for their efforts that I hope we can build on.

Thank you for including Veterans in your remarks. We are fortunate to have (b)(6) (b)(6) and her endless, passionate and determined commitment to this cause, leading the VA's Office of Suicide Prevention. Now to find her a national partner!

AMERICAN OVERSIGHT

As an update, Drs. (b)(6) and (b)(6) both declined. Dr (b)(6) was interested but could only commit 50% of his time. We have recently reached out to General (b)(6) (b)(6) Mr (b)(6) from the National Coalition of Health Care Purchasers and Dr (b)(6) from Semperfi. Would you have insights on any of them?

I am looking forward to seeing (b)(6 (b)(6) (b)(6) at the VA Healthcare 2019 conference tomorrow (my first keynote!), and to meeting Mr. (b)(6) (b)(6) on Tuesday.

With much appreciation for your ongoing partnership,
Deborah

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6) (b)(6) [JRDUS] (b)(6) @its.jnj.com>
Date: Saturday, May 11, 2019, 8:30 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] Re: Update

Hi Deborah

Hope all is well; just touching base --- hope the search is going well

At the Suicide Prevention Gala went *extremely well* . We recognized a number of media and sports personalities (in addition to researchers) who have been committed to making a difference. These included Anderson Cooper, Kate Snow (NBC), SF 49ers player Solomon Thomas, etc. And David Axelrod, and SF 49ers CEO (who introduced Anderson Cooper and the (b)(6) family, respectively) also spoke about their losses to suicide

During my comments I called out the tragic situation of our losing ~ 20 heroes/day, and how we need to come together as a society to make a real difference. I also had some good conversations with current/former VA folks I know, including (b)(6) R (b)(6) and (b)(6) (b)(6) (the latter now with George HW Bush Institute I believe). Finally (b)(6) (b)(6) mentioned having had a good discussion with you, and (b)(6) (b)(6) indicated that he was going to be speaking. I encouraged him to look at it carefully

Best

(b)(6)

AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 14 May 2019 10:01:28 +0000
To: Clancy, Carolyn
Subject: RE: Healthy Heros

Oh boy. Happy to brief you at your convenience. Hope the day goes well. We will miss having you with us!

Deborah
Deborah Lafer Scher

From: Clancy, Carolyn <Carolyn.Clancy@va.gov>
Date: Tuesday, May 14, 2019, 5:52 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: RE: Healthy Heros

Thx

I am at nih today and demands on (b)(6) schedule already playing havoc with my participation at the NLM Board of Regents so will catch up with you later

Carolyn M Clancy, MD
Deputy Undersecretary for Health
Discovery, Education and Affiliated Networks (DEAN)
810 Vermont Ave NW, Room 875D
Washington, DC 20420
Assistant: (b)(6) (b)(6) (b)(6) (b)(6) @va.gov)

From: Scher, Deborah L. <Deborah.Scher@va.gov>
Date: Monday, May 13, 2019, 8:39 PM
To: Clancy, Carolyn <Carolyn.Clancy@va.gov>
Subject: RE: Healthy Heros

Carolyn,
Thank you for your quick response and this background information.

The meeting is at 10:30 and is primarily an update on the roll out of Spravato. I am guessing it will be 20 minutes on that and 10 minutes on Healthy Heros.

Deborah
Deborah Lafer Scher

From: Clancy, Carolyn <Carolyn.Clancy@va.gov>

AMERICAN OVERSIGHT

Date: Monday, May 13, 2019, 8:05 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: RE: Healthy Heros

Deborah,

I am not current. I vividly recall meeting with them and signing a MOU which was quite a wish list but I am not aware of meaningful traction beyond the PSA.

What time is the meeting?

Carolyn M Clancy, MD
Deputy Undersecretary for Health
Discovery, Education and Affiliated Networks (DEAN)
810 Vermont Ave NW, Room 875D
Washington, DC 20420
Assistant: (b)(6) (b)(6) (b)(6) @va.gov)

From: Scher, Deborah L. <Deborah.Scher@va.gov>
Date: Monday, May 13, 2019, 6:54 PM
To: Clancy, Carolyn <Carolyn.Clancy@va.gov>
Subject: Healthy Heros

Hi Carolyn:
I am learning about this program from J&J. Your name was on a 2017 document. Are you still involved? Seems a broad initiative that includes Ai prediction of Suicide risk, (b)(6) (b)(6) Tom Hanks Suicide prevention commercials, clinical trials across therapeutic areas etc.

They will be mentioning this in a meeting with Dr Stone tomorrow. As it was all new to me, I wondered if you both were current.

Thank you,
Deborah

Deborah
Deborah Lafer Scher

AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 21 Mar 2019 19:50:11 +0000
To: Boyd, Teresa D.;Carroll, David (VACO)
Cc: Stone, Richard A., (b)(6) (b)(
Subject: RE: POC for Spravato clinical implementation

Thank you very much Teresa. This is very helpful.

(b)(
Nice to meet you by email. Thank you in advance for what sounds like a complex but very important clinical roll out. I will send a separate email to connect you with the J & J support team.

Best,
Deborah

From: Boyd, Teresa D.
Sent: Thursday, March 21, 2019 3:33 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>; Carroll, David (VACO) <David.Carroll@va.gov>
Cc: Stone, Richard A., MD <Richard.Stone2@va.gov>; (b)(6) (b)((b)(6) @va.gov>
Subject: RE: POC for Spravato clinical implementation

Thanks for the email regarding Spravato, Deborah!

There is a team working on this as there are many important aspects to consider as we roll out safe delivery of care. Adding (b)(6) to the email as the POC/Champion. (b)(- look forward to continued work on careful implementation!

Hope this helps, Deborah, and feel free to contact us for any additional needs.

Teresa

Sent with BlackBerry Work
(www.blackberry.com)

From: Scher, Deborah L. <Deborah.Scher@va.gov>
Date: Thursday, Mar 21, 2019, 3:01 PM
To: Boyd, Teresa D. <Teresa.Boyd@va.gov>, Carroll, David (VACO) <David.Carroll@va.gov>
Cc: Stone, Richard A., MD <Richard.Stone2@va.gov>
Subject: POC for Spravato clinical implementation

Good Afternoon:
With advance apologies because I am not sure exactly where to address this question. A senior team from J &J was visiting with us to discuss several partnership opportunities. In our meeting, they commented on how quickly the two organizations have moved to make this drug available, and noted that the key Pharmacy leads have connected and an implementation plan is in place. However, given the complex process for administering this product, they asked if we might help identify the VA POC for the clinical implementation. Their field staff is ready to provide training and support, but are not sure what the VA's plans are in general, which locations might be targeted and who they should be interfacing with from the VA.

AMERICAN OVERSIGHT

Dr. Boyd or Dr. Carroll, are either of you the right POC for this effort?

Thank you very much in advance for your assistance,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
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AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 25 Mar 2019 19:29:58 +0000
To: (b)(6) (b)(6) [JAN]
Subject: RE: E-Introduction., J &J Spravato

Hi (b)(6)
Thank you for sending this lovely note. My team will be thrilled to hear your feedback! We are grateful for your engagement and support and try hard to set up our time together to be valuable. So wonderful to hear we are succeeding.

I am pleased you were able to arrange a call with Dr. (b)(6) so quickly. It sounds like both teams are all set, but please come back to us if we can provide support as you collectively roll out this important program.

It seems like many roads lead us to J &J, with the VA Healthcare Summit being just the latest on the list. Your input will be very helpful. I know Ashleigh will be reaching out.

We are all very much looking forward to our future work together.

Thank you again for making a trip across the country to be with us.

With much appreciation,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
Follow us on Twitter

From: (b)(6) (b)(6) [JAN] <(b)(6) @ITS.JNJ.com>
Sent: Friday, March 22, 2019 4:17 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] RE: E-Introduction., J &J Spravato

Hi Deborah,

I can count on one hand how often I have made the trip to DC and been thoroughly happy with how productive a 90 minute- 3 hour meeting has been (and now 3 of them are your meetings!). I am excited about the many items we discussed and thank you again for connecting us with Dr (b)(6) We are all set to talk on Tuesday.

If you do feel there is benefit to bounce off ideas relative to the "VA Healthcare Summit address" I am certainly available as well.

AMERICAN OVERSIGHT

Have a great weekend,

(b)(6) (b)(6)
Director, Strategic Accounts
National Federal Team - Strategic Customer Group
Johnson & Johnson Health Care Systems
T (b)(6) - *https://www.jnj.com/heroes: Johnson & Johnson Supports Our Troops & Veterans*
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From: Scher, Deborah L. <Deborah.Scher@va.gov>
Sent: Friday, March 22, 2019 9:44 AM
To: (b)(6) (b)(6) [JAN] (b)(6) @ITS.JNJ.com>
Subject: [EXTERNAL] FW: E-Introduction., J &J Spravato

Dear (b)(6)
Thank you again for making the trip in yesterday. Such a productive and enjoyable meeting! You are all an amazing team!

I am thrilled you and Dr. (b)(6) have connected. I appreciate your warm outreach note to her and offer of support. Together, I know this collaborative program will make a tremendous difference to Veterans.

Best regards,
Deborah

From: (b)(6) (b)(
Sent: Friday, March 22, 2019 12:40 PM
To: (b)(6) (b)(6) [JAN]' (b)(6) @ITS.JNJ.com>; Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: (b)(6) (b)(6) (b)(6) [SCGUS] (b)(6) @its.jnj.com>; (b)(6) (b)(6) [SCGUS] (b)(6) @its.jnj.com>; Barry, Ashleigh <Ashleigh.Barry@va.gov>
Subject: RE: E-Introduction., J &J Spravato

(b)(6) –

Welcome back home to the Bay Area! I'm sitting about an hour away from you (depending on traffic!), in Menlo Park. 😊

Below I've listed the times I have available for a call this coming week – please let me know what works best for you and others on your team and we can set something up.

Best,
(b)(

AMERICAN OVERSIGHT

Tue 3/26 anytime after 11:30 am
Wed 3/27 anytime after 10 am
Thu 3/28 10-12p, anytime after 1p
Fri 3/29 8-9, anytime after 10a

From: (b)(6) (b)(6) [JAN] <(b)(6) @ITS.JNJ.com>
Sent: Friday, March 22, 2019 9:30 AM
To: (b)(6) (b)((b)(6) @va.gov>; Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: (b)(6) (b)(6 (b)(6) [SCGUS] (b)(6) @its.jnj.com>; (b)(6) (b)(6) [SCGUS] <(b)(6) @its.jnj.com>; Barry, Ashleigh <Ashleigh.Barry@va.gov>
Subject: [EXTERNAL] RE: E-Introduction., J &J Spravato

Dr (b)(6)

Sorry for the delayed response, I was traveling back to California from DC and can empathize with early calls on the west coast! I live in Livermore.

I am thrilled that Deborah made the introduction after our meeting with her in DC yesterday. I have attended each of the Anywhere 2 Anywhere meetings and have often heard your name referenced as the expert leading the charge for PDSI and the complex problems program.

I currently work closely with the PBM and am responsible for coordinating J&J resources/personnel as it relates to clinical, operational, value & evidence, and healthcare delivery within the VA setting. I think a great starting point, would be to hop on a call next week to understand your needs, perhaps share some insights we have gained thus far, and ideate around important operational considerations that this new treatment demands. We want to ensure an optimal care experience and workflow for our nation's veterans suffering with TRD and offer assistance where appropriate.

Please let me know if there is a time that works for your schedule and thanks for caring for our veterans.

Best,
(b)(6)

(b)(6) (b)(6)
Director, Strategic Accounts
National Federal Team - Strategic Customer Group
Johnson & Johnson Health Care Systems
T (b)(6) *- https://www.jnj.com/heroes: Johnson & Johnson Supports Our Troops & Veterans*

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From: (b)(6) (b)((b)(6) @va.gov>
Sent: Thursday, March 21, 2019 1:27 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: (b)(6) (b)(6 (b)(6) [SCGUS (b)(6) @its.jnj.com>; (b)(6) (b)(6) [JAN] (b)(6) @ITS.JNJ.com>; (b)(6) (b)(6) [SCGUS] (b)(6) @its.jnj.com>; Barry, Ashleigh <Ashleigh.Barry@va.gov>
Subject: [EXTERNAL] RE: E-Introduction., J &J Spravato

Thank you, Deborah.

J & J team – let me know when we can arrange a phone call to discuss how best to start moving this process forward. Please bear in mind I am California-based, so morning meetings earlier than 10 am ET are tough for me to make. Thanks, and looking forward to working with you.

Best,
(b)(

***
(b)(6) (b)(6) MD, MPP, MHS
National Director, Psychotropic Drug Safety Initiative (PDSI)
Co-Director, Care for Patients with Complex Problems $(CP)^2$
Associate Director, Northeast Program Evaluation Center
Office of Mental Health and Suicide Prevention (10NC5), Department of Veterans Affairs
Assistant Clinical Professor of Psychiatry, Yale University School of Medicine
cel (b)(6)
email (b)(6) @va.gov | (b)(6) @yale.edu

Connect to:
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From: Scher, Deborah L.
Sent: Thursday, March 21, 2019 1:06 PM
To: (b)(6) (b)((b)(6) @va.gov>
Cc: (b)(6) (b)(6 (b)(6) [SCGUS] (b)(6) @its.jnj.com>; (b)(6) (b)(6) [JAN] (b)(6) @ITS.JNJ.com>; (b)(6) (b)(6) [SCGUS] (b)(6) @its.jnj.com) (b)(6) @its.jnj.com>; Barry, Ashleigh <Ashleigh.Barry@va.gov>
Subject: E-Introduction., J &J Spravato

Dear (b)(
By copy of this email, it is my pleasure to introduce you to (b)(6) (b)(6) (b)(6 (b)(6) (b)(6) and (b)(6) (b)(6) from J & J. They will be leading the effort to connect you with the J &J team assigned to support VHA with the effective clinical implementation of this new program. I know you will enjoy working with them and their colleagues.

AMERICAN OVERSIGHT

Thank you all for your leadership in making this program available to Veterans.

With appreciation,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
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AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 10 Apr 2019 12:46:59 +0000
To: (b)(6) (b)(6) (b)(6) [SCGUS]
Cc: (b)(6) (b)(6) [SCGUS]
Subject: RE: [EXTERNAL] Re: Thank you

Good morning:

So sorry your journey was not a quick one. Glad you were pleased with the events of the day. Could we have a quick touch base call around 1115 or 1130 this morning? And then yes, happy to take forward the meeting on the 25th (time frame he is available?)and our other next steps.

Thank you,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs

From: (b)(6) (b)(6) (b)(6) [SCGUS] <(b)(6) @its.jnj.com>
Date: Wednesday, Apr 10, 2019, 8:08 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: (b)(6) (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Subject: [EXTERNAL] Re: Thank you

Deborah,
You beat me to it. My flight home had all kinds of tiny delays which ultimately got me home at 11pm. But every minute of my trip was totally worth it.

(b)(6) and I were also grateful things got moved back and agreed it totally worked in our favor. We would have never gotten that amount of time if it was prior to the press release.

The level of conversation and ideas that were exchanged with both you and Dr. Clancy to Dr. (b)(6) and (b)(6) was inspirational.

I will be closing the loop as to were we landed for follow up meetings with (b)(6) and Dr. (b)(6) today.

In the meantime if it is at all possible can we try to see if you and Dr. Stone might be available to meet with our NS President (b)(6) (b)(6) and myself for 30minutes on April 25th anytime between 2-5pm?

(b)(6) was on the original phone conversation with Secretary Wilkie, Dr. Stone and our CEO Alex Gorsky.

AMERICAN OVERSIGHT

The purpose would be to provide a brief update as to all the progress we have made to date with the VA since the launch of Spravato and then a simple ask of what else Dr. Stone needs or wants to better serve the Veterans with Depression or Suicide Ideation.

I am very flexible tomorrow to connect live to discuss next steps together if that works with your schedule.

Have a great day, it is beautiful here in Charlotte and hope it is the same in Washington DC.

Sent from my iPhone

(b)(6) (b)(6) (b)(6)
Johnson & Johnson Healthcare Systems
Field Director Federal Team/ Strategic Engagement
(b)(6)
(b)(6) @its.jnj.com

> On Apr 10, 2019, at 7:39 AM, Scher, Deborah L. <Deborah.Scher@va.gov> wrote:
>
> Good morning (b)(6) and (b)(6)
>
> Thank you very much for all of the time and effort you spent arranging for our meeting yesterday. It was clear that you both worked very hard to secure the time and make the case for why a meeting would be valuable.
>
> Dr. Clancy and I both enjoyed the conversation and are eager to pursue the follow up meetings we identified. On a personal note, I thought the revised schedule actually worked in our favor and was grateful for the additional opportunity to get to know both of you better.
>
> Let's schedule a time to speak in the next day or so to finalize next steps.
>
> With appreciation,
>
>
> Deborah
> Deborah Lafer Scher
> Executive Advisor to the Secretary
> Secretary's Center for Strategic Partnerships
> US Department of Veterans Affairs
>

AMERICAN OVERSIGHT

From: Scher, Deborah L.
Sent: 16 Apr 2019 14:32:50 +0000
To: (b)(6) (b)(6)
Cc: (b)(6) (b)(6) L. (VHACO) (b)(6) (b)(6) (b)(6) (b)(6)
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Hi (b)(6)
Thank you very much. I will reach out to confirm and come back to you.
Have a good day,
Deborah

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs

From: (b)(6) (b)(6) <(b)(6) @va.gov>
Date: Tuesday, Apr 16, 2019, 8:22 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) <(b)(6) @va.gov>, (b)(6) (b)(6) D. <(b)(6) @va.gov>, (b)(6) (b)(6) <(b)(6) @va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Good morning Deborah - Apologies for the delay. Dr. Stone is available on May 14th from 8:30-9:00am. Would that work? I will put a hold on the calendar for now. Thanks!

From: Scher, Deborah L.
Sent: Tuesday, April 16, 2019 5:38 AM
To: (b)(6) (b)(6) (b)(6) @va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Good Morning (b)(6) and (b)(6)
I know Dr. Stone's schedule is packed. Any chance you might be able to find a 30 minute spot on one of these days below?
Thank you very much,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
From: Scher, Deborah L. <Deborah.Scher@va.gov>
Date: Thursday, Apr 11, 2019, 4:28 PM

AMERICAN OVERSIGHT

To: (b)(6) (b)(6) (b)(6) @va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Hi (b)(6)
Mr. (b)(6) (b)(6) would like to work around Dr. Stone's schedule. Might he have a 30 minute opening on May 2-3, the week of May 6th or May14th?

Thank you very much in advance for your assistance,
Deborah

From: Scher, Deborah L.
Sent: Wednesday, April 10, 2019 2:21 PM
To: (b)(6) (b)(6) (b)(6) @va.gov>; Stone, Richard A., MD <Richard.Stone2@va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Hi (b)(6)
Thank you for checking and getting back to me so quickly. I will find out when he will next be in DC.

Best,
Deborah

From: (b)(6) (b)(6)
Sent: Wednesday, April 10, 2019 2:17 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>; Stone, Richard A., MD <Richard.Stone2@va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Hi Deborah - Is that the only time he will be in DC? Unfortunately Dr. Stone is going to be at an all day offsite meeting April 23-25? Thanks!

From: Scher, Deborah L.
Sent: Wednesday, April 10, 2019 12:13 PM
To: Stone, Richard A., MD <Richard.Stone2@va.gov>
Cc: (b)(6) (b)(6) <(b)(6) @va.gov>; (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>
Subject: Meeting with J&J President of Neuroscience on 4/25?

Dear Rich:

Mr. (b)(6) (b)(6) will be in DC on April 25th and would like to spend 30 minutes with you if possible sometime between 2-5. He was on the call with you and Secretary Wilkie about Spravato. The purpose would be to provide a brief update as to all the progress J&J has made to date with the VA since the launch of Spravato and then a discussion of what else you need or want to better serve the Veterans with Depression or Suicide Ideation.

AMERICAN OVERSIGHT

Thank you,
Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
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AMERICAN OVERSIGHT

From: (b)(6) (b)(6) T.
Sent: 17 Apr 2019 13:37:18 +0000
To: Scher, Deborah L.
Cc: Wilson, Breanna L.
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Good morning Deborah,
Please let me know if I should invite Mr (b)(6) to the meeting on May 14th 8:30-9:00 am in Dr. Stone's Office. If so, I will need his email address. I can get the office number from (b)(6)

Standing by for your guidance.
Thank you,
(b)(6)

From: Scher, Deborah L.
Sent: Wednesday, April 17, 2019 8:42 AM
To: (b)(6) (b)(6) <(b)(6) @va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>; (b)(6) (b)(6) D. (b)(6) @va.gov>; (b)(6) (b)(6) (b)(6) @va.gov>; VHA USH Meeting Requests <VHAUSHMeetingRequests@va.gov>; (b)(6) (b)(6) (b)(6) @va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

We will take care of the calendar invite and escorting Mr (b)(6)

Thank you,
Deborah

From: (b)(6) (b)(6)
Sent: Wednesday, April 17, 2019 8:40 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>; (b)(6) (b)(6) D. (b)(6) @va.gov>; (b)(6) (b)(6) (b)(6) @va.gov>; VHA USH Meeting Requests <VHAUSHMeetingRequests@va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Wonderful! Should we send a calendar invite to Mr. (b)(6) ? Do you have his email address? Or will your team take care of escorting him up? We will have the meeting in Dr. Stone's office.

From: Scher, Deborah L.
Sent: Wednesday, April 17, 2019 8:37 AM
To: (b)(6) (b)(6) <(b)(6) @va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>; (b)(6) (b)(6) D. (b)(6) @va.gov>; (b)(6) (b)(6) (b)(6) @va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Good Morning (b)(6)

AMERICAN OVERSIGHT

This is confirmed. I will also join the meeting and send advance materials.

Thank you for setting aside time for this.

Best,
Deborah

From: (b)(6) (b)(6)
Sent: Tuesday, April 16, 2019 8:23 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>; (b)(6) (b)(6) D. (b)(6) @va.gov>; Felan, (b)(6) (b)(6) @va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Good morning Deborah – Apologies for the delay. Dr. Stone is available on May 14th from 8:30-9:00am. Would that work? I will put a hold on the calendar for now. Thanks!

From: Scher, Deborah L.
Sent: Tuesday, April 16, 2019 5:38 AM
To: (b)(6) (b)(6) (b)(6) @va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Good Morning (b)(6) and Jen:
I know Dr. Stone's schedule is packed. Any chance you might be able to find a 30 minute spot on one of these days below?
Thank you very much,

Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
From: Scher, Deborah L. <Deborah.Scher@va.gov>
Date: Thursday, Apr 11, 2019, 4:28 PM
To: (b)(6) (b)(6) (b)(6) @va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Hi (b)(6)
Mr. (b)(6) (b)(6) would like to work around Dr. Stone's schedule. Might he have a 30 minute opening on May 2-3, the week of May 6th or May14th?

Thank you very much in advance for your assistance,
Deborah

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From: Scher, Deborah L.
Sent: Wednesday, April 10, 2019 2:21 PM
To: (b)(6) (b)(6) (b)(6) @va.gov>; Stone, Richard A., MD <Richard.Stone2@va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Hi (b)(6)
Thank you for checking and getting back to me so quickly. I will find out when he will next be in DC.

Best,
Deborah

From: (b)(6) (b)(6)
Sent: Wednesday, April 10, 2019 2:17 PM
To: Scher, Deborah L. <Deborah.Scher@va.gov>; Stone, Richard A., MD <Richard.Stone2@va.gov>
Cc: (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>
Subject: RE: Meeting with J&J President of Neuroscience on 4/25?

Hi Deborah – Is that the only time he will be in DC? Unfortunately Dr. Stone is going to be at an all day offsite meeting April 23-25? Thanks!

From: Scher, Deborah L.
Sent: Wednesday, April 10, 2019 12:13 PM
To: Stone, Richard A., MD <Richard.Stone2@va.gov>
Cc: (b)(6) (b)(6) (b)(6) @va.gov>; (b)(6) (b)(6) L. (VHACO) (b)(6) @va.gov>
Subject: Meeting with J&J President of Neuroscience on 4/25?

Dear Rich:

Mr. (b)(6) (b)(6) will be in DC on April 25th and would like to spend 30 minutes with you if possible sometime between 2-5. He was on the call with you and Secretary Wilkie about Spravato. The purpose would be to provide a brief update as to all the progress J&J has made to date with the VA since the launch of Spravato and then a discussion of what else you need or want to better serve the Veterans with Depression or Suicide Ideation.

Thank you,
Deborah
Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
US Department of Veterans Affairs
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From: (b)(6) (b)(6) T.
Sent: 24 Apr 2019 18:05:11 +0000
To: Scher, Deborah L.;Wilson, Breanna L.
Subject: RE: Confirmation for May 14th at 8:30am with Dr. Stone

Working it, thanks

From: Scher, Deborah L.
Sent: Wednesday, April 24, 2019 12:31 PM
To: (b)(6) (b)(6) (b)(6) @va.gov>; Wilson, Breanna L. <Breanna.Wilson@va.gov>
Subject: FW: Confirmation for May 14th at 8:30am with Dr. Stone

(b)(6) and Bre:
Please work with (b)(6) (b)(6) to finalize and send out this invite. It is already on Dr. Stone's calendar. (b)(6) (b)(6) is his POC.

Our office should make arrangements with Security please and welcome the J&J leadership that morning. The meeting will take place in Dr. Stone's office. (b)(6) (b)(6) and I will attend.

Thank you,
Deborah

From: (b)(6) (b)(6) (b)(6) [SCGUS] (b)(6) @its.jnj.com>
Sent: Wednesday, April 24, 2019 11:40 AM
To: Scher, Deborah L. <Deborah.Scher@va.gov>
Subject: [EXTERNAL] Confirmation for May 14th at 8:30am with Dr. Stone

Deborah
I just heard back from our President at Janssen Neuroscience over Spravato and he is confirmed to be available to meet with Dr. Stone on May 14th at 8:30am.
Can you send me an outlook invite so we have the logistics and then I can send them along to (b)(6)
So glad we will be together on both the 13th and the 14th.

Hope you are having a good day today.

(b)(6) (b)(6) (b)(6)
Field Director Federal Team/ Strategic Engagement
Strategic Customer Group

Johnson & Johnson HEALTH CARE SYSTEMS INC.

Mobile: (b)(6)
Fax: 866.485.2348
E-Mail: (b)(6) @its.jnj.com

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From: (b)(6)@its.jnj.com
Sent: 4 Apr 2019 16:45:27 -0400
To: Wilkie, Robert L., Jr.
Subject: [EXTERNAL] Please Stop Tormenting ALL Animals

Message to Robert Wilkie:

I'm writing to urge you to stop tormenting and killing all animals in cardiac and other experiments. The VA's recent statement that it may switch from using dogs to pigs isn't acceptable.

The VA has an opportunity to show that it's an agile, forward-thinking organization that's fully prepared to address veterans' needs using the most advanced technology available. Instead, you've chosen to continue down the same bloody path of abusing and killing animals in misguided, flawed experiments that don't apply to humans.

According to a 2018 Pew Research Center poll, 52 percent of Americans oppose the use of animals in experiments, and the moral status and sentience of animals is increasingly becoming an important consideration.

Thank you for your attention to this important matter.

Sincerely,
(b)(6)
(b)(6)@its.jnj.com

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From: (b)(6)
Sent: 21 Apr 2019 22:28:57 +0000
To: Wilkie, Robert L., Jr.
Subject: [EXTERNAL] Please Stop Tormenting All Animals

Hello, I'm writing to urge you to stop tormenting and killing all animals in cardiac and other experiments. The VA's recent statement that it may switch from using dogs to pigs isn't acceptable. The VA has an opportunity to show that it's an agile, forward-thinking organization that's fully prepared to address veterans' needs using the most advanced technology available. Instead, you've chosen to continue down the same path of abusing and killing animals in misguided, flawed experiments that don't apply to humans. According to a 2018 Pew Research Center poll, 52 percent of Americans oppose the use of animals in experiments, and the moral status and sentience of animals is increasingly becoming an important consideration.

Thank you for your time,

(b)(6)

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From: Scher, Deborah L.
To: (b)(6) [SCGUS]
Subject: Draft Presentation for June 17th
Date: Wednesday, May 29, 2019 1:42:00 PM
Attachments: Driving Innovation Together-shortened 5.29.19.pptx

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Dear (b)(6)

I hope you had a wonderful holiday weekend with your family.

Hard to believe it is almost June! In preparation for our meeting on the 17th, we are finalizing a document on Women Veterans and also produced this shorter version of the VA Healthcare 2019 presentation. We streamlined the narrative, removed the IBM Watson video and the section on social determinants of health (LinkedIn, Feeding America etc). It is about 30 minutes now. I would welcome your feedback.

So glad we have a call on the calendar with Beth Taylor.

Let's catch up live soon.

Best,
Deborah

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Driving Innovation Together Department of Veterans Affairs

VA Healthcare 2019

Gaylord National Harbor

May 13, 2019

DEBORAH LAFER SCHER

Executive Advisor to the Secretary

Secretary's Center For Strategic Partnerships

Join the conversation on Twitter @VAPartnerships

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VA

U.S. Department of Veterans Affairs

Office of the Secretary

Secretary's Center for Strategic Partnerships

VA Partnerships in Primetime



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VA Secretary Robert Wilkie



"All of us are committed to active engagement and productive partnerships so we can, together, change Veterans' lives for the better. At VA, we take pride in our legacy of groundbreaking, game-changing contributions to American medicine."

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Secretary Wilkie's Priorities

- Customer Service
- MISSION Act
- Business Transformation
- VA/DoD Collaboration



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Secretary Wilkie's Priorities

Customer Service

- The University of Delaware, in partnership with the VA Veterans Experience Office, created the VA Patient Experience Academy in 2018.

- The program generated a 90 percent satisfaction rate for Veterans.



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Secretary Wilkie's Priorities



Mission Act

- Community care expansion underway (June 6)
- 20 days for primary care and mental health care services
- 30 minute average drive time for primary care, and mental health care services
- 60 minute average drive time for specialty care

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Secretary Wilkie's Priorities

Business Transformation

- Electronic Health Record – Cerner contract
- Financial Management Business Transformation
- Supply Chain Management



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Secretary Wilkie's Priorities



VA/DoD Collaboration

- Suicide Prevention
- Supply Chain
- Transition Assistance Program (TAP)
- Cerner Electronic Health Record

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VA at a Glance

U.S. Department of Veterans Affairs

- More than 20 million living Veterans
- More than 9 million Veterans enrolled in VA
- 170 medical centers
- 1,074 outpatient sites
- 58 million patient appointments, 2018
- 370,000 employees



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VA

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Office of the Secretary
Secretary's Center for Strategic Partnerships

VA Healthcare Innovations

- 1st health care organization to eradicate Hepatitis C
- 1st health care organization to publish opioid rates and then lower them by 40 percent
- Million Veteran Program – 750,000 Veterans enrolled, 700,000 gene mutations, 100,000 whole genomes sequenced
- Blue Button – Veterans own their healthcare information

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Secretary's Center for Strategic Partnerships

Mission

- To seek out big, bold and impactful collaborations that significantly improve the lives of Veterans

Authority

- Leadership has delegated authority from the VA Secretary to solicit and receive donations

Partnering

- Working with SCSP, organizations can donate resources (monetary or non-monetary) directly to the VA or provide free services or products for Veterans

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Partners

FEEDING AMERICA

Walmart

Sprint

IBM Watson

LinkedIn

Bristol-Myers Squibb Foundation

PHILIPS

Elizabeth Dole Foundation
CARING FOR MILITARY FAMILIES

T-Mobile

University of Delaware

Prostate Cancer Foundation
Curing Together.

MAZON
A Jewish Response To Hunger

SANFORD HEALTH

American Legion

Veterans of Foreign Wars of the United States

American Red Cross

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VA

U.S. Department of Veterans Affairs
Office of the Secretary
Secretary's Center for Strategic Partnerships

Leading the Nation in Telehealth

Increasing Access for Veterans

- 1 million+ telehealth appointments annually
- 1/3 of Veterans live in rural areas
- 136,000+ Veterans use VA Remote Patient Monitoring/Home Telehealth Services

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Leading the Nation in Telehealth

Extending the VA Care Footprint

- Veterans often have to drive great distances to receive care
- Some live in areas without sufficient broadband for video telehealth.
- 90% of Americans live within 10 miles of a Walmart. 90% of Veterans don't live within 10 miles of a VA Medical Center



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VA

U.S. Department of Veterans Affairs
Office of the Secretary
Secretary's Center for Strategic Partnerships

Leading the Nation in Telehealth

Extending the VA Care Footprint

- Philips committed to donate equipment, and create dedicated space for telehealth sessions
- 10 rural access points at VFW & American Legion Halls
- Eventually expand to 100 locations







Photo Credit: Philips North America

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Leading the Nation in Telehealth

Philips prototype featured in parade







Photo Credit: Shane Corcoran for Philips North America

Building a Precision Oncology Ecosystem



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Building a Precision Oncology Ecosystem

- Prostate cancer is the most frequently diagnosed cancer among Veterans
- Prostate Cancer Foundation committed $50M for 10 VA Centers for Excellence
- VA building on this network to create a Precision Oncology System of Excellence

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Building a Precision Oncology Ecosystem



Precision Medicine

Sanford Health Partnership

- Sanford Health made a **$50M commitment** for Veterans to receive free pharmacogenetic testing through Pharmacogenomics Action for Cancer Survivorship (PHASeR) program

- VA plans to reach **250,000 Veterans** by 2022

"This screening test will help providers at the VA prescribe the most appropriate medications at the right dose for cancer survivors. Our goal is to continue delivering the best care possible for our nation's heroes, and this partnership helps us do just that."

~ VA Secretary Robert Wilkie

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Mental Health

Suicide Prevention

- Presidential Executive Order enacted to help end a national tragedy of suicide: PREVENTS Initiative
- Everyone has a role to help reverse this tragic crisis
- VA and Johnson & Johnson partnered to offer the newly approved Spravato nasal spray for treatment-resistant depression



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Mental Health



Be There Campaign

- VA placed ads in the 100 largest markets to promote both #BeThere campaign and the Veterans Crisis Line.
- Times Square receives 355,000 visitors daily.
- The program will include 700 billboards in the top 100 markets.

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Piloting Health Care Innovation

3D Printing

- Allows physicians to see patient anatomy in its true 3-dimensional form
- Embraced by radiologists and surgeons
- 23 VA sites with 3D printing capabilities with more to come



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Piloting Health Care Innovation



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Driving Innovation Together



Partner with us to further:

- Secretary Robert Wilkie's Key Priorities
- Big, Bold, Impactful collaborations that change Veterans' lives
- Healthcare innovation

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