



**Montgomery County Commission on Veterans Affairs  
Meeting Summary Minutes  
May 21, 2019**

**I. Call to Order**

Dan Bullis, Chair, welcomed everyone to the meeting of the Commission on Veterans Affairs (CVA). The meeting followed the Vietnam War Memorial Commemoration on Memorial Plaza and was held in the Executive Office Building Cafeteria.

**II. Approval of Minutes**

Approval of the minutes were tabled until the June 18<sup>th</sup> Commission meeting. Approved minutes are available online at [www.montgomerycountymd.gov/cva](http://www.montgomerycountymd.gov/cva).

**III. Presentation - Michael S. Heimall, FACHE, Medical Center Director, DC VA Medical Center Health Care and its Montgomery County Community-Based Outpatient Clinic**

Mr. Michael S. Heimall is a Veteran of the United States Army, serving more than 30 years in the Medical Service Corps before retiring at the rank of Colonel in June 2017. He was appointed Medical Center Director at the Washington DC Veterans Affairs Medical Center (DC VA MC) October 14, 2018. With more than 2,400 employees, over 100,000 Veterans enrolled for care and a budget of more than \$600 million., Mr. Heimall leads one of the largest VA medical centers in the nation. He is also responsible for the Community Resource and Referral Center as well as five community-based outpatient clinics located in Washington DC, Virginia, and Maryland.

During his military career, Mr. Heimall served in a variety of staff and command positions, including as Director, Walter Reed National Military Medical Center (WRNMMC) in Bethesda, MD. He previously served as the Commander, William Beaumont Army Medical Center in El Paso, TX and Irwin Army Community Hospital at Fort Riley, KS. He also served as the Healthcare Administration Consultant to the Army Surgeon General from 2015 to 2017. Upon retirement, Mr. Heimall joined OptumServe in McLean, VA, as Vice President for Military & Veterans Health.

Mr. Heimall thanked Vietnam-era Veterans for paving the way for his generation and his sons' generation. Because of what Vietnam Veterans went through when they came home and how they left service there is a much different pathway and entryway into the Department of Veterans Affairs (VA). It was as much the Veteran Service Organizations (VSO) and the requirements that Congress have put on VA and the Department of Defense (DOD) to manage that transition. Veterans are now strongly encouraged and, in some cases, required to submit claims before exiting service or retiring.

Mr. Heimall remarked that he has spent the last ten years of his career with a nation at war. If he wore his uniform in public, he was thanked for his service and sometimes his restaurant tab would be paid by others. After meeting with a group of combat and Purple Heart recipient Vietnam Veterans at the DC VA MC, one Veteran asked not to be thanked for his service, but to be treated with dignity and respect to show his service is appreciated. This changed the way Mr. Heimall viewed how the VA should provide services.

The VA Community-Based Outpatient Clinic (CBOC) in Gaithersburg is partnering with WRNMMC to expand services provided at the clinic, including women health services using WRNMMC providers.

The MISSION Act was passed by Congress to provide the VA with the authority to build an integrated healthcare network with private sector partners. The MISSION Act takes effect on June 6<sup>th</sup> and will be

replacing the current CHOICE Act. The VA is currently training providers on the changes that will occur to the program.

Please see the VA's brochure Enhanced VA Options Under the Mission Act: Important Information for Veterans: <https://montgomerycountymd.gov/HHS-Program/Resources/Files/A%26D%20Docs/CVA/VAMissionActFlyer.pdf>. Or visiting the website <https://missionact.va.gov/>.

For Veterans to take advantage of the MISSION Act they must be enrolled in the VA healthcare system. Mr. Heimall noted that there are 20,000,000 Veterans in this country. Only 9,000,000 are enrolled in a VA health care program and only 5,500,000 receive healthcare from the VA. The VA is far better positioned to manage care for patients as their prescribing rates for opioids is about half of the private sector. The VA looks for other alternatives and has been practicing this method for the last 20 years.

There are six criteria for community care eligibility:

1. The specific care you need is not provided by VA at any facility.
2. You reside in a U.S. state (AK, HI, or NH) or territory (Guam, American Samoa, Northern Mariana Islands, or U.S. Virgin Islands) that does not have a full-service VA medical facility.
3. "Grandfathered" eligibility based on residence and the 40-mile eligibility criterion from the Choice program.
4. The specific care you need is not available within designated access standards.
  - a. As an example, the DC VA MC does not perform brain surgery. If a Veteran needs to see a neurosurgeon, they are typically referred to WRNMMC. The DC VA Medical Center is known for cardiac thoracic surgery and the Baltimore Medical Center is known for spinal cord and back surgery.
5. You and your referring clinician decide it is in your best medical interest to receive the specific care you need in the community.
6. VA has designated the VA medical service line delivering the specific care you need as not providing care that complies with VA's standards for quality.

Under the new MISSION Act, the access standard for receiving care in the community will be a 30-minute drive from any VA clinic or a 20-day wait for VA service. For specialty care in the community it will be a 60-minute drive from any VA clinic or a 28-day wait for service. This will push more care into the CBOC's. The Gaithersburg CBOC would need to expand services such as physical therapy and include space for multi-specialty providers such as orthopedic surgeons. The VA recently broke ground at a new CBOC at Charlotte Hall in southern Maryland. That clinic will include physical therapy services as well as other specialty services. A new Prince George's CBOC will break ground in 2020 or 2021. Mr. Heimall stated that many civilian providers cannot meet the access standards. The DC VA MC can beat the appointment wait time for specialty care by 7 to 10 days.

The MISSION Act includes an urgent/walk-in care benefit for minor injuries and illnesses. To be covered by this benefit, you must be enrolled in the VA health care system and have received care from the VA within the 24 months prior to seeking this care. Eligible Veterans can seek this care from an urgent care facility or walk-in retail health clinic that is part of VA's community provider network, but not all urgent care facilities or walk-in retail health clinics are in VA's network. If there is a co-pay or if the Veteran has other health insurance, those will pay first and then the VA will pay the rest of the bill. VA will provide additional information on this benefit once the MISSION Act takes effect.

TriWest will be replaced by Optum, which is part of United Health Group, in November 2019 as the VA's third-party administrator.

Mr. Heimall asked if any attendees has heard news about the DC VA MC providing unsatisfactory care. He explained that in 2017, a report was released about critical deficiencies at the DC VA MC. After three weeks on the ground and almost one year of data review, the VA Inspector General (IG) found no evidence that any patients were ever harmed or put at risk at the DC VA MC. The VA IG did find a tremendous break down in the administrative processes and staffing that affected finances, supply chain, sterile processing, and the ability to purchase equipment. If that foundation starts to crumble, patients are at risk. Clinical staff made sure no one was injured because of it and it speaks volumes to the dedication and the quality of people who are working there today. Mr. Heimall acknowledged the DC VA MC has a long way to go from a customer service standpoint. As of today, there are only five remaining issues from the VA IG deficiencies report to address. Three issues are monitoring data to make sure the changes put in place continue and good processes are in place to ensure the foundation is strong. The two remaining recommendations are supply chain issues. It takes 12 to 18 months in the VA's automated inventory systems to get good information so they can have stockage levels right in every ward and every care area. The DC VA MC is moving in the right direction.

Mr. Heimall stated that Dartmouth College conducted a study a few months ago that reviewed the quality of care in the VA across all major markets. Every market where there was a VA MC, the care was compared to the private sector using publicly available data from Hospital Compare created by the Medicare and the Hospital Quality Alliance. The DC VA MC is the safest hospital in the area based on mortality rates for individuals being admitted for pneumonia, heart attack, congestive heart failure, and chronic obstructive pulmonary disease. Data shows that those four conditions are better served by the DC VA MC than any civilian health system in our market.

The DC VA MC is also looking at hospital acquired infections such as bloodstream infections and catheter acquired urinary tract infections. 425,000 Americans die per year due to preventable medical errors. The DC VA MC established standardized bundles of care and went six months with zero central-line infections. In January 2019, two patients had hospital acquired infections after surgical procedures. The DC VA MC reviewed why this happened and discovered the staff in the surgical ICU were not familiar with the procedures conducted in the medical ICU. Staff were trained and work side by side to learn how to perform those procedures. Healthcare is a human endeavor and human beings make mistakes. When mistakes are made intentionally discipline must be taken, but when the mistakes are made unintentionally because a process broke down or failed them, the VA has an obligation to fix that process so they can deliver good care. That's the way the DC VA MC is trying to change their culture and put that focus on creating a better Veterans experience because your experience starts with the quality of care you receive.

Mr. Heimall stated that with the MISSION ACT, the VA is providing more opportunities for care in the community when it is appropriate, and working to make sure that you have an incredible experience at the DC VA MC so that you will want to choose the VA for your healthcare future.

The floor was opened to questions.

**I have transferred all my records from the DC VA MC to Fort Meade CBOC and am now required to go to the Baltimore VA MC. If I want to visit any of the VA facilities do I need to visit the Baltimore VA MC to transfer my records?** The Baltimore VA MC serves Howard and Anne Arundel Counties. If you want to be seen at the DC VA MC for care, the provider at Fort Meade will have to write a referral. The DC VA MC sees patients from all over the country, including Baltimore and Martinsburg.

**If services will now be providing in the private sector, will the VA dental lab and laboratory staff no longer be at the DC VA MC?** The VA has two regional dental laboratories that make dental implants, dentures, and crowns. Those services are being centralized into one lab based in Dallas. Staff had the option to move to Dallas or be relocated to other jobs within the VA. The service will remain the same. The laboratory staff that handle bloodwork and urine tests are still be doing at the VA. No staff are losing their jobs.

**My husband has Parkinson's from exposure to Agent Orange in Vietnam and needs physical therapy on a regular basis to prevent progression of the disease. He especially needs help with gait and**

**balance. The DC VA MC does not provide gait or balance training and it can take over an hour one-way to drive tehere from Clarksburg. They have had issues trying to get services from TriWest within the community.** Mr. Heimall will take their contact information and will look into this issue.

**Have you looked into procuring additional space at the Gaithersburg CBOC and expanding services?** One of the challenges for expansion is the VA leasing threshold. Veterans Integrated Service Networks (VISN) can only lease up to \$300,000 per year. Amounts above that threshold must be approved by Dr. Stone, Executive in Charge, Veterans Health Administration. The Gaithersburg CBOC is already close to the \$300,000 threshold. Mr. Heimall would have to make a business case to increase that threshold but said Dr. Stone might support that proposal.

**Wayne Stinchcomb, Silver Spring Vet Center, said he has heard many times from Veterans living in northern Montgomery that they have trouble accessing VA services such as physical therapy, eye care, and dental care. Maybe those services should be offered at the Gaithersburg CBOC.** Mr. Heimall said the VA may have to think differently with how they deliver healthcare. The answer may not be to have CBOCs but to offer care by several doctors in an office setting. He also suggested the VA partner with a fitness center and add a VA physical therapy clinic. The MISSION ACT is changing the way the VA traditionally delivers healthcare.

**I currently go to the Camp Springs CBOC and am satisfied with my care.** In the next two years the VA will be breaking ground on the replacement for the Camp Springs CBOC which has been approved for 120,000 square feet. The new CBOC will continue to offer dental services and will include physical therapy services.

**Is the VA going to continue having volunteers to escort Veterans?** Yes, the VA is always looking to bring on more volunteers. The VA also has a paid transportation service hired by the hospital. The DC VA MC has a Compensated Work Therapy program that provides support to Veterans living with mental illness or physical impairment with barriers to employment to secure and maintain community based competitive employment.

**I live in Prince William County, VA. Are there plans to expand healthcare services in this area?** Within the next six months the VA will be deciding on a location for a CBOC in the Fredericksburg area. Once the location has been selected, Mr. Heimall will be submitting a proposal for a CBOC in the Centreville area to capture Veterans living in Prince William and Loudoun Counties. There are 70,000 Veterans living in Loudoun County. The VA will also be partnering with Quantico to provide DoD with clinic space in the new CBOC in the Fredricksburg area.

Mr. Heimall stated that he would be happy to present before the Commission anytime.

**Adjournment:** 8:00pm

**Next Full Commission Meeting:** Tuesday, June 18<sup>th</sup>, 2019 from 6pm to 7:30pm. Held at Health and Human Services, 401 Hungerford Drive, 1<sup>st</sup> Floor 1A Conference Room, Rockville, MD 20850

Respectfully submitted:  
Carly Clem, Administrative Specialist I  
Betsy Luecking, Community Outreach Manager

## **CVA June 2019 Meeting & Event Calendar**

**Tuesday, June 18<sup>th</sup>**

**Commission on Veterans Affairs Meeting**

6pm to 7:30pm

Health and Human Services, 401 Hungerford Drive, 1<sup>st</sup> Floor 1A Conference Room, Rockville, MD 20850