U.S. Department of Veterans Affairs
Veterans Health Administration
VA Healthcare–VISN 4

VISN 4 Update

1. Leadership Update

I am pleased to announce that Sharon Coyle, Nurse Executive at Butler was appointed to serve as their Medical Center Director. Mr. Coyle has been serving as the Interim Director at Butler for the past several months. The effective date of her appointment was March 13th.

Denise Boehm, Nurse Executive at the Washington, DC VAMC continues to be detailed to VA Pittsburgh as their Acting Director while Don Koenig is detailed to VA Central office leading the Integrated Veterans Care transformation implementation.

It is also my pleasure to announce the appointment of Prachi Asher as the new deputy director of VA Pittsburgh Healthcare System. Ms. Asher is currently serving as the associate director of resources at the VA Greater Los Angeles Healthcare System, where she led the facility's COVID-19 vaccination efforts. She recently completed a temporary detail as the interim deputy network director for VISN 22, a network of eight health care systems across southern California, Arizona and New Mexico. Ms. Asher will begin her new position on May 9.

Eric Shaner, Chief Health Administration Services at Erie is detailed into the Erie Associate Director role while we are recruiting for the position.

We continue to recruit for a new chief of staff for the Butler, Altoona and Coatesville VA's.

Derek Coughenour, Associate Director at Altoona continues to be detailed to the Associate Director at Philadelphia while Pat O'Kane is being detailed outside the VISN. Shaun Shenk is serving as the Acting Associate Director in Altoona.

2. Market Assessment Update

The VA released its Asset and Infrastructure Review report, March 14, that includes recommendations by the VA Secretary to cement the department as the primary, world-class provider and coordinator of Veterans health care for generations to come.

The VA MISSION Act requires Secretary McDonough to publish the AIR report in the Federal Register and submit it to Congress and a presidentially appointed AIR Commission.

The AIR Commission will conduct public hearings as part of its review of VA's recommendations before submitting its own recommendations to the president for further review in 2023.

The report's release marks the beginning of an in-depth deliberative process. The AIR report is the result of years of research and analysis intended to help VA build a health care network with the right facilities, in the right places, to provide the right care for all Veterans, including underserved and at-risk Veteran populations in every part of the country — making sure our facilities and services are accessible to Veterans in their communities.

The recommendations center around improving access to and quality of care for Veterans by ensuring the department's infrastructure in the decades ahead reflects Veterans' needs and 21st century design standards. VA is investing heavily in its number one asset — its employees, strengthening its public/private strategic partnerships and elevating its role as the leading health care research entity and the leading health care workforce training institution in the country.

Links to the AIR Commission report and Federal Register Notice are included below. I know some of you may have attended the stakeholder briefing sessions held by our nine Medical Center Director's in VISN 4 and have read the recommendations for VISN 4. I want to stress that any recommendations to the upcoming AIR Commission are just that—recommendations. Nothing is changing now for Veteran access to care or VA employees. Any potential changes to VA's health care infrastructure may be several years away and are dependent on Commission, Presidential, and Congressional decisions, as well as robust stakeholder engagement and planning. In the long run, AIR recommendations could impact VHA facilities and staff, but it's too early to know exactly what or where those impacts might be. VA will remain in all of our health care markets.

Visit AIR Commission report for more information. View the Federal Register notice.

3. Pillar of Excellence Award

I would like to congratulate the Pennsylvania Department of Military and Veterans Affairs (DMVA) for receiving an Abraham Lincoln Pillars of Excellence Award from the VA for its PA VETConnect initiative.

The Abraham Lincoln Pillars of Excellence Award was established in 2012 by the VA to evaluate state programs, establish best practices for other state agencies to follow for greater success and efficiency, and highlight the great work being done at the state level.

Since PA VETConnect launched in 2020, DMVA has successfully accomplished more than 16,000 connections with federal, state and local government officials, non-profit organizations, and community leaders. I want to offer my sincere appreciation for all the hard work of the DMVA to provide Pennsylvania Veterans with this valuable service.

4. Patient Experience Update

Nationally, VA's trust score over the last 90 days was 89.9. In VISN 4, our trust score over the last 90 days was 92.9, which remains the highest of any VISN in the nation. The top compliment themes over the last 90 days were interactions with staff, quality of care, cleanliness of facility, and satisfaction with specialty care.

5. COVID-19 Vaccine – Update

COVID-19 cases continue to recede.

Virus activity continues to wane across the United States, with new case reports reaching their lowest levels since last summer. Coronavirus hospitalizations have fallen more than three-quarters from their January peak, to about 35,000 from more than 150,000. The number of patients in intensive care units has also plummeted. Around 1,300 deaths continue to be announced most days, well below the peak of the Omicron wave but still high. More than 960,000 deaths have been attributed to COVID-19 in the United States.

CDC released updated recommendations for when people should wear masks depending on the level of COVID-19 in their community. As a result, more than half the country–70% of Americans–now live in areas where the CDC no longer recommends universal masking. CDC's updated COVID-19 Community Levels will help people make choices that are right for them. Check out the guidance on mask wearing in VA non-health care facilities. Health care facilities will continue masking in all patient care areas.

Communications about the COVID virus are changing as the virus keeps changing, variants are found to interact differently with vaccinations, and new treatments are developed. VA is continually updating VA.gov with the latest information and guidance for Veterans as it becomes available.

6. Caregiver Support Update

VA's goal and intent it to give our best to Caregivers and their Vets. We remain committed to expansion of the program in October 2022.

VA has heard and understand the concerns expressed by stakeholders. We have immediate, intermediate, and long-term actions we plan to take:

- Halt the discharge of any legacy applicant or participant from the program which was slated for 10/1/2022.
- Initiate the rulemaking process to assure continued participation until eligibility requirements can be refined to meet congressional intent.
- Leverage the expertise in VBA to create efficiencies and consistency in processing future applications.
- Conduct an examination on greater involvement of VBA, including potentially assuming responsibility for certain portions of the program.
- Convene an external stakeholder engagement event in where we can share with VSOs, Congress, Caregivers, Veterans, other stakeholders, etc. what our plans are and gain their insights and feedback.
- Administer a human centered design research and customer experience survey.
- Process future changes through our governance structure, ensuring an enterprise approach to supporting caregivers of Veterans.

7. Connected Care Update

TeleEye Screening Services: VISN 04 has expanded TeleEye screening services for Veterans. TeleEye screening involves the capturing of eye images and tonometry (eye pressure measurement) by a VA-certified Imager to a licensed eye provider (optometrist or ophthalmologist) for interpretation. The stored images and the associated report is made available to the patient's clinician(s) to assist in the care of the Veteran to screen for diabetes, macular degeneration and glaucoma. The goal of the program is to detect these vision-threatening eye diseases in early stages so that

education, prevention, and treatment can be provided in a timely manner to reduce the risk of vision loss and potential blindness. Veterans may inquire of their care teams if they have concerns they think require screening. Please see more information in the brochure that was included in your read ahead material.

VA Travel Pay Portal: Many Veterans qualify to be reimbursed for travel costs related to VA health care services. They submit their travel claims and receive reimbursement through the Beneficiary Travel Self-Service System (BTSSS) Travel Pay Portal. Now Veterans with a Premium My Health*e*Vet account can access the BTSSS portal directly from My Health*e*Vet without signing in again. Here are the steps:

1. Sign into My Health*e*Vet with your secure account credentials.
2. From the My Health*e*Vet homepage, select the Personal Information tab from the top toolbar.
3. From the dropdown menu, select Pay or Receive Funds.
4. Select VA Medical Travel Pay to access the BTSSS portal without logging in again.

Closing

In closing, I'd like to thank you for your continued support of VISN 4. Please let me know if you have any questions.