

From: Coy, Curtis, VBAVACO
Sent: 30 May 2017 11:49:22 -0500
To: Shulkin, David J., MD
Cc: Blackburn, Scott R.; [b](6) VBAVACO
Subject: Just off the phone with Ike Perlmutter
Importance: Normal

Mr. Secretary,

Just had a good call with Ike – he asked me to send you a quick note to ensure we are all on the same page. I suggested that an email be sent immediately to all of those CEO's on our list telling them the White House event has been moved from June 2nd to June 20th. He wanted me to check w/you to ensure that was ok.

He indicated the White House point of contact for this event will be him and Mark Sherman. He will connect me with him asap.

He asked me to also include a piece in the email to the CEO's asking that should they or when they make a Veteran hiring commitment – that they make the commitment for a specific timeframe of 1 – 2 years.

He mentioned that perhaps we should also include VA vendors in this initiative and I indicated to him that we should consider that carefully as it may not be a good idea to connect VA contractual relationships with the Secretary's/POTUS' Veteran hiring commitments – I will however follow up with Greg Giddens.

He asked me if I had a direct connection with you and could I call or see you on a moment's notice or as necessary – I talked around that issue.

He was incredibly complementary of you....I told him I thought the Secretary was 'the real deal'.

Finally, he said he would be calling you soon.

V/R

Curt

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VA Core Values: Integrity, Commitment, Advocacy, Respect, Excellence (“I CARE”)



For appointments or scheduling, please contact my office @ OEO.VBACO@va.gov or 202 443-6080

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From: (b)(6)
Sent: 30 May 2017 15:31:00 -0500
To: Shulkin, David J., MD
Subject: [EXTERNAL] suicide efforts at Penn
Attachments: Suicide Related Activities for Dr. Moskowitz 2017 05 19.docx,
ATT00001.htm
Importance: Normal

(b)(6) M.D., Ph.D.

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Penn Medicine/ Corporal Michael J Crescenz VAMC Activities Related to Suicide Prevention

Penn has extensive suicide prevention clinical activities throughout the entire health system. Importantly, Psychiatry has a long history of ground breaking research to identify the newest and best clinical and neurobiological methodologies to identify individuals at risk and develop or discover the strongest clinical approaches to suicide prevention at both individual and population levels.

CLINICAL ACTIVITIES

Penn Military Family Clinic (Cohen Clinic): This clinic serves Veterans and their families at no charge, regardless of discharge status, providing evidence-based treatments. This state of the art short-term mental health community clinic has specific competency on military culture, often lacking in the community.

Penn Medicine:

- Risk Reduction Initiative: systematic suicide risk screening for all psychiatric patients
- Treatment and Safety Planning (a specific method for reducing suicide risk in acute and chronically suicidal populations) provides risk reducing tools and resources
- 24/7 Crisis Response Center at Pennsylvania Hospital and 24/7 psychiatrist in-house at Hospital of the University of Pennsylvania for emergency evaluation and safety assessment using validated tools
- Close coordination with Counseling and Psychological Services for University students at risk for self-harm
- Close collaboration with Community Behavioral Health and community outreach (Intensive Case Managers, Targeted Case Managers, Assertive Community Treatment teams, etc.) to ensure safe transitions of care

Corporal Michael J Crescenz VA Medical Center:

- Initiated Safety Planning and risk assessments for patients in the ED, inpatient unit and residential unit.
- Suicide prevention committee
- Comprehensive peer review of all suicides and suicide attempts
- 2 full time suicide prevention coordinators who do a host of outreach activities to high risk patients
- Policy that all mental health clinical activities address suicide risk as part of documentation

RESEARCH ACTIVITIES (see addendum for more details)

Penn Medicine:

- *Cognitive Therapy for Suicidal Older Men*
- *Management of Suicide-Related Events during Deployment*
- *A Brief Intervention to Reduce Suicide Risk in Military Service Members and Veterans*
- *Safety Planning Intervention to Reduce Short-term Risk*
- *Zero Suicide Implementation and Evaluation in Outpatient Behavioral Health*
- *Military Suicide Research Consortium Dissemination and Implementation Core*
- *Suicide Risk Reduction in the Year Following Jail Release*
- *ED-SAFE 2: Translating Safety Planning into Practice*
- *Intervention mapping to develop multi-level implementation strategies in partnership with stakeholders-- Firearms means restriction for suicide prevention in pediatric care*
- *Attentional Fixation as a Moderator of the Association between Suicidal Ideation and Suicide Attempts*
- *Neurobiological Underpinnings of Two Suicide Subtypes*
- *Attachment-Based Family Therapy (ABFT) for Suicidal Adolescents*
- *Pilot Trial of Inpatient Cognitive Therapy for the Prevention of Suicide in Military Personnel with Acute Stress Disorder of Post-Traumatic Stress Disorder*

Corporal Michael J Crescenz VA Medical Center:

- A DOD funded study examines the effectiveness of home visits after psychiatric hospitalization to engage patients in care and reduce suicide after hospitalization (a vulnerable time).
- Philadelphia VA is the lead site of a 2000-patient randomized clinical trial on the pharmacogenetics of depression treatment. Precision depression care has great potential for reducing suicide risk.
- Working with VA Central Offices to increase the use of measurement-based care including the use of the 9-item Patient Health Questionnaire (PHQ-9), which contains a question about suicidal ideation and behavior.
- Joined a partnership between the VA and DOE to examine new ways of harnessing big data, including genomics for suicide prediction: <https://www.va.gov/opa/pressrel/includes/viewPDF.cfm?id=2896>
- Joined initiative to improve predictive modeling for identifying high risk for suicide or overdose death: <http://www.sandiegouniontribune.com/military/veterans/sd-me-suicide-prediction-20170426-story.html>

Relevant Work on Traumatic Brain Injury

Penn has been a leader in brain injury research and treatment for more than three decades. Comprised of over 25 principal investigators and directed by Douglas H. Smith, MD, the Penn Center for Brain Injury and Repair is one of only five NIH designated Brain Injury Centers nationwide. Multidisciplinary expertise spans Neurosurgery, Bioengineering, Pharmacology, Pathology, Neurology, Pediatrics, Neuroradiology, Rehabilitation, and Emergency Medicine, representing one of the strongest, most integrated research teams in the world. Working in a highly collaborative environment, these researchers are investigating the full spectrum of traumatic brain injuries (TBI) and have uncovered several important cellular and molecular mechanisms of brain trauma that are being applied to develop new therapies. Through a forthcoming Allen Foundation grant, Dr. Smith and colleagues in the School of Engineering and Applied Sciences will examine “Reconstructing Concussion” through modeling of brain network changes after injury and identifying natural repair processes and impediments.

ADDENDUM:

Penn Medicine:

- *Cognitive Therapy for Suicidal Older Men:* National Institute of Mental Health (NIMH) Randomized controlled trial (RCT) with 95% research participants who are veterans
- *Management of Suicide-Related Events during Deployment:* Military Operational Medicine Research Program project provides military leaders, military health providers and chaplains with scientifically-informed guidelines and decision aids on how to respond to suicide-related events during deployment.
- *A Brief Intervention to Reduce Suicide Risk in Military Service Members and Veterans:* For high suicidal risk patients hospitalized at the Walter Reed Army Medical Center.
- *Safety Planning Intervention to Reduce Short-term Risk:* American Foundation for Suicide Prevention funded RTC to determine the efficacy of the Safety Planning Intervention
- *Zero Suicide Implementation and Evaluation in Outpatient Behavioral Health:* NIMH funded project compares two levels of implementation of the Zero Suicide model
- *Military Suicide Research Consortium Dissemination and Implementation Core:* promotes dissemination of practical, evidence-based strategies to reduce suicide risk for military service members and veterans
- *Suicide Risk Reduction in the Year Following Jail Release:* This NIMH RCT evaluates the cost-effectiveness of the Safety Planning Intervention for reducing suicide and attempts among 800 suicidal pretrial jail detainees
- *ED-SAFE 2: Translating Safety Planning into Practice:* This NIMH study focuses on Safety Planning's impact on suicide and suicide-related acute healthcare in emergency departments.
- *Intervention mapping to develop multi-level implementation strategies in partnership with stakeholders--Firearms means restriction for suicide prevention in pediatric care:* This study in partnership with Mental Health Research Network stakeholders aims to increase the use of means restriction in pediatric primary care.
- *Attentional Fixation as a Moderator of the Association between Suicidal Ideation and Suicide Attempts:* This AFSP study examines the kind of thinking that occurs prior to suicide attempts.
- *Neurobiological Underpinnings of Two Suicide Subtypes:* NIMH funded study delineates two distinct biological subtypes of suicidal behavior
- *Attachment-Based Family Therapy (ABFT) for Suicidal Adolescents:* study provides more definitive data on the efficacy of ABFT for treating suicidal youth.
- *Pilot Trial of Inpatient Cognitive Therapy for the Prevention of Suicide in Military Personnel with Acute Stress Disorder of Post-Traumatic Stress Disorder:* utilizes a window of opportunity during hospitalization following a recent suicide attempt to deliver a brief and targeted intervention for traumatized individuals.

Corporal Michael J Crescenz VA Medical Center:

- A DOD funded study examines the effectiveness of home visits after psychiatric hospitalization to engage patients in care and reduce suicide after hospitalization (a vulnerable time).
- Philadelphia VA is the lead site of a 2000-patient randomized clinical trial on the pharmacogenetics of depression treatment. Precision depression care has great potential for reducing suicide risk.
- Working with VA Central Offices to increase the use of measurement-based care including the use of the 9-item Patient Health Questionnaire (PHQ-9), which contains a question about suicidal ideation and behavior.
- Joined a partnership between the VA and DOE to examine new ways of harnessing big data, including genomics for suicide prediction: <https://www.va.gov/opa/pressrel/includes/viewPDF.cfm?id=2896>
- Joined a Johnson and Johnson (J&J) and VA initiative to improve predictive modeling for identifying high risk for death from suicide or overdose: <http://www.sandiegouniontribune.com/military/veterans/sd-me-suicide-prediction-20170426-story.html>

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From: Shulkin, David J., MD
Sent: 10 Apr 2017 04:58:15 -0500
To: (b)(6)
Subject: FW: [EXTERNAL] Presidential Transition Briefing for Monday, April 10, 2017
Importance: Normal

From: Bulletin Intelligence[SMTP:WHNSTRANS@BULLETININTELLIGENCE.COM]
Sent: Monday, April 10, 2017 5:58:07 AM
To: Shulkin, David J., MD
Subject: [EXTERNAL] Presidential Transition Briefing for Monday, April 10, 2017
Auto forwarded by a Rule

[Click to access expanded online version.](#)



TO: SENIOR TRANSITION STAFF

DATE: MONDAY, APRIL 10, 2017 6:00 AM EDT

Note for Transition Team Members Joining the White House

If you have received your White House email address, you may now sign up for the official [White House News Summary](#). Just click the link. We will continue to publish this transition briefing in the near term for transition staff who are not yet in official positions.

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Leading the News

Media Analyses: Administration Sending Mixed Messages On Goals In Syria.

Top Administration officials on Sunday justified the decision to launch cruise missiles at a Syrian military base – while also addressing US goals in the country and pressing Russia to adhere to their international commitments. The majority of media coverage characterizes the comments made on the Sunday political shows as sending a mixed signal on the US goal in Syria. Analyses also imply that there were stark differences between statements by Secretary of State Tillerson and UN Ambassador Haley.

The Los Angeles Times (4/9, King), for example, says the Administration “gave mixed messages about its goals in Syria” and highlighted “different priorities.” The Times says UN Ambassador Haley “said the departure of Syrian President Bashar Assad is a US priority” and “peace in Syria was probably impossible while he remained in power,” but Secretary of State Tillerson “took a more nuanced view” by “declaring that defeating Islamic State remains the top US goal in

Syria." USA Today (4/9, Page) also says Tillerson and Haley "offered different responses to that question" of whether the move "signals a fundamental shift in the 'America First' doctrine [Trump] espoused during last year's campaign." However, the Wall Street Journal (4/9, Nissenbaum, Leubsdorf) highlights comments by Tillerson and National Security Adviser McMaster to show that the Administration is focused on defeating ISIS. On ABC World News Tonight 📺 (4/9, story 2, 2:50, Llamas), meanwhile, David Wright reported Trump "was a bit more vague" than his top officials during his weekly address. Trump is shown saying, "Our decisions will be guided by our values and our goals, and we will reject the path of inflexible ideology that too often leads to unintended consequences."

Tillerson said on ABC's This Week 📺 (4/9, Stephanopolous) that the "priority" in Syria "is first, the defeat of ISIS. Remove them from access to the caliphate." **Tillerson** added, "Once we can eliminate the battle against ISIS, conclude it, it's going quite well. Then we hope to turn our attention to cease-fire agreements between the regime and opposition forces." **Tillerson** similarly told 📺 CBS' Face the Nation (4/9, Dickerson) that the priority in Syria "hasn't really changed" as the US must "first and foremost...defeat ISIS, and I would say that the military progress both in Syria and in Iraq has been remarkable since President Trump's inauguration." While appearing on CNN's State of the Union 📺 (4/9, Tapper), **Haley** said "there's multiple priorities." **Haley** added, "It's getting Assad out is not the only priority. So what we're trying to do is obviously defeat ISIS."

On ABC's This Week 📺 (4/9, Stephanopolous), **Tillerson** said, "It is through that political process that we believe the Syrian people will ultimately be able to decide the fate of Bashar Al Assad." **Haley** said on CNN's State of the Union 📺 (4/9, Tapper) that the US does not "see a peaceful Syria with Assad in there." **Haley** added, "There are no easy answers and a political solution will have to happen but we know that it is not going to be – there's not any sort of option where a political solution will happen with Assad at the head of the regime. If you look at his actions, if you look at the situation it will be hard to see a government that's peaceful and stable with Assad." The Washington Post (4/9, Phillip, Debonis) quotes **Haley** as saying that after defeating ISIS in Syria, "then we've got to go and make sure that we actually see a leader that will protect his people. And clearly, Assad is not that person." On 📺 NBC's Meet the Press (4/9, Todd), **Haley** said, "We want to push towards a political solution. At the end of the day, that is what is needed to make sure a political solution comes together and we hope they will continue the talks in Geneva and we will continue to see progress."

The [AP](#) (4/9, Yen) reports McMaster "pointed to dual U.S. goals of defeating the Islamic State group and removing Assad." However, the AP says, McMaster "suggested that Trump was seeking a global political response for regime change from U.S. allies as well as Russia."

McMaster said, "It's very difficult to understand how a political solution could result from the continuation of the Assad regime." **McMaster** added, "Now, we are not saying that we are the ones who are going to effect that change. What we are saying is, other countries have to ask themselves some hard questions." On [Fox News Sunday](#) (4/9, Wallace), **McMaster** said, "What's significant about the strike is not that it was meant to take out the Syrian regime's capacity or ability to commit mass murder of its own people, but it was to be a very strong signal to Assad and his sponsors that the United States cannot stand idly by as he is murdering innocent civilians – what was a red line in 2013. That was the important objective to keep in mind." **McMaster** [added](#) (4/9, Wallace), "I think everyone should realize this is the first time the United States has acted directly against the Assad regime, and that should be a strong message to Assad and to his sponsors who are enabling his campaign of mass murder against his own civilians."

McMaster also said on [Fox News Sunday](#) [\(4/9, Wallace\)](#), "What you have in Syria is a very destructive cycle of violence, perpetuated by ISIS, obviously, but also by this regime and their Iranian and Russian sponsors." [Politico](#) (4/9, Wilhelm) reports **McMaster** said the US goals are "the defeat of ISIS" and "a significant change in the nature of the Assad regime and its behavior in particular."

Trump Calls Navy Commanding Officers Who Conducted Missile Strikes. [Politico](#) (4/9, Morin) reports Trump on Sunday called the Navy commanding officers who conducted the missile strikes in Syria to express appreciation to the crew for their professionalism and quick response. Trump also thanked the Navy in a Sunday night tweet. Trump [tweeted](#), "Thank You @USNavy! #USA." The [Los Angeles Times](#) (4/9) says Trump linked to a [tweet](#) sent by the U.S. Navy announcing his call to the commanding officers of the two destroyers.

Administration Accuses Russia Of Enabling Syria To Conduct Chemical Attacks. [NBC Nightly News](#) [\(4/9, story 3, 2:45, Snow\)](#) reported the US and Russia "have traded condemnations and warnings since the US fired cruise missiles at Syria last week," with [Reuters](#) (4/9, Lynch) saying Administration officials "blamed Russian inaction for enabling" the Syrian regime to carry out the chemical weapons attack on civilians that preceded the US decision to launch missiles. Officials, according to the [Washington Post](#) (4/9, Morello), indicated that by "propping up" Assad, Russia "bears at least partial responsibility for Wednesday's poison gas attack."

According to the [New York Times](#) (4/9, Sanger), Tillerson “took a hard line against Russia on the eve of his first trip” to Moscow. On [ABC’s This Week](#) (4/9, Stephanopolous), **Tillerson** said that he is “not seeing any hard evidence that connects the Russians directly to the planning or execution of this particular chemical weapons attack.” However, **Tillerson** explained on [CBS’ Face the Nation](#) (4/9, Dickerson) that “the Russians have played now for some time the role of providing cover for Bashar al-Assad’s behavior.” **Tillerson** added, “And I think the Russians need to think more carefully about the commitment they made under the chemical weapons agreements to be the guarantor that these weapons would be seized, they would be removed, they would be destroyed.” **Tillerson** continued, “Since they are Bashar al-Assad’s ally they would have the closest insight as to their compliance. So regardless of whether Russia was complicit here or whether they were simply incompetent or whether they got outwitted by the Bashar al-Assad regime, you would have to ask the Russians that question. But clearly they have failed in their commitment to the international community.” The [CBS Weekend News](#) (4/9, story 2, 2:10, Quijano) showed **Tillerson** similarly saying, “I don’t draw conclusions of complicity at all. But clearly they’ve been incompetent, and perhaps they just simply have been outmaneuvered by the Syrians.” [Bloomberg Politics](#) (4/9, Krasny) reports Tillerson said he plans to use his meeting in Moscow this week to address the situation with Syria’s chemical weapons. **Tillerson** said on [ABC’s This Week](#) (4/9, Stephanopolous) that “we have already issued very strong statements” to Russia and “that will be part of the discussions when I visit Moscow next week.” **Tillerson** said he will “call upon Foreign Minister Lavrov and the Russian government to fulfill the promises it already made to the international community when it agreed to be the guarantor of the elimination of the chemical weapons.” **Tillerson** added (4/9, Stephanopolous) that he is “hopeful that we can have constructive talks” and Russia will “be supportive of a process that will lead to a stable Syria.”

During her appearance on [CNN’s State of the Union](#) (4/9, Tapper) that Russia “needs to provide answers.” **Haley** said that Russia either “knew that there were chemical weapons and they knew there was going to be chemical weapons used and they just hid it from the international community, or they are being played for fools by Assad by him having chemical weapons and they are just in the dark and they don’t know anything about it.” [The Hill](#) (4/9, Savransky) says Haley “criticized Russia” for defending the Syrian government following the chemical attack. **Haley** said, “Why were they that defensive that quick? The idea of the casualties came after.” **Haley** added the US will not

allow Russia to "have Assad's back anymore."

The Washington Post (4/9, Debonis) reports McMaster also "said Sunday that Russia should be pressed on whether it knew the Syrian regime would carry out" the chemical attack. **McMaster** said on Fox News, "I think what we should do is ask Russia, 'How could it be, if you have advisers at that airfield, that you didn't know that the Syrian air force was preparing and executing a mass murder attack with chemical weapons?'" **McMaster** added 🗣️ (4/9, Wallace), "This is part of the problem with Syria, Russia's sponsorship of his murderous regime, so we would want to appeal rationally to Russia. This is a great opportunity for the Russian leadership to reevaluate what they are doing. Why they are supporting a regime that is committing mass murder against its own people. So Russia could be part of the solution. Right now I think everyone in the world sees Russia as part of the problem."

White House counselor Kellyanne Conway said on Fox News MediaBuzz 🗣️ (4/9) that Trump is "saying the steps to reform the dictator Assad have failed." Conway said Damascus and Moscow assured the world committee that these weapons were gone" and "we know both countries have not gone along with UN resolutions.

AP Analysis: Tillerson "Emerging From The Shadows" With "Leading Public Role" On Syria Strikes. The AP (4/9, Lee) reports that while Tillerson has been "criticized for his low-profile diplomacy," the Secretary of State "is emerging from the shadows with a leading public role in shaping and explaining the Trump administration's missile strikes in Syria." The AP says Tillerson "delivered the Trump administration's first blistering condemnation of Russia in the hours after the strikes" and continued to be a face of the issue on the Sunday political shows.

Ross: Trump Took "Measured," "Very Precise" Action With "Very Beneficial Effect." On Fox Sunday Morning Futures 🗣️ (4/9, Bartiromo), Commerce Secretary Wilbur **Ross** said of this week's missile strike in Syria, "I believe the President did make history with his decision to take an action that was measured and very precise and seemingly has had a very beneficial effect already."

Media Analyses: Trump's Actions, Assad's Use of Chemical Weapons Hurt Obama's Legacy. The Washington Times (4/9, Scarborough) says that "people familiar with the budding relationships" between Trump and military generals "portray Mr. Trump as often in listening mode among his generals and as accessible as the next phone call." The Times adds that the sources "contrast" Trump's "affinity for the top brass with former President Barack Obama's documented standoffishness." The missile strike on Syria, the Times says, "underscores that Washington's warrior class is again in charge of presenting military options to the White House instead of the other way

around.”

The New York Times (4/9, Baker) reports that “even former Obama aides assume” that President Obama will have to change his view that “he had actually achieved a better result” by reaching an agreement for Assad to turn over Syria’s chemical weapons rather than ordering military action against the regime. The Times says that Obama’s former aides “have lamented what they considered one of the worst moments of the Obama presidency and privately conceded that his legacy would suffer” after last weeks’ chemical attack. Other former advisers, the Times adds, “questioned the wisdom of negotiating with Mr. Assad and said last week’s attack illustrated the flaws in the agreement.”

In his New York Post (4/9, Goodwin) column, Michael Goodwin says the US missile strike “punched a giant hole in the battered legacy of Barack Obama,” who “wasted six years and countless lives with hand-wringing dithering.” Goodwin adds that while Obama “failed to enforce his red line,” Trump “acted just two days after Assad again unleashed fiendish weapons on his own people.”

Assad’s Allies Condemn US Military Action. The AP (4/9, Issa) reports Russia and Iran on Sunday “renewed their support” for Syria’s government, “saying last week’s U.S. missile strike violated Syrian sovereignty” but did not aid the morale of “terror groups” in the country. Syrian state media reported that Iranian President Hassan Rouhani said in a phone call with Assad that the US action is a “blatant violation” of Syria’s sovereignty. Moscow said in a statement that Russian President Vladimir Putin spoke with Rouhani and “both sides noted the inadmissibility of aggressive U.S. actions against a sovereign state in violation of international law.” The Washington Times (4/9, Boylan) reports Iranian Supreme Leader Ayatollah Khamenei was quoted by the official IRNA news agency as saying, “What the Americans did is a strategic mistake and offense. They are repeating offense of their predecessors.”

Reuters (4/9) reports a joint command center of Russian troops, Iranian forces, and militias supporting Assad said the US strikes cross “red lines” and it would respond to new aggression and increase support for the Syrian government. The group published a statement on media outlet Iiam al Harbi saying, “What America waged in an aggression on Syria is a crossing of red lines. From now on we will respond with force to any aggressor or any breach of red lines from whoever it is and America knows our ability to respond well.” The New York Post (4/9, Moore) says the statement “apparently mocked former President Obama’s warning to Assad in 2012 not to cross a ‘red line’ with his use of chemical weapons or face a military response.”

Syrian Refugees Express Mixed Opinions About US Missile Strike. The

AP (4/9, Szlanko, Karam) reports Syrian refugees expressed mixed sentiments about Trump's decision last week to strike a Syrian airbase. Many refugees scattered at camps and illegal settlements in Iraq and Lebanon regarded Trump's "sudden" policy reversal "with a certain bitterness." Some refugees told the AP that they hoped the US would not intervene further. Others said they hoped the missile strikes signaled greater US involvement and a possible "changed policy on Syrian refugees." One refugee, Hussein Bashir Ibrahim, said displaced Syrians want Trump "to help us return to our country, we don't want to go to America."

Lawmakers Support Military Action, Want Progress On Long-Term Strategy. Congressional Lawmakers on Sunday mostly supported the US missile strikes on Syria, but cautioned that further work is needed on a long-term strategy in Syria and the legislature should be involved in the process. Republican lawmakers universally supported the military action and Trump's decision to carry it out.

On NBC's Meet the Press (4/9, Todd) Sen. Lindsey Graham said he has "never been more encouraged by the Trump Administration than I am today." The Washington Times (4/9, Richardson) reports Graham said Trump "is no longer Obama in the eyes of our enemies, but he needs to do more to close the deal." Graham added, "There's a new sheriff in town." However, Politico (4/9, Morin) reports Graham said Assad is saying "F you" to Trump by continuing to fly military aircraft from the base that the US struck. Graham said on NBC's "Meet the Press" that Assad is "making a serious mistake." Graham added, "Because if you're an adversary of the United States and you don't worry about what Trump may do on any given day, then you're crazy."

Sen. John McCain said on CBS' Face the Nation (4/9, Dickerson), the US launching missile strikes "was an excellent first step and it was a reversal of the last eight years, and I think it was important." However, McCain added, "But it is now vitally important we develop a strategy, we put that strategy this motion and we bring about peace in the region and that obviously means that there has to be a cessation of these war crimes." Politico (4/9, Staff) reports McCain said the Administration, however, "probably was partially to blame" for Syria using chemical weapons. McCain said, "And Secretary [Rex] Tillerson basically saying the same thing after kind of contradicting himself and then saying the same thing argues vigorously for a plan and a strategy."

On Fox News Sunday (4/9, Wallace) Senate Majority Whip John Cornyn said he "applaud[s] the President for doing what he did to enforce that red line that President Obama drew three years ago," but "Congress needs to work with the President to try and deal with this

long-term strategy, lack of strategy, really, in Syria." On [Fox Sunday Morning Futures](#) (4/9, Bartiromo) House Foreign Affairs Committee Chair Ed Royce said the US "need[s] clear policy goals for Syria in the region." Royce added that Congress should "be working with the Administration first and foremost on a plan to destroy and eliminate ISIS and secondarily on putting enough pressure to bring in enough pressure to bear on some of the supporters of Assad to get a negotiated settlement." On [ABC's This Week](#) (4/9, Stephanopolous) Sen. Marco Rubio said the "strike was limited" and "had a clear strategic objective" of "the destruction or degrading of a key military installation." Rubio added that he is "concerned about the outlines of the plan as I understand it," because "it's based on assumptions I think are not the right ones, and I hope they'll reconsider this idea that we'll get rid of ISIS and then use Assad and others to come up with a solution." Rep. Francis Rooney said on [MSNBC's Weekends with Alex Witt](#) (4/9) that "we have a President willing to take some tangible actions, measured actions, but tangible actions, to show that we are going to protect American interests in the middle east."

The [Washington Times](#) (4/9, Richardson) reports "the left's united anti-Trump front has fractured over the airstrikes on Syria, dividing establishment Democrats who applauded the military action and antiwar progressives alarmed about the" prospect of greater US involvement in the region. However, the Times adds "there was more agreement from Democrats on what happens next" as the party was unified in saying that Trump "should come to Congress and allow lawmakers to debate the administration's Middle East strategy before taking further action."

Rep. Adam Schiff said on [ABC's This Week](#) (4/9, Stephanopolous) said "there is a strong moral case to make for what the President did," but it should not have occurred "without Congressional approval." Schiff added that Trump was facing a different situation than Obama, because the previous president was presented with a diplomatic option that had not failed yet. [Politico](#) (4/9, Wilhelm) reports Sen. Tim Kaine said the Administration should have asked for Congressional approval for the strikes. Kaine said on NBC's "Meet the Press" that he is a "strong supporter that the U.S. should take action to protect humanitarian causes, like the ban on chemical weapons." However, Kaine added, "We are a nation that's not supposed to take military action, start war, without a plan that's presented to and approved Congress."

Sen. Ben Cardin said on [Fox News Sunday](#) (4/9, Wallace) that he is "not at all" satisfied that the Administration has a clear strategy in Syria. Cardin added, "I don't think [Trump] articulated a Syrian strategy, what we saw was a reaction to the use of chemical weapons,

something I think many of us supported. But what we did not see is a coherent policy was how we will deal with the civil war and also deal with ISIS." Rep. Brenden Boyle said on [MSNBC's Politics Nation](#) (4/9) that "trying to interpret or figure out the Trump Administration is a constant guessing game." Boyle said the Administration earlier in the week was "saying it was no longer US policy to remove Asaad" and "by Thursday night we were launching 59 missiles into Syria." Boyle, however, [said](#) (4/9), "the time for ducking is over" and "one potential solution, even though all the options are ranging from bad to worse" is to "explore finally the safe zone option."

The [Washington Times](#) (4/9, Dinan) reports Sen. Rand Paul "suggest[ed] it was ill-advised and illegal, and insist[ed] Congress needs to get involved," but "acknowledged there is little hope that Capitol Hill will take up the issue or, if it does, that it will do any better this time." On [NBC's Meet the Press](#) (4/9, Todd) Sen. Bernie Sanders said, "All that I'm saying is we need to be clear about goals, understand them, and understand that when we have a collapsing needs for trillions in infrastructure repairs, in healthcare, maybe we don't want to throw trillions more into unending war in the Middle East." On [CNN's State of the Union](#) (4/9, Tapper), Sen. Ed Markey said there is not "any appetite in the United States for a massive additional military presence with young men and women actually in combat situations being introduced." Markey said that the Administration "should be talking about" imposing "massive crippling sanctions on the Russian company that is the principle arms supporter for Syria, and any other company or country in the world that does business with that company." Markey said the White House should "go to the negotiating table and try to find a political resolution with Assad, with all other parties at the table." Rep. Bo Khanna said on [MSNBC AM Joy](#) (4/9) that he has "deep concerns with the missile strikes," adding, "It's almost as if a nation hasn't learned its lesson."

Abe Supports US Action Against Syria. The [New York Post](#) (4/9, Moore) reports Japanese Prime Minister Shinzo Abe "praised" Trump's decision to launch missiles against Syria. The White House said in a statement that Trump and Abe "agreed that Bashar al-Assad's use of chemical weapons against civilians, including women and children, was abhorrent and warranted a strong response from the international community." The leaders, the statement added, promised to "show continued resolve in response to al-Assad's brutal actions."

USA Today: Missile Strike Was "Appropriate Way To Punish" Syria. [USA Today](#) (4/7, Board) editorializes that the missile strikes against Syria "was an appropriate way to punish Syrian President Bashar Assad and his military for gassing his own helpless people two days earlier."

USA Today says "the nerve agents employed are among the most barbarous and indiscriminate weapons ever devised." In addition, USA Today says, Americans and world leaders "now learned that the new president is willing to deploy U.S. military power more aggressively than his predecessor" and that knowledge "might prove useful in dealing with this and other conflicts." However, USA Today adds that it is "troubling" that Trump's "rapid response appears untethered to any long-term strategy for dealing with the hideously complex Syrian civil war."

In a USA Today (4/9, Depetris) op-ed responding to the editorial, Defense Priorities fellow Daniel Depetris says "the emotional drive to 'do something' quickly was a more important element" in Trump's decision making "than consulting Congress or fully considering the costs and benefits of military force." DePetris argues that "punishing Assad in the short-term will complicate Trump's desire to improve" the US-Russia relationship. According to DePetris, the missile strikes "won't yield any positive strategic outcomes" other than "sending a symbolic message that Trump is willing to flex America's muscle" or "that he's susceptible to rash reactions."

Dionne: Trump's Critics Should Press For "Coherence On International Matters." In a Washington Post (4/9, Dionne) column, EJ Dionne says "one military strike does not make a foreign policy" and "watch[ing] Trump speak on the subject" creates "the sense that he has absolutely no idea what he's doing." Dionne argues that Trump's opponents "should not imitate the shortsightedness" of former President Bill Clinton's critics when he launched Tomahawk cruise missiles at sites in Afghanistan and Sudan in 1998 and "instead put their skepticism to work in pressing for a coherence on international matters that Trump has, to this point, been incapable of delivering."

WPost's Sullivan Decries Media's Praise Of Trump Over Syria Strikes. In her Washington Post (4/8) column, Margaret Sullivan discusses the press' reaction to President Trump's decision to hit Syria with missile strikes, writing that "many in the mainstream media fawned. 'I think Donald Trump became president of the United States last night,' Fareed Zakaria declared on CNN, after the firing of 59 missiles at a Syrian military airfield late." Sullivan cited other examples of the press praising Trump for the action, then asked, "Why do so many in the news media love a show of force?" Sullivan added, "Missile strikes may seem thrilling, and retaliation righteous. But journalists and commentators ought to remember the duller virtues, too, like skepticism, depth and context."

RCP Average Has Trump's Job Approval At 40.4%.

The RealClearPolitics average of recent polling on President Trump's job

approval stands at 40.4%, and his disapproval at 53.4%. The President's approval is up 0.3 since yesterday; his disapproval is also up by 0.3.

The latest Rasmussen automated survey of 1,500 "likely voters" (4/4-4/6) finds Trump's approval at 45%, with 55% disapproving of his performance. The Gallup daily tracking poll of 1,500 "adults" (4/6-4/8) shows Trump with a 40% approval rating and 54% disapproval.

Transition Personnel News

McFarland To Leave NSC, Expected To Be Named Ambassador To Singapore.

Bloomberg Politics (4/9, Jacobs) reports that Deputy NSA K.T. McFarland "has been asked to step down...and is expected to be nominated as ambassador to Singapore." A source said that NSA McMaster and DHS Secretary Kelly were behind the decision. McFarland was hired by President Trump's first NSA Michael Flynn. Politico (4/9, Johnson, Dawsey) calls McFarland a "Flynn favorite" whose "appointment was controversial." USA Today (4/9, Gaudio, Jackson) says that "there have been questions about the future of McFarland, a former Fox News commentator, since the February dismissal" of Flynn.

The New York Times (4/9, Savage) reports, "Administration officials briefed on the matter confirmed that Ms. McFarland was stepping down, but said that her departure would not be immediate and that she was expected to be at work on Monday" and that her "possible nomination for the ambassadorship to Singapore, while likely, had not yet been finalized."

Reuters (4/9, Holland) reports that her "expected departure will likely elevate the status of Dina Powell, who is deputy national security adviser for strategy." The Washington Post (4/9, Phillip) reports that McMaster elevated Powell to the NSC Principals Committee last week. The Wall Street Journal (4/9, Lee, Radnofsky) and New York Post (4/9, Moore) have brief reports.

Breitbart: CEA Chair-Designate On Side Of "Corporatist," Globalist Faction.

Breitbart (4/9, Starr) writes that if Council of Economic Advisors Chair-designate Kevin Hassett is confirmed by the Senate, "that will be a win for the corporatist, business-first faction" in the White House. In 2010, Hassett warned in "that bashing China-U.S. trade policy would bring the U.S. back to the downward spiral in the 1930s," and he once called globalization "an absolute prerequisite for long-term economic growth is full participation in the global economy and trading system."

Former “Regulatory Czar” Says Trump’s Pick For Job Shows He Is Serious About Reform.

In a [Wall Street Journal](#) (4/9) op-ed, Susan Dudley, who led the US Office of Information and Regulatory Affairs during President George W. Bush’s final years in office, praises President Trump’s selection of Neomi Rao to head the OIRA, a role that is essentially the federal “regulatory czar.” Dudley writes that Trump’s choice of the experienced and detail-oriented Rao shows that he is serious about regulatory reform.

Taxes and Budget

AP Analysis: Trump “Going Back To The Drawing Board” On Tax Reform.

The [AP](#) (4/9, Boak, Ohlemacher) reports that President Trump “has scrapped the tax plan he campaigned on and is going back to the drawing board in a search for Republican consensus” behind an overhaul. The White House has kept the process “under wraps. But it has already sprouted the consideration of a series of unorthodox proposals including a drastic cut to the payroll tax, aimed at appealing to Democrats.” White House officials “say it’s now unlikely that a tax overhaul will meet the August deadline” set by Treasury Secretary Mnuchin. The [Wall Street Journal](#) (4/9, Rubin) reports that despite the potential outreach to Democrats, their opposition to cuts that benefit higher-income households could prevent a deal.

Federal Hiring Freeze Impacting Social Security, Veterans, Prisons.

The [Wall Street Journal](#) (4/9, Reinhard, Ballhaus) reports that federal workers and union officials say that the hiring freeze President Trump ordered almost immediately after taking office could delay payments to veterans and Social Security recipients and threaten the safety of correctional officers. With federal turnover about 10 percent per year, more jobs are becoming empty, impeding such routine processes. About one in 10 Bureau of Prisons posts are vacant, and the veterans’ claims backlog has again climbed above 100,000.

WPost: Trump Budget Offers Path To Air-Traffic Modernization.

The [Washington Post](#) (4/9, Board) says in an editorial that while “President Trump’s ‘skinny budget’ includes a lot of penny-wise, pound-foolish budget-cutting ideas,” it does offer “a smart expression of support for modernizing the nation’s outmoded system of air-traffic control”: to shift air traffic control to “a separate entity” outside of the Federal Aviation Administration, to make innovation and efficiency more

possible. Senators with vested interests have opposed this in the past, but “air-traffic modernization is overdue. And with the White House on board, there may finally be a real chance to make it happen.”

Healthcare

WSJournal: Time Running Out For GOP To Act On ACA.

The Wall Street Journal (4/9) says in an editorial that time is running out for Republicans hoping to repeal and replace the Affordable Care Act, with insurers required to submit 2018 products for state approval by early summer. The Journal says the House Freedom Caucus and other conservatives must decide whether to compromise or to be responsible for the continued existence of a law they oppose.

Inslee: Washington State Has Had “Tremendous Success” With ACA.

Gov. Jay Inslee said on MSNBC’s Weekends With Alex Witt (4/9) that in his state of Washington, “we have had tremendous success” with the Affordable Care Act. “We have 750,000 people now insured. We have cut the inflation rate from 16 to six percent. It has been very successful in reducing the rate of increased costs for our citizens. ... We’re satisfied that the Administration and Congress have been unsuccessful in dismantling healthcare.”

Addiction Specialist Criticizes Harm Reduction Model.

In a Wall Street Journal (4/9, Satel) op-ed, Sally Satel, an addiction specialist and resident scholar at the American Enterprise Institute, criticizes the focus on harm reduction in handling America’s opioid problem. While she says that such practices have their place, harm reduction’s focus on reducing opioid-related death and disease over getting addicts off drugs is dangerous as the crisis spreads.

Immigration

Border Wall Funding Unlikely In This Month’s Spending Bill.

The Hill (4/9, Bernal, Lillis) reports, “Democrats are winning the war over the wall. Despite President Trump’s request for more than \$1 billion to fund the Mexican border wall this year, GOP leaders are expected to exclude the money” from the spending bill to keep the government functioning beyond this month. House Speaker Ryan “says the choice is pragmatic and the money will come later.” For now, “with Democrats united against new wall funding” and some Republicans

concerned over the cost and other matters, it is unlikely GOP leaders “have the votes to get it through and prevent a government shutdown.”

Rubio: “Mexico Is Not Going To Pay For The Wall.” On ABC’s This Week 📺 (4/9, Stephanopolous), Sen. Marco Rubio said, “Let me just say, Mexico is not going to pay for the wall. And by the way, America should, if we believe it’s in our national interests to do so. I think the Mexican government is open, for example, to renegotiating key points of NAFTA, on intellectual property. I think Mexico is willing to be a partner in El Salvador, the northern triangle countries, a source of a lot of the migration coming in through Mexico. ... There’s a lot we can work on together.” Breitbart (4/9, Key) runs a brief report on Rubio’s remarks.

State Legislatures Considering Freeze On Grants To Sanctuary Cities.

The Hill (4/9, Wilson) reports that “immigration hardliners” in 33 states “are threatening to hold potentially billions of dollars in state grants hostage as they seek to compel so-called sanctuary cities to cooperate with federal law enforcement officials.” While only Mississippi “has enacted a ban on sanctuary jurisdictions,” other states including Florida, Georgia, Indiana, Iowa, and Texas are considering similar measures.

Fashion Designers Say Open Borders, H-1B Visa Good For Their Industry.

Breitbart (4/9, Binder) reports that the Council of Fashion Designers of America will soon release a white paper stating that open borders and the H-1B visa are good for the US fashion industry. Designer Michael Kors, “primarily known for his all-American style cashmere knits and luxury handbags, is one of the largest American luxury brands that uses the H-1B foreign guest worker visa.”

Other National News

Gorsuch To Be Sworn In As Supreme Court Justice Today.

The CBS Weekend News 📺 (4/9, story 4, 0:20, Quijano) briefly reported that “after a contentious confirmation process, Judge Neil Gorsuch will be sworn in tomorrow as the 113th Justice of the Supreme Court. It is expected Justice Anthony Kennedy will do the honors at a public ceremony tomorrow. Gorsuch clerked for Kennedy as a young lawyer in the early 1990s.” The Los Angeles Times (4/9, Savage) says that Gorsuch “joins the Supreme Court just in time to cast potentially significant votes in cases that pit religious liberty against gay rights, test limits on funding for church schools and challenge California’s

restrictions on carrying a concealed gun in public.”

The Washington Post (4/9, Wagner, Sullivan, O’Keefe) says Gorsuch’s ascension “marks a big win for [President] Trump and conservatives – both on and off Capitol Hill – who have struggled desperately to produce significant victories despite pledges of sweeping change in Washington that one-party rule would bring.” The President has so far “failed to advance much of the ambitious legislative agenda he said would happen quickly if he was elected,” but Gorsuch’s confirmation “broke this pattern, at least in a singular instance.”

Adam Liptak of the New York Times (4/9) writes that while Gorsuch’s appointment “is a one-for-one swap, a conservative replacement for another conservative,” the court is growing more polarized. All four of the court’s “current Republican appointees are more conservative than all four of the Democratic ones,” but as recently as 2009, “two Republican appointees to the court, Justices John Paul Stevens and David H. Souter, were members of the court’s liberal wing.” Gorsuch could conceivably be on the court until 2050 or beyond, and “actuarial realities suggest that President Trump will have additional chances to move the court to the right.” Kellyanne **Conway** said on Fox News’ MediaBuzz 📺 (4/9), “Thirty and 40 years from now, no one will remember our names but they will know who Neil Gorsuch is. And by then he will have made a huge mark on American jurisprudence as someone who has fidelity to the Constitution.”

Cornyn, Cardin Debate “Nuclear Option” Fallout. On Sunday, two senators discussed the so-called “nuclear option” used to confirm Gorsuch. On Fox News Sunday 📺 (4/9, Wallace), Senate Majority Whip Cornyn said, “This is really a restoration of the status quo before the George W. Bush Administration. ... Clarence Thomas got 52 votes when he was confirmed. One senator could have required 60 votes under the theory that basically was developed under Chuck Schumer.” On Fox News Sunday 📺 (4/9, Wallace), Sen. Ben Cardin replied, “John Cornyn is my friend, and I mean that, but we disagree on this issue. I think damage has been done in the future nominees for the Supreme Court, I think damage has been done to the Senate as an institution.”

WTimes Analysis: Lower Vacancies Give Trump “An Unparalleled Chance” To Shape Courts. The Washington Times (4/9, Swoyer) reports that the President will “now turn his attention to the more than 120 vacancies in the rest of the federal judiciary, giving him an unparalleled chance to shape the American legal system. Nineteen of those vacancies are at the appeals court level...and more than 90 openings await Mr. Trump’s decision in district courts. President Obama, by contrast, had just 44 district court vacancies and 13 appellate vacancies when he took office in 2009.”

Conway Says Media Neglecting Rice Unmasking Story.

Kellyanne **Conway**, appearing on [Fox News' MediaBuzz](#) (4/9), said of the reports that President Obama's NSA Susan Rice was responsible for the unmasking of the names of associates of President Trump, "The most amazing thing about this story is it's conspicuous by its absence in network coverage. ... Is the NSA an investigative agency? Miss Rice gave interviews on PBS last month where she said that she doesn't know anything about it. Now she seems to be reversing course a little bit by saying she didn't do anything for quote 'political reasons.' So I think there are many questions that have been raised of answers and non-answers."

Schiff Says He Will Not Recuse Himself From Russia Probe.

[Politico](#) (4/9, Wilhelm) reports that House Intelligence Committee ranking Democrat Rep. Adam Schiff "rejected a call for him to recuse himself from the panel's investigation of Russian meddling" in the 2016 presidential campaign, saying on ABC's This Week that the suggestion by ex-Rep. Mike Rogers was "not 'serious.'" But Matt Vespa of [Townhall](#) (4/9) says that Schiff, a "partisan attack dog," should "recuse himself after making insinuations that there's circumstantial evidence of collusion and direct evidence of deception."

Rove Detects "Acrimony" Between Three White House Factions.

[The Hill](#) (4/9, Beavers) reports that Karl Rove said on Fox News' Sunday Morning Futures that "President Trump's aides 'have been leaking on each other for weeks.'" He added, "Unnamed White House officials are dissing to reporters about other people inside the White House." Rove said the leaks are "one of the three reasons he believes there is 'acrimony'" between factions led by Steve Bannon, Jared Kushner, and Reince Priebus, along with Trump "expressing concern and asking others what they think of his staff" and "a palpable sort of animosity or antagonism' between the three tribes."

WPost A1: Bannon Earned Millions Via "Intricate Multimedia Machine."

The [Washington Post](#) (4/9, A1, Boburg, O'Harrow) reports on its front page that in July of last year, Stephen Bannon urged "the listeners of his Breitbart News radio show to see the new movie 'Clinton Cash.'" The Post says the radio program "and 'Clinton Cash' were components of an intricate multimedia machine comprising nonprofit organizations and private companies that Bannon had leveraged to advance his conservative, populist agenda and bring in millions of dollars." The Post

says “the research behind ‘Clinton Cash’ had been funded by the Government Accountability Institute, or the GAI, a tax-exempt public charity that Bannon had created a few years earlier and that had paid him hundreds of thousands of dollars as executive chairman.” The movie was “been produced by Glittering Steel and Bannon Film Industries, two companies owned by Bannon, who...also was an owner of ARC Entertainment, the firm listed as distributor of the film. And he was receiving a six-figure salary as executive chairman of Breitbart News.”

WSJournal A1: Bond Boom Suggests Investors Are Wary About Economic Growth.

The Wall Street Journal (4/9, A1, Eisen, Dieterich, Goldfarb) reports on its front page that bond sales are skyrocketing, an indicator that investors remain dubious about the chances of faster economic growth in the near term. Highly rated US companies issued \$414.5 billion of debt in the first quarter, a record, and companies and governments in emerging markets sold \$178.5 billion of dollar-denominated debt during the same period.

Critics Say “Voucherlike” Florida Program Praised By DeVos Has Little Accountability.

On its front page, the Washington Post (4/9, A1, Brown) looks into a “voucherlike program” that has been in place in Florida for the past 15 years and that has been praised by Education Secretary DeVos. The program “helps pay tuition for nearly 100,000 students from low-income families,” but there is “scant evidence that these students fare better academically than their peers in public schools.” Miami-Dade County Public Schools Superintendent Alberto Carvalho “wonders what happens to the 25,000 students from the county who receive the scholarships,” since “there are no consequences for consistently poor results” on standardized tests. The Post says DeVos “does not seem to be bothered” by these concerns, and is instead “driven instead by the faith that children need and deserve alternatives to traditional public schools.”

NBC News Analysis: Penn Station Derailments Highlights Need For Infrastructure Overhaul.

NBC Nightly News 📺 (4/9, story 7, 2:10, Snow) led into a report on recent derailments at New York’s Penn Station by saying, “Cities and towns throughout the United States are waiting to see what becomes of the President’s plan to rebuild the country’s infrastructure. The need was highlighted dramatically over the last couple of weeks” by the

derailments. NBC's Morgan Radford: "President Trump has promised a trillion dollar infrastructure plan, but when he revealed his budget in March, it showed a \$2.4 billion cut from transportation budget. Top Democrats say our future depends on new improvements." Senate Minority Leader Schumer: "It is vital to our northeast economy, and it makes a world of sense."

Trump's Personal Helicopter Was At Mar-A-Lago This Weekend.

The New York Post (4/9, Moore, Perez) reports that though President Trump "is barred from using his private helicopter" while in office, "that didn't stop him from showing it off all weekend on the front lawn of his Mar-a-Lago resort." The "Trump-branded chopper was parked on his new helipad from Saturday to Sunday before it eventually whisked off without him," and a local official said its arrival "was unexpected – especially since the resort's new helipad was specifically built for Marine One, and nothing else."

NYTimes A1: Anti-Trump Movement Ponders How To Maintain Its "Momentum Into 2018."

On its front page, the New York Times (4/9, A1, Zernike) reports that members of a group called "NJ-11th for Change" have been credited "with helping to bring down Republican legislation to repeal the Affordable Care Act." Now, says the Times, "hundreds of similar groups" must determine what comes next "as they seek to create a lasting political force that could return majorities in" Congress "to Democrats." The Times adds, "This could be the Scott Brown moment for the young movement that has risen up to oppose the agenda of Mr. Trump and the Republican-led Congress, providing the taste of power that Tea Party groups got in 2010 when they helped elect Mr. Brown" win the race to succeed the late Sen. Ted Kennedy (D). However, "for liberal groups, the swift success in health care removes a visceral, unifying issue. And with the midterms" still "20 months away," a number of "resistance-group leaders worry about sustaining their momentum into 2018."

Democrats Hope To Ride "Anti-Trump Fervor" To Upset In Price Special.

Under the headline "In Georgia, A Democrat's 'Make Trump Furious' Campaign Rattles Republicans," Reuters (4/9, Whitesides) reports on the April 18 special election to succeed ex-Rep. Tom Price (R-GA), saying that in the wake of "crushing electoral losses" in November's election, "Democrats' road to recovery winds through the leafy, well-heeled suburbs of north Atlanta," where "Democrats are threatening a stunning...upset that could signal how well the party can turn" President

Trump's "low approval ratings into political gains. And they appear to have an ally in the April 18 vote: Trump himself." The AP adds that "a wave of grassroots anti-Trump fervor has" placed ex-congressional aide Jon Ossoff (D) in a position to potentially flip a "seat held by Republicans for decades." The AP adds that Ossoff's "underdog 'Make Trump Furious' campaign has endeared him to national anti-Trump activists and pushed him well ahead of 17 rivals in polls" while raising "a jaw-dropping \$8.3 million."

The Washington Post (4/9, Weigel, Highfield) reports, "Republicans are becoming increasingly concerned about their ability to hang on to" the GA6, "where restive Democratic energy has been surging since November's election," helping Ossoff raise "a whopping \$8.3 million" in Q1 – "more than anyone has ever collected to win [the] seat, which has not been represented by a Democrat for nearly four decades." The Post adds, "Republicans, however, are fighting back. ... Outside groups and the national" GOP "are spending millions to paint" Ossoff "as the hope of window-smashing anarchists who want him in Congress."

Bloomberg Politics (4/6, Allison, McCormick) reported that Ossoff's fundraising haul reflects "liberals' frustration with...Trump's election." Bloomberg Politics added that Democrats view the GA6 "as vulnerable because its well-educated and upper-income electorate gave only mild support to Trump. Price won it by 23 percentage points in November; Trump's margin was fewer than two percentage points." Even so, Ossoff's odds of winning are "a bit of a long shot. Eighteen candidates, including 11 Republicans and five Democrats qualified for the ballot. If no one secures more than half the vote, the top two finishers will go to a runoff on June 20. If the race goes to that second round, a Republican would be favored in the right-leaning district."

On its website, CNBC (4/9, Seitz-Wald) reported that while Trump "is at the center of" the contest, "which both parties are watching as a bellwether of the midterms in 2018, most contestants in the sprawling 18-candidate field don't want to mention his name." For example, ex-state Sen. Judson Hill (R), "a former Ronald Reagan aide," insisted that "he is asked about Trump only by reporters, not voters. 'This is not referendum on the president,' he told NBC News." But though Hill "says that he has no doubt a Republican would handily win here in a more conventional election, he's worried this one is different." Said Hill, "People are not expecting an election in April. Getting them to be aware of the election and focused on it when they've gone through a lot in 2016 with the presidential race has been a real challenge."

Under the headline "As Georgia Vote Nears, GOP Asks If Ideological Purity Matters Anymore," the New York Times (4/9, Martin) reports that among local Republican leaders, "few seem quite sure what

exactly the party stands for now," as Trump's "takeover of the" GOP "has blurred the bright-line ideological distinctions that defined the right for the past eight years." The Times adds, "The shifting conservative fault lines are on display in the" GA6 race, in which the GOP hopefuls – "as they try to win over the sort of conservative activists dedicated enough to participate in a rare April" contest – "are casting themselves more as can-do pragmatists in the spirit of Mr. Trump than unwavering ideologues."

On the [CBS Weekend News](#) (4/9, story 5, 1:50, Quijano), Elaine Quijano reported that the special elections to succeed Price and ex-Rep. Mike Pompeo (R-KS) "are getting national attention as a possible preview of next year's mid-term election." CBS News Political Director Steve Chaggaris was shown saying, "If Republicans are shown to be weak candidates this early, even if they win, that's going to have an affect on how Republicans who are running for re-election shape their political narrative moving forward." CBS' DeMarco Morgan added, "With approval ratings at an all-time low for President Trump, both Democrats and Republican will be paying attention to the outcome of these elections."

Gonzales Shifts GA6 Race "From Lean Republican To Tossup."

Writing for [Roll Call](#) (4/7, Gonzales), Nathan Gonzales discussed the GA6 race, saying that Ossoff "is riding the Democratic energy stemming from Trump's election and raised an astounding \$8.3 million in the first" quarter of 2017, and "now he has the opportunity to win the race outright by winning a majority in the open primary later this month." Gonzales added, "Based on his position, the difficulty of accurately predicting special election turnout, the polls' margins of error, and Ossoff's financial advantage, we are changing the Inside Elections rating from Lean Republican to Toss-Up."

In Democrat-Aligned Group's Ad, Celebrities Focus On Turning Out Voters. Meanwhile, [The Hill](#) (4/7, Hagen) reported that House Majority PAC, a Democrat-aligned super PAC, "has launched its debut ad in the closely watched" race – a "digital" spot focusing on turnout. The ad "doesn't mention Ossoff and instead features actresses Melissa Fumero and Stephanie Beatriz from Fox's 'Brooklyn Nine-Nine.'"

In Pompeo Special, "Sign[s] Of GOP Nervousness."

Writing for the [Los Angeles Times](#) (4/7, Barabak), Mark Barabak said that in Kansas, less "than a handful of Democrats have been elected to the House in the past generation," the state hasn't backed "a Democrat for president since 1964," and no Democrat has been elected "to the US Senate [since] 1932," making "it all the more striking" that the National Republican Congressional Committee last week "dumped nearly

\$100,000" into the April 11 special election to succeed ex-Rep. Mike Pompeo (R-KS). Barabak added, "In a further sign of GOP nervousness, Vice President Mike Pence has recorded a robocall urging Republican voters to the polls." The race "was expected to be an easy victory" for state Treasurer Ron Estes (R), and the "last-minute ad blitz" by the NRCC "has heartened Democrats and their" nominee, civil rights lawyer James Thompson (D), "even if an upset still seems unlikely" in a district President Trump won "by a whopping" 27 points.

The Huffington Post (4/9, Bobic) reported that Thompson "is seeing a last-minute fundraising surge in the days before" the "unexpectedly competitive" race. Thompson "raised approximately \$240,000 in 20,000 individual donations, much of it since Thursday, according to his campaign manager, Colin Curtis. The haul was bolstered by an ActBlue fundraising campaign backed by several progressive grassroots groups, including Daily Kos, Democracy for America, and Our Revolution. The surge in donations shows a groundswell of support for Thompson, the first Democrat to face voters in a federal election since" Trump's win over Hillary Clinton. The Huffington Post added, "The Democratic Party, however, is staying away from the race."

The Hill (4/8, Greenwood) reported that Thompson on Friday touted "the support of a group aligned with Sen. Bernie Sanders (I-Vt.)," tweeting "that he was 'proud to have the endorsement' of Our Revolution, a progressive political group that emerged out of Sanders' 2016 presidential campaign."

Gonzales Moves KS4 Contest "From Lean Republican To Likely Republican." Writing for Roll Call (4/7, Gonzales), Nathan Gonzales discussed the KS4 contest, saying, "National and local Democrats haven't put in much time or effort into the race, but there is some GOP concern about the enthusiasm gap and the quality of the Estes campaign. We're changing the Inside Elections rating from Solid Republican to Likely Republican."

Cruz To Stump With Estes In Wichita Today. The AP (4/7) reported that Sen. Ted Cruz (R-TX) is slated to stump with Estes "during a Monday afternoon rally at Yingling Aviation" in Wichita. The AP adds that Cruz "won the state's presidential caucuses last year. Estes initially backed Florida Sen. Marco Rubio but is a longtime Republican activist."

Sanders Says He'd Be Willing To Stump For Quist In Zinke Special.

In a report on the special election to succeed EX-Rep. Ryan Zinke (R-MT), the Huffington Post (4/8, Grim) said that Sen. Bernie Sanders (I-VT) "has offered to travel to Montana to help boost" the bid of musician Rob Quist (D), who is battling businessman Greg Gianforte (R) in the

“surprisingly competitive” contest. The visit “would be part of a national tour Sanders is doing with” DNC chief Tom Perez “after Easter, the Vermont senator” said. Sanders, “whose organization, Our Revolution, has endorsed Quist,” told the Huffington Post, “My impression is [Quist]’s a very strong candidate who stands up for working people, understands that we need a government that represents all of us and not the one percent. So if we can be of help to Quist, happy to do that as well.”

Despite Judge’s Ruling, Would-Be Candidates Won’t Appear On Ballot.

Meanwhile, the [AP](#) (4/9, Volz) reports that US District Judge Brian Morris on Saturday “sided with three would-be candidates who argued they didn’t have enough time to gather the signatures required to qualify for Montana’s special congressional election – but their names still aren’t going on the ballot.” While Morris “ordered Montana Secretary of State Corey Stapleton to reduce the number of voter signatures needed to place minor party and independent candidates on the ballot from 14,268 to 400,” he “did not extend Stapleton’s March 6 deadline to turn in signatures, which means the three men who sued for ballot access – Thomas Breck of the Green Party and independents Steve Kelly and Doug Campbell – still don’t qualify for the ballot. ‘None of the candidates met the judge’s lowered signature threshold,’ Stapleton spokeswoman Morgan Williams said Sunday.”

Curbelo May Be “Most Vulnerable” GOP Congressional Member In 2018.

Under the headline “A Miami Lawmaker May Be The Most Endangered Republican In Congress,” the [Miami Herald](#) (4/7, Mazzei) reported that sophomore Rep. Carlos Curbelo (R-FL) may “be the single most vulnerable Republican in the country going into the 2018 election, according to a new analysis of partisanship in congressional districts. The Cook Political Report” analysis “found that Curbelo represents the most Democratic of districts held by Republican members of Congress.” The FL26 “performed an average of 6 percentage points more Democratic than the nation did as a whole between the 2012 and 2016 presidential elections, Cook Report editor David Wasserman found in his report.” Third “on the list of the 10 Republicans in the most Democratic districts is” Rep. Ileana Ros-Lehtinen (R-FL); her FL27 “district – a stretch of coastal southeastern Miami-Dade County – performed on average 5 points more Democratic at the presidential level than the rest of the country.”

Progressive Leaders Call For “Liberal” Gabbard’s Ouster Over Assad Skepticism.

On its website, [CNN](#) (4/9, Lobianco) reported that two “veteran leaders on the left” – ex-DNC chief Howard Dean and Center for American Progress President Neera Tanden – are calling on Hawaii voters to oust Rep. Tulsi Gabbard (D-HI) “after the Democrat questioned whether Syrian President Bashar al-Assad was responsible for last week’s chemical attack. ‘People of Hawaii’s 2nd District – was it not enough for you that your rep met with a murderous dictator? Will this move you?’ Tanden tweeted Friday in response to Gabbard’s” remarks “that she is ‘skeptical’ Assad is responsible for the chemical attack.” Dean likened Gabbard’s remarks “to President Donald Trump’s Twitter blasts. ‘This is a disgrace. Gabbard should not be in Congress,’” Dean said via Twitter. CNN added that Gabbard, a “liberal Democrat” who is a member of the House Armed Services Committee, “took a somewhat mysterious trip alone earlier this year to meet with Assad in Syria.”

Gilbert Says Baldwin, Walker 2018 Reelection “Prospects Have Brightened.”

Writing for the [Milwaukee Journal Sentinel](#) (4/9, Gilbert), Craig Gilbert discussed the 2018 reelection races of Sen. Tammy Baldwin (D-WI) and Gov. Scott Walker (R-WI), saying that “this year, the prospects have brightened for each incumbent. Both saw their ratings improve last month in a poll by the Marquette University Law School. Both have seen potential front-line challengers take a pass on their race. It’s quite possible neither will draw a well-known opponent.” Possibly benefiting Baldwin, said Gilbert, is the fact the President Trump is suffering “through the worst-ever approval ratings for a new president...and he seems likely to inflame and mobilize Democratic voters next fall.” And in the governor’s race, Walker “will be well-funded and well-organized, has three statewide wins under his belt and has no formidable opponents on the horizon.”

Baldwin Pushing Economic Message In Her Reelection Bid. The [Washington Post](#) (4/7, Slevin) reported that Baldwin understands the challenge she is facing in running for reelection in 2018 in a “state won by President Trump.” The Post said that Gov. Walker “fires volleys of accusatory tweets at Baldwin and appears likely to seek a third term, putting polar opposites on the same ballot in November 2018.” Baldwin’s response is to “echo the hard-luck economic message that propelled the candidacies of Trump and Sen. Bernie Sanders.” Baldwin told the Post, “The common thread is economic populism and how we get ahead. ... It’s just that Walker and Trump pit one group of Americans against another, rather than taking on the real villains.”

CNN Analysis: Gillespie Distancing Himself From American

Crossroads.

CNN (4/8, Schleifer, Nobles) reported on its website that ex-RNC chief Ed Gillespie (R) – the GOP frontrunner in the 2017 race to succeed term-limited Gov. Terry McAuliffe (D-VA) – “has embraced much of the pedigree that makes him a political heavyweight.” However, “what he has been loathe to emphasize – in a reflection of this anti-establishment, anti-moneyed moment – is his ties to a Republican super PAC that, for all its riches, presents a” quandary for those “running for high office in the first year of Donald Trump’s presidency. Slowly and quietly, Gillespie has shed his high-powered connections to the group that he helped found, American Crossroads, ignoring some of its elite donors and forging a new political identity.” CNN added, “It’s led to an unusual dynamic: A super PAC founder running in one of this year’s marquee races who is largely not taking advantage of the big-money system that he helped pioneer.”

Democratic Rep. Perlmutter Announces 2018 Bid For Colorado Governor.

The AP (4/9, Anderson) reports that Rep. Earl Perlmutter (D-CO) on Sunday announced a 2018 bid to succeed term-limited Gov. John Hickenlooper (D-CO), establishing “himself as the front-runner in the Democratic primary.” Perlmutter, “whose competitive Jefferson County district is home to private aerospace firms and federal research laboratories,” told the AP, “The Trump administration, coupled with the gridlock that exists in Congress, really is causing things to go backward,” adding, “I feel I can provide more service and leadership at home than I can in Washington.” Perlmutter, whose “candidacy creates the possibility” of a GOP takeover of the CO7, joins businessman Noel Ginsburg (D) and ex-state Sen. Mike Johnston (D) in the Democratic race. Ex-state Treasurer Cary Kennedy on Sunday said she’ll announce her bid today.

The Denver Post (4/9, McGhee) reports that in Golden, CO, Perlmutter “officially announced his run for governor to a crowd of several hundred people on Sunday, telling them he will work with residents across the state and fight radical changes that don’t reflect residents’ priorities and values.” With President Trump in the White House and the GOP in control “of Congress, it will be up to Colorado and other states to block action that could cause harm to their economy, schools and environment, he said. ‘It is the states that will provide checks and balances.’”

The Colorado Springs (CO) Gazette (4/9, Marcus) reports that Perlmutter “enters the race for the Democratic nomination with the greatest name recognition and a powerful fundraising army behind

him,” though “the primary will be tough, and candidates will also have to likely compete for unaffiliated voters. It’s unlikely that Perlmutter will clear the primary field. While he has excellent name recognition in the Denver area, he may struggle in rural Colorado.”

Open-Seat Race Could Give GOP A Shot At Flipping CO7. With Perlmutter running for governor, Roll Call (4/7, Pathé) took a look at the race to succeed him in the CO7 “a solid Democratic seat, but one that Republicans are more optimistic about winning without the incumbent running – if they can field a competitive candidate. The National Republican Congressional Committee included the” CO7 “on its list of 36 initial targets for 2018, but” unseating the Democrat “seemed unlikely. Perlmutter won re-election by 15 points last fall, while Hillary Clinton carried the district by 12 points.” Roll Call said state Sen. Andy Kerr (D) and state Rep. Brittany Pettersen (R) are “expected” to enter the race, and local “Democrats admit that an open seat could make for a more competitive general election.” Roll Call added, “National Republicans are most excited about Jefferson County Commissioner Libby Szabo, a former assistant minority leader in the state House.”

GOP Gov. Bentley To Face Impeachment Proceedings Over “Sex Scandal.”

On ABC World News Tonight 📺 (4/9, story 8, 1:35, Llamas), Tom Llamas reported on “an explosive sex scandal involving the governor of Alabama. Accusations that the Gov. Robert Bentley abused power to cover up an affair. Impeachment proceedings getting underway tomorrow with calls for his resignation growing.” ABC’s Gloria Riviera said that the GOP incumbent “came under fire in 2016 for his alleged affair with top advisor Rebekah Mason.” ABC played an audio clip of Bentley saying, “I love you, I love touching you.” Riviera added, “This audio recording provided by his former wife of 50 years to investigators looking into whether he violated campaign finance laws by giving his supposed mistress state employee perks after she left office. A scathing 131-page report by the House Judiciary Committee detailed allegations of extensive abuse of power in covering his tracks.”

On NBC Nightly News 📺 (4/9, story 6, 1:30, Snow), Sarah Dolloff reported, “What began as an alleged affair between” Bentley “and an aide is now at the center of an effort to impeach him,” after “a sex scandal engulfed his administration last year when graphic recordings of phone conversations between the governor and top aide Rebecca Mason came to light.” Dolloff added, “If he is found guilty, Bentley would be only the ninth governor in US history to be removed from office – his fate now in the hands of the Alabama legislature.”

NYPPost Analysis: Cuomo Budget An Appeal To Liberals, Smacks

Of “Presidential Ambitions.”

The [New York Post](#) (4/9, Short, Conley) reported that Gov. Andrew Cuomo (D-NY) “used the state budget process to go shopping for the liberal credentials he’ll need to run for president, Albany insiders said.” The Post said, “Appealing to key left-wing constituencies that could help him in a Democratic presidential primary,” Cuomo “poured \$163 million into a college-scholarship program; gave a \$35 million tax break to workers who pay union dues; created a \$10 million immigrant legal defense fund; and renewed the millionaire tax. The moves add up to a ‘press release for his presidential ambitions,’ scoffed Assemblyman Al Graf, a Long Island Republican.” The Post quoted Democratic consultant Evan Thies as saying, “Cuomo has clearly taken a left-hand turn on Route 2020 with this budget.”

Visiting South Carolina, O’Malley Says He May Mount 2020 White House Run.

The [Charleston \(SC\) Post and Courier](#) (4/8, Byrd) reported that ex-Gov. Martin O’Malley (D-MD), who mounted a failed 2016 White House run, on Saturday took part in a town hall event at the College of Charleston in South Carolina. At the event, a young boy asked the Democrat if he plans on making a 2020 bid for president. O’Malley responded, “I just might,” adding, “We’ll see, but we’ve got plenty of work to do in the meantime.” O’Malley began the appearance “with a nearly 10-minute opening that sounded more like a stump speech than a personal introduction,” citing “some of his specific policy stances: raise the minimum wage, address climate change and get rid of the Electoral College.”

Search Continues For Man Who Stole Guns, Mailed Manifesto To Trump.

[ABC World News Tonight](#) 📺 (4/9, story 6, 1:50, Llamas) reported Joseph Jakubowski of Wisconsin is “in the center of the nation-wide manhunt, already accused of stealing weapons and sending a manifesto to the President.” There are now “questions about who may have filmed him, and concerns this dangerous suspect may be targeting churches.” ABC (Bankert) added that deputies are questioning the man who filmed Jakubowski mailing his manifesto, agents are “investigating more than 400 tips and releasing this photo of Jakubowski.” Blake McCoy reported on [NBC Nightly News](#) 📺 (4/9, story 2, 2:15, Snow), “The desperate hunt for Joseph Jakubowski stretching into a fifth day.” There were reports “of a man asking suspicious questions” at the Calvary Baptist Church, 50 miles from where he was last seen on surveillance cameras. Paula Reid reported on the [CBS Weekend News](#) 📺 (4/9, story 6, 1:40,

Quijano), "Local and federal law enforcement agencies are working together on the case."

State Lawsuits Allege Sallie Mae Made Student Loans It Expected To Default.

The New York Times (4/9, Cowley, Silver-Greenberg) reports that, in cases that parallel the mortgage crisis "in scope...and in the details of the misdeeds claimed," state lawsuits filed by the attorneys general in Illinois and Washington allege "that Sallie Mae engaged in predatory lending, extending billions of dollars in" private subprime loans, "some of which it expected to default at rates as high as 92 percent." The GSE is accused of using these "as a tool to build its business relationships with colleges and universities across the country" despite knowing that that many borrowers would be unable to repay, "ensnaring students in debt traps that have dogged them for more than a decade." An internal strategy memo called the loans a "baited hook" used to get more federally guaranteed loans. Now, the attorneys general in Illinois and Washington, backed by a coalition of those in 27 other states, are suing student loan giant Navient.

Labor Department: Google Underpays Female Workers.

The AP (4/9) reports Labor Department regional director Janette Wipperfurth, during a Friday court hearing in San Francisco, said that an investigation of how Google pays its employees "found systemic compensation disparities against women pretty much across the entire workforce." Google said this was the first it had heard of the charges and "vehemently disagreed." In a statement, Google said, "Every year, we do a comprehensive and robust analysis of pay across genders and we have found no gender pay gap." The Labor Department has been "scrutinizing Silicon Valley for patterns of pay and hiring discrimination under its powers to vet companies that bid for lucrative government contracts." The probe into Google "evolved from a lawsuit" seeking to keep Google doing business with the federal government unless the company complied with an employee-compensation audit. While Google turned over some of records, it withheld "information that it believes would invade its workers' privacy."

Millions In Bonuses For Execs At Troubled Bureau Of Prisons.

USA Today (4/9, Johnson) reports that even as the US Bureau of Prisons faced "persistent overcrowding, sub-par inmate medical care, chronic staffing shortages and a lurid sexual harassment lawsuit," in the last three years it paid more than \$2 million in bonuses to administrators and wardens. "Among the biggest recipients last year

were four executives" in senior leadership posts at the complex in Coleman, Florida, which is in the middle of a sexual harassment lawsuit involving hundreds of current and former female staffers. Tamyra Jarvis, the warden, received performance awards totaling \$34,500 in the last two years. Bureau spokesman Justin Long said the bonus payments were authorized by Office of Personnel Management guidelines and that an Obama Administration executive order urging a "strengthening of our (senior executive service)" and growth in the number of administrators caused what last year's payments to rise to nearly \$1 million, "almost double the combined amounts in the previous two years."

Small-Engine Equipment Manufacturers Say Ethanol Causes Dangers.

The Washington Times (4/9, Wolfgang) reports that manufacturers of small-engine equipment like lawn mowers and chainsaws "continue fueling a debate over the supposed dangers of ethanol," saying that the most common blends, which "pose no problems for automobiles," can "wreak havoc on small engines." The ethanol industry says that they are "merely looking for a scapegoat to mask operator error."

House Freshmen Introduce Bill To Make Marijuana A Schedule 3 Drug.

The Washington Times (4/8, Blake) reports that bipartisan legislation proposed in the House on Thursday "would make marijuana a Schedule 3 drug, removing cannabis from its current standing as a Schedule 1 substance alongside deadly contraband including ecstasy and heroin." The measure was introduced by two freshmen from Florida, Republican Rep. Matt Gaetz and Democratic Rep. Darren Soto.

Lewis, Pelosi Appear At Los Angeles Rally Aimed At Curbing Child Poverty.

The Los Angeles Times (4/9, Queally) reports that civil rights icon Rep. John Lewis (D-GA) and House Minority Leader Nancy Pelosi "lent some star power to a South L.A. rally Sunday aimed at drastically reducing child poverty in California and across the nation." At the rally, which was "in support of a California Assembly bill that seeks to increase funding for childcare, after-school service, job placement programs and other antipoverty initiatives," the "lawmakers took potshots at President Trump." The Times says Pelosi cited "Trump's decision to take military action in Syria last week after children were killed in a poison gas attack, nudging the administration not to cut funding to programs that provide necessary services to low-income families in the US. 'If you care

about the children in Syria, and we all do...let that be a message to care for all of the children in the world,' she said."

Offering Side Deals, California's Brown Gets Gas Tax Increase Through Legislature.

The Los Angeles Times (4/9, McGreevy, Mason, Myers) reports California Gov. Jerry Brown managed "one of the biggest legislative victories of his storied political career," pushing through "an ambitious plan" to raise \$52 billion in the next decade, through gas taxes and vehicle fees, that will do to repairing the state's roads, highways, and bridges. However, breaking the two-year "stalemate on transportation funding" required promising almost \$1 billion "pet projects" to garner legislators' support. Assembly Republican leader Chad Mayes condemned the "\$1 billion in pork to buy the votes to pass" the measure, but "Brown defended the deals as justified, a moderate investment compared with the payoff."

Fox Hires Law Firm To Investigate Sexual Harassment Claim Against O'Reilly.

The New York Times (4/9, Steel) reports that after Wendy Walsh, a former guest on Fox News host Bill O'Reilly's show "who detailed accusations against him to" the New York Times, which published an investigation "on Mr. O'Reilly's settlements with five women who complained of sexual harassment or other inappropriate behavior," called 21st Century Fox's anonymous hotline, the company hired the law firm Paul, Weiss, Rifkind, Wharton & Garrison to investigate the accusation of sexual harassment. The law firm previously conducted an internal investigation into former Fox News chairman Roger Ailes.

Bill Clinton Pays Visit To Bush 41, Barbara Bush In Houston.

The AP (4/9) reports that former President Bill Clinton "has been spending some time with former President George H. W. Bush and wife Barbara in Houston. In a tweet on Sunday, Clinton said they 'caught up about kids, grandkids, old times and new times. And socks.' Clinton also showed a photograph of him giving pairs of socks to the 92-year-old former president, who is seen sitting in a wheelchair."

Conservative Editor Starts Imprint Seeking Authors Across Political Spectrum.

The New York Times (4/9, Alter) reports, "Well-known neoconservative culture warrior" Adam Bellow, an editor who "handled some of the most controversial and notorious right-wing books of our era," last fall left Broadside, a conservative imprint at HarperCollins, to start a new

imprint at St. Martin's Press, "where he plans to edit authors from across the political spectrum." Bellow said, "Both sides need to re-examine their assumptions, and I want to sponsor that process." However, "breaking out of a polarized media ecosystem won't be easy." His reputation may make recruiting liberal writers difficult even as the absence of the Clintons and Obamas means "the opportunity for political and polemical books seems to be more on the left than the right."

NYTimes Analysis: Pittsburgh Was Site Of DOJ's First Consent Decree To Stem Police Abuse.

The New York Times (4/9, Stolberg) reports federal interventions to curb police abuse began 21 years ago in Pittsburgh, "where the police were laden with complaints that black residents were routinely singled out for false arrest and abuse." The Justice Department intervention ended in a consent decree; 19 other cities have entered into such decrees since then, with "varying degrees of success." The technique has "fallen in and out of favor, buffeted by political winds," and in the current Administration "their future is in doubt." Since Pittsburgh's consent decree ended in 2002, "various aspects of the consent decree fell out of use." Still, "in a sign of how some cities have come to embrace federal intervention," officials in Chicago and Baltimore "have objected to a retreat from court-ordered police overhauls."

Assange Documentary Has Changed As Assange's Story Has.

The New York Times (4/9, Rutenberg) reports a Showtime teaser for documentary filmmaker Laura Poitras' film, "Risk," which offers a portrait of WikiLeaks founder Julian Assange, shows the movie "has changed, too, in ways that portray Mr. Assange in a far different light" than the film did when she introduced it at the Cannes film festival a year ago, similarly to how Assange's "story changed significantly from where Ms. Poitras's film had left off."

White House Public Liaison Leader Marries At Trump DC Hotel.

USA Today (4/8, Deerwester) reports, "Former Apprentice contestant-turned-White House public liaison leader Omarosa Manigault" married Florida pastor Dr. John Allen Newman in a ceremony at the Trump International Hotel in Washington, DC. She was given the dress, veil, "and other merchandise valued at \$25,000 from Kleinfeld's, the New York bridal outfitter featured in the reality show."

Hiatt: Promising More Benefits No Way To Govern.

Fred Hiatt, in a column in the Washington Post (4/9, Hiatt), questions whether "Democrats might be able to craft an appealing platform that

does more than promise more benefits." Democratic promises of "more stuff to more people" appear "to have resonated most with voters," but that "won't be a viable governing strategy." Hiatt praises Rep. Ro Khanna, who "is beginning to explore policy options, big but not pie in the sky, that he thinks could promote a more open America while still letting more people feel included." Khanna said, "We have to articulate a bold, alternative economic vision, some entrepreneurial vision so people aren't afraid of the future."

WSJournal Exults At ABA's Exclusion From Judicial Vetting Process.

In an editorial, the [Wall Street Journal](#) (4/9) exults that the White House has stopped giving the American Bar Association early access to judicial nominees' identities. The Journal argues the ABA is biased against conservatives and condemns it as supporting only conformists from its elite.

WPost Calls For Action To Prevent Sexual Abuse Of Young Athletes.

In an editorial, the [Washington Post](#) (4/9) supports Sen. Dianne Feinstein's bill to address "some of the loopholes" that allowed "the widespread abuse of female athletes at USA Gymnastics." The bill would create "a nationwide reporting rule for amateur athletic governing bodies...and the adults they authorize to interact one-on-one with athletes." Additionally it requires "stricter oversight of affiliate facilities," easy mechanisms to report abuse, and tracking coaches who are the subject of complaints. The Post adds that the US Olympic Committee has made "a good start" in addressing such issues, but calls on it "to decertify organizations that leave their athletes vulnerable to abuse and make them apply anew."

US Trade News

White House Reportedly Planning Executive Order On Product Dumping.

Jonathan Swan of [Axios](#) (4/9, Swan) reports that the White House "is working on an executive order that would initiate investigations into 'unfair' product dumping from foreign companies – an action that could lead to tariffs on a wide range of products." While "internal disagreements remain about how aggressive this order should be," it is expected to target steel and aluminum, and possibly household appliances. Swan writes that a White House official said the order would be part of President Trump's "effort to protect American jobs and end

unfair trade practices like dumping and foreign government subsidization.”

Ross Wants “Tangible Results” On Trade Talks With China “Within The First 100 Days.”

The New York Post (4/9, Schultz) reports that Commerce Secretary Ross, appearing on Fox News’ Sunday Morning Futures, said that he wants results on the trade deficit with China soon. **Ross** said, “Words are easy, discussions are easy, endless meetings are easy. What’s hard is tangible results, and if we don’t get some tangible results within the first 100 days, I think we’ll have to re-examine whether it’s worthwhile continuing them.” The Wall Street Journal (4/9, Leubsdorf) also briefly covers Ross’ comments.

Summers: Focus On Trade Gap Is “Misguided.” Former Treasury Secretary Lawrence Summers writes in the Washington Post (4/9) that “to the extent that China trade has caused disruption in the United States, it is the result of China’s remarkable growth and increase in capacity to produce, not unfair trade policies. So focusing on China’s trade deficit with the United States is largely misguided.” If the US “succeeds in stopping the subsidies or blocking the subsidized products, the result will be that companies will shift production to Vietnam and other low-wage countries – not create good jobs in the United States.”

Terrorism - Homeland

New Jersey School Trains Air Marshals.

The Washington Post (4/9, Aratani) reports on the “special Transportation Security Administration school in Atlantic City,” where the first new group of air marshal trainees since 2011 will undergo a 16-week course on, shooting with precision, “being able to blend in and quietly size up passengers to determine who might be a threat.” Michael LaFrance, assistant supervisory air marshal in charge at the Transportation Security Administration’s Atlantic City training center, said the goal of the course is practice real-life situations to sharpen trainees’ instincts. Meanwhile, “it’s not clear whether” the increased focus on preventing potential terrorists from entering the US “will mean a greater role for air marshals – or an expansion of their ranks.”

Terrorism - International

Two Coptic Churches Bombed In Egypt, ISIS Claims Responsibility.

The suicide bombings at two Egyptian Christian churches led all three

major network newscasts. [ABC World News Tonight](#) (4/9, lead story, 2:45, Llamas) reported, "A pair of suicide blasts targeting Christians" on Palm Sunday. ABC (Marquardt) added, "At least 44 were killed in twin bombings and more than 125 wounded." ISIS claimed responsibility. Llamas said, "Egypt's President Sisi is hearing a lot of criticisms about not guarding against the terror threat." Marquardt predicted Sisi's declaring a three-month state of emergency "likely means a significant crackdown in a country that is already a dictatorship with rampant human rights abuses."

[NBC Nightly News](#) (4/9, lead story, 2:35, Snow) reported that Sisi has fired "a top ministry of interior official." While the attacks fulfilled an ISIS pledge in February to target Egyptian Christians, NBC's Matt Bradley noted that the bombings also came after Sisi met with Trump last week and the "two leaders pledged to fight ISIS terror together." Trump tweeted after the attacks that he has confidence in Sisi, but "experts are not confident in what so far appears to be President Trump's unclear Middle East policy." Fawaz Gerges of the London School of Economics: "ISIS and its affiliates' attacks against the two churches really show the inability of President Trump to understand the complexity and the gravity of the crisis in the Middle East."

The [CBS Weekend News](#) (4/9, lead story, 2:20, Quijano) also reported how the "attacks come less than a week after President Trump met with Egypt's president at the White House where the two leaders vowed to fight terrorism." Meanwhile, in Alexandria, "angry crowds gathered outside, stepping on bloody palm fronds left in the wake of the violence, chanting, 'No more terrorism.'" In St. Peter's Square, Pope Francis had the same message. During his Palm Sunday Mass, he condemned the attacks. ... The Pope is due to visit Egypt in less than three weeks."

The [New York Times](#) (4/9, Samaan, Walsh) reports ISIS, through its Amaq news agency, claimed responsibility for the two suicide bombings in "the deadliest day of violence against Christians in the country in decades." The attacks "renewed questions about the ability of President Abdel Fattah al-Sisi to protect minority Christians." ISIS's declared campaign of sectarian violence "poses a frontal threat to" Sisi, who "put security at the heart of his legitimacy" but whose government "is struggling to protect Christians."

Similarly, the [AP](#) (4/9, Hendawi) reports, "The attacks highlighted the difficulties facing el-Sissi's government in protecting Christians." El-Sissi called for a three-month state of emergency, sent elite troops "to protect key installations and accused unidentified countries of fueling instability." One of the bombings occurred outside St. Mark's Cathedral in Alexandria, where "Pope Tawadros II, the Coptic church leader, had

held Palm Sunday services." He was unharmed. USA Today (4/9, Bacon) reports the Egyptian government says that bomber planned to use his explosive belt inside the cathedral but was stopped by security forces.

The Washington Post (4/9, Mahfouz) reports President Trump tweeted, "So sad to hear of the terrorist attack in Egypt. U.S. strongly condemns. I have great confidence that President Al Sisi will handle situation properly." Bloomberg Politics (4/9, El-Tablawy, Feteha) reports State Department spokesman Mark Toner said in a statement that the US "will continue to support Egypt's security and stability in its efforts to defeat terrorism."

The Wall Street Journal (4/9, Kholaf, El-Ghobashy) reports Egypt's Al-Azhar, the highest Sunni Muslim Islamic authority; Pope Francis; and other Middle Eastern and European nations condemned the bombings. The AP (4/9, Petroff) reports Pope Francis "expressed his 'deep condolences' to" Tawadros II, calling him "my brother" and saying he was praying for the dead and injured. Francis asked God "to convert the hearts of those who spread terror, violence and death, and also the hearts of those who make, and traffic in, weapons." Also covering this story are Reuters (4/9, Gaballa, Tolba) and the New York Post (4/9, Schultz).

In an editorial, the Wall Street Journal (4/9) condemns Egypt's inability to protect its Christian minority against regular attacks by extremists. The Journal warns the attacks suggest Egypt may be unable to protect the Pope in his upcoming visit and, referencing Sisi's recent visit to the White House, concludes that the partnership against Islamic extremism includes protecting Egyptian Christians.

Suspect In Swedish Truck Attack Was Reportedly Denied Asylum.

Reuters (4/9, Sennero, O'Connor, Adomaitis) reports two anonymous sources identified their former co-worker, Rakhmat Akilov, as the suspect accused of driving a stolen truck into crowds in central Stockholm. One former co-worker told Reuters that Akilov "never expressed any radical or religious views." Akilov's Facebook page, however, indicated that "he was following a group" that is "dedicated to exposing 'terrorism of the imperialistic financial capitals'" of US, British, and Arab "dictatorships." The New York Times (4/9, Anderson) reports Sweden's national strategic commander, Jonas Hysing, claimed the suspect "has shown sympathy for extremist organizations," including ISIS.

On Sunday, Swedish police did not publicly reveal the suspect's identity but said he "was rejected for asylum in June and was sought for deportation last summer," the Washington Post (4/9, Habib) reports.

📺 [NBC Nightly News](#) (4/9, story 5, 0:20, Snow) reported the Uzbek native “was ordered to leave Sweden in December after he was denied permanent residency.”

[USA Today](#) (4/8, Stanglin) reported the suspect will appear in court for a pre-trial custody hearing by mid-Tuesday. 📺 [ABC World News Tonight’s](#) (4/9, story 7, 1:30, Llamas) Jennifer Eccleston reported police have thus far questioned more than 500 people and arrested a second suspect. The attack elicited “questions about the effectiveness of Sweden’s extremist monitoring, and how the suspect slipped through their net before committing the country’s one of the worst act of terrorism.” The [AP](#) (4/9, Huuhtanen, Olsen) similarly reports that the attack has left Swedes “divided over their country’s friendly immigration policies.”

Iraq/Syria

ISIS Staged Suicide Attacks On US-Backed Syrian Rebels.

[Reuters](#) (4/9, Al-Khalidi) reports ISIS staged “two suicide attacks on U.S.-backed Syrian rebels near the border with Iraq,” one “on a heavily defended base near the al Tanf border crossing” while another was “on a convoy of rebel fighters from the Western-backed Osoud al Sharqiya rebel group.” US officials said that 20 to 30 ISIS fighters were involved in the attacks. According to reports, eight ISIS fighters and four rebels were killed in the two attacks with dozens wounded.

Iraqi Christians Celebrate Palm Sunday In Town Reclaimed From ISIS.

[AFP](#) (4/9, Choukeir) reports from Qaraqosh, Iraq that Christians in this town retaken from ISIS after a two-year occupation celebrated Palm Sunday at the “burnt out Immaculate Conception church.” The town had “an overwhelmingly Christian population of around 50,000” before being taken by ISIS in August 2014. It is “almost completely deserted” as it “needs to be extensively rebuilt and basic services restored,” though Yohanna Petros Mouche, Archbishop of Mosul, “moved back to the town last week.”

AfPak

US Special Forces Soldier Killed During Anti-ISIS Operation In Afghanistan.

The [New York Times](#) (4/9, Mashal) reports Capt. Bill Salvin, a spokesman for the US forces in Afghanistan, said on Sunday that a Special Forces “soldier was mortally wounded late Saturday during an

operation in Nangarhar Province” in eastern Afghanistan. Afghan commando forces spokesman Jawid Salim said the US soldier “was on foot” when he was fatally wounded by a roadside bomb in Shadal Bazaar. The joint operation took place in Achin district, which the Times describes as the “hotbed of an Islamic State affiliate even as operations by Afghan and American forces have struck heavy blows to the group in neighboring areas.”

Other International News

Tillerson Says Trump, Xi Discussed “Full Range Of Options” On North Korea.

In an interview on [ABC’s This Week](#) 📺 (4/9, Stephanopolous) Secretary of State **Tillerson** was asked about this week’s meeting between President Trump and China’s President Xi Jinping. He said, “I can tell you President Trump and President Xi had very extensive discussions regarding the seriousness of the situation in North Korea” and “a full range of options” were discussed. Tillerson added, “President Xi expressed agreement that the situation has reached a new level of seriousness and threat.” China “reaffirmed it with us here in Mar-a-lago that their policy is unchanged, and that is for a denuclearized Korean Peninsula.”

On 📺 [CBS’ Face the Nation](#) (4/9, Dickerson) Secretary **Tillerson** added that Trump and Xi “had a very lengthy exchange on” North Korea, which Tillerson cast as a “very useful and productive exchange.” He added, “What I think we are hopeful is that we can work together with the Chinese to change the conditions in the minds of the DPRK leadership.” Tillerson also said, “I think there is a shared view and no disagreement as to how dangerous the situation has become. And I think even China is beginning to recognize this presents a threat to even China’s interests as well.” [Politico](#) (4/9, Morin) also covers Tillerson’s comments on “Face The Nation.”

The [CBS Weekend News](#) 📺 (4/9, story 3, 0:50, Quijano) reported the White House “denied it is trying to eliminate North Korea’s dictator Kim Jong-Un.” Still, “Secretary Tillerson said Kim’s patrons in China agree there is little point to negotiations now.” Tillerson: “The President Xi clearly understands, and I think agrees, that the situation has intensified and has reached a certain level of threat, that action has to be taken.”

In his interview on [ABC’s This Week](#) 📺 (4/9, Stephanopolous), Tillerson also discussed North Korea’s focus on testing long-range missiles. **Tillerson** said of Kim Jong-Un, “Clearly, he’s made significant advancement in delivery systems. That’s what concerns us the most.”

Tillerson added, "We have been quite clear with the regime that that's what we want them to cease," which would be necessary "before we can begin to think about having further talks with them."

Rep. Karen Bass, House judiciary and foreign affairs committees member, said on [MSNBC's Weekends with Alex Witt](#) (4/9), "I'm scared to death" about the situation with North Korea, adding, "we cannot play around" with a leader who "is very erratic and unstable." Bass added, "we have to be very, very careful. You know, our President can't just wake up one day and decide, oh, I'm mad at North Korea, so let me go send a message."

Tillerson: Syria Military Strikes Sent A Message. [Reuters](#) (4/9, Morgan) reports Secretary of State **Tillerson** told ABC's This Week that the message the US sent with its military strikes against Syria over its alleged use of chemical weapons is, "If you violate international norms, if you violate international agreements, if you fail to live up to commitments, if you become a threat to others, at some point a response is likely to be undertaken." The [AP](#) (4/9) reports that Tillerson "didn't specify North Korea, but the context was clear enough." The AP adds, "There was little doubt the missile strikes would be seen in Pyongyang as a message," with the North long claiming the US is preparing to attack it. The North said the strikes in Syria, in the words of the AP, "proves that its nuclear weapons are justified to protect the country against Washington's 'evermore reckless moves for a war.'"

Rep. Francis Rooney, House foreign affairs committee member, said on [MSNBC's Weekends with Alex Witt](#) (4/9), "If I was Kim, I'd be thinking I wonder if I'm next." He added, "At the end of the day, China could help us so much to bring this regime under control or change it out if they wanted to do it."

US Sending Carrier Strike Group Toward Korean Peninsula. [ABC World News Tonight](#) (4/9, story 3, 0:25, Llamas) reported an aircraft carrier strike group is "heading back to waters east of the Korean peninsula amid high tension with North Korea." [NBC Nightly News](#) (4/9, story 4, 1:20, Snow) called the move "a powerful show of force." NBC (Frayer) added, "The American show of force is being met with a defiant vow by the North to bolster its own defenses, saying the strike on Syria is justification for the regime's needs for a nuclear arsenal." Frayer said, "These are cautious times with the US weighing options." The [CBS Weekend News](#) (4/9, story 3, 0:50, Quijano) briefly mentions the strike group.

The [New York Times](#) (4/9, Schmitt) reports on the "show of force by the Trump administration," the "latest escalation in force against a potential adversary." The move is a signal to North Koreans that the US "has not forgotten about them" despite the focus on Syria.

Administration officials said the strikes in Syria “might have strengthened Mr. Trump’s hand” in calling on China to pressure North Korea. Military and intelligence officials said the move is “also intended to anticipate” the upcoming anniversary of North Korean founder Kim Il-sung. The country “has a history of testing missiles and generally taking provocative actions during such events.”

On [Fox News Sunday](#) (4/9, Wallace) National Security Adviser Lt. Gen. H. R. **McMaster** was asked why the US has sent a military carrier to the Korean Peninsula. He responded, “It’s the prudent to do it, isn’t it? North Korea has been engaged in a pattern of provocative behavior. This is a rogue regime that is now a nuclear-capable regime and presidents before and President Trump agreed that that is unacceptable, that what must happen is the denuclearization of the Korean Peninsula. The President has asked us to be prepared to give him a full range of options to remove that threat to the American people and to our allies and partners in the region.” [Politico](#) (4/9, Wilhelm) also reports on McMaster’s comments.

National Security Adviser: China Summit Successful. On [Fox News Sunday](#) (4/9, Wallace) National Security Adviser Lt. Gen. H.R. **McMaster** said of the summit between President Trump and China’s President Xi Jinping, “I think the summit was extremely successful, because it met the first objective, which is to allow the President and President Xi to build a relationship that they can use to identify areas of cooperation and to advance our mutual interests, but American interest in particular.”

Tillerson: “No Reason” To Lift Russia Sanctions.

On [ABC’s This Week](#) (4/9, Stephanopolous) Secretary **Tillerson** was asked if Russia’s sanctions might be lifted. He said, “There is no reason to be lifting sanctions. The reasons the sanctions were put in place continue to exist. There’s been no change of the status of the situation in Ukraine or Crimea. And those sanctions will remain in place until those issues are addressed.”

US Admiral: Russian Naval Activity “Substantially” Increases In Europe. On Sunday, Navy Adm. Michelle Howard, the head of NATO’s Allied Joint Force Command in Naples and commander of the US naval forces in Europe and Africa, told [Reuters](#) (4/9, Shalal) that Russia’s naval activity in the European “theater has substantially moved up in the last couple of years” to levels surpassing “when it was the Soviet Union.” The distributed Russian naval deployments risk “splitting and distracting” the NATO alliance, Howard warned. She added that Russia’s increased naval activity coincided with an uptick in unprofessional aircraft “fly bys” and repeated cyber attacks.

Politico Examines “Overlapping Relationships” Trump, Putin Share Through Jewish Community. Politico Magazine (4/9, Schreckinger) writes that President Trump and Russian President Vladimir Putin established “a set of close, overlapping relationships in a small world that intersects on” the Port Washington Chabad, a Long Island-based Jewish community center. The article examines how Putin’s ties to the Chabad helped him “supplant his country’s existing Jewish civil society and replace it with a parallel structure loyal to him.” Politico also explores the business and personal connections that Trump and his son-in-law and senior adviser Jared Kushner forged with people affiliated with the Chabad. “With Washington abuzz about the FBI’s counterintelligence investigation” into possible Trump-Putin relations, writes Politico, these “overlapping networks” through the Chabad “remain the object of much scrutiny and fascination.”

Tillerson Easing Strains Among Allies At G-7 Meeting In Italy.

Bloomberg Politics (4/9, Chrysoloras, Donahue, Migliaccio) reports Secretary Tillerson at a G-7 meeting in Lucca, Italy “is getting a chance to ease strains with his allies.” The article describes tensions from the previous G-7 meeting Tillerson took part in.

Philippines Acting Foreign Secretary Looks Forward To Meeting Tillerson Next Month.

Bloomberg Politics (4/9, Calonzo) reports the Philippines “appears to be softening its tone toward the US.” asking the US “to actively promote security and cooperation in the South China Sea.” That change “comes as tensions rise with China,” though acting Foreign Affairs Secretary Enrique Manalo “downplayed any friction” with the US. He also said that he is working on a meeting between Philippine President Rodrigo Duterte and President Trump for later in the year, and “expected to hold talks with” Secretary Tillerson “next month.”

Israel’s PM Netanyahu Develops Compromise On Public Broadcasting.

The Washington Post (4/9, Eglash) reports on Israeli Prime Minister Benjamin Netanyahu’s effort “to stop the launch of a new public broadcasting corporation” he had initially favored. The effort is further evidence of “Netanyahu’s fantastical obsession with the media,” yet, he “appears to have won.” That’s because while he originally favored creating a new corporation to replace the Israel Broadcasting Authority, starting last summer, “he announced his preference for reforming the old broadcasting authority.” Due to opposition within his own coalition, a compromise was reached to allow the new channel to “begin

broadcasting as planned” but without a news department, news being supplied by the Israel Broadcasting Authority.

US Officials Concerned FARC Won't Live Up To Peace Deal.

The Washington Times (4/9, Arostegui) reports, “Senior U.S. officials fear that the Colombian government is losing control” of the peace process with FARC rebels. Under the deal, the guerrillas were supposed to disarm in six months, but three months since the agreement began to be implemented, “the guerrillas have surrendered what critics say is a token number of weapons.” Additionally, FARC is to work the Colombian government to eradicate coca crops, but “the production of coca has skyrocketed,” which a report by the State Department’s Bureau for International Narcotics and Law Enforcement attributes to “reduced eradication operations in areas controlled by the FARC to lower the risk of armed conflict as the parties negotiated a final peace accord.” Additionally, analysts say as FARC units demobilize, rival guerrilla groups and criminal gangs take over some of the coca growing regions.

Deforestation Enhanced Flooding, Mud Slides That Afflicted Colombian City. The CBS Weekend News 📺 (4/9, story 7, 2:00, Quijano) reported on the official end to the search for survivors “from floods and mud slides that swept through the city of Mocoa,” Columbia, last weekend. More than 100 people remain unaccounted for. CBS (Bojorquez) added the disaster was “made worse by deforestation”; “the trees and roots that would have helped hold back the torrent” were cut down.

Hungarians Urge President To Reject Law Allegedly Targeting Soros' University.

Bloomberg Politics (4/9, Gergely) reports about 60,000 Hungarians gathered in central Budapest to urge President Janos Ader to reject new legislation passed by parliament and seemingly written to force the closure of George Soros' Central European University. The demonstration is “one of the biggest yet” against Prime Minister Viktor Orban, and significant because Hungarians “rarely turned out in force to protest against” his policies. Ader has until Monday to decide on the bill.

Chinese Travel To US In “Gun Tourism.”

USA Today (4/9, Gardner) reports on gun tourism, “a growing business in the U.S. because of lax laws regulating firearms compared to other countries.” In particular wealthy Chinese come to the US to shoot as “the restrictions on firearms are so severe” in their country that people have been jailed for possessing air rifles or toy guns.

Swedish Treatment Of Anti-Abortion Midwife Condemned.

In an op-ed in the Wall Street Journal (4/9, Ahmari), Journal editorial writer Sohrab Ahmari condemns Sweden for the treatment of Ellinor Grimmark a midwife who was unable to find employment due to her opposition to abortion. Ahmari details the condemnation Grimmark received for seeking assurances she would not be asked to participate in an abortion and her suit against Jönköping County, alleging religious discrimination and violation of her freedom of conscience. If a lower court's decision against Grimmark is upheld, she can appeal to European Court of Human Rights, and Ahmari argues European law favors her.

WPost Condemns Chechen Killing Of Gays.

In an editorial, the Washington Post (4/9) condemns Chechnya leader Ramzan Kadyrov, whose "armed thugs were detaining and executing gay men" in response to a Moscow gay rights group's requests for demonstrations in Russia's provincial cities. The Post calls the killings "another example of Mr. Kadyrov's depravity" and calls on Russian President Vladimir Putin, "who so often insists that Russia be treated respectfully in the world," to "display some backbone in response to the latest reported atrocity" and stop Kadyrov, release the detainees, and investigate "how such frightful intimidation was allowed to happen."

NYTimes: Serbia Slipping Into Autocracy.

In an editorial, the New York Times (4/9) writes, "Serbia has edged closer to autocracy" with Prime Minister Aleksandar Vucic's victory in the presidential election. With his party having "all but locked up" parliament and the judiciary, Vucic can handpick his successor and consolidate his power. With "severely curtailed press freedom and marginalized political opposition, his concentration of power bodes ill for Serbian democracy." The Post warns European leaders against the temptation of ignoring Vucic and his allies seizing "monopoly control over the country's political institutions and its press" because he could be "a force for stability" and promises to keep Serbia moving towards joining the EU. The Post concludes that "to accede to such control by Mr. Vucic would be a betrayal of the European Union's core values."

Last Laughs

Late Night Political Humor.

No late-night talk show aired on Sunday night.

Editorial Wrap-Up

New York Times.

"A Serbian Election Erodes Democracy." In an editorial, the New York Times (4/9) writes, "Serbia has edged closer to autocracy" with Prime Minister Aleksandar Vucic's victory in the presidential election. With his party having "all but locked up" parliament and the judiciary, Vucic can handpick his successor and consolidate his power. With "severely curtailed press freedom and marginalized political opposition, his concentration of power bodes ill for Serbian democracy." The Post warns European leaders against the temptation of ignoring Vucic and his allies seizing "monopoly control over the country's political institutions and its press" because he could be "a force for stability" and promises to keep Serbia moving towards joining the EU. The Post concludes that "to accede to such control by Mr. Vucic would be a betrayal of the European Union's core values."

"The Gig Economy's False Promise." The New York Times (4/10), in an editorial says the "gig economy" is really using "advances in software and behavioral sciences to old-fashioned worker exploitation." It cites a Pew Research Center study finding that such workers "tend to be poorer and are more likely to be minorities than the population at large." Because they are "considered independent contractors...they do not qualify for basic protections like overtime pay and minimum wages." The Times concludes by saying that unless these workers receive "the legal protections and ethical norms that once were widely accepted, workers will find the economy of the future an even more inhospitable place."

"The Extreme Foolishness In Extreme Vetting Proposals." The New York Times (4/10) in an editorial argues that the Trump Administration's plans for "enhanced screening" of travelers are really "an arbitrary breach of privacy" and are not likely to "make the United States any safer." The Times says it would be expensive to conduct enhanced screening and "travelers with malicious intent" may simply defeat at least some of it by means of "decoy phones or by deleting any questionable content on their devices before traveling."

Washington Post.

"A Bright Idea For Mr. Trump's 'Skinny Budget.'" The Washington Post (4/9, Board) says in an editorial that while "President Trump's 'skinny budget' includes a lot of penny-wise, pound-foolish budget-cutting ideas," it does offer "a smart expression of support for modernizing the nation's outmoded system of air-traffic control": to shift air traffic control to "a separate entity" outside of the Federal

Aviation Administration, to make innovation and efficiency more possible. Senators with vested interests have opposed this in the past, but “air-traffic modernization is overdue. And with the White House on board, there may finally be a real chance to make it happen.”

“Reversing A Culture Of Abuse Of Athletes.” In an editorial, the Washington Post (4/9) supports Sen. Dianne Feinstein’s bill to address “some of the loopholes” that allowed “the widespread abuse of female athletes at USA Gymnastics.” The bill would create “a nationwide reporting rule for amateur athletic governing bodies...and the adults they authorize to interact one-on-one with athletes.” Additionally it requires “stricter oversight of affiliate facilities,” easy mechanisms to report abuse, and tracking coaches who are the subject of complaints. The Post adds that the US Olympic Committee has made “a good start” in addressing such issues, but calls on it “to decertify organizations that leave their athletes vulnerable to abuse and make them apply anew.”

“Gay And Terrified In Chechnya.” In an editorial, the Washington Post (4/9) condemns Chechnya leader Ramzan Kadyrov, whose “armed thugs were detaining and executing gay men” in response to a Moscow gay rights group’s requests for demonstrations in Russia’s provincial cities. The Post calls the killings “another example of Mr. Kadyrov’s depravity” and calls on Russian President Vladimir Putin, “who so often insists that Russia be treated respectfully in the world,” to “display some backbone in response to the latest reported atrocity” and stop Kadyrov, release the detainees, and investigate “how such frightful intimidation was allowed to happen.”

Wall Street Journal.

“Reviving Repeal And Replace.” The Wall Street Journal (4/9) says in an editorial that time is running out for Republicans hoping to repeal and replace the Affordable Care Act, with insurers required to submit 2018 products for state approval by early summer. The Journal says the House Freedom Caucus and other conservatives must decide whether to compromise or to be responsible for the continued existence of a law they oppose.

“Trump Demotes The ABA.” In an editorial, the Wall Street Journal (4/9) exults that the White House has stopped giving the American Bar Association early access to judicial nominees’ identities. The Journal argues the ABA is biased against conservatives and condemns it as supporting only conformists from its elite.

“Palm Sunday Massacre.” In an editorial, the Wall Street Journal (4/9) condemns Egypt’s inability to protect its Christian minority against regular attacks by extremists. The Journal warns the attacks suggest Egypt may be unable to protect the Pope in his upcoming visit and,

referencing Sisi's recent visit to the White House, concludes that the partnership against Islamic extremism includes protecting Egyptian Christians.

The Big Picture

Headlines From Today's Front Pages.

Wall Street Journal:

[US Rips Russia, Assad As Talks Near](#)

[Record Bond Issuance Signals Doubts About Economy](#)

[Wall Street Made Charles Murphy Successful And Rich, But Happiness Eluded Him](#)

[How Goldman Sachs Made More Than \\$1 Billion With Your Credit Score](#)

New York Times:

[Loans 'Designed To Fail': States Say Navient Preyed On Students](#)

[Tillerson, On Eve Of Trip, Takes A Hard Line With Russia](#)

[Attacks On Christians In Egypt Undercut Sisi's Promise Of Security](#)

[As Georgia Vote Nears, GOP Asks If Ideological Purity Matters Anymore](#)

[Snarled Commutes, Squabbling Agencies And Amtrak's Penn Station Responsibilities](#)

[The Trump Resistance Found Early Success. Can It Also Find Momentum?](#)

[Masters 2017: Sergio García Finally Wins First Major Title](#)

Washington Post:

[Tillerson Warns Russia On Syria](#)

[Two Egyptian Churches Bombed](#)

[To DeVos, Fla. Shows The School Choice Path](#)

[Democrats' Hopes High In Bid To Flip A Ga. District](#)

[Inside The Bannon Machine](#)

Financial Times:

[Egyptian Church Bombs Kill At Least 44 People](#)

[US Carrier's Korea Mission: A Message To The World](#)

[Closing The Gender Gap Needs Support From The Boss](#)

[China Offers Concessions To Avert Trade War With US](#)

Washington Times:

[Conservatives Urge Trump To Use Slew Of Court Vacancies To Reshape Legal System](#)

[Unlike Obama, Trump Defers To Generals' Advice On Military Strategy](#)

[Syrian Regime Change Now Part Of Trump's Strategy, National Security](#)

Adviser Confirms

FARC Flouting Terms Of Colombian Peace Deal, U.S. Officials Fear Ethanol Industry, Small-Engine Manufacturers Clash Over Damage From Fuel

Vocal Minority Opposes Trump's Use Of Force Without Congressional Authority

Story Lineup From Last Night's Network News:

ABC: Egypt Suicide Bombings; US-Russia Relations; North Korea-US Aircraft Carrier Deployment; Severe Weather; Severe Weather-Air Traffic; Wisconsin Man-Threats; Sweden Truck Attack; Alabama Governor-Sexual Scandal; Florida-Gym Shooting; Colorado-Police Body Slam; Salad-Dead Bat; Dog Rescue; Mother-Brain Tumor.

CBS: Egypt Suicide Bombings; US-Russia Relations; North Korea-US Aircraft Carrier Deployment; Supreme Court Confirmation; House-Special Elections; Wisconsin Man-Threats; Colombia-Flash Flood; Urban Garden; NASA Astronaut-Fencing; Vatican Door Guard.

NBC: Egypt Suicide Bombings; Wisconsin Man-Threats; US-Russia Relations; North Korea-US Aircraft Carrier Deployment; Sweden Truck Attack; Alabama Governor-Sexual Scandal; Trump-Infrastructure Plan; Dallas-Siren Hacked; Health-Parkinson's Treatment-Cycling; WW2 Ship Restored.

Network TV At A Glance:

US-Russia Relations – 7 minutes, 45 seconds

Egypt Suicide Bombings – 7 minutes, 40 seconds

Wisconsin Man-Threats – 5 minutes, 45 seconds

Alabama Governor-Sexual Scandal – 3 minutes, 5 seconds

North Korea-US Aircraft Carrier Deployment – 2 minutes, 35 seconds

Sweden Truck Attack – 1 minute, 50 seconds

Story Lineup From This Morning's Radio News Broadcasts:

ABC: US-Russia Relations; Egypt Suicide Bombings; Wisconsin Man-Threats; Alabama Governor-Sexual Scandal.

CBS: Egypt Suicide Bombings; US-Russia Relations; Wisconsin Man-Threats; Master's Golf Tournament; Wall Street News.

FOX: Egypt Suicide Bombings; US-Russia Relations; Gasoline Price; North Korea-US Aircraft Carrier Deployment.

NPR: US-Russia Relations; Egypt Suicide Bombings; Sweden Truck Attack; Norwegian Bombing Attempt.

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From: Shulkin, David J., MD
Sent: 12 Apr 2017 08:29:56 -0500
To: (b)(6)
Subject: FW: [EXTERNAL] Re: Path Forward
Importance: Normal

From: Terry Fadem[SMTP:(b)(6)@GMAIL.COM]
Sent: Wednesday, April 12, 2017 9:28:45 AM
To: Shulkin, David J., MD
Cc: Bruce Moskowitz; IP
Subject: [EXTERNAL] Re: Path Forward
Auto forwarded by a Rule

By the way, just to be clear...the "Mapping" exercise is really better characterized as doing an inventory.
Terry

On Wed, Apr 12, 2017 at 9:07 AM, Terry Fadem <(b)(6)@gmail.com> wrote:
David,

I provided a brief review of two documents sent to me by (b)(6) as part of a process to familiarize me with both a CRADA and a license agreement. There are clearly some tactical issues that need to be addressed in the approach to licensing that can make these more effective. However, strategic issues also need to be addressed. I would like to propose a work plan that covers the following:

1. Strategic Planning
2. Choosing an appropriate business model
3. Mapping the technology
4. Installing a decision-making licensing/new business development process.

Is (b)(6) the person you would like me to work with to develop the work statement and contract...as my understanding is that you also want to include a personnel review as part of the work to be conducted.

best regards,
Terry

From: Shulkin, David J., MD
Sent: 12 Apr 2017 08:08:28 -0500
To: (b)(6)
Subject: FW: [EXTERNAL] Path Forward
Importance: Normal

From: Terry Fadem[SMTP:(b)(6)@GMAIL.COM]
Sent: Wednesday, April 12, 2017 9:07:44 AM
To: Shulkin, David J., MD
Cc: Bruce Moskowitz; IP
Subject: [EXTERNAL] Path Forward
Auto forwarded by a Rule

David,

I provided a brief review of two documents sent to me by (b)(6) as part of a process to familiarize me with both a CRADA and a license agreement. There are clearly some tactical issues that need to be addressed in the approach to licensing that can make these more effective. However, strategic issues also need to be addressed. I would like to propose a work plan that covers the following:

1. Strategic Planning
2. Choosing an appropriate business model
3. Mapping the technology
4. Installing a decision-making licensing/new business development process.

Is (b)(6) the person you would like me to work with to develop the work statement and contract...as my understanding is that you also want to include a personnel review as part of the work to be conducted.

best regards,
Terry

From: Shulkin, David J., MD
Sent: 19 Apr 2017 13:59:06 -0500
To: (b)(6)
Subject: FW: [EXTERNAL] Two recommendations
Importance: Normal

From: Terry Fadem[SMTP:(b)(6)@GMAIL.COM]
Sent: Wednesday, April 19, 2017 2:58:16 PM
To: Ramoni, Rachel; Shulkin, David J., MD
Cc: Bruce Moskowitz; IP:(b)(6)
Subject: Re: [EXTERNAL] Two recommendations
Auto forwarded by a Rule

My recommendation is to renegotiate the one I reviewed as a master clinical trial agreement and not a CRADA...remove phases one and two...negotiate for your IP rights...

And remember...OGC...is Officers of General Counsel...the OGC...is Counsel... not Boss... they work for you not you for them...

They are good advisors...but you all needs to begin to exercise scientific, medical and appropriate business judgement...

This is a common issue at most institutions...

I have no comment about the other two documents as I have noticed seen them...i may have some time tomorrow...

Terry

On Wed, Apr 19, 2017, 13:41 Ramoni, Rachel <Rachel.Ramoni@va.gov> wrote:

Dear Terry,

(b)(6) and I are very grateful for your input, which comes at a moment when he and I are focused on modernizing the TTP process. Much of what you have written really resonates with us.

We would love to continue the conversation with you and Secretary Shulkin if possible. At some point, we'll want to loop in OGC, as they control the CRADA process. Other contextual factors are the individual medical centers and associated non-profit corporations: the vast majority of CRADAs are executed in the field with OGC oversight and do not come to the Office of Research and Development.

In the meantime, I will need Secretary Shulkin's guidance on what to do with the now three pending Master CRADAs with industry. Given your comments, I would imagine

that I should not sign them at this point, but I do not want to make assumptions.

With appreciation,

Rachel

Sent with Good (www.good.com)

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

From: Terry Fadem [(b)(6)]@gmail.com]

Sent: Wednesday, April 19, 2017 08:36 AM Eastern Standard Time

To: Shulkin, David J., MD

Cc: IP; Bruce Moskowitz; [(b)(6)] Ramoni, Rachel

Subject: [EXTERNAL] Two recommendations

David,

I realize that I am not 'on the clock' yet, however, some items have come to my attention and I wish to make a few recommendations.

1. Clinical trial agreements should be called "Clinical Trial Research Agreements" and not CRADAs. These blanket CRADA (clinical research agreements) are not really cooperative research as companies tend to demand all IP rights under them. I recommend that the VA stop the practice of allowing clinical research agreements to be considered CRADAs. If the VA wants them to be CRADAs then they need to be negotiated as such...and from the evidence I have seen they are not. The VA needs to assert itself and protect potential IP rights in these agreements just as universities have been doing for years.

What I see right now, with the limited view I have had, is that the VA is potentially just giving away the value it creates.

2. I believe that conducting Phase I clinical research may put veterans at risk and is this what is intended at the VA? The CRADA (Clinical Trial Research Agreement) I reviewed was a blanket contract that included both Phase I and Phase II research. As you know better than I, these Phases have the highest risk of failure and the highest potential for doing harm. My recommendation is to cease the practice of including Phase I and II trials under any blanket agreement with companies...as it implies that the VA is a willing partner in this type of experimentation...and to negotiate them one at a time if they are to move forward...with significant financial payouts for both the participants and the VA.

3. There is a lack of focus on spin-outs - equity and potential wealth creating opportunities...with the primary focus on licensing. I teach a collaborative innovation course for MBA and grad students where companies offer real business development projects to teams of students to work on and build plans for. My suggestion is to focus on a couple of schools beginning next academic year to offer projects to...some of the VA innovations may be better pursued as business opportunities as opposed to low return licenses...I

am drafting work agreement to a contract to work with the VA to set this up. I will be following up.

Best regards,

(b)(6)

From: Shulkin, David J., MD
Sent: 19 Apr 2017 07:36:57 -0500
To: (b)(6)
Subject: FW: [EXTERNAL] Two recommendations
Importance: Normal

From: Terry Fadem[SMTP:(b)(6)@GMAIL.COM]
Sent: Wednesday, April 19, 2017 8:36:11 AM
To: Shulkin, David J., MD
Cc: IP; Bruce Moskowitz;(b)(6) Ramoni, Rachel
Subject: [EXTERNAL] Two recommendations
Auto forwarded by a Rule

David,

I realize that I am not 'on the clock' yet, however, some items have come to my attention and I wish to make a few recommendations.

1. Clinical trial agreements should be called "Clinical Trail Research Agreements" and not CRADAs. These blanket CRADA (clinical research agreements) are not really cooperative research as companies tend to demand all IP rights under them. I recommend that the VA stop the practice of allowing clinical research agreements to be considered CRADAs. If the VA wants them to be CRADAs then they need to be negotiated as such...and from the evidence I have seen they are not. The VA needs to assert itself and protect potential IP rights in these agreements just as universities have been doing for years.

What I see right now, with the limited view I have had, is that the VA is potentially just giving away the value it creates.

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am drafting work agreement to a contract to work with the VA to set this up. I will be following up.

Best regards,
Terry

From: Shulkin, David J., MD
Sent: 26 Apr 2017 10:21:17 -0500
To: (b)(6)
Subject: FW: [EXTERNAL] WorkProposal
Attachments: VA DRAFT VA1 SCHEDULE A CORNERSTONE ANALYTICS LLC.pdf
Importance: Normal

From: Terry Fadem[SMTP:(b)(6)@GMAIL.COM]
Sent: Wednesday, April 26, 2017 11:19:59 AM
To: Shulkin, David J., MD
Cc: IP; Bruce Moskowitz;(b)(6) Aaron Moskowitz
Subject: [EXTERNAL] WorkProposal
Auto forwarded by a Rule

David,

Attached is the proposal for the work we envision necessary for the VA to achieve both short term and long term success for licensing and new business development for VA innovations. My review of the recent proposed contracts indicated a need for systemic change, which is the purpose of this proposal.

We can help address short term issues in contract review which will be conducted during the planned inventory phase. However, we believe the fundamental processes are flawed. In addition, the VA is spending \$3M a year for \$300k in revenue which is only expected to grow to \$6M in four years.

My personnel recommendation to you is that this should be considered unacceptable. that said, the systems appear to be so flawed that given what the staff has to deal with, this may be all that they are capable of producing.

This is a draft proposal so feel free to provide any feedback or discussion. Once we have an agreement about the work to be done, we will forward a proposed contract and terms with an estimated budget and appropriate retainer.

best regards,
Terry

CORNERSTONE ANALYTICS LLC

PROPOSED OUTLINE OF WORK FOR SCHEDULE A' OF AN AGREEMENT

(b)(4)

1. **Strategic Objectives setting** (b)(4)

(b)(4)

2. **Assessment of technology** (b)(4)

(b)(4)

(b)(4)

3. **Implementation** (b)(4)

(b)(4)

4. **Review** (b)(4)

(b)(4)

1. Steps one and the

(b)(4)

(b)(4)

2. Inventory –

(b)(4)

(b)(4)

3. Business School –

(b)(4)

(b)(4)

(b)(4)

4. Recommendations – (b)(4)
(b)(4)

Personnel Needed:

Objective setting: (b)(4)

Assessment: (b)(4)

Implementation: (b)(4)

Review (b)(4)

Rates:

Cornerstone Senior Staff: (b)(4)
Cornerstone support Staff:
Cornerstone Office Support:
Contract retainer:
Plus Expenses:

¹ This is the 80/20 rule...any inventory or assessment is never complete so this phase is just about setting in motion a process that can continue.

CONFIDENTIAL

From: DJS
Sent: 6 Sep 2017 13:25:30 -0400
To: Shulkin, David J., MD;vacodjs1@va.gov
Subject: FW: Any word

From: (b)(6)
Sent: Thursday, August 31, 2017 5:58 PM
To: DJS
Subject: RE: Any word

I never heard back from (b)(6) I took off the calendar – we can adjust tomorrow if need be. Thank you.

(b)(6)

From: DJS
Sent: Thursday, August 31, 2017 2:26 PM
To: (b)(6)
Subject: RE: Any word

Can you check with (b)(6)

Sent with Good (www.good.com<<http://www.good.com>>)

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

From: (b)(6)
Sent: Thursday, August 31, 2017 02:10 PM Eastern Standard Time
To: DJS
Subject: Any word

On Perlmutter call for tomorrow? We are trying to finalized your schedule. Watching you all on TV.
Thank you.

(b)(6)

From: (b)(6)@aol.com
Sent: 12 Aug 2018 21:34:26 -0400
To: Wilkie, Robert Jr. (b)(6) (OCLA); (b)(6)
(b)(6)@med.va.gov; (b)(6)@med.va.gov; (b)(6)
(b)(6)@med.va.gov; (b)(6)
(b)(6)@va.gov; (b)(6)@med.va.gov; VA Search Admin; (b)(6)
(b)(6) (OCLA) (b)(6)
(b)(6)
(b)(6) (009); (b)(6)
(b)(6)
(b)(6)@va.gov; (b)(6)
(b)(6) (VACO) (b)(6)@va.gov.com; (b)(6)

N.
Cc: VESO Veteran Inquiries Shared Mailbox; Veterans Affairs – Congressional Liaison Service; VACO OPAL Correspondence; vacavas@va.gov; VACOSAC-F; TAC, VA; TAC-Austin; VASH_ROI@hud.gov; NCPTSD
Subject: [EXTERNAL] Mar-a-Lago (3) The Shadow Rulers of the VA, (***)Who is charge of the VA)****

PLEASE PUT A COPY OF THIS EMAIL IN HONORABLE SECRETARY ROBERT WILKIE READING FILE.

August 12, 2018

Dear Secretary Wilkie:

My name is J (b)(6), Retired Military and a Veteran: Reference the article with the subject "The Shadow Rulers of the VA".

It is really really questionable of whether your the "Director of the VA" or are you a "YES" man to the "PRESIDENT and the Mar-a-Lago (3)?

According to the article that appeared this morning, even though you may disagree with it, I don't think you are and that is why I have included on this email a lot of addrees within the VA and some offices also. So therefore I would like an answer from you.

I have captured the article and put it in below, so everybody will have a chance to read it, because also being a "Retired Federal Employee, we all know how the "Chain of Command" gets upset if they read a "Negative Article" with the Agency.

I look forward to your reply Mr. Secretary and "Don't pass it down the Chain?"

I would like to point out the last paragraph of this article sum's it up pretty much and that is; who is in charge of the VA, the Mar-a-Largo (3) or the VA Director Robert Wilkie; (Reference the last paragraph; Wilkie, who was sworn in on July 30, now faces a choice between asserting his own authority over the VA or taking cues from the Mar-a-Lago Crowd. Wilkie reportedly wants to sideline O'Rourke

and Sandoval and restock the agency leadership with his own people. But people familiar with the situation said the Mar-a-Lago Crowd's allies are pushing back on Wilkie's efforts to rein them in. As his predecessor learned the hard way, anyone who crosses the Mar-a-Lago Crowd does so at his own risk.

The Article Starts Below:

Last February, shortly after Peter O'Rourke became chief of staff for the Department of Veterans Affairs, he received an email from Bruce Moskowitz with his input on a new mental health initiative for the VA. "Received," O'Rourke replied. "I will begin a project plan and develop a timeline for action."

O'Rourke treated the email as an order, but Moskowitz is not his boss. In fact, he is not even a government official. Moskowitz is a Palm Beach doctor who helps wealthy people obtain high-service "concierge" medical care.

More to the point, he is one-third of an informal council that is exerting sweeping influence on the VA from Mar-a-Lago, President Donald Trump's private club in Palm Beach, Florida. The troika is led by Ike Perlmutter, the reclusive chairman of Marvel Entertainment, who is a longtime acquaintance of President Trump's. The third member is a lawyer named Marc Sherman. None of them has ever served in the U.S. military or government.

Yet from a thousand miles away, they have leaned on VA officials and steered policies affecting millions of Americans. They have remained hidden except to a few VA insiders, who have come to call them "the Mar-a-Lago Crowd."

Perlmutter, Moskowitz and Sherman declined to be interviewed and fielded questions through a crisis-communications consultant. In a statement, they downplayed their influence, insisting that nobody is obligated to act on their counsel. "At all times, we offered our help and advice on a voluntary basis, seeking nothing at all in return," they said. "While we were always willing to share our thoughts, we did not make or implement any type of policy, possess any authority over agency decisions, or direct government officials to take any actions... To the

extent anyone thought our role was anything other than that, we don't believe it was the result of anything we said or did.”

VA spokesman Curt Cashour did not answer specific questions but said a “broad range of input from individuals both inside and outside VA has helped us immensely over the last year and a half.” White House spokeswoman Lindsay Walters also did not answer specific questions and said Perlmutter, Sherman and Moskowitz “have no direct influence over the Department of Veterans Affairs.”

But hundreds of documents obtained through the Freedom of Information Act and interviews with former administration officials tell a different story — of a previously unknown triumvirate that hovered over public servants without any transparency, accountability or oversight. The Mar-a-Lago Crowd spoke with VA officials daily, the documents show, reviewing all manner of policy and personnel decisions. They prodded the VA to start new programs, and officials travelled to Mar-a-Lago at taxpayer expense to hear their views. “Everyone has to go down and kiss the ring,” a former administration official said.

If the bureaucracy resists the trio's wishes, Perlmutter has a powerful ally: The President of the United States. Trump and Perlmutter regularly talk on the phone and dine together when the president visits Mar-a-Lago. “On any veterans issue, the first person the president calls is Ike,” another former official said. Former administration officials say that VA leaders who were at odds with the Mar-A-Lago crowd were pushed out or passed over. Included, those officials say, were the secretary (whose ethical lapses also played a role), deputy secretary, chief of staff, acting under secretary for health, deputy under secretary for health, chief information officer, and the director of electronic health records modernization.

At times, Perlmutter, Moskowitz and Sherman have created headaches for VA officials because of their failure to follow government rules and processes. In other cases, they used their influence in ways that could benefit their private interests. They say they never sought or received any financial gain for their advice to the VA.

The arrangement is without parallel in modern presidential history. The Federal Advisory Committee Act of 1972 provides a mechanism for agencies to consult panels of outside advisers, but such committees are subject to cost controls, public disclosure and government oversight. Other presidents have relied on unofficial “kitchen cabinets,” but never before have outside advisers been so specifically assigned to one agency. During the transition, Trump handed out advisory roles to several rich associates, but they’ve all since faded away. The Mar-a-Lago Crowd, however, has deepened its involvement in the VA. Perlmutter, 75, is painstakingly private — he reportedly wore a glasses-and-mustache disguise to the 2008 premiere of “Iron Man.” One of the few public photographs of him was snapped on Dec. 28, 2016, through a window at Mar-a-Lago. Trump glares warily at the camera. Behind him, Perlmutter smiles knowingly, wearing sunglasses at night. When Trump asked him for help putting a government together, Perlmutter offered to be an outside adviser, according to people familiar with the matter. Having fought for his native Israel in the 1967 war before he moved to the U.S. and became a citizen, Perlmutter chose veterans as his focus.

Perlmutter enlisted the assistance of his friends Sherman and Moskowitz. Moskowitz, 70, specializes in knowing the world’s top medical expert for any ailment and arranging appointments for clients. He has connections at the country’s top medical centers. Sherman, 63, has houses in West Palm Beach and suburban Baltimore and an office in Washington with the consulting firm Alvarez & Marsal. His legal work focuses on financial fraud, white collar investigations and damages disputes. His professional biography lists experience in eight industries, none of them related to health care or veterans.

Moskowitz and Sherman helped Perlmutter convene a council of health care executives on the day of the Trump-Perlmutter photograph, Dec. 28, 2016. Offering more private healthcare to vets was a signature promise of Trump’s campaign, but at that point he hadn’t decided who should lead an effort that would reverse the VA’s longstanding practices.

A new name surfaced in that meeting: David Shulkin, who'd led the VA's health care division since 2015. Perlmutter then recommended Shulkin to Trump, according to a person familiar with his thinking. (Shulkin did not respond to requests for comment.)

Once nominated, Shulkin flew to Mar-a-Lago in early February 2017 to meet with Perlmutter, Sherman and Moskowitz. In a follow-up email a few days later, Moskowitz elaborated on the terms of their relationship. "We do not need to meet in person monthly, but meet face to face only when necessary," he wrote. "We will set up phone conference calls at a convenient time."

Shulkin responded diplomatically. "I know how busy all of you are and having you be there in person, and so present, was truly a gift," he wrote. "I found the time we spent, the focus that came out of our discussions, and the time we had with the President very meaningful."

It wasn't long before the Mar-a-Lago Crowd wore out their welcome with Shulkin. They advised him on how to do his job even though they sometimes seemed to lack a basic understanding of it. Just after their first meeting, Moskowitz emailed Shulkin again to say, "Congratulations i[t] was unanimous." Shulkin corrected him: "Bruce- this was not the confirmation vote- it was a committee vote- we still need a floor vote."

Perlmutter, Moskowitz and Sherman acted like board members pounding a CEO to turn around a struggling company, a former administration official said. In email after email, officials sought approval from the trio: for an agenda Shulkin was about to present to Trump for a research effort on suicide prevention and for a plan to recruit experts from academic medical centers. "Everything needs to be run by them," the first former official said, recalling the process. "They view themselves as making the decisions."

The Mar-a-Lago Crowd bombarded VA officials with demands, many of them inapt or unhelpful. On phone calls with VA officials, Perlmutter would bark at them to move faster, having no patience for bureaucratic explanations about why something has to be done a certain way or take

a certain amount of time, former officials said. He issued orders in a thick, Israeli-accented English that can be hard to understand.

In one instance, Perlmutter alerted Shulkin to what he called “another real-life example of the issues our great veterans are suffering with when trying to work with the VA.” The example came from Karen Donnelly, a real estate agent in Palm Beach who manages the tennis courts in the luxury community where Perlmutter lives. Donnelly’s son was having trouble accessing his military medical records. After a month of dead ends, Donnelly said she saw Perlmutter on the tennis court and, knowing his connection to Trump, asked him for help. Perlmutter told her to email him the story because he’s “trying to straighten things out” at the VA, she recalled. (Donnelly separately touched off a nasty legal dispute between Perlmutter and a neighbor, Canadian businessman Harold Peerenboom, who objected to her management of the tennis courts. In a lawsuit, Peerenboom accused Perlmutter of mounting a vicious hate mail campaign against him, which Perlmutter’s lawyer denied.)

Perlmutter forwarded Donnelly’s email to Shulkin, Moskowitz and Sherman. “I know we are making very good progress, but this is an excellent reminder that we are also still very far away from achieving our goals,” Perlmutter wrote.

Shulkin had to explain that they were looking in the wrong place: Since the problem was with military service records, it lay with the Defense Department, not the VA.

Perlmutter, Moskowitz and Sherman defended their intervention, saying, “These were the types of stories of agency dysfunction and individual suffering that drove us to offer our volunteer experience in the first place — veterans who had been left behind by their government. These individual cases helped raise broader issues for government officials in a position to make changes, sometimes leading to assistance for one veteran, sometimes to broader reforms within the system.”

Right after meeting Shulkin, Moskowitz connected him with his friend Michael Zinner, director of the Miami Cancer Institute and a member

of the American College of Surgeons' board of regents. (Zinner declined to comment.) The conversation led to a plan for the American College of Surgeons to evaluate the surgery programs at several VA hospitals. The plan came very close to a formal announcement and contract, internal emails show, but stalled after Shulkin was fired, according to the organization's director, David Hoyt.

Besides advocating for friends' interests, some of the Mar-a-Lago Crowd's interventions served their own purposes. Starting in February 2017, Perlmutter convened a series of conference calls with executives at Johnson & Johnson, leading to the development of a public awareness campaign about veteran suicide. They planned to promote the campaign by ringing the closing bell at the New York Stock Exchange around the time of Veterans Day.

The event also turned into a promotional opportunity for Perlmutter's company. Executives from Marvel and its parent company, Disney, joined Johnson & Johnson as sponsors of the Veterans Day event at the stock exchange. Shulkin rang the closing bell standing near a preening and flexing Captain America, with Spider-Man waving from the trading pit, and Marvel swag distributed to some of the attendees. "Generally the VA secretary or defense secretary don't shill for companies," the leader of a veterans advocacy group said. The VA was aware of the ethical questions this event raised because of Shulkin's relationship with Perlmutter. An aide to Shulkin sought ethics advice from the agency's lawyers about the appearance. In an email, the aide noted, "the Secretary is friends with the President of Marvel Comics, Mr. Ike Perlmutter, but he will not be in attendance." The VA redacted the lawyer's answer, and the agency's spokesman would not say whether the ethics official approved Shulkin's participation in the event.

Perlmutter did not answer specific questions about this episode. His joint statement with Moskowitz and Sherman said, "None of us has gained any financial benefit from this volunteer effort, nor was that ever a consideration for us."

Perlmutter also facilitated a series of conference calls with senior executives from Apple. VA officials were excited about working with the company, but it wasn't immediately obvious what they had to collaborate on.

As it turned out, Moskowitz wanted Apple and the VA to develop an app for veterans to find nearby medical services. Who did he bring in to advise them on the project? His son, Aaron, who had built a similar app. The proposal made Apple and VA officials uncomfortable, according to two people familiar with the matter, but Moskowitz's clout kept it alive for months. The VA finally killed the project because Moskowitz was the only one who supported it.

Moskowitz, in the joint statement, defended his son's involvement, calling him a "technical expert" who participated in a single phone call alongside others. "Any development efforts, had they occurred, would not have involved Aaron or any of us. There was no product of Dr. Moskowitz's or Aaron's that was promoted or recommended in any way during the call," the trio said. "Again, none of us, including Aaron, stood to receive any financial benefit from the matters discussed during the conversation — and any claims to the contrary are factually incorrect."

Moskowitz had more success pushing a different pet cause. He has spent years trying to start a national registry for medical devices, allowing patients to be notified of product recalls. Moskowitz set up the Biomedical Research and Education Foundation to encourage medical institutions to keep track of devices for their patients to address what he views as a dangerous hole in oversight across the medical profession. At one point, the foundation built a registry to collect data from doctors and patients. Moskowitz chaired the board, and Perlmutter's wife was also a member. Moskowitz's son earned \$60,000 a year as the executive director, according to tax disclosures.

Moskowitz pushed the VA to pick up where he left off. He joined officials on weekly 7:30 a.m. conference calls in which officials discussed organizing a summit of experts on device registries and making a public commitment to creating one at the VA. In an email to

Shulkin, the VA official in charge of the project referred to it as the “Bruce Moskowitz efforts.”

When the summit arrived, on June 4, Moskowitz and his son did not attend. It’s not clear what role they will have in setting up the VA’s registry going forward — their foundation has shut down, according to its website, and Moskowitz’s son said he’s no longer involved. But in his opening remarks at the summit, Peter O’Rourke, then the acting secretary, offered a special thanks to “Dr. Bruce Moskowitz and Aaron Moskowitz of the Biomedical Research and Education Foundation” as “driving forces” behind it.

Over the course of 2017, there was growing tension within the Trump administration about how much the VA should rely on private medical care. During the campaign, Trump championed letting veterans see any doctor they choose, inside or outside the VA system. But Shulkin warned that such an approach was likely to result in poorer care at a higher cost. His preferred solution was integrating government-run VA care with a network of private providers.

In September 2017, the Mar-a-Lago Crowd weighed in on the side of expanding the use of the private sector. “We think that some of the VA hospitals are delivering some specialty healthcare when they shouldn’t and when referrals to private facilities or other VA centers would be a better option,” Perlmutter wrote in an email to Shulkin and other officials. “Our solution is to make use of academic medical centers and medical trade groups, both of whom have offered to send review teams to the VA hospitals to help this effort.”

In other words, they proposed inviting private health care executives to tell the VA which services they should outsource to private providers like themselves. It was precisely the kind of fox-in-the-henhouse scenario that the VA’s defenders had warned against for years. Shulkin delicately tried to hold off Perlmutter’s proposal, saying the VA was already developing an in-house method of comparing its services to the private sector.

Shulkin also clashed with the Mar-a-Lago Crowd over how to improve the VA’s electronic record-keeping software (the one episode involving

the trio that has previously surfaced, in a report by Politico). The contract, with a company called Cerner, would cost more than \$10 billion and take a decade to implement. But Moskowitz had used a different Cerner product and didn't like it. He complained that the software didn't offer voice recognition, even though newer versions of Cerner's product do. For months, the Mar-a-Lago Crowd pressured Shulkin to put the contract through additional vetting.

On Feb. 27, 2018, Shulkin flew to Mar-a-Lago — not to see Trump, who was back in Washington, but to meet with Perlmutter, Moskowitz and Sherman. The trip was supposed to close the deal on the Cerner contract, according to two people familiar with the meeting. By then, Shulkin's stature had been badly diminished by an ethics scandal, and he expected he didn't have much longer in the job, but he wanted to finish the Cerner deal first.

Shulkin brought O'Rourke, an ex-Trump campaign aide who stepped in as chief of staff after the ethics scandal led to the departure of Shulkin's top aide. O'Rourke took the opportunity to ally himself with the Mar-a-Lago Crowd. "It was an honor to meet you all yesterday," he wrote in a follow-up email. "I want to ensure that you have my VA and personal contact information." He then provided his personal cell phone number and email address. (Using personal email to conduct government business can flout federal records laws, as President Trump and his allies relentlessly noted in their attacks on Hillary Clinton during the 2016 campaign.) "Thank you for your support of the President, the VA, and me," O'Rourke wrote. (O'Rourke didn't answer requests for comment.)

Perlmutter welcomed the overture. "I feel confident that you will be a terrific asset moving forward to get things accomplished," he replied.

The Mar-a-Lago Crowd grew frustrated with Shulkin, feeling like he wasn't listening to them, and Perlmutter came to regret recommending Shulkin to Trump in the first place, according to people familiar with his thinking. That aligned them with political appointees in the VA and the White House who started to view Shulkin as out of step with the president's agenda.

One of these officials, senior adviser Camilo Sandoval, presented himself as Perlmutter's eyes and ears within the agency, two former officials said. For instance, in an email obtained by ProPublica, Sandoval kept tabs on the Apple project and reported back to Moskowitz and Sherman. "I will update the tracker, and please do let me know if this helps answers [sic] questions around Apple's efforts or if additional clarification is required," he wrote. Sandoval, who didn't answer requests for comment, knew Perlmutter because he worked on the campaign with Trump's son-in-law, Jared Kushner, who is also close with Perlmutter.

In December, White House adviser Jake Leinenkugel sent Sandoval a memo outlining a plan to upend the department's leadership. Leinenkugel would not say who asked him to write the memo. But it was clearly not intended for Sandoval alone, since it refers to him in the third person. Three people familiar with the situation said the memo was sent to Sandoval as a channel to Perlmutter. The spokeswoman for Perlmutter, Sherman and Moskowitz said they didn't know about the memo.

The memo recommended easing Shulkin out and relying on Perlmutter for help replacing him. "Put [Shulkin] on notice to exit after major legislation and key POTUS VA initiatives in place," the memo said. "Utilize outside team (Ike)." Although several factors contributed to Shulkin's downfall, including the ethics scandal and differences with the White House over legislation on buying private health care, three former officials said it was his friction with the Mar-a-Lago Crowd over the Cerner contract that ultimately did him in.

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But it wasn't just Shulkin — all the officials that the Leinenkugel memo singled out for removal are now gone, replaced with allies of Perlmutter, Sherman and Moskowitz. The memo suggested that Sandoval take charge of the Office of Information and Technology, overseeing the implementation of the Cerner contract; he got the job in

April. The memo proposed removing Deputy Secretary Tom Bowman; he left in June, and the post hasn't been filled. The memo floated Richard Stone for under secretary for health; he got the job on an acting basis in July. Leinenkugel himself took charge of a commission on mental health (the same topic Moskowitz had emailed O'Rourke about). O'Rourke, having hit it off with the Mar-a-Lago Crowd, became acting secretary in May.

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Within a few weeks, Wilkie made a pilgrimage to Mar-a-Lago. He tacked it onto a trip to his native North Carolina, and O'Rourke caught up with him in Palm Beach. They visited a VA hospital and rehab facility, then headed to Mar-a-Lago to meet with Perlmutter, Moskowitz and Sherman, according to agency records.

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Perlmutter was similarly thrilled with the new regime. "For the first time in 1½ years we feel everyone is on the same page. Everybody 'gets it,'" he said in an email. "Again, please know we are available and want to help any possible way 24/7."

Wilkie replied that the honor was his. "Thank you again for taking time to see me," he wrote.

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Wilkie, who was sworn in on July 30, now faces a choice between asserting his own authority over the VA or taking cues from the Mar-a-Lago Crowd. Wilkie reportedly wants to sideline O'Rourke and Sandoval and restock the agency leadership with his own people. But people familiar with the situation said the Mar-a-Lago Crowd's allies are pushing back on Wilkie's efforts to rein them in. As his predecessor learned the hard way, anyone who crosses the Mar-a-Lago Crowd does so at his own risk.

From: (b)(6)@aol.com
Sent: 14 Aug 2018 11:31:52 -0400
To: Wilkie, Robert L., Jr.;tips@militarytimes.com
Subject: [EXTERNAL] Fwd: Mar-a-Lago (3) The Shadow Rulers of the VA, (**Who is charge of the VA)****

2nd REQUEST

August 14, 2018

Dear Mr. Wilkie:

It is very evident that you don't want to answer the question; Who is in Charge of the Veterans Administration? The Mar-a-lago (3) or you?

It is also very evident that you are pushing the message off to the side?

Is that because your are scared of the Mar-a-Lago (3) and not run the VA like it should be ran because anyone who crosses the Mar-a-Lago Crowd does so at his own risk.

I think Mr. Wilie as the director of the VA you owe the undersign and all Veterans and Military Retirees and explanation.

For the Military Times: You may contact me at 443-223-0397 if you so desire to do a followup story on the Director of the VA; Mr. Wilkie, and ask him the question of "Who is running the VA, The Mar-a-Lago (3) or Mr. Wilkie. As you will note below I copied this story out of the internet this pass weekend. It is a Shame that Mr. Wilkie is a "YES" MAN TO THE Mar-a-Lago (3). I thought the VA was better than that. (Thanks for your attention). It is very evident Mr. Wilkie doesn't want to address the issue at least to me, because I am just one Veteran.

I look foreward to your reply.

Very respectfully,

(b)(6)
(b)(6)
Veteran and Military Retiree

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

From: (b)(6)382@aol.com
To: Robert.Wilkie <Robert.Wilkie@va.gov>; (b)(6)@va.gov;
(b)(6)@va.gov; (b)(6)@va.gov;
(b)(6)@med.va.gov; (b)(6)@med.va.gov;
(b)(6)@va.gov; (b)(6)
(b)(6)@med.va.gov; (b)(6)@va.gov;
(b)(6)@med.va.gov; VASearchAdmin <VASearchAdmin@va.gov>;

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The Article Starts Below:

Last February, shortly after Peter O'Rourke became chief of staff for the Department of Veterans Affairs, he received an email from Bruce Moskowitz with his input on a new mental health initiative for the VA. "Received," O'Rourke replied. "I will begin a project plan and develop a timeline for action."

O'Rourke treated the email as an order, but Moskowitz is not his boss. In fact, he is not even a government official. Moskowitz is a Palm Beach doctor who helps wealthy people obtain high-service "concierge" medical care.

More to the point, he is one-third of an informal council that is exerting sweeping influence on the VA from Mar-a-Lago, President Donald Trump's private club in Palm Beach, Florida. The troika is led by Ike Perlmutter, the reclusive chairman of Marvel Entertainment, who is a longtime acquaintance of President Trump's. The third member is a lawyer named Marc Sherman. None of them has ever served in the U.S. military or government.

Yet from a thousand miles away, they have leaned on VA officials and steered policies affecting millions of Americans. They have remained hidden except to a few VA insiders, who have come to call them "the Mar-a-Lago Crowd."

Perlmutter, Moskowitz and Sherman declined to be interviewed and fielded questions through a crisis-communications consultant. In a statement, they downplayed their influence, insisting that nobody is obligated to act on their counsel. "At all times, we offered our help and advice on a voluntary basis, seeking nothing at all in return," they said. "While we were always willing to share our thoughts, we did not make or implement any type of policy, possess any authority over agency decisions, or direct government officials to take any actions... To

the extent anyone thought our role was anything other than that, we don't believe it was the result of anything we said or did."

VA spokesman Curt Cashour did not answer specific questions but said a "broad range of input from individuals both inside and outside VA has helped us immensely over the last year and a half." White House spokeswoman Lindsay Walters also did not answer specific questions and said Perlmutter, Sherman and Moskowitz "have no direct influence over the Department of Veterans Affairs."

But hundreds of documents obtained through the Freedom of Information Act and interviews with former administration officials tell a different story — of a previously unknown triumvirate that hovered over public servants without any transparency, accountability or oversight. The Mar-a-Lago Crowd spoke with VA officials daily, the documents show, reviewing all manner of policy and personnel decisions. They prodded the VA to start new programs, and officials travelled to Mar-a-Lago at taxpayer expense to hear their views. "Everyone has to go down and kiss the ring," a former administration official said.

If the bureaucracy resists the trio's wishes, Perlmutter has a powerful ally: The President of the United States. Trump and Perlmutter regularly talk on the phone and dine together when the president visits Mar-a-Lago. "On any veterans issue, the first person the president calls is Ike," another former official said. Former administration officials say that VA leaders who were at odds with the Mar-A-Lago crowd were pushed out or passed over. Included, those officials say, were the secretary (whose ethical lapses also played a role), deputy secretary, chief of staff, acting under secretary for health, deputy under secretary for health, chief information officer, and the director of electronic health records modernization.

At times, Perlmutter, Moskowitz and Sherman have created headaches for VA officials because of their failure to follow government rules and processes. In other cases, they used their

influence in ways that could benefit their private interests. They say they never sought or received any financial gain for their advice to the VA.

The arrangement is without parallel in modern presidential history. The Federal Advisory Committee Act of 1972 provides a mechanism for agencies to consult panels of outside advisers, but such committees are subject to cost controls, public disclosure and government oversight. Other presidents have relied on unofficial “kitchen cabinets,” but never before have outside advisers been so specifically assigned to one agency. During the transition, Trump handed out advisory roles to several rich associates, but they’ve all since faded away. The Mar-a-Lago Crowd, however, has deepened its involvement in the VA.

Perlmutter, 75, is painstakingly private — he reportedly wore a glasses-and-mustache disguise to the 2008 premiere of “Iron Man.” One of the few public photographs of him was snapped on Dec. 28, 2016, through a window at Mar-a-Lago. Trump glares warily at the camera. Behind him, Perlmutter smiles knowingly, wearing sunglasses at night.

When Trump asked him for help putting a government together, Perlmutter offered to be an outside adviser, according to people familiar with the matter. Having fought for his native Israel in the 1967 war before he moved to the U.S. and became a citizen, Perlmutter chose veterans as his focus.

Perlmutter enlisted the assistance of his friends Sherman and Moskowitz. Moskowitz, 70, specializes in knowing the world’s top medical expert for any ailment and arranging appointments for clients. He has connections at the country’s top medical centers. Sherman, 63, has houses in West Palm Beach and suburban Baltimore and an office in Washington with the consulting firm Alvarez & Marsal. His legal work focuses on financial fraud, white collar investigations and damages disputes. His professional biography lists experience in eight industries, none of them related to health care or veterans.

Moskowitz and Sherman helped Perlmutter convene a council of health care executives on the day of the Trump-Perlmutter photograph, Dec. 28, 2016. Offering more private healthcare to vets was a signature promise of Trump's campaign, but at that point he hadn't decided who should lead an effort that would reverse the VA's longstanding practices.

A new name surfaced in that meeting: David Shulkin, who'd led the VA's health care division since 2015. Perlmutter then recommended Shulkin to Trump, according to a person familiar with his thinking. (Shulkin did not respond to requests for comment.)

Once nominated, Shulkin flew to Mar-a-Lago in early February 2017 to meet with Perlmutter, Sherman and Moskowitz. In a follow-up email a few days later, Moskowitz elaborated on the terms of their relationship. "We do not need to meet in person monthly, but meet face to face only when necessary," he wrote. "We will set up phone conference calls at a convenient time."

Shulkin responded diplomatically. "I know how busy all of you are and having you be there in person, and so present, was truly a gift," he wrote. "I found the time we spent, the focus that came out of our discussions, and the time we had with the President very meaningful."

It wasn't long before the Mar-a-Lago Crowd wore out their welcome with Shulkin. They advised him on how to do his job even though they sometimes seemed to lack a basic understanding of it. Just after their first meeting, Moskowitz emailed Shulkin again to say, "Congratulations i[t] was unanimous." Shulkin corrected him: "Bruce- this was not the confirmation vote- it was a committee vote- we still need a floor vote."

Perlmutter, Moskowitz and Sherman acted like board members pounding a CEO to turn around a struggling company, a former administration official said. In email after email, officials sought

approval from the trio: for an agenda Shulkin was about to present to Trump for a research effort on suicide prevention and for a plan to recruit experts from academic medical centers. “Everything needs to be run by them,” the first former official said, recalling the process. “They view themselves as making the decisions.”

The Mar-a-Lago Crowd bombarded VA officials with demands, many of them inapt or unhelpful. On phone calls with VA officials, Perlmutter would bark at them to move faster, having no patience for bureaucratic explanations about why something has to be done a certain way or take a certain amount of time, former officials said. He issued orders in a thick, Israeli-accented English that can be hard to understand.

In one instance, Perlmutter alerted Shulkin to what he called “another real-life example of the issues our great veterans are suffering with when trying to work with the VA.” The example came from Karen Donnelly, a real estate agent in Palm Beach who manages the tennis courts in the luxury community where Perlmutter lives. Donnelly’s son was having trouble accessing his military medical records. After a month of dead ends, Donnelly said she saw Perlmutter on the tennis court and, knowing his connection to Trump, asked him for help. Perlmutter told her to email him the story because he’s “trying to straighten things out” at the VA, she recalled. (Donnelly separately touched off a nasty legal dispute between Perlmutter and a neighbor, Canadian businessman Harold Peerenboom, who objected to her management of the tennis courts. In a lawsuit, Peerenboom accused Perlmutter of mounting a vicious hate mail campaign against him, which Perlmutter’s lawyer denied.) Perlmutter forwarded Donnelly’s email to Shulkin, Moskowitz and Sherman. “I know we are making very good progress, but this is an excellent reminder that we are also still very far away from achieving our goals,” Perlmutter wrote.

Shulkin had to explain that they were looking in the wrong place: Since the problem was with military service records, it lay with the Defense Department, not the VA.

Perlmutter, Moskowitz and Sherman defended their intervention, saying, “These were the types of stories of agency dysfunction and individual suffering that drove us to offer our volunteer experience in the first place — veterans who had been left behind by their government. These individual cases helped raise broader issues for government officials in a position to make changes, sometimes leading to assistance for one veteran, sometimes to broader reforms within the system.”

Right after meeting Shulkin, Moskowitz connected him with his friend Michael Zinner, director of the Miami Cancer Institute and a member of the American College of Surgeons’ board of regents. (Zinner declined to comment.) The conversation led to a plan for the American College of Surgeons to evaluate the surgery programs at several VA hospitals. The plan came very close to a formal announcement and contract, internal emails show, but stalled after Shulkin was fired, according to the organization’s director, David Hoyt.

Besides advocating for friends’ interests, some of the Mar-a-Lago Crowd’s interventions served their own purposes. Starting in February 2017, Perlmutter convened a series of conference calls with executives at Johnson & Johnson, leading to the development of a public awareness campaign about veteran suicide. They planned to promote the campaign by ringing the closing bell at the New York Stock Exchange around the time of Veterans Day.

The event also turned into a promotional opportunity for Perlmutter’s company. Executives from Marvel and its parent company, Disney, joined Johnson & Johnson as sponsors of the Veterans Day event at the stock exchange. Shulkin rang the closing bell standing near a preening and flexing Captain America, with Spider-Man waving from the trading pit, and

Marvel swag distributed to some of the attendees. “Generally the VA secretary or defense secretary don’t shill for companies,” the leader of a veterans advocacy group said.

The VA was aware of the ethical questions this event raised because of Shulkin’s relationship with Perlmutter. An aide to Shulkin sought ethics advice from the agency’s lawyers about the appearance. In an email, the aide noted, “the Secretary is friends with the President of Marvel Comics, Mr. Ike Perlmutter, but he will not be in attendance.” The VA redacted the lawyer’s answer, and the agency’s spokesman would not say whether the ethics official approved Shulkin’s participation in the event.

Perlmutter did not answer specific questions about this episode. His joint statement with Moskowitz and Sherman said, “None of us has gained any financial benefit from this volunteer effort, nor was that ever a consideration for us.”

Perlmutter also facilitated a series of conference calls with senior executives from Apple. VA officials were excited about working with the company, but it wasn’t immediately obvious what they had to collaborate on.

As it turned out, Moskowitz wanted Apple and the VA to develop an app for veterans to find nearby medical services. Who did he bring in to advise them on the project? His son, Aaron, who had built a similar app. The proposal made Apple and VA officials uncomfortable, according to two people familiar with the matter, but Moskowitz’s clout kept it alive for months. The VA finally killed the project because Moskowitz was the only one who supported it.

Moskowitz, in the joint statement, defended his son’s involvement, calling him a “technical expert” who participated in a single phone call alongside others. “Any development efforts, had they occurred, would not have involved Aaron or any of us. There was no product of Dr. Moskowitz’s or Aaron’s that was promoted or recommended in any way during the call,” the trio said. “Again, none of us, including Aaron, stood to receive any

financial benefit from the matters discussed during the conversation — and any claims to the contrary are factually incorrect.”

Moskowitz had more success pushing a different pet cause. He has spent years trying to start a national registry for medical devices, allowing patients to be notified of product recalls. Moskowitz set up the Biomedical Research and Education Foundation to encourage medical institutions to keep track of devices for their patients to address what he views as a dangerous hole in oversight across the medical profession. At one point, the foundation built a registry to collect data from doctors and patients. Moskowitz chaired the board, and Perlmutter’s wife was also a member. Moskowitz’s son earned \$60,000 a year as the executive director, according to tax disclosures.

Moskowitz pushed the VA to pick up where he left off. He joined officials on weekly 7:30 a.m. conference calls in which officials discussed organizing a summit of experts on device registries and making a public commitment to creating one at the VA. In an email to Shulkin, the VA official in charge of the project referred to it as the “Bruce Moskowitz efforts.”

When the summit arrived, on June 4, Moskowitz and his son did not attend. It’s not clear what role they will have in setting up the VA’s registry going forward — their foundation has shut down, according to its website, and Moskowitz’s son said he’s no longer involved. But in his opening remarks at the summit, Peter O’Rourke, then the acting secretary, offered a special thanks to “Dr. Bruce Moskowitz and Aaron Moskowitz of the Biomedical Research and Education Foundation” as “driving forces” behind it.

Over the course of 2017, there was growing tension within the Trump administration about how much the VA should rely on private medical care. During the campaign, Trump championed letting veterans see any doctor they choose, inside or outside the

VA system. But Shulkin warned that such an approach was likely to result in poorer care at a higher cost. His preferred solution was integrating government-run VA care with a network of private providers.

In September 2017, the Mar-a-Lago Crowd weighed in on the side of expanding the use of the private sector. “We think that some of the VA hospitals are delivering some specialty healthcare when they shouldn’t and when referrals to private facilities or other VA centers would be a better option,” Perlmutter wrote in an email to Shulkin and other officials. “Our solution is to make use of academic medical centers and medical trade groups, both of whom have offered to send review teams to the VA hospitals to help this effort.”

In other words, they proposed inviting private health care executives to tell the VA which services they should outsource to private providers like themselves. It was precisely the kind of fox-in-the-henhouse scenario that the VA’s defenders had warned against for years. Shulkin delicately tried to hold off Perlmutter’s proposal, saying the VA was already developing an in-house method of comparing its services to the private sector.

Shulkin also clashed with the Mar-a-Lago Crowd over how to improve the VA’s electronic record-keeping software (the one episode involving the trio that has previously surfaced, in a report by Politico). The contract, with a company called Cerner, would cost more than \$10 billion and take a decade to implement. But Moskowitz had used a different Cerner product and didn’t like it. He complained that the software didn’t offer voice recognition, even though newer versions of Cerner’s product do. For months, the Mar-a-Lago Crowd pressured Shulkin to put the contract through additional vetting.

On Feb. 27, 2018, Shulkin flew to Mar-a-Lago — not to see Trump, who was back in Washington, but to meet with Perlmutter, Moskowitz and Sherman. The trip was supposed to close the deal on the Cerner contract, according to two people familiar with the meeting. By then, Shulkin’s stature had been

badly diminished by an ethics scandal, and he expected he didn't have much longer in the job, but he wanted to finish the Cerner deal first.

Shulkin brought O'Rourke, an ex-Trump campaign aide who stepped in as chief of staff after the ethics scandal led to the departure of Shulkin's top aide. O'Rourke took the opportunity to ally himself with the Mar-a-Lago Crowd. "It was an honor to meet you all yesterday," he wrote in a follow-up email. "I want to ensure that you have my VA and personal contact information." He then provided his personal cell phone number and email address. (Using personal email to conduct government business can flout federal records laws, as President Trump and his allies relentlessly noted in their attacks on Hillary Clinton during the 2016 campaign.) "Thank you for your support of the President, the VA, and me," O'Rourke wrote. (O'Rourke didn't answer requests for comment.)

Perlmutter welcomed the overture. "I feel confident that you will be a terrific asset moving forward to get things accomplished," he replied.

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From: Powers, Pamela
Sent: 21 Aug 2018 01:07:50 -0700
To: RLW
Subject: FW: [EXTERNAL] FW: Alert: Roll Call: Republicans Won't Probe Influence of Trump Friends at Veterans Department

Sir, FYI.

Pam

Sent with Good (www.good.com)

From: (b)(6) (Veterans Affairs)
Sent: Monday, August 20, 2018 2:09:42 PM
To: Powers, Pamela; Tucker, Brooks
Subject: [EXTERNAL] FW: Alert: Roll Call: Republicans Won't Probe Influence of Trump Friends at Veterans Department

icymi

From: (b)(6) (Veterans Affairs)
Sent: Monday, August 20, 2018 12:05 PM
To: x
Cc: x
Subject: FW: Alert: Roll Call: Republicans Won't Probe Influence of Trump Friends at Veterans Department

Roll Call: Republicans Won't Probe Influence of Trump Friends at Veterans Department

By Lauren Clason

Top Republican lawmakers have no plans to examine the alleged influence that a trio of President Donald Trump's friends have at the Department of Veterans Affairs, even as Democrats call for an investigation.

The controversy peaked in recent weeks after reports that Marvel Entertainment Chairman Ike Perlmutter, Palm Beach doctor Bruce Moskowitz and D.C. lawyer Marc Sherman hold undue sway with VA leadership, including senior adviser Peter O'Rourke, who formerly served as acting secretary. Liberal veterans group VoteVets filed a lawsuit against the administration last week, claiming the VA is violating federal protocol related to private influence in matters of federal policy.

Scrutiny of the department is high as recently confirmed Secretary Robert Wilkie assumes control of a massive overhaul of the popular Veterans Choice Program giving veterans access to private doctors. Veterans groups are closely watching how the department will implement the bipartisan project, particularly whether it will funnel more resources away from VA facilities.

Multiple Democrats have called for an investigation into the influence of the three outsider advisers to Trump, and House VA Committee ranking member Tim Walz is seeking details of correspondence from the department. But Republican leaders of both the House and Senate veterans committees don't agree the issue warrants congressional intervention.

Senate Veterans' Affairs Committee Chairman Johnny Isakson said the problem was largely solved after Wilkie was sworn in last month.

"I think we're moving ahead," he said. "Most of them are out of there."

Isakson added that the three men worked around the committee but never affected the committee's agenda.

"There wasn't anything I could do about it," he said. "It never caused us any trouble. It was certainly disruptive and held the VA back some, but we got a great secretary now."

A spokeswoman for Tennessee Republican Phil Roe, Isakson's counterpart on the House Veterans' Affairs Committee, said Roe also believes Wilkie is capable of running the agency independently despite outside pressure.

The VA has also rejected the notion that the three friends ever had any direct influence over the department.

"Secretary Wilkie has been clear how he does business — no one from outside the administration dictates VA policies or decisions — that's up to him and President Trump," spokesman James Hutton said in an email. "Period."

But Democrats aren't satisfied. Democratic Reps. Julia Brownley and Ann McLane Kuster have petitioned VA Inspector General Michael Missal to investigate and asked Roe to hold a hearing on the matter.

"Not only are these individuals making policy decisions without nomination by the President or Senate confirmation, they have reportedly made personnel decisions that adversely affected the careers of numerous VA employees who felt their counsel was contrary to the delivery of quality care to our nation's veterans," the congresswomen wrote to Missal.

Republicans are less concerned. Sen. Mike Rounds said he has concerns about the VA, but they don't include Trump's friends.

"I don't know that it's necessary to investigate it," he said. "I think if the president wants to have discussions, he most certainly is welcome to bring in outsiders to have discussions."

GOP Sen. Bill Cassidy said the issue has to be more than what he called "Trump derangement syndrome" on the part of the president's critics to warrant an investigation. Presidents routinely have friends and other informal advisers they seek out for opinions, he added.

"I think it would have to make sure that it crossed those thresholds before I would be particularly concerned," he said.

Website: <http://www.rollcall.com/news/politics/republicans-downplay-influence-trump-friends-veterans>

From: Bloomberg Government <alerts@bgov.com>

Sent: Monday, August 20, 2018 11:51 AM

To: Gordon, Marie (Isakson) <Marie_Gordon@isakson.senate.gov>

Subject: Alert: Roll Call: Republicans Won't Probe Influence of Trump Friends at Veterans Department

Bloomberg GOVERNMENT

Roll Call: Republicans Won't Probe Influence of Trump Friends at Veterans Department

August 20, 2018 11:50AM ET | Roll Call

Veterans Affairs Chairman Johnny Isakson, R-Ga., speaks during a hearing of Veterans Affairs secretary nominee Robert Wilkie in front of the Senate Veterans' Affairs Committee in the Dirksen Senate Office Building Wednesday June 27, 2018. (Photo By ...

[Read More](#)

[ISakson News Alert](#)

To: (b)(5) EOP/WHO
Subject: FW: NY Times piece on VA Personnel changes

(b)(6) FYSA. We would like to (b)(5) (b)(5)
(b)(5)

Heading to a meeting but can chat at lunch, if desired.

From: Ulliyot, John
Sent: Friday, August 10, 2018 10:31 AM
To: Powers, Pamela
Cc: Syrek, Christopher D. (Chris)
Subject: FW: NY Times piece on VA Personnel changes

Pam – see below on the New York Times piece that we discussed.

I spoke yesterday with (b)(6) who runs Cabinet Affairs communications at the White House. I told him that the NY Times is writing a negative piece that will run as soon as today on rumors of personnel changes and delays in decision-making about senior leadership now that SecVA Wilkie is in his second week.

This piece will likely drive a lot of secondary coverage that will make any subsequent decisions look like reactions to the negative coverage. This is not what we need at the start of SecVA's tenure.

The key thing is that – if we can do a release this afternoon that announces the topline personnel changes, it will likely blunt or kill the main thrust of the NY Times piece, and instead drive a positive story in all outlets about SecVA getting his leadership team in place.

Please advise – we would need to issue the release around 2 p.m.

Thanks,

John U.

John Ulliyot
Assistant Secretary for Public and Intergovernmental Affairs
U.S. Department of Veterans Affairs
202-461-7500 office
john.ullyot@va.gov



From: (b)(6)@va.gov>
Date: Friday, August 10, 2018 at 10:19 AM
To: John Ulliyot <John.Ulliyot@va.gov>
Subject: FW: [EXTERNAL] Personnel changes

From: (b)(6)
Sent: Thursday, August 09, 2018 12:04 PM
To: David Philipps (b)(6)@nytimes.com>
Subject: RE: [EXTERNAL] Personnel changes

VA has no personnel announcements at this time.

Thanks,

(b)(6)
Press Secretary
Department of Veterans Affairs
202-461-(b)(6)
(b)(6)@va.gov
@ (b)(6)

From: David Philipps [mailto:(b)(6)@nytimes.com]
Sent: Thursday, August 09, 2018 11:59 AM
To: (b)(6)r@va.gov>
Subject: Re: [EXTERNAL] Personnel changes

Does "no personnel announcements" mean no one has been moved, or that you are not saying who has been moved?

Dave Philipps



(b)(6)@nytimes.com
Colorado Springs, Colorado
c: 719-235-(b)(6)

On Thu, Aug 9, 2018 at 9:58 AM (b)(6)@va.gov> wrote:

Hi, Dave. Please see below, attributable to me, and please confirm receipt. Thanks.

Q: Can you tell me what Sandoval's new position will be? Several have suggested that if Wilkie is unable to name new staff it will show the continued influence of "the Mar-a-lago" crowd. Can you ask Wilkie if he would like to talk to me about his personnel plans?

A: VA has no personnel announcements at this time.

Here is VA's comment on the ProPublica Piece:

We appreciate hearing from experts both inside and outside VA as we look for better ways to serve our nation's heroes. This broad range of input from individuals both inside and outside VA has helped us immensely over the last year and a half – a period that hands-down has been VA's most productive in decades.

Under President Trump's leadership, VA has made groundbreaking progress, particularly in the areas of accountability, transparency and efficiency across the department while enjoying an unprecedented series of legislative successes.

We look forward to building on these improvements as we continue to reform VA under President Trump.

(b)(6)
Press Secretary
Department of Veterans Affairs
202-461-(b)(6)
(b)(6)@va.gov
(b)(6)

From: David Philipps [mailto:(b)(6)@nytimes.com]
Sent: Wednesday, August 08, 2018 5:48 PM
To: (b)(6)@va.gov
Subject: Re: [EXTERNAL] Personnel changes

Deadline is Thursday evening. Not sure on the pub date

Dave Philipps



(b)(6)@nytimes.com
Colorado Springs, Colorado

c: 719-235-(b)(6)

On Wed, Aug 8, 2018 at 3:40 PM (b)(6)@va.gov wrote:

What is your deadline and publication date?

(b)(6)

Press Secretary

Department of Veterans Affairs

202-461-(b)(6)

(b)(6)@va.gov

@(b)(6)

From: David Philipps [mailto:(b)(6)@nytimes.com]

Sent: Wednesday, August 08, 2018 5:36 PM

To: (b)(6)@va.gov

Subject: Re: [EXTERNAL] Personnel changes

Thanks, can you tell me what Sandoval's new position will be?

Also, the Times is going to write about the influence of Ike Perlmutter et al. from Mar-a-lago. Specifically they they would call the secretary multiple times a day with suggestions/complaints, had loyal staff that reported back to them on the operations at VACO (largely Sandoval) and that Shulkin was fired in large part because he lost their support. Does VA or Sandoval care to comment?

One more thing: Several have suggested that if Wilkie is unable to name new staff it will show the continued influence of "the Mar-a-lago" crowd. Can you ask Wilkie if he would like to talk to me about his personnel plans?

Dave Philipps



(b)(6)@nytimes.com

Colorado Springs, Colorado

c: 719-235-(b)(6)

On Wed, Aug 8, 2018 at 3:26 PM (b)(6)@va.gov wrote:

Thanks.

VA has no personnel announcements at this time.

But as we have noted before, the Washington Post story contained a number of errors. Specifically:

- John Ulliyot will remain VA's assistant secretary for public and intergovernmental affairs, and there will be no changes whatsoever to his duties.
- (b)(6) remains VA's press secretary and has no plans to leave the department.
- Camilo Sandoval is not leaving the administration and will remain at VA.

(b)(6)
Press Secretary
Department of Veterans Affairs
202-461-(b)(6)
(b)(6)@va.gov
@curtcashour

From: David Philipps [mailto:(b)(6)@nytimes.com]
Sent: Wednesday, August 08, 2018 12:36 PM
To: (b)(6)@va.gov
Subject: Re: [EXTERNAL] Personnel changes

We are trying to confirm the Wapo reports about Mr Wilkies planned changes.

On Wed, Aug 8, 2018 at 10:32 AM (b)(6)@va.gov wrote:

Hi, Dave. What is the specific angle of your story and deadline?

Thanks,

(b)(6)
Press Secretary
Department of Veterans Affairs
202-461-(b)(6)
(b)(6)@va.gov
@ (b)(6)

From: David Philipps [mailto:(b)(6)@nytimes.com]
Sent: Wednesday, August 08, 2018 12:30 PM
To: (b)(6)@va.gov
Subject: [EXTERNAL] Personnel changes

Hi (b)(6)

Can you give me a list of personnel changes that have happened in the central office in the past two weeks, as well as planned changes that are in the works.

Thanks

--

Dave Philipps



(b)(6)@nytimes.com

Colorado Springs, Colorado

c: 719-235-(b)(6)

--

Dave Philipps



(b)(6)@nytimes.com

Colorado Springs, Colorado

c: 719-235-(b)(6)

From: (b)(6)
Sent: 4 May 2018 05:54:37 -0700
To: Powers, Pamela
Subject: RE: VACO Substantial Interest Notification (Isaac Arnsdorf, 18-07296-F)

Thank you again and again! ☺ Ruthless environment

From: Powers, Pamela
Sent: Friday, May 04, 2018 8:49 AM
To: (b)(6)
Subject: FW: VACO Substantial Interest Notification (Isaac Arnsdorf, 18-07296-F)

Good thing you did not go...,

Sent with Good (www.good.com)

From: Bock, Tonia Y.
Sent: Friday, May 04, 2018 4:00:33 AM
To: O'Rourke, Peter M.; Hayes-Byrd, Jacquelyn; Powers, Pamela; Gainey, Andrew
Cc: Bowman, Thomas
Subject: FW: VACO Substantial Interest Notification (Isaac Arnsdorf, 18-07296-F)

FYI

From: (b)(6)
Sent: Friday, May 04, 2018 3:32:47 AM
To: VACO FOIA Substantial Notification
Subject: VACO Substantial Interest Notification (Isaac Arnsdorf, 18-07296-F)

A. Why are you sending this to the 10th floor? For informational purposes only.

On May 1, 2018, the FOIA Service received a FOIA request from Isaac Arnsdorf, ProPublica requesting:

- Copies of all records related to the Secretary's (or Acting Secretary's) trips to Mar-a-Lago since Jan. 20, 2017, including but not limited to travel itineraries, expense reports, meeting agendas, meeting notes, emails and phone calls; all communications between the Secretary (or Acting Secretary) and Isaac "Ike" Perlmutter since Jan. 20, 2017; all communications between the Secretary (or Acting Secretary) and Marc Sherman since Jan. 20, 2017; and all communications between the Secretary (or Acting Secretary) and Bruce Moskowitz since Jan. 20, 2017. B. Who is responsible for replying to the request?

The FOIA Service is referring this request to the Office of the Executive Secretary U.S. Department of Veterans Affairs (OSVA) to respond directly to the requester.

C. Due date? 20 working days from the date the request is perfected

(b)(6)

VACO FOIA Service

Quality, Privacy, and Risk (QPR)

Office of Information and Technology (OI&T)

Office: (202) 632-(b)(6) Fax: (202) 632-(b)(6)

vacofoiaservice@va.gov

FOIA Service Hotline: 1-877-750-3642

Please take a moment and let us know how we did by completing a quick evaluation: Got a minute? Rate Our Service!



QPR's Mission Statement:

"To instill and promote a culture of quality, privacy and risk management in collaboration with our business partners to enable a better Veteran experience."

From: (b)(6)
Sent: 10 Sep 2018 05:43:47 -0700
To: Windom, John H.; (b)(6) (OCLA); Powers, Pamela; (b)(6) (BAH); (b)(6)
Cc: COSVA; (b)(6) (b)(6)
Subject: RE: HVAC Hearing (RE: IPO) Pre-Brief W/ SECVA - a politico article

There was a politico article regarding DoD and VA "joined at the hip" highlighting the issues rather than the positives. (I believe that there is a significant opportunity to leverage the positives of working together to accelerate success, reduce risks and costs while still embracing the differences that will also need to be supported.)

The HVAC hearing focuses on the IPO and its role as a DoD/VA interagency office.

Would it be useful to have an internal discussion re the vision that the VASEC has as it relates to the collaboration between DoD and VA on the Cerner initiative. Does the IPO's proposed governance model meet the needs? Is it better to have this discussion at a future time?

Respectfully,

(b)(6)

Article:

Date: September 7, 2018
Title: Discord roils VA-DoD Cerner conversion plans
Source: Politico
Author: Arthur Allen

The new VA leadership's plan to implement a Cerner EHR in lockstep with the DoD program is raising concerns among some VA officials and was partly responsible for the sudden departure of the woman chosen to lead the implementation, according to sources within and outside the agency.

The recent arrival of Robert Wilkie, a former Pentagon leader, as VA secretary appears to have raised the military's influence on the direction of the contract, worrying VA officials who point to the vast difference between veteran services and what the Pentagon offers active-duty troops.

In a speech to the American Legion last week, Wilkie said the two implementations would be "joined from the hip" to make sure patient records could move flawlessly between medical facilities at the two agencies.

Skeptical VA officials note that clinicians in the two systems have different care settings and licensure levels. In addition, the DoD's Cerner EHR showed major weaknesses during its rollout in the Pacific Northwest last year, creating wariness about it at the VA.

Both agencies have been promising Congress for years to build a system that enables a smooth transition from military to VA medical care. The question dividing approaches now is how single-mindedly to focus on that one issue.

The woman chosen in July to lead the VA's Cerner transition, Genevieve Morris, asked Cerner for a report on what items DoD and VA had to share for its dual implementation to succeed, as well as what specific differences could be allowed, congressional and VA sources said.

Morris quit Aug. 24 after only five weeks on the job, in part because of a conflict with Wilkie and other officials over the amount of variation in the two versions of Cerner, according to three former VA officials.

At a nomination hearing Wednesday for the VA's designated chief information officer, James Gfrerer, Sen. Bill Cassidy asked whether the report was still expected and when. Gfrerer said he would investigate.

Morris's departure followed a mid-August meeting of the DoD and VA EHR teams at which Wilkie confirmed that the two systems would be nearly identical.

Morris has declined to comment on her departure. VA and Cerner spokespersons did not respond to requests for comment.

The ongoing turmoil reflects continued uncertainty over the 10-year, \$16 billion VA Cerner conversion, though health IT experts spent 10 months picking over the contract before it was signed in March.

Three members of President Donald Trump's Mar-a-Lago club with unusual influence in VA matters — Trump friend and Marvel Entertainment chairman Ike Perlmutter, Palm Beach internist Bruce Moskowitz and attorney Marc Sherman — were deeply involved in the reviews.

This spring, for example, a group of hospital CIOs who use Cerner technology were asked to examine the VA contract. John Windom, who led the VA work before Morris and returned to its helm after her departure, once joked to colleagues, "more people have read the Cerner contract than the Bible."

Yet VA clinicians and informaticists have not been reassured. They aren't convinced that a system identical to the DoD's will be workable for the Veterans Health Administration, the ultimate customer.

Everyone attached to the project agrees that "change management" — getting VA clinicians to learn and adapt to the new system — is the biggest challenge. But the new VA leadership seems willing to convince VA clinicians to accept the new system even if they do not necessarily like it.

"There's a huge change management component, so clinicians will have to go through a substantial, rigorous process to conform their workflows to the IT systems," Gfrerer testified. If the implementation fails to meet milestones, he said, people may be fired.

Some officials inside and out of the VA are concerned that a single-minded push to have interoperable computers in the two systems could come at the cost of good care at the VA.

Clinical informatics leaders say any major EHR project should first and foremost be aimed at transforming a health care system to better deliver on its mission rather than forcing clinicians to adjust to a particular technology.

The point is salient in this case because most VA clinicians are relatively happy with their current homegrown system, VistA. The DoD, in contrast, was eager to replace its clunky existing system.

At a meeting during a military IT conference in Orlando in July, Morris and Stacy Cummings, who leads the military's EHR implementation, had a somewhat contentious discussion about the project, according to two former VA officials.

According to a military source close to Cummings, "Stacy believed it was in everyone's best interest if the DoD and VA solutions were identical; Genevieve seemed to believe VA's system would operate better if VA was able to be as unique as possible."

The source reflected the military's position in adding, "I'm not a rocket scientist on EHRs, but different is bad. I'm not looking for this to be the bleeding edge. I want a system that works reliably well. We aren't the Mayo Clinic — this is government-run health care."

At the Mayo Clinic and in other EHR transformations, the IT staff are answerable to clinical leaders. While the VA transition includes councils of clinical advisers, the modernization is currently led by an acquisitions officer.

One way to bridge differences would be to standardize most of the two implementations, while putting a governance council in charge of approving some variations and assuring neither agency strayed outside certain guardrails, said a former VA IT official who spoke on the condition of anonymity.

Another former VA IT officer, Roger Baker, suggested that this may be the only way to make the implementations work.

"VA and DoD don't like to work together, and they aren't going to fold to any policy or even law that says they have to work together," said Baker, who was CIO during an Obama administration attempt to create a single VA-DoD EHR. "If you have a single instance, it will be easier to work together. If you have a single object code, there's a circle around how much you can change and how much you can drift."

<https://subscriber.politicopro.com/ehealth/article/2018/09/discord-roils-va-dod-cerner-conversion-plans-772348>

From: Powers, Pamela
Sent: 4 May 2018 12:48:41 +0000
To: (b)(6)
Subject: FW: VACO Substantial Interest Notification (Isaac Arnsdorf, 18-07296-F)

Good thing you did not go...,

Sent with Good (www.good.com)

From: Bock, Tonia Y.
Sent: Friday, May 04, 2018 4:00:33 AM
To: O'Rourke, Peter M.; Hayes-Byrd, Jacquelyn; Powers, Pamela; (b)(6)
Cc: Bowman, Thomas
Subject: FW: VACO Substantial Interest Notification (Isaac Arnsdorf, 18-07296-F)

FYI

From: Short, Jacqueline
Sent: Friday, May 04, 2018 3:32:47 AM
To: VACO FOIA Substantial Notification
Subject: VACO Substantial Interest Notification (Isaac Arnsdorf, 18-07296-F)

A. Why are you sending this to the 10th floor? For informational purposes only.

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C. Due date? 20 working days from the date the request is perfected

(b)(6)

VACO FOIA Service

Quality, Privacy, and Risk (QPR)

Office of Information and Technology (OI&T)

Office: (202) 632-(b)(6) Fax: (202) 632-(b)(6)

vacofoiaservice@va.gov

FOIA Service Hotline: 1-877-750-3642

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From: Powers, Pamela
Sent: 4 May 2018 11:42:56 +0000
To: RLW
Subject: FW: VACO Substantial Interest Notification (Isaac Arnsdorf, 18-07296-F)
Attachments: 18-07296-F Req Arnsdorf.pdf

Sir, FYSA.

Pam

Sent with Good (www.good.com)

From: Bock, Tonia Y.
Sent: Friday, May 04, 2018 4:00:33 AM
To: O'Rourke, Peter M.; Hayes-Byrd, Jacquelyn; Powers, Pamela; (b)(6)
Cc: Bowman, Thomas
Subject: FW: VACO Substantial Interest Notification (Isaac Arnsdorf, 18-07296-F)

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To: VACO FOIA Substantial Notification
Subject: VACO Substantial Interest Notification (Isaac Arnsdorf, 18-07296-F)

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Jan. 20, 2017; and all communications between the Secretary (or Acting Secretary) and Bruce Moskowitz since Jan. 20, 2017.B. Who is responsible for replying to the request?

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(b)(6)

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QPR's Mission Statement:

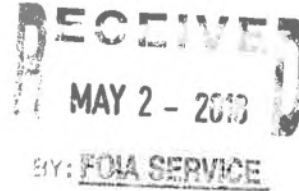
"To instill and promote a culture of quality, privacy and risk management in collaboration with our business partners to enable a better Veteran experience."

Isaac Arnsdorf
Journalist
ProPublica
2620 13th St NW
C101
Washington, DC 20009
203-464-(b)(6)

18-07296-F

May 01, 2018

FOIA Officer
Department of Veterans Affairs:
Central Office
810 Vermont Avenue, NW
Department of Veterans Affairs, (005R1C)
Washington, DC 20420
(202) 632-7465
vacofiaservice@va.gov



FOIA REQUEST

Fee waiver requested

Dear FOIA Officer:

Pursuant to the federal Freedom of Information Act, 5 U.S.C. § 552, I request access to and copies of all records related to the Secretary's (or Acting Secretary's) trips to Mar-a-Lago since Jan. 20, 2017, including but not limited to travel itineraries, expense reports, meeting agendas, meeting notes, emails and phone calls; all communications between the Secretary (or Acting Secretary) and Isaac "Ike" Perlmutter since Jan. 20, 2017; all communications between the Secretary (or Acting Secretary) and Marc Sherman since Jan. 20, 2017; and all communications between the Secretary (or Acting Secretary) and Bruce Moskowitz since Jan. 20, 2017.

I would like to receive the information in electronic files.

I agree to pay reasonable duplication fees for the processing of this request in an amount not to exceed \$250. However, please notify me prior to your incurring any expenses in excess of that amount.

Please waive any applicable fees. Release of the information is in the public interest because it will contribute significantly to public understanding of government operations and activities. I am a journalist primarily engaged in the dissemination of information.

If my request is denied in whole or part, I ask that you justify all deletions by reference to specific exemptions of the act. I will also expect you to release all segregable portions of otherwise exempt material. I, of course, reserve the right to appeal your decision to withhold any information or to deny a waiver of fees.

I would appreciate your communicating with me by email or telephone, rather than by mail.

I look forward to your determination regarding my request within 20 business days, as the statute requires.

Thank you for your assistance.

Sincerely,

RECEIVED
MAY 2 - 2013
BY: FOIA SERVICE

(b)(6)

VACO FOIA)

From: Isaac Arnsdorf via iFOIA.org (b)(6)@mail.ifoia.org>
Sent: Tuesday, May 01, 2018 7:27 PM
To: VACO FOIA Service Inbox
Subject: [EXTERNAL] Public Records Request
Attachments: MAL.pdf

Reply ABOVE THIS LINE

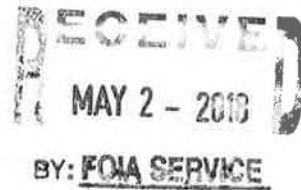
Dear FOIA Officer:

Attached is a formal request for public records. Please feel free to contact me at this email address or at 203-464-(b)(6) with any questions.

Thank you for your assistance.

Sincerely,

Isaac Arnsdorf



This message was sent via iFOIA.org. If you have questions about iFOIA, please refer to the [About page](#) or email ifoia-help@rcfp.org.

This message was sent via iFOIA.org.

From: DJS
Sent: 6 Sep 2017 13:34:25 -0400
To: Shulkin, David J., MD;vacodjs1@va.gov
Subject: FW: Great to chat, (b)(6) As per your request, here is -
Attachments: America Salutes You and Wall Street Rocks For Our Heroes- Guitar Legends for Heroes - Sponsor Deck - 8-21-17 - Terminal 5.pdf

From: IP[SMTP:(b)(6)@FRENCHANGEL59.COM]
Sent: Wednesday, September 06, 2017 1:32:44 PM
To: DJS
Subject: [EXTERNAL] FW: Great to chat, (b)(6) As per your request, here is -
Auto forwarded by a Rule

David,

Do you know anything about (b)(6) and his organization?

Also have you heard anything about this event?

Please let me know when you get a chance.

Thank you,

Ike

From: (b)(6)
Sent: Wednesday, September 06, 2017 11:49 AM
To: IP
Subject: FW: Great to chat, (b)(6) As per your request, here is

FYI

From: (b)(6)@theoteam.org<mailto:(b)(6)@theoteam.org> [mailto:(b)(6)@theoteam.org]
Sent: Wednesday, September 06, 2017 11:38 AM
To: (b)(6)

Subject: Great to chat, (b)(6) As per your request, here is

the updated sponsorship deck for America Salutes You, '17, the nationally broadcast benefit concert honoring our men and women in uniform. I am glad to provide an update on the latest talent which includes the lead guitarists for ZZ Top, Bon Jovi, Aerosmith, Peter Frampton and other great vocalists and performers. The title of the show is Guitar Legends for Heroes.....Sponsors include FED EX, Walgreens, ATT, Bank of America, et al. We are partnered with a non profit helping veterans and their families called Wall St. Rocks, by the way. The concert will be in NYC on Nov 29 and it will be aired nationally on the evening of Dec 23. Funds raised by the concert will benefit a range of high impact veterans non profits assisting with mental wellness. We plan to have a working lunch on Nov 29 with a bipartisan group of Congressional and Administration officials discussing veterans issues prior to the concert that evening. I hope Mr Perlmutter would have a moment to chat further by phone. Best, (b)(6) for America Salutes You, '17



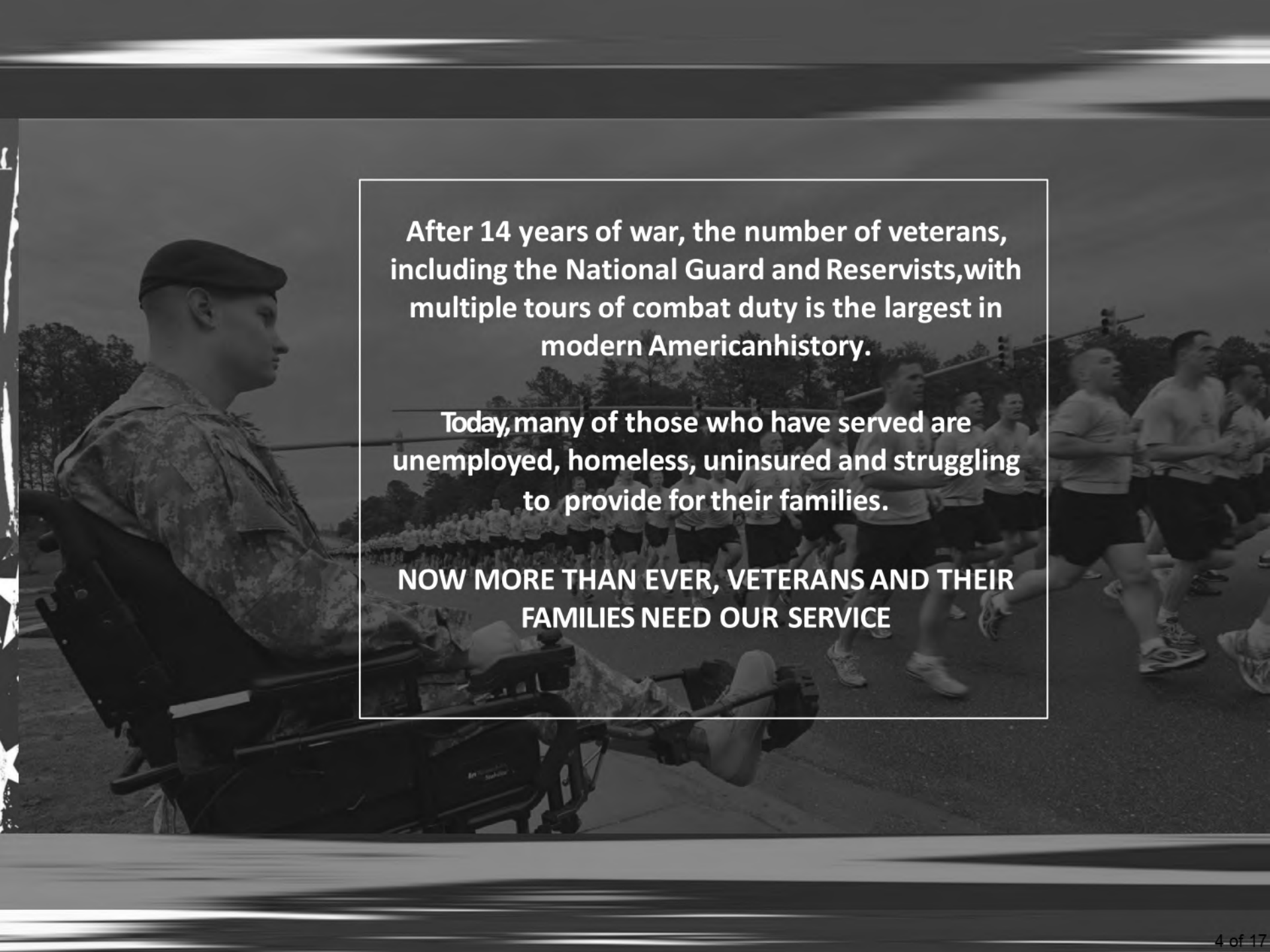
AMERICA SALUTES YOU

BROADCAST SPECIAL

2017 Concert



**WALL
STREET
ROCKS
INC.**

A black and white photograph showing a veteran in a wheelchair on the left side of the frame, looking towards the right. On the right side, a group of runners is participating in a race. A large white text box is centered over the image, containing three paragraphs of text.

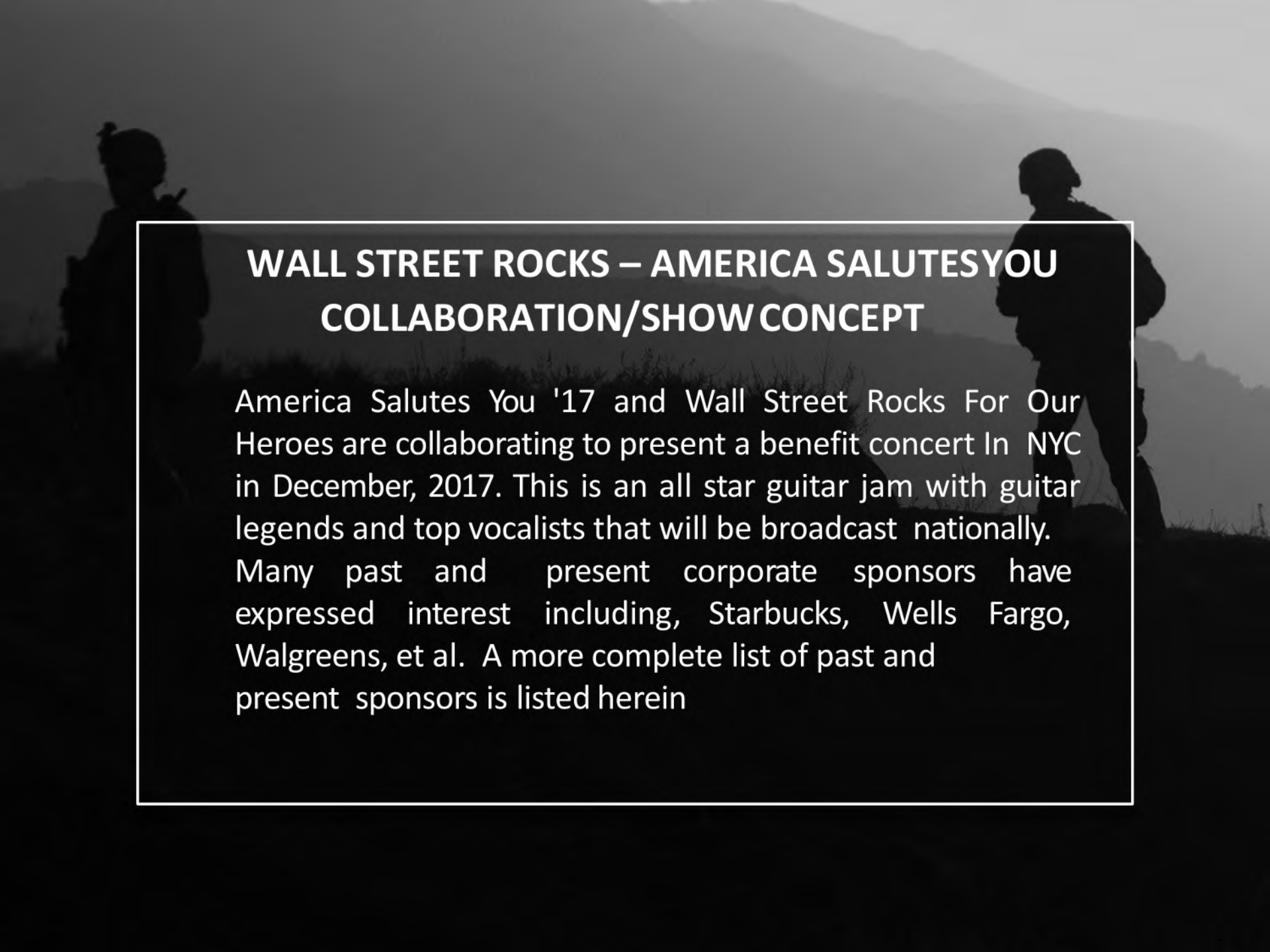
After 14 years of war, the number of veterans, including the National Guard and Reservists, with multiple tours of combat duty is the largest in modern American history.

Today, many of those who have served are unemployed, homeless, uninsured and struggling to provide for their families.

NOW MORE THAN EVER, VETERANS AND THEIR FAMILIES NEED OUR SERVICE

MISSION STATEMENT

The mission of *America Salutes You and Wall Street Rocks For Our Heroes* is to create a show that will create national recognition as a “thank you” to our military, veterans and their loved ones and to raise funds for the high-impact charities that support them.



WALL STREET ROCKS – AMERICA SALUTES YOU COLLABORATION/SHOW CONCEPT

America Salutes You '17 and Wall Street Rocks For Our Heroes are collaborating to present a benefit concert In NYC in December, 2017. This is an all star guitar jam with guitar legends and top vocalists that will be broadcast nationally. Many past and present corporate sponsors have expressed interest including, Starbucks, Wells Fargo, Walgreens, et al. A more complete list of past and present sponsors is listed herein

NOVEMBER 29th 2017

***America Salutes You and Wall
Street Rocks For Our Heroes***

Presents

Guitar Legends for Heroes Concert

at Terminal 5 in NYC

Featuring:

***Carlos Santana, John Mayer,
Keith Urban, Gary Clarke Jr, Billy Gibbons, and
Stevie Nicks....just to name a few***

*We will be confirming the above and additional artists to perform, and we will have lots of fun things
going on including: A pre-show meet and greet, an auction,
and pre-show cocktail/dinner/networking party for our special sponsors.*

The show will be filmed for national broadcast



KEY PARTNERS FOR 2017 EVENT

National Broadcast Partner – Upon Request

Co Producer - Todd Wagner's Charity Network.

Text to donate services -AT&T

Streaming Partner – Upon Request

Proposed Charity Recipients

Operation Finally Home – Severely wounded and disabled service members return home to confront extreme hardships, from physical and emotional disabilities to financial ruin, joblessness and homelessness. Operation Finally Home addresses the most pressing need of our heroes– home to call their own!

Hope for Warriors – Hope For The Warriors provides comprehensive support programs for service members, veterans, and military families that are focused on transition, health and wellness, peer engagement, and connections to community resources.

Warrior K9 Connection – Warrior K9 Connection utilizes a Mission Based Trauma Recovery model to help Warriors recovering from the stress of combat reconnect with their families, communities, and life. By interacting with the dogs as they move from puppyhood to training to adult service dogs, Warrior Trainers benefit from a physiological and psychological animal-human connection.

One Mind – One Mind was created to help raise awareness and eliminate the stigma of brain disease, and to act as a leader in the community by revolutionizing collaboration, research and funding. Programs have been created to accelerate the discovery of better diagnostics, treatments and cures. Current focus is on a new approach to diagnose, treat and cure post-traumatic stress and traumatic brain injury (TBI).

Elizabeth Dole Foundation – The Elizabeth Dole Foundation is the preeminent organization empowering, supporting, and honoring our nation's military caregivers; the spouses, parents, family members and friends who care for America's wounded, ill or injured veterans

Psych Armor – Psych Armor Institute is a nonprofit that provides free education and support for all Americans to engage effectively with the military community. Psych Armor is the only national institute of its kind, dedicated to bridging the military-civilian divide through free online education. Psych Armor provides a Support Center staffed with mental health experts that are ready to support you.

Headstrong – Provides post 911 veterans and military with free mental health care and support programs that work. Headstrong is veteran founded and run.

Veterans Education Challenge – The Veterans Education Challenge is dedicated to sending United States Military veterans to college by providing them with needed scholarships that the GI Bill does not cover. For every dollar up to \$1 million raised by the general public, the Richards family will match it, with a guarantee that 100% goes toward veteran scholarships.

AMERICA SALUTES YOU FOUNDING MEMBER

BOB OKUN

Bob Okun, Executive Producer of the first America Salutes You Concert in 2016, worked for 14 years as a senior staffer for the Republican leadership in the House, Senate and he also served in the Bush 41 Administration at the Dept of Education.

He then headed up NBCUniversal's Washington office for 17 more years (working most of those years for GE) and he now has his own firm, The O Team, LLC (www.theoteam.biz) for the past 6 years.

Bob has also been CEO for the past 12 years of a successful national college scholarship program for military families called ThanksUSA (www.thanksusa.org)

WALL STREET ROCKS FOR OUR HEROES FOUNDING MEMBERS

www.wallstreetrocks.org

GEORGECHRISAFIS

George Chrisafis is currently a Managing Director at SenaHill Partners, a merchant bank focused on early stage disruptive fintech companies. Prior to that, he was in Prime Services at Credit Suisse, responsible for the creation of the technology service offering in support of Professional Clearing of Listed Equities, Options and Futures. Before joining Credit Suisse, George was Executive Managing Director and Chief Technology Officer of BNY ConvergeX Group, LLC, a privately held self clearing agency broker dealer spun off from the Bank of New York in 2006. Prior to the formation of BNY ConvergeX Group, he served as Managing Director and CIO of the Execution Services Systems Division (ESSD) of The Bank of New York from 2000 through 2006. George is a founding board member of Wall Street Rocks, and organization committed to putting on events to raise money to help charities that assist military personnel, including Reserve Aid and Wounded Warriors. He is also actively involved with the New York Police & Fire Widows' & Children's Benefit FundCharity

LESLIEKIRBY

For many years, Leslie worked in the music business as an executive and because of her recording/production business experience, she had always been on the fringes of technology. In 1997 she segued her business experience and career into the technology revolution and the internet explosion when she came together with a group of friends to build a financial technology startup. During this time, Leslie met Pete, James, and George. Conversations between herself and the four guys ensued, and out of a brainstorming session that took place after seeing Peter play at Kenny's Castaway's, Wall Street Rocks was born. Since its inception and along with Pete, and James, Leslie has been one of the key driving forces in putting together Wall Street Rocks, first as a concept, and now as a company.

She Pete and James were co-founders behind the Wall Street Rocks For Our Veterans inaugural event on Dec 6th 2011 at Irving Plaza in NYC and currently holds the role of Co-Founding Member of Wall Street Rocks Inc. Together with these AMAZING individuals, Leslie is planning on making Wall Street Rocks Inc. a powerhouse non-profit entertainment company that will span Wall Street (for funding and for talent), and the music and entertainment business to create the platform for major give back to deserving and worthy charities.

JAMESMACEDONIO

"As one of the co-founders of Wall Street Rocks he hopes to establish a platform to reach more people in need". James is a graduate of NYU's Stern School of Business for Finance has worked with Wall Street over 20 years in many different capacities James' career in the financial sector began at Bear Stearns where he co-managed the Windows/Intel Platforms in their global infrastructure group. Since then James has held positions servicing the financial industry including; management consulting, building professional service organizations for companies servicing the financial vertical, and restructuring global sales process to ensure sales organizations align to business needs and function effectively. Some of the financial firms James has worked with include; Goldman Sachs, Credit Suisse, HSBC, Merrill Lynch, Bank of America, and Lehman Brothers.

James currently holds a position with Amazon. Prior to that, he was an Executive Director within Morgan Stanley for program management on their Low Latency / High Frequency global platforms, Segregation of Duty compliance, and Data center consolidation programs.

In addition to Wall Street Rocks, James also serves as a board member at the Henry Viscardi School for the severely disabled, advises the Red Eye charity on humanitarian efforts, spends time mentoring underprivileged high school children through the iMentoring program, and volunteers at his local church. His goal is to give back to society and provide to those far less fortunate. He has a great passion for those in need and those who put their life on the line for our country.

\$250,000 ALL ACCESS SPONSOR PACKAGE

Concert will be billed and branded as “ co presented by” _____ on all public signage, banners, radio, TV, and online advertising

Any and all pre and post concert press that concert generates _____ will be mentioned as a major sponsor of the show

A pre-concert dinner for 50 at one of the four 4 star chosen restaurants sponsoring the concert

75 VIP tickets to potentially be used to invite key clients to a once in a lifetime celebration with world renowned artists as a thank you for sponsoring the concert/supporting the cause

Two All Access backstage passes

Ten VIP Artist Meet and Greet /Photo Opp Tickets

Four VIP Tickets to attend pre show artist sound check with a catered lunch

Branding on Wall Street Rocks website, social media and printed material

Branding on any and all concert merchandise

Mention in the credit section of the broadcast

\$100,000 HERO SPONSOR PACKAGE

Sponsor will be branded on all public signage, banners, radio, TV, and online advertising

Any pre and post concert press that concert generates, sponsor will be mentioned as a sponsor of the show

A pre-concert dinner for 25 at one of the four 4 star chosen restaurants sponsoring the concert

50 VIP tickets to potentially be used to invite key clients to a once in a lifetime celebration with world renowned artists as a thank you for sponsoring the concert/supporting the cause

One All Access backstage pass

Six VIP Artist Meet and Greet /Photo Opp Tickets

Two VIP Tickets to attend the pre show artist sound check with a catered lunch

Branding on Wall Street Rocks website, social media and printed material

Branding on all concert merchandise

Mention in the credit section of the broadcast

\$50,000 MISSION SPONSOR PACKAGE

Sponsor will be branded on all public signage, banners, radio, TV, and online advertising

Any pre and post concert press that concert generates, sponsor will be mentioned as a sponsor of the show

A pre-concert dinner for 12 at one of the four 4 star chosen restaurants sponsoring the concert

25 VIP tickets to potentially be used to invite key clients to a once in a lifetime celebration with world renowned artists as a thank you for sponsoring the concert/supporting the cause

One All Access backstage pass

Three VIP Artist Meet and Greet /Photo Opp Tickets

One VIP Ticket to attend the pre show artist sound check with a catered lunch

Branding on Wall Street Rocks website, social media and printed material

Branding on all concert merchandise

Mention in the credit section of the broadcast

\$25,000 PATRON SPONSOR PACKAGE

Sponsor will be branded on all public signage, banners, and online advertising

Any pre and post concert press that concert generates, sponsor will be mentioned
as a sponsor of the show

A pre-concert dinner for 6 at one of the four 4 star chosen restaurants sponsoring the concert

10 VIP tickets to potentially be used to invite key clients to a once in a lifetime celebration
with world renowned artists as a thank you for sponsoring the concert


One VIP Artist Meet and Greet /Photo Opp Tickets

One VIP Ticket to attend artist pre show sound check with a catered lunch

Branding on Wall Street Rocks website, social media and printed material

Branding on all concert merchandise

Mention in the credit section of the broadcast



Over the past five years, dozens of companies have already made significant contributions to Wall Street Rocks and America Salutes You and this growing effort:

SenaHillPartners

Broadridge

BONY

Avaya

Booz Allen

Broadridge

Capco

Cisco

Clover

Corvil

Deloitte

EMC

Equinix

Exegy

FDM

Headstrong

HitachiDataSystems

HP

IBM

Informatica/29W

IrisSoftware

CapitalMarketsAdvisors

IntuitiveTechPartners

Starbucks

TIBCO

EnterpriseIron

77Software

MorganStanley

NSE.IT

SRLabs

AlphaAdvisors

RBC

NYSE

PitnyBowes

Presidio

Savvis

Skanska

SuperMicro

RevolutionStaffing

Synecron

TechExec

Maintech

ThomsonReuters

VeteransSourcingGroup

Windstream

WaxxTech

Wal GreensPharmacy

Ether



AMERICA SALUTES YOU

**WALL
STREET
ROCKS
INC.**

For Information Contact: info@wallstreetrocks.org or call 347-831-1902

From: DJS
Sent: 7 Sep 2017 09:57:32 -0400
To: Shulkin, David J., MD;vacodjs1@va.gov
Subject: FW: [EXTERNAL] Re: VA issue - From [redacted]

From: Bruce Moskowitz[SMTP:[redacted]@MAC.COM]
Sent: Thursday, September 07, 2017 9:56:57 AM
To: IP
Cc: DJS; lper[redacted]@gmail.com; mbs[redacted]@gmail.com
Subject: [EXTERNAL] Re: VA issue - From [redacted]
Auto forwarded by a Rule

We have access to those willing to donate their time so this does not happen and to make the system more efficient. I have a call in two weeks from a group at one of our academic partners who have the ability to contribute their talent to fix this. Several months ago I offered to have a rapid response team of volunteers from the academic centers to fix specific issues. If we do not start taking advantage of the talent willing to donate their time then the VA will not only loose a valuable resource but will be hiring companies at a tremendous cost to fix these problems.

Sent from my iPad
Bruce Moskowitz M.D.

On Sep 7, 2017, at 9:47 AM, IP [redacted]@frenchangel59.com<mailto:[redacted]@frenchangel59.com>> wrote:

David,

I would like to share with you another real life example of the issues our great veterans are suffering with when trying to work with the VA. I know we are making very good progress, but this is an excellent reminder that we are also still very far away from achieving our goals.

Thank you,

Ike

From: [redacted]
Sent: Tuesday, September 05, 2017 6:50 PM
To: L Perl[redacted]@gmail.com<mailto:[redacted]@gmail.com>; IP [redacted]
Subject: FW: VA issue - From [redacted]

FYI

From: (b)(6) [mailto:(b)(6)@fitegroup.com]
Sent: Tuesday, September 05, 2017 6:44 PM
To: (b)(6)
Subject: VA issue

(b)(6)

Ike wanted me to send him this info about my son and the trouble he had with trying to access his Military Medical Records:

(b)(6)

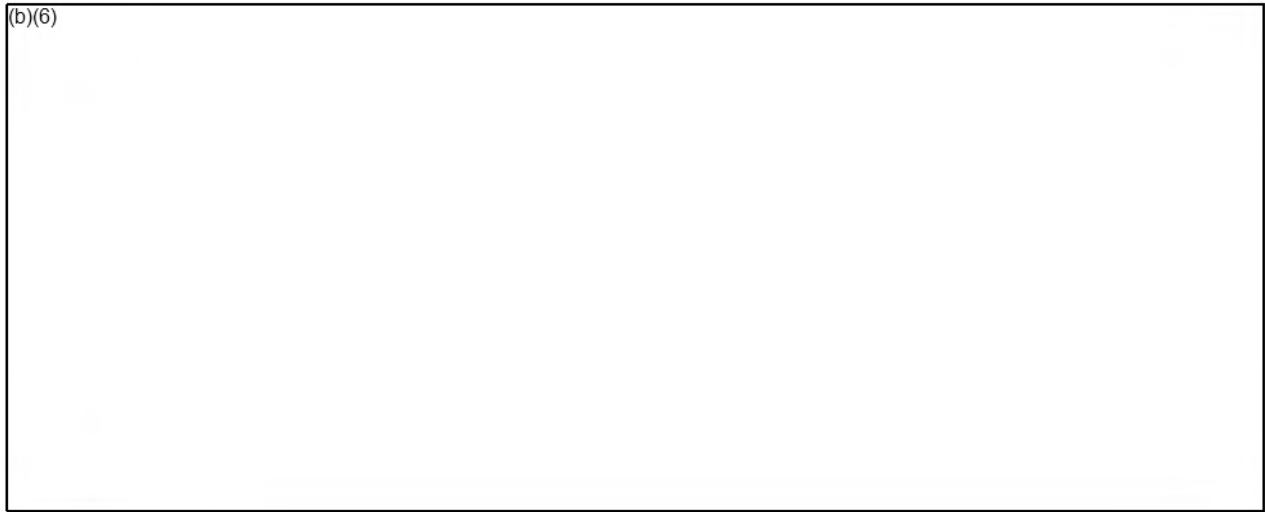
(b)(6)



(b)(6)



(b)(6)



(b)(6)

and

(b)(6)

561 35

(b)(6)

From: DJS
Sent: 7 Sep 2017 10:07:17 -0400
To: Shulkin, David J., MD;vacodjs1@va.gov
Subject: FW: [EXTERNAL] Re: FW: VA issue - From [redacted]

From: Marc Sherman[SMTP:[redacted]@GMAIL.COM]
Sent: Thursday, September 07, 2017 10:04:57 AM
To: IP
Cc: L Perl; Bruce Moskowitz; DJS
Subject: [EXTERNAL] Re: FW: VA issue - From [redacted]
Auto forwarded by a Rule

David

Assuming this email recounts the facts even somewhat accurately, i see huge implications...the system imposes hardships and anxiety that no one, especially someone hurting and crying for help, should have to endure. I would doubt that this is an isolated incident. Does it deserve a systemic examination of the existing policies and protocols and possible revamp (along with the ever-present required culture shock treatment) of the process?

Marc

Marc Sherman
(202) 758-[redacted]

On Sep 7, 2017 9:47 AM, "IP" [redacted]@frenchangel59.com<mailto:[redacted]@frenchangel59.com>> wrote:

David,

I would like to share with you another real life example of the issues our great veterans are suffering with when trying to work with the VA. I know we are making very good progress, but this is an excellent reminder that we are also still very far away from achieving our goals.

Thank you,

Ike

From: [redacted]
Sent: Tuesday, September 05, 2017 6:50 PM
To: L Perl [redacted]@gmail.com<mailto:[redacted]@gmail.com>; IP
Subject: FW: VA issue - From [redacted]

FYI

From: (b)(6) [mailto:(b)(6)@fitegroup.-com<mailto:(b)(6)@fitegroup.com>]
Sent: Tuesday, September 05, 2017 6:44 PM
To: (b)(6)
Subject: VA issue

(b)(6)

Ike wanted me to send him this info about my son and the trouble he had with trying to access his Military Medical Records:

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

and

(b)(6)

561 358

(b)(6)

From: DJS
Sent: 7 Sep 2017 11:35:10 -0400
To: Shulkin, David J., MD;vacodjs1@va.gov
Subject: FW: [EXTERNAL] Re: FW: VA issue - From (b)(6)

From: Marc Sherman[SMTP:(b)(6)@GMAIL.COM]
Sent: Thursday, September 07, 2017 11:34:15 AM
To: DJS
Cc: Bruce Moskowitz; L Perl; IP
Subject: RE: [EXTERNAL] Re: FW: VA issue - From (b)(6)
Auto forwarded by a Rule

That was my first reaction when I read the story, but doubted myself when the problem was solved by someone in Building 10 at the VA hospital. Does that make sense?

Ike, if this is a DOD problem/issue, perhaps you should pass this on to someone who can get it to the DOD.

Marc Sherman
(202) 758-(b)(6)

On Sep 7, 2017 11:27 AM, "DJS" <vacodjs1@va.gov<mailto:vacodjs1@va.gov>> wrote:

I think this is the department of defense and not VA

Sent with Good (www.good.com<<http://www.good.com>>)

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

From: Marc Sherman (b)(6)@gmail.com<mailto:(b)(6)@gmail.com>]
Sent: Thursday, September 07, 2017 10:07 AM Eastern Standard Time
To: IP
Cc: L Perl; Bruce Moskowitz; DJS
Subject: [EXTERNAL] Re: FW: VA issue - From (b)(6)

David

Assuming this email recounts the facts even somewhat accurately, i see huge implications...the system imposes hardships and anxiety that no one, especially someone hurting and crying for help, should have to endure. I would doubt that this is an isolated incident. Does it deserve a systemic examination of the existing policies and protocols and possible revamp (along with the ever-present required culture shock treatment) of the process?

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Marc Sherman

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Thank you,

Ike

From: (b)(6)
Sent: Tuesday, September 05, 2017 6:50 PM
To: L Perl (b)(6)@gmail.com<mailto:(b)(6)@gmail.com>; IP
Subject: FW: VA issue - From (b)(6)

FYI

From: (b)(6) [mailto:(b)(6)@fitegroup.co-m<mailto:(b)(6)@fitegroup.com>]
Sent: Tuesday, September 05, 2017 6:44 PM
To: (b)(6)
Subject: VA issue

(b)(6)

Ike wanted me to send him this info about my son and the trouble he had with trying to access his Military Medical Records:

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

and

(b)(6)
561 358 (b)(6)

From: DJS
Sent: 7 Sep 2017 13:47:55 -0400
To: Shulkin, David J., MD;vacodjs1@va.gov
Subject: FW: [EXTERNAL] Re: FW: VA issue - From [REDACTED]

From: Wright, Vivieca (Simpson)
Sent: Thursday, September 07, 2017 1:47:53 PM
To: DJS
Subject: RE: [EXTERNAL] Re: FW: VA issue - From [REDACTED]
Auto forwarded by a Rule

I called Mrs. [REDACTED] and spoke with her - the problem is resolved and her son now has his medical record information. The problem was - he entered his login information 3 times and was one digit off which resulted in him being locked out of the system. When this happens the system requires you to do an in-person verification before it can be unlocked. He was passed around to several people before he got to the right person [REDACTED] who was able to assist. I provided Mrs. [REDACTED] with my name and number and told her to me call directly the next time services are needed. She was very appreciative.

From: DJS
Sent: Thursday, September 07, 2017 1:14 PM
To: Wright, Vivieca (Simpson)
Subject: FW: [EXTERNAL] Re: FW: VA issue - From [REDACTED]

Sent with Good (www.good.com<<http://www.good.com>>)

-----Original Message-----
From: DJS
Sent: Thursday, September 07, 2017 11:55 AM Eastern Standard Time
To: 'Bruce Moskowitz'
Subject: RE: [EXTERNAL] Re: FW: VA issue - From [REDACTED]

I agree thanks

Sent with Good (www.good.com<<http://www.good.com>>)

-----Original Message-----
From: Bruce Moskowitz [mailto:[REDACTED]@mac.com] ([REDACTED]@mac.com)
Sent: Thursday, September 07, 2017 11:43 AM Eastern Standard Time
To: Marc Sherman
Cc: DJS; L Perl; IP
Subject: Re: [EXTERNAL] Re: FW: VA issue - From [REDACTED]

To the patient it should be that the VA person can steer him in the right direction regardless.

Sent from my iPhone

On Sep 7, 2017, at 11:34 AM, Marc Sherman
[REDACTED]@gmail.com<mailto:[REDACTED]@gmail.com>> wrote:

That was my first reaction when I read the story, but doubted myself when the problem was solved by someone in Building 10 at the VA hospital. Does that make sense?

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Marc Sherman
(202) 758-[REDACTED]

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I think this is the department of defense and not VA

Sent with Good (www.good.com<<http://www.good.com>>)

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

From: Marc Sherman [REDACTED]@gmail.com<mailto:[REDACTED]@gmail.com>]

Sent: Thursday, September 07, 2017 10:07 AM Eastern Standard Time

To: IP

Cc: L Perl; Bruce Moskowitz; DJS

Subject: [EXTERNAL] Re: FW: VA issue - From [REDACTED]

David

Assuming this email recounts the facts even somewhat accurately, i see huge implications...the system imposes hardships and anxiety that no one, especially someone hurting and crying for help, should have to endure. I would doubt that this is an isolated incident. Does it deserve a systemic examination of the existing policies and protocols and possible revamp (along with the ever-present required culture shock treatment) of the process?

Marc

Marc Sherman
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On Sep 7, 2017 9:47 AM, "IP" [redacted]@frenchangel59.com<mailto:[redacted]@frenchangel59.com>> wrote:

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Thank you,

Ike

From: [redacted]
Sent: Tuesday, September 05, 2017 6:50 PM
To: L Perl [redacted]@gmail.com<mailto:[redacted]@gmail.com>; IP
Subject: FW: VA issue - From [redacted]

FYI

From: [redacted]mailto:[redacted]@fitegroup.com]
Sent: Tuesday, September 05, 2017 6:44 PM
To: [redacted]
Subject: VA issue

[redacted]

Ike wanted me to send him this info about my son and the trouble he had with trying to access his Military Medical Records:

[redacted]

(b)(6)

ces

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and

(b)(6)
561 358 (b)(6)

From: DJS
Sent: 7 Sep 2017 11:43:27 -0400
To: Shulkin, David J., MD;vacodjs1@va.gov
Subject: FW: [EXTERNAL] Re: FW: VA issue - From (b)(6)

From: Bruce Moskowitz[SMTP:(b)(6)@MAC.COM]
Sent: Thursday, September 07, 2017 11:42:30 AM
To: Marc Sherman
Cc: DJS; L Perl; IP
Subject: Re: [EXTERNAL] Re: FW: VA issue - From (b)(6)
Auto forwarded by a Rule

To the patient it should be that the VA person can steer him in the right direction regardless.

Sent from my iPhone

On Sep 7, 2017, at 11:34 AM, Marc Sherman
(b)(6)@gmail.com<mailto:(b)(6)@gmail.com>> wrote:

That was my first reaction when I read the story, but doubted myself when the problem was solved by someone in Building 10 at the VA hospital. Does that make sense?

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(202) 758-(b)(6)

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I think this is the department of defense and not VA

Sent with Good (www.good.com<<http://www.good.com>>)

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

From: Marc Sherman [(b)(6)@gmail.com<mailto:(b)(6)@gmail.com>]
Sent: Thursday, September 07, 2017 10:07 AM Eastern Standard Time
To: IP
Cc: L Perl; Bruce Moskowitz; DJS
Subject: [EXTERNAL] Re: FW: VA issue - From (b)(6)

David

Assuming this email recounts the facts even somewhat accurately, i see huge implications...the system

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(202) 758-(b)(6)

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Thank you,

Ike

From: (b)(6)
Sent: Tuesday, September 05, 2017 6:50 PM
To: L Perl (b)(6)@gmail.com<mailto:(b)(6)@gmail.com>); IP
Subject: FW: VA issue - From (b)(6)

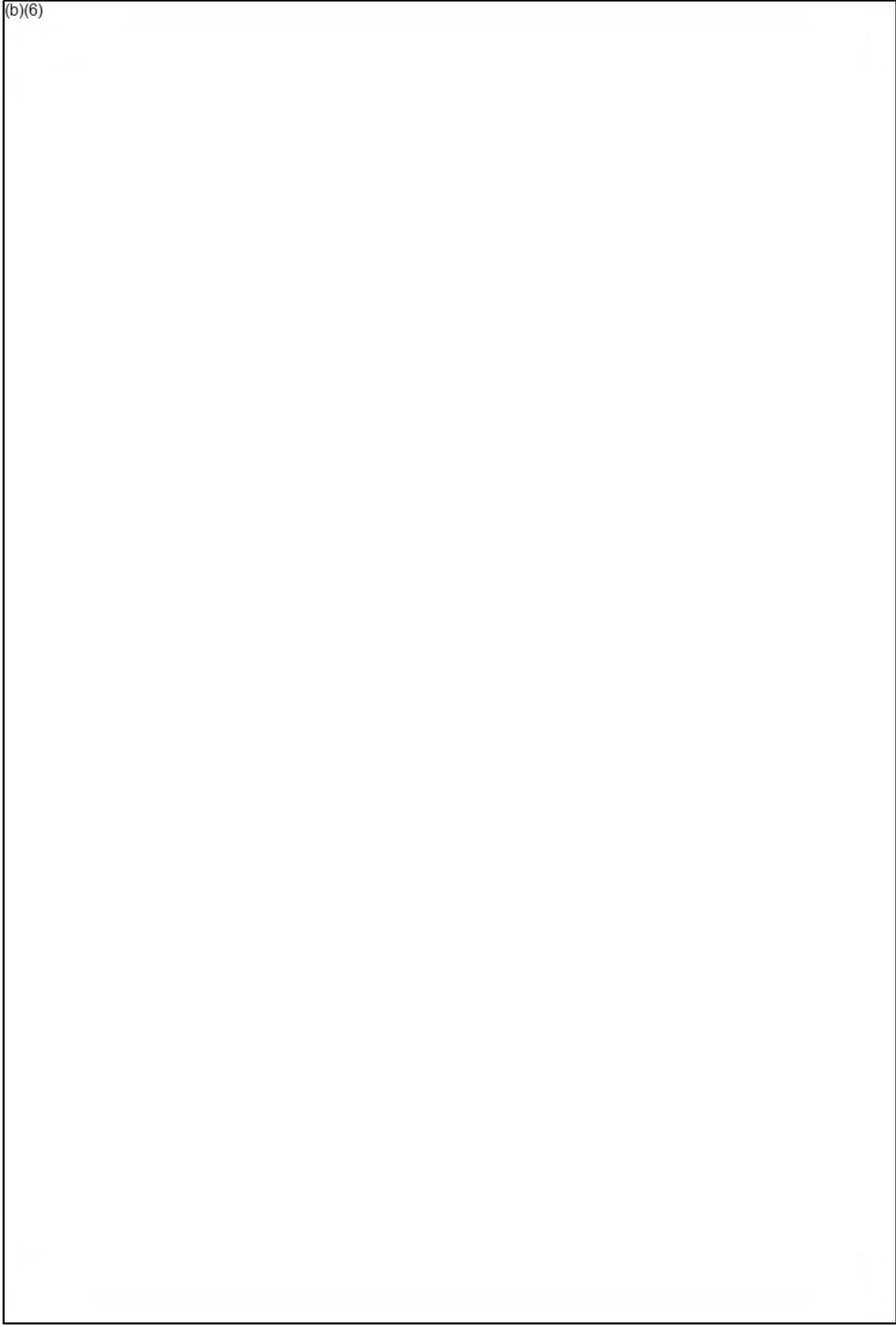
FYI

From: (b)(6) [mailto:(b)(6)@fitegroup.co-m<mailto:(b)(6)@fitegroup.com>]
Sent: Tuesday, September 05, 2017 6:44 PM
To: (b)(6)
Subject: VA issue

(b)(6)

Ike wanted me to send him this info about my son and the trouble he had with trying to access his Military Medical Records:

(b)(6)



(b)(6)

(b)(6)

(b)(6)

(b)(6)

and

(b)(6)

561 35 (b)(6)

From: (b)(6)
Sent: 14 Aug 2018 11:53:32 +0000
To: Clancy, Carolyn (b)(6)
(b)(6) Bowman, Thomas (DISABLED ACCT) (b)(6)
(b)(6)
(b)(6) (CLA) (b)(6) @jointcommission.org
Subject: [EXTERNAL] Maybe this is why the Manchester and Bedford VA's are so corrupt and incompetent.

https://www.huffingtonpost.com/entry/shadow-rulers-va-us_5b6afb6fe4b0fd5c73dfa727



The Shadow Rulers Of The VA | HuffPost

How Marvel Entertainment chairman Ike Perlmutter and two other Mar-a-Lago cronies are secretly shaping the Trump administration's veterans policies.

www.huffingtonpost.com

Sincerely,

(b)(6) Jr., BA, MPA
FCC Call Sign: KC1CRM

"If you can not convince them, Confuse them"
Harry S. Truman

From: Windom, John H.
Sent: 16 Mar 2018 04:21:20 -0700
To: Blackburn, Scott R.;DJS;Bowman, Thomas
Subject: RE: [EXTERNAL] Re: Scheduling a Call Regarding Feedback on VA EHR

Thank you Sir.
Vr
John

John H. Windom, Senior Executive Service (SES)
Program Executive for Electronic Health Record Modernization (PEO EHRM)
Special Advisor to the Under Secretary for Health
811 Vermont Avenue NW (5th Floor Suite 5080)
Washington, DC 20420
John.Windom@va.gov
Office: (202) 461-5820
Mobile: (202) 794-4911
Executive Assistant: Ms. (b)(6) Appointments and Scheduling
(b)(6)@va.gov Office: 202-382-(b)(6)

From: Blackburn, Scott R.
Sent: Thursday, March 15, 2018 8:45 PM
To: DJS; Windom, John H.; Bowman, Thomas
Subject: FW: [EXTERNAL] Re: Scheduling a Call Regarding Feedback on VA EHR

We are pushing to get this done no later than Tuesday so we can wrap this up. Talked to Bruce and we are perfectly aligned. He is going to help push these folks for us.

Sent with Good (www.good.com)

From: Bruce Moskowitz
Sent: Thursday, March 15, 2018 7:27:17 PM
To: (b)(6)
Cc: Stephanie Reel; Stan Huff; Manis, Jonathan (Jon) (b)(6)@facs.org; Cooper, Leslie T., M.D.; Karson, (b)(6); Shrestha, Rasu B; Rasu Shrestha; Blackburn, Scott R.; Windom, John H. (b)(6)
(b)(6)@Bruce Moskowitz,MD; (b)(6) Marc Sherman; IP
Subject: [EXTERNAL] Re: Scheduling a Call Regarding Feedback on VA EHR

All work for me

Sent from my iPad

Bruce Moskowitz M.D.

On Mar 15, 2018, at 7:26 PM (b)(6) [@va.gov](#)> wrote:

Good evening,

We would like to schedule a call in the next few days to share feedback on the VA EHR contract. I have been corresponding with many of you on different dates and times next week, but we are going to schedule the call for either Sunday 3/18 at 4PM EST, Monday 3/19 at 4PM EST or Tuesday 3/20 at 4PM EST. Please let me know which date will work best for your schedule. Feel free to call me with any questions and I look forward to hearing from you.

Thank you,

(b)(6)

(b)(6)

Executive Assistant to the Assistant Secretary
Office of Information and Technology
US Department of Veterans Affairs
Desk: 202-46 (b)(6)
Cell: 202-631 (b)(6)

From: Blackburn, Scott R.
Sent: 15 Mar 2018 17:45:19 -0700
To: DJS;Windom, John H.;Bowman, Thomas
Subject: FW: [EXTERNAL] Re: Scheduling a Call Regarding Feedback on VA EHR

We are pushing to get this done no later than Tuesday so we can wrap this up. Talked to Bruce and we are perfectly aligned. He is going to help push these folks for us.

Sent with Good (www.good.com)

From: Bruce Moskowitz
Sent: Thursday, March 15, 2018 7:27:17 PM
To: (b)(6)
Cc: Stephanie Reel; Stan Huff; Manis, Jonathan (Jon); cko@facs.org; (b)(6)
Karson, Andrew Scott,M.D.; Shrestha, Rasu B; Rasu Shrestha; Blackburn, Scott R.; Windom, John
(b)(6) @Bruce Moskowitz,MD;(b)(6)
(b)(6) Marc Sherman; IP
Subject: [EXTERNAL] Re: Scheduling a Call Regarding Feedback on VA EHR

All work for me

Sent from my iPad
Bruce Moskowitz M.D.

On Mar 15, 2018, at 7:26 PM (b)(6)@va.gov>
wrote:

Good evening,

We would like to schedule a call in the next few days to share feedback on the VA EHR contract. I have been corresponding with many of you on different dates and times next week, but we are going to schedule the call for either Sunday 3/18 at 4PM EST, Monday 3/19 at 4PM EST or Tuesday 3/20 at 4PM EST. Please let me know which date will work best for your schedule. Feel free to call me with any questions and I look forward to hearing from you.

Thank you,

(b)(6)

(b)(6)

Executive Assistant to the Assistant Secretary
Office of Information and Technology
US Department of Veterans Affairs

Desk: 202-463-(b)(6)
Cell: 202-631-

From: Blackburn, Scott R.
Sent: 23 Mar 2018 09:14:49 -0700
To: Windom, John H.;Bowman, Thomas
Subject: FW: [EXTERNAL] Re: VA EHR

John - you might want to swing the by Secretary/Deputy's office before end of day to get a sense of where he is with respect to this.

Sent with Good (www.good.com)

From: Marc Sherman
Sent: Friday, March 23, 2018 9:47:39 AM
To: Blackburn, Scott R.
Cc: Bruce Moskowitz; DJS
Subject: [EXTERNAL] Re: VA EHR

Scott,

Thanks for inviting me to listen in on your calls this week with the subject matter experts. I was happy to make time to participate as requested and always happy to provide my thoughts for your consideration when requested.

I read carefully your email about the efforts to work out the holes raised by the experts. You are on the way to kicking off an exciting project with a highly respected Contractor/vendor and a VA team that has worked very hard; and I know everyone has the goal to build the best next generation system for the veterans' healthcare. However, there were several major issues raised in the calls this week with the technical and clinical experts that you try to explain away in your email as solved, but indeed are not according to the experts. These issues, they believe, will prevent a successful implementation and I fear come back to haunt this project and its overseers. I hate to be a naysayer, but I respectfully don't agree with some of your conclusions expressed in your email when I listen to the experts with whom you consulted; and the experts are in fact not swayed by the follow-up conversations with them. The experts are recommending a system for the VA that has various enhancements to today's standard system functionality. At a minimum, I heard those experts express their opinions that the contract dangerously lacks definitions, standards and a clear expression of this required, defined enhanced (non-standard) functionality (they articulate it much better than I).

Failing to express this type of definitional clarity in the contract is an invitation to ambiguity, disputes and ultimate failure of purpose. The best "oversight and management of the contract" will not turn a contract lacking specificity into a vision of clarity. Including contractual clarity allows the Contractor to understand TODAY what is expected so that today it can confirm its agreement to provide the full functionality

desired and have a better understanding of what is expected of them. Clarity in the contract is a healthy ingredient for the VA and the Contractor.

I would be delighted to be wrong and welcome a demonstration of where Section 5.1 of the contract provides this specificity that Drs. Cooper and Huff, for example, urged. In light of the system requirements that these experts say must be included, which are enhancements of today's standard deliverables, the contract language is ambiguous. You say that "risk cannot be 100% driven out of any transformation of this magnitude," a concept to which I subscribe. However, when you substitute this concept for clear, written and defined functionality, especially for a design that is expected to be unique in many respects, you are doomed to disappointment and conflict.

I am sorry to be so harsh in my opinions, but the experts are so united on this point; and together with my historical observations of failures in nearly identical situations I just see warning flares going off. Scott, I want to see this project get started, and quickly, as much as anyone, but with the clarity that equally serves the VA and the Contractor, and prevents evident problems down the road. I also believe these things are easy to resolve in the contract language in relatively minimal time.

Just my opinion and food for thought as you make your decisions.

Marc

On Wed, Mar 21, 2018 at 10:19 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Marc / Bruce,

Thank you once again for all your support and especially for linking us up with these CIOs/experts. This was incredibly valuable. Secretary Shulkin, John Windom and I got together earlier today as well to talk about the path ahead. A few notes:

- In order to make sure we understand some of the more specific detailed points, members of our team reached out today for individual follow ups with Dr. Cooper, Dr. Karson, Dr. Shrestha, Jon Manis and Stephanie. Each have been so generous with their time – Stephanie will host us for a visit on April 4 and Dr. Cooper offered to do the same at Mayo.
 - Dr. Zenooz did connect with Dr. Cooper today on the point Marc highlights below to make sure we are on the same page and have the language right (part was us better understanding his point; part was pointing him to the specific language in 5.1.1 and giving him the broader context with what we are doing with Lighthouse as our API gateway and the VA Open API Pledge

that 11 healthcare institutions signed two weeks ago include Cris Ross at Mayo as well Stan Huff at Intermountain and Dr. Karson at Partners).

- We will also follow up with Stan on some of the issues he raised as well. For example: Stan will be excited to learn that Cerner has prioritized an additional 40 engineers to accelerate FHIR APIs for VA in support of this contract. This will also benefit Intermountain as Stan was telling us they've only had 10-15 for their entire company to date. If VA/DoD/Intermountain work together we will quickly get to the 200 number Stan mentioned.

- Per Stephanie's suggestion, we are going to start moving forward ASAP on formalizing an Advisory Committee so that we can get these insights on an ongoing basis. Formalizing this will allow for continuity of expertise throughout our journey. Obviously we will want Stephanie, John, Andy, Rasu, etc. Cris Ross (Mayo), Will Morris or Ed Marx (Cleveland Clinic), Frank Opelka (American College of Surgeons) are others you've introduced us to along the way that we would love to include. We would like to work with you to make sure we get this right.

- As recommended last night, an interoperability sandbox/test bed will be established during our Initial Operating Capabilities (IOC) implementation/deployment process to solidify the requisite interoperability requirements prior to full enterprise deployment. This is a great suggestion and very consistent with what we have been hearing from many experts.

- Our team is reviewing all the feedback (both oral from the calls and the written notes that some provided) and cross-walking this against the language in the RFP/contract documents (both EHR and also Lighthouse). We are not seeing any major changes to the contract nor do we see any showstoppers. Upon receiving the feedback, we feel very good that we have a solid contract from which we will just need to make minor revisions.

- After discussing this with Secretary Shulkin today, we feel strongly about moving forward quickly. We will make any necessary tweaks with Cerner ASAP (we absolutely do not anticipate any push back; and Cerner has promised to turn things around immediately) and will move forward to sign the overarching IDIQ contract. Assuming Congress approves the Omnibus bill by Friday (and President Trumps signs it), we will then have the funding and authority to do so – and Secretary Shulkin could sign as early as next week. If the Omnibus falls through (which let's hope not), then we would have to request a transfer from the Congressional appropriation committees which will then take ~2 weeks. Signing the initial task orders will allow us to start moving forward with Cerner on the initial 3 hospitals (which will be in

Washington state) on things like site surveys, infrastructure readiness, data hosting, change management (with will include wide involvement from clinicians inside and outside VA...something we heard loud and clear from Bruce!), help desk establishment, and project oversight (which we've heard loud and clear from Stephanie/Jon). As a reminder, given the IDIQ structure of the contract we would not be signing the full contract (rather just Year 1 – which is ~5% of the value of the contract). But this will allow us to get moving and out of the “quicksand”.

- Marc makes a great point below on turning DoD's struggles into a positive. We have been working very closely with the DoD team over the past 9 months (I now have my own Pentagon ID pass I am there so much; John and I work very closely with their EHR lead Stacy Cummings; John Windom talks to her several times a week). We have incorporated a lot of their stumbles into our contract (e.g., data migration was a big issue with Congressman Phil Roe and we addressed that; and most recently we have made some adjustments on trouble ticket management based on what you've read in the papers). We are paying very close attention to their implementation issues (workflow, change management, governance) to make sure we don't make the same mistake twice. DoD's biggest problems are around implementation and change management. This underscores Bruce's point of making sure we have clinician buy-in and involvement from the get-go (I couldn't agree more). This will make getting move on change management in Task Order #1 so important.

- As you both know, risk cannot be 100% driven out of any transformation of this magnitude. Stephanie Reel so succinctly captured, “it is the oversight and management of the contract that will be of the utmost importance, as well as the VA'S access to senior industry advisors.” I think we have a great plan. The biggest thing I worry about will be executing and we are definitely going to need all the help we can get.

Again, we believe the construct of the contract, and more importantly the proper oversight and management of the contract will greatly mitigate cost, schedule and performance concerns, as well as support the timely injection of technological advancements (e.g. cloud, APIs, etc.) at the appropriate pace and balance necessary to support our Veterans without jeopardizing our overall care. Interoperability remains at the forefront of our concerns, and your comments, the MITRE study and various other external inputs contributing significantly to our RFP language and corresponding requirements. Interoperability will be a moving target for years to come, but our contract allows us to leverage the best of ideas of industry throughout the contract's life without incurring the exorbitant costs you have alluded to, as well as not be bound by potentially antiquated definitions .

Bruce/Marc, thank you for everything. As I mentioned to Bruce recently, you have been tremendous “demanding partners” on this journey and we are incredibly appreciate. We look forward to continuing this relationship as we take the next steps.

Scott

From: Marc Sherman [mailto:(b)(6)@gmail.com]
Sent: Wednesday, March 21, 2018 9:31 AM
To: Blackburn, Scott R.
Cc: DJS
Subject: Re: [EXTERNAL] Re: Stan Huff

I agree that the call was very helpful. I spent the night after the call reflecting on some of the discussion and thought I would offer some reaction/feedback that still seems unsettled. I will outline my nighttime thoughts below in case you find them useful.

1. I thought that Dr. Cooper made a good case for inserting specific definitions and standards on the meaning and use of "interoperability," especially since that term has as many meanings in the industry as those who speak it. It is so easy for the contractor to proceed down a design path using one definition or standard while the users will require a totally different standard. That runs the risk of not being discovered until later, perhaps even up to implementation, a very costly result. Perhaps a similar problem (a seemingly big problem) that the DOD implementation faces now where the users are rebelling. Unfortunately, if this "gap" in definition is not discovered until IOC, it will be very difficult and very expensive to fix (ala the DOD problem). I agree with Dr. Cooper, why not set the critical definitions and standards in the contract (PWS) now and eliminate the chance for any confusion or ambiguity. It will pay dividends later in terms of less arguments, better initial design, happier user community, less overall cost, better healthcare delivery, etc. Then, with the standard fully defined and set in the original PWS, the mock-up test will be much sooner in time and much more complete the first time, allowing the users to provide input sooner and better, eliminating costly design mistakes from the beginning. The user community can tell you today what is needed to accomplish this "next generation" system that will be a model for the country and the future of healthcare (as Ms. Reel envisioned on the call last night). Why would you not want to tell the contractor the specifics of that now, in fairness to them, the VA, the patients and healthcare, so they can proceed with that standard from day one or express any concerns they may have now instead of in the future after costly design has occurred? Why would you not want to be specific in the contract to prevent ambiguity? Dr. Shulkin pushed back on Dr. Cooper's view as

already accomplished in the PWS and cited Section 5 (I believe he said section 5.1.1) of the PWS. Dr. Cooper, as a physician user and not a technician, deferred on the effectiveness of the existing contract language to others, but commented that the CIO of MAYO read the contract and also did not think it adequately contained the right defining language to set out unambiguous definitions and standard. I have read the contract again last night and happen to agree, or am missing it. If I am wrong, it would be useful for someone to point me in the right direction.

2. I was also thinking about the current reported problems of the DOD implementation seemingly caused by a user (clinician) revolt over inadequacy (or unsuitability) for their needs. The VA runs that same risk. Perhaps that problem could be a benefit to your effort. Why not accumulate all of the user complaints/issues in the DOD implementation identified by the users and chart them out. Then identify which of those issues would be issues if they existed in the VA implementation and include them in the contract as definitional requirements. You have the benefit of knowing the failures in the very system upon which you are modeling your system...and you have an added advantage and opportunity to contractually prevent similar mistakes.
3. I have other thoughts as well that we should discuss, but these are the ones that I felt more pressing to highlight since I will be unavailable today.

Best

Marc

On Wed, Mar 21, 2018 at 8:24 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

No problem Marc. Thanks for all your help. Very helpful call last night.

From: Marc Sherman [mailto:[\(b\)\(6\)@gmail.com](mailto:(b)(6)@gmail.com)]
Sent: Wednesday, March 21, 2018 12:12 AM
To: Blackburn, Scott R.
Subject: [EXTERNAL] Re: Stan Huff

Scott

I won't be able to join the call tomorrow as I have a previous commitment that I cannot move. I will catch up with you or Bruce after.

Marc

Marc Sherman

(202) 758-(b)(6)

On Tue, Mar 20, 2018, 10:30 PM Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Bruce/Marc – thanks for introducing us to all the experts we talked to tonight. It was extremely valuable.

We have Stan Huff from Intermountain tomorrow at 10am. I assume you have the calendar invite, but just in case it is 1-800-767-(b)(6); (b)(5)

We have been unable to schedule anything with Dr. Ko (very busy calendar). We will try.

Scott

Scott Blackburn

Executive in Charge, Office of Information & Technology

US Department of Veterans Affairs

From: COS-PMO
To: (b)(6) EOP/WHO; (b)(6) EOP/WHO; (b)(6) (b)(6)
EOP/WHO; (b)(6) A. EOP/WHO
Subject: FW: Secretary Interested in Interview With AP

Please review and (b)(5)
(b)(5)

Peter

Peter O'Rourke
Chief of Staff
Department of Veterans Affairs

From: Barry, Ashleigh (OAWP)
Sent: Monday, March 12, 2018 11:39 AM
To: COS-PMO
Subject: Secretary Interested in Interview With AP

Peter,

Secretary Shulkin would like to address the questions below in person with Associated Press reporter Hope Yen this afternoon between 1-3:30 P.M. He expressed his concern for these types of inquiries that continue to surface, calling them a distraction and says he wants to set the record straight with her. As per the questions involving the President and Chief of Staff, he will simply say I am not commenting or discussing anything with you regarding our conversations, that is private business we are focused on the mission of the VA.

Thank you.

Ashleigh F. Barry
Strategic Communications Advisor
Office of The Secretary
810 Vermont Avenue, NW
Washington DC 20420
Office: (202) 461-7173 // Cell: (202) 740-7025
ashleigh.barry@va.gov

VA | U.S. Department of Veterans Affairs

From: Yen, Hope [mailto:(b)(6)@ap.org]
Sent: Monday, March 12, 2018 10:03 AM
To: Barry, Ashleigh (OAWP)
Subject: [EXTERNAL] follow up to our chat yesterday...Monday follow up?

Ashleigh-

Thanks again for chatting yesterday - and appreciate your listening to get a better sense of where I'm coming from in terms of this story and future stories re: VA.

As discussed, here are some of the insider details I'm hoping to confirm on the record or on background to ensure accuracy. Much of it has been in the public realm, but if it's untrue, the AP is a good way to set the record straight:

_Can you tell me who brought you in to serve as Sec Shulkin's strategic advisor?

_Numerous outlets have reported that Sec Shulkin has become more selective in who he meets with for the morning meetings typically attended by his senior management team – no longer including some of the political appointees not in alignment with him, including Ulyot, Brooks Tucker, Camilo Sandoval. Can you tell me who participates in these morning meetings now, and who did previously?

_I'm aware that access to the 10th floor where Sec Shulkin's office is located is typically restricted. Have there been any recent changes in terms of who at VA can more freely access that floor and whether there's more of a security presence on the floor to help gauge who can show up and go into Sec Shulkin's office? It's my understanding that some of the political appointees are no longer being given free access to that floor.

_Can you confirm that Sec Shulkin flew to President Trump's Mar a Lago estate earlier this month to meet with Ike Perlmutter, to discuss veterans policy and Mr Perlmutter's views on how well the VA is doing under Sec Shulkin's leadership?

_When was the last time Sec Shulkin met with President Trump and what was discussed? Did President Trump at that time discuss Sec Shulkin's leadership and who else was involved in the meeting, whether in person or by phone? For instance chief of staff John Kelly. It's my understanding President Trump discussed Choice legislation and put in a call to Pete Hegseth.

_When was the last time Sec Shulkin met with chief of staff John Kelly, and it's my understanding that at that time Kelly pledged his support to Sec Shulkin to deal with his personnel issues. Can you tell me a little bit of detail re: what sorts of things he pledged to help with?

_Able to confirm as fully accurate or knock down as factually inaccurate the incidents in which Mr Leinenkugel purportedly exchanged emails with Mr Sandoval last December indicating dissatisfaction with Sec Shulkin and brainstorming ways to undermine his standing; the purported call to House Veterans Affairs committee in which Mr Ulyot expressed dissatisfaction with VA leadership; and the incident in which Sec Shulkin sought to change the VA motto to acknowledge women veterans that was overruled by his press staff?

_Any other things you wish to highlight or raise to my attention – fresh detail that news media have been overlooking that should be put out there to get Sec Shulkin's message across?

Please advise—appreciate your feedback today if at all do-able given editor interest here.

Regards,

Hope

Hope Yen

National Reporter

The Associated Press

1100 13th St. NW Suite 500

Washington DC 20005

202 641 9459 direct

202 365 (b)(6) cell

The information contained in this communication is intended for the use of the designated recipients named above. If the reader of this communication is not the intended recipient, you are hereby notified that you have received this communication in error, and that any review, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify The Associated Press immediately by telephone at +1-212-621-(b)(6) and delete this email. Thank you.

To: Byrne, Jim (OGC)
Subject: FW: VACO Substantial Interest Notification (Isaac Arnsdorf, 18-07296-F)
Attachments: 18-07296-F Req Arnsdorf.pdf

Please

From: (b)(6)
Sent: Tuesday, May 08, 2018 11:30 AM
To: O'Rourke, Peter M.; Hayes-Byrd, Jacquelyn
Subject: FW: VACO Substantial Interest Notification (Isaac Arnsdorf, 18-07296-F)

May we discuss? Thank you.

(b)(6)

From: (b)(6)
Sent: Tuesday, May 08, 2018 11:28 AM
To: (b)(6)
Subject: FW: VACO Substantial Interest Notification (Isaac Arnsdorf, 18-07296-F)

Hi (b)(6) please see the attached FOIA request. Thank you.

From: (b)(6)
Sent: Friday, May 04, 2018 6:33 AM
To: VACO FOIA Substantial Notification
Subject: VACO Substantial Interest Notification (Isaac Arnsdorf, 18-07296-F)

A. Why are you sending this to the 10th floor? For informational purposes only.

On May 1, 2018, the FOIA Service received a FOIA request from Isaac Arnsdorf, ProPublica requesting:

- Copies of all records related to the Secretary's (or Acting Secretary's) trips to Mar-a-Lago since Jan. 20, 2017, including but not limited to travel itineraries, expense reports, meeting agendas, meeting notes, emails and phone calls; all communications between the Secretary (or Acting Secretary) and Isaac "Ike" Perlmutter since Jan. 20, 2017; all communications between the Secretary (or Acting Secretary) and Marc Sherman since Jan. 20, 2017; and all communications between the Secretary (or Acting Secretary) and Bruce Moskowitz since Jan. 20, 2017. B. Who is responsible for replying to the request?

The FOIA Service is referring this request to the Office of the Executive Secretary U.S. Department of Veterans Affairs (OSVA) to respond directly to the requester.

C. Due date? 20 working days from the date the request is perfected

(b)(6)

VACO FOIA Service
Quality, Privacy, and Risk (QPR)
Office of Information and Technology (OI&T)

Office: (202) 632-(b)(6) Fax: (202) 632-(b)(6)
vacofoiaservice@va.gov
FOIA Service Hotline: 1-877-750-3642

Please take a moment and let us know how we did by completing a quick evaluation: Got a minute? Rate Our Service!



QPR's Mission Statement:

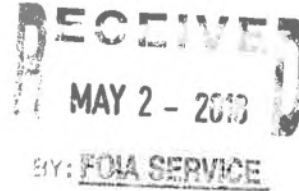
"To instill and promote a culture of quality, privacy and risk management in collaboration with our business partners to enable a better Veteran experience."

Isaac Arnsdorf
Journalist
ProPublica
2620 13th St NW
C101
Washington, DC 20009
203-464-(b)(6)

18-07296-F

May 01, 2018

FOIA Officer
Department of Veterans Affairs:
Central Office
810 Vermont Avenue, NW
Department of Veterans Affairs, (005R1C)
Washington, DC 20420
(202) 632-7465
vacofiaservice@va.gov



FOIA REQUEST

Fee waiver requested

Dear FOIA Officer:

Pursuant to the federal Freedom of Information Act, 5 U.S.C. § 552, I request access to and copies of all records related to the Secretary's (or Acting Secretary's) trips to Mar-a-Lago since Jan. 20, 2017, including but not limited to travel itineraries, expense reports, meeting agendas, meeting notes, emails and phone calls; all communications between the Secretary (or Acting Secretary) and Isaac "Ike" Perlmutter since Jan. 20, 2017; all communications between the Secretary (or Acting Secretary) and Marc Sherman since Jan. 20, 2017; and all communications between the Secretary (or Acting Secretary) and Bruce Moskowitz since Jan. 20, 2017.

I would like to receive the information in electronic files.

I agree to pay reasonable duplication fees for the processing of this request in an amount not to exceed \$250. However, please notify me prior to your incurring any expenses in excess of that amount.

Please waive any applicable fees. Release of the information is in the public interest because it will contribute significantly to public understanding of government operations and activities. I am a journalist primarily engaged in the dissemination of information.

If my request is denied in whole or part, I ask that you justify all deletions by reference to specific exemptions of the act. I will also expect you to release all segregable portions of otherwise exempt material. I, of course, reserve the right to appeal your decision to withhold any information or to deny a waiver of fees.

I would appreciate your communicating with me by email or telephone, rather than by mail.

I look forward to your determination regarding my request within 20 business days, as the statute requires.

Thank you for your assistance.

Sincerely,

RECEIVED
MAY 2 - 2013
BY: FOIA SERVICE

(b)(6)

VACO FOIA)

From: Isaac Arnsdorf via iFOIA.org <(b)(6)@mail.ifoia.org>
Sent: Tuesday, May 01, 2018 7:27 PM
To: VACO FOIA Service Inbox
Subject: [EXTERNAL] Public Records Request
Attachments: MAL.pdf

Reply ABOVE THIS LINE

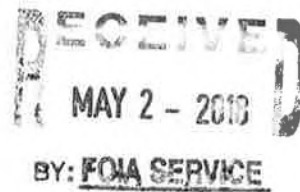
Dear FOIA Officer:

Attached is a formal request for public records. Please feel free to contact me at this email address or at 203-464-(b)(6) with any questions.

Thank you for your assistance.

Sincerely,

Isaac Arnsdorf



This message was sent via iFOIA.org. If you have questions about iFOIA, please refer to the [About page](#) or email ifoia-help@rcfp.org.

This message was sent via iFOIA.org.

From: O'Rourke, Peter M.
Sent: 8 Mar 2018 16:45:53 +0000
To: IP;COS-PMO
Subject: RE: Screenshot 2018-03-08 at 7.48.52 AM

From: IP [mailto:(b)(6)@frenchangel59.com]
Sent: Thursday, March 08, 2018 11:45 AM
To: O'Rourke, Peter M.
Subject: [EXTERNAL] FW: Screenshot 2018-03-08 at 7.48.52 AM

From: IP
Sent: Thursday, March 08, 2018 11:42 AM
To: COS-PMO (COS-PMO@va.gov)
Subject: FW: Screenshot 2018-03-08 at 7.48.52 AM

From: IP
Sent: Thursday, March 08, 2018 10:34 AM
To: vacodjs1@va.gov
Cc: COS-PMO (COS-PMO@va.gov)
Subject: FW: Screenshot 2018-03-08 at 7.48.52 AM

David,

See the email below from a doctor here. I am hopeful that the restructuring will correct these dangerous behaviors that threaten the health and lives of the vets. I wonder how many more thousands of vets suffer the same dangerous care as this woman. The Inspector General's report is only the tip of the iceberg.

Ike

From: L Perl [mailto:(b)(6)@gmail.com]
Sent: Thursday, March 08, 2018 8:13 AM
To: IP
Subject: Fwd: Screenshot 2018-03-08 at 7.48.52 AM

Begin forwarded message:

From: (b)(6) MD <(b)(6)@aol.com>
Date: March 8, 2018 at 7:52:08 AM EST
To: Laurie Perlmutter <(b)(6)@gmail.com>
Subject: Screenshot 2018-03-08 at 7.48.52 AM

Apparently she can not get resolution at the va
I'd like to find a way to help her
I'm not sure if it's cancer or infected or some other issue

I see a lot of skin cancer and problems

I also have been asked to help get agent orange claims for skin diseases certified as agent orange related

Shouldn't that be automatic ? Why should the vets or their doctors have to jump through hoops

Thanks

(b)(6)

Visible, painful, removable.
They don't know what it is so
I'm crazy. This whole skin thing
has been going on for a few
years now. It's rather ruined my
life

(b)(6)

Thank you for your concern I



Text Message



(b)(6)

MD FAAD

Professor, University of Miami.

Consulting Associate, Duke University.

Clinical Associate in Dermatology, University of Pennsylvania School of Medicine

www.palmbeachcosmetic.com

561 655 (b)(6)

1500 North Dixie Highway, Suite 303

West Palm Beach, FL

33401

From: COS-PMO
Sent: 12 Mar 2018 15:46:29 +0000
To: McGinley, William J. EOP/WHO;Gidley, Hogan H. EOP/WHO;Fetalvo, Ninio J. EOP/WHO;Rateike, Bradley A. EOP/WHO
Subject: FW: Secretary Interested in Interview With AP

Please review and (b)(5)

(b)(5)

Peter

Peter O'Rourke

Chief of Staff
Department of Veterans Affairs

From: Barry, Ashleigh (OAWP)
Sent: Monday, March 12, 2018 11:39 AM
To: COS-PMO
Subject: Secretary Interested in Interview With AP

Peter,

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Thank you.

Ashleigh F. Barry
Strategic Communications Advisor
Office of The Secretary
810 Vermont Avenue, NW
Washington DC 20420
Office: (202) 461-7173 // Cell: (202) 740-7025
ashleigh.barry@va.gov

VA | U.S. Department of Veterans Affairs

From: Yen, Hope [<mailto:HYen@ap.org>]
Sent: Monday, March 12, 2018 10:03 AM
To: Barry, Ashleigh (OAWP)
Subject: [EXTERNAL] follow up to our chat yesterday...Monday follow up?

Ashleigh-

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_Can you tell me who brought you in to serve as Sec Shulkin's strategic advisor?

_Numerous outlets have reported that Sec Shulkin has become more selective in who he meets with for the morning meetings typically attended by his senior management team – no longer including some of the political appointees not in alignment with him, including Ulyot, Brooks Tucker, Camilo Sandoval. Can you tell me who participates in these morning meetings now, and who did previously?

_I'm aware that access to the 10th floor where Sec Shulkin's office is located is typically restricted. Have there been any recent changes in terms of who at VA can more freely access that floor and whether there's more of a security presence on the floor to help gauge who can show up and go into Sec Shulkin's office? It's my understanding that some of the political appointees are no longer being given free access to that floor.

_Can you confirm that Sec Shulkin flew to President Trump's Mar a Lago estate earlier this month to meet with Ike Perlmutter, to discuss veterans policy and Mr Perlmutter's views on how well the VA is doing under Sec Shulkin's leadership?

_When was the last time Sec Shulkin met with President Trump and what was discussed? Did President Trump at that time discuss Sec Shulkin's leadership and who else was involved in the meeting, whether in person or by phone? For instance chief of staff John Kelly. It's my understanding President Trump discussed Choice legislation and put in a call to Pete Hegseth.

_When was the last time Sec Shulkin met with chief of staff John Kelly, and it's my understanding that at that time Kelly pledged his support to Sec Shulkin to deal with his personnel issues. Can you tell me a little bit of detail re: what sorts of things he pledged to help with?

_Able to confirm as fully accurate or knock down as factually inaccurate the incidents in which Mr Leinenkugel purportedly exchanged emails with Mr Sandoval last December indicating dissatisfaction with Sec Shulkin and brainstorming ways to undermine his standing; the purported call to House Veterans Affairs committee in which Mr Ulyot expressed dissatisfaction with VA leadership; and the incident in which Sec Shulkin sought to change the VA motto to acknowledge women veterans that was overruled by his press staff?

_Any other things you wish to highlight or raise to my attention – fresh detail that news media have been overlooking that should be put out there to get Sec Shulkin's message across?

Please advise—appreciate your feedback today if at all do-able given editor interest here.

Regards,

Hope

Hope Yen

National Reporter

The Associated Press

1100 13th St. NW Suite 500

Washington DC 20005

202 641 (b)(6) direct
202 365 (b)(6) cell

The information contained in this communication is intended for the use of the designated recipients named above. If the reader of this communication is not the intended recipient, you are hereby notified that you have received this communication in error, and that any review, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify The Associated Press immediately by telephone at +1-212-621-(b)(6) and delete this email. Thank you.

From: O'Rourke, Peter M.
Sent: 19 Jun 2018 03:33:41 +0000
To: (b)(6)
Cc: Michael J. Zinner; Clifford Ko (b)(6)
Subject: RE: [EXTERNAL] Re: College of Surgeons contact information

I'll work out a time tomorrow and let you know.

Thank you.

From: (b)(6)
Sent: Monday, June 18, 2018 8:06:05 PM
To: O'Rourke, Peter M.; Bruce Moskowitz
Cc: Michael J. Zinner; Clifford Ko; (b)(6)
Subject: RE: [EXTERNAL] Re: College of Surgeons contact information

Hi Pete.....good to meet you.....is there any time on Wednesday that works for you....i can work around your schedule....(b)(6)

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

From: O'Rourke, Peter M. [mailto:Peter.ORourke@va.gov]
Sent: Monday, June 18, 2018 5:46 PM
To: Bruce Moskowitz <(b)(6)@mac.com>
Cc: (b)(6); (b)(6)@facs.org; Michael J. Zinner <(b)(6)@baptisthealth.net>; Clifford Ko <(b)(6)@facs.org>; (b)(6); (b)(6)@facs.org
Subject: RE: [EXTERNAL] Re: College of Surgeons contact information

Thank you Bruce.

Dr. (b)(6), good to meet you. I'd like to schedule some time for us to have a call. When would be a good time?

Pete

From: Bruce Moskowitz
Sent: Monday, June 18, 2018 3:33:56 PM
To: O'Rourke, Peter M.
Cc: (b)(6); Michael J. Zinner (b)(6)@facs.org; (b)(6)@facs.org
Subject: [EXTERNAL] Re: College of Surgeons contact information

Thank you I have provided an introduction to Dr. (b)(6) and his excellent group at the American College of Surgeons who offered their assistance for the VA inspections.

Sent from my iPad
Bruce Moskowitz M.D.

> On Jun 18, 2018, at 5:59 PM, O'Rourke, Peter M. <Peter.ORourke@va.gov> wrote:

>
> Dr. Moskowitz,
>
> Can you provide me a point of contact at the College of Surgeons that I can talk to about independent inspections of VA facilities? I don't know anyone there so a point of contact would be very helpful.
>
> Thank you,
> Peter
>
> Acting Secretary
> Department of Veterans Affairs
>

From: (b)(6)
Sent: 26 Feb 2018 17:21:49 -0600
To: SecVAAction;Protocol
Cc: O'Rourke, Peter M.; (b)(6) SEC; (b)(6) Loren,
Donald P.; (b)(6)
Subject: SecVA Schedule - Tuesday, February 27, 2018

SecVA Schedule – Tuesday, February 27, 2018

-
7:30 AM - 7:55 AM En route to Washington Hilton Hotel

8:15AM – Chairman Roe Speaks
8:45AM – Rep. Walz Speaks

9:00AM - American Legion Mid Winter Conference -- Washington Hilton Hotel,
1919 Connecticut Ave, NW (SecVA Speech at 9am)

9:30 AM - 10:00 AM En route to VACO

10:30 AM - 11:00 AM ERT DCA airport

11:30 AM - 2:08 PM Wheels Up - PBI -- AA 1849, Flight time: 2hr 38min

2:20 PM - 2:35 PM ERT WPB VAMC

2:40 PM - 3:00 PM Tour WPB VAMC MRI Suite

3:00 PM - 3:10 PM Tour Post-Deployment Clinic/Congressional office space

3:10 PM - 3:30 PM ERT/Arrive at Mar-A-Lago hotel

3:30 PM - 6:30 PM Meet w/Mr. Ike Perlmutter

6:45 PM - 7:00 PM ERT WPB airport

7:50 PM - 10:19 PM Wheels up to DCA airport -- AA 2756, Flight time: 2hr 29min

From: IP
Sent: 8 Mar 2018 16:44:54 +0000
To: O'Rourke, Peter M.
Subject: [EXTERNAL] FW: Screenshot 2018-03-08 at 7.48.52 AM

From: IP
Sent: Thursday, March 08, 2018 11:42 AM
To: COS-PMO (COS-PMO@va.gov)
Subject: FW: Screenshot 2018-03-08 at 7.48.52 AM

From: IP
Sent: Thursday, March 08, 2018 10:34 AM
To: vacodjs1@va.gov
Cc: COS-PMO (COS-PMO@va.gov)
Subject: FW: Screenshot 2018-03-08 at 7.48.52 AM

David,

See the email below from a doctor here. I am hopeful that the restructuring will correct these dangerous behaviors that threaten the health and lives of the vets. I wonder how many more thousands of vets suffer the same dangerous care as this woman. The Inspector General's report is only the tip of the iceberg.

Ike

From: L Perl [mailto:(b)(6)@gmail.com]
Sent: Thursday, March 08, 2018 8:13 AM
To: IP
Subject: Fwd: Screenshot 2018-03-08 at 7.48.52 AM
Begin forwarded message:

From: (b)(6) MD (b)(6)@aol.com>
Date: March 8, 2018 at 7:52:08 AM EST
To: Laurie Perlmutter (b)(6)@gmail.com>
Subject: Screenshot 2018-03-08 at 7.48.52 AM

Apparently she can not get resolution at the va
I'd like to find a way to help her
I'm not sure if it's cancer or infected or some other issue
I see a lot of skin cancer and problems
I also have been asked to help get agent orange claims for skin diseases certified as agent orange related
Shouldn't that be automatic ? Why should the vets or their doctors have to jump through hoops
Thanks

(b)(6)

Visible, painful, removable.
They don't know what it is so
I'm crazy. This whole skin thing
has been going on for a few
years now. It's rather ruined my
life



Thank you for your concern I



Text Message



(b)(6)

MD FAAD

Professor, University of Miami.

Consulting Associate, Duke University.

Clinical Associate in Dermatology, University of Pennsylvania School of Medicine

www.palmbeachcosmetic.com

561 655 (b)(6)

1500 North Dixie Highway, Suite 303

West Palm Beach, FL

33401

From: COS-PMO
Sent: 8 Mar 2018 10:03:46 -0800
To: O'Rourke, Peter M.
Subject: FW: [EXTERNAL] FW: Screenshot 2018-03-08 at 7.48.52 AM

From: Nicholas, Kirk
Sent: Thursday, March 08, 2018 1:03:45 PM (UTC-05:00) Eastern Time (US & Canada)
To: COS-PMO
Subject: RE: [EXTERNAL] FW: Screenshot 2018-03-08 at 7.48.52 AM

Since we cannot ascertain where (what VAMC) or the Doctor (VA Dr), or patient, the gang feels we can't really touch. It is a "one on" event that even OMI would not do anything with either.

If it is possible, can you connect me with "Ike" and see if we can get that info?

KN

From: COS-PMO
Sent: Thursday, March 08, 2018 12:12 PM
To: Nicholas, Kirk
Subject: FW: [EXTERNAL] FW: Screenshot 2018-03-08 at 7.48.52 AM

Sent with Good (www.good.com)

From: IP
Sent: Thursday, March 08, 2018 7:34:09 AM
To: DJS
Cc: COS-PMO
Subject: [EXTERNAL] FW: Screenshot 2018-03-08 at 7.48.52 AM

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Ike

From: L Perl [mailto:[\(b\)\(6\)@gmail.com](mailto:(b)(6)@gmail.com)]
Sent: Thursday, March 08, 2018 8:13 AM
To: IP
Subject: Fwd: Screenshot 2018-03-08 at 7.48.52 AM

Begin forwarded message:

From: (b)(6) MD <(b)(6)r@aol.com>
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Text Message



(b)(6) MD FAAD
Professor, University of Miami.
Consulting Associate, Duke University.
Clinical Associate in Dermatology, University of Pennsylvania School of
Medicine
www.palmbeachcosmetic.com
561 655 (b)(6)
1500 North Dixie Highway, Suite 303
West Palm Beach, FL
33401

From: COS-PMO
Sent: 8 Mar 2018 10:07:02 -0800
To: O'Rourke, Peter M.
Subject: FW: [EXTERNAL] FW: Screenshot 2018-03-08 at 7.48.52 AM

From: Nicholas, Kirk
Sent: Thursday, March 08, 2018 1:07:01 PM (UTC-05:00) Eastern Time (US & Canada)
To: COS-PMO
Subject: RE: [EXTERNAL] FW: Screenshot 2018-03-08 at 7.48.52 AM

Copy

From: COS-PMO
Sent: Thursday, March 08, 2018 1:07 PM
To: Nicholas, Kirk
Subject: RE: [EXTERNAL] FW: Screenshot 2018-03-08 at 7.48.52 AM

I'll call later today.

Sent with Good (www.good.com)

From: Nicholas, Kirk
Sent: Thursday, March 08, 2018 10:03:45 AM
To: COS-PMO
Subject: RE: [EXTERNAL] FW: Screenshot 2018-03-08 at 7.48.52 AM

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(b)(6)

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(b)(6)

Thank you for your concern I



Text Message



(b)(6) MD FAAD
Professor, University of Miami.
Consulting Associate, Duke University.
Clinical Associate in Dermatology, University of Pennsylvania School of
Medicine
www.palmbeachcosmetic.com
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1500 North Dixie Highway, Suite 303
West Palm Beach, FL
33401

From: COS-PMO
Sent: 9 Mar 2018 04:38:28 -0800
To: O'Rourke, Peter M.
Subject: FW: Washington Post Story Rundown

From: (b)(6)
Sent: Friday, March 09, 2018 7:38:26 AM (UTC-05:00) Eastern Time (US & Canada)
To: COS-PMO
Cc: Ulliyot, John; Hutton, James; (b)(6)
Subject: Washington Post Story Rundown

Peter – per your request, please see below. Thanks (b)(6)

VA employees mentioned: Sec. Shulkin, Dep. Sec. Bowman, John Ulliyot, Jake Leinenkugel, Brooks Tucker, Camilo Sandoval, Peter O'Rourke, Christopher Vojta

VA employees quoted: Sec. Shulkin, Curt Cashour

Non-VA officials quoted or mentioned: White House chief of staff John F. Kelly; Louis Celli, national director of veterans affairs for the American Legion; Philip Carter, a senior fellow at the Center for a New American Security; Ike Perlmutter, chief executive of Marvel Entertainment; Pete Hegseth, Fox and Friends host; Presidents Trump and Obama

'It's killing the agency': Ugly power struggle paralyzes Trump's plan to fix veterans' care

By Lisa Rein

The Washington Post

March 9, 2018

https://www.washingtonpost.com/politics/its-killing-the-agency-ugly-power-struggle-paralyzes-trumps-plan-to-fix-veterans-care/2018/03/08/1c33d6fe-2085-11e8-badd-7c9f29a55815_story.html?utm_term=.4a1c63b2cdc1

Veterans Affairs Secretary David Shulkin is managing the government's second-largest bureaucracy from a fortified bunker atop the agency's Washington headquarters.

He has canceled the morning meetings once attended by several of President Trump's political appointees — members of his senior

management team — gathering instead with aides he trusts not to miscast his remarks.

Access to Shulkin's 10th-floor executive suite was recently revoked for several people he has accused of lobbying the White House to oust him. He and his public-affairs chief have not spoken in weeks.

And in a sign of how deeply the secretary's trust in his senior staff has eroded, an armed guard now stands outside his office.

Shulkin, a favorite of Trump's who by most accounts tallied multiple wins in his first year serving a crucial constituency for the president, is fighting to regain his standing amid a mutiny. Although those who want him gone say their focus is fulfilling the president's priorities, it has become clear that one side — whether it's Shulkin, who is the only Obama administration holdover in Trump's Cabinet, or his estranged management team — is unlikely to survive the standoff.

"The tragedy of all of this is that Shulkin is putting points on the scoreboard for Trump," said Philip Carter, a senior fellow at the Center for a New American Security, where he focuses on veterans issues. ". . . What gets lost with the palace intrigue is that reforms will stall. It's the president's agenda that suffers with this kind of dysfunction."

This portrait of the Department of Veterans Affairs' leadership crisis is based on interviews with 16 administration officials and other observers. Most spoke on the condition of anonymity to offer candid views.

It is an extraordinary state of affairs at the massive federal agency — only the Defense Department is bigger — whose mission is etched outside its headquarters a block from the White House: "To care for him who shall have borne the battle." Some of the secretary's aides, many of whom spent decades following orders in the military, have for weeks openly defied their VA chain of command.

“This is salacious conspiracy, and it’s treason,” said Louis Celli, national director of veterans affairs for the American Legion, the country’s largest veterans group. The organization’s leaders recently informed the White House that, if necessary, they will gather members to picket outside with signs bearing the names of those they want removed.

Shulkin has sought to fire at least six of his senior managers and said as recently as Wednesday that he has assurances from White House chief of staff John F. Kelly that terminating disloyal staffers is within his authority. Administration officials dispute this, however, saying Kelly has rebuffed such efforts.

The rift has simmered for months, driven by personality and policy differences over shifting more health care for veterans to the private sector. It exploded into public view in February with [the release of an inspector general report](#) admonishing Shulkin and his staff for missteps surrounding a 10-day business trip to Europe. The report so outraged veterans that some threatened Shulkin, another reason security was enhanced outside his office.

Shulkin continues to have Trump’s confidence, the White House says, but the impasse has compelled the secretary to seek support from those closest to the president. Last week, he flew to Trump’s Mar-a-Lago estate in Florida to meet with Ike Perlmutter, chief executive of Marvel Entertainment, who advises Trump on veterans issues. The four-hour meeting focused largely on VA policy, but Shulkin also sought Perlmutter’s backing in ridding the agency of those Shulkin considers obstacles to further changes.

Some Trump appointees feel the work environment at VA is “toxic” and are said to be seeking other jobs within the administration, but as of Thursday none had departed, officials said.

Shulkin is a physician and former hospital administrator who ran VA’s massive health-care arm for 18 months under President Barack Obama before becoming secretary. At a media event in Washington on

Wednesday, he made clear that he wants to clean house, announcing new leadership overseeing two dozen troubled hospitals. While those moves targeted career VA personnel who had failed to meet expectations, Shulkin used the opportunity to warn “everybody on the political team who is not helping.”

“It’s taken a lot of my effort not to get distracted,” Shulkin said in a separate interview with The Washington Post. “But I’m hearing from veterans all over the country saying, ‘We know VA is moving in the right direction.’ ”

He said many members of Congress also have shown support, telling him to “keep going.”

‘The right to choose’

Shulkin’s critics deny they are plotting a coup. Rather, they say they are airing differences over a controversial policy priority for the president — that veterans have greater ability to choose private doctors at VA’s expense.

Though popular in the White House, the effort is viewed skeptically by the American Legion and other veterans groups that fear it will lead to VA’s downsizing. Shulkin and his deputy, Thomas Bowman, have backed a bipartisan compromise in the Senate that would remove some restrictions on private care but keep VA in charge of deciding whether veterans can choose private doctors.

Their stance has been a disappointment to the White House, Shulkin’s critics say.

“The president said he believes veterans have the right to choose,” said Pete Hegseth, a former chief executive of Concerned Veterans for America, a conservative advocacy group backed by the billionaire

industrialists Charles and David Koch. An Iraq War veteran, Hegseth is now co-host of “Fox & Friends Weekend.”

“Shulkin has talked a good game on Choice,” Hegseth said, referring to an existing program that allows veterans to see private doctors, but with restrictions.

“But he’s sided with the permanent bureaucracy, the traditional veterans groups and the unions. This is a litmus test of whether he is truly a reformer who will drain the swamp at VA.”

VA employs 360,000 people and accounts for \$186 billion annually. Its sprawling health-care and benefits system, which Trump blasted on the campaign trail as a wasteful, inefficient failure, churns away. But the dysfunction, observers say, has jeopardized legislation to extend the Choice program and a separate initiative to overhaul VA’s aging electronic health-records system.

The legislation remains deadlocked in Congress. And if Shulkin were to leave, his allies said, the health-records project would face indefinite delay.

“Things have come to a grinding halt,” one senior manager said. “It’s killing the agency. Nobody trusts each other.”

The power struggle

Shulkin and his team saw eye to eye at first. Some aides, such as John Ulyot, his public-affairs chief, arrived at VA with years of Capitol Hill experience. Others, including Jake Leinenkugel, a senior aide installed as part of a Cabinet-wide program to monitor secretaries’ loyalty, has no prior government experience.

In Shulkin’s first year, Congress passed 11 bills to bring change to the agency, easing the backlog of benefit applications and appeals and

clearing a fast path to fire employees involved in misconduct. VA also launched a 24-hour hotline for veterans' complaints and began posting wait times for appointments at its 1,200 medical centers.

Beginning last spring, though, the debate over private care and a growing distrust of Shulkin's affiliation with the Obama administration began to fuel the leadership fight. Then in August, early in his tenure as deputy secretary, Bowman alienated some when he told staffers they needed to show respect for Shulkin, his chief of staff and the agency's career civil servants, and to value their expertise, according to three people with knowledge of the meeting.

Bowman could not be reached for comment. A VA spokesman said the agency does not comment on private meetings.

Shulkin, meanwhile, had concluded some of his aides had no defined roles and were not moving his efforts forward, according to current and former VA officials.

In February, White House aides sought to have Bowman removed in an effort to rattle Shulkin. Bowman survived after a strong show of support from Capitol Hill, but he remains in the crosshairs of some in the White House and at VA.

Shulkin and his senior managers have clashed over high-level hires, including one former Obama administration official. They have also argued over policies believed by Trump's political team to be out of step with this administration's priorities, with the appointees consistently overruling the secretary.

The friction grew so intense that Ulliyot, Leinenkugel and VA's legislative-affairs chief, Brooks Tucker, met regularly to plot the ouster of Shulkin and his top aides, according to current and former agency employees with knowledge of the conversations. At one point, Leinenkugel advocated he take over as deputy secretary until a permanent replacement could be found.

Ullyot declined to comment. Leinenkugel has said previously that he has routinely expressed his “concerns and suggestions for improvements.” He did not return messages seeking comment for this report. Efforts to reach Tucker were unsuccessful.

The feud reached a peak last month with the release of the inspector general’s report. Shulkin’s chief of staff, a longtime civil servant who was disliked by the Trump team, stepped down as a result, and her replacement was installed by the White House, a sign of the administration’s desire for more influence.

Last week, Camilo Sandoval, a senior adviser at the Veterans Health Administration, appeared unexpectedly at the first meeting between new chief of staff Peter O’Rourke and Christopher Vojta, VA’s new deputy undersecretary for health, according to two agency officials. Sandoval told Vojta he was representing the White House, these people said.

In a move that unsettled Vojta and others, Sandoval inquired about Vojta’s loyalty to Shulkin and Bowman. “Camilo was trying to assess whose side he was on,” said one senior official familiar with the encounter.

Sandoval did not respond to a message seeking comment. Curt Cashour, VA’s press secretary, said the meeting never happened.

###

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: Kuy, SreyRam (HOU)
Sent: 13 Mar 2018 13:36:29 -0700
To: Hayes-Byrd, Jacquelyn (b)(6)
Cc: O'Rourke, Peter M.
Subject: Medical Device Registry Call - Wed 3/14/2018 at 7:30 am

Hi Jacquie!

Great seeing you again today (briefly)! I spoke with Peter today about an effort around developing a Medical Device Registry, in collaboration with Bruce Moskowitz and his colleagues. We have a weekly call with the workgroup on Wednesdays at 7:30 am, and Peter suggested we hold tomorrow's call at 7:30 am in his office, and if you have time, perhaps you could join? I'll forward the invite to you. Let me know if you have any questions at all!

Thank you!

-Srey
(713-503-4274)

SreyRam Kuy, MD

Special Advisor to the Secretary
Veterans Health Administration

Associate Chief of Staff
Quality, Safety & Value
Michael E. DeBakey VA Medical Center

810 Vermont Avenue, NW, #1069
Washington, DC 20420

Mobile: 713-503-4274
Office: 202-461-4875

From: Kuy, SreyRam (HOU)
Sent: 27 Mar 2018 14:03:04 -0700
To: Scher, Deborah L.
Cc: O'Rourke, Peter M.
Subject: RE: Registry call follow-up
Attachments: Medical Device Registry Summit - 1 pager.pdf, Implant Registry Briefing - Dr. SreyRam Kuy - COS.pdf, Summit Planning Meeting - Minutes.docx

Hi Deborah,
 Thanks so much for joining the call!

I've attached some briefing 1 pagers and meeting minutes from our Wednesday Morning 7:30 am weekly meetings. I hope this is helpful. Call me anytime at all to clarify!

Here's a list of who's been involved on the Wednesday morning meetings:

First Name	Last Name	Organization	Role
Aaron	Moskowitz		BRF
(b)(6)			
Bruce	McIntosh	Veterans Affairs	National Center for Patient Safety
Bruce	Moskowitz		
Danica	Marinac-Dabic	FDA	
(b)(6)			
(b)(6)			
(b)(6)		Veterans Affairs	
(b)(6)			
SreyRam	Kuy	Veterans Affairs	
Thomas	Concannon	Rand	

In terms of leaders:
 -From the FDA side,
 Scott Gottlieb is on board, and I've been in contact with his Chief of Staff
 -From the VA side, it's been myself and Bruce McIntosh, who is working on our VA Device Registry through the National Patient Safety Office

Absolutely agree, we should have an internal VA conversation for follow-up steps soon. Happy to arrange with (b)(6) to fit in Mr. O'Rourke's and your schedule.
 -Srey

SreyRam Kuy, MD, MHS, FACS
 Special Advisor to the Secretary

Senior Advisor to the PDUSH
Veterans Health Administration

Associate Chief of Staff
Quality, Safety & Value
Michael E. DeBakey VA Medical Center

810 Vermont Avenue, NW, #1069
Washington, DC 20420

Mobile: 713-503-4274
Office: 202-461-4875

From: Scher, Deborah L.
Sent: Tuesday, March 27, 2018 4:52 PM
To: O'Rourke, Peter M.; Kuy, SreyRam (HOU)
Subject: Registry call follow-up

Dear Peter and SreyRam:

Fascinating call. Would be helpful for me to know more about the internal leaders of this initiative, the project plans and to have a follow-up conversation on next steps

Thank you,
Deborah

Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
U.S. Department of Veterans Affairs
(O) 202-461-0325
(C) 202- 820-3864

Medical Device Registry Summit

Draft Agenda

Date: June 4, 2018 (TBD)

Location: VA Auditorium, #230

1. Welcome and Introductions of Participants and Organizations

2. Moderated Roundtable Discussion with Key Agency Leadership

- ✓ Panel Moderator – facilitates with questions (SreyRam Kuy, MD)
- ✓ Secretary David J. Shulkin, MD, Secretary of the VA
- ✓ Commissioner Scott Gottlieb, MD, FDA Commissioner
- ✓ CMS leadership (TBD)
- ✓ HHS Leadership (TBD)

3. Topic Focused Presentations (15 minutes each)

- ✓ “Why Registries Matter” – Data about how it helps lower costs, improve outcomes
 - Subject Matter Expert TBD
- ✓ NEST – the next frontier in device surveillance and outcomes management
 - Danica Marinac-Dabic, MD, PhD, MMSC, FISPE
Director, Center for Devices and Radiological, FDA
- ✓ “Enabling Patient Participation in Device Registries” – Title TBD
 - Harlan M Krumholz, MD
Director, Center for Outcomes Research and Evaluation, Yale University
- ✓ “Current Cardiac Device Monitoring in the VA”
 - Merrit H. Raitt, MD (TBD)
Director, National Cardiac Device Surveillance Program, Veterans Health Affairs
- ✓ “Current VA Medical Device Registries in Place” - Maximo
 - (b)(6)
Office of Healthcare Technology Management, Veterans Health Affairs
- ✓ “Building Future-State Model for VHA Implant Tracking”
 - Bruce McIntosh, PharmD
VA National Manager, Product Recall Office, National Center for Patient Safety
- ✓ “Title TBD” - Frederic Resnic, MD
- ✓ “Title TBD” - Art Sedrakyan, MD
- ✓ Talks by other stakeholders (Amazon, Medtronic) TBD

4. Closing Remarks and Outline Key Next Steps

- ✓ “Pulling it All Together: Next Steps Working with Our Partners”
 - Carolyn Clancy, MD or Chris Vojta, MD, USH or PDUSH for VHA

National Medical Device Registry Summit

Subject: *Medical Device Registry Summit*

Purpose: *Bring together VA, FDA, and other federal agencies and key stakeholders for a national summit about medical device registry efforts*

Current Participating Partners:

- *Department of Veterans Affairs*
- *US Food and Drug Administration*
- *Biomedical Research and Education Foundation*
- *Global Healthy Living Foundation*
- *RAND Corporation*

Contacts:

- *SreyRam Kuy, MD*
SreyRam.Kuy@va.gov
- (b)(6) @va.gov



DEPARTMENT OF VETERANS AFFAIRS
810 Vermont Avenue NW
Washington, DC 20571

March 13, 2018

From: SreyRam Kuy, MD

To: Chief of Staff Peter O'Rourke

Subj: **Medical Device/Implant Registry & National Summit**

Press Release:

**VA convenes leaders on medical device tracking;
Partners with sister agencies FDA and CMS to ensure patient safety;
Implements largest health system device tracking program.**

Recommendations

- ✓ VA can be ahead of legislative mandates
- ✓ VA can lead national efforts (Summit)
- ✓ VA can establish implant tracking at low cost (Registry)

Why it Matters: Patient Safety & Legislation

H.R. 28: Rep Roe, Passed July 21, 2015 (408-0)

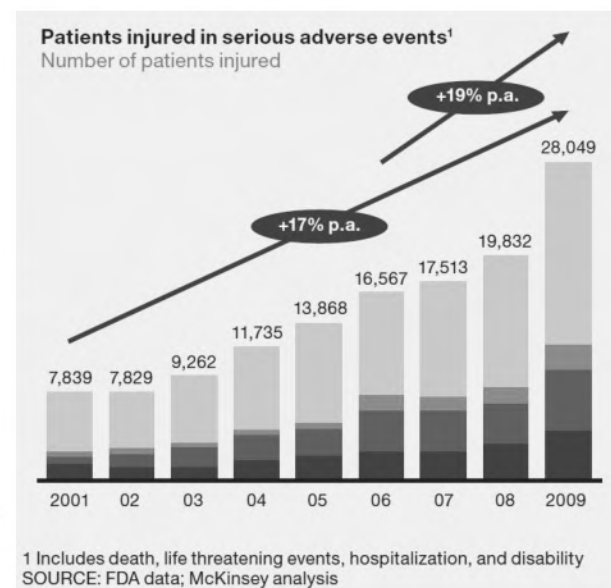
S. 23: Senator Cassidy, SVAC hearing 5/2017

“Biological Implant Tracking and Veteran Safety Act”

- ✓ Focused on *biological implants only*
- ✓ Adopt UDI for biologicals & a tracking system that enables recall notification
- ✓ **6 months** for VA to implement

Current Surveillance of Implants is Piecemeal

- ✓ Adverse Event Reports (FDA): mandatory for manufacturers & hospitals, but incomplete data
- ✓ Insurance Claims data (CMS) – lack clinical details
- ✓ Clinical Registries – operated by various groups & societies
- ✓ EMR – interoperability challenges and not easily accessible



Stakeholders

Federal

- ✓ Rep Roe & Senator Cassidy
- ✓ FDA
 - Unique Device Identifiers (UDI) in 2007 to enable tracking
 - Registry efforts contracted out
 - \$3 million to “Medical Device Innovation Consortium” in 2016
 - Establish post market surveillance system NEST (National Evaluation System for Health Technology)¹
- ✓ CMS – 2017 MEDPAC recommendation to require device identifiers on claims forms^{2,3}
- ✓ VA

Private Interests

- ✓ Bruce Moskowitz, MD
 - Founder of “Biomedical Research & Education Foundation” & Medical Device Registry project
 - Family member serves as executive director
- ✓ American Association of Tissue Banks
 - Focus on biological implants
 - Accredits organizations for a fee (125 tissue banks)

Past VA Efforts

- ✓ Several VA funded initiatives over past 10 years, \$5.5 million spent on trying to build our own product
- ✓ VITAS (Veterans Implant Tracking and Alert System) and ITR (Implant Tracking Registry)
- ✓ Now efforts focused on private sector based solution

Does VA Need an Implant Registry?

- ✓ Yes
 - Needed for patient safety & to measure outcomes
 - Be proactive and ahead of future legislative directive
- ✓ Cost not high for commercial off the shelf - \$5 million/1st year, \$3 million/year maintenance
 - Allow us to notify patients about recalls
 - Allows us to identify the device when patient shows up in ER
 - Allows us to track clinical follow-up actions
- ✓ VA Gap analysis pending – April 3 Morning Report
- ✓ Speed of implementation – within 1 year of contract completion
- ✓ Integrating legacy data takes 2-3 years
 - Majority of our veterans,
 - Additional cost \$5.5 million for IT based solution – includes 5 years sustainment
- ✓ Cerner can later replace

Draft, Pre-Decisional, Only for Internal VA use

Medical Device Registry Summit

February 21, 2018
Meeting Minutes

Meeting Objective: Bring together VA, FDA, and other federal agencies and key stakeholders for a national summit about medical device registry efforts

1. Welcome and introductions of participants and organization

First Name	Last Name	Organization	Role
Aaron	Moskowitz		
(b)(6)			
Bruce	McIntosh	Veterans Affairs	NCPS
Bruce	Moskowitz		
Danica	Marinac-Dabic		
(b)(6)			
SreyRam	Kuy	Veterans Affairs	Special Advisor to the Secretary
Thomas	Concannon		

2. Discuss current state of VA/UDI

Current state of VA

- Product recall office in the VA takes 0-10 days to initiate a recall, with an estimated 99% recall rate
- Bruce is conducting a stop-gap analysis focusing on implants, both biologic and non-biologic (mostly biological tissue in the VA population)
- Suggestion from Danica: expand stop-gap analysis to close calls

UDI

- CFR requires UDI manufacturers
- Getting information on the implanted devices, see if you can make that fast and easily go into patient medical records
- Track what gets implanted
- However, UDI has some push back from manufacturers, including:
 - Too expensive, small manufacturers who cannot afford it
 - Might not work for all devices because of packaging
 - Should be acquired by anyone purchasing a device
 - GUDID database
 - Need to bring in all these data sources and get an API to bring into your system

3. Discuss purpose and goals for the “Medical Device Registry”

Draft, Pre-Decisional, Only for Internal VA use

Registry's Importance for Patients

- Patients do not know the manufacturer of devices or type of device
 - This becomes an issue if they do not know why their device needs to get a revision
- Need to capture this importation and develop a national registry to easily do recall
- Need tracking system and registry

4. Discuss purpose and goals for the "Medical Device Registry" Summit

Narrow the Focus to Make It Specifically about the Problem

- What people are interested in:
 - Cost benefit analysis
 - 400% price reduction for manufacturers
 - Implant registry improves cost and quality with a good system
 - Not just in case of error; the registry can act as an early detection system
 - Really hopes for longer standing registries where you get outcome reports from them, pull something from the market if quality or safety is lower (i.e. if the device is not doing its job)
 - The registry will be a valuable resource and tool
- Patient groups would love to use information to fund the study for feedback with people with devices
 - Many research opportunities
- Rachel Ramoni can give input to incorporate outcomes
- Can locate a device in an organization (RSLD) such as an IV pump, and can find a device in an organization
- Can help in the long term improve their product, become safer, and of better quality than the competitor

5. Determine Format of the "Medical Device Registry" Summit

Part 1

- Discuss the rationale for the Medical Device Registry, including use cases, purpose, etc.
- Hear from each stakeholder, perspective, what is in it for them, barriers, SWAT analysis (better, faster, cheaper)

Part 2

- How to structure data capture; discuss stop gap analysis from NCPS and, potentially, the Mercy Hospital Study

6. Determine Panel of Speakers/Attendants

Summit invitees should include:

- Medtronic
- Johnson and Johnson
- Recommend smaller companies, like Titan
- Invite a portfolio of patient groups (**Danica** going to send to us)
 - (b)(6) group, nice demonstration of organic collection of data to large roundtable
- Need to invite an additional voice, preferable a front-line provider
- Need to invite provider groups

7. Ideas for Medical Device Registry

(b)(6)

Draft, Pre-Decisional, Only for Internal VA use

Idea: Have a Patient Safety Device Score

- People need to report
 - Train and educate people, do a root cause analysis, consider reporting structures
- Learn from users' experiences and use their issues (learning from the field, field is seeing this)
- Open database through NIH, can match with registries for global device

8. Next Steps Forward

1. Create agenda template: **Danica**
 - Draft agenda: **SreyRam** / (b)(6)
2. Initiate contact with key stakeholders: **Danica/Aaron** / (b)(6)
3. Reach out for speakers and attendance (e.g. patient advocacy groups, manufacturers, provider groups, Cerner, major medical journals, etc.): **Danica/Aaron** / (b)(6)
4. Look for summit venues: **Aaron** (b)(6) can help as well)
5. Create one-pager of summit or project, and modify for external audience: **SreyRam**
6. Pick a date, based on FDA's calendar: (b)(6)

February 28, 2018
Meeting Minutes

First Name	Last Name	Organization	Role
Aaron	Moskowitz	Biomedical Research and Education Foundation	
(b)(6)		Global Healthy Living Foundation	
Bruce	McIntosh	Veterans Affairs	NCPS
(b)(6)		Veterans Affairs	
(b)(6)		Global Healthy Living Foundation	
SreyRam	Kuy	Veterans Affairs	Special Advisor to the Secretary

1. Discuss symposium speakers
 - For the symposium, it may be beneficial to have an unbiased third party speaker, such as an academic or consultant
 - A speaker who can talk about what already exists in terms of medical registries
 - Have a speaker on the UDI
2. Discuss outreach
 - Participants on this call, such as (b)(6) and Aaron, are going to reach out to patient advocacy groups, provider groups, medical device groups, etc.
 - (b)(6) will have informal calls to reach out to people; he wants a common message or paragraph we want to send out to experts

From: Scher, Deborah L.
Sent: 27 Mar 2018 14:09:56 -0700
To: Kuy, SreyRam (HOU)
Cc: O'Rourke, Peter M.
Subject: RE: Registry call follow-up

Hi SreyRam:
Sounds like a great plan. Look forward to learning more and to working together on this.

Best,
Deborah

From: Kuy, SreyRam (HOU)
Sent: Tuesday, March 27, 2018 5:03 PM
To: Scher, Deborah L.
Cc: O'Rourke, Peter M.
Subject: RE: Registry call follow-up

Hi Deborah,
Thanks so much for joining the call!

I've attached some briefing 1 pagers and meeting minutes from our Wednesday Morning 7:30 am weekly meetings. I hope this is helpful. Call me anytime at all to clarify!

Here's a list of who's been involved on the Wednesday morning meetings:

First Name	Last Name	Organization	Role
Aaron	Moskowitz		BRF
(b)(6)			
Bruce	McIntosh	Veterans Affairs	National Center for Patient Safety
Bruce	Moskowitz		
Danica	Marinac-Dabic	FDA	
(b)(6)			
(b)(6)		Veterans Affairs	
(b)(6)			
SreyRam	Kuy	Veterans Affairs	
Thomas	Concannon	Rand	

In terms of leaders:
-From the FDA side,
Scott Gottlieb is on board, and I've been in contact with his Chief of Staff

-From the VA side, it's been myself and Bruce McIntosh, who is working on our VA Device Registry through the National Patient Safety Office

Absolutely agree, we should have an internal VA conversation for follow-up steps soon. Happy to arrange with (b)(6) to fit in Mr. O'Rourke's and your schedule.

-Srey

SreyRam Kuy, MD, MHS, FACS

Special Advisor to the Secretary
Senior Advisor to the PDUSH
Veterans Health Administration

Associate Chief of Staff
Quality, Safety & Value
Michael E. DeBakey VA Medical Center

810 Vermont Avenue, NW, #1069
Washington, DC 20420

Mobile: 713-503-4274
Office: 202-461-4875

From: Scher, Deborah L.
Sent: Tuesday, March 27, 2018 4:52 PM
To: O'Rourke, Peter M.; Kuy, SreyRam (HOU)
Subject: Registry call follow-up

Dear Peter and SreyRam:

Fascinating call. Would be helpful for me to know more about the internal leaders of this initiative, the project plans and to have a follow-up conversation on next steps

Thank you,
Deborah

Deborah Lafer Scher
Executive Advisor to the Secretary
Secretary's Center for Strategic Partnerships
U.S. Department of Veterans Affairs
(O) 202-461-0325
(C) 202- 820-3864

From: IP
Sent: 26 Apr 2018 14:48:46 +0000
To: O'Rourke, Peter M.
Subject: FW: Checking In
Attachments: (b)(6) Resume Final.docx

Pete,

Please give me a call when you get a chance.

Thank you,
Ike

From: (b)(6) [mailto:(b)(6)@blackrock.com]
Sent: Thursday, April 26, 2018 9:22 AM
To: IP
Subject: RE: Checking In

Ike,

As requested, I've attached my resume for your review. Looking forward to discussing this further today.

Regards,

(b)(6)
BlackRock | Vice President
40 East 52nd Street | New York, NY 10022
Phone: +1.646.231.(b)(6)
Mobile: +1.347.920.(b)(6)
Email: (b)(6)@BlackRock.com

From: (b)(6)
Sent: Wednesday, April 25, 2018 11:51 AM
To: (b)(6)@marvel.com; (b)(6)@marvel.com
Subject: Checking In

Mr. Perlmutter,

I hope all is well with you.

It's been a long time since I've said "hello" and I wanted to take the opportunity to do so, now that I've settled into the new job. The people here are wonderful and are making it very easy to transition from the military.

If there is anything I can do to help you with your Veteran efforts, please let me know. We have an extensive Veterans network here at BlackRock and I'd love to continue to make any contributions I can.

(b)(6) and I are still incredibly grateful to you and we both hope that we get to see you again soon.

Regards,
(b)(6)
BlackRock | Vice President
40 East 52nd Street | New York, NY 10022

Phone: +1.646.231 (b)(6)
Mobile: +1.347.920 (b)(6)
Email: (b)(6)@BlackRock.com

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Se
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PROFESSIONAL EXPERIENCE

BLACKROCK

Vice President, Finance, Sourcing and Management.

New York, NY
2017-2018

(b)(6)

U.S. DEPARTMENT OF THE NAVY

Judge Advocate Generals Corps, Commander

Washington, DC
2004 – 2017

(b)(6)

- **Legislative Counsel , Office of Legislative Affairs, Washington D.C., (2014-Present)**

(b)(6)

- **Staff Judge Advocate/General Counsel, Carrier Strike Group Two, Norfolk, VA, (2012-2014)**

(b)(6)

- **Staff Judge Advocate/General Counsel , Naval Special Warfare Group Ten, Norfolk, Norfolk, VA, (2012)**

(b)(6)

- **Assistant Fleet Judge Advocate/Assistant General Counsel , Fifth Fleet , Bahrain, (2011-2012)**

(b)(6)

- **Flag Aide to the Judge Advocate General of the Navy, Washington D.C (2010-2011)**

(b)(6)

- **White House Aide, Washington D.C (2007-2010)**

(b)(6)

- **International Law Attorney, Washington D.C (2007-2010)**

(b)(6)

- **Detainee Operations Officer, Prosecutor, First Marine Expeditionary Force Forward, Iraq (2006)**

(b)(6)

- **Defense Attorney Naval Legal Service Office Southwest, San Diego, CA (2004-2007)**

(b)(6)

CONNECTICUT STATE'S ATTORNEY'S OFFICE

Assistant State's Attorney

Middletown, CT
2001 – 2004

FLORIDA STATE'S ATTORNEY'S OFFICE

Assistant State's Attorney

Ft. Lauderdale, FL
2000 – 2001

EDUCATION

GEORGE WASHINGTON UNIVERSITY SCHOOL OF LAW
Masters of Laws, International Law

Washington, DC
2011

UNIVERSITY OF MIAMI SCHOOL OF LAW
Juris Doctor,

Miami, FL
2000

UNIVERSITY OF CONNECTICUT
Bachelor of Arts in History / Political Science

Storrs, CT
1997

BAR ADMISSION:

Florida (2000), Connecticut (2001), New York (2002)

From: Sandoval, Camilo J.
Sent: 4 May 2018 01:12:35 -0500
To: (b)(6); Hayes-Byrd, Jacquelyn; O'Rourke, Peter M.
Subject: RE: Please Review Tonight
Attachments: [EXTERNAL] call today?, [EXTERNAL] Re: call today?, [EXTERNAL] Fwd: amida weekly ehrm data migration update, [EXTERNAL] dod data sharing, [EXTERNAL] extremely confidential - eyes only - please do not forward or share - secva message this morning, FW: [EXTERNAL] (b)(6), [EXTERNAL] data migration (request from (b)(6) mitre), RE: [EXTERNAL] Fwd: meeting with (b)(6) on wednesday, RE: [EXTERNAL] check in, Windom, RE: RE: [EXTERNAL] thursday check in, RE: [EXTERNAL] data migration (request from (b)(6) mitre), RE: [EXTERNAL] follow-up from our last meeting, RE: [EXTERNAL] check in, RE: [EXTERNAL] extremely confidential - eyes only - please do not forward or share - secva message this morning, RE: Schedule important: (b)(6) Availability - (b)(6) needs to re-schedule, RE: Schedule important (b)(6) Availability (b)(6) needs to re-schedule, FW: [EXTERNAL] dod data sharing, RE: [EXTERNAL] stakeholder enterprise portal (sep) and ebenefits, FW: [External] connecting scott to (b)(6) RE: [External] connecting scott to (b)(6) RE: [EXTERNAL] susan perez

Pete—

This request from members of congress is based on inaccurate reporting by Arthur Allen from Politico, which was fueled by (b)(5)

(b)(5)

(b)(5)

(b)(5) And for the record, it was a team of top medical CIOs and practitioners—put together by Ike Perlmutter and Bruce Moskowitz—who identified the flaws in the contract and made the recommendations, not MITRE. MITRE had advised against a strategic pause, and then took credit for the work done after.

Please read attachments.

From: (b)(6)
Sent: Thursday, May 03, 2018 7:31 PM
To: Sandoval, Camilo J.; Hayes-Byrd, Jacquelyn; O'Rourke, Peter M.
Subject: RE: Please Review Tonight

Good info Cam, we may want to remind the interested parties of that.

From: Sandoval, Camilo J.
Sent: Thursday, May 03, 2018 4:13:22 PM
To: Hayes-Byrd, Jacquelyn; O'Rourke, Peter M.; (b)(6)
Subject: RE: Please Review Tonight

Thank you Jacquie. If we go back to Shulkin's EHRM hearing testimony, he mentions under oath that he and Scott Blackburn requested outside, non-governmental help from the top 5 Medical CIO's. These experts are who alerted him to the many interoperability issues previously unknown to Cerner or VA staff.

From: Hayes-Byrd, Jacquelyn
Sent: Thursday, May 03, 2018 5:42 PM
To: O'Rourke, Peter M.; Sandoval, Camilo J.; (b)(6)
Subject: Please Review Tonight

Please see these two documents tonight as the Dep Sec provided this to Colonel (b)(6) late this afternoon
And (b)(6) will be giving it to the Secretary first in the a.m. don't want you to be blindsided and I would like for you to be prepared to discuss.

Jacquie

From: (b)(6)
Sent: Thursday, May 03, 2018 5:32 PM
To: Hayes-Byrd, Jacquelyn
Subject: REQUESTED SCAN

(b)(6)
Special Assistant
Office of the Secretary
810 Vermont Ave, NW
Washington, DC 20420
202-461-(b)(6) (O)
(b)(6)@va.gov

VA Core Values: Integrity, Commitment, Advocacy, Respect, and Excellence—I CARE

From: (b)(6)
Sent: 4 Sep 2017 13:20:22 -0400
To: Blackburn, Scott R. (DISABLED ACCT)
Subject: [EXTERNAL] call today?

Hi Scott,

I hope this finds you well and enjoying your last weekend, for now ;), as a federal employee. I am sorry to disturb you. I hope you'll agree it was the right thing to do.

Good news and bad news:

The good news is that (b)(6) and (b)(6) apparently had a good discussion this week. You may or may not know this, and you may or may not understand this, but it is a direct result of your "intervention". I can explain as useful. But it was useful.

The bad news is that things with EHRM are going off the rails a bit. My advice from folks you know and trust is to raise this to David. I can see this going both ways. On the one hand, he needs to know. On the other hand, it will hurt Windom (which I absolutely don't want).

The root cause of the trouble is that he (David, and John W) are being told that everything is "all set" on data migration. It is simply not true. The people doing the telling are eager to see MITRE/Amida bounced from the team. I got that call on Friday afternoon.

As usual, the contractors are just telling leadership what they want to hear. And the government employees have an agenda all their own. I personally admire Windom a lot, but he does not have the technical judgment to make a decision, and he is relying on Short a lot. Sweeping stuff under the rug (for the next guy) is a pretty typical VA approach.

Indeed, the reason so many programs have failed at VA is because people don't accept and deal with the truth. Eventually that blows up and kills the program. This is what happened to HealthVet, CoreFLS, Strategic Asset Management, Scheduling, and many other big VA IT programs. The only way we made VBMS successful was by forcing VBA and OIT to deal with all the hard truths of the program. That's exactly not what's happening here.

My draft to the secretary is below, and I think I should send it later this evening or very first thing (6am) tomorrow. Your advice and perspective would be invaluable.

Thanks and best,

(b)(6)

=====
Mr. Secretary:

This email is to alert you that I have been told my contract with VA to analyze the data migration plan for Cerner is at risk and may be cancelled as soon as tomorrow.

Senior members of the program office are not happy that I continue to tell you that I do not believe their data migration plan is adequate, and will put the program at long-term risk.

For as long as you care to hear it, I will continue to tell you the facts as I see them.

And yes, this also means I am willing to forgo my sub-contract to do so. You should expect nothing less from any of us.

From: (b)(6)
Sent: 4 Sep 2017 14:40:27 -0400
To: Blackburn, Scott R. (DISABLED ACCT)
Subject: [EXTERNAL] Re: call today?

Okay, that was quick.

I don't know if this is you in the background, but I just got a call from a "VA insider" saying that VA has told MITRE *not* to cut us, but to cut themselves back.

I can't wait to speak to you on Thursday (or later) ;)

THANKS and best,

(b)(6)

On Mon, Sep 4, 2017 at 1:20 PM, (b)(6)@amida.com> wrote:
Hi Scott,

I hope this finds you well and enjoying your last weekend, for now ;), as a federal employee. I am sorry to disturb you. I hope you'll agree it was the right thing to do.

Good news and bad news:

The good news is that (b)(6) and (b)(6) apparently had a good discussion this week. You may or may not know this, and you may or may not understand this, but it is a direct result of your "intervention". I can explain as useful. But it was useful.

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Indeed, the reason so many programs have failed at VA is because people don't accept and deal with the truth. Eventually that blows up and kills the program. This is what happened to HealtheVet, CoreFLS, Strategic Asset Management, Scheduling, and many other big VA IT programs. The only way we made VBMS successful was by forcing VBA and OIT to deal with all the hard truths of the program. That's exactly not what's happening here.

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(b)(6)

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For as long as you care to hear it, I will continue to tell you the facts as I see them.

And yes, this also means I am willing to forgo my sub-contract to do so. You should expect nothing less from any of us.

From: (b)(6)
Sent: 14 Sep 2017 17:43:47 -0400
To: Blackburn, Scott R. (DISABLED ACCT)
Subject: [EXTERNAL] Fwd: amida weekly ehrm data migration update
Attachments: Amida VA EHRM Weekly Report -sept 14 -final.docx

Scott - confidential to you, please do not forward or share.

MITRE instructed us to stop sending these to VA (Windom, Short, (b)(6)) three or four weeks ago; I doubt they forward these or anything like them to stakeholders there, so I don't know what they now know (or think). This report is sent by my program manager to theirs; I normally cc (b)(6) as a courtesy. (b)(6) asked this week to be included.

I have not spoken with John W (or the secretary) since before Labor Day.

I did speak to David immediately after his "announcement" of the data migration strategy in mid-August, and advised caution on technical grounds. That was the last I spoke with him on this project. I have not spoken to him at all about the threat to end our work at MITRE. We *have* had brief (and successful) interactions on other non EHRM topics.

Most respectfully and best regards,

(b)(6)

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

From: (b)(6)@amida.com>
Date: Thu, Sep 14, 2017 at 4:05 PM
Subject: amida weekly ehrm data migration update
To: (b)(6)@mitre.org>, (b)(6)
(b)(6)@mitre.org>
Cc: (b)(6)@mitre.org>

Dear (b)(6) dear (b)(6)

please find attached the Amida weekly report, due today.

Its long, I know. We've been at it now for 6 weeks, and this is basically what I would have expected in terms of depth, synthesis, and detail.

Please note that the go-forward plan (something we worked on hard last week) is included in Appendix A, exhibit 7 (the data migration plan and LOE).

Also, if you just look at one thing, please go to figure 9 on page 23. Honestly, this is the "money shot" because it is such a good example. Basically it is really hard to do data mapping (right). The caption reads:

The Vx130 Immunization Domain includes 18 fields, and the Cerner Immunization Data Domain model includes 23 fields. This figure illustrates the beginning of a crosswalk to show example migration paths for six fields from the source data model to the target Cerner model. Note that this is an incomplete crosswalk intended only for purposes of illustration.

Many thanks and best regards,

(b)(6)

Weekly Status Report
For the MITRE Corporation

**On Data Migration Support for VA
Electronic Health Record Modernization**

September 14, 2017



Prepared by
Amida Technology Solutions, Inc.

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I. Purpose

The Department of Veterans Affairs (VA) has decided to replace Veterans Information Systems and Technology Architecture (VistA) with Cerner's electronic health record (EHR) solution. The primary purpose of the transition from the customized, legacy platform to a commercial system is to create a seamlessly interoperable health record between VA and the Department of Defense (DoD), and to deploy a unified application across their facilities. The Cerner system will replace VistA at the point of care by providing EHR functionality including (but not limited to) clinical decision support calculations, data storage, reporting and analytics, and legacy data archiving.

In support of this effort, the Amida team will create a comprehensive data inventory and profile to define the mapping of VistA and Cerner data elements, and delineate quality assurance criteria to ensure data integrity. This weekly report to MITRE contains a briefing of Amida's activities; includes collateral we have generated or collected, and serves as a living document of our team's understandings, questions, and takeaways.

Note to the reader: Because we will be adding information to this report each week, new text will be written in blue to help differentiate it, and every subsection of the "Technical Overview" (Section III) will begin with an italicized summary of changes made since the last iteration.

II. Weekly Summary

September 2 - September 8

VA is currently assessing its internal applications (both VistA and non-VistA) to determine which modules will require interfaces with Cerner Millennium. We have included a representative sample of applications from this review, with corresponding analysis, in Table 1 of Section III-1-D. We have also introduced Section III-1-F to this document, which details how Amida will map data transformations from VA to Cerner. Appendix A, Exhibit 7 contains our detailed framework to execute this mapping (submitted to MITRE on September 6, 2017).

From this week forward, Amida will shift focus from the consolidated, technical overview of the data migration strategy, to our major project deliverables: the Architectural Overview Document, and the Data Migration Validation Plan. Sections III-1-A through D of this document provide the framework for the former, while Section III-1-F contains Amida's preliminary mappings and observations for the Data Migration Validation Plan.

Finally, Amida's updates from previously-tracked EHRM data migration issues are below:

- **Data quality assurance, testing, and verification planning:** Amida's Data Migration Validation Plan will include data migration validation rules.
- **Endpoints for any data that is to be sent from Millennium/HealthIntent back to the legacy clinical system(s):** VA is assessing additional interfaces that may be required, which we describe in Section III-1-D.
- **Current lack of a unified DoD/VA HealthIntent data store:** We believe EHR interoperability will be technically feasible between the DoD and VA, as the two agencies will use a single, shared Cerner Millennium system. However, there is not yet a clear plan on whether HealthIntent will be a part of DoD's future-state architecture.

III. Technical Overview of Data Migration

In this section, the Amida team has established, and will incrementally add to, a framework for data migration that flexibly scales between levels of abstraction. This “telescoping hierarchy” will allow fluid transition between box-level abstractions, component-level descriptions, and field-level models.

Below, we utilize this framework to discuss (1) the VA-Cerner migration approach, (2) VA-DoD interoperability, and (3) the DoD-Cerner exchange.

1. VA-Cerner Migration Approach

- *Updated “D. VA-Millennium/HealthIntent Exchange” to include a sample list and analysis of VA internal applications that may require interfaces with Cerner Millennium.*
- *Updated “E. VA-Cerner Migration Approach at the Data-Level” to update domain model/field definitions in Table 2.*
- *Added “F. VA-Cerner Data Mapping and Transformation” to detail how Amida will execute data mapping, as well as our preliminary observations.*

A. Overview of the Approach

The VA to Cerner migration fundamentally consists of three major components:

- A one-time historical migration of patient data from VA to Cerner
- A maintenance feed from VA to Cerner to keep migrated patient data current
- An integration between Cerner and VA to maintain non-migrated systems

The following diagram depicts these components:

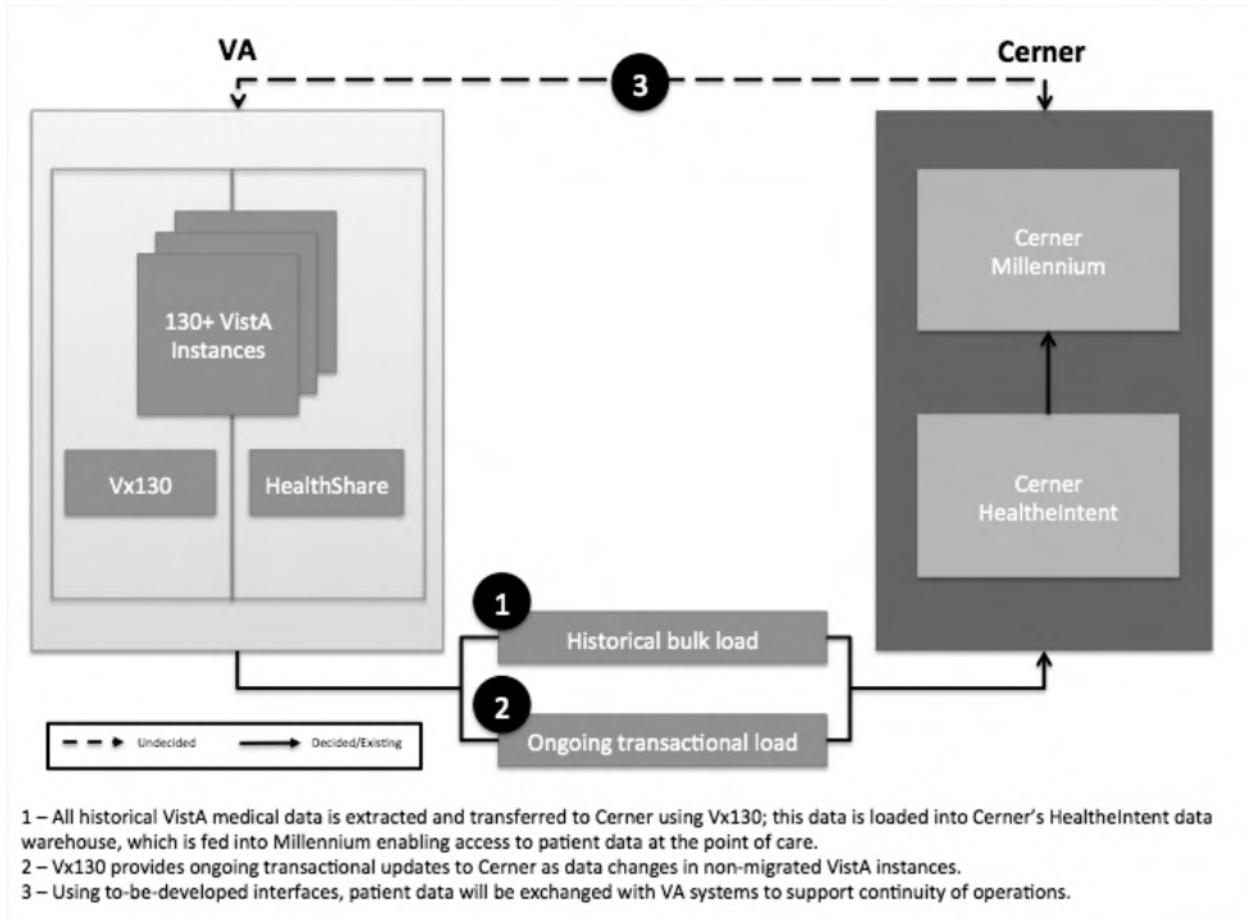


Figure 1 - VA-Cerner Migration Approach

VA will extract patient data primarily using Vx130, an internally developed solution that is capable of collecting data from all VistA instances and converting the data into relational objects; these objects will then be transformed and transferred to Cerner HealthIntent. HealthIntent will act as source data for Cerner Millennium, the clinician-facing EHR system. This approach only allows data to go into Cerner, and must be supplemented with a bi-directional exchange to ensure that VA systems dependent on medical data will continue to function; at this time, that component has not been selected, although HealthShare has been proposed by VA as a solution.

VA will use Vx130, an internally developed data extraction tool, to aggregate all historical patient data from the 130+ VistA instances across VA facilities. VA will extract and transfer this aggregated data to Cerner, who will load it into Cerner’s population health management solution, HealthIntent. Cerner Millennium (Cerner’s electronic health record) is closely integrated with HealthIntent, and migrated patient data in HealthIntent will be available in Millennium (at the point of care).

Cerner’s Millennium and HealthIntent solutions are distinct but complementary products, each with its own storage systems and interfaces. Millennium is a transactional system, with a provider-facing user interface through which medical staff capture patient data. Data captured in Millennium is then passed to HealthIntent, which has its own data store (and to which VA

intends to transfer its longitudinal data), for aggregation and inclusion in analytics and reporting (HealthIntent crawls and pulls data from the Millennium EHR near real time). Aggregated patient data and analytic findings are then fed back into Millennium from HealthIntent for use by providers at the point of care.

The historical bulk load (Figure 1, line 1) will push core medical domains of VistA data stored into HealthIntent. The replacement of 130 VistA instances with Millennium will be neither monolithic nor instantaneous; each VistA instance will be replaced site by site, and the elapsed time between the first VA facility to use Millennium, and the last to “retire” VistA, will span several years.¹ Hence, following the initial bulk load, VA must be able to incrementally update Cerner with new patient data generated from not-yet migrated VistA instances (i.e., VA facilities).

This ongoing transactional load (Figure 1, line 2) will be necessary to ensure that users of the Cerner system can access a complete and up-to-date Veteran record (e.g., providers will have accurate data during their patient encounters). Vx130 will be used for this transfer as well; the tool has event-driven triggers in use today that will be repurposed to incrementally assemble and push record updates from VA to Cerner.

VA will transfer all EHR functions from VistA to Cerner. However, VistA also currently supports various non-EHR functions that Cerner’s product suite may not have; for instance, VistA’s IVM (Income Verification Match), and QUASAR (Quality Audiology and Speech Analysis and Reporting) systems. In a separate workstream, functional analysts are determining which non-EHR functions of VistA do not map to Cerner’s product suite. Non-VistA based VA systems, such as the Clinical Data Warehouse (CDW) must also be maintained during the Cerner transition, to ensure continuity of operations. All of VA’s non-EHR systems must be decoupled from VistA and integrated with (or attached to) Cerner. The details of the interface from Cerner to VA are not finalized at this time, though the interface is likely to use InterSystems HealthShare to broker both HL7 messages coming from Cerner Millennium, and programmatic APIs drawing data from Cerner HealthIntent.²

B. VA-Cerner Migration Approach in Detail

Figure 2 extends Figure 1 with more details and granularity.

¹ We understand from an August 1 discussion with Captain Windom that the EHR Modernization effort is estimated (and/or proposed) to take nine years.

² InterSystems HealthShare uses industry-standard interfaces and has the capability to read and aggregate data from other healthcare systems outside VA and DoD.

Vx130 has been in use for over five years. Vx130 will extract and aggregate all data from the over 130 instances of VistA, and create Caché objects to contain the data. Caché objects prepare data for easy ingestion in multiple useful formats; for example, VA's Corporate Data Warehouse (CDW) utilizes Caché objects to pull data in a relational format. Vx130's extraction method preserves the attribution of its data sources, so that further upstream it is possible to determine from which VistA instance (and, thereby, VA facility) a patient's data has originated.

Once VistA data is contained in Caché objects, VA will then push the converted data to HealthIntent through agreed-upon APIs. Within the Cerner enclave, Cerner will perform the transformations necessary to complete the ingest process to their model. Millennium will also attach to HealthIntent, which serves as its analytical store. HealthIntent also has capability to send and receive data from external systems such as non-Cerner EHRs; this is critical because physicians often need to pull Veteran data from providers outside the VA or DoD networks.

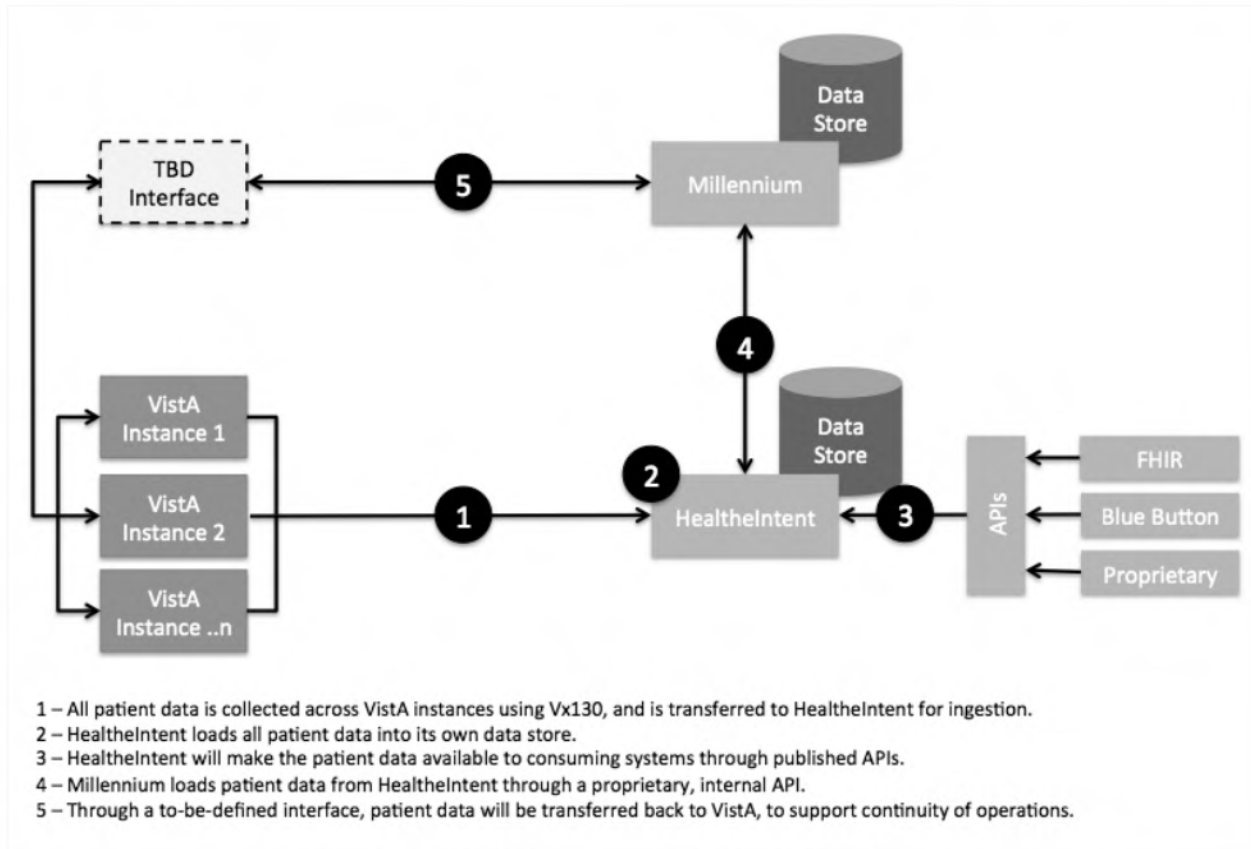


Figure 2 - VA-Cerner Migration Plan in Detail

VA will use HealthIntent’s ingestion capabilities to load data from VistA instances, and accumulate their data into HealthIntent’s data store. The data in HealthIntent may be exposed to integrating systems through Application Programming Interfaces (APIs). Cerner will leverage internal APIs to load data from HealthIntent to Millennium; both HealthIntent and Millennium each have their own discrete data stores. It has yet to be determined how data from the Millennium instances will be fed back to the VistA instances, in order to support continuity of operations.

C. VA-HealthIntent Transfer

Lines 1 and 2 of Figure 1, and line 1 of Figure 2, depict the services to send data from VistA to Cerner HealthIntent. Figure 3 below provides greater detail on this mechanism.

As described above, VA proposes to leverage Vx130 for the one-way historical and ongoing transactional loads to Cerner. Vx130 currently provides significant portions of VistA instances’ data for analytics and reporting to VA’s Corporate Data Warehouse (CDW, a relational database organized by VistA domains). Vx130 has 500+ Data Handlers (written using InterSystems Caché objects) that follow changes in VistA elements (MUMPS Globals) and update the CDW of any changes to the data.

The bulk of clinical data will be migrated to Cerner, in parallel to the CDW upload process, through the population and transfer of a Vx130 Data Stage. VA will leverage Vx130, including the 500+ existing Data Handlers, which will store aggregated VistA data in a Vx130 Data Stage

devoted to Cerner; these will be modified as VA and Cerner refine their data requirements over the course of the integration. The approach to transfer both historical and transactional data from the Vx130 Data Stage to HealthIntent has not been finalized (lines 5 and 6 of the below diagram), though VA has put forth a proposed solution for consideration by Cerner. VA’s proposed solution is discussed further following Figure 3.

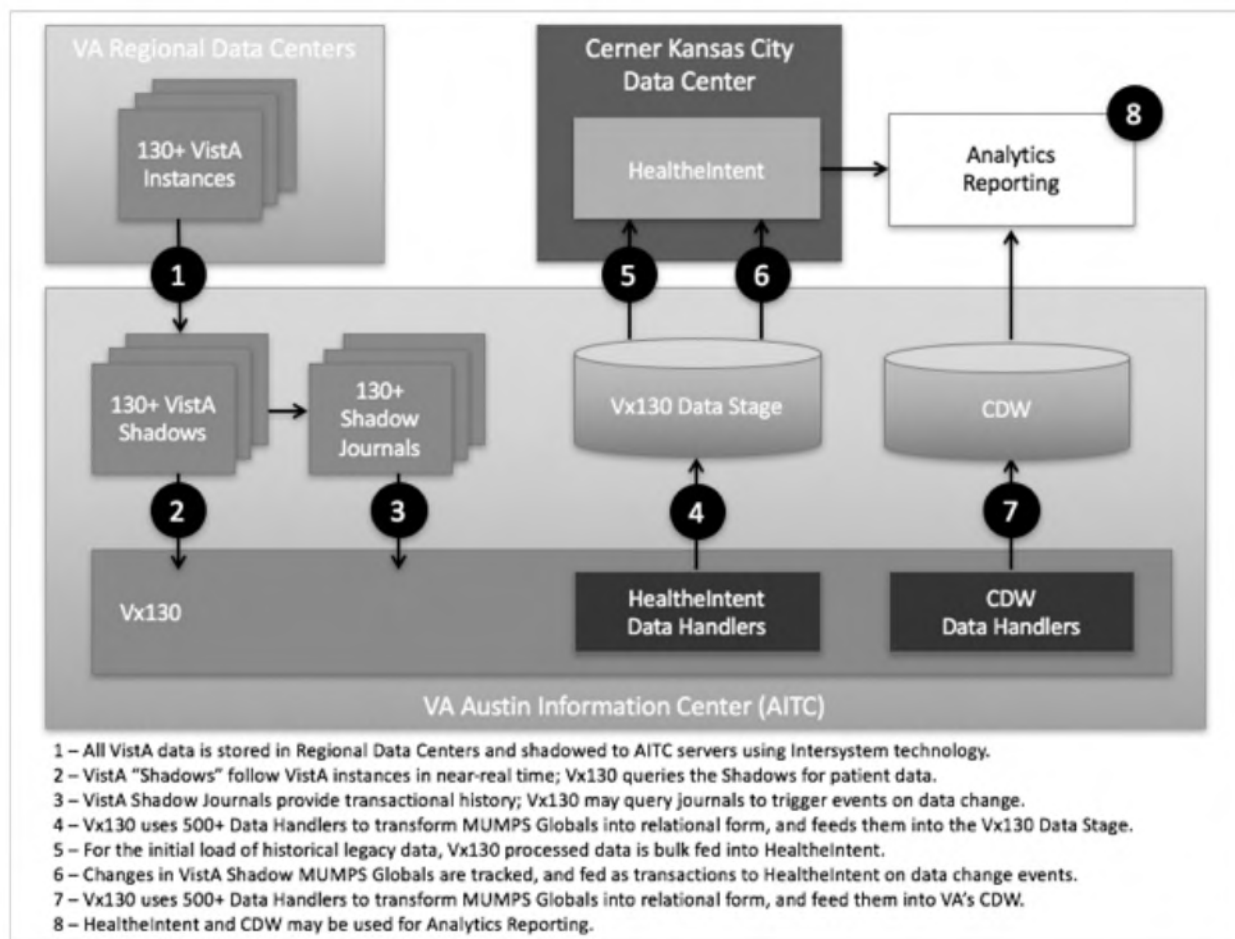


Figure 3 - CDW and VistA-to-HealthIntent Pipeline

HealthIntent’s ingestion capabilities will leverage existing data transformation tools and processes that have been developed and proven in successful operations of the CDW. Vx130 will retrieve data from VistA shadow instances, and track changes to retrieved data by following the Journal of each shadow instance. Vx130 will then pass retrieved data to an intermediary staging server, from which it will be transferred to HealthIntent.

VA’s DODAF 2.0 architecture details VA’s proposed mechanism for the one-time transfer and load of historical VistA data into HealthIntent, and the maintenance of data through an ongoing transactional feed (see “EHRM Vx130 SV-1 for IOC” included in Appendix A, Exhibit 6).³ Under this proposed architecture, VA will leverage Vx130 to extract all VistA data for the initial

³ U.S. Department of Veterans Affairs, Office of Information and Technology. (2017). “EHRM Vx130 SV-1 Data Migration Architecture”. Washington, DC: U.S. Office of Information Security.

set of supported domains into a Vx130 Data Stage in the Austin Information Technology Center (AITC). The contents of this database would be extracted and stored on an external encrypted hard drive; this drive will be delivered by hand to Cerner's facilities in Kansas City to save on transmission time due to the expected size of the extract (VA calculates the size to be approximately 240 terabytes).⁴ The drive's contents would then be loaded into HealthIntent. Subsequently, a Cerner Caché server at the Cerner data center (referred to as the "Vx130 Data Replica") would be configured to dynamically "mirror" AITC'S staging environment to reflect changes in the data as VA updates it. This would effectively give Cerner access to all VistA data as it changes, which they may load using InterSystems HealthShare through the Cerner "Data Collector" API.

In this approach, both the historical bulk load and transactional updates would be handled uniformly, with data assembled in a domain-centric manner.

⁴ From David Parker's draft white paper sent August 13, 2017: Parker, D. (2017). *Draft VA Plan for Data Migration to HealthIntent*. v2 (Aug 12, 2017), 1-2; excerpts included in Appendix A, Exhibit 4.

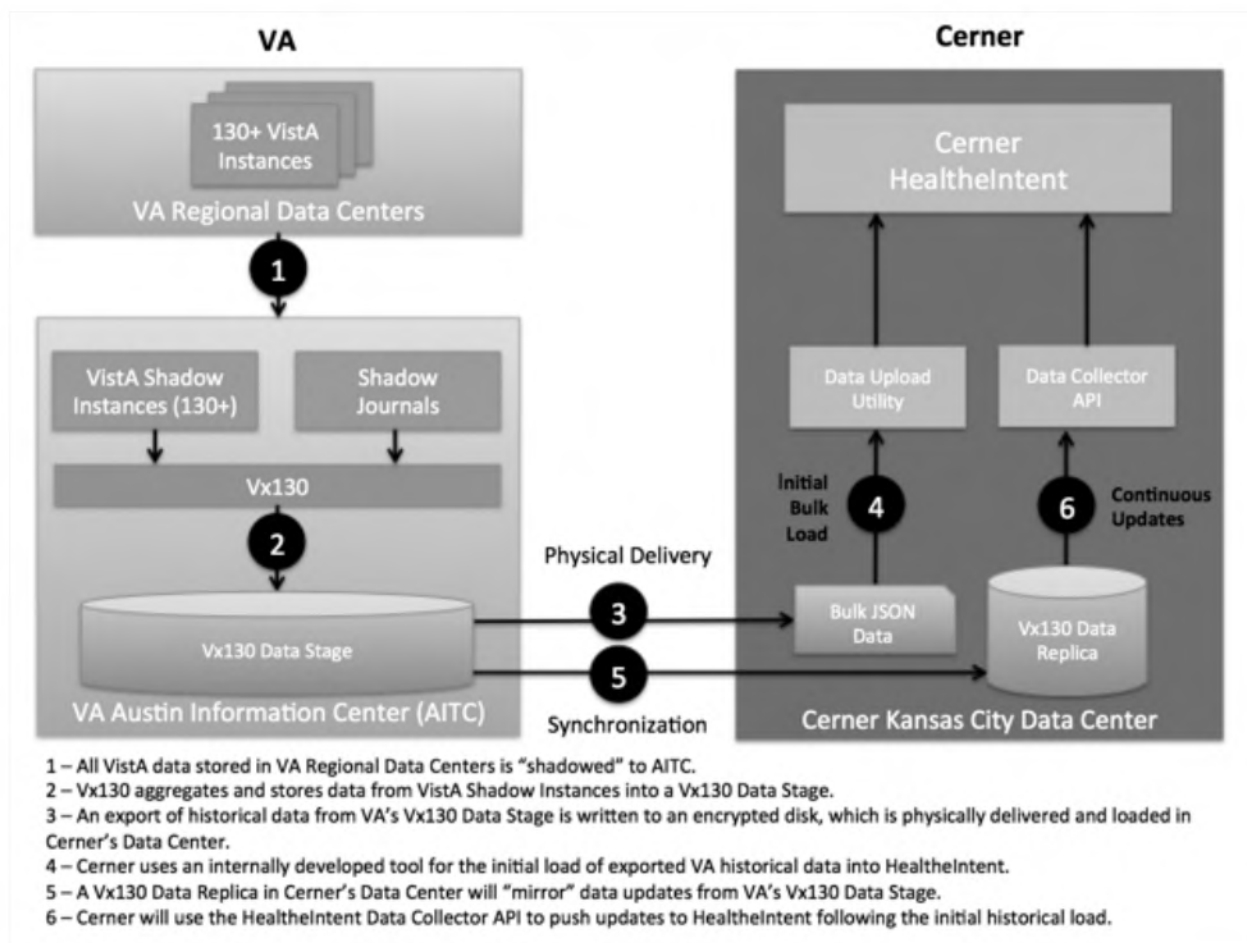


Figure 4 - VA's Proposed Data Migration Architecture⁵

VA's proposed Data Migration Architecture was published in the DODAF on Friday, August 18. This architecture proposes using a Vx130 Data Stage as the container to load Vx130-transformed data from a mirrored replica in Cerner's environment. A physical disk delivery will provide the historical load to avoid delays across the WAN. Following the initial load, this data will be mirrored from VA to provide the ongoing maintenance feed.

Figure 5 below provides a more detailed view of the data flow within the Cerner Kansas City Data Center. The bulk load of historical VA data will be generated using Vx130 from VA's Vx130 Data Stage in JavaScript Object Notation (JSON) format,⁶ and be physically shipped to Cerner. Cerner will then use an internally developed HealthIntent Data Upload Utility (HIDUU) to import the historical data load into HealthIntent. Following the historical load, Cerner will use their Data Collector API for transactional updates to HealthIntent from non-migrated VA facilities, which will operate against a mirrored replica of VA's Vx130 Data Stage. The Data

⁵ This figure is based on Figure 20 “SV-1 Systems Interface Description: VistA to HealthIntent”, which was created by Travis Hilton and is included as an excerpt in Appendix A, Exhibit 6.

⁶ This is a data format designed for interchange, which is “easy for machines to parse and generate” (www.json.org).

Collector API is a RESTful API with a publicly available interface specification, and is already in use for other Cerner customers.

Cerner's custom upload utility for historical data (HIDUU), and their Data Collector API for transactional data, will require the transformation of data either prior to or following load. Following data load for both of these mechanisms, Cerner must develop an ingest process to parse VA data into the HealthIntent format; the details of this process are not yet available to Amida. Understanding Cerner's data transformations will be necessary for data quality validation between VA and Cerner. Amida has documented this in our log of questions, and will continue monitoring this gap in information as we build our data migration inventory and profile.

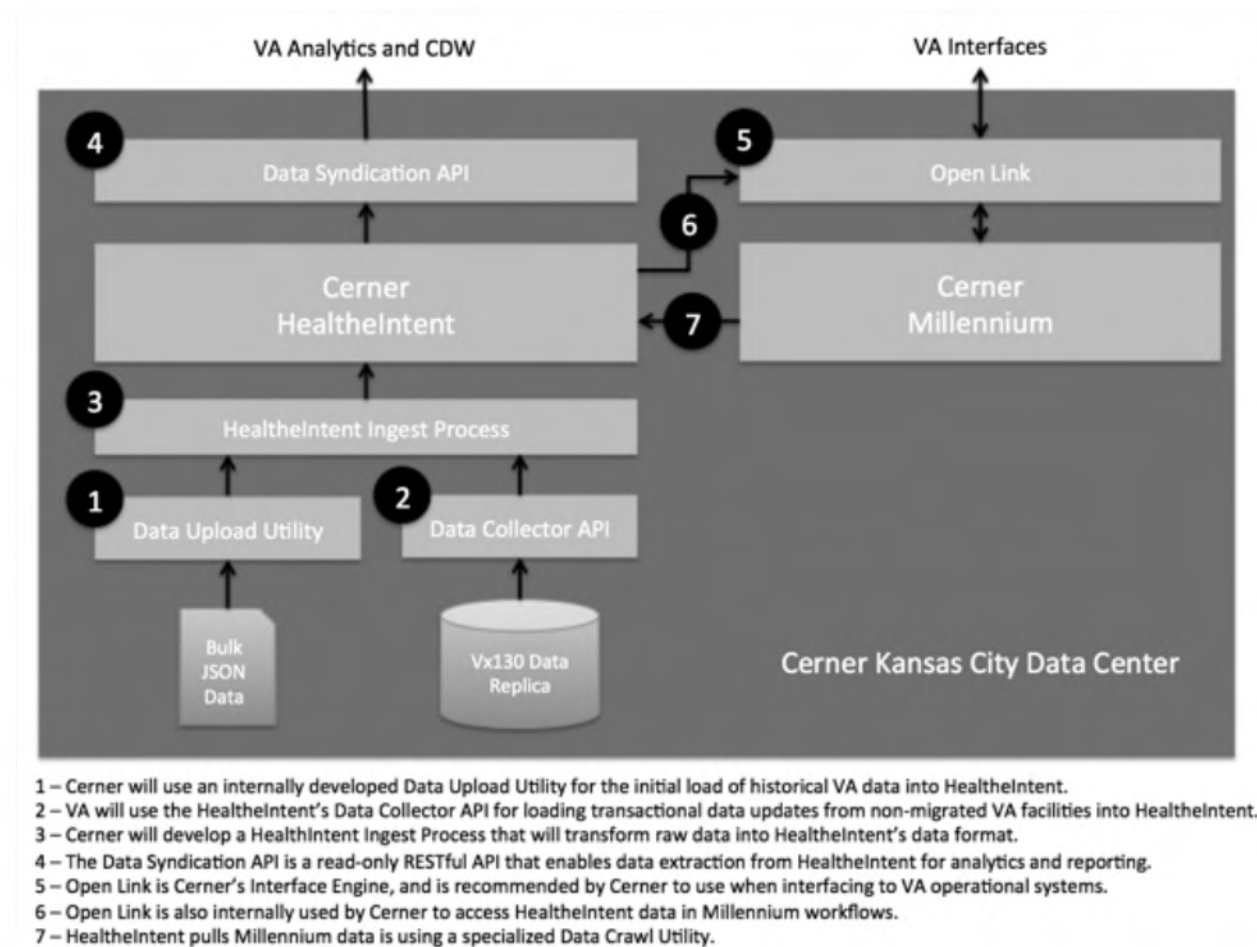


Figure 5 – Cerner Approach to VA Data Ingestion

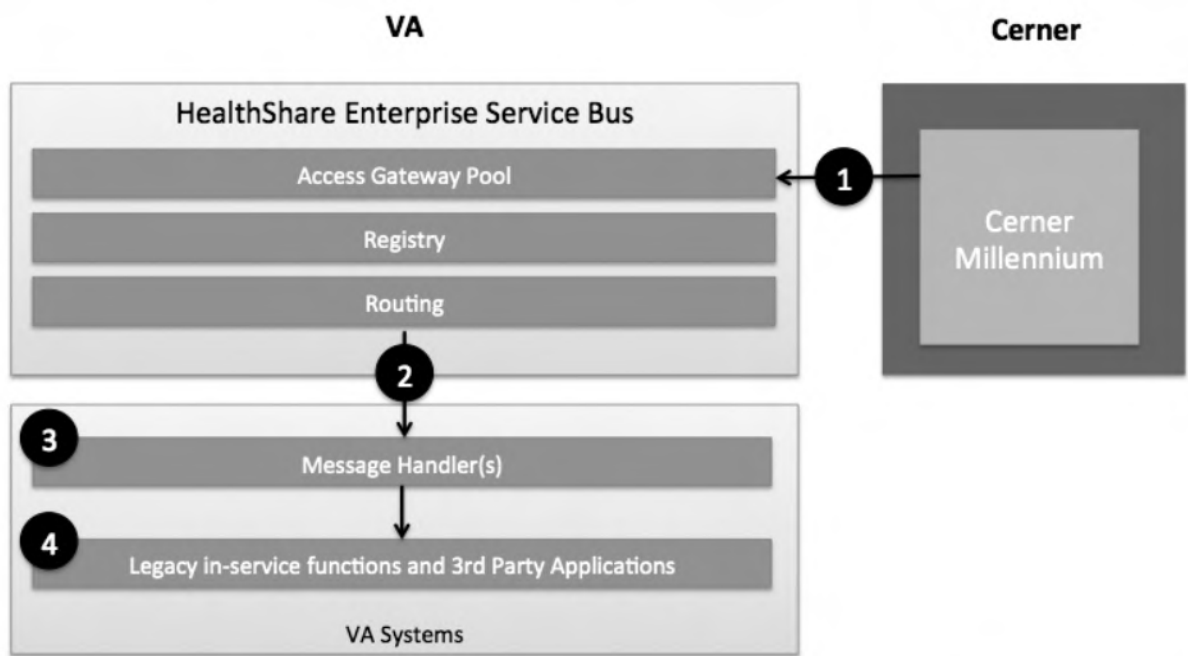
The bulk load of historical VA data will be generated by the Vx130 mechanism in JSON format and physically shipped to the Cerner Data Center. Cerner will develop a custom Data Upload Utility to service the upload of the historical data migration load. After the historical load, VA will use the Data Collector API for transactional updates from non-migrated VA facilities. The Data Collector API is a published RESTful API, and is already in use for other Cerner customers. Cerner will develop an Ingest Process to transform VA's data into HealthIntent's format.

D. VA-Millennium/HealthIntent Exchange

Figures 6, 7, and 8 below expand on line 3 in Figure 1, and line 5 in Figure 2, to illustrate the proposed connections from Cerner Millennium to VA, and VA to HealthIntent.

VA plans to migrate all electronic health record (EHR) functionality currently provided by VistA to Cerner. However, VistA is not only an EHR; it also provides various ERP-like functions not covered by Cerner's product suite. There are also a number of third-party products used by VA that must be supported moving forward. To ensure continuity of operations for these systems, Cerner and VA will need to build a bidirectional interface through which the two entities may exchange data.

The current proposed plan for the interface between VA and Cerner is for Cerner to exchange data with VA through HealthShare, an InterSystems proprietary solution. VA will leverage other data integration mechanisms as well, though these integrations are not yet finalized (represented in Figures 7 and 8). To transfer data, Cerner and VA are expecting to leverage HL7 messaging capabilities in Millennium and HealthShare to address use cases and interface requirements in VA systems. This approach will ensure proper functionality of VA systems not migrated to Cerner, as well as third-party applications that remain connected to VA infrastructure. Figure 6 outlines how HL7 messages will be routed from Cerner Millennium, through HealthShare, to support in-service VA applications.



- 1 – As providers use Cerner Millennium, data events trigger and send HL7 messages, which Cerner delivers to HealthShare.
- 2 – HealthShare routes inbound HL7 messages from Cerner Millennium to the non-EHR VistA instance(s) or other auxiliary VA System(s).
- 3 – HL7 messages are received and interpreted by the VistA Instance(s) or the auxiliary VA system(s).
- 4 – Non-migrated VA systems continue to function using HL7 messages from Millennium.

Figure 6 - VistA-Millennium Pipeline

This diagram expands on line 5 of Figure 2, defining a data integration service whereby Millennium will transmit data to VA in order to ensure operational continuity. As Millennium passes HL7 messages to HealthShare, HealthShare will triage incoming messages and route them to the appropriate VA system(s). Existing message handlers will then map and store the incoming messages to support both legacy functions and any remaining third-party applications in-service following the Cerner migration.

As VA migrates site-by-site from VistA to Cerner, each site’s transition will occur all at once: all VistA EHR applications and associated data will be completely disabled, and replacement Cerner applications will be turned on. However, VA facilities that have not yet migrated to Cerner (so called “legacy sites”) will continue to use VistA EHR capabilities, including CPRS (VistA’s Graphical User Interface), until that site is transitioned.

When a patient visits a VA legacy site, it is critical that updated data events having occurred in all transitioned Cerner-based sites are available to the provider at that legacy site to support drug order checking (to check for potential drug-drug or drug-allergy interactions). VA’s proposed architecture to support this use case is to write back and store Millennium medications and allergies data to VA’s HDR; VA proposes using the Clinical Health Data Repository (CHDR) for this write back (as shown in Figure 6). CHDR is a joint DoD and VA system, and provides interagency access to current Allergy and Medication data. VA’s Health

Data Repository (HDR) currently connects to CHDR to store DoD patient data, and also serves as a centralized repository for allergies and medications from all VistA instances. CPRS uses VA’s Clinical Decision Support (CDS) service to interface with HDR to display drug/drug and drug/allergy warnings to providers at point of care. By loading Millennium allergies and medications through CHDR to HDR, providers at non-migrated sites will be able to continue drug order checking using a complete set of data in CPRS.

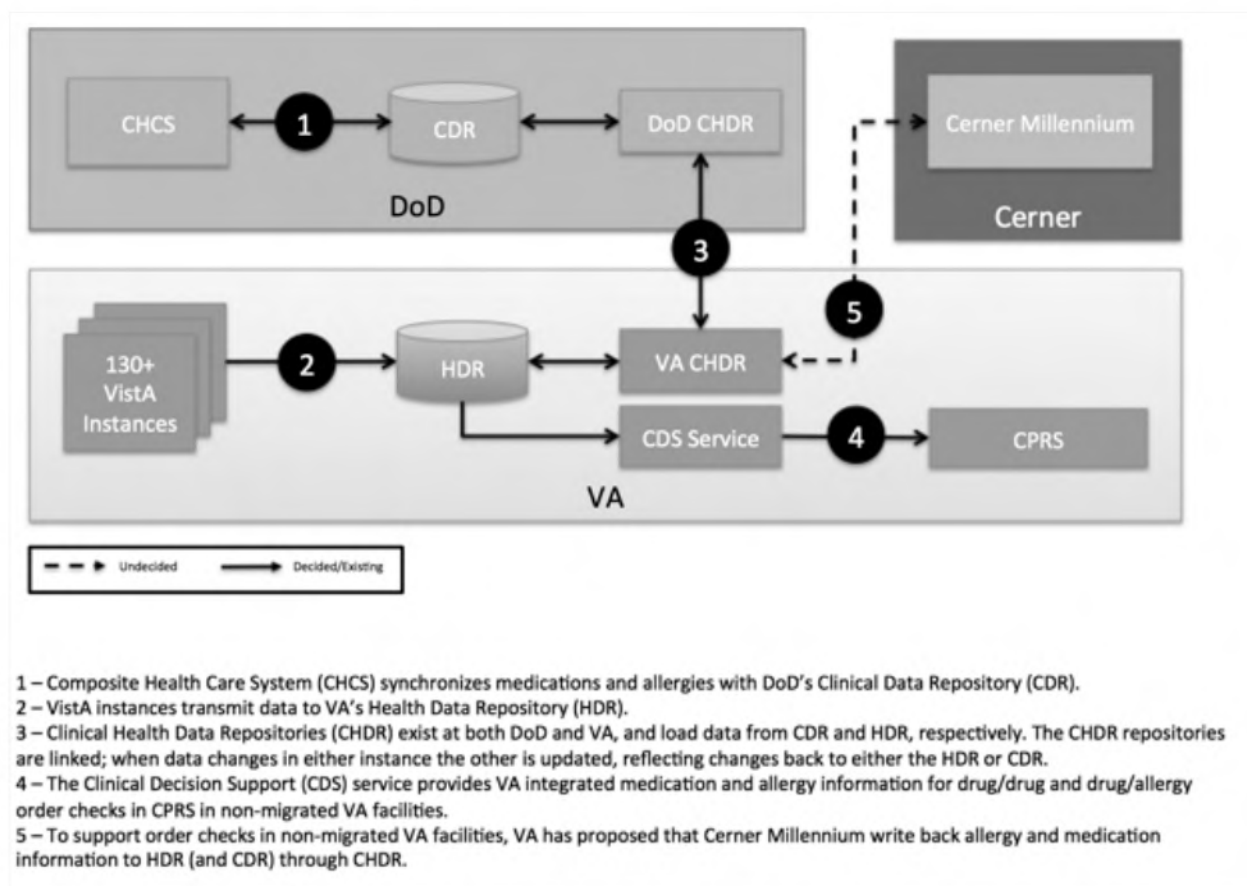


Figure 7 – Proposed Drug Check Use Case Solution Architecture

When providers order medications in CPRS, VistA currently performs drug/drug and drug/allergy order checks. VA’s CDS Service supplies integrated medication and allergy records from VA’s Health Data Repository (HDR) to CPRS.

Apart from data events occurring in VistA updates, HDR is also updated from Clinical Health Data Repository (CHDR) for patients who have active records both in DoD and VA facilities. VA is proposing a write back from Cerner Millennium to HDR through CHDR for allergies and medications, so that order checks will continue to function in non-migrated facilities.

As of this report, the drug check use case is the only use case identified that requires Cerner Millennium to write back data to support non-migrated VistA instances. VA and Cerner continue evaluating the need for additional interfaces between Cerner Millennium and existing

VA applications (both VistA and non-VistA) to maintain data and operational continuity during the migration. The following table includes several representative examples, as well as the latest status of each application’s interface assessment:

Module/Application	Description	Status
CPRS: Consult/Request Tracking	The Consult/Request Tracking package provides an efficient way for clinicians to order consultations and procedures from other providers at their own facility or another facility.	Will likely require bidirectional HL7 interfaces between Cerner Millennium and other VistA instances, though the approach has not been decided upon.
List Manager	The List Manager provides an efficient way for applications to present a list of items to the user for action.	This is listed as a clinical package in VistA, however no migration/interface is necessary as it is used in the VistA user interface.
Consolidated Mail Output Pharmacy (CMOP)	The Consolidated Mail Outpatient Pharmacy (CMOP) package provides a regional system resource to expedite the distribution of mail-out prescriptions to Veteran patients.	CMOP is deployed regionally; Cerner Millennium will send HL7 transactions to the system instead of each VistA instance Cerner replaces.
Accounts Receivable (AR)	The AR package automates the debt collection process, and a billing module is available to create statements for non-medical care debts. Functionality is available to establish, follow-up on, collect against and track all medical facility debts.	This is under consideration to be replaced by Cerner Revenue Cycle Management application. If it is replaced, interfaces to other existing packages and applications must be determined.
Integrated Funds Distribution Control Point Activity, Accounting & Procurements (IFCAP)	VA employees use IFCAP to manage budgets, order goods and services, maintain records of available funds, determine the status of a request, compare vendors and items to determine the best purchase, record the receipt of items into the warehouse, and pay vendors.	Cerner is expected to cover this application’s functionality, though VA and Cerner have not yet finalized the evaluation.

Table 1 – Example VistA Packages and Other Applications from Interface Point of View⁷

VA and Cerner are currently investigating more than 200 VistA packages and auxiliary applications to identify which ones will be replaced, and which must be maintained (and require interface development). In addition to Cerner clinical applications, Cerner's financial offerings (such as Cerner's Revenue Cycle Management application) are being considered for procurement to replace some or all of VistA financial packages. A number of centrally located applications like CMOP will remain intact during transition and Millennium will utilize HL7 messages to communicate with them.

Figure 8, below, diagrams the role of Cerner's application programming interfaces (APIs) in support of the pipeline from VA to HealthIntent, and from HealthIntent back to VA. Cerner offers two primary APIs for HealthIntent: the "Data Collector" API, and the "Data Syndication" API. HealthIntent uses the Data Collector API to store inbound data; it uses the Data Syndication API to allow programmatic retrieval from HealthIntent.

To support use cases where HealthIntent reporting functions are not capable of meeting all VA requirements, VA will continue to utilize the CDW (further analysis to determine these specific use cases is ongoing in a separate functional workstream). To ensure that CDW maintains data coherence and alignment with Cerner's HealthIntent, the Cerner Data Syndication API will provide an outbound unidirectional feed to populate the CDW at VA with updated HealthIntent data for analytics and reporting.

Figure 8 also outlines the data flow sequence for VA's proposed approach to maintain data coherence between HealthIntent and CDW (and other reporting and analytics capabilities and research databases) while CDW and HealthIntent are concurrently operating. Vx130 currently transforms MUMPS Globals into a relational SQL format and loads this data into the CDW. To support the proposed HealthIntent load, Vx130 will transform and load data to a Vx130 Data Stage (VA has proposed this database be mirrored at Cerner). HealthIntent's Data Collector API will then ingest data into HealthIntent from the Vx130 Data Stage. As data events occur in HealthIntent, the Cerner Data Syndication API will provide an outbound unidirectional feed to populate CDW with updates to ensure CDW maintains continuity with HealthIntent.

⁷ Interpreted from David Parker's *VA Cerner Interfaces Triage Combined* dated August 29, 2017: Parker, D. (2017).

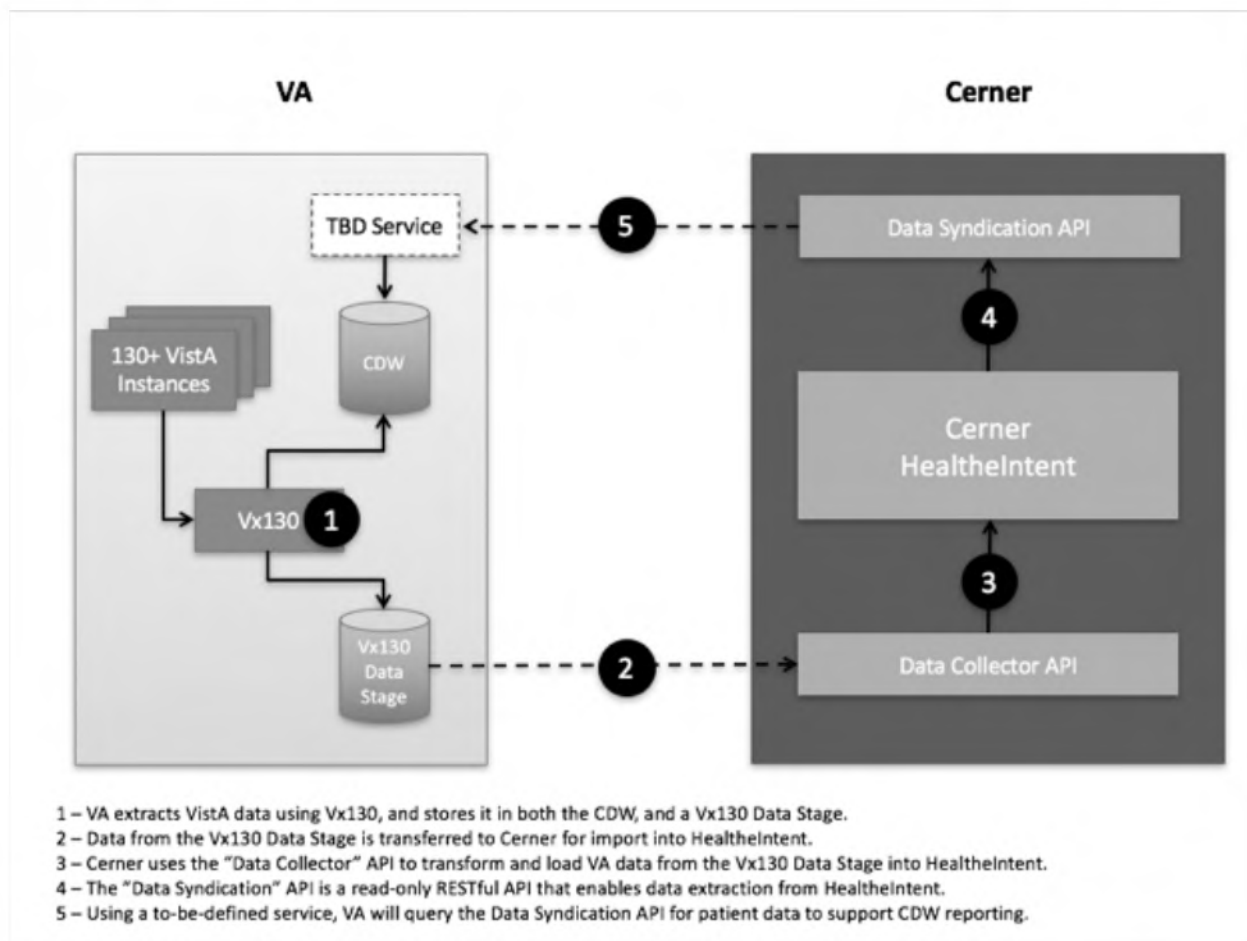


Figure 8 – HealthIntent Data Collector and Syndication APIs

Cerner’s HealthIntent has two primary APIs: the Data Collector API and the Data Syndication API. The Data Syndication API is a read-only RESTful API for data extraction from HealthIntent. The Data Collector API offers several interfaces to load data into HealthIntent. At this time, the VA service to interact with Cerner’s Data Syndication API has yet-to-be defined, but may draw some functionality from Vx130 and HealthShare.

E. VA-Cerner Migration Approach at the Data-Level

The most critical part of the VA-Cerner migration effort is tracking and auditing data continuity and quality. To ensure that Veterans see no adverse changes or deficiencies in their care, we must clearly understand how their data will persist in the system. Each data element in a Veteran’s medical record takes a “journey” through the system, which must be carefully traced through each step in the migration architecture.

Understanding the journey through the system to and from the Veteran’s EHR requires clearly defining:

- Where is the data stored (what are the databases and how is the data modeled in each of these)?
- How is data extracted and transformed from each storage location?

- What are the differences between each data model as it goes from one place to the next? Which data elements (domains, models/fields) are included, and which are not?
- What is kept? What is dropped? What is transformed?
- How is it ingested at each new destination?

The following Table 2 organizes this data flow by identifying the key systems, exchanges, and where the domain models for each system may be found in existing documentation:

System/ Container	Transformation/ Exchange	Domain Model/Field Definitions
VistA Instances	VistA to Corporate Data Warehouse through Vx130 VistA to Vx130 Data Stage	VistA field level definitions are available through OSEHRA (code.osehra.org/dox/filemanfiles.html), and from FileMan’s Data Dictionary in a running VistA instance.
Vx130 Data Stage	From VistA through Vx130 To HealthIntent Data Collector API	Available in draft form in EHRM Vx130 Interface Control Document (ICD).
Corporate Data Warehouse	From VistA through Vx130	Domain model currently identical to Vx130 Data Stage.
HealthIntent	From Vx130 Data Stage through Data Collector API From Vx130 Data Stage to HealthIntent in JSON or flat file format (for historical load) through Data Upload Utility (HIDUU) HealthIntent to/from Millennium (Cerner custom interface development) HealthIntent to CDW through Data Syndication API	Field level definitions are available as part of Flat File Specification, and API-level definitions as part of the Data Syndication API.
Millennium EHR	Millennium to/from HealthIntent (Cerner custom interfaces, OpenLink) Millennium to/from HealthShare	Cerner proprietary, mapping to-be-determined.

Table 2 - Data Sources, Transformations, and Destinations

Systems and Containers refer to the places in which Veterans’ health data will be stored. Transformations and Exchanges between these systems are depicted by the arrows within Figures 1 and 2; these are the processes to transform the data and exchange it to the next system/container in the data flow. Domain Models and Field Definitions are the tables and fields into which specific data elements will be stored.

F. VA-Cerner Data Mapping and Transformation

Section E above describes the high-level systems and expected data transformations between each step of the data transfer between VA and Cerner. This section outlines how Amida will undertake mapping data transformations between VA and Cerner. (We note that a more complete and detailed framework of Amida’s data migration support tasks is appended as Appendix A, Exhibit 7.)

Amida will begin the process of mapping the data “journey” by focusing on the unidirectional transfer of VistA data to HealthIntent, as described in Section III-1-C. We will capture and aggregate the data models generated by Vx130 and persisted in VA’s Vx130 Data Stage, and compare them on a field-by-field basis to the data models of Cerner’s HealthIntent solution; we will initially focus on the primary set of data domains identified in Table 3. By comparing VA’s “output” to Cerner’s “input,” Amida will best be able to identify potential mapping discrepancies that may arise during both the historical load of patient data, and the subsequent transactional updates supplied to Cerner by VA, both critical components of the overall Cerner transition.

Amida will use the EHRM Vx130 Interface Control Document (ICD) currently in draft form as the primary data source for the Vx130 data models; this document (when finalized) will serve as a complete (if unofficial) VA record of the contents of the Vx130 Data Stage.

In Table 3 below, we provide an outline of the interfaces we have identified so far to (and from) HealthIntent, and our understanding of how well-documented each interface is.

API/Tool	Description	Analysis
HealthIntent Data Upload Utility (HIDUU)	The HIDUU is a component that will be used to upload VA’s historical patient data extract into HealthIntent.	Specifications of HIDUU are yet not available; however, the HealthIntent Flat File Specification document states that HIDUU can ingest flat files.
HealthIntent Data Syndication API	The Data Syndication API facilitates the bulk delivery of HealthIntent data to external systems.	Field-level definitions are available for all domains of interest (15 domains).
HealthIntent Data Collector API	The Data Collector service is a web service used to ingest data into the HealthIntent platform.	Field-level definitions are not yet available. The HealthIntent API is formulated in terms of high level “entities” and how to relate medical domain fields to these entities is not clear.

HealtheRegistries API	The HealtheRegistries API provides a JSON-structured representation of a variety of data sources including a person’s registry data.	Registry specific fields; may warrant further investigation as VA considers migrating registry support to Cerner.
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Table 3 – Available HealthIntent APIs and Import/Export Tools

Field definitions for the HealthIntent (HIDUU) Flat File Specification and HealthIntent Data Syndication API have structural and lexical differences, but appear to describe the same data (pending full analysis). The available documentation of the HealthIntent Data Collector API refers to “entities,” and does not describe field-level data; further input is needed from Cerner to fully understand its function in the Vx130 Data Stage Interface. Cerner also provides an API for its Registries data; as VA is likely to move its registry data to Cerner, this API will be further investigated at that time.

There is no publicly accessible, canonical documentation that defines HealthIntent’s data model. However, there are two mapping documents available to Amida that we will use in lieu of this documentation until it becomes available: Cerner’s “flat file” specification, which defines file formats for load into HealthIntent, and a publicly available definition of their Data Syndication APIs,⁸ which present a reasonable approximation of what data domains and elements are contained within HealthIntent. Amida has received and reviewed initial versions of these specifications (cited in Appendix D).

Amida will initially focus our data mapping efforts at the point of transformation from VA’s data model to Cerner’s data model; this occurs at the transfer of data from VA’s Vx130 Data Stage to Cerner’s HealthIntent Data Upload Utility (HIDUU). We will begin by performing a domain-level crosswalk, as well as a field-level mapping, for the initial set of domains VA plans to migrate to Cerner for Initial Operating Capability (IOC).

Figure 9 illustrates how Amida will map, at the domain level, the Vx130 data model to Cerner’s Flat File Specification for an example data domain (in this instance, Immunizations).

⁸ Available at <http://docs.healthintent.org>.

Vx130 Output		Cerner Flat File Specifications	
	DWFieldName		Field Name
1	ImmunizationIEN	0	DeleteInd
2	ImmunizationNameIEN	1	TenantID
3	ImmunizationRemarks	2	ImmunizationID
4	PatientIEN	3	Version
5	VisitVistaErrorDate	4	PersonID
6	VisitDateTime	5	EncounterID
7	VisitIEN	6	ImmunizationCodeID
8	VisitDateTimeTransformSID	7	ImmunizationCodeSystemID
9	Series	8	ImmunizationDisplay
10	Reaction	9	ImmunizationDate
11	ContraindicatedFlag	10	DrugCodeID
12	EventDateTimeTransformSID	11	DrugCodeSystemID
13	EventVistaErrorDate	12	DrugDisplay
14	EventDateTime	13	DrugManufacturerCodeID
15	OrderingStaffIEN	14	DrugManufacturerCodeSystemID
16	ImmunizingStaffIEN	15	DrugManufacturerDisplay
17	EditedFlag	16	DrugManufacturerLot
18	ImmunizationComments	17	DoseAmount
		18	DoseUnitCodeID
		19	DoseUnitCodeSystemID
		20	DoseUnitDisplay
		21	RouteCodeID
		22	RouteCodeSystemID
		23	RouteDisplay

Figure 9 – Immunization Domain Crosswalk Illustration

The Vx130 Immunization Domain includes 18 fields, and the Cerner Immunization Data Domain model includes 23 fields. This figure illustrates the beginning of a crosswalk to show example migration paths for six fields from the source data model to the target Cerner model. Note that this is an incomplete crosswalk intended only for purposes of illustration.

For each domain, Amida will create a source-to-target mapping that will describe the field-level business rules and transformations required for VA to migrate to the Cerner data model. This granularity is crucial to ensure data integrity and completeness.

Key data attributes for each source field will include:

- Data element name and identifier
- Format type (e.g., var, int, string, char, etc.)
- Field definition and content
- Conditions for migration (types of joins) and transformation rules

Key data attributes for each target field will include:

- Data element name and identifier
- Field definition and content
- Format type (e.g., var, int, string, char, etc.)
- Comments

On a field-by-field basis, Amida will provide analysis to flag questions, risks, and issues. From this analysis, VA and Cerner may drive business and stakeholder collaboration and governance decisions, and initiate any necessary data cleanup and normalization efforts. Handling these potential data mapping issues proactively will prevent data issues following IOC.

To demonstrate how our data mapping and transformation activities will drive value for VA, we have performed some initial analysis on the gender field of the patient data model. Please note that this evaluation is preliminary, and based on our current understanding of the data transformations described in Table 2. The below table outlines the location of the gender field in the data models, at each step of the transfer of data from VA to Cerner, and provides commentary on the expected contents of that field.

Data Model	Gender Field(s)	Comment
VistA	Global: ^DPT Field(s): - .02 Sex - .024 Self Identified Gender	Sex can be Male (M) or Female (F). Recently added field "Self Identified Gender" added Transmale (TM), Transfemale (TF), Other (O), Individual Chooses Not To Answer (N).
Vx130 Stage	Domain: SPatient Field(s): - Gender	Gender can be Male (M) or Female (F). Does not appear on other domains, but can be obtained through PatientIEN (Patient Internal Identifier).
HealtheIntent Flat File Specification ⁹	Files: Person Demographics, Referrals, Claims Field(s): - PatientGenderCodeID - PatientGenderCodeSystemId - PatientGenderDisplay	If PatientGenderCodeID is specified PatientGenderCodeSystemId or PatientGenderDisplay must be specified. One supported system is HL7 V3 AdministrativeGender (2.16.840.1.113883.5.1) which can be Female (F), Male (M) and Undifferentiated (UN).

⁹ Person Demographics file spec(s) is not available in HealtheIntent Flat File Specification due to missing links;

HealthIntent Data Syndication API Longitudinal Record Data Set	Files: Patient, Claim Fields: - patient_gender_raw_display - patient_gender_std_code - patient_gender_std_system - patient_gender_std_display	patient_gender_raw_display refers to the value from source (in this case likely Vx130 Stage). Other fields are analogous to the Flat File Specification, but with different field names.
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Table 4 – Patient Gender as an Example Field in Various Models

This table describes one field across all VA and Cerner data models that Amida has been able to access at time of writing (September 12, 2017). The gender field persists throughout each of the data models. However, based on preliminary analysis, Amida understands that there are several potential mapping issues, such as disparate code values between VistA (which has five selections for gender) and HealthIntent’s Flat File Specification (which has three selections).

VistA has two fields for gender: Sex and Self Identified Gender. The Vx130 Stage has a single field for gender, which is documented to be either Male or Female; this corresponds to the Sex field in VistA. Although Vx130 is expected to have most of the significant fields in VistA, based on our interviews, there is a backlog of VistA fields to be added to the Vx130 mechanism. It is also not clear how changes in Vx130 fields will be handled throughout the data migration efforts.

In both the VistA and Vx130 Stage models, gender representation does not refer to any standard code sets. In contrast, possible fields in the HealthIntent Flat File Specification and Data Syndication Longitudinal Record Data Set are represented via a standard coding system. HealthIntent supports the HL7 V3 AdministrativeGender code system (2.16.840.1.113883.5.1), which supports 3 values (Female, Male and Undifferentiated). Amida’s data field mapping will need to identify these standard systems, which can be used to transform Vx130 Stage Data.

Other potential issues regarding the gender field include:

- If the VistA Self-Identified Gender field can have more values than HL7 V3 AdministrativeGender, it is possible that VistA and Vx130 Stage data will lose fidelity during mapping; these cases must be identified and flagged early.
- For Claims in the HealthIntent Flat File Specification, the Gender field is specified – while in Vx130 Stage Claims, only the patient identifier is specified; mapping from Vx130 Stage might require making references to multiple Vx130 Stage domains for a single HealthIntent Flat File specification field.
- In the HealthIntent Data Syndication API, the Gender field differs from how it is represented in the HealthIntent Flat File specification; the field names are different,

these are available in Cerner’s Wiki, which requires password access. Amida and BISL team have requested access but have not yet heard a response from Cerner. We expect gender will be represented in the demographics file similar to how it is in the Referral and Claims files.

however their representation of data appears to be the same. The HealthIntent Data Syndication API also has an additional “Original Source Field,” which implies a transformation may have occurred. We do not yet know if the field values specified in the HealthIntent Flat File Specification are further transformed during ingestion, or if the longitudinal record available from the HealthIntent Syndication API has additional fields that are the result of a transformation.

- One method of validation of the HealthIntent ingestion process could be to pull data using the Data Syndication API, and compare the results to the source data from the Vx130 Data Stage model.

While the gender field is available across all known VA/Cerner data models, not all VA fields exist in Cerner’s data models. For example, the Vx130 Stage Patient domain field AgentOrangeExposureFlag (which identifies the Veteran as exposed to the chemical Agent Orange) does not exist in Cerner. It is critical to identify all fields in VistA that do not exist in the Cerner data model, in addition to addressing differences across common fields.

Amida’s analysis of the gender field is based on early observations (and limited access to Cerner’s documentation); but it illustrates the complexity of the VA-Cerner data migration. Amida’s comprehensive data mapping, transformation definitions, and validation rules will be documented in our final deliverable, the EHRM Data Migration Validation Plan.

2. VA-DoD Interoperability Strategy

Figure 9 depicts the VA-DoD interoperability plan. The transcendent objective of this exercise is for both agencies to use the same vendor, running the same instance, using identical data models.

The Millennium EHR will replace the majority of VistA functionality on the VA side, as well as the Armed Forces Health Longitudinal Technology Application (AHLTA), Composite Health Care System (CHCS) and Essentris on the DoD side. DoD's implementation of Millennium, MHS Genesis, is already being used in a DoD facility, with DoD data retrieved by Millennium during patient registration.

As discussed above, the VA intends to migrate all its data to HealthIntent using Vx130; what data VA will migrate to Millennium has not yet been determined.

At the time of DoD's award, Cerner had not released HealthIntent; as a result, DoD did not plan to store its data in HealthIntent directly.

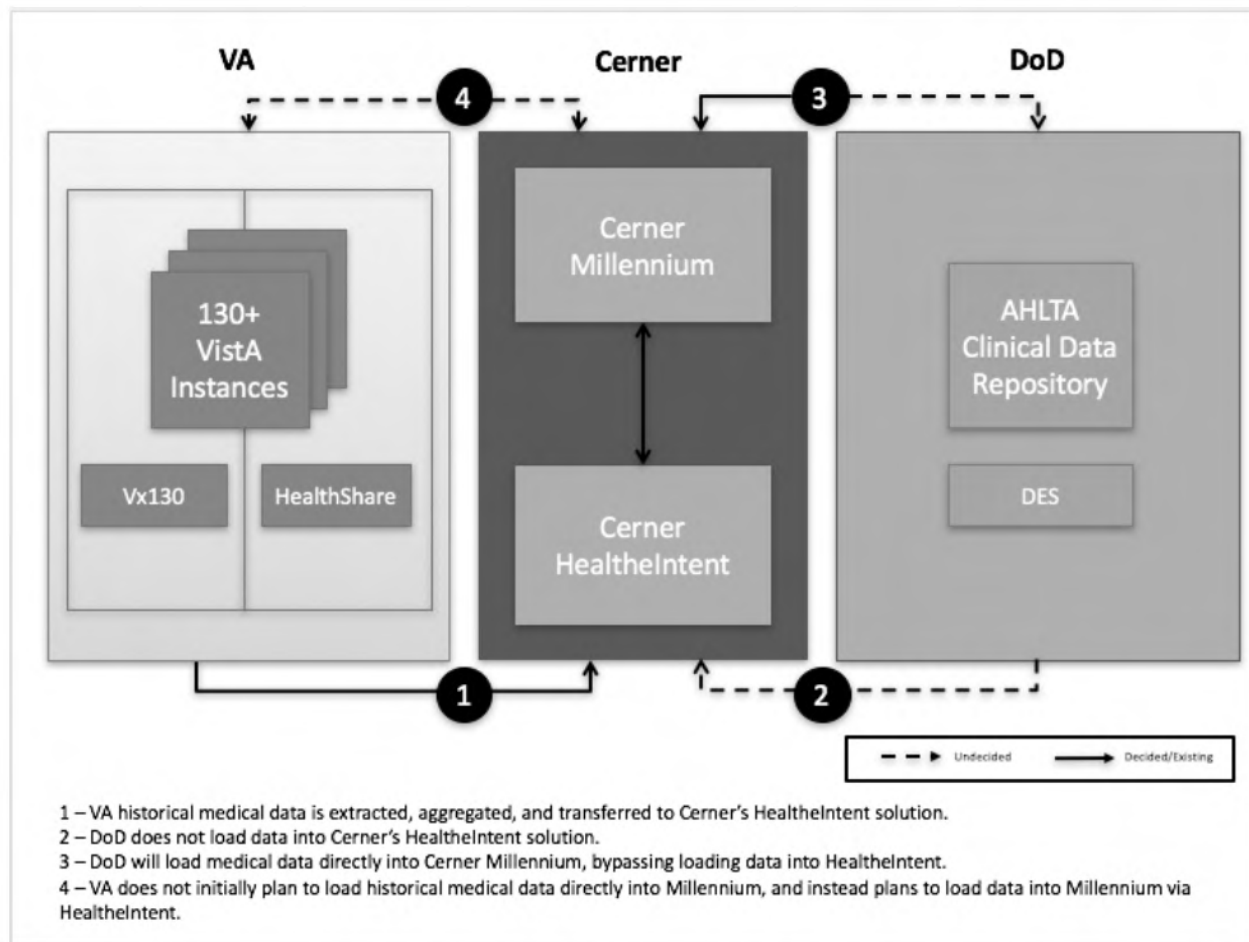


Figure 10 - VA-DoD Interoperability Strategy

VA will use Vx130 to directly load data into HealtheIntent, which will then load into Cerner Millennium. However, DoD’s current migration strategy does not include loading data from AHLTA systems into HealtheIntent. Instead, DoD will load a subset of clinical data directly into Cerner Millennium. As a result, a complete set of DoD and VA patient data will not reside in the same part of the Cerner solution.

A. VA-DoD Interoperability Strategy in Detail

As depicted in line 1 of Figure 10 (and detailed in Section III-1), VA's initial data migration will connect the 130+ VistA instances to HealthIntent, and load legacy data from VistA into the HealthIntent store. VA has not yet decided how it will connect VistA to Cerner's Millennium EHR (indicated in line 4 of Figure 10).

Data Architecture Summary	VA-Cerner	DoD-Cerner
Complete legacy data available	Yes	No
Millennium interface	Not decided	Yes
HealthIntent interface	Yes	Not decided

Table 5 - Current State of Cerner Implementations

This table compares the availability of legacy data availability through HealthIntent for access to the consolidated longitudinal health record. VA plans to load the full set of historical data into HealthIntent. Future DoD strategy will have the opportunity to align with this model to achieve the VA's vision of interoperability.

Cerner HealthIntent was not available in a secure enclave when DoD MHS Genesis was initially developed. Because of this, the initial DoD-Cerner data migration architecture does not involve sending data to Cerner HealthIntent (as depicted by line 2 in Figure 10), and DoD legacy data has not yet been loaded into the Cerner environment. Instead, DoD's MHS Genesis retrieves a subset of data from DoD systems when a patient checks in to a facility that uses MHS Genesis.

Because VA and DoD *currently* have disparate integration approaches, there is an opportunity for a near-future VA-DoD joint strategy to make data available in the same part of Cerner, at the same time. DoD will have an opportunity to consider expanding its current set of clinical domains to align with VA—this would enable HealthIntent to report against the entire DoD population (as it will be for VA); hence, reporting functions would run against the entire potential set of patient data.

In the below table, we have cross-walked the primary initial domains that Cerner expects to be present in HealthIntent with VA's current ability to provide those domains, and the initial set of domains DoD is loading into Cerner. It is worth noting that DoD has indicated they will reconsider future strategy to expand the domains they transmit to Cerner, though the extent and timing of this expansion has not been determined.

Cerner Data Domain		VA Migration	DoD Migration
1.	Demographics	X	X
2.	Allergies	X	X
3.	Conditions*	X	X
4.	Immunizations	X	X
5.	Laboratory Results	X	X**
6.	Medications	X	X
7.	Procedures	X	X
8.	Appointments	X	-
9.	Encounters	X	-
10.	Notes and Radiology Reports	X	-
11.	Advance Directives	TBD	-
12.	Claims	TBD	-
13.	Providers	TBD	-
14.	Questionnaires	TBD	-
* Conditions are also referred to as problems/diagnoses			
** Only Anatomic Pathology laboratory results			

Table 6 - Initial Cerner Data Domains and VA/DoD Support

Cerner has 14 data domains (15 if Notes and Radiology Reports are counted separately), which they consider “primary” domains in HealthIntent; VA is using these 14 domains as the initial set for migration planning. After an initial review, VA determined that most data domains are available through Vx130 (domains numbered one through 10). VA is still investigating whether domains 11 through 15 can be provided to Cerner. The DoD Migration is focused on migrating the “PAMPI+” domains directly to Millennium, which constitute a subset of the domains VA is targeting for migration.

The majority of work to date to establish VA/DoD interoperability has focused on aligning VA and DoD on the Cerner product. However, both VA and DOD eventually plan to exchange data with not just each other, but with third party community providers as well; this is particularly critical for VA as Veterans often receive care in non-VA facilities. The below diagram is a high-level representation of how community providers may interact with VA and DoD through the Cerner platform.

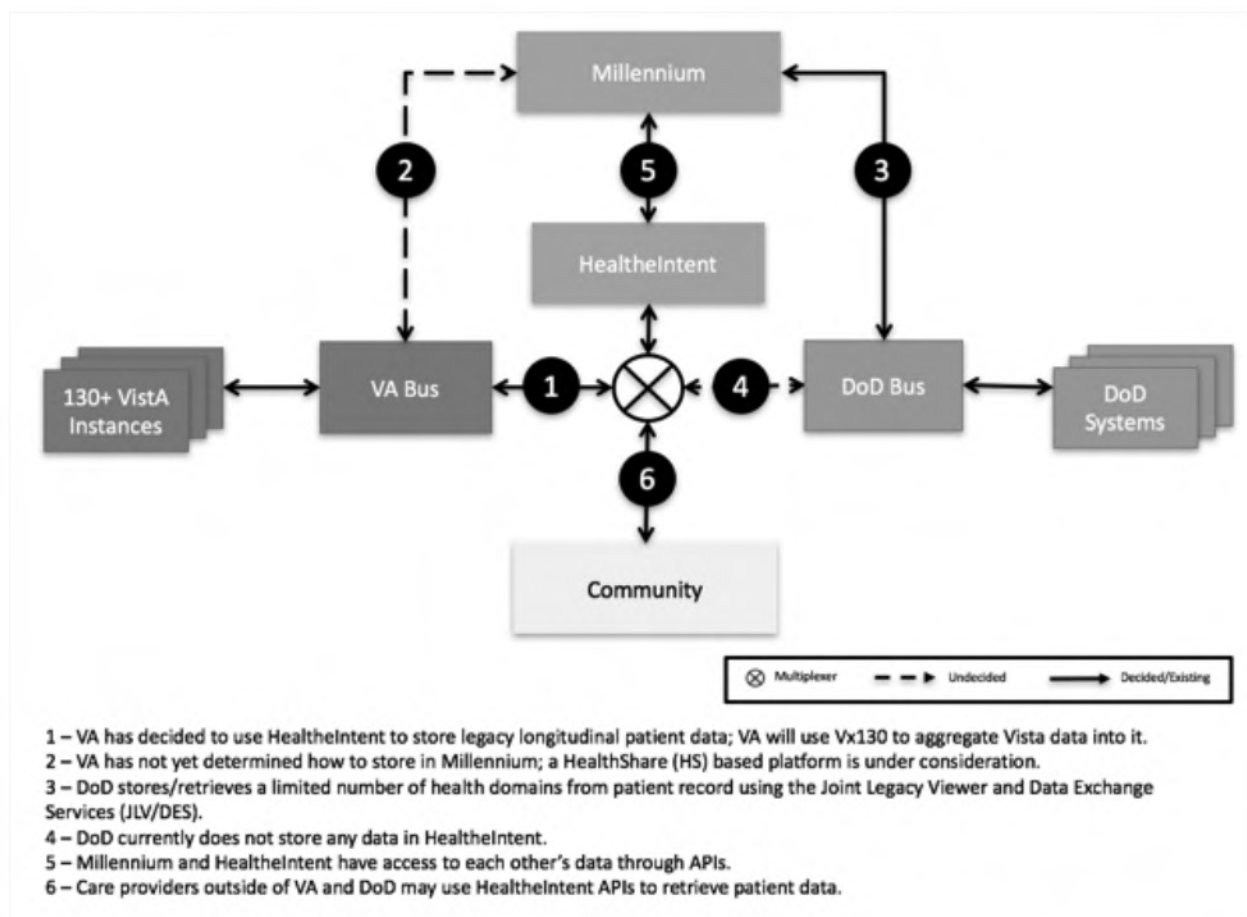


Figure 11 - Detailed VA-DoD Migration Plan

Cerner HealthIntent is a cloud-based, programmable population health management platform that is vendor-agnostic. VA has chosen HealthIntent to store its legacy data. The data to be stored in Cerner Millennium has yet to be determined. DoD stores its data in Millennium using the same services (DES) used by the Joint Legacy Viewer (JLV). Currently, DoD has not (yet) decided to store any legacy data in HealthIntent. HealthIntent data is seamlessly available to Millennium. Care providers other than VA and DoD can also store and retrieve data using HealthIntent.

3. DoD-Cerner Data Exchange Framework

This section focuses on the DoD's exchange of data with Cerner. MHS Genesis uses Defense Enrollment Eligibility Enrollment System (DEERS) to match a patient with their identity in the DoD system during their first visit to a DoD facility that has transitioned to MHS Genesis. DEERS also provides demographics and patient insurance coverage information.

Defense Medical Information Exchange (DMIX) Data Exchange Service (DES) is an enterprise service that supports the exchange of patient clinical data between the DoD, VA, and other federal and commercial entities. MHS Genesis leverages APIs provided by DES to retrieve DoD data for the PAMPI domains:

1. Problems
2. Allergies
3. Medications
4. Procedures
5. Immunizations

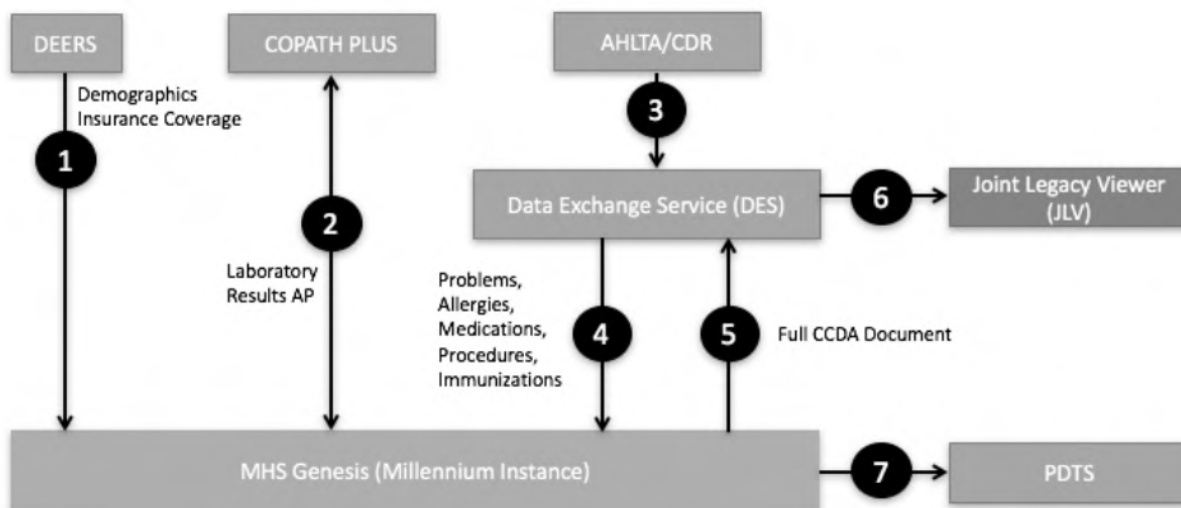
In addition to DES, Cerner CoPath Plus interfaces with MHS Genesis to provide Anatomic Pathology Laboratory Results. These six domains (PAMPI and Lab Results) become part of the patient's permanent record automatically in the MHS Genesis data store during first MHS Genesis registration. After the first visit, any additional data on these domains that might be entered in other DoD systems is not automatically added to the MHS Genesis data, but is staged to the providers, who can selectively enter to the permanent record.

There are also discussions and plans to retrieve the following domains, which are necessary for reminders and other clinical decision support capabilities.

1. Vital Signs
2. Laboratory Results - Chemistry
3. Laboratory Results - Hematology
4. Laboratory Results - Microbiology
5. Encounter appointments
6. Radiology reports

MHS Genesis also sends medication information to Pharmacy Data Transaction Service (PDTS). DoD systems already leverage PDTS in their clinical decision systems so that medication information from MHS Genesis can be used in legacy decision support solutions.

DOD Legacy To MHS Genesis Data Exchange



- 1 – During patient registration, MHS Genesis reads demographics and insurance coverage information from Defense Enrollment Eligibility Reporting System (DEERS).
- 2 – MHS Genesis interfaces with CoPath Plus Anatomic Pathology (AP) solution to exchange Laboratory Results AP.
- 3 – MHS Genesis retrieves legacy data from Armed Forces Health Longitudinal Technology Application (AHLTA) Clinical Data Repository (CDR) using DoD’s Data Exchange Service (DES).
- 4 – MHS Genesis retrieves a limited number of domains.
- 5 – MHS Genesis makes all medical domains available in a CCDA document through DES.
- 5 – MHS Genesis data is shown in Joint Legacy Viewer (JLV) which also uses DES to retrieve DoD data.
- 6 – MHS Genesis sends Medications to Pharmacy Data Transaction Service (PDTS).

Figure 12 - DoD Legacy to MHS Genesis Data Exchange Framework

Though VA plans to start with a historical load of legacy data, MHS Genesis did not preload DoD data. It retrieves data from DoD systems when a patient checks in to a facility that uses MHS Genesis. Only demographics and medical domains deemed necessary for clinical decision support systems are loaded. MHS Genesis sends medication information to PDTS which can be used by legacy systems for decision support. Limited domains of data from MHS Genesis are available for user of legacy DoD system through JLV.

IV. Outstanding Questions & Issues

Updates since last report: We have conducted a thorough review and updated the statuses of several questions, as highlighted in blue. All questions have now been addressed and categorized as either closed or open.

The below is a consolidated list of all questions.

Section	Questions	Answers
VA-Cerner Migration Plan, Section III-1	VistA → HealthIntent	
	1. What data transformations will occur when JSON data passes from the Vx130 Data Replica through the HealthIntent Ingest process? What new data formats will be used in the target data, and how will source/target data validation testing occur?	Closed (9/8); Fully answering this question will require in-depth analysis and documentation. Amida has proposed to document these transformations as part of Data Mapping and Migration Validation Rules effort.
	2. How many data handlers are being added to the current Vx130 in order to accommodate the increased workload? What documentation is VA producing to detail its environment plans?	Open (9/8); we are awaiting final Vx130 ICD documentation to address this question. Data handlers are software – you add more data handlers to add more data domains to Vx130 output.
	3. Will VA provide a copy of the White Paper developed to prove clinical validity of the Vx130 transformation from VistA to CDW?	Closed (9/8); Documentation is available on VA SharePoint; we move forward accepting VA’s assertion that Vx130 outputs clinically valid data.
4. We need to get the description of HealthIntent’s API, so that we can ensure (in an IVV sense) that the data coming from Vx130 has a 1-to-1 map to HealthIntent.	Closed (9/8); fully answering this question will require in-depth analysis and documentation. Amida has proposed to document these transformations as part of Data Mapping and Migration Validation Rules effort. Open (8/30); We will rely on the publicly available documentation at docs.healthintent.com, until we are able to directly inquire to Cerner.	

	<p>5. Toward that end, it would be good if we could get the Vx130 documentation as well, so that we can better understand its extraction function (where it is pulling data from, exactly, and any transformations it performs) and how it is being stored (Jack’s “shadow” databases.</p>	<p>Open (9/8)—awaiting final Vx130 ICD documentation to address this question.</p> <p>Open (8/30); We have received a draft ICD that contains some, but not all, of the details we are asking for.</p>
<p>6. Where, exactly will the transfer from VA occur? Is there simply a Vx130 API? Is that data going to be pushed to Cerner or retrieved by them?</p>	<p>Closed (8/30); Dave Parker indicated that VA will push this data to Cerner, and his latest architecture depicts the proposed mechanisms (this is now integrated into our report).</p>	
<p>7. Will the Vx130-HealthIntent data pipeline performance capabilities be adequate to handle the “original” bulk load, (in addition to the incremental updates)?</p>	<p>Closed (9/8) – this will be part of Cerner’s PWS scope.</p> <p>Open (8/30); Dave Parker indicated that they seem to work today, though we have not yet asked Cerner.</p>	
<p>8. At some point, the VistA data must be transformed to the Cerner model. Who “owns” which portion of this transformation, and how do we plan to test to ensure this transformation is accurate?</p>	<p>Open (8/30); Per Dave Parker, Cerner owns that transformation. Testing of the transformation is still under discussion.</p>	
<p>9. If VA performs the data conversion, which VA team will execute?</p>	<p>Closed (8/30); Previous question indicated that Cerner “owns” the conversion. VA still does a transformation between VistA and the Vx130 Data Stage, though we are in contact with those individuals.</p>	
<p>10. What exchange mechanism will be used to transmit the records that must be refreshed to Cerner? According to what latency requirements or SLA?</p>	<p>Closed (8/30); Per Dave Parker, this will be a transactional post to the HealthIntent RESTful ingest API. SLA is subject to VA’s solicitation.</p>	
<p>11. Are the APIs that sit against HealthIntent (as specified in Figure 2) available today? If so, where are the specifications? If</p>	<p>Closed (8/30); We have received Flat File Specification, as well the URL of their RESTful API definition.</p>	

	not, when will they be available?	
	12. Will CDW become obsolete and be replaced by HealthIntent? If so, when? Does HealthIntent offer all of the analytics capabilities based on CDW?	Closed (9/8); Functional workstreams are identifying use cases to replace HEI reporting functions and defining transition strategy; VA will need to identify CDW functions needed in near-term, and data syndication solution is TBD.
	13. What are the VA registries currently operating in VistA? How are VA registries loaded?	Open (8/30); Dave Parker indicated there is an entire workstream dedicated to this; we will await their findings.
VistA ↔ Millennium		
	1. How do we plan to identify VA systems that must interface with Cerner, and define an integration strategy with them?	Open (8/30); Dave Parker indicated that HL7 messaging through Open Link and HealthShare would support these systems. However, the drug order checking use case indicates there will likely be additional interface mechanisms required.
	2. What instances of HealthShare are already installed in VistA? What new instances are needed to interface with Millennium?	Open (9/8); the interface workstream will identify use cases and interfaces needed for write back requirements.
	3. Which VistA packages will remain on VistA and not be moved to Millennium?	Open (8/30); Per Dave Parker, the interfaces spreadsheet, and associated workstream, is addressing this question.
	4. For the packages that remain on VistA, what subset of data that is moved to Millennium is necessary for continuous operations?	Open (9/8); the interface workstream will identify use cases and interfaces needed for write back requirements.
	5. What will be used to write the necessary data from Millennium back to Vista? In what format?	Closed (8/30); New CHDR approach tables this question until a valid use case is identified.
	6. Will a direct read from Vista to Millennium be necessary, in addition to HealthIntent?	Open (8/30); No use cases for this have been identified yet.

	<p>7. Will third-party systems currently writing and/or reading data to VistA need to interface with Millennium or HealthIntent?</p>	<p>Closed (8/30); Yes, there are many, the interfaces spreadsheet contains the working knowledge of them.</p>
	<p>8. When will the Cognosante contract deliver the HealthShare platform?</p>	<p>Closed (9/8); VA will use HealthShare as its enterprise service bus to support write back requirements from Millennium. VA has an enterprise license and is actively working the necessary acquisitions to implement HealthShare.</p>
	<p>9. Will VA leverage the HealthShare platform for its interface from VistA to Millennium, or will it consider alternative solutions such as VxSynch?</p>	<p>Closed (8/30); Dave Parker expects HS to be the VA's go-forward middleware. It is conceivable that HS could utilize some functionality built for VxSynch for some yet-to-be-identified purpose, but that is speculation.</p>
	<p>10. How do we plan to identify VA systems that must interface with Cerner, and define an integration strategy with them?</p>	<p>Open (8/30); Dave Parker indicated that HL7 messaging through Open Link and HealthShare would support these systems. However, the drug order checking use case indicates there will likely be additional interface mechanisms required.</p>
	VistA ↔ Vx130	
	<p>1. Does the Vx130 extract contain all the legacy data that VA intends to store in HealthIntent?</p>	<p>Closed (9/8); Travis Hilton's BISL group's Vx130 ICD states that for IOC only 15 domains will be migrated. This question would only be relevant beyond IOC.</p> <p>Open (8/30); The stated expectation by Jack and team is that there will be additional non-VistA data migrated as well (per Dave Parker).</p>
	<p>2. Apart from Vx130, which feeds CDW, has VA started a data inventory for additional data that is not in CDW?</p>	<p>Closed (9/8); Travis Hilton's BISL group's Vx130 ICD states that for IOC only 15 domains will be migrated. This question would only be relevant beyond IOC.</p>

	3. There was some discussion regarding VistA “shadowing” vs. VistA “mirroring.” What are the tradeoffs of each?	Closed (9/8); VA has decided on mirroring; mirroring is Intersystem’s successor to shadowing.
	4. How long does the existing CDW aggregation process take today to draw in data from all 130+ VistA instances?	Closed (9/8); information is available on VA SharePoint.
	5. VistA “Journal” data will be used to flag records that must be refreshed by Cerner, what is the system-level interaction that will allow Cerner to pull just those records?	Closed (9/8); Vx130 Data stage includes time stamps in its push to Cerner.
Cerner (within VA-Cerner Migration Plan, Section III-1)	HealthIntent ↔ Millennium	
	1. Of the data stored in HealthIntent, what (exactly) is available to Millennium? All of it?	Open (9/8); it is our current understanding that there is no data in HealthIntent that is not available to Millennium. Open (8/30); Dave indicated the HealthRecord content (the ~15 domains) is what is processed and likely natively available for the clinical calculations and to Millennium.
	2. What is the frequency of update from Millennium to HealthIntent? Is it automatic?	Closed (8/30); Per Dave Parker: the update frequency for data that would be copied into Millennium (as opposed to dynamically queried for and displayed within PowerChart) would be configured per use case.
	3. What is the specific upshot of the planned enhancements to make Millennium and HealthIntent better integrated? (Will it allow for real-time data transfer? Etc.)	Open (9/8); Cerner owns internal product enhancements. The current understanding and operating assumption is that the system will provide near real-time performance. VA accepts Cerner’s assertion that both applications are seamlessly integrated.

	4. Which subset of HealthIntent data will be needed on Millennium for clinical operations?	Open (9/8); this will be addressed as facility specific workflows are defined. Millennium can be configured to show any HealthIntent data for workflows.
	5. What is the mechanism and timing by which Millennium gathers data from HealthIntent, and vice versa?	<p>Closed (9/8); Millennium uses Open Link (Cerner’s integration engine) and HealthIntent “crawls” Millennium data near real time.</p> <p>Open (8/30); Per Dave Parker, an Open Link process queries HealthIntent and (likely) converts responses to the corresponding inbound message type (HL7 v2 and/or C-CDA for DoD’s PAMPI domains).</p>
VA ↔ Millennium		
	1. How will Clinical Health Data Repository and the Clinical Decision Support service integrate with the proposed architecture?	Closed (8/30); Per Dave Parker, Medications and Allergies entered into Millennium will be messaged out (HL7 v2) to the CHDR system, which will send the data to the CDR and HDR).
	2. Which of the non-migrated VA systems will need to interface with Cerner Millennium?	Closed (8/30); This is being tracked under the interfaces workstream and spreadsheet.
	3. What data elements will non-migrated VistA components need?	Open (9/8); Still under analysis by VA, none yet identified (per Dave Parker).
	4. Are there other use cases where patient encounters generate system interactions requiring a write back of data from the encounter site in order to ensure that data updates should be made available to other sites? What are the site-to-site VistA system communication use cases?	Open (9/8); Per Dave Parker, there are none identified after two months of working on this. In practice, Cerner will act as a remote VistA does today, and very little communication happens between sites (just cross-facility consults, reference labs, and Class 1 Patient Flags (they are on the interface list).
VA-DoD Interoperability Strategy, Section III-2	VA ↔ Cerner ↔ DoD	
	1. Will DoD and VA use the same Millennium system, or will they exist as separate tenants?	Closed (8/30); Same instance.

	<p>2. If DoD and VA use the same system, is there a need for data improvements to Millennium to mark the transition from DoD to VA?</p>	<p>Open (8/30); Per Dave Parker, "Nobody knows, none identified at this point."</p>
	<p>3. Will there be any conflicting data model requirements between DoD and VA?</p>	<p>Open (8/30); Per Dave Parker, "Nobody knows, none identified at this point."</p>
	<p>4. What are the data implications of DoD and VA using different migration strategies?</p>	<p>Closed (8/30); Per Dave Parker, "DoD's data in the Cerner system is essentially haphazard/patchy for reporting (useless but for operational reports at live sites on patients and encounter since go-live)."</p>
	<p>5. What is the data migration strategy for servicemen who retire during legacy systems' transition to Millennium?</p>	<p>Closed (8/30); Per Dave Parker, "None to Millennium. The DoD has a notional Legacy Data Repository concept...which needs to morph into a comprehensive data migration to HealthIntent...just like VA." At this time, there is only a notional plan.</p>
	<p>6. How will DoD's legacy data be compatible with VA's legacy data? Inside HEI?</p>	<p>Closed (8/30); Per Dave Parker, "Primarily via the HealthIntent normalization processes."</p>
	<p>7. Will there be any legacy data that is both in DoD's stores and VA's stores? Will there be a need for de-duplication?</p>	<p>Closed (9/8); No, HDR will not be involved in migration, and there is no additional copied data from VA to DoD or vice versa.</p> <p>Open (8/30); Per Dave Parker, Yes, VA medications and allergies are copied into the CDR by CHDR (marked as VA); DoD medications and allergies are copied to the HDR, which is not involved or needed for data migration.</p>
	<p>8. Will DoD start using HealthIntent to store its legacy data?</p>	<p>Open (9/8); VA achieves an interoperable longitudinal health record by sharing DoD-VA data through its use of Millennium. While there will be additional benefits to DoD's possible future use of</p>

		<p>HealthIntent, this requirement does not present a "must have" for a successful initial operating capability (IOC) system architecture design.</p> <p>Open (8/30); Per Dave Parker, to be determined.</p>
	<p>9. Would the DoD records in Millennium be loaded into the VA instance of HealthIntent? (If there are separate instances? If not, how will they be reconciled?)</p>	<p>Closed (8/30); There will be a single instance of HealthIntent.</p>
	<p>10. What options will be available to DoD for them to load historical patient data into HealthIntent?</p>	<p>Closed (8/30); Out of scope for this document.</p>
	<p>11. What would the cost and timetable be for DoD to get historical records into HealthIntent?</p>	<p>Closed (9/8); duplicative question with question 8 above. VA achieves an interoperable longitudinal health record by sharing DoD-VA data through its use of Millennium. While there will be additional benefits to DoD's possible future use of HealthIntent, this requirement does not present a "must have" for a successful initial operating capability (IOC) system architecture design.</p>
	<p>12. What domains of data is DES currently capable of supporting?</p>	<p>Closed (8/30); Per Dave Parker, essentially everything. If we require an aggregated list, we may inquire at a later date.</p>
	<p>13. Would DoD data be available to the community under the current proposed model?</p>	<p>Open (9/8); this is not a showstopper requirement for IOC.</p> <p>Open (8/30); Per Dave Parker, this is still in flux.</p>

DoD-Cerner Data Exchange Framework, Section III-3	DoD ↔ Cerner	
	1. Will "VA Millennium" use JLV similarly to MHS Genesis? Is this adequate for view of Veteran data (external to Millennium) in a clinical setting?	Closed (8/30); Per Dave Parker: it will. In general, it is "adequate" although there are workflows and CDS capabilities that need data to function properly...handled by data migration. JLV acts as a very useful baseline.
	2. JLV provides "health flags" required to be shown by law -- how will that 'flag' information get from Millennium to JLV?	Open (8/30); Per Dave Parker: "JLV shows Health Flags from VA (and I think DoD). These are or will need to be configured in Millennium, and I believe will need to be added to the set of Millennium to go to JLV." Still open work around this.
	3. What procedures and resources does DoD use to perform data quality assurance, testing, and verification to ensure alignment of data before and after transformations and exchanges to and from DoD Systems and Cerner Millennium?	Open (8/30); Dave Parker indicated there has been a lot of testing, and if we require further details we should contact the DHMSM office.
	4. What are the fields in the domains exchanged between DoD and Cerner?	Open (8/30); Dave Parker indicated these are listed in the DHMSM ICDs if we would like a copy, we should inquire with that office.
	5. Should VA stage its data migrations domain-by-domain and as DoD does (during registration?) or should it be a bulk migration before the Cerner go-live?	Closed (8/30); Bulk migration with maintenance feed.
	6. Similar to DoD, is JLV a viable option during transition for legacy VistA sites to see Cerner data?	Open (8/30); Dave Parker has indicated that it is presumed to be; it is exactly like using JLV (or VistAWeb) to see remote data across VistA host sites today.
	7. Is there a map of fields between DoD source fields and Cerner destination fields? Who prepared these maps?	Closed (8/30); Functionally a duplicate of question 4.

	8. Would the DoD records in Millennium be loaded into the VA instance of HealthIntent?	Closed (8/30); One instance.
	9. What domains of data from Millennium would be available in HealthIntent?	Closed (8/30); Per Dave Parker, "All Millennium data goes to HealthIntent."
	10. What options are available to DoD for them to load historical patient data into HealthIntent?	Open (8/30); Dave has indicated that once the federal instance of HealthIntent is finished being stood up, all DoD Millennium data will go to it. However the historical load options are not clear at this time, they are likely similar to those in front of VA.
	11. What would the cost and timetable be for DoD to get historical records into HealthIntent?	<p>Closed (9/8); duplicative question with question 11 in previous section above. VA achieves an interoperable longitudinal health record by sharing DoD-VA data through its use of Millennium. While there will be additional benefits to DoD's possible future use of HealthIntent, this requirement does not present a "must have" for a successful initial operating capability (IOC) system architecture design.</p> <p>Open (8/30); Per Dave Parker, TBD.</p>

V. Amida Project Dashboard

1. Tasks Tracker

Tasks	Status	Comments
Phase 0: Project Kickoff and Planning		
Confirm timeline, staffing, and internal communications protocol	Complete	The MITRE/Amida team held a kickoff meeting on 7/31 and established a weekly meeting schedule. Amida has finalized our team roster.
Identify stakeholders: engage with key individuals and offices in the VistA ecosystem, including Subject Matter Experts (SMEs) and personnel impacted by the migration; create a roster	In progress	The Amida team continues to identify, and establish communications with, key stakeholders.
Collect and review VistA documentation: assemble existing technical and administrative collateral across the VistA/VA ecosystem	In progress	The Amida team has gathered technical artifacts from key stakeholders in the VistA ecosystem, in addition to collating all materials used in the onsite presentations at MITRE and Cerner.
Collect and review Cerner documentation: assemble existing technical collateral for the Cerner Millennium and HealthIntent solutions	In progress	The Amida team attended onsite presentations in Kansas City on 7/25-7/27, 8/8-8/10, and in New Jersey on 8/22-24 and began collecting information on Cerner solutions.
Phase 1: Data Inventory		
Create a comprehensive VA data inventory: document and collate data models, stores, and dictionaries in the VistA installations in the form of an aggregated data inventory	Not yet started	N/A
Document Cerner's data model: identify and document destination structures, formats, and stores; first step in "compare and reconcile" action below	Not yet started	N/A
Document system interfaces: identify and document internal and third-party systems connected to VistA installations that may	In progress	From the presentations on 8/1 and 8/2, Amida has gathered a preliminary list of VistA

need to be retired, updated, or replaced		interfaces.
Review DoD’s Cerner implementation: determine DoD’s (technical and programmatic) data inventory and assets, as well as migration plans and methods	In progress	Through the onsite presentations and Amida’s (already-ongoing and planned) discussions with key stakeholders, we have begun collection and review of DoD’s Cerner implementation.
Phase 2: Data Mapping		
Compare and reconcile data models (VA-Cerner): build a map between the VistA data inventory and Cerner’s Millennium and HealthIntent solutions; identify and document any known incompatibilities between the existing VistA datasets and Cerner’s; highlight fields that do not have a one-to-one map or require transformation in order to convey	In progress	Amida has begun preliminary source-to-target mapping and field-level analysis.
Compare and reconcile data models (VA-DoD): build a map between VistA and DoD’s assets, with special emphasis on their near-future state information architecture (for example, we believe that DoD is planning on maintaining its own data store for security-sensitive information and fail-over; this needs to be validated and checked)	Not yet started	N/A
Develop audits and controls: identify and document recommendations for instrumentation and controls to validate data integrity and completeness	In progress	Amida has identified the key points in the data transformation at which we will develop data migration validation rules.
Develop a data migration strategy: examine and recommend extraction, transformation, and load methodologies from VistA into the Cerner EHR system	Not yet started	N/A
Assess risk: identify and document security concerns and considerations, which will include (1) data integrity and access control during migration, (2) identity management, and (3) validation of proper access controls to migrated data following the cutover; propose mitigation and security-by-design actions that can be taken during this process	Not yet started	N/A

2. Administrative Project Flags

Flag	Owner	Due Date
No flags at this time.		

VI. Weekly Update Log

This section contains historical updates and/or information that may no longer be relevant. We have moved the Weekly Summaries from previous weeks (Section II) below.

August 21 - September 1

VA and Cerner formally agreed that the transformation of Veterans' health data will occur within Cerner data stores, use Cerner technology, and be primarily Cerner-owned. This understanding applies to both the one-time historical load, as well as the transactional loads, of patient data from VA to Cerner.

Amida refined our diagrams and narratives to reflect the above approach in Section III-1-C. As discussed in Section III-1-E, we have outlined a plan of execution for the field-level data inventory and mapping between VA and Cerner based on these approaches.

VA also identified a requirement to continue supporting checks for drug/drug and drug/allergy interactions for legacy sites during the course of the Cerner migration. To support this requirement, VA proposed the implementation of a Cerner-to-VA "write back" mechanism that leverages a shared DoD and VA technology, the Clinical Health Data Repository (CHDR); we describe this proposed pipeline in Section III-1-D.

The Amida team continues to monitor the EHRM data migration workstream, especially the following key issues:

- Data quality assurance, testing, and verification planning
 - This week, we identified the key points in the data transformation at which Amida will develop data migration validation rules (Figures 3, 4, and 5).
- The endpoints (including HealthShare and CHDR) for any data that is to be sent from Millennium/HealthIntent back to the legacy clinical system(s)
 - In this report, we have created a new diagram to illustrate VA's proposed architecture to support the Millennium "write back" requirement. This mechanism is intended to ensure data continuity between Millennium-based VAMCs and legacy VAMCs for drug/drug and drug/allergy check use cases during the transition phase (Figure 7).
- The current lack of a unified DoD/VA HealthIntent data store

Finally, this report includes a list of documents we have received (new to this report), as well as collateral we have generated or collected, and serves as a living document of our team's understandings, questions, and takeaways.

Please note: this report is current through September 1, 2017.

August 14 – August 18

This week, Amida reviewed the patient data domains that VA plans to initially transfer to Cerner (Section III-2-A), as well as VA's proposed approach for transferring the historical volume of these data domains to Cerner (Section III-1-C). We investigated and documented our understanding of Cerner's "Data Syndication" and "Data Collector" services, as well as the ways in which VA may use each of these services to keep HealthIntent current with VistA data, and VA's Clinical Data Warehouse (CDW) current with HealthIntent data (Section III-1-E).

As VA and Cerner converge on technical solutions to transfer patient data from VistA to Cerner, Amida is reviewing and documenting these solutions on a component-by-component basis. By examining how data transfers through these components, we will be able to flag potential challenges in interoperability between VA, DoD, and Cerner. The team continues to monitor the EHRM data migration workstream, especially the following key issues:

- Data quality assurance, testing, and verification planning
- The endpoint (at time of writing, presumably HealthShare) for any data that is to be sent from Millennium/HealthIntent back to the legacy clinical system(s)
- The current lack of a unified DoD/VA HealthIntent data store

The key output from VA this week was the creation of DoD Architecture Framework (DODAF) 2.0 documentation. VA has settled on this framework to standardize vocabulary and diagramming conventions to support consistency in communication across VA and DoD. We discuss the proposed approach contained in this framework in Section III-1-C (please see also Appendix A, Exhibit 6).

August 7, 2017 – August 11, 2017

This week, Amida gained a greater understanding of the VistA-to-HealthIntent data transfer mechanism (Section III-1-C). We documented our growing knowledge of the proposed bidirectional VistA-Millennium connection (III-1-D), as well as the overall VA migration approach (III-1-A).

The team continues to monitor the EHRM data migration workstream, especially the following key issues:

- Data quality assurance, testing, and verification planning
- The endpoint (at time of writing, presumably HealthShare) for any data that is to be sent from Millennium back to the legacy clinical system(s)
- The current lack of a unified DoD/VA HealthIntent data store

Amida identified the last issue as our most critical finding in last week's report. We document here that the VA data migration working group assumes that DoD *will* determine a future strategy to load legacy data into HealthIntent, pending the successful development of VA's proposed system.¹⁰ We will actively monitor this issue throughout the project.

Finally, Secretary Shulkin was quoted in Politico (published August 14) that VA has "had teams in Kansas City looking at data migration, and as of last night we have a data migration plan."¹¹ It is our respectful, dissenting opinion that VA has *not yet* developed a full-scale data migration plan. Our gap analysis memo on this topic, requested by MITRE, is attached as Appendix A, Item 5.

July 31, 2017 – August 7, 2017

VA's proposed migration strategy will leverage Cerner's HealthIntent platform to convey data from VistA to the Millennium EHR. HealthIntent is not, at the moment, part of DoD's data exchange process with Cerner. If VA and DoD do not share a consolidated, unified data store (such as HealthIntent), VA-DoD interoperability will be at risk. Section III explores this issue and outlines Amida's current understanding of the data exchange strategy between VA, Cerner, and DoD. Specifically, we discuss (1) the VA migration plan, (2) interoperability between VA and DoD, and (3) the DoD-Cerner exchange.

¹⁰ This assumption was expressed during the August 8-10 EHRM sessions in Kansas City.

¹¹ Allen, A. (2017, August 14). POLITICO Pro Q&A: Veterans Affairs Secretary David Shulkin. *Politico Pro*. August 2017.

Appendix A: Exhibits

This appendix consists of documentation Amida has created or obtained from other sources during the project that we believe are especially valuable. These excerpts are “in order of appearance”; that is, they are ordered chronologically from oldest to newest in the order they have been published throughout the project. Exhibit 6 should be understood as the current view of the proposed data migration architecture, as earlier versions of architecture diagrams contain information that has changed since the time of their publication. These remain included to catalog the record of evolving design decisions and considerations in the planning phase of this effort.

1. Excerpts from *VA Data Integration Architecture for the New EHR*¹²

The following figures are excerpted from a slideshow that was presented by Travis Hilton during the conferences at MITRE’s facilities on August 1-3, 2017.

The below figure outlines the existing CDW data domains. These data domains are provided by data fed from VistA transformed through Vx130 into the CDW; and are clinically valid and in production.

¹² U.S. Department of Veterans Affairs, Office of Information and Technology. (2017). *VA Data Integration Architecture for the New EHR (architecture code named, “Da Vinci”)*. Washington, DC: U.S. Office of Information Security.

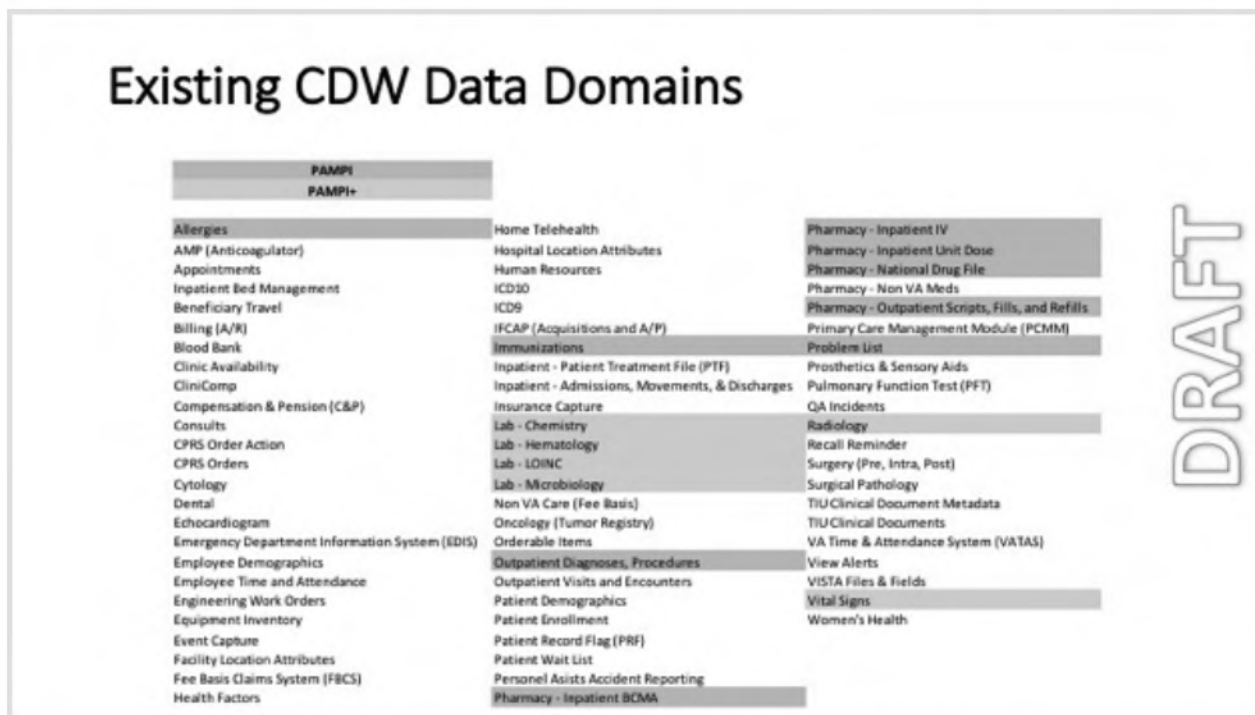


Figure 13 - Existing CDW Domains (pg. 22 of Travis' original delivery)

Figure 14 shows a detailed view of the various architecture documents created to map the proposed data flow from VistA to HealthIntent.

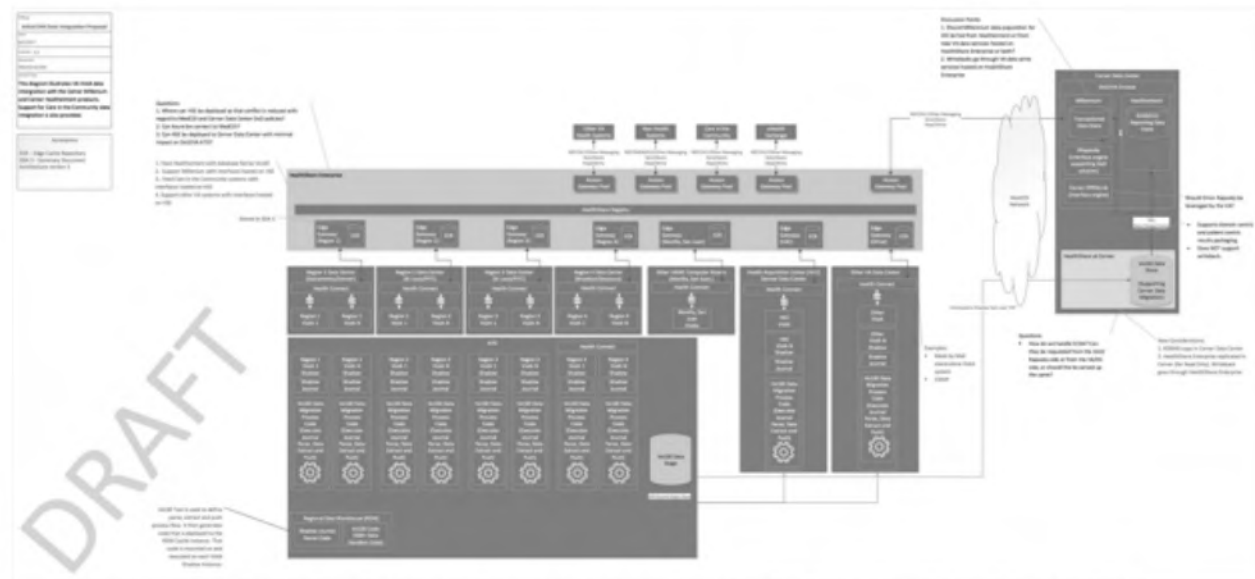
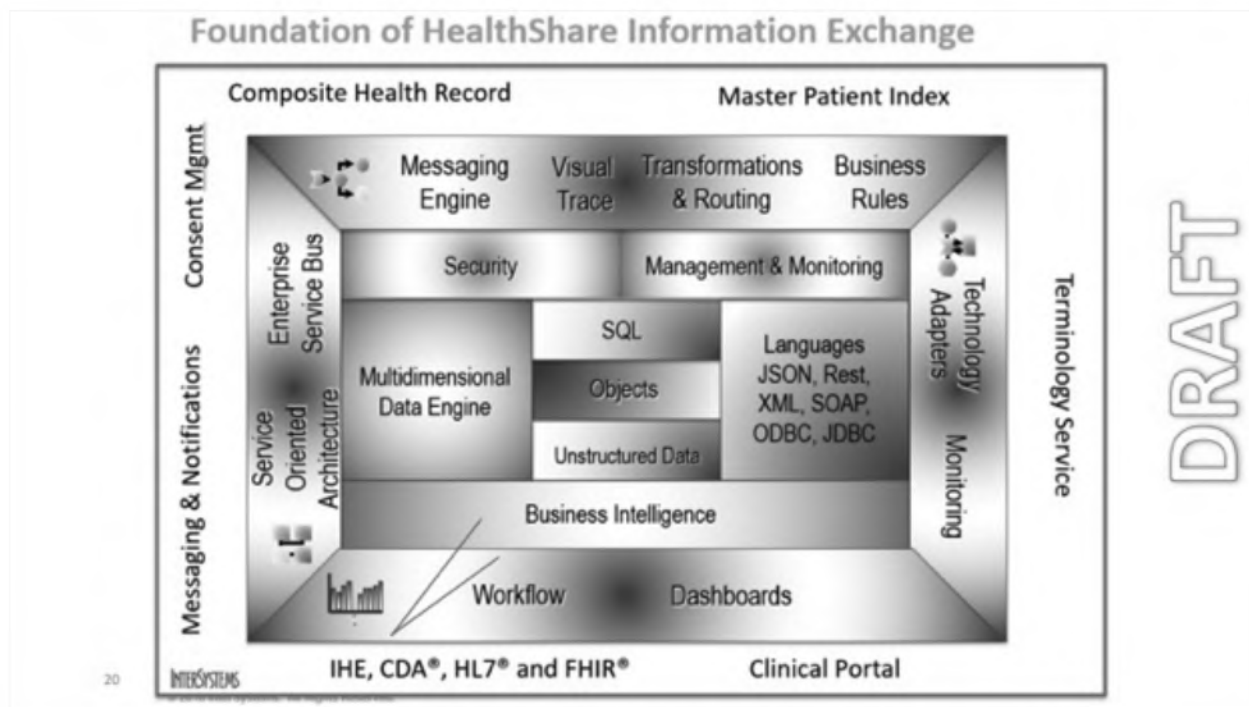


Figure 14 - DaVinci Architecture for VA to Cerner Migration (pg. 13 of Travis' original delivery)

Figure 15 provides a reference view of the various components that comprise the InterSystems HealthShare Information Exchange platform, which has been considered as a mechanism to provide a write back service from Millennium to VistA.



20

Figure 15 - Foundation of HealthShare Information Exchange (pg. 20 of Travis' original delivery)

Figure 16 shows the outline of health data domains currently available in MHS Genesis (DoD's instance of Cerner Millennium product).

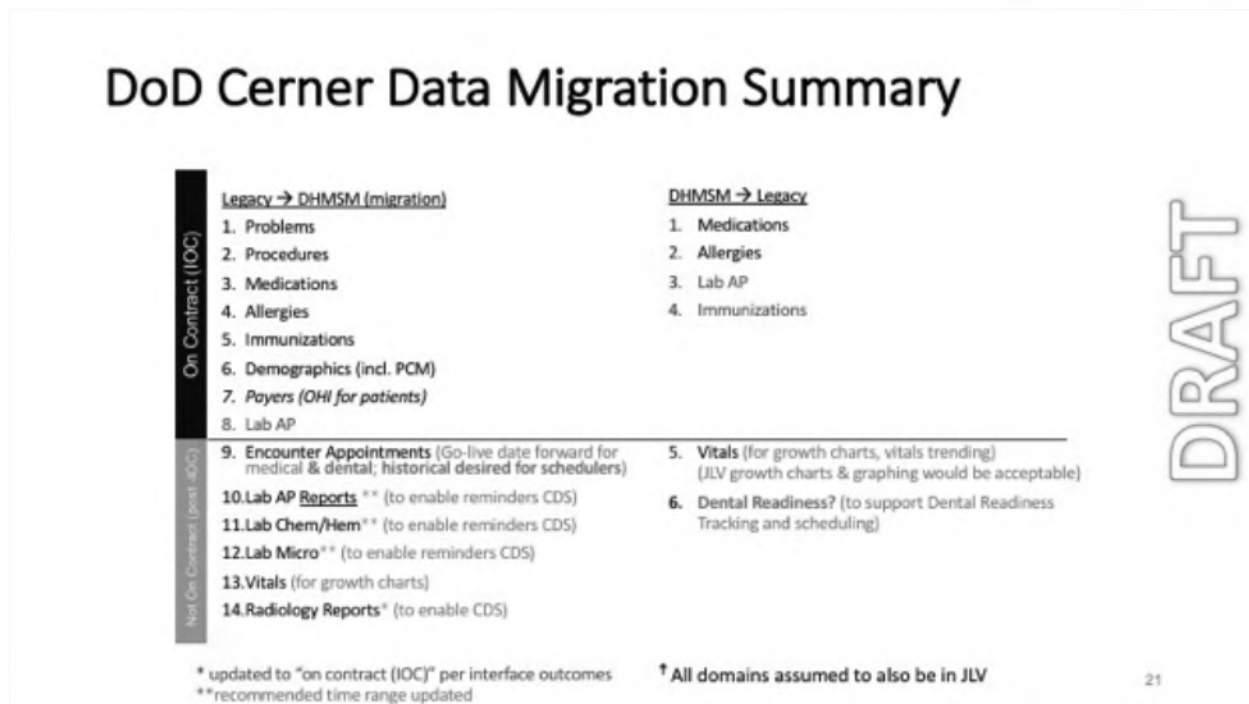


Figure 16 - DoD Cerner Data Migration Summary (pg. 21 of Travis' original delivery)

The following two diagrams (Figures 17 and 18) illustrate the proposed write-back and read-only data flow architectures). The Read Only slide also adds current status comments with additional detail for issues being worked through in two key system interfaces.

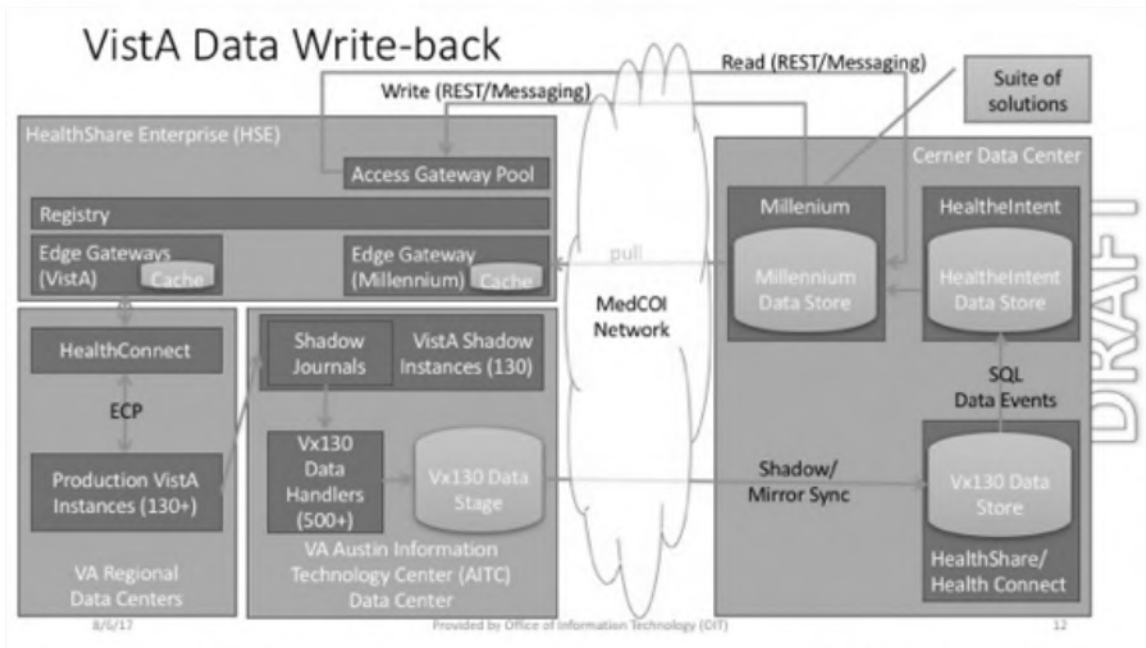


Figure 17 - DaVinci Community Care HealthShare Enterprise Detail (pg. 12 of Travis' original delivery)

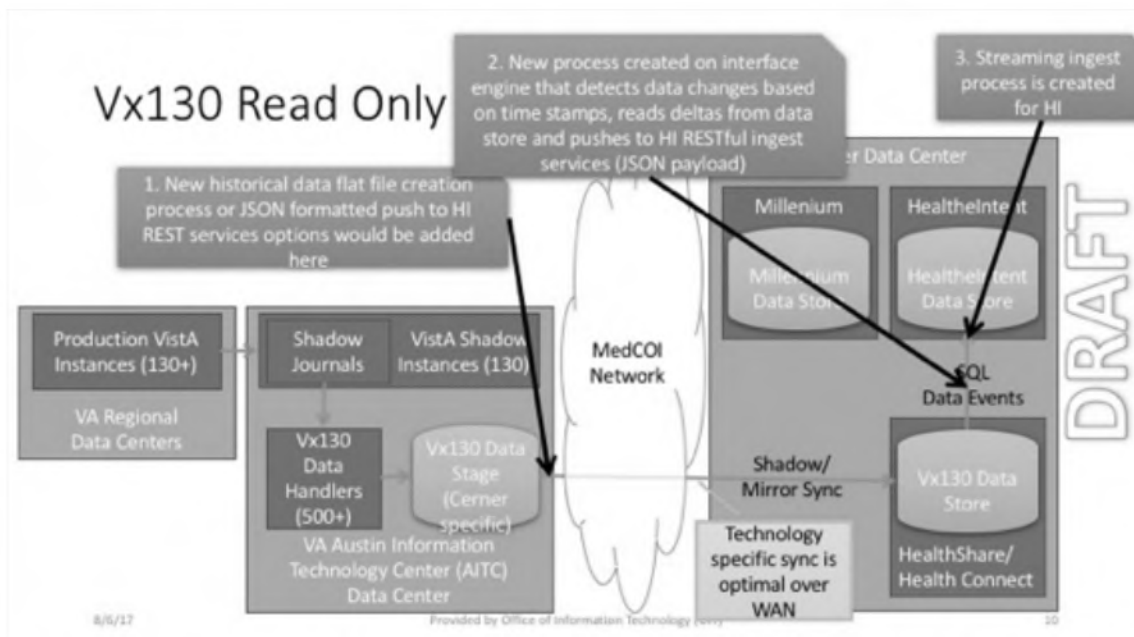


Figure 18 - Vx130 Unidirectional Data Transfer — DaVinci Vx130 Detailed Diagram (pg. 10 of Travis' original delivery)

2. Excerpts from *VA Plan for Data Migration to HealthIntent v.1*¹³

The following diagrams are excerpted from David Parker’s draft white paper sent August 8, 2017: *Draft VA Plan for Data Migration to HealthIntent. v1* (Aug 8, 2017), 5-7. The first diagram describes the flow of data from VistA in regional data centers through the enterprise data center into the Cerner environment; the second provides a more granular level of abstraction with a more detailed description outlining key facets of the Vx130 data transformation engine.

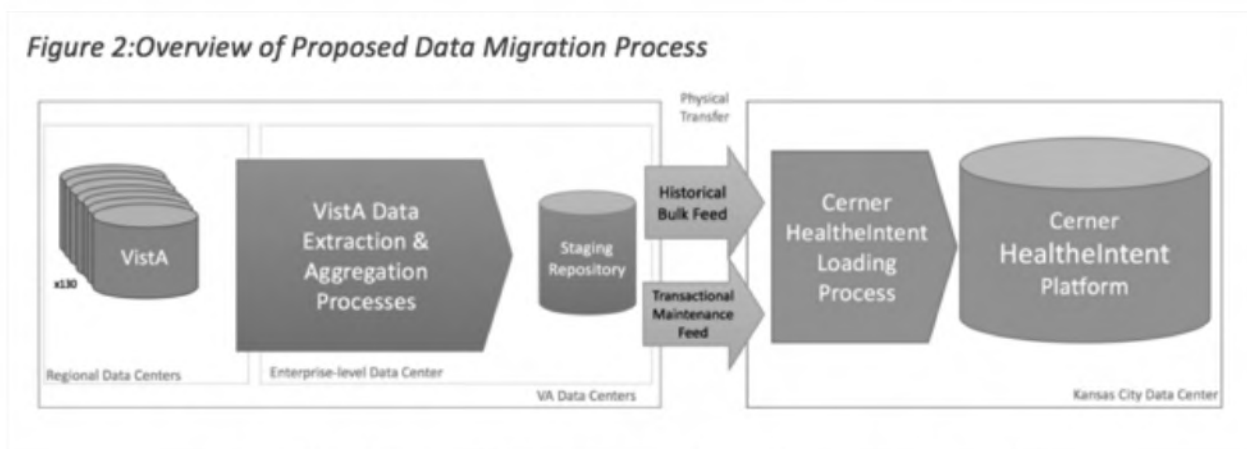


Figure 19 - Overview of Proposed Data Migration Process (VA to Cerner)

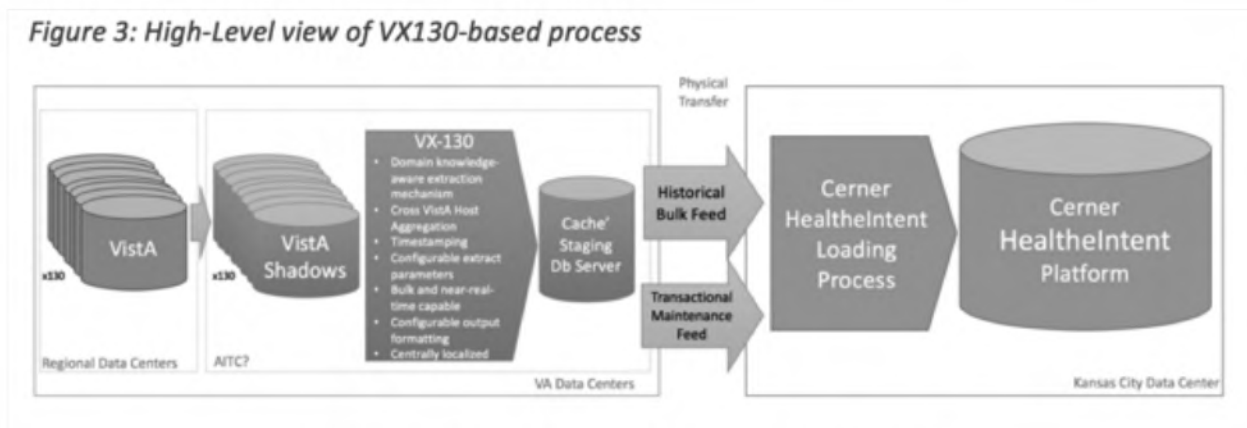


Figure 20 - High-Level View of VA’s Vx130-based Process

¹³ From David Parker’s draft white paper sent August 8, 2017: Parker, D. (2017). *Draft VA Plan for Data Migration to HealthIntent. v1* (Aug 8, 2017), 5-7.

3. Slides from *Snapshot of Technical Activities: Data Migration*¹⁴

The following slides are excerpted from email correspondence from Amida to MITRE sent August 13, 2017. The first describes the interactions of key systems at a high level; the second aligns more detailed descriptions of current status relevant to each key system.

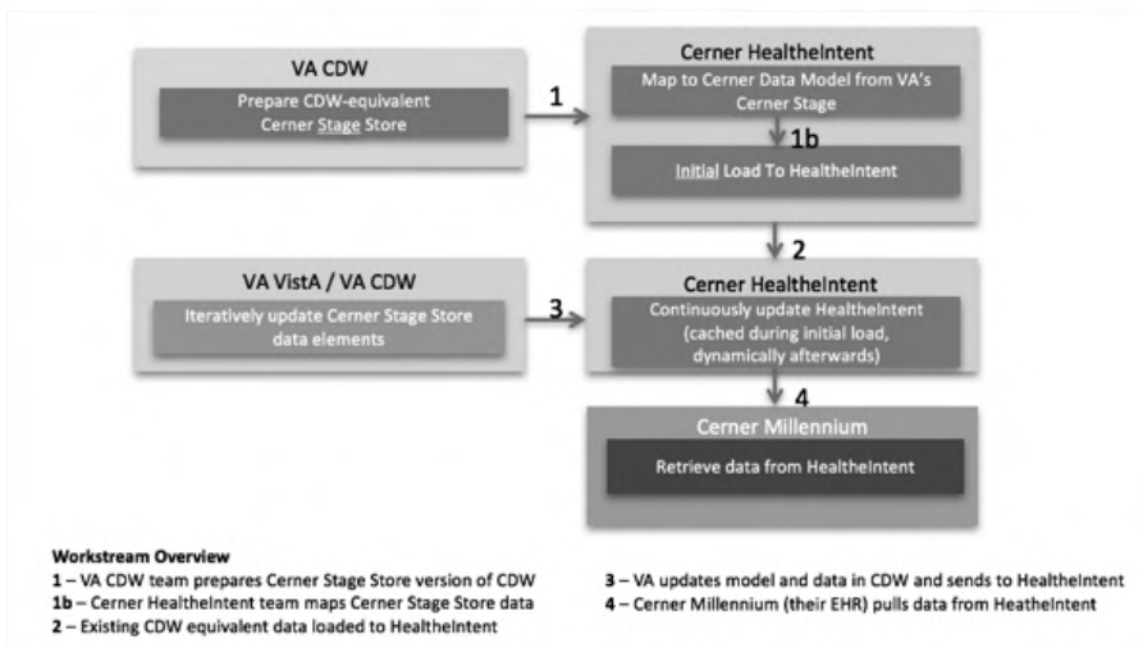


Figure 21 - VA to Cerner Migration Workstream

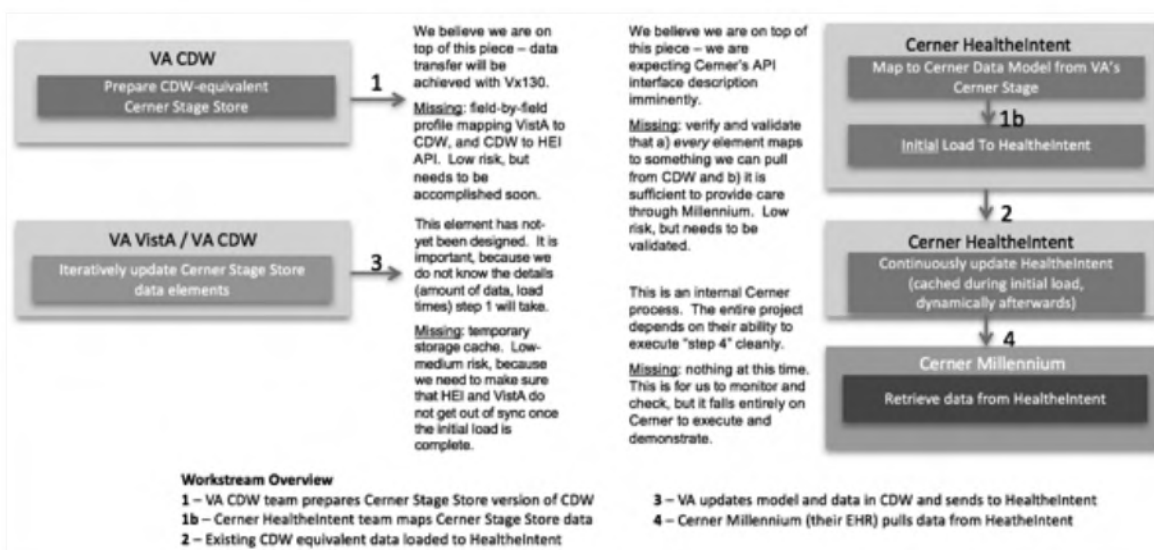


Figure 22 - VA to Cerner Migration Workstream with Status

¹⁴ Created by Amida for MITRE, August 13, 2017.

4. Excerpt from VA Plan for Data Migration to HealthIntent v.2¹⁵

The following content is excerpted from David Parker's draft white paper sent August 13, 2017: *Draft VA Plan for Data Migration to HealthIntent. v2 (Aug 12, 2017), 1-2*. This document has served as a central reference point where weekly iterations capture the evolving high-level strategy for the VA's proposed data migration plan to move legacy data from 130+ VistA instances into the Cerner HealthIntent environment; as well as a program management dashboard to outline key assumptions and action items. The following excerpt describes key aspects of the proposed high-level strategy to migrate data from VistA to HealthIntent:

Draft VA Data Migration Plan

The following outlines the working technical data migration plan:

- VA and Cerner will implement VA legacy data migration via both a historical bulk load and an ongoing maintenance feed
 - The historical bulk load will (in one or more subsets) include all VA domains and for all time periods
- VA to use Vx130 methods for data migration to HealthIntent
- VA to start with Cerner's primary 15 clinical domains, but plan to include the FULL set of VX130 domains (and non-VistA domains) that will be included in the HealthIntent EDW database(s)
 - VA governance will determine any exceptions
- VA to begin ASAP to create extracts into new VA EHRM-specific Vx130 Data Stage using the current Vx130 extracts models
 - Note: These can be modified to add data elements as they are identified
 - Note: In Austin (AIRC)
- VA to share existing documentation on the current Vx130 output (all domains)
- VA to provide an historical load that will be transported physically (not over the WAN)
- Cerner to evaluate and price (pre-contract) the various WAN transport options for the maintenance feed
 - E.g. Caché mirroring, SQL Server/Oracle replication, and Streaming API (Rest+JSON)
- Cerner will develop the ingest scripts & processes
- Cerner will be responsible for initial and ongoing loading into HealthIntent
 - Ingest process includes terminology mapping to standards and information model transformation
- VA to provide existing terminology mappings to standard terminologies (as reference)
 - Mappings
 - Data interpretations/business rules
 - Consultation (SMEs available)

¹⁵ From David Parker's draft white paper sent August 13, 2017: Parker, D. (2017). *Draft VA Plan for Data Migration to HealthIntent. v2 (Aug 12, 2017), 1-2*.

- Cerner will propose (pre-contract) to the VA a subset of data domains that will be loaded from HealthIntent to Millennium (via OpenLink)
- Cerner will propose (pre-contract) what data entered into Millennium that will be sent back to the legacy clinical system(s) (e.g. VistA, HDR, other)
 - VA will review and approve
- Cerner will be responsible for any outbound message formatting and terminology mapping
- VA will provide an endpoint (presumably HealthShare) for any data that is to be sent back to the legacy clinical system(s)
- VA will be responsible for incorporating (“writing back”) any data into the legacy clinical systems appropriate
- Cerner will provide a data syndication method for providing HealthIntent data to external (non-HealthIntent) analytics capabilities
- Cerner will provide APIs to access HealthIntent data
- VA & Cerner to perform data integrity assessment and testing
 - Ensuring integrity of data transfer and normalization processes
- VA to provide governance/policy on restrictions on use (e.g. behavioral health, employee, military sexual trauma)
- Assumptions for estimation
 - 240TB of Caché data (80% of 300TB) for historical load
 - 10% (24TB) for annual volume

5. Data Migration Plan Gap Analysis Memo

Amida submitted this memo in response to a MITRE request on August 15, 2017. It outlines the status of the VA's nascent data migration plan and describes steps necessary to develop the current strategy into a comprehensive Data Migration Plan.

MEMO

Subject: Data Migration Plan Gap Analysis
From: Peter L. Levin and Joy Hwang (Amida)
Date: August 15, 2017

Summary conclusions

To date, VA has:

- held and documented many (productive) conversations;
- developed (and/or surfaced) technical collateral; and
- outlined steps to *create* a data migration plan.

These efforts are all necessary, but in our opinion and with respect, not completely sufficient to declare completion on a "data migration plan."

We identify two major issues: nomenclature and coverage.

A "data migration plan" is a full-scale document (often in excess of 150 pages) that identifies, down to the atomic level, every source and element of data; maps each to its destination; and describes the transformation required to ensure data integrity and continuity of operations. Many will include the instrumentation required for audit and control of the transfer.

An actionable data migration plan will also contain time-boxed, logically segmented workstreams by which to execute the migration. For example, the historical load of patient data, the maintenance of patient data from VA to Cerner, and the bidirectional exchange of patient data from Cerner to VA to support continuity of operations are workstreams that may be pursued in parallel. By logically compartmentalizing work into specific areas of focus, technical sub-tasks may be semantically grouped under appropriate workstreams, and the interdependencies between each workstream may be mapped.

As described above, what VA currently has (and has so far memorialized) does not contain the specificity, or framework, that resembles a conventionally structured data migration plan. While the steps they have taken are necessary and irreplaceable, in our judgment, the results so far are: (1) information critical to the process, and (2) a "plan for the plan."

The most relevant as-yet plan that has been "publicly" available is a draft *VA Plan for Data Migration to HealthIntent*.¹⁶ This four-page document is the most important collateral that we

have seen; yet it still represents a “plan for a plan” and discusses only one segment of the entire data migration process.

Not only will EHRM require a one-way transfer of data from VistA to HealthIntent – at time of writing, there is a necessary and proposed two-way migration from VistA to Cerner Millennium. This is why, in our judgment, the VA efforts until now lack the necessary *coverage* to be called a data migration plan.

More details

The VA Electronic Health Record Modernization (EHRM) project is a large-scale effort, which can be broken into three major tasks:

1. One-way data migration from VistA to Cerner HealthIntent
2. Two-way data migration to and from VistA and Cerner Millennium
3. Software/application transition plan (not to be conflated with data migration) from VistA applications to Cerner applications (this includes both reporting/analytics as well as a site-by-site rollout of Cerner clinical applications to replace VistA applications)

The most important thing to clarify is that the current VA Data Migration Plan *only addresses the first step*; tasks two and three have not been defined. When John Short, EHRM COR, recently reported that the “data migration plan” is done there is a risk that Senior Leadership may misunderstand the meaning of what is done and consequently overstate the degree of progress. To be clearer in the future, we recommend avoiding the use of the blanket phrase “data migration plan” and instead adhere to the more granular (and accurate) statements like “the VistA to HealthIntent data migration plan is well underway”.

To assess the current level of maturity and identify what gaps or risks might be present in the “as is” VistA to HealthIntent Data Migration plan, we outline in the following sections (1) an example of a more comprehensive Data Migration Plan, (2) what is in the current VA plan, and (3) define the delta between one and two.

Sample Migration Plan

There is no single definitive standard for the minimum requirements of a complete Data Migration Plan. As one initial point of reference for comparison, we have modified and pasted a more comprehensive example below taken from a NY State Records Management legacy migration project.¹⁷

Task	Sub-tasks
1. Prepare data	a. Define data inventory
2. Define requirements	a. Define data quality rules

¹⁶ This is the widely distributed summary that David Parker wrote on Sunday August 13

¹⁷ http://www.ouboces.org/files/filesystem/DataMigrationWebinar_Updated%207%2028%2016%20BM.pdf

	<ul style="list-style-type: none"> b. Determine how to resolve “bad data” c. Define how data will be extracted d. Define architecture—identify storage locations, transformations, and data flow diagrams e. Define and map legacy data domains and Cerner data domains f. Security and privacy rules g. Define transition system specifications h. Define legacy retirement policy
3. Set up environments	<ul style="list-style-type: none"> a. Define hardware requirements b. Obtain permissions c. Determine tools d. Establish hardware schedule e. Define storage size requirements
4. Data cleansing	<ul style="list-style-type: none"> a. Compare data against quality rules b. Develop clean-up procedures c. Execute data cleansing process d. Correct data
5. Migration design	<ul style="list-style-type: none"> a. Map legacy data models and fields and crosswalk to Cerner data models and fields b. Define transformation rules c. Define data synchronization d. Identify “leave behind” data and associated synchronization rules e. Identify transitional synchronization rules f. Develop impact analysis report g. Schedule review and approval process
6. Develop test plan	<ul style="list-style-type: none"> a. Test scenarios b. Test scripts c. Automated test jobs d. Test results reports
7. Develop migration routines	<ul style="list-style-type: none"> a. Build data extract routines b. Build data transformation routines c. Build test routines
8. Pilot system testing	<ul style="list-style-type: none"> a. Execute extract and transformation in test environment b. Execute test routines c. Analyze results d. Modify routines as necessary
9. Execute migration	<ul style="list-style-type: none"> a. Execute extract routines in production b. Execute verification routine c. Analyze results with stakeholders d. Modify and repeat as necessary
10. Verification	<ul style="list-style-type: none"> a. Execute extract and transformation routines in production b. Execute verification routine c. Analyze results d. Modify and repeat as necessary

Sample Data Migration Plan, NY State Records Legacy Migration Project

This plan provides a comprehensive sample of 10 phases in a Data Migration and outlines key tasks that must be covered in detail during each phase.

Overview of Current VistA to HealthIntent Data Migration Plan

Highlights of the current VA Plan For Data Migration to HealthIntent include the following:

- Partially defines requirements and mechanism for how data will be extracted, transformed, and loaded for historical bulk and ongoing maintenance data feed to HealthIntent
- Partially defines requirements for data domains and identifies that VistA domains need to be mapped against Cerner
- Identifies three possible hardware configurations to set up the environments and service data syndication from HealthIntent back to VistA—leaves decision to be determined
- Assigns Cerner with responsibility for proposing data domain subset to be loaded from HealthIntent to Millennium
- Assigns shared responsibility for VA and Cerner to perform data integrity assessment and testing—no additional detail provided

The current draft VA Plan For Data Migration to HealthIntent also serves a dual purpose of a working project management dashboard where gaps in the Data Migration Plan are tracked as action items, and future discussion topics are cataloged.

The Delta—Comparing The Current VA Plan Against Sample Plan

Based on a review of the current VA Plan For Data Migration to HealthIntent, the following table revisits the sample plan with color coding in yellow to show which tasks have been partially defined in the current plan, or red to identify gaps not yet addressed:

Task	Sub-tasks
1. Prepare data	a. Define data inventory
2. Define requirements	a. Define data quality rules b. Determine how to resolve “bad data” c. Define how data will be extracted d. Define architecture—identify storage locations, transformations, and data flow diagrams e. Define and map legacy data domains and Cerner data domains f. Security and privacy rules g. Define transition system specifications h. Define legacy retirement policy
3. Set up environments	a. Define hardware requirements b. Obtain permissions c. Determine tools d. Establish hardware schedule e. Define storage size requirements

4. Data cleansing	<ul style="list-style-type: none"> a. Compare data against quality rules b. Develop clean-up procedures c. Execute data cleansing process d. Correct data
5. Migration design	<ul style="list-style-type: none"> a. Map legacy data models and fields and crosswalk to Cerner data models and fields b. Define transformation rules c. Define data synchronization d. Identify “leave behind” data and associated synchronization rules e. Identify transitional synchronization rules f. Develop impact analysis report g. Schedule review and approval process
6. Develop test plan	<ul style="list-style-type: none"> a. Test scenarios b. Test scripts c. Automated test jobs d. Test results reports
7. Develop migration routines	<ul style="list-style-type: none"> a. Build data extract routines b. Build data transformation routines c. Build test routines
8. Pilot system testing	<ul style="list-style-type: none"> a. Execute extract and transformation in test environment b. Execute test routines c. Analyze results d. Modify routines as necessary
9. Execute migration	<ul style="list-style-type: none"> a. Execute extract routines in production b. Execute verification routine c. Analyze results with stakeholders d. Modify and repeat as necessary
10. Verification	<ul style="list-style-type: none"> a. Execute extract and transformation routines in production b. Execute verification routine c. Analyze results d. Modify and repeat as necessary

Comparison of current VA Data Migration Plan to a Template

VA has made progress in the areas of requirements and developing initial plans for how environments will be set up. However, significant gaps remain in planning areas of data inventorying, data quality, testing, and verification.

The VA EHRM project is still in a “phase zero” of initial strategy, feasibility, and planning. Table 2 above provides a visual snapshot highlighting the extensive remaining areas that have yet to be defined. To develop a fully-fledged Data Migration Plan, which would equip the project with an actionable and quantitatively measurable level of detail, we suggest these gaps should be addressed in future work to develop the Plan.

6. DODAF Documentation Extract¹⁸

The following illustration (Figure 22) is taken from the DoD Architecture Framework (DODAF) documents, which were delivered by Travis Hilton August 25, 2017 to the U.S. Department of Veterans Affairs, Office of Information and Technology. This diagram, “EHRM Vx130 SV-1 for IOC”, outlines the proposed interface from VistA to HealthIntent.

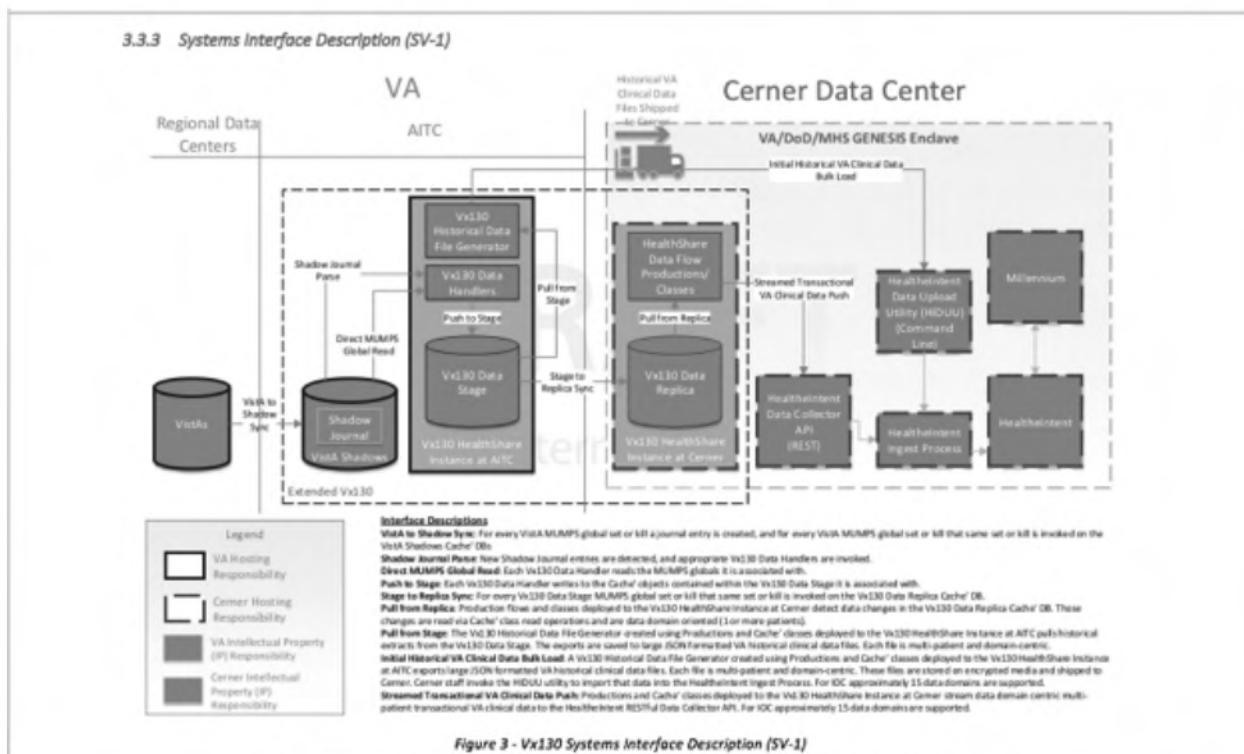


Figure 23 - SV-1 Systems Interface Description: VistA to HealthIntent

¹⁸ These documents were delivered by Travis Hilton August 18, 2017. (U.S. Department of Veterans Affairs, Office of Information and Technology. (2017). “EHRM Vx130 SV-1 Data Migration Architecture”). Washington, DC: U.S. Office of Information Security.)

7. Amida's Data Migration Framework¹⁹

Amida submitted the following document on September 6, 2017, in response to a MITRE request.

Electronic Health Record Modernization
For the Department of Veterans Affairs (VA)
Data Migration Support

I. Introduction

Amida supports the Data and Architecture Interoperability workstream of the Electronic Health Record Modernization (EHRM) program. Specifically, we provide data migration support to ensure that Veterans will receive seamless, continuous care during VA's transition from the Veterans Information Systems and Technology Architecture (VistA) to Cerner's EHR.

The Amida team will help validate that the data transformations between VA and Cerner are accurate, complete, and secure. Toward that end, we will document a comprehensive data inventory for VA and Cerner, define the mapping between data elements, and delineate quality assurance criteria to both ensure data integrity, and confirm that the transformations are accurate and complete.

The purpose of this document is to succinctly outline the major elements of a data migration process (Section II), and highlight the tasks Amida has, and will, execute for VA's migration from VistA to Cerner (Section III and Appendix).

II. Data Migration Process: General Overview

A data migration at enterprise-scale requires a comprehensive strategy that identifies, down to the atomic level, every source and element of data; maps each to its destination; and describes the transformation required to ensure data integrity and continuity of operations. Many migration processes will include the instrumentation required for audit and control of the transfer. An actionable data migration plan will also contain time-boxed, logically segmented workstreams by which to execute the migration.

Every data migration will require a unique plan-of-action. However, a typical effort entails the following major tasks:^{20, 21}

²⁰ *Data Migration for Long Term Archival Storage and Access* (New York State):
http://www.ouboces.org/files/filesystem/DataMigrationWebinar_Updated%207%2028%2016%20BM.pdf

1. **Prepare data:** data inventory and scope
2. **Define requirements:** extraction mechanisms, quality assurance, transformation rules
3. **Set up environments:** hardware, network, and storage requirements
4. **Data cleansing:** data quality and cleansing procedures
5. **Migration design:** data mapping and transformation
6. **Develop test plan:** audit and controls
7. **Develop migration routines:** data extract, transformation, and test routines
8. **Pilot system testing:** analysis of test routines, including coverage estimates
9. **Execute migration:** perform routines in production
10. **Verification:** analysis of routines
11. **Deployment:** sustainment and reporting metrics

Amida’s scope of work for VA falls under tasks 1, 2, 4, 5, and 6 of the above list. We will also be creating the validation rules for parts of 7.²² Our tasks and sub-tasks (detailed in Section III) include:

1. **Prepare data:** Define the data inventory for VistA, Cerner HealthIntent, and Cerner Millennium
2. **Define requirements:** Develop data quality rules, map legacy domains, and define how data will be extracted
4. **Data cleansing:** Compare data against quality rules
5. **Migration design:** Map legacy data models and fields, crosswalk to Cerner data models and fields, and define transformation rules
6. **Develop test plan:** Develop test scenarios and test scripts, assess project risk and mitigation plans
7. **Develop migration routines:** Create validation rules to ensure that the transformation is accurate and complete

We do not expect that (our part of) the data migration plan will include hardware or physical layer considerations.

III. Amida’s Tasks for the EHRM Data Migration Program

Table 1 summarizes Amida’s data migration support tasks for VA. The narrative that follows provides further detail (and level of effort) for each task.

Task Name	Estimated Duration (person days)
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²¹ Amida shared this migration plan in an August 15, 2017 memo to MITRE, and it is appended to our *Weekly Status Report on Data Migration Support for VA* sent (and since) August 17, 2017 (Appendix A, Exhibit 5).

²² This task falls naturally in the purview of the of the “bulk” and “replica” loads into HealthIntent.

Develop Amida Weekly Status Report	50
Engage Stakeholders (includes ad hoc support and reports)	120
Collect and Organize Documentation	30
VistA	3
Vx130	3
HealthIntent	3
Millennium	3
HealthShare	5
Other technical Integrations	5
DoD Solution	5
Define Data Domains	15
Domain List for VistA	5
<i>Domain List for VistA to be Migrated</i>	3
<i>Domain List for VistA Not to be Migrated</i>	2
Domain List for HealthIntent	5
Domain List for Millennium	5
Develop Detailed Architectural Overview Document	100
Outline	1
Initial document	24
System Interfaces	24
Security Requirements	6
DoD Integration	20
VA Data Profile	17
<i>Data Metrics by Domain</i>	8.5
<i>Data Quality by Domain</i>	8.5
Implementation Recommendation	4
Risk Assessment	4
Data Migration Validation Plan	350
Identify Data Mapping Tool	5
Data Field Definitions and Validation	210
<i>VistA (Vx130)</i>	95
<i>HealthIntent</i>	95
<i>Millennium</i>	20
Data Field Mapping (field-by-field (automated) data validation)	82.5
Data Migration Strategy (detailed validation of extract, transport,	22.5
Security and Identity Management	30
<i>Account Migration</i>	15
<i>Access Control</i>	15
Estimated Total Project Person Days	665

Amida's Scope of Work

Develop Amida Weekly Status Report (50 Person Days)

Amida will provide a Weekly Status Report to MITRE and VA stakeholders that documents and analyzes key architectural details and decisions; includes important collateral we have generated or collected; and serves as a living document of Amida's understandings, questions, and takeaways.

Engage Stakeholders (120 Person Days)

Amida will continuously engage key individuals at VA, Cerner, and DoD to collect documentation, analyze technical decisions and developments, consolidate and homogenize architectural drawings and system schematics, and share knowledge across stakeholders.

Collect and Organize Documentation (30 Person Days)

Amida will create and maintain a vividly clear and organized library of key documentation on the EHRM data migration effort.

Define Data Domains (15 Person Days)

Amida will develop a baseline inventory of data domains supported in VA's data migration. VA and Cerner have already identified a list of 14 initial data domains (15, if Notes and Radiology Reports are counted separately) targeted for delivery from VA to Cerner. However, it is likely that this list will expand or contract as VA and Cerner continue to refine what data domains are available within VistA and across VA, and their expected clinical value within Cerner Millennium and HealthIntent. We will ensure that it is clear what data domains are – and just as importantly what data domains are not – targeted for Initial Operating Capability (IOC) for the Cerner migration; the data domains targeted for IOC will be the focus of our data migration planning activities.

Develop Detailed Architectural Overview Document (100 Person Days)

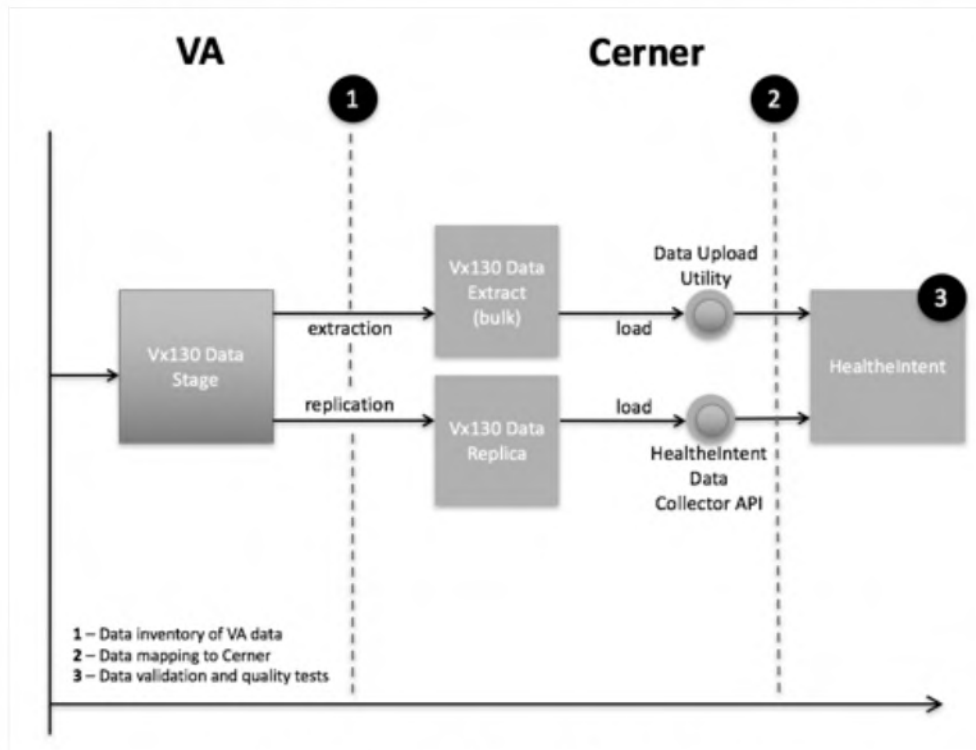
Amida will use the data domains identified for migration by VA and Cerner to drive the creation of an architectural overview document. This document will focus on the architecture of this integration, noting system-level interfaces and their security requirements to ensure VA data is transferred securely, completely, and accurately to Cerner. Amida will then use the architectural overview to create a 'profile' of how data will flow through the systems described within. We will outline high-level data quality metrics (by domain), and identify potential risks and gaps across the migration architecture. By carefully tracing the flow of data through the VA and Cerner systems, we will deliver a series of recommendations to address the risks in the migration we have identified.

Data Migration Validation Plan (350 Person Days)

Amida's largest and most valuable piece of work will be the creation and delivery of a data migration validation plan. This plan will ultimately be a detailed compendium of atomic data mappings and transformations from VA to Cerner, and an associated set of validation rules to confirm that the transformations were accurate and complete.

Our analysis in the data migration validation plan will focus on the point of transformation between VA and Cerner – where the final data output from VA systems must be retrofitted to load into Cerner systems. Today, we understand this point to be where the data output from VA’s Vx130 must be transformed and loaded into Cerner’s HealthIntent data store. Amida will decompose the data domains identified previously to field-level mappings and definitions for both Vx130 and HealthIntent, and crosswalk these definitions using a (to-be-defined) data mapping utility. Through this exercise, we will be able to effectively flag gaps in data mappings and transformations for patient records to correctly transfer between VA and Cerner. We will also provide a set of validation rules for each field-level transformation, which Cerner and VA may use to inform a testing strategy. When these validation rules are integrated into VA and Cerner’s testing strategy, they will provide a commensurate level of assurance that all data is and has been transformed and loaded into Cerner’s product suite correctly.

At project end, Amida will deliver a: (1) domain definition for the VA to Cerner migration, (2) architectural overview document, and (3) a comprehensive data migration validation plan, complete with mappings and validation rules.



EHRM Data Migration Strategy and Amida’s Tasks²³

This diagram outlines the intersection between the proposed data migration from VA to Cerner, and Amida’s tasks in support of this effort. Our “Definition of Data Domains” task maps to the inventory of outbound domains from VA to Cerner at step 1. Our “Data Migration Validation Plan” tasks provide support at steps 2 and 3; the field definitions and mappings describe (and validate) the transformations at step 2, and our validation rules of those transformations affirm the storage of valid data in HealthIntent (step 3). Our “Architectural Overview Document” will include details on the entire transfer: steps 1, 2, and 3.

Figure 1 above illustrates the intersection of Amida’s scope of work as described above, with the proposed data migration strategy from VA to Cerner.

Appendix

Amida’s efforts up to time of writing include the following accomplishments:

1. **Collated and generated critical documentation:** Amida created the *Weekly Status Report on Data Migration Support for VA*, which presents and analyzes, via a telescoping hierarchy, the proposed data migration strategy and architecture from VA to Cerner (and DoD to Cerner). The document synthesizes (and summarizes for leadership) technical collateral we have collected or produced and serves as a living document of our team’s understandings, questions, and takeaways. Finally, the report monitors any flags and issues Amida has observed in the EHRM data migration workstream, such as:

²³ Adapted from: Office of Information and Technology. (Aug. 25, 2017) *EHRM Data Lifecycle Architecture v0.02.02* [Word document]. pg. 9.

- a. Data quality assurance, testing, and verification planning
 - b. The endpoints for any data that is to be sent from Millennium/HealtheIntent back to the legacy clinical system
 - c. The current lack of a unified DoD/VA HealtheIntent data store
2. **Created a “punch list” for a pre-production migration plan:** Amida created the *Data Migration Plan Gap Analysis* to identify the missing components necessary to carry out the migration. The document, at the time of its writing, highlighted issues of nomenclature and coverage with VA’s plan and evaluated it against a sample legacy data migration plan.
3. **Identified validation point for the data migration overlap:** Amida identified a critical validation gap that we believe is currently underserved in the project: the rules to validate the transformations that would support the storage of valid data in HealtheIntent.

Amida’s deliverables to date are also included below:

- Amida Technology Solutions, *Amida EHRM Weekly Report*, August 9, 2017. Delivered to J. Wynn and T. Fugate.
- Amida Technology Solutions, *Data Migration Plan Gap Analysis*, August 15, 2017. Delivered to T. Fugate.
- Amida Technology Solutions, *Amida EHRM Weekly Report*, August 17, 2017. Delivered to T. Baptiste, T. Fugate.
- Amida Technology Solutions, *Working Data Migration Plan Task List*, August 19, 2017. Delivered to L. McNeill.
- Amida Technology Solutions, *Amida EHRM Weekly Report*, August 28, 2017. Delivered to T. Baptiste, T. Fugate.

Appendix B: Glossary

- **Analytical store:** A database that stores historic data needed for analytics and reporting
- **Armed Forces Health Longitudinal Technology Application (AHLTA):** The electronic health record system currently used by DoD
- **Bus:** System that transfers data between components
- **Caché objects:** InterSystems tool for high-performance, object-based, database applications; during the VA's migration, the Caché objects will aid in the preparation of data for easy ingestion in multiple useful formats
- **Composite Health Care System:** CHCS is a comprehensive medical informatics system designed, developed and deployed by Science Applications International Corporation (SAIC) for use by all U.S. Department of Defense (DoD) military health care facilities.
- **Corporate Data Warehouse (CDW):** VA's centralized data repository
- **Data element:** Information defined as a part of a database or data flow
- **DataHandler:** Processes (written using InterSystems Caché objects) that follow changes in VistA elements (MUMPS Globals) and update the CDW of any changes to the data
- **Data Syndication API:** Facilitates the bulk delivery of HealthIntent data; used primarily to transfer data to a data warehouse or other third-party data store for reporting and analytics.
- **Essentris:** CliniComp Essentris is a clinician documentation and electronic medical record (EMR) system that is used by DoD as inpatient documentation solution.
- **HealthIntent:** Cerner's population health management solution; closely integrated with Cerner's EHR, Millennium
- **HealthShare:** An InterSystems health informatics systems designed to enable data exchange; under consideration for facilitating bidirectional data transfer between VistA and Millennium
- **HIDUU:** HealthIntent Data Upload Utility: This mechanism will pull data from the Vx130 Data Replica into the Cerner HealthIntent platform
- **Initial Operating Capability:** Point in time in which a system meets the minimum operational capabilities.

- **Joint Legacy Viewer (JLV):** A clinician-facing health record used by VA and DoD facilities
- **Millennium:** Cerner's clinician-facing electronic health record system that the VA is migrating to
- **MHS Genesis:** DoD's implementation of Millennium EHR
- **Shadow journals:** The copies of databases that are created as a failsafe during changes or migration. In the event of an error, data can be easily recovered
- **VistA:** VA's existing electronic health record system
- **Vx130:** An internally developed solution capable of collecting data from all VistA instances and converting the data into relational objects

Appendix C: Acronyms

AHLTA: Armed Forces Health Longitudinal Technology Application

AITC: Austin Information Technology Center (VA)

API: Application Programming Interface

CDW: Corporate Data Warehouse

CHDR: Clinical Health Data Repository

CHCS: Composite Health Care System

CPRS: Computerized Patient Record System

DB: Database

DEERS: Defense Enrollment Eligibility Reporting System

DES: Data Exchange Service

DMIX: Defense Medical Information Exchange

DoD: Department of Defense

DODAF: Department of Defense Architecture Framework

EDW: Enterprise Data Warehouse

EHR: Electronic Health Record

EHRM: Electronic Health Record Modernization

ERP: Enterprise Resource Planning

FHIR: Fast Healthcare Interoperability Resource

HEI: HealthIntent

HDR: Health Data Repository

HL7: Health-Level 7

HS: HealthShare

IVV: Independent Verification and Validation

JLV: Joint Legacy Viewer

MUMPS: Massachusetts General Hospital Utility Multi-Programming System

OIT: Office of Information Technology (VA)

PAMPI+: Problems, Allergies, Medications, Procedures, Immunizations, plus Anatomic/Pathology Laboratory Results

PDTS: Pharmacy Data Transaction Service

SLA: Service Level Agreement

SME: Subject Matter Expert

TB: Terabytes

VA: Department of Veterans Affairs

VistA: Veterans Information Systems and Technology Architecture

Appendix D: Sources

Updates since last report: We have added a list of all documents received and reviewed since the last iteration of this report from organizations contributing to the VA-Cerner migration.

September 4 – September 8

Title: EHRM Vx130 VA to Cerner Data Migration Status
File Name: EHRM Vx130 VA to Cerner Data Migration_Status_08302017_v01
Author(s): Travis Hilton, Mark Kram (OIT)
Dated: September 3, 2017
Description: This document defines and outlines 16 key activities with associated resource estimates and target completion dates that VA considers to be essential milestones for a successful data migration effort.

Title: EHRM Data Lifecycle Architecture v.04
File Name: EHRM Data Lifecycle Architecture 20170908 v0.04
Author(s): Travis Hilton, Mark Kram (OIT)
Dated: September 8, 2017
Description: The purpose of this document is to establish a working architecture for the comprehensive lifecycle of the movement of VA data (most notably, but not exclusively VistA clinical data) between the VA and the Cerner based MHS Genesis system, and the movement of that data between the VA and its external partners.

This document is a repository where key DODAF diagrams are maintained and updated. This version included the following changes:

Added content for EHRM Data Lifecycle Architecture AV-1, Vx130 Test Environment, Vx130 Rollout Plan, discuss the need to revisit Section 3.3 regarding dependent and inter-dependent systems necessary for supporting data interfaces and clinical systems (ie; MVI, Scheduling, Enrollment and Eligibility, etc), added comments to Section 6.2 and to the Appointments Data Domain section in Appendix A, Added SV-2 for section 4.3.4 (VistA Data Access). Added SV-2 for Meds & Allergy writeback to Section 6.3.4 and further description on Patient Record Flags to Section 6.2. Added Vx130 ICD to Appendix E.

August 21 – September 1

Title: VA EHR OV1 (Da Vinci Architecture)
File Name: Da Vinci OV-1 20170808 v02.pdf
Author(s): Travis Hilton, Mark Kram (OIT)
Dated: August 8, 2017
Description: This DODAF v2.0 OV-1 diagram illustrates the joint health care business operational environment between VA, DoD, and Cerner.

Title: VA OIT Draft Data Migration Plan
File Name: Draft_VA_Plan_for_Data_Migration_to_HealtheIntent_08132017.docx
Author(s): David Parker
Dated: August 13, 2017
Description: The goal of this paper is to establish a working plan, including for contract negotiations, for the Department of Veterans Affairs (VA) Strategy of early and comprehensive migration of VA data (most notably, but not exclusively VistA clinical data) to the Cerner HealthIntent platform utilizing the VA's VX130 mechanisms. This plan can now be used for VA and Cerner planning and negotiations.

Title: EHRM Data Lifecycle Architecture
File Name: EHRM Data Lifecycle Architecture 20170825 v0.02.02.docx
Author(s): John Butler (OIT)
Dated: August 25, 2017
Description: The purpose of this document is to establish a working architecture for the comprehensive lifecycle of the movement of VA data (most notably, but not exclusively VistA clinical data) between the VA and the Cerner based MHS Genesis system, and the movement of that data between the VA and its external partners.

Title: EHRM Vx130 Data Migration Architecture
File Name: EHRM Vx130 Data Architecture_AV2_v_01.pdf
Author(s): Mark Kram (OIT)
Dated: August 17, 2017
Description: The baseline AV-2 (All Views 2) provides an initial vocabulary used to “bootstrap” and drive the development of subsequent DODAF-described models.

Title: EHRM Vx130 Data Migration Architecture
File Name: EHRM Vx130 Data Migration Architecture_AV-1_v_3.pdf
Author(s): Mark Kram (OIT)
Dated: August 18, 2017
Description: The Overview and Summary Information All Viewpoint-1 (AV-1) document provides a high-level overview of the EHRM Vx130 Data Migration Architecture and related work products. The AV-1 defines the purpose, scope, objectives, and architectural approach necessary to build and integrate the EHRM Vx130 Data Migration architecture. The AV-1 identifies the core processes and relationships to other architectures, limitations and constraints.

Title: Electronic Health Record Modernization (EHRM) Vx130 Data Migration Interface - Interface Control Document [v0.2] DRAFT
File Name: EHRM Vx130 ICD 20170824 v0.2.docx
Author(s): Mark Kram (OIT)
Dated: August 25, 2017
Description: The purpose of this document is to describe the architecture and the interfaces for the exchange of Health Information from VistA (via Vx130 utilizing the VistA Shadows) to the Cerner EHR platform. This ICD describes the general concept of operations for the interface, defines the message structure and protocols, which govern the interchange of data, and identifies the communication paths along which the data is expected to travel.

- Title:** Vx130 OV-2 for Initial Operating Capability (IOC)
File Name: EHRM Vx130 OV-2 20170817 v03.pdf
Author(s): Travis Hilton, Mark Kram (OIT)
Dated: August 17, 2017
Description: This DODAF v2.0 OV-2 diagram illustrates the high-level information resource flows exchanged between operational activities for the EHRM.
- Title:** EHRM Vx130 SV-1 for IOC
File Name: EHRM Vx130 SV-1 20170818 v06.pdf
Author(s): Travis Hilton, Mark Kram (OIT)
Dated: August 18, 2017
Description: This EHRM Vx130 DODAF v2.0 SV-1 diagram addresses the joint health care high-level composition and interaction of systems between VA, DoD and Cerner supporting IOC.
- Title:** Overview of HealthIntent Standard Flat File Specification
File Name: HealthIntent_Flat_File_Specs[1].pdf
Author(s): Cerner (Non-Controlled Wiki Book Contributors)
Dated: August 30, 2017
Description: All HealthIntent standard flat files have a published field specifications so the creator of the flat file knows exactly what to put in each field; this document contains that specification.
- Title:** VistA Capability Interface Summary Questions
File Name: VistA Capability Interface Summary Questions_V7_DC08212017_dpp.xlsx
Author(s): David Parker
Dated: August 21, 2017
Description: A tracking document used by VA for their assessment of VistA interfaces, the project team's current understanding of the interfaces, and any questions they may have pertaining to them.

Title: VA Cerner Interfaces Triage Combined
File Name: Working VA Cerner Interfaces Triage combined list 20170829_DCupdate.xlsx
Author(s): Dave Parker, Dan Carroll
Dated: August 29, 2017
Description: Iteration on the VistA Capability Interface Summary Questions, covering a wider range of interfaces.

August 14 – August 18

None.

August 7 – August 11

Title: Data Migration and Integration Overview
File Name: Data Migration and Integration overview Diagrams.pptx
Author(s): Dave Parker
Dated: August 8, 2017
Description: PowerPoint-level diagrams depicting VA's proposed integration architecture.

Title: Introduction to DoD Healthcare Management System (DHMS)
File Name: DHMS-101-2017-5-22-v1.1.pptx
Author(s): Jim Patsis
Dated: May 22, 2017
Description: Presentation introducing key components of DoD's EHR migration approach, data flows, and critical systems.

Title: Draft VA Plan for Data Migration to HealthIntent
File Name: Draft VA Plan for Data Migration to HealthIntent 20170810-without background info.docx
Author(s): David Parker
Dated: August 10, 2017
Description: Draft white paper on VA's plan to migrate patient data from VistA to Cerner.

Title: Draft VA Plan for Data Migration to HealthIntent
File Name: Draft VA Plan for Data Migration to HealthIntent 20170808-without background info.docx
Author(s): David Parker
Dated: August 8, 2017
Description: Draft white paper on VA's plan to migrate patient data from VistA to Cerner (outdated version).

Title: MITRE DHMSM PEO Organization Review
File Name: MITRE DHMSM PEO Organization Review ver 1.8 07-13-17.pptx
Author(s): Jim Patsis
Dated: July 13, 2017
Description: Organizational Review of DoD's Health Management System Modernization Program Management Office.

July 31 – August 7

Title: Two Factor Authentication VistA Application List
File Name: 2FA (PIV) Application List_VistA related 071217_DC072817.xlsx
Author(s): Dan Carroll and Donna Ellis
Dated: July 12, 2017
Description: A descriptive list of VA systems that rely on 2-factor authentication through use of the Personal Identity Verification (PIV) card.

Title: Composite list of VistA interfaces
File Name: Composite list of Interfaces v1.xlsx
Author(s): Richard B. Burt
Dated: July 26, 2017
Description: A composite list of VistA interfaces, across VA as a whole.

- Title:** Initial EHR data integration proposal
File Name: Da Vinci Sketches 20170802 v02.pdf
Author(s): Travis Hilton
Dated: August 2, 2017
Description: This diagram illustrates VA VistA data integration with the Cerner Millennium and Cerner HealthIntent products. Support for Care in the Community data integration is also provided.
- Title:** Considerations for VA data integration architecture with the new EHR
File Name: DaVinci Arch 20170802 v04.pptx
Author(s): Travis Hilton
Dated: August 2, 2017
Description: Initial presentation for discussion at VA meetings held in Cerner facilities is northern Virginia.
- Title:** Draft considerations for VA data integration architecture with the new EHR
File Name: DaVinci Arch 20170803 v08.pptx
Author(s): Travis Hilton
Dated: August 3, 2017
Description: Iteration on presentation for discussion at VA meetings held in Cerner facilities is northern Virginia.
- Title:** Data Migration Draft Plan
File Name: Draft VA Data Migration Plan 20170803.docx
Author(s): David Parker
Dated: August 3, 2017
Description: Original data migration plan presented to Amida.
- Title:** Draft VA Plan for Data Migration to HealthIntent
File Name: Draft VA Plan for Data Migration to HealthIntent 20170804.docx
Author(s): David Parker
Dated: August 4, 2017
Description: This document is intended to summarize the output of a VA VistA Data Migration meeting held August 2nd and 3rd, 2017 in which there were VA and Cerner technical leads and support contractors.

- Title:** OIT Interface Deep Dive
File Name: OIT Interface Deep Dive Aug 1-3.pptx
Author(s): Dan Carroll and Donna Ellis
Dated: July 31, 2017
Description: A presentation introducing VA's OIT interfaces.
- Title:** Proposed Interaction Between CMOP and New EHR
File Name: Proposed Interaction Between CMOP and New EHR 2017-07-27 001.pptx
Author(s): Dan Carroll and Donna Ellis
Dated: July 27, 2017
Description: Description of Consolidated Mail Outpatient Pharmacy system architecture and relationship with VistA and other external systems. CMOP is a key example of a non-EHR system that interfaces with VistA where a transition strategy will need to address how such systems will maintain current data alignment with the new Cerner system.
- Title:** Technical Options for Data Migration
File Name: Technical Options for Data Migration 20170727.pptx
Author(s): David Parker
Dated: July 27, 2017
Description: Presentation outlining the use cases for, and technical options to achieve, VA's data migration from VistA to Cerner.
- Title:** VA EHRM Draft Interfaces
File Name: VA EHRM Draft-partial Interfaces list 20170801b.ppt
Author(s): Paul Bohne
Dated: August 1, 2017
Description: A diagram grouping functionality that must be addressed during the VA EHR migration.

From: (b)(6)
Sent: 20 Oct 2017 06:49:17 -0400
To: Shulkin, David J., MD
Cc: Windom, John H.;Blackburn, Scott R. (DISABLED ACCT)
Subject: [EXTERNAL] dod data sharing
Attachments: (b)(6) slide on DoD data sharing -october 2017.pptx

Dear Mr Secretary,

further to our discussion on Monday about DoD data sharing, please find attached a two-slide power point that captures the current situation, with a proposed solution that is achievable and affordable.

The current approach to a single shared VA-DoD EHR system has two critical limitations:

- 1) The data set shared by DoD excludes key data elements needed for complete point-of-care clinical decision support (including but not limited to lab results, radiology reports, and Tricare claims data)
- 2) DoD data is made available in Cerner's Millennium EHR for *only* servicemembers who have been seen at an MHS Genesis-converted site. This means that fewer than 10 percent of servicemembers actually have data accessible through the Cerner platform.

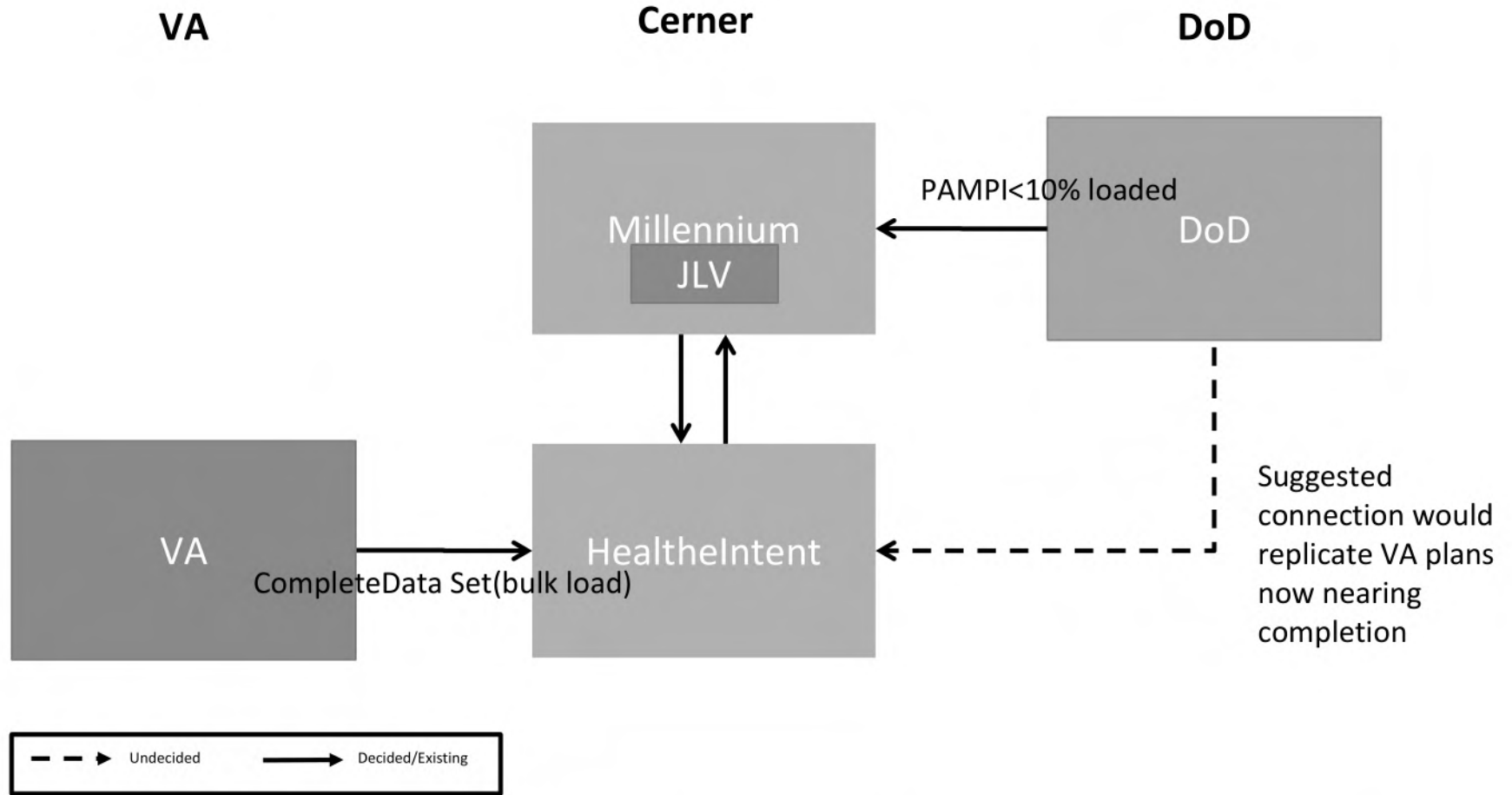
To the topic of "return data from Cerner", we strongly recommend that Cerner-provided Medicines and Allergies be provided back to VA (HDR) and DoD (CDR) to leverage built-in critical safety checks that otherwise will not have complete data and which JLV - just a viewer - will not catch.

The following sentence is proposed language that captures our suggestion to you, and that you could use to convey secretarial intent, perhaps also to colleagues and partners at DoD:

I believe there would be tremendous benefit if DoD expanded the available data set to include a complete longitudinal medical record (excluding fields indicating force readiness) now. This can be accomplished by conducting a bulk data load of historical data from the legacy DoD EHR to HealthIntent, similar to the VA approach. Only then can we legitimately claim our records are consolidated and the platforms unified.

Most respectfully,

(b)(6)



PAMPI – Problems, Allergies, Medications, Procedures, Immunizations
 Not currently included: Laboratory Results, Radiology Reports, Vital Signs, Notes, and Tricare Claims data
 JLV is displayed within Millennium – Attaches to legacy DoD, VistA, other Cerner instances, eHealth Exchange
 Important: Cerner provided Medicines and Allergies should be provided back to VA (HDR) and DoD (CDR)

VA-DoD Data Comparison

Cerner Data Domain		VA Migration	DoD Migration
1.	Demographics	X	X
2.	Allergies	X	X
3.	Conditions*	X	X
4.	Immunizations	X	X
5.	Laboratory Results	X	-
6.	Medications	X	X
7.	Procedures	X	X
8.	Appointments	X	-
9.	Encounters	X	-
10.	Notes and Radiology Reports	X	-
11.	Advance Directives	TBD	-
12.	(Tricare for DoD) Claims Data	TBD	-
13.	Providers	TBD	-
14.	Questionnaires	TBD	-

* Conditions are also referred to as problems/diagnoses ** Only Anatomic Pathology laboratory results

on migrating the “PAMPI+” domains directly to Millennium, which constitute a subset of the domain

From: (b)(6)
Sent: 4 Jan 2018 05:58:02 -0500
To: (b)(6) Blackburn, Scott R. (DISABLED ACCT)
Subject: [EXTERNAL] extremely confidential - eyes only - please do not forward or share - secva message this morning

(b)(6) suggested last night that I close the loop with the secretary. She was right/great idea.

My message to him this morning, below.

Scott, literally my waking thought was of you. Best of luck with the surgery.

And best personal regards to both of you, (b)(6)

====

Hi David,

Three meetings yesterday:

1) with Windom and two MITRE reps - WH issues about my previous VA affiliation came up - I believe these were fully addressed to John's satisfaction. As you know, the outcome of the presidential election was a surprise; there are some hurt feelings from an appointee aspirant who thought I could have done more to help them *prior* to the election. This was also addressed to his satisfaction.

That said, we spent most of the hour reviewing information architecture, surprisingly good agreement (he liked the way I explained it, exactly the same way I explain it to you [PLL - and Scott and (b)(6)]). From a content perspective we are fully aligned, in sequence, priority, and most of the packaging. The discussion confirmed that.

2) unexpectedly, as I was walking out (coat on, rushing to elevator) (b)(6) came out and asked me to speak to Camilo Sandoval, who I did not know or know of, and had not previously met. From a technical perspective, I had the identical conversation with him that I just had, literally minutes before, with John W. When I left I thought we were okay.

We weren't. I left the building and was well on my way to my office when John called me back.

3) we then had the architectural discussion for the third time, this time with Camilo, (b)(6) and Short (who came in late but was there for most of it, and did most of the talking after he arrived).

In a professional-but-clear way, after net five hours, I went around the table and asked each of the participants a) if there was any difference or deviation between the discussions we had independently and the ones we had together (the answer was no, as it should have been) and b) if whatever crisis or misunderstanding existed before the third meeting was fully and satisfactorily resolved (the answer was yes, as it should have been).

There were some things in the Camilo discussion that may be worth a short call (or visit, as you prefer).

Best, (b)(6)

From: (b)(6)
Sent: 19 Sep 2017 09:46:12 -0400
To: Blackburn, Scott R. (DISABLED ACCT)
Subject: FW: [EXTERNAL] (b)(6)

Are you interested in meeting with the former CIO, (b)(6) ?

(b)(6)

**Executive Assistant to the
Deputy Secretary of Veterans Affairs**
(202) 461-(b)(6)

From: (b)(6) [mailto:(b)(6)@amida.com]
Sent: Tuesday, September 19, 2017 4:27 AM
To: (b)(6)
Subject: [EXTERNAL] (b)(6)

Hi (b)(6), hi (b)(6)

do you think that Scott B would be interested in a call with (b)(6)

He reached out to me yesterday and I told him I'd ask you two.

(b)(6) is a former CIO and knows a lot about the job that Scott is taking on for a little while.

To be very clear: there is zero business/commercial interest; he simply thought he might be a good ear and have some ideas.

Let me know if I should connect them (I didn't want to write to Scott directly because I bet his inbox is very full at the moment). Or you can?

Best,

(b)(6)

From: (b)(6)
Sent: 21 Feb 2018 07:13:37 -0500
To: Blackburn, Scott R. (DISABLED ACCT)
Subject: [EXTERNAL] data migration (request from (b)(6)@mitre)

Hi Scott,

(b)(6) asked me to follow up with you regarding a data migration task (or initiative?) that you are heading (or just know about?).

Thinking about you guys a lot; eager to see you at your convenience.

Best,

(b)(6)

617-921-(b)(6)

From: Blackburn, Scott R. (DISABLED ACCT)
Sent: 9 Apr 2018 11:53:57 +0000
To: (b)(6)
Subject: RE: [EXTERNAL] Fwd: meeting with rob on wednesday

Hope we landed in a good place on Friday. This has been frustrating between VBA and DSVA.

From: (b)(6) [mailto:(b)(6)@amida.com]
Sent: Monday, April 09, 2018 6:43 AM
To: Blackburn, Scott R.
Subject: [EXTERNAL] Fwd: meeting with rob on wednesday

Just FYI regarding iDRC and follow-up with your meeting with (b)(6) and (b)(6) last week.

Hope you're doing well! Would love to see you even for a quick hello.

All best,

(b)(6)

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

From: (b)(6)@amida.com>
Date: Mon, Apr 9, 2018 at 6:41 AM
Subject: meeting with rob on wednesday
To: (b)(6)@va.gov> (b)(6)
(b)(6)@gmail.com>

Hi, both,

looking forward to seeing you - one way or another ;) - this week.

(b)(6) has called a meeting on Wednesday which directly overlaps the one we scheduled.

From my perspective this is a good thing. Better to have all the stakeholders in the room.

Logistically I think this means that the one on the books should be taken down? Let me know if that is a good-and-safe assumption.

Thanks and best,

(b)(6)

From: Blackburn, Scott R. (DISABLED ACCT)
Sent: 4 Apr 2018 00:39:41 +0000
To: (b)(6)
Subject: RE: [EXTERNAL] check in

Thanks for the note. I'm trying to keep IT momentum going. EHRM is completely up in the air until leadership questions shake out.

From: (b)(6) [mailto:(b)(6)@amida.com]
Sent: Tuesday, April 03, 2018 12:23 PM
To: Blackburn, Scott R.
Subject: [EXTERNAL] check in

Hi - just a quick hello and sign of life. Hope you're holding up okay. I've enjoyed and appreciated your social media posts/tweets. Best, (b)(6)

From: Blackburn, Scott R. (DISABLED ACCT)
Sent: 15 Mar 2018 13:00:39 +0000
To: (b)(6)
Subject: Windom

Talk to Windom. I had a good talk with him this morning.

Scott Blackburn

Acting CIO & Executive-in-Charge, Office of Information & Technology
Department of Veterans Affairs

From: Blackburn, Scott R. (DISABLED ACCT)
Sent: 8 Mar 2018 16:34:07 +0000
To: (b)(6)
Cc:
Subject: RE: RE: [EXTERNAL] thursday check in

Cool. Entrance to Café Luxe in the Venetian it is.

From: (b)(6) [mailto:(b)(6)@amida.com]
Sent: Thursday, March 08, 2018 11:26 AM
To: Blackburn, Scott R.
Cc: (b)(6)
Subject: Re: RE: [EXTERNAL] thursday check in

Yes

--

Sent from myMail for Android

Thursday, 08 March 2018, 08:18AM -08:00 from Blackburn, Scott R. Scott.Blackburn@va.gov:

Running a little late. Can we do 9am?

From: (b)(6) [mailto:(b)(6)@amida.com]
Sent: Thursday, March 08, 2018 10:29 AM
To: Blackburn, Scott R.
Subject: Re: [EXTERNAL] thursday check in

How about at the entrance Cafe Lux in the Venetian? Its easy to find.

Alternatively, the entrance to Hallway G (where you spoke on Monday).

Or any other place that is easy for you.

On Thu, Mar 8, 2018 at 10:27 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Cool. Let me know where.

Sent with Good (www.good.com)

From: (b)(6)
Sent: Thursday, March 08, 2018 10:22:03 AM
To: Blackburn, Scott R.
Subject: Re: [EXTERNAL] thursday check in

This pm I am at Cleveland Clinic starting at 2pm. Its the brain research center I mentioned to you before (in case that rings a bell).

830a would be perfect! THANKS

On Thu, Mar 8, 2018 at 10:20 AM, Blackburn, Scott R.
<Scott.Blackburn@va.gov<<mailto:Scott.Blackburn@va.gov>>> wrote:
Much better than previous days. Do you have a pocket this afternoon? Or maybe 8:30?

Sent with Good (www.good.com<<http://www.good.com>>)

From: (b)(6)
Sent: Thursday, March 08, 2018 9:12:10 AM
To: Blackburn, Scott R.
Subject: [EXTERNAL] thursday check in

Hi Scott,

How does today look?

Best,

(b)(6)

From: Blackburn, Scott R. (DISABLED ACCT)
Sent: 21 Feb 2018 19:47:28 +0000
To: (b)(6)
Cc: Short, John (VACO)
Subject: RE: [EXTERNAL] data migration (request from (b)(6) mitre)

I'm guessing John Short is the right guy to talk to here

From: (b)(6) [mailto:(b)(6)@amida.com]
Sent: Wednesday, February 21, 2018 7:14 AM
To: Blackburn, Scott R.
Subject: [EXTERNAL] data migration (request from (b)(6) mitre)

Hi Scott,

(b)(6) asked me to follow up with you regarding a data migration task (or initiative?) that you are heading (or just know about?).

Thinking about you guys a lot; eager to see you at your convenience.

Best,

(b)(6)

617-921-(b)(6)

From: Blackburn, Scott R. (DISABLED ACCT)
Sent: 12 Feb 2018 22:44:29 +0000
To: (b)(6)
Subject: RE: [EXTERNAL] follow-up from our last meeting

Lot of stuff going on right now. Not ignoring you!

From: (b)(6) [mailto:(b)(6)@amida.com]
Sent: Wednesday, February 07, 2018 6:52 AM
To: Blackburn, Scott R.
Subject: [EXTERNAL] follow-up from our last meeting

Hi Scott,

thanks for meeting with me briefly last week.

I am glad to see that you are on the mend ;)

I was wondering if you had a chance to speak to Short about next steps? (I think John M was also going ping him, just FYI).

I know that there's a lot of justifiable dissatisfaction with MITRE (at least on my project). I don't know what VA intends to do.

The winds are blowing hard at the moment. Would be good to get some direction.

Thanks and best,

(b)(6)

From: Blackburn, Scott R. (DISABLED ACCT)
Sent: 24 Jan 2018 13:57:11 +0000
To: (b)(6)
Cc:
Subject: RE: [EXTERNAL] check in

Happy to chat. CC'ing (b)(6) who can help us find time.

From: (b)(6) [mailto:(b)(6)@amida.com]
Sent: Wednesday, January 24, 2018 7:47 AM
To: Blackburn, Scott R.
Subject: [EXTERNAL] check in

Hey Scott - hope this finds you well and on the mend.

Would you have time for a call or a visit in the next couple of days? Personal matter that touches on our work at VA. Could use your advice.

Thanks and best,

(b)(6)

From: Blackburn, Scott R. (DISABLED ACCT)
Sent: 4 Jan 2018 12:25:02 +0000
To: (b)(6)
Subject: RE: [EXTERNAL] extremely confidential - eyes only - please do not forward or share - secva message this morning

Got to love the drama of Washington/VA. Secretary and I are on the same page. He is aware of all this drama.

Advice - try to keep a low profile.

Heading into surgery now. Will be offline for a few days. Can talk next week.

Sent with Good (www.good.com)

From: (b)(6)
Sent: Thursday, January 04, 2018 5:58:02 AM
To: (b)(6) Blackburn, Scott R.
Subject: [EXTERNAL] extremely confidential - eyes only - please do not forward or share - secva message this morning

(b)(6) suggested last night that I close the loop with the secretary. She was right/great idea.

My message to him this morning, below.

Scott, literally my waking thought was of you. Best of luck with the surgery.

And best personal regards to both of you, (b)(6)

===

Hi David,

Three meetings yesterday:

1) with Windom and two MITRE reps - WH issues about my previous VA affiliation came up - I believe these were fully addressed to John's satisfaction. As you know, the outcome of the presidential election was a surprise; there are some hurt feelings from an appointee aspirant who thought I could have done more to help them *prior* to the election. This was also addressed to his satisfaction.

That said, we spent most of the hour reviewing information architecture, surprisingly good agreement (he liked the way I explained it, exactly the same way I explain it to you [PLL - and Scott and (b)(6)]. From a content perspective we are fully aligned, in sequence, priority, and most of the packaging. The discussion confirmed that.

2) unexpectedly, as I was walking out (coat on, rushing to elevator) Ash came out and asked me to speak to Camilo Sandoval, who I did not know or know of, and had not previously met. From a technical perspective, I had the identical conversation with him that I just had, literally minutes before, with John W. When I left I thought we were okay.

We weren't. I left the building and was well on my way to my office when John called me back.

3) we then had the architectural discussion for the third time, this time with Camilo, (b)(6) and Short (who came in late but was there for most of it, and did most of the talking after he arrived).

In a professional-but-clear way, after net five hours, I went around the table and asked each of the participants a) if there was any difference or deviation between the discussions we had independently and the ones we had together (the answer was no, as it should have been) and b) if whatever crisis or misunderstanding existed before the third meeting was fully and satisfactorily resolved (the answer was yes, as it should have been).

There were some things in the Camilo discussion that may be worth a short call (or visit, as you prefer).

Best, (b)(6)

From: Blackburn, Scott R. (DISABLED ACCT)
Sent: 15 Oct 2017 15:35:32 +0000
To: Short, John (VACO);Mulligan, Ricci (Disabled)
Subject: RE: Schedule important: (b)(6)' Availability - (b)(6) needs to re-schedule

Nope

Sent with Good (www.good.com)

From: Short, John (VACO)
Sent: Sunday, October 15, 2017 11:07:19 AM
To: Blackburn, Scott R.; Mulligan, Ricci
Subject: FW: Schedule important: (b)(6) Availability - (b)(6) needs to re-schedule

See below.
Any idea what (b)(6) is doing at VA tomorrow?

Sent with Good (www.good.com)

From: (b)(6) (BISL)
Sent: Sunday, October 15, 2017 9:55:26 AM
To: Short, John (VACO)
Subject: FW: [EXTERNAL] schedule important: (b)(6)' Availability - (b)(6) needs to re-schedule

FYI. I have no idea what the topic he has been called over for, just letting you know for visibility.

From: (b)(6) [mailto:(b)(6)@amida.com]
Sent: Sunday, October 15, 2017 8:20 AM
To: (b)(6)@amida.com>; (b)(6)@mitre.org>
Cc: (b)(6)@amida.com>; (b)(6) BISL <(b)(6)@va.gov>; (b)(6)@amida.com>; (b)(6)@mitre.org>; (b)(6)@amida.com>
Subject: [EXTERNAL] schedule important: (b)(6)' Availability - Peter needs to re-schedule

Hi, all,

it ends up I've been called over to VA tomorrow afternoon exactly on top of this meeting (330pm). I don't know how long it will go.

I apologize in advance for the schedule whipsaw; maybe we can shoot for the Wednesday slot after all (after 3pm?)

Thanks and best,

(b)(6)

On Fri, Oct 13, 2017 at 4:28 PM, (b)(6)@amida.com> wrote:

Hi all,

Monday at 3:30 PM would be available for the Amida team, can you send out an invite with the dial-in, I will confirm it gets on (b)(6)'s calendar!

Best and thank you,

(b)(6)

On Fri, Oct 13, 2017 at 4:14 PM, (b)(6)@amida.com> wrote:

(b)(6) -- (b)(6) checked with (b)(6) on our call today re: rescheduling the follow-up meeting that was supposed to take place Tues. (b)(6) requested we meet next week for 30 minutes at either:

- Monday 3:30pm EDT
- Monday 4pm EDT
- Wednesday afternoon EDT

Please set up a meeting at one of those times to include (b)(6) and anyone identified by (b)(6) from our team who needs to be there.

(b)(6)'s email is (b)(6)@va.gov

Thanks in advance!

(b)(6)

From: Blackburn, Scott R. (DISABLED ACCT)
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(b)(6)'s email is (b)(6)@va.gov

Thanks in advance!

(b)(6)

From: Blackburn, Scott R. (DISABLED ACCT)
Sent: 20 Oct 2017 13:15:59 +0000
To: Short, John (VACO); Windom, John H.; Zenooz, Ashwini
Subject: FW: [EXTERNAL] dod data sharing
Attachments: (b)(6) slide on DoD data sharing -october 2017.pptx, ATT00001.htm

See below/attached. This is one of the things that the Secretary discussed with (b)(6)

Also, the 3 phrases I wrote down from my meeting with the Secretary were (re: interoperability)

- open architecture
- standards based
- Modular

You guys are probably all over this already. But just passing along to make sure.

Sent with Good (www.good.com)

From: DJS
Sent: Friday, October 20, 2017 7:41:38 AM
To: Blackburn, Scott R.
Subject: FW: [EXTERNAL] dod data sharing

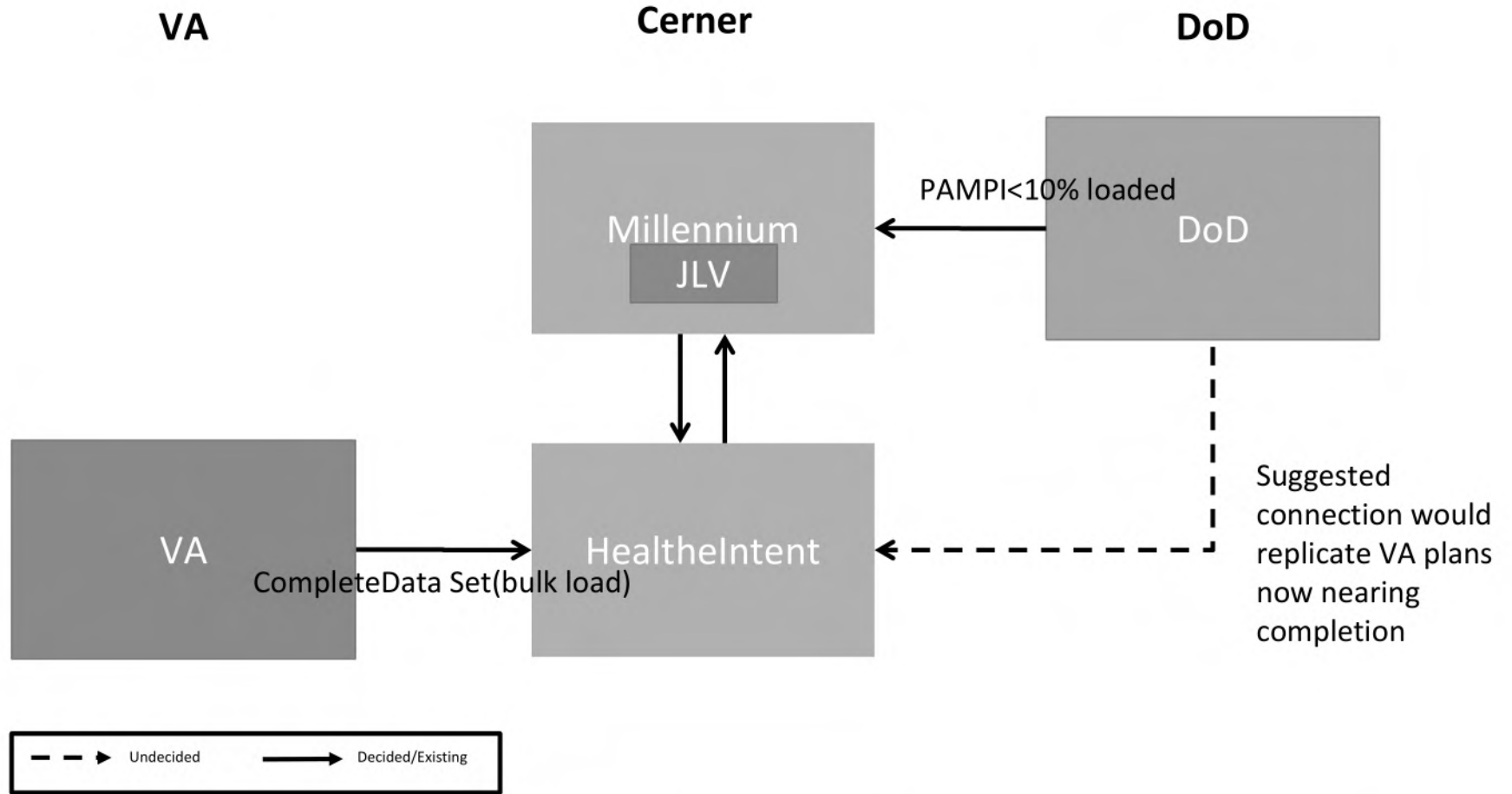
Can we include this in a request to DoD?

Sent with Good (www.good.com)

From: David shulkin
Sent: Friday, October 20, 2017 4:23:37 AM
To: DJS
Subject: [EXTERNAL] dod data sharing

I believe there would be tremendous benefit if DoD expanded the available data set to include a complete longitudinal medical record (excluding fields indicating force readiness) now. This can be accomplished by conducting a

bulk data load of historical data from the legacy DoD
EHR to HealthIntent, similar to the VA approach. Only then can we
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4.	Immunizations	X	X
5.	Laboratory Results	X	-
6.	Medications	X	X
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10.	Notes and Radiology Reports	X	-
11.	Advance Directives	TBD	-
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14.	Questionnaires	TBD	-

* Conditions are also referred to as problems/diagnoses ** Only Anatomic Pathology laboratory results

on migrating the “PAMPI+” domains directly to Millennium, which constitute a subset of the domain

From: Blackburn, Scott R. (DISABLED ACCT)
Sent: 29 Oct 2017 21:11:55 +0000
To: (b)(6) VBAVACO
Subject: RE: [EXTERNAL] stakeholder enterprise portal (sep) and ebenefits

Thanks (b)(6)

(b)(6). I look forward to seeing you tomorrow.

Scott

From: (b)(6) [mailto:(b)(6)@amida.com]
Sent: Saturday, October 28, 2017 6:46 PM
To: Blackburn, Scott R.; (b)(6) VBAVACO
Subject: [EXTERNAL] stakeholder enterprise portal (sep) and ebenefits

Dear Scott, dear (b)(6)

I know that you-two are meeting on Monday to discuss eBenefits, and I take the liberty of dropping you a line with some "outsider" perspective.

Scott, as a reminder, I am working with (b)(6) on a newly launched project for "instant adjudication". I hope he'll tell you we're off to a good start.

While I am not very expert in the nuanced discussion (systems architecture, functional overlap, data integration) of Vets.gov and eBenefits, I make the following suggestions because I think that they would be beneficial (to Veterans and to VA), are easy (from a technical perspective), and are inexpensive (relative to on-going costs of both initiatives).

Please know that I have no fiduciary or commercial connection to your joint decision; I just think it is a good idea.

My top-line recommendation is that we should connect the so-called "end product" to an exam request. This may already be too far in the weeds for both of you - apologies for that - but from my perspective this is a really easy thing to do and would relieve a bottleneck in the current process. (While I am at it, we should make sure that the efolder attributes are meta-tagged and searchable).

The second recommendation is that we should make sure that "ready for decision" attribute is properly updated in the DRC status. Right now its not. Again, from my perspective, this is a pretty straightforward and should not cost either one of you much in time, money, or nerves.

I'd be happy to speak to you (or (b)(6) or (b)(6) about this, but I figured I'd drop a note this weekend as the topic came up yesterday, and I know it is an active decision.

Thanks and best,

(b)(6)

From: Blackburn, Scott R. (DISABLED ACCT)
Sent: 7 Nov 2017 00:57:38 +0000
To: (b)(6)
Subject: FW: [External] connecting scott to charlie

Do you know this guy?

From: (b)(6) [USA] [mailto:(b)(6)@bah.com]
Sent: Monday, November 06, 2017 11:23 AM
To: (b)(6) Blackburn, Scott R.
Subject: [EXTERNAL] Re: [External] connecting scott to charlie

(b)(6), thank you very much for the introduction!

Scott, I'd love to have the opportunity to meet you and discuss OIT and future road ahead. I can also discuss the past if interested as I created OIT in 2006 and ran engineering and operations for 8 years before leaving. I am the architect of many systems and processes still in place at VA. Additionally, I architected and won MASS while at Leidos and of course the EHRM PMO at Booz Allen.

My goal is to help in any way!

Perhaps we can synch up in person soon! I know you are very busy, so please let me know who I can work with to possibly find some time whether it be in person or via phone!

My cell is 732 567 (b)(6)

Thank you!

(b)(6)
Partner, Booz Allen Hamilton

From: (b)(6)@amida.com>
Sent: Saturday, November 4, 2017 10:57:10 AM
To: Blackburn, Scott R.; (b)(6) [USA]
Subject: [External] connecting scott to charlie

Dear Scott, dear (b)(6)

with this email I'd like to briefly connect you.

Scott is the recently-former interim deputy secretary, and the acting CIO at VA. It has been a great privilege and joy to get to know and occasionally work with him.

(b)(6) was a deputy CIO when we both worked for (b)(6) and someone I admire and trust as a "no nonsense, get it done" guy with a tremendous sense of humor and wonderful administrative touch. He is today at BAH and is leading the EPMO effort on their behalf.

I warmly recommend you to each other.

Best regards,

(b)(6)

From: Blackburn, Scott R. (DISABLED ACCT)
Sent: 7 Nov 2017 13:16:43 +0000
To: (b)(6)
Subject: RE: [External] connecting scott to charlie

(b)(6) seems more like my type of guy. I read the email below as "hi, I'm one of the people that created all the problems you guys are experience, I'd love to tell you about it". Ever (b)(6) wrote back to me in shock. I will give Charlie a few minutes as a courtesy but won't be a priority for me.

From: (b)(6)
Sent: Tuesday, November 07, 2017 5:33 AM
To: Blackburn, Scott R.
Subject: RE: [External] connecting scott to charlie

Yes, I met him a couple of times when BAH came in for visits. You can tell from his email below how he likes to spend time talking about himself but never gets around to talking about solutions for VA challenges. I've not invited him back.

The real guy at BAH is (b)(6) a solid, get-it-done leader (from New England) who runs BAH's VA business.

Sent with Good (www.good.com)

From: Blackburn, Scott R.
Sent: Monday, November 06, 2017 7:57:38 PM
To: (b)(6)
Subject: FW: [External] connecting scott to charlie

Do you know this guy?

From: (b)(6) [USA] [mailto:(b)(6)@bah.com]
Sent: Monday, November 06, 2017 11:23 AM
To: (b)(6) Blackburn, Scott R.
Subject: [EXTERNAL] Re: [External] connecting scott to charlie

(b)(6) thank you very much for the introduction!

Scott, I'd love to have the opportunity to meet you and discuss OIT and future road ahead. I can also discuss the past if interested as I created OIT in 2006 and ran engineering and operations for 8 years before leaving. I am the architect of many systems and processes still in place at VA. Additionally, I architected and won MASS while at Leidos and of course the EHRM PMO at Booz Allen.

My goal is to help in any way!

Perhaps we can synch up in person soon! I know you are very busy, so please let me know who I can work with to possibly find some time whether it be in person or via phone!

My cell is 732 567 [redacted]

Thank you!

[redacted]

Partner, Booz Allen Hamilton

From: [redacted]@amida.com>
Sent: Saturday, November 4, 2017 10:57:10 AM
To: Blackburn, Scott R. [redacted] [USA]
Subject: [External] connecting scott to charlie

Dear Scott, dear [redacted]

with this email I'd like to briefly connect you.

Scott is the recently-former interim deputy secretary, and the acting CIO at VA. It has been a great privilege and joy to get to know and occasionally work with him.

[redacted] was a deputy CIO when we both worked for [redacted] and someone I admire and trust as a "no nonsense, get it done" guy with a tremendous sense of humor and wonderful administrative touch. He is today at BAH and is leading the EP MO effort on their behalf.

I warmly recommend you to each other.

Best regards,

[redacted]

From: Blackburn, Scott R. (DISABLED ACCT)
Sent: 8 Nov 2017 13:11:56 +0000
To: (b)(6)
Subject: RE: [EXTERNAL] susan perez

Yep, I've heard nothing but great things from Susan. I made sure to have a one-on-one with her because I've heard such great things about her from (b)(6) others. We are lucky to have her.

From: (b)(6) [mailto:(b)(6)@amida.com]
Sent: Wednesday, November 08, 2017 8:05 AM
To: Blackburn, Scott R.
Subject: [EXTERNAL] susan perez

Scott - I worked closely with Susan during my time at VA. There is simply nobody in the building I trust and admire more. I spoke with her this morning (we are in regular contact) and she brought up your name. Please accept this unbridled and unsolicited endorsement of someone whose leadership capabilities, institutional knowledge, operational ethics, and get-it-done approach is a strong gust of fresh air at VA. Best, (b)(6)

From: Bock, Tonia Y.
Sent: 9 May 2018 09:26:05 -0700
To: O'Rourke, Peter M.; Hayes-Byrd, Jacquelyn
Subject: FW: VACO Substantial Interest Notification (Daniel McGrath, 18-07426-F; 18-07440-F; 18-07460-F)
Attachments: 18-07426-F Amended Req McGrath.pdf

FYI

Tonia Y. Bock
Executive Secretary
Office of the Secretary
(202) 461-4869 (Office)
(202) 957-2313 (Cell)
VA Core Values: Integrity, Commitment, Advocacy, Respect, Excellence

From: (b)(6)
Sent: Wednesday, May 09, 2018 10:25 AM
To: VACO FOIA Substantial Notification
Cc: VACO FOIA Service Inbox (b)(6)
Subject: VACO Substantial Interest Notification (Daniel McGrath, 18-07426-F; 18-07440-F; 18-07460-F)

A. Why are you sending this to the 10th floor? For informational purposes only.

On May 4, 2018, the FOIA Service received a FOIA request from Daniel McGrath, Americanoversight.org. The request was amended on May 8, 2018 requesting:

- All records reflecting communications (including emails, email attachments, text messages, messages on messaging platforms (such as Slack, GChat or Google Hangouts, Lync, Skype, or WhatsApp), telephone call logs, calendar entries/invitations, meeting notices, meeting agendas, informational material, draft legislation, talking points, any handwritten or electronic notes taken during any oral communications, summaries of any oral communications, or other materials) between 1) **political appointees[1] and Senior Executive Service (SES) employees within** the Office of the Secretary, the Office of the Assistant Secretary for Information and Technology and the Chief Information Officer and, the Electronic Health Records Modernization (EHRM) Program Executive Office and 2) Isaac "Ike" Perlmutter, Bruce Moskowitz, or Jared Kushner.

B. Who is responsible for replying to the request?

The FOIA Service is referring this request to the Office of the Executive Secretary U.S. Department of Veterans Affairs (OSVA) (18-07426-F), Veterans Health Administration (VHA) (18-07460-F), and Office of Information and Technology (OI&T) (18-07440-F) to respond directly to the requester.

C. Due date? 20 working days from the date the request is perfected

(b)(6)

VACO FOIA Service

Quality, Privacy, and Risk (QPR)
Office of Information and Technology (OI&T)
Office: (202) 632-(b)(6) / Fax: (202) 632-(b)(6)
vacofoiaservice@va.gov
FOIA Service Hotline: 1-877-750-3642

Please take a moment and let us know how we did by completing a quick evaluation: Got a minute? Rate Our Service!



QPR's Mission Statement:

"To instill and promote a culture of quality, privacy and risk management in collaboration with our business partners to enable a better Veteran experience."

From: American Oversight FOIA
To: (b)(6)
Cc: VACO FOIA Service Inbox
Subject: [EXTERNAL] Re: FOIA Request 18-07476-F (McGrath)
Date: Tuesday, May 08, 2018 11:44:56 AM

Ms (b)(6)

Thank you for your message. While we believe our request is reasonably described as submitted, as an accommodation to VA, we agree to limit the search to political appointees and career SES employees in the offices noted in our request: the Office of the Secretary, the Office of the Assistant Secretary for Information and Technology and the Chief Information Officer, or the Electronic Health Records Modernization (EHRM) Program Executive Office.

The amended request would essentially read as follows:

All records reflecting communications (including emails, email attachments, text messages, messages on messaging platforms (such as Slack, GChat or Google Hangouts, Lync, Skype, or WhatsApp), telephone call logs, calendar entries/invitations, meeting notices, meeting agendas, informational material, draft legislation, talking points, any handwritten or electronic notes taken during any oral communications, summaries of any oral communications, or other materials) between 1) **political appointees[1] and Senior Executive Service (SES) employees within** the Office of the Secretary, the Office of the Assistant Secretary for Information and Technology and the Chief Information Officer and, the Electronic Health Records Modernization (EHRM) Program Executive Office and 2) Isaac “Ike” Perlmutter, Bruce Moskowitz, or Jared Kushner.

Please provide all responsive records from May 15, 2017, to the date of the search.

[1] “Political appointee” should be understood as any person who is a Presidential Appointee with Senate Confirmation (PAS), a Presidential Appointee (PA), a Non-career SES, any Schedule C employees, or any persons hired under Temporary Non-career SES Appointments, Limited Term SES Appointments, or Temporary Transitional Schedule C Appointments.

Sincerely,

Daniel McGrath
Staff Attorney
American Oversight
foia@americanoversight.org | 202.897.(b)(6)
www.americanoversight.org | @weareoversight

FOIA: VA-18-0298

On May 8, 2018, at 11:11 AM, Short, Jacqueline <Jacqueline.Short@va.gov> wrote:

Dear Mr. Grath,

This is in response to your Freedom of Information Act (FOIA) request dated May 4, 2018 in which you asked for a copy of “all records reflecting communications (including emails, email attachments, text messages, messages on messaging platforms (such as Slack, GChat or Google Hangouts, Lync, Skype, or WhatsApp), telephone call logs, calendar entries/invitations, meeting notices, meeting agendas, informational material, draft legislation, talking points, any handwritten or electronic notes taken during any oral communications, summaries of any oral communications, or other materials) between 1) the Office of the Secretary, the Office of the Assistant Secretary for Information and Technology and the Chief Information Officer, or the Electronic Health Records Modernization (EHRM) Program Executive Office and 2) Isaac “Ike” Perlmutter, Bruce Moskowitz, or Jared Kushner”. Your request was received in this office on May 8, 2018.

We have assigned FOIA Tracking Number **18-07426-F** to your request. Please refer to it whenever communicating with VA about your request.

Please be advised that your request, as written, is overly broad in its scope and would impose an inordinate and unreasonable search burden on agency resources. Therefore, we require that you redefine the scope of your request by more specifically identifying the program, office, or other delineating factor that will more reasonably describe the records sought so that a Department of Veterans Affairs (VA) employee familiar with the subject matter concerned would be able to locate the records with a reasonable amount of effort. Failure to do so will result in our inability to process your request. If you would like assistance with reformulating your request, please call me at 202-632-(b)(6)

Sincerely,

(b)(6)

VACO FOIA Service

Quality, Privacy, and Risk (QPR)

Office of Information and Technology (OI&T)

Office: (202) 632-(b)(6) Fax: (202) 632-(b)(6)

vacofoiaservice@va.gov

FOIA Service Hotline: 1-877-750-3642

Please take a moment and let us know how we did by completing a quick evaluation: [Got a minute? Rate Our Service!](#)

<image001.png>

QPR's Mission Statement:

“To instill and promote a culture of quality, privacy and risk management in collaboration with our business partners to enable a better Veteran experience.”

From: American Oversight FOIA [<mailto:foia@americanoversight.org>]

Sent: Friday, May 04, 2018 3:59 PM

To: VACO FOIA Service Inbox <vacofoiase@va.gov>

Subject: [EXTERNAL] FOIA Request (VA-18-0298)

Dear FOIA Officer:

Please find attached a request for records under the Freedom of Information Act.

Sincerely,

Daniel McGrath

Staff Attorney

American Oversight

foia@americanoversight.org | 202.897.(b)(6)

www.americanoversight.org | @weareoversight

FOIA: VA-18-0298

From: Bock, Tonia Y.
Sent: 11 May 2018 05:31:08 -0700
To: O'Rourke, Peter M.;Hayes-Byrd, Jacquelyn;Devine, Daniel C.;Farrisee, Gina S.
Subject: FW: VACO Substantial Interest Notification (Isaac Arnsdorf, 18-07547-F)

FYI

Tonia Y. Bock
Executive Secretary
Office of the Secretary
(202) 461-4869 (Office)
(202) 957-2313 (Cell)
VA Core Values: Integrity, Commitment, Advocacy, Respect, Excellence

From: (b)(6) **On Behalf Of** VACO FOIA Service Inbox
Sent: Friday, May 11, 2018 8:05 AM
To: VACO FOIA Substantial Notification
Cc: (b)(6) VACO FOIA Service Inbox
Subject: VACO Substantial Interest Notification (Isaac Arnsdorf, 18-07547-F)

A. Why are you sending this to the 10th floor? For informational purposes only.

On May 10, 2018, the FOIA Service received a FOIA request from Isaac Arnsdorf, ProPublica requesting:

- Copies of all communication between Camilo Sandoval and Isaac "Ike" Perlmutter since May 1, 2017.

B. Who is responsible for replying to the request?

The FOIA Service is referring this request to the Office of Assistant Secretary for Information and Technology (OI&T) to respond directly to the requester.

C. Due date? 20 working days from the date the request is perfected

(b)(6)

VACO FOIA Service
Quality, Privacy, and Risk (QPR)
Office of Information and Technology (OI&T)
Office: (202) 632-(b)(6) Fax: (202) 632-(b)(6)
vacofoiaservice@va.gov
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Please take a moment and let us know how we did by completing a quick evaluation: [Got a minute? Rate Our Service!](#)



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From: Hayes-Byrd, Jacquelyn
Sent: 10 May 2018 05:22:46 -0700
To: O'Rourke, Peter M.
Cc: (b)(6)
Subject: Please Read For Your Information: FW: VACO Substantial Interest Notification (Daniel McGrath, 18-07426-F; 18-07440-F; 18-07460-F)
Attachments: 18-07426-F Amended Req McGrath.pdf

I will include the attached in a Take home folder for you.

Thank you,

Jacquie

Jacquelyn Hayes-Byrd, Deputy Chief of Staff
US Department of Veterans Affairs
Jacquelyn.Hayes-Byrd@va.gov
Office: 202-461-4819
Cell: 202-817-5873

From: (b)(6)
Sent: Wednesday, May 09, 2018 11:55 AM
To: Hayes-Byrd, Jacquelyn; (b)(6)
Cc: (b)(6)
Subject: FW: VACO Substantial Interest Notification (Daniel McGrath, 18-07426-F; 18-07440-F; 18-07460-F)

Hi Jacquie,

Please see below. I am sending for you electronic record, but (b)(6) will print for you to share with Peter. The requestor amended his request for the info below to include the following:

While we believe our request is reasonably described as submitted, as an accommodation to VA, we agree to limit the search to political appointees and career SES employees in the offices noted in our request: the Office of the Secretary, the Office of the Assistant Secretary for Information and Technology and the Chief Information Officer, or the Electronic Health Records Modernization (EHRM) Program Executive Office.

Thanks,

(b)(6)
From: (b)(6)
Sent: Wednesday, May 09, 2018 10:25 AM
To: VACO FOIA Substantial Notification
Cc: VACO FOIA Service Inbox; (b)(6)
Subject: VACO Substantial Interest Notification (Daniel McGrath, 18-07426-F; 18-07440-F; 18-07460-F)

A. Why are you sending this to the 10th floor? For informational purposes only.

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C. Due date? 20 working days from the date the request is perfected

(b)(6)

VACO FOIA Service
Quality, Privacy, and Risk (QPR)
Office of Information and Technology (OI&T)
Office: (202) 632-(b)(6) / Fax: (202) 632-(b)(6)
vacofoiaservice@va.gov
FOIA Service Hotline: 1-877-750-3642

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From: American Oversight FOIA
To: (b)(6)
Cc: VACO FOIA Service Inbox
Subject: [EXTERNAL] Re: FOIA Request 18-07476-F (McGrath)
Date: Tuesday, May 08, 2018 11:44:56 AM

Ms. (b)(6)

Thank you for your message. While we believe our request is reasonably described as submitted, as an accommodation to VA, we agree to limit the search to political appointees and career SES employees in the offices noted in our request: the Office of the Secretary, the Office of the Assistant Secretary for Information and Technology and the Chief Information Officer, or the Electronic Health Records Modernization (EHRM) Program Executive Office.

The amended request would essentially read as follows:

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Sincerely,

Daniel McGrath
Staff Attorney
American Oversight
foia@americanoversight.org | 202.897.(b)(6)
www.americanoversight.org | @weareoversight

FOIA: VA-18-0298

On May 8, 2018, at 11:11 AM, Short, Jacqueline <Jacqueline.Short@va.gov> wrote:

Dear Mr. Grath,

This is in response to your Freedom of Information Act (FOIA) request dated May 4, 2018 in which you asked for a copy of “all records reflecting communications (including emails, email attachments, text messages, messages on messaging platforms (such as Slack, GChat or Google Hangouts, Lync, Skype, or WhatsApp), telephone call logs, calendar entries/invitations, meeting notices, meeting agendas, informational material, draft legislation, talking points, any handwritten or electronic notes taken during any oral communications, summaries of any oral communications, or other materials) between 1) the Office of the Secretary, the Office of the Assistant Secretary for Information and Technology and the Chief Information Officer, or the Electronic Health Records Modernization (EHRM) Program Executive Office and 2) Isaac “Ike” Perlmutter, Bruce Moskowitz, or Jared Kushner”. Your request was received in this office on May 8, 2018.

We have assigned FOIA Tracking Number **18-07426-F** to your request. Please refer to it whenever communicating with VA about your request.

Please be advised that your request, as written, is overly broad in its scope and would impose an inordinate and unreasonable search burden on agency resources. Therefore, we require that you redefine the scope of your request by more specifically identifying the program, office, or other delineating factor that will more reasonably describe the records sought so that a Department of Veterans Affairs (VA) employee familiar with the subject matter concerned would be able to locate the records with a reasonable amount of effort. Failure to do so will result in our inability to process your request. If you would like assistance with reformulating your request, please call me at 202-632-(b)(6)

Sincerely,

(b)(6)

VACO FOIA Service

Quality, Privacy, and Risk (QPR)

Office of Information and Technology (OI&T)

Office: (202) 632-(b)(6) Fax: (202) 632-(b)(6)

vacofoiaservice@va.gov

FOIA Service Hotline: 1-877-750-3642

Please take a moment and let us know how we did by completing a quick evaluation: [Got a minute? Rate Our Service!](#)

<image001.png>

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From: American Oversight FOIA [<mailto:foia@americanoversight.org>]

Sent: Friday, May 04, 2018 3:59 PM

To: VACO FOIA Service Inbox <vacofoiase@va.gov>

Subject: [EXTERNAL] FOIA Request (VA-18-0298)

Dear FOIA Officer:

Please find attached a request for records under the Freedom of Information Act.

Sincerely,

Daniel McGrath

Staff Attorney

American Oversight

foia@americanoversight.org | 202.897. (b)(6)

www.americanoversight.org | @weareoversight

FOIA: VA-18-0298

From: Powers, Pamela
Sent: 14 May 2018 07:23:58 -0700
To: Hutton, James; Duke, Laura; Ulyot, John; (b)(6) Windom, John H.; Tucker, Brooks; (b)(6); O'Rourke, Peter M.; Rychalski, Jon J.; Murray, Edward; (b)(6) (BAH); (b)(6) (Mission); Yow, Mark W.; Chandler, Richard C.
Cc: (b)(6)@who.eop.gov; (b)(6) (b)(6)@who.eop.gov; (b)(6)@who.eop.gov; (b)(6)@who.eop.gov
Subject: RE: Talking Points for EHRM Signing Day
Attachments: IOT&E_MHS_GENESIS_Senior_Talking_Points_May2018.pdf, DOT&E_MHS_GENESIS_Statement_May2018.pdf

Please see attached. This was the DoD TPs in response.

Pam

Sent with Good (www.good.com)

From: Hutton, James
Sent: Monday, May 14, 2018 6:53:57 AM
To: Duke, Laura; Ulyot, John; (b)(6) Windom, John H.; Tucker, Brooks; (b)(6) (b)(6) O'Rourke, Peter M.; Powers, Pamela; Rychalski, Jon J.; Murray, Edward; (b)(6) (b)(6) (BAH); (b)(6) (Mission); Yow, Mark W.; Chandler, Richard C.
Cc: (b)(6)@who.eop.gov; (b)(6) (b)(6)@who.eop.gov; (b)(6)@who.eop.gov
Subject: RE: Talking Points for EHRM Signing Day

Laura,

Please develop a (b)(5)

<https://www.politico.com/story/2018/05/11/kushner-backed-health-care-project-gets-devastating-review-535847?cid=apn>

Kushner-backed health care project gets ‘devastating’ review

The Pentagon report could delay the VA’s plans to install the multibillion-dollar software project begun under Obama.

ARTHUR ALLEN 05/11/2018 04:54 PM EDT

The first stage of a multibillion-dollar military-VA digital health program championed by Jared Kushner has been riddled with problems so severe they could have led to patient deaths, according to a report obtained by POLITICO.

The April 30 report expands upon the findings of a March POLITICO story in which doctors and IT specialists expressed alarm about the software system, describing how clinicians at one of four pilot centers, Naval Station Bremerton, quit because they were terrified they might hurt patients, or even kill them.

Experts who saw the Pentagon evaluation — it lists 156 “critical” or “severe” incident reports with the potential to result in patient deaths — characterized it as “devastating.”

“Traditionally, if you have more than five [incident reports] at that high a level, the program has significant issues,” a member of the testing team told POLITICO.

The project’s price tag and political sensitivity — it was designed to address nagging problems with military and veteran health care at a cost of about \$20 billion over the next decade — means it is “just another ‘too big to fail’ program,” the tester said. “The end result everyone is familiar with — years and years of delays and many billions spent trying to fix the mess.”

The unclassified findings could further delay a related VA contract with Cerner Corp., the digital health records company that began installing the military’s system in February 2017. The VA last year chose Cerner as its vendor, with the belief that sharing the same system would facilitate the exchange of health records when troops left the service. The military program, called MHS Genesis, was approved in 2015 under President Barack Obama.

In a briefing with reporters late Friday, Pentagon officials said they had made many improvements to the pilot at four bases in the Pacific Northwest since the study team ended its review in November.

"MHS Genesis is extremely important and it is important to get MHS Genesis right," said Vice Adm. Raquel Bono, chief of the Defense Health Agency. "Feedback from the test community and dedicated professionals at the sites has been invaluable."

A White House spokesman noted Friday afternoon that Kushner had no involvement with DOD’s contract with Cerner. He did advise VA officials last year to contract with Cerner because the military was already using the vendor, and he argued the creation of a seamless, unified system would allow records to be shared between military and VA treatment centers.

"He still believes that the decision to move the VA to Cerner was the right one," the spokesman said, but noted that Kushner has advocated for "moving slowly, methodically and properly" with the VA contract to avoid the problems experienced by the military hospitals.

POLITICO reported last month that the VA contract has been delayed by concerns expressed by close friends of the president, including Marvel Entertainment chairman Ike Perlmutter, who has advised the president on veterans' issues, and West Palm Beach doctor Dr. Bruce Moskowitz, who got White House approval to participate in the discussions.

VA officials on Wednesday said they will decide whether to go ahead with their deal by Memorial Day. To date, indications are they plan to sign it.

Doctors and IT specialists working at the pilot sites break into two groups, according to another well-placed source: those who think there is a path to make the system work — although it will take at least a year — and those who think there is no hope for it.

Two Cerner employees who spoke to POLITICO said the Pentagon and the lead partner on the military contract, Leidos Health, were to blame for many of the early problems. Cerner, not Leidos, would be the lead contractor for the VA contract.

The Pentagon report concluded that the new software system, called MHS Genesis, is "neither operationally effective, nor operationally suitable" -- and recommended freezing the rollout indefinitely until it can be fixed.

In another alarming finding, it disclosed "two indications that MHS Genesis may not be scalable," meaning it may be impossible to build it out through the entire military health system, which encompasses 650 hospitals and clinics serving 9.6 million troops and their beneficiaries around the world.

Testers noticed that each time a new hospital went live, the earlier sites suffered software slowdowns.

In addition, the "drop-down" selection lists in the computer program contained options from all four treatment facilities where it was rolled out. For example, users need to search through a list of every provider in the entire system to schedule a patient appointment. "Without narrowing the lists or providing a standardized structure, these lists will become unmanageable as more sites use MHS Genesis," the report says.

Doctors and IT officials involved in the project complained to POLITICO of dangerous errors and a reduction in the number of patients they can treat because of the clumsy system. Four physicians at Naval Station Bremerton, in the Puget Sound, the first hospital to go online, described a stressful atmosphere in which prescription requests came out wrong at the pharmacy, referrals failed to go through to specialists, and tasks as basic as requesting lab work were impossible.

The Pentagon evaluation, mostly done last fall, went so badly that the testing team stopped after visiting three of the four sites so the military could fix the problems, the report says. The fourth and largest site, at Madigan Army Medical Center near Tacoma, Wash., was to be examined later this year.

Officials from Cerner and Leidos Health on Friday's call dismissed suggestions that the project could not work on a military-wide scale. They said the implementation problems were nothing they had not encountered in major commercial IT projects, and that they were being fixed. They and defense officials said the rollout is still on track to be finished in 2022.

As evidence that conditions have improved since the inspection report, patient visits increased by 20 percent from November to March, and 78 percent more prescriptions were filled on an average day, said Col. Michael Place, commander of Madigan Army Medical Center, the largest of the four installations.

"As [an initial MHS Genesis site], one of our roles is to find all those things that need to be fixed," Place said. "We take perverse pride in reporting all those things."

But former VA and military IT officials, and two investigators who saw the report, were skeptical.

"The language they use in this report is blunt," said a source with experience examining military contracts. "And I think it was written with the purpose of being damning -- to convey the extent of the problems and to caution about moving forward."

"You'll continue to hear that they just made significant updates to the system, and that no one is saying to pull the plug on the program," said the tester, who said he would be fired if his identity were released. "If DoD members, including all the healthcare professionals at those sites were actually able to freely speak, you would hear most of them calling for something else."

Defense officials have said privately that they intend to strengthen the hardware infrastructure at their West Coast bases before moving further with the contract. The VA, meanwhile, is tentatively planning to deploy its new Cerner record system in Washington and Oregon next year, linking it to the military's pilot implementation.

That effort could be imperiled if the military fails to improve its system beforehand, a congressional source said. "For now, there's nothing to build on."

James Hutton
Deputy Assistant Secretary
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs

810 Vermont Ave, NW
Washington, D.C. 20420
Office: 202-461-7558
Email: james.hutton@va.gov
Twitter: [@je_hutton](https://twitter.com/je_hutton)
VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)



From: Duke, Laura
Sent: Friday, May 11, 2018 3:27 PM
To: Ullyot, John <John.Ullyot@va.gov>; (b)(6) <(b)(6)@va.gov>; Windom, John H. <John.Windom@va.gov>; Tucker, Brooks <Brooks.Tucker@va.gov>; (b)(6) <(b)(6)@va.gov>; O'Rourke, Peter M. <Peter.ORourke@va.gov>; Powers, Pamela <Pamela.Powers@va.gov>; Hutton, James <James.Hutton@va.gov>; Rychalski, Jon J. <Jon.Rychalski@va.gov>; Murray, Edward <edward.murray@va.gov>; (b)(6) <(b)(6)@va.gov>; (b)(6) <(b)(6)@va.gov>; (b)(6) (BAH) <(b)(6)@va.gov>; (b)(6) (Mission) <(b)(6)@va.gov>; Yow, Mark W. <Mark.Yow@va.gov>; Chandler, Richard C. <Richard.Chandler2@va.gov>
Subject: FW: Talking Points for EHRM Signing Day

All, please see the (b)(5) [redacted]
(b)(5) [redacted]

Laura Duke
202-461-7790

From: (b)(5); (b)(6) EOP/OMB [mailto:(b)(5)@omb.eop.gov]
Sent: Friday, May 11, 2018 2:16 PM
To: Duke, Laura
Cc: (b)(5) EOP/OMB; Rychalski, Jon J.; (b)(5) EOP/OMB
Subject: [EXTERNAL] RE: Talking Points for EHRM Signing Day

Laura,

Attached are the (b)(5) [redacted]
(b)(5) [redacted]

1. (b)(5) [redacted]
2. [redacted]

3. (b)(5)

Thanks,

OMB

From: Duke, Laura <Laura.Duke@va.gov>
Sent: Thursday, May 10, 2018 5:53 PM
To: (b)(6) EOP/OMB <(b)(6)@omb.eop.gov>; (b)(6)
(b)(6) OP/OMB (b)(6)@omb.eop.gov (b)(6)
EOP/OMB <(b)(6)@omb.eop.gov>
Cc: (b)(6)@va.gov; (b)(6)
(b)(6)@va.gov
Subject: FW: Talking Points for EHRM Signing Day
Importance: High

(b)(6) and team, for your review, drafts of the following documents are attached:

1. Press Release – we’ll be inserting a quote from A/SecVA sometime tomorrow
2. Media/Phone statement for A/SecVA - left as bullet points
3. Draft email verbiage for A/SecVA to send the VA staff
4. FAQs
5. EHRM Fact Sheet
6. Tick-tock on rollout activities

I understand you’ve been in contact with OPIA on these documents, so you won’t be surprised that we have a **HARD deadline of noon tomorrow** for any OMB edits. Please feel free to reach out if you have any questions or comments, and thanks so much!

Laura Duke
202-461-7790

<FAQs_050718_REVIEWED.DOCX>

<SecVA Message 050918 (2).docx>

<FactSheet_050918_REVIEWED.DOCX>

<EHRM Award Statement_050918v2.docx>

<Press_Release_050918-with dollars added-v2.docx>

<Communications Award Schedule (Tick-Tock) 050918 OB edit.docx>



Program Executive Office

Program Executive Office Defense Healthcare Management Systems

**INITIAL OPERATIONAL TEST & EVALUATION REPORT
MEDIA ROUNDTABLE**

TALKING POINTS

May 2018

Initial Operational Test and Evaluation Report

- (b)(5)
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Optimization Activities

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**DEFENSE HEALTHCARE MANAGEMENT SYSTEMS
PROGRAM EXECUTIVE OFFICE**

1700 NORTH MOORE STREET, ROSSLYN, VIRGINIA, 22209

1

The following was provided to the Program Executive Office, Defense Healthcare Management Systems by the Department of Defense Director of Test & Evaluation.

DOT&E Statement on MHS GENESIS

May 11, 2018

On April 30, 2018, the Director, Operational Test and Evaluation (DOT&E) issued a report on the partial Initial Operational Test and Evaluation (IOT&E) of the GENESIS Military Health System (MHS GENESIS). The report stated that the partial IOT&E was adequate to determine that MHS GENESIS, at this point in time, is neither operationally effective nor operationally suitable.

The report also stated that the MHS GENESIS Program Management Office (PMO) “supported a robust series of integrated test events leading to IOT&E and has worked aggressively to address problems discovered during testing, especially those that could affect patient safety. As part of system development, the PMO worked with the DOD Chief Information Officer to conduct a series of cybersecurity assessments, then worked with the MHS GENESIS contractor to facilitate a government/contractor collaboration to improve the cybersecurity of the system and its supporting network.”

The aggressive efforts by the PMO noted in the DOT&E report continue to improve MHS GENESIS performance. As discussed in the Major Automated Information System (MAIS) section of DOT&E’s Fiscal Year 2016 Report to Congress, DOD programs such as MHS GENESIS “tend to be very complex [because they] have to be integrated into multiple existing enterprises that contain large numbers of interfaces with government and commercial entities, each with its own configuration, database structure, and security requirements.” To add to the complexity, the current and future users of MHS GENESIS are medical professionals from each of the four military Services, working in hundreds of military hospitals worldwide. These users, each of whom has a different background and experience level, must be trained to operate MHS GENESIS effectively.

The MHS GENESIS PMO continues to address this complexity with a robust test program, and has rapidly incorporated lessons learned from testing. The PMO has developed a strong relationship with the users of MHS GENESIS by setting up a senior board, with representatives from all of the military Services, to help identify ways to quickly improve the functionality and usability of MHS GENESIS. This strong, mutually supportive PMO-to-user relationship is a critical element that will enable the PMO to continue to improve MHS GENESIS operational effectiveness and suitability.

From: (b)(6)
Sent: 8 May 2018 10:30:24 -0500
To: O'Rourke, Peter M.;Hayes-Byrd, Jacquelyn
Subject: FW: VACO Substantial Interest Notification (Isaac Arnsdorf, 18-07296-F)
Attachments: 18-07296-F Req Arnsdorf.pdf

May we discuss? Thank you.

(b)(6)

From: (b)(6)
Sent: Tuesday, May 08, 2018 11:28 AM
To: (b)(6)
Subject: FW: VACO Substantial Interest Notification (Isaac Arnsdorf, 18-07296-F)

Hi (b)(6) please see the attached FOIA request. Thank you.

From: (b)(6)
Sent: Friday, May 04, 2018 6:33 AM
To: VACO FOIA Substantial Notification
Subject: VACO Substantial Interest Notification (Isaac Arnsdorf, 18-07296-F)

A. Why are you sending this to the 10th floor? For informational purposes only.

On May 1, 2018, the FOIA Service received a FOIA request from Isaac Arnsdorf, ProPublica requesting:

- Copies of all records related to the Secretary's (or Acting Secretary's) trips to Mar-a-Lago since Jan. 20, 2017, including but not limited to travel itineraries, expense reports, meeting agendas, meeting notes, emails and phone calls; all communications between the Secretary (or Acting Secretary) and Isaac "Ike" Perlmutter since Jan. 20, 2017; all communications between the Secretary (or Acting Secretary) and Marc Sherman since Jan. 20, 2017; and all communications between the Secretary (or Acting Secretary) and Bruce Moskowitz since Jan. 20, 2017. B. Who is responsible for replying to the request?

The FOIA Service is referring this request to the Office of the Executive Secretary U.S. Department of Veterans Affairs (OSVA) to respond directly to the requester.

C. Due date? 20 working days from the date the request is perfected

(b)(6)

VACO FOIA Service
Quality, Privacy, and Risk (QPR)
Office of Information and Technology (OI&T)
Office: (202) 632-(b)(6) Fax: (202) 632-(b)(6)
vacofoiaservice@va.gov
FOIA Service Hotline: 1-877-750-3642

Please take a moment and let us know how we did by completing a quick evaluation: Got a minute? Rate Our Service!



QPR's Mission Statement:

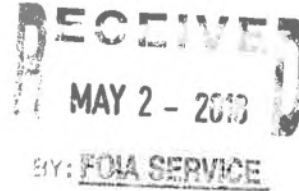
"To instill and promote a culture of quality, privacy and risk management in collaboration with our business partners to enable a better Veteran experience."

Isaac Arnsdorf
Journalist
ProPublica
2620 13th St NW
C101
Washington, DC 20009
203-464-(b)(6)

18-07296-F

May 01, 2018

FOIA Officer
Department of Veterans Affairs:
Central Office
810 Vermont Avenue, NW
Department of Veterans Affairs, (005R1C)
Washington, DC 20420
(202) 632-7465
vacofiaservice@va.gov



FOIA REQUEST

Fee waiver requested

Dear FOIA Officer:

Pursuant to the federal Freedom of Information Act, 5 U.S.C. § 552, I request access to and copies of all records related to the Secretary's (or Acting Secretary's) trips to Mar-a-Lago since Jan. 20, 2017, including but not limited to travel itineraries, expense reports, meeting agendas, meeting notes, emails and phone calls; all communications between the Secretary (or Acting Secretary) and Isaac "Ike" Perlmutter since Jan. 20, 2017; all communications between the Secretary (or Acting Secretary) and Marc Sherman since Jan. 20, 2017; and all communications between the Secretary (or Acting Secretary) and Bruce Moskowitz since Jan. 20, 2017.

I would like to receive the information in electronic files.

I agree to pay reasonable duplication fees for the processing of this request in an amount not to exceed \$250. However, please notify me prior to your incurring any expenses in excess of that amount.

Please waive any applicable fees. Release of the information is in the public interest because it will contribute significantly to public understanding of government operations and activities. I am a journalist primarily engaged in the dissemination of information.

If my request is denied in whole or part, I ask that you justify all deletions by reference to specific exemptions of the act. I will also expect you to release all segregable portions of otherwise exempt material. I, of course, reserve the right to appeal your decision to withhold any information or to deny a waiver of fees.

I would appreciate your communicating with me by email or telephone, rather than by mail.

I look forward to your determination regarding my request within 20 business days, as the statute requires.

Thank you for your assistance.

Sincerely,

RECEIVED
MAY 2 - 2013
BY: FOIA SERVICE

(b)(6)

VACO FOIA)

From: Isaac Arnsdorf via iFOIA.org <(b)(6)@mail.ifoia.org>
Sent: Tuesday, May 01, 2018 7:27 PM
To: VACO FOIA Service Inbox
Subject: [EXTERNAL] Public Records Request
Attachments: MAL.pdf

Reply ABOVE THIS LINE

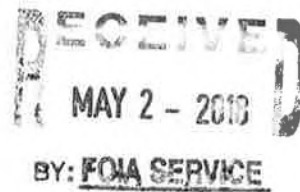
Dear FOIA Officer:

Attached is a formal request for public records. Please feel free to contact me at this email address or at 203-464-(b)(6) with any questions.

Thank you for your assistance.

Sincerely,

Isaac Arnsdorf



This message was sent via iFOIA.org. If you have questions about iFOIA, please refer to the [About page](#) or email ifoia-help@rcfp.org.

This message was sent via iFOIA.org.

From: Sandoval, Camilo J.
Sent: 4 May 2018 01:15:40 -0500
To: (b)(6); Hayes-Byrd, Jacquelyn; O'Rourke, Peter M.
Subject: RE: Please Review Tonight
Attachments: [EXTERNAL] RE: VA EHR NDA, [EXTERNAL] NDA.pdf, [EXTERNAL] Re: VA EHR NDA

And in case anyone ask, here are the signed NDA's of Ike, Bruce, and Marc.

From: Sandoval, Camilo J.
Sent: Friday, May 04, 2018 2:12 AM
To: (b)(6) Hayes-Byrd, Jacquelyn; O'Rourke, Peter M.
Subject: RE: Please Review Tonight

Pete—

This request from members of congress is based on inaccurate reporting by Arthur Allen from Politico, which was fueled by (b)(5)

(b)(5)

(b)(5)

(b)(5)

And for the record, it was a team of top medical CIOs and practitioners—put together by Ike Perlmutter and Bruce Moskowitz—who identified the flaws in the contract and made the recommendations, not MITRE. MITRE had advised against a strategic pause, and then took credit for the work done after.

Please read attachments.

From: (b)(6)
Sent: Thursday, May 03, 2018 7:31 PM
To: Sandoval, Camilo J.; Hayes-Byrd, Jacquelyn; O'Rourke, Peter M.
Subject: RE: Please Review Tonight

Good info Cam, we may want to remind the interested parties of that.

From: Sandoval, Camilo J.
Sent: Thursday, May 03, 2018 4:13:22 PM

To: Hayes-Byrd, Jacquelyn; O'Rourke, Peter M.; (b)(6)
Subject: RE: Please Review Tonight

Thank you Jacquie. If we go back to Shulkin's EHRM hearing testimony, he mentions under oath that he and Scott Blackburn requested outside, non-governmental help from the top 5 Medical CIO's. These experts are who alerted him to the many interoperability issues previously unknown to Cerner or VA staff.

From: Hayes-Byrd, Jacquelyn
Sent: Thursday, May 03, 2018 5:42 PM
To: O'Rourke, Peter M.; Sandoval, Camilo J. (b)(6)
Subject: Please Review Tonight

Please see these two documents tonight as the Dep Sec provided this to Colonel (b)(6) late this afternoon
And (b)(6) will be giving it to the Secretary first in the a.m. don't want you to be blindsided and I would like for you to be prepared to discuss.

Jacquie

From: (b)(6)
Sent: Thursday, May 03, 2018 5:32 PM
To: Hayes-Byrd, Jacquelyn
Subject: REQUESTED SCAN

(b)(6)
Special Assistant
Office of the Secretary
810 Vermont Ave, NW
Washington, DC 20420
202-461-(b)(6) (O)
(b)(6)@va.gov

VA Core Values: Integrity, Commitment, Advocacy, Respect, and Excellence—I CARE

From: IP
Sent: 13 Mar 2018 18:07:06 +0000
To: Marc Sherman; Blackburn, Scott R. (DISABLED ACCT)
Cc: lperl(b)(6)@gmail.com; Bruce Moskowitz; (b)(6) Windom, John H.; DJS
Subject: [EXTERNAL] RE: VA EHR NDA
Attachments: Perlmutter.EHR NDA v2 mbs.pdf

Attached is my signed NDA. Thank you.

From: Marc Sherman [mailto:(b)(6)@gmail.com]
Sent: Tuesday, March 13, 2018 1:40 PM
To: Blackburn, Scott R.
Cc: IP; lperl(b)(6)@gmail.com; Bruce Moskowitz; (b)(6) Windom, John H.; DJS
Subject: Re: VA EHR NDA

Scott, (b)(6) and John

Thank you for the NDA draft that you sent along and the organized approach. I have attached the following to close the loop:

1. a marked up version of the NDA with a few necessary adjustments in red-line so you can see the changes that were made,
2. a blank copy of the amended NDA for Bruce and Ike to sign, and
3. a signed version by me of the amended NDA.

Thanks and happy to help as requested.

Marc

On Tue, Mar 13, 2018 at 10:31 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:
Ike, Bruce, Marc:

Thank each of you for agreeing to lend an extra set of outside eyes on the EHR contract. We appreciate your support and want to make sure we get to the best place possible for Veterans, the country and taxpayers. As we are incredibly grateful to you for volunteering your time, we want to make this as easy as possible for you. Here are 3 next steps.

- 1) We will need you to sign the attached NDA. Please return to (b)(6) (cc'd).
- 2) (b)(6) will then send you the latest package under separate cover.
- 3) Given government contracts are different than what you are used to reading, we would propose a quick phone call so that we can orient you to the contract and help focus you on the parts where your expertise will be most valuable. (b)(6) (who is the government contracting officer) and John Windom (who is our EHR leader) will lead this from our side. I will ask (b)(6) (b)(6) (cc'd) here to help set up a time. We can either do this all together, if calendars match up, or separately if need be.

We have also connected with Stephanie Reel, Stan Huff, Dr. Karson, Dr. Ko, Dr. Shretha, and Jon Manis who all have all received the NDA and we are working with them. I am hoping to connect with Dr. Cooper today.

Thanks again!
Scott

Scott Blackburn
Acting CIO & Executive-in-Charge, Office of Information & Technology
Department of Veterans Affairs

NON-DISCLOSURE AGREEMENT (Dated March 13, 2018)

1. I acknowledge that I have been selected to participate in the planning for an electronic health record acquisition. In the course of participating in this acquisition, I may be or have been given access to or entrusted with Source Selection Information (as defined in Federal Acquisition Regulation (FAR) 2.101 and 3.104), and/or other sensitive Government data marked as "proprietary" (e.g., restrictive legend per FAR 52.215-1) that I cannot release to others nor can I use for the financial benefit of others or myself.

Source Selection Information is defined in FAR 2.101 & 3.104 and other sensitive Government data includes data marked as "proprietary" (e.g., restrictive legend per FAR 52.215-1). Data includes all data, information and software, regardless of the medium (e.g. electronic or paper) and/or format in which the data exists, and includes data which is derived from, based on, incorporates, includes or refers to such Source Selection and/or proprietary data (collectively referred to herein as "the data"). Any data which is derived from, based on, incorporates, includes or refers to data shall be treated as Source Selection, or proprietary data and shall be subject to the terms of this Non-Disclosure Agreement.

2. I understand that 41 U.S.C. § 423, commonly referred to as the Procurement Integrity Act, and now codified at U.S.C.A. §§ 2101-2107, and provisions FAR 3.104 govern the release of proprietary and source selection information. As it relates to the information that has been made available to me pursuant to this Non-Disclosure Agreement, I certify that I will not disclose any contractor bid, solicitation, proprietary, or Source Selection Information directly or indirectly to any person other than the President of the United States or a member of his administration to whom the President authorizes, another person subject to an equally restrictive Non-Disclosure Agreement related to the subject matter of this Agreement, the Secretary of the Department of Veterans Affairs or a person authorized by the head of agency or the contracting officer to receive such information. I understand that unauthorized disclosure of such information may subject me to substantial administrative, civil and criminal penalties, including fines, imprisonment, and loss of employment under the Procurement Integrity Act or other applicable laws and regulations.

3. I certify that I will not discuss evaluation of source selection matters with any unauthorized individuals (including Government personnel other than those set out in Paragraph 2 above), even after contract award, without specific prior approval from proper authority.

4. These provisions are consistent with, and do not supersede, conflict with, or otherwise alter the employee obligations, rights, or liabilities created by existing statute or Executive order relating to (1) classified information, (2) communications to Congress, (3) the reporting to an Inspector General of a violation of any law, rule, or regulation, or mismanagement, a gross waste of funds, an abuse of authority, or a substantial and specific danger to public health or safety, or (4) any other whistleblower protection. The definitions, requirements, obligations, rights, sanctions, and liabilities created by controlling Executive orders and statutory provisions are incorporated into this agreement and are controlling. These statutes and Executive orders include the following:

NON-DISCLOSURE AGREEMENT

Planning for an electronic health record acquisition

Dated Tuesday March 13, 2018

Page | 2

- Executive Order No. 12958;
- The Privacy Act (5 U.S.C. § 552a);
- The Trade Secrets Act (18 U.S.C. § 1905);
- Section 7211 of title 5, United States Code (governing disclosures to Congress);
- Section 1034 of title 10, United States Code, as amended by the Military Whistleblower Protection Act (governing disclosure to Congress by members of the military);
- Section 2302(b)(8) of title 5, United States Code, as amended by the Whistleblower Protection Action (governing disclosures of illegality, waste, fraud, abuse or public health or safety threats);
- The Intelligence Identities Protection Act of 1982 (50 U.S.C. § 421 *et seq.*) (governing disclosures that could expose confidential Government agents); and
- The statutes which protect against disclosure that may compromise the national security, including sections 641, 793, 794, 798, and 952 of title 18, United States Code, and section 4(b) of the Subversive Activities Act of 1950 (50 U.S.C. § 783(b)).

Additionally, pursuant to 38 Code of Federal Regulations 1.201, all VA employees with knowledge or information about actual or possible violations of criminal law related to VA programs, operations, facilities, contracts, or information technology systems shall immediately report such knowledge or information to their supervisor, any management official, or directly to the Office of Inspector General.

Signature

(b)(6)



Name Printed: Isaac Perlmutter

Organizational Conflict(s) of Interest (OCIs):

From: Bruce Moskowitz
Sent: 13 Mar 2018 14:59:21 -0400
To: Blackburn, Scott R. (DISABLED ACCT); (b)(6) Windom, John H.
Cc: DJS;IP;mbs(b)(6)@gmail.com
Subject: [EXTERNAL] NDA.pdf
Attachments: NDA.pdf

Sent from my iPad
Bruce Moskowitz M.D.

NON-DISCLOSURE AGREEMENT (Dated March 13, 2018)

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Source Selection Information is defined in FAR 2.101 & 3.104 and other sensitive Government data includes data marked as "proprietary" (e.g., restrictive legend per FAR 52.215-1). Data includes all data, information and software, regardless of the medium (e.g. electronic or paper) and/or format in which the data exists, and includes data which is derived from, based on, incorporates, includes or refers to such Source Selection and/or proprietary data (collectively referred to herein as "the data"). Any data which is derived from, based on, incorporates, includes or refers to data shall be treated as Source Selection, or proprietary data and shall be subject to the terms of this Non-Disclosure Agreement.

2. I understand that 41 U.S.C. § 423, commonly referred to as the Procurement Integrity Act, and now codified at U.S.C.A. § § 2101-2107, and provisions FAR 3.104 govern the release of proprietary and source selection information. As it relates to the information that has been made available to me pursuant to this Non-Disclosure Agreement, I certify that I will not disclose any contractor bid, solicitation, proprietary, or Source Selection Information directly or indirectly to any person other than the President of the United States or a member of his administration to whom the President authorizes, another person subject to an equally restrictive Non-Disclosure Agreement related to the subject matter of this Agreement, the Secretary of the Department of Veterans Affairs or a person authorized by the head of agency or the contracting officer to receive such information. I understand that unauthorized disclosure of such information may subject me to substantial administrative, civil and criminal penalties, including fines, imprisonment, and loss of employment under the Procurement Integrity Act or other applicable laws and regulations.

3. I certify that I will not discuss evaluation of source selection matters with any unauthorized individuals (including Government personnel other than those set out in Paragraph 2 above), even after contract award, without specific prior approval from proper authority.

4. These provisions are consistent with, and do not supersede, conflict with, or otherwise alter the employee obligations, rights, or liabilities created by existing statute or Executive order relating to (1) classified information, (2) communications to Congress, (3) the reporting to an Inspector General of a violation of any law, rule, or regulation, or mismanagement, a gross waste of funds, an abuse of authority, or a substantial and specific danger to public health or safety, or (4) any other whistleblower protection. The definitions, requirements, obligations, rights, sanctions, and liabilities created by controlling Executive orders and statutory provisions are incorporated into this agreement and are controlling. These statutes and Executive orders include the following:

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NON-DISCLOSURE AGREEMENT

Planning for an electronic health record acquisition

Dated Tuesday March 13, 2018

Page | 2

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- The Trade Secrets Act (18 U.S.C. § 1905);
- Section 7211 of title 5, United States Code (governing disclosures to Congress);
- Section 1034 of title 10, United States Code, as amended by the Military Whistleblower Protection Act (governing disclosure to Congress by members of the military);
- Section 2302(b)(8) of title 5, United States Code, as amended by the Whistleblower Protection Action (governing disclosures of illegality, waste, fraud, abuse or public health or safety threats);
- The Intelligence Identities Protection Act of 1982 (50 U.S.C. § 421 *et seq.*) (governing disclosures that could expose confidential Government agents); and
- The statutes which protect against disclosure that may compromise the national security, including sections 641, 793, 794, 798, and 952 of title 18, United States Code, and section 4(b) of the Subversive Activities Act of 1950 (50 U.S.C. § 783(b)).

Additionally, pursuant to 38 Code of Federal Regulations 1.201, all VA employees with knowledge or information about actual or possible violations of criminal law related to VA programs, operations, facilities, contracts, or information technology systems shall immediately report such knowledge or information to their supervisor, any management official, or directly to the Office of Inspector General.

Signature: (b)(6) **BRUCE MOSKOWITZ, M.D.**
(b)(6)
(b)(6)

Name Printed: **Bruce Moskowitz, MD**

Organizational Conflict(s) of Interest (OCIs):

From: Marc Sherman
Sent: 13 Mar 2018 13:39:36 -0400
To: Blackburn, Scott R. (DISABLED ACCT)
Cc: IP; lperl(b)(6)@gmail.com; Bruce Moskowitz(b)(6) Windom, John H.; DJS
Subject: [EXTERNAL] Re: VA EHR NDA
Attachments: EHR NDA v2.pdf, EHR NDA v2 mbs.pdf, EHR NDA v2 RL.pdf

Scott, (b)(6) and John

Thank you for the NDA draft that you sent along and the organized approach. I have attached the following to close the loop:

1. a marked up version of the NDA with a few necessary adjustments in red-line so you can see the changes that were made,
2. a blank copy of the amended NDA for Bruce and Ike to sign, and
3. a signed version by me of the amended NDA.

Thanks and happy to help as requested.

Marc

On Tue, Mar 13, 2018 at 10:31 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Ike, Bruce, Marc:

Thank each of you for agreeing to lend an extra set of outside eyes on the EHR contract. We appreciate your support and want to make sure we get to the best place possible for Veterans, the country and taxpayers. As we are incredibly grateful to you for volunteering your time, we want to make this as easy as possible for you. Here are 3 next steps.

- 1) We will need you to sign the attached NDA. Please return to N (b)(6) cc'd).
- 2) (b)(6) will then send you the latest package under separate cover.
- 3) Given government contracts are different than what you are used to reading, we would propose a quick phone call so that we can orient you to the contract and help focus you on the parts where your expertise will be most valuable (b)(6) (who is the government contracting officer) and John Windom (who is our EHR leader) will

lead this from our side. I will ask (b)(6) cc'd) here to help set up a time. We can either do this all together, if calendars match up, or separately if need be.

We have also connected with Stephanie Reel, Stan Huff, Dr. Karson, Dr. Ko, Dr. Shretha, and Jon Manis who all have all received the NDA and we are working with them. I am hoping to connect with Dr. Cooper today.

Thanks again!

Scott

Scott Blackburn

Acting CIO & Executive-in-Charge, Office of Information & Technology

Department of Veterans Affairs

NON-DISCLOSURE AGREEMENT (Dated March 13, 2018)

1. I acknowledge that I have been selected to participate in the planning for an electronic health record acquisition. In the course of participating in this acquisition, I may be or have been given access to or entrusted with Source Selection Information (as defined in Federal Acquisition Regulation (FAR) 2.101 and 3.104), and/or other sensitive Government data marked as "proprietary" (e.g., restrictive legend per FAR 52.215-1) that I cannot release to others nor can I use for the financial benefit of others or myself.

Source Selection Information is defined in FAR 2.101 & 3.104 and other sensitive Government data includes data marked as "proprietary" (e.g., restrictive legend per FAR 52.215-1). Data includes all data, information and software, regardless of the medium (e.g. electronic or paper) and/or format in which the data exists, and includes data which is derived from, based on, incorporates, includes or refers to such Source Selection and/or proprietary data (collectively referred to herein as "the data"). Any data which is derived from, based on, incorporates, includes or refers to data shall be treated as Source Selection, or proprietary data and shall be subject to the terms of this Non-Disclosure Agreement.

2. I understand that 41 U.S.C. § 423, commonly referred to as the Procurement Integrity Act, and now codified at U.S.C.A. § § 2101-2107, and provisions FAR 3.104 govern the release of proprietary and source selection information. As it relates to the information that has been made available to me pursuant to this Non-Disclosure Agreement, I certify that I will not disclose any contractor bid, solicitation, proprietary, or Source Selection Information directly or indirectly to any person other than the President of the United States or a member of his administration to whom the President authorizes, another person subject to an equally restrictive Non-Disclosure Agreement related to the subject matter of this Agreement, the Secretary of the Department of Veterans Affairs or a person authorized by the head of agency or the contracting officer to receive such information. I understand that unauthorized disclosure of such information may subject me to substantial administrative, civil and criminal penalties, including fines, imprisonment, and loss of employment under the Procurement Integrity Act or other applicable laws and regulations.

3. I certify that I will not discuss evaluation of source selection matters with any unauthorized individuals (including Government personnel other than those set out in Paragraph 2 above), even after contract award, without specific prior approval from proper authority.

4. These provisions are consistent with, and do not supersede, conflict with, or otherwise alter the employee obligations, rights, or liabilities created by existing statute or Executive order relating to (1) classified information, (2) communications to Congress, (3) the reporting to an Inspector General of a violation of any law, rule, or regulation, or mismanagement, a gross waste of funds, an abuse of authority, or a substantial and specific danger to public health or safety, or (4) any other whistleblower protection. The definitions, requirements, obligations, rights, sanctions, and liabilities created by controlling Executive orders and statutory provisions are incorporated into this agreement and are controlling. These statutes and Executive orders include the following:

NON-DISCLOSURE AGREEMENT

Planning for an electronic health record acquisition

Dated Tuesday March 13, 2018

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- Executive Order No. 12958;
- The Privacy Act (5 U.S.C. § 552a);
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Signature:

Name Printed:

Organizational Conflict(s) of Interest (OCIs):

NON-DISCLOSURE AGREEMENT (Dated March 13, 2018)

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Dated Tuesday March 13, 2018

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Signature:

(b)(6)



Name Printed: Marc Sherman

Organizational Conflict(s) of Interest (OCIs):

NON-DISCLOSURE AGREEMENT (Dated March 13, 2018)

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- The Privacy Act (5 U.S.C. § 552a);
- The Trade Secrets Act (18 U.S.C. § 1905);
- Section 7211 of title 5, United States Code (governing disclosures to Congress);
- Section 1034 of title 10, United States Code, as amended by the Military Whistleblower Protection Act (governing disclosure to Congress by members of the military);
- Section 2302(b)(8) of title 5, United States Code, as amended by the Whistleblower

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Planning for an electronic health record acquisition

Dated Tuesday March 13, 2018

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Protection Action (governing disclosures of illegality, waste, fraud, abuse or public health or safety threats);

The Intelligence Identities Protection Act of 1982 (50 U.S.C. § 421 *et seq.*) (governing disclosures that could expose confidential Government agents); and

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Signature:

Name Printed:

~~Title: Organization:~~

Organizational Conflict(s) of Interest (OCIs):

From: Blackburn, Scott R.
Sent: 27 Feb 2018 19:22:11 -0800
To: DJS;O'Rourke, Peter M.
Subject: FW: [EXTERNAL] Re: Open API - it is CLOUD + languge + Rasu

I'm just checking a few facts and will respond to Bruce in the morning. I want to make sure I get it right. But I think we are all set.

We do not have "it must be Amazon" but rather that is who they have partnered with as their cloud provider to start. I will clarify that. It is open to any cloud provider that meets the government security requirements (FISMA High). Right now only Amazon, Azure (Microsoft) and CSRA have that certification but others (eg VirtuStream by Dell) will eventually.

Sent with Good (www.good.com)

From: Bruce Moskowitz
Sent: Tuesday, February 27, 2018 9:28:56 PM
To: Blackburn, Scott R.
Cc: DJS; Marc Sherman; O'Rourke, Peter M.; IP; lper(b)(6)@gmail.com
Subject: [EXTERNAL] Re: Open API - it is CLOUD + languge + Rasu

Apologize for the wording instead of their commercial cloud a cloud based system open To all entities and instead of Amazon it should be all platforms working to accelerate health care iniatives

Sent from my iPad
Bruce Moskowitz M.D.

On Feb 27, 2018, at 9:20 PM, Bruce Moskowitz <(b)(6)@mac.com> wrote:

To clarify further it states their commercial cloud instead a commercial cloud
Open to all entities and of equal importance an open platform to all not just amazon but to all

Working on

Sent from my iPad
Bruce Moskowitz M.D.

On Feb 27, 2018, at 8:20 PM, Bruce Moskowitz

<(b)(6)@mac.com> wrote:

This is a problem it should say open cloud to all entities not commercial cloud

Second it should be open platform and not just Amazon to all entries working on health care platforms.

Sent from my iPhone

On Feb 27, 2018, at 6:09 PM, Blackburn, Scott R.

<Scott.Blackburn@va.gov> wrote:

David/Bruce/Marc – here are a few updates:

#1) **Rasu is all** in as far as starting to help right away. I just got off the phone with him. He has UPMC commitments rest of this week and is Chairman of HiMSS Innovation committee (so we will all be at HiMSS together next week). However if he needs to come to Washington this week for something, he will find a way to do it (and we will use invitation travel to pay for it). He is willing to start engaging right away to help us. He said he doesn't have to wait for the IPA paperwork to come through for him to help. I've attached Rasu's CV in case you need it.

#2) **The APIs are cloud based.** Here is the response from our Technical lead...

- The Open APIs that VA has access to from Cerner reside in their Commercial Cloud environment. This environment is designed to scale to accommodate Cerner's entire remote hosted customer base.
- In a recent press release Cerner and Amazon announced that they would be working together in cooperation to accelerate HealthCare Innovations.

#3) **Below is the IP language** that we negotiated. This is what caused Aneesh Chopra (one of the experts on our MITRE panel) to jump out of his chair last week. He claims this is the holy grail that no other healthcare system has been able to get from either Cerner or Epic.

Aneesh claims that as a result of what we've negotiated below, that other healthcare systems will be willing to join us in the attached pledge (shall we decide to go forward with it) and we could do this next week at HiMSS. When I spoke to Rasu, he told me Aneesh had already called him about this and that UPMC would be willing to sign this pledge.

Of importance: Third[MJT1] party API developers shall retain their IP rights when their API is used to connect to the Cerner interface, and there will be no derivative Contractor IP ownership when third parties consume Cerner terminology through open APIs.

Regarding the question on sharing development with others, see PWS Section 5.5.4 opening paragraph: To accelerate better and more responsive service to the Veteran, VA is making a deliberate shift towards becoming a standards[MJT2]-based API driven digital enterprise. A cornerstone of this effort is the setup of a strategic Open API Program, The Digital Veteran Platform API Gateway, that is adopting an outside-in, value-to-business driven approach to create API's that are managed as products to be consumed by developers within and outside of VA.

Finally, Cerner's response and the final negotiation language on sharing their data model as a result of the Interoperability Panel findings is as follows, Cerner agreed to suggested addition of PWS paragraph 5.8(h) as highlighted at no additional cost:

49	<p>Understand how Cerner will provide the VA with access to the data model, share data for analytics freely to 3rd parties, increase the amount of computable data exchanged with 3rd parties.</p> <p>Panelists acknowledged this recommendation is a stretch goal.</p>	<p>RFP Section 5.8 address the support to business intelligence and data analytics.</p> <p>Section 5.10.4.1 supports the sharing of Contractor proprietary information/data model extension points (e.g., ingestion and record APIs) with both international and national standards designating organizations.</p> <p>However, current language does not require access to the EHRM data model, supporting understanding of and therefore increase the exchange of computable data with community care providers.</p>	<p>Suggest adding to RFP Section 5.8: “h) Provide the VA EHRM data model, underpinning terminology model, tables, definitions, and examples of fully populated Veteran data files. Provide documentation or software that is used for quality checks and that illustrate what data elements are computable.”</p> <p>Suggest adding to Section 5.10.4.1: “n) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminologies, clinical decision support rules, order sets, etc. This includes the ability to curate, extend, and share that knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies.”</p> <p>Suggest VA obtain a price from the Contractor to provide a report explain the steps involved in accessing the data model, including producing an example data file, and demonstrating how much of the data is computable; provide cost estimates for outside parties to access the data via this mechanism.</p>	<p>Cerner Concur, with requested change:</p> <p>Suggest adding to Section 5.10.4.1: “n) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminologies, clinical decision support rules, order sets, etc., to the extent such extensions are consistent with the model and best practices of the controlling national standard. This includes the ability to curate, extend, and share that knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies.”</p>
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-Scott

<EHRM _ National Interoperability Cooperative
Commitment (NIC2) - DRAFT_2....pptx>

<Rasu Shrestha MD_v2018 02_CV and Bio2.pdf>

From: COS-PMO
Sent: 18 Jul 2018 17:26:55 +0000
To: (b)(6) COS-PMO
Cc: Hayes-Byrd, Jacquelyn; Syrek, Christopher D. (Chris); Ulyot, John; Hutton, James; Tucker, Brooks; (b)(6)
Subject: RE: // for approval // Ike Perlmutter, Marc Sherman and Bruce Moskowitz

Approved.

Peter O'Rourke

Acting Secretary
Department of Veterans Affairs

From: (b)(6)
Sent: Wednesday, July 18, 2018 11:39 AM
To: COS-PMO
Cc: Hayes-Byrd, Jacquelyn; Syrek, Christopher D. (Chris); Ulyot, John; Hutton, James; Tucker, Brooks; (b)(6)
Subject: // for approval // Ike Perlmutter, Marc Sherman and Bruce Moskowitz

Please see below from Pro-Publica. Are you OK with the following response?

We appreciate hearing from experts both inside and outside VA as we look for better ways to serve our nation's heroes.

This broad range of input has helped VA immensely over the last year and a half – a period that hands-down has been VA's most productive in decades.

Under President Trump's leadership, VA has made groundbreaking progress, particularly in the areas of accountability, transparency and efficiency across the department while enjoying an unprecedented series of legislative successes.

We look forward to building on these improvements as we continue to reform VA under President Trump.

(b)(6)
Press Secretary
Department of Veterans Affairs
202-461-(b)(6)
(b)(6)@va.gov
(b)(6)

From: Isaac Arnsdorf [mailto:(b)(6)@propublica.org]
Sent: Tuesday, July 17, 2018 9:31 AM
To: (b)(6) <(b)(6)@va.gov>
Subject: [EXTERNAL] Ike Perlmutter, Marc Sherman and Bruce Moskowitz

Hi (b)(6)

I'm writing an article about the influence of Ike Perlmutter, Marc Sherman and Bruce Moskowitz over the Department of Veterans Affairs. The story will describe how, despite having no official role and no relevant expertise, these three men have unprecedented authority over the VA.

Here are my specific questions:

1. Why do Perlmutter, Sherman and Moskowitz advise VA officials?
2. What is their relevant experience or expertise?
3. Why doesn't the agency use the advisory mechanism provided under FACA?
4. Why don't these advisers abide by the same oversight and ethical standards as government employees?
5. What is the total cost in taxpayer dollars of officials' travel to Mar-a-Lago to meet with Perlmutter, Sherman and Moskowitz?
6. Were these trips approved by counsel? Please provide documentation.
7. Why did Robert Wilkie meet with Marc Sherman on April 2? What did they discuss?
8. Why did Robert Wilkie and Peter O'Rourke travel to Mar-a-Lago on April 20? What ethics counsel approved this trip? What did they discuss with Perlmutter, Moskowitz and Sherman?
9. On or about March 4, 2017, Shulkin called Perlmutter and Moskowitz to review an agenda before presenting it to the President. What was on this agenda and why did he need to review it with Perlmutter and Moskowitz first?
10. On Feb. 28, March 31, and April 17, 2017, Perlmutter convened conference calls with senior officials from Johnson & Johnson. I understand these discussions were related to the #BeThere campaign, leading to Dr. Shulkin's ringing the closing bell at the New York Stock Exchange with Marvel, Disney and Johnson & Johnson on Nov. 7, 2017. Why were Marvel and Disney included even though the campaign involved only Johnson & Johnson?
11. On Nov. 7, 2017, Secretary Shulkin stood on the platform at the New York Stock Exchange next to Captain America. How does this comply with 5 CFR 2635.702(c)?
12. In an Oct. 20, 2017, a VA official asked ethics counsel about the NYSE event, raising Shulkin's relationship with Perlmutter as a possible concern. Did the ethics counsel approve the event, and what explanation did he or she provide?
13. What will be the role of Bruce Moskowitz, Aaron Moskowitz, and/or the Biomedical Research and Education Foundation in the implementation of the VA's new medical device registry?
14. What was the cost of the Medical Device Registry Summit?

15. Why does Camilo Sandoval describe himself as Perlmutter's spy and compare himself with Mr. Fox from "Pulp Fiction"? What is his relationship with Perlmutter and Jared Kushner?
16. Why did Sandoval move to VA from Treasury?
17. What is Sandoval's response to the sexual harassment allegations against him?
18. Who asked Jake Leinenkugel to prepare the Dec. 4 memo to Sandoval? Who did Sandoval share the memo with?
19. On Sept. 18, 2017, in an email to VA officials, Perlmutter wrote: "We have been talking to Dr. Shulkin for many months about identifying the existence of healthcare delivery issues at VA medical centers... [W]e think that some of the VA hospitals are delivering some specialty healthcare when they shouldn't and when referrals to private facilities or other VA centers would be a better option... Our solution is to make use of academic medical centers and medical trade groups, both of whom have offered to send review teams to the VA hospitals to help this effort." What became of this proposal?
20. I understand the VA was planning to engage the American College of Surgeons to analyze the quality of VA's surgical programs, at the suggestion of Dr. Moskowitz. How much would this cost the VA? Why wasn't the collaboration finalized?
21. Why did the VA consider working with Apple to develop an app by Dr. Moskowitz's son? Why didn't the project proceed?
22. In a March 7 email to Dr. Moskowitz and Mr. Sherman, Mr. Sandoval wrote, "Apparently I was supposed to share this Attachment with you last month per John's note below." The attachments were "EHRM Cerner Apple Compare _final.pptx" and "Apple App Background and Questions _final.docx." Why was Sandoval supposed to share these documents with Moskowitz and Sherman?
23. How did VA officials address the concerns about the Cerner contract raised by Perlmutter, Moskowitz and Sherman?
24. After Cerner accepted all the recommendations from the Mitre report, why did it still take months to sign the Cerner contract?
25. What changed about the Cerner contract between when Perlmutter, Moskowitz and Sherman didn't want Shulkin to sign it in March, and when Wilkie signed it in May?
26. In a Feb. 28 email, why did O'Rourke give Perlmutter, Moskowitz and Sherman his personal contact information? Has he been conducting official business on his personal email? How is VA ensuring his compliance with the Federal Records Act?
27. What was the mental health "emergency 'committee'" that Moskowitz wrote about in a Feb. 28 email to O'Rourke and Shulkin? Why did O'Rourke reply, "I will begin a project plan and develop a timeline for action"?

28. Once confirmed, will Wilkie assert his own authority over the VA or take direction from Perlmutter, Sherman and Moskowitz?

Thanks,
Isaac

Isaac Arnsdorf

PROPUBLICA

203.464. (b)(6)

(b)(6)@propublica.org

From: Windom, John H.
Sent: 24 Mar 2018 05:03:37 -0700
To: Blackburn, Scott R.;Bowman, Thomas
Cc: Zenooz, Ashwini;Short, John (VACO)
Subject: RE: [EXTERNAL] Re: VA EHR

Sir

Thank you sir. Her change in health was (b)(6) I am back Sunday and in the office Monday. Your thoughts and prayers are definitely felt. Great news that the doctors were able to (b)(6)

(b)(6)

Vr
John

Sent with Good (www.good.com)

From: Blackburn, Scott R.
Sent: Friday, March 23, 2018 2:22:28 PM
To: Windom, John H.; Bowman, Thomas
Cc: Zenooz, Ashwini; Short, John (VACO)
Subject: RE: [EXTERNAL] Re: VA EHR

Oh no. So sorry to hear that. My thoughts and prayers are with you and your family.

Sent with Good (www.good.com)

From: Windom, John H.
Sent: Friday, March 23, 2018 4:32:06 PM
To: Blackburn, Scott R.; Bowman, Thomas
Cc: Zenooz, Ashwini; Short, John (VACO)
Subject: RE: [EXTERNAL] Re: VA EHR

Sir,

Mom admitted to the hospital. (b)(6) I will connect with SECVA/DEPSEC on Monday. My concerns are truly elsewhere right now. I told DEPSEC and Danny that I was headed out. Thank you for your understanding and sorry you are dealing with this “nonsense” during your time with the family. Available by phone and email all weekend.

Vr
John

Sent with Good (www.good.com)

From: Blackburn, Scott R.
Sent: Friday, March 23, 2018 12:08:22 PM
To: Windom, John H.; Bowman, Thomas
Cc: Zenooz, Ashwini; Short, John (VACO)
Subject: RE: [EXTERNAL] Re: VA EHR

I agree. Please connect with the Secretary today to make sure we are all on the same page.

This is a case of continuing to talk past each other (given Marc doesn't understand the context of government nor does he understand the contract). We can do an interoperability sandbox/test platform, but we still need to sign the contract. In fact, I think we need to sign the contract in order to do this. Not signing the contract essentially kills the deal.

From: Windom, John H.
Sent: Friday, March 23, 2018 1:55 PM
To: Blackburn, Scott R.; Bowman, Thomas
Cc: Zenooz, Ashwini; Short, John (VACO)
Subject: RE: [EXTERNAL] Re: VA EHR

Mr. Blackburn,
I went back and read Mr. Sherman's email and reviewed my notes. I see no recommended language for insertion in the contract to address his concerns. What it appears to be is a push to perform an interoperability sandbox/test platform in advance of contract award.
Vr
John

John H. Windom, Senior Executive Service (SES)
Program Executive for Electronic Health Record Modernization (PEO EHRM)
Special Advisor to the Under Secretary for Health
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Mobile: (202) 794-4911
Executive Assistant: Ms. (b)(6) – Appointments and Scheduling
(b)(6)@va.gov Office: 202-382-(b)(6)

From: Windom, John H.
Sent: Friday, March 23, 2018 1:47 PM
To: Blackburn, Scott R.; Bowman, Thomas
Cc: Zenooz, Ashwini; Short, John (VACO)
Subject: RE: [EXTERNAL] Re: VA EHR

Mr. Blackburn,

Not sure where Mr. Sherman is going with his comments but our language in the contract is consistent with the requirements of our Clinicians, various external reviews and the Mitre report. Mr. Sherman is seeking specificity in the interoperability realm that simply does not exist today and is evolving even as I type. We have provisions in the EHR contract to insert technology as we, the VA, as well as to incorporate evolving technology and standards. The DVP acquisition is our bridge to the use of APIs (gateways), FHIR, etc. We have modified our interoperability language (below) based on the Mitre and the many external reviews to give us the utmost flexibility over the 10-year life of this contract. The Secretary personally halted the recent phone call to stop Marc Sherman, et. al's parade of national interoperability objectives as not feasible at this juncture "anywhere," but included as part of our overall interoperability strategy that includes the DVP acquisition/strategy. We are committed to establishing the interoperability test bed/sandbox at IOC to solidify our interoperability objectives prior to full deployment to the enterprise. In addition, I believe Mr. Sherman meant to highlight section 5.5.1 which speaks to the data domains that were called into question and their inclusion in the contract. They are clearly in the contract as captured below. Mr. Sherman does not understand the culture of VA or the federal government. We have an incremental/iterative change management strategy that will culminate in a successful EHR Modernization effort. He appears to be more of a "big bang" theory guy. The problem is, we must continue to deliver uninterrupted and quality care to our Veterans during the transformation within the parameters of the law and other regulations/policies (e.g. cybersecurity, cloud, etc.) bounding our integration/implementation strategies. Our existing language is sound and appropriately balances change management risks, future insertion of technology, innovation opportunities, standards development, etc. without artificially inflating the cost of the contract through the incorporation of excess specificity that never materializes in practice. Through the Initial Operating Capabilities (IOC) process and the judicious issuance of task orders, we will have the ability to change course direction as appropriate without excess risk to the taxpayers or our overall success. Mr. Sherman continues to fail to recognize that it is Program Management Oversight (PMO) and VA commitment to change management that will drive our success in these areas, not more words in the contract.

V/r,
John

IDIQ PWS 5.5.1: Workflow Development and Normalization:

j) The Contractor shall enable configuration of the application that supports external community data without requiring the clinician to go to special screens to see and use reconciled external

data. By IOC entry, the Contractor shall support incorporation of the following external community data domains, including but not limited to these domains and sub-domains:

- Problems
- Allergies
- Home Medications
- Procedures - including associated reports and with appropriately filtered CPT codes
- Immunizations
- Discharge Summaries
- Progress Notes
- Consult Notes
- History & Physicals
- Operative Notes
- Radiology and Diagnostic Reports (Into “Documentation” component)

By IOC exit, the Contractor shall support incorporation of the following external community data domains, including but not limited to these domains and sub-domains:

- Results
 - o Labs
 - General
 - Pathology and Microbiology
 - o Vitals
- Radiology and Diagnostic Reports (Into “Diagnostic Report” component)
- Images

IDIQ PWS Section 5.10.4: Seamless Interoperability / Joint Industry Outreach includes significant detail on the topic. The interoperability section is copied below this table for reference.

IDIQ PWS section 5.5.4 Data Exchange - Application Program Interface (API) Gateway also includes detail on the creation of strategic open APIs.

VA NF-177: Interoperability - Data Standards: The system shall support the use of the health data standards identified in the VA DoD Health Information Technical Standards Profile and by the VA DoD Interagency Clinical Informatics board, including following common data standards: National Information Exchange Model NIEM; Health Level 7 HL7; Logical Observation Identifiers, Names and Codes LOINC; Systematized Nomenclature of Medicine SNOMED; RxNorm, MedRT, ICD, CPT, HCPCS, Veteran Information Model VIM; and Healthcare Information Technology Standards Panel HITSP as well as VA/DOD/IPO extensions to these standards.

VA-NF-T23: Informatics - Care Integration: VA must be able to seamlessly integrate with HIE and external-to-EHR shared services to provide for a seamless experience and to more effectively integrate in community care efforts, as well as with other parts of VA (e.g., identity management). This includes but is not limited to the EHR product ability to support external shared services (SOA services, such as identity management, care plan service, scheduling, etc.) accessed via standards-based APIs. (Process Continuity, Evolution, Extension) KSR5 [NOW +]

VA NF-Z11: Health Information Exchange: The system shall support VA electronic exchange of health records via other interoperable networks (e.g. CareQuality, CommonWell Health Alliance,

DirectTrust, National Association for Trusted Exchange) by supporting their specifications, security and content specifications

5.10.4 Seamless Interoperability / Joint Industry Outreach

The Contractor is required to collaborate with VA affiliates, community partners, EHR providers, healthcare providers, and vendors to advance seamless care throughout the health care provider market. Seamless care will require the creation of an integrated inpatient and outpatient solution with software components that have been designed, integrated, maintained, and deployed with a design architecture that allows for access to and sharing of common data and an enabling security framework that supports end-to-end healthcare related clinical and business operations. Seamless care is the experience patients and providers have moving from task to task and encounter to encounter within or between organizations such that high-quality decisions form easily and complete care plans execute smoothly. Information systems support the seamless-care experience by gathering data, interpreting data, presenting information, and managing tasks. Currently, industry lacks specific and uniform interoperability standards to support seamless care between organizations that employ different EHR systems. The Requirements Traceability Matrix Section D, Attachment 003, sets forth specific Informatics and Interoperability contract requirements. To accomplish this, the Contractor shall provide software and services to enable seamless care between VA encounters, encounters with other Government healthcare institutions, and outside entities through advancements in all areas of the EHR that occur. In addition, the software and services shall support the VA designated standards, such as SMART on FHIR and SMART-enabled applications, or other published standards.

The objective of these interoperability solutions is to advance the state of the art supporting seamless care for Veterans. Existing organizations promoting interoperability among EHR vendors, such as The Argonaut Project, have developed or are planning to develop technology standards or technical approaches that may support the EHRM seamless care strategy. To the extent that underlying third party technology is available or made available to meet the following timelines, the following interoperability software solutions and services shall be delivered under this section:

- a) By Initial Operating Capability (IOC), the Contractor shall provide a software solution enabling VA, DoD and community providers who have connected to the EHRM to share interactive care plans (ICPs) for Veterans. ICPs will enable collaborative communication between providers, and between providers and Veterans, in managing Veteran care.
- b) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and connected community providers to complete referral management activities for Veterans.
- c) By IOC, the Contractor shall provide a software solution enabling VA to release and consume, via on-demand access, a Veteran's complete longitudinal health record to and from DoD and connected community partners, irrespective of which EHR they use, provided such EHR technology is certified by the Health and Human Services Office of the National Coordinator (ONC) or its successor. The longitudinal record solution shall support Provider-to-Provider record sharing, as well as Provider-Veteran-Provider sharing (Veteran mediated record sharing), including appropriate consent management. The bi-directional health information exchange shall maximize use of discrete data that supports context-driven clinical decisions and informatics.

- d) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling connected VA, DoD and community providers connected to the EHRM to send and receive Admission/Discharge/Transfer notifications “pushed” from the provider initiating a Veteran care event to enable proactive engagement by VA care coordinators when notified of a Veteran care event.
- e) Within 24 months of applicable task order award, the Contractor will demonstrate a solution for identification and management of Veterans at high risk of suicide, in collaboration with community partners.
- f) By IOC, the contractor shall provide URL based image access to the VA, community and academic partner systems who can support the URL and a viewer to the providers via the health information exchange networks. Within 36 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and community providers connected to the EHRM to have nationwide access to Veterans’ imaging associated with diagnostic tests.
- g) By IOC, the Contractor shall provide a software solution for multilateral standards-based ingestion, normalization, storage, and exporting of Health Information Exchange acquired Veteran health information. The Contractor shall ensure that the solution provides a computable dataset for purposes of population health and research analytics, clinical decision support, and workflow integration.
- h) By IOC, the Contractor shall provide the capability to connect and exchange VA electronic health records via other interoperable networks, such as. eHealth Exchange, CareQuality, CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange by supporting their specifications, security and content specifications. Contractor shall support network record locator services and patient provider associations as applicable in accordance with applicable technical standards and the Trusted Exchange Framework and Common Agreement (TEFCA).
- i) By IOC, the Contractor shall provide a capability for provider collaboration via secure e-mail using the ONC Direct protocol or future VA-designated standard within a Cerner Millennium EHR workflow context.
- j) Within 36 months of applicable task order award, the Contractor shall provide a solution for a Software Development Kit (SDK) enabling standards-based applications (e.g., SMART, FHIR, etc.) integrated with EHRM solutions and platforms.
- k) Cerner shall deliver annually an Interoperability Plan to the VA on how it intends to meet the objectives established in PWS section 5.10.4. The initial plan will be due within 3 months of applicable TO award.
- l) The Contractor shall conduct an annual Interoperability Self-Assessment against standards that shall be specified by VA, such as those promulgated by HIMSS or future standards to be identified by VA. The annual self assessment shall report on the state of each data element (e.g., which are supported in what capacities and in which formats). This will help assure standards implementation consistency and assure standards compliance with evolving national standards.
- m) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminologies, clinical decision support rules, and order sets, etc., to the extent such extensions are consistent with the model and best practices of the controlling national standard. This includes the ability to curate, extend, and share that knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies.

5.10.4.1 Data Design and Information Sharing

In support of the interoperability objectives under this Section, agreed upon Contractor proprietary information/data model extension points (e.g., ingestion and record APIs) may be provided to both international and national standards designating organizations as described and set forth in an applicable Task Order. The Contractor shall provide VA access and usage rights into any underlying proprietary terminology/code systems for the purpose of enhancing national standards to address any gaps identified in the EHRM solution. The Contractor shall also make the interoperability capabilities and product enhancements developed under this contract available to non-VA Cerner clients.

5.10.4.2 VA Digital Health Platform/Digital Veterans Platform Integration

VA anticipates developing a Digital Health Platform/Digital Veterans Platform (DVP) to consolidate critical VA EHR and non-EHR operational systems. The Contractor shall integrate the EHRM to interoperate with DVP, or future state VA platform, including the DVP API gateway or any other method designated by VA.

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From: Blackburn, Scott R.
Sent: Friday, March 23, 2018 12:15 PM
To: Windom, John H.; Bowman, Thomas
Subject: FW: [EXTERNAL] Re: VA EHR

John - you might want to swing the by Secretary/Deputy's office before end of day to get a sense of where he is with respect to this.

Sent with Good (www.good.com)

From: Marc Sherman
Sent: Friday, March 23, 2018 9:47:39 AM

To: Blackburn, Scott R.
Cc: Bruce Moskowitz; DJS
Subject: [EXTERNAL] Re: VA EHR

Scott,

Thanks for inviting me to listen in on your calls this week with the subject matter experts. I was happy to make time to participate as requested and always happy to provide my thoughts for your consideration when requested.

I read carefully your email about the efforts to work out the holes raised by the experts. You are on the way to kicking off an exciting project with a highly respected Contractor/vendor and a VA team that has worked very hard; and I know everyone has the goal to build the best next generation system for the veterans' healthcare. However, there were several major issues raised in the calls this week with the technical and clinical experts that you try to explain away in your email as solved, but indeed are not according to the experts. These issues, they believe, will prevent a successful implementation and I fear come back to haunt this project and its overseers. I hate to be a naysayer, but I respectfully don't agree with some of your conclusions expressed in your email when I listen to the experts with whom you consulted; and the experts are in fact not swayed by the follow-up conversations with them. The experts are recommending a system for the VA that has various enhancements to today's standard system functionality. At a minimum, I heard those experts express their opinions that the contract dangerously lacks definitions, standards and a clear expression of this required, defined enhanced (non-standard) functionality (they articulate it much better than I).

Failing to express this type of definitional clarity in the contract is an invitation to ambiguity, disputes and ultimate failure of purpose. The best "oversight and management of the contract" will not turn a contract lacking specificity into a vision of clarity. Including contractual clarity allows the Contractor to understand TODAY what is expected so that today it can confirm its agreement to provide the full functionality desired and have a better understanding of what is expected of them. Clarity in the contract is a healthy ingredient for the VA and the Contractor.

I would be delighted to be wrong and welcome a demonstration of where Section 5.1 of the contract provides this specificity that Drs. Cooper and Huff, for example, urged. In light of the system requirements that these experts say must be included, which are enhancements of today's standard deliverables, the contract language is ambiguous. You say that "risk cannot be 100% driven out of any transformation of this magnitude," a concept to which I subscribe. However, when you substitute this concept for clear, written and defined functionality, especially for a design that is expected to be unique in many respects, you are doomed to disappointment and conflict.

I am sorry to be so harsh in my opinions, but the experts are so united on this point; and together with my historical observations of failures in nearly identical situations I just see warning flares going off. Scott, I want to see this project get started, and quickly, as much as anyone, but with the clarity that equally serves the VA and the Contractor, and prevents evident problems down the road. I also believe these things are easy to resolve in the contract language in relatively minimal time.

Just my opinion and food for thought as you make your decisions.

Marc

On Wed, Mar 21, 2018 at 10:19 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Marc / Bruce,

Thank you once again for all your support and especially for linking us up with these CIOs/experts. This was incredibly valuable. Secretary Shulkin, John Windom and I got together earlier today as well to talk about the path ahead. A few notes:

- In order to make sure we understand some of the more specific detailed points, members of our team reached out today for individual follow ups with Dr. Cooper, Dr. Karson, Dr. Shrestha, Jon Manis and Stephanie. Each have been so generous with their time – Stephanie will host us for a visit on April 4 and Dr. Cooper offered to do the same at Mayo.
 - Dr. Zenooz did connect with Dr. Cooper today on the point Marc highlights below to make sure we are on the same page and have the language right (part was us better understanding his point; part was pointing him to the specific language in 5.1.1 and giving him the broader context with what we are doing with Lighthouse as our API gateway and the VA Open API Pledge that 11 healthcare institutions signed two weeks ago include Cris Ross at Mayo as well Stan Huff at Intermountain and Dr. Karson at Partners).
 - We will also follow up with Stan on some of the issues he raised as well. For example: Stan will be excited to learn that Cerner has prioritized an additional 40 engineers to accelerate FHIR APIs for VA in support of this contract. This will also benefit Intermountain as Stan was telling us they've only had 10-15 for their entire company to date. If VA/DoD/Intermountain work together we will quickly get to the 200 number Stan mentioned.
- Per Stephanie's suggestion, we are going to start moving forward ASAP on formalizing an Advisory Committee so that we can get these insights on an ongoing basis. Formalizing this will allow for continuity of expertise throughout our journey. Obviously we will want Stephanie, John, Andy, Rasu, etc. Cris Ross (Mayo), Will Morris or Ed Marx (Cleveland Clinic), Frank Opelka (American College of Surgeons) are others you've introduced us to along the way that we would love to include. We would like to work with you to make sure we get this right.

- As recommended last night, an interoperability sandbox/test bed will be established during our Initial Operating Capabilities (IOC) implementation/deployment process to solidify the requisite interoperability requirements prior to full enterprise deployment. This is a great suggestion and very consistent with what we have been hearing from many experts.
- Our team is reviewing all the feedback (both oral from the calls and the written notes that some provided) and cross-walking this against the language in the RFP/contract documents (both EHR and also Lighthouse). We are not seeing any major changes to the contract nor do we see any showstoppers. Upon receiving the feedback, we feel very good that we have a solid contract from which we will just need to make minor revisions.
- After discussing this with Secretary Shulkin today, we feel strongly about moving forward quickly. We will make any necessary tweaks with Cerner ASAP (we absolutely do not anticipate any push back; and Cerner has promised to turn things around immediately) and will move forward to sign the overarching IDIQ contract. Assuming Congress approves the Omnibus bill by Friday (and President Trump signs it), we will then have the funding and authority to do so – and Secretary Shulkin could sign as early as next week. If the Omnibus falls through (which let's hope not), then we would have to request a transfer from the Congressional appropriation committees which will then take ~2 weeks. Signing the initial task orders will allow us to start moving forward with Cerner on the initial 3 hospitals (which will be in Washington state) on things like site surveys, infrastructure readiness, data hosting, change management (with will include wide involvement from clinicians inside and outside VA...something we heard loud and clear from Bruce!), help desk establishment, and project oversight (which we've heard loud and clear from Stephanie/Jon). As a reminder, given the IDIQ structure of the contract we would not be signing the full contract (rather just Year 1 – which is ~5% of the value of the contract). But this will allow us to get moving and out of the "quicksand".
- Marc makes a great point below on turning DoD's struggles into a positive. We have been working very closely with the DoD team over the past 9 months (I now have my own Pentagon ID pass I am there so much; John and I work very closely with their EHR lead Stacy Cummings; John Windom talks to her several times a week). We have incorporated a lot of their stumbles into our contract (e.g., data migration was a big issue with Congressman Phil Roe and we addressed that; and most recently we have made some adjustments on trouble ticket management based on what you've read in the papers). We are paying very close attention to their implementation issues (workflow, change management, governance) to make sure we don't make the same mistake twice. DoD's biggest problems are around implementation and change management. This underscores Bruce's point of making sure we have clinician buy-in

and involvement from the get-go (I couldn't agree more). This will make getting move on change management in Task Order #1 so important.

- As you both know, risk cannot be 100% driven out of any transformation of this magnitude. Stephanie Reel so succinctly captured, "it is the oversight and management of the contract that will be of the utmost importance, as well as the VA'S access to senior industry advisors." I think we have a great plan. The biggest thing I worry about will be executing and we are definitely going to need all the help we can get.

Again, we believe the construct of the contract, and more importantly the proper oversight and management of the contract will greatly mitigate cost, schedule and performance concerns, as well as support the timely injection of technological advancements (e.g. cloud, APIs, etc.) at the appropriate pace and balance necessary to support our Veterans without jeopardizing our overall care. Interoperability remains at the forefront of our concerns, and your comments, the MITRE study and various other external inputs contributing significantly to our RFP language and corresponding requirements. Interoperability will be a moving target for years to come, but our contract allows us to leverage the best of ideas of industry throughout the contract's life without incurring the exorbitant costs you have alluded to, as well as not be bound by potentially antiquated definitions .

Bruce/Marc, thank you for everything. As I mentioned to Bruce recently, you have been tremendous "demanding partners" on this journey and we are incredibly appreciate. We look forward to continuing this relationship as we take the next steps.

Scott

From: Marc Sherman [mailto:(b)(6)@gmail.com]
Sent: Wednesday, March 21, 2018 9:31 AM
To: Blackburn, Scott R.
Cc: DJS
Subject: Re: [EXTERNAL] Re: Stan Huff

I agree that the call was very helpful. I spent the night after the call reflecting on some of the discussion and thought I would offer some reaction/feedback that still seems unsettled. I will outline my nighttime thoughts below in case you find them useful.

1. I thought that Dr. Cooper made a good case for inserting specific definitions and standards on the meaning and use of "interoperability," especially since that term has as many meanings in the industry as those who speak it. It is so easy for the contractor to proceed down a design path using one definition or standard while the users will require a totally different standard. That runs the risk of not being discovered until later, perhaps even up to implementation, a very costly result. Perhaps a similar problem (a seemingly big problem) that the DOD implementation faces now where the users are rebelling. Unfortunately, if this "gap" in definition is not discovered until IOC, it will be very

difficult and very expensive to fix (ala the DOD problem). I agree with Dr. Cooper, why not set the critical definitions and standards in the contract (PWS) now and eliminate the chance for any confusion or ambiguity. It will pay dividends later in terms of less arguments, better initial design, happier user community, less overall cost, better healthcare delivery, etc. Then, with the standard fully defined and set in the original PWS, the mock-up test will be much sooner in time and much more complete the first time, allowing the users to provide input sooner and better, eliminating costly design mistakes from the beginning. The user community can tell you today what is needed to accomplish this "next generation" system that will be a model for the country and the future of healthcare (as Ms. Reel envisioned on the call last night). Why would you not want to tell the contractor the specifics of that now, in fairness to them, the VA, the patients and healthcare, so they can proceed with that standard from day one or express any concerns they may have now instead of in the future after costly design has occurred? Why would you not want to be specific in the contract to prevent ambiguity? Dr. Shulkin pushed back on Dr. Cooper's view as already accomplished in the PWS and cited Section 5 (I believe he said section 5.1.1) of the PWS. Dr. Cooper, as a physician user and not a technician, deferred on the effectiveness of the existing contract language to others, but commented that the CIO of MAYO read the contract and also did not think it adequately contained the right defining language to set out unambiguous definitions and standard. I have read the contract again last night and happen to agree, or am missing it. If I am wrong, it would be useful for someone to point me in the right direction.

2. I was also thinking about the current reported problems of the DOD implementation seemingly caused by a user (clinician) revolt over inadequacy (or unsuitability) for their needs. The VA runs that same risk. Perhaps that problem could be a benefit to your effort. Why not accumulate all of the user complaints/issues in the DOD implementation identified by the users and chart them out. Then identify which of those issues would be issues if they existed in the VA implementation and include them in the contract as definitional requirements. You have the benefit of knowing the failures in the very system upon which you are modeling your system...and you have an added advantage and opportunity to contractually prevent similar mistakes.
3. I have other thoughts as well that we should discuss, but these are the ones that I felt more pressing to highlight since I will be unavailable today.

Best

Marc

On Wed, Mar 21, 2018 at 8:24 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

No problem Marc. Thanks for all your help. Very helpful call last night.

From: Marc Sherman [mailto:[\(b\)\(6\)@gmail.com](mailto:(b)(6)@gmail.com)]

Sent: Wednesday, March 21, 2018 12:12 AM

To: Blackburn, Scott R.

Subject: [EXTERNAL] Re: Stan Huff

Scott

I won't be able to join the call tomorrow as I have a previous commitment that I cannot move. I will catch up with you or Bruce after.

Marc

Marc Sherman

(202) 758-[\(b\)\(6\)](tel:(b)(6))

On Tue, Mar 20, 2018, 10:30 PM Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Bruce/Marc – thanks for introducing us to all the experts we talked to tonight. It was extremely valuable.

We have Stan Huff from Intermountain tomorrow at 10am. I assume you have the calendar invite, but just in case it is 1-800-767-[\(b\)\(6\); \(b\)\(5\)](tel:(b)(6);(b)(5)).

We have been unable to schedule anything with Dr. Ko (very busy calendar). We will try.

Scott

Scott Blackburn

Executive in Charge, Office of Information & Technology

US Department of Veterans Affairs

From: Windom, John H.
Sent: 23 Mar 2018 13:38:09 -0700
To: Bowman, Thomas; Blackburn, Scott R.
Cc: Zenooz, Ashwini; Short, John (VACO)
Subject: RE: [EXTERNAL] Re: VA EHR

Sir

Your support has been unwavering. Already receiving good news on the home front (b)(6)

(b)(6)

Thank you Sir.

Vr

John

Sent with Good (www.good.com)

From: Bowman, Thomas
Sent: Friday, March 23, 2018 1:35:58 PM
To: Windom, John H.; Blackburn, Scott R.
Cc: Zenooz, Ashwini; Short, John (VACO)
Subject: RE: [EXTERNAL] Re: VA EHR

John. My prayers are with you and your family. You are where you need to be. Best,

Sent with Good (www.good.com)

From: Windom, John H.
Sent: Friday, March 23, 2018 1:32:06 PM
To: Blackburn, Scott R.; Bowman, Thomas
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Subject: RE: [EXTERNAL] Re: VA EHR

Sir,

Mom admitted to the hospital. (b)(6) I will connect with SECVA/DEPSEC on Monday. My concerns are truly elsewhere right now. I told DEPSEC and Danny that I was headed out. Thank you for your understanding and sorry you are dealing with this "nonsense" during your time with the family. Available by phone and email all weekend.

Vr

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Sent: Friday, March 23, 2018 12:08:22 PM
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This is a case of continuing to talk past each other (given Marc doesn't understand the context of government nor does he understand the contract). We can do an interoperability sandbox/test platform, but we still need to sign the contract. In fact, I think we need to sign the contract in order to do this. Not signing the contract essentially kills the deal.

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Sent: Friday, March 23, 2018 1:55 PM
To: Blackburn, Scott R.; Bowman, Thomas
Cc: Zenooz, Ashwini; Short, John (VACO)
Subject: RE: [EXTERNAL] Re: VA EHR

Mr. Blackburn,

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Vr

John

John H. Windom, Senior Executive Service (SES)
Program Executive for Electronic Health Record Modernization (PEO EHRM)
Special Advisor to the Under Secretary for Health
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Office: (202) 461-5820
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Executive Assistant: Ms. (b)(6) Appointments and Scheduling

(b)(6)@va.gov Office: 202-382-(b)(6)

From: Windom, John H.
Sent: Friday, March 23, 2018 1:47 PM
To: Blackburn, Scott R.; Bowman, Thomas
Cc: Zenooz, Ashwini; Short, John (VACO)
Subject: RE: [EXTERNAL] Re: VA EHR

Mr. Blackburn,

Not sure where Mr. Sherman is going with his comments but our language in the contract is consistent with the requirements of our Clinicians, various external reviews and the Mitre report. Mr. Sherman is seeking specificity in the interoperability realm that simply does not exist today and is evolving even as I type. We have provisions in the EHR contract to insert technology as we, the VA, as well as to incorporate evolving technology and standards. The DVP acquisition is our bridge to the use of APIs (gateways), FHIR, etc. We have modified our interoperability language (below) based on the Mitre and the many external reviews to give us the utmost flexibility over the 10-year life of this contract. The Secretary personally halted the recent phone call to stop Marc Sherman, et. Al's parade of national interoperability objectives as not feasible at this juncture "anywhere," but included as part of our overall interoperability strategy that includes the DVP acquisition/strategy. We are committed to establishing the interoperability test bed/sandbox at IOC to solidify our interoperability objectives prior to full deployment to the enterprise. In addition, I believe Mr. Sherman meant to highlight section 5.5.1 which speaks to the data domains that were called into question and their inclusion in the contract. They are clearly in the contract as captured below. Mr. Sherman does not understand the culture of VA or the federal government. We have an incremental/iterative change management strategy that will culminate in a successful EHR Modernization effort. He appears to be more of a "big bang" theory guy. The problem is, we must continue to deliver uninterrupted and quality care to our Veterans during the transformation within the parameters of the law and other regulations/policies (e.g. cybersecurity, cloud, etc.) bounding our integration/implementation strategies. Our existing language is sound and appropriately balances change management risks, future insertion of technology, innovation opportunities, standards development, etc. without artificially inflating the cost of the contract through the incorporation of excess specificity that never materializes in practice. Through the Initial Operating Capabilities (IOC) process and the judicious issuance of task orders, we will have the ability to change course direction as appropriate without excess risk to the taxpayers or our overall success. Mr. Sherman continues to fail to recognize that it is Program Management Oversight (PMO) and VA commitment to change management that will drive our success in these areas, not more words in the contract.

V/r,
John

IDIQ PWS 5.5.1: Workflow Development and Normalization:

j) The Contractor shall enable configuration of the application that supports external community data without requiring the clinician to go to special screens to see and use reconciled external data. By IOC entry, the Contractor shall support incorporation of the following external community data domains, including but not limited to these domains and sub-domains:

- Problems

- Allergies
- Home Medications
- Procedures - including associated reports and with appropriately filtered CPT codes
- Immunizations
- Discharge Summaries
- Progress Notes
- Consult Notes
- History & Physicals
- Operative Notes
- Radiology and Diagnostic Reports (Into “Documentation” component)

By IOC exit, the Contractor shall support incorporation of the following external community data domains, including but not limited to these domains and sub-domains:

- Results
 - o Labs
 - General
 - Pathology and Microbiology
 - o Vitals
- Radiology and Diagnostic Reports (Into “Diagnostic Report” component)
- Images

IDIQ PWS Section 5.10.4: Seamless Interoperability / Joint Industry Outreach includes significant detail on the topic. The interoperability section is copied below this table for reference.

IDIQ PWS section 5.5.4 Data Exchange - Application Program Interface (API) Gateway also includes detail on the creation of strategic open APIs.

VA NF-177: Interoperability - Data Standards: The system shall support the use of the health data standards identified in the VA DoD Health Information Technical Standards Profile and by the VA DoD Interagency Clinical Informatics board, including following common data standards: National Information Exchange Model NIEM; Health Level 7 HL7; Logical Observation Identifiers, Names and Codes LOINC; Systematized Nomenclature of Medicine SNOMED; RxNorm, MedRT, ICD, CPT, HCPCS, Veteran Information Model VIM; and Healthcare Information Technology Standards Panel HITSP as well as VA/DOD/IPO extensions to these standards.

VA-NF-T23: Informatics - Care Integration: VA must be able to seamlessly integrate with HIE and external-to-EHR shared services to provide for a seamless experience and to more effectively integrate in community care efforts, as well as with other parts of VA (e.g., identity management). This includes but is not limited to the EHR product ability to support external shared services (SOA services, such as identity management, care plan service, scheduling, etc.) accessed via standards-based APIs. (Process Continuity, Evolution, Extension) KSR5 [NOW +]

VA NF-Z11: Health Information Exchange: The system shall support VA electronic exchange of health records via other interoperable networks (e.g. CareQuality, CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange) by supporting their specifications, security and content specifications

5.10.4 Seamless Interoperability / Joint Industry Outreach

The Contractor is required to collaborate with VA affiliates, community partners, EHR providers, healthcare providers, and vendors to advance seamless care throughout the health care provider market. Seamless care will require the creation of an integrated inpatient and outpatient solution with software components that have been designed, integrated, maintained, and deployed with a design architecture that allows for access to and sharing of common data and an enabling security framework that supports end-to-end healthcare related clinical and business operations. Seamless care is the experience patients and providers have moving from task to task and encounter to encounter within or between organizations such that high-quality decisions form easily and complete care plans execute smoothly. Information systems support the seamless-care experience by gathering data, interpreting data, presenting information, and managing tasks. Currently, industry lacks specific and uniform interoperability standards to support seamless care between organizations that employ different EHR systems. The Requirements Traceability Matrix Section D, Attachment 003, sets forth specific Informatics and Interoperability contract requirements. To accomplish this, the Contractor shall provide software and services to enable seamless care between VA encounters, encounters with other Government healthcare institutions, and outside entities through advancements in all areas of the EHR that occur. In addition, the software and services shall support the VA designated standards, such as SMART on FHIR and SMART-enabled applications, or other published standards.

The objective of these interoperability solutions is to advance the state of the art supporting seamless care for Veterans. Existing organizations promoting interoperability among EHR vendors, such as The Argonaut Project, have developed or are planning to develop technology standards or technical approaches that may support the EHRM seamless care strategy. To the extent that underlying third party technology is available or made available to meet the following timelines, the following interoperability software solutions and services shall be delivered under this section:

- a) By Initial Operating Capability (IOC), the Contractor shall provide a software solution enabling VA, DoD and community providers who have connected to the EHRM to share interactive care plans (ICPs) for Veterans. ICPs will enable collaborative communication between providers, and between providers and Veterans, in managing Veteran care.
- b) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and connected community providers to complete referral management activities for Veterans.
- c) By IOC, the Contractor shall provide a software solution enabling VA to release and consume, via on-demand access, a Veteran's complete longitudinal health record to and from DoD and connected community partners, irrespective of which EHR they use, provided such EHR technology is certified by the Health and Human Services Office of the National Coordinator (ONC) or its successor. The longitudinal record solution shall support Provider-to-Provider record sharing, as well as Provider-Veteran-Provider sharing (Veteran mediated record sharing), including appropriate consent management. The bi-directional health information exchange shall maximize use of discrete data that supports context-driven clinical decisions and informatics.

- d) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling connected VA, DoD and community providers connected to the EHRM to send and receive Admission/Discharge/Transfer notifications “pushed” from the provider initiating a Veteran care event to enable proactive engagement by VA care coordinators when notified of a Veteran care event.
- e) Within 24 months of applicable task order award, the Contractor will demonstrate a solution for identification and management of Veterans at high risk of suicide, in collaboration with community partners.
- f) By IOC, the contractor shall provide URL based image access to the VA, community and academic partner systems who can support the URL and a viewer to the providers via the health information exchange networks. Within 36 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and community providers connected to the EHRM to have nationwide access to Veterans’ imaging associated with diagnostic tests.
- g) By IOC, the Contractor shall provide a software solution for multilateral standards-based ingestion, normalization, storage, and exporting of Health Information Exchange acquired Veteran health information. The Contractor shall ensure that the solution provides a computable dataset for purposes of population health and research analytics, clinical decision support, and workflow integration.
- h) By IOC, the Contractor shall provide the capability to connect and exchange VA electronic health records via other interoperable networks, such as. eHealth Exchange, CareQuality, CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange by supporting their specifications, security and content specifications. Contractor shall support network record locator services and patient provider associations as applicable in accordance with applicable technical standards and the Trusted Exchange Framework and Common Agreement (TEFCA).
- i) By IOC, the Contractor shall provide a capability for provider collaboration via secure e-mail using the ONC Direct protocol or future VA-designated standard within a Cerner Millennium EHR workflow context.
- j) Within 36 months of applicable task order award, the Contractor shall provide a solution for a Software Development Kit (SDK) enabling standards-based applications (e.g., SMART, FHIR, etc.) integrated with EHRM solutions and platforms.
- k) Cerner shall deliver annually an Interoperability Plan to the VA on how it intends to meet the objectives established in PWS section 5.10.4. The initial plan will be due within 3 months of applicable TO award.
- l) The Contractor shall conduct an annual Interoperability Self-Assessment against standards that shall be specified by VA, such as those promulgated by HIMSS or future standards to be identified by VA. The annual self assessment shall report on the state of each data element (e.g., which are supported in what capacities and in which formats). This will help assure standards implementation consistency and assure standards compliance with evolving national standards.
- m) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminologies, clinical decision support rules, and order sets, etc., to the extent such extensions are consistent with the model and best practices of the controlling national standard. This includes the ability to curate, extend, and share that knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies.

5.10.4.1 Data Design and Information Sharing

In support of the interoperability objectives under this Section, agreed upon Contractor proprietary information/data model extension points (e.g., ingestion and record APIs) may be provided to both international and national standards designating organizations as described and set forth in an applicable Task Order. The Contractor shall provide VA access and usage rights into any underlying proprietary terminology/code systems for the purpose of enhancing national standards to address any gaps identified in the EHRM solution. The Contractor shall also make the interoperability capabilities and product enhancements developed under this contract available to non-VA Cerner clients.

5.10.4.2 VA Digital Health Platform/Digital Veterans Platform Integration

VA anticipates developing a Digital Health Platform/Digital Veterans Platform (DVP) to consolidate critical VA EHR and non-EHR operational systems. The Contractor shall integrate the EHRM to interoperate with DVP, or future state VA platform, including the DVP API gateway or any other method designated by VA.

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Program Executive for Electronic Health Record Modernization (PEO EHRM)
Special Advisor to the Under Secretary for Health
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Executive Assistant: Ms. (b)(6) Appointments and Scheduling
(b)(6)@va.gov Office: 202-382-(b)(6)

From: Blackburn, Scott R.
Sent: Friday, March 23, 2018 12:15 PM
To: Windom, John H.; Bowman, Thomas
Subject: FW: [EXTERNAL] Re: VA EHR

John - you might want to swing the by Secretary/Deputy's office before end of day to get a sense of where he is with respect to this.

Sent with Good (www.good.com)

From: Marc Sherman
Sent: Friday, March 23, 2018 9:47:39 AM

To: Blackburn, Scott R.
Cc: Bruce Moskowitz; DJS
Subject: [EXTERNAL] Re: VA EHR

Scott,

Thanks for inviting me to listen in on your calls this week with the subject matter experts. I was happy to make time to participate as requested and always happy to provide my thoughts for your consideration when requested.

I read carefully your email about the efforts to work out the holes raised by the experts. You are on the way to kicking off an exciting project with a highly respected Contractor/vendor and a VA team that has worked very hard; and I know everyone has the goal to build the best next generation system for the veterans' healthcare. However, there were several major issues raised in the calls this week with the technical and clinical experts that you try to explain away in your email as solved, but indeed are not according to the experts. These issues, they believe, will prevent a successful implementation and I fear come back to haunt this project and its overseers. I hate to be a naysayer, but I respectfully don't agree with some of your conclusions expressed in your email when I listen to the experts with whom you consulted; and the experts are in fact not swayed by the follow-up conversations with them. The experts are recommending a system for the VA that has various enhancements to today's standard system functionality. At a minimum, I heard those experts express their opinions that the contract dangerously lacks definitions, standards and a clear expression of this required, defined enhanced (non-standard) functionality (they articulate it much better than I).

Failing to express this type of definitional clarity in the contract is an invitation to ambiguity, disputes and ultimate failure of purpose. The best "oversight and management of the contract" will not turn a contract lacking specificity into a vision of clarity. Including contractual clarity allows the Contractor to understand TODAY what is expected so that today it can confirm its agreement to provide the full functionality desired and have a better understanding of what is expected of them. Clarity in the contract is a healthy ingredient for the VA and the Contractor.

I would be delighted to be wrong and welcome a demonstration of where Section 5.1 of the contract provides this specificity that Drs. Cooper and Huff, for example, urged. In light of the system requirements that these experts say must be included, which are enhancements of today's standard deliverables, the contract language is ambiguous. You say that "risk cannot be 100% driven out of any transformation of this magnitude," a concept to which I subscribe. However, when you substitute this concept for clear, written and defined functionality, especially for a design that is expected to be unique in many respects, you are doomed to disappointment and conflict.

I am sorry to be so harsh in my opinions, but the experts are so united on this point; and together with my historical observations of failures in nearly identical situations I just see warning flares going off. Scott, I want to see this project get started, and quickly, as much as anyone, but with the clarity that equally serves the VA and the Contractor, and prevents evident problems down the road. I also believe these things are easy to resolve in the contract language in relatively minimal time.

Just my opinion and food for thought as you make your decisions.

Marc

On Wed, Mar 21, 2018 at 10:19 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Marc / Bruce,

Thank you once again for all your support and especially for linking us up with these CIOs/experts. This was incredibly valuable. Secretary Shulkin, John Windom and I got together earlier today as well to talk about the path ahead. A few notes:

- In order to make sure we understand some of the more specific detailed points, members of our team reached out today for individual follow ups with Dr. Cooper, Dr. Karson, Dr. Shrestha, Jon Manis and Stephanie. Each have been so generous with their time – Stephanie will host us for a visit on April 4 and Dr. Cooper offered to do the same at Mayo.
 - Dr. Zenooz did connect with Dr. Cooper today on the point Marc highlights below to make sure we are on the same page and have the language right (part was us better understanding his point; part was pointing him to the specific language in 5.1.1 and giving him the broader context with what we are doing with Lighthouse as our API gateway and the VA Open API Pledge that 11 healthcare institutions signed two weeks ago include Cris Ross at Mayo as well Stan Huff at Intermountain and Dr. Karson at Partners).
 - We will also follow up with Stan on some of the issues he raised as well. For example: Stan will be excited to learn that Cerner has prioritized an additional 40 engineers to accelerate FHIR APIs for VA in support of this contract. This will also benefit Intermountain as Stan was telling us they've only had 10-15 for their entire company to date. If VA/DoD/Intermountain work together we will quickly get to the 200 number Stan mentioned.
- Per Stephanie's suggestion, we are going to start moving forward ASAP on formalizing an Advisory Committee so that we can get these insights on an ongoing basis. Formalizing this will allow for continuity of expertise throughout our journey. Obviously we will want Stephanie, John, Andy, Rasu, etc. Cris Ross (Mayo), Will Morris or Ed Marx (Cleveland Clinic), Frank Opelka (American College of Surgeons) are others you've introduced us to along the way that we would love to include. We would like to work with you to make sure we get this right.

- As recommended last night, an interoperability sandbox/test bed will be established during our Initial Operating Capabilities (IOC) implementation/deployment process to solidify the requisite interoperability requirements prior to full enterprise deployment. This is a great suggestion and very consistent with what we have been hearing from many experts.
- Our team is reviewing all the feedback (both oral from the calls and the written notes that some provided) and cross-walking this against the language in the RFP/contract documents (both EHR and also Lighthouse). We are not seeing any major changes to the contract nor do we see any showstoppers. Upon receiving the feedback, we feel very good that we have a solid contract from which we will just need to make minor revisions.
- After discussing this with Secretary Shulkin today, we feel strongly about moving forward quickly. We will make any necessary tweaks with Cerner ASAP (we absolutely do not anticipate any push back; and Cerner has promised to turn things around immediately) and will move forward to sign the overarching IDIQ contract. Assuming Congress approves the Omnibus bill by Friday (and President Trump signs it), we will then have the funding and authority to do so – and Secretary Shulkin could sign as early as next week. If the Omnibus falls through (which let's hope not), then we would have to request a transfer from the Congressional appropriation committees which will then take ~2 weeks. Signing the initial task orders will allow us to start moving forward with Cerner on the initial 3 hospitals (which will be in Washington state) on things like site surveys, infrastructure readiness, data hosting, change management (with will include wide involvement from clinicians inside and outside VA...something we heard loud and clear from Bruce!), help desk establishment, and project oversight (which we've heard loud and clear from Stephanie/Jon). As a reminder, given the IDIQ structure of the contract we would not be signing the full contract (rather just Year 1 – which is ~5% of the value of the contract). But this will allow us to get moving and out of the "quicksand".
- Marc makes a great point below on turning DoD's struggles into a positive. We have been working very closely with the DoD team over the past 9 months (I now have my own Pentagon ID pass I am there so much; John and I work very closely with their EHR lead Stacy Cummings; John Windom talks to her several times a week). We have incorporated a lot of their stumbles into our contract (e.g., data migration was a big issue with Congressman Phil Roe and we addressed that; and most recently we have made some adjustments on trouble ticket management based on what you've read in the papers). We are paying very close attention to their implementation issues (workflow, change management, governance) to make sure we don't make the same mistake twice. DoD's biggest problems are around implementation and change management. This underscores Bruce's point of making sure we have clinician buy-in

and involvement from the get-go (I couldn't agree more). This will make getting move on change management in Task Order #1 so important.

- As you both know, risk cannot be 100% driven out of any transformation of this magnitude. Stephanie Reel so succinctly captured, "it is the oversight and management of the contract that will be of the utmost importance, as well as the VA'S access to senior industry advisors." I think we have a great plan. The biggest thing I worry about will be executing and we are definitely going to need all the help we can get.

Again, we believe the construct of the contract, and more importantly the proper oversight and management of the contract will greatly mitigate cost, schedule and performance concerns, as well as support the timely injection of technological advancements (e.g. cloud, APIs, etc.) at the appropriate pace and balance necessary to support our Veterans without jeopardizing our overall care. Interoperability remains at the forefront of our concerns, and your comments, the MITRE study and various other external inputs contributing significantly to our RFP language and corresponding requirements. Interoperability will be a moving target for years to come, but our contract allows us to leverage the best of ideas of industry throughout the contract's life without incurring the exorbitant costs you have alluded to, as well as not be bound by potentially antiquated definitions .

Bruce/Marc, thank you for everything. As I mentioned to Bruce recently, you have been tremendous "demanding partners" on this journey and we are incredibly appreciate. We look forward to continuing this relationship as we take the next steps.

Scott

From: Marc Sherman [mailto:(b)(6)@gmail.com]
Sent: Wednesday, March 21, 2018 9:31 AM
To: Blackburn, Scott R.
Cc: DJS
Subject: Re: [EXTERNAL] Re: Stan Huff

I agree that the call was very helpful. I spent the night after the call reflecting on some of the discussion and thought I would offer some reaction/feedback that still seems unsettled. I will outline my nighttime thoughts below in case you find them useful.

1. I thought that Dr. Cooper made a good case for inserting specific definitions and standards on the meaning and use of "interoperability," especially since that term has as many meanings in the industry as those who speak it. It is so easy for the contractor to proceed down a design path using one definition or standard while the users will require a totally different standard. That runs the risk of not being discovered until later, perhaps even up to implementation, a very costly result. Perhaps a similar problem (a seemingly big problem) that the DOD implementation faces now where the users are rebelling. Unfortunately, if this "gap" in definition is not discovered until IOC, it will be very

difficult and very expensive to fix (ala the DOD problem). I agree with Dr. Cooper, why not set the critical definitions and standards in the contract (PWS) now and eliminate the chance for any confusion or ambiguity. It will pay dividends later in terms of less arguments, better initial design, happier user community, less overall cost, better healthcare delivery, etc. Then, with the standard fully defined and set in the original PWS, the mock-up test will be much sooner in time and much more complete the first time, allowing the users to provide input sooner and better, eliminating costly design mistakes from the beginning. The user community can tell you today what is needed to accomplish this "next generation" system that will be a model for the country and the future of healthcare (as Ms. Reel envisioned on the call last night). Why would you not want to tell the contractor the specifics of that now, in fairness to them, the VA, the patients and healthcare, so they can proceed with that standard from day one or express any concerns they may have now instead of in the future after costly design has occurred? Why would you not want to be specific in the contract to prevent ambiguity? Dr. Shulkin pushed back on Dr. Cooper's view as already accomplished in the PWS and cited Section 5 (I believe he said section 5.1.1) of the PWS. Dr. Cooper, as a physician user and not a technician, deferred on the effectiveness of the existing contract language to others, but commented that the CIO of MAYO read the contract and also did not think it adequately contained the right defining language to set out unambiguous definitions and standard. I have read the contract again last night and happen to agree, or am missing it. If I am wrong, it would be useful for someone to point me in the right direction.

2. I was also thinking about the current reported problems of the DOD implementation seemingly caused by a user (clinician) revolt over inadequacy (or unsuitability) for their needs. The VA runs that same risk. Perhaps that problem could be a benefit to your effort. Why not accumulate all of the user complaints/issues in the DOD implementation identified by the users and chart them out. Then identify which of those issues would be issues if they existed in the VA implementation and include them in the contract as definitional requirements. You have the benefit of knowing the failures in the very system upon which you are modeling your system...and you have an added advantage and opportunity to contractually prevent similar mistakes.
3. I have other thoughts as well that we should discuss, but these are the ones that I felt more pressing to highlight since I will be unavailable today.

Best

Marc

On Wed, Mar 21, 2018 at 8:24 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

No problem Marc. Thanks for all your help. Very helpful call last night.

From: Marc Sherman [mailto:[\(b\)\(6\)@gmail.com](mailto:(b)(6)@gmail.com)]

Sent: Wednesday, March 21, 2018 12:12 AM

To: Blackburn, Scott R.

Subject: [EXTERNAL] Re: Stan Huff

Scott

I won't be able to join the call tomorrow as I have a previous commitment that I cannot move. I will catch up with you or Bruce after.

Marc

Marc Sherman

(202) 758-[\(b\)\(6\)](mailto:(b)(6))

On Tue, Mar 20, 2018, 10:30 PM Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Bruce/Marc – thanks for introducing us to all the experts we talked to tonight. It was extremely valuable.

We have Stan Huff from Intermountain tomorrow at 10am. I assume you have the calendar invite, but just in case it is 1-800-767-[\(b\)\(6\);\(b\)\(5\)](tel:(b)(6);(b)(5))

We have been unable to schedule anything with Dr. Ko (very busy calendar). We will try.

Scott

Scott Blackburn

Executive in Charge, Office of Information & Technology

US Department of Veterans Affairs

From: Blackburn, Scott R.
Sent: 23 Mar 2018 14:22:28 -0700
To: Windom, John H.;Bowman, Thomas
Cc: Zenooz, Ashwini;Short, John (VACO)
Subject: RE: [EXTERNAL] Re: VA EHR

Oh no. So sorry to hear that. My thoughts and prayers are with you and your family.

Sent with Good (www.good.com)

From: Windom, John H.
Sent: Friday, March 23, 2018 4:32:06 PM
To: Blackburn, Scott R.; Bowman, Thomas
Cc: Zenooz, Ashwini; Short, John (VACO)
Subject: RE: [EXTERNAL] Re: VA EHR

Sir,
Mom admitted to the hospital. (b)(6) I will connect with SECVA/DEPSEC on Monday. My concerns are truly elsewhere right now. I told DEPSEC and Danny that I was headed out. Thank you for your understanding and sorry you are dealing with this “nonsense” during your time with the family. Available by phone and email all weekend.

Vr
John

Sent with Good (www.good.com)

From: Blackburn, Scott R.
Sent: Friday, March 23, 2018 12:08:22 PM
To: Windom, John H.; Bowman, Thomas
Cc: Zenooz, Ashwini; Short, John (VACO)
Subject: RE: [EXTERNAL] Re: VA EHR

I agree. Please connect with the Secretary today to make sure we are all on the same page.

This is a case of continuing to talk past each other (given Marc doesn't understand the context of government nor does he understand the contract). We can do an interoperability

sandbox/test platform, but we still need to sign the contract. In fact, I think we need to sign the contract in order to do this. Not signing the contract essentially kills the deal.

From: Windom, John H.
Sent: Friday, March 23, 2018 1:55 PM
To: Blackburn, Scott R.; Bowman, Thomas
Cc: Zenooz, Ashwini; Short, John (VACO)
Subject: RE: [EXTERNAL] Re: VA EHR

Mr. Blackburn,

I went back and read Mr. Sherman's email and reviewed my notes. I see no recommended language for insertion in the contract to address his concerns. What it appears to be is a push to perform an interoperability sandbox/test platform in advance of contract award.

Vr

John

John H. Windom, Senior Executive Service (SES)
Program Executive for Electronic Health Record Modernization (PEO EHRM)
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Mobile: (202) 794-4911
Executive Assistant: Ms. (b)(6) Appointments and Scheduling
(b)(6)@va.gov Office: 202-382-(b)(6)

From: Windom, John H.
Sent: Friday, March 23, 2018 1:47 PM
To: Blackburn, Scott R.; Bowman, Thomas
Cc: Zenooz, Ashwini; Short, John (VACO)
Subject: RE: [EXTERNAL] Re: VA EHR

Mr. Blackburn,

Not sure where Mr. Sherman is going with his comments but our language in the contract is consistent with the requirements or our Clinicians , various external reviews and the Mitre report. Mr. Sherman is seeking specificity in the interoperability realm that simply does not exist today and is evolving even as I type. We have provisions in the EHR contract to insert technology as we, the VA, as well as to incorporate evolving technology and standards. The DVP acquisition is our bridge to the use of APIs (gateways), FHIR, etc. We have modified our interoperability language (below) based on the Mitre and the many external reviews to give us the utmost flexibility over the 10-year life of this contract. The Secretary personally halted the recent phone call to stop Marc Sherman, et. Al's parade of national interoperability objectives as not feasible at this juncture "anywhere," but included as part of our overall

interoperability strategy that includes the DVP acquisition/strategy. We are committed to establishing the interoperability test bed/sandbox at IOC to solidify our interoperability objectives prior to full deployment to the enterprise. In addition, I believe Mr. Sherman meant to highlight section 5.5.1 which speaks to the data domains that were called into question and their inclusion in the contract. They are clearly in the contract as captured below. Mr. Sherman does not understand the culture of VA or the federal government. We have an incremental/iterative change management strategy that will culminate in a successful EHR Modernization effort. He appears to be more of a “big bang” theory guy. The problem is, we must continue to deliver uninterrupted and quality care to our Veterans during the transformation within the parameters of the law and other regulations/policies (e.g. cybersecurity, cloud, etc.) bounding our integration/implementation strategies. Our existing language is sound and appropriately balances change management risks, future insertion of technology, innovation opportunities, standards development, etc. without artificially inflating the cost of the contract through the incorporation of excess specificity that never materializes in practice. Through the Initial Operating Capabilities (IOC) process and the judicious issuance of task orders, we will have the ability to change course direction as appropriate without excess risk to the taxpayers or our overall success. Mr. Sherman continues to fail to recognize that it is Program Management Oversight (PMO) and VA commitment to change management that will drive our success in these areas, not more words in the contract.

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John

IDIQ PWS 5.5.1: Workflow Development and Normalization:

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- Results
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IDIQ PWS Section 5.10.4: Seamless Interoperability / Joint Industry Outreach includes significant detail on the topic. The interoperability section is copied below this table for reference.

IDIQ PWS section 5.5.4 Data Exchange - Application Program Interface (API) Gateway also includes detail on the creation of strategic open APIs.

VA NF-177: Interoperability - Data Standards: The system shall support the use of the health data standards identified in the VA DoD Health Information Technical Standards Profile and by the VA DoD Interagency Clinical Informatics board, including following common data standards: National Information Exchange Model NIEM; Health Level 7 HL7; Logical Observation Identifiers, Names and Codes LOINC; Systematized Nomenclature of Medicine SNOMED; RxNorm, MedRT, ICD, CPT, HCPCS, Veteran Information Model VIM; and Healthcare Information Technology Standards Panel HITSP as well as VA/DOD/IPO extensions to these standards.

VA-NF-T23: Informatics - Care Integration: VA must be able to seamlessly integrate with HIE and external-to-EHR shared services to provide for a seamless experience and to more effectively integrate in community care efforts, as well as with other parts of VA (e.g., identity management). This includes but is not limited to the EHR product ability to support external shared services (SOA services, such as identity management, care plan service, scheduling, etc.) accessed via standards-based APIs. (Process Continuity, Evolution, Extension) KSR5 [NOW +]

VA NF-Z11: Health Information Exchange: The system shall support VA electronic exchange of health records via other interoperable networks (e.g. CareQuality, CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange) by supporting their specifications, security and content specifications

5.10.4 Seamless Interoperability / Joint Industry Outreach

The Contractor is required to collaborate with VA affiliates, community partners, EHR providers, healthcare providers, and vendors to advance seamless care throughout the health care provider market. Seamless care will require the creation of an integrated inpatient and outpatient solution with software components that have been designed, integrated, maintained, and deployed with a design architecture that allows for access to and sharing of common data and an enabling security framework that supports end-to-end healthcare related clinical and business operations. Seamless care is the experience patients and providers have moving from task to task and encounter to encounter within or between organizations such that high-quality decisions form easily and complete care plans execute smoothly. Information systems support the seamless-care experience by gathering data, interpreting data, presenting information, and managing tasks. Currently, industry lacks specific and uniform interoperability standards to support seamless care between organizations that employ different EHR systems. The Requirements Traceability Matrix Section D, Attachment 003, sets forth specific Informatics and Interoperability contract requirements. To accomplish this, the Contractor shall provide software and services to enable seamless care between VA encounters, encounters with other Government healthcare institutions, and outside entities through advancements in all areas of

the EHR that occur. In addition, the software and services shall support the VA designated standards, such as SMART on FHIR and SMART-enabled applications, or other published standards.

The objective of these interoperability solutions is to advance the state of the art supporting seamless care for Veterans. Existing organizations promoting interoperability among EHR vendors, such as The Argonaut Project, have developed or are planning to develop technology standards or technical approaches that may support the EHRM seamless care strategy. To the extent that underlying third party technology is available or made available to meet the following timelines, the following interoperability software solutions and services shall be delivered under this section:

- a) By Initial Operating Capability (IOC), the Contractor shall provide a software solution enabling VA, DoD and community providers who have connected to the EHRM to share interactive care plans (ICPs) for Veterans. ICPs will enable collaborative communication between providers, and between providers and Veterans, in managing Veteran care.
- b) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and connected community providers to complete referral management activities for Veterans.
- c) By IOC, the Contractor shall provide a software solution enabling VA to release and consume, via on-demand access, a Veteran's complete longitudinal health record to and from DoD and connected community partners, irrespective of which EHR they use, provided such EHR technology is certified by the Health and Human Services Office of the National Coordinator (ONC) or its successor. The longitudinal record solution shall support Provider-to-Provider record sharing, as well as Provider-Veteran-Provider sharing (Veteran mediated record sharing), including appropriate consent management. The bi-directional health information exchange shall maximize use of discrete data that supports context-driven clinical decisions and informatics.
- d) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling connected VA, DoD and community providers connected to the EHRM to send and receive Admission/Discharge/Transfer notifications "pushed" from the provider initiating a Veteran care event to enable proactive engagement by VA care coordinators when notified of a Veteran care event.
- e) Within 24 months of applicable task order award, the Contractor will demonstrate a solution for identification and management of Veterans at high risk of suicide, in collaboration with community partners.
- f) By IOC, the contractor shall provide URL based image access to the VA, community and academic partner systems who can support the URL and a viewer to the providers via the health information exchange networks. Within 36 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and community providers

connected to the EHRM to have nationwide access to Veterans' imaging associated with diagnostic tests.

g) By IOC, the Contractor shall provide a software solution for multilateral standards-based ingestion, normalization, storage, and exporting of Health Information Exchange acquired Veteran health information. The Contractor shall ensure that the solution provides a computable dataset for purposes of population health and research analytics, clinical decision support, and workflow integration.

h) By IOC, the Contractor shall provide the capability to connect and exchange VA electronic health records via other interoperable networks, such as eHealth Exchange, CareQuality, CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange by supporting their specifications, security and content specifications. Contractor shall support network record locator services and patient provider associations as applicable in accordance with applicable technical standards and the Trusted Exchange Framework and Common Agreement (TEFCA).

i) By IOC, the Contractor shall provide a capability for provider collaboration via secure e-mail using the ONC Direct protocol or future VA-designated standard within a Cerner Millennium EHR workflow context.

j) Within 36 months of applicable task order award, the Contractor shall provide a solution for a Software Development Kit (SDK) enabling standards-based applications (e.g., SMART, FHIR, etc.) integrated with EHRM solutions and platforms.

k) Cerner shall deliver annually an Interoperability Plan to the VA on how it intends to meet the objectives established in PWS section 5.10.4. The initial plan will be due within 3 months of applicable TO award.

l) The Contractor shall conduct an annual Interoperability Self-Assessment against standards that shall be specified by VA, such as those promulgated by HIMSS or future standards to be identified by VA. The annual self assessment shall report on the state of each data element (e.g., which are supported in what capacities and in which formats). This will help assure standards implementation consistency and assure standards compliance with evolving national standards.

m) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminologies, clinical decision support rules, and order sets, etc., to the extent such extensions are consistent with the model and best practices of the controlling national standard. This includes the ability to curate, extend, and share that knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies.

5.10.4.1 Data Design and Information Sharing

In support of the interoperability objectives under this Section, agreed upon Contractor proprietary information/data model extension points (e.g., ingestion and record APIs) may be provided to both international and national standards designating organizations as described and set forth in an applicable Task Order. The Contractor shall provide VA access and usage rights into any underlying proprietary terminology/code systems for the purpose of enhancing national standards to address any gaps identified in the EHRM solution. The Contractor shall also make the interoperability capabilities and product enhancements developed under this contract available to non-VA Cerner clients.

5.10.4.2 VA Digital Health Platform/Digital Veterans Platform Integration

VA anticipates developing a Digital Health Platform/Digital Veterans Platform (DVP) to consolidate critical VA EHR and non-EHR operational systems. The Contractor shall integrate the EHRM to interoperate with DVP, or future state VA platform, including the DVP API gateway or any other method designated by VA.

John H. Windom, Senior Executive Service (SES)
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Executive Assistant: Ms. (b)(6) - Appointments and Scheduling

(b)(6)@va.gov Office: 202-382-(b)(6)

From: Blackburn, Scott R.
Sent: Friday, March 23, 2018 12:15 PM
To: Windom, John H.; Bowman, Thomas
Subject: FW: [EXTERNAL] Re: VA EHR

John - you might want to swing the by Secretary/Deputy's office before end of day to get a sense of where he is with respect to this.

Sent with Good (www.good.com)

From: Marc Sherman
Sent: Friday, March 23, 2018 9:47:39 AM
To: Blackburn, Scott R.
Cc: Bruce Moskowitz; DJS
Subject: [EXTERNAL] Re: VA EHR

Scott,

Thanks for inviting me to listen in on your calls this week with the subject matter experts. I was happy to make time to participate as requested and always happy to provide my thoughts for your consideration when requested.

I read carefully your email about the efforts to work out the holes raised by the experts. You are on the way to kicking off an exciting project with a highly respected Contractor/vendor and a VA team that has worked very hard; and I know everyone has the goal to build the best next generation system for the veterans' healthcare. However, there were several major issues raised in the calls this week with the technical and clinical experts that you try to explain away in your email as solved, but indeed are not according to the experts. These issues, they believe, will prevent a successful implementation and I fear come back to haunt this project and its overseers. I hate to be a naysayer, but I respectfully don't agree with some of your conclusions expressed in your email when I listen to the experts with whom you consulted; and the experts are in fact not swayed by the follow-up conversations with them. The experts are recommending a system for the VA that has various enhancements to today's standard system functionality. At a minimum, I heard those experts express their opinions that the contract dangerously lacks definitions, standards and a clear expression of this required, defined enhanced (non-standard) functionality (they articulate it much better than I). Failing to express this type of definitional clarity in the contract is an invitation to ambiguity, disputes and ultimate failure of purpose. The best "oversight and management of the contract" will not turn a contract lacking specificity into a vision of clarity. Including contractual clarity allows the Contractor to understand TODAY what is expected so that today it can confirm its agreement to provide the full functionality desired and have a better understanding of what is expected of them. Clarity in the contract is a healthy ingredient for the VA and the Contractor.

I would be delighted to be wrong and welcome a demonstration of where Section 5.1 of the contract provides this specificity that Drs. Cooper and Huff, for example, urged. In light of the system requirements that these experts say must be included, which are enhancements of today's standard deliverables, the contract language is ambiguous. You say that "risk cannot be 100% driven out of any transformation of this magnitude," a concept to which I subscribe. However, when you substitute this concept for clear, written and defined functionality, especially for a design that is expected to be unique in many respects, you are doomed to disappointment and conflict.

I am sorry to be so harsh in my opinions, but the experts are so united on this point; and together with my historical observations of failures in nearly identical situations I just see warning flares going off. Scott, I want to see this project get started, and quickly, as much as anyone, but with the clarity that equally serves the VA and the Contractor, and prevents evident problems down the road. I also believe these things are easy to resolve in the contract language in relatively minimal time.

Just my opinion and food for thought as you make your decisions.

Marc

On Wed, Mar 21, 2018 at 10:19 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Marc / Bruce,

Thank you once again for all your support and especially for linking us up with these CIOs/experts. This was incredibly valuable. Secretary Shulkin, John Windom and I got together earlier today as well to talk about the path ahead. A few notes:

- In order to make sure we understand some of the more specific detailed points, members of our team reached out today for individual follow ups with Dr. Cooper, Dr. Karson, Dr. Shrestha, Jon Manis and Stephanie. Each have been so generous with their time – Stephanie will host us for a visit on April 4 and Dr. Cooper offered to do the same at Mayo.
 - Dr. Zenooz did connect with Dr. Cooper today on the point Marc highlights below to make sure we are on the same page and have the language right (part was us better understanding his point; part was pointing him to the specific language in 5.1.1 and giving him the broader context with what we are doing with Lighthouse as our API gateway and the VA Open API Pledge that 11 healthcare institutions signed two weeks ago include Cris Ross at Mayo as well Stan Huff at Intermountain and Dr. Karson at Partners).
 - We will also follow up with Stan on some of the issues he raised as well. For example: Stan will be excited to learn that Cerner has prioritized an additional 40 engineers to accelerate FHIR APIs for VA in support of this contract. This will also benefit Intermountain as Stan was telling us they've only had 10-15 for their entire company to date. If VA/DoD/Intermountain work together we will quickly get to the 200 number Stan mentioned.

- Per Stephanie's suggestion, we are going to start moving forward ASAP on formalizing an Advisory Committee so that we can get these insights on an ongoing basis. Formalizing this will allow for continuity of expertise throughout our journey. Obviously we will want Stephanie, John, Andy, Rasu, etc. Cris Ross (Mayo), Will Morris or Ed Marx (Cleveland Clinic), Frank Opelka (American College of Surgeons) are others you've introduced us to along the way that we would love to include. We would like to work with you to make sure we get this right.

- As recommended last night, an interoperability sandbox/test bed will be established during our Initial Operating Capabilities (IOC) implementation/deployment process to solidify the requisite interoperability requirements prior to full enterprise deployment. This is a great suggestion and very consistent with what we have been hearing from many experts.

- Our team is reviewing all the feedback (both oral from the calls and the written notes that some provided) and cross-walking this against the language in the

RFP/contract documents (both EHR and also Lighthouse). We are not seeing any major changes to the contract nor do we see any showstoppers. Upon receiving the feedback, we feel very good that we have a solid contract from which we will just need to make minor revisions.

- After discussing this with Secretary Shulkin today, we feel strongly about moving forward quickly. We will make any necessary tweaks with Cerner ASAP (we absolutely do not anticipate any push back; and Cerner has promised to turn things around immediately) and will move forward to sign the overarching IDIQ contract. Assuming Congress approves the Omnibus bill by Friday (and President Trump signs it), we will then have the funding and authority to do so – and Secretary Shulkin could sign as early as next week. If the Omnibus falls through (which let's hope not), then we would have to request a transfer from the Congressional appropriation committees which will then take ~2 weeks. Signing the initial task orders will allow us to start moving forward with Cerner on the initial 3 hospitals (which will be in Washington state) on things like site surveys, infrastructure readiness, data hosting, change management (with will include wide involvement from clinicians inside and outside VA...something we heard loud and clear from Bruce!), help desk establishment, and project oversight (which we've heard loud and clear from Stephanie/Jon). As a reminder, given the IDIQ structure of the contract we would not be signing the full contract (rather just Year 1 – which is ~5% of the value of the contract). But this will allow us to get moving and out of the “quicksand”.

- Marc makes a great point below on turning DoD's struggles into a positive. We have been working very closely with the DoD team over the past 9 months (I now have my own Pentagon ID pass I am there so much; John and I work very closely with their EHR lead Stacy Cummings; John Windom talks to her several times a week). We have incorporated a lot of their stumbles into our contract (e.g., data migration was a big issue with Congressman Phil Roe and we addressed that; and most recently we have made some adjustments on trouble ticket management based on what you've read in the papers). We are paying very close attention to their implementation issues (workflow, change management, governance) to make sure we don't make the same mistake twice. DoD's biggest problems are around implementation and change management. This underscores Bruce's point of making sure we have clinician buy-in and involvement from the get-go (I couldn't agree more). This will make getting move on change management in Task Order #1 so important.

- As you both know, risk cannot be 100% driven out of any transformation of this magnitude. Stephanie Reel so succinctly captured, “it is the oversight and management of the contract that will be of the utmost importance, as well as the VA'S access to senior industry advisors.” I think we have a great plan. The biggest thing I worry about will be executing and we are definitely going to need all the help we can get.

Again, we believe the construct of the contract, and more importantly the proper oversight and management of the contract will greatly mitigate cost, schedule and performance concerns, as well as support the timely injection of technological advancements (e.g. cloud, APIs, etc.) at the appropriate pace and balance necessary to support our Veterans without jeopardizing our overall care. Interoperability remains at the forefront of our concerns, and your comments, the MITRE study and various other external inputs contributing significantly to our RFP language and corresponding requirements. Interoperability will be a moving target for years to come, but our contract allows us to leverage the best of ideas of industry throughout the contract's life without incurring the exorbitant costs you have alluded to, as well as not be bound by potentially antiquated definitions .

Bruce/Marc, thank you for everything. As I mentioned to Bruce recently, you have been tremendous "demanding partners" on this journey and we are incredibly appreciate. We look forward to continuing this relationship as we take the next steps.

Scott

From: Marc Sherman [mailto:(b)(6)@gmail.com]
Sent: Wednesday, March 21, 2018 9:31 AM
To: Blackburn, Scott R.
Cc: DJS
Subject: Re: [EXTERNAL] Re: Stan Huff

I agree that the call was very helpful. I spent the night after the call reflecting on some of the discussion and thought I would offer some reaction/feedback that still seems unsettled. I will outline my nighttime thoughts below in case you find them useful.

1. I thought that Dr. Cooper made a good case for inserting specific definitions and standards on the meaning and use of "interoperability," especially since that term has as many meanings in the industry as those who speak it. It is so easy for the contractor to proceed down a design path using one definition or standard while the users will require a totally different standard. That runs the risk of not being discovered until later, perhaps even up to implementation, a very costly result. Perhaps a similar problem (a seemingly big problem) that the DOD implementation faces now where the users are rebelling. Unfortunately, if this "gap" in definition is not discovered until IOC, it will be very difficult and very expensive to fix (ala the DOD problem). I agree with Dr. Cooper, why not set the critical definitions and standards in the contract (PWS) now and eliminate the chance for any confusion or ambiguity. It will pay dividends later in terms of less arguments, better initial design, happier user community, less overall cost, better healthcare delivery, etc. Then, with the standard fully defined and set in the original PWS, the mock-up test will be much sooner in time and much more complete the first time, allowing the users to provide input sooner and better, eliminating costly design mistakes from the beginning. The user community can tell you today what is needed to

accomplish this "next generation" system that will be a model for the country and the future of healthcare (as Ms. Reel envisioned on the call last night). Why would you not want to tell the contractor the specifics of that now, in fairness to them, the VA, the patients and healthcare, so they can proceed with that standard from day one or express any concerns they may have now instead of in the future after costly design has occurred? Why would you not want to be specific in the contract to prevent ambiguity? Dr. Shulkin pushed back on Dr. Cooper's view as already accomplished in the PWS and cited Section 5 (I believe he said section 5.1.1) of the PWS. Dr. Cooper, as a physician user and not a technician, deferred on the effectiveness of the existing contract language to others, but commented that the CIO of MAYO read the contract and also did not think it adequately contained the right defining language to set out unambiguous definitions and standard. I have read the contract again last night and happen to agree, or am missing it. If I am wrong, it would be useful for someone to point me in the right direction.

2. I was also thinking about the current reported problems of the DOD implementation seemingly caused by a user (clinician) revolt over inadequacy (or unsuitability) for their needs. The VA runs that same risk. Perhaps that problem could be a benefit to your effort. Why not accumulate all of the user complaints/issues in the DOD implementation identified by the users and chart them out. Then identify which of those issues would be issues if they existed in the VA implementation and include them in the contract as definitional requirements. You have the benefit of knowing the failures in the very system upon which you are modeling your system...and you have an added advantage and opportunity to contractually prevent similar mistakes.
3. I have other thoughts as well that we should discuss, but these are the ones that I felt more pressing to highlight since I will be unavailable today.

Best

Marc

On Wed, Mar 21, 2018 at 8:24 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

No problem Marc. Thanks for all your help. Very helpful call last night.

From: Marc Sherman [mailto:[\(b\)\(6\)@gmail.com](mailto:(b)(6)@gmail.com)]

Sent: Wednesday, March 21, 2018 12:12 AM

To: Blackburn, Scott R.

Subject: [EXTERNAL] Re: Stan Huff

Scott

I won't be able to join the call tomorrow as I have a previous commitment that I cannot move. I will catch up with you or Bruce after.

Marc

Marc Sherman
(202) 758-(b)(6)

On Tue, Mar 20, 2018, 10:30 PM Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Bruce/Marc – thanks for introducing us to all the experts we talked to tonight. It was extremely valuable.

We have Stan Huff from Intermountain tomorrow at 10am. I assume you have the calendar invite, but just in case it is 1-800-767-(b)(5); (b)(6)

We have been unable to schedule anything with Dr. Ko (very busy calendar). We will try.

Scott

Scott Blackburn
Executive in Charge, Office of Information & Technology
US Department of Veterans Affairs

From: Bowman, Thomas
Sent: 23 Mar 2018 13:35:58 -0700
To: Windom, John H.;Blackburn, Scott R.
Cc: Zenooz, Ashwini;Short, John (VACO)
Subject: RE: [EXTERNAL] Re: VA EHR

John. My prayers are with you and your family. You are where you need to be. Best,

Sent with Good (www.good.com)

From: Windom, John H.
Sent: Friday, March 23, 2018 1:32:06 PM
To: Blackburn, Scott R.; Bowman, Thomas
Cc: Zenooz, Ashwini; Short, John (VACO)
Subject: RE: [EXTERNAL] Re: VA EHR

Sir,
Mom admitted to the hospital. (b)(6) I will connect with SECVA/DEPSEC on Monday. My concerns are truly elsewhere right now. I told DEPSEC and Danny that I was headed out. Thank you for your understanding and sorry you are dealing with this “nonsense” during your time with the family. Available by phone and email all weekend.

Vr
John

Sent with Good (www.good.com)

From: Blackburn, Scott R.
Sent: Friday, March 23, 2018 12:08:22 PM
To: Windom, John H.; Bowman, Thomas
Cc: Zenooz, Ashwini; Short, John (VACO)
Subject: RE: [EXTERNAL] Re: VA EHR

I agree. Please connect with the Secretary today to make sure we are all on the same page.

This is a case of continuing to talk past each other (given Marc doesn't understand the context of government nor does he understand the contract). We can do an interoperability

sandbox/test platform, but we still need to sign the contract. In fact, I think we need to sign the contract in order to do this. Not signing the contract essentially kills the deal.

From: Windom, John H.
Sent: Friday, March 23, 2018 1:55 PM
To: Blackburn, Scott R.; Bowman, Thomas
Cc: Zenooz, Ashwini; Short, John (VACO)
Subject: RE: [EXTERNAL] Re: VA EHR

Mr. Blackburn,

I went back and read Mr. Sherman's email and reviewed my notes. I see no recommended language for insertion in the contract to address his concerns. What it appears to be is a push to perform an interoperability sandbox/test platform in advance of contract award.

Vr

John

John H. Windom, Senior Executive Service (SES)
Program Executive for Electronic Health Record Modernization (PEO EHRM)
Special Advisor to the Under Secretary for Health
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Mobile: (202) 794-4911
Executive Assistant: Ms. (b)(6) Appointments and Scheduling
(b)(6)@va.gov Office: 202-382-(b)(6)

From: Windom, John H.
Sent: Friday, March 23, 2018 1:47 PM
To: Blackburn, Scott R.; Bowman, Thomas
Cc: Zenooz, Ashwini; Short, John (VACO)
Subject: RE: [EXTERNAL] Re: VA EHR

Mr. Blackburn,

Not sure where Mr. Sherman is going with his comments but our language in the contract is consistent with the requirements or our Clinicians , various external reviews and the Mitre report. Mr. Sherman is seeking specificity in the interoperability realm that simply does not exist today and is evolving even as I type. We have provisions in the EHR contract to insert technology as we, the VA, as well as to incorporate evolving technology and standards. The DVP acquisition is our bridge to the use of APIs (gateways), FHIR, etc. We have modified our interoperability language (below) based on the Mitre and the many external reviews to give us the utmost flexibility over the 10-year life of this contract. The Secretary personally halted the recent phone call to stop Marc Sherman, et. Al's parade of national interoperability objectives as not feasible at this juncture "anywhere," but included as part of our overall

interoperability strategy that includes the DVP acquisition/strategy. We are committed to establishing the interoperability test bed/sandbox at IOC to solidify our interoperability objectives prior to full deployment to the enterprise. In addition, I believe Mr. Sherman meant to highlight section 5.5.1 which speaks to the data domains that were called into question and their inclusion in the contract. They are clearly in the contract as captured below. Mr. Sherman does not understand the culture of VA or the federal government. We have an incremental/iterative change management strategy that will culminate in a successful EHR Modernization effort. He appears to be more of a “big bang” theory guy. The problem is, we must continue to deliver uninterrupted and quality care to our Veterans during the transformation within the parameters of the law and other regulations/policies (e.g. cybersecurity, cloud, etc.) bounding our integration/implementation strategies. Our existing language is sound and appropriately balances change management risks, future insertion of technology, innovation opportunities, standards development, etc. without artificially inflating the cost of the contract through the incorporation of excess specificity that never materializes in practice. Through the Initial Operating Capabilities (IOC) process and the judicious issuance of task orders, we will have the ability to change course direction as appropriate without excess risk to the taxpayers or our overall success. Mr. Sherman continues to fail to recognize that it is Program Management Oversight (PMO) and VA commitment to change management that will drive our success in these areas, not more words in the contract.

V/r,
John

IDIQ PWS 5.5.1: Workflow Development and Normalization:

j) The Contractor shall enable configuration of the application that supports external community data without requiring the clinician to go to special screens to see and use reconciled external data. By IOC entry, the Contractor shall support incorporation of the following external community data domains, including but not limited to these domains and sub-domains:

- Problems
- Allergies
- Home Medications
- Procedures - including associated reports and with appropriately filtered CPT codes
- Immunizations
- Discharge Summaries
- Progress Notes
- Consult Notes
- History & Physicals
- Operative Notes
- Radiology and Diagnostic Reports (Into “Documentation” component)

By IOC exit, the Contractor shall support incorporation of the following external community data domains, including but not limited to these domains and sub-domains:

- Results
 - o Labs
 - General
 - Pathology and Microbiology
 - o Vitals

- Radiology and Diagnostic Reports (Into “Diagnostic Report” component)
- Images

IDIQ PWS Section 5.10.4: Seamless Interoperability / Joint Industry Outreach includes significant detail on the topic. The interoperability section is copied below this table for reference.

IDIQ PWS section 5.5.4 Data Exchange - Application Program Interface (API) Gateway also includes detail on the creation of strategic open APIs.

VA NF-177: Interoperability - Data Standards: The system shall support the use of the health data standards identified in the VA DoD Health Information Technical Standards Profile and by the VA DoD Interagency Clinical Informatics board, including following common data standards: National Information Exchange Model NIEM; Health Level 7 HL7; Logical Observation Identifiers, Names and Codes LOINC; Systematized Nomenclature of Medicine SNOMED; RxNorm, MedRT, ICD, CPT, HCPCS, Veteran Information Model VIM; and Healthcare Information Technology Standards Panel HITSP as well as VA/DOD/IPO extensions to these standards.

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5.10.4 Seamless Interoperability / Joint Industry Outreach

The Contractor is required to collaborate with VA affiliates, community partners, EHR providers, healthcare providers, and vendors to advance seamless care throughout the health care provider market. Seamless care will require the creation of an integrated inpatient and outpatient solution with software components that have been designed, integrated, maintained, and deployed with a design architecture that allows for access to and sharing of common data and an enabling security framework that supports end-to-end healthcare related clinical and business operations. Seamless care is the experience patients and providers have moving from task to task and encounter to encounter within or between organizations such that high-quality decisions form easily and complete care plans execute smoothly. Information systems support the seamless-care experience by gathering data, interpreting data, presenting information, and managing tasks. Currently, industry lacks specific and uniform interoperability standards to support seamless care between organizations that employ different EHR systems. The Requirements Traceability Matrix Section D, Attachment 003, sets forth specific Informatics and Interoperability contract requirements. To accomplish this, the Contractor shall provide software and services to enable seamless care between VA encounters, encounters with other Government healthcare institutions, and outside entities through advancements in all areas of

the EHR that occur. In addition, the software and services shall support the VA designated standards, such as SMART on FHIR and SMART-enabled applications, or other published standards.

The objective of these interoperability solutions is to advance the state of the art supporting seamless care for Veterans. Existing organizations promoting interoperability among EHR vendors, such as The Argonaut Project, have developed or are planning to develop technology standards or technical approaches that may support the EHRM seamless care strategy. To the extent that underlying third party technology is available or made available to meet the following timelines, the following interoperability software solutions and services shall be delivered under this section:

- a) By Initial Operating Capability (IOC), the Contractor shall provide a software solution enabling VA, DoD and community providers who have connected to the EHRM to share interactive care plans (ICPs) for Veterans. ICPs will enable collaborative communication between providers, and between providers and Veterans, in managing Veteran care.
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- c) By IOC, the Contractor shall provide a software solution enabling VA to release and consume, via on-demand access, a Veteran's complete longitudinal health record to and from DoD and connected community partners, irrespective of which EHR they use, provided such EHR technology is certified by the Health and Human Services Office of the National Coordinator (ONC) or its successor. The longitudinal record solution shall support Provider-to-Provider record sharing, as well as Provider-Veteran-Provider sharing (Veteran mediated record sharing), including appropriate consent management. The bi-directional health information exchange shall maximize use of discrete data that supports context-driven clinical decisions and informatics.
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connected to the EHRM to have nationwide access to Veterans' imaging associated with diagnostic tests.

g) By IOC, the Contractor shall provide a software solution for multilateral standards-based ingestion, normalization, storage, and exporting of Health Information Exchange acquired Veteran health information. The Contractor shall ensure that the solution provides a computable dataset for purposes of population health and research analytics, clinical decision support, and workflow integration.

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i) By IOC, the Contractor shall provide a capability for provider collaboration via secure e-mail using the ONC Direct protocol or future VA-designated standard within a Cerner Millennium EHR workflow context.

j) Within 36 months of applicable task order award, the Contractor shall provide a solution for a Software Development Kit (SDK) enabling standards-based applications (e.g., SMART, FHIR, etc.) integrated with EHRM solutions and platforms.

k) Cerner shall deliver annually an Interoperability Plan to the VA on how it intends to meet the objectives established in PWS section 5.10.4. The initial plan will be due within 3 months of applicable TO award.

l) The Contractor shall conduct an annual Interoperability Self-Assessment against standards that shall be specified by VA, such as those promulgated by HIMSS or future standards to be identified by VA. The annual self assessment shall report on the state of each data element (e.g., which are supported in what capacities and in which formats). This will help assure standards implementation consistency and assure standards compliance with evolving national standards.

m) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminologies, clinical decision support rules, and order sets, etc., to the extent such extensions are consistent with the model and best practices of the controlling national standard. This includes the ability to curate, extend, and share that knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies.

5.10.4.1 Data Design and Information Sharing

In support of the interoperability objectives under this Section, agreed upon Contractor proprietary information/data model extension points (e.g., ingestion and record APIs) may be provided to both international and national standards designating organizations as described and set forth in an applicable Task Order. The Contractor shall provide VA access and usage rights into any underlying proprietary terminology/code systems for the purpose of enhancing national standards to address any gaps identified in the EHRM solution. The Contractor shall also make the interoperability capabilities and product enhancements developed under this contract available to non-VA Cerner clients.

5.10.4.2 VA Digital Health Platform/Digital Veterans Platform Integration

VA anticipates developing a Digital Health Platform/Digital Veterans Platform (DVP) to consolidate critical VA EHR and non-EHR operational systems. The Contractor shall integrate the EHRM to interoperate with DVP, or future state VA platform, including the DVP API gateway or any other method designated by VA.

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From: Blackburn, Scott R.
Sent: Friday, March 23, 2018 12:15 PM
To: Windom, John H.; Bowman, Thomas
Subject: FW: [EXTERNAL] Re: VA EHR

John - you might want to swing the by Secretary/Deputy's office before end of day to get a sense of where he is with respect to this.

Sent with Good (www.good.com)

From: Marc Sherman
Sent: Friday, March 23, 2018 9:47:39 AM
To: Blackburn, Scott R.
Cc: Bruce Moskowitz; DJS
Subject: [EXTERNAL] Re: VA EHR

Scott,

Thanks for inviting me to listen in on your calls this week with the subject matter experts. I was happy to make time to participate as requested and always happy to provide my thoughts for your consideration when requested.

I read carefully your email about the efforts to work out the holes raised by the experts. You are on the way to kicking off an exciting project with a highly respected Contractor/vendor and a VA team that has worked very hard; and I know everyone has the goal to build the best next generation system for the veterans' healthcare. However, there were several major issues raised in the calls this week with the technical and clinical experts that you try to explain away in your email as solved, but indeed are not according to the experts. These issues, they believe, will prevent a successful implementation and I fear come back to haunt this project and its overseers. I hate to be a naysayer, but I respectfully don't agree with some of your conclusions expressed in your email when I listen to the experts with whom you consulted; and the experts are in fact not swayed by the follow-up conversations with them. The experts are recommending a system for the VA that has various enhancements to today's standard system functionality. At a minimum, I heard those experts express their opinions that the contract dangerously lacks definitions, standards and a clear expression of this required, defined enhanced (non-standard) functionality (they articulate it much better than I). Failing to express this type of definitional clarity in the contract is an invitation to ambiguity, disputes and ultimate failure of purpose. The best "oversight and management of the contract" will not turn a contract lacking specificity into a vision of clarity. Including contractual clarity allows the Contractor to understand TODAY what is expected so that today it can confirm its agreement to provide the full functionality desired and have a better understanding of what is expected of them. Clarity in the contract is a healthy ingredient for the VA and the Contractor.

I would be delighted to be wrong and welcome a demonstration of where Section 5.1 of the contract provides this specificity that Drs. Cooper and Huff, for example, urged. In light of the system requirements that these experts say must be included, which are enhancements of today's standard deliverables, the contract language is ambiguous. You say that "risk cannot be 100% driven out of any transformation of this magnitude," a concept to which I subscribe. However, when you substitute this concept for clear, written and defined functionality, especially for a design that is expected to be unique in many respects, you are doomed to disappointment and conflict.

I am sorry to be so harsh in my opinions, but the experts are so united on this point; and together with my historical observations of failures in nearly identical situations I just see warning flares going off. Scott, I want to see this project get started, and quickly, as much as anyone, but with the clarity that equally serves the VA and the Contractor, and prevents evident problems down the road. I also believe these things are easy to resolve in the contract language in relatively minimal time.

Just my opinion and food for thought as you make your decisions.

Marc

On Wed, Mar 21, 2018 at 10:19 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Marc / Bruce,

Thank you once again for all your support and especially for linking us up with these CIOs/experts. This was incredibly valuable. Secretary Shulkin, John Windom and I got together earlier today as well to talk about the path ahead. A few notes:

- In order to make sure we understand some of the more specific detailed points, members of our team reached out today for individual follow ups with Dr. Cooper, Dr. Karson, Dr. Shrestha, Jon Manis and Stephanie. Each have been so generous with their time – Stephanie will host us for a visit on April 4 and Dr. Cooper offered to do the same at Mayo.
 - Dr. Zenooz did connect with Dr. Cooper today on the point Marc highlights below to make sure we are on the same page and have the language right (part was us better understanding his point; part was pointing him to the specific language in 5.1.1 and giving him the broader context with what we are doing with Lighthouse as our API gateway and the VA Open API Pledge that 11 healthcare institutions signed two weeks ago include Cris Ross at Mayo as well Stan Huff at Intermountain and Dr. Karson at Partners).
 - We will also follow up with Stan on some of the issues he raised as well. For example: Stan will be excited to learn that Cerner has prioritized an additional 40 engineers to accelerate FHIR APIs for VA in support of this contract. This will also benefit Intermountain as Stan was telling us they've only had 10-15 for their entire company to date. If VA/DoD/Intermountain work together we will quickly get to the 200 number Stan mentioned.

- Per Stephanie's suggestion, we are going to start moving forward ASAP on formalizing an Advisory Committee so that we can get these insights on an ongoing basis. Formalizing this will allow for continuity of expertise throughout our journey. Obviously we will want Stephanie, John, Andy, Rasu, etc. Cris Ross (Mayo), Will Morris or Ed Marx (Cleveland Clinic), Frank Opelka (American College of Surgeons) are others you've introduced us to along the way that we would love to include. We would like to work with you to make sure we get this right.

- As recommended last night, an interoperability sandbox/test bed will be established during our Initial Operating Capabilities (IOC) implementation/deployment process to solidify the requisite interoperability requirements prior to full enterprise deployment. This is a great suggestion and very consistent with what we have been hearing from many experts.

- Our team is reviewing all the feedback (both oral from the calls and the written notes that some provided) and cross-walking this against the language in the

RFP/contract documents (both EHR and also Lighthouse). We are not seeing any major changes to the contract nor do we see any showstoppers. Upon receiving the feedback, we feel very good that we have a solid contract from which we will just need to make minor revisions.

- After discussing this with Secretary Shulkin today, we feel strongly about moving forward quickly. We will make any necessary tweaks with Cerner ASAP (we absolutely do not anticipate any push back; and Cerner has promised to turn things around immediately) and will move forward to sign the overarching IDIQ contract. Assuming Congress approves the Omnibus bill by Friday (and President Trump signs it), we will then have the funding and authority to do so – and Secretary Shulkin could sign as early as next week. If the Omnibus falls through (which let's hope not), then we would have to request a transfer from the Congressional appropriation committees which will then take ~2 weeks. Signing the initial task orders will allow us to start moving forward with Cerner on the initial 3 hospitals (which will be in Washington state) on things like site surveys, infrastructure readiness, data hosting, change management (with will include wide involvement from clinicians inside and outside VA...something we heard loud and clear from Bruce!), help desk establishment, and project oversight (which we've heard loud and clear from Stephanie/Jon). As a reminder, given the IDIQ structure of the contract we would not be signing the full contract (rather just Year 1 – which is ~5% of the value of the contract). But this will allow us to get moving and out of the “quicksand”.

- Marc makes a great point below on turning DoD's struggles into a positive. We have been working very closely with the DoD team over the past 9 months (I now have my own Pentagon ID pass I am there so much; John and I work very closely with their EHR lead Stacy Cummings; John Windom talks to her several times a week). We have incorporated a lot of their stumbles into our contract (e.g., data migration was a big issue with Congressman Phil Roe and we addressed that; and most recently we have made some adjustments on trouble ticket management based on what you've read in the papers). We are paying very close attention to their implementation issues (workflow, change management, governance) to make sure we don't make the same mistake twice. DoD's biggest problems are around implementation and change management. This underscores Bruce's point of making sure we have clinician buy-in and involvement from the get-go (I couldn't agree more). This will make getting move on change management in Task Order #1 so important.

- As you both know, risk cannot be 100% driven out of any transformation of this magnitude. Stephanie Reel so succinctly captured, “it is the oversight and management of the contract that will be of the utmost importance, as well as the VA'S access to senior industry advisors.” I think we have a great plan. The biggest thing I worry about will be executing and we are definitely going to need all the help we can get.

Again, we believe the construct of the contract, and more importantly the proper oversight and management of the contract will greatly mitigate cost, schedule and performance concerns, as well as support the timely injection of technological advancements (e.g. cloud, APIs, etc.) at the appropriate pace and balance necessary to support our Veterans without jeopardizing our overall care. Interoperability remains at the forefront of our concerns, and your comments, the MITRE study and various other external inputs contributing significantly to our RFP language and corresponding requirements. Interoperability will be a moving target for years to come, but our contract allows us to leverage the best of ideas of industry throughout the contract's life without incurring the exorbitant costs you have alluded to, as well as not be bound by potentially antiquated definitions .

Bruce/Marc, thank you for everything. As I mentioned to Bruce recently, you have been tremendous "demanding partners" on this journey and we are incredibly appreciate. We look forward to continuing this relationship as we take the next steps.

Scott

From: Marc Sherman [mailto:(b)(6)@gmail.com]
Sent: Wednesday, March 21, 2018 9:31 AM
To: Blackburn, Scott R.
Cc: DJS
Subject: Re: [EXTERNAL] Re: Stan Huff

I agree that the call was very helpful. I spent the night after the call reflecting on some of the discussion and thought I would offer some reaction/feedback that still seems unsettled. I will outline my nighttime thoughts below in case you find them useful.

1. I thought that Dr. Cooper made a good case for inserting specific definitions and standards on the meaning and use of "interoperability," especially since that term has as many meanings in the industry as those who speak it. It is so easy for the contractor to proceed down a design path using one definition or standard while the users will require a totally different standard. That runs the risk of not being discovered until later, perhaps even up to implementation, a very costly result. Perhaps a similar problem (a seemingly big problem) that the DOD implementation faces now where the users are rebelling. Unfortunately, if this "gap" in definition is not discovered until IOC, it will be very difficult and very expensive to fix (ala the DOD problem). I agree with Dr. Cooper, why not set the critical definitions and standards in the contract (PWS) now and eliminate the chance for any confusion or ambiguity. It will pay dividends later in terms of less arguments, better initial design, happier user community, less overall cost, better healthcare delivery, etc. Then, with the standard fully defined and set in the original PWS, the mock-up test will be much sooner in time and much more complete the first time, allowing the users to provide input sooner and better, eliminating costly design mistakes from the beginning. The user community can tell you today what is needed to

accomplish this "next generation" system that will be a model for the country and the future of healthcare (as Ms. Reel envisioned on the call last night). Why would you not want to tell the contractor the specifics of that now, in fairness to them, the VA, the patients and healthcare, so they can proceed with that standard from day one or express any concerns they may have now instead of in the future after costly design has occurred? Why would you not want to be specific in the contract to prevent ambiguity? Dr. Shulkin pushed back on Dr. Cooper's view as already accomplished in the PWS and cited Section 5 (I believe he said section 5.1.1) of the PWS. Dr. Cooper, as a physician user and not a technician, deferred on the effectiveness of the existing contract language to others, but commented that the CIO of MAYO read the contract and also did not think it adequately contained the right defining language to set out unambiguous definitions and standard. I have read the contract again last night and happen to agree, or am missing it. If I am wrong, it would be useful for someone to point me in the right direction.

2. I was also thinking about the current reported problems of the DOD implementation seemingly caused by a user (clinician) revolt over inadequacy (or unsuitability) for their needs. The VA runs that same risk. Perhaps that problem could be a benefit to your effort. Why not accumulate all of the user complaints/issues in the DOD implementation identified by the users and chart them out. Then identify which of those issues would be issues if they existed in the VA implementation and include them in the contract as definitional requirements. You have the benefit of knowing the failures in the very system upon which you are modeling your system...and you have an added advantage and opportunity to contractually prevent similar mistakes.
3. I have other thoughts as well that we should discuss, but these are the ones that I felt more pressing to highlight since I will be unavailable today.

Best

Marc

On Wed, Mar 21, 2018 at 8:24 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

No problem Marc. Thanks for all your help. Very helpful call last night.

From: Marc Sherman [mailto:[\(b\)\(6\)@gmail.com](mailto:(b)(6)@gmail.com)]

Sent: Wednesday, March 21, 2018 12:12 AM

To: Blackburn, Scott R.

Subject: [EXTERNAL] Re: Stan Huff

Scott

I won't be able to join the call tomorrow as I have a previous commitment that I cannot move. I will catch up with you or Bruce after.

Marc

Marc Sherman

(202) 758-(b)(6)

On Tue, Mar 20, 2018, 10:30 PM Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Bruce/Marc – thanks for introducing us to all the experts we talked to tonight. It was extremely valuable.

We have Stan Huff from Intermountain tomorrow at 10am. I assume you have the calendar invite, but just in case it is 1-800-767-(b)(6); (b)(5)

We have been unable to schedule anything with Dr. Ko (very busy calendar). We will try.

Scott

Scott Blackburn

Executive in Charge, Office of Information & Technology
US Department of Veterans Affairs

From: Blackburn, Scott R.
Sent: 23 Mar 2018 12:08:22 -0700
To: Windom, John H.;Bowman, Thomas
Cc: Zenooz, Ashwini;Short, John (VACO)
Subject: RE: [EXTERNAL] Re: VA EHR

I agree. Please connect with the Secretary today to make sure we are all on the same page.

This is a case of continuing to talk past each other (given Marc doesn't understand the context of government nor does he understand the contract). We can do an interoperability sandbox/test platform, but we still need to sign the contract. In fact, I think we need to sign the contract in order to do this. Not signing the contract essentially kills the deal.

From: Windom, John H.
Sent: Friday, March 23, 2018 1:55 PM
To: Blackburn, Scott R.; Bowman, Thomas
Cc: Zenooz, Ashwini; Short, John (VACO)
Subject: RE: [EXTERNAL] Re: VA EHR

Mr. Blackburn,

I went back and read Mr. Sherman's email and reviewed my notes. I see no recommended language for insertion in the contract to address his concerns. What it appears to be is a push to perform an interoperability sandbox/test platform in advance of contract award.

Vr

John

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Executive Assistant: Ms (b)(6) – Appointments and Scheduling

(b)(6)@va.gov Office: 202-382-(b)(6)

From: Windom, John H.
Sent: Friday, March 23, 2018 1:47 PM
To: Blackburn, Scott R.; Bowman, Thomas
Cc: Zenooz, Ashwini; Short, John (VACO)
Subject: RE: [EXTERNAL] Re: VA EHR

Mr. Blackburn,

Not sure where Mr. Sherman is going with his comments but our language in the contract is consistent with the requirements of our Clinicians, various external reviews and the Mitre report. Mr. Sherman is seeking specificity in the interoperability realm that simply does not exist today and is evolving even as I type. We have provisions in the EHR contract to insert technology as we, the VA, as well as to incorporate evolving technology and standards. The DVP acquisition is our bridge to the use of APIs (gateways), FHIR, etc. We have modified our interoperability language (below) based on the Mitre and the many external reviews to give us the utmost flexibility over the 10-year life of this contract. The Secretary personally halted the recent phone call to stop Marc Sherman, et. Al's parade of national interoperability objectives as not feasible at this juncture "anywhere," but included as part of our overall interoperability strategy that includes the DVP acquisition/strategy. We are committed to establishing the interoperability test bed/sandbox at IOC to solidify our interoperability objectives prior to full deployment to the enterprise. In addition, I believe Mr. Sherman meant to highlight section 5.5.1 which speaks to the data domains that were called into question and their inclusion in the contract. They are clearly in the contract as captured below. Mr. Sherman does not understand the culture of VA or the federal government. We have an incremental/iterative change management strategy that will culminate in a successful EHR Modernization effort. He appears to be more of a "big bang" theory guy. The problem is, we must continue to deliver uninterrupted and quality care to our Veterans during the transformation within the parameters of the law and other regulations/policies (e.g. cybersecurity, cloud, etc.) bounding our integration/implementation strategies. Our existing language is sound and appropriately balances change management risks, future insertion of technology, innovation opportunities, standards development, etc. without artificially inflating the cost of the contract through the incorporation of excess specificity that never materializes in practice. Through the Initial Operating Capabilities (IOC) process and the judicious issuance of task orders, we will have the ability to change course direction as appropriate without excess risk to the taxpayers or our overall success. Mr. Sherman continues to fail to recognize that it is Program Management Oversight (PMO) and VA commitment to change management that will drive our success in these areas, not more words in the contract.

V/r,
John

IDIQ PWS 5.5.1: Workflow Development and Normalization:

j) The Contractor shall enable configuration of the application that supports external community data without requiring the clinician to go to special screens to see and use reconciled external data. By IOC entry, the Contractor shall support incorporation of the following external community data domains, including but not limited to these domains and sub-domains:

- Problems
- Allergies
- Home Medications
- Procedures - including associated reports and with appropriately filtered CPT codes
- Immunizations
- Discharge Summaries
- Progress Notes
- Consult Notes
- History & Physicals
- Operative Notes
- Radiology and Diagnostic Reports (Into "Documentation" component)

By IOC exit, the Contractor shall support incorporation of the following external community data domains, including but not limited to these domains and sub-domains:

- Results
 - o Labs
 - General
 - Pathology and Microbiology
 - o Vitals
- Radiology and Diagnostic Reports (Into “Diagnostic Report” component)
- Images

IDIQ PWS Section 5.10.4: Seamless Interoperability / Joint Industry Outreach includes significant detail on the topic. The interoperability section is copied below this table for reference.

IDIQ PWS section 5.5.4 Data Exchange - Application Program Interface (API) Gateway also includes detail on the creation of strategic open APIs.

VA NF-177: Interoperability - Data Standards: The system shall support the use of the health data standards identified in the VA DoD Health Information Technical Standards Profile and by the VA DoD Interagency Clinical Informatics board, including following common data standards: National Information Exchange Model NIEM; Health Level 7 HL7; Logical Observation Identifiers, Names and Codes LOINC; Systematized Nomenclature of Medicine SNOMED; RxNorm, MedRT, ICD, CPT, HCPCS, Veteran Information Model VIM; and Healthcare Information Technology Standards Panel HITSP as well as VA/DOD/IPO extensions to these standards.

VA-NF-T23: Informatics - Care Integration: VA must be able to seamlessly integrate with HIE and external-to-EHR shared services to provide for a seamless experience and to more effectively integrate in community care efforts, as well as with other parts of VA (e.g., identity management). This includes but is not limited to the EHR product ability to support external shared services (SOA services, such as identity management, care plan service, scheduling, etc.) accessed via standards-based APIs. (Process Continuity, Evolution, Extension) KSR5 [NOW +]

VA NF-Z11: Health Information Exchange: The system shall support VA electronic exchange of health records via other interoperable networks (e.g. CareQuality, CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange) by supporting their specifications, security and content specifications

5.10.4 Seamless Interoperability / Joint Industry Outreach

The Contractor is required to collaborate with VA affiliates, community partners, EHR providers, healthcare providers, and vendors to advance seamless care throughout the health care provider market. Seamless care will require the creation of an integrated inpatient and outpatient solution with software components that have been designed, integrated, maintained, and deployed with a design architecture that allows for access to and sharing of common data and an enabling security framework that supports end-to-end healthcare related clinical and business operations. Seamless care is the experience patients and providers have moving from task to task and encounter to encounter within or between organizations such that high-quality decisions form easily and complete care plans execute smoothly. Information systems support the seamless-care experience by gathering data, interpreting data, presenting information, and managing tasks. Currently, industry lacks specific and uniform interoperability standards to support seamless care between organizations that employ different EHR systems. The Requirements Traceability Matrix Section D, Attachment 003, sets forth specific Informatics and Interoperability contract requirements. To accomplish this, the Contractor shall provide software and services to enable seamless care between VA encounters, encounters with other Government healthcare institutions, and outside entities through advancements in all areas of the EHR that occur. In addition, the software and services shall support the VA designated standards, such as SMART on FHIR and SMART-enabled applications, or other published standards.

The objective of these interoperability solutions is to advance the state of the art supporting seamless care for Veterans. Existing organizations promoting interoperability among EHR vendors, such as The Argonaut Project, have developed or are planning to develop technology standards or technical approaches that may support the EHRM seamless care strategy. To the extent that underlying third party technology is available or made available to meet the following timelines, the following interoperability software solutions and services shall be delivered under this section:

- a) By Initial Operating Capability (IOC), the Contractor shall provide a software solution enabling VA, DoD and community providers who have connected to the EHRM to share interactive care plans (ICPs) for Veterans. ICPs will enable collaborative communication between providers, and between providers and Veterans, in managing Veteran care.
- b) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and connected community providers to complete referral management activities for Veterans.
- c) By IOC, the Contractor shall provide a software solution enabling VA to release and consume, via on-demand access, a Veteran's complete longitudinal health record to and from DoD and connected community partners, irrespective of which EHR they use, provided such EHR technology is certified by the Health and Human Services Office of the National Coordinator (ONC) or its successor. The longitudinal record solution shall support Provider-to-Provider record sharing, as well as Provider-Veteran-Provider sharing (Veteran mediated record sharing), including appropriate consent management. The bi-directional health information exchange shall maximize use of discrete data that supports context-driven clinical decisions and informatics.
- d) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling connected VA, DoD and community providers connected to the EHRM to send and receive Admission/Discharge/Transfer notifications "pushed" from the provider initiating a Veteran care event to enable proactive engagement by VA care coordinators when notified of a Veteran care event.
- e) Within 24 months of applicable task order award, the Contractor will demonstrate a solution for identification and management of Veterans at high risk of suicide, in collaboration with community partners.

- f) By IOC, the contractor shall provide URL based image access to the VA, community and academic partner systems who can support the URL and a viewer to the providers via the health information exchange networks. Within 36 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and community providers connected to the EHRM to have nationwide access to Veterans' imaging associated with diagnostic tests.
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- i) By IOC, the Contractor shall provide a capability for provider collaboration via secure e-mail using the ONC Direct protocol or future VA-designated standard within a Cerner Millennium EHR workflow context.
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- k) Cerner shall deliver annually an Interoperability Plan to the VA on how it intends to meet the objectives established in PWS section 5.10.4. The initial plan will be due within 3 months of applicable TO award.
- l) The Contractor shall conduct an annual Interoperability Self-Assessment against standards that shall be specified by VA, such as those promulgated by HIMSS or future standards to be identified by VA. The annual self assessment shall report on the state of each data element (e.g., which are supported in what capacities and in which formats). This will help assure standards implementation consistency and assure standards compliance with evolving national standards.
- m) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminologies, clinical decision support rules, and order sets, etc., to the extent such extensions are consistent with the model and best practices of the controlling national standard. This includes the ability to curate, extend, and share that knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies.

5.10.4.1 Data Design and Information Sharing

In support of the interoperability objectives under this Section, agreed upon Contractor proprietary information/data model extension points (e.g., ingestion and record APIs) may be provided to both international and national standards designating organizations as described and set forth in an applicable Task Order. The Contractor shall provide VA access and usage rights into any underlying proprietary terminology/code systems for the purpose of enhancing national standards to address any gaps identified in the EHRM solution. The Contractor shall also make the interoperability capabilities and product enhancements developed under this contract available to non-VA Cerner clients.

5.10.4.2 VA Digital Health Platform/Digital Veterans Platform Integration

VA anticipates developing a Digital Health Platform/Digital Veterans Platform (DVP) to consolidate critical VA EHR and non-EHR operational systems. The Contractor shall integrate the EHRM to

interoperate with DVP, or future state VA platform, including the DVP API gateway or any other method designated by VA.

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(b)(6)@va.gov Office: 202-382-(b)(6)

From: Blackburn, Scott R.
Sent: Friday, March 23, 2018 12:15 PM
To: Windom, John H.; Bowman, Thomas
Subject: FW: [EXTERNAL] Re: VA EHR

John - you might want to swing the by Secretary/Deputy's office before end of day to get a sense of where he is with respect to this.

Sent with Good (www.good.com)

From: Marc Sherman
Sent: Friday, March 23, 2018 9:47:39 AM
To: Blackburn, Scott R.
Cc: Bruce Moskowitz; DJS
Subject: [EXTERNAL] Re: VA EHR

Scott,

Thanks for inviting me to listen in on your calls this week with the subject matter experts. I was happy to make time to participate as requested and always happy to provide my thoughts for your consideration when requested.

I read carefully your email about the efforts to work out the holes raised by the experts. You are on the way to kicking off an exciting project with a highly respected Contractor/vendor and a VA team that has worked very hard; and I know everyone has the goal to build the best next

generation system for the veterans' healthcare. However, there were several major issues raised in the calls this week with the technical and clinical experts that you try to explain away in your email as solved, but indeed are not according to the experts. These issues, they believe, will prevent a successful implementation and I fear come back to haunt this project and its overseers. I hate to be a naysayer, but I respectfully don't agree with some of your conclusions expressed in your email when I listen to the experts with whom you consulted; and the experts are in fact not swayed by the follow-up conversations with them. The experts are recommending a system for the VA that has various enhancements to today's standard system functionality. At a minimum, I heard those experts express their opinions that the contract dangerously lacks definitions, standards and a clear expression of this required, defined enhanced (non-standard) functionality (they articulate it much better than I). Failing to express this type of definitional clarity in the contract is an invitation to ambiguity, disputes and ultimate failure of purpose. The best "oversight and management of the contract" will not turn a contract lacking specificity into a vision of clarity. Including contractual clarity allows the Contractor to understand TODAY what is expected so that today it can confirm its agreement to provide the full functionality desired and have a better understanding of what is expected of them. Clarity in the contract is a healthy ingredient for the VA and the Contractor.

I would be delighted to be wrong and welcome a demonstration of where Section 5.1 of the contract provides this specificity that Drs. Cooper and Huff, for example, urged. In light of the system requirements that these experts say must be included, which are enhancements of today's standard deliverables, the contract language is ambiguous. You say that "risk cannot be 100% driven out of any transformation of this magnitude," a concept to which I subscribe. However, when you substitute this concept for clear, written and defined functionality, especially for a design that is expected to be unique in many respects, you are doomed to disappointment and conflict.

I am sorry to be so harsh in my opinions, but the experts are so united on this point; and together with my historical observations of failures in nearly identical situations I just see warning flares going off. Scott, I want to see this project get started, and quickly, as much as anyone, but with the clarity that equally serves the VA and the Contractor, and prevents evident problems down the road. I also believe these things are easy to resolve in the contract language in relatively minimal time.

Just my opinion and food for thought as you make your decisions.

Marc

On Wed, Mar 21, 2018 at 10:19 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:
Marc / Bruce,

Thank you once again for all your support and especially for linking us up with these CIOs/experts. This was incredibly valuable. Secretary Shulkin, John Windom and I got together earlier today as well to talk about the path ahead. A few notes:

- In order to make sure we understand some of the more specific detailed points, members of our team reached out today for individual follow ups with Dr. Cooper, Dr. Karson, Dr.

Shrestha, Jon Manis and Stephanie. Each have been so generous with their time – Stephanie will host us for a visit on April 4 and Dr. Cooper offered to do the same at Mayo.

- Dr. Zenooz did connect with Dr. Cooper today on the point Marc highlights below to make sure we are on the same page and have the language right (part was us better understanding his point; part was pointing him to the specific language in 5.1.1 and giving him the broader context with what we are doing with Lighthouse as our API gateway and the VA Open API Pledge that 11 healthcare institutions signed two weeks ago include Cris Ross at Mayo as well Stan Huff at Intermountain and Dr. Karson at Partners).
- We will also follow up with Stan on some of the issues he raised as well. For example: Stan will be excited to learn that Cerner has prioritized an additional 40 engineers to accelerate FHIR APIs for VA in support of this contract. This will also benefit Intermountain as Stan was telling us they've only had 10-15 for their entire company to date. If VA/DoD/Intermountain work together we will quickly get to the 200 number Stan mentioned.
- Per Stephanie's suggestion, we are going to start moving forward ASAP on formalizing an Advisory Committee so that we can get these insights on an ongoing basis. Formalizing this will allow for continuity of expertise throughout our journey. Obviously we will want Stephanie, John, Andy, Rasu, etc. Cris Ross (Mayo), Will Morris or Ed Marx (Cleveland Clinic), Frank Opelka (American College of Surgeons) are others you've introduced us to along the way that we would love to include. We would like to work with you to make sure we get this right.
- As recommended last night, an interoperability sandbox/test bed will be established during our Initial Operating Capabilities (IOC) implementation/deployment process to solidify the requisite interoperability requirements prior to full enterprise deployment. This is a great suggestion and very consistent with what we have been hearing from many experts.
- Our team is reviewing all the feedback (both oral from the calls and the written notes that some provided) and cross-walking this against the language in the RFP/contract documents (both EHR and also Lighthouse). We are not seeing any major changes to the contract nor do we see any showstoppers. Upon receiving the feedback, we feel very good that we have a solid contract from which we will just need to make minor revisions.
- After discussing this with Secretary Shulkin today, we feel strongly about moving forward quickly. We will make any necessary tweaks with Cerner ASAP (we absolutely do not anticipate any push back; and Cerner has promised to turn things around immediately) and will move forward to sign the overarching IDIQ contract. Assuming Congress approves the Omnibus bill by Friday (and President Trump signs it), we will then have the funding and authority to do so –

and Secretary Shulkin could sign as early as next week. If the Omnibus falls through (which let's hope not), then we would have to request a transfer from the Congressional appropriation committees which will then take ~2 weeks. Signing the initial task orders will allow us to start moving forward with Cerner on the initial 3 hospitals (which will be in Washington state) on things like site surveys, infrastructure readiness, data hosting, change management (with will include wide involvement from clinicians inside and outside VA...something we heard loud and clear from Bruce!), help desk establishment, and project oversight (which we've heard loud and clear from Stephanie/Jon). As a reminder, given the IDIQ structure of the contract we would not be signing the full contract (rather just Year 1 – which is ~5% of the value of the contract). But this will allow us to get moving and out of the “quicksand”.

- Marc makes a great point below on turning DoD's struggles into a positive. We have been working very closely with the DoD team over the past 9 months (I now have my own Pentagon ID pass I am there so much; John and I work very closely with their EHR lead Stacy Cummings; John Windom talks to her several times a week). We have incorporated a lot of their stumbles into our contract (e.g., data migration was a big issue with Congressman Phil Roe and we addressed that; and most recently we have made some adjustments on trouble ticket management based on what you've read in the papers). We are paying very close attention to their implementation issues (workflow, change management, governance) to make sure we don't make the same mistake twice. DoD's biggest problems are around implementation and change management. This underscores Bruce's point of making sure we have clinician buy-in and involvement from the get-go (I couldn't agree more). This will make getting move on change management in Task Order #1 so important.

- As you both know, risk cannot be 100% driven out of any transformation of this magnitude. Stephanie Reel so succinctly captured, “it is the oversight and management of the contract that will be of the utmost importance, as well as the VA'S access to senior industry advisors.” I think we have a great plan. The biggest thing I worry about will be executing and we are definitely going to need all the help we can get.

Again, we believe the construct of the contract, and more importantly the proper oversight and management of the contract will greatly mitigate cost, schedule and performance concerns, as well as support the timely injection of technological advancements (e.g. cloud, APIs, etc.) at the appropriate pace and balance necessary to support our Veterans without jeopardizing our overall care. Interoperability remains at the forefront of our concerns, and your comments, the MITRE study and various other external inputs contributing significantly to our RFP language and corresponding requirements. Interoperability will be a moving target for years to come, but our contract allows us to leverage the best of ideas of industry throughout the contract's life without incurring the exorbitant costs you have alluded to, as well as not be bound by potentially antiquated definitions .

Bruce/Marc, thank you for everything. As I mentioned to Bruce recently, you have been tremendous “demanding partners” on this journey and we are incredibly appreciate. We look forward to continuing this relationship as we take the next steps.

Scott

From: Marc Sherman [mailto:(b)(6)@gmail.com]
Sent: Wednesday, March 21, 2018 9:31 AM
To: Blackburn, Scott R.
Cc: DJS
Subject: Re: [EXTERNAL] Re: Stan Huff

I agree that the call was very helpful. I spent the night after the call reflecting on some of the discussion and thought I would offer some reaction/feedback that still seems unsettled. I will outline my nighttime thoughts below in case you find them useful.

1. I thought that Dr. Cooper made a good case for inserting specific definitions and standards on the meaning and use of "interoperability," especially since that term has as many meanings in the industry as those who speak it. It is so easy for the contractor to proceed down a design path using one definition or standard while the users will require a totally different standard. That runs the risk of not being discovered until later, perhaps even up to implementation, a very costly result. Perhaps a similar problem (a seemingly big problem) that the DOD implementation faces now where the users are rebelling. Unfortunately, if this "gap" in definition is not discovered until IOC, it will be very difficult and very expensive to fix (ala the DOD problem). I agree with Dr. Cooper, why not set the critical definitions and standards in the contract (PWS) now and eliminate the chance for any confusion or ambiguity. It will pay dividends later in terms of less arguments, better initial design, happier user community, less overall cost, better healthcare delivery, etc. Then, with the standard fully defined and set in the original PWS, the mock-up test will be much sooner in time and much more complete the first time, allowing the users to provide input sooner and better, eliminating costly design mistakes from the beginning. The user community can tell you today what is needed to accomplish this "next generation" system that will be a model for the country and the future of healthcare (as Ms. Reel envisioned on the call last night). Why would you not want to tell the contractor the specifics of that now, in fairness to them, the VA, the patients and healthcare, so they can proceed with that standard from day one or express any concerns they may have now instead of in the future after costly design has occurred? Why would you not want to be specific in the contract to prevent ambiguity? Dr. Shulkin pushed back on Dr. Cooper's view as already accomplished in the PWS and cited Section 5 (I believe he said section 5.1.1) of the PWS. Dr. Cooper, as a physician user and not a technician, deferred on the effectiveness of the existing contract language to others, but commented that the CIO of MAYO read the contract and also did not think it adequately contained the right defining language to set out unambiguous definitions and standard. I have read the contract again last night and happen to agree, or am missing it. If I am wrong, it would be useful for someone to point me in the right direction.
2. I was also thinking about the current reported problems of the DOD implementation seemingly caused by a user (clinician) revolt over inadequacy

(or unsuitability) for their needs. The VA runs that same risk. Perhaps that problem could be a benefit to your effort. Why not accumulate all of the user complaints/issues in the DOD implementation identified by the users and chart them out. Then identify which of those issues would be issues if they existed in the VA implementation and include them in the contract as definitional requirements. You have the benefit of knowing the failures in the very system upon which you are modeling your system...and you have an added advantage and opportunity to contractually prevent similar mistakes.

3. I have other thoughts as well that we should discuss, but these are the ones that I felt more pressing to highlight since I will be unavailable today.

Best

Marc

On Wed, Mar 21, 2018 at 8:24 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:
No problem Marc. Thanks for all your help. Very helpful call last night.

From: Marc Sherman [mailto:[\(b\)\(6\)@gmail.com](mailto:(b)(6)@gmail.com)]
Sent: Wednesday, March 21, 2018 12:12 AM
To: Blackburn, Scott R.
Subject: [EXTERNAL] Re: Stan Huff

Scott

I won't be able to join the call tomorrow as I have a previous commitment that I cannot move. I will catch up with you or Bruce after.

Marc

Marc Sherman
(202) 758-[\(b\)\(6\)](tel:(b)(6))

On Tue, Mar 20, 2018, 10:30 PM Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Bruce/Marc – thanks for introducing us to all the experts we talked to tonight. It was extremely valuable.

We have Stan Huff from Intermountain tomorrow at 10am. I assume you have the calendar invite, but just in case it is 1-800-767-[\(b\)\(6\); \(b\)\(5\)](tel:(b)(6);(b)(5))

We have been unable to schedule anything with Dr. Ko (very busy calendar). We will trying.

Scott

Scott Blackburn
Executive in Charge, Office of Information & Technology
US Department of Veterans Affairs

From: Windom, John H.
Sent: 23 Mar 2018 13:32:06 -0700
To: Blackburn, Scott R.;Bowman, Thomas
Cc: Zenooz, Ashwini;Short, John (VACO)
Subject: RE: [EXTERNAL] Re: VA EHR

Sir,
Mom admitted to the hospital. (b)(6) will connect with SECVA/DEPSEC on Monday. My concerns are truly elsewhere right now. I told DEPSEC and Danny that I was headed out. Thank you for your understanding and sorry you are dealing with this “nonsense” during your time with the family. Available by phone and email all weekend.

Vr
John

Sent with Good (www.good.com)

From: Blackburn, Scott R.
Sent: Friday, March 23, 2018 12:08:22 PM
To: Windom, John H.; Bowman, Thomas
Cc: Zenooz, Ashwini; Short, John (VACO)
Subject: RE: [EXTERNAL] Re: VA EHR

I agree. Please connect with the Secretary today to make sure we are all on the same page.

This is a case of continuing to talk past each other (given Marc doesn't understand the context of government nor does he understand the contract). We can do an interoperability sandbox/test platform, but we still need to sign the contract. In fact, I think we need to sign the contract in order to do this. Not signing the contract essentially kills the deal.

From: Windom, John H.
Sent: Friday, March 23, 2018 1:55 PM
To: Blackburn, Scott R.; Bowman, Thomas
Cc: Zenooz, Ashwini; Short, John (VACO)
Subject: RE: [EXTERNAL] Re: VA EHR

Mr. Blackburn,
I went back and read Mr. Sherman's email and reviewed my notes. I see no recommended language for insertion in the contract to address his concerns. What it appears to be is a push to perform an interoperability sandbox/test platform in advance of contract award.

Vr
John

John H. Windom, Senior Executive Service (SES)
Program Executive for Electronic Health Record Modernization (PEO EHRM)
Special Advisor to the Under Secretary for Health
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Mobile: (202) 794-4911
Executive Assistant: Ms. (b)(6) Appointments and Scheduling
(b)(6)@va.gov Office: 202-382-(b)(6)

From: Windom, John H.
Sent: Friday, March 23, 2018 1:47 PM
To: Blackburn, Scott R.; Bowman, Thomas
Cc: Zenooz, Ashwini; Short, John (VACO)
Subject: RE: [EXTERNAL] Re: VA EHR

Mr. Blackburn,

Not sure where Mr. Sherman is going with his comments but our language in the contract is consistent with the requirements or our Clinicians , various external reviews and the Mitre report. Mr. Sherman is seeking specificity in the interoperability realm that simply does not exist today and is evolving even as I type. We have provisions in the EHR contract to insert technology as we, the VA, as well as to incorporate evolving technology and standards. The DVP acquisition is our bridge to the use of APIs (gateways), FHIR, etc. We have modified our interoperability language (below) based on the Mitre and the many external reviews to give us the utmost flexibility over the 10-year life of this contract. The Secretary personally halted the recent phone call to stop Marc Sherman, et. Al's parade of national interoperability objectives as not feasible at this juncture "anywhere," but included as part of our overall interoperability strategy that includes the DVP acquisition/strategy. We are committed to establishing the interoperability test bed/sandbox at IOC to solidify our interoperability objectives prior to full deployment to the enterprise. In addition, I believe Mr. Sherman meant to highlight section 5.5.1 which speaks to the data domains that were called into question and their inclusion in the contract. They are clearly in the contract as captured below. Mr. Sherman does not understand the culture of VA or the federal government. We have an incremental/iterative change management strategy that will culminate in a successful EHR Modernization effort. He appears to be more of a "big bang" theory guy. The problem is, we must continue to deliver uninterrupted and quality care to our Veterans during the transformation within the parameters of the law and other regulations/policies (e.g. cybersecurity, cloud, etc.) bounding our integration/implementation strategies. Our existing language is sound and appropriately balances change management risks, future insertion of technology, innovation opportunities, standards development, etc. without artificially inflating the cost of the contract through the incorporation of excess specificity that never materializes in practice. Through the Initial Operating Capabilities (IOC) process and the judicious issuance of task orders, we will have the ability to change course direction as

appropriate without excess risk to the taxpayers or our overall success. Mr. Sherman continues to fail to recognize that it is Program Management Oversight (PMO) and VA commitment to change management that will drive our success in these areas, not more words in the contract.

**V/r,
John**

IDIQ PWS 5.5.1: Workflow Development and Normalization:

j) The Contractor shall enable configuration of the application that supports external community data without requiring the clinician to go to special screens to see and use reconciled external data. By IOC entry, the Contractor shall support incorporation of the following external community data domains, including but not limited to these domains and sub-domains:

- Problems
- Allergies
- Home Medications
- Procedures - including associated reports and with appropriately filtered CPT codes
- Immunizations
- Discharge Summaries
- Progress Notes
- Consult Notes
- History & Physicals
- Operative Notes
- Radiology and Diagnostic Reports (Into "Documentation" component)

By IOC exit, the Contractor shall support incorporation of the following external community data domains, including but not limited to these domains and sub-domains:

- Results
 - o Labs
 - General
 - Pathology and Microbiology
 - o Vitals
- Radiology and Diagnostic Reports (Into "Diagnostic Report" component)
- Images

IDIQ PWS Section 5.10.4: Seamless Interoperability / Joint Industry Outreach includes significant detail on the topic. The interoperability section is copied below this table for reference.

IDIQ PWS section 5.5.4 Data Exchange - Application Program Interface (API) Gateway also includes detail on the creation of strategic open APIs.

VA NF-177: Interoperability - Data Standards: The system shall support the use of the health data standards identified in the VA DoD Health Information Technical Standards Profile and by the VA DoD Interagency Clinical Informatics board, including following common data standards: National Information Exchange Model NIEM; Health Level 7 HL7; Logical Observation Identifiers, Names and Codes LOINC; Systematized Nomenclature of Medicine SNOMED; RxNorm, MedRT,

ICD, CPT, HCPCS, Veteran Information Model VIM; and Healthcare Information Technology Standards Panel HITSP as well as VA/DOD/IPO extensions to these standards.

VA-NF-T23: Informatics - Care Integration: VA must be able to seamlessly integrate with HIE and external-to-EHR shared services to provide for a seamless experience and to more effectively integrate in community care efforts, as well as with other parts of VA (e.g., identity management). This includes but is not limited to the EHR product ability to support external shared services (SOA services, such as identity management, care plan service, scheduling, etc.) accessed via standards-based APIs. (Process Continuity, Evolution, Extension) KSR5 [NOW +]

VA NF-Z11: Health Information Exchange: The system shall support VA electronic exchange of health records via other interoperable networks (e.g. CareQuality, CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange) by supporting their specifications, security and content specifications

5.10.4 Seamless Interoperability / Joint Industry Outreach

The Contractor is required to collaborate with VA affiliates, community partners, EHR providers, healthcare providers, and vendors to advance seamless care throughout the health care provider market. Seamless care will require the creation of an integrated inpatient and outpatient solution with software components that have been designed, integrated, maintained, and deployed with a design architecture that allows for access to and sharing of common data and an enabling security framework that supports end-to-end healthcare related clinical and business operations. Seamless care is the experience patients and providers have moving from task to task and encounter to encounter within or between organizations such that high-quality decisions form easily and complete care plans execute smoothly. Information systems support the seamless-care experience by gathering data, interpreting data, presenting information, and managing tasks. Currently, industry lacks specific and uniform interoperability standards to support seamless care between organizations that employ different EHR systems. The Requirements Traceability Matrix Section D, Attachment 003, sets forth specific Informatics and Interoperability contract requirements. To accomplish this, the Contractor shall provide software and services to enable seamless care between VA encounters, encounters with other Government healthcare institutions, and outside entities through advancements in all areas of the EHR that occur. In addition, the software and services shall support the VA designated standards, such as SMART on FHIR and SMART-enabled applications, or other published standards.

The objective of these interoperability solutions is to advance the state of the art supporting seamless care for Veterans. Existing organizations promoting interoperability among EHR vendors, such as The Argonaut Project, have developed or are planning to develop technology standards or technical approaches that may support the EHRM seamless care strategy. To the extent that underlying third party technology is available or made available to meet the following timelines, the following interoperability software solutions and services shall be delivered under this section:

a) By Initial Operating Capability (IOC), the Contractor shall provide a software solution enabling VA, DoD and community providers who have connected to the EHRM to share interactive care plans (ICPs) for Veterans. ICPs will enable collaborative communication between providers, and between providers and Veterans, in managing Veteran care.

- b) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and connected community providers to complete referral management activities for Veterans.
- c) By IOC, the Contractor shall provide a software solution enabling VA to release and consume, via on-demand access, a Veteran's complete longitudinal health record to and from DoD and connected community partners, irrespective of which EHR they use, provided such EHR technology is certified by the Health and Human Services Office of the National Coordinator (ONC) or its successor. The longitudinal record solution shall support Provider-to-Provider record sharing, as well as Provider-Veteran-Provider sharing (Veteran mediated record sharing), including appropriate consent management. The bi-directional health information exchange shall maximize use of discrete data that supports context-driven clinical decisions and informatics.
- d) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling connected VA, DoD and community providers connected to the EHRM to send and receive Admission/Discharge/Transfer notifications "pushed" from the provider initiating a Veteran care event to enable proactive engagement by VA care coordinators when notified of a Veteran care event.
- e) Within 24 months of applicable task order award, the Contractor will demonstrate a solution for identification and management of Veterans at high risk of suicide, in collaboration with community partners.
- f) By IOC, the contractor shall provide URL based image access to the VA, community and academic partner systems who can support the URL and a viewer to the providers via the health information exchange networks. Within 36 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and community providers connected to the EHRM to have nationwide access to Veterans' imaging associated with diagnostic tests.
- g) By IOC, the Contractor shall provide a software solution for multilateral standards-based ingestion, normalization, storage, and exporting of Health Information Exchange acquired Veteran health information. The Contractor shall ensure that the solution provides a computable dataset for purposes of population health and research analytics, clinical decision support, and workflow integration.
- h) By IOC, the Contractor shall provide the capability to connect and exchange VA electronic health records via other interoperable networks, such as. eHealth Exchange, CareQuality, CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange by supporting their specifications, security and content specifications. Contractor shall support network record locator services and patient provider associations as applicable in accordance with applicable technical standards and the Trusted Exchange Framework and Common Agreement (TEFCA).
- i) By IOC, the Contractor shall provide a capability for provider collaboration via secure e-mail using the ONC Direct protocol or future VA-designated standard within a Cerner Millennium EHR workflow context.
- j) Within 36 months of applicable task order award, the Contractor shall provide a solution for a Software Development Kit (SDK) enabling standards-based applications (e.g., SMART, FHIR, etc.) integrated with EHRM solutions and platforms.
- k) Cerner shall deliver annually an Interoperability Plan to the VA on how it intends to meet the objectives established in PWS section 5.10.4. The initial plan will be due within 3 months of applicable TO award.

l) The Contractor shall conduct an annual Interoperability Self-Assessment against standards that shall be specified by VA, such as those promulgated by HIMSS or future standards to be identified by VA. The annual self assessment shall report on the state of each data element (e.g., which are supported in what capacities and in which formats). This will help assure standards implementation consistency and assure standards compliance with evolving national standards.

m) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminologies, clinical decision support rules, and order sets, etc., to the extent such extensions are consistent with the model and best practices of the controlling national standard. This includes the ability to curate, extend, and share that knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies.

5.10.4.1 Data Design and Information Sharing

In support of the interoperability objectives under this Section, agreed upon Contractor proprietary information/data model extension points (e.g., ingestion and record APIs) may be provided to both international and national standards designating organizations as described and set forth in an applicable Task Order. The Contractor shall provide VA access and usage rights into any underlying proprietary terminology/code systems for the purpose of enhancing national standards to address any gaps identified in the EHRM solution. The Contractor shall also make the interoperability capabilities and product enhancements developed under this contract available to non-VA Cerner clients.

5.10.4.2 VA Digital Health Platform/Digital Veterans Platform Integration

VA anticipates developing a Digital Health Platform/Digital Veterans Platform (DVP) to consolidate critical VA EHR and non-EHR operational systems. The Contractor shall integrate the EHRM to interoperate with DVP, or future state VA platform, including the DVP API gateway or any other method designated by VA.

John H. Windom, Senior Executive Service (SES)
Program Executive for Electronic Health Record Modernization (PEO EHRM)
Special Advisor to the Under Secretary for Health
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From: Blackburn, Scott R.
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To: Windom, John H.; Bowman, Thomas
Subject: FW: [EXTERNAL] Re: VA EHR

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Sent with Good (www.good.com)

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Sent: Friday, March 23, 2018 9:47:39 AM
To: Blackburn, Scott R.
Cc: Bruce Moskowitz; DJS
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Scott,

Thanks for inviting me to listen in on your calls this week with the subject matter experts. I was happy to make time to participate as requested and always happy to provide my thoughts for your consideration when requested.

I read carefully your email about the efforts to work out the holes raised by the experts. You are on the way to kicking off an exciting project with a highly respected Contractor/vendor and a VA team that has worked very hard; and I know everyone has the goal to build the best next generation system for the veterans' healthcare. However, there were several major issues raised in the calls this week with the technical and clinical experts that you try to explain away in your email as solved, but indeed are not according to the experts. These issues, they believe, will prevent a successful implementation and I fear come back to haunt this project and its overseers. I hate to be a naysayer, but I respectfully don't agree with some of your conclusions expressed in your email when I listen to the experts with whom you consulted; and the experts are in fact not swayed by the follow-up conversations with them. The experts are recommending a system for the VA that has various enhancements to today's standard system functionality. At a minimum, I heard those experts express their opinions that the contract dangerously lacks definitions, standards and a clear expression of this required, defined enhanced (non-standard) functionality (they articulate it much better than I).

Failing to express this type of definitional clarity in the contract is an invitation to ambiguity, disputes and ultimate failure of purpose. The best "oversight and management of the contract" will not turn a contract lacking specificity into a vision of clarity. Including contractual clarity allows the Contractor to understand TODAY what is expected so that today it can confirm its agreement to provide the full functionality desired and have a better understanding of what is expected of them. Clarity in the contract is a healthy ingredient for the VA and the Contractor.

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Just my opinion and food for thought as you make your decisions.

Marc

On Wed, Mar 21, 2018 at 10:19 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Marc / Bruce,

Thank you once again for all your support and especially for linking us up with these CIOs/experts. This was incredibly valuable. Secretary Shulkin, John Windom and I got together earlier today as well to talk about the path ahead. A few notes:

- In order to make sure we understand some of the more specific detailed points, members of our team reached out today for individual follow ups with Dr. Cooper, Dr. Karson, Dr. Shrestha, Jon Manis and Stephanie. Each have been so generous with their time – Stephanie will host us for a visit on April 4 and Dr. Cooper offered to do the same at Mayo.
 - Dr. Zenooz did connect with Dr. Cooper today on the point Marc highlights below to make sure we are on the same page and have the language right (part was us better understanding his point; part was pointing him to the specific language in 5.1.1 and giving him the broader context with what we are doing with Lighthouse as our API gateway and the VA Open API Pledge that 11 healthcare institutions signed two weeks ago include Cris Ross at Mayo as well Stan Huff at Intermountain and Dr. Karson at Partners).
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- Our team is reviewing all the feedback (both oral from the calls and the written notes that some provided) and cross-walking this against the language in the RFP/contract documents (both EHR and also Lighthouse). We are not seeing any major changes to the contract nor do we see any showstoppers. Upon receiving the feedback, we feel very good that we have a solid contract from which we will just need to make minor revisions.
- After discussing this with Secretary Shulkin today, we feel strongly about moving forward quickly. We will make any necessary tweaks with Cerner ASAP (we absolutely do not anticipate any push back; and Cerner has promised to turn things around immediately) and will move forward to sign the overarching IDIQ contract. Assuming Congress approves the Omnibus bill by Friday (and President Trump signs it), we will then have the funding and authority to do so – and Secretary Shulkin could sign as early as next week. If the Omnibus falls through (which let's hope not), then we would have to request a transfer from the Congressional appropriation committees which will then take ~2 weeks. Signing the initial task orders will allow us to start moving forward with Cerner on the initial 3 hospitals (which will be in Washington state) on things like site surveys, infrastructure readiness, data hosting, change management (with will include wide involvement from clinicians inside and outside VA...something we heard loud and clear from Bruce!), help desk establishment, and project oversight (which we've heard loud and clear from Stephanie/Jon). As a reminder, given the IDIQ structure of the contract we would not be signing the full contract (rather just Year 1 – which is ~5% of

the value of the contract). But this will allow us to get moving and out of the “quicksand”.

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- As you both know, risk cannot be 100% driven out of any transformation of this magnitude. Stephanie Reel so succinctly captured, “it is the oversight and management of the contract that will be of the utmost importance, as well as the VA’S access to senior industry advisors.” I think we have a great plan. The biggest thing I worry about will be executing and we are definitely going to need all the help we can get.

Again, we believe the construct of the contract, and more importantly the proper oversight and management of the contract will greatly mitigate cost, schedule and performance concerns, as well as support the timely injection of technological advancements (e.g. cloud, APIs, etc.) at the appropriate pace and balance necessary to support our Veterans without jeopardizing our overall care. Interoperability remains at the forefront of our concerns, and your comments, the MITRE study and various other external inputs contributing significantly to our RFP language and corresponding requirements. Interoperability will be a moving target for years to come, but our contract allows us to leverage the best of ideas of industry throughout the contract’s life without incurring the exorbitant costs you have alluded to, as well as not be bound by potentially antiquated definitions .

Bruce/Marc, thank you for everything. As I mentioned to Bruce recently, you have been tremendous “demanding partners” on this journey and we are incredibly appreciate. We look forward to continuing this relationship as we take the next steps.

Scott

From: Marc Sherman [mailto:(b)(6)@gmail.com]
Sent: Wednesday, March 21, 2018 9:31 AM
To: Blackburn, Scott R.
Cc: DJS
Subject: Re: [EXTERNAL] Re: Stan Huff

I agree that the call was very helpful. I spent the night after the call reflecting on some of the discussion and thought I would offer some reaction/feedback that still seems unsettled. I will outline my nighttime thoughts below in case you find them useful.

1. I thought that Dr. Cooper made a good case for inserting specific definitions and standards on the meaning and use of "interoperability," especially since that term has as many meanings in the industry as those who speak it. It is so easy for the contractor to proceed down a design path using one definition or standard while the users will require a totally different standard. That runs the risk of not being discovered until later, perhaps even up to implementation, a very costly result. Perhaps a similar problem (a seemingly big problem) that the DOD implementation faces now where the users are rebelling. Unfortunately, if this "gap" in definition is not discovered until IOC, it will be very difficult and very expensive to fix (ala the DOD problem). I agree with Dr. Cooper, why not set the critical definitions and standards in the contract (PWS) now and eliminate the chance for any confusion or ambiguity. It will pay dividends later in terms of less arguments, better initial design, happier user community, less overall cost, better healthcare delivery, etc. Then, with the standard fully defined and set in the original PWS, the mock-up test will be much sooner in time and much more complete the first time, allowing the users to provide input sooner and better, eliminating costly design mistakes from the beginning. The user community can tell you today what is needed to accomplish this "next generation" system that will be a model for the country and the future of healthcare (as Ms. Reel envisioned on the call last night). Why would you not want to tell the contractor the specifics of that now, in fairness to them, the VA, the patients and healthcare, so they can proceed with that standard from day one or express any concerns they may have now instead of in the future after costly design has occurred? Why would you not want to be specific in the contract to prevent ambiguity? Dr. Shulkin pushed back on Dr. Cooper's view as already accomplished in the PWS and cited Section 5 (I believe he said section 5.1.1) of the PWS. Dr. Cooper, as a physician user and not a technician, deferred on the effectiveness of the existing contract language to others, but commented that the CIO of MAYO read the contract and also did not think it adequately contained the right defining language to set out unambiguous definitions and standard. I have read the contract again last night and happen to agree, or am missing it. If I am wrong, it would be useful for someone to point me in the right direction.
2. I was also thinking about the current reported problems of the DOD implementation seemingly caused by a user (clinician) revolt over inadequacy (or unsuitability) for their needs. The VA runs that same risk. Perhaps that problem could be a benefit to your effort. Why not

- accumulate all of the user complaints/issues in the DOD implementation identified by the users and chart them out. Then identify which of those issues would be issues if they existed in the VA implementation and include them in the contract as definitional requirements. You have the benefit of knowing the failures in the very system upon which you are modeling your system...and you have an added advantage and opportunity to contractually prevent similar mistakes.
3. I have other thoughts as well that we should discuss, but these are the ones that I felt more pressing to highlight since I will be unavailable today.

Best

Marc

On Wed, Mar 21, 2018 at 8:24 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

No problem Marc. Thanks for all your help. Very helpful call last night.

From: Marc Sherman [mailto:[\(b\)\(6\)@gmail.com](mailto:(b)(6)@gmail.com)]
Sent: Wednesday, March 21, 2018 12:12 AM
To: Blackburn, Scott R.
Subject: [EXTERNAL] Re: Stan Huff

Scott

I won't be able to join the call tomorrow as I have a previous commitment that I cannot move. I will catch up with you or Bruce after.

Marc

Marc Sherman
(202) 758-[\(b\)\(6\)](tel:(b)(6))

On Tue, Mar 20, 2018, 10:30 PM Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Bruce/Marc – thanks for introducing us to all the experts we talked to tonight. It was extremely valuable.

We have Stan Huff from Intermountain tomorrow at 10am. I assume you have the calendar invite, but just in case it is 1-800-767-[\(b\)\(6\); \(b\)\(5\)](tel:(b)(6);(b)(5))

We have been unable to schedule anything with Dr. Ko (very busy calendar). We will try.

Scott

Scott Blackburn
Executive in Charge, Office of Information & Technology
US Department of Veterans Affairs

From: Windom, John H.
Sent: 23 Mar 2018 10:47:03 -0700
To: Blackburn, Scott R.;Bowman, Thomas
Cc: Zenooz, Ashwini;Short, John (VACO)
Subject: RE: [EXTERNAL] Re: VA EHR

Mr. Blackburn,

Not sure where Mr. Sherman is going with his comments but our language in the contract is consistent with the requirements of our Clinicians, various external reviews and the Mitre report. Mr. Sherman is seeking specificity in the interoperability realm that simply does not exist today and is evolving even as I type. We have provisions in the EHR contract to insert technology as we, the VA, as well as to incorporate evolving technology and standards. The DVP acquisition is our bridge to the use of APIs (gateways), FHIR, etc. We have modified our interoperability language (below) based on the Mitre and the many external reviews to give us the utmost flexibility over the 10-year life of this contract. The Secretary personally halted the recent phone call to stop Marc Sherman, et. Al's parade of national interoperability objectives as not feasible at this juncture "anywhere," but included as part of our overall interoperability strategy that includes the DVP acquisition/strategy. We are committed to establishing the interoperability test bed/sandbox at IOC to solidify our interoperability objectives prior to full deployment to the enterprise. In addition, I believe Mr. Sherman meant to highlight section 5.5.1 which speaks to the data domains that were called into question and their inclusion in the contract. They are clearly in the contract as captured below. Mr. Sherman does not understand the culture of VA or the federal government. We have an incremental/iterative change management strategy that will culminate in a successful EHR Modernization effort. He appears to be more of a "big bang" theory guy. The problem is, we must continue to deliver uninterrupted and quality care to our Veterans during the transformation within the parameters of the law and other regulations/policies (e.g. cybersecurity, cloud, etc.) bounding our integration/implementation strategies. Our existing language is sound and appropriately balances change management risks, future insertion of technology, innovation opportunities, standards development, etc. without artificially inflating the cost of the contract through the incorporation of excess specificity that never materializes in practice. Through the Initial Operating Capabilities (IOC) process and the judicious issuance of task orders, we will have the ability to change course direction as appropriate without excess risk to the taxpayers or our overall success. Mr. Sherman continues to fail to recognize that it is Program Management Oversight (PMO) and VA commitment to change management that will drive our success in these areas, not more words in the contract.

V/r,
John

IDIQ PWS 5.5.1: Workflow Development and Normalization:

j) The Contractor shall enable configuration of the application that supports external community data without requiring the clinician to go to special screens to see and use reconciled external data. By IOC entry, the Contractor shall support incorporation of the following external community data domains, including but not limited to these domains and sub-domains:

- Problems
- Allergies
- Home Medications
- Procedures - including associated reports and with appropriately filtered CPT codes
- Immunizations

- Discharge Summaries
- Progress Notes
- Consult Notes
- History & Physicals
- Operative Notes
- Radiology and Diagnostic Reports (Into “Documentation” component)

By IOC exit, the Contractor shall support incorporation of the following external community data domains, including but not limited to these domains and sub-domains:

- Results
 - o Labs
 - General
 - Pathology and Microbiology
 - o Vitals
- Radiology and Diagnostic Reports (Into “Diagnostic Report” component)
- Images

IDIQ PWS Section 5.10.4: Seamless Interoperability / Joint Industry Outreach includes significant detail on the topic. The interoperability section is copied below this table for reference.

IDIQ PWS section 5.5.4 Data Exchange - Application Program Interface (API) Gateway also includes detail on the creation of strategic open APIs.

VA NF-177: Interoperability - Data Standards: The system shall support the use of the health data standards identified in the VA DoD Health Information Technical Standards Profile and by the VA DoD Interagency Clinical Informatics board, including following common data standards: National Information Exchange Model NIEM; Health Level 7 HL7; Logical Observation Identifiers, Names and Codes LOINC; Systematized Nomenclature of Medicine SNOMED; RxNorm, MedRT, ICD, CPT, HCPCS, Veteran Information Model VIM; and Healthcare Information Technology Standards Panel HITSP as well as VA/DOD/IPO extensions to these standards.

VA-NF-T23: Informatics - Care Integration: VA must be able to seamlessly integrate with HIE and external-to-EHR shared services to provide for a seamless experience and to more effectively integrate in community care efforts, as well as with other parts of VA (e.g., identity management). This includes but is not limited to the EHR product ability to support external shared services (SOA services, such as identity management, care plan service, scheduling, etc.) accessed via standards-based APIs. (Process Continuity, Evolution, Extension) KSR5 [NOW +]

VA NF-Z11: Health Information Exchange: The system shall support VA electronic exchange of health records via other interoperable networks (e.g. CareQuality, CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange) by supporting their specifications, security and content specifications

5.10.4 Seamless Interoperability / Joint Industry Outreach

The Contractor is required to collaborate with VA affiliates, community partners, EHR providers, healthcare providers, and vendors to advance seamless care throughout the health care provider market. Seamless care will require the creation of an integrated inpatient and outpatient solution with software components that have been designed, integrated, maintained, and deployed with a design architecture that allows for access to and sharing of common data and an enabling security framework that supports end-to-end healthcare related clinical and business operations. Seamless care is the experience patients and providers have moving from task to task and encounter to encounter within or between organizations such that high-quality decisions form easily and complete care plans execute smoothly. Information systems support the seamless-care experience by gathering data, interpreting data, presenting information, and managing tasks. Currently, industry lacks specific and uniform interoperability standards to support seamless care between organizations that employ different EHR systems. The Requirements Traceability Matrix Section D, Attachment 003, sets forth specific Informatics and Interoperability contract requirements. To accomplish this, the Contractor shall provide software and services to enable seamless care between VA encounters, encounters with other Government healthcare institutions, and outside entities through advancements in all areas of the EHR that occur. In addition, the software and services shall support the VA designated standards, such as SMART on FHIR and SMART-enabled applications, or other published standards.

The objective of these interoperability solutions is to advance the state of the art supporting seamless care for Veterans. Existing organizations promoting interoperability among EHR vendors, such as The Argonaut Project, have developed or are planning to develop technology standards or technical approaches that may support the EHRM seamless care strategy. To the extent that underlying third party technology is available or made available to meet the following timelines, the following interoperability software solutions and services shall be delivered under this section:

- a) By Initial Operating Capability (IOC), the Contractor shall provide a software solution enabling VA, DoD and community providers who have connected to the EHRM to share interactive care plans (ICPs) for Veterans. ICPs will enable collaborative communication between providers, and between providers and Veterans, in managing Veteran care.
- b) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and connected community providers to complete referral management activities for Veterans.
- c) By IOC, the Contractor shall provide a software solution enabling VA to release and consume, via on-demand access, a Veteran's complete longitudinal health record to and from DoD and connected community partners, irrespective of which EHR they use, provided such EHR technology is certified by the Health and Human Services Office of the National Coordinator (ONC) or its successor. The longitudinal record solution shall support Provider-to-Provider record sharing, as well as Provider-Veteran-Provider sharing (Veteran mediated record sharing), including appropriate consent management. The bi-directional health information exchange shall maximize use of discrete data that supports context-driven clinical decisions and informatics.
- d) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling connected VA, DoD and community providers connected to the EHRM to send and receive Admission/Discharge/Transfer notifications "pushed" from the provider initiating a Veteran care event to enable proactive engagement by VA care coordinators when notified of a Veteran care event.
- e) Within 24 months of applicable task order award, the Contractor will demonstrate a solution for identification and management of Veterans at high risk of suicide, in collaboration with community partners.

- f) By IOC, the contractor shall provide URL based image access to the VA, community and academic partner systems who can support the URL and a viewer to the providers via the health information exchange networks. Within 36 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and community providers connected to the EHRM to have nationwide access to Veterans' imaging associated with diagnostic tests.
- g) By IOC, the Contractor shall provide a software solution for multilateral standards-based ingestion, normalization, storage, and exporting of Health Information Exchange acquired Veteran health information. The Contractor shall ensure that the solution provides a computable dataset for purposes of population health and research analytics, clinical decision support, and workflow integration.
- h) By IOC, the Contractor shall provide the capability to connect and exchange VA electronic health records via other interoperable networks, such as. eHealth Exchange, CareQuality, CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange by supporting their specifications, security and content specifications. Contractor shall support network record locator services and patient provider associations as applicable in accordance with applicable technical standards and the Trusted Exchange Framework and Common Agreement (TEFCA).
- i) By IOC, the Contractor shall provide a capability for provider collaboration via secure e-mail using the ONC Direct protocol or future VA-designated standard within a Cerner Millennium EHR workflow context.
- j) Within 36 months of applicable task order award, the Contractor shall provide a solution for a Software Development Kit (SDK) enabling standards-based applications (e.g., SMART, FHIR, etc.) integrated with EHRM solutions and platforms.
- k) Cerner shall deliver annually an Interoperability Plan to the VA on how it intends to meet the objectives established in PWS section 5.10.4. The initial plan will be due within 3 months of applicable TO award.
- l) The Contractor shall conduct an annual Interoperability Self-Assessment against standards that shall be specified by VA, such as those promulgated by HIMSS or future standards to be identified by VA. The annual self assessment shall report on the state of each data element (e.g., which are supported in what capacities and in which formats). This will help assure standards implementation consistency and assure standards compliance with evolving national standards.
- m) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminologies, clinical decision support rules, and order sets, etc., to the extent such extensions are consistent with the model and best practices of the controlling national standard. This includes the ability to curate, extend, and share that knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies.

5.10.4.1 Data Design and Information Sharing

In support of the interoperability objectives under this Section, agreed upon Contractor proprietary information/data model extension points (e.g., ingestion and record APIs) may be provided to both international and national standards designating organizations as described and set forth in an applicable Task Order. The Contractor shall provide VA access and usage rights into any underlying proprietary terminology/code systems for the purpose of enhancing national standards to address any gaps identified in the EHRM solution. The Contractor shall also make the interoperability capabilities and product enhancements developed under this contract available to non-VA Cerner clients.

5.10.4.2 VA Digital Health Platform/Digital Veterans Platform Integration

VA anticipates developing a Digital Health Platform/Digital Veterans Platform (DVP) to consolidate critical VA EHR and non-EHR operational systems. The Contractor shall integrate the EHRM to

interoperate with DVP, or future state VA platform, including the DVP API gateway or any other method designated by VA.

John H. Windom, Senior Executive Service (SES)
Program Executive for Electronic Health Record Modernization (PEO EHRM)
Special Advisor to the Under Secretary for Health
811 Vermont Avenue NW (5th Floor Suite 5080)
Washington, DC 20420
John.Windom@va.gov
Office: (202) 461-5820
Mobile: (202) 794-4911
Executive Assistant: Ms. (b)(6) Appointments and Scheduling
(b)(6)@va.gov Office: 202-382-(b)(6)

From: Blackburn, Scott R.
Sent: Friday, March 23, 2018 12:15 PM
To: Windom, John H.; Bowman, Thomas
Subject: FW: [EXTERNAL] Re: VA EHR

John - you might want to swing the by Secretary/Deputy's office before end of day to get a sense of where he is with respect to this.

Sent with Good (www.good.com)

From: Marc Sherman
Sent: Friday, March 23, 2018 9:47:39 AM
To: Blackburn, Scott R.
Cc: Bruce Moskowitz; DJS
Subject: [EXTERNAL] Re: VA EHR

Scott,

Thanks for inviting me to listen in on your calls this week with the subject matter experts. I was happy to make time to participate as requested and always happy to provide my thoughts for your consideration when requested.

I read carefully your email about the efforts to work out the holes raised by the experts. You are on the way to kicking off an exciting project with a highly respected Contractor/vendor and a VA team that has worked very hard; and I know everyone has the goal to build the best next

generation system for the veterans' healthcare. However, there were several major issues raised in the calls this week with the technical and clinical experts that you try to explain away in your email as solved, but indeed are not according to the experts. These issues, they believe, will prevent a successful implementation and I fear come back to haunt this project and its overseers. I hate to be a naysayer, but I respectfully don't agree with some of your conclusions expressed in your email when I listen to the experts with whom you consulted; and the experts are in fact not swayed by the follow-up conversations with them. The experts are recommending a system for the VA that has various enhancements to today's standard system functionality. At a minimum, I heard those experts express their opinions that the contract dangerously lacks definitions, standards and a clear expression of this required, defined enhanced (non-standard) functionality (they articulate it much better than I). Failing to express this type of definitional clarity in the contract is an invitation to ambiguity, disputes and ultimate failure of purpose. The best "oversight and management of the contract" will not turn a contract lacking specificity into a vision of clarity. Including contractual clarity allows the Contractor to understand TODAY what is expected so that today it can confirm its agreement to provide the full functionality desired and have a better understanding of what is expected of them. Clarity in the contract is a healthy ingredient for the VA and the Contractor.

I would be delighted to be wrong and welcome a demonstration of where Section 5.1 of the contract provides this specificity that Drs. Cooper and Huff, for example, urged. In light of the system requirements that these experts say must be included, which are enhancements of today's standard deliverables, the contract language is ambiguous. You say that "risk cannot be 100% driven out of any transformation of this magnitude," a concept to which I subscribe. However, when you substitute this concept for clear, written and defined functionality, especially for a design that is expected to be unique in many respects, you are doomed to disappointment and conflict.

I am sorry to be so harsh in my opinions, but the experts are so united on this point; and together with my historical observations of failures in nearly identical situations I just see warning flares going off. Scott, I want to see this project get started, and quickly, as much as anyone, but with the clarity that equally serves the VA and the Contractor, and prevents evident problems down the road. I also believe these things are easy to resolve in the contract language in relatively minimal time.

Just my opinion and food for thought as you make your decisions.

Marc

On Wed, Mar 21, 2018 at 10:19 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:
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Thank you once again for all your support and especially for linking us up with these CIOs/experts. This was incredibly valuable. Secretary Shulkin, John Windom and I got together earlier today as well to talk about the path ahead. A few notes:

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Scott

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Subject: Re: [EXTERNAL] Re: Stan Huff

I agree that the call was very helpful. I spent the night after the call reflecting on some of the discussion and thought I would offer some reaction/feedback that still seems unsettled. I will outline my nighttime thoughts below in case you find them useful.

1. I thought that Dr. Cooper made a good case for inserting specific definitions and standards on the meaning and use of "interoperability," especially since that term has as many meanings in the industry as those who speak it. It is so easy for the contractor to proceed down a design path using one definition or standard while the users will require a totally different standard. That runs the risk of not being discovered until later, perhaps even up to implementation, a very costly result. Perhaps a similar problem (a seemingly big problem) that the DOD implementation faces now where the users are rebelling. Unfortunately, if this "gap" in definition is not discovered until IOC, it will be very difficult and very expensive to fix (ala the DOD problem). I agree with Dr. Cooper, why not set the critical definitions and standards in the contract (PWS) now and eliminate the chance for any confusion or ambiguity. It will pay dividends later in terms of less arguments, better initial design, happier user community, less overall cost, better healthcare delivery, etc. Then, with the standard fully defined and set in the original PWS, the mock-up test will be much sooner in time and much more complete the first time, allowing the users to provide input sooner and better, eliminating costly design mistakes from the beginning. The user community can tell you today what is needed to accomplish this "next generation" system that will be a model for the country and the future of healthcare (as Ms. Reel envisioned on the call last night). Why would you not want to tell the contractor the specifics of that now, in fairness to them, the VA, the patients and healthcare, so they can proceed with that standard from day one or express any concerns they may have now instead of in the future after costly design has occurred? Why would you not want to be specific in the contract to prevent ambiguity? Dr. Shulkin pushed back on Dr. Cooper's view as already accomplished in the PWS and cited Section 5 (I believe he said section 5.1.1) of the PWS. Dr. Cooper, as a physician user and not a technician, deferred on the effectiveness of the existing contract language to others, but commented that the CIO of MAYO read the contract and also did not think it adequately contained the right defining language to set out unambiguous definitions and standard. I have read the contract again last night and happen to agree, or am missing it. If I am wrong, it would be useful for someone to point me in the right direction.

2. I was also thinking about the current reported problems of the DOD implementation seemingly caused by a user (clinician) revolt over inadequacy (or unsuitability) for their needs. The VA runs that same risk. Perhaps that problem could be a benefit to your effort. Why not accumulate all of the user complaints/issues in the DOD implementation identified by the users and chart them out. Then identify which of those issues would be issues if they existed in the VA implementation and include them in the contract as definitional requirements. You have the benefit of knowing the failures in the very system upon which you are modeling your system...and you have an added advantage and opportunity to contractually prevent similar mistakes.
3. I have other thoughts as well that we should discuss, but these are the ones that I felt more pressing to highlight since I will be unavailable today.

Best

Marc

On Wed, Mar 21, 2018 at 8:24 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:
No problem Marc. Thanks for all your help. Very helpful call last night.

From: Marc Sherman [mailto:[\(b\)\(6\)@gmail.com](mailto:(b)(6)@gmail.com)]
Sent: Wednesday, March 21, 2018 12:12 AM
To: Blackburn, Scott R.
Subject: [EXTERNAL] Re: Stan Huff

Scott

I won't be able to join the call tomorrow as I have a previous commitment that I cannot move. I will catch up with you or Bruce after.

Marc

Marc Sherman
(202) 758-[\(b\)\(6\)](mailto:(b)(6))

On Tue, Mar 20, 2018, 10:30 PM Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Bruce/Marc – thanks for introducing us to all the experts we talked to tonight. It was extremely valuable.

We have Stan Huff from Intermountain tomorrow at 10am. I assume you have the calendar invite, but just in case it is 1-800-767-[\(b\)\(6\); \(b\)\(5\)](tel:(b)(6);(b)(5))

We have been unable to schedule anything with Dr. Ko (very busy calendar). We will trying.

Scott

Scott Blackburn
Executive in Charge, Office of Information & Technology
US Department of Veterans Affairs

From: Blackburn, Scott R.
Sent: 1 Feb 2018 12:14:52 -0800
To: DJS;Clancy, Carolyn;Bowman, Thomas
Cc: Windom, John H.
Subject: MITRE report
Attachments: VA EHRM Interoperability Review Report Jan 2018 FINAL.pdf, VA EHRM Interoperability Review Report Executive Summary Jan 2018 FINAL.pdf

Sent with Good (www.good.com)

From: Schnitzer, Jay J
Sent: Thursday, February 01, 2018 2:32:59 PM
To: Blackburn, Scott R.; Windom, John H.
Subject: [EXTERNAL] Report and Executive Summary

Hi Scott and John,

On behalf of MITRE, as per our agreement, I am pleased to send you two documents attached:

1. The final version of the VA EHRM Interoperability Report, and
2. The final version of the Executive Summary of the VA EHRM Interoperability Review Report.

Thank you.
Best,
Jay

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Department of Veterans Affairs Electronic Health Modernization

Request for Proposal Interoperability Review Report



Authors: Jay J. Schnitzer, M.D., Ph.D.

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Document Number: MTR180033

Authors: Jay J. Schnitzer, M.D., Ph.D.

(b)(6)

**McLean, VA
January 2018**

Sponsor:
Department of Veterans Affairs

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VA EHRM RFP Interoperability Review Report

January 31, 2018

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Executive Summary

This Review Report presents responses to three requests from the Department of Veterans Affairs (VA) to MITRE related to the topic of interoperability within the VA Electronic Health Record Modernization Request for Proposal:

- I. Conduct an external Interoperability Review Panel to review the interoperability language in the existing Request for Proposal (RFP),
- II. Engage an independent and unbiased legal expert to identify the specific changes to the RFP language necessary to implement the recommendations from the Interoperability Review Panel, and
- III. Visit the University of Pittsburgh Medical Center to understand the existing operational multi-vendor solution and interoperability solutions for applicability and scalability to the VA.

I. Interoperability Review Panel

In support of the Secretary of Veterans Affairs, David J. Shulkin, M.D., The MITRE Corporation convened and hosted a VA Electronic Health Record Modernization (EHRM) Request for Proposal (RFP) Interoperability Review Panel on January 5, 2018, at MITRE's McLean headquarters. The invited external senior electronic health record (EHR) interoperability subject matter experts (the Panel) reviewed the interoperability language in the existing RFP and developed joint suggestions and recommendations for VA to consider for incorporation to support the successful execution of a new commercial EHR contract with industry. The Panel affirmed that the primary goal should be seamless Veteran-centric healthcare achieved through true EHR interoperability. Achieving this goal rests on three overarching principles that should be supported by interoperability language in the RFP: 1) free and open access to data, 2) an ecosystem that provides fair access to third parties by creating a level playing field, and 3) a seamless Veteran and health provider (clinician) experience. Four categories of recommendations from the Panel (the first three to the interoperability language in the RFP, and the fourth for future VA contracts) will enable VA to realize this goal on the basis of the underlying principles: 1) commit to full VA-Department of Defense (DoD) interoperability, 2) leverage current and future standards, 3) commit to open, standards-based application programming interfaces (APIs), and 4) use Care in the Community contracts to foster interoperability.

For the first category (commit to full VA-DoD interoperability), the Panel agreed that the Determination and Findings signed by Secretary Shulkin on June 1, 2017, represented the correct approach to interoperability within VA and between VA and DoD. The Panel strongly endorsed the proposed VA "API Gateway" language. The most important specific recommendations included:

- Define the degree of interoperability the solution will provide, ranging from basic file sharing to fully interchangeable, integrated and functionally identical patient records.

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Suggest that the Contractor conduct an annual Interoperability Self-Assessment against current and future standards that shall be specified by the VA; and

- The contract language should include the following elements:
 - performance measures to hold Cerner accountable for reducing the administrative burden in clinician workflow with the objective of increasing efficiency,
 - ability for bulk data export based on standards, with no proprietary formats (e.g., Flat FHIR [Fast Healthcare Interoperability Resources]), and
 - “push” capability to insert patient data back into the VA EHR / Cerner database.

For the second category (leverage current and future standards), the following specific recommendations were among the most important:

- Require that Cerner implement all standards as defined by VA, current and future,
- Engage Cerner as an advocate of the VA and DoD position in all relevant standards-making bodies, and
- Ensure that VA and Veterans have complete access to data.

For the third category (commit to open, standards-based APIs), the Panel voiced the following recommendations:

- Establish clear publishing and access service requirements,
- Provide a VA application platform that supports APIs from third party providers with no barrier to entry, and
- Require implementation of clinical decision support (CDS) Hooks to invoke decision support from within a clinician's EHR workflow.

The body of this report contains multiple additional specific recommendations.

II. Recommendations for RFP Changes

MITRE engaged Morrison & Foerster, LLP as the independent and unbiased legal expert to identify the specific changes to the RFP language necessary to implement the recommendations from the Interoperability Review Panel. Appendix C presents all recommended changes to the RFP.

III. Observations from University of Pittsburgh Medical Center Site Visit

A delegation from VA and MITRE traveled to Pittsburgh, Pennsylvania, on January 19, 2018, for a meeting with representatives from University of Pittsburgh Medical Center (UPMC) Enterprises to discuss aspects of EHR interoperability that UPMC has successfully implemented over the past several years. The report includes an overview of those practices.

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IV. Closing Thoughts and Suggested Next Steps

The Panelists noted that VA cannot achieve true future EHR interoperability through the Cerner RFP alone, or through technology alone. The state of practice today shares only a small portion of available patient data. For VA to succeed in the future, multiple other components must be present and aligned: innovation, policy, standards, customer buy-in, and legislation, to name a few.

The following next steps are recommended for VA consideration:

1. Complete the RFP revisions, conduct appropriate negotiations with the Contractor expeditiously, and complete the contract process as planned. Stand firm during negotiations to maximize ease of access to data and data models for building third party APIs, applications, and services for future community innovations.
2. Continue to work with other federal government agencies and departments with similar interoperability interests and concerns, including, but not limited to, the White House, DoD, Food and Drug Administration (FDA), Centers for Medicare and Medicaid Services (CMS), Office of the National Coordinator for Health Information Technology (ONC), and other parts of the Department of Health and Human Services, to align approaches to EHR interoperability and the development and support of standards government-wide.
3. Support future innovation approaches, including concepts such as an Interoperability Laboratory and outreach to the broader innovation ecosystem (major medical centers, academia, traditional and non-traditional healthcare providers, startups, individual entrepreneurs, others). It is critical to align the innovations planned in VA's Digital Veterans Platform to the VA EHR innovation efforts to ensure consistent continuous improvements to clinician and Veteran health experiences.
4. Create an External Review Panel to provide expert continuous guidance, review, and feedback over the course of the implementation, to help capture best practices from the expert community going forward. Conduct ongoing demonstrations of end-to-end Veteran use cases requiring data sharing across organizational boundaries to validate improvements in Veteran healthcare and reduction of burden for healthcare providers. VA and Contractor will ensure that Federal Advisory Committee Act (FACA) guidelines are followed in leveraging any external review panels.

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Background

The Department of Veterans Affairs (VA) plans to establish seamless care for Veterans throughout the health care provider market. Seamless care requires interoperability between the Department of Defense (DoD), VA, VA affiliates, community partners, electronic health record (EHR) providers, healthcare providers, and vendors. VA directed The MITRE Corporation to independently review the capability of Cerner's proposed EHR solution to seamlessly transmit health records between EHR systems supporting healthcare providers who both use and contribute patient data to a Veteran's health record, to include Veterans Choice Program (VCP) community-care service providers and VA affiliates. This Review Report presents responses to three requests:

- I. Conduct an external Interoperability Review Panel to review the interoperability language in the existing Request for Proposal (RFP),
- II. Engage an independent and unbiased legal expert to identify the specific changes to the RFP language necessary to implement the recommendations from the Interoperability Review Panel, and
- III. Visit the University of Pittsburgh Medical Center to understand the existing operational multi-vendor solution and interoperability solutions for applicability and scalability to VA.

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I. Interoperability Review Panel

Introduction

In support of the Secretary of Veterans Affairs, David J. Shulkin, M.D., MITRE convened and hosted a VA Electronic Health Record Modernization (EHRM) Request for Proposal (RFP) Interoperability Review Panel on January 5, 2018, at MITRE's McLean, VA headquarters. MITRE invited external senior EHR interoperability subject matter experts (hereafter referred to as Panelists) to review the interoperability language in the existing RFP and to develop joint suggestions and recommendations for VA to consider incorporating into the RFP to support the successful execution of a new commercial EHR contract with industry. Eleven Panelists took part in person, and several senior government executives observed the process (see Appendix A for the full list of participants).

Goal

The Interoperability Review Panel sought to provide Secretary Shulkin and his senior leadership team with insights into key best practices and guidance from national experts regarding EHR interoperability. The Panel evaluated the corresponding language in the draft RFP based on successful business transformations and implementations of a new commercial EHR system across a distributed hospital and provider network. This section of the report summarizes the outcome of the Panel: expert recommendations that will inform VA's interoperability contract language. The document also provides actionable and specific best practice recommendations and rationales to enable successful acquisition and implementation of EHR interoperability.

Methodology/Approach

The first part of the session, which lasted for five hours, was conducted as a fish-bowl exercise and was guided by Chatham House Rule. The Panelists sat at a center table, with VA and other government observers sitting at surrounding tables. The second part, which lasted two hours, consisted of a summary debrief to the Secretary and senior VA leadership. The Secretary could ask questions and engage with the Panel throughout the second session. MITRE moderated the session to elicit inputs from all Panelists and to drive alignment toward consensus in the recommendations.

The agenda for the first portion of the session was structured to elicit inputs from all Panelists, with notes captured on-screen as redlines to the RFP interoperability language to ensure recommendations accurately reflected the Panelists' contributions. Subsequently, in a facilitated discussion, the Panelists grouped their recommendations into specific categories in real time. The second portion, as noted, provided opportunities for the Secretary to discuss the recommendations in additional detail.

This section of the report summarizes the discussion that took place. It highlights actionable changes to the interoperability language contained in the RFP and additional recommendations and lessons learned that can enable interoperability of the VA EHRM solution. Text boxes

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throughout the report present direct quotations from Panelists. To ensure participant confidentiality, MITRE has destroyed the transcript and event recording used to develop this report.

Topic Area: VA Definition of Interoperability

The key to modernization is creating greater interoperability with Governmental partners, including DoD, in a way that focuses efforts in support of the Veteran's journey, beginning with their military service. We will partner with others to ensure Veterans can get their benefits, care, and services consistently, easily, and with excellent customer service, no matter where they are throughout their lives. VA will work with local communities, and with other Federal, State, Tribal, and Local Government entities to ensure Veterans get what they need. VA will also continue to leverage the private sector where appropriate and needed to deliver the very best outcomes for Veterans.

– draft VA 2018–2024 Strategic Plan

Enable data sharing, interoperability, and agility through data standardization

VA needs to allow data sharing among various business applications, such as appointment scheduling and business intelligence, as well as ensure transportability of information between sites. Panelists advised VA to leverage and support the best-in-class innovation currently in use within the VA culture. VA must also enable interoperability as the Department integrates the EHR into other supporting systems, both within the VA network and with external health service providers. Agility is necessary for adoption of future innovative technologies and/or if VA wants to upgrade or change the EHR approach. The Panelists cautioned that the current EHR technology is already 20 years old and, as with all industries and information technology (IT) solutions, many possibly disruptive technologies exist on the horizon.

“It really optimizes transportability of best practices, because if you are trying to transfer best practices from one site to another and you have the same system where the best practice is going to land, then it is much easier.”

The session began with a discussion on interoperability as currently defined by VA (Figure 1). Prior to establishing a roadmap to inform a nationwide plan to advance health data interoperability, VA must first ensure system-wide interoperability across the Department. Throughout the Review Panel session, the Panelists described and referred to this concept as “Level 1 Interoperability” throughout the Review Panel session; it includes migration of Veteran data from ~130 instances of the Veterans Health Information Systems and Technology Architecture (VistA) to one VA platform.

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Figure 1. VA Definition of EHR Interoperability

“Level 2 Interoperability,” as described in the Panel discussion, addresses the ability for VA to leverage the same Cerner platform used by DoD to ensure seamless care from active service to Veteran status. Once this capability is implemented, the clinical data transformation will allow a true longitudinal view of a Veteran’s record as he or she transitions from DoD to VA for care and other critical services such as benefit adjudication.

“Level 3 Interoperability” will allow both VA and DoD to take an important step toward transforming electronic patient data exchange on a national scale. With the utilization of community healthcare providers via the VA Community of Care initiative and DoD’s Tricare network providers, VA has the opportunity to drive interoperability between DoD and VA as well as with the extensive network of healthcare providers that serve our Nation’s Veterans, active duty service members, and their beneficiaries.

True nationwide EHR interoperability for the entire United States is the ultimate goal, and the Panelists agreed that VA and DoD could reach this goal if the three aforementioned levels of interoperability are achieved. Here, VA has the opportunity to drive clinical transformation and instantiation of a complete EHR for all patients at the national level.

Topic Area: Commit to Full VA-DoD Interoperability

The Panel focused primarily on reviewing the interoperability language within the RFP for the Cerner contract. However as described in Interoperability Levels 1 and 2, the commitment to the seamless integration of VA and DoD health data represents the foundation required to realize interoperability with private sector

“You really have to get the basics done first. Let's just make absolutely sure that the interoperability between DoD and VA [is achieved].”

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healthcare providers.¹ It is important to note that the interoperability levels can be addressed simultaneously and should not be separated, as they must be integrated to efficiently achieve the larger future data sharing ecosystem.

Specify the expectations for interoperability between DoD and VA

During discussions about the expectation that Cerner will provide a single EHR solution to be shared by both DoD and VA, the Panel raised concerns about the lack of specificity in the contract language. Current interoperability data standards address a subset of the Veteran’s clinical record and VA has the opportunity to ensure Cerner provides interoperability of all discrete data, at a minimum, between VA and DoD. Adopting the same platform would increase seamless sharing, but the Panel stated that VA should take additional action to ensure that such sharing is realized. The DoD and VA systems should use proprietary database-to-database interoperability if necessary, to maximize interoperability between those two systems. These systems should be configured to meet the distinct needs of each while being connected to each other in a native database-to-database method as necessary, leveraging open interoperability standards wherever possible. As a result, clinicians should experience no differences when they move from a VA system to a DoD system. These data should also be computable, or be made computable according to a specific schedule. VA should consider adding language to the RFP that specifically defines the degree of interoperability the solution will provide, ranging from basic file sharing to fully interchangeable, integrated and functionally identical patient records.

The Panelists also stated that, for VA and DoD collectively, the contractual language should include the following requirements:

- Performance measures to hold Cerner accountable for reducing the administrative burden in clinician workflow with the objective of increasing efficiency
- Capability for bulk data export based on standards, with no proprietary formats (e.g., Flat FHIR [Fast Healthcare Interoperability Resources])
- “Push” capability to insert new patient data back into the VA EHR / Cerner database.

Pivot the RFP to be Veteran-centric and not system-centric

The Panelists discussed the impact of EHR implementations on clinician workflow, describing the issue as one of approaching the implementation as an IT system implementation rather than the preferred Veteran- or clinician-centric implementation. The current RFP appears to be written in a system-centric way rather than leveraging use-cases to describe the Veteran or clinician experience or workflow to characterize the requirement. The Panelists recommended that VA incorporate use-cases to characterize requirements and amend the RFP language to emphasize the Veteran-centric objectives. In addition, Panelists noted that VA should recognize that EHRs do not currently maximize efficient clinical workflow, and that VA specify that the

¹ Healthcare providers is used to refer to community based physicians/specialist and hospitals.

solution present clinicians with relevant information where needed with a minimum number of “clicks to find.”

Topic Area: Leverage Current and Future Standards

The integrated EHR platform that DoD and VA are implementing provides the opportunity to significantly influence interoperability standards across the healthcare community, addressing gaps and competition among current standards. The Panel recognized that commercial health systems and technologies would realize only limited business value from making data portable between them, but this would lower the barrier to patient movement among healthcare providers.

Engage Cerner as an advocate of the VA and DoD position in all relevant standards-making bodies

The Panel recommended increased VA presence and leadership in national health IT standards-making activities, in coordination with the DoD. Additionally, VA should encourage Cerner to serve as an active advocate of the VA-DoD position and to participate actively in the development and/or evaluation of new standards, policy directives, operating procedures, processes, etc. As an integrated voting bloc, VA, DoD, and Cerner will have the potential to act as a strong driver of national standards. Panelists understood that VA is not currently active in the FHIR community or in the Health Level Seven International (HL7) Argonaut Project.

In addition, Panelists identified a need for standards to exchange patient-reported outcome data for integration into the clinician’s workflow. The current RFP language seemingly puts the burden on Cerner for the development of standards, and the Panel recommended that VA take a more active position. This will ensure that VA will participate and drive implementation when standards mature. Where standards are immature, VA must participate in efforts to accelerate standardization.

Require Cerner to implement all standards as defined by VA, current and future

Because it is unclear where health IT is heading in five years, the Panel strongly suggested VA include contract language to address possible future advancements in the form of standards as defined by VA. At a minimum, VA should seek maximum interoperability with community care organizations, using open interoperability standards wherever possible. This flexibility would ensure that VA does not rely on external stakeholders to determine the standards that VA would be required to accept. The Panel recommended that VA pay particular attention to specific categories of standards: real-time data read/write by care providers and Veterans; interoperability tools; seamless DoD and VA vision records; and principles for data normalization and structure. The Panel also recognized Cerner’s influence in ensuring that the CommonWell network interoperates at the highest possible levels with other networks including CareQuality—an influence that VA should continue to promote.

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VA must own its data; clear ownership and access are critical to success now and in the future

The Panel highlighted an important recommendation regarding data rights that was discussed in the prior VA EHRM Listening Forum on September 7, 2017. The Panel recommended that VA define who has what rights from the perspectives of data ownership, access, and sharing (e.g., VA owns the data and all data products vs. community care providers own the patient data vs. each Veteran owns all of his or her data). Determining the authoritative data source for the various elements of a Veteran's health record is an important Veteran-centric component of interoperability, the longitudinal record, and seamless access to data.

VA should define an enterprise-wide policy for all VA data. A suitable policy would include, but not be limited to, EHRM-specific data, and should be issued by the VA Central Office (VACO) or Veterans Health Administration (VHA). VA must have clear ownership of and access to all the information in the EHR and be able to move that information (into new systems or among systems) as needed, now and in the future. Owning the data ensures that it is available regardless of vendor or system. VA must include this in the Cerner contract. Technology innovations occur rapidly in the 21st century, and VA must have full ability to move its data to future systems.

Panelists also recommended that VA publish its data model, for instance to the National Library of Medicine, to further promote commercial interoperability investments. Lastly, Panelists encouraged VA to leverage its investment in the Open Source Electronic Health Record Alliance (OSEHRA) by providing seed money to develop open source connectors between Cerner and Epic, which would encourage other vendors to join in the effort.

Topic Area: Commit to Open, Standards-Based APIs

A significant technology enabler of seamless interoperability among the community of Veteran healthcare providers is the use of Application Programming Interfaces (APIs). These software intermediaries allow disparate EHR applications to communicate with each other and exchange data using standard, defined forms. The Panel emphasized the need for VA to create an environment that would minimize additional costs to community providers in order to interoperate with VA. VA can accomplish this by requiring the new EHR system to expose APIs that support bi-directional data transactions. The Panel further recommended that VA make a commitment to open, standards-based APIs, including the SMART on FHIR/Argonaut APIs, to facilitate the ready and efficient exchange of data with partners providing care in the community and to support open clinical workflow.

“So, what you need is clear access and clear ownership of your information...you need to have absolutely, undisputed, clear ownership and ability to move the data to any place you want to use it and use it in any way you want to use it when you get there. And not have them [Cerner] be able to say no, that’s our data or hinder you in any way or have an unreasonable charge to get it.”

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Establish clear publishing and access service requirements

The Panel recognized that data access requirements differ depending on who provides or accesses that data.

Therefore, the Panel recommended that VA be more specific in defining each level of data publishing and access service that is specific to (1) Veteran access (e.g., use of vets.gov); (2) VA clinician access; (3) partner access; and (4) Health Information Exchange (HIE) access. The RFP should include a clear description of identity and access management requirements, including user population types and the association of specific application permissions with particular roles/positions.

Machine-to-machine access is also critical for efficient sharing of information. The Panel recommended that VA ensure that all significant data stored in the software be accessible through APIs with no requirement for creation of custom applications to specifically access VA data. From a forward-looking perspective, VA should require that the EHR system support the ability to access data elements using open standards-based interfaces, and include the ability to interface with legacy data, patient-generated data, and third-party data that resides outside the EHR system. In addition, Cerner should provide the required utility services to support intermediary or peer-to-peer services (e.g., support Veteran-directed or Veteran-mediated requests, data exchange, and ingestion of data from non-VA providers).

“The Contractor should provide all of the data that is currently being provided in the Contractor's patient portal to the consumer via an open standards-based API gateway. The Contractor should also provide all of the reporting data required by federal law to the Veteran via an open standards based API framework, accessible via any application or third-party data store of the Veteran's choice, that's number one.”

Provide a VA application platform that supports APIs from third-party providers with no barrier to entry

Currently vets.gov serves as a portal to Veteran services. The Panel recommended that VA consider using such a portal to connect any third-party application to the EHR solution without requiring fees or vendor permissions. VA should have full

authority to connect any third-party application through one of the standard open APIs conformant with the vendor's API without pre-registering the application with the vendor. This is a very important authority to have in terms of the ability to innovate rapidly, without constraints.

“The API Gateway document is awesome ... world class and future looking.”

The Panelists also reviewed the proposed VA “API Gateway” language provided during the API discussion to anchor the dialogue and concurred that this requirement is fundamental to supporting interoperability. The Panel strongly endorsed the “API Gateway” language. Specifically, the Panelists recommended that VA include a requirement that VA have full authority to connect any third-party application to the Cerner system without requiring prior approval by Cerner. Furthermore, VA should ensure that developers of third-party applications connecting to the VA system via the open standard and VA-defined APIs continue to own their

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intellectual property (IP). From a usability perspective, the Panel also recommended that VA be able to establish the connectivity business rules, such as the ability for applications to remain connected for a reasonable time frame (e.g., 1 year) and to receive automatic notification about patient information updates.

Require implementation of Clinical Decision Service (CDS) Hooks to invoke decision support from within a clinician's EHR workflow

EHRs are essential to efficient delivery of high-quality care, as they provide the clinician with essential decision data at the time required. However, current EHR systems approach workflow from an IT system perspective rather than a clinician's perspective. The latter workflow should, of course, be paramount in the VA EHR implementation, and should also leverage a recent innovation called CDS Hooks. This technology provides the clinician with context-driven decision support and capability by enabling the EHR to trigger third-party services at key events that include ordering medication and opening a patient face sheet. For example, when the VA clinician begins to prescribe medication, a CDS Hook can call an external service that presents the clinician with the list of medications already prescribed to the patient by clinicians outside VA. The Panelists strongly recommended that VA require Cerner to implement and use CDS Hooks within the clinician workflow.

Topic Area: Use Community Care Contracts to Foster Interoperability

The new EHR system must be able to communicate with other EHR systems (e.g., Epic, AllScripts, etc.) within the care community. It is critical that VA ensure the Cerner EHR system remain robust for future interoperability with new products. Cerner must commit itself to supporting other forms of interoperability, such as a presentation layer that is common to other systems (e.g., the App store model). The Panel recommended that prior to execution of the Community Care Act contract VA require third-party providers (and Cerner competitors) to commit to supporting the contract as early adopters.

“Innovations going forward are going to come from multiple directions. And having those interfaces, and going with a general interoperability approach that doesn't fork off from what's happening in the rest of the healthcare system, will allow the Veterans to benefit from technology whether that's coming from Google, from a new company, from an innovative shop within VA -- you end up creating a market with good prices, high value.”

Veterans must be able to access and download a computable form of their health data

Panelists noted that access to data represents the biggest problem today. VA must clearly direct Cerner to expose data so it can be used by third parties. In the contract and in conversations with Cerner and third parties, VA must require specifics regarding how Veterans and providers will

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access and share their data. In addition, VA must require that any agreements leave the door open for future standards and technologies.

Panelists believed that VA could achieve this by invoking the principle that the data belongs to the Veteran, rather than by citing specific technologies and standards (given how rapidly they are evolving). Veterans must be able to invoke their right of access to data to support data exchange across all providers (e.g., pull data through an API on their smartphone and push it to their community care provider), now and in the future. Keeping pace with this requirement will drive continual innovation by Cerner and all providers.

VA must own the API layer

Cerner ownership of the API layer (across every customer) poses a real threat to achieving interoperability, speed of innovation, and cost efficiency throughout the network of community care providers. Panelists stated that it is of utmost importance that VA include specific language stipulating that VA and Veterans be able to use third-party applications without having to register them with Cerner. VA must control the API key, not Cerner.

Additionally, VA should require that Cerner provide access to MPages, a developer toolkit, and a programming interface that will enable innovators and third parties to develop APIs.

Require that community care contracts include VA EHR standards to support bi-directional data sharing

Panelists agreed that requiring the support and collaboration of community care providers and participating actively in health IT standards bodies would give VA the opportunity to advance the “national” standard for data sharing—closing any gaps and inconsistencies among federal, industry, and inter-industry standards. VA must require every provider in the chain of a Veteran’s care to support the same standards for data interoperability in order to ensure seamless, best possible care for Veterans. This includes the requirement that all providers and third-party applications, in exchange for using the VA-provided API gateway, provide bi-directional health information back to VA that can be used for context-driven clinical decisions and informatics.

Change the data exchange consent model from “opt in” to “opt out”

To encourage seamless interoperability across all entities providing care to Veterans, the consent model for exchanging data between healthcare providers must be modified to follow an opt-out rather than an opt-in policy, which limits participant numbers. This would allow Veterans to invoke their individual right of access under the Health Information Portability and Accountability Act (HIPAA) to move their data as needed. Many states have already adopted an opt-out consent policy as part of their HIE.² VA can achieve this by aligning its policy to an opt-

² See https://www.healthit.gov/sites/default/files/State%20HIE%20Opt-In%20vs%20Opt-Out%20Policy%20Research_09-30-16_Final.pdf

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out model, supported by the new VA proposed rule³ to allow HIEs to collect a Veteran’s consent and electronically attest to the consent to VA in order to obtain the required EHR.

Topic Area: Additional Contract Changes

In addition to the recommendations in the prior sections, the Panelists encouraged VA to add further definitions and clarity in the following areas:

- Require Cerner to provide VA with full read and partial write access to all data elements within the EHR, at VA’s sole discretion.
- Require Cerner to make the VA data model, standards, and other similar interoperability changes available in all other non-VA Cerner instances of its EHR platform.
- Clearly define “enabling security framework” so that users know if this means a specific security framework such as those provided by the National Institute of Standards and Technology (NIST), HITRUST, etc.
- Amend “national Common Trust Framework” to specifically refer to the intended source. The Panelists suggested that VA replace this wording with “Trusted Exchange Framework and Common Agreement (TEFCA)” as specified in the 21st Century Cures Act.
- Amend RFP Performance Work Statement (PWS) Section 5.10.4(i) to clarify if the “provider collaboration via secure e-mail using Direct standards” is limited to the Direct protocols and just the Cerner platform.
- Incorporate the model RFP language necessary for Cerner to support the API and SMART on FHIR platform and SMART-enabled applications, as described in Appendix B.

³ See <https://s3.amazonaws.com/public-inspection.federalregister.gov/2018-00758.pdf>

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II. Recommendations for RFP Changes

MITRE engaged Morrison & Foerster, LLP, as the independent and unbiased legal expert to identify the specific changes to the RFP language necessary to implement the recommendations made by the Interoperability Review Panel. MITRE provided Morrison & Foerster, LLP, with the summary recommendations and a copy of the RFP.⁴ In addition, MITRE collected specific ideas for contract language from the Panel. Appendix C presents all recommended RFP changes.

⁴ *Performance Work Statement for the VA Electronic Health Record Modernization System*, Final Version 1.7, Amendment 03, December 4, 2017, Department of Veterans Affairs. File name: 001 - VA EHRM IDIQ PWS (Amended 12.04.2017) - Copy.docx

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III. Observations from University of Pennsylvania Medical Center Site Visit

A delegation from VA and MITRE traveled to Pittsburgh, Pennsylvania, on January 19, 2018, for a meeting with representatives of UPMC Enterprises to discuss aspects of EHR interoperability that UPMC has successfully implemented over the past several years. The VA team, led by John Windom, included Dr. Ashwini Zenooz, (b)(6) John Short, and (b)(6). The MITRE group included Richard Byrne, Jay Schnitzer, (b)(6) and (b)(6). The hosts at UPMC included Dr. Rasu Shrestha, C. Talbot Heppenstall, Jr., Ed McAllister, Dr. Robert Bart, Adam Berger, Diane Michalec, Phyllis Szymanski, and Dr. Amy Urban, as well as additional staff.

The meeting was broken into four parts. Following introductions, Session 1 described the structure of UPMC. Session 2 covered UPMC's last decade of interoperability, and Session 3 centered on the road ahead for UPMC and industry.

Dr. Rasu Shrestha began the meeting by making the introductions and setting the agenda. He stated that UPMC's approach had followed a best-of-breed strategy, as opposed to a best-of-suite strategy, with the intention of failing fast and succeeding often. The overall UPMC structure has four parts: provider services, insurance services, international activities, and enterprises.

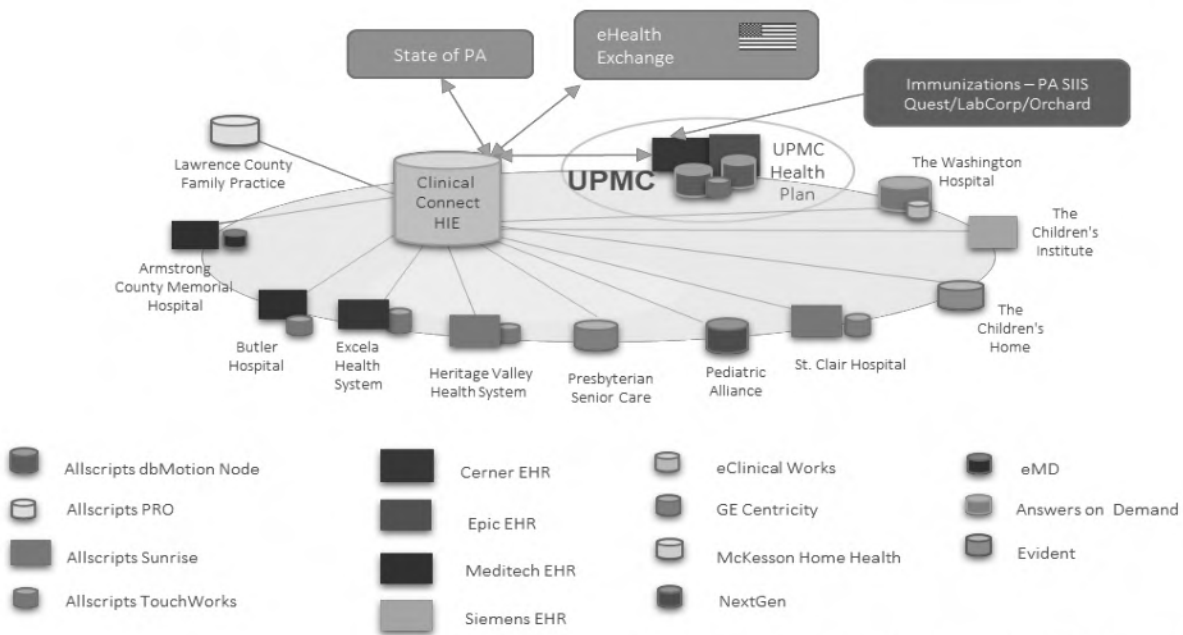
During the discussion of interoperability, the UPMC team described its approach to interoperability, called Connected Healthcare, which is based on the commercial product dbMotion of AllScripts. UPMC has created an entity titled ClinicalConnect HIE (CCHIE) that uses HL7. ClinicalConnect exists as a separate 501c(3) company, of which UPMC is a member. CCHIE contains 90 live interfaces. This HIE went live in June 2012; its members consist of 10 hospitals. It competes with three other HIEs in Pennsylvania. The repository contains data on 8.3 million patients, and, in terms of patient consent, CCHIE uses an opt-out model. It currently has connections to four EHRs: Cerner (two versions), Epic, and Varian. Data available within CCHIE spans allergies, clinical documents, diagnosis, encounters, immunizations, labs, medications, problems, and procedures. Much of this data is in the form of documents (Continuity of Care Document (HITSP C32 CCD format, including problems, allergies, and medications); unstructured clinical documents (HITSP C62 format); Consolidated Clinical Document Architecture (C-CDA CCD, including problems, allergies, medications, immunizations, procedures, and insurance); and HL7 Interface (ADT: encounters, documents, imaging documents, and labs only).

At the point of care dbMotion allows multiple views for the CCHIE: 1) a clinical view, 2) a newer view titled EHR agent, and 3) a Cerner MPage integration view. The next phase of the UPMC work in this regard will consist of integration with CommonWell. Figure 2 shows the architecture of the system. Figure 3 depicts the data feeds.

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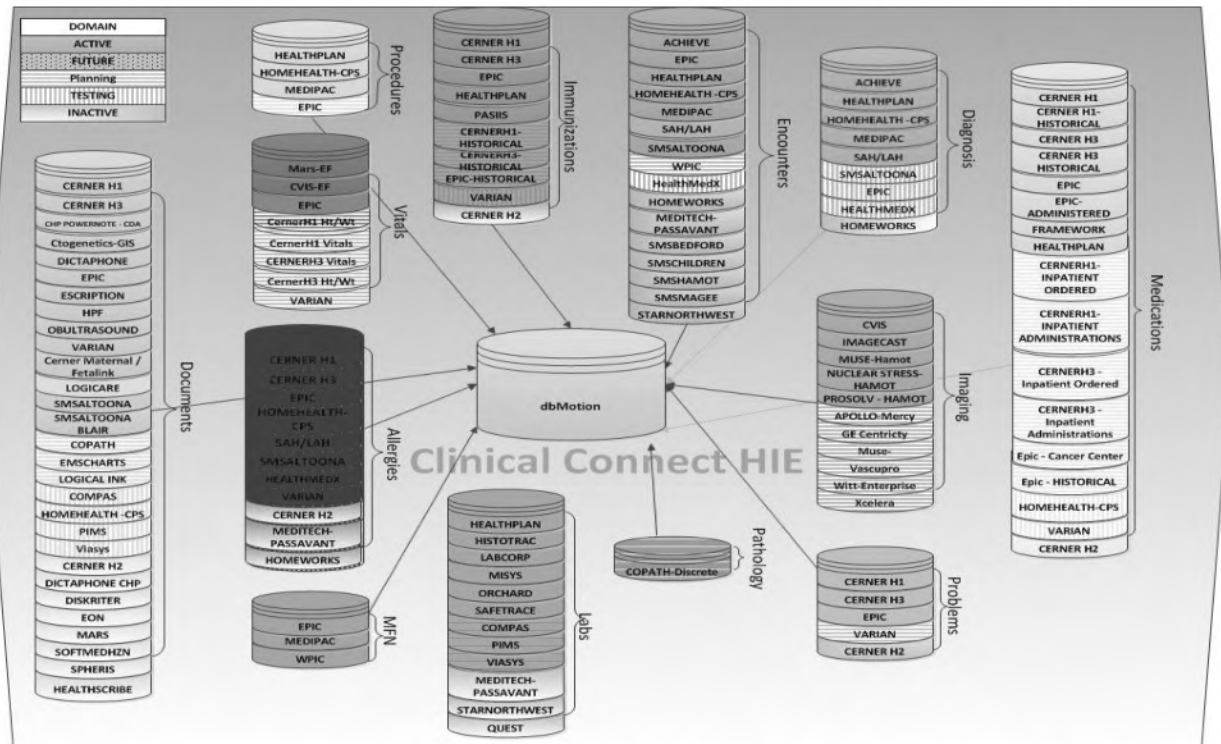
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Source: From UPMC Enterprises, used with permission, for VA use only

Figure 2. ClinicalConnect (Western Pennsylvania) Health Information Exchange



Source: From UPMC Enterprises, used with permission, for VA use only

Figure 3. Interoperability Data Integration

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When asked whether UPMC, or anyone else in the country, has a point-to-point Cerner-to-Epic interoperability solution that does not use an HIE, UPMC representatives responded “No.” Furthermore, UPMC representatives noted that about 10 percent of the total available individual patient data is currently transferred with UPMC’s interoperability system. This is complicated by an ongoing data explosion that doubles the amount of data in UPMC’s system about every 18 months.

Following the presentations and lunch, MITRE Chief Technology Officer Jay Schnitzer saw a live demonstration of CCHIE by Dr. Amy Urban and Dr. Rasu Shrestha. The live demonstration confirmed that all of the documents listed above are visible with equal fidelity and a very similar format from both the UPMC end and the community provider end and perspective. The system requires clinicians to know and understand where documents can be found, and sometimes requires multiple mouse clicks, but all documents can be accessed from the same EHR entry page with one single log in. Additionally, some data elements, including vital signs and labs, can be viewed in the form of graphs as a function of time, including data elements from multiple sources.

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IV. Closing Thoughts and Suggested Next Steps

The Panelists noted that VA cannot achieve true future EHR interoperability through the Cerner RFP alone, or through technology alone. The state of practice today shares only a small portion of available patient data. For VA to succeed in the future, multiple other components must be present and aligned: innovation, policy, standards, customer buy-in, and legislation, to name a few.

The following next steps are recommended for VA consideration:

1. Complete the RFP revisions, conduct appropriate negotiations with the Contractor expeditiously, and complete the Contract process as planned. Stand firm during negotiations to maximize ease of access to data and data models for building third-party APIs, applications, and services for future community innovations.
2. Work with other federal government agencies and departments with similar interoperability interests and concerns, including, but not limited to, the White House, DoD, Food and Drug Administration (FDA), Centers for Medicare and Medicaid Services (CMS), Office of the National Coordinator for Health Information Technology (ONC), and other parts of the Department of Health and Human Services, to align approaches to EHR interoperability and the development and support of standards government-wide.
3. Support future innovation approaches, including concepts such as an Interoperability Laboratory and outreach to the broader innovation ecosystem (major medical centers, academia, traditional and non-traditional healthcare providers, startups, individual entrepreneurs, others). It is critical to align the innovations planned in VA's Digital Veterans Platform to the VA EHR innovation efforts to ensure consistent, continuous improvements to clinician and Veteran health experiences.
4. Create an External Review Panel to provide continuous expert guidance, review, and feedback over the course of the implementation and help capture best practices from the expert community going forward. Conduct ongoing demonstrations of end-to-end Veteran use cases that require data sharing across organizational boundaries to validate improvements in Veteran healthcare and reduce burdens on healthcare providers. VA and Contractor will ensure that Federal Advisory Committee Act (FACA) guidelines are followed in leveraging any external review panels.

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Appendix A: Interoperability Review Forum Participants

Panelists	Title	Organization
Aneesh Chopra	President	CareJourney, former United States Chief Technology Officer
Charles E. (Chuck) Christian	Vice President, Technology and Engagement	Indiana Health Information Exchange
Ryan Howells	Principal	Leavitt Partners, LLC
Andrew Karson, MD	Director, Clinical Decision Support	Massachusetts General Hospital
Chris Klomp	Chief Executive Officer	Collective Medical Technologies, Inc.
Kenneth Mandl, MD	Professor, Biomedical Informatics Director, Computational Health Informatics	Harvard Medical School Boston Children's Hospital
Frank Opelka, MD	Medical Director, Quality and Health Policy	American College of Surgeons
Peter Pronovost, MD, PhD	Director, Armstrong Institute for Patient Safety and Quality Senior Vice President, Patient Safety and Quality	Johns Hopkins University
Christopher J. (Cris) Ross	Chief Information Officer	The Mayo Clinic
Carla Smith	Executive Vice President	The Healthcare Information and Management Systems Society
Paul R. Sutton, MD, PhD	Professor, Biomedical Informatics and Medical Education Associate Medical Director, Inpatient IT Systems, UW Medicine IT Services	University of Washington

VA Participants	Title	Organization
David J. Shulkin, M.D.	Secretary	Department of Veterans Affairs
Carolyn Clancy	Executive in Charge, Veterans Health Administration	Department of Veterans Affairs
Bill James	Acting Assistant Secretary, Office of Information & Technology	Department of Veterans Affairs
John Windom	Program Executive for EHRM and Special Advisor to the Under Secretary for Health	Department of Veterans Affairs
Dr. Ashwini Zenooz	Chief Medical Officer, EHRM; Deputy, Office of Deputy Under Secretary for Health Policy & Services, VHA	Department of Veterans Affairs
John Short	Chief Technology Officer, EHRM; Executive Director of Information Technology System Modernization	Department of Veterans Affairs
(b)(6)	Portfolio Lead: Project Transition and VA Integration, VA Center for Innovation	Department of Veterans Affairs
Camilo Sandoval	Senior White House Advisor, VHA	Department of Veterans Affairs
(b)(6)	Senior Advisor to the Secretary on Strategic Partnerships	Department of Veterans Affairs
(b)(6)	Contracts	Department of Veterans Affairs
Kyle Sheetz	White House Fellow	Department of Veterans Affairs

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Other Federal Government Participants	Title	Organization
(b)(6)	Senior Advisor, Office of Administration	The Centers for Medicare & Medicaid Services
Chris Liddell	Assistant to the President for Strategic Initiatives	The White House, Office of American Innovation
Bruce Moskowitz, M.D.	Internist	External Expert Participant
Shannon Sartan	Director, Digital Services	The Centers for Medicare & Medicaid Services
Dr. Lauren Thompson	Director	DoD/VA Interagency Program Office
Jon White	Deputy National Coordinator for Mental Health	The United States Department of Health and Human Services/The Office of the National Coordinator for Health Information Technology

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Appendix B: RFP Language for Purchasing Extensible Health IT

From <https://smarthealthit.org/2017/08/draft-model-rfp-language-for-purchasing-extensible-health-it/>, as of January 15, 2018.

SMART Platform (www.smarthealthit.org) is a project that lays the groundwork for a more flexible approach to sourcing health information technology tools. Like Apple and Android's app stores, SMART provides the means for developers to create and for health systems and providers to easily deploy third-party applications in tandem with their existing electronic health record, data warehouse, or health information exchange platforms.

To deploy SMART-enabled applications, health systems must ensure that their existing health information technology infrastructure supports the SMART on FHIR API. The SMART on FHIR starter set detailed below lists the minimum requirements for supporting the API and SMART-enabled applications. You may wish to augment this list of minimum requirements with suggestions from the Add-On Functionality listed depending on the types of applications your organization wishes to deploy.

This document is intended as a resource for providers and health systems as they draft Request for Proposals (RFPs) and negotiate with their HIT vendors for added functionality. It has multiple authors from across the SMART team and its advisors. Feedback is welcome.

The vendor must support the SMART on FHIR platform, a vendor agnostic API that allows third-party developers to build external apps and services that integrate with the vended product.

At a minimum, the vendor product should include the following components in order to support SMART on FHIR and SMART-enabled applications:

Data Access

- Provide automated, standards-based, read-only access through the FHIR API and FHIR data models (resources) to:
 - a well-defined set of real-time discrete data (including support for the API parameters and resources described in the Argonaut Implementation Guide)
 - free-text clinical notes

Data Manipulation

- Write structured data from third-party apps back to the organization's EHR and, where relevant, a data warehouse, using the FHIR REST API to communicate data including:
 - free-text clinical notes

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Standards-Based App Authorization

- Protect data and identity endpoints with standards-based authorization mechanisms (including the OAuth2 profiles described in the Argonaut Implementation Guide).
- Provide access to data endpoints with an approach that does not require user intervention subsequent to the initial setup such as the method described in the draft SMART Backend Services Profile (<http://docs.smarthealthit.org/authorization/backend-services/>) Provide capability to restrict this access to a specified set of patients (roster).
- Enable Health System to connect any third-party app of their choice that is conformant with the API without pre-registering the app with HIT Vendor.
- Enable patients to connect any third-party app of their choice that is conformant with the API without pre-registering the app with HIT Vendor through the OAuth Dynamic Registration protocol.
- Provide OAuth refresh tokens with a duration of one year to patient and provider facing apps that support the SMART Client Secret profile.

Identity Management

- Act as a standards-based Identity Provider using OpenID Connect. This ensures that users can authenticate to plug-in apps using single-sign-in via their existing EHR or patient portal credentials.
- Act as a standards-based relying party to a customer-selected Identity Provider using OpenID Connect. This ensures that users can sign into the EHR or patient portal using an external, hospital-supplied single-sign-on account.

Workflow

- Support standards-based embedding of external application UI (HTML5). This ensures that app developers can build Web apps, and these apps can run directly inside of the EHR.
- Support the launch of external applications in the clinician's workflow (this is not limited to the EHR and should include non-EHR integrated tools such as smart phones and tablets). For example, a clinician that has opted to use a third-party-developed native iPad app to visualize a patient's BMI over time can seamlessly use the application alongside the EHR via single-sign-on.
- Support notifications to and from running applications. For example, an embedded app can notify the EHR when the user is "done" with it.

Add-On Functionality

The provider organization may also want to consider the following additions to its RFP depending on the types of applications it wishes to develop and run in the future.

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Bulk Data Export

- Provide automated access to bulk export of data (complete representation of all data in the MU Common Clinical data set as well as free text notes) using a method like the SMART Flat FHIR draft proposal (<http://docs.smarthealthit.org/flat-fhir>)

Data Manipulation

- Write structured data from third-party apps back to the organization's EHR and, where relevant, a data warehouse, using the FHIR REST API to communicate data including:
 - medication prescriptions
 - lab and diagnostic imaging orders
- Support the dependent transactions necessary to ensure that actions completed by third-party applications using the API are valid in the EHR and data warehouse.

Context-Specific Service Hooks

- Support the ability to call an external standards-based service in specific workflow steps, through the CDS Hooks specification, including:
 - opening a patient record
 - new prescriptions
 - new lab orders
 - new imaging studies

Intellectual Property

The IP of any app integrated through the SMART on FHIR API belongs to the author and not the vendor.

Custom SMART on FHIR Extension to a Proprietary API

Should a vendor neglect to provide SMART on FHIR natively, the client has the right to provide a custom extension to the vendor's API. The ownership of the IP for the custom extension is negotiable between the client and the vendor, but the ownership of the app using the custom extension belongs to its author.

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Appendix C: Recommended RFP Interoperability Language Changes

The table below captures the recommended changes to the VA EHRM RFP.

Item No.	Independent External Review Recommendations	EHRM RFP Section(s) Affected and Additional Comments	MITRE Recommended Change(s) to the EHRM RFP	VA Adjudication
Commit to Full VA-DoD Interoperability				
1	Define specific capability performance requirement and mechanisms to hold Cerner accountable for reducing the administrative burden in clinician workflow with the objective of increasing efficiency.	<p>The IDIQ RFP PWS Section 5.1.11 speaks to overall EHRM value and performance management monitoring, measurement and reporting. Performance metrics will be defined and enforced at the task order level, since, for example, hosting metrics will be significantly different from deployment metrics.</p> <p>The RFP Section 8.6 refers to the use of Quality Assurance Surveillance Plans (QASP), which will include Functional and Non-Functional Key Performance Indicators (KPIs). The QASP will evolve as the EHRM solution and technology matures and is intended to establish Contractor accountability to what VA requires and values.</p>	None.	Concur.

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Item No.	Independent External Review Recommendations	EHRM RFP Section(s) Affected and Additional Comments	MITRE Recommended Change(s) to the EHRM RFP	VA Adjudication
2	Define specifically the <i>span</i> of providers who can properly interface with VA under a proposed solution (the number of community providers who would be able to interface with VA under a solution as a function of cost to the provider).	RFP Section 5.2.1(j) states that “The EHRM solution shall support access via tablet or mobile device as adjudicated by joint governance. Platform specifics will be identified by VA at a TO level.” Section 5.10.4 states that "The Contractor is required to collaborate with VA affiliates, community partners, EHR providers, healthcare providers, and vendors to advance seamless care throughout the healthcare market.”	Suggest amending the language in RFP Section 5.2.1(j) to: “Support broad access via tablet or mobile devices and pursue technology to reduce the burden to the clinicians (e.g., providing third-party provide access to information using light-weight portals and support for future generation mobile devices). Platform specifics shall be adjudicated by joint governance and incorporated by VA at a TO level.”	Concur. Will negotiate with Cerner for inclusion of language.
3	Define the <i>degree</i> of interoperability the solution provides (ranging from basic file sharing to fully interchangeable, integrated and functionally identical patient records).	RFP Section 5.10.4 speaks to interoperability and provides sufficient breadth to introduce any additional information exchange requirements in the future, at the sole discretion of VA. Requirements Traceability Matrix (RTM) VA-FR-31 discusses specifics of data management, types of data to be exchanged, and methods of communication.	Suggest adding to RFP Section 5.10.5: "m) The Contractor shall conduct an annual Interoperability Self-Assessment against standards that shall be specified by VA, such as those promulgated by HIMSS or future standards to be identified by VA.”	Concur. Will negotiate with Cerner for inclusion.

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Item No.	Independent External Review Recommendations	EHRM RFP Section(s) Affected and Additional Comments	MITRE Recommended Change(s) to the EHRM RFP	VA Adjudication
4	Pivot the RFP to be Veteran-centric and NOT system-centric. Be mindful that lessons learned are that many EHRs do not currently maximize efficient clinical workflow, so build that in (e.g., using CDS Hooks) and present information where needed with minimum "clicks to find" to reduce clinician burden.	<p>RFP Section 5.2.1 speaks to the EHR application supporting workflows.</p> <p>Section 5.5.1 Workflow development and normalization addresses configuration of workflows to meet VA requirements.</p> <p>Section 5.5.7 Organizational Change Management discusses optimizing workflows for each clinical role.</p> <p>Section 8.6 refers to the use of Quality Assurance Surveillance Plans (QASP) which provides active, continuous measurement against the extensive performance requirements captured in Appendices A-1 and A-2: EHRM Key Performance Indicators to ensure a Veteran-centric approach.</p> <p>RTM section VA-FR-33 requires adoption, development and maintenance of metrics to assess timeliness and quality of healthcare delivery to the patient population.</p> <p>The current RFP language can be clarified to specifically refer to the improvement on Veteran-centric delivery.</p>	<p>Suggest adding to RFP Section 5.5.1: "k) Provide an understanding of how all workflows will impact VA care coordination and management processes (e.g., incorporating community information) to improve Veteran-centric delivery."</p> <p>Also add to Section 5.5.1: "l) Configure workflows to incorporate all community data at the discrete level in support of clinical decision support, care management, disease management. The clinical workflow within the EHR should not require users to visit additional screens to view externally sourced data."</p> <p>See Item 29 for specific recommendations on CDS Hooks.</p>	Concur. Will negotiate with Cerner for inclusion.
5	Require Cerner support end-to-end use cases with major external stakeholders involved.	RFP Section 5.2.1 speaks to the EHR application supporting workflows. The Contractor can only be held responsible for elements of the end-to-end use case that reside within their system.	Suggest adding to RFP Section 5.2.1: "Testing conducted under the Test and Evaluation Program Plan may include specific workflows to inform a demonstration of end-to-end clinical use cases involving external stakeholders."	Concur. Will negotiate with Cerner for inclusion.

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Item No.	Independent External Review Recommendations	EHRM RFP Section(s) Affected and Additional Comments	MITRE Recommended Change(s) to the EHRM RFP	VA Adjudication
6	Develop detailed data flow requirements between Cerner and all other vendors, be specific using clinical workflow or Veteran/patient-centric use cases.	Detailed data flow requirements should not be part of the RFP as it will result in the limitation of functionality to the specific data flows specified. They will be part of the Test and Evaluation Plan (TEP), where data flows can be added or modified. However, RFP Section 5.5.1 does not indicate that the external community data and end-to-end workflows will be considered in the configuration of standard EHRM workflows.	Suggest adding to RFP Section 5.5.1: "j) The Contractor shall enable configuration of the application that supports external community data without requiring the clinician to go to special screens to see and use external data."	Concur. Will negotiate with Cerner for inclusion.
7	Specifically define the machine-data readability expectations to ensure interoperability between legacy, community care providers, and Cerner (e.g., notes fields).	RTM VA-FR-31 Requires the ability "to manage data structures that are standardized, accessible and editable." Specific requirements are to be incorporated into Task Orders, according to the structure of the contract.	See Item #34 for recommended changes to incorporate the SMART on FHIR and SMART-enabled applications. See Item # 49 for recommended changes to incorporate sharing of the EHRM data model and to improve the amount of computable data shared with community care providers. Suggest VA obtain a description from the Contractor that describes the current baseline of shareable data elements that are computable.	Concur. Will request information from Cerner.
8	Document the DoD-VA EHR Exchange Framework - it can serve as a starting point for the National model.	This is information that should be included as part of acquisition baseline developed by EHRM Program Management Office technical activities.	None.	Concur.
9	Require ability for bulk data export.	RFP Section 5.10.4(g) requires the Contractor to provide a software solution for multilateral standards-based ingestion, normalization, storage and exporting of Health Information Exchange acquired Veteran health information.	None.	Concur.

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Item No.	Independent External Review Recommendations	EHRM RFP Section(s) Affected and Additional Comments	MITRE Recommended Change(s) to the EHRM RFP	VA Adjudication
10	Require "push" capability to send data back in to VA EHR / Cerner database.	RFP Section 5.10.4(g) requires the Contractor to provide a software solution for multilateral standards-based ingestion, normalization, storage and exporting of Health Information Exchange acquired Veteran health information.	None.	Concur.

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Item No.	Independent External Review Recommendations	EHRM RFP Section(s) Affected and Additional Comments	MITRE Recommended Change(s) to the EHRM RFP	VA Adjudication
11	<p>Require that VA drive and own the analytical algorithms and not rely on Cerner. Require that VA health organizations be involved in building the logic models with the community and the vendor.</p>	<p>RFP Section 5.1.5 requires the Contractor provide requirements development support but does not include who is responsible for coordinating the community input on the logic models.</p> <p>RFP Section 5.1.7 requires the Contractor support data management but does not state that VA shall provide the analytical algorithms.</p> <p>RFP Section 5.5.1(e) requires the Contractor support robust semantic modeling for the information associated with the workflows. Further detail to achieve this recommendation is also detailed in the Functional Requirement documentation, specifically VA-FR-31. VA should lead and own the analytical algorithms as it is in the best interest of the health community. By owning the algorithms, VA will take the lead on coordinating the effort, but the Contractor will actually develop the algorithms.</p>	<p>Suggest adding to RFP Section 5.1.5: "While the Contractor shall provide such support, VA reserves the right to take the lead on coordinating input from the user and provider communities. VA may, at its discretion, incorporate analytics from other entities, and include them in its future Digital Veterans Platform, with which the EHR must be fully compatible and interoperable."</p> <p>Suggest adding to RFP Section 5.1.7(b): "based on community and VA coordinated analytic algorithms."</p> <p>Suggest adding to RFP Section 5.5.1(e): "VA and its agents shall have unlimited rights to all resulting models and algorithms."</p> <p>Suggest adding to RFP Section 5.5.1(f): "which modeling shall be based on analytical algorithms and data models (1) developed by the Contractor, (2) co-developed by the Contractor in coordination with VA health organizations and the community, (3) developed by VA health organizations, or (4) provided by third-party developers. VA and its agents shall have unlimited rights to all algorithms and logic models incorporated in the EHRM solution, and intellectual property rights will be handled in accordance with § H.2 of the Contract "VA EHRM IP License Agreement" on a Task Order basis."</p>	<p>Concur. Will negotiate with Cerner for inclusion.</p>

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12	Enhance the data quality management requirements to ensure Cerner is responsible for maintaining and resolving data quality issues.	RFP Section 5.1.8 Requires the Contractor to be responsible for data migration, but RFP Section 5.1.7 does not include a requirement for the Contractor to manage data quality internal to its systems.	Suggest adding to RFP Section 5.1.7: "j) Maintain backward compatibility of the EHRM solution in such way as to maintain the quality of the data, to ensure that, once captured, the Government has access to and computational use of the data regardless of the evolution of the EHRM or age of the data k) Identify data quality issues found in data sourced from systems beyond its operational remit, applying the same validations and quality standards to incoming external data that it performs for data originated natively within the EHRM solution. Where the principle of seamless care requires that EHRM accept data that does not meet its internal data quality standards, Contractor shall implement the solution so that any incoming data that does not meet EHRM data quality standards be clearly flagged as such and provide both process and user interface to allow incorrect or missing data to be remedied if possible."	Concur.
13	Define the common identity and access management approach Cerner and others will adopt (e.g., using the Vets.gov identity as the coordinating identity).	RFP Section 5.5.2 describes the required approach to identity and access management across population types and roles. DoD/VA are aligning their efforts to address this going forward.	None.	Concur.
14	Adopt the DoD approach to data and system security.	RFP Section 5.4: Information System Authorization, Testing and Continuous Monitoring describes the security approach for the shared DoD/VA authorization boundary. Joint DoD/VA Strategy will be executed.	None.	Concur.

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15	Share the VA's security approach to medical and endpoint security with DoD for opportunity to leverage and harmonize.	RFP Section 5.4: Information System Authorization, Testing and Continuous Monitoring describes the security approach for the shared DoD/VA authorization boundary. Joint DoD/VA Strategy will be executed.	None.	Concur.
16	Require Cerner to make the VA data model, standards, and other similar interoperability changes available in all other non-VA Cerner instances of its EHR platform.	RFP Section 5.10.4.1 requires opportunity for agreed upon Contractor proprietary information/data model extension points (e.g., ingestion and record APIs) to be provided to both international and national standards designating organizations, however, this does not include providing the capability to other Cerner users, which would extend Cerner interoperability across the community.	Suggest adding to RFP Section 5.10.4.1: "The Contractor shall provide VA access and usage rights into any underlying proprietary terminology/code systems for the purpose of enhancing national standards to address any gaps identified in the EHRM solution. The Contractor shall also make the interoperability capabilities and product enhancements developed under this contract available to non-VA Cerner clients."	Concur. Will negotiate with Cerner for inclusion of language.
17	Clearly define "enabling security framework." Does this mean a specific security framework such as NIST, HITRUST, etc.	VA Requirements Traceability Matrix Non-Functional requirements provides the security requirements to include Access Management, Identity Management, and Information Assurance/Security. RFP Sections 5.4 Information System Authorization, Testing and Continuous Monitoring and 5.5.2 Identity and Access Management provide additional clarification on the security requirements.	None.	Concur.

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Leverage Current and Future Standards				
18	Specifically describe what and how you can read, write, and reconcile re: health data.	Requirement VA-FR-31 describes data management requirements: standardized data and coding terminology systems; use of government endorsed messaging and content standards for interoperability; management of data elements from various entry points etc. The current requirement does not provide understanding of which data elements are being exchanged and the degree of interoperability/ computability supported.	Suggest adding to RFP 5.10.4(m): “The annual assessment will report on the state of each data element (e.g., which are supported in what capacities and in which formats). This will help assure standards implementation consistency and assure standards compliance with evolving national standards.”	Concur. Will negotiate with Cerner for inclusion of language.
19	Define who has what rights from a data sharing perspective, impacting APIs (e.g., VA owns the data + all data products vs. Community care provider owns their treatment info on patient vs. patient owns all their own data.)	Requirement VA-FR-31 and RFP Section 5.1.7 describe data management requirements (including syndication). Section 5.5.4 requires “all, significant data stored in the software is accessible through API’s” however clarification is needed to ensure access to all data originating from alternate VA-designated authoritative sources.	Suggest adding to RFP 5.5.4: “l) Provide standards-based API access (e.g., FHIR) to all patient data from the VA-designated authoritative data sources for the patient’s record within the Contractor’s product suite.”	Concur. Will negotiate with Cerner for inclusion of language.
20	Identify the authoritative source for the various elements of a Veteran's health record.	RFP Section 5.1.4 requires the Contractor to provide support in the development and/or evaluation of new Standards, Policy Directives, Operating Procedures, Processes, etc. Broader recommendation beyond the scope of the EHRM RFP is for VA to define the authoritative source policy for all VA data. This is not an EHRM specific policy and should be issued by VACO or VHA.	Suggest adding to RFP 5.5.4: “j) assist VA in defining and establishing the authoritative data sources associated with each data element in the EHR (e.g., where it is available and who has access to the information).”	Concur with the language for 5.5.4.

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21	Increase the VA presence and leadership role in standards-making bodies (e.g., Argonaut).	Increasing VA presence and leadership roles in standards-making bodies is an entirely separate recommendation that is not related to the IDIQ.	None.	Concur.
22	Include requirement for Cerner to support VA as an advocate to VA position on all relevant standards-making bodies.	RFP Section 5.1.4 requires Contractor support in the development and/or evaluation of new standards, policy directives, operating procedures, processes and/or assessments on their impacts when implemented.	None.	Concur.
23	Require Cerner to implement all standards as defined by VA.	Requirements Traceability Matrix VA-NJ-177 defines interoperability data standards and specifically cites support of the health data standards identified in the VA-DoD Health Information Technical Standards Profile and by the VA-DoD Interagency Clinical Informatics board.	None.	Concur.
24	Clarify the intended reference in the phrase “national Common Trust Framework.” Does this refer to the Trusted Exchange Framework and Common Agreement (TEFCA) specified in the 21st Century Cures Act?	RFP Section 5.10.4(h) refers imprecisely to the "national Common Trust Framework."	Suggest replacing the phrase in RFP Section 5.10.4 h) "national Common Trust Framework" with “Trusted Exchange Framework and Common Agreement (TEFCA).”	Concur. Will negotiate with Cerner for inclusion of language.
25	Clarify if the “provider collaboration via secure e-mail using Direct standards” is limited to the Direct protocols and just the Cerner platform.	RFP Section 5.10.4(i) requires the Contractor, by IOC, to "provide a capability for provider collaboration via secure e-mail using Direct standards within a Cerner Millennium EHR workflow context."	Suggest adding to RFP Section 5.10.4(i): "the ONC Direct protocol or future VA-designated standard."	Concur. Will negotiate with Cerner for inclusion of language.

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Commit to Open, Standards-Based APIs				
26	Be specific about the VA publishing / access service requirements.	RFP Section 5.5.4 includes requirements that all significant data stored in the software is accessible through API's with no requirement for creation of custom applications to specifically access VA data. RTM VA-NF-7 requires the system to support the ability to access data elements using open standard-based interfaces including legacy data. Clarification is needed to ensure the intention to pursue standards-based APIs.	Suggest adding to RFP Section 5.5.4 – “standards-based” in front of APIs.	Concur. Will negotiate with Cerner for inclusion of language.
27	Define in the contract the VA publishing / access services specifically for (1) Veteran access services (e.g., vets.gov), (2) VA clinician access services, (3) Partner access services, and (4) HIE access service.	RFP Section 5.5.2 describes identity and access management requirements including user population types and the association of specific application permissions tied to roles/positions. RTM VA-NF-6 through 48 describe specific access services required.	None.	Concur.
28	Ensure external API developers can host their apps on an app platform that is NOT controlled by Cerner (and therefore does not require Cerner licensing and approval).	RFP Section 5.1.8(d) requires the contractor analyze and propose a way forward for the capability for external apps to use HealthIntent as a data source. Section 5.5.4 requires the contractor to support data exchanges via the API gateway. Section 5.10.4.2 requires the contractor to work in good faith to integrate the EHRM with the Digital Veterans Platform API gateway.	Suggest replacing the second sentence in 5.10.4.2: “The Contractor shall integrate the EHRM to interoperate with DVP or future state VA platform.”	Concur. Will negotiate with Cerner for inclusion of language.

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29	Include requirement for Cerner to provide CDS Hooks to support open clinician workflow.	RFP Section 5.8 requires the contractor provision robust data analysis toolsets that allow, among other things, analytics and Clinical Decision Support (CDS). VA-NF-T26 requires "integration with Cerner via standards-based interfaces (including but not necessarily limited to support for FHIR APIs and/or OMG CDS API/ HL7 CDS APIs (e.g., CDS Hooks)".	None.	Concur.
30	Specify the required utility services to support intermediary or peer-to-peer services; e.g., support Veteran-directed or Veteran-mediated request, exchange, and ingestion from non-VA providers (via APIs where available).	RFP Section 5.10.4(c) requires "the Contractor shall provide a software solution enabling VA to release and consume, via on-demand access, a Veteran's complete longitudinal health record to and from DoD and connected community partners. The longitudinal record solution shall support Provider-to-Provider record sharing, as well as Provider-Veteran-Provider sharing (Veteran mediated record sharing), including appropriate consent management."	Suggest adding ", regardless of which EHR they use" after "connected community partners...to and from DoD and connected community partners, regardless of which EHR they use."	Concur. Will negotiate with Cerner for inclusion of language.
31	Require that VA has full authority to connect any VA-approved, secure third-party app with the Cerner system, without Cerner approval.	RFP Section 5.7.1 requires the contractor provide on-site integration for devices connecting to the Contractor system. VA is fully responsible for the security of its systems and protection of its data.	Suggest adding to 5.7.1b: "including via the Digital Veterans Platform...support for VA-approved third-party apps connecting to the Contractor system, including via the Digital Veterans Platform." Suggest adding to 5.7.1 – "g) Permit and approve connecting all VA approved secure apps without additional fees or licensing."	Concur. Will negotiate with Cerner for inclusion of language.

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32	Ensure the API developers retain their IP rights when their API is used to connect to the Cerner interface.	<p>RFP Section 5.5.4 sets forth requirements with respect to APIs, including paragraph (e), which provides for the provision and maintenance of a Developer Portal.</p> <p>Section 5.10 generally promotes innovation while 5.10.4.2 requires the Contractor to support the Digital Veterans Platform (DVP) API gateway which is intended to provide a neutral application platform for third party APIs.</p> <p>Additional language is required to promote innovation in the creation of third party applications by removing derivative or cascading intellectual property restrictions/ constraints.</p>	Suggest adding to RFP 5.5.4(e): " and provide policies and procedures for the use of the Developer Portal(s) and APIs that promote innovative third-party API development" and "Third party API developers shall retain their IP rights when their API is used to connect to the Cerner interface, and there will be no derivative IP ownership when third parties consume Cerner terminology through open APIs."	Concur. Will negotiate with Cerner for inclusion of language.
33	Require the ability for 3rd party apps to remain connected to the Cerner system and receive automatic notification on updates (e.g., vaccination). Allow the app to connect without being cut off in accordance with VA security requirements.	RFP Section 5.7.1 requires the contractor provide on-site integration for devices connecting to the Contractor system.	<p>Suggest adding to RFP Section 5.7.1(b): "support for third-party apps connecting to the Contractor system."</p> <p>Suggest adding the following new paragraphs (ii) and (iii) to RFP Section 5.7.1(b): "ii. Provide ability for third-party apps to remain connected to the Contractor system in accordance with VA security requirements and receive automatic notification on updates; and iii. Allow the app to remain connected without interruption lasting longer than a certain period of time to be approved by the Government."</p>	Concur. Will negotiate with Cerner for inclusion of language.

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34	Incorporate the model RFP language necessary for Cerner to support the API and SMART on FHIR platform and SMART-enabled applications.	RFP Section 5.10.4 and the Requirements Traceability Matrix refer to SMART and FHIR based applications but do not incorporate all elements of the suggested functionality such as the support for standards-based embedding of external application UI (HTML5).	Suggest adding to RFP Section 5.10.4: "In addition, the software and services shall support the VA designated standards, such as SMART on FHIR and SMART-enabled applications, or published standard at the time."	Concur. Will negotiate with Cerner for inclusion of language.
Use Community Care Contracts to Foster Interoperability				
35	Before the contract is signed, get Care Act providers and Cerner competitors to commit to support the contract as early adopters.	Pre-contractual activity and pertains to future strategic discussions to drive interoperability in the marketplace.	None.	Concur.
36	Require publication of the EHRM /Cerner clinical data model in the National Library of Medicine (following the Kaiser example).	RFP Section 5.10.4.1 states: In support of the interoperability objectives under this Section, agreed upon Contractor proprietary information/data model extension points (e.g., ingestion and record APIs) may be provided to both international and national standards designating organizations as described and set forth in an applicable Task Order.	None.	Concur.
37	Require the Veteran to be able to invoke their right of access to data as the intermediary to support data exchange (e.g., pull through their API on phone and push to their community care provider).	RFP Section 5.7.1 requires support to Veterans ensuring they can effectively navigate the HealthLife patient portal and Wellness programs to effectively manage their health.	Suggest adding to RFP Section 5.7.1(c): "using mobile apps, thin-client and thick-client solutions" and "Veterans shall be able to enable sharing of their health data with their community care providers in accordance with all VA-designated national standards."	Concur. Will negotiate with Cerner for inclusion of language.

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38	Require Cerner and the Community Care provider applications provide bi-directional health information in exchange for using the VA-provided API gateway.	RFP Sections 5.10.1, .2, and .3 require support for innovation and other development activities. Section 5.10.4(c) requires "a software solution enabling VA to release and consume, via on-demand access, a Veteran's complete longitudinal health record to and from DoD and connected community partners." VA-NF-61, -63, and -65 requires bi-directional interface in support of Pharmacy. This requirement can be fulfilled by a flat file and does not require the data to be computable.	Suggest adding to RFP Section 5.10.4(c): "The bi-directional health information exchange shall maximize use of discrete data that supports context-driven clinical decisions and informatics."	Concur. Will negotiate with Cerner for inclusion of language.
39	Shift VA policy enabled by the Choice Care Act from "Opt-In" to "Opt-Out" such that the starting assumption is that data can be shared unless the Veteran "opts out."	Review and revise VA policy.	None.	Concur.
Other				
40	Analyze and understand the operational cost to VA to implement and operate under the proposed solution.	Analysis of cost information is not part of a IDIQ contract. It will be done as part of the standard PMO processes.	None.	Concur.

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41	Incorporate requirement that subsequent updates and improvements to the Cerner solution is part of the baseline contract (and cost).	RFP Section 5.2.3 Software Maintenance requires: The Contractor shall provide its commercial support and maintenance services described in its End User License Agreement. Leveraging Contractor's best practices and agreed upon upgrade schedule between DoD and VA, software maintenance includes all releases of the software such as major releases, minor releases, maintenance releases.	None.	Concur.
42	Address the differences between federal and state privacy laws - policy that Federal laws take precedence over state laws.	Federal and state privacy laws can only be addressed through legislation.	None.	Concur.
43	Ensure VA has no gag order: Require Cerner to allow open, public sharing/reporting (e.g., screen shots) on issues or errors with the EHR solution (e.g., if there is a known anomaly, that anomaly and its work-around is shared with the Cerner user community).	RFP Section 5.3.3 - System Quality and Performance Measures and Monitoring is appropriate to capture this requirement. There is no explicit contractual language requiring the contractor to disclose issues or efforts, nor is there language explicitly preserving the right of VA to share such information.	Suggest adding to RFP Section 5.3.3: "Contractor is responsible for reporting all issues or errors associated with the EHR solution and acknowledges and agrees that errors shall not be considered confidential, proprietary or trade secrets, and accordingly, shall be releasable to VA or its agents. VA retains the right to share any issue, error or resolution approach."	Concur. Will negotiate with Cerner for inclusion of language.
44	Define the way ahead for 3rd party apps (sunset, rebuild and transition) during the Cerner transition.	This should be evaluated in congruence with the legacy transition plans (pivot plans) of existing systems to Cerner.	None.	Concur.
45	Emphasize the need and resource commitment to achieve clinician consensus, change management, and culture.	RFP Section 5.5.7 Organizational Change Management includes a detailed approach to clinician consensus, change management and culture change.	None.	Concur.

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46	Develop a roadmap for all EHR vendors that specifies how Veterans and providers access and share their data and get that data from A to B. This is not limited to the Cerner solution, but includes legacy and community care systems.	These tasks are not part of the IDIQ and will be addressed via Data Migration Plan and Data Management Strategy across VA.	None.	Concur.
47	Require ability for VA to innovate using the Cerner solution, including support to a Veteran Interoperability Partnership Lab.	<p>RFP Section 5.10: Innovation and Enhancements includes an innovation process, categories and development activities to enable VA innovation activities using the Cerner solution. The language is sufficiently broad to support issuance of a Task Order requiring the Contractor to support interoperability activities including a Veteran Interoperability Partnership Lab.</p> <p>MITRE recommends this lab be independently managed and used to support 3rd party innovators, demonstrate interoperability solutions, validate the effectiveness of interoperability solutions in an end-to-end clinical use case context, and serve as a reference architecture to allow 3rd party stakeholders to exercise innovations.</p>	None.	Concur.

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48	Understand how Cerner will manage data quality, including provenance, error bounds, data looping, security, etc.	<p>The RFP Section 8.6 refers to the use of Quality Assurance Surveillance Plans (QASP), which is intended to establish Contractor accountability to what VA requires and values.</p> <p>VA-NF-T46 requires “The system shall support provenance (chain of custody or ownership) and pedigree (processing history how the data was produced or incorporated) and enable identification, collection, and production of data according to source, custody and ownership and display of data in business, logical, legal or physical models.”</p>	None.	Concur.

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49	<p>Understand how Cerner will provide VA with access to the data model, share data for analytics freely to 3rd parties, increase the amount of computable data exchanged with 3rd parties.</p> <p>Panelists acknowledged this recommendation is a stretch goal.</p>	<p>RFP Section 5.8 address the support to business intelligence and data analytics. Section 5.10.4.1 supports the sharing of Contractor proprietary information/data model extension points (e.g., ingestion and record APIs) with both international and national standards designating organizations. However, current language does not require access to the EHRM data model, supporting understanding of and therefore increase the exchange of computable data with community care providers.</p>	<p>Suggest adding to RFP Section 5.8: “h) Provide VA EHRM data model, underpinning terminology model, tables, definitions, and examples of fully populated Veteran data files. Provide documentation or software that is used for quality checks and that illustrate what data elements are computable.”</p> <p>Suggest adding to Section 5.10.4.1: “n) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminologies, clinical decision support rules, order sets, etc. This includes the ability to curate, extend, and share that knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies.”</p> <p>Suggest VA obtain a price from the Contractor to provide a report explain the steps involved in accessing the data model, including producing an example data file, and demonstrating how much of the data is computable; provide cost estimates for outside parties to access the data via this mechanism.</p>	Concur.

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50	Understand how the Cerner EHRM solution will improve Veteran and clinician experiences.	<p>RFP Section 5.2.1 describes the EHR application, however does not specifically focus priorities on the Veteran and clinician experience as captured in end-to-end use cases.</p> <p>Section 8.6 refers to the Quality Assurance Surveillance Plans, which include Functional and Non-Functional Key Performance Indicators (KPIs). These KPIs will reflect VA priorities which include improvement of both Veteran and clinician experiences.</p>	Suggest adding to RFP Section 5.2.1.1: “k) Provide for the ability to measure the EHRM performance that contributes to any end-to-end use case, thereby capturing its impact on improving a Veteran and clinician experience.”	Concur.

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Appendix D: Acronyms

API	Application Programming Interface
CCHIE	ClinicalConnect Health Information Exchange
CDS	Clinical Decision Service
DoD	Department of Defense
EHR	Electronic Health Record
EHRM	Electronic Health Record Modernization
FHIR	Fast Healthcare Interoperability Resources
HIE	Health Information Exchange
HL7	Health Level Seven International
IP	Intellectual Property
IT	Information Technology
PWS	Performance Work Statement
RFP	Request for Proposal
UPMC	University of Pittsburgh Medical Center
VA	Department of Veterans Affairs
VACO	VA Central Office
VHA	Veterans Health Administration

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VA EHRM RFP Interoperability Review Report Executive Summary

January 31, 2018

MITRE

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Executive Summary

This Review Report presents responses to three requests from the Department of Veterans Affairs (VA) to MITRE related to the topic of interoperability within the VA Electronic Health Record Modernization Request for Proposal:

- I. Conduct an external Interoperability Review Panel to review the interoperability language in the existing Request for Proposal (RFP),
- II. Engage an independent and unbiased legal expert to identify the specific changes to the RFP language necessary to implement the recommendations from the Interoperability Review Panel, and
- III. Visit the University of Pittsburgh Medical Center to understand the existing operational multi-vendor solution and interoperability solutions for applicability and scalability to the VA.

I. Interoperability Review Panel

In support of the Secretary of Veterans Affairs, David J. Shulkin, M.D., The MITRE Corporation convened and hosted a VA Electronic Health Record Modernization (EHRM) Request for Proposal (RFP) Interoperability Review Panel on January 5, 2018, at MITRE's McLean headquarters. The invited external senior electronic health record (EHR) interoperability subject matter experts (the Panel) reviewed the interoperability language in the existing RFP and developed joint suggestions and recommendations for VA to consider for incorporation to support the successful execution of a new commercial EHR contract with industry. The Panel affirmed that the primary goal should be seamless Veteran-centric healthcare achieved through true EHR interoperability. Achieving this goal rests on three overarching principles that should be supported by interoperability language in the RFP: 1) free and open access to data, 2) an ecosystem that provides fair access to third parties by creating a level playing field, and 3) a seamless Veteran and health provider (clinician) experience. Four categories of recommendations from the Panel (the first three to the interoperability language in the RFP, and the fourth for future VA contracts) will enable VA to realize this goal on the basis of the underlying principles: 1) commit to full VA-Department of Defense (DoD) interoperability, 2) leverage current and future standards, 3) commit to open, standards-based application programming interfaces (APIs), and 4) use Care in the Community contracts to foster interoperability.

For the first category (commit to full VA-DoD interoperability), the Panel agreed that the Determination and Findings signed by Secretary Shulkin on June 1, 2017, represented the correct approach to interoperability within VA and between VA and DoD. The Panel strongly endorsed the proposed VA "API Gateway" language. The most important specific recommendations included:

- Define the degree of interoperability the solution will provide, ranging from basic file sharing to fully interchangeable, integrated and functionally identical patient records.

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Suggest that the Contractor conduct an annual Interoperability Self-Assessment against current and future standards that shall be specified by the VA; and

- The contract language should include the following elements:
 - performance measures to hold Cerner accountable for reducing the administrative burden in clinician workflow with the objective of increasing efficiency,
 - ability for bulk data export based on standards, with no proprietary formats (e.g., Flat FHIR [Fast Healthcare Interoperability Resources]), and
 - “push” capability to insert patient data back into the VA EHR / Cerner database.

For the second category (leverage current and future standards), the following specific recommendations were among the most important:

- Require that Cerner implement all standards as defined by VA, current and future,
- Engage Cerner as an advocate of the VA and DoD position in all relevant standards-making bodies, and
- Ensure that VA and Veterans have complete access to data.

For the third category (commit to open, standards-based APIs), the Panel voiced the following recommendations:

- Establish clear publishing and access service requirements,
- Provide a VA application platform that supports APIs from third party providers with no barrier to entry, and
- Require implementation of clinical decision support (CDS) Hooks to invoke decision support from within a clinician's EHR workflow.

The body of this report contains multiple additional specific recommendations.

II. Recommendations for RFP Changes

MITRE engaged Morrison & Foerster, LLP as the independent and unbiased legal expert to identify the specific changes to the RFP language necessary to implement the recommendations from the Interoperability Review Panel. Appendix C presents all recommended changes to the RFP.

III. Observations from University of Pittsburgh Medical Center Site Visit

A delegation from VA and MITRE traveled to Pittsburgh, Pennsylvania, on January 19, 2018, for a meeting with representatives from University of Pittsburgh Medical Center (UPMC) Enterprises to discuss aspects of EHR interoperability that UPMC has successfully implemented over the past several years. The report includes an overview of those practices.

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IV. Closing Thoughts and Suggested Next Steps

The Panelists noted that VA cannot achieve true future EHR interoperability through the Cerner RFP alone, or through technology alone. The state of practice today shares only a small portion of available patient data. For VA to succeed in the future, multiple other components must be present and aligned: innovation, policy, standards, customer buy-in, and legislation, to name a few.

The following next steps are recommended for VA consideration:

1. Complete the RFP revisions, conduct appropriate negotiations with the Contractor expeditiously, and complete the contract process as planned. Stand firm during negotiations to maximize ease of access to data and data models for building third party APIs, applications, and services for future community innovations.
2. Continue to work with other federal government agencies and departments with similar interoperability interests and concerns, including, but not limited to, the White House, DoD, Food and Drug Administration (FDA), Centers for Medicare and Medicaid Services (CMS), Office of the National Coordinator for Health Information Technology (ONC), and other parts of the Department of Health and Human Services, to align approaches to EHR interoperability and the development and support of standards government-wide.
3. Support future innovation approaches, including concepts such as an Interoperability Laboratory and outreach to the broader innovation ecosystem (major medical centers, academia, traditional and non-traditional healthcare providers, startups, individual entrepreneurs, others). It is critical to align the innovations planned in VA's Digital Veterans Platform to the VA EHR innovation efforts to ensure consistent continuous improvements to clinician and Veteran health experiences.
4. Create an External Review Panel to provide expert continuous guidance, review, and feedback over the course of the implementation, to help capture best practices from the expert community going forward. Conduct ongoing demonstrations of end-to-end Veteran use cases requiring data sharing across organizational boundaries to validate improvements in Veteran healthcare and reduction of burden for healthcare providers. VA and Contractor will ensure that Federal Advisory Committee Act (FACA) guidelines are followed in leveraging any external review panels.

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From: Windom, John H.
Sent: 8 Feb 2018 02:27:23 -0800
To: (b)(6); Donnelly, Darrell (b)(6)
Cc: Tucker, Brooks; Blackburn, Scott R.; Bowman, Thomas; Wright, Vivieca (Simpson)
Subject: Properly Marked Documents for Transmission
Attachments: VA EHRM Interoperability Review Report Jan 2018 FINAL.PDF, VA EHRM Interoperability Review Report Executive Summary Jan 2018 FINAL.PDF

OCLA Team,

Not sure what files you may have since I shared some earlier content with (b)(6) Here are the properly marked MITRE docs. Full report and Executive Summary. Good luck and thank you.

V/r,
John

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Department of Veterans Affairs Electronic Health Modernization

Request for Proposal Interoperability Review Report



Authors: Jay J. Schnitzer, M.D., Ph.D.

(b)(6)

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Authors: Jay J. Schnitzer, M.D., Ph.D.

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**McLean, VA
January 2018**

Sponsor:
Department of Veterans Affairs

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VA EHRM RFP Interoperability Review Report

January 31, 2018

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Executive Summary

This Review Report presents responses to three requests from the Department of Veterans Affairs (VA) to MITRE related to the topic of interoperability within the VA Electronic Health Record Modernization Request for Proposal:

- I. Conduct an external Interoperability Review Panel to review the interoperability language in the existing Request for Proposal (RFP),
- II. Engage an independent and unbiased legal expert to identify the specific changes to the RFP language necessary to implement the recommendations from the Interoperability Review Panel, and
- III. Visit the University of Pittsburgh Medical Center to understand the existing operational multi-vendor solution and interoperability solutions for applicability and scalability to the VA.

I. Interoperability Review Panel

In support of the Secretary of Veterans Affairs, David J. Shulkin, M.D., The MITRE Corporation convened and hosted a VA Electronic Health Record Modernization (EHRM) Request for Proposal (RFP) Interoperability Review Panel on January 5, 2018, at MITRE's McLean headquarters. The invited external senior electronic health record (EHR) interoperability subject matter experts (the Panel) reviewed the interoperability language in the existing RFP and developed joint suggestions and recommendations for VA to consider for incorporation to support the successful execution of a new commercial EHR contract with industry. The Panel affirmed that the primary goal should be seamless Veteran-centric healthcare achieved through true EHR interoperability. Achieving this goal rests on three overarching principles that should be supported by interoperability language in the RFP: 1) free and open access to data, 2) an ecosystem that provides fair access to third parties by creating a level playing field, and 3) a seamless Veteran and health provider (clinician) experience. Four categories of recommendations from the Panel (the first three to the interoperability language in the RFP, and the fourth for future VA contracts) will enable VA to realize this goal on the basis of the underlying principles: 1) commit to full VA-Department of Defense (DoD) interoperability, 2) leverage current and future standards, 3) commit to open, standards-based application programming interfaces (APIs), and 4) use Care in the Community contracts to foster interoperability.

For the first category (commit to full VA-DoD interoperability), the Panel agreed that the Determination and Findings signed by Secretary Shulkin on June 1, 2017, represented the correct approach to interoperability within VA and between VA and DoD. The Panel strongly endorsed the proposed VA "API Gateway" language. The most important specific recommendations included:

- Define the degree of interoperability the solution will provide, ranging from basic file sharing to fully interchangeable, integrated and functionally identical patient records.

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Suggest that the Contractor conduct an annual Interoperability Self-Assessment against current and future standards that shall be specified by the VA; and

- The contract language should include the following elements:
 - performance measures to hold Cerner accountable for reducing the administrative burden in clinician workflow with the objective of increasing efficiency,
 - ability for bulk data export based on standards, with no proprietary formats (e.g., Flat FHIR [Fast Healthcare Interoperability Resources]), and
 - “push” capability to insert patient data back into the VA EHR / Cerner database.

For the second category (leverage current and future standards), the following specific recommendations were among the most important:

- Require that Cerner implement all standards as defined by VA, current and future,
- Engage Cerner as an advocate of the VA and DoD position in all relevant standards-making bodies, and
- Ensure that VA and Veterans have complete access to data.

For the third category (commit to open, standards-based APIs), the Panel voiced the following recommendations:

- Establish clear publishing and access service requirements,
- Provide a VA application platform that supports APIs from third party providers with no barrier to entry, and
- Require implementation of clinical decision support (CDS) Hooks to invoke decision support from within a clinician's EHR workflow.

The body of this report contains multiple additional specific recommendations.

II. Recommendations for RFP Changes

MITRE engaged Morrison & Foerster, LLP as the independent and unbiased legal expert to identify the specific changes to the RFP language necessary to implement the recommendations from the Interoperability Review Panel. Appendix C presents all recommended changes to the RFP.

III. Observations from University of Pittsburgh Medical Center Site Visit

A delegation from VA and MITRE traveled to Pittsburgh, Pennsylvania, on January 19, 2018, for a meeting with representatives from University of Pittsburgh Medical Center (UPMC) Enterprises to discuss aspects of EHR interoperability that UPMC has successfully implemented over the past several years. The report includes an overview of those practices.

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IV. Closing Thoughts and Suggested Next Steps

The Panelists noted that VA cannot achieve true future EHR interoperability through the Cerner RFP alone, or through technology alone. The state of practice today shares only a small portion of available patient data. For VA to succeed in the future, multiple other components must be present and aligned: innovation, policy, standards, customer buy-in, and legislation, to name a few.

The following next steps are recommended for VA consideration:

1. Complete the RFP revisions, conduct appropriate negotiations with the Contractor expeditiously, and complete the contract process as planned. Stand firm during negotiations to maximize ease of access to data and data models for building third party APIs, applications, and services for future community innovations.
2. Continue to work with other federal government agencies and departments with similar interoperability interests and concerns, including, but not limited to, the White House, DoD, Food and Drug Administration (FDA), Centers for Medicare and Medicaid Services (CMS), Office of the National Coordinator for Health Information Technology (ONC), and other parts of the Department of Health and Human Services, to align approaches to EHR interoperability and the development and support of standards government-wide.
3. Support future innovation approaches, including concepts such as an Interoperability Laboratory and outreach to the broader innovation ecosystem (major medical centers, academia, traditional and non-traditional healthcare providers, startups, individual entrepreneurs, others). It is critical to align the innovations planned in VA's Digital Veterans Platform to the VA EHR innovation efforts to ensure consistent continuous improvements to clinician and Veteran health experiences.
4. Create an External Review Panel to provide expert continuous guidance, review, and feedback over the course of the implementation, to help capture best practices from the expert community going forward. Conduct ongoing demonstrations of end-to-end Veteran use cases requiring data sharing across organizational boundaries to validate improvements in Veteran healthcare and reduction of burden for healthcare providers. VA and Contractor will ensure that Federal Advisory Committee Act (FACA) guidelines are followed in leveraging any external review panels.

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Background

The Department of Veterans Affairs (VA) plans to establish seamless care for Veterans throughout the health care provider market. Seamless care requires interoperability between the Department of Defense (DoD), VA, VA affiliates, community partners, electronic health record (EHR) providers, healthcare providers, and vendors. VA directed The MITRE Corporation to independently review the capability of Cerner's proposed EHR solution to seamlessly transmit health records between EHR systems supporting healthcare providers who both use and contribute patient data to a Veteran's health record, to include Veterans Choice Program (VCP) community-care service providers and VA affiliates. This Review Report presents responses to three requests:

- I. Conduct an external Interoperability Review Panel to review the interoperability language in the existing Request for Proposal (RFP),
- II. Engage an independent and unbiased legal expert to identify the specific changes to the RFP language necessary to implement the recommendations from the Interoperability Review Panel, and
- III. Visit the University of Pittsburgh Medical Center to understand the existing operational multi-vendor solution and interoperability solutions for applicability and scalability to VA.

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I. Interoperability Review Panel

Introduction

In support of the Secretary of Veterans Affairs, David J. Shulkin, M.D., MITRE convened and hosted a VA Electronic Health Record Modernization (EHRM) Request for Proposal (RFP) Interoperability Review Panel on January 5, 2018, at MITRE's McLean, VA headquarters. MITRE invited external senior EHR interoperability subject matter experts (hereafter referred to as Panelists) to review the interoperability language in the existing RFP and to develop joint suggestions and recommendations for VA to consider incorporating into the RFP to support the successful execution of a new commercial EHR contract with industry. Eleven Panelists took part in person, and several senior government executives observed the process (see Appendix A for the full list of participants).

Goal

The Interoperability Review Panel sought to provide Secretary Shulkin and his senior leadership team with insights into key best practices and guidance from national experts regarding EHR interoperability. The Panel evaluated the corresponding language in the draft RFP based on successful business transformations and implementations of a new commercial EHR system across a distributed hospital and provider network. This section of the report summarizes the outcome of the Panel: expert recommendations that will inform VA's interoperability contract language. The document also provides actionable and specific best practice recommendations and rationales to enable successful acquisition and implementation of EHR interoperability.

Methodology/Approach

The first part of the session, which lasted for five hours, was conducted as a fish-bowl exercise and was guided by Chatham House Rule. The Panelists sat at a center table, with VA and other government observers sitting at surrounding tables. The second part, which lasted two hours, consisted of a summary debrief to the Secretary and senior VA leadership. The Secretary could ask questions and engage with the Panel throughout the second session. MITRE moderated the session to elicit inputs from all Panelists and to drive alignment toward consensus in the recommendations.

The agenda for the first portion of the session was structured to elicit inputs from all Panelists, with notes captured on-screen as redlines to the RFP interoperability language to ensure recommendations accurately reflected the Panelists' contributions. Subsequently, in a facilitated discussion, the Panelists grouped their recommendations into specific categories in real time. The second portion, as noted, provided opportunities for the Secretary to discuss the recommendations in additional detail.

This section of the report summarizes the discussion that took place. It highlights actionable changes to the interoperability language contained in the RFP and additional recommendations and lessons learned that can enable interoperability of the VA EHRM solution. Text boxes

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throughout the report present direct quotations from Panelists. To ensure participant confidentiality, MITRE has destroyed the transcript and event recording used to develop this report.

Topic Area: VA Definition of Interoperability

The key to modernization is creating greater interoperability with Governmental partners, including DoD, in a way that focuses efforts in support of the Veteran’s journey, beginning with their military service. We will partner with others to ensure Veterans can get their benefits, care, and services consistently, easily, and with excellent customer service, no matter where they are throughout their lives. VA will work with local communities, and with other Federal, State, Tribal, and Local Government entities to ensure Veterans get what they need. VA will also continue to leverage the private sector where appropriate and needed to deliver the very best outcomes for Veterans.

– draft VA 2018–2024 Strategic Plan

Enable data sharing, interoperability, and agility through data standardization

VA needs to allow data sharing among various business applications, such as appointment scheduling and business intelligence, as well as ensure transportability of information between sites. Panelists advised VA to leverage and support the best-in-class innovation currently in use within the VA culture. VA must also enable interoperability as the Department integrates the EHR into other supporting systems, both within the VA network and with external health service providers. Agility is necessary for adoption of future innovative technologies and/or if VA wants to upgrade or change the EHR approach. The Panelists cautioned that the current EHR technology is already 20 years old and, as with all industries and information technology (IT) solutions, many possibly disruptive technologies exist on the horizon.

“It really optimizes transportability of best practices, because if you are trying to transfer best practices from one site to another and you have the same system where the best practice is going to land, then it is much easier.”

The session began with a discussion on interoperability as currently defined by VA (Figure 1). Prior to establishing a roadmap to inform a nationwide plan to advance health data interoperability, VA must first ensure system-wide interoperability across the Department. Throughout the Review Panel session, the Panelists described and referred to this concept as “Level 1 Interoperability” throughout the Review Panel session; it includes migration of Veteran data from ~130 instances of the Veterans Health Information Systems and Technology Architecture (VistA) to one VA platform.

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Figure 1. VA Definition of EHR Interoperability

“Level 2 Interoperability,” as described in the Panel discussion, addresses the ability for VA to leverage the same Cerner platform used by DoD to ensure seamless care from active service to Veteran status. Once this capability is implemented, the clinical data transformation will allow a true longitudinal view of a Veteran’s record as he or she transitions from DoD to VA for care and other critical services such as benefit adjudication.

“Level 3 Interoperability” will allow both VA and DoD to take an important step toward transforming electronic patient data exchange on a national scale. With the utilization of community healthcare providers via the VA Community of Care initiative and DoD’s Tricare network providers, VA has the opportunity to drive interoperability between DoD and VA as well as with the extensive network of healthcare providers that serve our Nation’s Veterans, active duty service members, and their beneficiaries.

True nationwide EHR interoperability for the entire United States is the ultimate goal, and the Panelists agreed that VA and DoD could reach this goal if the three aforementioned levels of interoperability are achieved. Here, VA has the opportunity to drive clinical transformation and instantiation of a complete EHR for all patients at the national level.

Topic Area: Commit to Full VA-DoD Interoperability

The Panel focused primarily on reviewing the interoperability language within the RFP for the Cerner contract. However as described in Interoperability Levels 1 and 2, the commitment to the seamless integration of VA and DoD health data represents the foundation required to realize interoperability with private sector

“You really have to get the basics done first. Let's just make absolutely sure that the interoperability between DoD and VA [is achieved].”

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healthcare providers.¹ It is important to note that the interoperability levels can be addressed simultaneously and should not be separated, as they must be integrated to efficiently achieve the larger future data sharing ecosystem.

Specify the expectations for interoperability between DoD and VA

During discussions about the expectation that Cerner will provide a single EHR solution to be shared by both DoD and VA, the Panel raised concerns about the lack of specificity in the contract language. Current interoperability data standards address a subset of the Veteran's clinical record and VA has the opportunity to ensure Cerner provides interoperability of all discrete data, at a minimum, between VA and DoD. Adopting the same platform would increase seamless sharing, but the Panel stated that VA should take additional action to ensure that such sharing is realized. The DoD and VA systems should use proprietary database-to-database interoperability if necessary, to maximize interoperability between those two systems. These systems should be configured to meet the distinct needs of each while being connected to each other in a native database-to-database method as necessary, leveraging open interoperability standards wherever possible. As a result, clinicians should experience no differences when they move from a VA system to a DoD system. These data should also be computable, or be made computable according to a specific schedule. VA should consider adding language to the RFP that specifically defines the degree of interoperability the solution will provide, ranging from basic file sharing to fully interchangeable, integrated and functionally identical patient records.

The Panelists also stated that, for VA and DoD collectively, the contractual language should include the following requirements:

- Performance measures to hold Cerner accountable for reducing the administrative burden in clinician workflow with the objective of increasing efficiency
- Capability for bulk data export based on standards, with no proprietary formats (e.g., Flat FHIR [Fast Healthcare Interoperability Resources])
- “Push” capability to insert new patient data back into the VA EHR / Cerner database.

Pivot the RFP to be Veteran-centric and not system-centric

The Panelists discussed the impact of EHR implementations on clinician workflow, describing the issue as one of approaching the implementation as an IT system implementation rather than the preferred Veteran- or clinician-centric implementation. The current RFP appears to be written in a system-centric way rather than leveraging use-cases to describe the Veteran or clinician experience or workflow to characterize the requirement. The Panelists recommended that VA incorporate use-cases to characterize requirements and amend the RFP language to emphasize the Veteran-centric objectives. In addition, Panelists noted that VA should recognize that EHRs do not currently maximize efficient clinical workflow, and that VA specify that the

¹ Healthcare providers is used to refer to community based physicians/specialist and hospitals.

solution present clinicians with relevant information where needed with a minimum number of “clicks to find.”

Topic Area: Leverage Current and Future Standards

The integrated EHR platform that DoD and VA are implementing provides the opportunity to significantly influence interoperability standards across the healthcare community, addressing gaps and competition among current standards. The Panel recognized that commercial health systems and technologies would realize only limited business value from making data portable between them, but this would lower the barrier to patient movement among healthcare providers.

Engage Cerner as an advocate of the VA and DoD position in all relevant standards-making bodies

The Panel recommended increased VA presence and leadership in national health IT standards-making activities, in coordination with the DoD. Additionally, VA should encourage Cerner to serve as an active advocate of the VA-DoD position and to participate actively in the development and/or evaluation of new standards, policy directives, operating procedures, processes, etc. As an integrated voting bloc, VA, DoD, and Cerner will have the potential to act as a strong driver of national standards. Panelists understood that VA is not currently active in the FHIR community or in the Health Level Seven International (HL7) Argonaut Project.

In addition, Panelists identified a need for standards to exchange patient-reported outcome data for integration into the clinician’s workflow. The current RFP language seemingly puts the burden on Cerner for the development of standards, and the Panel recommended that VA take a more active position. This will ensure that VA will participate and drive implementation when standards mature. Where standards are immature, VA must participate in efforts to accelerate standardization.

Require Cerner to implement all standards as defined by VA, current and future

Because it is unclear where health IT is heading in five years, the Panel strongly suggested VA include contract language to address possible future advancements in the form of standards as defined by VA. At a minimum, VA should seek maximum interoperability with community care organizations, using open interoperability standards wherever possible. This flexibility would ensure that VA does not rely on external stakeholders to determine the standards that VA would be required to accept. The Panel recommended that VA pay particular attention to specific categories of standards: real-time data read/write by care providers and Veterans; interoperability tools; seamless DoD and VA vision records; and principles for data normalization and structure. The Panel also recognized Cerner’s influence in ensuring that the CommonWell network interoperates at the highest possible levels with other networks including CareQuality—an influence that VA should continue to promote.

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VA must own its data; clear ownership and access are critical to success now and in the future

The Panel highlighted an important recommendation regarding data rights that was discussed in the prior VA EHRM Listening Forum on September 7, 2017. The Panel recommended that VA define who has what rights from the perspectives of data ownership, access, and sharing (e.g., VA owns the data and all data products vs. community care providers own the patient data vs. each Veteran owns all of his or her data). Determining the authoritative data source for the various elements of a Veteran's health record is an important Veteran-centric component of interoperability, the longitudinal record, and seamless access to data.

VA should define an enterprise-wide policy for all VA data. A suitable policy would include, but not be limited to, EHRM-specific data, and should be issued by the VA Central Office (VACO) or Veterans Health Administration (VHA). VA must have clear ownership of and access to all the information in the EHR and be able to move that information (into new systems or among systems) as needed, now and in the future. Owning the data ensures that it is available regardless of vendor or system. VA must include this in the Cerner contract. Technology innovations occur rapidly in the 21st century, and VA must have full ability to move its data to future systems.

Panelists also recommended that VA publish its data model, for instance to the National Library of Medicine, to further promote commercial interoperability investments. Lastly, Panelists encouraged VA to leverage its investment in the Open Source Electronic Health Record Alliance (OSEHRA) by providing seed money to develop open source connectors between Cerner and Epic, which would encourage other vendors to join in the effort.

Topic Area: Commit to Open, Standards-Based APIs

A significant technology enabler of seamless interoperability among the community of Veteran healthcare providers is the use of Application Programming Interfaces (APIs). These software intermediaries allow disparate EHR applications to communicate with each other and exchange data using standard, defined forms. The Panel emphasized the need for VA to create an environment that would minimize additional costs to community providers in order to interoperate with VA. VA can accomplish this by requiring the new EHR system to expose APIs that support bi-directional data transactions. The Panel further recommended that VA make a commitment to open, standards-based APIs, including the SMART on FHIR/Argonaut APIs, to facilitate the ready and efficient exchange of data with partners providing care in the community and to support open clinical workflow.

“So, what you need is clear access and clear ownership of your information...you need to have absolutely, undisputed, clear ownership and ability to move the data to any place you want to use it and use it in any way you want to use it when you get there. And not have them [Cerner] be able to say no, that’s our data or hinder you in any way or have an unreasonable charge to get it.”

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Establish clear publishing and access service requirements

The Panel recognized that data access requirements differ depending on who provides or accesses that data.

Therefore, the Panel recommended that VA be more specific in defining each level of data publishing and access service that is specific to (1) Veteran access (e.g., use of vets.gov); (2) VA clinician access; (3) partner access; and (4) Health Information Exchange (HIE) access. The RFP should include a clear description of identity and access management requirements, including user population types and the association of specific application permissions with particular roles/positions.

Machine-to-machine access is also critical for efficient sharing of information. The Panel recommended that VA ensure that all significant data stored in the software be accessible through APIs with no requirement for creation of custom applications to specifically access VA data. From a forward-looking perspective, VA should require that the EHR system support the ability to access data elements using open standards-based interfaces, and include the ability to interface with legacy data, patient-generated data, and third-party data that resides outside the EHR system. In addition, Cerner should provide the required utility services to support intermediary or peer-to-peer services (e.g., support Veteran-directed or Veteran-mediated requests, data exchange, and ingestion of data from non-VA providers).

“The Contractor should provide all of the data that is currently being provided in the Contractor's patient portal to the consumer via an open standards-based API gateway. The Contractor should also provide all of the reporting data required by federal law to the Veteran via an open standards based API framework, accessible via any application or third-party data store of the Veteran's choice, that's number one.”

Provide a VA application platform that supports APIs from third-party providers with no barrier to entry

Currently vets.gov serves as a portal to Veteran services. The Panel recommended that VA consider using such a portal to connect any third-party application to the EHR solution without requiring fees or vendor permissions. VA should have full

authority to connect any third-party application through one of the standard open APIs conformant with the vendor's API without pre-registering the application with the vendor. This is a very important authority to have in terms of the ability to innovate rapidly, without constraints.

“The API Gateway document is awesome ... world class and future looking.”

The Panelists also reviewed the proposed VA “API Gateway” language provided during the API discussion to anchor the dialogue and concurred that this requirement is fundamental to supporting interoperability. The Panel strongly endorsed the “API Gateway” language. Specifically, the Panelists recommended that VA include a requirement that VA have full authority to connect any third-party application to the Cerner system without requiring prior approval by Cerner. Furthermore, VA should ensure that developers of third-party applications connecting to the VA system via the open standard and VA-defined APIs continue to own their

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intellectual property (IP). From a usability perspective, the Panel also recommended that VA be able to establish the connectivity business rules, such as the ability for applications to remain connected for a reasonable time frame (e.g., 1 year) and to receive automatic notification about patient information updates.

Require implementation of Clinical Decision Service (CDS) Hooks to invoke decision support from within a clinician's EHR workflow

EHRs are essential to efficient delivery of high-quality care, as they provide the clinician with essential decision data at the time required. However, current EHR systems approach workflow from an IT system perspective rather than a clinician's perspective. The latter workflow should, of course, be paramount in the VA EHR implementation, and should also leverage a recent innovation called CDS Hooks. This technology provides the clinician with context-driven decision support and capability by enabling the EHR to trigger third-party services at key events that include ordering medication and opening a patient face sheet. For example, when the VA clinician begins to prescribe medication, a CDS Hook can call an external service that presents the clinician with the list of medications already prescribed to the patient by clinicians outside VA. The Panelists strongly recommended that VA require Cerner to implement and use CDS Hooks within the clinician workflow.

Topic Area: Use Community Care Contracts to Foster Interoperability

The new EHR system must be able to communicate with other EHR systems (e.g., Epic, AllScripts, etc.) within the care community. It is critical that VA ensure the Cerner EHR system remain robust for future interoperability with new products. Cerner must commit itself to supporting other forms of interoperability, such as a presentation layer that is common to other systems (e.g., the App store model). The Panel recommended that prior to execution of the Community Care Act contract VA require third-party providers (and Cerner competitors) to commit to supporting the contract as early adopters.

“Innovations going forward are going to come from multiple directions. And having those interfaces, and going with a general interoperability approach that doesn't fork off from what's happening in the rest of the healthcare system, will allow the Veterans to benefit from technology whether that's coming from Google, from a new company, from an innovative shop within VA -- you end up creating a market with good prices, high value.”

Veterans must be able to access and download a computable form of their health data

Panelists noted that access to data represents the biggest problem today. VA must clearly direct Cerner to expose data so it can be used by third parties. In the contract and in conversations with Cerner and third parties, VA must require specifics regarding how Veterans and providers will

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access and share their data. In addition, VA must require that any agreements leave the door open for future standards and technologies.

Panelists believed that VA could achieve this by invoking the principle that the data belongs to the Veteran, rather than by citing specific technologies and standards (given how rapidly they are evolving). Veterans must be able to invoke their right of access to data to support data exchange across all providers (e.g., pull data through an API on their smartphone and push it to their community care provider), now and in the future. Keeping pace with this requirement will drive continual innovation by Cerner and all providers.

VA must own the API layer

Cerner ownership of the API layer (across every customer) poses a real threat to achieving interoperability, speed of innovation, and cost efficiency throughout the network of community care providers. Panelists stated that it is of utmost importance that VA include specific language stipulating that VA and Veterans be able to use third-party applications without having to register them with Cerner. VA must control the API key, not Cerner.

Additionally, VA should require that Cerner provide access to MPages, a developer toolkit, and a programming interface that will enable innovators and third parties to develop APIs.

Require that community care contracts include VA EHR standards to support bi-directional data sharing

Panelists agreed that requiring the support and collaboration of community care providers and participating actively in health IT standards bodies would give VA the opportunity to advance the “national” standard for data sharing—closing any gaps and inconsistencies among federal, industry, and inter-industry standards. VA must require every provider in the chain of a Veteran’s care to support the same standards for data interoperability in order to ensure seamless, best possible care for Veterans. This includes the requirement that all providers and third-party applications, in exchange for using the VA-provided API gateway, provide bi-directional health information back to VA that can be used for context-driven clinical decisions and informatics.

Change the data exchange consent model from “opt in” to “opt out”

To encourage seamless interoperability across all entities providing care to Veterans, the consent model for exchanging data between healthcare providers must be modified to follow an opt-out rather than an opt-in policy, which limits participant numbers. This would allow Veterans to invoke their individual right of access under the Health Information Portability and Accountability Act (HIPAA) to move their data as needed. Many states have already adopted an opt-out consent policy as part of their HIE.² VA can achieve this by aligning its policy to an opt-

² See https://www.healthit.gov/sites/default/files/State%20HIE%20Opt-In%20vs%20Opt-Out%20Policy%20Research_09-30-16_Final.pdf

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out model, supported by the new VA proposed rule³ to allow HIEs to collect a Veteran’s consent and electronically attest to the consent to VA in order to obtain the required EHR.

Topic Area: Additional Contract Changes

In addition to the recommendations in the prior sections, the Panelists encouraged VA to add further definitions and clarity in the following areas:

- Require Cerner to provide VA with full read and partial write access to all data elements within the EHR, at VA’s sole discretion.
- Require Cerner to make the VA data model, standards, and other similar interoperability changes available in all other non-VA Cerner instances of its EHR platform.
- Clearly define “enabling security framework” so that users know if this means a specific security framework such as those provided by the National Institute of Standards and Technology (NIST), HITRUST, etc.
- Amend “national Common Trust Framework” to specifically refer to the intended source. The Panelists suggested that VA replace this wording with “Trusted Exchange Framework and Common Agreement (TEFCA)” as specified in the 21st Century Cures Act.
- Amend RFP Performance Work Statement (PWS) Section 5.10.4(i) to clarify if the “provider collaboration via secure e-mail using Direct standards” is limited to the Direct protocols and just the Cerner platform.
- Incorporate the model RFP language necessary for Cerner to support the API and SMART on FHIR platform and SMART-enabled applications, as described in Appendix B.

³ See <https://s3.amazonaws.com/public-inspection.federalregister.gov/2018-00758.pdf>

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II. Recommendations for RFP Changes

MITRE engaged Morrison & Foerster, LLP, as the independent and unbiased legal expert to identify the specific changes to the RFP language necessary to implement the recommendations made by the Interoperability Review Panel. MITRE provided Morrison & Foerster, LLP, with the summary recommendations and a copy of the RFP.⁴ In addition, MITRE collected specific ideas for contract language from the Panel. Appendix C presents all recommended RFP changes.

⁴ *Performance Work Statement for the VA Electronic Health Record Modernization System*, Final Version 1.7, Amendment 03, December 4, 2017, Department of Veterans Affairs. File name: 001 - VA EHRM IDIQ PWS (Amended 12.04.2017) - Copy.docx

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III. Observations from University of Pennsylvania Medical Center Site Visit

A delegation from VA and MITRE traveled to Pittsburgh, Pennsylvania, on January 19, 2018, for a meeting with representatives of UPMC Enterprises to discuss aspects of EHR interoperability that UPMC has successfully implemented over the past several years. The VA team, led by John Windom, included Dr. Ashwini Zenooz, Dr. (b)(6), John Short, and (b)(6). The MITRE group included Richard Byrne, Jay Schmitzer, (b)(6), (b)(6), and (b)(6). The hosts at UPMC included Dr. Rasu Shrestha, C. Talbot Heppenstall, Jr., Ed McAllister, Dr. Robert Bart, Adam Berger, Diane Michalec, Phyllis Szymanski, and Dr. Amy Urban, as well as additional staff.

The meeting was broken into four parts. Following introductions, Session 1 described the structure of UPMC. Session 2 covered UPMC's last decade of interoperability, and Session 3 centered on the road ahead for UPMC and industry.

Dr. Rasu Shrestha began the meeting by making the introductions and setting the agenda. He stated that UPMC's approach had followed a best-of-breed strategy, as opposed to a best-of-suite strategy, with the intention of failing fast and succeeding often. The overall UPMC structure has four parts: provider services, insurance services, international activities, and enterprises.

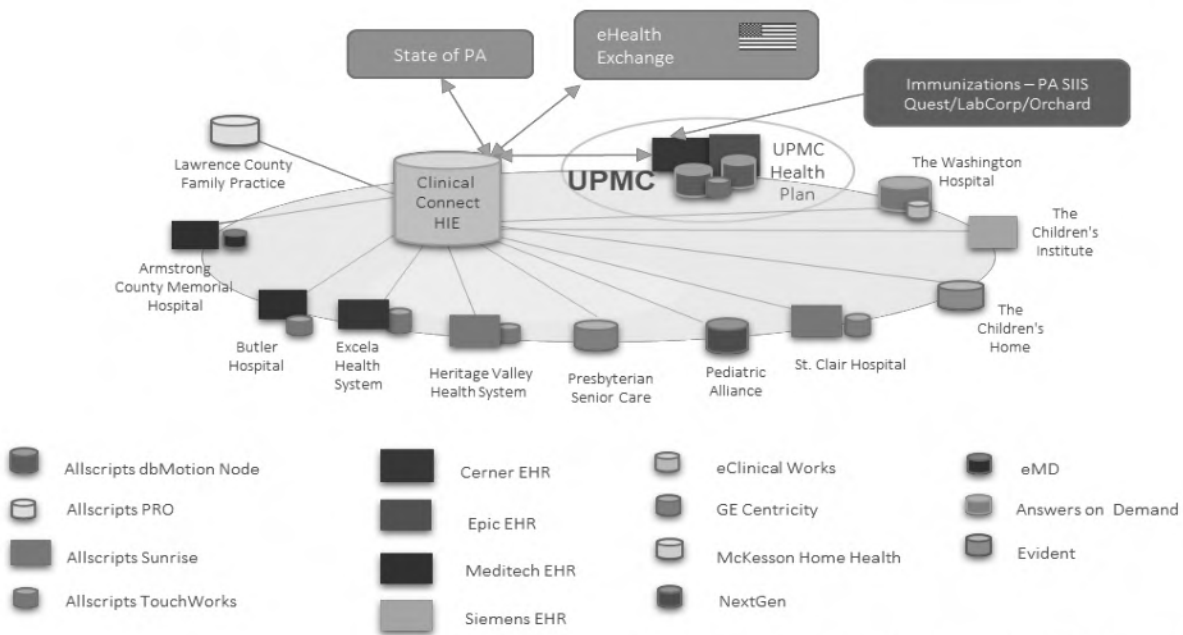
During the discussion of interoperability, the UPMC team described its approach to interoperability, called Connected Healthcare, which is based on the commercial product dbMotion of AllScripts. UPMC has created an entity titled ClinicalConnect HIE (CCHIE) that uses HL7. ClinicalConnect exists as a separate 501c(3) company, of which UPMC is a member. CCHIE contains 90 live interfaces. This HIE went live in June 2012; its members consist of 10 hospitals. It competes with three other HIEs in Pennsylvania. The repository contains data on 8.3 million patients, and, in terms of patient consent, CCHIE uses an opt-out model. It currently has connections to four EHRs: Cerner (two versions), Epic, and Varian. Data available within CCHIE spans allergies, clinical documents, diagnosis, encounters, immunizations, labs, medications, problems, and procedures. Much of this data is in the form of documents (Continuity of Care Document (HITSP C32 CCD format, including problems, allergies, and medications); unstructured clinical documents (HITSP C62 format); Consolidated Clinical Document Architecture (C-CDA CCD, including problems, allergies, medications, immunizations, procedures, and insurance); and HL7 Interface (ADT: encounters, documents, imaging documents, and labs only).

At the point of care dbMotion allows multiple views for the CCHIE: 1) a clinical view, 2) a newer view titled EHR agent, and 3) a Cerner MPage integration view. The next phase of the UPMC work in this regard will consist of integration with CommonWell. Figure 2 shows the architecture of the system. Figure 3 depicts the data feeds.

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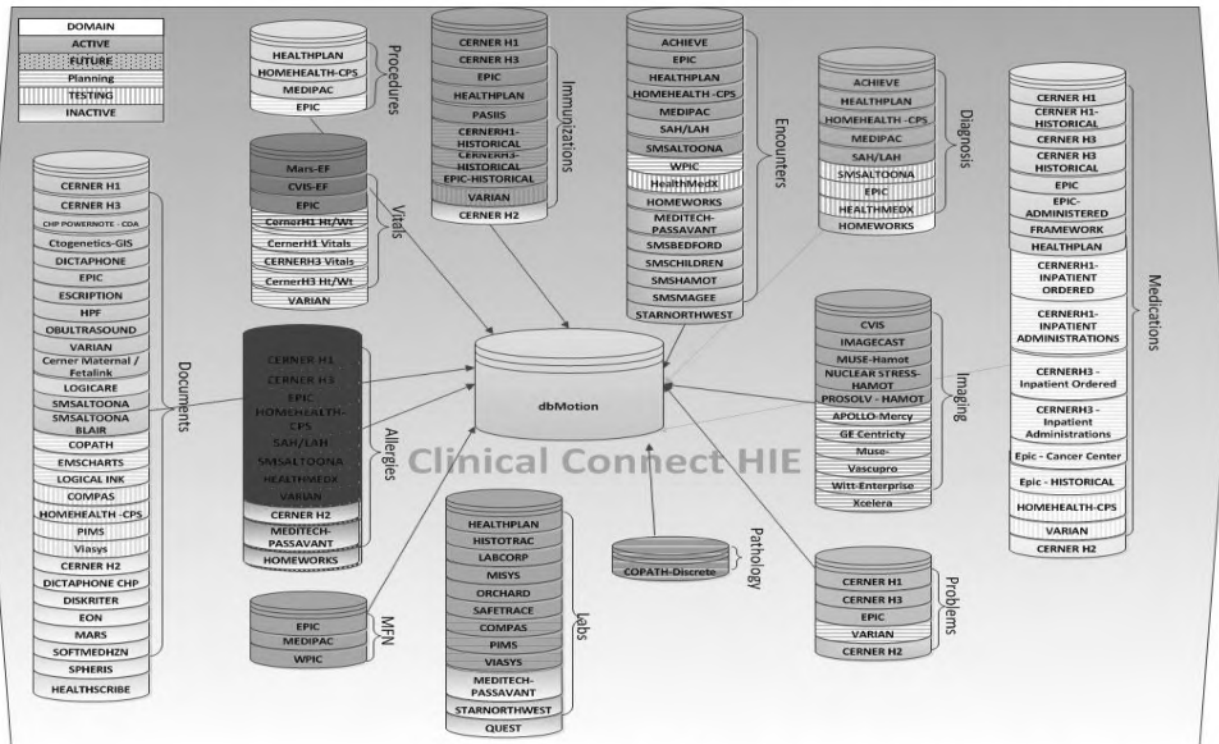
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Source: From UPMC Enterprises, used with permission, for VA use only

Figure 2. ClinicalConnect (Western Pennsylvania) Health Information Exchange



Source: From UPMC Enterprises, used with permission, for VA use only

Figure 3. Interoperability Data Integration

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When asked whether UPMC, or anyone else in the country, has a point-to-point Cerner-to-Epic interoperability solution that does not use an HIE, UPMC representatives responded “No.” Furthermore, UPMC representatives noted that about 10 percent of the total available individual patient data is currently transferred with UPMC’s interoperability system. This is complicated by an ongoing data explosion that doubles the amount of data in UPMC’s system about every 18 months.

Following the presentations and lunch, MITRE Chief Technology Officer Jay Schnitzer saw a live demonstration of CCHIE by Dr. Amy Urban and Dr. Rasu Shrestha. The live demonstration confirmed that all of the documents listed above are visible with equal fidelity and a very similar format from both the UPMC end and the community provider end and perspective. The system requires clinicians to know and understand where documents can be found, and sometimes requires multiple mouse clicks, but all documents can be accessed from the same EHR entry page with one single log in. Additionally, some data elements, including vital signs and labs, can be viewed in the form of graphs as a function of time, including data elements from multiple sources.

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IV. Closing Thoughts and Suggested Next Steps

The Panelists noted that VA cannot achieve true future EHR interoperability through the Cerner RFP alone, or through technology alone. The state of practice today shares only a small portion of available patient data. For VA to succeed in the future, multiple other components must be present and aligned: innovation, policy, standards, customer buy-in, and legislation, to name a few.

The following next steps are recommended for VA consideration:

1. Complete the RFP revisions, conduct appropriate negotiations with the Contractor expeditiously, and complete the Contract process as planned. Stand firm during negotiations to maximize ease of access to data and data models for building third-party APIs, applications, and services for future community innovations.
2. Work with other federal government agencies and departments with similar interoperability interests and concerns, including, but not limited to, the White House, DoD, Food and Drug Administration (FDA), Centers for Medicare and Medicaid Services (CMS), Office of the National Coordinator for Health Information Technology (ONC), and other parts of the Department of Health and Human Services, to align approaches to EHR interoperability and the development and support of standards government-wide.
3. Support future innovation approaches, including concepts such as an Interoperability Laboratory and outreach to the broader innovation ecosystem (major medical centers, academia, traditional and non-traditional healthcare providers, startups, individual entrepreneurs, others). It is critical to align the innovations planned in VA's Digital Veterans Platform to the VA EHR innovation efforts to ensure consistent, continuous improvements to clinician and Veteran health experiences.
4. Create an External Review Panel to provide continuous expert guidance, review, and feedback over the course of the implementation and help capture best practices from the expert community going forward. Conduct ongoing demonstrations of end-to-end Veteran use cases that require data sharing across organizational boundaries to validate improvements in Veteran healthcare and reduce burdens on healthcare providers. VA and Contractor will ensure that Federal Advisory Committee Act (FACA) guidelines are followed in leveraging any external review panels.

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Appendix A: Interoperability Review Forum Participants

Panelists	Title	Organization
Aneesh Chopra	President	CareJourney, former United States Chief Technology Officer
Charles E. (Chuck) Christian	Vice President, Technology and Engagement	Indiana Health Information Exchange
Ryan Howells	Principal	Leavitt Partners, LLC
Andrew Karson, MD	Director, Clinical Decision Support	Massachusetts General Hospital
Chris Klomp	Chief Executive Officer	Collective Medical Technologies, Inc.
Kenneth Mandl, MD	Professor, Biomedical Informatics Director, Computational Health Informatics	Harvard Medical School Boston Children's Hospital
Frank Opelka, MD	Medical Director, Quality and Health Policy	American College of Surgeons
Peter Pronovost, MD, PhD	Director, Armstrong Institute for Patient Safety and Quality Senior Vice President, Patient Safety and Quality	Johns Hopkins University
Christopher J. (Cris) Ross	Chief Information Officer	The Mayo Clinic
Carla Smith	Executive Vice President	The Healthcare Information and Management Systems Society
Paul R. Sutton, MD, PhD	Professor, Biomedical Informatics and Medical Education Associate Medical Director, Inpatient IT Systems, UW Medicine IT Services	University of Washington

VA Participants	Title	Organization
David J. Shulkin, M.D.	Secretary	Department of Veterans Affairs
Carolyn Clancy	Executive in Charge, Veterans Health Administration	Department of Veterans Affairs
Bill James	Acting Assistant Secretary, Office of Information & Technology	Department of Veterans Affairs
John Windom	Program Executive for EHRM and Special Advisor to the Under Secretary for Health	Department of Veterans Affairs
Dr. Ashwini Zenooz	Chief Medical Officer, EHRM; Deputy, Office of Deputy Under Secretary for Health Policy & Services, VHA	Department of Veterans Affairs
John Short	Chief Technology Officer, EHRM; Executive Director of Information Technology System Modernization	Department of Veterans Affairs
(b)(6)	Portfolio Lead: Project Transition and VA Integration, VA Center for Innovation	Department of Veterans Affairs
Camilo Sandoval	Senior White House Advisor, VHA	Department of Veterans Affairs
(b)(6)	Senior Advisor to the Secretary on Strategic Partnerships	Department of Veterans Affairs
(b)(6)	Contracts	Department of Veterans Affairs
Kyle Sheetz	White House Fellow	Department of Veterans Affairs

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Other Federal Government Participants	Title	Organization
(b)(6)	Senior Advisor, Office of Administration	The Centers for Medicare & Medicaid Services
Chris Liddell	Assistant to the President for Strategic Initiatives	The White House, Office of American Innovation
Bruce Moskowitz, M.D.	Internist	External Expert Participant
Shannon Sartan	Director, Digital Services	The Centers for Medicare & Medicaid Services
Dr. Lauren Thompson	Director	DoD/VA Interagency Program Office
Jon White	Deputy National Coordinator for Mental Health	The United States Department of Health and Human Services/The Office of the National Coordinator for Health Information Technology

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Appendix B: RFP Language for Purchasing Extensible Health IT

From <https://smarthealthit.org/2017/08/draft-model-rfp-language-for-purchasing-extensible-health-it/>, as of January 15, 2018.

SMART Platform (www.smarthealthit.org) is a project that lays the groundwork for a more flexible approach to sourcing health information technology tools. Like Apple and Android's app stores, SMART provides the means for developers to create and for health systems and providers to easily deploy third-party applications in tandem with their existing electronic health record, data warehouse, or health information exchange platforms.

To deploy SMART-enabled applications, health systems must ensure that their existing health information technology infrastructure supports the SMART on FHIR API. The SMART on FHIR starter set detailed below lists the minimum requirements for supporting the API and SMART-enabled applications. You may wish to augment this list of minimum requirements with suggestions from the Add-On Functionality listed depending on the types of applications your organization wishes to deploy.

This document is intended as a resource for providers and health systems as they draft Request for Proposals (RFPs) and negotiate with their HIT vendors for added functionality. It has multiple authors from across the SMART team and its advisors. Feedback is welcome.

The vendor must support the SMART on FHIR platform, a vendor agnostic API that allows third-party developers to build external apps and services that integrate with the vended product.

At a minimum, the vendor product should include the following components in order to support SMART on FHIR and SMART-enabled applications:

Data Access

- Provide automated, standards-based, read-only access through the FHIR API and FHIR data models (resources) to:
 - a well-defined set of real-time discrete data (including support for the API parameters and resources described in the Argonaut Implementation Guide)
 - free-text clinical notes

Data Manipulation

- Write structured data from third-party apps back to the organization's EHR and, where relevant, a data warehouse, using the FHIR REST API to communicate data including:
 - free-text clinical notes

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Standards-Based App Authorization

- Protect data and identity endpoints with standards-based authorization mechanisms (including the OAuth2 profiles described in the Argonaut Implementation Guide).
- Provide access to data endpoints with an approach that does not require user intervention subsequent to the initial setup such as the method described in the draft SMART Backend Services Profile (<http://docs.smarthealthit.org/authorization/backend-services/>) Provide capability to restrict this access to a specified set of patients (roster).
- Enable Health System to connect any third-party app of their choice that is conformant with the API without pre-registering the app with HIT Vendor.
- Enable patients to connect any third-party app of their choice that is conformant with the API without pre-registering the app with HIT Vendor through the OAuth Dynamic Registration protocol.
- Provide OAuth refresh tokens with a duration of one year to patient and provider facing apps that support the SMART Client Secret profile.

Identity Management

- Act as a standards-based Identity Provider using OpenID Connect. This ensures that users can authenticate to plug-in apps using single-sign-in via their existing EHR or patient portal credentials.
- Act as a standards-based relying party to a customer-selected Identity Provider using OpenID Connect. This ensures that users can sign into the EHR or patient portal using an external, hospital-supplied single-sign-on account.

Workflow

- Support standards-based embedding of external application UI (HTML5). This ensures that app developers can build Web apps, and these apps can run directly inside of the EHR.
- Support the launch of external applications in the clinician's workflow (this is not limited to the EHR and should include non-EHR integrated tools such as smart phones and tablets). For example, a clinician that has opted to use a third-party-developed native iPad app to visualize a patient's BMI over time can seamlessly use the application alongside the EHR via single-sign-on.
- Support notifications to and from running applications. For example, an embedded app can notify the EHR when the user is "done" with it.

Add-On Functionality

The provider organization may also want to consider the following additions to its RFP depending on the types of applications it wishes to develop and run in the future.

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Bulk Data Export

- Provide automated access to bulk export of data (complete representation of all data in the MU Common Clinical data set as well as free text notes) using a method like the SMART Flat FHIR draft proposal (<http://docs.smarthealthit.org/flat-fhir>)

Data Manipulation

- Write structured data from third-party apps back to the organization's EHR and, where relevant, a data warehouse, using the FHIR REST API to communicate data including:
 - medication prescriptions
 - lab and diagnostic imaging orders
- Support the dependent transactions necessary to ensure that actions completed by third-party applications using the API are valid in the EHR and data warehouse.

Context-Specific Service Hooks

- Support the ability to call an external standards-based service in specific workflow steps, through the CDS Hooks specification, including:
 - opening a patient record
 - new prescriptions
 - new lab orders
 - new imaging studies

Intellectual Property

The IP of any app integrated through the SMART on FHIR API belongs to the author and not the vendor.

Custom SMART on FHIR Extension to a Proprietary API

Should a vendor neglect to provide SMART on FHIR natively, the client has the right to provide a custom extension to the vendor's API. The ownership of the IP for the custom extension is negotiable between the client and the vendor, but the ownership of the app using the custom extension belongs to its author.

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Appendix C: Recommended RFP Interoperability Language Changes

The table below captures the recommended changes to the VA EHRM RFP.

Item No.	Independent External Review Recommendations	EHRM RFP Section(s) Affected and Additional Comments	MITRE Recommended Change(s) to the EHRM RFP	VA Adjudication
Commit to Full VA-DoD Interoperability				
1	Define specific capability performance requirement and mechanisms to hold Cerner accountable for reducing the administrative burden in clinician workflow with the objective of increasing efficiency.	<p>The IDIQ RFP PWS Section 5.1.11 speaks to overall EHRM value and performance management monitoring, measurement and reporting. Performance metrics will be defined and enforced at the task order level, since, for example, hosting metrics will be significantly different from deployment metrics.</p> <p>The RFP Section 8.6 refers to the use of Quality Assurance Surveillance Plans (QASP), which will include Functional and Non-Functional Key Performance Indicators (KPIs). The QASP will evolve as the EHRM solution and technology matures and is intended to establish Contractor accountability to what VA requires and values.</p>	None.	Concur.

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Item No.	Independent External Review Recommendations	EHRM RFP Section(s) Affected and Additional Comments	MITRE Recommended Change(s) to the EHRM RFP	VA Adjudication
2	Define specifically the <i>span</i> of providers who can properly interface with VA under a proposed solution (the number of community providers who would be able to interface with VA under a solution as a function of cost to the provider).	RFP Section 5.2.1(j) states that “The EHRM solution shall support access via tablet or mobile device as adjudicated by joint governance. Platform specifics will be identified by VA at a TO level.” Section 5.10.4 states that "The Contractor is required to collaborate with VA affiliates, community partners, EHR providers, healthcare providers, and vendors to advance seamless care throughout the healthcare market.”	Suggest amending the language in RFP Section 5.2.1(j) to: “Support broad access via tablet or mobile devices and pursue technology to reduce the burden to the clinicians (e.g., providing third-party provide access to information using light-weight portals and support for future generation mobile devices). Platform specifics shall be adjudicated by joint governance and incorporated by VA at a TO level.”	Concur. Will negotiate with Cerner for inclusion of language.
3	Define the <i>degree</i> of interoperability the solution provides (ranging from basic file sharing to fully interchangeable, integrated and functionally identical patient records).	RFP Section 5.10.4 speaks to interoperability and provides sufficient breadth to introduce any additional information exchange requirements in the future, at the sole discretion of VA. Requirements Traceability Matrix (RTM) VA-FR-31 discusses specifics of data management, types of data to be exchanged, and methods of communication.	Suggest adding to RFP Section 5.10.5: "m) The Contractor shall conduct an annual Interoperability Self-Assessment against standards that shall be specified by VA, such as those promulgated by HIMSS or future standards to be identified by VA.”	Concur. Will negotiate with Cerner for inclusion.

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Item No.	Independent External Review Recommendations	EHRM RFP Section(s) Affected and Additional Comments	MITRE Recommended Change(s) to the EHRM RFP	VA Adjudication
4	Pivot the RFP to be Veteran-centric and NOT system-centric. Be mindful that lessons learned are that many EHRs do not currently maximize efficient clinical workflow, so build that in (e.g., using CDS Hooks) and present information where needed with minimum "clicks to find" to reduce clinician burden.	<p>RFP Section 5.2.1 speaks to the EHR application supporting workflows.</p> <p>Section 5.5.1 Workflow development and normalization addresses configuration of workflows to meet VA requirements.</p> <p>Section 5.5.7 Organizational Change Management discusses optimizing workflows for each clinical role.</p> <p>Section 8.6 refers to the use of Quality Assurance Surveillance Plans (QASP) which provides active, continuous measurement against the extensive performance requirements captured in Appendices A-1 and A-2: EHRM Key Performance Indicators to ensure a Veteran-centric approach.</p> <p>RTM section VA-FR-33 requires adoption, development and maintenance of metrics to assess timeliness and quality of healthcare delivery to the patient population.</p> <p>The current RFP language can be clarified to specifically refer to the improvement on Veteran-centric delivery.</p>	<p>Suggest adding to RFP Section 5.5.1: "k) Provide an understanding of how all workflows will impact VA care coordination and management processes (e.g., incorporating community information) to improve Veteran-centric delivery."</p> <p>Also add to Section 5.5.1: "l) Configure workflows to incorporate all community data at the discrete level in support of clinical decision support, care management, disease management. The clinical workflow within the EHR should not require users to visit additional screens to view externally sourced data."</p> <p>See Item 29 for specific recommendations on CDS Hooks.</p>	Concur. Will negotiate with Cerner for inclusion.
5	Require Cerner support end-to-end use cases with major external stakeholders involved.	RFP Section 5.2.1 speaks to the EHR application supporting workflows. The Contractor can only be held responsible for elements of the end-to-end use case that reside within their system.	Suggest adding to RFP Section 5.2.1: "Testing conducted under the Test and Evaluation Program Plan may include specific workflows to inform a demonstration of end-to-end clinical use cases involving external stakeholders."	Concur. Will negotiate with Cerner for inclusion.

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Item No.	Independent External Review Recommendations	EHRM RFP Section(s) Affected and Additional Comments	MITRE Recommended Change(s) to the EHRM RFP	VA Adjudication
6	Develop detailed data flow requirements between Cerner and all other vendors, be specific using clinical workflow or Veteran/patient-centric use cases.	Detailed data flow requirements should not be part of the RFP as it will result in the limitation of functionality to the specific data flows specified. They will be part of the Test and Evaluation Plan (TEP), where data flows can be added or modified. However, RFP Section 5.5.1 does not indicate that the external community data and end-to-end workflows will be considered in the configuration of standard EHRM workflows.	Suggest adding to RFP Section 5.5.1: "j) The Contractor shall enable configuration of the application that supports external community data without requiring the clinician to go to special screens to see and use external data."	Concur. Will negotiate with Cerner for inclusion.
7	Specifically define the machine-data readability expectations to ensure interoperability between legacy, community care providers, and Cerner (e.g., notes fields).	RTM VA-FR-31 Requires the ability "to manage data structures that are standardized, accessible and editable." Specific requirements are to be incorporated into Task Orders, according to the structure of the contract.	See Item #34 for recommended changes to incorporate the SMART on FHIR and SMART-enabled applications. See Item # 49 for recommended changes to incorporate sharing of the EHRM data model and to improve the amount of computable data shared with community care providers. Suggest VA obtain a description from the Contractor that describes the current baseline of shareable data elements that are computable.	Concur. Will request information from Cerner.
8	Document the DoD-VA EHR Exchange Framework - it can serve as a starting point for the National model.	This is information that should be included as part of acquisition baseline developed by EHRM Program Management Office technical activities.	None.	Concur.
9	Require ability for bulk data export.	RFP Section 5.10.4(g) requires the Contractor to provide a software solution for multilateral standards-based ingestion, normalization, storage and exporting of Health Information Exchange acquired Veteran health information.	None.	Concur.

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Item No.	Independent External Review Recommendations	EHRM RFP Section(s) Affected and Additional Comments	MITRE Recommended Change(s) to the EHRM RFP	VA Adjudication
10	Require "push" capability to send data back in to VA EHR / Cerner database.	RFP Section 5.10.4(g) requires the Contractor to provide a software solution for multilateral standards-based ingestion, normalization, storage and exporting of Health Information Exchange acquired Veteran health information.	None.	Concur.

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Item No.	Independent External Review Recommendations	EHRM RFP Section(s) Affected and Additional Comments	MITRE Recommended Change(s) to the EHRM RFP	VA Adjudication
11	<p>Require that VA drive and own the analytical algorithms and not rely on Cerner. Require that VA health organizations be involved in building the logic models with the community and the vendor.</p>	<p>RFP Section 5.1.5 requires the Contractor provide requirements development support but does not include who is responsible for coordinating the community input on the logic models.</p> <p>RFP Section 5.1.7 requires the Contractor support data management but does not state that VA shall provide the analytical algorithms.</p> <p>RFP Section 5.5.1(e) requires the Contractor support robust semantic modeling for the information associated with the workflows. Further detail to achieve this recommendation is also detailed in the Functional Requirement documentation, specifically VA-FR-31. VA should lead and own the analytical algorithms as it is in the best interest of the health community. By owning the algorithms, VA will take the lead on coordinating the effort, but the Contractor will actually develop the algorithms.</p>	<p>Suggest adding to RFP Section 5.1.5: "While the Contractor shall provide such support, VA reserves the right to take the lead on coordinating input from the user and provider communities. VA may, at its discretion, incorporate analytics from other entities, and include them in its future Digital Veterans Platform, with which the EHR must be fully compatible and interoperable."</p> <p>Suggest adding to RFP Section 5.1.7(b): "based on community and VA coordinated analytic algorithms."</p> <p>Suggest adding to RFP Section 5.5.1(e): "VA and its agents shall have unlimited rights to all resulting models and algorithms."</p> <p>Suggest adding to RFP Section 5.5.1(f): "which modeling shall be based on analytical algorithms and data models (1) developed by the Contractor, (2) co-developed by the Contractor in coordination with VA health organizations and the community, (3) developed by VA health organizations, or (4) provided by third-party developers. VA and its agents shall have unlimited rights to all algorithms and logic models incorporated in the EHRM solution, and intellectual property rights will be handled in accordance with § H.2 of the Contract "VA EHRM IP License Agreement" on a Task Order basis."</p>	<p>Concur. Will negotiate with Cerner for inclusion.</p>

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Item No.	Independent External Review Recommendations	EHRM RFP Section(s) Affected and Additional Comments	MITRE Recommended Change(s) to the EHRM RFP	VA Adjudication
12	Enhance the data quality management requirements to ensure Cerner is responsible for maintaining and resolving data quality issues.	RFP Section 5.1.8 Requires the Contractor to be responsible for data migration, but RFP Section 5.1.7 does not include a requirement for the Contractor to manage data quality internal to its systems.	Suggest adding to RFP Section 5.1.7: "j) Maintain backward compatibility of the EHRM solution in such way as to maintain the quality of the data, to ensure that, once captured, the Government has access to and computational use of the data regardless of the evolution of the EHRM or age of the data k) Identify data quality issues found in data sourced from systems beyond its operational remit, applying the same validations and quality standards to incoming external data that it performs for data originated natively within the EHRM solution. Where the principle of seamless care requires that EHRM accept data that does not meet its internal data quality standards, Contractor shall implement the solution so that any incoming data that does not meet EHRM data quality standards be clearly flagged as such and provide both process and user interface to allow incorrect or missing data to be remedied if possible."	Concur.
13	Define the common identity and access management approach Cerner and others will adopt (e.g., using the Vets.gov identity as the coordinating identity).	RFP Section 5.5.2 describes the required approach to identity and access management across population types and roles. DoD/VA are aligning their efforts to address this going forward.	None.	Concur.
14	Adopt the DoD approach to data and system security.	RFP Section 5.4: Information System Authorization, Testing and Continuous Monitoring describes the security approach for the shared DoD/VA authorization boundary. Joint DoD/VA Strategy will be executed.	None.	Concur.

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15	Share the VA's security approach to medical and endpoint security with DoD for opportunity to leverage and harmonize.	RFP Section 5.4: Information System Authorization, Testing and Continuous Monitoring describes the security approach for the shared DoD/VA authorization boundary. Joint DoD/VA Strategy will be executed.	None.	Concur.
16	Require Cerner to make the VA data model, standards, and other similar interoperability changes available in all other non-VA Cerner instances of its EHR platform.	RFP Section 5.10.4.1 requires opportunity for agreed upon Contractor proprietary information/data model extension points (e.g., ingestion and record APIs) to be provided to both international and national standards designating organizations, however, this does not include providing the capability to other Cerner users, which would extend Cerner interoperability across the community.	Suggest adding to RFP Section 5.10.4.1: "The Contractor shall provide VA access and usage rights into any underlying proprietary terminology/code systems for the purpose of enhancing national standards to address any gaps identified in the EHRM solution. The Contractor shall also make the interoperability capabilities and product enhancements developed under this contract available to non-VA Cerner clients."	Concur. Will negotiate with Cerner for inclusion of language.
17	Clearly define "enabling security framework." Does this mean a specific security framework such as NIST, HITRUST, etc.	VA Requirements Traceability Matrix Non-Functional requirements provides the security requirements to include Access Management, Identity Management, and Information Assurance/Security. RFP Sections 5.4 Information System Authorization, Testing and Continuous Monitoring and 5.5.2 Identity and Access Management provide additional clarification on the security requirements.	None.	Concur.

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Leverage Current and Future Standards				
18	Specifically describe what and how you can read, write, and reconcile re: health data.	Requirement VA-FR-31 describes data management requirements: standardized data and coding terminology systems; use of government endorsed messaging and content standards for interoperability; management of data elements from various entry points etc. The current requirement does not provide understanding of which data elements are being exchanged and the degree of interoperability/ computability supported.	Suggest adding to RFP 5.10.4(m): “The annual assessment will report on the state of each data element (e.g., which are supported in what capacities and in which formats). This will help assure standards implementation consistency and assure standards compliance with evolving national standards.”	Concur. Will negotiate with Cerner for inclusion of language.
19	Define who has what rights from a data sharing perspective, impacting APIs (e.g., VA owns the data + all data products vs. Community care provider owns their treatment info on patient vs. patient owns all their own data.)	Requirement VA-FR-31 and RFP Section 5.1.7 describe data management requirements (including syndication). Section 5.5.4 requires “all, significant data stored in the software is accessible through API’s” however clarification is needed to ensure access to all data originating from alternate VA-designated authoritative sources.	Suggest adding to RFP 5.5.4: “l) Provide standards-based API access (e.g., FHIR) to all patient data from the VA-designated authoritative data sources for the patient’s record within the Contractor’s product suite.”	Concur. Will negotiate with Cerner for inclusion of language.
20	Identify the authoritative source for the various elements of a Veteran's health record.	RFP Section 5.1.4 requires the Contractor to provide support in the development and/or evaluation of new Standards, Policy Directives, Operating Procedures, Processes, etc. Broader recommendation beyond the scope of the EHRM RFP is for VA to define the authoritative source policy for all VA data. This is not an EHRM specific policy and should be issued by VACO or VHA.	Suggest adding to RFP 5.5.4: “j) assist VA in defining and establishing the authoritative data sources associated with each data element in the EHR (e.g., where it is available and who has access to the information).”	Concur with the language for 5.5.4.

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21	Increase the VA presence and leadership role in standards-making bodies (e.g., Argonaut).	Increasing VA presence and leadership roles in standards-making bodies is an entirely separate recommendation that is not related to the IDIQ.	None.	Concur.
22	Include requirement for Cerner to support VA as an advocate to VA position on all relevant standards-making bodies.	RFP Section 5.1.4 requires Contractor support in the development and/or evaluation of new standards, policy directives, operating procedures, processes and/or assessments on their impacts when implemented.	None.	Concur.
23	Require Cerner to implement all standards as defined by VA.	Requirements Traceability Matrix VA-NJ-177 defines interoperability data standards and specifically cites support of the health data standards identified in the VA-DoD Health Information Technical Standards Profile and by the VA-DoD Interagency Clinical Informatics board.	None.	Concur.
24	Clarify the intended reference in the phrase “national Common Trust Framework.” Does this refer to the Trusted Exchange Framework and Common Agreement (TEFCA) specified in the 21st Century Cures Act?	RFP Section 5.10.4(h) refers imprecisely to the "national Common Trust Framework."	Suggest replacing the phrase in RFP Section 5.10.4 h) "national Common Trust Framework" with “Trusted Exchange Framework and Common Agreement (TEFCA).”	Concur. Will negotiate with Cerner for inclusion of language.
25	Clarify if the “provider collaboration via secure e-mail using Direct standards” is limited to the Direct protocols and just the Cerner platform.	RFP Section 5.10.4(i) requires the Contractor, by IOC, to "provide a capability for provider collaboration via secure e-mail using Direct standards within a Cerner Millennium EHR workflow context."	Suggest adding to RFP Section 5.10.4(i): "the ONC Direct protocol or future VA-designated standard."	Concur. Will negotiate with Cerner for inclusion of language.

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Commit to Open, Standards-Based APIs				
26	Be specific about the VA publishing / access service requirements.	RFP Section 5.5.4 includes requirements that all significant data stored in the software is accessible through API's with no requirement for creation of custom applications to specifically access VA data. RTM VA-NF-7 requires the system to support the ability to access data elements using open standard-based interfaces including legacy data. Clarification is needed to ensure the intention to pursue standards-based APIs.	Suggest adding to RFP Section 5.5.4 – “standards-based” in front of APIs.	Concur. Will negotiate with Cerner for inclusion of language.
27	Define in the contract the VA publishing / access services specifically for (1) Veteran access services (e.g., vets.gov), (2) VA clinician access services, (3) Partner access services, and (4) HIE access service.	RFP Section 5.5.2 describes identity and access management requirements including user population types and the association of specific application permissions tied to roles/positions. RTM VA-NF-6 through 48 describe specific access services required.	None.	Concur.
28	Ensure external API developers can host their apps on an app platform that is NOT controlled by Cerner (and therefore does not require Cerner licensing and approval).	RFP Section 5.1.8(d) requires the contractor analyze and propose a way forward for the capability for external apps to use HealthIntent as a data source. Section 5.5.4 requires the contractor to support data exchanges via the API gateway. Section 5.10.4.2 requires the contractor to work in good faith to integrate the EHRM with the Digital Veterans Platform API gateway.	Suggest replacing the second sentence in 5.10.4.2: “The Contractor shall integrate the EHRM to interoperate with DVP or future state VA platform.”	Concur. Will negotiate with Cerner for inclusion of language.

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29	Include requirement for Cerner to provide CDS Hooks to support open clinician workflow.	RFP Section 5.8 requires the contractor provision robust data analysis toolsets that allow, among other things, analytics and Clinical Decision Support (CDS). VA-NF-T26 requires "integration with Cerner via standards-based interfaces (including but not necessarily limited to support for FHIR APIs and/or OMG CDS API/ HL7 CDS APIs (e.g., CDS Hooks)".	None.	Concur.
30	Specify the required utility services to support intermediary or peer-to-peer services; e.g., support Veteran-directed or Veteran-mediated request, exchange, and ingestion from non-VA providers (via APIs where available).	RFP Section 5.10.4(c) requires "the Contractor shall provide a software solution enabling VA to release and consume, via on-demand access, a Veteran's complete longitudinal health record to and from DoD and connected community partners. The longitudinal record solution shall support Provider-to-Provider record sharing, as well as Provider-Veteran-Provider sharing (Veteran mediated record sharing), including appropriate consent management."	Suggest adding ", regardless of which EHR they use" after "connected community partners...to and from DoD and connected community partners, regardless of which EHR they use."	Concur. Will negotiate with Cerner for inclusion of language.
31	Require that VA has full authority to connect any VA-approved, secure third-party app with the Cerner system, without Cerner approval.	RFP Section 5.7.1 requires the contractor provide on-site integration for devices connecting to the Contractor system. VA is fully responsible for the security of its systems and protection of its data.	Suggest adding to 5.7.1b: "including via the Digital Veterans Platform...support for VA-approved third-party apps connecting to the Contractor system, including via the Digital Veterans Platform." Suggest adding to 5.7.1 – "g) Permit and approve connecting all VA approved secure apps without additional fees or licensing."	Concur. Will negotiate with Cerner for inclusion of language.

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32	Ensure the API developers retain their IP rights when their API is used to connect to the Cerner interface.	<p>RFP Section 5.5.4 sets forth requirements with respect to APIs, including paragraph (e), which provides for the provision and maintenance of a Developer Portal.</p> <p>Section 5.10 generally promotes innovation while 5.10.4.2 requires the Contractor to support the Digital Veterans Platform (DVP) API gateway which is intended to provide a neutral application platform for third party APIs.</p> <p>Additional language is required to promote innovation in the creation of third party applications by removing derivative or cascading intellectual property restrictions/ constraints.</p>	Suggest adding to RFP 5.5.4(e): " and provide policies and procedures for the use of the Developer Portal(s) and APIs that promote innovative third-party API development" and "Third party API developers shall retain their IP rights when their API is used to connect to the Cerner interface, and there will be no derivative IP ownership when third parties consume Cerner terminology through open APIs."	Concur. Will negotiate with Cerner for inclusion of language.
33	Require the ability for 3rd party apps to remain connected to the Cerner system and receive automatic notification on updates (e.g., vaccination). Allow the app to connect without being cut off in accordance with VA security requirements.	RFP Section 5.7.1 requires the contractor provide on-site integration for devices connecting to the Contractor system.	<p>Suggest adding to RFP Section 5.7.1(b): "support for third-party apps connecting to the Contractor system."</p> <p>Suggest adding the following new paragraphs (ii) and (iii) to RFP Section 5.7.1(b): "ii. Provide ability for third-party apps to remain connected to the Contractor system in accordance with VA security requirements and receive automatic notification on updates; and iii. Allow the app to remain connected without interruption lasting longer than a certain period of time to be approved by the Government."</p>	Concur. Will negotiate with Cerner for inclusion of language.

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34	Incorporate the model RFP language necessary for Cerner to support the API and SMART on FHIR platform and SMART-enabled applications.	RFP Section 5.10.4 and the Requirements Traceability Matrix refer to SMART and FHIR based applications but do not incorporate all elements of the suggested functionality such as the support for standards-based embedding of external application UI (HTML5).	Suggest adding to RFP Section 5.10.4: "In addition, the software and services shall support the VA designated standards, such as SMART on FHIR and SMART-enabled applications, or published standard at the time."	Concur. Will negotiate with Cerner for inclusion of language.
Use Community Care Contracts to Foster Interoperability				
35	Before the contract is signed, get Care Act providers and Cerner competitors to commit to support the contract as early adopters.	Pre-contractual activity and pertains to future strategic discussions to drive interoperability in the marketplace.	None.	Concur.
36	Require publication of the EHRM /Cerner clinical data model in the National Library of Medicine (following the Kaiser example).	RFP Section 5.10.4.1 states: In support of the interoperability objectives under this Section, agreed upon Contractor proprietary information/data model extension points (e.g., ingestion and record APIs) may be provided to both international and national standards designating organizations as described and set forth in an applicable Task Order.	None.	Concur.
37	Require the Veteran to be able to invoke their right of access to data as the intermediary to support data exchange (e.g., pull through their API on phone and push to their community care provider).	RFP Section 5.7.1 requires support to Veterans ensuring they can effectively navigate the HealthLife patient portal and Wellness programs to effectively manage their health.	Suggest adding to RFP Section 5.7.1(c): "using mobile apps, thin-client and thick-client solutions" and "Veterans shall be able to enable sharing of their health data with their community care providers in accordance with all VA-designated national standards."	Concur. Will negotiate with Cerner for inclusion of language.

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38	Require Cerner and the Community Care provider applications provide bi-directional health information in exchange for using the VA-provided API gateway.	RFP Sections 5.10.1, .2, and .3 require support for innovation and other development activities. Section 5.10.4(c) requires "a software solution enabling VA to release and consume, via on-demand access, a Veteran's complete longitudinal health record to and from DoD and connected community partners." VA-NF-61, -63, and -65 requires bi-directional interface in support of Pharmacy. This requirement can be fulfilled by a flat file and does not require the data to be computable.	Suggest adding to RFP Section 5.10.4(c): "The bi-directional health information exchange shall maximize use of discrete data that supports context-driven clinical decisions and informatics."	Concur. Will negotiate with Cerner for inclusion of language.
39	Shift VA policy enabled by the Choice Care Act from "Opt-In" to "Opt-Out" such that the starting assumption is that data can be shared unless the Veteran "opts out."	Review and revise VA policy.	None.	Concur.
Other				
40	Analyze and understand the operational cost to VA to implement and operate under the proposed solution.	Analysis of cost information is not part of a IDIQ contract. It will be done as part of the standard PMO processes.	None.	Concur.

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41	Incorporate requirement that subsequent updates and improvements to the Cerner solution is part of the baseline contract (and cost).	RFP Section 5.2.3 Software Maintenance requires: The Contractor shall provide its commercial support and maintenance services described in its End User License Agreement. Leveraging Contractor's best practices and agreed upon upgrade schedule between DoD and VA, software maintenance includes all releases of the software such as major releases, minor releases, maintenance releases.	None.	Concur.
42	Address the differences between federal and state privacy laws - policy that Federal laws take precedence over state laws.	Federal and state privacy laws can only be addressed through legislation.	None.	Concur.
43	Ensure VA has no gag order: Require Cerner to allow open, public sharing/reporting (e.g., screen shots) on issues or errors with the EHR solution (e.g., if there is a known anomaly, that anomaly and its work-around is shared with the Cerner user community).	RFP Section 5.3.3 - System Quality and Performance Measures and Monitoring is appropriate to capture this requirement. There is no explicit contractual language requiring the contractor to disclose issues or efforts, nor is there language explicitly preserving the right of VA to share such information.	Suggest adding to RFP Section 5.3.3: "Contractor is responsible for reporting all issues or errors associated with the EHR solution and acknowledges and agrees that errors shall not be considered confidential, proprietary or trade secrets, and accordingly, shall be releasable to VA or its agents. VA retains the right to share any issue, error or resolution approach."	Concur. Will negotiate with Cerner for inclusion of language.
44	Define the way ahead for 3rd party apps (sunset, rebuild and transition) during the Cerner transition.	This should be evaluated in congruence with the legacy transition plans (pivot plans) of existing systems to Cerner.	None.	Concur.
45	Emphasize the need and resource commitment to achieve clinician consensus, change management, and culture.	RFP Section 5.5.7 Organizational Change Management includes a detailed approach to clinician consensus, change management and culture change.	None.	Concur.

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46	Develop a roadmap for all EHR vendors that specifies how Veterans and providers access and share their data and get that data from A to B. This is not limited to the Cerner solution, but includes legacy and community care systems.	These tasks are not part of the IDIQ and will be addressed via Data Migration Plan and Data Management Strategy across VA.	None.	Concur.
47	Require ability for VA to innovate using the Cerner solution, including support to a Veteran Interoperability Partnership Lab.	<p>RFP Section 5.10: Innovation and Enhancements includes an innovation process, categories and development activities to enable VA innovation activities using the Cerner solution. The language is sufficiently broad to support issuance of a Task Order requiring the Contractor to support interoperability activities including a Veteran Interoperability Partnership Lab.</p> <p>MITRE recommends this lab be independently managed and used to support 3rd party innovators, demonstrate interoperability solutions, validate the effectiveness of interoperability solutions in an end-to-end clinical use case context, and serve as a reference architecture to allow 3rd party stakeholders to exercise innovations.</p>	None.	Concur.

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48	Understand how Cerner will manage data quality, including provenance, error bounds, data looping, security, etc.	<p>The RFP Section 8.6 refers to the use of Quality Assurance Surveillance Plans (QASP), which is intended to establish Contractor accountability to what VA requires and values.</p> <p>VA-NF-T46 requires “The system shall support provenance (chain of custody or ownership) and pedigree (processing history how the data was produced or incorporated) and enable identification, collection, and production of data according to source, custody and ownership and display of data in business, logical, legal or physical models.”</p>	None.	Concur.

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49	<p>Understand how Cerner will provide VA with access to the data model, share data for analytics freely to 3rd parties, increase the amount of computable data exchanged with 3rd parties.</p> <p>Panelists acknowledged this recommendation is a stretch goal.</p>	<p>RFP Section 5.8 address the support to business intelligence and data analytics. Section 5.10.4.1 supports the sharing of Contractor proprietary information/data model extension points (e.g., ingestion and record APIs) with both international and national standards designating organizations. However, current language does not require access to the EHRM data model, supporting understanding of and therefore increase the exchange of computable data with community care providers.</p>	<p>Suggest adding to RFP Section 5.8: “h) Provide VA EHRM data model, underpinning terminology model, tables, definitions, and examples of fully populated Veteran data files. Provide documentation or software that is used for quality checks and that illustrate what data elements are computable.”</p> <p>Suggest adding to Section 5.10.4.1: “n) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminologies, clinical decision support rules, order sets, etc. This includes the ability to curate, extend, and share that knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies.”</p> <p>Suggest VA obtain a price from the Contractor to provide a report explain the steps involved in accessing the data model, including producing an example data file, and demonstrating how much of the data is computable; provide cost estimates for outside parties to access the data via this mechanism.</p>	Concur.

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50	Understand how the Cerner EHRM solution will improve Veteran and clinician experiences.	<p>RFP Section 5.2.1 describes the EHR application, however does not specifically focus priorities on the Veteran and clinician experience as captured in end-to-end use cases.</p> <p>Section 8.6 refers to the Quality Assurance Surveillance Plans, which include Functional and Non-Functional Key Performance Indicators (KPIs). These KPIs will reflect VA priorities which include improvement of both Veteran and clinician experiences.</p>	Suggest adding to RFP Section 5.2.1.1: “k) Provide for the ability to measure the EHRM performance that contributes to any end-to-end use case, thereby capturing its impact on improving a Veteran and clinician experience.”	Concur.

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Appendix D: Acronyms

API	Application Programming Interface
CCHIE	ClinicalConnect Health Information Exchange
CDS	Clinical Decision Service
DoD	Department of Defense
EHR	Electronic Health Record
EHRM	Electronic Health Record Modernization
FHIR	Fast Healthcare Interoperability Resources
HIE	Health Information Exchange
HL7	Health Level Seven International
IP	Intellectual Property
IT	Information Technology
PWS	Performance Work Statement
RFP	Request for Proposal
UPMC	University of Pittsburgh Medical Center
VA	Department of Veterans Affairs
VACO	VA Central Office
VHA	Veterans Health Administration

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VA EHRM RFP Interoperability Review Report Executive Summary

January 31, 2018

MITRE

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Executive Summary

This Review Report presents responses to three requests from the Department of Veterans Affairs (VA) to MITRE related to the topic of interoperability within the VA Electronic Health Record Modernization Request for Proposal:

- I. Conduct an external Interoperability Review Panel to review the interoperability language in the existing Request for Proposal (RFP),
- II. Engage an independent and unbiased legal expert to identify the specific changes to the RFP language necessary to implement the recommendations from the Interoperability Review Panel, and
- III. Visit the University of Pittsburgh Medical Center to understand the existing operational multi-vendor solution and interoperability solutions for applicability and scalability to the VA.

I. Interoperability Review Panel

In support of the Secretary of Veterans Affairs, David J. Shulkin, M.D., The MITRE Corporation convened and hosted a VA Electronic Health Record Modernization (EHRM) Request for Proposal (RFP) Interoperability Review Panel on January 5, 2018, at MITRE's McLean headquarters. The invited external senior electronic health record (EHR) interoperability subject matter experts (the Panel) reviewed the interoperability language in the existing RFP and developed joint suggestions and recommendations for VA to consider for incorporation to support the successful execution of a new commercial EHR contract with industry. The Panel affirmed that the primary goal should be seamless Veteran-centric healthcare achieved through true EHR interoperability. Achieving this goal rests on three overarching principles that should be supported by interoperability language in the RFP: 1) free and open access to data, 2) an ecosystem that provides fair access to third parties by creating a level playing field, and 3) a seamless Veteran and health provider (clinician) experience. Four categories of recommendations from the Panel (the first three to the interoperability language in the RFP, and the fourth for future VA contracts) will enable VA to realize this goal on the basis of the underlying principles: 1) commit to full VA-Department of Defense (DoD) interoperability, 2) leverage current and future standards, 3) commit to open, standards-based application programming interfaces (APIs), and 4) use Care in the Community contracts to foster interoperability.

For the first category (commit to full VA-DoD interoperability), the Panel agreed that the Determination and Findings signed by Secretary Shulkin on June 1, 2017, represented the correct approach to interoperability within VA and between VA and DoD. The Panel strongly endorsed the proposed VA "API Gateway" language. The most important specific recommendations included:

- Define the degree of interoperability the solution will provide, ranging from basic file sharing to fully interchangeable, integrated and functionally identical patient records.

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Suggest that the Contractor conduct an annual Interoperability Self-Assessment against current and future standards that shall be specified by the VA; and

- The contract language should include the following elements:
 - performance measures to hold Cerner accountable for reducing the administrative burden in clinician workflow with the objective of increasing efficiency,
 - ability for bulk data export based on standards, with no proprietary formats (e.g., Flat FHIR [Fast Healthcare Interoperability Resources]), and
 - “push” capability to insert patient data back into the VA EHR / Cerner database.

For the second category (leverage current and future standards), the following specific recommendations were among the most important:

- Require that Cerner implement all standards as defined by VA, current and future,
- Engage Cerner as an advocate of the VA and DoD position in all relevant standards-making bodies, and
- Ensure that VA and Veterans have complete access to data.

For the third category (commit to open, standards-based APIs), the Panel voiced the following recommendations:

- Establish clear publishing and access service requirements,
- Provide a VA application platform that supports APIs from third party providers with no barrier to entry, and
- Require implementation of clinical decision support (CDS) Hooks to invoke decision support from within a clinician's EHR workflow.

The body of this report contains multiple additional specific recommendations.

II. Recommendations for RFP Changes

MITRE engaged Morrison & Foerster, LLP as the independent and unbiased legal expert to identify the specific changes to the RFP language necessary to implement the recommendations from the Interoperability Review Panel. Appendix C presents all recommended changes to the RFP.

III. Observations from University of Pittsburgh Medical Center Site Visit

A delegation from VA and MITRE traveled to Pittsburgh, Pennsylvania, on January 19, 2018, for a meeting with representatives from University of Pittsburgh Medical Center (UPMC) Enterprises to discuss aspects of EHR interoperability that UPMC has successfully implemented over the past several years. The report includes an overview of those practices.

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IV. Closing Thoughts and Suggested Next Steps

The Panelists noted that VA cannot achieve true future EHR interoperability through the Cerner RFP alone, or through technology alone. The state of practice today shares only a small portion of available patient data. For VA to succeed in the future, multiple other components must be present and aligned: innovation, policy, standards, customer buy-in, and legislation, to name a few.

The following next steps are recommended for VA consideration:

1. Complete the RFP revisions, conduct appropriate negotiations with the Contractor expeditiously, and complete the contract process as planned. Stand firm during negotiations to maximize ease of access to data and data models for building third party APIs, applications, and services for future community innovations.
2. Continue to work with other federal government agencies and departments with similar interoperability interests and concerns, including, but not limited to, the White House, DoD, Food and Drug Administration (FDA), Centers for Medicare and Medicaid Services (CMS), Office of the National Coordinator for Health Information Technology (ONC), and other parts of the Department of Health and Human Services, to align approaches to EHR interoperability and the development and support of standards government-wide.
3. Support future innovation approaches, including concepts such as an Interoperability Laboratory and outreach to the broader innovation ecosystem (major medical centers, academia, traditional and non-traditional healthcare providers, startups, individual entrepreneurs, others). It is critical to align the innovations planned in VA's Digital Veterans Platform to the VA EHR innovation efforts to ensure consistent continuous improvements to clinician and Veteran health experiences.
4. Create an External Review Panel to provide expert continuous guidance, review, and feedback over the course of the implementation, to help capture best practices from the expert community going forward. Conduct ongoing demonstrations of end-to-end Veteran use cases requiring data sharing across organizational boundaries to validate improvements in Veteran healthcare and reduction of burden for healthcare providers. VA and Contractor will ensure that Federal Advisory Committee Act (FACA) guidelines are followed in leveraging any external review panels.

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From: DJS
Sent: 29 Dec 2017 14:06:05 -0800
To: Blackburn, Scott R.
Cc: Bowman, Thomas;Wright, Vivieca (Simpson)
Subject: RE: EHR interoperability - Jan 5 MITRE hosted panel

Sounds good

I would try to reach Marc

I'm seeing him for lunch on Sunday in Florida

Sent with Good (www.good.com)

From: Blackburn, Scott R.
Sent: Friday, December 29, 2017 1:59:09 PM
To: DJS
Cc: Bowman, Thomas; Wright, Vivieca (Simpson)
Subject: EHR interoperability - Jan 5 MITRE hosted panel

David – I hope you are getting some time off this week. I just got off the phone with MITRE/Windom/team and wanted to connect on a few things. Feel free to give me a call whenever it is convenient for you over the weekend or we can connect in person on Tuesday.

- 1) January 5 MITRE expert panel. MITRE has at least 7 experts coming in for a full day. **If you are available, I have asked them to reserve 60-90 minutes at the end for the experts to brief you on their recommendations at the end of this day** (I would include the 3 of you + Carolyn + John Windom). This will be at MITRE in McLean.
 - The 7 experts are:
 - Aneesh Chopra
 - Cris Ross, CIO, Mayo Clinic
 - Carla Smith, President, HMMS
 - Ryan Howells, Principal, Leavitt Partners, LLC (recommended by Chris Liddell)
 - Paul R. Sutton, MD, PhD, University of Washington (note: we are having conversations with him about coming on board full-time via IPA)
 - Frank Opelka, MD, American College of Surgeons (recommended by Marc Sherman + Chris Liddell)
 - Kenneth Mandl, MD, MPH, Boston Children's Hospital (was on the previous MITRE panel, also one of the experts invited to the White House interoperability summit hosted by Seema Verma and Jared Kushner)
 - MITRE will basically be asking them 3 questions.

- If they were us writing a contract with Cerner, what would they want included?
 - What is their perspective on what off-the-shelf solutions or emerging technologies for which we need to build flexibility in the contract to include? This will be their chance to weigh in on some of the ideas that people reach out to you/I about.
 - What other big ideas do they have that we should consider incorporating into the contract (such as the ones that Aneesh already sent us unsolicited)?
- In addition to the outside experts – I have asked MITRE to also invite Camilo Sandoval, Jon White from ONC, and someone from CMS (I am working with (b)(6) (b)(6) who is Seema’s senior advisor) as well as Kyle Sheetz and (b)(6) (b)(6) is our guy behind the Digital Veterans Platform). John Short and (b)(6) will be there is listen-only mode.
- 2) There are several other experts that want to help but couldn’t make it on January 5. These include Dr. Rasu Shrestha from University of Pittsburgh, Dr. (b)(6) from (b)(6) (he was on the previous MITRE panel), and (b)(6) (recommended by Chris Liddell) who Politico reported last week will be the next head of CMMI. If necessary/helpful, we will find other ways to get their input or involvement.
- 3) I’m looking for your guidance regarding Marc Sherman. I don’t have anything concrete back yet from Marc (other than he recommend Dr. Frank Opelka when I spoke to him a week or two ago). I am thinking of giving him a heads up regarding Jan 5, as I’m sure MITRE would be open to including others if Marc/Bruce have suggestions. Cris Ross is obviously one of the five CIOs (MITRE confirmed Cris independently). What are your thoughts?

Scott

Scott Blackburn
Executive in Charge, Office of Information & Technology
US Department of Veterans Affairs

From: Windom, John H.
Sent: 1 Feb 2018 11:48:24 -0800
To: Carrington, Belinda L; Isaac, Charlyn
Cc: Bowman, Thomas; Devine, Daniel C.; Blackburn, Scott R.
Subject: FW: Report and Executive Summary
Attachments: VA EHRM Interoperability Review Report Jan 2018 FINAL.pdf, VA EHRM Interoperability Review Report Executive Summary Jan 2018 FINAL.pdf

Ladies,

Super closehold on this MITRE interoperability report. Mr. Blackburn is sending to the Secretary this afternoon but I know this will be the primary topic of discussion with the DEPSEC at my meeting with him tomorrow. Thank you. Please print a copy of each for the DEPSEC.

Vr

John

John H. Windom, Senior Executive Service (SES)
Program Executive for Electronic Health Record Modernization (PEO EHRM)
Special Advisor to the Under Secretary for Health
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From: Schnitzer, Jay J [mailto:(b)(6)@mitre.org]
Sent: Thursday, February 01, 2018 2:33 PM
To: Blackburn, Scott R.; Windom, John H.
Subject: [EXTERNAL] Report and Executive Summary

Hi Scott and John,

On behalf of MITRE, as per our agreement, I am pleased to send you two documents attached:

1. The final version of the VA EHRM Interoperability Report, and
2. The final version of the Executive Summary of the VA EHRM Interoperability Review Report.

Thank you.

Best,

Jay

JAY J. SCHNITZER, M.D., PH.D.

Vice President, Chief Technology Officer (CTO)
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Department of Veterans Affairs Electronic Health Modernization

Request for Proposal Interoperability Review Report



Authors: Jay J. Schnitzer, M.D., Ph.D.

(b)(6)

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Document Number: MTR180033

Authors: Jay J. Schnitzer, M.D., Ph.D.

(b)(6)

**McLean, VA
January 2018**

Sponsor:
Department of Veterans Affairs

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VA EHRM RFP Interoperability Review Report

January 31, 2018

MITRE

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Executive Summary

This Review Report presents responses to three requests from the Department of Veterans Affairs (VA) to MITRE related to the topic of interoperability within the VA Electronic Health Record Modernization Request for Proposal:

- I. Conduct an external Interoperability Review Panel to review the interoperability language in the existing Request for Proposal (RFP),
- II. Engage an independent and unbiased legal expert to identify the specific changes to the RFP language necessary to implement the recommendations from the Interoperability Review Panel, and
- III. Visit the University of Pittsburgh Medical Center to understand the existing operational multi-vendor solution and interoperability solutions for applicability and scalability to the VA.

I. Interoperability Review Panel

In support of the Secretary of Veterans Affairs, David J. Shulkin, M.D., The MITRE Corporation convened and hosted a VA Electronic Health Record Modernization (EHRM) Request for Proposal (RFP) Interoperability Review Panel on January 5, 2018, at MITRE's McLean headquarters. The invited external senior electronic health record (EHR) interoperability subject matter experts (the Panel) reviewed the interoperability language in the existing RFP and developed joint suggestions and recommendations for VA to consider for incorporation to support the successful execution of a new commercial EHR contract with industry. The Panel affirmed that the primary goal should be seamless Veteran-centric healthcare achieved through true EHR interoperability. Achieving this goal rests on three overarching principles that should be supported by interoperability language in the RFP: 1) free and open access to data, 2) an ecosystem that provides fair access to third parties by creating a level playing field, and 3) a seamless Veteran and health provider (clinician) experience. Four categories of recommendations from the Panel (the first three to the interoperability language in the RFP, and the fourth for future VA contracts) will enable VA to realize this goal on the basis of the underlying principles: 1) commit to full VA-Department of Defense (DoD) interoperability, 2) leverage current and future standards, 3) commit to open, standards-based application programming interfaces (APIs), and 4) use Care in the Community contracts to foster interoperability.

For the first category (commit to full VA-DoD interoperability), the Panel agreed that the Determination and Findings signed by Secretary Shulkin on June 1, 2017, represented the correct approach to interoperability within VA and between VA and DoD. The Panel strongly endorsed the proposed VA "API Gateway" language. The most important specific recommendations included:

- Define the degree of interoperability the solution will provide, ranging from basic file sharing to fully interchangeable, integrated and functionally identical patient records.

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Suggest that the Contractor conduct an annual Interoperability Self-Assessment against current and future standards that shall be specified by the VA; and

- The contract language should include the following elements:
 - performance measures to hold Cerner accountable for reducing the administrative burden in clinician workflow with the objective of increasing efficiency,
 - ability for bulk data export based on standards, with no proprietary formats (e.g., Flat FHIR [Fast Healthcare Interoperability Resources]), and
 - “push” capability to insert patient data back into the VA EHR / Cerner database.

For the second category (leverage current and future standards), the following specific recommendations were among the most important:

- Require that Cerner implement all standards as defined by VA, current and future,
- Engage Cerner as an advocate of the VA and DoD position in all relevant standards-making bodies, and
- Ensure that VA and Veterans have complete access to data.

For the third category (commit to open, standards-based APIs), the Panel voiced the following recommendations:

- Establish clear publishing and access service requirements,
- Provide a VA application platform that supports APIs from third party providers with no barrier to entry, and
- Require implementation of clinical decision support (CDS) Hooks to invoke decision support from within a clinician's EHR workflow.

The body of this report contains multiple additional specific recommendations.

II. Recommendations for RFP Changes

MITRE engaged Morrison & Foerster, LLP as the independent and unbiased legal expert to identify the specific changes to the RFP language necessary to implement the recommendations from the Interoperability Review Panel. Appendix C presents all recommended changes to the RFP.

III. Observations from University of Pittsburgh Medical Center Site Visit

A delegation from VA and MITRE traveled to Pittsburgh, Pennsylvania, on January 19, 2018, for a meeting with representatives from University of Pittsburgh Medical Center (UPMC) Enterprises to discuss aspects of EHR interoperability that UPMC has successfully implemented over the past several years. The report includes an overview of those practices.

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IV. Closing Thoughts and Suggested Next Steps

The Panelists noted that VA cannot achieve true future EHR interoperability through the Cerner RFP alone, or through technology alone. The state of practice today shares only a small portion of available patient data. For VA to succeed in the future, multiple other components must be present and aligned: innovation, policy, standards, customer buy-in, and legislation, to name a few.

The following next steps are recommended for VA consideration:

1. Complete the RFP revisions, conduct appropriate negotiations with the Contractor expeditiously, and complete the contract process as planned. Stand firm during negotiations to maximize ease of access to data and data models for building third party APIs, applications, and services for future community innovations.
2. Continue to work with other federal government agencies and departments with similar interoperability interests and concerns, including, but not limited to, the White House, DoD, Food and Drug Administration (FDA), Centers for Medicare and Medicaid Services (CMS), Office of the National Coordinator for Health Information Technology (ONC), and other parts of the Department of Health and Human Services, to align approaches to EHR interoperability and the development and support of standards government-wide.
3. Support future innovation approaches, including concepts such as an Interoperability Laboratory and outreach to the broader innovation ecosystem (major medical centers, academia, traditional and non-traditional healthcare providers, startups, individual entrepreneurs, others). It is critical to align the innovations planned in VA's Digital Veterans Platform to the VA EHR innovation efforts to ensure consistent continuous improvements to clinician and Veteran health experiences.
4. Create an External Review Panel to provide expert continuous guidance, review, and feedback over the course of the implementation, to help capture best practices from the expert community going forward. Conduct ongoing demonstrations of end-to-end Veteran use cases requiring data sharing across organizational boundaries to validate improvements in Veteran healthcare and reduction of burden for healthcare providers. VA and Contractor will ensure that Federal Advisory Committee Act (FACA) guidelines are followed in leveraging any external review panels.

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Background

The Department of Veterans Affairs (VA) plans to establish seamless care for Veterans throughout the health care provider market. Seamless care requires interoperability between the Department of Defense (DoD), VA, VA affiliates, community partners, electronic health record (EHR) providers, healthcare providers, and vendors. VA directed The MITRE Corporation to independently review the capability of Cerner's proposed EHR solution to seamlessly transmit health records between EHR systems supporting healthcare providers who both use and contribute patient data to a Veteran's health record, to include Veterans Choice Program (VCP) community-care service providers and VA affiliates. This Review Report presents responses to three requests:

- I. Conduct an external Interoperability Review Panel to review the interoperability language in the existing Request for Proposal (RFP),
- II. Engage an independent and unbiased legal expert to identify the specific changes to the RFP language necessary to implement the recommendations from the Interoperability Review Panel, and
- III. Visit the University of Pittsburgh Medical Center to understand the existing operational multi-vendor solution and interoperability solutions for applicability and scalability to VA.

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I. Interoperability Review Panel

Introduction

In support of the Secretary of Veterans Affairs, David J. Shulkin, M.D., MITRE convened and hosted a VA Electronic Health Record Modernization (EHRM) Request for Proposal (RFP) Interoperability Review Panel on January 5, 2018, at MITRE's McLean, VA headquarters. MITRE invited external senior EHR interoperability subject matter experts (hereafter referred to as Panelists) to review the interoperability language in the existing RFP and to develop joint suggestions and recommendations for VA to consider incorporating into the RFP to support the successful execution of a new commercial EHR contract with industry. Eleven Panelists took part in person, and several senior government executives observed the process (see Appendix A for the full list of participants).

Goal

The Interoperability Review Panel sought to provide Secretary Shulkin and his senior leadership team with insights into key best practices and guidance from national experts regarding EHR interoperability. The Panel evaluated the corresponding language in the draft RFP based on successful business transformations and implementations of a new commercial EHR system across a distributed hospital and provider network. This section of the report summarizes the outcome of the Panel: expert recommendations that will inform VA's interoperability contract language. The document also provides actionable and specific best practice recommendations and rationales to enable successful acquisition and implementation of EHR interoperability.

Methodology/Approach

The first part of the session, which lasted for five hours, was conducted as a fish-bowl exercise and was guided by Chatham House Rule. The Panelists sat at a center table, with VA and other government observers sitting at surrounding tables. The second part, which lasted two hours, consisted of a summary debrief to the Secretary and senior VA leadership. The Secretary could ask questions and engage with the Panel throughout the second session. MITRE moderated the session to elicit inputs from all Panelists and to drive alignment toward consensus in the recommendations.

The agenda for the first portion of the session was structured to elicit inputs from all Panelists, with notes captured on-screen as redlines to the RFP interoperability language to ensure recommendations accurately reflected the Panelists' contributions. Subsequently, in a facilitated discussion, the Panelists grouped their recommendations into specific categories in real time. The second portion, as noted, provided opportunities for the Secretary to discuss the recommendations in additional detail.

This section of the report summarizes the discussion that took place. It highlights actionable changes to the interoperability language contained in the RFP and additional recommendations and lessons learned that can enable interoperability of the VA EHRM solution. Text boxes

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throughout the report present direct quotations from Panelists. To ensure participant confidentiality, MITRE has destroyed the transcript and event recording used to develop this report.

Topic Area: VA Definition of Interoperability

The key to modernization is creating greater interoperability with Governmental partners, including DoD, in a way that focuses efforts in support of the Veteran’s journey, beginning with their military service. We will partner with others to ensure Veterans can get their benefits, care, and services consistently, easily, and with excellent customer service, no matter where they are throughout their lives. VA will work with local communities, and with other Federal, State, Tribal, and Local Government entities to ensure Veterans get what they need. VA will also continue to leverage the private sector where appropriate and needed to deliver the very best outcomes for Veterans.

– draft VA 2018–2024 Strategic Plan

Enable data sharing, interoperability, and agility through data standardization

VA needs to allow data sharing among various business applications, such as appointment scheduling and business intelligence, as well as ensure transportability of information between sites. Panelists advised VA to leverage and support the best-in-class innovation currently in use within the VA culture. VA must also enable interoperability as the Department integrates the EHR into other supporting systems, both within the VA network and with external health service providers. Agility is necessary for adoption of future innovative technologies and/or if VA wants to upgrade or change the EHR approach. The Panelists cautioned that the current EHR technology is already 20 years old and, as with all industries and information technology (IT) solutions, many possibly disruptive technologies exist on the horizon.

“It really optimizes transportability of best practices, because if you are trying to transfer best practices from one site to another and you have the same system where the best practice is going to land, then it is much easier.”

The session began with a discussion on interoperability as currently defined by VA (Figure 1). Prior to establishing a roadmap to inform a nationwide plan to advance health data interoperability, VA must first ensure system-wide interoperability across the Department. Throughout the Review Panel session, the Panelists described and referred to this concept as “Level 1 Interoperability” throughout the Review Panel session; it includes migration of Veteran data from ~130 instances of the Veterans Health Information Systems and Technology Architecture (VistA) to one VA platform.

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Figure 1. VA Definition of EHR Interoperability

“Level 2 Interoperability,” as described in the Panel discussion, addresses the ability for VA to leverage the same Cerner platform used by DoD to ensure seamless care from active service to Veteran status. Once this capability is implemented, the clinical data transformation will allow a true longitudinal view of a Veteran’s record as he or she transitions from DoD to VA for care and other critical services such as benefit adjudication.

“Level 3 Interoperability” will allow both VA and DoD to take an important step toward transforming electronic patient data exchange on a national scale. With the utilization of community healthcare providers via the VA Community of Care initiative and DoD’s Tricare network providers, VA has the opportunity to drive interoperability between DoD and VA as well as with the extensive network of healthcare providers that serve our Nation’s Veterans, active duty service members, and their beneficiaries.

True nationwide EHR interoperability for the entire United States is the ultimate goal, and the Panelists agreed that VA and DoD could reach this goal if the three aforementioned levels of interoperability are achieved. Here, VA has the opportunity to drive clinical transformation and instantiation of a complete EHR for all patients at the national level.

Topic Area: Commit to Full VA-DoD Interoperability

The Panel focused primarily on reviewing the interoperability language within the RFP for the Cerner contract. However as described in Interoperability Levels 1 and 2, the commitment to the seamless integration of VA and DoD health data represents the foundation required to realize interoperability with private sector

“You really have to get the basics done first. Let's just make absolutely sure that the interoperability between DoD and VA [is achieved].”

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healthcare providers.¹ It is important to note that the interoperability levels can be addressed simultaneously and should not be separated, as they must be integrated to efficiently achieve the larger future data sharing ecosystem.

Specify the expectations for interoperability between DoD and VA

During discussions about the expectation that Cerner will provide a single EHR solution to be shared by both DoD and VA, the Panel raised concerns about the lack of specificity in the contract language. Current interoperability data standards address a subset of the Veteran’s clinical record and VA has the opportunity to ensure Cerner provides interoperability of all discrete data, at a minimum, between VA and DoD. Adopting the same platform would increase seamless sharing, but the Panel stated that VA should take additional action to ensure that such sharing is realized. The DoD and VA systems should use proprietary database-to-database interoperability if necessary, to maximize interoperability between those two systems. These systems should be configured to meet the distinct needs of each while being connected to each other in a native database-to-database method as necessary, leveraging open interoperability standards wherever possible. As a result, clinicians should experience no differences when they move from a VA system to a DoD system. These data should also be computable, or be made computable according to a specific schedule. VA should consider adding language to the RFP that specifically defines the degree of interoperability the solution will provide, ranging from basic file sharing to fully interchangeable, integrated and functionally identical patient records.

The Panelists also stated that, for VA and DoD collectively, the contractual language should include the following requirements:

- Performance measures to hold Cerner accountable for reducing the administrative burden in clinician workflow with the objective of increasing efficiency
- Capability for bulk data export based on standards, with no proprietary formats (e.g., Flat FHIR [Fast Healthcare Interoperability Resources])
- “Push” capability to insert new patient data back into the VA EHR / Cerner database.

Pivot the RFP to be Veteran-centric and not system-centric

The Panelists discussed the impact of EHR implementations on clinician workflow, describing the issue as one of approaching the implementation as an IT system implementation rather than the preferred Veteran- or clinician-centric implementation. The current RFP appears to be written in a system-centric way rather than leveraging use-cases to describe the Veteran or clinician experience or workflow to characterize the requirement. The Panelists recommended that VA incorporate use-cases to characterize requirements and amend the RFP language to emphasize the Veteran-centric objectives. In addition, Panelists noted that VA should recognize that EHRs do not currently maximize efficient clinical workflow, and that VA specify that the

¹ Healthcare providers is used to refer to community based physicians/specialist and hospitals.

solution present clinicians with relevant information where needed with a minimum number of “clicks to find.”

Topic Area: Leverage Current and Future Standards

The integrated EHR platform that DoD and VA are implementing provides the opportunity to significantly influence interoperability standards across the healthcare community, addressing gaps and competition among current standards. The Panel recognized that commercial health systems and technologies would realize only limited business value from making data portable between them, but this would lower the barrier to patient movement among healthcare providers.

Engage Cerner as an advocate of the VA and DoD position in all relevant standards-making bodies

The Panel recommended increased VA presence and leadership in national health IT standards-making activities, in coordination with the DoD. Additionally, VA should encourage Cerner to serve as an active advocate of the VA-DoD position and to participate actively in the development and/or evaluation of new standards, policy directives, operating procedures, processes, etc. As an integrated voting bloc, VA, DoD, and Cerner will have the potential to act as a strong driver of national standards. Panelists understood that VA is not currently active in the FHIR community or in the Health Level Seven International (HL7) Argonaut Project.

In addition, Panelists identified a need for standards to exchange patient-reported outcome data for integration into the clinician’s workflow. The current RFP language seemingly puts the burden on Cerner for the development of standards, and the Panel recommended that VA take a more active position. This will ensure that VA will participate and drive implementation when standards mature. Where standards are immature, VA must participate in efforts to accelerate standardization.

Require Cerner to implement all standards as defined by VA, current and future

Because it is unclear where health IT is heading in five years, the Panel strongly suggested VA include contract language to address possible future advancements in the form of standards as defined by VA. At a minimum, VA should seek maximum interoperability with community care organizations, using open interoperability standards wherever possible. This flexibility would ensure that VA does not rely on external stakeholders to determine the standards that VA would be required to accept. The Panel recommended that VA pay particular attention to specific categories of standards: real-time data read/write by care providers and Veterans; interoperability tools; seamless DoD and VA vision records; and principles for data normalization and structure. The Panel also recognized Cerner’s influence in ensuring that the CommonWell network interoperates at the highest possible levels with other networks including CareQuality—an influence that VA should continue to promote.

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VA must own its data; clear ownership and access are critical to success now and in the future

The Panel highlighted an important recommendation regarding data rights that was discussed in the prior VA EHRM Listening Forum on September 7, 2017. The Panel recommended that VA define who has what rights from the perspectives of data ownership, access, and sharing (e.g., VA owns the data and all data products vs. community care providers own the patient data vs. each Veteran owns all of his or her data). Determining the authoritative data source for the various elements of a Veteran's health record is an important Veteran-centric component of interoperability, the longitudinal record, and seamless access to data.

VA should define an enterprise-wide policy for all VA data. A suitable policy would include, but not be limited to, EHRM-specific data, and should be issued by the VA Central Office (VACO) or Veterans Health Administration (VHA). VA must have clear ownership of and access to all the information in the EHR and be able to move that information (into new systems or among systems) as needed, now and in the future. Owning the data ensures that it is available regardless of vendor or system. VA must include this in the Cerner contract. Technology innovations occur rapidly in the 21st century, and VA must have full ability to move its data to future systems.

Panelists also recommended that VA publish its data model, for instance to the National Library of Medicine, to further promote commercial interoperability investments. Lastly, Panelists encouraged VA to leverage its investment in the Open Source Electronic Health Record Alliance (OSEHRA) by providing seed money to develop open source connectors between Cerner and Epic, which would encourage other vendors to join in the effort.

Topic Area: Commit to Open, Standards-Based APIs

A significant technology enabler of seamless interoperability among the community of Veteran healthcare providers is the use of Application Programming Interfaces (APIs). These software intermediaries allow disparate EHR applications to communicate with each other and exchange data using standard, defined forms. The Panel emphasized the need for VA to create an environment that would minimize additional costs to community providers in order to interoperate with VA. VA can accomplish this by requiring the new EHR system to expose APIs that support bi-directional data transactions. The Panel further recommended that VA make a commitment to open, standards-based APIs, including the SMART on FHIR/Argonaut APIs, to facilitate the ready and efficient exchange of data with partners providing care in the community and to support open clinical workflow.

“So, what you need is clear access and clear ownership of your information...you need to have absolutely, undisputed, clear ownership and ability to move the data to any place you want to use it and use it in any way you want to use it when you get there. And not have them [Cerner] be able to say no, that’s our data or hinder you in any way or have an unreasonable charge to get it.”

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Establish clear publishing and access service requirements

The Panel recognized that data access requirements differ depending on who provides or accesses that data.

Therefore, the Panel recommended that VA be more specific in defining each level of data publishing and access service that is specific to (1) Veteran access (e.g., use of vets.gov); (2) VA clinician access; (3) partner access; and (4) Health Information Exchange (HIE) access. The RFP should include a clear description of identity and access management requirements, including user population types and the association of specific application permissions with particular roles/positions.

Machine-to-machine access is also critical for efficient sharing of information. The Panel recommended that VA ensure that all significant data stored in the software be accessible through APIs with no requirement for creation of custom applications to specifically access VA data. From a forward-looking perspective, VA should require that the EHR system support the ability to access data elements using open standards-based interfaces, and include the ability to interface with legacy data, patient-generated data, and third-party data that resides outside the EHR system. In addition, Cerner should provide the required utility services to support intermediary or peer-to-peer services (e.g., support Veteran-directed or Veteran-mediated requests, data exchange, and ingestion of data from non-VA providers).

“The Contractor should provide all of the data that is currently being provided in the Contractor's patient portal to the consumer via an open standards-based API gateway. The Contractor should also provide all of the reporting data required by federal law to the Veteran via an open standards based API framework, accessible via any application or third-party data store of the Veteran's choice, that's number one.”

Provide a VA application platform that supports APIs from third-party providers with no barrier to entry

Currently vets.gov serves as a portal to Veteran services. The Panel recommended that VA consider using such a portal to connect any third-party application to the EHR solution without requiring fees or vendor permissions. VA should have full

authority to connect any third-party application through one of the standard open APIs conformant with the vendor's API without pre-registering the application with the vendor. This is a very important authority to have in terms of the ability to innovate rapidly, without constraints.

“The API Gateway document is awesome ... world class and future looking.”

The Panelists also reviewed the proposed VA “API Gateway” language provided during the API discussion to anchor the dialogue and concurred that this requirement is fundamental to supporting interoperability. The Panel strongly endorsed the “API Gateway” language. Specifically, the Panelists recommended that VA include a requirement that VA have full authority to connect any third-party application to the Cerner system without requiring prior approval by Cerner. Furthermore, VA should ensure that developers of third-party applications connecting to the VA system via the open standard and VA-defined APIs continue to own their

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intellectual property (IP). From a usability perspective, the Panel also recommended that VA be able to establish the connectivity business rules, such as the ability for applications to remain connected for a reasonable time frame (e.g., 1 year) and to receive automatic notification about patient information updates.

Require implementation of Clinical Decision Service (CDS) Hooks to invoke decision support from within a clinician's EHR workflow

EHRs are essential to efficient delivery of high-quality care, as they provide the clinician with essential decision data at the time required. However, current EHR systems approach workflow from an IT system perspective rather than a clinician's perspective. The latter workflow should, of course, be paramount in the VA EHR implementation, and should also leverage a recent innovation called CDS Hooks. This technology provides the clinician with context-driven decision support and capability by enabling the EHR to trigger third-party services at key events that include ordering medication and opening a patient face sheet. For example, when the VA clinician begins to prescribe medication, a CDS Hook can call an external service that presents the clinician with the list of medications already prescribed to the patient by clinicians outside VA. The Panelists strongly recommended that VA require Cerner to implement and use CDS Hooks within the clinician workflow.

Topic Area: Use Community Care Contracts to Foster Interoperability

The new EHR system must be able to communicate with other EHR systems (e.g., Epic, AllScripts, etc.) within the care community. It is critical that VA ensure the Cerner EHR system remain robust for future interoperability with new products. Cerner must commit itself to supporting other forms of interoperability, such as a presentation layer that is common to other systems (e.g., the App store model). The Panel recommended that prior to execution of the Community Care Act contract VA require third-party providers (and Cerner competitors) to commit to supporting the contract as early adopters.

“Innovations going forward are going to come from multiple directions. And having those interfaces, and going with a general interoperability approach that doesn't fork off from what's happening in the rest of the healthcare system, will allow the Veterans to benefit from technology whether that's coming from Google, from a new company, from an innovative shop within VA -- you end up creating a market with good prices, high value.”

Veterans must be able to access and download a computable form of their health data

Panelists noted that access to data represents the biggest problem today. VA must clearly direct Cerner to expose data so it can be used by third parties. In the contract and in conversations with Cerner and third parties, VA must require specifics regarding how Veterans and providers will

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access and share their data. In addition, VA must require that any agreements leave the door open for future standards and technologies.

Panelists believed that VA could achieve this by invoking the principle that the data belongs to the Veteran, rather than by citing specific technologies and standards (given how rapidly they are evolving). Veterans must be able to invoke their right of access to data to support data exchange across all providers (e.g., pull data through an API on their smartphone and push it to their community care provider), now and in the future. Keeping pace with this requirement will drive continual innovation by Cerner and all providers.

VA must own the API layer

Cerner ownership of the API layer (across every customer) poses a real threat to achieving interoperability, speed of innovation, and cost efficiency throughout the network of community care providers. Panelists stated that it is of utmost importance that VA include specific language stipulating that VA and Veterans be able to use third-party applications without having to register them with Cerner. VA must control the API key, not Cerner.

Additionally, VA should require that Cerner provide access to MPages, a developer toolkit, and a programming interface that will enable innovators and third parties to develop APIs.

Require that community care contracts include VA EHR standards to support bi-directional data sharing

Panelists agreed that requiring the support and collaboration of community care providers and participating actively in health IT standards bodies would give VA the opportunity to advance the “national” standard for data sharing—closing any gaps and inconsistencies among federal, industry, and inter-industry standards. VA must require every provider in the chain of a Veteran’s care to support the same standards for data interoperability in order to ensure seamless, best possible care for Veterans. This includes the requirement that all providers and third-party applications, in exchange for using the VA-provided API gateway, provide bi-directional health information back to VA that can be used for context-driven clinical decisions and informatics.

Change the data exchange consent model from “opt in” to “opt out”

To encourage seamless interoperability across all entities providing care to Veterans, the consent model for exchanging data between healthcare providers must be modified to follow an opt-out rather than an opt-in policy, which limits participant numbers. This would allow Veterans to invoke their individual right of access under the Health Information Portability and Accountability Act (HIPAA) to move their data as needed. Many states have already adopted an opt-out consent policy as part of their HIE.² VA can achieve this by aligning its policy to an opt-

² See https://www.healthit.gov/sites/default/files/State%20HIE%20Opt-In%20vs%20Opt-Out%20Policy%20Research_09-30-16_Final.pdf

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out model, supported by the new VA proposed rule³ to allow HIEs to collect a Veteran’s consent and electronically attest to the consent to VA in order to obtain the required EHR.

Topic Area: Additional Contract Changes

In addition to the recommendations in the prior sections, the Panelists encouraged VA to add further definitions and clarity in the following areas:

- Require Cerner to provide VA with full read and partial write access to all data elements within the EHR, at VA’s sole discretion.
- Require Cerner to make the VA data model, standards, and other similar interoperability changes available in all other non-VA Cerner instances of its EHR platform.
- Clearly define “enabling security framework” so that users know if this means a specific security framework such as those provided by the National Institute of Standards and Technology (NIST), HITRUST, etc.
- Amend “national Common Trust Framework” to specifically refer to the intended source. The Panelists suggested that VA replace this wording with “Trusted Exchange Framework and Common Agreement (TEFCA)” as specified in the 21st Century Cures Act.
- Amend RFP Performance Work Statement (PWS) Section 5.10.4(i) to clarify if the “provider collaboration via secure e-mail using Direct standards” is limited to the Direct protocols and just the Cerner platform.
- Incorporate the model RFP language necessary for Cerner to support the API and SMART on FHIR platform and SMART-enabled applications, as described in Appendix B.

³ See <https://s3.amazonaws.com/public-inspection.federalregister.gov/2018-00758.pdf>

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II. Recommendations for RFP Changes

MITRE engaged Morrison & Foerster, LLP, as the independent and unbiased legal expert to identify the specific changes to the RFP language necessary to implement the recommendations made by the Interoperability Review Panel. MITRE provided Morrison & Foerster, LLP, with the summary recommendations and a copy of the RFP.⁴ In addition, MITRE collected specific ideas for contract language from the Panel. Appendix C presents all recommended RFP changes.

⁴ *Performance Work Statement for the VA Electronic Health Record Modernization System*, Final Version 1.7, Amendment 03, December 4, 2017, Department of Veterans Affairs. File name: 001 - VA EHRM IDIQ PWS (Amended 12.04.2017) - Copy.docx

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III. Observations from University of Pennsylvania Medical Center Site Visit

A delegation from VA and MITRE traveled to Pittsburgh, Pennsylvania, on January 19, 2018, for a meeting with representatives of UPMC Enterprises to discuss aspects of EHR interoperability that UPMC has successfully implemented over the past several years. The VA team, led by John Windom, included Dr. Ashwini Zenooz, (b)(6), John Short, and (b)(6).

(b)(6) The MITRE group included Richard Byrne, Jay Schnitzer, (b)(6)

(b)(6) and (b)(6) The hosts at UPMC included Dr. Rasu Shrestha, C. Talbot Heppenstall, Jr., Ed McAllister, Dr. Robert Bart, Adam Berger, Diane Michalec, Phyllis Szymanski, and Dr. Amy Urban, as well as additional staff.

The meeting was broken into four parts. Following introductions, Session 1 described the structure of UPMC. Session 2 covered UPMC's last decade of interoperability, and Session 3 centered on the road ahead for UPMC and industry.

Dr. Rasu Shrestha began the meeting by making the introductions and setting the agenda. He stated that UPMC's approach had followed a best-of-breed strategy, as opposed to a best-of-suite strategy, with the intention of failing fast and succeeding often. The overall UPMC structure has four parts: provider services, insurance services, international activities, and enterprises.

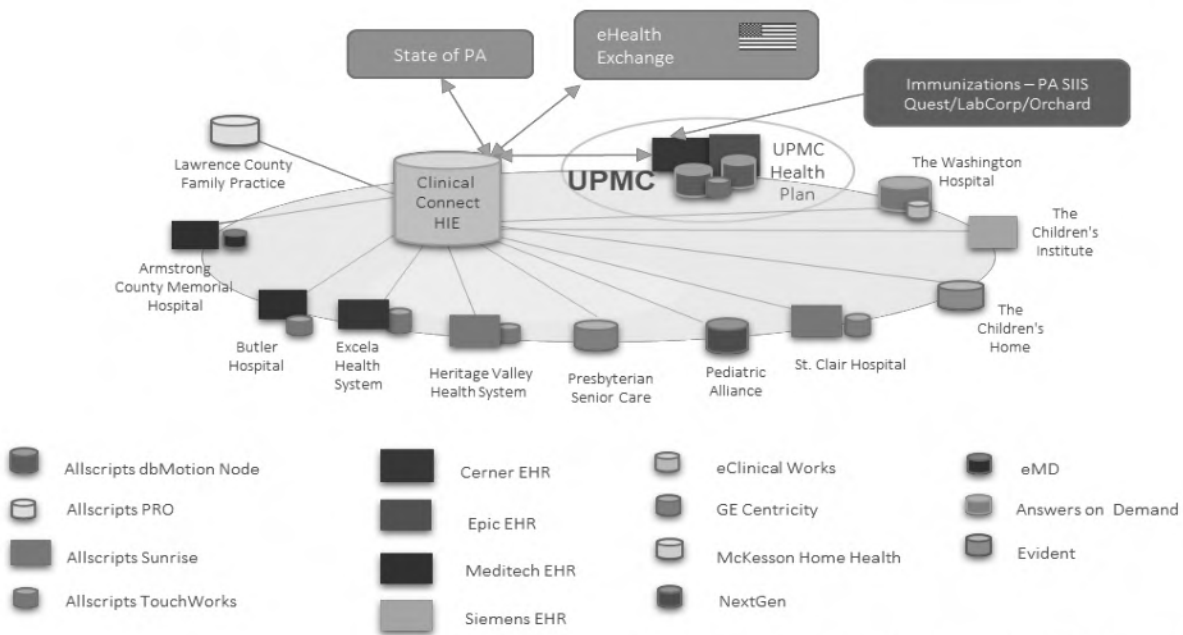
During the discussion of interoperability, the UPMC team described its approach to interoperability, called Connected Healthcare, which is based on the commercial product dbMotion of AllScripts. UPMC has created an entity titled ClinicalConnect HIE (CCHIE) that uses HL7. ClinicalConnect exists as a separate 501c(3) company, of which UPMC is a member. CCHIE contains 90 live interfaces. This HIE went live in June 2012; its members consist of 10 hospitals. It competes with three other HIEs in Pennsylvania. The repository contains data on 8.3 million patients, and, in terms of patient consent, CCHIE uses an opt-out model. It currently has connections to four EHRs: Cerner (two versions), Epic, and Varian. Data available within CCHIE spans allergies, clinical documents, diagnosis, encounters, immunizations, labs, medications, problems, and procedures. Much of this data is in the form of documents (Continuity of Care Document (HITSP C32 CCD format, including problems, allergies, and medications); unstructured clinical documents (HITSP C62 format); Consolidated Clinical Document Architecture (C-CDA CCD, including problems, allergies, medications, immunizations, procedures, and insurance); and HL7 Interface (ADT: encounters, documents, imaging documents, and labs only).

At the point of care dbMotion allows multiple views for the CCHIE: 1) a clinical view, 2) a newer view titled EHR agent, and 3) a Cerner MPage integration view. The next phase of the UPMC work in this regard will consist of integration with CommonWell. Figure 2 shows the architecture of the system. Figure 3 depicts the data feeds.

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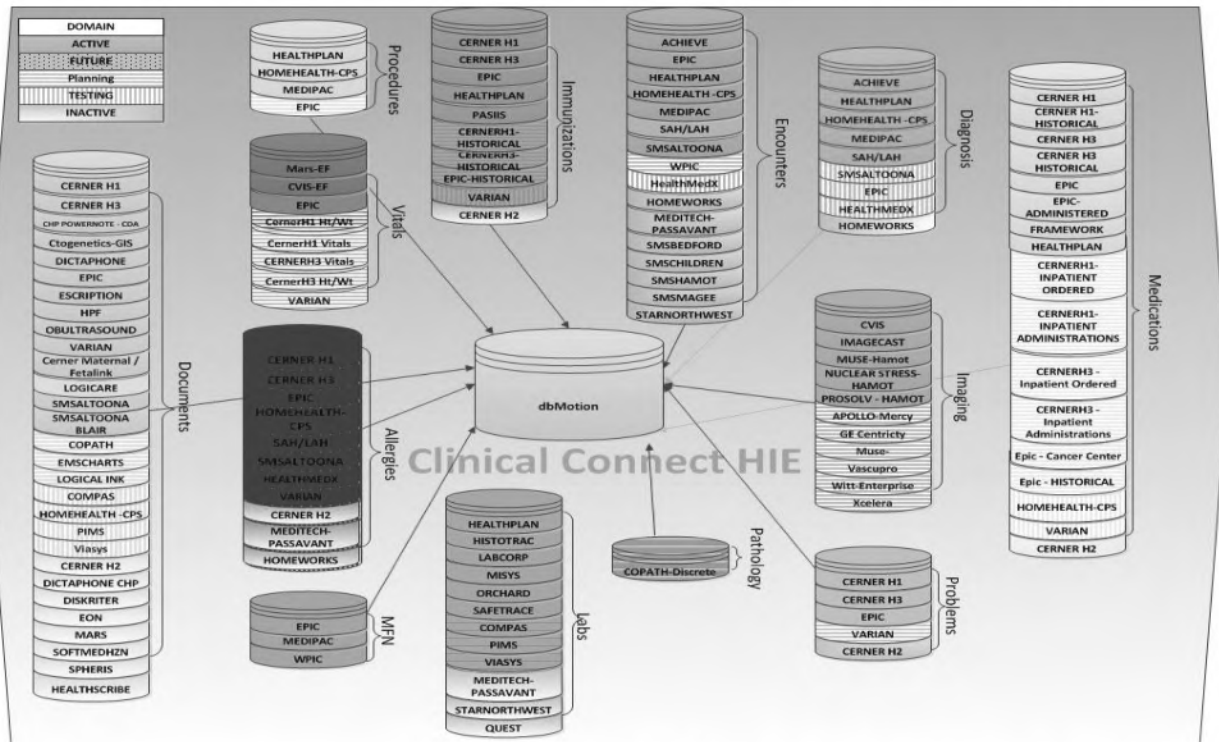
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Source: From UPMC Enterprises, used with permission, for VA use only

Figure 2. ClinicalConnect (Western Pennsylvania) Health Information Exchange



Source: From UPMC Enterprises, used with permission, for VA use only

Figure 3. Interoperability Data Integration

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When asked whether UPMC, or anyone else in the country, has a point-to-point Cerner-to-Epic interoperability solution that does not use an HIE, UPMC representatives responded “No.” Furthermore, UPMC representatives noted that about 10 percent of the total available individual patient data is currently transferred with UPMC’s interoperability system. This is complicated by an ongoing data explosion that doubles the amount of data in UPMC’s system about every 18 months.

Following the presentations and lunch, MITRE Chief Technology Officer Jay Schnitzer saw a live demonstration of CCHIE by Dr. Amy Urban and Dr. Rasu Shrestha. The live demonstration confirmed that all of the documents listed above are visible with equal fidelity and a very similar format from both the UPMC end and the community provider end and perspective. The system requires clinicians to know and understand where documents can be found, and sometimes requires multiple mouse clicks, but all documents can be accessed from the same EHR entry page with one single log in. Additionally, some data elements, including vital signs and labs, can be viewed in the form of graphs as a function of time, including data elements from multiple sources.

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IV. Closing Thoughts and Suggested Next Steps

The Panelists noted that VA cannot achieve true future EHR interoperability through the Cerner RFP alone, or through technology alone. The state of practice today shares only a small portion of available patient data. For VA to succeed in the future, multiple other components must be present and aligned: innovation, policy, standards, customer buy-in, and legislation, to name a few.

The following next steps are recommended for VA consideration:

1. Complete the RFP revisions, conduct appropriate negotiations with the Contractor expeditiously, and complete the Contract process as planned. Stand firm during negotiations to maximize ease of access to data and data models for building third-party APIs, applications, and services for future community innovations.
2. Work with other federal government agencies and departments with similar interoperability interests and concerns, including, but not limited to, the White House, DoD, Food and Drug Administration (FDA), Centers for Medicare and Medicaid Services (CMS), Office of the National Coordinator for Health Information Technology (ONC), and other parts of the Department of Health and Human Services, to align approaches to EHR interoperability and the development and support of standards government-wide.
3. Support future innovation approaches, including concepts such as an Interoperability Laboratory and outreach to the broader innovation ecosystem (major medical centers, academia, traditional and non-traditional healthcare providers, startups, individual entrepreneurs, others). It is critical to align the innovations planned in VA's Digital Veterans Platform to the VA EHR innovation efforts to ensure consistent, continuous improvements to clinician and Veteran health experiences.
4. Create an External Review Panel to provide continuous expert guidance, review, and feedback over the course of the implementation and help capture best practices from the expert community going forward. Conduct ongoing demonstrations of end-to-end Veteran use cases that require data sharing across organizational boundaries to validate improvements in Veteran healthcare and reduce burdens on healthcare providers. VA and Contractor will ensure that Federal Advisory Committee Act (FACA) guidelines are followed in leveraging any external review panels.

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Appendix A: Interoperability Review Forum Participants

Panelists	Title	Organization
Aneesh Chopra	President	CareJourney, former United States Chief Technology Officer
Charles E. (Chuck) Christian	Vice President, Technology and Engagement	Indiana Health Information Exchange
Ryan Howells	Principal	Leavitt Partners, LLC
Andrew Karson, MD	Director, Clinical Decision Support	Massachusetts General Hospital
Chris Klomp	Chief Executive Officer	Collective Medical Technologies, Inc.
Kenneth Mandl, MD	Professor, Biomedical Informatics Director, Computational Health Informatics	Harvard Medical School Boston Children's Hospital
Frank Opelka, MD	Medical Director, Quality and Health Policy	American College of Surgeons
Peter Pronovost, MD, PhD	Director, Armstrong Institute for Patient Safety and Quality Senior Vice President, Patient Safety and Quality	Johns Hopkins University
Christopher J. (Cris) Ross	Chief Information Officer	The Mayo Clinic
Carla Smith	Executive Vice President	The Healthcare Information and Management Systems Society
Paul R. Sutton, MD, PhD	Professor, Biomedical Informatics and Medical Education Associate Medical Director, Inpatient IT Systems, UW Medicine IT Services	University of Washington

VA Participants	Title	Organization
David J. Shulkin, M.D.	Secretary	Department of Veterans Affairs
Carolyn Clancy	Executive in Charge, Veterans Health Administration	Department of Veterans Affairs
Bill James	Acting Assistant Secretary, Office of Information & Technology	Department of Veterans Affairs
John Windom	Program Executive for EHRM and Special Advisor to the Under Secretary for Health	Department of Veterans Affairs
Dr. Ashwini Zenooz	Chief Medical Officer, EHRM; Deputy, Office of Deputy Under Secretary for Health Policy & Services, VHA	Department of Veterans Affairs
John Short	Chief Technology Officer, EHRM; Executive Director of Information Technology System Modernization	Department of Veterans Affairs
(b)(6)	Portfolio Lead: Project Transition and VA Integration, VA Center for Innovation	Department of Veterans Affairs
Camilo Sandoval	Senior White House Advisor, VHA	Department of Veterans Affairs
(b)(6)	Senior Advisor to the Secretary on Strategic Partnerships	Department of Veterans Affairs
(b)(6)	Contracts	Department of Veterans Affairs
Kyle Sheetz	White House Fellow	Department of Veterans Affairs

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Other Federal Government Participants	Title	Organization
(b)(6)	Senior Advisor, Office of Administration	The Centers for Medicare & Medicaid Services
Chris Liddell	Assistant to the President for Strategic Initiatives	The White House, Office of American Innovation
Bruce Moskowitz, M.D.	Internist	External Expert Participant
Shannon Sartan	Director, Digital Services	The Centers for Medicare & Medicaid Services
Dr. Lauren Thompson	Director	DoD/VA Interagency Program Office
Jon White	Deputy National Coordinator for Mental Health	The United States Department of Health and Human Services/The Office of the National Coordinator for Health Information Technology

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Appendix B: RFP Language for Purchasing Extensible Health IT

From <https://smarthealthit.org/2017/08/draft-model-rfp-language-for-purchasing-extensible-health-it/>, as of January 15, 2018.

SMART Platform (www.smarthealthit.org) is a project that lays the groundwork for a more flexible approach to sourcing health information technology tools. Like Apple and Android's app stores, SMART provides the means for developers to create and for health systems and providers to easily deploy third-party applications in tandem with their existing electronic health record, data warehouse, or health information exchange platforms.

To deploy SMART-enabled applications, health systems must ensure that their existing health information technology infrastructure supports the SMART on FHIR API. The SMART on FHIR starter set detailed below lists the minimum requirements for supporting the API and SMART-enabled applications. You may wish to augment this list of minimum requirements with suggestions from the Add-On Functionality listed depending on the types of applications your organization wishes to deploy.

This document is intended as a resource for providers and health systems as they draft Request for Proposals (RFPs) and negotiate with their HIT vendors for added functionality. It has multiple authors from across the SMART team and its advisors. Feedback is welcome.

The vendor must support the SMART on FHIR platform, a vendor agnostic API that allows third-party developers to build external apps and services that integrate with the vended product.

At a minimum, the vendor product should include the following components in order to support SMART on FHIR and SMART-enabled applications:

Data Access

- Provide automated, standards-based, read-only access through the FHIR API and FHIR data models (resources) to:
 - a well-defined set of real-time discrete data (including support for the API parameters and resources described in the Argonaut Implementation Guide)
 - free-text clinical notes

Data Manipulation

- Write structured data from third-party apps back to the organization's EHR and, where relevant, a data warehouse, using the FHIR REST API to communicate data including:
 - free-text clinical notes

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Standards-Based App Authorization

- Protect data and identity endpoints with standards-based authorization mechanisms (including the OAuth2 profiles described in the Argonaut Implementation Guide).
- Provide access to data endpoints with an approach that does not require user intervention subsequent to the initial setup such as the method described in the draft SMART Backend Services Profile (<http://docs.smarthealthit.org/authorization/backend-services/>) Provide capability to restrict this access to a specified set of patients (roster).
- Enable Health System to connect any third-party app of their choice that is conformant with the API without pre-registering the app with HIT Vendor.
- Enable patients to connect any third-party app of their choice that is conformant with the API without pre-registering the app with HIT Vendor through the OAuth Dynamic Registration protocol.
- Provide OAuth refresh tokens with a duration of one year to patient and provider facing apps that support the SMART Client Secret profile.

Identity Management

- Act as a standards-based Identity Provider using OpenID Connect. This ensures that users can authenticate to plug-in apps using single-sign-in via their existing EHR or patient portal credentials.
- Act as a standards-based relying party to a customer-selected Identity Provider using OpenID Connect. This ensures that users can sign into the EHR or patient portal using an external, hospital-supplied single-sign-on account.

Workflow

- Support standards-based embedding of external application UI (HTML5). This ensures that app developers can build Web apps, and these apps can run directly inside of the EHR.
- Support the launch of external applications in the clinician's workflow (this is not limited to the EHR and should include non-EHR integrated tools such as smart phones and tablets). For example, a clinician that has opted to use a third-party-developed native iPad app to visualize a patient's BMI over time can seamlessly use the application alongside the EHR via single-sign-on.
- Support notifications to and from running applications. For example, an embedded app can notify the EHR when the user is "done" with it.

Add-On Functionality

The provider organization may also want to consider the following additions to its RFP depending on the types of applications it wishes to develop and run in the future.

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Bulk Data Export

- Provide automated access to bulk export of data (complete representation of all data in the MU Common Clinical data set as well as free text notes) using a method like the SMART Flat FHIR draft proposal (<http://docs.smarthealthit.org/flat-fhir>)

Data Manipulation

- Write structured data from third-party apps back to the organization's EHR and, where relevant, a data warehouse, using the FHIR REST API to communicate data including:
 - medication prescriptions
 - lab and diagnostic imaging orders
- Support the dependent transactions necessary to ensure that actions completed by third-party applications using the API are valid in the EHR and data warehouse.

Context-Specific Service Hooks

- Support the ability to call an external standards-based service in specific workflow steps, through the CDS Hooks specification, including:
 - opening a patient record
 - new prescriptions
 - new lab orders
 - new imaging studies

Intellectual Property

The IP of any app integrated through the SMART on FHIR API belongs to the author and not the vendor.

Custom SMART on FHIR Extension to a Proprietary API

Should a vendor neglect to provide SMART on FHIR natively, the client has the right to provide a custom extension to the vendor's API. The ownership of the IP for the custom extension is negotiable between the client and the vendor, but the ownership of the app using the custom extension belongs to its author.

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Appendix C: Recommended RFP Interoperability Language Changes

The table below captures the recommended changes to the VA EHRM RFP.

Item No.	Independent External Review Recommendations	EHRM RFP Section(s) Affected and Additional Comments	MITRE Recommended Change(s) to the EHRM RFP	VA Adjudication
Commit to Full VA-DoD Interoperability				
1	Define specific capability performance requirement and mechanisms to hold Cerner accountable for reducing the administrative burden in clinician workflow with the objective of increasing efficiency.	<p>The IDIQ RFP PWS Section 5.1.11 speaks to overall EHRM value and performance management monitoring, measurement and reporting. Performance metrics will be defined and enforced at the task order level, since, for example, hosting metrics will be significantly different from deployment metrics.</p> <p>The RFP Section 8.6 refers to the use of Quality Assurance Surveillance Plans (QASP), which will include Functional and Non-Functional Key Performance Indicators (KPIs). The QASP will evolve as the EHRM solution and technology matures and is intended to establish Contractor accountability to what VA requires and values.</p>	None.	Concur.

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Item No.	Independent External Review Recommendations	EHRM RFP Section(s) Affected and Additional Comments	MITRE Recommended Change(s) to the EHRM RFP	VA Adjudication
2	Define specifically the <i>span</i> of providers who can properly interface with VA under a proposed solution (the number of community providers who would be able to interface with VA under a solution as a function of cost to the provider).	RFP Section 5.2.1(j) states that “The EHRM solution shall support access via tablet or mobile device as adjudicated by joint governance. Platform specifics will be identified by VA at a TO level.” Section 5.10.4 states that "The Contractor is required to collaborate with VA affiliates, community partners, EHR providers, healthcare providers, and vendors to advance seamless care throughout the healthcare market.”	Suggest amending the language in RFP Section 5.2.1(j) to: “Support broad access via tablet or mobile devices and pursue technology to reduce the burden to the clinicians (e.g., providing third-party provide access to information using light-weight portals and support for future generation mobile devices). Platform specifics shall be adjudicated by joint governance and incorporated by VA at a TO level.”	Concur. Will negotiate with Cerner for inclusion of language.
3	Define the <i>degree</i> of interoperability the solution provides (ranging from basic file sharing to fully interchangeable, integrated and functionally identical patient records).	RFP Section 5.10.4 speaks to interoperability and provides sufficient breadth to introduce any additional information exchange requirements in the future, at the sole discretion of VA. Requirements Traceability Matrix (RTM) VA-FR-31 discusses specifics of data management, types of data to be exchanged, and methods of communication.	Suggest adding to RFP Section 5.10.5: "m) The Contractor shall conduct an annual Interoperability Self-Assessment against standards that shall be specified by VA, such as those promulgated by HIMSS or future standards to be identified by VA.”	Concur. Will negotiate with Cerner for inclusion.

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Item No.	Independent External Review Recommendations	EHRM RFP Section(s) Affected and Additional Comments	MITRE Recommended Change(s) to the EHRM RFP	VA Adjudication
4	Pivot the RFP to be Veteran-centric and NOT system-centric. Be mindful that lessons learned are that many EHRs do not currently maximize efficient clinical workflow, so build that in (e.g., using CDS Hooks) and present information where needed with minimum "clicks to find" to reduce clinician burden.	<p>RFP Section 5.2.1 speaks to the EHR application supporting workflows.</p> <p>Section 5.5.1 Workflow development and normalization addresses configuration of workflows to meet VA requirements.</p> <p>Section 5.5.7 Organizational Change Management discusses optimizing workflows for each clinical role.</p> <p>Section 8.6 refers to the use of Quality Assurance Surveillance Plans (QASP) which provides active, continuous measurement against the extensive performance requirements captured in Appendices A-1 and A-2: EHRM Key Performance Indicators to ensure a Veteran-centric approach.</p> <p>RTM section VA-FR-33 requires adoption, development and maintenance of metrics to assess timeliness and quality of healthcare delivery to the patient population.</p> <p>The current RFP language can be clarified to specifically refer to the improvement on Veteran-centric delivery.</p>	<p>Suggest adding to RFP Section 5.5.1: "k) Provide an understanding of how all workflows will impact VA care coordination and management processes (e.g., incorporating community information) to improve Veteran-centric delivery."</p> <p>Also add to Section 5.5.1: "l) Configure workflows to incorporate all community data at the discrete level in support of clinical decision support, care management, disease management. The clinical workflow within the EHR should not require users to visit additional screens to view externally sourced data."</p> <p>See Item 29 for specific recommendations on CDS Hooks.</p>	Concur. Will negotiate with Cerner for inclusion.
5	Require Cerner support end-to-end use cases with major external stakeholders involved.	RFP Section 5.2.1 speaks to the EHR application supporting workflows. The Contractor can only be held responsible for elements of the end-to-end use case that reside within their system.	Suggest adding to RFP Section 5.2.1: "Testing conducted under the Test and Evaluation Program Plan may include specific workflows to inform a demonstration of end-to-end clinical use cases involving external stakeholders."	Concur. Will negotiate with Cerner for inclusion.

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Item No.	Independent External Review Recommendations	EHRM RFP Section(s) Affected and Additional Comments	MITRE Recommended Change(s) to the EHRM RFP	VA Adjudication
6	Develop detailed data flow requirements between Cerner and all other vendors, be specific using clinical workflow or Veteran/patient-centric use cases.	Detailed data flow requirements should not be part of the RFP as it will result in the limitation of functionality to the specific data flows specified. They will be part of the Test and Evaluation Plan (TEP), where data flows can be added or modified. However, RFP Section 5.5.1 does not indicate that the external community data and end-to-end workflows will be considered in the configuration of standard EHRM workflows.	Suggest adding to RFP Section 5.5.1: “j) The Contractor shall enable configuration of the application that supports external community data without requiring the clinician to go to special screens to see and use external data.”	Concur. Will negotiate with Cerner for inclusion.
7	Specifically define the machine-data readability expectations to ensure interoperability between legacy, community care providers, and Cerner (e.g., notes fields).	RTM VA-FR-31 Requires the ability "to manage data structures that are standardized, accessible and editable." Specific requirements are to be incorporated into Task Orders, according to the structure of the contract.	See Item #34 for recommended changes to incorporate the SMART on FHIR and SMART-enabled applications. See Item # 49 for recommended changes to incorporate sharing of the EHRM data model and to improve the amount of computable data shared with community care providers. Suggest VA obtain a description from the Contractor that describes the current baseline of shareable data elements that are computable.	Concur. Will request information from Cerner.
8	Document the DoD-VA EHR Exchange Framework - it can serve as a starting point for the National model.	This is information that should be included as part of acquisition baseline developed by EHRM Program Management Office technical activities.	None.	Concur.
9	Require ability for bulk data export.	RFP Section 5.10.4(g) requires the Contractor to provide a software solution for multilateral standards-based ingestion, normalization, storage and exporting of Health Information Exchange acquired Veteran health information.	None.	Concur.

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Item No.	Independent External Review Recommendations	EHRM RFP Section(s) Affected and Additional Comments	MITRE Recommended Change(s) to the EHRM RFP	VA Adjudication
10	Require "push" capability to send data back in to VA EHR / Cerner database.	RFP Section 5.10.4(g) requires the Contractor to provide a software solution for multilateral standards-based ingestion, normalization, storage and exporting of Health Information Exchange acquired Veteran health information.	None.	Concur.

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Item No.	Independent External Review Recommendations	EHRM RFP Section(s) Affected and Additional Comments	MITRE Recommended Change(s) to the EHRM RFP	VA Adjudication
11	<p>Require that VA drive and own the analytical algorithms and not rely on Cerner. Require that VA health organizations be involved in building the logic models with the community and the vendor.</p>	<p>RFP Section 5.1.5 requires the Contractor provide requirements development support but does not include who is responsible for coordinating the community input on the logic models.</p> <p>RFP Section 5.1.7 requires the Contractor support data management but does not state that VA shall provide the analytical algorithms.</p> <p>RFP Section 5.5.1(e) requires the Contractor support robust semantic modeling for the information associated with the workflows. Further detail to achieve this recommendation is also detailed in the Functional Requirement documentation, specifically VA-FR-31. VA should lead and own the analytical algorithms as it is in the best interest of the health community. By owning the algorithms, VA will take the lead on coordinating the effort, but the Contractor will actually develop the algorithms.</p>	<p>Suggest adding to RFP Section 5.1.5: "While the Contractor shall provide such support, VA reserves the right to take the lead on coordinating input from the user and provider communities. VA may, at its discretion, incorporate analytics from other entities, and include them in its future Digital Veterans Platform, with which the EHR must be fully compatible and interoperable."</p> <p>Suggest adding to RFP Section 5.1.7(b): "based on community and VA coordinated analytic algorithms."</p> <p>Suggest adding to RFP Section 5.5.1(e): "VA and its agents shall have unlimited rights to all resulting models and algorithms."</p> <p>Suggest adding to RFP Section 5.5.1(f): "which modeling shall be based on analytical algorithms and data models (1) developed by the Contractor, (2) co-developed by the Contractor in coordination with VA health organizations and the community, (3) developed by VA health organizations, or (4) provided by third-party developers. VA and its agents shall have unlimited rights to all algorithms and logic models incorporated in the EHRM solution, and intellectual property rights will be handled in accordance with § H.2 of the Contract "VA EHRM IP License Agreement" on a Task Order basis."</p>	<p>Concur. Will negotiate with Cerner for inclusion.</p>

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12	Enhance the data quality management requirements to ensure Cerner is responsible for maintaining and resolving data quality issues.	RFP Section 5.1.8 Requires the Contractor to be responsible for data migration, but RFP Section 5.1.7 does not include a requirement for the Contractor to manage data quality internal to its systems.	Suggest adding to RFP Section 5.1.7: "j) Maintain backward compatibility of the EHRM solution in such way as to maintain the quality of the data, to ensure that, once captured, the Government has access to and computational use of the data regardless of the evolution of the EHRM or age of the data k) Identify data quality issues found in data sourced from systems beyond its operational remit, applying the same validations and quality standards to incoming external data that it performs for data originated natively within the EHRM solution. Where the principle of seamless care requires that EHRM accept data that does not meet its internal data quality standards, Contractor shall implement the solution so that any incoming data that does not meet EHRM data quality standards be clearly flagged as such and provide both process and user interface to allow incorrect or missing data to be remedied if possible."	Concur.
13	Define the common identity and access management approach Cerner and others will adopt (e.g., using the Vets.gov identity as the coordinating identity).	RFP Section 5.5.2 describes the required approach to identity and access management across population types and roles. DoD/VA are aligning their efforts to address this going forward.	None.	Concur.
14	Adopt the DoD approach to data and system security.	RFP Section 5.4: Information System Authorization, Testing and Continuous Monitoring describes the security approach for the shared DoD/VA authorization boundary. Joint DoD/VA Strategy will be executed.	None.	Concur.

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15	Share the VA's security approach to medical and endpoint security with DoD for opportunity to leverage and harmonize.	RFP Section 5.4: Information System Authorization, Testing and Continuous Monitoring describes the security approach for the shared DoD/VA authorization boundary. Joint DoD/VA Strategy will be executed.	None.	Concur.
16	Require Cerner to make the VA data model, standards, and other similar interoperability changes available in all other non-VA Cerner instances of its EHR platform.	RFP Section 5.10.4.1 requires opportunity for agreed upon Contractor proprietary information/data model extension points (e.g., ingestion and record APIs) to be provided to both international and national standards designating organizations, however, this does not include providing the capability to other Cerner users, which would extend Cerner interoperability across the community.	Suggest adding to RFP Section 5.10.4.1: "The Contractor shall provide VA access and usage rights into any underlying proprietary terminology/code systems for the purpose of enhancing national standards to address any gaps identified in the EHRM solution. The Contractor shall also make the interoperability capabilities and product enhancements developed under this contract available to non-VA Cerner clients."	Concur. Will negotiate with Cerner for inclusion of language.
17	Clearly define "enabling security framework." Does this mean a specific security framework such as NIST, HITRUST, etc.	VA Requirements Traceability Matrix Non-Functional requirements provides the security requirements to include Access Management, Identity Management, and Information Assurance/Security. RFP Sections 5.4 Information System Authorization, Testing and Continuous Monitoring and 5.5.2 Identity and Access Management provide additional clarification on the security requirements.	None.	Concur.

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Leverage Current and Future Standards				
18	Specifically describe what and how you can read, write, and reconcile re: health data.	Requirement VA-FR-31 describes data management requirements: standardized data and coding terminology systems; use of government endorsed messaging and content standards for interoperability; management of data elements from various entry points etc. The current requirement does not provide understanding of which data elements are being exchanged and the degree of interoperability/ computability supported.	Suggest adding to RFP 5.10.4(m): “The annual assessment will report on the state of each data element (e.g., which are supported in what capacities and in which formats). This will help assure standards implementation consistency and assure standards compliance with evolving national standards.”	Concur. Will negotiate with Cerner for inclusion of language.
19	Define who has what rights from a data sharing perspective, impacting APIs (e.g., VA owns the data + all data products vs. Community care provider owns their treatment info on patient vs. patient owns all their own data.)	Requirement VA-FR-31 and RFP Section 5.1.7 describe data management requirements (including syndication). Section 5.5.4 requires “all, significant data stored in the software is accessible through API’s” however clarification is needed to ensure access to all data originating from alternate VA-designated authoritative sources.	Suggest adding to RFP 5.5.4: “l) Provide standards-based API access (e.g., FHIR) to all patient data from the VA-designated authoritative data sources for the patient’s record within the Contractor’s product suite.”	Concur. Will negotiate with Cerner for inclusion of language.
20	Identify the authoritative source for the various elements of a Veteran's health record.	RFP Section 5.1.4 requires the Contractor to provide support in the development and/or evaluation of new Standards, Policy Directives, Operating Procedures, Processes, etc. Broader recommendation beyond the scope of the EHRM RFP is for VA to define the authoritative source policy for all VA data. This is not an EHRM specific policy and should be issued by VACO or VHA.	Suggest adding to RFP 5.5.4: “j) assist VA in defining and establishing the authoritative data sources associated with each data element in the EHR (e.g., where it is available and who has access to the information).”	Concur with the language for 5.5.4.

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21	Increase the VA presence and leadership role in standards-making bodies (e.g., Argonaut).	Increasing VA presence and leadership roles in standards-making bodies is an entirely separate recommendation that is not related to the IDIQ.	None.	Concur.
22	Include requirement for Cerner to support VA as an advocate to VA position on all relevant standards-making bodies.	RFP Section 5.1.4 requires Contractor support in the development and/or evaluation of new standards, policy directives, operating procedures, processes and/or assessments on their impacts when implemented.	None.	Concur.
23	Require Cerner to implement all standards as defined by VA.	Requirements Traceability Matrix VA-NJ-177 defines interoperability data standards and specifically cites support of the health data standards identified in the VA-DoD Health Information Technical Standards Profile and by the VA-DoD Interagency Clinical Informatics board.	None.	Concur.
24	Clarify the intended reference in the phrase “national Common Trust Framework.” Does this refer to the Trusted Exchange Framework and Common Agreement (TEFCA) specified in the 21st Century Cures Act?	RFP Section 5.10.4(h) refers imprecisely to the "national Common Trust Framework."	Suggest replacing the phrase in RFP Section 5.10.4 h) "national Common Trust Framework" with “Trusted Exchange Framework and Common Agreement (TEFCA).”	Concur. Will negotiate with Cerner for inclusion of language.
25	Clarify if the “provider collaboration via secure e-mail using Direct standards” is limited to the Direct protocols and just the Cerner platform.	RFP Section 5.10.4(i) requires the Contractor, by IOC, to "provide a capability for provider collaboration via secure e-mail using Direct standards within a Cerner Millennium EHR workflow context."	Suggest adding to RFP Section 5.10.4(i): "the ONC Direct protocol or future VA-designated standard."	Concur. Will negotiate with Cerner for inclusion of language.

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Commit to Open, Standards-Based APIs				
26	Be specific about the VA publishing / access service requirements.	RFP Section 5.5.4 includes requirements that all significant data stored in the software is accessible through API's with no requirement for creation of custom applications to specifically access VA data. RTM VA-NF-7 requires the system to support the ability to access data elements using open standard-based interfaces including legacy data. Clarification is needed to ensure the intention to pursue standards-based APIs.	Suggest adding to RFP Section 5.5.4 – “standards-based” in front of APIs.	Concur. Will negotiate with Cerner for inclusion of language.
27	Define in the contract the VA publishing / access services specifically for (1) Veteran access services (e.g., vets.gov), (2) VA clinician access services, (3) Partner access services, and (4) HIE access service.	RFP Section 5.5.2 describes identity and access management requirements including user population types and the association of specific application permissions tied to roles/positions. RTM VA-NF-6 through 48 describe specific access services required.	None.	Concur.
28	Ensure external API developers can host their apps on an app platform that is NOT controlled by Cerner (and therefore does not require Cerner licensing and approval).	RFP Section 5.1.8(d) requires the contractor analyze and propose a way forward for the capability for external apps to use HealthIntent as a data source. Section 5.5.4 requires the contractor to support data exchanges via the API gateway. Section 5.10.4.2 requires the contractor to work in good faith to integrate the EHRM with the Digital Veterans Platform API gateway.	Suggest replacing the second sentence in 5.10.4.2: “The Contractor shall integrate the EHRM to interoperate with DVP or future state VA platform.”	Concur. Will negotiate with Cerner for inclusion of language.

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29	Include requirement for Cerner to provide CDS Hooks to support open clinician workflow.	RFP Section 5.8 requires the contractor provision robust data analysis toolsets that allow, among other things, analytics and Clinical Decision Support (CDS). VA-NF-T26 requires "integration with Cerner via standards-based interfaces (including but not necessarily limited to support for FHIR APIs and/or OMG CDS API/ HL7 CDS APIs (e.g., CDS Hooks)".	None.	Concur.
30	Specify the required utility services to support intermediary or peer-to-peer services; e.g., support Veteran-directed or Veteran-mediated request, exchange, and ingestion from non-VA providers (via APIs where available).	RFP Section 5.10.4(c) requires "the Contractor shall provide a software solution enabling VA to release and consume, via on-demand access, a Veteran's complete longitudinal health record to and from DoD and connected community partners. The longitudinal record solution shall support Provider-to-Provider record sharing, as well as Provider-Veteran-Provider sharing (Veteran mediated record sharing), including appropriate consent management."	Suggest adding ", regardless of which EHR they use" after "connected community partners...to and from DoD and connected community partners, regardless of which EHR they use."	Concur. Will negotiate with Cerner for inclusion of language.
31	Require that VA has full authority to connect any VA-approved, secure third-party app with the Cerner system, without Cerner approval.	RFP Section 5.7.1 requires the contractor provide on-site integration for devices connecting to the Contractor system. VA is fully responsible for the security of its systems and protection of its data.	Suggest adding to 5.7.1b: "including via the Digital Veterans Platform...support for VA-approved third-party apps connecting to the Contractor system, including via the Digital Veterans Platform." Suggest adding to 5.7.1 – "g) Permit and approve connecting all VA approved secure apps without additional fees or licensing."	Concur. Will negotiate with Cerner for inclusion of language.

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32	Ensure the API developers retain their IP rights when their API is used to connect to the Cerner interface.	<p>RFP Section 5.5.4 sets forth requirements with respect to APIs, including paragraph (e), which provides for the provision and maintenance of a Developer Portal.</p> <p>Section 5.10 generally promotes innovation while 5.10.4.2 requires the Contractor to support the Digital Veterans Platform (DVP) API gateway which is intended to provide a neutral application platform for third party APIs.</p> <p>Additional language is required to promote innovation in the creation of third party applications by removing derivative or cascading intellectual property restrictions/ constraints.</p>	Suggest adding to RFP 5.5.4(e): " and provide policies and procedures for the use of the Developer Portal(s) and APIs that promote innovative third-party API development" and "Third party API developers shall retain their IP rights when their API is used to connect to the Cerner interface, and there will be no derivative IP ownership when third parties consume Cerner terminology through open APIs."	Concur. Will negotiate with Cerner for inclusion of language.
33	Require the ability for 3rd party apps to remain connected to the Cerner system and receive automatic notification on updates (e.g., vaccination). Allow the app to connect without being cut off in accordance with VA security requirements.	RFP Section 5.7.1 requires the contractor provide on-site integration for devices connecting to the Contractor system.	<p>Suggest adding to RFP Section 5.7.1(b): "support for third-party apps connecting to the Contractor system."</p> <p>Suggest adding the following new paragraphs (ii) and (iii) to RFP Section 5.7.1(b): "ii. Provide ability for third-party apps to remain connected to the Contractor system in accordance with VA security requirements and receive automatic notification on updates; and iii. Allow the app to remain connected without interruption lasting longer than a certain period of time to be approved by the Government."</p>	Concur. Will negotiate with Cerner for inclusion of language.

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34	Incorporate the model RFP language necessary for Cerner to support the API and SMART on FHIR platform and SMART-enabled applications.	RFP Section 5.10.4 and the Requirements Traceability Matrix refer to SMART and FHIR based applications but do not incorporate all elements of the suggested functionality such as the support for standards-based embedding of external application UI (HTML5).	Suggest adding to RFP Section 5.10.4: "In addition, the software and services shall support the VA designated standards, such as SMART on FHIR and SMART-enabled applications, or published standard at the time."	Concur. Will negotiate with Cerner for inclusion of language.
Use Community Care Contracts to Foster Interoperability				
35	Before the contract is signed, get Care Act providers and Cerner competitors to commit to support the contract as early adopters.	Pre-contractual activity and pertains to future strategic discussions to drive interoperability in the marketplace.	None.	Concur.
36	Require publication of the EHRM /Cerner clinical data model in the National Library of Medicine (following the Kaiser example).	RFP Section 5.10.4.1 states: In support of the interoperability objectives under this Section, agreed upon Contractor proprietary information/data model extension points (e.g., ingestion and record APIs) may be provided to both international and national standards designating organizations as described and set forth in an applicable Task Order.	None.	Concur.
37	Require the Veteran to be able to invoke their right of access to data as the intermediary to support data exchange (e.g., pull through their API on phone and push to their community care provider).	RFP Section 5.7.1 requires support to Veterans ensuring they can effectively navigate the HealthLife patient portal and Wellness programs to effectively manage their health.	Suggest adding to RFP Section 5.7.1(c): "using mobile apps, thin-client and thick-client solutions" and "Veterans shall be able to enable sharing of their health data with their community care providers in accordance with all VA-designated national standards."	Concur. Will negotiate with Cerner for inclusion of language.

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38	Require Cerner and the Community Care provider applications provide bi-directional health information in exchange for using the VA-provided API gateway.	RFP Sections 5.10.1, .2, and .3 require support for innovation and other development activities. Section 5.10.4(c) requires "a software solution enabling VA to release and consume, via on-demand access, a Veteran's complete longitudinal health record to and from DoD and connected community partners." VA-NF-61, -63, and -65 requires bi-directional interface in support of Pharmacy. This requirement can be fulfilled by a flat file and does not require the data to be computable.	Suggest adding to RFP Section 5.10.4(c): "The bi-directional health information exchange shall maximize use of discrete data that supports context-driven clinical decisions and informatics."	Concur. Will negotiate with Cerner for inclusion of language.
39	Shift VA policy enabled by the Choice Care Act from "Opt-In" to "Opt-Out" such that the starting assumption is that data can be shared unless the Veteran "opts out."	Review and revise VA policy.	None.	Concur.
Other				
40	Analyze and understand the operational cost to VA to implement and operate under the proposed solution.	Analysis of cost information is not part of a IDIQ contract. It will be done as part of the standard PMO processes.	None.	Concur.

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41	Incorporate requirement that subsequent updates and improvements to the Cerner solution is part of the baseline contract (and cost).	RFP Section 5.2.3 Software Maintenance requires: The Contractor shall provide its commercial support and maintenance services described in its End User License Agreement. Leveraging Contractor's best practices and agreed upon upgrade schedule between DoD and VA, software maintenance includes all releases of the software such as major releases, minor releases, maintenance releases.	None.	Concur.
42	Address the differences between federal and state privacy laws - policy that Federal laws take precedence over state laws.	Federal and state privacy laws can only be addressed through legislation.	None.	Concur.
43	Ensure VA has no gag order: Require Cerner to allow open, public sharing/reporting (e.g., screen shots) on issues or errors with the EHR solution (e.g., if there is a known anomaly, that anomaly and its work-around is shared with the Cerner user community).	RFP Section 5.3.3 - System Quality and Performance Measures and Monitoring is appropriate to capture this requirement. There is no explicit contractual language requiring the contractor to disclose issues or efforts, nor is there language explicitly preserving the right of VA to share such information.	Suggest adding to RFP Section 5.3.3: "Contractor is responsible for reporting all issues or errors associated with the EHR solution and acknowledges and agrees that errors shall not be considered confidential, proprietary or trade secrets, and accordingly, shall be releasable to VA or its agents. VA retains the right to share any issue, error or resolution approach."	Concur. Will negotiate with Cerner for inclusion of language.
44	Define the way ahead for 3rd party apps (sunset, rebuild and transition) during the Cerner transition.	This should be evaluated in congruence with the legacy transition plans (pivot plans) of existing systems to Cerner.	None.	Concur.
45	Emphasize the need and resource commitment to achieve clinician consensus, change management, and culture.	RFP Section 5.5.7 Organizational Change Management includes a detailed approach to clinician consensus, change management and culture change.	None.	Concur.

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46	Develop a roadmap for all EHR vendors that specifies how Veterans and providers access and share their data and get that data from A to B. This is not limited to the Cerner solution, but includes legacy and community care systems.	These tasks are not part of the IDIQ and will be addressed via Data Migration Plan and Data Management Strategy across VA.	None.	Concur.
47	Require ability for VA to innovate using the Cerner solution, including support to a Veteran Interoperability Partnership Lab.	<p>RFP Section 5.10: Innovation and Enhancements includes an innovation process, categories and development activities to enable VA innovation activities using the Cerner solution. The language is sufficiently broad to support issuance of a Task Order requiring the Contractor to support interoperability activities including a Veteran Interoperability Partnership Lab.</p> <p>MITRE recommends this lab be independently managed and used to support 3rd party innovators, demonstrate interoperability solutions, validate the effectiveness of interoperability solutions in an end-to-end clinical use case context, and serve as a reference architecture to allow 3rd party stakeholders to exercise innovations.</p>	None.	Concur.

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48	Understand how Cerner will manage data quality, including provenance, error bounds, data looping, security, etc.	<p>The RFP Section 8.6 refers to the use of Quality Assurance Surveillance Plans (QASP), which is intended to establish Contractor accountability to what VA requires and values.</p> <p>VA-NF-T46 requires “The system shall support provenance (chain of custody or ownership) and pedigree (processing history how the data was produced or incorporated) and enable identification, collection, and production of data according to source, custody and ownership and display of data in business, logical, legal or physical models.”</p>	None.	Concur.

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49	<p>Understand how Cerner will provide VA with access to the data model, share data for analytics freely to 3rd parties, increase the amount of computable data exchanged with 3rd parties.</p> <p>Panelists acknowledged this recommendation is a stretch goal.</p>	<p>RFP Section 5.8 address the support to business intelligence and data analytics. Section 5.10.4.1 supports the sharing of Contractor proprietary information/data model extension points (e.g., ingestion and record APIs) with both international and national standards designating organizations. However, current language does not require access to the EHRM data model, supporting understanding of and therefore increase the exchange of computable data with community care providers.</p>	<p>Suggest adding to RFP Section 5.8: “h) Provide VA EHRM data model, underpinning terminology model, tables, definitions, and examples of fully populated Veteran data files. Provide documentation or software that is used for quality checks and that illustrate what data elements are computable.”</p> <p>Suggest adding to Section 5.10.4.1: “n) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminologies, clinical decision support rules, order sets, etc. This includes the ability to curate, extend, and share that knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies.”</p> <p>Suggest VA obtain a price from the Contractor to provide a report explain the steps involved in accessing the data model, including producing an example data file, and demonstrating how much of the data is computable; provide cost estimates for outside parties to access the data via this mechanism.</p>	Concur.

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50	Understand how the Cerner EHRM solution will improve Veteran and clinician experiences.	<p>RFP Section 5.2.1 describes the EHR application, however does not specifically focus priorities on the Veteran and clinician experience as captured in end-to-end use cases.</p> <p>Section 8.6 refers to the Quality Assurance Surveillance Plans, which include Functional and Non-Functional Key Performance Indicators (KPIs). These KPIs will reflect VA priorities which include improvement of both Veteran and clinician experiences.</p>	Suggest adding to RFP Section 5.2.1.1: “k) Provide for the ability to measure the EHRM performance that contributes to any end-to-end use case, thereby capturing its impact on improving a Veteran and clinician experience.”	Concur.

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Appendix D: Acronyms

API	Application Programming Interface
CCHIE	ClinicalConnect Health Information Exchange
CDS	Clinical Decision Service
DoD	Department of Defense
EHR	Electronic Health Record
EHRM	Electronic Health Record Modernization
FHIR	Fast Healthcare Interoperability Resources
HIE	Health Information Exchange
HL7	Health Level Seven International
IP	Intellectual Property
IT	Information Technology
PWS	Performance Work Statement
RFP	Request for Proposal
UPMC	University of Pittsburgh Medical Center
VA	Department of Veterans Affairs
VACO	VA Central Office
VHA	Veterans Health Administration

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VA EHRM RFP Interoperability Review Report Executive Summary

January 31, 2018

MITRE

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Executive Summary

This Review Report presents responses to three requests from the Department of Veterans Affairs (VA) to MITRE related to the topic of interoperability within the VA Electronic Health Record Modernization Request for Proposal:

- I. Conduct an external Interoperability Review Panel to review the interoperability language in the existing Request for Proposal (RFP),
- II. Engage an independent and unbiased legal expert to identify the specific changes to the RFP language necessary to implement the recommendations from the Interoperability Review Panel, and
- III. Visit the University of Pittsburgh Medical Center to understand the existing operational multi-vendor solution and interoperability solutions for applicability and scalability to the VA.

I. Interoperability Review Panel

In support of the Secretary of Veterans Affairs, David J. Shulkin, M.D., The MITRE Corporation convened and hosted a VA Electronic Health Record Modernization (EHRM) Request for Proposal (RFP) Interoperability Review Panel on January 5, 2018, at MITRE's McLean headquarters. The invited external senior electronic health record (EHR) interoperability subject matter experts (the Panel) reviewed the interoperability language in the existing RFP and developed joint suggestions and recommendations for VA to consider for incorporation to support the successful execution of a new commercial EHR contract with industry. The Panel affirmed that the primary goal should be seamless Veteran-centric healthcare achieved through true EHR interoperability. Achieving this goal rests on three overarching principles that should be supported by interoperability language in the RFP: 1) free and open access to data, 2) an ecosystem that provides fair access to third parties by creating a level playing field, and 3) a seamless Veteran and health provider (clinician) experience. Four categories of recommendations from the Panel (the first three to the interoperability language in the RFP, and the fourth for future VA contracts) will enable VA to realize this goal on the basis of the underlying principles: 1) commit to full VA-Department of Defense (DoD) interoperability, 2) leverage current and future standards, 3) commit to open, standards-based application programming interfaces (APIs), and 4) use Care in the Community contracts to foster interoperability.

For the first category (commit to full VA-DoD interoperability), the Panel agreed that the Determination and Findings signed by Secretary Shulkin on June 1, 2017, represented the correct approach to interoperability within VA and between VA and DoD. The Panel strongly endorsed the proposed VA "API Gateway" language. The most important specific recommendations included:

- Define the degree of interoperability the solution will provide, ranging from basic file sharing to fully interchangeable, integrated and functionally identical patient records.

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Suggest that the Contractor conduct an annual Interoperability Self-Assessment against current and future standards that shall be specified by the VA; and

- The contract language should include the following elements:
 - performance measures to hold Cerner accountable for reducing the administrative burden in clinician workflow with the objective of increasing efficiency,
 - ability for bulk data export based on standards, with no proprietary formats (e.g., Flat FHIR [Fast Healthcare Interoperability Resources]), and
 - “push” capability to insert patient data back into the VA EHR / Cerner database.

For the second category (leverage current and future standards), the following specific recommendations were among the most important:

- Require that Cerner implement all standards as defined by VA, current and future,
- Engage Cerner as an advocate of the VA and DoD position in all relevant standards-making bodies, and
- Ensure that VA and Veterans have complete access to data.

For the third category (commit to open, standards-based APIs), the Panel voiced the following recommendations:

- Establish clear publishing and access service requirements,
- Provide a VA application platform that supports APIs from third party providers with no barrier to entry, and
- Require implementation of clinical decision support (CDS) Hooks to invoke decision support from within a clinician's EHR workflow.

The body of this report contains multiple additional specific recommendations.

II. Recommendations for RFP Changes

MITRE engaged Morrison & Foerster, LLP as the independent and unbiased legal expert to identify the specific changes to the RFP language necessary to implement the recommendations from the Interoperability Review Panel. Appendix C presents all recommended changes to the RFP.

III. Observations from University of Pittsburgh Medical Center Site Visit

A delegation from VA and MITRE traveled to Pittsburgh, Pennsylvania, on January 19, 2018, for a meeting with representatives from University of Pittsburgh Medical Center (UPMC) Enterprises to discuss aspects of EHR interoperability that UPMC has successfully implemented over the past several years. The report includes an overview of those practices.

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IV. Closing Thoughts and Suggested Next Steps

The Panelists noted that VA cannot achieve true future EHR interoperability through the Cerner RFP alone, or through technology alone. The state of practice today shares only a small portion of available patient data. For VA to succeed in the future, multiple other components must be present and aligned: innovation, policy, standards, customer buy-in, and legislation, to name a few.

The following next steps are recommended for VA consideration:

1. Complete the RFP revisions, conduct appropriate negotiations with the Contractor expeditiously, and complete the contract process as planned. Stand firm during negotiations to maximize ease of access to data and data models for building third party APIs, applications, and services for future community innovations.
2. Continue to work with other federal government agencies and departments with similar interoperability interests and concerns, including, but not limited to, the White House, DoD, Food and Drug Administration (FDA), Centers for Medicare and Medicaid Services (CMS), Office of the National Coordinator for Health Information Technology (ONC), and other parts of the Department of Health and Human Services, to align approaches to EHR interoperability and the development and support of standards government-wide.
3. Support future innovation approaches, including concepts such as an Interoperability Laboratory and outreach to the broader innovation ecosystem (major medical centers, academia, traditional and non-traditional healthcare providers, startups, individual entrepreneurs, others). It is critical to align the innovations planned in VA's Digital Veterans Platform to the VA EHR innovation efforts to ensure consistent continuous improvements to clinician and Veteran health experiences.
4. Create an External Review Panel to provide expert continuous guidance, review, and feedback over the course of the implementation, to help capture best practices from the expert community going forward. Conduct ongoing demonstrations of end-to-end Veteran use cases requiring data sharing across organizational boundaries to validate improvements in Veteran healthcare and reduction of burden for healthcare providers. VA and Contractor will ensure that Federal Advisory Committee Act (FACA) guidelines are followed in leveraging any external review panels.

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For Department of Veterans Affairs Use Only

From: Blackburn, Scott R.
Sent: 29 Dec 2017 13:59:09 -0800
To: DJS
Cc: Bowman, Thomas;Wright, Vivieca (Simpson)
Subject: EHR interoperability - Jan 5 MITRE hosted panel

David – I hope you are getting some time off this week. I just got off the phone with MITRE/Window/team and wanted to connect on a few things. Feel free to give me a call whenever it is convenient for you over the weekend or we can connect in person on Tuesday.

- 1) January 5 MITRE expert panel. MITRE has at least 7 experts coming in for a full day. **If you are available, I have asked them to reserve 60-90 minutes at the end for the experts to brief you on their recommendations at the end of this day** (I would include the 3 of you + Carolyn + John Window). This will be at MITRE in McLean.
 - The 7 experts are:
 - Aneesh Chopra
 - Cris Ross, CIO, Mayo Clinic
 - Carla Smith, President, HMMS
 - Ryan Howells, Principal, Leavitt Partners, LLC (recommended by Chris Liddell)
 - Paul R. Sutton, MD, PhD, University of Washington (note: we are having conversations with him about coming on board full-time via IPA)
 - Frank Opelka, MD, American College of Surgeons (recommended by Marc Sherman + Chris Liddell)
 - Kenneth Mandl, MD, MPH, Boston Children’s Hospital (was on the previous MITRE panel, also one of the experts invited to the White House interoperability summit hosted by Seema Verma and Jared Kushner)
 - MITRE will basically be asking them 3 questions.
 - If they were us writing a contract with Cerner, what would they want included?
 - What is their perspective on what off-the-shelf solutions or emerging technologies for which we need to build flexibility in the contract to include? This will be their chance to weigh in on some of the ideas that people reach out to you/I about.
 - What other big ideas do they have that we should consider incorporating into the contract (such as the ones that Aneesh already sent us unsolicited)?
 - In addition to the outside experts – I have asked MITRE to also invite Camilo Sandoval, Jon White from ONC, and someone from CMS (I am working with (b)(6) who is Seema’s senior advisor) as well as Kyle Sheetz and (b)(6) and (b)(6) is our guy behind the Digital Veterans Platform). John Short and (b)(6) will be there in listen-only mode.
- 2) There are several other experts that want to help but couldn’t make it on January 5. These include Dr. Rasu Shrestha from University of Pittsburgh, Dr. (b)(6) from (b)(6) (he was on the previous MITRE panel), and (b)(6) (recommended by Chris Liddell) who Politico reported last week will be the next head of CMMI. If necessary/helpful, we will find other ways to get their input or involvement.

- 3) I'm looking for your guidance regarding Marc Sherman. I don't have anything concrete back yet from Marc (other than he recommend Dr. Frank Opelka when I spoke to him a week or two ago). I am thinking of giving him a heads up regarding Jan 5, as I'm sure MITRE would be open to including others if Marc/Bruce have suggestions. Cris Ross is obviously one of the five CIOs (MITRE confirmed Cris independently). What are your thoughts?

Scott

Scott Blackburn
Executive in Charge, Office of Information & Technology
US Department of Veterans Affairs

From: thomas bowman
Sent: 8 Jan 2018 11:50:46 +0000
To: Bowman, Thomas
Subject: [EXTERNAL] Fw: (b)(6) number

Sent from Yahoo Mail on Android

----- Forwarded Message -----
From: "thomas bowman" <(b)(6)@yahoo.com>
To: "Dr. David Shulkin" <david.shulkin@va.gov>
Sent: Fri, Jan 5, 2018 at 9:43 AM
Subject: Fw: (b)(6)'s number

Fyi

Sent from Yahoo Mail on Android

----- Forwarded Message -----
From: "Bruce Moskowitz" <(b)(6)@mac.com>
To: (b)(6)@yahoo.com" <(b)(6)@yahoo.com>
Sent: Fri, Jan 5, 2018 at 8:29 AM
Subject: (b)(6)'s number

Several candidates came to mind, but two of the three that I have talked to seemed not to be interested. The third, is an Army Colonel and currently working as the Operations Officer at JFHQ DODIN / DISA and has extensive IT / Network management background would probably be a great candidate, but I have not talked to him about the position.

The number I can be reached at is (240) 373-(b)(6)

VR (b)(6)

Captain (b)(6) USN
Chief, DoDIN Operations & Planning

Sent from my iPad
Bruce Moskowitz M.D.

From: thomas bowman
Sent: 8 Jan 2018 11:51:11 +0000
To: Bowman, Thomas
Subject: [EXTERNAL] Fw: (b)(6)'s number

Sent from Yahoo Mail on Android

----- Forwarded Message -----

From: "thomas bowman" <(b)(6)@yahoo.com>
To: "thomas bowman" <thomas.bowman@va.gov>
Sent: Mon, Jan 8, 2018 at 6:50 AM
Subject: Fw: (b)(6)'s number

Sent from Yahoo Mail on Android

----- Forwarded Message -----

From: "thomas bowman" <(b)(6)@yahoo.com>
To: "Dr. David Shulkin" <david.shulkin@va.gov>
Sent: Fri, Jan 5, 2018 at 9:43 AM
Subject: Fw: (b)(6)'s number

Fyi

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Chief, DoDIN Operations & Planning

Sent from my iPad
Bruce Moskowitz M.D.

From: Bowman, Thomas
Sent: 12 Feb 2018 01:36:45 +0000
To: Wright, Vivieca (Simpson)
Subject: RE: Jonathon Manis

Did SecVA speak with Ike?

Sent with Good (www.good.com)

From: Wright, Vivieca (Simpson)
Sent: Sunday, February 11, 2018 5:05:28 PM
To: DJS
Cc: Bowman, Thomas
Subject: RE: Jonathon Manis

Sure. Assuming Carolyn is aware.

Sent with Good (www.good.com)

From: DJS
Sent: Sunday, February 11, 2018 7:09:23 PM
To: Wright, Vivieca (Simpson)
Cc: Bowman, Thomas
Subject: Jonathon Manis

Jonathon Manis has a strong interest in coming to help VHA with the emr issue and other IT issues- he would want to come as an IPA with Sutter Health. Sitter does not understand how IPAs work or what is possible to do in terms of legalities- can we have one of our IPA smes get in touch with Marc Sherman who has been volunteering to help facilitate this- he can put them in touch with the Sutter people (I don't know them)

Marc can be reached at (b)(6)@gmail.com

Sent with Good (www.good.com)

From: DJS
Sent: 11 Feb 2018 17:06:28 -0800
To: Wright, Vivieca (Simpson)
Cc: Bowman, Thomas
Subject: RE: Jonathon Manis

Good point- I will share but let's get the name to continue the process

Sent with Good (www.good.com)

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From: DJS
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To: Wright, Vivieca (Simpson)
Cc: Bowman, Thomas
Subject: Jonathon Manis

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Marc can be reached at (b)(6)@gmail.com

Sent with Good (www.good.com)

From: Devine, Daniel C.
Sent: 11 May 2018 07:27:35 -0700
To: Bowman, Thomas
Subject: FW: VACO Substantial Interest Notification (Isaac Arnsdorf, 18-07547-F)

FYI

From: Bock, Tonia Y.
Sent: Friday, May 11, 2018 8:31 AM
To: O'Rourke, Peter M.; Hayes-Byrd, Jacquelyn; Devine, Daniel C.; Farrisee, Gina S.
Subject: FW: VACO Substantial Interest Notification (Isaac Arnsdorf, 18-07547-F)

FYI

Tonia Y. Bock
Executive Secretary
Office of the Secretary
(202) 461-4869 (Office)
(202) 957-2313 (Cell)
VA Core Values: Integrity, Commitment, Advocacy, Respect, Excellence

From: (b)(6) **On Behalf Of** VACO FOIA Service Inbox
Sent: Friday, May 11, 2018 8:05 AM
To: VACO FOIA Substantial Notification
Cc: (b)(6) VACO FOIA Service Inbox
Subject: VACO Substantial Interest Notification (Isaac Arnsdorf, 18-07547-F)

A. Why are you sending this to the 10th floor? For informational purposes only.

On May 10, 2018, the FOIA Service received a FOIA request from Isaac Arnsdorf, ProPublica requesting:

- Copies of all communication between Camilo Sandoval and Isaac "Ike" Perlmutter since May 1, 2017.

B. Who is responsible for replying to the request?

The FOIA Service is referring this request to the Office of Assistant Secretary for Information and Technology (OI&T) to respond directly to the requester.

C. Due date? 20 working days from the date the request is perfected

(b)(6)
VACO FOIA Service
Quality, Privacy, and Risk (QPR)
Office of Information and Technology (OI&T)
Office: (202) 632-(b)(6) Fax: (202) 632-(b)(6)
vacofoiaservice@va.gov
FOIA Service Hotline: 1-877-750-3642

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"To instill and promote a culture of quality, privacy and risk management in collaboration with our business partners to enable a better Veteran experience."

From: Devine, Daniel C.
Sent: 27 Apr 2018 07:18:03 -0700
To: Bowman, Thomas (b)(6) (Veterans Affairs)
Subject: wSJ

4.3 - Wall Street Journal: Ronny Jackson Withdraws as Veterans Affairs Nominee, White House physician has come under fire amid reports of misconduct(26 April, Peter Nicholas, 43.6M uvm; New York, NY)

Rear Adm. Ronny Jackson dropped his bid Thursday to lead the Veterans Affairs Department, ending a Senate inquiry into his background but still facing a likely military review into allegations about his conduct while serving as the president's personal physician.

Dr. Jackson's decision to pull out of the running for the VA job came hours after the release of a two-page summary of allegations compiled by the Senate Veterans' Affairs Committee's Democratic staff.

In a statement Thursday morning announcing his decision to withdraw, Dr. Jackson called the allegations "completely false and fabricated." President Donald Trump called him a "great man" who had been treated unfairly.

Dr. Jackson's wife phoned him on Thursday and told him that reporters were camped out at their home, a disturbing development that fed his frustration over the confirmation proceedings, a White House official said.

The Democratic summary, assembled from interviews with about two-dozen current and former colleagues of Dr. Jackson, included allegations that he had dispensed prescription drugs without paperwork and wrecked a car while drunk. It repeated an allegation from Sen. Jon Tester, the top Democratic on the committee, that Dr. Jackson's nickname was "The Candyman" because he so freely gave out prescription medication.

U.S. defense officials said that the Navy only learned of the accusations during Dr. Jackson's bid to become a member of the cabinet. While at the White House, Dr. Jackson was under the supervision of the White House Military Office and largely outside the traditional Navy chain of command, the officials said.

Either the Defense Department Office of Inspector General or the Navy Office of Inspector General likely would be assigned to undertake an investigation, the defense officials said. That decision could be determined by which office receives any complaints.

Anyone, including civilians, can ask military inspector general offices to look into complaints, the officials added.

The Navy investigated Dr. Jackson in 2012 when the Navy Bureau of Medicine and Surgery looked into complaints that then-Capt. Jackson and a fellow Navy captain had created an unhealthy environment at the White House office they led, Navy documents show. Despite the concerns, both Dr. Jackson and his colleague remained on the job, defense officials said.

Dr. Jackson returned to work at the White House on Thursday. White House press secretary Sarah Sanders indicated he would remain in his current posting. The White House is intent on clearing Dr. Jackson's name.

But one administration official said the White House had reservations about commissioning an inspector general report to investigate, saying that "even if they found one small little thing, it would give credibility" to the larger set of allegations against Dr. Jackson.

With Dr. Jackson's withdrawal, speculation turned to whom Mr. Trump would nominate next to lead a 370,000-person agency with a legacy of troubled management.

People close to the White House said that two likely candidates are former Republican Rep. Jeff Miller (R., Fla.) and Ike Perlmutter, the chairman and former CEO of Walt Disney Co.'s Marvel Entertainment unit.

Mr. Miller chaired the House Veterans Affairs Committee before leaving Congress in 2017. He endorsed Mr. Trump during the campaign.

In an interview last year, Mr. Miller said of the president: "I believe he is widely accepted as the person who can change the VA for the next generation." Mr. Miller didn't respond to a request for comment.

After leaving Congress in 2017, Mr. Miller signed on with the firm McDermott Will & Emery LLP. He is a registered lobbyist for at least five clients with issues before the Department of Veterans Affairs, according to lobbying reports.

He represents billionaire Steven A. Cohen, who bankrolled a network of private veterans clinics and has been asking Congress and Veterans Affairs to increase federal funding of mental health care for veterans and expand combat trauma research, according to lobbying reports.

Mr. Perlmutter's wife, Laura Perlmutter, served on Mr. Trump's inaugural committee and gave \$1 million to Mr. Trump's foundation in 2016, according to public records. He has often dined with Mr. Trump at his Florida resort, Mar-a-Lago, and flown with him on Air Force One.

Mr. Trump offered few hints about the next nominee. In a Fox News interview Thursday, he would only say he has a candidate in mind—someone with "political capability."

From: Bowman, Thomas
Sent: 4 May 2018 14:40:22 +0000
To: Byrne, Jim (OGC)
Subject: FW: VACO Substantial Interest Notification (Isaac Arnsdorf, 18-07296-F)
Attachments: 18-07296-F Req Arnsdorf.pdf

fyi

From: Bock, Tonia Y.
Sent: Friday, May 04, 2018 7:01 AM
To: O'Rourke, Peter M.; Hayes-Byrd, Jacquelyn; Powers, Pamela; (b)(6)
Cc: Bowman, Thomas
Subject: FW: VACO Substantial Interest Notification (Isaac Arnsdorf, 18-07296-F)

FYI

From: (b)(6)
Sent: Friday, May 04, 2018 3:32:47 AM
To: VACO FOIA Substantial Notification
Subject: VACO Substantial Interest Notification (Isaac Arnsdorf, 18-07296-F)

A. Why are you sending this to the 10th floor? For informational purposes only.

On May 1, 2018, the FOIA Service received a FOIA request from Isaac Arnsdorf, ProPublica requesting:

- Copies of all records related to the Secretary's (or Acting Secretary's) trips to Mar-a-Lago since Jan. 20, 2017, including but not limited to travel itineraries, expense reports, meeting agendas, meeting notes, emails and phone calls; all communications between the Secretary (or Acting Secretary) and Isaac "Ike" Perlmutter since Jan. 20, 2017; all communications between the Secretary (or Acting Secretary) and Marc Sherman since Jan. 20, 2017; and all communications between the Secretary (or Acting Secretary) and Bruce Moskowitz since Jan. 20, 2017. B. Who is responsible for replying to the request?

The FOIA Service is referring this request to the Office of the Executive Secretary U.S. Department of Veterans Affairs (OSVA) to respond directly to the requester.

C. Due date? 20 working days from the date the request is perfected

(b)(6)

VACO FOIA Service
Quality, Privacy, and Risk (QPR)
Office of Information and Technology (OI&T)
Office: (202) 632-(b)(6) Fax: (202) 632-(b)(6)

vacofoiaservice@va.gov

FOIA Service Hotline: 1-877-750-3642

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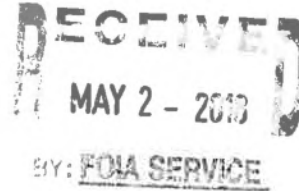
"To instill and promote a culture of quality, privacy and risk management in collaboration with our business partners to enable a better Veteran experience."

Isaac Arnsdorf
Journalist
ProPublica
2620 13th St NW
C101
Washington, DC 20009
203-464-(b)(6)

18-07296-F

May 01, 2018

FOIA Officer
Department of Veterans Affairs:
Central Office
810 Vermont Avenue, NW
Department of Veterans Affairs, (005R1C)
Washington, DC 20420
(202) 632-7465
vacofoiservice@va.gov



FOIA REQUEST

Fee waiver requested

Dear FOIA Officer:

Pursuant to the federal Freedom of Information Act, 5 U.S.C. § 552, I request access to and copies of all records related to the Secretary's (or Acting Secretary's) trips to Mar-a-Lago since Jan. 20, 2017, including but not limited to travel itineraries, expense reports, meeting agendas, meeting notes, emails and phone calls; all communications between the Secretary (or Acting Secretary) and Isaac "Ike" Perlmutter since Jan. 20, 2017; all communications between the Secretary (or Acting Secretary) and Marc Sherman since Jan. 20, 2017; and all communications between the Secretary (or Acting Secretary) and Bruce Moskowitz since Jan. 20, 2017.

I would like to receive the information in electronic files.

I agree to pay reasonable duplication fees for the processing of this request in an amount not to exceed \$250. However, please notify me prior to your incurring any expenses in excess of that amount.

Please waive any applicable fees. Release of the information is in the public interest because it will contribute significantly to public understanding of government operations and activities. I am a journalist primarily engaged in the dissemination of information.

If my request is denied in whole or part, I ask that you justify all deletions by reference to specific exemptions of the act. I will also expect you to release all segregable portions of otherwise exempt material. I, of course, reserve the right to appeal your decision to withhold any information or to deny a waiver of fees.

I would appreciate your communicating with me by email or telephone, rather than by mail.

I look forward to your determination regarding my request within 20 business days, as the statute requires.

Thank you for your assistance.

Sincerely,

RECEIVED
MAY 2 - 2013
BY: FOIA SERVICE

(b)(6)

(VACO FOIA)

From: Isaac Arnsdorf via iFOIA.org <(b)(6)@mail.ifoia.org>
Sent: Tuesday, May 01, 2018 7:27 PM
To: VACO FOIA Service Inbox
Subject: [EXTERNAL] Public Records Request
Attachments: MAL.pdf

Reply ABOVE THIS LINE

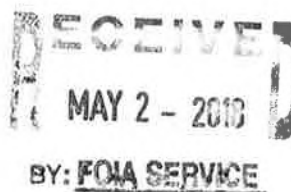
Dear FOIA Officer:

Attached is a formal request for public records. Please feel free to contact me at this email address or at 203-464-(b)(6) with any questions.

Thank you for your assistance.

Sincerely,

Isaac Arnsdorf



This message was sent via iFOIA.org. If you have questions about iFOIA, please refer to the [About page](#) or email ifoia-help@rcfp.org.

This message was sent via iFOIA.org.

From: Bowman, Thomas
Sent: 4 May 2018 14:39:25 +0000
To: Farrisee, Gina S.; Devine, Daniel C.
Subject: FW: VACO Substantial Interest Notification (Isaac Arnsdorf, 18-07296-F)
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FYI

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(b)(6)

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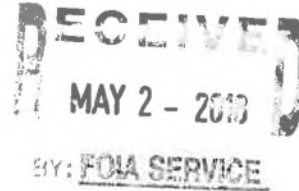
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Attachments: MAL.pdf

Reply ABOVE THIS LINE

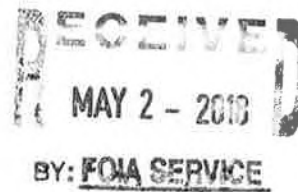
Dear FOIA Officer:

Attached is a formal request for public records. Please feel free to contact me at this email address or at 203-464-(b)(6) with any questions.

Thank you for your assistance.

Sincerely,

Isaac Arnsdorf



This message was sent via iFOIA.org. If you have questions about iFOIA, please refer to the [About page](#) or email ifoia-help@rcfp.org.

This message was sent via iFOIA.org.

From: Bowman, Thomas
Sent: 26 Jan 2018 22:25:34 +0000
To: (b)(6)
Subject: FW: [EXTERNAL] WSJ: Apple Dives Into Complex Field: Your Medical Records

From: DJS
Sent: Friday, January 26, 2018 4:53 PM
To: IP; Bowman, Thomas
Cc: L Perl; Marc Sherman; Bruce Moskowitz
Subject: RE: [EXTERNAL] WSJ: Apple Dives Into Complex Field: Your Medical Records

Ike- this too was my reaction

I have not been directly involved with Apple-VA team (I just can't do everything) but when I read this I immediately called together all the VA people who have been involved and asked if they had been working on this. This in fact was what they were working on with Apple. The VA people had no notice of this release and were very surprised that they were not told. I asked whether we had an agreement to protect our intellectual property and they said they had a MOA- I will review this but I too was extremely disappointed.

Sent with Good (www.good.com)

From: IP
Sent: Friday, January 26, 2018 11:39:41 AM
To: DJS; Bowman, Thomas
Cc: L Perl; Marc Sherman; Bruce Moskowitz
Subject: [EXTERNAL] WSJ: Apple Dives Into Complex Field: Your Medical Records

David, I have included a link to an article that was published in the WSJ two days ago, on a topic that we are all too familiar with. It is painful to read the article. On June 14, we had a productive planning meeting that Bruce set up with the VA, Apple and all five academic medical centers where we positioned the VA to have control and drive change. At that point, the VA was in the driver's seat and owned it. Then the VA let the government bureaucrats take over the project, very quietly, and the result is that the VA doesn't even get a mention. The VA could have been in control and the hero to the veterans and the medical community. Now it looks like just another effort to pile on the previous 40 billion spend.

Ike

https://www.wsj.com/article_email/apple-dives-into-complex-field-your-medical-records-1516832897-1MyQjAxMTI4NDIxNjUyNjY0Wj/

From: Shulkin, David J., MD
Sent: 13 Jan 2017 03:58:41 +0000
To: (b)(6)
Subject: RE: [EXTERNAL] Manhattan VA

Thanks Mike

Sent with Good (www.good.com)

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

From: (b)(6)@nyumc.org
Sent: Wednesday, January 11, 2017 01:21 PM Eastern Standard Time
To: Shulkin, David J., MD
Subject: [EXTERNAL] Manhattan VA

David:

Congratulations on your new appointment. I was Chief of Hematology/Oncology at BI during your tenure, but left the system after the disastrous merger with Mt. Sinai to move to NYU. You were smarter and left earlier. NYU has been wonderful and I have fully enjoyed my two years here.

In my current Cancer Center position, I have worked closely with the physicians at the Manhattan VA. The Chief of Medicine at the VA is Dr. (b)(6) who is as smart a physician as I have met and a superb educator and administrator. I hope you will consider calling on him for advice as I am sure he would be a terrific asset. Similarly, the Chief of Hematology/Oncology at the VA is Dr. (b)(6) (b)(6) who formerly worked for me at BI/SLR, and has been very thoughtful about outcomes in cancer care. I would be delighted to put you in touch with either of them if you thought they could be of assistance.

All the best,

(b)(6)

(b)(6) MD

Professor of Medicine, NYU School of Medicine

Director, Hematologic Malignancies Clinical Program

Laura and Isaac Perlmutter Cancer Center

240 East 38th Street, 19th Floor

New York, NY 10016

Phone: 646-501 (b)(6)

FAX: 212-731 (b)(6)

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=====

From: Shulkin, David J., MD
Sent: 8 Feb 2017 13:17:37 +0000
To: Shulkin, David J., MD;Carolyn@Bruce Moskowitz,MD
Subject: Call with Mike Zinner (American College of Surgeons) per Dr. Bruce Moskowitz
Attachments: RE: [EXTERNAL] Re: Group meeting, Re: [EXTERNAL] Re: Group meeting, Re: [EXTERNAL] Re: Group meeting, Re: [EXTERNAL] Re: Group meeting, Re: [EXTERNAL] Re: Group meeting



Michael J. Zinner MD, FACS
CEO and Executive Medical Director

Miami Cancer Institute
3rd Floor Executive Offices
8900 North Kendall Dr
Miami, FL 33176

Office: 786 527-(b)(6)
Cell: 617 543-(b)(6)

From: (b)(6)
Sent: 8 Feb 2017 13:16:16 +0000
To: 'Bruce Moskowitz'
Cc: (b)(6)
Subject: RE: [EXTERNAL] Re: Group meeting

Dr. Bruce Moskowitz,

2/15 at 10am works for Dr. Shulkin. Let us know if you would like for our team to send an invite.

(b)(6)

Chief Administrative Officer
Office of the Under Secretary for Health
Veterans Health Administration
202-461-(b)(6)
202-834-(b)(6) (Blackberry)

From: Bruce Moskowitz [mailto:(b)(6)@mac.com]
Sent: Wednesday, February 08, 2017 7:01 AM
To: David Shulkin
Cc: (b)(6)
Subject: [EXTERNAL] Re: Group meeting

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Sent from my iPad
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(b)(6)@gmail.com; (b)(6)

(b)(6)@hopeunseen.com; (b)(6)@trenchangel59.com; L

Perl <(b)(6)@gmail.com>; drshulkin <drshulkin@aol.com>

Sent: Tue, Feb 7, 2017 1:44 pm

Subject: Group meeting

I would like to thank everyone for their dedication and very important insight so that we can transition from vision to reality. We do not need to meet in person monthly, but meet face to face only when necessary to respect everyone's valuable time. We will set up phone conference calls at a convenient time. Have a safe trip back.

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Cc: (b)(6); Michael J. Zinner
Subject: Re: [EXTERNAL] Re: Group meeting

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(b)(6) MPA
Patient Care Coordinator
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Victor Ferris Medical Building
1411 North Flagler Drive
Suite 7100
West Palm Beach, FL 33401
Phone: 561-833-(b)(6) (b)(6)
Fax: 561-833-(b)(6)

From: Bruce Moskowitz
Sent: 8 Feb 2017 08:24:26 -0500
To: (b)(6)
Cc: (b)(6); Michael J. Zinner; (b)(6)
Subject: Re: [EXTERNAL] Re: Group meeting

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Dr. Bruce Moskowitz, MD
Victor Ferris Medical Building
1411 North Flagler Drive
Suite 7100
West Palm Beach, FL 33401
Phone: 561-833-(b)(6)
Fax: 561-833-(b)(6)

From: Michael J. Zinner
Sent: 8 Feb 2017 21:56:42 +0000
To: (b)(6) <(b)(6)> Bruce Moskowitz, MD
Cc: (b)(6) <(b)(6)>
Subject: Re: [EXTERNAL] Re: Group meeting

Pls make sure (b)(6) is on all calendar emails. Pls
Mike

Sent from my iPhone

On Feb 8, 2017, at 11:18 AM, (b)(6) <(b)(6)>@Bruce Moskowitz, MD
(b)(6) <(b)(6)>@gmail.com> wrote:

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From: Bulletin Intelligence
Sent: 18 Mar 2017 07:01:24 -0400
To: Shulkin, David J., MD
Subject: [EXTERNAL] Presidential Transition Briefing for Saturday, March 18, 2017

[Click to access expanded online version.](#)



TO: SENIOR TRANSITION STAFF

DATE: SATURDAY, MARCH 18, 2017 7:00 AM EDT

Note for Transition Team Members Joining the White House

If you have received your White House email address, you may now sign up for the official [White House News Summary](#). Just click the link. We will continue to publish this transition briefing in the near term for transition staff who are not yet in official positions.

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- Kelly Tells House Democrats He Is "Best Thing To Happen" To DACA.
- Mayors In Rust Belt Industrial Cities Dismayed Over Trump Immigration

Stance.

- Chinese American Groups Oppose Maryland's Proposed Sanctuary Laws.
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- Kansas Man Convicted Of False Statements In Hate Crime Attack On Somali Men.
- Historians Debunk Myth Of Irish Slavery In US.
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- Waters Criticizes Wells Fargo For Meeting GOP Lawmakers While Ignoring Democrats.
- Marine Corps Launches "Battles Won" Ad Campaign In Diversity Effort.
- Hillary Clinton: "Ready To Come Out Of The Woods."
- Biden Criticizes Trump Administration For Undermining Transgender Rights.
- House GOP Super PAC Already Prepares For 2018 Elections.
- Podesta: Virginia Gubernatorial Race To Define Future Of Democratic Party.
- Maryland Governor Supports Fracking Ban.
- Oklahoma State Senator Faces Child Prostitution Charges.
- Former Congressman Charged With Taking Charity's Money.
- Albuquerque's GOP Mayor Inspires Colleagues To Invest In Employing Homeless.
- WSJournal Laments That De Blasio's Public Exoneration Paves Way For His Re-Election.
- FBI Arrests Man Who Tweeted Strobe Light Image To Epileptic Journalist.

- WSJournal Analysis Examines How FBI Tracked Down Financial Scandal Mastermind.
- South Dakota Governor Vetoes Republican Bill To Loosen Gun Laws.
- NYTimes: Texas First State To Be Receive Federal Oversight On Voting Practices.
- Lawrence Lab Releases 10,000 Films Of Restored US Nuclear Test Footage.
- African-American Bicyclists In Chicago Cited More Than Latinos, Whites.
- Police Use New Mouth-Swab Device To Test Drivers For Drugs.
- NYTimes A1: New York Man Charged With Murder In Death Of Emergency Worker.
- WSJournal A1: Killer's Resurfaced Manuscript Raises Questions About Motive.
- WPost: DC Council's Attempt To Derail School Voucher Program "Perplexing."
- WSJournal A1: New Carriers Drive Down Prices For Trans-Atlantic Flights.
- Automotive Executives Expect Pursuit Of Efficiency To Continue Even If US Eases Requirements.
- Former Volkswagen CEO To Sell Shares.
- IBM To Hire 2,000 Veterans In Next Four Years.
- Icahn Betting Against Renewable Fuel Credits, Advises Trump To Overhaul The System.
- Buffett Rejects Investor Request To Disclose Company's Political Donations.
- Palantir Technologies Investor Files Suit Against Thiel's Company.
- WPost A1: Realtor Commissions Up Since 2005, Despite Internet Cutting Out Middlemen In Other Industries.
- NYTimes Analysis: Older Workers Increasingly Answer To Younger Managers.
- Winter Weather Advisories Issued As New Winter Storm Set To Hit Northeast.

US Trade News

- US Delegation, Global Finance Ministers Debate Trade Relations In G-20 Meetings.
- German, Mexican Officials Suggest Possible WTO Complaint Over Border-Adjustment Tax.

Terrorism - Homeland

- Secret Service Agent's Laptop Containing Sensitive Information Stolen In New York.
- Chaffetz Blasts Secret Service Over Failures In White House Intruder Case.

Terrorism - International

- Pentagon's Strategy Against ISIS Calls For Acceleration Of Operations.
- Saudi Arabian Official Urges Administration To Implement "Corrective Measures" On JASTA.
- Al Qaeda Branch Leader Praises Malian Jihadist Group Merger.
- ISIS Affiliate Claims Responsibility For Attempted Attack On Bangladesh Police Compound.

- Morocco Arrests 15 Suspects Allegedly Tied To ISIS.
- Prosecutor Investigates After Man Killed Attempting To Seize Gun At Paris Airport.
- Brother Of French Terrorist Walks Across France To Raise Awareness About Radicalization.

Iraq/Syria

- Pentagon Denies Striking Mosque In Syria.
- Syria Fires Missiles At Israeli Warplanes.
- Kurdish Rebel Leader Says Raqqa Offensive To Start In Early April.

Trump Family News

- Jared Kushner, Ivanka Trump To Divest Some Assets.

The Trump Organization

- "Russian Elite" Invest Nearly \$100 Million In Trump Properties.
- Trump Organization To Donate Proceeds From Foreign Government In 2018.
- Security Around Trump Tower Hurting Tiffany Sales.

Other International News

- Tillerson: "All Options Are On The Table" With North Korea.
- US Army Increases Focus On "Jungle Training School."
- Haley Dispels Rumors Of Possible Presidential Bid.
- Britain's Prince William Arrives In Paris.
- Russia, China Block UN Statement On Burmese Military Activities In Rakhine State.
- Airstrike Kills Dozens Of Somali Migrants Off Yemeni Coast.
- Saudis: Iranian Pilgrims Can Participate In Hajj This Year.
- WSJournal: Iran's Rouhani Has Failed To Stop Latest Crackdown.
- UN Agency Head Resigns In Wake Of Israel "Apartheid" Report.
- Humanitarian Aid Programs Respond To South Sudan's Hunger Crisis.
- WPost Calls On Trump To Adopt "Strong Stand" On Venezuela.

Last Laughs

- Late Night Political Humor.

Editorial Wrap-Up

- New York Times.
- Washington Post.
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The Big Picture

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Leading the News

Media Analyses: Trump Hosts Merkel For "Awkward" Meeting At

White House.

President Trump and German Chancellor Angela Merkel met for the first time Friday at the White House. The network newscasts devoted nearly 10 and a half minutes combined to coverage of their meeting and the President's reiteration of his claims that the former Administration conducted surveillance on him as a sign of solidarity with Merkel, who was herself the target of NSA surveillance. Reporting almost uniformly described the meeting as "awkward" and a number of articles highlighted that the President appeared to refuse to shake Merkel's hand for a photo op in what seemed to be a sign of the tensions between the two leaders.

The Washington Post (3/17, Phillip, Nakamura), for example, reports that as Trump and Merkel sat for "a brief photo op for reporters in the Oval Office, they said little and did not shake hands, though they did shake when Trump met her limousines outside the West Wing." The Post characterizes the "friction" as "a sharp contrast to Merkel's warm relationship" with former President Obama, as does the Huffington Post (3/17, Marans), which calls the meeting "uncomfortable."

Trump met Merkel "without the usual handshake," ABC World News Tonight 📺 (3/17, lead story, 1:50, Muir) chief White House correspondent Jonathan Karl similarly reported in its lead segment, adding that the "awkwardness isn't all that surprising: As a candidate, Trump attacked Angela Merkel over and over again, slamming her policy on welcoming Syrian refugees to Germany." Bloomberg Politics (3/17, Sink, Talev, Donahue) says Trump and Merkel "took the measure of each other...in a stilted first meeting between two leaders with deep divides on policy and personality." Bloomberg adds that the meeting could be considered as one of "tense cordiality and sometimes awkward body language."

The Wall Street Journal (3/17, Lee), Reuters (3/17, Mason, Rinke), Politico (3/17, Conway), USA Today (3/17, Estepa), and the Boston Globe (3/17, Prignano) all highlight the "awkward" lack of a handshake during the photo op as a defining moment of the meeting. The New York Times (3/17, Landler) casts the meeting as one between Merkel, "The Defender," and Trump, "The Disrupter."

Meanwhile, the Washington Times (3/17, Miller) says that "Trump's harsh campaign rhetoric that she 'ruined' her country" was also "hanging over the talks." NBC Nightly News 📺 (3/17, story 2, 0:45, Holt) similarly reported Trump and Merkel, in their first in-person meeting, had "largely sidestep[ed] their differences," though the President's previous criticism of Merkel appeared "still on her mind." The Washington Times (3/17, Miller) reports Merkel "alluded" to the accusations when she asserted, "I've always said it is best to talk to one

another and not about one another.”

However, Bloomberg Politics (3/17, Donahue, Olorunnipa) reports Trump and Merkel “showed no sign that the two leaders are anywhere close to finding common ground” on trade, as the President “reprised his complaints that the U.S. had been treated ‘very, very unfairly’ and poured loaded praise over German trade officials for besting their American counterparts.” Bloomberg suggests these divisions “may foreshadow the widening chasm across the Atlantic.” The Wall Street Journal (3/17, Troianovski, Benoit, Mann) also examines some of their policy differences, which in addition to trade includes the EU and NATO, though Reuters (3/17, Mason, Rinke) reports Trump “reiterated his strong support for NATO” even as he called for Germany “to meet NATO’s military spending target.”

Fox News’ Special Report (3/17, 6:44 p.m. EDT, 44:04, Baier) broadcast Trump saying, “I reiterated to Chancellor Merkel my strong support for NATO. Many nations owe vast sums of money from past years, and it is very unfair to the United States. These nations must pay what they owe.” Reuters (3/17, Mason, Stevenson, Alexander) reports Trump nonetheless said he had thanked Merkel “for the German government’s commitment to increase defense spending and work toward contributing at least 2 percent of GDP” for NATO.

USA Today (3/17, Jackson) reports Trump and Merkel “said they had productive meetings on Friday, even as they offered contrasting visions of the United States-European relationship on issues like trade, the European Union and the NATO defense compact.” USA Today adds that “for his part, Trump disputed a German reporter’s statement that he is ‘an isolationist’ when it comes to trade.” The Wall Street Journal (3/17, Lee, Troianovski) and Washington Times (3/17, Miller) both highlight that the President said, “I don’t believe in isolationist policy. I believe in fair policy.”

In addition, the Huffington Post (3/17, Satlin) reports Trump also “completely ignored” Merkel when she “stressed her commitment to refugees” and in response, the President “totally dodged the topic” and he returned “instead to a point he stressed previously: Trade needs to be reformed in order to be more favorable to U.S. interests.”

Trump Defends Spicer’s Comments On Wiretap Claim, Dismisses British Concerns. ABC World News Tonight’s (3/17, story 2, 2:30, Muir) Jonathan Karl reported tensions escalated during the question-and-answer session, when two German reporters “asked about the President’s no-evidence claim that” former President Obama tapped his phones. Karl said Trump “dodged the first, and then alluded to the revelations a few years ago from WikiLeaks that US intelligence had in fact monitored Merkel’s cellphone.” In the lead story for Fox News’

Special Report (3/17), White House correspondent Kevin Corke said the President accused Obama of using Britain's Government Communications Headquarters (GCHQ), the spy agency of the UK, "to eavesdrop on him after the 2016 election" while standing with Merkel, "whose phone was in fact tapped by the NSA under...Obama." Corke added, "The explosive claim, picked up by White House officials after listening to Fox's senior legal analyst, Judge Andrew Napolitano."

In video footage broadcast by CNN The Situation Room (3/17, 6:02 p.m. EDT, lead story, 2:27, Blitzer), Trump responded to the questions by stating, "As far as wiretapping, I guess, by, you know, this past Administration, at least we have something in common, perhaps." He continued, "And just to finish your question, we said nothing. All we did was quote a certain, very talented legal mind who was the one responsible for saying that on television. I didn't make an opinion on it. That was a statement made by a very talented lawyer on Fox. And so you shouldn't be talking to me, you should be talking to Fox."

Trump's comments came after White House press secretary Sean Spicer made a similar assertion, CNN The Situation Room (3/17, 5:55 p.m. EDT, 50:55, Blitzer) stated. The broadcast also showed Spicer saying, Obama "didn't use the NSA, he didn't use the CIA, he didn't use the FBI, and he didn't use the Department of Justice. He used GCHQ." Bloomberg Politics (3/17, Talev, Sink, Ross) reports that while "Kim Darroch, U.K. ambassador to the U.S., and Mark Lyall Grant, [British Prime Minister Theresa] May's national security advisor, expressed their concerns to Spicer and Trump national security advisor H.R. McMaster" on Friday, Spicer said after Trump's news conference with Merkel, "I don't think we regret anything."

The New York Times (3/17, A1, Baker, Erlanger) reports on its front page that President Trump on Friday "refused to back down," making "clear that he felt the White House had nothing to retract or apologize for." The Wall Street Journal (3/17, Lee, Nicholas) also states that the President brushed off the controversy, while the Washington Post (3/17, Wagner) says he "passed on an opportunity to apologize to Britain," suggesting "responsibility for those comments rests with Fox News, not the White House."

The AP (3/17, Pace, Salama) similarly reports Trump "defiantly refused to back down" and he "sidestepped any blame for the White House decision to highlight an unverified report that Britain helped carry out the alleged surveillance." According to the AP (3/17, Pace), Trump "stood by his unproven claim that his predecessor wiretapped his phones, suggesting he was the victim of the same sort of surveillance the Obama administration was once alleged to have used to monitor...Merkel's calls." Said Trump, "At least we have something in

common, perhaps.”

In its lead segment, [NBC Nightly News](#) (3/17, lead story, 2:10, Holt) Peter Alexander called Trump’s remarks “a swipe” at the NSA and also suggested “the look on Merkel’s face [spoke] volumes.” Washington Bureau Chief Jackie Kucinich of The Daily Beast told [CNN The Situation Room](#) (3/17, 6:37 p.m. EDT, 37:53, Blitzer) that Merkel “did not look amused,” and if Trump “was making a joke, it’s too soon.” Kucinich added, “This entire visit was an awkward moment.”

The [Huffington Post](#) (3/17, Date) says that “If anything, Trump managed to exacerbate the situation, reviving the diplomatic headache created when it was revealed in 2013 that U.S. intelligence had eavesdropped on Merkel’s cell phone, as well as the unfounded assertion that Obama had outsourced the Trump Tower surveillance to British intelligence.” The [Washington Post](#) (3/17, A1, Johnson, Adam) on its front page states that Trump’s latest “international incidents cap off nearly two weeks of surreal debate over the president’s apparently baseless accusation that Obama personally ordered the wiretapping of his Trump Tower campaign headquarters, consuming the time of not only White House staffers but also Congress, the Justice Department, the CIA and other intelligence agencies.”

In its lead segment, Major Garrett of the [CBS Evening News](#) (3/17, lead story, 3:10, Mason) called the President’s description of the “wiretapping” as “at odds with his own comments just days ago.” In the lead [CNN The Situation Room](#) (3/17, 5:01 p.m. EDT, lead story, 1:18, Blitzer) segment, senior White House correspondent Jeff Zeleny said Trump stood by his allegations, even though his claims “are now some two weeks old” and have been “debunked across Washington by Democrats and Republicans alike.” The accusation “is now escalating into something of an international incident,” Zeleny added, as “the White House tonight can’t even agree on whether it apologized, expressed regret, or whether it should have.”

Former Vice President Joe Biden’s National Security Adviser, Jake Sullivan, told [CNN The Situation Room](#) (3/17, 5:11 p.m. EDT, 11:25, Blitzer), “I think the alarming thing about it is that he continues to double, triple, and quadruple down on what is a false claim, a claim that has been debunked by the intelligence community, by Republicans and Democrats on the Hill, by everybody other than the White House.” Sullivan posited that either Trump “knows it’s wrong and he’s lying about a national security issue, in which case it’s going to be hard to trust him going forward, or he can’t tell the difference between truth and fiction. And in a crisis that’s really going to matter.”

Meanwhile, [Politico](#) (3/17, Conway) reports “many Republicans are reportedly frustrated that Trump continues to advance the unproven

theory." House Oversight & Government Reform Committee Chairman Jason Chaffetz told [CNN The Situation Room](#) (3/17, 6:14 p.m. EDT, 14:33, Blitzer), "I hope that people understand that just one account of one news story, particularly when some of these are just by anonymous sources, that's not nearly enough, doesn't rise to the level where you should be out and repeating those." He added, "This is the leader of the free world. When you're at that podium, you have to be very, very careful with that."

[CNN The Situation Room](#) (3/17, 5:31 p.m. EDT, 31:43, Blitzer) chief political analyst Gloria Borger commented, "It was sort of stunning to me watching that press conference today because it was clear that the President was willing to pick a fight and continue a fight with the United States' closest ally, Great Britain, in order to avoid apologizing, or saying he was wrong, or saying at the very least that he regretted a statement he made that was completely unfounded." David Axelrod, senior adviser to Obama, added that Trump "has dug himself and his team into a very deep hole, and as is his wont rather than bagging up or apologizing, he's decided to dig deeper." Columnist Charles Krauthammer told [Fox News' Special Report](#) (3/17, 6:43 p.m. EDT, 43:29, Baier), "We know how it's going to end. The one thing about the GCHQ – we have a lot of real enemies in the world, do we really have to go around antagonizing our best allies?"

The [Los Angeles Times](#) (3/17, Bierman, Memoli, Bennett) reports the President's comments "added to what has become worldwide fallout from Trump's allegations against Obama, made in a series of early-morning tweets March 4." To [The Hill](#) (3/17, Stange) Associate Editor Niall Stange, Trump on Friday "risked offending another ally when he declined to offer contrition for the White House's implication that British intelligence agencies had helped the Obama administration spy on him."

In addition, on [Fox News' Special Report](#) (3/17, 6:37 p.m. EDT, 37:36, Baier), Bret Baier said, "We love [Napolitano] here at Fox, but the Fox News division was never able to back up those claims, and was never reported on this show, on Special Report." Baier added that the British government issued a statement following Spicer's statement that read, "We've made clear to the administration that these claims are ridiculous and they should be ignored and we've received assurances that these allegations will not be repeated."

[Reuters](#) (3/17, Mason, Hosenball) reports Fox News anchor Shepard Smith also issued a statement and said, "Fox News cannot confirm Judge Napolitano's commentary. Fox News knows of no evidence of any kind that the now president of the United States was surveilled at any time in any way, full stop." [Politico](#) (3/17, Sterne) reports in its "On Media" blog that Smith on-air later added the

President “could learn first-hand whether the building in which he lives was wiretapped. ... All he’d have to do is ask the intelligence services; they work for him.”

CNN The Situation Room (3/17, 6:36 p.m. EDT, 36:03, Blitzer) senior political analyst Mark Preston remarked, “I feel bad for Shep Smith, that he has to go out and insert himself in a story that he has nothing to do with. The President goes nowhere from here. He’s already placed the blame on Fox News. We’ve already seen Sean Spicer do the same thing as well. He will never apologize about this situation, no matter what we hear from the House Intelligence Chairman, which we should hear that soon.”

Downing Street: White House Promises Not To Repeat Claim UK Spied On Trump. The Washington Post (3/17, Adam) reports a spokesman for British Prime Minister Theresa May said Friday that the White House “promised not to repeat claims that Britain’s main surveillance agency spied on Donald Trump, in what appears to be an attempt to smooth ruffled feathers on this side of the Atlantic.” The remarks followed “an extraordinary statement” by Britain’s Government Communications Headquarters (GCHQ), which “slapped down allegations that the Obama Administration used it to spy on Trump.” The Downing Street spokesman said: “We have received assurances from the White House that these allegations would not be repeated.” Britain’s Daily Telegraph reported Friday that White House press secretary Sean Spicer and Lt. Gen. H.R. McMaster, Trump’s national security adviser, “apologized for the claims.”

According to the AP (3/17), Downing Street said Britain’s ambassador to Washington, Kim Darroch, “spoke to...Spicer directly, and that the prime minister’s national security adviser, Mark Lyall Grant, also spoke to people in the Trump administration to put the claim to rest.” A “White House official confirmed that Darroch and Lyall expressed their concerns to both...Spicer and...McMaster.” The New York Times (3/17, A1, Baker, Erlanger), however, reports “other White House officials...said Mr. Spicer offered no regret to the ambassador.” A “**senior West Wing official**” told the Times, “He didn’t apologize, no way, no how.” Bloomberg Politics (3/17, Talev, Sink, Ross) says the “unusual” White House pledge came after British officials lodged “a high-level complaint” over Spicer’s citation at Thursday’s press briefing of “a disputed Fox News commentator’s report suggesting the UK helped” the Obama Administration spy on Trump. The Wall Street Journal (3/17, Gross) reports a White House official said Spicer was pointing to the news reports, not endorsing them.

CNN The Situation Room’s (3/17, 5:06 p.m. EDT, lead story, 6:47, Blitzer) Jeff Zeleny explained that there was “a bit of confusion today at the White House,” which began on Friday “morning with a

senior administration official saying that Sean Spicer and the National Security Adviser had expressed regret and expressed a form of apology to the British government. But then Sean Spicer, after that press conference, after seeing what the President has said, said there was no regret at all here. So we are ending the day here where they have not yet cleaned this up at all."

CNN The Situation Room's (3/17, 5:07 p.m. EDT, 7:54, Blitzer) chief national security correspondent, Jim Sciutto, reported Britain's Government Communications Headquarters, or "the British equivalent of the NSA," is usually "very reticent about making public comment on intelligence matters," but in conversations with Sciutto they were "very quick and unusually aggressive in knocking this story down, using words like nonsense, utterly ridiculous." Sciutto said the GCHQ "wanted that" statement, along with "what was communicated privately to the White House from the British ambassador here and from others in the British government," to serve as "the final word" on the situation. Sciutto added, "It may very well be the final word, but the fact is this is now left out there by the Trump Administration, which was in effect given an opportunity to move on but the President didn't let it be."

Trump "Very Seldom" Regrets Tweets. Reuters (3/17, Stephenson) reports the President said Friday he "very seldom" regrets his tweets despite the controversy they may cause.

Trump Accuses German Reporter Of Citing "Fake News." Politico (3/17, Nelson) reports Trump on Friday "bristled at a question from a German reporter...who asked about his 'America first' trade policies and disdain for the media, remarking that the reporter must have been reading 'fake news.'" Politico says the reporter asked, "Mr. President, 'America first,' don't you think this is going to weaken also the European Union? And why are you so scared of diversity in the news and in the media, that you speak so often of 'fake news' and that things after all, in the end, cannot be proven, for example the fact that you have been wiretapped by Mr. Obama?"

Trump Describes US As "Powerful Company," Corrects Mistake. The AP (3/17) reports the President "has declared so many times what an incredible businessman he is, perhaps it's understandable he might confuse his old job with his new one." On Friday, Trump said, "We're a very powerful company - country. We're a very strong, very strong country." According to the AP, "No one batted an eye or indicated they'd noticed anything."

Ivanka Trump Leads Father's Meeting With Merkel In Discussion Of Vocational Training. The AP (3/17, Lucey) reports Trump's meeting with Merkel "on vocational training Friday offered further evidence of the first daughter's influence in the White House." The AP says Ivanka "recruited the American executives in attendance" and also "guided the

discussion." In addition, she praised her father for his "commitment to creating millions of jobs" and stressed the need for private investment, noting that "ingenuity, creativity often comes from the determination of the private sector."

The Hill (3/17, Breland) notes IBM CEO Ginni Rometty, Salesforce CEO Marc Benioff, and Siemens AG CEO Joe Kaeser also attended the event.

NYTimes Profiles Napolitano, Attributes "Unlikely Leap Into Global Politics" To Judge's Friendship With Trump. The New York Times (3/17, Grynbaum) profiles Andrew Napolitano, "a Superior Court judge in New Jersey until, frustrated by the constraints of his salary, he left the bench for more lucrative pastures: talk radio, a syndicated small-claims court TV series ("Power of Attorney") and, eventually, Fox News, where he rose to become the network's senior legal analyst." According to the Times, Napolitano's position at the center of "a trans-Atlantic tiff between Britain and the United States" was "new ground" for a commentator who goes by "The Judge." The Times says "Napolitano's unlikely leap into global politics can be explained by his friendship with Mr. Trump, whom he met with this year to discuss potential Supreme Court nominees."

NSA Deputy Director Dismisses Allegation GCHQ Spied On Trump. Reuters (3/18, Bruce) reports Richard Ledgett, outgoing deputy director of the NSA, told BBC News that allegations the GCHQ spied on Trump during the election campaign are "arrant nonsense" and said the accusations are "just crazy." He added, "It belies a complete lack of understanding of how the relationship works between the intel community agencies, it completely ignores the political reality of 'would the UK government agree to do that?'" Ledgett added, "It would be epically stupid."

NYTimes: Trump Unlikely To Apologize To UK For Controversy. In an editorial, the New York Times (3/17) laments that President Trump is unlikely to "ever learn – or care – that his fact-free tweets have painful consequences, not just at home but abroad," as evidenced by the White House's "feverish defense" of his claims that former President Obama used the British intelligence agency, Government Communications Headquarters, to conduct surveillance on Trump. According to the Times, Trump is not likely to apologize to Obama or Downing Street for this "slur" given his past behavior.

RCP Average Has Trump's Job Approval At 44.1%.

The RealClearPolitics average of recent polling on President Trump's job approval stands at 43.7%, and his disapproval at 49.9%. The President's approval and disapproval are unchanged since yesterday.

The latest [Rasmussen](#) automated survey of 1,500 "likely voters" (3/14-3/16) finds Trump's approval at 48%, with 52% disapproving of his performance. The [Gallup](#) daily tracking poll of 1,500 "adults" (3/14-3/16) shows Trump with a 41% approval rating and 54% disapproval.

Transition Personnel News

Trump Expected To Nominate Green As Army Secretary.

[Politico](#) (3/17, Palmeri, O'Brien) reports President Trump "is set to" nominate Tennessee state Sen. Mark Green, a former US Army flight surgeon, as secretary of Army, "according to three sources with knowledge of the situation." When asked, White House spokesperson Sarah Huckabee Sanders said, "We do not have any personnel announcements at this time."

Trump Expected To Nominate Conway To Lead DOJ's Civil Division.

The [Wall Street Journal](#) (3/17, Viswanatha, Kendall) reports that according to sources familiar with the decision, President Trump will soon nominate George Conway, the husband of White House counselor Kellyanne Conway and a partner at the law firm Wachtell, Lipton, Rosen & Katz, to serve as the head of the Justice Department's Civil Division.

The [Washington Post](#) (3/17, Barrett) reports the "powerful post oversee[s] the federal government's lawsuits on a wide variety of issues, including defending...Trump's executive order on immigration."

Trump Expected To Nominate Delrahim To Lead DOJ's Antitrust Division.

"Two sources familiar with the vetting process told" [Reuters](#) (3/17, Bartz, Herbst-Bayliss) on Friday that President Trump intends to nominate Makan Delrahim, "a veteran lobbyist" from his transition team, to lead the Justice Department's Antitrust Division. Delrahim formerly served as deputy assistant attorney general for the division from 2003 to 2005.

The [Wall Street Journal](#) (3/17, Kendall) notes Delrahim is currently serving as deputy White House counsel.

Cohn To Sell Stake In Chinese Bank To Avoid Conflict.

[Bloomberg News](#) (3/17, Campbell) reports National Economic Council Director Cohn "plans to sell his stake in the world's largest bank by assets to comply with federal ethics laws and reduce conflicts of interest." According to a disclosure report obtained by Bloomberg using public-records laws, Cohn "owns almost 23.4 million shares of Beijing-

based Industrial & Commercial Bank of China Ltd.," which are "valued at more than \$15 million, and was likely acquired as part of an investment Goldman Sachs Group Inc. and its private-equity funds made in January 2006." The document says Cohn also "must divest" shares in Goldman Sachs and 18 other publicly traded companies, which "have an aggregate value of \$5.1 million based on Thursday's closing share prices, including \$1.1 million holdings in cigarette makers Philip Morris International Inc. and Reynolds American Inc." and "seven technology stocks, including Microsoft Corp., Facebook Inc. and Twitter Inc." as well as Bank of America Corp.

NYTimes A1: DeVos Relying On For-Profit College Official, Raising Ethical Concerns.

The New York Times (3/17, A1, Cohen) reports on its front page that Education Secretary DeVos has relied on Robert Eitel, a "chief compliance officer for a corporate owner of for-profit colleges," to serve as a special assistant and "his new role, which has not been announced publicly, could bump up against federal rules involving conflicts of interest and impartiality, ethics experts said, particularly given his position as a vice president for regulatory legal services at Bridgepoint Education Inc., an operator of for-profit colleges, during federal investigations into the company." The Times notes Eitel has been on an unpaid leave of absence from Bridgepoint and "a department spokesman, who requested anonymity, said Mr. Eitel is a member of a 'beachhead' team, paid staff members who are temporarily helping to lead federal agencies as the Trump administration gets up and running but do not require Senate confirmation."

New York Attorney General Accuses Exxon Of Failing To Disclose Tillerson's Alias Email Account.

New York Attorney General Eric Schneiderman accused Exxon Mobil Corp. this week of failing to notify his office of Secretary of State Tillerson's email account under the "Wayne Tracker" alias, Bloomberg Politics (3/17, Larson) reports. Bloomberg notes the content in the emails "may have been critical in helping determine whether Exxon withheld negative climate-change predictions from investors." In a filing on Friday, Exxon claimed a technical glitch may have interfered with the automatic preservation of emails under the Wayne Tracker account. "Notwithstanding insinuations to the contrary, Mr. Tillerson's use of the Wayne Tracker account was entirely proper," Exxon also maintained. Schneiderman alleged Tillerson used the email from at least 2008 to 2015.

Priebus' Outreach To FBI Likely Violated White House Rules.

White House Chief of Staff Priebus' "request that the FBI refute a report of Donald Trump associates' contacts with Russian intelligence appears to have violated the White House's policy restricting political interference in pending investigations, according to a copy of the policy obtained by" Politico (3/17, Arnsdorf), which "says only the president, vice president and White House counsel can discuss specific investigations or cases with the attorney general, deputy attorney general, associate attorney general or solicitor general. Any other conversations require the approval of the White House counsel, according to the document." White House Counsel McGahn sent the memo – titled "Communications Restrictions with Personnel at the Department of Justice" – to all White House staff on Jan. 27. **McGahn** said, "In order to ensure that DOJ exercises its investigatory and prosecutorial functions free from the fact or appearance of improper political influence, these rules must be strictly followed."

Three Democratic Senators Call For DOJ, DHS To Investigate Gorka.

USA Today (3/17, Estepa) reports Sens. Ben Cardin, Dick Durbin, and Richard Blumenthal sent a letter on Friday "to the Department of Justice and the Department of Homeland Security, asking that they look into whether [Sebastian] Gorka, Trump's counterterrorism adviser, falsified his naturalization application or 'other illegally procured his citizenship.'" USA Today says "at issue is whether Gorka is a member of Vitézi Rend, a group that is listed by the State Department as an organization that is under the direction of Nazi Germany." They warn, "Failure to address this case would further confirm the intent of this Administration is to discriminate on the basis of religion, rather than combat extremist views."

Taxes and Budget

Republicans Say Trump Budget Lacks Populism Of Campaign Promises.

USA Today (3/17, Przybyla) reports that while President Trump during his campaign "cast himself as an uncompromising populist who would fight for forgotten poor, rural Americans," his proposed budget "is a betrayal of those people and his populist message, according to several former Republican budget officials." According to USA Today, "a number of former GOP budget officials [are] openly critical of the president's first budget outline to Congress because it fails to address the long-

term drivers of the debt and appears 'vindictive' in eliminating programs that serve the poor and elderly." Rep. Chris Collins, the President's liaison to Congress, "said he has serious concerns about 'significant cuts to local programs, which I believe go too far.'"

Trump Budget Cuts Programs Popular With Cabinet. In an analysis of the President's budget cuts, Politico Magazine (3/17, Grunwald) reports the President "isn't just attacking programs with bipartisan support; he's attacking programs with the support of his own Cabinet." Transportation Secretary Chao had "testified at her confirmation hearing that she would push for more funding for an innovative grant program called TIGER," but Trump's plans "would scrap TIGER." In addition, Energy Secretary **Perry** "tweeted last week that a similarly popular cutting-edge research agency called ARPA-E was 'key to advancing America's energy economy,'" but the "budget would kill ARPA-E, too." Meanwhile, Defense Secretary Mattis also "told Congress that climate change was a serious national security threat," yet the budget "promptly launched a whole-of-government attack on climate and clean energy programs, including NASA climate research it dismissed as overly 'Earth-centric.'"

Reuters (3/17, Klayman) similarly reports that while Environmental Protection Agency Administrator **Pruitt** earlier this month "said certain EPA programs, including the Superfund program, 'are essential to protect,'" the budget includes a 31 percent cuts for the agency, "including a similar reduction of [its] Hazardous Substance Superfund Account by \$330 million to \$762 million."

Appropriators: Too Late For White House Cuts To Fiscal 2017 Spending. Politico (3/17, Ferris) reports Republican leaders on the House Budget and Appropriations committees, including Reps. Tom Cole and Hal Rogers, "are shrugging off a last-minute White House request to slash \$15 billion from fiscal 2017 spending legislation due in six weeks to prevent a government shutdown." On Friday, Cole said, "It's a little bit late. \$15 billion is a lot of money and certainly should be taken seriously – but in a \$4 trillion, budget, really? Especially when you're coming this late?" In addition, while House Appropriations Chairman Rodney Frelinghuysen "is not ruling out the cuts," a spokesperson for the Committee "noted Friday that 'OMB did not provide specific program reductions.'" Ranking member Nita Lowey also warned, "If there are major changes, the deal is off."

Trump Proposal Reflects Change In National Priorities, Would Not Balance Budget. The Washington Post (3/17, Florit, Soffen, Steckelberg, Meko) considers how President Trump's budget contrasts to his predecessors over the past 40 years and states "if enacted, the proposal would be one of the most dramatic redistributions of funds since Reagan's military build-up during the Cold War in the early 1980s."

The Washington Post (3/17, Swanson) reports that despite the “sweeping cuts to many parts of the federal government” that “many see...as draconian, they still don’t come close to fixing the country’s budget problem.” The Post says that not only were the cuts “offset with increased spending on the military,” the “skinny budget” also only focuses on discretionary spending, as “White House decisions on mandatory spending – funding that goes to programs like Medicare, Medicaid and Social Security and is required by law – are expected to come later this year.”

Former New York Times (3/17, Calmes) correspondent Jackie Calmes contends that “spending cuts alone do not a fiscal conservative make,” as the President’s budget “is forfeiting the mantle of fiscal conservatism that the Republican Party claimed for a century.” According to Calmes, “Trumpism would just take fiscal irresponsibility to a new level.” She adds, “true fiscal conservatives would know: Not only is this type of spending not the cause of rising federal debt, but also much of it is what long was called the nation’s ‘seed corn’ – money for investments in public works, science, medical research, a skilled work force and other purposes crucial to future prosperity.”

Rural, Poor Americans Worried About Impact Of Budget Cuts.

In a front-page article headlined “Trump Budget Cuts Put Struggling Americans On Edge,” the New York Times (3/17, A1, Tavernise, Gabriel) reports “in two days of interviews with beneficiaries of programs at risk in 11 states, many people said they did not see themselves reflected in Mr. Trump’s vision for the government. And some felt surprise at what has been left out.”

The Washington Post (3/17, Guo) describes how cuts would affect residents of rural Appalachia, given “none of the rural development agencies – the Appalachian Regional Commission, the Delta Regional Authority, the Northern Border Regional Commission – would receive any money.” The Post says that “by proposing to zero out these programs, the president’s budget would eliminate a key effort to help to some of the nation’s poorest regions,” and would affect “more than 37 million people...in the 698 counties where the agencies work.” Reuters (3/17, Volcovici) says that the proposed cuts are “stirring fears in a region that supported him of another letdown on the heels of the coal industry’s collapse” and they “are perceived by some in Appalachia as a betrayal of his promises to help coal miners.”

Advocates Against Domestic Abuse Say Budget Would Have “Devastating Impact On Vulnerable Women.” The Huffington Post (3/17, Jeltsen) reports “advocates working with victims of domestic violence reacted with alarm to...Trump’s first budget blueprint, warning that his

proposed cuts could have a devastating impact on vulnerable women across the country.”

Marcus: Trump Budget Ignores “Forgotten Men And Women.” In her [Washington Post](#) (3/17, Marcus) column, Ruth Marcus argues that based on the President’s budget and healthcare reform effort, the “forgotten men and women” he campaigned on behalf of, “would have been better off forgotten.” According to Marcus, “Trump’s proposals would hurt the voters whose interests he pledged to protect: cuts to job training, college aid, housing assistance, heating costs, rural development, meals for shut-ins and after-school programs for low-income students.”

Parker: Trump’s Budget Proposal “A Collection Of Bad Ideas.” In her [Washington Post](#) (3/17, Parker) column, Kathleen Parker criticizes the President’s budget as “really just a collection of bad ideas or suggestions [that] doesn’t stand a chance of congressional approval as is.” Parker asserts, “Greatness, like beauty, is in the eye of the beholder — and Trump’s idea of both tends toward reactionary excessiveness unburdened by history’s future judgment.”

Lawmakers, Beneficiaries Condemn Proposed Cuts To Meals On Wheels.

The [AP](#) (3/17, Daly) reports Republican and Democratic lawmakers are criticizing President Trump’s proposed budget for seeking to impose “a sharp funding cut” to Meals on Wheels, “the popular service that provides food to the elderly.” The AP identifies Reps. Gus Bilirakis, Linda Sanchez, and John Conyers among the lawmakers supporting the program.

On the [CBS Evening News](#) (3/17, story 5, 2:00, Mason), Michelle Miller describes the program as “a critical lifeline for nearly 2.5 million seniors, veterans, and the disabled.” While a beneficiary of Meals on Wheels told Miller she “was under the influence that [Trump] was going to help us” and is worried by the proposed cuts, she “says she still supports” the President.

Meanwhile, the [Huffington Post](#) (3/17, Miller) reports Meals on Wheels America “says it has seen a 500 percent increase in volunteer signups and 50 times more online donations than usual in the 24 hours since...Trump’s administration proposed eliminating the program’s federal funding.”

However, [Washington Post](#) (3/17, Kessler) “Fact Checker” Glenn Kessler acknowledges White House Budget Director **Mulvaney’s** position on Meals and Wheels has been “misinterpreted” because when he said, “We want to give you money for programs that don’t work,” Mulvaney was talking “about a program in the Housing and Urban

Development Department known as CDBG, or community development block grants," not Meals on Wheels, which is mostly funded by "a separate program run out of the Health and Human Services Department, said Jenny Bertolette, vice president of communications at Meals on Wheels." Kessler states that **Mulvaney** said, "Meals on Wheels is not a federal program. It's part of that community – the CDBG – the block grants that we give to the states. And then many states make the decision to use that money on Meals on Wheels."

NYTimes Analysis: Meals On Wheels "Gets Results." Writing for the New York Times (3/17, Carroll) "The Upshot" blog, Aaron Carroll, MD, a professor of pediatrics at the Indiana University School of Medicine, contends Meals on Wheels "gets results," according to the evidence. He acknowledges that "despite expressions of alarm on social media, killing the community block grant program would most likely not kill Meals on Wheels." Nonetheless, Carroll concludes that "many peer-reviewed studies in the medical literature" and "several systematic reviews" have found "it would be wrong to say that it's not effective."

Media Analyses: Budget Neglects To Address Infrastructure Proposal.

While President Trump "billed" his budget "as a blueprint for acting on campaign pledges," the New York Times (3/17, Rappeport, Corasaniti) says that "neglected in his cascade of spending cuts to federal agencies and largess for the military and border protection was one of his biggest promises: investing in infrastructure." According to the Times, "there was no sign in the budget released by the White House this week of the trillion-dollar infrastructure plan that Mr. Trump touted last summer. Instead, he proposed slicing the Department of Transportation's budget by 13 percent, or \$2.4 billion."

Similarly, the Huffington Post (3/17, Erbentraut) reports the budget "appears to give infrastructure a back seat to military spending" as among the cuts are "various Environmental Protection Agency cleanup initiatives like the Great Lakes and Chesapeake Bay programs" as well as "rural water utilities, already dealing with challenges to efforts to deliver clean water to customers," as they "would take a big hit from the elimination of the Department of Agriculture's rural water and wastewater loan and grant programs."

The Washington Post (3/17, Laris) lists 16 projects that had been going through review with the Federal Transit Administration, but would now "be out of luck" and mentions in the article projects in Silicon Valley; Los Angeles; Durham and Chapel Hill, North Carolina; Lake County, Indiana; and a New Jersey to Manhattan tunnel.

OECD Urges US To Invest More On Infrastructure. The AP (3/17)

reports the Organization for Economic Cooperation and Development released a report Friday saying "governments need to do more to create growth that benefits everyone, and the U.S. should spend more on roads, highways, bridges and airports." The OECD in particular "said U.S. spending on infrastructure 'is not keeping pace with the needs of the evolving economy and is contributing to congestion, urban sprawl and environmental degradation.'"

Burwell, Frieden, Advocacy Groups Criticizing Budget Plan Over Health Impacts.

Newsmax (3/17, Fitzgerald) reports former Health and Human Services Director Sylvia Matthews Burwell on Friday criticized the budget cuts during an interview on MSNBC's "Morning Joe." Burwell said, "Those kind of cuts really hurt our ability to serve the American people," and added, "Those kinds of cuts are the kinds of things when people can't deliver what is expected by the American people."

Reuters (3/17, Steenhuysen) reports former Centers for Disease Control and Prevention Director Dr. Tom Frieden on Friday said the budget's proposal to block grant funding to states for public health threats is "a really bad idea," because the states "never have to report what they have done or be held accountable for it."

Meanwhile, the AP (3/17, Neergaard) reports a number of health groups are also worried the budget proposal "to slash funds for the nation's engine of biomedical research," the National Institutes of Health, "would be devastating for patients with all kinds of diseases – and for jobs." The Washington Post (3/17, McGinley) similarly says "cancer researchers and advocacy groups are denouncing President Trump's proposed budget, warning that its 19 percent cut for the National Institutes of Health could cripple or kill former vice president Joe Biden's cancer 'moonshot' initiative and other important biomedical efforts."

In addition, the New York Times (3/17, McNeil) reports the President's call "to eliminate the Fogarty International Center at the N.I.H., would, global health experts say, make America vulnerable again."

Ingraham: LIHEAP Has "Pretty Big Footprint," Program's Elimination Hurts Poor. In his Washington Post (3/17, Ingraham) column, Christopher Ingraham criticizes President Trump's budget for calling on the Department of Health and Human Services to eliminate the Low Income Home Energy Assistance program (LIHEAP), which is an "initiative that provides close to 6 million low-income households with help for their heating and cooling bills." Ingraham says the program "appears to be working" in terms of "reducing overall energy insecurity"

and it has “kept millions of families warm, hundreds of thousands cool, and helped 1.7 million avoid termination of their utilities. That’s a pretty big footprint.” He acknowledges LIHEAP is not perfect and contends “the biggest problem with LIHEAP appears to be that it’s chronically underfunded: It’s typically only able to serve 20 percent of eligible homes each year before funding runs out.”


Moderate Republicans Criticizing Proposal To Eliminate NEA, NEH.

The New York Times (3/17, Cooper, Deb) reports that while President Trump’s proposal to eliminate the National Endowment for the Arts and National Endowment for the Humanities “at first blush [is] like a dream come true for conservatives,” a number of “key Republican lawmakers are expressing support for the programs, which, since their near-death experiences during the culture wars of a generation ago, have taken pains to counter accusations of coastal elitism by making sure to distribute their grants widely across all 50 states.” The Times says sympathetic lawmakers include Sens. Lisa Murkowski, Susan Collins, and Shelley Moore Capito as well as Reps. Mark Amodei and Leonard Lance.

Trump Fails To Account For Lack Of Skilled Workers To Build Navy Fleet.

Reuters (3/17, Stone) reports that while President Trump “has vowed a huge build-up of the U.S. military to project American power in the face of an emboldened China and Russia” as well as “expanding the Navy to 350 warships from 275 today,” interviews with “ship-builders, unions and a review of public and internal documents show major obstacles to that plan.” In particular, “many” of the “tens of thousands of skilled shipyard workers” who will be required “don’t exist yet because they still need to be hired and trained, according to the interviews and the documents reviewed.” The Navy has submitted a report to Defense Secretary Mattis “that explores how the country’s industrial base could support higher ship production, Admiral Bill Moran, the vice chief of Naval Operations with oversight of the Navy’s shipbuilding outlook, told Reuters.”

Police Departments Concerned By Budget Cuts To Counterterrorism Programs.

Jim Axelrod of the  CBS Evening News (3/17, story 4, 2:00, Mason) reported President Trump’s budget proposal “would cut \$667 million to state and local police,” which in 2016 “those grants meant \$110 million for counterterrorism in New York City.” New York Police Department Commissioner James O’Neill warned, “This funding is absolutely critical.

It is the backbone of our entire counterterrorism apparatus." O'Neill continued, "Simply put, we cannot afford to cut corners in fighting terrorism." Axelrod added that "the White House points out the overall DHS budget is going up by seven percent. A source at the Office of Management and Budget tells CBS News they just want the state and local departments to pick up some of the cost." The proposed budget "just asks for a 25 percent cost share," but 28 cities that "depend on counterterrorism funds from DHS, including LA, Chicago, and Washington, DC," expressed deep concern "about these proposed cuts."

Humanitarian Community Warns Against Proposed Cuts In US Aid Contributions.

The Wall Street Journal (3/17, Fassihi) reports United Nations Secretary-General António Guterres issued a statement on Thursday in which he expressed his commitment to working with the US on President Trump's proposed reduction of America's contributions to climate programs and peacekeeping efforts. Yet, Guterres warned, "Abrupt funding cuts can force the adoption of ad hoc measures that will undermine the impact of longer-term reform efforts" at a time when "we are confronted with an unprecedented accumulation of crises."

The European Union's international cooperation and development commissioner, Neven Mimica, similarly told the AP (3/17, Meseret) on Friday, "Any withdrawal or cut in the development assistance would actually go contrary to the implementation of the Sustainable Development Goals agenda." That agenda's "ambitious" goals include "eradicating poverty, reducing disease burden and ensuring clean water around the world, among other issues, by 2030." Trump's proposed budget "would carve \$17 billion from funding for the State Department and U.S. Agency for International Development." The proposed 31 percent reduction in US financial aid constitutes "a dramatic shift for the world's top humanitarian donor." Mimica added that "the EU, however, shall do its best to be the best donor in the world."

Palm Beach Officials Ask Trump Administration To Pay More For Protection.

Local officials are calling for President Trump personally or the Federal government to pay for protection at his Mar-a-Lago resort, as according to estimates the Palm Beach County Sheriff's Office provided to CNN (3/17, Merica), "it costs about \$60,000 in overtime every day Trump spends in Florida." CNN notes that "Trump has spent, before this weekend, 14 days in Florida since taking office in January, meaning costs to the sheriff's department will likely top \$1 million during this weekend's visit." Palm Beach County Mayor Paulette Burdick said, "It

means the local taxpayers will have to bear the added burden of being part of the security for the president of the United States. It will either be cuts or increase in taxes.”

A [Washington Post](#) (3/17, Bump) analysis also examines Trump’s travel expenses and concludes “if Melania and Barron never move to Washington and if Trump continues to head to Mar-a-Lago for four out of every nine weekends, our estimates put the total cost at something like \$526 million over the course of Trump’s presidency.”

Healthcare

Trump Endorses Conservative Proposal To Make Work A Medicaid Requirement.

The [New York Times](#) (3/17, Kaplan, Pear) reports President Trump met with members of the conservative Republican Study Committee on Friday and announced he is in agreement with “conservative lawmakers in the House...to allow states to impose work requirements on able-bodied Medicaid recipients and to accept federal Medicaid funds as one annual lump-sum block grant, two major concessions to balking hard-liners as they try to rally support for legislation to repeal the Affordable Care Act.” The Times describes the newest “concessions” as both “significant, at least symbolically, and...politically risky,” as does the [Washington Post](#) (3/17, Goldstein, Eilperin), which considers the GOP’s efforts to be a “profound change” that has “long been popular on the far-right as a way to promote personal responsibility but opposed by Democrats who fear it would deprive health care to many people who need it the most.” In a separate article, the [Washington Post](#) (3/17, Ehrenfreund) says the “radical” proposal would “fundamentally change how the government provides health care to poor Americans.”

[ABC World News Tonight](#)’s (3/17, story 5, 2:15, Muir) Mary Bruce reported “the businessman President is trying to close the deal.” ABC broadcast Trump, saying negotiations are “coming together beautifully.” The [Washington Post](#) (3/17, Debonis, Phillip) reports the President said, “I want to let the world know: I am 100 percent in favor.” He added that the RSC had been “no’s, mostly no’s yesterday, and now every single one is a yes.” According to RSC Chairman Mark Walker, Trump asked if they would support the American Health Care Act if the changes were made and “we all agreed, to a man.”

Although a front-page [Wall Street Journal](#) (3/17, A1, Radnofsky, Hackman, Peterson) article highlights the importance of the Republican Study Committee’s endorsement for the healthcare bill, [The Hill](#) (3/17, Cusack) reports House Freedom Caucus Chairman Rep. Mark Meadows in an interview with C-SPAN’s “Newsmakers” to air on Sunday

"suggested he knew changes were coming, but indicated they wouldn't be enough to get his support" and "he expressed major reservations with the voluntary Medicaid work requirements in the revised bill, which he described as 'a step backward.'" The Hill (3/17, Hensch) also reports the House Freedom Caucus tweeted Friday, "The House Freedom Caucus still opposes the GOP replacement bill in its current form."

According to Politico (3/17, Bade, Palmeri, Cheney), the House Freedom Caucus "is taking a big risk in threatening to blow up Ryan's health care proposal," as while White House Chief Strategist Bannon is "clearly...sympathetic" toward the conservative group, passage of the legislation "is a top priority for Trump and could have ramifications for the rest of the president's agenda."

Price Urges GOP Lawmakers To "Collaborate" To Pass Healthcare Law. The AP (3/17, Alonso-Zaldivar, Fram) reports Health and Human Services Secretary **Price** on Friday "prod[ed] divided Republicans to 'get together and collaborate'" on the healthcare reform bill. Reuters (3/17, Cornwell) reports **Price** added Trump is "very supportive of this plan [and he] thinks that it addresses his priorities."

Scalise: Most GOP Lawmakers Willing To Support Healthcare Bill Given Changes. Politico (3/17, Nelson) reports House Majority Whip Scalise on Friday "sounded optimistic...that controversial legislation making its way through Congress to repeal and replace Obamacare will ultimately have the votes to pass." In an interview with CNN's "New Day," Scalise said, "I'm talking to members today that are undecided, that are 'no' and 'lean-no' and frankly there's a path for most of them to get to 'yes.'" Scalise added, "We're working very closely with the White House on very specific changes that gets some of those members that are 'no' to a 'yes' vote on the bill."

However, The Hill (3/17, Sullivan) reports Scalise "declined to commit to having a new Congressional Budget Office (CBO) analysis of the ObamaCare replacement bill before a vote" on the legislation next week. He added, "We're working with CBO on all of these [changes], obviously CBO works a lot slower than we'd like, but that's OK, that's their method." He added, "We're moving forward with our bill because the American people want relief from ObamaCare."

Sasse: Healthcare Bill "Will Not Pass In Its Current Form." Politico (3/17, Griffiths) reports Sen. Ben Sasse on Friday "was muted during an early morning town hall...in his criticisms over his party's efforts to repeal and replace Obamacare," though he acknowledged, "I think the House bill currently being debated will not pass in its current form."

Cotton Warns GOP Majority "At Risk" If Healthcare Reform Effort "Goes Wrong." The AP (3/17, Werner, Freking) reports that while Sen. Tom Cotton "is not known for clashing with leadership or plotting with conservative trouble-makers in the House," he has become "one of the

loudest critics of GOP health legislation.” The AP says Cotton in an interview Thursday issued a “warning [to] House Republicans against voting for the bill, cautioning that it could die in the Senate and cause political pain for all its supporters, and [he is] threatening to withhold his own vote unless it becomes more to his liking.” He asserted, “The House majority could be at risk if we get health care reform wrong.”

WPost Analysis: GOP Moderates Pose “Hurdle” To Healthcare Reform.

The Washington Post (3/17, Kane) suggests that while “arch conservatives have come to define the House Republican brand this decade,” House Speaker Ryan “is dealing with a different rebellious flank within the House Republican Conference,” as moderate GOP lawmakers “are shaping up to be at least as big a hurdle to achieving the long-held goal of repealing the 2010 Affordable Care Act and replacing it with a more market-oriented series of policies.”

NYTimes Analysis: Healthcare Reform To Test Trump’s “Marriage Of Convenience” With Ryan. The New York Times (3/17, Flegenheimer, Haberman) discusses how “with the health care bill staggering through the House, its fate uncertain,” President Trump and House Speaker Ryan’s “marriage of convenience” is “facing an essential test, as White House officials and congressional leaders stare down the prospect of failing at their first major legislative heave.” According to the Times, “For the president and the speaker, passage of the bill is about more than the health care debate; it is a matter of demonstrating that major legislation – with the weight of the White House behind it – can sweep through a Republican Congress.”

WSJournal Analysis: Trump Would Benefit From Healthcare Tax Cuts.

The Wall Street Journal (3/17, Rubin) predicts the American Health Care Act’s repeal of the net investment income tax will likely benefit the President and his businesses, though the Journal acknowledges the exact effect of the tax cut on Trump is not clear given he has not made his tax returns public and his other financial disclosures have been contradictory.

Four GOP Governors Announce Opposition To Republican House Healthcare Bill.

The Wall Street Journal (3/17, Hackman) reports Arkansas Gov. Asa Hutchinson, Ohio Gov. John Kasich, Nevada Gov. Brian Sandoval, and Michigan Gov. Rick Snyder sent a letter to congressional leaders on Thursday night announcing their opposition to the American Health Care Act. In the letter, they asserted, “Unfortunately, the current version of the House bill...provides almost no new flexibility for states, does not ensure the resources necessary to make sure no one is left out, and shifts significant new costs to states.”

Moody's: Healthcare Reform Proposal Would Hurt State Budgets.

Reuters (3/17, Respaut) reports Moody's Investors Service announced Friday that the American Health Care Act "would be a credit negative for U.S. states...because it would shift a greater share of the cost of Medicaid to the states." Moody's said "states will face difficult decisions" because of the GOP's plan to phase out Federal funding for Medicaid expansions by 2020 and the credit ratings company warned that "if states maintain the expansion programs for non-elderly adults with incomes up to 138 percent of the federal poverty level, they will be on the hook for a larger portion of expenses related to new enrollees."

Shaheen Criticizes GOP Healthcare Plan In Democratic Weekly Address.

The AP (3/17) reports Sen. Jeanne Shaheen used the Democrats' weekly address on Friday to contrast President Trump's "campaign-trail promises to improve health care coverage, lower costs and fight the opioid epidemic," with the GOP plan to repeal the Affordable Care Act, which she asserted "would hurt millions of people."

Leonhardt: Anthem Has Conflict Of Interest In Supporting GOP Healthcare Bill.

In his New York Times (3/17, Leonhardt) column, David Leonhardt contends Anthem CEO Joseph Swedish's "carefully worded" support for the Republican healthcare reform bill is just "another tale of the Trump administration's conflicts of interest." He notes Anthem tried to acquire Cigna but could not win support from the Justice Department under former President Obama, which is why "Anthem's best remaining hope for the deal is probably to persuade the Trump administration to take a different view of the merger and unblock it." According to Leonhardt, "The episode is important because it shows both how big companies play political hardball and how unconcerned the Trump administration is with basic government ethics."

Justice Department Investigating Health Insurers For Medicare Fraud.

Reuters (3/17, Raymond) reports the Justice Department has disclosed that it is investigating four health insurance companies following a lawsuit alleging the companies "defraud[ed] Medicare by claiming patients were treated for conditions they did not have or received no treatment for." These include Health Net Inc, Aetna Inc, Cigna Corp's Bravo Health Inc, and Humana Inc. The article said revelations about the probes into these companies came out during a whistleblower suit against UnitedHealth Group Inc, brought by former executive Benjamin

Poehling.

Four Former FDA Commissioners Warn Of Dangers Of Drug Importation.

The Washington Post (3/17, McGinley) reports former Food and Drug Administration Commissioners Robert Califf, Margaret Hamburg, Andrew von Eschenbach, and Mark McClellan signed an open letter posted Friday by the Margolis Center for Health Policy at Duke University "warning Congress that legalizing the importation of drugs from other countries – an idea that has drawn support from both Bernie Sanders and Donald Trump – is a risky approach that would endanger consumers by exposing them to fake, substandard and contaminated drugs." They concede the proposal would likely help Americans access less-expensive medicines, according to the Post, but warn it would likely "harm patients and consumers and compromise the carefully constructed system that guards the safety of our nation's medical products." The Post notes FDA Commissioner-designate Scott Gottlieb, MD, has said that he "agrees with his predecessors."

Bharara Reportedly Investigating HHS Secretary Price Prior To Being Removed.

ProPublica (3/17, Faturechi) reports prior to being removed by the Trump Administration, former US Attorney Preet Bharara "was overseeing an investigation into stock trades made by the president's health secretary, according to a person familiar with the office." HHS Secretary Price during his confirmation hearings was questioned about investments made while serving in Congress. The article notes he "traded hundreds of thousands of dollars worth of shares in health-related companies, even as he voted on and sponsored legislation affecting the industry."

Bump: Price's "Less-Than-Rousing Endorsement" Of Mandatory Vaccinations Likely From Trump.

Washington Post (3/17, Bump) correspondent Philip Bump argues Health and Human Services Secretary Price's "less-than-rousing endorsement of mandatory immunization" this week at a CNN town hall "threatens his organization's mission." Bump provides an interactive chart in the article that highlights the importance of "herd immunity." According to Bump, Price likely did not promote the importance of immunization "in part because of the position of his boss, President Trump," who "has repeatedly questioned the safety of vaccines, parroting the even-then discredited link to autism."

Politico Profiles Army General Who Made Fighting Suicide Top

Priority.

A more than 5,500-word [Politico Magazine](#) (3/17, Hattem) "Friday Cover" story reports that facing a growing number of suicides among his soldiers, Fort Bliss commander Major General Dana Pittard made it a top priority to focus on how to combat the problem and to find "the roots and causes" to prevent more suicides. A solution he came up with, Politico says, was to "aggressively expand mental health services at the base." This included increasing mental health staff, "creat[ing] new social spaces and nighttime services, [and] treatment for substance abuse and post traumatic stress disorder." The services were made available to all, regardless of "whether or not there was any reason to believe they were at risk of killing themselves—because he believed everyone was vulnerable to suicide."

Vietnam Veterans Exposed To Agent Orange Not Eligible For Disability Benefits.

[McClatchy](#) (3/17, Douglas) reports military veteran Sam Genco was last year diagnosed with ischemic heart disease, which the Federal government has noted to be a common condition resulting from exposure to Agent Orange. The article says he was 19-years-old when he "narrowly survived one of the United States' worst military aircraft carrier fires" and that he attributes his illness to the ship's drinking water. However, he is not eligible for military disability benefits tied to Agent Orange. The reason, the piece notes, is that he is "caught in a bureaucratic maze and a struggle involving widespread disagreement among experts about why he's sick." He is one of an estimated 90,000 affected by "blue water," in which sailors were "exposed to Agent Orange via their ships' drinking water or from winds blowing the chemical out to sea." The VA, however, "wants more evidence before it will award the sailors benefits."

Death Of Ohio Couple In Overdose "Raising Questions" About Pilot Screenings.

[NBC Nightly News](#) 📺 (3/17, story 8, 2:10, Holt) reported on the accidental overdose of a husband and wife in Dayton, Ohio. Coverage indicated the couple were found by their children after waking up to get ready for school. Correspondent Tom Costello said, "Two more lives lost to America's opioid addiction. Courtney Halye and her husband Brian, a captain with Spirit Airlines." He noted that Spirit Airlines said in an NBC interview, "'Captain Halye served at the airline for just over nine years. His final Spirit flight was last Friday, March 10,'" which Costello said is "raising questions about how pilots are screened for drug abuse."

At Least Five Women Misled About Zika By DC Lab Have Given Birth.

"At least one woman with the Zika virus and four others who may have been infected but were mistakenly told last year they were healthy – because of botched tests at a D.C. government lab – have since given birth, according to health-care providers," the Washington Post (3/17, Davis) reports, although "there have been no reports of babies born in the District during that time with microcephaly." The Post states that these births "ensure that it could be years before the full impact of mistakes made at the District's public-health lab can be tallied."

Cholesterol Drug Shows "Dramatic" Results In New Study.

"The first rigorous test of an expensive new drug that radically lowers cholesterol levels found that it significantly reduced the chance that a high-risk patient would have a heart attack or stroke," the New York Times (3/17, Kolata) reports, citing a new study involving 27,564 men and women using Amgen's Repatha that was published Friday in The New England Journal of Medicine and presented at the annual meeting of the American College of Cardiology.

ABC World News Tonight (3/17, story 13, 0:30, Muir) said the study had "some pretty dramatic results" as the medication "not only cause[s] cholesterol levels to plunge, it also cuts the risk of heart attack by up to 20 percent when given with a traditional statin." NBC Nightly News (3/17, story 9, 2:10, Holt) similarly highlighted that the study is "being called a big medical breakthrough in the treatment of high cholesterol and heart disease." NBC News Medical Correspondent Dr. John Torres noted, "There are 11 million Americans who could benefit from this expensive drug. The price they may pay for a healthy life."

The Washington Post (3/17, Bernstein) emphasizes "heart disease is the number one killer of Americans." The Post adds that while the Food and Drug Administration approved the first PCSK9 inhibitors in 2015 for people diagnosed with heterozygous familial hypercholesterolemia and for patients "who have had heart attacks and other serious cardiovascular problems but still cannot reach target LDL levels using statins," the FDA needs to conduct cost-benefit analyses before it decides to expand treatment, given the high price of the medication.

Immigration

Trump Administration Files Appeal In Latest Ruling On Travel Ban.

The Washington Post (3/17, Barrett) reports the Justice Department on

Friday filed papers in a Maryland Federal court seeking to “salvage” the second version of President Trump’s travel ban and, according to the Post, “setting up a new showdown in the U.S. Court of Appeals for the 4th Circuit.” This follows orders issued from two separate judges in Hawaii and Maryland against the executive order for “violat[ing] the First Amendment by disfavoring a particular religion.”

President Trump’s own campaign rhetoric on immigration played a role in the decisions issued by the judges in Hawaii and Maryland, the Wall Street Journal (3/17, Gershman) states. Both judges said there was convincing evidence that the executive order was motivated by anti-Muslim sentiment, based on Trump’s own statements made in interviews and on television appearances while on the campaign trail.

However, the decisions handed down by those judges, the Wall Street Journal (3/17, Kendall) says in a separate article, were not final decisions on whether the orders are legal or not. Rather, the Journal says the courts have been deciding only whether the orders should be placed on hold as litigation continues. How soon the 4th Circuit takes up the case is still unclear at this point.

Refugee Agencies Face Uncertainty In Fight Over Trump’s Immigration Orders. The New York Times (3/17, Robbins) reports refugee agencies have been caught in the middle of the legal struggle over President Trump’s executive order on immigration. The Times cites the case of the refugee resettlement agency Church World Service, which laid off 40 of its 600 employees when the order was issued last month. The temporary stays on the executive orders, while cheered by the group, also left them in an uncertain position. The organization’s executive director of the immigration and refugee program said, “We just simply do not know. ... There’s no guarantee that this hold will hold between now and Sept. 30.” He also said, however, “You can’t just play games with people. You can’t just lay off 500 people and then hire them back and lay them off again. We’re going to need some answers from the federal government.”

Muslims In Hawaii Take Action Against Trump’s Travel Ban. The Wall Street Journal (3/17, Lovett) reports that the small Muslim community in Hawaii has found itself at the center of the immigration debate and the place of Islam in the country. The Journal says an imam with the local mosque, Ismail Elshikh, joined the state in its lawsuit against President Trump’s revised travel ban. Elshikh noted that he was personally affected by the ban, but the Journal says even those who aren’t have felt unsafe because of it and have been driven into action after becoming targets since the election.

Film Series Protesting Islamophobia To Show Films From Travel Ban Countries. The New York Times (3/17, Shea) reports that a new film series that is set to be screened nationwide in May will feature movies

from countries affected by President Trump's most recent travel ban. Titled "The Seventh Art Stand," the series is "a protest against Islamophobia" and "will take place in community centers, museums and theaters" across "more than 30 venues in states such as Hawaii, Washington, New York, Texas and Indiana."

WPost: Trump's Immigration Order May Be Legal. The Washington Post (3/17) says in an editorial that President Trump's revised order on immigration, while perhaps as problematic as the first, is still "legally far more defensible." The Post says that "decades of precedent instruct judges to defer to the executive branch on immigration and national security matters such as this." It also says that even when executive orders have previously "conflicted with other constitutional principles, such as freedom of speech and freedom of association, courts have been deferential to the executive." Critics, it says, could still seek to have the court's "ascertain the president's authentic motivations" under the argument that "establishment-clause interests are so strong" in this case. Still, the Post says that judges may not be willing to "ferret out the president's intentions and to craft new boundaries for the nation's immigration policy."

DOJ Developing Plans To Reassign Judges To 12 Cities To Speed Deportations.

Reuters (3/17, Ainsley) in an exclusive cites two Administration officials in reporting that the Justice Department is currently working on plans to "temporarily reassign immigration judges from around the country to 12 cities to speed up deportations of illegal immigrants who have been charged with crimes." The officials have noted that the number of judges to be reassigned is still under review but that the DOJ "has begun soliciting volunteers for deployment." A DOJ spokesperson for the Executive Office of Immigration Review confirmed that targeted cities include "New York; Los Angeles; Miami; New Orleans; San Francisco; Baltimore, Bloomington, Minnesota; El Paso, Texas; Harlingen, Texas; Imperial, California; Omaha, Nebraska and Phoenix, Arizona."

According to the DOJ's Executive Office for Immigration Review, transfers to six deportation centers on the border will come as soon as Monday, the AP (3/17, Spagat) also reports. These include to "four locations in Texas and one each in Louisiana and New Mexico." Under the Administration's budget proposal for 2018 release Thursday, there is a "19-percent increase in immigration judges to 449 positions," from the current 300 positions already in place.

Kelly Tells House Democrats He Is "Best Thing To Happen" To DACA.

Politico (3/17, Caygle) reports Department of Homeland Security Secretary **Kelly** met with House Democrats on Friday and told them, "I'm the best thing that happened to DACA. ... it is still on the books." Sources present in the room also reported that **Kelly** said, "If you don't like the law we are enforcing, and I don't like many of them, please, please, please change the law." Politico notes this "was the first meeting for House Democrats with a cabinet-level official in President Donald Trump's administration" and that some of them came out of the meeting describing Kelly as "belligerent," "tense" and "rude."

Kelly was questioned over his management of the department, "particularly his ability to keep immigration enforcement agents in check," The Hill (3/17, Lillis, Bernal) reports. Rep. Ruben Gallego criticized Kelly's approach as "naive" and said that agencies such as ICE "lacked the military discipline Kelly had grown accustomed to in the Marine Corps." Democratic Caucus Chairman Joseph Crowley also said Kelly "had at times 'been dismissive' of lawmakers at the meeting 'as though they were plebes or cadets.'" Crowley said, "This is not bootcamp. These are not newly inducted members of the Marine Corps. These are experienced lawmakers who understand the law, who understand the complexities of the law and also understand the job that the secretary has to carry out the law."

Rep, Tony Cárdenas, the Huffington Post (3/17, Foley) says, walked out of the meeting halfway through, saying "Pretty damn frustrating that he's not answering questions. ... He's just going around in circles." The Post says Kelly's comments to the lawmakers that "put the onus back on them" for changing the law if they didn't like how enforcement was carried out is similar to defensive comments he has made to reporters. The article reports **Kelly** also told reporters, "I'm not the decision-maker in that regard; I follow the law. ... And by the way, I don't deport anyone. ICE doesn't deport anyone. The law deports people."

Mayors In Rust Belt Industrial Cities Dismayed Over Trump Immigration Stance.

Bloomberg News (3/17, Jamrisko, Englert) reports that President Trump's "anti-immigration message" may be popular in the "suburbs and countryside of Rust Belt swing states," but that "it's anathema" in places like St. Louis and "the region's dilapidated, post-industrial cities." The article says that for these cities, "immigrants represent rebirth: They've stabilized neighborhoods, cushioned city coffers and, in the process, supported credit ratings and bond sales." Mayors in many of these cities also "see financial salvation in these newest Americans and are dismayed by Trump's drive to tighten the borders."

LATimes Analysis: California Farms A “Proving Ground” In Battle Over Immigration, American Jobs. A more than 2,300-word Los Angeles Times (3/13, Natalie Kitroeff and Geoffrey Mohan) analysis examines the worker shortage on California farms and says “the flow of labor began drying up when President Obama tightened the border.” The Times says these farms have become “a proving ground for the Trump team’s theory that by cutting off the flow of immigrants they will free up more jobs for American-born workers and push up their wages.” So far, it says, “the results aren’t encouraging for farmers or domestic workers.” Instead, farmers are left to make the difficult choice of either abandoning “some of the state’s hallmark fruits and vegetables” or moving abroad and “import[ing] workers under a special visa or replace them altogether with machines.”

Chinese American Groups Oppose Maryland’s Proposed Sanctuary Laws.

The Washington Post (3/17, Turque) reports that “some of the most persistent and passionate voices in opposition” to various proposals that have been put forward by local lawmakers in Maryland that would “protect undocumented immigrants by limiting cooperation with federal authorities” have come from Chinese Americans. Groups such as the Maryland Chinese American Network and the Asian American GOP Coalition, the Post says, “have testified by the dozens against the Maryland Trust Act.” This, this piece says, “is an unusual burst of activism from a community of mostly first-generation immigrants,” but that President Trump’s “aggressive immigration agenda” has resonated with these groups, who “depict undocumented immigrants as a source of increased crime.”

Pakistani Doctors Donate \$15 Million To Notre Dame To Create Center On Religious Understanding.

The New York Times (3/17, Sullivan) reports that Pakistani physicians Rafat and Zoreen Ansari announced on Friday “a \$15 million to the University of Notre Dame...to create the Rafat and Zoreen Ansari Institute for Global Engagement With Religion.” The Times says the couple has already contributed “at least \$1 million and thousands of hours of their time to nonprofits focused on children with autism,” but that they started looking a year ago to “fund something that would foster better understanding of religion, including Islam, Judaism and Christianity, with the belief that all religions should be treated with equal respect.” In an interview, Mrs. Ansari said, “We came as immigrants, and this country has given us so much. ... We want to give something back to America, but also to humanity. We want to promote

the idea of equality.”

Kansas Man Convicted Of False Statements In Hate Crime Attack On Somali Men.

The AP (3/17) reports 28-year-old Diego Martinez of Dodge City, Kansas pleaded guilty on Thursday to “making false statements to the FBI during an investigation of a hate crime attack on three Somali men.” He admitted to providing a false alibi in the case when the attack happened, as well as telling investigators his cell phone was not working at the time.

Historians Debunk Myth Of Irish Slavery In US.

Irish research librarian Liam Hogan “has spearheaded the debunking effort” into the “Irish slave narrative,” the New York Times (3/17, Stack) reports. Hogan explained Irish immigrants in America were indentured servants, “a completely different category from slavery.” Archaeologist Matthew Reilly similarly explained that the legal differences between chattel slavery and indentured servitude were profound. Hogan said contemporary accounts of alleged Irish slavery originally surfaced in apolitical settings, such as history trivia websites, but escalated in a manner that has elicited political and racial tensions in the US. “These memes are the No. 1 derailment people use when they talk about the slave trade,” Hogan asserted.

Downes: Fear Among Undocumented Irish Immigrants Is “Real.” In a New York Times (3/17, Downes) “Editorial Observer” piece for St. Patrick’s Day, Lawrence Downes says Irish immigrants make up a very small fraction of the undocumented population in the US, but that these roughly 50,000 individuals “like the others, are stranded by the failure of immigration reform, and threatened by the administration’s deportation regime.” Many of these immigrants have lived in the US for years, “have bought homes, built businesses, reared children” and “are doing what immigrants here have always done, while the administration puts new effort into hunting them down and removing them.” Fears within this group, Downes says, “are real,” though he notes as a group the Irish are not “as traumatized and destitute as the Central Americans fleeing to the border, and they are not – yet – seeking sanctuary in churches.” Still, he says “the despair is the same, as is the hopelessness.”

Mexican Governors To File OAS Complaint Against US Over Deportation Activities.

The Washington Times (3/17, Dinan) reports Graco Ramirez, the governor of Morelos, Mexico and president of the National Conference of

Governors, said in a statement that the NCG will lodge a complaint on Saturday with the Organization of American States. The NCG accused President Trump of violating the Vienna Convention and other treaties that established "certain benchmark rights for anyone being detained in another country." The NCG will demand that "the OAS help ensure protections for migrants facing raids or deportation from the U.S."

Canadian Border Agents Detain Record Number Of Mexicans.

A [Reuters](#) (3/17, Paperny) exclusive reports on the spike in detentions of Mexicans by Canadian border authorities, which the article says "comes immediately after Canada's federal government lifted its visa requirement for Mexican citizens in December." In the first more than two months of 2017, Reuters says border guards detained more Mexicans than it "they did annually in any of the three previous years, according to statistics obtained by Reuters." Between January 1 and March 8, the Canada Border Services Agency detained 444 Mexican nationals, which "compare[s] with 410 for all of 2016, 351 for 2015, and 399 for 2014."

Other National News

Trump: Mar-A-Lago "Most Convenient" Location For VA Meeting.

[The Hill](#) (3/17, Lorenz) reports in its "Ballot Box" blog that President Trump "boasted Friday that his private Mar-a-Lago club in Palm Beach, Fla., was the "most convenient" place to hold a meeting 'all about' the Department of Veterans Affairs." At a press conference with VA Secretary Shulkin, Trump announced he planned to hold "a major meeting with some of the people I put on a board" to address Veterans' issues, including Marvel CEO Ike Perlmutter, although Shulkin did not plan to attend.

Meanwhile, the [Military Times](#) (3/17, Shane) reports Trump, Vice President Pence, Shulkin, and other "senior White House staff" earlier in the day held their "first face-to-face meeting with representatives from prominent veterans groups on Friday, a step that community advocates called a productive and critical step in advancing the White House's promises to veterans." According to the Military Times, "veterans advocates and Capitol Hill lawmakers" were worried after Trump did not meet with them about VA healthcare improvements, but "after Friday's meeting, those concerns largely disappeared."

Conway: Washington Is "Humorless," Cannot "Take A Joke."

[Politico](#) (3/17, Quigley) reports White House counselor Kellyanne Conway said Friday at the National Review Institute's Ideas Summit,

"No one can take a joke either, that is definitely true, humorless Washington."

Milbank: Trump Has Been "Mercifully Incompetent" So Far. In his Washington Post (3/17, Milbank) column, Dana Milbank argues that so far, President Trump's Administration "has been mercifully incompetent." Milbank highlights that the President "and the GOP-controlled Congress have been on the job two months, but he has signed only nine bills into law, none major." He concludes that the "tragicomedy" of the Administration "adds irony when you consider that the main character is the same one who campaigned by saying 'they laugh at our stupidity' and 'we are led by very, very stupid people' and 'I have the best words, but there's no better word than 'stupid.'" Now the world has reason to laugh at us – because we're with stupid."

WPost, HuffPost Analyses: Mercer Family Helped Bannon Shape "Populist Surge."

In a nearly 2,800-word analysis, the Washington Post (3/17, Gold) considers how "Republican mega-donors" Robert Mercer, a hedge fund executive, and his daughter Rebekah partnered with now White House Chief Strategist Bannon last May at the Cannes Film Festival "marked the growing influence of their financial and political partnership in shaping the 2016 campaign – and in encouraging the populist surge now reverberating around the world." According to a "review of public filings and multiple people familiar with their relationship," the Post says the Mercers and Bannon "collaborated on at least five ventures between 2011 and 2016" and via those projects, they "quietly built a power base aimed at sowing distrust of big government and eroding the dominance of the major news media."

In a nearly 7,300-word profile of the Mercers, the Huffington Post (3/17, Ward) dubs them "The Blow It All Up Billionaires" for their work with Bannon and President Trump.

Ernst: Trump Should Release Tax Returns.

The Hill (3/17, Hensch) reports Sen. Joni Ernst "said at a town hall Friday she thinks President Trump should publicly release his tax returns."

Trump Officials Threaten To Pull Out Of Paris Agreement Without Concessions For Fossil Fuels.

Politico (3/17, Restuccia) reports Trump Administration officials have told "European diplomats that the US won't stay in the nearly 200-nation Paris climate change agreement unless it can secure wins for the fossil fuel industry," including international assistance "to commercialize

and deploy technologies that will reduce emissions from fossil fuels.”

Despite Some Improvements, Coal Industry Still Struggling. The Washington Post (3/17, Mufson) reports that despite coal prices nearly doubling in the past year and President Trump vowing to ease regulation, “obstacles on the other side of the ledger” including coal plants shutting down and “bountiful supplies” of shale gas are preventing a coal jobs recovery. While experts expect “coal sales and output to top last year’s levels, they also expect the decline to resume in 2018.” They add, it will be a “tough proposition” for Trump to bring back coal jobs without subsidies.

IEA Finds Carbon Emissions Remained Flat Last Year. The Washington Post (3/17, Harvey) reports a new International Energy Administration study “has found that global carbon emissions remained flat for the third year in a row.” The Post notes that while it is “too early to tell whether emissions are peaking for good now ... the findings reinforce the growing sense that it’s now possible to enjoy economic growth without an increase in carbon dioxide output.”

EPA Awards \$100 Million To Upgrade Flint Water System.

Reuters (3/17, Volcovici) reports the Environmental Protection Agency announced Friday it has awarded \$100 million to the Michigan Department of Environmental Quality “to upgrade Flint, Michigan’s drinking water infrastructure to address a crisis that exposed thousands of children to lead poisoning.” The money was disbursed under the Water Infrastructure Improvements for the Nation Act, which was passed by Congress last year and signed into law by former President Obama.

Administration Rescinds Rule That Blocked Student Loan Agencies From Targeting Defaulted Borrowers.

McClatchy (3/17, Welsh) reports the Department of Education on Thursday “rolled back a 2015 rule that prevented student-debt collection of large fees from defaulted borrowers who quickly begin paying again.” The department in a statement “said the Obama administration rule would have benefited from public comment before it was put in place,” and it “said the rule would not be reinstated without a period of public comments. In the meantime, guaranty agencies are free to resume collecting the fees.”

DOJ Files Amicus Brief Against CFPB To Help Trump Fire Director.

In a front-page article, the Wall Street Journal (3/17, A1, Hayashi, Kendall) reports the Justice Department on Friday filed an amicus brief against the Consumer Financial Protection Bureau that calls the CFPB’s

structure unconstitutional.

The Los Angeles Times (3/17, Puzanghera) says that the DOJ argued President Trump "should be able to fire" CFPB Director Richard Cordray, "a Democrat and former Ohio attorney general who was appointed by" former President Obama, because "the structure of the controversial independent watchdog is unconstitutional." In its 33-page filing, the Justice Department "told the U.S. Court of Appeals for the District of Columbia that 'there is a greater risk that an 'independent' agency headed by a single person will engage in extreme departures from the president's executive policy.'"

DOJ Provides House Intelligence Committee With Wiretapping Documents.

The Washington Post (3/17, Demirjian) reports the Justice Department on Friday provided the House Intelligence Committee with documents requested on "President Trump's accusation that President Barack Obama wiretapped his phones at Trump Tower during the campaign." A committee spokesman said the documents are now under review.

Committee chairman Devin Nunes indicated his satisfaction about the documents produced by the DOJ, saying in a Friday statement, "The Committee is satisfied that the Department of Justice has fully complied with our request for information from our March 8 letter on possible surveillance related to Donald Trump or his associates," Politico (3/17, Lima) also reports. The committee has yet to receive requested information from the CIA and the FBI, which the article says means they have not yet been able to "definitively determine 'whether information collected on U.S. persons was mishandled and leaked.'"

Committee member Rep. Adam Schiff, however, noted on Friday "most of us haven't seen it yet. I'm told that we have one copy somewhere in the Capitol, which to wait until the end of Friday on it was a pretty poor response," Bloomberg Politics (3/17, Strohm, House) says. A statement released by DOJ spokeswoman Sarah Isgur Flores, however, stated, "The Department of Justice has complied with the request from leaders of the House and Senate Intelligence Committees and Judiciary Committees seeking information related to surveillance during the 2016 election."

The Wall Street Journal (3/17, Tau) additionally reports Rep. Tom Cole has said President Trump needs to either produce evidence of his claim of having been wiretapped by the Obama Administration or to apologize for making unsubstantiated allegations. Cole said, "I see no indication that that's true. ... Frankly, unless you can provide some pretty compelling proof, then I think the president, President Obama, is owed an apology."

Senate Intelligence Committee Schedules Hearing On Russian Involvement In Election.

The Hill (3/17, Seipel) "Briefing Room" blog reports the Senate Intelligence Committee has scheduled a hearing, titled "Disinformation: A Primer in Russian Active Measures and Influence Campaigns," for Mar. 30. Two panels will participate in the meeting; one will examine the "history and characteristics" of Russia information campaigns, and the other will examine the "role and capabilities of cyber operations."

Russian Bank Rejects Allegations Of Contacts With Trump. The AP (3/17) reports Alfa Bank, the second-largest privately-owned bank in Russia, issued a statement on Friday in which it claimed "badly intentioned attacks were carried out to create the false impression that Alfa Bank secretly maintains contacts with the Trump Organization. Whereas in actual fact such contacts don't exist and never existed." Alfa Bank added that it appealed to US law enforcement to identify the true perpetrator. The AP notes US media "widely reported" a potential server connection between the bank and President Trump's businesses.

Russia Targets US' Arms Clients In Bid To Increase Market Share. Citing data from the Stockholm Peace Research Institute, the Wall Street Journal (3/17, Grove) reports Russian arms sales rose by 16 percent to \$6.4 billion in 2016, an indication that Moscow is attempting to reclaim the market share it lost when it annexed Crimea. Russia agreed to supply arms to the United Arab Emirates, Egypt, and the Philippines – three nations that have traditionally purchased arms from the US – and is aggressively encouraging Iran, Nicaragua, and Belarus to increase their arms sales.

German Official Stresses Importance Of Unified US-EU Front Against Russia. Reuters (3/17, Shalal) reports German Foreign Minister Sigmar Gabriel told the Passauer Neue Presse newspaper, "It is important that Europe and the United States present a unified front and stick to the sanctions against Russia until there is progress in implementing the Minsk agreements." He added, "So far the United States has supported this common understanding and I hope it stays that way." After meeting with President Trump on Friday, German Chancellor Angela Merkel said she was pursuing a "safe and secure solution for Ukraine, but the relationship with Russia has to be improved as well." Trump also praised Germany and France for working toward a peaceful solution to the escalating tensions between the Ukrainian government and pro-Russian separatists.

King Compares Nixon's Watergate To Investigation In Trump's Russian Ties. Colbert King, in his column for the Washington Post (3/17, King), writes that concerns over President Trump's alleged involvement

with Russia will escalate into “a ghost over his presidency.” King warns the allegations will haunt Trump in a manner similar to how former President Nixon was unable to distance himself from Watergate. King outlines similarities between the two scenarios and calls on “an Elliot Richardson or Bill Ruckelshaus in the White House, the Pentagon, the National Security Council or the State Department” to step up and refuse Trump’s “unnerving” activities.

Former DNC Chair Demands Immediate Investigation Into Trump’s Possible Russian Contacts. Former Democratic National Committee Chair Donna Brazile, in an op-ed for TIME (3/17, Brazile), asserts “a thorough and independent investigation” into the “possible contacts between the Trump campaign and the Russians” must “start now.” Brazile says the “malicious attacks were not a momentary cyber intrusion” but coordinated attacks “by a foreign adversary and executed for over a year with devastating results for those of us who were targeted, and ultimately for every American.” She explains “There is still much we don’t know about the methods and specific objectives of the Russian government and others involved in these cyberattacks,” and “Without an independent investigation to uncover the truth, these troubling questions will not go away.”

House Lawmakers Propose Resolution For Adopting Clear Cyberwar Policy.

The Washington Times (3/17, Blake) reports House lawmakers on Thursday argued the “Federal government should adopt a policy clearly defining what constitutes an act of cyberwar.” Reps. C.A. Dutch Ruppersberger and Scott Taylor proposed a resolution “calling on Washington to once and for all adopt a clear and comprehensive policy concerning the nation’s cybersecurity, particularly with respect to waging and responding to sophisticated cyberattacks.” Ruppersberger said, “No longer does war take place on land, at sea, in the skies or in space — it’s about time we recognize that cyberspace is the battlefield of the 21st century.”

US Prosecutors Expand Wikileaks Probe To Include CIA Documents Leak. Reuters (3/17, Hosenball) reports Federal prosecutors in Virginia are expanding a grand jury investigation into Wikileaks to also include CIA documents on its site, according to a source familiar with the investigation. According to this source, “the probe is focused on who leaked descriptions and technical information on techniques and tools the CIA has used to eavesdrop on intelligence targets to the website.”

Jenkins: Russian Hack Shows “Squalor” Of State Where “Intelligence Services Are In Charge.” Holman W. Jenkins Jr. writes in his Wall Street Journal (3/17, Jenkins) column that MSNBC host Rachel Maddow is at

risk of getting information on Russian hacking in the US confused in her effort to deliver a scoop on President Trump. Jenkins says that Trump was not president when the Russian-backed hacking of Yahoo took place in 2014, but he was president when two Russian officials were indicted by the Justice Department in the case. He notes that for states like Russia, they crave secret information in order to blackmail and discredit enemies. The two individuals worked for the agency that succeeded the KGB, the FSB, in the division that cooperates with the FBI on cybercrime cases.

Gorsuch Confirmation Hearings To Begin Next Week.

Politico (3/17, Kim) reports that Judge Neil Gorsuch, at his confirmation hearings next week, will be introduced by two other Colorado natives, Sens. Michael Bennet and Cory Gardner. Bennet, the article says, is facing political pressure to cast his vote for Gorsuch but "stressed that his introduction has no bearing on whether he will support President Donald Trump's first Supreme Court nominee."

Confirmation hearings are slated to begin on Monday, McClatchy (3/17, Doyle) says. "Absent any last-minute plot twist, Gorsuch appears poised to fill the seat kept vacant by Senate Republicans during the final 10 months of the Obama administration." National Constitution Center president and CEO Jeffrey Rosen notes, "It has, indeed, been smooth and well-executed, largely because he's such an appealing candidate. ... He has strong bipartisan support in the legal community."

Media Analysis: Legal Rulings Provide Glimpse Into How Gorsuch Sees The Law. A Washington Post (3/17, Barnes) front-page analysis reports that Gorsuch has "written hundreds of opinions and participated in thousands of panel decisions" in his more than decade on the 10th Circuit. The Post says that liberal and conservative legal analysts were asked to examine his record and "narrow that voluminous jurisprudence to a handful that they say best illustrate how Gorsuch sees the law." The piece highlights the Frozen Trucker case, in which a driver claimed he was wrongfully fired after ignoring supervisor demands to "unhitch his unheated truck from its malfunctioning trailer and driving away in subzero weather in search of safety." Liberals see Gorsuch dissent in this case as "illustrative of the efforts Judge Gorsuch takes in his judicial opinions to deny critical remedies to workers wronged by their employers," while conservatives have seen it as "a principled interpretation of a statute."

Similarly, a USA Today (3/15, Wolf) analysis reports that a number of notable dissents he wrote helped to make him a likely successor to Justice Antonin Scalia. Two of 10 significant cases have occurred recently, including one on Planned Parenthood funding and

another on a company's right when it comes to firing workers. The article says he "showed his independence by siding with a suspected drug dealer's and a suspected child pornographer's claims of constitutional protection from illegal searches." However, "in a less noteworthy criminal case, Gorsuch made crystal clear his belief in 'originalism.'" The piece also notes that a look at his record "offers a telling glimpse of his judicial philosophy on the separation of powers, federalism, business and labor, personal privacy rights and Supreme Court precedents."

As lawmakers scrutinize Gorsuch's time on the Federal appeals court, a [Bloomberg Politics](#) (3/17, Rosenblatt, Stohr) analysis also says "that his record shows that on immigration rights, he can't be easily categorized." According to some experts and academics, "Gorsuch's criticism of executive overreach in the Gutierrez-Brizuela case and others could lead him to reach decisions at odds with the Republican president's policies," which is likely to "be a subject of intense interest" in his hearings. American Immigration Council legal director Melissa Crow said, "His decisions are a bit of a mixed bag on immigration. ... He's come down on both sides - in some cases in favor of the non-citizens involved, and at other times against, depending on the issue."

The [AP](#) (3/17, Neumeister) reports Gorsuch has been a clear opponent of assisted suicide and euthanasia, the reasons for which he laid out in his 2006 book "The Future of Assisted Suicide and Euthanasia." The AP says the book highlights reasoning grounded in philosophies deriving from ancient Greece through today and that he wrote, "Human life is fundamentally and inherently valuable, and that the intentional taking of human life by private persons is always wrong." Legalizing assisted suicide, he notes, "could be a slippery slope" where "doctors, insurance companies and the healthiest in society might wind up looking for ways to shorten the lives of the frail and the elderly to preserve resources for those with more promising futures."

Will Discusses "Pertinent" Questions Gorsuch Will Face In Confirmation Hearings. George Will writes in his [Washington Post](#) (3/17, Will) column on a number of pertinent questions to be asked of Gorsuch when his confirmation hearings begin. This includes questions on whether "popular sovereignty" or "liberty" is the "essence of the American project" and whether the purpose of the 14th Amendment was to protect citizens from "abridgment by their states." The article highlights 13 total questions on a range of constitutional questions.

Lawyer: Gorsuch's "Originalism" Ignores What The Law Was During In 1790. Lawyer and Author of "The Unexpected Scalia: A Conservative Justice's Liberal Opinions" David Dorsen examines in a [Washington Post](#) (3/17, Dorsen) op-ed what it means for Gorsuch to call himself an "originalist." Dorsen says that "originalism proclaims that the

Constitution should be interpreted according to how it was understood at the time of its ratification in 1789 and similarly for amendments, starting in 1791." Because served on a lower court, Dorsen notes "his judicial opinions are not a good measure of his judicial philosophy." However, he further states there are "inconsistent signals" in his writings in articles and his book that "reflects uncompromising originalism," but that his "originalism ignores the enormous problem of ascertaining what the law and practice were around 1790."

Former 10th Circuit Court Judges: Gorsuch A Candidate Hamilton Would Approve Of. Former 10th Circuit Court Justices Deanell Reece Tacha and Robert Henry write in a Washington Post (3/17, Tacha) op-ed that they both served with Gorsuch and that "he was, like most good judges, assiduously attentive to the facts and law in each case." His body of work, they say, "is surely informed by both textualism and originalism, but he was, in our experience, always open to consideration in the proper cases of precedent, history, tradition and the 'bones' of our federal republic's structure." Additionally, Tacha and Henry note Gorsuch is "a noted intellect, a collegial colleague, and gifted and eloquent writer" and "represents the best of the judicial tradition in our country."

Poll Shows Most Americans Think SCOTUS Is Politically Split.

USA Today (3/17, Estepa) reports a new survey conducted by C-SPAN and PSB of 1,032 "likely voters" (3/7-3/9) shows that most Americans believe the US Supreme Court is politically split, with 62 percent seeing the Justices divided just like Congress. In a statement PBS's Robert Green said, "Three in five Americans believe the high court is split into parties because they are presented no evidence to the contrary. ... The absence of TV cameras inside the Supreme Court for oral arguments has allowed others to define the court." The poll also shows that 76 percent of Americans believe "the court should allow coverage of its oral arguments."

Federal Reserve: US Industrial Production Steady Last Month.

The Wall Street Journal (3/17, Sparshott) reports the Federal Reserve on Friday said US industrial production was unchanged in February from a month earlier, which was less than economists predicted.

Sioux Falls Bucks Midwest Trend With Economic Growth. The Wall Street Journal (3/17, Mahtani) examines the economic and population growth of Sioux Falls, South Dakota, which has been bucking the trend of other Midwest cities because of its focus on the financial and healthcare industries rather than manufacturing and farming.

Indiana Factories Continue To Shed Jobs Despite Trump Pressure.

"Some 1,500 workers at three Indiana factories are still facing layoffs," the AP (3/17, Davies) reports, even though employees hope President Trump "would intervene to prevent their jobs from moving to Mexico." United Technologies has already laid off 50 employees at its "electronics plant in Huntington, which is slated for closure," while "another 550 job cuts are expected at Carrier Corp.'s Indianapolis factory, where Trump's intervention last fall curbed job losses but didn't halt them altogether" and "local union president Chuck Jones says he expects layoffs to start within weeks at a 300-worker Rexnord bearings factory in Indianapolis that is moving to Monterrey."

Ip: Fed Right To Wait Before Expressing Excitement With Growth Forecasts. In his Wall Street Journal (3/17, Ip) column, Greg Ip argues that the Federal Reserve is right to be cautious before trumpeting the growth rate even though President Trump is touting recent employment figures and the stock market's performance because the markets have been volatile and improvements to the US economic performance will take a while to appear if they will prove longstanding.

Labor Department: Disney Reaches Deal To Pay \$3.8 Million In Back Wages.

The Los Angeles Times (3/17, Pedicini) reports the Labor Department announced Friday that The Walt Disney Co. "has reached an agreement...that will provide \$3.8 million in back wages to Disney workers." According to the Times, under the deal, Disney "will pay back wages to 16,339 employees of Disney Vacation Club Management Corp. and Walt Disney Parks and Resorts U.S. Inc., both in Florida," as the resorts had "deducted a uniform or 'costume' expense that caused some employees' hourly rates to fall below the federal minimum wage."

House Democrats Oppose DOL's Delay Of Fiduciary Rule.

Reuters (3/17, Dilts) reports 40 House Democrats, led by Rep. Maxine Waters, the ranking member of the House Financial Services Committee, "voiced opposition on Friday to a U.S. Labor Department proposal to delay the start of a controversial retirement regulation" known as the fiduciary rule. In a letter, they said, "It is unacceptable that now--roughly a month before implementation of the final rule is scheduled to begin--the DOL is carelessly proposing to delay it."

Waters Criticizes Wells Fargo For Meeting GOP Lawmakers While Ignoring Democrats.

The Los Angeles Times (3/17, Koren) reports Rep. Maxine Waters, the ranking member of the House Financial Services Committee, on Friday "chided" Wells Fargo CEO Timothy Sloan, "saying he and others at the

bank met months ago with Republican staff of the...Committee but have given Democratic staff the runaround." In a letter, Waters said, "The countless revelations in the press of Wells Fargo's egregious behavior and your failure to participate in interviews with Democratic staff tell me that this committee's investigation is far from over." In a statement, Wells Fargo spokeswoman Jennifer Dunn said the bank is "responding appropriately to committee requests."

Marine Corps Launches "Battles Won" Ad Campaign In Diversity Effort.

The AP (3/17, Watson) reports that the Marine Corps has launched an ad campaign targeting millennials and highlighting how its' soldiers "are good citizens," in an effort to not only diversify by combat the recent nude photo scandal. According to the AP, "the Marine Corps is in the process of trying to boost its numbers and recruit more women." The ads comprising the new "Battles Won" campaign show Marines lifting "Toys for Tots" boxes, "tackling an armed robber at a convenience store," and woman in fatigues.

More Victims Come Forward In Military Nude Photo Scandal. The AP (3/17, Baldor) reports more victims have come forward in the military's nude photo case, according to a Navy investigator. Both current and former female Marines have said their pictures were shared without consent on social media. According to Naval Criminal Investigative Service division chief Curtis Evans, there are an additional 20 victims.

Military Nude Photo Scandal Spread To Gay Porn Sites. USA Today (3/17, Brook) reports that the scandal involved military soldiers "sharing of sexually explicit images of troops" has moved beyond the Marines United social media site to include "a slew of gay pornography web pages with images of men wearing military uniforms engaged in sex acts." The article says it is not only the Marine Corps that has been affected by the scandal, with "images of men in the uniforms of sailors, soldiers and airmen also appear on an array of Tumblr sites." What remains unclear is whether the men in the photos provided consent for their images to be publicly shared.

Hillary Clinton: "Ready To Come Out Of The Woods."

The AP (3/17) reports Hillary Clinton "said Friday she's 'ready to come out of the woods' and help Americans find common ground." While she admitted, "I have a hard time watching the news," Clinton in a St. Patrick's Day speech "urged a divided country to work together to solve problems, recalling how, as first lady, she met with female leaders working to bring peace to Northern Ireland." Clinton added, "I am ready to come out of the woods and to help shine a light on what is already

happening around kitchen tables, at dinners like this, to help draw strength that will enable everybody to keep going.”

Biden Criticizes Trump Administration For Undermining Transgender Rights.

The [Huffington Post](#) (3/17, Wong) reports former Vice President Joe Biden on Thursday “doubled down on his longstanding support of trans people in a passionate speech” and while he did not mention President Trump by name, Biden “blasted the current administration for having ‘shift[ed] the focus’ on LGBTQ issues in his speech, which was otherwise focused on domestic violence.” Biden said, “As much great work as we’ve done, we face some real challenges ahead. We thought things were moving in the right direction. ... But there’s a changing landscape out there, folks, and we have a hell of a lot of work to do.”

California Takes Lead On Welcoming Transgender Employees To Workforce. The [New York Times](#) (3/17, Martin) reports on efforts in California to help reverse discrimination in the workplace against transgender employees. The Times highlights the nonprofit TransCanWork, which “has teamed up with the California Restaurant Association, among other groups,” to train employers how “to become transgender-friendly in their hiring practices and their overall operations.” In addition, the program, which is “first large-scale [one] of its kind in the country,” also helps link “transgender people with employers; a state grant pays for the first 60 hours of each new employee’s wages.” The Times also states that “in recent years, similar efforts have cropped up in Chicago, Washington, Seattle and Denver, and fledgling programs exist in New York, Las Vegas, San Diego and Atlanta.”

House GOP Super PAC Already Prepares For 2018 Elections.

The [Wall Street Journal](#) (3/17, Epstein) reports the Congressional Leadership Fund, the Super PAC of the House GOP, has already begun preparations to raise and spend \$100 million in advance of the 2018 election cycle.

Podesta: Virginia Gubernatorial Race To Define Future Of Democratic Party.

In his [Washington Post](#) (3/17, Podesta) column, John Podesta, the chair of Hillary Clinton’s 2016 presidential campaign and counselor to former President Barack Obama and chief of staff to former President Bill Clinton, suggests that in Virginia, the gubernatorial election will serve as the next “battle for the future of the Democratic Party,” as “two progressives,” Lt. Gov. Ralph Northam and former congressman Tom

Perriello, vie for the office. However, Podesta argues that "Perriello is the better choice for the party's future during a Trump presidency" because "he has his ear to the ground." According to Podesta, "Perriello is offering a blueprint. Democrats should pay attention"

Maryland Governor Supports Fracking Ban.

The AP (3/17, Witte) reports Maryland Gov. Larry Hogan expressed support for a statewide fracking ban Friday. The announcement "gives a strong boost to legislation to ban the drilling process." The Baltimore Sun (3/17, Wood, Dresser) reports Hogan called the ban "an important initiative to safeguard our environment," and called on "members of the legislature on both sides of the aisle and in both houses to come together and finally put this issue to rest."

Oklahoma State Senator Faces Child Prostitution Charges.

The New York Times (3/17, Haag) reports Oklahoma state Senator Ralph Shortey has been "charged with three felonies, including engaging in child prostitution," after being discovered earlier this month in a Super 8 motel with a 17-year-old boy. The Times says the two met a year before through a Craigslist ad, after which they "exchanged sexually explicit texts over the messaging app Kik," and that they pair had been caught smoking marijuana. Following the discovery, the state Senate also moved quickly to "pas a resolution on Wednesday condemning his alleged 'disorderly behavior' and stripping him of nearly all his power and authority."

Former Congressman Charged With Taking Charity's Money.

The AP (3/17) reports former Rep. Steve Stockman has been accused of "spending money meant for charity on himself and contributions to his campaign." The AP says Texas lawmaker has been "charged with conspiracy to make conduit contributions and false statements," but he has "blamed his arrest on a 'deep state' shadow government," according to the Houston Chronicle.

Albuquerque's GOP Mayor Inspires Colleagues To Invest In Employing Homeless.

The Washington Post (3/17, Itkowitz) reports Albuquerque Mayor Richard Berry has inspired his colleagues nationwide "to invest in a simple employment plan for their cities' most vulnerable populations as the Trump administration is proposing a 21 percent cut to the Labor Department's budget, targeting some national training and job placement programs. With progress stalled at state and federal government levels, it's been up to mayors to take the lead on bold

initiatives." The Post describes Berry's two-year-old program as "quite simple in scope: Hire a van to drive around the city to offer people living on the streets a day of work making more than minimum wage doing beautification projects." According to the Post, "The program succeeded in its basic mission: To allow people living homeless the dignity of an earned paycheck at the end of a hard day of work." The Post says "similar initiatives have started in Dallas, Portland (Maine and Oregon), Tucson and Denver."

WSJournal Laments That De Blasio's Public Exoneration Paves Way For His Re-Election.

In an editorial, the Wall Street Journal (3/17) says that while Federal prosecutors have the right to use their judgment to make decisions based on evidence and law, in this case their public exoneration of New York Mayor Bill de Blasio on Thursday violated legal decorum in a way that is politically beneficial to him and will likely smooth his path toward re-election.

FBI Arrests Man Who Tweeted Strobe Light Image To Epileptic Journalist.

The New York Times (3/17, Kang) reports the FBI on Friday announced the arrest of a man who, last December, sent an animated image via Twitter that used a strobe light to journalist Kurt Eichenwald, which also included a message saying, "You deserve a seizure for your posts." According to Eichenwald, "the attacker used the strobe light knowing that the visual elements were likely to lead Mr. Eichenwald, who has publicly discussed his epilepsy, into a seizure." The Times says the case highlights "how online tools can be deployed as weapons capable of physical harm."

WSJournal Analysis Examines How FBI Tracked Down Financial Scandal Mastermind.

A more than 2,200-word Wall Street Journal (3/17, Enrich) analysis examines the investigation into Citigroup traders Tom Hayes and Mirhat Alykulov, as well as others, including some managers, who were involved in a scheme to manipulate the London interbank interest rate, called Libor. The Journal says the campaign undertaken by these traders was designed to increase their profits from interest-rate derivatives, which is based on Libor. According to the article, Hates walked into a trap laid by the FBI, which made him their top target in the scheme. Alykulov, in exchange for avoiding prosecution, told Justice Department investigators that Hayes orchestrated the scheme and worked with the FBI to locate him.

South Dakota Governor Vetoes Republican Bill To Loosen Gun Laws.

The [Los Angeles Times](#) (3/17, Pearce) reports South Dakota Gov. Dennis Daugaard on Friday “veto[ed] a Republican-backed gun bill” that “would have loosened the state’s gun laws.” According to the Times, “House Bill 1156 would have allowed people to bring concealed handguns into the state Capitol.” Daugaard argued “the state’s existing concealed-permit law, which includes a \$10 fee and background check, is fine as it is.” In his veto letter to state lawmakers, he wrote, “I am unaware of a single instance in which a person who could lawfully possess a gun was denied a permit to carry a concealed pistol. ... Our permit laws are effective in screening people who are not eligible to carry a concealed weapon.”

NYTimes: Texas First State To Be Receive Federal Oversight On Voting Practices.

In an editorial, the [New York Times](#) (3/17, Board) criticizes Texas for having “for decades made an art of violating the voting rights of minorities.” The Times is thankful that Texas became the first state to “have its voting practices placed under federal oversight since the Supreme Court struck down a central part of the Voting Rights Act in 2013.”

Lawrence Lab Releases 10,000 Films Of Restored US Nuclear Test Footage.

The [New York Times](#) (3/17, Hauser) reports the Lawrence Livermore National Laboratory in California has “been working for years to retrieve and preserve films” depicting US bomb tests between 1945 and 1962. The experts had to first restore, analyze, and declassify the films, and for the first time, they made raw footage from 10,000 films “available in an online archive.” This week, the experts also published more than 60 films on the Livermore YouTube account, but “There is still much work to be done.” Project lead Dr. Gregory D. Spriggs said in a statement, “I think that if we capture the history of this and show what the force of these weapons are and how much devastation they can wreak, then maybe people will be reluctant to use them.”

African-American Bicyclists In Chicago Cited More Than Latinos, Whites.

A more than 2,200-word [Chicago Tribune](#) (3/17, Wisniewski) analysis reports that twice as many African-American bicyclists have been cited by Chicago police than in white or Latino neighborhoods, according to a

review of police statistics. The Tribune says that the top 10 areas for bike tickets include seven that are largely populated by African-Americans, while the other three include Latino areas. "Not a single majority-white area ranked in the top 10, despite biking's popularity in white areas such as West Town and Lincoln Park." According to African-American bike advocates, the higher number of bike tickets "could be caused in part by the lack of bike infrastructure like protected bike lanes, leading cyclists to take to the sidewalk to avoid traffic on busy streets."

Police Use New Mouth-Swab Device To Test Drivers For Drugs.

The Los Angeles Times (3/17, Davis) reports a new mouth-swab device is being used by the San Diego police "to confirm the presence of marijuana and other drugs in impaired drivers." The Times says the device, a Dräger DrugTest 5000 machine, is already in use in more than a dozen states and "is expected to become more popular with the legalization of marijuana." The machine, it says, "tests for the presence of seven drugs — marijuana, cocaine, opiates, methamphetamine, amphetamine, methadone and benzodiazepines," though it does not "read the level of intoxication; drivers would have to take a blood test for that information." Police Chief Shelley Zimmerman said, "It's a huge concern of ours with the legalization of marijuana that we're going to see an increase in impaired drugged driving."

NYTimes A1: New York Man Charged With Murder In Death Of Emergency Worker.

The New York Times (3/17, A1, Mele) reports on its front page that 25-year-old Jose Gonzalez was charged with murder for "taking an ambulance and running over an emergency medical worker in the Bronx on Thursday night, killing her and injuring another, the authorities said." Additionally, the Times says he has also been "charged with grand larceny and operating a vehicle while impaired by drugs, the authorities said." The woman killed was 44-year-old Yadira Arroyo, who Mayor Bill de Blasio said "was a 14-year veteran of the Fire Department with five children."

WSJournal A1: Killer's Resurfaced Manuscript Raises Questions About Motive.

A more than 4,800-word Wall Street Journal (3/17, Helliker) front-page analysis reports that Truman Capote, in his book "In Cold Blood," failed to disclose anywhere that his primary source, a killer by the name of Richard Hickock, similarly sought to capitalize on his slaughter of the Clutter family in 1959 Kansas by publishing his own story. Hickock's

manuscript, the Journal says, was turned down by publishers and eventually disappeared. That manuscript, however, has been found, containing information that it says would have angered both Capote and the Kansas Bureau of Investigation. While Capote maintained Hickock killed the family after having received a tip that Mr. Clutter had \$10,000 in a safe, Hickock's version said he has been paid to kill the Clutters.

WPost: DC Council's Attempt To Derail School Voucher Program "Perplexing."

A Washington Post (3/17) editorial says that it does not make sense that DC officials are seeking to kill the Federal school voucher program, "thus denying low-income parents a choice that is taken for granted by those who are more affluent." The Post highlights that, of the more than 1,800 applications received this year, the largest percentage of those come from Ward 8, at more than 25 percent of 486 applications. The article says it is "perplexing" that a majority of the members on the DC Council signed a letter seeking an end to the program, particularly when many of these members vote to continue support for the program.

WSJournal A1: New Carriers Drive Down Prices For Trans-Atlantic Flights.

The Wall Street Journal (3/17, A1, Wall) in a front-page story reports that on Friday a new carrier, Level, owned by International Consolidated Airlines Group SA, which also owns British Airways, began offering trans-Atlantic flights at prices as low as \$149 one way. In addition, Norwegian Air Shuttle ASA announced last month it would be adding new trans-Atlantic routes for as low as \$65 one way. Other airlines have also lowered fares to just over \$600 round trip. Low-priced carriers are also being launched by other established airlines including Air Canada, Lufthansa, and Air France-KLM.

Airlines' Aging IT Systems Causing Significant Problems. The Wall Street Journal (3/17, Carey) reports that with aging systems, airlines are encountering information technology problems that lead to outages. Experts say the problem is due to systems running at their limits with older systems being maintained and linked to new platforms. Airlines have been unwilling to adopt entirely new systems because of the difficulty of testing them as well as the expense, so the tendency is to add new platforms for new services. The Journal reports that one failed computer router caused Southwest Airlines to cancel 2,300 flights last July, while in August Delta had a similar experience, and in January United had to stop departures for 2 1/2 hours due to a software problem.

Automotive Executives Expect Pursuit Of Efficiency To Continue

Even If US Eases Requirements.

The [AP](#) (3/17, Krisher) reports from a Thursday meeting of Auto industry executives near Detroit where they said that President Trump's decision to reconsider fuel economy standards "might allow for sales of more trucks," but that "the pursuit of fuel-efficiency technologies will proceed unabated." That's because of "the billions of dollars already invested in efficient vehicles," and "other countries are toughening" efficiency standards. The AP explains that Trump announced earlier in the week that the EPA "will re-examine gas mileage requirements" adopted by the Obama Administration in its "last days," a decision which "automakers lobbied Trump hard to get." Now, "given Trump's promises to auto CEOs" it is expected that "the requirements will be weakened."

Former Volkswagen CEO To Sell Shares.

The [New York Times](#) (3/17, Ewing) reports former Volkswagen CEO Ferdinand Piëch, a grandson of Ferdinand Porsche, and whose extended family controls the firm, plans to sell his shares "to members of his extended family, which could create uncertainty" for the firm. He is said to have been "a source of discord among the quarrelsome Piëch and Porsche clans, which own more than 50 percent of Volkswagen's voting shares," and so his sale "might make it easier for them to push through changes needed for Volkswagen to recover" from its diesel scandal. He holds about 15 percent of voting shares.

IBM To Hire 2,000 Veterans In Next Four Years.

The [AP](#) (3/17) reports IBM has announced it will hire 2,000 veterans in the next four years as part of its plans to expand. In total, the company plans to add 25,000 new jobs, including those it calls "new collar jobs" that don't require a four-year degree.

Icahn Betting Against Renewable Fuel Credits, Advises Trump To Overhaul The System.

[Bloomberg News](#) (3/17, Mider, Dlouhy) reports President Trump's adviser Carl Icahn expects a "decline in the market for renewable-fuel credits" as he presses the President to overhaul the system. Icahn, who buys the credits through CVR Energy, is delaying his purchases "in a wager that prices will fall."

Buffett Rejects Investor Request To Disclose Company's Political Donations.

[Bloomberg News](#) (3/17, Chiglinisky) reports Berkshire Hathaway Inc. Chairman and CEO Warren Buffett and his board are opposing three

shareholder resolutions, "including a call for the firm to disclose any political contributions."

Palantir Technologies Investor Files Suit Against Thiel's Company.

Bloomberg News (3/17, Chapman) reports that KT4 Partners LLC has filed suit against Peter Thiel's Palantir Technologies, saying its former partners' "attempts to sell shares were thwarted and that financial information was withheld." The suit, according to Bloomberg, follows a suit filed by Palantir six months ago that alleged KT4 Partners' managing member Marc Abramowitz "stole trade secrets and falsely filed five patents in his name for work completed by the company." Palantir, the article notes, is one of "Silicon Valley's most highly valued and secretive companies" and Thiel has been an outspoken adviser to President Trump. This legal battle, Bloomberg states, "highlights the contentious relationships between startup investors and companies that want to maintain tight control of stockholders."

WPost A1: Realtor Commissions Up Since 2005, Despite Internet Cutting Out Middlemen In Other Industries.

In a front-page article, the Washington (DC) Post (3/17, A1, Frankel) reports that while the Internet has hurt "middlemen in many industries ... the average commission paid to real estate agents has gone up slightly since 2005," and "the number of agents has grown 60 percent in the past two decades." Industry "experts don't have a good answer for why these commissions have survived the Internet's onslaught," but some point to the intimidating nature of real estate transactions or promotion by the National Association of Realtors as contributing factors. The Post suggests that the "human element" missing from Internet transactions is what keeps realtors in business.

NYTimes Analysis: Older Workers Increasingly Answer To Younger Managers.

The New York Times (3/17, Kaufman) reports companies are more frequently looking to "digital natives" to fill top management positions, often millennials and Gen X-ers, even as "more baby boomers are staying on the job longer" and "some retirees...are rejoining the ranks of the employed." This has led to an increasingly common workplace paradigm in which older workers answer to "managers young enough to be their children." The Times notes new challenges are emerging for both sides of the age divide, with one expert noting that diversity issues are part of the workplace terrain.

Winter Weather Advisories Issued As New Winter Storm Set To Hit

Northeast.

ABC World News Tonight 📺 (3/17, story 8, 0:55, Muir) reported that following last week's deadly Nor'easter, "a new storm is [now] brewing" that will hit this weekend. According to meteorologist Ginger Zee, "A winter weather advisory is in place. So Harrisburg, northwest New Jersey, you've got that advisory and that's because the next 12 to 18 hours, you're going to see it. ... Starts in northwest New Jersey and New York City afternoon, and it's really the overnight hours, then, that it heads into the Atlantic and starts to churn up." Zee noted that "eastern Long Island, coastal Connecticut, up through almost the cape – that's where some of the heavier snow totals will fall."

US Trade News

US Delegation, Global Finance Ministers Debate Trade Relations In G-20 Meetings.

The Wall Street Journal (3/17, Thomas, Talley, Fairless) reports Group of 20 finance ministers gathered for a two-day meeting in Baden-Baden, Germany, for discussions that escalated into heated debates with the US delegation over President Trump's protectionist tendencies. German Finance Minister Wolfgang Schäuble asserted that the dispute centered on "the process of finding a solution for the obvious and known different views" on language in a joint statement intended to define trade relations.

In those discussions, "Chinese officials were the most insistent on a commitment to the rules-based system that the World Trade Organization represents, said officials with knowledge of the discussions," Bloomberg Politics (3/17, Jennen, O'Donnell, Black) reports. According to Bloomberg, the meetings' readings highlighted that Treasury Secretary Mnuchin's delegation "is engaged in the process, despite being sent by a young administration that has criticized multilateralism and which is still building its policy agenda; and China continues to position itself as a newly declared defender of the global trading system under the WTO." People familiar with the discussions also said that by Friday evening, the delegates remained committed to resisting "all forms of protectionism," despite US resistance. The sources added that on Saturday, the delegates will attempt to reach a final agreement.

Mnuchin Meets With Japanese Official At G-20 Summit. Reuters (3/17, Dunsmuir) reports Treasury Secretary Mnuchin met with Japanese Deputy Prime Minister Taro Aso in Germany for discussions on "North Korea and the importance of continuing the strong partnership between the United States and Japan on sanctions and illicit finance

issues," the Treasury Department announced in a statement.

G20 Finance Chiefs Pledge Joint Cooperation To Fight Banking Sector Cyber Attacks. Reuters (3/17, Koranyi) reports the G20 finance chiefs in a meeting held in Baden-Baden, Germany, agreed to "jointly fight cyber attacks on the global banking system," promising cross-border cooperation regardless of the origin of the attacks. Reuters says this is "one of the biggest coordinated efforts yet to protect lenders since an \$81 million heist of the Bangladesh central bank's account last year." A draft document produced by the group said, "We will promote the resilience of financial services and institutions in G20 jurisdictions against malicious use of information and communication technologies, including from countries outside the G20."

German, Mexican Officials Suggest Possible WTO Complaint Over Border-Adjustment Tax.

The AP (3/17) reports German Economic Minister Brigitte Zypries, in an interview with the public broadcaster Deutschlandfunk on Friday, asserted that her nation may file a complaint against the US under the World Trade Organization if President Trump decides to pursue a border adjustment tax on imports. Zypries explained WTO rules restrict import taxes levied between member states. She also proposed that all nations could impose similar import taxes, but that process would take time.

Reuters (3/17, Alper) reports Mexican Economy Minister Ildefonso Guajardo similarly suggested on Friday that a US border adjustment tax would likely violate WTO rules.

Terrorism - Homeland

Secret Service Agent's Laptop Containing Sensitive Information Stolen In New York.

The Washington Post (3/17, Barrett, Hsu) reports on its' front-page that a laptop containing "sensitive security information" was stolen from a Secret Service agent working in New York City, as indicated on Friday by law enforcement officials. The incident has "prompt[ed] a multiagency investigation to try to retrieve it." In a statement, the agency said, "an employee was the victim of a criminal act in which our agency-issued laptop computer was stolen." At the same time, it sought to alleviate concerns about the security risk posed by the theft, noting that "agents' laptops `contain multiple layers of security including full disk encryption and are not permitted to contain classified information.'"

The incident, however, represents "more embarrassing news" for the agency, ABC World News Tonight 📺 (3/17, story 4, 0:35, Muir)

reported. The laptop, it noted, contains "information about the Trump Tower floor layout, evacuation plans, and other sensitive documents, though none of it classified." Correspondent Pierre Thomas said "they think it was a common crook who had no idea what he stole, but with all the news coverage he may figure it out."

Correspondent Jeff Pegues also reported for the [CBS Evening News](#) (3/17, story 2, 1:05, Mason) that the laptop was stolen from the agent's car, which was parked on the street at the time in Brooklyn. "Police have grainy video showing someone breaking into the vehicle, but detectives have been unable to develop a profile of the suspect or determine whether the agent was specifically targeted."

Chaffetz Blasts Secret Service Over Failures In White House Intruder Case.

The [CBS Evening News](#) (3/17, story 3, 1:15, Mason) reported that the recent theft of a Secret Service agent's laptop in New York "comes less than a week after intruder Jonathan Tran climbed over the White House fence and roamed around undetected for nearly 17 minutes while President Trump was in the executive mansion." According to House Oversight Committee Chairman Jason Chaffetz, who has been investigating the breach, "Tran nearly made it inside the mansion." Chaffetz said, "The idea that somebody could jump the fence of the White House, be on the grounds for upwards of 15-plus minutes, be right up against the building, hide behind a pillar, and then jiggle the door? That can never, ever happen, and yet it happened again."

With the finding that Tran had been on the White House grounds for more than 16 minutes, [NBC Nightly News](#) (3/17, story 4, 2:25, Holt) said that "Congress is demanding answers from the Secret Service." Correspondent Pete Williams reported, "officials say the man was actually on the grounds nearly 20 minutes, at one point hiding behind a White House pillar ... Officials say the man triggered motion detector alarms but they say the officers on duty thought that was the movement of animals on the grounds, a frequent occurrence." Williams notes that Chaffetz has indicated "his staff has information that the man may have actually tried to open the door."

Correspondent Pierre Thomas of [ABC World News Tonight](#) (3/17, story 3, 1:40, Muir) also reported on Chaffetz's concern the Secret Service was being "less than forthcoming" on the incident. Chaffetz said, "This one really scares me. This is perhaps the worst one I've seen, given the amount of time that he spent on the White House grounds undetected." He also blasted what he said "was a total, complete failure from top to bottom" from the Secret Service.

Terrorism - International

Pentagon's Strategy Against ISIS Calls For Acceleration Of Operations.

📺 NBC Nightly News' (3/17, story 6, 3:20, Holt) Cynthia McFadden reported, "According to two senior officials who have reviewed the document" on the Pentagon's recommendations on the US' strategy against ISIS, "what may have surprised the President is that the new military plan seems to be a lot like the old Obama plan, just more of it." McFadden explained, "The preliminary report highlights four next plays, suggesting acceleration in all of them. Like support of Iraqi forces to capture Mosul, and supporting and developing more local forces in Syria--all things that were going on when Obama was president." She added, "Pentagon spokesman Captain Jeff Davis told us the preliminary plan sent to the White House is a grand strategy, which places even more emphasis on diplomacy, economics, and information than it does on the military. It creates, he says, a framework for more tactical questions to be answered later. No word from the White House about whether that is what the President was looking for."

Trump's Call For Increased Presence In Middle East Prompts Concerns Of "Mission Creep," More US Casualties. Politico (3/17, Bender) reports that according to senior officials, President Trump's pressure on the Pentagon "to demolish and destroy" ISIS has increased anxieties among military commanders about the possibility of more US casualties. The officials suggested that their concern "is shadowing the Pentagon's internal strategy sessions." Furthermore, Rep. Jim McGovern explained, "What we see happening is the classic definition of mission creep," with "A few hundred here, a couple hundred there, a few more hundred here. You see our military footprint expanding ever more."

Saudi Arabian Official Urges Administration To Implement "Corrective Measures" On JASTA.

Saudi Arabia's energy minister, Khalid al-Falih, told the Wall Street Journal (3/17, Scheck, Cherney, Barker) that Congress' approval of the Justice Against Sponsors of Terrorism law, or JASTA, in September heightened US-Saudi relations; however, he added, "We believe after due consideration by the new Congress and the new administration, that corrective measures will be taken." He warned that the move could not only chill Saudi investments in the US, but also "expose U.S. interests, U.S. servicemen, political leaders, to legal exposure abroad, as a result of losing sovereign immunity if there is a reciprocal global action and the passing of legislation similar to Jasta."

Al Qaeda Branch Leader Praises Malian Jihadist Group Merger.

Reuters (3/17, Ross) reports Abu Musab Abdul Wadud of Al Qaeda in the Islamic Maghreb, or AQIM, congratulated a merger of Malian affiliate groups into a new organization called Nusrat al-Islam wal Muslimeen. On March 2, the three affiliate groups – Ansar Dine, the Massina Brigades, and an al Qaeda offshoot in north Africa – announced they were joining forces under Iyad Ag-Ghali of Ansar Dine. Wadud also urged “all jihadi groups to follow the example of their brothers” and “hasten to join together and achieve unit,” according to the SITE monitoring group.

ISIS Affiliate Claims Responsibility For Attempted Attack On Bangladesh Police Compound.

The New York Times (3/17, Manik) reports that on Thursday, police in Bangladesh conducted “a bloody raid on a hide-out in Chittagong that they said was used by militants affiliated with a branch of Jamaat-ul-Mujahedeen.” The raid stemmed from an attempted suicide attack on “the future headquarters of the Rapid Action Battalion, Bangladesh’s elite police force.” Chittagong district police superintendent Noor E Alam Mina said a six-month-old and four suspected militants were killed in the raid. On Friday, ISIS’ news agency published a statement in which the militant group claimed responsibility for the attempted attack, which brought “an apparent end to an extended lull in militant activities.”

Morocco Arrests 15 Suspects Allegedly Tied To ISIS.

Reuters (3/17, Errazzouki) reports Morocco’s interior ministry said in a Friday statement that authorities, in a raid targeting militant networks, arrested 15 people suspected of having ties to ISIS. The suspects were allegedly inciting or threatening to conduct attacks in Casablanca, Marrakech, Tangiers, Agadir, and other towns. The statement read, “Certain individuals arrested acquired knowledge in making explosives and were in the process of acquiring material to make explosive charges to carry out terrorist operations targeting sensitive locations.”

Prosecutor Investigates After Man Killed Attempting To Seize Gun At Paris Airport.

The AP (3/18, Garriga, Leicester) reports “a man was shot dead Saturday after seizing a rifle from a soldier guarding Paris’ Orly Airport, police and witnesses said.” While “no one else in the busy terminal was hurt,” the AP says “thousands of travelers were evacuated and flights were diverted to the city’s other airport.”

“A bomb sweep took place at the airport to make sure the dead

man was not wearing an explosive belt, but nothing was found, Interior Ministry spokesman Pierre-Henry Brandet told" [Reuters](#) (3/18). Brandet said, "The man succeeded in seizing the weapon of a soldier. He was quickly neutralized by the security forces." According to Reuters, "A police officer was also injured after being shot during a routine road check in an earlier incident in Stains, north of Paris." In a separate article, [Reuters](#) (3/18, Jarry) reports "France's anti-terrorism prosecutor has opened an investigation" into the cases to determine if they are linked.

Brother Of French Terrorist Walks Across France To Raise Awareness About Radicalization.

The [AP](#) (3/17, Garriga) reports Abdelghani Merah has denounced the radicalization of his two brothers, Abdelkader and Mohamed, and is now walking across France in hopes of meeting "the justice minister Sunday in Paris to encourage stronger de-radicalization measures." Mohamed Merah, a Frenchman of Algerian descent, attacked and killed three French paratroopers and then targeted the Ozar Hatorah Jewish school, where he killed a rabbi and three children. Mohamed Merah claimed ties to al Qaeda. On Friday, Abdelghani Merah told the AP that his brother Mohamed, "before becoming a monster," was just "a child like all the others, happy, he wanted to live. People are not born terrorists, they become terrorists." Abdelghani Merah conceded that his last name is synonymous with hatred, but in an effort to prevent al Qaeda or ISIS from benefiting from the name for propaganda purposes, he wants "this name, for once, to raise awareness."

Iraq/Syria

Pentagon Denies Striking Mosque In Syria.

[Reuters](#) (3/17, Ali, Stewart) reports the Pentagon on Friday "denied accusations by a Syrian rebel group" that it targeted a mosque in Syria and, "in a rare move, showed an aerial image to illustrate the mosque was intact and the building destroyed was in fact across the street." Spokesman Capt. Jeff Davis "said he believed dozens of al Qaeda fighters were killed in the Thursday strike by manned and unmanned US aircraft on an al Qaeda meeting" in the village of al-Jinah in Aleppo province. Davis also "said the US military had not yet seen any credible allegations of civilian casualties."

The [AP](#) (3/17, Mroue, Baldor) reports the Pentagon was responding to claims by Syrian opposition activists, who said "around 40 people, mostly civilians, were killed" in a US airstrike that struck the Omar Ibn al-Khattab Mosque. On its front page, the [Washington Post](#)

(3/17, Loveluck, Gibbons-Neff) reports the Syrian Observatory for Human Rights described a "massacre" and "said the dead were mostly civilians." According to the Post, "aerial imagery appeared to confirm that much of the northern section of Jinah's mosque was destroyed, although it was unclear whether the strike was a direct one."

Syria Fires Missiles At Israeli Warplanes.

The Washington Post (3/17, Booth) reports Syria on Friday launched anti-aircraft missiles at Israeli jets "returning home from a bombing run over central Syria, marking a serious escalation between the two Middle East foes." In a "rare communique, in which Israel took responsibility for the usually clandestine airstrikes, the Israeli Air Force confirmed that its warplanes had struck several targets" in Syria. A spokesman said the jets had returned to Israel--controlled airspace when the Syrian army fired anti-aircraft missiles. Reuters (3/17, Lubell) reports Israel said one of the anti-aircraft missiles had been intercepted, but there were no reports of casualties or damage. The New York Times (3/17, Kershner) reports Syria claimed "its forces downed one of four Israeli aircraft...and hit another," but the Israeli military "denied that claim," saying in a statement that "at no point was the safety of Israeli civilians or the I.A.F. aircraft compromised."

Kurdish Rebel Leader Says Raqqa Offensive To Start In Early April.

The head of the Syrian Kurdish YPG militia, Sipan Hemo, told Reuters (3/17, Perry) on Friday that a US-backed operation to retake Raqqa from ISIS would begin "at the start of April and the YPG would be taking part, despite fierce opposition" from Turkey. Pentagon spokesman Capt. Jeff Davis, however, "said no decision had been made yet on the Raqqa offensive."

Trump Family News

Jared Kushner, Ivanka Trump To Divest Some Assets.

Bloomberg Politics (3/17, Melby, Rupp, Allison) reports Ivanka Trump, the daughter of President Donald Trump, and her husband, White House senior adviser Jared Kushner, both intend "to divest some assets to comply with federal ethics standards, documents show." According to Bloomberg, Kushner plans to "divest from three limited liability companies linked to Thrive Capital, the venture capital firm co-founded by Joshua Kushner, his brother," as well as "shares in closely-held Regal Bank" and "his interest in Broadband Proliferation Partners LLC, which operates under the name WiredScore." Bloomberg notes Ivanka previously announced plans to turn over "management of her brand to

top lieutenant Abigail Klem.”

The Trump Organization

“Russian Elite” Invest Nearly \$100 Million In Trump Properties.

In a nearly 2,900-word special report, Reuters (3/17, Layne, Parker, Reiter, Grey, McNeill) “found that at least 63 individuals with Russian passports or addresses have bought at least \$98.4 million worth of property in seven Trump-branded luxury towers in southern Florida, according to public documents, interviews and corporate records.” According to Reuters, the “Russian elite” investing include “politically connected businessmen, such as a former executive in a Moscow-based state-run construction firm that works on military and intelligence facilities, the founder of a St. Petersburg investment bank and the co-founder of a conglomerate with interests in banking, property and electronics.”

Trump Organization To Donate Proceeds From Foreign Government In 2018.

The Washington Post (3/17, Fahrenthold, O'Connell) reports the Trump Organization during the campaign “pledged not to keep any profits that it made by renting hotel rooms and banquet halls to foreign governments” and would donate the money to the US Treasury, but on Friday, “the Trump Organization said it would not make its donations until the end of each calendar year. A spokeswoman provided few specifics about how the amount would be calculated.”

Security Around Trump Tower Hurting Tiffany Sales.

The New York Post (3/17, English) reports the “shadow” of Trump Tower and its associated security has been “snatching the sparkle from its bauble-hawking neighbor,” Tiffany, as sales at the company’s flagship store “tumbled 7 percent in the fourth quarter, the jeweler revealed Friday.” According to the Post, “The troubling trend shows no signs of improving anytime soon, execs griped on an earnings call with analysts,” due to the Secret Service and NYPD presence next door.

Other International News

Tillerson: “All Options Are On The Table” With North Korea.

The AP (3/17, Pennington) reports Secretary of State Tillerson “signaled a tougher strategy toward North Korea on Friday that leaves open the possibility of pre-emptive military action and rejects talks” with

Pyongyang until it gives up its nuclear weapons program. "Let me be very clear: the policy of strategic patience has ended," said **Tillerson**. "We are exploring a new range of diplomatic, security and economic measures. All options are on the table." The AP says Tillerson's comments were "unusual...as he appeared to be implying, in public, that the US would consider military force as a way of preventing an attack by Pyongyang, and not just as a means of retaliation." Tillerson, the Washington Post (3/17, A1, Fifield) reports on its front page, gave the "clearest signal yet that it would consider taking military action against North Korea," which is likely to "fuel fears in the region that the Trump administration is seriously considering what Washington euphemistically calls 'kinetic' options."

"Following a visit to the DMZ dividing the two Koreas," Tillerson, according to David Martin of the CBS Evening News 📺 (3/17, story 6, 2:00, Mason), "said in effect 'no more games,' and raised the threat of a preemptive strike against the North." Martin added that "North Korea's increasing ability to launch without warning is one reason...Tillerson overturned two decades of US policy toward North Korea."

The New York Times (3/17, Sanger) says Tillerson's comments "were the Trump administration's first public hint at the options being considered, and they made clear that none involved a negotiated settlement or waiting for the North Korean government to collapse." Said **Tillerson**, "The policy of strategic patience has ended." The Wall Street Journal (3/17, Cheng) likewise says Tillerson's remarks were his most direct yet on the threat posed by North Korea, and suggested the Administration is likely to take a more hard-line approach.

Calling them "some of his most detailed comments yet on North Korea," Bloomberg Politics (3/17, Wadhams, Kong) quotes **Tillerson** as saying, "If they elevate the threat of their weapons programs to a level that we believe requires action, that option is on the table." Hours later, President Trump said on Twitter that North Korea was "behaving very badly." He tweeted, "They have been 'playing' the United States for years. China has done little to help!" Tillerson, Reuters (3/17, Park, Pearson) reports, is due to meet Chinese President Xi Jinping over the weekend and "press him to do more on North Korea." Speaking in South Korea on Friday, **Tillerson** said of China's objections to the US deployment of the THAAD missile defense system there, "We also believe it is not the way for a regional power to help resolve what is a serious threat for everyone. So we hope China will alter its position on punishing South Korea" and "work with us to eliminate the reason THAAD is required."

In video footage broadcast by NBC Nightly News 📺 (3/17, story 5, 2:10, Holt), **Tillerson** said, "While we acknowledge China's opposition,

its economic retaliation against South Korea is inappropriate and troubling. We ask China to refrain from such action." ABC World News Tonight (3/17, story 6, 0:35, Muir) 's David Muir noted, "Tomorrow, Secretary Tillerson will meet with the leaders of China."

An AP (3/17, Talmadge) analysis says that "despite Tillerson's tough talk – clearly aimed at reassuring Tokyo and Seoul – what path Trump will ultimately choose is a mystery." On the campaign trail, Trump "said he was open to the idea of meeting directly with North Korean leader Kim Jong Un," but he has also "hinted at a hawkish approach or shifting the onus almost completely on to Beijing."

On its front page, the New York Times (3/17, A1, Perlez) similarly writes that whether the US adopts a pre-emptive approach to Pyongyang, as Tillerson warned, "will depend a great deal on how China responds." The Times adds that Tillerson's "interactions with his hosts in Beijing, and whether he takes a hard line with China over its support for North Korea, will be closely watched--as will be the response of China." The Times notes Chinese officials "showed a new willingness to punish its longtime ally when it suspended imports of North Korean coal, saying it had reached the annual limit allowed under United Nations sanctions," and it may now be "reviewing its options."

South Korean Presidential Candidate To Review THAAD Deployment.

Reuters (3/17, Torbati, Pearson) reports the front-runner in South Korea's May 9 presidential election, Moon Jae-in, said he would, if elected, "review of the validity of the decision" to deploy the US' Terminal High Altitude Area Defense system, according to his adviser, Choi Jong Kun. Choi indicated that Moon would do so while consulting with both the US and China. Secretary Tillerson, in Seoul on Friday, said he expected the incoming South Korean government to "continue to be supportive of THAAD." Meanwhile, another adviser to Moon, Kim Ki-Jung, conceded "that two governments made an agreement," but the decision on "the actual process of deployment, that should be given to the next government." He added, "The basic assumption is that we are going to maintain the success of our bilateral alliance" and adhere to the commitment, "as long as we admit that South Korea is not the 51st state of the United States."

Tillerson's Absence From South Korean Engagement Elicits

Suspicious About His Health. The Huffington Post (3/17, Calderone) reports The Korea Herald claimed Secretary of State Tillerson "opted not to have a meal Friday with his South Korean counterparts because of 'fatigue'." This line was "buried toward the end of an article," but it constituted "a newsworthy development" because Tillerson, in "a break with tradition," took "this trip without the usual accompaniment of the U.S. press corps." It also prompted the spread of rumors "about Tillerson's condition." The Post suggests allegations that the State

Department “blocked” pool reporters, coupled with confusion “over Tillerson’s physical condition,” could pressure “the State Department to return to traditional press coverage abroad.” AFP (3/18) reports an official at the US Embassy in Seoul on Saturday called the news outlet’s account “incorrect” and explained, “He had a private dinner and he had no official dinner planned.”

US Officials Suggest Administration Preparing Substantial Arms Package For Taiwan. US officials told Reuters (3/17, Brunnstrom, Spetalnick) that the Administration is assembling a substantial arms package for Taiwan that could include anti-ship missiles and advanced rocket systems intended for defenses against China. “The political desire is there to do a substantial sale,” said one official, who claimed internal discussions had already launched for a deal “that’s much stronger, much more significant than the one that was not accepted by the Obama people.” Details of the package are “sure to anger Beijing” ahead of Secretary Tillerson’s visit to China.

WSJournal: Tillerson Correct In Urging China To Address North Korean Nuclear Threat. In an editorial, the Wall Street Journal (3/17) praises Secretary of State Tillerson for not only acknowledging that the US has for 20 years applied what he called a “failed approach” to North Korea’s nuclear ambitions, but also urging “China to address the threat.” The Journal says Tillerson’s words are not pleasant to hear, but his tone necessarily matches the threat posed by North Korea and China’s failure to appropriately intervene.

LATimes Cautions Administration Against “Saber-Rattling” With North Korea. In an editorial, the Los Angeles Times (3/17) suggests Secretary of State Tillerson, in his comments to reporters about a possible preemptive military strike against Pyongyang, “went too far.” The Times explains the concept of defending South Korea from a North Korean attack is “nothing new,” but “Tillerson seemed to be raising the possibility of a preemptive strike” in what it describes as a “premature threat.” The Times clarifies that it does not “fault Tillerson or President Trump for responding to recent North Korean missile tests,” but warns against engaging “in what sounds like saber-rattling.”

Former Senator, Professor Recommend Stronger US Presence In Asia-Pacific. Former Sen. Jim Talent and Penn State University professor Dennis Shea, in an op-ed for the Wall Street Journal (3/17, Talent, Shea), warn that China’s actions in the South and East China Seas, increased pressure on its regional neighbors, and advancing weapons capabilities heighten the necessity of continued, stronger US engagement in the Asia-Pacific region. Along with an increased presence, the Defense Department should commit to transforming the US’ bilateral relations in Asia into a stronger multi-lateral network of allies.

US Army Increases Focus On “Jungle Training School.”

The [AP](#) (3/17) reports the US Army previously operated a jungle training school in Panama, but gave it up “in 1999 when the US returned land there to the Panamanian government.” The need for a so-called “jungle training school” also “lost priority in the aftermath of the Sept. 11 attacks as the Army focused on preparing soldiers to fight in Afghanistan and Iraq.” In 2013, 25th Infantry Division deputy commander Brig. Gen. Stephen Michael established a jungle school footprint in the Hawaiian rain forests at the Schofield Barracks Army post in preparation for possible military action “in the tough environment of the Pacific.” Michael said the new location “gives us that focus, it reinforces that we’re in the Pacific.” The AP says the jungle school emerged as “an outgrowth of former President Barack Obama’s ‘pivot’ to Asia and the Pacific,” and it remains “unclear whether President Donald Trump will maintain a similar emphasis.”

French Military To Lead Military Drills In Western Pacific. On condition of anonymity, two sources told [Reuters](#) (3/17, Kelly, Kubo) that the French military will dispatch its Mistral amphibious carriers to the western Pacific to lead drills near Tinian island in the second and third weeks of May. US and Japanese personnel and two British helicopters will accompany the French carriers. One source explained, “Rather than just being a naval exercise, this amphibious exercise will send a clear message to China.”

Haley Dispels Rumors Of Possible Presidential Bid.

[The Hill](#) (3/17, Hensch) reports Ambassador **Haley** told NBC’s “Today” on Friday that she “can’t imagine” running for president. “What I can tell you is I’m trying to survive the United Nations right now and I’m loving it,” she added. Haley added that discussions on her potential presidential bid has followed her throughout her career. “I’m smiling because they said it when I was a governor, they’ll say it now, they’ll always say it,” **Haley** remarked.

Progressive Groups Criticize Trump’s Delegates To UN Commission On Women. The [Huffington Post](#) (3/17, Bassett) reports the State Department on Monday revealed it will dispatch Center for Family and Human Rights executive vice president Lisa Correnti as one of the two delegates attending the 61st Session of the United Nations Commission on the Status of Women this week. The Southern Poverty Law Center designated Correnti’s organization as a “hate group.” Heritage Foundation activist Grace Melton is Correnti’s co-delegate, and both have “criticized feminists for promoting contraception use, LGBT anti-discrimination efforts and safe abortion access, according to research by

the progressive group American Bridge.” Center for Health and Gender Equity president Serra Sippel commented, “The Trump approach to global assistance will be inefficient, ineffective, and it will kill women.”

Britain’s Prince William Arrives In Paris.

📺 [NBC Nightly News](#) (3/17, story 11, 0:25, Holt) reported, “Britain’s royal couple, William and Kate, kicked off a two-day trip to Paris.” Charlie D’Agata of the 📺 [CBS Evening News](#) (3/17, story 8, 1:45, Mason) reported Prince William and the Duchess of Cambridge met first with French President François Hollande. The “charismatic couple” attempted “to shore up ties between the two countries as Britain prepares to leave Europe.” D’Agata added that “this two-day tour also has a deeply personal significance for William. It’s his first official visit to Paris since the death of his mother, Princess Diana.”

Russia, China Block UN Statement On Burmese Military Activities In Rakhine State.

[Reuters](#) (3/17, Nichols) reports that on Friday, Russia and China blocked a United Nations Security Council statement that would have “noted with concern renewed fighting” in Burma’s Rakhine state “and stressed the importance of humanitarian access to all effected areas.” The block came after the 15-member body discussed the situation behind closed doors at Britain’s request. Britain’s ambassador to the UN, Matthew Rycroft, told reporters, “We did put forward ... some proposed press elements but there was not consensus in the room.”

Airstrike Kills Dozens Of Somali Migrants Off Yemeni Coast.

The [New York Times](#) (3/17, Almosawa, Hubbard) reports that “more than 30 Somali migrants in a vessel off Yemen were killed on Friday in what Yemeni security officials said was an airstrike by a Saudi-led military coalition.” Joel Millman, a spokesman for the International Organization for Migration (IOM) in Geneva, “said that 31 Somali migrants had been killed and that 80 others were hospitalized,” but “could not confirm what had happened to the boat.” The Times reports Yemeni security officials in the port city of Al Hudaydah said 33 migrants had been killed, but the [AP](#) (3/17, Al-Ayyashi, Keaten) puts the death toll at “at least 42 people” in the airstrike Houthi rebels said was carried out by the Saudi-led coalition. The [Washington Post](#) (3/17, Sieff) reports the emergencies director at the IOM, Mohammed Abdiker said there were “conflicting messages” on whether the refugee boat was targeted by a warship or an attack helicopter, and [Reuters](#) (3/17) reports a Yemeni coast guard officer said the boat came under attack “by an Apache helicopter.”

Saudi Arabian General Calls For Greater US Involvement In Yemen.

The Washington Times (3/17, Taylor) reports Saudi Arabia's Brig. Gen. Ahmed al-Asiri told reporters on Friday that Defense Secretary Mattis and other US officials pledged to "increase the cooperation" against Iranian-backed proxy rebels in Yemen. Al-Asiri and a Saudi delegation met with Mattis this week at the Pentagon. Al-Asiri said the Administration officials' pledge would help restore US-Saudi ties. The general also rejected the characterization of Saudi aerial raids in Yemen as human rights abuses. "We are on the front line, facing the bad behavior of the Iranians in the area," al-Asiri asserted, and stressed the importance of increased US-Saudi cooperation.

Saudis: Iranian Pilgrims Can Participate In Hajj This Year.

The New York Times (3/17, Hubbard) reports Saudi Arabia said Friday that Iranians would be able to participate in this year's hajj pilgrimage. No Iranian pilgrims attended the hajj last year after hundreds of Iranians were killed in a stampede during the 2015 hajj. The Saudi state news agency said Friday that the kingdom had "completed all arrangements for the Iranian pilgrims to return, without offering details." Iranian officials did not immediately comment.

The Wall Street Journal (3/17, Stancati) calls the announcement a rare moment where Saudi Arabia's Sunni Muslim kingdom and Iran's Shiite government reached a consensus.

WSJournal: Iran's Rouhani Has Failed To Stop Latest Crackdown.

The Wall Street Journal (3/17) editorializes that Iran's history of detaining journalists, Christians, and US and British citizens evidences that moderate incumbent President Hasan Rouhani has been either unwilling or unable to protect the nation's minorities. The Journal recommends that President Trump cease his search for more moderate negotiating partners within Iran's leadership, because the government has already arrested them.

UN Agency Head Resigns In Wake Of Israel "Apartheid" Report.

The AP (3/17, Karam) reports the head of a UN agency resigned Friday "after refusing to withdraw a controversial report concluding that Israel has established an 'apartheid regime' that discriminates against Palestinians." The report published earlier this week by the UN Economic and Social Commission for Western Asia (ESCWA) "drew swift criticism from UN and Israeli officials." Rima Khalaf announced her resignation at a press conference Friday, but described the report as "the first of its kind," adding that it "concludes scientifically and according to international law that Israel has established an apartheid

regime.”

Humanitarian Aid Programs Respond To South Sudan’s Hunger Crisis.

The [AP](#) (3/17, Lynch) reports President Trump’s proposed budget includes “deep cuts in foreign aid could mark the retreat of U.S. support for South Sudan.” The plan calls to “reduce or end” contributions to organizations that provide humanitarian support, and reduces by more than \$200 million contributions to United Nations peacekeeping missions, most of which are in Africa. South Sudan “is one of the largest recipients of U.S. humanitarian aid, getting more than \$2 billion from 2014 until 2017.” The proposed cuts come “shortly after the United Nations announced that the world faces the largest humanitarian crisis since the world body was founded in 1945, with more than 20 million people in four countries--including South Sudan--facing starvation and famine.”

Shaun Hughes of the World Food Programme told the [CBS Evening News](#) (3/17, story 7, 2:00, Mason), “Right now, food assistance is the only thing that stands between hundreds of thousands of people and absolute catastrophe. There are 4.8 million people across this country that are very severely food insecure and in need of assistance. We’re reaching on a monthly basis just over two million.” Correspondent Scott Pelley reported that a militia looted “\$20 million in food and vehicles” from a WFP warehouse that was stockpiling “for the emergency.”

UN Monitors Blame South Sudanese Government For Famine. [Reuters](#) (3/17, Nichols) reports a panel of UN monitors suggested in a report that South Sudan’s “Revenue from forward oil sales totaled approximately \$243 million between late March and late October 2016.” Most of that revenue, claimed the panel, was then spent to arm the South Sudanese military despite the significant “scale and scope of the political, humanitarian, and economic crises.” The panel also claimed evidence strongly suggested the nation’s famine “has resulted from protracted conflict and, in particular, the cumulative toll of military operations,” the military’s “denial of humanitarian access,” and the “population displacement resulting from the war.”

WPost Calls On Trump To Adopt “Strong Stand” On Venezuela.

In an editorial, the [Washington Post](#) (3/17) accuses the US and Venezuela’s regional neighbors of “refusing to adopt meaningful collective measures to pressure the authoritarian regime of Nicolás Maduro and instead hiding behind appeals for “dialogue” with the democratic opposition.” The Organization of American States secretary

general Luis Almagro is now “bluntly” accusing regional leaders of adopting a strategy that “has been a feckless failure,” and the Administration under former President Obama, the Post writes, “ignored” Almagro’s “similar appeal last year.” The Post urges President Trump to take “a strong stand” and, unlike Obama, “listen to him.”

Last Laughs

Late Night Political Humor.

Jimmy Fallon: [Referencing St. Patrick’s Day celebrations] “There was a lot of drinking today, so for once it wasn’t a big deal when Sean Spicer showed up to his White House press briefing with a flask.”

Jimmy Fallon: “It turns out everyone in the Trump Administration loves St. Patrick’s Day, and several members took part in the festivities. For example, Attorney General Jeff Sessions dressed up as the Lucky Charms leprechaun and nobody noticed.”

Jimmy Fallon: [On Senate Intelligence Committee findings] “When asked if he’d apologize to Obama, Trump said, ‘I’ll just say I’m sorry the next time he wiretaps me.’”

Jimmy Fallon: “The White House did apologize for accusing British intelligence of helping Obama wiretap Trump during the campaign. And to show that there’s no hard feelings, the UK promised to never listen to anything Trump says ever again.”

Editorial Wrap-Up

New York Times.

“Texas Needs A Remedial Lesson On Voting Rights.” In an editorial, the New York Times (3/17, Board) criticizes Texas for having “for decades made an art of violating the voting rights of minorities.” The Times is thankful that Texas became the first state to “have its voting practices placed under federal oversight since the Supreme Court struck down a central part of the Voting Rights Act in 2013.”

“London Ridicules The Ridiculous.” In an editorial, the New York Times (3/17) laments that President Trump is unlikely to “ever learn – or care – that his fact-free tweets have painful consequences, not just at home but abroad,” as evidenced by the White House’s “feverish defense” of his claims that former President Obama used the British intelligence agency, Government Communications Headquarters, to conduct surveillance on Trump. According to the Times, Trump is not

likely to apologize to Obama or Downing Street for this “slur” given his past behavior.

Washington Post.

“Trump’s New Travel Order Is Self-Defeating – And Maybe Legal, Too.” The Washington Post (3/17) says in an editorial that President Trump’s revised order on immigration, while perhaps as problematic as the first, is still “legally far more defensible.” The Post says that “decades of precedent instruct judges to defer to the executive branch on immigration and national security matters such as this.” It also says that even when executive orders have previously “conflicted with other constitutional principles, such as freedom of speech and freedom of association, courts have been deferential to the executive.” Critics, it says, could still seek to have the court’s “ascertain the president’s authentic motivations” under the argument that “establishment-clause interests are so strong” in this case. Still, the Post says that judges may not be willing to “ferret out the president’s intentions and to craft new boundaries for the nation’s immigration policy.”

“Trump Has A Chance To Correct Obama’s Mistake On Venezuela.” In an editorial, the Washington Post (3/17) accuses the US and Venezuela’s regional neighbors of “refusing to adopt meaningful collective measures to pressure the authoritarian regime of Nicolás Maduro and instead hiding behind appeals for “dialogue” with the democratic opposition.” The Organization of American States secretary general Luis Almagro is now “bluntly” accusing regional leaders of adopting a strategy that “has been a feckless failure,” and the Administration under former President Obama, the Post writes, “ignored” Almagro’s “similar appeal last year.” The Post urges President Trump to take “a strong stand” and, unlike Obama, “listen to him.”

“The DC Council Should Not Try To Derail The City’s School Voucher Program.” A Washington Post (3/17) editorial says that it does not make sense that DC officials are seeking to kill the Federal school voucher program, “thus denying low-income parents a choice that is taken for granted by those who are more affluent.” The Post highlights that, of the more than 1,800 applications received this year, the largest percentage of those come from Ward 8, at more than 25 percent of 486 applications. The article says it is “perplexing” that a majority of the members on the DC Council signed a letter seeking an end to the program, particularly when many of these members vote to continue support for the program.

Wall Street Journal.

“Tillerson Tells The Korean Truth.” In an editorial, the Wall Street

Journal (3/17) praises Secretary of State Tillerson for not only acknowledging that the US has for 20 years applied what he called a “failed approach” to North Korea’s nuclear ambitions, but also urging China to deal with the threat. The Journal says Tillerson’s words are not pleasant to hear, but his tone necessarily matches the threat posed by North Korea and China’s failure to appropriately intervene.

“*Iran’s New Crackdown* .” The Wall Street Journal (3/17) editorializes that Iran’s history of detaining journalists, Christians, and US and British citizens evidences that moderate incumbent President Hasan Rouhani has been either unwilling or unable to protect the nation’s minorities. The Journal recommends that President Trump cease his search for more moderate negotiating partners within Iran’s leadership, because the government has already arrested them.

“*The De Blasio Standard*.” In an editorial, the Wall Street Journal (3/17) says that while Federal prosecutors have the right to use their judgment to make decisions based on evidence and law, in this case their public exoneration of New York Mayor Bill de Blasio on Thursday violated legal decorum in a way that is politically beneficial to him and will likely smooth his path toward re-election.

The Big Picture

Headlines From Today’s Front Pages.

Wall Street Journal:

Justice Department Fires Salvo At Consumer Watchdog

Key Conservatives Endorse House GOP Health-Care Plan

‘In Cold Blood’ Killer’s Never-Published Memoir Raises Questions About His Motive

New Breed Of Airline Upends World Travel

New York Times:

Trump Offers No Apology For Claim On British Spying

Betsy DeVos’s Hiring Of For-Profit College Official Raises Impartiality Issues

All Eyes On China As US Signals New Tack On North Korea

Trump Budget Cuts Put Struggling Americans On Edge

Derek Walcott, Poet And Nobel Laureate Of The Caribbean, Dies At 87

Man Charged With Murder In Death Of Emergency Worker In The Bronx

Washington Post:

Rulings Hint At Gorsuch’s Leanings

Claims Differ On US Strikes

US Pushes China On N. Korea

Trump Drags Allies Into Wiretap Controversy

In Virtual Age, Home Buyers Still Like Their Real Realtors

White House Fence-Jumper In Secure Zone For 17 Minutes

Financial Times:

Merkel Visit Highlights US Tensions

Military Option On Table For N Korea

Trump's Claims Of British Wiretapping Open Rift In Transatlantic Security Ties

Story Lineup From Last Night's Network News:

ABC: Trump-Angela Merkel Visit; Trump-British Intelligence Spying; Secret Service-WH Intruder; Secret Service-Stolen Laptop; Healthcare-ACA Replacement; Tillerson-North Korea Response; North Carolina-Apartment Building Fire; Weather Forecast; 20/20 Special-Charles Manson; Oklahoma-Escaped Inmates; Health-New Repatha Study.

CBS: Trump-British Intelligence Spying; Secret Service-Stolen Laptop; Secret Service-WH Intruder; Trump Budget Proposal-Counterterrorism Funding; Trump Budget Proposal-Meals On Wheels; Tillerson-North Korea Response; South Sudan-Humanitarian Aid; Prince William-Brexit "Charm Offensive."

NBC: Trump-British Intelligence Spying; Trump-Angela Merkel Visit; Trump Wiretapping Claims-Congressional Investigations; Secret Service-WH Intruder; Tillerson-North Korea Response; Pentagon-ISIS Fight Plan; North Carolina-Apartment Building Fire; Health-Opioid Epidemic; Health-New Repatha Study; Prince William-Brexit "Charm Offensive."

Network TV At A Glance:

Trump-British Intelligence Spying – 7 minutes, 50 seconds

Secret Service-WH Intruder – 5 minutes, 20 seconds

Tillerson-North Korea Response – 4 minutes, 45 seconds

Health-New Repatha Study – 2 minutes, 40 seconds

Trump-Angela Merkel Visit – 2 minutes, 35 seconds

Prince William-Brexit "Charm Offensive" – 2 minutes, 10 seconds

Secret Service-Stolen Laptop – 1 minute, 40 seconds

North Carolina-Apartment Building Fire – 1 minute, 40 seconds

Story Lineup From This Morning's Radio News Broadcasts:

ABC: Syria-US Air Strike; Trump-British Intelligence Spying; Mexico-Border Wall Construction; California-Norovirus Outbreak.

CBS: Secret Service-Stolen Laptop; Secret Service-WH Intruder; Trump Wiretapping Claims-Congressional Investigations; Tillerson-North Korea

Response; Justice Department-Travel Ban Halt Appeal; Wall Street.

FOX: Healthcare-ACA Replacement; Russian Hacking Investigation-Comey Testimony; Trump Wiretapping Claims-Congressional Investigations; Gorsuch-Supreme Court Confirmation Process; Massachusetts-Firefighter Death; Secret Service-WH Intruder; Flint Water Crisis-EPA Grant; California-Oroville Dam Repairs; Philadelphia-Soda Tax.

NPR: Homeland Security-Border Wall Proposals; Healthcare-ACA Replacement; Arkansas-Dual Holiday Separation Legislation; Wall Street; IBM-Veteran Hiring; Brazil-Yellow Fever Vaccination Campaign; Colombia-Rebel Group Surrenders Weapons.

Washington's Schedule

Today's Events In Washington.

White House:

PRESIDENT TRUMP — Receives daily intelligence briefing; speaks with President Michel Temer of Brazil by telephone.

VICE PRESIDENT PENCE — Departs Washington, DC en route to Jacksonville, FL; participates in a listening session with small business owners and job creators; participates in a walking tour of Mac Papers; delivers remarks at Mac Papers; departs Jacksonville, FL en route to Palm Beach, FL; delivers remarks at a Club for Growth dinner.

US Senate: Not in session.

US House: Not in session.

Other: Karen Pence leads US Presidential Delegation to the Winter Special Olympics in Austria – Second Lady Karen Pence leads US Presidential Delegation to the 2017 Special Olympics World Winter Games in Austria, where they attend events including the Snowboarding Division Competition and the Opening Ceremony. Delegation also includes US Charge d'Affaires to Austria Eugene Young, State Department Special Advisor to Transition Charles Glazer, President's Special Assistant for Presidential Personnel Katherine Henderson, Tennessee First Lady Crissy Haslam, and former Special Olympics athlete Loretta Claiborne. Location: Graz, Schladming, and Ramsau <http://www.whitehouse.gov/> <https://twitter.com/whitehouse>. Contacts: White House 1 202 456 1111.

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To: Shulkin, David J., MD
Subject: [EXTERNAL] Presidential Transition Briefing for Monday, April 10, 2017

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TO: SENIOR TRANSITION STAFF

DATE: MONDAY, APRIL 10, 2017 6:00 AM EDT

Note for Transition Team Members Joining the White House

If you have received your White House email address, you may now sign up for the official [White House News Summary](#). Just click the link. We will continue to publish this transition briefing in the near term for transition staff who are not yet in official positions.

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Leading the News

Media Analyses: Administration Sending Mixed Messages On Goals In Syria.

Top Administration officials on Sunday justified the decision to launch cruise missiles at a Syrian military base – while also addressing US goals in the country and pressing Russia to adhere to their international commitments. The majority of media coverage characterizes the comments made on the Sunday political shows as sending a mixed signal on the US goal in Syria. Analyses also imply that there were stark differences between statements by Secretary of State Tillerson and UN Ambassador Haley.

The Los Angeles Times (4/9, King), for example, says the Administration “gave mixed messages about its goals in Syria” and highlighted “different priorities.” The Times says UN Ambassador Haley “said the departure of Syrian President Bashar Assad is a US priority” and “peace in Syria was probably impossible while he remained in power,” but Secretary of State Tillerson “took a more nuanced view” by “declaring that defeating Islamic State remains the top US goal in Syria.” USA Today (4/9, Page) also says Tillerson and Haley “offered different responses to that question” of whether the move “signals a fundamental shift in the ‘America First’ doctrine [Trump] espoused during last year’s campaign.” However, the Wall Street Journal (4/9, Nissenbaum, Leubsdorf) highlights comments by Tillerson and National Security Adviser McMaster to show that the Administration is focused on defeating ISIS. On ABC World News Tonight 📺 (4/9, story 2, 2:50, Llamas), meanwhile, David Wright reported Trump “was a bit more vague” than his top officials during his weekly address. Trump is shown saying, “Our decisions will be guided by our values and our goals, and we will reject the path of inflexible ideology that too often leads to


unintended consequences.”


Tillerson said on ABC's This Week (4/9, Stephanopolous) that the “priority” in Syria “is first, the defeat of ISIS. Remove them from access to the caliphate.” **Tillerson** added, “Once we can eliminate the battle against ISIS, conclude it, it’s going quite well. Then we hope to turn our attention to cease-fire agreements between the regime and opposition forces.” **Tillerson** similarly told CBS' Face the Nation (4/9, Dickerson) that the priority in Syria “hasn’t really changed” as the US must “first and foremost...defeat ISIS, and I would say that the military progress both in Syria and in Iraq has been remarkable since President Trump’s inauguration.” While appearing on CNN’s State of the Union (4/9, Tapper), **Haley** said “there’s multiple priorities.” **Haley** added, “It’s getting Assad out is not the only priority. So what we’re trying to do is obviously defeat ISIS.”

On ABC's This Week (4/9, Stephanopolous), **Tillerson** said, “It is through that political process that we believe the Syrian people will ultimately be able to decide the fate of Bashar Al Assad.” **Haley** said on CNN’s State of the Union (4/9, Tapper) that the US does not “see a peaceful Syria with Assad in there.” **Haley** added, “There are no easy answers and a political solution will have to happen but we know that it is not going to be – there’s not any sort of option where a political solution will happen with Assad at the head of the regime. If you look at his actions, if you look at the situation it will be hard to see a government that’s peaceful and stable with Assad.” The Washington Post (4/9, Phillip, Debonis) quotes **Haley** as saying that after defeating ISIS in Syria, “then we’ve got to go and make sure that we actually see a leader that will protect his people. And clearly, Assad is not that person.” On NBC’s Meet the Press (4/9, Todd), **Haley** said, “We want to push towards a political solution. At the end of the day, that is what is needed to make sure a political solution comes together and we hope they will continue the talks in Geneva and we will continue to see progress.”

The AP (4/9, Yen) reports McMaster “pointed to dual U.S. goals of defeating the Islamic State group and removing Assad.” However, the AP says, McMaster “suggested that Trump was seeking a global political response for regime change from U.S. allies as well as Russia.”


McMaster said, “It’s very difficult to understand how a political solution could result from the continuation of the Assad regime.” **McMaster** added, “Now, we are not saying that we are the ones who are going to effect that change. What we are saying is, other countries have to ask themselves some hard questions.” On Fox News Sunday (4/9, Wallace), **McMaster** said, “What’s significant about the strike is not that it was meant to take out the Syrian regime’s capacity or ability to

commit mass murder of its own people, but it was to be a very strong signal to Assad and his sponsors that the United States cannot stand idly by as he is murdering innocent civilians – what was a red line in 2013. That was the important objective to keep in mind.” **McMaster**  added (4/9, Wallace), “I think everyone should realize this is the first time the United States has acted directly against the Assad regime, and that should be a strong message to Assad and to his sponsors who are enabling his campaign of mass murder against his own civilians.”

McMaster also said on Fox News Sunday  (4/9, Wallace), “What you have in Syria is a very destructive cycle of violence, perpetuated by ISIS, obviously, but also by this regime and their Iranian and Russian sponsors.” Politico (4/9, Wilhelm) reports **McMaster** said the US goals are “the defeat of ISIS” and “a significant change in the nature of the Assad regime and its behavior in particular.”

Trump Calls Navy Commanding Officers Who Conducted Missile Strikes. Politico (4/9, Morin) reports Trump on Sunday called the Navy commanding officers who conducted the missile strikes in Syria to express appreciation to the crew for their professionalism and quick response. Trump also thanked the Navy in a Sunday night tweet. Trump tweeted, “Thank You @USNavy! #USA.” The Los Angeles Times (4/9) says Trump linked to a tweet sent by the U.S. Navy announcing his call to the commanding officers of the two destroyers.

Administration Accuses Russia Of Enabling Syria To Conduct Chemical Attacks. NBC Nightly News  (4/9, story 3, 2:45, Snow) reported the US and Russia “have traded condemnations and warnings since the US fired cruise missiles at Syria last week,” with Reuters (4/9, Lynch) saying Administration officials “blamed Russian inaction for enabling” the Syrian regime to carry out the chemical weapons attack on civilians that preceded the US decision to launch missiles. Officials, according to the Washington Post (4/9, Morello), indicated that by “propping up” Assad, Russia “bears at least partial responsibility for Wednesday’s poison gas attack.”

According to the New York Times (4/9, Sanger), Tillerson “took a hard line against Russia on the eve of his first trip” to Moscow. On ABC’s This Week  (4/9, Stephanopolous), **Tillerson** said that he is “not seeing any hard evidence that connects the Russians directly to the planning or execution of this particular chemical weapons attack.” However, **Tillerson** explained on CBS’ Face the Nation (4/9, Dickerson) that “the Russians have played now for some time the role of providing cover for Bashar al-Assad’s behavior.” **Tillerson** added, “And I think the Russians need to think more carefully about the commitment they made under the chemical weapons agreements to be the guarantor that these weapons would be seized, they would be

removed, they would be destroyed." **Tillerson** continued, "Since they are Bashar al-Assad's ally they would have the closest insight as to their compliance. So regardless of whether Russia was complicit here or whether they were simply incompetent or whether they got outwitted by the Bashar al-Assad regime, you would have to ask the Russians that question. But clearly they have failed in their commitment to the international community." The [CBS Weekend News](#) (4/9, story 2, 2:10, Quijano) showed **Tillerson** similarly saying, "I don't draw conclusions of complicity at all. But clearly they've been incompetent, and perhaps they just simply have been outmaneuvered by the Syrians." [Bloomberg Politics](#) (4/9, Krasny) reports Tillerson said he plans to use his meeting in Moscow this week to address the situation with Syria's chemical weapons. **Tillerson** said on [ABC's This Week](#) (4/9, Stephanopolous) that "we have already issued very strong statements" to Russia and "that will be part of the discussions when I visit Moscow next week." **Tillerson** said he will "call upon Foreign Minister Lavrov and the Russian government to fulfill the promises it already made to the international community when it agreed to be the guarantor of the elimination of the chemical weapons." **Tillerson** added (4/9, Stephanopolous) that he is "hopeful that we can have constructive talks" and Russia will "be supportive of a process that will lead to a stable Syria."

During her appearance on [CNN's State of the Union](#) (4/9, Tapper) that Russia "needs to provide answers." **Haley** said that Russia either "knew that there were chemical weapons and they knew there was going to be chemical weapons used and they just hid it from the international community, or they are being played for fools by Assad by him having chemical weapons and they are just in the dark and they don't know anything about it." [The Hill](#) (4/9, Savransky) says Haley "criticized Russia" for defending the Syrian government following the chemical attack. **Haley** said, "Why were they that defensive that quick? The idea of the casualties came after." **Haley** added the US will not allow Russia to "have Assad's back anymore."

The [Washington Post](#) (4/9, Debonis) reports McMaster also "said Sunday that Russia should be pressed on whether it knew the Syrian regime would carry out" the chemical attack. **McMaster** said on Fox News, "I think what we should do is ask Russia, 'How could it be, if you have advisers at that airfield, that you didn't know that the Syrian air force was preparing and executing a mass murder attack with chemical weapons?'" **McMaster** added (4/9, Wallace), "This is part of the problem with Syria, Russia's sponsorship of his murderous regime, so we would want to appeal rationally to Russia. This is a great opportunity for the Russian leadership to reevaluate what they are doing. Why they

are supporting a regime that is committing mass murder against its own people. So Russia could be part of the solution. Right now I think everyone in the world sees Russia as part of the problem.”

White House counselor Kellyanne Conway said on [Fox News MediaBuzz](#) (4/9) that Trump is “saying the steps to reform the dictator Assad have failed.” Conway said Damascus and Moscow assured the world committee that these weapons were gone” and “we know both countries have not gone along with UN resolutions.

AP Analysis: Tillerson “Emerging From The Shadows” With “Leading Public Role” On Syria Strikes. The [AP](#) (4/9, Lee) reports that while Tillerson has been “criticized for his low-profile diplomacy,” the Secretary of State “is emerging from the shadows with a leading public role in shaping and explaining the Trump administration’s missile strikes in Syria.” The AP says Tillerson “delivered the Trump administration’s first blistering condemnation of Russia in the hours after the strikes” and continued to be a face of the issue on the Sunday political shows.

Ross: Trump Took “Measured,” “Very Precise” Action With “Very Beneficial Effect.” On [Fox Sunday Morning Futures](#) (4/9, Bartiromo), Commerce Secretary Wilbur **Ross** said of this week’s missile strike in Syria, “I believe the President did make history with his decision to take an action that was measured and very precise and seemingly has had a very beneficial effect already.”

Media Analyses: Trump’s Actions, Assad’s Use of Chemical Weapons Hurt Obama’s Legacy. The [Washington Times](#) (4/9, Scarborough) says that “people familiar with the budding relationships” between Trump and military generals “portray Mr. Trump as often in listening mode among his generals and as accessible as the next phone call.” The Times adds that the sources “contrast” Trump’s “affinity for the top brass with former President Barack Obama’s documented standoffishness.” The missile strike on Syria, the Times says, “underscores that Washington’s warrior class is again in charge of presenting military options to the White House instead of the other way around.”

The [New York Times](#) (4/9, Baker) reports that “even former Obama aides assume” that President Obama will have to change his view that “he had actually achieved a better result” by reaching an agreement for Assad to turn over Syria’s chemical weapons rather than ordering military action against the regime. The Times says that Obama’s former aides “have lamented what they considered one of the worst moments of the Obama presidency and privately conceded that his legacy would suffer” after last weeks’ chemical attack. Other former advisers, the Times adds, “questioned the wisdom of negotiating with Mr. Assad and said last week’s attack illustrated the flaws in the agreement.”

In his New York Post (4/9, Goodwin) column, Michael Goodwin says the US missile strike “punched a giant hole in the battered legacy of Barack Obama,” who “wasted six years and countless lives with hand-wringing dithering.” Goodwin adds that while Obama “failed to enforce his red line,” Trump “acted just two days after Assad again unleashed fiendish weapons on his own people.”

Assad’s Allies Condemn US Military Action. The AP (4/9, Issa) reports Russia and Iran on Sunday “renewed their support” for Syria’s government, “saying last week’s U.S. missile strike violated Syrian sovereignty” but did not aid the morale of “terror groups” in the country. Syrian state media reported that Iranian President Hassan Rouhani said in a phone call with Assad that the US action is a “blatant violation” of Syria’s sovereignty. Moscow said in a statement that Russian President Vladimir Putin spoke with Rouhani and “both sides noted the inadmissibility of aggressive U.S. actions against a sovereign state in violation of international law.” The Washington Times (4/9, Boylan) reports Iranian Supreme Leader Ayatollah Khamenei was quoted by the official IRNA news agency as saying, “What the Americans did is a strategic mistake and offense. They are repeating offense of their predecessors.”

Reuters (4/9) reports a joint command center of Russian troops, Iranian forces, and militias supporting Assad said the US strikes cross “red lines” and it would respond to new aggression and increase support for the Syrian government. The group published a statement on media outlet Iiam al Harbi saying, “What America waged in an aggression on Syria is a crossing of red lines. From now on we will respond with force to any aggressor or any breach of red lines from whoever it is and America knows our ability to respond well.” The New York Post (4/9, Moore) says the statement “apparently mocked former President Obama’s warning to Assad in 2012 not to cross a ‘red line’ with his use of chemical weapons or face a military response.”

Syrian Refugees Express Mixed Opinions About US Missile Strike. The AP (4/9, Szlanko, Karam) reports Syrian refugees expressed mixed sentiments about Trump’s decision last week to strike a Syrian airbase. Many refugees scattered at camps and illegal settlements in Iraq and Lebanon regarded Trump’s “sudden” policy reversal “with a certain bitterness.” Some refugees told the AP that they hoped the US would not intervene further. Others said they hoped the missile strikes signaled greater US involvement and a possible “changed policy on Syrian refugees.” One refugee, Hussein Bashir Ibrahim, said displaced Syrians want Trump “to help us return to our country, we don’t want to go to America.”

Lawmakers Support Military Action, Want Progress On Long-Term Strategy. Congressional Lawmakers on Sunday mostly supported the US

missile strikes on Syria, but cautioned that further work is needed on a long-term strategy in Syria and the legislature should be involved in the process. Republican lawmakers universally supported the military action and Trump's decision to carry it out.

On [NBC's Meet the Press](#) (4/9, Todd) Sen. Lindsey Graham said he has "never been more encouraged by the Trump Administration than I am today." The [Washington Times](#) (4/9, Richardson) reports Graham said Trump "is no longer Obama in the eyes of our enemies, but he needs to do more to close the deal." Graham added, "There's a new sheriff in town." However, [Politico](#) (4/9, Morin) reports Graham said Assad is saying "F you" to Trump by continuing to fly military aircraft from the base that the US struck. Graham said on NBC's "Meet the Press" that Assad is "making a serious mistake." Graham added, "Because if you're an adversary of the United States and you don't worry about what Trump may do on any given day, then you're crazy."

Sen. John McCain said on [CBS' Face the Nation](#) (4/9, Dickerson), the US launching missile strikes "was an excellent first step and it was a reversal of the last eight years, and I think it was important." However, McCain added, "But it is now vitally important we develop a strategy, we put that strategy this motion and we bring about peace in the region and that obviously means that there has to be a cessation of these war crimes." [Politico](#) (4/9, Staff) reports McCain said the Administration, however, "probably was partially to blame" for Syria using chemical weapons. McCain said, "And Secretary [Rex] Tillerson basically saying the same thing after kind of contradicting himself and then saying the same thing argues vigorously for a plan and a strategy."

On [Fox News Sunday](#) (4/9, Wallace) Senate Majority Whip John Cornyn said he "applaud[s] the President for doing what he did to enforce that red line that President Obama drew three years ago," but "Congress needs to work with the President to try and deal with this long-term strategy, lack of strategy, really, in Syria." On [Fox Sunday Morning Futures](#) (4/9, Bartiromo) House Foreign Affairs Committee Chair Ed Royce said the US "need[s] clear policy goals for Syria in the region." Royce added that Congress should "be working with the Administration first and foremost on a plan to destroy and eliminate ISIS and secondarily on putting enough pressure to bring in enough pressure to bear on some of the supporters of Assad to get a negotiated settlement." On [ABC's This Week](#) (4/9, Stephanopolous) Sen. Marco Rubio said the "strike was limited" and "had a clear strategic objective" of "the destruction or degrading of a key military installation." Rubio added that he is "concerned about the outlines of the plan as I understand it," because "it's based on assumptions I think are not the

right ones, and I hope they'll reconsider this idea that we'll get rid of ISIS and then use Assad and others to come up with a solution." Rep. Francis Rooney said on MSNBC's Weekends with Alex Witt (4/9) that "we have a President willing to take some tangible actions, measured actions, but tangible actions, to show that we are going to protect American interests in the middle east."

The Washington Times (4/9, Richardson) reports "the left's united anti-Trump front has fractured over the airstrikes on Syria, dividing establishment Democrats who applauded the military action and antiwar progressives alarmed about the" prospect of greater US involvement in the region. However, the Times adds "there was more agreement from Democrats on what happens next" as the party was unified in saying that Trump "should come to Congress and allow lawmakers to debate the administration's Middle East strategy before taking further action."

Rep. Adam Schiff said on ABC's This Week (4/9, Stephanopolous) said "there is a strong moral case to make for what the President did," but it should not have occurred "without Congressional approval." Schiff added that Trump was facing a different situation than Obama, because the previous president was presented with a diplomatic option that had not failed yet. Politico (4/9, Wilhelm) reports Sen. Tim Kaine said the Administration should have asked for Congressional approval for the strikes. Kaine said on NBC's "Meet the Press" that he is a "strong supporter that the U.S. should take action to protect humanitarian causes, like the ban on chemical weapons." However, Kaine added, "We are a nation that's not supposed to take military action, start war, without a plan that's presented to and approved Congress."

Sen. Ben Cardin said on Fox News Sunday (4/9, Wallace) that he is "not at all" satisfied that the Administration has a clear strategy in Syria. Cardin added, "I don't think [Trump] articulated a Syrian strategy, what we saw was a reaction to the use of chemical weapons, something I think many of us supported. But what we did not see is a coherent policy was how we will deal with the civil war and also deal with ISIS." Rep. Brenden Boyle said on MSNBC's Politics Nation (4/9) that "trying to interpret or figure out the Trump Administration is a constant guessing game." Boyle said the Administration earlier in the week was "saying it was no longer US policy to remove Asaad" and "by Thursday night we were launching 59 missiles into Syria." Boyle, however, said (4/9), "the time for ducking is over" and "one potential solution, even though all the options are ranging from bad to worse" is to "explore finally the safe zone option."

The Washington Times (4/9, Dinan) reports Sen. Rand Paul "suggest[ed] it was ill-advised and illegal, and insist[ed] Congress

needs to get involved," but "acknowledged there is little hope that Capitol Hill will take up the issue or, if it does, that it will do any better this time." On [NBC's Meet the Press](#) (4/9, Todd) Sen. Bernie Sanders said, "All that I'm saying is we need to be clear about goals, understand them, and understand that when we have a collapsing needs for trillions in infrastructure repairs, in healthcare, maybe we don't want to throw trillions more into unending war in the Middle East." On [CNN's State of the Union](#) (4/9, Tapper), Sen. Ed Markey said there is not "any appetite in the United States for a massive additional military presence with young men and women actually in combat situations being introduced." Markey said that the Administration "should be talking about" imposing "massive crippling sanctions on the Russian company that is the principle arms supporter for Syria, and any other company or country in the world that does business with that company." Markey said the White House should "go to the negotiating table and try to find a political resolution with Assad, with all other parties at the table." Rep. Bo Khanna said on [MSNBC AM Joy](#) (4/9) that he has "deep concerns with the missile strikes," adding, "It's almost as if a nation hasn't learned its lesson."

Abe Supports US Action Against Syria. The [New York Post](#) (4/9, Moore) reports Japanese Prime Minister Shinzo Abe "praised" Trump's decision to launch missiles against Syria. The White House said in a statement that Trump and Abe "agreed that Bashar al-Assad's use of chemical weapons against civilians, including women and children, was abhorrent and warranted a strong response from the international community." The leaders, the statement added, promised to "show continued resolve in response to al-Assad's brutal actions."

USA Today: Missile Strike Was "Appropriate Way To Punish" Syria. [USA Today](#) (4/7, Board) editorializes that the missile strikes against Syria "was an appropriate way to punish Syrian President Bashar Assad and his military for gassing his own helpless people two days earlier." USA Today says "the nerve agents employed are among the most barbarous and indiscriminate weapons ever devised." In addition, USA Today says, Americans and world leaders "now learned that the new president is willing to deploy U.S. military power more aggressively than his predecessor" and that knowledge "might prove useful in dealing with this and other conflicts." However, USA Today adds that it is "troubling" that Trump's "rapid response appears untethered to any long-term strategy for dealing with the hideously complex Syrian civil war."

In a [USA Today](#) (4/9, Depetris) op-ed responding to the editorial, Defense Priorities fellow Daniel Depetris says "the emotional drive to 'do something' quickly was a more important element" in Trump's decision making "than consulting Congress or fully considering the costs and

benefits of military force.” DePetris argues that “punishing Assad in the short-term will complicate Trump’s desire to improve” the US-Russia relationship. According to DePetris, the missile strikes “won’t yield any positive strategic outcomes” other than “sending a symbolic message that Trump is willing to flex America’s muscle” or “that he’s susceptible to rash reactions.”

Dionne: Trump’s Critics Should Press For “Coherence On International Matters.” In a Washington Post (4/9, Dionne) column, EJ Dionne says “one military strike does not make a foreign policy” and “watch[ing] Trump speak on the subject” creates “the sense that he has absolutely no idea what he’s doing.” Dionne argues that Trump’s opponents “should not imitate the shortsightedness” of former President Bill Clinton’s critics when he launched Tomahawk cruise missiles at sites in Afghanistan and Sudan in 1998 and “instead put their skepticism to work in pressing for a coherence on international matters that Trump has, to this point, been incapable of delivering.”

WPost’s Sullivan Decries Media’s Praise Of Trump Over Syria Strikes. In her Washington Post (4/8) column, Margaret Sullivan discusses the press’ reaction to President Trump’s decision to hit Syria with missile strikes, writing that “many in the mainstream media fawned. ‘I think Donald Trump became president of the United States last night,’ Fareed Zakaria declared on CNN, after the firing of 59 missiles at a Syrian military airfield late.” Sullivan cited other examples of the press praising Trump for the action, then asked, “Why do so many in the news media love a show of force?” Sullivan added, “Missile strikes may seem thrilling, and retaliation righteous. But journalists and commentators ought to remember the duller virtues, too, like skepticism, depth and context.”

RCP Average Has Trump’s Job Approval At 40.4%.

The RealClearPolitics average of recent polling on President Trump’s job approval stands at 40.4%, and his disapproval at 53.4%. The President’s approval is up 0.3 since yesterday; his disapproval is also up by 0.3.

The latest Rasmussen automated survey of 1,500 “likely voters” (4/4-4/6) finds Trump’s approval at 45%, with 55% disapproving of his performance. The Gallup daily tracking poll of 1,500 “adults” (4/6-4/8) shows Trump with a 40% approval rating and 54% disapproval.

Transition Personnel News

McFarland To Leave NSC, Expected To Be Named Ambassador To Singapore.

Bloomberg Politics (4/9, Jacobs) reports that Deputy NSA K.T. McFarland "has been asked to step down...and is expected to be nominated as ambassador to Singapore." A source said that NSA McMaster and DHS Secretary Kelly were behind the decision. McFarland was hired by President Trump's first NSA Michael Flynn. Politico (4/9, Johnson, Dawsey) calls McFarland a "Flynn favorite" whose "appointment was controversial." USA Today (4/9, Gaudiano, Jackson) says that "there have been questions about the future of McFarland, a former Fox News commentator, since the February dismissal" of Flynn.

The New York Times (4/9, Savage) reports, "Administration officials briefed on the matter confirmed that Ms. McFarland was stepping down, but said that her departure would not be immediate and that she was expected to be at work on Monday" and that her "possible nomination for the ambassadorship to Singapore, while likely, had not yet been finalized."

Reuters (4/9, Holland) reports that her "expected departure will likely elevate the status of Dina Powell, who is deputy national security adviser for strategy." The Washington Post (4/9, Phillip) reports that McMaster elevated Powell to the NSC Principals Committee last week. The Wall Street Journal (4/9, Lee, Radnofsky) and New York Post (4/9, Moore) have brief reports.

Breitbart: CEA Chair-Designate On Side Of "Corporatist," Globalist Faction.

Breitbart (4/9, Starr) writes that if Council of Economic Advisors Chair-designate Kevin Hassett is confirmed by the Senate, "that will be a win for the corporatist, business-first faction" in the White House. In 2010, Hassett warned in "that bashing China-U.S. trade policy would bring the U.S. back to the downward spiral in the 1930s," and he once called globalization "an absolute prerequisite for long-term economic growth is full participation in the global economy and trading system."

Former "Regulatory Czar" Says Trump's Pick For Job Shows He Is Serious About Reform.

In a Wall Street Journal (4/9) op-ed, Susan Dudley, who led the US Office of Information and Regulatory Affairs during President George W. Bush's final years in office, praises President Trump's selection of Neomi Rao to head the OIRA, a role that is essentially the federal "regulatory czar." Dudley writes that Trump's choice of the experienced and detail-oriented Rao shows that he is serious about regulatory reform.

Taxes and Budget

AP Analysis: Trump “Going Back To The Drawing Board” On Tax Reform.

The AP (4/9, Boak, Ohlemacher) reports that President Trump “has scrapped the tax plan he campaigned on and is going back to the drawing board in a search for Republican consensus” behind an overhaul. The White House has kept the process “under wraps. But it has already sprouted the consideration of a series of unorthodox proposals including a drastic cut to the payroll tax, aimed at appealing to Democrats.” White House officials “say it’s now unlikely that a tax overhaul will meet the August deadline” set by Treasury Secretary Mnuchin. The Wall Street Journal (4/9, Rubin) reports that despite the potential outreach to Democrats, their opposition to cuts that benefit higher-income households could prevent a deal.

Federal Hiring Freeze Impacting Social Security, Veterans, Prisons.

The Wall Street Journal (4/9, Reinhard, Ballhaus) reports that federal workers and union officials say that the hiring freeze President Trump ordered almost immediately after taking office could delay payments to veterans and Social Security recipients and threaten the safety of correctional officers. With federal turnover about 10 percent per year, more jobs are becoming empty, impeding such routine processes. About one in 10 Bureau of Prisons posts are vacant, and the veterans’ claims backlog has again climbed above 100,000.

WPost: Trump Budget Offers Path To Air-Traffic Modernization.

The Washington Post (4/9, Board) says in an editorial that while “President Trump’s ‘skinny budget’ includes a lot of penny-wise, pound-foolish budget-cutting ideas,” it does offer “a smart expression of support for modernizing the nation’s outmoded system of air-traffic control”: to shift air traffic control to “a separate entity” outside of the Federal Aviation Administration, to make innovation and efficiency more possible. Senators with vested interests have opposed this in the past, but “air-traffic modernization is overdue. And with the White House on board, there may finally be a real chance to make it happen.”

Healthcare

WSJournal: Time Running Out For GOP To Act On ACA.

The Wall Street Journal (4/9) says in an editorial that time is running out for Republicans hoping to repeal and replace the Affordable Care Act, with insurers required to submit 2018 products for state approval by early summer. The Journal says the House Freedom Caucus and

other conservatives must decide whether to compromise or to be responsible for the continued existence of a law they oppose.

Inslee: Washington State Has Had “Tremendous Success” With ACA.

Gov. Jay Inslee said on [MSNBC’s Weekends With Alex Witt](#) (4/9) that in his state of Washington, “we have had tremendous success” with the Affordable Care Act. “We have 750,000 people now insured. We have cut the inflation rate from 16 to six percent. It has been very successful in reducing the rate of increased costs for our citizens. ... We’re satisfied that the Administration and Congress have been unsuccessful in dismantling healthcare.”

Addiction Specialist Criticizes Harm Reduction Model.

In a [Wall Street Journal](#) (4/9, Satel) op-ed, Sally Satel, an addiction specialist and resident scholar at the American Enterprise Institute, criticizes the focus on harm reduction in handling America’s opioid problem. While she says that such practices have their place, harm reduction’s focus on reducing opioid-related death and disease over getting addicts off drugs is dangerous as the crisis spreads.

Immigration

Border Wall Funding Unlikely In This Month’s Spending Bill.

[The Hill](#) (4/9, Bernal, Lillis) reports, “Democrats are winning the war over the wall. Despite President Trump’s request for more than \$1 billion to fund the Mexican border wall this year, GOP leaders are expected to exclude the money” from the spending bill to keep the government functioning beyond this month. House Speaker Ryan “says the choice is pragmatic and the money will come later.” For now, “with Democrats united against new wall funding” and some Republicans concerned over the cost and other matters, it is unlikely GOP leaders “have the votes to get it through and prevent a government shutdown.”

Rubio: “Mexico Is Not Going To Pay For The Wall.” On [ABC’s This Week](#) (4/9, Stephanopolous), Sen. Marco Rubio said, “Let me just say, Mexico is not going to pay for the wall. And by the way, America should, if we believe it’s in our national interests to do so. I think the Mexican government is open, for example, to renegotiating key points of NAFTA, on intellectual property. I think Mexico is willing to be a partner in El Salvador, the northern triangle countries, a source of a lot of the migration coming in through Mexico. ... There’s a lot we can work on together.” [Breitbart](#) (4/9, Key) runs a brief report on Rubio’s remarks.

State Legislatures Considering Freeze On Grants To Sanctuary Cities.

The Hill (4/9, Wilson) reports that "immigration hardliners" in 33 states "are threatening to hold potentially billions of dollars in state grants hostage as they seek to compel so-called sanctuary cities to cooperate with federal law enforcement officials." While only Mississippi "has enacted a ban on sanctuary jurisdictions," other states including Florida, Georgia, Indiana, Iowa, and Texas are considering similar measures.

Fashion Designers Say Open Borders, H-1B Visa Good For Their Industry.

Breitbart (4/9, Binder) reports that the Council of Fashion Designers of America will soon release a white paper stating that open borders and the H-1B visa are good for the US fashion industry. Designer Michael Kors, "primarily known for his all-American style cashmere knits and luxury handbags, is one of the largest American luxury brands that uses the H-1B foreign guest worker visa."

Other National News

Gorsuch To Be Sworn In As Supreme Court Justice Today.

The CBS Weekend News 📺 (4/9, story 4, 0:20, Quijano) briefly reported that "after a contentious confirmation process, Judge Neil Gorsuch will be sworn in tomorrow as the 113th Justice of the Supreme Court. It is expected Justice Anthony Kennedy will do the honors at a public ceremony tomorrow. Gorsuch clerked for Kennedy as a young lawyer in the early 1990s." The Los Angeles Times (4/9, Savage) says that Gorsuch "joins the Supreme Court just in time to cast potentially significant votes in cases that pit religious liberty against gay rights, test limits on funding for church schools and challenge California's restrictions on carrying a concealed gun in public."

The Washington Post (4/9, Wagner, Sullivan, O'Keefe) says Gorsuch's ascension "marks a big win for [President] Trump and conservatives – both on and off Capitol Hill – who have struggled desperately to produce significant victories despite pledges of sweeping change in Washington that one-party rule would bring." The President has so far "failed to advance much of the ambitious legislative agenda he said would happen quickly if he was elected," but Gorsuch's confirmation "broke this pattern, at least in a singular instance."

Adam Liptak of the New York Times (4/9) writes that while Gorsuch's appointment "is a one-for-one swap, a conservative replacement for another conservative," the court is growing more

polarized. All four of the court's "current Republican appointees are more conservative than all four of the Democratic ones," but as recently as 2009, "two Republican appointees to the court, Justices John Paul Stevens and David H. Souter, were members of the court's liberal wing." Gorsuch could conceivably be on the court until 2050 or beyond, and "actuarial realities suggest that President Trump will have additional chances to move the court to the right." Kellyanne **Conway** said on Fox News' MediaBuzz 📺 (4/9), "Thirty and 40 years from now, no one will remember our names but they will know who Neil Gorsuch is. And by then he will have made a huge mark on American jurisprudence as someone who has fidelity to the Constitution."

Cornyn, Cardin Debate "Nuclear Option" Fallout. On Sunday, two senators discussed the so-called "nuclear option" used to confirm Gorsuch. On Fox News Sunday 📺 (4/9, Wallace), Senate Majority Whip Cornyn said, "This is really a restoration of the status quo before the George W. Bush Administration. ... Clarence Thomas got 52 votes when he was confirmed. One senator could have required 60 votes under the theory that basically was developed under Chuck Schumer." On Fox News Sunday 📺 (4/9, Wallace), Sen. Ben Cardin replied, "John Cornyn is my friend, and I mean that, but we disagree on this issue. I think damage has been done in the future nominees for the Supreme Court, I think damage has been done to the Senate as an institution."

WTimes Analysis: Lower Vacancies Give Trump "An Unparalleled Chance" To Shape Courts. The Washington Times (4/9, Swoyer) reports that the President will "now turn his attention to the more than 120 vacancies in the rest of the federal judiciary, giving him an unparalleled chance to shape the American legal system. Nineteen of those vacancies are at the appeals court level...and more than 90 openings await Mr. Trump's decision in district courts. President Obama, by contrast, had just 44 district court vacancies and 13 appellate vacancies when he took office in 2009."

Conway Says Media Neglecting Rice Unmasking Story.

Kellyanne **Conway**, appearing on Fox News' MediaBuzz 📺 (4/9), said of the reports that President Obama's NSA Susan Rice was responsible for the unmasking of the names of associates of President Trump, "The most amazing thing about this story is it's conspicuous by its absence in network coverage. ... Is the NSA an investigative agency? Miss Rice gave interviews on PBS last month where she said that she doesn't know anything about it. Now she seems to be reversing course a little bit by saying she didn't do anything for quote 'political reasons.' So I think there are many questions that have been raised of answers and non-answers."

Schiff Says He Will Not Recuse Himself From Russia Probe.

Politico (4/9, Wilhelm) reports that House Intelligence Committee ranking Democrat Rep. Adam Schiff “rejected a call for him to recuse himself from the panel’s investigation of Russian meddling” in the 2016 presidential campaign, saying on ABC’s This Week that the suggestion by ex-Rep. Mike Rogers was “not ‘serious.’” But Matt Vespa of Townhall (4/9) says that Schiff, a “partisan attack dog,” should “recuse himself after making insinuations that there’s circumstantial evidence of collusion and direct evidence of deception.”

Rove Detects “Acrimony” Between Three White House Factions.

The Hill (4/9, Beavers) reports that Karl Rove said on Fox News’ Sunday Morning Futures that “President Trump’s aides ‘have been leaking on each other for weeks.’” He added, “Unnamed White House officials are dissing to reporters about other people inside the White House.” Rove said the leaks are “one of the three reasons he believes there is ‘acrimony’” between factions led by Steve Bannon, Jared Kushner, and Reince Priebus, along with Trump “expressing concern and asking others what they think of his staff” and “a palpable sort of animosity or antagonism’ between the three tribes.”

WPost A1: Bannon Earned Millions Via “Intricate Multimedia Machine.”

The Washington Post (4/9, A1, Boburg, O’Harrow) reports on its front page that in July of last year, Stephen Bannon urged “the listeners of his Breitbart News radio show to see the new movie ‘Clinton Cash.’” The Post says the radio program “and ‘Clinton Cash’ were components of an intricate multimedia machine comprising nonprofit organizations and private companies that Bannon had leveraged to advance his conservative, populist agenda and bring in millions of dollars.” The Post says “the research behind ‘Clinton Cash’ had been funded by the Government Accountability Institute, or the GAI, a tax-exempt public charity that Bannon had created a few years earlier and that had paid him hundreds of thousands of dollars as executive chairman.” The movie was “been produced by Glittering Steel and Bannon Film Industries, two companies owned by Bannon, who...also was an owner of ARC Entertainment, the firm listed as distributor of the film. And he was receiving a six-figure salary as executive chairman of Breitbart News.”

WSJournal A1: Bond Boom Suggests Investors Are Wary About Economic Growth.

The Wall Street Journal (4/9, A1, Eisen, Dieterich, Goldfarb) reports on its front page that bond sales are skyrocketing, an indicator that investors remain dubious about the chances of faster economic growth in the near term. Highly rated US companies issued \$414.5 billion of debt in the first quarter, a record, and companies and governments in emerging markets sold \$178.5 billion of dollar-denominated debt during the same period.

Critics Say “Voucherlike” Florida Program Praised By DeVos Has Little Accountability.

On its front page, the Washington Post (4/9, A1, Brown) looks into a “voucherlike program” that has been in place in Florida for the past 15 years and that has been praised by Education Secretary DeVos. The program “helps pay tuition for nearly 100,000 students from low-income families,” but there is “scant evidence that these students fare better academically than their peers in public schools.” Miami-Dade County Public Schools Superintendent Alberto Carvalho “wonders what happens to the 25,000 students from the county who receive the scholarships,” since “there are no consequences for consistently poor results” on standardized tests. The Post says DeVos “does not seem to be bothered” by these concerns, and is instead “driven instead by the faith that children need and deserve alternatives to traditional public schools.”

NBC News Analysis: Penn Station Derailments Highlights Need For Infrastructure Overhaul.

NBC Nightly News 📺 (4/9, story 7, 2:10, Snow) led into a report on recent derailments at New York’s Penn Station by saying, “Cities and towns throughout the United States are waiting to see what becomes of the President’s plan to rebuild the country’s infrastructure. The need was highlighted dramatically over the last couple of weeks” by the derailments. NBC’s Morgan Radford: “President Trump has promised a trillion dollar infrastructure plan, but when he revealed his budget in March, it showed a \$2.4 billion cut from transportation budget. Top Democrats say our future depends on new improvements.” Senate Minority Leader Schumer: “It is vital to our northeast economy, and it makes a world of sense.”

Trump’s Personal Helicopter Was At Mar-A-Lago This Weekend.

The New York Post (4/9, Moore, Perez) reports that though President Trump “is barred from using his private helicopter” while in office, “that didn’t stop him from showing it off all weekend on the front lawn of his Mar-a-Lago resort.” The “Trump-branded chopper was parked on his

new helipad from Saturday to Sunday before it eventually whisked off without him,” and a local official said its arrival “was unexpected – especially since the resort’s new helipad was specifically built for Marine One, and nothing else.”

NYTimes A1: Anti-Trump Movement Ponders How To Maintain Its “Momentum Into 2018.”

On its front page, the New York Times (4/9, A1, Zernike) reports that members of a group called “NJ-11th for Change” have been credited “with helping to bring down Republican legislation to repeal the Affordable Care Act.” Now, says the Times, “hundreds of similar groups” must determine what comes next “as they seek to create a lasting political force that could return majorities in” Congress “to Democrats.” The Times adds, “This could be the Scott Brown moment for the young movement that has risen up to oppose the agenda of Mr. Trump and the Republican-led Congress, providing the taste of power that Tea Party groups got in 2010 when they helped elect Mr. Brown” win the race to succeed the late Sen. Ted Kennedy (D). However, “for liberal groups, the swift success in health care removes a visceral, unifying issue. And with the midterms” still “20 months away,” a number of “resistance-group leaders worry about sustaining their momentum into 2018.”

Democrats Hope To Ride “Anti-Trump Fervor” To Upset In Price Special.

Under the headline “In Georgia, A Democrat’s ‘Make Trump Furious’ Campaign Rattles Republicans,” Reuters (4/9, Whitesides) reports on the April 18 special election to succeed ex-Rep. Tom Price (R-GA), saying that in the wake of “crushing electoral losses” in November’s election, “Democrats’ road to recovery winds through the leafy, well-heeled suburbs of north Atlanta,” where “Democrats are threatening a stunning...upset that could signal how well the party can turn” President Trump’s “low approval ratings into political gains. And they appear to have an ally in the April 18 vote: Trump himself.” The AP adds that “a wave of grassroots anti-Trump fervor has” placed ex-congressional aide Jon Ossoff (D) in a position to potentially flip a “seat held by Republicans for decades.” The AP adds that Ossoff’s “underdog ‘Make Trump Furious’ campaign has endeared him to national anti-Trump activists and pushed him well ahead of 17 rivals in polls” while raising “a jaw-dropping \$8.3 million.”

The Washington Post (4/9, Weigel, Highfield) reports, “Republicans are becoming increasingly concerned about their ability to hang on to” the GA6, “where restive Democratic energy has been surging since November’s election,” helping Ossoff raise “a whopping

\$8.3 million" in Q1 – "more than anyone has ever collected to win [the] seat, which has not been represented by a Democrat for nearly four decades." The Post adds, "Republicans, however, are fighting back. ... Outside groups and the national" GOP "are spending millions to paint" Ossoff "as the hope of window-smashing anarchists who want him in Congress."

Bloomberg Politics (4/6, Allison, McCormick) reported that Ossoff's fundraising haul reflects "liberals' frustration with...Trump's election." Bloomberg Politics added that Democrats view the GA6 "as vulnerable because its well-educated and upper-income electorate gave only mild support to Trump. Price won it by 23 percentage points in November; Trump's margin was fewer than two percentage points." Even so, Ossoff's odds of winning are "a bit of a long shot. Eighteen candidates, including 11 Republicans and five Democrats qualified for the ballot. If no one secures more than half the vote, the top two finishers will go to a runoff on June 20. If the race goes to that second round, a Republican would be favored in the right-leaning district."

On its website, CNBC (4/9, Seitz-Wald) reported that while Trump "is at the center of" the contest, "which both parties are watching as a bellwether of the midterms in 2018, most contestants in the sprawling 18-candidate field don't want to mention his name." For example, ex-state Sen. Judson Hill (R), "a former Ronald Reagan aide," insisted that "he is asked about Trump only by reporters, not voters. 'This is not referendum on the president,' he told NBC News." But though Hill "says that he has no doubt a Republican would handily win here in a more conventional election, he's worried this one is different." Said Hill, "People are not expecting an election in April. Getting them to be aware of the election and focused on it when they've gone through a lot in 2016 with the presidential race has been a real challenge."

Under the headline "As Georgia Vote Nears, GOP Asks If Ideological Purity Matters Anymore," the New York Times (4/9, Martin) reports that among local Republican leaders, "few seem quite sure what exactly the party stands for now," as Trump's "takeover of the" GOP "has blurred the bright-line ideological distinctions that defined the right for the past eight years." The Times adds, "The shifting conservative fault lines are on display in the" GA6 race, in which the GOP hopefuls – "as they try to win over the sort of conservative activists dedicated enough to participate in a rare April" contest – "are casting themselves more as can-do pragmatists in the spirit of Mr. Trump than unwavering ideologues."

On the CBS Weekend News 📺 (4/9, story 5, 1:50, Quijano), Elaine Quijano reported that the special elections to succeed Price and ex-Rep. Mike Pompeo (R-KS) "are getting national attention as a possible preview of next year's mid-term election." CBS News Political Director

Steve Chaggaris was shown saying, "If Republicans are shown to be weak candidates this early, even if they win, that's going to have an affect on how Republicans who are running for re-election shape their political narrative moving forward." CBS' DeMarco Morgan added, "With approval ratings at an all-time low for President Trump, both Democrats and Republican will be paying attention to the outcome of these elections."

Gonzales Shifts GA6 Race "From Lean Republican To Tossup."

Writing for Roll Call (4/7, Gonzales), Nathan Gonzales discussed the GA6 race, saying that Ossoff "is riding the Democratic energy stemming from Trump's election and raised an astounding \$8.3 million in the first" quarter of 2017, and "now he has the opportunity to win the race outright by winning a majority in the open primary later this month." Gonzales added, "Based on his position, the difficulty of accurately predicting special election turnout, the polls' margins of error, and Ossoff's financial advantage, we are changing the Inside Elections rating from Lean Republican to Toss-Up."

In Democrat-Aligned Group's Ad, Celebrities Focus On Turning Out Voters. Meanwhile, The Hill (4/7, Hagen) reported that House Majority PAC, a Democrat-aligned super PAC, "has launched its debut ad in the closely watched" race – a "digital" spot focusing on turnout. The ad "doesn't mention Ossoff and instead features actresses Melissa Fumero and Stephanie Beatriz from Fox's 'Brooklyn Nine-Nine.'"

In Pompeo Special, "Sign[s] Of GOP Nervousness."

Writing for the Los Angeles Times (4/7, Barabak), Mark Barabak said that in Kansas, less "than a handful of Democrats have been elected to the House in the past generation," the state hasn't backed "a Democrat for president since 1964," and no Democrat has been elected "to the US Senate [since] 1932," making "it all the more striking" that the National Republican Congressional Committee last week "dumped nearly \$100,000" into the April 11 special election to succeed ex-Rep. Mike Pompeo (R-KS). Barabak added, "In a further sign of GOP nervousness, Vice President Mike Pence has recorded a robocall urging Republican voters to the polls." The race "was expected to be an easy victory" for state Treasurer Ron Estes (R), and the "last-minute ad blitz" by the NRCC "has heartened Democrats and their" nominee, civil rights lawyer James Thompson (D), "even if an upset still seems unlikely" in a district President Trump won "by a whopping" 27 points.

The Huffington Post (4/9, Bobic) reported that Thompson "is seeing a last-minute fundraising surge in the days before" the "unexpectedly competitive" race. Thompson "raised approximately \$240,000 in 20,000 individual donations, much of it since Thursday,

according to his campaign manager, Colin Curtis. The haul was bolstered by an ActBlue fundraising campaign backed by several progressive grassroots groups, including Daily Kos, Democracy for America, and Our Revolution. The surge in donations shows a groundswell of support for Thompson, the first Democrat to face voters in a federal election since Trump's win over Hillary Clinton. The Huffington Post added, "The Democratic Party, however, is staying away from the race."

The Hill (4/8, Greenwood) reported that Thompson on Friday touted "the support of a group aligned with Sen. Bernie Sanders (I-Vt.)," tweeting "that he was 'proud to have the endorsement' of Our Revolution, a progressive political group that emerged out of Sanders' 2016 presidential campaign."

Gonzales Moves KS4 Contest "From Lean Republican To Likely Republican." Writing for Roll Call (4/7, Gonzales), Nathan Gonzales discussed the KS4 contest, saying, "National and local Democrats haven't put in much time or effort into the race, but there is some GOP concern about the enthusiasm gap and the quality of the Estes campaign. We're changing the Inside Elections rating from Solid Republican to Likely Republican."

Cruz To Stump With Estes In Wichita Today. The AP (4/7) reported that Sen. Ted Cruz (R-TX) is slated to stump with Estes "during a Monday afternoon rally at Yingling Aviation" in Wichita. The AP adds that Cruz "won the state's presidential caucuses last year. Estes initially backed Florida Sen. Marco Rubio but is a longtime Republican activist."

Sanders Says He'd Be Willing To Stump For Quist In Zinke Special.

In a report on the special election to succeed EX-Rep. Ryan Zinke (R-MT), the Huffington Post (4/8, Grim) said that Sen. Bernie Sanders (I-VT) "has offered to travel to Montana to help boost" the bid of musician Rob Quist (D), who is battling businessman Greg Gianforte (R) in the "surprisingly competitive" contest. The visit "would be part of a national tour Sanders is doing with" DNC chief Tom Perez "after Easter, the Vermont senator" said. Sanders, "whose organization, Our Revolution, has endorsed Quist," told the Huffington Post, "My impression is [Quist]'s a very strong candidate who stands up for working people, understands that we need a government that represents all of us and not the one percent. So if we can be of help to Quist, happy to do that as well."

Despite Judge's Ruling, Would-Be Candidates Won't Appear On Ballot. Meanwhile, the AP (4/9, Volz) reports that US District Judge Brian Morris on Saturday "sided with three would-be candidates who argued they didn't have enough time to gather the signatures required to

qualify for Montana's special congressional election – but their names still aren't going on the ballot." While Morris "ordered Montana Secretary of State Corey Stapleton to reduce the number of voter signatures needed to place minor party and independent candidates on the ballot from 14,268 to 400," he "did not extend Stapleton's March 6 deadline to turn in signatures, which means the three men who sued for ballot access – Thomas Breck of the Green Party and independents Steve Kelly and Doug Campbell – still don't qualify for the ballot. 'None of the candidates met the judge's lowered signature threshold,' Stapleton spokeswoman Morgan Williams said Sunday."

Curbelo May Be "Most Vulnerable" GOP Congressional Member In 2018.

Under the headline "A Miami Lawmaker May Be The Most Endangered Republican In Congress," the Miami Herald (4/7, Mazzei) reported that sophomore Rep. Carlos Curbelo (R-FL) may "be the single most vulnerable Republican in the country going into the 2018 election, according to a new analysis of partisanship in congressional districts. The Cook Political Report" analysis "found that Curbelo represents the most Democratic of districts held by Republican members of Congress." The FL26 "performed an average of 6 percentage points more Democratic than the nation did as a whole between the 2012 and 2016 presidential elections, Cook Report editor David Wasserman found in his report." Third "on the list of the 10 Republicans in the most Democratic districts is" Rep. Ileana Ros-Lehtinen (R-FL); her FL27 "district – a stretch of coastal southeastern Miami-Dade County – performed on average 5 points more Democratic at the presidential level than the rest of the country."

Progressive Leaders Call For "Liberal" Gabbard's Ouster Over Assad Skepticism.

On its website, CNN (4/9, Lobianco) reported that two "veteran leaders on the left" – ex-DNC chief Howard Dean and Center for American Progress President Neera Tanden – are calling on Hawaii voters to oust Rep. Tulsi Gabbard (D-HI) "after the Democrat questioned whether Syrian President Bashar al-Assad was responsible for last week's chemical attack. 'People of Hawaii's 2nd District – was it not enough for you that your rep met with a murderous dictator? Will this move you?' Tanden tweeted Friday in response to Gabbard's" remarks "that she is 'skeptical' Assad is responsible for the chemical attack." Dean likened Gabbard's remarks "to President Donald Trump's Twitter blasts. 'This is a disgrace. Gabbard should not be in Congress,'" Dean said via Twitter. CNN added that Gabbard, a "liberal Democrat" who is a member of the

House Armed Services Committee, "took a somewhat mysterious trip alone earlier this year to meet with Assad in Syria."

Gilbert Says Baldwin, Walker 2018 Reelection "Prospects Have Brightened."

Writing for the Milwaukee Journal Sentinel (4/9, Gilbert), Craig Gilbert discussed the 2018 reelection races of Sen. Tammy Baldwin (D-WI) and Gov. Scott Walker (R-WI), saying that "this year, the prospects have brightened for each incumbent. Both saw their ratings improve last month in a poll by the Marquette University Law School. Both have seen potential front-line challengers take a pass on their race. It's quite possible neither will draw a well-known opponent." Possibly benefiting Baldwin, said Gilbert, is the fact the President Trump is suffering "through the worst-ever approval ratings for a new president...and he seems likely to inflame and mobilize Democratic voters next fall." And in the governor's race, Walker "will be well-funded and well-organized, has three statewide wins under his belt and has no formidable opponents on the horizon."

Baldwin Pushing Economic Message In Her Reelection Bid. The Washington Post (4/7, Slevin) reported that Baldwin understands the challenge she is facing in running for reelection in 2018 in a "state won by President Trump." The Post said that Gov. Walker "fires volleys of accusatory tweets at Baldwin and appears likely to seek a third term, putting polar opposites on the same ballot in November 2018." Baldwin's response is to "echo the hard-luck economic message that propelled the candidacies of Trump and Sen. Bernie Sanders." Baldwin told the Post, "The common thread is economic populism and how we get ahead. ... It's just that Walker and Trump pit one group of Americans against another, rather than taking on the real villains."

CNN Analysis: Gillespie Distancing Himself From American Crossroads.

CNN (4/8, Schleifer, Nobles) reported on its website that ex-RNC chief Ed Gillespie (R) – the GOP frontrunner in the 2017 race to succeed term-limited Gov. Terry McAuliffe (D-VA) – "has embraced much of the pedigree that makes him a political heavyweight." However, "what he has been loathe to emphasize – in a reflection of this anti-establishment, anti-moneyed moment – is his ties to a Republican super PAC that, for all its riches, presents a" quandary for those "running for high office in the first year of Donald Trump's presidency. Slowly and quietly, Gillespie has shed his high-powered connections to the group that he helped found, American Crossroads, ignoring some of its elite donors and forging a new political identity." CNN added, "It's led to an

unusual dynamic: A super PAC founder running in one of this year's marquee races who is largely not taking advantage of the big-money system that he helped pioneer."

Democratic Rep. Perlmutter Announces 2018 Bid For Colorado Governor.

The AP (4/9, Anderson) reports that Rep. Earl Perlmutter (D-CO) on Sunday announced a 2018 bid to succeed term-limited Gov. John Hickenlooper (D-CO), establishing "himself as the front-runner in the Democratic primary." Perlmutter, "whose competitive Jefferson County district is home to private aerospace firms and federal research laboratories," told the AP, "The Trump administration, coupled with the gridlock that exists in Congress, really is causing things to go backward," adding, "I feel I can provide more service and leadership at home than I can in Washington." Perlmutter, whose "candidacy creates the possibility" of a GOP takeover of the CO7, joins businessman Noel Ginsburg (D) and ex-state Sen. Mike Johnston (D) in the Democratic race. Ex-state Treasurer Cary Kennedy on Sunday said she'll announce her bid today.

The Denver Post (4/9, McGhee) reports that in Golden, CO, Perlmutter "officially announced his run for governor to a crowd of several hundred people on Sunday, telling them he will work with residents across the state and fight radical changes that don't reflect residents' priorities and values." With President Trump in the White House and the GOP in control "of Congress, it will be up to Colorado and other states to block action that could cause harm to their economy, schools and environment, he said. 'It is the states that will provide checks and balances.'"

The Colorado Springs (CO) Gazette (4/9, Marcus) reports that Perlmutter "enters the race for the Democratic nomination with the greatest name recognition and a powerful fundraising army behind him," though "the primary will be tough, and candidates will also have to likely compete for unaffiliated voters. It's unlikely that Perlmutter will clear the primary field. While he has excellent name recognition in the Denver area, he may struggle in rural Colorado."

Open-Seat Race Could Give GOP A Shot At Flipping CO7. With Perlmutter running for governor, Roll Call (4/7, Pathé) took a look at the race to succeed him in the CO7 "a solid Democratic seat, but one that Republicans are more optimistic about winning without the incumbent running – if they can field a competitive candidate. The National Republican Congressional Committee included the" CO7 "on its list of 36 initial targets for 2018, but" unseating the Democrat "seemed unlikely. Perlmutter won re-election by 15 points last fall, while Hillary

Clinton carried the district by 12 points." Roll Call said state Sen. Andy Kerr (D) and state Rep. Brittany Pettersen (R) are "expected" to enter the race, and local "Democrats admit that an open seat could make for a more competitive general election." Roll Call added, "National Republicans are most excited about Jefferson County Commissioner Libby Szabo, a former assistant minority leader in the state House."

GOP Gov. Bentley To Face Impeachment Proceedings Over "Sex Scandal."

On [ABC World News Tonight](#) 📺 (4/9, story 8, 1:35, Llamas), Tom Llamas reported on "an explosive sex scandal involving the governor of Alabama. Accusations that the Gov. Robert Bentley abused power to cover up an affair. Impeachment proceedings getting underway tomorrow with calls for his resignation growing." ABC's Gloria Riviera said that the GOP incumbent "came under fire in 2016 for his alleged affair with top advisor Rebekah Mason." ABC played an audio clip of Bentley saying, "I love you, I love touching you." Riviera added, "This audio recording provided by his former wife of 50 years to investigators looking into whether he violated campaign finance laws by giving his supposed mistress state employee perks after she left office. A scathing 131-page report by the House Judiciary Committee detailed allegations of extensive abuse of power in covering his tracks."

On [NBC Nightly News](#) 📺 (4/9, story 6, 1:30, Snow), Sarah Dolloff reported, "What began as an alleged affair between" Bentley "and an aide is now at the center of an effort to impeach him," after "a sex scandal engulfed his administration last year when graphic recordings of phone conversations between the governor and top aide Rebecca Mason came to light." Dolloff added, "If he is found guilty, Bentley would be only the ninth governor in US history to be removed from office – his fate now in the hands of the Alabama legislature."

NYPost Analysis: Cuomo Budget An Appeal To Liberals, Smacks Of "Presidential Ambitions."

The [New York Post](#) (4/9, Short, Conley) reported that Gov. Andrew Cuomo (D-NY) "used the state budget process to go shopping for the liberal credentials he'll need to run for president, Albany insiders said." The Post said, "Appealing to key left-wing constituencies that could help him in a Democratic presidential primary," Cuomo "poured \$163 million into a college-scholarship program; gave a \$35 million tax break to workers who pay union dues; created a \$10 million immigrant legal defense fund; and renewed the millionaire tax. The moves add up to a 'press release for his presidential ambitions,' scoffed Assemblyman Al Graf, a Long Island Republican." The Post quoted Democratic consultant

Evan Thies as saying, "Cuomo has clearly taken a left-hand turn on Route 2020 with this budget."

Visiting South Carolina, O'Malley Says He May Mount 2020 White House Run.

The Charleston (SC) Post and Courier (4/8, Byrd) reported that ex-Gov. Martin O'Malley (D-MD), who mounted a failed 2016 White House run, on Saturday took part in a town hall event at the College of Charleston in South Carolina. At the event, a young boy asked the Democrat if he plans on making a 2020 bid for president. O'Malley responded, "I just might," adding, "We'll see, but we've got plenty of work to do in the meantime." O'Malley began the appearance "with a nearly 10-minute opening that sounded more like a stump speech than a personal introduction," citing "some of his specific policy stances: raise the minimum wage, address climate change and get rid of the Electoral College."

Search Continues For Man Who Stole Guns, Mailed Manifesto To Trump.

ABC World News Tonight 📺 (4/9, story 6, 1:50, Llamas) reported Joseph Jakubowski of Wisconsin is "in the center of the nation-wide manhunt, already accused of stealing weapons and sending a manifesto to the President." There are now "questions about who may have filmed him, and concerns this dangerous suspect may be targeting churches." ABC (Bankert) added that deputies are questioning the man who filmed Jakubowski mailing his manifesto, agents are "investigating more than 400 tips and releasing this photo of Jakubowski." Blake McCoy reported on NBC Nightly News 📺 (4/9, story 2, 2:15, Snow), "The desperate hunt for Joseph Jakubowski stretching into a fifth day." There were reports "of a man asking suspicious questions" at the Calvary Baptist Church, 50 miles from where he was last seen on surveillance cameras. Paula Reid reported on the CBS Weekend News 📺 (4/9, story 6, 1:40, Quijano), "Local and federal law enforcement agencies are working together on the case."

State Lawsuits Allege Sallie Mae Made Student Loans It Expected To Default.

The New York Times (4/9, Cowley, Silver-Greenberg) reports that, in cases that parallel the mortgage crisis "in scope...and in the details of the misdeeds claimed," state lawsuits filed by the attorneys general in Illinois and Washington allege "that Sallie Mae engaged in predatory lending, extending billions of dollars in" private subprime loans, "some of which it expected to default at rates as high as 92 percent." The GSE

is accused of using these “as a tool to build its business relationships with colleges and universities across the country” despite knowing that that many borrowers would be unable to repay, “ensnaring students in debt traps that have dogged them for more than a decade.” An internal strategy memo called the loans a “baited hook” used to get more federally guaranteed loans. Now, the attorneys general in Illinois and Washington, backed by a coalition of those in 27 other states, are suing student loan giant Navient.

Labor Department: Google Underpays Female Workers.

The AP (4/9) reports Labor Department regional director Janette Wipper, during a Friday court hearing in San Francisco, said that an investigation of how Google pays its employees “found systemic compensation disparities against women pretty much across the entire workforce.” Google said this was the first it had heard of the charges and “vehemently disagreed.” In a statement, Google said, “Every year, we do a comprehensive and robust analysis of pay across genders and we have found no gender pay gap.” The Labor Department has been “scrutinizing Silicon Valley for patterns of pay and hiring discrimination under its powers to vet companies that bid for lucrative government contracts.” The probe into Google “evolved from a lawsuit” seeking to keep Google doing business with the federal government unless the company complied with an employee-compensation audit. While Google turned over some of records, it withheld “information that it believes would invade its workers’ privacy.”

Millions In Bonuses For Execs At Troubled Bureau Of Prisons.

USA Today (4/9, Johnson) reports that even as the US Bureau of Prisons faced “persistent overcrowding, sub-par inmate medical care, chronic staffing shortages and a lurid sexual harassment lawsuit,” in the last three years it paid more than \$2 million in bonuses to administrators and wardens. “Among the biggest recipients last year were four executives” in senior leadership posts at the complex in Coleman, Florida, which is in the middle of a sexual harassment lawsuit involving hundreds of current and former female staffers. Tamyra Jarvis, the warden, received performance awards totaling \$34,500 in the last two years. Bureau spokesman Justin Long said the bonus payments were authorized by Office of Personnel Management guidelines and that an Obama Administration executive order urging a “strengthening of our (senior executive service)” and growth in the number of administrators caused what last year’s payments to rise to nearly \$1 million, “almost double the combined amounts in the previous two years.”

Small-Engine Equipment Manufacturers Say Ethanol Causes Dangers.

The Washington Times (4/9, Wolfgang) reports that manufacturers of small-engine equipment like lawn mowers and chainsaws “continue fueling a debate over the supposed dangers of ethanol,” saying that the most common blends, which “pose no problems for automobiles,” can “wreak havoc on small engines.” The ethanol industry says that they are “merely looking for a scapegoat to mask operator error.”

House Freshmen Introduce Bill To Make Marijuana A Schedule 3 Drug.

The Washington Times (4/8, Blake) reports that bipartisan legislation proposed in the House on Thursday “would make marijuana a Schedule 3 drug, removing cannabis from its current standing as a Schedule 1 substance alongside deadly contraband including ecstasy and heroin.” The measure was introduced by two freshmen from Florida, Republican Rep. Matt Gaetz and Democratic Rep. Darren Soto.

Lewis, Pelosi Appear At Los Angeles Rally Aimed At Curbing Child Poverty.

The Los Angeles Times (4/9, Queally) reports that civil rights icon Rep. John Lewis (D-GA) and House Minority Leader Nancy Pelosi “lent some star power to a South L.A. rally Sunday aimed at drastically reducing child poverty in California and across the nation.” At the rally, which was “in support of a California Assembly bill that seeks to increase funding for childcare, after-school service, job placement programs and other antipoverty initiatives,” the “lawmakers took potshots at President Trump.” The Times says Pelosi cited “Trump’s decision to take military action in Syria last week after children were killed in a poison gas attack, nudging the administration not to cut funding to programs that provide necessary services to low-income families in the US. ‘If you care about the children in Syria, and we all do...let that be a message to care for all of the children in the world,’ she said.”

Offering Side Deals, California’s Brown Gets Gas Tax Increase Through Legislature.

The Los Angeles Times (4/9, McGreevy, Mason, Myers) reports California Gov. Jerry Brown managed “one of the biggest legislative victories of his storied political career,” pushing through “an ambitious plan” to raise \$52 billion in the next decade, through gas taxes and vehicle fees, that will do to repairing the state’s roads, highways, and bridges. However, breaking the two-year “stalemate on transportation

funding” required promising almost \$1 billion “pet projects” to garner legislators’ support. Assembly Republican leader Chad Mayes condemned the “\$1 billion in pork to buy the votes to pass” the measure, but “Brown defended the deals as justified, a moderate investment compared with the payoff.”

Fox Hires Law Firm To Investigate Sexual Harassment Claim Against O’Reilly.

The New York Times (4/9, Steel) reports that after Wendy Walsh, a former guest on Fox News host Bill O’Reilly’s show “who detailed accusations against him to” the New York Times, which published an investigation “on Mr. O’Reilly’s settlements with five women who complained of sexual harassment or other inappropriate behavior,” called 21st Century Fox’s anonymous hotline, the company hired the law firm Paul, Weiss, Rifkind, Wharton & Garrison to investigate the accusation of sexual harassment. The law firm previously conducted an internal investigation into former Fox News chairman Roger Ailes.

Bill Clinton Pays Visit To Bush 41, Barbara Bush In Houston.

The AP (4/9) reports that former President Bill Clinton “has been spending some time with former President George H. W. Bush and wife Barbara in Houston. In a tweet on Sunday, Clinton said they ‘caught up about kids, grandkids, old times and new times. And socks.’ Clinton also showed a photograph of him giving pairs of socks to the 92-year-old former president, who is seen sitting in a wheelchair.”

Conservative Editor Starts Imprint Seeking Authors Across Political Spectrum.

The New York Times (4/9, Alter) reports, “Well-known neoconservative culture warrior” Adam Bellow, an editor who “handled some of the most controversial and notorious right-wing books of our era,” last fall left Broadside, a conservative imprint at HarperCollins, to start a new imprint at St. Martin’s Press, “where he plans to edit authors from across the political spectrum.” Bellow said, “Both sides need to re-examine their assumptions, and I want to sponsor that process.” However, “breaking out of a polarized media ecosystem won’t be easy.” His reputation may make recruiting liberal writers difficult even as the absence of the Clintons and Obamas means “the opportunity for political and polemical books seems to be more on the left than the right.”

NYTimes Analysis: Pittsburgh Was Site Of DOJ’s First Consent Decree To Stem Police Abuse.

The New York Times (4/9, Stolberg) reports federal interventions to

curb police abuse began 21 years ago in Pittsburgh, "where the police were laden with complaints that black residents were routinely singled out for false arrest and abuse." The Justice Department intervention ended in a consent decree; 19 other cities have entered into such decrees since then, with "varying degrees of success." The technique has "fallen in and out of favor, buffeted by political winds," and in the current Administration "their future is in doubt." Since Pittsburgh's consent decree ended in 2002, "various aspects of the consent decree fell out of use." Still, "in a sign of how some cities have come to embrace federal intervention," officials in Chicago and Baltimore "have objected to a retreat from court-ordered police overhauls."

Assange Documentary Has Changed As Assange's Story Has.

The New York Times (4/9, Rutenberg) reports a Showtime teaser for documentary filmmaker Laura Poitras' film, "Risk," which offers a portrait of WikiLeaks founder Julian Assange, shows the movie "has changed, too, in ways that portray Mr. Assange in a far different light" than the film did when she introduced it at the Cannes film festival a year ago, similarly to how Assange's "story changed significantly from where Ms. Poitras's film had left off."

White House Public Liaison Leader Marries At Trump DC Hotel.

USA Today (4/8, Deerwester) reports, "Former Apprentice contestant-turned-White House public liaison leader Omarosa Manigault" married Florida pastor Dr. John Allen Newman in a ceremony at the Trump International Hotel in Washington, DC. She was given the dress, veil, "and other merchandise valued at \$25,000 from Kleinfeld's, the New York bridal outfitter featured in the reality show."

Hiatt: Promising More Benefits No Way To Govern.

Fred Hiatt, in a column in the Washington Post (4/9, Hiatt), questions whether "Democrats might be able to craft an appealing platform that does more than promise more benefits." Democratic promises of "more stuff to more people" appear "to have resonated most with voters," but that "won't be a viable governing strategy." Hiatt praises Rep. Ro Khanna, who "is beginning to explore policy options, big but not pie in the sky, that he thinks could promote a more open America while still letting more people feel included." Khanna said, "We have to articulate a bold, alternative economic vision, some entrepreneurial vision so people aren't afraid of the future."

WSJournal Exults At ABA's Exclusion From Judicial Vetting Process.

In an editorial, the [Wall Street Journal](#) (4/9) exults that the White House has stopped giving the American Bar Association early access to judicial nominees' identities. The Journal argues the ABA is biased against conservatives and condemns it as supporting only conformists from its elite.

WPost Calls For Action To Prevent Sexual Abuse Of Young Athletes.

In an editorial, the [Washington Post](#) (4/9) supports Sen. Dianne Feinstein's bill to address "some of the loopholes" that allowed "the widespread abuse of female athletes at USA Gymnastics." The bill would create "a nationwide reporting rule for amateur athletic governing bodies...and the adults they authorize to interact one-on-one with athletes." Additionally it requires "stricter oversight of affiliate facilities," easy mechanisms to report abuse, and tracking coaches who are the subject of complaints. The Post adds that the US Olympic Committee has made "a good start" in addressing such issues, but calls on it "to decertify organizations that leave their athletes vulnerable to abuse and make them apply anew."

US Trade News

White House Reportedly Planning Executive Order On Product Dumping.

Jonathan Swan of [Axios](#) (4/9, Swan) reports that the White House "is working on an executive order that would initiate investigations into 'unfair' product dumping from foreign companies – an action that could lead to tariffs on a wide range of products." While "internal disagreements remain about how aggressive this order should be," it is expected to target steel and aluminum, and possibly household appliances. Swan writes that a White House official said the order would be part of President Trump's "effort to protect American jobs and end unfair trade practices like dumping and foreign government subsidization."

Ross Wants "Tangible Results" On Trade Talks With China "Within The First 100 Days."

The [New York Post](#) (4/9, Schultz) reports that Commerce Secretary Ross, appearing on Fox News' Sunday Morning Futures, said that he wants results on the trade deficit with China soon. **Ross** said, "Words are easy, discussions are easy, endless meetings are easy. What's hard is tangible results, and if we don't get some tangible results within the first 100 days, I think we'll have to re-examine whether it's worthwhile

continuing them.” The [Wall Street Journal](#) (4/9, Leubsdorf) also briefly covers Ross’ comments.

Summers: Focus On Trade Gap Is “Misguided.” Former Treasury Secretary Lawrence Summers writes in the [Washington Post](#) (4/9) that “to the extent that China trade has caused disruption in the United States, it is the result of China’s remarkable growth and increase in capacity to produce, not unfair trade policies. So focusing on China’s trade deficit with the United States is largely misguided.” If the US “succeeds in stopping the subsidies or blocking the subsidized products, the result will be that companies will shift production to Vietnam and other low-wage countries – not create good jobs in the United States.”

Terrorism - Homeland

New Jersey School Trains Air Marshals.

The [Washington Post](#) (4/9, Aratani) reports on the “special Transportation Security Administration school in Atlantic City,” where the first new group of air marshal trainees since 2011 will undergo a 16-week course on, shooting with precision, “being able to blend in and quietly size up passengers to determine who might be a threat.” Michael LaFrance, assistant supervisory air marshal in charge at the Transportation Security Administration’s Atlantic City training center, said the goal of the course is practice real-life situations to sharpen trainees’ instincts. Meanwhile, “it’s not clear whether” the increased focus on preventing potential terrorists from entering the US “will mean a greater role for air marshals – or an expansion of their ranks.”

Terrorism - International

Two Coptic Churches Bombed In Egypt, ISIS Claims Responsibility.

The suicide bombings at two Egyptian Christian churches led all three major network newscasts. [ABC World News Tonight](#) 📺 (4/9, lead story, 2:45, Llamas) reported, “A pair of suicide blasts targeting Christians” on Palm Sunday. ABC (Marquardt) added, “At least 44 were killed in twin bombings and more than 125 wounded.” ISIS claimed responsibility. Llamas said, “Egypt’s President Sisi is hearing a lot of criticisms about not guarding against the terror threat.” Marquardt predicted Sisi’s declaring a three-month state of emergency “likely means a significant crackdown in a country that is already a dictatorship with rampant human rights abuses.”

[NBC Nightly News](#) 📺 (4/9, lead story, 2:35, Snow) reported that Sisi has fired “a top ministry of interior official.” While the attacks

fulfilled an ISIS pledge in February to target Egyptian Christians, NBC's Matt Bradley noted that the bombings also came after Sisi met with Trump last week and the "two leaders pledged to fight ISIS terror together." Trump tweeted after the attacks that he has confidence in Sisi, but "experts are not confident in what so far appears to be President Trump's unclear Middle East policy." Fawaz Gerges of the London School of Economics: "ISIS and its affiliates' attacks against the two churches really show the inability of President Trump to understand the complexity and the gravity of the crisis in the Middle East."

The [CBS Weekend News](#) (4/9, lead story, 2:20, Quijano) also reported how the "attacks come less than a week after President Trump met with Egypt's president at the White House where the two leaders vowed to fight terrorism." Meanwhile, in Alexandria, "angry crowds gathered outside, stepping on bloody palm fronds left in the wake of the violence, chanting, 'No more terrorism.' In St. Peter's Square, Pope Francis had the same message. During his Palm Sunday Mass, he condemned the attacks. ... The Pope is due to visit Egypt in less than three weeks."

The [New York Times](#) (4/9, Samaan, Walsh) reports ISIS, through its Amaq news agency, claimed responsibility for the two suicide bombings in "the deadliest day of violence against Christians in the country in decades." The attacks "renewed questions about the ability of President Abdel Fattah al-Sisi to protect minority Christians." ISIS's declared campaign of sectarian violence "poses a frontal threat to" Sisi, who "put security at the heart of his legitimacy" but whose government "is struggling to protect Christians."

Similarly, the [AP](#) (4/9, Hendawi) reports, "The attacks highlighted the difficulties facing el-Sissi's government in protecting Christians." El-Sissi called for a three-month state of emergency, sent elite troops "to protect key installations and accused unidentified countries of fueling instability." One of the bombings occurred outside St. Mark's Cathedral in Alexandria, where "Pope Tawadros II, the Coptic church leader, had held Palm Sunday services." He was unharmed. [USA Today](#) (4/9, Bacon) reports the Egyptian government says that bomber planned to use his explosive belt inside the cathedral but was stopped by security forces.

The [Washington Post](#) (4/9, Mahfouz) reports President Trump tweeted, "So sad to hear of the terrorist attack in Egypt. U.S. strongly condemns. I have great confidence that President Al Sisi will handle situation properly." [Bloomberg Politics](#) (4/9, El-Tablawy, Feteha) reports State Department spokesman Mark Toner said in a statement that the US "will continue to support Egypt's security and stability in its efforts to defeat terrorism."

The [Wall Street Journal](#) (4/9, Kholaf, El-Ghobashy) reports

Egypt's Al-Azhar, the highest Sunni Muslim Islamic authority; Pope Francis; and other Middle Eastern and European nations condemned the bombings. The AP (4/9, Petroff) reports Pope Francis "expressed his 'deep condolences' to" Tawadros II, calling him "my brother" and saying he was praying for the dead and injured. Francis asked God "to convert the hearts of those who spread terror, violence and death, and also the hearts of those who make, and traffic in, weapons." Also covering this story are Reuters (4/9, Gaballa, Tolba) and the New York Post (4/9, Schultz).

In an editorial, the Wall Street Journal (4/9) condemns Egypt's inability to protect its Christian minority against regular attacks by extremists. The Journal warns the attacks suggest Egypt may be unable to protect the Pope in his upcoming visit and, referencing Sisi's recent visit to the White House, concludes that the partnership against Islamic extremism includes protecting Egyptian Christians.

Suspect In Swedish Truck Attack Was Reportedly Denied Asylum.

Reuters (4/9, Sennero, O'Connor, Adomaitis) reports two anonymous sources identified their former co-worker, Rakhmat Akilov, as the suspect accused of driving a stolen truck into crowds in central Stockholm. One former co-worker told Reuters that Akilov "never expressed any radical or religious views." Akilov's Facebook page, however, indicated that "he was following a group" that is "dedicated to exposing 'terrorism of the imperialistic financial capitals'" of US, British, and Arab "dictatorships." The New York Times (4/9, Anderson) reports Sweden's national strategic commander, Jonas Hysing, claimed the suspect "has shown sympathy for extremist organizations," including ISIS.

On Sunday, Swedish police did not publicly reveal the suspect's identity but said he "was rejected for asylum in June and was sought for deportation last summer," the Washington Post (4/9, Habib) reports. 📺 NBC Nightly News (4/9, story 5, 0:20, Snow) reported the Uzbek native "was ordered to leave Sweden in December after he was denied permanent residency."

USA Today (4/8, Stanglin) reported the suspect will appear in court for a pre-trial custody hearing by mid-Tuesday. 📺 ABC World News Tonight's (4/9, story 7, 1:30, Llamas) Jennifer Eccleston reported police have thus far questioned more than 500 people and arrested a second suspect. The attack elicited "questions about the effectiveness of Sweden's extremist monitoring, and how the suspect slipped through their net before committing the country's one of the worst act of terrorism." The AP (4/9, Huuhtanen, Olsen) similarly reports that the attack has left Swedes "divided over their country's friendly immigration

policies.”

Iraq/Syria

ISIS Staged Suicide Attacks On US-Backed Syrian Rebels.

Reuters (4/9, Al-Khalidi) reports ISIS staged “two suicide attacks on U.S.-backed Syrian rebels near the border with Iraq,” one “on a heavily defended base near the al Tanf border crossing” while another was “on a convoy of rebel fighters from the Western-backed Osoud al Sharqiya rebel group.” US officials said that 20 to 30 ISIS fighters were involved in the attacks. According to reports, eight ISIS fighters and four rebels were killed in the two attacks with dozens wounded.

Iraqi Christians Celebrate Palm Sunday In Town Reclaimed From ISIS.

AFP (4/9, Choukeir) reports from Qaraqosh, Iraq that Christians in this town retaken from ISIS after a two-year occupation celebrated Palm Sunday at the “burnt out Immaculate Conception church.” The town had “an overwhelmingly Christian population of around 50,000” before being taken by ISIS in August 2014. It is “almost completely deserted” as it “needs to be extensively rebuilt and basic services restored,” though Yohanna Petros Mouche, Archbishop of Mosul, “moved back to the town last week.”

AfPak

US Special Forces Soldier Killed During Anti-ISIS Operation In Afghanistan.

The New York Times (4/9, Mashal) reports Capt. Bill Salvin, a spokesman for the US forces in Afghanistan, said on Sunday that a Special Forces “soldier was mortally wounded late Saturday during an operation in Nangarhar Province” in eastern Afghanistan. Afghan commando forces spokesman Jawid Salim said the US soldier “was on foot” when he was fatally wounded by a roadside bomb in Shadal Bazaar. The joint operation took place in Achin district, which the Times describes as the “hotbed of an Islamic State affiliate even as operations by Afghan and American forces have struck heavy blows to the group in neighboring areas.”

Other International News

Tillerson Says Trump, Xi Discussed “Full Range Of Options” On

North Korea.

In an interview on [ABC's This Week](#) (4/9, Stephanopolous) Secretary of State **Tillerson** was asked about this week's meeting between President Trump and China's President Xi Jinping. He said, "I can tell you President Trump and President Xi had very extensive discussions regarding the seriousness of the situation in North Korea" and "a full range of options" were discussed. Tillerson added, "President Xi expressed agreement that the situation has reached a new level of seriousness and threat." China "reaffirmed it with us here in Mar-a-lago that their policy is unchanged, and that is for a denuclearized Korean Peninsula."

On [CBS' Face the Nation](#) (4/9, Dickerson) Secretary **Tillerson** added that Trump and Xi "had a very lengthy exchange on" North Korea, which Tillerson cast as a "very useful and productive exchange." He added, "What I think we are hopeful is that we can work together with the Chinese to change the conditions in the minds of the DPRK leadership." Tillerson also said, "I think there is a shared view and no disagreement as to how dangerous the situation has become. And I think even China is beginning to recognize this presents a threat to even China's interests as well." [Politico](#) (4/9, Morin) also covers Tillerson's comments on "Face The Nation."

The [CBS Weekend News](#) (4/9, story 3, 0:50, Quijano) reported the White House "denied it is trying to eliminate North Korea's dictator Kim Jong-Un." Still, "Secretary Tillerson said Kim's patrons in China agree there is little point to negotiations now." Tillerson: "The President Xi clearly understands, and I think agrees, that the situation has intensified and has reached a certain level of threat, that action has to be taken."

In his interview on [ABC's This Week](#) (4/9, Stephanopolous), Tillerson also discussed North Korea's focus on testing long-range missiles. **Tillerson** said of Kim Jong-Un, "Clearly, he's made significant advancement in delivery systems. That's what concerns us the most." Tillerson added, "We have been quite clear with the regime that that's what we want them to cease," which would be necessary "before we can begin to think about having further talks with them."

Rep. Karen Bass, House judiciary and foreign affairs committees member, said on [MSNBC's Weekends with Alex Witt](#) (4/9), "I'm scared to death" about the situation with North Korea, adding, "we cannot play around" with a leader who "is very erratic and unstable." Bass added, "we have to be very, very careful. You know, our President can't just wake up one day and decide, oh, I'm mad at North Korea, so let me go send a message."

Tillerson: Syria Military Strikes Sent A Message. [Reuters](#) (4/9,

Morgan) reports Secretary of State **Tillerson** told ABC's This Week that the message the US sent with its military strikes against Syria over its alleged use of chemical weapons is, "If you violate international norms, if you violate international agreements, if you fail to live up to commitments, if you become a threat to others, at some point a response is likely to be undertaken." The AP (4/9) reports that Tillerson "didn't specify North Korea, but the context was clear enough." The AP adds, "There was little doubt the missile strikes would be seen in Pyongyang as a message," with the North long claiming the US is preparing to attack it. The North said the strikes in Syria, in the words of the AP, "proves that its nuclear weapons are justified to protect the country against Washington's 'evermore reckless moves for a war.'"

Rep. Francis Rooney, House foreign affairs committee member, said on MSNBC's Weekends with Alex Witt (4/9), "If I was Kim, I'd be thinking I wonder if I'm next." He added, "At the end of the day, China could help us so much to bring this regime under control or change it out if they wanted to do it."

US Sending Carrier Strike Group Toward Korean Peninsula. ABC World News Tonight (4/9, story 3, 0:25, Llamas) reported an aircraft carrier strike group is "heading back to waters east of the Korean peninsula amid high tension with North Korea." NBC Nightly News (4/9, story 4, 1:20, Snow) called the move "a powerful show of force." NBC (Frayer) added, "The American show of force is being met with a defiant vow by the North to bolster its own defenses, saying the strike on Syria is justification for the regime's needs for a nuclear arsenal." Frayer said, "These are cautious times with the US weighing options." The CBS Weekend News (4/9, story 3, 0:50, Quijano) briefly mentions the strike group.

The New York Times (4/9, Schmitt) reports on the "show of force by the Trump administration," the "latest escalation in force against a potential adversary." The move is a signal to North Koreans that the US "has not forgotten about them" despite the focus on Syria. Administration officials said the strikes in Syria "might have strengthened Mr. Trump's hand" in calling on China to pressure North Korea. Military and intelligence officials said the move is "also intended to anticipate" the upcoming anniversary of North Korean founder Kim Il-sung. The country "has a history of testing missiles and generally taking provocative actions during such events."

On Fox News Sunday (4/9, Wallace) National Security Adviser Lt. Gen. H. R. **McMaster** was asked why the US has sent a military carrier to the Korean Peninsula. He responded, "It's the prudent to do it, isn't it? North Korea has been engaged in a pattern of provocative behavior. This is a rogue regime that is now a nuclear-capable regime

and presidents before and President Trump agreed that that is unacceptable, that what must happen is the denuclearization of the Korean Peninsula. The President has asked us to be prepared to give him a full range of options to remove that threat to the American people and to our allies and partners in the region." Politico (4/9, Wilhelm) also reports on McMaster's comments.

National Security Adviser: China Summit Successful. On Fox News Sunday (4/9, Wallace) National Security Adviser Lt. Gen. H.R.

McMaster said of the summit between President Trump and China's President Xi Jinping, "I think the summit was extremely successful, because it met the first objective, which is to allow the President and President Xi to build a relationship that they can use to identify areas of cooperation and to advance our mutual interests, but American interest in particular."

Tillerson: "No Reason" To Lift Russia Sanctions.

On ABC's This Week (4/9, Stephanopolous) Secretary **Tillerson** was asked if Russia's sanctions might be lifted. He said, "There is no reason to be lifting sanctions. The reasons the sanctions were put in place continue to exist. There's been no change of the status of the situation in Ukraine or Crimea. And those sanctions will remain in place until those issues are addressed."

US Admiral: Russian Naval Activity "Substantially" Increases In Europe. On Sunday, Navy Adm. Michelle Howard, the head of NATO's Allied Joint Force Command in Naples and commander of the US naval forces in Europe and Africa, told Reuters (4/9, Shalal) that Russia's naval activity in the European "theater has substantially moved up in the last couple of years" to levels surpassing "when it was the Soviet Union." The distributed Russian naval deployments risk "splitting and distracting" the NATO alliance, Howard warned. She added that Russia's increased naval activity coincided with an uptick in unprofessional aircraft "fly by" and repeated cyber attacks.

Politico Examines "Overlapping Relationships" Trump, Putin Share Through Jewish Community. Politico Magazine (4/9, Schreckinger) writes that President Trump and Russian President Vladimir Putin established "a set of close, overlapping relationships in a small world that intersects on" the Port Washington Chabad, a Long Island-based Jewish community center. The article examines how Putin's ties to the Chabad helped him "supplant his country's existing Jewish civil society and replace it with a parallel structure loyal to him." Politico also explores the business and personal connections that Trump and his son-in-law and senior adviser Jared Kushner forged with people affiliated with the Chabad. "With Washington abuzz about the FBI's counterintelligence

investigation" into possible Trump-Putin relations, writes Politico, these "overlapping networks" through the Chabad "remain the object of much scrutiny and fascination."

Tillerson Easing Strains Among Allies At G-7 Meeting In Italy.

Bloomberg Politics (4/9, Chrysoloras, Donahue, Migliaccio) reports Secretary Tillerson at a G-7 meeting in Lucca, Italy "is getting a chance to ease strains with his allies." The article describes tensions from the previous G-7 meeting Tillerson took part in.

Philippines Acting Foreign Secretary Looks Forward To Meeting Tillerson Next Month.

Bloomberg Politics (4/9, Calonzo) reports the Philippines "appears to be softening its tone toward the US." asking the US "to actively promote security and cooperation in the South China Sea." That change "comes as tensions rise with China," though acting Foreign Affairs Secretary Enrique Manalo "downplayed any friction" with the US. He also said that he is working on a meeting between Philippine President Rodrigo Duterte and President Trump for later in the year, and "expected to hold talks with" Secretary Tillerson "next month."

Israel's PM Netanyahu Develops Compromise On Public Broadcasting.

The Washington Post (4/9, Eglash) reports on Israeli Prime Minister Benjamin Netanyahu's effort "to stop the launch of a new public broadcasting corporation" he had initially favored. The effort is further evidence of "Netanyahu's fantastical obsession with the media," yet, he "appears to have won." That's because while he originally favored creating a new corporation to replace the Israel Broadcasting Authority, starting last summer, "he announced his preference for reforming the old broadcasting authority." Due to opposition within his own coalition, a compromise was reached to allow the new channel to "begin broadcasting as planned" but without a news department, news being supplied by the Israel Broadcasting Authority.

US Officials Concerned FARC Won't Live Up To Peace Deal.

The Washington Times (4/9, Arostegui) reports, "Senior U.S. officials fear that the Colombian government is losing control" of the peace process with FARC rebels. Under the deal, the guerrillas were supposed to disarm in six months, but three months since the agreement began to be implemented, "the guerrillas have surrendered what critics say is a token number of weapons." Additionally, FARC is to work the Colombian government to eradicate coca crops, but "the production of

coca has skyrocketed,” which a report by the State Department’s Bureau for International Narcotics and Law Enforcement attributes to “reduced eradication operations in areas controlled by the FARC to lower the risk of armed conflict as the parties negotiated a final peace accord.” Additionally, analysts say as FARC units demobilize, rival guerrilla groups and criminal gangs take over some of the coca growing regions.

Deforestation Enhanced Flooding, Mud Slides That Afflicted Colombian City. The CBS Weekend News (4/9, story 7, 2:00, Quijano) reported on the official end to the search for survivors “from floods and mud slides that swept through the city of Mocoa,” Columbia, last weekend. More than 100 people remain unaccounted for. CBS (Bojorquez) added the disaster was “made worse by deforestation”; “the trees and roots that would have helped hold back the torrent” were cut down.

Hungarians Urge President To Reject Law Allegedly Targeting Soros’ University.

Bloomberg Politics (4/9, Gergely) reports about 60,000 Hungarians gathered in central Budapest to urge President Janos Ader to reject new legislation passed by parliament and seemingly written to force the closure of George Soros’ Central European University. The demonstration is “one of the biggest yet” against Prime Minister Viktor Orban, and significant because Hungarians “rarely turned out in force to protest against” his policies. Ader has until Monday to decide on the bill.

Chinese Travel To US In “Gun Tourism.”

USA Today (4/9, Gardner) reports on gun tourism, “a growing business in the U.S. because of lax laws regulating firearms compared to other countries.” In particular wealthy Chinese come to the US to shoot as “the restrictions on firearms are so severe” in their country that people have been jailed for possessing air rifles or toy guns.

Swedish Treatment Of Anti-Abortion Midwife Condemned.

In an op-ed in the Wall Street Journal (4/9, Ahmari), Journal editorial writer Sohrab Ahmari condemns Sweden for the treatment of Ellinor Grimmark a midwife who was unable to find employment due to her opposition to abortion. Ahmari details the condemnation Grimmark received for seeking assurances she would not be asked to participate in an abortion and her suit against Jönköping County, alleging religious discrimination and violation of her freedom of conscience. If a lower court’s decision against Grimmark is upheld, she can appeal to European Court of Human Rights, and Ahmari argues European law

favors her.

WPost Condemns Chechen Killing Of Gays.

In an editorial, the Washington Post (4/9) condemns Chechnya leader Ramzan Kadyrov, whose “armed thugs were detaining and executing gay men” in response to a Moscow gay rights group’s requests for demonstrations in Russia’s provincial cities. The Post calls the killings “another example of Mr. Kadyrov’s depravity” and calls on Russian President Vladimir Putin, “who so often insists that Russia be treated respectfully in the world,” to “display some backbone in response to the latest reported atrocity” and stop Kadyrov, release the detainees, and investigate “how such frightful intimidation was allowed to happen.”

NYTimes: Serbia Slipping Into Autocracy.

In an editorial, the New York Times (4/9) writes, “Serbia has edged closer to autocracy” with Prime Minister Aleksandar Vucic’s victory in the presidential election. With his party having “all but locked up” parliament and the judiciary, Vucic can handpick his successor and consolidate his power. With “severely curtailed press freedom and marginalized political opposition, his concentration of power bodes ill for Serbian democracy.” The Post warns European leaders against the temptation of ignoring Vucic and his allies seizing “monopoly control over the country’s political institutions and its press” because he could be “a force for stability” and promises to keep Serbia moving towards joining the EU. The Post concludes that “to accede to such control by Mr. Vucic would be a betrayal of the European Union’s core values.”

Last Laughs

Late Night Political Humor.

No late-night talk show aired on Sunday night.

Editorial Wrap-Up

New York Times.

“A Serbian Election Erodes Democracy.” In an editorial, the New York Times (4/9) writes, “Serbia has edged closer to autocracy” with Prime Minister Aleksandar Vucic’s victory in the presidential election. With his party having “all but locked up” parliament and the judiciary, Vucic can handpick his successor and consolidate his power. With “severely curtailed press freedom and marginalized political opposition, his concentration of power bodes ill for Serbian democracy.” The Post

warns European leaders against the temptation of ignoring Vucic and his allies seizing "monopoly control over the country's political institutions and its press" because he could be "a force for stability" and promises to keep Serbia moving towards joining the EU. The Post concludes that "to accede to such control by Mr. Vucic would be a betrayal of the European Union's core values."

"The Gig Economy's False Promise." The New York Times (4/10), in an editorial says the "gig economy" is really using "advances in software and behavioral sciences to old-fashioned worker exploitation." It cites a Pew Research Center study finding that such workers "tend to be poorer and are more likely to be minorities than the population at large." Because they are "considered independent contractors...they do not qualify for basic protections like overtime pay and minimum wages." The Times concludes by saying that unless these workers receive "the legal protections and ethical norms that once were widely accepted, workers will find the economy of the future an even more inhospitable place."

"The Extreme Foolishness In Extreme Vetting Proposals." The New York Times (4/10) in an editorial argues that the Trump Administration's plans for "enhanced screening" of travelers are really "an arbitrary breach of privacy" and are not likely to "make the United States any safer." The Times says it would be expensive to conduct enhanced screening and "travelers with malicious intent" may simply defeat at least some of it by means of "decoy phones or by deleting any questionable content on their devices before traveling."

Washington Post.

"A Bright Idea For Mr. Trump's 'Skinny Budget.'" The Washington Post (4/9, Board) says in an editorial that while "President Trump's 'skinny budget' includes a lot of penny-wise, pound-foolish budget-cutting ideas," it does offer "a smart expression of support for modernizing the nation's outmoded system of air-traffic control": to shift air traffic control to "a separate entity" outside of the Federal Aviation Administration, to make innovation and efficiency more possible. Senators with vested interests have opposed this in the past, but "air-traffic modernization is overdue. And with the White House on board, there may finally be a real chance to make it happen."

"Reversing A Culture Of Abuse Of Athletes." In an editorial, the Washington Post (4/9) supports Sen. Dianne Feinstein's bill to address "some of the loopholes" that allowed "the widespread abuse of female athletes at USA Gymnastics." The bill would create "a nationwide reporting rule for amateur athletic governing bodies...and the adults they authorize to interact one-on-one with athletes." Additionally it

requires “stricter oversight of affiliate facilities,” easy mechanisms to report abuse, and tracking coaches who are the subject of complaints. The Post adds that the US Olympic Committee has made “a good start” in addressing such issues, but calls on it “to decertify organizations that leave their athletes vulnerable to abuse and make them apply anew.”

“Gay And Terrified In Chechnya.” In an editorial, the Washington Post (4/9) condemns Chechnya leader Ramzan Kadyrov, whose “armed thugs were detaining and executing gay men” in response to a Moscow gay rights group’s requests for demonstrations in Russia’s provincial cities. The Post calls the killings “another example of Mr. Kadyrov’s depravity” and calls on Russian President Vladimir Putin, “who so often insists that Russia be treated respectfully in the world,” to “display some backbone in response to the latest reported atrocity” and stop Kadyrov, release the detainees, and investigate “how such frightful intimidation was allowed to happen.”

Wall Street Journal.

“Reviving Repeal And Replace.” The Wall Street Journal (4/9) says in an editorial that time is running out for Republicans hoping to repeal and replace the Affordable Care Act, with insurers required to submit 2018 products for state approval by early summer. The Journal says the House Freedom Caucus and other conservatives must decide whether to compromise or to be responsible for the continued existence of a law they oppose.

“Trump Demotes The ABA.” In an editorial, the Wall Street Journal (4/9) exults that the White House has stopped giving the American Bar Association early access to judicial nominees’ identities. The Journal argues the ABA is biased against conservatives and condemns it as supporting only conformists from its elite.

“Palm Sunday Massacre.” In an editorial, the Wall Street Journal (4/9) condemns Egypt’s inability to protect its Christian minority against regular attacks by extremists. The Journal warns the attacks suggest Egypt may be unable to protect the Pope in his upcoming visit and, referencing Sisi’s recent visit to the White House, concludes that the partnership against Islamic extremism includes protecting Egyptian Christians.

The Big Picture

Headlines From Today’s Front Pages.

Wall Street Journal:

US Rips Russia, Assad As Talks Near

[Record Bond Issuance Signals Doubts About Economy](#)
[Wall Street Made Charles Murphy Successful And Rich, But Happiness Eluded Him](#)
[How Goldman Sachs Made More Than \\$1 Billion With Your Credit Score](#)

New York Times:

[Loans 'Designed To Fail': States Say Navient Preyed On Students](#)
[Tillerson, On Eve Of Trip, Takes A Hard Line With Russia](#)
[Attacks On Christians In Egypt Undercut Sisi's Promise Of Security](#)
[As Georgia Vote Nears, GOP Asks If Ideological Purity Matters Anymore](#)
[Snarled Commutes, Squabbling Agencies And Amtrak's Penn Station Responsibilities](#)
[The Trump Resistance Found Early Success. Can It Also Find Momentum?](#)
[Masters 2017: Sergio García Finally Wins First Major Title](#)

Washington Post:

[Tillerson Warns Russia On Syria](#)
[Two Egyptian Churches Bombed](#)
[To DeVos, Fla. Shows The School Choice Path](#)
[Democrats' Hopes High In Bid To Flip A Ga. District](#)
[Inside The Bannon Machine](#)

Financial Times:

[Egyptian Church Bombs Kill At Least 44 People](#)
[US Carrier's Korea Mission: A Message To The World](#)
[Closing The Gender Gap Needs Support From The Boss](#)
[China Offers Concessions To Avert Trade War With US](#)

Washington Times:

[Conservatives Urge Trump To Use Slew Of Court Vacancies To Reshape Legal System](#)
[Unlike Obama, Trump Defers To Generals' Advice On Military Strategy](#)
[Syrian Regime Change Now Part Of Trump's Strategy, National Security Adviser Confirms](#)
[FARC Flouting Terms Of Colombian Peace Deal, U.S. Officials Fear](#)
[Ethanol Industry, Small-Engine Manufacturers Clash Over Damage From Fuel](#)
[Vocal Minority Opposes Trump's Use Of Force Without Congressional Authority](#)

Story Lineup From Last Night's Network News:

ABC: Egypt Suicide Bombings; US-Russia Relations; North Korea-US Aircraft Carrier Deployment; Severe Weather; Severe Weather-Air Traffic; Wisconsin Man-Threats; Sweden Truck Attack; Alabama

Governor-Sexual Scandal; Florida-Gym Shooting; Colorado-Police Body Slam; Salad-Dead Bat; Dog Rescue; Mother-Brain Tumor.

CBS: Egypt Suicide Bombings; US-Russia Relations; North Korea-US Aircraft Carrier Deployment; Supreme Court Confirmation; House-Special Elections; Wisconsin Man-Threats; Colombia-Flash Flood; Urban Garden; NASA Astronaut-Fencing; Vatican Door Guard.

NBC: Egypt Suicide Bombings; Wisconsin Man-Threats; US-Russia Relations; North Korea-US Aircraft Carrier Deployment; Sweden Truck Attack; Alabama Governor-Sexual Scandal; Trump-Infrastructure Plan; Dallas-Siren Hacked; Health-Parkinson's Treatment-Cycling; WW2 Ship Restored.

Network TV At A Glance:

US-Russia Relations – 7 minutes, 45 seconds

Egypt Suicide Bombings – 7 minutes, 40 seconds

Wisconsin Man-Threats – 5 minutes, 45 seconds

Alabama Governor-Sexual Scandal – 3 minutes, 5 seconds

North Korea-US Aircraft Carrier Deployment – 2 minutes, 35 seconds

Sweden Truck Attack – 1 minute, 50 seconds

Story Lineup From This Morning's Radio News Broadcasts:

ABC: US-Russia Relations; Egypt Suicide Bombings; Wisconsin Man-Threats; Alabama Governor-Sexual Scandal.

CBS: Egypt Suicide Bombings; US-Russia Relations; Wisconsin Man-Threats; Master's Golf Tournament; Wall Street News.

FOX: Egypt Suicide Bombings; US-Russia Relations; Gasoline Price; North Korea-US Aircraft Carrier Deployment.

NPR: US-Russia Relations; Egypt Suicide Bombings; Sweden Truck Attack; Norwegian Bombing Attempt.

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From: (b)(6)
Sent: 27 Nov 2017 19:46:36 +0000
To: Shulkin, David J., MD
Cc: (b)(6)
Subject: [EXTERNAL] FW: VA potential research and clinical impact
Attachments: Tinnitus-VA-Test-bwo2.docx, Philadelphia VA rhinosinusitis research-v4bwo1.docx, BWO-Y (b)(6) TBI-PTSD-Tinnitus-VA-BWO1.docx

David,

We all greatly enjoyed dinner last week.....it reminded me how much less complicated life was in the nineties. When (b)(6) sent me this e-mail, it reminded me that you

raised this as an issue at dinner.....this might be a great opportunity for a VA-Penn initiative. All my best for the holidays.....

(b)(6)

(b)(6) DMD MD
Vice Dean for Professional Services
Univ of Pennsylvania School of Medicine
Senior Vice President
Univ of Pennsylvania Health System

From: (b)(6)
Sent: Wednesday, November 22, 2017 10:51 AM
To: (b)(6)@uphs.upenn.edu>
Cc: (b)(6)@uphs.upenn.edu>
Subject: VA potential research and clinical impact

(b)(6)

We at Penn within our Dept and our collaborators in the SOM and Bioengineering and Physics are uniquely poised to make a major impact in the medical challenges and disability claims among our veteran population. We have experts in the Hearing Sciences including Tinnitus, sinus and upper respiratory diseases, and members of our hearing sciences team are making major progress into understanding how "sound exposure" impacts PTSD (and also how sound therapy may be able to help alleviate the effects of PTSD). From my understanding in discussions with Bruce Moskowitz, Tinnitus, PTSD, and Upper airway / sinus/ asthma are within the top 4 most common claims for Veteran disability and may cost approximately 40 to 60 billion in annual disability spend (these are estimates from Moskowitz). Please see the attached brief summaries from our work or potential collaborative research that could seriously impact in a positive way the annual cost of Veteran disability care as well as ongoing clinical care.

(b)(6)

(b)(6), Jr., M.D.
Gabriel Tucker Professor and Chairman
Dept of Otorhinolaryngology - Head and Neck Surgery
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Professor and Chair

Dept Otorhinolaryngology-Head & Neck Surgery

University of Pennsylvania/Perelman School of Medicine

May 2, 2017

Tinnitus General Background:

Up to 70 million American experience tinnitus – the perception of sounds that are not generated in their external environments. Commonly referred to as ‘ringing in the ears’, it can actually represent a variety of different sounds including ringing, whooshing, buzzing, cricket-like, etc. It is commonly associated with hearing loss, but can occur in patients with normal hearing as well. Despite being the cause of distress in so many patients, there are currently no objective tests that can verify a patient’s complaint that he or she is truly suffering from tinnitus. For many years, tinnitus was felt to originate in the ear. Only over the past decade has it been recognized that tinnitus actually originates in the brain. Thus, the discipline of true tinnitus science is very young. Because tinnitus originates from abnormal brain activity, tests that evaluate brain activity levels are strong candidates to become the objective tests we have long sought to verify the subjective complaint of tinnitus. These tests – magnetoencephalography (MEG) or electroencephalography (EEG) - have shown initial promise in this area but need considerable refinement. To develop these tests into an objective test for tinnitus will require the combined efforts of clinicians, central auditory physiologists, and biomedical engineers

Tinnitus as a Disability in the Veteran Population:

With respect to the Veteran population, reports indicate that tinnitus is the top disability in this population and it carries a significant 50% disability rating. This translates to many billions spent annually by our federal government on tinnitus disability among our Veterans. As stated above, tinnitus is the psychological phenomenon of hearing a ringing or roaring sound, in the absence of an actual real acoustic stimulus. Because it is a psychophysical phenomenon, clinicians assess tinnitus through subjective means, opening up the possibility that a substantial fraction of patients may not actually have tinnitus. We in the Department of Otorhinolaryngology-Head & Neck Surgery at Penn Medicine are in the process of developing a revolutionary strategy that combines threshold psychophysical testing with objective (non-invasive) measures of brain state to objectively identify tinnitus. The psychophysical test (a gap-detection task) measures the ability of a patient to detect a gap (period of silence) between two sounds. Detecting the gap is critical because it predicts the onset of a ‘startling’ stimulus (e.g., a loud sound). If a patient has tinnitus, the tinnitus ‘fills in’ the gap making it impossible for the patient to hear the gap and predict the startling response. Using novel physiologic testing in the context of the gap-detection test, we can index whether the patient actually recognized the gap but pretended not to hear it (i.e., was faking tinnitus). This concept requires further development and human clinical trial testing, however, we are confident that we can refine this novel testing strategy over the next three to five years.

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University of Pennsylvania/Perelman School of Medicine

May 2, 2017

(b)(6)

M.D.

Professor and Chair

Dept Otorhinolaryngology-Head & Neck Surgery

University of Pennsylvania/Perelman School of Medicine

May 1, 2017

Upper Respiratory Disorders in OEF/OIF Veterans

- Military personnel involved Southwest Asia are twice as likely to have suffered a respiratory disorder compared to their pre-combat state.
- Two-thirds of Veterans deployed to Iraq or Afghanistan suffered from a respiratory disorder
- Substantial numbers of veterans returning from Southwest Asia are complaining of long standing respiratory inflammatory disorders (rhinosinusitis and allergic rhinitis).
- Left unchecked, these conditions often progress to debilitating asthma.
- Respiratory inflammatory disorders have tremendous impact on an individual's ability to function and their quality of life, as well as generating tremendous cost to the VA.

A reasonable explanation for this increase in respiratory disorders includes exposure to overwhelming sand and dust containing microbes (virus/bacteria/fungi) not typically encountered in the US.

- Military exposure guidelines for particulate matter less than 10 μ m (PM10) are 70 μ g/m³/year.
- Average PM10 concentration in Iraq and Afghanistan is 340-350 μ g/m³, or nearly 5 times the recommended annual exposure.

The Department of Otorhinolaryngology at the University of Pennsylvania takes care of ENT patients at the Philadelphia Veterans Affairs Medical Center with referrals from VA's from all of Eastern Pennsylvania, Southern New Jersey, Delaware, and Northern Maryland.

- The team of U. Penn sinus surgeons in addition to managing these respiratory disorder is also utilizing state of the art techniques to study the mechanism(s) involved in respiratory disorders following Southwest Asia deployment.

A more comprehensive understanding of Southwest Asia induced upper respiratory inflammatory disorders is needed to:

- (1) Halt progression of the upper airway inflammation into the lower airways thereby preventing the development of asthma.
- (2) Establish methods of preventing these disabilities in future military personal exposed to similar conditions.
- (3) Develop cost effective strategies to treat the veterans currently affected by these disorders.

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May 1, 2017

Overseas contingency operations, such as those in Iraq and Afghanistan, have resulted in an unprecedented amount of traumatic brain injury (TBI) and associated impairments. These impairments include post-traumatic stress disorders (PTSD), central auditory processing disorder (CAPD), and tinnitus. For example, acute blast trauma and the consequent TBI accounted for 25% of all injuries among Marines during Operation Iraqi Freedom through 2004 and has been described as the “most common injury type” and the “signature injury” of this military operation. Moreover, noise exposure from weapon fire or explosives has been found by the DOD and VA health-care communities to damage both peripheral and central auditory structures of the brain that may result in tinnitus and other CAPDs. The prevalence of CAPD in these individuals with blast exposure may be as high as 55%. Beyond the human cost, the cost to the healthcare system and in particular, the VA healthcare system, runs into the billions: between 2004-2009, the Congressional Budget Office estimated that VA healthcare system spent in excess of \$2 billion on veterans from contingency operations that have TBI or PTSD.

However, despite all of these resources, there is no known cure for TBI, PTSD, CAPD, or tinnitus. The Hearing Sciences Center in the Department of Otorhinolaryngology at the University of Pennsylvania is actively involved in identifying novel treatment modalities for these conditions. Working with our colleagues and partners in neurology, neuroscience, physics, bioengineering, and nanotechnology, the Hearing Sciences Center utilizes our unsurpassed expertise in computational neuroscience and neural signal processing to identify abnormal brain signals related to these disease states. Once these signals are identified, we use behavioral training and adaptive targeted neuroplasticity in our mouse to primate animal models to ameliorate these abnormal brain signals and eliminate these brain diseases. Specifically, during behavioral training, we use vagal nerve stimulation to engage brain areas that release neuromodulators. These neuromodulators facilitate brain plasticity at relevant neural networks and reinforce positive changes in behavior and cognition. Through our highly interdisciplinary team, we are confident that this unique approach will lead us from animal models to human testing and will result in intervention that may diminish the effects if not cure TBI and associated diseases, like tinnitus and PTSD.

From: (b)(6)
Sent: 28 Nov 2017 18:13:29 +0000
To: Shulkin, David J., MD
Subject: [EXTERNAL] RE: VA potential research and clinical impact

David,

I'm sorry we had only a short time to say hi at the Union League. I also appreciate your interest as conveyed to me by (b)(6). I must say that there is a real and very big opportunity here to both impact Veterans and other citizens' important health care needs and a major part of VA disability costs which seem to be enormous and growing. That said, I have had numerous conversations with Dr. Bruce Moskowitz over the past 5-6 months. I have discussed our Penn ideas, the uniqueness of our combined research and clinical teams, our concepts for tinnitus/PTSD/ and upper respiratory interventions and a new tinnitus test to be developed. These efforts culminated in a call with Moskowitz, Poonam Alaigh, and Jennifer Lee who I believe are in your office or connected to it. While everyone has seemed very interested, there does not seem to be a mechanism for attacking these issues and funding efforts at a larger system level. I have mobilized our researchers and some clinicians at Penn already, and I would prefer not to make further strides until I know there is high level interest and willingness to consider resourcing a major venture into improving key VA health care issues and rising disability costs. To this regard, I just received an email from a Dr. Kyle Sheetz who is a general surgery resident and is your fellow for the year. While I have no problem discussing the potential with a surgical resident, and I don't quite know how things work in DC, I'm feeling that it may be more productive and waste less valuable time if I were speaking with a higher level decision maker for the next steps. I do want to respect any processes you have and this may be my lack of understanding of how things work, and so please correct me if my feelings about communicating with Kyle are incorrect. My preference would be to speak with you by phone first to understand the process and gain insight into your interest and how things work in DC. Then I'm great with proceeding with process if I know you are truly interested. If not, then no worries and I do not want to waste anyone's time nor push our concepts where they are not wanted.

Thanks My cell is 610-212-(b)(6)

(b)(6)

(b)(6) Jr., M.D.

Gabriel Tucker Professor and Chairman
Dept of Otorhinolaryngology - Head and Neck Surgery
Associate Vice President, Director Physician Network Development
The University of Pennsylvania Health System

3400 Spruce Street - 5 Ravdin
Philadelphia, PA 19104
215-349-(b)(6) (Academic Office)
215-615-(b)(6) (Clinical Office)
215-615-(b)(6) (Fax)

From: (b)(6)
Sent: Monday, November 27, 2017 2:47 PM
To: david.shulkin@va.gov
Cc: (b)(6)@uphs.upenn.edu>
Subject: FW: VA potential research and clinical impact

David,

We all greatly enjoyed dinner last week.....it reminded me how much less complicated life was in the nineties. When (b)(6) sent me this e-mail, it reminded me that you raised this as an issue at dinner.....this might be a great opportunity for a VA-Penn initiative. All my best for the holidays.....

(b)(6)

(b)(6) DMD MD
Vice Dean for Professional Services
Univ of Pennsylvania School of Medicine
Senior Vice President
Univ of Pennsylvania Health System

From: (b)(6)
Sent: Wednesday, November 22, 2017 10:51 AM
To: (b)(6) @uphs.upenn.edu>
Cc: (b)(6) @uphs.upenn.edu>
Subject: VA potential research and clinical impact

(b)(6)

We at Penn within our Dept and our collaborators in the SOM and Bioengineering and Physics are uniquely poised to make a major impact in the medical challenges and disability claims among our veteran population. We have experts in the Hearing Sciences including Tinnitus, sinus and upper respiratory diseases, and members of our hearing sciences team are making major progress into understanding how "sound exposure" impacts PTSD (and also how sound therapy may be able to help alleviate the effects of PTSD). From my understanding in discussions with Bruce Moskowitz, Tinnitus, PTSD, and Upper airway / sinus/ asthma are within the top 4 most common claims for Veteran disability and may cost approximately 40 to 60 billion in annual disability spend (these are estimates from Moskowitz). Please see the attached brief summaries from our work or potential collaborative research that could seriously impact in a positive way the annual cost of Veteran disability care as well as ongoing clinical care.

(b)(6)

(b)(6), M.D.
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215-349-(b)(6) (Academic Office)
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215-615 (Fax)

From: (b)(6)
Sent: 28 Nov 2017 20:59:47 +0000
To: DJS
Cc: Shulkin, David J., MD
Subject: Re: [EXTERNAL] RE: VA potential research and clinical impact

David

I fully understand and all makes sense. I appreciate your comments and I will connect w Kyle.

(b)(6)

Sent from my iPhone

(b)(6)

Jr. M.D.

Gabriel Tucker Professor and Chair

Dept. Otorhinolaryngology-HNS

Associate Vice President , UPHS

On Nov 28, 2017, at 3:34 PM, DJS <vacodjs1@va.gov<mailto:vacodjs1@va.gov>> wrote:

(b)(6) Kyle is my White House fellow who works directly for me. I would not have recommended this if I thought it was not the best option.

Not a single person has communicated any information to me- and I never recommended working with the people you mentioned - Kyle is the best person

I understand you may not know the schedule of a Cabinet member but it won't happen anytime soon if you wait till I have time

David Shulkin

Sent with Good (www.good.com<<http://www.good.com>>)

From: (b)(6)

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To: Shulkin, David J., MD

Subject: [EXTERNAL] RE: VA potential research and clinical impact

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(b)(6) DMD MD
Vice Dean for Professional Services
Univ of Pennsylvania School of Medicine
Senior Vice President
Univ of Pennsylvania Health System

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Sent: Wednesday, November 22, 2017 10:51 AM
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215-615-(b)(6) Fax)

From: DJS
Sent: 28 Nov 2017 12:34:33 -0800
To: (b)(6) Shulkin, David J., MD
Subject: RE: [EXTERNAL] RE: VA potential research and clinical impact

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David Shulkin

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From: thomas bowman
Sent: 5 Jan 2018 14:43:58 +0000
To: Shulkin, David J., MD
Subject: [EXTERNAL] Fw: Pete's number

Fyi

Sent from Yahoo Mail on Android

----- Forwarded Message -----

From: "Bruce Moskowitz" <(b)(6)@mac.com>
To: (b)(6)@yahoo.com" (b)(6)@yahoo.com>
Sent: Fri, Jan 5, 2018 at 8:29 AM
Subject: (b)(6)'s number

Several candidates came to mind, but two of the three that I have talked to seemed not to be interested. The third, is an Army Colonel and currently working as the Operations Officer at JFHQ DODIN / DISA and has extensive IT / Network management background would probably be a great candidate, but I have not talked to him about the position.

The number I can be reached at is (240) 373-(b)(6)

VR/Peter

Captain (b)(6), USN
Chief, DoDIN Operations & Planning

Sent from my iPad
Bruce Moskowitz M.D.

From: Benjamin Krause
Sent: 26 Mar 2018 12:30:54 -0400
To: Shulkin, David J., MD
Subject: [EXTERNAL] Marvel Comics Chairman 'Regrets' Recommending Shulkin

The chairman of Marvel Comics (ie Marvel Entertainment) feels betrayed by Secretary David Shulkin after putting his name out there for selection by President Trump in January 2017.

Marvel Entertainment chairman Ike Perlmutter reportedly suggested President Trump hire Shulkin last year likely during one of their golf outings at Trump's Mar-a-Lago resort. The Marvel mogul now "feels betrayed by Shulkin and regrets ever putting his name in front of the president."

Over the weekend, reports surfaced that Trump is again thinking of removing Shulkin from the agency. At least one of those reports indicate Trump was playing golf with Perlmutter over the weekend, and that Perlmutter made at least one recommendation for a replacement. So, it comes as no surprise that ousting Shulkin was topic de jure.

At least 20 news publications reported one the rumored termination yesterday...

[\[click here to read rest of article\]](#)

Inside Track On VocRehab

Have you ever wondered why it is so difficult to find useful information from VA about VocRehab?

Because ***they do not want you to know more than they want.*** Get it? I got sick of the games and wrote this detailed guide to help veterans like you make the most about of this fantastic benefit...

Lies They Tell

Think your VocRehab Counselor may be feeding you a line of BS?

Some fish stories VocRehab Counselors tell veterans are universal. This quick article and free download give you the inside scoop to not get duped...

[Learn More](#)

Learn Some Proven Strategies To Increase Your Disability Rating

Sick of getting the run around with your disability compensation claim?

I created a short article with some of the proven strategies I used to increase my rating over the years...

[Learn More](#)

[Unsubscribe](#)

Armo Press, LLC, PO Box 8221 Minneapolis, Minnesota 55408 United States

From: Shulkin, David J., MD
Sent: 16 Mar 2017 02:25:23 +0000
To: (b)(6)
Subject: RE: [EXTERNAL] Sports Teams

Thanks (b)(6)

Have I told you who Bruce is?

Sent with Good (www.good.com)

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

From: (b)(6)
Sent: Wednesday, March 15, 2017 09:37 PM Eastern Standard Time
To: Bruce Moskowitz
Cc: Shulkin, David J., MD; (b)(6)
Subject: RE: [EXTERNAL] Sports Teams

Dear Bruce: Thanks again for taking the time to talk with us yesterday about some of the projects you have underway with the VA, and everything else we discussed! Very happy to be connected with you, and please let us know how the Strategic Partnerships team can support any of your efforts.

We are emphatically on the same page with the sports team approach. We really need to keep it simple initially. Then pivot and iterate accordingly. Definitely agree with you on starting with a smaller pilot program for phase 1. We'll get something to you by tomorrow on this in preparation for your meeting on Saturday.

Thanks again for your support, Bruce. Look forward to collaborating with you further on this idea.

Sincerely,

(b)(6)
805 551 (b)(6)

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

From: Bruce Moskowitz [mailto:(b)(6)@mac.com]
Sent: Wednesday, March 15, 2017 10:49 AM
To: (b)(6)
Cc: (b)(6)
Subject: [EXTERNAL] Sports Teams

What I think we should consider is a pilot project using 3 teams from each major sport and include small and large cities with a VA. The focus would be on maintaining wellness to prevent injuries and non medication strategies for acute and chronic injuries. A one day training session and allow a veteran group

to also participate.

Sent from my iPad
Bruce Moskowitz M.D.

From: Schnitzer, Jay J
Sent: 9 Jan 2018 02:14:36 +0000
To: Shulkin, David J., MD;DJS
Cc: Byrne, Rich
Subject: [EXTERNAL] brief update on MITRE meeting with Dr. Bruce Moskowitz

Dear Mr. Secretary,

I apologize for the intrusion, but I wanted to err on the side of overcommunication.

Rich Byrne and I had an excellent meeting this afternoon in West Palm Beach with Dr. Bruce Moskowitz (with Marc Sherman on the phone). Both were supportive, helpful, and positive.

I would be happy to brief you with additional details at your convenience at any time, if you wish.

Thank you.

Sincerely,
Jay Schnitzer

JAY J. SCHNITZER, M.D., PH.D.
Vice President, Chief Technology Officer (CTO)
The MITRE Corporation
202 Burlington Road | Bedford, MA | 01730-1420
Office: (781) 271-(b)(6)
Mobile: (617) 800-(b)(6)
Email: (b)(6)@mitre.org

From: Sandoval, Camilo J.
Sent: 7 Mar 2018 00:12:57 +0000
To: O'Rourke, Peter M.
Cc: Hayes-Byrd, Jacquelyn
Subject: FW: [EXTERNAL] Fwd: EMR

FYI...

From: Sandoval, Camilo J.
Sent: Tuesday, March 06, 2018 7:12 PM
To: Blackburn, Scott R.
Subject: RE: [EXTERNAL] Fwd: EMR

Is Bruce's email one of the questions you think we've already answered in the past?

Can I offer a suggestion? Could we possibly create a tracker on all the incoming questions/answers? I believe this might clarify the question and help get a quicker reply and keep everyone on the same page. Example below based on what Bruce requested today.

Thoughts?

Question/Topic	Follow-Up Questions	Response/Comments
1. Cloud	<ul style="list-style-type: none">• Are we getting the cloud correctly	<ul style="list-style-type: none">• Document reference ?• Strategy?• POC?
2. CIO	<ul style="list-style-type: none">• Candidate Pool?• Key Qualifications?• Separation of roles?	<ul style="list-style-type: none">•
3. Physician Input	<ul style="list-style-type: none">• Patient Centric?• Physician Usability Scope?•	<ul style="list-style-type: none">•
4.	<ul style="list-style-type: none">•	<ul style="list-style-type: none">•
5. Apple Project	<ul style="list-style-type: none">• Who is POC?• Project update?• Mental Health Strategy and Portable EMR Solution that works with DOD & VA & Community?	<ul style="list-style-type: none">•
6.	<ul style="list-style-type: none">•	<ul style="list-style-type: none">•
7.	<ul style="list-style-type: none">•	<ul style="list-style-type: none">•

From: Blackburn, Scott R.
Sent: Tuesday, March 06, 2018 5:05 PM

To: Sandoval, Camilo J.
Subject: FW: [EXTERNAL] Fwd: EMR

Sent with Good (www.good.com)

From: David Shulkin
Sent: Tuesday, March 06, 2018 7:09:43 AM
To: Blackburn, Scott R.
Subject: [EXTERNAL] Fwd: EMR

Can we begin to address and then ill respond back?

Sent from my iPhone

Begin forwarded message:

From: Bruce Moskowitz <(b)(6)@mac.com>
Date: March 5, 2018 at 6:49:58 AM EST
To: Secshulkin@gmail.com, (b)(6)@reagan.com
Cc: mbs(b)(6)@gmail.com, IP (b)(6)@frenchangel59.com>, lper(b)(6)@gmail.com
Subject: EMR

I would like to underscore the importance of getting the “Cloud” correctly and the other four issues with the new CIO’s. Also the composition of the physician input has to change immediately so that the EMR is patient centric and usable from the physician perspective.

Second this is going to take years to implement and especially in mental health we need a portable EMR solution that works with the DOD, the VA and the private sector. No one at the VA got back to me on what the Apple project can and can not do in terms of solving this problem.

Sent from my iPad
Bruce Moskowitz M.D.

From: Windom, John H.
Sent: 23 Mar 2018 10:54:36 -0700
To: Blackburn, Scott R. (DISABLED ACCT);Bowman, Thomas (DISABLED ACCT)
Cc: Zenooz, Ashwini;Short, John (VACO)
Subject: RE: [EXTERNAL] Re: VA EHR

Mr. Blackburn,

I went back and read Mr. Sherman's email and reviewed my notes. I see no recommended language for insertion in the contract to address his concerns. What it appears to be is a push to perform an interoperability sandbox/test platform in advance of contract award.

Vr
John

John H. Windom, Senior Executive Service (SES)
Program Executive for Electronic Health Record Modernization (PEO EHRM)
Special Advisor to the Under Secretary for Health
811 Vermont Avenue NW (5th Floor Suite 5080)
Washington, DC 20420
John.Windom@va.gov
Office: (202) 461-5820
Mobile: (202) 794-4911
Executive Assistant: Ms. (b)(6) Appointments and Scheduling
(b)(6)@va.gov Office: 202-382-(b)(6)

From: Windom, John H.
Sent: Friday, March 23, 2018 1:47 PM
To: Blackburn, Scott R.; Bowman, Thomas
Cc: Zenooz, Ashwini; Short, John (VACO)
Subject: RE: [EXTERNAL] Re: VA EHR

Mr. Blackburn,

Not sure where Mr. Sherman is going with his comments but our language in the contract is consistent with the requirements or our Clinicians , various external reviews and the Mitre report. Mr. Sherman is seeking specificity in the interoperability realm that simply does not exist today and is evolving even as I type. We have provisions in the EHR contract to insert technology as we, the VA, as well as to incorporate evolving technology and standards. The DVP acquisition is our bridge to the use of APIs (gateways), FHIR, etc. We have modified our interoperability language (below) based on the Mitre and the many external reviews to give us the utmost flexibility over the 10-year life of this contract. The Secretary personally halted the recent phone call to stop Marc Sherman, et. Al's parade of national interoperability objectives as not feasible at this juncture "anywhere," but included as part of our overall interoperability strategy that includes the DVP acquisition/strategy. We are committed to establishing the interoperability test bed/sandbox at IOC to solidify our interoperability objectives prior to full deployment to the enterprise. In addition, I believe Mr. Sherman meant to highlight section 5.5.1 which speaks to the data domains that were called into question and their inclusion in

the contract. They are clearly in the contract as captured below. Mr. Sherman does not understand the culture of VA or the federal government. We have an incremental/iterative change management strategy that will culminate in a successful EHR Modernization effort. He appears to be more of a “big bang” theory guy. The problem is, we must continue to deliver uninterrupted and quality care to our Veterans during the transformation within the parameters of the law and other regulations/policies (e.g. cybersecurity, cloud, etc.) bounding our integration/implementation strategies. Our existing language is sound and appropriately balances change management risks, future insertion of technology, innovation opportunities, standards development, etc. without artificially inflating the cost of the contract through the incorporation of excess specificity that never materializes in practice. Through the Initial Operating Capabilities (IOC) process and the judicious issuance of task orders, we will have the ability to change course direction as appropriate without excess risk to the taxpayers or our overall success. Mr. Sherman continues to fail to recognize that it is Program Management Oversight (PMO) and VA commitment to change management that will drive our success in these areas, not more words in the contract.

V/r,
John

IDIQ PWS 5.5.1: Workflow Development and Normalization:

j) The Contractor shall enable configuration of the application that supports external community data without requiring the clinician to go to special screens to see and use reconciled external data. By IOC entry, the Contractor shall support incorporation of the following external community data domains, including but not limited to these domains and sub-domains:

- Problems
- Allergies
- Home Medications
- Procedures - including associated reports and with appropriately filtered CPT codes
- Immunizations
- Discharge Summaries
- Progress Notes
- Consult Notes
- History & Physicals
- Operative Notes
- Radiology and Diagnostic Reports (Into “Documentation” component)

By IOC exit, the Contractor shall support incorporation of the following external community data domains, including but not limited to these domains and sub-domains:

- Results
 - o Labs
 - General
 - Pathology and Microbiology
 - o Vitals
- Radiology and Diagnostic Reports (Into “Diagnostic Report” component)
- Images

IDIQ PWS Section 5.10.4: Seamless Interoperability / Joint Industry Outreach includes significant detail on the topic. The interoperability section is copied below this table for reference.

IDIQ PWS section 5.5.4 Data Exchange - Application Program Interface (API) Gateway also includes detail on the creation of strategic open APIs.

VA NF-177: Interoperability - Data Standards: The system shall support the use of the health data standards identified in the VA DoD Health Information Technical Standards Profile and by the VA DoD Interagency Clinical Informatics board, including following common data standards: National Information Exchange Model NIEM; Health Level 7 HL7; Logical Observation Identifiers, Names and Codes LOINC; Systematized Nomenclature of Medicine SNOMED; RxNorm, MedRT, ICD, CPT, HCPCS, Veteran Information Model VIM; and Healthcare Information Technology Standards Panel HITSP as well as VA/DOD/IPO extensions to these standards.

VA-NF-T23: Informatics - Care Integration: VA must be able to seamlessly integrate with HIE and external-to-EHR shared services to provide for a seamless experience and to more effectively integrate in community care efforts, as well as with other parts of VA (e.g., identity management). This includes but is not limited to the EHR product ability to support external shared services (SOA services, such as identity management, care plan service, scheduling, etc.) accessed via standards-based APIs. (Process Continuity, Evolution, Extension) KSR5 [NOW +]

VA NF-Z11: Health Information Exchange: The system shall support VA electronic exchange of health records via other interoperable networks (e.g. CareQuality, CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange) by supporting their specifications, security and content specifications

5.10.4 Seamless Interoperability / Joint Industry Outreach

The Contractor is required to collaborate with VA affiliates, community partners, EHR providers, healthcare providers, and vendors to advance seamless care throughout the health care provider market. Seamless care will require the creation of an integrated inpatient and outpatient solution with software components that have been designed, integrated, maintained, and deployed with a design architecture that allows for access to and sharing of common data and an enabling security framework that supports end-to-end healthcare related clinical and business operations. Seamless care is the experience patients and providers have moving from task to task and encounter to encounter within or between organizations such that high-quality decisions form easily and complete care plans execute smoothly. Information systems support the seamless-care experience by gathering data, interpreting data, presenting information, and managing tasks. Currently, industry lacks specific and uniform interoperability standards to support seamless care between organizations that employ different EHR systems. The Requirements Traceability Matrix Section D, Attachment 003, sets forth specific Informatics and Interoperability contract requirements. To accomplish this, the Contractor shall provide software and services to enable seamless care between VA encounters, encounters with other Government healthcare institutions, and outside entities through advancements in all areas of the EHR that occur. In addition, the software and services shall support the VA designated standards, such as SMART on FHIR and SMART-enabled applications, or other published standards.

The objective of these interoperability solutions is to advance the state of the art supporting seamless care for Veterans. Existing organizations promoting interoperability among EHR vendors, such as The Argonaut Project, have developed or are planning to develop technology standards or technical approaches that may support the EHRM seamless care strategy. To the extent that underlying third party technology is available or made available to meet the following timelines, the following

interoperability software solutions and services shall be delivered under this section:

- a) By Initial Operating Capability (IOC), the Contractor shall provide a software solution enabling VA, DoD and community providers who have connected to the EHRM to share interactive care plans (ICPs) for Veterans. ICPs will enable collaborative communication between providers, and between providers and Veterans, in managing Veteran care.
- b) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and connected community providers to complete referral management activities for Veterans.
- c) By IOC, the Contractor shall provide a software solution enabling VA to release and consume, via on-demand access, a Veteran's complete longitudinal health record to and from DoD and connected community partners, irrespective of which EHR they use, provided such EHR technology is certified by the Health and Human Services Office of the National Coordinator (ONC) or its successor. The longitudinal record solution shall support Provider-to-Provider record sharing, as well as Provider-Veteran-Provider sharing (Veteran mediated record sharing), including appropriate consent management. The bi-directional health information exchange shall maximize use of discrete data that supports context-driven clinical decisions and informatics.
- d) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling connected VA, DoD and community providers connected to the EHRM to send and receive Admission/Discharge/Transfer notifications "pushed" from the provider initiating a Veteran care event to enable proactive engagement by VA care coordinators when notified of a Veteran care event.
- e) Within 24 months of applicable task order award, the Contractor will demonstrate a solution for identification and management of Veterans at high risk of suicide, in collaboration with community partners.
- f) By IOC, the contractor shall provide URL based image access to the VA, community and academic partner systems who can support the URL and a viewer to the providers via the health information exchange networks. Within 36 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and community providers connected to the EHRM to have nationwide access to Veterans' imaging associated with diagnostic tests.
- g) By IOC, the Contractor shall provide a software solution for multilateral standards-based ingestion, normalization, storage, and exporting of Health Information Exchange acquired Veteran health information. The Contractor shall ensure that the solution provides a computable dataset for purposes of population health and research analytics, clinical decision support, and workflow integration.
- h) By IOC, the Contractor shall provide the capability to connect and exchange VA electronic health records via other interoperable networks, such as eHealth Exchange, CareQuality, CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange by supporting their specifications, security and content specifications. Contractor shall support network record locator services and patient provider associations as applicable in accordance with applicable technical standards and the Trusted Exchange Framework and Common Agreement (TEFCA).
- i) By IOC, the Contractor shall provide a capability for provider collaboration via secure e-mail using the ONC Direct protocol or future VA-designated standard within a Cerner Millennium EHR workflow context.
- j) Within 36 months of applicable task order award, the Contractor shall provide a solution for a Software Development Kit (SDK) enabling standards-based applications (e.g., SMART, FHIR, etc.) integrated with EHRM solutions and platforms.

k) Cerner shall deliver annually an Interoperability Plan to the VA on how it intends to meet the objectives established in PWS section 5.10.4. The initial plan will be due within 3 months of applicable TO award.

l) The Contractor shall conduct an annual Interoperability Self-Assessment against standards that shall be specified by VA, such as those promulgated by HIMSS or future standards to be identified by VA. The annual self assessment shall report on the state of each data element (e.g., which are supported in what capacities and in which formats). This will help assure standards implementation consistency and assure standards compliance with evolving national standards.

m) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminologies, clinical decision support rules, and order sets, etc., to the extent such extensions are consistent with the model and best practices of the controlling national standard. This includes the ability to curate, extend, and share that knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies.

5.10.4.1 Data Design and Information Sharing

In support of the interoperability objectives under this Section, agreed upon Contractor proprietary information/data model extension points (e.g., ingestion and record APIs) may be provided to both international and national standards designating organizations as described and set forth in an applicable Task Order. The Contractor shall provide VA access and usage rights into any underlying proprietary terminology/code systems for the purpose of enhancing national standards to address any gaps identified in the EHRM solution. The Contractor shall also make the interoperability capabilities and product enhancements developed under this contract available to non-VA Cerner clients.

5.10.4.2 VA Digital Health Platform/Digital Veterans Platform Integration

VA anticipates developing a Digital Health Platform/Digital Veterans Platform (DVP) to consolidate critical VA EHR and non-EHR operational systems. The Contractor shall integrate the EHRM to interoperate with DVP, or future state VA platform, including the DVP API gateway or any other method designated by VA.

John H. Windom, Senior Executive Service (SES)
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(b)(6)@va.gov Office: 202-382-(b)(6)

From: Blackburn, Scott R.
Sent: Friday, March 23, 2018 12:15 PM
To: Windom, John H.; Bowman, Thomas
Subject: FW: [EXTERNAL] Re: VA EHR

John - you might want to swing the by Secretary/Deputy's office before end of day to get a sense of where he is with respect to this.

Sent with Good (www.good.com)

From: Marc Sherman
Sent: Friday, March 23, 2018 9:47:39 AM
To: Blackburn, Scott R.
Cc: Bruce Moskowitz; DJS
Subject: [EXTERNAL] Re: VA EHR

Scott,

Thanks for inviting me to listen in on your calls this week with the subject matter experts. I was happy to make time to participate as requested and always happy to provide my thoughts for your consideration when requested.

I read carefully your email about the efforts to work out the holes raised by the experts. You are on the way to kicking off an exciting project with a highly respected Contractor/vendor and a VA team that has worked very hard; and I know everyone has the goal to build the best next generation system for the veterans' healthcare. However, there were several major issues raised in the calls this week with the technical and clinical experts that you try to explain away in your email as solved, but indeed are not according to the experts. These issues, they believe, will prevent a successful implementation and I fear come back to haunt this project and its overseers. I hate to be a naysayer, but I respectfully don't agree with some of your conclusions expressed in your email when I listen to the experts with whom you consulted; and the experts are in fact not swayed by the follow-up conversations with them. The experts are recommending a system for the VA that has various enhancements to today's standard system functionality. At a minimum, I heard those experts express their opinions that the contract dangerously lacks definitions, standards and a clear expression of this required, defined enhanced (non-standard) functionality (they articulate it much better than I). Failing to express this type of definitional clarity in the contract is an invitation to ambiguity, disputes and ultimate failure of purpose. The best "oversight and management of the contract" will not turn a contract lacking specificity into a vision of clarity. Including contractual clarity allows the Contractor to understand TODAY what is expected so that today it can confirm its agreement to provide the full functionality desired and have a better understanding of what is expected of them. Clarity in the contract is a healthy ingredient for the VA and the Contractor.

I would be delighted to be wrong and welcome a demonstration of where Section 5.1 of the contract provides this specificity that Drs. Cooper and Huff, for example, urged. In light of the system requirements that these experts say must be included, which are enhancements of

today's standard deliverables, the contract language is ambiguous. You say that "risk cannot be 100% driven out of any transformation of this magnitude," a concept to which I subscribe. However, when you substitute this concept for clear, written and defined functionality, especially for a design that is expected to be unique in many respects, you are doomed to disappointment and conflict.

I am sorry to be so harsh in my opinions, but the experts are so united on this point; and together with my historical observations of failures in nearly identical situations I just see warning flares going off. Scott, I want to see this project get started, and quickly, as much as anyone, but with the clarity that equally serves the VA and the Contractor, and prevents evident problems down the road. I also believe these things are easy to resolve in the contract language in relatively minimal time.

Just my opinion and food for thought as you make your decisions.

Marc

On Wed, Mar 21, 2018 at 10:19 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:
Marc / Bruce,

Thank you once again for all your support and especially for linking us up with these CIOs/experts. This was incredibly valuable. Secretary Shulkin, John Windom and I got together earlier today as well to talk about the path ahead. A few notes:

- In order to make sure we understand some of the more specific detailed points, members of our team reached out today for individual follow ups with Dr. Cooper, Dr. Karson, Dr. Shrestha, Jon Manis and Stephanie. Each have been so generous with their time – Stephanie will host us for a visit on April 4 and Dr. Cooper offered to do the same at Mayo.
 - Dr. Zenooz did connect with Dr. Cooper today on the point Marc highlights below to make sure we are on the same page and have the language right (part was us better understanding his point; part was pointing him to the specific language in 5.1.1 and giving him the broader context with what we are doing with Lighthouse as our API gateway and the VA Open API Pledge that 11 healthcare institutions signed two weeks ago include Cris Ross at Mayo as well Stan Huff at Intermountain and Dr. Karson at Partners).
 - We will also follow up with Stan on some of the issues he raised as well. For example: Stan will be excited to learn that Cerner has prioritized an additional 40 engineers to accelerate FHIR APIs for VA in support of this contract. This will also benefit Intermountain as Stan was telling us they've only had 10-15 for their entire company to date. If VA/DoD/Intermountain work together we will quickly get to the 200 number Stan mentioned.

- Per Stephanie's suggestion, we are going to start moving forward ASAP on formalizing an Advisory Committee so that we can get these insights on an ongoing basis. Formalizing this will allow for continuity of expertise throughout our journey. Obviously we will want Stephanie, John, Andy, Rasu, etc. Cris Ross (Mayo), Will Morris or Ed Marx (Cleveland Clinic), Frank Opelka (American College of Surgeons) are others you've introduced us to along the way that we would love to include. We would like to work with you to make sure we get this right.

- As recommended last night, an interoperability sandbox/test bed will be established during our Initial Operating Capabilities (IOC) implementation/deployment process to solidify the requisite interoperability requirements prior to full enterprise deployment. This is a great suggestion and very consistent with what we have been hearing from many experts.

- Our team is reviewing all the feedback (both oral from the calls and the written notes that some provided) and cross-walking this against the language in the RFP/contract documents (both EHR and also Lighthouse). We are not seeing any major changes to the contract nor do we see any showstoppers. Upon receiving the feedback, we feel very good that we have a solid contract from which we will just need to make minor revisions.

- After discussing this with Secretary Shulkin today, we feel strongly about moving forward quickly. We will make any necessary tweaks with Cerner ASAP (we absolutely do not anticipate any push back; and Cerner has promised to turn things around immediately) and will move forward to sign the overarching IDIQ contract. Assuming Congress approves the Omnibus bill by Friday (and President Trump signs it), we will then have the funding and authority to do so – and Secretary Shulkin could sign as early as next week. If the Omnibus falls through (which let's hope not), then we would have to request a transfer from the Congressional appropriation committees which will then take ~2 weeks. Signing the initial task orders will allow us to start moving forward with Cerner on the initial 3 hospitals (which will be in Washington state) on things like site surveys, infrastructure readiness, data hosting, change management (with will include wide involvement from clinicians inside and outside VA...something we heard loud and clear from Bruce!), help desk establishment, and project oversight (which we've heard loud and clear from Stephanie/Jon). As a reminder, given the IDIQ structure of the contract we would not be signing the full contract (rather just Year 1 – which is ~5% of the value of the contract). But this will allow us to get moving and out of the "quicksand".

- Marc makes a great point below on turning DoD's struggles into a positive. We have been working very closely with the DoD team over the past 9 months (I now have my own Pentagon ID pass I am there so much; John and I work very closely with their EHR lead Stacy Cummings; John Windom talks to her several times a week). We have incorporated a lot of their stumbles into our contract (e.g., data migration was a big issue with Congressman Phil Roe and we addressed that; and most recently we have made some adjustments on trouble ticket

management based on what you've read in the papers). We are paying very close attention to their implementation issues (workflow, change management, governance) to make sure we don't make the same mistake twice. DoD's biggest problems are around implementation and change management. This underscores Bruce's point of making sure we have clinician buy-in and involvement from the get-go (I couldn't agree more). This will make getting move on change management in Task Order #1 so important.

- As you both know, risk cannot be 100% driven out of any transformation of this magnitude. Stephanie Reel so succinctly captured, "it is the oversight and management of the contract that will be of the utmost importance, as well as the VA'S access to senior industry advisors." I think we have a great plan. The biggest thing I worry about will be executing and we are definitely going to need all the help we can get.

Again, we believe the construct of the contract, and more importantly the proper oversight and management of the contract will greatly mitigate cost, schedule and performance concerns, as well as support the timely injection of technological advancements (e.g. cloud, APIs, etc.) at the appropriate pace and balance necessary to support our Veterans without jeopardizing our overall care. Interoperability remains at the forefront of our concerns, and your comments, the MITRE study and various other external inputs contributing significantly to our RFP language and corresponding requirements. Interoperability will be a moving target for years to come, but our contract allows us to leverage the best of ideas of industry throughout the contract's life without incurring the exorbitant costs you have alluded to, as well as not be bound by potentially antiquated definitions . Bruce/Marc, thank you for everything. As I mentioned to Bruce recently, you have been tremendous "demanding partners" on this journey and we are incredibly appreciate. We look forward to continuing this relationship as we take the next steps.
Scott

From: Marc Sherman [mailto:(b)(6)@gmail.com]
Sent: Wednesday, March 21, 2018 9:31 AM
To: Blackburn, Scott R.
Cc: DJS
Subject: Re: [EXTERNAL] Re: Stan Huff

I agree that the call was very helpful. I spent the night after the call reflecting on some of the discussion and thought I would offer some reaction/feedback that still seems unsettled. I will outline my nighttime thoughts below in case you find them useful.

1. I thought that Dr. Cooper made a good case for inserting specific definitions and standards on the meaning and use of "interoperability," especially since that term has as many meanings in the industry as those who speak it. It is so easy for the contractor to proceed down a design path using one definition or standard while the users will require a totally different standard. That runs the risk of not being discovered until later, perhaps even up to implementation, a very costly result. Perhaps a similar problem (a seemingly

big problem) that the DOD implementation faces now where the users are rebelling. Unfortunately, if this "gap" in definition is not discovered until IOC, it will be very difficult and very expensive to fix (ala the DOD problem). I agree with Dr. Cooper, why not set the critical definitions and standards in the contract (PWS) now and eliminate the chance for any confusion or ambiguity. It will pay dividends later in terms of less arguments, better initial design, happier user community, less overall cost, better healthcare delivery, etc. Then, with the standard fully defined and set in the original PWS, the mock-up test will be much sooner in time and much more complete the first time, allowing the users to provide input sooner and better, eliminating costly design mistakes from the beginning. The user community can tell you today what is needed to accomplish this "next generation" system that will be a model for the country and the future of healthcare (as Ms. Reel envisioned on the call last night). Why would you not want to tell the contractor the specifics of that now, in fairness to them, the VA, the patients and healthcare, so they can proceed with that standard from day one or express any concerns they may have now instead of in the future after costly design has occurred? Why would you not want to be specific in the contract to prevent ambiguity? Dr. Shulkin pushed back on Dr. Cooper's view as already accomplished in the PWS and cited Section 5 (I believe he said section 5.1.1) of the PWS. Dr. Cooper, as a physician user and not a technician, deferred on the effectiveness of the existing contract language to others, but commented that the CIO of MAYO read the contract and also did not think it adequately contained the right defining language to set out unambiguous definitions and standard. I have read the contract again last night and happen to agree, or am missing it. If I am wrong, it would be useful for someone to point me in the right direction.

2. I was also thinking about the current reported problems of the DOD implementation seemingly caused by a user (clinician) revolt over inadequacy (or unsuitability) for their needs. The VA runs that same risk. Perhaps that problem could be a benefit to your effort. Why not accumulate all of the user complaints/issues in the DOD implementation identified by the users and chart them out. Then identify which of those issues would be issues if they existed in the VA implementation and include them in the contract as definitional requirements. You have the benefit of knowing the failures in the very system upon which you are modeling your system...and you have an added advantage and opportunity to contractually prevent similar mistakes.
3. I have other thoughts as well that we should discuss, but these are the ones that I felt more pressing to highlight since I will be unavailable today.

Best

Marc

On Wed, Mar 21, 2018 at 8:24 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:
No problem Marc. Thanks for all your help. Very helpful call last night.

From: Marc Sherman [mailto:(b)(6)@gmail.com]
Sent: Wednesday, March 21, 2018 12:12 AM
To: Blackburn, Scott R.
Subject: [EXTERNAL] Re: Stan Huff

Scott

I won't be able to join the call tomorrow as I have a previous commitment that I cannot move. I will catch up with you or Bruce after.

Marc

Marc Sherman
(202) 758-(b)(6)

On Tue, Mar 20, 2018, 10:30 PM Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Bruce/Marc – thanks for introducing us to all the experts we talked to tonight. It was extremely valuable.

We have Stan Huff from Intermountain tomorrow at 10am. I assume you have the calendar invite, but just in case it is 1-800-767-(b)(6)

We have been unable to schedule anything with Dr. Ko (very busy calendar). We will try.

Scott

Scott Blackburn
Executive in Charge, Office of Information & Technology
US Department of Veterans Affairs

From: (b)(6)
Sent: 1 May 2018 07:27:53 -0500
Subject: Secretary's Stand-up Brief - OPIA - May 1, 2018
Attachments: 180501_VA Secretary's Stand-Up Brief.pptx

Good morning,
Attached is today's brief...

Thanks,

(b)(6)

(b)(6)

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VA Secretary's Stand-Up Brief 1 May 2018

Executive Summary Volume remained elevated as coverage of a viral Twitter post about the 'unsanitary' conditions at the Salt Lake City VAMC expanded. Outlets continued to speculate about the choice for the next VA Secretary.

Storyline	Outlets	Analysis	Trend	Priority
Unsanitary conditions at the Salt Lake City VA	<u>AP</u> , <u>Wash. Post</u> , <u>Salt Lake Trib.</u> , <u>HuffPost</u> , <u>Deseret News</u> , <u>KTSU (FOX)</u> , <u>WHIO (CBS)</u> , <u>KUTV (CBS)</u>	After the rapid expansion of this storyline over the weekend, follow-up coverage Monday focused on a VA response from the facility's chief of staff and noted the official's apology to the Veteran placed in the dirty exam room. Widespread coverage from regional and local outlets sustained. The storyline's trend on social media, particularly Twitter, expanded.	Sustained	Service
Possible candidates for the Sec. position	<u>WSJ</u> , <u>USA Today</u> , <u>Post-Dispatch</u> , <u>CNN</u>	A variety of national and regional outlets continued to publish articles about possible candidates for the next VA Secretary. References to fmr. Rep. Jeff Miller, White House Chief of Staff John Kelly, and Ascension President and CEO Anthony Tersigni sustained as the most commonly referenced candidates. In a related op-ed, IAVA's Paul Reichhoff called on President Trump to select a "competent, proven and dynamic leader" as the next nominee.	Sustained	Resources
Trump advisor 'stymies' Cerner transition	<u>Politico</u> , <u>Kansas City Business Journal</u>	<u>Politico</u> profiled how informal presidential advisor Dr. Bruce Moskowitz and Trump confidant Ike Perlmutter have, according to sources, "infuriated" Department clinicians with the VA EHR transition project and "effectively delayed" the final agreement with Cerner for months.	Sustained	System
Other notable storylines	<u>AP</u> , <u>Military Times</u> , <u>Stars and Stripes</u>	<u>AP</u> reported remarks from the father of an Oregon Veteran shot at a VA clinic 25 Jan that the treatment of his son is emblematic of "how the VA is not supporting their vets when they return." The article included a response from Press Sec. Cashour. Military-focused outlets reported on two storylines: 1) The impending depletion of Choice Program funding (<u>Military Times</u>), and 2) A lawsuit filed by VoteVets Monday, which alleges that the president illegally bypassed the order of succession at VA with the choice of Robert Wilkie as Acting Secretary (<u>Stars and Stripes</u>).	Emerged / Sustained	Service / Choice / Resources

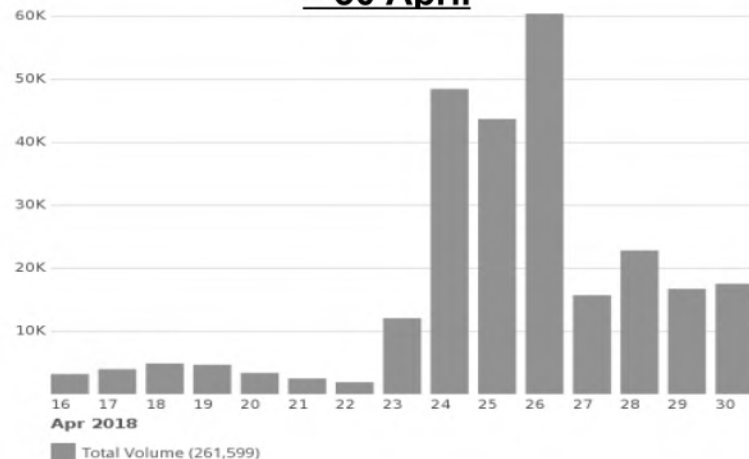


VA Secretary's Stand-Up Brief1 May 2018

Social Media Takeaway Politico coverage of the Cerner transition trended with Twitter users. Activity related to the VA Secretary nomination faded, and references to 'unsanitary' conditions at the Salt Lake City VA sustained.

Key Points The 27 April tweet from @GR8_2B_alive, that criticized the "unprofessional, unsanitary and disrespectful" conditions at the Salt Lake City VA, sustained as the most-retweeted post and garnered an additional 3.2k retweets, which comprised 15 percent of all social media volume. With 1k retweets, the second most-retweeted post linked to Politico coverage that examined the involvement of a "well-connected" Florida doctor in the VA effort to transition from the VistA EHR to a new Cerner-based system. This article trended with Twitter users and was the most-shared with 2.6k shares. Notable trends also followed the storyline on other social media platforms. On YouTube, a video clip from Washington Post (304k subscribers) referenced the storyline and received the most views of the day (1.9k views). On Facebook, a trend of users sharing storyline articles, that began on the weekend, sustained. One of these articles shared, from CBS News, gained 9.8k shares since Sunday. Facebook activity on VA Facebook pages largely sustained weekend levels of activity, although the Veteran of the Day post did experience a 27 percent decline in reactions, compared to

Twitter and Facebook Volume: 16 April – 30 April



Notable Social Media Items

Platform	Item	Relevance
Twitter	Post: <u>'Unsanitary' conditions at a Salt Lake City VA exam room</u>	15% of volume
Twitter	Topic: Presidential advisor delays Cerner transition	20% of Volume
Facebook	<u>Veteran of the Day: John Francis Francavilla (USMC)</u>	680+ Reactions, 210+ Shares

From: Hutton, James
Sent: 14 May 2018 06:53:57 -0700
To: Duke, Laura; Ulyot, John; (b)(6) Windom, John H.; Tucker, Brooks; (b)(6) O'Rourke, Peter M.; Powers, Pamela; Rychalski, Jon J.; Murray, Edward (b)(6) (b)(6) . (BAH); (b)(6) (Mission); Yow, Mark W.; Chandler, Richard C.
Cc: (b)(6)@who.eop.gov; (b)(6) (b)(6)@who.eop.gov; (b)(6)@who.eop.gov; (b)(6)@who.eop.gov
Subject: RE: Talking Points for EHRM Signing Day

Laura,

Please develop a

(b)(5)

(b)(5)

<https://www.politico.com/story/2018/05/11/kushner-backed-health-care-project-gets-devastating-review-535847?cid=apn>

Kushner-backed health care project gets 'devastating' review

The Pentagon report could delay the VA's plans to install the multibillion-dollar software project begun under Obama.

ARTHUR ALLEN 05/11/2018 04:54 PM EDT

The first stage of a multibillion-dollar military-VA digital health program championed by Jared Kushner has been riddled with problems so severe they could have led to patient deaths, according to a report obtained by POLITICO.

The April 30 [report](#) expands upon the findings of a March [POLITICO story](#) in which doctors and IT specialists expressed alarm about the software system, describing how clinicians at one of four pilot centers, Naval Station Bremerton, quit because they were terrified they might hurt patients, or even kill them.

Experts who saw the Pentagon evaluation — it lists 156 “critical” or “severe” incident reports with the potential to result in patient deaths — characterized it as “devastating.”

“Traditionally, if you have more than five [incident reports] at that high a level, the program has significant issues,” a member of the testing team told POLITICO.

The project's price tag and political sensitivity — it was designed to address nagging problems with military and veteran health care at a cost of about \$20 billion over the next decade — means it is “just another ‘too big to fail’ program,” the tester said. “The end result everyone is familiar with — years and years of delays and many billions spent trying to fix the mess.”

The unclassified findings could further delay a related VA contract with Cerner Corp., the digital health records company that began installing the military's system in February 2017. The VA last year chose Cerner as its vendor, with the belief that sharing the same system would facilitate the exchange of health records when troops left the service. The military program, called MHS Genesis, was approved in 2015 under President Barack Obama.

In a briefing with reporters late Friday, Pentagon officials said they had made many improvements to the pilot at four bases in the Pacific Northwest since the study team ended its review in November.

"MHS Genesis is extremely important and it is important to get MHS Genesis right," said Vice Adm. Raquel Bono, chief of the Defense Health Agency. "Feedback from the test community and dedicated professionals at the sites has been invaluable."

A White House spokesman noted Friday afternoon that Kushner had no involvement with DOD's contract with Cerner. He did advise VA officials last year to contract with Cerner because the military was already using the vendor, and he argued the creation of a seamless, unified system would allow records to be shared between military and VA treatment centers.

"He still believes that the decision to move the VA to Cerner was the right one," the spokesman said, but noted that Kushner has advocated for “moving slowly, methodically and properly” with the VA contract to avoid the problems experienced by the military hospitals.

POLITICO reported last month that the VA contract has been delayed by [concerns expressed](#) by close friends of the president, including Marvel Entertainment chairman Ike Perlmutter, who has advised the president on veterans' issues, and West Palm Beach doctor Dr. Bruce Moskowitz, who got White House approval to participate in the discussions.

VA officials on Wednesday said they will decide whether to go ahead with their deal by Memorial Day. To date, indications are they plan to sign it.

Doctors and IT specialists working at the pilot sites break into two groups, according to another well-placed source: those who think there is a path to make the system work — although it will take at least a year — and those who think there is no hope for it.

Two Cerner employees who spoke to POLITICO said the Pentagon and the lead partner on the military contract, Leidos Health, were to blame for many of the early problems. Cerner, not Leidos, would be the lead contractor for the VA contract.

The Pentagon report concluded that the new software system, called MHS Genesis, is “neither operationally effective, nor operationally suitable” -- and recommended freezing the rollout indefinitely until it can be fixed.

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James Hutton
Deputy Assistant Secretary
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs
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From: Duke, Laura
Sent: Friday, May 11, 2018 3:27 PM
To: Ullyot, John <John.Ullyot@va.gov>; (b)(6)@va.gov;
Windom, John H. <John.Windom@va.gov>; Tucker, Brooks <Brooks.Tucker@va.gov>; (b)(6)
(b)(6)@va.gov; O'Rourke, Peter M. <Peter.ORourke@va.gov>; Powers, Pamela
<Pamela.Powers@va.gov>; Hutton, James <James.Hutton@va.gov>; Rychalski, Jon J.
<Jon.Rychalski@va.gov>; Murray, Edward <edward.murray@va.gov>; (b)(6)
(b)(6)@va.gov; (b)(6)@va.gov; (b)(6) (BAH)
(b)(6)@va.gov; (b)(6) (Mission) (b)(6)@va.gov; Yow, Mark W.
<Mark.Yow@va.gov>; Chandler, Richard C. <Richard.Chandler2@va.gov>
Subject: FW: Talking Points for EHRM Signing Day

All, please see the (b)(5)

(b)(5)

Laura Duke
202-461-7790

From: (b)(6) EOP/OMB [mailto:(b)(6)@omb.eop.gov]
Sent: Friday, May 11, 2018 2:16 PM
To: Duke, Laura
Cc: (b)(6) EOP/OMB; Rychalski, Jon J.; (b)(6) EOP/OMB
Subject: [EXTERNAL] RE: Talking Points for EHRM Signing Day

Laura,

Attached are the (b)(5)

(b)(5)

1. (b)(5)
- 2.
- 3.

Thanks,

OMB

From: Duke, Laura <Laura.Duke@va.gov>
Sent: Thursday, May 10, 2018 5:53 PM
To: (b)(6) EOP/OMB (b)(6)@omb.eop.gov (b)(6)
(b)(6) EOP/OMB (b)(6)@omb.eop.gov; (b)(6) EOP/OMB
(b)(6)@omb.eop.gov
Cc: Rychalski, Jon J. <Jon.Rychalski@va.gov>; (b)(6)@va.gov
Subject: FW: Talking Points for EHRM Signing Day
Importance: High

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2. Media/Phone statement for A/SecVA - left as bullet points
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Laura Duke
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<FAQs_050718_REVIEWED.DOCX>

<SecVA Message 050918 (2).docx>

<FactSheet_050918_REVIEWED.DOCX>

<EHRM Award Statement_050918v2.docx>

<Press_Release_050918-with dollars added-v2.docx>

<Communications Award Schedule (Tick-Tock) 050918 OB edit.docx>

From: Hutton, James
Sent: 14 May 2018 06:56:09 -0700
To: Duke, Laura; Ulyot, John; (b)(6) Windom, John H.; Tucker Brooks; (b)(6) O'Rourke, Peter M.; Powers, Pamela; Rychalski, Jon J.; Murray, Edward (b)(6) (b)(6) (BAH); (b)(6) (Mission); Yow, Mark W.; Chandler, Richard C.; Zenooz, Ashwini
Cc: (b)(6) @who.eop.gov (b)(6) (b)(6) @who.eop.gov (b)(6) @who.eop.gov (b)(6) @who.eop.gov
Subject: RE: Talking Points for EHRM Signing Day

Adding Dr. Zenooz

James Hutton
Deputy Assistant Secretary
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: 202-461-7558
Email: james.hutton@va.gov
Twitter: [@je_hutton](https://twitter.com/je_hutton)
VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)



Choose VA

From: Hutton, James
Sent: Monday, May 14, 2018 9:54 AM
To: Duke, Laura <Laura.Duke@va.gov>; Ulyot, John <John.Ulyot@va.gov> (b)(6) (b)(6) @va.gov>; Windom, John H. <John.Windom@va.gov>; Tucker, Brooks <Brooks.Tucker@va.gov>; (b)(6) @va.gov>; O'Rourke, Peter M. <Peter.ORourke@va.gov>; Powers, Pamela <Pamela.Powers@va.gov>; Rychalski, Jon J. <Jon.Rychalski@va.gov>; Murray, Edward <edward.murray@va.gov>; (b)(6) (b)(6) @va.gov>; (b)(6) @va.gov> (b)(6) (BAH) (b)(6) @va.gov>; (b)(6) (Mission) (b)(6) @va.gov>; Yow, Mark W. <Mark.Yow@va.gov>; Chandler, Richard C. <Richard.Chandler2@va.gov>
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Subject: RE: Talking Points for EHRM Signing Day

Laura,

Please develop a (b)(5)

(b)(5)

<https://www.politico.com/story/2018/05/11/kushner-backed-health-care-project-gets-devastating-review-535847?cid=apn>

Kushner-backed health care project gets ‘devastating’ review

The Pentagon report could delay the VA’s plans to install the multibillion-dollar software project begun under Obama.

ARTHUR ALLEN 05/11/2018 04:54 PM EDT

The first stage of a multibillion-dollar military-VA digital health program championed by Jared Kushner has been riddled with problems so severe they could have led to patient deaths, according to a report obtained by POLITICO.

The April 30 [report](#) expands upon the findings of a March [POLITICO story](#) in which doctors and IT specialists expressed alarm about the software system, describing how clinicians at one of four pilot centers, Naval Station Bremerton, quit because they were terrified they might hurt patients, or even kill them.

Experts who saw the Pentagon evaluation — it lists 156 “critical” or “severe” incident reports with the potential to result in patient deaths — characterized it as “devastating.”

“Traditionally, if you have more than five [incident reports] at that high a level, the program has significant issues,” a member of the testing team told POLITICO.

The project’s price tag and political sensitivity — it was designed to address nagging problems with military and veteran health care at a cost of about \$20 billion over the next decade — means it is “just another ‘too big to fail’ program,” the tester said. “The end result everyone is familiar with — years and years of delays and many billions spent trying to fix the mess.”

The **unclassified findings could further delay a related VA contract** with Cerner Corp., the digital health records company that began installing the military’s system in February 2017. The VA last year chose Cerner as its vendor, with the belief that sharing the same system would facilitate the exchange of health records when troops left the service. The military program, called MHS Genesis, was approved in 2015 under President Barack Obama.

In a briefing with reporters late Friday, Pentagon officials said they had made many improvements to the pilot at four bases in the Pacific Northwest since the study team ended its review in November.

"MHS Genesis is extremely important and it is important to get MHS Genesis right," said Vice Adm. Raquel Bono, chief of the Defense Health Agency. "Feedback from the test community and dedicated professionals at the sites has been invaluable."

A White House spokesman noted Friday afternoon that Kushner had no involvement with DOD's contract with Cerner. He did advise VA officials last year to contract with Cerner because the military was already using the vendor, and he argued the creation of a seamless, unified system would allow records to be shared between military and VA treatment centers.

"He still believes that the decision to move the VA to Cerner was the right one," the spokesman said, but noted that Kushner has advocated for "moving slowly, methodically and properly" with the VA contract to avoid the problems experienced by the military hospitals.

POLITICO reported last month that the VA contract has been delayed by concerns expressed by close friends of the president, including Marvel Entertainment chairman Ike Perlmutter, who has advised the president on veterans' issues, and West Palm Beach doctor Dr. Bruce Moskowitz, who got White House approval to participate in the discussions.

VA officials on Wednesday said they will decide whether to go ahead with their deal by Memorial Day. To date, indications are they plan to sign it.

Doctors and IT specialists working at the pilot sites break into two groups, according to another well-placed source: those who think there is a path to make the system work — although it will take at least a year — and those who think there is no hope for it.

Two Cerner employees who spoke to POLITICO said the Pentagon and the lead partner on the military contract, Leidos Health, were to blame for many of the early problems. Cerner, not Leidos, would be the lead contractor for the VA contract.

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Deputy Assistant Secretary

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Email: james.hutton@va.gov
Twitter: [@je_hutton](https://twitter.com/je_hutton)
VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)



From: Duke, Laura
Sent: Friday, May 11, 2018 3:27 PM
To: Ullyot, John <John.Ullyot@va.gov>; (b)(6)@va.gov;<(b)(6)@va.gov>;
Windom, John H. <John.Windom@va.gov>; Tucker, Brooks <Brooks.Tucker@va.gov><(b)(6)@va.gov>; O'Rourke, Peter M. <Peter.ORourke@va.gov>; Powers, Pamela <Pamela.Powers@va.gov>; Hutton, James <James.Hutton@va.gov>; Rychalski, Jon J. <Jon.Rychalski@va.gov>; Murray, Edward <edward.murray@va.gov><(b)(6)@va.gov>; (b)(6)@va.gov;<(b)(6)@va.gov>; (b)(6) (BAH) <(b)(6)@va.gov>; (b)(6) (Mission) <(b)(6)@va.gov>; Yow, Mark W. <Mark.Yow@va.gov>; Chandler, Richard C. <Richard.Chandler2@va.gov>
Subject: FW: Talking Points for EHRM Signing Day

All, please see the (b)(5)
(b)(5)
(b)(5)

Laura Duke
202-461-7790

From: (b)(6) EOP/OMB [mailto:(b)(6)@omb.eop.gov]
Sent: Friday, May 11, 2018 2:16 PM
To: Duke, Laura
Cc: (b)(6) EOP/OMB; Rychalski, Jon J. (b)(6) EOP/OMB
Subject: [EXTERNAL] RE: Talking Points for EHRM Signing Day

Laura,

Attached are the (b)(5)
(b)(5)
1. (b)(5)

2. (b)(5)
- 3.

Thanks,

OMB

From: Duke, Laura <Laura.Duke@va.gov>
Sent: Thursday, May 10, 2018 5:53 PM
To: (b)(6) EOP/OMB <(b)(6)@omb.eop.gov> (b)(6)
(b)(6) EOP/OMB <(b)(6)@omb.eop.gov> (b)(6) EOP/OMB
(b)(6)@omb.eop.gov
Cc: Rychalski, Jon J. <Jon.Rychalski@va.gov> (b)(6)@va.gov
Subject: FW: Talking Points for EHRM Signing Day
Importance: High

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<FAQs_050718_REVIEWED.DOCX>

<SecVA Message 050918 (2).docx>

<FactSheet_050918_REVIEWED.DOCX>

<EHRM Award Statement_050918v2.docx>

<Press_Release_050918-with dollars added-v2.docx>

<Communications Award Schedule (Tick-Tock) 050918 OB edit.docx>

From: Windom, John H.
Sent: 14 May 2018 15:10:29 -0700
To: (b)(6) (BAH); Hutton, James; Duke, Laura; Ulyot, John (b)(6) Tucker, Brooks; O'Rourke, Peter M.; Powers, Pamela; Rychalski, Jon J.; Murray, Edward; (b)(6) (Mission); Yow, Mark W.; Chandler, Richard C.; Sandoval, Camilo J.; Zenooz, Ashwini
Cc: (b)(6) @who.eop.gov; (b)(6) (b)(6) @who.eop.gov; (b)(6) @who.eop.gov
Subject: RE: Talking Points for EHRM Signing Day

(b)(5)

Vr
John

John H. Windom, Senior Executive Service (SES)
Program Executive for Electronic Health Record Modernization (PEO EHRM)
811 Vermont Avenue NW (5th Floor Suite 5080)
Washington, DC 20420
John.Windom@va.gov
Office: (202) 461-5820
Mobile: (202) 794-4911
Executive Assistant: Ms. Kelli Ware – Appointments and Scheduling
Kelli.ware@va.gov Office: 202-382-3792

From: (b)(6)
Sent: Monday, May 14, 2018 5:09 PM
To: (b)(6) (BAH); Hutton, James; Duke, Laura; Ulyot, John; (b)(6) Windom, John H.; Tucker, Brooks; O'Rourke, Peter M.; Powers, Pamela; Rychalski, Jon J.; Murray, Edward; (b)(6) (Mission); Yow, Mark W.; Chandler, Richard C.; Sandoval, Camilo J.; Zenooz, Ashwini
Cc: (b)(6) @who.eop.gov; (b)(6) (b)(6) @who.eop.gov; (b)(6) @who.eop.gov
Subject: RE: Talking Points for EHRM Signing Day

(b)(5)

Here is VA's only statement on electronic health records modernization:

Finalizing a decision on the Department's electronic health record modernization (EHRM) effort is one of Acting Secretary Wilkie's top three short-term priorities for VA, given

the importance, magnitude and financial investment that this decision represents for Veterans and the department.

While VA doesn't typically comment on ongoing contract negotiations, proper due diligence is required to ensure the best interests of Veterans and taxpayers are served before the department enters into any agreement of this size and importance. We are doing that now, and expect to make a final decision and corresponding announcement on EHRM by Memorial Day.

(b)(6)

Press Secretary
Department of Veterans Affairs
202-461-(b)(6)

(b)(6)@va.gov
@ (b)(6)

From: (b)(6)

Sent: Monday, May 14, 2018 5:00 PM

To: (b)(6) (BAH) (b)(6)@va.gov; Hutton, James <James.Hutton@va.gov>; Duke, Laura <Laura.Duke@va.gov>; Ulyot, John <John.Ulyot@va.gov> (b)(6)
(b)(6)@va.gov; Windom, John H. <John.Windom@va.gov>; Tucker, Brooks <Brooks.Tucker@va.gov>; (b)(6)@va.gov; O'Rourke, Peter M. <Peter.ORourke@va.gov>; Powers, Pamela <Pamela.Powers@va.gov>; Rychalski, Jon J. <Jon.Rychalski@va.gov>; Murray, Edward <edward.murray@va.gov>; (b)(6) (b)(6)@va.gov; (b)(6) (Mission) (b)(6)@va.gov; Yow, Mark W. <Mark.Yow@va.gov>; Chandler, Richard C. <Richard.Chandler2@va.gov>; Sandoval, Camilo J. <Camilo.Sandoval@va.gov>; Zenooz, Ashwini <Ashwini.Zenooz@va.gov>

Cc: (b)(6)@who.eop.gov; (b)(6)@who.eop.gov; (b)(6)@who.eop.gov; (b)(6)@who.eop.gov; (b)(6)@who.eop.gov; (b)(6)@who.eop.gov; (b)(6)@who.eop.gov

Subject: RE: Talking Points for EHRM Signing Day

James and team: are these (b)(5)
(b)(5)

Thanks,

(b)(6)

From: (b)(6) (BAH)

Sent: Monday, May 14, 2018 12:05 PM

To: Hutton, James; Duke, Laura; Ulyot, John; (b)(6) Windom, John H.; Tucker, Brooks; (b)(6) O'Rourke, Peter M.; Powers, Pamela; Rychalski, Jon J.; Murray, Edward; (b)(6) (b)(6) (Mission); Yow, Mark W.; Chandler, Richard C.;

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Cc: (b)(6)@who.eop.gov; (b)(6)

(b)(6)@who.eop.gov); (b)(6)@who.eop.gov)

Subject: RE: Talking Points for EHRM Signing Day

Mr. Hutton – The below are recommended (b)(5)

(b)(5)

Please let us know if you have any additional questions,
Laura

Q1. The report says there are two indications that MHS GENESIS “may not be scalable”, is this a concern for VA?

A1. (b)(5)

(b)(5)

Q2. How has VA incorporated DoD’s lessons learned in VA’s deployment plans?

A2. (b)(5)

(b)(5)

Q3. Does VA have any concerns that this report will affect your ongoing negotiations with Cerner?

A3. (b)(5)

(b)(5)

(b)(6)

PMO Support
EHRM PEO
202-494-(b)(6) (Mobile)

From: Hutton, James

Sent: Monday, May 14, 2018 9:54 AM

To: Duke, Laura <Laura.Duke@va.gov>; Ulliyot, John <John.Ulliyot@va.gov>; (b)(5); (b)(6) <(b)(5); (b)(6)@va.gov>; Windom, John H. <John.Windom@va.gov>; Tucker, Brooks <Brooks.Tucker@va.gov>; (b)(5); (b)(6) <(b)(5); (b)(6)@va.gov>; O'Rourke, Peter M. <Peter.ORourke@va.gov>; Powers, Pamela <Pamela.Powers@va.gov>; Rychalski, Jon J. <Jon.Rychalski@va.gov>; Murray, Edward <edward.murray@va.gov>; (b)(5); (b)(6) <(b)(5); (b)(6)s@va.gov>; (b)(5); (b)(6) <(b)(5); (b)(6)@va.gov>; (b)(5); (b)(6) (BAH) <(b)(5); (b)(6)@va.gov>; (b)(5); (b)(6) Mission <(b)(5); (b)(6)@va.gov>; Yow, Mark W. <Mark.Yow@va.gov>; Chandler, Richard C. <Richard.Chandler2@va.gov>

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As evidence that conditions have improved since the inspection report, patient visits increased by 20 percent from November to March, and 78 percent more prescriptions were filled on an average day, said Col. Michael Place, commander of Madigan Army Medical Center, the largest of the four installations.

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“The language they use in this report is blunt,” said a source with experience examining military contracts. “And I think it was written with the purpose of being damning -- to convey the extent of the problems and to caution about moving forward.”

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That effort could be imperiled if the military fails to improve its system beforehand, a congressional source said. "For now, there's nothing to build on."

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Deputy Assistant Secretary
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Email: james.hutton@va.gov
Twitter: [@jehutton](https://twitter.com/jehutton)
VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)



From: Duke, Laura
Sent: Friday, May 11, 2018 3:27 PM
To: Ullyot, John <John.Ullyot@va.gov>; (b)(6) <(b)(6)@va.gov>; Windom, John H. <John.Windom@va.gov>; Tucker, Brooks <Brooks.Tucker@va.gov>; (b)(6) <(b)(6)@va.gov>; O'Rourke, Peter M. <Peter.ORourke@va.gov>; Powers, Pamela <Pamela.Powers@va.gov>; Hutton, James <James.Hutton@va.gov>; Rychalski, Jon J. <Jon.Rychalski@va.gov>; Murray, Edward <edward.murray@va.gov>; (b)(6) <(b)(6)@va.gov>; (b)(6) <(b)(6)@va.gov>; (b)(6) (BAH) <(b)(6)@va.gov>; (b)(6) (Mission) <(b)(6)@va.gov>; Yow, Mark W. <Mark.Yow@va.gov>; Chandler, Richard C. <Richard.Chandler2@va.gov>
Subject: FW: Talking Points for EHRM Signing Day

All, please see the (b)(5) [redacted]
(b)(5) [redacted]
(b)(5) [redacted]

Laura Duke
202-461-7790

From: (b)(6) EOP/OMB [mailto:(b)(6)@omb.eop.gov]
Sent: Friday, May 11, 2018 2:16 PM
To: Duke, Laura
Cc: (b)(6) EOP/OMB; Rychalski, Jon J.; (b)(6) EOP/OMB
Subject: [EXTERNAL] RE: Talking Points for EHRM Signing Day

Laura,

Attached are the

(b)(5)

(b)(5)

1.

2.

3.

Thanks,

OMB

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Sent: Thursday, May 10, 2018 5:53 PM

To: (b)(6) EOP/OMB (b)(6) @omb.eop.gov; (b)(6)

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Cc: Rychalski, Jon J. <Jon.Rychalski@va.gov>; (b)(6) @va.gov

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Importance: High

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2. Media/Phone statement for A/SecVA - left as bullet points
3. Draft email verbiage for A/SecVA to send the VA staff
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6. Tick-tock on rollout activities

I understand you've been in contact with OPIA on these documents, so you won't be surprised that we have a **HARD deadline of noon tomorrow** for any OMB edits. Please feel free to reach out if you have any questions or comments, and thanks so much!

Laura Duke
202-461-7790

<FAQs_050718_REVIEWED.DOCX>

<SecVA Message 050918 (2).docx>

<FactSheet_050918_REVIEWED.DOCX>

<EHRM Award Statement_050918v2.docx>

<Press_Release_050918-with dollars added-v2.docx>

<Communications Award Schedule (Tick-Tock) 050918 OB edit.docx>

From: (b)(6)
Sent: 14 May 2018 15:59:32 -0500
To: (b)(6) (BAH); Hutton, James; Duke, Laura; Ulyot, John; (b)(6)
(b)(6) Windom, John H.; Tucker, Brook; (b)(6) O'Rourke, Peter M.; Powers,
Pamela; Rychalski, Jon J.; Murray, Edward; (b)(6) (Mission); Yow, Mark
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Cc: (b)(6)@who.eop.gov; (b)(6)
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(b)(5)

Thanks,

(b)(6)

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(b)(5)

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PMO Support
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(b)(5)

<https://www.politico.com/story/2018/05/11/kushner-backed-health-care-project-gets-devastating-review-535847?cid=apn>

Kushner-backed health care project gets 'devastating' review

The Pentagon report could delay the VA's plans to install the multibillion-dollar software project begun under Obama.

ARTHUR ALLEN 05/11/2018 04:54 PM EDT

The first stage of a multibillion-dollar military-VA digital health program championed by Jared Kushner has been riddled with problems so severe they could have led to patient deaths, according to a report obtained by POLITICO.

The April 30 [report](#) expands upon the findings of a March [POLITICO story](#) in which doctors and IT specialists expressed alarm about the software system, describing how clinicians at one of four pilot centers, Naval Station Bremerton, quit because they were terrified they might hurt patients, or even kill them.

Experts who saw the Pentagon evaluation — it lists 156 “critical” or “severe” incident reports with the potential to result in patient deaths — characterized it as “devastating.”

“Traditionally, if you have more than five [incident reports] at that high a level, the program has significant issues,” a member of the testing team told POLITICO.

The project’s price tag and political sensitivity — it was designed to address nagging problems with military and veteran health care at a cost of about \$20 billion over the next decade — means it is “just another ‘too big to fail’ program,” the tester said. “The end result everyone is familiar with — years and years of delays and many billions spent trying to fix the mess.”

The [unclassified findings could further delay a related VA contract](#) with Cerner Corp., the digital health records company that began installing the military’s system in February 2017. The VA last year chose Cerner as its vendor, with the belief that sharing the same system would facilitate the exchange of health records when troops left the service. The military program, called MHS Genesis, was approved in 2015 under President Barack Obama.

In a briefing with reporters late Friday, Pentagon officials said they had made many improvements to the pilot at four bases in the Pacific Northwest since the study team ended its review in November.

“MHS Genesis is extremely important and it is important to get MHS Genesis right,” said Vice Adm. Raquel Bono, chief of the Defense Health Agency. “Feedback from the test community and dedicated professionals at the sites has been invaluable.”

A White House spokesman noted Friday afternoon that [Kushner](#) had no involvement with DOD’s contract with Cerner. [He did advise VA officials last year to contract with Cerner](#) because the military was already using the vendor, and he argued the creation of a seamless, unified system would allow records to be shared between military and VA treatment centers.

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Department of Veterans Affairs
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Washington, D.C. 20420
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Email: james.hutton@va.gov
Twitter: [@jehutton](https://twitter.com/jehutton)
VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)



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Sent: Friday, May 11, 2018 3:27 PM

To: Ullyot, John <John.Ullyot@va.gov>; (b)(6)@va.gov;<(b)(6)@va.gov>; Windom, John H. <John.Windom@va.gov>; Tucker, Brooks <Brooks.Tucker@va.gov>; (b)(6)@va.gov; O'Rourke, Peter M. <Peter.ORourke@va.gov>; Powers, Pamela <Pamela.Powers@va.gov>; Hutton, James <James.Hutton@va.gov>; Rychalski, Jon J. <Jon.Rychalski@va.gov>; Murray, Edward <edward.murray@va.gov>; (b)(6)@va.gov; (b)(6)@va.gov; (b)(6)@va.gov; (b)(6) (BAH) (b)(6)@va.gov; (b)(6) Mission; (b)(6)@va.gov; Yow, Mark W. <Mark.Yow@va.gov>; Chandler, Richard C. <Richard.Chandler2@va.gov>

Subject: FW: Talking Points for EHRM Signing Day

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Laura Duke
202-461-7790

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Sent: Friday, May 11, 2018 2:16 PM
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Subject: [EXTERNAL] RE: Talking Points for EHRM Signing Day

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<Communications Award Schedule (Tick-Tock) 050918 OB edit.docx>

From: (b)(6)
Sent: 14 May 2018 16:08:55 -0500
To: (b)(6) (BAH); Hutton, James; Duke, Laura; Ullyot, John; (b)(6) Windom, John H.; Tucker, Brooks; O'Rourke, Peter M.; Powers, Pamela; Rychalski, Jon J.; Murray, Edward (b)(6) (Mission); Yow, Mark W.; Chandler, Richard C.; Sandoval, Camilo J.; Zenooz, Ashwini
Cc: (b)(6)@who.eop.gov (b)(6) (b)(6)@who.eop.gov (b)(6)@who.eop.gov
Subject: RE: Talking Points for EHRM Signing Day

(b)(5)

Here is VA's only statement on electronic health records modernization:

Finalizing a decision on the Department's electronic health record modernization (EHRM) effort is one of Acting Secretary Wilkie's top three short-term priorities for VA, given the importance, magnitude and financial investment that this decision represents for Veterans and the department.

While VA doesn't typically comment on ongoing contract negotiations, proper due diligence is required to ensure the best interests of Veterans and taxpayers are served before the department enters into any agreement of this size and importance. We are doing that now, and expect to make a final decision and corresponding announcement on EHRM by Memorial Day.

(b)(6)
Press Secretary
Department of Veterans Affairs
202-461 (b)(6)
(b)(6)@va.gov
@ (b)(6)

From: (b)(6)
Sent: Monday, May 14, 2018 5:00 PM
To: (b)(6) (BAH) <(b)(6)@va.gov>; Hutton, James <James.Hutton@va.gov>; Duke, Laura <Laura.Duke@va.gov>; Ullyot, John <John.Ullyot@va.gov> (b)(6)@va.gov; Windom, John H. <John.Windom@va.gov>; Tucker, Brooks <Brooks.Tucker@va.gov>; (b)(6)@va.gov; O'Rourke, Peter M. <Peter.ORourke@va.gov>; Powers, Pamela <Pamela.Powers@va.gov>; Rychalski, Jon J. <Jon.Rychalski@va.gov>; Murray, Edward <edward.murray@va.gov> (b)(6)@va.gov; (b)(6) (Mission) (b)(6)@va.gov; Yow, Mark W. <Mark.Yow@va.gov>; Chandler, Richard C. <Richard.Chandler2@va.gov>; Sandoval, Camilo J. <Camilo.Sandoval@va.gov>; Zenooz, Ashwini <Ashwini.Zenooz@va.gov>
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(b)(6)

PMO Support
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202-494-(b)(6) Mobile)

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As evidence that conditions have improved since the inspection report, patient visits increased by 20 percent from November to March, and 78 percent more prescriptions were filled on an average day, said Col. Michael Place, commander of Madigan Army Medical Center, the largest of the four installations.

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That effort could be imperiled if the military fails to improve its system beforehand, a congressional source said. "For now, there's nothing to build on."

James Hutton
Deputy Assistant Secretary
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: 202-461-7558
Email: james.hutton@va.gov
Twitter: [@jehutton](https://twitter.com/jehutton)
VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)



Choose VA

From: Duke, Laura

Sent: Friday, May 11, 2018 3:27 PM

To: Ullyot, John <John.Ullyot@va.gov> (b)(6)@va.gov;

Windom, John H. <John.Windom@va.gov>; Tucker, Brooks <Brooks.Tucker@va.gov>; (b)(6)

(b)(6)@va.gov; O'Rourke, Peter M. <Peter.ORourke@va.gov>; Powers, Pamela

<Pamela.Powers@va.gov>; Hutton, James <James.Hutton@va.gov>; Rychalski, Jon J.

<Jon.Rychalski@va.gov>; Murray, Edward <edward.murray@va.gov> (b)(6)
(b)(6)@va.gov; (b)(6)@va.gov; (b)(6) (BAH)
(b)(6)@va.gov; (b)(6) (Mission) (b)(6)@va.gov; Yow, Mark W.
<Mark.Yow@va.gov>; Chandler, Richard C. <Richard.Chandler2@va.gov>
Subject: FW: Talking Points for EHRM Signing Day

All, please see the (b)(5)
(b)(5)
(b)(5)

Laura Duke
202-461-7790

From: (b)(6) EOP/OMB [mailto:(b)(6)@omb.eop.gov]
Sent: Friday, May 11, 2018 2:16 PM
To: Duke, Laura
Cc: (b)(6) EOP/OMB; Rychalski, Jon J. (b)(6) EOP/OMB
Subject: [EXTERNAL] RE: Talking Points for EHRM Signing Day

Laura,

Attached are the (b)(5)
(b)(5)
1. (b)(5)
2.
3.

Thanks,

OMB

From: Duke, Laura <Laura.Duke@va.gov>
Sent: Thursday, May 10, 2018 5:53 PM
To: (b)(6) EOP/OMB (b)(6)@omb.eop.gov; (b)(6)
(b) EOP/OMB (b)(6)@omb.eop.gov; (b)(6) EOP/OMB
(b)(6)@omb.eop.gov
Cc: Rychalski, Jon J. <Jon.Rychalski@va.gov>; (b)(6)@va.gov
Subject: FW: Talking Points for EHRM Signing Day
Importance: High

(b)(6) and team, for your review, drafts of the following documents are attached:

1. Press Release – we'll be inserting a quote from A/SecVA sometime tomorrow

2. Media/Phone statement for A/SecVA - left as bullet points
3. Draft email verbiage for A/SecVA to send the VA staff
4. FAQs
5. EHRM Fact Sheet
6. Tick-tock on rollout activities

I understand you've been in contact with OPIA on these documents, so you won't be surprised that we have a **HARD deadline of noon tomorrow** for any OMB edits. Please feel free to reach out if you have any questions or comments, and thanks so much!

Laura Duke
202-461-7790

<FAQs_050718_REVIEWED.DOCX>

<SecVA Message 050918 (2).docx>

<FactSheet_050918_REVIEWED.DOCX>

<EHRM Award Statement_050918v2.docx>

<Press_Release_050918-with dollars added-v2.docx>

<Communications Award Schedule (Tick-Tock) 050918 OB edit.docx>

From: (b)(6) (BAH)
Sent: 14 May 2018 09:05:05 -0700
To: Hutton, James; Duke, Laura; Ulliyot, John (b)(6) Windom, John H.; Tucker, Brooks (b)(6) O'Rourke, Peter M.; Powers, Pamela; Rychalski, Jon J.; Murray, Edward (b)(6) (Mission); Yow, Mark W.; Chandler, Richard C.; Sandoval, Camilo J.; Zenoos, Ashwini
Cc: (b)(6) @who.eop.gov; (b)(6) (b)(6) @who.eop.gov; (b)(6) @who.eop.gov
Subject: RE: Talking Points for EHRM Signing Day

Mr. Hutton – The below are recommended (b)(5)
(b)(5)

Please let us know if you have any additional questions,
Laura

Q1. The report says there are two indications that MHS GENESIS “may not be scalable”, is this a concern for VA?

A1. (b)(5)
(b)(5)

Q2. How has VA incorporated DoD’s lessons learned in VA’s deployment plans?

A2. (b)(5)
(b)(5)

Q3. Does VA have any concerns that this report will affect your ongoing negotiations with Cerner?

A3. (b)(5)
(b)(5)

(b)(6)
PMO Support
EHRM PEO
202-494-(b)(6) Mobile)

From: Hutton, James
Sent: Monday, May 14, 2018 9:54 AM
To: Duke, Laura <Laura.Duke@va.gov>; Ulliyot, John <John.Ulliyot@va.gov>; (b)(6)

(b)(6)@va.gov>; Windom, John H. <John.Windom@va.gov>; Tucker, Brooks <Brooks.Tucker@va.gov> (b)(6)@va.gov>; O'Rourke, Peter M. <Peter.ORourke@va.gov>; Powers, Pamela <Pamela.Powers@va.gov>; Rychalski, Jon J. <Jon.Rychalski@va.gov>; Murray, Edward <edward.murray@va.gov> (b)(6)@va.gov>; (b)(6)@va.gov>; (b)(6)@va.gov> (b)(6) BAH) (b)(6)@va.gov>; (b)(6) (Mission) (b)(6)@va.gov>; Yow, Mark W. <Mark.Yow@va.gov>; Chandler, Richard C. <Richard.Chandler2@va.gov>
Cc: (b)(6)@who.eop.gov) (b)(6)@who.eop.gov>; (b)(6)@who.eop.gov) (b)(6)@who.eop.gov>; (b)(6)@who.eop.gov>; (b)(6)@who.eop.gov>; (b)(6)@who.eop.gov>; (b)(6)@who.eop.gov>

Subject: RE: Talking Points for EHRM Signing Day

Laura,

Please develop a (b)(5)

(b)(5)

<https://www.politico.com/story/2018/05/11/kushner-backed-health-care-project-gets-devastating-review-535847?cid=apn>

Kushner-backed health care project gets ‘devastating’ review

The Pentagon report could delay the VA’s plans to install the multibillion-dollar software project begun under Obama.

ARTHUR ALLEN 05/11/2018 04:54 PM EDT

The first stage of a multibillion-dollar military-VA digital health program championed by Jared Kushner has been riddled with problems so severe they could have led to patient deaths, according to a report obtained by POLITICO.

The April 30 [report](#) expands upon the findings of a March [POLITICO story](#) in which doctors and IT specialists expressed alarm about the software system, describing how clinicians at one of four pilot centers, Naval Station Bremerton, quit because they were terrified they might hurt patients, or even kill them.

Experts who saw the Pentagon evaluation — it lists 156 “critical” or “severe” incident reports with the potential to result in patient deaths — characterized it as “devastating.”

“Traditionally, if you have more than five [incident reports] at that high a level, the program has significant issues,” a member of the testing team told POLITICO.

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"MHS Genesis is extremely important and it is important to get MHS Genesis right," said Vice Adm. Raquel Bono, chief of the Defense Health Agency. "Feedback from the test community and dedicated professionals at the sites has been invaluable."

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Office: 202-461-7558
Email: james.hutton@va.gov
Twitter: [@jehutton](https://twitter.com/jehutton)
VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)



From: Duke, Laura
Sent: Friday, May 11, 2018 3:27 PM
To: Ullyot, John <John.Ullyot@va.gov>; (b)(6) <(b)(6)@va.gov>; Windom, John H. <John.Windom@va.gov>; Tucker, Brooks <Brooks.Tucker@va.gov>; (b)(6) <(b)(6)@va.gov>; O'Rourke, Peter M. <Peter.ORourke@va.gov>; Powers, Pamela <Pamela.Powers@va.gov>; Hutton, James <James.Hutton@va.gov>; Rychalski, Jon J. <Jon.Rychalski@va.gov>; Murray, Edward <edward.murray@va.gov>; (b)(6) <(b)(6)@va.gov>; (b)(6) <(b)(6)@va.gov>; (b)(6) (BAH) <(b)(6)@va.gov>; (b)(6) (Mission) <(b)(6)@va.gov>; Yow, Mark W. <Mark.Yow@va.gov>; Chandler, Richard C. <Richard.Chandler2@va.gov>
Subject: FW: Talking Points for EHRM Signing Day

All, please see the (b)(5) [redacted].
(b)(5) [redacted]

Laura Duke
202-461-7790

From: (b)(6) EOP/OMB [mailto:(b)(6)@omb.eop.gov]
Sent: Friday, May 11, 2018 2:16 PM
To: Duke, Laura
Cc: (b)(6) EOP/OMB; Rychalski, Jon J.; (b)(6) EOP/OMB
Subject: [EXTERNAL] RE: Talking Points for EHRM Signing Day

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Attached are the (b)(5)

- (b)(5)
1. (b)(5)
 - 2.
 - 3.

Thanks,

OMB

From: Duke, Laura <Laura.Duke@va.gov>
Sent: Thursday, May 10, 2018 5:53 PM
To: (b)(6) EOP/OMB (b)(6)@omb.eop.gov (b)(6)
(b)(6) EOP/OMB (b)(6)@omb.eop.gov; (b)(6) EOP/OMB
(b)(6)@omb.eop.gov
Cc: Rychalski, Jon J. <Jon.Rychalski@va.gov>; (b)(6)@va.gov
Subject: FW: Talking Points for EHRM Signing Day
Importance: High

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Laura Duke
202-461-7790

<FAQs_050718_REVIEWED.DOCX>

<SecVA Message 050918 (2).docx>

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<EHRM Award Statement_050918v2.docx>

<Press_Release_050918-with dollars added-v2.docx>

<Communications Award Schedule (Tick-Tock) 050918 OB edit.docx>

From: (b)(6)
Sent: 18 May 2018 11:20:00 -0500
To: COS-PMO; Powers, Pamela; Ulyot, John; Tucker, Brooks; Hutton, James (b)(6)
(b)(6)
Subject: FW: [EXTERNAL] time sensitive fact-check

FYI below. We are referring all questions about the nomination to the White House, but I will keep everyone posted on the inquiries we are getting.

Thanks,

(b)(6)
Press Secretary
Department of Veterans Affairs
202-461-(b)(6)
(b)(6)@va.gov
@ (b)(6)

From: Jonathan Swan [mailto:(b)(6)@axios.com]
Sent: Friday, May 18, 2018 12:16 PM
To: (b)(6)@va.gov
Cc: Alayna Treene (b)(6)@axios.com
Subject: [EXTERNAL] time sensitive fact-check

Hi (b)(6)

We've been told two things that we'll be publishing in our story at 2pm:


- That Robert Wilkie spoke to Pete Hegseth before President Trump made his decision. (Hegseth recommended him highly to Trump after the conversation.)
- That Wilkie and Peter O'Rourke recently flew down to West Palm Beach to meet with Ike Perlmutter (one of the most important blessings to get in Trumpworld for VA). Per a source familiar with their interaction: "Ike loved him [Wilkie]. Ike was very very high on him."

Are we missing anything?

If there are any facts here you want to challenge or additional context to add, please let me know by 1:55pm.

Otherwise we plan to publish at 2pmET.

Best, Jonathan, 202.390 (b)(6)

	<p>Jonathan Swan NATIONAL POLITICAL REPORTER (b)(6)@axios.com 202.390 (b)(6)</p>
---	--

From: (b)(6)
Sent: 3 Jul 2018 15:51:06 -0500
To: Powers, Pamela; Powers, Pamela J SES OSD OUSD P-R (US)
Subject: FW: Wilkie QFRs
Attachments: ALL PostHQFRs for SecVA Nom Wilkie as of 1230 on 03.07.2018.docx

Sent with Good (www.good.com)

From: (b)(6)
Sent: Tuesday, July 03, 2018 9:23:41 AM
To: Anderson, Christopher
Cc: Balland, David; O'Connor, Christopher
Subject: Wilkie QFRs

Here is the starting point for collecting the rest of the answers to the QFRs. Chris I will forward any email to you that they neglect to include you on. Recommend continuing to time/date stamp the files so we don't get confused with different versions.

Kindly, (b)(6)
(b)(6) / *Special Assistant / OCLA / Department of Veterans Affairs*
Email: (b)(6)@va.gov / Phone: 202-461-(b)(6) / Mobile: 202-809-(b)(6)
810 Vermont Ave / Washington, D.C, NW 20420



**Post-Hearing Questions for
Robert Wilkie, nominee to be Secretary of Veterans Affairs
From Ranking Member Jon Tester**

1. I'm sure you're aware of GAO's concerns that national policies aren't implemented uniformly across the Department. Folks have come to many of us expressing concerns about difficulties and inconsistent applications of the Kingdomware case and VA's guidance on set-aside rules. Earlier this year, the Appropriations Committee directed VA to issue guidance that would help standardize contracting officers' decisions nationally as they evaluate veteran-owned businesses. Did you deal with this issue while you were Acting Secretary and will you commit, if confirmed, to ensuring this guidance is swiftly issued to maximize consistency across VISNs? (OALC)

2. The National Academies of Sciences has concluded that bladder cancer, Parkinson-like syndromes and hypothyroidism have an increased association with Agent Orange exposure. That update came out in 2016, and despite letters, hearings, and public outcry, the VA still has not made a decision on the findings in that report. In my opinion, it is an embarrassment that these veterans are continuing to suffer while waiting for VA to make a decision on extending presumptive service-connection for these conditions. In fact, we've heard VA will not be able to issue a decision on these conditions until 2020. In response to my pre-hearing question, you stated, "I am committed to thoroughly review the evidence presented in the NAM report and consult with VA epidemiology experts to determine the appropriate course of actions that VA should take to address this issue." Will you commit to making a final decision on these findings within 120 days of your confirmation? (OEI) (b)(5)

3. I am concerned about recent statements by the Acting Secretary that suicide prevention is no longer THE top clinical priority but one of many clinical priorities at VA. If confirmed as Secretary, what should be VA's top clinical priority? (VHA)

4. There has also been recent reporting on performance metrics for Vet Center counselors – an underutilized resource for mental health care. I'm glad we opened a new Vet Center in Missoula, and will soon see a refreshed Vet Center in Billings. While we need performance standards that are in tune with the needs of veterans and providers, I also want to make sure that we have the right staffing mix. If confirmed, will you commit to ensuring Vet Centers have the resources they need to support their providers delivering the in-depth, detailed care Vet Centers are renowned for and report back to us on your findings? (VHA) (b)(5)

(b)(5)

(b)(5)

5. The Miller-Blumenthal Health Care and Benefits Improvement Act contained a provision that any program approved for GI Bill benefits that provides licensure or certification must meet any state instructional curriculum licensure or certification requirements and be licensed by that state board or agency. The VSO community has expressed that many improper programs continue to receive GI Bill funding. Will you commit to reviewing the implementation of this statute, and providing the committee with your findings within 120 days? (VBA)

Senate Committee on Veterans Affairs
Hearing - Pending Nomination - Secretary of Veterans Affairs
Robert Wilkie, to be Secretary of Veterans Affairs
Post Hearing Question from Senator Boozman

I would like to bring to your attention an issue raised by my constituents regarding a VA regulation for emergency ambulance reimbursements for veterans.

When a veteran experiences a medical emergency and a bystander makes the prudent decision to call for emergency ambulance service, the veteran is rushed to the nearest medical facility that can treat the potentially life threatening condition. This “Prudent Layperson Standard” for emergency care is applied by all other federal payers and insurance companies when making their decision to reimburse ambulance services for their provision of clinical care and transport.

Despite the fact that the “Prudent Layperson Standard” is included in the VA’s regulations, the VA is the only major payer that applies it in a different manner. Instead of relying on the information known *at the time* the ambulance paramedics and EMTs render care, the VA requires hospital documents that contain the patient’s final diagnosis to decide *after-the-fact* whether the clinical care provided by the ambulance service is covered. If the hospital records are reviewed by the VA and it is determined that the patient’s final diagnosis was not necessarily emergent in nature, or if they are unable to obtain records from the hospital and other providers who cared for the veteran on the day in question, the claim for the ambulance service is denied. When this happens, the veteran becomes responsible for the bill.

6. Will you commit to addressing this issue of reimbursement for emergency ambulance service providers and fixing this problem to ensure veterans in Arkansas and around the country are not left responsible for a bill for emergency ambulance services? (VHA)

**UNITED STATES SENATE
COMMITTEE ON VETERANS' AFFAIRS
HEARING ON PENDING NOMINATION
Robert L. Wilkie, to be Secretary of Veterans Affairs
Questions for the Record from Senator Cassidy**

PROCUREMENT

7. A recent report by the Government Accountability Office (GAO) raised concerns about inconsistent implementation at the regional and local levels of national policies adopted by the Department. This has been a particular problem in the contracting process, with local contracting officers acting to overturn or deny contract awards based on a misinterpretation of the Supreme Court's decision in the *Kingdomware* case and the Department's related guidance regarding set-aside rules.

By overturning prior contract awards and declining to exercise contract option years, some contracting officers are potentially increasing costs for the VA and limiting Veterans' access to quality care. What are the Department's specific plans to address the GAO's findings and these serious concerns regarding inconsistent decision-making in the contracting process? (VHA)

8. In the Joint Explanatory Statement accompanying the Fiscal Year (FY) 2018 Consolidated Appropriations Act, Congress directed the VA to "issue additional guidance to provide a standard set of criteria for contracting officers to evaluate veteran-owned providers' capabilities and to take steps to ensure their implementation in a consistent manner across the VISNS, in alignment with the GAO's recommendations, especially with regard to option years."
- a. The Department is currently conducting a study of the impact of the *Kingdomware* decision, including potentially increased costs for the VA and reductions in access to care for Veterans. What conclusions have been reached by the VA based on this analysis, and when will the detailed findings be released for review by Congress and the public? (OALC)
- b. If confirmed, what immediate actions will you take as Secretary to ensure the issuance and consistent implementation of new guidelines to accomplish these objectives? (OALC)

FACILITIES

9. A recent Inspector General Audit found that costs are increasing for maintenance and repair work that has been put off for years. As buildings in the VA system continue to age – and many are already over 50 years old – isn't this problem only going to get worse? Are these deteriorating buildings threatening the core mission of delivering

healthcare to our veterans and what do you plan to do to address this issue if confirmed?" (VHA)

10. Your background in defense makes you aware of the Military Housing Privatization Initiative (MHPI), a Public-Private Partnership which allowed the Department of Defense to address its significant backlog of deferred maintenance. The Department of Housing and Urban Development borrowed extensively from the MHPI model for its Rental Assistance Demonstration (RAD) program to address a similar backlog in our nation's public housing. Since the VA is facing a similar deferred maintenance problem, would you consider evaluating elements of MHPI and RAD to address VA's facilities challenges?" (VHA)

MISSION ACT

11. Recently enacted into law, the VA MISSION Act provides the VA an additional \$5.2 billion to continue Choice through May 2019. However, it is my understanding the MISSION Act doesn't authorize additional resources to pay for the new program past May 2019 and into 2020. (OM)

With another funding gap on the horizon, it seems extremely important that the VA continues to seek increased public-private partnerships with capable organizations that can successfully fulfill the needs of our Veterans while providing for efficient and effective allocation of limited government resources.

These public-private partnerships can result in creative and innovative ideas to provide enhanced benefits and services to our Veterans.

Under your leadership, does the VA plan to seek new, innovative approaches to leverage public-private partnerships and that stretch limited government resources?" (Strategic Partnerships)

EHR

12. In January 2018, the GAO issued a report on VA's health IT Modernization, EHR. It noted "the Department's dedication to completing and effectively executing the planning activities that it has identified will be essential to helping minimize program risks and expeditiously guide this latest electronic health record modernization initiative to a successful outcome – which VA, for almost two decades, has been unable to achieve."

Without leadership and appropriate oversight the EHR program will not be successful. History has demonstrated that time and time again. On January 2018, the then Secretary signed organization charts for the EHR program which outlined the planned approach for phase 0 and phase 1. Both phases had the Deputy Secretary in charge of this important, critical initiative.

- a. Given that the Deputy Secretary position is vacant, who do you think should be in charge of EHR? And if the Deputy Secretary, who should take their place as that position is now vacant? Who should be held accountable? (Pam)
- b. The Department of Veterans Affairs operates the largest integrated health care system. The VA is undertaking an historic electronic health care record modernization program that could solve some of the health industry's long-standing challenges with respect to interoperability. To support this effort, a number of leading health systems voluntarily announced their support via an "Open API Pledge" which will advance API standards development and use. What are your thoughts on the continuation of the "Open API Pledge" and if you are not supportive of the pledge, how will you achieve true interoperability? (OEHRM)

Senator Mike Rounds
Questions for the Record for Mr. Robert L. Wilkie
Nominee to be Secretary of Veterans Affairs
Hearing June 27, 2018

13. Has the VA considered consulting with CMS on best practices to combat potential waste, fraud and abuse that may occur in the VA's legacy and future community care programs, to include the use of third-party contractors with expertise in identifying waste, fraud and abuse in other federal programs? (OM)

Questions for the Record for Robert L. Wilkie
Nominee to be Secretary of Veterans Affairs
From Senator Sullivan
June 27, 2018

14. Now that the VA is moving from a 2 region model (Triwest/HealthNet) towards the CARE concept and a 4 region model, the Community Care (CC) office has carved out Alaska into its own region due to high costs of serving the AK market. Upon confirmation, please commit to consulting with AK VA Healthcare System (AK VAHS) Director Dr. Timothy Ballard on the feasibility of allowing the local VA to assume oversight of the AK healthcare market as they did back in 2013. This includes setting up the provider network with provider agreements and taking back the billing/reimbursement process for Alaskan providers. (VHA)
15. I am asking these questions on behalf my constituent, (b)(6) “What is your vision for the VA in going forward? How can the VA be run more like a business that has accountability for its actions and treats the veterans of this country with fairness and respect?” (Pam)
16. I am asking this question on behalf my constituent, (b)(6) “I would like to ask if our VA can establish a special help desk for VSO and Tribal Veteran Representatives, so when a family member asks for a copy of their DD214 today, [they can receive immediate assistance.] I have been given many answers but there is still no quick way for us to attain a DD214....with one phone call and online takes forever.” (VBA)
17. I am asking this question on behalf my constituents, (b)(6) and (b)(6) “We called one of the VA phone numbers and they said on the recording that if there was someone who was feeling suicidal to call a hotline number or call 911. So why is it that the VA phone systems cannot give an immediate option to press a number to go immediately to the hotline or to the 911 services?” (VHA)
18. I am asking this question this on behalf my constituent (b)(6) “Can you seek out veterans [upon confirmation] and ask them what they need?” (VEO)
19. I am asking this question on behalf my constituents (b)(6) and (b)(6) “Why can't vets with 20 plus year or 100% disability get full dental coverage for all needs, routine cleanings, fillings, crowns, dentures, partials, etc.?” (VHA)
20. I am asking this question on behalf my constituents, (b)(6) and (b)(6) “Retired disabled vets have access through the VA, but also carry the Tricare military insurance. The VA process is very time-consuming or slow. We find that the veteran affairs primary doctors or Nurse Practitioners seem to be unwilling to refer us via the Tricare (to any other region in Tricare) from when requested by veterans to reach specialty doctors on the outside that are already part of the Tricare (TriWest) service or network partners for quicker access. Also, the regions for the VA and the regions for the Tricare create

difficulty to receive services because of the delays trying to cross over the region lines. The regions need to be seamless for the veteran. We understand it might work for the VA and Tricare to have management regions, but it doesn't work well for the veteran when we have to see doctors outside of our region or if we want to have services provided that might put us in the hospital and/or we want to be closer to family (especially for people in Alaska). Also, when we travel outside of Alaska to go see family members or for recreation, it is not a streamlined process for us to go see another doctor without having to call for some pre-authorizations to make sure that we're covered and the time zones from the East Coast to Alaska definitely doesn't help us at all trying to call back to Alaska during the day. So typically, we use urgent care or emergency room visits using our Tricare services and we pay the co-pays. Then we have to get copies of the records to bring back to the VA so they can scan them into MyHealth. Can you please improve this?" (VHA)

QUESTIONS FOR THE RECORD

Submitted by Senator Murray

“Hearing on the Pending Nomination of Robert Wilkie to be Secretary of Veterans Affairs”

Hearing June 27, 2018

TRANSGENDER VETERANS

You played a key role in developing the Administration’s ban on transgender troops. Thousands of transgender veterans rely on VA for their health care. (b)(5)

(b)(5)

(b)(5)

21. Will health care services provided to transgender veterans change if you are confirmed to lead the Department? (VHA) (b)(5)

(b)(5)

22. Will eligibility for benefits change for transgender veterans? (VBA)

23. Under the Trump Administration, the Department of Health and Human Services has indicated it will roll back protections designed to ensure transgender Americans are not discriminated against when seeking health care. Do you agree or disagree with the Administration’s policy of undermining health care access for transgender Americans?

(VHA) (b)(5)

(b)(5)

24. Will VA employees be treated with dignity and respect without fear of employment discrimination or harassment due solely to their gender identity or support for transgender individuals? (HRA) (b)(5)

DIVERSTIY

According to the Washington Post, you had worked as a staff member of Majority Leader Lott to oppose an equal pay resolution in the Senate in 1997. (b)(5)

(b)(5)

25. Do you support equal pay for equal work, and would you support a resolution affirming that women should be paid equally for equal work in the VA and all workplace? (HRA) (b)(5)

(b)(5)

It has also been reported that you attended Confederate memorial ceremonies and fought to protect images of the Confederacy in a United State patent.

Given how so many veterans and other Americans view the Confederate flag and the associations it has with slavery and the darkest moments of our nation's history—

26. How would you assure people that under your leadership, VA would be truly committed to diversity and opposed to racism—and what specific steps would you take to make this a reality? (HRA) (b)(5)

SEN. HIRONO:

Thank you. Now, there are -- the article also noted some other positions that you took, because you worked for some very conservative people, such as, of course, in addition to Senator Lott, Senator Helms, and they had some views that would now be deemed very offensive.

So considering that there is some concerns being raised about your own attitudes toward the kinds of views that your previous bosses held, would you welcome the scrutiny that you will probably face based on your past positions to make sure that you are treating women and minorities fairly and with respect as the head of the V.A., should you be confirmed?

MR. WILKIE:

(b)(5)

(b)(5)

27. Would you support Confederate flags at VA facilities or cemeteries? (NCA) (b)(5)

(b)(5)

28. Please submit for the record the text of any speeches or remarks you gave at Confederate memorial events. (Pam)

SEXUAL HARASSMENT

You were a key player in implementation of the Department of Defense's new sexual harassment policy. Currently VA has significant problems in this area, including as shown in a recent report by the Merit Systems Protection Board. In your confirmation hearing you indicated you would do a comparison between the Department of Defense policy and VA policy.

29. In your view, what types of policies are most effective in combatting sexual harassment in the workplace? (HRA)
30. Please provide more information about how you will work to change the culture at VA to reflect American values and standards of behavior. (HRA)

EDUCATION

31. The Forever GI Bill included provisions restoring benefits to veterans who attended Corinthian Colleges, Inc. and ITT Education Services, Inc.. However, VA has struggled to get in contact with potential beneficiaries and has had a low level of take-up in benefits restoration. What methods would you commit to employing to ensure that benefits restoration is provided to all of those eligible? (VBA)
32. Many outside experts and veterans service organizations have indicated that they believe the "90/10 loophole" results in the improper targeting of veterans by predatory colleges and training programs. Do you believe it is reasonable to close the "90/10 loophole" for for-profit colleges, and to count veteran and military benefits as part of the 90 percent cap on federal funding? If not, please explain why you do not think this is reasonable. (VBA)
33. After the confirmation hearing for Former Secretary of Veteran Affairs David Shulkin, he was asked in writing whether Department of Veterans Affairs Post 9/11 GI Bill and Department of Defense Tuition Assistance benefits, paid for by federal taxpayers, are federal funds. He replied simply "Yes" that they are indeed federal funds. Additionally, a Senate Appropriations Committee hearing last year with Secretary of Defense James Mattis, he was asked a similar question, and Secretary Mattis said that "with respect to the Department of Defense Tuition Assistance benefits, yes, the Department agrees that these benefits are federal funds approved by Congress." Do you believe that GI bill benefits, paid for by federal taxpayers, are federal funds? (VBA)
34. Do you believe it is reasonable to expect that institutions of higher education receive at least 15 percent of their revenues from sources other than taxpayer dollars, including veterans' benefits? If not, please explain why you do not think this is reasonable. (VBA)

35. The U.S. Department of Education (ED) recently announced a process to share data with VA to enable the discharge of federal loans for totally and permanently disabled veterans with a 100 percent service-connected disability. This arrangement allows ED to identify such veterans who are eligible, but still requires them to submit a form to process this discharge. I have previously called on these discharges to be automatic for totally and permanently disabled veterans, particularly given that there are no tax consequences to the discharge. Do you agree that these loan discharges should be automatic? (VBA)
36. The Consumer Financial Protection Bureau (CFPB) is currently involved in litigation with Navient, one of the nation's largest student loan companies, which has been alleged to have harmed millions of student loan borrowers, including thousands of disabled veterans. Can you commit to meeting with Acting Director Mulvaney, or his successor, to discuss the allegations of harm against veterans by the student loan industry, including Navient? (VBA)
37. The Department of Defense has called the Public Service Loan Forgiveness (PSLF) program a “powerful incentive for public service-minded people to pursue a career in the Armed Forces of the United States.” Do you agree that the PSLF program is an important tool for VA to recruit qualified individuals to serve our nation’s veterans? (VBA)

**Post-Hearing Questions for Nominee
Mr. Robert L. Wilkie, to be Secretary of Veterans Affairs
From Senator Bernard Sanders**

38. It is my understanding that you support President Trump's ban on transgender service members. Quite frankly, I think this ban is reprehensible for both moral and national security reasons, and I am extremely disappointed to see you support it. I am also gravely concerned about how this support will influence your actions if you are confirmed as the Secretary of the VA. Right now, we have transgender veterans throughout this country who are entitled to, and receive, health care at the VA. Can you assure me that, if you are confirmed, you will take no action to limit access to care to transgender veterans and you will endorse all activities of the VA that support our LGBT veterans? (Pam) V (b)(5)

(b)(5)

39. During our conversation last week, I very much appreciated your clear understanding of the value of, and science behind, integrative health care – practices like yoga, guided meditation, and acupuncture. I have long fought to increase access to these proven-effective health care options for veterans. If confirmed, will you commit to work with me and the committee to continue the expansion of these options within the VA – both at medical centers and clinics? (VHA)

40. How much additional funding do you think the VA needs to really expand these integrative health care services to the veterans that could benefit from them? (VHA)

41. As women continue to play a vital role in our military operations, it is my belief that we have an obligation to honor their service and sacrifice when they return home and transition to civilian life. Can you expand on how you will specifically address and improve essential health care services for women veterans at VA facilities? (VHA)

42. I appreciate your acknowledgement, both in our meeting and in your public testimony, of the importance of the communal aspect of the VA, as a place where veterans know their unique experiences are understood. How will you make sure that any VA resources directed into private care are matched by spending on internal VA needs such as infrastructure and hiring, making sure that we have a strong VA into the future? (VHA)

**Post-Hearing Questions for
Robert Wilkie, nominee to be Secretary of Veterans Affairs
from Senator Brown**

43. The VA has been treating our service members since the 1930's and the buildings that house these medical centers are rapidly aging. Can you commit to allocating the resources required to modernize and upgrade aging VA medical facilities if confirmed? (VHA)
44. What are your plans to align the VA's physical infrastructure with the services that they provide? (VHA)
45. The Military Housing Privatization Initiative (MHPI) was established to ensure that the military had the flexibility to address pressing housing needs for our veterans. The program has reportedly suffered from extreme maintenance and repair backlog that threatens the safety of thousands of vets and their families. What are your plans to eliminate this backlog if confirmed? (VHA)

**Senator Blumenthal
Questions for the Record
Wilkie Nomination
Hearing, June 27, 2018**

Transgender Veterans

46. Please provide a written commitment that you will not deny transgender veterans access to the specific health care and resources they need – including the care they currently can receive through VA such as gender transition counseling, evaluations for hormone therapy, and evaluations for gender transition surgeries. (VHA) (b)(5)

(b)(5)

47. As Undersecretary for Personnel and Readiness, you were responsible for overseeing DoD's transgender service panel. Can you please provide answers to the following questions (b)(5)

(b)(5)

- a. Please provide a list of the medical professionals with expertise in gender dysphoria who testified before the panel and a description of their expertise, as well as a list of the medical professionals with expertise in gender dysphoria who were involved in drafting the report and recommendations and a description of their expertise. (Pam)
- b. Please provide a list of any government employees who testified before the panel, as well as a list of any government employees who were involved in drafting the report and recommendations. (Pam)
- c. Please provide a list of any other non-government employees who testified before the panel, as well as a list of any other non-government employees who were involved in drafting the report and recommendations. (Pam)

Interference in VA Operations by Private Citizens

48. There are several reports of individuals using their political connections to the President to influence the VA with little to no transparency of the nature of these contacts. Please provide the Committee records of your contacts with CEO of Marvel Entertainment, Ike Permuter; West Palm Beach physician, Dr. Bruce Moskowitz; and restructuring consultant at Alvarez & Marshal, Mark Sherman while you served as Acting Secretary or while awaiting your confirmation. Please provide the date of each contact, the purpose of the contact, and disclose any information you provided to them concerning the VA. (Pam)

Recognizing Service-Connected Radiogenic Disabilities for Palomares Veterans

49. In 1966, approximately 1,600 servicemembers participated in the clean-up of plutonium dust dispersed by the conventional explosion of two U.S. nuclear bombs that resulted from a mid-air collision near Palomares, Spain. To date, the VA has failed to exercise its authority to presumptively recognize the connection of radiogenic diseases these veterans suffer to their service cleaning up radioactive dust.
- a. If confirmed, will you commit to reviewing the claims of Palomares veterans suffering from service-connected radiogenic disabilities and diseases? (VBA)
 - b. Can you please describe the process you will use to evaluate the claims of Palomares veterans and what steps you will take to ensure their claims are given a full and fair review? (VBA)
50. The VA has relied on the Air Force's scientifically flawed dose estimate methodology which underestimates radiation exposure, thus denying service-connected disability claims for radiogenic diseases by Palomares veterans.
- a. If confirmed, will you use your authority to ensure the VA relies on a scientifically valid dose estimate methodology to evaluate service-connected radiogenic disability claims, including for Palomares veterans? (VBA)

**SENATOR MAZIE K. HIRONO
QUESTIONS FOR THE RECORD**

**SENATE VETERANS' AFFAIRS COMMITTEE
HEARING ON VETERANS AFFAIRS SECRETARY NOMINEE
ROBERT WILKIE
(June 27, 2018)**

Transgender Veterans

51. In your current position as Undersecretary of Defense for Personnel and Readiness, you played a central role in implementing President Trump's transgender ban in the military, a blatantly discriminatory attack on those who have volunteered to risk their lives for our country. You told me in our meeting that VA needed to become a more welcoming place for all veterans especially for women veterans (b)(5)

(b)(5)

a. Does this welcome extend to transgender veterans? (Pam) (b)(5)

(b)(5)

b. How do you justify the transgender ban you implemented while also stating you wish to make the VA more inclusive? (Pam) (b)(5)

(b)(5)

Ethics

52. If you were asked by the President or anyone in the Administration to do something illegal, unethical, or immoral, would you comply? If not, would you be willing to resign? (Pam)

Plan to End Veteran Homelessness

53. As Secretary, you will be responsible for managing over \$1 billion in funding to assist homeless veterans and their families. While we have made progress in reducing veteran homelessness (47 percent decline since 2010), the VA did not meet its goal of ending it by the end of 2015.

Moving forward, if confirmed, what is your plan to realize this goal and also improve the transition process to prevent homelessness? (VHA)

Communication between VA and veterans

54. One of the issues I often hear from veterans in Hawaii is the lack of access to information and VA outreach to the neighbor islands on their earned benefits. If confirmed, can you keep an open line of communication between VA and veterans of all generations using

the methods of communication they feel most comfortable with? (OPIA) (b)(5)

Veteran Small Business Contracts at VA

55. The VA is required by law to prioritize veteran-owned small businesses in procuring its goods and services. However, I have been hearing from veteran small businesses in Hawaii and nationally that the VA has not fully complied with this mandate. What actions will you take to ensure the Department is meeting this obligation to veteran small business owners? (OALC)

Filipino Veterans Equity Compensation Fund

56. The American Recovery and Reinvestment Act of 2009 established the Filipino Veterans Equity Compensation Fund that provides a one-time benefit payment to eligible Filipino World War II veterans. Over 40,000 claims for this one-time benefit were received and processed. While more than 18,000 claims have been approved, nearly 24,000 were denied. As of September 2017, VA estimates 11 appeals were pending with VBA and the Board of Veterans' Appeals. These cases can ultimately be appealed the Court of Appeals for Veterans Claims as well. As the Filipino veterans are now in their 90s, the urgency of resolving their applications cannot be emphasized enough. Can you commit that you will not use FVEC funds for unrelated purposes, make their claims a priority and work with advocates like the Filipino Veterans Recognition and Education Project so that they receive the benefits they earned? (VBA)

Questions for the Record for Nominee for Secretary of US Department of Veterans Affairs
Robert L. Wilkie, from Senator Joe Manchin III
June 27, 2018

57. With VA's expertise on substance abuse and the Department's robust Office of Research and Development, I believe that the VA is well equipped to be on the forefront of alternative pain therapy research for the entire country.
- a. Please elaborate on how you will increase the number of alternative treatments for pain management. (VHA)
 - b. What investments will you make and are there authorities you need from Congress? (VHA)
58. The VA has pursued a number of significant electronic health record (EHR) modernization efforts over the past two decades with lackluster results. This includes the 'integrated EHR' (iEHR) initiative, a joint program between the VA and DoD that was intended to replace their separate EHR systems with a single, shared system; iEHR was abandoned in February 2013 and the Secretaries of VA and DoD announced they would not continue development of a joint system.
- a. How is the current EHR modernization (EHRM) initiative distinct from previous efforts? (OEHRM)
 - b. What approaches will you take to ensure this effort succeeds where others have failed? (OEI – OEHRM)
59. 'Big Data' is becoming increasingly important in medical research to discover risks, causes, and treatments for diseases afflicting Veterans, including PTSD, suicide, and substance abuse. Because the VA research program is embedded in a hospital system that utilized EHRs for decades, the VA is in a unique position to make advancements in this area. Studies that leverage and combine very large data sets (genomics, EHRs, imaging data, etc) require significant investments in IT infrastructure, however.
- a. How is the VA investing in research IT infrastructure? (OIT)
 - b. Does the VA have the IT resources it needs to fully take advantage of all the data it is collecting to improve Veteran health? (OIT)
60. The VA MISSION Act contains an Infrastructure and Asset Review (AIR). In the act congressional intent was clear that AIR commission members appointed by the President will be by and with consultation of the Senate and that he has to consult with majority and minority leadership of both houses and the VSOs. However, in his signing statement

the President said “*After reviewing recommendations of the Secretary regarding modernization and realignment of facilities of the Veterans Health Administration, the Commission will make recommendations for the President’s approval or disapproval. I anticipate that I will be able to consult with members of Congress on these appointments and will welcome their input, but a requirement to consult with the Congress in executive decision-making violates the separation of powers, including where the Congress has vested the President alone or a department head with authority to make appointments. I will accordingly treat this provision as hortatory but not mandatory.*”

- a. Do you agree with the President’s statement? (Pam)
 - b. When the AIR is implemented will you advise the President to consult with members of Congress in both chambers and on both sides of the aisle on these appointments? (Pam)
61. The most recent data from HUD found that the number of homeless veterans increased by almost 2 percent from 2016 to 2017, the first time the number has risen since 2010. Meanwhile, over the past year, VA has issued and subsequently reconsidered proposals to terminate or reallocate funding within programs like Grant Per Diem and HUD-VASH. This has left providers in West Virginia concerned about whether their grants will be renewed and forced difficult decisions on staffing and capacity.
- a. How do you plan to keep local providers informed of changes relevant to their grant programs in a timely manner? (VHA)
62. On March 7th, then-Secretary Shulkin announced a nationwide restructuring plan that included the consolidation of three Veteran Integrated Service Networks (VISNs) into one. West Virginia’s VA hospitals would be lumped together with hospitals in the Desert Pacific and New England under a single VISN. The VA was expected to release a report on July 1st on the long-term plan for VISN reorganization.
- a. Do you plan on moving forward with the organizational restructuring? (VHA)
 - b. If confirmed, do you commit to keeping the Veterans Affairs Committee informed on the status of the VISN consolidation and realignment? (VHA)
63. It is well known that many hospitals and CBOCs in the VA system need renovations and maintenance. The process the VA uses to prioritize minor construction projects is not very transparent, however.

- a. What meaningful steps can you take to increase transparency and ensure minor construction dollars are being spent effectively? (VHA)
64. You have mentioned there would be value in the VA adopting private sector business practices for processes like managing supply chains.
- a. Can you elaborate on how you intend to use private sector practices to improve Veteran services? (OEI)
 - b. What specific VA processes would you update using private sector practices? (OEI)

From: Powers, Pamela
Sent: 7 Aug 2018 01:01:18 +0000
To: Robert Wilkie
Subject: RE: [EXTERNAL] Fwd: (b)(6) reaching out — Veterans charity concert in L.A.

Will do so.

Sent with Good (www.good.com)

From: Robert Wilkie
Sent: Monday, August 06, 2018 5:50:13 PM
To: Powers, Pamela
Subject: [EXTERNAL] Fwd: (b)(6) reaching out — Veterans charity concert in L.A.

Have our PA take a look.

Robert Wilkie
(b)(6)@verizon.net

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

From: (b)(6) Strategies (b)(6)@gmail.com>
To: Robert Wilkie (b)(6)@verizon.net>
Sent: Mon Aug 6, 2018 8:41 pm
Subject: (b)(6) reaching out — Veterans charity concert in L.A.

Robert, I'm working with (b)(6) formerly with Leader Michel and Speaker Gingrich, to promote and support a veterans event designed to raise money for Veterans' mental health and brain wellness programs. This Veterans charity concert is set for late Oct.

We'd love to have you there and we can discuss further with you. I certainly recognize the demands on your time and completely understand if it's something that might be tough to make. I was thinking it might fit nicely if you had plans to visit any CA facilities around that same time.

The other focus for us right now is to find folks passionate about our Vets willing to support and join this effort. In that vein we are really focused on wanting to get Ike Perlmutter and the Marvel actors possible participation and support. If he was willing to support personally and encourage his Marvel actor community to engage also, we think the event could be really special.

I'm attaching a slide deck about the event for your review. This is the third year its been put on -- proceeds go to help our vets especially their mental and brain wellness issues they grapple with: PTSD, emotional and psychological ailments, etc...

I'm also happy to get you any other information you might need with regard to how the funds are donated and spent,etc.

Bob and I would really like to talk with you further about it in person or over the phone, again

whatever is easiest for you. Tried to keep this email brief, so easier to digest.

Best number for me is my cell (202) 441-(b)(6) and this email address.

Proud that you're in charge of our Veterans. I know they have no better leader or advocate.

My best,

(b)(6)

>

From: Robert Wilkie
Sent: 6 Aug 2018 20:50:13 -0400
To: Powers, Pamela
Subject: [EXTERNAL] Fwd [REDACTED] reaching out — Veterans charity concert in L.A.
Attachments: Guitar Legends II_2018 v.7.pdf

Have our PA take a look.

Robert Wilkie
[REDACTED]@verizon.net

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Proud that you're in charge of our Veterans. I know they have no better leader or advocate.

My best,

[REDACTED]



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GUITAR LEGENDS 2

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GUITAR LEGENDS 2

The Guitar Legends for Heroes 2 Concert Event/Campaign, the third in a series of nationally broadcast benefit concerts, and the second by this name.

- It will be produced by AXS and streamed globally live by YouTube, Facebook Live, Snapchat, et al, with national/global broadcast distribution options in discussion, on October 29th, 2018 from the Los Angeles ***Novo Theater*** <http://www.thenovodtla.com>
- Funds will be raised via variety of platforms including text-to-donate, online, phone banks, VR/AR and ticket sales for donation to noble non profits.
- Awards will be presented to notable heroes and non-profits making a difference (to all those in need including veterans, first responders, etc).
- Target Artists/Talent: Billy Gibbons, Slash, John Mayer, Steve Miller, Sammy Hagar, Don Felder (lead guitarist for the Eagles), Santana, Irish Tenor Anthony Kearns, et al (Still finalizing details with talent).
- This concert series is the parent to the Global Harmony Mental Wellness Concert (#3 pending April 2019).



FROM INNER PEACE TO GLOBAL PEACE

The background of the top section features a black and white image of a globe. Silhouettes of several guitarists are positioned around the globe, some playing. The text 'AMERICA SALUTES YOU' is written in a bold, sans-serif font at the top left.

AMERICA SALUTES YOU

presents

GUITAR LEGENDS 2

DEFINING OUR MISSION & OBJECTIVES

***Mental and Brain Wellness** includes emotional, psychological & social well-being, and permeates every area of our global community - education, the work place, politics, media, entertainment, and our personal lives (family and friendships); it impacts every stage of life, from childhood and adolescence through adulthood.*

IT IS OUR MISSION:

*To raise awareness and support for worldwide high impact charities dedicated to accelerating positive **Mental and Brain Wellness** across all cultures.*

To connect all communities, cultures, heroes and their comrades in Global Harmony via the vibrational celebration of music, utilizing traditional and new media broadcast platforms worldwide.

FROM INNER PEACE TO GLOBAL PEACE

The bottom right corner features a silhouette of a crowd of people. One person in the center is holding their hands up to form a heart shape. To the right, another person is holding up a glowing lightbulb. The background is dark with some light rays emanating from the lightbulb.



AMERICA SALUTES YOU

presents

GUITAR LEGENDS 2

SPEAKERS • MEDIA PARTNERS • ADVISORS

- **Educational video vignettes** will be featured during the broadcast honoring non-profits and heroes as we illuminate upon the issues - and solutions - touching all of our lives.
- **Media Partners** include *K-LOVE, TIME, Inc., iHeart Media, the Entertainment Industries Council, others TBD.*
- **Production Partners** include AXS-TV, Aemass (AR), 3D Paint (VR).

FROM INNER PEACE TO GLOBAL PEACE



AMERICA SALUTES YOU

presents

GUITAR LEGENDS 2

GLOBAL HARMONY * TEAM HISTORY

This Concert Series is the outcome of multiple recently produced events:

- **2017 *Guitar Legends for Heroes*** - Star studded highest rated Multi-Artist Benefit Concert for Veterans syndicated and aired nationally across all U.S. Networks (<https://youtu.be/RzPFsfB-nyY>) December 23, 2017.
- ***One America Appeal*** – Benefit Concert Martin Guigui helped organize and Music Directed for Hurricane Relief on October 17, 2017 with Lady Gaga, Alabama, Lyle Lovett, Lee Greenwood, Sam Moore, and hosted by the 5 living Presidents: Jimmy Carter, George H.W. Bush, George W. Bush, Bill Clinton and Barack Obama – Event raised \$43 million for Hurricane relief (<https://youtu.be/A1o0WIGl190>).
- **The *Unity for Peace* (2010), *Unity for Vets* (2011) and the *Miami Rocks the Troops* (2012) benefit Concerts.**

FROM INNER PEACE TO GLOBAL PEACE



AMERICA SALUTES YOU

presents

GUITAR LEGENDS 2

THE EXECUTIVE PRODUCTION TEAM

- **Bob Okun** was Executive Producer of the nationally broadcast veterans annual benefit concert series “*America Salutes You*”. A former American Assistant Secretary of Education, Bob headed up NBC Universal's Washington, DC office for 17 years and is currently CEO of The O Team, LLC (www.theoteam.biz). Okun also serves as CEO of *Thanks USA* a national non-profit awarding post secondary school scholarships to the children and spouses of active duty military personnel.
- **Martin Guigui, Music Director**, is an award winning producer, filmmaker, and music director. Guigui has recorded, produced, shared the stage, and worked with iconic Rockn’ Roll Hall of Famer’s and Hollywood’s biggest stars. Most recently Guigui was the Music Director for the “*One America*” concert which featured the 5 living U.S. Presidents and raised \$42 million dollars for hurricane relief.
- **David C. Traub** is an award-winning multi-media Producer (*Jobs, The Bronx Bull, Lawnmower Man*), digital (*GCH Foundation - SDG Network*), gaming (*Promised Land, On the Road with BB King*) and concert events (*Unity for Peace, Unity for Vets, Miami Rocks the Troops*) with a Masters Degree from Harvard University specializing in mental health and economic development education via entertainment and technology.

FROM INNER PEACE TO GLOBAL PEACE



AMERICA SALUTES YOU

presents

GUITAR LEGENDS 2

SUPPORTING NON-PROFITS AND HEROES

Non Profit & Individual Beneficiaries

- For this concert series we are identifying 10 non-profit organizations, each representing one of ten categories of mental wellness challenges, that will be beneficiaries of Global Harmony 2018. Production will additionally create and produce educational video vignettes introducing and promoting the innovative work, solutions and challenges being addressed by each non-profit and hero.
- The domains of pervasive mental wellness we are addressing include: Anxiety, Depression, PTSD, Suicide, Traumatic Brain Injury (TBI/TBE), Pain management, Bullying, School Violence, Addiction, Empathy and Compassion and General Psychological Literacy.

FROM INNER PEACE TO GLOBAL PEACE



AMERICA SALUTES YOU

presents

GUITAR LEGENDS 2

SPONSORSHIP

Charity ROI and Sponsor Benefit

All sponsors will be included in both the final broadcast and in all pre and post concert promotional activities, social, paid, and earned media, merchandise, etc.

- 80% of all proceeds to directly to Charities and beneficiaries.
- 20% to cost of social media and web campaign to continue messaging and education throughout the year culminating in **Global Harmony 2019**.

Sponsor benefits: Behind the scenes participation in LA, including VIP tickets; photo ops with artists; pre-show Awards Dinner and auction. Commercial spots in the final broadcast; logo included on site and in all written materials. Logo inclusion in all social media, broadcast TV and radio/streaming promotion leading up to the concert, including interviews with talent opportunities.

- Presenting Sponsor: \$1 million
- Major Sponsor: \$500,000
- Sponsor: \$250,000
- Supporter: \$50,000

FROM INNER PEACE TO GLOBAL PEACE



AMERICA SALUTES YOU
presents

GUITAR LEGENDS 2

For further information:

Bob Okun • Executive Producer • 301-502-8772 • Bob.Okun@TheOTeam.org



MUSIC IS THE UNIVERSAL LANGUAGE OF THE HEART

From: Ullyot, John
Sent: 10 Aug 2018 07:31:17 -0700
To: Powers, Pamela
Cc: Syrek, Christopher D. (Chris)
Subject: FW: NY Times piece on VA Personnel changes

Pam – see below on the New York Times piece that we discussed.

I spoke yesterday with (b)(6) who runs Cabinet Affairs communications at the White House. I told him that the NY Times is writing a negative piece that will run as soon as today on rumors of personnel changes and delays in decision-making about senior leadership now that SecVA Wilkie is in his second week.

This piece will likely drive a lot of secondary coverage that will make any subsequent decisions look like reactions to the negative coverage. This is not what we need at the start of SecVA's tenure.

The key thing is that – if we can do a release this afternoon that announces the topline personnel changes, it will likely blunt or kill the main thrust of the NY Times piece, and instead drive a positive story in all outlets about SecVA getting his leadership team in place.

Please advise – we would need to issue the release around 2 p.m.

Thanks,

John U.

John Ullyot

Assistant Secretary for Public and Intergovernmental Affairs
U.S. Department of Veterans Affairs
202-461-7500 office
john.ullyot@va.gov



Choose VA

From: (b)(6)@va.gov>
Date: Friday, August 10, 2018 at 10:19 AM
To: John Ullyot <John.Ullyot@va.gov>
Subject: FW: [EXTERNAL] Personnel changes

From: (b)(6)
Sent: Thursday, August 09, 2018 12:04 PM
To: David Philipps (b)(6)@nytimes.com>
Subject: RE: [EXTERNAL] Personnel changes

VA has no personnel announcements at this time.

Thanks,

(b)(6)
Press Secretary
Department of Veterans Affairs
202-461-(b)(6)
(b)(6)@va.gov
@ (b)(6)

From: David Philipps [mailto:(b)(6)@nytimes.com]
Sent: Thursday, August 09, 2018 11:59 AM
To: (b)(6)@va.gov>
Subject: Re: [EXTERNAL] Personnel changes

Does "no personnel announcements" mean no one has been moved, or that you are not saying who has been moved?

Dave Philipps



(b)(6)@nytimes.com
Colorado Springs, Colorado
c: 719-235-(b)(6)

On Thu, Aug 9, 2018 at 9:58 AM (b)(6)@va.gov> wrote:

Hi, (b)(6) Please see below, attributable to me, and please confirm receipt. Thanks.

Q: Can you tell me what Sandoval's new position will be? Several have suggested that if Wilkie is unable to name new staff it will show the continued influence of "the Mar-a-lago" crowd. Can you ask Wilkie if he would like to talk to me about his personnel plans?

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We appreciate hearing from experts both inside and outside VA as we look for better ways to serve our nation's heroes. This broad range of input from individuals both inside and outside VA has helped us immensely over the last year and a half – a period that hands-down has been VA's most productive in decades.

Under President Trump's leadership, VA has made groundbreaking progress, particularly in the areas of accountability, transparency and efficiency across the department while enjoying an unprecedented series of legislative successes.

We look forward to building on these improvements as we continue to reform VA under President Trump.

(b)(6)

Press Secretary
Department of Veterans Affairs
202-461-(b)(6)

(b)(6)@va.gov
@ (b)(6)

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Deadline is Thursday evening. Not sure on the pub date

Dave Philipps



(b)(6)@nytimes.com
Colorado Springs, Colorado
c: 719-235-(b)(6)

On Wed, Aug 8, 2018 at 3:40 PM (b)(6)@va.gov> wrote:

What is your deadline and publication date?

(b)(6)

Press Secretary

Department of Veterans Affairs

202-461-(b)(6)

(b)(6)@va.gov

@(b)(6)

From: David Philipps [mailto:(b)(6)@nytimes.com]

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Colorado Springs, Colorado
c: 719-235-(b)(6)

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Dave Philipps



(b)(6)@nytimes.com
Colorado Springs, Colorado
c: 719-235-(b)(6)

From: Powers, Pamela
Sent: 10 Aug 2018 14:57:09 +0000
To: (b)(5) EOP/WHO
Subject: FW: NY Times piece on VA Personnel changes

(b)(5) FYSA. We would like to (b)(5) (b)(5)
(b)(5) ds

Heading to a meeting but can chat at lunch, if desired.

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Cc: Syrek, Christopher D. (Chris)
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Colorado Springs, Colorado
c: 719-235-(b)(6)

--

Dave Philipps



(b)(6)@nytimes.com
Colorado Springs, Colorado
c: 719-235-(b)(6)

From: (b)(6)
Sent: 11 Aug 2018 13:21:42 -0700
To: Wilkie, Robert L., Jr.; Powers, Pamela; Byrne, Jim (OGC); Missal, Michael J. (OIG); Tucker, Brooks; (b)(6)@vetaff.senate.gov; (b)(6)@mail.house.gov; (b)(6)@vanhollen.senate.gov; (b)(6)@mail.house.gov; (b)(6)@mail.house.gov
Subject: Begging For Help Stop the Scandals Please Take Action

Good afternoon Honorable Secretary Wilkie I'm again reaching out to you because I have exhausted all avenues with the VA Medical Center chain of command to have corrected Chief (b)(6)'s illegal reassignment of me from a Police Officer to a Program Support Assistant in which I have lost thousands of dollars in pay and my wife and three babies are suffering. The illegal reassignment was a text book maneuver for attacking a whistleblower. I have already proved countless times through physical evidence, and numerous witness that Chief (b)(6) legally changed my job title and series. Chief (b)(6) told me the orders came directly from Lawrence Cornell illegally reassign me. Instead of correcting this issue which from my understanding has to come from the Director's office, I'm being forced to wait for a settlement proposal which if I don't sign and fully agree to drop all my complaints, my job title and pay will not be fixed. I'm being revictimized as a white Jewish Police Officer and this action in itself is the definition of extortion a criminal offense.

If my case goes before a judge, the VA general counsel is going to have a hard time explaining why Officer Blackshear an African American Female who failed the VA Basic Law Enforcement Academy (LETC), and is being sent back to LETC, wasn't reassigned didn't have her job title as a Police Officer changed and didn't lose pay. Please noted I have no animosity against Officer (b)(6) she is going to be an outstanding officer, and I'm continuing to help her.

Honorable Secretary Wilkie it's been over a year now since I and fellow Law Enforcement Officers have brought to the attention of corruption, and abuse regarding criminal and administrative violations committed against me, employees, patients, veterans and their families. For over a year these complaints and outcries for help have been brought to the attention of, (b)(6) (b)(6) David Shulkin, (b)(6) (b)(6) Connell, Lawrence B. , Clancy, Carolyn, Leinenkugel, Jake , Steven Young (b)(6) Bowman, Thomas ,Ulliyot, John (b)(6) Peter O'Rourke, etc. I even attempted to reach out to the Mar-a-Lago Crowd Ike Perlmutter, Dr. Bruce Moskowitz, and Marc Sherman for help realizing their enormous influence on Honorable President Trump. They kept coming up through research which I conducted last year. This was out of desperation and I didn't know at the time their role with the VA until the recent news articles came out this week.

To my knowledge for over a year all these individuals where informed at one point and time of the numerous **Criminal** and Administrative violations being committed and to present date there has not been one formal investigation conducted.

To my knowledge for a year not one official investigative file was created, evidence was not maintained, witness statements and interviews were not collected, etc.

To my knowledge no one has been held accountable for these horrendous acts and crimes.

Honorable Secretary Wilkie I would like to respectfully ask you sir who or what entity will you put in charge to do the righteous and honorable service and conduct an official investigation and rectify this situation?

Sincerely,

(b)(6)

"When a veteran comes to Veterans Affairs, it is not up to him to employ a team of lawyers to get VA to say yes," "It is up to our department to get that veteran to yes."

Cited: (Honorable Secretary Robert Wilkie Jr.)

From: Powers, Pamela
Sent: 20 Aug 2018 21:27:39 +0000
To: (b)(6) (Veterans Affairs)
Subject: RE: Alert: Roll Call: Republicans Won't Probe Influence of Trump Friends at Veterans Department

Copy, thank (b)(6)

From: (b)(6) (Veterans Affairs) [mailto:(b)(6)@vetaff.senate.gov]
Sent: Monday, August 20, 2018 5:10 PM
To: Powers, Pamela; Tucker, Brooks
Subject: [EXTERNAL] FW: Alert: Roll Call: Republicans Won't Probe Influence of Trump Friends at Veterans Department

icymi

From: (b)(6) (Veterans Affairs)
Sent: Monday, August 20, 2018 12:05 PM
To: x
Cc: x
Subject: FW: Alert: Roll Call: Republicans Won't Probe Influence of Trump Friends at Veterans Department

Roll Call: Republicans Won't Probe Influence of Trump Friends at Veterans Department

By Lauren Clason

Top Republican lawmakers have no plans to examine the alleged influence that a trio of President Donald Trump's friends have at the Department of Veterans Affairs, even as Democrats call for an investigation.

The controversy peaked in recent weeks after reports that Marvel Entertainment Chairman Ike Perlmutter, Palm Beach doctor Bruce Moskowitz and D.C. lawyer Marc Sherman hold undue sway with VA leadership, including senior adviser Peter O'Rourke, who formerly served as acting secretary. Liberal veterans group VoteVets filed a lawsuit against the administration last week, claiming the VA is violating federal protocol related to private influence in matters of federal policy.

Scrutiny of the department is high as recently confirmed Secretary Robert Wilkie assumes control of a massive overhaul of the popular Veterans Choice Program giving veterans access to private doctors. Veterans groups are closely watching how the department will implement the bipartisan project, particularly whether it will funnel more resources away from VA facilities.

Multiple Democrats have called for an investigation into the influence of the three outsider advisers to Trump, and House VA Committee ranking member Tim Walz is seeking details of

correspondence from the department. But Republican leaders of both the House and Senate veterans committees don't agree the issue warrants congressional intervention.

Senate Veterans' Affairs Committee Chairman Johnny Isakson said the problem was largely solved after Wilkie was sworn in last month.

"I think we're moving ahead," he said. "Most of them are out of there."

Isakson added that the three men worked around the committee but never affected the committee's agenda.

"There wasn't anything I could do about it," he said. "It never caused us any trouble. It was certainly disruptive and held the VA back some, but we got a great secretary now."

A spokeswoman for Tennessee Republican Phil Roe, Isakson's counterpart on the House Veterans' Affairs Committee, said Roe also believes Wilkie is capable of running the agency independently despite outside pressure.

The VA has also rejected the notion that the three friends ever had any direct influence over the department.

"Secretary Wilkie has been clear how he does business — no one from outside the administration dictates VA policies or decisions — that's up to him and President Trump," spokesman James Hutton said in an email. "Period."

But Democrats aren't satisfied. Democratic Reps. Julia Brownley and Ann McLane Kuster have petitioned VA Inspector General Michael Missal to investigate and asked Roe to hold a hearing on the matter.

"Not only are these individuals making policy decisions without nomination by the President or Senate confirmation, they have reportedly made personnel decisions that adversely affected the careers of numerous VA employees who felt their counsel was contrary to the delivery of quality care to our nation's veterans," the congresswomen wrote to Missal.

Republicans are less concerned. Sen. Mike Rounds said he has concerns about the VA, but they don't include Trump's friends.

"I don't know that it's necessary to investigate it," he said. "I think if the president wants to have discussions, he most certainly is welcome to bring in outsiders to have discussions."

GOP Sen. Bill Cassidy said the issue has to be more than what he called "Trump derangement syndrome" on the part of the president's critics to warrant an investigation. Presidents routinely have friends and other informal advisers they seek out for opinions, he added.

"I think it would have to make sure that it crossed those thresholds before I would be particularly concerned," he said.

Website: <http://www.rollcall.com/news/politics/republicans-downplay-influence-trump-friends-veterans>

From: Bloomberg Government <alerts@bgov.com>

Sent: Monday, August 20, 2018 11:51 AM

To: (b)(6) Isakson <(b)(6)@isakson.senate.gov>

Subject: Alert: Roll Call: Republicans Won't Probe Influence of Trump Friends at Veterans Department

Bloomberg GOVERNMENT

Roll Call: Republicans Won't Probe Influence of Trump Friends at Veterans Department

August 20, 2018 11:50AM ET | Roll Call

Veterans Affairs Chairman Johnny Isakson, R-Ga., speaks during a hearing of Veterans Affairs secretary nominee Robert Wilkie in front of the Senate Veterans' Affairs Committee in the Dirksen Senate Office Building Wednesday June 27, 2018. (Photo By

...

[Read More](#)

[Isakson News Alert](#)

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From: (b)(6) (Veterans Affairs)
Sent: 20 Aug 2018 21:09:42 +0000
To: Powers, Pamela;Tucker, Brooks
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By Lauren Clason

Top Republican lawmakers have no plans to examine the alleged influence that a trio of President Donald Trump's friends have at the Department of Veterans Affairs, even as Democrats call for an investigation.

The controversy peaked in recent weeks after reports that Marvel Entertainment Chairman Ike Perlmutter, Palm Beach doctor Bruce Moskowitz and D.C. lawyer Marc Sherman hold undue sway with VA leadership, including senior adviser Peter O'Rourke, who formerly served as acting secretary. Liberal veterans group VoteVets filed a lawsuit against the administration last week, claiming the VA is violating federal protocol related to private influence in matters of federal policy.

Scrutiny of the department is high as recently confirmed Secretary Robert Wilkie assumes control of a massive overhaul of the popular Veterans Choice Program giving veterans access to private doctors. Veterans groups are closely watching how the department will implement the bipartisan project, particularly whether it will funnel more resources away from VA facilities.

Multiple Democrats have called for an investigation into the influence of the three outsider advisers to Trump, and House VA Committee ranking member Tim Walz is seeking details of correspondence from the department. But Republican leaders of both the House and Senate veterans committees don't agree the issue warrants congressional intervention.

Senate Veterans' Affairs Committee Chairman Johnny Isakson said the problem was largely solved after Wilkie was sworn in last month.

"I think we're moving ahead," he said. "Most of them are out of there."

Isakson added that the three men worked around the committee but never affected the committee's agenda.

"There wasn't anything I could do about it," he said. "It never caused us any trouble. It was certainly disruptive and held the VA back some, but we got a great secretary now."

A spokeswoman for Tennessee Republican Phil Roe, Isakson's counterpart on the House Veterans' Affairs Committee, said Roe also believes Wilkie is capable of running the agency independently despite outside pressure.

The VA has also rejected the notion that the three friends ever had any direct influence over the department.

"Secretary Wilkie has been clear how he does business — no one from outside the administration dictates VA policies or decisions — that's up to him and President Trump," spokesman James Hutton said in an email. "Period."

But Democrats aren't satisfied. Democratic Reps. Julia Brownley and Ann McLane Kuster have petitioned VA Inspector General Michael Missal to investigate and asked Roe to hold a hearing on the matter.

"Not only are these individuals making policy decisions without nomination by the President or Senate confirmation, they have reportedly made personnel decisions that adversely affected the careers of numerous VA employees who felt their counsel was contrary to the delivery of quality care to our nation's veterans," the congresswomen wrote to Missal.

Republicans are less concerned. Sen. Mike Rounds said he has concerns about the VA, but they don't include Trump's friends.

"I don't know that it's necessary to investigate it," he said. "I think if the president wants to have discussions, he most certainly is welcome to bring in outsiders to have discussions."

GOP Sen. Bill Cassidy said the issue has to be more than what he called "Trump derangement syndrome" on the part of the president's critics to warrant an investigation. Presidents routinely have friends and other informal advisers they seek out for opinions, he added.

"I think it would have to make sure that it crossed those thresholds before I would be particularly concerned," he said.

Website: <http://www.rollcall.com/news/politics/republicans-downplay-influence-trump-friends-veterans>

From: Bloomberg Government <alerts@bgov.com>

Sent: Monday, August 20, 2018 11:51 AM

To: (b)(6) (Isakson) (b)(6) @isakson.senate.gov>

Subject: Alert: Roll Call: Republicans Won't Probe Influence of Trump Friends at Veterans Department

Roll Call: Republicans Won't Probe Influence of Trump Friends at Veterans Department

August 20, 2018 11:50AM ET | Roll Call

Veterans Affairs Chairman Johnny Isakson, R-Ga., speaks during a hearing of Veterans Affairs secretary nominee Robert Wilkie in front of the Senate Veterans' Affairs Committee in the Dirksen Senate Office Building Wednesday June 27, 2018. (Photo By

...

[Read More](#)

[Isakson News Alert](#)

From: Powers, Pamela
Sent: 24 Aug 2018 14:45:57 +0000
To: Byrne, Jim (OGC)
Subject: FW: VACO FOIA Substantial Interest Notification (Ciaramella, 18-11312-F; 18-11313-F; 18-11320-F
Attachments: image001.png, FOIA 18-11312-F, 18-11313-F & 18-11320-F.pdf

FYI

Sent with Good (www.good.com)

From: (b)(6)
Sent: Friday, August 24, 2018 7:38:05 AM
To: Powers, Pamela; Syrek, Christopher D. (Chris)
Subject: FW: VACO FOIA Substantial Interest Notification (Ciaramella, 18-11312-F; 18-11313-F; 18-11320-F

Good morning Pam/Chris,

Below is an example the substantial interest email notification. Specifically, this one focuses on new leadership.

Thanks,

(b)(6)

(b)(6)
Director
Administrative Operations
Office of the Secretary
202-461 (b)(6)

From: (b)(6)
Sent: Friday, August 24, 2018 7:34:30 AM
To: VACO FOIA Substantial Notification
Subject: VACO FOIA Substantial Interest Notification (Ciaramella, 18-11312-F; 18-11313-F; 18-11320-F

A. Why are you sending this to the 10th floor? For informational purposes only.

On August 8, 2018, the FOIA Service received a FOIA request from Mr. CJ Ciaramella, MuckRock News, requesting:

"- any and all communications containing "propublica", "Arnsdorf", "perlmutter", "moskowitz", "sherman", or "mar-a-lago" between Aug. 1, 2018 and Aug. 8, 2018 to or from the following officials: VA Secretary Robert Wilkie; General Counsel James Byrne; Secretary for Public and Intergovernmental Affairs John

Ullyot; and press secretary (b)(6)

- any and all records to or from the above-mentioned officials that include the email domain "who.eop.gov" between Aug. 1, 2018 and Aug. 8, 2018."

B. Who is responsible for replying to the request?

The FOIA Service is referring this request to the Office of the Secretary (18-11312-F), Office of Public and Intergovernmental Affairs (18-11313-F), and to the Office of General Counsel (18-11320-F) to respond directly to the requester.

C. Due date? 20 working days from the date the request is perfected.

(b)(6)

VA FOIA Service (005R1C)
Office of Privacy Information and Identity Protection (PIIP)
Quality, Privacy, and Risk (QPR)
Office of Information and Technology (OI&T)
Office: 202-632-(b)(6)
Fax: 202-632-(b)(6)
Hotline: 1-877-750-3642

Please take a moment and let us know how we did by completing a quick evaluation: Got a minute? Rate Our Service! <<https://vaww.vashare.oit.va.gov/sites/QPR/Lists/QPR%20Customer%20Satisfaction%20Evaluation/Item/newifs.aspx>>

[Quality, Privacy, Risk icon.]QPR's Mission Statement:

"To instill and promote a culture of quality, privacy and risk management in collaboration with our business partners to enable a better Veteran experience."



3 of

5

CSVA 18-11312-F
OPIA 18-11313-F

OGC-18-11320-F

(b)(6) (DECERIS LLC)

From: (b)(6)@requests.muckrock.com
Sent: Wednesday, August 08, 2018 1:34 PM
To: VACO FOIA Service Inbox
Subject: [EXTERNAL] Freedom of Information Act Request: VA comms re: Mar-a-Lago Trio

August 8, 2018

RECEIVED
AUG 08 2018
BY: FOIA SERVICE

To Whom It May Concern:

Pursuant to the Freedom of Information Act, I hereby request the following records:

- any and all communications containing "propublica", "Arnsdorf", "perlmutter", "moskowitz", "sherman", or "mar-a-lago" between Aug. 1, 2018 and Aug. 8, 2018 to or from the following officials: VA Secretary Robert Wilkie; General Counsel James Byrne; Secretary for Public and Intergovernmental Affairs John Ulylot; and press secretary (b)(6)
- any and all records to or from the above-mentioned officials that include the email domain "who.eop.gov" between Aug. 1, 2018 and Aug. 8, 2018.

Please note that messages sent from private email addresses that contain government business are considered federal records under NARA guidance.

The requested documents will be made available to the general public, and this request is not being made for commercial purposes.

In the event that there are fees, I would be grateful if you would inform me of the total charges in advance of fulfilling my request. I would prefer the request filled electronically, by e-mail attachment if available or CD-ROM if not.

Thank you in advance for your anticipated cooperation in this matter. I look forward to receiving your response to this request within 20 business days, as the statute requires.

Sincerely,

CJ Ciaramella

Filed via MuckRock.com
E-mail (Preferred): (b)(6)@requests.muckrock.com
Upload documents directly: https://www.muckrock.com/accounts/agency_login/department-of-veterans-affairs-119/va-comms-re-mar-a-lago-trio-59217/?email=vacofoiase%40va.gov&uuid-login=cde680f0-0c44-4c13-83d5-ddb54cd5f24d#agency-reply
Is this email coming to the wrong contact? Something else wrong? Use the above link to let us know.

For mailed responses, please address (see note):
MuckRock News
DEPT MR 59217
411A Highland Ave
Somerville, MA 02144-2516

PLEASE NOTE: This request is not filed by a MuckRock staff member, but is being sent through MuckRock by the above in order to better track, share, and manage public records requests. Also note that improperly addressed (i.e., with the requester's name rather than "MuckRock News" and the department number) requests might be returned as undeliverable.



From: (b)(6)
Sent: 24 Aug 2018 09:38:05 -0500
To: Powers, Pamela; Syrek, Christopher D. (Chris)
Subject: FW: VACO FOIA Substantial Interest Notification (Ciaramella, 18-11312-F; 18-11313-F; 18-11320-F)
Attachments: image001.png, FOIA 18-11312-F, 18-11313-F & 18-11320-F.pdf

Good morning Pam/Chris,

Below is an example the substantial interest email notification. Specifically, this one focuses on new leadership.

Thanks,

(b)(6)

(b)(6)

Director
Administrative Operations
Office of the Secretary
202-461-(b)(6)

From: (b)(6)

Sent: Friday, August 24, 2018 7:34:30 AM

To: VACO FOIA Substantial Notification

Subject: VACO FOIA Substantial Interest Notification (Ciaramella, 18-11312-F; 18-11313-F; 18-11320-F)

A. Why are you sending this to the 10th floor? For informational purposes only.

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“- any and all communications containing "propublica", "Arnsdorf", "perlmutter", "moskowitz", "sherman", or "mar-a-lago" between Aug. 1, 2018 and Aug. 8, 2018 to or from the following officials: VA Secretary Robert Wilkie; General Counsel James Byrne; Secretary for Public and Intergovernmental Affairs John Ulyot; and press secretary (b)(6)

- any and all records to or from the above-mentioned officials that include the email domain "who.eop.gov" between Aug. 1, 2018 and Aug. 8, 2018.”

B. Who is responsible for replying to the request?

The FOIA Service is referring this request to the Office of the Secretary (18-11312-F), Office of Public and Intergovernmental Affairs (18-11313-F), and to the Office of General Counsel (18-11320-F) to respond directly to the requester.

C. Due date? 20 working days from the date the request is perfected.

(b)(6)

VA FOIA Service (005R1C)

Office of Privacy Information and Identity Protection (PIIP)
Quality, Privacy, and Risk (QPR)
Office of Information and Technology (OI&T)
Office: 202-632-(b)(6)
Fax: 202-632-(b)(6)
Hotline: 1-877-750-3642

Please take a moment and let us know how we did by completing a quick evaluation: Got a minute? Rate Our Service!
<<https://vaww.vashare.oit.va.gov/sites/QPR/Lists/QPR%20Customer%20Satisfaction%20Evaluation/Item/newifs.aspx>>

[Quality, Privacy, Risk icon.]QPR's Mission Statement:

“To instill and promote a culture of quality, privacy and risk management in collaboration with our business partners to enable a better Veteran experience.”



3 of

5

CSVA 18-11312-F
OPIA 18-11313-F

OGC-18-11320-F

(b)(6)

DECERIS LLC)

From: (b)(6)@requests.muckrock.com
Sent: Wednesday, August 08, 2018 1:34 PM
To: VACO FOIA Service Inbox
Subject: [EXTERNAL] Freedom of Information Act Request: VA comms re: Mar-a-Lago Trio

August 8, 2018

RECEIVED
AUG 08 2018
BY: FOIA SERVICE

To Whom It May Concern:

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- any and all communications containing "propublica", "Arnsdorf", "perlmutter", "moskowitz", "sherman", or "mar-a-lago" between Aug. 1, 2018 and Aug. 8, 2018 to or from the following officials: VA Secretary Robert Wilkie; General Counsel James Byrne; Secretary for Public and Intergovernmental Affairs John Ulylot; and press secretary (b)(6)

- any and all records to or from the above-mentioned officials that include the email domain "who.eop.gov" between Aug. 1, 2018 and Aug. 8, 2018.

Please note that messages sent from private email addresses that contain government business are considered federal records under NARA guidance.

The requested documents will be made available to the general public, and this request is not being made for commercial purposes.

In the event that there are fees, I would be grateful if you would inform me of the total charges in advance of fulfilling my request. I would prefer the request filled electronically, by e-mail attachment if available or CD-ROM if not.

Thank you in advance for your anticipated cooperation in this matter. I look forward to receiving your response to this request within 20 business days, as the statute requires.

Sincerely,

CJ Ciaramella

Filed via MuckRock.com

E-mail (Preferred): (b)(6)@requests.muckrock.com

Upload documents directly: https://www.muckrock.com/accounts/agency_login/department-of-veterans-affairs-119/va-comms-re-mar-a-lago-trio-59217/?email=vacofoiase%40va.gov&uuid-login=cde680f0-0c44-4c13-83d5-ddb54cd5f24d#agency-reply

Is this email coming to the wrong contact? Something else wrong? Use the above link to let us know.

For mailed responses, please address (see note):

MuckRock News
DEPT MR 59217
411A Highland Ave
Somerville, MA 02144-2516

PLEASE NOTE: This request is not filed by a MuckRock staff member, but is being sent through MuckRock by the above in order to better track, share, and manage public records requests. Also note that improperly addressed (i.e., with the requester's name rather than "MuckRock News" and the department number) requests might be returned as undeliverable.



From: Powers, Pamela
Sent: 29 Aug 2018 12:26:57 +0000
To: (b)(6) Syrek, Christopher D. (Chris)
Subject: RE: Revised VACO Substantial Interest Notification (Austin R. Evers 18-11822-F and 18-11960-F)

Copy. Thanks for the heads up (b)(6)

Sent with Good (www.good.com)

From: (b)(6)
Sent: Wednesday, August 29, 2018 5:09:44 AM
To: Powers, Pamela; Syrek, Christopher D. (Chris)
Subject: FW: Revised VACO Substantial Interest Notification (Austin R. Evers 18-11822-F and 18-11960-F)

Good morning Pam/Chris,

This request is broad but includes current and former SecVA.

Thanks,

(b)(6)

(b)(6)
Director
Administrative Operations
Office of the Secretary
202-461 (b)(6)

From: (b)(6)
Sent: Wednesday, August 29, 2018 4:08:30 AM
To: VACO FOIA Substantial Notification
Cc: (b)(6)
Subject: Revised VACO Substantial Interest Notification (Austin R. Evers 18-11822-F and 18-11960-F)

A. Why are you sending this to the 10th floor? For informational purposes only.

On August 23, 2018, the FOIA Service received a FOIA request from Mr. Austin R. Evers, American Oversight requesting:

* All records reflecting communications (including emails, email attachments, text messages, messages on messaging platforms (such as Slack, GChat or Google Hangouts, Lync, Skype, or WhatsApp), telephone

call logs, calendar invitations/entries, meeting notices, meeting agendas, informational material, talking points, any handwritten or electronic notes taken during any oral communications, summaries of any oral communications, or other materials) between any of the individuals listed

* Veterans Affairs Officials

* Darin Selnick, Senior Advisor to the Secretary

* (b)(6) Special Advisor

* Individuals within the Offices of the Secretary and Deputy Secretary:

* David Shulkin, Former Secretary, and anyone acting on his behalf

* Vivieca Wright Simpson, Former Chief of Staff

* Pete O'Rourke, Former Chief of Staff, Former Acting Secretary, and Senior Advisor to the Secretary; and anyone acting on his behalf

* Robert Wilkie, Secretary, and anyone acting on his behalf

* Jacquelyn Hayes-Byrd, Acting Chief of Staff and Deputy Chief of Staff

* Thomas Bowman, Deputy Secretary, and anyone acting on his behalf

* Any political appointee* in the immediate Office of the Secretary or Deputy Secretary during the applicable time period not previously listed above

* Outside Recipients

* Dan Caldwell

* (b)(6)

*

* Pete Hegseth

* Any email address ending in @cv4a.org or @cvafoundation.org

* Isaac "Ike" Perlmutter

* Bruce Moskowitz

* Marc Sherman

* All email communications between any of the individuals listed in Column A and any external individuals or organizations (i.e., emails with addresses ending in .com/.org/.net/.mil/.edu) that mention one or more of the following search terms in the subject line, body of the email, or attachment: a. "Concerned Veterans"

* "Concerned Veterans"

* "Concerned Vets"

* CVA

* CV4A

* Please provide all responsive records from January 20, 2017, through the date of the search.

* On August 28, 2018, the requester revised his request to: We request that the Office of the Secretary and Office of the Deputy Secretary also search for responsive records.

B. Who is responsible for replying to the request?

The FOIA Service is referring this request to the Office of Public and Intergovernmental Affairs (OP&IA) (18-11822-F) and Office of the Secretary (OSVA) (18-11960) to respond directly to the requester.

C. Due date? 20 working days from the date the request is perfected.

(b)(6)

VACO FOIA Service

Quality, Privacy, and Risk (QPR)

Office of Information and Technology (OI&T)

Office: (202) 632-(b)(6) / Fax: (202) 632-(b)(6)

vacofoiaservice@va.gov <<mailto:vacofoiaservice@va.gov>>

FOIA Service Hotline: 1-877-750-3642

Please take a moment and let us know how we did by completing a quick evaluation: Got a minute? Rate Our

Service! <<https://vaww.vashare.oit.va.gov/sites/QPR/Lists/QPR%20Customer%20Satisfaction%20Evaluation/Item/newifs.aspx>>

[cid:image001.png@01D3A63F.FC6D0530]

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“To instill and promote a culture of quality, privacy and risk management in collaboration with our business partners to enable a better Veteran experience.”

From: Syrek, Christopher D. (Chris)
Sent: 12 Sep 2018 12:04:12 -0700
To: Hipolit, Richard (OGC); Tucker, Brooks; (b)(6) Powers, Pamela
Subject: FW: CLOSEHOLD Draft for Leadership Concurrence
Attachments: Walz 08.08.18.pdf, 92262 Duckworth 08.09.18.pdf, 96460 Murray 08.17.18.pdf, Cummings letter 08.14.18.pdf, Draft for Leadership Review.docx
Importance: High

+VA CoS for input/awareness.

Chris

Christopher D. Syrek
Deputy Chief of Staff
U.S. Department of Veterans Affairs
Washington, D.C. 20420 | (202) 461-7486

From: (b)(6)
Sent: Wednesday, September 12, 2018 3:02 PM
To: Tucker, Brooks <Brooks.Tucker@va.gov>; Hipolit, Richard (OGC) <Richard.Hipolit@va.gov>
Cc: Syrek, Christopher D. (Chris) <Christopher.Syrek@va.gov>
Subject: CLOSEHOLD Draft for Leadership Concurrence
Importance: High

Good afternoon,

Please see the attached draft response with language that will be used to respond to the four incoming letters on the same topic. Per DCOSVA's request, please review and concur by COB today so that the responses can be packaged for SECVA signature.

Thank you!

(b)(6)
Executive Writer
Office of the Executive Secretariat
(202) 461-(b)(6)

U.S. House of Representatives

COMMITTEE ON VETERANS' AFFAIRS

ONE HUNDRED FIFTEENTH CONGRESS

335 CANNON HOUSE OFFICE BUILDING

WASHINGTON, DC 20515

<http://veterans.house.gov>

August 8, 2018

The Honorable Robert Wilkie
Secretary
U.S. Department of Veterans Affairs
810 Vermont Avenue N.W.
Washington, D.C. 20420

Dear Secretary Wilkie,

We look forward to working with you to improve the delivery of health care and benefits to our nation's veterans.

However, we are deeply concerned that three private individuals—all members of Mar-a-Lago, President Trump's private Palm Beach, Florida club—who are not accountable to veterans or taxpayers and none of whom have served in the United States military or government, have been placed in decision-making positions in the Department without nomination by the President or Senate confirmation. Reports demonstrate they have been granted the power to significantly influence policies executed by the Department.

Mr. Ike Perlmutter, Chairman and Chief Executive Officer of Marvel Entertainment, LLC., Dr. Bruce Moskowitz, an Internal Medicine specialist, and Mr. Marc Sherman, an attorney without health care industry experience, are reported to have “spoke[n] with VA officials daily” and reviewed “all manner of policy and personnel decisions,” made at VA, according to a recent report published by ProPublica.¹ They reportedly “prodded the VA to start new programs” and required VA leaders to “...go down and kiss the ring,” with that travel paid for by taxpayers. They allegedly caused VA leaders who disagreed with them to lose their jobs or be passed over for promotions, and reportedly flouted government rules and processes in place to require transparency and accountability.

Some of their actions even support allegations that they may have used their influence for personal gain. Mr. Perlmutter arranged a VA Veterans Day event at the New York Stock Exchange—in which former VA Secretary Shulkin and other VA officials participated—where Marvel Entertainment was promoted. Dr. Moskowitz arranged meetings with VA officials and

¹ Isaac Arnsdorf, *The Shadow Rulers of the VA*, ProPublica (Aug. 7, 2018), <https://www.propublica.org/article/ike-perlmutter-bruce-moskowitz-marc-sherman-shadow-rulers-of-the-va>.

Apple to promote his son's app, and arranged weekly conference calls to arrange for VA to continue the work of his non-profit.

These individuals claim they have "no direct influence over the Department of Veterans Affairs." However, reports and actions taken by these individuals and VA leaders appear to contradict this statement. Therefore, we are opening an investigation into the extent of Mr. Perlmutter, Dr. Moskowitz, and Mr. Sherman's influence over VA officials and the Department.

We request unredacted copies of any and all documents, records, memoranda, and correspondence to include electronic correspondence via email and text messages shared with or between any current or former VA employees (including former VA Secretary David Shulkin and the former acting VA Secretary Peter O'Rourke) and Mr. Perlmutter, Dr. Moskowitz, and Mr. Sherman.

We request unredacted copies of any and all documents, records, memoranda, and correspondence to include electronic correspondence via email and text message in which Mr. Perlmutter, Dr. Moskowitz, or Mr. Sherman, are mentioned or referenced, by current or former VA employees.

We also request copies of any and all records, notes, or minutes of meetings or conference calls in which Mr. Perlmutter, Dr. Moskowitz, or Mr. Sherman participated with VA employees, including any and all meetings with Apple Inc. and Mr. Aaron Moskowitz on the development of an app for locating medical services, and any and all meetings between Dr. Moskowitz, his relatives, and VA officials on development of a medical device registry or organization of the June 4, 2018 summit on device registries.

Please provide all unredacted correspondence, including an unredacted copy of the VA ethics official's opinion approving or disapproving former Secretary Shulkin's participation in the November 7, 2017 event presented by Marvel Entertainment LLC., in which former VA Secretary Shulkin rang the opening bell at the New York Stock Exchange.

Please provide all unredacted documents, records, memoranda, and correspondence to include electronic correspondence via email and text messages related to any current or former VA employee travel to Mar-a-Lago in Palm Beach, Florida. For each current and former VA employee who participated in official travel to Mar-a-Lago, please provide records of the date in which the travel took place; the reason for the visit and all correspondence to include electronic correspondence via email and text messages related to the reason for the visit; the documents, records, and correspondence pertaining to approval of the trip by VA ethics officials, VA Office of General Counsel, or the Office of the Secretary; and the total cost of each trip to the Government.

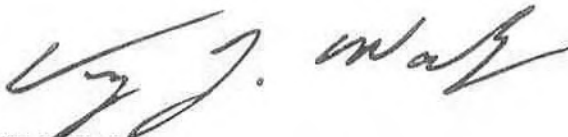
We also request copies of any and all documents, records, memoranda, and correspondence with or between Mr. Perlmutter, Dr. Moskowitz, and Mr. Sherman and current and former VA employees that have been provided to individuals and organizations via Freedom of Information Act request.

Please provide the Committee with the documents, materials, and lists of attendees by the close of business Friday, August 31, 2018. Provide the documents in electronic, soft-copy format. Do not alter the documents in any way, including but not limited to applications of redactions or a water mark. Only relevant documents and tangible things should be provided as part of the submission. Also provide the contact information for the individual(s) responsible for assembling the submission. This/These individual(s) shall certify and attest to the accuracy of the submission.

The deliverables opened by this request will not be closed until the Committee is sufficiently satisfied with the responses provided, including whether the formatting instructions have been adhered to. The Committee reserves the right to, at its discretion, order an alternative organization of the submission. The Department has a continuing duty to supplement the record by providing relevant documents and tangible things to the Committee until the matter is closed.

If you have any questions, please contact (b)(6) Minority Staff Director of the Subcommittee on Oversight and Investigation, at (b)(6)@mail.house.gov or at (202) 225-(b)(6). We look forward to your response.

Sincerely,



TIM WALZ
Ranking Member
Committee on Veterans' Affairs
U.S. House of Representatives

United States Senate

August 9, 2018

VIA ELECTRONIC DELIVERY

The Honorable Robert Wilkie
Secretary of Veterans Affairs
U.S. Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, D.C. 20420

Dear Secretary Wilkie:

I am writing with grave concern over reports of improper interference and secretive meddling in U.S. Department of Veterans Affairs (VA) policy and operations by three politically-connected members of the Mar-a-Lago Club. I am also writing to urge you to swiftly remove all political appointees within the Department who are pushing a partisan agenda of privatizing VA medical care and leading politically-motivated staff firings, re-assignments and retaliation rather than working toward the best interest of Veterans.

I urge you to immediately cut ties with Ike Perlmutter, Bruce Moskowitz and Marc Sherman, all of whom are unqualified to provide advice to the Department and whose involvement in policy decisions lack transparency and is not subject to effective oversight. Your success as Secretary will depend upon your ability to make personnel and policy choices that are free from political or outside interference and in the best interest of the VA and the Veterans you serve.

The VA has historically been non-partisan. Previous Secretaries who have served under both Republican and Democratic Presidents have been approved by the Senate unanimously or with wide bipartisan majorities. They have enjoyed broad support from the Veteran community because of the community's faith in the Secretary's ability to put politics aside in service to Veterans. From the Senior Executive Service level down to front-line workers, the VA has traditionally been staffed by non-partisan career civil servants, many of whom are Veterans themselves who are committed to selflessly serving other Veterans.

Over the past year and half, however, a series of personnel actions and leadership shake-ups have eroded the bipartisan foundation of the VA. These actions have raised questions as to who is actually in charge of the Department and whether current senior leadership sees serving Veterans or their own political interests as their primary mission.

This has been most egregiously exposed in recent reporting by ProPublica that sheds a light on the outsized influence that Ike Perlmutter, Bruce Moskowitz and Marc Sherman—who hold no official government position, connection to the VA or expertise in Veterans affairs—wielded

over personnel decisions and policy formulation behind the scenes. Reports outline that consequential decisions regarding how Veterans receive their care and access their benefits are being made by “advisors” whose main qualifications appear to be money and access to the President. A recently released email revealed that every individual recommended for removal by outside advisor, Jake Leinenkugel, is now gone from the VA, replaced with allies or, disturbingly, Leinenkugel himself, in the case of an apparent self-appointment to head up the commission on mental health. While Presidents of both parties should be able to hire the cabinet, staff and trusted outside advisors they need, this group of unqualified individuals appears to have truly unprecedented and extensive influence over the VA’s operations.

Such influence has far-reaching implications for the VA and is particularly apparent in the mass exodus of senior career civil servants with deep expertise in Veterans affairs. It has been widely reported that prior to your confirmation and swearing-in, then-Acting Secretary Peter O’Rourke undertook a significant reorganization and reassignment of dozens of staff within the executive suite in what some describe as a “loyalty purge.” Such significant personnel decisions made by an unconfirmed, temporary individual serving in an acting capacity represents a further politicization of a workforce that has historically been non-political. It also represents a loss of expertise and institutional knowledge that could be critical for you to draw upon as you assume your secretarial duties.

Tellingly, significant vacancies remain in critical offices throughout the VA: there is no permanent Deputy Secretary, no permanent Under Secretary for Health and no permanent Assistant Secretary for Information and Technology. Vacancies in these important offices highlight the significant personnel churn the Department has suffered and profoundly affects the VA’s ability to operate in an optimal manner to advance the Veteran experience with the VA, ensure the delivery of their benefits and provide for their health. These downstream impacts are very real and troubling.

Other contentious actions undertaken by political appointees have only served to exacerbate the situation. For example, in a remarkable back and forth, Acting Secretary O’Rourke attempted to assert his authority over the Department’s Office of Inspector General (OIG) by claiming that the OIG is not independent, but rather works for and reports to the Secretary. As you know and as you testified in your confirmation hearing, such an assertion is false. This adversarial positioning only highlights the Department’s new combative posture, which in the long run only undermines the effectiveness of the VA.

Moreover, in what appears to be a rush to enact further far reaching reforms prior to your swearing-in, an executive order limiting union official time was pushed through, causing chaos at the VA. Unfortunately, such actions alienate the Department’s employees and sow confusion throughout the organization.

In our meeting and in your Congressional testimony, you pledged to walk your post, to put Veterans first; you said you were empowered, free from influence to manage the VA as you saw fit. As you assume your new role, I would remind you of those commitments.

Letter to Secretary Wilkie
August 9, 2018
Page 3 of 3

The VA faces significant challenges, but in order to address them, the outsized role that political appointees and a handful of outside advisors are playing in personnel decisions and in the formulation of VA policy must end, particularly the tenures of Mr. O'Rourke and Camilo Sandoval whose efforts to undermine VA leadership has been especially pernicious and well-documented. I urge you to take a comprehensive look at every action undertaken, and every policy implemented and carried out under the direction of Acting Secretary O'Rourke since the firing of Dr. David Shulkin, to ensure that it aligns with the mission of the VA and is in service to Veterans, not in service to a political agenda or the whims of outside voices.

I also urge you to take a comprehensive look at your current staffing and to rely on those career civil servants and the Veterans themselves for your counsel. Individuals who seek to undermine your authority, operate with ulterior motives or put their own self-interests ahead of Veterans must be removed swiftly.

The mission of the VA is too important to have it hijacked by a select few who seek private gain from those who have borne the battle. Congress stands ready to support you in your efforts at righting the ship and bringing a renewed sense of order and calm to the Department.

Sincerely,

A handwritten signature in black ink that reads "Tammy Duckworth". The signature is written in a cursive, flowing style.

Tammy Duckworth
United States Senator

United States Senate

WASHINGTON, DC 20510-4704

August 17, 2018

The Honorable Robert Wilkie
Secretary of Veterans Affairs
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington DC 20420

Dear Secretary Wilkie:

On August 7, 2018, *ProPublica* revealed that three individuals – Ike Perlmutter, Bruce Moskowitz, and Marc Sherman – none of whom are current or former U.S. government employees or servicemembers, have substantial influence over policy and personnel issues at the Department of Veterans Affairs (VA).¹ I request you immediately evaluate the degree to which these individuals were able to inappropriately dictate VA policy and provide all requested information to Congress as it pursues its oversight responsibilities.

ProPublica's reporting uncovered egregious violations of ethics, good governance, and the responsibilities of numerous government officials. This behavior is a violation of the trust of our veterans and our obligation to provide the best care and services for them. The possibility private individuals, with no relevant expertise, may have steered critical VA decisions based on their own financial interests or to benefit them or their families, is inexcusable.

You and your staff must immediately take steps to ensure Mr. Perlmutter, Mr. Moskowitz, or Mr. Sherman are no longer in positions to influence VA policy. You must additionally make public the projects, programs, and personnel changes on which their counsel has been inappropriately employed. To that end, please answer the following questions or provide the requested documents. To the extent the Department is unable to answer or does not have the requested information, I ask that you work with you interagency partners in order to produce the requested responses.

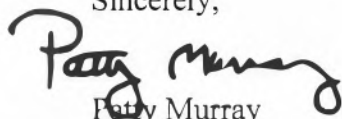
1. Please provide the details for each trip by employees of the Department of Veterans Affairs to the non-governmental facility of Mar-a-Lago to meet with Mr. Perlmutter, Mr. Moskowitz, or Mr. Sherman. For each trip, please provide the dates of travel, the length of the trip, the names and positions of each VA employee, and the purpose of the trip. Additionally, please detail whether VA employees travelled commercially or on a private plane for each trip.

¹ <https://www.propublica.org/article/ike-perlmutter-bruce-moskowitz-marc-sherman-shadow-rulers-of-the-va>

2. Why and with what frequency did Mr. Perlmutter, Mr. Moskowitz, or Mr. Sherman participate in phone calls or meetings on official VA business? Please provide documentation for each meeting or phone call in which they participated, including the dates and topics of each communication. Please also provide the names and positions of the other participants, including both federal employees and contractors, for each phone call or meeting.
3. What, if any, Department personnel changes were made due to counsel from Mr. Perlmutter, Mr. Moskowitz, or Mr. Sherman? In what way was their input used in making personnel decisions, even if those decisions were not solely based on such input?
4. What, if any, policy measures and program initiatives were or are currently being undertaken due to counsel from Mr. Perlmutter, Mr. Moskowitz, or Mr. Sherman? Please specifically address their involvement on the contract to procure the VA's electronic record-keeping software.
5. Did Mr. Perlmutter, Mr. Moskowitz, or Mr. Sherman or members of their families benefit in any way, including financially, from any VA projects or initiatives since January 20, 2017? Please detail any efforts to ensure these individuals and their families were not benefitting from the projects or decisions on which they were engaged.
6. Are any of the VA projects or initiatives on which Mr. Perlmutter, Mr. Moskowitz, or Mr. Sherman advised connected in any way to monetary holdings or investments maintained by these individuals or members of their families, or businesses owned or operated by such persons? Please detail any efforts to ensure these individuals and their families were not affiliated with businesses or investments connected to VA projects or initiatives.
7. Are any of the VA projects or initiatives on which Mr. Perlmutter, Mr. Moskowitz, or Mr. Sherman advised connected in any way to monetary holdings or investments maintained by members of the Trump family, or businesses owned or operated by such persons?
8. As it relates to influence or interactions with Mr. Perlmutter, Mr. Moskowitz, or Mr. Sherman, at any time since January 20, 2017, have any Department official sought guidance from Department counsel or ethics officials, the Office of Government Ethics, or other government entities?
9. How will you work to ensure the public that the Department entrusted with care for veterans and servicemembers is not being improperly influenced by individuals or businesses entities operating in their own self-interest?

Thank you for your service, and your work on behalf of our veterans and servicemembers. I look forward to working with you to rectify these issues and to ensure our veterans are always being put first.

Sincerely,



Patty Murray
United States Senator

Congress of the United States

House of Representatives

COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM

2157 RAYBURN HOUSE OFFICE BUILDING

WASHINGTON, DC 20515-6143

MAJORITY (202) 225-5074
MINORITY (202) 225-5051

<http://oversight.house.gov>

August 14, 2018

The Honorable Robert Wilkie
Secretary
Department of Veterans Affairs
810 Vermont Avenue, N.W.
Washington, D.C. 20420

Dear Secretary Wilkie:

I am writing to request information about the nature and scope of the relationship between officials at the Department of Veterans Affairs and Mar-a-Lago members Bruce Moskowitz, Ike Perlmutter, and Marc Sherman.

On August 7, 2018, *ProPublica* reported that Mr. Moskowitz, Mr. Perlmutter, and Mr. Sherman exercised unprecedented control over Department policy, personnel decisions, and the implementation of specific programs. Mr. Moskowitz, Mr. Perlmutter, and Mr. Sherman hold no positions within the Department and seem to have no government or military experience. Their only connection appears to stem from Mr. Perlmutter's long-term relationship with President Trump. Mr. Perlmutter, the Chairman of Marvel Entertainment and a member at Mar-a-Lago, in turn appears to have recruited other Mar-a-Lago members, Mr. Moskowitz, a local doctor, and Mr. Sherman, a white-collar attorney. According to this report, Department officials sought their express approval on various high-level decisions, used taxpayer money to fly to Mar-a-Lago to meet with them, and treated their communications as directives. As one former official stated: "Everything needs to be run by them."¹

The specter of improper influence by Mr. Moskowitz, Mr. Perlmutter, and Mr. Sherman over Department decisions raises questions about the use of taxpayer resources for private gain and calls into question the Trump Administration's commitment to the health and welfare of our nation's veterans. All Americans—especially our veterans—deserve agencies that operate in their best interest with transparency, accountability, and oversight.

In order to evaluate the extent to which Department policies, decisions, or personnel may have been influenced by Mr. Moskowitz, Mr. Perlmutter, and Mr. Sherman, I request that you produce, by August 28, 2018, the following documents:

¹ *The Shadow Rulers of the VA*, ProPublica (Aug. 7, 2018) (online at www.propublica.org/article/ike-perlmutter-bruce-moskowitz-marc-sherman-shadow-rulers-of-the-va)

- (1) all documents and communications in the possession, control, or custody of the Department sent to or received from Mr. Moskowitz, Mr. Perlmutter, or Mr. Sherman;
- (2) all documents and communications in the possession, control, or custody of the Department referring or relating to Mr. Moskowitz, Mr. Perlmutter, or Mr. Sherman;
- (3) all documents and communications relating to Department officials' taxpayer-funded travel to Mar-a-Lago to meet with Mr. Moskowitz, Mr. Perlmutter, or Mr. Sherman;
- (4) all documents and communications relating to any personal referrals to the agency by Mr. Moskowitz, Mr. Perlmutter, or Mr. Sherman related to current or future agency projects or contracts;
- (5) all documents and communications referring or relating to the Veterans Day event at the stock exchange where then-Secretary Shulkin appeared alongside Marvel and Johnson & Johnson promotional material;
- (6) all documents and communications relating to Aaron Moskowitz's participation or contemplated participation in agency projects;
- (7) all documents and communications referring or relating to the agency working with the Biomedical Research and Education Foundation; and
- (8) all policies, personnel decisions, and procedures created as a result of communications between agency officials and Mr. Moskowitz, Mr. Perlmutter, or Mr. Sherman.

I also request that Department officials brief my staff regarding these matters by the same date. If you have any questions about this request, please contact (b)(6) of my staff at (202) 225-(b)(6). Thank you for your prompt attention to this request.

Sincerely,



Elijah E. Cummings
Ranking Member

cc: The Honorable Trey Gowdy
Chairman, Committee on Oversight and Government Reform

The Honorable Elijah E. Cummings
Ranking Member
Committee on Oversight and Government Reform
U.S. House of Representatives
Washington, DC 20515

Dear Congressman Cummings:

This is in response to your August 14, 2018, letter to the Department of Veterans Affairs (VA). I want to assure you that VA takes very seriously its responsibilities to comply with the law and its obligation to respond appropriately to Congressional requests for information. The matters about which you inquired in your letter are the subject of ongoing litigation alleging violations of the Federal Advisory Committee Act and, therefore, not appropriate for release at this time.

We greatly appreciate your interest in VA and your continued support for Veterans' programs.

Sincerely,

Robert L. Wilkie

From: Bock, Tonia Y.
Sent: 4 May 2018 04:00:33 -0700
To: O'Rourke, Peter M.;Hayes-Byrd, Jacquelyn;Powers, Pamela (b)(6)
(b)(6)
Cc: Bowman, Thomas
Subject: FW: VACO Substantial Interest Notification (Isaac Arnsdorf, 18-07296-F)
Attachments: 18-07296-F Req Arnsdorf.pdf

FYI

From: (b)(6)
Sent: Friday, May 04, 2018 3:32:47 AM
To: VACO FOIA Substantial Notification
Subject: VACO Substantial Interest Notification (Isaac Arnsdorf, 18-07296-F)

A. Why are you sending this to the 10th floor? For informational purposes only.

On May 1, 2018, the FOIA Service received a FOIA request from Isaac Arnsdorf, ProPublica requesting:

- Copies of all records related to the Secretary's (or Acting Secretary's) trips to Mar-a-Lago since Jan. 20, 2017, including but not limited to travel itineraries, expense reports, meeting agendas, meeting notes, emails and phone calls; all communications between the Secretary (or Acting Secretary) and Isaac "Ike" Perlmutter since Jan. 20, 2017; all communications between the Secretary (or Acting Secretary) and Marc Sherman since Jan. 20, 2017; and all communications between the Secretary (or Acting Secretary) and Bruce Moskowitz since Jan. 20, 2017. B. Who is responsible for replying to the request?

The FOIA Service is referring this request to the Office of the Executive Secretary U.S. Department of Veterans Affairs (OSVA) to respond directly to the requester.

C. Due date? 20 working days from the date the request is perfected

(b)(6)
VACO FOIA Service
Quality, Privacy, and Risk (QPR)
Office of Information and Technology (OI&T)
Office: (202) 632-(b)(6) Fax: (202) 632-(b)(6)
vacofoiaservice@va.gov
FOIA Service Hotline: 1-877-750-3642

Please take a moment and let us know how we did by completing a quick evaluation: Got a minute? Rate Our Service!



QPR's Mission Statement:

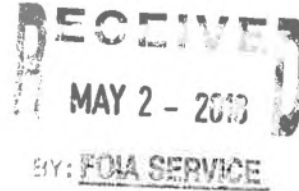
"To instill and promote a culture of quality, privacy and risk management in collaboration with our business partners to enable a better Veteran experience."

Isaac Arnsdorf
Journalist
ProPublica
2620 13th St NW
C101
Washington, DC 20009
203-464-(b)(6)

18-07296-F

May 01, 2018

FOIA Officer
Department of Veterans Affairs:
Central Office
810 Vermont Avenue, NW
Department of Veterans Affairs, (005R1C)
Washington, DC 20420
(202) 632-7465
vacofiaservice@va.gov



FOIA REQUEST

Fee waiver requested

Dear FOIA Officer:

Pursuant to the federal Freedom of Information Act, 5 U.S.C. § 552, I request access to and copies of all records related to the Secretary's (or Acting Secretary's) trips to Mar-a-Lago since Jan. 20, 2017, including but not limited to travel itineraries, expense reports, meeting agendas, meeting notes, emails and phone calls; all communications between the Secretary (or Acting Secretary) and Isaac "Ike" Perlmutter since Jan. 20, 2017; all communications between the Secretary (or Acting Secretary) and Marc Sherman since Jan. 20, 2017; and all communications between the Secretary (or Acting Secretary) and Bruce Moskowitz since Jan. 20, 2017.

I would like to receive the information in electronic files.

I agree to pay reasonable duplication fees for the processing of this request in an amount not to exceed \$250. However, please notify me prior to your incurring any expenses in excess of that amount.

Please waive any applicable fees. Release of the information is in the public interest because it will contribute significantly to public understanding of government operations and activities. I am a journalist primarily engaged in the dissemination of information.

If my request is denied in whole or part, I ask that you justify all deletions by reference to specific exemptions of the act. I will also expect you to release all segregable portions of otherwise exempt material. I, of course, reserve the right to appeal your decision to withhold any information or to deny a waiver of fees.

I would appreciate your communicating with me by email or telephone, rather than by mail.

I look forward to your determination regarding my request within 20 business days, as the statute requires.

Thank you for your assistance.

Sincerely,

RECEIVED
MAY 2 - 2013
BY: FOIA SERVICE

(b)(6)

(VACO FOIA)

From: Isaac Arnsdorf via iFOIA.org (b)(6) mail.ifoia.org>
Sent: Tuesday, May 01, 2018 7:27 PM
To: VACO FOIA Service Inbox
Subject: [EXTERNAL] Public Records Request
Attachments: MAL.pdf

Reply ABOVE THIS LINE

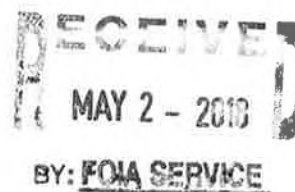
Dear FOIA Officer:

Attached is a formal request for public records. Please feel free to contact me at this email address or at 203-464-(b)(6) with any questions.

Thank you for your assistance.

Sincerely,

Isaac Arnsdorf



This message was sent via iFOIA.org. If you have questions about iFOIA, please refer to the [About page](#) or email ifoia-help@rcfp.org.

This message was sent via iFOIA.org.

From: (b)(6)
Sent: 15 Aug 2018 16:07:06 -0500
To: Byrne, Jim (OGC);Mitrano, Catherine (SES) (OGC);Hipolit, Richard (OGC)
Cc: Ulliyot, John;Hutton, James;Powers, Pamela
Subject: RE: FACA lawsuit

WH approved. We are sending the statement now.

(b)(6)

Press Secretary
Department of Veterans Affairs
202-461-(b)(6)
(b)(6)@va.gov
@(b)(6)

From: Byrne, Jim (OGC)
Sent: Wednesday, August 15, 2018 4:59 PM
To: (b)(6)@va.gov; Mitrano, Catherine (SES) (OGC) <Catherine.Mitrano@va.gov>; Hipolit, Richard (OGC) <Richard.Hipolit@va.gov>
Cc: Ulliyot, John <John.Ulliyot@va.gov>; Hutton, James <James.Hutton@va.gov>; Powers, Pamela <Pamela.Powers@va.gov>
Subject: RE: FACA lawsuit

Please run this response by your public affairs folks in the WH.

From: (b)(6)
Sent: Wednesday, August 15, 2018 4:56 PM
To: Byrne, Jim (OGC) <Jim.Byrne@va.gov>; Mitrano, Catherine (SES) (OGC) <Catherine.Mitrano@va.gov>; Hipolit, Richard (OGC) <Richard.Hipolit@va.gov>
Cc: Ulliyot, John <John.Ulliyot@va.gov>; Hutton, James <James.Hutton@va.gov>
Subject: FW: FACA lawsuit

Jim/Cathy/Dick,

Please see below from ProPublica. Are you OK with the following response:

Regarding the lawsuit

We refer you to the Department of Justice for comment.

Regarding Ike Perlmutter, Bruce Moskowitz and Marc Sherman

These individuals are not administration officials, and have no direct influence over VA.

That said, we appreciate hearing from anyone who has good ideas about improving care and benefits for Veterans, and talk to a broad range of people, including academics, doctors, Veterans groups and many others.

In fact, the department just set up a new office led by one of our top VA health care leaders that's focused solely on working with the academic community to learn more about health care best practices around the country and consider implementing them at VA.

Almost everything in the story was before Secretary Wilkie came to VA. Secretary Wilkie has been clear how he does business – no one from outside the administration dictates VA policies or decisions – that's up to him and President Trump. Period.

(b)(6)
Press Secretary
Department of Veterans Affairs
202-461-(b)(6)
(b)(6)@va.gov
@(b)(6)

From: Isaac Arnsdorf [mailto:(b)(6)@propublica.org]
Sent: Wednesday, August 15, 2018 4:51 PM
To: (b)(6)@va.gov
Cc: VA Public Affairs <VAPublicAffairs@va.gov>
Subject: [EXTERNAL] FACA lawsuit

Hi (b)(6)

I'm preparing an article about an upcoming lawsuit against the VA alleging that the outside advisory role of Ike Perlmutter, Bruce Moskowitz and Marc Sherman violates the Federal Advisory Committee Act.

Do you have any comment that I could include in the article?

My deadline is tomorrow morning at 11.

Thanks,
Isaac

Isaac Arnsdorf
PROPUBLICA
203.464.(b)(6)
(b)(6)@propublica.org