2003 Current Fiscal Year Report: President's Task Force to Improve Health Care Delivery for Our Nation's Veterans

Report Run Date: 06/04/2025 06:58:49 PM

1. Department or Agency

Department of Veterans Affairs

2. Fiscal Year

2003

3b. GSA

3. Committee or Subcommittee Committee

No.

President's Task Force to Improve Health Care

Delivery for Our Nation's Veterans

10793

05/31/2003

14c.

4. Is this New During 5. Current 6. Expected 7. Expected Fiscal Year? Charter Renewal Date Term Date

No 09/07/2001

8a. Was Terminated During 8b. Specific 8c. Actual Termination Authority

Yes Executive Order

13214

9. Agency 10b. Legislation

Recommendation for Next Req to Terminate?

Legislation Pending?

Terminate No

11. Establishment Authority Presidential

12. Specific 13. 14.

Establishment Effective Commitee Presidential?

Authority Date Type

Executive Order 13214 05/28/2001 Continuing Yes

15. Description of Committee National Policy Issue Advisory

Board

16a. Total Number of Reports 1

16b. Report Date Report Title 05/31/2003 Final Report

Number of Committee Reports Listed: 1

7 17b. Closed 0 17c. Partially Closed 0 Other Activities 0 17d. Total 7 Open

Meetings and Dates

Purpose	Start	End
Discuss format and issues for the Final Report to the President.	10/09/2002	- 10/09/2002
Discuss format and issues for the Final Report to the President.	11/13/2002	- 11/13/2002
Discuss format and issues for the Final Report to the President.	12/11/2002	- 12/11/2002
Discuss format and issues for the Final Report to the President.	02/12/2003	- 02/12/2003
Review format and issues for the Final Report to the President.	03/06/2003	- 03/06/2003
Review format and issues for the Final Report of the President.	04/09/2003	- 04/09/2003
Approval of the Task Force's final report for submission to the President.	04/24/2003	- 04/24/2003

Number of Committee Meetings Listed: 7

	Current FY FY
18a(1). Personnel Pmts to	\$0.00\$0.00
Non-Federal Members	φυ.υυ φυ.υυ
18a(2). Personnel Pmts to	\$0.00\$0.00
Federal Members	ψυ.υυ ψυ.υυ
18a(3). Personnel Pmts to	\$273,623.00\$0.00
Federal Staff	Ψ210,020.00 ψ0.00
18a(4). Personnel Pmts to	\$0.00\$0.00
Non-Member Consultants	40.000
18b(1). Travel and Per Diem	\$69,777.00\$0.00
to Non-Federal Members	
18b(2). Travel and Per Diem	\$0.00\$0.00
to Federal Members	φο.σσ φο.σσ
18b(3). Travel and Per Diem	\$53,722.00\$0.00
to Federal Staff	ψ55,7 22.00 ψ0.00
18b(4). Travel and Per Diem	
to Non-member	\$0.00 \$0.00
Consultants	
18c. Other(rents,user	
charges, graphics, printing,	\$1,409,472.00\$0.00
mail, etc.)	
18d. Total	\$1,806,594.00\$0.00
19. Federal Staff Support	3.00 0.00
Years (FTE)	3.00 0.00

20a. How does the Committee accomplish its purpose?

The President's charge to the Task Force was to identify ways to improve health care delivery to VA and DoD beneficiaries through better coordination and improved business practices. In July 2002, the Task Force presented preliminary findings in its Interim Report. The Task Force's conclusions, including 23 recommendations for action, are presented in its Final Report (May 2003). This can be viewed at www.va.gov.

20b. How does the Committee balance its membership?

The Task Force is comprised of 15 members appointed by the President. Two of the 15 members serve as co-chairs of the Task Force. The Task Force membership includes health care experts, officials familiar with VA and DoD health care systems, and representatives from veterans and military service organizations. Experts or consultants may be engaged, to the extent permitted by law, to assist the Task Force.

20c. How frequent and relevant are the Committee Meetings?

Task Force members visited numerous VA and DoD health care facilities around the country, conducted focus groups with beneficiaries, and met with many beneficiary organizations.

20d. Why can't the advice or information this committee provides be obtained elsewhere?

This Task Force is established by Executive Order 13214, dated May 28, 2001. The Task Force has access to the collective knowledge of federal and private health care experts familiar with VA and DoD health care systems, and military service organizations. VA and DoD cannot otherwise

continuously engage the collective knowledge of experts in these domains without the establishment of an appropriate advisory council.

20e. Why is it necessary to close and/or partially closed committee meetings? Meetings were not closed.

21. Remarks

Designated Federal Officer

Gail R. Wilensky Chair

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Committee Members	Start	End	Occupation	Member Designation
Alvarez, Everett	10/01/2001	04/07/2003	Private Consultant, Fmr. Viet. POW, Author, Fmr. Dep. Adm. Vets. Adminis.	Special Government Employee (SGE) Member
Anthony, Charles	10/01/2001	04/07/2003	Dir., Ctr. for Military Health Policy Research, RAND	Special Government Employee (SGE) Member
Clark, Terry	10/01/2001	04/07/2003	Fulbright Fellow, University of Jordan, Amman, Jordan	Special Government Employee (SGE) Member
Fleming, Mack	10/01/2001	04/07/2003	Attorney, Private Practice	Special Government Employee (SGE) Member
Hammerschmidt, John	05/10/2002	04/07/2003	Co-Chair;Retired Congressman	Special Government Employee (SGE) Member
Hosek, Susan	10/01/2001	04/07/2003	Professor of Policy Analysis, RAND Graduate School	Special Government Employee (SGE) Member
Krasner, Robert	10/01/2001	04/07/2003	VP of Medical Affairs, MacAndrews & Forbes Holdings, Inc.	Special Government Employee (SGE) Member

McCann, Samuel	10/01/2001	04/07/2003	Dir., Financial Affairs, Und.r Sec. for American Museums Programs, Smithsonian Inst.	Special Government Employee (SGE) Member
Porter, Arthur	10/01/2001	04/07/2003	President & CEO, Detroit Medical Center, Michigan	Special Government Employee (SGE) Member
Schwartz, Susan	10/01/2001	04/07/2003	Dep. Dir., Govt. Relations, Health Affairs, The Retired Officers Association	Special Government Employee (SGE) Member
Spanogle, Robert	10/01/2001	04/07/2003	National Adjutant, American Legion	Special Government Employee (SGE) Member
Wallace, Robert	10/01/2001	04/07/2003	Asst. Adjutant General & Executive Director, Veterans of Foreign Wars	Special Government Employee (SGE) Member
Walters, Harry	10/01/2001	04/07/2003	Principal, General Partnership, Lafayette Equity Fund, L.P.	Special Government Employee (SGE) Member
Weston, Josh	10/01/2001	04/07/2003	Retired Chairman, Automatic Data Processing, Inc.	Special Government Employee (SGE) Member
Wilensky, Gail	10/10/2001	04/07/2003	Co-Chair; John M. Olin Senior Fellow, Project Hope	Special Government Employee (SGE) Member

Number of Committee Members Listed: 15

Narrative Description

The Task Force conduced a significant review of VA and DoD health care delivery systems, identified ways to improve health care delivery to VA and DoD beneficiaries through better coordination and improved business practices, and in the Final

Report issued 23 recommendations to enhance health care access and efficiency as well as provide a more seamless transition for those moving from military service to veteran status. The Task Force review, findings and recommendations are directly linked to assisting VA in meeting its health care mission and support three of VA's strategic goals.

What are the most significant program outcomes associated with this committee?

	Checked if
	Applies
Improvements to health or safety	✓
Trust in government	✓
Major policy changes	✓
Advance in scientific research	
Effective grant making	
Improved service delivery	✓
Increased customer satisfaction	✓
Implementation of laws or regulatory	
requirements	
Other	
Outcome Comments NA What are the cost savings associated with this	s committee?
	Checked if Applies
None	
Unable to Determine	✓
Under \$100,000	
\$100,000 - \$500,000	
\$500,001 - \$1,000,000	
\$1,000,001 - \$5,000,000	
\$5,000,001 - \$10,000,000	
Over \$10,000,000	
Cost Savings Other	

Cost Savings Comments

What is the approximate Number of recommendate for the life of the committee?	ions produced by this committee
Number of Recommendations Comments NA	
What is the approximate Percentage of these recowill be Fully implemented by the agency?	emmendations that have been or
% of Recommendations <u>Fully</u> Implemented Comm VA has indicated either full or partial support for 21 of in the Task Force Final Report.	
What is the approximate Percentage of these recowill be Partially implemented by the agency?	ommendations that have been or
% of Recommendations Partially Implemented Co VA has indicated either full or partial support for 21 of in the Task Force Final Report.	
Does the agency provide the committee with feed implement recommendations or advice offered? Yes □ No □ Not Applicable ✓	back regarding actions taken to
Agency Feedback Comments NA	
What other actions has the agency taken as a resurrecommendation?	ult of the committee's advice or
Chec	cked if Applies
Reorganized Priorities	✓
Reallocated resources	⋖
Issued new regulation	
Proposed legislation	

Approved grants or other payments Other	
Action Comments NA	
Is the Committee engaged in the review of a	oplications for grants?
Grant Review Comments NA	
How is access provided to the information for	or the Committee's documentation?
	Checked if Applies
Contact DFO	
Online Agency Web Site	✓
Online Committee Web Site	
Online GSA FACA Web Site	✓
Publications	
Other	
Access Comments	