CONVERSATIONS WITH MIKE MILKEN

Richard Stone

Executive in Charge, Veterans Health Administration

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Mike Milken: Richard, thank you for joining us today.

Dr. Richard Stone: Thank you, Mike. I appreciate the time you've given us.

Richard, you have served our country in so many ways over the decades. You have an awesome responsibility. The Veterans Administration is the largest integrated healthcare system with 170 medical centers and more than a thousand outpatient sites. Richard, how is the VA responding to COVID-19?

The organization is showing extraordinary agility as it changes its focus. Like most healthcare systems in the nation, we were primarily an ambulatory system delivering care to about 320,000 patients a day. At any one time we had about 25,000 inpatients, a third of which were in our acute medical care units, a third in our nursing homes or what we call our CLCs and a third in our domiciliary program, which really works to restore veterans to independent living.

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This interview has been lightly edited for clarity and readability.

reorienting ourselves to our inpatient responsibilities and to the potential that the nation would need us to be it's backstop in a healthcare system.

We began emptying out our hospitals to the point that we normally run about an 80% occupancy rate and we drove that down to 40% by seeking alternative ways of care and also delaying elective procedures.

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In addition to that, we began reorienting our facilities, our personnel to accept higher levels of acuity, and by that I mean just sicker patients. So a nurse who might've been working in the operating room went through additional training in order to make sure that he or she could effectively care for an ICU patient.

We began growing numbers of beds as we saw governors across the nation asking for additional bed capacity. Our bedding at the time this started in January was about 10,000 acute medical care beds. We've grown now to over 13,000 and we'll continue that growth in preparation for the wave two of this virus.

There hasn't been a day over the last few months when we haven't heard about supply issues with PPE, ventilators and other items. Talk to us about logistics and how you prepare to be able to maintain supplies in the VA system.

Normally my logistics system keeps a two- to four-week supply on our shelves of all materials needed. Prior to the onslaught of this virus, we had made sure that we increased to about four weeks of supply. In addition, we keep a contingency stock because of our mission to support the nation in times of crisis. Most often that's used during hurricanes, floods, tornadoes, or earthquakes, but we keep about another two to four weeks of materials in that contingency stock.

In addition to that, we deal with prime vendors across the nation, which gives us visibility of our supply chain out an additional eight weeks. What's happened as part of this pandemic is we've had dramatic increased utilization of our materials. We have not entered our contingency stocks at this time, but what we did see was tremendous worldwide pressure on the supply chain, and most of our incoming deliveries frankly just disappeared.

As FEMA began to stand up the defense production act, they've been a great partner and have begun to to send us materials, and our supply chain has stabilized pretty dramatically. What's a bit different is I can't see eight weeks in advance what FEMA is

going to supply me and therefore we continue to to consider ourselves in a contingency operation mode. Not a crisis mode, but a contingency operation mode.

The Veterans Administration employs more than 350,000 healthcare professionals and support staff as well as thousands of volunteers. How are you ensuring their health and safety so that they can care for patients?

Well, you know, I've spent my whole career as either a soldier or in healthcare dealing with people that, by their very job definition, were at risk. Whether you're a soldier at war or whether you're a healthcare worker on the frontlines of pandemic, there is risk. And as we began to watch the data coming out of Italy, Spain, the United Kingdom, it became clear that there was very substantial risk to the healthcare worker. And therefore we have followed closely the Center for Disease Control recommendations.

As you are well aware, about 15% of the healthcare workers in Spain and in Italy have fallen ill to this virus with large death rates. We therefore published early on in this pandemic a COVID-19 response plan that actually said that we could experience the potential loss of 30% of our workforce either caring for another family member with COVID, caring for children that were not in school, or falling ill to the virus.

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We have seen healthcare systems across America suffer very significant losses, including in New Jersey, a public hospital associated with the university up there losing one-third of their employees and needing to be backfilled by the United States Army. We have seen healthcare systems like in Southeastern Michigan lose up to 4% of their employees infected with this virus.

So you will hear people talking about 1,900 employees of the VA being infected. Please remember that as of today we have 363,000 employees. About 0.6% of our employees have been infected, and we think that this reflects the fact that we followed CDC guidance very closely. We have a responsibility to each one of them to protect them and they will only be willing to come to work, as well as to volunteer to do the missions that we ask of them out in the community, if they feel that they are protected well.

Richard, you served our country as a combat physician and a leader in war zones. What lessons from those experiences do you bring to bear in responding to this coronavirus crisis?

The key is to be able to be in control of your own future. And part of being in control of your own future is to understand the enemy as best you can. Therefore, very early on we began modeling – and look, there's, there are 50 different models out there of what this virus was going to do – but the first thing we had to understand is what the potential penetrance of this virus was to the American population and to the veterans, and in response to that then to begin to restructure the system and our supplies and our personnel to respond to that potential threat.

When New Orleans was being overrun by the virus, in an operations-level call at 3:30 in the afternoon Eastern time, where a leader said, I think I'm going to run out of ventilators in the next 24 hours. Within a period of hours, 25 ventilators were moving from Texas and from Minneapolis to support the effort in that area. That agility is a lesson learned from warfare that has allowed us to react in the manner we have and that has allowed us to reach the point that the secretary was able to offer to the American people 1,500 acute care beds.

After the hurricane, we rebuilt the hospital in New Orleans with broad functional capability. We only stood up 20 ICU beds and made the rest into regular medical surgical beds, but every one of those medical surgical beds was equipped with the piping and the oxygen and the wiring to convert to an ICU bed if necessary. The leadership of that hospital as well as the regional leadership was able to convert from 20 ICU beds to a hundred in just a matter of 96 hours. It was an extraordinary testament to the innovation and creativity, as well as the foresight, of the engineers and the architects that built a multifunctional hospital.

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A number of years ago, the Prostate Cancer Foundation and the VA entered into a partnership. We committed $50 million to ensure our veterans get the best possible care and to coordinate partnerships between the VA and major research hospitals. Your partnership with the University of Michigan has not only helped veterans with their cancer care, but has helped in the fight against COVID-19. Tell us about what's happening in Detroit.

Detroit, like many economically challenged big cities has large amounts of its population with significant comorbidities of diabetes and hypertension and obesity. We began to see very rapid escalation in cases in Detroit and were able to use the close proximity of the Ann Arbor VA as well as the Detroit VA to allow us to accept not only veterans but also civilian patients. The University was kind enough to support us with a number of ventilators.

Let me comment for just a minute about the wonderful partnership that we've had, Mike, with the Prostate Cancer Foundation, your team. People don't generally recognize that the VA is the largest provider of cancer services in the nation. Every year we diagnose prostate cancer in 12,000 new veterans. Every day we make the diagnosis of cancer 200 times in veterans. The idea that veterans should be at the front of the line was really you and your team.

We are incredibly thankful of the fact that the donation of the $50 million opened doors to have us develop what we call *precision oncology* and to be able to look for genetic mutations in every veteran who's diagnosed with cancer to really find unique therapies for those cancers. The tragedy is that although we can find genetic mutations in many cancers, that the FDA does not have drugs that have been approved for more than 15 or 20% of those cancers.

"If you know any family member, any friend, who is going through intense social isolation, pick up the phone today and say you're thinking about them. ... We can come through this as a community and as a society a lot stronger if we all reach out to each other and connect in ways that we don't during normal times."

The goal we have is that for every genetic mutation in a cancer that we can find, it can be matched to a drug that will give a patient hope and be able to move us forward. Black males in America who are diagnosed with prostate cancer have a lower survival than all other racial or ethnic groups – except in one subpopulation, and that is in the VA. We think that is really the beauty of this integrated healthcare system and really is a testament to the partnership that you all have created.

Thank you Richard, and you've made an extremely important point. African-American men have a death rate almost twice that of non-African-Americans in prostate cancer. Bringing those rates down so substantially as testimony to the VA system and our partnership with these cancer centers. I'd like to go back to when you received the title and responsibility as Executive in Charge of the Veterans Health Administration. What responsibilities came with that title?

It is performing the duties of the under secretary for health. The three principal responsibilities as I came in here two years ago now to take over leadership of the health care system was to, number one, restore the trust of the American people in this system. And the only way you restore trust is with reliability and dependability in your processes.

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The second is to recognize that by the sheer size of this organization, it cannot be top-down driven. It must develop the systems that allow the organization to learn from itself and to talk through problems in an open and transparent manner and within a just culture that allowed the exposure of weaknesses and strengths. Therefore, we stood up a health operations center that, literally during this crisis for two hours a day, the entire nation of healthcare leaders gets on and talks about their issues, talks about their problems, talks about any unique ways they've solved a problem, and allows the organization to very quickly become a learning organization.

The final piece of my responsibility was to modernize our systems, and make no mistake the centerpiece of that modernization was to change out our 30-year-old electronic medical records system. Now, one of the reasons that's so important is that in healthcare, 95% of your business processes connect in some way to your electronic medical record system. When you change out your electronic medical records system, you need to examine every single business process and either validate it or change it and update it.

Those were the three primary missions given to me by the secretary as I came in, and they remain the three primary missions even in the face of this pandemic

I know you have been very focused on the mental health of our veterans, as have we. How have you addressed the challenge of isolation?

Seventy percent of the veterans in America are combat veterans. As such, we tend to isolate ourselves. We tend to not feel comfortable around non-veterans, and we tend to congregate into veteran communities if at all possible.

Early on in this pandemic, we began to see veterans canceling their mental health visits. In response to that, we immediately had our mental health care teams connecting to

veterans that they felt were at risk. On any given day, we see about 200,000 veterans for mental health visits. In our analysis of this week's work, our actual contact with mental health visits is up about 10%. Now very few of them are being done face-to-face. The majority are being done by telemedicine or telehealth and have been quite effective at making contact.

One of the things I would ask your listeners: if you know any family member, any friend, who is going through intense social isolation, pick up the phone today and say you're thinking about them, that you wish them well, talk about what's going on in your life, which is also experiencing intense isolation. And I will tell you that I think we can come through this as a community and as a society a lot stronger if we all reach out to each other and connect in ways that we don't during normal times.

Richard, you've been so focused on the VA family, but what about your own family? How are they doing?

Well, my dad's a 101-year-old veteran. He's in an assisted-living down in southwest Florida. And, in advance of this, my wife and my 18 and 20 year old decided to go down to Florida to make sure that they were close to dad. They discovered that they could not visit him because it was closed off to visitors and that was the right decision.

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Unfortunately, after a few weeks down there, even in spite of quarantine, my 18 year old did develop COVID and developed bilateral pneumonia. And after some great care, he is recovering beautifully, and although short of breath and quite a bit thinner than he was going into the illness, he's doing quite well. Thankfully my wife and daughter are still doing well and now we're talking about what tests to do in order for us to reunite in the future. But they've been down there about six weeks now and, and we are quite fortunate that, luckily, as my son went into this illness, he had no comorbidities and did quite well.

How about yourself, Richard? Are you going to the office?

Our immediate team has continued to come to work every day because of our health operations center work and our ability to connect using visual technology that's only available within our operations center. We've been at it seven days a week for the last few months. Two weeks ago we made a decision to go to six days a week, but the days are about 12 to 14 hour days. We've stayed a pretty closed community. There's very few

people that we let in amongst us, so we've had no cases of COVID amongst our inner team. Normally there are about 6,000 people that work in VA's central office, and I would say we're a team of 30 to 50 now that in the building. We've stayed pretty close to each other and taken care of each other as we've worked our way through.

The second thing is our emergency operations center normally operates out of West Virginia, and during a major event we would bring them into the emergency operation center here in Washington DC. We made a decision *not* to do that, to protect their health and to keep the teams isolated so that if one of the teams was affected by the virus, we would still have backup in order to be able to run this very complex, huge healthcare system. They have also been COVID free, so we're quite pleased.

For all of us that are combat veterans, we recognize the fact that when you're in combat – my longest deployment was a little over 15 months – every day feels a bit the same. It's the same here. Very often we're asking which day it is. It is a bit of Groundhog Day as you go through this, but we feel we're doing the right thing to protect America's veterans as the nation expects us to do.

Richard, we all look forward to a complete recovery for your son and I look forward to celebrating your father's 102nd birthday with you. Thank you for your service to our country. Thank you for caring for our veterans and thank you for sharing your time with us today.

Thank you so much and thanks for the courtesy of giving us this time to discuss a VA healthcare.
