

U.S. Department of Veterans Affairs
Office of Acquisition and Logistics



Chicago Federal Supply Schedule Forum, Day One Report

Submitted by:
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Ambit Group, LLC, a Service Disabled Veteran Owned Small Business, is a results-driven, strategic management consulting firm. We draw on proven methodologies and a commitment to our client's success to provide services and solutions that deliver meaningful, measurable and sustainable results.

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Executive Summary

When: October 20, 2010

Where: Marriott O'Hare, Chicago, Illinois

Number of Attendees: One hundred twenty representatives from ninety-six companies

Industry Breakout Groups

621I - Professional & Allied Healthcare Staffing Services

621I - Professional & Allied Healthcare Staffing Services

651B - Drugs, Pharmaceuticals, & Hematology Related Products

65IIA - Medical Equipment & Supplies

65IIA - Medical Equipment & Supplies

65IIA - Medical Equipment & Supplies, 65IIC - Dental Equipment & Supplies, and 65VII – In-vitro Diagnostics, Reagents, Test Kits, & Test Sets

Other

Key Themes

General Comments

- Commercial clients are much easier to work with, because there is not as much bureaucracy.
 - Why work for VA when you can get double the rate elsewhere? Veterans will get low class services because rates are well below market rates.

Communications

- Suppliers feel the VA does not value them; there is no focus on customer service or "Service Level" support provided to the contractor community.
 - Lack overall responsiveness
 - Lack of timely communications and contract activities
 - Generally poor communications with suppliers
 - Little feeling of "partnership"
- There is a lack of communication between VA and potential buyers.
- The contracting group at the NAC is disconnected from the Consolidated Mail Outpatient Pharmacies (CMOP).
- There is conflicting information between across VA representatives.
- There is no stable process of escalation for issues pertaining to the acquisition process.
- There is a consistent lack of follow up or returning of communications.
 - If the NAC needs something, the supplier gets it to them right away. If the supplier needs something, the NAC drags their feet.
- The VA does not effectively communicate or interpret changes to policy and processes.
- Suppliers would like more transparency in the acquisitions process.

- Improve the notification of award or cancellation of solicitation.
- Contract modification status changes should result in automatic notifications.

Roles and Responsibilities

- Some COs in the past were very knowledgeable and professional. The COs knew the ins and outs of the process.
 - Other suppliers reported CO knowledge was variable in the past.
 - COs are often not sensitive to the magnitude of the contract.
 - COs seem to have no sense of urgency.
 - Are the COs more interested in the mission or the checklist?
- There is no single point of contact, which means there is no accountability or ownership for getting things done.
 - Suppliers need better contact lists.
 - Suppliers typically don't know who to go to for assistance, as their CO kept changing.
 - Participants prefer a single POC who is accountable for their contract.
- There is a lack of urgency to perform. The VA Contracting workforce is losing a sense of the mission for the veterans.

Training

- Suppliers want to learn more about the VA side of the process.
 - Suppliers want to know the rationale for the IFF.
- VA contracting staff is not educated in the specialized areas which they are handling.
 - This is particularly true for the healthcare services industry.
- COs and COTRs do not have a technical knowledge of the business or the needs of the end user.
 - This results in solicitations that contain unclear requirements.
- Include GPO education and training in CO and Contract Specialist (CS) training. This would bring value to the supply chain.

Process

- The process was not perfect before, but problems have increased or gotten worse since the changes at the NAC in 2009.
 - Suppliers still report good relations with NAC staff.
- Suppliers feel they understand the reasons for reorganization at the NAC, but they are concerned is about the execution of the changes.
- The IG is too involved in VA process. The GSA IG is much more reasonable.
- The VA generally lacks of standardization and consistency regarding contracting activities.
- Participants waited anywhere from three to eighteen months to get on the schedule.
 - Instructions on the FSS applications are typically not clear. The quality of instruction depends on the quality - and presence - of a contact.
 - Slow VA response times delay the process.
 - The pre-award audit is a very lengthy, costly, and arduous process.

- It took one supplier thirty months to get a renewal. There is no recognition of current schedule holders when they want to get on a new schedule. They are still required to do all of the due diligence as if getting on a schedule for the first time.
 - Why can't some of the information transfer over?
- There is an inconsistency with RFP standards. Many have different specifications in regards to time and requirements.
 - Generally speaking, requirements are too specific on an RFP. The RFPs should be more generalized to allow more companies to compete in the bidding process who may be able to offer a better product or solution.
- There is no central location for RFPs. Breakout participants are struggling to find the information. There are a lot of opportunities that they are unable to bid on because they do not know they exist.
- When you submit a question on a RFP, the response time is pitiful. E-mails and phone calls continue to go unanswered.
- Final Price determination does not fully appreciate commercial pricing history and market conditions.
 - There is an ambiguity of best value. Awards seem based on the lowest bidder, so VA receives a low quality of work.
- There is a general issue around timeliness – Everything takes too long.
 - Suppliers feel this is due to high turnover of CO staff. The new staff must orient themselves to the supplier's product and practices. It takes a substantial amount of time to get a new person up to speed on the contract.
 - Occasionally requisitions from annual or quarterly service purchase orders (POs) do not come in on time. This creates issues such as credits and re-bills.
 - VA is not completing contract modifications in a timely manner. This can cause suppliers to be found out of compliance with their contractual requirements.
 - VA should commit to turn around times for contract actions.
- Modification approval speed has been reduced substantially.
 - When adding products to the schedule, the supplier must start from the beginning. Every step in the process must be redone.
 - Each modification seems to be a dialogue to renegotiate the contract.
 - It is very difficult to disclose price reductions.
 - Adding products to the GSA schedule is much faster. GSA adds products in 30-60 days, while VA is not even close to this turnaround speed.
 - Slow contract modification means suppliers cannot be competitive within the market when it comes to technology and pricing.
- Suppliers appreciate VA credit card invoicing because of the ease of use.
- The commercial sales practice format (CSPF) requires a ridiculous amount of data. One supplier had to report over a million invoices. This is a huge burden not duplicated elsewhere in business

Recommendations

General Recommendations

- Industry representatives are interested in working with VA to find resolutions to VA acquisitions issues.
 - This could be arranged as a not-for-profit association
 - NALTO has offered their input.
- The VA should consider developing set-aside schedules
- Set-aside schedules should use U.S. Air Force best practices

Communications

- Provide feedback on the changes resulting from these forums.
 - Communicate related deadlines.
 - VA should provide quarterly reports on forum-related activities.
 - Suppliers would like to see a visual roadmap of where VA progress and goals.
- VA should improve communications practices with suppliers.
 - Communications should be open, timely, and efficient.
 - The VA should communicate promptly and honestly the results of audits and resulting impact on modifications, awards, and the future of the schedule.
 - Utilization of web portals and online programs would allow VA to promote transparency in the acquisition and modification processes.
- VA must communicate internally.
 - There is no consistency among VA staff.
- The VA should consider constructing a contractor "Bill of Rights" with recourse and/or ombudsman. This might include:
 - Acknowledgement of communications in X number of business days.
 - Promise to return suppliers phone calls/emails in X number of business days
 - Support Help Desk requests
 - Acknowledgement of contract actions (receipt of and provide point of contact)
 - VA Points of Contact will introduce themselves to the suppliers
 - Define "super star" performance metrics

Training

- Suppliers want industry representatives on the curriculum review panel for the VA Acquisitions Academy.
 - Include more training for COs on best value negotiations.
 - Suppliers would pay for training for themselves and their colleagues. They would like to see a 2 day training session for dealing with the NAC and would be willing to pay around \$100.00 for the session.
 - Suppliers want the process structure explained in detail.
- VA should be more explicit about World Trade Organization (WTO) requirements.

Roles and Responsibilities

- Suppliers suggest a human resources (HR) program for acquisitions staff. This HR program should:
 - define the job and illustrate the expected career path,
 - review hiring credentials to locate gaps,
 - educate staff with focus on knowledge gaps,
 - define a team model for mentoring, enabling newer employees to get 'up to speed' more quickly and enforce standardization in staff activities.
- VA should ensure that COs are held accountable for process activities and timelines.
- The role of the VA IG needs to be reviewed.
 - The IG should not be playing a program management role.
 - VA IG being involved in the negotiation process is in violation of the FAR.
 - VA IG should not offer any official note of 'all clear' once an audit is complete.

Processes

- A supplier suggested giving FSS to GSA.
- VA should commit to firm turnaround times for completion of acquisitions tasks.
- Define and communicate templates for standard documents and processes across all Veterans Integrated Service Networks (VISNs).
 - There should be a standard library of terminology.
- VA should use electronic processes and forms for receipt and storage of information.
 - VA should conduct a review of VA IT systems currently in place with the goal of streamlining and simplifying data entry, retention, and management across processes to reduce the burden on all parties.
 - Electronic submission tools typically provide greater transparency through process tracking features.
 - VA should use an electronic Contractor Performance Assessment Reporting System (CPARS) to store supplier client references and past performance
 - An electronic system can alert COs and suppliers that a contract is going to expire.
 - DAPA (with the DOD) has an interface similar to the description above where you upload all of your Modifications and it has been very helpful and easy to use.
- VA needs to keep abreast of GSA tools and best practices.
 - GSA liaisons for different platforms would be helpful, as they could assess, standardize, and implement good and emerging practices.
 - These liaisons should be on the GSA eTools committee.
 - Suppliers expressed great fondness for the eMod and eOffer systems.
- VA should consider creating a Center of Excellence (COE) for the medical service industry, similar to the TAC for information technology purchasing.
- VA needs to have performance timelines and a better tracking system to know where various contracts are in the process.
- VA should automatically de-brief both the winning and losing suppliers after a contract award.

- The Center for Medicare & Medicaid Services hold Medical Administrative Contractors (MAC) contracts which allow the agency to “try before they buy.” VA should do something like this.
 - The NAC should know that medical contractors are not permanent employees of the supplier and the supplier cannot just put them into “storage.”
- Suppliers prefer ‘cradle to grave’ CO relationships. As VA seems to be moving away from this model, other alternatives include CO liaisons or teams – perhaps teams focused on contract types or subtypes. Contracts should not ‘bounce’ around from CO to CO as much as they currently do.
- When a modification is assigned a tracking number, it should also have an assigned CO
 - Give easier/lower cost modifications to newer COs and more complex/higher cost modifications to more experienced staff.
 - An alternative is to have one ACO assigned to each contract who would handle all of the modifications. PCOs can float among different contracts, and would negotiate terms and conditions. This would work well as an adaptation of the current structure.
- Modification documents should be available on the NAC Web site.
- Remove the Price Reductions Clause – let the market decide what the price is.
- VA should implement a system that would allow suppliers to provide feedback on CO and COTR performance.

621I - Professional & Allied Healthcare Staffing Services

Facilitator – Paul Cooper

Note Taker – Dan Palcic

Key Themes

- Participants waited anywhere from three to eighteen months to get on the schedule.
 - It took one supplier thirty months to get a renewal.
- Some COs in the past were very knowledgeable and professional. The COs knew the ins and outs of the process.
 - Other suppliers reported CO knowledge was variable in the past.
 - COs are often not sensitive to the magnitude of the contract.
 - COs seem to have no sense of urgency.
 - Are the COs more interested in the mission or the checklist?
- Suppliers reported poor overall communication and conflicting messages from VA staff. Some communication challenges include:
 - There is conflicting information between contracting and small business plan contacts.
 - There is a lack of response from the NAC agency and a lack of support from contract representatives.
 - There is a consistent lack of follow up or returning of calls.
 - If the NAC needs something, the supplier gets it to them right away. If the supplier needs something, the NAC drags their feet.
- Final Price determination does not fully appreciate commercial pricing history and market conditions:
- Commercial clients are much easier to work with, because there is not as much bureaucracy.
 - Why work for VA when you can get double the rate elsewhere? Veterans will get low class services because rates are well below market rates.
- There is an ambiguity of best value. Awards seem based on the lowest bidder, so VA receives a low quality of work.
- Improve the notification of award or cancellation of solicitation.

Recommendations

- Start communicating.
- After the NAC reorganization, companies had no dedicated CO, only the call center. No one answers at the call center. Suppliers would like to have the CO, not the call center.
- Somebody needs to be held accountable; suppliers keep getting the run around.
- The process feels more confusing now than it used to be.
- Get it right the first time. Get everyone on the same page and get questions answered.
- Create and order templates for each specialty and make them standard across all Veterans Integrated Service Networks (VISNs).
- Communicate internally. Suppliers have to go thru contracting and can't talk to the service line, but CO doesn't know specifics because they are not asking the service line.

- Provide consistency to the format of the SOW.
- Be more sensitive. The NAC should know that the physicians are not permanent employees of the supplier and the supplier cannot just put them into a “storage facility.”
- If VA would consider working with NALTO, it would help with some of these issues.

621I - Professional & Allied Healthcare Staffing Services

Facilitator – John Condon

Note Taker – Megan Dunn

Key Themes

- The VA does not effectively communicate or interpret changes to policy and processes.
- VA contracting staff is not educated in the specialized areas which they are handling. This is particularly true for the healthcare services industry.
- VA does not value the suppliers as customers, and there is no focus on customer service or “Service Level” support provided to the contractor community.
 - Lack overall responsiveness
 - Lack of timely communications and contract activities
 - Generally poor communications with suppliers
 - Little feeling of “partnership”
- The VA generally lacks of standardization and consistency regarding contracting activities.
- There is a lack of urgency to perform. The VA Contracting workforce is losing a sense of the mission for the veterans.

Recommendations

- There should be regular, ongoing dialogue between NALTO companies, FSS holders, and the VA in the area of healthcare. This would give suppliers the opportunity to partner with the VA on an informal, open level and on a regular basis. This could be a not-for-profit association similar to the American Council for Technology – Industry Advisory Council (ACT-IAC) for IT government and industry.
- To enable businesses to expand beyond their geographic location, the VA should consider allowing industry to do business within the perimeter of that company’s local Veterans Integrated Services Network (VISN). This involves issues regarding state employment regulations.
- VA should take a systematic approach to RFP/RFIs and import work (use U.S. Navy best practice).
- For RFPs, the VA should always use an electronic Contractor Performance Assessment Reporting System (CPARS) to look up supplier client references and past performance references rather than ask for new client references with each proposal.
- VA should automatically de-brief both the winning and losing suppliers after a contract award.
- If the Office of the Inspector General (OIG) reinforces the quality of patient safety, then the ‘lowest price’ philosophy is contradictory to finding the highest quality of suppliers. The VA should consider less evaluation weight on price regarding medical service solicitations.
- There should be a standard library of terminology used for RFP/RFIs for 621I schedule holders.
- The VA should consider developing set-aside schedules (use U.S. Air Force best practice).

- The Center for Medicare & Medicaid Services hold Medical Administrative Contractors (MAC) contracts which allow the agency to “try before they buy” and the supplier did not require the agency to pay the doctor a conversion fee. VA should do something like this.
 - “Anyone should have the right to work for the federal government if they are able.”
- The VA should communicate promptly and honestly with 621I suppliers about the results of the recent Office of the Inspector General (OIG) audit and its impact on modifications, awards, and the future of the schedule itself.
- The VA should consider setting service level expectations around response times from the NAC and all Contracting Officers. There could also be escalation channels provided to the suppliers when these expectations are not met; and or,
- The VA should consider constructing a contractor “Bill of Rights” with recourse and/or ombudsman. This might include:
 - Acknowledgement of communications in X number of business days.
 - Promise to return suppliers phone calls/emails in X number of business days
 - Support Help Desk requests
 - Acknowledgement of contract actions (receipt of and provide point of contact)
 - VA Points of Contact will introduce themselves to the suppliers
 - Define “super star” performance metrics
- The VA should consider creating a Center of Excellence (COE) for the medical service industry; 621I schedule holders (the TAC is a COE for information technology purchasing, for example).

651B - Drugs, Pharmaceuticals, & Hematology Related Products

Facilitator – Lou Kerestesy

Note Taker – Drew Poiter

Key Themes

- There is a severe lack of communication between the VA's NAC and suppliers.
- There is no stable process of escalation for issues pertaining to the acquisition process.
- Many phases of the acquisition process take an excessively long time to complete or resolve. This can adversely affect both VA and the suppliers.
- COs and Contracting Officer's Technical Representatives (COTR) do not have a technical knowledge of the business or the needs of the end user. This results in solicitations released by VA that contain unclear requirements for the supplier to bid on.
- There is a lack of communication between VA and potential buyers.
- Contracting group at the NAC is disconnected from the Consolidated Mail Outpatient Pharmacies (CMOP).
- Suppliers would like more transparency in the acquisitions process, especially in the contract modification process.
- VA is not completing contract modifications in a timely manner. This can cause suppliers to be found out of compliance with their contractual requirements.

Recommendations

- VA should improve communications practices with suppliers. Communications should be open, timely, and efficient.
- VA should implement a system that would allow suppliers to provide feedback on COs and COTRs.
- Utilization of web portals and online programs would allow VA to promote transparency in the acquisition and modification processes.
- VA should use electronic processes and forms for receipt and storage of information.
- There should be a system that alerts a CO that a contract is going to expire on a certain date so that they can alert the supplier.

65IIA - Medical Equipment & Supplies

Facilitator – Pat Tallarico

Note Taker – Andrew Carr

Key Themes

- The most problematic part of the process for Schedule holders involved the modification process.
- Although things were not perfect before, problems that people have experienced have increased or gotten worse since the changes in workflow made at the NAC in 2009.
- There is a general issue around timeliness – Things simply take too long.
- There is no single point of contact, which means there is no accountability or ownership for getting things done.
- There is a lack of consistent understanding about requirements throughout the business process – from solicitations to modifications. This lack of consistency also extends throughout the different levels of organization.

Recommendations

- Instead of randomly assigning COs to modifications, give the easier/lower dollar amount ones to newer COs and more complex/higher dollar amount ones to more experienced staff.
- Remove the Price Reductions Clause – let the market decide what the price is.
- Place the auditor back into the role that they were in prior to the reorganization.
- Parallel the GSA process more closely.
- Be more explicit about World Trade Organization (WTO) requirements.
- Communicate a repeatable process.
- Include more training on negotiations and on how products should be negotiated to get best value.
- Promote more ownership and accountability among staff and institute tracking to assess timelines measures.

65IIA - Medical Equipment & Supplies

Facilitator - Doug Black

Note Taker - Jennifer Rhea

Key Themes

- The reasons for reorganization at the NAC are understood, but the concern is about the execution of the processes.
- It is taking too long to get on a schedule. One participant has been trying to get on a schedule for 4 years.
- There is no recognition of current schedule holders when they want to get on a new schedule. They are still required to do all of the due diligence as if getting on a schedule for the first time. Why can't some of the information transfer over? This process can take up to a year.
- The NAC seems to be developing its own rules and not following General Services Administration (GSA) rules. They are not reading the clauses in the contract. It is a time intensive process just to pass the toll gate to get into the NAC.
- Information seems to go into a black hole. Who are the authorities at the NAC? Information seems to get lost once sent to the NAC.
- Everyone would like to know the people they are working with. It's frustrating to not know who is dealing with each contract.
- There is an inconsistency with RFP standards. Many have different specifications in regards to time and requirements.
- Generally speaking, requirements are too specific on an RFP. The RFPs should be more generalized to allow more companies to compete in the bidding process who may be able to offer a better product or solution.
- There is no central location for RFPs. Breakout participants are struggling to find the information. There are a lot of opportunities that they are unable to bid on because they do not know they exist.
- When you submit a question on a RFP, the response time is pitiful. E-mails and phone calls continue to go unanswered.
- In terms of delivery, there is an issue with expedited shipping. Do you have to do expedited shipping if VA won't pay for it?
- In general, participants would like to know "to whom I'm supposed to be speaking to about what." All schedule holders need to have better contact information at their disposal.
- Include GPO education and training in CO and Contract Specialist (CS) training. This would bring value to the supply chain.
- Most participants who use the credit card with VA agree VA is great when dealing with invoicing because of the ease of use associated with the credit card.
- Once you win an award, who is approving the price list? Schedule holders are aware it comes through the GSA Advantage program, but who approves it and uploads it and where does it go?
 - Recommendation: Use DAPA to manage this electronically.

- Suppliers would like to know what they can do to improve the working relationship with VA/NAC.
- What metrics and accountability is the NAC building into their COs? How are they measuring CO performance?
- An impact of a slow contract modification is that you cannot be competitive within the market when it comes to technology and pricing. Business is lost during the period of approval.
- There is still the issue of the lag time because of the high turnover of CO staff. The new people have to orient themselves to you, your product, etc. every time you have a new CO assigned. It takes a substantial amount of time to get a new person up to speed on the contract.
- Each modification seems to be a dialogue to renegotiate your contract. There needs to be more consistency.
- Suppliers want to know the rationale for the IFF?

Recommendations

- Incorporate technology into the modification process. All participants dislike the modification spreadsheet.
 - VA should hire one engineer to make a simple software program where you can submit the information and establish a tracking number and at any point in the process, the CO can make adjustments, with the supplier able to view and track the contract throughout the process as well.
 - DAPA (with the DOD) has an interface similar to the description above where you upload all of your Modifications and it has been very helpful and easy to use.
- It's quite obvious VA doesn't know how long it's taking to get workloads done. VA needs to have performance timelines and a better tracking system to know where various contracts are in the process.
- There should be a better transfer of information from person to person at VA. They should ensure the FSS person in process gets all of the information if they have recently been appointed to a contract already in progress. There is an issue with new people coming in who have old copies of information which could have been and usually have been modified. This prolongs the process.
 - Modifications should not be split up and each assigned different contract numbers.
 - All of the modification forms should follow the same format.
- RFP process takes too long.
 - The RFP should account for price fluctuation in raw material price amount.
- There isn't much standardization across VISNs/med centers in regards to RFPs. There is no top down and it's frustrating. There should be a central place for all RFPs. General consensus among breakout group is it should be done more like the DOD.
- There should be an extended deadline for posting RFPs.
- Is there a way to find out if delivery will be through the prime vendor program through VA?
- Participants would like the FSS process managed electronically as much as possible.
- There should be an expedited process for small businesses to get on FSS Schedule.

- Participants would like to know when they are going to see the changes resulting from these forums. Are there deadlines?
- Provide all FSS contractors with quarterly reports on their progress to make changes discussed during these forums.
- Participants would like to see a visual roadmap of where VA is now and where they want to be. Everyone wants to know what VA and NAC are doing to get where they eventually want to be.
- There should be more COs.
- Why is there a different POC for every contract? There should only be one. The private sector does this.
- Recommendation to have 1 ACO assigned to each contract who would handle all of the modifications on each contract. PCOs can float among different contracts. PCO would negotiate terms and conditions. This would work well with the current structure as well as to help level the work load.
- Suppliers would pay for training for themselves and their colleagues. They would like to see a 2 day training session for dealing with the NAC and would be willing to pay around \$100.00 for the session.
- When you go to the NAC Web site, you should be able to download modification docs, but still there is no spreadsheet posted to the site.

65IIA - Medical Equipment & Supplies, 65IIC - Dental Equipment & Supplies, and 65VII – In-vitro Diagnostics, Reagents, Test Kits, & Test Sets

Facilitator - Leah Krynicky

Note Taker - Ashley Davis

Key Themes

- Participants would like a single POC who is accountable for their contract.
- Participants are frustrated by extensive delays in contract renewal and modifications.
- VA should commit to turn around times for contract actions and communicate openly with suppliers.
- There are significant problems with the frequency, timeliness, and clarity of communications coming from acquisitions.

Recommendations

- VA should commit to firm turnaround times for completion of modifications.
- When a modification is assigned a tracking number, it should also have an assigned CO
- VA should move to electronic modifications like GSA.
- VA should implement as many automated processes as possible.
- Give FSS to GSA
- Keep VA IG out of the negotiation process. It is in violation of the FAR.

Other

Facilitator – Chris Durney

Note taker – Ben Rebach

Key Themes

- The NAC reorganization has been a disaster. There is too much starting from scratch.
 - The NAC has very professional staff.
 - Suppliers report good relations with NAC staff.
- Suppliers report significant delays in getting on a schedule.
 - Instructions on the FSS applications are typically not clear. The quality of instruction depends on the quality - and presence – of a contact.
 - Getting on the schedule is an extremely slow process, largely due to slow response time. A supplier reported three years from start to award.
 - The pre-award audit is a very lengthy, costly, and arduous process.
- The commercial sales practice format (CSPF) requires a ridiculous amount of data. One supplier had to report over a million invoices. This is a huge burden not duplicated elsewhere in business
- The turnaround time on FSS renewal is very poor. A lot changes in most industries in the time it takes to get on schedule.
- The IG is too involved in VA process. The GSA IG is much more reasonable.
- Occasionally requisitions from annual or quarterly service purchase orders (POs) do not come in on time. This creates issues such as credits and re-bills.
- After the NAC reorganization there have been communications issues.
 - Suppliers typically don't know who to go to for assistance, as their CO kept changing.
 - Queries are not acknowledged and there are no status updates.
- Modification approval speed has been reduced substantially.
 - When adding products to the schedule, the supplier must start from the beginning. Every step in the process must be redone.
 - It is very difficult to disclose price reductions.
 - Adding products to the GSA schedule is much faster. GSA adds products in 30-60 days, while VA is not even close to this turnaround speed.

Recommendations

- Suppliers prefer 'cradle to grave' CO relationships. As VA seems to be moving away from this model, other alternatives include CO liaisons or teams – perhaps teams focused on contract types or subtypes. Contracts should not 'bounce' around from CO to CO as much as they currently do.
- Suppliers suggest a human resources (HR) program for acquisitions staff. This HR program should:
 - define the job and illustrate the expected career path,
 - review hiring credentials to locate gaps,
 - educate staff with focus on knowledge gaps,

- define a team model for mentoring, enabling newer employees to get 'up to speed' more quickly and enforce standardization in staff activities.
- VA should support employee retention, possibly via:
 - pay scale
 - reduced workload
 - quality of experience
- Suppliers want industry representatives on the curriculum review panel for the VA Acquisitions Academy.
- VA needs to keep abreast of GSA tools and best practices.
 - GSA liaisons for different platforms would be helpful, as they could assess, standardize, and implement good and emerging practices.
 - These liaisons should be on the GSA eTools committee.
- Conduct a review of VA IT systems currently in place with the goal of streamlining and simplifying data entry, retention, and management across processes to reduce the burden on all parties.
 - Utilizing an electronic submission tool similar to eMod process is highly recommended.
 - Electronic submission tools can save data, eliminating the need for the large amount of redundant data entry in the current process.
 - Electronic submission tools typically provide greater transparency through process tracking features.
 - Suppliers expressed great fondness for the eMod and eOffer systems.
- The role of the VA IG needs to be reviewed.
 - The IG should not be playing a program management role.
 - VA IG should not offer any official note of 'all clear' once an audit is complete.
- Utilize existing past performance data in IG audit determinations.
- Provide feedback on forum suggestions, indicating progress, challenges, and other information. Do not allow forum recommendations to disappear without feedback.
- Suppliers want the process structure explained in detail.

Appendix A: Agenda

Time	Session
8:30 AM – 9:00 AM	Registration and Informal Interaction – Morning Beverages
9:00 AM – 9:30 AM	Opening Remarks in General Session Room – Chicago Ballroom D:
9:30 AM – 12:00 PM	Breakout Session, Acquisition business processes. <ul style="list-style-type: none"> ▪ Getting on the FSS schedule ▪ Request for Information (RFI)/Request for Proposals (RFP) ▪ Award and Kickoff ▪ Delivery ▪ Contract Modification ▪ Closeout
12:00 PM – 1:30 PM	Lunch
1:30 to 2:45 PM	Breakout Session, Themes <ul style="list-style-type: none"> ▪ Contract type (FFP, T&M, CP, etc.) ▪ Challenges with unclear requirements ▪ COTR concerns
2:45 to 3:00 PM	Break
3:00 to 3:45 PM	Plenary – VA responses to questions identified in breakout sessions
3:45 to 4:15 PM	Plenary – Structured Live Q&A Session with Audience
4:15 to 4:30 PM	Closing Remarks and Next Steps
4:30 PM – 5:30 PM	Informal Interaction and Mixing - Cash Bar in Firehouse Tavern

Appendix B: Attendees

First Name	Last Name	Organization or Agency
Aaron	Ray	Staff Care
Alfred	Harmon	
Angela	Buffa	Ideal Medical, Inc. dba/idMedTech
Anne	Anderson	Medical Doctor Associates, LLC
Annette	Hamilton	
April	Gerzel	Abbott Laboratories
April	Kraak	Medikmark, Inc.
April	Gerzel	Abbott Laboratories
Art	McQuillen	Chartech, Inc.
Bambi	Beach	Becton Dickinson and Company
Bob	Lepman	HandiRamp
Brenda	Walters	3M Company
Brian	Gokey	Maxim Physician Resources
Brian	Hall	On Assignment
Candace	Pennington	Whitaker Medical
Cassandra	Davis	Calvert Medical Associates
Cassie	Fossier	Veterans Imaging Products, Inc.
Charles	Clay	PhyAmerica Government Services, Inc.
Chris	Elmore	Kenad SG Medical, Inc
Clarke	Shaw	NALTO Board member
Cris	Whittaker	Attends Healthcare Products
Dale	Rondinelli	Mid America Government Supply
Daniel	Matus	HealthCare Partners, Inc.
David	Clark	American Access, Inc.
David	Artrip	Hollister, Inc.
Dawn	Priory	Hollister Incorporated
Debbie	Humphrey	Fisher Healthcare
Diane	Bass	Hill-Rom
Donna	Oliver	
Ed	Whigham	Given Imaging, Inc.
Edward	Higginbottom	Medicus HealthCare Solutions
Fran	Skaug	UDL Laboratories, Inc.
Frank	Phillips	Interim Physicians
Fred	Giovan	EK Industries
Gary	Warncke	Medtronic
Grace	Koyama	Ormco Corporation
Gregory	James	Beckman Coulter, Inc
Heather	Hayes	Span-America Medical Systems
Irvin	Lucas	
J Michael	O'Connor	The Colonial Group
Jason	Burnett	Whitaker Medical
Jeff	Janisch	Alliance Tech Medical, Inc
Jeff	Files	Martin Fletcher
Jennifer	Tapia	Allpro Staffnet

Jeremy	Goldberg	Maxim Physician Resources
Jerry	Stahl	Midmark Corporation
Jill	Hall	Pentax Medical Company
Jim	Ronk	Medikmark, Inc.
Jim	Edmondson	Medical Doctor Associates, LLC
Joe	Buckley	Staff Care
Johnny	Walker	Whitaker Medical
Jon	Bohr	Interim Physicians
Kathleen	McDonough	G & W Laboratories, Inc.
Katie	Hoffman Abby	VISTA/On Assignment
Keela	Seawright	Medical Place Inc
Ken	Tyler	Encompass
Kevin	Anderson	Medical Search, LLC
Kevin	Wilson	TeamStaff Government Solutions
Kevin	Huish	VISTA Staffing Solutions
Larry	Allen	Coalition for Government Procurement
Leonard	Nall	Government Sales & Services
Lisa	Meyers	bioMerieux, Inc.
Lyddane	Tapia	Encompass Group Affiliation
Lynn Marie	Green	Vernacare Inc.
Margaret	Becker	APP Pharmaceuticals, LLC
Mark	Osterman	Covidien
Mark	Stinnett	PhyAmerica Government Services, inc.
Mark	Helbing	Masimo Corporation
Marsha	Dock	
MaryAnne	McGinn	Natus Medical Incorporated
Maurice	Pendergast	Healthcare Specialists
Melissa	Byington	
Michael	Lynch	Mint Physician Staffing
Michael	Cotton	Washington-Harris Group, Inc.
Michael	Lu	Vaughn Medical
Michelle	Hermelee	BH Sky Associates
Mike	Freeman	CompHealth
Millie	Dsouza	Natus Medical Incorporated Affiliation
Mindy	McConnell	Dexis
Mitchell	Vakerics	Coalition for Government Procurement
Nancy	Darr	Nancy Darr & Associates
Pam	Stambaugh	Medical Staffing Network
Paul	Olver	Chartech, Inc.
Paul	Davis	Maxim Government Services
Paula	Grist	Wockhardt USA LLC
Pet	Salac	Platinum Healthcare Staffing Inc.
Randy	Weikle	Jackson & Coker LT
Rich	Iappini	SourceOne Health Care
Richard	Ingoglia	Veterans Medical Equipment Sales, LLC /Veterans Affairs
Rik	Williams	BD
Rivard	William	Matrix Providers Inc
Ruddy	Polhill	HealthCare Partners, Inc.

Samantha	Siedhoff	Medical Staffing Network
Samir	Ghousheh	Independence Medical
Sandra	Middleton	Astellas Pharma US, Inc.
Shanavian	Strickland	Medical Place Inc.
Shawn	Nelson	QB Medical Inc.
Sheila	Bodenschatz	TeamStaff Government Solutions
Skadi	Hatfield	SenSoft International, inc
Steve	Belk	Locum Medical Group
Sue	Hitchcock	Top Docs, Inc.
Susan	Hite	Clarke Health Care Products, Inc
Susan	DiBenedetto	PENTAX Medical Company
Susanna	Brown	D&Y
Sybil R.	Weiss	Alphapointe Association for the Blind
Tami	Gleason	Ferndale Laboratories, Inc.
Terrence	Smith	LocumTenens.com
Theodore	Zaller	Stratus Pharmaceuticals Inc.
Thomas	Smith	Veteran Sales LLC DBA Quickmedical GS
Thomas	Norman	Therm Fisher Scientific
Tim	Degnan	Medical Action Industries / AVID Medical Inc.
Tim	Steele	SourceOne Health Care
Timothy	Emo	Vernacare Inc.
Tobin	Caren	McKesson Provider Technologies
Tom	Schultz	Veterans Imaging Products, Inc.
Troy	Mizell	AvKARE
Valerie	Lender	UDL Laboratories, Inc.
Vera	Kroetsky	Abbott Laboratories
Veronica	Lancaster	Abbott
Yolanda	Deese	LocumTenens.com

Appendix C: Focus Group Protocols

Morning Session

Focus on the Acquisition business processes: Suppliers are asked what would they feel works and what doesn't work during the following phases of the FSS acquisitions process:

- Getting on the FSS schedule
- Request for Information (RFI)/Request for Proposals (RFP)
- Award and Kickoff
- Delivery
- Contract Modification
- Closeout

Afternoon Session

Afternoon sessions varied from planned session topics based on challenges and topics discovered in the morning session. Individual Office of Acquisition and Logistics (OAL) leaders attended some sessions relevant to their areas of expertise.

Closing remarks and OAL Leadership Question and Answer Session

OAL leadership hosted a question and answer session with all participants after the closing remarks. This discussion was in response to interest from participating suppliers, and detailed notes may be found in the *Chicago FSS Forum Day One Detailed Breakout Session Notes*.