

Perspective on VA Healthcare

Jonathan B. Perlin, MD, PhD, MSHA, MACP, FACMI
President, Clinical Services Group and Chief Medical Officer
HCA / Hospital Corporation of America

Chair, Special Medical Advisory Group, Department of Veterans Affairs
Chair, American Hospital Association, 2015
Clinical Professor of Medicine & Biomedical Informatics, Vanderbilt University
Adjunct Professor of Health Administration, Virginia Commonwealth University

Contact: Jonathan.Perlin@HCAHealthcare.com

Background

- What's best for the health and care of Veterans?
 - Demography
 - Reference non-Veteran Populations
 - Medicare-Medicaid “Dual Eligibles”
- Why a Veterans Health System?
 - Other Countries

Desirable Characteristics of a System

- Triple Aim
 - Health, Care, Value
 - Care
 - Military Occupational Health Risks
 - General Needs
 - Health
 - Rare construct offering focus on health & well-being
 - Veterans Benefits: Housing, Education, Voc Training
 - Memorialization
 - Value
 - Inherent efficiency, if managed well
 - Model for nation
 - Collateral value of other statutory missions
 - » Research, Education, Backup to nation



Hurricane Katrina Response NDMS

- VA received 59 mission assignments at 13 VA-managed Federal Coordination Centers.
 - 3,495 patients received.



Secretary McDonald's Priorities

Reminder: MVAC scope

Scope of the MVAC:

- Primary focus of the MVAC is on the 5 major strategies of the MyVA transformation
 - Improving the Veterans Experience
 - Improving the Employee Experience by focusing on people & culture
 - Achieving Support Service Excellence
 - Establishing a culture of Continuous Performance Improvement
 - Enhancing Strategic Partnerships
- Out of scope for the MVAC are the technical aspects of specific ongoing VA initiatives (e.g., Choice Act, Eliminating Homelessness, Eliminating Claims Backlog)

Caring for Veterans: James A. Haley VAMC Polytrauma Center



Under Secretary for Health Priorities

- Access
- Employee Engagement
- Best Practices and Consistent High Reliability
- Develop a High Performing Network
- Restore Trust & Confidence

Blueprint for Excellence: Rationale for Recommendations

- Four Overarching Themes:
 - Improving performance,
 - Promoting a positive culture of service,
 - Advancing healthcare innovation for Veterans and the country, and
 - Increasing operational effectiveness and accountability.

Blueprint for Excellence: Improving Performance

- Strategy One: Operate a health care **network** that anticipates and meets the unique needs of enrolled Veterans, in general, and the **service disabled and most vulnerable** Veterans, in particular.
- Strategy Two: Deliver high quality, **Veteran-centered** care that **compares favorably** to the best of private sector in **measured outcomes, value, efficiency, and patient experience**.
- Strategy Three: Leverage **information** technologies, analytics, and models of health care delivery to **optimize individual and population health outcomes**.

Blueprint for Excellence: Improving Performance

- Strategy One: Operate a health care **network** that anticipates and meets the unique needs of enrolled Veterans, in general, and the **service disabled and most vulnerable** Veterans, in particular.
 - Unique needs, unique context
 - Sufficient geographic presence and volume for COE
 - Needs must be anticipated actuarially
 - Enhance coordination-of-care and the use of patient-aligned-care-teams (PACT)
 - Responsible reinvestment in infrastructure
 - Plan & design based on Veteran demographics and care needs in an evolving care delivery model
 - Develop or acquire competencies necessary for effective & efficient operation as an integrated health services network
 - Federally-integrated service lines, co-location

Blueprint for Excellence: Improving Performance

- Strategy Two: Deliver high quality, **Veteran-centered** care that **compares favorably** to the best of private sector in **measured outcomes, value, efficiency, and patient experience**.
 - Aspire & measure toward Triple Aim, and specifically, IOM’s “6 Aims” (safe, timely, effective, equitable, efficient, patient-centered) & benchmark
 - Acquire immediate service feedback from Veterans (apps)
 - Implement LEAN management practices (value)
 - Benchmark staff productivity (value)
 - Simplify and align leadership performance contract (strategy, results, and leadership/integrity as gate)
 - Incorporate findings of Commission on Care into operational improvement plan
 - Annual environmental scan & benchmarking

Blueprint for Excellence: Improving Performance

- Strategy Three: Leverage **information** technologies, analytics, and models of health care delivery to **optimize individual and population health outcomes**.
 - Guide services by advanced/predictive analytics
 - Implement “population health” program; understand and eliminate health inequities
 - Expand range of data in EHR/PHR to support proactive, patient-driven health & care
 - Develop HIT interoperability with DoD & private sector
 - Expand virtual medical modalities to provide PACT-like care for rural and homebound veterans

Blueprint for Excellence: Promoting a Positive Culture of Service

- Strategy Four: Grow an organizational **culture**, rooted in VA's **core values and mission**, that prioritizes the Veteran first; engaging and inspiring employees to their **highest possible level of performance** and conduct.
- Strategy Five: Foster an environment of continuous **learning**, responsible risk-taking, and **personal accountability**.

Blueprint for Excellence: Promoting a Positive Culture of Service

- Strategy Four: Grow an organizational **culture**, rooted in VA's **core values and mission**, that prioritizes the Veteran first; engaging and inspiring employees to their **highest possible level of performance** and conduct.
 - Provide ethical leadership by example
 - Commit to VA ICARE values & align personal behavior
 - Develop & recruit leaders
 - Align employee performance plan with VA strategy & desired outcomes
 - Talent pipeline is inadequate & compensation lags

Blueprint for Excellence: Promoting a Positive Culture of Service

- Strategy Five: Foster an environment of continuous **learning**, responsible risk-taking, and **personal accountability**.
 - Need both safety & accountability
 - Provide a psychologically safe environment for employees
 - Commit to continuous learning for development of skills & culture of service
 - Improve training of front-line supervisors & managers

Blueprint for Excellence:

Advancing Healthcare Innovation for Veterans and the Country

- Strategy Six: Advance health care that is **personalized, proactive, and patient-driven**, and engages and inspires Veterans to their highest possible level of **health and well-being**.
- Strategy Seven: Lead the nation in **research and treatment of military service-related conditions**.
- Strategy Eight: Become **a model integrated health services network** through innovative academic, intergovernmental and community relationships, information exchange, and **public-private partnerships**.

Blueprint for Excellence:

Advancing Healthcare Innovation for Veterans and the Country

- Strategy Six: Advance health care that is **personalized, proactive, and patient-driven**, and engages and inspires Veterans to their highest possible level of **health and well-being**.
 - From “sick-care” to “health & well-being”
 - Greater coordination of VA services
 - Use PACT model beyond primary care
 - Evaluate & improve health services by engaging VA HSR&D
 - Expand use of mobile health technologies
 - Implement personalized health plans
 - Leverage community health resources from “medical home” to “health neighborhood” (VSO role)

Blueprint for Excellence:

Advancing Healthcare Innovation for Veterans and the Country

- Strategy Seven: Lead the nation in **research** and **treatment** of **military service-related conditions**.
 - Better inform Veterans & public about VA research
 - Advance individual & population health
 - Increase research partnerships (DoD, NIH), focus on personalized medicine (MVP), health services of mobile health technologies, women Veterans, translation, comparative effectiveness, informatics (automated surveillance, predictive medicine), & advanced technologies for Veteran disabilities

Blueprint for Excellence:

Advancing Healthcare Innovation for Veterans and the Country

- Strategy Eight: Become **a model integrated health services network** through innovative academic, intergovernmental and community relationships, information exchange, and **public-private partnerships**.
 - Develop a robust care (and health) network
 - Gap analysis to surmount geography, capacity, competencies, technologies, outcomes
 - Increase Medical Residencies, Clinical, and other (Administrative) training opportunities
 - Improve alignment and administration of vehicles for non-VA care

Blueprint for Excellence:

Advancing Healthcare Innovation for Veterans and the Country

- Strategy Eight: Become **a model integrated health services network** through innovative academic, intergovernmental and community relationships, information exchange, and **public-private partnerships**.
 - Explore innovations with Federal, state and other agencies
 - Coordinate care with non VA partners
 - Integration of information, care process, insurance activity
 - Network, enrollment, authorization, health info sharing, care tracking, reimbursement & co-pay management, information retrieval, quality assurance, repatriation
 - Develop or Acquire competencies necessary for Effective & Efficient Operation as an Integrated Health Services Network
 - Avoid fragmentation of care & its negative consequences
 - What is “inherently governmental” in administration of network?
 - Honor Veteran voice & self-determination in non-VA care

Blueprint for Excellence:

Increasing Operational Effectiveness & Accountability

- Strategy Nine: Operate and communicate with **integrity, transparency and accountability** that earns and **maintains the trust** of Veterans, stewards of the system (Congress, Veterans Service Organizations) and the public.
- Strategy Ten: **Modernize management processes** in human resources, procurement, payment, capital infrastructure, and information technology to operate with benchmark agility and efficiency.

Blueprint for Excellence:

Increasing Operational Effectiveness & Accountability

- Strategy Nine: Operate and communicate with **integrity, transparency and accountability** that earns and **maintains the trust** of Veterans, stewards of the system (Congress, Veterans Service Organizations) and the public.
 - Covenant of trust that assumes full advocacy for Veteran as agent of a grateful nation
 - Integration of fragmented quality, safety, value & PI functions
 - VA National Center for Ethics should report to USH
 - Publicly share reports on VHA programs and respond rapidly to inquiry from Congress, VSO's, Congress
 - Commit to timely, frequent open communication with Veterans, Employees, VSO's, Congress
 - Consider a VSO "Joint Commission"
 - Facilities should commit to monthly meeting with local VSO's
 - VHA Leadership Performance Contract should reflect strategic priorities, key measures, and leadership integrity (as a gate to successful evaluation)

Blueprint for Excellence:

Increasing Operational Effectiveness & Accountability

- Strategy Nine: Operate and communicate with **integrity, transparency and accountability** that earns and **maintains the trust** of Veterans, stewards of the system (Congress, Veterans Service Organizations) and the public.
 - Office of Medical Inspector should report to USH and reestablish as office of Audit, Compliance & Investigation
 - Should subsume Office of Compliance & Business Integrity
 - Should operate as internal audit function, conducting annual enterprise risk assessments, use annual risk-driven quality review (audit) plan, conduct “for-cause” investigations, track remediation/PI to completion, provide reports to USH & SECVA, be externally audited annually and share reports with Congress, VSO and media (where not limited by PHI)

Blueprint for Excellence:

Increasing Operational Effectiveness & Accountability

- Strategy Ten: **Modernize management processes** in human resources, procurement, payment, capital infrastructure, and information technology to operate with benchmark agility and efficiency.
 - VA staff offices should function as true shared services with end-customer (Veteran) and delivery customer (administration) needs as top priority
 - Secretary should charge review and benchmarking with best of private sector for effective, efficient, and timely service delivery . . . focusing on general areas of IT, HR, capital management, & acquisition (modernizing with technology)
 - Should use a LEAN management approach to redevelopment
 - Encourage non-capital solutions, especially with eye to evolving service delivery model
 - Align staff office performance plans with shared-service objectives

What Does High Performing Network Look Like?

- General
 - Triple Aim
 - Military Occupational Risk / Veteran Context
 - Health Home
 - Critical Mass for Internal Services
 - Doctrine for External Services
 - Access
 - Capacity
 - Competency
 - Technology
 - Equivalent or Better Outcomes
 - » Safety, Quality, Cost

The Independent Assessment Provides Tools to Get to High-Performing Network

Systemic Findings:

- A disconnect in the alignment of demand, resources, and authorities
- Uneven bureaucratic operations and processes
- Non-integrated variations in clinical and business data and tools
- Leaders are not fully empowered due to a lack of clear authority, priorities, and goals.

The Independent Assessment Provides Tools to Get to High-Performing Network

A disconnect in the alignment of demand, resources, and authorities

GOVERNANCE: Align demand, resources, and authorities.

- Establish a governance board to develop fundamental policy, define the strategic path, insulate VHA leadership from direct political interaction, and ensure accountability for the achievement of established performance measures.
- Require a patient-centered demand model that forecasts resources needed by geographic location to improve access and to make informed resourcing decisions.
- Clarify and simplify the rules for purchased care to provide the best value for patients.

The Independent Assessment Provides Tools to Get to High-Performing Network

Uneven bureaucratic operations and processes

OPERATIONS: Develop a patient-centered operations model that balances local autonomy with appropriate standardization and employs best practices for high-quality health care.

- Right size and reorient the VHA Central Office to focus on support to the field in its delivery of care to Veterans.
- Fix substandard processes that impede the quality of care provided to the Veteran.
- Design and implement a systematic approach to identify best practices and disseminate them appropriately across the enterprise.

The Independent Assessment Provides Tools to Get to High-Performing Network

Non-integrated variations in clinical and business data and tools

DATA AND TOOLS: Develop and deploy a standardized and common set of data and tools for transparency, learning, and evidence-based decisions.

- Use standardized clinical and administrative data for accuracy and interoperability.
- Implement a single, integrated set of system-wide tools centered on a common electronic health record (EHR) that is interoperable across VHA and with DoD and community providers.
- Transparently share performance metrics for leadership, clinical, and business functions across VHA to identify and adopt best practices for continuous improvement.

The Independent Assessment Provides Tools to Get to High-Performing Network

Leaders are not fully empowered due to a lack of clear authority, priorities, and goals

LEADERSHIP: Stabilize, grow, and empower leaders; galvanize them around clear priorities; and build a healthy culture of collaboration, ownership, and accountability

- Push decision rights, authorities, and responsibilities to the lowest appropriate level throughout the organization.
- Build on Veteran-centered behaviors to drive a culture of service excellence, trust, continuous improvement, and healthy accountability.
- Revitalize the leadership pipeline through establishment of enterprise-wide, comprehensive succession-management and leadership-development functions.
- Strengthen the appeal of senior leadership positions by pursuing flexibilities in hiring and compensation.
- Establish sustained leadership continuity by extending tenure for key positions.

Discussion . . .

Jonathan B. Perlin, MD, PhD, MSHA, MACP, FACMI
President, Clinical Services Group and Chief Medical Officer
HCA / Hospital Corporation of America

Chair, Special Medical Advisory Group, Department of Veterans Affairs
Chair, American Hospital Association, 2015
Clinical Professor of Medicine & Biomedical Informatics, Vanderbilt University
Adjunct Professor of Health Administration, Virginia Commonwealth University

Contact: Jonathan.Perlin@HCAHealthcare.com