



# VA Health Care Overview

Veterans Health Administration



**VA** | Defining  
**HEALTH CARE** | **EXCELLENCE**  
in the 21st Century

August 2015

HONORING SERVICE  
**EMPOWERING**  
**HEALTH**

# VA's Mission

To fulfill President Lincoln's promise,  
"To care for him who shall have borne  
the battle, and for his widow, and his  
orphan" by serving and honoring the  
men and women who are America's  
Veterans

# VHA's Mission and Vision

## Mission:

Honor America's Veterans by providing exceptional health care that improves their health and well-being.

## Vision:

VHA will continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both [patient-centered](#) and [evidence-based](#).

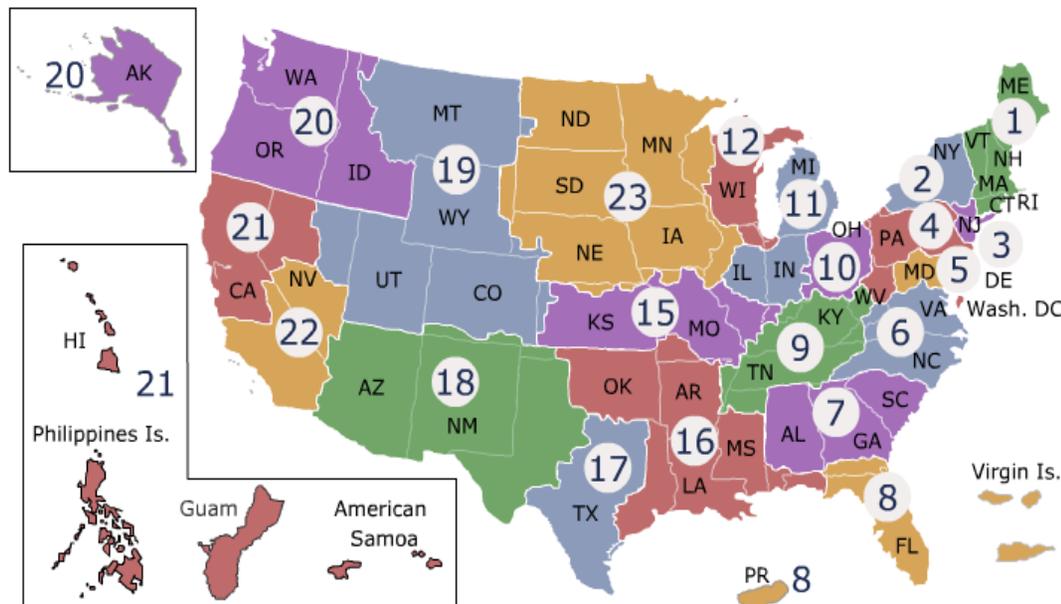
This care will be delivered by engaged, collaborative [teams](#) in an integrated environment that supports [learning](#), [discovery](#) and [continuous improvement](#).

It will emphasize [prevention](#) and [population health](#) and contribute to the Nation's well-being through education, research and service in national emergencies.



# Hospital System to Health System

**In 1996, VA began the creation of Veterans Integrated Service Networks (VISNs) to transform VA Health Care from a “*Hospital System*” to a “*Health System*.”**  
**VHA currently has 21 VISNs.**



- **167 Medical Centers**
- **1,018 Outpatient Services Sites:**
  - **186** Multi-Specialty Community Based Outpatient Clinics (CBOCs)
  - **562** Primary Care CBOCs
  - **256** Other Outpatient Services Sites
- **300 Vet Centers**
- **70 Mobile Vet Centers**
- **114 Mental Health RRTP Programs**
- **134 Community Living Center Programs**

# Better Access, Better Care

**Before**

**Hospital System**



**Hospitals**

**After**

**Health System**

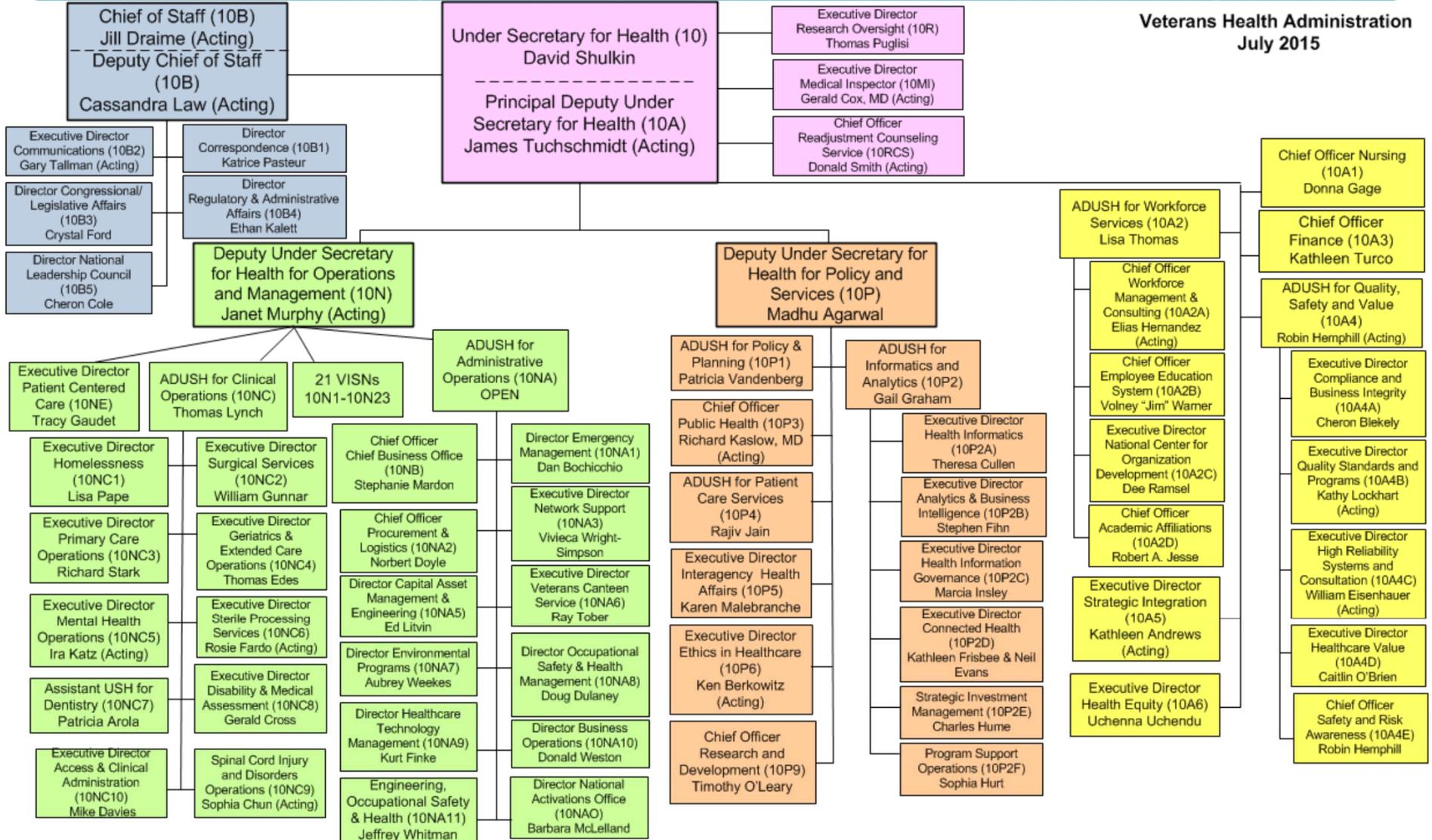


**Hospitals  
Outpatient Clinics  
Mobile Clinics**

**Vet Centers  
Mobile Vet Centers  
My HealtheVet**

# VHA Organizational Chart

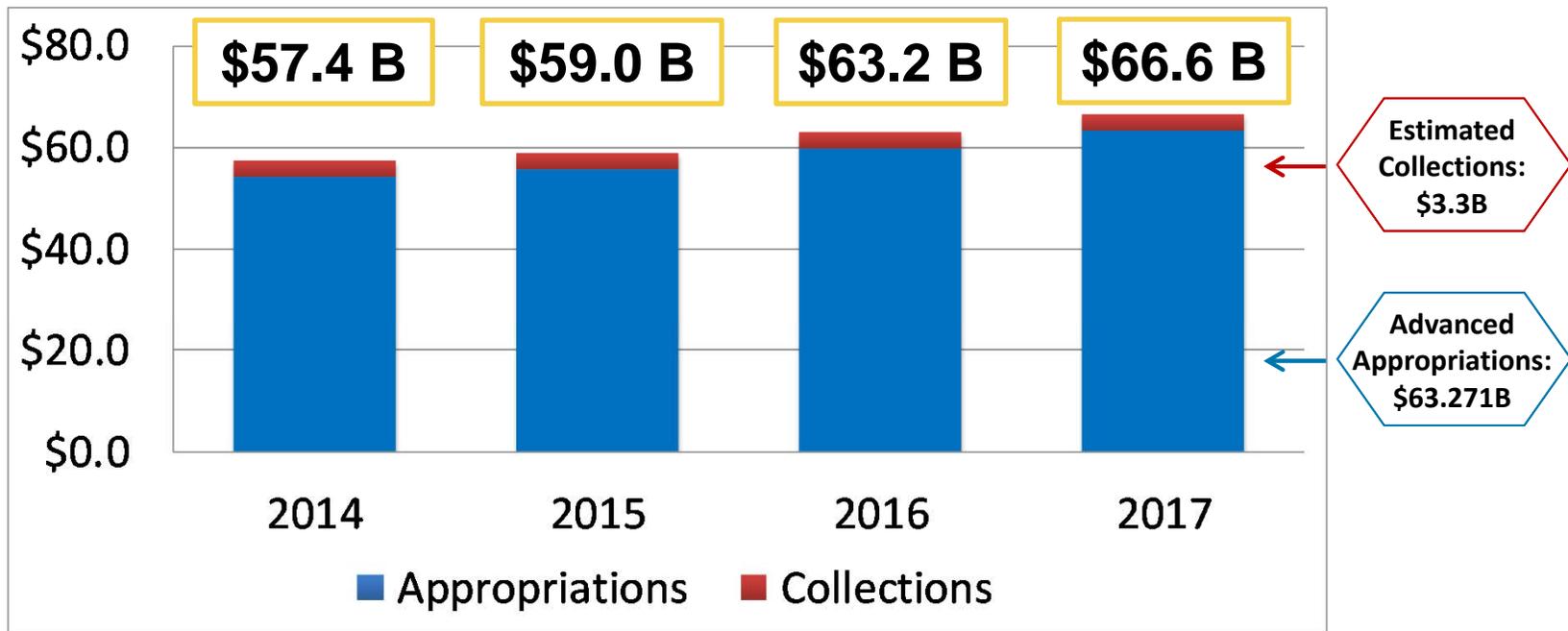
Veterans Health Administration  
July 2015



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Updated July 2015

# VHA Medical Care Budgetary Resources Summary



**NOTE:**

The above chart excludes the Veterans Choice Act appropriations.

# FY 2014 End-of-Year Totals

Enrollees.....	<b>9.1 Million</b>
Unique Patients Treated.....	<b>6.6 Million</b>

Outpatient Visits.....	<b>92.4 Million</b>
Outpatient Surgeries.....	<b>312,000</b>
Inpatient Admissions.....	<b>707,400</b>

Lab Tests (Inpatient & Outpatient).....	<b>272.7 Million</b>
Prescriptions Dispensed (30-Day Equivalent).....	<b>271.4 Million</b>
Prosthetics Services Performed.....	<b>17.6 Million</b>

Source: FY 2014 End-of-Year Pocket Card

# Veterans Health Administration

## Our Services and Expertise

# VA Health Care Services

**VA ensures that all eligible Veterans have access to all the health care services necessary to promote, preserve and restore their health.**

## **Services include:**

- Primary Care
- Mental Health Care
- Preventive Care
- Specialty Care
- Care Management
- Inpatient and Outpatient Pharmacy
- Women's Health Care
- Geriatrics & Palliative Care
- Long Term Services & Support



# Specialty Care Services

**VA provides a wide range of medical and surgical specialty care services including:**

- Anesthesiology
- Bariatric surgery (weight loss surgery)
- Cardiology – Vascular (heart & blood circulation)
- Chaplain (spiritual support)
- Critical Care Specialty
- Dermatology
- Diabetes and Endocrinology
- Geriatrics & Palliative Care
- Gynecology Care
- Infectious Disease
- Nephrology (kidney)
- Neurology (nerves)
- Mental Health
- Oncology (cancer)
- Optometry & Ophthalmology (eye care)
- Orthopedic Surgery
- Orthotic and Prosthetic (amputee care & custom orthotics)
- Pacemaker (heart)
- Pain Management
- Podiatry (feet)
- Pulmonary (lungs)
- Robotic-Assisted Surgery
- Spinal Cord Injury
- Transplant Surgery (heart, lung, liver, etc.)
- Urology
- Vascular Surgery



# Veteran-Focused Services

**In addition to providing standard health care services, VA focuses on providing specialized health care services that are uniquely related to Veterans' health and special needs.**

- Post-Traumatic Stress Disorder (PTSD) Care
- Substance Abuse Care
- Military Sexual Trauma Counseling
- Readjustment Counseling
- Polytrauma Care
- Traumatic Brain Injury (TBI) Care
- Spinal Cord Injury Care
- Post-Deployment Health Care
- Environmental Exposure Care
- Blind Rehabilitation Care
- Prosthetic and Sensory Aid Assistance



# Leaders in Medical Research

The groundbreaking achievements of VA researchers— **60%** of whom also provide direct patient care—have resulted in **3 Nobel Prizes**, **6 Lasker Awards**, and numerous other distinctions.



# Connected Health

**VA is aligning virtual care technologies to create a seamless, unified experience for Veterans across all VA patient-facing technologies.**

**VA's virtual care technologies include:**

- Clinical Video Telehealth
- Home Telehealth
- Store and Forward Telehealth
- Telemental Health
- Mobile Health
- MyHealthVet
- Secure Messaging
- SCAN-ECHO
- Mobile Apps
- VA Point of Service Kiosks



# VA Mobile Apps

- **Benefits to Veterans and VA health care teams:**
  - Increase communication between Veterans, Caregivers and VA health care
  - Provide direct, mobile access to information in VA's Electronic Health Record (EHR)
  - Give Veterans new opportunities to actively participate in their health care
- **VA App Store ([mobile.va.gov/appstore](http://mobile.va.gov/appstore))**
  - Currently, more than 15 apps that provide Veterans with tools to assist mental health, weight management and other health-related issues
  - VA's first "connected" apps, Summary of Care, Mobile Blue Button and Launchpad, are in limited release and being tested and evaluated by 200+ Veterans
- **More than 50 apps developed/in development focused on:**
  - **Self-care** (PTSD Coach, Pain Coach, ACT Coach, Stay Quit, Mission Health)
  - **Self-care + expert care or shared data** (Text Messaging, Secure Messaging, MOVE! Coach, My VA Health)
  - **Communication** (Virtual 311, VA Benefits App, Information App)
  - **Transactions** (Veteran Appointment Request, Rx Refill, Care4Caregiver)



# VA Virtual Care Modalities

Source: VSSC Virtual Care Modality Report

Unique Patients using Virtual Care		FY2012	FY2013	FY2014	FY2012 – FY2014 Percent Increase (2 Years)
eConsults		90,437	257,949	351,239	288%
Virtual Care Modality Totals (Secure Messaging, Telehealth, SCAN-ECHO)	Secure Messaging	480,848	801,849	1,093,327	127%
	Store & Forward Telehealth	263,444	311,369	379,010	44%
	Clinical Video Telehealth	148,385	202,823	248,774	68%
	Home Telehealth	119,535	144,520	156,826	31%
	SCAN-ECHO	1,028	1,259	1,429	39%
	<b>Total</b>	<b>1,013,240</b>	<b>1,461,820</b>	<b>1,879,366</b>	<b>86%</b>
Virtual Care Modality Participation (VRTL1)*		18%	26%	32%	-

\*Virtual Care Modality Participation (VRTL1) measures participation of VHA patients in virtual care (FY virtual care patients/Previous FY patients)

# VA's Health Care Expertise

VA is one of the largest civilian employers in the federal government and one of the largest health care employers in the world.

**288,000+** Total VHA Employees



**177,000+**  
Clinical  
Employees



**88,000+**  
Veteran  
Employees



# Preparing the Nation's Health Professionals for Tomorrow

**VA is the largest provider of health care training in the United States and maintains more than **5,000** individual affiliation agreements at more than **1,800** educational institutions.**



**Every year, clinical traineeships and fellowships are provided to more than **117,000** students in more than **40** professions. Two-thirds of US physicians received part of their training in a VA facility.**

# Helping Homeless Veterans

**VA's major homeless programs constitute the largest integrated network of homeless assistance programs in the country, offering a wide array of services to help Veterans recover from homelessness and live as self-sufficiently and independently as possible.**



- Prevention Services
- Housing<sup>1</sup> and Supportive Services
- Treatment
- Employment, Income and Benefit Assistance
- Outreach and Education
- Community Partnerships

<sup>1</sup>Note: Permanent housing provided by US Department of Housing and Urban Development (HUD) using HUD-Veterans Affairs Supportive Housing (HUD-VASH) vouchers

# Eliminating Veteran Homelessness

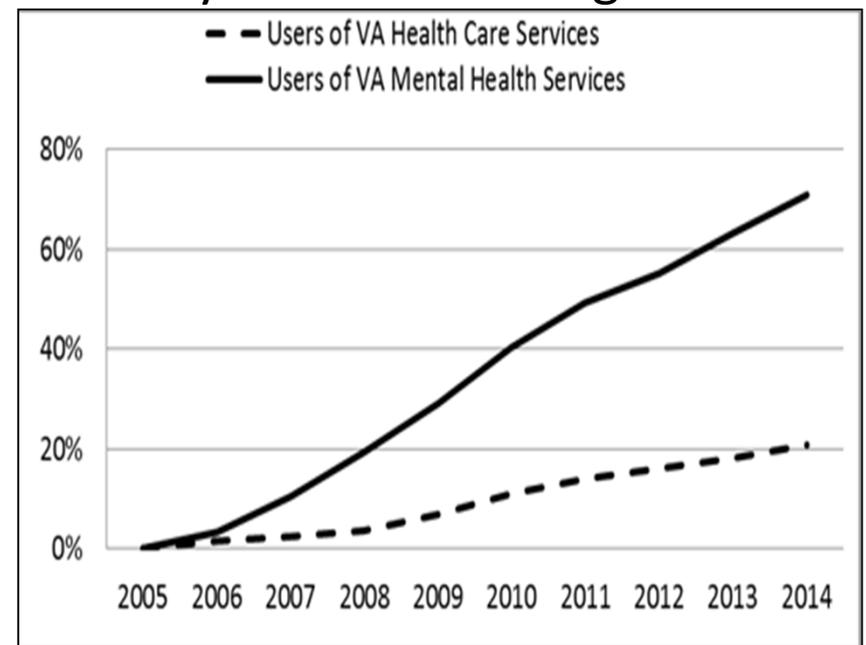
**As a result of the work of VA and its partners, the number of homeless Veterans in the United States has decreased by more than **23%** since 2009.**

- In 2013, VA served more than **260,000** Veterans who were homeless or at risk of becoming homeless—**23%** more than the year before.
- In FY 2014, VA dedicated:
  - **\$1.4 billion** to specialized homeless programs
  - **\$4.8 billion** to health care for Veterans who are homeless.



# Mental Health: Demand & Staffing

- Between 2005 and 2014, the number of Veterans who received mental health care from VHA grew by 71%
- The number of mental health encounters or treatment visits grew from 10.5 million in 2005 to 19.6 million in 2014 (87% increase)
- This recent rapid growth has posed challenges in the area of staffing. VHA continues to refine a model to inform local facility decision-making about the number of staff necessary to meet local demand for mental health services
- VHA efforts to address include:
  - Implementing Veteran-centered (Extended) operating hours
  - Better Leveraging Clinical trainees and fellows
  - Increased hiring/role expansion for Support staff, adjunct professions, and Peer Support



# Mental Health Initiatives

- **National Suicide Prevention Campaign**

- Toll-free Veterans Crisis Line, online chat, and text-messaging services offer confidential support 24 hours a day, seven days a week, 365 days a year.
- Suicide Prevention Coordinators at all VA Medical Centers and large outpatient facilities
- Veterans Crisis Line is engaged in a comprehensive transformation initiative over the next year to ensure it continues to provide world class crisis intervention services, including staffing increases, policy and process updates, technology upgrades, and physical infrastructure improvements.
- Since its inception in July 2007 through March 2015, the Veterans Crisis Line (1-800-273-8255, press 1) has answered over 1.75 million calls, nearly 200,000 chats, and nearly 36,000 texts and has initiated over 48,000 rescues.



- **Make the Connection Campaign**

- In FY 2013, VA continued expanding the “Make the Connection” national public awareness campaign to promote mental health resources to Veterans and their families.

# Mental Health Initiatives

- **Growth of Telemental Health:**

- An important component of access to care is the implementation of telemental health by improving medical provider and Veteran acceptance of clinical video as a means to deliver safe and effective care, as well as improved reliability of equipment and personnel who are trained to use it.

- **Health Online Courses and Mobile Applications:**

- VA has developed online self-help courses and applications for mobile devices that can be used by Veterans in advance of, or as a supplement to, face-to-face treatment.
- The courses are free, confidential and interactive, which appeals to and provides on demand support many Veterans.

- **Partnerships Between VA and Community Providers**

- 24 pilot projects established with the Department of Health and Human Services to improve access to mental health services and develop partnerships to hire providers in rural areas.
- VA medical centers across the country hosted Community Mental Health Summits with community partners between in 2013 and 2014.



# Caring for Women Veterans

**VA is enhancing services and access to ensure women Veterans receive, and are satisfied with, the high-quality care they have earned.**

## **Recent VA advancements include:**

- A new hotline: **1-855-VA-WOMEN**
- 11 grants awarded to VHA facilities that will offer Telehealth programs to female Veterans in rural areas
- Full-time Women Veteran Program Managers available at VA Health Care Systems nationwide
- Continued improvements in gender disparities
- Current development of 6 mobile applications for both providers and Veterans that will enhance care and access to information about eligibility and health care services for women Veterans



# Next Step in VHA's Transformation



**By 2017, VHA aims to be nationally recognized as a leader for population health, improvement strategies, personalized care, and maximizing health outcomes in a cost-effective and sustainable manner.**

## **VHA Strategic Goals:**

1. Provide Veterans personalized, proactive, patient-driven health care
2. Achieve measureable improvements in health outcomes
3. Align resources to deliver sustained value to Veterans

# Veterans Health Administration

## Keeping Our Veterans Satisfied

# Keeping Patients Satisfied

**Patients at VA facilities have comparable or higher satisfaction with VA services to those in non-VA facilities and are even more likely to recommend treatment at a VA facility than those treated at non-VA facilities.**



**"This VA hospital is top notch. They have doctors here that are on the dime and talk to you and specialize in getting your problem solved."**

Benjamin,  
US Marine Corps Veteran

# Background - SHEP

## **VA has surveyed Veterans about their care since 1994:**

- Since 2010, we have used the Consumer Assessment of Healthcare Providers and Systems (CAHPS) family of survey instruments and data collection protocols (health care industry standard)
  - Voluntary patient response
- Currently ~80,000 surveys mailed out each month
  - Facility-specific results are updated monthly
- Contractor-administered (IPSOS)
  - Medicare certified
  - Extensive Quality Assurance checks
- Return rate is over 40%, 10 points higher than industry average
  - High return rates mean more valid insights
- In addition to SHEP, over 35 facilities also use at least one “Real-Time” tool:
  - 27 TruthPoint (TP)
  - 15 GetWellNetwork (GWN)
  - 1 ICE

# Patient Satisfaction Scores

**VA has topped private sector in patient satisfaction for a full decade, but both have shown decreases**

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
VHA Inpatients	84	83	84	83	85	84	85	85	84	84	81
VHA Outpatients	83	80	82	83	81	83	82	83	82	82	79
Private Sector Hospitals	86	71	74	77	75	77	73	76	76	78	76

\* Source: American Customer Satisfaction Index

Caveats: ACSI is not the “industry standard” for healthcare; “satisfaction” may be influenced by factors other than the health care experience, such as out-of-pocket costs

# SHEP Reporting:

<http://vaww.car.rtp.med.va.gov/programs/shep/shepReporting.aspx>

**UNITED STATES DEPARTMENT OF VETERANS AFFAIRS**

VA Intranet Home | About VA | Organizations | Locations | Employee Resources

All OIA Programs [dropdown] Search [button] >> Open Advanced Search

**VHA OFFICE OF ANALYTICS AND BUSINESS INTELLIGENCE**  
**PATIENT EXPERIENCES**

10P2B1 Home Page -> Patient Experiences -> Reports

**Patient Experiences Reports and Schedules**

- PCMH Report**
  - SHEP-PCMH Report
- Reporting Schedule**
  - Reporting Schedule FY 2015
  - Reporting Schedule FY 2014
- Question-Level Reports**
  - Inpatient
  - Outpatient
  - Inpatient Nursing Unit (VSSC)
- Response-Level Reports**
  - Inpatient
  - Outpatient
- Dimensions of Care**
  - New! PCMH
  - Inpatient
  - Outpatient
- Other Reports**
  - American Customer Satisfaction Index (ACSI)
  - Transparency and Equity Reports
  - Satisfaction with Pharmacy Reports

**Attributable Effects Reports**

- New! PCMH: FY14 YTD National, VISN & Facility
- New! Inpatient: FY14 YTD National, VISN & Facility
- New! Outpatient: FY14 YTD National & VISN

PCMH, Inpatient, & Outpatient Attributable Effects Reports Last Updated on September 2nd, 2014

**FY 2013 Outpatient SHEP Reporting Notice**

Beginning in FY13, the focus of data collection in the ambulatory care setting has transitioned from the SHEP Outpatient survey to the SHEP Patient Centered Medical Home (PCMH) survey. The Outpatient SHEP survey is still administered but to a much smaller sample of veterans. Its purpose is to support high level trend reporting of metrics at the national and VISN level. It is NOT intended for facility-level accountability, although we do continue to report all the results to the field.

The number of responses to obtain adequate facility-level reliability has been shown to be roughly 300. Outpatient SHEP facility scores are reported for your information only, and should not be considered for facility-level accountability until this threshold has been achieved.

VHA Intranet Home | VBA Intranet Home | NCA Intranet Home | Section 508 Accessibility | Privacy Policy | No Fear Act

Reviewed/Updated: 10/07/2014  
For help with this page, contact: [SHEP Help Desk](#)

# Patient Satisfaction Initiatives: LIVE – ICE & VetLink

**VHA's Leading Indicators of Veterans Experience Workgroup (LIVE) is pursuing the Interactive Customer Feedback tool (ICE) and VetLink as consistent real time feedback tools to hear the voice of the Veteran in VHA:**

- April 2015, VA developed an MOU to partner with DoD implement their ICE system within VA.
  - ICE Benefits – From “Complaint Department” to a Customer Service Program:
    - Immediate feedback – from the voice of the Veteran
    - Easier and more consistent submission process for the customers – less staff time
    - Mapping of comments through email
    - Survey questions can be included
    - Extensive and consistent reporting
    - More transparency
    - Veterans learned this system in DoD
- Following a successful 3 weeks pilot of VetLink Version 5.5 was conducted 5/22/15-6/4/15, LIVE's will launch a real time survey question across the country using VetLink on August 10, 2015.



# Veterans Health Administration

## VHA's Crisis & The Choice Act

# VHA's Crisis

- In April 2014, VHA conducted a nation-wide Access Audit to ensure a full understanding of VA's policy among scheduling staff, identify any inappropriate scheduling practices used by employees regarding Veteran preferences for appointment dates, and review waiting list management.
- The audit was conducted in two phases:
  - Phase One covered VA medical centers (VAMC) and large Community-Based Outpatient Clinics (CBOC) serving at least 10,000 Veterans.
  - Phase Two covered additional VA facilities, including Hawaii VA and Phoenix VA Health Care Systems. Combined, the two phases covered 731 total facilities, including 140 parent facilities and all VAMCs.
  - During the course of the audit, over 3,772 staff were interviewed.
- The Phase One findings were a strong basis to commence immediate action. Ultimately, VA chose to limit Phase Two data collection after initial assessments restated high consistency with the findings of Phase One.

# VHA's Crisis

- In May 2014, VHA launched the Accelerating Access to Care initiative, a nationwide program to ensure timely access to care. VHA identified Veterans across the system experiencing waits that do not meet Veterans expectations for timeliness and began contacting and scheduling all Veterans who are waiting for care in VA clinics or arranging for care in the community, while simultaneously addressing the underlying issues that impede Veterans' access.
  - One the first day of this initiative, VHA provided training to over 900 field staff;
  - VHA assessed productivity and capacity of each of its Primary Care, Mental Health and Specialty Care clinics and the availability of care available through non-VA care or through the national, Patient Centered Care in the Community (PC3) contract;
  - Each medical center began contacting Veterans directly to accelerate their care. As additional resources are required to accelerate access, these requests are being provided to VHA corporate office to identify available resources.

# The Veterans Access, Choice, and Accountability Act of 2014: Overview

**On August 7, 2014, President Obama signed into law the Veterans Access, Choice and Accountability Act of 2014 (Public Law 113-146) (“Choice Act”).**

- Veterans Choice Act is helping VHA in providing needed funding and authority to increase access. This gives VHA additional funding and support to provide timely, high-quality health care to Veterans.
- VA continues to focus on timely and effective implementation of this legislation. It is vital for VA to work with other Departments, Congress, VSOs and other stakeholders to ensure that provisions are implemented quickly and efficiently.
- Our challenges are those of timing, capacity, and the need to ensure VA coordinates the care Veterans receive.
- The ability to track and manage a Veteran’s health care from primary visits through every specialty service is vital to ensuring the safety and effectiveness of health care for that Veteran.

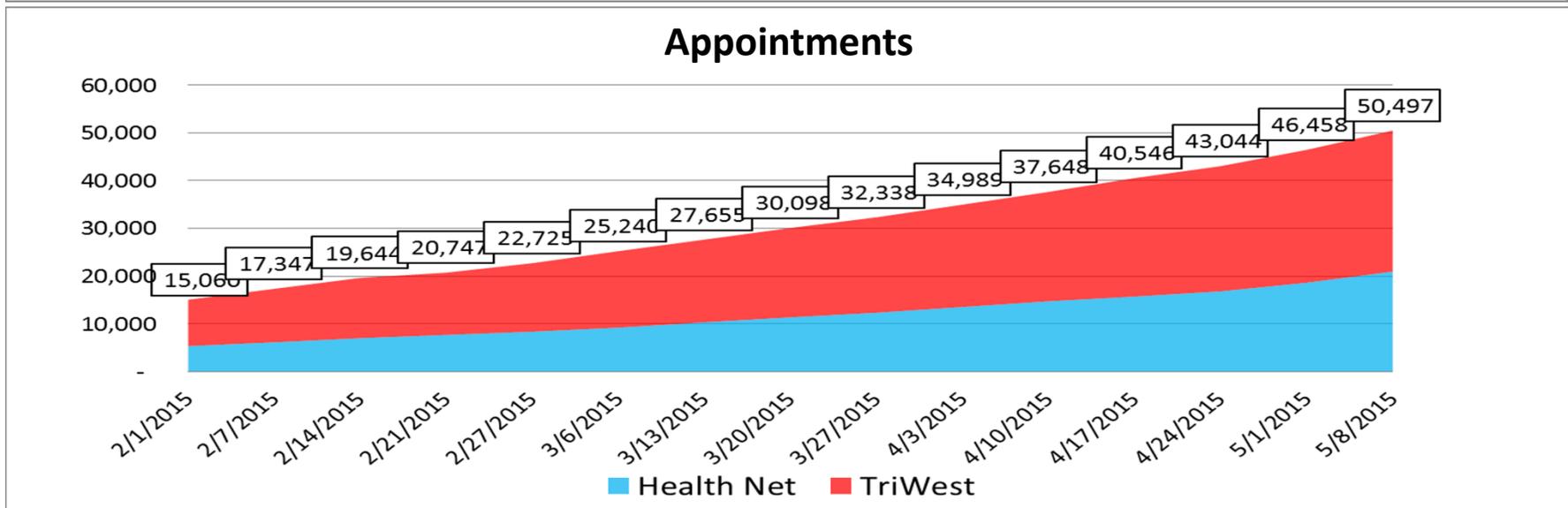
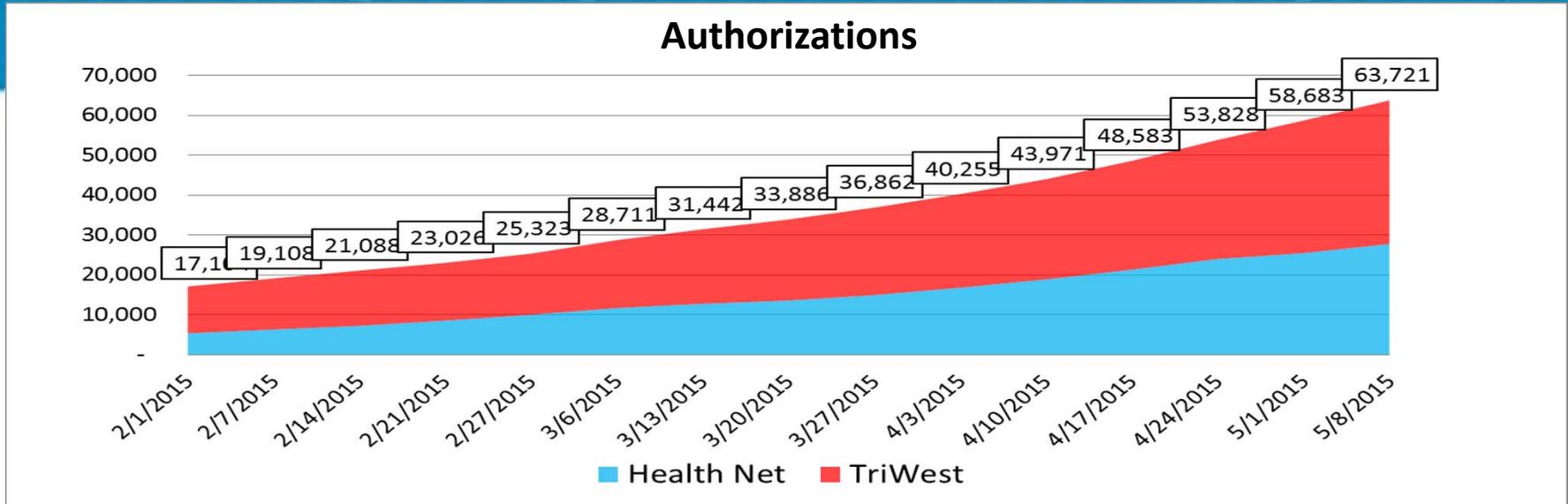
# Improvement of Access: Veterans Choice Act Provisions

- VA to furnish hospital care and medical services to “*eligible*” Veterans through agreements with eligible entities or other laws administered by the Secretary. Agreements include contracts, provider agreements and intergovernmental agreements.
- \$10 billion for a “Veterans Choice Fund” to pay for non-VA care authorized under the Veterans Choice Program
- Administrative spending from Veterans Choice Fund is limited to \$300 million of the \$10 billion, with certain exceptions
- Authority sunsets in three years or when Veterans Choice Fund is exhausted
- Existing programs and initiatives are to remain unchanged

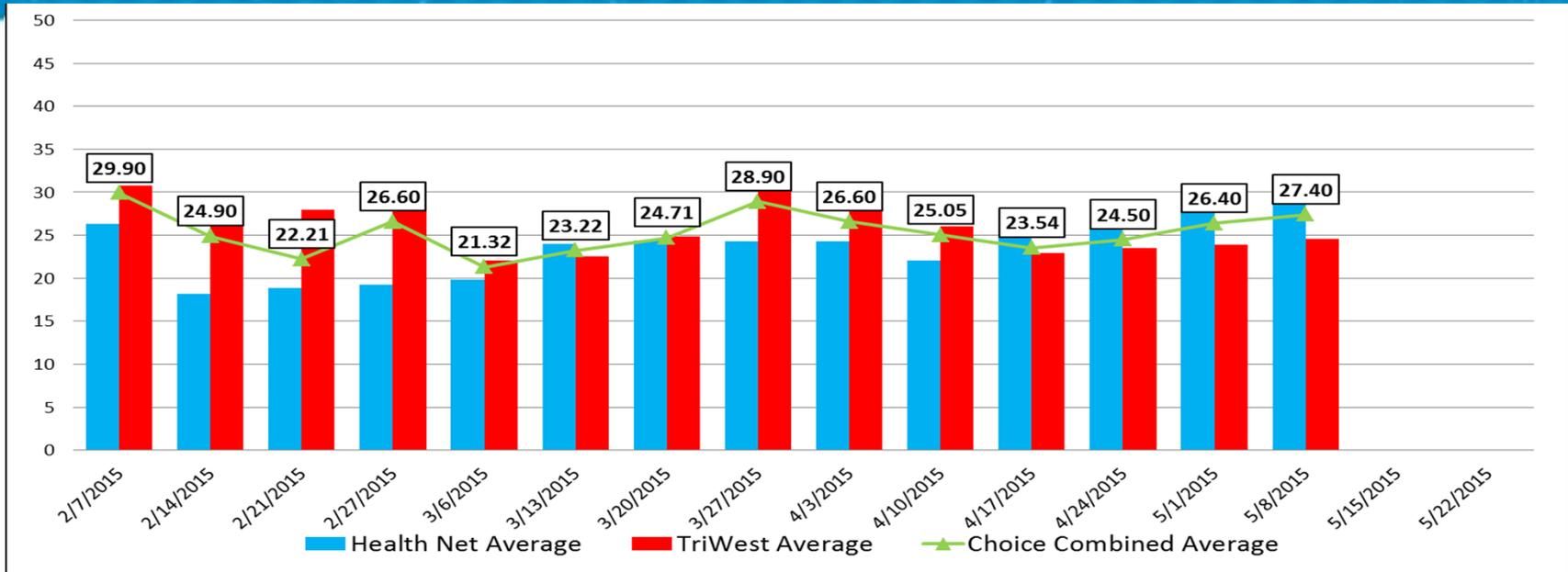
# Veterans Choice: Eligibility

- “*Eligible*” Veterans are 1) enrolled as of 8/1/14 (including those who have not yet been seen); or 2) “combat” Veterans within the 5 year enrollment window and:
  - are unable to secure an appointment within wait time goals of VHA;
  - or reside more than 40 miles from the VA medical facility closes to the Veteran’s residence; or
  - reside in a state without a VA medical facility that provides hospital care, emergency medical services, surgical care and live more than 20 miles from such a facility (Hawaii, Alaska, New Hampshire); or
  - reside in a location other than Guam, American Samoa, or the Philippines that is 40 miles or less from a medical facility and is required to travel by air, boat, ferry or if the Veterans faces an unusual or excessive burden on travel due to geographical challenges.

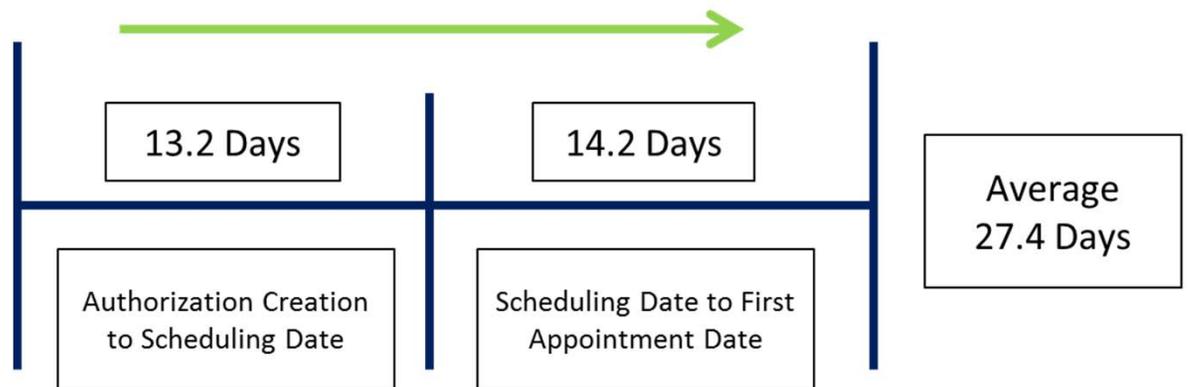
# Choice Act: Sum of Authorizations and Appointments (Data 11/05/2014-05/08/2015)



# Choice Act: Average Number of Days from Authorization Creation to Appointment Date (Data through 5/8/15)



Processing Timeline for Week Ending 5/8/15



# Choice Act: Continuous Improvement

## *HR 2496 “Construction Authorization and Choice Improvement Act”*

- HR 2496 Bill provides an extension of authorization for facility construction at the Denver VAMC, through FY5, not to exceed \$900,000,000. Part B of this section outlines that funds may not be obligated or expended which would cause the total amount obligated for this project to exceed the \$900,000,000 threshold.
- Section three seeks to clarify the distance requirements for the expanded availability of the Choice Act through the use of agreements with Non-VA Healthcare providers. This section amends Section 101(b)(2) of the Choice Act to include a subclause for Veterans who experience travel burdens, within the 40 mile radius, preventing them from seeking care at the geographically closest VA Medical Center. The criteria in this section includes:
  - *(aa) geographical challenges;*
  - *(bb) environmental factors, such as roads that are not accessible to the general public, traffic, or hazardous weather;*
  - *(cc) a medical condition that impacts the ability to travel; or*
  - *(dd) other factors, as determined by the Secretary*

# Choice Act: Continuous Improvement

## *Implementation of New 40 Mile Driving Distance*

- Letters mailed 4/25/2015 (Over 280,500 Veterans Mailed)
- Contractors experienced a 48% week over week increase in veteran call volume (Week ending May 1<sup>st</sup> 2015 vs April 24<sup>th</sup> 2013)
- Communication Plan for employees & stakeholders
- Employee Training

Policy	Veterans Eligible
40 Mile (Geodesic)	298,600
40 Mile (Driving Distance)	578,336
Veteran Eligibility Increase	94%

# Choice Program Communications Feedback from Veterans

- **Frequent topics/challenges staff are hearing from Veterans:**
  - There is information available to Veterans, however many are still confused about the program
  - Community providers are not able to see Veterans more timely than VA/shortage of community providers
  - Issues with TPA processes
  - Issues explaining the “any VA facility” criteria
  - Pharmacy/prescription questions
- **Actions:**
  - VHA is reaching out to vendors
  - TMS general Choice training is being rolled out, it being reviewed by field personnel
  - Role specific training is in development

## **Sources of Information and Updates:**

**VA Intranet Site:** [vaww.va.gov/choice](http://vaww.va.gov/choice)

**VA Internet Site:**

[www.va.gov/opa/choiceact](http://www.va.gov/opa/choiceact)

**Health Benefits for Veterans:**

[http://www.va.gov/opa/publications/benefits\\_book/benefits\\_chap01.asp](http://www.va.gov/opa/publications/benefits_book/benefits_chap01.asp)

# Veterans Health Administration

## The Way Forward...

# Blueprint for Excellence (BPFE)

- Secretary McDonald and I-USH Carolyn Clancy have developed a guiding document to help VHA navigate this era of change - *Blueprint for Excellence*
- It offers a detailed vision of how VA will evolve as a model national health care provider—delivering both excellent health care and an excellent experience of care to every Veteran we serve
- It is a common framework for action that is based on both the VA and VHA Strategic Plans - it's an operational guide for these Strategic Plans

- The Blueprint has 10 strategies, each with multiple transformational actions, organized under four broad themes:

Improve  
Performance

Promote a  
Positive Culture  
of Service

Advance Health  
Care Innovation  
for Veterans and  
the Country

Increase  
Operational  
Effectiveness and  
Accountability

# Blueprint for Excellence will *Increase Access to Care*

- **Action 1a:** Enhance Coordination of Care and the use of Patient-Aligned Care Teams (PACT) for Veterans with the Most Complex Care-Needs
- **Action 1c:** Plan and Design Health Care delivery Based on Veteran Demographics, Preferences and Care Needs and the Evolving Health care Delivery Model
- **Action 3e:** Expand Virtual Medical Modalities to Enhance High-Performance, Patient-Centered Care for Rural, Homebound, or otherwise Isolated Veterans
- **Action 8a:** Coordinate VA Care with Non-VA Providers

# Blueprint for Excellence will *Improve Veteran Experience*

- **Action 2c:** Advance the Experience of Care by Introducing a System for Immediate Veteran Feedback
- **Action 6a:** Expand Implementation of Personalized, Proactive, Patient Driven Care as an Evolutionary goal of Patient-Aligned Care team (PACT) Program and for all VHA Health Services
- **Action 10b:** Develop Standards Designs for Physical Health Care Delivery Structures
- **Action 10c:** Use a Variety of techniques and technology to Modernize VA's Supply Chain for Greater Efficiency

# VHA Accomplishments: Workload

**VHA has worked very hard system-wide over the past year to get Veterans timely access to high quality care (off waiting lists and into clinics or in to the community for care):**

- As of March 2015, workload in our VAMCs is up more than 9.5%, a significant increase over FY 2014 compared to this same time period last year
- Care in the Community is up nearly 18% over the same period
- Workload has increased significantly in VAMCs and in the Community
- Nationally, we completed more than 51.8 million appointments between 6/1/14 and 4/30/15. Representing an increase of 2.7 million more appointments than were completed during the same time period in 2013/2014.
- Facilities across the country have held extended clinic hours in the evenings and on weekends. From 6/1/14, through 12/31/14, VA completed over 880,000 appointments during extended hours clinics operated during evenings and on weekends.

**Overall we are seeing more unique patients using the system in FY 2015, and all unique patients have increased their utilization of VA health care services over prior years.**

# Demand & Workload: Enrollment

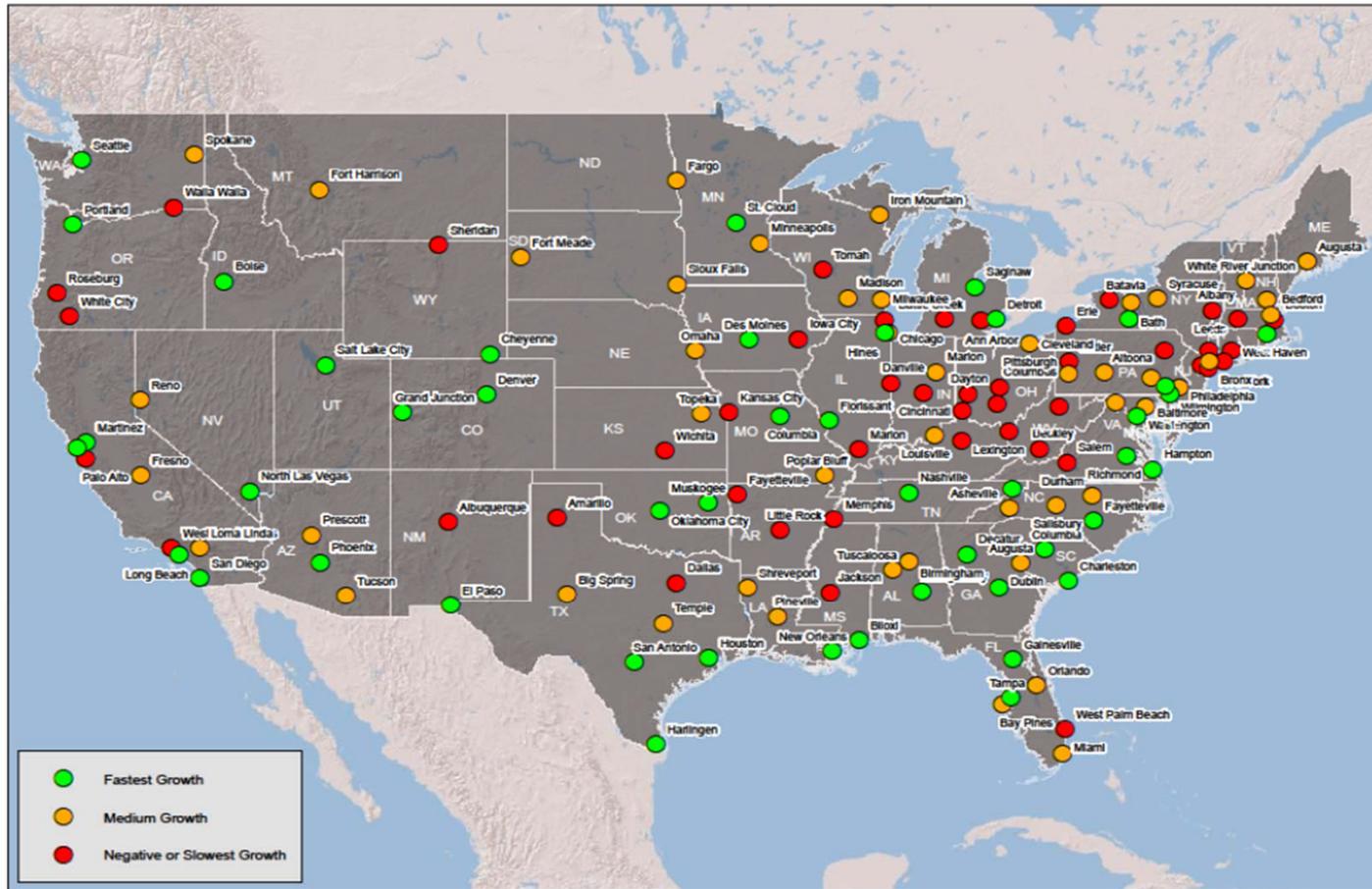
Year	VHA Patients	Percent Growth of Patients	Enrollment	Percent Growth of Enrollees
2005	5,094,418	2.36%	7,655,563	4.43%
2006	5,188,770	1.85%	7,872,439	2.83%
2007	5,230,283	0.80%	7,833,446	-0.50%
2008	5,299,820	1.33%	7,834,764	0.02%
2009	5,447,889	2.79%	8,061,251	2.89%
2010	5,638,491	3.50%	8,342,674	3.49%
2011	5,795,398	2.78%	8,574,198	2.78%
2012	5,911,885	2.01%	8,763,174	2.20%
2013	6,017,294	1.78%	8,926,610	1.87%
2014	6,134,589	1.95%	9,093,511	1.87%
2010-2014	-	8.80%	-	9.00%
2005-2014	-	20.42%	-	18.78%

Facility	Increase in Patients		Capital Projects Underway to Increase Space*
	April 2014 vs. April 2015 Increase (1 Year)	April 2013 vs. April 2015 Increase (2 year)	
(V22) (593) Las Vegas, NV	4.50%	17.28%	
(V07) (534) Charleston, SC	6.43%	12.58%	3 Min, 2VA, 3 Leases
(V07) (508) Atlanta, GA	7.36%	11.46%	1 Min, 1 EL, 3 Leases
(V17) (740) VA Texas Valley Coastal Bend HCS	4.67%	10.87%	1 Lease
(V20) (648) Portland, OR	5.30%	10.48%	2 Min, 1 Lease
(V06) (565) Fayetteville, NC	6.30%	10.44%	3 Min, 2 EL, 2 Leases
(V06) (590) Hampton, VA	2.29%	10.31%	5 Min, 1 EL,
(V22) (664) San Diego, CA	5.81%	10.03%	6 Min, 2 VA
(V18) (644) Phoenix, AZ	3.96%	9.92%	8 Min, 1 VA, 3 EL, 6 Leases
(V19) (554) Denver, CO	5.97%	9.33%	1 Maj, 1 Lease
(V20) (531) Boise, ID	6.25%	9.19%	5 Min, 1 Lease
(V17) (671) San Antonio, TX	4.30%	8.96%	1 VA
(V06) (652) Richmond, VA	5.08%	8.61%	8 Min, 1 EL,
(V22) (600) Long Beach, CA	4.73%	8.59%	2 Leases
(V20) (663) VA Puget Sound, WA	5.46%	8.50%	1 Maj, 2 Min, 2 Leases
(V07) (619) Central Alabama Veterans HCS, AL	5.20%	8.25%	1 Min, 1 Lease
(V19) (442) Cheyenne, WY	6.91%	7.97%	3 Min
(V08) (573) Gainesville, FL	3.77%	7.56%	2 Min, 6 Leases
(V20) (463) Anchorage, AK	3.95%	7.17%	
(V16) (580) Houston, TX	4.11%	6.39%	3 Min, 1 VA, 1 Lease
(V22) (605) Loma Linda, CA	1.19%	6.29%	
(V16) (520) Gulf Coast HCS, MS	4.10%	6.26%	
(V19) (660) Salt Lake City, UT	2.55%	6.20%	
(V15) (589) Columbia, MO	2.90%	5.99%	
(V15) (657) St. Louis, MO	3.69%	5.96%	
(V18) (756) El Paso, TX	4.60%	5.79%	
(V16) (629) New Orleans, LA	4.10%	5.76%	

# Demand & Workload: Patient Growth Map



Patient Growth at VHA Facilities



The slowest growth (-11.25% to 0.1%) includes bottom third of facilities.

Medium growth (0.16% to 1.8%) includes the middle third of facilities.

Fastest growth (1.85% to 7.63%) includes top third of facilities.



# VHA Challenges: Addressing GAO High Risk Reports

**On 2/11/15 GAO published the 2015 update to the High Risk Series and VHA was cited under “New High-Risk Areas” :Ambiguous policies and inconsistent processes; Inadequate oversight and accountability; Information technology changes; Inadequate training for VA staff, and Unclear resource needs and allocation priorities. As a result, VHA is implementing a strategic approach to achieve removal from the High-risk designation list including:**

- Clarifying existing policies to ensure facilities are carrying out processes at the local level more consistently, especially related to scheduling medical appointments and obtaining reliable data
- Strengthening oversight and accountability across facilities by conducting more systemic, independent assessments of processes – such as handling consults, claims processing for non-VA care, and performance pay goals for providers
- Addressing administrative burdens due to lack of iEHR interoperability between VA and DoD
- Improving training for staff at VA facilities to address issues regarding RME cleaning, nurse staffing methodologies
- Improving methods for identifying VA facilities’ resource needs
- Improving methods for analyzing cost-effectiveness of VA health care
- Effectively implementing the Choice Act