

Community Network/Access/Choice Principles for Discussion

Definition

- Across the United States, with local input and knowledge, VHA should establish high-performing integrated community networks of high-quality providers for veterans to access care, which will be known as the VHA Care System.
- VHA Care System is defined as VHA employed and community based VHA credentialed provider networks.
- VHA may establish the networks with the use of national contractors or with internal resources, but local knowledge and input should be used in either case.

Network Creation

- The governance board establishes criteria and standards for developing the networks, including a national strategy
- Networks are developed with local VHA leadership (VISN? Facility?) input and knowledge to ensure their composition is reflective of local need and veterans' preferences. Network composition includes existing VHA resources, such as special emphasis care (e.g. SCI, blind rehab, mental health, prosthetics, etc.) as much as possible. Where VHA has special expertise, VA should play the role of enhancing care in the local communities by collaborating with community care providers????
- The networks should be built out in a phased approach, where the governance board determines the criteria for the phases.
- VHA will credential the community providers. To qualify for participation in community networks, community providers must be fully credentialed, provide access that meets VHA standards, demonstrate high-quality clinical outcomes and appropriate utilization decisions, demonstrate military cultural competency, and have capability for interoperable data exchange.
- Providers in the networks should be paid using the most contemporary payment approaches available to incentivize quality and appropriate utilization of health care services (ie., using Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) physician payment methodology being proposed by CMS).

Operations

- Choice: Veterans can choose to receive care from any provider in the VHA Care System, including primary care.
- Care Coordination: All veterans will select a primary care provider in the VHA Care System who coordinates their care.
- Care Coordination: All primary care providers in the VHA Care System must coordinate the care for veterans. Veteran can choose their specialty care providers.
- Care Coordination: While primary care is traditionally defined as internal medicine or family practice, VHA may designate other specialty providers as primary care coordinators based on a veteran's specific health needs (e.g. Endocrinologist for a diabetic patient, neurologist for a patient with Parkinson's, etc., Ob/Gyn for women).

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- To ensure that veterans receive fully integrated and coordinated care, veterans must consult their VHA Care System provider before seeking specialty care in the VHA Care System.
- If veterans decide to seek care in the community, it is their choice to do so at any VHA Care System location across the country.

Care Administration

- From a strategic perspective, the highest priority access should be provided to service-connected veterans. This principle should guide access to all types and points of care.
- Veterans with limited financial means should also be of high priority.
- If needed, cost sharing (applicable only to those who are non-service-connected disabled and not financially needy) can provide a means for offering broader choice.
- The current time and distance criteria for community care access (30 days or 40 miles) should be eliminated.
- VISN geography should also be eliminated as a factor in where veterans can access care. VA-eligible veterans should be permitted to receive care at any facility and by any provider in the VA integrated care system, to include both VA and community providers.
- Board must determine network maintenance plan and implementation.

Management & Oversight

- The networks require ongoing management and evaluation of their performance. This will be the responsibility of management and board, with board oversight.
- The governance board will manage the budget for the VHA Care System. Local leadership will provide input on funding needs. (The local networks will determine their funding needs and submit this request to the CEO /VHA leadership. The board recommends to congress the budget required to implement the VHA Care System, with multi-year appropriations. The local network leaders will have the flexibility to manage their network's budget based upon local needs.)
 - Key elements: national strategy, local flexibility for managing budget and allow for mid-course corrections
- There is an assumption that increased access via the VHA Care System may lead to increased utilization, thereby potentially increasing the overall cost of veteran care. VHA should deploy cost mitigation strategies to offset the cost of providing greater choice to veterans.
 - Examples include:
 - Better recovery of third-party payments owed to VHA
 - Increased cost-sharing or changes in eligibility and/or benefit design could also substantial contain the projected costs of increasing provider-choice.
 - Reduction in fixed costs of underutilized facilities and services,
 - Supply chain management savings,
 - Improved facilities to improve provider productivity,
 - Information technology that improves quality and efficiencies.

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Other

- To ensure improved access to care for veterans, the VHA Care System and long-term plans for facilities should focus on creating a robust ambulatory network and reshaping inpatient resources to match expected demand.
- To inform veterans' and providers' decisions and create increased accountability for performance, all VHA and providers and facilities within community networks, must provide transparent information on inpatient and outpatient quality, service, and access using the same performance metrics, including those used by Medicare.
- To incentive cost mitigation, all cost savings associated with improved efficiency and operations need to be reinvested into the VHA Care System.

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