



STRATEGIC PLAN 2005-2009

VA New England Healthcare System

Network 1 Executive Summary

Description

The VA New England Healthcare System (Network 1) is an integrated health care delivery system that provides comprehensive, high quality, innovative care, in a compassionate manner to all the veterans it serves. Care is provided along a seamless continuum based in primary care supported by eight major medical centers in six states and 38 Community Based Outpatient Clinics (CBOCs). The CBOCs located throughout New England have improved access to care such that we have health care delivery sites within 30 miles of 97% of the veterans served in New England. Network 1 serves 229,000 veterans with a total budget of over \$1.3 billion. Medical centers currently operate 1,915 inpatient beds for acute medical/surgical, mental health, nursing home and domiciliary care. Annually Network 1 has 26,000 admissions and over 2.3 million outpatient visits.

As an integrated health care delivery system, the VA New England Healthcare System has adopted the service line approach to health care delivery. Under this model clinical service lines have been organized around broad categories of care: Primary Care, Specialty and Acute Care, Mental Health Care, Spinal Cord Injury Care and Geriatrics and Extended Care. These programs are horizontally integrated across the Network to enhance quality of care through consistent standards of care, better coordination of care and quality benchmarks.

As one of 21 Networks nationwide that comprises the Veterans Health Administration, Network 1's mission is to "improve the health of veterans through clinical care, education and research." Network 1 will meet these challenges and maintain its focus on providing high quality care. Improved access to care, enhanced patient outcomes, and patient and employee satisfaction will remain key goals. Network 1 is among the top three networks on performance measure achievement, is a leader in customer satisfaction results and is committed to becoming a Baldrige organization.

Demographics

New England is a large geographic area covering 70,000 square miles that spans the full spectrum of socioeconomic conditions from dense, urban centers to sparsely populated rural areas. Of the 1,275,930 veterans residing in New England, Network 1 treated approximately 18% of the veteran population in FY2003. The New England states have experienced a decline in overall veteran population in recent years. It is estimated that the Network's veteran population will decline by nearly 10.4% by 2005. Despite projections of decreasing numbers of New England veterans, Network 1 experienced an increase in outpatient visits and the overall number of veterans served in FY2003. In addition to the decline in the veteran population, Network 1 is experiencing an increase in the age of

those veterans who seek care. This scenario presents many challenges because older veterans typically require more care as well as more expensive care. As shown below, future population projections indicate the overall number of veterans will continue to decline but the percentage of veterans who are older than 85 will increase significantly. The Network Strategic Plan recognizes this future demand and includes several strategies for meeting the needs of the aging veteran population.

Table 1

Network 1 veteran population by age group for years 2000 – 2005

Age Group	2000	2005	Percent Change
<35	84,280	63,267	(24.9)
35-44	152,108	122,732	(19.3)
45-54	278,145	187,653	(32.5)
55-64	249,297	289,635	16.2
65-74	284,169	226,430	(20.3)
75+	227,931	253,164	11.1
Total	1,275,930	1,142,881	(10.4)

Source: Gainesville’s planning outpatient models (June 2000)

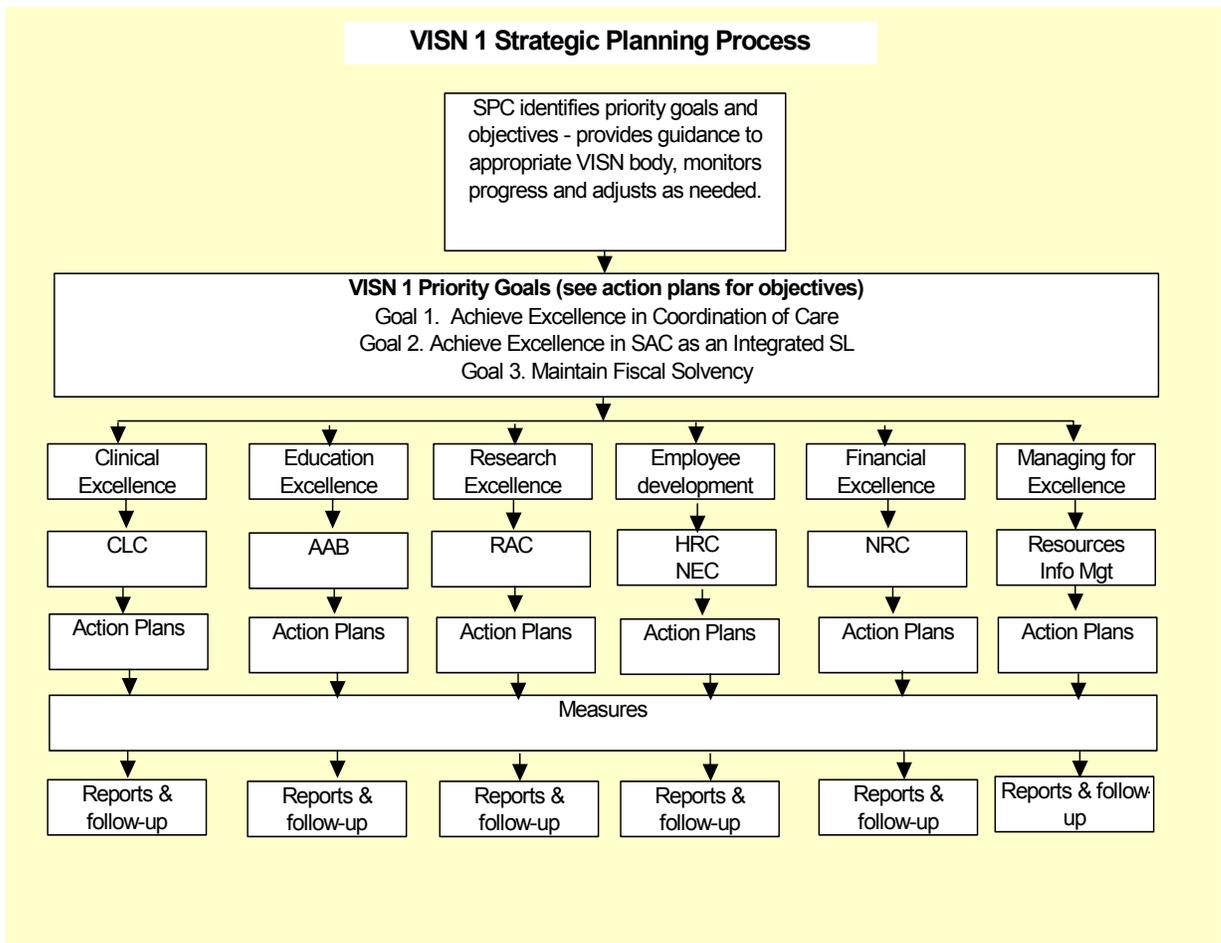
Network Strategies to Achieve Departmental Goals and VHA Strategies

The strategic planning framework for the New England Healthcare System was designed to ensure that the broad mission and goals of VA are translated into meaningful goals, measurable outcomes, and effective operational plans. The strategic plan is based upon the VHA VISION 2020 goals and strategies. Profound changes will occur in the Network health care system with the implementation of the VISION 2020 key strategies. These 30 strategies are described in detail in Part A and Part B narratives. Network strategies will focus on expanding telehealth, patient safety, preventive medicine, service recovery, resident supervision, advanced clinic access, workforce development, VA-DOD partnerships, and research programs. Network 1 is committed to providing leadership and resources to achieve excellence in all these key strategies.

To date, the SPC has worked on all three processes simultaneously. The 5-year capital asset plan and CARES concept papers were completed and the implementation plans for the VHA 30 strategies is in the final stages. Additionally, the SPC developed, in collaboration with VISN leadership and service line leaders, the top three priority goals for the year.

The priority goals are then disseminated to the VISN governance committees. The governance committees correspond to the VISN's key drivers, and they include the goals in implementation plans. VISN facilities and service lines likewise include the VISN priority goals in their business plans. In this fashion the priority goals are linked to the mission and key drivers and they receive appropriate high priority attention across the organization. The strategic planning council monitors the entire process.

VISN 1 Strategic Planning Process
Table 2



The Executive Leadership Board approved three high priority goals for VISN 1 for 2005-2009. (See Table 3 below.) These three goals will drive the network to improve the delivery of healthcare to veterans across the VISN.

Table 3

VISN 1 Strategic Goals	Strategies
<p>1. ACHIEVE EXCELLENCE IN COORDINATION OF CARE</p>	<p>1. Implement a standardized Coordination of Care Program in Network 1 2. Define the processes at each medical center 3. Develop an organizational plan Identify high risk, high cost cohorts; 4. Utilize Care Coordination and telemedicine technologies to enhance services for Spinal Cord Injury/Disorder, Mental Health, Geriatrics and Extended Care in the home and community</p>
<p>2. Achieve Excellence in Specialty and Acute Care Services as an Integrated Service Line</p>	<p>1. Establish Specialty and Acute Care Office Structure, Governing Body, and Executive Council 2. Improve Access to Specialty Clinics Gastroenterology Clinic will be added to the Advanced Clinical Access (ACA) process in FY 2004. 3. In FY2005 the other 50 clinics will be added to the ACA process for performance improvement 4. Establish service agreements between primary care providers and specialty clinics on type of services provided and the timeliness of care 5. Improve Integration in five areas: Gastroenterology, Cancer, Radiology, Cardiology, Emergency Room</p>
<p>3. Network 1 will Maintain Fiscal Solvency</p>	<p>Develop an allocation methodology based on workload, productivity and efficiency Enhance Revenue growth beyond national mean Create an investment pool to support growth in clinical workload, research, education and new technologies Develop a capital asset plan that meets Network priorities and needs</p>

In addition to the NEHS's three top priority goals, the strategic plan includes the 30 VHA goals for 2005-2009. The network is committed to implementing these goals as rapidly as possible. The goals are briefly described in Table 4 below.

Table 4

Network 1 Plan for Implementing VHA Objectives and Strategies

VHA Objectives	VHA Strategies	Network 1 Goals
2. Maximize the independent functioning of veterans in the least restrictive setting.	2. Promote the use of care management to facilitate care in the least restrictive and most efficient setting.	1. Implement Network plan for care coordination.
3. Optimize the use of health care information and technology for the benefit of the veteran.	4c. Accelerate development of telehealth initiatives.	2. Implement Network telehealth plan to provide access to veterans.
5. Continuously improve the quality and safety of health care for veterans to be the benchmark for health care outcomes.	9a. Be a leader in the advancement of knowledge and practice of quality and patient safety initiatives to include the use of preventive medicine practices and guidelines for chronic disease management.	3. Implement patient safety program.
6. Improve patients' satisfaction with their VA health care.	10. Implement a "service recovery" program.	4. Implement service recovery program.
7. Improve access, convenience, and timeliness of VA health care services.	12. Provide incentives for ongoing, continuous healthcare redesigns to streamline work, and to analyze, identify and promulgate improved health care practices	5. Implement network-wide ACA collaboration focusing on specialty care and mental health.
11. Promote excellence and innovation in the education of future health care professionals.	20. Provide appropriate support for training, education, and resident supervision	6. Improve relationships with affiliates; enhance trainee record keeping and security; monitor trainee supervision; respond to trainees' perceptions; respond to trainees' perceptions about their clinical training
12. Recruit, support, and retain a knowledgeable, diverse, engaged, and continuously learning workforce.	21. Develop a comprehensive and coherent workforce development plan that incorporates High Performance Development model, succession planning, diversity training, and Alternate Dispute Resolution orientation.	7. Implement network-wide comprehensive workforce plan incorporating HPDM, succession planning, and ADR orientation

14. Expand Federal, state, local, and private partnerships to foster improvements in the coordination and delivery of health care and other services.	24a. Expand VA sharing and collaboration with DoD	8. Network-level outreach program implemented; increase number of sharing agreements with DoD.
14. Expand Federal, state, local, and private partnerships to foster improvements in the coordination and delivery of health care and other services.	24b. Expand VA sharing and collaboration with Indian Health Service	9. Implement proposals for coordination of services with HIS
17. Increase revenue and efficiency through private sector partnerships, technology, and improved business practices.	29. Take full advantage of research-related intellectual property opportunities	10. Increase total number of inventions within Network 1 by five.

In concert with VHA’s planning initiatives through CARES, Network 1 has integrated its planning processes with CARES. The five-year capital asset plan and CARES concept papers were completed. Implementation plans for the VHA 30 strategies are in the final stages. The priority goals are linked to the Network mission and key drivers and receive appropriate high priority attention across the organization.

Financial Analysis

The strategic planning process provides resources to fund the implementation of the VHA VISION 2020 goals and strategies and the Network goals. Each goal has been assigned a “champion” who will work to implement the action plan approved by the Strategic Planning Committee. The Network Resources Committee will develop a budget for innovative proposals and strategies that will advance the Network in achieving the priorities established by the Network’s Executive Leadership Board. A process has been developed to monitor and measure the progress toward implementing each goal.

Network 1 has faced significant financial challenges over the previous years. With small increases in budget allocations, medical inflation and increases in patient workload have created demands on the use of capital dollars for operating expenses. FY2003 was the first year that the Network did not have to use capital dollars for operations. For FY2004, Network 1 will make every effort to use capital dollars for capital projects.

Improved financial performance is expected as Network 1 continues to make progress towards improving its VERA performance and by becoming more productive and efficient. Clinically proven, effective, and lower cost alternatives

to inpatient care are being developed through the expansion of VA programs and contracts with local providers.

Veteran Needs

Network 1 is committed to ensuring that we put quality first, that veterans receive the right care, at the right time, and in the right place; and patient functioning is enhanced and patient expectations exceeded.

The study of patient needs included an analysis of veteran population, the projected health care requirements of veterans, and the most effective process for delivering care. The Strategic Plan will determine the Network's capability to support the delivery of veterans' health care services through the next 5 years. It will focus on the accessibility and cost-effectiveness of care to be provided, while ensuring that the integrity of the Network's health care system and related missions are maintained, and that any adverse impact on staff and affected communities is minimized.

VISN 1 is strongly committed to full implementation of Advanced Clinic Access (ACA) at all medical centers. It has the goal of achieving excellent access with short waiting times for all its clinics, fully developed telephone care programs and high patient satisfaction by the end of FY05. It has already begun active implementation of strategies to achieve these ends. A network wide ACA collaborative involving specialty clinics and mental health is underway this fiscal year, with further spread to all high volume clinics of the "50 clinic list" next year.

Network 1 is committed to offering a patient-centered health care system that leads the way in health information technology. A major emphasis will be placed on developing telehealth and telemedicine programs that improve the access of veterans to receive care near or in their homes. Advances in telemedicine and the electronic patient record demonstrate this commitment to information management. These are two key ways to help clinicians provide quality health care. Patients are now able to move between facilities and levels of care more easily. Further implementation of the electronic medical record and telemedicine will further facilitate this process and ensure improved access to patient records for all care providers.

Expanding home care and community-based programs, and emphasizing health promotion, wellness, and prevention will assist in reducing the cost of care and enable Network 1 to treat more veterans. Telemedicine programs in VA sites and in the home are being expanded across Network 1. The tele-home care program developed by the Connecticut Healthcare System is used as a best practice. The tele-home program provides for the monitoring of veteran's vital signs and physiological monitoring in the veteran's home and enhances access and patient satisfaction.

Education and Research

Network 1 is fortunate to enjoy meaningful, collaborative affiliations with some of the premier medical schools in the world. These relationships enhance the quality of care provided by Network 1 facilities and contribute significantly to the education and research missions of the VA. Medical school partnerships assure the best available medical, scientific and educational programs and contribute directly to the provision of high quality care to our veterans. The Network is committed to continuing the excellence of the academic and research programs. Many Network 1 staff hold faculty appointments at the affiliated medical schools and conduct cutting edge research. Network 1 is among the leading VISNs in research with one of the highest dollar allocation (from VA funding) in the Veterans Health Administration, exceeding \$34 million in FY 2003.

Capital Asset Planning

CARES data show most clinical programs in Network 1 being sustained or expanded. Facilities in Network 1 have significant infrastructure needs that need to be addressed immediately. The VA Office of Facility Management (OFM) studied the integrity of the infrastructure systems for the Network 1 in 2001. The systems for the over 8,000,000 square feet of building space ranged from poor to good condition. However there were a significant number of the systems that were below par. The number of current systems deteriorating below par will increase if not accelerate as we continue to use the buildings at the growing activity level. Current funding to repair these systems is insufficient to stem the tide of deterioration. We must receive an influx of significant funds to bring these systems up to par and local community standards. Of the 6747 systems studied 2207 were rated below par. The systems include but were not limited to site, architectural, HVAC, electrical, plumbing, structural, and elevators.

The CARES planning cycle indicates a need for increased space to support our projected workload. If we do not receive a significant influx of infrastructure correction funds to improve the existing facilities in this VISN, continued infrastructure deterioration will lead to the inability to support the projected workload. Eventually significant amounts of new construction will be required to replace the infrastructure that is beyond repair.

Of necessity, the complexity of realigning clinical services and campuses requires careful planning in order to ensure a seamless transition in services. All changes recommended through the CARES process have been included in the Capital Asset Plan that will be carried out over several years. This will be a multifaceted process, depending upon whether implementation of specific initiatives requires additional capital, recurring funding, policy changes, or realignments. In no case would services be realigned without alternative sites of care being available and operational. Savings or revenues realized from enhanced use leasing will be used to benefit veterans in the communities where the affected campuses are located.

The Network's strategic planning process ensures its capital asset infrastructure is configured to meet the demand for VA health care services during the next 20 years. The CARES process is a data-driven approach to analyzing veterans' projected health care needs. The final plan included major construction projects to modernize facilities at Boston Healthcare System, Providence VAMC, Connecticut Healthcare System and Togus VAMC. In addition, the Network identified a major need to improve the infrastructure of numerous aging buildings. As a result, a program utilizing minor construction and nonrecurring maintenance projects has been developed and included in the Network 1 Capital Asset Program.

Several areas will be a focus of the planning process in this planning cycle with special emphasis being placed on the transformation of the mental health program and the identification of long-term care needs. VISN 1 will also focus on a proposed capital project for the co-location of VBA offices on VHA campus in Newington, CT. The CARES commission has recommended a feasibility study regarding the relocation and resizing of the Boston area campuses. Upon completion of the study our Strategic Plan will be adjusted accordingly. Our belief is the study will reveal solutions which will require long time frames for completion, therefore we are submitting this plan as originally conceived to insure maintenance and improvement of our current services.