DoD/VA
Joint Facilities & Markets

Ken Cox
Director, DoD/VA Program Coordination Office
OASD(HA)
VA/DoD Joint Market Opportunities

• Assignment
  – Assess current DoD/VA joint ventures (Phase I) and next future possible joint markets/joint ventures (Phase II).

• Goal
  – Co-locate/Co-manage Selected DoD/VA Facilities Where Demand and Economies of Scale Can Be Optimized

• Objectives:
  – Increased access for patients;
  – Improved efficiency;
  – Reduced duplication of services;
  – Reduced infrastructure, where possible; and
  – Mitigating the effect of deployment on access to healthcare.
Assessment Status

• Eight joint venture sites,
  – Data on clinical and business operations, identified markets, the demand and opportunities in those markets, governance, and the management models in place

• Joint Markets –
  – Initial assessments eleven markets -
  – Scheduling five new markets.
Joint Ventures Studied

- **North Chicago** – North Chicago VA Medical Center/Naval Health Clinic Great Lakes
- **Las Vegas** – Michael O’Callaghan Federal Hospital: VA Southern Nevada Health Care System/99th Medical Group, Nellis AFB
- **Anchorage** – Alaska VA Health Care System/3rd Medical Group, Elmendorf AFB
- **Honolulu** – VA Pacific Islands Health Care System (Spark M. Matsunaga Medical Center)/Tripler Army Medical Center
- **Albuquerque** – New Mexico VA Health Care System/377th Medical Group, Kirtland AFB
- **Key West** – Miami VA Health Care System (Community Based Outpatient Clinic)/Naval Medical Clinic Key West
- **El Paso** – El Paso VA Health Care System/William Beaumont Army Medical Center
- **Fairfield** – Northern California VA Health Care System/David Grant Medical Center, 60th Medical Group, Travis AFB
- **Biloxi** – Biloxi VA Medical Center/81st Medical Group, Keesler AFB
## Domain-Based Interview Tool

<table>
<thead>
<tr>
<th></th>
<th>Separate</th>
<th>Coordinated</th>
<th>Connected</th>
<th>Integrative</th>
<th>Consolidated</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical Services</strong></td>
<td>Insignificant referrals</td>
<td>Regular communications</td>
<td>High numbers of referrals</td>
<td>Significant number of referrals as one</td>
<td>Protocol-driven placement of all patients</td>
</tr>
<tr>
<td><strong>Facilities</strong></td>
<td>Distant</td>
<td>Some sharing where duplication exists</td>
<td>Projects &amp; facilities come from master planning</td>
<td>Many departments share space</td>
<td>One facility or set of facilities</td>
</tr>
<tr>
<td><strong>Staffing</strong></td>
<td>Distinct</td>
<td>Support in peaks and valleys</td>
<td>Joint staff planning</td>
<td>Multiple examples of single/joint staffing</td>
<td>Single staffing</td>
</tr>
<tr>
<td><strong>Business Processes</strong></td>
<td>Different</td>
<td>Reduce barriers</td>
<td>Work flows understood &amp; acted on</td>
<td>Transparent</td>
<td>Single system</td>
</tr>
<tr>
<td><strong>Management/Governance</strong></td>
<td>No Relation</td>
<td>Joint planning sessions</td>
<td>Overlap of key functions</td>
<td>Overlap of key functions</td>
<td>One governance &amp; management structure</td>
</tr>
<tr>
<td><strong>IM/IT</strong></td>
<td>Separate systems</td>
<td>Evidence of “E” exchange of info</td>
<td>Moving toward systems interface</td>
<td>Complete interoperability</td>
<td>One system</td>
</tr>
<tr>
<td><strong>Logistics</strong></td>
<td>Little if any exchange</td>
<td>Borrowing, bartering and contractual exchange</td>
<td>Mutual examination of best pricing and service</td>
<td>Selective joint contracting of major areas of procurement</td>
<td>One supply chain</td>
</tr>
<tr>
<td><strong>Education &amp; Training</strong></td>
<td>Distinct</td>
<td>Selective exchange of methods</td>
<td>Frequent use of joint programs and curriculum</td>
<td>Most programs and curriculum are same/similar</td>
<td>Unified program</td>
</tr>
<tr>
<td><strong>Research</strong></td>
<td>Distinct</td>
<td>Selective exchange of protocols</td>
<td>Joint planning and review of many studies</td>
<td>Significant overlap of protocols and review</td>
<td>Unified program</td>
</tr>
</tbody>
</table>
Key Accomplishments

- Fully integrated staffing in some patient care areas
- Use of Joint Incentive Fund process
- Joint committee structures
- Patient care applied equally regardless of type of beneficiary
- Shared training, orientation, and contingency planning exercises
Key Accomplishments

• Joint Referral/Business Office streamlined access to care, workload accounting and itemized billing
• Access to military base for veterans
• Local workaround solutions for IT and billing
• Hiring temporary staff for other Departments
Key Challenges

• IM/IT
  – Lack of a single integrated view of patient information
  – Lack of training/knowledge of available applications

• Staffing
  – Shortages
    • Deployment
    • Hiring
  – Limited use of Title 38 benefits for DoD
Key Challenges

- **Leadership**
  - Lack of/or unclear Department-level guidance and expectations on:
    - Joint Venture Requirements-Goals/Objectives
    - Training on Joint Ventures for senior leaders

- **Financial Management**
  - Bartering
  - Lack of incentives to share
Conclusion

• Can joint ventures/markets:
  – Maintain or increase access to care?
  – Reduce infrastructure?
  – Improve efficiency?
  – Strengthen provider practices and quality?
  – Mitigate impact of deployment?

• Answer = Yes, if:
  – There is high-level commitment
  – Major issues are resolved