VA/DoD Collaboration and Medical Sharing

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Agenda

• Program Overview/Policies
• Sharing Agreements
• TRICARE Agreements
• Joint Incentive
• Lessons/Challenges
VA-DoD Collaboration

- **Vision**
  - A world-class partnership that delivers seamless, cost-effective, quality services and value to our nation
- **Mission**
  - To improve the quality, efficiency and effectiveness of the delivery of benefits and services to Veterans, Service Members, military retirees and their families through an enhanced VA and DoD partnership
VA-DoD Sharing Laws

- Public Law 97-174, the VA/DOD Health Resources Sharing and Emergency Operations Act of 1982
  - Gives increased flexibility to local VA Medical Center and Military Treatment Facility leadership to enter into sharing arrangements with each other

- VA-DoD Sharing Law (38 USC 8111) May 4, 1982
  - Local Facilities May Retain Earnings from Services provided
  - Flexible Reimbursement Rates Based on Local Conditions
  - Any Hospital-Related Service May Be Shared

- 10 U.S.C. 1104 Sharing of Resources with the Department of Veterans Affairs
VA-DoD Sharing Laws (Continued)

  – Directed VA and DoD to enter into agreements for the mutually beneficial use of health care resources (changed from “may enter into” to “shall enter into”)
  – Required VA and DoD to establish a Joint Strategic Plan
  – Established the Joint Incentive Fund Program
  – Established the Joint Executive Committee chaired by VA Deputy Secretary and Under Secretary of Defense for Personnel and Readiness
VA-DoD Policy Guidelines

• VA and DoD Secretaries signed updated “Guidelines” October 31, 2008
  – Health Care Resources Reimbursement Policies
  – Joint ventures
  – VA-DoD Joint Executive Council responsibilities
  – Consistent sharing agreement approval process

• Health Care Resources Reimbursement Policies
  – Billing Guidance for Outpatient and Inpatient Care
Eligibility for Care of DoD Beneficiaries in a VA Medical Facility

- Direct Sharing Agreement
- TRICARE Agreement
- Emergency Care
- VA-DoD Dual Eligible
  - If service connected or seeking care for a service connected disability, VA is responsible for care.
  - If non service connected, the member may elect which benefit to use at the time of treatment or appointment. Beneficiaries must complete the entire “episode of care”.

Sharing Agreements

• What is a Sharing Agreement?
  – Direct Sharing between local facilities or VISNs
  – If reimbursement is included, it is paid from local site to local site
  – Range of services include; Graduate Medical Education (GME), Laundry, Administration, Clinical Pathology, Cardiology, Dermatology, Ambulatory Care Services, Radiology, Mental Health, Neurosurgery, Fitness Centers
• Over 220 active agreements nationwide
• Trend toward “master” sharing agreements that can cover a full spectrum of available services
• National TRICARE Dental MOA to provide dental services to Active Duty where VA capacity permits
• National Agreement to provide treatment for Active Duty with Spinal Cord Injuries, Traumatic Brain Injuries and Blindness
Developing a Sharing Agreement For VA

- Policy Established in VHA Handbook 1660.04 - “VA-DoD Direct Sharing Agreements” October 2, 2008

- Facility Process
  - Identify DoD Point of Contact
  - Assess areas of opportunity
  - Agreement may serve combined VA and DoD needs
  - Focus on current fee or purchased care

- Facility Director and MTF Commander sign agreement and forward to Service/VHA for approval
Opportunities for VA-DoD Sharing

• Purchased Care/Non-VA Care Recapture
• Combining or Complementary Services for Graduate Medical Education (GME)
• Combining Other VA and DoD Services in one location – economies of scale (ie: laundry)
• Joint training sessions – reduced training costs; increased training opportunities (non-GME)
• Increased patient mix and complexity – enhanced clinical currency
VA Participation in TRICARE

- MOU between VA and DoD to allow VAMCs to participate as TRICARE providers signed 6/29/1995.
- On Nov. 4, 2004, the VHA DUSHOM directed all VAMCs to become TRICARE Network Providers
- ALL VAMCs are TRICARE Providers
- Benefits of being a Network Provider include:
  - Continuity of care for Active Duty Service Members transitioning to VA care, especially for OEF/OIF
  - Provision of medical care that may not be available at DoD Facilities
  - Streamlined Referral, Authorization and Billing Processes
  - Billing/Reimbursement is through the Managed Care Support Contractor
  - Allows VA to provide care for DoD family members, especially for OEF/OIF
Secrets to Success for VA-DoD Sharing

- Trust and integrity between VA and DoD
- Patient-centered focus
- Engaged and supportive leadership
- Regular Meetings/Ongoing Communication
  - Monthly Joint Initiatives Working Group
  - Quarterly Executive Management Team meetings
  - Annual Joint Strategic Planning Retreat
- Address issues early on
- Keep looking for win-win opportunities
  - Doesn’t have to be a zero sum gain
Common Barriers/Constraints

• Lack of IM/IT interoperability
• Joint Business processes
  – Accurate workload capture
  – Billing processes
  – Financial Management Systems don’t interface
• Space/New construction needs
  – Getting planning and budgets to align
• Disparity of DoD and VA rules and regulations
  – Credentialing
  – Formulary
• Competitive healthcare job market
• Leadership structures limit consolidation
• Base access
Joint Incentive Fund (JIF)

Program History:
- Each Agency must contribute $15M annually
- Currently authorized thru FY2015
- Provides “start up” cost. Business plan must show return on investment
- Needs to be health care related and provide benefit to both Departments
- 116 projects and $387 million funded to date
Elements of Successful JIF Projects

• Leadership Driven Process
  – VA/DoD Governance
  – Vision and Local Focus are a Critical Component
  – Jointly Defining Value of Services

• Clinical Champion
  – GME Support
  – Input on clinical capabilities and availability

• Data and Analysis - Defining Factor of Success

• Must Meet JIF Criteria for Success (Quantitative and Qualitative; i.e. Self-Sustaining within Two-Years, Support GME)
Evaluation of JIF Projects

• The Financial Management Workgroup meets to evaluate and score each proposal using the following criteria:
  – Improves Quality of Care & Access to Care
  – Mission Priority / Corporate Direction
  – Return on Investment
  – Measurable Performance Data Identified
  – Supports VA/DoD Joint Strategic Plan
  – Other Intangible Benefits
  – Size & Scope of Impact
Resources

- [http://vaww.dodcoordination.va.gov/](http://vaww.dodcoordination.va.gov/)
  - Includes links to
    - Handbooks
    - MOAs
    - Guidelines
    - Reimbursement Methodologies
    - JIF Forms
    - Approved JIF projects
    - Business Case Analysis
    - Presentations
Questions?