Overview

- Background – How We Got Here
- What is the Captain James A. Lovell Federal Health Care Center (FHCC)
- Nation’s First Federal Health Care Center
  - Legislation to Integrate
  - FHCC Reporting and Leadership Structure
- Services Offered
- Achieving the Quadruple Aim
- Measuring Success
- Questions
Factors Driving Integration

- Base Realignment and Closure (BRAC) Committee 1995 Recommendations
  - Navy consolidated recruit training into one location

- Presidential Priority
  - Executive Order 13214 President’s Task Force to Improve Health Care Delivery for our Nation’s Veterans in 2001 mandated an increase in VA/DoD collaborative efforts

- Capital Asset Realignment for Enhanced Services (CARES) Study

- Center for Naval Analysis 2002 Recommendations

- Direction and leadership from the Health Executive Council and Joint Executive Council

- Base Realignment and Closure (BRAC) Committee 2005 Recommendations

- Congressional Interest
Facility Comparison

- **Naval Health Great Lakes**
  - Established 1911
    - Current building dedicated 1960
  - Current catchment area: 67K beneficiaries and 49K recruits and students (13K average on board)
  - 22 Med/Surg/Peds Inpatient beds prior to JUN 06
  - 651,813K outpatient / and 205,768 dental visits FY09
  - 1,522 employees (active duty and civilian)
  - Annual Budget FY09: $105M and $64M military pay
  - Redesignated Naval Health Clinic JUN 06
    - OR/ER/Inpatient services moved to North Chicago VAMC

- **North Chicago VAMC**
  - Established 1926
  - Current catchment area: 78K beneficiaries
  - 438 health care facility beds:
    - 100 Acute operating hospital
    - 195 Community Living Center
    - 125 Domiciliary
    - 18 Psych Residential Rehab
  - 266,325 outpatient visits FY09
  - 1,394 employees
  - Annual Budget FY09: $220M
  - Recent Construction
    - Construction of (4) new OR’s, renovation of existing OR’s
    - ER Room Expansion- 2006
    - State-of-the-art Inpatient ward 2010
Captain James A. Lovell
Federal Health Care Center

**Phase I**

Sharing Relationship
October 2003
- Inpatient Mental Health transferred
- Reimbursement methodology:
  - As TRICARE Network Provider Status
- Local VA/DoD Working group chartered
- Multi-disciplinary

December 2004
- DoD Blood Donor Processing Center transferred
- Reimbursement methodology:
  - Navy leases VA laboratory space
  - VA purchases blood products
- Avoids $3M construction cost to Taxpayer

**Phase II**

Network Relationship
January 2005
- $13M NCVAMC Project
  - Construction of 4 new OR’s
  - Renovated 4 existing OR’s
  - Expansion of existing Emergency Department

June 2006
- Transfer of inpatient med/surg/pediatric
  - Prof. svs. by Navy MD’s for Surgery and Peds
- Transfer of operating room
- Transfer of ICU
- Transfer of ER service
- Reimbursement methodology:
  - Facility charges at TRICARE Network negotiated rate.

**Phase III**

Federal Health Care Center
FY2007
Navy construction project began 2 JUL 2007:
- Surface parking (staff) completed DEC 2007
  - FY2008
  - Parking Garage completed SEP 2008
  - Renovated 45,000 square foot of existing NCVAMC spaces - completed SEP 2009.
  - Begin 201,000 square foot ambulatory care center

Fall 2010
- Construction completed in SEPT 2010
- FHCC activated on 01 OCT 2010
- Clinics & Admin functions relocations completed by FEB 2011

FY04 - Women’s Health & Mammography
FY05 – MRI, Oncology & Fiber Optic Connectivity
FY06 – Hospitalist & Digital Radiography (PACS)
FY07 – Project Management Support
FY08 – Enterprise IM/IT Requirements
FY09/10 – Enterprise IM/IT Development
Business Case Analysis

Phase I
- DoD Blood Processing Center (one-time cost avoidance)
  - Net Cost Savings of $3,130,000
- Combining the Behavioral Health Units of NHGL and NCVAMC
  - Net Cost Savings of FY03 to FY07 $5,400,262

Phase II
- Combining the Inpatient Medicine, Emergency Room, ICU/CCU, and Surgery Departments
  - Net Reduction of 51.04 FTEE
  - Net Cost Savings $5,800,000 in FY05 to FY07

Phase III
- Construction - One time cost savings of $67M
- Recurring annual operating cost savings of $19M
- Projected recurring cost savings of $3.3M
National Task Groups

Health Executive Council (HEC)

VA/DoD Great Lakes
Work Group/ Steering Committee

Legal and Congressional Liaison

HR
- Development
- Education/Training
- Labor Relations
- Other

Leadership
- Board Reporting Relationships
- Performance Measures
- Mission/Vision
- Business Plan
- Staff/Org. Structure

Financial/Budget
- Budget
- Financial Management
- Accounting
- Productivity
- Workload
- Other

IM/IT
- Single System
- All Functions
- Medical Records
- Other

Clinical
- Medical Staff Organization
- Credentialing
- By-Laws
- JCAHO
- RM/QA
- Education/Research
- Pharmacy
- Other

Admin
- Security
- Force Protection
- Acquisition/Procurement/Logistics
- Eligibility/Benefits
- Facilities
- Other
The FHCC is the “integration” of:
* The present NCVAMC (West Campus)
* The newly constructed Ambulatory Care Center (West Campus), replacing 12 story former Naval Hospital (200H)
* The Navy Fleet Medicine Clinics (East Campus)
* VA Community Based Outpatient Clinics

Captain James A. Lovell
Federal Health Care Center
2010
What is the FHCC?
About the Lovell FHCC

• **First-of-its kind integration:**
  - Former North Chicago VA Medical Center and Naval Health Clinic Great Lakes

• **Promise Kept:** “Readying Warriors and Caring for Heroes.”

• **Larger than a single facility:**
  - **West Campus**: 109-acres at former North Chicago VA Medical Center campus
  - **East Campus**: USS Osborne, USS Tranquillity, USS Red Rover and Fisher Branch Medical Clinics; Bldg 200H.
  - **Community-Based Outpatient Clinics**: Kenosha, McHenry and Evanston Community Based Outpatient Clinics
FHCC Mission & Vision

Mission
We are the premier Federal Health Care Center, proud to provide comprehensive, compassionate, patient-centered care to our veterans and DOD beneficiaries while supporting the highest level of operational readiness.

Vision
Creating the future of federal healthcare through excellence in world-class patient care, customer service, education and research

Values
Respect; Integrity; Trust; Accountability; Teamwork/Camaraderie
About the Lovell FHCC

More than 118,000 eligible patients:
- Military Veterans
- Active duty military (w/ recruits)
- Military family members
- Military retirees (TRICARE)

Projected Visits:
Approx. 900,000 medical
Nearly 187,000 dental

Annual budget of approx. $448M
(includes Military Labor)

Staff members: 2,916
- VA civilians: 1,352
- VA contractors: 42
- Prior Navy civilians: 533
- Active duty military: 728
- Navy contractors: 261
Legislation to Integrate

National Defense Authorization Act (NDAA) 2010

Sec. 1702 Transfer of Property: Permission to transfer DoD real and related personal property.

Sec. 1703 Transfer of Civilian Personnel to the VA: Permission for DoD civilian personnel to move to the VA personnel system.

Sec. 1704 Establishment of Joint Medical Facility Demonstration Fund: Establishment of a Treasury Fund with a reconciliation process.

Sec. 1705 Health Care Eligibility for Services at the Captain James A. Lovell Federal Health Care Center: Obtain designation as Uniformed Treatment Facility for beneficiary purposes.
Executive Agreement Summary

- Signed by SECVA / SECDEF on 23 April 2010
- The formal agreement between the DoD and the VA regarding the standup and operation of the FHCC located in North Chicago, Illinois, and Great Lakes, Illinois. Active Duty members and Active Duty dependents enrolled in TRICARE Prime pay no co-payments for inpatient or outpatient health care services.
- 9 specific areas directed by NDAA 2009
- 5 specific areas directed by NDAA 2010
Lovell FHCC Advisory Board

- **Membership**
  - Naval Edu. & Training Command
  - Chief Legislative, Regulatory, and Intergovernmental Affairs Officer
  - Navy Bureau of Medicine & Surgery
  - Navy Medicine East (NME)
  - VISN12 Director
  - Federal Health Care Center Director (Ex Officio)

- **Roles and Responsibilities**
  - Provides input on Director and Deputy Director evaluation
  - Advises on Mission, Vision and Policy
  - Advises on Strategic Direction
  - Advises on Adequate Resources
  - Monitors Performance
Stakeholder’s Advisory Council

- Membership
  - Veterans Service Organizations
  - TRICARE Regional Office
  - Navy Line Representation
  - Community Representatives
  - Rosalind Franklin University of Medicine and Science
  - Other VA/Federal System Directors
  - Managed Care Support Contractor
  - Network/VISN Representatives
  - Navy Ombudsman
  - Congressional Liaison/Representative
Lovell FHCC Services Offered

Primary and Emergency Care
Family Practice and Primary Care, Internal Medicine, Pediatrics and Emergency Room, Acute Inpatient services: Acute Med-Surgical Unit, ICU, and support services including pharmacy, lab and imaging

Specialty Medicine
Neurology, Audiology, Cardiology, Gastroenterology, Respiratory Therapy, Radiology, Laboratory, Women’s Health (Gynecology), Substance Abuse, Rehabilitative Care, Pulmonary/Critical Care, Infectious Diseases, Hematology/Oncology, Endocrinology, Rheumatology, Nephrology
Lovell FHCC Services Offered (cont.)

**Surgical Services**
*General Surgery, Orthopedic Surgery, Podiatry, Ophthalmology, Optometry, Dermatology, Urology, Vascular, Women’s Health, ENT*

**Health Promotions**
*Nutrition, Diabetic Clinic, Preventive Maintenance, Physical Therapy, Weight Management, Smoking Cessation, and many others.*

**Pharmacy**
*Full pharmaceutical services, including mail-order delivery and Anticoagulation Clinic*
Lovell FHCC Services Offered (cont.)

Acute & Long Term Mental Health Care
Post-Traumatic Stress Disorder, Substance Abuse Rehabilitation Program, residential care, domiciliary services, and a full-range of mental health care

Skilled Geriatric Care
Long-Term Care, Hospice Care, Community Living Center, Home-Based Care, Tele-Health

Other Patient-Focused Programs
Suicide Prevention, Homeless Rehabilitation, Compensation & Pension, plus many others
MHS: Quadruple Aim

Experience of Care

Population Health

Readiness

Per Capita Cost
Operationalizing the Quadruple Aim at Lovell FHCC:

PATIENT CARE & OPERATIONAL READINESS
Leadership

- Early Establishment Of FHCC Leaders
- Deputy Director On Board Early
- Leadership Training (VA & DoD)
- Co-Location of Direct Reporting w Command Suite
- Communication (Vertical & Horizontal)
- Executive Steering Committee (ESC)
- FHCC Advisory Board
- Role Definition
- Integration Teams
- Visibility (Town Halls, All Hands)
- Executive Sharing Agreement
- Mission, Vision & Values
Patient Care/Services

- Patient Safety #1
- Clinical Service Integration
- Communication to Beneficiaries
- Patient Priority
- Access To Care
- State Of The Art Equipment
- Corpsman / Independent Duty Corpsman Integration
- Integrated Policies
- Education and Research
- Synergies of Scale
- Product Line Recapture
Culture & Communications

- Establishing Our Brand
  - Logo
  - Promise Kept: Readying Warriors and Caring for Heroes

- Internal Communication
  - Newsletters
  - Town Hall/CAPT Calls
  - Focus Groups
  - Intranet
  - FHCC Feedback Group

- External Communication
  - Community Events
  - Speaking Engagements
  - Press Releases
  - Social Media

- Culture
  - Joint Strategic Planning
  - Joint Celebrations
  - Recognition Awards
  - Employee Satisfaction
  - Focus Groups

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  - Focus Groups
Personnel & Labor Relations

- Transfer Of Function
- Military / Civilian
- Combining Labor Unions
- Labor Partnership
- Position Descriptions
- Education & Training
  - Learning Management System (LMS)
  - Navy Knowledge Online (NKO)
- New Organization Structure
- Total Work Force Management
Resources

• Budget - Joint Medical Facility Demonstration Fund (JMFDF)
• Reconciliation
• Continuing Resolution Authority (CRA)
• Supply Chain
• Contract Issues
• Construction
Research & Education

- Combined Research Program Services
- VA Central Office Institutional Review Board (IRB)
- Cardiology – New Anticoagulants for Atrial Fibrillation. Drug just approved by FDA
- Oncology – Chronic lymphocytic leukemia (CLL). Small cell lung cancer
- GI – New drug for Diverticulitis
- Intensive Care – CPR Research (VA/DoD Funded)
Research & Education

- FHCC is a teaching institution with multiple affiliations with an interdisciplinary approach to medical education

- Multiple post-graduate/residency programs including:
  - Internal Medicine, Psychiatry, Podiatry and several Fellowships including Cardiology, Pulmonary, Endocrine and Infectious Diseases.
Information Management/Technology

- Single Desk Top
- Single Registration
- Evaluate Scheduling Clinic Appointment
- Business Intelligence
  - Evaluate Financial
  - Quality
  - Operational Readiness
- Order(s) Portability
  - AHLTA<>VistA
  - Lab
  - Radiology
  - Pharmacy
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2. CARBAMIDE PEROXIDE 6.5% OTIC DROPS USE 3 DROPS IN AFFECTED EAR(S) TWICE A DAY FOR 3 DAYS    RR: 2 #: 15

3. FERROUS SULFATE (IRON) 325MG TAB TAKE ONE TABLET EVERY DAY BY MOUTH    RR: 2 #: 30

4. NAPROKEN 500MG ORAL TAB TWICE A DAY WITH FOOD    RR: 1 #: 30

5. OYS SHL CALCIUM 500MG + VIT D 200IU TAKE ONE TABLET BY MOUTH TWICE A DAY    RR: 2 #: 60

6. ASCORBIC ACID (VIT C) 500MG ORAL TAB TAKE ONE TABLET BY MOUTH
How We Measure Success On The Road To World Class Care
Lovell FHCC Integration Benchmarks

1. Patient satisfaction measures meet VA and DoD benchmarks.
2. Maintenance of Medical Individual Accounts for Recruits at less than five percent; maintain Training Center Support Students Not Under Instruction (NUI) for medical reasons at less than two percent; Individual Medical Readiness – indeterminate status for active duty less than five percent.
3. Stakeholders Advisory Council determination that the FHCC meets both DoD and VA missions.
4. Successful annual Comptroller General review.
5. Validation of fiscal reconciliation report by annual independent audit.
6. VA clinical and administrative performance measures exceed mean for all VA Medical Centers.
Lovell FHCC Integration Benchmarks

7. Meet all access to care standards in a three-year period.
8. Evidenced Based Health metrics meet/exceed VA/DoD benchmarks
9. Officer promotion/retention and enlisted advancement/retention meet or exceed Navy means.
10. IM/IT implementation timeline met and no negative impact on patient safety.
11. Staff satisfaction measures meet VA and DoD benchmarks.
12. RVU/RWP/DWV production meets Business Plan targets.
13. Maintain pre FHCC academic and clinical research missions.
14. Satisfactory clinical and facility inspection outcomes from external oversight/accreditation groups.
15. Trainee Satisfaction as measured by the Learner Perception Survey.
Experience of Care

- State–of-the-Art Single Patient Rooms
- State–of-the-Art Operating Rooms
- Green House® Homes
- Planetree Healing Environment
- Patient Lifts
- 3 Tesla MRI (largest magnet in Lake County, IL)
- Food Room Service
- Integrated PTSD
- Customer Service Focus
Population Health

- Focus on Health
- Family Centered
- Medical Home
- Patient Aligned Care Team (PACT)
- VHA Caregiver Support
- Increase Appropriate Access
- Ensure Continuity of Care
- Increase Satisfaction & Loyalty
Per Capita Cost

- Systematic Approach To Community Health
- Provide Care At The Appropriate Place
- Reduce Duplication
- Improved Outcomes Through Integration Of Product Lines
- Rehab Opportunities
- Reserve Health Care For Wounded Warrior Transition And Ongoing Support Of Operational Reserve
- Network Integration Sharing With Other VA Hospital.
Operational Readiness

- Unique Recruit Mission
- Medical & Dental
  - Physically and Emotionally Prepared
  - Navy Unique Approach
- Readying FHCC Warriors
  - Combat lifesaver skills
  - Enlisted – Corpsman Competency
  - Officer – Maintain and increase knowledge and skills
Lovell FHCC: Promise Kept

Readying Warriors and Caring for Heroes
Questions?

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http://www.lovell.fhcc.va.gov