



## **VISN 1**

### **STRATEGIC PLAN FY2008 – 2012 December, 2007**

## **VA NEW ENGLAND HEALTHCARE SYSTEM (VISN 1) STRATEGIC PLAN FY 2008-2012**

### **A. Network 1 Executive Summary**

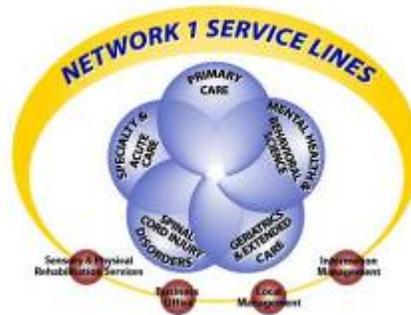
The VA New England Healthcare System is one of 21 Veterans Integrated Service Networks (VISNs) in the Veterans Health Administration (VHA). VISN 1 is an integrated health care delivery system that provides comprehensive, high quality, innovative care to the veterans it serves. Care is provided along a seamless continuum based on primary care supported by eight JCAHO accredited medical centers located in Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont, covering 70,000 square miles, from urban to highly rural settings. VISN 1 has over 35 Community Based Outpatient Clinics (CBOCs), six nursing homes and two domiciliarys. The CBOCs located throughout New England have improved access to care so that health care delivery sites are located within 30 minutes travel time of 82% of the veterans served in New England.

Network 1 serves more than 240,000 veterans annually with a total budget of \$1.8 billion. Medical centers currently operate 1,895 inpatient beds for acute medical/surgical, mental health, nursing home and domiciliary care. Annually, Network 1 has over 28,000 admissions and over 2.5 million outpatient visits. In FY07, Network 1 increased the number of patients served over the previous twelve months by 1.6%. Over 9,000 FTEE are dedicated to providing New England veterans a full range of quality and cost-effective medical, specialty, psychiatric and extended care services.

Network 1 is the largest health care provider in New England. Affiliated medical schools include: Boston University, University of Connecticut, Brown University, University of Massachusetts, Dartmouth College, University of Vermont, Harvard University, Yale University, and Tufts University.

As an integrated health care delivery system, the VA New England Healthcare System has adopted a service line approach to health care delivery, which is organized around five core categories of care: Primary Care, Specialty and Acute Care, Mental Health Care, Spinal Cord Injury Care and Geriatrics and Extended Care. These programs are integrated across the Network to enhance quality of care through consistent standards of care, better coordination of care and quality benchmarks. In addition, four support service lines were formed consisting of: Information Management, Local Management at the eight medical centers, Business Office, and Sensory and Physical Rehabilitation Services. The interrelationships of these nine service lines are a major factor in ensuring the transition toward an integrated network of coordinated quality care.

Network 1 stands among the top networks on performance measure achievement, is a leader in customer satisfaction results and is committed to becoming a Baldrige organization.



VISN 1 fully supports the **VHA Mission Statement**: to “Honor America's veterans by providing exceptional health care that improves their health and well-being.” Network 1 also supports the **VHA Vision Statement**: “To be a patient-centered integrated health care organization for veterans providing excellent health care, research, and education; an organization where people choose to work; an active community partner; and a back-up for National emergencies.” Network 1’s **Core Values** are: Trust, Excellence, Respect, Compassion and Commitment. Our strategic goals are linked to the Network mission and receive appropriate high priority attention across the organization.

### VISN 1 Demography and Utilization

A significant factor in planning for future health care programs is the dramatic slowing in the growth of the enrollee population due to factors such as the declining veteran population and the migration of the veteran population from the Northeast. In addition to the decline in the veteran population, Network 1 is experiencing an increase in the age of those veterans who seek care. These dynamics will have a significant impact on the demand for specific types of services since older veterans typically require more care as well as more expensive care. 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 in this planning cycle. The Network Strategic Plan recognizes this future demand and includes several strategies for meeting the needs of the aging veteran population.

During our current strategic planning horizon of FY 2008 to FY 2012, a significant amount of attention will be paid to the needs of OIF/OEF veterans. Based on VHA’s current model for estimating future OIF/OEF veterans, VISN 1 is expected to have 19,856 enrollees by 2012 and 27,090 by 2027. OIF/OEF enrollees have significantly different VA healthcare utilization patterns than non-OIF/OEF enrollees. For example, OIF/OEF enrollees are expected to need more PTSD Residential Rehabilitation services than non-OIF/OEF enrollees. OIF/OEF enrollees also have an increased need for dental services, physical medicine, prosthetics, and outpatient psychiatric and substance abuse treatment. VISN 1 has responded to the needs of our newest cohort by establishing innovative programs such as the Polytrauma Network Site at the Boston Healthcare System which is designed to provide long-term rehabilitative care to veterans who experienced severe injuries (including brain injuries). In addition, mental health services have also throughout the Network expanded for this population.

In terms of workload/utilization projections, a reduced demand for inpatient services is expected as utilization shifts to the outpatient setting. In VISN 1, a significant decline in inpatient acute beds is projected over the next 20 years, particularly between 2012 and

2025. The demand for inpatient non-acute beds (Mental Health residential beds) will decline by 23% by 2025. Workload projections in outpatient services remain fairly stable from 2008 to 2012, but then decline slightly. The most dramatic increase projected in outpatient services is in Mental Health day treatment services.

A significant impact on delivery of services in VISN 1 would be open enrollment of Priority 8 veterans, should this go into effect. In VISN 1, open enrollment is projected to result in an increase of 66,123 enrollees and 35,777 users. Under open enrollment, an estimated 1,603 additional FTEE would be required to accommodate the 2009 workload surge of these new patients. Based on these workload projections and care needs, additional infrastructure needs to address the additional enrollment and patient growth would equate to approximately 72,000 SF and \$22.4 million over a 3-year period or about 7.5 million per year.

### **VISN 1 Strategic Planning Process**

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 planning process evolved from experiences gained from participation in the Capital Asset Realignment for Enhanced Services (CARES) planning process that began in 2002. The planning structure now in place includes the Strategic Planning Committee (SPC) as the oversight body that coordinates planning for the needs of the four geographic markets: Far North (Maine), North (New Hampshire and Vermont), West (western Massachusetts and Connecticut), and East (eastern Massachusetts and Rhode Island). Markets were determined based on geography, historical referral patterns and population factors and continue to be accurately configured for planning purposes.

The Strategic Planning Committee is composed of market team leaders, representative service line directors, medical center directors and Network staff. Goal planning horizons were chosen primarily to correspond to the annual availability of VHA performance data, recognition of the time required for major program changes to be fully implemented, the ability to forecast market changes, and the time needed to plan for capital improvements. The SPC ensures consistency of approaches to Network-wide issues. Network 1 is committed to providing leadership and resources to achieve excellence in all these key strategies.

### **Capital Asset Realignment for Enhanced Services process (CARES)**

The Secretary's 2004 CARES Decision Document for VISN 1 gave priority status to developing a new CBOC and outreach sites in Maine in order to address gaps in access in the Far North Market. Of the approved sites, the Lincoln, Maine Outreach Clinic was opened in May 2007. Plans are underway for an access point in Houlton, Maine, a CBOC in Lewiston-Auburn and an access point in Farmington, Maine. In addition, an access point is being proposed for the Brattleboro, VT and Keene, NH area to address the gap in access for the North Market.

As identified in the CARES process, Boston was one of 17 study sites in which further analysis of healthcare, capital and reuse was indicated. Options under study included

changes to healthcare service delivery, facilities and reuse of buildings/land among the four Boston-area facilities. A decision is pending from the Secretary on the study.

### **Alignment of National, Programmatic, and Local Initiatives**

In addition to VHA strategies and initiatives, the Executive Leadership Board approved four high priority goals for VISN 1 for 2008. These Network goals were based on an analysis of data and the expert assessment of Network senior leaders. The VISN 1 priority initiatives listed below align closely to VHA priority strategies and initiatives and will improve the delivery of health care to veterans across the Network. Each priority goal has a specific action plan developed with a dedicated champion, measures of performance, timelines, expected levels of performance, and a process for reporting progress. The four top goals that were identified as major strategic initiatives for the 2008 planning cycle are:

- Better understand rural health needs in New England
- Plan to improve employee retention and succession planning
- Explore alternative levels of care and case management
- Plan to better coordinate Information Technology support needed to meet goals

VHA strategies have also been assigned to dedicated champions using the same process. The Network service line organization, by its nature and scope of responsibility, ensures that priority goals are deployed consistently Network-wide and that changes are incorporated into on-going operations, so performance is sustained and improved.

The VISN 1 planning initiatives will help shift resources to meet the changing demand of VISN 1 veterans in terms of geographic location, medical care need (especially non-institutional care and mental health) and overall workload. Initiatives will optimize capital assets, and leverage technology to close gaps in access including rural and underserved areas. In five years VISN 1, capitalizing on the service line model will have improved access, improved capital assets, achieve outstanding patient and employee satisfaction and will continue to be the leader in health care as measured by the VHA performance measurement system.

### **Mental Health Program Initiative: New Strategic Targets**

VISN 1 has placed a high priority on improving access to mental health services across the Network. To this end, almost 200 new mental health positions have been recruited over the last two years and programs enhanced. The 2008-2012 Strategic Plan addresses Mental Health initiatives for four special mental health programs: Day Treatment/Psychosocial Rehabilitation and Recovery Centers (PRRC); Domiciliary (DOM) Residential Rehab Treatment; Homeless; and Mental Health Intensive Case Management (MHICM). VISN 1 has worked to identify services and unmet mental health needs not previously addressed in these four areas:

1. **Residential Rehabilitation** – To meet the target, a 24- bed DOM at Togus is proposed as identified in the CARES planning process. A 20-bed Woman's' DOM is proposed in Bedford, and a 20-bed DOM at the Soldiers Home in Providence. PRRP beds have been developed in Connecticut which are slated to open in FY08.

2. **Day Treatment** – VISN 1 plan to develop a day treatment center in White River Junction (WRJ) by contracting with community programs that can serve veterans in rural areas. In Boston PRRC capacity will be expanded by increasing staff. Connecticut has active programs in Day Treatment (coded as Day Hospitals – 506).
3. **MHICM** – In bringing MHICM to the 80<sup>th</sup> percentile, VISN 1 proposes to increase the MHICM program by 2.5 FTEE in WRJ and build a new MHICM in Northampton.
4. **Homelessness** – We plan to develop two new Grant & Per Diem programs in WRJ and in Northampton, MA.

### **Inpatient Systems Redesign**

In order to improve inpatient flow, access to care and quality of care, VISN 1 has been an active participant in instituting Inpatient Systems Redesign activities at all our medical centers. For example, teams from each facility involved in the Flow Improvement Inpatient Initiative (FIX) used a systematic improvement approach learned through national collaboratives to improve flow of patients throughout VISN 1 medical centers. This group has been focusing on processes to decrease delays in patient flow and recognition of barriers. For the 2008-2012 Strategic Plan, VISN facilities reported on the status of their inpatient redesign efforts. These included addressing questions about the level of integration of inpatient systems redesign into the culture and the level of leadership involvement with inpatient systems redesign work.

### **Non-Institutional Long Term Care**

Although a continuum of long-term care services is offered in VISN 1, the 2008-2012 planning cycle addresses only those activities that increases access to non-institutional long-term care services. Each medical center in VISN 1 has been given a target for non-institutional long term care programs, based on the national performance measure target and the veteran users in that medical center market. A new Home Based Primary Care (HBPC) program was implemented at the end of FY 2007 at Leeds VAMC (Northampton, MA) and at White River Junction VAMC. In FY 2008, strategic initiatives to expand HBPC at all medical centers and to a minimum of 3-4 Community-Based Outpatient Clinics (CBOCs) are underway. The Mental Health Care line primarily administers Community Residential Care Programs. Hospice and Palliative Care is offered to patients with an assessed need either via our own staff (inpatient and/or outpatient HPBC) or via purchased care. Each medical center has a Palliative Care Consult Team. All six of our medical centers with NHCU beds have palliative care beds and/or dedicated hospice areas, including family rooms. Plans to construct a 15-bed Hospice Unit is in the design phase at the Togus VAMC facility. A proposal for a similar unit is being considered at the Manchester VAMC in an area where there are unstaffed beds. A VISN Palliative Care Coordinator was hired on October 1, 2007. Care Coordination/Home Telehealth continues to grow in the Network.

### **Conclusion**

The FY2008-2012 Strategic Plan for VISN 1 focuses on specific areas of emphasis that respond to trends in the healthcare environment and identifies strategic initiatives to address veteran needs in the future. This plan should be considered part of a continuous, dynamic planning process and, as such, will require updates and shifts in focus as other strategic imperatives arise.