Manual M-9, Strategic Planning

(Veterans Health Administration)

Chapter 12, National Health Care Plan
(Paragraphs 12.01 through 12.05)

This document includes:

Title page and p. ii for M-9, dated **July 26, 1991**
Contents page for M-9, dated **June 5, 1992** (Change 9)
Rescissions page for M-9, dated **May 4, 1992** (Change 4)

Contents page for Chapter 12, dated **June 5, 1992** (Change 9)
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Transmittal sheet located at the end of the document:

Change 9, dated **June 5, 1992**

Transmittal sheets for changes prior to 1992 also located at the end of the document:
Sheet dated **October 2, 1989**

Reference Slip, dated **January 27, 1986**
Memorandum dated **April 3, 1984**

Department of Veterans Affairs

Strategic Planning

July 26, 1991

Veterans Health Administration
Washington DC 20420

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

July 26, 19[illegible]

Department of Veterans Affairs, Veterans Health Administration Manual M-9, "Strategic Planning," is published for the information and compliance of all concerned.

JAMES W. HOLSINGER, JR., M.D.
Chief Medical Director

Distribution: RPC: 1318
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CHAPTERS

RESCISSIONS

The following material is rescinded:

Complete rescissions:

Circulars

10-87-113 and Supplement No. 1
10-87-147
10-88-3
10-88-150
10-89-31
10-89-132
10-90-124

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CHAPTER 12. NATIONAL HEALTH CARE PLAN

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12.01 INTRODUCTION

a. A major outcome of strategic planning efforts in VHA (Veterans Health Administration) is the NHCP (National Health Care Plan). As a key component in the VHA Strategic Planning process, the NHCP is an articulation of VHA goals, objectives, activities and initiatives designed to support the principal VA (Department of Veterans Affairs) goals of:

(1) Providing the most compassionate and highest quality services to veterans and their families, and

(2) Becoming the most responsive and best managed service delivery organization in the Federal Government.

b. Strategic planning activities that are undertaken in the development of the NHCP are part of a needs assessment process which establishes the direction and framework that VHA proposes to proceed over a 5-year planning interval.

(1) Long-range projections are performed in support of these strategic activities to provide benchmarks toward which the system of VHA services evolves over time.

(2) Actions emanating from this planning process and included in the NHCP are intended to generate changes whereby VHA can continue to keep abreast and remain responsive to the dynamic nature of veterans health care needs and continue to improve the quality of health care provided. Specifically, the NHCP is founded on the desire to:

(a) Achieve full integration of VHA planning, management, budgeting and quality improvement.

(b) Make clear VHA's future directions and priorities.

(c) Provide a full continuum of health care services and ensure continuity of care.

(d) Maintain equity of veteran access through the appropriate geographic distribution of medical programs and efficient referral patterns.

(e) Operate a medical care system that is second to none in:

1. Quality.

2. Efficiency.

3. Cost-effectiveness.

c. The NHCP identifies the locus of availability of the continuum of care for all eligible veterans irrespective of residence.

(1) The NHCP addresses the need for realignment of facility missions and clinical services based on analyses of major VHA programs with respect to providing a high level of quality of care.

(2) Influencing the NHCP are key changes in demographics, new opportunities for greater interaction with non-VA health care delivery systems, and the continuing pressure of limited health care resources.

d. The NHCP includes special studies commissioned for the review of major programs, quality of care issues, and facility missions and the determination of health care needs in selected states or targeted geographic areas, all of which may be conducted at the VA Central Office or other organizational levels.

e. The NHCP forms the basis for the development of VHA's Strategic Plan. The VHA Strategic Plan provides input for the Department's Strategic Plan and is a key means of influencing the Departmental Plan as well as the medical care portion of the President's budget request to Congress. The NHCP includes initiatives and data used to develop VHA's Implementation Plans.

12.02 PLANNING PHILOSOPHY

The following planning philosophy shall guide VHA planning in the development of the NHCP:

a. The full range of VHA services needed by veterans will be provided by groups or networks of VHA facilities organized to improve veteran access and eliminate service gaps by shifting resources from areas of service overlaps.

(1) At each network core will be an advanced tertiary care medical center which will function as a referral center for other medical centers within the network. More than one advanced tertiary facility (i.e., an advanced tertiary facility for psychiatry, one for medicine and surgery) may exist within a network.

(2) Tertiary level of care centers will be supported by a group of medical centers providing general medical, surgical, and psychiatric treatment at a secondary level of care.

(3) Most secondary medical centers will have a broad long term care role and also provide primary care.

(4) Throughout the network will be a web of primary care facilities (hospital based and satellite) and a variety of community based and home care programs.

b. The organization and delivery of health care services will be characterized by the philosophy of continuous quality improvement. Measures of quality will be used whenever possible to determine the location, range of services, size of programs and referral networks.

c. The interaction of VA with non-VA health care programs will greatly expand and enhance VA's role in America's pluralistic health care system.

(1) Expansion will occur primarily in the area of sharing agreements and joint ventures with both the public and private sectors.

(2) Innovative approaches to sharing as well as other modes of interaction with non-VA health care providers are strongly encouraged.

(3) Areas for consideration include:

(a) Expanded VA/DOD (Department of Defense) sharing and joint ventures.

(b) Coordination with other Federal programs.

(c) Expanded arrangements with community programs that can help obviate the need for inpatient care while providing continuity of care.

d. The principles of TQI (Total Quality Improvement) will underpin VHA strategic planning as it will all other aspects of VHA activities.

e. The RPM (Resource planning and Management) process will allow for the implementation of clinical indicators and other quality systems which will be an important part of VHA's TQI effort.

f. Maintain acceptable clinical and programmatic effectiveness.

g. Identify innovative approaches to health care.

12.03 PLAN CONTENT

a. The NHCP includes synopses of analyses performed during the development of the VHA Implementation Plan. The Implementation Plan, as well as the Strategic Plan, can be considered the road maps of how VHA intends to reach the goals and objectives identified in the NHCP. Specific information in the NHCP includes:

(1) Goals and objectives as outlined by the Secretary and CMD (Chief Medical Director).

(2) National overview of where VHA intends to be at the end of the 5-year period, as well as the program changes planned for the 5-year strategic planning interval.

(3) Each facility's present and planned mission and major programs.

(4) A discussion of how VHA uses planning networks to increase accessibility, quality, and provide a spectrum of health care programs and services.

b. Information to be included in the NHCP in addition to that cited above will be specified in guidance issued in each planning cycle.

12.04 PLAN DEVELOPMENT PROCESS

a. VA Central Office guidance is issued each planning cycle to outline the various analyses that are to be conducted and the planning products that are to be developed.

b. To develop recommendations for enhancing programs, services and operation of the health care delivery system appropriate organizational entities at all levels:

(1) Conduct health care needs assessments.

(2) Apply sizing and projection methodologies.

(3) Conduct other reviews and studies.

(4) Conduct quality assessment measures. Examples of the types of assessments that are performed are:

(a) Mission.

(b) Affiliation.

(c) PPF (Program Planning Factors).

(d) Clinical process of care reviews.

(e) Results of quality assessment monitoring and evaluation.

(f) Planning network reviews.

c. A formal submission of planning analyses and initiatives reflecting needs and priorities is forwarded from the Regions to VA Central Office for review.

(1) VA Central Office program and staff offices review each submission for compliance with accepted planning guidelines and with national priorities and program direction.

(2) The results of such reviews are presented to a PRC (Planning Review Committee) to assure that the submissions in total meet the Agency's/CMD goals and priorities, and to provide recommendations on planning matters to the CMD.

(3) Decisions by the CMD on proposed planning initiatives and activities form the basis for development of the National Health Care Plan.

NOTE: *Planning matters requiring approval by the Secretary, as outlined in paragraph 1.07, are forwarded to the Secretary by the CMD for final decision.*

d. The Secretary or CMD, as appropriate, disseminates decision information to prescribed constituents.

12.05 ROLES AND RESPONSIBILITIES

a. VA Central Office will:

(1) Develop and issue planning policy guidance and assumptions.

(2) In cooperation with the Regions, develop PPFs.

(3) Determine which PPFs are to be applied, and the level (national, regional, network, VA medical center) at which they should be applied.

(4) Review mission analyses and approve medical center mission statements.

(5) Ensure that the appropriate resources are provided, where applicable.

(6) Develop and maintain an accessible, up-to-date clinical inventory system.

(7) Develop workload projection methodologies needed for planning.

(8) Develop quality assessment measures needed for planning.

(9) Develop program strategies and program plans.

(10) Develop the National Health Care Plan.

(11) Develop and monitor the implementation of approved initiatives.

b. **Regions will:**

(1) Recommend policy and assumptions to the PRC.

(2) In cooperation with VA Central Office program officials, develop PPFs.

(3) Apply PPFs and review the results with the VA Central Office program officials before final recommendations are made to the CMD.

(4) Ensure participation of all medical centers in mission analyses.

(5) Conduct mission analyses, participate in the VA Central Office review, and assist in implementing the approved facility mission with the VA medical center director.

(6) Ensure that facility information provided for the clinical inventory is accurate and current.

(7) Apply workload projection methodologies and develop the necessary justification for deviations.

(8) Review and recommend approval of long range workload allocations and the necessary justification for deviations.

(9) Review and recommend approval of quality assessment methodologies.

(10) Submit the results of the applications of PPFs, mission analyses, quality assessment studies, and other related studies to VA Central Office in the form of a Regional submission to the NHCP.

(11) Recommend composition of networks within the region.

(12) Review and approve initiatives proposed by the medical centers prior to submission for consideration in the NHCP.

c. **VA medical centers will:**

(1) Participate in the facility's mission analysis.

(2) Update the clinical inventory.

(3) Identify initiatives to implement the approved VA medical center mission which will be based on demographic and other analyses of need and quality improvements identified by VA medical center quality assessment indicators and studies.

(4) Apply quality assessment methodologies in the development of proposed missions.

(5) Propose new programs consistent with criteria, standards and planning factors approved by the CMD.

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

M-9
Change 9

June 5, 1992

1. Transmitted is a change to the Department of Veterans Affairs, Veterans Health Administration Manual M-9, "Strategic Planning."

2. **Principal changes** are:

a. Significant revisions to the following chapters to reflect changes in Veterans Health Administration strategic planning:

(1) **Chapter 1:** "Strategic Planning."

(2) **Chapter 2:** "Strategic Planning Constituency Awareness."

(3) **Chapter 3:** "Strategic Planning Confidentiality Policy."

(4) **Chapter 4:** "Off-Cycle Submissions."

b. The **addition of a new Chapter 12,** "National Health Care Plan."

3. **Filing Instructions**

Remove pages	**Insert Pages**
iii	iii
1-i through 1-7	1-i through 1-8
2-i through 2-2	2-i through 2-2
3-i through 3-1	3-i through 3-1
4-i through 4-2	4-i through 4-1
	12-i through 12-5

4. **RESCISSION:** M-9, Chapters 1, 2, 3, and 4, dated October 2, 1989, and VHA Circulars: 10-86-013, 10-86-056 and its supplements, 10-87-009 and its supplement, 10-87-097, 10-87-147, 10-88-028, and 10-89-039.

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Chief Medical Director

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FD

Printing Date: 6/92

Department of Veterans Affairs
Veterans Health Services and
Research Administration
Washington, DC 20420

M-9

October 2, 1989

1. Transmitted is a new Veterans Health Services and Research Administration Manual M-9, "MEDIPP," chapter 1 through chapter 11. **Changes will be made to incorporate the recent reorganization in the near future.**

2. Principal reason for this manual is to provide a description of and issue guidance concerning VHS&RA planning process.

3. **Filing Instructions:**

Insert pages

Cover page through v
1-1 through 11-3

4. **RESCISSIONS:** Circular 10-87-113, dated October 10, 1987 and Supplement No. 1 dated April 4, 1988; Circular 10-87-147, dated December 30, 1987; Circular 10-88-3, dated January 13, 1988; Circular 10-88-150, dated December 9, 1988; and Circular 10-89-31, dated March 23, 1989.

John A. Gronvall, M.D.
JOHN A. GRONVALL, M.D.
Chief Medical Director

Distribution: RPC: 1318 is assigned
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Printing Date: 10/89

Veterans Administration

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REMARKS

SUBJ: Departmental Manual M-9

1. In DM&S Supplement MP-1, Part II, Changes 35 dated November 13, 1984, the title of M-9 is "Medical District Initiated Program Planning."

2. This is to request that the title of this manual be changed to:

"Planning ~~and Evaluation~~ and Systems Development"

We expect to be submitting a number of items to be included in this manual during the coming year.

3. Thank you for your assistance.

Approved X Disapproved ___

JOHN W. DITZLER, M.D.
Chief Medical Director

2-3-86
Date

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FROM

MARJORIE R. QUANDT
ACMD for Planning Coordination (17A)

1/23/86

TEL. EXT. 3331

VA FORM MAY 1980 3230 EXISTING STOCKS OF VA FORM 3230, AUG 1976, WILL BE USED. ☆ U.S. G.P.O. 1984-709-228

Veterans Administration

Memorandum

APR 0 3 1984

From: Director, Program Analysis and Development (10C2B)

To: Chief Medical Director (10)
Publications Control Officer (101B2)

Subj: Establishment of M9-MEDIPP

1. Request permission to establish a new manual (M9-MEDIPP) to formalize MEDIPP (Medical District Initiated Program Planning) as a permanent DM&S Policy.

2. MEDIPP has in its two year cycle become an effective mechanism for DM&S planning purposes. MEDIPP has become the management tool providing comprehensive information directly from the medical districts. This allows prudent decision making in order to meet the health care veterans needs of the 1990's and beyond.

3. The '84 MEDIPP Planning Guidance has been reviewed and concurred in by appropriate program offices, therefore, in order to expedite the process, I would recommend that Volume I: Medipp Purpose, Structure, and Process and Volume II: Plan Development, of the '84 MEDIPP Planning Guidance be accepted as the M9-MEDIPP Manual without further circulation. (Appropriate formatting would be instituted.) I anticipate no changes to these two volumes in the near future.

Volume III: Needs Assessment Methodology and Volume IV: MEDIPP Reference Documents will by necessity be revised annually and will therefore have to be issued annually as a CMD Circular.

4. It is timely that M9-MEDIPP be developed in order to firmly establish its important place in DM&S as a consistent, and permanent policy.

Murray G. Mitts MD

MURRAY G. MITTS, M.D.

DONALD L. CUSTIS, M.D.
Chief Medical Director (10)

Approve ✓
Disapprove ___

4/17/84
Date

VA FORM 2105
DEC 1981