

Manual M-9, Strategic Planning

(Veterans Health Administration)

**Chapter 3, Strategic Planning Confidentiality Policy
(Paragraphs 3.01 and 3.02)**

Rescinds Chapter 3 dated October 2, 1989

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 3, dated **June 5, 1992** (Change 9)
- Text for Chapter 3, dated **June 5, 1992** (Change 9)

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:

Change 2, dated **July 26, 1991**

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

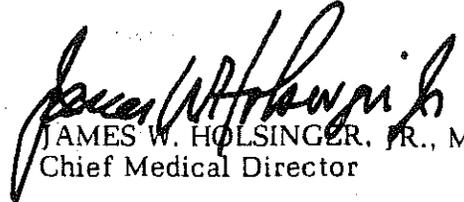
Veterans Health Administration
Washington DC 20420

Department of Veterans Affairs
Veterans Health Administration

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

July 26, 1991

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
FD

Printing Date: 7/91

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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The following material is rescinded: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 3. STRATEGIC PLANNING CONFIDENTIALITY POLICY

3.01 POLICY

a. Consistent with the provisions of the FOIA (Freedom of Information Act) and Department regulations implementing the FOIA, internal planning documents which are pre-decisional in nature are not subject to release except as required in the specific guidelines identified in paragraph 3.02.

b. Medical quality assurance records protected by 38 U.S.C. (United States Code) Section 3305 will not be disclosed outside the Department, except as authorized by that statute and the agency regulations implementing it.

c. Withholding pre-decisional recommendations is done in order to preserve free and candid internal dialogue leading to executive branch decision making.

3.02 SPECIFIC GUIDELINES

a. Requests for pre-decisional strategic planning information which involve either "pure data" or general discussion and which do not relate to specific planning recommendations are to be honored.

b. Justifications to support specific planning recommendations are not subject to release until after final decisions pertaining to those recommendations have been made. Then, only justifications pertaining to approved actions are subject to release.

c. The recommendations, comments, and concerns of review elements such as Regional planning boards, and the Planning Review Committee are exempt from release unless they are expressly adopted or incorporated by specific reference into an approved plan.

d. The FOIA and 38 CFR (Code of Federal Regulations) 1.557(b) require that whenever a requester is denied information requested under FOIA, the requester must be advised of the right to appeal. In VA (Department of Veterans Affairs), the appeal, which must be in writing, is to be addressed to the General Counsel, Department of Veterans Affairs.

e. Requests for information from the OIG (Office of the Inspector General) are not subject to the provisions of the FOIA; however, such requests must:

(1) Be made at the time of an entrance conference or submitted in writing to the medical center director or in the case of VA Central Office, to the CMD (Chief Medical Director).

(2) Clearly delineate the materials/data requested.

(3) Identify the reason for the request and the proposed uses of the information/data requested.

f. Upon release of strategic planning information to the OIG (Office of Inspector General), the medical center Director will notify the Associate CMD for Operations through appropriate channels.

g. Requests from outside VHA for records should be referred for response to the facility office responsible for releasing the records.

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

iii ✓
1-i through 1-7 ✓
2-i through 2-2 ✓
3-i through 3-1 ✓
4-i through 4-2 ✓

Insert Pages

iii ✓
1-i through 1-8 ✓
2-i through 2-2 ✓
3-i through 3-1 ✓
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.


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

Distribution: RPC: 1318
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Printing Date: 6/92

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July 26, 1991

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

2. Principal reason for this manual change is to delete the term "MEDIPP":

a. In chapters 1 through 11, delete the term "MEDIPP" and replace it with "Strategic Planning."

b. Changes to all M-9 chapters are in process to update to current procedures.

3. Filing Instructions:

Remove pages

Insert pages

Cover page through iv

Cover page through iv


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

Distribution: RPC: 1318
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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.

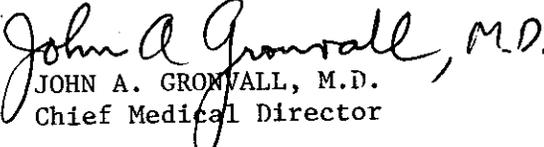
2. Principal reason for this manual is to provide a description of and issue guidance concerning VHS&RA planning process.

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.
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 Disapproved

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

2-3-86
Date

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MARJORIE R. QUANDT

ACMD for Planning Coordination (17A)

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**Veterans
Administration**

Memorandum

APR 03 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 M.D.
MURRAY G. MITTS, M.D.

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

Approve
~~Disapprove~~

4/17/84
Date