

Manual M-9, Strategic Planning

(Veterans Health Administration)

Chapter 9, Criteria and Standards and Program Planning Factors

**Appendix 9F, Criteria and Standards for Geriatric Research,
Education, and Clinical Centers**

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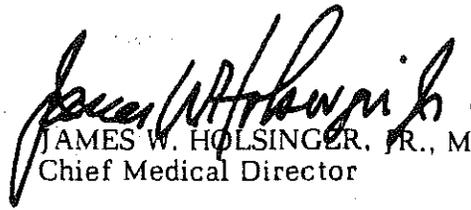
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Chief Medical Director

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RESCISSIONS

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CRITERIA AND STANDARDS FOR GERIATRIC RESEARCH, EDUCATION AND CLINICAL CENTERS

1. BACKGROUND

The number of aged veterans continues to increase. VA (Department of Veterans Affairs) initiated a strategy in the early 1970's to improve the quality of care to the aging veteran by focusing attention on geriatric research, education and training, and clinical care. One aspect of the strategy was the development of GRECCs (Geriatric Research, Education and Clinical Centers), the first of which was established in Fiscal Year 1975.

2. INTRODUCTION

a. Criteria and standards for the GRECC program have been developed as a planning tool for VA facilities and regions and for use by VA Central Office in a standardized review of GRECC proposals. A **criterion** is defined as "a measurable characteristic of a health service." A **standard** is defined as "a quantitative and/or qualitative value or level of achievement with respect to a specific criterion which represents acceptable performance."

b. The criteria and standards for the GRECC program will be reviewed by VA Central Office periodically and revised as necessary based upon further analysis and experience with their use. Specific deviations from the standards will be judged on their merits, based upon the supportive justification submitted by the medical center.

NOTE: *The terms "must" and "will" are used throughout this document to indicate what is mandatory. The term "should" is used to reflect preferred practice but allows effective alternatives to be used.*

3. SCOPE

a. The GRECCs are designed for the advancement and integration of research, education and clinical achievements in geriatrics and gerontology in the total health care system.

b. The goal of each GRECC is to expand basic and applied knowledge of aging and geriatric health services delivery and to transmit this newly acquired knowledge to health professionals who provide care to aged veterans.

4. DEFINITIONS

a. **ANH (Academic Nursing Home).** The program is designed to improve care of nursing home patients, provide interdisciplinary training for medical house staff and allied health students, and stimulate research. Beneficial developments associated with the program include a significant decrease in patient transfers to the acute care hospital and significant improvements in functional status, patient satisfaction, and morale. Experience indicates that programs like the academic nursing home can lead to improved process and outcomes of nursing home care.

b. **Andrology Clinic.** This is a male sexual dysfunction clinic, focusing on the problems of erectile dysfunction in older males.

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c. **Ataxia Clinic/Falls Clinic.** An ataxia clinic evaluates and consults on the management of patients having problems with falls and gait disorders. In the clinic, a geriatric nurse practitioner and a geriatrician systematically evaluate each patient to discover factors possibly contributing to falls and instability. The work-up includes a careful history and physical examination, electronic gait analysis, a 24-hour Holter monitor, and, if indicated, a specialized battery of neuro-otological tests.

d. **CHEPs (Cooperative Health Manpower Education Programs).** CHEPs promote the development of educational activities for health professionals in areas served by remote VA medical centers.

e. **Dementia Clinic/Memory Clinic.** A clinic that specializes in the cognitive training of brain-injured and demented patients. The goals of such a clinic would be to improve memory deficits or, if possible, slow the memory impairment of a progressive dementia (e.g., through drug trials).

f. **Depression Clinic.** A clinic specifically organized for the diagnosis and treatment of depressive disorders in the elderly. These include the DSM-III-R diagnoses of major depression, dysthymia and depressive disorders not otherwise specified. In some cases, bipolar disorders may be treated in such a clinic, especially if depressive cycles are a major feature.

g. **Family Support Groups.** Family support groups are led and supervised by GRECC staff and provide group support and therapy for the families of patients with Alzheimer's and other debilitating diseases.

h. **Geriatric Consultation Team.** The inpatient consultation service provides formal geriatric consultations for hospitalized elderly veterans and, in addition, helps to identify inpatients who would benefit from the GEM and other special geriatric services. A study found that current consult services are identifying many treatable conditions which could otherwise have been overlooked and is providing considerable useful advice for improved patient management.

i. **Geriatric Diabetes Clinic.** This clinic cares for the special problems of elderly diabetic patients. In addition to treatment, the clinic provides excellent instruction in complex management of these patients for medical residents, geriatric fellows, and medical students.

j. **GEM (Geriatric Evaluation and Management Unit).** Clinical activities include an inpatient geriatric evaluation unit which provides comprehensive assessment and appropriate treatment.

k. **Geriatric Evaluation Clinic.** Provides geriatric assessment and follow-up treatment on an outpatient basis and screens geriatric patients who may require more intensive inpatient services.

l. **RMEC (Regional Medical Education Center) Activities.** Consultation, coordination, support and educational programming are provided by the RMECs. The RMEC supports medical centers by providing analyses of educational needs within its region and by providing consultation and technical assistance on its continuing education programs.

m. **HSR&D field programs:** HSR&D field programs are located at various medical centers with at least one program located in each medical region. The mission of these

programs is to improve the health care service of veterans through health services research. In keeping with this mission, the field programs provide support and consultation to GRECCs in the form of funding and technical assistance for proposal development, research synthesis and analysis of aggregate research data.

n. **Sleep Evaluation Programs.** A program for the evaluation, diagnosis and treatment of sleep disorders in the elderly.

5. SYSTEM-WIDE AVAILABILITY

Criterion: Regional Distribution

a. **Standard.** There must be at least one GRECC in each Regional Division. The GRECC is an essential program in geriatrics for provision of quality care to the aging veteran. In 1985, Public Law 99-166 authorized an increase in the number of GRECCs to a total of 25. As of 1992, there were 16 GRECCs at the following locations: Ann Arbor, Baltimore, Bedford and Brockton/West Roxbury (2 divisions), Durham, Gainesville, Little Rock, Madison, Miami, Minneapolis, Palo Alto, San Antonio, St. Louis, Salt Lake City, Seattle and American Lake (2 divisions), Sepulveda, and West Los Angeles.

b. **Standard.** New GRECCs should be geographically located in areas that are underserved by existing GRECCs and have the capability of serving as a resource to that area.

6. PROGRAM COMPONENTS

Each GRECC must consist of three distinct, yet integrated, program components, i.e., research, education and clinical care:

a. Criterion: Research Component

(1) **Standard.** The following are research responsibilities of GRECCs:

(a) GRECC staff must disseminate new knowledge and research findings through:

1. Publications,
2. Presentations at scientific meetings, and
3. Training and education programs for students, trainees and professional staff.

(b) A GRECC should focus its research on:

1. Basic or fundamental processes of aging,
2. Age-related health disorders,
3. The interrelationship of aging and the environment, and/or
4. The delivery of geriatric health care.

(c) Each GRECC is expected to concentrate its research activities in areas of research (research focus or foci) that have been previously defined by the GRECC as well as

devote investigative efforts to current aging research priorities. In addition to basic or applied (clinical) research, health services research must be part of the GRECC investigative activities. Research focus(i) of each GRECC can be expanded and/or modified over time as staff expertise and interest change.

(d) GRECC staff should participate in local, regional and national professional activities such as study sections for review of research proposals, editorial boards, scientific organizations and professional societies.

(e) There should be a close collaboration with HSR&D (Health Services Research and Development) in developing and evaluating models of health care delivery for older veterans. The GRECC should have representation on the R&D (Research and Development) Committee of its VA medical center.

(2) Favorable consideration in the selection of new GRECCs will be given to proposals with the following research emphasis:

(a) Identified research areas with investigators from a variety of disciplines, particularly nursing and social work.

(b) Research in the following areas:

1. Genito-urinary disorders/incontinence.
2. Rehabilitation/exercise/sensory deficits.
3. Surgical care.
4. Long-term health care/alternatives to nursing home care.
5. Preventive health care.
6. Falls, gait disorders.
7. Oral health/dentistry.
8. Drug utilization/substance abuse/alcoholism.
9. Cancer.
10. Joint diseases and joint function/physiology.
11. Lung diseases and lung function/physiology.
12. Gastrointestinal diseases and gastrointestinal function/physiology.

(c) The major foci of basic and applied research of the 16 GRECCs operating as of 1992, include the following areas of study (each GRECC may have 2 or 3 foci of research):

<u>Major Foci of Research</u>	<u>Number of GRECCs</u>
<u>1.</u> Neuroscience (dementia, psychiatry)	5

<u>Major Foci of Research</u>	<u>Number of GRECCs</u>
<u>2.</u> Endocrinology (especially diabetes)	4
<u>3.</u> Nutrition	4
<u>4.</u> Osteoporosis	4
<u>5.</u> Immunology/infectious diseases	2
<u>6.</u> Cardiovascular diseases	3
<u>7.</u> Hematology	1
<u>8.</u> Oncology	2
<u>9.</u> Geropharmacology	1
<u>10.</u> Oral health	1
<u>11.</u> Falls, gait disorders	1
<u>12.</u> Swallowing disorders	1

(d) The major foci for health services research of the current 16 GRECCs include:

<u>Major Foci of Research</u>	<u>Number of GRECCs</u>
<u>1.</u> Health care utilization/delivery of health care	7
<u>2.</u> Cost-effectiveness of health care	3
<u>3.</u> Bioethics	2
<u>4.</u> Long-term care services	1
<u>5.</u> Epidemiology/health policy	1
<u>6.</u> Education/training evaluation	1
<u>7.</u> Health promotion	1

b. Criterion: Educational Component

Standard. The following are educational responsibilities of GRECCs:

(1) GRECCs must integrate new and existing geriatric knowledge and skills into clinical practice. For example, GRECC staff members should hold active teaching appointments at an affiliated university.

(2) GRECCs should serve as regional and national resources for geriatric education and

training. For example, GRECC staff members should be actively involved with the Continuing Education Centers and/or RMECs (Regional Medical Education Centers) within VA and Geriatric Education Centers outside VA.

(3) GRECCs should serve as a community resource on aging veterans and care of the elderly.

(4) GRECCs should also sponsor on-going and continuing education programs. All continuing education programs conducted by GRECCs should be:

(a) Developed on the basis of needs assessment data and/or identified content areas critical in the care of aging veterans; and

(b) Targeted to specific audiences and locations with demonstrated need. Each GRECC should plan its continuing education programs, when appropriate, in collaboration with other existing VA educational resources, such as RMECs and CHEPs (Cooperative Health Manpower Education Programs.)

(5) Each GRECC must provide regular rotations for medical residents and other health professional trainees through:

(a) Nursing homes and other extended care programs,

(b) GRECC clinical demonstration activities, and

(c) Other geriatric programs, e.g., geriatric evaluation units, clinics. (See 38 U.S.C. 4101(f)(1)(C)(i) and (ii).)

c. Criterion: Clinical Component

(1) **Standard.** The GRECC clinical component should supplement the on-going clinical activities of the host facility.

(2) **Standard.** The following are clinical responsibilities of the GRECC:

(a) The primary responsibility of GRECC clinical activities is to:

1. Apply new knowledge and ideas,

2. Evaluate their usefulness in a patient care setting, and

3. Demonstrate their practicality for exporting throughout the VA system.

(b) Clinical activities should serve as vehicles:

1. For the education of health care professionals in the care of the aged,

2. For the provision of critical resources for health services research and development studies locally and system-wide.

(c) GRECC clinical units should serve as sites for the field testing of advanced knowledge in geriatric care. Each GRECC should have one or more clinical demonstration programs that engage in the assessment, treatment and specialized study of elderly patients.

(d) GRECC clinical staff and activities should serve as a local, regional or national resource, e.g., consultation for assistance in the management of complex health care problems of aged veterans.

(e) Examples of GRECC clinical demonstration programs include GEMs (Geriatric Evaluation and Management Units) and GRUs (Geriatric Rehabilitation Units), both of which have been demonstrated to be effective in improving the identification and management of patient needs and problems. Other specialized clinical programs that have been developed and are undergoing evaluation include:

1. Academic Nursing Homes.
2. Andrology Clinic.
3. Ataxia Clinic/Falls Clinic.
4. Dementia Units/Memory Clinic.
5. Depression Clinic.
6. Family and Caregiver Support Programs.
7. Geriatric Consultation Teams.
8. Geriatric Diabetes Clinic.
9. Sleep Evaluation Programs.

7. ESTABLISHMENT OF A GRECC

Criterion: Requirements for establishing a GRECC

a. **Standard:** To justify establishing a GRECC, a VA medical center must meet the following requirements:

(1) The medical center must be affiliated with an accredited medical school which provides training and education in geriatrics.

(2) There should be at least 35 or more medical residency positions allocated to the medical center.

(3) The medical center must be affiliated with a school of nursing and/or an allied health school in which students receive training and education in geriatrics through regular rotations in VA geriatric programs, nursing homes and other extended care programs.

(4) The medical center should provide active training for at least three allied health disciplines, including nursing.

(5) The medical center must have adequate funds to enable the GRECC to function effectively in geriatric research, education and clinical activities. (See 38 U.S.C. 4101(f)(1)(D).)

(6) The medical center must have the ability to attract scientists who are capable of ingenuity and creativity in health care research. (See 38 U.S.C. 4101(f)(1)(C)(iii).)

(7) The medical center must have the capability of conducting effective evaluations of the GRECC. (See 38 U.S.C. 4101 (f)(1)(c) (v).)

(8) There should be a research program with a cadre of funded principal investigators to support the geriatric research focus.

(9) There should be an active, balanced research program in basic, clinical and health services research.

(10) There should be adequate physical space and resources for the development of a high quality research program. Space requirements will vary depending on the type of research program.

(11) The GRECC should operationally and administratively report directly to the Chief of Staff.

b. **Standard.** A VA medical center that hosts a GRECC should be able to provide the following:

(1) Didactic and experiential clinical training for health science students in all disciplines and at all levels (medicine, dentistry, nursing, and allied health);

(2) Continuing education opportunities for GRECC staff and other professionals at the host VA medical center; and

(3) Education programs for VA staff from other VA medical centers in the region.

8. STAFFING

Criterion: Staffing Guidelines

a. **Standard.** GRECC personnel must be designated as either "core" or "affiliated," depending upon their level of involvement with GRECC programs. Core staffing is divided into three categories that are related to the source of budgetary support:

(1) Primary core, who are funded out of an initial allocation from VA Central Office;

(2) Affiliated core, who are funded out of either local VA medical center resources or other allocated "enhancement" from VA Central Office; and,

(3) Research core, who are funded by VA or non-VA research funds.

b. **Standard.** Professional staff who are essential to the daily operation of clinical programs, e.g., nurses, social workers, etc., assigned to inpatient units or ambulatory care clinics will be made available by the medical center. This arrangement permits a GRECC to function in multiple domains with a relatively small and flexible core staff.

c. **Standard.** Each GRECC approved for funding will be allocated 12 FTEE (Full-time Equivalent Employees) from VA Central Office for primary core staff positions. Newly

established GRECCs will ordinarily be activated over a 2-year period, with six FTEE awarded in the first year of operation and the remaining FTEE awarded in the second year.

d. Standard

(1) Each GRECC must have a director who, as administrator of the program, must have demonstrated extensive skill and experience in:

- (a) Clinical geriatrics,
- (b) Research,
- (c) Administration, and
- (d) Attracting innovative and productive researchers, clinicians and educators.

(2) All GRECC Directors and Associate Directors must be at least 5/8 time VA, i.e., at least 0.625 FTEE.

(3) The GRECC Director's position is centralized and the Associate Directors' positions and administrative officer position are designated as key positions.

(4) Major roles and responsibilities for primary core staff are described in GRECC Program Guide G-2, M-5, part VI, appendix F. The recommended staffing pattern for 12 FTEE positions is provided:

<u>Position</u>	<u>Grade</u>	<u>FTEE</u>
(a) Director (Physician) ¹	Title 38 Chief/10	1.0
(b) Associate Clinical Director (Physician) ¹	Title 38 Chief/10	1.0
(c) Associate Director for Evaluation/Education ²	Title 38 Chief/10 or GS/14	1.0
(d) Associate Director for Research ³	Title 38 Chief/10 or GS/14	1.0
(e) Discretionary Research ⁴	Title 38 Chief/10 or GS 13/14	5.0
(f) Administrative Officer	GS 11/5	1.0
(g) Stenographer	GS 6/5	1.0
(h) Clerk Typist	GS 4/5	1.0
	Total FTEE	12.0

¹ Appointee must be a physician.

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² Appointee must have a doctoral-level degree, with demonstrated experience, skills or training in education and/or evaluation.

³ Appointee must have a doctoral-level degree with research training, education or background in one of the major foci of research, e.g., doctorate of social work if a GRECC major focus of research is in the field of social work.

⁴ Research staff must have doctoral-level degrees and may be from a variety of disciplines based on the research emphasis of each GRECC. For example, a GRECC with a major research program in memory disorders may recruit a physician-researcher, whereas a GRECC with an oral-health program may seek a researcher in oral health. Dentistry, Medicine, Nursing, Psychology and Social Work are some of the disciplines which may be represented. Staff must, however, possess the research and educational background appropriate for the position. To maintain appropriate balance in clinical and education activities, at least 2 FTEE researchers should be clinician-scientists, who devote a minimum of 20 percent of their time to clinical activities.

NOTE: *All GRECC professional staff should devote at least 10 percent of their time to educational activities.*

9. GRECC ADVISORY COMMITTEE

Criterion: Structure and Responsibilities of the GRECC Advisory Committee

a. **Standard.** Each GRECC must have a policy-making advisory committee composed of appropriate health-care and research representatives from the medical center, affiliated school(s), and the community. (See 38 U.S.C. 4104(f)(1)(C)(iv)).

b. **Standard.** The advisory committee will advise the VA medical center management and GRECC Director on policy matters related to activities of the GRECC. For details on other responsibilities and the structure of the GRECC Advisory Committee, refer to the latest version of the GRECC Program Guide G-2, M-5, part VI.

10. DATA PROCESSING

Criterion: Data Processing Capability

Standard. There should be adequate data processing capacity (i.e., computer hardware and software) available to the GRECC to support the accomplishment of program goals.

11. EVALUATION AND QUALITY ASSURANCE

Criterion: Program Evaluation

a. **Standard.** Each GRECC must establish and document a process by which it evaluates the accomplishment of its research, education and clinical goals.

(1) In order to be truly comprehensive, a GRECC program evaluation plan, or strategy, must be able to incorporate divergent responsibilities for assessing program effectiveness.

(2) Ultimately, the effectiveness and success of a GRECC must be measured against the program's original mission, goals and objectives.

b. **Standard.** Each GRECC clinical staff must participate in internal and external reviews of the results of the quality assurance programs, as they relate to the delivery and quality of care to older veterans.

12. PROTOCOL FOR SUBMISSION

Any medical center that wishes to submit a planning proposal may do so. Proposals may be submitted as part of the Regional submissions to the NHCP (National Health Care Plan) due at the beginning of the fiscal year. The proposals will be reviewed to determine the VA medical centers that meet the statutory and departmental requirements for establishing a GRECC. VA medical centers whose proposals are approved will be eligible to compete for establishing a new GRECC if funds are available during the fiscal year. Notice of availability of funds and requests for full proposals to establish a GRECC will be coordinated by the Office of Geriatrics and Extended Care, VA Central Office. Submission plans must not exceed six single-spaced, typed pages. There should be no attachments other than the letters of documentation mentioned in M-9, chapter 9, appendix 9F, paragraph 11, subparagraphs b(1)(d), b(2)(d), b(3)(d) and b(4)(c).

a. The request for establishing a GRECC must include specific documentation of how requirements for each standard provided in M-9, chapter 9, appendix 9F, Paragraph 6, "Establishment Of a GRECC," are or would be met.

b. In addition, the following information must be provided:

(1) Research Plan

(a) Description of past (up to 3 years) and current aging-related research, including a chart with the:

1. Name of investigator(s),
2. Title(s) of project(s),
3. Funding amount(s),
4. Funding source(s), and
5. Year(s) of funding award(s);

(b) Description of, and justification for, new research initiatives;

(c) Research program objectives and major activities for achieving them, including plans for future recruitment and future research directions; and

(d) Documentation that the proposed research plan was reviewed and approved by the local research committee and the Associate Chief of Staff for Research, if applicable (attach documentation to the strategic plan).

(2) Education and Training Plan

(a) Description of past (up to 3 years) and current education and training programs in geriatrics and gerontology;

(b) Description of, and justification for, proposed education and training programs, including identification of new initiatives;

(c) Education program objectives and major activities for achieving them, including status of or plans for obtaining ACGME (Accreditation Council for Graduate Medical Education) approval for geriatric training, future affiliation agreements and plans for collaborating with other VA and non-VA education resources; and

(d) Documentation that the proposed education and training plan was reviewed and approved by the local education committee and the Associate Chief of Staff for Education, if applicable (attach documentation to the strategic plan).

(3) Clinical Plan

(a) Description of current clinical programs in geriatrics including clinical demonstration projects under evaluation;

(b) Description of, and justification for, proposed clinical demonstration project(s) including:

1. Identification of new clinical initiatives and specification of clinical;
2. Health services research; or
3. Other evaluation components of each project;

(c) Clinical program objectives and the major activities for achieving those objectives; and

(d) Documentation that the proposed clinical plan has been reviewed and approved by the Chief of Staff and Associate Chief of Staff for Extended Care, if applicable (attach documentation to the strategic plan).

(4) Evaluation Plan

(a) Description of plans to carry out evaluation activities (including current resources) for the research, education, and clinical components of the proposed GRECC.

(b) Description of plans for evaluating the integration of the research, education and clinical components of the proposed GRECC.

(c) Documentation that the proposed evaluation plan was reviewed and approved by the Chief of Staff, and Associate Chiefs of Staff for Research, Education and Extended Care, if applicable (attach documentation to strategic plan).

(5) VA Medical Center Support Plan for the GRECC

(a) Identification of available space for GRECC staff and proposed research, education and clinical activities;

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(b) Identification of any local, non-personnel resources, such as research and ADP (Automatic Data Processing) equipment, available to the proposed GRECC; and

(c) Specification of any locally funded FTEE proposed as a supplement to VA Central Office funded FTEE.

(6) Centrally-directed resources

(a) Identification of potential candidates for GRECC primary core positions; and

(b) Specification of construction needs for the proposed GRECC, including type of project and costs.

January 28, 1993

1. Transmitted is a change to Department of Veterans Affairs, Veterans Health Administration Manual M-9, "Strategic Planning," Chapter 9, "Criteria and Standards and Program Planning Factors."
2. Principal change is to add Appendix 9P, "Mental Health Criteria and Standards."
3. **Filing Instructions**

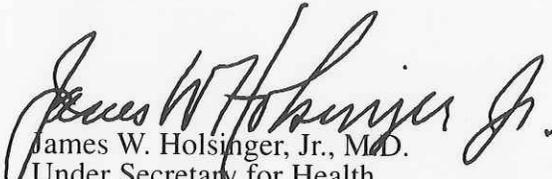
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4. **RECISSIONS:** None.


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Under Secretary for Health

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May 4, 1992

1. Transmitted is a change to the Department of Veterans Affairs, Veterans Health Administration Manual M-9, "Strategic Planning", Chapter 9, "Criteria and Standards and Program Planning Factors."

2. Principal changes are:

a. The inclusion of Program Planning Factors into Chapter 9.

b. The addition of:

(1) Appendix 9F: "Criteria and Standards for Geriatric Research, Education and Clinical Centers," which provides guidance concerning VA GRECC programs.

(2) Appendix 9G: "Criteria and Standards for New Outpatient Services Remote from VA Medical Centers," which provides guidance for establishing VA outpatient services which are remote from VA medical centers.

(3) Appendix 9H: "Criteria and Standards for VA Intermediate Care Programs," which provides guidance for VA intermediate care programs.

3. Filing Instructions

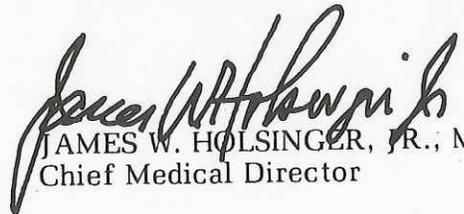
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1. Transmitted is a change to Department of Veterans Affairs, Veterans Health Administration Manual M-9, "MEDIPP," which is changed to M-9, "Strategic Planning."

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
FD

Printing Date: 7/91

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DIRECTIVES MANAGEMENT
STAFF (161E)

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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.

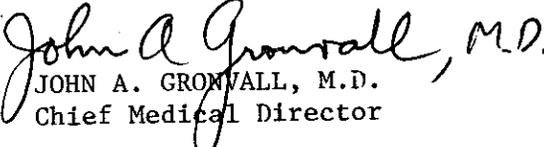
2. Principal reason for this manual is to provide a description of and issue guidance concerning VHS&RA planning process.

3. Filing Instructions:

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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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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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JAN 27 1986

FROM

Marjorie R. Quandt
MARJORIE R. QUANDT

ACMD for Planning Coordination (17A)

Regulations & Publications

Management Staff (10A1B)

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



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