

TRANSITION BULLETIN

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The bulletin is published by the Office of the Under Secretary for Health and is distributed to Central Office, VA facilities and VA stakeholders. Comments or questions can be directed to Holly Harrington at (202) 273-5664.

SENATE HEARING ON THE VHA REORGANIZATION SHOWS SUPPORT FOR THE PROPOSED CHANGES

The Chairman of the Senate Veterans Affairs Committee complimented Under Secretary for Health Kenneth W. Kizer, MD, MPH, during a May 11 hearing on the pending reorganization and voiced his support in a way not often heard in the past.

"This is the first new blood I've seen in 16 years," said the Honorable Alan K. Simpson, R-Wyoming. "I'm looking for really tremendous things from this person. I think the President made an excellent choice."

After Kizer's testimony elaborated on the reorganization document submitted to Capitol Hill on March 17, Simpson had more to say.

"You're on the right course. And I think it can be done," he said.

Kizer's remarks — and his answers to Senators' questions — focused on the need for consistent quality in veterans health care and for added attention to cost and access to care, as well as changes in attitude.

"We need to move to a system where our patients, our customers if you will, are truly valued," Kizer said.

The Senate hearing also touched on the reporting legislation that requires VA to submit field reorganization plans and then wait for 90 Congressional days in session before implementation. The Senate committee is considering repealing or revising the requirement in the future. Under the current legislation, VHA may not begin implementing the reorganization until late July or early August.

Q & A: QUESTIONS FROM THE REORG MAILBOX

Q. How will the 22 VISNs and VACO reorganization impact the administrative FTEEs compared to the present four region/VACO system? Iowa City VAMC

A. The change from VISNs to regions will bring a net reduction of 157 FTEE. These reductions will be accomplished by reassignments, retirements and special placement initiatives. There will also be changes in headquarters structure that may realign or abolish positions. There is no specific FTEE target for headquarters, but some reductions are anticipated. No employees are expected to be involuntarily separated because of the reorganization and all affected staff will receive a bona fide job offer.

Q. I'm a VA psychiatrist working in a mental hygiene clinic. My work entails day-to-day individual contact with veterans. How will the reorganization benefit the individual veteran in his or her experience with VA? Coatesville VAMC

A. The reorganization is intended to improve access, quality and efficiency of care to veterans. Under the VISN model, customer satisfaction and quality care will be emphasized and VISN directors will have the authority to streamline administrative functions in order to reallocate resources to patient care. The VISN director will also be able to contract with the private sector or DoD to enhance services. At the same time, flattening of the Central Office hierarchy will place more decision making in the field, allowing medical centers more autonomy and flexibility in adjusting to their local environment.

(Send questions to Reorg@Forum from DHCP or Reorg if you are already in Forum)

LETTER FROM THE UNDER SECRETARY FOR HEALTH

By mid July the six implementation groups will submit their detailed recommendations for achieving the reorganization outlined in "Vision for Change." By late July or early August the statutory waiting period will be over and, assuming Congressional support, we will begin the transition from four regions to 22 Veterans Integrated Service Networks.

One of the first actions will be to hire VISN directors. These directors will come from both inside and outside VA, and from both clinical and administrative backgrounds.

My expectation is to have implemented the VISN structure by October 1, although changes will be phased in over time to limit operational disruption as much as feasible.

Communication is vital to these process. My hope is that this bulletin is widely distributed and that employees are aware of the changes ahead. Questions about the reorganization can be posted to the Reorganization E-Mail Box.

Thank you for your ongoing support.

Kenneth W. Kizer, MD. MPH

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