

**Manual M-9, Strategic Planning**

**(Veterans Health Administration)**

**Chapter 2, Strategic Planning Constituency Awareness  
(Paragraphs 2.01 and 2.02)**

**Rescinds Chapter 2 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)

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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:

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

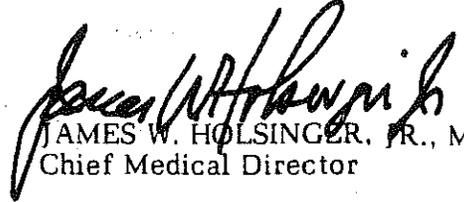
Veterans Health Administration  
Washington DC 20420

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  
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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The following material is rescinded: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  
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## CHAPTER 2. STRATEGIC PLANNING CONSTITUENCY AWARENESS

### 2.01 POLICY

a. To allow for better internal planning and optimizing the probability for successful implementation of current and future strategies, it is the policy of VHA (Veterans Health Administration) to:

(1) Keep constituents aware of Administration:

(a) Programs.

(b) Goals.

(c) Objectives.

(d) Plans.

(e) Actions.

(2) To encourage constituency involvement.

b. The constituency awareness policy is to:

(1) Keep interested parties aware of VHA plans and actions.

(2) Solicit constituent input.

(3) Establish a constructive dialogue that will result in mutual understanding and respect for the processes and proposals involved.

c. The Office of Strategic Planning and Policy will annually summarize approved VHA plans for dissemination to constituents, as appropriate.

### 2.02 PROCEDURES

a. Constituency awareness supports VHA strategic planning efforts by developing a capacity to support collection, interpretation and utilization of information. It identifies key constituencies at each level, their preferences and concerns, and provides a means to address these.

(1) The development and maintenance of effective constituency awareness by all parties involved in the strategic planning process are important because of the dynamic and collaborative nature of health care planning and delivery.

(2) The establishment of good working relations with the local media, local Congressional delegations, and VSOs (Veterans Service Organizations) is extremely important in developing a proactive external constituency. Developing strong relationships with external constituency groups can go far in presenting VA (Department of Veterans Affairs) planning in a positive, proactive way.

(3) Designated medical center Directors will be State Regional Representatives for the purpose of facilitating communication with organizations outside VHA; most notably, veterans service organizations, state government agencies and other important constituencies.

(4) Close collaboration with affiliated medical school or related health care institutions/organizations is a key to successful planning. Medical School Deans and other related chief executive officers should be briefed on a regular basis.

(5) Interest is often generated when a planning cycle has been completed and the plans approved. Care must be exercised to explain that a planning proposal, if approved, means that proposals may be implemented only within:

(a) Existing legislative authority.

(b) Resource availability.

(c) System-wide priorities.

b. VHA strategic planning constituency awareness requires that each level of management strive to achieve the following goals:

(1) Increase understanding of VHA planning goals and processes;

(2) Promote and facilitate widespread participation in strategic planning at all organizational levels within the VA;

(3) Provide support to the implementation of approved plans at all VA organizational levels.

c. To accomplish these goals each level of management is responsible for ensuring that:

(1) Only authorized officials, serving as representatives of the VA, correspond with:

(a) The media.

(b) Congressional delegations.

(c) VSOs.

(2) The information provided is technically correct and reflects the proper perspective.

(3) Responses are timely and that adequate explanations for any delays are provided.

(4) Information provided is consistent with administration and Departmental position on the topic.

(5) Information is released only when authorized by the applicable statutes governing the confidentiality of records and information and the public's right to information, i.e., statutes protecting individuals' privacy interests, the Privacy Act, or the statute protecting the confidentiality of medical quality assurance records, 38 U.S.C. (United States Code) Section 3305.

d. Guidance on dealing with the media is available from the Deputy Assistant Secretary for Public Affairs in VA Central Office and Regional Directors.

e. The specific procedures to be followed are left to the discretion of each level of management, but must be sufficient to ensure that the stated goals are met and there is adherence to the above responsibilities.

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

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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.

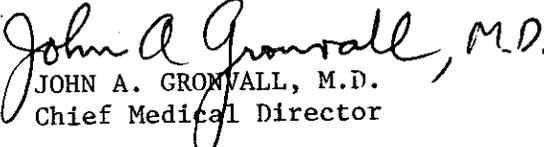
2. Principal reason for this manual is to provide a description of and issue guidance concerning VHS&RA planning process.

3. Filing Instructions:

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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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Veterans Administration

### REFERENCE SLIP

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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*  
MARJORIE R. QUANDT

ACMD for Planning Coordination (17A)

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3331



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