

Manual M-9, Strategic Planning

(Veterans Health Administration)

**Chapter 6, Mission Review
(Paragraphs 6.01 through 6.03)**

Chapter 6 is annotated to reflect Change 2 dated July 26, 1991

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 6, dated **October 2, 1989**
Text for Chapter 6, dated **October 2, 1989**

Transmittal sheets located at the end of the document:

Change 2, dated **July 26, 1991**
Sheet dated **October 2, 1989**

Transmittal sheets for changes prior to 1989 also located at the end of the document:

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



Department of
Veterans Affairs

Strategic Planning

July 26, 1991

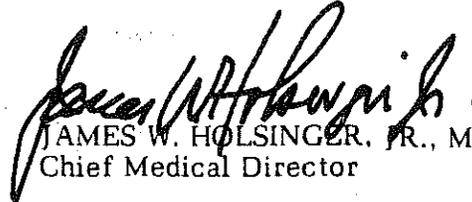
Veterans Health Administration
Washington DC 20420

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

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FD

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RESCISSIONS

The following material is rescinded:

Complete rescissions:

Circulars

10-87-113 and Supplement No. 1
10-87-147
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CHAPTER 6. MISSION REVIEW

6.01 PURPOSE

a. Mission assessments are intended to assure that the VA will continue to organize and allocate its resources in a way that will provide the best possible services to the veteran population. In some cases, the elimination of programs may be necessary to make resources available for higher priorities. Any such decisions must consider a wide variety of factors, including current occupancy rates, costs, alternative services, demographic projections, current and projected workloads, staffing levels, and various options for achieving the optimum mix, location, size, and quality of services.

b. A preliminary list of indicators is provided as a technical aid to help planners identify services, programs, or sub-programs which may require further review. The indicators are intended to help highlight situations where existing missions or service arrangements may no longer be appropriate due to low or declining workloads, resource/workload imbalances, or discrepancies between planned and actual workloads, and where a more cost-efficient use of VHS&RA resources may be possible.

c. These indicators are to receive special emphasis in medical district and regional plan development. The list is intended to encourage examination of possible problems and opportunities for change rather than to provide precise standards for mission changes. Medical districts and medical regions are encouraged to consider, in their planning deliberations, other potential criteria, including the impact on affiliations, research activities, and VA/DOD (Department of Defense) contingency planning activities.

6.02 PROCEDURES

a. Medical districts are to examine their activities and initiate pertinent mission, program, or operational change proposals in instances where a substantial number of the indicators apply. Medical districts must especially consider reducing, consolidating, or terminating programs where the workloads are too low to support high quality, cost-effective operations. Medical districts should discuss with their Regional Directors those activities for which a significant number of the indicators apply so that suitable alternative courses of action can be developed for inclusion in the MEDIPP Strategic Plans. To achieve this end, the indicators should be applied at the service, program, or sub-program level depending on the availability of data and the organization of the individual facility.

b. The Regional Directors are responsible for review of proposals resulting from these criteria and ensuring that the inclusion of them in the Regional MEDIPP Strategic Plan is in concert with Region-wide needs and priorities. Supporting documentation and justification are to be appended to the Plans. Such justification might include:

- (1) A description of the change(s) proposed;
- (2) An explanation of how current workload associated with programs being eliminated will be served in the post-mission/ major program change environment;
- (3) The basis for workload projections associated with workload increases or decreases;
and

* Replace MEDIPP with Strategic Planning (Change 2, dated July 26, 1991).

(4) The impact of the mission change/program change on other facilities in the medical district and region.

6.03 POTENTIAL MISSION REVIEW INDICATORS

a. The occupancy rates for a specific bed section or service have, over the last three years, been significantly below the optimum level.

b. There are opportunities to obtain or offer appropriate services through sharing agreements with the private sector, DOD, or other federal agencies.

c. There are good opportunities for consolidation of an activity with services of another VA facility that is geographically accessible to the veteran.

d. The pure *MEDIPP model projections show declining workloads over the next 11 years for the program.

e. There is need to replace or substantially upgrade the physical facilities in which the program operates.

f. The frequency of procedures, either actual or projected, for a program/sub-program are below accepted levels according to program-determined standards of care, nationally prescribed standards by expert panels, or utilization review.

g. Patients treated in a program decreased by a total of 10 percent or more over the last 2 years. While other indicators may appear favorable, a continuing decline in the number of patients treated may show that certain planning assumptions are not realistic. A decline in patients treated is a predictor that other variables need reconsideration.

* Replace MEDIPP with Strategic Planning (Change 2, dated July 26, 1991)

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

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PUBLICATIONS AND
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.

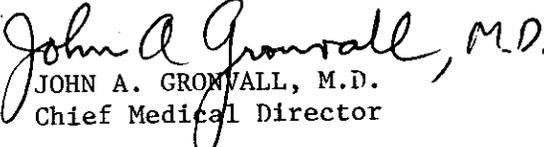
2. Principal reason for this manual is to provide a description of and issue guidance concerning VHS&RA planning process.

3. Filing Instructions:

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

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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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611/134
JAN 27 1986

FROM

Marjorie R. Quandt
MARJORIE R. QUANDT

ACMD for Planning Coordination (17A)

Regulations and Publications
Management Staff (10A1B)

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3331

VA FORM 3230
MAY 1980

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