VETERANS HEALTH ADMINISTRATION

VISION PLAN

Updated Response to 38 U.S.C. 7330C(b): Strategy Regarding the Department of Veterans Affairs High-Quality Integrated Health Care System

December 2020

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The Department of Veterans Affairs (VA) is steadfast in our commitment to care for America's Veterans and continues to lead the Nation in health care innovation. In recent years, we have made incredible advancements in health care services and delivery to meet the rapidly changing landscape of our Veterans' needs. Patient Aligned Care Teams (PACTs), improved electronic health records, expanded telemedicine, new access standards and streamlined care coordination ensure Veterans get the highest-quality care, wherever they are in the country.

U.S. health care is in an ongoing battle with COVID-19. VA has mobilized its resources and worked with our federal partners to respond with full strength to this pandemic. Through our Fourth Mission, we have diffused our best practices beyond our organizational boundaries and into the communities where Veterans and their families live. We have deployed thousands of personnel and delivered personal protective equipment, infection control consultation, testing and medical supplies to 48 states, the District of Columbia and Tribal Nations. We are proud to support both America's Veterans and the nation in this time of extraordinary need.

Robust health care strategy and innovation help continually advance the care Veterans have earned and deserve from VA. As a Learning Organization, we continue to explore inventive ways to deliver care through collaborative research, non-traditional partnerships or unique systems for delivering care, even during this pandemic. We are also continuing our relentless pursuit of a flexible care delivery system that can provide Veterans enrolled in VA's health care system with their care throughout their lifetimes.

To that end, VA has developed a vision for the future of care delivery: the high-performing integrated delivery network (HPIDN). I am proud to share that vision with you today. Through the HPIDN, we will provide high-quality, accessible, consistent and value-driven care that Veterans trust. VA care will remain at the center of this network, supported by our federal, academic and community partnerships. This will allow for greater access to care in alignment with Veteran preferences. This structure will also allow for agility in addressing Veteran demand for care, including changes in population, morbidity, geographic shifts and overall reliance on VA. The network will balance on-site and connected care resources, empower Veterans to be active participants in their care journey and create system-wide resiliency as VA adapts to future regional and national shifts in Veteran population health and demand.

We are proud to continue our long tradition of leading in health care innovation through the development of our HPIDN, as outlined in this Vision Plan. Building a high-performing integrated delivery network is a critical component of ensuring that we continue to deliver on our mission. America's Veterans deserve no less.

Richard A. Stone, MD
Executive in Charge

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The Department of Veterans Affairs (VA) continues to lead the Nation in health care innovation, finding new ways to meet Veterans' evolving health care needs within the changing landscape of health care in America. Veteran demographics, incidence and prevalence of disease, and geographic distribution are shifting, leading to changes in overall demand for care and reliance on VA services. New methods of care delivery, the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (MISSION Act), and the COVID-19 pandemic are also changing the ways Veterans access VA care.[1] To overcome these changes and continue providing Veterans with the highest quality care, VA is driving health care transformation through the creation of a High-Performing Integrated Delivery Network (HPIDN).

The HPIDN is the next evolution of VA care, formalizing and advancing the range of care currently provided by VA's network. Through the HPIDN, VA is the lifetime integrator and coordinator of all Veteran care. This care will be supplemented by federal partners (e.g. Department of Defense [DoD], Federally Qualified Health Centers [FQHC], and Indian Health Service [IHS]), as well as academic and community partners.

> **VA's High-Performing Integrated Delivery Network Defined**
>
> VA's high-performing integrated delivery network provides quality, accessible, consistent, and value-driven care that Veterans trust. VA's delivery network is optimized through extensive partnerships and thoughtful care coordination, accessing a continuum of care wherever Veterans are located and choose to be served. Driven by data and evidence-based strategies, this network is adaptive to regional and national shifts in Veteran population health and demand, balances on-site and virtual connected care resources, allows for greater ease of use, and empowers Veterans with excellent health care options.

The HPIDN will be the compass guiding VA's care delivery advancements over the next 20 years. Designed to provide coordinated health care to Veterans no matter their care needs or location, it weaves together five concepts designed to promote quality, access, value, and Veteran-centric care. These are:

- **Empower Veterans**
  Veterans are empowered with excellent health care choices through VA's Whole Health approach,[2] fully supported by care teams partnering to ensure their health and life goals are achieved.

- **Offer an Unparalleled Veteran Experience**

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[1] For more information on trends in Veteran demographics, reliance, or health care market trends, see Appendix F: Trends in Veteran Demand and VA Supply of Care and Appendix G: Health Care Market Trends.

[2] Whole Health is VA's cutting-edge approach to health care that supports Veterans' health and well-being. This approach complements a Veteran's traditional clinical care by providing both complementary therapies (such as acupuncture, massage, and yoga) and self-care resources to help Veterans achieve complete, long-term wellness. Veterans' Whole Health journey begins with a Personal Health Plan, through which VA aligns preventative health care, along with behavioral health, nutrition, environmental, and even spiritual care, to ensure Veterans meet their health goals.

Provide state-of-the-art care and services through the most accessible and convenient system in VA's history, delivering an optimal experience of care and services directly and through an extensive network of strategic partners.

- **Balance Infrastructure and Operations**
Resources and infrastructure are optimized to maximize positive impact for Veterans, ensuring quality care when and where Veterans choose to receive it.

- **Promote Strategic Partnerships that Support Care Delivery, Research, and Education**
Partnerships, through VA care coordination, will expand Veteran access to care, advance research on clinical areas including service-connected conditions, and inform the future of interdisciplinary graduate medical education.

- **Operate an Outcomes-Based, Value-Driven Network**
This network will deliver value by achieving optimal health outcomes that matter to Veterans. VA will deliver the same high-quality, evidence-based standards of care regardless of where, or by which modality, a Veteran chooses to receive care.
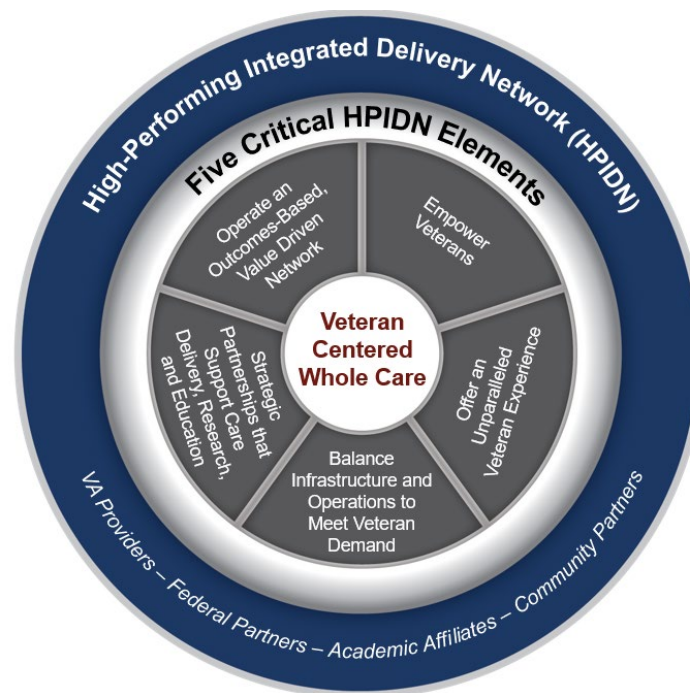
Figure 1.   VA's High-Performing Integrated Delivery Network

This Vision Plan bridges the gap between the interim Strategic Plan to Meet Health Care Demand and other upcoming strategic initiatives, such as the VA Long-Range Plan and the National Realignment Strategy. It combines previous analysis with guidance from VA's ongoing strategic planning efforts[3] to define the HPIDN, its intended impact, and its enabling factors. The HPIDN will be the compass guiding

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[3] For more information on how this plan connects to VA's ongoing strategic planning efforts, see Appendix C: VA's Strategic Planning Process.

VA's care delivery advancements over the next 20 years. It will continue to evolve with Veteran needs and this plan will be updated to reflect those changes.

PURPOSE OF VISION PLAN

VA fulfills the mission to honor America's Veterans by providing them with exceptional health care. The organization is dedicated to building a health system that is strongly aligned to the changing needs of Veterans while efficiently managing facilities, improving service offerings, and developing meaningful partnerships. A critical attribute of this health system is agility — to adapt to evolving Veteran care preferences and market trends, as well as unprecedented public health situations like the current COVID-19 pandemic. VA is leading the public health response to COVID-19, unifying its federal partners to serve as the backstop to the Nation's health care infrastructure while continuing to deliver excellent health care options to more than nine million Veterans.

VA has consistently been at the forefront of health care transformation and is committed to leading United States (U.S.) health care through the pandemic and into the future. As VA continues to modernize and innovate, its compass is guided by Veterans' experience with VA health care and services. The organization is focused on the aspects of the care journey that matter to each Veteran, their loved ones, and caregivers, as well as providing the empowerment and partnership necessary to achieve their health and life goals.

VA plans to enhance care delivery and better meet the needs of Veterans through the introduction of the High-Performing Integrated Delivery Network (HPIDN). This transformation, focused on Veteran-centered care, began prior to the pandemic, and VA is now accelerating the journey. The HPIDN will provide the flexibility and resiliency VA requires to adapt to future changes in Veteran demographics, population, and health care needs. This model will unify direct and community care aspects of the enterprise, more closely align federal, academic, and community care partners. To implement and enable the HPIDN, VA will focus on achieving five core goals: Empower Veterans; Offer an Unparalleled Veteran Experience; Balance Infrastructure and Operations; Promote Strategic Partnerships that Support Care Delivery, Research, and Education; and Operate an Outcomes-Based, Value-Driven Network. Veterans can expect excellent health care choices, modernized access, and streamlined processes.

This Vision Plan[4] establishes key strategies and concepts central to VA's transformation into an HPIDN. It aligns to VA's concurrent strategic planning initiatives, such as the VA Strategic Plan, Veterans Health Administration (VHA) Long-Range Plan, [5] and VHA Modernization Plan, [6] preparing the way for implementation of discrete, data-driven action plans. The Vision Plan also incorporates stakeholder feedback from discussions of the forthcoming MISSION Act Section 203 criteria, to be published in the Federal Register in February 2021.[7] Pending completion of the market assessments and finalization of the

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[4] For additional information on how the plan was created, see Appendix D: Methodology and Updates Included in Plan.
[5] For additional information on how this plan aligns to the Long-Range Plan, see VHA's Long-Range Plan: Building the High-Performing Integrated Delivery Network on page 20 of this Plan.
[6] For more information on how these plans align, see Appendix C: VA Strategic Planning Process.
[7] For additional information on the MISSION Act, see Appendix E: MISSION Act Alignment.

Section 203 criteria, VA will generate from these strategic elements a comprehensive National Realignment Strategy.

VA is committed to leading the future of health care for Veterans and the Nation. The HPIDN is the next step in VA's transformation, demonstrating the organization's commitment to safety and Veteran experience. This network will help VA attain and sustain a position as the most convenient and accessible health care system in history.

CURRENT STATE OF VA

To understand the current state of VA care and its operations, it is critical to consider the major transformative forces in VA health care today – the COVID-19 pandemic, Veteran demand, and VA supply of health care.

COVID-19 PANDEMIC RESPONSE

VA has expanded its health care services beyond its organizational boundaries into the communities where Veterans and their families live during the present COVID-19 pandemic. This is in concert with its Fourth Mission to "improve the Nation's preparedness for response to war, terrorism, national emergencies, and natural disasters by developing plans and taking actions to ensure continued service to Veterans, as well as to support national, state, and local emergency management, public health, safety and homeland security efforts."[8] In executing this mission, VA has deployed thousands of personnel and delivered personal protective equipment, infection control consultation, testing, and medical supplies to 48 states, the District of Columbia, and Tribal Nations.

VA has reinvented care delivery amidst the pandemic to protect Veterans and the nation's most vulnerable civilians, acting swiftly and decisively to set the national example for care protocols. Since March 2020, VA has had remarkable successes, including the growth of video telehealth encounters by more than 1,000%, hiring more than 50,000 staff and implementing expedited hiring procedures to onboard staff in as few as 3 days, growing the community care network to more than 1.2 million providers and over 8,100 urgent care centers, and expanding support to the family caregivers of Vietnam, Korea, and World War II Veterans.[9]

VETERAN DEMAND AND VA SUPPLY OF CARE

The pandemic gave rise to innovative strategies that will impact delivery of care for years to come, but it cannot be the only driver for change. VA will ensure that the future state of Veteran health care meets the projected needs of the Veteran population, encompasses relevant commercial market trends, and strengthens VA's ability to supply care through the Veteran's modality of choice. VA is undertaking a

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[8] Department of Veterans Affairs. *About VA*. Accessed 22 December 2020 at https://www.va.gov/about_va/
[9] For additional information on VA's COVID-19 response, see Appendix B. VA's COVID-19 Response.

comprehensive analysis of these areas, following the framework for assessing strategic demand for care outlined in Section 106b of the MISSION Act.[10]

VA analyzed supply and demand of VA care using data from the Enrollee Health Care Projection Model (EHCPM), VHA Support Service Center (VSSC) Outpatient Encounters Cube, Office of Productivity, Efficiency, and Staffing (OPES) Productivity Operating Room Productivity Dashboard and Cube, VSSC Telehealth Workload Cube, Centers for Disease Control and Prevention (CDC), as well as publicly available research. The overarching trends from this analysis are summarized in the table below.

Overarching Trends[11]

Care Demand	
	The overall number of Veterans is projected to decrease, leading to a long-term decrease in total demand for care over the next twenty years.
	Changes in Veteran demographics are projected to increase demand for specific types of care. This increased demand will be driven by two factors: Veteran age and gender. The average age of Veterans will increase, while the number of women Veterans will also rise.
	The Veteran population that is enrolled for VA care has elevated morbidity. There is a higher percentage of Veterans with multiple chronic conditions compared to the non-Veteran population. Specific Veteran sub-populations experience elevated rates of cancer, liver disease, and arthritis relative to their non-Veteran counterparts.
	Projected shifts in geographic distribution, combined with provider shortages in areas with large Veteran populations, may increase demand for VA care in some markets.
	Overall Veteran reliance on VA care may increase as younger, more reliant Veterans enroll. Long-term unemployment and loss of health care coverage due to COVID-19 pandemic may also increase reliance on VA care.

Care Supply	
	Veterans have a growing preference for receiving health care services in a convenient, outpatient setting. In addition, they are increasing their use of specific VA health care services, including primary care, mental health, and certain medical and surgical specialties.[12]
	Many of VA's medical facilities are aging and were built to deliver a high volume of inpatient care that is no longer in demand. VA is right-sizing its infrastructure to maintain agility in this changing health care landscape and align to how Veterans want and need to receive health care.

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[10] For additional information on commercial market trends, see Appendix G. Health Care Market Trends.
[11] For additional information on timeframes and trends in VA health care supply and demand, see Appendix F: Trends in Veteran Demand and VA Supply of Care.
[12] Department of Veterans Affairs. (2018). Enrollee Health Care Projection Model. *National Veterans, Enrollees, and Patients, FY 2017-2026*.

VA continues to experience recruitment challenges that mirror the national shortage of providers. Recent hiring successes give VA the opportunity to streamline hiring processes.

VA continues to invest heavily in the implementation of health care technologies across the system in order to increase Veteran access to care, streamline Veteran health information, and ultimately provide health care tools to improve overall care for Veterans.

VA has an extensive network of partners offering expanded care coverage for Veterans that accelerates a shared journey to fully integrated, seamless access to health care, no matter where a Veteran resides.

VA continues to improve its access, quality, and patient experience standards in order to build value and transparency, as well as empower Veterans to make informed health care decisions.

VA'S VISION FOR THE FUTURE: THE HIGH-PERFORMING INTEGRATED DELIVERY NETWORK

THE VISION

VA's vision for the future is that it will be the premier health care provider for all eligible Veterans, and a leader in U.S. health care. VA will be the most accessible and convenient health care system, consistently driving the progress to realize benefit for those we serve. The organization will ensure that Veterans receive high-quality, equitable care and services no matter where they choose to live and how they choose to engage with VA. VA will deliver a consistent experience of care and services that is responsive, proactively tailored to each Veteran's needs, and delivered through infrastructure – capital assets, partnerships, and technology – that is modern, safe and easily accessible.

DEFINITION OF A HIGH-PERFORMING INTEGRATED DELIVERY NETWORK

The HPIDN is the future of Veteran health care and marks a renewed commitment to lifetime coordination and integration[13] of Veteran health care delivery. VA will ensure Veterans receive an uninterrupted continuum of care through a network that empowers them to be in control of their health care journey. Active collaboration between Veterans and their providers accelerates a path to excellent health outcomes.
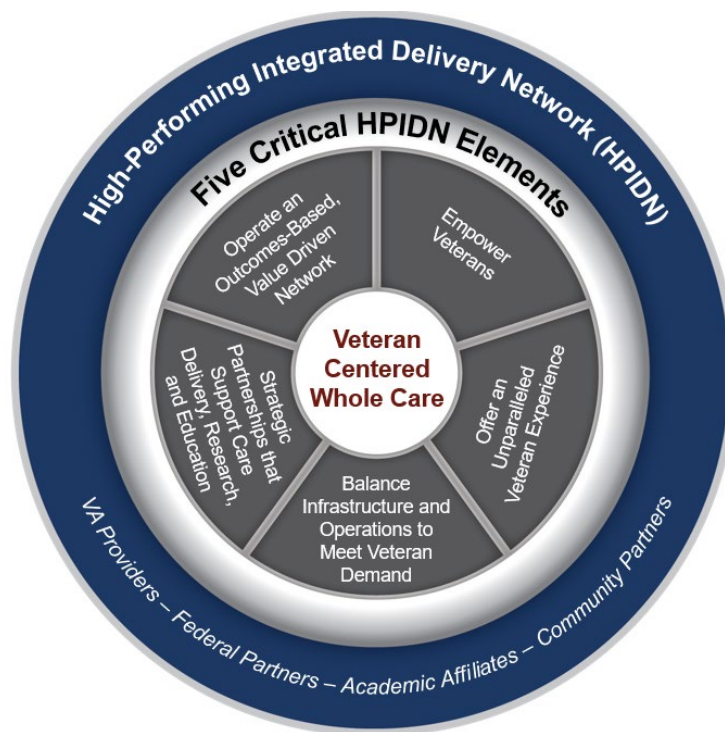
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[13] For additional information, see Appendix J: Integration.

> **VA's High-Performing Integrated Delivery Network Defined**
>
> VA's high-performing integrated delivery network provides quality, accessible, consistent, and value-driven care that Veterans trust. VA's delivery network is optimized through extensive partnerships and thoughtful care coordination, accessing a continuum of care in a timely manner wherever Veterans are located and choose to be served. Driven by data and evidence-based strategies, this network is adaptive to regional and national shifts in Veteran population health and demand, balances on-site and virtual connected care resources, allows for greater ease of use, and empowers Veterans with excellent health care options.

NETWORK MODEL

VA's HPIDN represents a bold step forward in VA care delivery. This network was designed to empower Veterans and partner with them on their health care journey, ensuring they meet their health goals. Designed to be Veteran-centric, the HPIDN has strong foundation in VA's strategic priorities [14] and encompasses commercial health care practices proven to streamline operations and deliver care more effectively. [15] This includes the incorporation of industry best practices along with the adoption of newer platforms and technologies for the most effective delivery of care. It keeps VA care delivery at the forefront of this network, supported by VA's federal, academic, and community partnerships.

Figure 2.   **VA's High-Performing Integrated Delivery Network**

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[14] For additional information, see Appendix C: VA Strategic Planning Process.
[15] For additional information, see Appendix G: Health Care Market Trends.

VA's HPIDN vision is composed of five integrated, critical concepts:

- **Empower Veterans**
  Veterans are empowered with excellent health care choices through VA's Whole Health approach,[16] fully supported by care teams partnering to ensure their health and life goals are achieved.

- **Offer an Unparalleled Veteran Experience**
  Provide state-of-the-art care and services through the most accessible and convenient system in VA's history, delivering an optimal experience of care and services directly and through an extensive network of strategic partners.

- **Balance Infrastructure and Operations**
  Resources and infrastructure are optimized to maximize positive impact for Veterans, ensuring quality care when and where Veterans choose to receive it.

- **Promote Strategic Partnerships that Support Care Delivery, Research, and Education**
  Partnerships, through VA care coordination, will expand Veteran access to care, advance research on clinical areas including service-connected conditions, and inform the future of interprofessional health professions education*.*

- **Operate an Outcomes-Based, Value-Driven Network**
  This network will deliver value by achieving optimal health outcomes that matter to Veterans. VA will deliver the same high-quality, evidence-based standards of care regardless of where, or by which modality, a Veteran chooses to receive care.

The HPIDN's five integrated concepts were constructed to reflect and align to the goals outlined in VA's ongoing strategic efforts, including the VA Strategic Plan, VA Long-Range Plan, and National Realignment Strategy. This also includes the requirements listed in Section 203 of the MISSION Act, which are being used to create criteria that will help evaluate opportunities to modernize and/or realign VHA facilities.[17]

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[16] Whole Health is VA's cutting-edge approach to health care that supports Veterans' health and well-being. This approach complements a Veteran's traditional clinical care by providing both complementary therapies (such as acupuncture, massage, and yoga) and self-care resources to help Veterans achieve complete, long-term wellness. Veterans' Whole Health journey begins with a Personal Health Plan, through which VA aligns preventative health care, along with behavioral health, nutrition, environmental, and even spiritual care, to ensure Veterans meet their health goals.

[17] For additional information on MISSION Act Section 203, see Appendix E. MISSION Act Alignment.
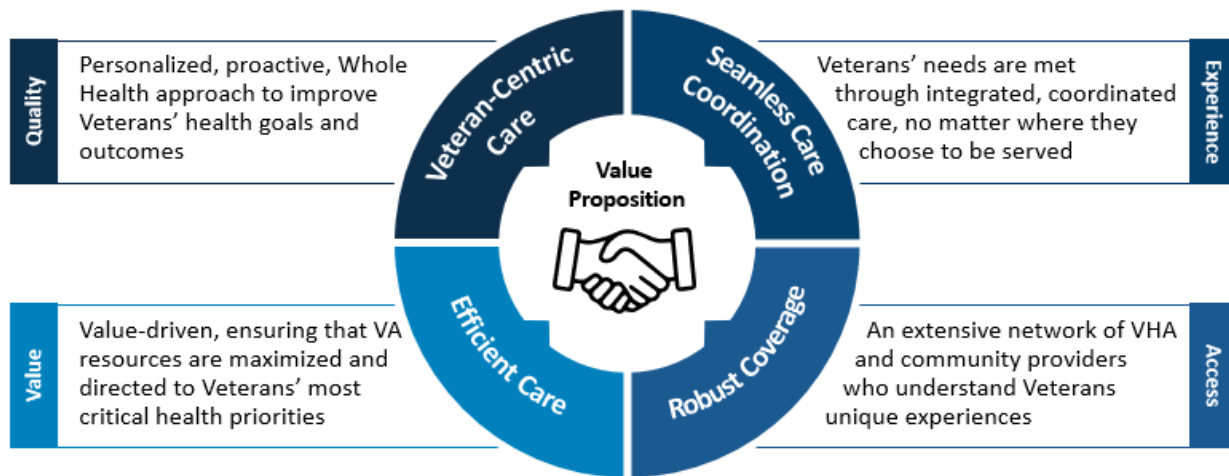
Figure 3.   Value Proposition for VA's High-Performing Integrated Delivery Network

VA's HPIDN provides significant value to Veterans. It ensures care coordination is cohesive, meeting Veteran needs wherever care is received. It continues VA's commitment to Veteran-centric care that is proactive and personalized in pursuit of Veterans' health goals. It will help VA direct investments to best maximize value across the country. Finally, VA will strategically strengthen and expand partnerships to provide Veterans with a wider set options to receive care.

IMPACT OF A HIGH-PERFORMING INTEGRATED DELIVERY NETWORK

VA's HPIDN is designed to deliver agile, Veteran-centric care in the face of fluctuating demand and unprecedented events. The impact of the network goes far beyond care delivery – it transforms the roles of all stakeholders in the care journey, empowering them to be active participants in care. The five critical concepts that comprise VA's HPIDN are interdependent, working together to ensure VA is aligned and responsive to Veteran needs, responsive to market changes, and continues to positively impact Veterans' access to quality, timely care. While these elements are integral to VA's HPIDN, they also align closely to the MISSION Act's Section 203 criteria.[18]

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[18] As defined in Section 203 of the MISSION Act, this set of criteria created by the Secretary evaluates viable opportunities to modernize or realign VHA facilities based on the changing needs of Veterans and new legislation.

CRITICAL CONCEPTS

EMPOWER VETERANS

The heart of VA's HPIDN is Veteran empowerment. Veterans – along with their families, caregivers and communities – are encouraged to be active participants and advocates in their care journey. They are provided with the options, information, and partnership to achieve their health and life goals.

Veteran empowerment starts with a Whole Health[19] approach to care, through which providers and Veterans collaborate throughout an individual's health care journey to ensure excellent health outcomes. Veterans' perspective on their care is critical to the success of treatment and health outcomes. Therefore, VA will encourage providers to maintain active Veteran involvement in care design.[20]

VA's concept of Veteran empowerment rests on seven guiding principles, which are defined to ensure Veterans understand the role they play in their health care. VA providers are already embracing these principles and VA is developing resources that will improve collaboration, including online resources, virtual trainings, and use of technology platforms.
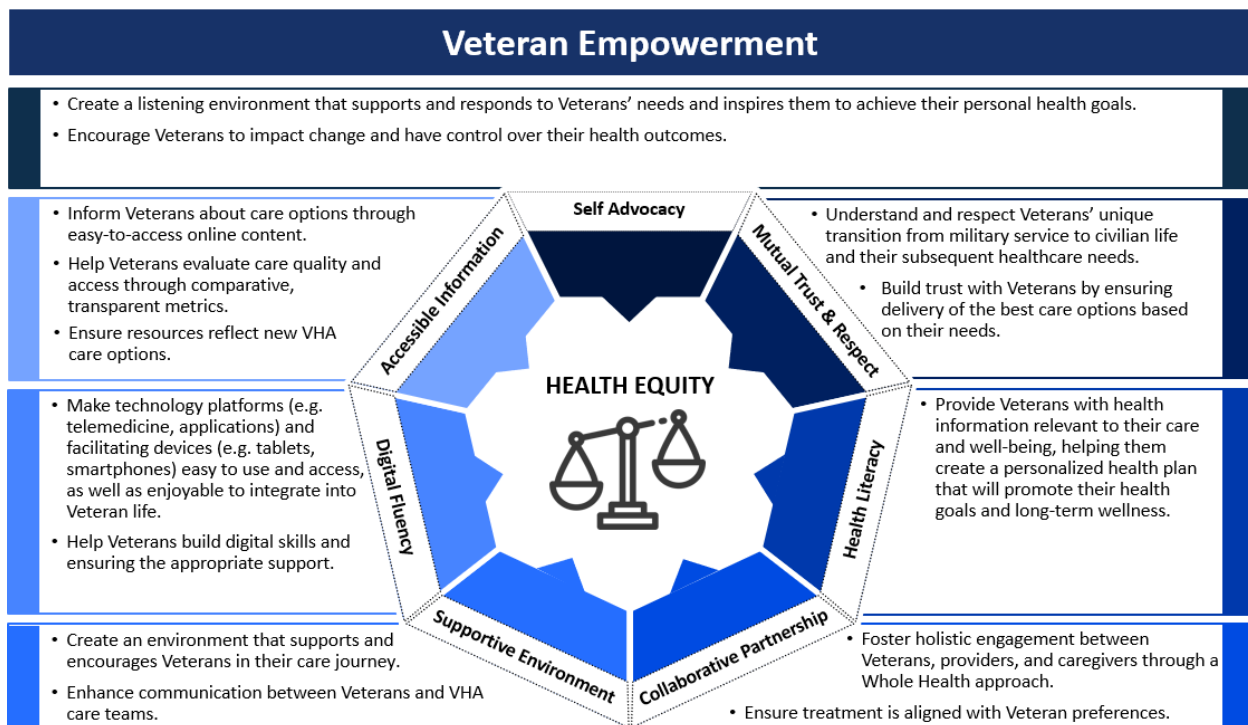
Figure 4.   Seven Guiding Principles of Veteran Empowerment

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[19] Department of Veterans Affairs. *Whole Health*. Accessed August 13, 2020 at https://www.va.gov/wholehealth/
[20] European Patients Forum. (2017). Toolkit for Patient Organizations on Patient Empowerment. Accessed July 29, 2020 at https://www.eu-patient.eu/globalassets/library/publications/patient-empowerment---toolkit.pdf

By empowering Veterans, VA will ensure all Veterans have equal opportunity to be as healthy as possible. VA's Office of Health Equity (OHE) is committed to improving health equity by reducing disparities in Veteran health through providing equitable access to high-quality care for all Veterans.[21] OHE addresses the social and economic determinants of equity which impact access and quality care, including income, education, life experience, social context, perceived discrimination, and even methods of care delivery. OHE continues to implement targeted initiatives designed to accelerate the analysis and improvement of health equity outcomes among Veterans, particularly in response to disparities identified during the COVID-19 pandemic.

PROVIDE AN UNPARALLELED VETERAN EXPERIENCE

VA will provide an unparalleled patient experience to its Veterans.[22] This patient experience encompasses five key factors which work interdependently to ensure a Veteran receives exceptional care at every touchpoint: access, care environment, health care options, communication, and trust.
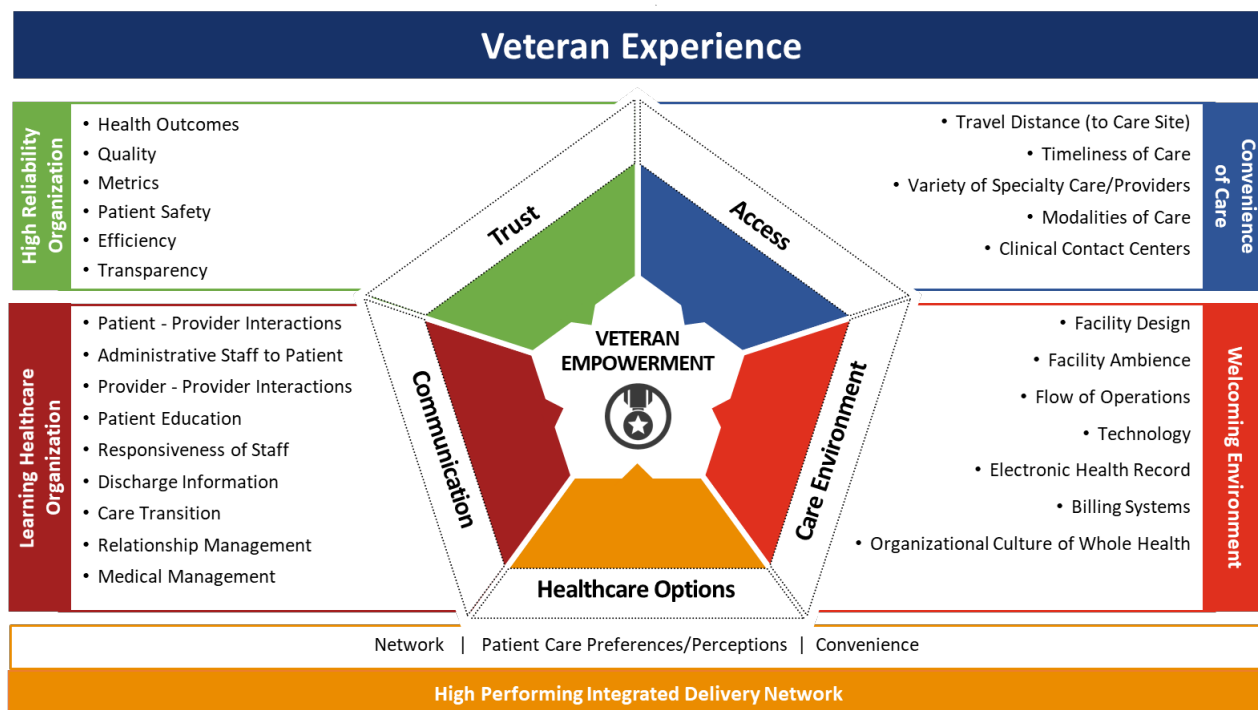
Figure 5.   Veteran Experience

VA will ensure that Veteran health care is accessible and convenient, so that Veterans are able to receive care they need in a timely manner. This care will be delivered in a welcoming environment where facility

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[21] Department of Veterans Affairs. (2020). VA Office of Health Equity. Accessed July 29, 2020 at https://www.va.gov/healthequity/

[22] The patient experience is the sum of all interactions that influence Veterans' and their families' perceptions of their health care journey. For more information, see the Strategic Plan to Meet Health Care Demand (Department of Veterans Affairs, 2019).

design, technology, and support systems come together to optimize care. Veterans will have high-quality health care options through a robust network of providers. Regardless of whether they receive care in a VA facility or the community, VA will ensure responsive communication with Veterans to facilitate coordination of care. Most importantly, VA will continue to build Veteran trust in VA quality, safety, efficiency, and transparency.

Veterans deserve a learning health care organization, one that is dedicated to continuous and active improvement in operations, care delivery, and patient safety.[23] VA will continue to strengthen the Veteran experience by improving care coordination between VA providers and federal, academic, and community partners. VA is also promoting system-wide adoption of a Whole Health[24] approach to care, in which integrated teams of providers deliver services that focus on the entirety of a Veteran's health experience to improve health outcomes and encourage the integration of clinical services.

BALANCE INFRASTRUCTURE AND OPERATIONS TO MEET VETERAN NEEDS AND DEMAND

To deliver the care Veterans need, VA's infrastructure will be aligned to both Veteran geographic location, demand, and care preferences. VA is committed to modernizing its infrastructure and streamlining its internal operations to support an HPIDN that delivers care for all Veterans.

ALIGNING VA INFRASTRUCTURE AND RESOURCES TO VETERAN DEMAND

The market assessments[25] required by the MISSION Act are underway through the Market Area Health System Optimization (MAHSO) project. They are designed to ensure VA's infrastructure and resources are balanced to meet Veteran needs and are evaluating Veteran health care demand and the capacity to provide care at VA health care facilities, other Federal health providers, and community health providers by geographic location. Further, these assessments will:

- Facilitate HPIDNs throughout the VA health system, using VA providers and federal, academic, and community partners.
- Inform enterprise strategy, national system design, health service realignment, and capital investment planning, using a robust data-driven approach to meet Veterans' needs; and
- Support Veteran Integrated Services Networks (VISNs) accountable for delivering the full range of services, quality outcomes, and Veteran satisfaction with care

The resulting opportunities will be consolidated into a National Realignment Strategy which will help VA align supply and demand of care in order to improve the access, timeliness, and quality of Veteran health care.

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[23] For additional information on VA's ongoing efforts to transition VHA into a 'learning health care organization', see the Veterans Health Administration Modernization: Continuing the Journey (Department of Veterans Affairs, 2019).
[24] Department of Veterans Affairs. *Whole Health*. (2020). Accessed August 13, 2020 at https://www.va.gov/wholehealth/
[25] For detail on MAHSO Assessments' processes and outputs, refer to Appendix E: MISSION Act Alignment.

MODERNIZING OPERATIONS TO MEET VETERAN NEEDS

The path to achieving an HPIDN is anchored in VA's ongoing efforts to modernize the network's operations. The VA Plan for Modernization outlines a framework for developing a clinically integrated, community-supported, reliable system of care that will provide the highest-quality and safest care outcomes for Veterans. VA's modernization activities have been aligned to the six characteristics of integrated high-reliability health systems and organized into Eight Lanes of Effort.[26] These activities are also aligned to the four priorities that the Secretary has established for VA: Customer Service, Access to Care (MISSION Act), Electronic Health Records Modernization (EHRM), and Business Transformation.

The table below depicts the Eight Lanes of Effort and their alignment with the six High-Reliability Organization (HRO) characteristics.

Characteristics of Integrated High-Reliability Health Systems	Eight Lanes of Effort
Learning Organization	1. Commit to Zero Harm
Structure	2. Develop Responsive Shared Services
Operational and Clinical Integration	3. Deliver 21st Century Whole Health and Mental Health
Governance and Decision-Making	4. Organizational Improvement • Revise Governance • Streamline VHA Central Office • Clinical Communities
Leadership, Accountability, and Responsibility	5. Implement MISSION Act: Improving Access to Care • Conduct Market Area Assessments • Consolidate Veterans Community Care Pathways
Modern IT Systems	6. Modernize Electronic Health Records 7. Transform Financial Management System 8. Transform Supply Chain

Table 1.   VA Modernization: Eight Lanes of Effort

VA's modernization will occur in tandem with a significant cultural transformation that will include: 1) defined accountability and authority with assigned leaders in each area of targeted improvement, and 2) refined governance with the development of the Governance Board as a high-functioning decision-making body.

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[26] These Eight Lanes of Effort were accurate as of the publication of this Plan. These lanes of effort will continue to evolve alongside VA priorities and changing Veteran health care needs as VA continues to modernize and transform its operations.

VA's HPIDN is supported by a wide range of partnerships that strengthen Veterans' ability to obtain care, such as those with community providers. Veterans received approximately 27% of their care through community providers in 2018.[27,28] VA also works closely with federal partners and academic partners.

In addition to delivering care, VA and its academic affiliates perform a wide array of Veteran-relevant research, including research on military environmental exposures, traumatic brain injury, post-traumatic stress disorder, hearing loss, and spinal cord injury. VA's partnerships with its academic affiliates also help train the Nation's medical workforce: 70% of physicians in the U.S. have received some portion of their training at VA facilities. VA's health professions training programs and academic partnerships offer training to over 124,000 health professions trainees a year.[29] These research and education partnerships work to directly improve the care Veterans, and all Americans, receive from their providers.

Strategic partnerships broaden the depth of VA's network as well as broaden understanding of Veterans' experiences and unique medical conditions among the larger medical community. These partnerships not only increase access to care, but also facilitate the sharing of appropriate clinical and operational information, including protocols, data, and expertise to deliver consistent, high-quality care to Veterans. VA will base this external collaboration on the success of its internal Integrated Clinical Communities (ICC),[30, 31] designed to establish an enterprise-wide clinical framework that facilitates the exchange of best practice knowledge internally within the VA enterprise.

VA also uses partnerships to strengthen innovation and research. Through the VA Innovation Center (VIC),[32] VA is leading cross-agency opportunities to transform operations, work across the Department, and provide critical independence to challenge existing processes and approaches to realize significant efficiencies and improvements within the organization. [33] VA's 3D Printing Network for COVID-19 Response is another partnership driving care innovation for Veterans. This collaboration with the Food and Drug Administration (FDA) and the National Institutes of Health (NIH) has facilitated data sharing and a coordinated approach to building open-source medical products for the COVID-19 response.[34]

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[27] Department of Veterans Affairs. (2019). Chief Strategy Office. VA Enrollee Health Care Projection Model. *Projections Supporting the 2021 VA Health Care Budget.* Slide 38

[28] Of the care available in both VA and the community, the proportion of health care purchased in the community increased from 17% to 27% from 2013 to 2018, largely driven by the enhanced eligibility and funding through the Choice Act.

[29] Department of Veterans Affairs. (2020). Office of Academic Affiliations. *70th Anniversary of Academic Affiliations.* Accessed October 27, 2020 at https://www.va.gov/OAA/OAA_70th_Anniversary.asp

[30] The goal of integrating clinical communities is to establish an enterprise-wide clinical framework with common structures, roles, and responsibilities at health care facilities, VISNs, and VHA Central Office. Leveraging data analytics and strengths from existing models will inform our process improvement efforts, enable the rapid flow of information and communication and drive a consistent and effective employee and Veteran experience.

[31] Department of Veterans Affairs. (2019). *Veterans Health Administration Modernization: Continuing the Journey.* Pg 12

[32] For additional information, refer to Section 152 of the MISSION Act. 2

[33] Department of Veterans Affairs. (2020). VA Innovation Center. *About the VA Innovation Center.* Accessed on October 23, 2020 at https://www.innovation.va.gov/about

[34] Department of Veterans Affairs. (2020). VA Innovation Center. VHA Innovation Ecosystem. Accessed on October 23, 2020 at https://www.va.gov/INNOVATIONECOSYSTEM/views/solutions/3d-print-covid19.html

Creating comprehensive value from partnerships requires a rigorous planning process to evaluate business models, operating models, synergies, and technology. VA will strive to create maximum <u>value</u> for Veterans through partnerships that address these key attributes and improve VA's delivery of the most effective, easily accessible, and innovative care to Veterans.

OPERATE AN OUTCOMES-BASED, VALUE-DRIVEN NETWORK

Stakeholders, including but not limited to Veterans, VA, and taxpayers, appropriately demand high-quality care, accountability, and an improved experience for patients, family, and caregivers. Per MISSION Act, VA has established specific access, quality, and Veteran experience standards to guide delivery of Veteran care.

ACCESS STANDARDS

In response to MISSION Act, VA has established access standards for primary care, mental health care, non-institutional extended care services, and specialty care, defining when a Veteran can elect to receive care in the community.[35] These standards, implemented in June 2019 are:[36]

1. Veteran Needs a Service Not Available at a VA Medical Facility
2. Veteran Lives in a U.S. State or Territory Without a Full-Service VA Medical Facility
3. Veteran Qualifies under the "Grandfather" Provision Related to Distance Eligibility for the Veterans Choice Program
4. VA Cannot Furnish Care within Certain Designated Access Standards
    a. Average drive time to a specific VA medical facility
    b. Appointment wait time at a specific VA medical facility
5. It Is in the Veteran's Best Medical Interest
6. A VA Medical Service Line Does Not Meet Certain Quality Standards

While VA continues to work within these standards, we acknowledge these standards are unique to VA. VA is working with the National Academies of Medicine and other health care industry leaders to create a standard definition and metrics for access.

As required by MISSION Act, VA will conduct the triennial assessment of the access standards as part of MAHSO and will submit the findings and any access standards modification recommendations to Congress.[37]

QUALITY STANDARDS

Quality measures are critical to ensuring VA's HPIDN provides effective health care. In 2019, to satisfy the requirements in section 104 of the VA MISSION Act of 2018 VA developed a quality measurement framework that includes 17 quality measures across four domains that align with measures from CMS

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[35] VA published the following access standards for the Veterans Community Care program under proposed rule (RIN 2900-AQ46, 84 FR 5629)

[36] For more information on VA Care access standards and specific wait times, see Table 4 in Appendix F: Trends in Veteran Demand and VA Supply of Care

[37] For additional information, see Section 1703B (e) (2) of the MISSION Act.

Hospital Compare, National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS), and the Agency for Healthcare Research and Quality (AHRQ) Consumer Assessment of Healthcare Providers and Systems (CAHPS).[38] VA publishes facility achievement against this framework on a public-facing website so that Veterans can examine VA and regional community provider performance on key clinical quality and experience metrics.[39]

As required by MISSION Act, VA will assess its quality measures and solicit public comment on potential changes[40] to ensure they include the most up-to-date and applicable industry measures for Veterans.[41]

VETERAN EXPERIENCE STANDARDS

VA continuously seeks feedback from the Veteran community and has expanded its capabilities to measure and improve both its customer service and Veteran care experience. The Veteran experience has been identified as the strategic driver for VA's improvement of the health system and will be closely tied to all development efforts within the enterprise.

VA is adopting patient experience standards from organizations such as The Joint Commission (TJC), Commission on Accreditation of Rehabilitation Facilities (CARF), Long Term Care Institute Inc. (LTCI), and Baldridge Healthcare Criteria for Performance Excellence.[42] VA also deploys Veterans Signals (VSignals)[43, 44] to all VA Medical Centers (VAMCs). This customer experience survey platform allows each clinical service to see real-time feedback from Veterans, giving the opportunity to routinely review performance and make quick corrective action based on that feedback.[45] To complement VSignals, VA also conducted an Annual Survey of Veteran Enrollees' Health and Use of Health Care.

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[38] The quality measure set, and framework can be found in Appendix I: Quality Measure Set.

[39] Department of Veterans Affairs. (2020). MISSION Act Quality Standards. Accessed August 25, 2020 at https://www.accesstocare.va.gov/Healthcare/MissionActQualityStandards
Title 38 Code of Federal Regulation (CFR) Section 17.4040

[40] Section 1703 (C) (b) (2) of the MISSION Act states: "Not later than 2 years after the date on which the Secretary establishes standards for quality under subsection (a), the Secretary shall consider and solicit public comment on potential changes to the measures used in such standards to ensure that they include the most up-to-date and applicable."

[41] For additional information, see Section 1703C (b) (2) of the MISSION Act.

[42] Department of Veterans Affairs. (2020). *Veterans Health Administration Directive 1003: VA Veteran Patient Experience*, April 14, 2020. Accessed July 29, 2020 at https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=8789

[43] The Veterans Signals program (VSignals) was designed to transform the experience of Veterans and how they interact with VA care. VSignals surveys are sent to Veterans shortly after their appointments, and this program allows Veterans to provide feedback on their VA care experience in real time. The VSignals platform gathers feedback from Veterans, eligible dependents, caregivers, and survivors. This feedback is provided to VA leaders for process improvement as well as directly to the point of interaction to enable resolution of any issues.

[44] Department of Veterans Affairs. (2019). *VA Customer Profile and Veterans Signals Program Recognized by FedHealthIT*. VAntage Point Blog. Accessed on October 7, 2020 at https://www.blogs.va.gov/VAntage/61703/va-customer-profile-veterans-signals-programs-recognized-fedhealth/

[45] Department of Veterans Affairs. (2020). *Outpatient Services Customer Experience Data Results, FY19 Q1-Q3*. Accessed July 29, 2020 at https://www.performance.gov/cx/dashboard/va/vha/

Finally, VA publicly reports patient experience data gathered from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®).[46]

VALUE-DRIVEN CARE

One of the greatest drivers of cost within VA is inflation, which is causing a rise in the cost of contracted care, pharmaceuticals, and other health care services.[47] Therefore, it is critical for VA to ensure that taxpayer dollars are used efficiently while improving outcomes for Veterans and providing care that rivals the quality found in the private sector.[48]

VA is working to optimize processes, reduce costs, improve outcomes, and identify best practices among stakeholders.[49] To fuel these improvements, VA will ensure that managers and decision makers have the right information to drive data-based analytics and management efforts, so that programs can improve their ability to forecast future needs and ensure VA is providing excellent care and services to Veterans.[50]

BUILDING THE HIGH-PERFORMING INTEGRATED DELIVERY NETWORK

VA's continued journey to a HDIPN requires coordinated strategic planning at all levels across VA. Accordingly, VHA has already begun its Fiscal Year (FY) 2020-2024 long-range planning process. VHA has created goals, objectives, and strategies that cascade directly from the VA Strategic Plan. The goals and objectives are the long-term targets that VHA will make progress on through 2024. Each objective is aligned to a short-term strategy that will help VHA achieve these goals and objectives. VHA is in the process of aligning specific actions to each strategy that will allow VISNs and Program Offices to measure and report progress.

The long-range planning process is still in progress, but a high-level overview of the goals, objectives, and strategies is provided below.

Objective	Strategy
Goal 1: Make VHA the provider and care coordinator of choice for Veterans	
1.1 Increase national recognition of VHA as a provider of high-quality health care services.	**1.1.1** Widely communicate VA's specialized knowledge within the health care landscape and VA's understanding of Veterans needs.*

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[46] Department of Veterans Affairs. (2020). Patient Experience Compare Data. Accessed August 25, 2020 at https://www.accesstocare.va.gov/Healthcare/PatientExperienceCompareData

[47] Department of Veterans Affairs. (2019). "VHA Strategic Plan to Meet Health Care Demand."

[48] Department of Veterans Affairs. (2019). Department of Veterans Affairs FY 2018 – 2024 Strategic Plan. Accessed July 30, 2020 at https://www.va.gov/oei/docs/va2018-2024strategicplan.pdf

[49] Department of Veterans Affairs. (2019). Department of Veterans Affairs FY 2018 – 2024 Strategic Plan. Accessed July 30, 2020 at https://www.va.gov/oei/docs/va2018-2024strategicplan.pdf

[50] Department of Veterans Affairs. (2019). Department of Veterans Affairs FY 2018 – 2024 Strategic Plan. Accessed July 30, 2020 at https://www.va.gov/oei/docs/va2018-2024strategicplan.pdf

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1.2 Provide greater choices for care across the VA system at facilities and through community care, virtual care, and collaborative opportunities.	**1.2.1** Expand Non-Institutional Care service, giving Veterans the choice to receive care in their home and community rather than in an institution.*
1.3 Provide increased care to diverse Veterans, including those who are underserved and in urban and rural settings.	**1.3.1** Promote and increase access to services for Veterans' mental health, women's health, and suicide prevention.*
1.4 Increase access to, and use of, a broad spectrum of services that support and encourage lifelong health and wellness.	**1.4.1** Increase customer satisfaction and experience by providing high-quality care and coordination.
Goal 2: Deliver comprehensive and integrated Whole Health care	
2.1 Integrate caregivers, families, and other support systems as key members of a Veteran's care team.	**2.1.1** Establish a high performing integrated delivery network.
2.2 Improve coordination, communication, and transparency across VHA Clinical Service Lines and Program Offices.	**2.2.1** Ensure an efficient governance structure and cooperative work across VISNs and Program Offices.*
2.3 Enhancing continuity of care by strengthening and building relationships with internal and external partners.	**2.3.1** Foster information exchange and organizational alignment with DoD, Military and Veteran Service Organizations, academic affiliates, and other partners to play key roles in Veterans' health care delivery.
Goal 3: Innovate as a learning and teaching organization	
3.1 Transform VHA into a High Reliability Organization, building a culture of shared ownership, accountability, and collaboration.	**3.1.1** Implement and embrace Just Culture principles and enable robust process improvement at all VHA facilities to achieve near-zero levels of harm.*
3.2 Increase communications that promote the use of learning tools and understanding of available resources to Veterans, employees, and stakeholders.	**3.2.1** Leverage online learning, blogs, and other media to improve organizational performance and knowledge sharing.
3.3 Integrate and leverage best practices and technological advances in health care into education and clinical practice.	**3.3.1** Develop knowledge translation program to move scientific research results into clinical care practice.
3.4 Conduct clinical research and provide health care-related data that benefit Veterans and the general public.	**3.4.1** Promote VHA as an authoritative thought leader in health care training and delivery.
Goal 4: Increase the efficient and effective use of resources across the enterprise	
4.1 Modernize and enhance business and health information systems.	**4.1.1** Modernize electronic health records.*
	4.1.2 Transform supply chain.*
	4.1.3 Transform the financial management system.*
4.2 Optimize the efficient use of physical resources and infrastructure development efforts.	**4.2.1** Advance the alignment of health care infrastructure needs through appropriate and timely implementation of market assessment recommendations.*
4.3 Provide a comprehensive and robust human resources structure that supports employee engagement and develops candidates from recruitment to retirement.	**4.3.1** Streamline and improve HR processes for recruitment, retention, employee incentives, development, and performance recognition.*

An asterisk beside a strategy indicates alignment to VHA's Eight Lanes of Effort

CRITICAL PORTFOLIO AREAS

As VA looks to the future, it has identified six critical portfolio areas where more structured strategies at an organizational level may facilitate the implementation and operation of VA's HPIDN. These areas are:
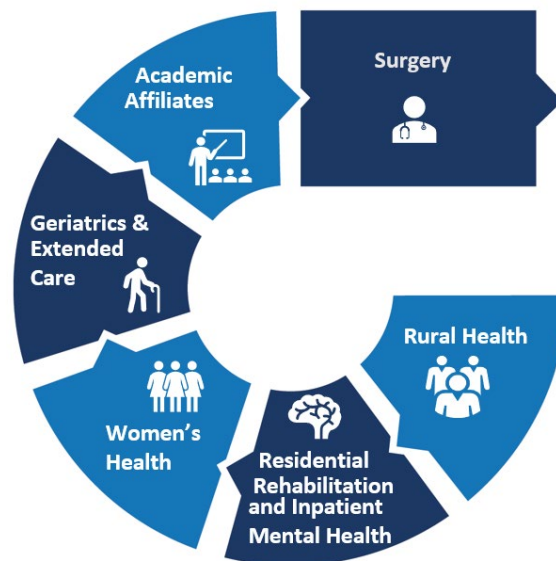
Figure 6.   **Six Critical Portfolio Areas**

VA will combine insight from the market assessments with in-depth analysis into each of these six areas to identify overarching national planning strategies, designed to drive planning of services across the country. These national planning strategies should lead to clinical thresholds[51] that will drive national decision-making. Variances in health equity will need to be considered and addressed as strategies and thresholds are constructed to ensure all Veterans have equitable access to the health care they need. To ensure access, quality, and safety of care are improved, these strategies will be carefully reviewed and approved by VA leadership.

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[51] The rationale for establishing thresholds is rooted in the belief that where a VA service falls below the identified thresholds, quality, patient safety, or operational efficiency may be compromised. Thresholds by themselves are not intended to make any specific recommendations and no one threshold will be the single driver of opportunities. Factors, in addition to clinical thresholds, should be carefully considered when making decisions.

CRITICAL PORTFOLIO AREA 1: RURAL HEALTH

OPPORTUNITY

Over 4.7 million Veterans live in rural areas with limited access to health care services.[52] A higher percentage of rural Veterans are enrolled in VA care as compared to urban Veterans, yet rural Veterans often experience difficulties accessing VA services. They often live farther than 30 miles from the nearest VA care facility and have difficulty engaging in VA virtual care due to limited internet access and cell phone service.

WHAT VA IS DOING

VA is working to ensure that rural Veterans have increased access to VA care and that support is provided to them in a more seamless manner. VA with their partners in the Office of Connected Care, Office of Primary Care, Geriatrics and Extended Care, Office of Veteran Access to Care currently runs numerous programs designed to ensure that rural Veterans receive the care they deserve, [53] including:

1. **Project Accessing Telehealth through Local Area Stations (ATLAS):** VA partnered with Philips, the American Legion, Walmart, and Veterans of Foreign Wars (VFW) to set up virtual telehealth clinics within the Walmart, VFW and American Legion posts throughout the U.S.[54] This allows Veterans to be examined at their local posts through virtual appointments with medical professionals across the Nation, saving Veterans travel time and expense.[55]

2. **Home Based Primary Care:** This program provides home-based health care services to eligible Veterans who have complex health needs and for whom routine clinic-based health care is not effective or accessible. These services include primary care visits, care management, social work, rehabilitation, psychology, nutrition, and pharmacy.[56]

3. **Clinical Resource Hubs (CRH):** These VISN hubs across the country provide primary, mental health, and specialty care all Veterans including those in rural and underserved areas. The CRHs utilize web-based video conference services and mobile device applications to bring together

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[52] Department of Veterans Affairs. (2020). Office of Rural Health. Accessed on October 13, 2020 at https://www.ruralhealth.va.gov/aboutus/ruralvets.asp

[53] Department of Veterans Affairs. (2020). Office of Rural Health. *Enterprise Wide Initiatives*. Accessed on October 13, 2020 at https://www.ruralhealth.va.gov/providers/Enterprise_Wide_Initiatives.asp

[54] Department of Veterans Affairs. (2020). *Connected Care: VA and ATLAS*. Accessed on October 27, 2020 at https://connectedcare.va.gov/partners/atlas

[55] Philips. *Project Atlas*. Accessed October 15, 2020 at https://www.usa.philips.com/healthcare/government/our-approach/partnerships-and-collaborations/atlas

[56] Department of Veterans Affairs. (2020). Office of Geriatrics and Extended Care. *Home Based Primary Care*. Accessed on October 15, 2020 at https://www.va.gov/geriatrics/pages/Home_Based_Primary_Care.asp

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teams of providers, ultimately increasing health care access and improving the quality of health care for rural Veterans.[57, 58]

4. **Clinical Contact Centers: My HealtheVet and VA Telehealth** These services offer Veterans the option to utilize to receive answer calls to their health questions and concerns, and get their health questions or concerns answered from the comfort and convenience of their home, or wherever they may be. These initiatives enhance VA's commitment to comprehensive care at a medical center, Veterans will have 24/7 access to scheduling and administration, virtual clinic visits, pharmacy, and clinical triage. By December 31, 2021, each VISN or Consortia will offer these services on a 24/7 basis, as is currently being done in VISN 8.[59]

5. **National Digital Divide Consult Process**: VA has finished implementing the national digital divide consult process within the electronic health record to assess Veteran technology needs. The consult will be used by providers to identify Veterans who would benefit from access to connected care technologies but lack access to the technology or internet connection necessary to participate. Through this consult, VA intends to help Veterans leverage benefits available from VA, other federal agencies, and the private sector to access what they need to connect remotely with VA services.[60]

LOOKING FORWARD

VA wants to ensure that Veterans can thrive in rural communities by improving their health and well-being through research, innovation, and the dissemination of best practices. To accomplish this, the Office of Rural Health (ORH) is implementing the following strategies designed to improve rural Veterans' access to high-quality, timely care:[61]

1. **Promote Joint Federal and Community Care Solutions for Rural Veterans**: VA will collaborate with commercial entities and federal agencies to exchange information about rural areas, which will help design health care solutions targeted towards rural populations. VA will partner with organizations to support the unique needs of rural Veterans. ORH will also expand its partnership and programming reach to provide new care options.

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[57] Department of Veterans Affairs. (2020) Clinical Resource Hubs. Accessed on October 16, 2020 at https://www.ruralhealth.va.gov/docs/VRHRC_FactSheet_102819_FINAL508.pdf

[58] Department of Veterans Affairs. (2020). Office of Rural Health. *The Rural Connection*, Summer 2019. Accessed October 16, 2020 at https://www.ruralhealth.va.gov/docs/news/ORH_Newsletter_Summer2019_FINAL.pdf

[58] Department of Veterans Affairs. (2020). *Clinical Contact Center Ready to Answer Veterans' Questions*. VAntage Point Blog. Accessed on October 22, 2020 at https://www.blogs.va.gov/VAntage/70771/clinical-contact-center-ready-answer-veterans-questions/

[59] Department of Veterans Affairs. (2020). *Clinical Contact Center Ready to Answer Veterans' Questions*. VAntage Point Blog. Accessed on October 22, 2020 at https://www.blogs.va.gov/VAntage/70771/clinical-contact-center-ready-answer-veterans-questions/

[60] Department of Veterans Affairs. (2020). Department of Veterans Affairs Responses to Questions from Chairwomen Susie Lee and Julie Brownley of the House Subcommittees on Technology Modernization and Health.

[61] Department of Veterans Affairs. Office of Rural Health. ORH 2020-2024 Strategic Plan. Accessed on October 15, 2020 at https://www.ruralhealth.va.gov/docs/ORH_2020-2024_Strategic-Plan_FINAL.pdf

2. **Reduce Rural Health Care Workforce Disparities**: VA will explore the characteristics of the current rural health care workforce. ORH will identify workforce challenges and identify solutions to ensure better access to health care services in rural areas.

3. **Enrich Rural Veteran Health Research and Innovation:** VA will increase rural Veteran health research to identify and innovate new models of care for Veterans who live in rural communities.

CRITICAL PORTFOLIO AREA 2: RESIDENTIAL REHABILITATION & INPATIENT MENTAL HEALTH SERVICES

OPPORTUNITY

VA's Residential Rehabilitation Treatment Program (RRTP) provide behavioral health services (including inpatient mental health and substance abuse treatment services). Behavioral health services are critical for Veterans, especially those transitioning from military service. The majority of Veteran suicide first attempts occur shortly after military separation, and risk for suicide remains elevated several years after transition. [62] Overall demand for inpatient mental health services is also expected to increase over the next 10 years. [63]

WHAT VA IS DOING

VA's highest priority is the health and wellbeing of Veterans. VA is committed to providing timely access to high-quality, recovery oriented, evidence based behavioral health care that anticipates and responds to Veteran needs and supports the reintegration of returning service members into their communities. These services include:

1. **Mental Health Residential Rehabilitation Treatment Programs**: VA's Mental Health Residential Rehabilitation Treatment Program (MH RRTP) provides intensive specialty treatment for mental health and substance use disorders (SUDs), as well as co-occurring medical needs, homelessness, and unemployment. MH RRTPs identify and address Veterans' goals for rehabilitation, recovery, health maintenance, quality of life and community integration. VA currently operates over 250 MH RRTPs, many of which have specialized residential programs for the treatment of Post-Traumatic Stress Disorder (PTSD) and SUDs. [64]

2. **Intensive Community Mental Health Recovery Services** (ICMHR): Comprised of the Mental Health Intensive Case Management (MHICM), Rural Access Network for Growth Enhancement

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[62] Department of Veterans Affairs. (2019). From Science to Practice Issue Brief: Help with Readjustment and Social Support Needed for Veterans Transitioning from Military Service. Accessed July 29, 2020 at https://www.mentalhealth.va.gov/suicide_prevention/docs/Literature_Review_Military_Separation_508_FINAL_05-24-2019.pdf

[63] Department of Veterans Affairs. (2019). *Enrollee Health Care Projection Model, Psychiatry DRG Projections (2020-2030)*. Includes VA demand and non-VA utilization.

[64] Department of Veterans Affairs. (2020). VA Office of Mental Health and Suicide Prevention Guidebook. Accessed October 15, 2020 at https://www.mentalhealth.va.gov/docs/VA-Office-of-Mental-Health-and-Suicide-Prevention-Guidebook-June-2018-FINAL-508.pdf

(RANGE), and Enhanced Rural Access Network for Growth Enhancement (E-RANGE), this program provides services for Veterans who have a serious mental illness. These programs provide access to intensive, recovery-oriented mental health services that enable them to live meaningful lives in their community of choice. ICMHR helps Veterans define and pursue a personal mission and vision, based on their self-identified strengths, values, interests, personal roles, and goals.[65]

3. **Veterans Crisis Line**: The Veterans Crisis Line connects Veterans and their caregivers with caring, qualified responders who can connect the Veteran in crisis with the resources they need. This free confidential resource can be accessed via phone call, text messaging, or online chat. When Veterans need more support, Veteran Crisis Line responders can refer them to a Suicide Prevention Coordinator (SPC) at their local VA medical center. SPCs follow-up and coordinate care for the issues that led to the crisis like post-traumatic stress disorder, depression, readjustment challenges, and sleeping problems.[66]

4. **Safe Opioid Prescribing Practices:** VA promotes safe opioid prescribing to enhance safety and care quality for Veterans. VA subject matter experts are developing eLearning training for community providers that reflects the latest medical evidence and incorporates the successes of VA's Opioid Safety Initiative. VA is also planning implementation of a software solution that will enable a bidirectional controlled substance prescription information exchange with State Prescription Drug Monitoring Program database. These initiatives are expected to be finalized before the end of 2021.[67]

LOOKING FORWARD

VA leads the nation in the provision of behavioral health services. VA's Office of Mental Health and Suicide Prevention (OMHSP) is constantly innovating and investigating new best practices, designed to provide Veterans with new treatment options. New initiatives under consideration include[68]:

1. **Expand Same Day Access to Mental Health Care in All Facilities and Community-Based Outpatient Clinics (CBOCs)**: VA is working closely with all VA facilities and CBOCs to ensure they have implemented primary-care/mental health integration, with a goal of having 60% of mental health appointments on the same day as primary care visits in FY 2021 when a Veteran is identified as having a mental health concern during a primary care appointment. The Office of

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[65] Department of Veterans Affairs. (2020). VA Office of Mental Health and Suicide Prevention Guidebook. Accessed October 15, 2020 at https://www.mentalhealth.va.gov/docs/VA-Office-of-Mental-Health-and-Suicide-Prevention-Guidebook-June-2018-FINAL-508.pdf
[66] Department of Veterans Affairs. (2020). Veterans Crisis Line. Accessed October 15, 2020 at https://www.veteranscrisisline.net/
[67] Department of Veterans Affairs. (2020). August 20, 2020 MISSION Act Update PowerPoint Presentation.
[68] Department of Veterans Affairs. (2020). Office of Mental Health and Suicide Prevention Long Range Planning Data Collection Excel Spreadsheet.

Mental Health and Suicide Prevention is working with facilities and VISNs to improve staffing for the Primary Care Mental Health Initiative (PCMHI) to ensure this goal is met.[69]

2. **Expand Community-Based Suicide Prevention Strategies**: VA will expand its partnerships to ensure Veterans have access to a wider range of suicide prevention programs. The Governor's Challenge, in which VA and the Substance Abuse and Mental Health Services Administration (SAMHSA) partner to establish state-wide suicide prevention efforts using a public approach, will be expanded to all 50 states. VA will also expand its VISN suicide prevention community pilots to operate at four VISNs.[70]

3. **Communicate VA's Advancements in Leveraging Technology to Improve Health and Wellbeing of Veterans**: VA will create quarterly communications to ensure that key stakeholders are aware of VA's tools to prevent suicide and promote their health and wellbeing, including REACH-Vet, mobile apps, and telehealth. These communications will be targeted to four stakeholder groups: Veterans, Veterans Service Organizations (VSOs), VA mental health staff, and non-VA mental health community.[71]

4. **Implement a Standardized Screening and Assessment Process**: VA will drive the implementation of standards for suicide prevention screening as an essential and immediate element in triaging of care across VA's HPIDN. VA will continue working with VISN and facility leadership to support implementation and ensure that comprehensive suicide risk evaluation is used in 100% of settings in which screening/evaluation is mandated.[72]

5. **Military Sexual Trauma (MST)**: VA uses the term MST for sexual assault or sexual harassment that occurs during military service. Anyone can experience MST, and it can continue to affect a person's mental and physical health, even many years after the incident. Every VA facility has a designated MST Coordinator who serves as an advocate to help Veterans find and access VA and community services and programs. VA facilities also have providers who are knowledge about treatment for the aftereffects of MST, including specialized outpatient mental health services focusing on sexual trauma. To accommodate Veterans who do not feel comfortable in mixed-gender settings, some facilities throughout VA have separate programs for men and women.[73]

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[69] Department of Veterans Affairs. (2020). Office of Mental Health and Suicide Prevention Long Range Planning Data Collection Excel Spreadsheet.
[70] Department of Veterans Affairs. (2020). Office of Mental Health and Suicide Prevention Long Range Planning Data Collection Excel Spreadsheet.
[71] Department of Veterans Affairs. (2020). Office of Mental Health and Suicide Prevention Long Range Planning Data Collection Excel Spreadsheet.
[72] Department of Veterans Affairs. (2020). Office of Mental Health and Suicide Prevention Long Range Planning Data Collection Excel Spreadsheet.
[73] Department of Veterans Affairs. (2020). Military Sexual Trauma. Accessed October 15, 2020 at https://www.womenshealth.va.gov/WOMENSHEALTH/trauma.asp

OPPORTUNITY

The number of women Veterans is increasing and by 2045, women Veterans will make up 18% of the Veteran population.[74] Women Veterans also represent an increasing share of VHA patients.[75] When compared to their male counterparts, women Veterans are younger, with distinct health needs.[76] However, the growth of women Veterans in the 55-64 age group indicates that VA must be positioned to address the needs of an aging women Veteran population.[77]

WHAT VA IS DOING

VA continues to invest in programs dedicated to the specialized needs of women Veterans to promote their long-term health and well-being. These programs include:

1. **Women Veterans Health Program:** VA has enhanced provision of care to women Veterans by focusing on the goal of developing Women's Health Primary Care Providers (WH-PCP) at every site where women access VA. VA has at least two WH-PCP at all of VA's health care systems. In addition, 90% of community-based outpatient clinics (CBOCs) have a WH-PCP in place. VA has trained over 4700 primary care providers in women's health mini-residency since 2008.[78]

2. **Women Veterans Call Center**: VA established the Women Veterans Call Center (WVCC) to provide women Veterans, their families, and caregivers with information about VA services and resources. Trained staff are ready to respond to questions and concerns about benefits, eligibility, and services specifically for women Veterans. Women Veterans can choose the most convenient way to connect with the WVCC, which can be reached via phone call, text messaging, and online chat.[79]

3. **Maternity Care Coordinators**: To support pregnant Veterans, VA offers maternity care coordination at every VA. Maternity Care Coordinators are ready to support women Veterans at each stage of their pregnancy and can assist with navigating health services inside and outside of VA and connect them without outside resources to provide care after delivery, pregnancy loss, or for non-pregnancy related health concerns.[80]

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[74] Department of Veterans Affairs. (2018). VetPop2016, *Veteran Population Tables, 2016-2046*.
[75] Department of Veterans Affairs. (2019). Office of Women's Health Services 2019-2022 Strategic Plan.
[76] Department of Veterans Affairs. (2019). Office of Women's Health Services 2019-2022 Strategic Plan.
[77] Department of Veterans Affairs. (2019). Office of Women's Health Services 2019-2022 Strategic Plan.
[78] Department of Veterans Affairs. (2020). Office of Women Health Services: Overview of Women Veterans Health Program. Received on October 22, 2020.
[79] Department of Veterans Affairs. (2020). Women Veterans Call Center. Accessed at October 15, 2020 at https://www.womenshealth.va.gov/WOMENSHEALTH/programoverview/wvcc.asp
[80] Department of Veterans Affairs. (2020). Maternity Care Coordination. Accessed at October 15, 2020 at https://www.womenshealth.va.gov/WOMENSHEALTH/OutreachMaterials/GeneralHealthandWellness/maternity.asp

VA's Office of Women's Health Services (WHS) will continue fulfilling its mission of achieving a fully integrated, patient-centered approach to delivering comprehensive care to women Veterans in a sensitive and safe environment. To that end, WHS will implement the following strategies:[81]

1. **Accelerate High Quality, Patient Driven Women's Health Care**: VA will continue to address issues such as access, equity, provider training, and infrastructure to ensure that women Veterans receive the highest quality care. This care begins with the provision of comprehensive primary care to women Veterans, delivered by a designated women's health provider who is proficient in women's health to ensure care delivery encompasses general and gender-specific care. This care will be coordinated and delivered in a safe, sensitive environment.

2. **Deliver Care that is Seamless and Collaborative**: VA will strategically collaborate across the organization and with external partners to improve the scope of services and care delivery for women Veterans. This care will be carefully tailored to the needs of women Veterans. WHS seeks to bring together those stakeholders who have an active interest in strengthening and optimizing health infrastructure, processes, and policies for women Veterans to provide new care options. In addition, VA will continue working to modernize VHA's electronic health record and the expansion of Community Care, which women Veterans use at a higher rate than their male counterparts.[82, 83]

3. **Transform Culture through Employee Accountability for Women Veterans' Experience**: Transforming VA culture is essential to making women Veterans feel welcome, so they choose VA for their health care needs. VA will continue to emphasize employee accountability through staff training on how to be respectful and sensitive to the unique needs, contributions, and value of women Veterans. Cultural transformation also includes educating staff and providers on gender-specific issues, thus ensuring an improved health care delivery experience for women Veterans. VA will continue creating and distributing communications, tools, and protocols to support staff in addressing women Veteran needs.

4. **Lead Women's Health Care in the Nation**: VA strives to be recognized as a national leader in women's health care. This is especially important as VA continues to experience unprecedented growth in the number of VA health care users who are women. As the women Veteran population continues to increase, VA will collaborate with researchers to understand the impact of military service on women Veterans and how health needs of women Veterans differ from their male counterparts. As a result, care for gender specific conditions, innovative treatment solutions, and

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[81] Department of Veterans Affairs. (2019). Office of Women's Health Services 2019-2022 Strategic Plan.
[82] In all age groups and all years, higher proportions of women than men Veteran VHA patients received some services through Purchased Care. For example, in FY15, 37% of women versus 23% of men used Purchased Care.
[83] Department of Veterans Affairs. (2018). Sourcebook: Women Veterans in the Veterans Health Administration, Volume 4: Longitudinal Trends in Sociodemographics, Utilization, Health Profile, and Geographic Distribution. Accessed on October 28, 2020 at https://www.womenshealth.va.gov/WOMENSHEALTH/sourcebookvol4onlineappendix.asp

improved service delivery provided by VHA to women will serve as a model for other health institutions.

CRITICAL PORTFOLIO AREA 4: GERIATRICS AND EXTENDED CARE

OPPORTUNITY

As Veterans age, VA provides institutional and non-institutional services that support their whole health and independence, helping them maintain physical and mental acuity as well as quality of life. The number of Veteran enrollees 75 years old or older is expected to increase 43% by 2025, leading to a projected increase in need for geriatric and extended care services.[84]

WHAT VA IS DOING

VA understands the importance of maintaining quality of life and independence for maturing Veterans. To that end, VA has created an extensive portfolio of services for aging Veterans, designed to provide flexible levels of care that change alongside Veteran needs. These services include:[85]

1. **Choose Home**: This program allows Veterans facing institutionalization or death to stay in the comfort of their homes while they receive care, rather than moving to an unfamiliar place. It weaves together VA services to provide comprehensive support for Veterans including adult day health care, home-based primary care, purchased skilled home care, respite care, home hospice care, home maker and home health aide, medical foster home, and Veteran- directed home and based community services. VA services are combined with support from other governmental agencies (including, DoD, HHS, HUD, and state and local governments) as well as from community organizations (including transportation services, VSOs, faith-based organizations, and academic affiliates).[86]

2. **Remote Patient Monitoring**: Aging Veterans may have difficulty keeping clinic appointments. VA's Remote Patient Monitoring – Home Telehealth (RPM-HT) program allows Veterans to use innovative telehealth technologies to collect and send their health data, like vital signs, to their care team. VA Care Coordinators will provide eligible Veterans with medical devices or mobile devices that fit their needs, as well as training on how to use them. An RPM-HT Care Coordinator will contact providers and other members and services of the Veteran's care team to help

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[84] Department of Veterans Affairs. (2020). VHA Office of Geriatrics and Extended Care: FY2020-2025 Program Strategy, Programs, and Goals.

[85] For additional information on the services VA provides to aging Veterans, visit VA's Office of Geriatrics and Extended care website at https://www.va.gov/GERIATRICS/index.asp.

[86] Department of Veterans Affairs. *VA's Choose Home Partners*. Accessed on October 15, 2020 at https://www.va.gov/HEALTHPARTNERSHIPS/docs/OCE_CCI-014_ChooseHomeInfographic.pdf

coordinate care based on Veteran need, including new treatments, clinic appointments, and hospital admissions as the need arises.[87]

3. **Caregiver Support**: Family caregivers play an important role in caring for Veterans at home and in the community. VA provides a wide range of resources to Veteran caregivers, including education and training, support services, and access to VA home and community-based care.[88] VA offers enhanced clinical support for caregivers of eligible Veterans who are seriously injured.[89]

LOOKING FORWARD

VA will empower aging Veterans to choose how they receive care, focusing on four key principles of an age-friendly health system: what matters, medication, mentation, and mobility. In addition, VA will provide a system structure that is flexible to meet current and future needs, while collaborating with partners to ensure aging Veterans have access to the best health care options possible. VA's Office of Geriatrics and Extended care will focus on three objectives across FY2020-2025 to provide the best possible care for these Veterans:[90]

1. **Enhance Access to Care**: Telehealth and predictive analytics can improve access to care by delivering the right care to the right Veteran at the right time. VA will develop VISN-level strategies for geriatrics and extended care and staffing, based on FY20 supply and demand analysis and additional data analysis, to ensure it is meeting regional, fluctuating Veteran demand for care. VA will also expand access to primary care and geriatrics consultations via telehealth.

2. **Expand Home and Community Based Services (HCBS)**: Home-based services help Veterans delay institutional care and receive services in a setting they know and are comfortable with. VA will expand home and community-based health care services for mature Veterans to ensure more Veterans can receive care outside of a clinical setting.

3. **Provide Whole Health and "Age-Friendly" Care"**: VA will become the largest age-friendly health care system in the U.S. by fostering Veteran independence and enhancing autonomy while focusing on their comprehensive health needs. VA will also analyze Veterans currently receiving care in institutions to see which Veterans might be eligible to receive care from home or community-based services, without compromising their treatment plan.

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[87] Department of Veterans Affairs. VA Telehealth. At Home. Accessed on October 15, 2020 at https://telehealth.va.gov/type/home.
[88] Department of Veterans Affairs. (2020). Office of Geriatrics and Extended Care. Program of General Caregiver Support Services Fact Sheet. Accessed on October 15, 2020 at https://www.caregiver.va.gov/docs/PGCSS_Fact_Sheet.pdf
[89] Department of Veterans Affairs. (2020). Office of Geriatrics and Extended Care. Veterans Affairs Program of Comprehensive Assistance for Family Caregivers Expansion Fact Sheet. Accessed on October 15, 2020 at https://www.caregiver.va.gov/pdfs/MIssionAct/ExpansionFactsheet_Chapter2_Launch_Approved_Final_100120.pdf#
[90] Department of Veterans Affairs. (2020). Office of Geriatrics and Extended Care. Vision and Strategies PowerPoint Presentation.

CRITICAL PORTFOLIO AREA 5: ACADEMIC AFFILIATES

OPPORTUNITY

VA has been collaborating with academic affiliates (AAs) for more than 70 years and this has played a crucial role in improving Veteran health care and strengthening clinician training in the U.S.[91] Nearly 70% of physicians in the U.S. receive a portion of their medical training at VA facilities,[92] while roughly one-third of the organization's physician workforce (11,500 full-time equivalent employees) is comprised of medical residents from VA's Graduate Medical Education (GME) program workforce.[93] As demand for training and care changes, VA has the opportunity to explore its long-standing relationship with AAs in order to maximize benefits to both parties, optimize clinician training, advance research, enhance Veteran health care, and build a more robust physician workforce pipeline.[94]

WHAT VA IS DOING

VA is working to optimize its relationships with its academic affiliates and engage more meaningfully with them in order to provide the best care for Veterans. The Office of Academic Affiliations (OAA), in collaboration with other offices, is adopting numerous initiatives to address bigger issues that impact VA care as well as the landscape of health care in the country. These efforts include:

1. **GME Portfolio Expansion:** The Veterans Access, Choice, and Accountability Act of 2014 allowed VA to increase the number of graduate medical education (GME) physician residency positions by up to 1,500 over a ten-year period, with an emphasis on primary care, mental health, and other specialties the Secretary deemed appropriate. Two thirds of the 1400+ positions awarded thus far are in primary care (internal medicine, family medicine and geriatrics) and mental health (psychiatry and sub-specialties).[95] The Office of Academic Affiliations, in partnership with the Office of Mental Health and Suicide Prevention, has also been engaged in a six-year, phased expansion of mental health training positions in VA. Since 2012, mental health training has expanded by over 750 positions, and several facilities, which did not previously provide training, have initiated programs**.**

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[91] Department of Veterans Affairs. (2020). Office of Academic Affiliations. *70th Anniversary of Academic Affiliations*. Accessed October 27, 2020 at https://www.va.gov/OAA/OAA_70th_Anniversary.asp

[92] Department of Veterans Affairs. (2020). Office of Academic Affiliations. *70th Anniversary of Academic Affiliations*. Accessed October 27, 2020 at https://www.va.gov/OAA/OAA_70th_Anniversary.asp

[93] Department of Veterans Affairs. (2020). Office of Academic Affiliations. (2020). Received on October 22, 2020.

[94] Title IV of MISSION Act requires the development of criteria to designate VA Medical Centers as underserved facilities and a plan to address their needs. Through this, a pilot program has been initiated that enables VA‑paid residents to provide care in "covered" federal facilities outside of the traditional VA campus. Residents will train in facilities of the Indian Health Service, tribal health care organizations, or designated underserved VA areas, increasing the current health care workforce, as well as creating a new workforce pipeline. Recommend removal of this footnote- it is now addressed in the narrative.

[95] Department of Veterans Affairs. Office of Academic Affiliations. (2020). Accessed on October 14, 2020 at https://www.va.gov/OAA/Expanding_GME.asp

2. **Veterans Healing Veterans Medical Access and Scholarship Program (VHVMAS)** [96]**:** As part of a strategy to hire and retain Veterans in the VA physicians workforce while increasing diversity of physicians, VA is implementing this scholarship program, included in the MISSION Act, that financially supports Veteran medical students in exchange for a four-year service obligation at a VA facility.[97] In 2020, VA awarded 12 Veterans with this scholarship.

3. **Specialized Scholarships and Programs:** VA is addressing staffing shortages through the introduction of programs such as the Health Professional Scholarship Program[98] and the Specialty Education Loan Repayment Program. [99] Both programs provide financial incentives through scholarships for students or loan reimbursement for health care professionals in exchange for service at a VA facility for a set amount of time.

LOOKING FORWARD

A key feature of an HPIDN is the comprehensive network of providers that partner seamlessly with VA to deliver consistent, high-quality care to Veterans. OAA is working to maximize the benefits of collaboration between VA and AAs by:

1. **Improve Efficient Use of VA Resources:** VA will investigate how it can work with AAs to jointly leverage physical resources to improve care delivery to Veterans, while identifying other opportunities to create synergies in care provision and clinical research.

2. **Measure Value Proposition of Research and Innovation:** VA will measure the affiliate's research value proposition by considering the amount of research funds allocated and the alignment of the resulting research to health outcomes in Veterans.

3. **Lead the Transformation of Medical Education:** Given VA's heavy investment in telehealth and increased utilization through this pandemic, it is well-positioned to shape GME training in telehealth. VA will implement GME that focuses on the industry-wide shift towards new modalities of care delivery, particularly telehealth.

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[96] The programs include the Veterans Healing Veterans Medical Access and Scholarship Program (VHVMASP), the Health Professions Scholarship Program (HPSP), and the Specialty Education Loan Repayment Program (SELRP).
[97] Department of Veterans Affairs. (2020). *Veterans Healing Veterans Scholarship Provides Medical Education for Veterans*. VAntage Point Blog. Accessed on October 16, 2020 at https://www.blogs.va.gov/VAntage/71227/veterans-healing-veterans-scholarship-provides-medical-education-veterans/
[98] Department of Veterans Affairs. (2020). *VA Careers. Education Support. Health Professional Scholarship Program*. Accessed on October 16, 2020 at https://www.vacareers.va.gov/Content/Documents/Print/VACareers_HPSP_2020_V2.pdf
[99] Federal Register. (2019). Specialty Education Loan Repayment Program. Accessed on October 16, 2020 at https://www.federalregister.gov/documents/2019/12/26/2019-27511/specialty-education-loan-repayment-program

OPPORTUNITY

Within the health care industry, inpatient procedures are increasingly being performed in an outpatient setting. This trend is seen within VA, where 80% of VA's surgical volume is now comprised of outpatient surgeries. Through the shift from inpatient to outpatient surgery, VA has an opportunity to continue to improve outcomes and value for Veterans.

WHAT VA IS DOING

VA's National Surgery Office (NSO) is working diligently to keep line with changing clinical and patient preference trends in surgical practices. NSO is diligently monitoring surgical quality and outcomes data as well as surgical program evaluation data[100] within VA to identify strengths as well as any gaps or needs within the program. Current initiatives include:

1. **Veterans Affairs Surgical Quality Improvement Program:** VA has developed the VHA Veterans Affairs Surgical Quality Improvement Program (VASQIP), combining two earlier quality programs[101] to monitor and evaluate the quality of health care provided by VA. This program specifically focuses on maintaining and collecting a compilation of mortality and morbidity standards for each type of surgical procedure performed by hospitals within VHA.[102]

2. **Quality Assurance through Subject Matter Experts:** VA is ensuring that subject matter experts (SMEs) are included on various site visits and surgical advisory boards in order to improve the quality and outcomes of procedures and allow for increased participation of SMEs in evaluating programs within VA facilities.[103]

3. **Increase Surgical Program Transparency:** VA will promote the collection, analysis, and communication of surgery-specific information by continuing to publish the annual National Surgery Office Annual Report. This report, designed for VA leadership and Program Office reference, provides an overview of fiscal year program data from a national and regional perspective.

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[100] Evaluations and review of surgical programs are done through site visits that are conducted by a team (comprised of NSO staff, Surgery Advisory Board (SAB) members, VISN Chief Surgery Consultants (VCSCs), and other subject matter experts) for quality assurance and to facilitate process change to improve outcomes.

[101] The National Surgical Quality Improvement Program (NSQIP), and the Continuous Improvement in Cardiac Surgery Program (CICSP). In 2001, the American College of Surgeons adopted NSQIP for their risk adjusted quality program, and it has historically been recognized as best practice internationally.

[102] Department of Veterans Affairs. (2019). Veterans Health Administration Directive 1102.01(1): National Surgery Office. April 24, 2019. Accessed October 18, 2020 at https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=8305

[103] Department of Veterans Affairs. (2019). Veterans Health Administration Directive 1102.01(1): National Surgery Office. Pg. 15. April 24, 2019. Accessed October 18, 2020 at https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=8305

VA is constantly investigating ways to advance its surgical program in order to ensure Veterans receive the highest quality health care. The NSO has planned the following initiatives to increase transparency, improve care delivery, and promote innovation:[104]

1. **Develop and Refine Surgical Integrated Clinical Community (ICC):** NSO will support the development and execution of the Surgical ICC. This effort will promote an efficient and transparent communication structure for surgical services across VA and will include integrated metrics reporting as well as collaboration for operational oversight, policy development, and data stewardship.

2. **Promote Surgical Innovation:** VA will support surgery-related research by maintaining and supporting surgical related data availability through the National Data System's Data Access Request Tracker (DART) environment. By providing annual expanded research data sets, VA will increase utilization of data by VA researchers, ultimately increasing research projects and published study findings for ongoing quality improvement efforts and development of leading-edge practices.

3. **Best Practice Exchange**: NSO shares best practices and exchange of information with DoD to improve delivery of surgical services for service members and Veterans. VA will hold regular meetings with DoD surgical leadership, provide direct education, and share the VA Operative Complexity framework and model to support an environment of safe surgical services.

LOOKING FORWARD

NEXT STEPS

The HPIDN is VA's future state, designed to adapt to any change that comes its way. This network reflects VA's mission to provide compassionate, innovative, and high-quality health care. It champions Veteran empowerment and health equity to deliver on our promise to Veterans: accessible, quality, and value-driven care that Veterans trust. This network will leverage extensive partnerships and thoughtful care coordination to ensure that Veterans have access to a continuum of services no matter where they are located or how they choose to be served. The care we provide will be driven by data and evidence-based strategies, enabling adaptation to regional and national shifts in Veteran population and demand.

The COVID-19 pandemic encouraged an unprecedented level of integration and coordination among VA care providers and their external partners. In the face of this national emergency, VA has streamlined operations, including hiring practices and utilization of existing infrastructure, to overcome barriers to delivering care. The Department has also supported external partners in new ways, providing supplies and staff to outside medical facilities and opening its doors to non-Veteran patients. VA will build on

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[104] Department of Veterans Affairs. (2020). National Surgery Office Long Range Planning Data Collection Excel Spreadsheet.

these successes to usher in this next evolution in Veteran health care and continue supporting the health care needs of America.

To make the HPIDN a reality, VHA is deep in its long-range planning process, creating overarching goals, strategies, and milestones aligned to VA and VHA priorities. These strategic stepping-stones will pave the way to HPIDN implementation, as will the results of the market assessments. The special studies and reports that will ensue from the assessments will provide detailed, market-level insight on how VA can improve care delivery and balance infrastructure while ensuring a consistent Veteran experience and improved access to care.

VA is charting a continuing arc of transformation focused on delivering care to Veterans where, when, and how they would like to be served, and ensuring that Veterans' concerns, desires, and recommendations are reflected in the process. Beside its vast network of strategic partners, VA will drive the leading edge of progress for the benefit of Veterans and their families and caregivers. VA is evolving its health system and care delivery with the end goal of providing an unrivaled health care experience. America's Veterans deserve nothing less.

APPENDIX

APPENDIX A: ACRONYM GLOSSARY

Acronym	Definition
AA	Academic Affiliates
AHRQ	Agency for Healthcare Research and Quality
AIR	Asset and Infrastructure Review Commission
ASC	Ambulatory Surgery Centers
ATLAS	Project Accessing Telehealth Through Local Area Stations
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CARF	Commission on Accreditation of Rehabilitation Facilities
CBOC	Community Based Outpatient Clinic
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare & Medicaid Services
COVID-19	Novel Coronavirus Disease
DART	Data Access Request Tracker
DoD	Department of Defense
E-RANGE	Enhanced Rural Access Network for Growth Enhancement
EHCPM	Enrollee Health Care Projection Model
EHR	Electronic Health Record
EHRM	Electronic Health Records Modernization
FDA	Food and Drug Administration
FTE	Full Time Equivalent
FQHC	Federally Qualified Health Centers
FY	Fiscal Year
GDP	Gross Domestic Product
GME	Graduate Medical Education
HCAHPS	Hospital Consumer Assessment of Health Providers and Systems
HCBS	Home and Community Based Services
HEDIS	Healthcare Effectiveness Data and Information Set
HHS	Department of Health and Human Services
HPN	High Performing Network
HPIDN	High-Performing Integrated Delivery Network
HPT	VA Health Professions Trainees
HRO	High Reliability Organization
ICC	Integrated Clinical Communities
ICMHR	Intensive Community Mental Health Recovery Services
IDS	Integrated Delivery Systems
IHS	Indian Health Service
LTCI	Long Term Care Institute Inc.
LTSS	Long Term Services and Supports
MAHSO	Market Area Health System Optimization Assessments
MHICM	Mental Health Intensive Case Management
MH RRTP	Mental Health Residential Rehabilitation Treatment Program

Acronym	Definition
MISSION Act	Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018
NCQA	National Committee for Quality Assurance
NIH	National Institutes of Health
NLC	National Leadership Council
NCQA	National Committee for Quality Assurance
NSO	National Surgery Office
OAA	Office of Academic Affiliations
OEI	Office of Enterprise Integration
OHE	Office of Health Equity
OMHSP	Office of Mental Health and Suicide Prevention
OPES	Office of Productivity, Efficiency, and Staffing
ORH	Office of Rural Health
PACT	Patient Aligned Care Team
PCMHI	Primary Care Mental Health Initiative
PMR	Physical Medicine and Rehabilitation
PPE	Personal Protective Equipment
PTSD	Post-Traumatic Stress Disorder
RANGE	Rural Access Network for Growth Enhancement
RN	Registered Nurse
RRTP	Residential Rehabilitation Treatment Program
SAMHSA	Substance Abuse and Mental Health Services Administration
SME	Subject Matter Expert
SPC	Suicide Prevention Coordinator
SUD	Substance Use Disorder
TJC	The Joint Commission
TBI	Traumatic Brain Injury
U.S.	United States
VA	Department of Veterans Affairs
VA-TRE	VA-Trainee Recruitment Events
VA	Department of Veterans Affairs
VAMC	VA Medical Center
VASQIP	Veterans Affairs Surgical Quality Improvement Program
VEO	Veterans Experience Office
VHA	Veterans Health Administration
VHVMAS	Veterans Healing Veterans Medical Access and Scholarship Program
VIC	VA Innovation Center
VISN	Veteran Integrated Service Networks
VSignals	Veterans Signals
VSSC	VHA Support Service Center
VSO	Veterans Service Organization
VWF	Veterans of Foreign Wars
WH-PCP	Women's Health Primary Care Providers
WHS	Office of Women's Health Services
WVCC	Women Veterans Call Center

APPENDIX B: VA'S COVID-19 RESPONSE

The pandemic has been an agent for change, encouraging integration at all levels of VA. The VHA Office of Emergency Management created the COVID-19 Response Plan, outlining roles and responsibilities for every level of the organization in supporting our Nation's pandemic response. [105] VA has also established a nimble, multi-disciplinary team titled the COVID-19 Planning Cell to foster integrated responses to current and upcoming COVID-19 pandemic challenges. [106] This team spearheads seamless data-sharing, collaborative decision-making, long-term health resource planning, and most importantly, structures VA's care delivery so that it is able to proactively respond in any health care scenario.

The COVID-19 Planning Cell has addressed factors of health equity in their current response to the pandemic. The Office of Health Equity (OHE) continued analyses on the exacerbation of health disparities during this pandemic. Examination of the impact of these disparities on the most vulnerable Veterans has illuminated internal and external factors that create health inequities among the Veteran population. Current health equity research on disparities and social determinants in the face of the pandemic will yield strategies and processes that will optimize care delivery and address the goal of equity in the long-term.

Throughout the pandemic, VA has streamlined processes for hiring medical personnel and expanded access to care for Veterans. Between March 29th and July 1st, VA has onboarded nearly 23,823 new hires, of which 4,719 are registered nurses. [107] Hiring of staff has gone from a 90 day process to onboarding in as many staff in as few as three days during the pandemic, an improvement that will change VA's hiring practices for good. [108] VA has also expanded care access through technology. Since March 1st of this year, VA has seen a 1,131% increase in telehealth to home or off-site visits.

The COVID-19 pandemic has encouraged an unprecedented level of integration and coordination. VA has streamlined internal operations to overcome barriers to delivering care. The Department also supported external partners in new ways, providing community outreach and education, supplies, and staff outside VA facilities and opening its doors to non-Veteran patients. VA plans to build on these successes to usher in the next evolution in Veteran health care -the high-performing integrated delivery network- and continue supporting the health care needs of America.

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[105] Veterans Health Administration. (2020). COVID-19 Response Plan. Accessed September 1, 2020 at https://www.va.gov/opa/docs/VHA_COVID_19_03232020_vF_1.pdf

[106] Department of Veterans Affairs. (2020). *COVID-19 Planning Cell*. Microsoft PowerPoint Presentation. Accessed July 1, 2020.

[107] Department of Veterans Affairs. (2020). U.S. Department of Veterans Affairs COVID-19 Pandemic Response Weekly Report (July 20-July 27, 2020). Accessed July 29, 2020 at https://www.va.gov/health/docs/VA_COVID_Response.pdf

[108] Ogrysko, Nicole. (2020). Federal News Network. *'VA says onboarding changes made during the pandemic will 'change the way we hire forever'*. (May 19, 2020) Accessed July 29, 2020 at https://federalnewsnetwork.com/veterans-affairs/2020/05/va-says-onboarding-changes-made-during-the-pandemic-will-change-the-way-we-hire-forever/

APPENDIX C: VA STRATEGIC PLANNING PROCESS

The Vision Plan is VA's update to last year's Strategic Plan to Meet Health Care Demand (Strategic Plan). This document builds on the analysis provided in the Strategic Plan and details VA's desired future state, so that it can be implemented and aligned to future strategic initiatives.

The VHA Chief Strategy Office carefully aligned this plan to VA's ongoing strategic planning process to be successful in transforming VA into a high-performing integrated delivery network. This plan integrates key strategies from the VA Strategic Plan as well as goals and outcomes from the forthcoming Long-Range Plan to define a future state for Veteran health care. This plan also incorporates insight and initiatives from the VHA Modernization Plan as well as the Program Office and VISN Operating Plans.
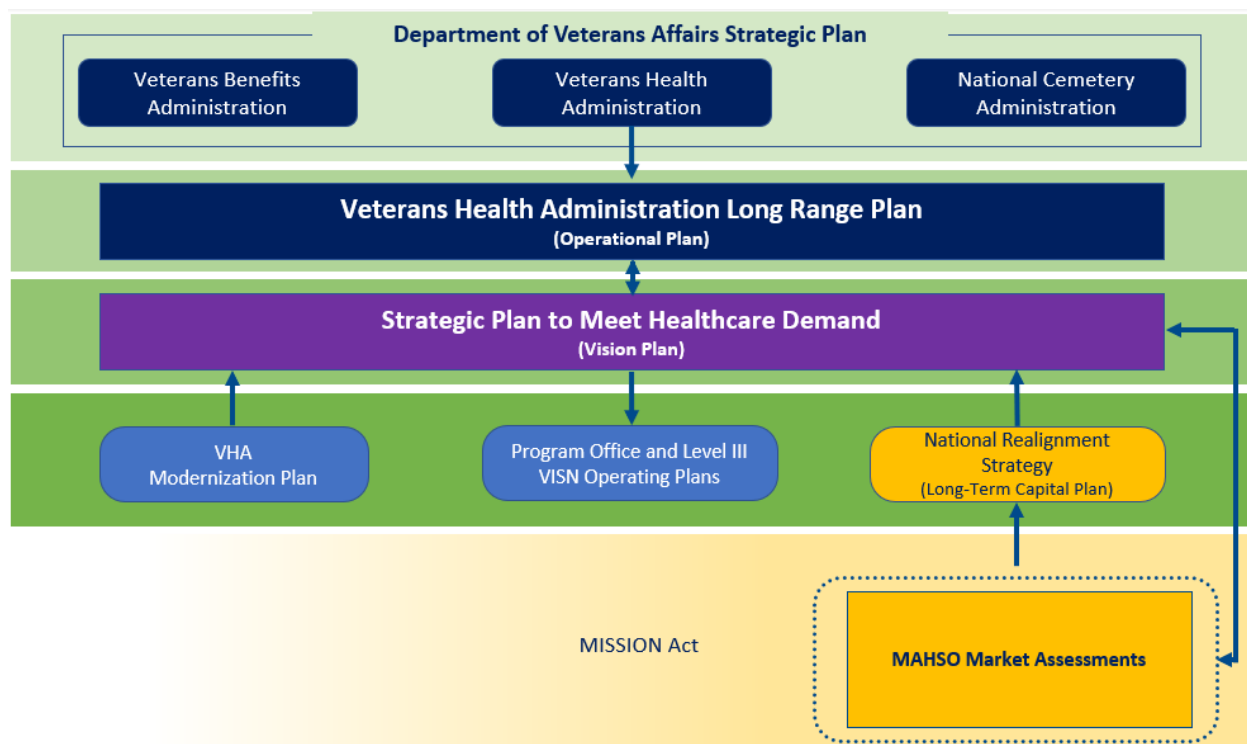
Figure 7.   VA Strategic Planning Process

In the future, VA will combine the Strategic Plan and the Vision Plan, ensuring one document moving forward. An updated version of this combined Strategic Plan will be provided to Congress every 4 years, as required by MISSION Act Section 106B. This plan will also be updated to incorporate and align to the National Realignment Strategy, the compilation of opportunities identified by the ongoing market assessments, as well as changes in VA strategy which would be reflected in subsequent VA Strategic Plans and VA Long-Range Plans.

APPENDIX D. METHODOLOGY AND UPDATES INCLUDED IN PLAN

METHODOLOGY

The VHA Chief Strategy Office, the Office of the Under Secretary for Health, the Office of Enterprise Integration, the Office of Construction and Facilities Management, and the Office of Connected Care collaborated with other key stakeholders to create this Vision Plan.[109] Stakeholders considered current VA supply of care (including access and quality of care), Veteran demand for care, and defined the high-performing integrated delivery network, taking into account both VA and commercial health care data. The analysis of care supply and demand was completed using data from the Enrollee Health Care Projection model (EHCPM) and Centers for Disease Control and Prevention (CDC) Veteran Health statistics, as well as other relevant VA data sources. Publicly available data, commercial benchmark health care data, as well as insight from subject matter experts, both internal and external to VA, were used to investigate market trends and define VA's high-performing integrated delivery network and associated strategic concepts. The concepts within this paper were socialized with VA senior leadership as well as with Veteran Service Organizations (VSOs) to ensure alignment with VA strategic initiatives as well as Veteran interests.

UPDATES INCLUDED IN THIS PLAN

The Vision Plan builds upon last year's Strategic Plan to Meet Health Care Demand, providing more detailed insight into the next step in VA's health care evolution: the high-performing integrated delivery network. This includes an in-depth examination of concepts critical to the network, including:
- Veteran Empowerment
- Veteran Experience
- Value in the Context of Veteran Care
- Health Equity

While the Strategic Plan to Meet Health Care demand provided a broad overview of the VA health care network, this Plan provides a more targeted view of VA as it pertains to MISSION Act Section 106b. These sections directly impact VA's continued journey to a high-performing integrated delivery network and include:
- VA's Fourth Mission Responsibilities, including COVID-19 response and impact on VA operations
- Updated analysis of:
  - Supply and Demand for VA care
  - Health care industry trends

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[109] Other offices within the VA were consulted, including the Office of Community Care, the Office of Population Health (including the Office of Health Equity), VHA Office of Human Capital, VHA Office of Academic Affiliations, VHA Office of Healthcare Transformation, VHA Office for Quality and Safety, VHA Office of Primary Care Operations, VHA Office of Finance, VHA Office of Health Informatics, VHA Office of the Chief of Staff, and VHA Office of Support Services.

- o Access and quality standards
- Exploration of health care priority areas that are critical to advancing VA's high-performing integrated delivery network

MISSION ACT

The VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (MISSION Act) gives Veterans greater access to health care in VA facilities and the community, expands benefits for caregivers, and improves VA's ability to recruit and retain the best medical providers.

MARKET AREA ASSESSMENTS

The Market Area Health System Optimization (MAHSO) project is an initiative to conduct market assessments for 96 of VA's health care markets. Section 106A of the MISSION Act defines the requirements for these market assessments, the results of which will provide analysis and insights that will inform national health care design. In accordance with the MISSION Act, these assessments will assist VA's ongoing effort to develop high-performing networks of care that will improve access and quality of care for Veterans across the country.

NATIONAL REALIGNMENT STRATEGY

The results of the market assessments will be consolidated into a National Realignment Strategy that considers opportunities across the country and their alignment with VA's national strategies and goals. This National Realignment Strategy, after extensive review from VISN stakeholders and VA leadership, will be submitted to the Asset and Infrastructure Review (AIR) Commission. Once the AIR Commission reviews and approves the National Alignment Strategy, work can begin on this next evolution in Veteran health care.

SECTION 203 CRITERIA

The requirements listed in Section 203 of the MISSION act were a key input to the HPIDN. These requirements are currently being used to create draft criteria that will help evaluate opportunities to modernize or realign VHA facilities. The requirements focus on providing effective and efficient access to high-quality care for Veterans, evaluating current infrastructure and resources to channel operational efficiencies when delivering care, and the impact on the health care mission of VA in terms of research, education and emergency preparedness.

The MISSION Act requires the final criteria to be published in the Federal Register no later than May 1, 2021. Once finalized, these criteria can't work in tandem. VA will use the work to make recommendations. These elements outlined in the Vision Plan, will help VA continue to implement its HPIDN.

AMERICA'S VETERANS: POPULATION CHARACTERISTICS, VHA CARE UTILIZATION, AND RELIANCE

The Veteran population is changing. Trends in Veteran demographics, morbidity, incidence of disease, and geographic distribution are changing overall demand for care as well as reliance on VA services. VA is monitoring these changes and is constantly evaluating its service offerings to identify how it can better meet Veterans health care needs and provide the high-quality service Veterans deserve.

VETERAN POPULATION

Veterans currently comprise over 6% of the U.S. population. While the overall number of Veterans is projected to decrease significantly, this does not lead to a decrease in total demand for care.

There are nearly 20 million Veterans in the United States (U.S.), representing approximately 6% of the U.S. population. [110, 111] Of the total Veteran population, over nine million Veterans are enrolled in VA care. Of these enrolled Veterans, about six million are active users of VA health care.[112]
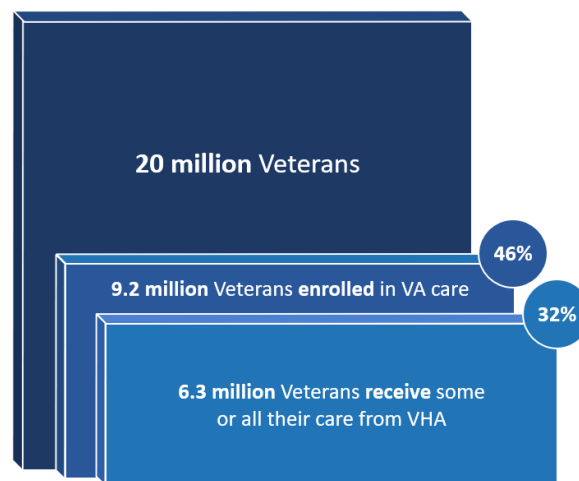
Figure 8. Users of VA Health Care Compared to Veteran Population (2019) [113, 114, 115]

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[110] Department of Veterans Affairs. (2020). VetPop2018, *Veteran Population Tables, 2018-2048*, Accessed July 29, 2020 at https://www.va.gov/vetdata/Veteran_Population.asp

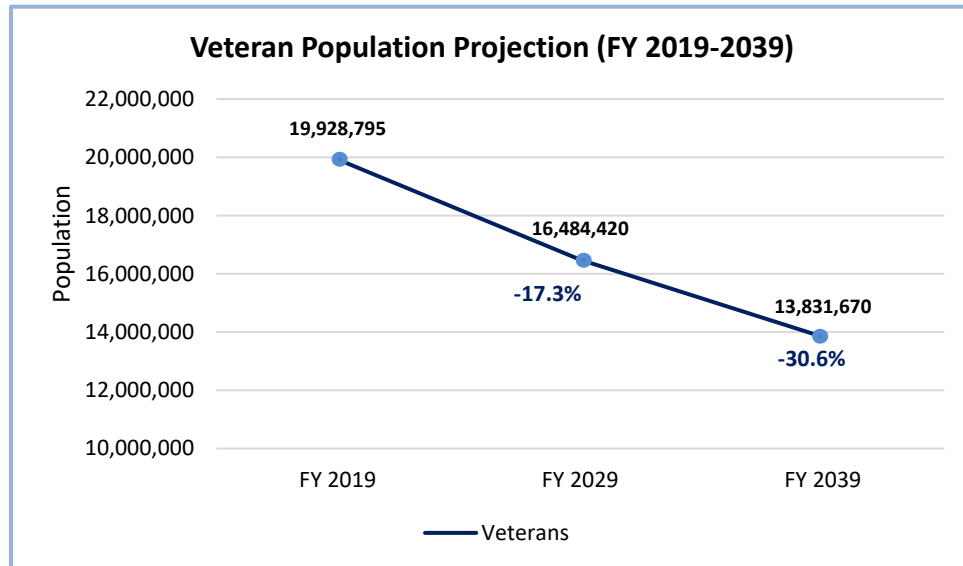[111] Census Bureau. (2020). *Population Clock*. Accessed July 7, 2020 at https://www.census.gov/popclock/

[112] Department of Veterans Affairs. (2020). FY2021 Budget In Brief. Accessed July 29, 2020 at https://www.va.gov/budget/products.asp

[113] Department of Veterans Affairs. (2020). VetPop2018, *Veteran Population Tables (Total Veteran Population), 2018-2048*, Accessed July 29, 2020 at https://www.va.gov/vetdata/Veteran_Population.asp

[114] Department of Veterans Affairs. (2020). FY2021 Budget In Brief (Veterans Eligible for Care, Veterans Receiving Care). Accessed July 29, 2020 at https://www.va.gov/budget/products.asp

[115] Not all of the 20 million Veterans are eligible for VA care. Of the 14 million who are eligible for care, 9.2 million of them are enrolled in VA care.

In the coming decades, the overall number of Veterans is set to decrease significantly. By 2039, the total Veteran population is projected to drop by over 30%.[116] This sharp decrease in overall population will be accompanied by a decrease in enrollment. Through 2037, VA is projected to experience a nearly 6% decrease in enrollment.[117]

Veteran Population Projection (FY 2019-2039)

	FY 2019	FY 2029	FY 2039
Veterans	19,928,795	16,484,420 (-17.3%)	13,831,670 (-30.6%)

Figure 9.   Projection of Veteran Population

While the Veteran population and enrollment is currently projected to decrease, demand for VA health care increases over time due to changing enrollee demographics and health care trends. Future demand can also be influenced by new policies, legislation, regulations, and external factors, such as economic recessions, that can impact enrollee reliance and cannot be anticipated. To continue delivering high-quality, accessible health care into the future, VHA's network needs to be adaptable to shifts in demand by leveraging partnerships.

VETERAN DEMOGRAPHICS

Changes in Veteran demographics are projected to increase demand for specific types of care.

The Veteran population is older than the overall U.S. population, a difference that is projected to continue in the coming decades. By 2030, nearly 50% of Veterans will be over the age of 65.[118] Currently, the majority of Veterans over 65 are male Veterans (96%); however, the number of women
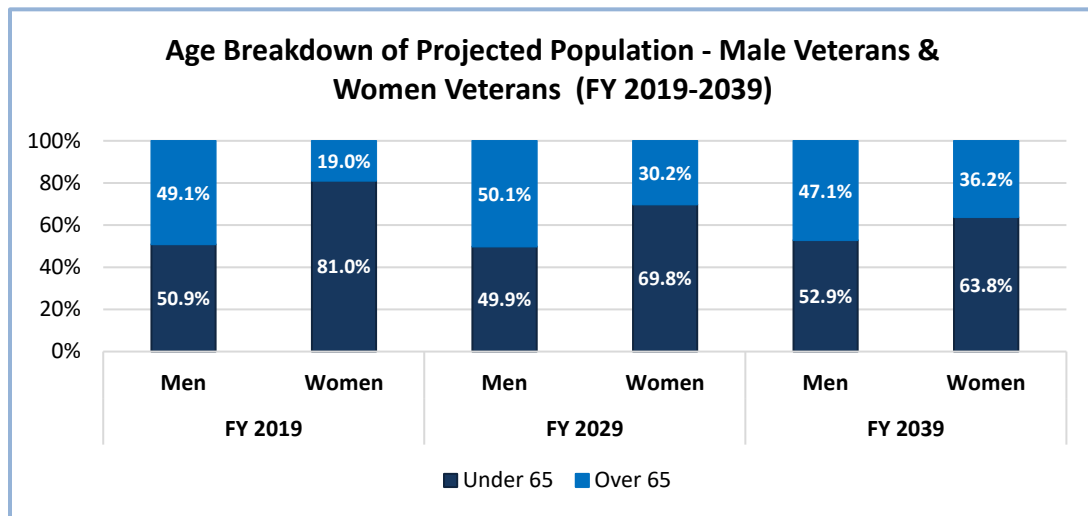
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[116] Department of Veterans Affairs. (2020). VetPop2018, *Veteran Population Tables, 2018-2048*, Accessed August 5, 2020 at https://www.va.gov/vetdata/Veteran_Population.asp

[117] Department of Veterans Affairs. (2018). Enrollee Health Care Projection Model. *National Veterans, Enrollees, and Patients, FY 2017-2037*.

[118] Department of Veterans Affairs. (2020). VetPop2018, *Veteran Population Tables, 2018-2048*, Accessed August 5, 2020 at https://www.va.gov/vetdata/Veteran_Population.asp

Veterans in this age bracket is projected to increase significantly in the coming decades. By 2039, 13% of Veterans over 65 will be women.[119]

Age Breakdown of Projected Population - Male Veterans & Women Veterans (FY 2019-2039)

	FY 2019		FY 2029		FY 2039	
	Men	Women	Men	Women	Men	Women
Over 65	49.1%	19.0%	50.1%	30.2%	47.1%	36.2%
Under 65	50.9%	81.0%	49.9%	69.8%	52.9%	63.8%

Figure 10.   Current and Projected Population of Veterans (FY 2019-2039)

Veterans over 65 are driving growth in long-term services and supports (LTSS) and other services generally not covered by private insurance or Medicare (e.g. hearing aids).[120] As the Veteran population ages, VA will prepare for an increase in demand for these services. Given the increase in women Veterans, particularly those over 65, VA can also expect a rise in demand for specialized women's health services.

Analysis of Veteran income level shows that younger Veterans, particularly women Veterans in the age bracket of 17-34, experience higher rates of poverty than their male counterparts.[121] These higher rates of poverty persist despite a lower Veteran unemployment rate. Certain service cohort groups have also displayed higher rates of poverty as compared to other cohorts. For example, Post-9/11 Veterans have an 8.9% poverty rate, while Korean War Veterans have a 5.6% poverty rate.[122] Unemployment and poverty reduce Veterans' health care options.

VA carefully monitors global events that may impact Veterans' job security and income, such as the novel coronavirus disease (COVID-19). COVID-19 has plunged the global economy into the deepest

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[119] Department of Veterans Affairs. (2020). VetPop2018, *Veteran Population Tables, 2018-2048*, Accessed August 5, 2020 at https://www.va.gov/vetdata/Veteran_Population.asp

[120] Department of Veterans Affairs. (2019). VHA Chief Strategy Office. VA Enrollee Health Care Projection Model. *Projections Supporting the 2021 VA Health Care Budget.* PowerPoint Presentation.

[121] Department of Veterans Affairs. (2016). *Profile of Veterans in Poverty: 2014:* pg. 4-7. Accessed July 29, 2020 at https://www.va.gov/vetdata/docs/SpecialReports/Profile_of_Veterans_In_Poverty_2014.pdf

[122] Department of Veterans Affairs. (2016). *Profile of Veterans in Poverty: 2014:* pg. 18. . Accessed July 29, 2020 at https://www.va.gov/vetdata/docs/SpecialReports/Profile_of_Veterans_In_Poverty_2014.pdf

recession since World War II.[123] With unemployment rates within the U.S. expected to remain above 10% for the foreseeable future, many Veterans may face long-term unemployment and a loss of health care coverage, which may increase demand for VA health care.[124]

Additional demographic characteristics that play a key role in influencing Veteran demand for care include: growth of the Post-9/11 Era Combat Veteran enrolled population, growth of the female enrolled population, increases in prevalence of service-connected conditions, and changes in enrollee income levels that combined are associated with transitions between enrollment priorities.[125]

MORBIDITY AND INCIDENCE OF DISEASE

The Veteran population that is enrolled for VA care has elevated morbidity. There is a higher percentage of Veterans with multiple chronic conditions when compared to the non-Veteran population. Specific Veteran sub-populations experience elevated rates of cancer and liver disease and develop arthritis earlier than their non-Veteran counterparts.

The Veteran population has elevated rates of disease (morbidity) compared to their non-Veteran counterparts.[126] While Veterans have similar incidence of selected studied diseases and chronic conditions when compared to non-Veterans, there is a slightly elevated number of individuals with multiple chronic conditions and diseases.[127] There is a direct relationship between increase in age and poverty with the prevalence of disease across the Veteran and non-Veteran populations. Additional patterns of relevance include:

- Veterans aged 60-64 have elevated levels of liver disease as compared to non-Veterans of the same age;
- Veterans experience arthritis far earlier than their non-Veteran counterparts;
- Veterans have higher rates of cancer than non-Veterans after age 50;[128] and
- Deployed Veterans and those living in a rural county have slightly increased incidence of chronic diseases.[129]

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[123] World Bank. (2020). *COVID-19 to Plunge Global Economy into Worst Recession since World War II.* Accessed on July 29, 2020 at https://www.worldbank.org/en/news/press-release/2020/06/08/covid-19-to-plunge-global-economy-into-worst-recession-since-world-war-ii

[124] Congressional Research Service. (2020). *COVID-19: U.S. Economic Effects.* Accessed July 29, 2020 at https://crsreports.congress.gov/product/pdf/IN/IN11388

[125] Department of Veterans Affairs. (2020) FY2021 Budget Submission. *Enrollee Health Care Projection Model: Actuarial Model Projections.* Accessed July 29, 2020 at https://www.va.gov/budget/products.asp

[126] Department of Veterans Affairs, (2019). Enrollee Health Care Projection Model. *Reliance Dashboard v.18.1.*

[127] Centers for Disease Control and Prevention. (2020). National Health Interview Survey. *Veterans Health Statistics Table: Tables of Veterans Health Statistics.* Accessed July 28, 2020 at https://www.cdc.gov/nchs/nhis/veterans_health_statistics/tables.htm
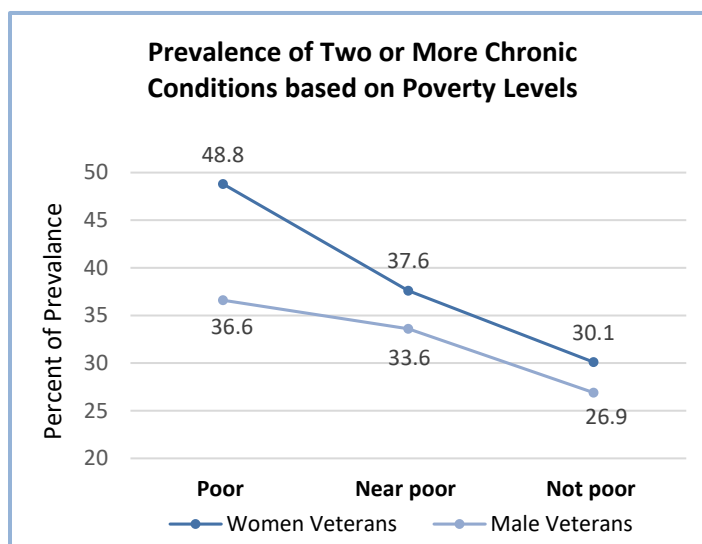
[128] Centers for Disease Control and Prevention. (2020). National Health Interview Survey. *Veterans Health Statistics Table: Table 6a. Crude and age-adjusted percentages (with 95% confidence intervals) of cancer among adults aged 20 and over, by Veteran status and other selected characteristics: United States, 2015-2018.* Accessed July 29, 2020 at https://www.cdc.gov/nchs/nhis/veterans_health_statistics/tables.htm

[129] Centers for Disease Control and Prevention. (2020). National Health Interview Survey. *Veterans Health Statistics Table: Table 3a. Crude and age-adjusted percent distribution (with 95% confidence intervals) of number of chronic conditions among adults aged 20 and over, by Veteran status and other selected characteristics: United States, 2015-2018.* Accessed July 28, 2020 at https://www.cdc.gov/nchs/nhis/veterans_health_statistics/tables.htm

Overall Incidence of Cancer Veterans and Non-Veterans (FY 2015-2018)
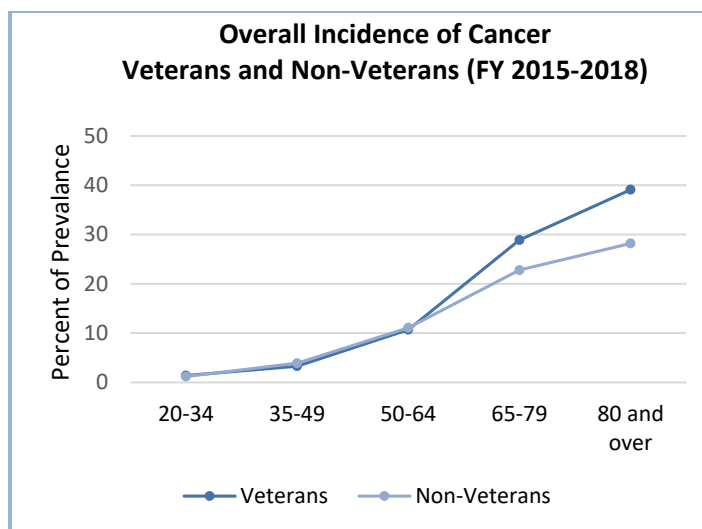
Figure 11.   Overall Incidence of Cancer, Veterans and Non-Veterans (2015-2018)[130]

Disease trends such as the growing incidence of cancer with age are similar amongst male as well as women Veterans. However, women Veterans with income below the poverty threshold have a higher incidence of multiple chronic conditions than non-Veteran women and even male Veterans. Women Veterans with disabilities had an even higher prevalence of multiple chronic conditions (71%) than male Veterans (approximately 51%) and non-Veteran women (approximately 54%).[131]

Prevalence of Two or More Chronic Conditions based on Poverty Levels

[130] Centers for Disease Control and Prevention. (2020). National Health Interview Survey. *Veterans Health Statistics Table: Table 6a. Crude and age-adjusted percentages (with 95% confidence intervals) of cancer among adults aged 20 and over, by Veteran status and other selected characteristics: United States, 2015-2018.* Accessed July 29, 2020 at https://www.cdc.gov/nchs/nhis/veterans_health_statistics/tables.htm

[131] Centers for Disease Control and Prevention. (2020). National Health Interview Survey. *Veterans Health Statistics Table: Table 3a. Crude and age-adjusted percent distribution (with 95% confidence intervals) of number of chronic conditions among adults aged 20 and over, by Veteran status and other selected characteristics: United States, 2015-2018.* Accessed July 28, 2020 at https://www.cdc.gov/nchs/nhis/veterans_health_statistics/tables.htm

Figure 12.   Prevalence of Two or More Chronic Conditions, Based on Poverty Level[132] [133]

Given the economic vulnerability of women Veterans and their elevated propensity to have two or more chronic conditions, women Veterans can be considered slightly more morbid than their male counterparts. As VA evaluates how to expand women's health services, it is critical to take these differences into account in order to fully assess the vulnerability of this sub-section of Veteran population and tailor health services that address their specific needs.

Veterans across years of service may be impacted by exposures, such as Agent Orange (including Blue Water Navy Veterans), burn pit exposure, seizures developing years after a Traumatic Brain Injury (TBI), or the presumed sonic attacks on State Department employees in Cuba and China. VA recognizes that Veteran-specific experiences can translate into complicated disease profiles that can make it difficult to predict future health needs, as new medical conditions may emerge years after exposure.

GEOGRAPHIC DISTRIBUTION OF VETERANS

Projected shifts in geographic distribution, combined with provider shortages in areas with large Veteran populations, may increase demand for VA care in some markets.

Veterans live in all fifty states and every U.S. territory. California, Texas, and Florida have the largest Veteran populations, with more than one million Veterans living in each state. Veterans also make up more than 10% or more of the population in Alaska, Montana, Virginia, Maine, Wyoming, and Hawaii. The ten states with the largest Veteran population are expected to remain constant between 2020-2030, with the exception of Illinois which will be replaced by Washington state. [134]

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[132] Centers for Disease Control and Prevention. (2020). National Health Interview Survey. *Veterans Health Statistics Table: Table 3a. Crude and age-adjusted percent distribution (with 95% confidence intervals) of number of chronic conditions among adults aged 20 and over, by Veteran status and other selected characteristics: United States, 2015-2018.* Accessed July 28, 2020 at https://www.cdc.gov/nchs/nhis/veterans_health_statistics/tables.htm

[133] Note: CDC uses the following definitions: Poor (persons having income below the poverty threshold), Near Poor (persons having incomes of 100% to less than 200% of the poverty threshold), Not Poor (Persons having incomes that are 200% of the poverty threshold or greater).

[134] Department of Veterans Affairs. (2020). VetPop2018, *Veteran Population Tables, 2018-2048*, Accessed August 5, 2020 at https://www.va.gov/vetdata/Veteran_Population.asp
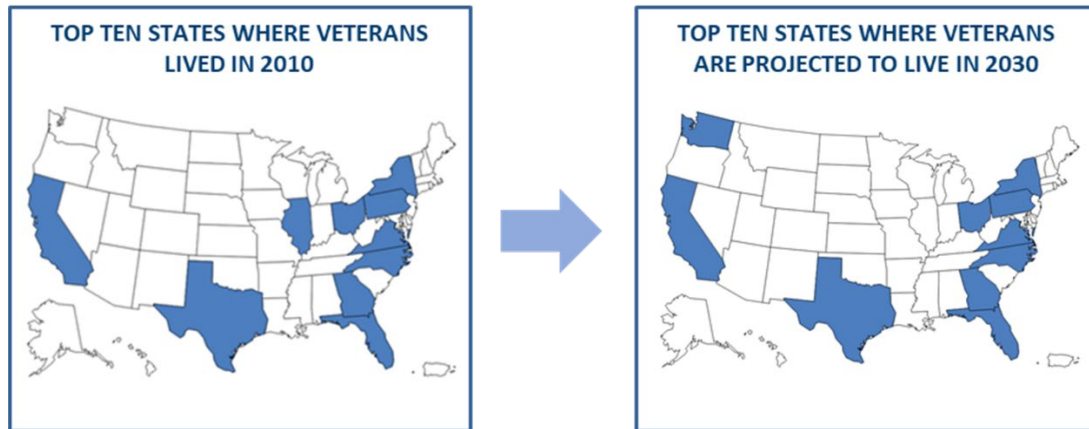
Figure 13. State Distribution of Veterans (FY 2020-2030)[135]

VA also monitors Veteran population projections across VISNs, which are 18 regional markets designed to deliver health care, social services, and support services to Veterans. The number of enrollees within most VISNs is also projected to change, in line with Veteran population changes across the country. This will change future health care demand in many states and VISNs. In addition, many states that are projected to have the highest Veteran populations in 2030, such as Ohio, are also projected to have the greatest physician shortages, which could make it difficult to meet demand for care, as well as achieve appropriate access and quality standards.[136]
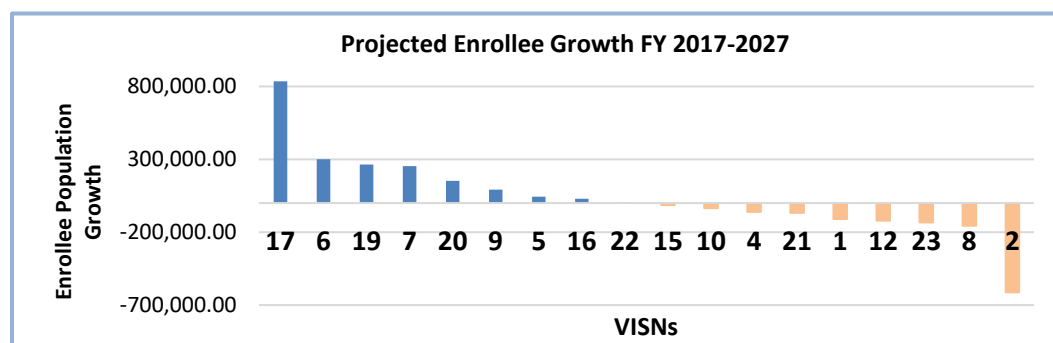
Figure 14. Projected Enrollee Growth (FY 2017-2027)

A higher percentage of Veterans live in rural areas as compared to the general U.S. population. Nearly 25% of all Veterans, or 4.7 million, live in rural areas, compared to 19.3% of the general population.[137]

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[135] Department of Veterans Affairs. (2020). VetPop2018, *Veteran Population Tables, 2018-2048*, Accessed August 5, 2020 at https://www.va.gov/vetdata/Veteran_Population.asp

[136] Zhang, X., Lin, D., Pforsich, H., & Lin, V. W. (2020). Physician workforce in the United States of America: forecasting nationwide shortages. Human resources for health, 18(1), 8. https://doi.org/10.1186/s12960-020-0448-3

[137] Census Bureau. (2017). *One in Five Americans Lives in Rural Areas*. Accessed July 29, 2020 at https://www.census.gov/library/stories/2017/08/rural-america.html

Of those Veterans living in rural areas, nearly 57% are enrolled in VA care.[138] Rural Veterans are older, have higher poverty and uninsured rates, and are in poorer health when compared to urban Veterans.[139] In addition, many Veterans in rural areas face fewer employment, education, and/or health care options, making it difficult to improve their health and/or provide economic security.[140] Access to VA care is already a concern in rural areas, and any increase in the rural Veteran population, combined with the closure of rural access hospitals, could also increase demand for VA care.

VETERAN RELIANCE

Overall Veteran reliance on VA care is expected to increase due to Veteran demographics and changes in eligibility due to CHOICE and MISSION. Reliance could be further impacted due to long-term unemployment and loss of health care coverage, due to COVID-19 pandemic.

Enrolled Veterans use VA's extensive array of medical and supportive care options to meet only 37% of their health care needs.[141] The Veterans who are most reliant on VA care include those who are lower-income, live in rural areas, lack access to health insurance coverage, and/or have poorer self-reported health status.[142] Analysis shows that Veterans are most reliant on VA's mental health and homelessness services (including inpatient professional services, ambulatory care, and inpatient), LTSS (including home-based, community-based, and long-stay support), and pharmacy outpatient prescriptions.

A projected increase in the population of women Veterans over the next few decades will have an impact on Veteran demand for VA care. Income level is a critical factor in determining reliance on VA care. A higher percent of women Veterans struggle with lower income and many are in poverty.[143] This trend, coupled with an increased incidence of chronic conditions amongst lower-income women Veterans, is predicted to have a moderate impact on women Veterans' reliance on VA care in the coming years. Women Veterans have also been increasing their use of mental health services over the last decade. Since 2010, there has been a nearly 130% increase in women Veterans' mental health encounters, and this reliance is projected to continue.[144]

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[138] Department of Veterans Affairs. (2020). Office of Rural Health. Received on October 19, 2020.
[139] Department of Veterans Affairs. (2017). *Rural Veterans' Health Care Challenges*. Accessed July 29, 2020 at https://www.ruralhealth.va.gov/aboutus/ruralvets.asp
[140] Department of Veterans Affairs. (2017). *Rural Veterans' Health Care Challenges*. Accessed July 29, 2020 at https://www.ruralhealth.va.gov/aboutus/ruralvets.asp
[141] Department of Veterans Affairs. (2019). VHA Chief Strategy Office. VA Enrollee Health Care Projection Model. *Projections Supporting the 2021 VA Health Care Budget.* Slide 45
[142] Census Bureau. (2016). American Community Survey Public Use Microdata Sample (PUMS). Prepared by the National Center for Veterans Analysis and Statistics.
[143] Department of Veterans Affairs. (2017). Special Reports. The Veteran Working-Poor: The Relationship between Labor Force Activity and Poverty Status. Pp. 3. Accessed on October 26, 2020 at https://www.va.gov/vetdata/docs/SpecialReports/The_Veteran_Working_Poor.pdf
[144] Department of Veterans Affairs. (2019). Enrollee Health Care Projection Model. *BY19 Milliman Baseline Healthcare Service Categories by Gender.*

Like Veteran enrollment and demographics, enrollee reliance on VA health care is dynamic. Changes in enrollee reliance occur as a result of many factors: enrollee movement into service-connected priorities; changing economic conditions; VA's efforts to provide Veterans access to the services they need (e.g., mental health and homeless initiatives); VA's efforts to enhance its practice of health care; the opening of new or expanded facilities; the cost sharing associated with services (e.g., dialysis) in the private sector compared to VA. In the past few years, the Veterans Choice Act and MISSION Act have significantly expanded enrollee access to care in the community paid for by VA, thus increasing their overall reliance on VA health care. VA expects this impact to continue as enrollees continue to get more of their care through VA versus their other health care options.

Reliance on VA care is also impacted by Veteran access to non-VA health care coverage. Nearly 80% of VA enrollees have access to public or private health coverage, in addition to the coverage they receive from VA.[145] On average, enrollees choose to receive only 37% of their care in VA,[146] and individual reliance often decreased as enrollees qualify for other forms of health care coverage, such as Medicare.[147]

In 2017, nearly five million enrollees received at least part of their care outside the VA network.[148] [149] In a self-reported survey, respondents cited easy access to care, convenient appointment options, provider trust and better quality of care as the main reasons for seeking non-VA care. Recent policies, such as the MISSION Act, have expanded the choices Veterans have to receive VA care in the community. With increased access to choices outside the VA system, Veteran reliance on VA care could be affected in the years to come.
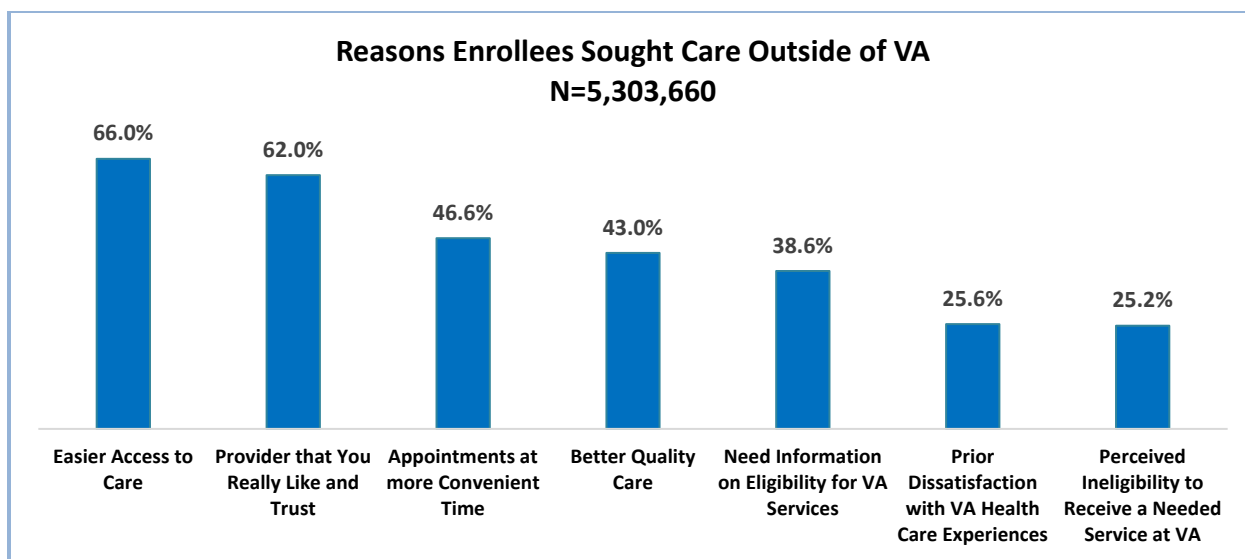
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[145] Department of Veterans Affairs. (2020). 2019 Survey of Veteran Enrollees' Health and Use of Health Care. Accessed July 29, 2020 at https://www.va.gov/HEALTHPOLICYPLANNING/SOE2019/2019_Enrollee_Data_Findings_Report-March_2020_508_Compliant.pdf

[146] Department of Veterans Affairs. (2019) VHA Chief Strategy Office. VA Enrollee Health Care Projection Model. *Projections Supporting the 2021 VA Health Care Budget.* Slide 45

[147] Department of Veterans Affairs. (2019). Enrollee Health Care Projection Model. Reliance and Morbidity Impact on Aggregate FY 2018 Expenditures by Service Category 2019 Model (BY18) Scenario BBA8.

[148] The VA network includes VA facilities, federal partners, academic affiliates, and community partners.

[149] Department of Veterans Affairs. (2019). VHA Chief Strategy Office. VA Enrollee Health Care Projection Model. *Projections Supporting the 2021 VA Health Care Budget.* PowerPoint Presentation.

Reasons Enrollees Sought Care Outside of VA
N=5,303,660

- Easier Access to Care: 66.0%
- Provider that You Really Like and Trust: 62.0%
- Appointments at more Convenient Time: 46.6%
- Better Quality Care: 43.0%
- Need Information on Eligibility for VA Services: 38.6%
- Prior Dissatisfaction with VA Health Care Experiences: 25.6%
- Perceived Ineligibility to Receive a Needed Service at VA: 25.2%

Figure 15.   Reasons Enrollees Sought Care Outside VA (FY 2017)[150]

VA HEALTH SYSTEM CAPABILITIES: SERVICES AND INFRASTRUCTURE

Veteran care demographics, utilization, and reliance are driving changes in care delivery. VA is realigning its infrastructure and care delivery to ensure Veterans can receive the care they need when and where they choose to be served.

HEALTH CARE SERVICES

Veterans have a growing preference for receiving health care services in a convenient, outpatient setting. In addition, they are increasing their use of specific VA health care services, including primary care, mental health, and certain medical and surgical specialties.

To serve America's Veterans, VA provides a wide variety of health care services, many of which are not available through private sector health plans. This includes everything from clinical expertise in treating war-related conditions[151] to Veteran-centric primary care and the delivery of Whole Health care that encapsulates social determinants of health, such as socioeconomic status, education, employment, physical environment and social networks. Veterans are preferring to receive their care

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[150] Department of Veterans Affairs. (2019). VHA Chief Strategy Office. VA Enrollee Health Care Projection Model: Projections Supporting the 2021 VA Health Care Budget. Slide 49.

[151]A comprehensive description of these and other services, and the trends and costs associated with these VA provided services, may be found in Volume II of the VA FY2021 Budget and VA's regulations concerning its medical benefits package (38 CFR 17.38).

through more convenient and easier to access methods of delivery care, such as telehealth, in ambulatory settings, and through local retail partners such as CVS and Walmart.[152] [153] [154]

VA analyzes current clinical service utilization trends to provides insight into demand, while also providing a baseline which can be used to compare against future utilization rates (based on upcoming shifts in demand and reliance) and guide planning for the future of VA care delivery.

Current utilization trends show that Veterans use certain VA health care services more than others.

Primary Care

Primary care is the most utilized health care service in the country, compromising nearly 55% of all patient encounters in 2018.[155] This trend is mirrored in VA, where outpatient primary care is the second most used care specialty. The number of outpatient primary care encounters at VA has increased approximately 4% from 2015 to 2018.[156]

VA Primary Care Encounters FY 2015-2018
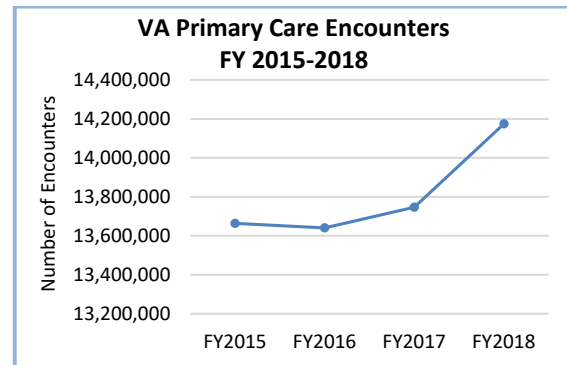
Surgery

Inpatient surgical case volumes have been decreasing in recent years, both within VA and in the private sector. In 2018, the inpatient surgical case volumes reflected overall market trends as more Veterans received outpatient surgical care than inpatient.

VA outpatient surgery volumes remain high. The outpatient service lines with the highest case volumes are ophthalmology; inpatient case volumes are led by general surgery. Overall, the most utilized surgical specialties in 2018 were

VA Surgical Inpatient and Outpatient Volumes (FY 2018)

Inpatient 20.6%

Outpatient 79.4%

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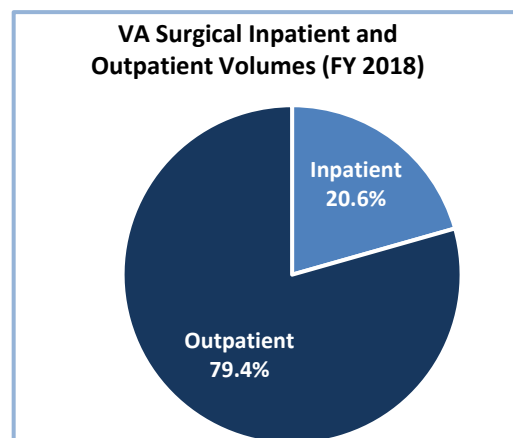
[152] VA has established nearly 1,110 clinics in partnership with CVS MinuteClinic (a retail CVS Health walk-in clinic) and Target stores, to increase access to care for Veterans. In 2020, VA moving forward on expansion of telehealth services offered through Walmart locations, while also kicking off a pilot program in certain Walmart locations to deliver primary care, optometry, dental, and counselling services. These retail partnerships are aimed at reaching Veterans who have trouble accessing VA facilities due to their location.

[153] CVS. 2020. *Veterans*. Accessed on September 2, 2020 at https://www.cvs.com/content/va-mission-act-benefits

[154] Military.com. (2020). *VA's Post-Pandemic Plan: Expand Health Care Services at Walmarts*. Accessed on September 2, 2020 at https://www.military.com/daily-news/2020/07/13/vas-post-pandemic-plan-expand-health-care-services-walmarts.html

[155] Centers for Disease Control and Prevention. (2018). Ambulatory Care Use and Physicians Office Visits. Accessed July 29, 2020 at https://www.cdc.gov/nchs/fastats/physician-visits.htm

[156] Veterans Health Administration., VHA Support Service Center., Outpatient Encounters Cube. Accessed: January 2020.

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general surgery, ophthalmology, urology, orthopedics and peripheral vascular, which represented 74.2% of total surgical case volumes.[157]

Mental Health

There has been an increase in VA outpatient mental health encounters over the last few years with a sharp rise from the year 2017 to 2018. In 2018, mental health visits comprised nearly 24% of all outpatient visits, with a 12.6% annual increase in overall mental health encounters (from 2014-2018).[158]

VA Mental Health Encounters FY 2015-2018
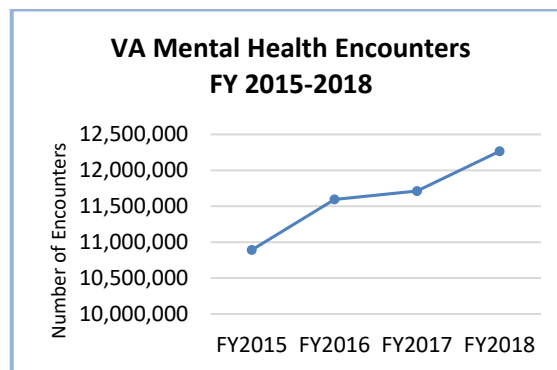
Medical Specialties

While VA's medical specialty services are extensive, some are more highly used by Veterans than others. An analysis of medical specialty case volume shows that across fourteen of the eighteen U.S.-based VISNs, Physical Medicine and Rehabilitation (PMR) had the highest number of unique patient encounters in 2018. The three most utilized specialties in 2018 were PMR, Cardiology, and Optometry, followed by Emergency Medicine, Geriatric Medicine and Audiology.[159]

Encounter Growth in Most Utilized Specialties FY 2015-2018

Top Six Surgical Specialties at VHA, by FY 2018 Encounters

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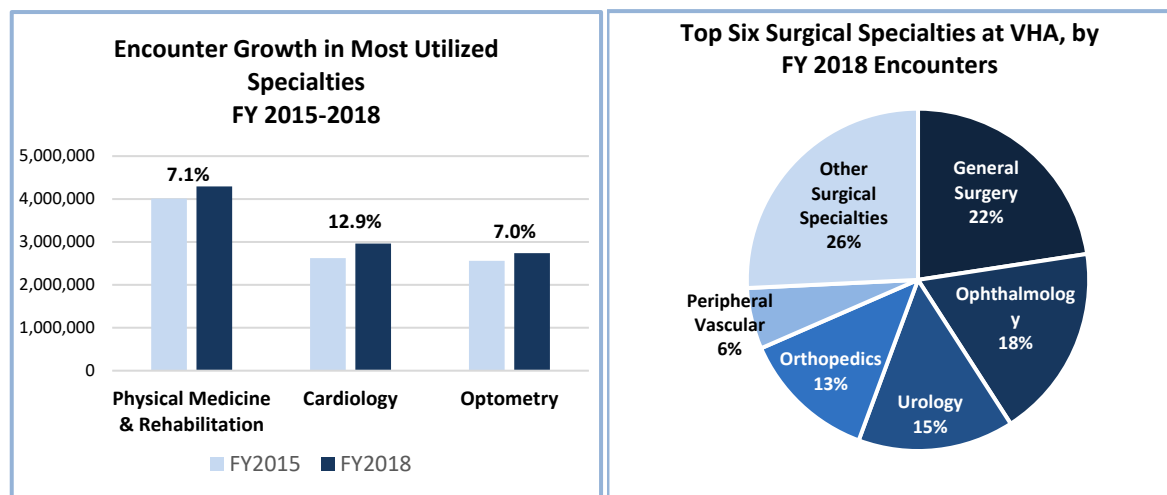
[157] Veterans Health Administration. Office of Productivity, Efficiency, and Staffing. Operating Room Productivity Dashboard and Cube. Accessed January 2020.

[158] Veterans Health Administration. VHA Support Service Center. Outpatient Encounters Cube. Accessed January 2020.

[159] Veterans Health Administration. VHA Support Service Center. Outpatient Encounters Cube. Accessed January 2020.

🏛 **VA's medical facilities are aging and built to deliver a high volume of inpatient care that is no longer in demand. VA is right-sizing its infrastructure to maintain agility in this changing health care landscape** and align to how Veterans want and need to receive health care.

VA provides its extensive range of health care services to enrollees through a geographically dispersed network of 172 medical centers and 1,065 outpatient sites.[160,161] These facilities are spread across urban, rural, highly rural, and insular areas, ensuring greater health care access to Veterans.

VA Facility Location		
	Rural[162]	Urban
Facility Location[163] [164]	36.3%	63.7%

VA Facilities Age		
	VA	Private Sector
Average Age of VHA Buildings[165]	59 years	22 years

Table 2.   VA Facilities and Locations

On average, VA medical facilities are nearly 60 years old,[166] compared to an average of 22 years old in the private sector.[167] Many of these facilities, built at a time of higher demand for inpatient care, are being renovated to support modern care delivery in higher-tech outpatient spaces, and to eliminate beds because of shorter hospital stays. The costs of modernizing VA's health care facilities are significant. Bringing facilities to current building code and functional space and planning criteria would require an estimated $145.9 billion.[168] Under a 40 year building lifecycle, in which older buildings are replaced with new construction and younger buildings are renovated, costs are estimated at $198.7 billion.[169]

VA is considering many dynamic options to align the physical location of care to evolving Veteran demographics and trends in care delivery. These options will not only deliver the access and quality

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[160] VHA Site Tracking (VAST) data shows that, as of June 2020, there were 172 VA medical centers, 2 Extended Care Sites (Community Living Centers, Stand-Alone), 13 Health Care Centers (HCC), 226 Multi-Specialty CBOCs, 267 Other Outpatient Services Centers (OOS), 543 Primary Care CBOCs, 9 Residential Care Sites (MH RRTP/DRRTP, Stand Alone), and 5 facilities that were not classified in terms of type.

[161] Department of Veterans Affairs. (2020). VHA Site Tracking (VAST) Data. Facility Classification.

[162] Rural includes facilities classified as rural, highly rural, and insular.

[163] Includes VAMCs, Standalone extended care sites (CLCs), Health care centers (HCCs), Multi-Specialty CBOCs, Primary Care CBOCs, Other Outpatient Services (OOS), Standalone residential care sites (MH RRTP/DRRTP), and Unclassified facilities.

[164] Department of Veterans Affairs. (2020). VHA Site Tracking (VAST) Data. Facility Rurality.

[165] Department of Veterans Affairs. (2019). Analysis of VA Capital Asset Inventory.

[166] Department of Veterans Affairs. (2019). Analysis of VA Capital Asset Inventory.

[167] Bureau of Economic Analysis. (2018). Fixed Assets Accounts Tables.

[168] Department of Veterans Affairs. (2019). Analysis of VA Capital Asset Inventory.

[169] Assumes a 40-year building lifecycle. Buildings under 40 years old would be renovated. Buildings older than 40 years old would be replaced with newly constructed buildings.

of care Veterans have come to expect but also ensure VA's continued good stewardship of taxpayer funds.

STAFFING LEVELS

VA continues to experience recruitment challenges that mirror the national shortage of providers. Recent hiring successes give VA the opportunity to streamline hiring processes.

As the largest integrated health care delivery system in America, VA's workforce challenges, including recruitment difficulties, mirror those of the health care industry. VA reported 28,784 vacancies across its medical facilities as of September 30 2021 [170], reflecting a 7.9% vacancy rate. To fully understand the true staffing deficit and operating capacity of its health care system, VA is making changes to HR*Smart, VA's human resources information management system. VA is also conducting a position validation review to identify which of the reported vacancies are current and budgeted positions.[171]

The COVID-19 pandemic has given VA the opportunity to streamline hiring processes. While on-site hiring fairs and related initiatives were paused, VA has established a successful approach to connect, match, and retain current and former VA Health Professions Trainees (HPT) through VA-Trainee Recruitment Events (VA-TRE). These events are a way to connect HPTs to current and projected VA vacancies, providing a robust pipeline of highly qualified, VA-trained candidates to fill VA vacancies through established recurring national hiring events.[172] In Q2 FY2020, VA reported 11,340 accessions (personnel actions that result in the addition of an employee to an agency's staff), which was a 35.5% increase from Q1 FY2020. VA's recent hiring successes in response to COVID-19 will serve as a hiring model moving forward, ensuring when Veterans are in need, they will receive the care they deserve.

HEALTH CARE TECHNOLOGY

VA continues to invest heavily in the implementation of health care technologies across the system in order to increase Veteran access to care, streamline Veteran health information, and ultimately provide health care tools to improve overall care for Veterans.

Since 2012, VA has grown its telehealth services significantly, ensuring that Veterans have access to health care no matter where they are. In 2019, more than 900,000 Veterans received telehealth services and 44% of these Veterans lived in rural areas.[173] Telehealth encounters rose by almost 67.3% in 2019 when compared to the numbers in 2010, with an increase of nearly 32% in 2020 from the

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[170] Department of Veterans Affairs. (2020). *VA MISSION Act of 2018: Section 505 Data – Personnel Transparency Quarter Ending September 30, 2020 Executive Summary. Accessed December 4, 2020 at* https://www.va.gov/EMPLOYEE/docs/VA-Exec-Sum-Mission-Act-Section-505-FY20-Q4.pdf.

[171] Department of Veterans Affairs. (2020). *VA MISSION Act of 2018: Section 505 Data – Personnel Transparency Quarter Ending March 31, 2020 Executive Summary. Accessed July 29, 2020 at* https://www.va.gov/EMPLOYEE/docs/VA-Exec-Sum-Mission-Act-Section-505-FY20-Q2.pdf

[172] Department of Veterans Affairs (2020). *VA MISSION Act of 2018: Section 505 Data – Personnel Transparency Quarter Ending March 31, 2020 Executive Summary. Accessed July 29, 2020 at* https://www.va.gov/EMPLOYEE/docs/VA-Exec-Sum-Mission-Act-Section-505-FY20-Q2.pdf

[173] Department of Veterans Affairs. (2020). FY2021 VA Budget Submission. *Volume II: Medical Programs and Information Technology*, VA-261. Accessed July 29, 2020 at https://www.va.gov/budget/products.asp

previous year.[174] While the recent spike in demand for telehealth services can be attributed to the COVID-19 pandemic, the ten-year growth in telehealth encounters highlights the Veteran population's changing preference in care delivery.
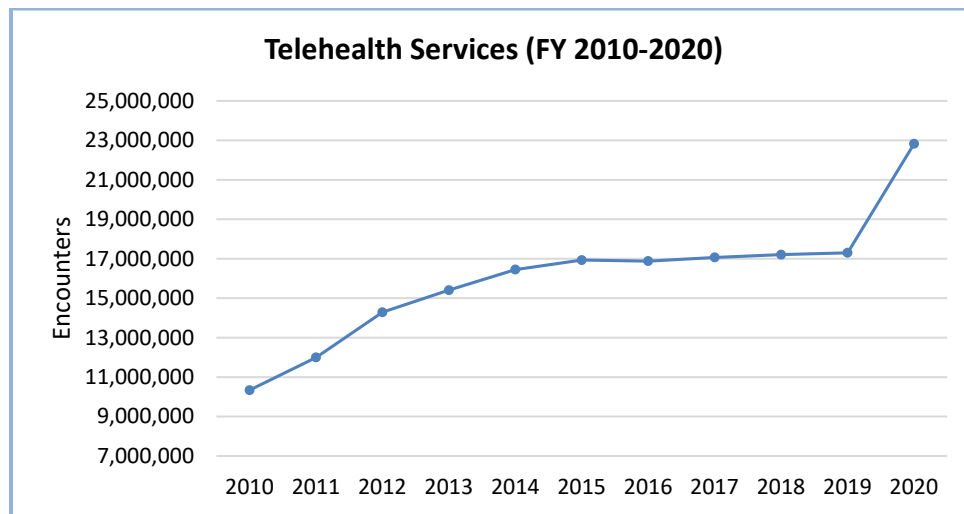
Figure 16.   Growth in VA Telehealth Services (FY 2010-2020)[175]

VA is also modernizing its current electronic health record (EHR) system to one that will link with the Department of Defense's patient records and unify all VA facilities in one system. This solution will facilitate information sharing among VA providers through standardize medical record-keeping processes, provide easy access to patient records across the system, and enable seamless transfer of patient information between related systems. This change will ensure that the health and safety of our Veterans remains one of the VA's highest national priorities. In calendar year 2020, the EHR system will deploy at two health care facilities and community-based clinics in the Pacific Northwest, with full implementation of EHRM staggered over many years. [176]

Medical technological advances will also play a role in improving Veteran care throughout VA. For example, VA can make a significant improvement in Veteran cancer treatment through the use of precision oncology, which provides individualized treatment based on unique characteristics of the patient and the prognosis of the disease.[177] The adoption of innovations such as predictive analytics that enable precision oncology practices can also benefit the health system as a whole in proactively tracking, predicting and responding to chronic illnesses amongst Veterans, thereby improving long-term wellness.

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[174] Veterans Health Administration. VHA Support Service Center. Telehealth Encounters Cube. Accessed June 2020.
[175] FY2020 VA telehealth unique encounters data VA telehealth unique encounters was not yet available.
[176] Department of Veterans Affairs. (2020). FY2021 VA Budget Submission. *Volume II: Medical Programs and Information Technology*, EHRM-480-481. Accessed July 29, 2020 at https://www.va.gov/budget/products.asp
[177] Department of Veterans Affairs. (2020). FY2021 VA Budget Submission. *Volume II: Medical Programs and Information Technology*, VA-4. Accessed July 29, 2020 at https://www.va.gov/budget/products.asp

PARTNERSHIPS

VA has an extensive network of partners offering expanded care coverage for Veterans that accelerates a shared journey to fully integrated, seamless access to health care, no matter where a Veteran resides.

To provide high-quality, easily accessible care, VA has forged critical partnerships with federal partners, academic affiliates, and community partners to deliver exceptional care. These partnerships allow VA to expand health care coverage and innovate on virtual care delivery, while also investing in research focused on the health care priorities of Veterans. They also increase understanding of Veteran experience and combat-related medical issues for providers nation-wide.

The benefits of these relationships are significant, as are the opportunities. For example, VA has partnered with T-Mobile to provide 70,000 lines of service to power VA's telehealth app and make health care more accessible to Veterans in rural areas.[178]

VA Partners	
Government and Strategic Partners	To deliver quality health care to Veterans when and where they need it, VA partners with Federal, State, and Tribal health care entities, and other service providers. VA serves as the coordinator for all Veteran care, ensuring a smooth transition between providers and services. VA's federal and strategic partners include the Department of Defense (DoD), Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS), Indian Health Service (IHS), state health agencies, Veteran Service Organizations (VSOs), and other community organizations designed to promote Veteran well-being and access to health care.
Community Care Providers	In 2018, community care covered 20% of Veterans' health care needs.[179] For Veterans who are eligible for and referred out to community care, VA assumes the role of care coordinator by ensuring a seamless care transition from VA facilities to community care and private care, thereby providing Veterans continuity in their care.
Academic Affiliates	VA's relationship with academic affiliates (AA) goes back over 70 years, with a focus on providing high-quality care to Veterans and training new medical professionals for the U.S. health care system.[180] VA has partnerships with 178 out of the 186 academic medical institutions in the U.S. and contributes to the country's graduate medical education (GME) efforts.
Private Sector Companies	VA has forged innovative partnerships with technology and retail companies to address specific health care issues, as well as numerous technological factors that inhibit Veteran access to care. VA's current partners in this space include Microsoft, Philips, Walmart, T-Mobile, and IBM.

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[178] T-Mobile. (2020). *Telehealth Expands Veteran Access to Healthcare*. Accessed August 13, 2020 at https://www.t-mobile.com/business/resources/articles/va-case-study
[179] Department of Veterans Affairs. (2018). Enrollee Health Care Projection Model. Community Care Utilization 2018.
[180] Department of Veterans Affairs. (2020). *Office of Academic Affiliations. 70th Anniversary of Academic Affiliations*. Accessed October 27, 2020 at https://www.va.gov/OAA/OAA_70th_Anniversary.asp

Table 3. **VA Partners**

OUTCOMES MEASUREMENT

VA has improved its access, quality, and engagement standards, which it continues to refine in order to build value and transparency, as well as empower Veterans to make informed health care decisions.

VA strives to be a leader in health care, providing quality care and innovative technologies that meet or exceed what is available in the commercial sector. To this end, VA has established specific access, quality, and Veteran experience standards to guide delivery of high-quality care. VA continues to evolve these outcomes measurement in its journey to becoming a more transparent and agile organization. Additional opportunities are being explored to make this measurement system more robust, including ensuring the metrics are public-facing and accessible to Veterans so that they can be used to inform Veteran care decisions. [181] Planning relating to facilities, staffing, processes, and programs will use these standards when considering Veteran demand and VA capacity.

VA Health Care Outcomes Measurement	
Access Standards	VA will schedule the following services for a Veteran at a VA facility within the below parameters. If VA cannot schedule an appointment that meets these parameters, then the covered Veteran is eligible to receive this care in the community. • **Primary care, mental health care, and non-institutional extended care** ○ Within 30 minutes average driving time from Veteran's residence AND ○ Within 20 days of the date of request (unless later date has been agreed to by Veteran in consultation with VA health care provider) • **Specialty Care** ○ Within 60 minutes average driving time from Veteran's residence AND ○ Within 28 days of the date of request (unless later date has been agreed to by Veteran in consultation with VA health care provider) Average appointment wait-times, based on a 30-day average, are published on a public-facing website so that Veterans can evaluate their care options.[182]
Quality Measures	VA has designed a new quality measurement framework comprised of three domains—Effective Care, Safe Care, and Veteran Centric Care. The framework includes measures in primary and specialty care as well as inpatient hospital and skilled nursing. The ultimate goal is to provide comparable measures to the private sector so Veterans can make informed care decisions.[183]

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[181] Department of Veterans Affairs. Access and Quality in VA Healthcare Dashboard. Accessed July 29, 2020 at https://www.accesstocare.va.gov/Healthcare
[182] Title 38 Code of Federal Regulation (CFR) Section 17.4040.
[183] For more information on these quality measures, please see Appendix I: Quality Measure Set.

Veteran Experience	Since Fall of 2017, VA has deployed Veterans Signals,[184] a real-time customer survey experience platform, to all VAMCs. This platform enables the Veterans Experience Office (VEO) to monitor Veteran feedback about their inpatient, outpatient, and telehealth experiences. To complement Veterans Signals, VA conducted the 2019 VA Survey of Veteran Enrollees' Health and Use of Health Care (Survey of Enrollees) [185] to provide critical information on Veterans utilization of health services.

Table 4.   VA Health Care Outcomes Measurement

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[184] Department of Veterans Affairs. (2020). Outpatient Services Customer Experience Data Results, FY19 Q1-Q3. Accessed July 29, 2020 at https://www.performance.gov/cx/dashboard/va/vha/
[185] Department of Veterans Affairs. (2020). 2019 Survey of Veteran Enrollees' Health and Use of Health Care. Accessed July 29, 2020 at https://www.va.gov/HEALTHPOLICYPLANNING/SOE2019/2019_Enrollee_Data_Findings_Report-March_2020_508_Compliant.pdf

APPENDIX G. HEALTH CARE MARKET TRENDS

In addition to the VA trends and related responses mentioned in the Plan, the following trends below summarize the overarching shifts in the health care industry. These trends are a result of changes in the demography of the nation and the evolution of patient preferences and have led to the development and implementation of innovative solutions within the industry in order to optimize care delivery.

HEALTH CARE COSTS

It is widely accepted that the U.S. health care system is the most expensive health system in the world. While the country outspends any other nation in health care expenditures, it still scores poorly in certain health indicators such as life expectancy.[186] In 2018, the overall expenditure on health care in the U.S. was nearly $3.6 trillion, over double the amount from the national spending in 2000 at $1.4 trillion.[187] The Centers for Medicare and Medicaid Services (CMS) has predicted 2.5% annual average growth rate of prices until 2027, compared to the 1.3% annual growth rate from 2012-2017.[188] After inflation, the second critical factor driving up the cost of health care in the country is a rapidly aging population. "Baby Boomers," born between the years 1946 and 1964, are the second-largest age cohort in the country and are quickly moving towards becoming the oldest cohort. Individuals over 65 tend to have increased health care needs due to a higher prevalence of multi-symptom conditions attributed to their age or even pre-existing conditions. This will contribute to a rise in health care costs over the next decade. Spending on both public and private health care is projected to outgrow the economy, increasing from 17.9% of gross domestic product (GDP) in 2017 to 19.4% of GDP in 2027.[189]

STAFFING SHORTAGES

Additionally, the health system is bracing itself for an acute shortage of health care professionals in the coming years. The U.S. health care system currently has a deficit of health care providers, but this shortage is expected to become more severe in the coming decade as clinicians retire. While the aging population will add to the increased cost of health care in the country, nearly 44.1% of physicians and

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[186] Harvard T. H. Chan School of Public Health. (2020). *The most expensive healthcare system in the world*. Accessed on July 29, 2020 at https://www.hsph.harvard.edu/news/hsph-in-the-news/the-most-expensive-health-care-system-in-the-world/

[187] Peterson Center on Health Care. (2019). *Health System Tracker. How has U.S. spending on healthcare changed over time?* Accessed on July 29, 2020 at https://www.healthsystemtracker.org/chart-collection/u-s-spending-healthcare-changed-time/#item-nhe-trends_total-national-health-expenditures-us-per-capita-1970-2018

[188] Peter G. Peterson Foundation. (2019). *Healthcare Costs for Americans Projected to Grow at an Alarmingly High Rate*. Accessed July 29, 2020 at https://www.pgpf.org/blog/2019/05/healthcare-costs-for-americans-projected-to-grow-at-an-alarmingly-high-rate

[189] Peter G. Peterson Foundation. (2019). *Healthcare Costs for Americans Projected to Grow at an Alarmingly High Rate*. Accessed July 29, 2020 at https://www.pgpf.org/blog/2019/05/healthcare-costs-for-americans-projected-to-grow-at-an-alarmingly-high-rate

50.9% of Registered Nurses (RNs) will be set to retire over the next decade.[190] The U.S. is estimated to have a shortage of between 54,100 and 139,000 physicians by 2033.[191]

HEALTH CARE DEMAND

The projected growth in demand for health care is mainly due to an aging population in the U.S. According to the U.S. Census, Baby Boomers will all be over the age of 65 by 2030, numbering approximately 73 million people.[192] Given utilization trends, individuals over the age of 65 are known to visit physicians twice as much as the age groups under 65.[193] Additionally, this age cohort spends more on health care than any other age group, and it is only expected to increase as 16% of the U.S. population moves past the 65 year mark.[194]

CARE DELIVERY SETTINGS

Historically, the delivery of health care has relied on inpatient facilities. Recently, there has been a shift from inpatient to outpatient service settings for the majority of health care delivery, which has prompted a rise in ambulatory care across the country. Ambulatory care has proved to provide improved health outcomes at lower cost while delivering high value through individualized care offerings.[195]

Visits to outpatient facilities, including urgent care centers, ambulatory surgery centers (ASCs), and retail clinics, rose by 14% from 2005 to 2015.[196] Overall revenues from outpatient procedures have increased and now are near the levels of more costly inpatient procedures. To accommodate the shift to ambulatory care, many commercial sector health systems have realigned their operational strategy over the last decade.

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[190] Soliant. (2019). *Healthcare Workforce Shortage: America's Next Epidemic*. Accessed July 29, 2020 at https://www.soliant.com/resources/downloads/soliant-whitepaper-worker-shortage-americas-next-healthcare-epidemic.pdf

[191]Association of American Medical Colleges. (2020). *New AAMC Report Confirms Growing Physician Shortage.* https://www.aamc.org/news-insights/press-releases/new-aamc-report-confirms-growing-physician-shortage

[192] Census Bureau. (2019) *By 2030, All Baby Boomers Will Be Age 65 or Older*. Accessed July 29, 2020 at https://www.census.gov/library/stories/2019/12/by-2030-all-baby-boomers-will-be-age-65-or-older.html

[193] Institute of Medicine (U.S.) National Cancer Policy Forum. (2009) *Ensuring Quality Cancer Care through the Oncology Workforce: Sustaining Care in the 21st Century: Workshop Summary*. Accessed July 29, 2020 at https://www.ncbi.nlm.nih.gov/books/NBK215247/

[194] Peter G. Peterson Foundation. (2019). *Why are Americans Paying More for Healthcare?* Accessed July 29, 2020 at https://www.pgpf.org/blog/2020/04/why-are-americans-paying-more-for-healthcare

[195] The Centers for Advanced Orthopedics. (2017). *The Benefits of Outpatient Surgical Centers.* Accessed July 29, 2020 at https://www.cfaortho.com/media/news/2017/06/the-benefits-of-outpatient-surgical-centers

[196] Deloitte. (2018). *The Benefits of Outpatient Surgical Centers*. Accessed July 29, 2020 at Insights. https://www2.deloitte.com/content/dam/insights/us/articles/4170_Outpatient-growth-patterns/DI_Patterns-of-outpatient-growth.pdf

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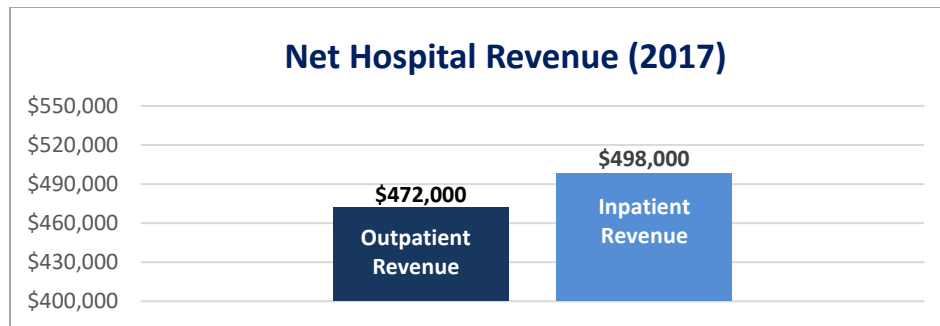
Figure 17.   Net Hospital Revenue (2017)[197]

NEW MODELS OF CARE: VALUE-BASED CARE AND HIGH-PERFORMING NETWORKS

The health care industry is moving away from the fee-for-service system that focuses primarily on patient volumes towards the value-based care model.

The fundamental objective of this approach is to reorganize health systems to deliver the maximum value for patients given the available resources.[198] This model of care allows commercial health systems to reduce operational redundancies, improve cost-effectiveness, and maximize available resources to delivering optimal care and engage stakeholders in their health care journey.

High-performing networks (HPNs), often referred to as Integrated Delivery Systems (IDS), have been implemented throughout many commercial health systems to address the rapid move to value-based care. One of the model's goals is the improvement of population health, and the provision of overall wellness for individuals in a community. This focus on preventative care and individual wellness is increasingly important given the increase in chronic diseases across the U.S. population.

ELECTRONIC HEALTH RECORDS

Technology platforms, particularly those focused on EHR management, have been instrumental in helping health systems organize and access patient information in a safer, more orderly, and efficient manner. As an example, in 2015 the Johns Hopkins Health System exchanged 747,900 patient records with other hospitals, emergency departments, and clinics in 49 states. Using their EHR system, the health system was able seamlessly coordinate care for patients who were coming from or going to other health systems for further treatment.[199] These comprehensive EHR systems also allow

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[197] Advisory Board. (2019). *The Outpatient Shift Continues: Outpatient Revenue Now 95% of Inpatient Revenue, New Report Reveals*. Accessed July 29, 2020 at https://www.advisory.com/daily-briefing/2019/01/08/hospital-revenue

[198] Hashed Health. (2017). *Hashed Health Resource Brief: Michael Porter Research on Value-Based Healthcare*. Accessed July 29, 2020 at https://hashedhealth.com/michael-porter-research-on-value-based-healthcare/

[199] Johns Hopkins Medicine. *Epic at Johns Hopkins Medicine: Why EPIC*. Accessed June 25, 2020 at https://www.hopkinsmedicine.org/epic/why_epic/

patients to access their own health information online, thereby making it easier for them to be more engaged in their care.

VIRTUAL DELIVERY OF CARE

Telehealth and virtual medicine have emerged as the most prominent trend in health care, with a compound annual growth rate of 25% since 2014. In 2019, the global market for telehealth was expected to reach 40 billion USD due to numerous factors including remote patient monitoring, routine services, and the proliferation of telehealth for specialized care.[200] According to the American Hospital Association, nearly 76% of U.S. hospitals connect with patients and consulting practitioners through the use of video and other technology.[201] By increasing access to care, reducing cost, and improving patient satisfaction and engagement, telehealth has been able to fill many of the gaps that have long plagued health systems.[202] More recently, COVID-19 has expanded availability and adoption of virtual care by patients and providers alike, allowing provision of care to patients while minimizing transition of the virus.

PARTNERSHIPS

The shift to value-based care has encouraged health systems to forge meaningful partnerships with other health networks and technology companies, supporting the continuum of care and creating synergies in care delivery. There have also been numerous innovative partnerships and acquisitions between health systems and various technology and communications companies that have previously not been involved in any aspect of health care. In 2019 alone, nearly 36 hospitals and health systems in the U.S. forged partnerships with prominent technology companies, including IBM's partnerships with Brigham and Women's Hospital, Hardin Memorial Health, and Vanderbilt University Medical Center; Google's varied partnerships with Cleveland Clinic and Mayo Clinic; and Facebook's many health care partnerships in support of its Blood Donations.[203]

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[200] InTouch Health. (2019). *What's Driving Telehealth Growth in 2019*. Accessed July 29, 2020 at https://intouchhealth.com/whats-driving-telehealth-growth-in-2019/
[201] American Hospital Association. (2019). *Factsheet: Telehealth*. Accessed July 29, 2020 at https://www.aha.org/factsheet/telehealth
[202] InTouch Health. (2019). *What's Driving Telehealth Growth in 2019*. Accessed July 29, 2020 at https://intouchhealth.com/whats-driving-telehealth-growth-in-2019/
[203] Beckers Health IT. (2019*). 36 hospitals, health systems that partnered with big tech in 2019*. Accessed July 29, 2020 at https://www.beckershospitalreview.com/healthcare-information-technology/36-hospitals-health-systems-that-partnered-with-big-tech-in-2019.html

HEALTH CARE MARKET TRENDS IMPACTING VETERAN HEALTH CARE DELIVERY

VA monitors trends within the health care industry and evaluates their impact on supply and demand for VA care. Three of the most pressing trends driving industry-wide change are the rise in health care costs, shortage in supply of providers, and an increase in demand for outpatient services.[204] These trends are giving health care systems the opportunity to adopt value-based care delivery models, increase focus on population health and whole person health, and optimize resources in order to improve value to patients. VA is evaluating and incorporating these innovative practices into the future of Veteran care delivery.[205]

Health Care Delivery Trends	
Value-Based Care	The value-based care model reorganizes health systems' available resources to delivery maximum value for patients.[206] This model of care allows commercial health systems to reduce operational redundancies, improve cost-effectiveness, and maximize available resources to deliver optimal care and engage stakeholders in their health care journey. Value-based care can be best provided through an impeccably integrated system that delivers multi-disciplinary, patient-centric care while optimizing resources and increasing access to care through increased provider partnerships.[207]
Population Health and Whole Person Health	Some commercial hospital systems are using Whole Person Health approaches to achieve positive health outcomes and prioritize the individual experience and needs of each patient. Whole Health approaches integrate all aspects of primary care, behavioral health, nutrition, environmental, and even spiritual care into a comprehensive, interconnected system of care supported by not only by providers and hospitals, but also by patients, their families, caregivers, and communities.[208, 209] To be successful, Whole Health approaches need to be informed by a robust population management system which provides real-time metrics and data on social determinants of health. This information helps identify vulnerable populations,

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[204] For further information on current health care market trends, refer to Appendix G: Health Care Market Trends.

[205] For additional information on these trends, see Appendix G: Health Care Market Trends and Appendix H: Trends in Health Care Delivery.

[206] Hashed Health. (2017). *Hashed Health Resource Brief: Michael Porter Research on Value-Based Healthcare*. Accessed July 29, 2020 at https://hashedhealth.com/michael-porter-research-on-value-based-healthcare/

[207] Health Stream. (2018). Partnerships Are Growing Across the Care Continuum. Accessed on October 28, 2020 at https://www.healthstream.com/resources/blog/blog/2018/10/12/partnerships-are-growing-across-the-care-continuum

[208] Farley Jr., Eugene S. (2016). *Creating a Culture of Whole Health*. Accessed August 20, 2020 at https://www.apa.org/about/governance/president/culture-whole-health.pdf

[209] National Institute of Whole Health. (2020). *A Whole Person Approach to Health and Healing.* Accessed August 25, 2020 at https://wholehealtheducation.com/a-whole-person-health-approach-to-health-and-healing/

	focus on preventative care, and aid predictive analytics in treatment of illnesses.[210] Armed with population data and health care analytics, health systems are able to provide immense value, improve quality of care, and deliver on their promise of a better patient experience and more personalized health care.
Agile Infrastructure and Partnerships	Many commercial health systems are optimizing their existing infrastructure and resources to deliver a team-based, collaborative approach to care delivery. Health systems are investing heavily in the construction of multiuse facilities that operate in an agile manner, promoting patient care coordination and improved outcomes.[211] Health systems are also building meaningful partnerships to ensure effective allocation of organization resources. These partnerships with health systems, community clinics, insurers, retail pharmacies, medical device and even biotech companies provide the opportunity to expand network coverage as well as give patients access to new treatment options.

Value-based care can be best provided through a health system, develop effective methods to deliver care, and build frameworks that support the provision of individualized care.

VALUE-BASED CARE

The most notable health care industry trend is the move towards the value-based care model, which reorganizes health systems available resources to deliver the maximum value for patients.[212] This model of care allows commercial health systems to reduce operational redundancies, improve cost-effectiveness, and maximize available resources to delivering optimal care and engage stakeholders in their health care journey.

To move from a traditional fee-for-service model to value-based care, many commercial health systems have transitioned to operating as high-performing networks (HPNs) [213] and integrated delivery systems (IDSs) to improve patient experience and care delivery. Value-based care can be best provided through an impeccably integrated system that delivers multi-disciplinary, patient-centric care (possible through the vertical integration of clinical service lines), while optimizing resources and increasing access to care through increased provider partnerships.[214]

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[210] O'Gara, Emmet. (2020). *The Role of Population Health in Value-Based Care*. Modern Health Care. Accessed July 29, 2020 at https://www.modernhealthcare.com/patient-care/role-population-health-value-based-care

[211] Paavola, Alia. (2019). *4 Healthcare Facility Trends to Watch in 2020*. Becker's Hospital Review. Accessed August 12, 2020 at https://www.beckershospitalreview.com/capital/4-healthcare-facility-construction-trends-to-watch-in-2020.html#:~:text=The%20mixed%2Duse%20facilities%20have,facilities%2C%20according%20to%20Simone%20Health.

[212] Hashed Health. (2017). *Hashed Health Resource Brief: Michael Porter Research on Value-Based Healthcare*. Accessed July 29, 2020 at https://hashedhealth.com/michael-porter-research-on-value-based-healthcare/

[213] The commercial sector also refers to high-performing networks as Integrated Delivery Systems (IDS).

[214] Health Stream (2018). *Partnerships Are Growing Across the Care Continuum*. Accessed September 4, 2020 at https://www.healthstream.com/resources/blog/blog/2018/10/12/partnerships-are-growing-across-the-care-continuum

The four biggest benefits that HPNs provide are: 1) understanding care innovation to move towards meaningful whole-person health, 2) building meaningful partnerships, 3) improving value by achieving outcomes that matter to patients and, 4) aligning clinical resources and infrastructure to patient demand.[215]

ACHIEVING VALUE THROUGH POPULATION HEALTH AND WHOLE PERSON HEALTH

While the definition of value is not standard amongst all health care stakeholders, it is crucial to understand the true meaning of value to those who receive care. In the simplest form, value is created when patients achieve health outcomes that matter to them.[216] Some commercial hospital systems are using Whole Person Health methodologies to achieve positive health outcomes and prioritize the individual experience and needs of each patient. Whole Health approaches integrates all aspects of primary care, behavioral health, nutrition, environmental and even spiritual care into a comprehensive, interconnected system of care supported not only by providers and hospitals, but also by patients, their families, caregivers, and communities.[217] [218]

Whole Health approaches to patient care are informed by real-time metrics and social determinants of health, which requires a robust population health management system. This data helps identify vulnerable populations, focus on preventative care, and aid predictive analytics in treatment of illnesses.[219] Armed with population data and health care analytics, health systems are able to provide immense value, improve quality of care, and deliver on their promise of a better patient experience and more personalized health care.

AGILE INFRASTRUCTURE AND PARTNERSHIPS

To deliver high-value, agile care solutions, many commercial health systems are optimizing their existing infrastructure and resources to deliver a team-based, collaborative approach to care delivery. Health systems are investing heavily in the construction of multiuse facilities that operate in an agile manner, promoting patient care coordination and improved outcomes.[220] Several large hospitals are also taking the opportunity to renovate or retrofit their physical spaces to adapt to the growing demand for ambulatory care.

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[215] Becker's Hospital Review. (2020). *The Seven Components of a Clinical Integration Network*. Accessed July 29, 2020 at https://www.beckershospitalreview.com/hospital-physician-relationships/the-7-components-of-a-clinical-integration-network.html

[216] Porter M, Lee R. (2013). *The Strategy That Will Fix Health Care*. Harvard Business Review website. Accessed August 19, 2020 at https://hbr.org/2013/10/the-strategy-that-will-fix-health-care.

[217] Farley Jr., Eugene S. (2016). *Creating a Culture of Whole Health*. Accessed August 20, 2020 at https://www.apa.org/about/governance/president/culture-whole-health.pdf

[218] National Institute of Whole Health. (2020). *A Whole Person Approach to Health and Healing.* Accessed August 25, 2020 at https://wholehealtheducation.com/a-whole-person-health-approach-to-health-and-healing/

[219] O'Gara, Emmet. (2020). *The Role of Population Health in Value-Based Care*. Modern Health Care. Accessed July 29, 2020 at https://www.modernhealthcare.com/patient-care/role-population-health-value-based-care

[220] Paavola, Alia. (2019) Becker's Hospital Review. *4 Healthcare Facility Trends to Watch in 2020*. Accessed August 12, 2020 at https://www.beckershospitalreview.com/capital/4-healthcare-facility-construction-trends-to-watch-in-2020.html#:~:text=The%20mixed%2Duse%20facilities%20have,facilities%2C%20according%20to%20Simone%20Health.

Health systems are also building meaningful partnerships to ensure effective allocation of organization resources. These partnerships with health systems, community clinics, insurers, retail pharmacies, medical device and even biotech companies provide the opportunity to expand network coverage as well as give patients access to new treatment options. Non-traditional health care partnerships, with technology companies such as Microsoft, Amazon, Google, and IBM Watson's Imaging Services, rose from 7% in 2007 to nearly 16% in 2015.[221] These partnerships strengthen innovation of care delivery across the country[222] and also support health systems developing the platforms necessary to pursue their population health and whole person health goals. Ultimately, partnerships could help reduce operational and resource redundancies within a health system, develop effective methods to deliver care, and build frameworks that support the provision of individualized care.

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[221] American Hospital Association. (2016) *Guide to Health Care Partnerships for Population Health Management and Value-Based Care*, pg 6. Accessed July 29, 2020 at https://www.aha.org/system/files/hpoe/Reports-HPOE/2016/guide-to-health-care-partnerships-pop-health.pdf

[222] Becker's Hospital Review. (2019). *36 hospitals, health systems that partnered with big tech in 2019*. Accessed July 29, 2020 at https://www.beckershospitalreview.com/healthcare-information-technology/36-hospitals-health-systems-that-partnered-with-big-tech-in-2019.html

APPENDIX I. QUALITY MEASURE SET

The MISSION Act Quality Standards allow Veterans to examine VA and community provider performance on key clinical quality and experience metrics. These comparisons depict VA facility performance and community provider performance at the measure level to aid consumers in understanding the quality of care available in their geographic region.[223]

Proposed Quality Measure Set[224]

| Quality Domain	Initial Measures	Medical Service Line	Expected Performance	Community Benchmark
Effective Care Is based on scientific knowledge of what is likely to provide benefit to Veterans	Risk Adjusted Mortality Rate for Heart Attack	Cardiology	Same or better than U.S. rate	CMS Hospital Compare
	Risk Adjusted Mortality Rate for Pneumonia	Medicine	Same or better than U.S. rate	CMS Hospital Compare
	Risk Adjusted Mortality Rate for Heart Failure	Cardiology	Same or better than U.S. rate	CMS Hospital Compare
	Risk Adjusted Mortality Rate for COPD	Medicine	Same or better than U.S. rate	CMS Hospital Compare
	Smoking and Tobacco Use Cessation – Advising Smokers to Quit	Primary Care	Meet/Exceed Community Rate	NCQA HEDIS
	Immunization for Influenza	Primary Care	Meet/Exceed Community Rate	NCQA HEDIS
	Controlling High Blood Pressure	Cardiology	Meet/Exceed Community Rate	NCQA HEDIS
	Comprehensive Diabetes Care – Blood Pressure Control	Endocrinology	Meet/Exceed Community Rate	NCQA HEDIS
	Comprehensive Diabetes Care – Glucose Control	Endocrinology	Meet/Exceed Community Rate	NCQA HEDIS
	Comprehensive Diabetes Care – Retinal Exams	Ophthalmology	Meet/Exceed Community Rate	NCQA HEDIS
	Breast Cancer Screening	Women's Health	Meet/Exceed Community Rate	NCQA HEDIS
	Cervical Cancer Screening	Women's Health	Meet/Exceed Community Rate	NCQA HEDIS
Safe Care Avoids harm from care that is intended to help Veterans	Catheter Associated Urinary Tract Infections	Acute Medicine & Surgery	Same or better than U.S. rate	CMS Hospital Compare
	Central Line Associated Bloodstream Infection Rate	Acute Medicine & Surgery	Same or better than U.S. rate	CMS Hospital Compare

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[223] Department of Veterans Affairs. (2020). MISSION Act Quality Measure Community Comparison. Accessed July 30, 2020 at https://www.accesstocare.va.gov/Healthcare/MissionActQualityStandardForStation/688
[224] Department of Veterans Affairs. (2019). VHA Strategic Plan to Meet Health Care Demand.

Quality Domain	Initial Measures	Medical Service Line	Expected Performance	Community Benchmark
Veteran-Centered Care Anticipates and responds to Veteran's and their caregivers' preferences and needs and ensures that Veterans have input into clinical decisions	Hospital Consumer Assessment of Health Providers and Systems (HCAHPS) Overall Summery Star Rating	Acute Medicine & Surgery	Meet/exceed community rate using Hospital Compare start methodology	CMS Hospital Compare
	HCAHPS Care Transition Summary Star Rating	Acute Medicine & Surgery	Meet/exceed community rate using Hospital Compare start methodology	CMS Hospital Compare
	Patient's overall rating of the Provider on the Consumer Assessment of Health Providers and Systems (CAHPS) survey	Primary Care, Specialty Care	25th Percentile or better	AHRQ CAHPS Database

APPENDIX J: INTEGRATION

Empowering Veterans to stay well, meet their basic needs, manage illness, and connect to highly qualified health care resources are core goals for the high-performing integrated delivery network. To achieve these goals, the HPIDN combines the integration of clinical service lines to deliver comprehensive, personalized care (Integrated Delivery Systems), with a comprehensive network of partnerships (High Performing Network).
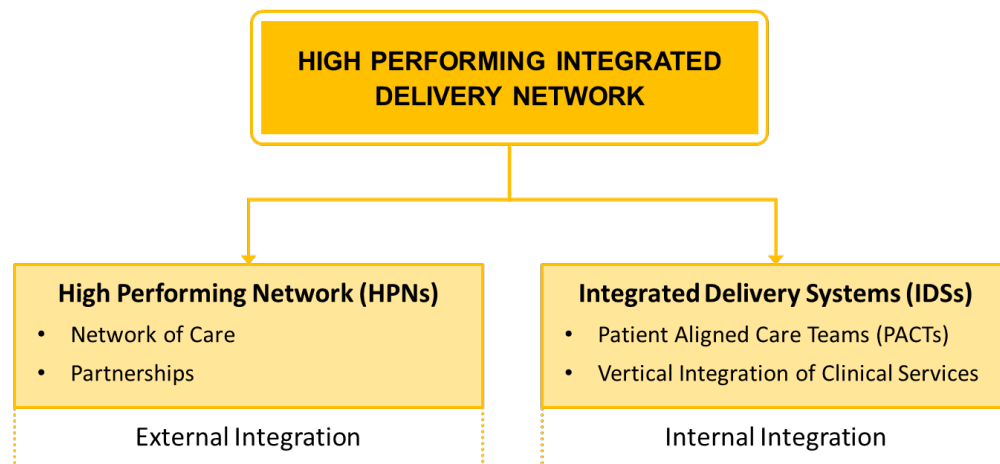
Figure 18.   Integration Through High-Performing Integrated Delivery Network

INTERNAL INTEGRATION

VA's use of Patient Aligned Care Teams (PACTs), comprised of physicians, nurses, clinical associates, therapists, and administrative staff, support its HPIDN goals of delivering integrated, personalized, and comprehensive care. These PACT teams, similar to the private sector's integrated clinical teams, offer an array of benefits including higher-quality, more efficient care for patients, a focus on patient's overall well-being (instead of episodes of care), and a reduction in cost.

EXTERNAL INTEGRATION

VA is proud of its robust partnerships with federal, academic, and commercial providers that allow Veterans to access the highest-quality care available wherever they are located throughout the country. These partnerships support VA's Health Care, Emergency Preparedness, Research, and Education Missions, and are a critical component of VA health care delivery. The HPIDN seeks to expand and more closely integrate these external partnerships in order to increase its network coverage and strengthen care delivery across the country. These partnerships include both the maintenance and reinforcement of VA's traditional care-delivery partnerships, but also opportunities for innovative partnerships with private retail and technology companies.

American Hospital Association. (2017). *2017 AHA Environmental Scan.* Retrieved May 31, 2017, from American Hospital Association: http://www.aha.org/content/17/2017environmentalscan.pdf

American Hospital Association. (n.d.). *2017 AHA Environmental Scan.* Retrieved May 31, 2017, from American Hospital Association: http://www.aha.org/content/17/2017environmentalscan.pdf

Anderson PhD, G. (2010). *Chronic Care: Making the Case for Ongoing Care.* Retrieved January 4, 2018, from Robert Wood Johnson Foundation: www.rwjf.org/pr/product.jsp?id=50968

Bernstein, L. (2015, March 3). *U.S. faces 90,000 doctor shortage by 2025, medical school association warns.* Retrieved July 12, 2017, from Washington Post: https://www.washingtonpost.com/news/to-your-health/wp/2015/03/03/u-s-faces-90000-doctor-shortage-by-2025-medical-school-association-warns/?utm_term=.faca969e9206

Bureau of Labor Statistics. (2016, March 22). *Economic News Release: Employment Situation of Veterans Summary.* Retrieved Novemer 1, 2016, from U.S. Department of Labor: http://www.bls.gov/news.release/pdf/vet.pdf

Bureau of Labor Statistics. (2016, March 22). *Employment Situation of Veterans 2016.* Retrieved May 8, 2017, from News Release: https://www.bls.gov/news.release/pdf/vet.pdf

Bureau of Labor Statistics. (n.d.). *How the Government Measures Unemployment*. Retrieved October 27, 2017, from Labor Force Statistics from the Current Population Survey: https://www.bls.gov/cps/cps_htgm.htm#employed

Carter, P., Schafer, A., Kidder, K., & Fagan, M. (2017, June 15). *Lost in Translation: The Civil-Military Divide and Veteran Employment.* Retrieved August 7, 2017, from Center for New American Security: https://www.cnas.org/publications/reports/lost-in-translation

Centers for Disease Control and Prevention. (2017, October 3). *Suicide: Risk and Protective Factors*. Retrieved December 4, 2017, from https://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html

Colby, S. L., & Ortman, J. M. (2015, March). *Projections of the Size and Composition of the U.S. Population: 2014 to 2060.* Retrieved 12July 12, 2017, from U.S. Census Bureau: https://www.census.gov/content/dam/Census/library/publications/2015/demo/p25-1143.pdf

Congressional Budget Office. (2013, June 13). *Rising Demand for Long-Term Services and Supports for Elderly People.* Retrieved May 11, 2017, from https://www.cbo.gov/publication/44363

Defense Manpower Management Center. (n.d.). *Principal Wars in which the United States Participated-U.S. Military Personnel Serving and Casualties.* Retrieved September 25, 2017, from Defense Casualty Analysis System: https://dcas.dmdc.osd.mil/dcas/pages/report_principal_wars.xhtml

Eikenberry, K. W., & Kennedy, D. M. (2013, May 26). Americans and Their Military, Drifting Apart. *New York Times*. Retrieved June 15, 2017, from New Yiork Times: http://www.nytimes.com/2013/05/27/opinion/americans-and-their-military-drifting-apart.html

Executive Office of the President. (2017, April 12). *Memorandum for Heads of Executive Departments and Agencies M-17-22*. Retrieved December 13, 2017, from The White House: https://www.whitehouse.gov/sites/whitehouse.gov/files/omb/memoranda/2017/M-17-22.pdf

Family Caregiver Alliance. (2015, January 31). *What is Long-Term Care?* Retrieved June 6, 2017, from Selected Long-Term Care Statistics: https://www.caregiver.org/selected-long-term-care-statistics

Favreault, M., & Dey, J. (2015, July 1). *Long-Term Services and Supports for Older Americans: Risks and Financing.* Retrieved December 28, 2017, from U.S. Department of Health & Human Services: https://aspe.hhs.gov/basic-report/long-term-services-and-supports-older-americans-risks-and-financing-research-brief

Government Business Council. (2016, March). *What is Long-Term Care and Who Needs It?* Retrieved June 30, 2017, from Federal Long Term Care Insurance Program: https://cdn.govexec.com/media/jeffs/fltc/fltc_posts_v8.pdf

Holder, K. A. (2017, January). *Veterans in Rural America: 2011–2015: American Community Survey Reports.* Retrieved July 17, 2017, from U.S. Census Bureau: https://www.census.gov/content/dam/Census/library/publications/2017/acs/acs-36.pdf

iVantage Health Analytics . (2015). *2015 Rural Health: Vulnerability to Value.* Retrieved August 7, 2017, from iVantage : https://ivantagehealth.com/wp-content/uploads/2015/04/2015-RURAL-RELEVANCE-FULL-PDF_FNL2.pdf

iVantage Health Analytics. (2015). *Hospital Vulnerability Index: Rural Closures and Risk of Closure.* Retrieved July 12, 2017, from iVantage Health Analytics: https://ivantagehealth.com/wp-content/uploads/2015/04/2015-RURAL-RELEVANCE-FULL-PDF_FNL2.pdf

iVantage Health Analytics. (2016). *Rural Relevance - Vulnerability to Value: A Hospital Strength INDEX Study.* Retrieved May 15, 2017, from Chartis.com: http://www.chartis.com/resources/files/INDEX_2016_Rural_Relevance_Study_FINAL_Formatted_02_08_16.pdf

Kang DrPH, H. K., Bullman, T. A., Smolenski MPH, P. D., Skopp PhD, N. A., Hahm PhD, G. A., & Reger PhD, M. A. (2015). Suicide risk among 1.3 million veterans who were on active duty during the Iraq and Afghanistan wars. *Annals of Epidemiology, 25*, 96-100. doi:Suicide Among Veterans and Other Americans: 2001-2014

Kaye, H. S., Harrington, C., & LaPlante, M. P. (2010, January). Long-Term Care: Who Gets It, Who Gets It, Who Provides It, Who Pays, And How Much? *Health Affairs, 29*(1: Advancing Long-Term Services & Supports), 11-21. doi:10.1377/hlthaff.2009.0535

Manchester, J. (2017, July 16). *VA secretary vows to bring down veteran suicide rate*. Retrieved July 18, 2017, from The Hill: http://thehill.com/blogs/blog-briefing-room/news/342204-va-secretary-vows-to-bring-down-veteran-suicide-rate

OECD. (n.d.). *United States.* Retrieved June 5, 2017, from OECD Better Life Index: http://www.oecdbetterlifeindex.org/countries/united-states/

Ramchand, R., Tanielian, T., Fisher, M. P., Vaughan, C. A., Trail, T. E., Batka, C., . . . Dastidar, M. G. (2014). *Rand Corporation.* Retrieved June 30, 2017, from Hidden Heroes: America's Military Caregivers: https://www.rand.org/pubs/research_reports/RR499.html

Schlenger, W. E., Corry, N. H., Williams, C. S., Kulka, R. A., Mulvaney-Day, N., DeBakey, S., . . . Marmar, C. R. (2015, December 2). A Prospective Study of Mortality and Trauma-Related Risk Factors Among a Nationally Representative Sample of Vietnam Veterans. *American Journal of Epidemiology, 182*(12), 980-990. doi:https://doi.org/10.1093/aje/kwv217

Spetz, J., Trupin, L., Bates, T., & Coffman, J. M. (2015). Future Demand For Long-Term Care Workers will be Influenced by Demographic and Utilization Changes. *Health Affairs, 34*(6), 936–945. doi:10.1377/hlthaff.2015.0005

The White House. (2017, March 13). *Presidential Executive Order on a Comprehensive Plan for Reorganizing the Executive Branch*. Retrieved December 13, 2017, from Office of the Press Secretary: https://www.whitehouse.gov/the-press-office/2017/03/13/presidential-executive-order-comprehensive-plan-reorganizing-executive

Topchik, M. (2017). *Rural Relevance 2017: Assessing the State of Rural Healthcare in America.* Retrieved May 15, 2017, from Chartis Center for Rural Health: https://cdn2.hubspot.net/hubfs/333498/CCRH/The%20Rural%20Relevance%20Study_2017_FL031717.pdf?__hssc=31316192.1.1494871007884&__hstc=31316192.37f8c36ee579ebf9ae0855b928a0a77b.1494871007884.1494871007884.1494871007884.1&hsCtaTracking=45e3d15a-8730-48c6-a82b

Torreon, B. S. (October 11, 2017). *U.S. Periods of War and Dates of Recent Conflicts.* Congressional Research Service. Retrieved December 28, 2017, from https://fas.org/sgp/crs/natsec/RS21405.pdf

U.S. Census Bureau. (n.d.). *Veterans Living by Age & Period of Service, Age, and Sex: 2010 .* Retrieved July 14, 2017, from https://view.officeapps.live.com/op/view.aspx?src=http%3A%2F%2Fwww2.census.gov%2Flibrary%2Fpublications%2F2011%2Fcompendia%2Fstatab%2F131ed%2Ftables%2F12s0521.xls

U.S. Department of Defense. (n.d.). *Conflict Casualties.* Retrieved July 14, 2017, from Defense Casualty System: https://www.dmdc.osd.mil/dcas/pages/casualties_oir.xhtml

U.S. Department of Health and Human Services . (2014). *The Future of the Nursing Workforce: National- and State-Level Projections, 2012-2025.* National Center for Health Workforce Analysis, Health Resources and Services Administration, Rockville, MD. Retrieved May 11, 2017, from https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/nursingprojections.pdf

U.S. Department of Health and Human Services. (2016, November). *Critical Access Hospitals: Rural Health Series.* Retrieved July 17, 2017, from Centers for Medicare & Medicaid Services: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/CritAccessHospfctsht.pdf

U.S. Department of Health and Human Services. (2016, November). *National Projections of Supply and Demand for Selected Behavioral Health Practitioners: 2013-2025.* Retrieved July 12, 2017, from Health Resources and Services Administration: https://bhw.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/research/projections/behavioral-health2013-2025.pdf

U.S. Department of Health and Human Services. (2017, July 12). *Health Professional Shortage Areas.* Retrieved July 12, 2017, from Data Warehouse: https://datawarehouse.hrsa.gov/topics/shortageAreas.aspx

U.S. Department of Health and Human Services. (2017, July 12). *Health Professional Shortage Areas (HPSA) - Mental Health.* Retrieved July 12, 2017, from Health Resources & Services Administration: https://datawarehouse.hrsa.gov/ExportedMaps/HPSAs/HGDWMapGallery_BHPR_HPSAs_MH.pdf

U.S. Department of Health and Human Services. (2017, February 21). *What is Long-Term Care?* Retrieved June 30, 2017, from Administration on Aging: https://longtermcare.acl.gov/the-basics/what-is-long-term-care.html

U.S. Department of Health and Human Services. (2017, February 21). *Who Needs Care?* Retrieved June 6, 2017, from Long Term Care: https://longtermcare.acl.gov/the-basics/who-needs-care.html

U.S. Department of Veterans Affairs. (2011, November). *2010 National Survey of Veterans: Understanding and Knowledge of VA Benefits and Services.* Retrieved December 11, 2017, from National Center for Veterans Analysis and Statistics: https://www1.va.gov/vetdata/docs/SpecialReports/2010NSV_Awareness_FINAL.pdf

U.S. Department of Veterans Affairs. (2011). *Gulf War Era Veterans Report: Pre-9/11 (August 2, 1990 to September 10, 2001).* Retrieved October 27, 2017, from https://www.va.gov/vetdata/docs/SpecialReports/GW_Pre911_report.pdf

U.S. Department of Veterans Affairs. (2014, April 14). *Study explores reasons why Veterans seek—or don't seek—PTSD care .* Retrieved July 17, 2017, from Office of Research & Development: https://www.research.va.gov/currents/spring2014/spring2014-25.cfm

U.S. Department of Veterans Affairs. (2014). *Table 3L: VETPOP 2014 Living Veterans by Race/Ethnicity, Gender, 2013-2043.* Retrieved from National Center for Veterans Analysis and Statistics.

U.S. Department of Veterans Affairs. (2015). *2015 Veteran Economic Opportunity Report*. Retrieved July 12, 2016, from http://www.benefits.va.gov/benefits/docs/veteraneconomicopportunityreport2015.pdf

U.S. Department of Veterans Affairs. (2015, August 13). *Mental Health Effects of Serving in Afghanistan and Iraq.* Retrieved July 5, 2017, from PTSD: National Center for PTSD: https://www.ptsd.va.gov/public/PTSD-overview/reintegration/overview-mental-health-effects.asp

U.S. Department of Veterans Affairs. (2015, April). *Study of Barriers for Women Veterans: Final Report.* Retrieved July 7, 2017, from Center for Women Veterans: https://www.womenshealth.va.gov/WOMENSHEALTH/docs/Womens%20Health%20Services_Barriers%20to%20Care%20Final%20Report_April2015.pdf

U.S. Department of Veterans Affairs. (2015). *U.S. Veterans Eligibility Trends and Statistics.* National Center for Veterans Analysis and Statistics.

U.S. Department of Veterans Affairs. (2015, September). *Veteran Population Projection Model - VetPop2014.* Retrieved December 1, 2016, from National Center for Veterans Analysis and Statistics: http://www.va.gov/vetdata/docs/Demographics/New_Vetpop_Model/VetPop2014Document.pdf

U.S. Department of Veterans Affairs. (2016, March). *Profile of Veterans in Poverty: 2014.* Retrieved August 25, 2016, from National Center for Veterans Analysis and Statistics: http://www.va.gov/vetdata/docs/SpecialReports/Profile_of_Veterans_In_Poverty_2014.pdf

U.S. Department of Veterans Affairs. (2016, March). *Profile of Veterans: 2014.* Retrieved December 1, 2016, from National Center for Veterans Analysis and Statistics: http://www1.va.gov/vetdata/docs/SpecialReports/Profile_of_Veterans_2014.pdf

U.S. Department of Veterans Affairs. (2016, December). *Profile of Women Veterans: 2015.* Retrieved July 7, 2017, from Prepared by the National Center for Veterans Analysis and Statistics: https://www.va.gov/vetdata/docs/SpecialReports/Women_Veterans_Profile_12_22_2016.pdf

U.S. Department of Veterans Affairs. (2016, August 3). *Suicide Among Veterans and Other Americans: 2001-2014.* Retrieved July 17, 2017, from Office of Suicide Prevention: https://www.mentalhealth.va.gov/docs/2016suicidedatareport.pdf

U.S. Department of Veterans Affairs. (2016, December). *Unique Veterans Users Profile: 2015.* Retrieved July 13, 2017, from National Center for Veterans Analysis and Statistics: https://www.va.gov/vetdata/docs/SpecialReports/Profile_of_Unique_Veteran_Users_2015.pdf

U.S. Department of Veterans Affairs. (2017, April 28). *About VA*. Retrieved August 15, 2017, from https://www.va.gov/vetdata/docs/pocketcards/Spring_17_Sharepoint.pdf

U.S. Department of Veterans Affairs. (2017, May). *America's Wars Fact Sheet.* Retrieved July 6, 2017, from Office of Public Affairs: https://www.va.gov/opa/publications/factsheets/fs_americas_wars.pdf

U.S. Department of Veterans Affairs. (2017). *Expenditure Tables.* Retrieved August 22, 2017, from National Center for Veterans Analysis and Statistics: https://www.va.gov/vetdata/Expenditures.asp

U.S. Department of Veterans Affairs. (2017, May). *FY 2018 Budget Submission: Benefits and Burial Programs and Departmental Administration, Volume 3 of 4.* Retrieved June 30, 2017, from Office of Budget: https://www.va.gov/budget/docs/summary/fy2018VAbudgetvolumeIIIbenefitsBurialProgramsAndDeptmentalAdministration.pdf

U.S. Department of Veterans Affairs. (2017, March). *Minority Veterans Report.* Retrieved July 7, 2017, from Center for Minority Veterans: https://www.va.gov/vetdata/docs/SpecialReports/Minority_Veterans_Report.pdf

U.S. Department of Veterans Affairs. (2017, March). *Profile of Post-9/11 Veterans: 2015.* Retrieved July 5, 2017, from National Center for Veterans Analysis and Statistics: https://www.va.gov/vetdata/docs/SpecialReports/Post_911_Veterans_Profile_2015.pdf

U.S. Department of Veterans Affairs. (2017, June). *Profile of Pre-9/11 Veterans: 2015.* Retrieved October 30, 2017, from National Center for Veterans Analysis and Statistics: https://www1.va.gov/vetdata/docs/SpecialReports/Pre_911_Veterans_2015.pdf

U.S. Department of Veterans Affairs. (2017, Match). *Profile of Veterans 2015: Data from the American Community Survey.* Retrieved May 11, 2017, from National Center for Veterans Analysis and Statistics: https://www.va.gov/vetdata/docs/SpecialReports/Profile_of_Veterans_2015.pdf

U.S. Department of Veterans Affairs. (2017, July). *Profile of Vietnam War Veterans: From the 2015 American Community Survey.* Retrieved July 16, 2017, from National Center for Veteran Analysis and Statistics: https://www.va.gov/vetdata/docs/SpecialReports/Vietnam_Vet_Profile_Final.pdf

U.S. Department of Veterans Affairs. (2017, June 5). *Rural Veterans.* Retrieved July 6, 2017, from Office of Rural Health: https://www.ruralhealth.va.gov/aboutus/ruralvets.asp#vet

U.S. Department of Veterans Affairs. (2017, August 31). *The Veteran Population Model*. Retrieved December 12, 2017, from National Center for Veterans Analysis and Statistics: https://www.va.gov/vetdata/veteran_population.asp

U.S. Department of Veterans Affairs. (2017, November). *The Veteran Working-Poor: The Relationship between Labor Force Activity and Poverty Status.* Retrieved December 13, 2017, from National Center for Veterans Analysis and Statistics: https://www.va.gov/vetdata/docs/SpecialReports/The_Veteran_Working_Poor.pdf

U.S. Department of Veterans Affairs. (2017, June 30). *VA Benefits & Health Care Utilization.* Retrieved JUNE 30, 2017, from NCVAS Pocket Cards: https://www.va.gov/vetdata/pocketcard/index.asp

U.S. Department of Veterans Affairs. (2017, September 2017). *VA Benefits & Health Care Utilization*. Retrieved December 6, 2017, from National Center for Veterans Analysis and Statistics: https://www.va.gov/vetdata/docs/pocketcards/fy2018q1.pdf

U.S. Department of Veterans Affairs. (2017, October 31). *VA Benefits & Health Care Utilization*. Retrieved December 6, 2017, from National Center for Veterans Analysis and Statistics: https://www.va.gov/vetdata/docs/pocketcards/fy2018q1.pdf

U.S. Department of Veterans Affairs. (2017, November). *VA Utilization Profile: FY 2016*. Retrieved December 12, 2017, from National Center for Veterans Analysis and Statistics: https://www.va.gov/vetdata/docs/Quickfacts/VA_Utilization_Profile.pdf

U.S. Department of Veterans Affairs. (August 2, 1973). *U.S. Military Personnel and Casualties in Principal U.S. Wars.* Congressional Research Service. Library of Congress.

U.S. Department of Veterans Affairs. (July 13, 2005). *American War and Military Operations Casualties.* Congressional Research Service. Library of Congress. Retrieved from Congressional Research Service.

U.S. Department of Veterans Affairs. (n.d.). *Table 2L: VETPOP2016 Living Veterans by Period of Service, Gender, 2015-2045.* Retrieved July 5, 2017, from National Center for Veterans Analysis and Statistics: http://www.va.gov/vetdata/docs/Demographics/New_Vetpop_Model/2L_VetPop2016_POS_National.xlsx

U.S. Department of Veterans Affairs. (n.d.). *Veteran Population Projection Model 2016: Overview.* Retrieved July 5, 2017, from National Center for Veteran Statistics and Analysis:

https://www.va.gov/vetdata/docs/Demographics/New_Vetpop_Model/Vetpop16_Overview.pdf

World Health Organization. (n.d.). *Suicide Rate*. Retrieved December 4, 2017, from http://www.un.org/esa/sustdev/natlinfo/indicators/methodology_sheets/health/suicide_rate.pdf