VHA Office of Community Care
Where Are We Going and How Will We Get There?

6 March 2017
Agenda

- Community Care Background (Slide 3)
- Veterans Choice Program (Slides 4 - 6)
- Plan to Consolidate (Slides 7 - 14)
- Short Term Approach (Slides 15 - 17)
- Long Term Approach (Slides 18 - 19)
- Next Steps (Slide 20)
A Brief History of VA Community Care

VHA Community Care includes a number of separate programs that have become a part of the broader community care tapestry over time.
Veterans Choice Program Overview

Veterans Access, Choice and Accountability Act (VACAA), which established the Veterans Choice Program (VCP), passed in August 2014

VCP expands availability of medical services for eligible Veterans with community providers

Broad Eligibility Requirements:

1. Wait times for care beyond stated VA wait-time goals
   OR
2. Geographic Access / Distance (>40 miles from primary physician)
   OR
3. Unusual or excessive travel burden

VA created and distributed 9 million choice cards, mostly to Veterans not immediately eligible for Choice

Law required VA to be the Secondary Payer, as opposed to Primary Payer

VA was given just 90 days to fully implement this nationwide program

To achieve this timeline, VA modified existing purchased care contracts not designed to handle the scope of VCP

The Choice program is significantly different than any other community care program
Growth in Community Care

Community Care appointments have increased by 61% overall and by 41% as a percentage of all VA appointments since FY14.

**GROWTH IN COMMUNITY CARE COMPLETED APPOINTMENTS (FY14-16)**

- **FY 14**: 15.8 M
- **FY 15**: 21.6 M
- **FY 16**: 25.5 M

**INTERNAL VA VS. COMMUNITY CARE COMPLETED APPOINTMENTS (FY14-16)**

- **FY 14**: 15.8M / 55M
  - Community Care: 22%
  - Internal VA: 78%
- **FY 15**: 21.6M / 56.7M
  - Community Care: 28%
  - Internal VA: 72%
- **FY 16**: 25.5M / 58M
  - Community Care: 31%
  - Internal VA: 69%

*Data as of November 17, 2016*
Relative Size of Choice Program

Accounting for less than 25% of Community Care appointments in FY16, Choice is only a small portion of the overall Community Care landscape.

Traditional Community Care vs. Choice (FY16)

- Traditional Care in the Community** (NVCC/PC3) Excluding Choice (~19.5M)*
- Veterans Choice Program (~5.9M)*

23% 77%

* Data as of November 17, 2016
** Includes ER, Hospice, Dialysis and DoD
Following the implementation of VCP, it became apparent maintaining multiple community care programs was unsustainable.

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<tr>
<th>Category</th>
<th>Challenge</th>
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<tbody>
<tr>
<td>Eligibility</td>
<td>Varied eligibility criteria</td>
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<tr>
<td>Referrals &amp; Authorization</td>
<td>Multiple referral and authorization requirements</td>
</tr>
<tr>
<td>Care Coordination</td>
<td>Lack of standard care coordination model</td>
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<tr>
<td>Community Care Network</td>
<td>Multiple local provider contracting approaches</td>
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<tr>
<td>Provider Payments</td>
<td>Variable payment rates and structures</td>
</tr>
<tr>
<td>Customer Service</td>
<td>Multiple programs that result in confusion</td>
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Plan to Consolidate

VA made sure to incorporate feedback from key stakeholders representing diverse groups and backgrounds to create the plan.

VA Community Care Plan
Driving Transformation From the Field

Field Based Portfolio Teams with Strong Integrated Support

- Diverse membership including Physicians, Nurses, Social Worker, Care Coordinators, Chief Medical Officers, Customer Service Representatives, Provider Relations, Business Office Chiefs, and Purchased Care Staff
- Engaged IT, Systems Engineers, Industrial Engineers, Performance Measurement Experts and Project Managers

Interviews, site visits, and data gathering exercises with VISN and VA medical center staff across the country were conducted to inform the future state design.
The Independent Assessment, IG/GAO and CC reports all have similar findings. In response, VA's plan outlines solutions that address many of the recommendations.
Our future health care network will:

- Evolve from fee-for-service reimbursement to preferred providers with value-based reimbursement
- Develop processes to monitor healthcare quality, utilization, patient satisfaction, and value.
- Transform our care model to support more personalized and coordinated Veteran care
- Transition to more seamless electronic exchange of healthcare information
Our Goal for Community Care

Deliver a program that is easy to understand, simple to administer, and meets the needs of Veterans and their families, community providers, and VA staff
Plan to Consolidate

Five Key Components of the Veteran Community Care Journey

- Provide easy to understand eligibility information to Veterans, community providers, and VA staff
- Support accurate and timely payment of community providers
- Implement a network that provides access to high-quality care inside and outside VA
- Provide quick resolution of questions and issues for Veterans, community providers, and VA staff
- Provide Veterans timely access to a community provider of their choice
- Coordinate care through seamless health information exchange
VA is taking immediate steps to improve stakeholder’s experiences while also implementing long-term improvements for the new community care program.

**Immediate Steps**
- Improve accountability and transparency over VA staff and contracting partners
- Develop standardized Operating and Care Coordination Models
- Implement contract and process improvements

**Long-term Steps**
- Award RFP to serve the network
- Roll out Community Care Operating and Care Coordination Models
- Increase transparency over quality and safety
Veterans had 25.5 million community care appointments in FY16, an 18% increase from FY15. Nearly 6 million of this total through VCP.

More than 7 IT Solutions being tested across sites nationwide.

28 sites with contract staff embedded with VA staff.

Our contract partners have hired thousands of staff to support Veteran access to Community Care.

Through 85 eHealth exchange connections, VA is now connected to more than 800 hospitals, 13,000 clinics, and 8,400 pharmacies.

In FY16, VA and Choice contractors created over 3.5 million authorizations, a 25% increase from FY15.

Over 1.2 million unique Veterans have used VCP since the program's inception.

In FY16, VA processed nearly 18.9 million claims via all programs, a 13% increase since FY15.
**Network RFP Components**

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<th>Community Care Network</th>
<th>Veterans We Serve</th>
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<th>Provider Payment</th>
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<tr>
<td>High Performing Network</td>
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<td>Provider Call Center Support</td>
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**Technology Section, Data Analytics**

**Veteran Customer Service**

The RFP will lay the ground work for establishing a high-performing network, streamlining business and clinical processes, and implementing the Plan to Consolidate
A Quality and Patient Safety Model and Framework was created to establish the baseline for moving to a value-based, more accountable model of care.
Implementation Plan Framework

Projects build... capabilities that... improve the Veteran journey

Projects are the specific activities and initiatives to build or improve VA Community Care capabilities. Multiple projects may be completed to build a capability.

Capabilities are the essential clinical and business functions to operate the VA Community Care program successfully. Each capability ties to a Veteran journey touch point.

Veteran journey touch points refer to the steps and processes in community care that directly involve or impact Veterans.

VA developed an implementation plan that discretely links the vision/Veteran journey with the projects required to deliver the necessary capabilities.
VA developed a capability driven model to link VA’s vision with how it will be achieved through process, organization and technology changes.
FY17 Next Steps

- Develop path forward after Choice expiration
- Roll out the Community Care Operating and Care Coordination Models
- Release and award the Network RFP
- Address FY18 funding gap