Transforming VA Community Care

IT Industry Day
March 7th, 2016
How We Got Here

- The VA Budget and Choice Improvement Act called for improving Veteran access to care by consolidating community programs into one, standardized New Veterans Choice Program (New VCP)

- We gathered key stakeholder feedback from VSOs, VA staff and clinicians, Federal partners, and healthcare industry leaders

- We included industry best practices, financial modeling, and ensured alignment with VA’s future vision for healthcare

- Our goal is to deliver a program that is easy to understand, simple to administer and meets the needs of Veterans, community providers and VA staff

- Transformation of this scale and impact will require a phased implementation and systems approach

- VA submitted our Plan to Consolidate Care in the Community in October 2015
Developing the Plan
The Veterans Choice Program Plan Report, as part of the "VA Budget and Choice Improvement Act," contains several components. The plan will begin implementation in FY17.

Veterans Choice Program Plan Report

- Descriptions of each non-Department Provider Program and Statutory Authority
- Estimated Costs & Budgetary Requirements
- Legislative Proposal Recommendations
- Veterans Choice Program Plan

1) Single Program for non-Department Care Delivery
2) Patient Eligibility Requirements
3) Authorization Process
4) Billing & Reimbursement Process
5) Provider Reimbursement Rate
6) Plan to Develop Provider Eligibility Requirements
7) "Prompt Payment" Compliance
8) Plan to Use Current non-Dept. Networks and Infrastructure
9) Medical Records Management
10) Transition Plan
# Stakeholder Feedback - Highlights & Key Themes

VA gathered insights from VSOs, health care leaders, Federal partners, VA clinicians and staff, feedback on the Choice Program, and VACAA Independent Assessments Report

<table>
<thead>
<tr>
<th>Veteran Service Organizations</th>
<th>Health Care Leaders</th>
<th>VA Staff and Clinicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>VSOs emphasized the voice of Veterans, including:</td>
<td>Leaders from across health care emphasized the:</td>
<td>VA staff/clinicians emphasized the need to:</td>
</tr>
<tr>
<td>• VA provides a <strong>unique environment</strong> and culture for Veteran health care</td>
<td>• Use of <strong>data and metrics</strong> to drive decision-making</td>
<td>• Identify, use, and disseminate <strong>existing best practices at VA</strong></td>
</tr>
<tr>
<td>• Some Veterans are <strong>willing to travel</strong> farther to see VA providers</td>
<td>• Use of <strong>new technologies</strong> to advance care delivery</td>
<td>• Improve <strong>efficiency/timeliness of business processes and clinical pathways</strong> so that Veterans are successfully connected to care in the community</td>
</tr>
<tr>
<td>• Current processes for accessing community care are <strong>confusing</strong></td>
<td>• Need to build a <strong>sound technology infrastructure</strong></td>
<td>• <strong>Simplify and consolidate</strong> various programs to reduce confusion</td>
</tr>
<tr>
<td>• Concerns the current VA provider system would be <strong>underfunded to purchase care in the community</strong></td>
<td>• VA’s opportunity to lead the field in <strong>care coordination</strong></td>
<td>• <strong>Increase staffing</strong> and dedicate VA employees to care coordination</td>
</tr>
<tr>
<td>• VA should be the face of <strong>care coordination</strong> for Veterans</td>
<td>• Importance of a <strong>community care network</strong> to provide the care and services Veterans require</td>
<td>• Implement <strong>technologies to replace manual processes</strong> and increase information sharing</td>
</tr>
<tr>
<td>• Procedures for filling claims (for payment or reimbursement of emergency care) are <strong>restrictive and burdensome</strong></td>
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</tbody>
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- **VA**
- U.S. Department of Veterans Affairs
We are working to integrate care delivered by VA and community providers.

**Integration of VA and Community Providers**

**Best Care Anywhere:**
VA delivers best-in-class care for Veterans through VA-Delivered Services while leveraging its network for Community-Delivered Services.

- Deliver personalized, proactive, and patient-driven health care
- Invest and grow VA-Delivered Foundational Services
- Use innovative technologies and care models to optimize health outcomes
- Focus on research and education aligned with Veterans health needs
- Maintain a community care network to deliver community care
- Use metrics and data analytics to drive improvement

We are working to integrate care delivered by VA and community providers.
Impact on Veterans

- Provide expedited access to VA's centers of excellence and medical care
- Connect Veterans with a care team in-person or virtually
- Seek individualized help from VA when needed
- Oversee and ensure outcomes of care and experience
- Coordinate care across the system, whether within or outside VA
- Ensure access to private sector's best providers
- Provide personalized tools and treatment plans to help manage the Veteran's health
Current Community Care Programs Are Confusing

Community Care today is complicated and consists of multiple programs that cause confusion for Veterans, Community Providers, and VA staff.

To address this issue, VA proposed a plan to Congress to consolidate community care. We recognize this will be a long journey, but we are making immediate improvements where and when we can.
Our Goal for VA Community Care

Deliver a program that is easy to understand, simple to administer, and meets the needs of Veterans, community providers, and VA staff
Five Key Components Trace the Veteran Community Care Journey

1. Provide easy-to-understand eligibility information to Veterans, Community Providers, and VA staff.
2. Provide Veteran’s timely access to a community provider of their choice.
3. Coordinate care through seamless health information exchange.
4. Implement a network that provides access to high quality care inside and outside VA.
5. Support accurate and timely payment of community providers.
6. Provide quick resolution of questions and issues for Veterans, Community Providers, and VA staff.
Eligibility
Clarify and Automate Eligibility

What we want to hear from Veterans: “With the New VCP I understand when and where I am eligible for care.”

We are working to streamline, consolidate and automate our eligibility processes so that Veterans, community providers and VA staff have a clear, consistent understanding of eligibility.
The New VCP will not change what services Veterans are eligible to receive under the VA Health Benefit. It will determine if Veterans can seek that care from community providers.

**New VCP Eligibility**

- **VA Health Benefit**
  - Medical Benefits
  - Geriatrics and Extended Care
  - Dental Care
  - Prescriptions

**VCP Patient Eligibility**

- Medical, Dental, Vision
- Emergency & Urgent Care
- Pharmacy & DME
- Geriatrics & Extended Care

**Example**

- VCP eligibility does not impact if a Veteran is eligible for a VA health benefit.

- Veteran may be eligible for VA dental benefit based on Service Connectedness. VCP does not change this.

- It does determine if the Veteran can receive those benefits from community providers.

- VCP eligibility determines if Veteran can receive dental care from a community provider or must go to a VA facility.
Considerations for Eligibility Criteria

Current Criteria for Community Care

VA determines eligibility for community care through a number of mechanisms focused on:

- Geographic Distance / Convenience
- Availability of Service
- Wait Times for Care

Unique Considerations for VA

Unique considerations when defining a single set of eligibility criteria:

- VA is required to provide coverage in areas where it has no physical assets or provider network
- ~80% of enrolled Veterans have other health insurance (OHI) and often use VA when cost shares are more advantageous than OHI
- The need to support VA’s education and research missions
<table>
<thead>
<tr>
<th>Eligibility Category</th>
<th>Proposed Criteria Veterans Choice Program</th>
<th>Change to Eligible Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wait Times for Care</td>
<td>An appointment cannot be scheduled within VA wait-time goals for providing the service or within the clinically necessary time frame indicated by the provider if that time frame is less than VA wait-time goals</td>
<td>![Red Arrow]</td>
</tr>
<tr>
<td>Geographic Distance /</td>
<td>Veteran lives 40 miles or farther driving distance from their PCP as designated by the VA</td>
<td>![Red Arrow]</td>
</tr>
<tr>
<td>Convenience</td>
<td>OR</td>
<td>![Red Arrow]</td>
</tr>
<tr>
<td></td>
<td>Veteran faces excessive burden in accessing care at a VA facility, including:</td>
<td>![Red Arrow]</td>
</tr>
<tr>
<td></td>
<td>▪ Geographical challenges</td>
<td>![Red Arrow]</td>
</tr>
<tr>
<td></td>
<td>▪ Environmental factors</td>
<td>![Red Arrow]</td>
</tr>
<tr>
<td></td>
<td>▪ Medical conditions that affect travel</td>
<td>![Red Arrow]</td>
</tr>
<tr>
<td></td>
<td>▪ Other factors (nature of care, frequency of care, and need for an attendant)</td>
<td>![Red Arrow]</td>
</tr>
<tr>
<td>Availability of Service</td>
<td>Facility does not provide the service or has chosen to ‘buy’ service from the community</td>
<td>![Red Arrow]</td>
</tr>
<tr>
<td></td>
<td>OR</td>
<td>![Red Arrow]</td>
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<tr>
<td></td>
<td>There is a compelling reason why the Veteran needs to receive the service outside a VA facility (e.g., female victims of MST unable to be seen by a female provider)</td>
<td>![Red Arrow]</td>
</tr>
</tbody>
</table>

Provides more access to community care than is available today

Does not significantly change access to community care

New eligibility criteria that does not exist today
Eligibility Criteria: Geographic Distance/Convenience

PCPs play a critical role in coordinating care and providing preventative care, so the new VCP will focus on providing all Veterans with convenient access to a PCP.

1. If a VA PCP is not available within 40 driving miles of the Veteran's home, the Veteran is eligible to receive all care through VCP. VA will provide the option to select a more convenient community network provider as PCP for VA care.

2. Once the community PCP is designated, that provider will serve as the Veteran's care coordinator. This may include specialty care received in VA facilities, if VA is the most convenient provider.

Rationale for Focus on the PCP

- **Care Coordination:**
  - PCPs are the provider seen most frequently
  - PCP is overall coordinator of care
  - Convenient access supports better health outcomes

- **Preventative Care:**
  - Convenient access encourages use of preventative care

- **Health Care Utilization**
  - Use of PCPs reduces high cost admissions and emergency and urgent care

- **Consistent with Industry**
  - Health plans typically have a tighter access standards for PCPs
  - Geographic access to specialty care is more difficult to establish
## Eligibility Criteria: Emergency and Urgent Care

<table>
<thead>
<tr>
<th>Eligibility Category</th>
<th>Proposed Criteria for Veterans Choice Program (Future State)</th>
<th>Change to Eligible Population</th>
</tr>
</thead>
</table>
| Emergency Care       | 1. Veteran is enrolled in the VA.  
                      | 2. Veteran has received care through the VA within the last 24 months.  
                      | 3. Symptoms satisfy the “prudent layperson” definition of emergency  
                      | 4. There is no authorization requirement (preservice or post service) for emergency care. | 🔺 |
| Urgent Care          | 1. Veteran is enrolled in the VA.  
                      | 2. Veteran has received care through the VA within the last 24 months.  
                      | 3. Access care at a VA designated Urgent Care Center | 🔺 |

### Definitions:

- **Emergency**: “A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the health of the individual (or with respect to a pregnant woman or her unborn child) in serious jeopardy, serious impairment to body functions or serious dysfunction of any bodily organ or part.”

- **Urgent**: “Urgent medical condition' shall mean a condition which, if not treated within 24 hours could lead to serious impairment of bodily function or serious dysfunction of any bodily organ or part.”

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*Provides more access to community care than is available today*  
*Does not significantly change access to community care*  
*New eligibility criteria that does not exist today*
Referral and Authorization
Standardize the Referral & Authorization Process

What we want to hear from Veterans: “I was easily and quickly referred to a community provider for my care.”

We are working to streamline the referral and authorization process, to include a standard referral template and remove unnecessary steps. These improvements will allow Veterans to get care more quickly.
Referrals and authorizations will follow an industry leading approach where fewer services require referrals and/or authorizations, allowing Veterans quicker access to care.

**Definitions**

**Referral:** A written or electronic transfer of care initiated by a clinician that enables a patient to see another provider for specific care or to receive medical services.

**Authorization:** A decision that a health care service, treatment plan, prescription drug, or DME is medically necessary.

<table>
<thead>
<tr>
<th>Current State Service Categories</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral Only (with or without an authorization)</td>
<td>For all non-emergent services, a referral is required</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Future State Service Categories</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral Only (no Authorization)</td>
<td>A clinician’s referral is all that is required for most services and promotes coordination of care between the providers</td>
</tr>
<tr>
<td>Referral and Authorization Required</td>
<td>A defined, limited set of services requiring clinical review and approval after referral</td>
</tr>
</tbody>
</table>
Future State - Centralized Authorization Center

For consistency, VA will move to centralized shared services to handle all authorization submissions.

**Current State**
- No standard or consistent process
- No consistent guidelines for approval
- Variance amongst regions
- Highly manual

**Future State**
- Standardized, consistent process
- Guidelines for approval follow medical criteria
- Automated process and solution
- Highly trained staff

**Keys to Success**

**People**
- Single team, working together in one location
- Skilled clinical team
- Regular training and certification

**Process**
- Streamlined process
- Reduced handoffs
- Reduced/eliminated redundancies

**Technology**
- Highly automated system that connects to the eligibility & claims systems
- Higher percentage of fully auto-processed items
Community Care Network
Offer Access to Excellent Community Providers

What we want to hear from Veterans: “I have options and I feel confident that there will always be a provider when and where I need one.”

What we want to hear from providers: “I am proud to serve Veterans and to be a part of the VA Community Care network.”

Utilize our network of VA and community providers

Provide access to high-quality care

We are working to build our network of providers to improve access to high-quality care.
Current State

Limitations

**Network**
- Limited visibility to network coverage gaps
- No ability to evaluate best in class providers

**Management**
- No active management of provider relationships
- No formal tracking mechanism for provider issues

Industry Best Practices
- Tiered networks with designated preferred providers based on quality and cost
- Expands network using culturally aware providers based on population served
- Dedicated provider relations staff to manage on-going network development and relationships
- Analytic-driven decision making regarding contracting, claims payment, and issue resolution
Provider Network – Future State

Provider Network Evolution

Phase 1
Growth of VA Core Network through stronger relationships with Federal and academic teaching partners

Phase 2
Expansion of External Network and shift to complementary clinical services

Phase 3
Expansion of Preferred Tier Providers supplying complementary clinical services

Network actively managed and integrated with claims and customer service departments

| Federally Funded and Academic Affiliates* | VA Core Network |
| Preferred Tier                          | External Network |
| Standard Tier                           |                  |

*“Academic affiliates” have active teaching relationships with VA (Directive 1663) and are in the Core Network. Remaining academic institutions without teaching relationships are in the External Network.

Preferred Provider Designation

- **Quality:** Adherence to evidence-based care guidelines
- **Value:** Delivery of high quality and appropriate care based on defined metrics and goals
- **Compact:** Pledge to serving US Veterans
Provider Credentialing – Current and Future State

Current State

Limitations

- Inconsistent process across TPAs and local contracts
- Basic participation standards

Industry Best Practices

- Uniform set of standards for providers in an automated credentialing system with defined processing time
- Re-credential at a minimum every 24-36 months, incorporating quality, cost, patient satisfaction, and Veteran complaint rates into the process

Future State

Delegation of Credentialing

VA will delegate credentialing for Core / External Networks.* VA will audit compliance with credentialing standards.

Consistent Credentialing Processes

- Educational Credentials / Certifications / Licensure / Training & Experience
- Employment and Pre-Employment History
- Supplemental Attestation Questions / Disciplinary Screening / Sanctions
- Agreement to meet access standards and quality of care standards

Periodic re-credentialing

*VA will delegate credentialing to the network manager or appropriate Federal institutions, unless there are existing difficulties.
Care Coordination
Integrate and Streamline Care Coordination

What we want to hear from Veterans: “I knew what to expect and I had everything I needed from my doctor.”

What we want to hear from providers: “Sharing information between providers is easy, allowing for seamless care coordination for our patients.”

We are working to bridge the information gap between VA and community providers to ensure seamless care coordination through health information exchange.
Future State Care Coordination Model & Components

Patient Navigation/Basic Care Coordination
- An intervention or a specific person who helps Veterans access care through medical data integration, referral coordination, and appointment scheduling assistance
- Services aimed at helping Veterans with multiple comorbidities and providers, but do not require complex care coordination
- The level of care coordination and patient navigation most Veterans will need
- Self-service options available to engage veterans

Care/Disease Management
- The oversight and management of a comprehensive care plan for a cohort of patients
- Condition-specific programs based on evidence-based guidelines
- Care Managers conduct Veteran outreach, monitor adherence, provide disease education, and engage the Veteran

Case Management
- Emphasizes a collaborative process that assesses, advocates, plans, implements, coordinates, monitors, and evaluates health care options and services so they meet the needs of the individual patient
- Multi-disciplinary team manages care for Veterans with complex conditions and coordinates across providers

The levels of care are coordinated and governed at the enterprise level and executed locally.
Level of Care Coordination Provided

### Care Coordination Delivery

- **VA PCP** (Veteran Uses VA for All Care)
- **Community PCP** (Veteran Uses VA for All Care Except Access Challenges)
- **Community PCP** (Veteran Resides 40 Miles from VA PCP)
- **OHI PCP** (Veteran Chooses to Use Limited VA Services)

- Veteran receives full set of care coordination services
- When a Veteran needs to see a community provider, VA provides on-going care coordination

### Operational Support for Care Coordination

- **Health Information**
  - Collection of Clinical Info (Medical Records)
  - Administrative Info (Claims, Referrals)
- **System Analytics**
  - Data mining to identify at risk and eligible populations for Care/Disease Management and Case Management
- **Call Center**
  - Support for Veteran /provider questions
  - Clinical support
  - Program-specific information
- **Governance**
  - Integration of care management programs across VA
  - Training for coordinators and Care Providers

### Goals of VA Care Coordination

- Focus on health and wellness to improve Veterans’ health outcomes
- Maintain a lifelong record with access to claims, medications, referral, and treatment history
- Establish data-driven processes facilitating retrospective and real-time analyses of health information
- Ensure Veterans receive appropriate community care
- PCPs will sign a pledge to adhere to the tenants of care coordination

- Basic care coordination and patient navigation handled by community PCP for 40-milers
- Proactive care/disease management and case management available for complex conditions
- VA will have access to a lifelong patient record provided by health exchange for 40-milers to better provide care if Veterans choose to receive care via VA
Information Requirements

VA

- Referral
- Authorization
- Clinical Information
- Formulary
- Claims
- VA Critical Pathways for Clinical Episodes
- Analytics Data

Community Care Network

- Clinical Information
- Claims
- Analytics data
Current State

**Pain Points**
- Manual, paper-based process
- Slower processing time
- No clear ownership or coordination
- Many handoffs

**Industry Best Practices**
**Health Information Exchange**: Growing community of exchange partners, who share information under a common security framework and ruleset.
Future State Improvements

- Supports PCP care coordination
- High Electronic Data Interchange (EDI) and less paper involved in transfer of health information
- Quicker processing time and clearer definition of information ownership at each step
- Consistent and more user-friendly process
Provider Payments
What we want to hear from Veterans: “I understand my financial responsibility and I am billed accurately.”

What we want to hear from providers: “It is easy to work with VA. They have adopted industry standards, pay promptly and are a good partner.”

We are working to reduce the current medical claims backlog and automate our claims and administrative processes to enable accurate and timely payments to our community partners.
Reimbursement Rates – Current State

The current process is complex and inconsistent resulting in a confusing, inefficient and error-prone system.

<table>
<thead>
<tr>
<th>Programs with Multiple Fee Schedules</th>
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<tbody>
<tr>
<td>VCP</td>
</tr>
<tr>
<td>Affiliate</td>
</tr>
<tr>
<td>PC3</td>
</tr>
<tr>
<td>DoD</td>
</tr>
<tr>
<td>IHS</td>
</tr>
<tr>
<td>Individual Auth</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

### Pain Points
- Different reimbursement rates for the same service, both locally and regionally
- Billed charges paid for some services, rather than a negotiated rate
- VA likely overpaying for some services
- Adds time to billing & reimbursement process

### Industry Best Practices
- Health plans generally tie reimbursement to regional Medicare rates
- Shift to value-based care arrangements
- In the absence of a fee schedule for a particular service, generally pay usual and customary (U&C). If no U&C rate exists, contact the hospital/provider to negotiate the payment
- Reimbursement schedules centralized and used nationally with regional contracting

*NB1: Each sheet icon represents a different fee schedule
NB2: The icons are an example, and there may be more or less fee schedules for each program*
Reimbursement Rates – Future State

VA will pay up to Medicare rates and shift to a value-based care model.

- Use negotiated network rates
- Tie to regional Medicare rates
- Exceptions for specific geographic areas with particularly few providers (e.g., Alaska, Hawaii, Guam, Puerto Rico, and the Philippines)
- Negotiate rates for services not covered by Medicare, not paid billed charges
- Provides a clear basis for business rules in claims systems
- Maintains existing relationships with DoD, IHS, Tribal, FQHC partners

Networks Evolve to Value-Based Care

Community Providers (Standard Fee Schedule)

Preferred Community Providers (Higher reimbursement based on quality metrics)

VA, DoD, IHS, Tribal, FQHC, and Academic Teaching Partners

Improvements
Claims infrastructure and process is complex, leading to significant inefficiencies.

### Claims Infrastructure
- **Claim System**
- **Claim Processing Site**
- Manual hold

### Claims Process
- **Intake**
- **Check Eligibility**
- **Check Auth**
- **Price Claim**
- **Remit Payment**
- **Work Queues**
- **Denied or Rejected Claims**

### Pain Points
- 30+ disparate claims systems
- Lack of standardization with 70+ claims processing sites
- Completely manual, mostly paper based process
- Confusing and inconsistent processes and rules

### Industry Best Practices
- Auto-adjudication of clean claims
- Investments to flexible systems enable organizations to quickly respond to regulatory/industry changes
- Transition to shared service model to take advantage of scale, standardization, and processing efficiency
- Focused effort to manage patient and provider data and integration with claims platform
The future process will be centralized with significant automation. VA will transition to a shared service model over time that may involve outsourcing claims processing to a third party.

**Claims Infrastructure**

- Claims System
- Claim Processing Site
- Automated Adjudication

**Claims Process**

1. Intake
2. Check Eligibility
3. Check Auth
4. Price Claim
5. Remit Payment

**Work Queues**

- Denied or Rejected Claims

**Improvements**

- Auto adjudication rules defined and deployed
- Significant investments to purchase/deploy a consolidated claims system
- Shared service model deployed with centralized locations (~4-7) to process claims or outsourced model with claims processing managed by a contractor
- No requirement for return of medical record to pay claims
The increase in community care claims coupled with lack of auto adjudication has limited VA’s ability to comply with Prompt Pay rules.

### Current State

<table>
<thead>
<tr>
<th>Mechanism</th>
<th>Adheres to Prompt Pay Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contracts</td>
<td>Yes</td>
</tr>
<tr>
<td>Fee-Based</td>
<td>No</td>
</tr>
</tbody>
</table>

### Future State

- Industry standard definitions
- Applies to all Community Providers
- Standardized business rules
- Implemented claims system
- Compliance with 30 Day Prompt Pay Standard

### Pain Points

- VA does not use industry standard for clean and unclean claims, rather using authorized and unauthorized claims
- VA is noncompliant with the Prompt Pay Standard
- VA is at risk of large financial penalties if/when industry standards are adopted
- Reimbursement is a manual process

### Industry Best Practices

- No Federal Prompt Pay legislation for claims. States have enacted legislation to monitor claims processing. State interest varies (from 1% a month to 18% annually)
- A “clean claim” has no defect, impropriety or special circumstance, including incomplete documentation that delays timely payment
- Prompt Pay Standard is 30 days for clean claims (range 14 to 45 business days) and 45 - 60 days for non-clean claims
A Phased Approach
Five Key Components Trace the Veteran Community Care Journey

- Provide Veteran’s timely access to a community provider of their choice
- Coordinate care through seamless health information exchange
- Provide easy-to-understand eligibility information to Veterans, Community Providers, and VA staff
- Implement a network that provides access to high quality care inside and outside VA
- Support accurate and timely payment of community providers
- Provide quick resolution of questions and issues for Veterans, Community Providers, and VA staff
**Core Team and Portfolio Teams**

### Portfolio Teams
- 120 applicants
- 28 members and 24 SMEs selected across 7 Portfolio Teams
- Diverse membership including physicians, nurses, a social worker, Chief Medical Officers, Industrial Engineers, Project Managers, Business Office Chiefs, Purchased Care Staff, among others

### IT Team
- 7 representatives from the Office of Information and Technology (OIT) and Office of Analytics and Business Intelligence (OIA)
- Roles ranging from architects to information security officers

### Core Team
- 8 representatives from OIA, OIT, PMO, VERC, physicians, communications and change management, among others
Collaborative Approach

Community Care Future State:
- Veterans
- Community Providers
- VA Staff

MyVA Senior Sponsors

Field Portfolio Teams & Quick Wins

Core Team

Community Care Network & Claims Strategy

IT Work Group

Community Care / Chief Business Office

MyVA Senior Sponsors

Field Portfolio Teams & Quick Wins

Core Team

Community Care Network & Claims Strategy

IT Work Group

Community Care / Chief Business Office
To successfully consolidate VA’s community care programs, VA is taking immediate steps to improve stakeholders’ experiences while also planning and implementing the new community care program.

**Immediate Steps to Improve Stakeholder Experience**
- Implement contract modification
- Reduce unnecessary steps in the process
- Improve communications

**Longer-Term Steps to Improve Stakeholder Experience**
- Develop detailed implementation plan
- Execute make/buy decisions
- Implement integrated solutions
Long-Term Improvements
Community Care Experience

Plan
- Understand stakeholders needs to develop detailed implementation plan
  - Obtain stakeholder input and identify industry best practices
  - Develop future business processes
  - Define the business capabilities needed
  - Develop project plans and timelines
  - Plan acquisition of the network and systems

Design
- Develop requirements to support project delivery
  - Define new organization roles and responsibilities
  - Design detailed staff-level processes and procedures
  - Define the business requirements
  - Build or acquire new systems

Implement
- Roll out new clinical and administrative systems
  - Communicate changes to stakeholders
  - Conduct VA staff training to support new processes, procedures and systems
  - Deploy new processes, procedures and systems
  - Manage deployment and address issues

Optimize
- Monitor program results and metrics to identify and execute improvements
  - Conduct regular stakeholder surveys
  - Measure and monitor performance
  - Identify improvement opportunities
  - Address improvement opportunities

Project Management, Change Management and Communication

Congressional Action – Legislation and Budget
- 2016
- 2016 - 2018
- 2017 - 2020
- 2020+
Business Process Flows And Capabilities

**Functional Area(s):** Veterans We Serve (Eligibility)

**Veteran Journey:**
1. Identify need for VA health care
2. Contact local facility or national customer service center
3. Access VHA Care
4. Access Community Care
5. Access Care Coordination Services
6. Pay Copayment (If applicable)

**Veteran Experience:**
- "I know what services I’m eligible for and whether I can access them in the community" 
- "I was able to see a provider quickly and all of my appointments and tests were scheduled when I needed them" 
- "My care coordinator keeps me and my doctors in the loop and makes sure I am getting the care I need when I need it" 
- "I know how much I have to pay and am not surprised when I get a bill"
Thank you and we look forward to potential collaboration with you in the future.