



# **Joint Venture Partnership Successes VANCHCS & Tribal Entities DGMC & VANCHCS**

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## **How can we better partner with IHS?**

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KC Carlson - VA Northern California Health Care System**

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# Overview



- Key Principles
- History with IHS
- History of JV
- Services Provided
- Joint Incentive Fund





# Key Principles

- **Collaboration** – to achieve shared goals through mutual support of both our common and unique mission requirements
- **Stewardship** – to provide the best value for our beneficiaries and the taxpayer
- **Leadership** – to establish clear policies and guidelines for VA/DoD partnership, promote active decision-making and ensure accountability for results





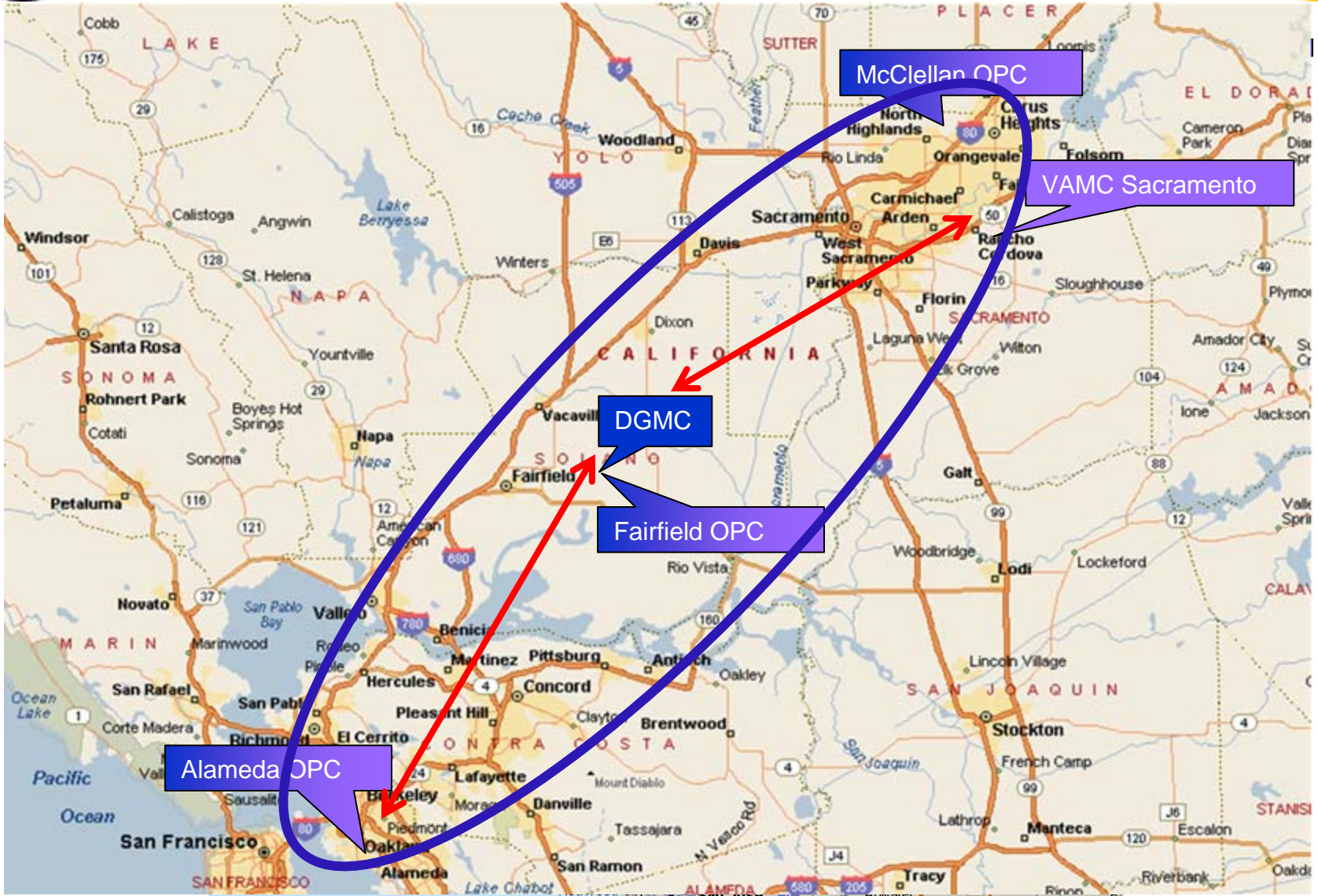
# History of VA/DoD Joint Venture



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- Sharing agreement since 1994 – renewed 2008
  - Includes inpatient, outpatient, emergency and specified diagnostic services
  - Reciprocal reimbursements:
    - 75% of CMAC outpatient rate
    - 75% of DRG inpatient rate
    - Leased space based on 75% of BOMA rate
  - Incorporates Pre-Sep Program, a consolidated DoD Pre-Separation and VA Comprehensive and Pension physical
  - DES (Disability Evaluation System) Pilot Demonstration Site
  - Separate agreements allow VA patients to use Fisher House & AF Billeting as well as Travis AFB access



# Travis AFB / VANCHCS Locations





# Map of VANCHCS Market 2008



2008 Veteran Population for the V21 North\_Valley Market

**VetPop by County**

- Over 50,000
- 25,001 to 50,000
- 5,000 to 25,000
- Under 5,000

**VA Facilities**

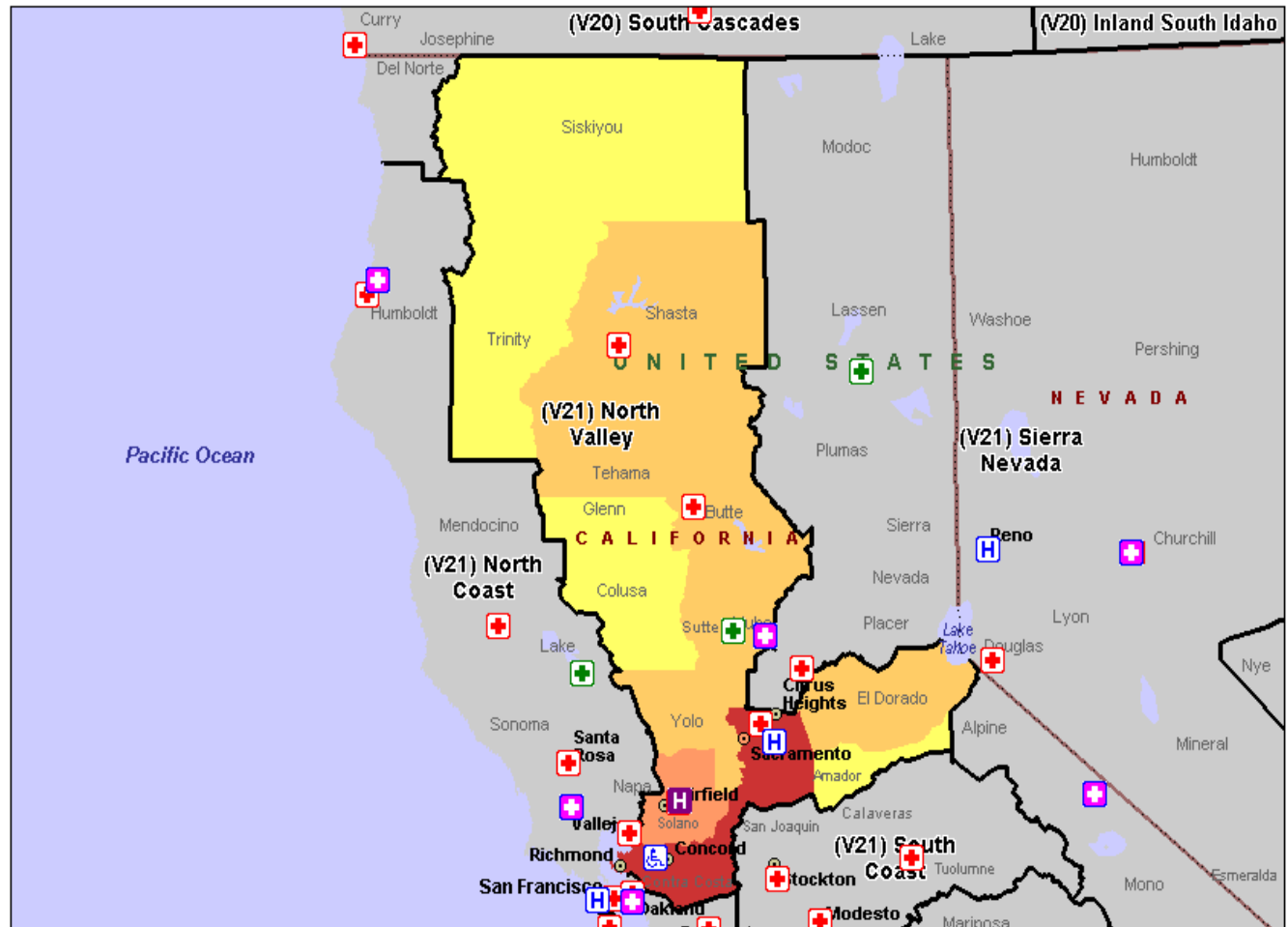
- CBOC
- Hospital
- Independent OP Clinic
- Mobile Clinic
- Nursing Home
- Res Rehab Tx Prog

**VA Approved CBOCs**

- Approved CBOC

**DoD Facilities**

- DoD Clinic
- DoD Hospital





# VANCHCS

Rural Health and Indian Health  
Initiatives and Activities



# VANCHCS & Tribal Partnerships



- 
- Existing agreements
    - Interconnectivity Agreement
    - Contract with Feather River Tribal Health Clinic
  - Ongoing Dialogue
    - Karuk Tribal Health Clinic
      - Opportunities for shared services
      - Review of clinical capacity needs
      - Exploration of RN Advice Line





# Current VA Rural Health Projects

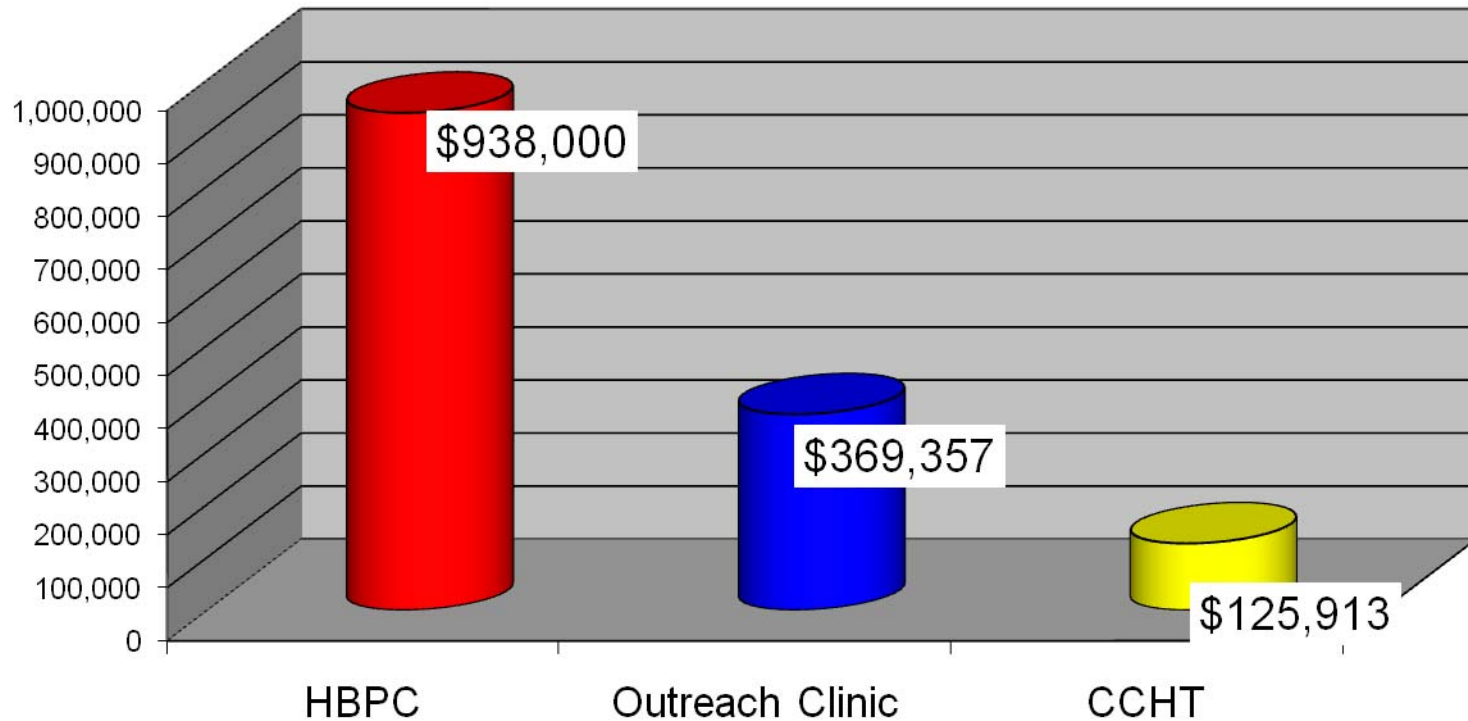


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- Existing initiatives which serve rural populations
    - Outreach Clinic
      - Yreka
    - Community Based Outpatient Clinic
      - Yuba/Sutter CBOC
    - Partnerships
      - Feather River Tribal Health
      - California State University at Chico
    - HBPC/IHS Oroville
    - Telehealth



# RH Funding in VA Market

- Current Rural Health Projects for NCHCS





# VA Rural Health Project Status



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- Project especially proud of and why:
    - Openness of Feather River to partner with VA
    - Interconnectivity Agreement
  - Project that has been a challenge and why:
    - Confusion over need for Sharing Agreement, Memorandum of Understanding/Agreement of Interagency Agreement of status of Tribal entities
    - Identification of dual-eligible Native American Indian Veterans



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# VA/DoD Joint Venture

Opportunities to Support  
Indian Health Service



# VA/DoD Joint Venture Partnering Since 1994



- 24 hour Emergency Care
- DGMC Satellite Clinics
- Night Hawk Radiology Reads
- Radiology Support\*
- Lab Support\*
- Pharmacy Support\*
- Courier Service
- Clinical Space for Outpatient Care
- Inpatient Care
- Emergency Management
- Pre-Sep, BDD & DES Programs
- Education and Training
- Ambulatory Procedures
- Security Access Support Agreement
- Interventional Radiology
- Vets Access Fisher House & AF Inn
- Radiation Oncology
- Hemodialysis/Peritoneal Dialysis
- Neurosurgery
- Inpatient Mental Health
- Hyperbaric Care (VISN 21)
- Oral Maxillofacial (VISN 21)



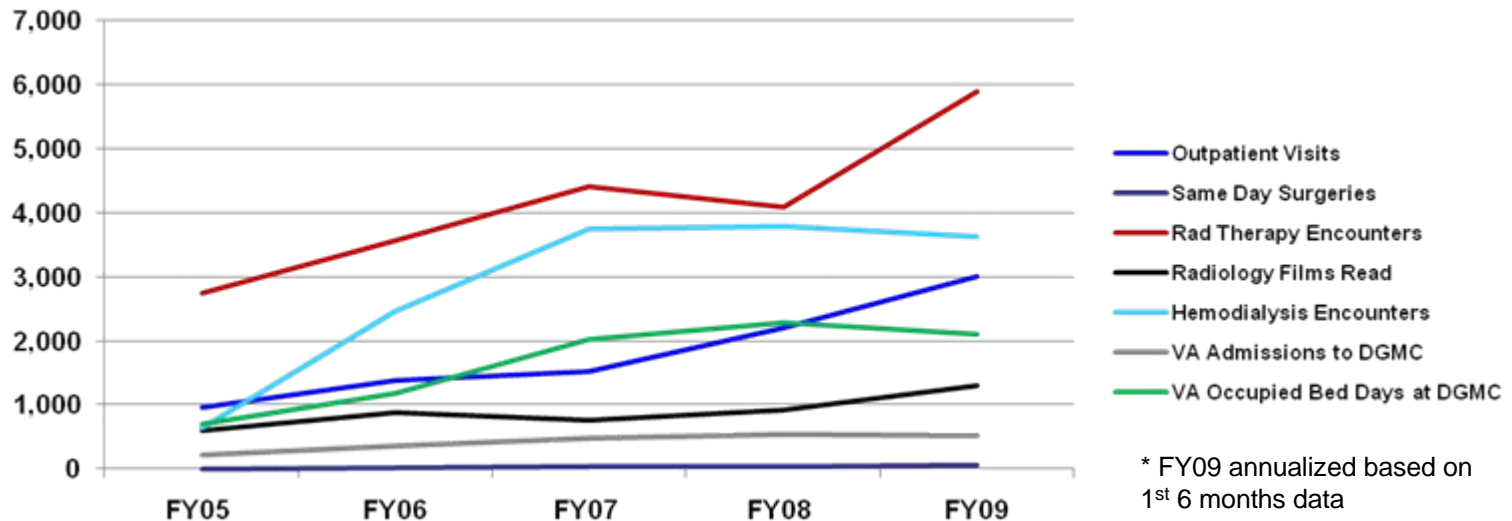
# Joint Incentive Funds



- **Goals and Objectives:**

- Increase Access, Decrease waiting periods
- Provide more complex cases to improve GME
- Enhance medical readiness capability
- Recoup purchased care costs
- Bring state-of-the-art technology to the VA/DoD joint venture
- Achieve VA/DOD performance measures

- **Successes:**





# Hemodialysis

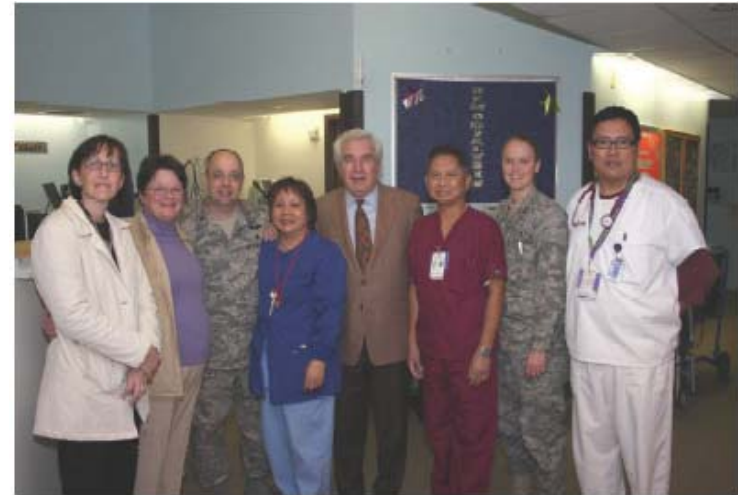


- **Goals and Objectives:**

- Recoup purchased care costs
- Increase patient volume and complexity for GME
- Achieve VA/DOD performance measures

- **Successes:**

- Full integration of staff
- Paved the way for an expanded dialysis center (to be completed early FY10)
- Program recognized in national medical publication
- Opened Education and Training opportunities



Seen here are staff members of David Grant Medical Center—Dialysis Unit, a “Buttonhole Best Practice Facility” with Dr. Larry Spergel, FFBI Clinical Chairman, Allison Kregness, Network #17 Director of Operations, & Marlene Magaraci, Network #17 Quality Improvement Coordinator.



# Neurosurgery



- **Goals and Objectives:**
  - Enhance spine and neurosurgery capacity
  - Decrease the waiting period for consults
  - Provide more complex cases to improve GME
  - Enhance medical readiness capability
- **Successes:**
  - Cleared the consult backlog in 1 year
  - Created a collaborative environment
  - Developed an outreach program to AK
  - Forefront of Tele-Health initiative







# Radiation Oncology



- **Goals and Objectives:**
  - Acquire state-of-the-art RadOnc technology
  - Increase access to RadOnc services for VA/DoD patients
  - Decrease the amount of outsourcing of VA/DoD care
  - Reduce fee costs for high dollar, highly specialized services
- **Successes:**
  - Installed and implemented new Clinac
  - Increased capacity to serve Veterans





# Inpatient Mental Health



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- **Goals and Objectives:**

- Increase access to the Northern California market
- Support Medical Readiness Training
- Enable early Post Traumatic Stress Disorder (PTSD) recognition
- Pursue Psychiatry and Psychology GME

- **Successes:**

- First AF MTF to receive involuntary admission authority
- Filling a severe bed shortage in Northern California
- VA nursing performing leadership roles in joint program
- Collaborative Safe Patient Handling efforts



# Cardiovascular Care Center



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## ✓ Establishment of a Cardiothoracic Surgery program at DGMC!!

### • Current Status:

- Initial personnel allocated, start date Spring 2010
- Final Design Phase, State of the Art Hybrid OR
- Phased implementation by partnering with VANCHCS and UC Davis

### • Benefits

- Maintain Currency
  - All providers meeting specialty board recommendations
  - Nursing/OR Tech Training
- 175 VA/DoD open heart surgeries per year
- Potential for \$12.5 Million saved in purchased care cost/year
- Partnership allows gradual build phase of Joint Program





# The Hub for CT Surgery





# Questions?





# Contact Information



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