



# Department of Defense-Department of Veterans Affairs Health Care Partnerships

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From: House Committee on Armed Services – H.R. 114-537,  
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- **Background**

- For decades DoD-VA partnerships (Public Law 97-174) expanded access to care to veterans and DoD beneficiaries, particularly in medically underserved areas. In addition, these partnerships have provide DoD providers additional patients with complex medical conditions that support military medical provider readiness.
- The joint demonstration facility at the Captain James A. Lovell Federal Health Care Center at Naval Station Great Lakes, Illinois, established by the NDAA for FY 2010 (Public Law 111–84), continues to suffer from management and leadership challenges, as reported by several Government Accountability Office evaluations.



# Current State of DoD-DVA Health Care Resource Sharing Partnerships



- Title 38 U.S. C. §8111 promotes greater sharing and cost-effective use of health care resources between the DoD and VHA by encouraging:
  - minimizing the duplication of excess assets,
  - and maximizing the utilization of such resources to benefit both VA and DOD beneficiaries.
- There are approximately 130 DoD-VA active clinical resource sharing agreements/partnerships currently in place
  - Based on availability, timely access to care is provided to referred VA patients living within drive time standards of MTFs.
  - Complexity of VA cases seen by military providers supports the DoD Graduate Medical Education (GME) Programs and clinical currency requirements to sustain medical readiness levels.
  - The mutual sharing of health care resources between the DoD and VA provides a positive symbiotic relationship.
  - Between FY 2011-2014, DoD providers saw more than 666,000 veterans within DoD MTFs.



# Examples of DoD-DVA Health Care Resource Sharing Partnerships



- Naval Medical Center San Diego
  - Veteran referrals currently supply 40% of the total joint hip and knee Orthopedic surgery cases per year.
  - Ophthalmology department performed 75 cataract operations on VA patients in 2015.
- 99th Medical Group, Nellis AFB Nevada
  - VA beneficiaries comprise 40% of the Family Medicine inpatient census.
- William Beaumont Army Medical Center, Ft Bliss, Texas
  - Colonoscopy product line capacity expansion at WBAMC since 2012 is beneficial in recapturing both VA and DoD beneficiaries.
  - Purchased sector care cost avoidance for both Departments has been significant.
- Other locations with significant levels of resource sharing partnerships include:
  - Kirtland AFB (New Mexico), Naval Medical Center Portsmouth, (Virginia), Joint Base Elmendorf-Richardson (Alaska), Tripler AMC (Hawaii), Travis AFB (California), Joint Base Charleston, (South Carolina), Dwight D. Eisenhower AMC (Georgia)



# Future State of DoD-DVA Health Care Resource Sharing Partnerships



- In 2014, OMB directed DoD and VA to jointly conduct a comparability study to help improve health care collaboration between the departments.
  - The 1-year Study project was intended to develop a sustainable data-driven methodology as a “Proof of Concept” to identify and enhancing future sharing opportunities between DoD and VA.
  - A quadrant analysis methodology tool was used to determine:
    - Clinical service needs,
    - Available access to care based on the facility’s clinical service capability and capacity,
    - Facility locations,
    - and internal clinical productivity efficiency levels.
  - DoD and VA medical facilities were plotted along the dimensions of provider workload productivity and patient access.
  - Additional geospatial analysis cross-mapping was used to determine the locations where excess capacity exists along with available beneficiary workload to fill the capacity.
  - For brevity the study only looked at VA sending patients to DoD at four specific sites for four surgical specialties.



# Future State of DoD-DVA Health Care Resource Sharing Partnerships



- Results from the study showed:
  - Increases in direct VA referrals to DoD for the specified surgical specialties,
  - Increase in acuity and provider workload at the DoD facilities,
  - Reduction in VA access to care backlogs by leveraging the DoD capacity.
- Study results help validate the site-selection and performance metrics used in the quadrant tool.
- Next step is to expand use of the data-driven quadrant tool across additional DoD-VA facilities and clinic product lines



# James A. Lovell Federal Health Care Center Update



- An independent DoD-VA federal contractor conducted a comprehensive evaluation and assessment of the JALFHCC
  - The contractor evaluated the JALFHCC with three established Joint Venture (JV) resource sharing sites to determine level of success as an integrated facility compared to JV facilities that remain separate, but collaborative.
  - The VHA Product Effectiveness office also conducted an in-depth IM/IT evaluation of the JALFHCC, coordinating their efforts with the contractor.
  - Findings were reported with respect to access, quality, cost effectiveness, military readiness, patient satisfaction, and staff satisfaction and development, for each JALFHCC operating domain:
    - governance and management,
    - business processes,
    - clinical processes,
    - logistics and contracting,
    - education and training,
    - staffing and human resources,
    - IT,
    - capital facilities and equipment,
    - and research



# James A. Lovell Federal Health Care Center Update



- Evaluation data was from FY 2008 – 2014; the report did not reflect changes that occurred in 2015 or after.
- Findings:
  - Access - no evidence that integration either improved or worsened overall access to care
  - Quality - no evidence of substantial improvement or deterioration in quality, a small improvement in quality of care was noted by the Veterans Integrated Services Network
  - Cost Effectiveness - start-up and ongoing costs are substantially higher than a stand-alone JV site
  - Readiness - performance to maintain “medically ready sailors” has improved, however, maintaining volume case loads was disappointing
  - Patient Satisfaction – VA inpatient satisfaction was unchanged, but outpatient satisfaction dropped below VA average
  - Staff Satisfaction and Development - JALFHCC employees’ level of satisfaction with job and supervision were similar to other VA sites surveyed – a declining trend



# James A. Lovell Federal Health Care Center Update



- Findings (Continued):
  - The VHA Product Effectiveness office concluded considerable IM/IT achievements were realized, however, seamless EHR interoperability has some ways to go.
  - A joint DoD-VA team found that reverting the JALFHCC to a JV model is neither advisable nor likely achievable.
  - DoD and VA departments recommend continuation of the JALFHCC demonstration as an integrated facility while implementing improvements to achieve its goals.



# Conclusion



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- Continue DoD-VA health care resource sharing partnerships at varying collaboration levels. These partnerships are valuable at improving access and providing case load volume for GME and clinical currency sustainment in support of DoD Readiness.
  - Without the VA patient census, many programs potentially will not meet Accreditation Council GME requirements.
  - The quadrant analysis tool provides a reliable data-driven, site-selection and performance evaluation instrument that will be further developed for expanded DoD-VA use in FY17.
  - Further evaluation, development and improvements to the JALFHCC model is required before the Departments can recommend anymore FHCC-like pilots.