Coordination of Services Between WRJ and Manchester VAMCs

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VA New England Healthcare System

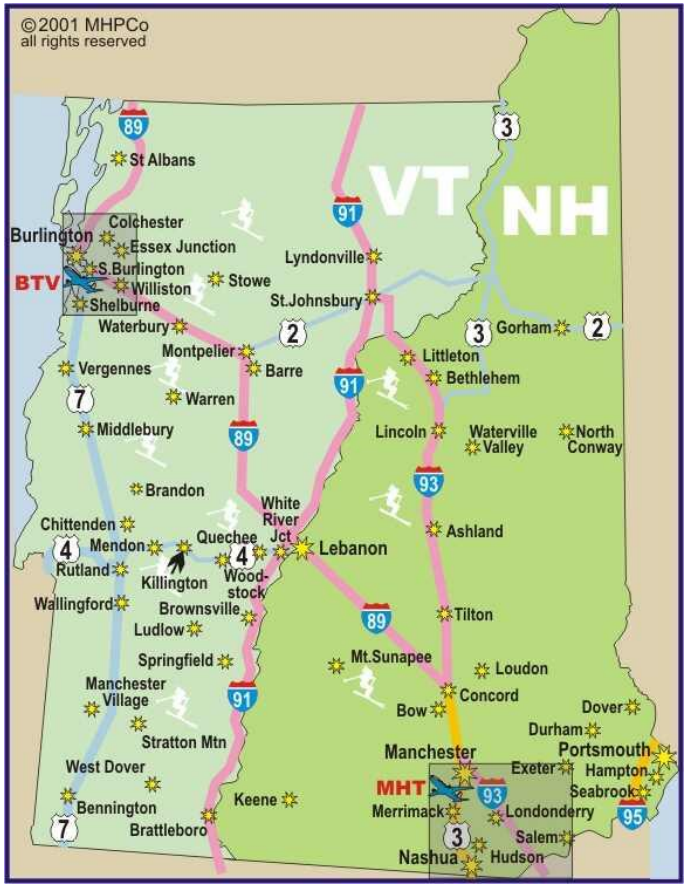
VA Health Care

Defining EXCELLENCE in the 21st Century

Goals for this Conversation

- Convey my unique perspective as the Chief of Staff for WRJ and Acting Chief of Staff for Manchester
- Provide context as to breadth and depth of services at WRJ to include its relationship with Dartmouth-Hitchcock and Geisel
- Advise the task force as to the historical relationships between clinical services in WRJ and Manchester
- Lay out a vision for how a fully-realized and mutually-committed collaboration between WRJ and Manchester can move both organizations forward and achieve the goal of providing full services for ALL Veterans throughout Vermont and New Hampshire

The Twin States
Distinct identities yet inseverable

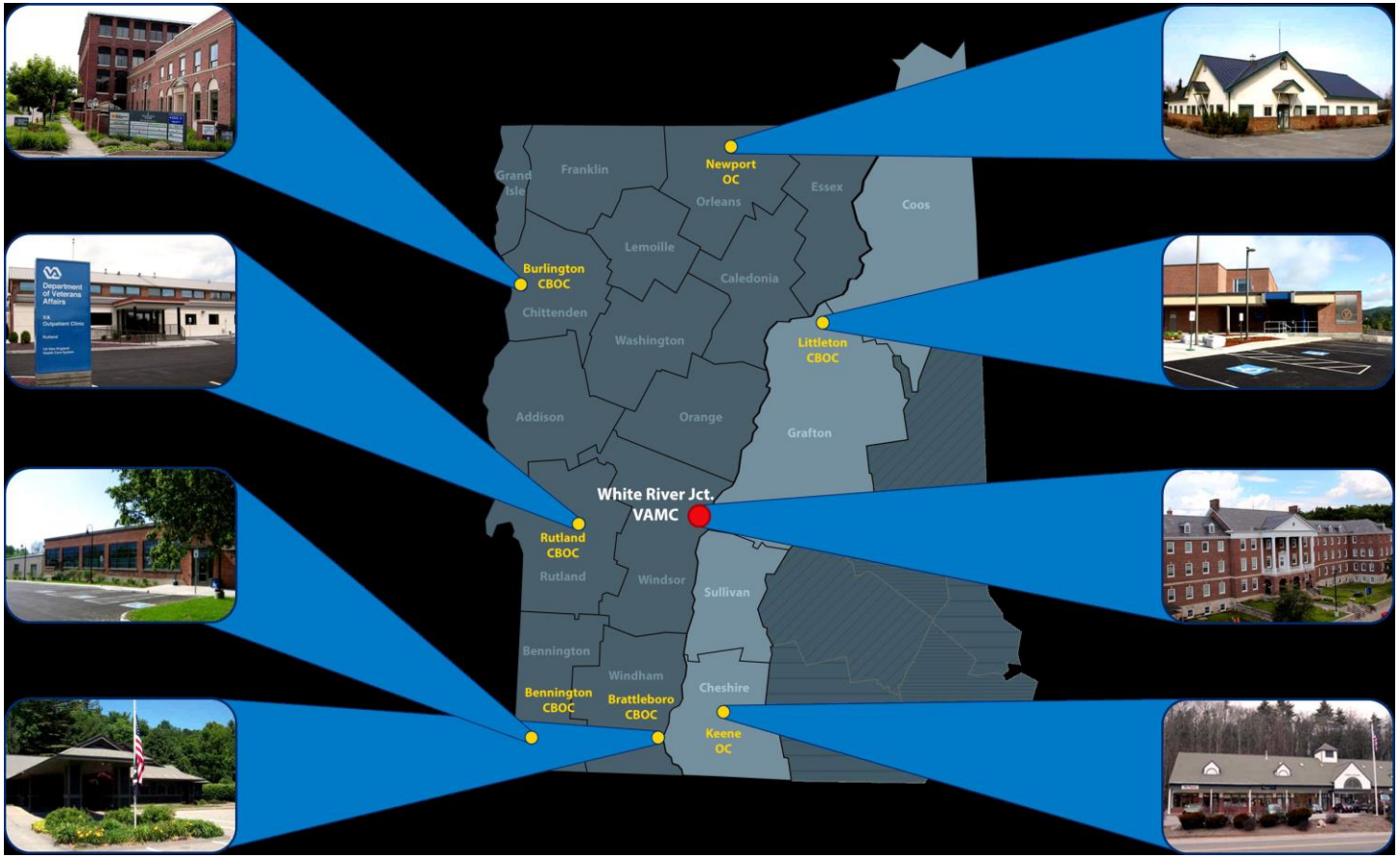


The Way Forward

From Crisis to Collaboration

- The story of how the seeds for meaningful change were sown

About WRJ


Grand Isle
Franklin
Newport OC
Orleans
Essex
Coos
Lemoille
Burlington CBOC
Caledonia
Chittenden
Washington
Littleton CBOC
Addison
Orange
Grafton
White River Jct. VAMC
Rutland CBOC
Rutland
Windsor
Sullivan
Bennington
Windham
Cheshire
Bennington CBOC
Brattleboro CBOC
Keene OC

About WRJ

Number of Outpatient Encounters: 314,040
Outpatient Clinic Visits: 226,020
Unduplicated Uniques: 25,787
OEF/OIF/OND Veterans: 3,560
Women Veterans: 1,535

Total Beds: 74
Inpatient beds
- 7 ICU
- 43 Med/Surg
- 10 Mental Health

Addiction beds
- 14 Residential Recovery Unit

Other Services
Emergency Room
Lodge

The WRJ Identity

- Comprehensive Rural Health System for Veterans
- Fierce commitment to inpatient services
- Driven to increase complexity
- Research and Clinical Trials
- Academic Affiliations underlie it all
- “Small but Mighty”

We've Actually Been Piloting Collaboration for a Long Time Already

- The Story of a Unified Service of Pathology and Laboratory Medicine
- Dr. Nora Ratcliffe

Progressive Evolution of Sharing of Services

- Historical and potential future collaborations between surgical services
- The arrow points both ways
- Dr. Robert Zwolak

The Most Recent Pilot:
Expanding specialty pools and practice groups

- Proactively recruiting cardiologists with an intention to collaborate in place from the start
- Drs. Erik Funk and Dan O'Rourke

Transitioning from Pilot to Vision

Strategic Mission, Vision and Plan to develop a regional cardiovascular system of care

Mission

- To provide timely, comprehensive, compassionate, state of the art cardiovascular care to our Veterans.
- To provide a valuable service to our colleagues.
- To share our knowledge and expertise with students, house staff, fellows and colleagues to nurture the learning environment.
- To be inquisitive and to continually seek to improve the quality of services that we provide.

Mission

- To develop a regional cardiovascular system of care that promotes collaboration between institutions to facilitate the effective delivery of care in a timely, coordinated and consistent manner with the ultimate goal being to improve the lives of Veterans living with heart disease in Northern New England.

Vision

- **Short-term (next year)**
  1. Strengthen the relationship already established between Manchester & WRJ Cardiology and BLC & WRJ Cardiology.
  2. Identify the services that are complementary and unique among the two institutions to maximize efficiency.
  3. Develop a referral system that allows Veterans and medical staff to move seamlessly between Manchester & WRJ VA and BLC & WRJ VA.

- **Intermediate (2 to 3 years)**
  1. Solidify a long-term relationship that facilitates recruitment, shares resources and optimizes the delivery of patient care.

- **Long-term (5 years)**
  1. Establish a sustainable system of care to deliver state of the art cardiovascular services to Veterans living in Northern New England.

The Most Recent Pilot:
Expanding specialty pools and practice groups

- Sharing radiology workload and virtual cooperation in Radiology
- Dr. Eddie DeAngelo

Where We Think We Can Go Next

- Jointly held strategic planning sessions are being scheduled

Where We Think We Can Go Next

- The potential for collaboration in pulmonary and sleep sections
- Dr. Peter Mahar

Where We Think We Can Go Next

- Recruitment of Addictions Psychiatrists—Fellowship?
- Telepsychiatry hub in Burlington?
- Renal services?

North Market VA Facility Workload/Trends – Inpatient Services

Inpatient Occupancy by Campus[1]

	Bed Type	Operating Beds	FY 16 ADC	FY 17 ADC
Manchester VAMC	Community Living Center (CLC)	112*	21.8	39.4
	Subtotal	**112**	**21.8**	**39.4**
White River Junction VAMC	Internal Medicine	34	25.9	21.3
	Surgical	9	4.3	4.9
	Total Med/Surg	**43**	**30.2**	**26.2**
	Psychiatry	12	7.3	8.6
	Domiciliary	14	10.8	11.3
	Subtotal	**69**	**48.3**	**46.1**
	Grand Total	**181**	**70.1**	**85.5**

Notes:
ADC = Average Daily Census
Med/Surg represents the aggregate of internal medicine and surgical volumes. ADC utilized the data from the PTF Cube, the data differs slightly from the CDW
**CLC Bed Discrepancy Note – The Bed Control System shows 112 official Authorized and Operating CLC beds, however, Manchester only has 41 beds, of which 6 are Palliative Care*

Sources: 1. Beds from PTF Cube

Key Takeaways

- *White River Junction and Manchester's existing service compliment each other well for a full service health care system*
- *Inpatient Veteran Demand: Based on the EHCPM, there is an expected decrease in Veteran inpatient demand, with an exception for long term support services.*
- *V01 North Market provides services to Veterans outside of their market boundaries. Particularly noticeable from the lower portion of York County, ME and some portions of Northern MA.*
- *Acute inpatient services at White River Junction are essential to the success of the Dartmouth affiliation and the future of the medical center.*

[1]Industry target inpatient utilization ranges typically between 75-85%, depending on the service

Working Draft, Pre-Decisional, Deliberative Document for Discussion Purposes Only

VISN 1 North Market Utilization Demand Projections

Inpatient Care (Bed Days of Care)

Health Systems Planning Group	FY2016	FY2026	% Change
Acute Inpatient Medicine	17,000	16,477	-3%
Acute Inpatient Mental Health	6,726	4,554	-32%
Acute Inpatient Surgery	7,058	6,224	-12%
Inpatient Blind Rehab	278	395	42%
Inpatient LTSS	48,182	69,869	45%
Inpatient Residential Rehab	7,024	6,142	-13%
Inpatient Spinal Cord Injury	599	614	3%

Outpatient Care (RVUs)

Health Systems Planning Group	FY2016	FY2026	% Change
Amb Dental Clinic	887,674	1,221,195	38%
Amb LTSS Home and Community Based	20,114	26,440	31%
Amb Medical Specialties	188,197	296,530	58%
Amb Mental Health Programs	220,485	334,881	52%
Amb Pathology	11,472	17,060	49%
Amb Primary Care	157,405	230,109	46%
Amb Radiology	43,968	70,743	61%
Amb Rehab Therapies	2,848,719	4,790,361	68%
Amb Surgical Specialties	98,640	170,017	72%

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Vision—A Unified Mission for White River Junction and Manchester VAMCs

- Three-pronged foundation to create a fully realized, full-services health care system
  - Inpatient services in WRJ
  - A state of the art ambulatory care center in Manchester
  - Academic Affiliation and tertiary care services with Dartmouth
- A unified, flexible Medical Staff practicing as a cohesive group across the system

What about VA Boston and Community Partnerships?

- These will always play a role and we've shown our dedication to and aptitude for community partnerships
- A diversity of collaborations will be needed to support our services and fill gaps but not all relationships can have the same level of importance
- Unconditional commitment is essential to long term success

What We Would Need

- Commitment to supporting a full-services health care system for Veterans in New Hampshire and Vermont
  - Choice was a tool and Community Care can and should play an important role, but will never be a substitute
  - We need to acknowledge the limits of the community otherwise the concept of Choice is a false promise
  - Dedicated commitment to building a system that serves higher volumes of patients is the proven path to safety and quality, while fracturing systems does the opposite
  - Strongly consider moving away from language in law that gives NH Veterans disparate Choice eligibility compared to VT Veterans so we can achieve the full potential of collaboration and build the Full Services System Veterans in both states deserve

What We Would Need

- A robust transportation system not just for Veterans, but for medical staff too

- Stable, committed leadership
  - Investment in high quality local service and section level leadership
  - This is not a time to be driven by goals for fiscal efficiencies—investments in talent would be needed
  - Is unified leadership and vision at the market/system level important?
  - Is a movement towards a more unified overall structure important and/or necessary?

Conclusion

- Thank you for your consideration and attention.
- This is a vision we can use to start moving forward today.
- I am confident we can succeed. In fact I know we can, because we already are doing it.