MidSouth Healthcare Network

2006 Annual Report

Department of Veterans Affairs

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Foreword

Message from the Network Director

This report documents the progress of the Department of Veterans Affairs' (VA) MidSouth Healthcare Network (VISN 9) during Fiscal Year 2006 (FY 06). Nationally, VA was recognized by health care experts for making an 'amazing transformation' and for being *the* leader in the health care industry. VISN 9 is just one component of the overall picture and we are proud of the work we do here to contribute to the success of the Department. It is our ongoing objective to ensure that all eligible veterans receive timely, compassionate, high-quality care while maintaining a commitment to education and research at our Network sites of care. It is also our objective to provide our veterans' loved ones and caregivers with the support and information they need in order to assist in their efforts.

We are proud to have a solid leadership base at each of our medical centers who bring a breadth of experience and immeasurable dedication to the job each day. Over 10,000 full-time staff provides care to more than 218,897 veterans at core medical centers located in Huntington, West Virginia; Lexington and Louisville, Kentucky; and Memphis, Mountain Home, Murfreesboro, and Nashville, Tennessee; and 29 Community Based Outpatient Clinics. Numerous veterans in neighboring states of Arkansas, Georgia, Indiana, Mississippi, Ohio, and Virginia also utilize healthcare services offered in VISN 9.

A couple of VISN 9 highlights in FY 06 worth noting: Louisville VA Medical Center (VAMC) was approved for construction of a new hospital; and a Level 2 Polytrauma Center was located at the Lexington VAMC geared toward caring for some of the most severely injured returning US soldiers who served in the Middle East.

In concert with the Secretary of Veterans Affairs' priorities, as a Network, we have focused our attention on standardizing business practices, increasing management accountability and system improvements. This report is not a total representation of everything we have accomplished over the course of the fiscal year. Instead it is a snapshot of what the dedicated managers and staff have accomplished. VISN 9 is honored to serve veterans with dignity and professionalism, and to be entrusted with the care of so many deserving individuals who have sacrificed so much for our nation.

John Dandridge, Jr.
Network Director

Message from the Chief Medical Officer

VISN 9 has done extremely well in FY 06, as documented in the annual report. I would like to emphasize some major accomplishments:

- Pharmacy Benefits Management: 4th lowest VISN even though growth was up 3.47% (3rd highest VISN in growth) compared to the national unique growth of 1.42%
- Care Coordination: ranked 3rd best in the nation for utilizing technology to monitor patients from home
- Established a Polytrauma II Referral Center at Lexington in order to provide high quality care to injured Iraqi Veterans
- Mental Health: Establishment of multiple residential Substance Use Disorder and Post Traumatic Stress Disorder programs:
  - Lexington 15-bed SARRTP approved by VACO, 4/06, opened summer FY06
  - Louisville 10-bed SARRTP approved by VACO, 7/06, opened fall FY06
  - Memphis 19-bed SARRTP and 10 contract residential SUD beds with consistent bed utilization
  - TVHS 35-bed intensive outpatient/lodger SUD program with consistent bed utilization
  - Lexington 15-bed PRRP meeting VACO RRTP Directive requirements, Q2FY06
  - Memphis 10-bed PTSD residential program being converted to meet VACO PRRP requirements, ongoing
  - TVHS 10-bed contract residential PTSD program with consistent bed utilization
    - Established Mental Health Intensive Case Management (MHICM) at Louisville, Memphis and Tennessee Valley Health Care System

I am very proud of the exceptional progress made in FY 06 and look forward to the Flow Improvement Initiative (FIX) in 2007. This initiative was established by the Deputy Under Secretary for Health for Operations and Management dedicated to improving capacity, continuity of care, discharge planning and better management of patient referrals both internally and externally.

Vince Alvarez, MD
Chief Medical Officer

VA Mission, Vision, & Core Values

VA Mission Statement

To fulfill President Lincoln's promise—***"To care for him who shall have borne the battle, and for his widow, and his orphan"***—by serving and honoring the men and women who are America's veterans.

VA Vision

To provide veterans the world-class benefits and services they have earned—and to do so by adhering to the highest standards of compassion, commitment, excellence, professionalism, integrity, accountability, and stewardship.

VA Core Values

COMPASSION We will treat all veterans and their families with the utmost dignity and compassion. We will provide services in a caring manner, with a sympathetic consciousness of others' distress together with a desire to alleviate it.

COMMITMENT Veterans have earned our gratitude and respect. Their health care, benefits, and memorial service needs drive our actions.

EXCELLENCE We strive to exceed the expectations of veterans and their families. We strive to perform at the highest level of competence and take pride in our accomplishments.

PROFESSIONALISM Our success depends on maintaining a highly-skilled, diverse, and compassionate workforce. We foster a culture that values equal opportunity, innovation, and accountability.

INTEGRITY We recognize the importance of accurate information. We practice open, truthful, and timely communication with veterans, employees, and external stakeholders. By carefully listening and responding to their concerns, we seek continuous improvement in our prograsms and services.

ACCOUNTABILITY We will perform in a manner at all times that makes us accountable, responsible, and answerable to veterans and their families, our leaders and other employees, as well as external stakeholders.

STEWARDSHIP We will ensure responsible stewardship on the human, financial, and natural resources as well as data and information entrusted to us. We will improve performance through the use of innovative technologies, evidence-based medical practices, and sound business principles.

Source: VA Strategic Plan 2006-2011

Secretary's Priorities

Maintain Status as Highest-Rated Health Care Provider in the U.S.

Provide Timely and Accurate Benefits to Veterans and Their Families.

Memorialize Veterans with Final Resting Places in National Shrines.

Achieve Seamless Transition for Wartime Servicemembers, Veterans, and Their Families.

Achieve the Highest Levels—the Gold Standard—for Data Security and Stewardship for Veterans and Their Families.

—R. James Nicholson
Secretary of Veterans Affairs

Access

GOAL:
Restore the capability of veterans with disabilities to the greatest extent possible and improve the quality of their lives and that of their families.

FY 06 Waiting Times

Waiting Times & Access	September FY 05	September FY 06
New Enrollees on Wait List	2,883	620
Primary Care Pts Seen Within 30 Days	98%	98%
Specialty Care Pts Seen Within 30 Days	95%	96%

Pts = Patients

Facility Breakout – New Enrollees on Wait List	September FY 05	September FY 06
Huntington	26	32
Lexington	248	127
Louisville	1,016	181
Memphis	690	38
Mountain Home	26	64
Tennessee Valley HCS	877	178

Seamless Transition

VISN 9 proudly served 12,460 returning U.S. combat veterans from Iraq and Afghanistan during FY 06 as they made a seamless transition from active duty to veteran status. Each VISN 9 medical center has designated Combat Veteran points of contact (POC) and case managers to provide ongoing case management services to returning Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) service members, veterans, and their families over the course of time VHA health care services are being provided.

VA medical centers in VISN 9 mailed letters to soldiers living near a VISN 9 medical center, notifying them of their eligibility for two years of free health care for any health problem possibly related to service in a designated area of military conflict. VISN 9 Combat Veteran POCs have also performed extensive outreach, attending numerous post-deployment events. At these events, organized in conjunction with the Department of Defense, they inform soldiers about VA benefits and help them apply for VA health care services.

Returning OEF/OIF* Combat Veterans Treated	FY 05	FY 06
Huntington	789	1,146
Lexington	604	1,358
Louisville	1,205	1,783
Memphis	1,048	2,091
Mountain Home	745	1,376
Murfreesboro	39	36
Tennessee Valley HCS	2,660	5,054
VISN 9 **	7,158	12,460

*Operation Enduring Freedom/Operation Iraqi Freedom

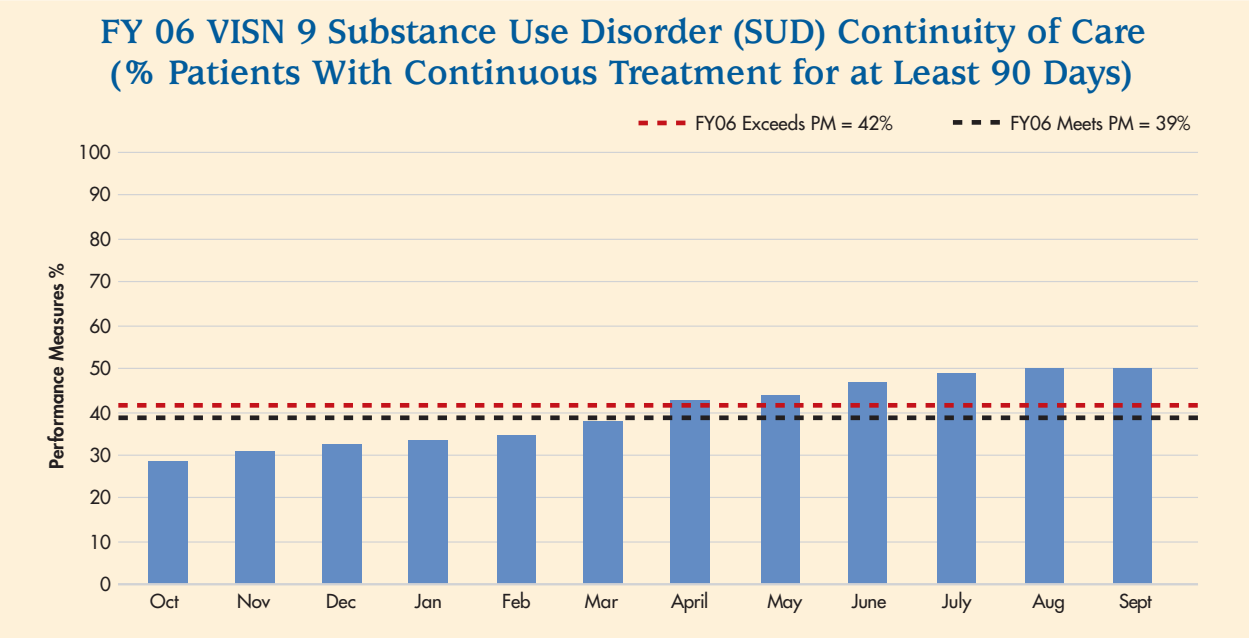
**Note that the sum of the facility numbers will not equal the VISN total, since some patients cross facilities.

Source: VHA Support Service Center (VSSC) Website TripPack Report

FY 06 Mental Health Accomplishments

VISN 9 has made the following accomplishments in the provision of mental health services for veterans:

- $6.3 million and 74.5 Full Time Equivalent Employees (FTEE) in VA Central Office (VACO)-funded initiatives for specialty programs in Post Traumatic Stress Disorder (PTSD), Operation Iraqi Freedom/ Operation Enduring Freedom (OIF/OEF), Substance Abuse, Community Based Outpatient Clinics (CBOCs), Homeless Grant & Per Diems, Domiciliary Residential Rehabilitation & Treatment, Psychosocial Rehabilitation and Peer Support, and Long-term Psychiatric Care
- VHA Public Health Grant Awards for Tobacco Cessation at Lexington, Louisville, Memphis, & Tennessee Valley Healthcare System (TVHS)
- Successful Government Accounting Office (GAO) visit showing VISN 9 is hiring and accounting appropriately for Mental Health (MH) spending and program development
- Increases in the number of unique veterans served and dollar expenditures in all Special Disability categories (Homeless, PTSD, Psychotic Disorders, Severe Mental Illness (SMI), and Substance Abuse)
- Successful rollout of FY 05 initiatives in Compensated Work Therapy (CWT)/Supported Employment, OIF/OEF, Substance Abuse, CBOC MH, and Homeless Grant & Per Diem
- Development of multiple residential Substance Use Disorder (SUD) and PTSD programs to meet VACO regulations—specifically at Lexington, Louisville, and Memphis
- Improvement on Performance Measures (PM)
  - Successful VISN initiative to reduce missed opportunity rate
  - Consolidation of VISN Homeless Program services under Mental Health with subsequent improvement in VISN Homeless Performance Measures
  - Consistently meeting Performance Measure requiring that 90 percent of our CBOCs provide at least 10 percent MH visits
  - Mental Health Intensive Case Management (MHICM) programs initiated at Louisville, Memphis, and TVHS and the number of patients continues to increase
  - Exceeding the Performance Measure for SUD continuity of care and new & established MH patient wait times



Cost Effectiveness

VISN 9 expended $1.41 billion in FY 06 for medical care, administrative, and facilities costs. This represents a 9 percent increase in spending on veterans' health care since FY 05. Budget increases were necessary to keep up with the tremendous growth seen in the number of veterans seeking care from VISN 9 health care facilities.

Since FY 05, unique patient workload increased by 3.9 percent and outpatient visits increased by 5.4 percent. *(See Workload table on page 8.)* The largest portion of the Network's budget goes toward salary expenses. Salary expenses in FY 06 were $731.6 million. Besides salary costs, VISN 9 spent $676.5 million on supplies, prosthetics, equipment, Non-Recurrent Maintenance (NRM) and contract services.

Over the past year, VISN 9 experienced an increase in Pharmacy/Consolidated Mail Out Pharmacy (CMOP) costs. *(See Pharmacy chart on page 10.)* In FY 06, the cost of Pharmacy/CMOP was $212.9 million—an increase of 5.3 percent over the previous year. The network's pharmacy cost per unique declined and VISN 9 is now below the national average, a significant accomplishment. While there were increasing demands on resources, VISN 9's cost per veteran remains below the national average by 10 percent. *(See Total Cost per Unique Patient chart on page 12.)*

In addition to salaries, drugs, and medical supplies/services, the Network continues to invest in new medical and information technology to enhance care provided to veterans.

The MidSouth Customer Accounts Center (MCAC) in VISN 9 tied for 1st place ranking with VISN 11 for insurance collections with both networks reaching 107.3 percent of goal. VISN 9 medical care collections help augment appropriated funds. This was a stellar collection year for VISN 9 not only in exceeding the $114.2 million collection goal by 7.3 percent, but by also increasing collections from $102.5 million in FY 05 to $122.5 million in FY 06. This represents a 20 percent increase in collections. Tennessee Valley Healthcare System had the largest increase in collections at 25 percent, Memphis and Lexington 19 percent, Huntington 18 percent, Mountain Home 17 percent and Louisville 16 percent. Medical Center staff and MCAC worked hard to achieve (and exceed) these Performance Measure goals.

VISN 9 ranks 5th in the nation for Cumulative Collections; ranking behind VISNs 8, 23, 16 and 6.

The FY 07 Goal for VISN 9 is $132.1 million or a 7.25 percent increase above FY 06 Collections, and 13.5 percent increase above the FY 06 Goal. VISN 9 MCAC is committed to reaching the nationally established FY 07 goal.

The charts on pages 10–12 show how VISN 9 facilities compared with the VISN rates and VA National rates in Fiscal Years 2005 and 2006. The VISN 9 medical centers are also grouped with 4 peer medical centers that are similar in mission, programs, and workload. These peer groups were determined by the Houston VA Research and Development Center and show how the medical centers compare with other VA facilities in the system.

VISN 9 Funding FY 05–FY 06

Funding Category	FY 05	FY 06	Variance
GP	$1,011,679,148	$1,059,662,894	$47,983,746
Research	$15,588,115	$15,892,000	$303,885
Education	$25,797,916	$28,003,000	$2,205,084
Prosthetics	$47,089,694	$59,313,854	$12,224,160
State Home	$16,230,392	$17,350,273	$1,119,881
Total	$1,116,385,265	$1,180,222,021	$63,836,756

GP is net of Geographic Price Adjustment and includes Supplementals and Product Lines

Medical Center Funding

FY 06 Funding:

Funding Category	Huntington	Lexington	Louisville	Memphis	Mt. Home	TN Valley
GP	$107,919,645	$150,659,115	$142,461,997	$197,229,023	$151,150,657	$310,242,456
Research	$126,100	$1,587,728	$889,624	$4,700,403	$471,529	$8,116,616
Education	$1,219,023	$4,368,167	$4,662,764	$5,853,852	$4,002,460	$7,896,733
Prosthetics	$5,245,094	$8,813,875	$8,761,752	$10,100,919	$7,124,163	$19,268,051
State Home	$995,531	$8,667,840	$0	$5,412,225	$0	$2,274,677
Total	$115,505,394	$174,096,725	$156,776,138	$223,296,422	$162,748,809	$347,798,533

FY 05 Funding:

Funding Category	Huntington	Lexington	Louisville	Memphis	Mt. Home	TN Valley
GP	$106,607,459	$141,840,742	$134,198,445	$187,494,662	$143,292,654	$298,245,186
Research	$130,257	$1,794,594	$802,837	$4,695,244	$771,345	$7,393,838
Education	$1,123,032	$4,024,198	$4,295,597	$5,392,893	$3,687,288	$7,274,908
Prosthetics	$4,468,000	$7,341,000	$7,624,000	$6,918,000	$6,118,000	$14,620,694
State Home	$940,591	$8,230,648	$0	$4,912,515	$0	$2,146,638
Total	$113,269,339	$163,231,182	$146,920,879	$209,413,314	$153,869,287	$329,681,264

Financial Indicators

VISN	FINANCIAL INDICATOR %	VISN	FINANCIAL INDICATOR %	VISN	FINANCIAL INDICATOR %
VISN 19	88.4	VISN 4	87.1	VISN 3	85.1
VISN 17	88.1	VISN 12	86.2	VISN 21	84.7
VISN 2	88.1	VISN 18	86.2	VISN 23	84.6
VISN 11	88.1	VISN 10	85.9	VISN 15	84.5
VISN 9*	87.9	VISN 16	85.8	VISN 20	84.2
VISN 7	87.6	VISN 22	85.6	VISN 1	82.2
VISN 6	87.5	VISN 8	85.5	VISN 5	82.1

**In FY06, VISN 9 ranked #5 in the nation for having met each of the Financial Indicators.*

VISN 9 Workload

Category	FY05	FY06	Increase	% Increase
*Unique Patients	256,911	266,885	9.974	3.88%
Acute Discharges	36,571	36,304	(267)	-0.73%
Outpatient Visits	2,339,596	2,466,319	126,723	5.42%

* Includes duplicated Unique Patients between medical centers.

UNIQUE PATIENTS

Facility	FY05	FY06
Huntington	29,773	29,950
Lexington	30,646	31,748
Louisville	39,471	39,809
Memphis	44,486	45,922
Mt. Home	34,984	36,378
TN Valley	77,551	83,078

VISN Support Services Center (VSSC) Website Workload Reports

ACUTE DISCHARGES

Facility	FY05	FY06
Huntington	3,683	3,817
Lexington	5,480	5,731
Louisville	5,724	5,519
Memphis	7,277	6,362
Mt. Home	5,061	5,159
TN Valley	9,346	9,716

VISN Support Services Center (VSSC) Website Workload Reports

OUTPATIENT VISITS

Facility	FY05	FY06
Huntington	303,209	293,359
Lexington	301,760	323,469
Louisville	421,342	402,752
Memphis	410,568	469,065
Mt. Home	333,046	352,679
TN Valley	569,671	624,995

VISN Support Services Center (VSSC) Website Workload Reports

VISN 9 Unique Patients by Sub Station*

	FY 05	FY 06
Huntington, WV VAMC		
Prestonsburg (KY)	4,110	3,955
Charleston (WV)	6,351	6,785
Williamson (WV)	488	518
Logan County (WV)	449	561
Lexington, KY VAMC		
Somerset (KY)	4,075	4,271
Louisville, KY VAMC		
Fort Knox (KY)	4,527	3,989
New Albany (IN)	8,403	8,477
Shively (KY)	8,345	7,773
Dupont (KY)	6,995	6,938
Standiford Field (KY)	1,247	1,346
Memphis, TN VAMC		
Smithville (MS)	2,623	2,884
Jonesboro (AR)	2,766	2,903
Byhalia (MS)	723	927
Savannah (TN)	1,355	1,432
Covington (TN)	4,812	6,641
Memphis-South (TN)	7,757	8,341
Mountain Home, TN VAMC		
Rogersville (TN)	423	532
Mountain City (TN)	360	381
Norton (VA)	699	709
St. Charles (VA)	1,604	2,201
Tennessee Valley HCS		
Knoxville (TN)	10,191	10,928
Dover (TN)	527	563
Bowling Green (KY)	2,154	2,688
Ft. Campbell (KY)	1,944	2,371
Clarksville (TN)	3,313	3,396
Chattanooga (TN)	11,528	12,849
Tullahoma (TN)	1,889	3,451
Cookeville (TN)	2,554	3,026
Vine Hill (TN)	746	835

Source: VISN Support Service Center (VSSC)

VISN 9 Clinic Stops by Sub Station*

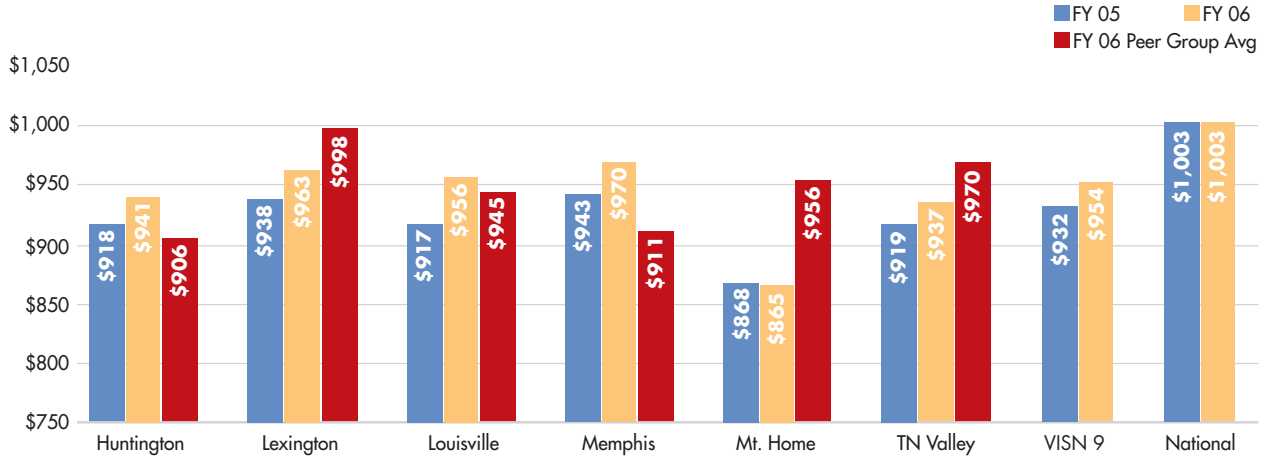
	FY 05	FY 06
Huntington, WV VAMC		
Prestonsburg (KY)	22,036	22,025
Charleston (WV)	28,022	31,430
Williamson (WV)	1,447	1,484
Logan County (WV)	1,276	1,416
Lexington, KY VAMC		
Somerset (KY)	17,385	18,998
Louisville, KY VAMC		
Fort Knox (KY)	17,378	16,495
New Albany (IN)	47,123	40,797
Shively (KY)	51,362	42,645
Dupont (KY)	35,469	41,787
Standiford Field (KY)	4,604	4,736
Memphis, TN VAMC		
Smithville (MS)	8,908	11,436
Jonesboro (AR)	7,646	8,437
Byhalia (MS)	1,944	2,518
Savannah (TN)	3,380	3,744
Covington (TN)	10,839	23,587
Memphis-South (TN)	20,201	29,758
Mountain Home, TN VAMC		
Rogersville (TN)	1,384	2,391
Mountain City (TN)	1,299	1,572
Norton (VA)	2,799	3,141
St. Charles (VA)	4,175	9,634
Tennessee Valley HCS		
Knoxville (TN)	42,967	58,092
Dover (TN)	1,284	1,710
Bowling Green (KY)	4,705	6,126
Ft. Campbell (KY)	7,908	8,963
Clarksville (TN)	19,882	16,565
Chattanooga (TN)	62,847	81,911
Tullahoma (TN)	11,067	14,546
Cookeville (TN)	5,226	9,533
Vine Hill (TN)	1,523	2,024

Source: VISN Support Service Center (VSSC)

*Community Based Outpatient Clinic

Cost Effectiveness

Pharmacy Cost per Unique Patient



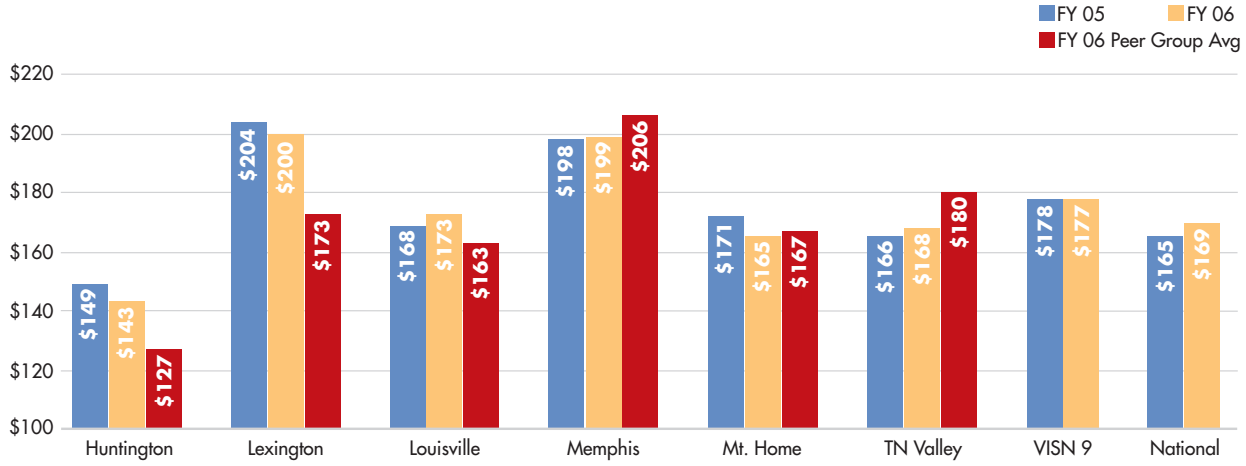
101 - Drug Costs (Include CMOP) Unique Patient

DATA SOURCE: VHA Support Service Center (VSSC)

Drug Costs: FMS Expenditures for cost center 224-Pharmacy - CFY Includes CMOPs. Fund = 0160A1/0160A7, 0160B2, and 0160X4, BOC 1000-1099 or 2100-2999.

Unique Patients: VA Hospital Inpatients, Outpatients, NHCU and Doms

Laboratory Cost per Unique Patient



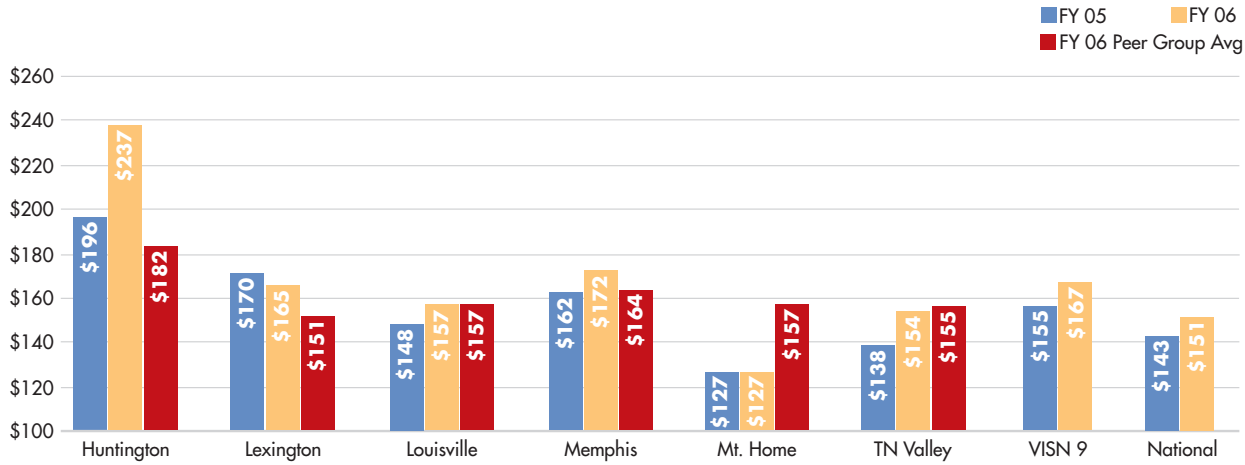
102 - Laboratory Costs (Include CMOP) Unique Patient

DATA SOURCE: VHA Support Service Center (VSSC)

Laboratory Costs: FMS Expenditures for cost center 223-Laboratory. Fund = 0160A1/0160A7, 0160B2, and 0160X4, BOC 1000-1099 or 2100-2999. BOCs greater than or equal to 3000 and less than or equal to 3999 are excluded.

Unique Patients: VA Hospital Inpatients, Outpatients, NHCU and Doms

Radiology Cost per Unique Patient



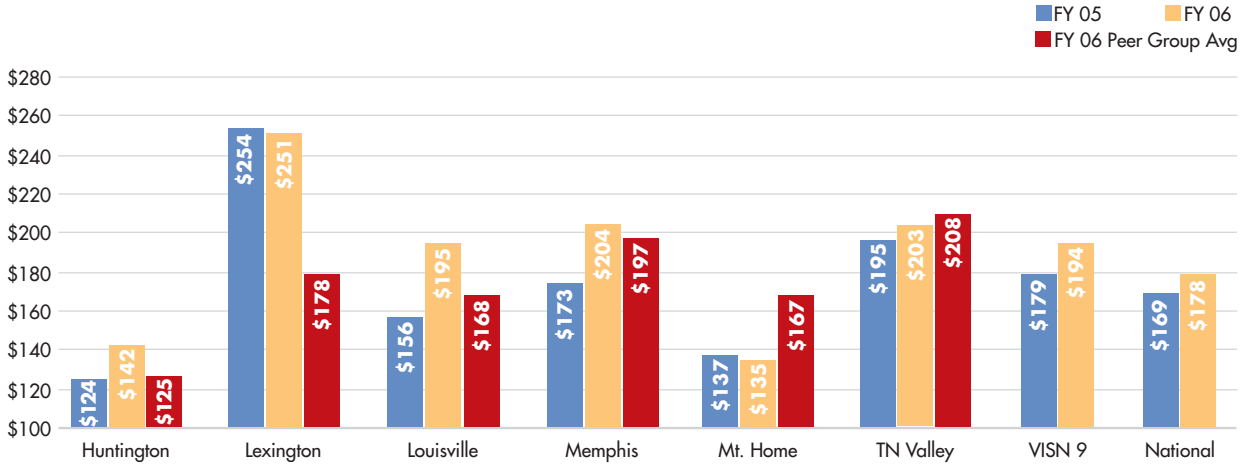
113 - Radiology Costs/Unique VA Patient (added June98):

DATA SOURCE: VHA Support Service Center (VSSC)

Radiology Costs: FMS Expenditures for cost center 222-Diagnostic Radiology and 229-Nuclear Medicine. Fund = 0160A1/0160A7, 0160B2, and 0160X4, BOC 1000-1099 or 2100-2999. BOCs greater than or equal to 3000 and less than or equal to 3999 are excluded.

Unique Patients: VA Hospital Inpatients, Outpatients, NHCU and Doms

Prosthetics Cost per Unique Patient



117 - Prosthetics Costs/Unique VA Patient (added Jan02):

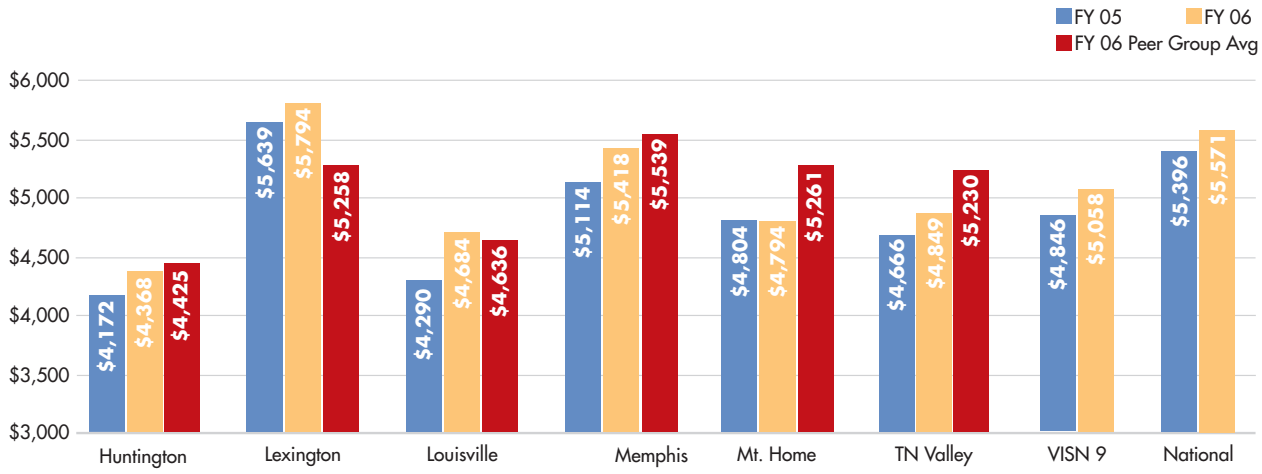
DATA SOURCE: VHA Support Service Center (VSSC)

Prosthetics Costs: FMS Expenditures for BOC 2692 and 2693. Fund = 0160A1/0160A7, 0160B2, and 0160X4. BOCs greater than or equal to 3000 and less than or equal to 3999 are excluded.

Unique Patients: VA Hospital Inpatients, Outpatients, NHCU and Doms

Cost Effectiveness

Total Cost per Unique Patient



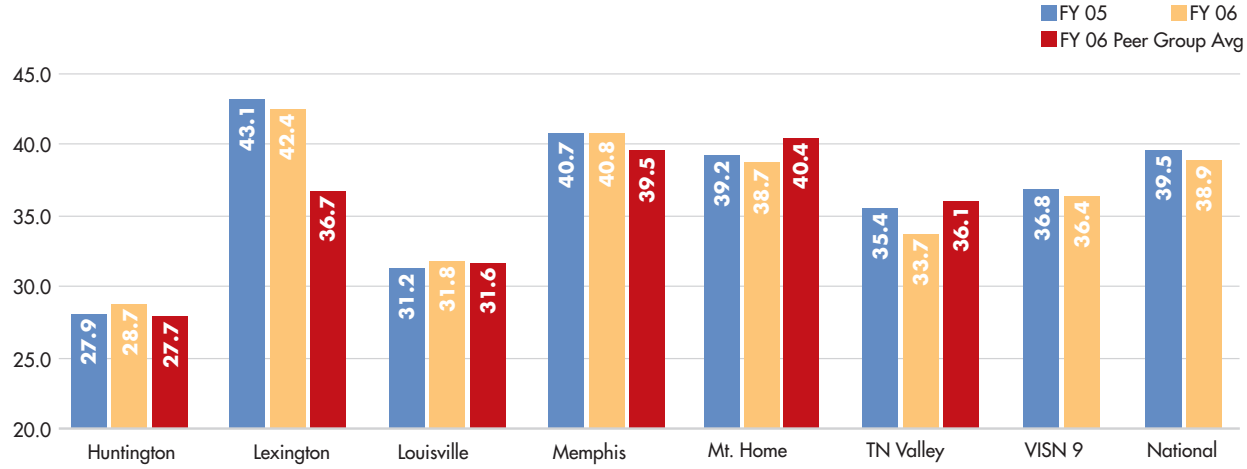
101 - .01 Obligations/Unique Patient

DATA SOURCE: VHA Support Service Center (VSSC)

.01 Obligations: FMS Expenditures for budget fiscal year. Fund = 0160A1/0160A7, 0160B2, and 0160X4 with a program code of .01, .24, .27, or .28. BOCs greater than or equal to 3000 and less than or equal to 3999 are excluded.

Unique Patients: VA Hospital Inpatients, Outpatients, NHCU and Doms, Fee Hospitals, Outpatients, and Community Nursing Homes

Total FTE per 1,000 Unique Patients



111 - Total FTE/1000 Unique Patient

DATA SOURCE: VHA Support Service Center (VSSC)

FTE: FMS - Total Medical Care FTE. BOCs greater than or equal to 3000 and less than or equal to 3999 are excluded.

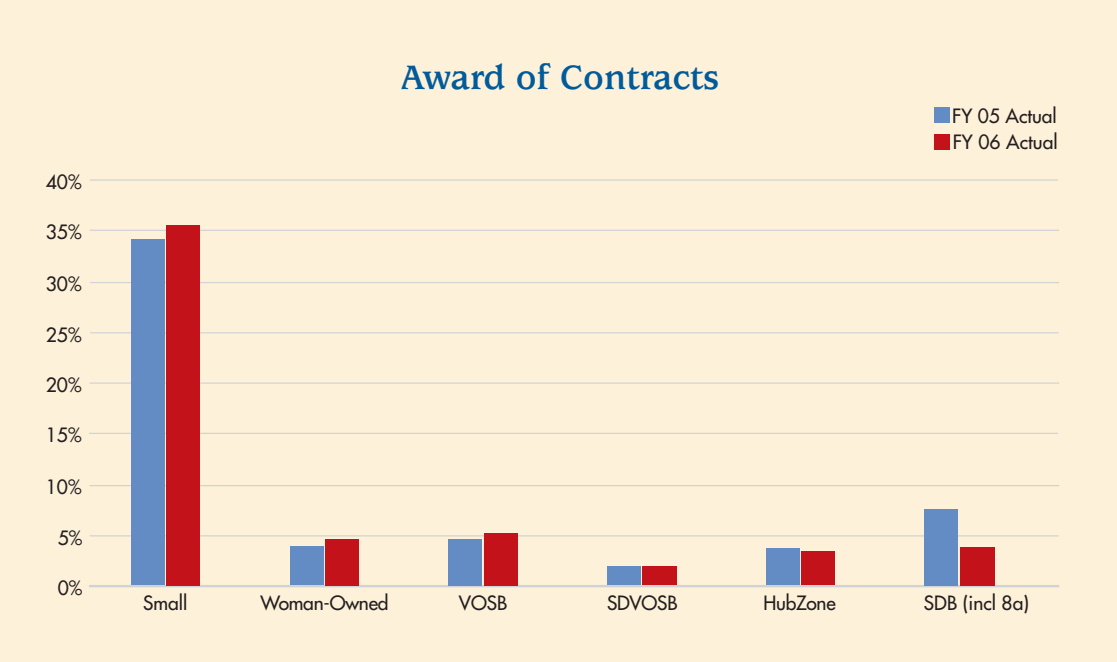
Unique Patients: VA Hospital Inpatients, Outpatients, NHCU and Doms, Fee Hospitals, Outpatients, and Community Nursing Homes

Award of Contracts

Guidelines for providing small vendors access to key Network officials were developed in order to increase the award of contracts to do business with VISN 9 to Veteran-Owned Small Businesses (VOSBs) and Service-Disabled Veteran Owned Small Businesses (SDVOSBs).

Substantial improvement was made between FY 05 and FY 06 with accomplishments in four of the six socio-economic categories. The categories of minority small business and 8(a) were combined in FY 06 into the category of Small Disadvantaged Businesses.

By evaluating all procurements under $25,000 and identifying procurements to large businesses that could be converted to small disadvantaged businesses and veteran-owned businesses, as well as correcting data in the vendor files to assure vendors were properly coded to reflect their socio-economic category, VISN 9 increased its utilization of small, underrepresented businesses. Additionally, every contract request above $25,000 received by the consolidated contracting office is researched by the VISN Small Business Advocate for potential set-aside as a Service Disabled Veteran Owned Small Business. However, by targeting more construction projects with veteran-owned businesses, the Network's Small Disadvantaged Business/8(a) awards decreased by the amount that the veteran categories increased. VISN 9 will actively seek SDB/8(a) sources for procurements in areas other than construction in FY 07 in an effort to remedy this.



Functional Status

GOAL:
Restore the capability of veterans with disabilities to the greatest extent possible and improve the quality of their lives and that of their families.

Polytrauma Network Site

Lexington VA Medical Center serves as the Polytrauma Network Site (PNS) Level 2 for VISN 9. Lexington VA is one of 16 VA medical centers nationally to establish a PNS developed by the Department of Veterans Affairs to care for some of the most injured US veterans returning from the Middle East. Current combat operations have produced new patterns of multi-system injuries. This may involve trauma to several body areas or organ systems, one or more of which may be life threatening or life altering. Lexington's role as the VISN 9 PNS is to manage the life long post-acute rehabilitation needs and functional impairments of veterans returning from Iraq/Afghanistan. We are responsible for transitioning these patients to their homes and communities, and to ensure continuity of care as these military persons or veterans transfer among healthcare systems. We are also responsible for identifying the appropriate network of services in the VISN, and for educating all involved staff on polytrauma. These efforts will help to ensure the highest quality of care for our patients.

Due to the geographic distribution of the Polytrauma patients, the Polytrauma Telehealth Network will be utilized to manage this complex group of patients. By using videoconferencing, this care can be managed from a distance with real time access to the patient, family, and expert team of staff. The Polytrauma Team is responsible to coordinate the care and the level of services required to assure that these patients have access to the same high level of care across the network.

Pro-active clinical and social case management is the backbone of this program. With all VISN 9 facilities providing a high level of care, a full range of clinical and ancillary resources, and life long case management, these patients will be afforded the best of health care.

In FY 06, 13 patients were being cared for or followed by the VISN 9 Polytrauma Network Site. Those sent to Lexington are likely referred from the Tampa, FL Polytrauma Level 1 Rehabilitation Center (one of three such centers nationwide) when the patient is ready to re-integrate to or near their home community. Lexington VA also coordinates or manages care with other VISN hospitals. The PNS further reflects VA's commitment to care for the men and women who have served in uniform.

Health Plan and Employer Data & Information Set (HEDIS)

HEDIS is a tool created by the National Committee for Quality Assurance (NCQA) to collect data about the quality of care and services provided by health systems. HEDIS consists of a set of Performance Measures that compare how well health plans perform in key areas: quality of care, access to care and member satisfaction with the health plan and doctors. NCQA requires health plans to collect this information in the same manner so that results can be fairly compared to one another.

Of 16 performance measures shown, VISN 9 outperformed the HEDIS measures in each area. Of the national VHA measures, VISN 9 was equal to or better than VHA on nine of the 16 measures or 56 percent.

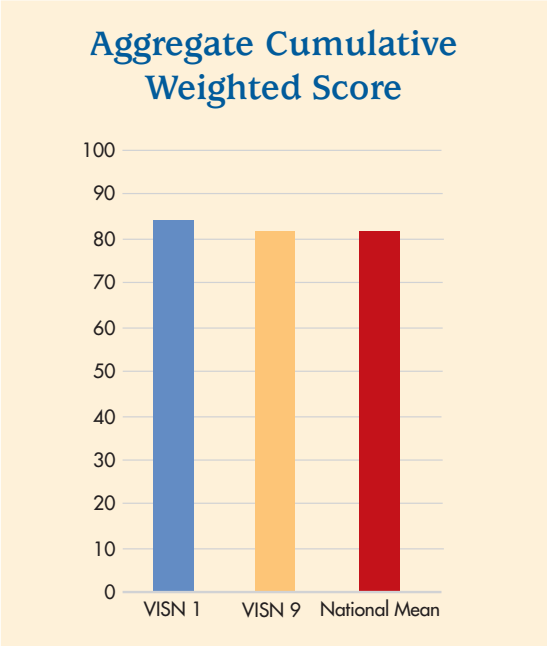
GOAL:
Honor and serve veterans in life and memorialize them in death for their sacrifices on behalf of the Nation.

Quality of Care Indicators VA-HEDIS Comparisons

CLINICAL PERFORMANCE INDICATOR	VISN 9 FY 06	VA FY 06	HEDIS Commercial 05	HEDIS Medicare 05	HEDIS Medicaid 05
Breast cancer screening	91%	86%	72%	72%	54%
Cervical cancer screening	93%	91%	82%	Not Reported	65%
Colorectal cancer screening	81%	77%	52%	54%	Not Reported
LDL Cholesterol < 100 after AMI, PTCA, CABG	59%	62%	Not Reported	Not Reported	Not Reported
LDL Cholesterol < 130 after AMI, PTCA, CABG	79%	81%	Not Reported	Not Reported	Not Reported
Beta blocker on discharge after AMI	100%	98%	97%	94%	86%
Diabetes: HagbA1c done past year	96%	96%	88%	89%	76%
Diabetes: Poor control HbA1c > 9.0% (lower is better)	16%	16%	30%	24%	49%
Diabetes: Cholesterol (LDL-C) Screening	93%	97%	92%	93%	81%
Diabetes: Cholesterol (LDL-C) controlled (<100)	61%	64%	44%	50%	33%
Diabetes: Cholesterol (LDL-C) controlled (<130)	82%	85%	68%	72%	51%
Diabetes: Eye Exam	93%	85%	55%	67%	49%
Diabetes: Renal Exam	66%	67%	55%	60%	49%
Hypertension: BP <= 140/90 most recent visit	77%	79%	69%	66%	61%
Follow-up after Hospitalization for Mental Illness (30 days)	**	71%	76%	59%	57%
CLINICAL PERFORMANCE INDICATOR		**VA FY 06**	**HEDIS Commercial 05**	**HEDIS Medicare 05**	**BRFSS 05**
Immunizations: influenza, (note patients age groups)	74%	71% (age 65 and older or high risk)	36% (age 50-64)	70% (age 65 and older)	66% (age 65 and older)
Immunizations: pneumococcal, (note patients age groups)	87%	89% (all agesat risk)	Not Reported	Not Reported	66% (age 65and older)

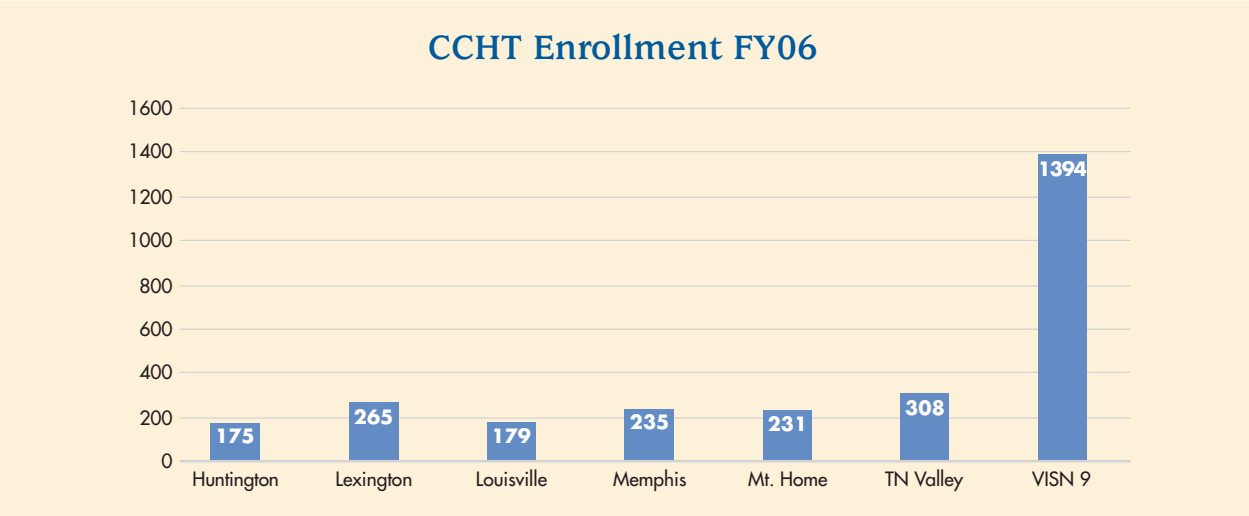
The national Office of Quality and Performance (OQP) supports clinicians, managers, and employees in providing the highest quality of care for Veterans. By utilizing OQP to measure performance, OQP assesses the process and outcomes of care provided to patients; provides an accountability framework for assessing the performance of leaders, clinicians, and managers in VHA; and links VA/VHA strategies with accountability measures to support improvement.

The Performance Scorecard is shown with the national mean, the top performer (VISN 12) and VISN 9. Although ranked number 12 among all 21 VISNs, VISN 9's numbers were very close to the number 1 ranked Network.



Care Coordination/Home Telehealth

For FY'06, the VISN 9 Care Coordination/Home Telehealth program was a huge success. The national performance measure stated each VISN needed to enroll at least 1000 patients into this non-institutionalized program. VISN 9 exceeded this target with an enrollment of 1394 patients. VISN 9 ranked 3rd best amoung the 21 VISNs. Upon submission of a poster presentation at the national Office of Care Coordination meeting in Denver, "VISN 9 Champions Join Hands to Provide CCHT in the Comfort of Our Veteran's Homes", a first place blue ribbon was received. There were also two graduates of the Master Preceptor Program where their presentation on "CCHT and DSS Partnership: More Bang for the Buck" came in second place.



Telephone After-Hours Care and Nurse Advice Line

To improve effectiveness of handling phone for the After-Hours Nurse Advice Line, an additional registered nurse was hired in June 2006. The graph below will show improved efficiency with added staff. State of the art clinical software is being purchased for every facility in VISN 9, including the after-hours group, to provide seamless triaging of patients with the most up to date algorithms.

Telephone Care—After Hours

	FY 05	FY 06
Average speed to answer call	2 min., 57 sec.	1 min., 27 sec.
Abandon rate	33%	25.5%
Average call length	5 min., 43 sec.	5 min., 27 sec.
Total call volume answered	21,827	22,808
Calls per FTEE	3,020	3,800

My Health-E-Vet

The VISN 9 My HealtheVet web-based program for veterans and their families was expanded in FY 06 to increase general usage and to increase on-line prescription refills. A VISN implementation Plan representing all six VISN 9 medical centers was completed and submitted to the national office (one of three such plans in the nation). All six sites within VISN 9 mirrored the VISN and national guidelines. The network tracks milestones, number of registrants, and number of on-line prescriptions at each site.

Total VISN 9 Registrants: 13,528

Total VISN 9 Prescriptions filled through My Health eVet: 6,834

Website: www.myhealth.va.gov

Performance Recognition

The VISN 9 communities of hospital facilities are recognized locally for individual accomplishments. A VISN 9 facility level Performance Recognition Award was established by the Network Director that recognizes medical centers in three categories: *Best Performing, Most Improved, and Maintained the Gain*. These recognitions are based in part on the National VHA Performance Contract and are presented in the following fiscal year during a VISN 9 Executive Leadership Council meeting.

Best Overall Performance 2006: Huntington

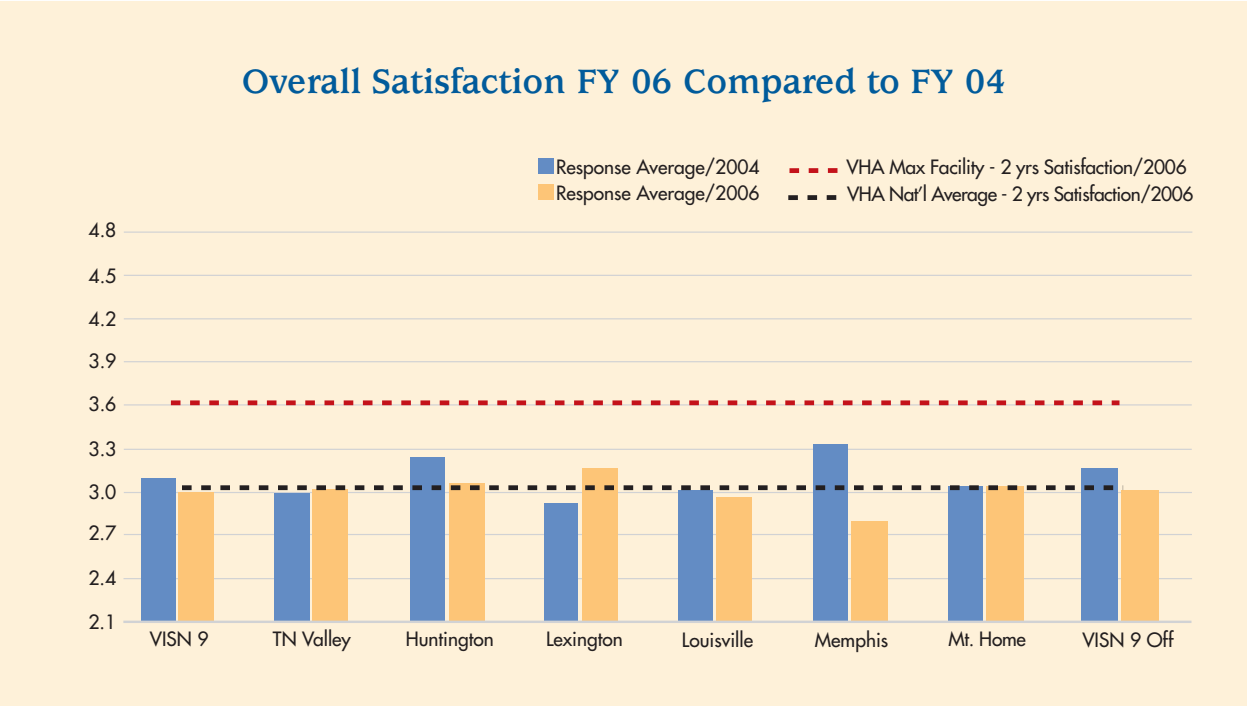
Most Improved 2006: Lexington VA Medical Center & Memphis VA Medical Center

Maintained the Gain 2006: Louisville

Employee Satisfaction

Every two years VA surveys all employees and FY 06 had a noticeable increase in the number of respondents for the All Employee Survey (AES). Within VISN 9 the response rate was 64 percent as compared with 41 percent in the 2004 survey. Eighty-five percent of the respondents did so by using the internet, while 10 percent took the survey by phone and 5 percent used pen and paper. Lexington VA Medical Center led the VISN with a response rate of 85 percent or 1,104 employees participating.

In order to determine overall job satisfaction several questions were asked using a five-point scale ranging from 1 (*not at all satisfying*) to 5 (*very satisfying*).



Workforce Planning

The seventh class of VISN 9 Leadership Institute - patterned after the national Health Care Leadership Institute (HCLI) - graduated in August 2006. The program, developed through the VISN 9 Learning Council, is reviewed and updated annually by the Planning Committee. Each year 32 slots are available for VISN 9 employees. Candidates are employees who demonstrate, at a minimum, mastery of Level 2 High Performance Development Model (HPDM) competencies. The program is designed to help employees develop HPDM Level 3 competencies or to enhance HPDM level 3 behaviors. Group coaching is an important component of the program, with 4-5 participants assigned to each coach. Coaches are senior leaders representing all VISN 9 facilities, and completion of Coach/Mentor Certification Training is recommended. Participants are selected by each facility director after reviewing recommendations from a rating panel. The program consists of three week-long formal educational sessions, as well as assignments including which include -

- Development and implementation of an online Personal Development Plan
- Development and implementation of a Workplace Initiative Plan which results in organizational improvement at the participant's work site
- Shadowing a specific number of facility leaders and discussing experience with group
- Sharing learning experiences through presentation of Success Stories at the end of the program.

A Return on Investment (ROI) study of Leadership Institute completed by the core faculty showed an ROI of 120%, indicating a $2.20 return for each $1.00 spent.

VISN 9 Leadership Graduates

Facility	FY 05	FY 06
Huntington	5	6
Lexington	5	5
Louisville	4	5
Memphis	4	4
Mountain Home	5	6
Tennessee Valley HCS	2	2
VISN 9	3	2
National Cemetery Administration		
Total	**28**	**30**

EEO

VISN 9 facilities are encouraged to utilize mediation, or Alternative Dispute Resolution (ADR), to resolve Equal Employment Opportunity (EEO) complaints and to resolve workplace issues. Many complaints filed are not due to illegal discrimination but due to interpersonal conflict by both management and the aggrieved. Training sessions on mediation awareness are held throughout the year. VISN 9 mediators are utilized throughout the VISN as well as other federal agencies.

Alternative Dispute Resolution (ADR) Usage & Success
ADR Training Completion
Comparison of FY 05 and FY 06

	# of Sessions	# of Resolutions	Success Rate	Completion of Awareness Training
FY 05	41	32	78%	42.0% (not mandatory)
FY 06	34	18	52.94%	74% (not mandatory)

The Education Debt Reduction Program (EDRP) authorizes VA to provide education debt reduction payments to employees with qualifying loans who are recently appointed to permanent positions providing direct-patient care services or services incidental to direct-patient care services for which recruitment and retention of qualified personnel is difficult. In FY 06, 79 percent of the awards authorized within VISN 9 were for registered nurses.

Education Debt Reduction Program (EDRP) Usage
Comparison of FY 05 and FY 06

	# of Awards/Status	Funding Allocated	Funding Used
FY 05 (payout in FY 06)	35	$76,877	$76,877
FY 06 (payout in FY 07)	48	$144,090	$112,725

Survey of Healthcare Experiences of Patients (SHEP)

Following is the Vital Signs Report results derived from the FY 06 Third Quarter Outpatient Survey of Healthcare Experiences of Patients (SHEP). SHEP consolidates the informational content of VHA survey processes into one instrument by uniting the collection of patient satisfaction, functional status, and healthy behavior data into one survey instrument. This report focuses on the Veteran Health Service Standards, a general measure of satisfaction with care and provider wait times.

VISN 9 ranked 6th best among the 21 VISNs nationwide in outpatient satisfaction.

VHA OUTPATIENT SATISFACTION SCORECARD 3rd QUARTER FY 06

DIMENSION SCORES & AGGREGATE SCORE

VISN

DIMENSION	SHORT DESCRIPTION	1	2	3	4	5	6	7	8	9	10	11	12	15	16	17	18	19	20	21	22	23	VISN Mean
Access	We will provide you with timely access to health care	86	90	81	84	80	79	76	79	80	82	82	82	83	80	75	78	82	81	83	79	86	**81**
Continuity of Care	One health care team or provider will be in charge of your care	76	79	76	76	80	78	76	82	78	76	75	72	77	79	78	78	74	79	76	72	76	**77**
Courtesy	We will treat you with courtesy and dignity	97	97	95	96	95	93	92	95	97	95	96	94	95	94	91	93	96	93	95	94	97	**95**
Information and Education	We will strive to provide information and education about your health care that you understand	76	77	73	74	72	69	70	76	72	71	69	71	71	70	69	71	71	72	72	71	73	**72**
Emotional Support	We will provide support to meet your emotional needs.	88	86	84	84	82	81	80	86	84	82	82	82	80	81	80	83	86	84	82	81	85	**83**
Overall Coordination of Care	We will take responsibility for coordination of your healthcare	77	81	77	79	76	73	75	76	76	75	75	73	75	75	71	73	75	74	75	73	76	**75**
Mailed Pharmacy Care	We will provide you with timely and appropriate mailed pharmacy services	81	86	79	84	77	82	82	80	89	85	83	83	81	81	75	79	84	82	86	80	81	**81**
Pickup Pharmacy Care	We will provide you with timely and appropriate pharmacy pickup services	67	78	52	72	46	63	58	62	70	70	66	66	66	65	64	58	74	62	72	65	72	**64**
Patient Preferences	We will ensure that you are involved with decisions about your care	85	85	81	83	81	79	80	83	81	80	80	81	81	80	79	80	83	80	81	81	82	**81**
Specialist Care	We will coordinate all your Specialist care in a timely manner	84	85	82	81	83	77	80	80	81	81	81	79	79	83	78	78	83	79	81	79	83	**81**
Visit Coordination	We will take responsibility for coordination of your visits	88	88	87	87	84	83	81	83	85	85	84	85	86	83	81	81	85	83	83	82	87	**84**
VISN		**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**VISN Mean**
Aggregate Score		74	77	72	75	71	71	71	74	74	74	73	73	73	73	71	72	75	74	75	73	76	79
Rank		7	1	17	5	20	19	21	8	6	10	13	15	12	11	18	16	3	9	4	14	2	Ref
VISN		**7**	**5**	**6**	**17**	**3**	**18**	**12**	**22**	**11**	**15**	**16**	**10**	**20**	**8**	**1**	**9**	**4**	**21**	**19**	**23**	**2**	**VISN Mean**
Aggregate Score		71	71	71	71	72	72	73	73	73	73	73	74	74	74	74	74	75	75	75	76	77	79
Rank		21	20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	Ref

Facility Leadership

Edward H. Seiler
Director, VA Medical Center
Huntington, West Virgina

Charlene S. Ehret
Director, James H. Quillen VA Medical Center
Mountain Home, Tennessee

Wayne L. Pfeffer
Director, VA Medical Center
Louisville, Kentucky

Sandy J. Nielsen
Director, VA Medical Center
Lexington, Kentucky

Patricia O. Pittman
Director, VA Medical Center
Memphis, Tennessee

David N. Pennington
Director, Tennessee Valley Healthcare System
Murfreesboro & Nashville, Tennessee

VA MidSouth Healthcare Network Facilities

Huntington, West Virgina
VA Medical Center

James H. Quillen VA Medical Center
Mountain Home, Tennessee

Lexington, Kentucky
VA Medical Center

Cooper Drive Division

Leestown Road Division

Louisville, Kentucky
VA Medical Center

Memphis, Tennessee
VA Medical Center

Tennessee Valley
Healthcare System

Alvin C. York, Murfreesboro

Nashville Campus

VISN 9 Markets

Market by County

Western Central Northern Eastern

MidSouth Healthcare Network