

j. Approval of the Veterans Integrated Services Network (VISN) and Major Military Command.

The Concept of Operations document has been approved by both the Madigan Army Medical Center's Commander/Western Regional Medical Commander as well as the local Puget Sound VA Health Care System Director and the Veterans Integrated Services Network (VISN) 20 Director. The Information Technology component of this Proposal is new and details a plan to further improve electronic medical information exchange between the two organizations. This additional component is being routed through both organizations for approval.

k. Statutes or regulations that would need to be waived in order to carry out this plan.

Waiver to the CMAC-10% standard billing and payment methodology as noted above.

Waiver to keep VISN 20 VPN Gateway housed at VA Puget Sound operational.

l. Perceived hurdles to success and plans to mitigate these hurdles.

Waiver to the CMAC-10% standard billing and payment methodology as noted above.

Waiver to keep VISN 20 VPN Gateway housed at VA Puget Sound operational.

2) Coordinated Management System - Coordinated Staffing and Assignment System

The proposal for American Lake VA patients to receive their inpatient acute medicine and emergency room care at Madigan Army Medical Center (MAMC) provides an opportunity to evaluate the feasibility of VA staff being assigned to and incorporated into a DOD health care system to provide care to any beneficiary (VA or Tricare). There are three components of the coordinated staffing proposal: Medical Team, Nursing staffing, and Social Worker staffing.

a. Demonstrate agreement on staffing responsibilities in providing joint services.

All staffing levels and responsibilities were jointly developed by the respective Department Heads of the VA and MAMC through a very detailed review of the positions required to support the projected incremental workload being relocated to MAMC.

b. Agreement on metrics for staffing levels and staffing guidelines for combined, joint or integrated services.

VA Medical Team Structure – VA PSHCS will provide a fourth medical team to staff MAMC, so that MAMC can take on the VA workload. VA patients and TRICARE

patients will be assigned to any of the four medical teams. The VAPSHCS staff assigned to the fourth medical team at MAMC will include up to one and one half (1.5) full-time Internists and one (1.0) full-time physician extender, to provide daily coverage of one physician and one physician extender. The physician will be the team leader but the physician and physician extender will share responsibility for all of the patients on the team. . The VAPSHCS Medical Team will be a teaching team when appropriate numbers of house staff are available.

- House staff support?*
- Admission/Call Policies – All teams will admit both VA and TRICARE eligible patients regardless of beneficiary status. New patients will require complete admission histories, physical examinations and care plans, followed by daily progress notes. Transfer patients would require only a brief transfer acceptance note and then daily progress notes. The Madigan Chief Medical Resident would coordinate the flow of transfers and admissions to the VA team as well as to all of the other inpatient teams. The VA medical team will be offered the opportunity to evaluate potential admissions in the emergency department.
 - Clinical Standards – VAPSHCS medical staff will abide by all current Clinical Practice Guidelines, formulary restrictions and all other clinical practice standards required of MAMC medical staff.
 - Consulting and Referral Procedures – The VAPSHCS medical team may request a consult of any MAMC specialty care service currently available. MAMC specialty care services will complete consults on VA patients in the same manner as any other MAMC patient. VAPSHCS will be responsible for coordinating all outpatient care services for VA patients upon discharge from MAMC.
 - Licensing, Credentials, and Peer Review – VA physician staff must be board certified or board eligible and have a current medical license from any state within the United States and meet all requirements to be fully credentialed by the MAMC Credentials committee. The VA team will be subject to peer-review of inpatient charts, similar to the peer-review requirement for Madigan Staff Internists.
 - Continuing Medical Education – The VA medical team is encouraged to participate in DOM morning reports held each weekday and in Medicine Grand Rounds. The VA medical team is encouraged to participate in any CME offerings at MAMC.

Nursing Staff. This plan calls for the full integration of select VAPSHCS-AL Medical/Surgical nurses into the existing MAMC nursing structure to support the shift of inpatient workload and the emergency department. MAMC Nursing staff will provide VA ER patients and inpatients the same level of nursing care as provided to TRICARE beneficiaries.

- Policies and Procedures – Existing MAMC Patient Care Procedures (PCP) and Department of Nursing policies will apply to VAPSHCS patients and nursing staff employed at MAMC. VAPSHCS employees will be subject to all current VA personnel policies, i.e., sick leave, vacation, etc.
- Inpatient Capacity – The Joint Venture initiative will provide resources to equip and staff an additional 15 beds of inpatient capacity to support the projected VAPSHCS patient increase of 12 daily inpatients.
- Staffing Model – The MAMC Department of Nursing will apply existing staffing models used on its medical units to determine staff requirements within areas that expand to support the initiative. This staffing model is based on a planning factor of 1:6 Registered Nurse to Medical Patient ratio. The model also provides for additional paraprofessional staff (Licensed Practical Nurses, Certified Nurse Assistants, and Ward Clerks) to complete the staffing structure of any medical unit. Contingency planning for periods of excessive demand includes providing additional resources such as increasing the use of contract nurses, providing additional permanent hires, or increasing the number of VAPSHCS staff working at MAMC. Proper management of this initiative requires the continual review of VA inpatient workload, MAMC inpatient capacity and the quick development of any funding requirements needed to compensate for changes in the inpatient environment.

(See Appendix A of the attached Concept of Operations for a summary of the staffing model calculations for additional nursing staff required to meet the planned capacity targets.)

- VA Staff Integration – VAPSHCS nursing staff will integrate into various inpatient work centers throughout MAMC based on individual skill levels and clinical missions.
- Education and Training – VAPSHCS nursing staff are to be eligible for all professional nursing education services available at MAMC. All VAPSHCS nurses working at MAMC will work towards meeting all unit specific MAMC nursing competency requirements to include ACLS, TNCC, PALS or ENPC. MAMC Nurse Managers will be responsible for orienting VAPSHCS nursing personnel to their units.
- Licensing/License Verification – VAPSHCS nursing administration will maintain copies of valid nursing licenses for VAPSHCS nursing staff working at MAMC. They will also provide to MAMC Department of Nursing any nursing license prime source verification as needed. MAMC Nurse Managers (first line supervisors) in areas employing VAPSHCS staff will maintain VAPSHCS nursing staff personnel competency folders.

Social Worker Staff: Two full-time VAPSHCS medical social workers will be provided, one to support the 15 inpatients and the other to support the Emergency

Room. VAPSHCS social workers will assess VA patients for ongoing psychosocial needs as well as for discharge planning and coordinate post-MAMC care. The goal is to link VA patients to VA funded programs and services and to maximize use of VA benefits. Both social workers will work Monday through Friday. The VA will implement a 7-day a week after-hours on-call system to support VA patients in the ER. MAMC SWS staff will not provide after hours coverage for VA patients nor will VAPSHCS social work staff provide after hours coverage to MAMC beneficiaries.

- Policies and Procedures – VAPSHCS social workers will follow existing MAMC policies, procedures and regulations in providing care to VA patients to ensure the same standard of care exists for both VA and MAMC beneficiaries.
- Education/Licensing – VAPSHCS medical social workers must meet the MEDCOM credentialing requirement for licensure, in addition to meeting the OPM qualifications for GS-185-11. VAPSHCS social workers will be eligible for all professional social work training available at VAPSHCS and no cost training at MAMC.

c. Agreed upon processes to address staffing shortfalls for combined, joint or integrated services.

Both organizations will participate in quarterly reconciliation of workload and staffing. Any significant workload usage (i.e., plus or minus 20%) above or below the projected historical workload will require renegotiation of the agreement.

d. Agreed upon process for staffing adjustments.

Both organizations will participate in quarterly reconciliation of workload and staffing. Any significant workload usage (i.e., plus or minus 20%) above or below the projected historical workload will require renegotiation of the agreement.

e. Develop process to address and resolve equitability issues that are a result of pay differences in VA and DoD.

Currently there is no plan to change the pay of either the VA or DoD staff. They will remain within their respective pay and benefit structures and obtain support from their respective human resource systems.

f. Delineate and define organizational structure and chain of command.

VA staff working at MAMC will fall under the supervision of the VA and MAMC as outlined below.

g. Establish structure and processes for administrative supervision, performance evaluation, and personnel actions, leave approvals, etc.

- Medical Team Supervisory control – The VA team will be responsible to the Department of Medicine at MAMC and to the Primary and Specialty Medicine Service Line of the VAPSHCS. The team members will be full time employees of the VAPSHCS. Representatives of the MAMC Department of Medicine and the Primary and Specialty Medicine Service Line of VAPSHCS will have regular joint meetings to review the performance of the VA inpatient medicine team. Weekly conference calls between MAMC and VA leadership will be scheduled during the first months after implementation so that adjustments in schedules or procedures can be made as needed.
- Nursing Staff Supervision – MAMC Clinical Head Nurses (Nurse Managers) will serve as first line supervisors for clinical issues only for the VAPSHCS nursing personnel. Clinical Head Nurses will provide input on clinical performance matters utilizing the existing VA personnel evaluation system. VAPSHCS nursing personnel will maintain complete administrative supervisory responsibility for VAPSHCS nursing personnel. VAPSHCS supervisors will resolve or coordinate issues concerning personnel actions, pay, discipline, leave approvals, and performance evaluations for VAPSHCS nursing personnel. MAMC Nurse Managers will provide collaborative input to the VAPSHCS Supervisor to facilitate personnel actions, when requested. MAMC Nursing Section Supervisors and Evening/Night Supervisors will continue to provide their current level of supervisory control of clinical nursing operations.
- Social Worker Supervision – VAPSHCS-hired social workers will receive first line supervision by Chief, MAMC MSWS and second line supervision by a designated VA SWS supervisor. VA and MAMC will jointly coordinate leaves and training. MAMC MSWS staff will cover short periods of sick leave. Planned leaves and longer sick leave outages will be backfilled by the VA.

In addition to performance data, the integration of the VA staff into the MAMC will be reviewed using the following measures:

- Satisfaction of the VA staff with the environment of care at MAMC
 - MAMC satisfaction with the performance of VA staff
 - Satisfaction of VA patients treated at MAMC
 - Satisfaction of consult services and nursing staff with the VA team
 - Workload of the VA staff vs. other MAMC staff.
- h. Establish appropriate and comprehensive policies that will meet the needs of each department and the facilities involved.**

VA staff working at MAMC will be required to comply with MAMC policies and procedures.

i. Develop a plan to provide adequate staffing in the event of a deployment or contingency operation.

Readiness/Deployment. The ability to sustain the level of care in the event of deployment and/or rotation of command is a concern to VA. The VA position is that it should not have to solely share the reduction in capacity due to deployment when it is paying for the staff for the VA share of MAMC's capacity. It is recognized that every situation is going to be different and may result in a reduction of available services. VA and MAMC agree that, if MAMC is unable to provide care due to deployment and/or heightened alert status the VA will be credited with the pro-rata Joint Venture (JV) salary cost for the capacity not provided as shown below. This crediting will be accomplished during the quarterly reconciliation.

not really a plan but a reconciliation issue

3) Coordinated Management System - Medical Information and Information Technology systems

a. Medical information and information technology system communication between corresponding elements at each facility.

This proposal spans a five-year period. It is divided into phases with short and long-term solutions, as well as unmet needs including the ability to efficiently share clinical and administrative information electronically. This is critical since the nature of the current and proposed sharing between Madigan and VAPSHCS involves inpatients and emergency outpatients. It is critical that clinical information be available in a timely manner.

The present situation is that the clinical interactions for patients seen at American Lake and MAMC have not been significantly supported with information technology. Communication currently includes phone and transfer or faxing of paper records, x-rays and other reports. Under the proposed agreement, it is critical that we utilize the existing information technology to improve communication and more effectively exchange patient data. The list below outlines some of the specific data elements that are needed to support our mutual clinical operations. In addition, other functionality such as the ability to send provider alerts and notifications, limited medication ordering, exchange of digital x-rays and other images, sending interagency inter-facility consults, appointment scheduling, and access to staff and on-call rosters are all highly desirable in meeting the needs of this expanded operations model.

Clinical Data Elements required to support expanded VA/DoD Sharing

- Patient Demographics
- Postings/Flags (Cl Warnings/AdvDir)
- Allergies
- Problem List

Outpatient Medications
Inpatient Medications
Progress Notes – INPATIENT
Progress Notes – OUTPATIENT
Discharge Summaries
Consults – INPATIENT
Consults – OUTPATIENT
Telephone Consults
Imaging/Radiology Reports – INPATIENT
Imaging/Radiology Reports – OUTPATIENT
Labs – INPATIENT
Labs – OUTPATIENT
Health Summaries
Clinical Reminders
Proccdures/Surgerics
Encounter data for billing and workload capture including ICD and CPT codes

Initially much of this data will be made available in read only format through remote log on to existing systems. This approach has been tested and proven feasible for the short term. Ultimately, a longer-term solution should allow a more robust exchange of data that is integrated into the respective data bases to facilitate timely retrieval and make it available for specific functions such as order/allergy checking and reminder logic, assessing guideline compliance, as well as inclusion in data warehouses for improved system and outcomes assessment. This higher level of data integration is essential both for improved patient safety as well as optimizing the efficiency of clinical programs. The development phases outlined below provide a stepwise approach to achieving these goals.

b. Collaborative methods to resolve unmet needs

Phase I – Identify the best methods for satisfying short-term clinical and administrative information sharing needs associated with the current and proposed sharing agreement. Much work has already been accomplished for this phase. There have been numerous joint meetings of IT and Clinical Informatics staff from both sites. The potential patient flow within each facility and the types of information needs have been identified and prioritized. Processes have been established for system account management and user training. Initial champion clinical staff from each site have been identified and provided access to systems at both sites. Initial processes for remote access to each site's systems have been established. Early testing of the transfer of radiographic images has been conducted with success. However, there is much work to do in this area and additional bandwidth will be needed before radiographic and other image transfers (e.g. document imaging) can be tested in a production mode.

Phase II – Work with the VHA Office of Information and Technology on the initial installation and preliminary testing of a standardized solution for DoD/VA information exchange. We have had initial discussions with OI&T management and developers have been contacted regarding DOD/VA information exchange strategies. Development is

underway on a solution that will eventually provide a robust bi-directional interface between existing DoD and VA systems. This agreement provides an exceptional test environment for this solution. VA Puget Sound has been a beta test site for CPRS and several other national packages for many years and has extensive experience with developing and testing hardware/software interfaces. This includes being a test site for the national Federal Health Information Exchange (FHIE) System. The facility worked closely with a national developer in perfecting and implementing an interface between the VistA Radiology Package and the Dictaphone Enterprise Dictation System and has a well-established and documented process for thoroughly testing software and hardware.

Currently, the OI&T DoD/VA information exchange solution provides a bi-directional interface for Pharmacy and the development of a Laboratory interface is in progress. Plans exist to expand this interface to encompass all the components of the electronic medical record. VAPSHCS and Madigan would be pleased to work with the developers in a phased approach as additional interface functionality becomes available and are willing to contribute to the development process if this proves to be desirable. Madigan currently has a robust real-time HL7 interface between CHCS/CIS and an SQL database. This may be useful to national developers..

Phase III – In-depth testing of solution. This testing will involve at least ten clinicians from each site, as well as various administrative and IT staff. The necessary hardware and software to support a full production load will be installed. Processes will be developed to simulate a full production load, so that the solution can be tested thoroughly and under real-life conditions. A systematic process for testing all the functionality of the interface will be developed and documented. During this phase, the Project Clinical Application Coordinator will work closely with the testing clinicians to develop a training plan that can be utilized during the full deployment phase. A joint DoD/VA 24 hour/day, 7 days/week IT/Clinical Informatics support mechanism will also be developed.

Phase IV – During this phase the solution will be fully implemented across both the Madigan and VAPSHCS sites. This will include the network rollout of any software required on the desktop and a structured training effort with classroom, small group and one-on-one training. This effort will be coordinated by the Project Clinical Application Coordinator and will utilize clinical champions identified and trained in Phase III. The joint 24 hours/day, 7 days/week support mechanism developed in Phase III will be implemented and marketed.

Phase V – This phase will include an in-depth evaluation of the DoD/VA information interface. While feedback will be sought throughout the project, this phase will put an emphasis on compiling and analyzing earlier feedback as well as data obtained from a comprehensive user survey conducted during this phase. The end result should be a list of suggested modifications/additions to the interface for future consideration. A process will be developed for prioritizing this list. Wherever possible, VAPSHCS and Madigan will work closely with OI&T to implement suggested modifications that are given a high priority and deemed practical.

Projected Costs	FY04	FY05	FY06	FY07
Gateway Certification Support	\$ 50K			
Project Manager	\$100K	\$100K	\$100K	\$100K
Contract Programmer	\$200K	\$200K	\$200K	\$200K
Imaging Coordinator	\$100K	\$100K	\$100K	\$100K
Clinical Application Coord	\$100K	\$100K	\$100K	\$100K
Interface Engine Hardware	\$ 50K			\$ 50K
WAN Infrastructure Upgrade	\$100K	\$ 50K	\$200K	\$ 50K
Imaging Storage Upgrade		\$150K		\$150K
Imaging Workstations	\$250K			
Totals	\$950K	\$700K	\$700K	\$700K

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