


Secretary of Veterans Affairs David J. Shulkin, M.D.

National Quality Forum



To care for him
(or her) who
shall have
borne the battle
and fo his
widow, and his
orphan.

- Abraham Lincoln,
1865

Paying Attention to Culture

'Final Salute' honors Holocaust survivor, Veteran



Service members in a hallway on the medical campus floor at Fort Belvoir, for the final of Holocaust survivor and Korean War Air Force Veteran Paul Ziegler to be wheeled to the crematorium by honor guard.

VA



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Learn Medicine on the Ski Slopes



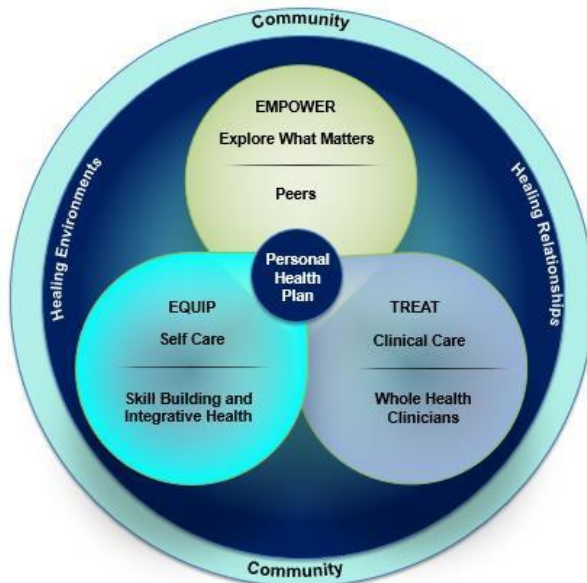
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VA's Definition of Health

	Private Sector	Veterans Health Administration
Peer Support		X
Crisis Lines		X
Transportation		X
Caregivers		X
Homelessness Services		X
Medication Support		X
Behavioral Health Integration		X
Aligned Incentives		X
Lifelong Relationships		X
Single EMR Platform		X
Works with Most Leading Medical Centers		X



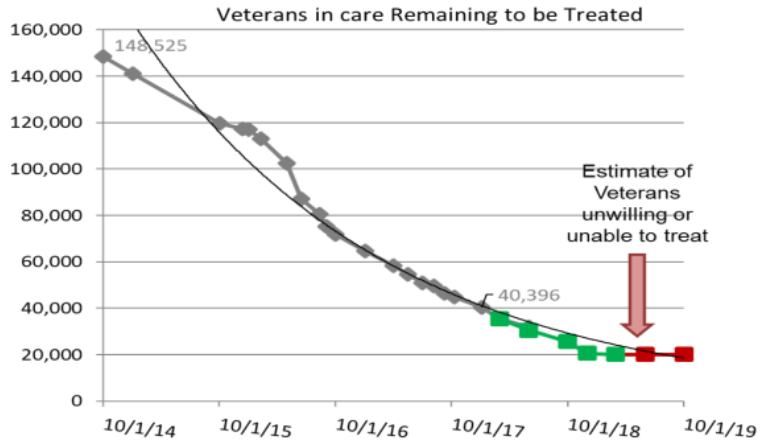
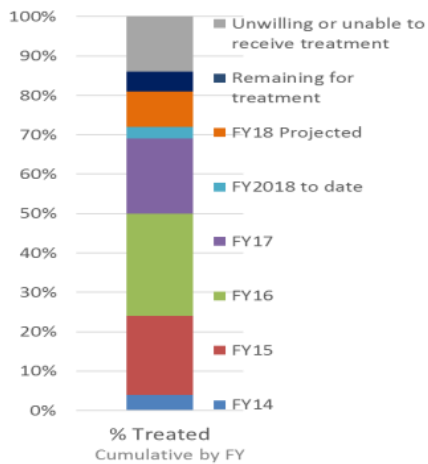
VA's Whole Health Model

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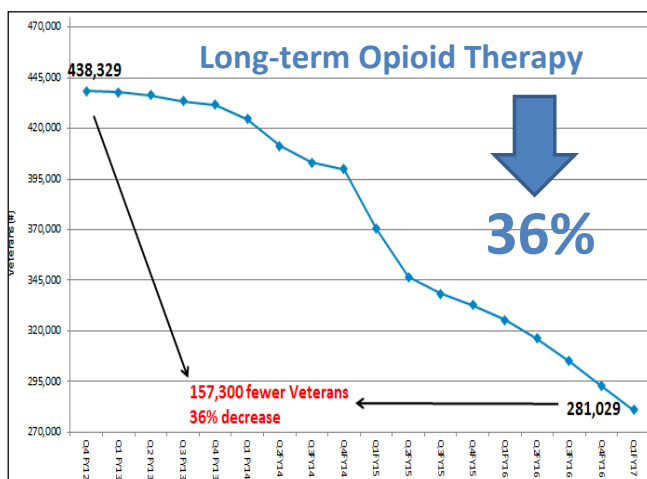


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Ending Hepatitis C among HCV-infected Veterans in VA Care who are willing and able to be treated



Reduction in Opioid Use



Overall opioid use:

31%

Benzo co-prescribing:

56%

High dose:

44%

Annual drug screening: 86%

VA Outperforms Private Health plans in Quality

	Current VA Average (%)	Commercial Health Plans (%)
Medical Assistance with Smoking Cessation	93	48
Breast Cancer Screening	83	73
Colorectal Cancer Screening	83	62
Beta-Blocker Treatment After a Heart Attack	93	84
Blood Pressure Control (<140/90) in Diabetics	77	62
Eye Exams for Diabetics	88	54
Blood Pressure Control (<140/90) Overall	77	62

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VA Research



Barcoding of Medications

Nicotine
Patches

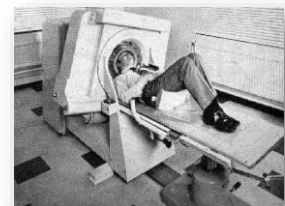
First Liver Transplant

8 Lasker
AwardsCardiac
Pacemaker

3 Nobel Prizes



Artificial Kidney



CT Scanner

Important Contributions to Society



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Not the Best of Times

“VA is a vast dehumanized bureaucracy, embedded in mountains of red tape, ingrown with entrenched mediocrity, undemocratically operated under autocratic control centered in Washington DC, and rigidly resistant to proposed reforms.”

A New York Magazine

The State of VA

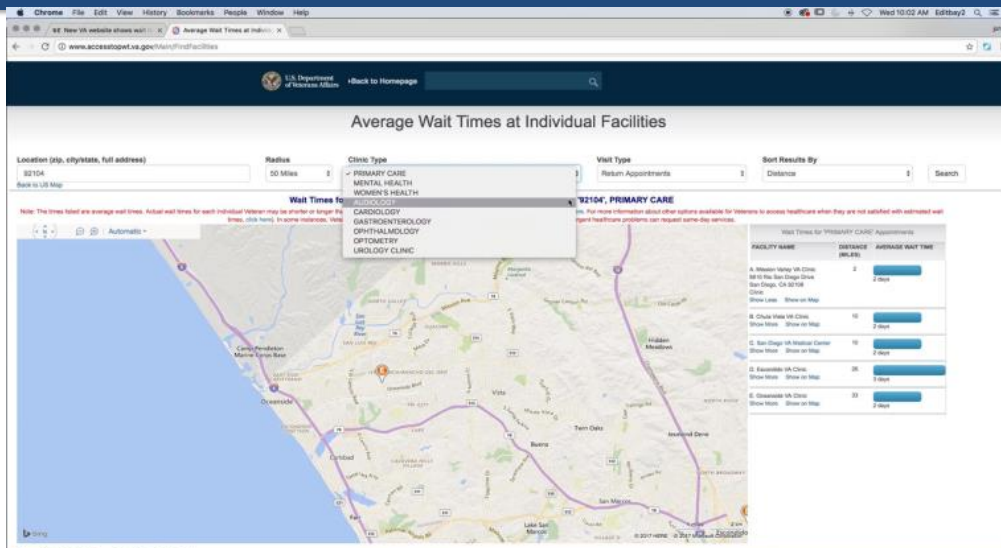


**VA will be the Most Transparent Organization
in Government**



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Posting Wait Times



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Transparency of Quality

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Hospital Compare Data

Bay Pines VA Medical Center

	Catheter-associated urinary tract infections (CAUTI)	Central line-associated bloodstream infections (CLABSI)	Chemotherapy-related deaths	Healthcare-associated bloodstream infections (HAI)	Surgical site infections from abdominal (non-intestinal) (SSI-NonInt)	Surgical site infections from chest (SSI-Chest)	Event rate associated with surgery	A wound opens upon surgery on the abdomen per-incident	Accidental falls from ambulation	Postoperative return rate	Postoperative flap failure rate	Collapsed lung from medical treatment	Deaths with serious complications after surgery	Cerebral vascular catheter-related bloodstream infection rate	Pressure ulcer rate	HIP-KNEE Complications rate	Serious wound care after surgery	Serious complication rate
In date range	7/2015 - 6/2016	7/2015 - 6/2016	7/2015 - 6/2016	7/2015 - 6/2016	7/2015 - 6/2016	7/2015 - 6/2016	Not Available	7/2015 - 6/2015	7/2015 - 6/2015	7/2015 - 6/2015	7/2015 - 6/2015	7/2015 - 6/2015	7/2015 - 6/2015	7/2015 - 6/2015	7/2015 - 6/2015	7/2015 - 6/2015	7/2015 - 6/2015	7/2015 - 6/2015
Overall Average	0.93	0.46	1.15	0.05	9.09	24.90	1.97	3.32	1.44	10.21	0.06	0.41	116.48	0.17	0.46	3.0	5.91	0.90
Overall Median	0.91	0.47	0.5	0	0	13.51	0.322	3.23	1.08	9.78	0.06	0.4	125.6	0.16	0.24	3	4.75	0.87
Overall Average	0.99	0.34	0.78	0.12	3.84	15.75	1.28	2.21	1.07	9.29	0.06	0.49	119.23	0.23	0.76	3.96	5.48	0.90
Overall Median	0.79	0.34	0.83	0.14	8.47	15.87	1.26	2.14	1.03	8.45	0.06	0.5	124.96	0.24	0.47	3.5	5.54	0.81
Overall Top 10 rate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.99	0.92	8.00	0.06	0.32	114.35	0.11	0.53	2.40	3.11	0.70
Overall Top 25 rate	0.00	0.00	0.18	0.00	0.00	0.00	0.00	2.13	1.34	9.04	0.06	0.36	124.48	0.13	0.21	2.70	3.87	0.78
Bay Pines VA Medical Center	1.28	0.34	Not Available	Not Available	Not Available	1.28	1.89	2.29	4.75	0.00	0.63	34.38	0.06	0.51	Not Available	7.42	Not Available	Not Available
UTROOST HEALTH- ST TERREBORG	2.14	0.97	0.06	10.05	0.00	Not Available	2.13	1.47	7.92	0.06	0.70	127.95	0.33	1.06	3.9	6.39	1.05	
WARRIODE HOSPITAL	0.74	0.85	0.19	0.00	12.87	Not Available	2.14	0.77	7.98	0.06	0.78	133.31	0.34	0.13	3.33	4.29	0.71	
2ND OF JACOBIA HOSPITAL	0.38	0.56	0.14	0.00	0.00	Not Available	2.06	0.91	8.46	0.06	0.38	126.43	0.13	0.95	2.3	5.54	0.81	
STEDMAN+39S HOSPITAL	0.84	0.90	0.02	10.70	23.81	Not Available	2.38	1.03	8.45	0.06	0.44	124.96	0.24	0.47	3.3	12.26	1.43	
PETERSBURG SPIRAL	0.33	0.81	0.18	8.47	39.90	Not Available	2.17	1.29	9.77	0.06	0.37	146.39	0.12	0.22	3.1	4.39	0.81	

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Opioid Rate Posting

Facility	State	Rate in 2012	Rate in 2017
Roseburg VA Medical Center	Oregon	28%	20%
Mann-Grandstaff VA Medical Center	Washington	26%	18%
Martinez VA Medical Center	California	25%	16%
Boise VA Medical Center	Idaho	23%	16%
Las Vegas VA Medical Center	Nevada	24%	16%
Thomas E. Creek VA Medical Center	Texas	25%	16%
Tuscaloosa VA Medical Center	Alabama	18%	15%
Fresno VA Medical Center	California	24%	15%
Charlie Norwood VA Medical Center	Georgia	24%	15%
John D. Dingell VA Medical Center	Michigan	26%	15%

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Promoting Consistency in Best Practices



Diffusion of Excellence Initiative

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VA also provides safe care in its hospitals

Safety indicator	VA rate*	Private sector (source)
Catheter-associated urinary tract infections - ICU	0.68	1.15 (CDC)
Bloodstream infections – Dialysis center	0.58	0.64 (CDC)
Death rate per 1000 among surgical patients with serious complications	101	139 (AHRQ/CMS)
Postoperative respiratory failure	5.6	11.9 (AHRQ/CMS)
Postoperative sepsis	4.0	5.9 (AHRQ/CMS)
30-day mortality for chronic obstructive lung disease (COPD)	4.7	8.0 (CMS)
30-day mortality for Heart Attack	8.0	13.6 (CMS)

* Source: Inpatient Evaluation Center (IPEC) 2018

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Healthcare Improvement Center



- Monitors **key performance metrics** for **timely identification and response** to emerging challenges
- Analytics **risk stratify vulnerable facilities** to define an appropriate response
- **Rapid response teams**
- **Best practices shared** among facilities

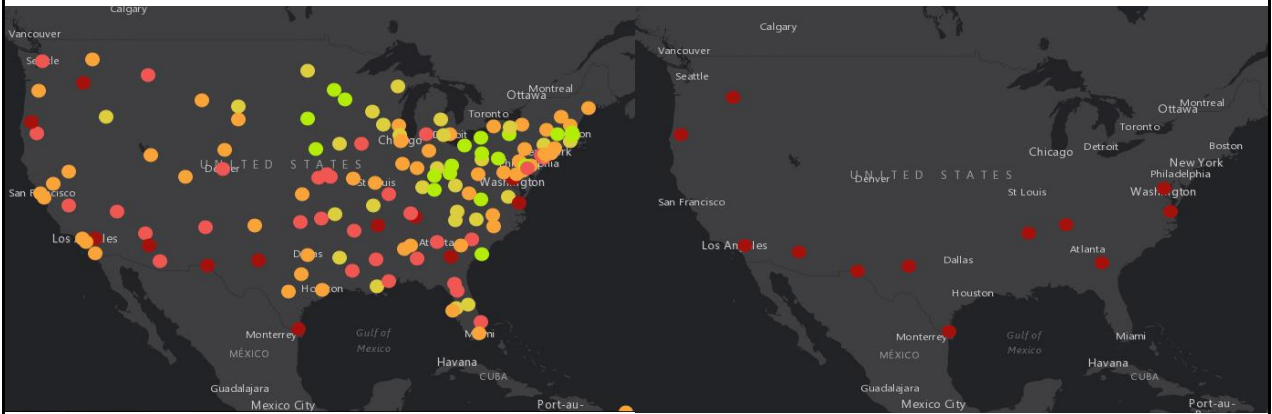
Examples

- **Close monitoring** of key clinical metrics in **Puerto Rico** during hurricane and rebuilding
- **Staffing vacancies** in Little Rock – **more expeditious model** for resolution shared among facilities
- **Access data** identifying **training needs**; **faster resolution of access issues with shared learnings**



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SAIL Reporting



VA View of Overall SAIL rating

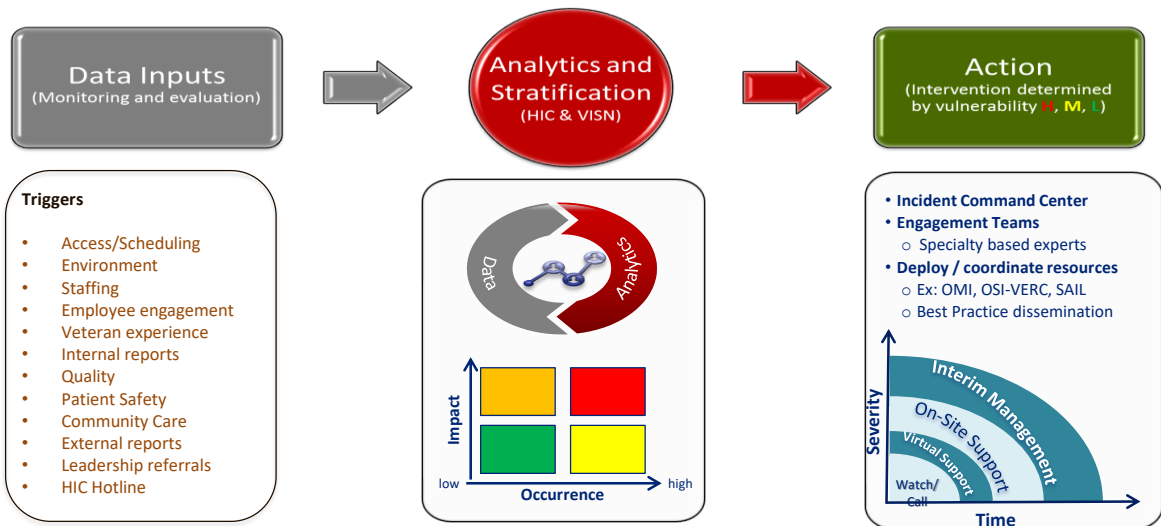
VA View of 1 star facilities

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HIC Model



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myVAaccess Declaration


We aspire to provide access to care based on the following core principles:

- ★ Provide timely care, including same day services in Primary Care, as needed
- ★ Provide timely Mental Health care, including same day services, as needed
- ★ Provide Veterans medically necessary care from another VA Medical Center, while away from their primary facility
- ★ Respond to routine clinical inquiries within 2 business days
- ★ Offer appointments and other follow-up options upon leaving clinic
- ★ Actively engage Veterans for timely follow-up if a clinic is canceled due to unforeseen circumstances
- ★ Integrate community providers as appropriate to enhance access
- ★ Offer Veterans extended clinic hours, and/or virtual care options, such as Telehealth, when appropriate
- ★ Transparently report access to care data to Veterans and the public

We the undersigned dedicate ourselves to pursuing the above principles:



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Improving Timeliness of Services

Same-Day Services



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VA Has Overall Shorter Wait Times Than Private Sector!

Average Physician Appointment Wait Times in the Private Sector



According to the 2017 Merritt Hawkins (MH) Survey of Appointment Wait Times, average wait times in the private sector grew by 30% (since 2014) in large markets. VA maintained shorter wait times in all specialties measured by MH survey. In cases, **VA is 40% better**.

VA wait times – across all appointment types – have also **improved by > 10%** since 2014!

Specialty	VA NATIONAL	MH Large Markets	MH Mid-Sized Markets
Cardiology	18.3 days	21.1 days	32.3 days
Dermatology	18.1 days	32.3 days	35.1 days
Obstetrics/Gynecology	23.0 days (Gyn only in VA)	26.4 days	23.1 days
Orthopedics	20.8 days	11.4 days	15.0 days
Family Practice	17.0 days (VA Prim Care)	24.1 days	32.0 days

VA Telehealth

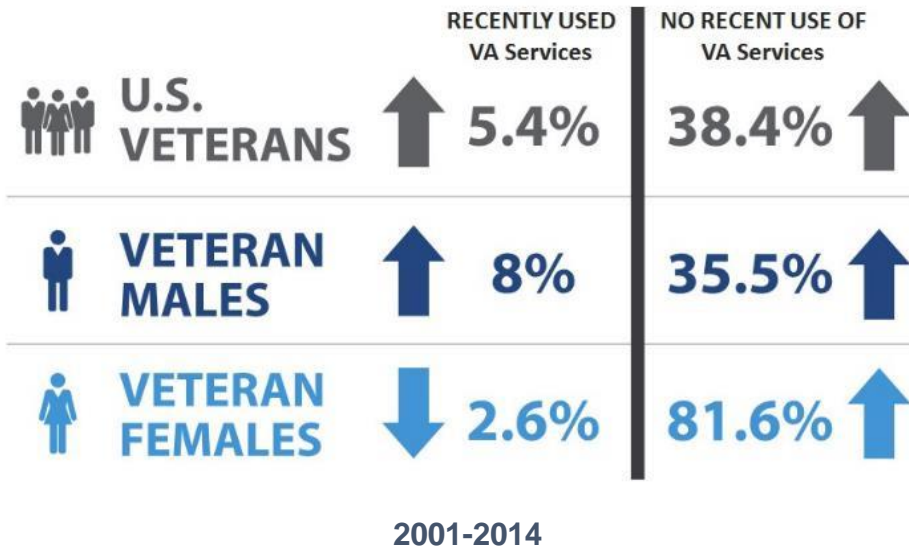


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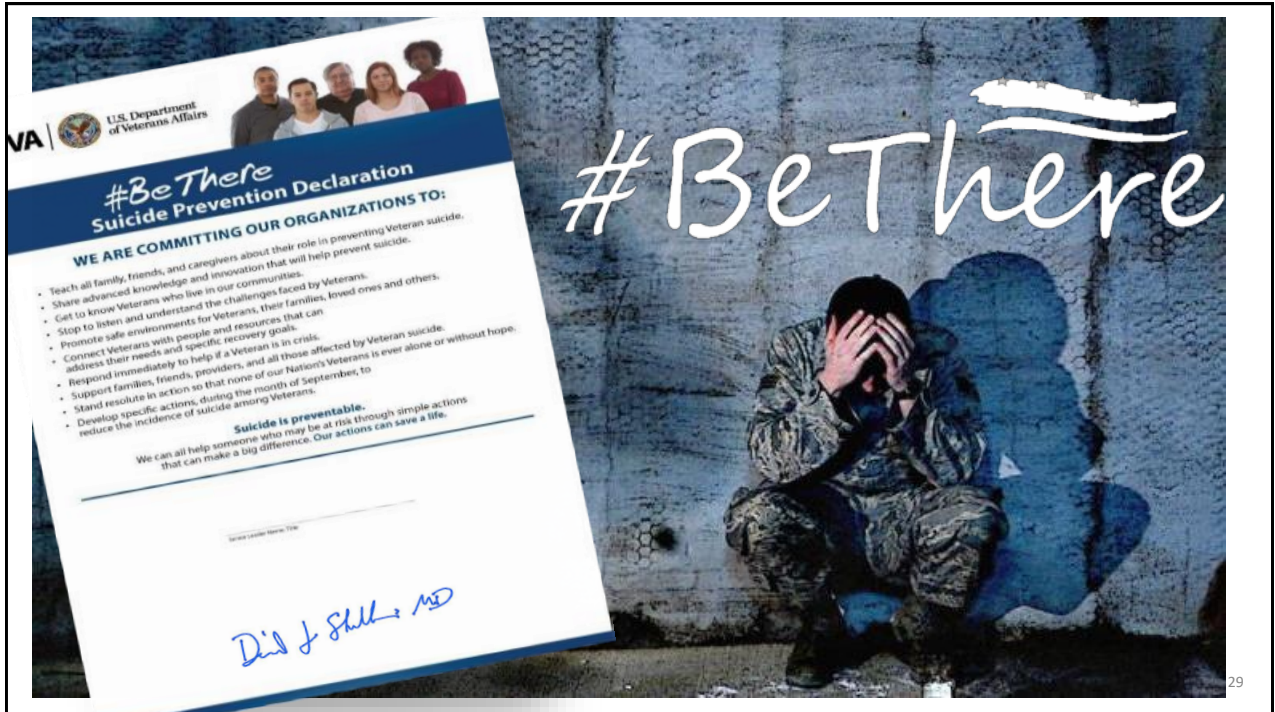
Suicide Prevention



REACH-VET program will enhance Veteran care



- Uses data to identify Veterans at high risk for suicide.
- Notifies VA providers of the risk assessment.



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Thank You

