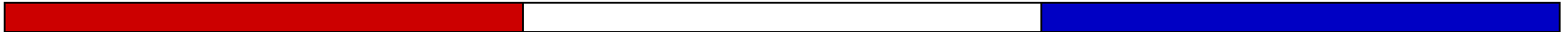




# **VA/DoD Health Executive Committee Joint Incentive Fund (JIF) New Program Manager Training**



**March 2015**



# Agenda

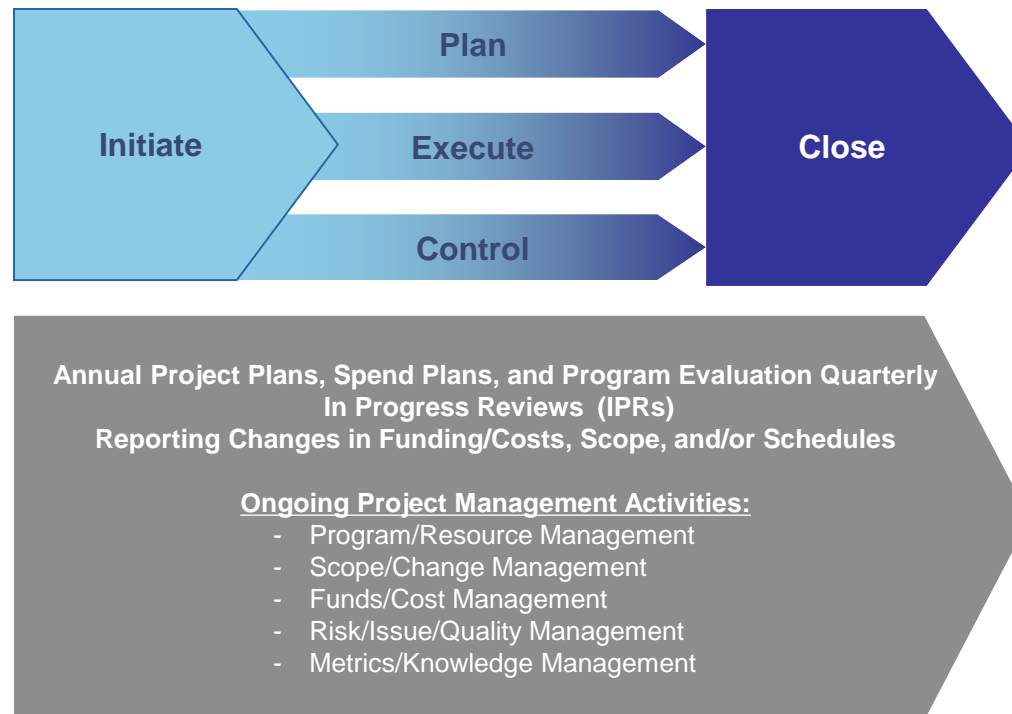


- 
- Purpose
  - Background
  - Annual Project Plans, Spend Plans, and Program Evaluation Assessments
  - Quarterly In Progress Review (IPRs)
  - Change Management: Reporting Changes in Funding/Costs, Scope, and/or Schedules
  - Ongoing Project Management Activities
  - Common Pitfalls
  - Conclusion



# Purpose

To discuss the new Joint Incentive Fund (JIF) program manager responsibilities that will facilitate the effective implementation, evaluation, and financial management of JIF initiatives.





# Background

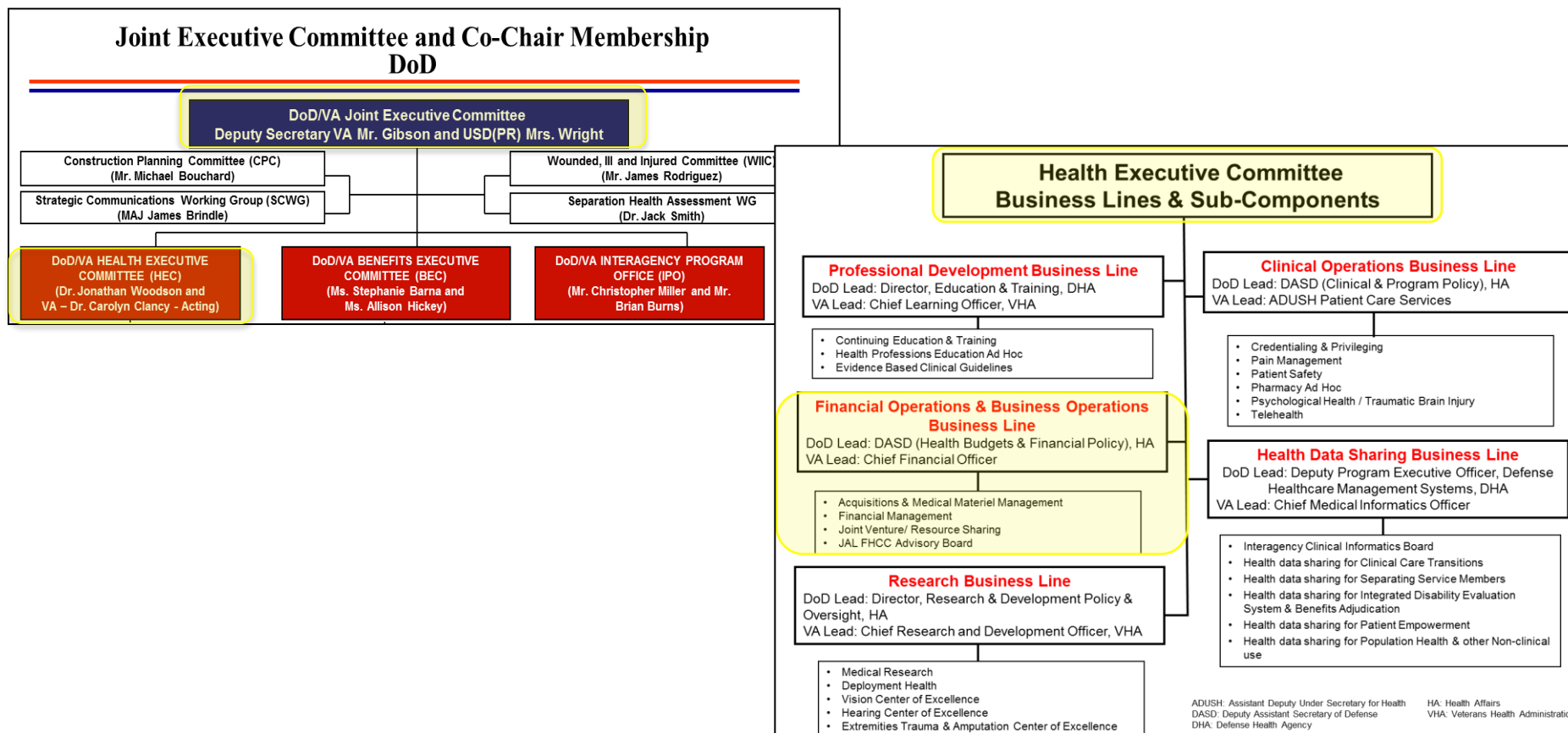
- The JIF was established when the 2003 National Defense Authorization Act (NDAA), Section 721, amended Title 38 United States Code 8111. JIF provides seed money for creative joint sharing initiatives to recapture purchased care, improve quality, and drive cost savings. The minimum annual contributions to the fund by DoD/VA are \$15 million each, for a total of \$30 million per year.
- JIF is only designated for use by the Veterans Health Administration (VHA) and Defense Health Agency (DHA) entities for direct medical sharing initiatives or for services or systems that facilitate DoD/VA interoperability.
- JIF should not be used to hire military personnel, for major construction, and/or major IT systems. Funds should also not be used for sustainment purposes.
- *JIF initiatives should be executed to completion (and funding should be spent) within 2 years.*

Potential Joint Incentive Fund Uses	Authorized	Not Authorized
Major and Minor Capital Equipment	X	
Salary & Benefits- Civilian Personnel	X	
Minor Construction Projects	X	
Joint VA/DoD Major Construction Planning	X	
Capital and Operating Leases	X	
One-time Investment Costs (other than above)	X	
Recurring Operating Costs	X	
Salary & Benefits- Military Personnel		X
Major Construction Projects or Major IT Systems		X



# Background

- JIF projects are managed by the Health Executive Council (HEC) Financial Management Work Group (FMWG). The HEC FMWG's co-chairs are Mr. Rychalski and Ms. Turco.
- HEC co-chairs, Dr. Woodson and Dr. Clancy may also request reviews of JIF initiatives.
- HEC reports to the Joint Executive Council (JEC), co-chaired by DepSec VA Mr. Gibson & USD (PR) Mrs. Wright.





# JIF Project, Financial Plans & Annual Program Evaluation Assessments



- Populate and submit the JIF project plan and financial plan templates following JIF initiative selection.
- Update and submit plans quarterly for In Progress Reviews and annually during the program evaluation assessment.
- Templates must be completed and updated jointly by DoD and VA counterparts.
- Templates will help teams:
  1. Define specific work streams,
  2. Develop and commit to a schedule,
  3. Report plans and progress to external stakeholders.

JIF Initiative Project Plan (Initiative Title)					Color Coding Key					
					Upcoming/Adjusted Deadlines					
					Total Workstream Duration					
					Subtask Duration					
							April 2015			
Work Stream	Milestone	Owner	Status	Start Date	Due Date	5-Apr	12-Apr	19-Apr	26-Apr	
Work Stream 1	Subtask 1		Not Started	4/9/2015	5/20/2015					
	Subtask 2		Not Started	4/9/2015	4/30/2015					
	Subtask 3		Not Started	4/23/2015	5/5/2015					
				4/25/2015	5/20/2015					

VA/DoD JOINT INCENTIVE FUND				
2.0 Program Evaluation Dimensions and Criteria				
Program Dimensions				
Need	Structure	Effectiveness Process	Outcome	Sustainability/ Scalability
<ul style="list-style-type: none"> <li>• <b>Beneficiaries</b> <ul style="list-style-type: none"> <li>– Access</li> <li>– Provider readiness/productivity</li> <li>– Case Complexity/Volume of Cases/Readiness</li> <li>– Population demographics</li> <li>– Quality</li> <li>– Problem prevalence and incidence</li> <li>– Existing services</li> <li>– Organizational need (e.g. IT)</li> </ul> </li> <li>• <b>Stakeholders</b> <ul style="list-style-type: none"> <li>– Institutional strategic alignment (DoD/VA)</li> <li>– Unit readiness responsibilities</li> <li>– Military and civilian community expectations</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Strategy &amp; Design</b> <ul style="list-style-type: none"> <li>– Contracting (SOWs)</li> <li>– Policies, Guidance and SOPs (MOU/MOAs)</li> <li>– Implementation Plan &amp; Milestones</li> <li>– Goals and objectives (SMART)</li> <li>– Effectiveness measures and Evaluation (access, provider productivity, case complexity)</li> </ul> </li> <li>• <b>Resources</b> <ul style="list-style-type: none"> <li>– Staff Organization</li> <li>– Physical and IT Infrastructure</li> <li>– Complementary institutional services</li> <li>– Military and civilian community</li> <li>– Research partnership</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Service Delivery</b> <ul style="list-style-type: none"> <li>– Access and availability</li> <li>– Utilization</li> <li>– Customization</li> <li>– Coordination across continuum of services</li> </ul> </li> <li>• <b>Administration</b> <ul style="list-style-type: none"> <li>– Staff training and supervision</li> <li>– Budget allocation and efficiency</li> <li>– Staff fatigue support</li> </ul> </li> <li>• <b>Compliance</b> <ul style="list-style-type: none"> <li>– Accreditation</li> <li>– Recordkeeping and documentation</li> <li>– Adherence to policies and procedures</li> <li>– Patient privacy protection</li> <li>– Patient and staff</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Clinical</b> <ul style="list-style-type: none"> <li>– Increased Access (Availability, Proximity and Timeliness)</li> <li>– Improved Quality</li> <li>– Provider Productivity/Readiness/Clinical Proficiency</li> <li>– Case Complexity</li> <li>– Accreditation</li> </ul> </li> <li>• <b>Satisfaction</b> <ul style="list-style-type: none"> <li>– Beneficiary</li> <li>– Staff</li> <li>– Institutional (DoD/VA)</li> <li>– Community</li> </ul> </li> <li>• <b>Financial</b> <ul style="list-style-type: none"> <li>– Cost per beneficiary</li> <li>– Cost savings and avoidance</li> <li>– Value of recovery and reintegration</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Current Location(s)</b> <ul style="list-style-type: none"> <li>– Sustainability</li> <li>– Flexibility</li> <li>– Growth</li> </ul> </li> <li>• <b>New Location(s)</b> <ul style="list-style-type: none"> <li>– Need and applicability</li> <li>– Transferability</li> <li>– Feasibility and resource availability</li> </ul> </li> <li>• <b>Policies/POM</b></li> </ul>

JIF SPEND PLAN									
JIF Project Code (FAD):									
Costs	Year 1	Year 2							
Total Amount Funded	\$0.00	\$0.00	Not Started	1/0/1900	1/0/1900				
Total Amount Committed	\$0.00	\$0.00	Not Started						
Total Funding Obligated	\$0.00	\$0.00	Not Started	1/0/1900	1/0/1900				
Total Funding Expended	\$0.00	\$0.00	Not Started						
GRAND TOTAL	\$0.00	\$0.00	Not Started	1/0/1900	1/0/1900				
Operational Expenses (OPEX)			Not Started						
OPEX Total	\$0.00	\$0.00	Not Started						
Clinical Labor	\$0.00	\$0.00							
Administrative Labor	\$0.00	\$0.00		1/0/1900	1/0/1900				
Medical Supplies	\$0.00	\$0.00	Not Started						
Office Supplies	\$0.00	\$0.00	Not Started						
Utilities	\$0.00	\$0.00	Not Started						
Marketing	\$0.00	\$0.00	Not Started						
Facility Rent	\$0.00	\$0.00	Not Started						
Facility Maintenance	\$0.00	\$0.00	Not Started						
Insurance	\$0.00	\$0.00	Not Started						
Travel	\$0.00	\$0.00	Not Started						
Other OPEX 1	\$0.00	\$0.00	Not Started						
Other OPEX 2	\$0.00	\$0.00	Not Started						
Capital Expenditures (CAPEX)									
CAPEX Total	\$0.00	\$0.00							
Facility Investments	\$0.00	\$0.00							



# JIF Project Plans

## Template Completion Instructions



- *The JIF project plan template should be populated once your JIF initiative has been selected. It must be updated/submitted at the quarterly IPR to the HEC FMWG.*
- Fill in each of your main task work streams in the far left column and any subtask within a work stream in the next column to the right. Work streams are the discrete pieces of work necessary to bring your project to completion. Subtasks provide more detail of how you will complete that particular work stream.
- Enter the owners for each work stream and subtask. Fill in the proposed start dates and due dates for each of your initiative's subtasks.
- Fill in the weeks in which each subtask/work stream will be active, following the example in the template for "Work Stream 1" and its subtasks.
- Be sure to keep this Initiative Plan updated as your project continues. Updates include indicating the status of each work stream and subtask using the drop down menus, marking any changes in start or due dates, indicating "Upcoming/Adjusted Deadlines" using the highlight colors indicated.

JIF Initiative Project Plan (Initiative Title)				Color Coding Key					
				Upcoming/Adjusted Deadlines					
				Total Workstream Duration					
				Subtask Duration					
						April 2015			
Work Stream	Milestone	Owner	Status	Start Date	Due Date	5-Apr	12-Apr	19-Apr	26-Apr
Work Stream 1				4/9/2015	5/26/2015				
	Subtask 1		Not Started	4/9/2015	4/30/2015				
	Subtask 2		Not Started	4/23/2015	5/5/2015				
	Subtask 3		Not Started	4/25/2015	5/20/2015				
Work Stream 2				1/0/1900	1/0/1900				
	Subtask 1		Not Started						
	Subtask 2		Not Started						
	Subtask 3		Not Started						
Work Stream 3				1/0/1900	1/0/1900				
	Subtask 1		Not Started						
	Subtask 2		Not Started						
Work Stream 4				1/0/1900	1/0/1900				
	Subtask 1		Not Started						
	Subtask 2		Not Started						
PMO/Administration				1/0/1900	1/0/1900				
	Draft Initiative Paper		Not Started						
	Finalize Initiative Paper		Not Started						
	Build Project Plan		Not Started						
	Subtask 1		Not Started						
	Subtask 2		Not Started						





# JIF Financial Plans

## Template Completion Instructions



- *JIF Financial Management focuses on ensuring the project is on time, on budget and within the scope approved in the JIF proposal. Financial plans must be updated/submitted at the quarterly IPR to the HEC FMWG.*
- Fill in each of the main types of spending and totals for Year 1 and Year 2.
- Be sure to keep this Financial Plan updated as your project continues, with changes in funding, commitments, obligations, and expenditures (disbursements).
- If there are any changes in funding if the project is either under budget or over budget, please note this change. Any excess funds (if under budget or the program is terminated) must be returned to the JIF program. A plan for funding beyond two years should be in the respective VA or DoD budgets for program sustainment beyond 2 years; excess JIF funds should NOT be used for sustainment.
- Work with your Component or VA financial manager to pull your updated financial data (funds, commitments, obligations, disbursements) by your designated project code from the financial system of record (e.g. GFEBS, DEAMS, STARS-FL, FMS, DAI)

**Joint Incentive Fund (JIF) Financial Management Plan**  
JIF Project Code (FAD), FY, Project Name: \_\_\_\_\_

Initiative Points of Contact: \_\_\_\_\_ DoD \_\_\_\_\_ VA  
Phone Number: \_\_\_\_\_ DoD \_\_\_\_\_ VA  
Email Address: \_\_\_\_\_ DoD \_\_\_\_\_ VA  
Budget / Resource Manager: \_\_\_\_\_ DoD \_\_\_\_\_ VA  
Phone Number: \_\_\_\_\_ DoD \_\_\_\_\_ VA  
Email Address: \_\_\_\_\_ DoD \_\_\_\_\_ VA

Costs - must be from financial system	Year 1 Plan	Year 1 Actuals	Year 2 Plan	Year 2 Actuals	Notes
<b>Total Funded</b>	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Total Committed</b>	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Total Obligated</b>	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Total Expended</b>	\$0.00	\$0.00	\$0.00	\$0.00	
<b>GRAND TOTAL</b>	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Operating Expenses (OPEX)</b>					
Personnel - Clinical Labor	\$0.00	\$0.00	\$0.00	\$0.00	
Personnel - Administrative Labor	\$0.00	\$0.00	\$0.00	\$0.00	
Medical Supplies	\$0.00	\$0.00	\$0.00	\$0.00	
Administrative Supplies/Utilities	\$0.00	\$0.00	\$0.00	\$0.00	
Facility Rent	\$0.00	\$0.00	\$0.00	\$0.00	
Facility Maintenance	\$0.00	\$0.00	\$0.00	\$0.00	
Travel	\$0.00	\$0.00	\$0.00	\$0.00	
Other OPEX 1	\$0.00	\$0.00	\$0.00	\$0.00	
Other OPEX 2	\$0.00	\$0.00	\$0.00	\$0.00	
<b>OPEX Total</b>	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Capital Expenditures (CAPEX)</b>					
Facility Investments	\$0.00	\$0.00	\$0.00	\$0.00	
Medical Equipment	\$0.00	\$0.00	\$0.00	\$0.00	
IT Investments	\$0.00	\$0.00	\$0.00	\$0.00	
Other CAPEX 1	\$0.00	\$0.00	\$0.00	\$0.00	
Other CAPEX 2	\$0.00	\$0.00	\$0.00	\$0.00	
<b>CAPEX Total</b>	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Grand Totals</b>					





# JIF Quarterly IPR Reports

## Template Completion Instructions



- *This status report should be updated quarterly. It serves as the primary means for teams to report back to the HEC FMWG.*
- Complete the overall status report section, including the last update, funding information, and overall implementation stage, including color flagging your initiative green, yellow, or red according to the key.
- Provide the background and objectives from your original JIF proposal. This is the "authorized" scope as approved by the Health Executive Council (HEC) co-chairs and what will be monitored by the HEC Financial Management Work Group (FMWG) at the quarterly In Progress Reviews (IPRs). Any deviations in scope, schedule, or funds should be reported to the HEC FMWG through the JIF change management process.
- Provide the current implementation stage. This should be a short paragraph of the main achievements and risks, including the time to completion.
- Keep track of any JIF leadership assigned action items at a given quarterly IPR. These must be addressed before the next quarterly IPR.
- Complete all other relevant sections, including milestones completed, success metrics, risks, and detailed funding, savings, and cost information (actuals NOT planned).

Fiscal Year 2010		Initiative Owners:	
Initiative Name: Physical Therapy			
Participating Facilities: 60th MedGrp Travis/Northern California HCS			
Status Report			
Last Update:	10/2014	Total Funds:	\$ 1,847,000.00
Overall Status:	Behind Schedule	Total Obligation:	\$ 1,804,000.00
Implementation Stage:		Total Remaining Funds:	\$ 43,000.00
Completion Date:	Early 2015	Savings:	\$ 1,158,684.00
Risks:		Return on Investment:	\$ (645,316.00)
Background and Objectives:			
Background: This project seeks to combine the physical therapy (PT) services of VA and DoD at the VA Northern California Health Care System (VANCHC) and the Air Force Medical Service (AFMS) at the VA Northern California Health Care System (VANCHC). The project is a joint venture between the VA and DoD to provide a unified physical therapy service to DoD beneficiaries. The project is a joint venture between the VA and DoD to provide a unified physical therapy service to DoD beneficiaries. The project is a joint venture between the VA and DoD to provide a unified physical therapy service to DoD beneficiaries.			
Objectives: Significantly reduce PT Fee into the proposed VA/DoD Joint Venture track record workload, and better manage capture to DGMG as the PT service will be provided by the VA/DoD Joint Venture.		Initiative Owners:	
Status Report			
Last Update:	10/2014	Total Funds:	\$ 1,210,000.00
Overall Status:	On Schedule	Total Obligation:	\$ 283,000.00
Implementation Stage:	Completed Hiring Staff	Total Remaining Funds:	\$ 927,000.00
Completion Date:		Savings:	\$ 845,500.00
Risks:		Return on Investment:	\$ 562,500.00
Background and Objectives:			
Background: The project establishes an overarching framework that provides for Utilization Management (UM) for DoD beneficiaries in local hospitals to bring back into the facility and bed management to allow for timely admissions and reduced length of stay for VA and DoD beneficiaries, transfer center coordination for VA and DoD beneficiaries, and centralized (VA/DoD) consult triage and booking for Heart Lung Vascular Center, General Surgery, and other joint clinics as feasible.			
Objectives: Decrease Private Sector Costs and Increase Veterans access to Surgical Services through recapture of 108 Veterans for direct admissions to General Surgery and 33 DoD beneficiaries for direct admissions from local care.			
Current State and (Expected) Completion Date:			
Active. Hired 3 RNs, 1 LVN, 2 Clerks hired, 1 PRN. What are the other steps to project completion for the enhanced surgical services? Metrics and Reporting requirements? When Complete?			
Health Executive Council Financial Mgmt Work Group Assigned Action Items			
Additional Information Requested		Date Assigned	Status
Please complete the remaining major milestones left and benefits metrics, and the major functionality that has been achieved to date.			
JIF Program Milestones			
Milestone	Target Date	Date Completed	Status
Success Metrics			
Metric	Target Date	Date Completed	Status
Achieved savings of \$845,500 to date			
General Surgery 108 cases/year			
DoD admissions 33/year			




# JIF Annual Program Evaluations

## Template Completion Instructions



- *The purpose of this document is to provide designated annual evaluations of JIF initiatives to assess dimensions and criteria essential to the JIF program's success. These dimensions include an initiative's structure, process, outcomes, sustainability, and cost-effectiveness. This must be submitted yearly to the HEC FMWG.*
- This tool will ultimately aid in the identification of a JIF initiative's strengths, opportunities, lessons learned, and risks as defined below.
  - **Strengths:** Noteworthy and differentiating program accomplishments, critical success factors, unique and successful design attributes, support and engagement from stakeholders
  - **Opportunities:** Suggested recommendations for program growth and development, actionable next steps and available resources, highlighted resources and relationship-building activities
  - **Lessons Learned:** Changes to program approach, design, policies, and procedures with documented impact and transferability to similar programs
  - **Risks:** Risk management is an overarching project management activity that spans across financial, schedule, safety, and quality management. Project success is dependent finding potential risks early



VA/DoD JOINT INCENTIVE FUND

2.0 Program Evaluation Dimensions and Criteria

Program Dimensions				
Need	Structure	Effectiveness Process	Outcome	Sustainability/ Scalability
<ul style="list-style-type: none"><li>• <b>Beneficiaries</b><ul style="list-style-type: none"><li>– Access</li><li>– Provider readiness/productivity</li><li>– Case</li><li>– Complexity/volume of Cases/Readiness</li><li>– Population demographics</li><li>– Quality</li><li>– Problem prevalence and incidence</li><li>– Existing services</li><li>– Organizational need (e.g. IT)</li></ul></li><li>• <b>Stakeholders</b><ul style="list-style-type: none"><li>– Institutional strategic alignment (DoD/VA)</li><li>– Unit readiness responsibilities</li><li>– Military and civilian community expectations</li></ul></li></ul>	<ul style="list-style-type: none"><li>• <b>Strategy &amp; Design</b><ul style="list-style-type: none"><li>– Contracting (SOVAs)</li><li>– Policies, Guidance and SOPs</li><li>– Implementation Plan &amp; Milestones</li><li>– Goals and objectives (SMART)</li><li>– Effectiveness measures and Evaluation (access, provider productivity, case complexity)</li></ul></li><li>• <b>Resources</b><ul style="list-style-type: none"><li>– Staff Organization</li><li>– Physical and IT Infrastructure</li><li>– Complementary institutional services</li><li>– Military and civilian community</li><li>– Research partnership</li><li>– Budget and funding</li></ul></li><li>• <b>Risk Management</b><ul style="list-style-type: none"><li>– Financial</li><li>– Schedule</li><li>– Safety</li><li>– Quality</li></ul></li></ul>	<ul style="list-style-type: none"><li>• <b>Service Delivery</b><ul style="list-style-type: none"><li>– Access and availability</li><li>– Utilization</li><li>– Customization</li><li>– Coordination across continuum of services</li></ul></li><li>• <b>Administration</b><ul style="list-style-type: none"><li>– Staff training and supervision</li><li>– Budget allocation and efficiency</li><li>– Staff fatigue support</li></ul></li><li>• <b>Compliance</b><ul style="list-style-type: none"><li>– Accreditation</li><li>– Recordkeeping and documentation</li><li>– Adherence to policies and procedures</li><li>– Patient privacy protection</li><li>– Patient and staff safety</li></ul></li><li>• <b>Process Improvement</b><ul style="list-style-type: none"><li>– Effectiveness measurement and reporting</li><li>– Dissemination to stakeholders</li><li>– Knowledge sharing and integration</li></ul></li></ul>	<ul style="list-style-type: none"><li>• <b>Clinical</b><ul style="list-style-type: none"><li>– Increased Access (Availability, Proximity and Timeliness)</li><li>– Improved Quality</li><li>– Provide Productivity/Readiness/Clinical Proficiency</li><li>– Case Complexity</li><li>– Accreditation</li></ul></li><li>• <b>Satisfaction</b><ul style="list-style-type: none"><li>– Beneficiary</li><li>– Staff</li><li>– Institutional (DoD/VA)</li><li>– Community</li></ul></li><li>• <b>Financial</b><ul style="list-style-type: none"><li>– Cost per beneficiary</li><li>– Cost savings and avoidance</li><li>– Value of recovery and reintegration</li></ul></li></ul>	<ul style="list-style-type: none"><li>• <b>Current Location(s)</b><ul style="list-style-type: none"><li>– Sustainability</li><li>– Flexibility</li><li>– Growth</li></ul></li><li>• <b>New Location(s)</b><ul style="list-style-type: none"><li>– Need and applicability</li><li>– Transferability</li><li>– Feasibility and resource availability</li></ul></li><li>• <b>Policies/PCM</b></li></ul>



# Quarterly IPR Reports

## Template Completion Instructions (Continued)



- Solicit updates on each work stream and subtask from its owner.  
Information to request:

- Overall Status (Color code), Implementation Stage
- Funding, Obligation, Savings, ROI
- Current State, Time to Completion
- Milestones and Accomplishments (with dates), Upcoming Tasks
- Success Metrics
- Issues/Barriers Encountered

- Email your completed Status Report Template to HEC FMWG
- Flag Green/yellow/red status for your initiative and discuss key risks

- Green:** JIF is at or above anticipated performance thresholds
- Yellow:** JIF is cautionary, and is behind in one, but not more than one of the following: Schedule, Budget, ROI, Metrics
- Red:** JIF is behind in more than one of the following: Schedule, Budget, ROI, Metrics

Fiscal Year 2010		Initiative Owners:	
Initiative Name: Physical Therapy Participating Facilities: 60th MedGrp Travis/Northern California HCS			
Status Report			
Last Update:	10/2014	Total Funds:	\$ 1,847,000.00
Overall Status:	Behind Schedule	Total Obligation:	\$ 1,804,000.00
Implementation Stage:		Total Remaining Funds:	\$ 43,000.00
Completion Date:	Early 2015	Savings:	\$ 1,758,684.00
Risks:		Return on Investment:	\$ (645,316.00)
Background and Objectives:			
Background: This project seeks to combine the physical therapy (PT) services of VA and DoD, at the VA Northern California Health Care System (VANCHCS) McClellan Outpatient Clinic (OPC) and the 60MDG Satellite Clinic McClellan, a unified physical therapy service sufficient for the needs of both organizations. The anticipated outcome of this initiative is to bring this workload into the VA system.			
Fiscal Year 2014		Initiative Owners:	
Initiative Name: Triage Participating Facilities: 60th MedGrp Travis/Northern California HCS			
Status Report			
Last Update:	10/2014	Total Funds:	\$ 1,210,000.00
Overall Status:	On Schedule	Total Obligation:	\$ 283,000.00
Implementation Stage:	Completed Hiring Staff	Total Remaining Funds:	\$ 927,000.00
Completion Date:		Savings:	\$ 845,500.00
Risks:		Return on Investment:	\$ 562,500.00
Background and Objectives:			
Background: The project establishes an overarching framework that provides for Utilization Management (UM) for DoD beneficiaries in local hospitals to bring back into the facility and bed management to allow for timely admissions and reduced length of stay for VA and DoD beneficiaries, transfer center coordination for VA and DoD beneficiaries, and centralized (VA/DoD) consult triage and booking for Heart Lung Vascular Center, General Surgery, and other joint clinics as feasible.			
Objectives: Decrease Private Sector Costs and Increase Veterans access to Surgical Services through recapture of 108 Veterans for direct admissions to General Surgery and 33 DoD beneficiaries for direct admissions from local care.			
Current State and (Expected) Completion Date:			
Active: Hired 3 RNs, 1LVN, 2 Clerks hired, 1RN. What are the other steps to project completion for the enhanced surgical services? Metrics and Reporting requirements? When Complete?			
Health Executive Council Financial Mgmt Work Group Assigned Action Items			
Additional Information Requested			
Please complete the remaining major milestones left and benefits metrics, and the major functionality that has been achieved to date.			
JIF Program Milestones			
Milestone	Target Date	Date Completed	Status
Success Metrics			
Metric	Target Date	Date Completed	Status
Achieved savings of \$845,500 to date			
General Surgery 108 cases/year			
DoD admissions 33/year			



# Change Management

## Reporting Changes in Funding, Scope, and/or Schedules

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- The JIF Change Management Form and associated documentation package must be submitted for any funding, scope change, or schedule change to a previously approved JIF project.
- Any deviations from a project's originally approved functionality, deliverables, and/or timelines are significant changes requiring an impact assessment with the JIF change management form.
- Effective scope, schedule, and funds control is important to reducing project risk, it is also crucial to delivering an exceptional end result.
- The ability to pro-actively manage scope, schedule, and funding is directly related to the ability to be responsive to risks, and to report risks and issues early to the HEC FMWG.



# Change Management

## Reporting Changes in Funding, Scope, and/or Schedules



- *Fill out the JIF change management form completely and accurately. Any errors or omissions can result in delays in receiving funding or authorization to proceed.*
- *This form must be submitted whenever there is a scope, funding, or schedule change from the original proposal approved by the HEC co-chairs.*
  - Provide qualitative analysis with background and context for the JIF initiative, and the reason for the change in scope, timelines, and any funding changes (Impact assessment form).
  - Provide quantitative analysis and revised business case (Update project plan and spend plan).
  - Provide a justification document for approval (Decision Memorandum).
  - Provide summary slides for HEC FMWG (with ROI impact, justification, timeline impacts, funding request, scope changes etc.)

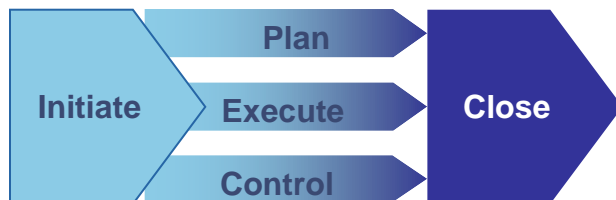
The image displays three documents related to the JIF change management process. The top document is the 'JIF Impact Assessment Form: <JIF Program/Project Title>'. It includes sections for 'Step 1 - INITIAL ASSESSMENT' (Requester, Date, Program, Deliverable, etc.), 'Details of the Change', 'Priority Assessment' (Low, Medium, High), and 'Rating of Change'. The middle document is a 'DECISION MEMORANDUM' from the Financial Management Workgroup Co-Chair, detailing the request for funding adjustment, timeline, and/or significant scope change. The bottom document is a 'VA/DoD Health Executive Committee Joint Patient Safety Reporting System Information Brief' slide, which includes the names of the HEC co-chairs, Audrey Smith and Jack Smith, and a note about the presentation format.



# Ongoing Project Management Activities



- The JIF website has been created to provide JIF program managers with templates, training materials, electronic submission, guidance, resources, etc.
- Quick reference guides for program management are available.
  - Program/Resource Management
  - Scope/Change Management
  - Funds/Cost Management
  - Risk/Issue/Quality Management
  - Metrics/Knowledge Management
- These web portals will serve as the sources of JIF information at DoD and VA:
  - DoD <https://www.milsuite.mil/book/groups/joint-incentive-fund-jif>
  - VA <http://vaww.dodcoordination.va.gov/>



Annual Project Plans, Spend Plans, and Program Evaluation  
Quarterly In Progress Reviews (IPRs)  
Reporting Changes in Funding/Costs, Scope, and/or Schedules

#### Ongoing Project Management Activities:

- Program/Resource Management
- Scope/Change Management
- Funds/Cost Management
- Risk/Issue/Quality Management
- Metrics/Knowledge Management







# Common Pitfalls

- **Contracting and personnel hiring issues**
  - Draft Statement of Work (SOW) as soon as you are notified that your JIF project has been selected.
  - Make contracting an early priority in project activities, as hiring and contracting processes are slow.
  - Recruit potential key personnel early.
  - If running into hiring delays, take steps to use existing staff, whose expertise and duties align with the project. Form integrated working groups/teams, and develop project materials, MOUs, before contracted staff is on board.
- **Deployment delays, including site construction and IT functionality**
  - Have clear deliverables and timeline in the SOW and/or project plan. Increase accountability.
- **Metrics assessments conducted after project completion or not at all**
  - Always baseline performance metrics. Devise access, quality, safety, and cost-savings measures from the beginning and continuously track and report progress over the course of project implementation.
- **De-scoping, timeline extensions from the original proposal without HEC FMWG approval**
  - Always report scope changes, additional funds requests, timeline extensions, and/or any potential risks to the HEC FMWG, abiding by the JIF change management process. Proper project planning (JIF spend plans, project plans, and IPRs) will also facilitate success.
- **Sustainment challenges**
  - Carefully document and track key performance indicators, and develop a business case and sharing agreement early on in order to submit justification for DoD or VA budgets.
- **General program management issues and risks**
  - Work closely with the HEC FMWG if you believe your project is running into trouble and proactively report risks. We will work with the JEC/HEC and its 6 committees, 34 working groups, 4 centers of excellence and 2 task forces that meet routinely to address health, benefits, technical, facility, and informational issues. We will be able to assist your project staff if you have any questions or need leadership support.



# Conclusion

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- *Continued funding for your JIF initiative is tied to performance.*
  - While there have been success stories resulting from JIF funding, the program has also faced challenges.
  - In 2014, OMB increased its oversight of the JIF program, resulting in considerable pressure on DHA and VHA leaders to demonstrate that JIF initiatives are executed effectively and that the funds are spent efficiently and in a timely fashion.
  - Our approval of your initiative is recognition that your idea shows merit and is an opportunity that effectively and efficiently can improve access, quality, and reduce costs for both departments.
  - All JIF quarterly project plans, financial plans, IPRs, annual program evaluations, and change management must be submitted consistently.
  - Your continued commitment and diligence is essential in achieving success to improve healthcare for DoD and VA beneficiaries.