# Communicating for Resources and Support

PREVENT Call

Teleconference

August 2018



VA HEALTH CARE Defining EXCELLENCE in the 21st Century

# Agenda

- Introduction
- The Context of Decision Making
- Mapping Resource Allocation
- Navigating by Building Coalitions

# Introduction

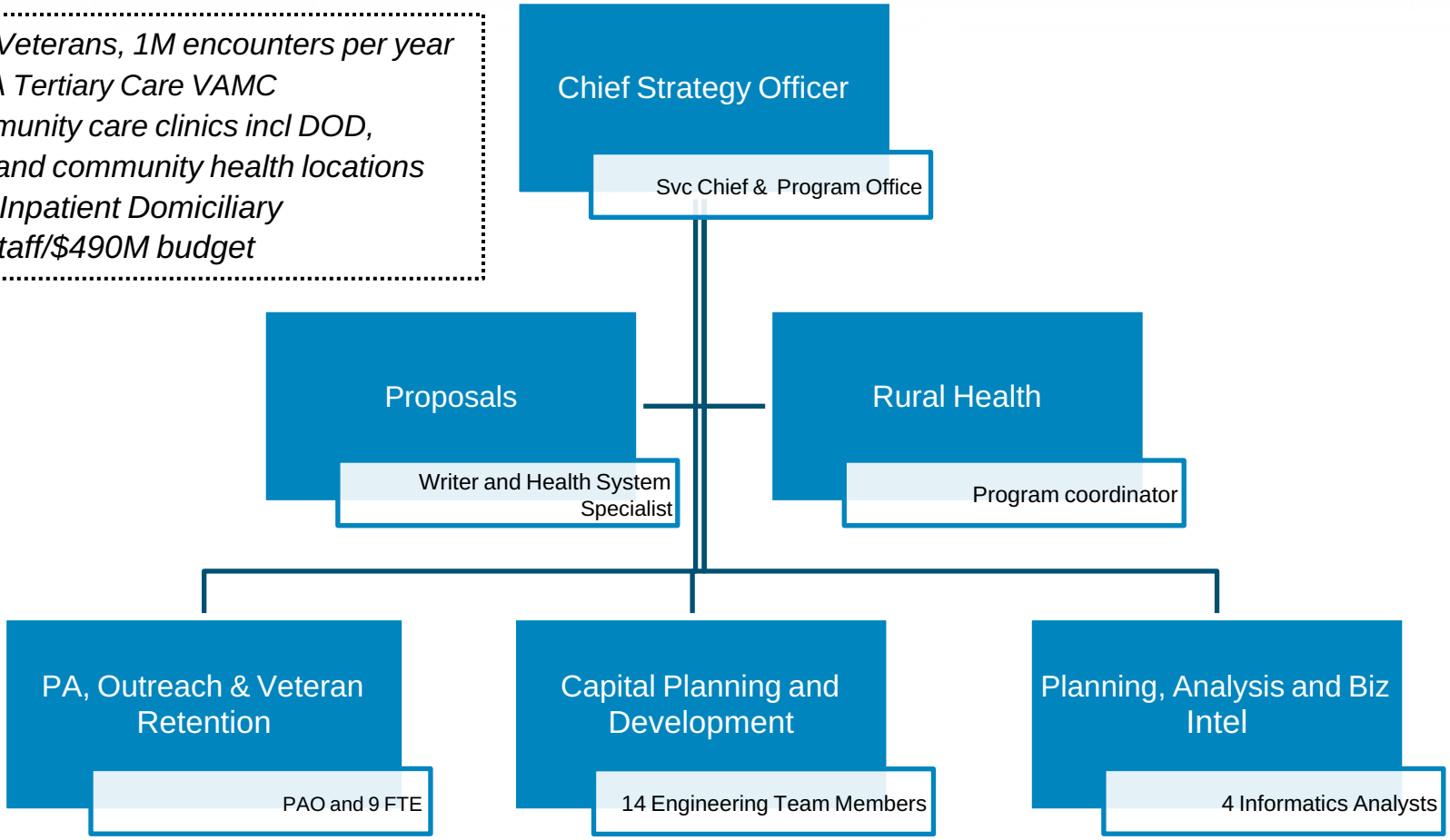
- Career Healthcare Administrator
  - Master of Healthcare Administration – Baylor University 2003
  - Administrative Fellow, Johns Hopkins Health System 2003
  - Fellow, American College of Healthcare Executives 1998

- Federal Service
  - USAF [4th generation]
    - Administrator, USAF Clinic Baghdad International Airport 2003/04
    - Hurricane Katrina recovery operations 2005
  - VA since 2006
    - Health System Specialist to the Director

- Current Role:  Health System “Chief Strategy Officer”
  - Strategic Planning, Capital Planning, Construction, Real Property (10 community locations), Public Affairs, Legislative, Outreach, Federal/Private Partnerships, Business Intelligence and Revenue Recapture

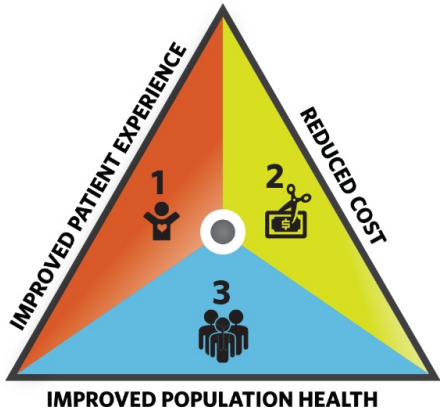
# Strategic Planning, Capital Investment, Outreach and Program Evaluation Service (SCOPE)

- *65,000 Veterans, 1M encounters per year*
- *Level 1A Tertiary Care VAMC*
- *10 community care clinics incl DOD, YMCA and community health locations*
- *50-bed Inpatient Domiciliary*
- *3,000 staff/$490M budget*



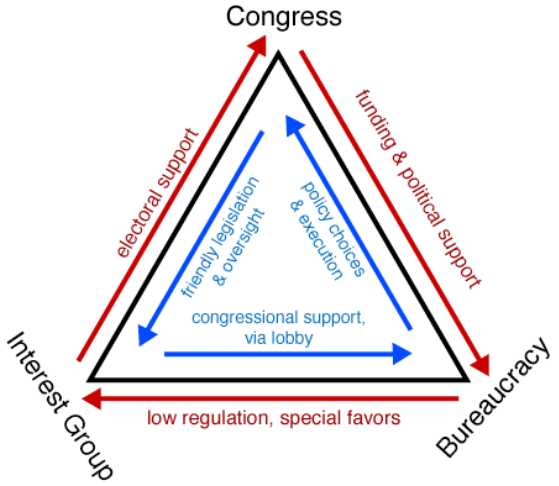
# Understand the Context of Executive Decision Making

- Understand their drivers
  - Pressure – “everyone wants something: Veterans, Congress, VACO, families, staff, etc”
  - Incentives – “how will this impact my ability to live out my career commitments”
  - Budget – “everyone wants more money”




- Understand their mental framework
  - “If high quality care is your job, shouldn’t you be doing this anyway?”

- Understand pressures and incentives
  - “Iron Triangles”



# Resource Allocation

- Resource allocation is complex and we work from a position of scarcity
  - Resource planning can be lengthy; example: 10 years for Engineering and Construction
  - Financial resources don't vary much year to year – 1% to 1.5% increase doesn't allow much room for changes or adjustments
  - Almost always, "we are taking from this person to give to that person"

- Resource decision trees are frequently not clear cut
  - Many individuals get input:  Chief Financial Officer, Chief Biomed, Chief Engineer, and chief clinical services
  - Sometimes committees or boards are the "final decision body"
  - Truly, the Quad/Executive Team are the higher decision body
  - The Director makes all the final decisions in a medical center

# Navigating by Building Coalitions

- Find a guide
  - Apply for and participate in VISN/VACO formal developmental programs
  - Ask your supervisors for opportunities to “observe and learn”
  - Relationship building takes time, transparency, and face to face contact
    - Start with something, “I love working with Veterans, and after X years in the system, I’m looking to broaden my understanding of how VA operates: would you have time to meet with me?”

- Find a team for the journey
  - Recruit other clinical partners that will share your interest
  - Recruit administrative partners that will share your interests
  - Invite executives to give you input on your programs

- Find the key decision makers
  - Frequently the person sitting at the table is working from notes or staff work prepared by someone else…who is that other person?

## Contacts

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