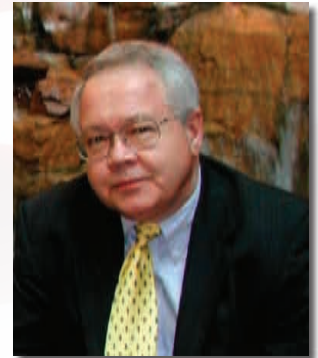


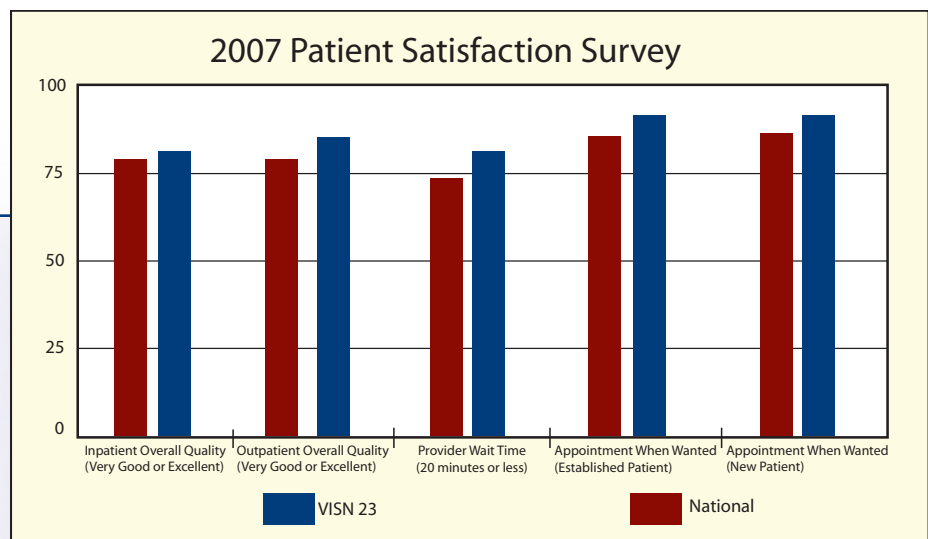
VA Midwest Health Care Network FY 2007 Annual Report

Dear Friends of the VA Midwest Health Care Network:

Fiscal Year 2007 is a year to celebrate. Program expansion in mental health and telemedicine was significant this past year. Outreach to service members returning from Iraq and Afghanistan was another area where we were successful. We made progress reducing patient wait times through the use of proven “Systems Redesign” strategies. Through these and many other initiatives, 2007 marked yet another year in a decade-long trend of treating more patients than the year before. Veterans reported on VHA customer satisfaction surveys and our scores outranked the other Networks, **exceeding VA’s national average on all five key performance measures by at least 3 percent – in one case by 7 percent!** To all who played a role in VISN 23’s achievements this year – veterans, employees, volunteers, and community partners – we thank you and will build on our success as we continue to create a culture of continuous improvement and service excellence.



Robert A. Petzel, M.D.
Network Director



VA Midwest Health Care Network (VISN 23) is part of the Veterans Health Administration and one of 21 Veterans Integrated Service Networks (VISNs) that comprise the largest, fully integrated health care system in the United States. Our *mission* is to honor America’s veterans by providing exceptional health care that improves their health and well being. Our *vision* is to be:

1. a patient-centered, integrated health care organization for veterans providing excellent health care, research, and education;
2. an organization where people choose to work; and
3. an active community partner and a backup for national emergencies. Our *core values* are trust, respect, excellence, commitment, compassion, empowerment, continuous improvement, and collaboration.

Workload and Financial Report

The Network serves veterans residing in a seven state area through a system of community based outpatient and outreach clinics (42), hospitals (10), nursing homes (8), and domiciliary residential rehabilitation treatment programs (4). The states served by VISN 23 include Iowa, Minnesota, Nebraska, North Dakota, South Dakota and portions of Illinois, Kansas, Missouri, Wisconsin and Wyoming. An estimated one million veterans live in our defined service area. In fiscal year 2007, approximately 36 percent of the veterans living within the network received care at our facilities. The majority of patients are men (94 percent), but the number of women selecting VA care is expected to increase as the percentage of women in the military continues to grow.

Performance

The Network's goal is to provide veterans same day access - appointments when they want them. By using advanced clinic access practices, we are making progress and waiting times are getting shorter. Service connected veterans and service members returning from combat remain a scheduling priority.

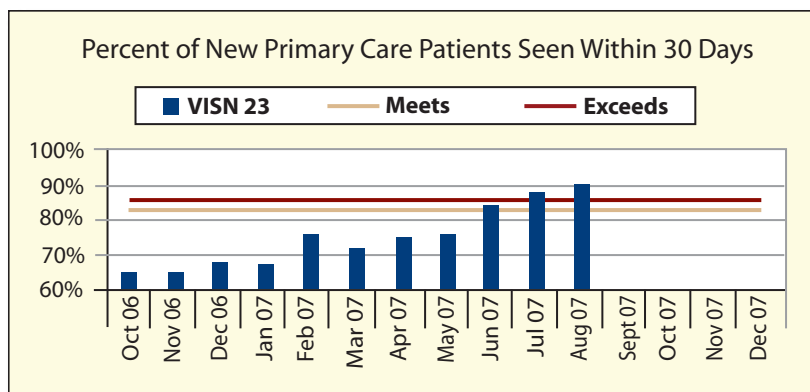
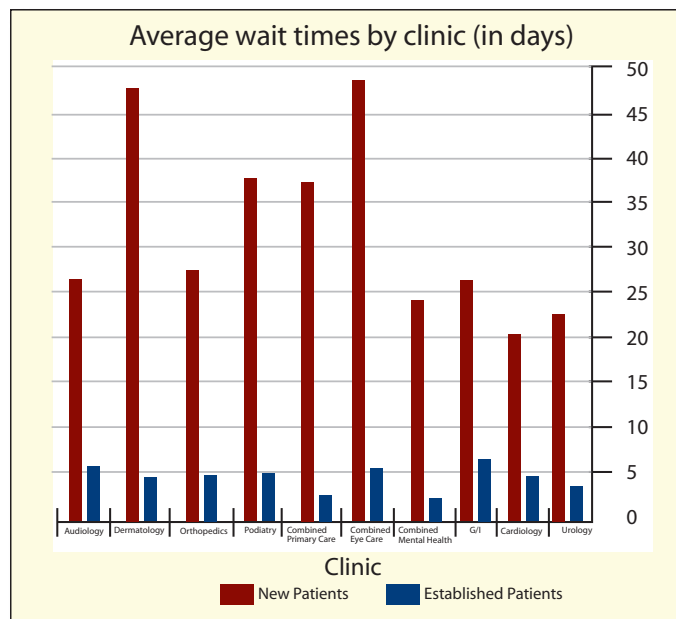
VISN 23 is one of four Networks in the country to achieve the "Exceeds" level in fiscal year 2007 for the Non-Institutional Care Performance Measure. VISN 23 achieved 109.7 percent of its Home & Community Based Care average daily census target which increased Home and Community Based Care services for veterans.

Network	2005	2006	2007
Veteran patients treated	266,973	270,273	275,567
• Priority 1-6	172,898	178,237	184,913
• Priority 7-8	81,775	92,036	90,654
Inpatient discharges	23,156	25,016	25,493
Outpatient visits	2,349,603	2,333,551	2,403,036
Annual budget ¹	\$1.398B	\$1.49B	\$1.62B
Costs/patient	\$4,825	\$4,943	\$5,133
Pharmacy costs	\$212.9M	\$221.6M	\$218.8M
Pharmacy costs/patient	\$800	\$809	\$784
Prosthetic obligations	\$39.5M	\$43.4M	\$45.5
MCCR collections ²	\$142M	\$150M	\$153M
Staffing FTE ³	9,277	9,427	9,707

¹Annual Budget – Appropriated funds (VERA, Collections, Specific Purpose) used for operations it excludes Major and Minor Construction.

²Medical Care Cost Recovery (MCCR)– Funds collected are kept by the Network and used for direct patient care.

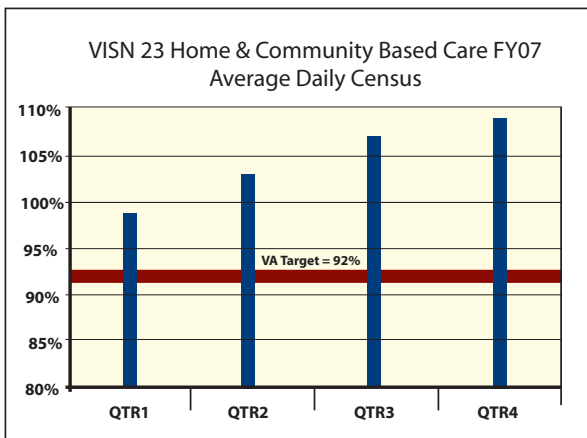
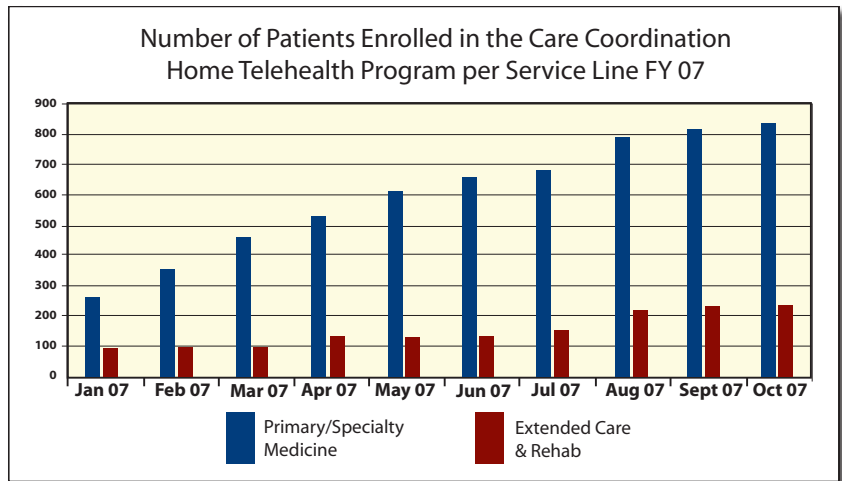
³Full time equivalent (FTE)



These Non-Institutional Care services include:

- ★ VA Home Based Primary Care (HBPC)
- ★ Purchased Skilled Home Care
- ★ Homemaker/Home Health Aide services
- ★ Adult Day Health Care (VA ADHC and Purchased Community ADHC)
- ★ Home Respite Care
- ★ Home Hospice Care
- ★ Care Coordination Home Telehealth (CCHT)

One of VISN 23's continuing priorities is to expand innovative models of non-institutional care and address medical access to care, especially for veterans living in rural areas. Innovative models of care involve the provision of home care, community partnering, creative housing alternatives, and new applications for home telehealth. VISN 23 approved Strategic Initiative Funding to expand Home & Community Based Care services, including Home Based Primary Care in its Community Based Outpatient Clinics, Medical Foster Homes, and Rehabilitation Home Telehealth.



The home telehealth program is growing, resulting in an increased use of equipment by veterans at home, better information for health care providers, and greater accessibility to health care for veterans.

Updates

Returning Service Members

VISN 23 intensified its commitment to serve the troops returning from Iraq and Afghanistan. Medical centers across the Network are hosting focus groups to better understand the

needs of these young men and women. In 2007 we named Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) managers at each facility to help returning service member navigate through the system, and facilities partnered with local communities to host welcome home events. Providing service to returning service members is a priority for us. If you know of a service member who has not enrolled with the Department of Veterans Affairs, please encourage them go to the nearest VA medical center or apply online at www.va.gov. There are specific timelines for certain benefits, and we want to give returning service members the opportunity to access the benefits they earned. Overall, Network facilities treated **5,569** returning service members in 2007 (vs. **3,426** in fiscal year 2006).

Mental Health

Since fiscal year 2005, the Network increased our mental health staff by a total of 207 new positions through mental health enhancement initiatives. Fifty positions were added in 2005, 55 positions in 2006, and 102 positions in 2007. We expanded mental health services to all of our 44 community based outpatient clinics and we appointed suicide prevention coordinators at each of our hospitals. VA mental health professionals and a 24-hour suicide prevention hotline are available seven days a week, 24 hours a day. Veterans in crisis can call the National Suicide Prevention Lifeline at 1-800-273 TALK (8255) to be connected to VA suicide prevention and mental health service professionals.

Polytrauma Rehabilitation

The Minneapolis VA Medical Center is home to one of four VA Polytrauma Rehabilitation Centers. These centers provide acute, comprehensive inpatient rehabilitation. They maintain a full team of dedicated rehabilitation professionals and consultants from other specialties related to polytrauma. Our polytrauma teams of physicians from

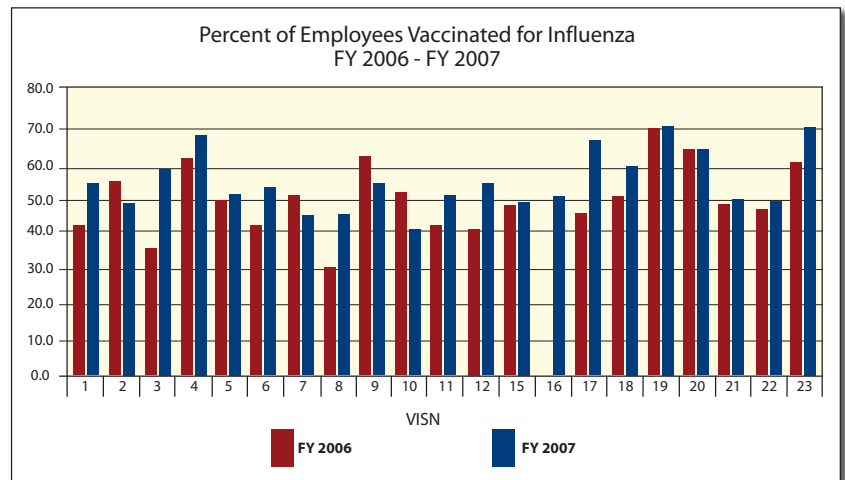
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every relevant field develop and administer an individually tailored rehabilitation plan to help the patient recover as much as possible. The Minneapolis Polytrauma Rehabilitation Center has been nationally recognized for its excellence throughout the year. In 2007, visitors included the Secretary of US Department of Veterans Affairs, congressional members, military officials, Veteran Service Organization leaders, and health care professionals from around the world.

Disease Prevention

Introduced in 2007, *Living Well – Helping Veterans Manage Their Health* education classes teach veterans to take responsibility for and manage their own chronic illnesses.

Persons with chronic illness often feel left out and alone, but this six-week class can help veterans take back their lives. They learn that with a few modifications they can do many of the activities they did before they were diagnosed with a chronic disease. Realizing they hold the key to living a more functional, enjoyable life is a powerful tool for maintaining wellness.



Preventing the spread of influenza – VISN 23 has the second highest achieved influenza vaccination rate in the nation for its employees.

Improving Access to Rural Areas

Under the Secretary's (CARES) Capital Asset Realignment for Enhanced Service, VA Midwest Health Care Network received approval to open 21 Community Based Outpatient Clinics (CBOCs). Significant progress to improve access in rural areas was made in 2007. Seven new sites of care opened this past year, seven more are scheduled to open in 2008, and eight more are proposed and under review by VA Central Office.

CBOCs Approved Implementation Plans Under Development		
Location	Host Facility	Target Opening Date
Shenandoah, IA	Omaha VAMC	April 2008
Holdrege, NE	Omaha VAMC	April 2008
Carroll, IA	Des Moines VAMC	April-June 2008
Marshalltown, IA	Des Moines VAMC	April-June 2008
Cedar Rapids, IA	Iowa City VAMC	April-June 2008
Wagner, SD	Sioux Falls VAMC	July-Sept. 2008
Watertown, SD	Sioux Falls VAMC	July-Sept. 2008
Devil's Lake, ND	Fargo VAMC	July-Sept. 2008
O'Neill, NE	Nebraska/Western Iowa VAMC	July-Sept. 2008
CBOCs Proposed - Business Plans Under Review in VA Central Office		
Alexandria, MN	Ottumwa, IA	
Redwood Falls, MN	NW Twin Cities Metro Area, MN	
Bellevue, NE	Grand Forks, ND	

New CBOCs Opened in 2007	
Location	Host Facility
Dickinson, ND	Fargo VAMC
Williston, ND	Fargo VAMC
Jamestown, ND	Fargo VAMC
Bemidji, MN	Fargo VAMC
Hayward, WI	Minneapolis VAMC
Rice Lake, WI	Minneapolis VAMC
Spirit Lake, IA	Sioux Falls VAMC

