

Addressing Veteran Population Health: A Business Guide for Health Systems



WHY population-based health is a commercial healthcare imperative



WHAT the business case for a Veteran Population Health Program looks like



HOW to build a successful Veteran Population Health Program





HOW TO USE THIS GUIDE

Those who have served in the military constitute a subset of our nation’s patient population that is unique—both culturally and clinically. For these reasons and others, this population warrants special attention from healthcare systems. However, few hospitals are even aware of this large vulnerable population, much less prepared to deliver equitable healthcare to them. With the exception of a farsighted few, hospitals accept the negative consequences of this situation and forego the potential rewards of resolving it. Here you will find ways to understand this situation and address it.

This guide will illustrate:

- Why this population affords a brilliant opportunity for your healthcare system to develop a population-based program that delivers both a financial return on investment and a significant contribution to an achievement of your institution’s mission.
- What barriers stand in the way of creating a successful Veteran Population Health Program.
- How to surmount those barriers to build a successful program.

Who will use the Guide?

While every healthcare professional should become aware of the Veteran Healthcare Crisis, this guide specifically targets:

- Senior Management/Health Care Administrators
- Physician/Clinical leaders
- Population Health leaders
- Health care Directors/Managers
- **Cultural Diversity leaders** Diversity and Inclusion Leaders

How will you use it?

Professionals who read this guide should be able to share their knowledge with colleagues in their profession and their institution. If you believe a Veteran Population Health Program can benefit your hospital, the guide can serve as a rough blueprint of how to begin the process. It is meant to be shared—with doctors, nurses, executives, administrators, and anyone else involved with making your hospital a more vital, caring institution. Please, share.



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VETERAN POPULATION HEALTH: A BUSINESS CASE

Population-based programs are now imperative.

Every healthcare facility faces both financial and moral pressure to improve quality of care—for their patient populations generally and for vulnerable populations particularly. Readmission Rate penalties and the AHA's Equity of Care Pledge are among the factors that make these pressures tangible.

STRATEGIC QUESTION

Can population health programs help hospitals achieve their financial and mission-driven goals sustainably?

The Warrior Community population demands attention.

These pressures converge in the large and growing population of Military Veterans and their families—the Warrior Community—which represents both a disproportionately at-risk population and unmet moral obligation for the vast majority of healthcare facilities.

STRATEGIC QUESTION

Can optimizing care to this population significantly improve a healthcare facility's ability to achieve its goals?

Here's why. The Warrior Community population is:

- **CHRONICALLY ILL:** The Warrior Community presents unique disease patterns and healthcare needs brought about by the conditions of their service, both on and off the battlefield. A plethora of chronic conditions and high levels of comorbidity are reflected in unusually high readmission rates. In recent years, advances in equipment that protect the warfighter, along with military medicine's ability to reach the injured, stabilize, transport, and treat wounded quickly, have resulted in unprecedented rates of battlefield survivors, increasing the percentage of Veterans in need of extra care.

OPPORTUNITY

Optimizing healthcare for this unusually vulnerable population can significantly improve metrics for the hospital's overall quality of care.

- **LARGE AND DIVERSE:** The Warrior Community represents a large segment of any population—as high as 25%. It mirrors the broad diversity of the armed forces.

OPPORTUNITY

In addressing this population, healthcare facilities also address inequities in other vulnerable patient populations.

- **TREATED PRIMARILY IN CIVILIAN HEALTHCARE FACILITIES:** Warrior Community care is fragmented between the Department of Defense (DOD), Veterans Affairs (VA), and civilian health care facilities. About 90% receive all or some of their care in civilian facilities in any given year. This percentage is likely to increase.

OPPORTUNITY

ONLY civilian facilities can address this problem effectively. They have a moral obligation.



Here are the barriers to delivering equitable care to the Warrior Community:

- **“INVISIBILITY”:** The vast majority of civilian healthcare facilities do not screen for military service. Veterans tend not to self-identify. The Warrior Community is hidden within the general population.

SOLUTION

Hospitals need to **activate data systems** and outreach to discover and build their own Warrior Community.

- **UNIQUE MILITARY CULTURE:** The Warrior Community has its own language, customs, and set of codes unique to the military. These cultural characteristics place barriers to communicating with clinicians and support staff who “don’t speak the language.” One facet of military culture that adds to the problem is the dedication to “driving on” without complaint, despite discomfort or pain.

SOLUTION

Hospitals need to develop military cultural competencies at all levels of the organization.

- **LACK OF CLINICAL OR CULTURAL COMPETENCIES:** Unaware of the Veteran Healthcare Crisis, civilian healthcare professionals have not developed the competencies to treat it effectively.

SOLUTION

Hospitals need to access education and training to develop essential clinical and cultural competencies.

- **IT’S NOT EASY:** Successfully surmounting the barriers listed above requires commitment and coordination across the entire hospital. This solution doesn’t lie in a single technology or training program. It must be woven into the fabric of the institution. That’s difficult to do for a hospital in the midst of daily business and many other initiatives.

SOLUTION

Hospitals need find a way to integrate a Veteran population health program across the facility with minimum disruption.



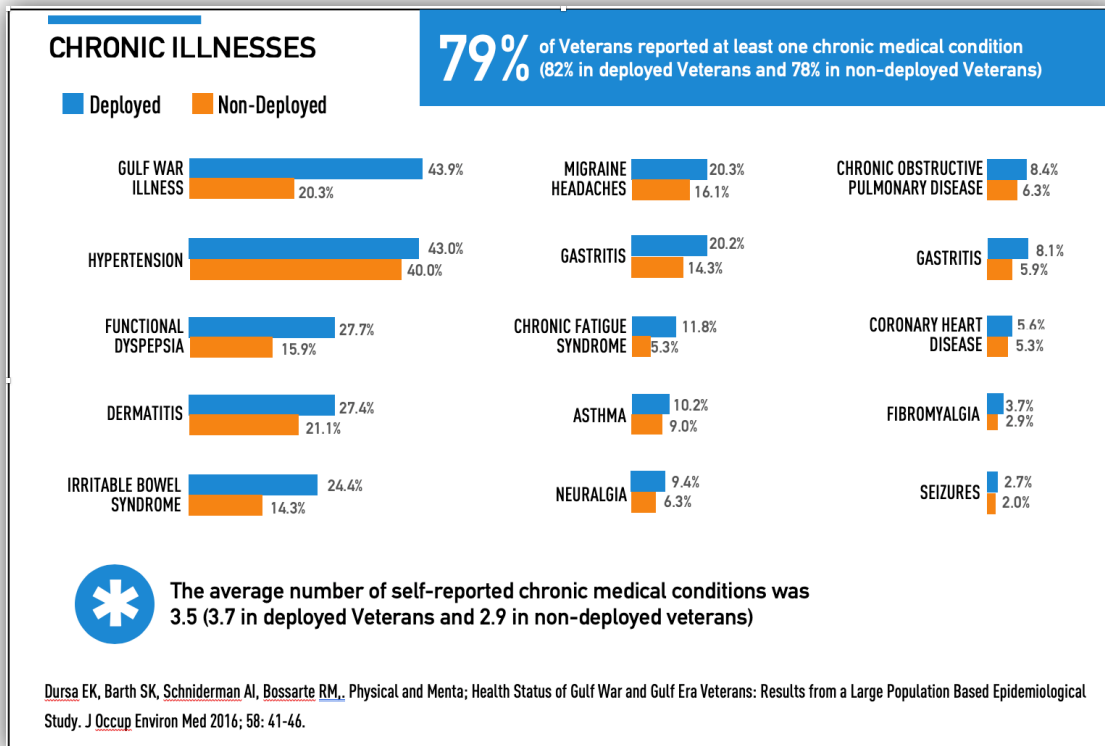
NEXT:

THE VETERAN HEALTHCARE CRISIS IN SIX SIMPLE GRAPHICS



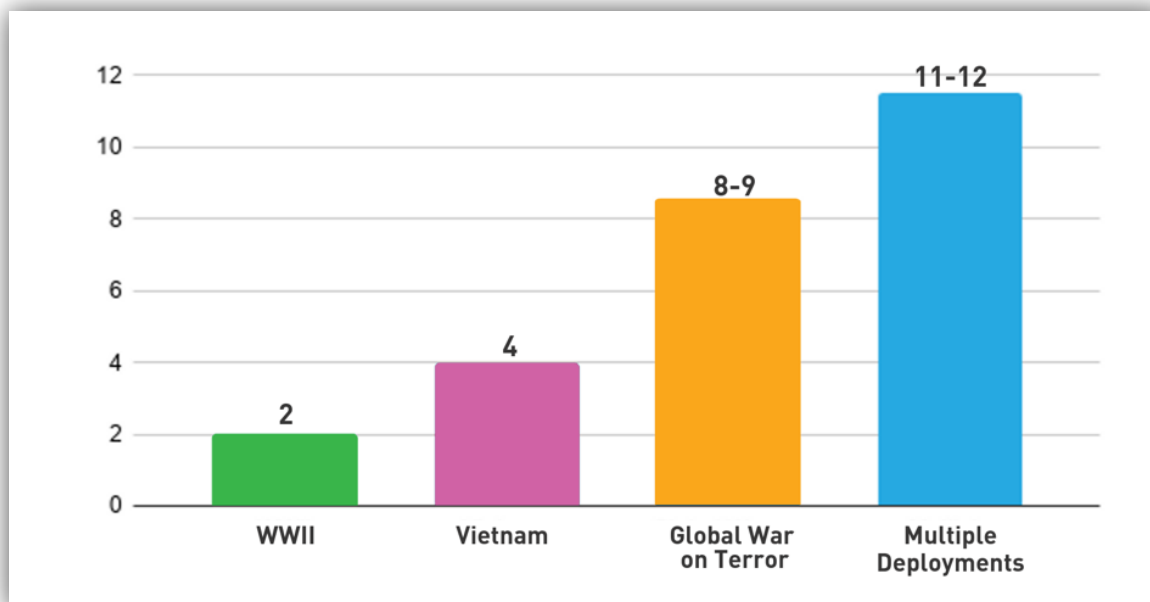
THE VETERAN HEALTHCARE CRISIS IN SIX SIMPLE GRAPHICS

A Large Percentage of Veterans Are Chronically Ill



Multiple Comorbidities Among Veterans Are Exploding

Avg. Number of Medical Conditions Cited by Veteran Disability Applicants from Different Eras



<http://mcnallylab.com/wordpress/wp-content/uploads/mcnally-frueh-2013-jad-disability-rates1.pdf>



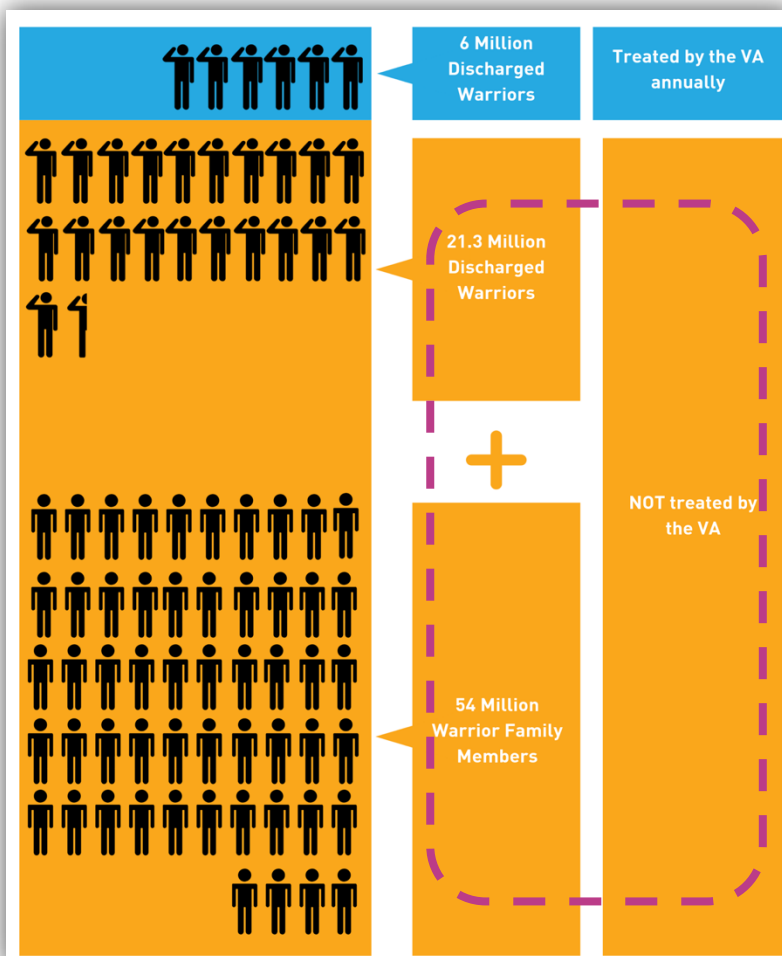
Rate of Poor Health Outcomes Is Higher Among Veterans Than Non-Veterans

Rate of Select Poor Health Outcomes Between Those Who Have Served and Who Have Not

HEALTH OUTCOMES	NOT SERVED	SERVED	Δ
	%	%	%
Cancer	9.8	11.1	11.7
Coronary Heart Disease	3.4	5.5	38.2
Heart Attack	3.6	6.0	40.0
Stroke	2.7	3.2	15.6
Diabetes	9.2	9.9	7.1
COPD	6.0	6.5	7.7
Functional Impairments	20.9	24.9	16.1
Arthritis	23.5	24.4	3.8

Health of Those Who Have Served Report. (2016). Retrieved from https://assets.americashealthrankings.org/app/uploads/htwhs_report_r3.pdf

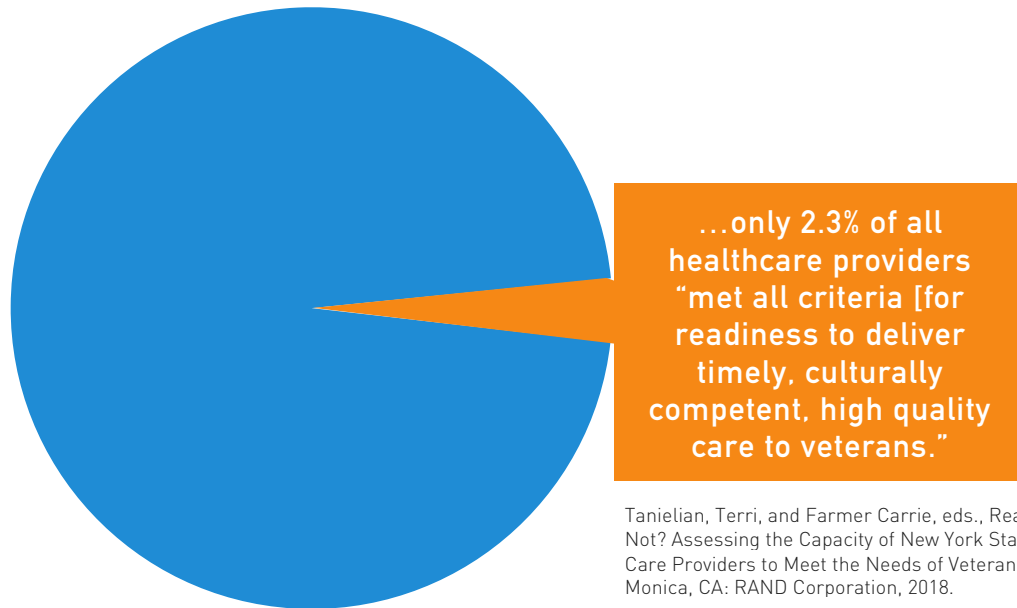
The Vast Majority of the Warrior Community is Treated in Civilian Facilities



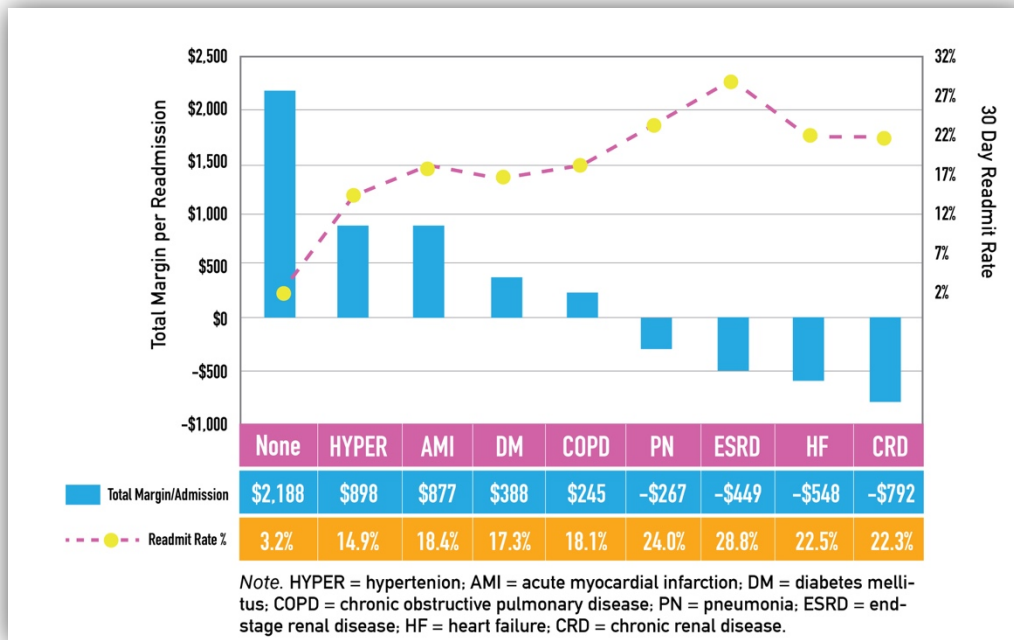
https://www.va.gov/vetdata/docs/SpecialReports/Profile_of_Veterans_2015.pdf [see page 24]



Civilian Facilities Are Unprepared to Treat the Warrior Community



As Hospital Readmission Rates Rise, Costs Increase



Mihailoff M, Deb S, Lynn J. The Effects of Multiple Chronic Conditions on Adult Patient Readmissions and Hospital Finances: A Management Case Study. *Inquiry*. 2017; 54:46958017729597.



NEXT:

SIX “SOFT” STRATEGIC REASONS TO INSTITUTE A VETERAN POPULATION HEALTH PROGRAM



SIX “SOFT” STRATEGIC REASONS TO INSTITUTE A VETERAN POPULATION HEALTH PROGRAM

A health care network that embraces Veteran Population Health Care can offer vitally needed services, better serve a vulnerable and disparate population, improve the quality of patient lives, and maximize revenue opportunities while reducing cost. Providing Veteran Population Health also serves as a scalable and sustainable continuous care model in a civilian, non-governmental setting. But there at least six other reasons to consider instituting a Veteran Population Health program:

- **“IT’S THE RIGHT THING TO DO”:** If you are a community-based health care provider, providing Veteran Population Health most likely meets the broader mission of your organization and serves as an actionable and memorable way to appreciate and acknowledge Veterans for their service and sacrifice.
- **NATIONAL SECURITY AND FORCE READINESS:** If you are a contracted partner with the Department of Defense (DOD) via the Defense Health Agency (DHA), your participation in Veteran Population Health as a TRICARE health plan provider benefits our military, and the nation, by assisting with the medical readiness of our Armed Forces.
- **VITALLY NEEDED ACCESS TO CARE FOR ACTIVE DUTY SERVICE MEMBERS:** Your Veteran Population Health Program delivers high-quality healthcare not only to Veterans but potentially to active-duty service members, too. Both the DOD and the VA rely heavily on non-government health care to provide for the full spectrum of their populations’ healthcare needs that cannot be met organically.
- **CROSS-CULTURAL CARE:** High-quality health care provision requires clinicians to align diagnostic and treatment regimens with their patients’ (and families’) cultural background and preferences.
- **SOCIAL AND FAMILY NEEDS:** Beyond medical conditions, Veterans and their families have unique mental and behavioral health needs that clinical encounters and/or hospitalizations can address.
- **BUILDS HEALTH SYSTEM CAPABILITIES:** The systems and capabilities required to deliver Veteran Population Health mirror those required to deliver health to other vulnerable populations. Building a Veteran Population Health Program prepares your hospital to establish future population-based health programs.

If you accept that providing Veteran Population Health can be beneficial for your hospital in important ways, what paths are there to providing it?



NEXT:

THREE POSSIBLE COURSES OF ACTION



RESPONDING TO THE VETERAN HEALTHCARE CRISIS: THREE POSSIBLE COURSES OF ACTION

If your healthcare facility accepts the strategic choice posed by the Veteran Healthcare Crisis—accept the status quo or invest resources in a solution—there are three possible courses of action you could choose, each with its pros and cons.

Course of Action #1: Do Nothing (Yet)

The null option – the active choice to do nothing – gives you a benchmark from which to assess the other options. If you know Solution A will cost \$X annually and Solution B will cost \$Y annually, it can help to know that doing nothing will cost \$Z annually. You can put the other options in context. It gives you more data for your decision-makers.

DECISION FACTORS	PROS	CONS
Cost	<ul style="list-style-type: none"> > No additional investment 	<ul style="list-style-type: none"> > 25-50% reduction in efficiency > Lost patients > Lost staff to more innovative competitors* > Cost of Poor outcomes: Continuing high readmissions (prevention costs less than cure) > Decision delays delay revenues
Sustainability	<ul style="list-style-type: none"> > Easy to Sustain 	<ul style="list-style-type: none"> > Delay is not “sustaining”
ROI	<ul style="list-style-type: none"> > None 	<ul style="list-style-type: none"> > Negative
Time	<ul style="list-style-type: none"> > Can be used to research alternatives and benchmark 	<ul style="list-style-type: none"> > Lost time/competitive advantage
Risk	<ul style="list-style-type: none"> > No risk of making wrong choices on program 	<ul style="list-style-type: none"> > Competition may act first > Rushing to catch up can cause more error > Inaction may become part of your culture

*41% of employees at organizations with inadequate training programs plan to leave within a year versus 12% of employees who are provided excellent training and professional development programs.

Delay is always an option. It requires neither commitment nor investment, nor does it preclude action at a later date. And your hospital could spend the time developing benchmarks with which to assess other options at a later date. But waiting does have costs, which they are only increasing. Acting at a later date will be no easier nor require less investment. Meanwhile, the potential return on any investment is put off to a later date.



Course of Action #2: Do Minimum (Implement Staff Training & Awareness)

Some hospitals are addressing the Veteran Healthcare Crisis by making staff aware of the issue and mandating some level of clinical and/or cultural training for various staff members. This would be a minimum response, with expectations of benefits that would include: increased knowledge; improved productivity; and increased employee morale and retention.

DECISION FACTORS	PROS	CONS
Cost	<ul style="list-style-type: none"> Moderate costs for education & training (approx. \$30/year/user for e-learning module)*. Can fit into hospital E & T budget. 	<ul style="list-style-type: none"> Fitting costs within E & budget means other E & T won't happen.
Sustainability	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Minimal programs tend to dwindle away Without benchmarking and measurement, the program is likely to be abandoned
ROI	<ul style="list-style-type: none"> 66%/year** 	<ul style="list-style-type: none"> ROI will decrease as program dwindles
Time	<ul style="list-style-type: none"> Manageable *** 	<ul style="list-style-type: none"> lost time/competitive advantage
Risk	<ul style="list-style-type: none"> Investment manageable 	<ul style="list-style-type: none"> A minimal approach minimizes knowledge retention, learning adherence, and behavior changes. Organizational impact is significantly compromised Cost yields have only short term gains.

*\$30 per e-learning module per use per annum; annual program management fee. Example: $1000 \times (30 \times 4) = 120,000 + 25,000 = 145,000/\text{per year}$.

** Training which produced an average productivity improvement of only three minutes per day would save an organization at least US \$240,000 per year. Assumptions:

- Annual average employee salary was US \$40,000, or US \$20/hr
- 1,000 workers saved three (3) minutes per day or one hour per month
- Calculation: US \$20/month x 1,000 employees = US \$240,000

***30 - 60 minutes per person per module + project management.

While staff education & training, along with overall awareness building, can yield some benefits to the Warrior Community and hospital as long as the training is ongoing, the minimal course of action is unlikely to be sustained and potentially diminishes the value of the education & training itself.



Course of Action #3: Comprehensive Veteran Population Health Program

A comprehensive Veteran Population Health Program would be established with the goal of delivering and sustaining full health equity for the Warrior Community population. It would need to include:

- Veteran Population Decision Support and Reporting with knowledge gain and retention, socio-demographic, and clinical outcomes data.
- Veteran Health Clinical and Cultural competency training;
- Warrior Community outreach and partnerships; and
- Engaging with Veteran personnel in clinical, support, and leadership roles. education & training.

DECISION FACTORS	PROS	CONS
Cost	➤ Manageable costs, not significantly greater than a minimal program*.	➤ Requires additional investment in staff time.
Sustainability	➤ Designed to be sustainable	➤ Requires management commitment to achieving goals
ROI	➤ Significant ROI, increasing over time**.	➤ Negative
Time	<ul style="list-style-type: none"> ➤ Immediate start ➤ Immediate results in first year ➤ Significant results in 3-year adoption time 	➤ Maintaining commitment and momentum for a three-year target time frame for complete adoption

* Three-year Warrior Centric Health contract to deliver integrated solution = \$400,000 (\$133,000/yr.)

** ROI = 85% per year - 525% per contract timeframe (fluctuates depending on benchmark start points)

Establishing a comprehensive Veteran Population Health Program requires a meaningful commitment to change across the institution. However, if it can be accomplished in a cost-effective way, it can deliver a much higher ROI than either “Do Nothing (Yet),” or “Do Minimum” courses of action. The challenge is to establish an effective program cost-effectively.



NEXT:
**WHAT DOES A COMPREHENSIVE VETERAN
 POPULATION HEALTH PROGRAM LOOK LIKE?**



WHAT DOES A COMPREHENSIVE VETERAN POPULATION HEALTH PROGRAM LOOK LIKE?

Scoping Capabilities & Requirements

Consider the goal of a successful Veteran Population Health program:

providing optimal care for every Warrior Community member within the hospital's patient population sustainably.

Now consider the capabilities necessary to achieve that goal, and the requirements to achieve them:

- **CLINICAL COMPETENCY ACROSS THE INSTITUTION.** Clearly, a Warrior Community member must be able to receive care from a provider familiar with the clinical ramifications of the patient's military service. To achieve the goal of "optimal care for every Warrior Community member," suitably trained clinicians and support staff need to be available to Warrior Community patients where and when they need them. This demands a training program managed to yield the needed competencies across the institution's providers, even as those needs evolve—through changes in the organization and in the clinical knowledge base, itself. Training modules also need to be CME/CE Accredited, to fit into clinicians' annual licensing requirements.

REQUIREMENT

A program of CME/CE accredited, Veteran-specific clinical education & training—ongoing and managed across the institution.

- **CULTURAL COMPETENCY ACROSS THE INSTITUTION.** Military culture has its own language, customs, and taboos that Warrior Community members carry with them into civilian life. This culture can place a barrier between Warrior Community patients—who live and breathe it—and providers and support staff who may be insensitive to it. Just as with clinical competencies, cultural competencies need to be developed across the institution, to a wider set of individuals than those who also need clinical competencies.

REQUIREMENT

A program of Veteran-specific cultural education & training—ongoing and managed across the institution.

- **ABILITY TO IDENTIFY AND ASSESS THE WARRIOR COMMUNITY.** A facility can't effectively treat Warrior Community members if it can't identify them, estimate their numbers, and assess their needs. Because most facilities have neither a screening system for Veterans nor the data analytical systems to do population estimates or needs assessments, these capabilities need to be acquired.

REQUIREMENT

Data systems and processes for identifying and assessing the Warrior Community and its members.



- **ABILITY TO BENCHMARK AND ASSESS PROGRESS TOWARD GOALS.** In order to sustain and evolve the program, the facility will need to develop, measure and track benchmarks over time. These will be used both as decision-making tools and as tools to determine ROI, which will be necessary to sustain the program.

REQUIREMENT

Data systems and processes for benchmarking and tracking the program's progress.

- **ABILITY TO GENERATE AWARENESS.** Warrior Community patients within the hospital's population will need to be aware of the program. Hospital staff will also need to be aware and supportive. But to survive and prosper, the program will also need to generate awareness and attract patients from outside the hospital's existing patient population.

REQUIREMENT

Ongoing outreach to hospital patient population and staff, as well as to local Warrior Community.

The Three Big Pieces of an Effective Program

Considering the requirements above, the parameters of a successful program begin to emerge. It has three interlocking pieces.





Fulfilling the purpose of each piece involves different—often overlapping—segments of the hospital staff.

	Assessment	Education & Training	Outreach
Purpose	Assess, benchmark & track Warrior Community population & health.	Develop & maintain clinical & cultural competencies across the institution.	Generate awareness & involvement among hospital staff and Warrior Community patient populations (internal and external).
Requirements	Data gathering, analysis & decision-making tools	Managed program of Veteran-specific, CME/CE-accredited learning modules.	Outreach plans and media content.
Organizational Involvement	<ul style="list-style-type: none"> > IT > Admissions > Administration 	<ul style="list-style-type: none"> > Administration > Clinical Staff > Support Staff 	<ul style="list-style-type: none"> > Executive Staff > Communications Professionals

The Most Important Organizational Requirement: Commitment

The requirements enumerated above involve segments of every part of the hospital organization—from providers to administration, executive management to IT, and beyond. Doctors, nurses, PAs, data analysts, communications specialists, managers, senior executives—there are a lot of moving parts, even if each of them just moves a little bit. And they can never stop moving if the program is to remain successful.

In order to meet its goals and generate maximum return on investment, a Veteran Population Health program demands the entire system to be conscious, motivated, and active. This is impossible absent strong organizational commitment from the top down.

If your organization is ready to commit to establishing a Veteran Population Health Program, where is the best place to begin?



NEXT:

DO-IT-YOURSELF OR ADOPT AND ADAPT?



ESTABLISHING A VETERAN POPULATION HEALTH PROGRAM: DO-IT-YOURSELF OR ADOPT & ADAPT?

So you've done the math and weighed the risks: this is the time to implement a comprehensive Veteran Population Health program, one that satisfies all the requirements for optimizing care for the Warrior Community in your region, and one you can sustain into the future.

Now you have two choices:

- **BUILD YOUR PROGRAM FROM SCRATCH.** Your hospital could cobble together its own program, under its own brand, using a combination of your own resources and others you may be able to purchase off the shelf (such as existing e-learning modules).
- **ADOPT AN EXISTING PROGRAM AND ADAPT IT FOR YOUR OWN SITUATION.** You could adopt an existing Veteran Health Population program from a population health solutions provider and adapt it to fit your institution.

	BUILD-IT-YOURSELF	ADOPT & ADAPT*
TIMING	Difficult to estimate	1 Year—50% Adoption; 3 Years—100%
COST	Unknown	\$400,000 (3 Year Cost)= \$133,000/yr
ADVANTAGES	Can fit the institution's specifications exactly	<ul style="list-style-type: none"> ➤ Proven Quantity ➤ Can fit a more extensive set of specifications than hospital's ➤ Provider brings additional experience & expertise ➤ Faster to market ➤ Less disruptive ➤ Known brand
DISADVANTAGES	<ul style="list-style-type: none"> ➤ Requires significant human resource investment in planning ➤ Disruptive ➤ Difficult to predict time, cost & return 	Not Completely Customizable
RISKS	<ul style="list-style-type: none"> ➤ Cost overruns ➤ May get bogged down in planning and never launch ➤ May prove ineffective 	Internal requirements may shift

*Information based on the Warrior Centric Health® Solution Suite.

While it is difficult to assess the comparative rewards of a build-it-yourself program versus the adoption of an existing program, assuming the program your hospital adopts is proven and can be adapted to your needs, adoption represents far less disruption and risk.



NEXT:

HOW TO ADOPT A VETERAN POPULATION HEALTH PROGRAM



HOW TO ADOPT A VETERAN POPULATION HEALTH PROGRAM: THE FIRST YEAR

Implementation Vs. Adoption

A successful Veteran Population Health program requires strategic alignment, organizational commitment, and dedicated resources. It represents a real change within the hospital's systems, and—even more essentially—up and down the organization's staff, demanding shifts not just in professional behaviors, but in perceptions and attitudes. This **VETERAN HEALTH CULTURE** must take root in the hospital's cultural DNA. A change so fundamental cannot be simply implemented; it must be adopted—indeed, fully embraced—at every level, or the program will not yield the expected results.

Successful adoption is as important as the parameters of the program, itself. Here are the steps your hospital can take to ensure success:

- **LEADERSHIP COMMITMENT.** Organizational and cultural change begins at the top. Senior management must fully understand and visibly embrace both the goal of Veteran Population Health and the effort the hospital is making to achieve it. They must commit to achieving and maintaining it.
- **FORMULATE THE BUSINESS CASE.** The general business case for Veteran Population Health is relatively simple: the need is a real and potential return on investment is ample. But, the numbers and situations vary for each hospital. Formulating your hospital's particular business case and publishing it for the people who need to adopt the program makes them a part of the process immediately, preparing the way for adoption.
- **IDENTIFY STAKEHOLDERS.** While senior-level management ultimately has the responsibility for the culture of an organization, there are other stakeholders throughout the organization that must be actively engaged to ensure success. Obvious stakeholders include staff members in Strategic Planning, Health Equity, Community Benefit, Diversity/Inclusion, and Population Health. One important set of stakeholders that may be overlooked is the Veterans and Veteran family members on staff, particularly those in administrative and clinical roles. They can possibly be identified through Human Resources, who may have captured military status during the application process. Additionally, managers and department leaders can be invited to refer colleagues to this work, emails may be sent asking colleagues to self-identify as Veterans, and newsletter articles/website communications can be drafted to promote the launch.
- **ENGAGE MULTIDISCIPLINARY TEAM OF VETERAN CHAMPIONS.** These interested, motivated stakeholders—themselves already immersed in the Veteran Health Care culture—form the core of a multidisciplinary team that will manage and drives the program. They will be the tip of the spear. Loyalty, Duty, and Selfless Service are core values of every military branch and are exhibited within the military culture. Veterans bring a unique skill set to the workplace as they place a high value on teamwork, accountability, and have been proficiently tested as leaders.



- **ASSESS CURRENT STATUS.** Before setting out to “fix” Veteran Population Health, it is important to assess the clinical resources within your organization as well as identify gaps and make recommendations for improvement. This includes an assessment of:

PATIENT SCREENING

To deliver Veteran-centric care, the hospital needs to identify current Warrior Community patients and screen for incoming Warrior Community patients in the future. Collecting demographic data (including patient race, ethnicity and language preference) in order to assess and improve the health outcomes of targeted populations has become a routine part of health care delivery. A similar approach can be used for the collection of Veteran status among patients.

CLINICAL EDUCATION

You will need to assess the clinical resources within your organization, identify gaps, and make determinations on the level of Education & Training required to fill them.

SET BENCHMARKS. For any healthcare facility, the primary effect of a Veteran Population Health Solution is to provide better outcomes to a large population of existing patients. This Warrior Community may comprise as much as 25% of a facility’s patient population.

READMISSIONS

In the first three years of adopting a solution, a key clinical benchmark is Readmissions. According to recent national studies, improving patient-provider communications reduces readmissions up to 5%. Doing so for a substantial, readmission prone population can measurably reduce a hospital’s overall readmission rate. This saves costs in readmission penalties. It also improves patient satisfaction and referral rates.

ROI FACTORS

Your facility’s return on investment is measured through a regimen of data collection, benchmarking, and periodic assessment. These three benchmarks are critical to measuring in the first three years of adoption:

- Percent Reduction of Veteran Patient Readmission Penalty Fees over three years.
- Percent Increase in Warrior Community over three years.
- Percent Increase in Warrior Community **Satisfaction** over three years.

Typical ROIs for individual facilities that adopt range from 50% to 150%, but can go much higher, depending on the baseline data.

BEGIN OUTREACH TO ENGAGE HOSPITAL STAFF AND LOCAL COMMUNITY. A hospital drives the success of its Veteran Population Health Program by bringing more Warrior Community individuals into the hospital’s patient population. The hospital needs easy-to-implement strategy and planning guides that map an



integrated, actionable approach moving the hospital staff from awareness to action by:

- ▶ Transforming hospital staff into Veteran Champions.
- ▶ Aligning Veteran Health activities to current strategic plans, mandates, and requirements.
- ▶ Building awareness and goodwill in the hospital's community.

Tying in with annual marketing plans, the solution needs to have accompanying communication templates ready to customize and roll out—from pre-written press releases to brochure templates, to ongoing blog and newsletter articles.

DEVELOP & BEGIN EXECUTING EDUCATION & TRAINING PLAN. A healthcare facility's goal is to gain the benefits of delivering optimal care to their Warrior Community patient population, a full cross-section of professionals in that facility—providers, support staff, and executives. Thus, they must be prepared to deliver that care. The vast majority of healthcare professionals are unfamiliar with the unique needs of this population. They need education and training.

- ▶ Phase 1: Awareness and Baseline Education
- ▶ Phase 2: Veteran Aligned Care Team Education
- ▶ Phase 3: Specialized Service Line Education

While there are a number of accredited courses professionals can access that offer insight into various facets of Veteran healthcare, a random selection of courses cannot put a dent in a healthcare facilities' overall ability to optimize care for their entire Veteran population. A comprehensive curriculum built to move participants in an intentional way from participation, to action, to measurable outcomes is optimal.

BEGIN OUTREACH TO HOSPITAL WARRIOR COMMUNITY POPULATION. To grow the program so that it delivers maximum ROI, a Warrior Centric hospital also needs to reach out to the Warrior Community outside its walls, as well as the local community at large.

Maximizing effectiveness and ROI requires concerted, measurable action that addresses your specific situation, beginning with knowledge of:

- ▶ The size, location, and composition of your Warrior Community, both inside and outside your current patient population.
- ▶ Current health information on the Warrior Community, including specific diseases, practices, interventions, and outcomes.
- ▶ Benchmark measurements for your Veteran Population Health program.

There is no single, easily accessible source for all of this information, much less the tracking and analytical tools needed to make it actionable. Your Veteran Population Health solution must incorporate a wide range of collected, vetted, and validated data sources to deliver the information and insights hospitals need to make the critical decisions required to build and maintain a powerful Veteran Health program.

ONE-YEAR ASSESSMENT. Pursuing a Veteran Population Health Program is a commitment that requires a fundamental culture shift throughout a healthcare



organization. It builds visionary, inspiring Veteran Health leaders at all levels; develops, disseminates, and enculturates exceptional practices and strategies; promotes research, quality improvement, evidence-based practice, and innovation; and establishes ways to achieve new heights of quality, efficiency, and effectiveness.

The journey shifts the hospital's focus from structure and process to outcomes in clinical quality, patient satisfaction, and the patient-care team environment—key indicators that paint a picture of the organization. The journey also reframes the question for the future from “What do you do?” to “What difference have you made?”

At the end of the first year, the evidence becomes clear: investing to improve and optimize the Warrior Community's **healthcare** experience while making money doesn't require a tremendous amount of analysis.

Organizational change is never without hurdles and surprises. Even using this framework, adopting a Veteran Population **Health Care culture within a civilian health care organization will certainly have its share. The way to overcome the surprises is to focus on establishing a Veteran-friendly organization for your employees and the communities you serve. Reliance on the military values of tenacity, teamwork, and honor for fellow service personnel can fortify individual and group efforts to provide the highest quality care for the Warrior Community.**

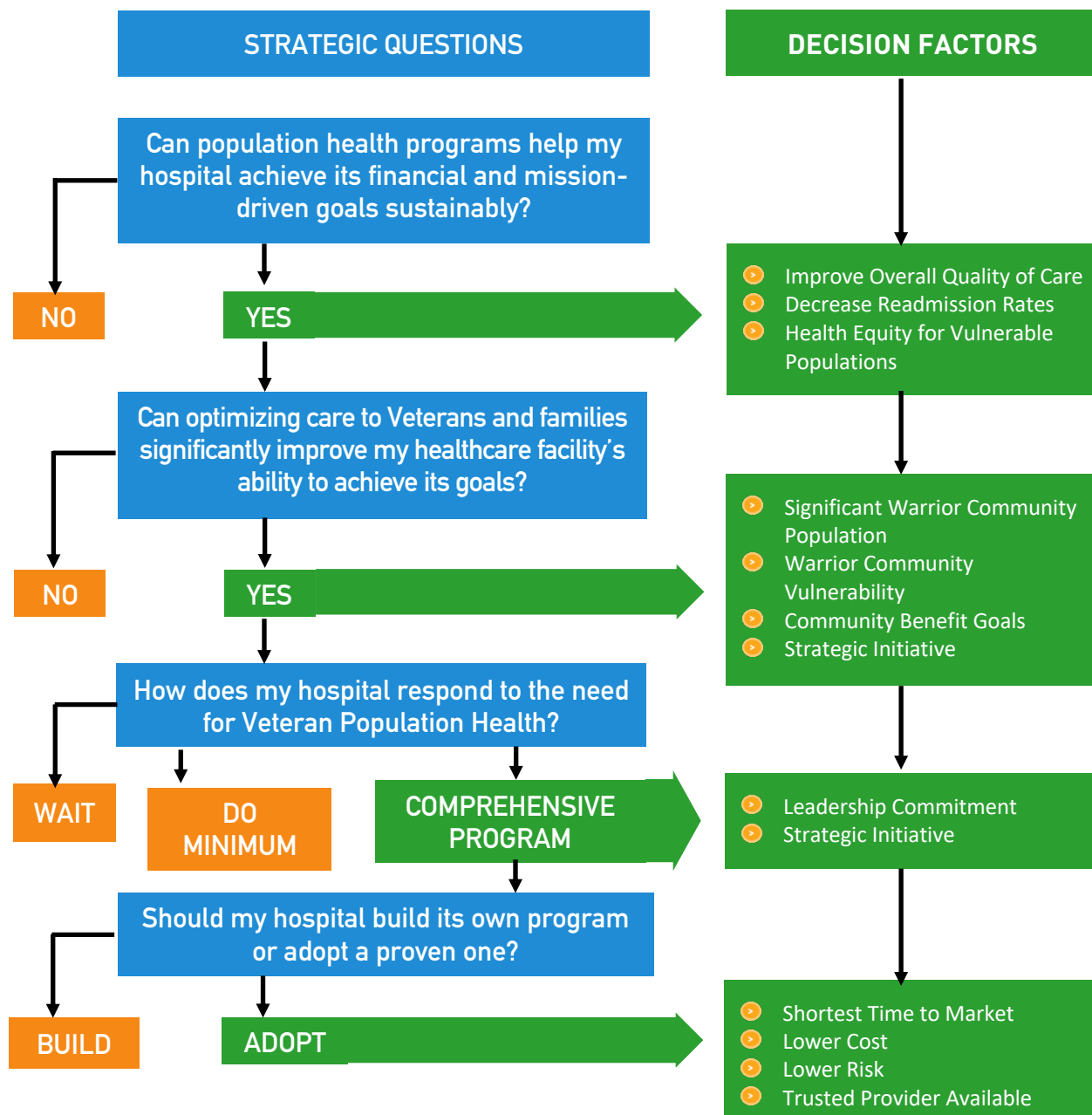


NEXT:

**HOW TO ADDRESS VETERAN POPULATION HEALTH:
A DECISION TREE**



HOW TO ADDRESS VETERAN POPULATION HEALTH: THE DECISION TREE



NEXT:
**ESTIMATING THE VALUE OF VETERAN POPULATION HEALTH:
AN ROI MODEL & WORKSHEET**



THE ECONOMICS OF VETERAN POPULATION HEALTH: LIFTING PATIENT LIFETIME VALUE THREE WAYS

ROI Matters

Clearly, optimizing health outcomes for the Warrior Community population is a good thing for many non-financial reasons. But adopting and maintaining a Veteran Population Health program is an ongoing investment of a hospital's finite resources—both time and money. The return on that investment needs to be assessed against other investments the hospital could make in other areas. Without acceptable ROI, even the most effective Veteran Population Health program may prove to be unsustainable.

The Power of Patient Lifetime Value

Like every other industry, healthcare has woken up to the important financial metric of Customer Lifetime Value, or—for healthcare—Patient Lifetime Value (PLV). PLV can be expressed as a simple equation:

$$PLV = [(COCy^* - COUy^{**}) \times \text{Patient Lifetime}] - \text{Acquisition Cost}$$

*COCy = Cost of Care/Year; **COUy = Cost of Utilization/Year

Total PLV (TPLV)—the sum of all an institution's PLV—is one measure of a healthcare institution's long-term financial strength. It can also be used to estimate and track the value of any initiative that may affect factors related to Cost of Care, Cost of Utilization, Patient Lifetime, or Patient Acquisition costs. These factors may include Number of Visits, Cost per Visit, Readmission Cost, Readmission Rate, and other trackable key performance indicators (KPIs).

To increase average PLV (and generate potential ROI), a healthcare system can positively affect factors that: increase Cost of Care; decrease Cost of Utilization; increase the average Patient Lifetime; or any combination of those improvements. To increase Total PLV (TPLV), a hospital can also increase its patient population—preferably the ones with the highest PLV.

Veteran PLV can be a particularly powerful financial force.

Hospital financial health can be particularly sensitive to changes in Veteran PLV (VPLV). Here's why:

- **VETERAN PATIENTS HAVE A HIGH AVERAGE COST OF CARE.** According to the VA, Veteran patients' average Cost of Care is \$8,500, compared to about \$5,300 for the general population. This high COC holds the potential for higher revenue and higher margin (COC - COU), amplifying the effect both of small percentage changes in both Veteran COC and Veteran patient population. **Increasing the volume of Veteran patients can raise TPLV more dramatically than increasing the volume of the general population.**



- **THE VETERAN POPULATION HAS A HIGH READMISSION RATE.** Readmissions lower PLV and drain hospital finances in two ways. First, readmitting a patient for the same condition directly raises the Cost of Utilization. Also, readmissions roll up into readmission rates, potentially activating CMS penalties for high readmission rates. Over 80% of U.S. hospitals suffer CMS penalties, losing an average of .7% in Medicare reimbursements. For the average hospital, this represents about 40% of their \$160 million gross revenue, or \$64 thousand. The .7% penalty adds up to about \$450 thousand in lost reimbursements, effectively decreasing Cost of Care. The Veteran population has a higher readmission rate than the general population, contributing disproportionately to the overall cost of readmissions. **Lowering the Veteran population's readmission rate can have a disproportionately positive affect on readmission costs and CMS penalties.**
- **THE VETERAN POPULATION REPRESENTS A SIGNIFICANT PORTION OF MOST HOSPITALS' OVERALL POPULATION.** There are over 20 million discharged service people in the U.S., over five million National Guard and reservists, as well as fifty million Warrior Community family members, all of whom have been affected by the conditions of military service. That's about 75 million people—almost a quarter of the U.S. population—the vast majority of whom are accessing civilian healthcare. One typical facility reported Veterans accounting for 10% of their patient population and 13% of their admissions. **Reducing Veteran PLV by even a small amount can have a significant effect on TPLV.**
- **VETERAN PATIENTS CAN BE ACQUIRED AT LOW COST.** Veterans can be easily identified and targeted through Veteran organizations and other means. Establishing a Veteran Population Health program gives Veterans a concrete reason to switch healthcare providers. **Reducing Veteran acquisition cost increases Veteran PLV.**



A Veteran Population Health program improves Veteran PLV three ways:

	MORE REVENUE	LESS COST	MORE EFFICIENCY
HOW?	<ul style="list-style-type: none"> ➤ Additional Well-Insured Warrior Community patients ➤ Access to TRICARE patients ➤ Qualification for MISSION ACT 	<ul style="list-style-type: none"> ➤ Decrease costly readmissions ➤ Decrease CMS Readmission Rate penalties ➤ Avoid Community Benefit penalties 	<ul style="list-style-type: none"> ➤ Spend existing CME/CE budget toward a strategic goal ➤ Spend existing Outreach budget toward a strategic goal ➤ Spend existing Community Benefit budget toward a strategic goal
HOW MUCH?	<ul style="list-style-type: none"> ➤ Consider increasing Warrior Community patient population by 3% to 5% annually 	<ul style="list-style-type: none"> ➤ Veteran patient readmission rates are higher than civilians ➤ Average CMS penalty per readmission is 0.71% ➤ Qualifying for Community Benefit avoids loss of not-for-profit tax status 	<ul style="list-style-type: none"> ➤ Strategic % of CME budget ➤ Strategic % of Outreach budget

How does this work?

- **MORE VETERAN PATIENTS BRING MORE REVENUE.** Establishing a program that benefits Veterans and their families will bring more of those patients into the hospital population, especially if the program is bolstered by outreach. 95% of these patients have health insurance, compared with 91.5% of the general population. A Veteran Population Health program can also enable the hospital to qualify for the federal TRICARE program, which insures 13.8% of all Veterans. The recently passed MISSION ACT also insures both Veterans and active-duty service-members at qualified hospitals. Accepting Veteran patients through these programs guarantees payment.
- **BETTER VETERAN CARE REDUCES COSTS BY DECREASING READMISSIONS.** Readmissions drain hospital finances in two ways. First, readmitting a patient for the same condition reduces the margin on that visit, sometimes into negative territory. But the greatest potential cost savings for Veteran-centric hospitals result from reducing CMS Readmissions penalties, which average .71% of every readmission, a number that—with tight margins—can mean the difference between annual profit or loss.



► **SPENDING FOR STRATEGIC ADVANTAGE BRINGS EFFICIENCY TO THE BUDGET.**

Some elements of the Veteran Population Health program correspond to activities that would be budgeted without the program, for example - CME/CE Education, Community Outreach, and Data Analytics. Folding these activities into a structured Veteran Population Health program gives existing budget requirements strategic purpose, increasing revenue and reducing costs.

A fully-adopted, strategically-devised Veteran Population Health program can improve both the physical health of the Warrior Community population, who sorely need it and the financial health of the facility that adopts it. While the magnitude of revenue enhancement for any particular institution is dependent on its size, Warrior Community population, readmission rates, and other factors, the Warrior Community's significant numbers, high cost of care relative to the general population, and high readmission rates offer unmistakable opportunities to build the overall patient population with Veteran patients at a higher PLV than the general population, offering a substantial return on investment.



NEXT:

**THE WARRIOR CENTRIC HOSPITAL:
A GROUND-LEVEL VIEW**



THE WARRIOR CENTRIC HOSPITAL: A GROUND-LEVEL VIEW

What does a hospital that practices Veteran Population Health feel like?

A hospital that fully adopts Veteran Population Health looks, feels, and acts differently—to patients, providers, and staff, from the moment they walk through the door, and even after they leave the building.

The lobby tells a story.

Enter the lobby of a Warrior Centric facility and immediately you see it: a display of service flags, one for each branch, along with signage that proclaims this is a place that values Veterans' health. It's an unmistakable symbol to Veterans and their families, yes, but also a reminder to every staff member, provider, and executive. Local Veteran groups are happy to install the flags with public pomp, giving hospital communications professionals the chance to invite the local press, so everyone knows.

The Front Desk picks up the narrative.

Every patient is screened for service status, of course, Veterans and family members are screened in a way that encourages them to respond positively and fully, both to put them at ease and to gather the information that may affect diagnosis and treatment: "Have you served?" "In what branch?" "Where did you serve?" "Did you see combat?" "What was your rank?" "How would you like us to address you? Mr.? Captain? It's up to you."

From this moment on, the Veteran patient will be addressed by proper title. Their service information will follow them wherever they go. If they have questions about insurance, hospital staff can help them work through TRICARE or other federal programs.

The plot thickens in the Exam Room.

"Good afternoon, Captain. Can I get your blood pressure?" The Nurse is fully apprised of the patient's service status and how she should be addressed: **it's on her chart**. The physician, too, is fully aware. When the patient presents with a persistent cough, shortness of breath, and lack of endurance, rather than move to test for asthma or COPD, the doc—who has been through Warrior Centric clinical and cultural education & training—has the knowledge to ask whether the patient experienced burn pits while serving in Afghanistan. The doctor may first examine for the possibility of Iraq/Afghanistan War-Lung Injury (IAW-LI), a condition that could lead to Pulmonary Arterial Hypertension. The patient is treated correctly; the physician is extra relieved; potential readmission costs are avoided.



Things are different in the Administrative Offices, too.

Upstairs, an IT staffer is running some numbers to determine how the level of veteran participation at the hospital compares with the Veteran population in the local community: 9% in the facility versus 11% in the community. It's the sort of data the hospital never had access to before. Can they attract more patients? The staffer has the information needed to determine the likelihood of specific chronic conditions among the Veteran population. Is the hospital seeing corresponding statistics among its veterans? Are there decisions to be made regarding how the program ought to evolve? The decision-making tools are also new.

One of the people the staffer communicates to is another member of the Veteran Health Team, in the Communications Department. She's in charge of the Veteran Outreach program, working through the local Veterans organizations and media to create awareness of the hospital's program in the community. Time for a media event? She has a plan ready-made. Soon she'll also be able to add a Veteran Health item in the hospital newsletter. Those, too, are part of the plan.

Back in the outside world...

A Veteran heard from a buddy that the local hospital had a special health program for Veterans. Maybe they would know something about the cough his docs couldn't seem to fix. He goes online to check it out. He quickly finds the Veteran Health link (there's a special logo, after all). Maybe it's time to check it out.

When fully adopted, a comprehensive Veteran Population Health program weaves itself into the fabric of a hospital in a way that helps the facility deliver on its promise of patient-centric care. Like all promises kept, the program delivers results, which make everyone involved a little better at their jobs or happier with their lives, which attracts the right sort of attention from other people. Healthcare may be complicated, but the results of better healthcare are not.





Making Hospitals Heroes™

WarriorCentricHealth®

Warrior Centric Health® is the nation's first commercial health equity solutions provider.

The Warrior Centric Solution Suite™ is a comprehensive solution that enables healthcare facilities to optimize care to their Warrior Community population—Veterans, reservists, active duty military, and their families.

Find out more about how Warrior Centric Health
“makes hospitals heroes.”

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