



Veterans Health Administration **Integrated Healthcare Transformation 2.0 (IHT)²**

“IHT 2.0 Update and the Integrated Teaming Model- What you should know.”

VetFedAcademy (May 10, 2023)



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Mission First



Veterans Affairs (VA)

“To fulfill President Lincoln's promise to care for those who have served in our nation's military and for their families, caregivers, and survivors.”



Office of Healthcare Transformation (OHT)

“To plan, engineer, and implement enterprise **Veteran-driven solutions** to transform VHA in support of SecVA and USH priorities.”



Strategic Acquisition Center (SAC)

“...provide its customers with **integrated acquisition and business solutions** necessary to fulfill VA's mission”



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The IHT 2.0 Team (Who are we?)

Contracting – Strategic Acquisition Center

- Allen L. Smith, Contracting Officer
- Lashawn Knight, Contract Specialist
- Kurt Tanny, Contract Specialist



Program Office – Office of Healthcare Transformation

- Sara Paronish, OHT
- Christine (Chris) Corum, OHT
- Matthew Jenkins, Portfolio Manager, OHT
- Joe Williams (SES), Deputy Director, OHT



Expectations of VetFedAcademy Session

What will you get from today?

- Education- Discover IHT and where you fit.
- Understanding- Appreciation for the importance of developing partnerships
 - large, small, non-profit, academia, etc.
- Learning- Better comprehension of :
 - the FCs and CAs
 - the Integrated Teaming Model
- Planning- Exposure to rough timeline

What will we get from today?

- Quality of Responses- Better proposals due to increased vendor understanding of the contract and model
- Participation- Promote transparency and encourage participation in (IHT)²
- Lower risk- Reduce overall programmatic risks by sharing with the right (critical to success) audience .

Discussion

“IHT 2.0 Update and the Integrated Teaming Model- What you should know.”

- Who cares? You should—here’s why. (History and Future)
- IHT- Innovations
- Acquisition Strategy (Anticipated)
- Integrated Teaming Model Overview
- IHT Functional Categories and Capability Areas- Where do you fit in?



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History Lesson

I KNEW IT WAS
A GOOD IDEA.



IHT RFP

IT'LL
NEVER
WORK!

IHT IDIQ AWARDED

- TEN YEARS (5+5)
- \$1 BILLION CEILING

SURE...BUT
THEY WON'T
USE IT! 🙄

~130
SDVOSBs
and
growing

FEB '23 CEILING HIT

- 150+ TASK ORDERS
- URGENT CEILING INCREASE



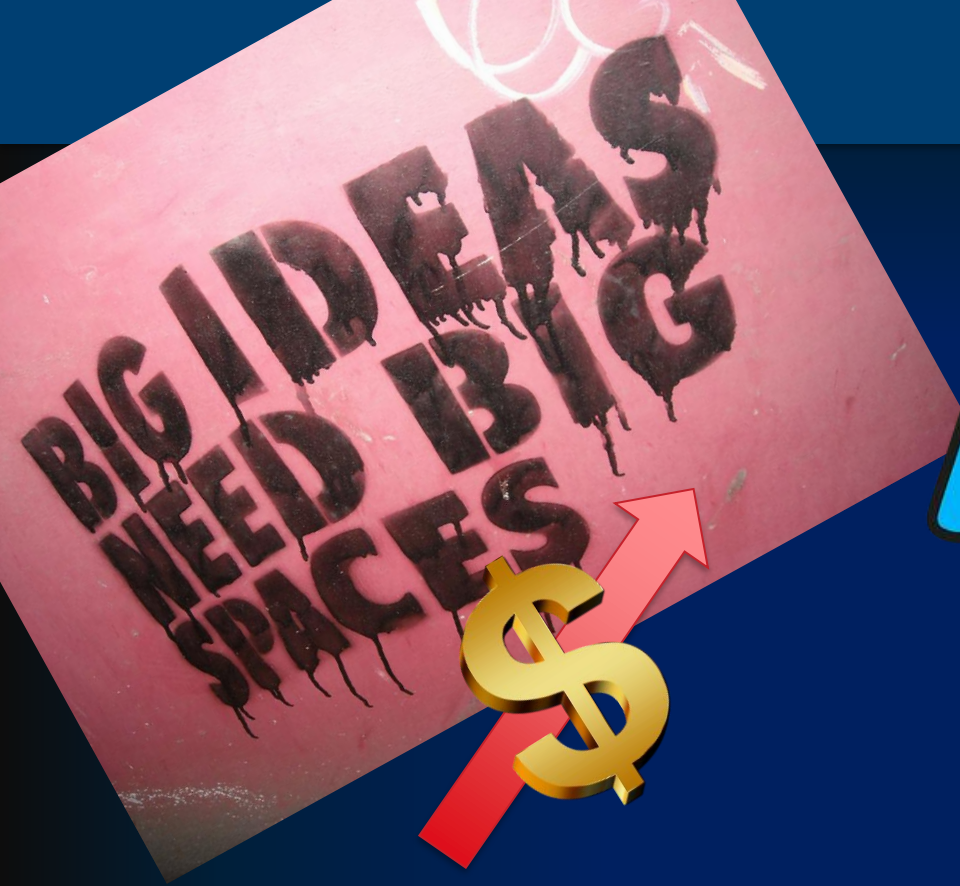
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What's Next? (IHT)²



feedback

we listen



Expanded team utility?



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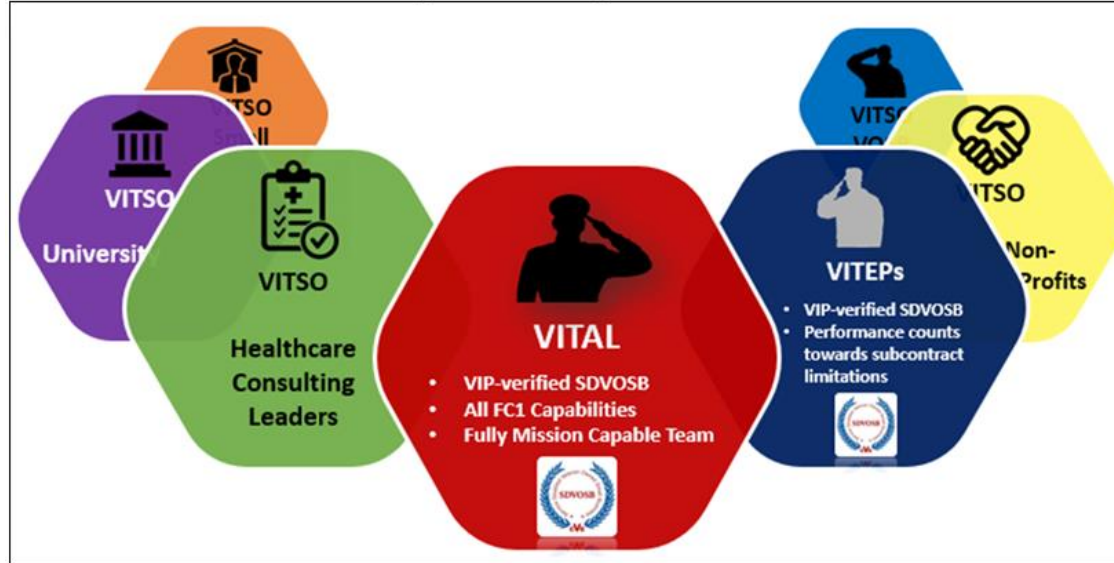


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Innovations

Integrated Teaming Model

Example Veteran Integrated Team



- Down-selects
- Reverse Industry Days
- Technical Demos
- Oral Presentations
- Apples and Kiwis?...and more

Contract Type Conversion



Comparative Assessment



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Integrated Healthcare Transformation and the Veteran Integrated Teaming Model



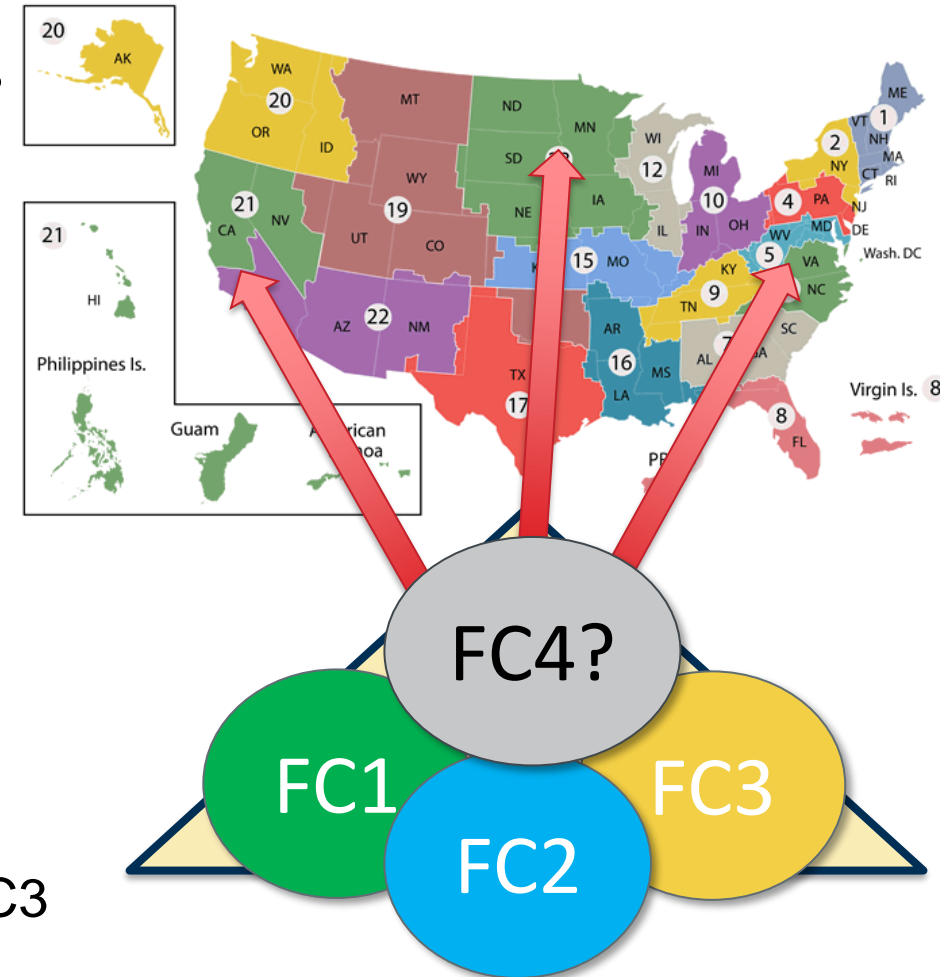
Business Needs

Wide geographic coverage of professional support services is desired, covering the United States and its territories

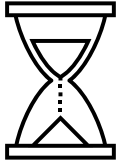
Integration- Individual orders may encompass only one FCs or all three+ FCs

3 Primary Functional Categories (OC) available under IHT

- FC1 – Health System Transformation and Innovation
- FC2 – Healthcare Implementation and Operations Support
- FC3 – Healthcare Business Enabling Services
- FC4? – Other needs not directly represented under FC1-FC3

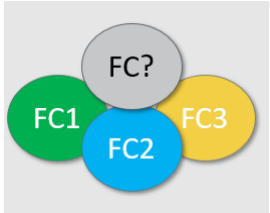


Challenges



Problem: Time-To-Contract

Includes short suspense, minimize typical contracting delays



Problem: Integrated Contractor Support

Programs have requirements that span various functional categories.



Problem: Access to In Demand Commercial Healthcare Consultants

Many VHA initiatives will benefit from experience and expertise of Large Consultants



Problem: High Resource Levels/ Wide Geographic Deployment

Requirements require extensive geographical coverage, reach-back capability, and bench depth not typically available from small businesses alone



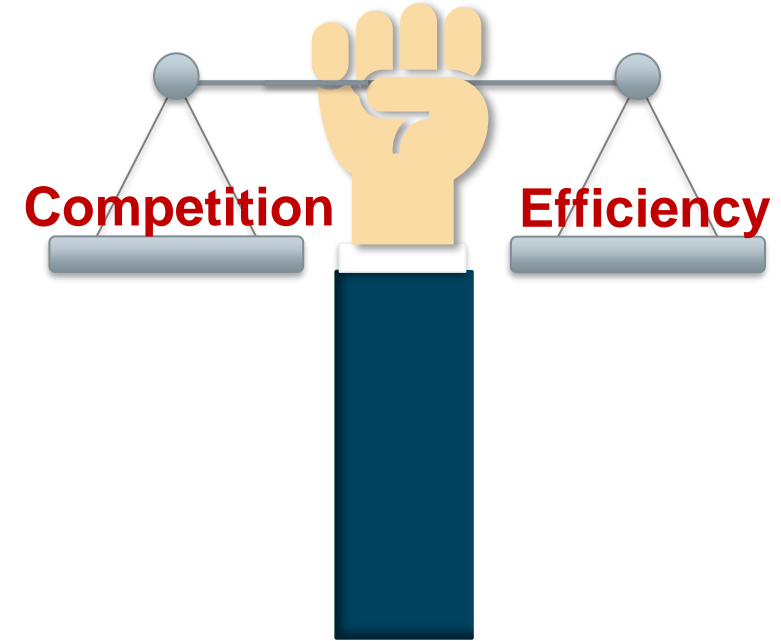
Acquisition Strategy

- **SDVOSB Set-aside**
 - SBA Certified SDVOSB Prime (VITALs)
 - NAICS 541611 (Admin. Mgt and General Mgt. Consulting Services)
 - Integrated Teaming Model
 - Subcontracting Limitations apply (50%)
- **Indefinite Deliver Indefinite Quantity (IDIQ) Contract [FAR 16.504]**
 - Recurring needs
 - Specified Min. Guarantee (filled through Award Kick-off Meetings; initial orders)
 - IDIQ Ceiling (Maximum Contract Value in excess of \$10B? TBD)
 - 5 Year Base Period and 5 Year Option Period
 - Opportunities to add partners and onramp teams along the way



Acquisition Strategy (cont.)

- **Multiple Awards [FAR 16.504(c)]– How many?**
 - Balances adequate competition through PoP with need for efficiency and streamlined evaluation
 - *Anticipate* five+ IHT Awards to Veteran Integrated Teams
 - Actual Number determined based upon quality of responses



- **Expected Pricing**
 - Orders will be Firm Fixed Price, Labor Hour, and Combination (Hybrid)
 - Market conditions and resulting pricing competition establishes F&R labor rates.

Evaluation and Award

Anticipated Factors*:

Mandatory Phase I: Advisory Down Select

- VITAL Viability- Eligibility
- VITAL Viability- Capability/ Experience

Phase II: VIT Proposal

- VIT Full Mission Capability(Integrator and Team Members)
 - Technical Ability (all areas)
 - Experience
 - Past Performance
- VIT ROBUSTNESS (Large, Integrated Teams with redundancy across)
- PRICE (Labor Rates/ Weighted Average or Representative TO Pricing)

How about Oral Presentations? Team Video? (Our collective superpowers!) or other strategies to determine best teams.

**Factors and Specifics Being Developed (subject to change)*



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Evaluation and Award (cont.)

Awards made to X number of VITs, who then compete on future Task Orders
(four VITs shown as example only)



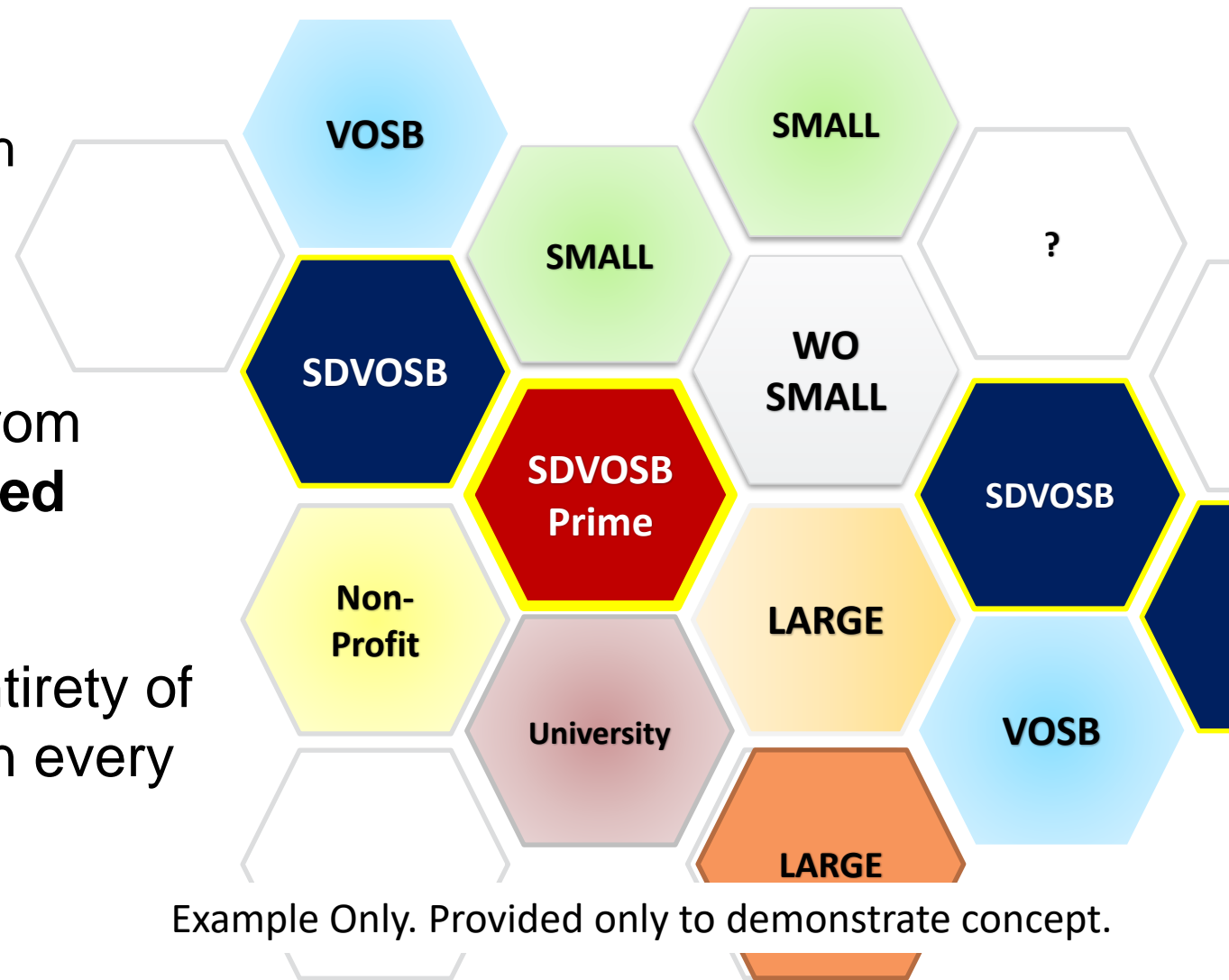
Shortly after award, members on proposed teams not receiving awards may have opportunity to join teams of awardees via free agent period to further enhance teams receiving awards.

Ordering

- Centralized (w/ option for future decentralized)
- Fair Opportunity (FAR 16.505) unless exception applies
- Orders priced as FFP, LH, Hybrid
 - Within Scope of IDIQ
 - Within PoP (anticipate 5+5)
 - Within IDIQ Ceiling
 - Non-protestable under \$10M (unless above violated)
- CO determines appropriate evaluation factors tailored to the acquisition
- Task Orders may include “**Wildcard**” VITEPs or VITSOs where Subject-Specific First Tier Subs (including Independent Contractors) may be brought on for a single TO. (Identified in TO request)

(Veteran) Integrated Team Model- General

- **VA Rule of Two** for SDVOSBs
 - Subcontract Limitations met through existence of substantial number of *similarly situated entities* on team.
- Process and Performance benefit from competition between **pre-established teams with exclusive partners**
- Ensures **full capability** covering entirety of scope of programmatic needs within every team

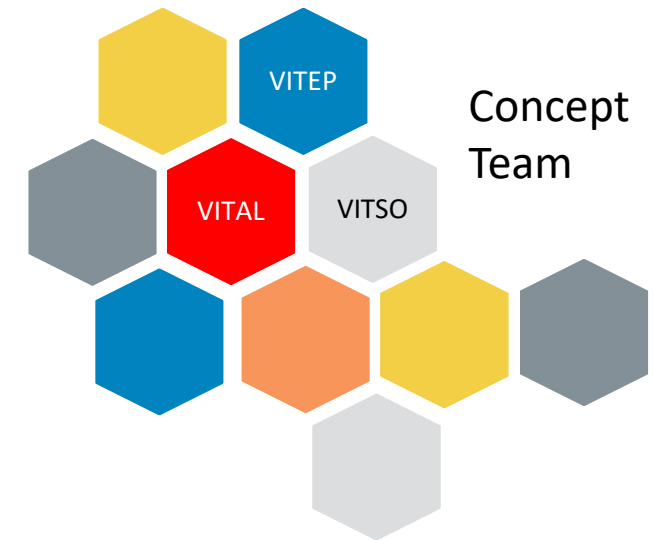


Team Concept- Specifics

Veteran Integrated Team (VIT) DEFINED

A robust, fully mission capable team of organizations led by an SBA certified SDVOSB Agile Lead (VITAL), with collective capability and experience to deliver exceptional results under any potential health-related task order spanning the required functional categories and capability areas under IHT.

- VIT Team Members treated similar to Key Personnel
 - Notification to Government prior to departure
 - Replace only with firm equal or greater qualifications/capabilities (as originally evaluated)
- Periodic open windows for adding new Team Members
- Team must remain Fully Mission Capable



Team Concept (cont.)

VIT Agile Lead (VITAL)

SBA-Certified SDVOSB (small under NAICS 541611), with extensive health care experience and expert ability to integrate teams in execution of Government Requirements



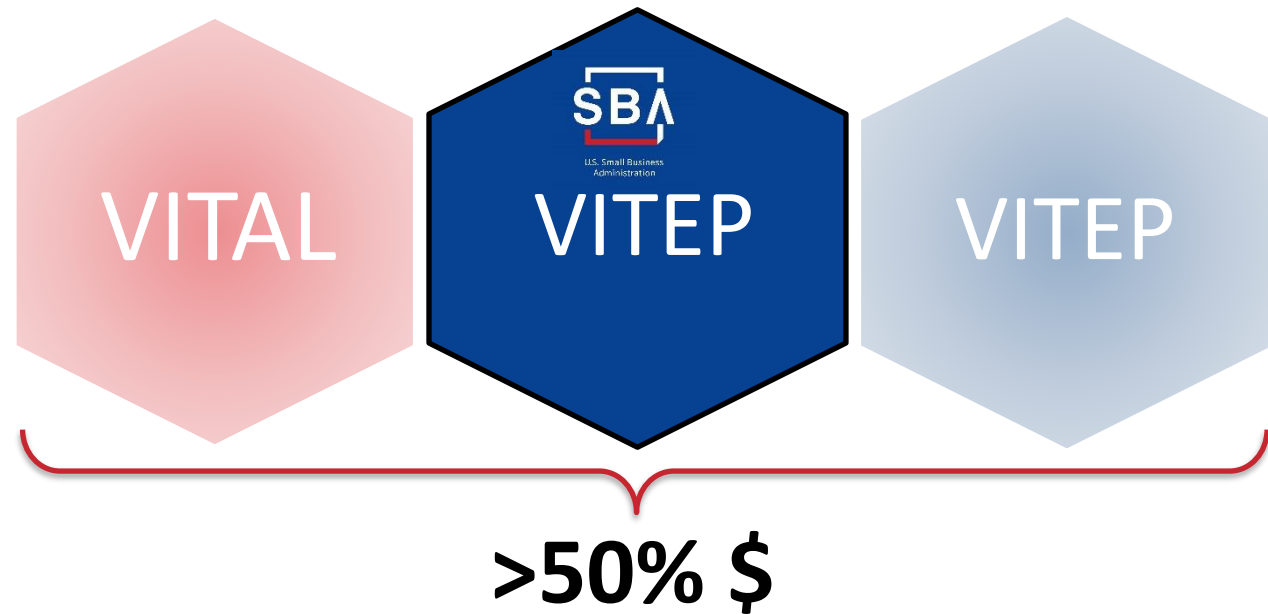
- Full capability in FC1, experience integrating large teams/ pools of resources
- VITALs must assemble robust, fully mission capable integrated teams
- Under 1.0, JVs as well as mature single SDVOSBs were successful VITALs.

Team Concept (cont.)

VIT Eligible Partner (VITEP)

Similarly situated entities (other SDVOSBs) eligible to serve as teaming partners, contributing to VITAL's 50% for purposes of limitations on subcontracting requirement. Must be Certified and small under NAICS established in their subcontract agreement.

- VITAL should consider partnering with substantial VITEPs with experience / expertise in delivering across functional categories and capability areas.

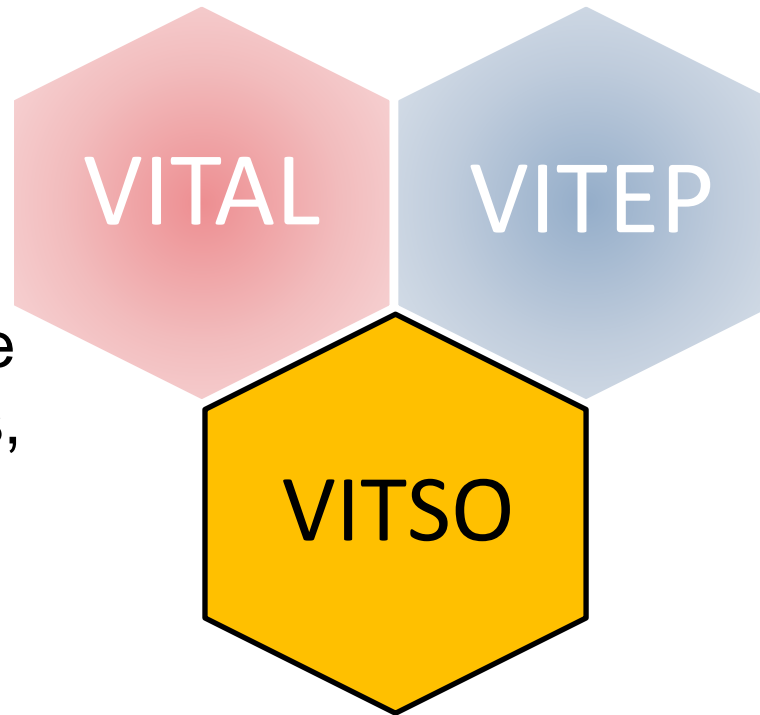


Team Concept (cont.)

VIT Subcontracting Only (VITSO)

Team members *not similarly situated* (non-SDVOSB) that cannot serve as eligible partner, and cannot contribute to VITAL's 50% for purposes of limitations on subcontracting requirement

- Could include VOSBs, Small Businesses, Large Businesses, Universities, Non-profits, etc.



- Capability in one or more FCs / CAs
- Necessary for a robust team
- Specialized skillsets

Scope

Healthcare-focused support
(complex healthcare professional services requirements.)

- **Previously VHA requirements only (IHT 1.0)**
- **Next version could permit other Administration requirements- IF there is a clear healthcare connection.**
- **Limited to LCATs included in IDIQ.**
- **Not direct patient care resources; not an IT support contract.**



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Scope

FC I: Health System Transformation & Innovation

- 1A Program & Project Management
- 1B Business Requirements Development
- 1C Strategic Planning
- 1D Program Evaluation
- 1E Business Process Reengineering, Improvement & Management
- 1F Change Management & Transition
- 1G Quality Management
- 1H Strategic Communications & Executive Support

Scope

FC II: Implementation & Operations Support

- | | | | |
|----|-------------------------------|----|--|
| 2A | Studies & Analysis | 2H | Advertising Services |
| 2B | Data Governance | 2I | Media Buying |
| 2C | Performance Measurement | 2J | Public Relations Services/Outreach |
| 2D | Training Development | 2K | Conference, Events, & Planning Services |
| 2E | Training Delivery | 2L | Healthcare Related Promotional Materials |
| 2F | Policy Research & Development | 2M | Video/ Film Production |
| 2G | Policy Management | 2N | Graphics Design |

Scope

FC III: Healthcare Business Enabling Services

- 3A Medical Supply Chain & Healthcare Logistics Analysis
- 3B Supply Chain Management
- 3C Supply Chain Planning
- 3D Inventory Management & Operation
- 3E Supply Chain Optimization
- 3F Financial Management Modernization
- 3G Internal Financial Controls
- 3H Management & Operations
- 3I R&D Admin Support
- 3J Human Resources Support
- 3K Procurement Support to PPM
- 3L Information, Privacy & Records Mgt
- 3M Revenue Operations
- 3N Value Based Healthcare Planning

FC IV?: TBD



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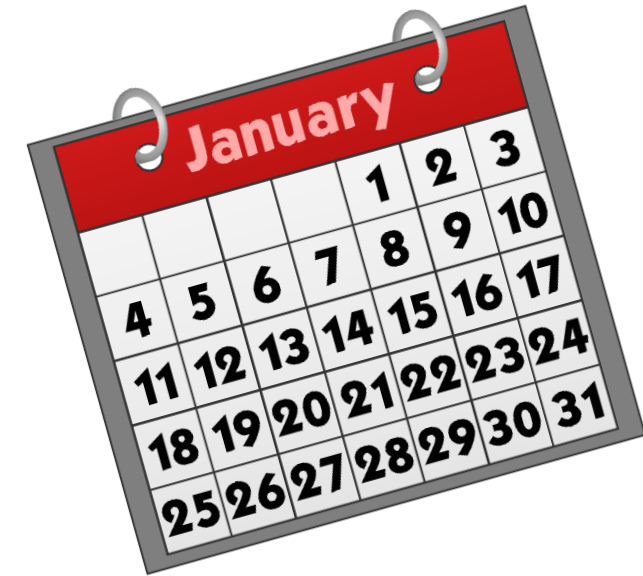


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Acquisition Timeline

Solicitation and Award

- IPT underway (RFI currently on SAM.gov)
- VETS'23 May 22-25
- OSDBU Direct Access Program Sessions being planned for June/July
- Solicitation in 2023 (likely FY23 Q4)
- Award late 2023/early 2024, with new work transitioning to (IHT)²



After award

- TO competitions beginning immediately after award for VIT Awardees (unless minimum guarantee orders placed), then competitive moving forward.
- Non-awardees with almost immediate opportunity to be added to awardee teams (non-awardee info provided to VITALs).



Reminders

- Future Notices will be posted to **Sam.gov. Please monitor.**
- Network. Network. Network.
- **See you at VETS'23!**



Thank you!