In recent years, the VA system has been a hotbed of innovation in healthcare delivery—bucking decades’ worth of stereotypes about veterans’ care. These days, VA hospitals are testing grounds for new ideas about improving patient care, using information technology, and translating research findings to the clinic.

This past year was no exception, as the VA Ann Arbor Healthcare System, and the U-M faculty who practice there, took part in two new national VA initiatives. The first, dubbed the FIX Initiative, aims to improve the flow of patients through our hospital’s inpatient units. As we face a future where demand for VA care will increase, we’ll need to make the most of time, expertise, people, and technology.

So, the FIX Initiative deals with seemingly mundane, but increasingly crucial, issues such as how best to structure a patient’s last day in the hospital. Just like hotels have check-out times, the aim is to schedule a discharge time for each patient, and to stagger the times for different patients throughout the morning and afternoon so that we can get their room ready to receive another patient.

This means that physicians, nurses, pharmacists, social workers, testing lab staff, housekeepers, and even patients’ family members need to work together to get everything ready in time—from prescriptions and self-care instructions to a ride home.

With great cooperation from Internal Medicine faculty and many others, the Ann Arbor VA is doing well on this effort. We’ve also done well on other VA national performance measures, including adherence to acute coronary syndrome guidelines and access to outpatient clinics. Still, we have further to go in some areas—and as with any performance measure, the bar will keep moving and we’ll keep improving.

Innovation continues in the outpatient clinics, too. Rather than scheduling chronic-disease patients for appointments at specific intervals, we’re working to implement a system that will give patients access to appointments as they need them, with 24-hours’ notice.

Of course, research is crucial to developing better ways to manage healthcare resources, and to caring for patients with chronic diseases. That type of research is what many members of the Internal Medicine faculty carry out at the Ann Arbor VA.

The Center for Practice Management & Outcomes Research, which is our VA Health Services Research & Development center of excellence, is headed by Rod Hayward, MD, and the Quality Improvement for Complex Chronic Conditions effort is headed by Eve Kerr, MD, and John Piette, PhD. All are General Medicine faculty, and their teams include many others from Internal Medicine.

Also this year, three department faculty received prestigious national VA Career Development Award grants, giving them research support and protected time for their studies. Michael Mendez, MD, and John Osterholzer, MD, of Pulmonary & Critical Care, and Annette Chang, MD, MS, of Metabolism, Endocrinology & Diabetes, are the latest examples of U-M faculty who have won this special recognition for research excellence.

Finally this year, I’m pleased to report that the VA has granted us six more fellowship slots for the coming year, as part of the graduate medical education enhancement program aimed at improving access to new or high-demand clinical services. Two of the fellows will work in the newly expanded palliative care unit headed by Marcos Montagnini, MD, and Dan Hinshaw, MD, while another will treat cardiac arrhythmias in the electrophysiology lab headed by Krit Jongnarangsin, MD. Two more in hematology/oncology, and one more in general medicine, will help us meet demand—as will the new faculty we’ve added this year, including Thomas Wang, MD, Madhuri Kakarala, MD, and our new VA nephrology chief, Sonal Korgaonkar, MD.