Accelerating Care Initiative: System-Wide Application

Project Plan

This document provides a framework for extending the current accelerating care workgroup to more broadly tackle Veterans experiencing delay in care throughout the VA health care system.

A. Project Management Team

Brent Andrew, Chief, Purchased Care Business Process Re-engineering Office, serves as the overall project manager for the Accelerating Care Initiative. As such she will be responsible for identification, scheduling, and coordination of all tasks associated with the initiative.

Project Co-Chairs:

Larry Carroll, Network Director VISN 20
Jack Hetrick, Network Director VISN 10
Cyndi Kindred, Deputy Chief Business Officer for Purchased Care
Dr. Michael Davies, Executive Director, Access and Clinic Administration Office

Financial Analysis Support:

Holly Shryock, Program Analyst, Purchased Care
Thomas Belcher, Accountant, Allocation Resource Center

Business Office:

Joe Duran, Deputy Director of Administration, Purchase Care
Tammy Czarnecki, Deputy ADUSH for Clinical Operations

Health Systems Specialist:

Andrew Bartlett, Health Systems Specialist to the ADUSH for Administrative Operations

B. Objective

The objective of the Accelerating Care Initiative is to identify Veterans who are currently experiencing long wait times for receipt of their VA health care and to implement very near-term tactics to accelerate these Veterans’ access to health care, whether through VA or through community (e.g. Non-VA)
providers. It is expected that implementation of the near-term tactics will be heavily reliant on financial
and other resources (e.g. concurrence for overtime, as appropriate).

The Accelerating Care Initiative seeks to achieve its objective by leveraging the VA health care system
management structure, using Veterans Integrated Service Networks as force multipliers to coordinate
and facilitate data collection, provide oversight and follow-through. In turn, Veterans contact, capacity
assessment, efficiency/capacity enhancement, and Non-VA care referral, will pushed to facilities and, as
appropriate, their service lines, clinics, and administrative functions.

C. Overall Plan

C.1 Development of Schedules, Templates, Coordination, Communication Tools

The Project manager will assemble pertinent information from the Accelerating Care Workgroup
initiative and will develop templates for reports to VISNs (and facilities). The project manager will
establish reporting and feedback templates from the facilities. The project manager will assemble
collaboration (e.g. SharePoint) tools to support multi-directional between VHACO, VISNs, and facilities.

The project manager will establish a 90-day project plan that will see through the Accelerating Care
initiative into a steady state management agenda for the Deputy Under Secretary for Operations and
Management review meetings with VISN Directors.

C.2 Electronic Wait (Work) List and Exceptions Report List

Notional Deadline: Friday 23 May 2014

Using the Access Glide Path, the team will generate VISN and facility counts of Veterans waiting in 90
days or more for VA health care. The data will be restricted to the highest workload clinics (commonly
referred to as the Advanced Clinic Access stop codes).

Following tasks will follow after publication of the EWL and Exceptions Lists:

- VISNs will promulgate data to sites
- Sites and VISNs may update data with more current assessment of counts, it is expected that
  VISNs will facilitate any needed assessment of the validity of these counts

Please note that it may be appropriate for appointments to be scheduled out beyond 90 days (certain
conditions may require very specific appointment times that should not be adjusted). It is critical that
sites preserve the appointments where the scheduled date is appropriate. Sites should include this
assessment in their narrative write-up.
In certain instance, patients designated as “New” in specialty care may not be new to the provider. Sites will need to ensure that patients are not “New” to stop codes or sites but still with their existing provider.

C.3 Template for Narrative Plans

Notional Deadline: Wednesday 28 May 2014

- For clinics with high counts, request capacity and productivity assessment in narrative
- If clinic can extract greater capacity from efficiency, determine the quantity of additional slots generated
- Alternate means to provide care (telehealth, telephone visit, Secure Message, etc.) will be evaluated and offered to Veterans on the EWL if appropriate
- If clinic requires additional hours (e.g. OT), then propose approach and translate to slots (at least in multiples of 5-10, or so)
- If clinic cannot, then designate “at capacity”
  - Note this will imply clinic services are candidates for Non-VA Care if available in the community timely
- Sites will develop and implement an aggressive plan to reduce no shows, clinic cancellations, and cancelled by patient appointments.
- Narrative assessment of availability of Non-VA Care Resources (PC3, or other)

Please note that challenges may exist with the EWL; EWL are dynamic situations may change daily. This activity will require careful monitoring of the EWL to keep pace with the ongoing changes to the EWL.

C.4 Personal Contact of Veterans

Notional Deadline: Start: Friday 30 May 2014; End: <<TO INSERT>>

Facilities will be requested to generate a narrative plan to contact Veterans on exceptions/EWL (with target volume of contacts per week). Facilities will be requested to generate personal, telephonic contacts (up to 5 attempts per Veteran) with each Veteran on exception/EWL. The facilities will gauge the following:

- Assess if Veteran would like to be seen sooner
  - If yes and capacity or OT exists, then begin process of working into openings
    - If patient declines and prefers to wait, schedule appointment and document patient preference
  - If yes and NO capacity, generate estimate and (maybe) 1358 for Non-VA care
    - If patient declines and prefers to wait for internal appointment, schedule patient and document patient preference
If internal and Non-VA care appointments are not available within 90 days, place all-new patient requests on EWL.

- If no, denote in comment with Veteran in package using a standard type string
- On a daily and on-going basis sites will review cancellations and available slots and contact Veterans on EWL to offer available appointments
  - Patients referred for Non-VA care will be monitored for displacement.

Primary care provider will ensure treatment is transferred to their VA health care records. sites will provide VISNs with narrative assessments of their progress. VISNs will identify counts, using VHACO generated template for the tracking of contact attempts, counts of successes, lack of successes, and count (only) of Veterans seeking to wait for their care from the VA.

It may be required to employ bi-weekly tracking of Veterans Electing to wait for VA-specific care, vs. Community.

C.5 Quantification of Requirements

Notional Deadline: Start: Wednesday 30 May 2014; End: <<TO INSERT>>

VHACO and VISN teams, collecting site data, will work with to generate resources required to accelerate care. These resources will be classified as one of the following classes of resources:

- Medical Services Personnel Services
- Medical Support and Compliance Personnel Services
- Medical Services Non-VA Medical Care

The estimates should be aggregated by clinical service. To the extent practicable resources could be prioritized based on the acuity of Veterans’ needs.

It is expected that the following sets of activities will be required to execute this activity:

- VISN works the process of collecting template data with facilities
- VISN aggregates supplemental requests
- VHACO tracks VISN completions and assembles overall resources request for MS funds

C.6 VHACO requests funds from VA CFO

Notional Deadline: Start: Wednesday 30 May 2014; End: TBD

VHA Chief Financial Officer, working with 10N and 10, will generate request funds from VA CFO.

- Facilities and VISNs who have unspent funds will rebalance to allocate for Access improvement.

C.7 Funds disbursements
Notional Deadline: Start: Wednesday 30 May 2014; End: TBD

VHA CFO distributes to VISNs. The VHA Chief Business Office will initiate monitors for changes in historical and recent authorizations through Non-VA Care Coordination (NVCC) Module in CPRS. Note: it may be helpful to template a field for NVCC to enable tracking of specific resources.

C.8 VISN distributes and follows up with facilities

The VISNs will distribute resources with facilities. It may be required to generate a template acceptance document, indicating target for resources.

C.9 Bi-Weekly Tracking of Clinic Capacity, Clinic Productivity, Non-VA Care Authorizations/Obligations, and EWL/Exception Report

- VISNs will monitor and report Non-VA care metrics to program office to assess appropriate balance of VA and purchased care.
- Clinics will be encouraged to focus on evaluating processes and mechanisms to monitor and control key components of patient clinical access. These include clinic setup, current clinic profiles, clinic cancellation, appointment scheduling, and Access committee/group structure.

D. Deliverables at Project End

1. Reduction in EWL
2. Reduction in patient exceptions for PC, SC, and MH
3. Standardized process and set of tools for on-going monitoring and access management