



**AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES
NATIONAL VETERANS AFFAIRS COUNCIL #53
Affiliated with the AFL - CIO
Mid-Term Bargaining Committee**

Oscar L. Williams Jr., Chair
2nd Exec. V-President
29 Lake Street
Danville, IL 61832-6101

Bill Wetmore, Member
3rd Exec. V-President
2319 Alava Court
Waldorf, MD 20603

Terence J. Watts, Member
5th Dist. Rep., NVAC
VAMC Orlando
Orlando, FL 32803

Willie Haywood, Member
6th Dist. Rep., NVAC
17705 Garden Blvd.
Cleveland, OH 44128

Jeff Sladek, Member
13th Dist. Rep., NVAC
VAMC 3601 S. Ave.
Tucson, AZ 85723

September 30, 2015

Kimberley D. Moseley, Deputy Assistant Secretary
Office of Labor Management Relations (LMR)
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Subject: VHA PACT Clinical Process for Unscheduled Patient "Walk-ins"

Dear Ms. Moseley:

In accordance with Article 47, Section 2, of the Master Agreement, National VA Council #53 is formally demanding to bargain on the VHA PACT Clinical Process for Unscheduled Patient "Walk-ins" as cited above within the Department. Please provide the NVAC's Mid-Term Bargaining Committee with all information and/or data related to this subject. The negotiations of this matter should normally begin no later than twenty (20) workdays after the Management Chief Negotiator in this matter receives our demand to bargain.

Please cease and desist any implementation until the bargaining obligation has been met. The Mid-Term Bargaining Committee may request a briefing over the cited subject above, before sending any proposals. If you have any questions please call me at (217) 554-4866.

Sincerely,

Oscar L. Williams, Jr.
Chairperson, Mid-Term Bargaining Committee
2nd Executive Vice President
National VA Council #53

cc: Alma L. Lee, President National VA Council #53
NVAC Executive Committee

AFGE: Good Government We Are Ready

Department of
Veterans Affairs

Memorandum


Date: SEP 28 2015

From: Acting Deputy Under Secretary for Health for Operations and Management (10N)

Subj: PACT Clinical Process for Unscheduled Patient "Walk-ins"

To: Network Directors (10N1-23)

Thru: Assistant Deputy Under Secretary for Health for Clinical Operations (10NC)



1. The Veterans Health Administration (VHA) continues to work to improve how we care for our Nation's Veterans. To ensure a seamless Veteran experience throughout VHA, the following processes will be implemented to support a Veteran patient who presents to any VA Clinic requesting care but without a scheduled appointment.
2. If an unscheduled patient presents to a Patient-Aligned Care Team (PACT) Clinic:
 - a) All Patient-Aligned Care Team (PACT) members can participate in the management of walk-in patients; depending on the patient need; the PACT Administrative Associate (clerk) plays a significant role. Teams should strive to achieve "first source resolution" so that patients do not need to be routed to multiple individuals.
 - b) When a patient presents to a clinic without an appointment, PACT staff will greet the Veteran and any accompanying support persons in a friendly, concerned, professional manner, and will ask the reason for the visit. This greeting and interview will determine whether the need is administrative or clinical (e.g., filling out a form vs. illness).
 - c) In all cases, patients with a clinical concern will be further evaluated by a clinical member of the PACT. **No patient with a clinical concern or need may be turned away without evaluation by a clinical member of the team, regardless of clinic hours, resource availability, or eligibility/enrollment status.**
 - d) Walk-in patients requiring a Primary Care Provider (PCP)-level of interaction should be seen by their assigned PCPs, even if overbooking is necessary. If the assigned PCP is not available, then the patient should be seen by another provider.

PACT Clinical Process for Unscheduled Patient "Walk-ins"

3. If an unscheduled patient presents to any other clinic:
 - a) Each clinic should have a solid plan to meet the care needs for walk-in patients.
 - b) Clinic staff should have clearly-delineated roles and tasks regarding workflow for managing administrative vs. clinical needs for common issues (e.g., forms, medication refills, medication renewals, acute needs, social services, medication issues, etc.) Most clinical concerns can initially be triaged by nursing staff.
 - c) Accommodations should ensure timely and appropriate care for any unscheduled patient, including patients who are not currently assigned to a PACT, or those whose needs relate to emergent or specialty care.

4. For questions or additional information concerning this memorandum, please contact Richard Stark, MD, Executive Director, Primary Care Operations, Richard.stark@va.gov or Joanne Shear, Clinical Program Manager, Primary Care Operations and Services, joanne.shear@va.gov



Janet P. Murphy, MBA

RECEIVED

SEP 30 2015

AFGE National VA Council #53
Mid-Term Bargaining Committee