

VA OPTOMETRY SERVICE
VETERAN ACCESS TO CARE WORKGROUP CONFERENCE CALL

May 25, 2016 1:00 pm Eastern Time

VANTS 1-800-767-1750 Access Code: 16019#

- I. Minutes from last call April 27, 2016
- II. Implementation of Direct Scheduling for Audiology and Optometry
 - Questions from the Field

Q1: How should Care Coordination Agreements be structured with roll out of Direct Scheduling?

A1: A couple of samples have been received from sites and we are awaiting permission to share with the group.

If any other sites wish to share their updated Care Coordination Agreement, please send to Drs. Cantrell and Varanelli.

Q2: The Eye Care Handbook and Eyeglass Directive are up for review/revision. Will Direct Scheduling be reflected in the documents?

A2: Sections associated with agreements are in early discussion, especially those that pertain to Care Collaboration Agreements and Joint Collaboration of Care with Ophthalmology partners. These sections take considerable time to discuss and details will be shared as they are available.

Q3: Since Direct Scheduling is specific to Optometry should an Optometry Section have its own separate Care Coordination Agreement apart from Ophthalmology with Primary Care?

A3: This issue should be handled on a facility by facility basis. If sites are considering "splitting" from being associated from Ophthalmology as Direct Scheduling is rolled out, rationale and strategy should be presented to Dr. Townsend.

Q4: Our Direct Scheduling Implementation Team reported failure in the roll out if a Call Center was utilized. What has been the Optometrist's experience?

A4: The Call Center worked fine in Bay Pines for scheduling routine appointments. If the patient reported a problem before the appointment was scheduled, logistics associated with triage posed some initial challenges. It is important to utilize clinic grid restrictions for subspecialty program clinics like Low Vision, TBI, and C&P. The Call Center should only schedule into "New" or "Routine" grid only. It needs to be kept as simple as possible. The Call Center currently is not scheduling follow up care but may in future on a facility by facility basis. A learning curve should be anticipated, especially since there tends to be high turnover in Call Center positions.

Q5: Does the Call Center have a designated or dedicated person just for Eye Clinic?

A5: Some sites do have a specific point person within the Call Center. Some have support staff within PACT, especially at a CBOC, that have access to schedule into the "new" or "Routine" grid only.

Q6: How should the set-up of scheduling grids be handled? What is advised?

A6: There should be a separate grid for "New" or "Routine" appointments and a separate grid of "Established" or "Disease Management" patients.

Q7: How should interfacility (IFCs) consults be handled if our facility cannot schedule its own patients within 14 days?

A7: A facility should focus on creating access for its' enrollees before accepting patients from neighboring VA facilities. In other words, if you cannot offer a timely appointment for your own patient, then you should discontinue the IFC. The referring facility should utilize community care if the neighboring VA does not have access to accept the IFC patient.

Q8: With the roll out of Direct Scheduling, how are appointments handled if a patient needs an appointment of different length/different complexity of patient?

A8: It is advised to have a separate grid for "New" or "Routine" appointments and a separate grid of "Established" or "Disease Management" patients.

Q9: How are grids structured when you have a high prevalence of ocular disease? If a high prevalence of ocular disease is common in your clinic aren't they all "Routine" then?

A9: Grids should be built considering how many "Routine" requests you typically receive each day. There should be that many slots in the "Routine" clinic each day.

If a caller or patient presents and says they are having an issue, the support staff does not triage and the patient should discuss the issue with a nurse or eye care provider.

Scripting for support staff with "YES" and "NO" responses will assist the support staff in knowing when to hand patient off to a nurse or eye care provider. At some facilities a list has been gathered of critical symptoms and if the patient mentions one of these listed symptoms the call is transferred to tech or nurse

Q10: Can Health Techs schedule appointments?

A10: Varies by facility. This duty would need to be within the PD and the Health Tech must meet all Scheduling Directive requirements for training, competencies, and audits.

Q11: How many resources are occupied by a Health Tech due to triage responsibilities?

A11: A dedicated individual should be considered as a point person based on size of facility. Health Techs are accustomed to these types of questions each day but work flow may change as the process of patients entering into the clinic is changing.

Q12: Can a PACT nurse be utilized for triage?

A12: This can vary by facility.

Q13: If the patient is known to have glaucoma or macular degeneration and they are transferring care to VA or have had a lapse in care should they receive a "Routine" appointment?

A13: Disease management is likely a reason to get a consult.

Q14: Have any sites added staff in advance of Direct Scheduling roll out?

A14: No. There is no funding associated with the roll out to the sites. Some duties have been redistributed since work flow may need to be adjusted when doing similar day to day work but now in a different way.

III. References for review in anticipation of Direct Scheduling roll out:

Integrated Operations Hub:

http://vhaindwebsim.v11.med.va.gov/hub2/atc/initiatives.html?strategyCode=DIRECT_SCHEDULING_AUDIOLOGY_OPTOMETRY

VA Optometry Service Home Page Resources:

http://vaww.va.gov/OPTOMETRY/Administrative_Page.asp

MyVA Integrated Plan (MIP)



myva_integrated_plan.pdf



myva_integrated_plan_overview.pdf

Several sites commented they are implementing within the next 2 weeks. Many are rolling out in conjunction with Audiology.

Next call June 22, 2016 1:00 pm Eastern Time