

VA OPTOMETRY SERVICE
VETERAN ACCESS TO CARE WORKGROUP CONFERENCE CALL

January 28, 2015 1:00 pm Eastern Time

MINUTES

Introductions:

Next call feb 25th 1:00 eastern time, recurring calendar invite will be sent out.

Can give guidance if another work group is more appropriate depending on the question, will try to set up a sharepoint for links and documents for people to access. In the future will try with Microsoft lynx by sharing the computer screen for teaching

Mission/goals: Giving you info about how to pull the data in order to put together proposals to get space allocation, adding programs, adding equipment etc.

Dr V learned from CAC's how to use vista: need this menu option added, ACRP (reports menu), select adhoc report option, can ask the CAC's to build the report, if you choose detailed will get patient names, ssn, what clinic seen in, if you just need quick numbers can do just a summary report, can run by your local clinic names, by provider name or stop code, procedure or diagnosis codes

Dr V runs the report by encounter for a particular month then can just use the summary report which doesn't have sensitive info, will have high and low's depending on number of externs or if a provider out on FMLA etc

Run the report by all providers and stop codes, need to do for both primary and secondary stop code of 408 to capture low vision tele retinal clinics, and TBI. Can set it up to save as a file and edit into a spreadsheet or set up to print.



How to Generate a
Work Load Report thr

default is for the results to come out on your screen and make sure you export to text file or spreadsheet and not to choose the print screen option

- Instructions on how to save the file or print the file are found in the embedded document above

When running just the summary report it may come back without any info b/c of the lag time in transmitting workload nationally

The report can also be used for OPPE/FPPE chart reviews

It is very helpful to make a connection with your local CAC's and system re-design

This report is just DSS work-load and is important if the clinic isn't cancelled then you would have mapped hours of zero workload

Dr V: at my facility I utilize a sharepoint to make clinic modifications, when a provider puts in leave the clinics get cancelled including any technician run clinic

Missed opportunity: if a patient no-shows or the patient cancels after the time of their appointment

Optometry service home page: left side top left corner, click on administrative, then at the top click on administration, scroll down to office of productivity efficiency and staffing recommendations, find some webinars and info to map out productivity, looking at efficiency and physician productivity cube reports

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

click on link in there and takes you to SPARQ tool and can also access via VSSC link:

<http://opes.vssc.med.va.gov/Pages/Default.aspx>

<http://vssc.med.va.gov/>

make sure provider person class correct on audit, should look at it monthly, then sometimes put in work order to have corrected

<https://securereports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fFinance%2fNewPerson%2f1465PrsClsAuditProType&rs:Command=Render>

SPARQ (speciality, productivity access report and quadrant) tool: lot of variables, will compare your facility to other facilities of same complexity or other facilities in your VISN

<http://reports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fOPES%2fSPARQ%2fSpecialtyQuadrant&rs:Command=Render>

some considerations: leave hours not taken into consideration, admin time, research time, person class

link to the DSS labor mapping for the providers: http://vaww.va.gov/OPTOMETRY/docs/VHADirective_2011-009_Physician_and_Dentist_Labor_Mapping.pdf

eye care handbook section on accepting trainees you are allowed weekly teaching time but still map your hours to clinical: http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=2394

Next call February 25, 2015 1:00 pm Eastern Time