VA OPTOMETRY SERVICE
VETERAN ACCESS TO CARE WORKGROUP CONFERENCE CALL

November 26, 2014 1:00 pm Eastern Time

MINUTES

Introductions: from Dr Varanelli and Cantrell and other members on the work group call

- Dr. V: has a large clinic with ample space and equipment but not enough staff to be efficient and keep up with access
- Dr. C: high demand for access and over the past few years needing to understand the data in order to put together proposals for clinic space and providers
- Next call will be January 28, 2015 at 1:00 PM

Mission/goals: help members become more familiar with statistical data to support growth in the future, give tools for use in the future to help understanding with Veterans Choice program and for resource planning.

Discussed webinars for Veterans Choice program. Not all questions answered. Link to Webinars: https://www.myvehucampus.com/

Optometry Service Home Page: Optometry Intranet Webpage, upper left corner, click on admin page, Dr. Townsend posts information, for example student program, new provider in the VA, patient care documents (quality reviews, FPPE/OPPE), proposal for staffing, equipment, space. There are Clinical Practice and Administrative Sections. Link to Optometry Service Intranet Home page: http://vaww.va.gov/OPTOMETRY/Administrative_Page.asp

Labor mapping: in anticipation of reporting to the Productivity Data Cube, need correct labor mapping & RVU's. If you hire new, and also for existing staff, make sure you are placed into the correct Person Class usually done by HR or DSS. This is done typically based on your NPI (make sure not a resident, ophthal tech or ophthalmologist). Modules in TMS or PowerPoint done by Rex Ballinger

> Question: OD away for a conference, initially our leave was calculated in hours and made the productivity incorrect and now leave is taken into consideration.
> Answer: should be automatic between labor mapping and payroll, except for AA that stays b/c even though you are not in clinic you are conducting business for VA

Section/service chiefs are asked to do a monthly accounting of Clinical, Admin, Research, Teaching, hours worked per month, percentage of time spent in each category and get linked to stop code of your clinic and then gets drilled down to the Productivity Cube. If changes occur throughout to meet with business office to modify, example if doing more research or low vision or tbi. Follow with an audit to make sure it was done correctly.

Question: when looking at Labor Mapping, with respect to residents, are they not counted in the productivity, ex 2 residents, listed as staff but their productivity is not counted?
Answer: staff attending is listed as primary, person class for the resident needs to be correct so it doesn't look like a staff member without productivity. Pay attention at the end of the resident year and beginning to make sure it is mapped correctly. Workload is assigned to attending.

Question: are residents included in the productivity cube: if they look at the number or hours?
Answer: so 2 residents would equal one staff optometrists when factoring resource planning (f/u with productivity work group for absolute clarification)

Productivity Data Cube: clinics must be set up correctly, everyone working out of the correct stop code, modules in TMS on data cube, the info comes out in the form of SPARQ data (person class audit, SPARQ data). Assists in analysis of supply and demand when trying to increase efficiency. Need it to look at clinic supply/demand , especially to support data needed to send patients to the community

Contribution from Conference Call attendee:

Provider Workload Report - VISTA, tce clinical report, provider encounter count report, run for any period of time and below the provider name with the person class code listed below the name

Can't correct workload going backwards

VHA Support Service Center (VSSC) products: Person class audit, SPARQ data, patients sent to NVCC

- Can drill down by visn, facility, or by site

Link to VSSC: http://vssc.med.va.gov/

Coding and billing changes: what you are doing in clinic and where you do it goes into the Productivity Data cube

RVU's different for VA vs medicare: modules on this

Different sites use different encounter forms - some use local, some use the national eye, using the national eye form is recommended from 2013, put in place in anticipation of icd-10, need to be familiar with icd-10, complexity of patient used in the RVU measurement, for example if you spend a lot of time in TBI, low vision or research but leadership may not understand why you spend a lot of time with a patient in tbi vs a regular exam.

Re-cap of mission/goals: how can we get more patients in, be more efficient? Must start with the fundamentals before trying to add staff or clinic space. You must be familiar with documents that include clinical support staff.

This work group right now is specifically for the Optometry Service but info learned should be shared with other workgroups from admin

Question: 92xxx series or 99xxx series for coding, is the RVU weighted more heavy for the 99xxx series,
Answer: yes but will defer to dr ballinger work group for more details

Summary: Make sure you can run a report monthly on monitoring work load on your clinics and the next call will be January 28,2015. We will be taking requests on topic discussion.