VA OPTOMETRY SERVICE
VETERAN ACCESS TO CARE WORKGROUP CONFERENCE CALL
February 24, 2016

DIRECT SCHEDULING

- Currently being rolled out in VISNs 1, 8, 9, and 23
- Toolkit due to be released at end of this month
- Eliminating the need for a consult to be generated in order for a patient to be scheduled into the Eye Clinic.
- This is not same day or walk-in scheduling for routine care only a different process for patient to obtain care and how the appointment is made.
- From pilot sites:
  - Mountain home eliminated consult(s) and has no consult at all
  - Bay Pines and Orlando continue to utilize a consult to track disease and track urgency but do not use a consult for "routine" eye examinations.

1. Consult: may still be utilized based on local decision in order to track cases of urgency (stat) or disease (plaquenil, glaucoma, DM)

2. Some care sites may want to explore a "Flagged Order" system instead of a consult in order to schedule patients
   - see attachment for power point from Mountain Home

Flagging the Order 2016.ppsx

   - May not work for large facilities
   - May be interesting idea for CBOCs and smaller facilities for scheduling "routine" care outside of Eye Clinic

CLINIC ACCESS

1. Supply and Demand Analysis:
   - Count the number of slots per week for routine exams. Do not count low vision, tbi, contact lens, or c&p slots
   - Add or average the number of consults you receive for routine exams per week

     This is your supply and demand (take into account snow birds etc, cycle or pattern of consult submissions). Work with your AO or HAS to pull past data to help determine this number.

2. CUSS reports to review clinic utilization
   - Adjust those clinics that are infrequently utilized (ex, too many low vision slots etc.) and re-distribute to another clinic in need of coverage.

3. Create “routine” grid that matches your demand
    - Reduce the number of appointment types (ex: too many: full, short, refract), hvf, c&p, teleretinal, difficult for HAS to schedule correctly.
        - — More choices can increase the chance of a scheduling error
        - — Watch variable length appointments
        - — Restrict scheduling access into specific grids in this case the “routine” exam grid only
    - routine grid and consult grid
        - — Consult grid for disease state monitoring and acute, urgent, emergent, stat requests.
    - do not eliminate your low vision, tbi or c&p grids, each of these has it’s stop code that is very important when demonstrating the productivity of your clinic and your providers
        - — Monitor use of slots for scheduling errors and utilization of slots to balance supply and demand
    - Restrict scheduling access to routine only clinic for non-Eye Clinic HAS staff

4. Central scheduling phone number
    - Creation of “call center” to handle the inbound calls or if you already have an existing telecare clinic that can take on the load

      Dedicated direct scheduling telephone line

      You can grant Primary Care HAS access to schedule into certain clinics so instead of the pcp having to place a consult they just say stop by the check out desk and the patient gets scheduled

ROLL OUT PROCESS

1. Involve leadership (Chief of HAS, Primary care, COS, Director)
2. Determine roll out date and stick to it-all parties are accountable
    a. Call center established, direct scheduling phone number, clinical application coordinators have removed the routine consult option from primary care menus, triage lines set up non-routine calls
        - — create pop up when consult is ordered to reminder ordering provider of when the consult should actually be utilized i.e. “do not use this consult for routine requests”
        - — Qualified technicians, nurses, providers can assist with answering/triaging when appointment to be made becomes “non-routine” ie. Patient states they are having a challenge of some sort and not just requesting vision check and/or eyeglasses
        - — Consider “phase in” roll out example eliminating “routine” consult first and then consider how and when the actual consult will be utilized or if it can be eliminated in all scenarios

3. Office of public affairs or designee
    a. Targeted communications to various employee groups regarding direct scheduling process (FACT SHEET)
    Sample fact sheet from White River Junction:

WRJ Fact Sheet
Direct Scheduling Pilot

    b. Update all patient appointment cards reminders with message about direct scheduling, web site, information slide for electronic bulletin boards, info sheet at the primary care check in desk

LESSONS LEARNED FROM PILOT SITES

1. Bay Pines
    - perception direct scheduling synonymous with same day care
    - involve Public Affairs very early on in order to reach key stakeholders
    - Patient satisfaction increased
    - Access decreased

2. Orlando
    - telephone triage team staffed with nurses

3. White River Junction
    - Challenges with PCP abandoning consult even for complex or urgent eye issues
    - patient self-referring for medical issues not ophthalmic in nature
    - Satisfaction increased
    - Less steps to schedule appointment but challenging to develop triage tool if call is perceived to be for a “routine” appointment and the HAS needs to reach out to clinical staff
    - Faced with appointments being made for replacement eyeglasses
    - Reduced RVUs since consult code is not utilized when encountering visit activity
    - Tracking demand since consults not being used

WRJ Fact Sheet
Direct Scheduling Pilot

VSSC REPORTS

- Still found on VSSC website but different reports can be generated compared to when topic was discussed about a year ago.
- VSSC reports can assist in tracking patient influx and managing demand. It can also help balance "New" patient vs. "Established" patient appointment supplies.

Link: http://vssc.med.va.gov/products.asp?PgmArea=12

- Using this link will take you to reports related to Wait Times and Wait Lists
- Use radio button to choose what type of information you would like to review. Your facility administration will likely present you with information in the EWL & Pending Appointments Reports so become familiar with the types of information found here.
- Click on Pending Appointments Reports. You will need to change parameters down to region, station number, stop code. You can also customize reports to break down "New" vs. "Established" patients and how long the reported wait times are i.e. less than 14 days, 14 to 30 days, 30 to 60 days, etc.
- This area will not give you the ability to drill down to specific patient. Another type of access would need to be endorsed by facility and regional leadership to receive patient details.

COMMENT FROM CALLER(s)

1. Melissa - Marion IL
   - Site has launched direct scheduling
   - Has direct line in Call Center staffed by HSAs, nursing, and pharmacy techs
   - Site has requested dedicated HSA staff for eye appointments
   - Recommending LPN, RN, or other clinical staff member that has eye related knowledge or can be trained specific to eye to facilitate appointment accuracy

NOTES

- Please feel free to email questions to Drs. Cantrell and Varanelli especially once you have reviewed newer link and reports to VSSC data, along with launch of Direct Scheduling Toolkit

Next call is scheduled for Wednesday March 23, 2016 at 1:00 PM