

VA OPTOMETRY SERVICE
VETERAN ACCESS TO CARE WORKGROUP CONFERENCE CALL

March 23, 2016 1:00 pm Eastern Time

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

I. Minutes from last call February 24, 2016



Minutes 022416.docx

- Minutes from previous calls are also posted to NAVAIO website

II. Implementation of Direct Scheduling for Audiology and Optometry

To prepare for implementation please ensure your current practices are accurate such as:

- Review current grids for accuracy
- Review Clinic Utilization
- Review Person Class
- Review Labor Mapping for accuracy

VISN and facility leadership initiated roll out

- Type of facilitation will be based on facility and VISN understanding of LEAN/LMS (Lean Management Systems) principles.
 - Facilitation may be Independent, Virtual, or Face-to-Face.
 - Will be led by myVA Improvement Team.
- What to do if your facility wants to proceed ahead of schedule
 - Send message to Dr. Townsend and cc Ms. Gernhart as to your facilities interest and you may want to include the motivation for your facility.
 - Roll out is being monitored carefully with new data products which will illustrate changes in your processes such as a sudden decrease in the number of consults, drifts in wait time, change to supply of appointment slots, etc.

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

Recorded webinars:

<http://vhaindwebsim.v11.med.va.gov/hub2/atc/strategies/content/direct-scheduling/videos.html>

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

IV. Questions or Comments from Sites and Call Participants

Q: Are there any staffing changes/recommendations being made anticipating the roll out of Direct Scheduling?

A: Group was advised to look at Clinic Capacity and Efficiency Reports and reference Eye Care Handbook and CBOC Staffing recommendations.

Not aware of additional resources at this time.

Participant commented that pilot sites did note an increase in the number of appointment in need of scheduling so Scheduler Staff and their supervisors should be included in preparation.

Q: What is the definition of "Direct Scheduling"?

A: Direct Scheduling refers to the Veteran being able to schedule a "routine" appointment without the requirement of a consult submitted by the Primary Care Provider. Currently as part of the myVA Plan, Audiology and Optometry are the two services that will be implementing Direct Scheduling. Depending on the facility and VISN, consults may still be utilized and would need defined parameters such as for: acute care, trauma, inpatient care, high risk medication use.

E-mailed Q: Is the intent of Direct Scheduling to offer "walk-in" service?

E-mailed A: The intent is not to create a walk-in clinic to fill appointment slots until marketing infrastructure has proved successful you may take same day add-ons to the "routine" appointment schedule. Unused appointment slots create "Missed Opportunities" and would show poor utilization in this new type of clinic. Another suggestion would be to have a number of slots that would meet minimum productivity standards (depending on support staff) and then plan to overbook a certain number of walk ins each day that could compensate for patients that cancel or no-show each day if there is historic information on Eye Clinic schedules.

Comment: We had a participant on our call today that also receives information from the National Audiology Service given the participant's facility section alignment. Consider partnering ahead of time with your facility Audiology Section. Any information shared by the National Audiology Service will be shared by one of our work group participants.

Next call April 27, 2016 1:00 pm Eastern Time

- Please review the webinars in preparation of the call.
- If additional information is sent to us ahead of time it will be distributed to the group.