VA OPTOMETRY SERVICE
VETERAN ACCESS TO CARE WORKGROUP CONFERENCE CALL

April 22, 2015 1:00 pm Eastern Time

Minutes: minutes are delayed d/t archive issues in Dr Varanelli's region, highlights looked at admin page and resources available (policies procedures, labor mapping, coding/billing), info on RVU's on the optometry service admin page. The minutes will include the hyperlinks

Topic for today: capacity reports and SPARQ data
1. click on the hyperlink which takes you to the office of productivity and efficiency and staffing
2. Once on the OPES website scroll down the page to other products and capacity report located there, click into it. You can customize report based on fiscal year, drill to facility by VISN then station number, can get workload on your stop codes, how much staffing is being reported, especially if your responsible for your labor mapping. You need to check if it is correct but remember the data only goes through third pay period of this year so it lags behind.

Capacity report: choose fiscal year 2015, drill down to your VISN then station number, click on specialty to make sure if someone vacates they aren't still being counted, can export to a table or save as a file, export to excel to, does include which quadrant you're in for the SPARQ data

First tab on the left: physician capacity, see all the RVU's and adjusted workload, document your clinical workload and back out your education and research, some glitches with leave especially extended leave, the earnings and leave system not talking to SPARQ. So you could have 40 hours mapped but no workload, not sure right now how often it will be reported out

Look at the next tab at the top of reports: click on support staff, going to pay period 3, tells you your admin and clinical staff report ratio then tells you which quadrant on SPARQ data you are in

Scroll all the way over on the report: column for suggestion of how many more staff you need for your workload and can find guidelines for these staffing ratios in the eye care handbook and pact handbook, these tools help give suggestions with the data on how much you might need

Click on physician staff: how much FTE you have, suggestion of possible needed FTE, lot of zeros b/c a lot of specialties don't have guidelines issued to the field

Go to the top of the capacity report, on physician capacity, look at data definitions and links given with definitions for how they come up with the data and when it was updated last and the reason why something was included or revised. Look at the hyperlinks for answering questions, currently a lot of emphasis on RVU's (helps to identify within the medical center if one area has too many staff and understaffed in another area)

4 things that keep being discussed
1. Labor mapping: has to be monitored on a regular basis by the section chief, for example expiration date on the person class, look at it monthly won't retroactively amend labor mapping or RVU's (example a staff doctor could be changed back to resident if one previously)

2. Coding and billing: historically didn't have to worry about it b/c we didn't bill third party etc, now it is very important and coding properly and documentation to support, great presentation on the optometry home page by the workgroup
3. Staffing ratio: especially now in the accelerated care initiative, important to impress on leadership that the ratio needs to be maintained when requesting resources so everyone can function at highest effectiveness
4. ICD-10: resource to understand coding at the highest level, doing review of systems very important, patient education, goals of the patient captured on the encounter, make sure we are detail orientated.

Capacity report helpful to look and compare to other facilities that are getting more credit for a procedure done in O.R. that is also being done the clinic

Need to understand the data not just from requesting more staff but also being able to explained how you compare to another facility and RVU's especially watch extended leave like 3 months for FMLA.

Questions:

1. Discussion on building clinics with resident/student to staff vs tech's, was recommended by dr v and c to build clinics according to staffing ratios recommend in VHA Eye care handbook and only rely on resident/student as last resort given resident/student positions could go unfilled at times

2. Need link to staffing guidelines: click into admin home page for optometry then on the intranet home page the column on left side of the admin page, look for the eye clinic pact model for CBOC's staffing or look in the VHA eye care handbook or the optometry service directly has ACI suggestions for clinic and admin support

Please e-mail with future requests for topic suggestions:

The next call is scheduled for May 27th, 2015 1:00pm but it is open to move the time if it is more convenient to the majority to do it later in the afternoon or lunch time but we are trying to accommodate all the different time zones