

VA OPTOMETRY SERVICE
VETERAN ACCESS TO CARE WORKGROUP CONFERENCE CALL

April 27, 2016 1:00 pm Eastern Time

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

I. Memorandum from Central Office: Audiology and Optometry Direct scheduling Implementation Update



04192016 --
Audiology and Optorr

Non emergent care can be obtained without the patient being required to obtain a consult through Primary Care.

3 pilot sites – Bay Pines, Mountain Home, White River Junction.

Improve patient and employee experiences by not requiring the use of the consult for highly utilized specialties of Audiology and Optometry.

Goal is to improve Wait Time by removing barrier of need for consult to obtain “routine” care which increases the number of days between date care is requested to date the patient receives an appointment; however if an access problem exists prior to implementation it will persist after implementation.

By December 2016 all sites with Audiology and Optometry services will have implemented Direct Scheduling.

Criteria for self-implementation:

1. Need access to the Access to Care (AtC) Hub and review:
 - Playbook
 - Process/problem solving map (called an A3 in LEAN language).
 - Webinars (link was share with Work Group on last call and in also in the minutes from the last call).
2. Inform myVA Team of Rapid Process Improvement Workshop (RPIW) date.
3. Flow map Future State and enter into Project Site on AtC Hub.
4. Align Future State with Direct Scheduling Implementation criteria.
5. Provide Implementation Plan, including start date, and enter into Project Site on AtC Hub.

6. Give updates at 30/60/90 days from Implementation Date and post to AtC Hub.
7. Capture results as outlined in the A3 box 8 to ensure consistency with national implementation.

LEAN/Systems Redesign language and strategies are utilized within implementation.

Bay Pines completed RPIW within 3 days but it could be done in 1.5 to 2

If a myVA Team is assigned to your facility they will coach you through process but it would be good to become familiar with the materials in advance.

II. Review of the VHA Access to Care initiative Integrated Operations HUB (the direct scheduling tool kit)

<http://vhaindwebsim.v11.med.va.gov/hub2/atc/initiatives.html>

Site has valuable background information and also is where Webinars can be found.

Overview of A3 process.

Important to use Systems Redesign Team – if not available may need to wait until myVA Team is on site for implementation.

III. Link to a Direct scheduling facility communication plan matrix

<https://vaww.visn10.portal.va.gov/sites/VERC/va-case/ve-tap/aims/HubLibrary/atc/records/direct-scheduling/Direct-Scheduling-Facility-Communications-Plan-Matrix.docx>

Pre-implementation meetings with ACOS for Primary Care, along with all Primary Care providers and Chief of Staff, can assist with successful implementation.

Public Affairs Officer involvement valuable especially for message to reach patients.

IV. Questions or Comments from Sites and Call Participants

Q: My facility seems to be interchanging the terms Same Day appointment vs. Direct Scheduling. What should our clinic expect from implementation?

A: Direct Scheduling means a consult is not required for a patient to schedule a “routine” appointment on their own. Not following a consult scheduling process can decrease the number of days a patient waits to receive care. It does not mean all patients are seen on a “walk-in” basis.

Q: How is decrease demand on Primary Care measured?

A: Specific information can be obtained from VERC as studies have been done to highlight the burden placed on Primary Care Providers managing reminders and consults for panel patients.

Q: What strategies can be used or are recommended for Primary Care to understand what is being offered (timely appointment vs. accepting each patient that just walks in)?

A: - Education provided during roll out
- ACOS and COS support
- Care Collaboration Agreement details
- Marketing materials for providers and patients
- Emphasizing proper use of consult and what situations consults must be utilized when revising Care Collaboration Agreements and when roll out is discussed with Primary Care.

Q: My facility already is scheduled for VERC/myVA Team members to come. Should I enter information ahead of time into AtC Hub or wait until team arrives?

A: For this situation it will be great to have awareness of the resources available within the AtC Hub. It would likely be best to have the teams coach you through the process since it will take time for you to review the information on your own and they are the pros!

Q: How can visit be arranged ahead of time?

A: The regions/VISN arrange for the visit and not each site. You can check with your Administrative Officers in your chain of command to see if a visit is already scheduled. If there is uncertainty as to when the visit may be taking place you can contact: Jessica Varone

Program Specialist

Veterans Engineering Resource Center (VERC)

jessica.varone@va.gov

(412) 822-3809

Q: A site had mentioned they use a Flagged Order vs. use of consult. Is this a possibility for other sites to use during implementation?

A: Flagged Order sites may only be successful in specific setting/sites. It is dependent upon the individual that the order is flagged to address the need for care.

Q: In what circumstances should the consult still be utilized?

A: You may elect to use the consult for high risk medication patients, acute/urgent care, trauma, etc. There will still be a diabetic eye reminder for the patients that can be satisfied with teleretinal imaging if the patient is a candidate or a face to face visit. The open reminder is a prompt for Primary Care to notify the patient the care is needed.

Q: Is it possible to drill down to individual provider productivity in the Productivity Data Cube?

A: To our knowledge only a specific number of individuals per facility have the ability to drill down to provider specific data.
There are some updates on the OPES website regarding workload expectations and ranges. It may be a good topic to explore on the next call.

Q: How should a Care Collaboration Agreement be structured with the implementation of Direct Scheduling?

A: The Eye Care Handbook and the Eyeglass Directive will be under review. Dr. Varanelli will check with Dr. Townsend regarding this question to see if new templates/recommendations will be sent to the field.

Next call May 25, 2016 1:00 pm Eastern Time