

Department of  
Veterans Affairs

# Memorandum

Date: JAN 24 2020

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: Provider Productivity Performance Annual Review (VIEWS #02316369)

To: Veterans Integrated Service Network (VISN) Directors (10N1-23)

1. The purpose of this memorandum is to outline actions required by VISN and Medical Center Directors to ensure that annual productivity assessment occurs and that any specialty group practice not meeting the minimum standard submits a remediation plan. The Veterans Health Administration (VHA) is committed to ensuring staffing levels for a productive workforce, providing ready access to high-quality specialty care. The [Specialty Productivity, Access Report and Quadrant \(SPARQ\) tool](#) challenges specialty practices to achieve this balance of ready access and high productivity.

2. In accordance with [VHA Directive 1065: Productivity and Staffing Guidance for Specialty Provider Group Practice](#), facilities are required to undertake the annual Specialty Provider productivity review. If a specialty practice productivity level falls below the minimum productivity target for its specialty and peer comparison group, this requires a [Facility Mandatory Review](#) (color-coded in red). Facility clinical leaders will work with the specialty to develop a remediation plan. Details supporting your findings and remediation plan should be maintained in the event you are asked to submit such information to support future audits and/or review. The remediation plan should be forwarded through the Medical Center Director to the VISN for review and concurrence. For all related questions, please contact the Office of Productivity, Efficiency and Staffing (OPES) at [OPES Help Desk](#).

3. The report links below are provided to assist in the review process:

- a. [Productivity Standards Outlier Review Report](#). Provides a comprehensive assessment of fiscal year 2019 annual productivity to that of the [Standards](#) for all specialties. Any practice that falls below the 25<sup>th</sup> percentile of the productivity standard, or above the 75<sup>th</sup> percentile for its comparison group (color-coded in yellow) must undergo a local review that addresses data inputs as identified in paragraph 5 below. Please note that practices with productivity in excess of the 75<sup>th</sup> percentile, after validation for accuracy, may well represent a “best practice.”
- b. Specific actions are required for practices failing to meet the minimum productivity target, and are specifically identified in the [Facility Mandatory Review](#) report. This report displays a facility’s total count of specialty practices with provider productivity and the count/percentage of those specialty practices that require remediation plans (practice productivity is less than the Median – 1.25 Standard Deviation of the applicable peer group).

## Provider Productivity Performance Annual Review

- c. Results oriented [Remediation Tracking](#) report provides a trend of facility specialty practices that have been observed to be in a low productivity status in prior years and allows managers to determine the success of their remediation efforts.
4. This review should, at a minimum, include the following:
    - a. Validation of provider productivity data elements to include Labor Mapping and Person Class Assignment. See [Step 1 Provider Productivity - Foundational Business Practices](#)
    - b. Workload (encounters and coded data) are correct and there are active processes at the local level to ensure the accuracy and integrity of encounter workload.
    - c. For practices identified as not achieving minimum productivity targets, development of a remediation plan that outlines the strategies the local facility will initiate to assist the practice to become more productive.

For more information regarding the Annual Performance Review process please refer to the OPES [Prime Your Practice](#) website

5. OPES will hold education and training teleconferences with the first call to be held on Tuesday, January 28, 2020, at 2 p.m., Eastern Standard Time (EST) and again on Thursday, February 6, 2020, at 2 p.m., EST. Call-in information is posted on the [Prime Your Practice](#) SharePoint site. [Join Skype Meeting](#) or by phone at: 844-376-0278, 844-815-1331 or 844-770-5400 – Conference ID 448293984#.
6. To ensure VHA monitors productivity performance, each VISN Director is asked to upload a signed version of the attestation memorandum template (**See Attachment**) to the OPES Specialty Practice Management SharePoint at [Prime Your Practice](#). The Attestation memoranda and Remediation Plan from each VISN will be due to the OPES [Prime Your Practice](#) website **no later than February 14, 2020**.
7. If you need further information regarding this review, please contact Dr. Carter Mecher, Senior Medical Advisor, by email at [carter.mecher@va.gov](mailto:carter.mecher@va.gov) or Ms. Eileen Moran, Director, OPES, at [eileen.moran@va.gov](mailto:eileen.moran@va.gov).

  
Renee Oshinski

Attachment

**Department of  
Veterans Affairs**

# Memorandum

Date:  
From: Veterans Integrated Service Network Director (10N-XX)  
Subj: Specialty Provider Productivity Performance Annual Review  
To: Deputy Under Secretary for Health for Operations and Management (10N)

1. This memorandum certifies that VISN XX and all associated Medical Centers conducted an annual assessment of specialty provider productivity data. In accordance with applicable directives source data were reviewed (labor mapping, person class, encounter and coding practices) and, if applicable, corrective actions taken. Local processes have been established for the ongoing review of source data integrity.

2. Detailed supporting documentation of our remediation plans are being maintained in the event of future audits and/or reviews. Remediation plans have been developed for the following:

Facility	Specialty

Network Director (signature)

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