

Attachment C: COVID-19 Related Consults and RTC Orders Management Including Community Care Requirements Around Wait Time Eligibility

The Office of Veterans Access to Care (OVAC) and the Office of Community Care (OCC) have partnered to provide the below consult and appointment scheduling guidance post COVID-19 surge and is to be followed as VA Medical Centers (VAMCs) activate their Moving Forward Plan (MFP).

Interim guidance allows for the Patient Indicated Date (PID) to be updated, based on clinical review, in both Consults and RTC Orders post COVID-19 surge if the scheduling of the appointment was impacted by COVID19. This is an exception to the current guidance as outlined in VHA Directives 1230 (2), Scheduling Processes and Procedures and 1232(2), Consult Processes and Procedures.

Each medical center service must have a documented plan on the clinical review and communication strategy of how and when schedulers are to appoint Veterans as the facility moves forward. The updated PID must be documented in CPRS, by a clinical staff member following the guidance outlined below, in order to be used for community care wait time eligibility determination.

Community care wait time eligibility criteria for consults and RTC orders impacted by COVID19 are outlined below.

1. When VAMCs activate their MFP and schedule Veterans for new and established VA appointments, the below wait time community care eligibility criteria apply. Note documentation requirements are outlined in #3 below.
 - a. Consults:
 - i. A Veteran is eligible for community care under the Wait Time Standard (WTS) if:
 - The clinician reviews a consult whose appointment was originally cancelled or not scheduled due to COVID-19 AND assigns/documents an updated patient indicated date (PID). If the new PID is within 20/28 days of the original file entry date of the consult AND a VA appointment cannot be scheduled within the WTS, the Veteran is eligible for community care.
 - The consult PID was not updated or the updated PID was not documented AND the original PID was within the community care WTS and there is no VA appointment availability within 20/28 days of the consult file entry date.

- ii. A Veteran is not wait time eligible for community care if:
 - A new PID is assigned and it is outside 20/28 days of the consult file entry date.
 - A new PID was not assigned and the original PID was outside of 20/28 days of the consult file entry date.
- b. Unscheduled RTC Orders or cancelled follow-up appointments:
 - i. A Veteran is wait time eligible when scheduling/rescheduling the appointment if:
 - The appointment was cancelled by clinic or the RTC order was not scheduled, the original PID was within 20/28 days of the create date of the order, there is no appointment available WTS, AND there is no documented evidence of an updated PID or new RTC order.
 - The provider submits a new RTC order or documents a new PID in CPRS for a previously cancelled appointment, the PID is within 20/28 days of the create date of the order, AND there is no VA appointment availability within community care WTS.
 - A Veteran is not wait time eligible when scheduling/rescheduling the appointment if:
 - The appointment was cancelled by clinic or the RTC order was not scheduled, the original PID is outside 20/28 days of the RTC order create date AND there is no evidence of a documented updated PID or new RTC order.
 - The provider submits a new RTC order or documents a new PID in CPRS for a previously cancelled appointment, the PID is outside 20/28 days of the RTC order create date.
 - The provider submits a new RTC order or documents a new PID in CPRS for a previously cancelled appointment, the PID is within 20/28 days of the RTC order create date AND there is VA appointment availability within community care WTS.

2. Additional guidance on the above process can be found in chapter 6, section 6A of the Office of Community Care Field Guidebook.

<https://dvagov.sharepoint.com/sites/VHAOCC/CNM/CI/OCCFGB/SitePages/FGB.aspx>

3. Implementation of the MFP will vary across the medical centers. Each facility must have a documented plan for the review and scheduling/rescheduling of Veterans in each service. Following clinical review, communication of the PID to be used in scheduling/rescheduling an appointment may be accomplished in one or two methods as documented in the individual service plan:

- a. PID documented in the medical record:
 - i. Consults: Via the consult toolbox (recommended) or in the consult comments
 - ii. RTC: New RTC order entered by the provider
 - iii. PID verbally communicated: Updated PID is communicated verbally from the provider to the scheduler and documented by scheduling staff in the appointment comments.
- b. Note that community care wait time eligibility is dependent the providers' documented PID in the medical record. In the absence of a documented updated PID, wait time eligibility is based on the original PID.

4. The interim guidance outlined in this memorandum specifically allows for the PID to be updated in both Consults and RTC Orders following clinical review and provides flexibility in communication of the updated PID as outlined in #3. This is an exception to the current guidance as outlined in VHA Directive 1232(2), Consult Processes and Procedures.

- a. Consults:
 - i. All Consults related to COVID-19 are strongly encouraged to have an updated PID in addition to the priority group assignment documented by the receiving clinical team member to align with the Veteran safety principals as outlined in the MFP. Each COVID-19-related consult request should be reviewed for clinical appropriateness and safety, regardless of the file entry date and original PID.
 - ii. Updated PIDs are to be documented in the scheduling instructions field of the Consult Toolbox COVID-19 tab options or Consult Comments.

- iii. Consults with a PID updated and documented in the consult are scheduled using VistA Scheduling (not VS GUI) in order to capture the most current PID.
 - iv. If there is no documented evidence of a new PID, the original PID is used when rescheduling. The appointment is scheduled following verbal PID order of the provider or clinical designee. Scheduling staff will enter in the appointment comments: New PID (date), per clinician verbal order.
- b. RTC Orders and follow up appointments:
- i. In cases where the provider documents a new PID in CPRS, the updated PID is used when scheduling. The scheduler will notate in the appointment comments: New PID (date), per provider documentation. The impacted appointment request is to be rescheduled using VistA Scheduling (not VS GUI) in order to capture the most current PID.
 - ii. If there is no documented evidence of a new PID, the original PID is used when rescheduling. The appointment is scheduled in VS GUI following verbal PID order of the provider or clinical designee. Scheduling staff will enter: PID (date) per clinician verbal order.
 - iii. No changes in process occurs when a new RTC order is issued and the original order is cancelled.