

Scheduling Directive 1230

A Day in the Life of the MSA



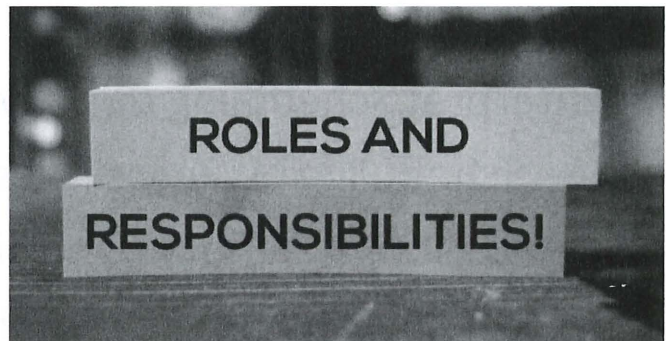
Objectives

Participants will identify the duties of the Medical Support Assistant (MSA) assigned to a service line with scheduling responsibilities.

- Interpret Scheduling directive 1230 for:
 - Scheduling business rules
 - Identify Scheduling Terminology and abbreviations
 - Understanding the Definitions

Topic Overview

- Role of the MSA
 - Appropriate Scheduling Actions
- Scheduling Directive 1230
 - Understanding the written process
- Scheduling Terminology

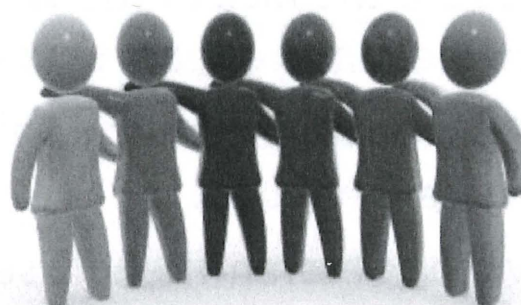


The Role of the MSA

- Medical Support Assistants are critical to the VHA mission of providing quality service to our Veterans.
- MSA's are the face of the VA. They are often the first members of the healthcare team that Veterans encounter.
- MSA's provide the critical link between the Veteran and access to the care needed.
- Providing Veteran-friendly service is essential.
- It is important to recognize the full scope of how MSA's are used at VA.

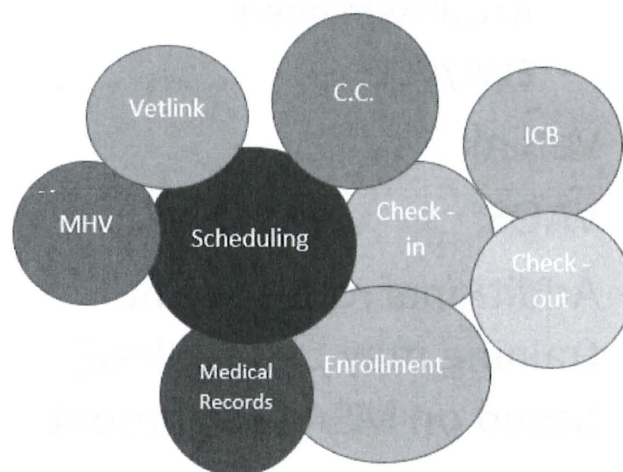
Possible MSA Assignments

- Eligibility and Enrollment
- Scheduling Call Center
- Emergency Department
- Beneficiary Travel
- Specialty Care Clinic
- Mental Health Clinic
- Same Day Surgery
- Primary Care Clinic
- Community Care



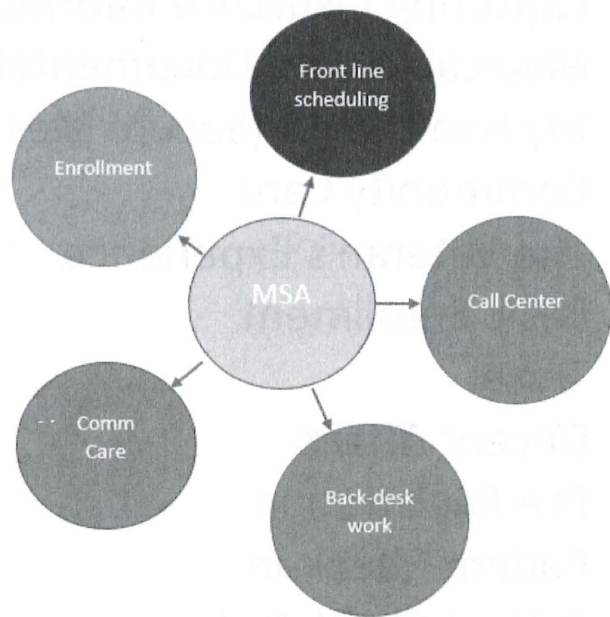
The Role of the MSA Training Topics

- Capturing Insurance Information (ICB)
- Medical Record Documentation
- My HealthVet (Secure Messaging)
- Community Care
- The Veteran's Experience
- Basic Enrollment
- Travel
- Decent Affairs
- Pre-Registration
- Patient Check-in
- Patient Check Out



The Role of the MSA Training Topics (cont.)

- Scheduling
 - Appointments
 - Consult Management
 - Recall Reminders
 - EWL/VCL
- Vetlink
- VAOS
- Additional role-specific training may be required, based on MSA assignment



Scheduling Policy – Background

VHA is committed to providing timely, high quality outpatient care for all enrolled Veterans

- This requires a sound scheduling system and business practices and processes
- The ability to create appointments that meet patient needs without undue waits or delays is essential to meeting this commitment.

Wait-Times



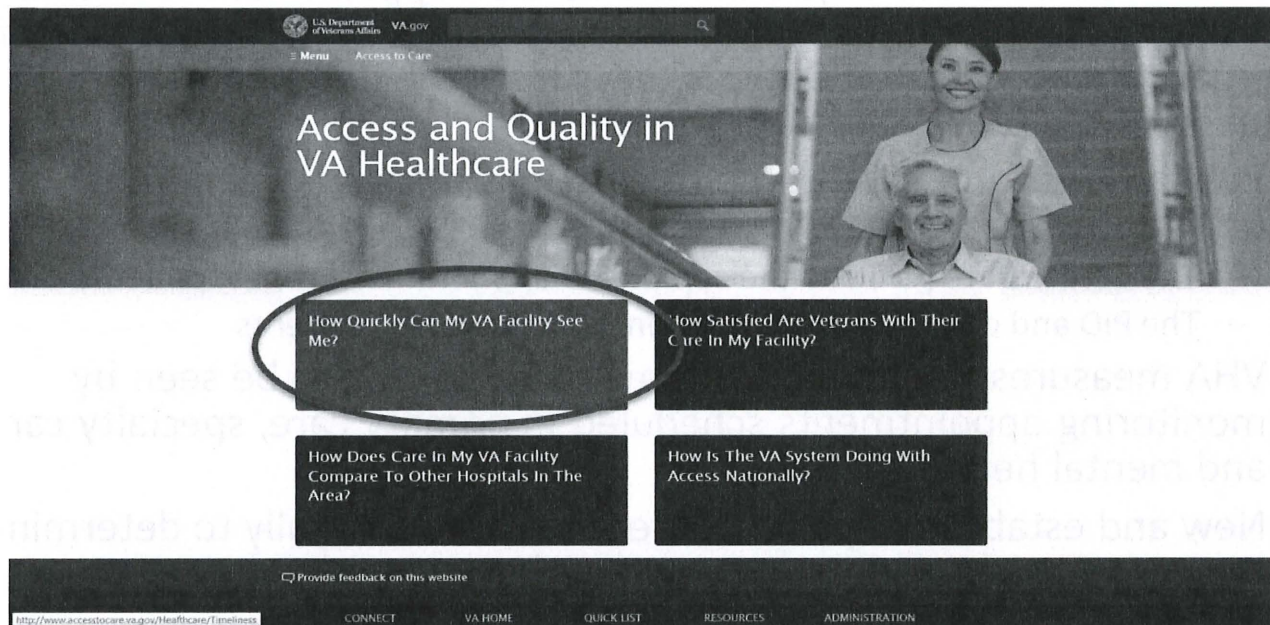
Scheduling – Measuring Wait Time

It is VHA policy that Veterans' appointments are scheduled timely, accurately, and consistently with the goal of scheduling appointments no more than 30 calendar days from the date an appointment is deemed clinically appropriate by a VA healthcare provider or in the absence of an internal Patient Indicated Date, 30 days from the date the Veteran requests outpatient healthcare service.

- Publically reported wait time calculations measure the number of days elapsed between two reference points:
 - The Create Date (CD) and the completed appointment for new patients
 - The PID and completed appointment for established patients
- VHA measures the amount of time patients wait to be seen by monitoring appointments scheduled in primary care, specialty care, and mental health clinics.
- New and established patients are surveyed nationally to determine if they received an appointment when they wanted.

Scheduling – Measuring Wait Times Con't.

- The wait time data provided to the public can be found at the Access and Quality in VA Healthcare website: <http://www.accesstocare.va.gov/>



Scheduling – Measuring Wait Times Con't.

U.S. Department of Veterans Affairs VA.gov

Menu Access to Care / Timeliness

Access and Quality in VA Healthcare

How Quickly Can My VA Facility See Me?

Access Times At Individual Facilities

How quickly can I be seen in my VA clinic?

Same-Day Services And Other Options At Facilities

Does my VA facility have same-day services or other options for healthcare?

CONNECT
Veterans Crisis Line
1-800-273-8255 (Press 1)

Social Media
Complete Directory

VA HOME
Notices
Privacy
FOIA
Regulations
Web Policies
No FEAR Act
Whistleblower Rights & Protections
Site Index
USA.gov
White House

QUICK LIST
Apply for Benefits
Apply for Health Care
Prescriptions
My Health/Vet eBenefits
Life Insurance Online Applications
VA Forms
State and Local Resources
Strat Plan FY 2014-2020
VA Plans, Budget, &

RESOURCES
Careers at VA
Veterans Employment Center
Returning Service Members
Vocational Rehabilitation & Employment
Homeless Veterans
Women Veterans
Minority Veterans
Plain Language
Surviving Spouses & Dependents

ADMINISTRATION
Veterans Health Administration
Veterans Benefits Administration
National Cemetery Administration

<http://www.accesstopw.va.gov/>

Viewing wait times

Location (zip, city/state, full address)

Clinic Type

Visit Type

Sort Results By

Radius

Average Wait Times
Last Updated 04/20/20 with 'PRIMARY CARE'
wait times for the last 30 days

Show Less

Facility Name	Average Wait Time
A. Anaconda VA Clinic 118 East 7th Street Anaconda, MT 59711 406-496-3000 Show A On Map	11 days <div></div>
B. Bozeman VA Clinic 300 North Willson Avenue Bozeman, MT 59715 406-582-5300 Show B On Map	10 days <div></div>
C. Cut Bank VA Clinic 8 Second Avenue Southeast Cut Bank, MT 59427 406-873-9047 Show C On Map	6 days <div></div>
D. David J. Thatcher VA	

How is this measured?

How Timely Is The Care Inside The VA System Right Now?

Veterans currently have over **11.4 MILLION** appointments scheduled.

- As identified the wait time inside the VA has been substantially reduced and Veterans are being seen well within VHA Guidelines.

91.3% (10,394,468) are scheduled for care within 30 days of the requested date.

8.8% (996,942) are scheduled for care after 30 days of the requested date.

< 1% of total scheduled are considered time sensitive *.

Data last updated Feb 27 2020 12:42PM

* How is this figure calculated?

Access To Specialty Care

- This has a direct impact on Veteran satisfaction and receiving the care they desire for a better quality of life.

How Quickly are Veterans Seeing a Specialist for Care Needed Right Away?

In December 2019, Veterans had **14689** referrals to a specialist for care needed right away.

97.9% (14,381) are resolved within 7 days.

99.7% (14,641) are resolved within 30 days.

Data last updated Feb 27 2020 12:42PM

* What do we mean by "referrals resolved"?

Service Connection

- Service Connection is a Veteran who has an illness or injury incurred in, or aggravated by, military service as adjudicated by the VBA.
- VHA is mandated to provide priority care for non-emergent outpatient medical services for any condition of a service-connected (SC) Veteran rated 50 percent or greater or for a Veteran's SC disability.

Priority Scheduling and Resources

- Priority scheduling of any SC Veteran must not impact the medical care of any other previously scheduled Veteran
- Emergent and urgent care will take precedence over a priority of service connection
- Consistent and efficient use of Veterans Health Information Systems and Technology Architecture (VistA) and VistA Scheduling Enhancement (VSE) in the scheduling of outpatient clinic appointments is critical
- Tracking and assessing the utilization and resource needs for specialty care also require use of the Computerized Patient Record System (CPRS) consult package

Terminology

**What's the meaning of this
word?**



Basic Scheduling Terminology

- **Appointment Management** – The menu in which you can perform multiple actions on one patient. This is your “Scheduling Menu.” Appropriate training is required prior to obtaining access to this menu.
- **Electronic Wait List (EWL)** – The EWL is the official wait list for VHA.
 - New patients (or established patients seen in the same clinic stop code grouping with a new problem) are scheduled an appointment up to 390 days in the future or placed on the clinical EWL if the appointment cannot be made.
- **Recall Reminder (RR)** – A menu within appointment management that is used to enter and edit future appointment needs. It is a holding place for established patients expected to schedule an appointment in the future, not an actual appointment.

More Scheduling Terminology

- **Patient Indicated Date (PID)**—the date the Veteran and/or provider request a future appointment.
 - PID includes two common scenarios:
 - Provider-ordered appointment requests and
 - Patient generated requests for care that arise from new patients or for established patients between planned appointments.
 - All business rules remain the same
 - Consult requests contain a field, currently labeled CID, that is established by the sending provider. In the scheduling process the scheduler is to use this field as the PID for an appointment related to this consult.
- **CID/Pt Preferred Date** – A field in the VistA scheduling application where the PID is entered.
- **Blind Scheduling** – Blind scheduling occurs when an appointment is scheduled without negotiating the date and time with the patient.
- **Blind Scheduling is Prohibited.**

More Scheduling Terminology

- **Return to Clinic Order** – A text order placed in CPRS by the provider. The scheduler uses the RTC order to obtain the follow-up/return appointment PID that is used to schedule the appointment or create a reminder to schedule.
- **National Return to Clinic Order** - is required for all VHA count clinics
- It standardizes the provider RTC order and automatically copies the PID from the order into the scheduling system.
- **Time Sensitive Appointments**-appointments that, in the clinical judgement of the provider, must occur on or before a certain date.
 - previously called priority appointments
 - When time sensitive appointments are made, the scheduler notes “#NLT#” in the comment field of the appointment.
 - Wait times for time sensitive appointments are measured and managed through their own set of reports.

More Scheduling Terminology

- **Cancelled by Clinic:** An appointment cancelled by the clinic and **not the patient**. When rescheduling the appointment, the scheduler must refer back to the original PID and negotiate the new appointment date/time with patient. Pre-set VistA reasons for cancelled by clinic are:
 - Appointment is no longer required
 - Clinic is cancelled
 - Clinic staffing
 - Other
 - Inpatient status
 - Patient Death
 - Patient Ineligible
 - Scheduling Conflict/Error
 - Transfer outpatient (OPT) care to other VA
 - Weather



More Scheduling Terminology

- **Cancelled by Patient:** Indicates the patient has requested a currently scheduled appointment be cancelled. If rescheduling, a new PID per the patient will be established.
- **New Patient Appointment:** An appointment for a patient that has either never been seen or has not been seen in that particular service (Stop code) in the past 24 months.
- **Established Patient Appointment:** Defined as an appointment for a patient that has been seen in that service (Stop code) within the last 24 months.
- **Late Arrival:** When a patient presents after their scheduled appointment time has passed, but before the end of the clinic session. These patients will be evaluated.
- **No-Show:** When a patient does not present for their scheduled appointment by the appointment start time. Schedulers should wait to enter no-shows until the end of the day.

More Scheduling Terminology

- **Count Clinic:** A clinic set up to transmit patient care encounter (PCE) workload. Count clinics meet the definition of an encounter or occasion of service.
- **Encounter:** A professional contact between a patient and a provider with responsibility for diagnosing, evaluating, and treating the patient's condition. Encounters occur in outpatient and inpatient settings.
- **Non-Count Clinic:** Clinic established for internal use only. This clinic does not meet the definition of an encounter or an occasion of service.
- **Occasion of Service:** Specified identifiable instance of technical or administrative service involving the care of a patient or consumer which is not an encounter and not requiring independent clinical judgement in the overall diagnosing, evaluating and treating the patient's condition(s). Formerly known as ancillary service.

More Scheduling Terminology

- **Emergent Care:** Care for a condition for which immediate treatment is required to prevent the loss of life or limb or is required to prevent the progression of a disease process that could lead to the loss of life.
- **Urgent Care:** Care for an acute medical illness or mental health need as well for minor injuries for which there is a pressing need for treatment to manage pain or prevent deterioration of a condition where delay might impair recovery.
- **Service-Connected Veteran:** Veteran who has an illness or injury incurred in, or aggravated by, military service as adjudicated by the Veterans Benefits Administration (VBA)
- **Non-Service Connected Veteran:** Veteran who does not have a VA adjudicated illness or injury incurred in, or aggravated by military service.

Scheduling and Rules



Patient-Centered Scheduling



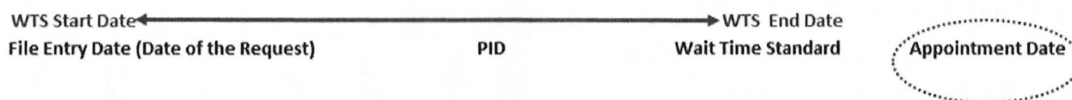
- Ask what each Veteran wants for urgent, routine, and follow up care, and seek Veteran feedback at the point of care early and often; engage Veterans in shared decision-making
- Provide Personalized, Proactive, Patient-Centered Care
- Engage the Veteran in the scheduling process and plans
- Provide a consistent, high-quality Veteran experience
- Include special attention to the needs of population groups including OEF/OIF/OND Veterans and Women Veterans

Scheduling Business Rules

- Schedule appointments immediately but no later than two business days after the request.
- Validate and update patient demographics at each appointment. This includes address, contact information, insurance, etc.
- Make future appointments based on the Patient Indicated Date (PID) entered by the provider in the Computerized Patient Record System (CPRS) order entry.

Community Care Wait Time Eligibility

- Veterans are eligible for care in the community when the appointment request file entry/create date AND the PID are within 20/28 days of each other AND there is no appointment availability
 - 20 days: Primary Care and Mental Health appointments
 - 28 days: Specialty Care appointments

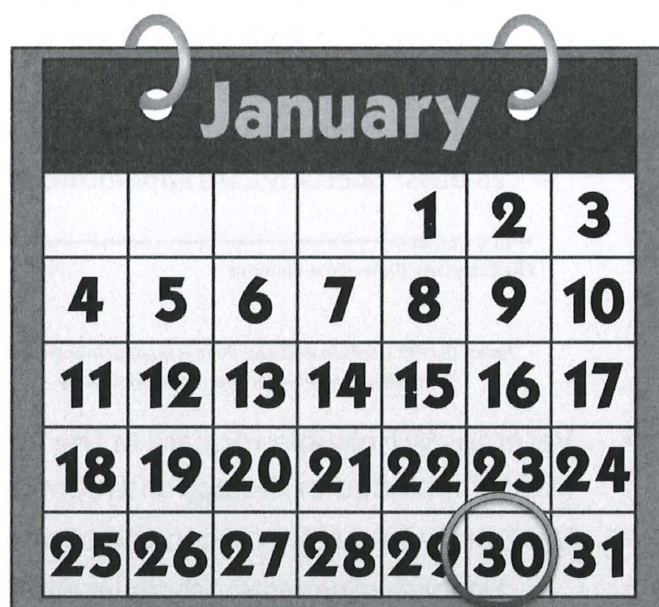


*Note: The PID is within WTS and there is no appointment available within the WTS
The patient is eligible for care in the community*

- Veterans WT eligible for care in the community who prefer VA care, are scheduled with #COO# included in the appointment comments field.
- Veterans who prefer care in the community are forwarded to the community care office
 - Established patients: Scheduler enters a VCCPE
 - New patients: Typically routed through the RCT

Making Appointments (cont.)

- If the Veteran wishes to make the appointment beyond 30 calendar days from the PID and the patient is not wait time eligible for community care (or declines Community Care) the scheduler should notify the ordering provider for approval to ensure appropriate clinical care and an adequate supply of medications.



Making Appointments

- At check out, complete the RTC order by offering to make the appointment “on the spot” using the PID
- Unless otherwise specified by provider, the PID date is defined to mean the patient can be scheduled within 30 calendar days of that PID date
 - Reminder - Community Care WT eligibly must be considered when scheduling the appointment first. When not WT eligible for community care (or patient opts out) and there is a > 30 day wait from the PID.
- Providers must enter the PID in the CPRS orders tab – No date ranges are permitted
- Schedulers must use the PID documented in CPRS orders to make future appointments



Making Appointments (cont.)

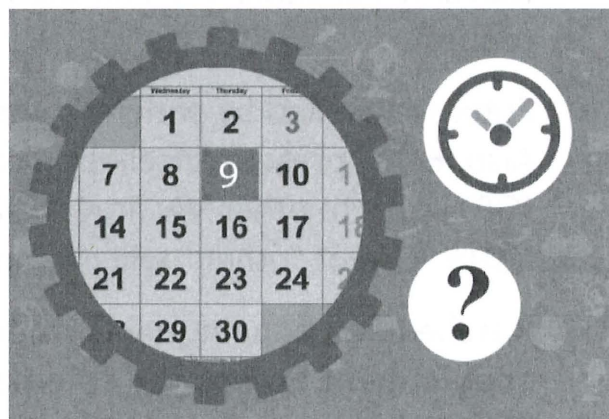
- Schedulers must transcribe the PID located in the CPRS order into the CID/Pt Preferred Date field of scheduling program or RR. Do not change the PID unless the patient cancels and reschedules the appointment.
- Schedule appointments for new or established patients, or for established patients requesting appointments using the Veteran's External Patient Indicated Date (PID) where no provider/patient agreed upon PID is available. Enter the PID in the (CID/Pt Preferred Date) field of scheduling tool.
- Schedule clinic appointments requested through an inpatient discharge event according to the provider's CPRS order entry. This order contains the PID.
- Walk-in appointments are entered into scheduling tool as unscheduled (UN)

Making Appointments (cont.)

- If a provider provides specific instructions that a patient must return on a specific date (not just a standard PID), schedule the RTC appointment exactly as directed. **NOTE:** If the clinic is full on the requested date, the scheduler must overbook the request.
- Enter “cancelled by patient” when a patient originates the cancellation request. Also, Enter preset cancellation reason: Death in family, Other, Transfer Outpatient (OPT) care to other VA; Travel difficulty, Unable to keep appointment, or Weather. **NOTE:** Use of “other” will prompt the system to ask for additional comment.
- Rescheduled appointments offered in advance of a previously scheduled appointment accepted by the patient should be made according to the External Patient Indicated Date (provided by the patient). In this case, select the “Other” cancellation reason and enter comments, “Earlier Appointment/Appt.” The new appointment date is entered as the new PID

Making Appointments (cont.)

- Schedule all patient appointments with the patient's input. **Do not blind schedule appointments.**
 - Document two contacts (one phone call and a contact letter) occurring on the same day via VistA scheduling comment field or electronic Progress Note template per local policy.
 - Monitor undeliverable and returned letters to the facility and document in patients, "Bad Address Indicator."
 - After 14 calendar days without patient's response to letter, provider enters a disposition of the appointment status in patient's record.
 - Scheduler enters this disposition in scheduling comment field. Remove from the reminder system or EWL, or respond to consult as appropriate.
 - Follow Mental Health requirements when attempting to contact the patient



Making Appointments (cont.)

- Search for availabilities in your clinic grids daily to identify open appointments resulting from patient cancellations or unscheduled appointments. Offer these open appointments to:
 - Patients on the EWL by Priority Level Groups 1-8, then by chronological date. Schedule if Veteran accepts the offered appointment date/time and remove patient from the respective EWL. If Veteran declines, assure individual of future contact for an appointment.
 - Patients with future appointments seeking an earlier appointment.
 - Same day consults, walk-ins.
- If patient requests a new appointment, cancel appointment “by patient,” make a new appointment with the patient’s new PID.
NOTE: Wait time is measured from the patient’s new PID and the original PID is cancelled.

Resources and Job Aids

- Memo, terms, and definitions:
 - VHA Directive 1230, Outpatient Scheduling Processes and Procedures; July 15, 2106
 - Amended 1/22/2020
 - VHA Directive 1231, Outpatient Clinic Practice Management, November 15,2016
 - Amended 3/10/2020

