U.S. Department of Veterans Affairs

Veterans Community Care Program (VCCP)
Vision and Implementation Plan
2021

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VA Vision for Community Care

Achieving personalized, integrated, and high-quality care for our Veterans

VA serves a unique mission, "To care for him who shall have borne the battle and for his widow, and his orphan." VHA seeks to honor that duty by providing exceptional healthcare through the nation's largest integrated healthcare system which includes hundreds of thousands of partnerships with federal, tribal, academic, and community providers. Key to this mission is providing Veterans and their families with access to timely, high-quality healthcare closer to home.

VA provides personalized, integrated, and high-quality services for our Veterans. In addition to high quality medical services provided in-house at VA medical facilities, VA also provides Veterans access to care from community providers through the Veterans Community Care Program (VCCP). This supplemental form of access is integrated with VA's in-house medical services, and VA acts as the central integrator that coordinates the Veteran's care. The consolidated community care program is easy to understand and simple to administer, and it meets the needs of Veterans and their families, community providers, and VA staff. Community services operate seamlessly with the services provided within VA medical facilities and assure high quality transitions of care as the Veteran utilizes both VA and community care.

Inherent to a consolidated community care program is a high-performing network of community providers that serves as a seamless extension of VA's own network of facilities. The VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (MISSION Act) provided authorities needed to implement VCCP. VA's implementation of the Cerner electronic medical record and its interoperability with the network of community providers is another step towards seamless integration of care leading to an overall enhanced experience for Veterans.

COMMUNITY CARE PROGRAM

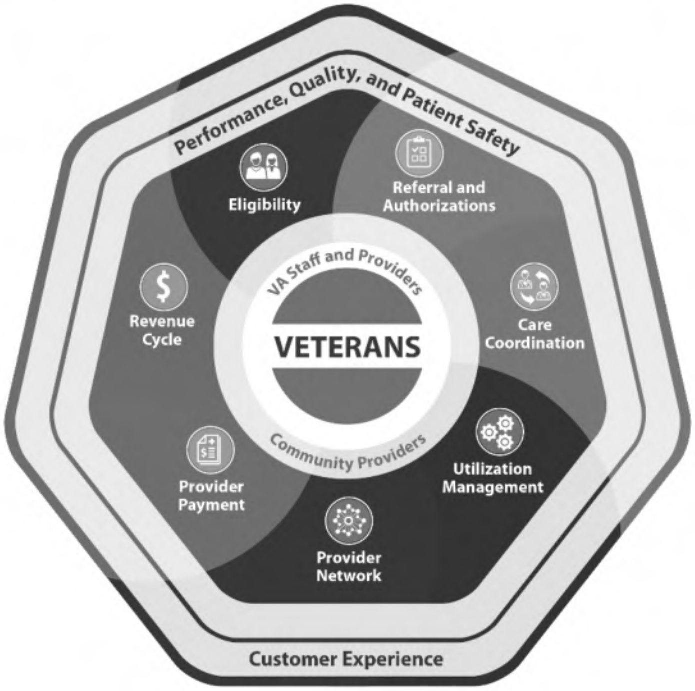
Performance, Quality, and Patient Safety
Eligibility
Referral and Authorizations
Revenue Cycle
VA Staff and Providers
VETERANS
Community Providers
Care Coordination
Utilization Management
Provider Payment
Provider Network
Customer Experience

Figure 1: The Community Care Program

The VHA Office of Community Care (OCC) developed regulations to implement the MISSION Act, along with policies, new business and IT solutions, and training for Veterans, staff, and providers. Additionally, OCC awarded contracts to furnish care in accordance with the vision for the VCCP. While fully launched, VA continues to optimize processes to increase the quality of care and service furnished to Veterans and their families through VCCP.

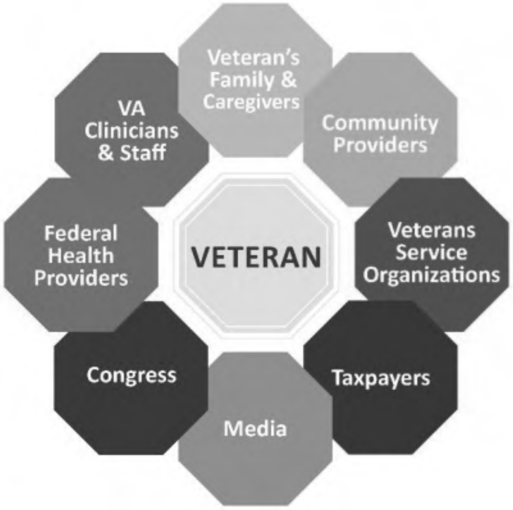

Figure 2: Stakeholders
With the Veteran at the center, stakeholders will experience ongoing improvements, increased customer service, and regular engagement as VA matures VCCP

To execute the future state vision and deliver impact for Veterans, community providers, and staff, OCC has developed a transformation model that links VA's vision with how it will achieve process, organization, technology, and information changes. Objectives across functional areas describe a measurable destination for each area and are paired with strategies and initiatives to achieve OCC's vision.

OCC Strategic Objectives and Solutions

Since 2016, OCC has been developing a model and achieving its strategic vision and objectives by transforming its processes, organization, and technology. Through continual evaluation, VA has made significant enhancements to further refine and mature the model over the years. Key components of VCCP described in this report are focus areas for improvements that will allow VA to best meet the needs of Veterans and their families, community providers, and VA staff. In-line with OCC's increasing need for data and health information, the Clinical Health Information Office (CHIO) was added as a new Executive Directorate in 2020, and OCC has actively been increasing data analytics work.

To guide activities, the OCC executive leadership team convened for a facilitated strategic planning session in October, 2020. Key outputs of the session include the mission and vision statements and FY21 goals included below.

Office of Community Care Guiding Statements

Mission: *To play an integral role in VA's High Performing Integrated Delivery Network (HPIDN) by delivering innovative healthcare programs that provide access to timely, high-quality, cost-efficient, and well-coordinated community care for Veterans and VA beneficiaries.*

Vision: *To achieve outstanding healthcare outcomes and provide best in class customer experience to Veterans, beneficiaries, VA employees, and community providers.*

Figure 3: OCC Mission and Vision Statement

Office of Community Care Goals (FY21)

1. Support VHA's mission of developing a High Performing Integrated Delivery Network for Veterans with a focus on:
    - Quality (Optimizing health outcomes)
    - Customer Experience (Veterans/VA Employees/Beneficiaries/Community Providers)
    - Value (Efficient use of resources)
    - Access (Provide best health care options for Veterans, cost efficiency)
    - Integrity (Building a culture of excellence)
2. Ensure Successful Implementation of New Technologies (EHRM and VA's new Financial Management Systems)
3. Innovate the Business Model
4. Make OCC the best place to work in VHA
    - Employee Engagement
    - Build a Culture of Excellence

Figure 4: Office of Community Care Goals (FY21)

Eligibility

Provide easy to understand eligibility information

A key tenet of VCCP is making eligibility details easy to understand. This combined with increased access to care and ease of program administration enables Veterans and other stakeholders to make informed decisions and experience greater ease in planning and accessing care.

To ensure that eligibility determinations and scheduling activities are streamlined, OCC implemented a Decision Support Tool (DST) that standardizes and automates how VA staff make eligibility determinations for Veterans and schedule appointments for community care. Program staff can view the average wait time for a given service across VA facilities. In addition, DST displays drive times to VA facilities based on the Veteran's established address and the service required. OCC is developing tools to compare VA and community wait times, so Veterans may have additional information when choosing when and where to receive care.

Utilizing the expanded eligibility for community care provided through the MISSION Act, Veterans have greater ease of access and opportunity to make decisions regarding care that best fits their individualized preferences and needs. VCCP is focused on ensuring that all Veterans who are eligible for care receive it in a way that is easier to understand and convenient for their individual needs.

Eligibility standards clarify who is eligible to seek healthcare services in the community. Clearly outlining these eligibility standards ensures Veterans will have the flexibility to choose between receiving care at a VA medical facility or at a community provider. Whenever appropriate and in-line with Veterans' preferences and availability, OCC encourages care at VA facilities first.

Impact to Veterans: Increased access to care resulting from the authorities provided in the MISSION Act and more transparent and simplified eligibility determinations. Veterans will understand when, where, and for what they can receive care in the community.

Impact to VA Staff: Allows VA Medical Center (VAMC) providers and staff to work directly with Veterans at the point of care to make informed decisions about where to receive care based on a Veteran's individual needs and preferences.

Capabilities

To achieve the goals for Eligibility, three key capabilities have been delivered as components of VCCP:

1. **Determine Eligibility:** Formalization and management of a single, nationally defined set of eligibility criteria for authorized community care; based on legislative requirements to assist Veterans and their families, community providers, and VA staff in decision making; availability of automated and real-time eligibility determinations for community care.
2. **Communicate Eligibility:** Availability of eligibility information to communicate guidance to providers and staff who need it, electronically, telephonically, and in printed formats to provide transparency to Veterans; consistency of eligibility information in order to communicate guidance, appeal decisions and educate Veterans, community providers, and VA providers and staff.
3. **Track Eligibility:** Automation of a consolidated record of real-time determination of eligibility information for community care delivered at the point of service. This includes eligibility calculations for drive time, wait time, hardship, states without a full-service VAMC, and grandfathered criteria. Once eligibility is automatically determined within the Enrollment System and confirmed by VA staff, an opt-in decision is requested of Veterans and documented in their electronic health record and/or Computerized Patient Record System (CPRS) records. The

Enrollment System is the single, authoritative source for eligibility determination, and requirements continue to be refined. The Enrollment System establishes a health benefit plan associated with the type of eligibility (e.g., drive time and wait time), and transmits this information to the electronic health record which interfaces with CPRS to document eligibility determination. Data inputs for the Enrollment System may be modified if processes/supporting technologies are adjusted.

Solutions and Tools

Decision Support Tool: VA created a real-time Decision Support Tool (DST) to help VA staff quickly review the criteria outlined in the MISSION Act, determine whether a given Veteran is eligible and would be best served utilizing VCCP, and document the decision rationale in the Veteran's health record. DST leverages a specific set of clinical and non-clinical criteria to assist staff in making eligibility determinations. Key DST features include the ability to view the average wait time for a given service across VA facilities, as well as an integrated view of drive times to VA facilities based on the Veteran's established address and the service required. Eligibility determinations are stored in VA's Corporate Data Warehouse (CDW).

Future Strategies

To build upon successes achieved in standardizing and simplifying eligibility, VCCP will consider the following:

- Continue to develop tools to track and compare VA and community wait times, so Veterans may have additional information when choosing when and where to receive care.
- Work to simplify eligibility criteria for unauthorized emergency care.

Referral and Authorization

Provide Veterans timely access to a community provider of their choice

OCC continues to improve Veterans' care experience and efficiency receiving care by further enhancing the referral and authorization capabilities. Through these improved capabilities, Veterans and their beneficiaries can more easily be referred to community providers for authorized care. The changes enable increased communications and further enhance Veterans' and their beneficiaries' ability to understand the options they have for care.

OCC modernized the referral and authorization process by consolidating legacy systems, aligning with industry leading practices, and simplifying processes that impact Veterans. Referrals and authorizations are managed in a single transparent system, with a clear process through which Veterans understand what a referral is and what their choices for care include. OCC implemented a cloud-based industry standard commercial off-the-shelf (COTS) product to ensure that VA's referral and authorization process incorporated industry standard communications protocols. A process that supports industry standards allows for interoperability with the Cerner electronic health record (EHR) and increases the potential to utilize technologies and services that will be available in the future.

Impact to Veterans: Streamlined information sharing processes between VA and community providers; reduced wait times for care in the community. Increased Veteran self-service options for scheduling.

Impact to VA Staff: Simplified and standardized processes to authorize care, share medical information, identify community providers, and schedule Veteran appointments in the community.

Impact to Community Providers: Streamlined process to receive authorization information, share data with VA, and request additional services. Customized billing instructions at time of referral and clarified payment.

Capabilities

To achieve the goals for Referral and Authorization, three key capabilities were delivered as part of VA community care:

1. **Receive and Communicate Referrals:** Unified set of clinical services and processes for managing referrals including a single consult model to streamline the various scenarios that exist to generate community care referrals for Veterans; appropriate information security safeguards to ensure Veterans' Personal Health Information (PHI) data is protected; consolidation and simplification of the process of referral documentation packaging.
2. **Receive and Communicate Authorizations:** Timely exchange of standardized authorization information to community providers via their preferred means of communication to provide Veterans timely access to care; electronic transfer of referral and authorization information to community providers; appropriate information security safeguards in place to ensure Veterans' PHI data is protected; consolidation and simplification of the process for authorization and medical documentation packaging.
3. **Track Referrals and Authorizations:** Centralized mechanisms to track and store referral and authorization information among VA, community providers, and network contractors to streamline experience for Veterans; electronically receive community referrals for review and approval.

Solutions and Tools

HealthShare Referral Manager (HSRM): HSRM is OCC's referral and authorization system. HSRM is the sole platform for VA staff to process referrals, consolidating multiple systems and processes into a simplified and standardized approach to sending Veterans for care outside of VA. HSRM is a cloud-based system that provides VA, for the first time, a shared platform for VA staff, community providers, and third-party administrators to jointly process referrals and authorizations. It includes scheduling Veteran appointments, sharing medical records, accessing Veterans' medical history, and requesting additional services. In the near-term, HSRM will also provide the same benefits when VA sends Veterans for care at the Department of Defense (DoD). By using a cloud-based, industry standard COTS product in HSRM, VA has options for integrating with Cerner as future technologies and processes are implemented. HSRM is also used to checks the Community Care Eligibility status in the Enrollment System.

Veterans Affairs Online Scheduling (VAOS): As part of increasing Veterans' access to care, VA implemented the VAOS system for community care. The tool automatically provides Veterans with information about their eligibility. Veterans can access VAOS for community care through the VA/DoD eBenefits or My HealtheVet websites, or as a mobile app. VAOS provides Veterans with an improved customer experience, enhanced access and convenience, and reduced waiting times for community care appointments.

Emergency Care Reporting (ECR) Portal and Emergency Care Authorization Tool (ECAT) for Centralized Authorization of Emergency Care (CAEC): OCC is working to centralize and standardize notification and authorization for community emergency care. The SharePoint-based ECAT system is currently used to automatically generate referrals for approved emergency care notification for in-network facilities. It will be expanded to also be used by out-of-network facilities and then Beneficiary Travel. Eventually, HSRM will replace the ECAT system.

Referral Coordination Initiative (RCI): The aim of this initiative is to provide Veterans with the timeliest care options, whether in the VA direct care system or in the community, by reducing the average time it takes to schedule appointments. A Referral Coordination Team (RCT) member helps a Veteran make more informed decisions by discussing all care options available and capturing a Veteran's preferences for location, time, date, provider and/or self-scheduling, if applicable. RCI reduces administrative burden on clinicians and helps ensure Veterans receive timely and appropriate care.

Future Strategies

To amplify programs and strategies that have proven successful over the course of the project, the following strategies should be considered:

- Improve access to medical documentation needed for referrals and authorizations, with seamless access across data sources and reduced back-and forth. Enhance functionality of important tools including: Clinical Viewer within HSRM (used for a consolidated view of the Veteran's medical record in which providers can access referrals they have received), automated ingestion of EDI 278 transactions, and incorporation of Direct Secure Messaging in referral and authorization processes.
- Add additional focus on reporting and data analytics.
- Consider additional integration testing.
- Consider using Community Care Referral and Authorization (CCR&A) System focus groups to identify gaps in VA processes and requirements for optimization. Such focus groups could support needed systems stabilization as VA gains implementation momentum and speed.
- Consider identifying a solution or tool to support referral coordination and access management to directly improve access and decrease wait times. The goal would be to enable schedulers to provide Veterans with near real-time appointment access and wait time information to help inform decisions of whether to receive care from a VA provider or in the community.

Care Coordination

Coordinate care and resources based on the personalized needs of Veterans

VA will provide processes, policies, and tools to enhance coordination of care and exchange of health information with community partners, Veterans and VA staff. These initiatives enable VA to act as the central coordinator of a Veteran's care and create a personalized care coordination plan that meets the Veteran's physical, psychological, and social needs. Use of an innovative care coordination model and its supporting tools will enable VA to efficiently categorize each Veteran's care coordination needs based on clinical acuity and urgency. This will enable VA to provide personalized services that meet the Veteran's unique needs.

Tools associated with the care coordination model will facilitate timely exchange of Veteran information and associated medical documentation between community providers and VA. These tools will augment communication processes and provide education and personalized care coordination to help Veterans access appropriate, high quality services at the right time. Additional processes are being deployed to support a standardized approach across VAMCs to manage requests from community providers to provide clinical services to benefit drive-time eligible Veterans and improve access to care.

Impact to Veterans: Improved quality and personalized Veteran experience. Improved continuity of care and patient outcomes due to standardized communication and seamless information exchange between VA facilities and community providers. Improved coordination of care and coordinated, efficient scheduling.

Impact to VA staff: Reduced administrative workload and improved efficiency of processes; Clearer guidance to VA staff about making authorization, referral, and care coordination-related decisions.

Impact to Community Providers: Improved information exchange and coordination of care between the community provider and VA.

Capabilities

To achieve the goals for Care Coordination, five key capabilities will be delivered as components of VA community care:

1. **Receive Health Information:** Establishing standard processes and infrastructure for VA to collect Veteran specific documents within and outside VA. Protect Veteran health information and maintain an accurate health record; collection of Veteran information from providers and contractors that safeguards incoming data transfer.
2. **Communicate Health Information:** Creation of integrated health records that include Veteran information from across the care continuum to identify and mitigate gaps in Veteran care transitions; consolidation and storage of Veteran data from multiple sources in a centralized and interoperable data warehouse; access to analytics to identify and prioritize Veterans' disease acuity and care needs.
3. **Provide Care Management:** Systematic coordination of safe, high-quality care by linking Veterans with providers based on real-time/evidence-based management across the care continuum; streamlined patient navigation across the care continuum with a focus on ongoing tracking and appropriate documentation of referrals; creation and implementation of standardized episodes of care across the VA's network of community providers; implementation of personalized incentives (financial or behavioral) and communications to enhance member engagement in the care management program.
4. **Schedule Community Appointments:** Streamlined end-to-end appointment management processes, policies, and procedures including consolidation of community care scheduling back to the local VAMC; ability for Veterans to select in-network providers and schedule appointments according to Veterans' preferences. Increased ease of scheduling follow-up care.
5. **Coordinate Community Requests:** Identification and tracking of care requests originating in the community and streamlining the authorization processes to avoid care gaps and ensure Veterans get care when and where they need it; bidirectional communication with community providers and contractors; implementation of accountability standards and procedures for community providers and contractors. Enable follow up care and ability to navigate to and from community providers, with care centrally managed by VA. Increase ease of medical documentation and prescription reconciliation to improve quality of care and patient safety.

Solutions and Tools

Standard Episodes of Care (SEOCs): OCC developed Standardized Episodes of Care (SEOCs) in collaboration with Chief Medical Officers, Chiefs of Staff, and National Clinical Program Offices across the VA enterprise as a preapproved, standardized bundle of services and procedures that relate to a specific category of care or sub-specialty. SEOCs are administered to assist clinicians, including community providers, in meeting the plan of care that is authorized for the consult. Although the consult is the VA clinician's order, the services prescribed in the consult should be used by the community provider to determine the Veteran's clinical needs and to choose the appropriate services from the SEOC. Thus, the use of SEOCs to authorize community care will increase consistency in the referral management process, improve accuracy and timeliness of provider payments, and expedite Veteran access to community care.

SEOCs are anticipated to reduce the need for secondary authorization requests and improve the utilization management processes. SEOCs are the core elements of the VA's medical policy. The immediate benefits include: improve timely access to care for Veterans by reducing the need for secondary authorizations from community providers, provide community care staff with a standardized and more streamlined process to authorize and manage referrals, and make it easier for community stakeholders to partner with VA by allowing community providers and Contractors to reference one consistent, standardized list of collectively-authorized services and procedures.

Care Coordination Screening & Triage Tool: VA developed and deployed an automated tool that allows the assessment of personalized care coordination needs for Veterans. This tool uses a Veteran's unique clinical, psychological, and social measures to help VA staff identify the unique set of services needed by that Veteran. The results of the Triage Tool inform the creation of care coordination plans that meet the unique needs of the Veteran. Refinement of this tool is ongoing, and VA continues to incorporate changes to enhance user experience.

Care Coordination Plan (CCP) Note: OCC developed the CCP note tool as a platform to capture the care coordination plans and related activities aimed at coordinating the Veteran's care including, but not limited to: navigation, scheduling, follow-up, communication with the Veteran and community partners, coordination of services, and transition to the medical home team. The CCP note is comprised of clinically indicated services, clinical care, Veteran psychosocial needs, and Veteran preferences and goals. Refinement of this tool is ongoing, and VA continues to incorporate changes to enhance user experience.

Community Provider Order (CPO): OCC developed Community Provider Orders as a standardized approach for VAMCs to collaborate with community providers to manage requests from the community for Veteran services, coordinate and communicate Veteran care, and address responsibilities around critical findings. CPO establishes the process and the supporting tools required for placing, tracking, managing, and reporting requests received from community providers on behalf of their Veteran patients, including entering and accessing community provider information within VA IT systems. The process decreases the wait time for a Veteran to receive care, improves care coordination between VA and its affiliated network providers, drives care to the VA, and ultimately improves Veterans' access to care.

Future Strategies

As care coordination efforts progress, development and adoption of forward-thinking strategies will be critical to maintain momentum. Below are some strategies to consider for future gains:

- Create stronger alignment with Cerner and Referral Coordination Team to enable knowledge transfer and execution strategies.
- Leverage change management approach and methodologies in partnership with OCM to drive end-user adoption of deployed tools and solutions and create feedback loops for continuous refinement of the care coordination model. Support national collaborative efforts with Office of Nursing Services (ONS), Office of Care Management (OCM), and Office of Social Work (OSW) on care coordination, case management, and disease management standardization.
- Utilize predictive analytics to proactively identify high risk veterans needing case management and/or disease management interventions who primarily or exclusively obtain care in the community.
- Continue to develop the mechanism to gather analytics to support SEOC use and refinement.

Utilization Management

Improve healthcare quality, promote medical best practices, and reduce costs

VA will provide processes and tools that utilize evidence-based clinical standards to ensure that Veterans receive timely, appropriate, coordinated care. The use of standardized clinical review tools will reduce administrative workload on VA staff and increase the quality of Veteran care by allowing site staff to determine clinical appropriateness of outgoing referrals quickly and accurately. The use of SEOCs will increase the efficiency of service authorization processes and improve provider relations by making the claims adjudication and provider payment processes more predictable.

In turn, these enhancements will improve the Veteran experience by allowing the community provider to deliver clinically appropriate services and reduce the use of unnecessary procedures or tests.

Impact to Veterans: Provides Veterans with the most clinically appropriate care through standardized clinical review processes. Improves quality and safety of care delivery.

Impact to VA Staff: Improves workflow efficiencies by implementing evidence-based guidelines to determine clinical appropriateness of referrals; reduces costs by eliminating unnecessary tests and services.

Impact to Community Providers: Improves partnership with VA by providing clarity about services authorized in the community and basing service authorizations on industry standard evidence-based guidelines.

Capabilities

To achieve the goals for Utilization Management, three key capabilities will be delivered as part of VA community care:

1. **Determine clinical appropriateness:** Deploy clinical guidelines and evidence-based tools to conduct clinical reviews. Review and approve referrals based on industry standard guidelines and tools. Create processes to designate staff to review appropriate consults for authorization.
2. **Track service utilization:** Track referrals that are sent into the community. Deploy tools to track service utilization. Deploy processes and tools to track cost of care.
3. **Track and incentivize provider performance:** Create analytic tools to gather and track provider performance. Create approaches to incentivize providers based on performance. Create processes for network providers to incorporate VA-specific metrics into their provider performance management processes.

These capabilities will include proactive and reactive steps, ultimately resulting in robust processes to ensure Veterans can access care by using clinically appropriate services for which they are eligible. The Utilization Management team will further refine current medical policies by working closely with appropriate stakeholders in VA and the community. Effective utilization management will result in appropriate usage of services, close communications with community providers, and reduction in unnecessary tests and services. It will enable program sustainability and bolster VA's commitment to being a good steward of resources and taxpayer funds.

Solutions and Tools

Standardized clinical review processes: By instituting standardized clinical review processes, VA will increase the accuracy and efficiency of the service authorization process. VA will review and manage utilization to ensure Veterans access care that is medically necessary, including appropriate usage of tests and resources. Workload on VA providers will be reduced, and the frequency of Requests for Services ("RFS," formerly referred to as "Secondary Authorization Requests" or "SARs") will be reduced significantly. Identifying appropriate officials to review services, via the facility's Delegation of Authority Medical Services (DOAMS) list, will optimize resource use and increase workflow efficiencies. Specifically, the clinical review tool will improve timely access to care for Veterans by decreasing the number of hand-offs for all community care service authorization requests. This will decrease the time to review and process requests by providing community care staff with a standardized and more streamlined process to evaluate and approve referrals. Using standardized tools will provide Veterans with clinically appropriate care. Together, these enhancements will result in a model that ensures Veterans have access to the right care, delivered in a way that will be sustainable for VCCP.

Medical Cost Management Dashboard: The dashboard will be used to provide leadership insight into costs associated with a Veteran's episodes of care. This will enable data-driven decisions and increased ability to track medical spending at the leadership and site levels.

Clinical Review Tool: The Office of Community Care is deploying a new clinical review tool to provide clinical staff with evidence-based guidance to establish clinical appropriateness for most outpatient services. By standardizing the use of this tool, VHA will provide consistent quality of care and lower costs. Additionally, the tool will reduce provision of unnecessary services, will ensure needed services are provided, and will scope services appropriately to reduce Requests for Services.

Future Strategies

As an integral part of care coordination efforts, it will be important to employ the following utilization management strategies to ensure Veterans receive the right care at the right time and in the right care setting:

- Monitor and evaluate Delegation of Authority (DOA) and DOAMS lists.
- Standardize the consult template for utilization across settings and regions.
- Drive site-level accountability and responsibility for reviewing and acting on utilization management data, metrics, and insights.

Performance, Quality, and Patient Safety

Provide access to high-quality care inside and outside VA

The primary goal of VCCP is to deliver timely, effective, safe, and Veteran-centered care per the quality standards, while also improving the Veteran's experience and outcomes with focus on the Veteran's journey across the continuum of care. Performance, Quality, and Patient Safety (PQPS) has the important goal of ensuring Veterans access high-quality care, both within and outside VA. This will be enabled through monitoring provider performance, clinical quality, and patient safety. Patient safety results will be evaluated and acted upon using VAMC and VISN-level processes to review individual patient safety events by severity and type, or trends of similar events, and creating/tracking actions for improvement.

VA is developing and deploying tools to assess and compare provider quality and performance. These tools will incorporate quality, safety, and patient satisfaction metrics to identify high-performing providers in the community. Veterans can currently use publicly available websites such as www.medicare.gov/hospitalcompare and www.accesstocare.va.gov to get information about the quality and performance of providers.

OCC will ensure alignment of quality standards for VCCP with those used to monitor VA care. OCC will support infrastructure, tools, and the utilization of performance data to assist VISNs, VAMCs, and community care providers/facilities in developing quality improvement initiatives as appropriate.

Impact to Veterans: Improvement of quality and safety of care provided to Veterans in the community. Improved Veteran satisfaction.

Impact to VA Staff: Defined VHA community care quality and safety efforts, clear quality and patient safety measures, standardized reporting, and clear guidance**.** Trust that care being referred to the community meets VA's standards for quality.

Impact to Community Providers: Clear quality standards and expectations for providers. Reporting patient safety events and improving care standards.

Operationalizing Standards for Quality

Operationalization and communication of standards for quality within VA will build upon existing reporting, analytics, performance improvement, and development processes. This includes internal tracking and reporting using VA's Strategic Analytics for Improvement and Learning (SAIL) scorecard and, as required under the MISSION Act, external reporting of facility-level performance on the CMS-sponsored website, Hospital Compare, in addition to VA-sponsored external-facing Internet sites.[1]

VA must work in harmony with community providers to ensure the standards for quality are adhered to[2] and intervene when necessary for the benefit of the Veteran. To facilitate the most effective partnership with the community in caring for Veterans, VA will take an iterative approach, collaborating with DoD and CMS to remain in lockstep with the evolution of standards for quality as the industry advances. As more relevant, useful, and granular quality measures are adopted widely in the U.S. healthcare system, VA will follow suit.

One component of this collaboration is the creation of robust mechanisms of care coordination between VA and non-VA providers, so that each clinical component involved in the Veteran's care is making decisions aligned with his/her clinical needs and preferences. Such mechanisms of care coordination are intended to ensure:

- Veterans with multiple comorbidities receive high-quality and safe care regardless if they obtain care from VA or non-VA providers.
- Veterans as well as family members or caregivers have an ongoing relationship with a case manager or care coordinator who can keep them informed about each component of the care delivery process.
- VA and community-based clinicians are knowledgeable about the Veteran's full medical condition and provide reasonable assurance that important needs are being met.
- Adverse events and harm are avoided, particularly those associated with fragmentation of care across multiple providers.

Standards for Quality

The standards for quality consist of Quality Domains, Quality Measures, Expected Performance, and Community Benchmarks. The VA Standards for Quality were published in the Federal Register in October, 2019: https://www.federalregister.gov/documents/2019/10/03/2019-21538/va-standards-for-quality

Capabilities

To achieve the goals for Performance, Quality, and Patient Safety, five key capabilities will be delivered as part of VA community care:

1. **Develop Quality Standards and Safety Measures for Clinical Care:** VA has an existing process for reporting, scoring (for severity), and resolving patient safety issues, using Joint Patient Safety Reporting (JPSR). VA is working diligently to ensure Veterans have access to timely, effective, safe, and Veteran-centered care per the quality standards, whether delivered by VA or through community providers. OCC will ensure alignment of quality standards for community care with those used to monitor VA care. VA will be transparent about standards and will also develop and communicate performance comparisons as they become available.
2. **Collect, Analyze, and Report Provider Quality Data:** Data will be collected related to the quality of care delivered by VA and community providers. This data will be collected and analyzed to ensure that Veterans are accessing safe, quality care. A long-term goal for VA is to standardize quality reports and make more data-informed decisions related to quality.

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[1] https://www.accesstocare.va.gov/Healthcare/QualityOfCare. Although the MISSION Act requires reporting on CMS' Website, we plan to also use our own website in order to provide more timely information about current VA performance, since CMS data is typically posted with a delay of 1 to 3 years after the care is provided.

[2] Tanielian, T., Farris, C., Epley, C., Farmer, C. M., Robinson, E., Engel, C. C., & Jaycox, L. H. (2014). "Ready to serve". Santa Monica, CA: *RAND*.

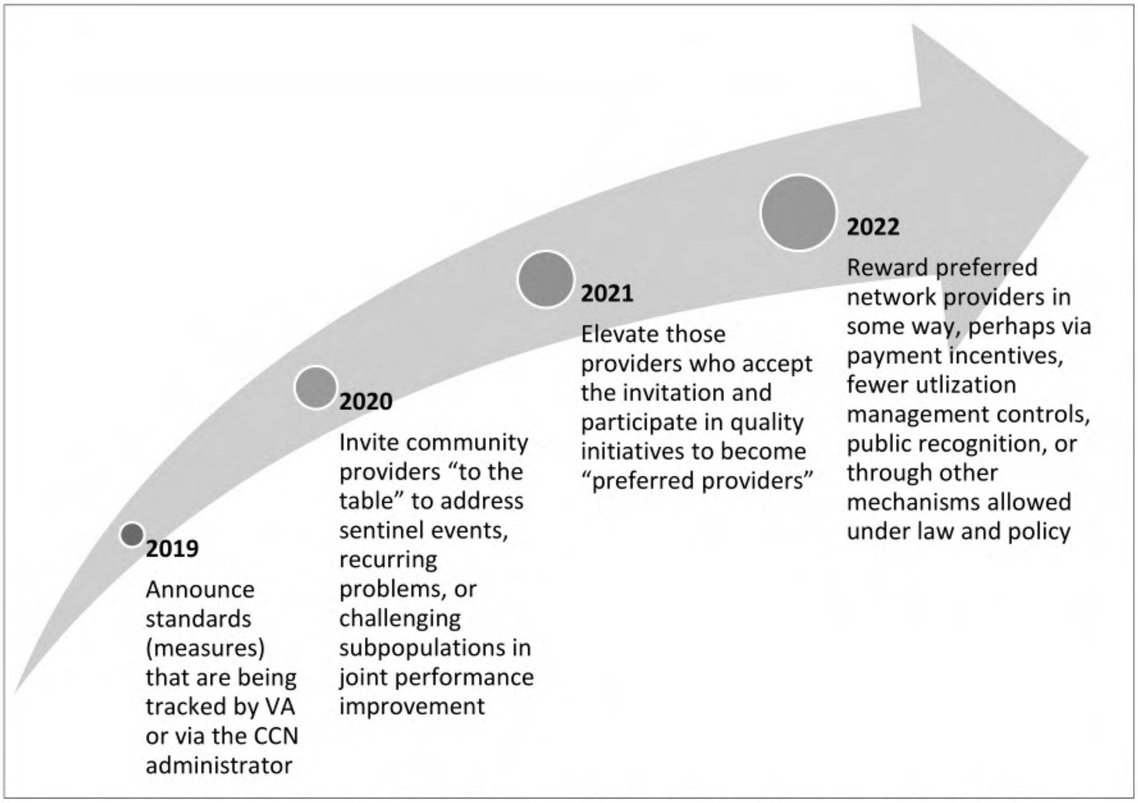
3. **Collect Patient Satisfaction Metrics:** VA will solicit feedback from Veterans about their care experience, collected according to standardized patient satisfaction metrics. This feedback will be used to identify leading practices in care, as well as identify any needed areas for improvement.
4. **Establish Controls to Monitor Quality and Safety:** JPSR is utilized as a reporting and event analysis mechanism for patient safety events. The OCC Patient Safety Guidebook lays out roles and responsibilities, process flows, internal controls, and standard operating procedures for Community Care Patient Safety. Root Cause Analysis (RCA) is utilized for all events meeting a certain scoring threshold in severity (SAC = 3), with an output from the RCA being measurable improvement actions.
   OCC will document processes and operational internal controls to ensure the quality and safety of care Veterans receive. Documentation will include standardized operating procedures, process flows, roles and responsibilities, and internal controls. OCC will continue to establish controls and monitoring to ensure appropriate utilization (including of prescriptions, testing, and procedures) and will engage stakeholders to advance the "Choosing Wisely" framework for appropriate utilization.
5. **Ensure Patient Safety in the Community:** VHA Patient Safety Handbook 1050.01 will be followed for community care, just as it would for care received at a VAMC. To ensure Veteran safety, patient safety events (adverse events or close calls) that occur at a facility outside VA that is providing care on behalf of VA will be reported, internally and/or externally investigated, and corrective action plans will be implemented according to policies outlined in the Patient Safety Guidebook. Per the CCN requirements, Contractors will be required to lead quality committees.

Solutions and Tools

Patient Safety Guidebook: The Guidebook, built on existing VHA patient safety reporting and investigation processes, provides the tools and processes to report, disclose, investigate, and improve patient safety for Veterans who receive care in the community. It supports VHA's goal of preventing inadvertent harm to Veterans consequent to their medical care. The Guidebook and associated processes increase communication and collaboration between VHA and community partners.

Exchange of Health Information: The exchange of critical health information including standardized patient summary documents (C-CDAs) and quality documents (QRDAs) will be an important tool for ensuring performance, quality, and patient safety. It will enable VA to act as an effective central coordinator of the Veteran's care across providers.

Quality and Patient Safety Program: The overarching goal of the program is to evaluate, improve, and oversee the quality and safety of care in the community. The Program will lay out a roadmap, anticipated to be like the one included below, for next steps that define specific targets for maturity of the program over time.



2019
Announce standards (measures) that are being tracked by VA or via the CCN administrator

2020
Invite community providers “to the table” to address sentinel events, recurring problems, or challenging subpopulations in joint performance improvement

2021
Elevate those providers who accept the invitation and participate in quality initiatives to become “preferred providers”

2022
Reward preferred network providers in some way, perhaps via payment incentives, fewer utlization management controls, public recognition, or through other mechanisms allowed under law and policy

Figure 5: High-Level Roadmap for Performance, Quality, and Patient Safety

Quality Performance Measurement: The Quality and Patient Safety team will collect a standardized set of quality and patient safety clinical performance measure data for VHA to provide insight to stakeholders about the quality and safety of care provided in the community. The key performance indicators will: measure and monitor the quality and performance of the community care network related to timeliness, access, patient safety, clinical quality, and overall network performance; identify preferred providers based on quality and performance criteria to allow Veterans the opportunity to choose from a high-performing provider that is right for their healthcare needs; reconcile competing standards. OCC selected data sources that will decrease the reporting burden on network providers and contractors, while also providing VHA with the broadest set of quality and patient safety measure data. This will contribute to the CCN Quality and Patient Safety Measure Specifications Manual and the to-be developed Quality and Patient Safety Performance Measurement Manual.

Patient Safety Incident Reporting: OCC will test and nationally deploy a standardized set of patient safety guidance for VHA and non-VHA contractor personnel that aligns with VHA’s policies on adverse event reporting and disclosure (VHA Handbook 1050.01 and VHA Handbook 1004.08).

Currently, TriWest provides a Quality and Patient Safety representative for every VISN. This representative is to be utilized when coordinating patient safety incident review and corrective action planning for events of high severity, or when local VAMC staff encounter difficulty in coordinating with TPA provider staff, or when patient safety events of certain types are trending for the TPA providers. Different TPAs will have different patient safety processes that they follow; however, the CCN TPA is reporting patient safety processes that involve including VA within regional Quality/Patient Safety committees.

Joint Patient Safety Reporting (JPSR): VHA patient safety and VAMC OCC staff record patient safety events in JPSR. Capturing this data allows for facility and VISN leadership to track patient safety trends through reporting output.

Enterprise Program Reporting System (EPRS): EPRS is a centralized reporting system that aggregates VA and Contractor data to enable OCC leadership to monitor and assess performance of the community care program's operational and program administration against a broad range of performance metrics. Aggregating multiple sources of information, including Quality Assurance Surveillance Program (QASP) metrics, 835/837 claims data, and utilization management metrics, among others, OCC will regularly assess contractor and internal management of performance against CCN requirements comprehensively, across both geographic and clinical service lines. Data handling, aggregations, analysis, and storage will be done in compliance with all applicable data privacy rules and regulations.

Future Strategies

Due to the delay in the CCN contract awards, as well as other identified Patient Safety and Quality initiatives, VA can anticipate key efforts to be underway in FY2021 and beyond, including:

- Continued efforts to drive community care-related patient safety reporting and investigations, to allow OCC to identify trends and develop cross-organizational corrective actions to mitigate future risk
  - The development and implementation of Enterprise-wide corrective actions will require extensive facilitation and implementation support.
- Similarly, upon development of more robust reporting procedures for community care-related patient safety events, VA can anticipate having more actionable data with which to identify trends and develop corresponding corrective actions.
- Continued CCN deployment support for all Regions, including support developing/refining quality and patient safety-related deliverables, development of the HPP algorithm, action item completion, etc.
- Identification of additional areas of cross-collaboration between OCC, NCPS, and VHA patient safety staff and subsequent process improvements.

VA may also want to consider using its contract support to expand its efforts to improve the quality and safety of care in the community, for example:

- Investigate quality issues identified by the CCN Contractors: This would be a cumbersome process, requiring evaluation of the Veteran's medical record and associated care, but could provide greater insight into quality issues experienced by Veterans receiving community care. In turn, this would allow VA to develop processes and procedures to improve the quality and safety of care improving healthcare outcomes for Veterans.
- Partner with TPAs to conduct quality initiatives targeting care provided for Veterans.

Provider Network

Provide access to a high-performing, quality, and efficient provider network

VA will continue to establish an integrated high-performing provider network that includes VA, federal, community, and academic partners to provide efficient, quality, and timely care. This network will be established through national contracts such as with community providers, DoD, and Indian Health Service (IHS). The external network will be integrated with VA processes to ensure Veterans have access to high quality care both within and outside of VA.

Per the MISSION Act, OCC will need to oversee the quality of the services provided to Veterans using appropriate certifications, credentialing, and licensure requirements. VA will need to work with provider networks to determine who is an eligible provider and make sure that appropriate certifications, credentials, and licenses are up-to-date. This ensures network adequacy and that practitioners can provide services within their scope of practice. VA will also need to monitor providers under investigations, investigate providers who have lost credentials, and perform exclusionary management activities to ensure a quality network and reduce fraud, waste, and abuse. To safeguard concerns related to the quality of care Veterans receive in the community, it is critical to ensure that all providers who care for Veterans are appropriately licensed and credentialed.

Impact to Veterans: Expanded Veteran access to high-performing community providers; increased satisfaction due to improved care outcomes and increased accessibility to providers; increased reliance that providers are appropriately licensed.

Impact to VA Staff: Reduced time to identify qualified providers; increased assurance regarding the quality of providers caring for Veterans in the community.

Impact to Community Providers: Increased participation as a result of reduced administrative requirements, streamlined network management, and coordination with VA and Contractors.

Capabilities

To achieve the goals for Provider Network, three key capabilities will be delivered as part of VA community care:

1. **Collect Provider Information:** Collection and standardization of community provider information into a consolidated repository to provide accurate information for Veterans seeking care in the community; electronic transmittal and receipt of provider information; visibility into the network of providers; information about provider competence with military conditions/patients; audits of provider/credentialing files.
2. **Communicate Provider Information:** Dissemination of community care provider information to key stakeholders through the most relevant channel to inform timely Veteran decision making on available care options; cultivation of provider engagement throughout Community Care Network to continuously grow a high-performing network.
3. **Manage Network Contracts:** Administration of community care contracts and Veterans Care Agreements, including streamlined administrative processes and a unified provider relations model to strengthen provider partnerships.

Solutions and Tools

Community Care Network (CCN)/Veterans Care Agreements/Sharing Agreements: The ecosystem will include consistent business processes to credential providers, identification of providers who provide high quality care, and identification of preferred provider criteria. VA will complete the transition to the new high-performing CCN to provide continuity of service to Veterans. CCN will establish a high-performing provider network that leverages community partners to deliver a superior experience to Veterans through building business capabilities needed by VA to effectively interact with the network, standardize operations between federal and academic agreements, and manage the transitions and operations of the improved networks.

Provider Profile Management System (PPMS): The PPMS is a repository of provider information from multiple providers that will serve as a repository for Veterans, community providers, and VA staff to view that information. The PPMS will accept provider information and act as the centralized repository for community care provider information.

Pharmacy Benefits Management Opioid Safety Initiative Dashboard (PBM OSI Dashboard): The dashboard will provide data on the opioid prescription practices of community providers. This will support the ability to monitor for opioid prescription abuse.

TrainingFinder Real-time Affiliate-Integrated Network (TRAIN): This system will be used for hosting and tracking provider trainings.

Future Strategies

Once CCN is deployed for all Regions, the effort will focus on maintaining and operating. Through this period of stabilization, VA will ensure the deployed network is being utilized and is meeting community care needs. Furthermore, VA will ensure that a mechanism for long-term oversight and network corrections is in place.

- Consider oversight of the network and demand forecasting to ensure the community networks adjust to meet Veterans' needs. As VA's capability in provider data management matures, continuous improvement of PPMS, taxonomies, and search functions will be considered.
- Continue development and implementation of defining, measuring, visualizing, and monitoring Network Adequacy.
- Work across VA to synchronize anticipated CCN demand forecasts, as impacted by national and enterprise-wide initiatives.

Provider Payment

Support accurate and timely payment to community providers

Align with industry best practices by transitioning from manual and fragmented processes to highly automated and centralized claims adjudication and reimbursement systems that leverage analytics to monitor performance and accountability for timely, accurate, and consistent provider payments. By integrating with OCC's health policy, standardizing business rules across VA and contractor claims adjudication systems, and leveraging lessons learned from the Veterans Choice Program, OCC will improve efficiencies, continue to reduce backlogs, reduce operational costs, and ultimately increase Veteran, provider, contractor, and VA staff satisfaction. In addition, by leveraging new technologies and lessons learned through strategic partnerships with stakeholders such as Center for Medicare and Medicaid Services (CMS), DoD, and the Prevention of Fraud, Waste, and Abuse Advisory Committee (PFWAAC), VA will implement best practices such as pre- and post-payment checks to ensure accuracy of claims payments and reduce fraud, waste, and abuse in community care programs.

Impact to Veterans: Increased access to care for Veterans due to improved relationships with Provider Networks; elimination of adverse credit reporting or debt collection resulting from inappropriately billed claims.

Impact to VA Staff: Reduced backlogs, manual processes, and operational costs through use of consistent and automated platform to receive claims; standardization of business rules across VA and contractor systems. Greater availability of funding to support Veteran care through improved accuracy of claims payments and reduction of fraud, waste, and abuse.

Impact to Community Providers: Increased confidence that community providers will be paid timely and accurately. Less administrative burden and financial impact related to payment inaccuracies and delays.

Capabilities

To achieve the goals for Provider Payment, three key capabilities will be delivered as part of VA community care. Note: these capabilities are applicable to both invoices and claims.

1. **Receive and Process Claims:** Centralized intake of physical and electronic claims information, including supporting materials such as medical records, to ensure key data is captured for efficient processing and communication; electronic claims processing to ensure claims integrity for key data required for adjudication and routing of claims to the correct workflow queue for processing.

2. **Pay Claims:** Electronic determination of VA payment for claims based on network, services rendered and additional processing requirements to enable accurate and timely payment for services provided in the community; electronic receipt for reimbursement requests.
3. **Audit Claims (Post Payment Processing**): Review of paid claims or invoices to confirm accurate payment, determine Veteran liability, and capture discrepancies due to improper processing or payment to promote accountability and appropriate use of funds; coordination of benefits to determine Veteran (first-party) liability and other party liability in the cases where subrogation for other health insurance (OHI) or legally-liable parties are involved in a Veteran's care; pre-payment checks and post-payment audit reports to support reconciliation with the submitting party so that it may be updated and re-submitted.

Solutions and Tools

Electronic Claims Adjudication and Management System (eCAMS): eCAMS is a web-based COTS system that can adjudicate, process, and pay healthcare claims submitted by healthcare providers, on behalf of Veterans' health needs, in accordance with industry standards. Increased healthcare demands require organizations that adjudicate healthcare claims to modernize their core administrative systems to be more efficient. eCAMS is the replacement system for the Fee Based Claim System (FBCS) and is designed to automatically process claims for non-contractual community care. eCAMS will both adjudicate and pay these provider claims utilizing business rules to compare approved referrals, provided by HSRM, and claimed services.

Community Care Reimbursement System (CCRS): The CCRS system processes receipt and validation of post-payment 837 COB invoices, reimbursement, and post-payment audit activities, and facilitates revenue operation activities (i.e., first party billing). Using CCRS will allow VA to automatically process invoices in the CCN. The system will allow VA to implement and support pre-payment business rules and post-payment reviews to promote a high level of payment integrity. CCRS will reimburse the CCN Contractor(s) for claims they have adjudicated/paid on behalf of VA for care provided in the community; per the CCN Performance Work Statement, CCRS must enable a reimbursement process that allows invoices to be paid within 14 days.

Future Strategies

To optimize services and maintain current pace of progress, a two-step future strategy focuses on reporting and analytics.

- Optimize and expand data analytics, including Post-Payment Analytics and POM Operational Reports. Create additional reports to cover an expanded set of POM operations (i.e., appeals and denials).
- Explore and define ways to transform how these reports are generated and delivered to staff (i.e., self-serve vs. on-demand).

Revenue Operations

Support effective and efficient management of Community Care funds

Maximize revenue collection opportunities through an efficient combination of business rules and workflow management capabilities. These will include tools that will automatically identify care needing pre-certifications with OHI, capture applicable paid claim data and coordination of benefit (COB) information for third party billing, and determine first party copayment liabilities. This will be done both for care provided by VA and in the community.

Impact to Veterans: Increasing revenue capture improves VA's ability to reinvest in programs and services that benefit Veterans because the funds collected are returned to the VAMCs for use in direct patient care.

Impact to VA Staff: Increased revenue opportunities through an efficient combination of business rules and workflow management capabilities that will automatically identify care needing pre-certifications with OHI, capture applicable paid claim data and COB information for third party billing, and determine first party copayment liabilities.

Capabilities

To achieve the goals for Revenue Operations, four key capabilities will be delivered as part of VA community care:

1. **Track Facility Revenue:** Capture community care encounters, distinguish encounter type, copayment obligation, and first and third-party billing type, facilitate billing of community care encounters.
2. **Conduct Insurance Verification:** Capture Veteran insurance information, verify Veteran insurance information to optimize third party billing and collections.
3. **Perform Revenue Utilization Review:** Manage payer authorization requirements to optimize VA reimbursement, validate Service Connected/Special Authority (SC/SA) treatment and care when Veteran has OHI that is billable, evaluate and address clinical claim denials.
4. **Execute Billing and Collections:** Consistent and accurate first and third-party collections for services provided by VA and in the community, application of first party, and posting third party payments.

Solutions and Tools

Revenue Operations Workflow Reporting Tool: The tool is used by most Revenue Operations functions (Facility Revenue, Insurance Verification, RUR, Billing and Account Management) to distribute and manage workload across the enterprise. The tool receives nightly uploads from the EHR (as well as routine pulls from Provider Integrity Tool/Corporate Data Warehouse, "PIT/CDW") to be worked by the various RO functional areas. It organizes the data into various formats for teams to complete their respective work activities. Along with organizing and distributing workload across consolidated patient account centers (CPACs) and facility locations, the tool maintains reporting capabilities based on the data elements that flow through the system.

Future Strategies

As revenue operations mature, progress and implementation will require support to stabilize and optimize activities past transformation periods. Below are future strategies to consider:

- Further develop an Urgent Care reporting structure that provides additional insight into Urgent Care copayment activity, Accounts Receivable, and overarching opportunities to leverage data for utilization management purposes. This will include effective monitoring of key MISSION Act initiatives and efficiencies to improve the Veteran experience.
- Evaluate and modernize community care reimbursement systems to establish reporting capabilities required for executive leadership and operational users.
    - As workflow procedures are established to manage CCN invoices, reporting capabilities must be validated for OCC and Revenue leaders to leverage for informed decision-making. Furthermore, reporting capabilities should be aligned within existing VA and Revenue Operations tools for evaluation of key organizational metrics.
    - Move to more modern systems, such as cloud-based system for Business Information Office (BIO).

  - Enhance interoperability and exchange among systems for a more seamless view of information.
- Community Care Systems Implementation:
  - Promote increased revenue capture opportunities through strong operational knowledge of new community care systems by Revenue Operations staff.
- Revenue Operations Customer Service Support:
  - Support implementation of Microsoft Dynamics CRM for CPAC Facility Revenue staff to efficiently manage Veteran inquiries related to VA community care and MISSION Act enhancements.
- Continue to build out data and analytics capabilities, focused on what needs to be monitored, measured, and reported.
- Continue to make strides in detecting and addressing financial fraud, waste, and abuse.

Customer Experience

Provide a positive experience for Veterans, VA staff and stakeholders

Provide a positive experience for community care stakeholders. Establish a Center of Excellence for customer experience, implementing a seamless, transparent customer service approach. This entails deploying new tools, business processes, and technologies to ensure Veterans, VA staff and other stakeholders' customer service needs are addressed promptly, effortlessly, and accurately.

Impact to Veterans: Improved trust and relationship with VA as a result of multi-faceted communication mechanisms, including call centers and online portals, resulting in a more comprehensive and Veteran-centric response to inquiries.

Impact to VA Staff: Increased internal adoption by providing templates, tools, and training to create "brand champions" of all VA facility staff. Reduced burden on VISNs, VAMCs and local offices of community care through establishment of Community Care Contact Centers and improved communication tools and training to ensure consistent messaging.

Impact to Community Providers: Increased engagement with community providers so they know where to find information, how to ask questions, and submit feedback.

Capabilities

To achieve the goals for Customer Experience (CX), four key capabilities will be delivered as part of VA community care:

1. **Veteran Education and Engagement:** Continue partnering with VSOs via online events, micro-videos, social and digital media to amplify education and messaging to Veterans.

2. **VA Staff Support and Education:** Support call center operations and enable self-service tools that provide stakeholders with relevant access to information, on their preferred channel, to rapidly resolve inquiries from Veterans and providers and holistically address Veteran needs; ability for call center managers to accurately report age of outstanding customer requests to assess performance against resolution metrics; provision of standard call center performance metrics and evaluation, which assess customer service representatives (CSR) performance as well as dropped calls, average speed of answer, abandonment, and other call results.

3. **Provider Education and Engagement:** Create, manage, and distribute education materials to proactively address inquiries, promote awareness, and increase understanding of the Veteran community care services for Veterans, VA staff, and network contractors to reduce overall volume of inquiries. Identify training needs and centralize

training documentation to enable efficient access by CSRs.

4. **Respond to Inquiries:** Support call center operations and enable self-service tools that provide stakeholders with relevant access to information, on their preferred channel, to rapidly resolve inquiries from Veterans and providers and holistically address Veterans' needs; ability for call center managers to accurately report age of outstanding customer requests to assess performance against resolution metrics; provision of standard call center performance metrics and evaluation, which assess customer service representatives (CSR) performance as well as dropped calls, average speed of answer, abandonment, and other call results.
5. **Capture Feedback:** Develop a standardized tool to measure, analyze, and monitor common inquiries and complaints to understand such issues, determine trends, and drive program improvements to increase stakeholder satisfaction and experience. Create, monitor, and use a real-time feedback mechanism or report to inform leadership and enable solutions to be developed to address common inquiries and complaints.

Solutions and Tools

Contact Centers: With the implementation of the MISSION Act and the transition to CCN, the VA is implementing an end-to-end integrated customer service and gap identification strategy to address VA service responsibilities to Veterans, providers, and Contractors.

Community Care Contact Center (C4): C4 provides Veterans, community providers, VA employees, and other stakeholders a singular point of contact to assist with community care questions. C4 reduces call volumes for VISNs and local VAMCs, allowing facility community care office staff to focus on authorizing and scheduling community care, and processing claims. C4 CSR staff provide:

- program, administrative and education support;
- eligibility and benefit counseling; and
- resolution of issues related to claims, billing, and payments.

C4 also provides Adverse Credit Reporting (ACR) support to Veterans experiencing VA-related collections issues for authorized care received in the community. C4 staff may also escalate issues and resolve problems with CCN Contractors.

Community Care Clinical Coordination Contact Center (C6): C6 is being designed to provide helpful services to community care-eligible Veterans, support local VA medical facilities, and improve the VA customer experience. C6 administrative and clinical subject matter experts manage and coordinate care for drive-time and hardship-eligible Veterans who do not receive care within the VA system, or whose primary care physician is a community provider. C6 representatives are trained and prepared to answer Veterans' questions and manage their care coordination activities. The C6 contact center will be located in Denver, Colorado. Veterans and VA staff will be able to access C6 services weekdays from 8:00 am to 4:30 pm in every time zone. C6 CSRs:

- provide an additional avenue of support for Veterans in addition to VA Community Care staff;
- use a screening and triage tool to define the appropriate level of care coordination for each Veteran;
- assist in making appointments, following up on Veterans' VA and community care provided services, and coordinate transfer of Veterans' health records between providers; and
- manage requests for durable medical equipment, prescriptions, and other similar services.

Customer Relationship Management (CRM): CX is deploying a customized CRM system for community care. This CRM system provides staff with access to data resources, stakeholder records, historical data, and the ability to track and analyze interactions with customers. CRM is currently in use by C4 and will be deployed by C6 and 142 facility community care offices nationwide. Once fully deployed, this application will allow a more consistent delivery of a seamless customer experience, as well as improved workflow management, escalation, and coordination across teams. Additionally, the VA is consolidating its knowledge assets into one knowledge management system called the Community Care Customer Service KMS to facilitate staff access to relevant resources, methods, and tools. KMS delivers fast, consistent, and accurate information to VA Community Care stakeholders.

Customer Experience Journey Maps and Veteran-Signals Survey (VSignals): CX, in collaboration with the Veterans Experience Office (VEO), developed a customer experience journey map of the entire Community Care process, identifying the moments matter the most to customers, based on feedback from Veterans, family members, VA staff, VSOs and Community Providers. CX developed and implemented a set of surveys to measure customer satisfaction at these moments that matter. A separate set of VSignals surveys is being developed to measure customer satisfaction with C4 and C6. VSignals is a holistic approach to measuring customer and employee experience, understanding the experience through the eyes of the Veteran, establishing actions to improve the Veteran experience, and promoting high-satisfaction levels for continuous, long-lasting relationships.

VA.gov: Online website where Veterans can view information about VA benefits and healthcare and find a VA location. Via the patient portal, *MyHealtheVet* (found at https://www.myhealth.va.gov/mhv-portal-web/home) Veterans have access to their records, they can contact their provider via electronic messaging, refill prescriptions and keep track of upcoming appointments.

Future Strategies

As the community care program evolves and grows, enhancing and expanding customer service strategies that support Veterans is critical to engagement and satisfaction. Below are future strategies for consideration that support and sustain the important work currently underway.

- Increase interaction with the field to help incorporate additional customer service elements into field personnel's interactions with Veterans, family members, providers, and fellow staff.
- Consider using data analytics to track match between patient characteristics of Veteran population as predictors of healthcare preferences for virtual care/ telehealth services to estimate future needs and cost effectiveness of virtual care.
- Identify what motivates or discourages community provider engagement and how to increase it. This effort is often left to Group Practice managers who, with targeted efforts, might become a more vital link to increasing provider engagement.
- Identify opportunities to increase Veteran enrollment on the patient portal, *MyHealtheVet*. Consider surveying Veterans to determine what they like most about it and what improvements they would suggest. Such feedback will enable future development of point-of-choice messaging and tactics to increase enrollment and use.
- Develop a coordinated, enterprise-level public affairs strategy and plan to directly support VA medical facility Public Affairs Officers.
- Coordinate and test best use of "conversation cue cards" to provide key staff with brief conversational messaging to respond to Veterans' questions.
- Develop a new portal a centralized point of access for information, services and resources for Veterans and Providers. The portal will incorporate and consolidate some of the existing platforms and incorporate some of the feedback received during the journey mapping effort.

Conclusion

VCCP is integral to VA's mission of transforming into a modern, high-performing organization that simplifies operations and improves delivery of healthcare services to Veterans. Collectively, the CCN contracts, electronic health record modernization, department-wide modernization efforts, and MISSION Act implementation will enable VA to provide exceptional care to Veterans anytime, anywhere. This further underscores VA's commitment to serving as a trusted, caring partner, helping Veterans and their families be healthy and well.

VA has implemented many regulations, policies, tools, and technologies that provide the structure of VCCP. Communications and training regarding the comprehensive services provided through VCCP address the needs of all relevant stakeholders. Veterans and their families, community providers, and VA staff can expect ongoing improvements and regular engagement as VA progresses toward full implementation of this new community care program. Furthermore, as VA continues optimization of processes that support VCCP, additional considerations will be provided for enhancing the experience of other stakeholders, such as beneficiaries.

U.S. Department of Veterans Affairs

Veterans Community Care Program (VCCP)
Vision and Implementation Plan
2021

Pre-decisional/Internal Use Only – March 2021

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VA
U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Community Care

VA Vision for Community Care

Achieving personalized, integrated, and high-quality care for our Veterans

VA serves a unique mission, "To care for him who shall have borne the battle and for his widow, and his orphan." VHA seeks to honor that duty by providing exceptional healthcare through the nation's largest integrated healthcare system which includes hundreds of thousands of partnerships with federal, tribal, academic, and community providers. Key to this mission is providing Veterans and their families with access to timely, high-quality healthcare closer to home.

VA provides personalized, integrated, and high-quality services for our Veterans. In addition to high quality medical services provided in-house at VA medical facilities, VA also provides Veterans access to care from community providers through the Veterans Community Care Program (VCCP). This supplemental form of access is integrated with VA's in-house medical services, and VA acts as the central integrator that coordinates the Veteran's care. The consolidated community care program is easy to understand and simple to administer, and it meets the needs of Veterans and their families, community providers, and VA staff. Community services operate seamlessly with the services provided within VA medical facilities and assure high quality transitions of care as the Veteran utilizes both VA and community care.

Inherent to a consolidated community care program is a high-performing network of community providers that serves as a seamless extension of VA's own network of facilities. The VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (MISSION Act) provided authorities needed to implement VCCP. VA's implementation of the Cerner electronic medical record and its interoperability with the network of community providers is another step towards seamless integration of care leading to an overall enhanced experience for Veterans.

COMMUNITY CARE PROGRAM

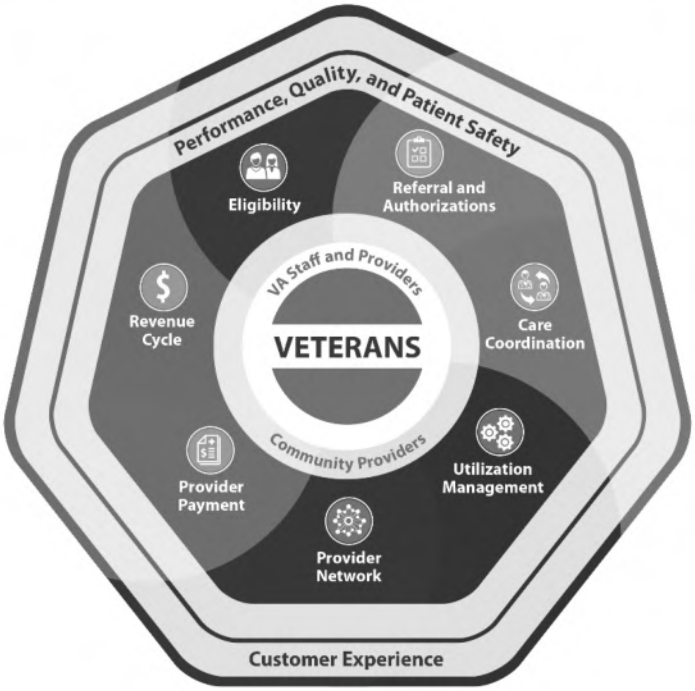
Performance, Quality, and Patient Safety
Eligibility
Referral and Authorizations
Care Coordination
Utilization Management
Provider Network
Provider Payment
Revenue Cycle
VA Staff and Providers
VETERANS
Community Providers
Customer Experience

Figure 1: The Community Care Program

The VHA Office of Community Care (OCC) developed regulations to implement the MISSION Act, along with policies, new business and IT solutions, and training for Veterans, staff, and providers. Additionally, OCC awarded contracts to furnish care in accordance with the vision for the VCCP. While fully launched, VA continues to optimize processes to increase the quality of care and service furnished to Veterans and their families through VCCP.

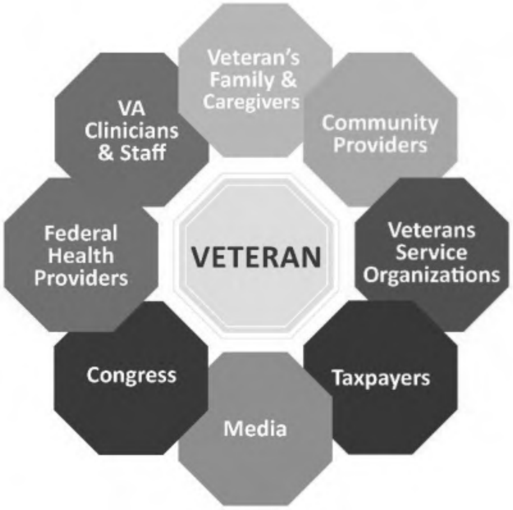

Figure 2: Stakeholders
With the Veteran at the center, stakeholders will experience ongoing improvements, increased customer service, and regular engagement as VA matures VCCP

To execute the future state vision and deliver impact for Veterans, community providers, and staff, OCC has developed a transformation model that links VA's vision with how it will achieve process, organization, technology, and information changes. Objectives across functional areas describe a measurable destination for each area and are paired with strategies and initiatives to achieve OCC's vision.

OCC Strategic Objectives and Solutions

Since 2016, OCC has been developing a model and achieving its strategic vision and objectives by transforming its processes, organization, and technology. Through continual evaluation, VA has made significant enhancements to further refine and mature the model over the years. Key components of VCCP described in this report are focus areas for improvements that will allow VA to best meet the needs of Veterans and their families, community providers, and VA staff. In-line with OCC's increasing need for data and health information, the Clinical Health Information Office (CHIO) was added as a new Executive Directorate in 2020, and OCC has actively been increasing data analytics work.

To guide activities, the OCC executive leadership team convened for a facilitated strategic planning session in October, 2020. Key outputs of the session include the mission and vision statements and FY21 goals included below.

Office of Community Care Guiding Statements

Mission: *To play an integral role in VA's High Performing Integrated Delivery Network (HPIDN) by delivering innovative healthcare programs that provide access to timely, high-quality, cost-efficient, and well-coordinated community care for Veterans and VA beneficiaries.*

Vision: *To achieve outstanding healthcare outcomes and provide best in class customer experience to Veterans, beneficiaries, VA employees, and community providers.*

Figure 3: OCC Mission and Vision Statement

Office of Community Care Goals (FY21)

1. Support VHA's mission of developing a High Performing Integrated Delivery Network for Veterans with a focus on:
    - Quality (Optimizing health outcomes)
    - Customer Experience (Veterans/VA Employees/Beneficiaries/Community Providers)
    - Value (Efficient use of resources)
    - Access (Provide best health care options for Veterans, cost efficiency)
    - Integrity (Building a culture of excellence)
2. Ensure Successful Implementation of New Technologies (EHRM and VA's new Financial Management Systems)
3. Innovate the Business Model
4. Make OCC the best place to work in VHA
    - Employee Engagement
    - Build a Culture of Excellence

Figure 4: Office of Community Care Goals (FY21)

Eligibility

Provide easy to understand eligibility information

A key tenet of VCCP is making eligibility details easy to understand. This combined with increased access to care and ease of program administration enables Veterans and other stakeholders to make informed decisions and experience greater ease in planning and accessing care.

To ensure that eligibility determinations and scheduling activities are streamlined, OCC implemented a Decision Support Tool (DST) that standardizes and automates how VA staff make eligibility determinations for Veterans and schedule appointments for community care. Program staff can view the average wait time for a given service across VA facilities. In addition, DST displays drive times to VA facilities based on the Veteran's established address and the service required. OCC is developing tools to compare VA and community wait times, so Veterans may have additional information when choosing when and where to receive care.

Utilizing the expanded eligibility for community care provided through the MISSION Act, Veterans have greater ease of access and opportunity to make decisions regarding care that best fits their individualized preferences and needs. VCCP is focused on ensuring that all Veterans who are eligible for care receive it in a way that is easier to understand and convenient for their individual needs.

Eligibility standards clarify who is eligible to seek healthcare services in the community. Clearly outlining these eligibility standards ensures Veterans will have the flexibility to choose between receiving care at a VA medical facility or at a community provider. Whenever appropriate and in-line with Veterans' preferences and availability, OCC encourages care at VA facilities first.

Impact to Veterans: Increased access to care resulting from the authorities provided in the MISSION Act and more transparent and simplified eligibility determinations. Veterans will understand when, where, and for what they can receive care in the community.

Impact to VA Staff: Allows VA Medical Center (VAMC) providers and staff to work directly with Veterans at the point of care to make informed decisions about where to receive care based on a Veteran's individual needs and preferences.

Capabilities

To achieve the goals for Eligibility, three key capabilities have been delivered as components of VCCP:

1. **Determine Eligibility:** Formalization and management of a single, nationally defined set of eligibility criteria for authorized community care; based on legislative requirements to assist Veterans and their families, community providers, and VA staff in decision making; availability of automated and real-time eligibility determinations for community care.
2. **Communicate Eligibility:** Availability of eligibility information to communicate guidance to providers and staff who need it, electronically, telephonically, and in printed formats to provide transparency to Veterans; consistency of eligibility information in order to communicate guidance, appeal decisions and educate Veterans, community providers, and VA providers and staff.
3. **Track Eligibility:** Automation of a consolidated record of real-time determination of eligibility information for community care delivered at the point of service. This includes eligibility calculations for drive time, wait time, hardship, states without a full-service VAMC, and grandfathered criteria. Once eligibility is automatically determined within the Enrollment System and confirmed by VA staff, an opt-in decision is requested of Veterans and documented in their electronic health record and/or Computerized Patient Record System (CPRS) records. The

Enrollment System is the single, authoritative source for eligibility determination, and requirements continue to be refined. The Enrollment System establishes a health benefit plan associated with the type of eligibility (e.g., drive time and wait time), and transmits this information to the electronic health record which interfaces with CPRS to document eligibility determination. Data inputs for the Enrollment System may be modified if processes/supporting technologies are adjusted.

Solutions and Tools

Decision Support Tool: VA created a real-time Decision Support Tool (DST) to help VA staff quickly review the criteria outlined in the MISSION Act, determine whether a given Veteran is eligible and would be best served utilizing VCCP, and document the decision rationale in the Veteran's health record. DST leverages a specific set of clinical and non-clinical criteria to assist staff in making eligibility determinations. Key DST features include the ability to view the average wait time for a given service across VA facilities, as well as an integrated view of drive times to VA facilities based on the Veteran's established address and the service required. Eligibility determinations are stored in VA's Corporate Data Warehouse (CDW).

Future Strategies

To build upon successes achieved in standardizing and simplifying eligibility, VCCP will consider the following:

- Continue to develop tools to track and compare VA and community wait times, so Veterans may have additional information when choosing when and where to receive care.
- Work to simplify eligibility criteria for unauthorized emergency care.

Referral and Authorization

Provide Veterans timely access to a community provider of their choice

OCC continues to improve Veterans' care experience and efficiency receiving care by further enhancing the referral and authorization capabilities. Through these improved capabilities, Veterans and their beneficiaries can more easily be referred to community providers for authorized care. The changes enable increased communications and further enhance Veterans' and their beneficiaries' ability to understand the options they have for care.

OCC modernized the referral and authorization process by consolidating legacy systems, aligning with industry leading practices, and simplifying processes that impact Veterans. Referrals and authorizations are managed in a single transparent system, with a clear process through which Veterans understand what a referral is and what their choices for care include. OCC implemented a cloud-based industry standard commercial off-the-shelf (COTS) product to ensure that VA's referral and authorization process incorporated industry standard communications protocols. A process that supports industry standards allows for interoperability with the Cerner electronic health record (EHR) and increases the potential to utilize technologies and services that will be available in the future.

Impact to Veterans: Streamlined information sharing processes between VA and community providers; reduced wait times for care in the community. Increased Veteran self-service options for scheduling.

Impact to VA Staff: Simplified and standardized processes to authorize care, share medical information, identify community providers, and schedule Veteran appointments in the community.

Impact to Community Providers: Streamlined process to receive authorization information, share data with VA, and request additional services. Customized billing instructions at time of referral and clarified payment.

Capabilities

To achieve the goals for Referral and Authorization, three key capabilities were delivered as part of VA community care:

1. **Receive and Communicate Referrals:** Unified set of clinical services and processes for managing referrals including a single consult model to streamline the various scenarios that exist to generate community care referrals for Veterans; appropriate information security safeguards to ensure Veterans' Personal Health Information (PHI) data is protected; consolidation and simplification of the process of referral documentation packaging.
2. **Receive and Communicate Authorizations:** Timely exchange of standardized authorization information to community providers via their preferred means of communication to provide Veterans timely access to care; electronic transfer of referral and authorization information to community providers; appropriate information security safeguards in place to ensure Veterans' PHI data is protected; consolidation and simplification of the process for authorization and medical documentation packaging.
3. **Track Referrals and Authorizations:** Centralized mechanisms to track and store referral and authorization information among VA, community providers, and network contractors to streamline experience for Veterans; electronically receive community referrals for review and approval.

Solutions and Tools

HealthShare Referral Manager (HSRM): HSRM is OCC's referral and authorization system. HSRM is the sole platform for VA staff to process referrals, consolidating multiple systems and processes into a simplified and standardized approach to sending Veterans for care outside of VA. HSRM is a cloud-based system that provides VA, for the first time, a shared platform for VA staff, community providers, and third-party administrators to jointly process referrals and authorizations. It includes scheduling Veteran appointments, sharing medical records, accessing Veterans' medical history, and requesting additional services. In the near-term, HSRM will also provide the same benefits when VA sends Veterans for care at the Department of Defense (DoD). By using a cloud-based, industry standard COTS product in HSRM, VA has options for integrating with Cerner as future technologies and processes are implemented. HSRM is also used to checks the Community Care Eligibility status in the Enrollment System.

Veterans Affairs Online Scheduling (VAOS): As part of increasing Veterans' access to care, VA implemented the VAOS system for community care. The tool automatically provides Veterans with information about their eligibility. Veterans can access VAOS for community care through the VA/DoD eBenefits or My HealtheVet websites, or as a mobile app. VAOS provides Veterans with an improved customer experience, enhanced access and convenience, and reduced waiting times for community care appointments.

Emergency Care Reporting (ECR) Portal and Emergency Care Authorization Tool (ECAT) for Centralized Authorization of Emergency Care (CAEC): OCC is working to centralize and standardize notification and authorization for community emergency care. The SharePoint-based ECAT system is currently used to automatically generate referrals for approved emergency care notification for in-network facilities. It will be expanded to also be used by out-of-network facilities and then Beneficiary Travel. Eventually, HSRM will replace the ECAT system.

Referral Coordination Initiative (RCI): The aim of this initiative is to provide Veterans with the timeliest care options, whether in the VA direct care system or in the community, by reducing the average time it takes to schedule appointments. A Referral Coordination Team (RCT) member helps a Veteran make more informed decisions by discussing all care options available and capturing a Veteran's preferences for location, time, date, provider and/or self-scheduling, if applicable. RCI reduces administrative burden on clinicians and helps ensure Veterans receive timely and appropriate care.

Future Strategies

To amplify programs and strategies that have proven successful over the course of the project, the following strategies should be considered:

- Improve access to medical documentation needed for referrals and authorizations, with seamless access across data sources and reduced back-and forth. Enhance functionality of important tools including: Clinical Viewer within HSRM (used for a consolidated view of the Veteran's medical record in which providers can access referrals they have received), automated ingestion of EDI 278 transactions, and incorporation of Direct Secure Messaging in referral and authorization processes.
- Add additional focus on reporting and data analytics.
- Consider additional integration testing.
- Consider using Community Care Referral and Authorization (CCR&A) System focus groups to identify gaps in VA processes and requirements for optimization. Such focus groups could support needed systems stabilization as VA gains implementation momentum and speed.
- Consider identifying a solution or tool to support referral coordination and access management to directly improve access and decrease wait times. The goal would be to enable schedulers to provide Veterans with near real-time appointment access and wait time information to help inform decisions of whether to receive care from a VA provider or in the community.

Care Coordination

Coordinate care and resources based on the personalized needs of Veterans

VA will provide processes, policies, and tools to enhance coordination of care and exchange of health information with community partners, Veterans and VA staff. These initiatives enable VA to act as the central coordinator of a Veteran's care and create a personalized care coordination plan that meets the Veteran's physical, psychological, and social needs. Use of an innovative care coordination model and its supporting tools will enable VA to efficiently categorize each Veteran's care coordination needs based on clinical acuity and urgency. This will enable VA to provide personalized services that meet the Veteran's unique needs.

Tools associated with the care coordination model will facilitate timely exchange of Veteran information and associated medical documentation between community providers and VA. These tools will augment communication processes and provide education and personalized care coordination to help Veterans access appropriate, high quality services at the right time. Additional processes are being deployed to support a standardized approach across VAMCs to manage requests from community providers to provide clinical services to benefit drive-time eligible Veterans and improve access to care.

Impact to Veterans: Improved quality and personalized Veteran experience. Improved continuity of care and patient outcomes due to standardized communication and seamless information exchange between VA facilities and community providers. Improved coordination of care and coordinated, efficient scheduling.

Impact to VA staff: Reduced administrative workload and improved efficiency of processes; Clearer guidance to VA staff about making authorization, referral, and care coordination-related decisions.

Impact to Community Providers: Improved information exchange and coordination of care between the community provider and VA.

Capabilities

To achieve the goals for Care Coordination, five key capabilities will be delivered as components of VA community care:

1. **Receive Health Information:** Establishing standard processes and infrastructure for VA to collect Veteran specific documents within and outside VA. Protect Veteran health information and maintain an accurate health record; collection of Veteran information from providers and contractors that safeguards incoming data transfer.
2. **Communicate Health Information:** Creation of integrated health records that include Veteran information from across the care continuum to identify and mitigate gaps in Veteran care transitions; consolidation and storage of Veteran data from multiple sources in a centralized and interoperable data warehouse; access to analytics to identify and prioritize Veterans' disease acuity and care needs.
3. **Provide Care Management:** Systematic coordination of safe, high-quality care by linking Veterans with providers based on real-time/evidence-based management across the care continuum; streamlined patient navigation across the care continuum with a focus on ongoing tracking and appropriate documentation of referrals; creation and implementation of standardized episodes of care across the VA's network of community providers; implementation of personalized incentives (financial or behavioral) and communications to enhance member engagement in the care management program.
4. **Schedule Community Appointments:** Streamlined end-to-end appointment management processes, policies, and procedures including consolidation of community care scheduling back to the local VAMC; ability for Veterans to select in-network providers and schedule appointments according to Veterans' preferences. Increased ease of scheduling follow-up care.
5. **Coordinate Community Requests:** Identification and tracking of care requests originating in the community and streamlining the authorization processes to avoid care gaps and ensure Veterans get care when and where they need it; bidirectional communication with community providers and contractors; implementation of accountability standards and procedures for community providers and contractors. Enable follow up care and ability to navigate to and from community providers, with care centrally managed by VA. Increase ease of medical documentation and prescription reconciliation to improve quality of care and patient safety.

Solutions and Tools

Standard Episodes of Care (SEOCs): OCC developed Standardized Episodes of Care (SEOCs) in collaboration with Chief Medical Officers, Chiefs of Staff, and National Clinical Program Offices across the VA enterprise as a preapproved, standardized bundle of services and procedures that relate to a specific category of care or sub-specialty. SEOCs are administered to assist clinicians, including community providers, in meeting the plan of care that is authorized for the consult. Although the consult is the VA clinician's order, the services prescribed in the consult should be used by the community provider to determine the Veteran's clinical needs and to choose the appropriate services from the SEOC. Thus, the use of SEOCs to authorize community care will increase consistency in the referral management process, improve accuracy and timeliness of provider payments, and expedite Veteran access to community care.

SEOCs are anticipated to reduce the need for secondary authorization requests and improve the utilization management processes. SEOCs are the core elements of the VA's medical policy. The immediate benefits include: improve timely access to care for Veterans by reducing the need for secondary authorizations from community providers, provide community care staff with a standardized and more streamlined process to authorize and manage referrals, and make it easier for community stakeholders to partner with VA by allowing community providers and Contractors to reference one consistent, standardized list of collectively-authorized services and procedures.

Care Coordination Screening & Triage Tool: VA developed and deployed an automated tool that allows the assessment of personalized care coordination needs for Veterans. This tool uses a Veteran's unique clinical, psychological, and social measures to help VA staff identify the unique set of services needed by that Veteran. The results of the Triage Tool inform the creation of care coordination plans that meet the unique needs of the Veteran. Refinement of this tool is ongoing, and VA continues to incorporate changes to enhance user experience.

Care Coordination Plan (CCP) Note: OCC developed the CCP note tool as a platform to capture the care coordination plans and related activities aimed at coordinating the Veteran's care including, but not limited to: navigation, scheduling, follow-up, communication with the Veteran and community partners, coordination of services, and transition to the medical home team. The CCP note is comprised of clinically indicated services, clinical care, Veteran psychosocial needs, and Veteran preferences and goals. Refinement of this tool is ongoing, and VA continues to incorporate changes to enhance user experience.

Community Provider Order (CPO): OCC developed Community Provider Orders as a standardized approach for VAMCs to collaborate with community providers to manage requests from the community for Veteran services, coordinate and communicate Veteran care, and address responsibilities around critical findings. CPO establishes the process and the supporting tools required for placing, tracking, managing, and reporting requests received from community providers on behalf of their Veteran patients, including entering and accessing community provider information within VA IT systems. The process decreases the wait time for a Veteran to receive care, improves care coordination between VA and its affiliated network providers, drives care to the VA, and ultimately improves Veterans' access to care.

Future Strategies

As care coordination efforts progress, development and adoption of forward-thinking strategies will be critical to maintain momentum. Below are some strategies to consider for future gains:

- Create stronger alignment with Cerner and Referral Coordination Team to enable knowledge transfer and execution strategies.
- Leverage change management approach and methodologies in partnership with OCM to drive end-user adoption of deployed tools and solutions and create feedback loops for continuous refinement of the care coordination model. Support national collaborative efforts with Office of Nursing Services (ONS), Office of Care Management (OCM), and Office of Social Work (OSW) on care coordination, case management, and disease management standardization.
- Utilize predictive analytics to proactively identify high risk veterans needing case management and/or disease management interventions who primarily or exclusively obtain care in the community.
- Continue to develop the mechanism to gather analytics to support SEOC use and refinement.

Utilization Management

Improve healthcare quality, promote medical best practices, and reduce costs

VA will provide processes and tools that utilize evidence-based clinical standards to ensure that Veterans receive timely, appropriate, coordinated care. The use of standardized clinical review tools will reduce administrative workload on VA staff and increase the quality of Veteran care by allowing site staff to determine clinical appropriateness of outgoing referrals quickly and accurately. The use of SEOCs will increase the efficiency of service authorization processes and improve provider relations by making the claims adjudication and provider payment processes more predictable.

In turn, these enhancements will improve the Veteran experience by allowing the community provider to deliver clinically appropriate services and reduce the use of unnecessary procedures or tests.

Impact to Veterans: Provides Veterans with the most clinically appropriate care through standardized clinical review processes. Improves quality and safety of care delivery.

Impact to VA Staff: Improves workflow efficiencies by implementing evidence-based guidelines to determine clinical appropriateness of referrals; reduces costs by eliminating unnecessary tests and services.

Impact to Community Providers: Improves partnership with VA by providing clarity about services authorized in the community and basing service authorizations on industry standard evidence-based guidelines.

Capabilities

To achieve the goals for Utilization Management, three key capabilities will be delivered as part of VA community care:

1. **Determine clinical appropriateness:** Deploy clinical guidelines and evidence-based tools to conduct clinical reviews. Review and approve referrals based on industry standard guidelines and tools. Create processes to designate staff to review appropriate consults for authorization.
2. **Track service utilization:** Track referrals that are sent into the community. Deploy tools to track service utilization. Deploy processes and tools to track cost of care.
3. **Track and incentivize provider performance:** Create analytic tools to gather and track provider performance. Create approaches to incentivize providers based on performance. Create processes for network providers to incorporate VA-specific metrics into their provider performance management processes.

These capabilities will include proactive and reactive steps, ultimately resulting in robust processes to ensure Veterans can access care by using clinically appropriate services for which they are eligible. The Utilization Management team will further refine current medical policies by working closely with appropriate stakeholders in VA and the community. Effective utilization management will result in appropriate usage of services, close communications with community providers, and reduction in unnecessary tests and services. It will enable program sustainability and bolster VA's commitment to being a good steward of resources and taxpayer funds.

Solutions and Tools

Standardized clinical review processes: By instituting standardized clinical review processes, VA will increase the accuracy and efficiency of the service authorization process. VA will review and manage utilization to ensure Veterans access care that is medically necessary, including appropriate usage of tests and resources. Workload on VA providers will be reduced, and the frequency of Requests for Services ("RFS," formerly referred to as "Secondary Authorization Requests" or "SARs") will be reduced significantly. Identifying appropriate officials to review services, via the facility's Delegation of Authority Medical Services (DOAMS) list, will optimize resource use and increase workflow efficiencies. Specifically, the clinical review tool will improve timely access to care for Veterans by decreasing the number of hand-offs for all community care service authorization requests. This will decrease the time to review and process requests by providing community care staff with a standardized and more streamlined process to evaluate and approve referrals. Using standardized tools will provide Veterans with clinically appropriate care. Together, these enhancements will result in a model that ensures Veterans have access to the right care, delivered in a way that will be sustainable for VCCP.

Medical Cost Management Dashboard: The dashboard will be used to provide leadership insight into costs associated with a Veteran's episodes of care. This will enable data-driven decisions and increased ability to track medical spending at the leadership and site levels.

Clinical Review Tool: The Office of Community Care is deploying a new clinical review tool to provide clinical staff with evidence-based guidance to establish clinical appropriateness for most outpatient services. By standardizing the use of this tool, VHA will provide consistent quality of care and lower costs. Additionally, the tool will reduce provision of unnecessary services, will ensure needed services are provided, and will scope services appropriately to reduce Requests for Services.

Future Strategies

As an integral part of care coordination efforts, it will be important to employ the following utilization management strategies to ensure Veterans receive the right care at the right time and in the right care setting:

- Monitor and evaluate Delegation of Authority (DOA) and DOAMS lists.
- Standardize the consult template for utilization across settings and regions.
- Drive site-level accountability and responsibility for reviewing and acting on utilization management data, metrics, and insights.

Performance, Quality, and Patient Safety

Provide access to high-quality care inside and outside VA

The primary goal of VCCP is to deliver timely, effective, safe, and Veteran-centered care per the quality standards, while also improving the Veteran's experience and outcomes with focus on the Veteran's journey across the continuum of care. Performance, Quality, and Patient Safety (PQPS) has the important goal of ensuring Veterans access high-quality care, both within and outside VA. This will be enabled through monitoring provider performance, clinical quality, and patient safety. Patient safety results will be evaluated and acted upon using VAMC and VISN-level processes to review individual patient safety events by severity and type, or trends of similar events, and creating/tracking actions for improvement.

VA is developing and deploying tools to assess and compare provider quality and performance. These tools will incorporate quality, safety, and patient satisfaction metrics to identify high-performing providers in the community. Veterans can currently use publicly available websites such as www.medicare.gov/hospitalcompare and www.accesstocare.va.gov to get information about the quality and performance of providers.

OCC will ensure alignment of quality standards for VCCP with those used to monitor VA care. OCC will support infrastructure, tools, and the utilization of performance data to assist VISNs, VAMCs, and community care providers/facilities in developing quality improvement initiatives as appropriate.

Impact to Veterans: Improvement of quality and safety of care provided to Veterans in the community. Improved Veteran satisfaction.

Impact to VA Staff: Defined VHA community care quality and safety efforts, clear quality and patient safety measures, standardized reporting, and clear guidance**.** Trust that care being referred to the community meets VA's standards for quality.

Impact to Community Providers: Clear quality standards and expectations for providers. Reporting patient safety events and improving care standards.

Operationalizing Standards for Quality

Operationalization and communication of standards for quality within VA will build upon existing reporting, analytics, performance improvement, and development processes. This includes internal tracking and reporting using VA's Strategic Analytics for Improvement and Learning (SAIL) scorecard and, as required under the MISSION Act, external reporting of facility-level performance on the CMS-sponsored website, Hospital Compare, in addition to VA-sponsored external-facing Internet sites.[1]

VA must work in harmony with community providers to ensure the standards for quality are adhered to[2] and intervene when necessary for the benefit of the Veteran. To facilitate the most effective partnership with the community in caring for Veterans, VA will take an iterative approach, collaborating with DoD and CMS to remain in lockstep with the evolution of standards for quality as the industry advances. As more relevant, useful, and granular quality measures are adopted widely in the U.S. healthcare system, VA will follow suit.

One component of this collaboration is the creation of robust mechanisms of care coordination between VA and non-VA providers, so that each clinical component involved in the Veteran's care is making decisions aligned with his/her clinical needs and preferences. Such mechanisms of care coordination are intended to ensure:

- Veterans with multiple comorbidities receive high-quality and safe care regardless if they obtain care from VA or non-VA providers.
- Veterans as well as family members or caregivers have an ongoing relationship with a case manager or care coordinator who can keep them informed about each component of the care delivery process.
- VA and community-based clinicians are knowledgeable about the Veteran's full medical condition and provide reasonable assurance that important needs are being met.
- Adverse events and harm are avoided, particularly those associated with fragmentation of care across multiple providers.

Standards for Quality

The standards for quality consist of Quality Domains, Quality Measures, Expected Performance, and Community Benchmarks. The VA Standards for Quality were published in the Federal Register in October, 2019: https://www.federalregister.gov/documents/2019/10/03/2019-21538/va-standards-for-quality

Capabilities

To achieve the goals for Performance, Quality, and Patient Safety, five key capabilities will be delivered as part of VA community care:

1. **Develop Quality Standards and Safety Measures for Clinical Care:** VA has an existing process for reporting, scoring (for severity), and resolving patient safety issues, using Joint Patient Safety Reporting (JPSR). VA is working diligently to ensure Veterans have access to timely, effective, safe, and Veteran-centered care per the quality standards, whether delivered by VA or through community providers. OCC will ensure alignment of quality standards for community care with those used to monitor VA care. VA will be transparent about standards and will also develop and communicate performance comparisons as they become available.
2. **Collect, Analyze, and Report Provider Quality Data:** Data will be collected related to the quality of care delivered by VA and community providers. This data will be collected and analyzed to ensure that Veterans are accessing safe, quality care. A long-term goal for VA is to standardize quality reports and make more data-informed decisions related to quality.

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[1] https://www.accesstocare.va.gov/Healthcare/QualityOfCare. Although the MISSION Act requires reporting on CMS' Website, we plan to also use our own website in order to provide more timely information about current VA performance, since CMS data is typically posted with a delay of 1 to 3 years after the care is provided.

[2] Tanielian, T., Farris, C., Epley, C., Farmer, C. M., Robinson, E., Engel, C. C., & Jaycox, L. H. (2014). "Ready to serve". Santa Monica, CA: *RAND*.

3. **Collect Patient Satisfaction Metrics:** VA will solicit feedback from Veterans about their care experience, collected according to standardized patient satisfaction metrics. This feedback will be used to identify leading practices in care, as well as identify any needed areas for improvement.
4. **Establish Controls to Monitor Quality and Safety:** JPSR is utilized as a reporting and event analysis mechanism for patient safety events. The OCC Patient Safety Guidebook lays out roles and responsibilities, process flows, internal controls, and standard operating procedures for Community Care Patient Safety. Root Cause Analysis (RCA) is utilized for all events meeting a certain scoring threshold in severity (SAC = 3), with an output from the RCA being measurable improvement actions.
   OCC will document processes and operational internal controls to ensure the quality and safety of care Veterans receive. Documentation will include standardized operating procedures, process flows, roles and responsibilities, and internal controls. OCC will continue to establish controls and monitoring to ensure appropriate utilization (including of prescriptions, testing, and procedures) and will engage stakeholders to advance the "Choosing Wisely" framework for appropriate utilization.
5. **Ensure Patient Safety in the Community:** VHA Patient Safety Handbook 1050.01 will be followed for community care, just as it would for care received at a VAMC. To ensure Veteran safety, patient safety events (adverse events or close calls) that occur at a facility outside VA that is providing care on behalf of VA will be reported, internally and/or externally investigated, and corrective action plans will be implemented according to policies outlined in the Patient Safety Guidebook. Per the CCN requirements, Contractors will be required to lead quality committees.

Solutions and Tools

Patient Safety Guidebook: The Guidebook, built on existing VHA patient safety reporting and investigation processes, provides the tools and processes to report, disclose, investigate, and improve patient safety for Veterans who receive care in the community. It supports VHA's goal of preventing inadvertent harm to Veterans consequent to their medical care. The Guidebook and associated processes increase communication and collaboration between VHA and community partners.

Exchange of Health Information: The exchange of critical health information including standardized patient summary documents (C-CDAs) and quality documents (QRDAs) will be an important tool for ensuring performance, quality, and patient safety. It will enable VA to act as an effective central coordinator of the Veteran's care across providers.

Quality and Patient Safety Program: The overarching goal of the program is to evaluate, improve, and oversee the quality and safety of care in the community. The Program will lay out a roadmap, anticipated to be like the one included below, for next steps that define specific targets for maturity of the program over time.

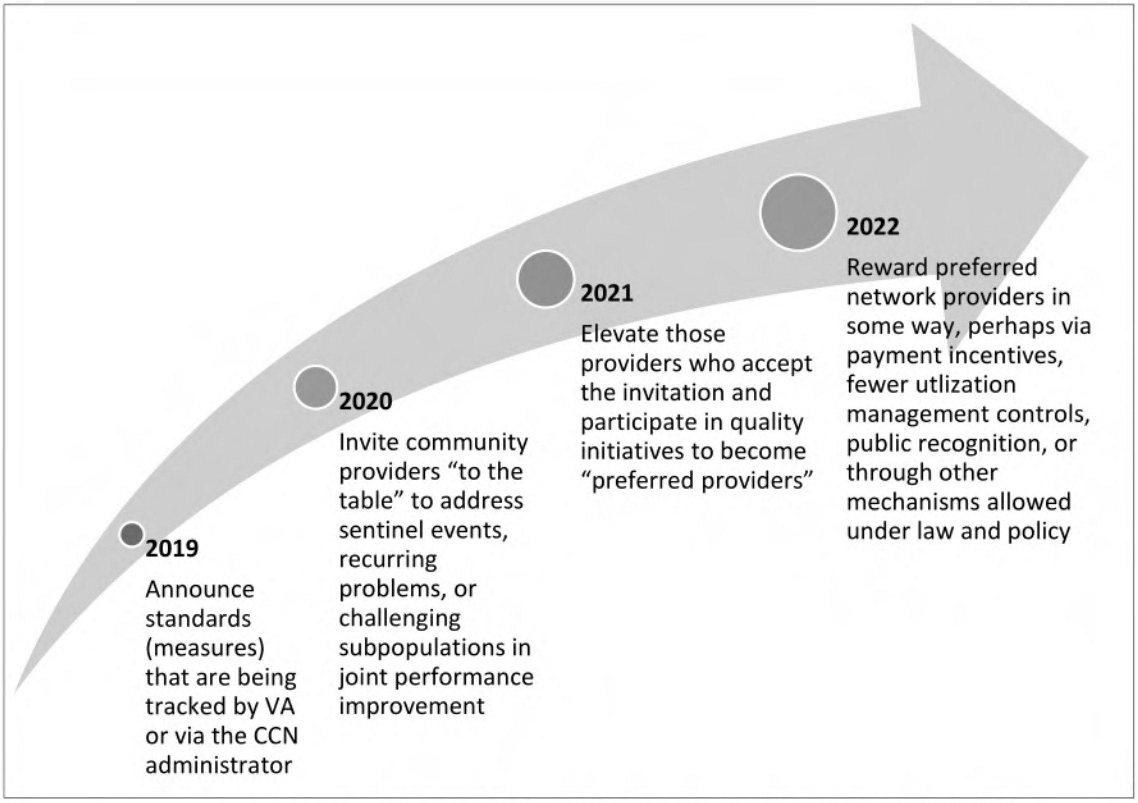

2019
Announce standards (measures) that are being tracked by VA or via the CCN administrator
2020
Invite community providers "to the table" to address sentinel events, recurring problems, or challenging subpopulations in joint performance improvement
2021
Elevate those providers who accept the invitation and participate in quality initiatives to become "preferred providers"
2022
Reward preferred network providers in some way, perhaps via payment incentives, fewer utlization management controls, public recognition, or through other mechanisms allowed under law and policy

Figure 5: High-Level Roadmap for Performance, Quality, and Patient Safety

Quality Performance Measurement: The Quality and Patient Safety team will collect a standardized set of quality and patient safety clinical performance measure data for VHA to provide insight to stakeholders about the quality and safety of care provided in the community. The key performance indicators will: measure and monitor the quality and performance of the community care network related to timeliness, access, patient safety, clinical quality, and overall network performance; identify preferred providers based on quality and performance criteria to allow Veterans the opportunity to choose from a high-performing provider that is right for their healthcare needs; reconcile competing standards. OCC selected data sources that will decrease the reporting burden on network providers and contractors, while also providing VHA with the broadest set of quality and patient safety measure data. This will contribute to the CCN Quality and Patient Safety Measure Specifications Manual and the to-be developed Quality and Patient Safety Performance Measurement Manual.

Patient Safety Incident Reporting: OCC will test and nationally deploy a standardized set of patient safety guidance for VHA and non-VHA contractor personnel that aligns with VHA's policies on adverse event reporting and disclosure (VHA Handbook 1050.01 and VHA Handbook 1004.08).

Currently, TriWest provides a Quality and Patient Safety representative for every VISN. This representative is to be utilized when coordinating patient safety incident review and corrective action planning for events of high severity, or when local VAMC staff encounter difficulty in coordinating with TPA provider staff, or when patient safety events of certain types are trending for the TPA providers. Different TPAs will have different patient safety processes that they follow; however, the CCN TPA is reporting patient safety processes that involve including VA within regional Quality/Patient Safety committees.

Joint Patient Safety Reporting (JPSR): VHA patient safety and VAMC OCC staff record patient safety events in JPSR. Capturing this data allows for facility and VISN leadership to track patient safety trends through reporting output.

Enterprise Program Reporting System (EPRS): EPRS is a centralized reporting system that aggregates VA and Contractor data to enable OCC leadership to monitor and assess performance of the community care program's operational and program administration against a broad range of performance metrics. Aggregating multiple sources of information, including Quality Assurance Surveillance Program (QASP) metrics, 835/837 claims data, and utilization management metrics, among others, OCC will regularly assess contractor and internal management of performance against CCN requirements comprehensively, across both geographic and clinical service lines. Data handling, aggregations, analysis, and storage will be done in compliance with all applicable data privacy rules and regulations.

Future Strategies

Due to the delay in the CCN contract awards, as well as other identified Patient Safety and Quality initiatives, VA can anticipate key efforts to be underway in FY2021 and beyond, including:

- Continued efforts to drive community care-related patient safety reporting and investigations, to allow OCC to identify trends and develop cross-organizational corrective actions to mitigate future risk
    - The development and implementation of Enterprise-wide corrective actions will require extensive facilitation and implementation support.
- Similarly, upon development of more robust reporting procedures for community care-related patient safety events, VA can anticipate having more actionable data with which to identify trends and develop corresponding corrective actions.
- Continued CCN deployment support for all Regions, including support developing/refining quality and patient safety-related deliverables, development of the HPP algorithm, action item completion, etc.
- Identification of additional areas of cross-collaboration between OCC, NCPS, and VHA patient safety staff and subsequent process improvements.

VA may also want to consider using its contract support to expand its efforts to improve the quality and safety of care in the community, for example:

- Investigate quality issues identified by the CCN Contractors: This would be a cumbersome process, requiring evaluation of the Veteran's medical record and associated care, but could provide greater insight into quality issues experienced by Veterans receiving community care. In turn, this would allow VA to develop processes and procedures to improve the quality and safety of care improving healthcare outcomes for Veterans.
- Partner with TPAs to conduct quality initiatives targeting care provided for Veterans.

Provider Network

Provide access to a high-performing, quality, and efficient provider network

VA will continue to establish an integrated high-performing provider network that includes VA, federal, community, and academic partners to provide efficient, quality, and timely care. This network will be established through national contracts such as with community providers, DoD, and Indian Health Service (IHS). The external network will be integrated with VA processes to ensure Veterans have access to high quality care both within and outside of VA.

Per the MISSION Act, OCC will need to oversee the quality of the services provided to Veterans using appropriate certifications, credentialing, and licensure requirements. VA will need to work with provider networks to determine who is an eligible provider and make sure that appropriate certifications, credentials, and licenses are up-to-date. This ensures network adequacy and that practitioners can provide services within their scope of practice. VA will also need to monitor providers under investigations, investigate providers who have lost credentials, and perform exclusionary management activities to ensure a quality network and reduce fraud, waste, and abuse. To safeguard concerns related to the quality of care Veterans receive in the community, it is critical to ensure that all providers who care for Veterans are appropriately licensed and credentialed.

Impact to Veterans: Expanded Veteran access to high-performing community providers; increased satisfaction due to improved care outcomes and increased accessibility to providers; increased reliance that providers are appropriately licensed.

Impact to VA Staff: Reduced time to identify qualified providers; increased assurance regarding the quality of providers caring for Veterans in the community.

Impact to Community Providers: Increased participation as a result of reduced administrative requirements, streamlined network management, and coordination with VA and Contractors.

Capabilities

To achieve the goals for Provider Network, three key capabilities will be delivered as part of VA community care:

1. **Collect Provider Information:** Collection and standardization of community provider information into a consolidated repository to provide accurate information for Veterans seeking care in the community; electronic transmittal and receipt of provider information; visibility into the network of providers; information about provider competence with military conditions/patients; audits of provider/credentialing files.
2. **Communicate Provider Information:** Dissemination of community care provider information to key stakeholders through the most relevant channel to inform timely Veteran decision making on available care options; cultivation of provider engagement throughout Community Care Network to continuously grow a high-performing network.
3. **Manage Network Contracts:** Administration of community care contracts and Veterans Care Agreements, including streamlined administrative processes and a unified provider relations model to strengthen provider partnerships.

Solutions and Tools

Community Care Network (CCN)/Veterans Care Agreements/Sharing Agreements: The ecosystem will include consistent business processes to credential providers, identification of providers who provide high quality care, and identification of preferred provider criteria. VA will complete the transition to the new high-performing CCN to provide continuity of service to Veterans. CCN will establish a high-performing provider network that leverages community partners to deliver a superior experience to Veterans through building business capabilities needed by VA to effectively interact with the network, standardize operations between federal and academic agreements, and manage the transitions and operations of the improved networks.

Provider Profile Management System (PPMS): The PPMS is a repository of provider information from multiple providers that will serve as a repository for Veterans, community providers, and VA staff to view that information. The PPMS will accept provider information and act as the centralized repository for community care provider information.

Pharmacy Benefits Management Opioid Safety Initiative Dashboard (PBM OSI Dashboard): The dashboard will provide data on the opioid prescription practices of community providers. This will support the ability to monitor for opioid prescription abuse.

TrainingFinder Real-time Affiliate-Integrated Network (TRAIN): This system will be used for hosting and tracking provider trainings.

Future Strategies

Once CCN is deployed for all Regions, the effort will focus on maintaining and operating. Through this period of stabilization, VA will ensure the deployed network is being utilized and is meeting community care needs. Furthermore, VA will ensure that a mechanism for long-term oversight and network corrections is in place.

- Consider oversight of the network and demand forecasting to ensure the community networks adjust to meet Veterans' needs. As VA's capability in provider data management matures, continuous improvement of PPMS, taxonomies, and search functions will be considered.
- Continue development and implementation of defining, measuring, visualizing, and monitoring Network Adequacy.
- Work across VA to synchronize anticipated CCN demand forecasts, as impacted by national and enterprise-wide initiatives.

Provider Payment

Support accurate and timely payment to community providers

Align with industry best practices by transitioning from manual and fragmented processes to highly automated and centralized claims adjudication and reimbursement systems that leverage analytics to monitor performance and accountability for timely, accurate, and consistent provider payments. By integrating with OCC's health policy, standardizing business rules across VA and contractor claims adjudication systems, and leveraging lessons learned from the Veterans Choice Program, OCC will improve efficiencies, continue to reduce backlogs, reduce operational costs, and ultimately increase Veteran, provider, contractor, and VA staff satisfaction. In addition, by leveraging new technologies and lessons learned through strategic partnerships with stakeholders such as Center for Medicare and Medicaid Services (CMS), DoD, and the Prevention of Fraud, Waste, and Abuse Advisory Committee (PFWAAC), VA will implement best practices such as pre- and post-payment checks to ensure accuracy of claims payments and reduce fraud, waste, and abuse in community care programs.

Impact to Veterans: Increased access to care for Veterans due to improved relationships with Provider Networks; elimination of adverse credit reporting or debt collection resulting from inappropriately billed claims.

Impact to VA Staff: Reduced backlogs, manual processes, and operational costs through use of consistent and automated platform to receive claims; standardization of business rules across VA and contractor systems. Greater availability of funding to support Veteran care through improved accuracy of claims payments and reduction of fraud, waste, and abuse.

Impact to Community Providers: Increased confidence that community providers will be paid timely and accurately. Less administrative burden and financial impact related to payment inaccuracies and delays.

Capabilities

To achieve the goals for Provider Payment, three key capabilities will be delivered as part of VA community care. Note: these capabilities are applicable to both invoices and claims.

1. **Receive and Process Claims:** Centralized intake of physical and electronic claims information, including supporting materials such as medical records, to ensure key data is captured for efficient processing and communication; electronic claims processing to ensure claims integrity for key data required for adjudication and routing of claims to the correct workflow queue for processing.

2. **Pay Claims:** Electronic determination of VA payment for claims based on network, services rendered and additional processing requirements to enable accurate and timely payment for services provided in the community; electronic receipt for reimbursement requests.
3. **Audit Claims (Post Payment Processing**): Review of paid claims or invoices to confirm accurate payment, determine Veteran liability, and capture discrepancies due to improper processing or payment to promote accountability and appropriate use of funds; coordination of benefits to determine Veteran (first-party) liability and other party liability in the cases where subrogation for other health insurance (OHI) or legally-liable parties are involved in a Veteran's care; pre-payment checks and post-payment audit reports to support reconciliation with the submitting party so that it may be updated and re-submitted.

Solutions and Tools

Electronic Claims Adjudication and Management System (eCAMS): eCAMS is a web-based COTS system that can adjudicate, process, and pay healthcare claims submitted by healthcare providers, on behalf of Veterans' health needs, in accordance with industry standards. Increased healthcare demands require organizations that adjudicate healthcare claims to modernize their core administrative systems to be more efficient. eCAMS is the replacement system for the Fee Based Claim System (FBCS) and is designed to automatically process claims for non-contractual community care. eCAMS will both adjudicate and pay these provider claims utilizing business rules to compare approved referrals, provided by HSRM, and claimed services.

Community Care Reimbursement System (CCRS): The CCRS system processes receipt and validation of post-payment 837 COB invoices, reimbursement, and post-payment audit activities, and facilitates revenue operation activities (i.e., first party billing). Using CCRS will allow VA to automatically process invoices in the CCN. The system will allow VA to implement and support pre-payment business rules and post-payment reviews to promote a high level of payment integrity. CCRS will reimburse the CCN Contractor(s) for claims they have adjudicated/paid on behalf of VA for care provided in the community; per the CCN Performance Work Statement, CCRS must enable a reimbursement process that allows invoices to be paid within 14 days**.**

Future Strategies

To optimize services and maintain current pace of progress, a two-step future strategy focuses on reporting and analytics.

- Optimize and expand data analytics, including Post-Payment Analytics and POM Operational Reports. Create additional reports to cover an expanded set of POM operations (i.e., appeals and denials).
- Explore and define ways to transform how these reports are generated and delivered to staff (i.e., self-serve vs. on-demand).

Revenue Operations

Support effective and efficient management of Community Care funds

Maximize revenue collection opportunities through an efficient combination of business rules and workflow management capabilities. These will include tools that will automatically identify care needing pre-certifications with OHI, capture applicable paid claim data and coordination of benefit (COB) information for third party billing, and determine first party copayment liabilities. This will be done both for care provided by VA and in the community.

Impact to Veterans: Increasing revenue capture improves VA's ability to reinvest in programs and services that benefit Veterans because the funds collected are returned to the VAMCs for use in direct patient care.

Impact to VA Staff: Increased revenue opportunities through an efficient combination of business rules and workflow management capabilities that will automatically identify care needing pre-certifications with OHI, capture applicable paid claim data and COB information for third party billing, and determine first party copayment liabilities.

Capabilities

To achieve the goals for Revenue Operations, four key capabilities will be delivered as part of VA community care:

1. **Track Facility Revenue:** Capture community care encounters, distinguish encounter type, copayment obligation, and first and third-party billing type, facilitate billing of community care encounters.
2. **Conduct Insurance Verification:** Capture Veteran insurance information, verify Veteran insurance information to optimize third party billing and collections.
3. **Perform Revenue Utilization Review:** Manage payer authorization requirements to optimize VA reimbursement, validate Service Connected/Special Authority (SC/SA) treatment and care when Veteran has OHI that is billable, evaluate and address clinical claim denials.
4. **Execute Billing and Collections:** Consistent and accurate first and third-party collections for services provided by VA and in the community, application of first party, and posting third party payments.

Solutions and Tools

Revenue Operations Workflow Reporting Tool: The tool is used by most Revenue Operations functions (Facility Revenue, Insurance Verification, RUR, Billing and Account Management) to distribute and manage workload across the enterprise. The tool receives nightly uploads from the EHR (as well as routine pulls from Provider Integrity Tool/Corporate Data Warehouse, "PIT/CDW") to be worked by the various RO functional areas. It organizes the data into various formats for teams to complete their respective work activities. Along with organizing and distributing workload across consolidated patient account centers (CPACs) and facility locations, the tool maintains reporting capabilities based on the data elements that flow through the system.

Future Strategies

As revenue operations mature, progress and implementation will require support to stabilize and optimize activities past transformation periods. Below are future strategies to consider:

- Further develop an Urgent Care reporting structure that provides additional insight into Urgent Care copayment activity, Accounts Receivable, and overarching opportunities to leverage data for utilization management purposes. This will include effective monitoring of key MISSION Act initiatives and efficiencies to improve the Veteran experience.
- Evaluate and modernize community care reimbursement systems to establish reporting capabilities required for executive leadership and operational users.
    - As workflow procedures are established to manage CCN invoices, reporting capabilities must be validated for OCC and Revenue leaders to leverage for informed decision-making. Furthermore, reporting capabilities should be aligned within existing VA and Revenue Operations tools for evaluation of key organizational metrics.
    - Move to more modern systems, such as cloud-based system for Business Information Office (BIO).

  - Enhance interoperability and exchange among systems for a more seamless view of information.
- Community Care Systems Implementation:
  - Promote increased revenue capture opportunities through strong operational knowledge of new community care systems by Revenue Operations staff.
- Revenue Operations Customer Service Support:
  - Support implementation of Microsoft Dynamics CRM for CPAC Facility Revenue staff to efficiently manage Veteran inquiries related to VA community care and MISSION Act enhancements.
- Continue to build out data and analytics capabilities, focused on what needs to be monitored, measured, and reported.
- Continue to make strides in detecting and addressing financial fraud, waste, and abuse.

Customer Experience

Provide a positive experience for Veterans, VA staff and stakeholders

Provide a positive experience for community care stakeholders. Establish a Center of Excellence for customer experience, implementing a seamless, transparent customer service approach. This entails deploying new tools, business processes, and technologies to ensure Veterans, VA staff and other stakeholders' customer service needs are addressed promptly, effortlessly, and accurately.

Impact to Veterans: Improved trust and relationship with VA as a result of multi-faceted communication mechanisms, including call centers and online portals, resulting in a more comprehensive and Veteran-centric response to inquiries.

Impact to VA Staff: Increased internal adoption by providing templates, tools, and training to create "brand champions" of all VA facility staff. Reduced burden on VISNs, VAMCs and local offices of community care through establishment of Community Care Contact Centers and improved communication tools and training to ensure consistent messaging.

Impact to Community Providers: Increased engagement with community providers so they know where to find information, how to ask questions, and submit feedback.

Capabilities

To achieve the goals for Customer Experience (CX), four key capabilities will be delivered as part of VA community care:

1. **Veteran Education and Engagement:** Continue partnering with VSOs via online events, micro-videos, social and digital media to amplify education and messaging to Veterans.

2. **VA Staff Support and Education:** Support call center operations and enable self-service tools that provide stakeholders with relevant access to information, on their preferred channel, to rapidly resolve inquiries from Veterans and providers and holistically address Veteran needs; ability for call center managers to accurately report age of outstanding customer requests to assess performance against resolution metrics; provision of standard call center performance metrics and evaluation, which assess customer service representatives (CSR) performance as well as dropped calls, average speed of answer, abandonment, and other call results.

3. **Provider Education and Engagement:** Create, manage, and distribute education materials to proactively address inquiries, promote awareness, and increase understanding of the Veteran community care services for Veterans, VA staff, and network contractors to reduce overall volume of inquiries. Identify training needs and centralize

training documentation to enable efficient access by CSRs.

4. **Respond to Inquiries:** Support call center operations and enable self-service tools that provide stakeholders with relevant access to information, on their preferred channel, to rapidly resolve inquiries from Veterans and providers and holistically address Veterans' needs; ability for call center managers to accurately report age of outstanding customer requests to assess performance against resolution metrics; provision of standard call center performance metrics and evaluation, which assess customer service representatives (CSR) performance as well as dropped calls, average speed of answer, abandonment, and other call results.
5. **Capture Feedback:** Develop a standardized tool to measure, analyze, and monitor common inquiries and complaints to understand such issues, determine trends, and drive program improvements to increase stakeholder satisfaction and experience. Create, monitor, and use a real-time feedback mechanism or report to inform leadership and enable solutions to be developed to address common inquiries and complaints.

Solutions and Tools

Contact Centers: With the implementation of the MISSION Act and the transition to CCN, the VA is implementing an end-to-end integrated customer service and gap identification strategy to address VA service responsibilities to Veterans, providers, and Contractors.

Community Care Contact Center (C4): C4 provides Veterans, community providers, VA employees, and other stakeholders a singular point of contact to assist with community care questions. C4 reduces call volumes for VISNs and local VAMCs, allowing facility community care office staff to focus on authorizing and scheduling community care, and processing claims. C4 CSR staff provide:

- program, administrative and education support;
- eligibility and benefit counseling; and
- resolution of issues related to claims, billing, and payments.

C4 also provides Adverse Credit Reporting (ACR) support to Veterans experiencing VA-related collections issues for authorized care received in the community. C4 staff may also escalate issues and resolve problems with CCN Contractors.

Community Care Clinical Coordination Contact Center (C6): C6 is being designed to provide helpful services to community care-eligible Veterans, support local VA medical facilities, and improve the VA customer experience. C6 administrative and clinical subject matter experts manage and coordinate care for drive-time and hardship-eligible Veterans who do not receive care within the VA system, or whose primary care physician is a community provider. C6 representatives are trained and prepared to answer Veterans' questions and manage their care coordination activities. The C6 contact center will be located in Denver, Colorado. Veterans and VA staff will be able to access C6 services weekdays from 8:00 am to 4:30 pm in every time zone. C6 CSRs:

- provide an additional avenue of support for Veterans in addition to VA Community Care staff;
- use a screening and triage tool to define the appropriate level of care coordination for each Veteran;
- assist in making appointments, following up on Veterans' VA and community care provided services, and coordinate transfer of Veterans' health records between providers; and
- manage requests for durable medical equipment, prescriptions, and other similar services.

Customer Relationship Management (CRM): CX is deploying a customized CRM system for community care. This CRM system provides staff with access to data resources, stakeholder records, historical data, and the ability to track and analyze interactions with customers. CRM is currently in use by C4 and will be deployed by C6 and 142 facility community care offices nationwide. Once fully deployed, this application will allow a more consistent delivery of a seamless customer experience, as well as improved workflow management, escalation, and coordination across teams. Additionally, the VA is consolidating its knowledge assets into one knowledge management system called the Community Care Customer Service KMS to facilitate staff access to relevant resources, methods, and tools. KMS delivers fast, consistent, and accurate information to VA Community Care stakeholders.

Customer Experience Journey Maps and Veteran-Signals Survey (VSignals): CX, in collaboration with the Veterans Experience Office (VEO), developed a customer experience journey map of the entire Community Care process, identifying the moments matter the most to customers, based on feedback from Veterans, family members, VA staff, VSOs and Community Providers. CX developed and implemented a set of surveys to measure customer satisfaction at these moments that matter. A separate set of VSignals surveys is being developed to measure customer satisfaction with C4 and C6. VSignals is a holistic approach to measuring customer and employee experience, understanding the experience through the eyes of the Veteran, establishing actions to improve the Veteran experience, and promoting high-satisfaction levels for continuous, long-lasting relationships.

VA.gov: Online website where Veterans can view information about VA benefits and healthcare and find a VA location. Via the patient portal, *MyHealtheVet* (found at https://www.myhealth.va.gov/mhv-portal-web/home) Veterans have access to their records, they can contact their provider via electronic messaging, refill prescriptions and keep track of upcoming appointments.

Future Strategies

As the community care program evolves and grows, enhancing and expanding customer service strategies that support Veterans is critical to engagement and satisfaction. Below are future strategies for consideration that support and sustain the important work currently underway.

- Increase interaction with the field to help incorporate additional customer service elements into field personnel's interactions with Veterans, family members, providers, and fellow staff.
- Consider using data analytics to track match between patient characteristics of Veteran population as predictors of healthcare preferences for virtual care/ telehealth services to estimate future needs and cost effectiveness of virtual care.
- Identify what motivates or discourages community provider engagement and how to increase it. This effort is often left to Group Practice managers who, with targeted efforts, might become a more vital link to increasing provider engagement.
- Identify opportunities to increase Veteran enrollment on the patient portal, *MyHealtheVet*. Consider surveying Veterans to determine what they like most about it and what improvements they would suggest. Such feedback will enable future development of point-of-choice messaging and tactics to increase enrollment and use.
- Develop a coordinated, enterprise-level public affairs strategy and plan to directly support VA medical facility Public Affairs Officers.
- Coordinate and test best use of "conversation cue cards" to provide key staff with brief conversational messaging to respond to Veterans' questions.
- Develop a new portal a centralized point of access for information, services and resources for Veterans and Providers. The portal will incorporate and consolidate some of the existing platforms and incorporate some of the feedback received during the journey mapping effort.

Conclusion

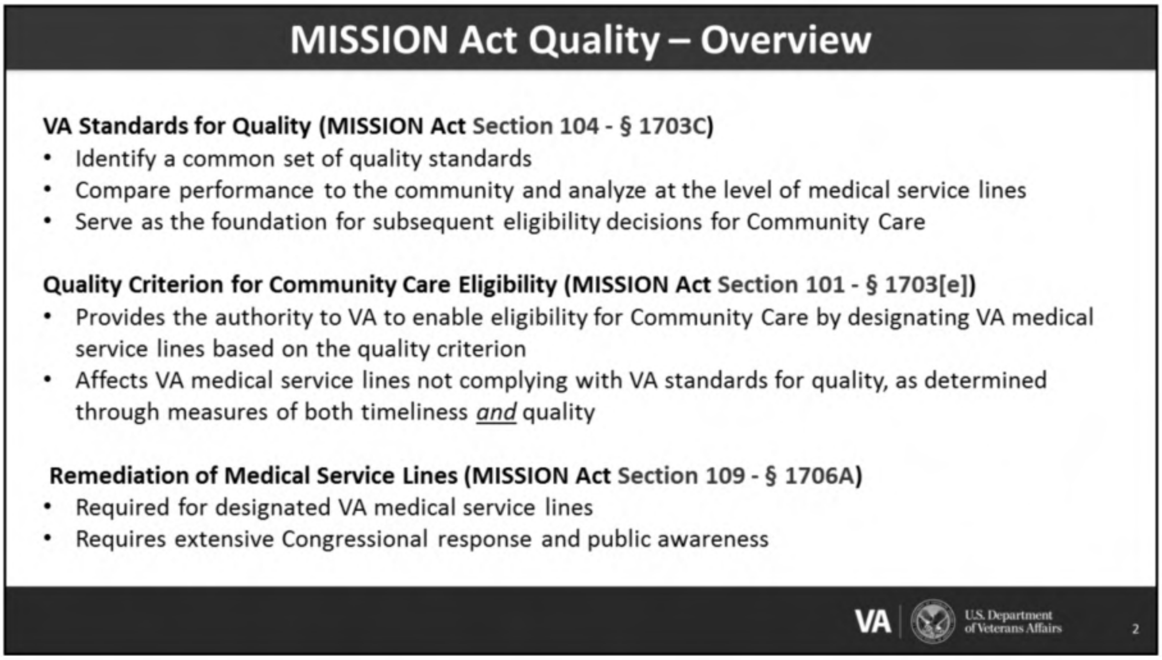
VCCP is integral to VA's mission of transforming into a modern, high-performing organization that simplifies operations and improves delivery of healthcare services to Veterans. Collectively, the CCN contracts, electronic health record modernization, department-wide modernization efforts, and MISSION Act implementation will enable VA to provide exceptional care to Veterans anytime, anywhere. This further underscores VA's commitment to serving as a trusted, caring partner, helping Veterans and their families be healthy and well.

VA has implemented many regulations, policies, tools, and technologies that provide the structure of VCCP. Communications and training regarding the comprehensive services provided through VCCP address the needs of all relevant stakeholders. Veterans and their families, community providers, and VA staff can expect ongoing improvements and regular engagement as VA progresses toward full implementation of this new community care program. Furthermore, as VA continues optimization of processes that support VCCP, additional considerations will be provided for enhancing the experience of other stakeholders, such as beneficiaries.

MISSION Act Quality Standards and Related Activities

VHA Office of Quality and Patient Safety (QPS)
September 1, 2021

VA | U.S. Department of Veterans Affairs



MISSION Act Quality – Overview

VA Standards for Quality (MISSION Act Section 104 - § 1703C**)**

- Identify a common set of quality standards
- Compare performance to the community and analyze at the level of medical service lines
- Serve as the foundation for subsequent eligibility decisions for Community Care

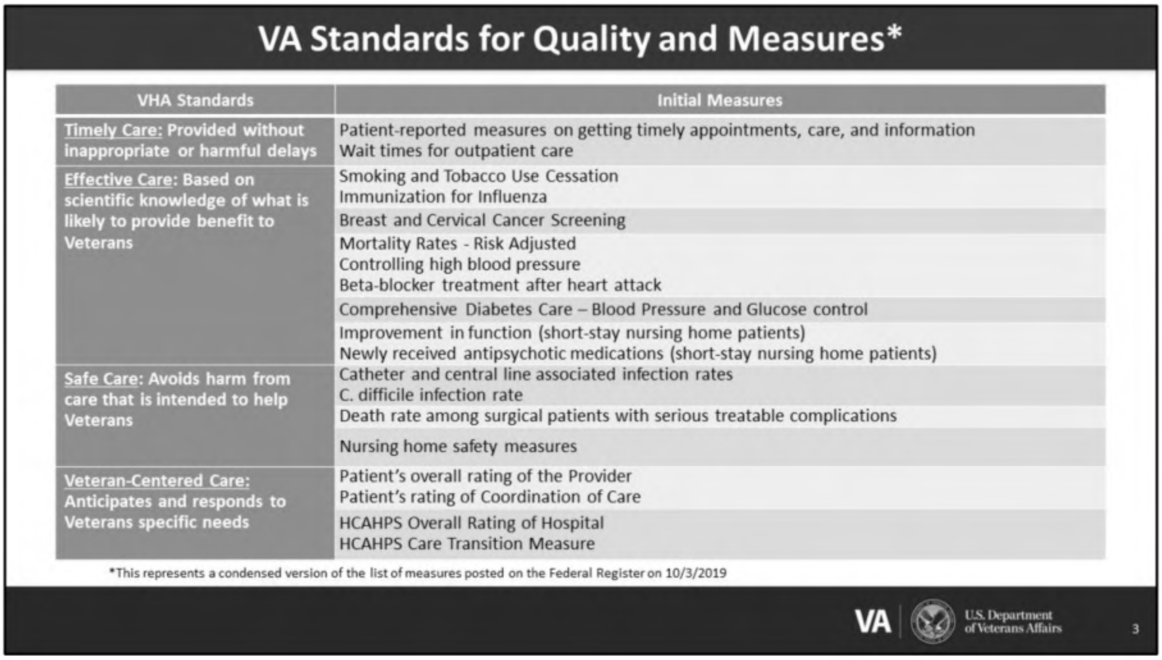
Quality Criterion for Community Care Eligibility (MISSION Act Section 101 - § 1703[e]**)**

- Provides the authority to VA to enable eligibility for Community Care by designating VA medical service lines based on the quality criterion
- Affects VA medical service lines not complying with VA standards for quality, as determined through measures of both timeliness *and* quality

Remediation of Medical Service Lines (MISSION Act Section 109 - § 1706A**)**

- Required for designated VA medical service lines
- Requires extensive Congressional response and public awareness

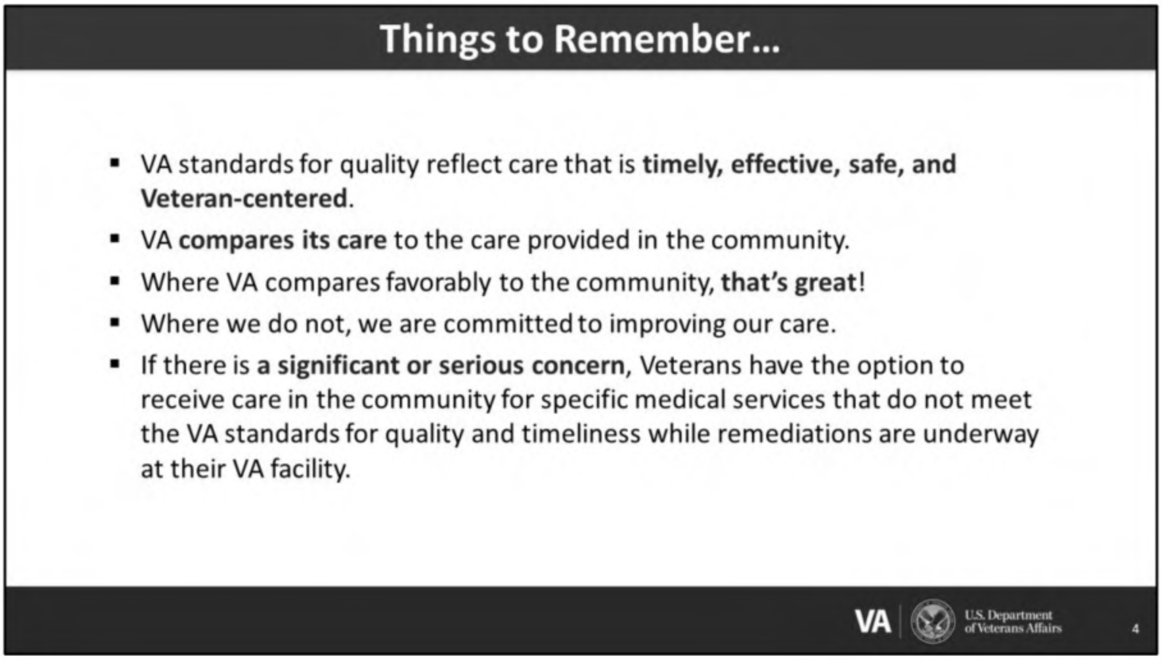
MISSION Act-specific needs, distinct from routine VHA improvement and consultation



VA Standards for Quality and Measures*

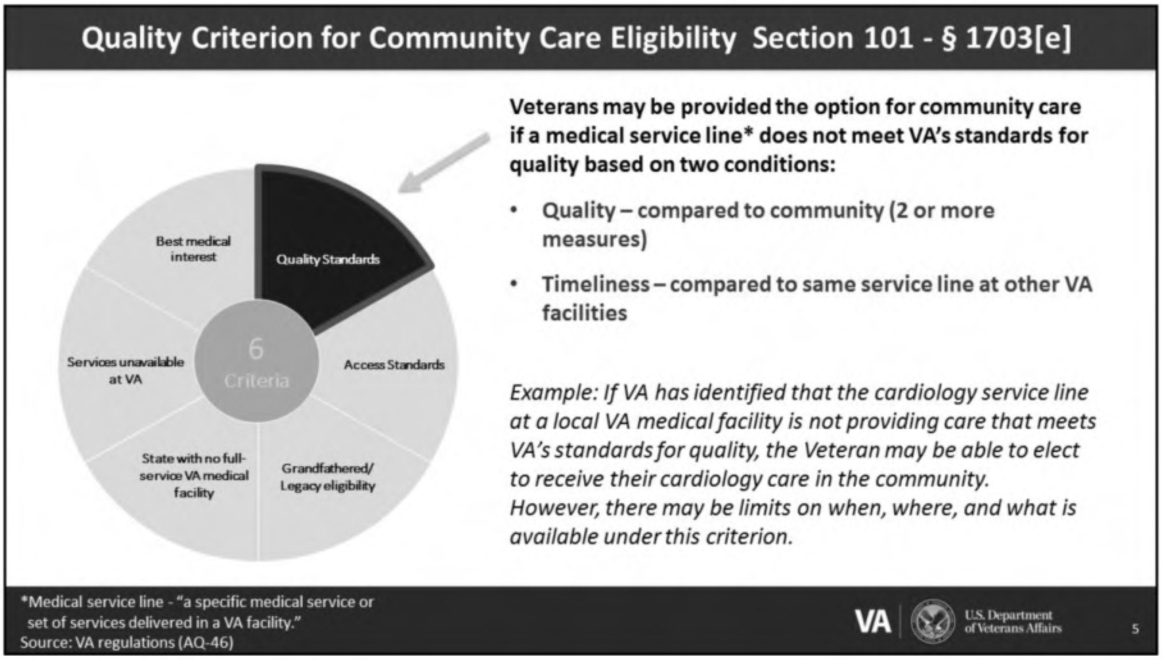
VHA Standards	Initial Measures
Timely Care: Provided without inappropriate or harmful delays	Patient-reported measures on getting timely appointments, care, and information Wait times for outpatient care
Effective Care: Based on scientific knowledge of what is likely to provide benefit to Veterans	Smoking and Tobacco Use Cessation Immunization for Influenza
	Breast and Cervical Cancer Screening
	Mortality Rates - Risk Adjusted Controlling high blood pressure Beta-blocker treatment after heart attack
	Comprehensive Diabetes Care – Blood Pressure and Glucose control
	Improvement in function (short-stay nursing home patients) Newly received antipsychotic medications (short-stay nursing home patients)
Safe Care: Avoids harm from care that is intended to help Veterans	Catheter and central line associated infection rates C. difficile infection rate
	Death rate among surgical patients with serious treatable complications
	Nursing home safety measures
Veteran-Centered Care: Anticipates and responds to Veterans specific needs	Patient's overall rating of the Provider Patient's rating of Coordination of Care
	HCAHPS Overall Rating of Hospital HCAHPS Care Transition Measure

*This represents a condensed version of the list of measures posted on the Federal Register on 10/3/2019



Things to Remember…

- VA standards for quality reflect care that is **timely, effective, safe, and Veteran-centered**.
- VA **compares its care** to the care provided in the community.
- Where VA compares favorably to the community, **that's great**!
- Where we do not, we are committed to improving our care.
- If there is **a significant or serious concern**, Veterans have the option to receive care in the community for specific medical services that do not meet the VA standards for quality and timeliness while remediations are underway at their VA facility.



Quality Criterion for Community Care Eligibility Section 101 - § 1703[e]

Best medical interest
Quality Standards
Services unavailable at VA
6 Criteria
Access Standards
State with no full-service VA medical facility
Grandfathered/ Legacy eligibility

Veterans may be provided the option for community care if a medical service line* does not meet VA's standards for quality based on two conditions:

- Quality – compared to community (2 or more measures)
- Timeliness – compared to same service line at other VA facilities

Example: If VA has identified that the cardiology service line at a local VA medical facility is not providing care that meets VA's standards for quality, the Veteran may be able to elect to receive their cardiology care in the community. However, there may be limits on when, where, and what is available under this criterion.

*Medical service line - "a specific medical service or set of services delivered in a VA facility."
Source: VA regulations (AQ-46)

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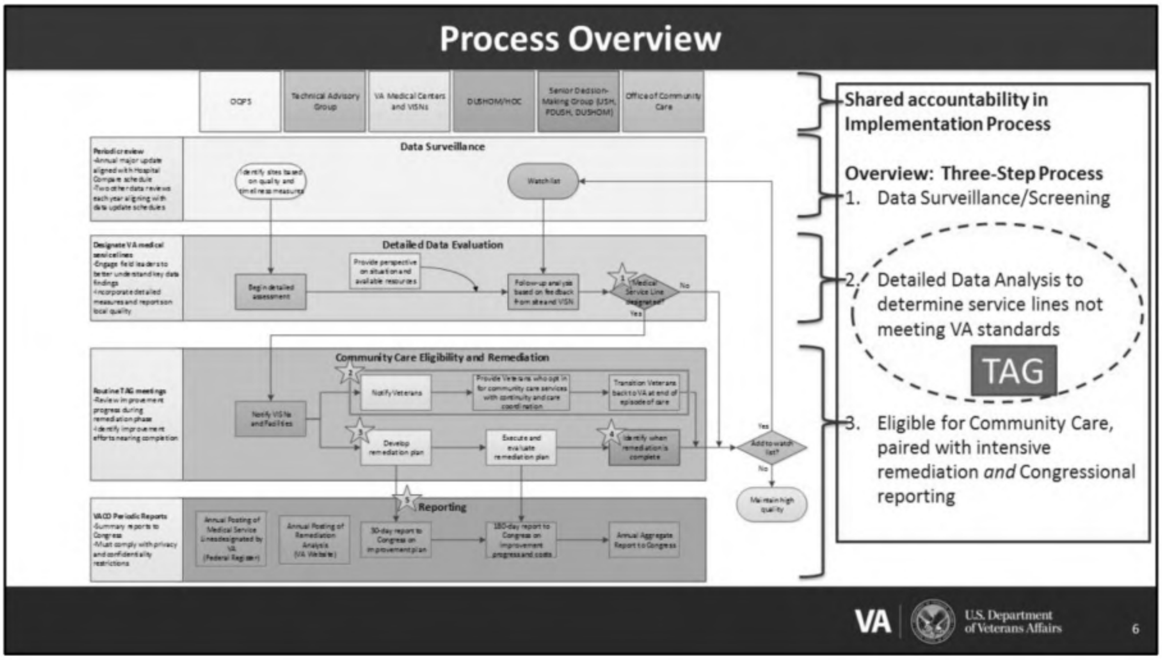


Process Overview

OQPS
Technical Advisory Group
VA Medical Centers and VISNs
DUSHOM/HOC
Senior Decision-Making Group (USH, PDUSH, DUSHOM)
Office of Community Care
Data Surveillance
Identify sites based on quality and timeliness measures
Watch list
Detailed Data Evaluation
Begin detailed assessment
Provide perspective on situation and available resources
Follow-up analysis based on feedback from site and VISN
1
Medical Service Line designated?
No
Yes
Community Care Eligibility and Remediation
Notify VISNs and Facilities
2
Notify Veterans
Provide Veterans who opt in for community care services with continuity and care coordination
Transition Veterans back to VA at end of episode of care
3
Develop remediation plan
Execute and evaluate remediation plan
4
Identify when remediation is complete
Add to watch list?
Yes
No
Maintain high quality
5
Reporting
Annual Posting of Medical Service Lines designated by VA (Federal Register)
Annual Posting of Remediation Analysis (VA Website)
30-day report to Congress on improvement plan
180-day report to Congress on improvement progress and costs
Annual Aggregate Report to Congress

Periodic review
-Annual major update aligned with Hospital Compare schedule
-Two other data reviews each year aligning with data update schedules

Designate VA medical service lines
-Engage field leaders to better understand key data findings
-Incorporate detailed measures and report on local quality

Routine TAG meetings
-Review improvement progress during remediation phase
-Identify improvement efforts nearing completion

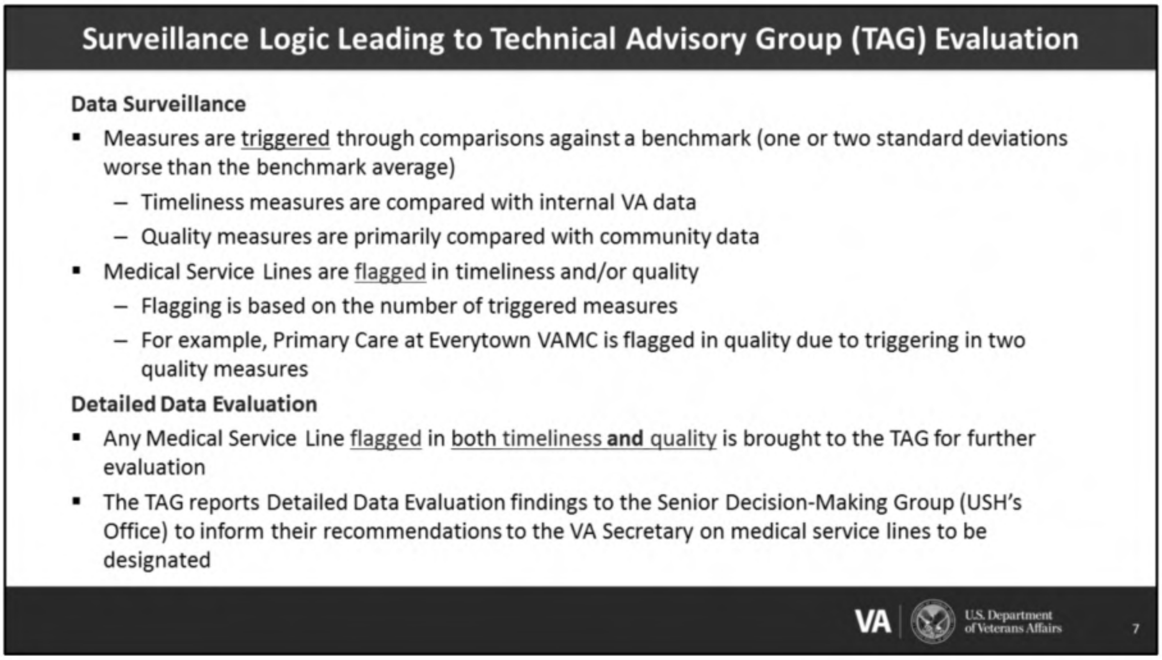
VACO Periodic Reports
-Summary reports to Congress
-Must comply with privacy and confidentiality restrictions

Shared accountability in Implementation Process

Overview: Three-Step Process

1. Data Surveillance/Screening
2. Detailed Data Analysis to determine service lines not meeting VA standards
   TAG
3. Eligible for Community Care, paired with intensive remediation *and* Congressional reporting

VA | U.S. Department of Veterans Affairs



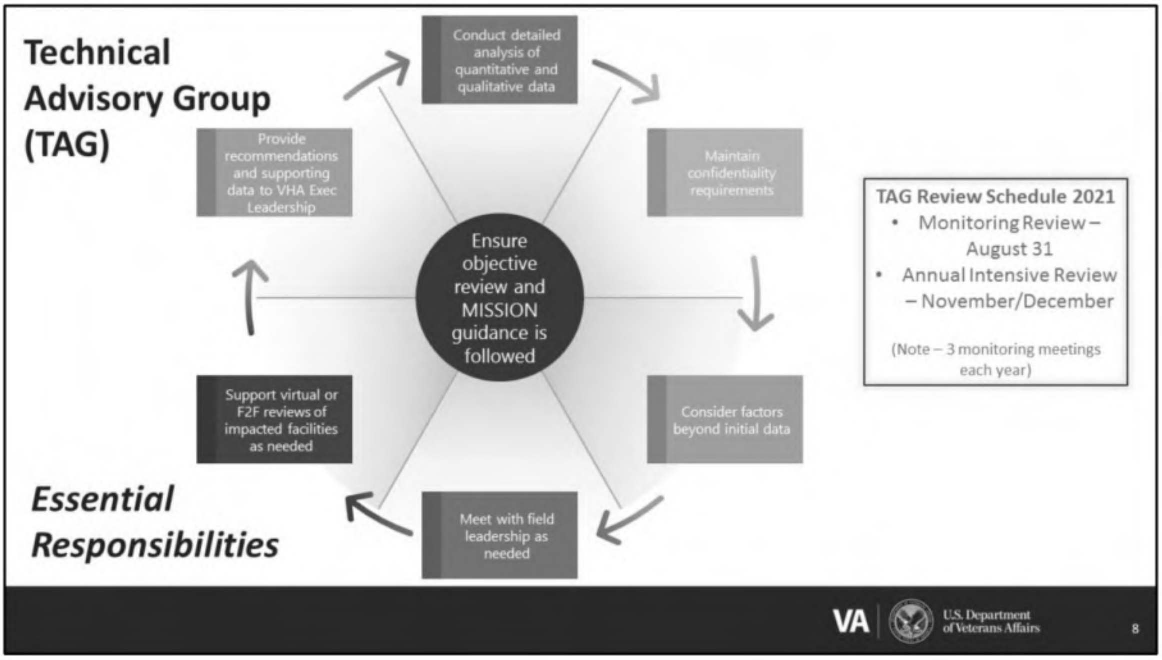
Surveillance Logic Leading to Technical Advisory Group (TAG) Evaluation

Data Surveillance

- Measures are triggered through comparisons against a benchmark (one or two standard deviations worse than the benchmark average)
  - Timeliness measures are compared with internal VA data
  - Quality measures are primarily compared with community data
- Medical Service Lines are flagged in timeliness and/or quality
  - Flagging is based on the number of triggered measures
  - For example, Primary Care at Everytown VAMC is flagged in quality due to triggering in two quality measures

Detailed Data Evaluation

- Any Medical Service Line flagged in both timeliness **and** quality is brought to the TAG for further evaluation
- The TAG reports Detailed Data Evaluation findings to the Senior Decision-Making Group (USH's Office) to inform their recommendations to the VA Secretary on medical service lines to be designated



Technical Advisory Group (TAG)

Essential Responsibilities

Ensure objective review and MISSION guidance is followed

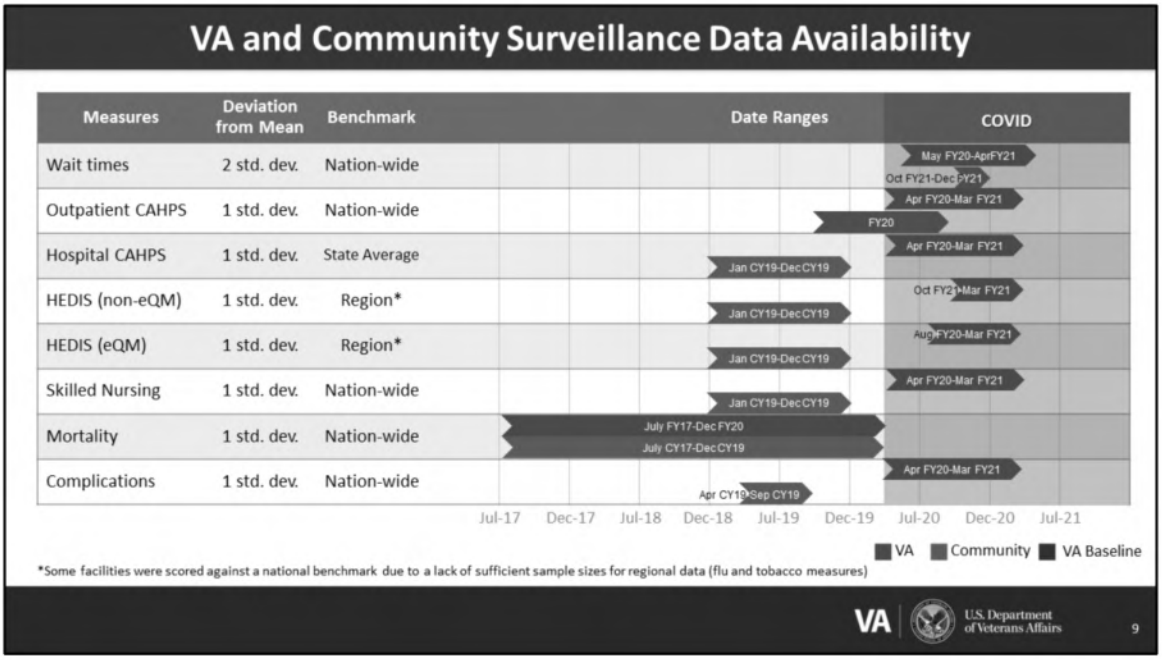
- Conduct detailed analysis of quantitative and qualitative data
- Maintain confidentiality requirements
- Consider factors beyond initial data
- Meet with field leadership as needed
- Support virtual or F2F reviews of impacted facilities as needed
- Provide recommendations and supporting data to VHA Exec Leadership

TAG Review Schedule 2021

- Monitoring Review – August 31
- Annual Intensive Review – November/December

(Note – 3 monitoring meetings each year)

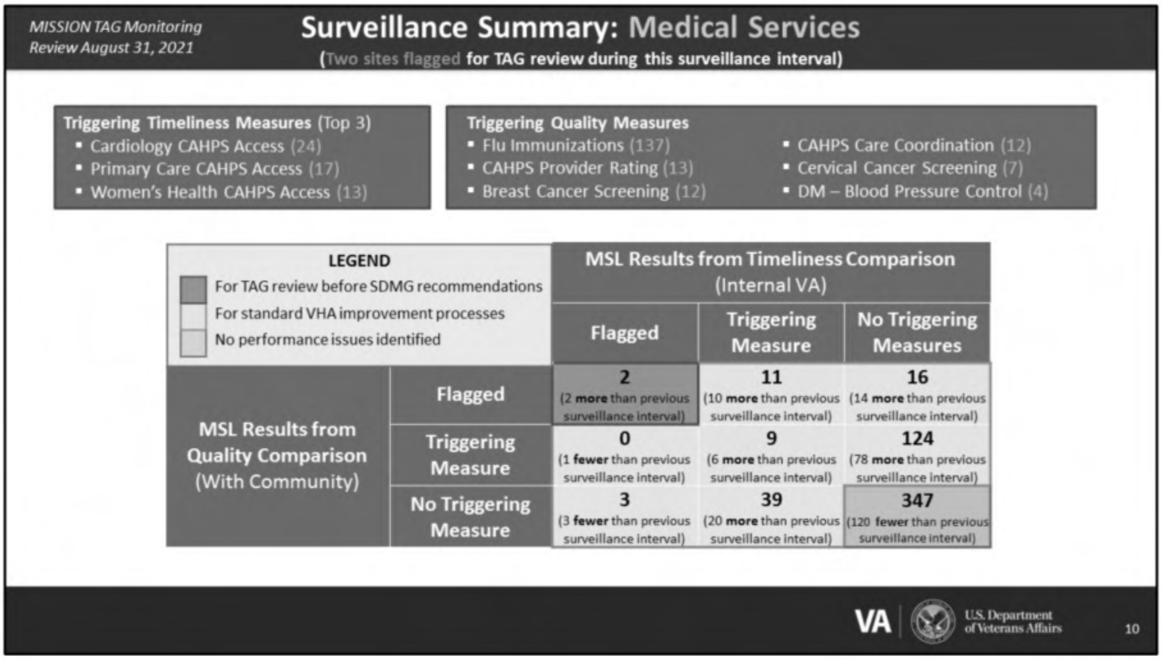
VA U.S. Department of Veterans Affairs



VA and Community Surveillance Data Availability

Measures	Deviation from Mean	Benchmark	Date Ranges	COVID
Wait times	2 std. dev.	Nation-wide		May FY20-AprFY21 Oct FY21-Dec FY21
Outpatient CAHPS	1 std. dev.	Nation-wide	FY20	Apr FY20-Mar FY21
Hospital CAHPS	1 std. dev.	State Average	Jan CY19-Dec CY19	Apr FY20-Mar FY21
HEDIS (non-eQM)	1 std. dev.	Region*	Jan CY19-Dec CY19	Oct FY21-Mar FY21
HEDIS (eQM)	1 std. dev.	Region*	Jan CY19-Dec CY19	Aug FY20-Mar FY21
Skilled Nursing	1 std. dev.	Nation-wide	Jan CY19-Dec CY19	Apr FY20-Mar FY21
Mortality	1 std. dev.	Nation-wide	July FY17-Dec FY20 July CY17-Dec CY19	
Complications	1 std. dev.	Nation-wide	Apr CY19-Sep CY19	Apr FY20-Mar FY21

*Some facilities were scored against a national benchmark due to a lack of sufficient sample sizes for regional data (flu and tobacco measures)



MISSION TAG Monitoring Review August 31, 2021

Surveillance Summary: Medical Services

(Two sites flagged **for TAG review during this surveillance interval)**

Triggering Timeliness Measures (Top 3)
- Cardiology CAHPS Access (24)
- Primary Care CAHPS Access (17)
- Women's Health CAHPS Access (13)

Triggering Quality Measures
- Flu Immunizations (137)
- CAHPS Provider Rating (13)
- Breast Cancer Screening (12)
- CAHPS Care Coordination (12)
- Cervical Cancer Screening (7)
- DM – Blood Pressure Control (4)

LEGEND
▨ For TAG review before SDMG recommendations
☐ For standard VHA improvement processes
▒ No performance issues identified

		MSL Results from Timeliness Comparison (Internal VA)		
		Flagged	**Triggering Measure**	**No Triggering Measures**
MSL Results from Quality Comparison (With Community)	**Flagged**	**2** (2 **more** than previous surveillance interval)	**11** (10 **more** than previous surveillance interval)	**16** (14 **more** than previous surveillance interval)
	Triggering Measure	**0** (1 **fewer** than previous surveillance interval)	**9** (6 **more** than previous surveillance interval)	**124** (78 **more** than previous surveillance interval)
	No Triggering Measure	**3** (3 **fewer** than previous surveillance interval)	**39** (20 **more** than previous surveillance interval)	**347** (120 **fewer** than previous surveillance interval)

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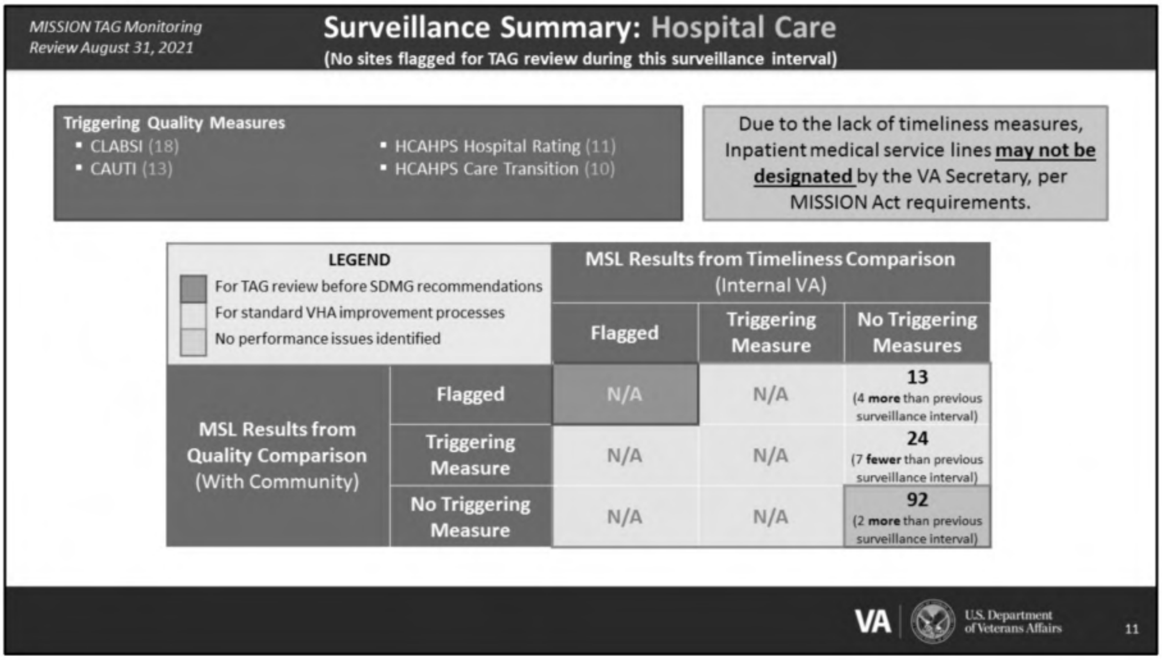

MISSION TAG Monitoring Review August 31, 2021

Surveillance Summary: Hospital Care

(No sites flagged for TAG review during this surveillance interval)

Triggering Quality Measures

- CLABSI (18)
- CAUTI (13)
- HCAHPS Hospital Rating (11)
- HCAHPS Care Transition (10)

Due to the lack of timeliness measures, Inpatient medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

LEGEND

- ■ For TAG review before SDMG recommendations
- □ For standard VHA improvement processes
- ▒ No performance issues identified

		MSL Results from Timeliness Comparison (Internal VA)		
		Flagged	**Triggering Measure**	**No Triggering Measures**
MSL Results from Quality Comparison (With Community)	**Flagged**	N/A	N/A	**13** (4 **more** than previous surveillance interval)
	Triggering Measure	N/A	N/A	**24** (7 **fewer** than previous surveillance interval)
	No Triggering Measure	N/A	N/A	**92** (2 **more** than previous surveillance interval)

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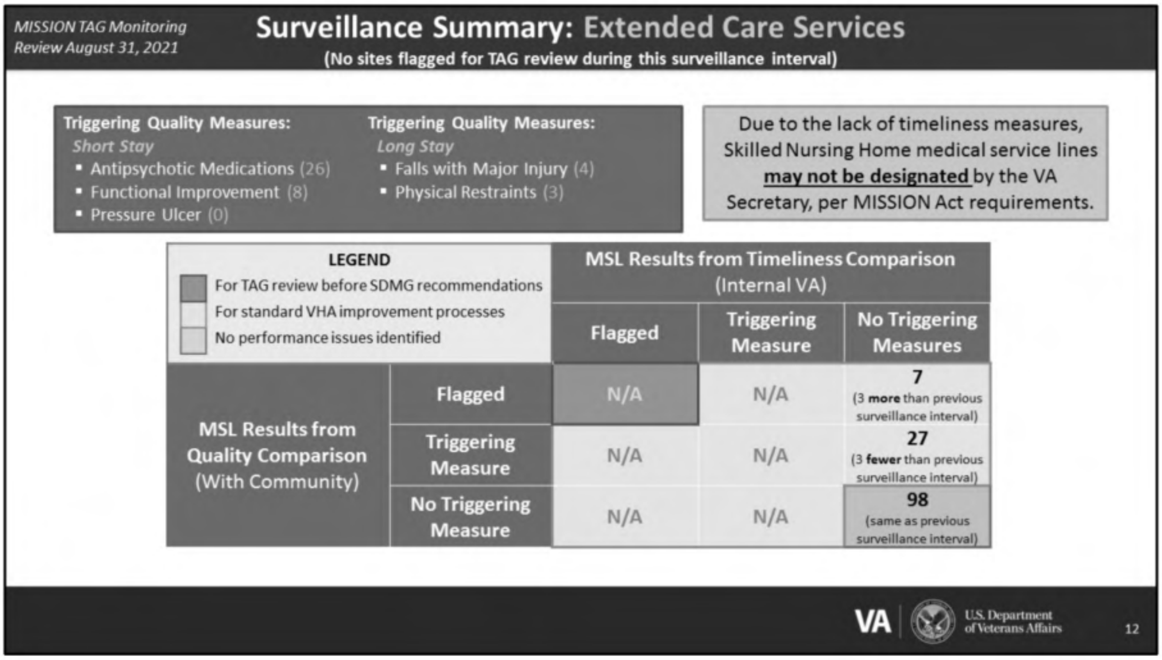

MISSION TAG Monitoring Review August 31, 2021

Surveillance Summary: Extended Care Services

(No sites flagged for TAG review during this surveillance interval)

Triggering Quality Measures:
Short Stay
- Antipsychotic Medications (26)
- Functional Improvement (8)
- Pressure Ulcer (0)

Triggering Quality Measures:
Long Stay
- Falls with Major Injury (4)
- Physical Restraints (3)

Due to the lack of timeliness measures, Skilled Nursing Home medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

LEGEND
- ■ For TAG review before SDMG recommendations
- □ For standard VHA improvement processes
- ▨ No performance issues identified

		MSL Results from Timeliness Comparison (Internal VA)		
		Flagged	**Triggering Measure**	**No Triggering Measures**
MSL Results from Quality Comparison (With Community)	**Flagged**	N/A	N/A	**7** (3 **more** than previous surveillance interval)
	Triggering Measure	N/A	N/A	**27** (3 **fewer** than previous surveillance interval)
	No Triggering Measure	N/A	N/A	**98** (same as previous surveillance interval)

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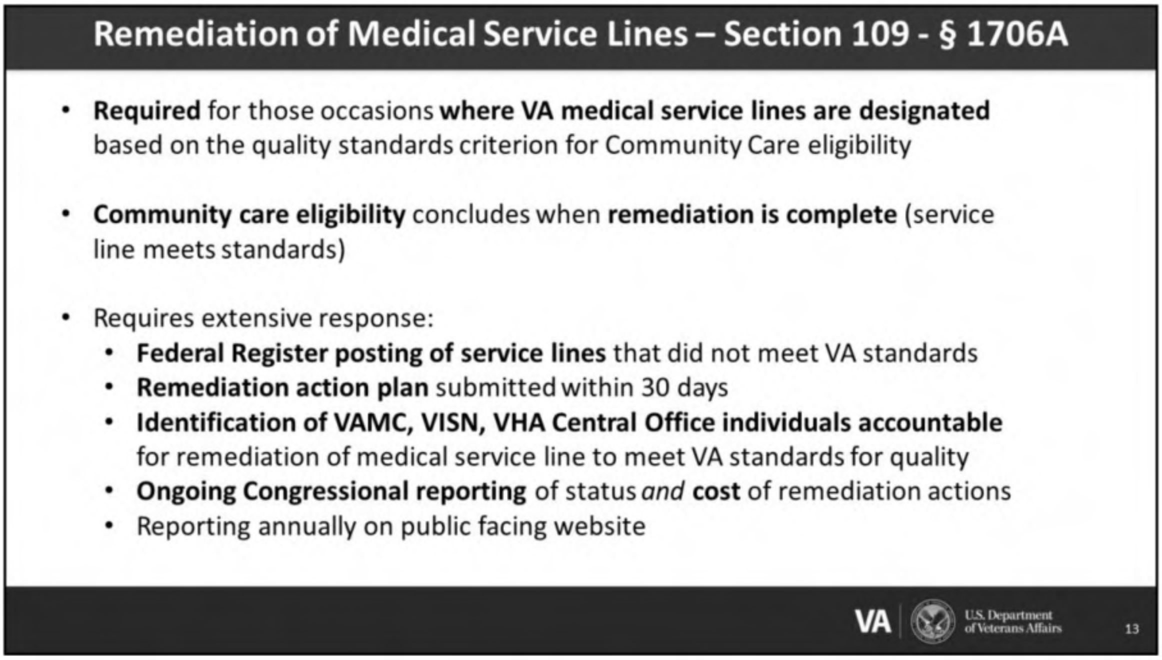

Remediation of Medical Service Lines – Section 109 - § 1706A

- **Required** for those occasions **where VA medical service lines are designated** based on the quality standards criterion for Community Care eligibility

- **Community care eligibility** concludes when **remediation is complete** (service line meets standards)

- Requires extensive response:
  - **Federal Register posting of service lines** that did not meet VA standards
  - **Remediation action plan** submitted within 30 days
  - **Identification of VAMC, VISN, VHA Central Office individuals accountable** for remediation of medical service line to meet VA standards for quality
  - **Ongoing Congressional reporting** of status *and* **cost** of remediation actions
  - Reporting annually on public facing website

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MISSION Act-specific needs, distinct from routine VHA improvement and consultation

Mission Act Quality Standards Tracking Report (MAQSTR)

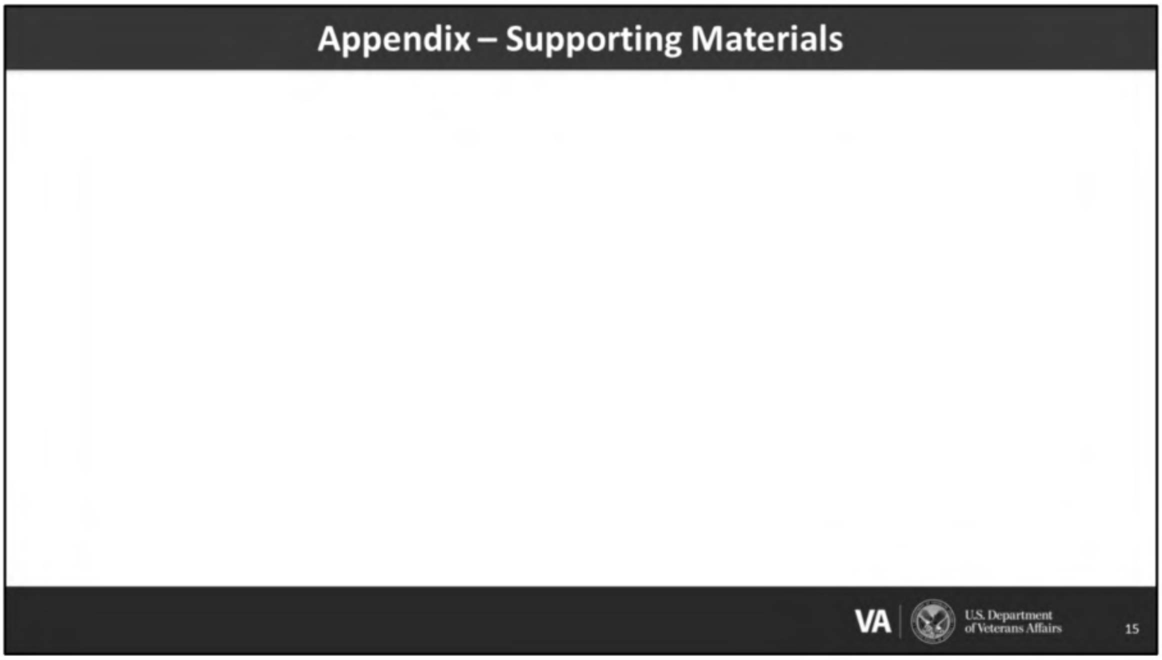
The MISSION Act Quality Standards Tracking Report (MAQSTR) is designed to help compare VHA performance measure results to comparable community benchmarks

The main report displays:

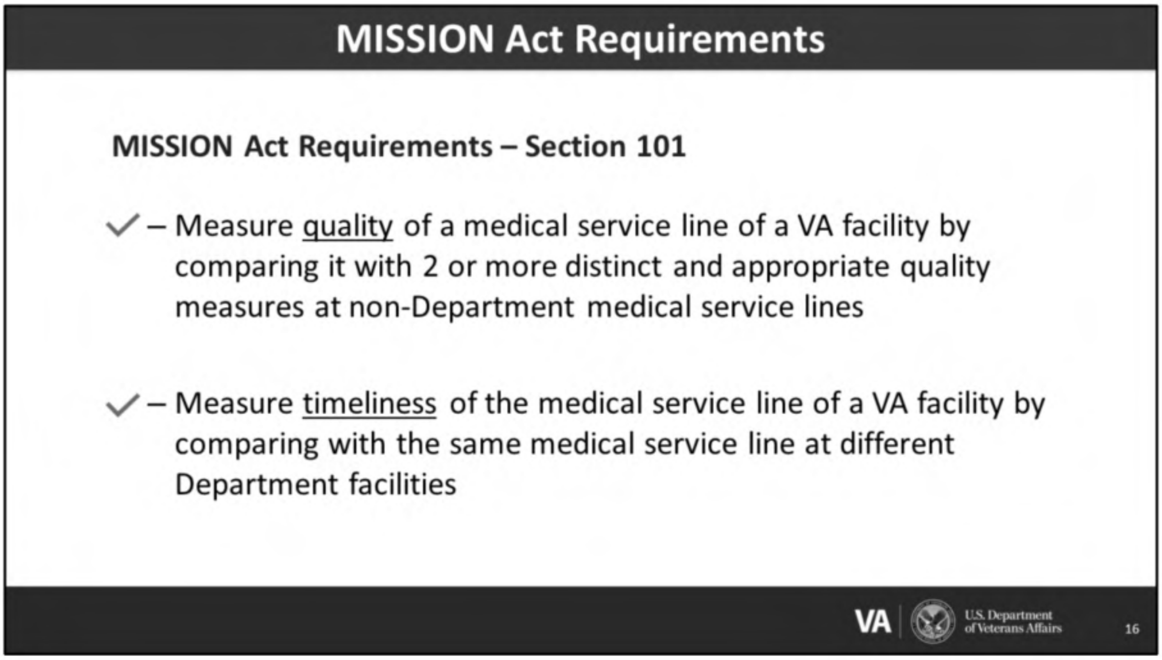
- Measure Domains
- Short description of performance measures
- Preferred data direction
- Short description of performance measures
- Quarterly and yearly data
- Community scores
- Facility prior year score
- Links to the source reports
- Measure data timeframes

MISSION Act Quality Standards Tracking Report
FY2020
(646) Pittsburgh, PA
Effective Care

https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?/IPEC/NDPP/NDPP_Production/NDPP



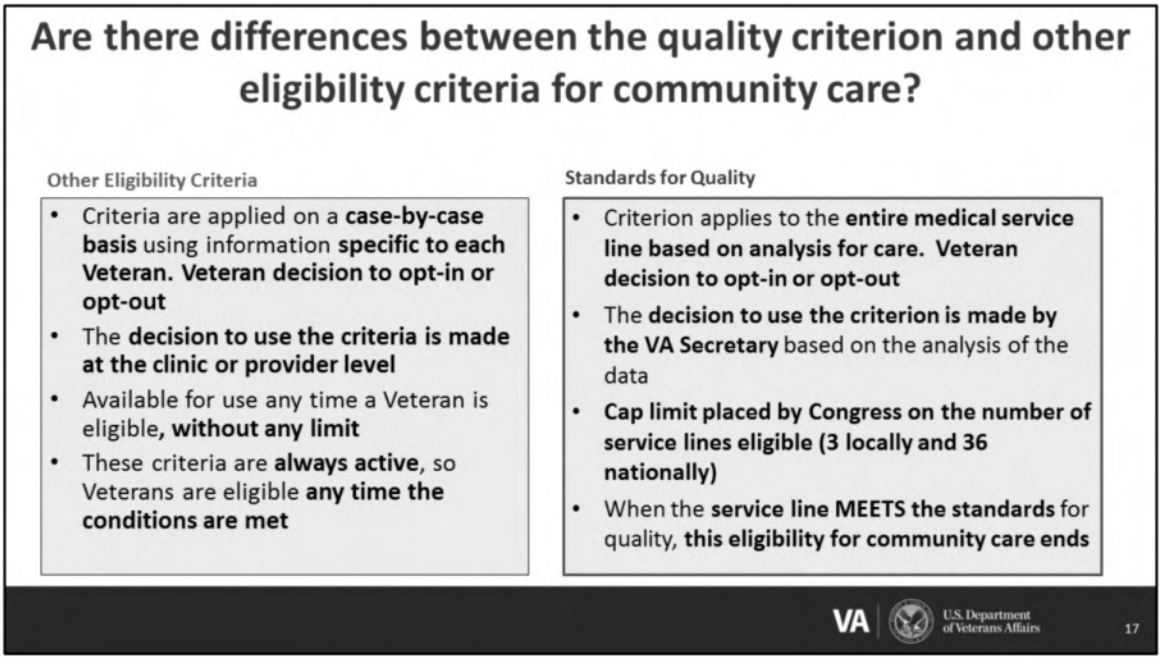
Appendix – Supporting Materials



MISSION Act Requirements

MISSION Act Requirements – Section 101

- ✓ – Measure quality of a medical service line of a VA facility by comparing it with 2 or more distinct and appropriate quality measures at non-Department medical service lines
- ✓ – Measure timeliness of the medical service line of a VA facility by comparing with the same medical service line at different Department facilities



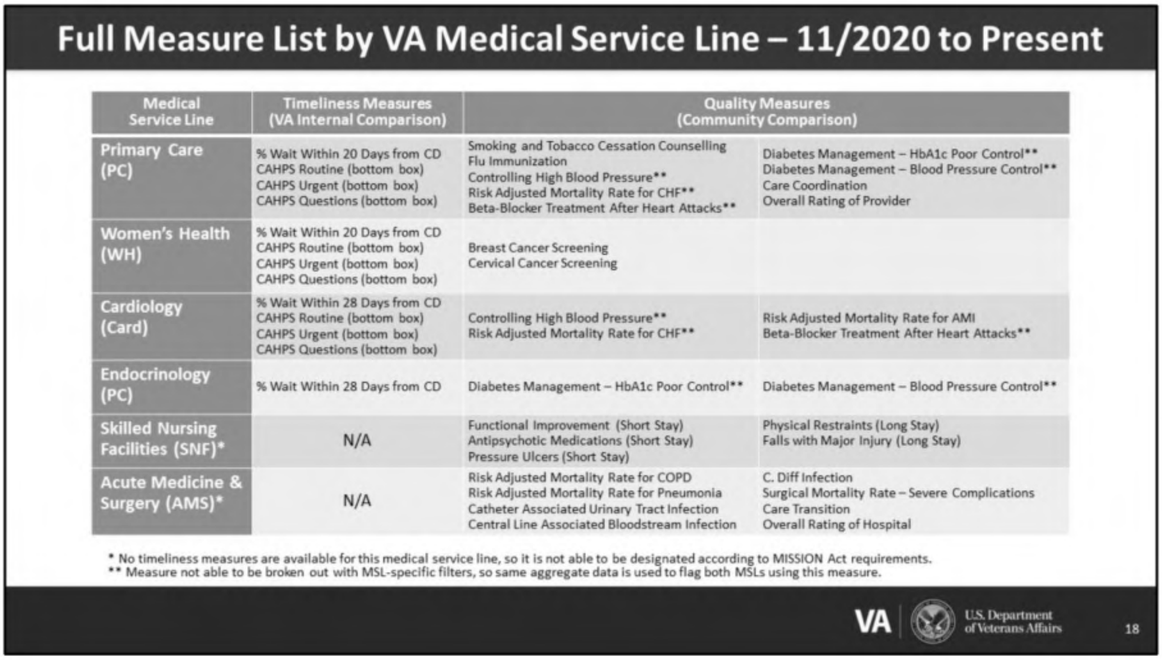
Are there differences between the quality criterion and other eligibility criteria for community care?

Other Eligibility Criteria

- Criteria are applied on a **case-by-case basis** using information **specific to each Veteran. Veteran decision to opt-in or opt-out**
- The **decision to use the criteria is made at the clinic or provider level**
- Available for use any time a Veteran is eligible**, without any limit**
- These criteria are **always active**, so Veterans are eligible **any time the conditions are met**

Standards for Quality

- Criterion applies to the **entire medical service line based on analysis for care. Veteran decision to opt-in or opt-out**
- The **decision to use the criterion is made by the VA Secretary** based on the analysis of the data
- **Cap limit placed by Congress on the number of service lines eligible (3 locally and 36 nationally)**
- When the **service line MEETS the standards** for quality, **this eligibility for community care ends**



Full Measure List by VA Medical Service Line – 11/2020 to Present

Medical Service Line	Timeliness Measures (VA Internal Comparison)	Quality Measures (Community Comparison)	
Primary Care (PC)	% Wait Within 20 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Smoking and Tobacco Cessation Counselling Flu Immunization Controlling High Blood Pressure** Risk Adjusted Mortality Rate for CHF** Beta-Blocker Treatment After Heart Attacks**	Diabetes Management – HbA1c Poor Control** Diabetes Management – Blood Pressure Control** Care Coordination Overall Rating of Provider
Women's Health (WH)	% Wait Within 20 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Breast Cancer Screening Cervical Cancer Screening	
Cardiology (Card)	% Wait Within 28 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Controlling High Blood Pressure** Risk Adjusted Mortality Rate for CHF**	Risk Adjusted Mortality Rate for AMI Beta-Blocker Treatment After Heart Attacks**
Endocrinology (PC)	% Wait Within 28 Days from CD	Diabetes Management – HbA1c Poor Control**	Diabetes Management – Blood Pressure Control**
Skilled Nursing Facilities (SNF)*	N/A	Functional Improvement (Short Stay) Antipsychotic Medications (Short Stay) Pressure Ulcers (Short Stay)	Physical Restraints (Long Stay) Falls with Major Injury (Long Stay)
Acute Medicine & Surgery (AMS)*	N/A	Risk Adjusted Mortality Rate for COPD Risk Adjusted Mortality Rate for Pneumonia Catheter Associated Urinary Tract Infection Central Line Associated Bloodstream Infection	C. Diff Infection Surgical Mortality Rate – Severe Complications Care Transition Overall Rating of Hospital

* No timeliness measures are available for this medical service line, so it is not able to be designated according to MISSION Act requirements.
** Measure not able to be broken out with MSL-specific filters, so same aggregate data is used to flag both MSLs using this measure.

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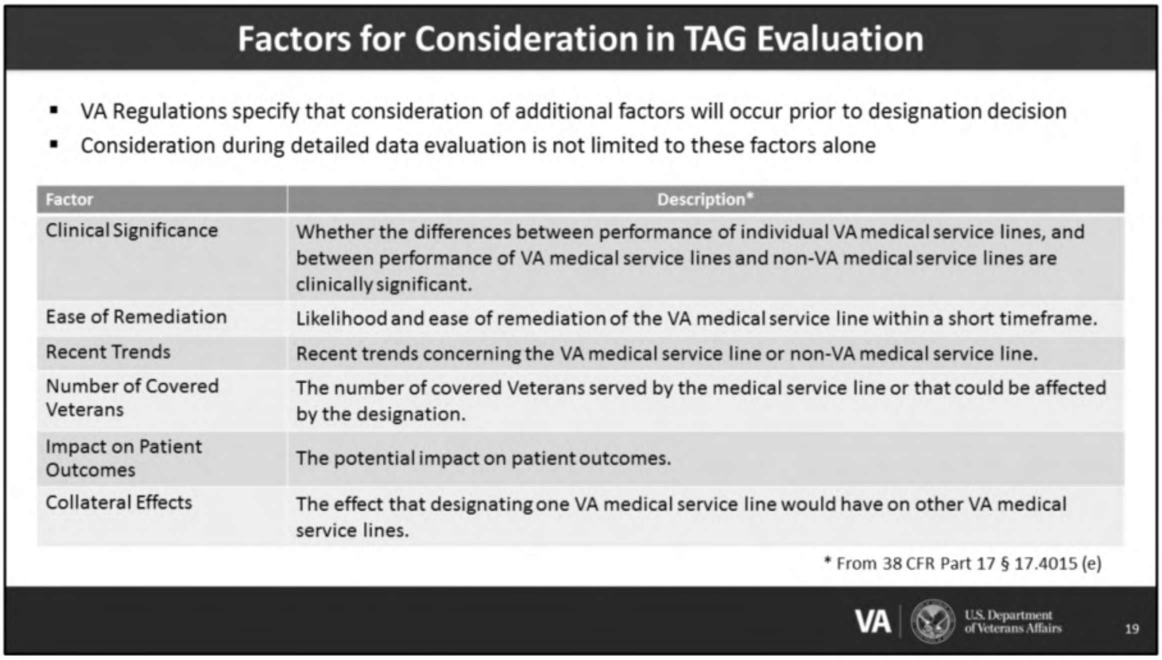
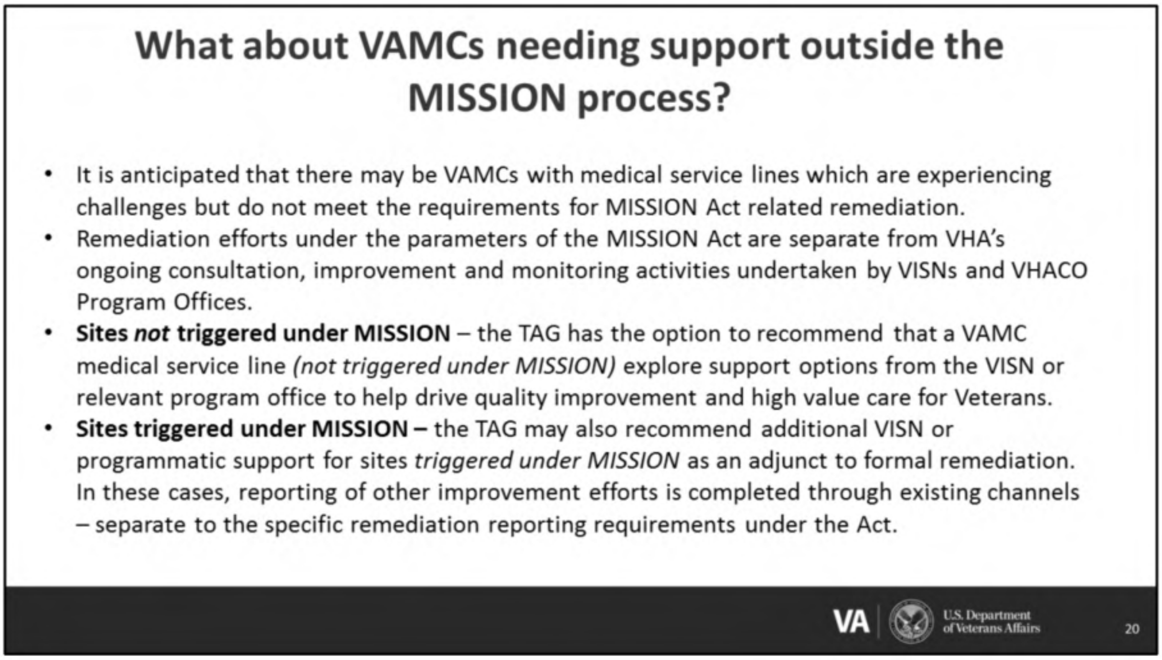


Factors for Consideration in TAG Evaluation

- VA Regulations specify that consideration of additional factors will occur prior to designation decision
- Consideration during detailed data evaluation is not limited to these factors alone

Factor	Description*
Clinical Significance	Whether the differences between performance of individual VA medical service lines, and between performance of VA medical service lines and non-VA medical service lines are clinically significant.
Ease of Remediation	Likelihood and ease of remediation of the VA medical service line within a short timeframe.
Recent Trends	Recent trends concerning the VA medical service line or non-VA medical service line.
Number of Covered Veterans	The number of covered Veterans served by the medical service line or that could be affected by the designation.
Impact on Patient Outcomes	The potential impact on patient outcomes.
Collateral Effects	The effect that designating one VA medical service line would have on other VA medical service lines.

* From 38 CFR Part 17 § 17.4015 (e)



What about VAMCs needing support outside the MISSION process?

- It is anticipated that there may be VAMCs with medical service lines which are experiencing challenges but do not meet the requirements for MISSION Act related remediation.
- Remediation efforts under the parameters of the MISSION Act are separate from VHA's ongoing consultation, improvement and monitoring activities undertaken by VISNs and VHACO Program Offices.
- **Sites *not* triggered under MISSION** – the TAG has the option to recommend that a VAMC medical service line *(not triggered under MISSION)* explore support options from the VISN or relevant program office to help drive quality improvement and high value care for Veterans.
- **Sites triggered under MISSION –** the TAG may also recommend additional VISN or programmatic support for sites *triggered under MISSION* as an adjunct to formal remediation. In these cases, reporting of other improvement efforts is completed through existing channels – separate to the specific remediation reporting requirements under the Act.

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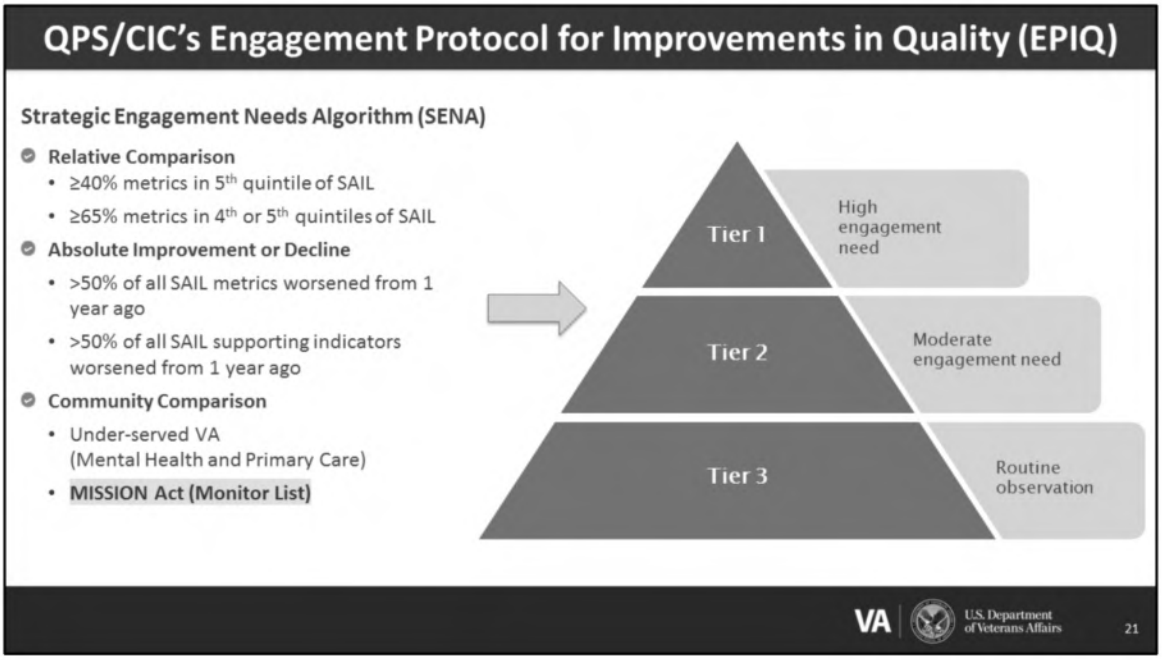

QPS/CIC's Engagement Protocol for Improvements in Quality (EPIQ)

Strategic Engagement Needs Algorithm (SENA)

- **Relative Comparison**
  - ≥40% metrics in 5th quintile of SAIL
  - ≥65% metrics in 4th or 5th quintiles of SAIL
- **Absolute Improvement or Decline**
  - >50% of all SAIL metrics worsened from 1 year ago
  - >50% of all SAIL supporting indicators worsened from 1 year ago
- **Community Comparison**
  - Under-served VA (Mental Health and Primary Care)
  - **MISSION Act (Monitor List)**

Tier 1	High engagement need
Tier 2	Moderate engagement need
Tier 3	Routine observation

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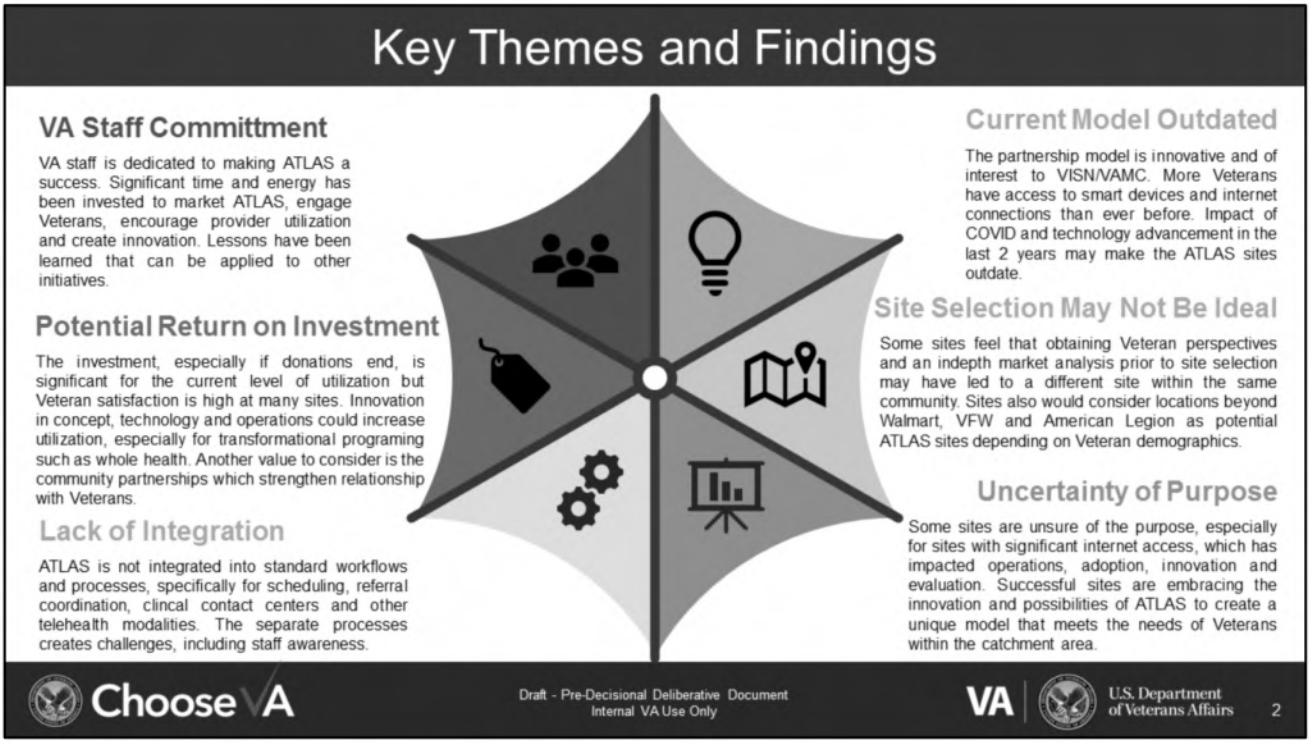
VETERANS HEALTH ADMINISTRATION

ATLAS Executive Steering Committee: Senior Leadership Interview Key Findings

July 2021



Key Themes and Findings

VA Staff Committment

VA staff is dedicated to making ATLAS a success. Significant time and energy has been invested to market ATLAS, engage Veterans, encourage provider utilization and create innovation. Lessons have been learned that can be applied to other initiatives.

Potential Return on Investment

The investment, especially if donations end, is significant for the current level of utilization but Veteran satisfaction is high at many sites. Innovation in concept, technology and operations could increase utilization, especially for transformational programing such as whole health. Another value to consider is the community partnerships which strengthen relationship with Veterans.

Lack of Integration

ATLAS is not integrated into standard workflows and processes, specifically for scheduling, referral coordination, clincal contact centers and other telehealth modalities. The separate processes creates challenges, including staff awareness.

Current Model Outdated

The partnership model is innovative and of interest to VISN/VAMC. More Veterans have access to smart devices and internet connections than ever before. Impact of COVID and technology advancement in the last 2 years may make the ATLAS sites outdate.

Site Selection May Not Be Ideal

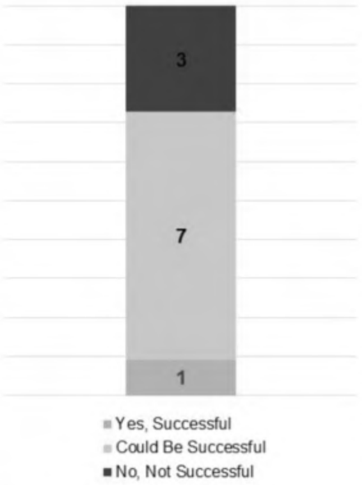
Some sites feel that obtaining Veteran perspectives and an indepth market analysis prior to site selection may have led to a different site within the same community. Sites also would consider locations beyond Walmart, VFW and American Legion as potential ATLAS sites depending on Veteran demographics.

Uncertainty of Purpose

Some sites are unsure of the purpose, especially for sites with significant internet access, which has impacted operations, adoption, innovation and evaluation. Successful sites are embracing the innovation and possibilities of ATLAS to create a unique model that meets the needs of Veterans within the catchment area.

How do you feel your ATLAS site is performing?

BLUF: Most sites said that they have maximized utilization
Opinions differed on whether sites thought the investment justified continuation of ATLAS



Interview Status:

- 11 out of the 11 sites have been interviewed
- 11 out of the 11 sites were scheduled for interviews

Rational for "Yes, Successful":

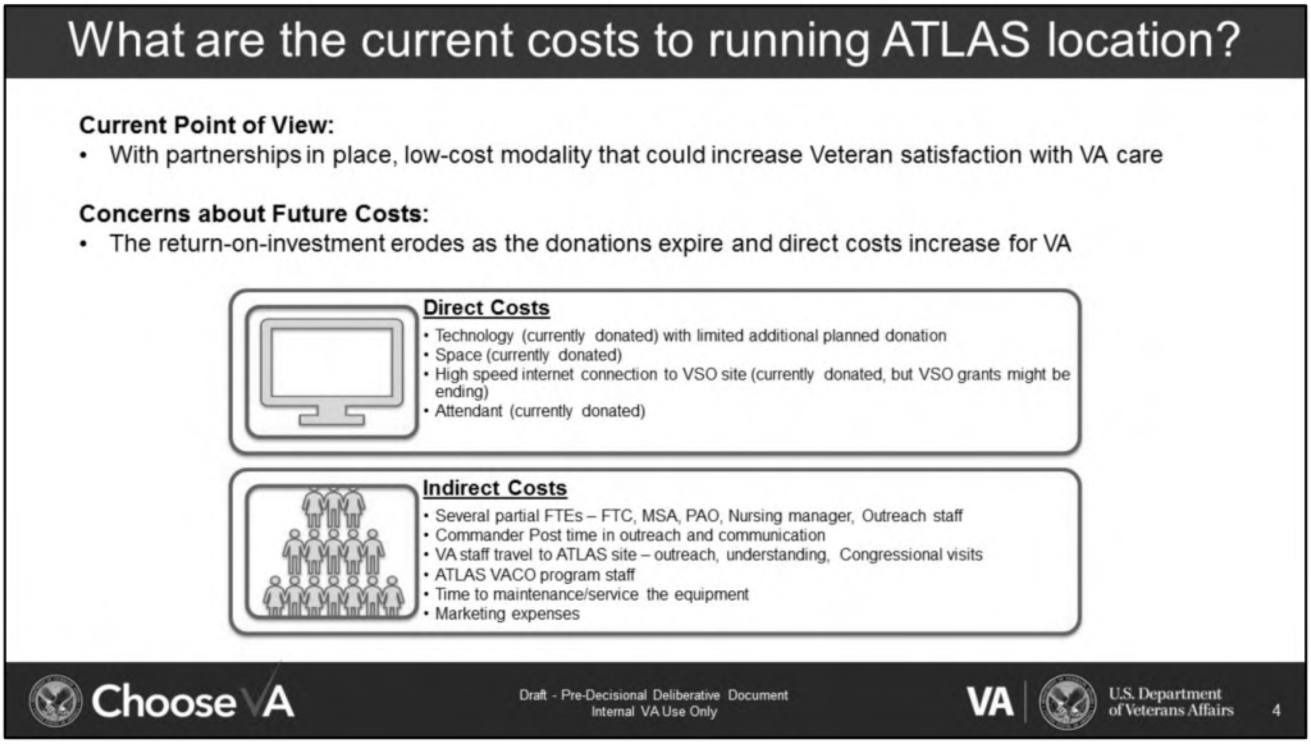
- With minimal marketing and provider engagement, Veterans and providers have embraced the site and Veteran satisfaction is very high

Rational for "Could Be Successful":

- Unsure how to measure success
- Positive Veteran feedback but like can not increase utilization any further
- Investment feels like it is a lot based on the low utilization
- Need to consider revising the pilot due to low utilization, but not to discontinue ATLAS services
- Too early in the pilot to gauge success, need to continue to invest in marketing
- Received the utilization expected for the location

Rational for "No, Not Successful"

- Does not provide any benefits over other telehealth modalities
- The technology is hard to maintain and use
- Geographic area does not lack internet connection nor is underserved
- Providers and Veterans do not want to use due to many challenges
- Execution was poor initially and did not improve



What are the current costs to running ATLAS location?

Current Point of View:

- With partnerships in place, low-cost modality that could increase Veteran satisfaction with VA care

Concerns about Future Costs:

- The return-on-investment erodes as the donations expire and direct costs increase for VA

Direct Costs

- Technology (currently donated) with limited additional planned donation
- Space (currently donated)
- High speed internet connection to VSO site (currently donated, but VSO grants might be ending)
- Attendant (currently donated)

Indirect Costs

- Several partial FTEs – FTC, MSA, PAO, Nursing manager, Outreach staff
- Commander Post time in outreach and communication
- VA staff travel to ATLAS site – outreach, understanding, Congressional visits
- ATLAS VACO program staff
- Time to maintenance/service the equipment
- Marketing expenses

What are your thoughts on the concept of ATLAS?

Can the Site Be Moved?

Given limited success of current location and limited market analysis prior to implementation, should moving locations be considered (to a different catchment area or a different location within the same catchment area)? Before moving, sites need to understand the market analysis, business plan, problem statement, value proposition and target Veteran population of ATLAS to ensure the best location is selected.

Would it work better with a different Veteran population?

ATLAS is appealing to Veterans who do not want to leave their hometown for VA care. Would it be better suited to a college campus where students have limited time to commute to a VA facility? Is it better suited for a justice building to target justice related interventions for Veterans? Are County Services Offices or medical strip-malls better locations?

Engagement of Service Chiefs

Actively engage service chiefs through daily reminders at huddles, videos, etc. is necessary to integrate ATLAS as a site of care. ALTAS needs to be considered another point of care for all providers when seeing Veterans from the catchment area.

What Benefit Does it Add?

Some Veterans don't like the ATLAS sites. Some providers don't like the ATLAS modality. Both populations feel there are better alteratives which are easier and meet the same needs of Veterans.

Needs diagnostic and treatment supports

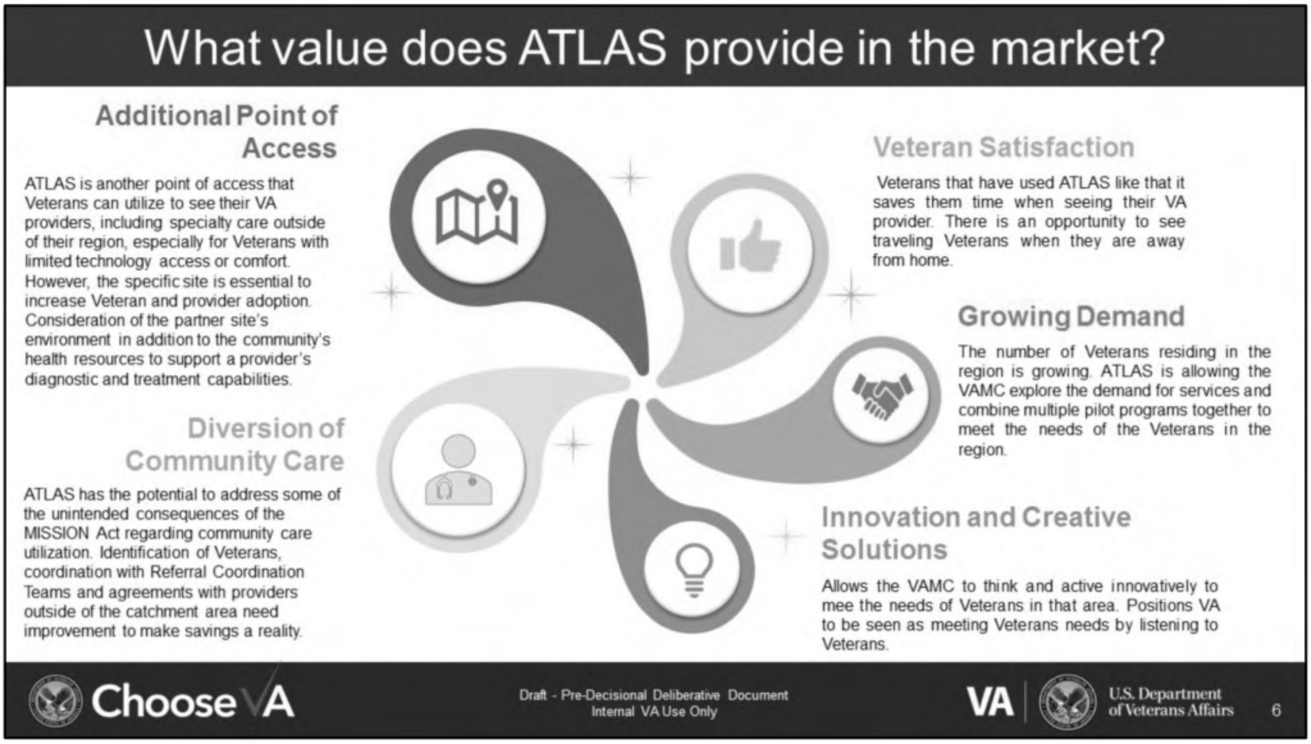
From the provider perspective, there are limited advantages over other VVC modalities. Providing a list of services available to a provider at the location or in the community could be helpful but having the VA staff assist with vitals and emergencies may be critical to provider adoption.

Combining with other Pilots/Services

Thinking creative to overcome barriers and limitations of ATLAS pods and locations by combining resources, pilots and services to provide the holistic approach within a single geographic area. Examples include: partnering with pharmacies for urgent/emergent prescriptions, regular utilization of mobile clinics/vans to support ATLAS, partnering with VBA for enrollment, eligibility and hearings.

Site Selection Involvement

VISN and VAMC staff need to be involved in the site selection process for both geographic region and physical location. Veteran preference for the type of facility hosting the ATLAS site should be taken into consideration.



What value does ATLAS provide in the market?

Additional Point of Access

ATLAS is another point of access that Veterans can utilize to see their VA providers, including specialty care outside of their region, especially for Veterans with limited technology access or comfort. However, the specific site is essential to increase Veteran and provider adoption. Consideration of the partner site's environment in addition to the community's health resources to support a provider's diagnostic and treatment capabilities.

Diversion of Community Care

ATLAS has the potential to address some of the unintended consequences of the MISSION Act regarding community care utilization. Identification of Veterans, coordination with Referral Coordination Teams and agreements with providers outside of the catchment area need improvement to make savings a reality.

Veteran Satisfaction

Veterans that have used ATLAS like that it saves them time when seeing their VA provider. There is an opportunity to see traveling Veterans when they are away from home.

Growing Demand

The number of Veterans residing in the region is growing. ATLAS is allowing the VAMC explore the demand for services and combine multiple pilot programs together to meet the needs of the Veterans in the region.

Innovation and Creative Solutions

Allows the VAMC to think and active innovatively to mee the needs of Veterans in that area. Positions VA to be seen as meeting Veterans needs by listening to Veterans.

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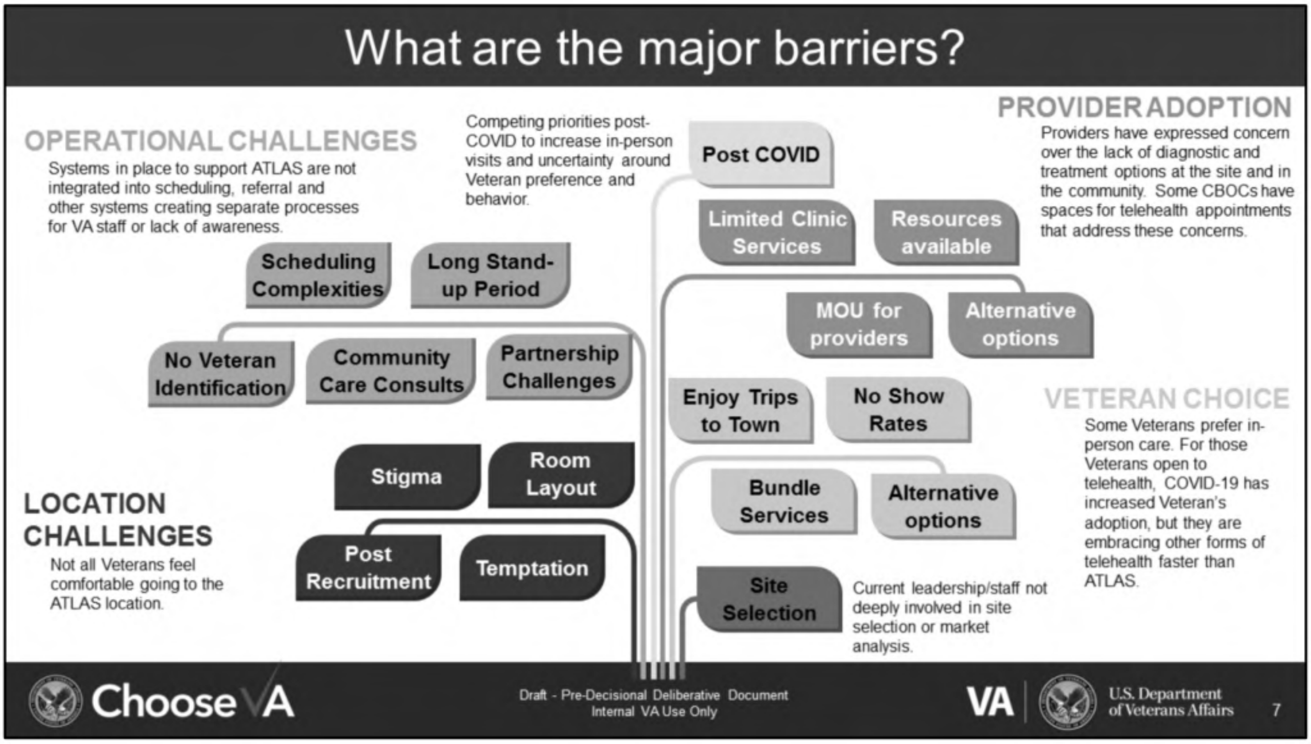

What are the major barriers?

OPERATIONAL CHALLENGES

Systems in place to support ATLAS are not integrated into scheduling, referral and other systems creating separate processes for VA staff or lack of awareness.

Competing priorities post-COVID to increase in-person visits and uncertainty around Veteran preference and behavior.

PROVIDER ADOPTION

Providers have expressed concern over the lack of diagnostic and treatment options at the site and in the community. Some CBOCs have spaces for telehealth appointments that address these concerns.

VETERAN CHOICE

Some Veterans prefer in-person care. For those Veterans open to telehealth, COVID-19 has increased Veteran's adoption, but they are embracing other forms of telehealth faster than ATLAS.

LOCATION CHALLENGES

Not all Veterans feel comfortable going to the ATLAS location.

Current leadership/staff not deeply involved in site selection or market analysis.

Scheduling Complexities
Long Stand-up Period
No Veteran Identification
Community Care Consults
Partnership Challenges
Stigma
Room Layout
Post Recruitment
Temptation
Post COVID
Limited Clinic Services
Resources available
MOU for providers
Alternative options
Enjoy Trips to Town
No Show Rates
Bundle Services
Alternative options
Site Selection
Choose VA
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OI&T support in future
Market Challenges - National marketing

What does success or evaluation look like?

Veteran Satisfaction and Voice

Veteran Compliance

Provider Satisfaction

Utilization

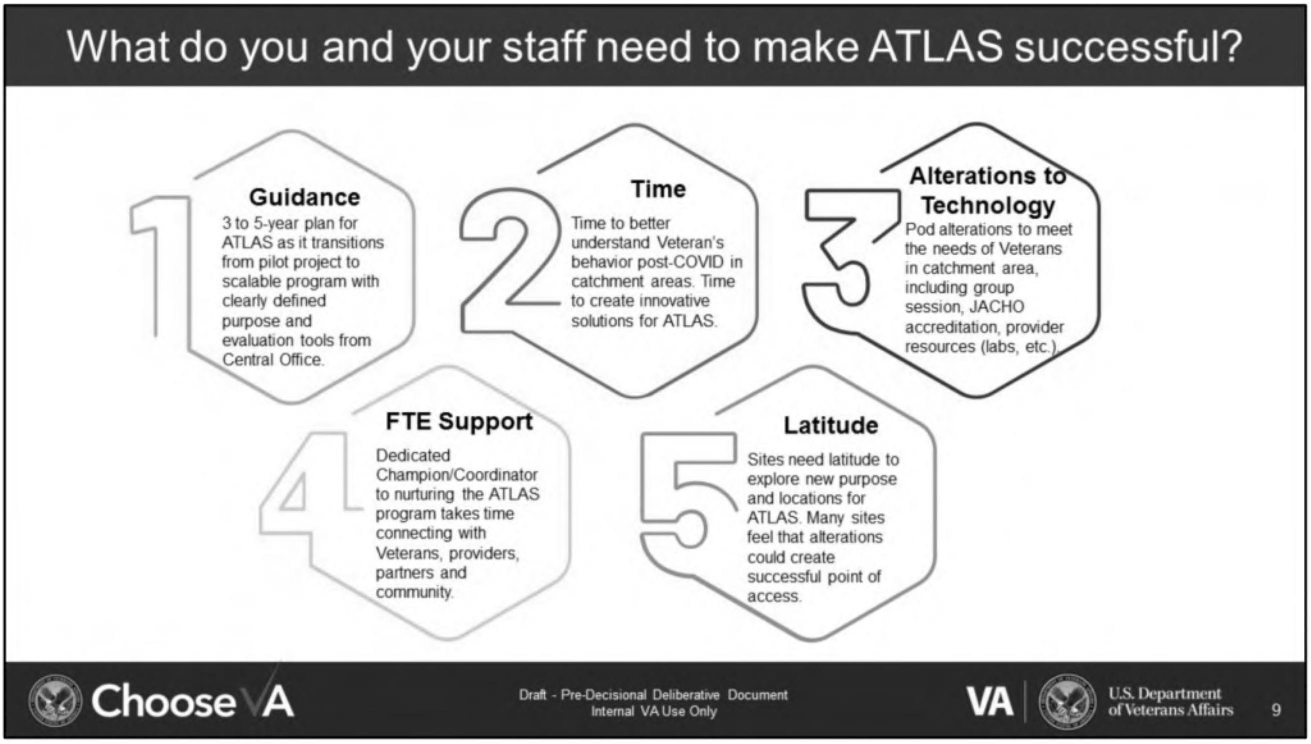
Community Support

Appointment Failure Rate

Access: Drive time
Wait time

Make/Buy Decisions

Positioning for Future Growth



What do you and your staff need to make ATLAS successful?

1. **Guidance**
   3 to 5-year plan for ATLAS as it transitions from pilot project to scalable program with clearly defined purpose and evaluation tools from Central Office.

2. **Time**
   Time to better understand Veteran's behavior post-COVID in catchment areas. Time to create innovative solutions for ATLAS.

3. **Alterations to Technology**
   Pod alterations to meet the needs of Veterans in catchment area, including group session, JACHO accreditation, provider resources (labs, etc.).

4. **FTE Support**
   Dedicated Champion/Coordinator to nurturing the ATLAS program takes time connecting with Veterans, providers, partners and community.

5. **Latitude**
   Sites need latitude to explore new purpose and locations for ATLAS. Many sites feel that alterations could create successful point of access.

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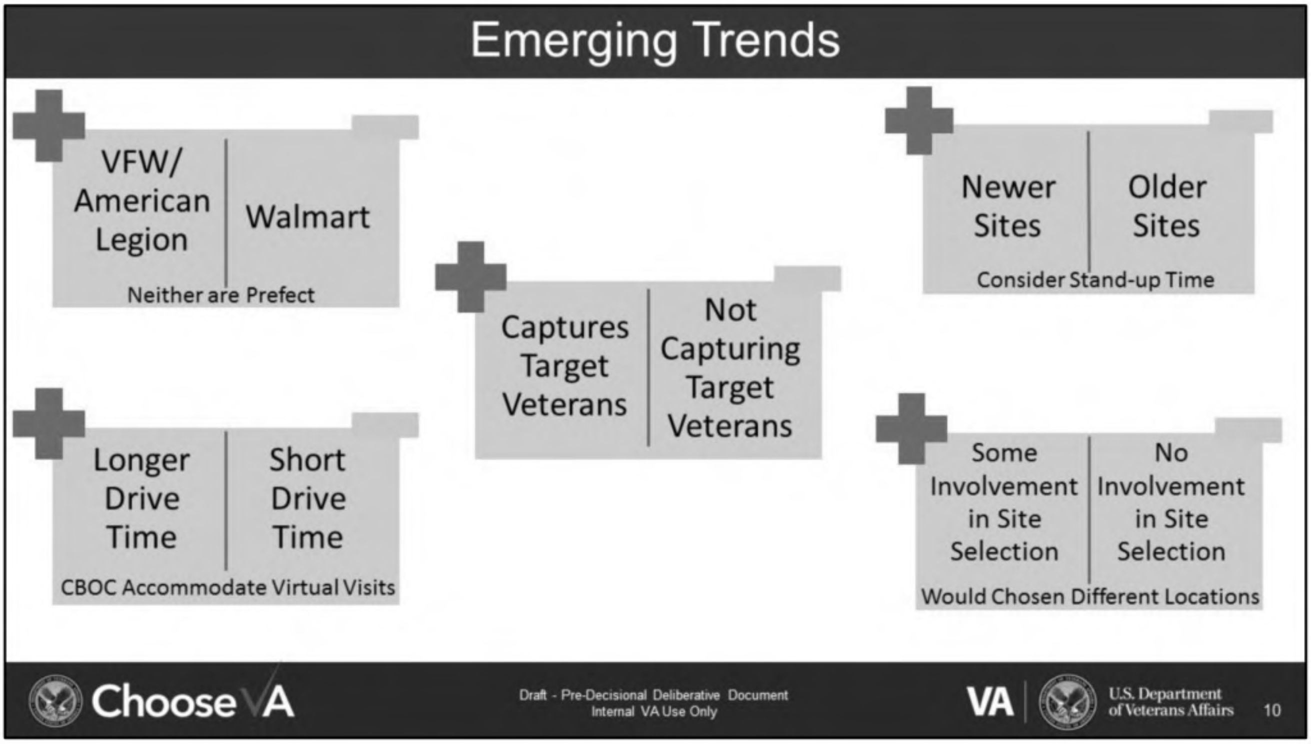

Emerging Trends

VFW/ American Legion	Walmart

Neither are Prefect

Captures Target Veterans	Not Capturing Target Veterans

Newer Sites	Older Sites

Consider Stand-up Time

Longer Drive Time	Short Drive Time

CBOC Accommodate Virtual Visits

Some Involvement in Site Selection	No Involvement in Site Selection

Would Chosen Different Locations

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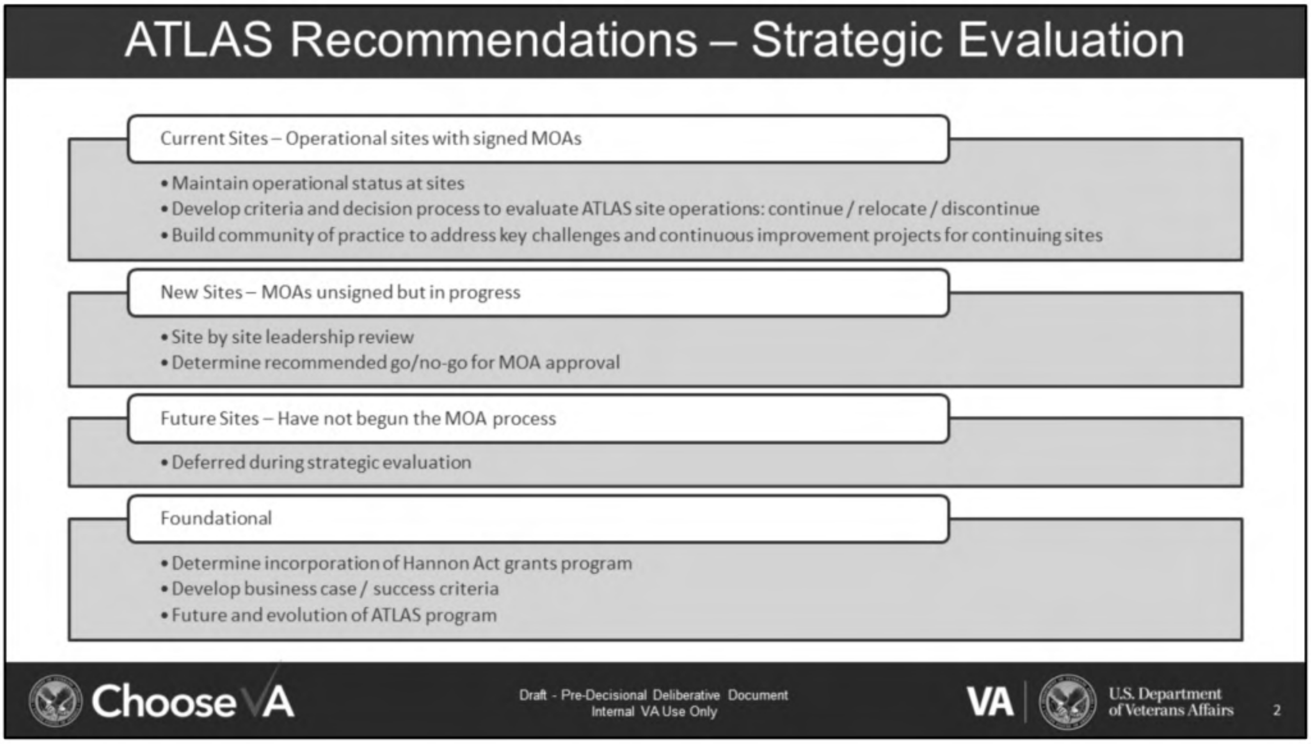
VETERANS HEALTH ADMINISTRATION

ATLAS Executive Steering Committee: Workgroups and Action Planning

July 2021



ATLAS Recommendations – Strategic Evaluation

Current Sites – Operational sites with signed MOAs

- Maintain operational status at sites
- Develop criteria and decision process to evaluate ATLAS site operations: continue / relocate / discontinue
- Build community of practice to address key challenges and continuous improvement projects for continuing sites

New Sites – MOAs unsigned but in progress

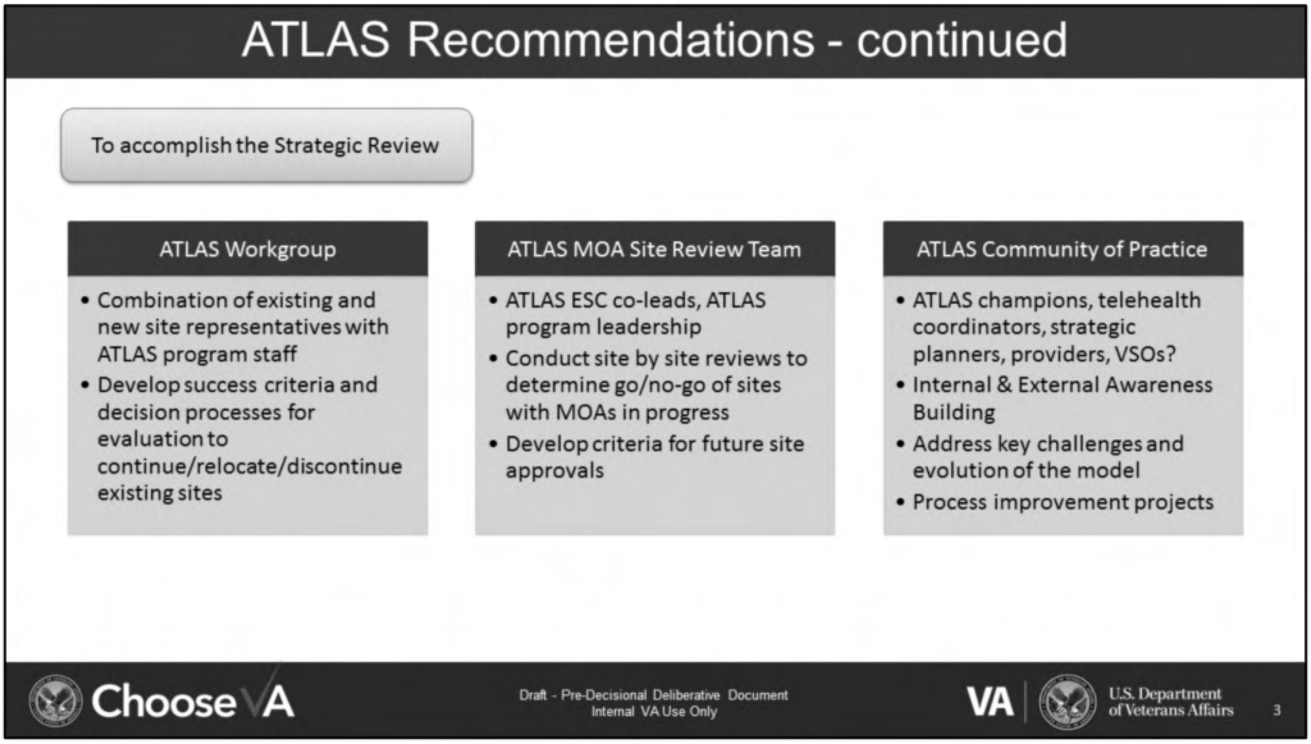
- Site by site leadership review
- Determine recommended go/no-go for MOA approval

Future Sites – Have not begun the MOA process

- Deferred during strategic evaluation

Foundational

- Determine incorporation of Hannon Act grants program
- Develop business case / success criteria
- Future and evolution of ATLAS program



ATLAS Recommendations - continued

To accomplish the Strategic Review

ATLAS Workgroup

- Combination of existing and new site representatives with ATLAS program staff
- Develop success criteria and decision processes for evaluation to continue/relocate/discontinue existing sites

ATLAS MOA Site Review Team

- ATLAS ESC co-leads, ATLAS program leadership
- Conduct site by site reviews to determine go/no-go of sites with MOAs in progress
- Develop criteria for future site approvals

ATLAS Community of Practice

- ATLAS champions, telehealth coordinators, strategic planners, providers, VSOs?
- Internal & External Awareness Building
- Address key challenges and evolution of the model
- Process improvement projects

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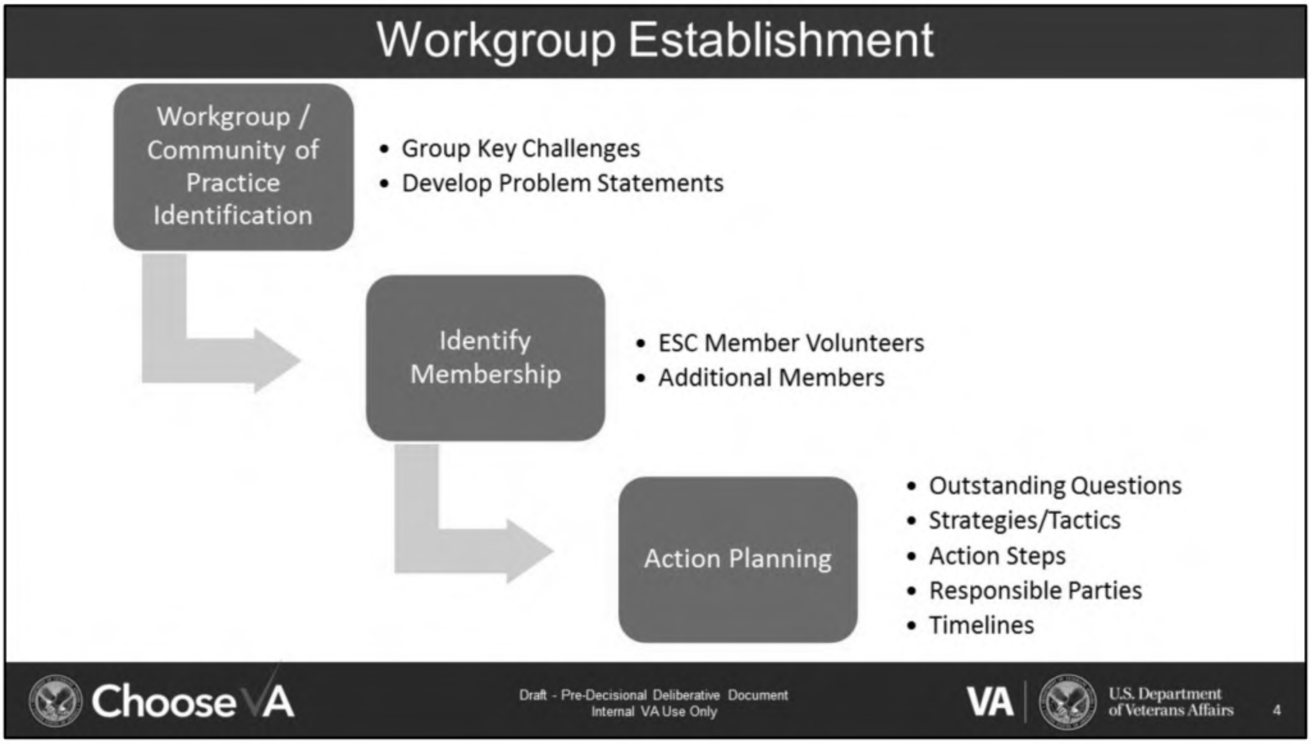

Workgroup Establishment

Workgroup / Community of Practice Identification

- Group Key Challenges
- Develop Problem Statements

Identify Membership

- ESC Member Volunteers
- Additional Members

Action Planning

- Outstanding Questions
- Strategies/Tactics
- Action Steps
- Responsible Parties
- Timelines

Timeline for Development of Action Plans

- Stage 1: Early August
  - Confirm purpose, model, target Veteran population – ESC
  - Finalize Workgroup problem statements and membership
  - Finalize Review Team process and begin reviews
  - Determine plan for Hannon Act grants incorporation – ESC Leadership
- Stage 2: August - September
  - Workgroup
    - Success Criteria, Decision Processes, and Evaluation of Operating Sites
    - ATLAS Integration & Implementation Processes
  - Community of Practice
    - Identification of Lessons Learned
    - Internal Awareness Building
    - Address key challenges
- Stage 3: September – October
  - Workgroup
    - Data and Stakeholder Driven Future Site Selection Process
  - Community of Practice
    - Spreading of Lessons Learned and addressing key challenges
    - Future and evolution of ATLAS Model
- Stage 4: October – December
  - Development of business case

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Reconfirm Model, Purpose, Target Veteran

Purpose

- To enhance accessibility of VA health care and help bridge digital divide by establishing comfortable, private locations in communities where Veterans often have long travel times to VA facilities or poor connectivity at home.

Model

- Telehealth equipment in non-VA facilities without VA support staff. Site does not have to be TJC accredited.
- Question: Site equipment primarily or exclusively used for VHA appointments?
- Question: Does VA need to investment in equipment/partnership?
- Question: Type of community facility?

Target Veteran

- Long travel times to VA facilities, including limited transportation
- Limited connectivity within the region in homes
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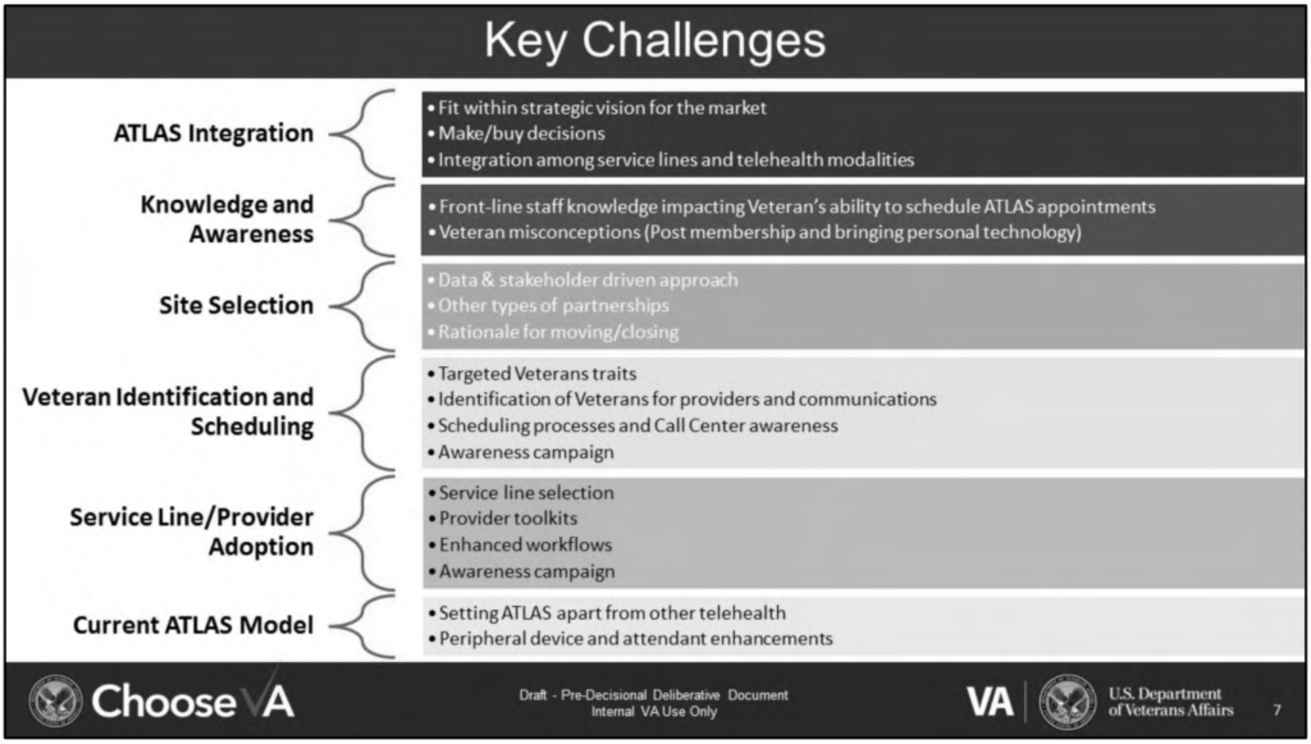

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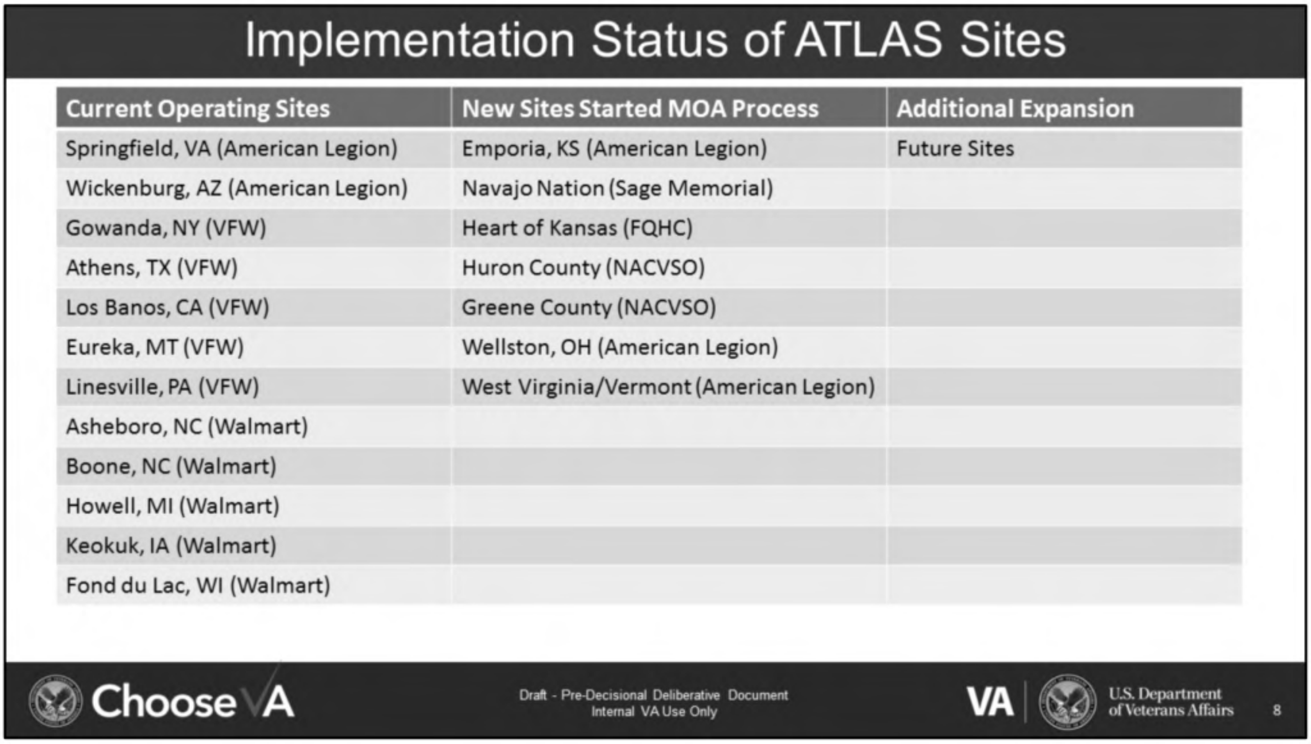

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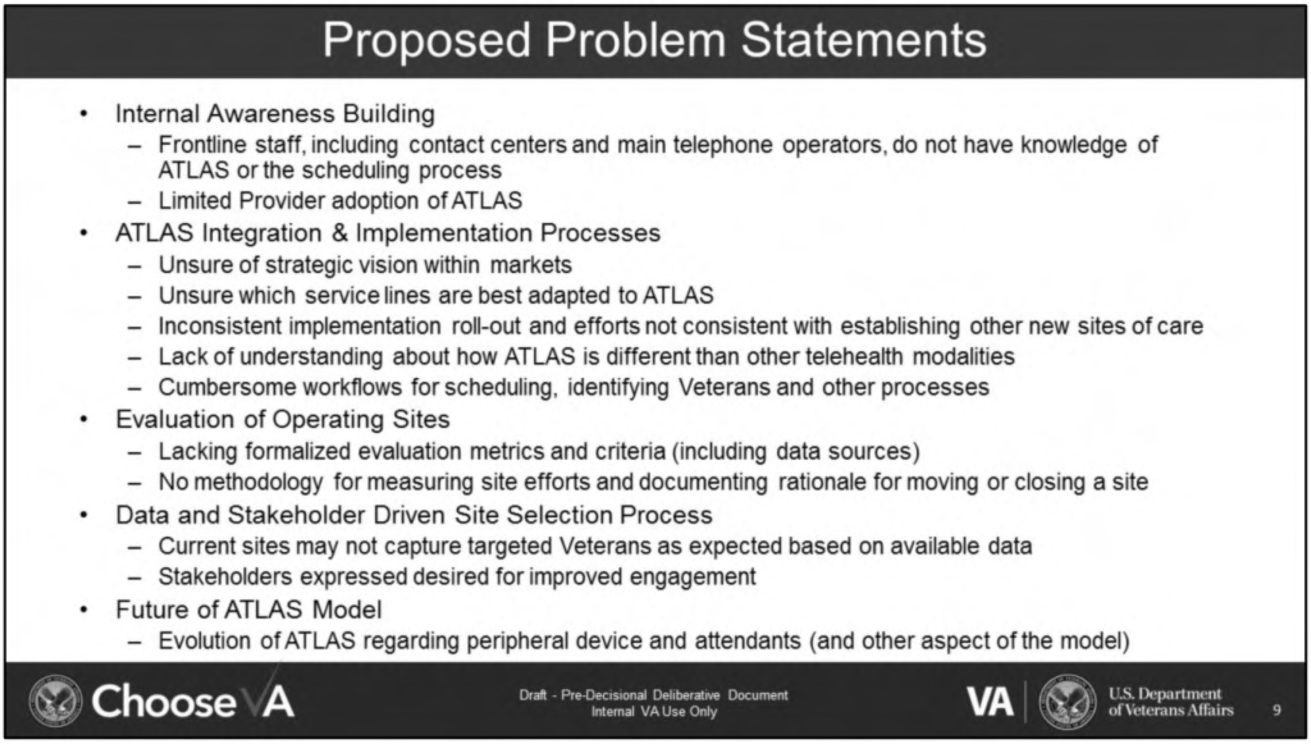

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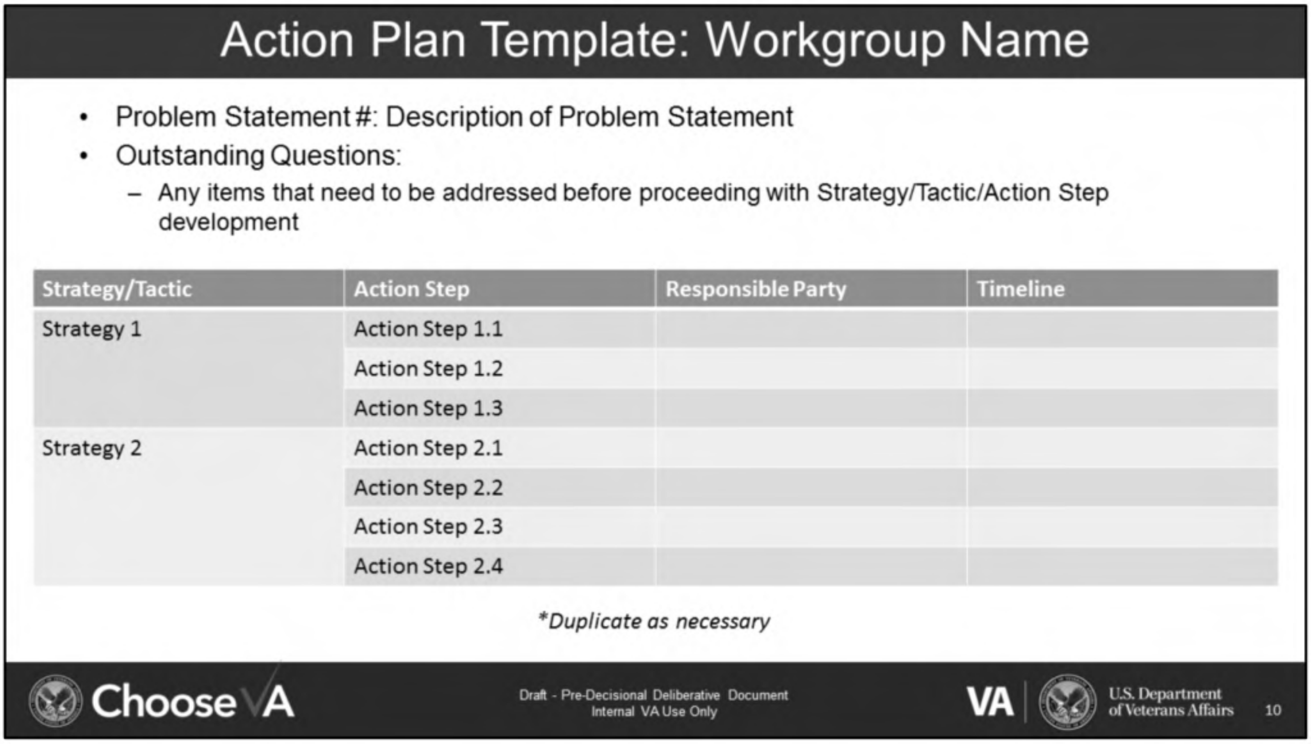

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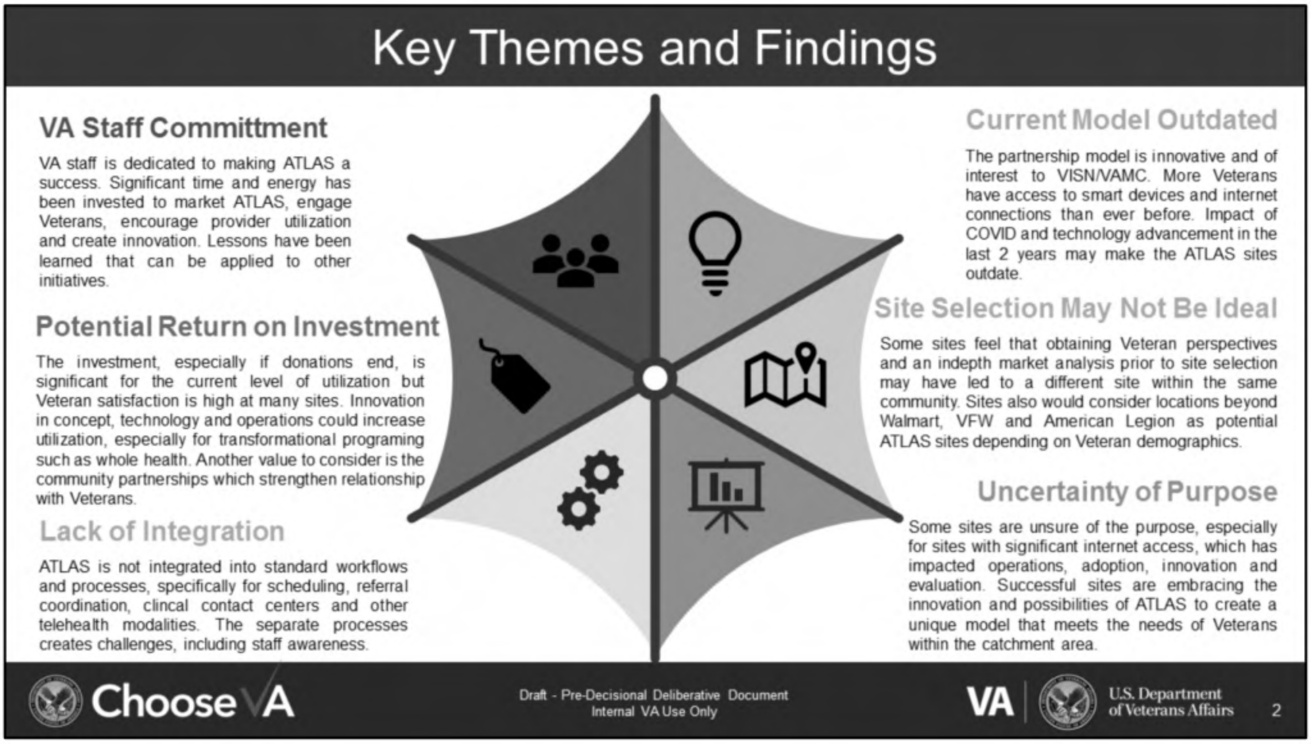
VETERANS HEALTH ADMINISTRATION

ATLAS Executive Steering Committee: Senior Leadership Interview Key Findings

July 2021



Key Themes and Findings

VA Staff Committment

VA staff is dedicated to making ATLAS a success. Significant time and energy has been invested to market ATLAS, engage Veterans, encourage provider utilization and create innovation. Lessons have been learned that can be applied to other initiatives.

Potential Return on Investment

The investment, especially if donations end, is significant for the current level of utilization but Veteran satisfaction is high at many sites. Innovation in concept, technology and operations could increase utilization, especially for transformational programing such as whole health. Another value to consider is the community partnerships which strengthen relationship with Veterans.

Lack of Integration

ATLAS is not integrated into standard workflows and processes, specifically for scheduling, referral coordination, clincal contact centers and other telehealth modalities. The separate processes creates challenges, including staff awareness.

Current Model Outdated

The partnership model is innovative and of interest to VISN/VAMC. More Veterans have access to smart devices and internet connections than ever before. Impact of COVID and technology advancement in the last 2 years may make the ATLAS sites outdate.

Site Selection May Not Be Ideal

Some sites feel that obtaining Veteran perspectives and an indepth market analysis prior to site selection may have led to a different site within the same community. Sites also would consider locations beyond Walmart, VFW and American Legion as potential ATLAS sites depending on Veteran demographics.

Uncertainty of Purpose

Some sites are unsure of the purpose, especially for sites with significant internet access, which has impacted operations, adoption, innovation and evaluation. Successful sites are embracing the innovation and possibilities of ATLAS to create a unique model that meets the needs of Veterans within the catchment area.

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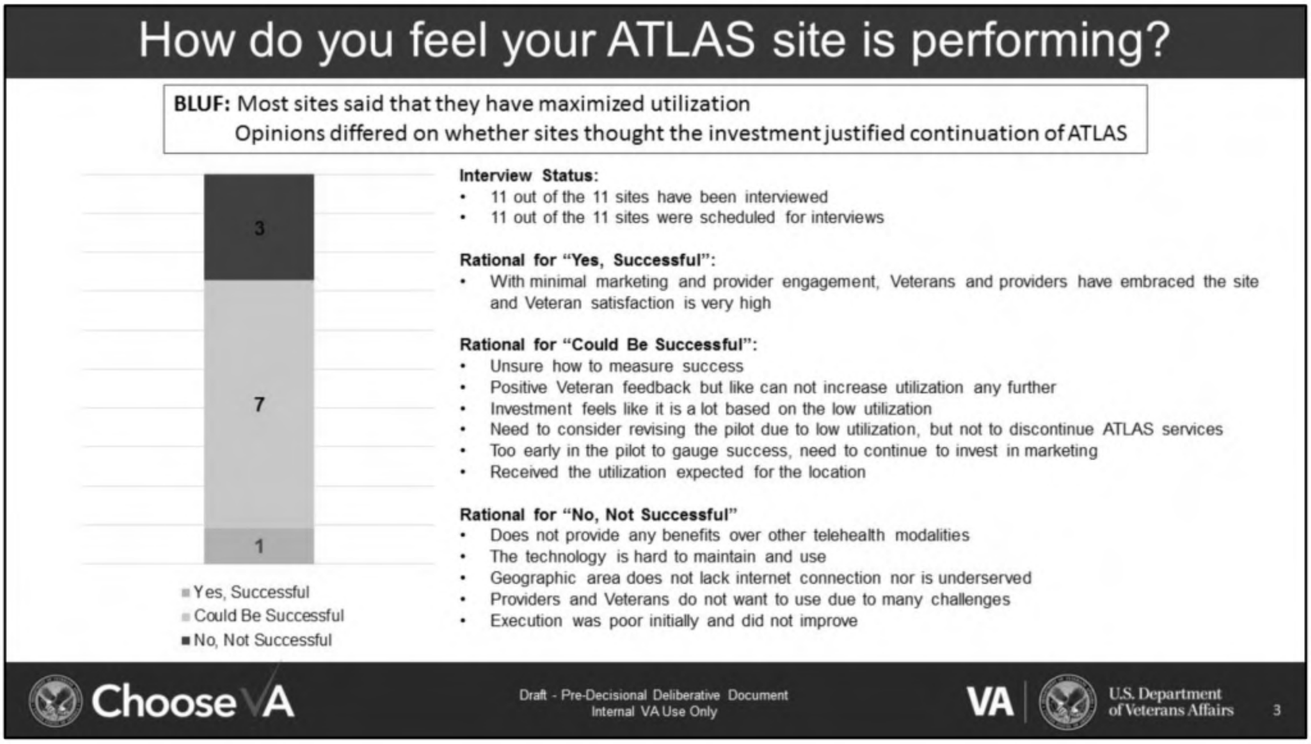


How do you feel your ATLAS site is performing?

BLUF: Most sites said that they have maximized utilization
Opinions differed on whether sites thought the investment justified continuation of ATLAS

3
7
1
■ Yes, Successful
■ Could Be Successful
■ No, Not Successful

Interview Status:

- 11 out of the 11 sites have been interviewed
- 11 out of the 11 sites were scheduled for interviews

Rational for "Yes, Successful":

- With minimal marketing and provider engagement, Veterans and providers have embraced the site and Veteran satisfaction is very high

Rational for "Could Be Successful":

- Unsure how to measure success
- Positive Veteran feedback but like can not increase utilization any further
- Investment feels like it is a lot based on the low utilization
- Need to consider revising the pilot due to low utilization, but not to discontinue ATLAS services
- Too early in the pilot to gauge success, need to continue to invest in marketing
- Received the utilization expected for the location

Rational for "No, Not Successful"

- Does not provide any benefits over other telehealth modalities
- The technology is hard to maintain and use
- Geographic area does not lack internet connection nor is underserved
- Providers and Veterans do not want to use due to many challenges
- Execution was poor initially and did not improve

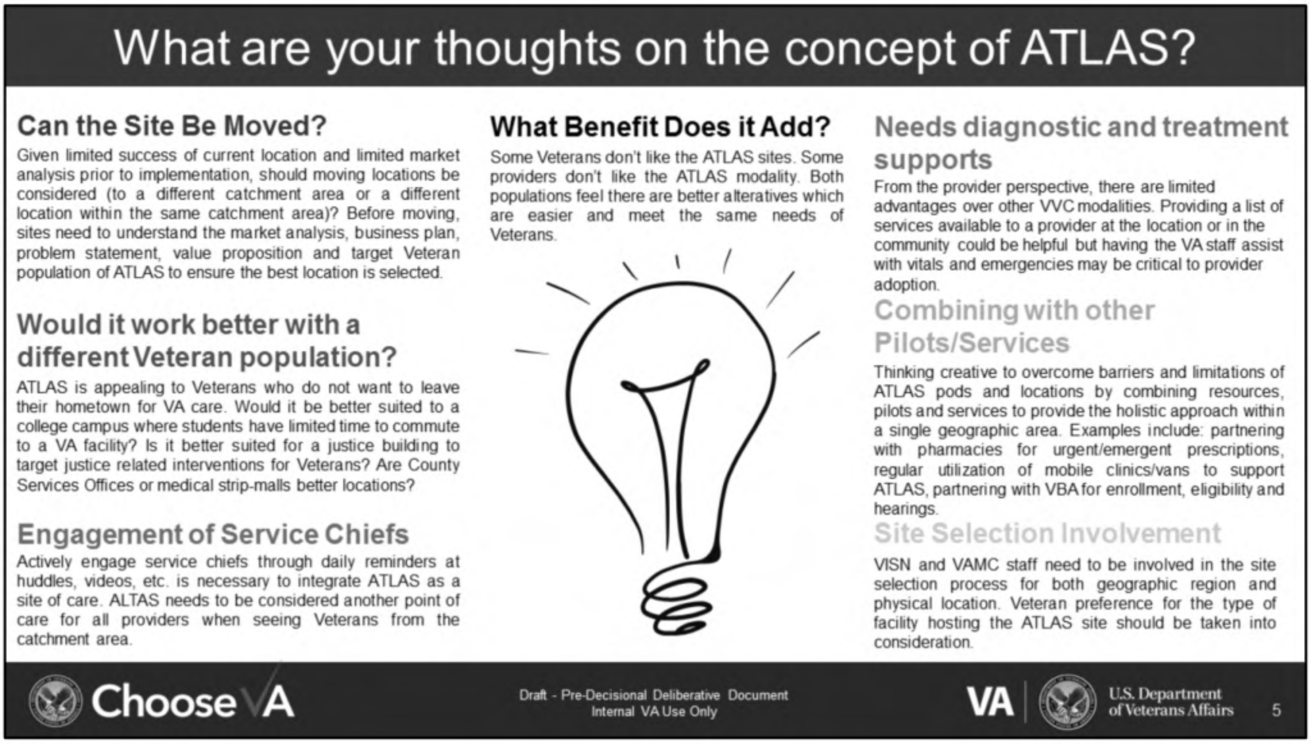
What are the current costs to running ATLAS location?

Current Point of View:
- With partnerships in place, low-cost modality that could increase Veteran satisfaction with VA care

Concerns about Future Costs:
- The return-on-investment erodes as the donations expire and direct costs increase for VA

Direct Costs
- Technology (currently donated) with limited additional planned donation
- Space (currently donated)
- High speed internet connection to VSO site (currently donated, but VSO grants might be ending)
- Attendant (currently donated)

Indirect Costs
- Several partial FTEs – FTC, MSA, PAO, Nursing manager, Outreach staff
- Commander Post time in outreach and communication
- VA staff travel to ATLAS site – outreach, understanding, Congressional visits
- ATLAS VACO program staff
- Time to maintenance/service the equipment
- Marketing expenses



What are your thoughts on the concept of ATLAS?

Can the Site Be Moved?

Given limited success of current location and limited market analysis prior to implementation, should moving locations be considered (to a different catchment area or a different location within the same catchment area)? Before moving, sites need to understand the market analysis, business plan, problem statement, value proposition and target Veteran population of ATLAS to ensure the best location is selected.

Would it work better with a different Veteran population?

ATLAS is appealing to Veterans who do not want to leave their hometown for VA care. Would it be better suited to a college campus where students have limited time to commute to a VA facility? Is it better suited for a justice building to target justice related interventions for Veterans? Are County Services Offices or medical strip-malls better locations?

Engagement of Service Chiefs

Actively engage service chiefs through daily reminders at huddles, videos, etc. is necessary to integrate ATLAS as a site of care. ALTAS needs to be considered another point of care for all providers when seeing Veterans from the catchment area.

What Benefit Does it Add?

Some Veterans don't like the ATLAS sites. Some providers don't like the ATLAS modality. Both populations feel there are better alteratives which are easier and meet the same needs of Veterans.

Needs diagnostic and treatment supports

From the provider perspective, there are limited advantages over other VVC modalities. Providing a list of services available to a provider at the location or in the community could be helpful but having the VA staff assist with vitals and emergencies may be critical to provider adoption.

Combining with other Pilots/Services

Thinking creative to overcome barriers and limitations of ATLAS pods and locations by combining resources, pilots and services to provide the holistic approach within a single geographic area. Examples include: partnering with pharmacies for urgent/emergent prescriptions, regular utilization of mobile clinics/vans to support ATLAS, partnering with VBA for enrollment, eligibility and hearings.

Site Selection Involvement

VISN and VAMC staff need to be involved in the site selection process for both geographic region and physical location. Veteran preference for the type of facility hosting the ATLAS site should be taken into consideration.

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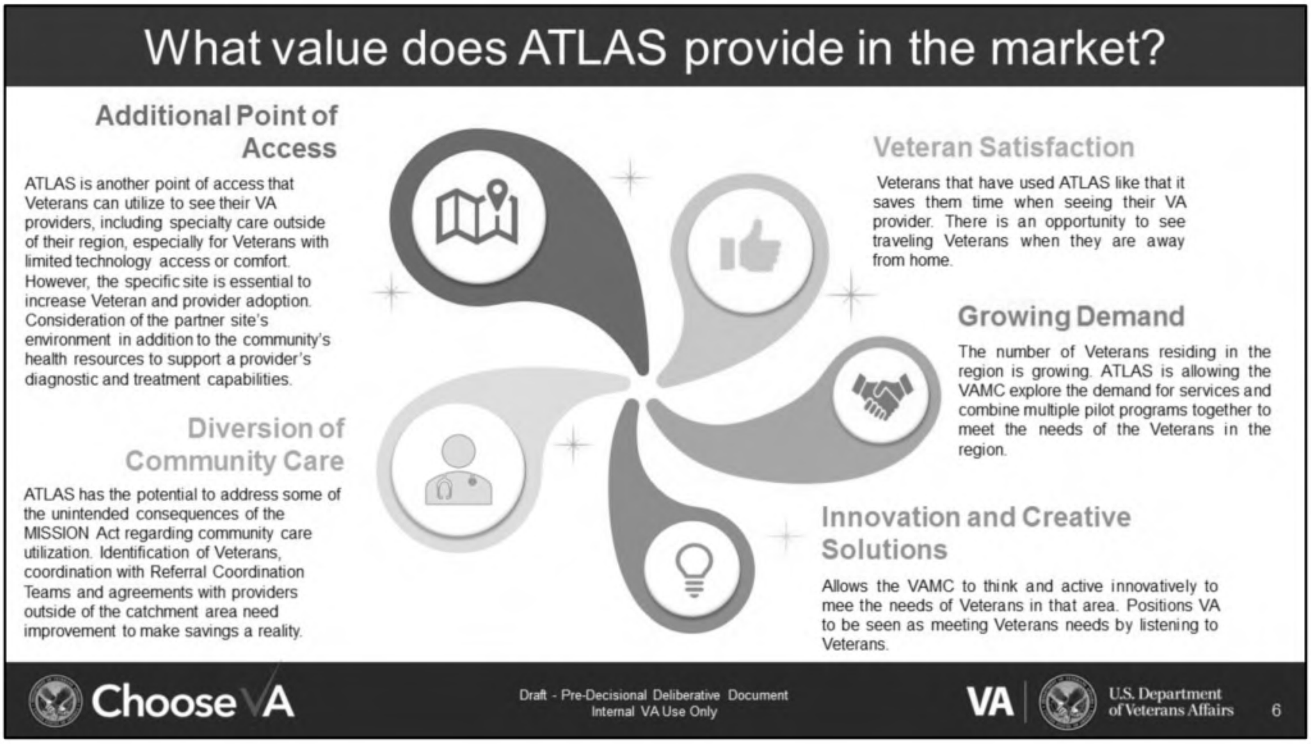


What value does ATLAS provide in the market?

Additional Point of Access

ATLAS is another point of access that Veterans can utilize to see their VA providers, including specialty care outside of their region, especially for Veterans with limited technology access or comfort. However, the specific site is essential to increase Veteran and provider adoption. Consideration of the partner site's environment in addition to the community's health resources to support a provider's diagnostic and treatment capabilities.

Diversion of Community Care

ATLAS has the potential to address some of the unintended consequences of the MISSION Act regarding community care utilization. Identification of Veterans, coordination with Referral Coordination Teams and agreements with providers outside of the catchment area need improvement to make savings a reality.

Veteran Satisfaction

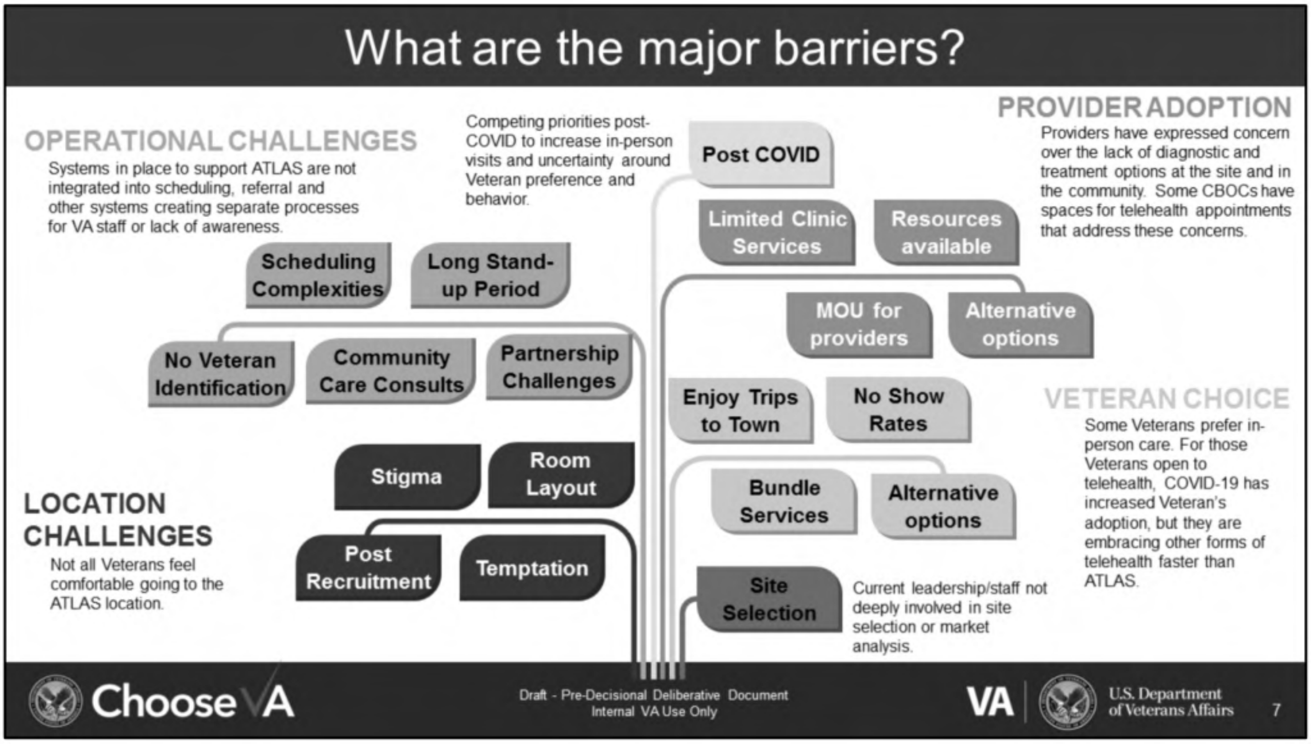
Veterans that have used ATLAS like that it saves them time when seeing their VA provider. There is an opportunity to see traveling Veterans when they are away from home.

Growing Demand

The number of Veterans residing in the region is growing. ATLAS is allowing the VAMC explore the demand for services and combine multiple pilot programs together to meet the needs of the Veterans in the region.

Innovation and Creative Solutions

Allows the VAMC to think and active innovatively to mee the needs of Veterans in that area. Positions VA to be seen as meeting Veterans needs by listening to Veterans.



What are the major barriers?

OPERATIONAL CHALLENGES

Systems in place to support ATLAS are not integrated into scheduling, referral and other systems creating separate processes for VA staff or lack of awareness.

Scheduling Complexities
Long Stand-up Period
No Veteran Identification
Community Care Consults
Partnership Challenges

LOCATION CHALLENGES

Not all Veterans feel comfortable going to the ATLAS location.

Stigma
Room Layout
Post Recruitment
Temptation

Competing priorities post-COVID to increase in-person visits and uncertainty around Veteran preference and behavior.

PROVIDER ADOPTION

Providers have expressed concern over the lack of diagnostic and treatment options at the site and in the community. Some CBOCs have spaces for telehealth appointments that address these concerns.

Limited Clinic Services
Resources available
MOU for providers
Alternative options

VETERAN CHOICE

Some Veterans prefer in-person care. For those Veterans open to telehealth, COVID-19 has increased Veteran's adoption, but they are embracing other forms of telehealth faster than ATLAS.

Enjoy Trips to Town
No Show Rates
Bundle Services
Alternative options
Site Selection

Current leadership/staff not deeply involved in site selection or market analysis.

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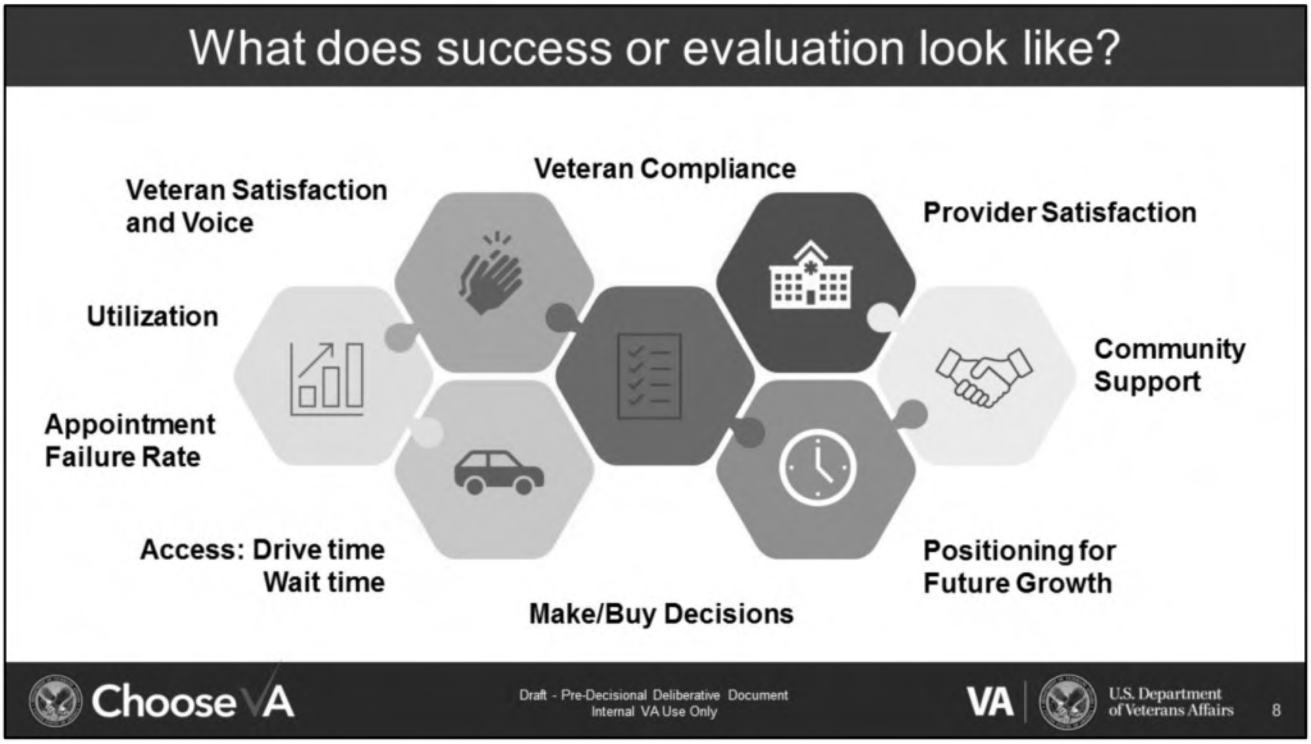
OI&T support in future
Market Challenges - National marketing



What does success or evaluation look like?

Veteran Satisfaction and Voice

Veteran Compliance

Provider Satisfaction

Utilization

Community Support

Appointment Failure Rate

Access: Drive time
Wait time

Make/Buy Decisions

Positioning for Future Growth

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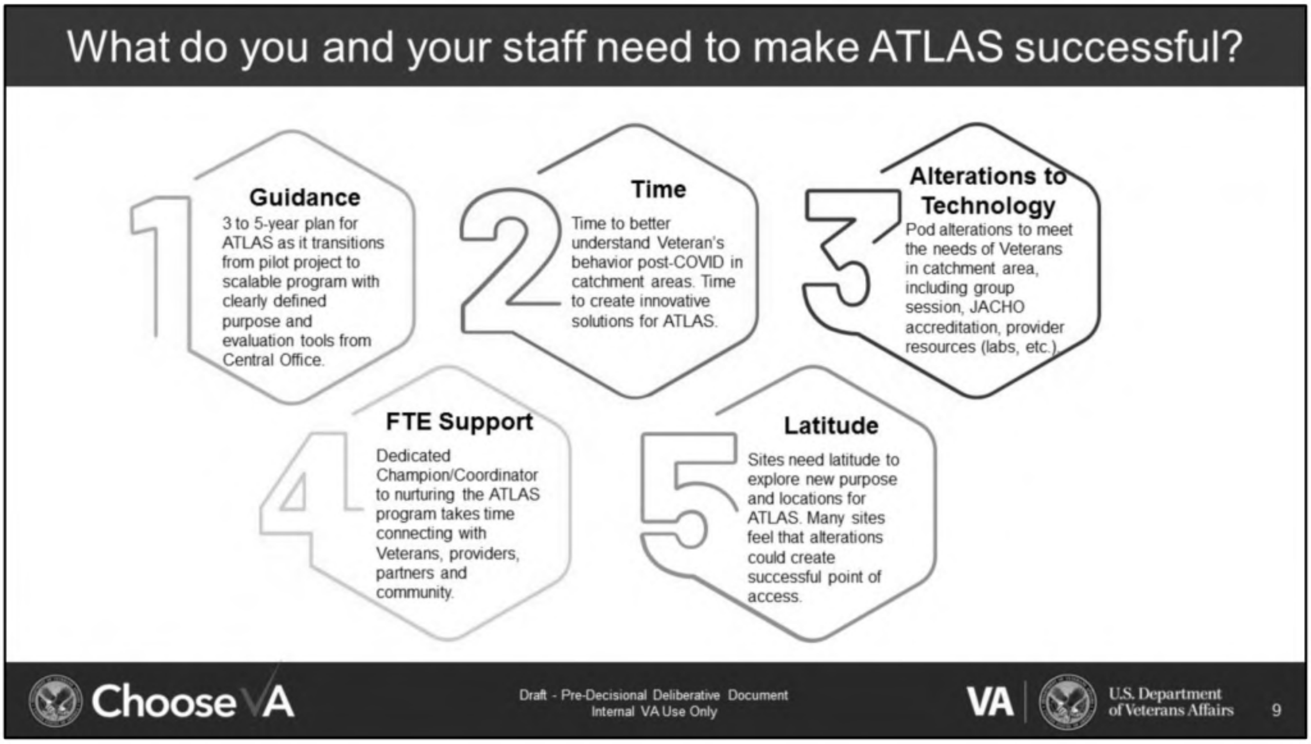


What do you and your staff need to make ATLAS successful?

1 **Guidance**

3 to 5-year plan for ATLAS as it transitions from pilot project to scalable program with clearly defined purpose and evaluation tools from Central Office.

2 **Time**

Time to better understand Veteran's behavior post-COVID in catchment areas. Time to create innovative solutions for ATLAS.

3 **Alterations to Technology**

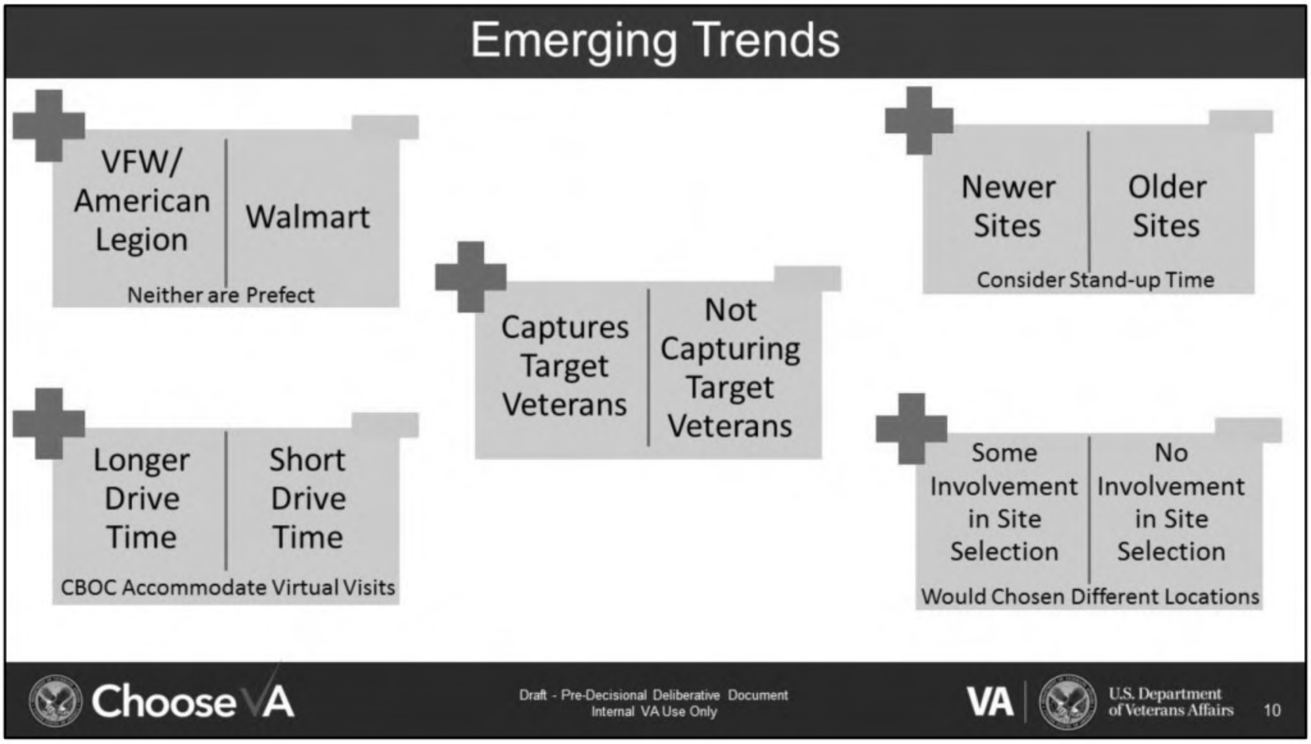
Pod alterations to meet the needs of Veterans in catchment area, including group session, JACHO accreditation, provider resources (labs, etc.)

4 **FTE Support**

Dedicated Champion/Coordinator to nurturing the ATLAS program takes time connecting with Veterans, providers, partners and community.

5 **Latitude**

Sites need latitude to explore new purpose and locations for ATLAS. Many sites feel that alterations could create successful point of access.



Emerging Trends

VFW/ American Legion	Walmart

Neither are Prefect

Captures Target Veterans	Not Capturing Target Veterans

Newer Sites	Older Sites

Consider Stand-up Time

Longer Drive Time	Short Drive Time

CBOC Accommodate Virtual Visits

Some Involvement in Site Selection	No Involvement in Site Selection

Would Chosen Different Locations

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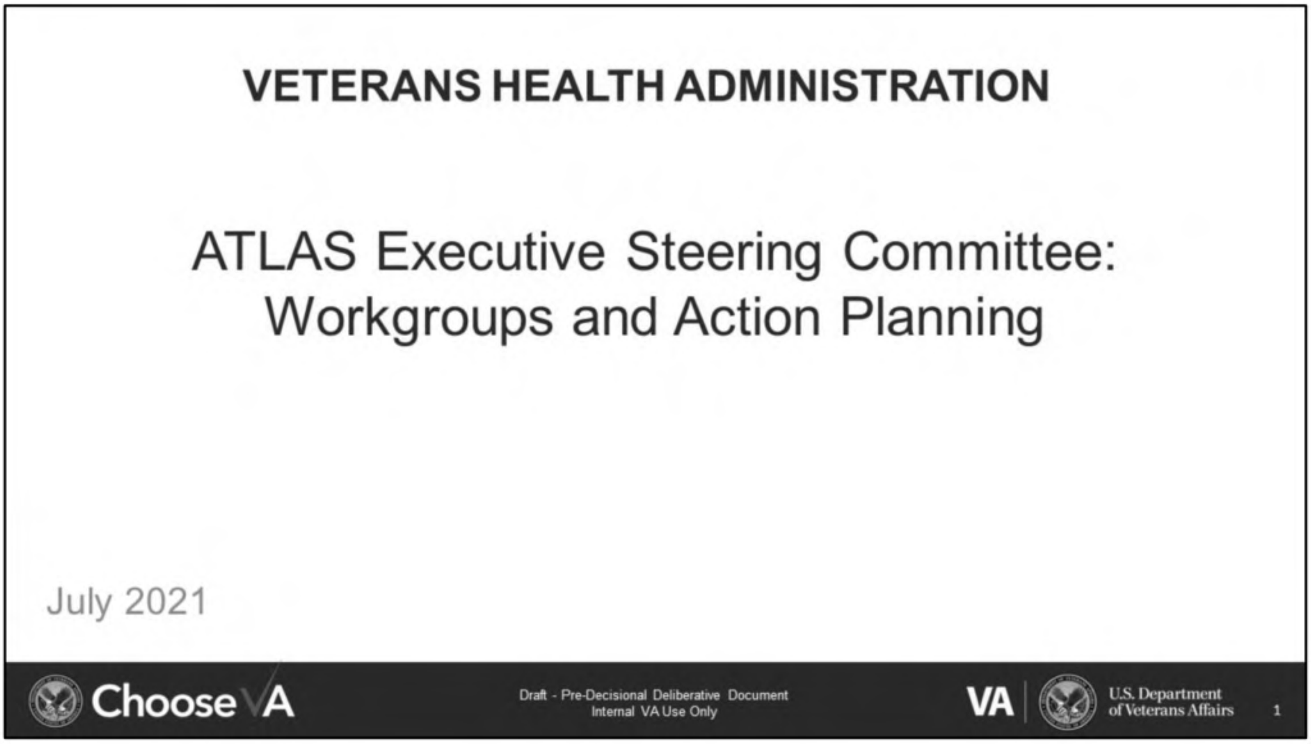
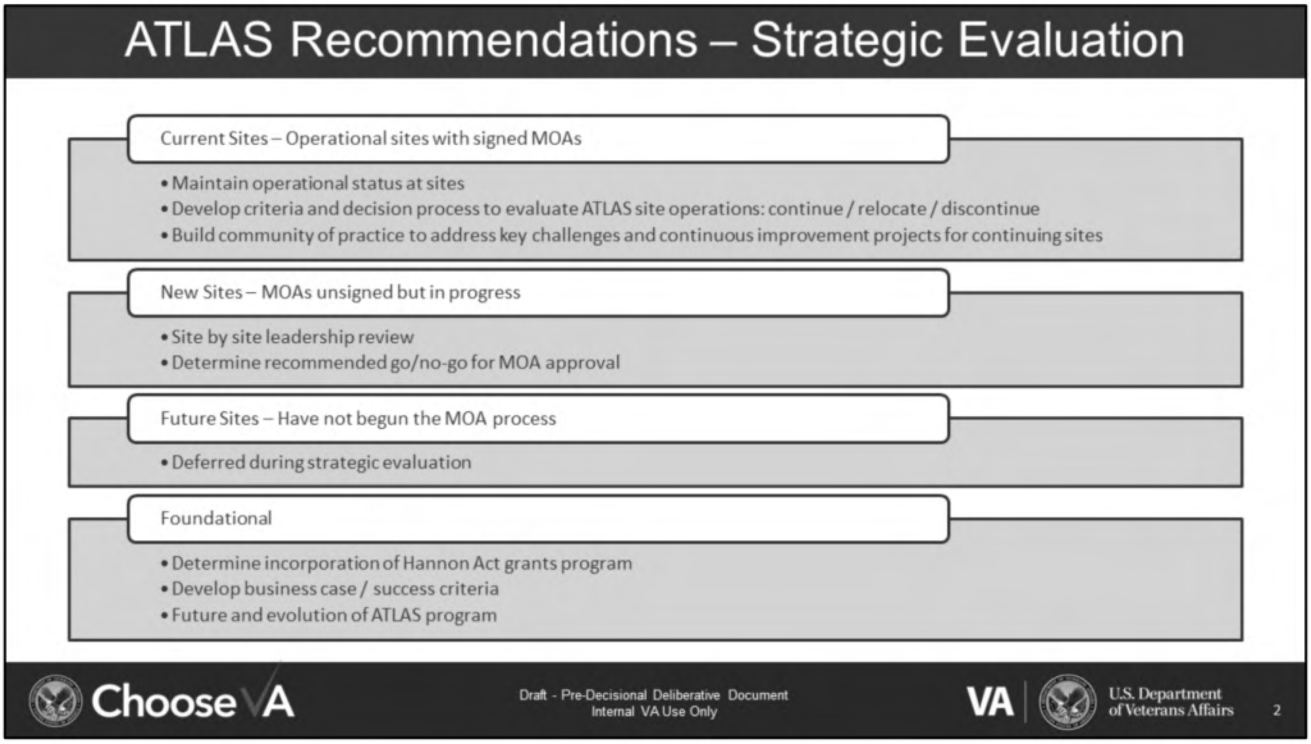


VETERANS HEALTH ADMINISTRATION

ATLAS Executive Steering Committee: Workgroups and Action Planning

July 2021



ATLAS Recommendations – Strategic Evaluation

Current Sites – Operational sites with signed MOAs

- Maintain operational status at sites
- Develop criteria and decision process to evaluate ATLAS site operations: continue / relocate / discontinue
- Build community of practice to address key challenges and continuous improvement projects for continuing sites

New Sites – MOAs unsigned but in progress

- Site by site leadership review
- Determine recommended go/no-go for MOA approval

Future Sites – Have not begun the MOA process

- Deferred during strategic evaluation

Foundational

- Determine incorporation of Hannon Act grants program
- Develop business case / success criteria
- Future and evolution of ATLAS program

ATLAS Recommendations - continued

To accomplish the Strategic Review

ATLAS Workgroup

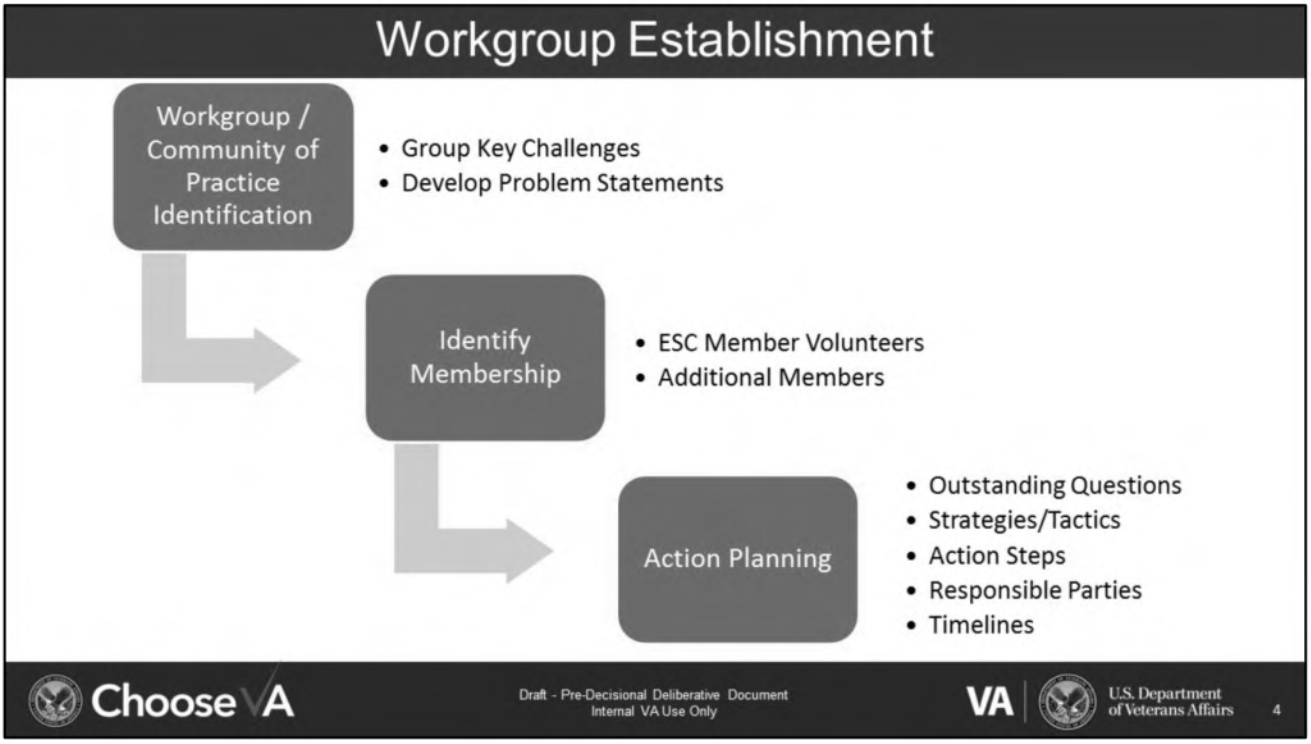
- Combination of existing and new site representatives with ATLAS program staff
- Develop success criteria and decision processes for evaluation to continue/relocate/discontinue existing sites

ATLAS MOA Site Review Team

- ATLAS ESC co-leads, ATLAS program leadership
- Conduct site by site reviews to determine go/no-go of sites with MOAs in progress
- Develop criteria for future site approvals

ATLAS Community of Practice

- ATLAS champions, telehealth coordinators, strategic planners, providers, VSOs?
- Internal & External Awareness Building
- Address key challenges and evolution of the model
- Process improvement projects



Workgroup Establishment

Workgroup / Community of Practice Identification

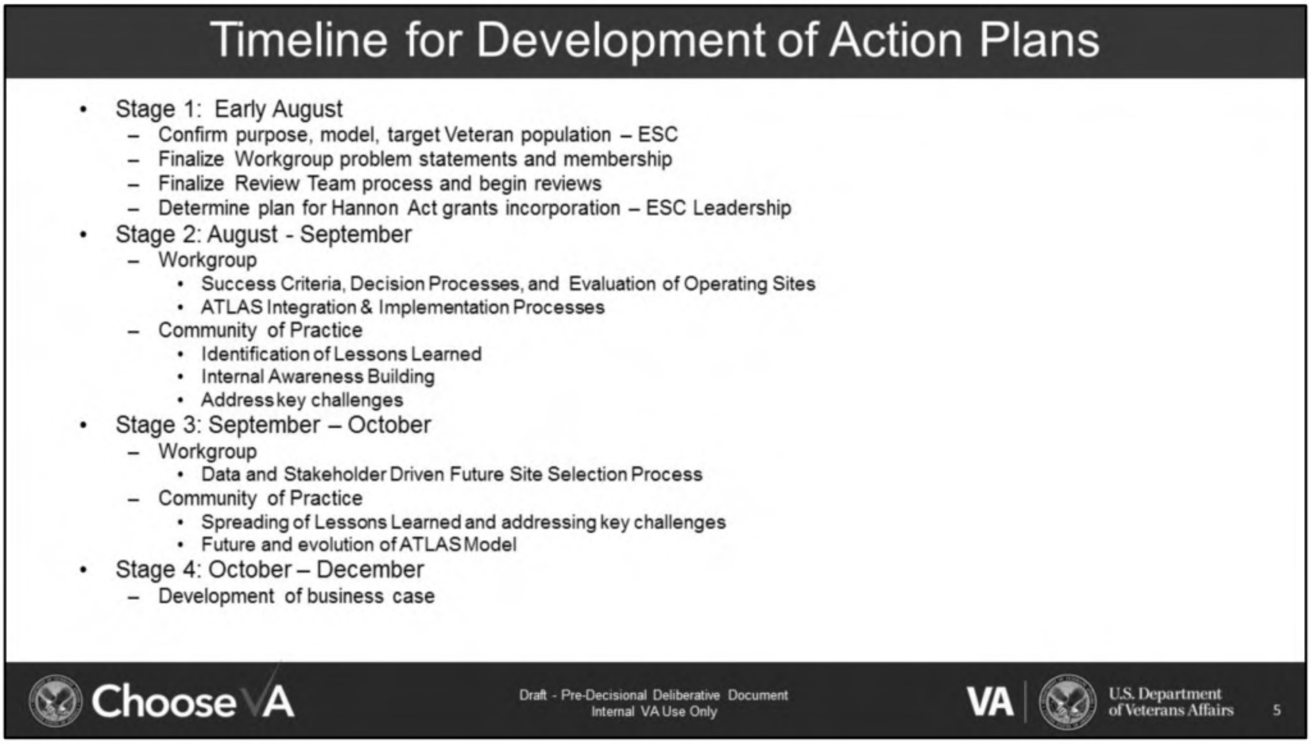
- Group Key Challenges
- Develop Problem Statements

Identify Membership

- ESC Member Volunteers
- Additional Members

Action Planning

- Outstanding Questions
- Strategies/Tactics
- Action Steps
- Responsible Parties
- Timelines



Timeline for Development of Action Plans

- Stage 1: Early August
  - Confirm purpose, model, target Veteran population – ESC
  - Finalize Workgroup problem statements and membership
  - Finalize Review Team process and begin reviews
  - Determine plan for Hannon Act grants incorporation – ESC Leadership
- Stage 2: August - September
  - Workgroup
    - Success Criteria, Decision Processes, and Evaluation of Operating Sites
    - ATLAS Integration & Implementation Processes
  - Community of Practice
    - Identification of Lessons Learned
    - Internal Awareness Building
    - Address key challenges
- Stage 3: September – October
  - Workgroup
    - Data and Stakeholder Driven Future Site Selection Process
  - Community of Practice
    - Spreading of Lessons Learned and addressing key challenges
    - Future and evolution of ATLAS Model
- Stage 4: October – December
  - Development of business case

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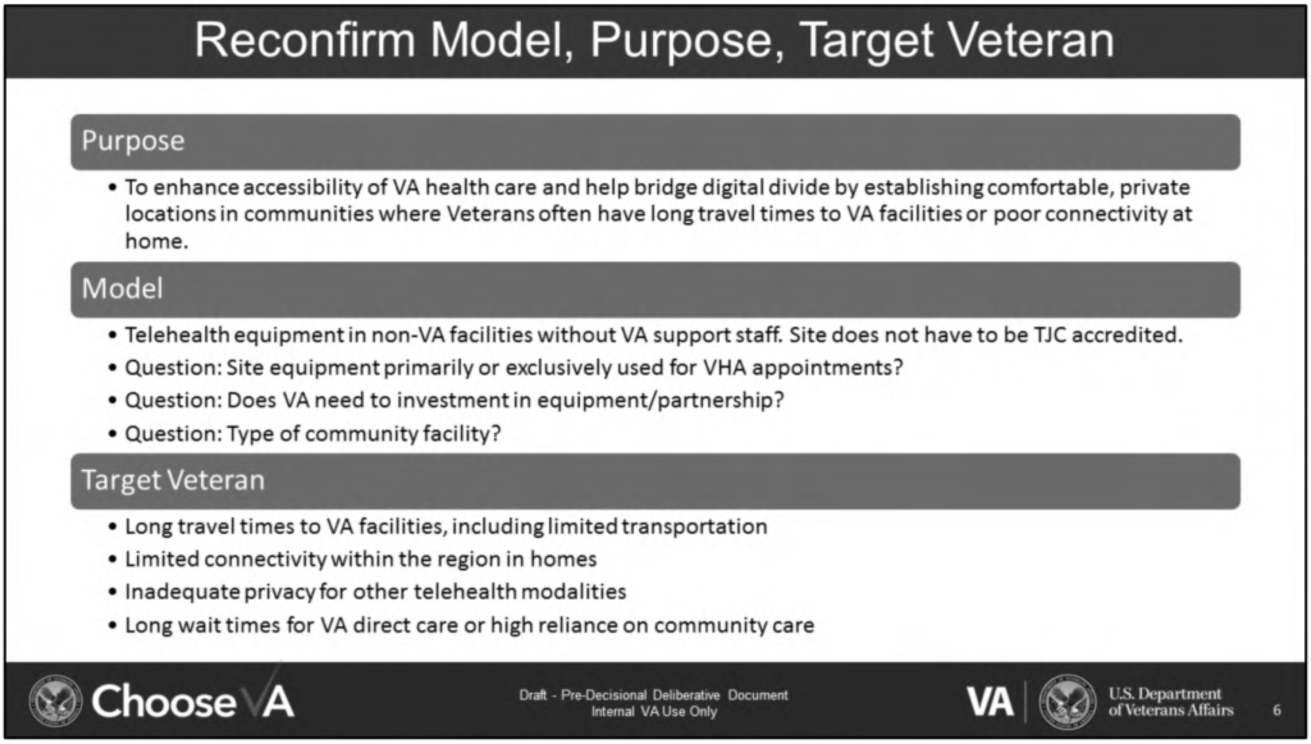

Reconfirm Model, Purpose, Target Veteran

Purpose

- To enhance accessibility of VA health care and help bridge digital divide by establishing comfortable, private locations in communities where Veterans often have long travel times to VA facilities or poor connectivity at home.

Model

- Telehealth equipment in non-VA facilities without VA support staff. Site does not have to be TJC accredited.
- Question: Site equipment primarily or exclusively used for VHA appointments?
- Question: Does VA need to investment in equipment/partnership?
- Question: Type of community facility?

Target Veteran

- Long travel times to VA facilities, including limited transportation
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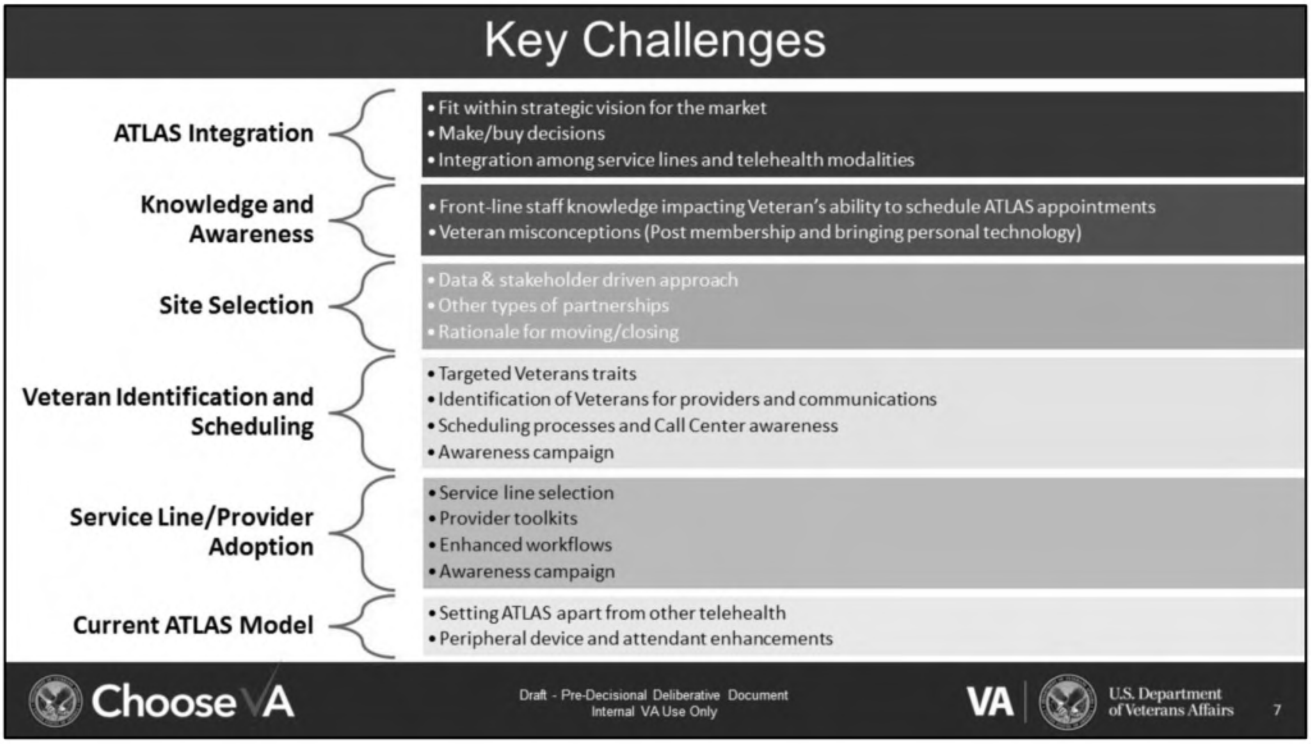

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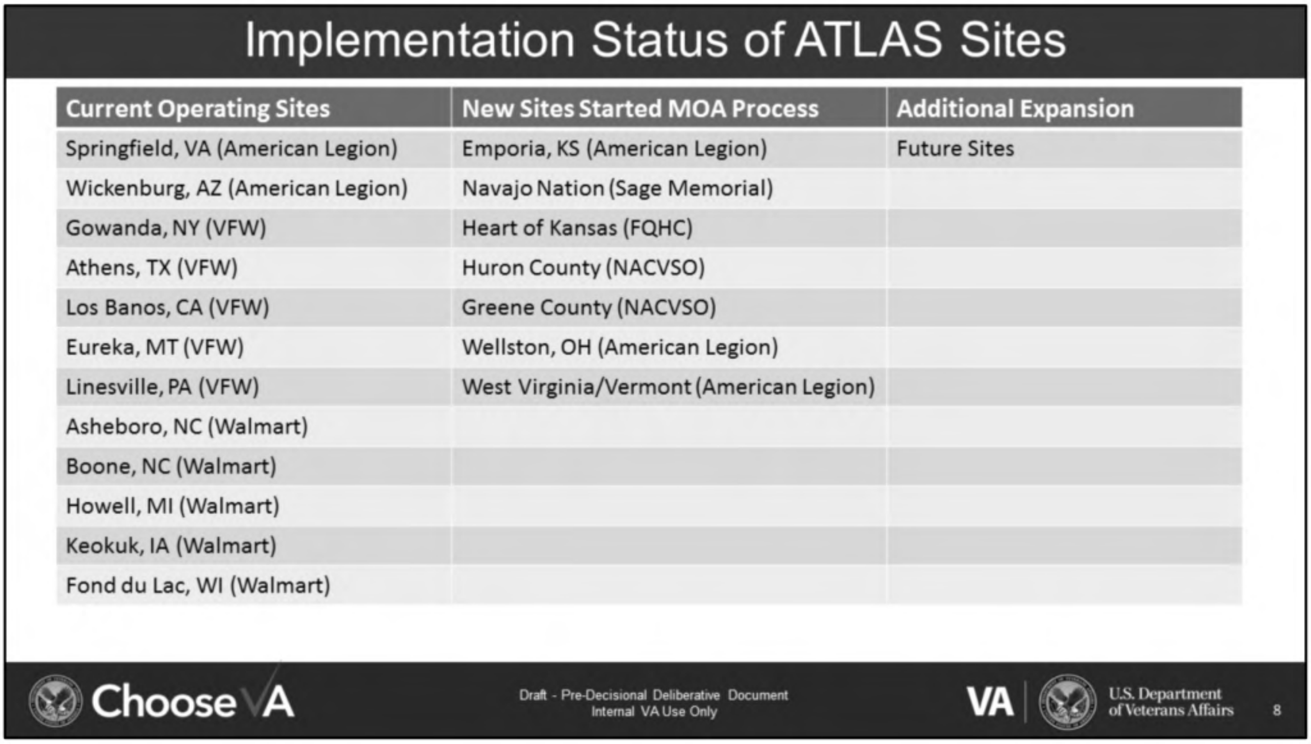

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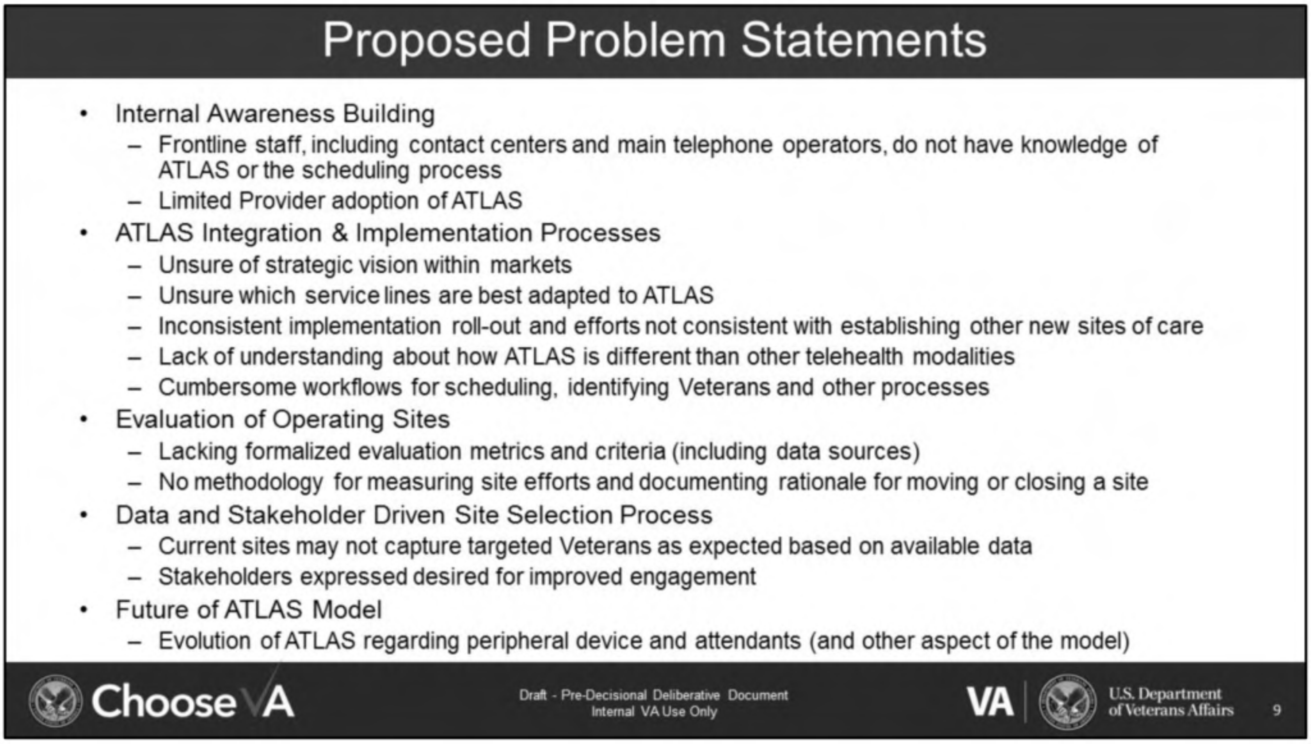

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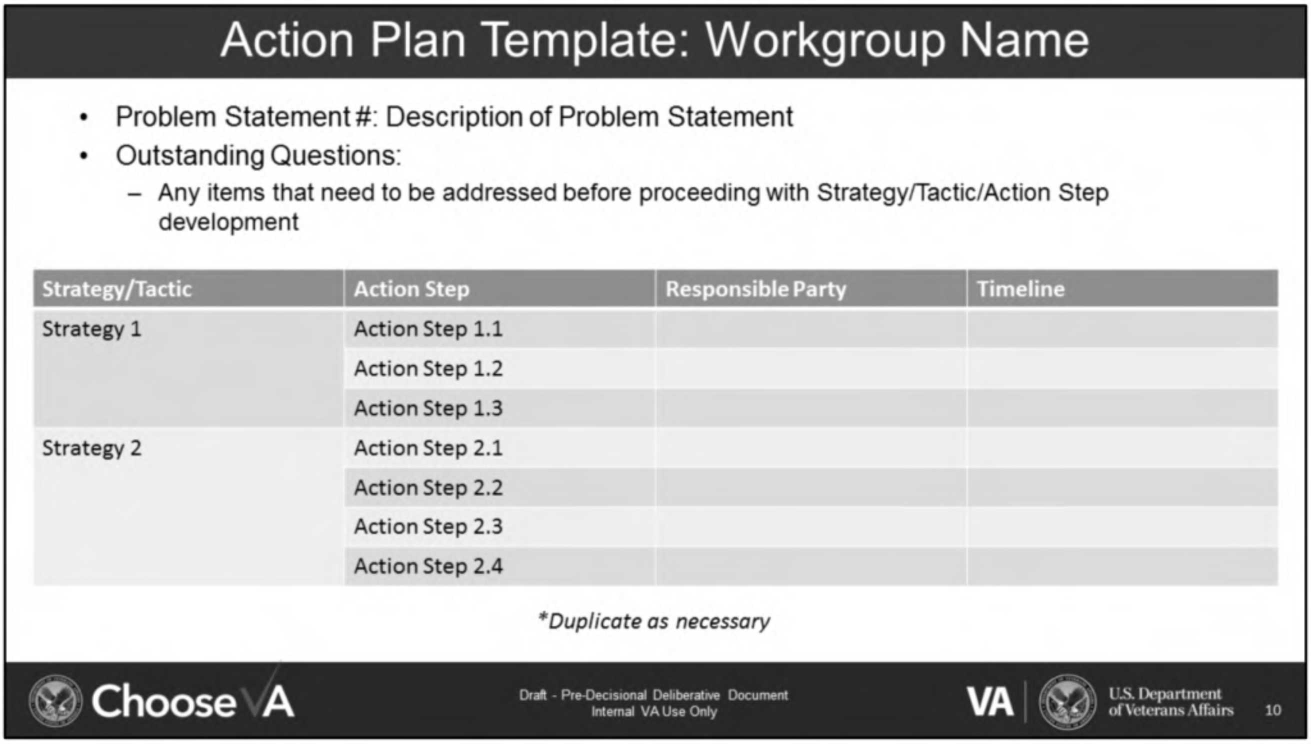

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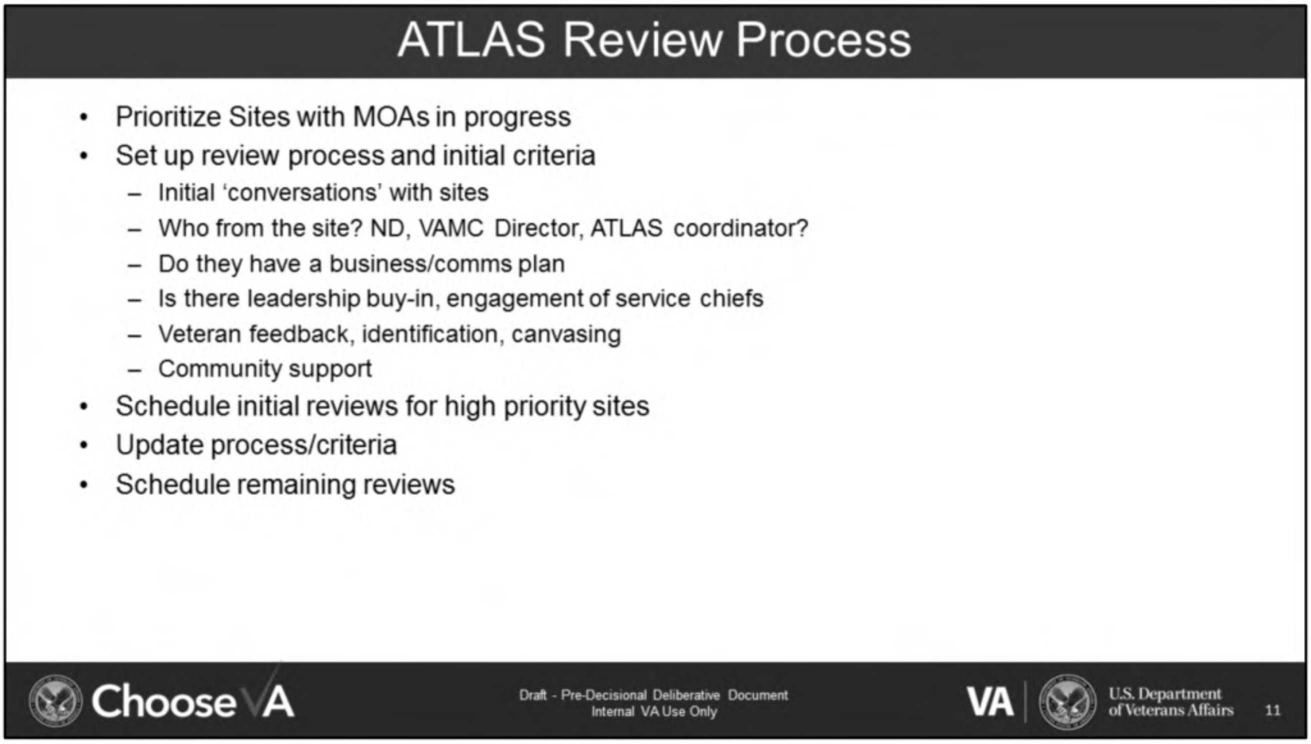

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From: Stone, Richard A., MD
Subject: Wait Time Definitions | Attachment Added
To: Stone, Richard A., MD; Kirsh, Susan R.;(b)(6) (Aptive HTG); (b)(6) @erpi.net';(b)(6) [USA]; Lieberman, Steven;(b)(6) (b)(6)
Cc: (b)(6); Oshinski, Renee
Sent: May 12, 2021 1:36 PM (UTC-05:00)
Attached: Re_ requesting a meeting with Dr. Lieberman and Dr. Stone to discuss wait time definition .eml, Dr. Stone 5.21.2021 presentation ED and Access Wait Times.pptx

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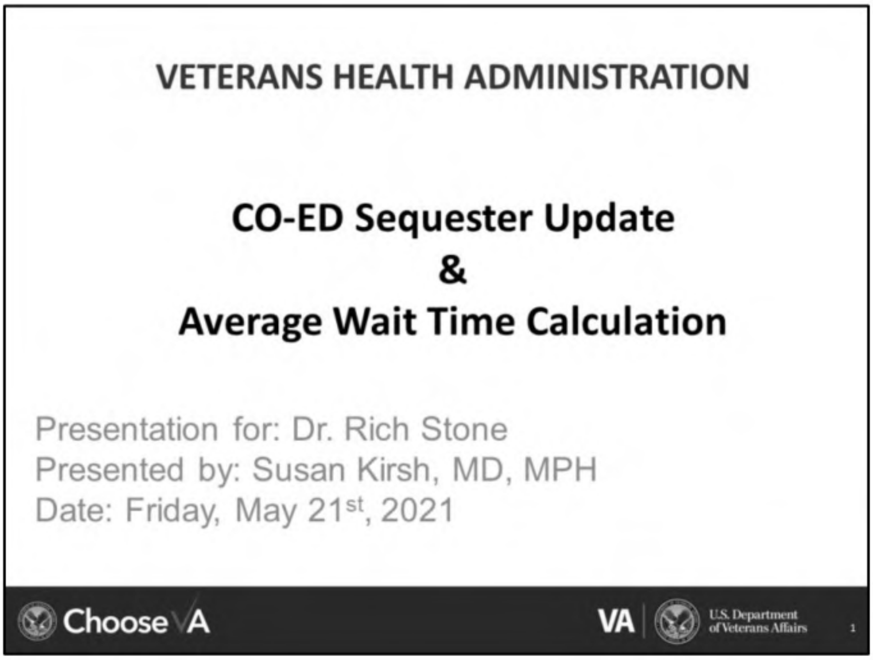

VETERANS HEALTH ADMINISTRATION

CO-ED Sequester Update
&
Average Wait Time Calculation

Presentation for: Dr. Rich Stone
Presented by: Susan Kirsh, MD, MPH
Date: Friday, May 21st, 2021

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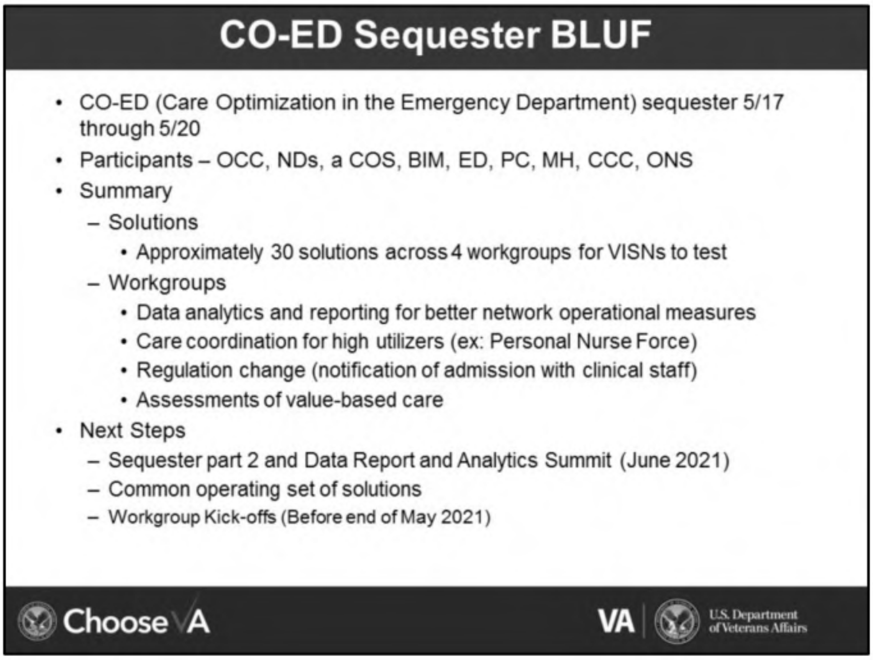

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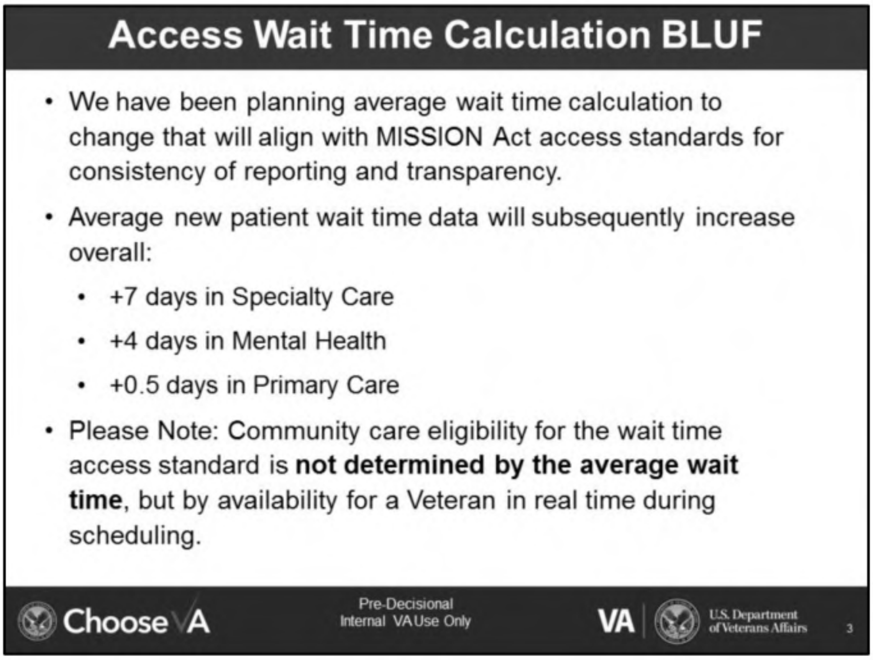

Access Wait Time Calculation BLUF

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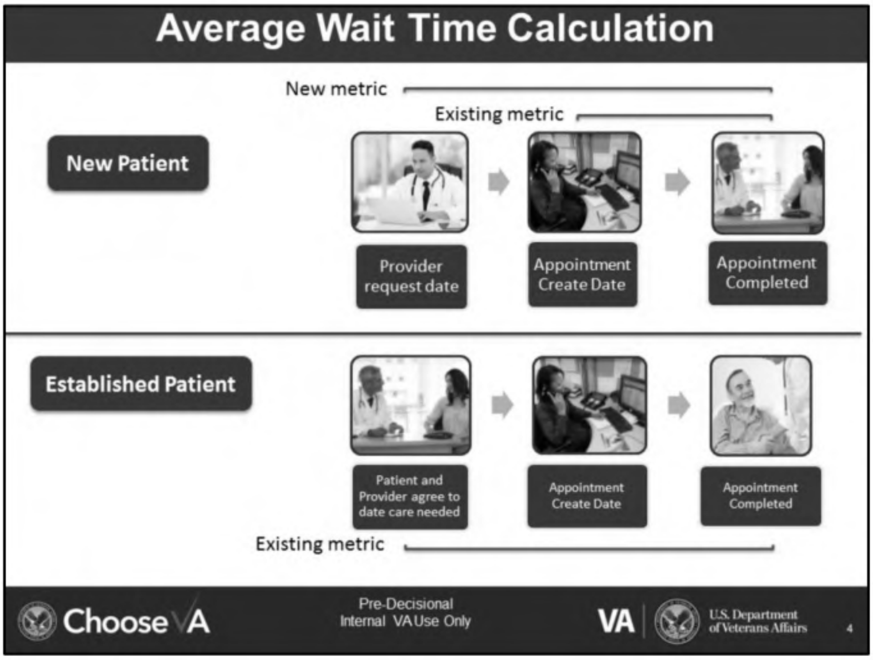

Average Wait Time Calculation

New metric

Existing metric

New Patient

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Established Patient

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Existing metric

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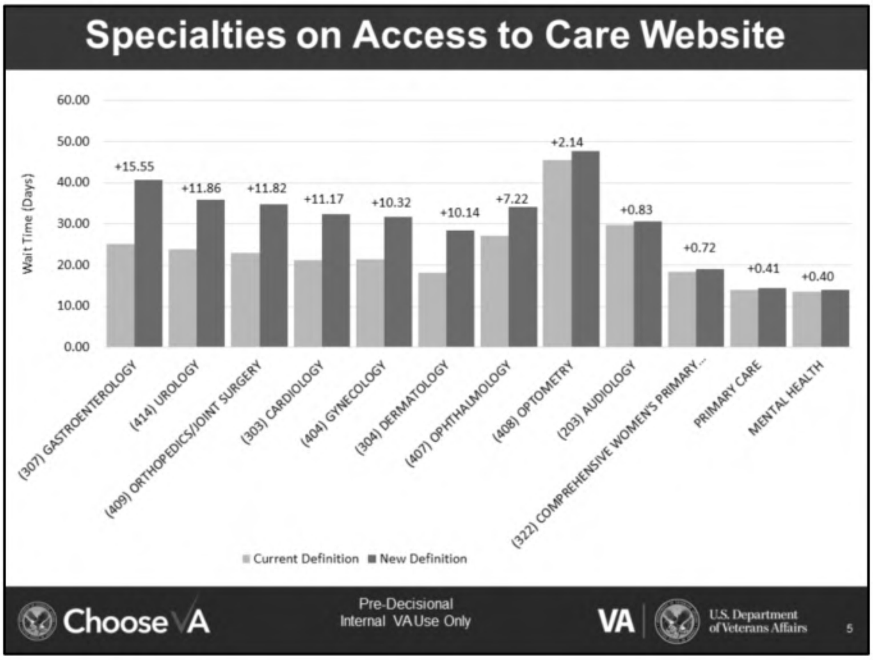

Specialties on Access to Care Website

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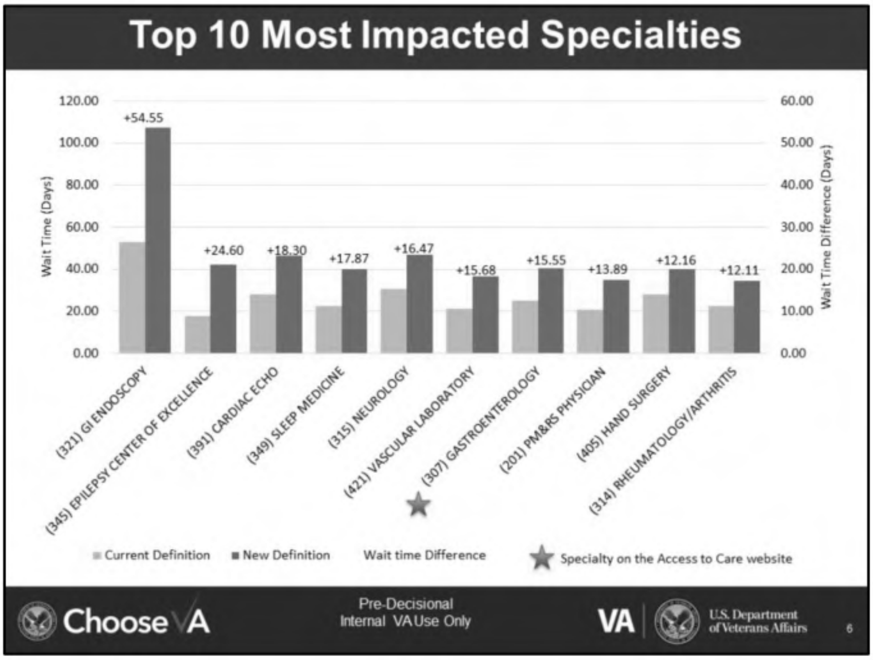

Top 10 Most Impacted Specialties

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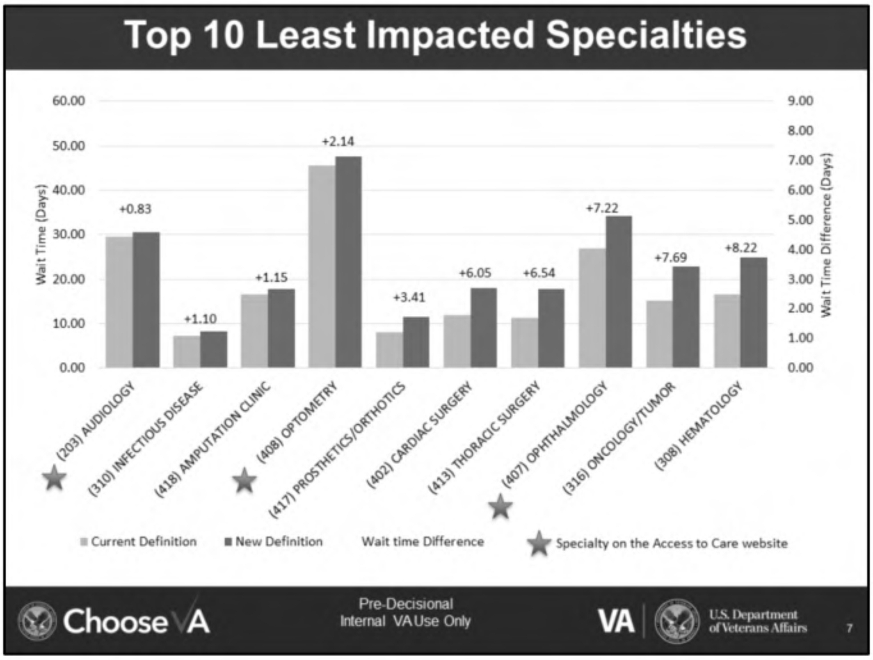

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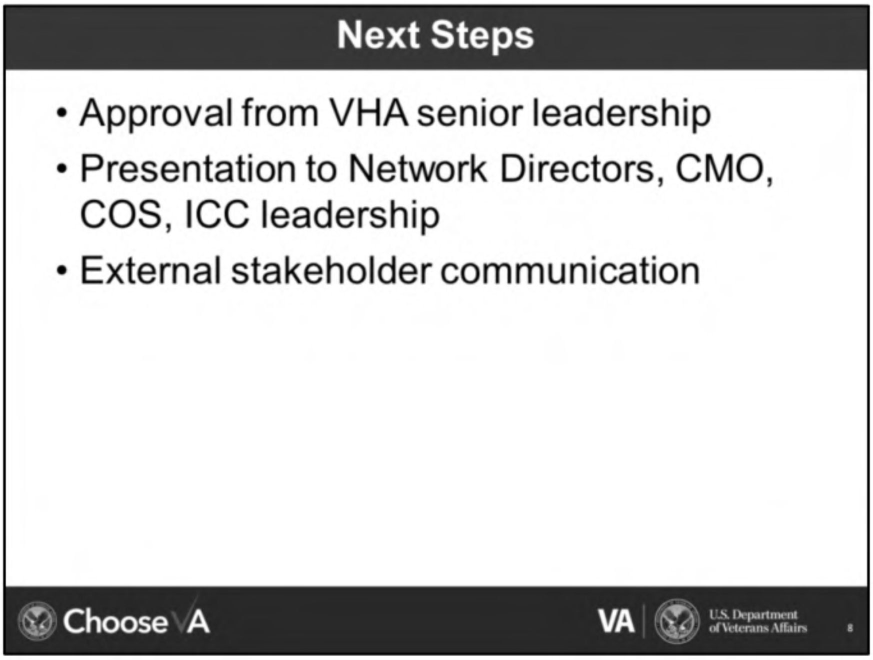

Next Steps

- Approval from VHA senior leadership
- Presentation to Network Directors, CMO, COS, ICC leadership
- External stakeholder communication

Choose VA

VA U.S. Department of Veterans Affairs

From: (b)(6)
Subject: Re: requesting a meeting with Dr. Lieberman and Dr. Stone to discuss wait time definition
To: (b)(6) VHA USH Meeting Requests
Cc: Kirsh, Susan R.; (b)(6) (Aptive HTG (b)(6) @erpi.net'; (b)(6) (b)(6) [USA]
Sent: May 12, 2021 1:27 PM (UTC-05:00)

Either one is fine thank you (b)(6)

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From: (b)(6) @va.gov>
Sent: Wednesday, May 12, 2021 2:23:16 PM
To (b)(6) @va.gov>; (b)(6) @va.gov>; VHA USH Meeting Requests (b)(6) @va.gov>
Cc: Kirsh, Susan R. (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>; (b)(6) @va.gov> (b)(6) (Aptive HTG) (b)(6) @va.gov> (b)(6) @erpi.net' (b)(6) @erpi.net>; (b)(6) [USA (b)(6) @bah.com>
Subject: RE: requesting a meeting with Dr. Lieberman and Dr. Stone to discuss wait time definition

Good afternoon,

Dr. Stone/Lieberman's first available is May 21 at 1:00PM or 1:30PM. Please confirm and we'll share an invite. Thank you!

(b)(6)

Office of the Under Secretary for Health (10)
Cell: (b)(6)

For scheduling, read ahead submissions, general questions, please email: (b)(6) s@va.gov

Confidentiality Note: This e-mail is intended only for the person or entity to which it is addressed, and may contain information that is privileged, confidential, or otherwise protected from disclosure. Dissemination, distribution, or copying of this e-mail or the information herein by anyone other than the intended recipient is prohibited. If you have received this e-mail in error, please notify the sender by replying to the e-mail and destroy the original message and all copies.

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Subject: requesting a meeting with Dr. Lieberman and Dr. Stone to discuss wait time definition

Hi (b)(6)

I hope you are doing well. The Access Office (previously known as Office of Veterans Access to Care (OVAC)) would like to schedule a 30 minute meeting with Dr. Stone and Dr. Lieberman to discuss the new wait time definition. End of next week would be great if possible. Could you please let us know their availability?

We plan to submit slides at least 2 days in advance of the meeting. Please let us know if there is anything else you need from us as well.

Thank you!

(b)(6)

--
(b)(6)
Office of Veterans Access to Care (OVAC)

m: (b)(6)
(b)(6)@va.gov | (b)(6)@bah.com

Booz | Allen | Hamilton
BoozAllen.com

From: Stone, Richard A., MD
Subject: Wait Time Definitions | Attachment Added
To: Stone, Richard A., MD; Kirsh, Susan R.; (b)(6) (Aptive HTG); (b)(6) @erpi.net'; (b)(6) [USA]; Lieberman, Steven; (b)(6)
Cc: (b)(6)
Sent: May 12, 2021 1:36 PM (UTC-05:00)
Attached: Re_ requesting a meeting with Dr. Lieberman and Dr. Stone to discuss wait time definition .eml, Dr. Stone 5.21.2021 presentation ED and Access Wait Times.pptx

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Microsoft Teams meeting

Join on your computer or mobile app
Click here to join the meeting

Or call in (audio only)
+1 872-701-0185,(b)(6)# United States, Chicago
Phone Conference ID: (b)(6)#
Find a local number | Reset PIN

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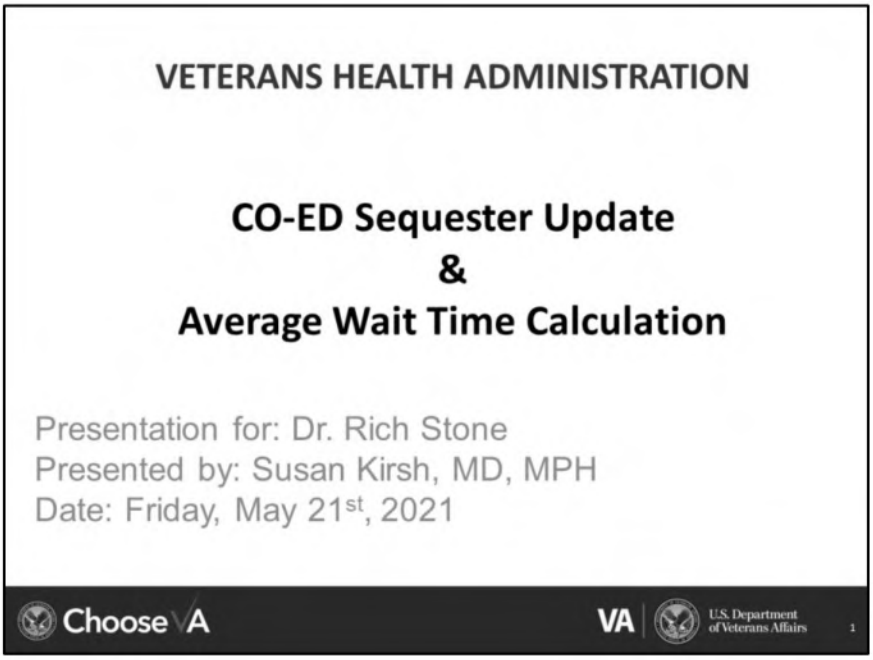

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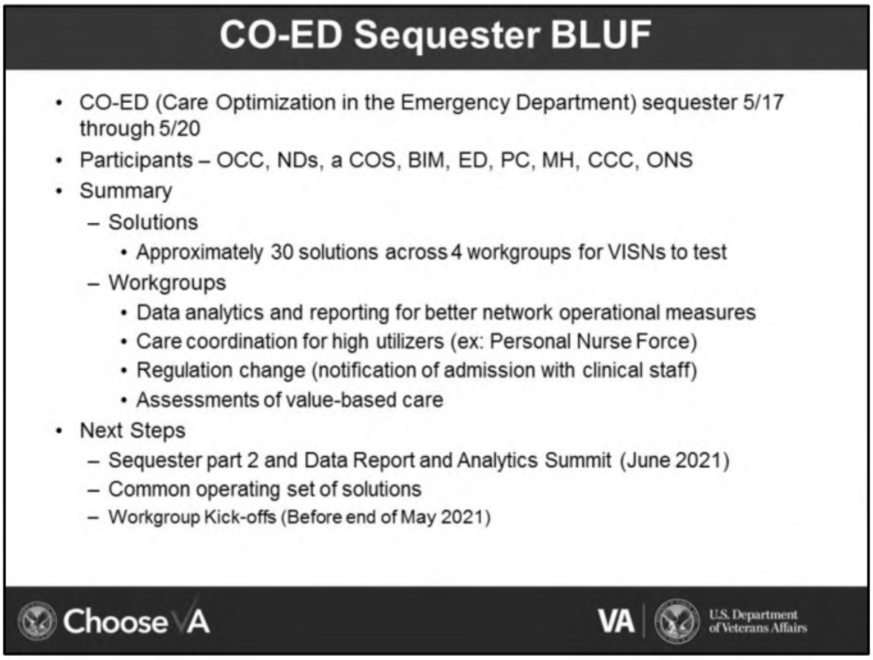

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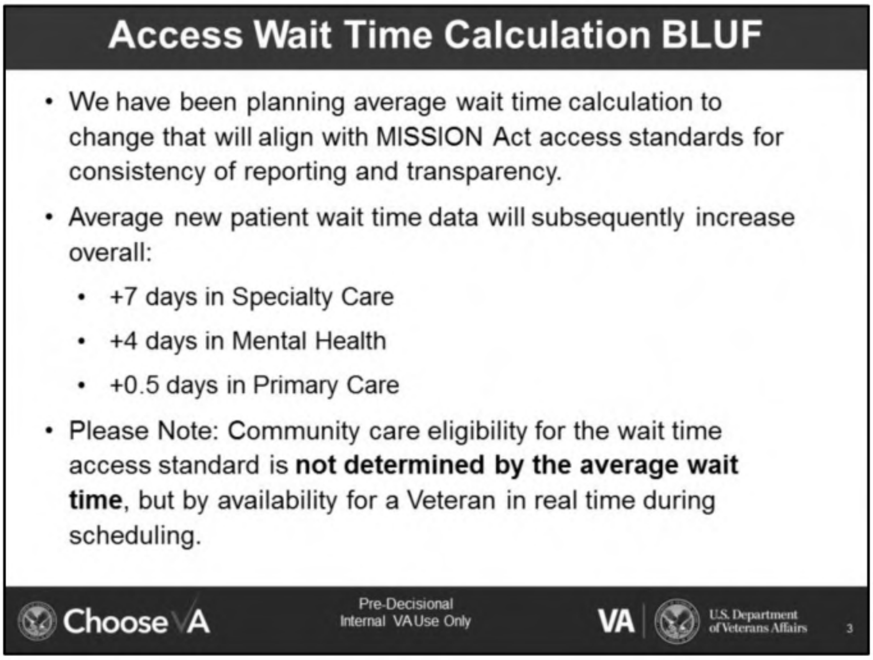

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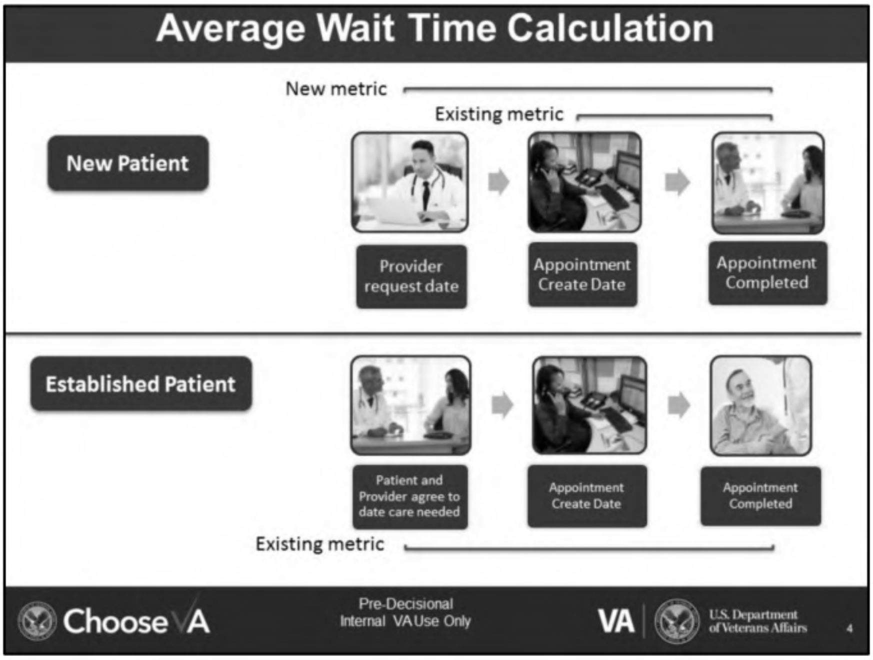

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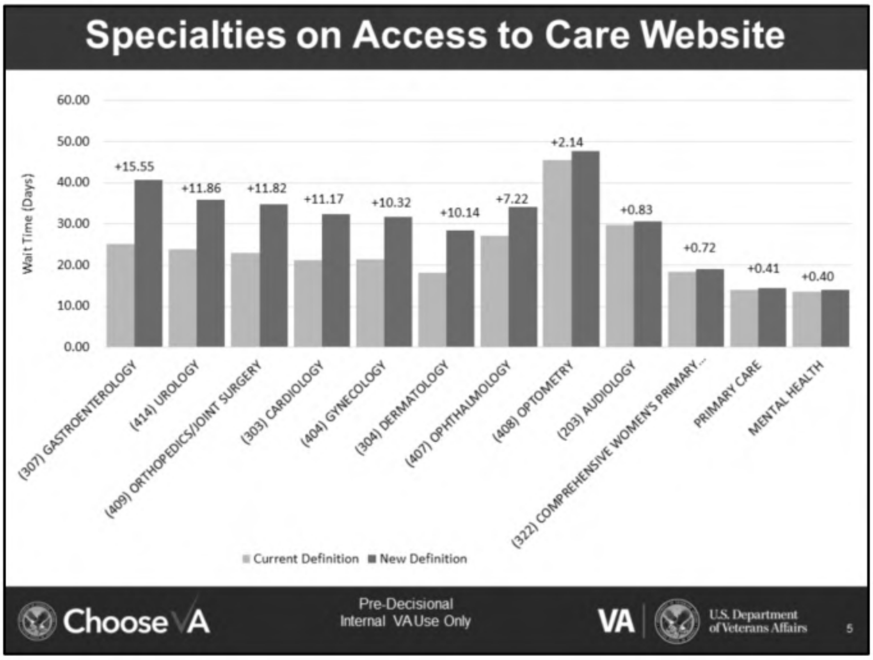

Specialties on Access to Care Website

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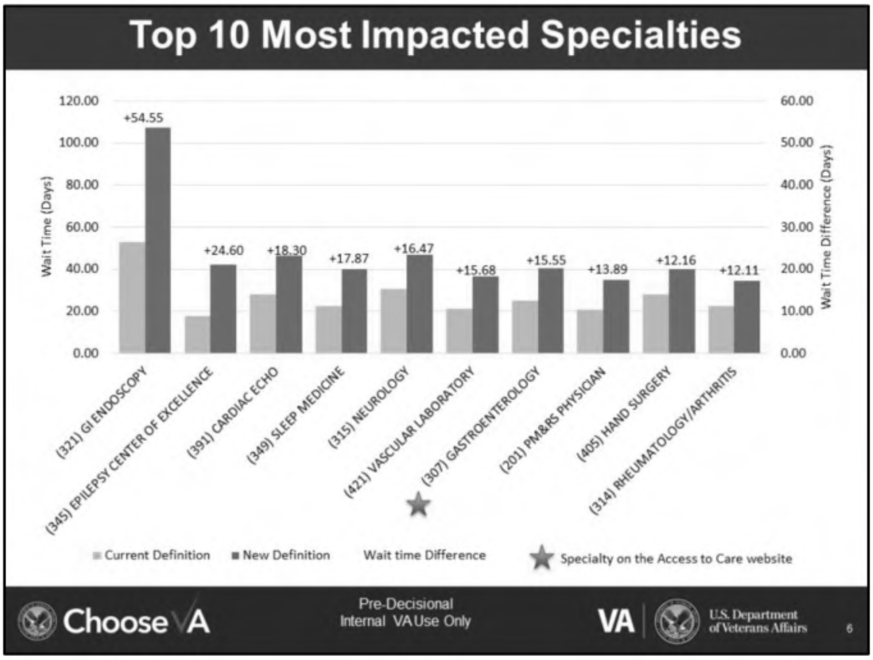

Top 10 Most Impacted Specialties

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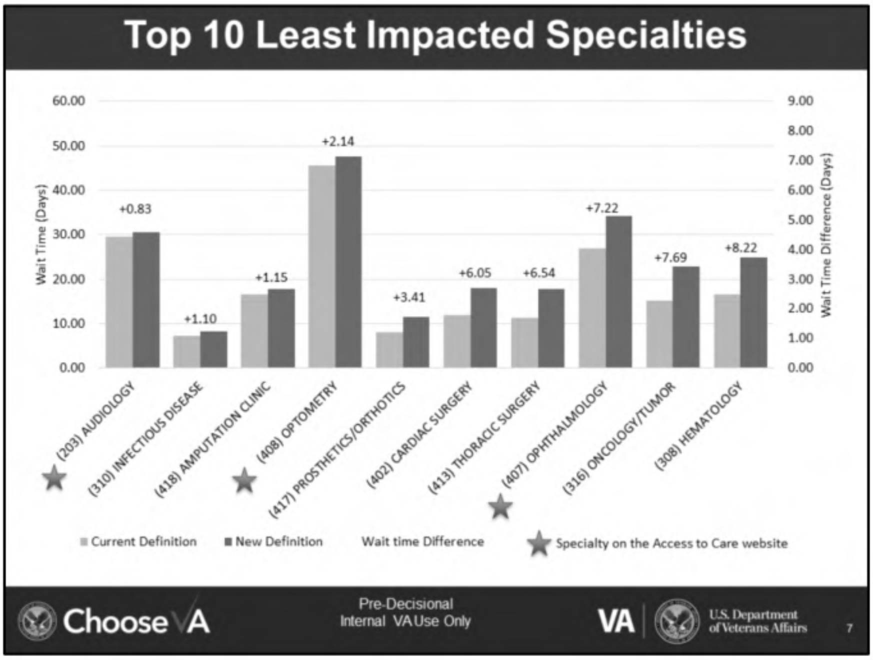

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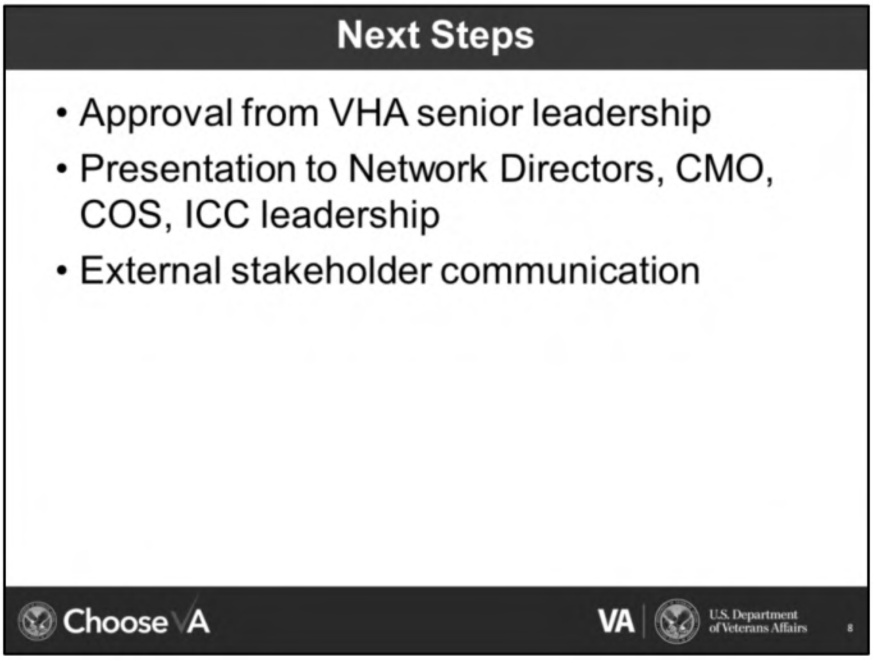

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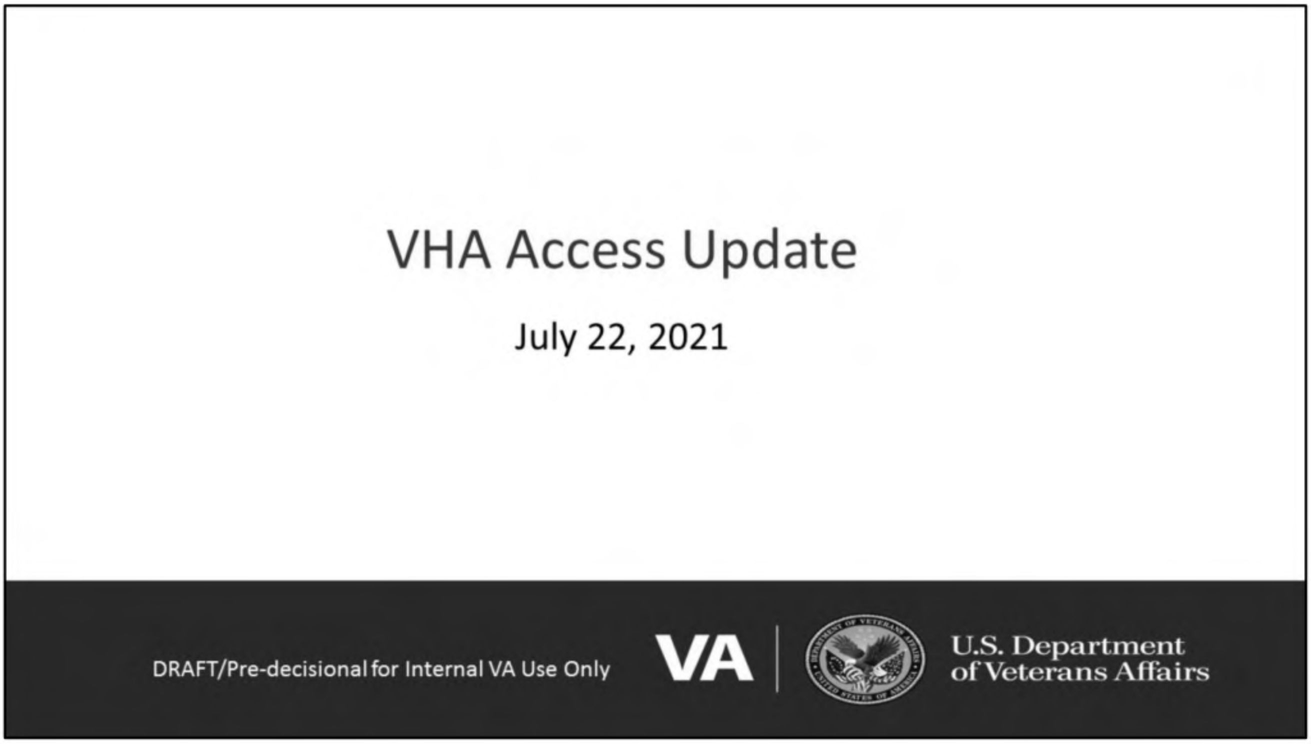

VHA Access Update

July 22, 2021

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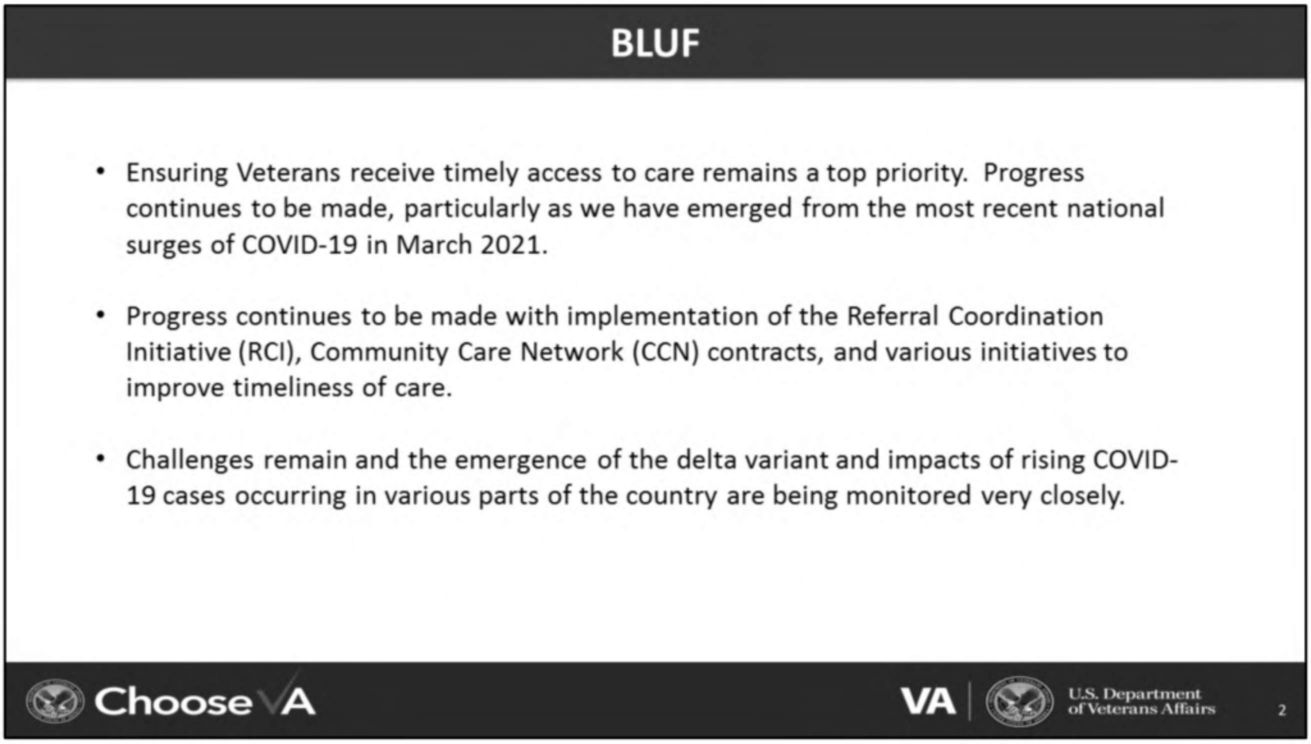
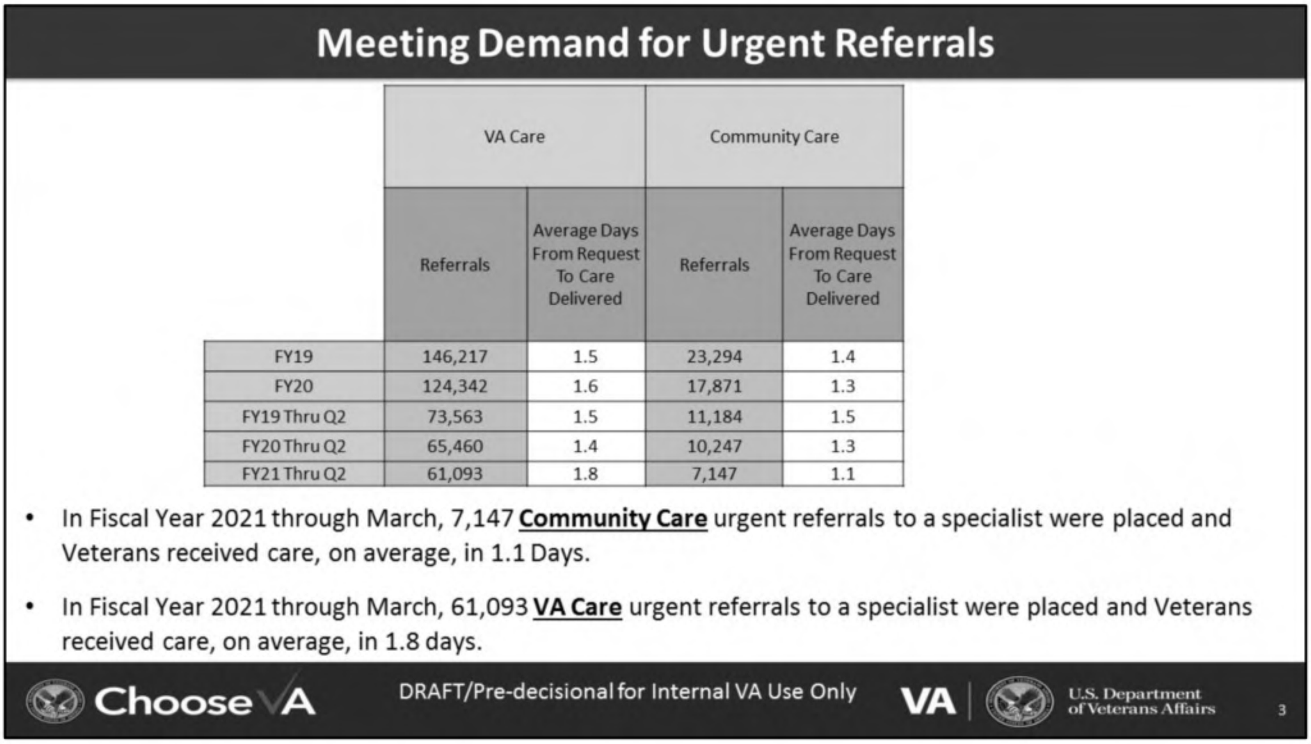


BLUF

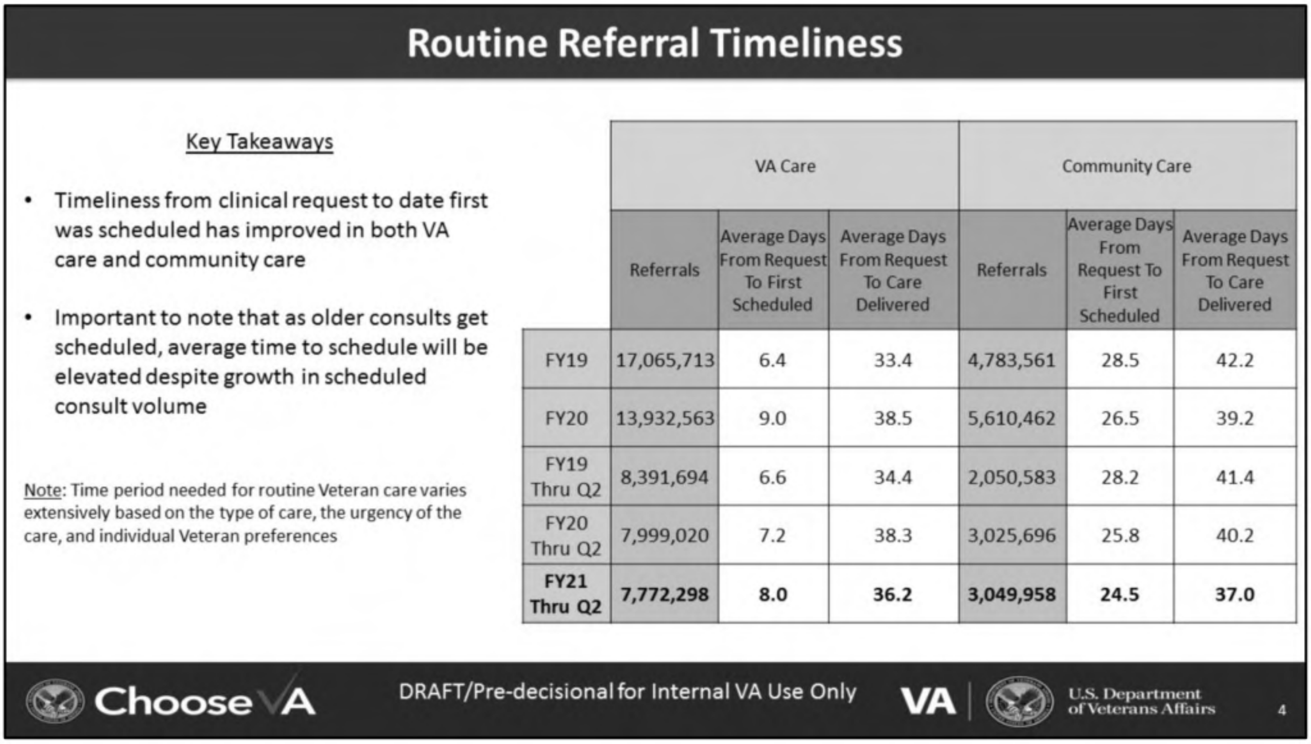
- Ensuring Veterans receive timely access to care remains a top priority. Progress continues to be made, particularly as we have emerged from the most recent national surges of COVID-19 in March 2021.
- Progress continues to be made with implementation of the Referral Coordination Initiative (RCI), Community Care Network (CCN) contracts, and various initiatives to improve timeliness of care.
- Challenges remain and the emergence of the delta variant and impacts of rising COVID-19 cases occurring in various parts of the country are being monitored very closely.



Meeting Demand for Urgent Referrals

	VA Care		Community Care	
	Referrals	Average Days From Request To Care Delivered	Referrals	Average Days From Request To Care Delivered
FY19	146,217	1.5	23,294	1.4
FY20	124,342	1.6	17,871	1.3
FY19 Thru Q2	73,563	1.5	11,184	1.5
FY20 Thru Q2	65,460	1.4	10,247	1.3
FY21 Thru Q2	61,093	1.8	7,147	1.1

- In Fiscal Year 2021 through March, 7,147 **Community Care** urgent referrals to a specialist were placed and Veterans received care, on average, in 1.1 Days.
- In Fiscal Year 2021 through March, 61,093 **VA Care** urgent referrals to a specialist were placed and Veterans received care, on average, in 1.8 days.



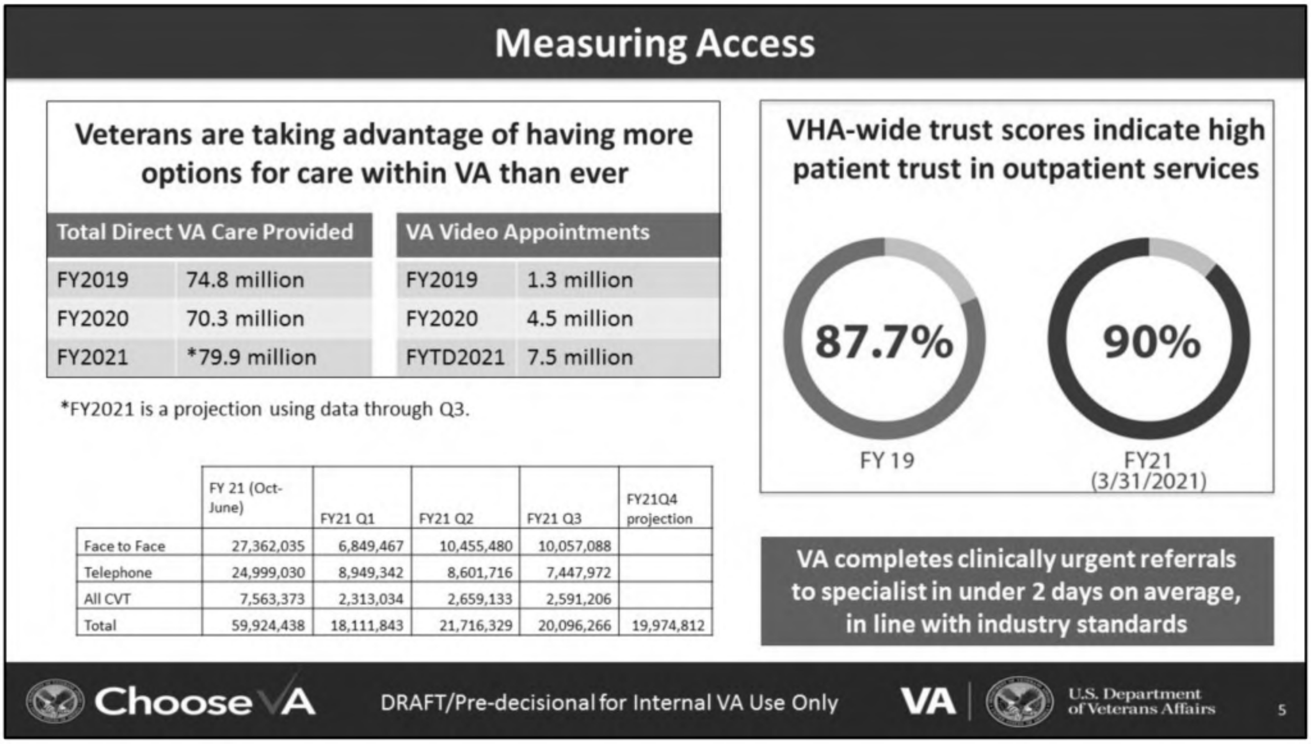
Routine Referral Timeliness

Key Takeaways

- Timeliness from clinical request to date first was scheduled has improved in both VA care and community care
- Important to note that as older consults get scheduled, average time to schedule will be elevated despite growth in scheduled consult volume

Note: Time period needed for routine Veteran care varies extensively based on the type of care, the urgency of the care, and individual Veteran preferences

	VA Care			Community Care		
	Referrals	Average Days From Request To First Scheduled	Average Days From Request To Care Delivered	Referrals	Average Days From Request To First Scheduled	Average Days From Request To Care Delivered
FY19	17,065,713	6.4	33.4	4,783,561	28.5	42.2
FY20	13,932,563	9.0	38.5	5,610,462	26.5	39.2
FY19 Thru Q2	8,391,694	6.6	34.4	2,050,583	28.2	41.4
FY20 Thru Q2	7,999,020	7.2	38.3	3,025,696	25.8	40.2
FY21 Thru Q2	**7,772,298**	**8.0**	**36.2**	**3,049,958**	**24.5**	**37.0**



Measuring Access

Veterans are taking advantage of having more options for care within VA than ever

Total Direct VA Care Provided	
FY2019	74.8 million
FY2020	70.3 million
FY2021	*79.9 million

VA Video Appointments	
FY2019	1.3 million
FY2020	4.5 million
FYTD2021	7.5 million

*FY2021 is a projection using data through Q3.

	FY 21 (Oct-June)	FY21 Q1	FY21 Q2	FY21 Q3	FY21Q4 projection
Face to Face	27,362,035	6,849,467	10,455,480	10,057,088	
Telephone	24,999,030	8,949,342	8,601,716	7,447,972	
All CVT	7,563,373	2,313,034	2,659,133	2,591,206	
Total	59,924,438	18,111,843	21,716,329	20,096,266	19,974,812

VHA-wide trust scores indicate high patient trust in outpatient services

VA completes clinically urgent referrals to specialist in under 2 days on average, in line with industry standards

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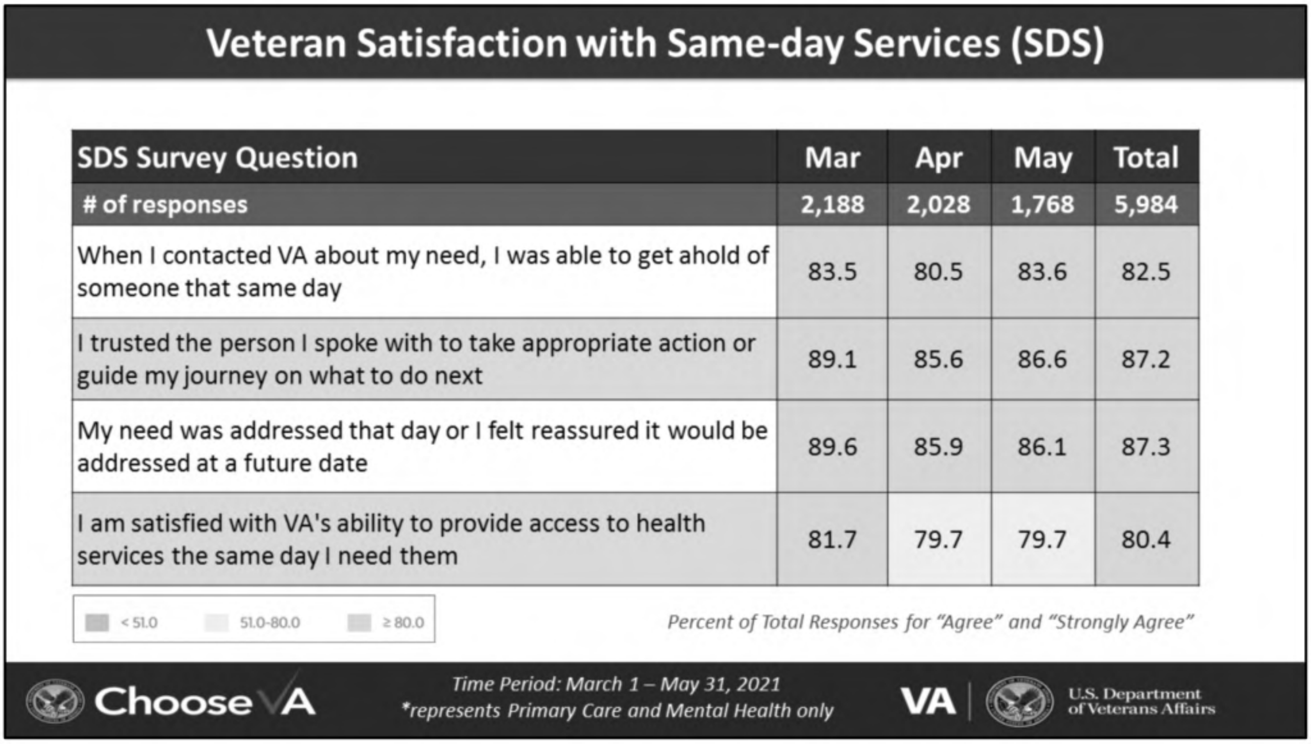
We're on pace with 2019, which was our highest year ever in terms of total care provided, and depending on how the fourth quarter goes, 2021 could surpass 2019. We know we're not perfect and we continue to have some challenges we need to resolve. Video appointments are one of the tools we're using to do so, especially as we continue to work through the safety concerns related to the pandemic.

Video appointments are already at our highest volume ever and on pace to double from a record 2020. Veterans have shown that video appointments work for many of their needs and they will provide more options for Veterans when they are appropriate.

Note: VA average wait times are from completed appointments over the prior month. Eligibility for community care is determined based on appointment availability at the time a Veteran requests an appointment and can vary from average wait times based on timing of the request, location, type of clinical care requested and other factors. The best way to determine when an appointment can be scheduled is to call the local clinic or go online and request an appointment.



Veteran Satisfaction with Same-day Services (SDS)

SDS Survey Question	Mar	Apr	May	Total
# of responses	**2,188**	**2,028**	**1,768**	**5,984**
When I contacted VA about my need, I was able to get ahold of someone that same day	83.5	80.5	83.6	82.5
I trusted the person I spoke with to take appropriate action or guide my journey on what to do next	89.1	85.6	86.6	87.2
My need was addressed that day or I felt reassured it would be addressed at a future date	89.6	85.9	86.1	87.3
I am satisfied with VA's ability to provide access to health services the same day I need them	81.7	79.7	79.7	80.4

▨ < 51.0 ▢ 51.0-80.0 ▨ ≥ 80.0

Percent of Total Responses for "Agree" and "Strongly Agree"

Choose VA

Time Period: March 1 – May 31, 2021
**represents Primary Care and Mental Health only*

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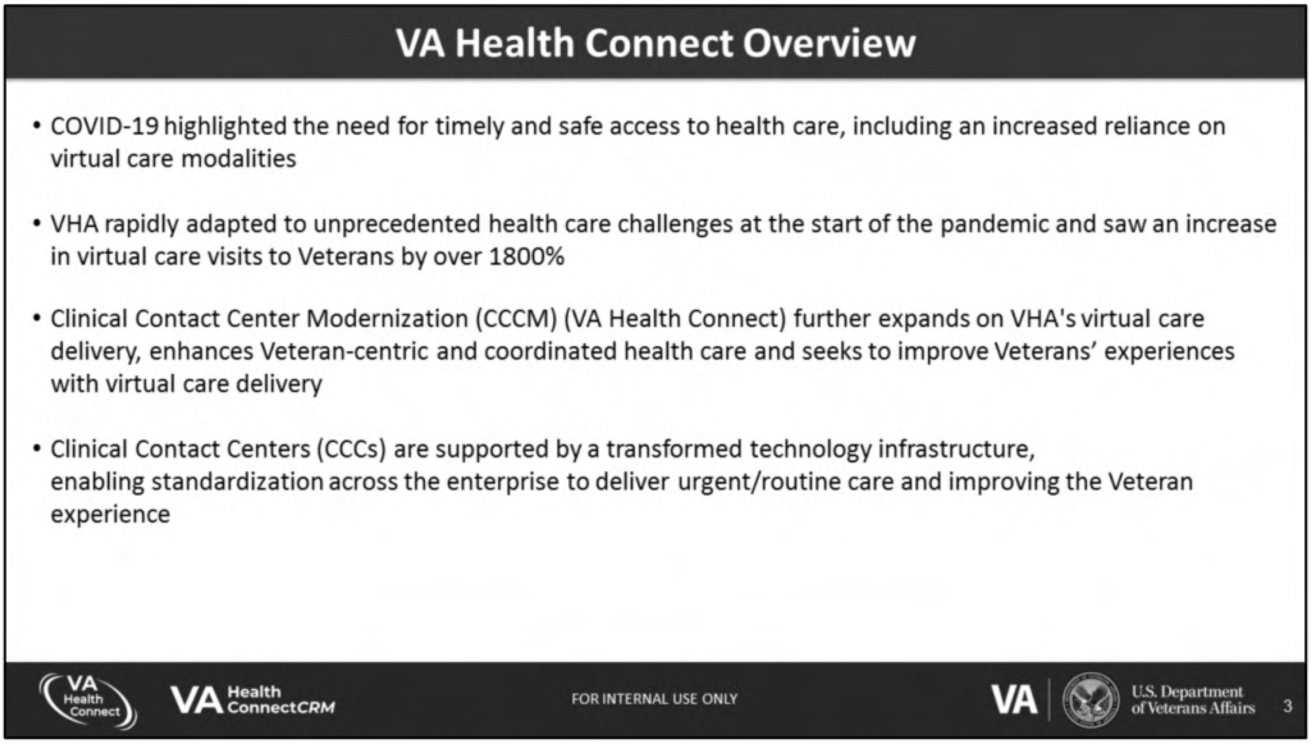
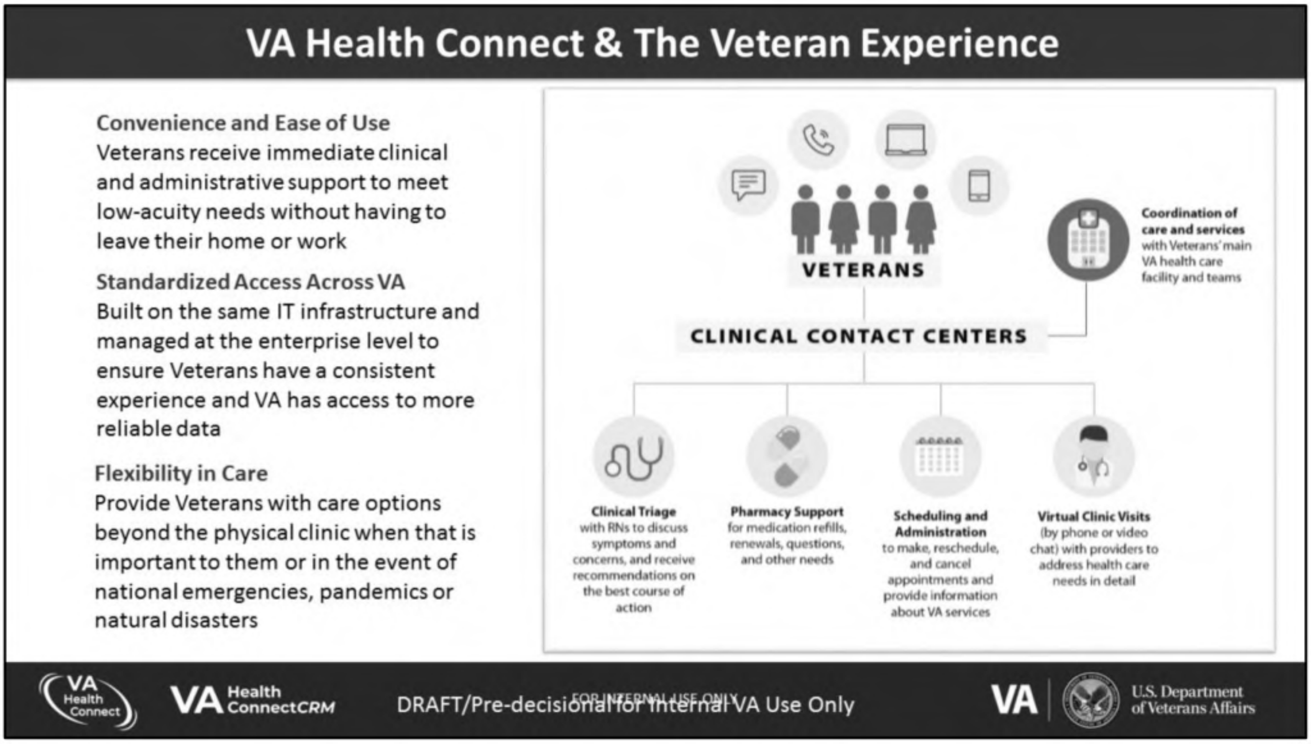


VA Health Connect Overview

- COVID-19 highlighted the need for timely and safe access to health care, including an increased reliance on virtual care modalities
- VHA rapidly adapted to unprecedented health care challenges at the start of the pandemic and saw an increase in virtual care visits to Veterans by over 1800%
- Clinical Contact Center Modernization (CCCM) (VA Health Connect) further expands on VHA's virtual care delivery, enhances Veteran-centric and coordinated health care and seeks to improve Veterans' experiences with virtual care delivery
- Clinical Contact Centers (CCCs) are supported by a transformed technology infrastructure, enabling standardization across the enterprise to deliver urgent/routine care and improving the Veteran experience



VA Health Connect & The Veteran Experience

Convenience and Ease of Use
Veterans receive immediate clinical and administrative support to meet low-acuity needs without having to leave their home or work

Standardized Access Across VA
Built on the same IT infrastructure and managed at the enterprise level to ensure Veterans have a consistent experience and VA has access to more reliable data

Flexibility in Care
Provide Veterans with care options beyond the physical clinic when that is important to them or in the event of national emergencies, pandemics or natural disasters

VETERANS

CLINICAL CONTACT CENTERS

Coordination of care and services with Veterans' main VA health care facility and teams

Clinical Triage with RNs to discuss symptoms and concerns, and receive recommendations on the best course of action

Pharmacy Support for medication refills, renewals, questions, and other needs

Scheduling and Administration to make, reschedule, and cancel appointments and provide information about VA services

Virtual Clinic Visits (by phone or video chat) with providers to address health care needs in detail

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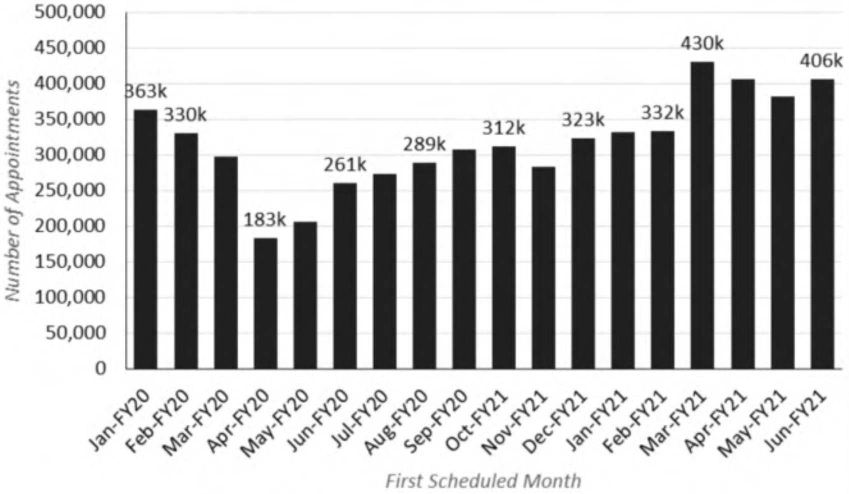
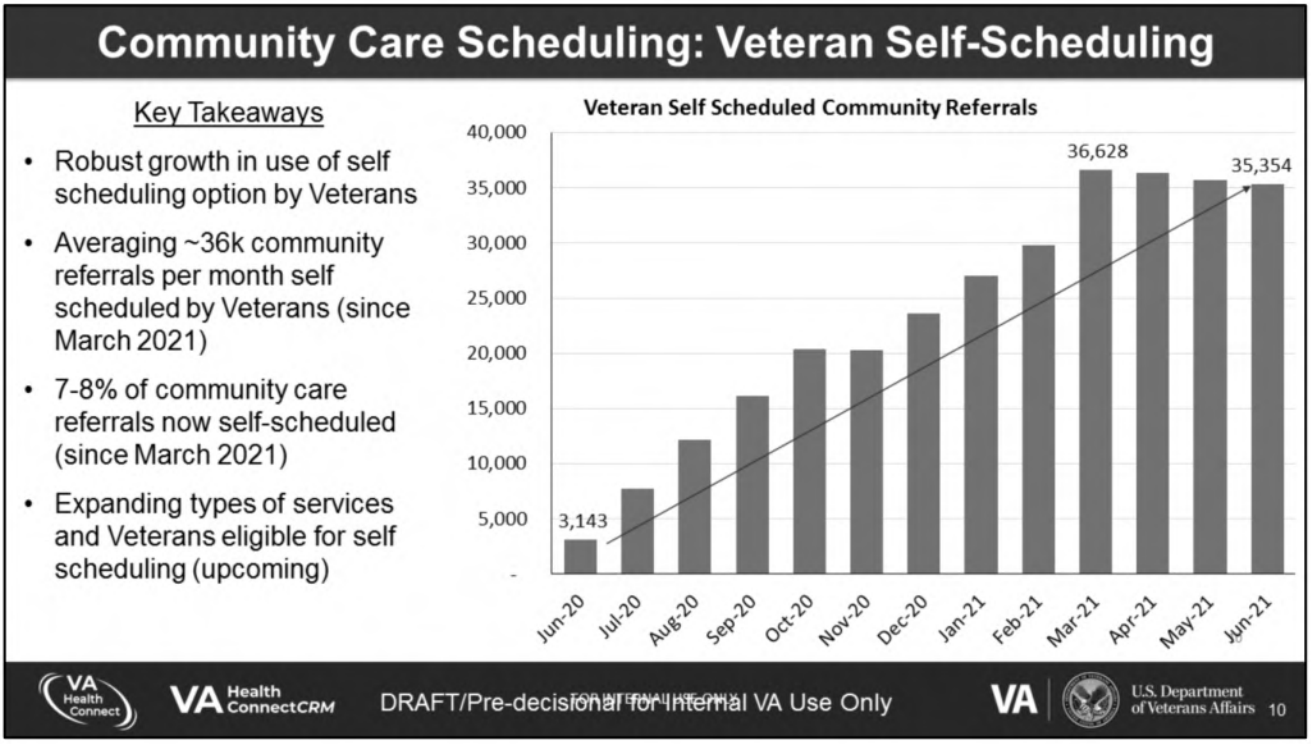
Community Care Scheduling: Monthly Scheduled Appointments

Key Takeaways

- Surge in demand for services being met with record number of community appointments scheduled in recent months
- Since start of March 2021, approximately 406k appointments scheduled on average, well exceeding pre-pandemic levels



*Appointment counts only include the first scheduled appointments for community care referrals. Subsequent appointments are not reflected above.



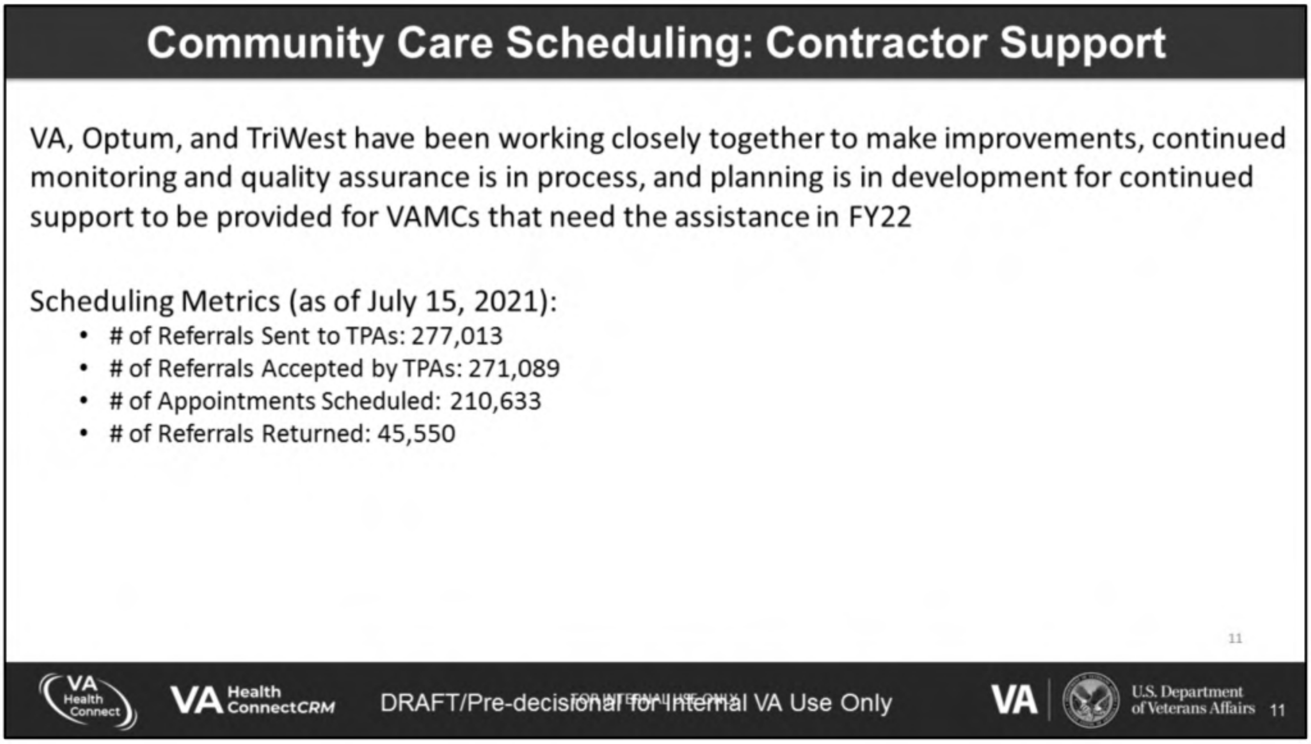
Community Care Scheduling: Veteran Self-Scheduling

Key Takeaways

- Robust growth in use of self scheduling option by Veterans
- Averaging ~36k community referrals per month self scheduled by Veterans (since March 2021)
- 7-8% of community care referrals now self-scheduled (since March 2021)
- Expanding types of services and Veterans eligible for self scheduling (upcoming)

Veteran Self Scheduled Community Referrals

40,000
35,000
30,000
25,000
20,000
15,000
10,000
5,000
-
3,143
36,628
35,354
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20
Jan-21
Feb-21
Mar-21
Apr-21
May-21
Jun-21

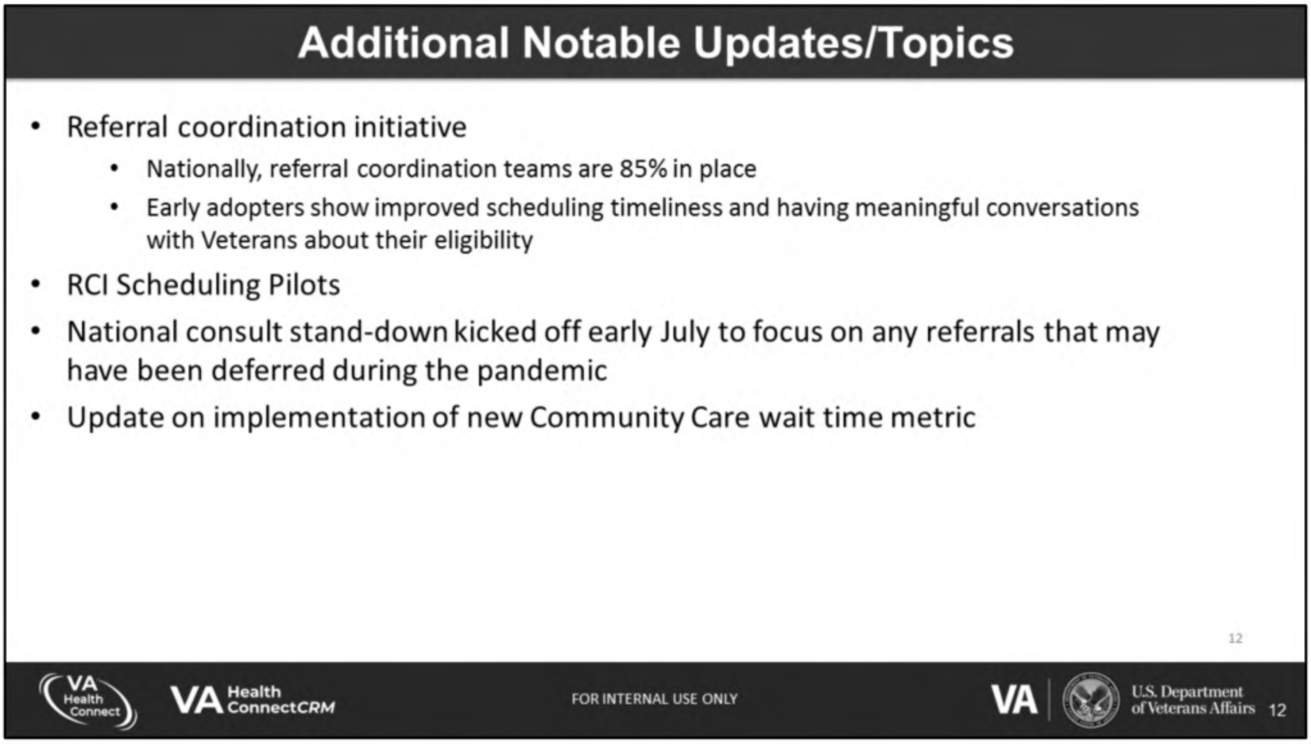


Community Care Scheduling: Contractor Support

VA, Optum, and TriWest have been working closely together to make improvements, continued monitoring and quality assurance is in process, and planning is in development for continued support to be provided for VAMCs that need the assistance in FY22

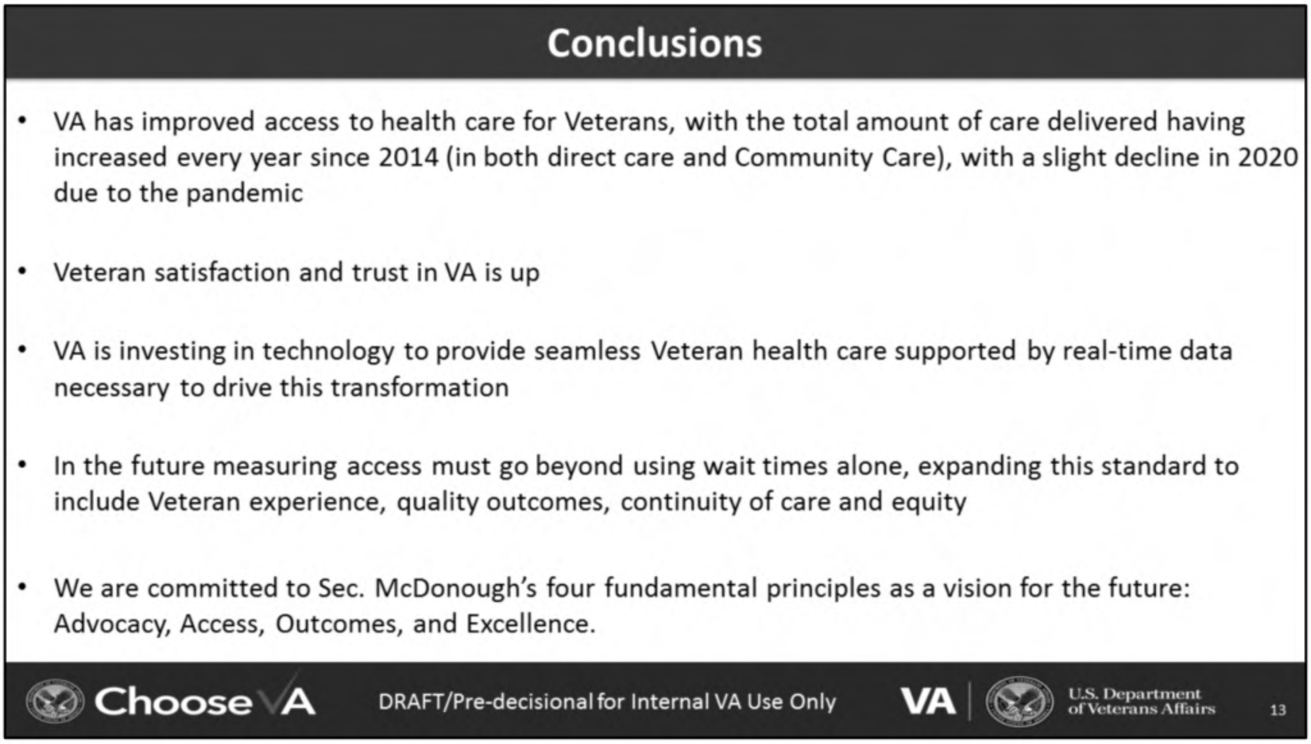
Scheduling Metrics (as of July 15, 2021):

- # of Referrals Sent to TPAs: 277,013
- # of Referrals Accepted by TPAs: 271,089
- # of Appointments Scheduled: 210,633
- # of Referrals Returned: 45,550



Additional Notable Updates/Topics

- Referral coordination initiative
    - Nationally, referral coordination teams are 85% in place
    - Early adopters show improved scheduling timeliness and having meaningful conversations with Veterans about their eligibility
- RCI Scheduling Pilots
- National consult stand-down kicked off early July to focus on any referrals that may have been deferred during the pandemic
- Update on implementation of new Community Care wait time metric



Conclusions

- VA has improved access to health care for Veterans, with the total amount of care delivered having increased every year since 2014 (in both direct care and Community Care), with a slight decline in 2020 due to the pandemic
- Veteran satisfaction and trust in VA is up
- VA is investing in technology to provide seamless Veteran health care supported by real-time data necessary to drive this transformation
- In the future measuring access must go beyond using wait times alone, expanding this standard to include Veteran experience, quality outcomes, continuity of care and equity
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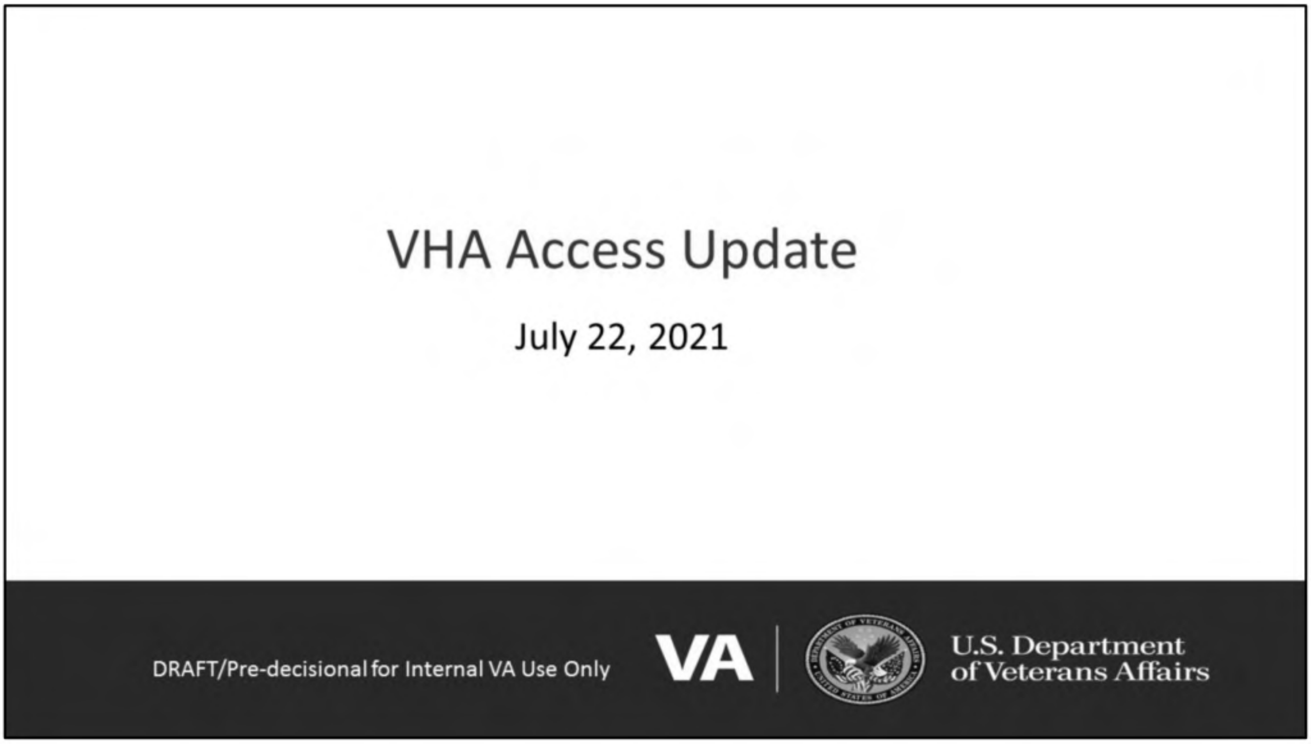


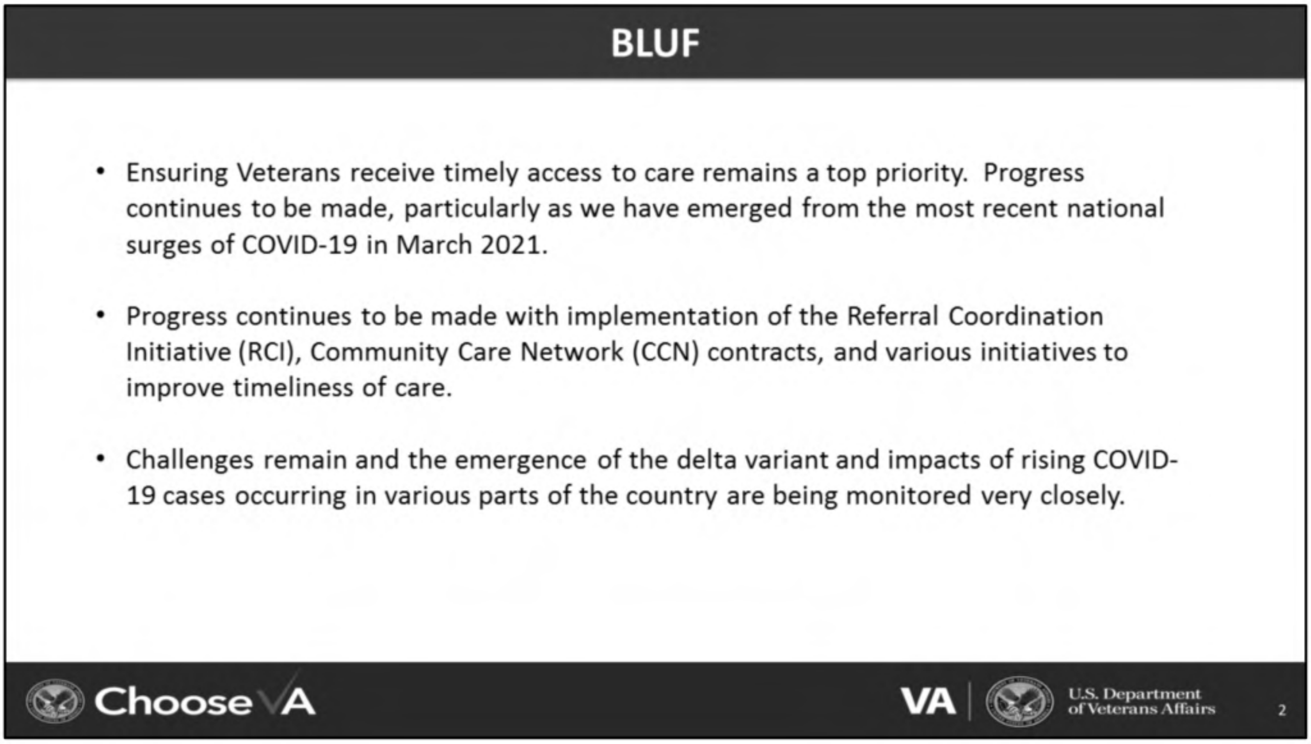
VHA Access Update

July 22, 2021

DRAFT/Pre-decisional for Internal VA Use Only

VA

U.S. Department of Veterans Affairs



BLUF

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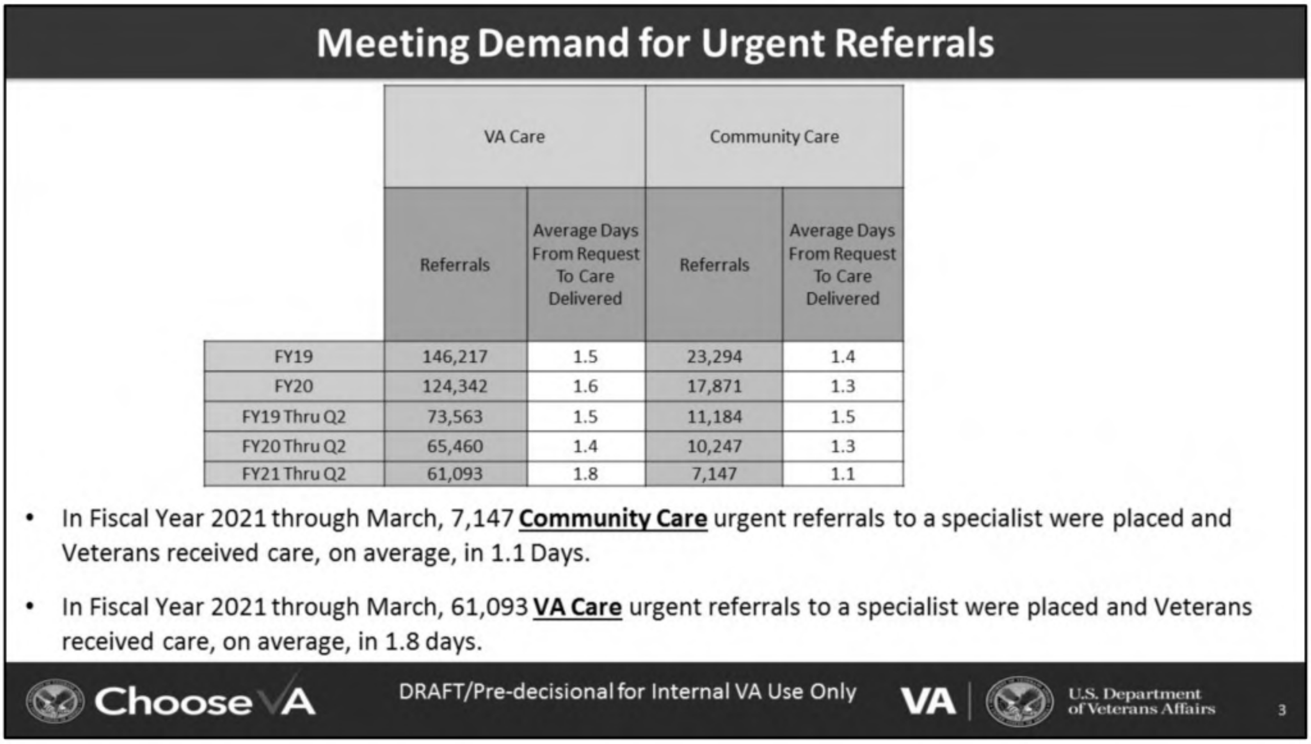

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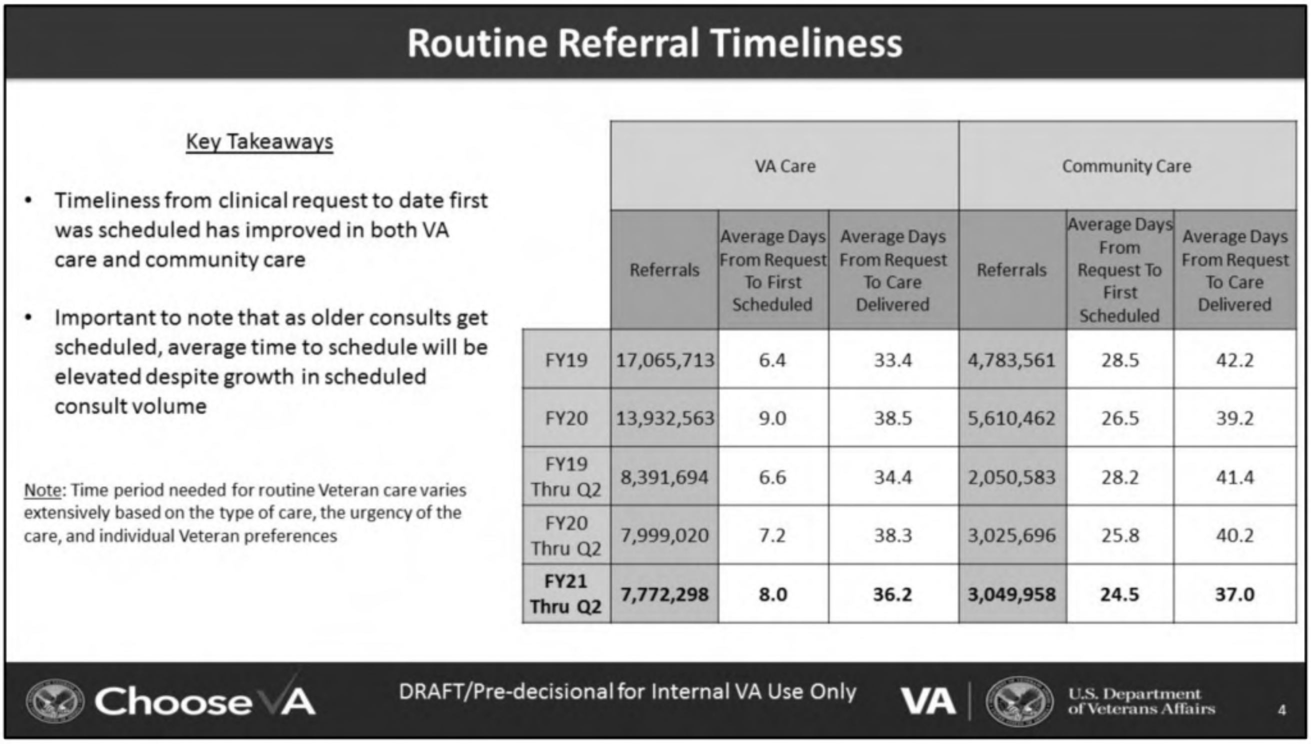

Routine Referral Timeliness

Key Takeaways

- Timeliness from clinical request to date first was scheduled has improved in both VA care and community care
- Important to note that as older consults get scheduled, average time to schedule will be elevated despite growth in scheduled consult volume

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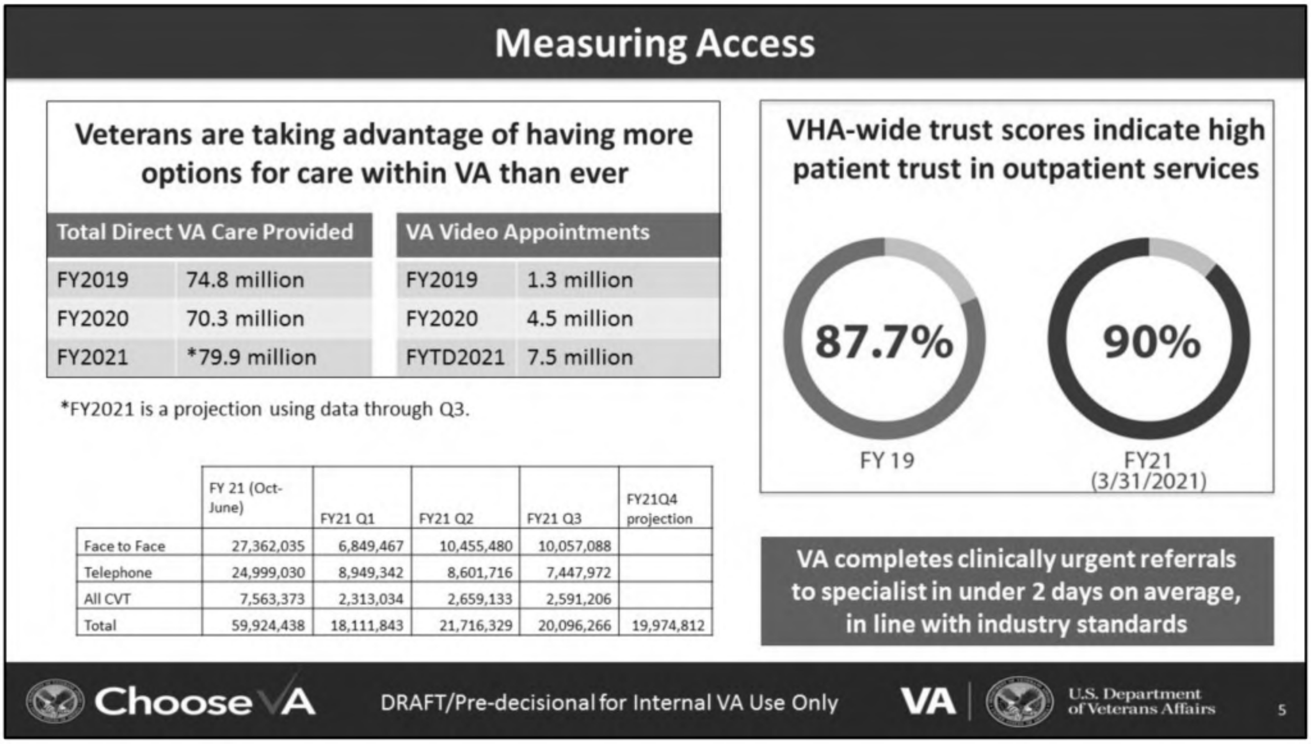

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Veterans are taking advantage of having more options for care within VA than ever

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FY2021	*79.9 million

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*FY2021 is a projection using data through Q3.

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Total	59,924,438	18,111,843	21,716,329	20,096,266	19,974,812

VHA-wide trust scores indicate high patient trust in outpatient services

87.7%
FY 19

90%
FY21
(3/31/2021)

VA completes clinically urgent referrals to specialist in under 2 days on average, in line with industry standards

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We're on pace with 2019, which was our highest year ever in terms of total care provided, and depending on how the fourth quarter goes, 2021 could surpass 2019. We know we're not perfect and we continue to have some challenges we need to resolve. Video appointments are one of the tools we're using to do so, especially as we continue to work through the safety concerns related to the pandemic.

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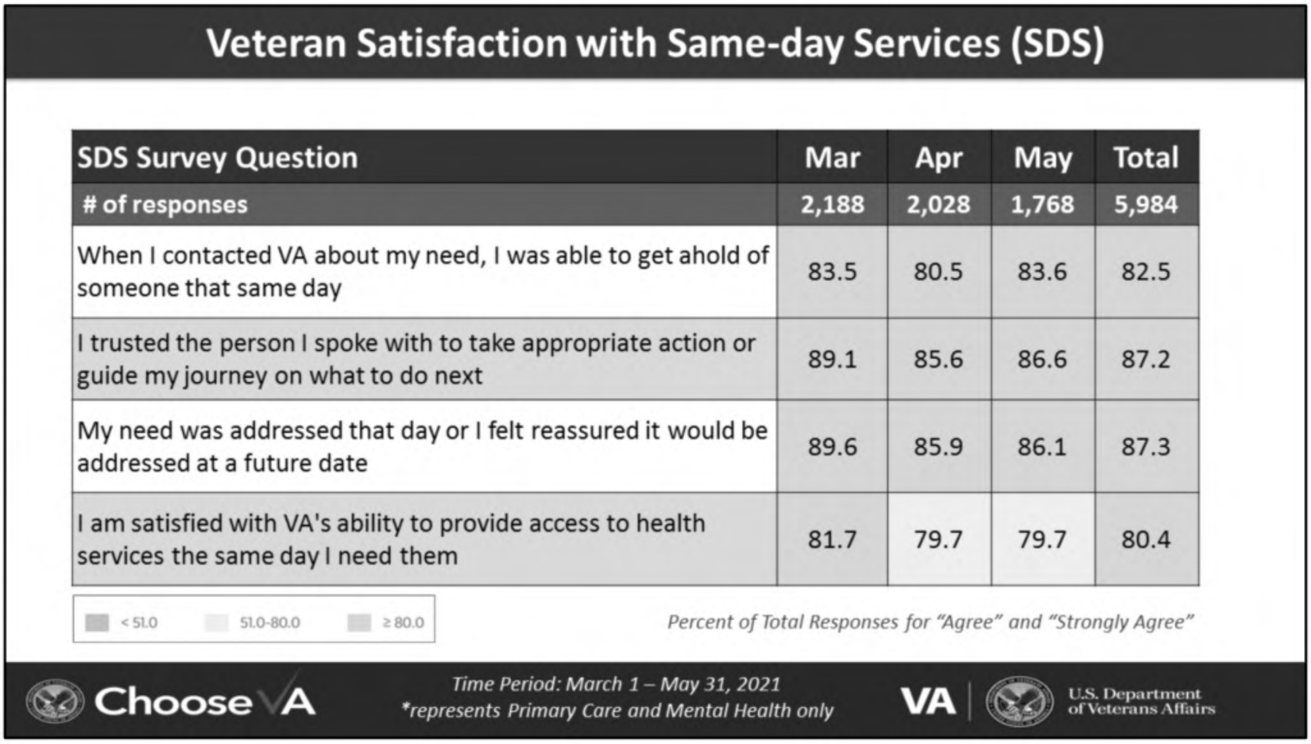

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SDS Survey Question	Mar	Apr	May	Total
# of responses	**2,188**	**2,028**	**1,768**	**5,984**
When I contacted VA about my need, I was able to get ahold of someone that same day	83.5	80.5	83.6	82.5
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My need was addressed that day or I felt reassured it would be addressed at a future date	89.6	85.9	86.1	87.3
I am satisfied with VA's ability to provide access to health services the same day I need them	81.7	79.7	79.7	80.4

▨ < 51.0 ▨ 51.0-80.0 ▨ ≥ 80.0

Percent of Total Responses for "Agree" and "Strongly Agree"

Choose VA

Time Period: March 1 – May 31, 2021
**represents Primary Care and Mental Health only*

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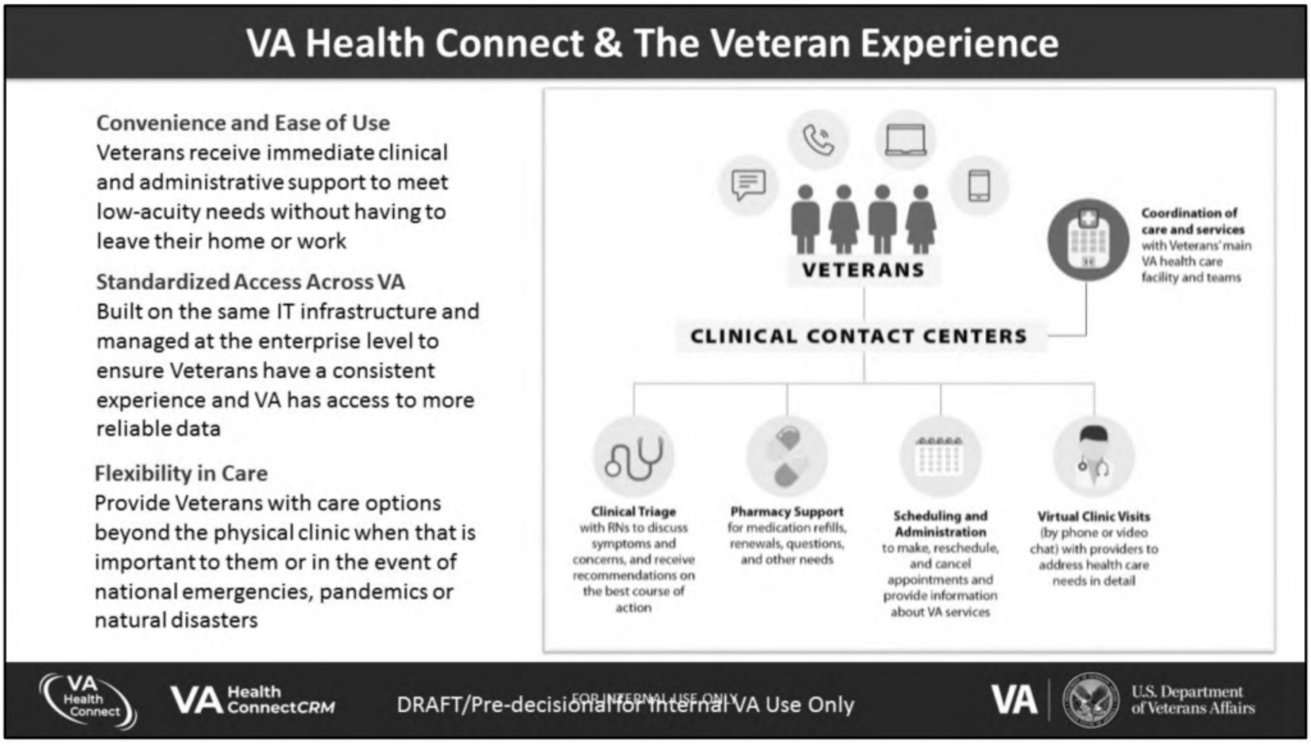

VA Health Connect & The Veteran Experience

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Veterans receive immediate clinical and administrative support to meet low-acuity needs without having to leave their home or work

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VA Health Connect

VA Health ConnectCRM

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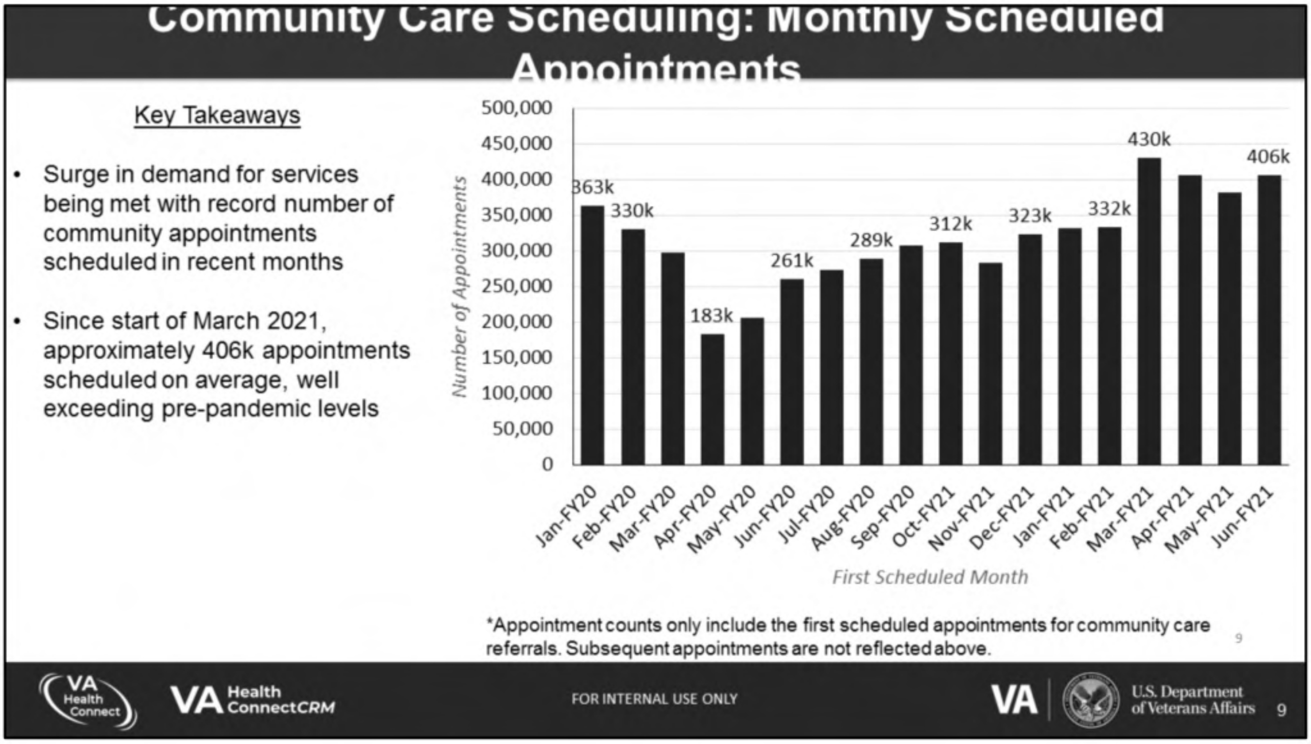

Community Care Scheduling: Monthly Scheduled Appointments

Key Takeaways

- Surge in demand for services being met with record number of community appointments scheduled in recent months
- Since start of March 2021, approximately 406k appointments scheduled on average, well exceeding pre-pandemic levels

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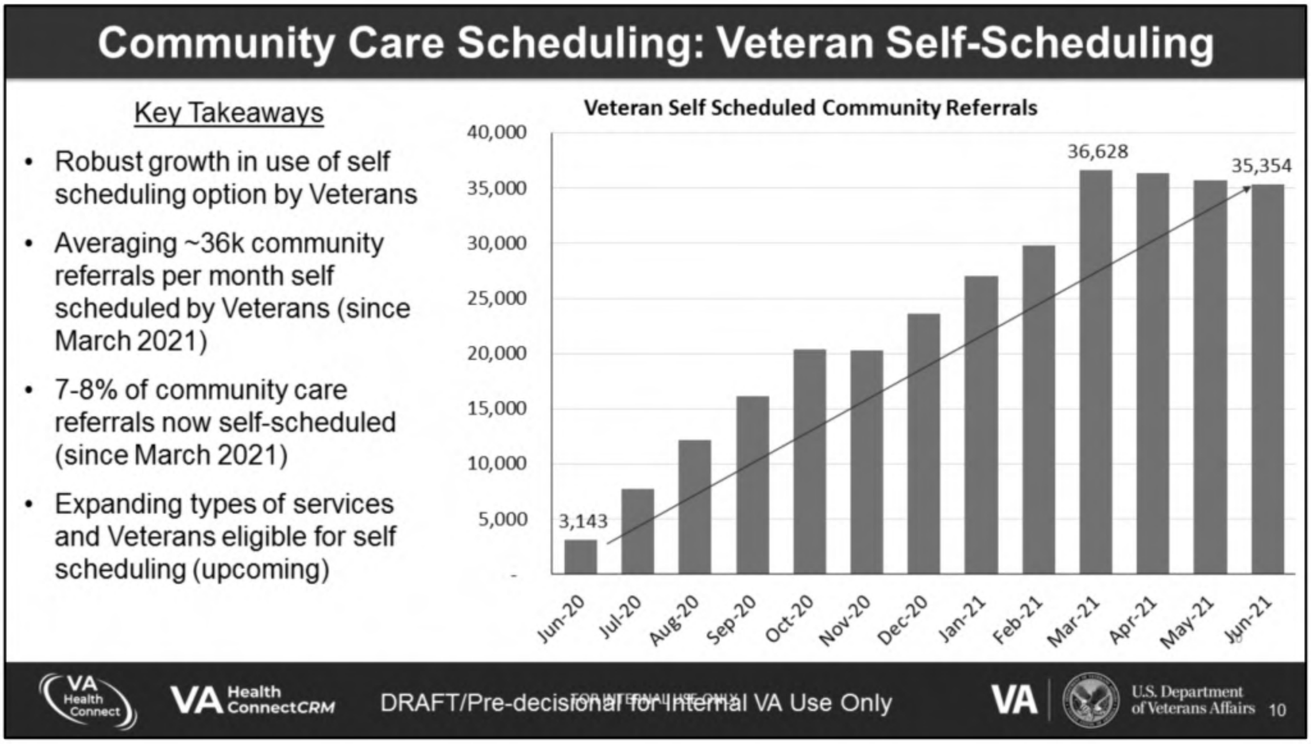

Community Care Scheduling: Veteran Self-Scheduling

Key Takeaways

- Robust growth in use of self scheduling option by Veterans
- Averaging ~36k community referrals per month self scheduled by Veterans (since March 2021)
- 7-8% of community care referrals now self-scheduled (since March 2021)
- Expanding types of services and Veterans eligible for self scheduling (upcoming)

Veteran Self Scheduled Community Referrals

40,000
35,000
30,000
25,000
20,000
15,000
10,000
5,000
-
3,143
36,628
35,354
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20
Jan-21
Feb-21
Mar-21
Apr-21
May-21
Jun-21

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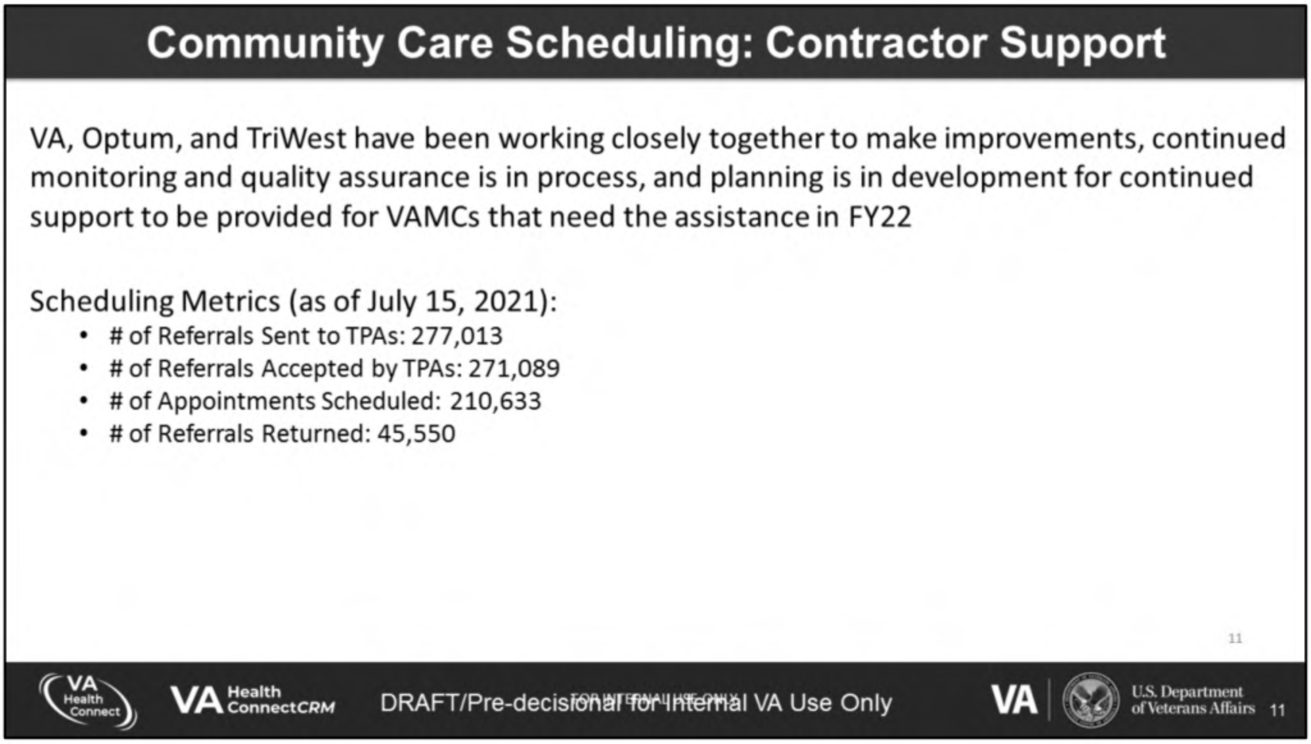

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VA, Optum, and TriWest have been working closely together to make improvements, continued monitoring and quality assurance is in process, and planning is in development for continued support to be provided for VAMCs that need the assistance in FY22

Scheduling Metrics (as of July 15, 2021):

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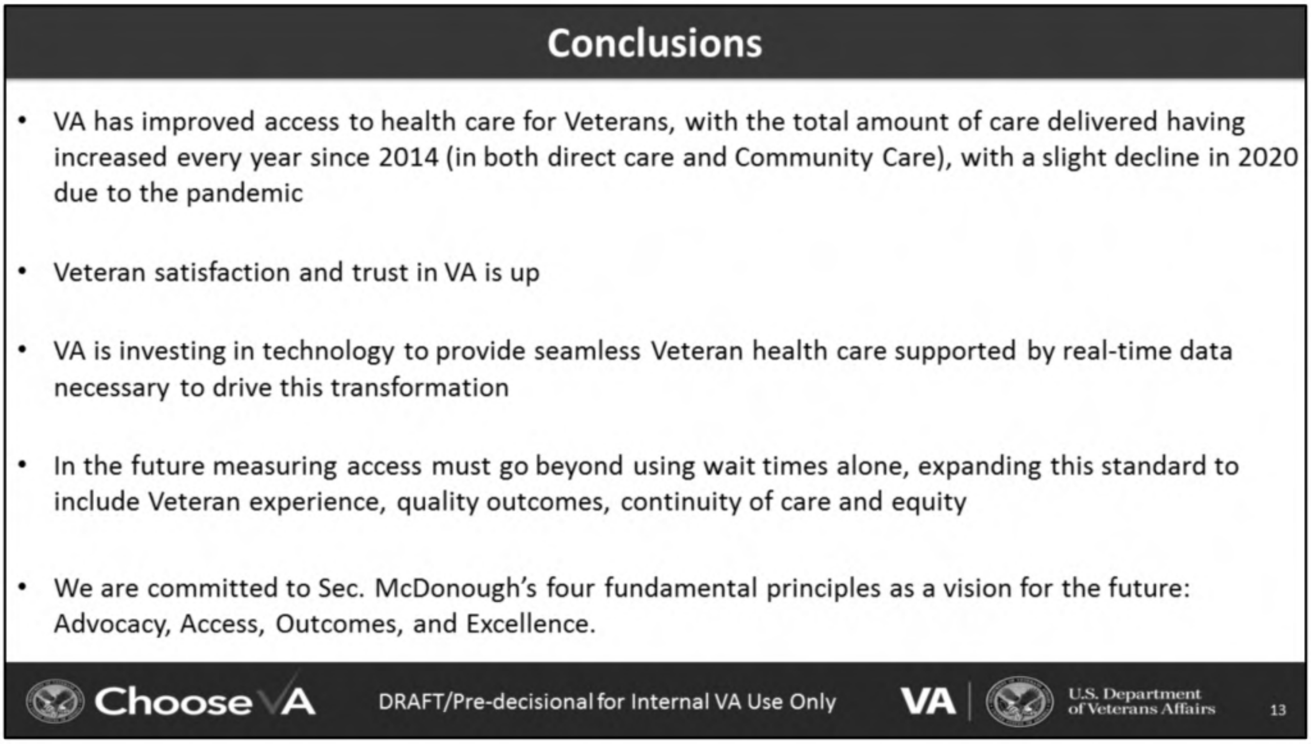

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VHA Access Update

July 22, 2021

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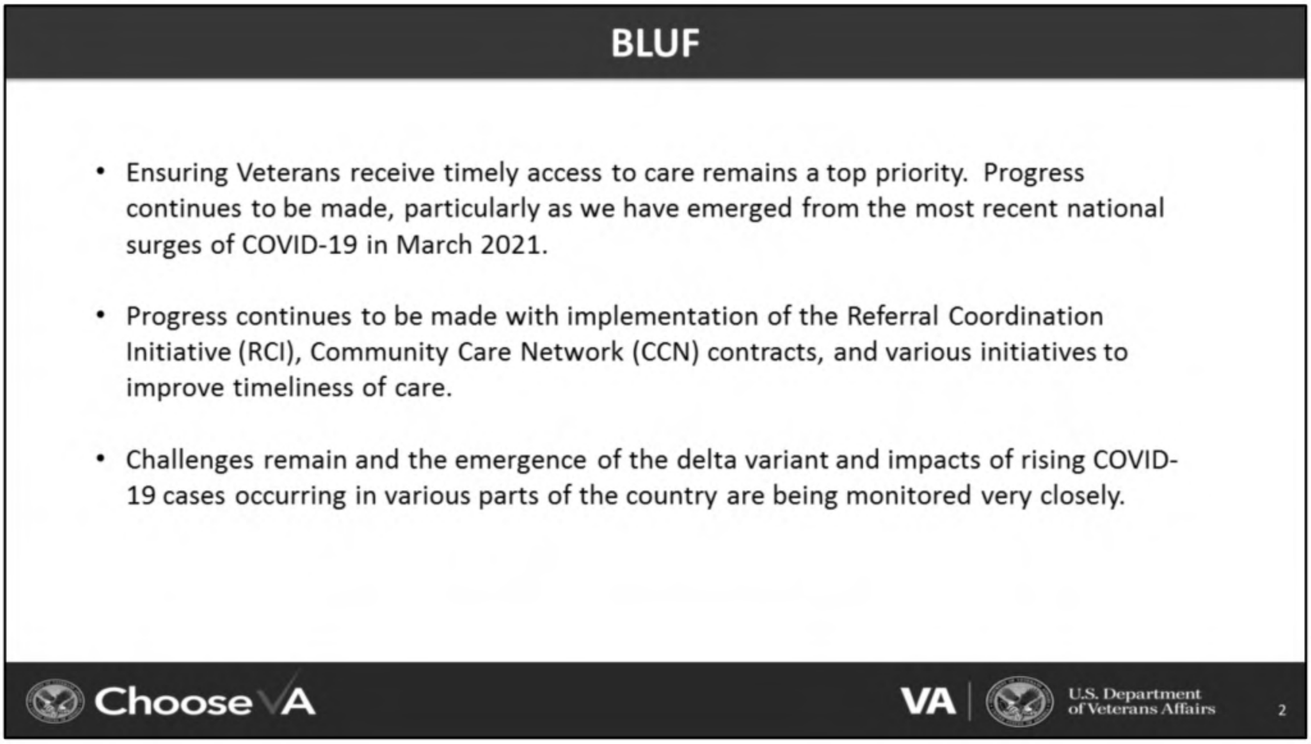

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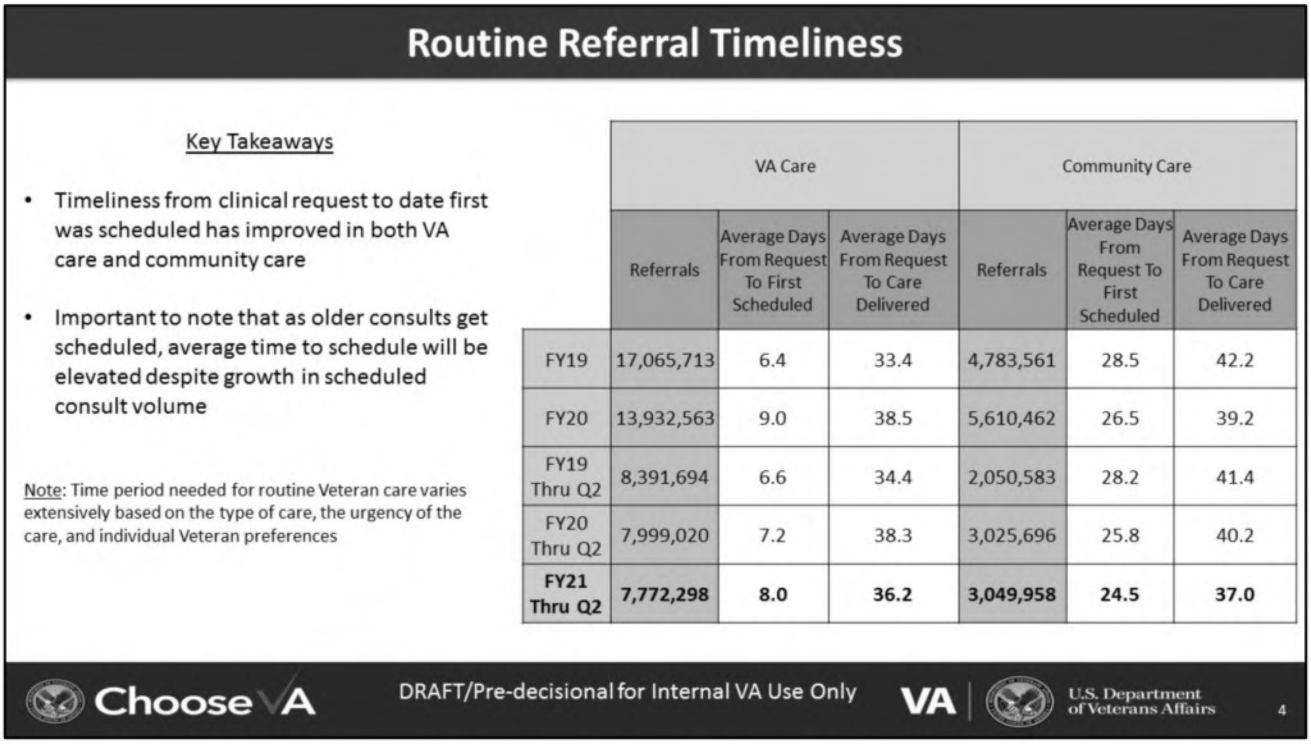

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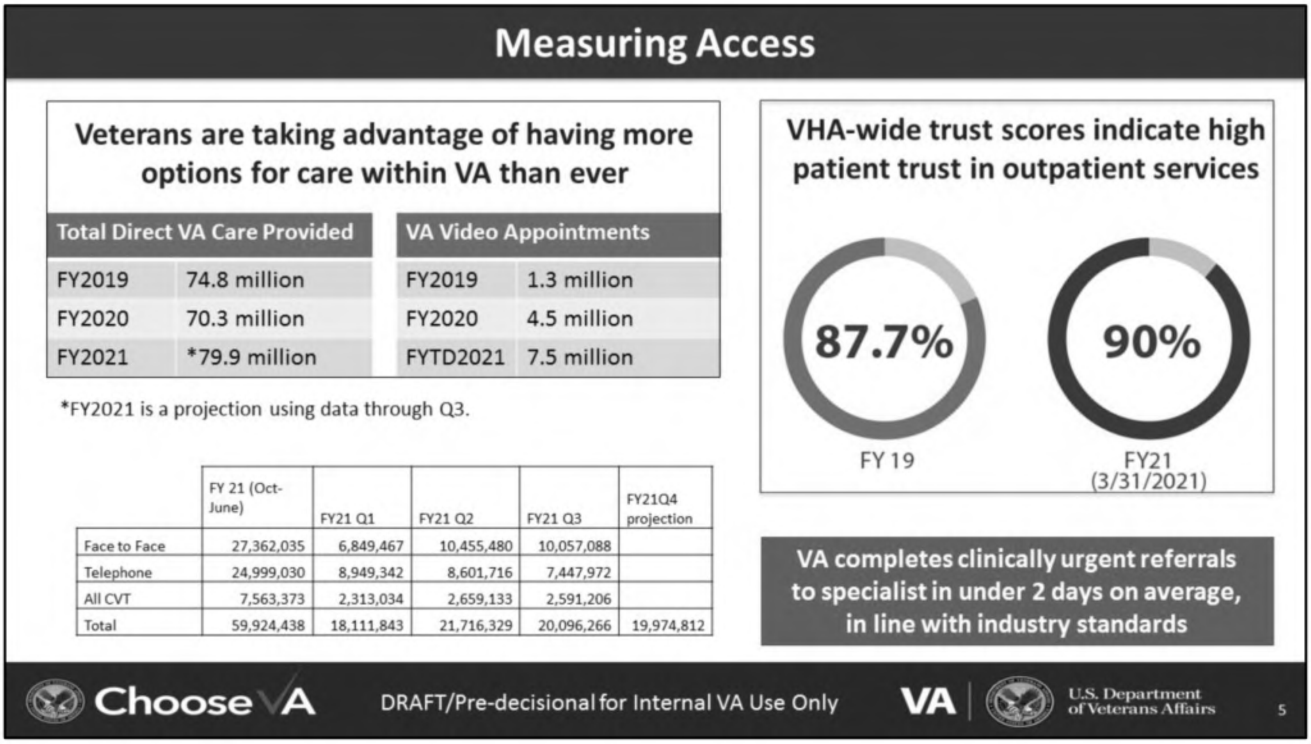

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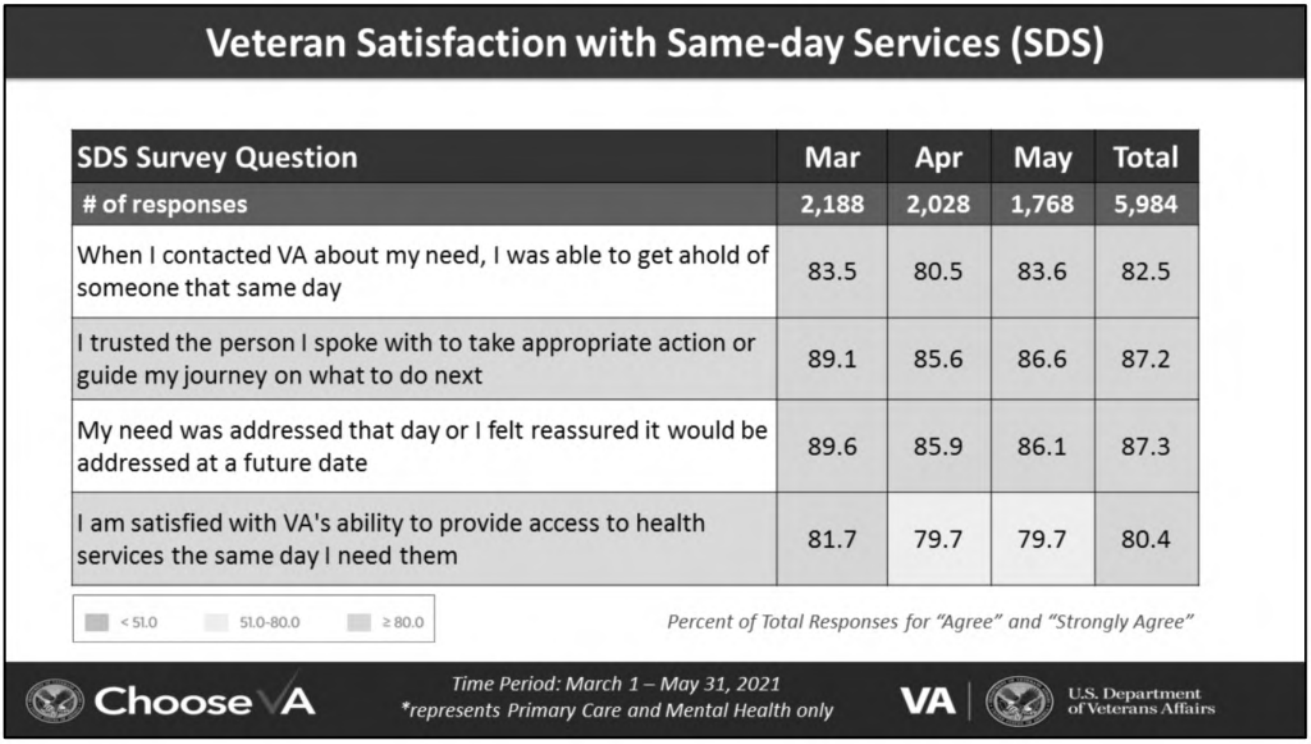

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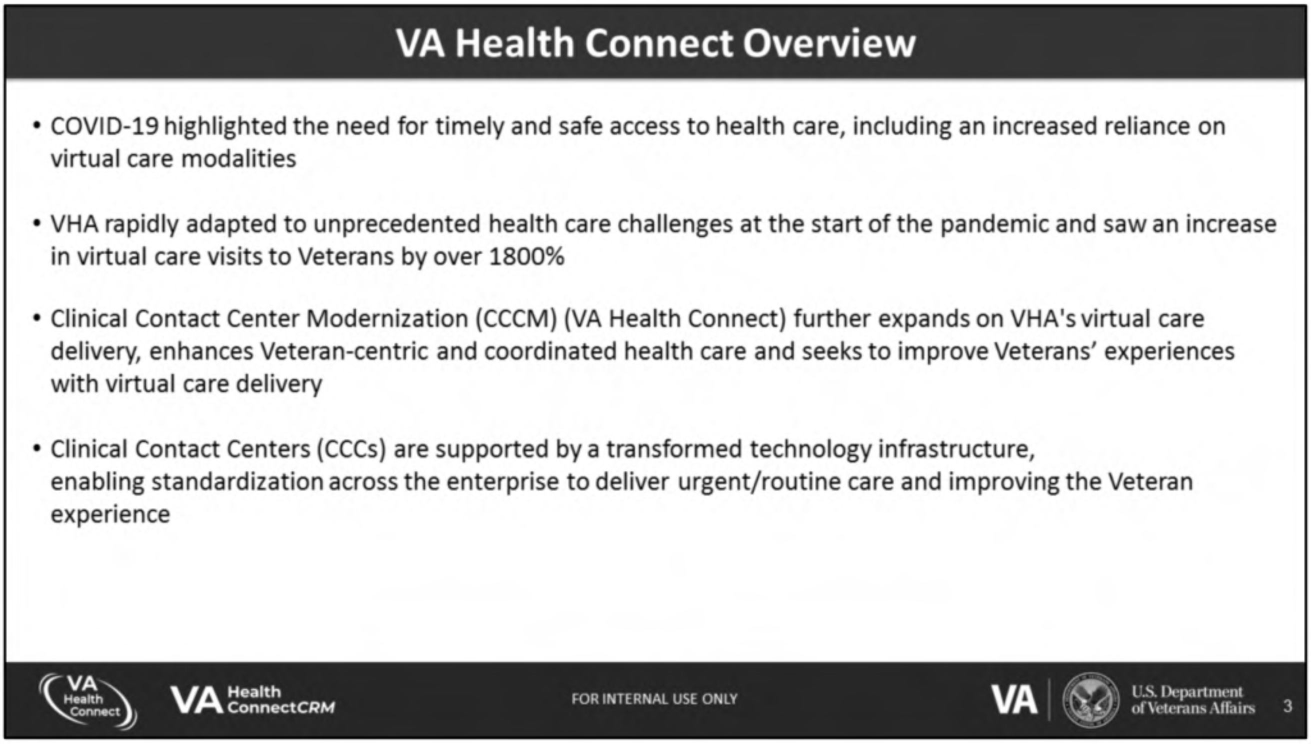

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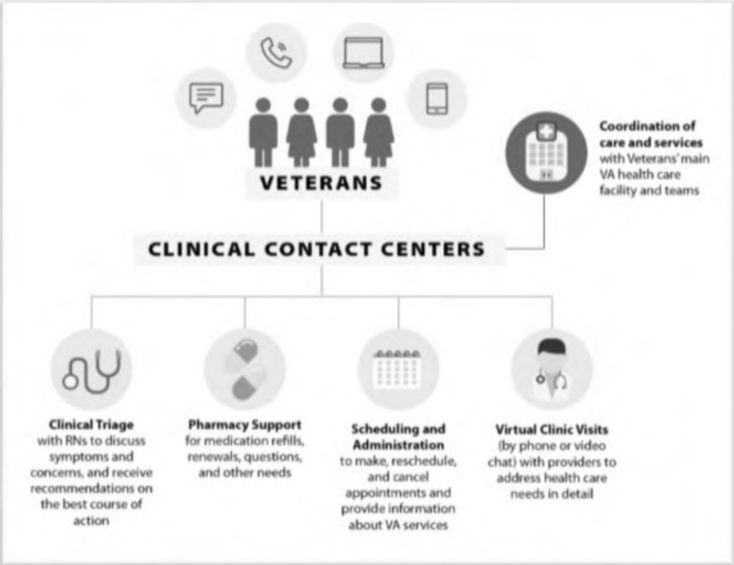

VETERANS

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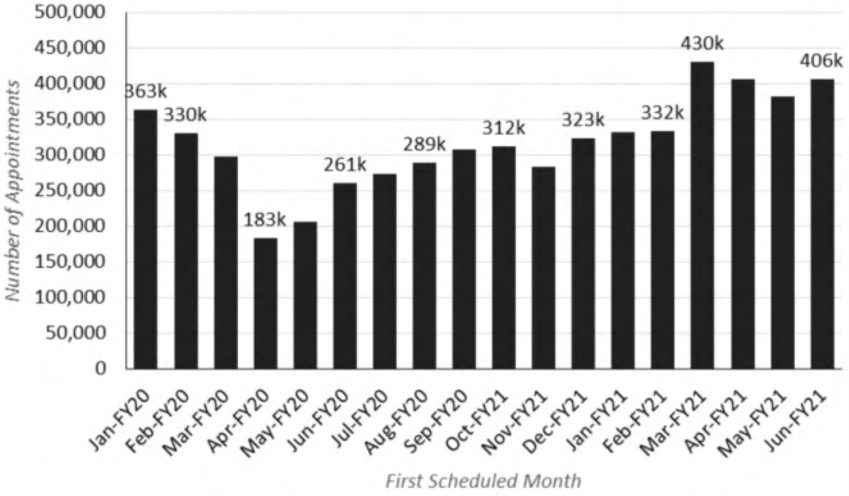

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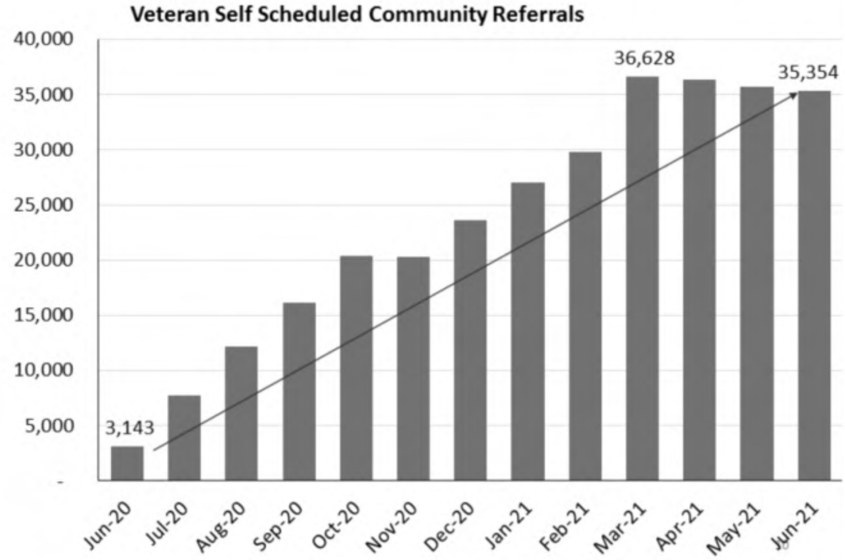

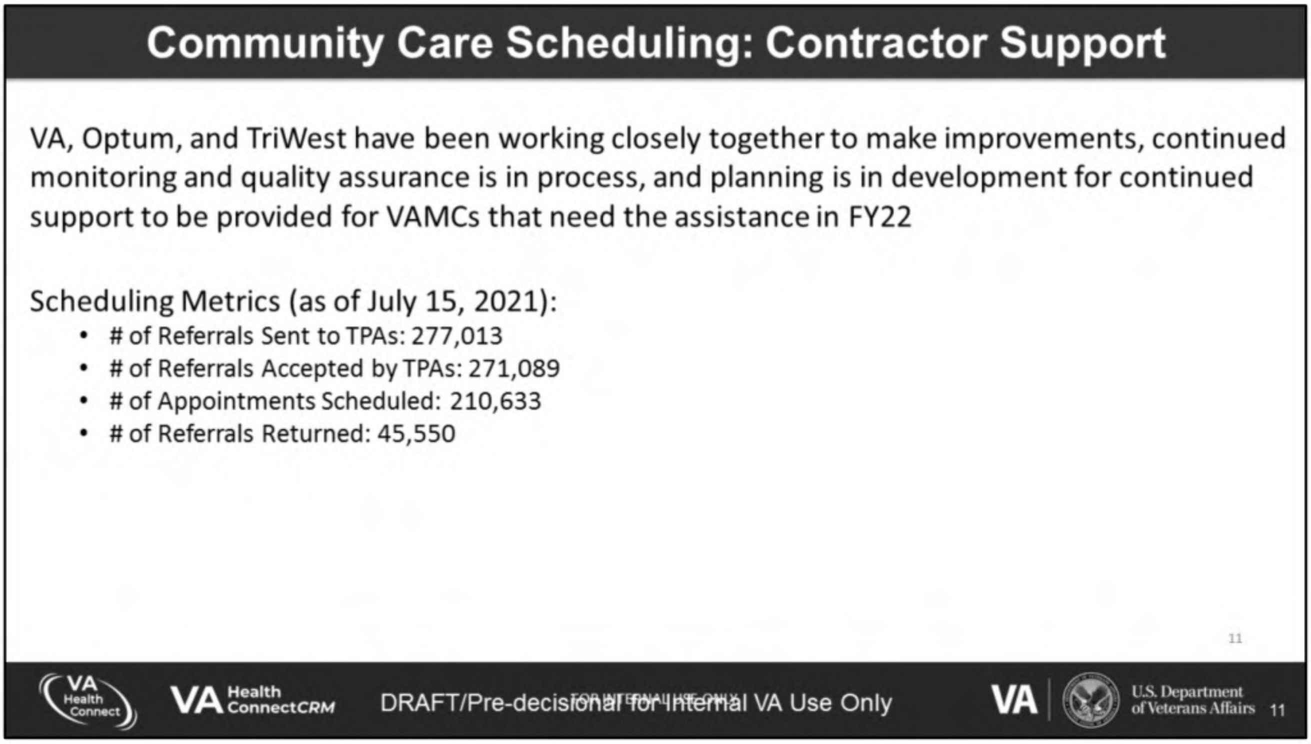

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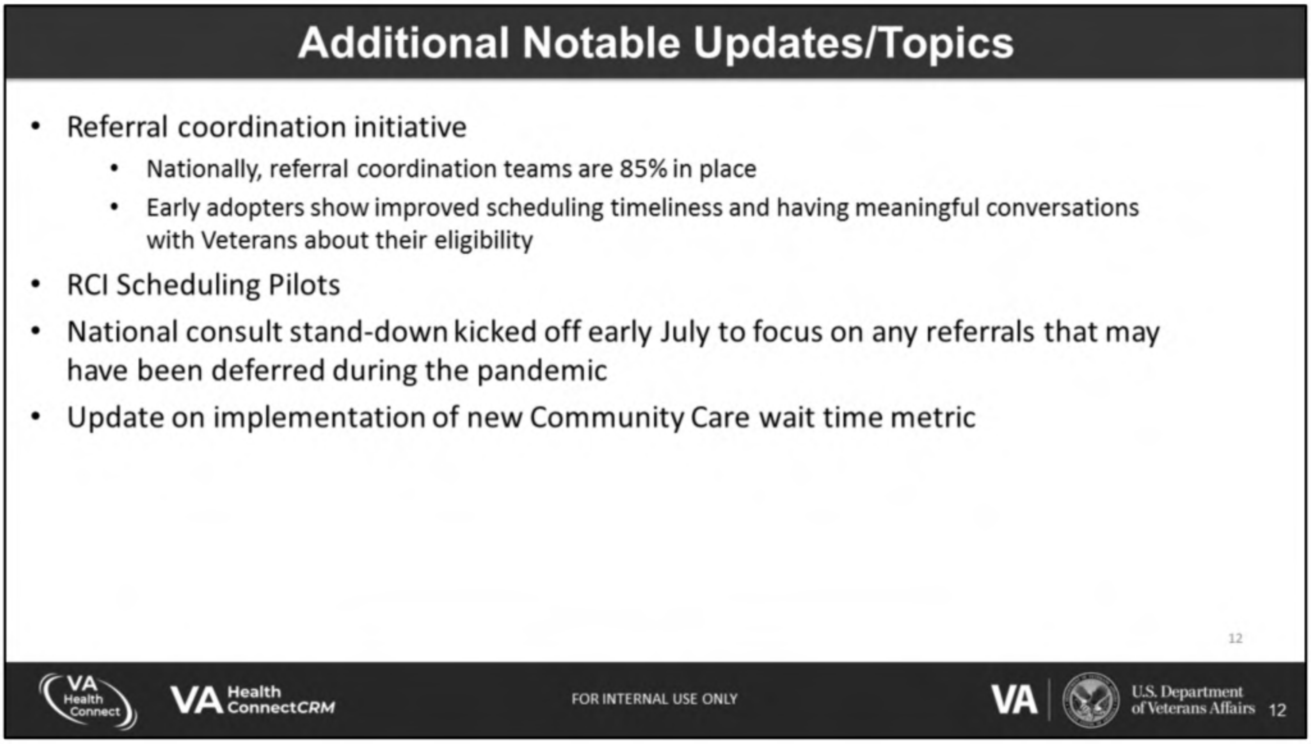

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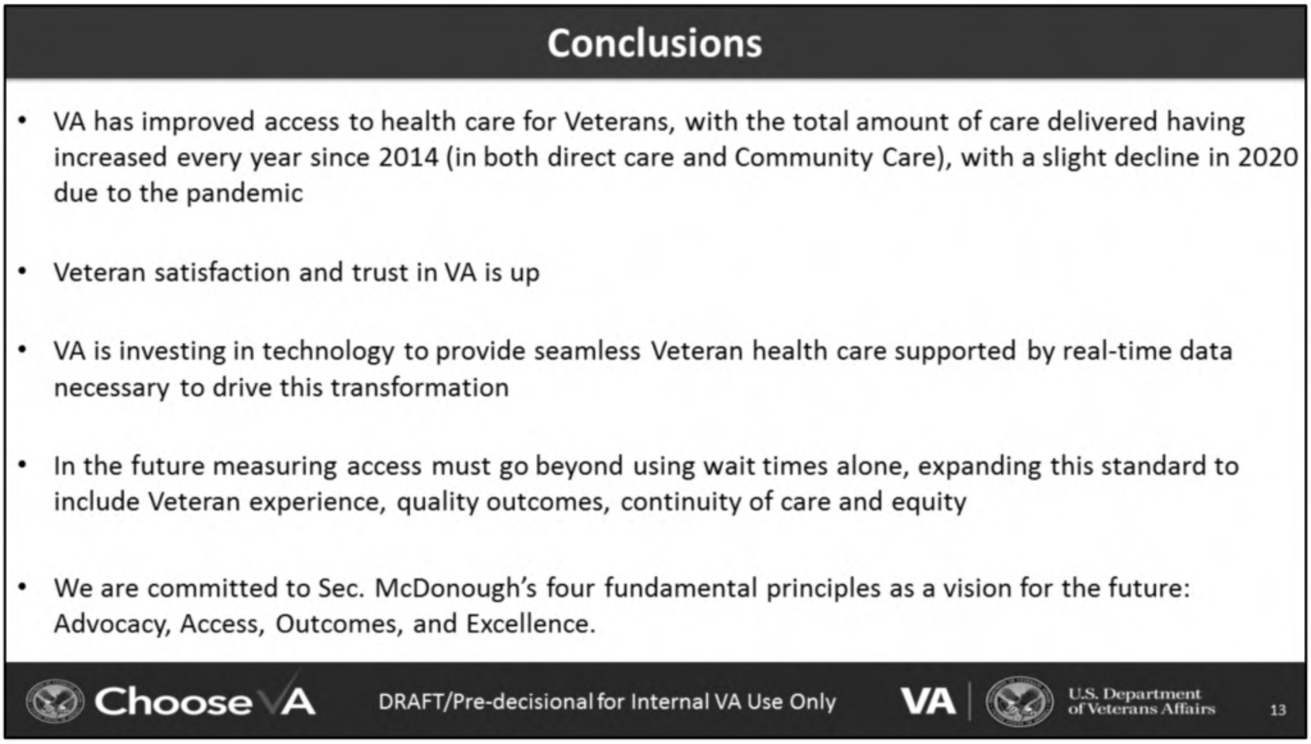

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From: Stone, Richard A., MD
Subject: Wait Time Definitions | Attachment Added
To: Stone, Richard A., MD; Kirsh, Susan R.;(b)(6) (Aptive HTG); (b)(6)@erpi.net';(b)(6)[USA]; Lieberman, Steven;(b)(6) (b)(6)
Cc: (b)(6); Oshinski, Renee
Sent: May 12, 2021 1:36 PM (UTC-05:00)
Attached: Re_ requesting a meeting with Dr. Lieberman and Dr. Stone to discuss wait time definition .eml, Dr. Stone 5.21.2021 presentation ED and Access Wait Times.pptx

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Microsoft Teams meeting

Join on your computer or mobile app
Click here to join the meeting

Or call in (audio only)

+1 872-701-0185,,(b)(6)# United States, Chicago

Phone Conference ID: (b)(6)#

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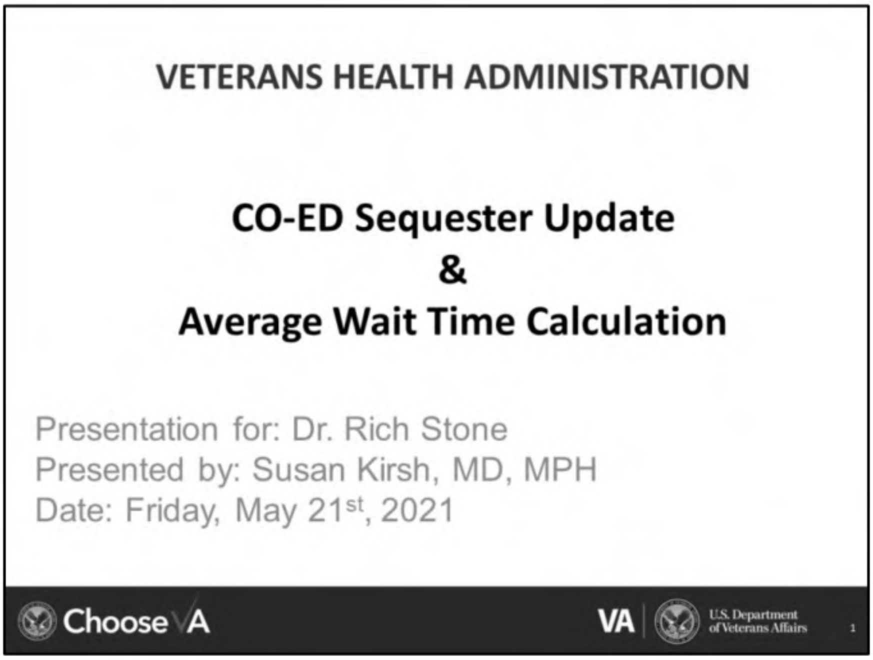

VETERANS HEALTH ADMINISTRATION

CO-ED Sequester Update
&
Average Wait Time Calculation

Presentation for: Dr. Rich Stone
Presented by: Susan Kirsh, MD, MPH
Date: Friday, May 21st, 2021

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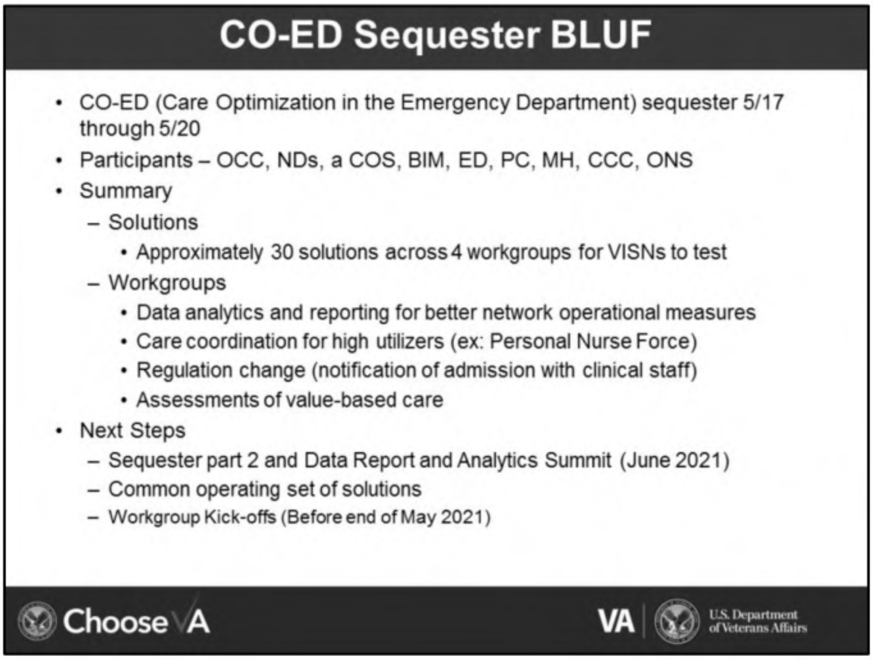

CO-ED Sequester BLUF

- CO-ED (Care Optimization in the Emergency Department) sequester 5/17 through 5/20
- Participants – OCC, NDs, a COS, BIM, ED, PC, MH, CCC, ONS
- Summary
  - Solutions
    - Approximately 30 solutions across 4 workgroups for VISNs to test
  - Workgroups
    - Data analytics and reporting for better network operational measures
    - Care coordination for high utilizers (ex: Personal Nurse Force)
    - Regulation change (notification of admission with clinical staff)
    - Assessments of value-based care
- Next Steps
  - Sequester part 2 and Data Report and Analytics Summit (June 2021)
  - Common operating set of solutions
  - Workgroup Kick-offs (Before end of May 2021)

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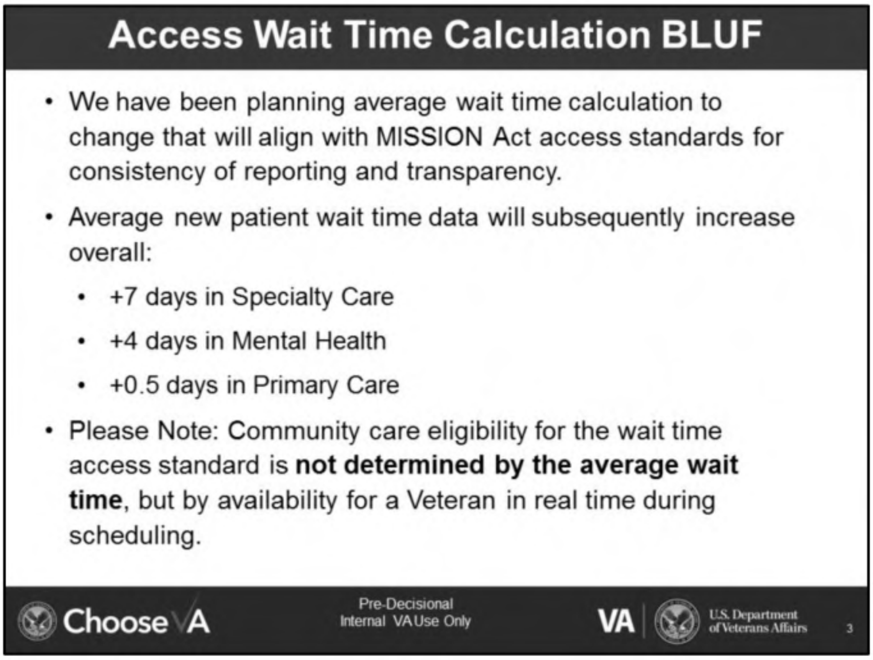
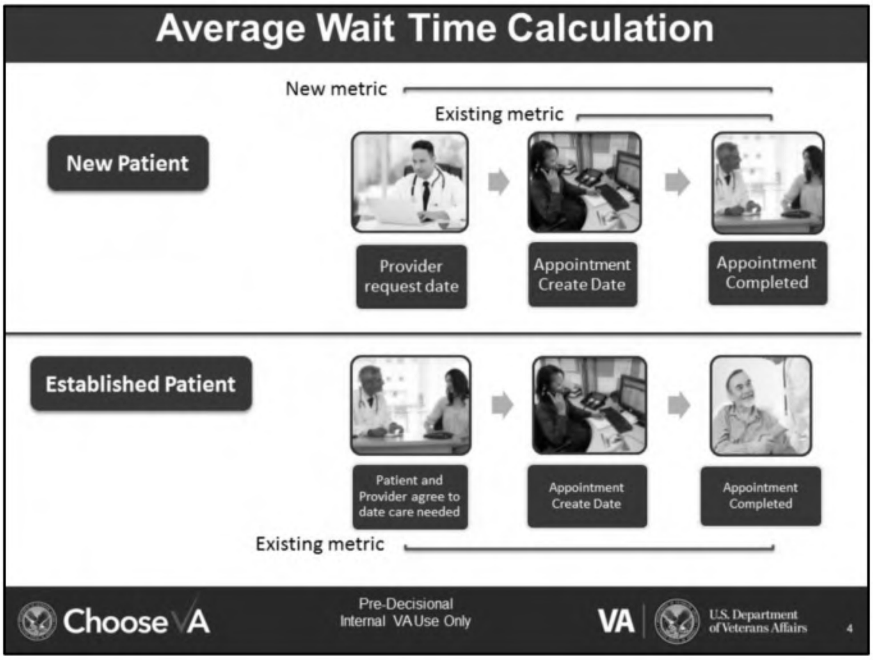


Access Wait Time Calculation BLUF

- We have been planning average wait time calculation to change that will align with MISSION Act access standards for consistency of reporting and transparency.
- Average new patient wait time data will subsequently increase overall:
  - +7 days in Specialty Care
  - +4 days in Mental Health
  - +0.5 days in Primary Care
- Please Note: Community care eligibility for the wait time access standard is **not determined by the average wait time**, but by availability for a Veteran in real time during scheduling.



Average Wait Time Calculation

New metric

Existing metric

New Patient

Provider request date

Appointment Create Date

Appointment Completed

Established Patient

Patient and Provider agree to date care needed

Appointment Create Date

Appointment Completed

Existing metric

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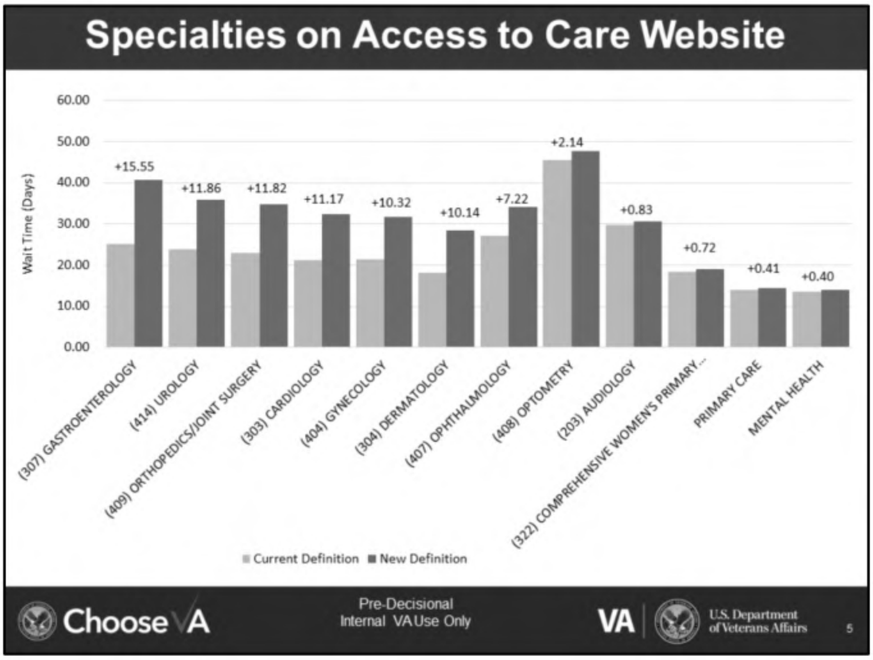

Specialties on Access to Care Website

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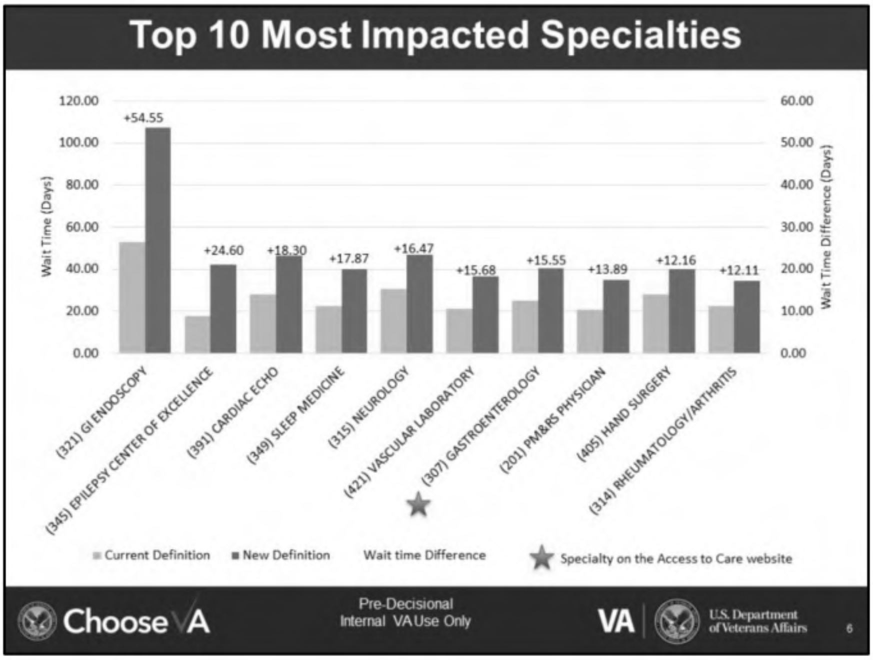

Top 10 Most Impacted Specialties

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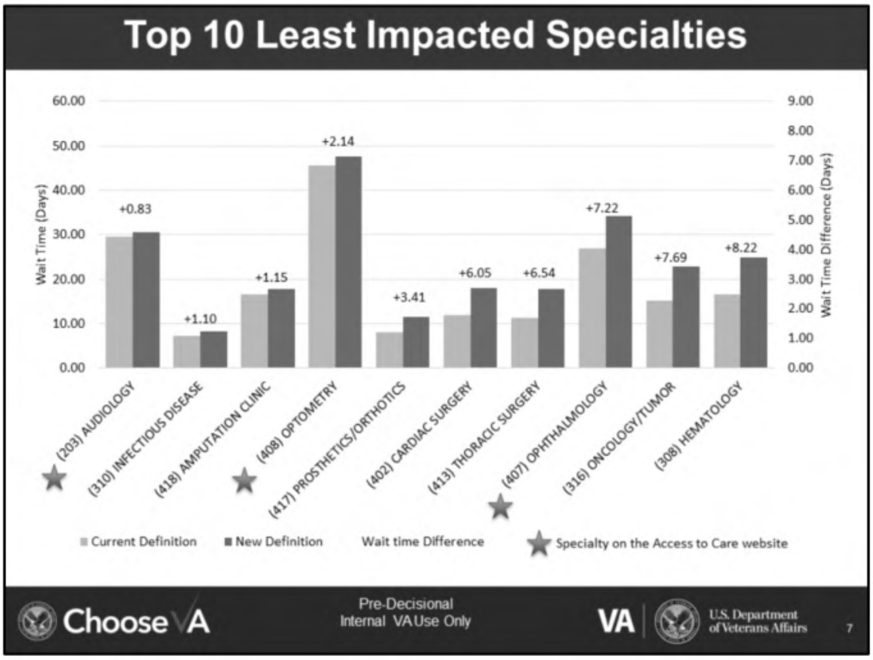

Top 10 Least Impacted Specialties

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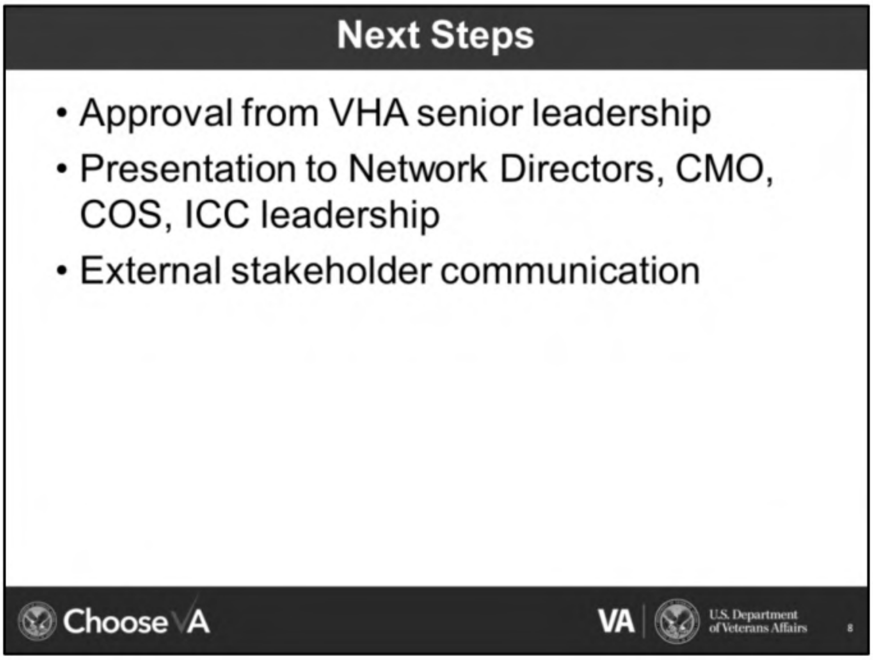

Next Steps

- Approval from VHA senior leadership
- Presentation to Network Directors, CMO, COS, ICC leadership
- External stakeholder communication

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From: (b)(6)
Subject: Re: requesting a meeting with Dr. Lieberman and Dr. Stone to discuss wait time definition
To: (b)(6) VHA USH Meeting Requests
Cc: Kirsh, Susan R.(b)(6) (Aptive HTG)(b)(6) @erpi.net(b)(6)
(b)(6) [USA]
Sent: May 12, 2021 1:27 PM (UTC-05:00)

Either one is fine thank you(b)(6)!

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From:(b)(6) @va.gov>
Sent: Wednesday, May 12, 2021 2:23:16 PM
To:(b)(6) va.gov>;(b)(6) @va.gov>; VHA USH Meeting Requests
(b)(6) @va.gov>
Cc: Kirsh, Susan R.(b)(6) @va.gov>;(b)(6) @va.gov>; Fields, Mary
(b)(6) @va.gov>;(b)(6) @va.gov>(b)(6) (Aptive HTG)
(b)(6) @va.gov>;(b)(6) @erpi.net'(b)(6) @erpi.net>;(b)(6) [USA](b)(6) @bah.com>
Subject: RE: requesting a meeting with Dr. Lieberman and Dr. Stone to discuss wait time definition

Good afternoon,

Dr. Stone/Lieberman's first available is May 21 at 1:00PM or 1:30PM. Please confirm and we'll share an invite. Thank you!

(b)(6)

Office of the Under Secretary for Health (10)
Cell: (b)(6)

For scheduling, read ahead submissions, general questions, please email: (b)(6) @va.gov

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(b)(6) @va.gov>;(b)(6) @erpi.net'(b)(6) @erpi.net>;(b)(6) [USA](b)(6) @bah.com>
Subject: requesting a meeting with Dr. Lieberman and Dr. Stone to discuss wait time definition

Hi(b)(6)

I hope you are doing well. The Access Office (previously known as Office of Veterans Access to Care (OVAC)) would like to schedule a 30 minute meeting with Dr. Stone and Dr. Lieberman to discuss the new wait time definition. End of next week would be great if possible. Could you please let us know their availability?

We plan to submit slides at least 2 days in advance of the meeting. Please let us know if there is anything else you need from us as well.

Thank you!

(b)(6)

--
(b)(6)
Office of Veterans Access to Care (OVAC)

m: (b)(6)
(b)(6)@va.gov | (b)(6)@bah.com

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BoozAllen.com

VHA Access Update

July 22, 2021

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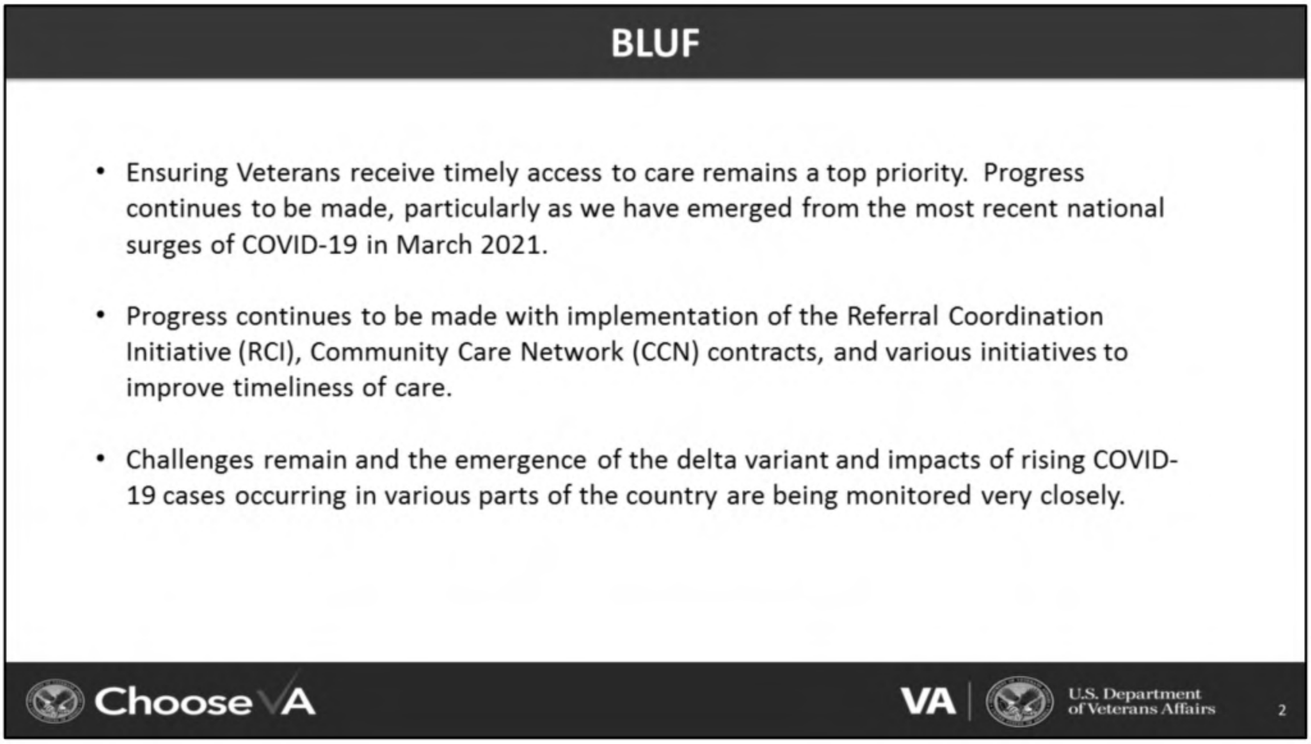

BLUF

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- Progress continues to be made with implementation of the Referral Coordination Initiative (RCI), Community Care Network (CCN) contracts, and various initiatives to improve timeliness of care.
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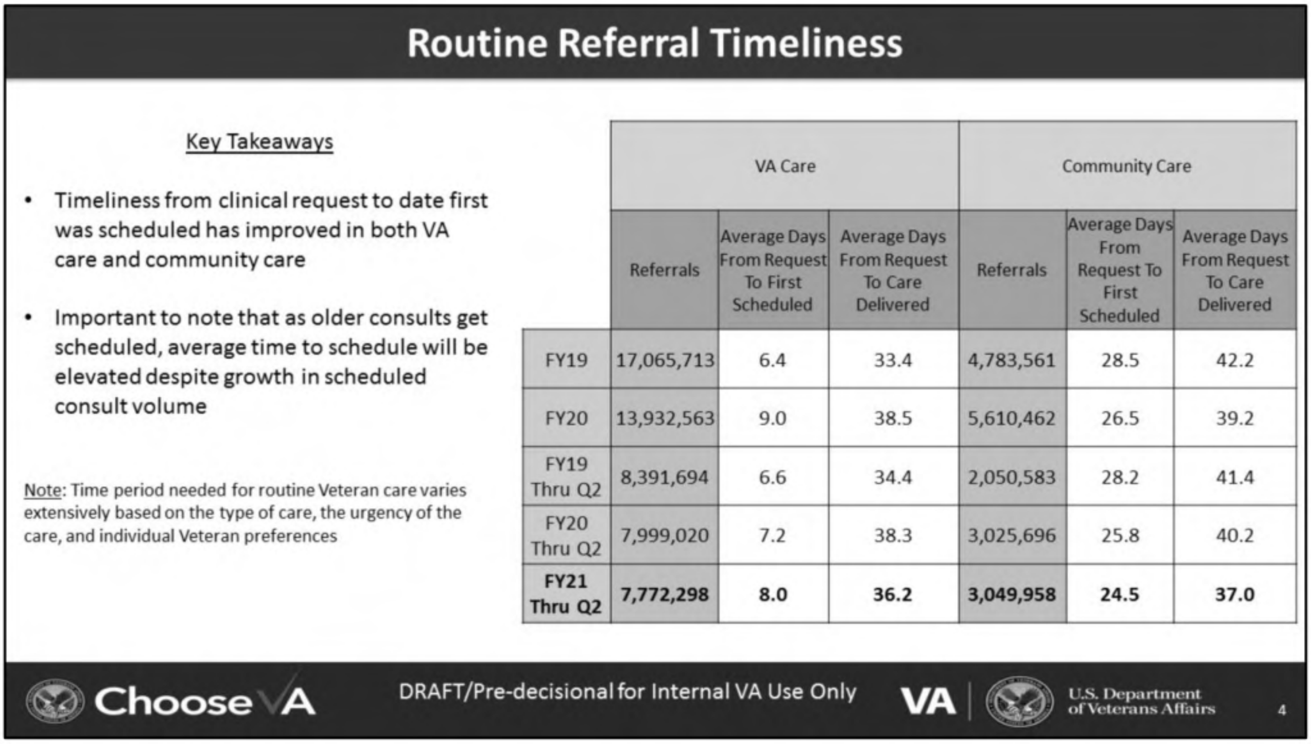

Routine Referral Timeliness

Key Takeaways

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- Important to note that as older consults get scheduled, average time to schedule will be elevated despite growth in scheduled consult volume

Note: Time period needed for routine Veteran care varies extensively based on the type of care, the urgency of the care, and individual Veteran preferences

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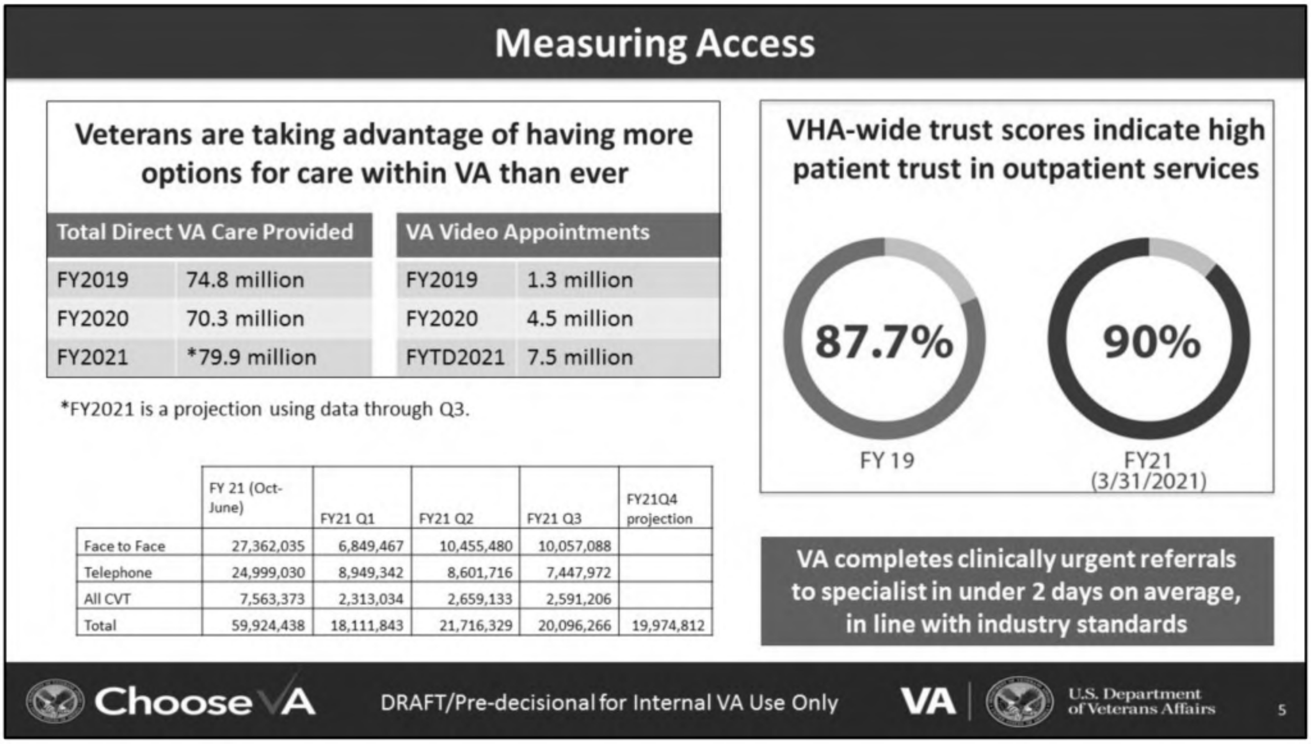

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Total	59,924,438	18,111,843	21,716,329	20,096,266	19,974,812

VHA-wide trust scores indicate high patient trust in outpatient services

VA completes clinically urgent referrals to specialist in under 2 days on average, in line with industry standards

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Video appointments are already at our highest volume ever and on pace to double from a record 2020. Veterans have shown that video appointments work for many of their needs and they will provide more options for Veterans when they are appropriate.

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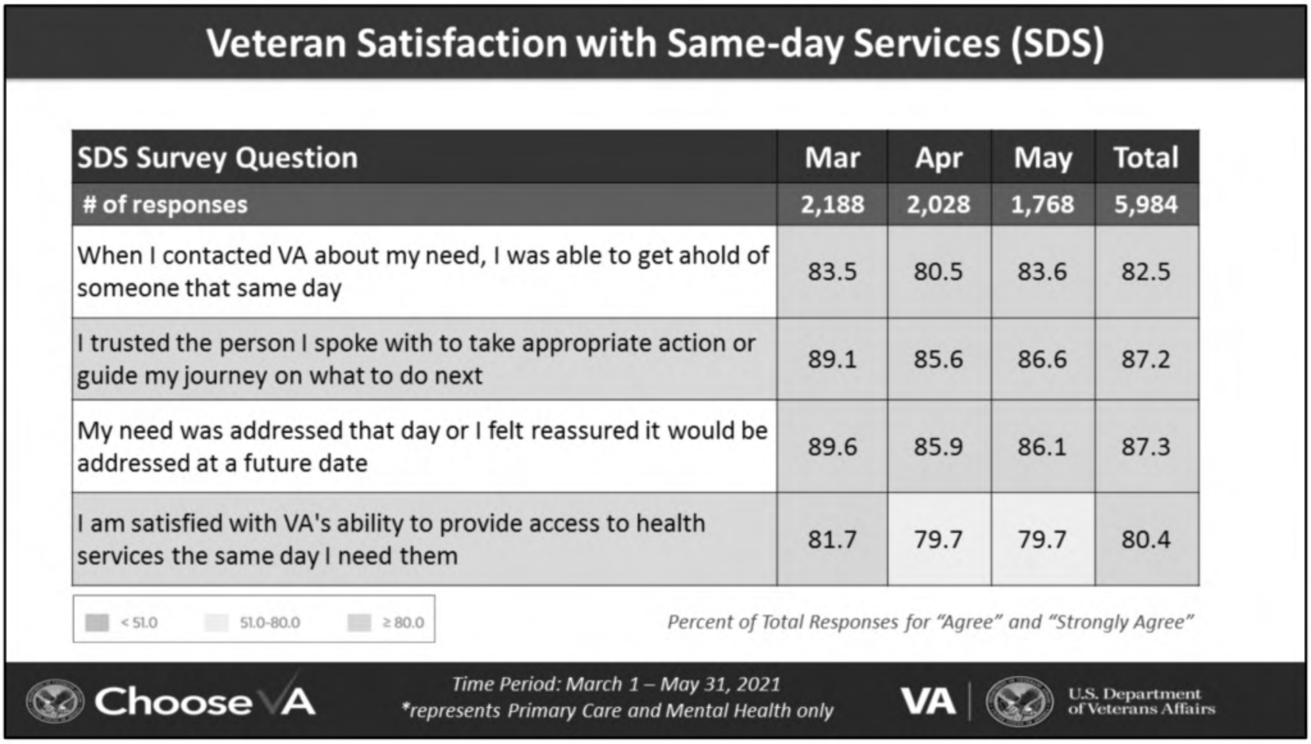


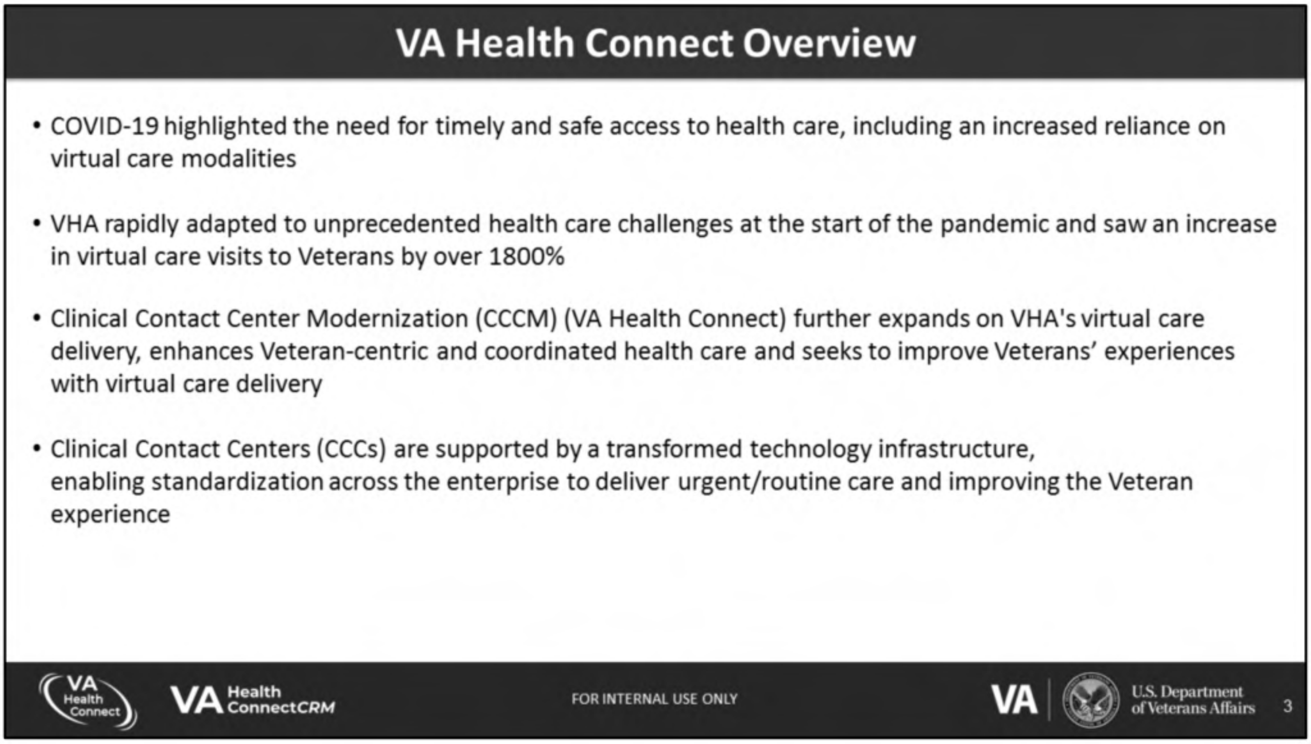
Veteran Satisfaction with Same-day Services (SDS)

SDS Survey Question	Mar	Apr	May	Total
# of responses	**2,188**	**2,028**	**1,768**	**5,984**
When I contacted VA about my need, I was able to get ahold of someone that same day	83.5	80.5	83.6	82.5
I trusted the person I spoke with to take appropriate action or guide my journey on what to do next	89.1	85.6	86.6	87.2
My need was addressed that day or I felt reassured it would be addressed at a future date	89.6	85.9	86.1	87.3
I am satisfied with VA's ability to provide access to health services the same day I need them	81.7	79.7	79.7	80.4

▨ < 51.0 ▨ 51.0-80.0 ▨ ≥ 80.0

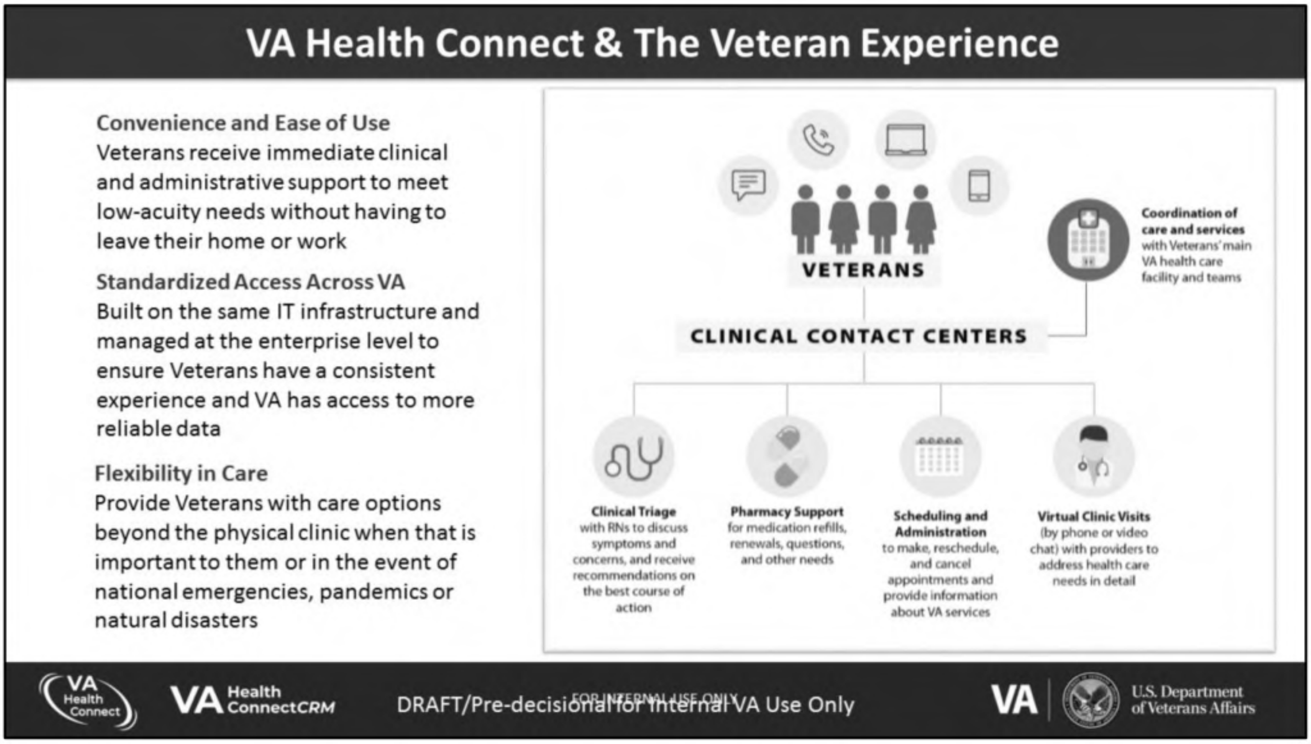
Percent of Total Responses for "Agree" and "Strongly Agree"

Time Period: March 1 – May 31, 2021
**represents Primary Care and Mental Health only*



VA Health Connect Overview

- COVID-19 highlighted the need for timely and safe access to health care, including an increased reliance on virtual care modalities
- VHA rapidly adapted to unprecedented health care challenges at the start of the pandemic and saw an increase in virtual care visits to Veterans by over 1800%
- Clinical Contact Center Modernization (CCCM) (VA Health Connect) further expands on VHA's virtual care delivery, enhances Veteran-centric and coordinated health care and seeks to improve Veterans' experiences with virtual care delivery
- Clinical Contact Centers (CCCs) are supported by a transformed technology infrastructure, enabling standardization across the enterprise to deliver urgent/routine care and improving the Veteran experience



VA Health Connect & The Veteran Experience

Convenience and Ease of Use
Veterans receive immediate clinical and administrative support to meet low-acuity needs without having to leave their home or work

Standardized Access Across VA
Built on the same IT infrastructure and managed at the enterprise level to ensure Veterans have a consistent experience and VA has access to more reliable data

Flexibility in Care
Provide Veterans with care options beyond the physical clinic when that is important to them or in the event of national emergencies, pandemics or natural disasters

VETERANS

CLINICAL CONTACT CENTERS

Coordination of care and services with Veterans' main VA health care facility and teams

Clinical Triage with RNs to discuss symptoms and concerns, and receive recommendations on the best course of action

Pharmacy Support for medication refills, renewals, questions, and other needs

Scheduling and Administration to make, reschedule, and cancel appointments and provide information about VA services

Virtual Clinic Visits (by phone or video chat) with providers to address health care needs in detail

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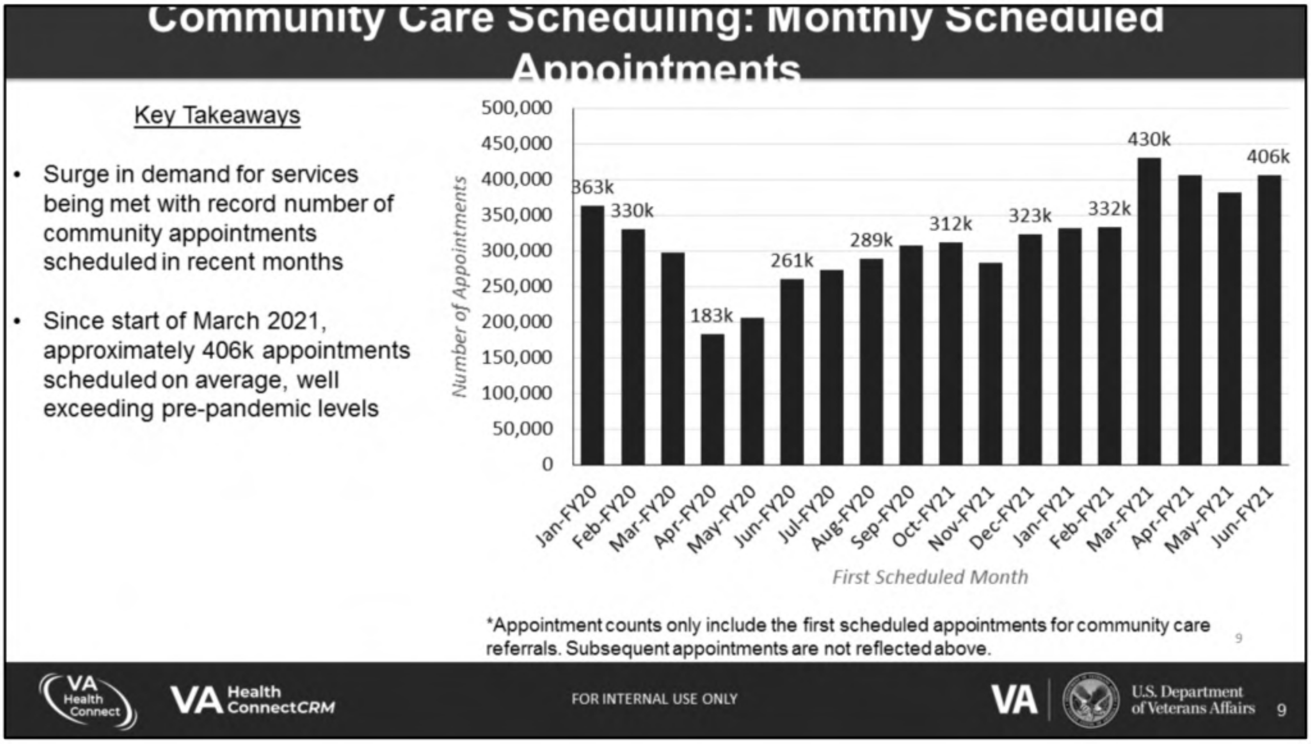

Community Care Scheduling: Monthly Scheduled Appointments

Key Takeaways

- Surge in demand for services being met with record number of community appointments scheduled in recent months
- Since start of March 2021, approximately 406k appointments scheduled on average, well exceeding pre-pandemic levels

*Appointment counts only include the first scheduled appointments for community care referrals. Subsequent appointments are not reflected above.

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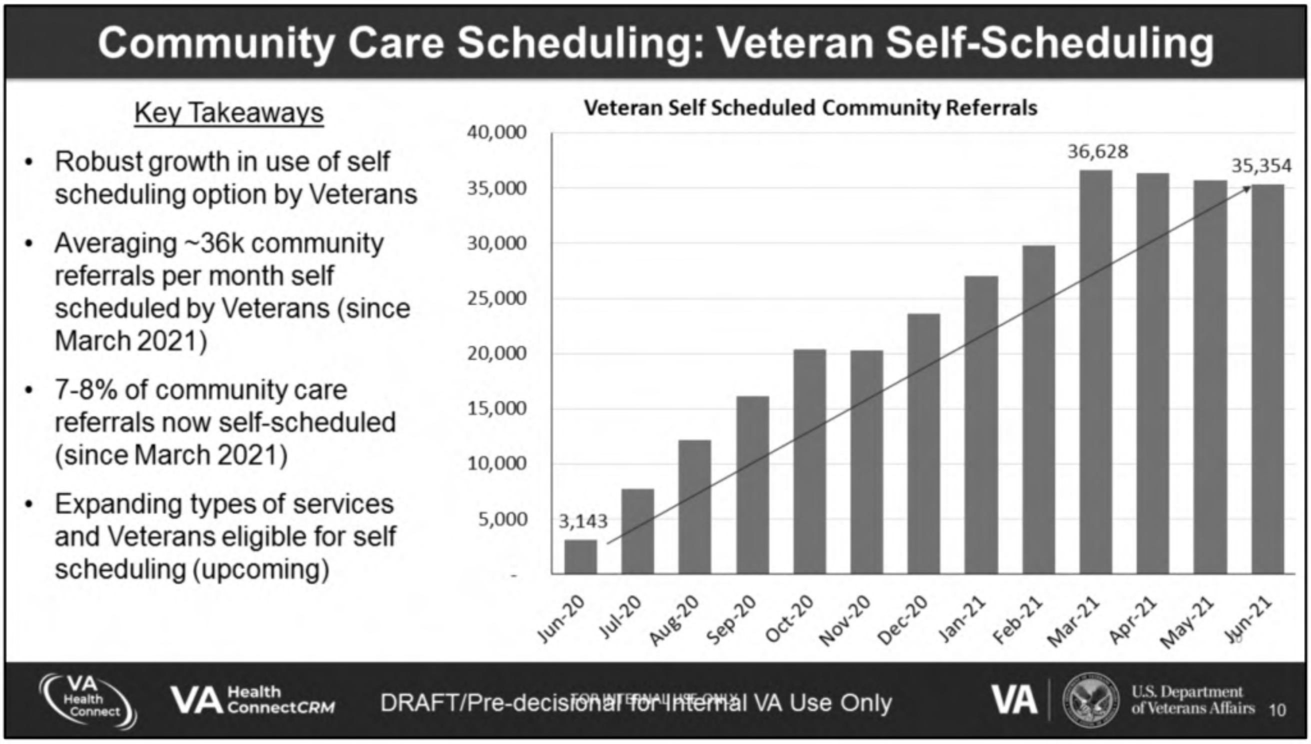

Community Care Scheduling: Veteran Self-Scheduling

Key Takeaways

- Robust growth in use of self scheduling option by Veterans
- Averaging ~36k community referrals per month self scheduled by Veterans (since March 2021)
- 7-8% of community care referrals now self-scheduled (since March 2021)
- Expanding types of services and Veterans eligible for self scheduling (upcoming)

Veteran Self Scheduled Community Referrals

40,000
35,000
30,000
25,000
20,000
15,000
10,000
5,000
-
3,143
36,628
35,354
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
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Jun-21

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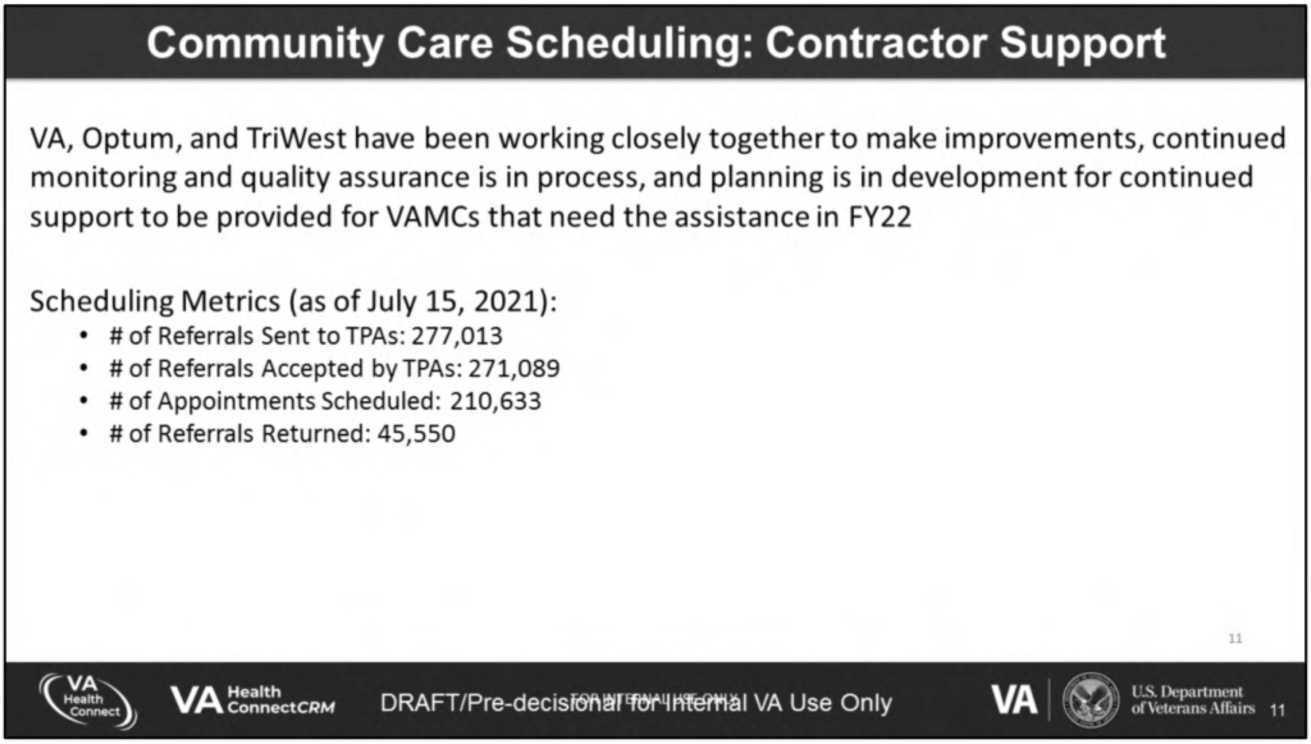
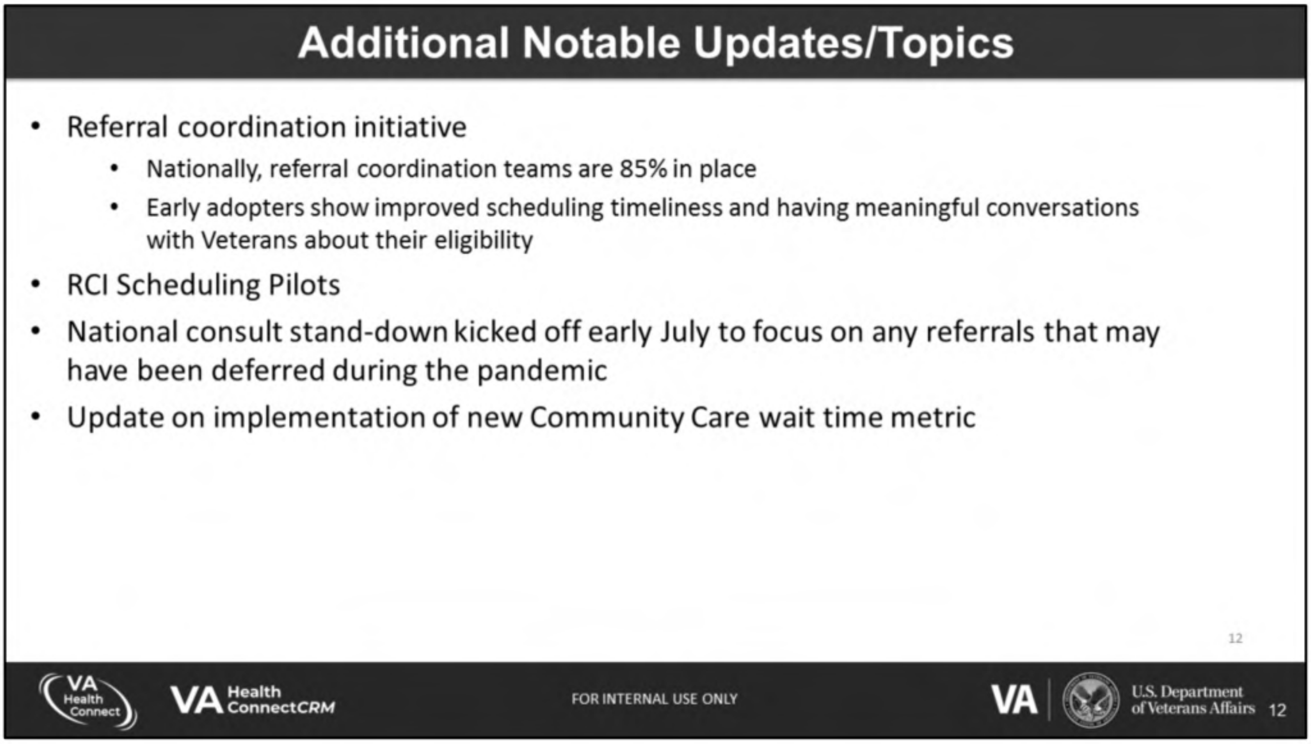


Community Care Scheduling: Contractor Support

VA, Optum, and TriWest have been working closely together to make improvements, continued monitoring and quality assurance is in process, and planning is in development for continued support to be provided for VAMCs that need the assistance in FY22

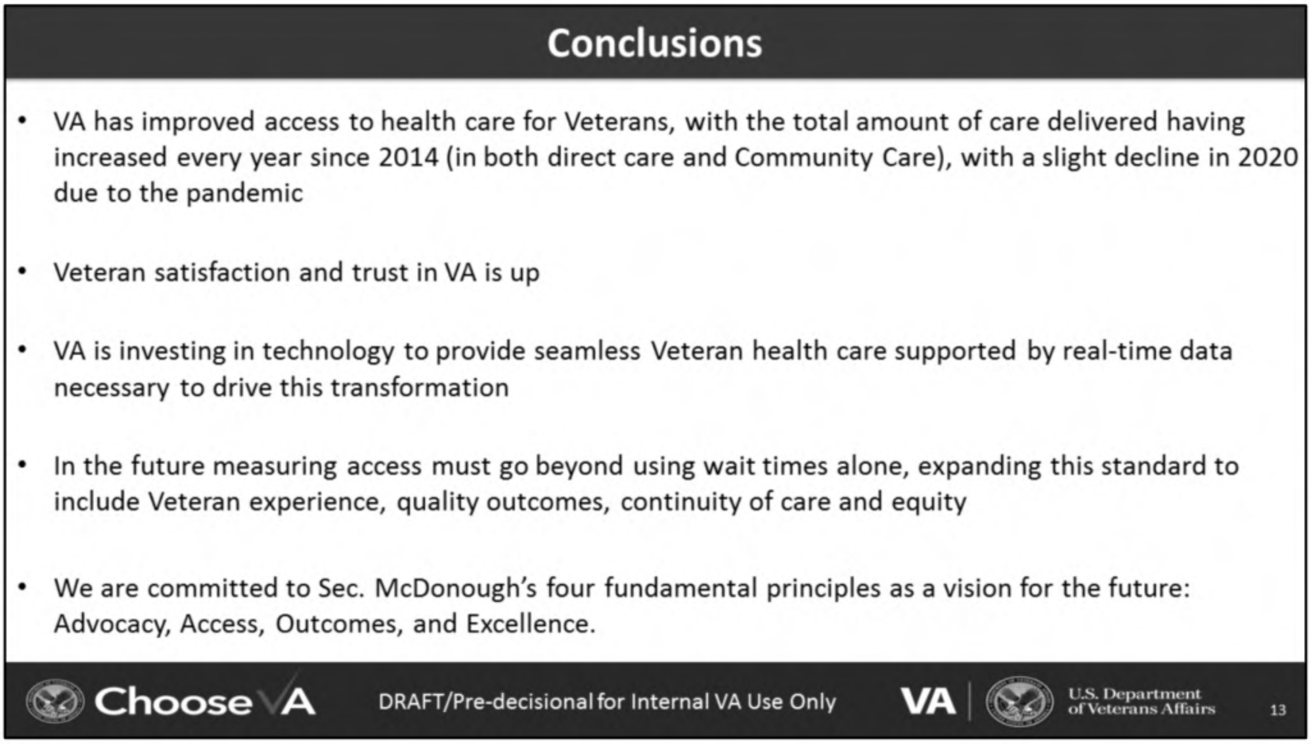
Scheduling Metrics (as of July 15, 2021):

- # of Referrals Sent to TPAs: 277,013
- # of Referrals Accepted by TPAs: 271,089
- # of Appointments Scheduled: 210,633
- # of Referrals Returned: 45,550



Additional Notable Updates/Topics

- Referral coordination initiative
  - Nationally, referral coordination teams are 85% in place
  - Early adopters show improved scheduling timeliness and having meaningful conversations with Veterans about their eligibility
- RCI Scheduling Pilots
- National consult stand-down kicked off early July to focus on any referrals that may have been deferred during the pandemic
- Update on implementation of new Community Care wait time metric



Conclusions

- VA has improved access to health care for Veterans, with the total amount of care delivered having increased every year since 2014 (in both direct care and Community Care), with a slight decline in 2020 due to the pandemic

- Veteran satisfaction and trust in VA is up

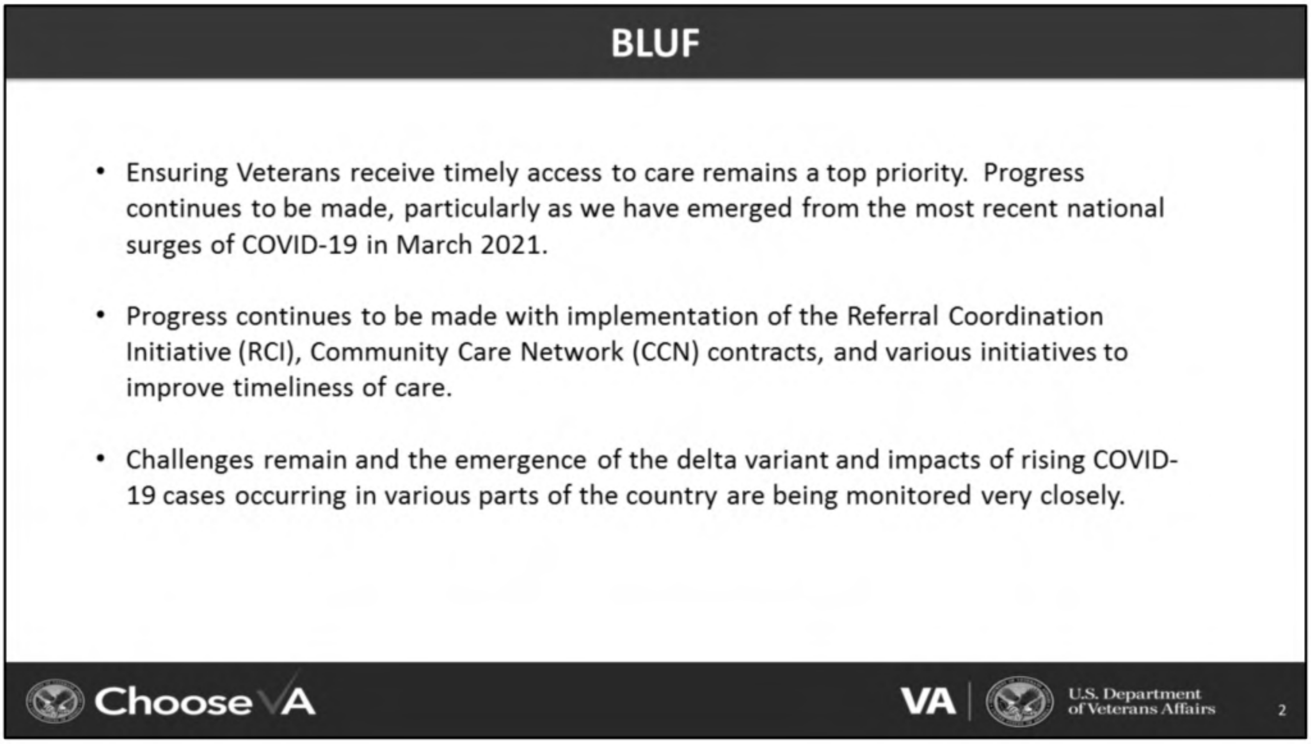
- VA is investing in technology to provide seamless Veteran health care supported by real-time data necessary to drive this transformation

- In the future measuring access must go beyond using wait times alone, expanding this standard to include Veteran experience, quality outcomes, continuity of care and equity

- We are committed to Sec. McDonough's four fundamental principles as a vision for the future: Advocacy, Access, Outcomes, and Excellence.

VHA Access Update

July 22, 2021



BLUF

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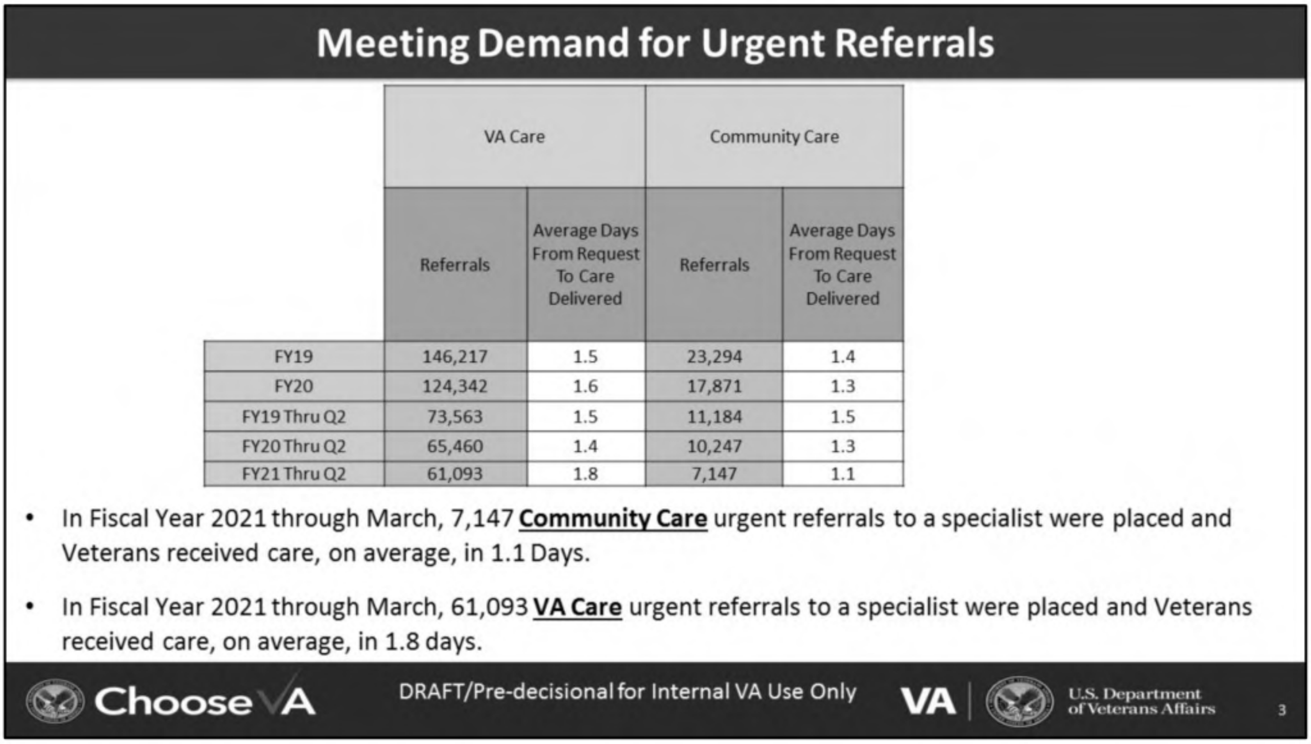

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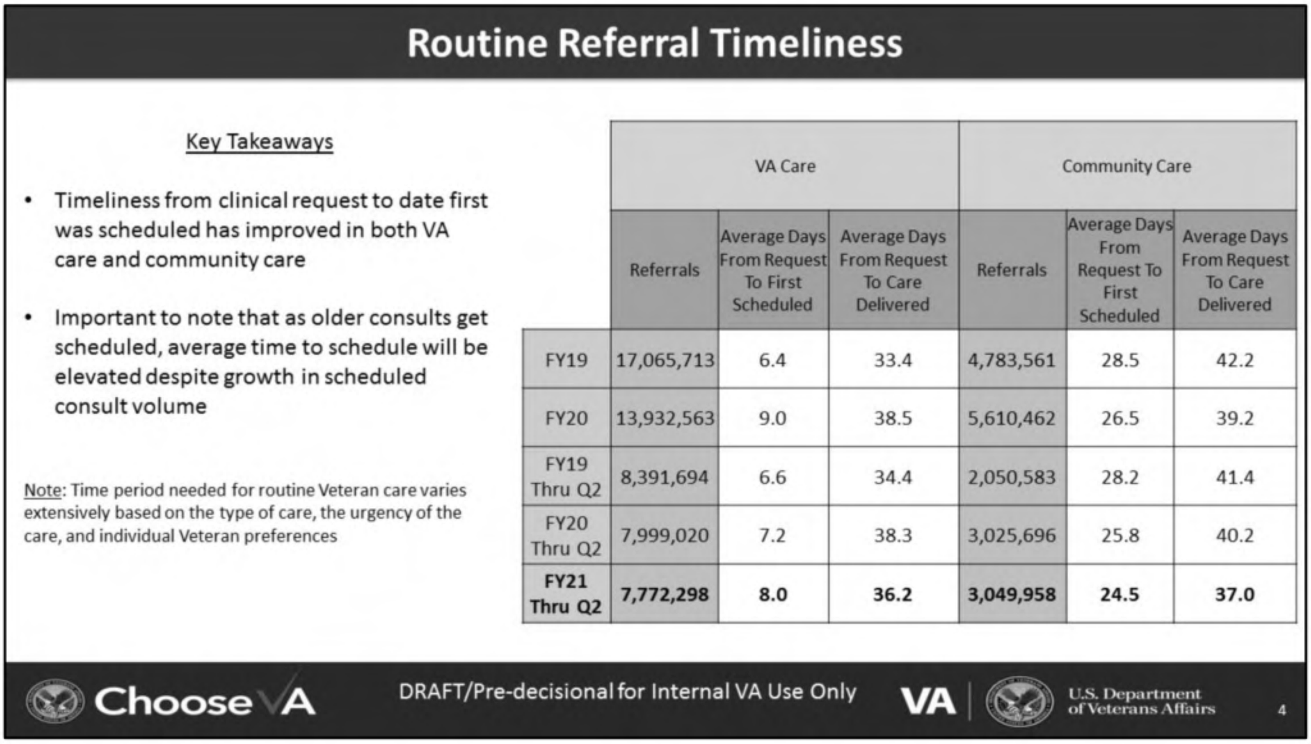

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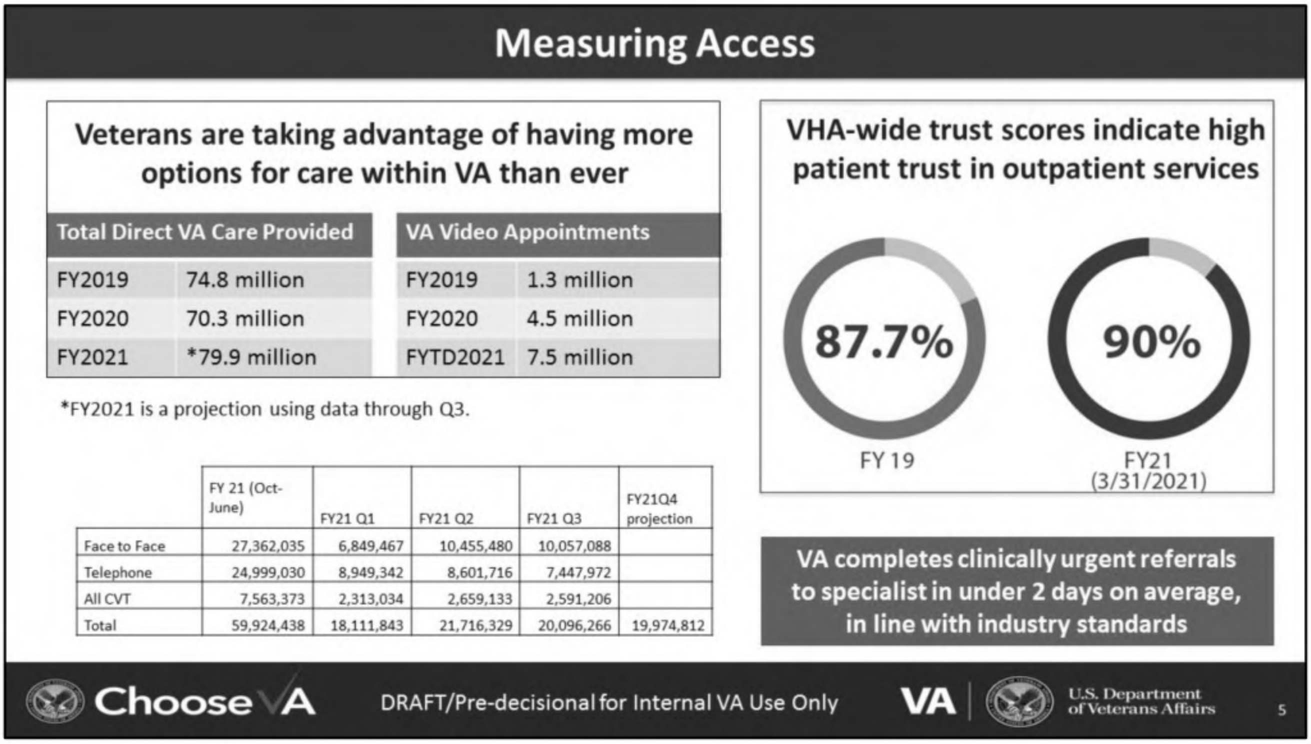

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FY 19

90%
FY21
(3/31/2021)

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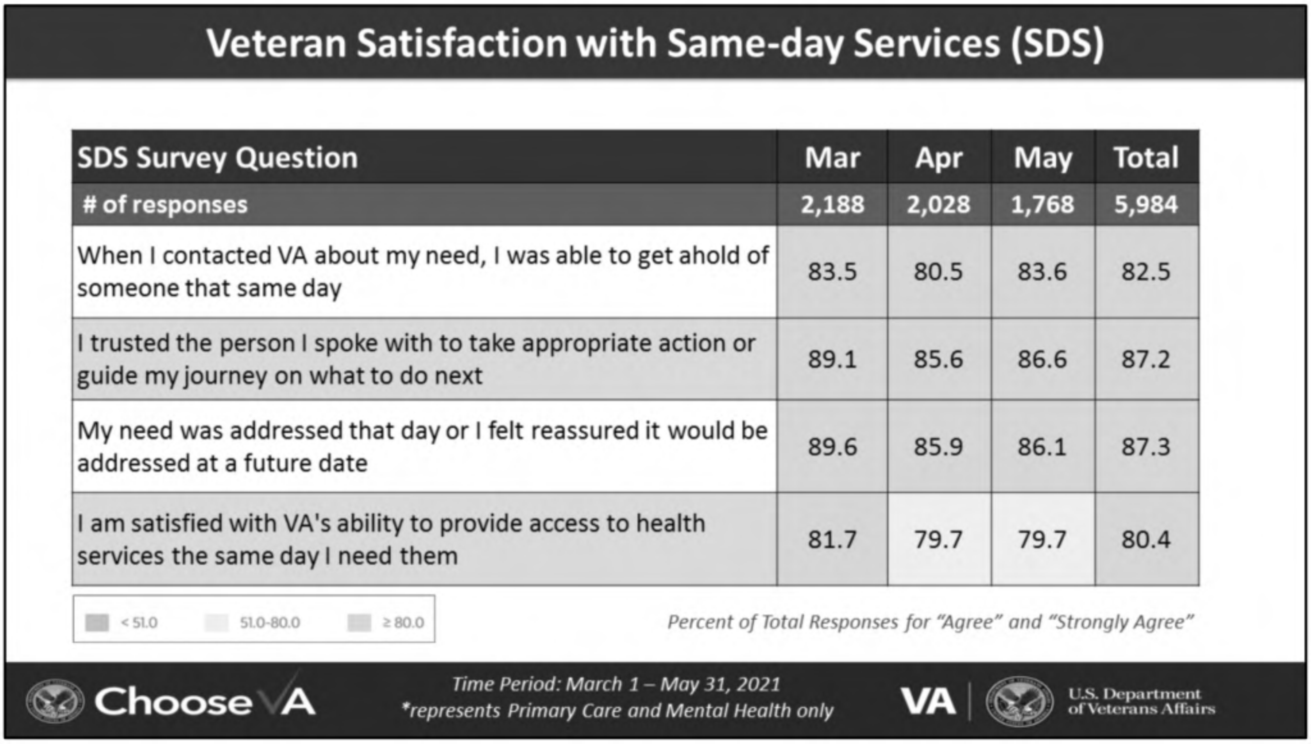

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I trusted the person I spoke with to take appropriate action or guide my journey on what to do next	89.1	85.6	86.6	87.2
My need was addressed that day or I felt reassured it would be addressed at a future date	89.6	85.9	86.1	87.3
I am satisfied with VA's ability to provide access to health services the same day I need them	81.7	79.7	79.7	80.4

■ < 51.0 □ 51.0-80.0 ▨ ≥ 80.0

Percent of Total Responses for "Agree" and "Strongly Agree"

Choose VA

Time Period: March 1 – May 31, 2021
**represents Primary Care and Mental Health only*

VA | U.S. Department of Veterans Affairs

VA Health Connect Overview

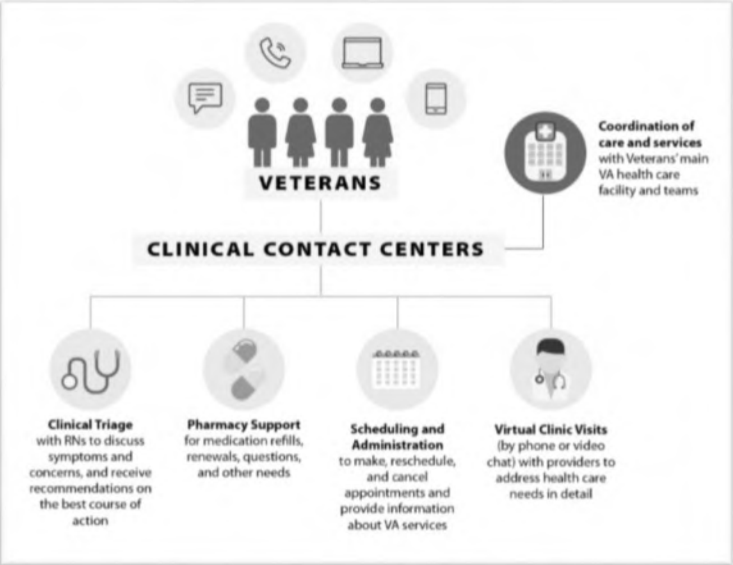
- COVID-19 highlighted the need for timely and safe access to health care, including an increased reliance on virtual care modalities
- VHA rapidly adapted to unprecedented health care challenges at the start of the pandemic and saw an increase in virtual care visits to Veterans by over 1800%
- Clinical Contact Center Modernization (CCCM) (VA Health Connect) further expands on VHA's virtual care delivery, enhances Veteran-centric and coordinated health care and seeks to improve Veterans’ experiences with virtual care delivery
- Clinical Contact Centers (CCCs) are supported by a transformed technology infrastructure, enabling standardization across the enterprise to deliver urgent/routine care and improving the Veteran experience

VA Health Connect & The Veteran Experience

Convenience and Ease of Use
Veterans receive immediate clinical and administrative support to meet low-acuity needs without having to leave their home or work

Standardized Access Across VA
Built on the same IT infrastructure and managed at the enterprise level to ensure Veterans have a consistent experience and VA has access to more reliable data

Flexibility in Care
Provide Veterans with care options beyond the physical clinic when that is important to them or in the event of national emergencies, pandemics or natural disasters



VETERANS

Coordination of care and services with Veterans' main VA health care facility and teams

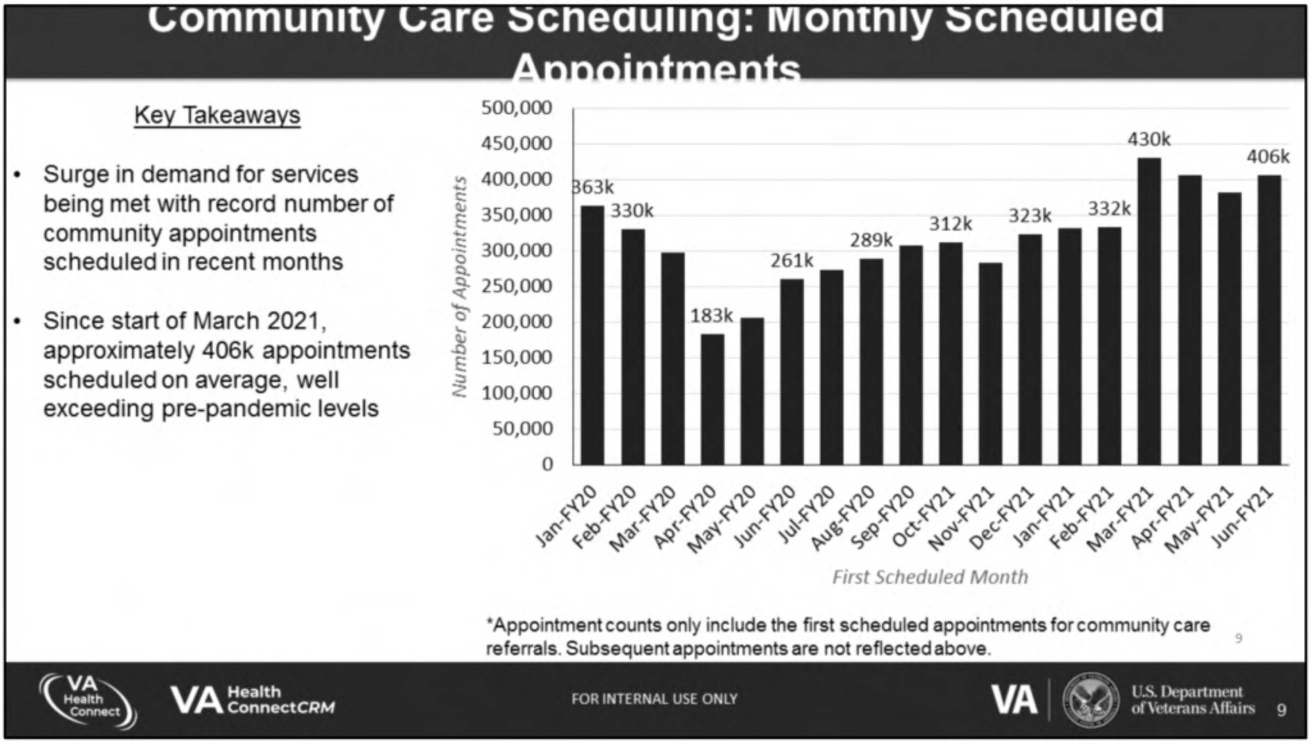
CLINICAL CONTACT CENTERS

Clinical Triage with RNs to discuss symptoms and concerns, and receive recommendations on the best course of action

Pharmacy Support for medication refills, renewals, questions, and other needs

Scheduling and Administration to make, reschedule, and cancel appointments and provide information about VA services

Virtual Clinic Visits (by phone or video chat) with providers to address health care needs in detail

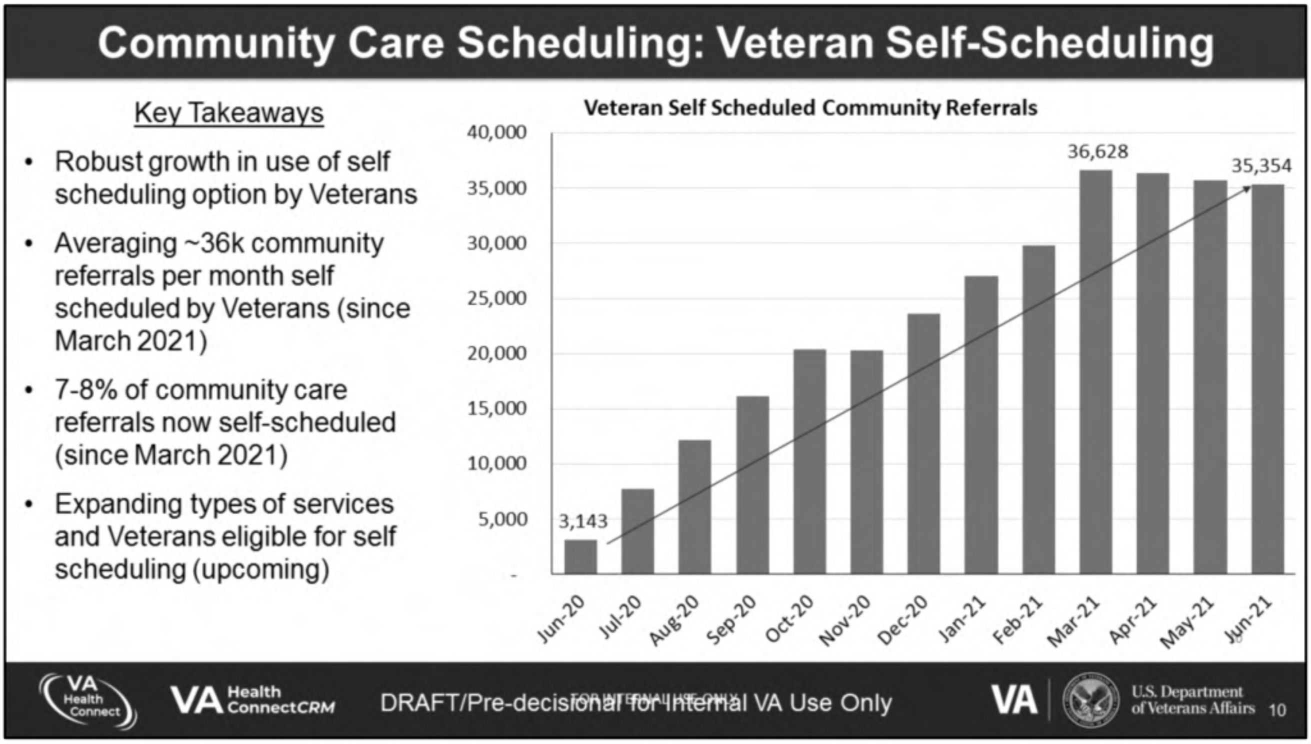


Community Care Scheduling: Monthly Scheduled Appointments

Key Takeaways

- Surge in demand for services being met with record number of community appointments scheduled in recent months
- Since start of March 2021, approximately 406k appointments scheduled on average, well exceeding pre-pandemic levels

*Appointment counts only include the first scheduled appointments for community care referrals. Subsequent appointments are not reflected above.



Community Care Scheduling: Veteran Self-Scheduling

Key Takeaways

- Robust growth in use of self scheduling option by Veterans
- Averaging ~36k community referrals per month self scheduled by Veterans (since March 2021)
- 7-8% of community care referrals now self-scheduled (since March 2021)
- Expanding types of services and Veterans eligible for self scheduling (upcoming)

Veteran Self Scheduled Community Referrals

40,000
35,000
30,000
25,000
20,000
15,000
10,000
5,000
-
3,143
36,628
35,354
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20
Jan-21
Feb-21
Mar-21
Apr-21
May-21
Jun-21
VA Health Connect
VA Health ConnectCRM
VA
U.S. Department of Veterans Affairs

DRAFT/Pre-decisional for Internal VA Use Only

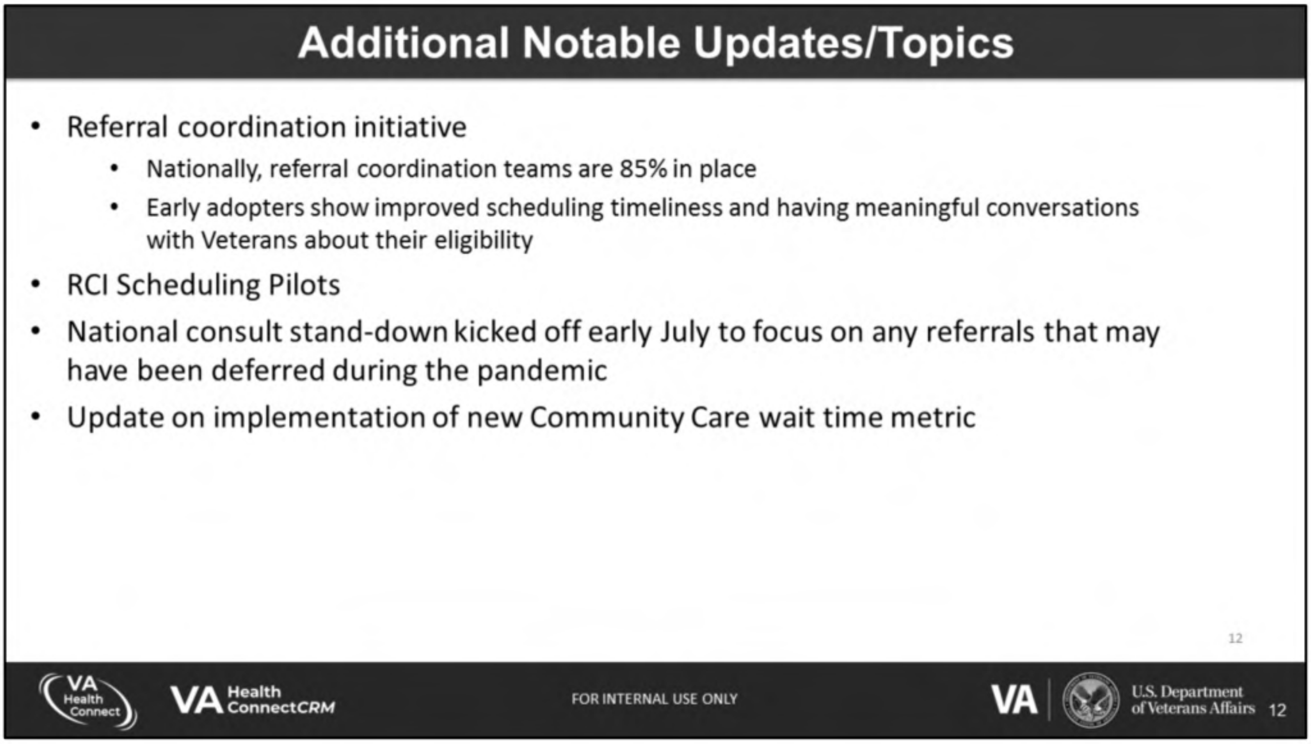
FOR INTERNAL USE ONLY

Community Care Scheduling: Contractor Support

VA, Optum, and TriWest have been working closely together to make improvements, continued monitoring and quality assurance is in process, and planning is in development for continued support to be provided for VAMCs that need the assistance in FY22

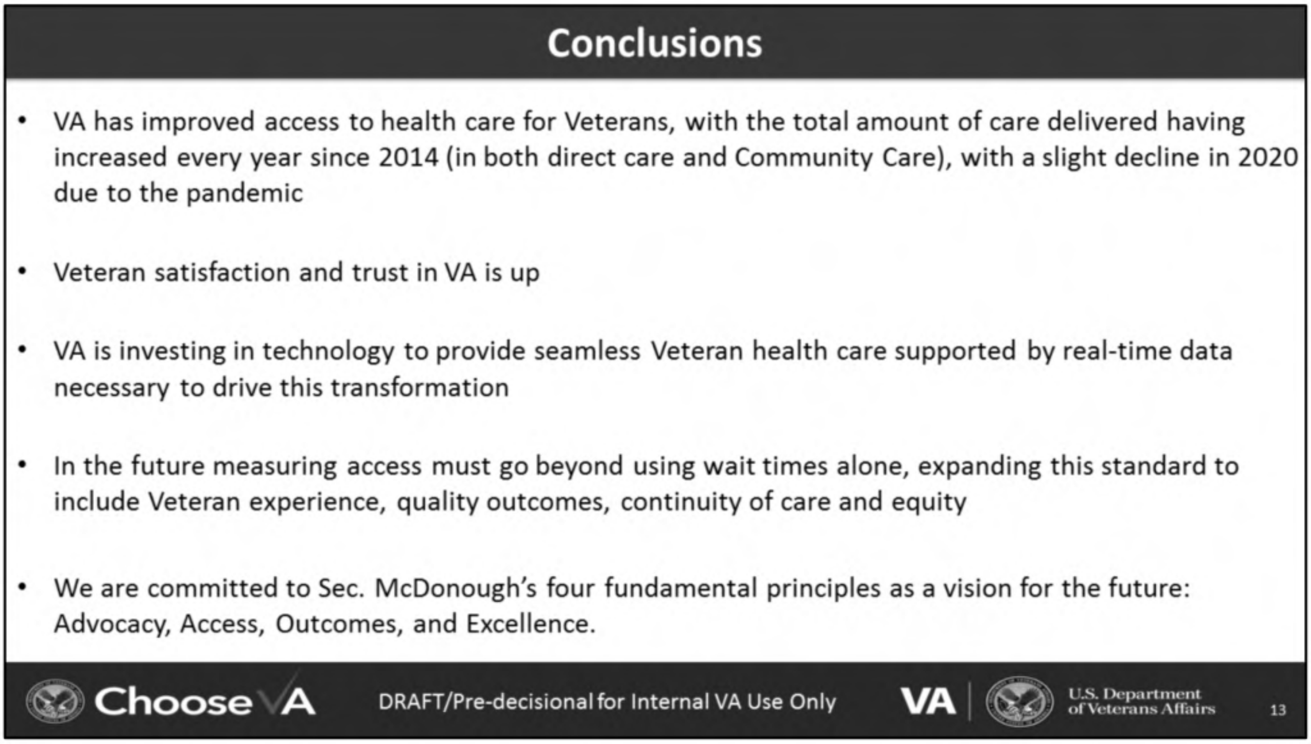
Scheduling Metrics (as of July 15, 2021):

- # of Referrals Sent to TPAs: 277,013
- # of Referrals Accepted by TPAs: 271,089
- # of Appointments Scheduled: 210,633
- # of Referrals Returned: 45,550



Additional Notable Updates/Topics

- Referral coordination initiative
    - Nationally, referral coordination teams are 85% in place
    - Early adopters show improved scheduling timeliness and having meaningful conversations with Veterans about their eligibility
- RCI Scheduling Pilots
- National consult stand-down kicked off early July to focus on any referrals that may have been deferred during the pandemic
- Update on implementation of new Community Care wait time metric



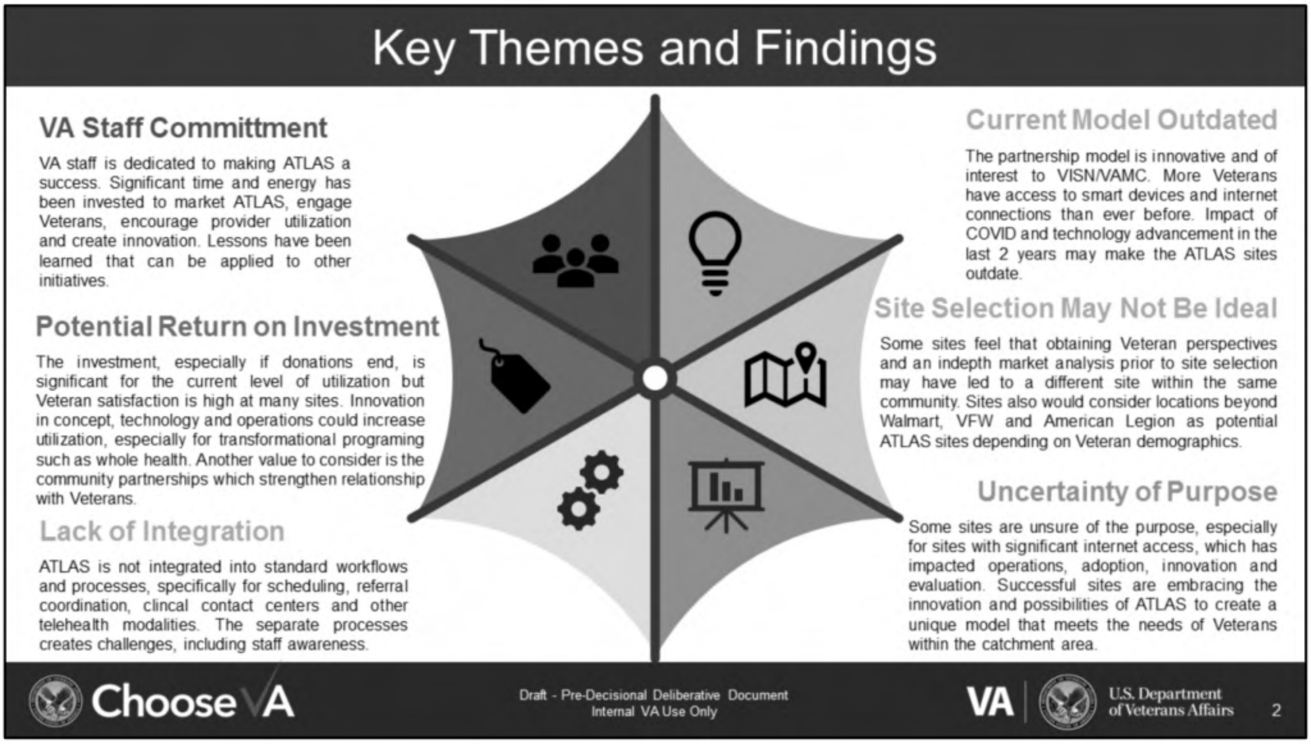
Conclusions

- VA has improved access to health care for Veterans, with the total amount of care delivered having increased every year since 2014 (in both direct care and Community Care), with a slight decline in 2020 due to the pandemic
- Veteran satisfaction and trust in VA is up
- VA is investing in technology to provide seamless Veteran health care supported by real-time data necessary to drive this transformation
- In the future measuring access must go beyond using wait times alone, expanding this standard to include Veteran experience, quality outcomes, continuity of care and equity
- We are committed to Sec. McDonough's four fundamental principles as a vision for the future: Advocacy, Access, Outcomes, and Excellence.

VETERANS HEALTH ADMINISTRATION

ATLAS Executive Steering Committee: Senior Leadership Interview Key Findings

July 2021



Key Themes and Findings

VA Staff Committment

VA staff is dedicated to making ATLAS a success. Significant time and energy has been invested to market ATLAS, engage Veterans, encourage provider utilization and create innovation. Lessons have been learned that can be applied to other initiatives.

Potential Return on Investment

The investment, especially if donations end, is significant for the current level of utilization but Veteran satisfaction is high at many sites. Innovation in concept, technology and operations could increase utilization, especially for transformational programing such as whole health. Another value to consider is the community partnerships which strengthen relationship with Veterans.

Lack of Integration

ATLAS is not integrated into standard workflows and processes, specifically for scheduling, referral coordination, clincal contact centers and other telehealth modalities. The separate processes creates challenges, including staff awareness.

Current Model Outdated

The partnership model is innovative and of interest to VISN/VAMC. More Veterans have access to smart devices and internet connections than ever before. Impact of COVID and technology advancement in the last 2 years may make the ATLAS sites outdate.

Site Selection May Not Be Ideal

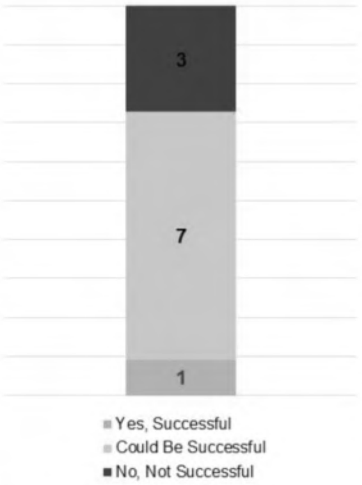
Some sites feel that obtaining Veteran perspectives and an indepth market analysis prior to site selection may have led to a different site within the same community. Sites also would consider locations beyond Walmart, VFW and American Legion as potential ATLAS sites depending on Veteran demographics.

Uncertainty of Purpose

Some sites are unsure of the purpose, especially for sites with significant internet access, which has impacted operations, adoption, innovation and evaluation. Successful sites are embracing the innovation and possibilities of ATLAS to create a unique model that meets the needs of Veterans within the catchment area.

How do you feel your ATLAS site is performing?

BLUF: Most sites said that they have maximized utilization
Opinions differed on whether sites thought the investment justified continuation of ATLAS



Interview Status:
- 11 out of the 11 sites have been interviewed
- 11 out of the 11 sites were scheduled for interviews

Rational for "Yes, Successful":
- With minimal marketing and provider engagement, Veterans and providers have embraced the site and Veteran satisfaction is very high

Rational for "Could Be Successful":
- Unsure how to measure success
- Positive Veteran feedback but like can not increase utilization any further
- Investment feels like it is a lot based on the low utilization
- Need to consider revising the pilot due to low utilization, but not to discontinue ATLAS services
- Too early in the pilot to gauge success, need to continue to invest in marketing
- Received the utilization expected for the location

Rational for "No, Not Successful"
- Does not provide any benefits over other telehealth modalities
- The technology is hard to maintain and use
- Geographic area does not lack internet connection nor is underserved
- Providers and Veterans do not want to use due to many challenges
- Execution was poor initially and did not improve

What are the current costs to running ATLAS location?

Current Point of View:

- With partnerships in place, low-cost modality that could increase Veteran satisfaction with VA care

Concerns about Future Costs:

- The return-on-investment erodes as the donations expire and direct costs increase for VA

Direct Costs

- Technology (currently donated) with limited additional planned donation
- Space (currently donated)
- High speed internet connection to VSO site (currently donated, but VSO grants might be ending)
- Attendant (currently donated)

Indirect Costs

- Several partial FTEs – FTC, MSA, PAO, Nursing manager, Outreach staff
- Commander Post time in outreach and communication
- VA staff travel to ATLAS site – outreach, understanding, Congressional visits
- ATLAS VACO program staff
- Time to maintenance/service the equipment
- Marketing expenses

What are your thoughts on the concept of ATLAS?

Can the Site Be Moved?

Given limited success of current location and limited market analysis prior to implementation, should moving locations be considered (to a different catchment area or a different location within the same catchment area)? Before moving, sites need to understand the market analysis, business plan, problem statement, value proposition and target Veteran population of ATLAS to ensure the best location is selected.

Would it work better with a different Veteran population?

ATLAS is appealing to Veterans who do not want to leave their hometown for VA care. Would it be better suited to a college campus where students have limited time to commute to a VA facility? Is it better suited for a justice building to target justice related interventions for Veterans? Are County Services Offices or medical strip-malls better locations?

Engagement of Service Chiefs

Actively engage service chiefs through daily reminders at huddles, videos, etc. is necessary to integrate ATLAS as a site of care. ALTAS needs to be considered another point of care for all providers when seeing Veterans from the catchment area.

What Benefit Does it Add?

Some Veterans don't like the ATLAS sites. Some providers don't like the ATLAS modality. Both populations feel there are better alteratives which are easier and meet the same needs of Veterans.

Needs diagnostic and treatment supports

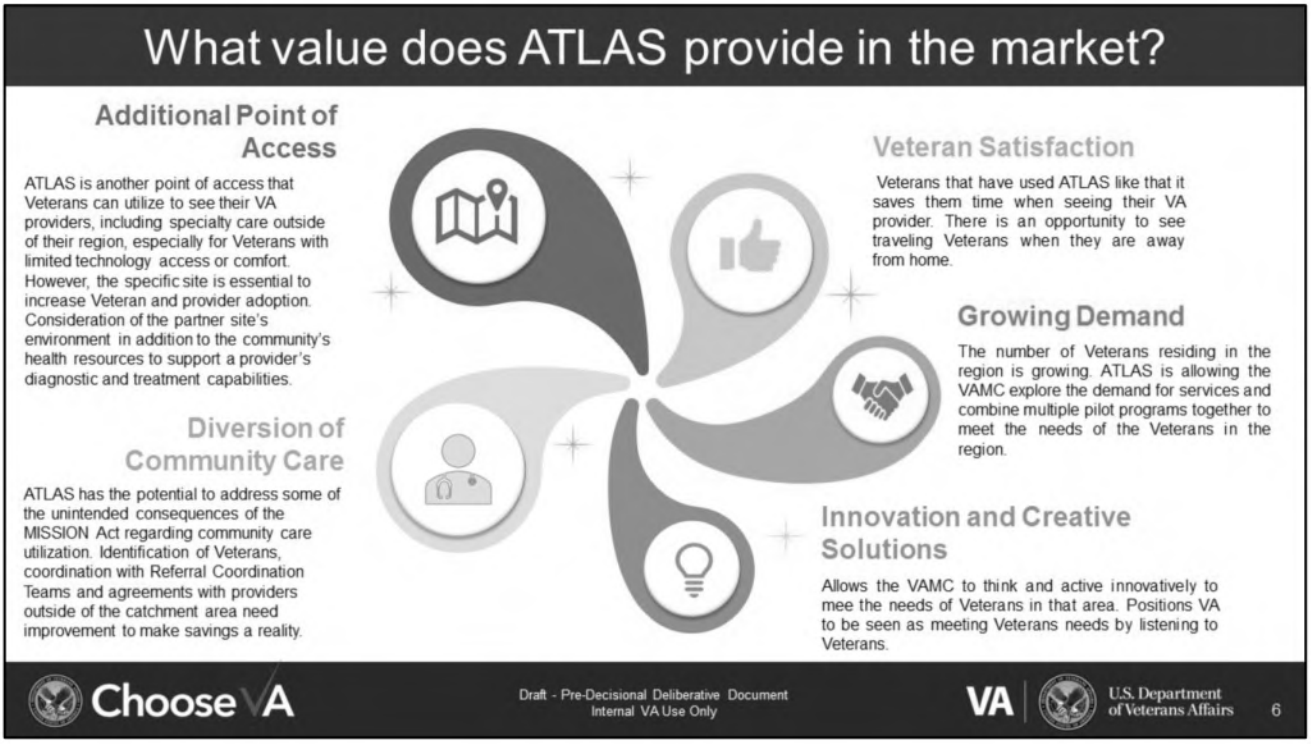
From the provider perspective, there are limited advantages over other VVC modalities. Providing a list of services available to a provider at the location or in the community could be helpful but having the VA staff assist with vitals and emergencies may be critical to provider adoption.

Combining with other Pilots/Services

Thinking creative to overcome barriers and limitations of ATLAS pods and locations by combining resources, pilots and services to provide the holistic approach within a single geographic area. Examples include: partnering with pharmacies for urgent/emergent prescriptions, regular utilization of mobile clinics/vans to support ATLAS, partnering with VBA for enrollment, eligibility and hearings.

Site Selection Involvement

VISN and VAMC staff need to be involved in the site selection process for both geographic region and physical location. Veteran preference for the type of facility hosting the ATLAS site should be taken into consideration.



What value does ATLAS provide in the market?

Additional Point of Access

ATLAS is another point of access that Veterans can utilize to see their VA providers, including specialty care outside of their region, especially for Veterans with limited technology access or comfort. However, the specific site is essential to increase Veteran and provider adoption. Consideration of the partner site's environment in addition to the community's health resources to support a provider's diagnostic and treatment capabilities.

Diversion of Community Care

ATLAS has the potential to address some of the unintended consequences of the MISSION Act regarding community care utilization. Identification of Veterans, coordination with Referral Coordination Teams and agreements with providers outside of the catchment area need improvement to make savings a reality.

Veteran Satisfaction

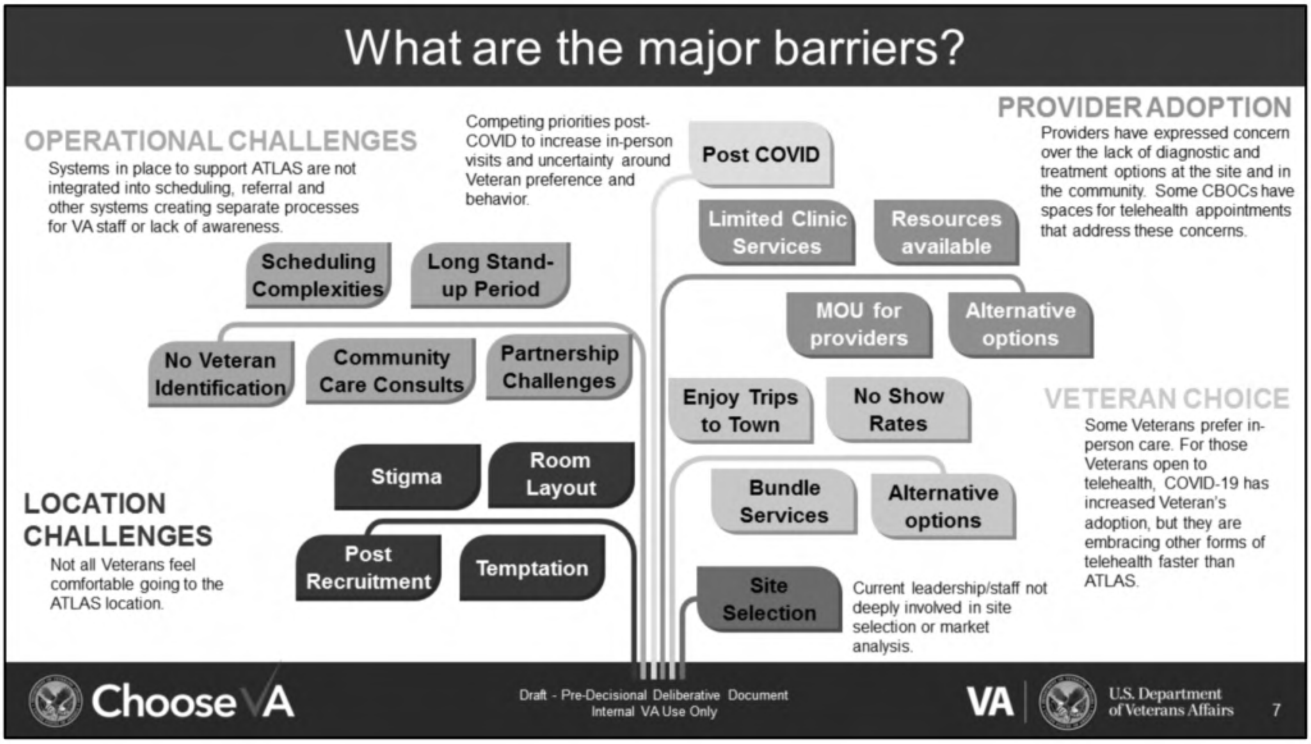
Veterans that have used ATLAS like that it saves them time when seeing their VA provider. There is an opportunity to see traveling Veterans when they are away from home.

Growing Demand

The number of Veterans residing in the region is growing. ATLAS is allowing the VAMC explore the demand for services and combine multiple pilot programs together to meet the needs of the Veterans in the region.

Innovation and Creative Solutions

Allows the VAMC to think and active innovatively to mee the needs of Veterans in that area. Positions VA to be seen as meeting Veterans needs by listening to Veterans.



What are the major barriers?

OPERATIONAL CHALLENGES

Systems in place to support ATLAS are not integrated into scheduling, referral and other systems creating separate processes for VA staff or lack of awareness.

Scheduling Complexities
Long Stand-up Period
No Veteran Identification
Community Care Consults
Partnership Challenges

Competing priorities post-COVID to increase in-person visits and uncertainty around Veteran preference and behavior.

Post COVID

PROVIDER ADOPTION

Providers have expressed concern over the lack of diagnostic and treatment options at the site and in the community. Some CBOCs have spaces for telehealth appointments that address these concerns.

Limited Clinic Services
Resources available
MOU for providers
Alternative options

VETERAN CHOICE

Some Veterans prefer in-person care. For those Veterans open to telehealth, COVID-19 has increased Veteran's adoption, but they are embracing other forms of telehealth faster than ATLAS.

Enjoy Trips to Town
No Show Rates
Bundle Services
Alternative options

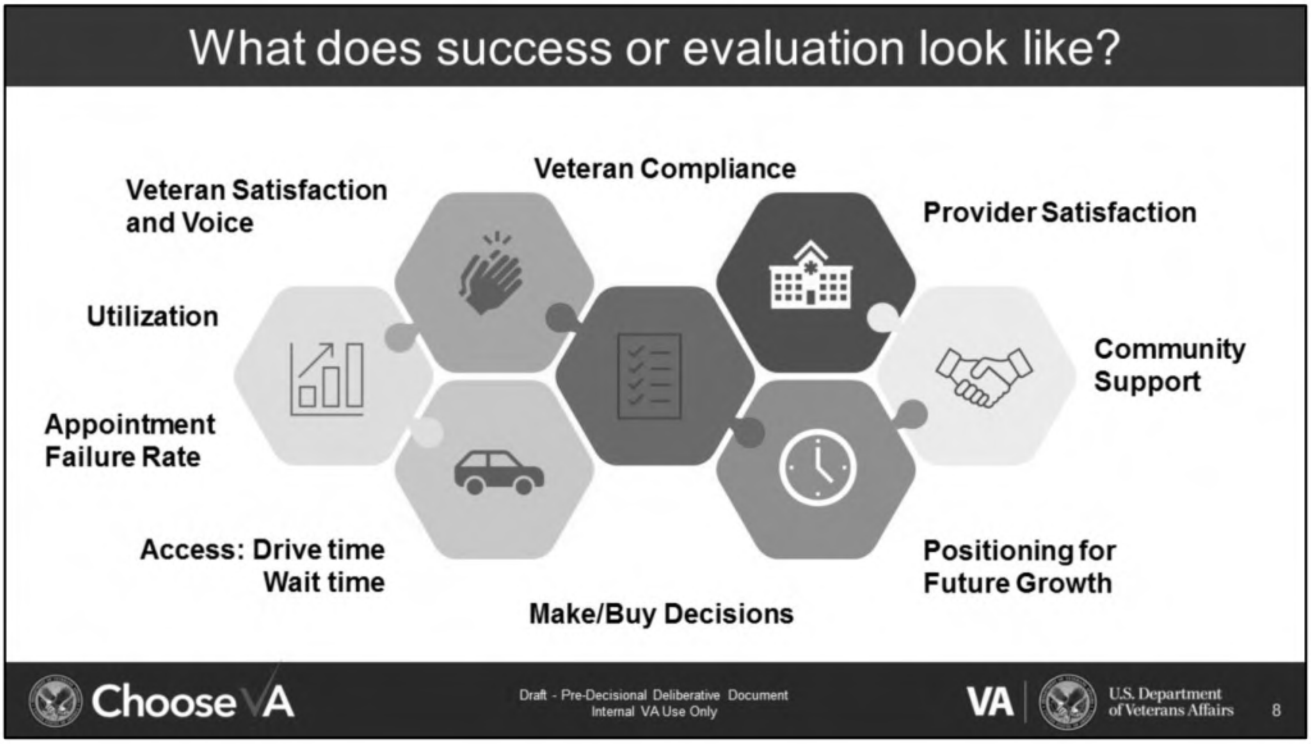
LOCATION CHALLENGES

Not all Veterans feel comfortable going to the ATLAS location.

Stigma
Room Layout
Post Recruitment
Temptation
Site Selection

Current leadership/staff not deeply involved in site selection or market analysis.

OI&T support in future
Market Challenges - National marketing



What does success or evaluation look like?

Veteran Satisfaction and Voice

Utilization

Appointment Failure Rate

Access: Drive time
Wait time

Veteran Compliance

Make/Buy Decisions

Provider Satisfaction

Community Support

Positioning for Future Growth

Choose VA

Draft - Pre-Decisional Deliberative Document
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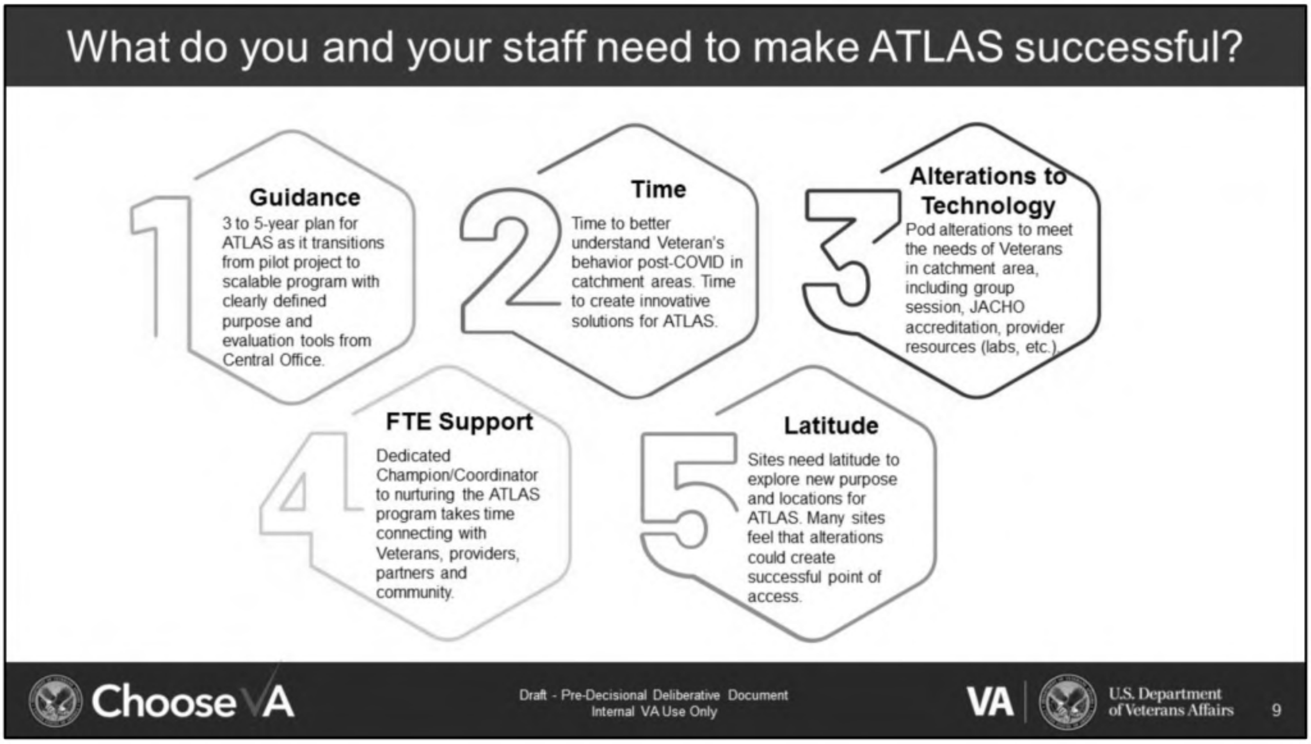


What do you and your staff need to make ATLAS successful?

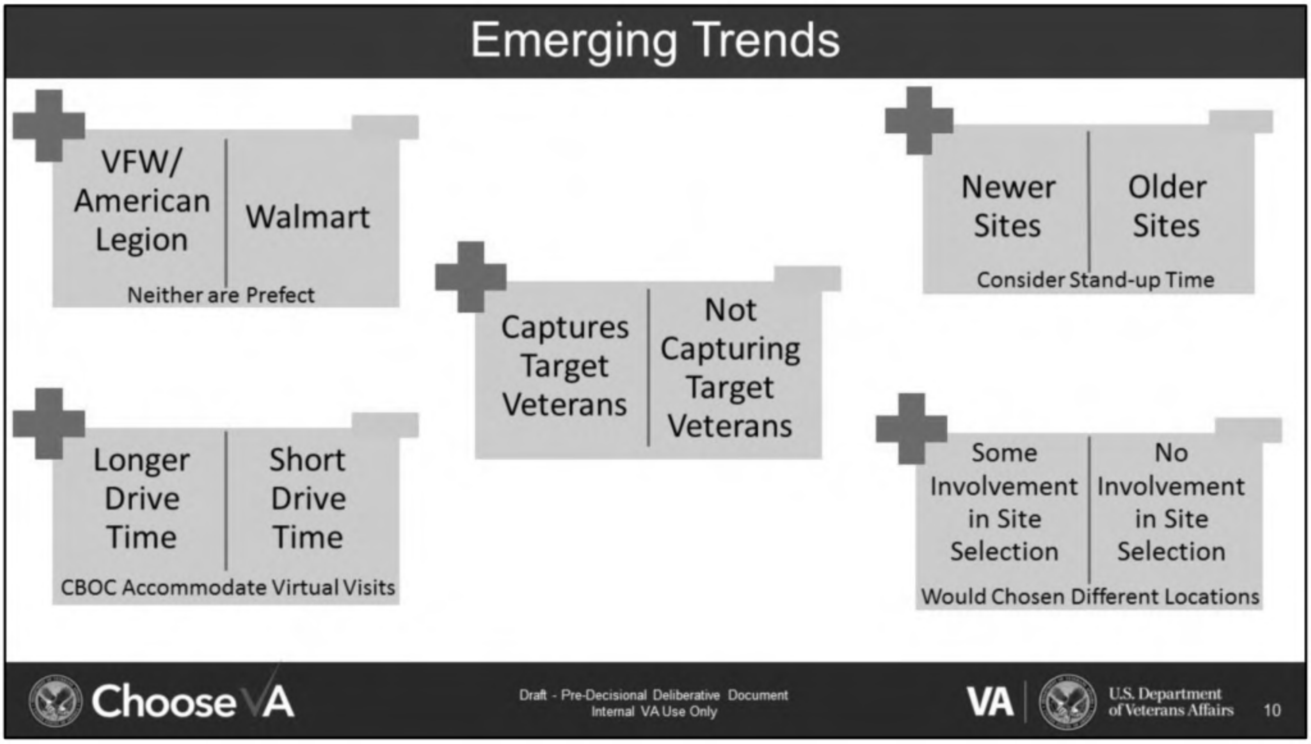
1 **Guidance**
3 to 5-year plan for ATLAS as it transitions from pilot project to scalable program with clearly defined purpose and evaluation tools from Central Office.

2 **Time**
Time to better understand Veteran's behavior post-COVID in catchment areas. Time to create innovative solutions for ATLAS.

3 **Alterations to Technology**
Pod alterations to meet the needs of Veterans in catchment area, including group session, JACHO accreditation, provider resources (labs, etc.).

4 **FTE Support**
Dedicated Champion/Coordinator to nurturing the ATLAS program takes time connecting with Veterans, providers, partners and community.

5 **Latitude**
Sites need latitude to explore new purpose and locations for ATLAS. Many sites feel that alterations could create successful point of access.



Emerging Trends

VFW/ American Legion | Walmart

Neither are Prefect

Longer Drive Time | Short Drive Time

CBOC Accommodate Virtual Visits

Captures Target Veterans | Not Capturing Target Veterans

Newer Sites | Older Sites

Consider Stand-up Time

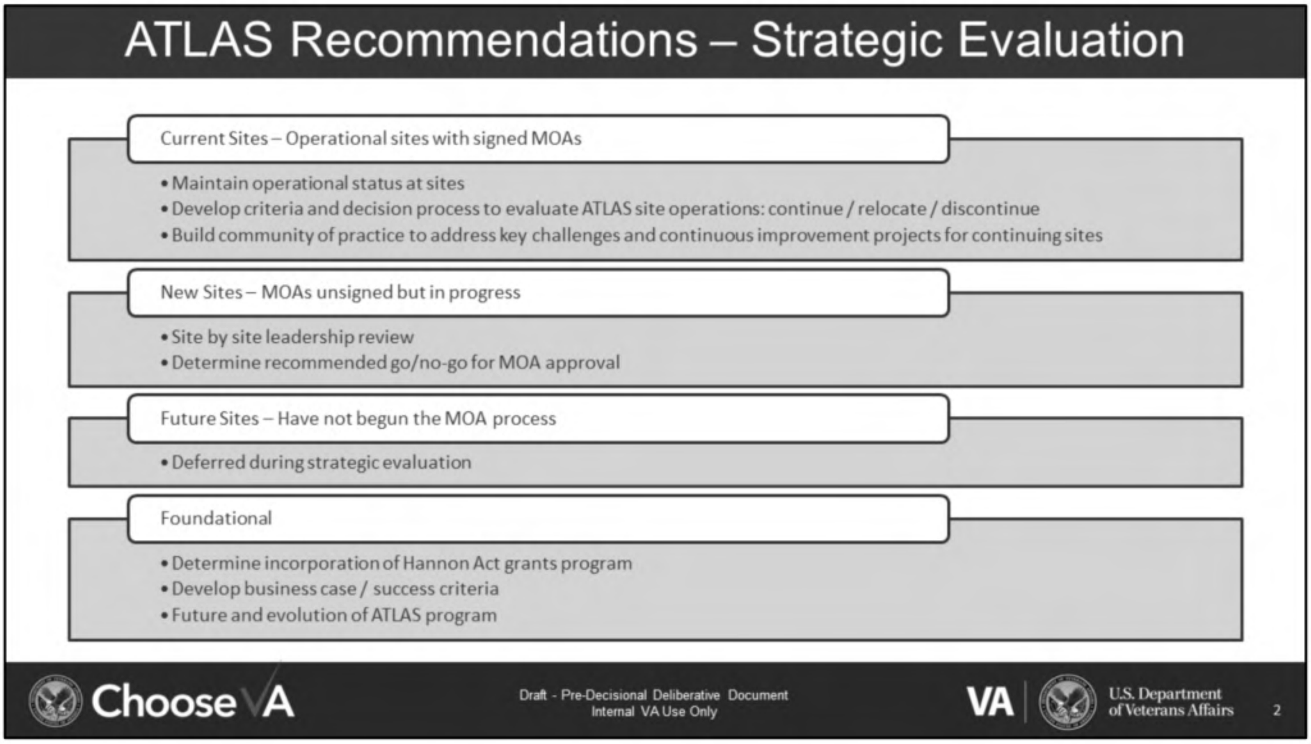
Some Involvement in Site Selection | No Involvement in Site Selection

Would Chosen Different Locations

VETERANS HEALTH ADMINISTRATION

ATLAS Executive Steering Committee: Workgroups and Action Planning

July 2021



ATLAS Recommendations – Strategic Evaluation

Current Sites – Operational sites with signed MOAs

- Maintain operational status at sites
- Develop criteria and decision process to evaluate ATLAS site operations: continue / relocate / discontinue
- Build community of practice to address key challenges and continuous improvement projects for continuing sites

New Sites – MOAs unsigned but in progress

- Site by site leadership review
- Determine recommended go/no-go for MOA approval

Future Sites – Have not begun the MOA process

- Deferred during strategic evaluation

Foundational

- Determine incorporation of Hannon Act grants program
- Develop business case / success criteria
- Future and evolution of ATLAS program

Choose VA

Draft - Pre-Decisional Deliberative Document
Internal VA Use Only

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ATLAS Recommendations - continued

To accomplish the Strategic Review

ATLAS Workgroup

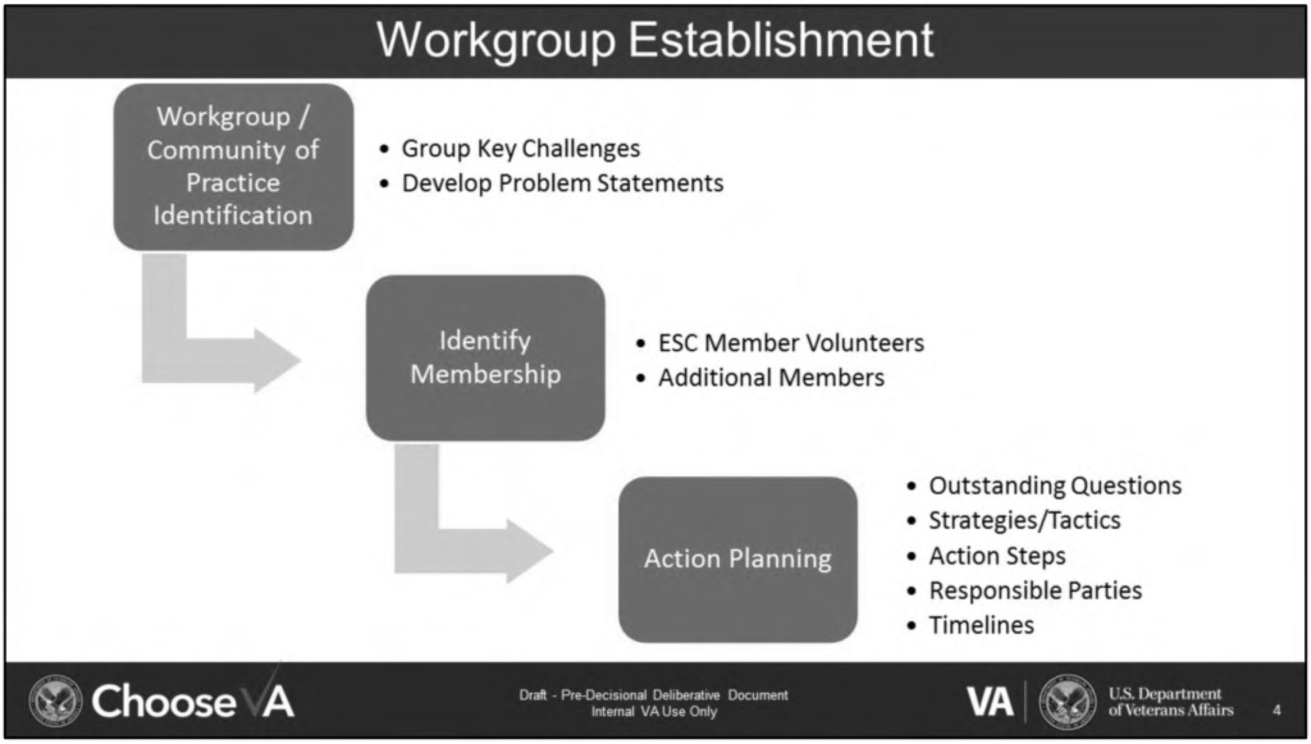
- Combination of existing and new site representatives with ATLAS program staff
- Develop success criteria and decision processes for evaluation to continue/relocate/discontinue existing sites

ATLAS MOA Site Review Team

- ATLAS ESC co-leads, ATLAS program leadership
- Conduct site by site reviews to determine go/no-go of sites with MOAs in progress
- Develop criteria for future site approvals

ATLAS Community of Practice

- ATLAS champions, telehealth coordinators, strategic planners, providers, VSOs?
- Internal & External Awareness Building
- Address key challenges and evolution of the model
- Process improvement projects



Workgroup Establishment

Workgroup / Community of Practice Identification

- Group Key Challenges
- Develop Problem Statements

Identify Membership

- ESC Member Volunteers
- Additional Members

Action Planning

- Outstanding Questions
- Strategies/Tactics
- Action Steps
- Responsible Parties
- Timelines

Choose VA

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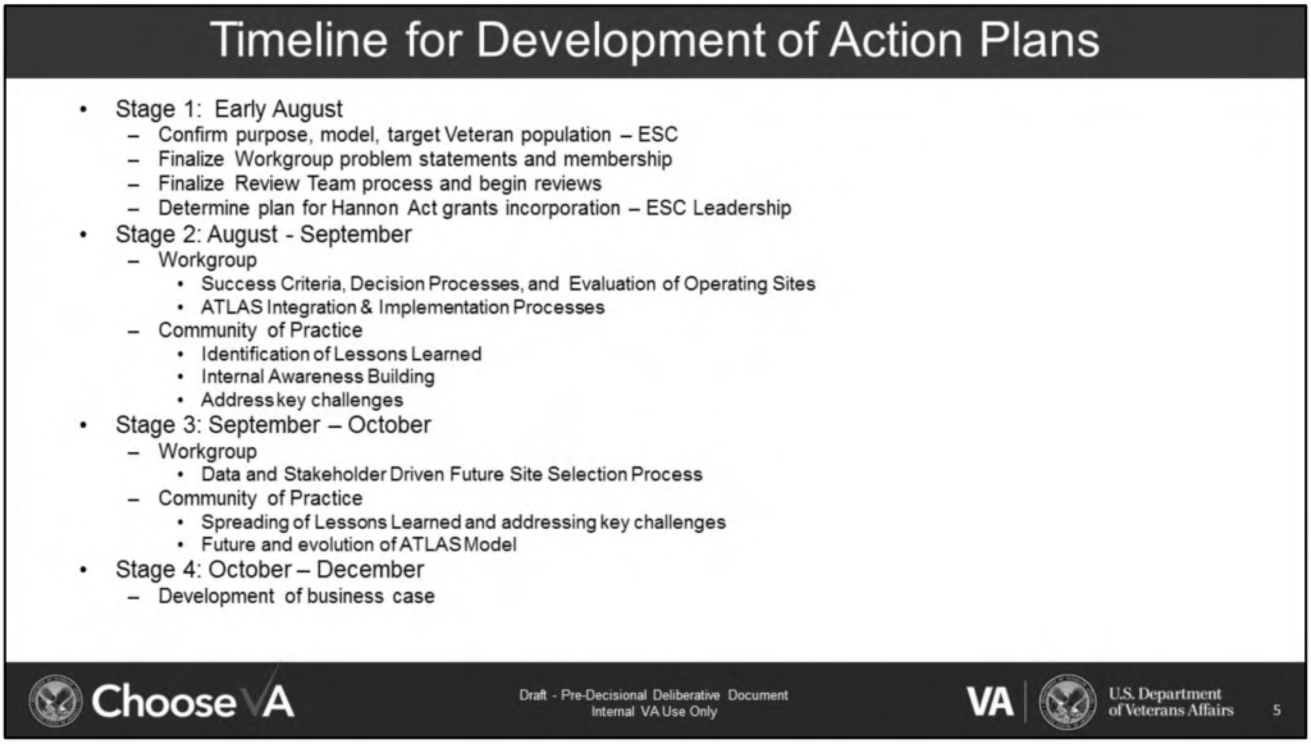


Timeline for Development of Action Plans

- Stage 1: Early August
  - Confirm purpose, model, target Veteran population – ESC
  - Finalize Workgroup problem statements and membership
  - Finalize Review Team process and begin reviews
  - Determine plan for Hannon Act grants incorporation – ESC Leadership
- Stage 2: August - September
  - Workgroup
    - Success Criteria, Decision Processes, and Evaluation of Operating Sites
    - ATLAS Integration & Implementation Processes
  - Community of Practice
    - Identification of Lessons Learned
    - Internal Awareness Building
    - Address key challenges
- Stage 3: September – October
  - Workgroup
    - Data and Stakeholder Driven Future Site Selection Process
  - Community of Practice
    - Spreading of Lessons Learned and addressing key challenges
    - Future and evolution of ATLAS Model
- Stage 4: October – December
  - Development of business case

Reconfirm Model, Purpose, Target Veteran

Purpose

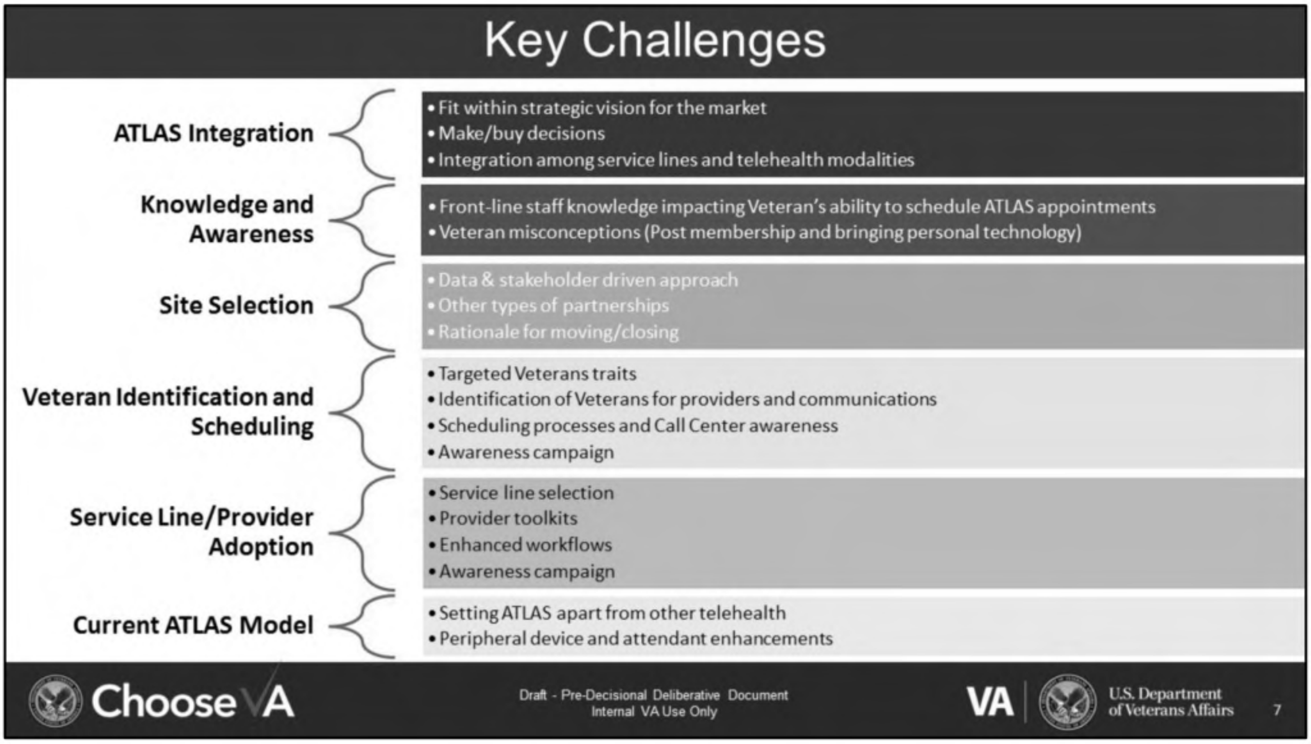
- To enhance accessibility of VA health care and help bridge digital divide by establishing comfortable, private locations in communities where Veterans often have long travel times to VA facilities or poor connectivity at home.

Model

- Telehealth equipment in non-VA facilities without VA support staff. Site does not have to be TJC accredited.
- Question: Site equipment primarily or exclusively used for VHA appointments?
- Question: Does VA need to investment in equipment/partnership?
- Question: Type of community facility?

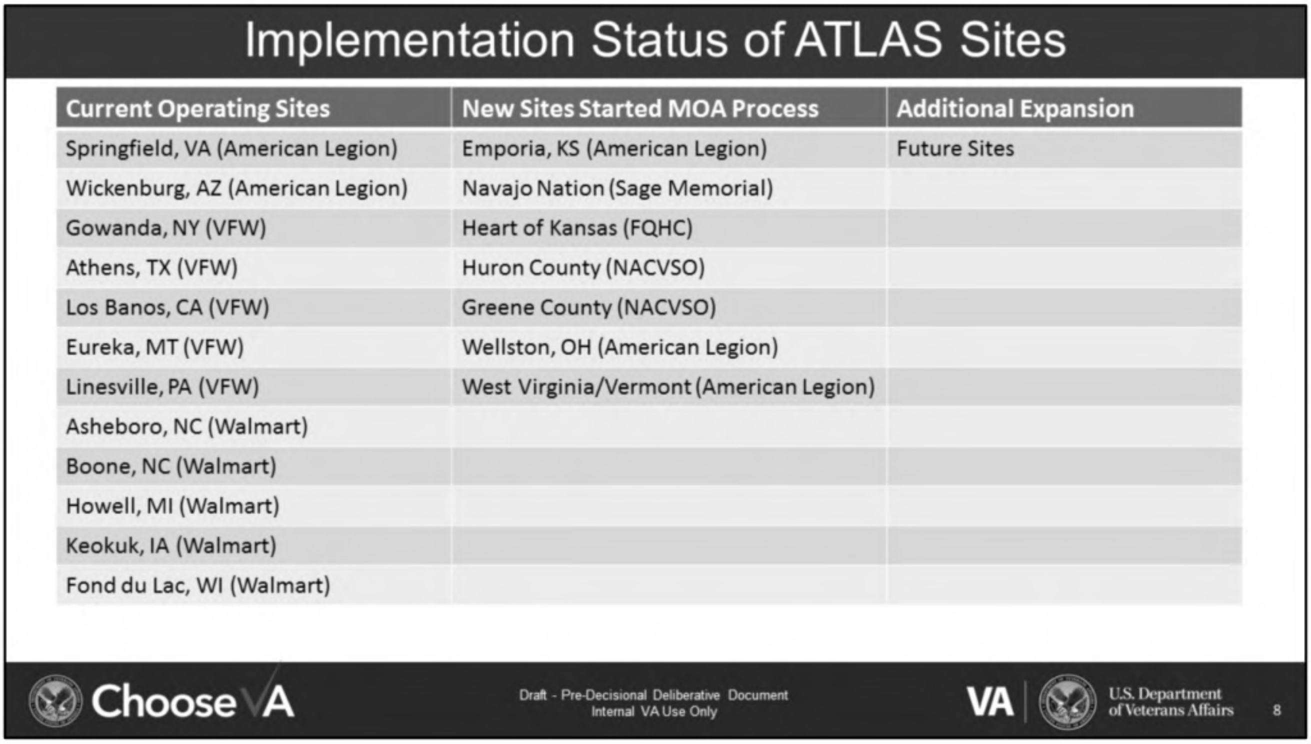
Target Veteran

- Long travel times to VA facilities, including limited transportation
- Limited connectivity within the region in homes
- Inadequate privacy for other telehealth modalities
- Long wait times for VA direct care or high reliance on community care



Key Challenges

ATLAS Integration	• Fit within strategic vision for the market • Make/buy decisions • Integration among service lines and telehealth modalities
Knowledge and Awareness	• Front-line staff knowledge impacting Veteran's ability to schedule ATLAS appointments • Veteran misconceptions (Post membership and bringing personal technology)
Site Selection	• Data & stakeholder driven approach • Other types of partnerships • Rationale for moving/closing
Veteran Identification and Scheduling	• Targeted Veterans traits • Identification of Veterans for providers and communications • Scheduling processes and Call Center awareness • Awareness campaign
Service Line/Provider Adoption	• Service line selection • Provider toolkits • Enhanced workflows • Awareness campaign
Current ATLAS Model	• Setting ATLAS apart from other telehealth • Peripheral device and attendant enhancements

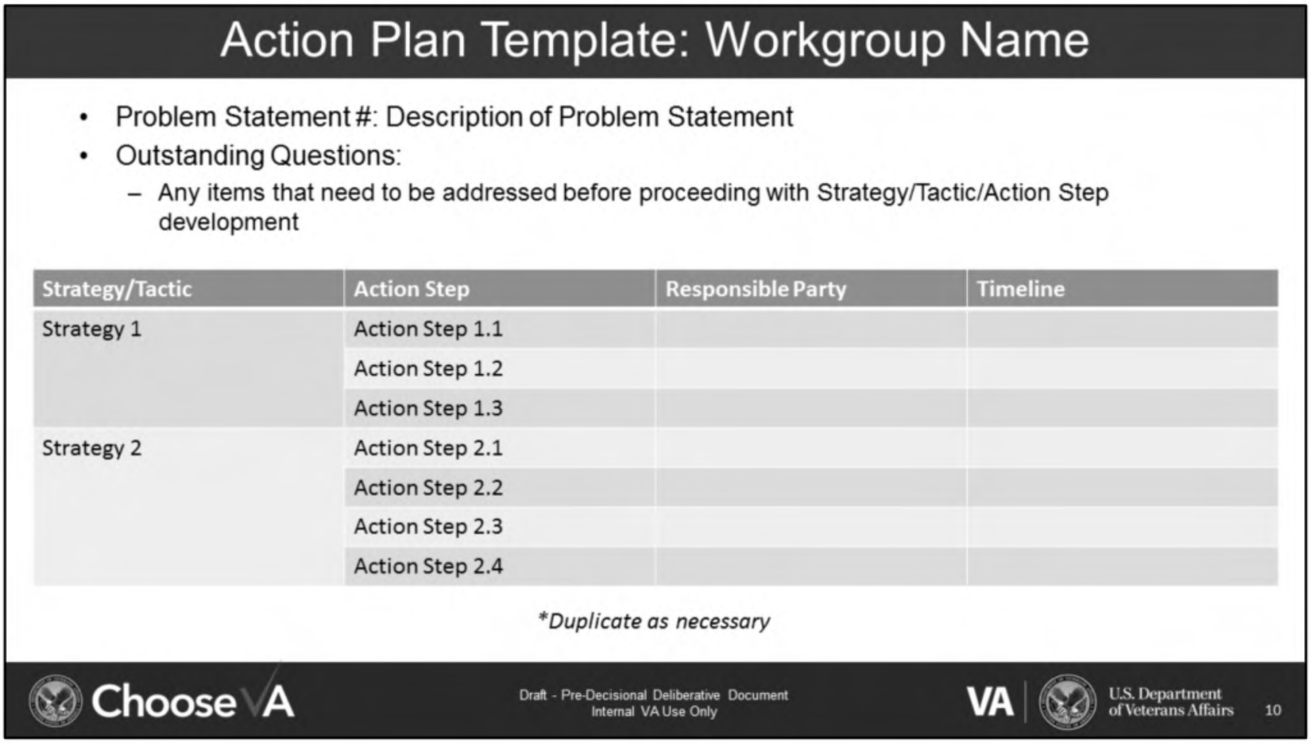


Implementation Status of ATLAS Sites

Current Operating Sites	New Sites Started MOA Process	Additional Expansion
Springfield, VA (American Legion)	Emporia, KS (American Legion)	Future Sites
Wickenburg, AZ (American Legion)	Navajo Nation (Sage Memorial)	
Gowanda, NY (VFW)	Heart of Kansas (FQHC)	
Athens, TX (VFW)	Huron County (NACVSO)	
Los Banos, CA (VFW)	Greene County (NACVSO)	
Eureka, MT (VFW)	Wellston, OH (American Legion)	
Linesville, PA (VFW)	West Virginia/Vermont (American Legion)	
Asheboro, NC (Walmart)		
Boone, NC (Walmart)		
Howell, MI (Walmart)		
Keokuk, IA (Walmart)		
Fond du Lac, WI (Walmart)		

Proposed Problem Statements

- Internal Awareness Building
  - Frontline staff, including contact centers and main telephone operators, do not have knowledge of ATLAS or the scheduling process
  - Limited Provider adoption of ATLAS
- ATLAS Integration & Implementation Processes
  - Unsure of strategic vision within markets
  - Unsure which service lines are best adapted to ATLAS
  - Inconsistent implementation roll-out and efforts not consistent with establishing other new sites of care
  - Lack of understanding about how ATLAS is different than other telehealth modalities
  - Cumbersome workflows for scheduling, identifying Veterans and other processes
- Evaluation of Operating Sites
  - Lacking formalized evaluation metrics and criteria (including data sources)
  - No methodology for measuring site efforts and documenting rationale for moving or closing a site
- Data and Stakeholder Driven Site Selection Process
  - Current sites may not capture targeted Veterans as expected based on available data
  - Stakeholders expressed desired for improved engagement
- Future of ATLAS Model
  - Evolution of ATLAS regarding peripheral device and attendants (and other aspect of the model)

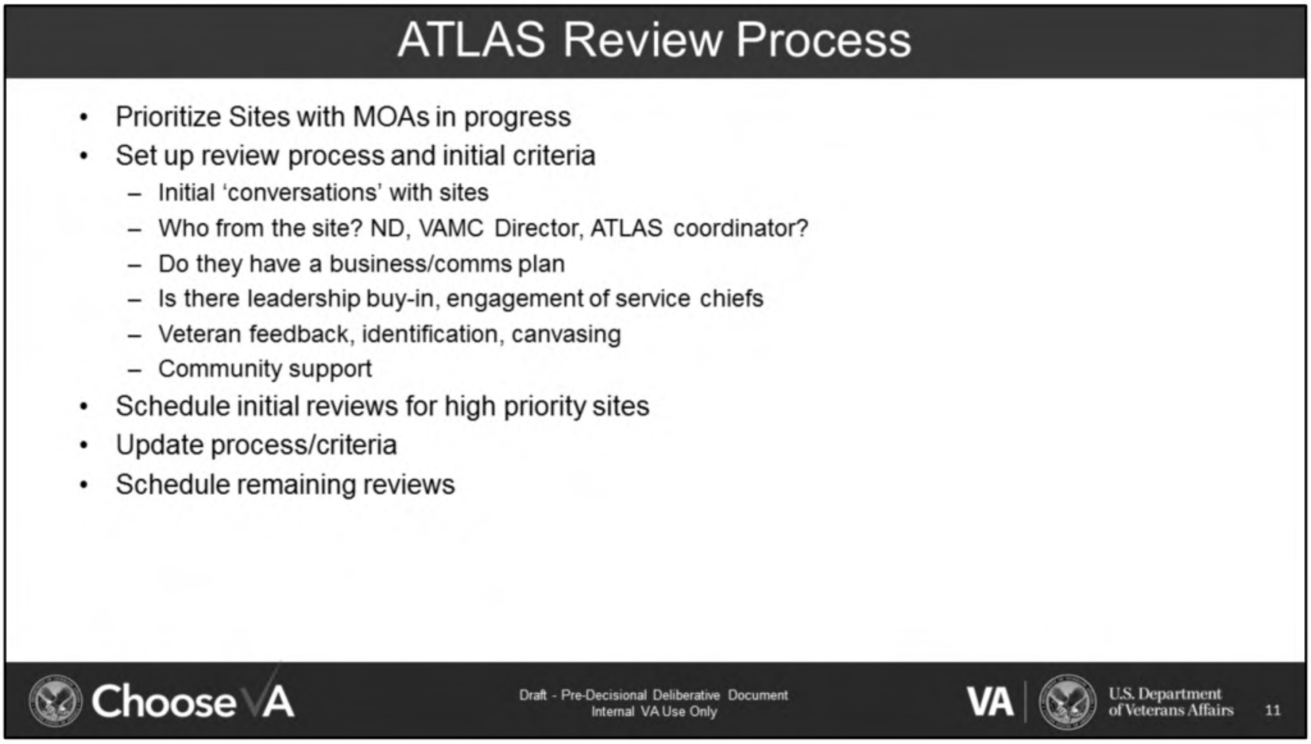


Action Plan Template: Workgroup Name

- Problem Statement #: Description of Problem Statement
- Outstanding Questions:
  - Any items that need to be addressed before proceeding with Strategy/Tactic/Action Step development

Strategy/Tactic	Action Step	Responsible Party	Timeline
Strategy 1	Action Step 1.1		
	Action Step 1.2		
	Action Step 1.3		
Strategy 2	Action Step 2.1		
	Action Step 2.2		
	Action Step 2.3		
	Action Step 2.4		

**Duplicate as necessary*



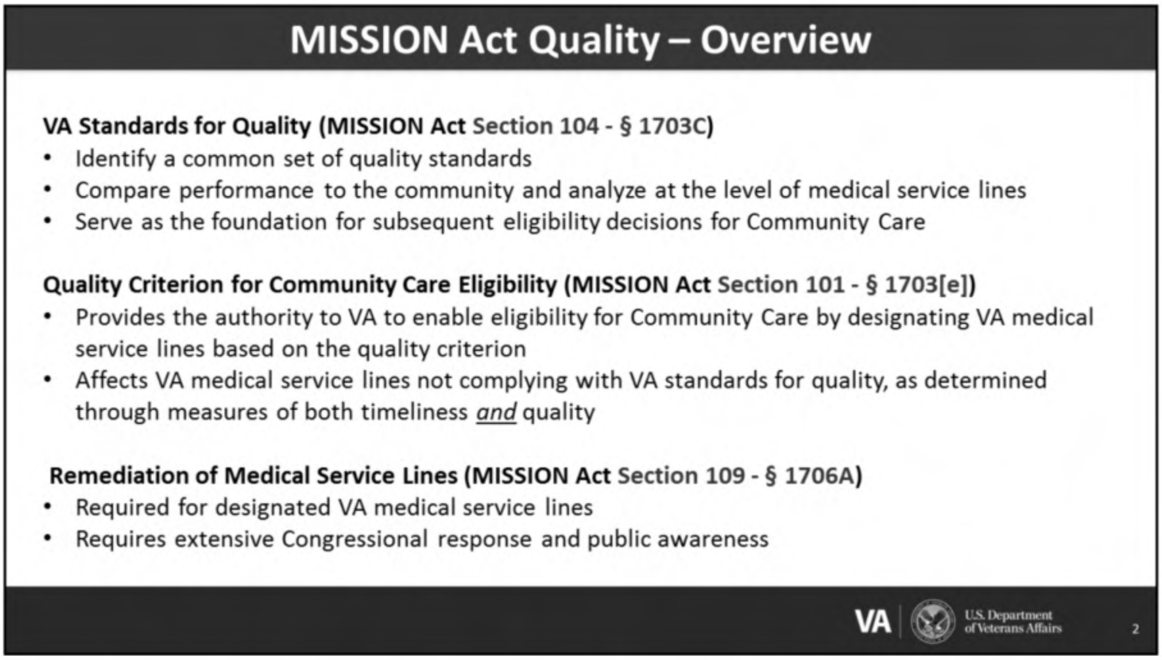
ATLAS Review Process

- Prioritize Sites with MOAs in progress
- Set up review process and initial criteria
  - Initial ‘conversations’ with sites
  - Who from the site? ND, VAMC Director, ATLAS coordinator?
  - Do they have a business/comms plan
  - Is there leadership buy-in, engagement of service chiefs
  - Veteran feedback, identification, canvasing
  - Community support
- Schedule initial reviews for high priority sites
- Update process/criteria
- Schedule remaining reviews

MISSION Act Quality Standards and Related Activities

VHA Office of Quality and Patient Safety (QPS)
September 1, 2021

VA
U.S. Department
of Veterans Affairs



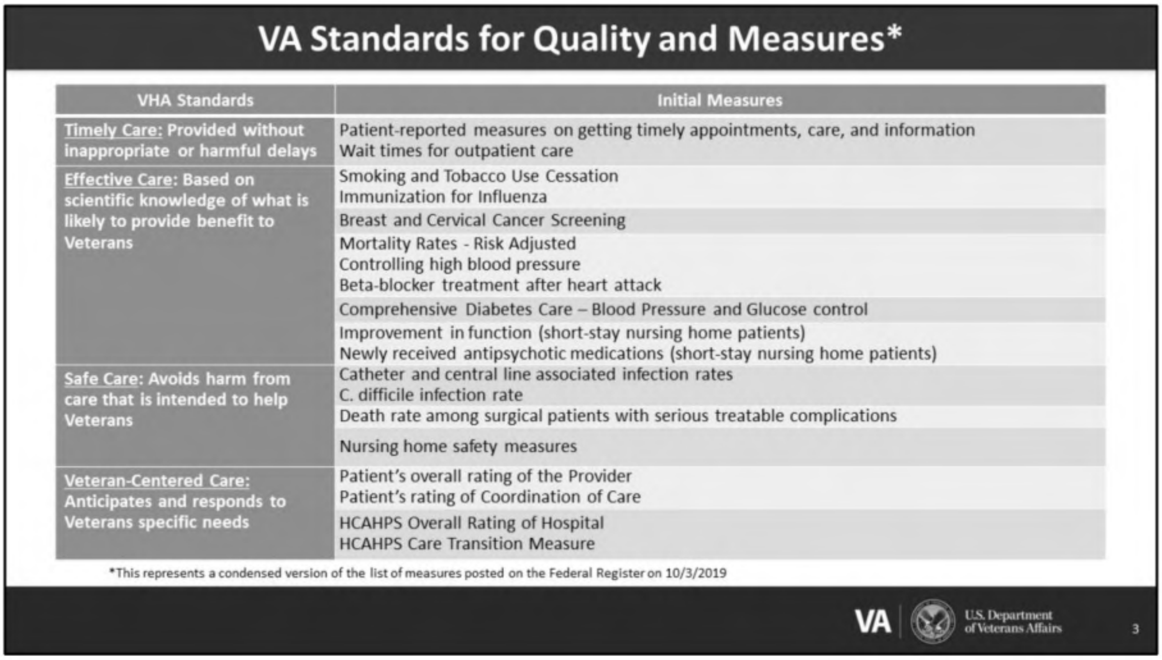
MISSION Act Quality – Overview

VA Standards for Quality (MISSION Act Section 104 - § 1703C**)**
- Identify a common set of quality standards
- Compare performance to the community and analyze at the level of medical service lines
- Serve as the foundation for subsequent eligibility decisions for Community Care

Quality Criterion for Community Care Eligibility (MISSION Act Section 101 - § 1703[e]**)**
- Provides the authority to VA to enable eligibility for Community Care by designating VA medical service lines based on the quality criterion
- Affects VA medical service lines not complying with VA standards for quality, as determined through measures of both timeliness *and* quality

Remediation of Medical Service Lines (MISSION Act Section 109 - § 1706A**)**
- Required for designated VA medical service lines
- Requires extensive Congressional response and public awareness

MISSION Act-specific needs, distinct from routine VHA improvement and consultation

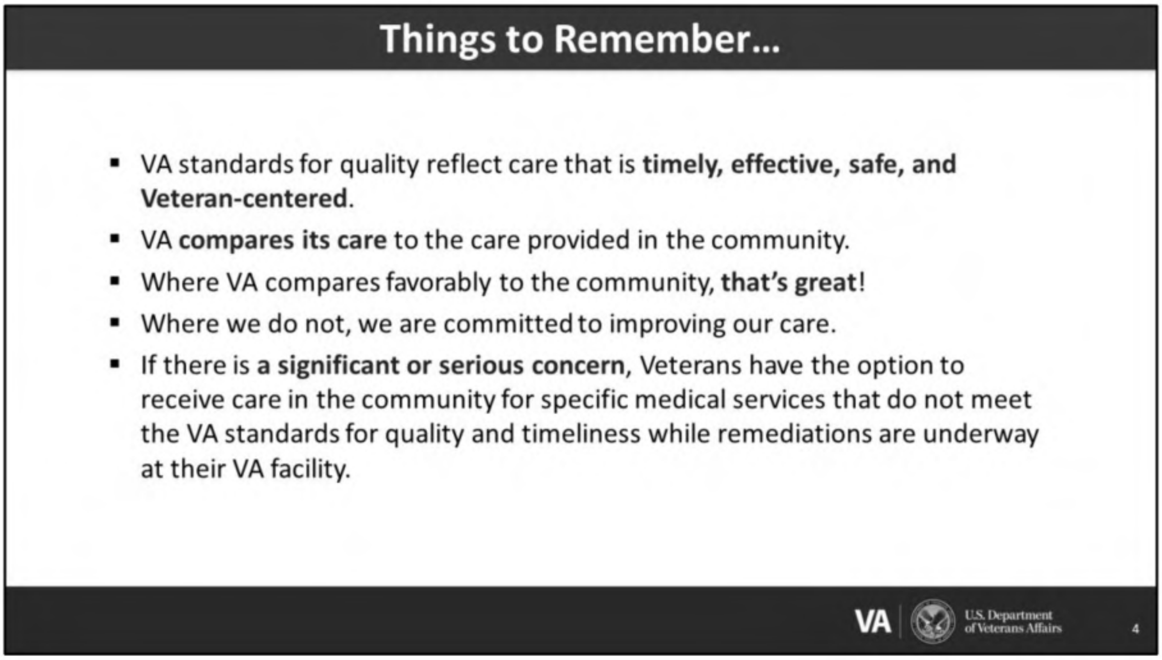


VA Standards for Quality and Measures*

VHA Standards	Initial Measures
Timely Care: Provided without inappropriate or harmful delays	Patient-reported measures on getting timely appointments, care, and information Wait times for outpatient care
Effective Care: Based on scientific knowledge of what is likely to provide benefit to Veterans	Smoking and Tobacco Use Cessation Immunization for Influenza
	Breast and Cervical Cancer Screening
	Mortality Rates - Risk Adjusted Controlling high blood pressure Beta-blocker treatment after heart attack
	Comprehensive Diabetes Care – Blood Pressure and Glucose control
	Improvement in function (short-stay nursing home patients) Newly received antipsychotic medications (short-stay nursing home patients)
Safe Care: Avoids harm from care that is intended to help Veterans	Catheter and central line associated infection rates C. difficile infection rate
	Death rate among surgical patients with serious treatable complications
	Nursing home safety measures
Veteran-Centered Care: Anticipates and responds to Veterans specific needs	Patient's overall rating of the Provider Patient's rating of Coordination of Care
	HCAHPS Overall Rating of Hospital HCAHPS Care Transition Measure

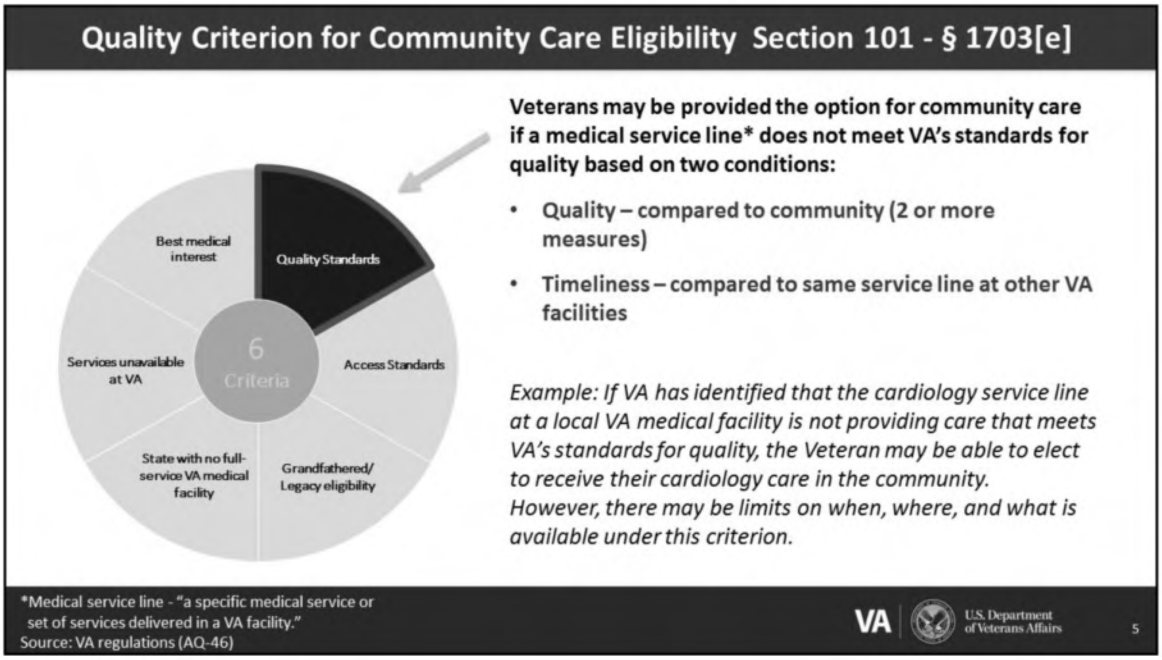
*This represents a condensed version of the list of measures posted on the Federal Register on 10/3/2019

VA | U.S. Department of Veterans Affairs



Things to Remember…

- VA standards for quality reflect care that is **timely, effective, safe, and Veteran-centered**.
- VA **compares its care** to the care provided in the community.
- Where VA compares favorably to the community, **that's great**!
- Where we do not, we are committed to improving our care.
- If there is **a significant or serious concern**, Veterans have the option to receive care in the community for specific medical services that do not meet the VA standards for quality and timeliness while remediations are underway at their VA facility.



Quality Criterion for Community Care Eligibility Section 101 - § 1703[e]

Best medical interest
Quality Standards
6 Criteria
Services unavailable at VA
Access Standards
State with no full-service VA medical facility
Grandfathered/ Legacy eligibility

Veterans may be provided the option for community care if a medical service line* does not meet VA's standards for quality based on two conditions:

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Example: If VA has identified that the cardiology service line at a local VA medical facility is not providing care that meets VA's standards for quality, the Veteran may be able to elect to receive their cardiology care in the community. However, there may be limits on when, where, and what is available under this criterion.

*Medical service line - "a specific medical service or set of services delivered in a VA facility."
Source: VA regulations (AQ-46)

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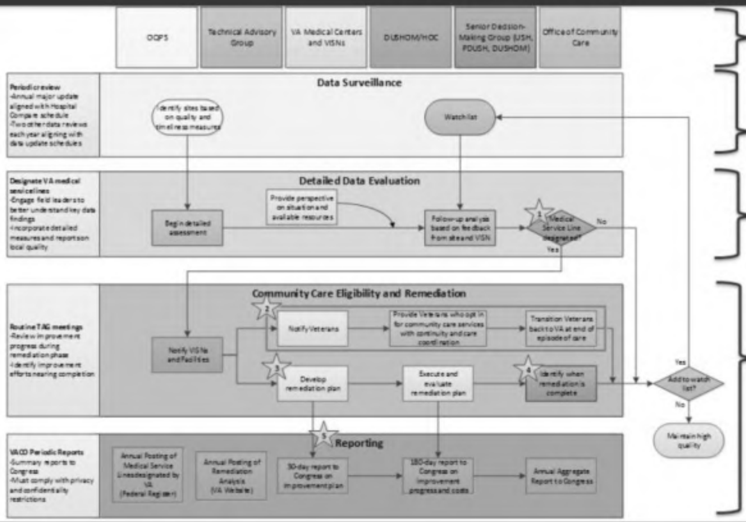
Process Overview


OQPS
Technical Advisory Group
VA Medical Centers and VISNs
DUSHOM/HOC
Senior Decision-Making Group (USH, PDUSH, DUSHOM)
Office of Community Care
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-Annual major update aligned with Hospital Compare schedule
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Identify sites based on quality and timeliness measures
Watch list
Designate VA medical service lines
-Engage field leaders to better understand key data findings
-Incorporate detailed measures and report on local quality
Detailed Data Evaluation
Begin detailed assessment
Provide perspective on situation and available resources
Follow-up analysis based on feedback from site and VSN
1
Medical Service Line designated?
No
Yes
Routine TAG meetings
-Review improvement progress during remediation phase
-Identify improvement efforts nearing completion
Community Care Eligibility and Remediation
Notify VISNs and Facilities
2
Notify Veterans
Provide Veterans who opt in for community care services with continuity and care coordination
Transition Veterans back to VA at end of episode of care
3
Develop remediation plan
Execute and evaluate remediation plan
4
Identify when remediation is complete
Add to watch list?
Yes
No
Maintain high quality
VACO Periodic Reports
-Summary reports to Congress
-Must comply with privacy and confidentiality restrictions
5
Reporting
Annual Posting of Medical Service Lines designated by VA (Federal Register)
Annual Posting of Remediation Analysis (VA Website)
30-day report to Congress on improvement plan
180-day report to Congress on improvement progress and costs
Annual Aggregate Report to Congress

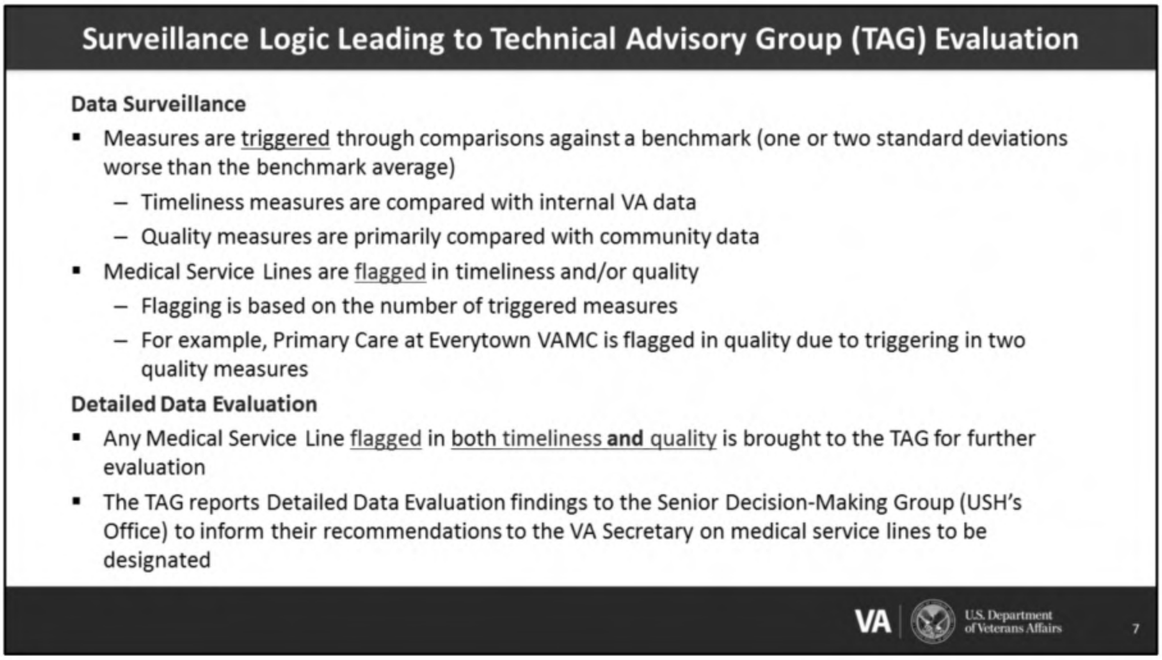
Shared accountability in Implementation Process

Overview: Three-Step Process

1. Data Surveillance/Screening
2. Detailed Data Analysis to determine service lines not meeting VA standards

TAG

3. Eligible for Community Care, paired with intensive remediation *and* Congressional reporting



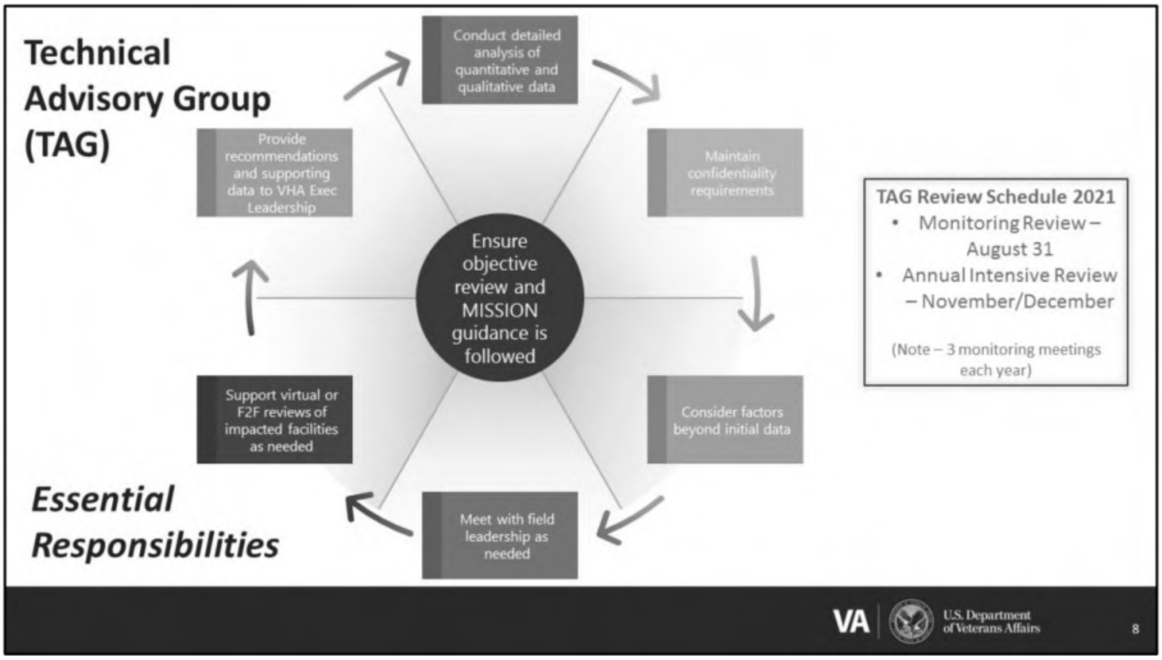
Surveillance Logic Leading to Technical Advisory Group (TAG) Evaluation

Data Surveillance

- Measures are triggered through comparisons against a benchmark (one or two standard deviations worse than the benchmark average)
  - Timeliness measures are compared with internal VA data
  - Quality measures are primarily compared with community data
- Medical Service Lines are flagged in timeliness and/or quality
  - Flagging is based on the number of triggered measures
  - For example, Primary Care at Everytown VAMC is flagged in quality due to triggering in two quality measures

Detailed Data Evaluation

- Any Medical Service Line flagged in both timeliness **and** quality is brought to the TAG for further evaluation
- The TAG reports Detailed Data Evaluation findings to the Senior Decision-Making Group (USH's Office) to inform their recommendations to the VA Secretary on medical service lines to be designated



Technical Advisory Group (TAG)

Ensure objective review and MISSION guidance is followed

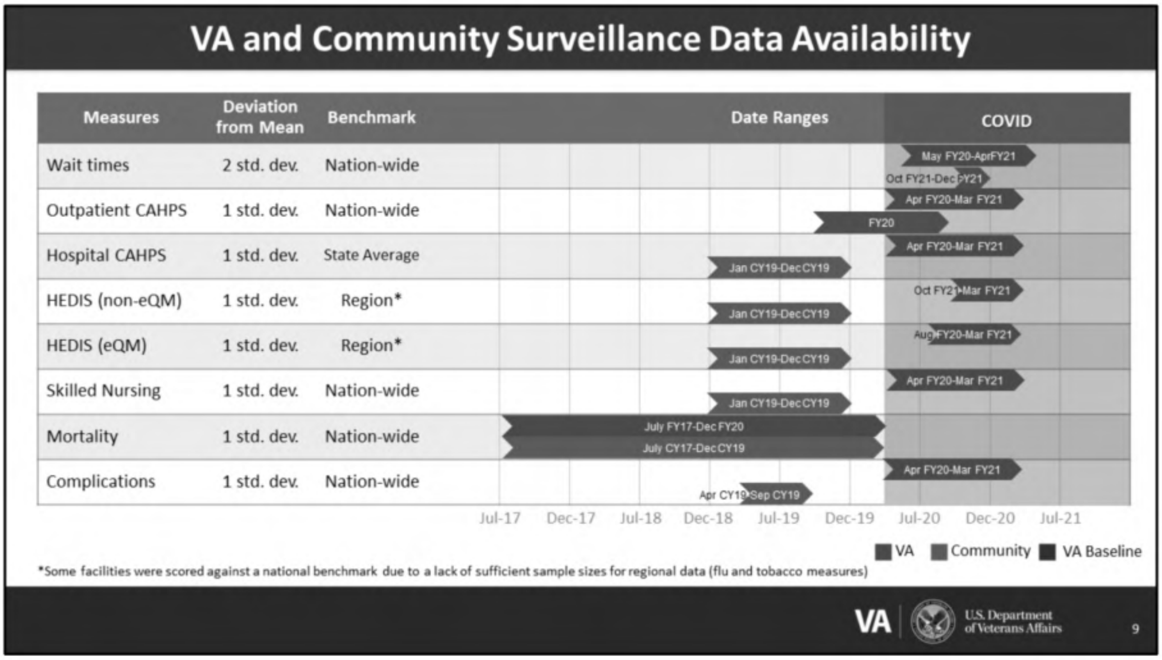
- Conduct detailed analysis of quantitative and qualitative data
- Maintain confidentiality requirements
- Consider factors beyond initial data
- Meet with field leadership as needed
- Support virtual or F2F reviews of impacted facilities as needed
- Provide recommendations and supporting data to VHA Exec Leadership

TAG Review Schedule 2021

- Monitoring Review – August 31
- Annual Intensive Review – November/December

(Note – 3 monitoring meetings each year)

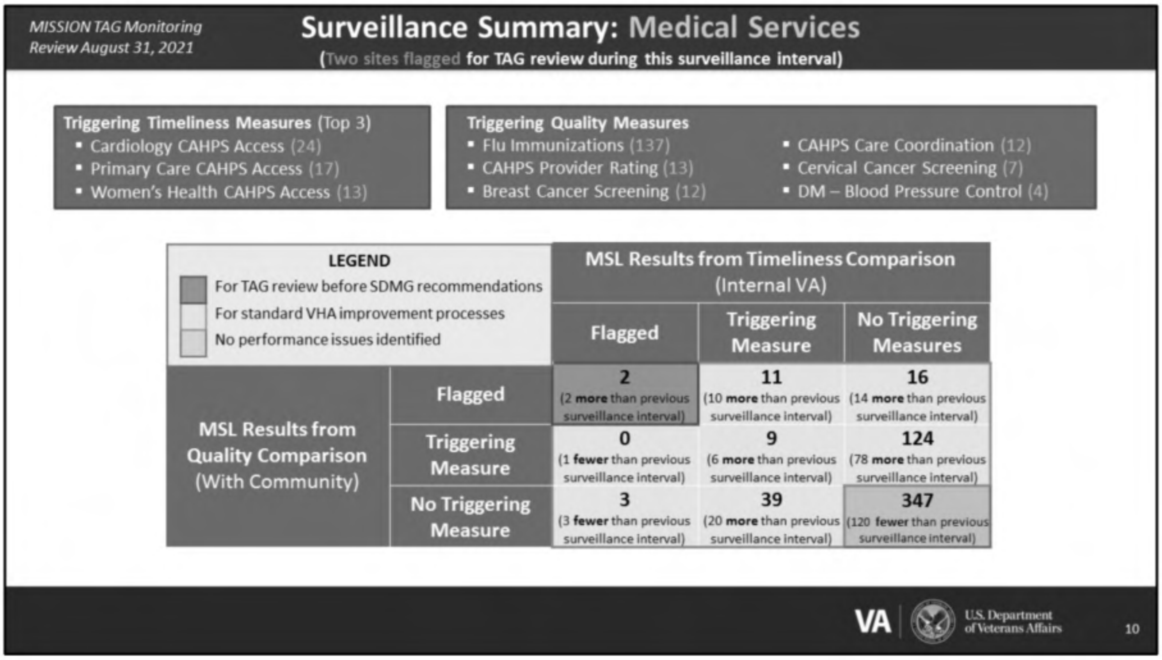
Essential Responsibilities



VA and Community Surveillance Data Availability

Measures	Deviation from Mean	Benchmark	Date Ranges	COVID
Wait times	2 std. dev.	Nation-wide		May FY20-AprFY21 Oct FY21-Dec FY21
Outpatient CAHPS	1 std. dev.	Nation-wide	FY20	Apr FY20-Mar FY21
Hospital CAHPS	1 std. dev.	State Average	Jan CY19-Dec CY19	Apr FY20-Mar FY21
HEDIS (non-eQM)	1 std. dev.	Region*	Jan CY19-Dec CY19	Oct FY21-Mar FY21
HEDIS (eQM)	1 std. dev.	Region*	Jan CY19-Dec CY19	Aug FY20-Mar FY21
Skilled Nursing	1 std. dev.	Nation-wide	Jan CY19-Dec CY19	Apr FY20-Mar FY21
Mortality	1 std. dev.	Nation-wide	July FY17-Dec FY20 July CY17-Dec CY19	
Complications	1 std. dev.	Nation-wide	Apr CY19-Sep CY19	Apr FY20-Mar FY21

*Some facilities were scored against a national benchmark due to a lack of sufficient sample sizes for regional data (flu and tobacco measures)



MISSION TAG Monitoring
Review August 31, 2021

Surveillance Summary: Medical Services

(Two sites flagged **for TAG review during this surveillance interval)**

Triggering Timeliness Measures (Top 3)
- Cardiology CAHPS Access (24)
- Primary Care CAHPS Access (17)
- Women's Health CAHPS Access (13)

Triggering Quality Measures
- Flu Immunizations (137)
- CAHPS Provider Rating (13)
- Breast Cancer Screening (12)
- CAHPS Care Coordination (12)
- Cervical Cancer Screening (7)
- DM – Blood Pressure Control (4)

LEGEND
■ For TAG review before SDMG recommendations
□ For standard VHA improvement processes
▨ No performance issues identified

		MSL Results from Timeliness Comparison (Internal VA)		
		Flagged	**Triggering Measure**	**No Triggering Measures**
MSL Results from Quality Comparison (With Community)	**Flagged**	**2** (2 **more** than previous surveillance interval)	**11** (10 **more** than previous surveillance interval)	**16** (14 **more** than previous surveillance interval)
	Triggering Measure	**0** (1 **fewer** than previous surveillance interval)	**9** (6 **more** than previous surveillance interval)	**124** (78 **more** than previous surveillance interval)
	No Triggering Measure	**3** (3 **fewer** than previous surveillance interval)	**39** (20 **more** than previous surveillance interval)	**347** (120 **fewer** than previous surveillance interval)

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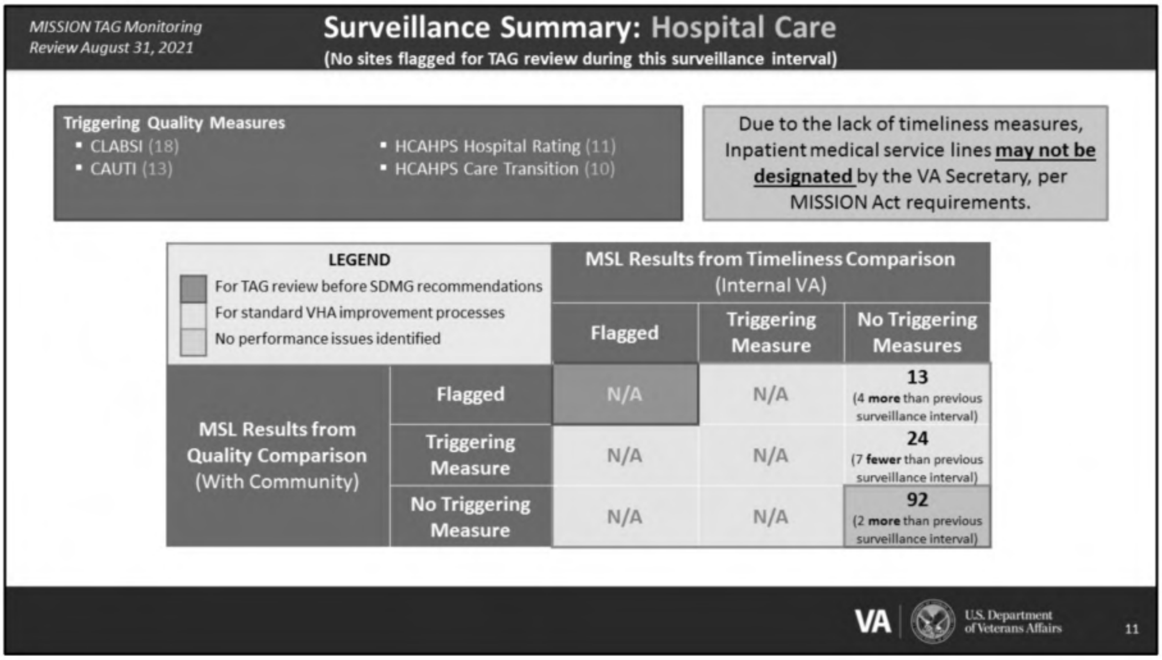


MISSION TAG Monitoring Review August 31, 2021

Surveillance Summary: Hospital Care

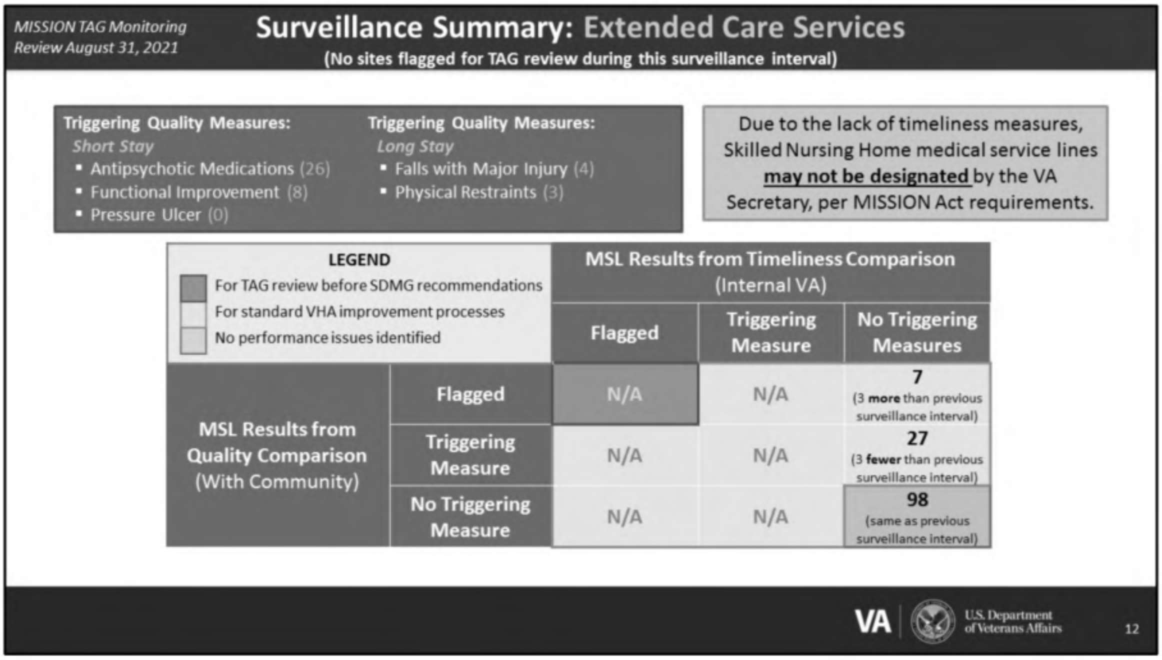
(No sites flagged for TAG review during this surveillance interval)

Triggering Quality Measures
- CLABSI (18)
- CAUTI (13)
- HCAHPS Hospital Rating (11)
- HCAHPS Care Transition (10)

Due to the lack of timeliness measures, Inpatient medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

LEGEND
- ■ For TAG review before SDMG recommendations
- □ For standard VHA improvement processes
- ▨ No performance issues identified

		MSL Results from Timeliness Comparison (Internal VA)		
		Flagged	Triggering Measure	No Triggering Measures
MSL Results from Quality Comparison (With Community)	Flagged	N/A	N/A	13 (4 **more** than previous surveillance interval)
	Triggering Measure	N/A	N/A	24 (7 **fewer** than previous surveillance interval)
	No Triggering Measure	N/A	N/A	92 (2 **more** than previous surveillance interval)



MISSION TAG Monitoring Review August 31, 2021

Surveillance Summary: Extended Care Services

(No sites flagged for TAG review during this surveillance interval)

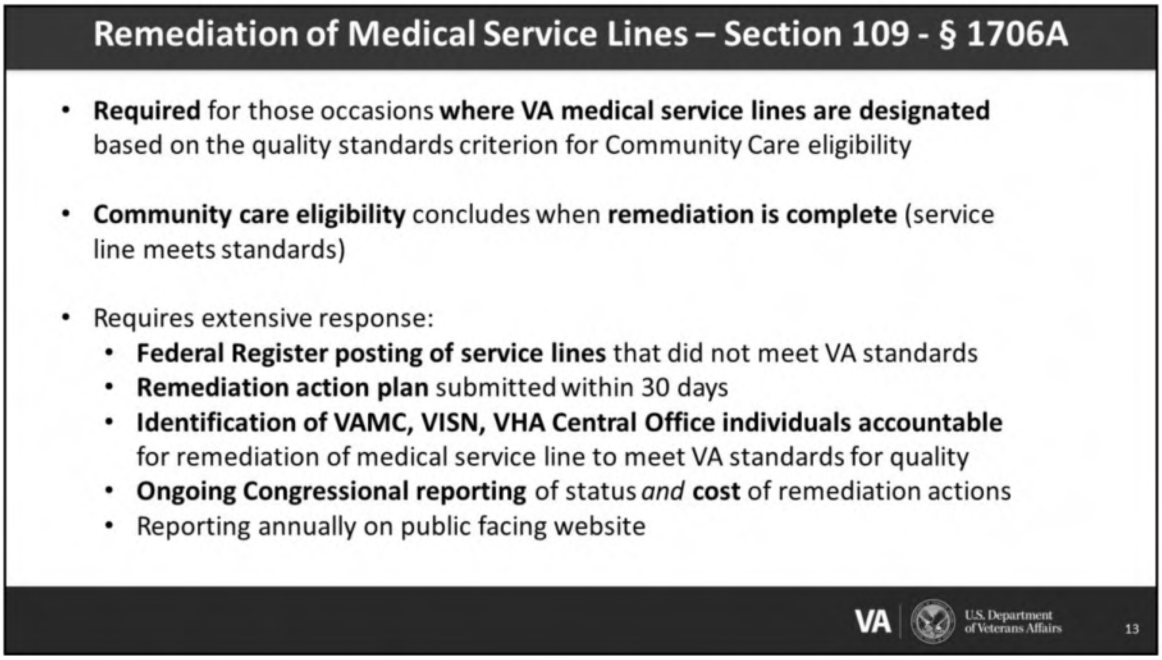
Triggering Quality Measures:
Short Stay
- Antipsychotic Medications (26)
- Functional Improvement (8)
- Pressure Ulcer (0)

Triggering Quality Measures:
Long Stay
- Falls with Major Injury (4)
- Physical Restraints (3)

Due to the lack of timeliness measures, Skilled Nursing Home medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

LEGEND
- ▨ For TAG review before SDMG recommendations
- □ For standard VHA improvement processes
- ▒ No performance issues identified

		MSL Results from Timeliness Comparison (Internal VA)		
		Flagged	**Triggering Measure**	**No Triggering Measures**
MSL Results from Quality Comparison (With Community)	**Flagged**	N/A	N/A	**7** (3 **more** than previous surveillance interval)
	Triggering Measure	N/A	N/A	**27** (3 **fewer** than previous surveillance interval)
	No Triggering Measure	N/A	N/A	**98** (same as previous surveillance interval)



Remediation of Medical Service Lines – Section 109 - § 1706A

- **Required** for those occasions **where VA medical service lines are designated** based on the quality standards criterion for Community Care eligibility

- **Community care eligibility** concludes when **remediation is complete** (service line meets standards)

- Requires extensive response:
  - **Federal Register posting of service lines** that did not meet VA standards
  - **Remediation action plan** submitted within 30 days
  - **Identification of VAMC, VISN, VHA Central Office individuals accountable** for remediation of medical service line to meet VA standards for quality
  - **Ongoing Congressional reporting** of status *and* **cost** of remediation actions
  - Reporting annually on public facing website

MISSION Act-specific needs, distinct from routine VHA improvement and consultation

Mission Act Quality Standards Tracking Report (MAQSTR)

The MISSION Act Quality Standards Tracking Report (MAQSTR) is designed to help compare VHA performance measure results to comparable community benchmarks

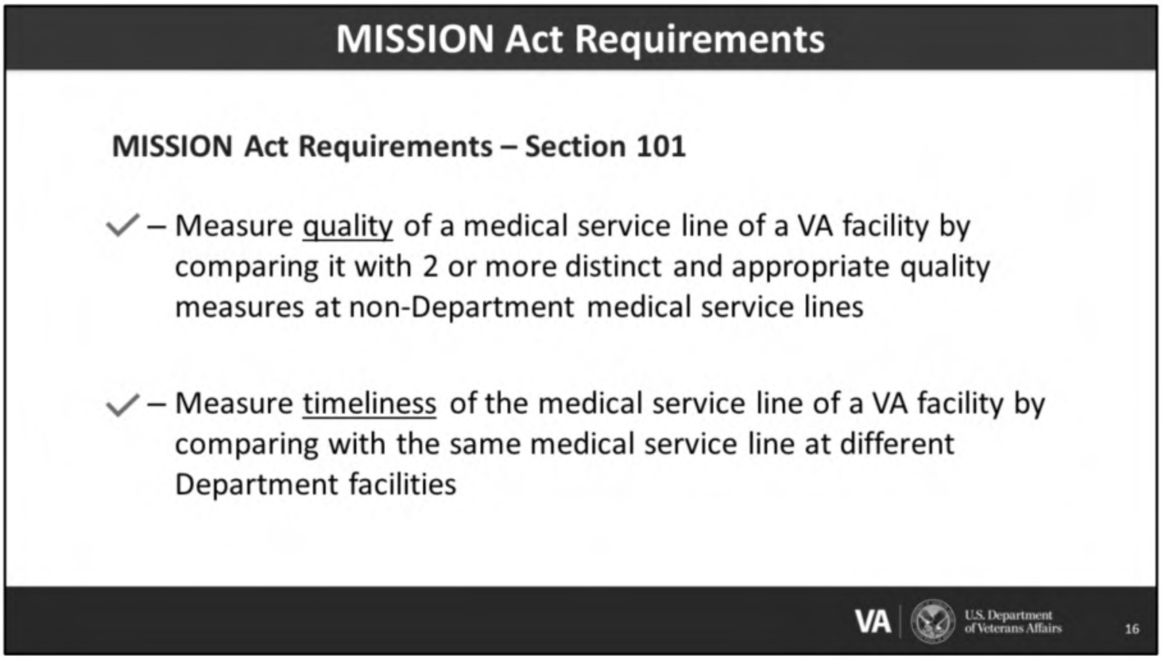
The main report displays:

- Measure Domains
- Short description of performance measures
- Preferred data direction
- Short description of performance measures
- Quarterly and yearly data
- Community scores
- Facility prior year score
- Links to the source reports
- Measure data timeframes

MISSION Act Quality Standards Tracking Report
FY2020

https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?/IPEC/NDPP/NDPP_Production/NDPP

Appendix – Supporting Materials

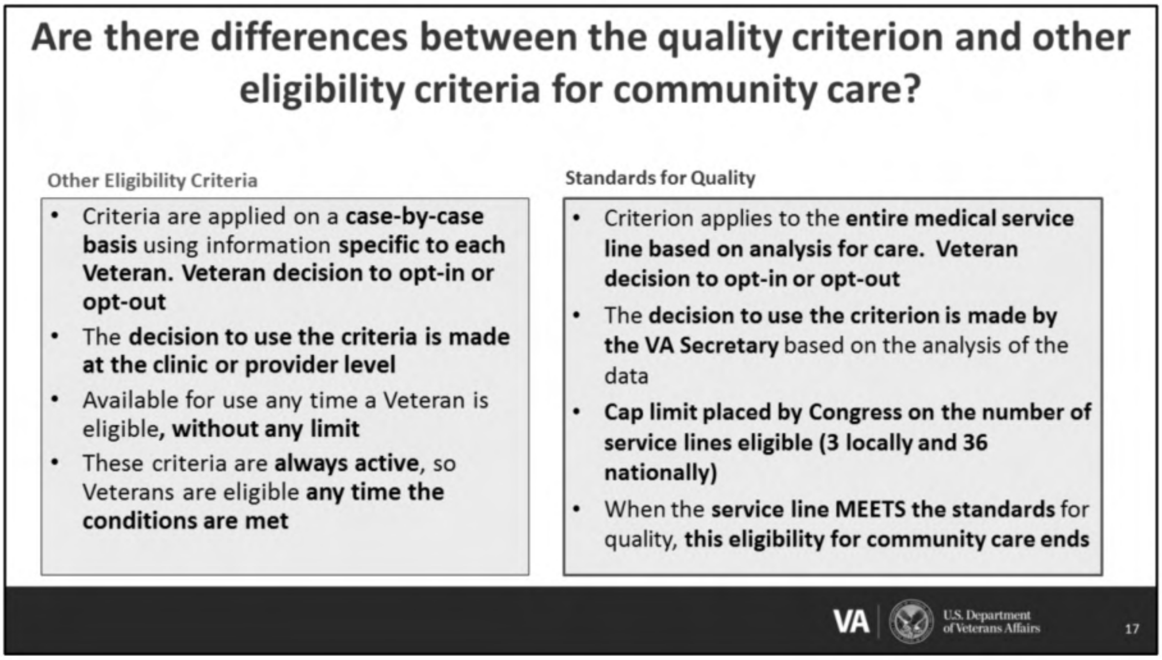


MISSION Act Requirements

MISSION Act Requirements – Section 101

✓ – Measure quality of a medical service line of a VA facility by comparing it with 2 or more distinct and appropriate quality measures at non-Department medical service lines

✓ – Measure timeliness of the medical service line of a VA facility by comparing with the same medical service line at different Department facilities



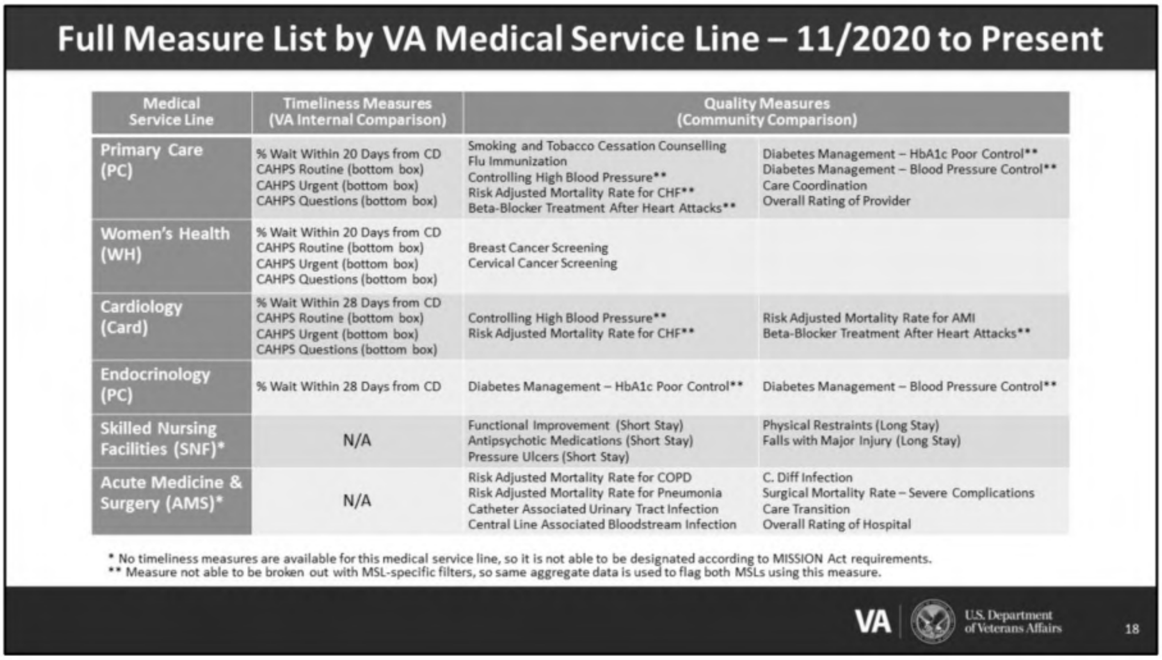
Are there differences between the quality criterion and other eligibility criteria for community care?

Other Eligibility Criteria

- Criteria are applied on a **case-by-case basis** using information **specific to each Veteran. Veteran decision to opt-in or opt-out**
- The **decision to use the criteria is made at the clinic or provider level**
- Available for use any time a Veteran is eligible**, without any limit**
- These criteria are **always active**, so Veterans are eligible **any time the conditions are met**

Standards for Quality

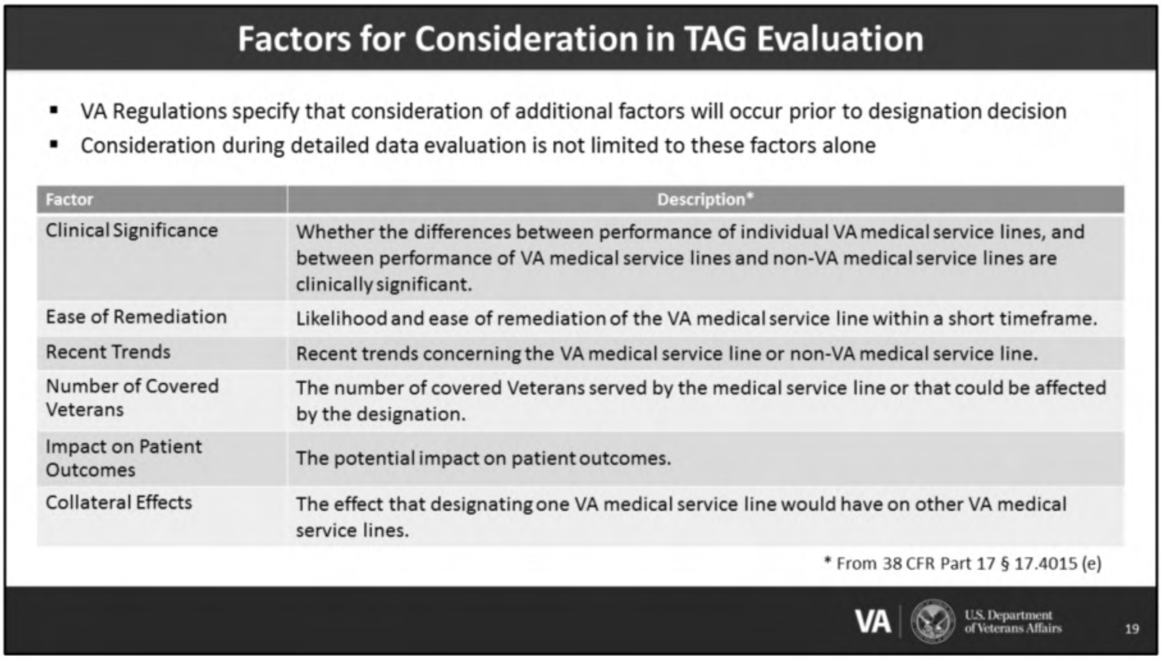
- Criterion applies to the **entire medical service line based on analysis for care. Veteran decision to opt-in or opt-out**
- The **decision to use the criterion is made by the VA Secretary** based on the analysis of the data
- **Cap limit placed by Congress on the number of service lines eligible (3 locally and 36 nationally)**
- When the **service line MEETS the standards** for quality, **this eligibility for community care ends**



Full Measure List by VA Medical Service Line – 11/2020 to Present

Medical Service Line	Timeliness Measures (VA Internal Comparison)	Quality Measures (Community Comparison)	
Primary Care (PC)	% Wait Within 20 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Smoking and Tobacco Cessation Counselling Flu Immunization Controlling High Blood Pressure** Risk Adjusted Mortality Rate for CHF** Beta-Blocker Treatment After Heart Attacks**	Diabetes Management – HbA1c Poor Control** Diabetes Management – Blood Pressure Control** Care Coordination Overall Rating of Provider
Women's Health (WH)	% Wait Within 20 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Breast Cancer Screening Cervical Cancer Screening	
Cardiology (Card)	% Wait Within 28 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Controlling High Blood Pressure** Risk Adjusted Mortality Rate for CHF**	Risk Adjusted Mortality Rate for AMI Beta-Blocker Treatment After Heart Attacks**
Endocrinology (PC)	% Wait Within 28 Days from CD	Diabetes Management – HbA1c Poor Control**	Diabetes Management – Blood Pressure Control**
Skilled Nursing Facilities (SNF)*	N/A	Functional Improvement (Short Stay) Antipsychotic Medications (Short Stay) Pressure Ulcers (Short Stay)	Physical Restraints (Long Stay) Falls with Major Injury (Long Stay)
Acute Medicine & Surgery (AMS)*	N/A	Risk Adjusted Mortality Rate for COPD Risk Adjusted Mortality Rate for Pneumonia Catheter Associated Urinary Tract Infection Central Line Associated Bloodstream Infection	C. Diff Infection Surgical Mortality Rate – Severe Complications Care Transition Overall Rating of Hospital

* No timeliness measures are available for this medical service line, so it is not able to be designated according to MISSION Act requirements.
** Measure not able to be broken out with MSL-specific filters, so same aggregate data is used to flag both MSLs using this measure.

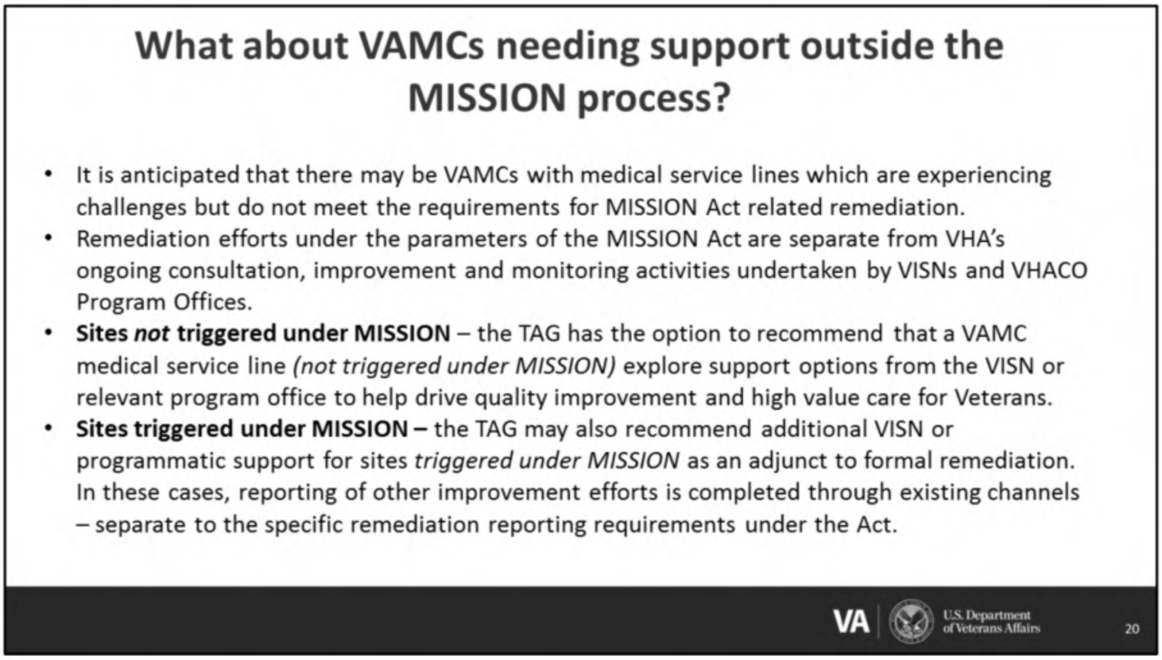


Factors for Consideration in TAG Evaluation

- VA Regulations specify that consideration of additional factors will occur prior to designation decision
- Consideration during detailed data evaluation is not limited to these factors alone

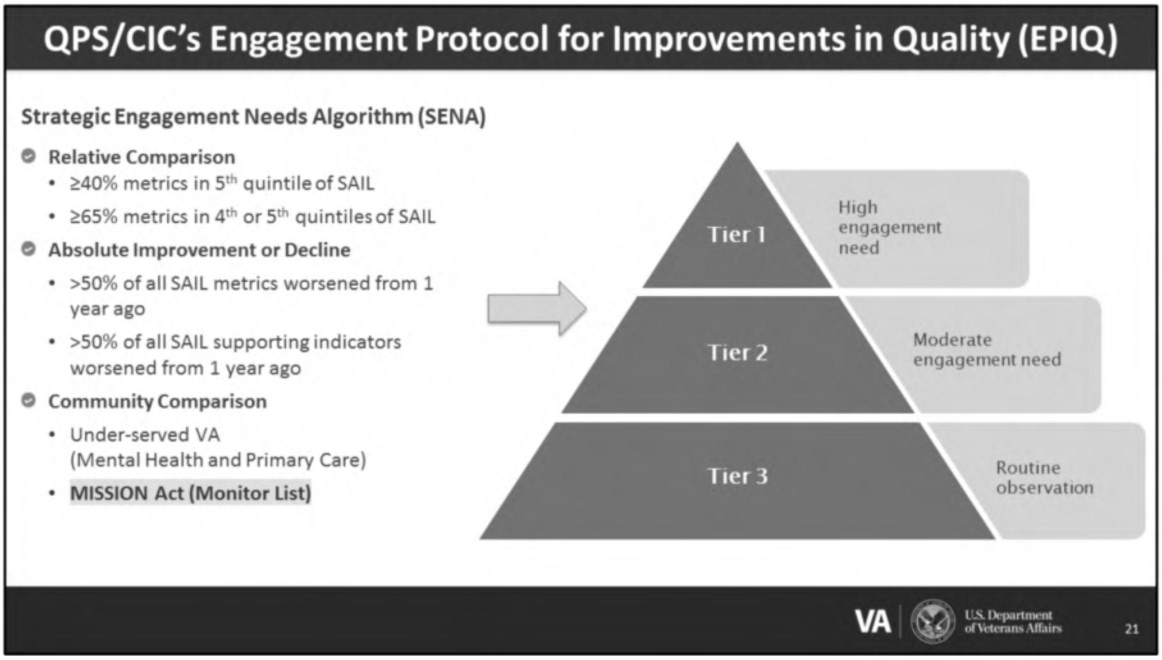
Factor	Description*
Clinical Significance	Whether the differences between performance of individual VA medical service lines, and between performance of VA medical service lines and non-VA medical service lines are clinically significant.
Ease of Remediation	Likelihood and ease of remediation of the VA medical service line within a short timeframe.
Recent Trends	Recent trends concerning the VA medical service line or non-VA medical service line.
Number of Covered Veterans	The number of covered Veterans served by the medical service line or that could be affected by the designation.
Impact on Patient Outcomes	The potential impact on patient outcomes.
Collateral Effects	The effect that designating one VA medical service line would have on other VA medical service lines.

* From 38 CFR Part 17 § 17.4015 (e)



What about VAMCs needing support outside the MISSION process?

- It is anticipated that there may be VAMCs with medical service lines which are experiencing challenges but do not meet the requirements for MISSION Act related remediation.
- Remediation efforts under the parameters of the MISSION Act are separate from VHA's ongoing consultation, improvement and monitoring activities undertaken by VISNs and VHACO Program Offices.
- **Sites *not* triggered under MISSION** – the TAG has the option to recommend that a VAMC medical service line *(not triggered under MISSION)* explore support options from the VISN or relevant program office to help drive quality improvement and high value care for Veterans.
- **Sites triggered under MISSION –** the TAG may also recommend additional VISN or programmatic support for sites *triggered under MISSION* as an adjunct to formal remediation. In these cases, reporting of other improvement efforts is completed through existing channels – separate to the specific remediation reporting requirements under the Act.



QPS/CIC's Engagement Protocol for Improvements in Quality (EPIQ)

Strategic Engagement Needs Algorithm (SENA)

- **Relative Comparison**
  - ≥40% metrics in 5th quintile of SAIL
  - ≥65% metrics in 4th or 5th quintiles of SAIL
- **Absolute Improvement or Decline**
  - >50% of all SAIL metrics worsened from 1 year ago
  - >50% of all SAIL supporting indicators worsened from 1 year ago
- **Community Comparison**
  - Under-served VA (Mental Health and Primary Care)
  - **MISSION Act (Monitor List)**

Tier 1 — High engagement need

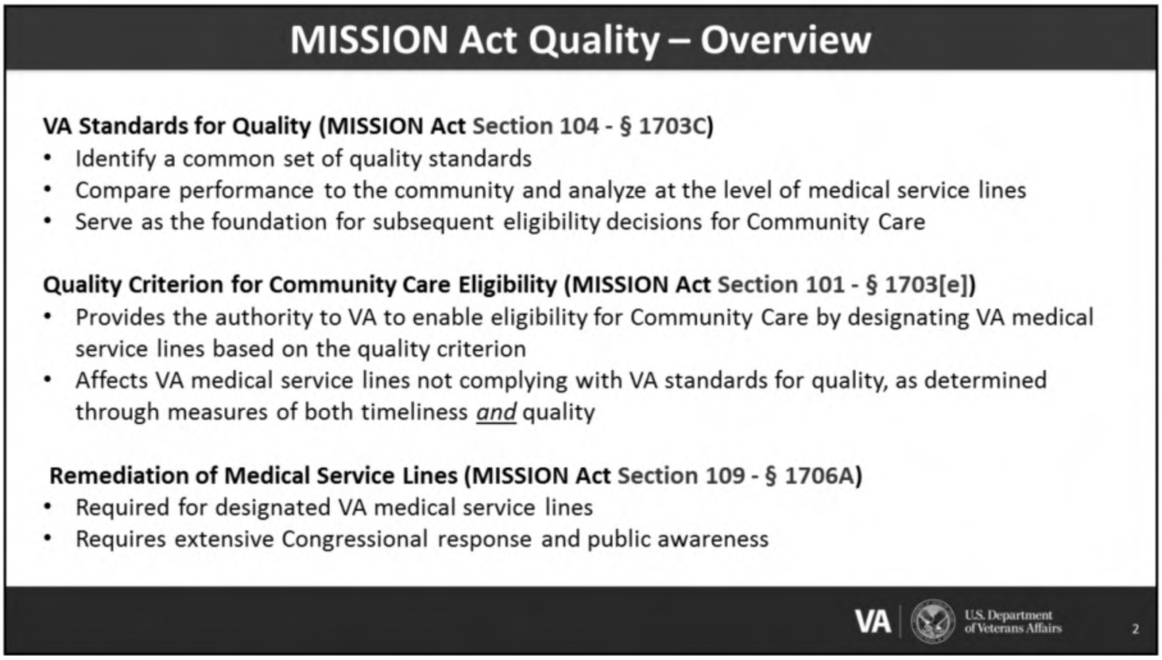
Tier 2 — Moderate engagement need

Tier 3 — Routine observation

MISSION Act Quality Standards and Related Activities

VHA Office of Quality and Patient Safety (QPS)
September 1, 2021

VA | U.S. Department of Veterans Affairs



MISSION Act Quality – Overview

VA Standards for Quality (MISSION Act Section 104 - § 1703C)

- Identify a common set of quality standards
- Compare performance to the community and analyze at the level of medical service lines
- Serve as the foundation for subsequent eligibility decisions for Community Care

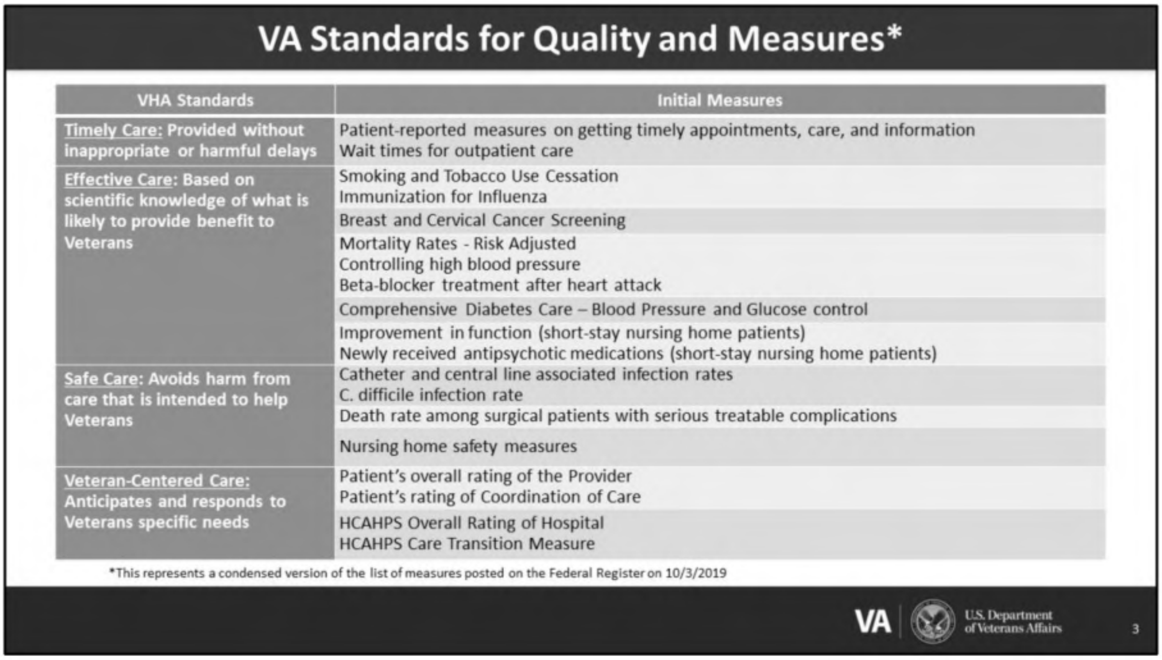
Quality Criterion for Community Care Eligibility (MISSION Act Section 101 - § 1703[e])

- Provides the authority to VA to enable eligibility for Community Care by designating VA medical service lines based on the quality criterion
- Affects VA medical service lines not complying with VA standards for quality, as determined through measures of both timeliness *and* quality

Remediation of Medical Service Lines (MISSION Act Section 109 - § 1706A)

- Required for designated VA medical service lines
- Requires extensive Congressional response and public awareness

MISSION Act-specific needs, distinct from routine VHA improvement and consultation



VA Standards for Quality and Measures*

VHA Standards	Initial Measures
Timely Care: Provided without inappropriate or harmful delays	Patient-reported measures on getting timely appointments, care, and information Wait times for outpatient care
Effective Care: Based on scientific knowledge of what is likely to provide benefit to Veterans	Smoking and Tobacco Use Cessation Immunization for Influenza
	Breast and Cervical Cancer Screening
	Mortality Rates - Risk Adjusted Controlling high blood pressure Beta-blocker treatment after heart attack
	Comprehensive Diabetes Care – Blood Pressure and Glucose control
	Improvement in function (short-stay nursing home patients) Newly received antipsychotic medications (short-stay nursing home patients)
Safe Care: Avoids harm from care that is intended to help Veterans	Catheter and central line associated infection rates C. difficile infection rate
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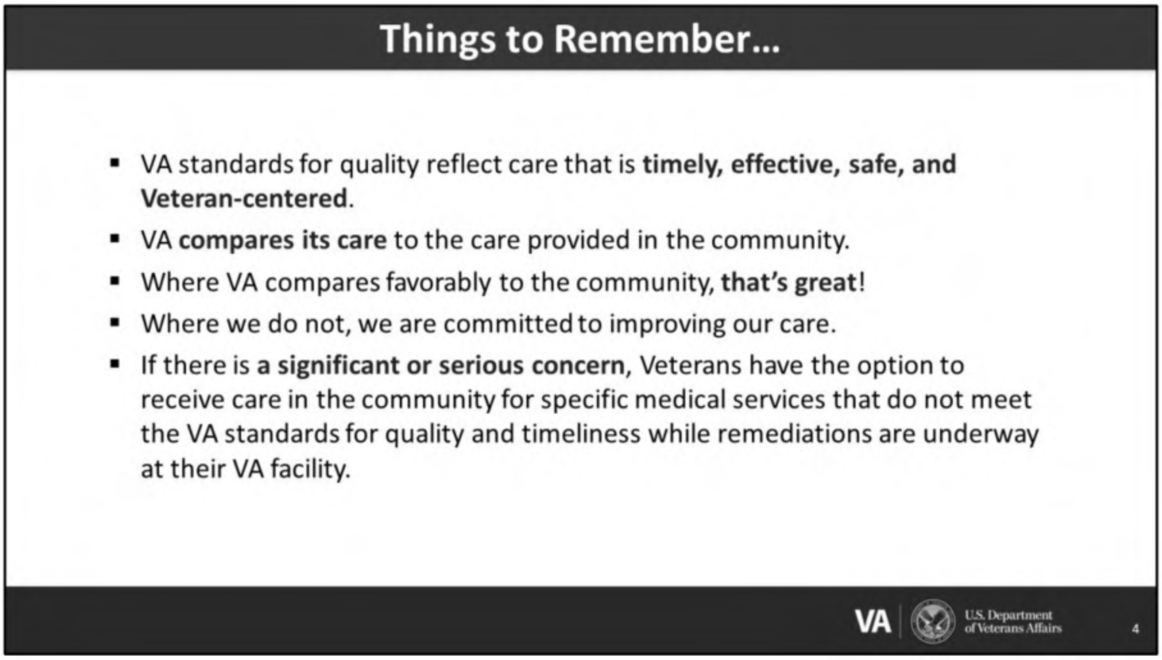

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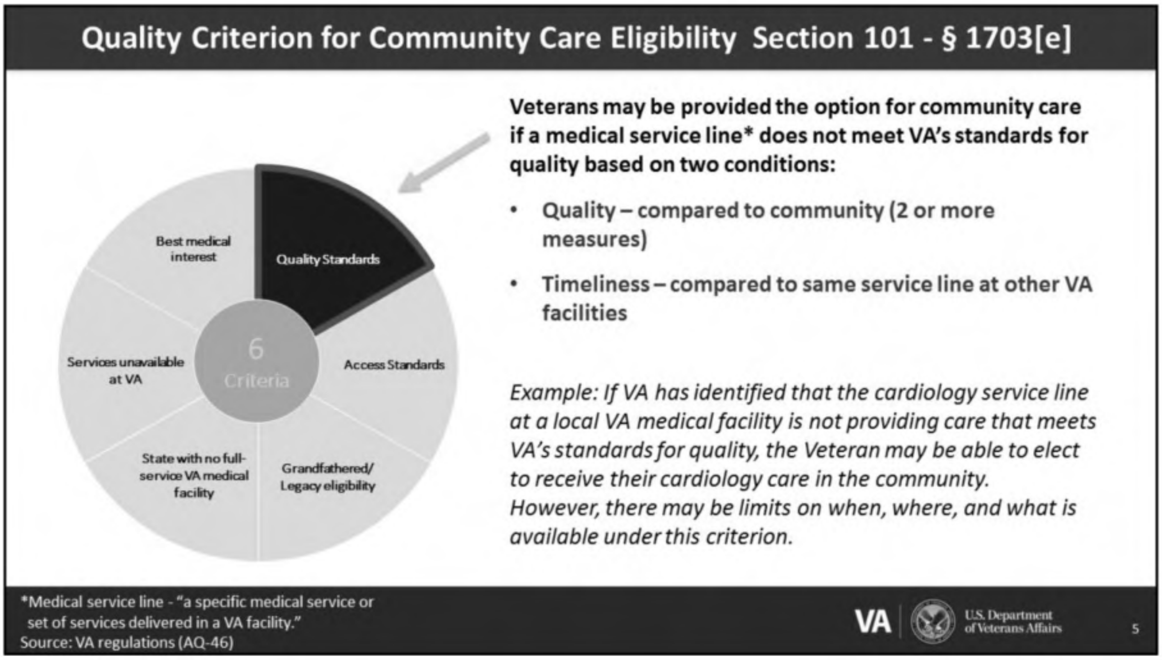

Quality Criterion for Community Care Eligibility Section 101 - § 1703[e]

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Quality Standards
Services unavailable at VA
6 Criteria
Access Standards
State with no full-service VA medical facility
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- Quality – compared to community (2 or more measures)
- Timeliness – compared to same service line at other VA facilities

Example: If VA has identified that the cardiology service line at a local VA medical facility is not providing care that meets VA's standards for quality, the Veteran may be able to elect to receive their cardiology care in the community. However, there may be limits on when, where, and what is available under this criterion.

*Medical service line - "a specific medical service or set of services delivered in a VA facility."
Source: VA regulations (AQ-46)

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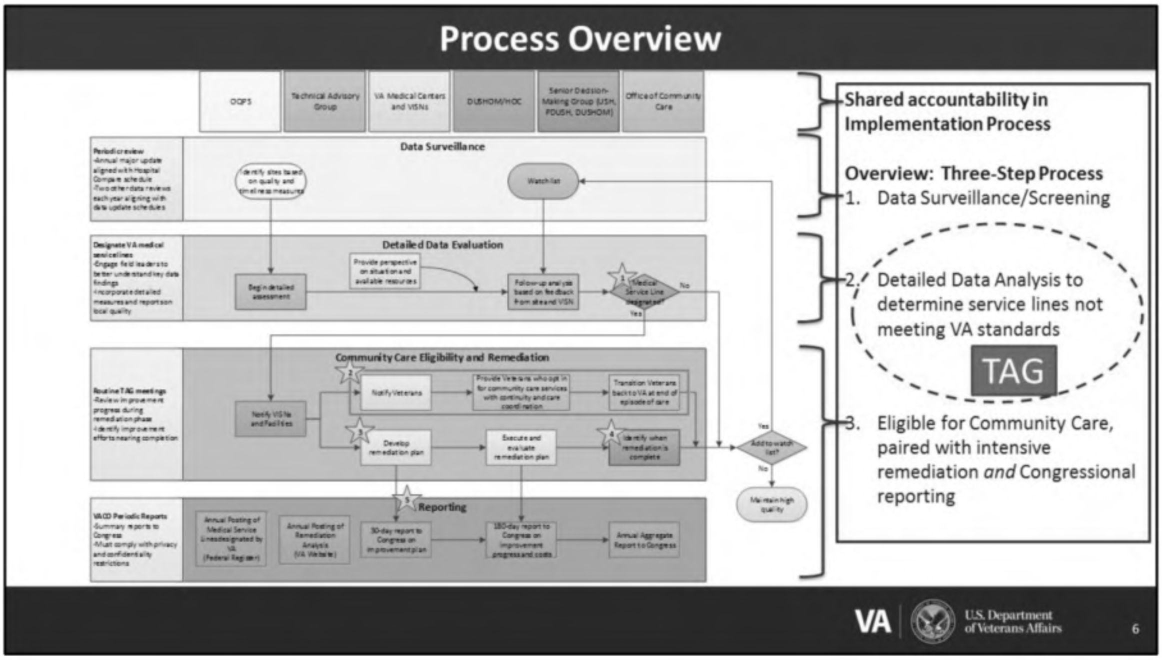

Process Overview

OQPS

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VA Medical Centers and VISNs

DUSHOM/HOC

Senior Decision-Making Group (USH, PDUSH, DUSHOM)

Office of Community Care

Periodic review
-Annual major update aligned with Hospital Compare schedule
-Two other data reviews each year aligning with data update schedules

Data Surveillance

Identify sites based on quality and timeliness measures

Watch list

Designate VA medical service lines
-Engage field leaders to better understand key data findings
-Incorporate detailed measures and report on local quality

Detailed Data Evaluation

Begin detailed assessment

Provide perspective on situation and available resources

Follow-up analysis based on feedback from site and VISN

1 Medical Service Line designated?

No

Yes

Routine TAG meetings
-Review improvement progress during remediation phase
-Identify improvement efforts nearing completion

Community Care Eligibility and Remediation

Notify VISNs and Facilities

2 Notify Veterans

Provide Veterans who opt in for community care services with continuity and care coordination

Transition Veterans back to VA at end of episode of care

3 Develop remediation plan

Execute and evaluate remediation plan

4 Identify when remediation is complete

Add to watch list?

Yes

No

Maintain high quality

VACO Periodic Reports
-Summary reports to Congress
-Must comply with privacy and confidentiality restrictions

5 **Reporting**

Annual Posting of Medical Service Lines designated by VA (Federal Register)

Annual Posting of Remediation Analysis (VA Website)

30-day report to Congress on improvement plan

180-day report to Congress on improvement progress and costs

Annual Aggregate Report to Congress

Shared accountability in Implementation Process

Overview: Three-Step Process

1. Data Surveillance/Screening
2. Detailed Data Analysis to determine service lines not meeting VA standards

TAG

3. Eligible for Community Care, paired with intensive remediation *and* Congressional reporting

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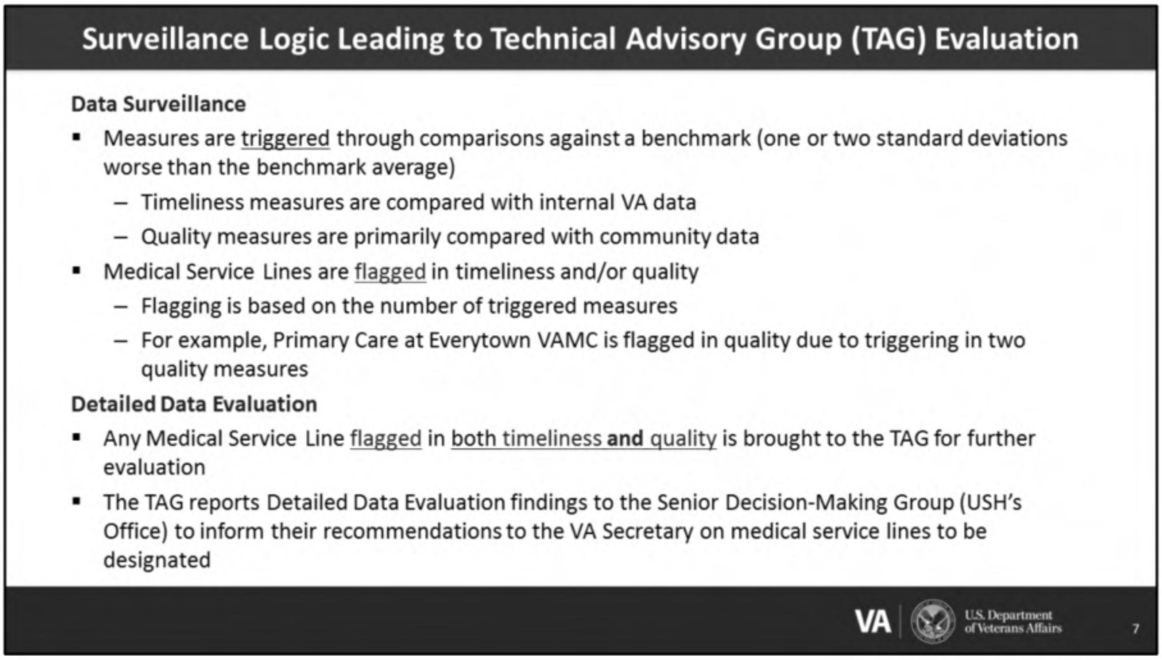
6



Surveillance Logic Leading to Technical Advisory Group (TAG) Evaluation

Data Surveillance

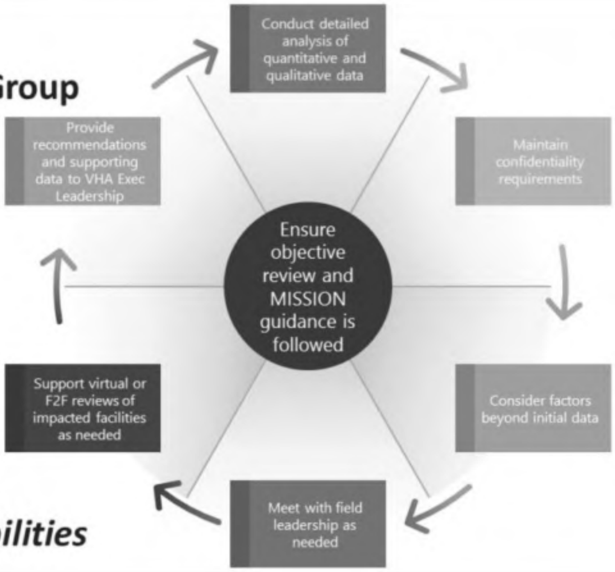
- Measures are triggered through comparisons against a benchmark (one or two standard deviations worse than the benchmark average)
  - Timeliness measures are compared with internal VA data
  - Quality measures are primarily compared with community data
- Medical Service Lines are flagged in timeliness and/or quality
  - Flagging is based on the number of triggered measures
  - For example, Primary Care at Everytown VAMC is flagged in quality due to triggering in two quality measures

Detailed Data Evaluation

- Any Medical Service Line flagged in both timeliness **and** quality is brought to the TAG for further evaluation
- The TAG reports Detailed Data Evaluation findings to the Senior Decision-Making Group (USH's Office) to inform their recommendations to the VA Secretary on medical service lines to be designated

Technical Advisory Group (TAG)

Essential Responsibilities



Conduct detailed analysis of quantitative and qualitative data

Maintain confidentiality requirements

Consider factors beyond initial data

Meet with field leadership as needed

Support virtual or F2F reviews of impacted facilities as needed

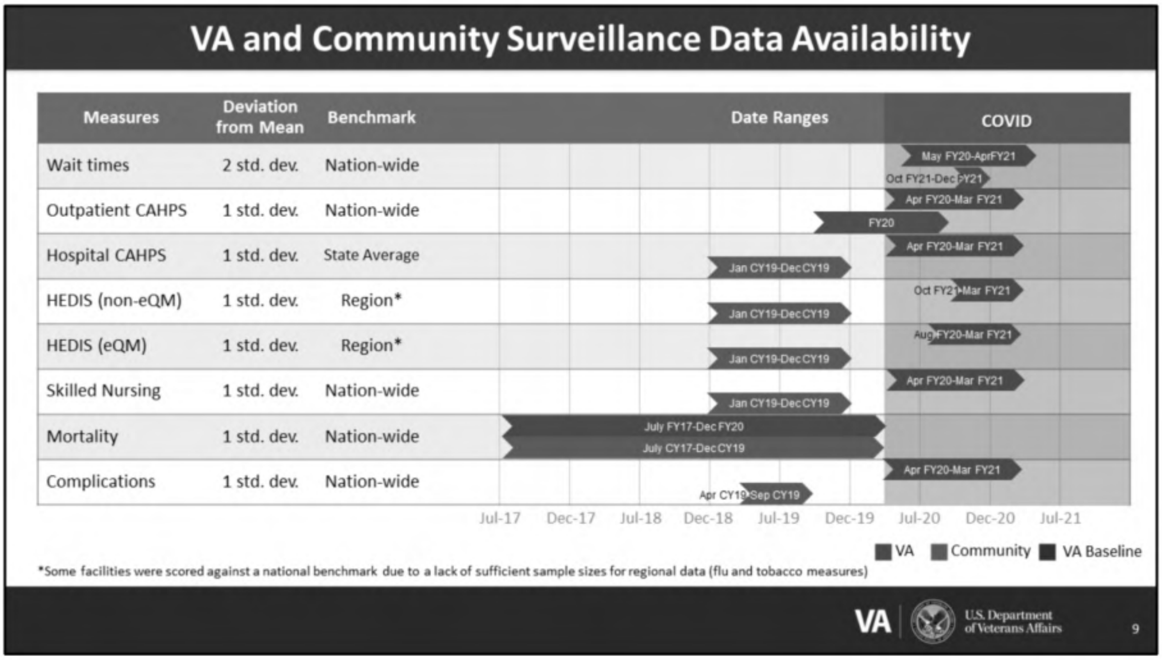
Provide recommendations and supporting data to VHA Exec Leadership

Ensure objective review and MISSION guidance is followed

TAG Review Schedule 2021

- Monitoring Review – August 31
- Annual Intensive Review – November/December

(Note – 3 monitoring meetings each year)



VA and Community Surveillance Data Availability

Measures	Deviation from Mean	Benchmark	Date Ranges	COVID
Wait times	2 std. dev.	Nation-wide		May FY20-AprFY21 Oct FY21-Dec FY21
Outpatient CAHPS	1 std. dev.	Nation-wide	FY20	Apr FY20-Mar FY21
Hospital CAHPS	1 std. dev.	State Average	Jan CY19-Dec CY19	Apr FY20-Mar FY21
HEDIS (non-eQM)	1 std. dev.	Region*	Jan CY19-Dec CY19	Oct FY21-Mar FY21
HEDIS (eQM)	1 std. dev.	Region*	Jan CY19-Dec CY19	Aug FY20-Mar FY21
Skilled Nursing	1 std. dev.	Nation-wide	Jan CY19-Dec CY19	Apr FY20-Mar FY21
Mortality	1 std. dev.	Nation-wide	July FY17-Dec FY20 July CY17-Dec CY19	
Complications	1 std. dev.	Nation-wide	Apr CY19-Sep CY19	Apr FY20-Mar FY21

VA ▨ Community ▨ VA Baseline ■

*Some facilities were scored against a national benchmark due to a lack of sufficient sample sizes for regional data (flu and tobacco measures)

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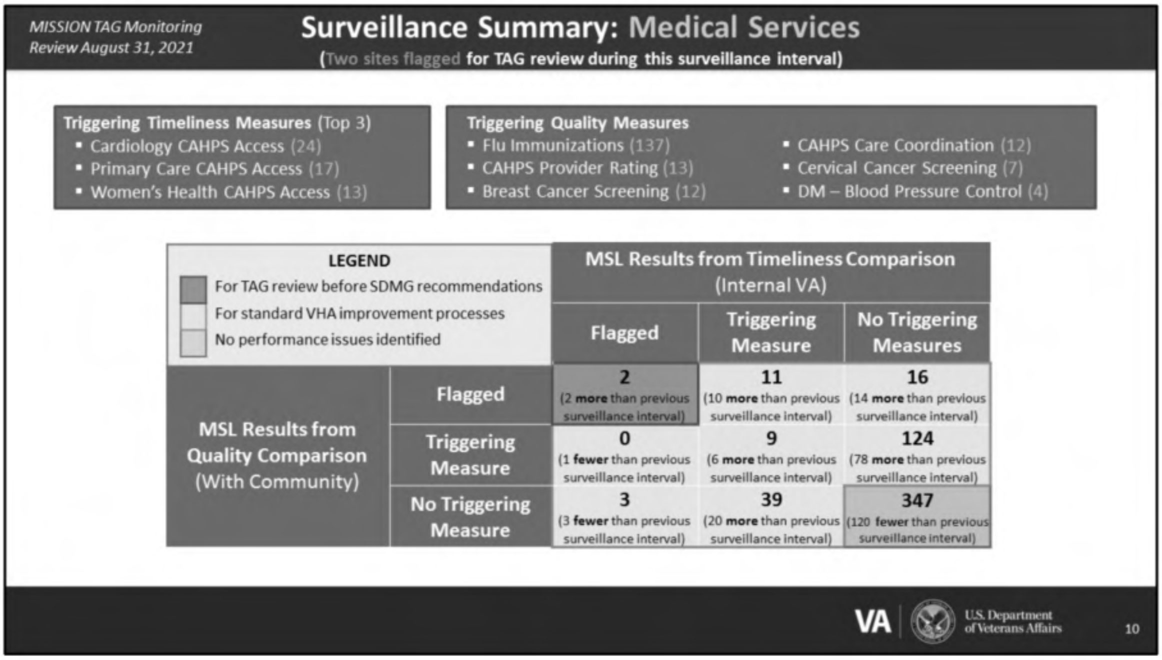

MISSION TAG Monitoring Review August 31, 2021

Surveillance Summary: Medical Services

(Two sites flagged for TAG review during this surveillance interval)

Triggering Timeliness Measures (Top 3)
- Cardiology CAHPS Access (24)
- Primary Care CAHPS Access (17)
- Women's Health CAHPS Access (13)

Triggering Quality Measures
- Flu Immunizations (137)
- CAHPS Provider Rating (13)
- Breast Cancer Screening (12)
- CAHPS Care Coordination (12)
- Cervical Cancer Screening (7)
- DM – Blood Pressure Control (4)

LEGEND
- ■ For TAG review before SDMG recommendations
- □ For standard VHA improvement processes
- ▨ No performance issues identified

		MSL Results from Timeliness Comparison (Internal VA)		
		Flagged	**Triggering Measure**	**No Triggering Measures**
MSL Results from Quality Comparison (With Community)	**Flagged**	**2** (2 **more** than previous surveillance interval)	**11** (10 **more** than previous surveillance interval)	**16** (14 **more** than previous surveillance interval)
	Triggering Measure	**0** (1 **fewer** than previous surveillance interval)	**9** (6 **more** than previous surveillance interval)	**124** (78 **more** than previous surveillance interval)
	No Triggering Measure	**3** (3 **fewer** than previous surveillance interval)	**39** (20 **more** than previous surveillance interval)	**347** (120 **fewer** than previous surveillance interval)

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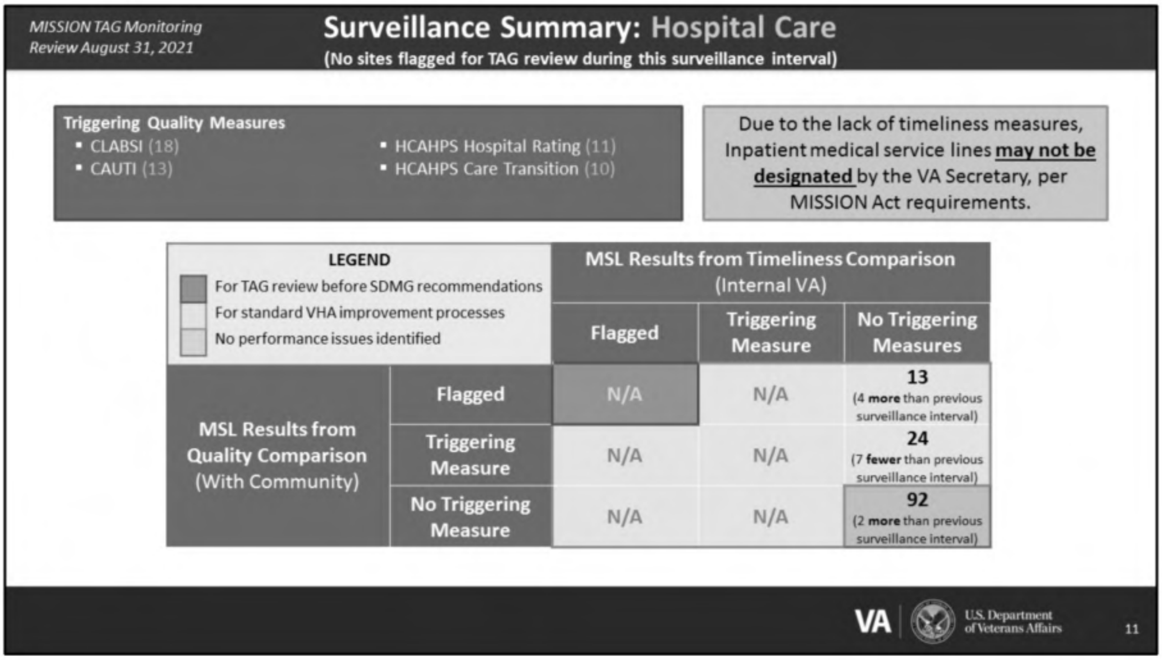

MISSION TAG Monitoring Review August 31, 2021

Surveillance Summary: Hospital Care

(No sites flagged for TAG review during this surveillance interval)

Triggering Quality Measures

- CLABSI (18)
- CAUTI (13)
- HCAHPS Hospital Rating (11)
- HCAHPS Care Transition (10)

Due to the lack of timeliness measures, Inpatient medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

LEGEND

- ■ For TAG review before SDMG recommendations
- □ For standard VHA improvement processes
- ▨ No performance issues identified

		MSL Results from Timeliness Comparison (Internal VA)		
		Flagged	**Triggering Measure**	**No Triggering Measures**
MSL Results from Quality Comparison (With Community)	**Flagged**	N/A	N/A	**13** (4 **more** than previous surveillance interval)
	Triggering Measure	N/A	N/A	**24** (7 **fewer** than previous surveillance interval)
	No Triggering Measure	N/A	N/A	**92** (2 **more** than previous surveillance interval)

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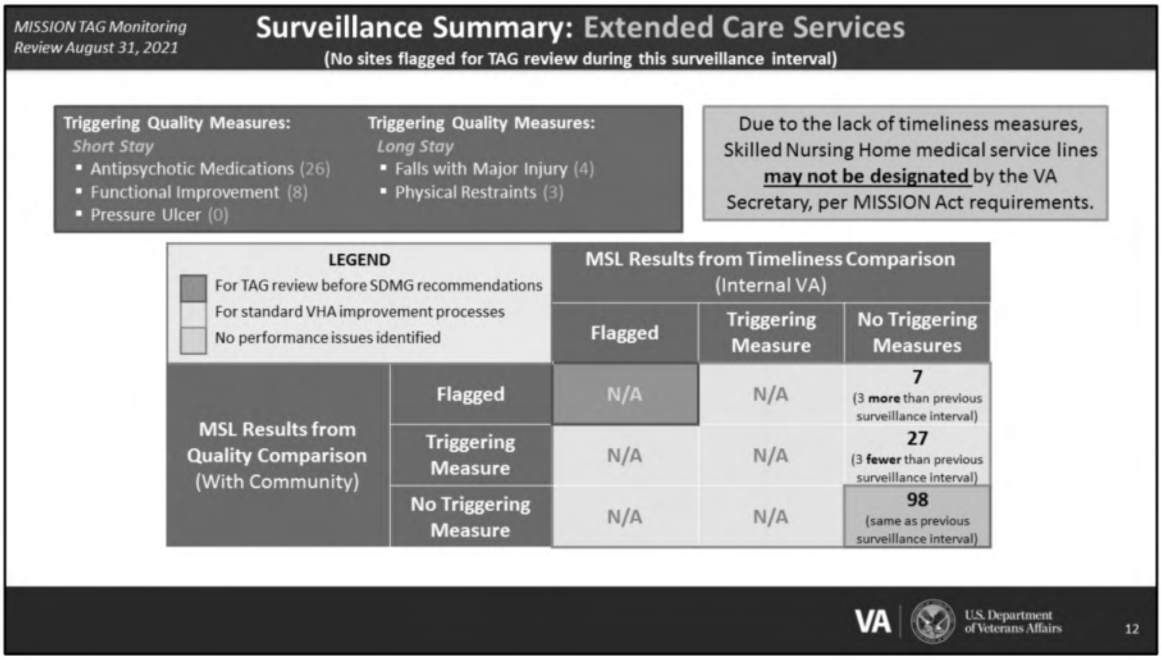

MISSION TAG Monitoring Review August 31, 2021

Surveillance Summary: Extended Care Services

(No sites flagged for TAG review during this surveillance interval)

Triggering Quality Measures:
Short Stay
- Antipsychotic Medications (26)
- Functional Improvement (8)
- Pressure Ulcer (0)

Triggering Quality Measures:
Long Stay
- Falls with Major Injury (4)
- Physical Restraints (3)

Due to the lack of timeliness measures, Skilled Nursing Home medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

LEGEND
- ▨ For TAG review before SDMG recommendations
- ☐ For standard VHA improvement processes
- ▧ No performance issues identified

		MSL Results from Timeliness Comparison (Internal VA)		
		Flagged	**Triggering Measure**	**No Triggering Measures**
MSL Results from Quality Comparison (With Community)	**Flagged**	N/A	N/A	**7** (3 **more** than previous surveillance interval)
	Triggering Measure	N/A	N/A	**27** (3 **fewer** than previous surveillance interval)
	No Triggering Measure	N/A	N/A	**98** (same as previous surveillance interval)

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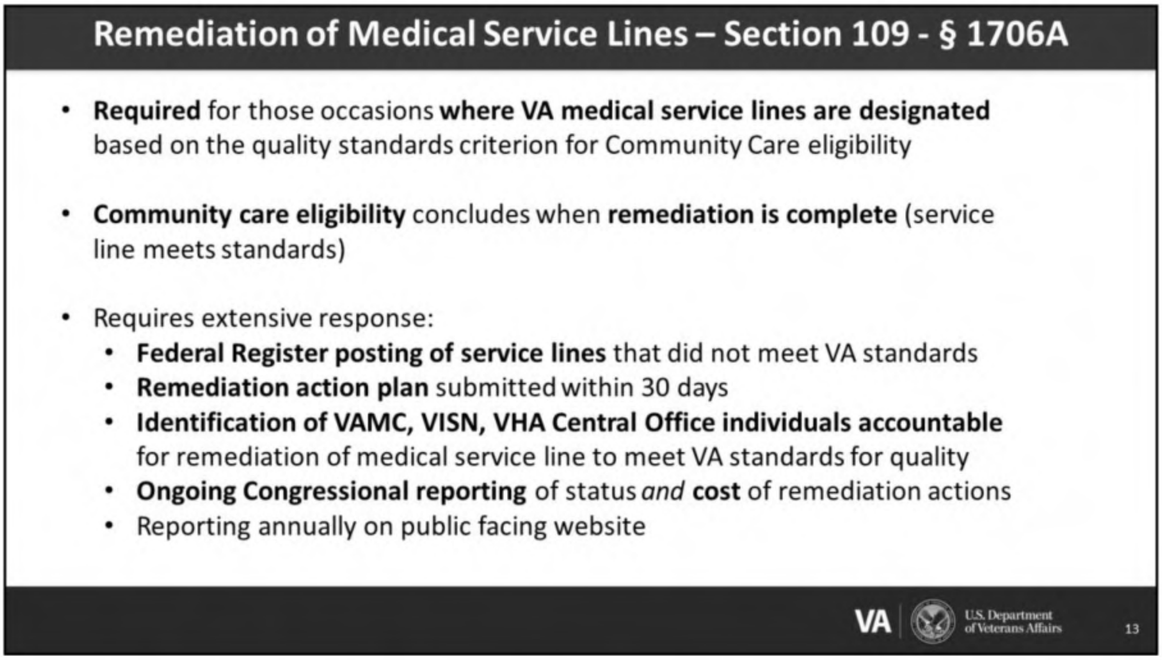


Remediation of Medical Service Lines – Section 109 - § 1706A

- **Required** for those occasions **where VA medical service lines are designated** based on the quality standards criterion for Community Care eligibility
- **Community care eligibility** concludes when **remediation is complete** (service line meets standards)
- Requires extensive response:
  - **Federal Register posting of service lines** that did not meet VA standards
  - **Remediation action plan** submitted within 30 days
  - **Identification of VAMC, VISN, VHA Central Office individuals accountable** for remediation of medical service line to meet VA standards for quality
  - **Ongoing Congressional reporting** of status *and* **cost** of remediation actions
  - Reporting annually on public facing website

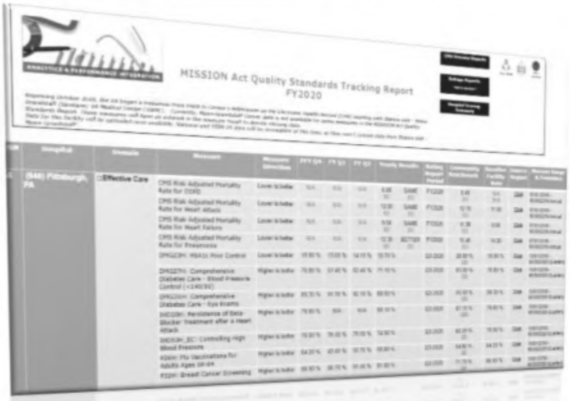
MISSION Act-specific needs, distinct from routine VHA improvement and consultation

Mission Act Quality Standards Tracking Report (MAQSTR)

The MISSION Act Quality Standards Tracking Report (MAQSTR) is designed to help compare VHA performance measure results to comparable community benchmarks

The main report displays:

- Measure Domains
- Short description of performance measures
- Preferred data direction
- Short description of performance measures
- Quarterly and yearly data
- Community scores
- Facility prior year score
- Links to the source reports
- Measure data timeframes

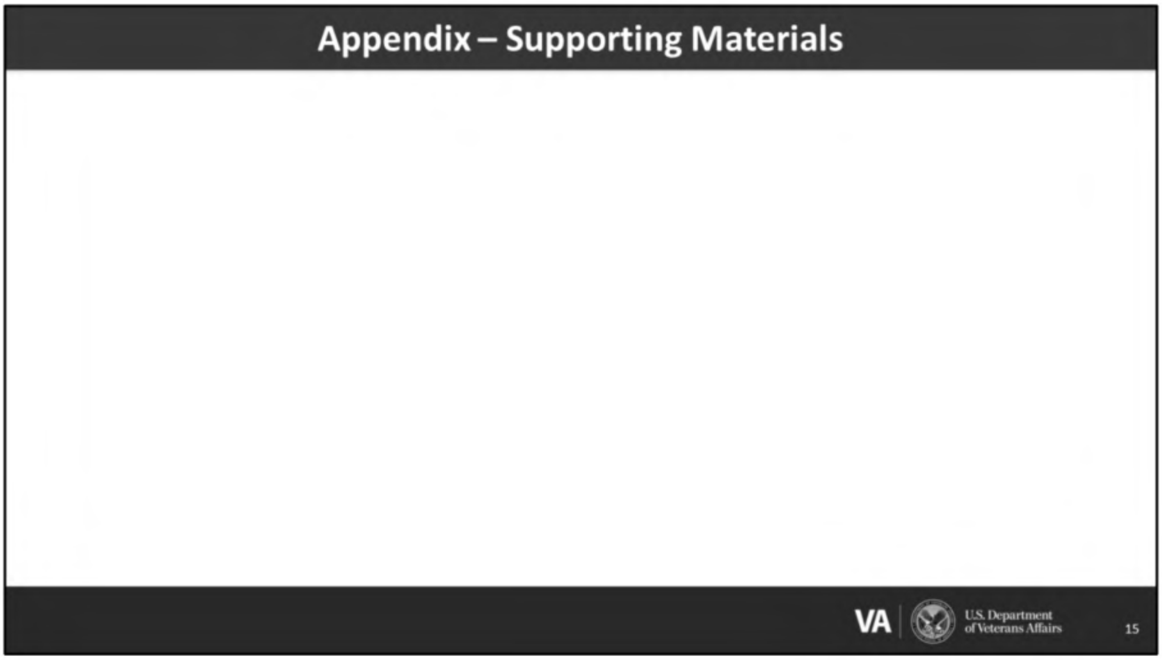


MISSION Act Quality Standards Tracking Report
FY2020

(648) Pittsburgh, PA

☐Effective Care

https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?/IPEC/NDPP/NDPP_Production/NDPP



Appendix – Supporting Materials

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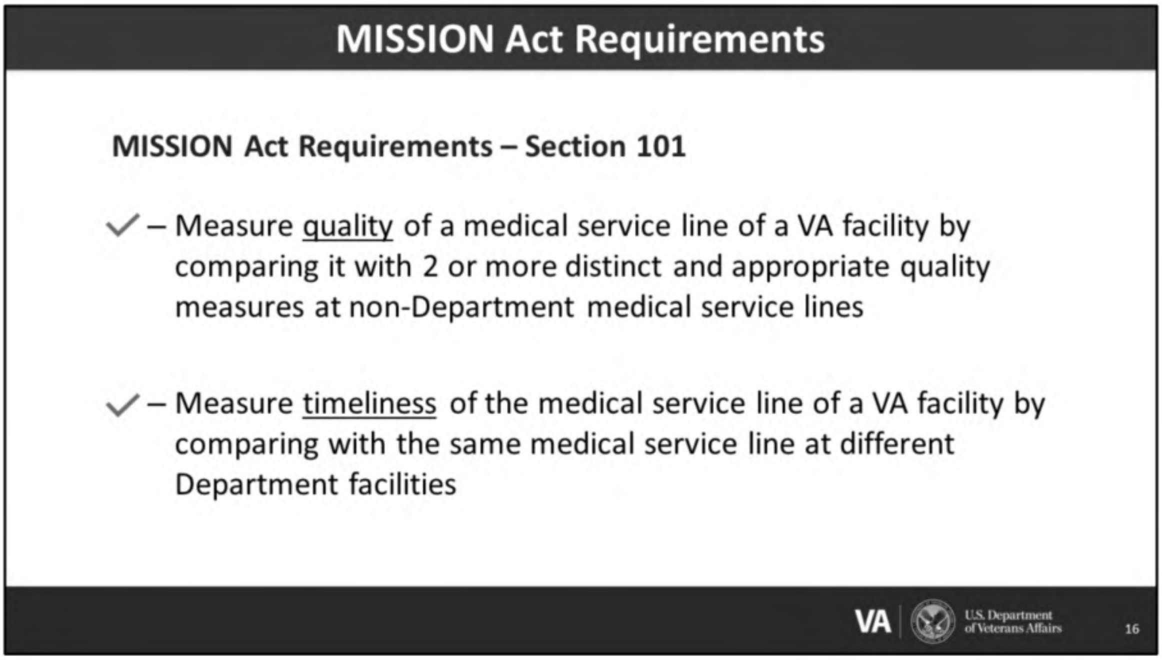
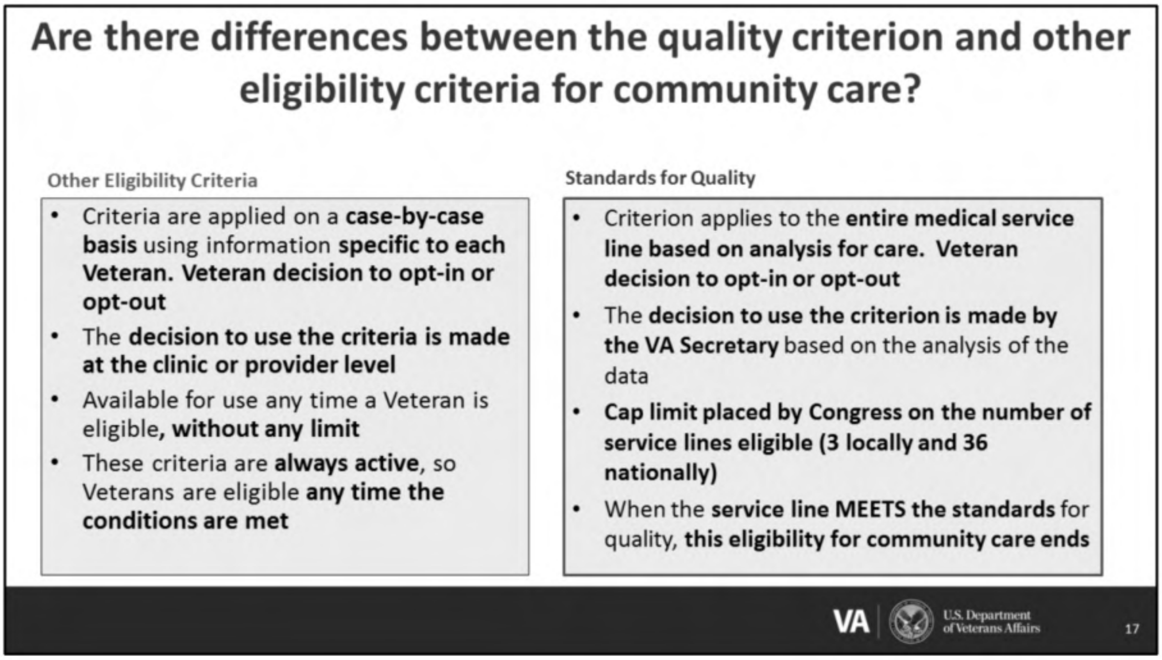


MISSION Act Requirements

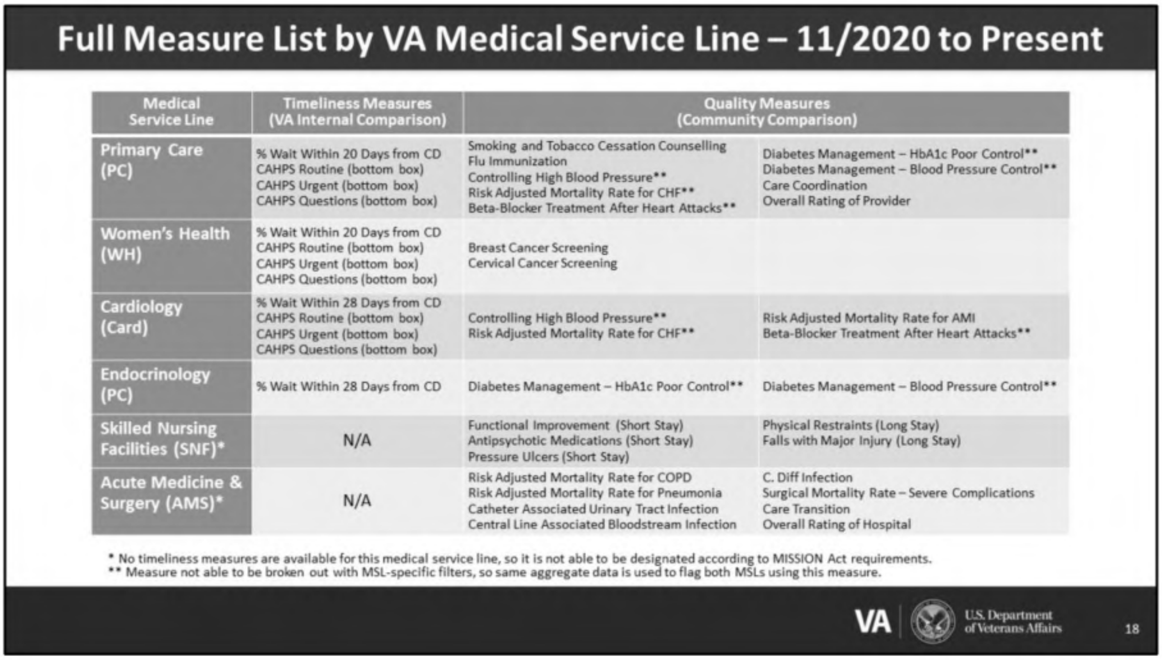
MISSION Act Requirements – Section 101

- ✓ – Measure quality of a medical service line of a VA facility by comparing it with 2 or more distinct and appropriate quality measures at non-Department medical service lines
- ✓ – Measure timeliness of the medical service line of a VA facility by comparing with the same medical service line at different Department facilities



Are there differences between the quality criterion and other eligibility criteria for community care?

Other Eligibility Criteria	Standards for Quality
Criteria are applied on a **case-by-case basis** using information **specific to each Veteran. Veteran decision to opt-in or opt-out**	Criterion applies to the **entire medical service line based on analysis for care. Veteran decision to opt-in or opt-out**
The **decision to use the criteria is made at the clinic or provider level**	The **decision to use the criterion is made by the VA Secretary** based on the analysis of the data
Available for use any time a Veteran is eligible**, without any limit**	**Cap limit placed by Congress on the number of service lines eligible (3 locally and 36 nationally)**
These criteria are **always active**, so Veterans are eligible **any time the conditions are met**	When the **service line MEETS the standards** for quality, **this eligibility for community care ends**



Full Measure List by VA Medical Service Line – 11/2020 to Present

Medical Service Line	Timeliness Measures (VA Internal Comparison)	Quality Measures (Community Comparison)	
Primary Care (PC)	% Wait Within 20 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Smoking and Tobacco Cessation Counselling Flu Immunization Controlling High Blood Pressure** Risk Adjusted Mortality Rate for CHF** Beta-Blocker Treatment After Heart Attacks**	Diabetes Management – HbA1c Poor Control** Diabetes Management – Blood Pressure Control** Care Coordination Overall Rating of Provider
Women's Health (WH)	% Wait Within 20 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Breast Cancer Screening Cervical Cancer Screening	
Cardiology (Card)	% Wait Within 28 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Controlling High Blood Pressure** Risk Adjusted Mortality Rate for CHF**	Risk Adjusted Mortality Rate for AMI Beta-Blocker Treatment After Heart Attacks**
Endocrinology (PC)	% Wait Within 28 Days from CD	Diabetes Management – HbA1c Poor Control**	Diabetes Management – Blood Pressure Control**
Skilled Nursing Facilities (SNF)*	N/A	Functional Improvement (Short Stay) Antipsychotic Medications (Short Stay) Pressure Ulcers (Short Stay)	Physical Restraints (Long Stay) Falls with Major Injury (Long Stay)
Acute Medicine & Surgery (AMS)*	N/A	Risk Adjusted Mortality Rate for COPD Risk Adjusted Mortality Rate for Pneumonia Catheter Associated Urinary Tract Infection Central Line Associated Bloodstream Infection	C. Diff Infection Surgical Mortality Rate – Severe Complications Care Transition Overall Rating of Hospital

* No timeliness measures are available for this medical service line, so it is not able to be designated according to MISSION Act requirements.
** Measure not able to be broken out with MSL-specific filters, so same aggregate data is used to flag both MSLs using this measure.

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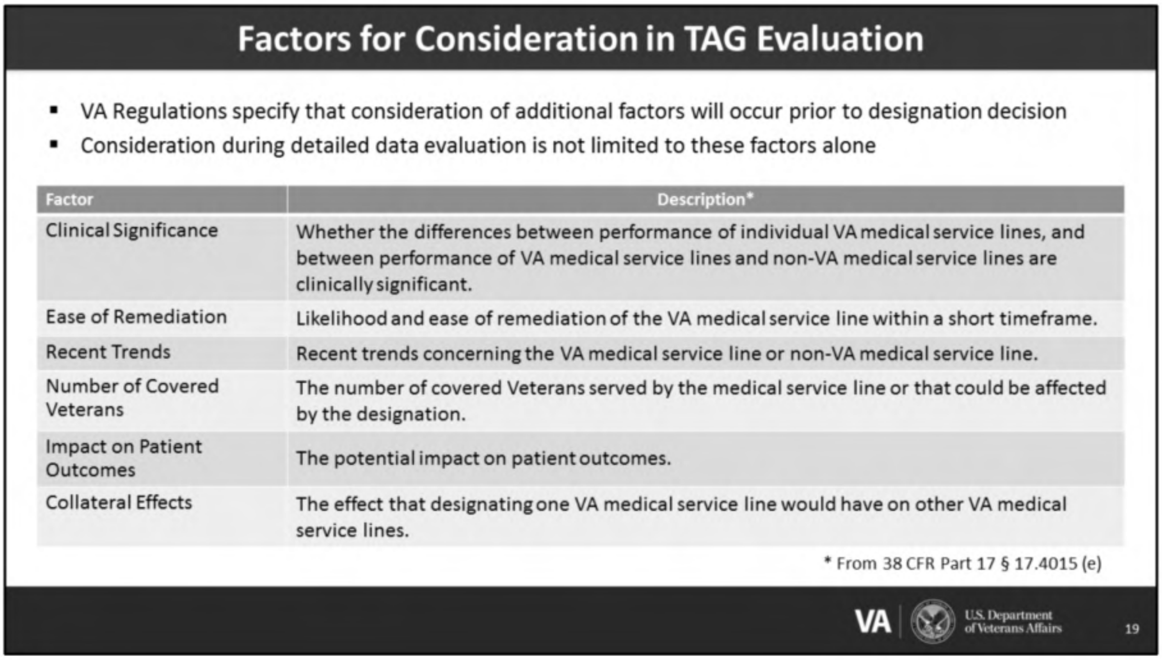
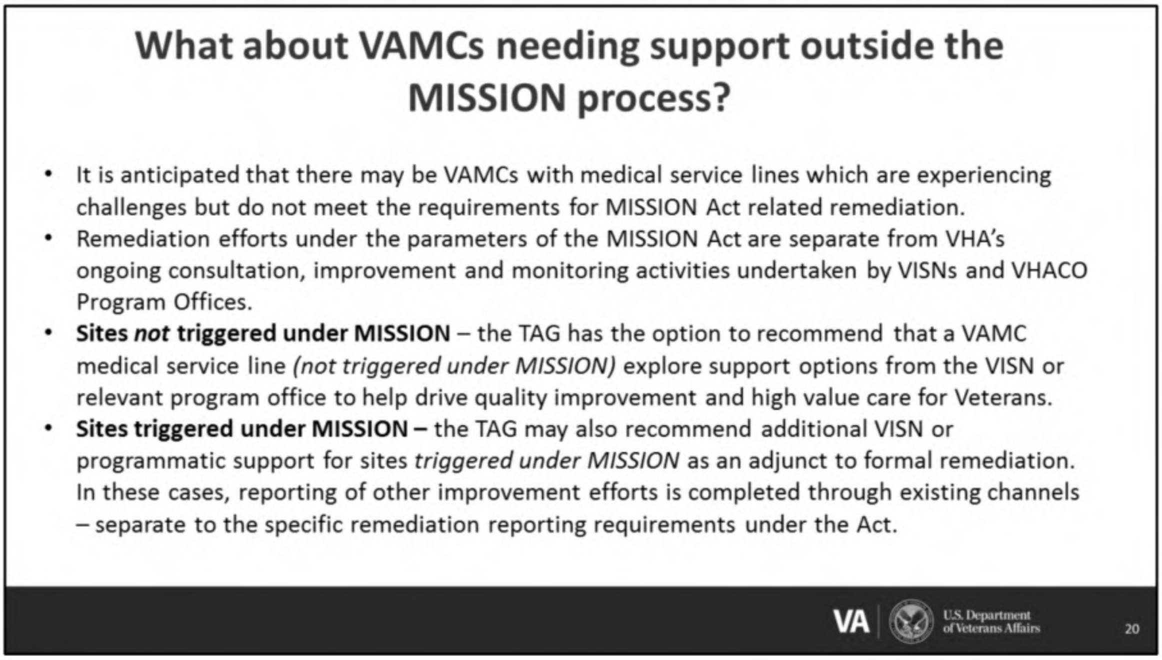


Factors for Consideration in TAG Evaluation

- VA Regulations specify that consideration of additional factors will occur prior to designation decision
- Consideration during detailed data evaluation is not limited to these factors alone

Factor	Description*
Clinical Significance	Whether the differences between performance of individual VA medical service lines, and between performance of VA medical service lines and non-VA medical service lines are clinically significant.
Ease of Remediation	Likelihood and ease of remediation of the VA medical service line within a short timeframe.
Recent Trends	Recent trends concerning the VA medical service line or non-VA medical service line.
Number of Covered Veterans	The number of covered Veterans served by the medical service line or that could be affected by the designation.
Impact on Patient Outcomes	The potential impact on patient outcomes.
Collateral Effects	The effect that designating one VA medical service line would have on other VA medical service lines.

* From 38 CFR Part 17 § 17.4015 (e)



What about VAMCs needing support outside the MISSION process?

- It is anticipated that there may be VAMCs with medical service lines which are experiencing challenges but do not meet the requirements for MISSION Act related remediation.
- Remediation efforts under the parameters of the MISSION Act are separate from VHA's ongoing consultation, improvement and monitoring activities undertaken by VISNs and VHACO Program Offices.
- **Sites *not* triggered under MISSION** – the TAG has the option to recommend that a VAMC medical service line *(not triggered under MISSION)* explore support options from the VISN or relevant program office to help drive quality improvement and high value care for Veterans.
- **Sites triggered under MISSION –** the TAG may also recommend additional VISN or programmatic support for sites *triggered under MISSION* as an adjunct to formal remediation. In these cases, reporting of other improvement efforts is completed through existing channels – separate to the specific remediation reporting requirements under the Act.

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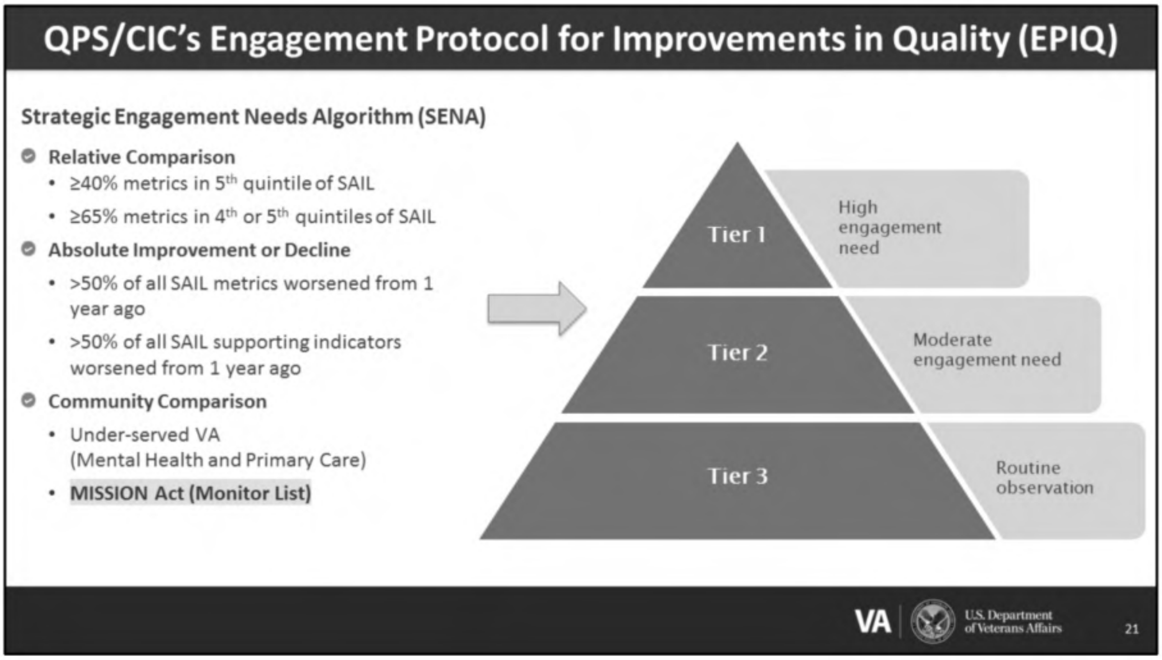

QPS/CIC's Engagement Protocol for Improvements in Quality (EPIQ)

Strategic Engagement Needs Algorithm (SENA)

- **Relative Comparison**
  - ≥40% metrics in 5th quintile of SAIL
  - ≥65% metrics in 4th or 5th quintiles of SAIL
- **Absolute Improvement or Decline**
  - >50% of all SAIL metrics worsened from 1 year ago
  - >50% of all SAIL supporting indicators worsened from 1 year ago
- **Community Comparison**
  - Under-served VA (Mental Health and Primary Care)
  - **MISSION Act (Monitor List)**

Tier 1 – High engagement need

Tier 2 – Moderate engagement need

Tier 3 – Routine observation

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MISSION Act Quality Standards and Related Activities

VHA Office of Quality and Patient Safety (QPS)
September 1, 2021

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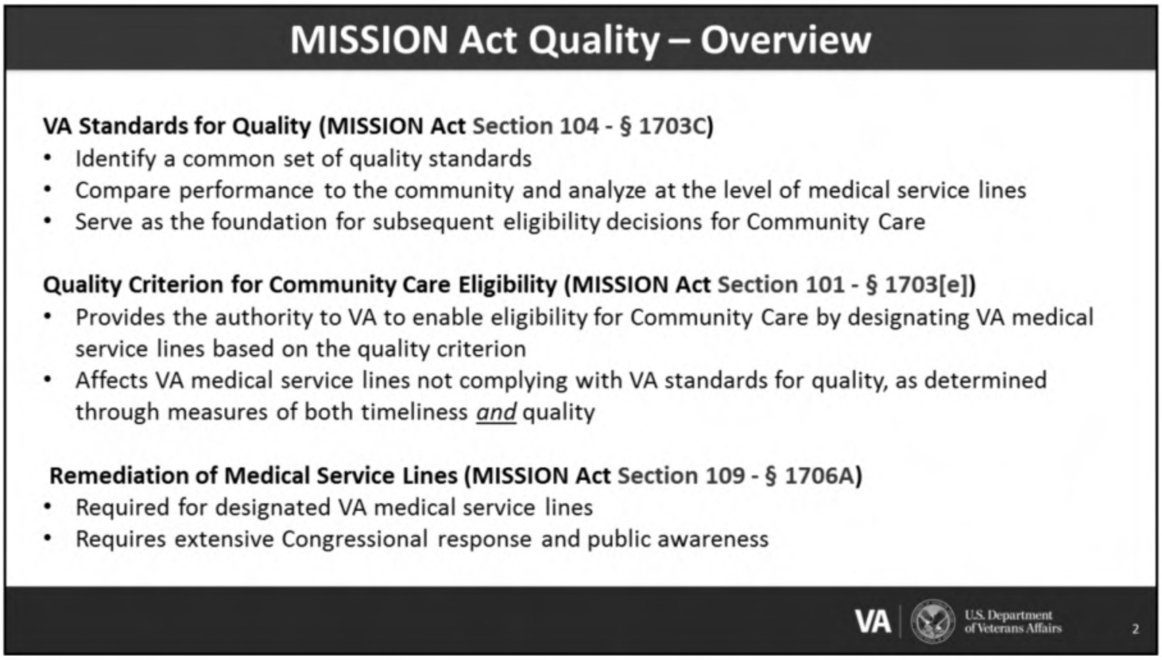


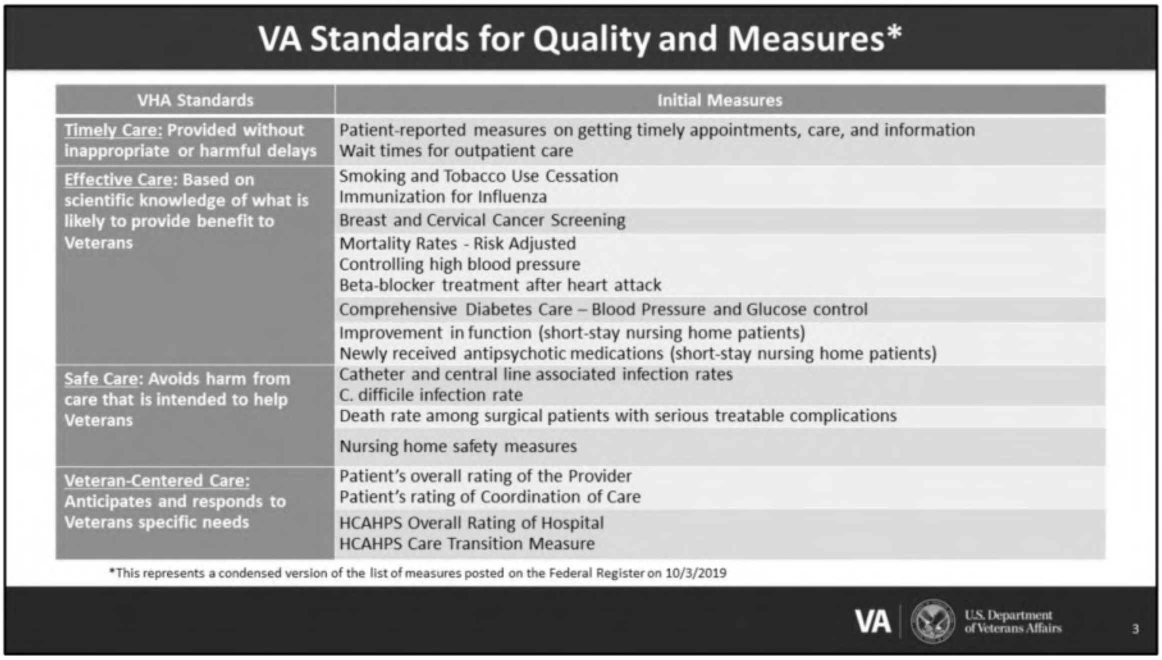
MISSION Act Quality – Overview

VA Standards for Quality (MISSION Act Section 104 - § 1703C)
- Identify a common set of quality standards
- Compare performance to the community and analyze at the level of medical service lines
- Serve as the foundation for subsequent eligibility decisions for Community Care

Quality Criterion for Community Care Eligibility (MISSION Act Section 101 - § 1703[e])
- Provides the authority to VA to enable eligibility for Community Care by designating VA medical service lines based on the quality criterion
- Affects VA medical service lines not complying with VA standards for quality, as determined through measures of both timeliness *and* quality

Remediation of Medical Service Lines (MISSION Act Section 109 - § 1706A)
- Required for designated VA medical service lines
- Requires extensive Congressional response and public awareness

MISSION Act-specific needs, distinct from routine VHA improvement and consultation



VA Standards for Quality and Measures*

VHA Standards	Initial Measures
Timely Care: Provided without inappropriate or harmful delays	Patient-reported measures on getting timely appointments, care, and information Wait times for outpatient care
Effective Care: Based on scientific knowledge of what is likely to provide benefit to Veterans	Smoking and Tobacco Use Cessation Immunization for Influenza
	Breast and Cervical Cancer Screening
	Mortality Rates - Risk Adjusted Controlling high blood pressure Beta-blocker treatment after heart attack
	Comprehensive Diabetes Care – Blood Pressure and Glucose control
	Improvement in function (short-stay nursing home patients) Newly received antipsychotic medications (short-stay nursing home patients)
Safe Care: Avoids harm from care that is intended to help Veterans	Catheter and central line associated infection rates C. difficile infection rate
	Death rate among surgical patients with serious treatable complications
	Nursing home safety measures
Veteran-Centered Care: Anticipates and responds to Veterans specific needs	Patient's overall rating of the Provider Patient's rating of Coordination of Care
	HCAHPS Overall Rating of Hospital HCAHPS Care Transition Measure

*This represents a condensed version of the list of measures posted on the Federal Register on 10/3/2019

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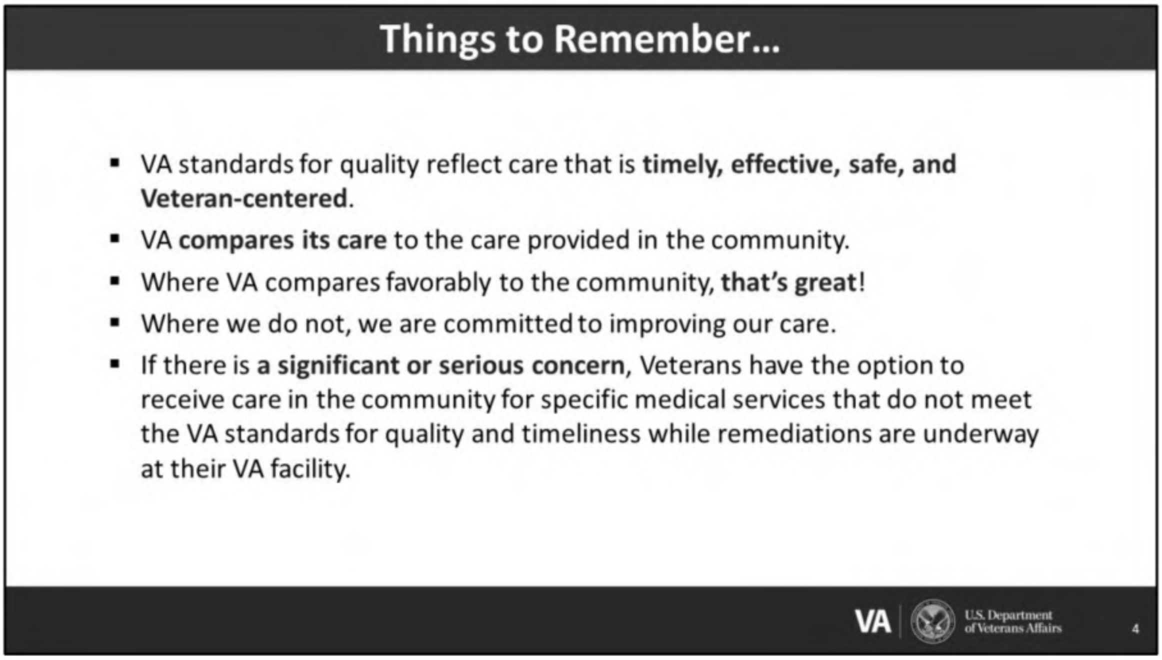

Things to Remember...

- VA standards for quality reflect care that is **timely, effective, safe, and Veteran-centered**.
- VA **compares its care** to the care provided in the community.
- Where VA compares favorably to the community, **that's great**!
- Where we do not, we are committed to improving our care.
- If there is **a significant or serious concern**, Veterans have the option to receive care in the community for specific medical services that do not meet the VA standards for quality and timeliness while remediations are underway at their VA facility.

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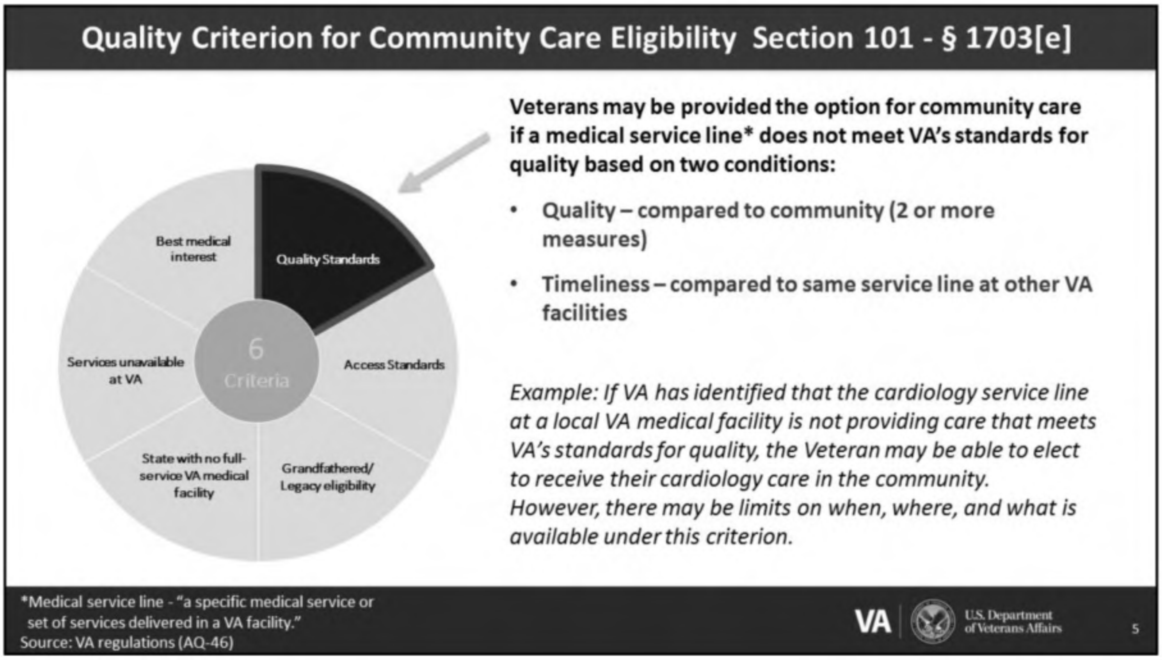

Best medical interest
Quality Standards
Services unavailable at VA
6 Criteria
Access Standards
State with no full-service VA medical facility
Grandfathered/ Legacy eligibility

Quality Criterion for Community Care Eligibility Section 101 - § 1703[e]

Veterans may be provided the option for community care if a medical service line* does not meet VA's standards for quality based on two conditions:

- Quality – compared to community (2 or more measures)
- Timeliness – compared to same service line at other VA facilities

Example: If VA has identified that the cardiology service line at a local VA medical facility is not providing care that meets VA's standards for quality, the Veteran may be able to elect to receive their cardiology care in the community. However, there may be limits on when, where, and what is available under this criterion.

*Medical service line - "a specific medical service or set of services delivered in a VA facility."
Source: VA regulations (AQ-46)

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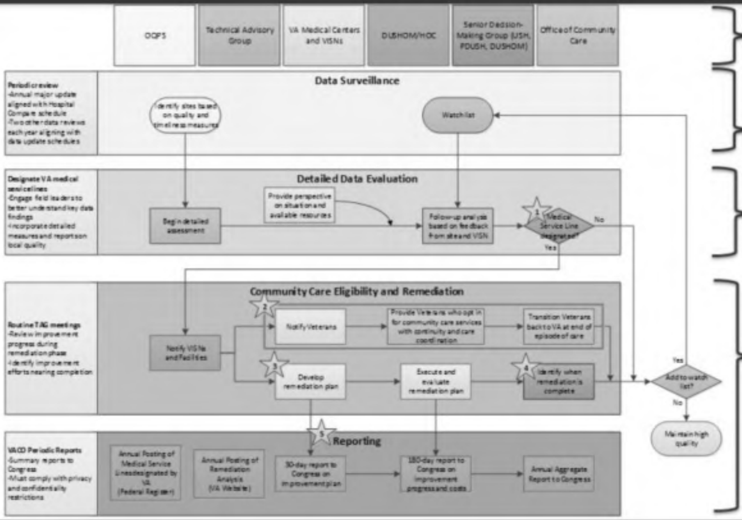
Process Overview


OQPS
Technical Advisory Group
VA Medical Centers and VISNs
DUSHOM/HOC
Senior Decision-Making Group (USH, PDUSH, DUSHOM)
Office of Community Care
Periodic review
-Annual major update aligned with Hospital Compare schedule
-Two other data reviews each year aligning with data update schedules
Data Surveillance
Identify sites based on quality and timeliness measures
Watch list
Designate VA medical service lines
-Engage field leaders to better understand key data findings
-Incorporate detailed measures and report on local quality
Detailed Data Evaluation
Begin detailed assessment
Provide perspective on situation and available resources
Follow-up analysis based on feedback from site and VISN
1
Medical Service Line designated?
No
Yes
Routine TAG meetings
-Review improvement progress during remediation phase
-Identify improvement efforts nearing completion
Community Care Eligibility and Remediation
Notify VISNs and Facilities
2
Notify Veterans
Provide Veterans who opt in for community care services with continuity and care coordination
Transition Veterans back to VA at end of episode of care
3
Develop remediation plan
Execute and evaluate remediation plan
4
Identify when remediation is complete
Yes
Add to watch list?
No
Maintain high quality
VACO Periodic Reports
-Summary reports to Congress
-Must comply with privacy and confidentiality restrictions
5
Reporting
Annual Posting of Medical Service Lines designated by VA (Federal Register)
Annual Posting of Remediation Analysis (VA Website)
30-day report to Congress on improvement plan
180-day report to Congress on improvement progress and costs
Annual Aggregate Report to Congress

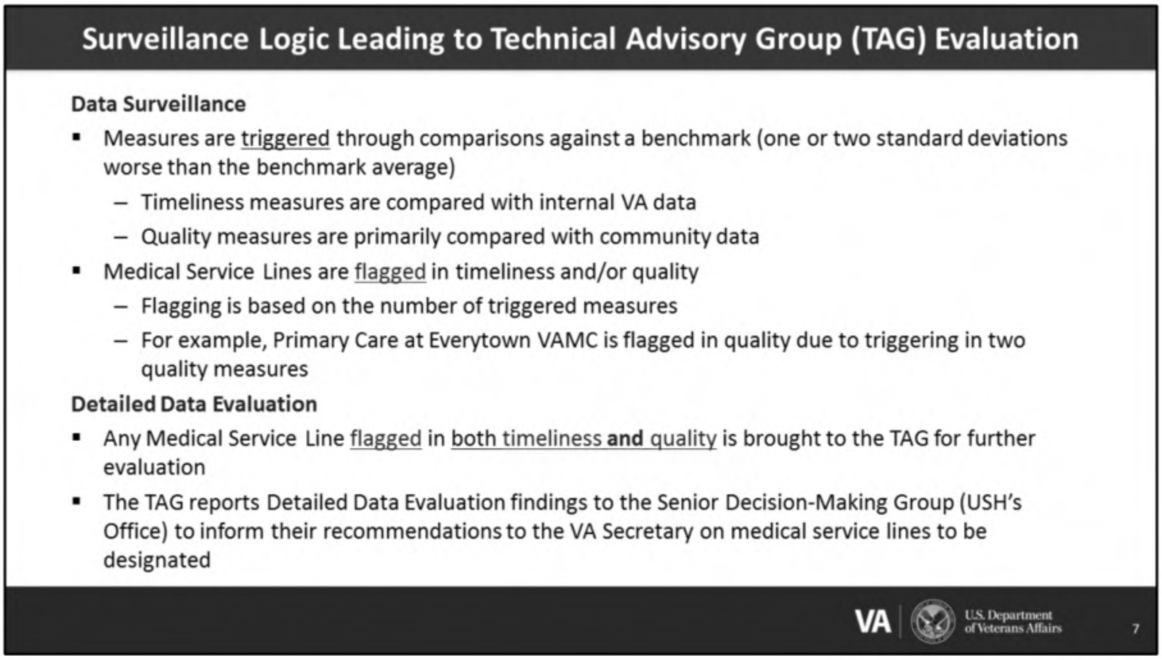
Shared accountability in Implementation Process

Overview: Three-Step Process

1. Data Surveillance/Screening
2. Detailed Data Analysis to determine service lines not meeting VA standards

TAG

3. Eligible for Community Care, paired with intensive remediation *and* Congressional reporting



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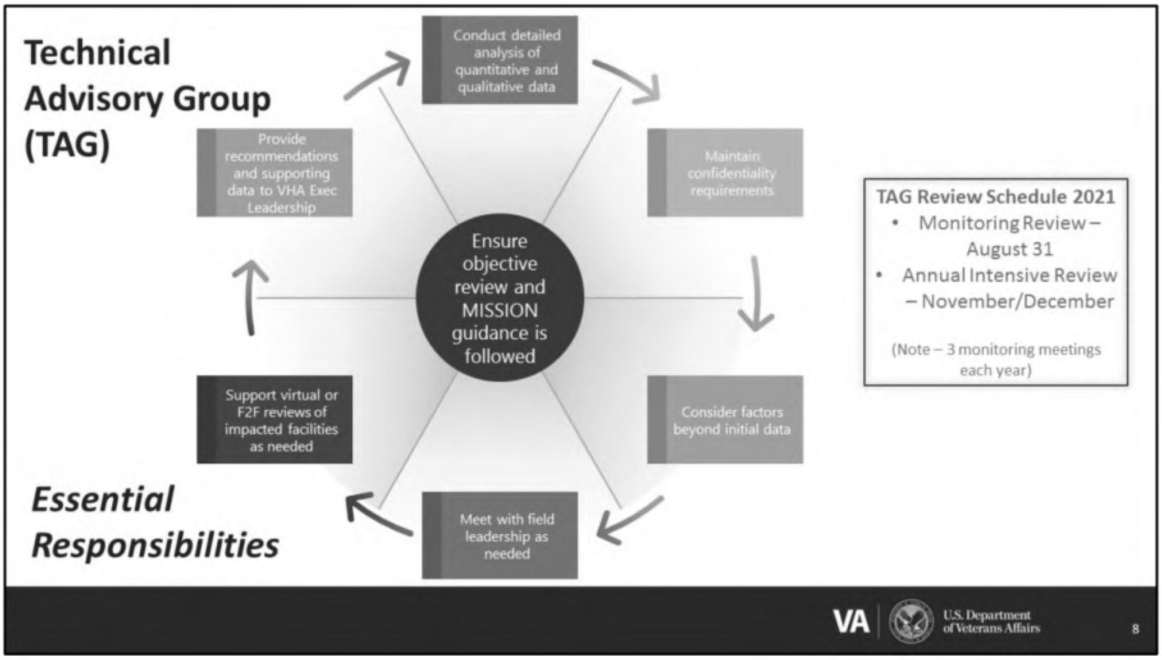

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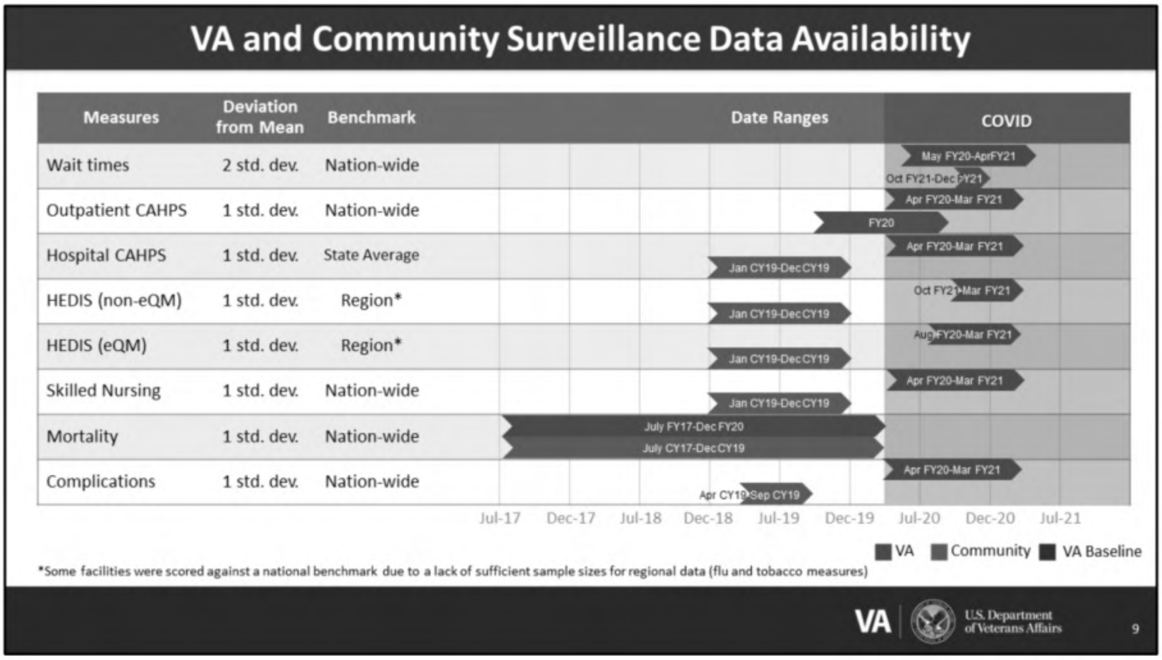

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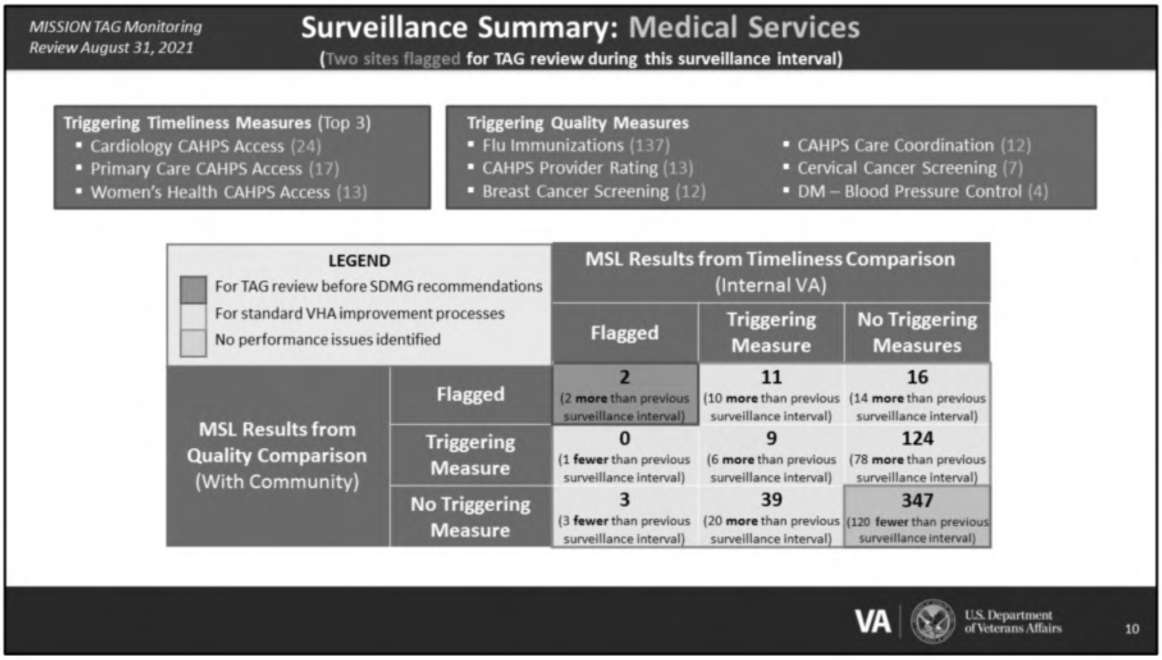

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- DM – Blood Pressure Control (4)

LEGEND
- ■ For TAG review before SDMG recommendations
- □ For standard VHA improvement processes
- ▨ No performance issues identified

		MSL Results from Timeliness Comparison (Internal VA)		
		Flagged	**Triggering Measure**	**No Triggering Measures**
MSL Results from Quality Comparison (With Community)	**Flagged**	**2** (2 **more** than previous surveillance interval)	**11** (10 **more** than previous surveillance interval)	**16** (14 **more** than previous surveillance interval)
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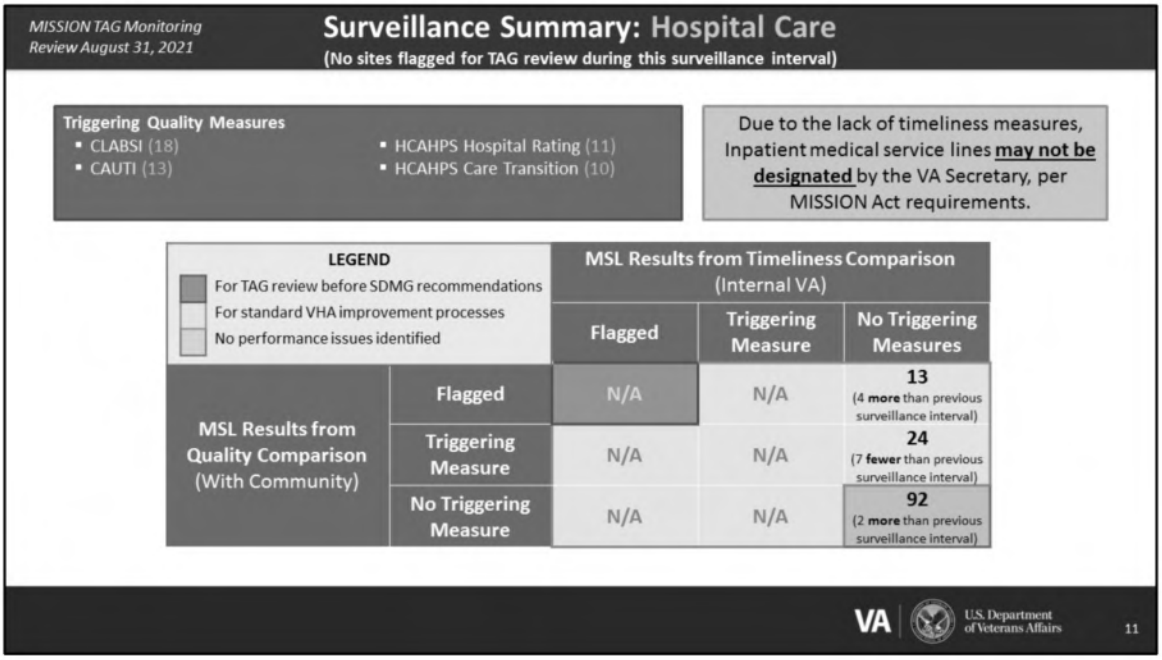

MISSION TAG Monitoring Review August 31, 2021

Surveillance Summary: Hospital Care

(No sites flagged for TAG review during this surveillance interval)

Triggering Quality Measures
- CLABSI (18)
- CAUTI (13)
- HCAHPS Hospital Rating (11)
- HCAHPS Care Transition (10)

Due to the lack of timeliness measures, Inpatient medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

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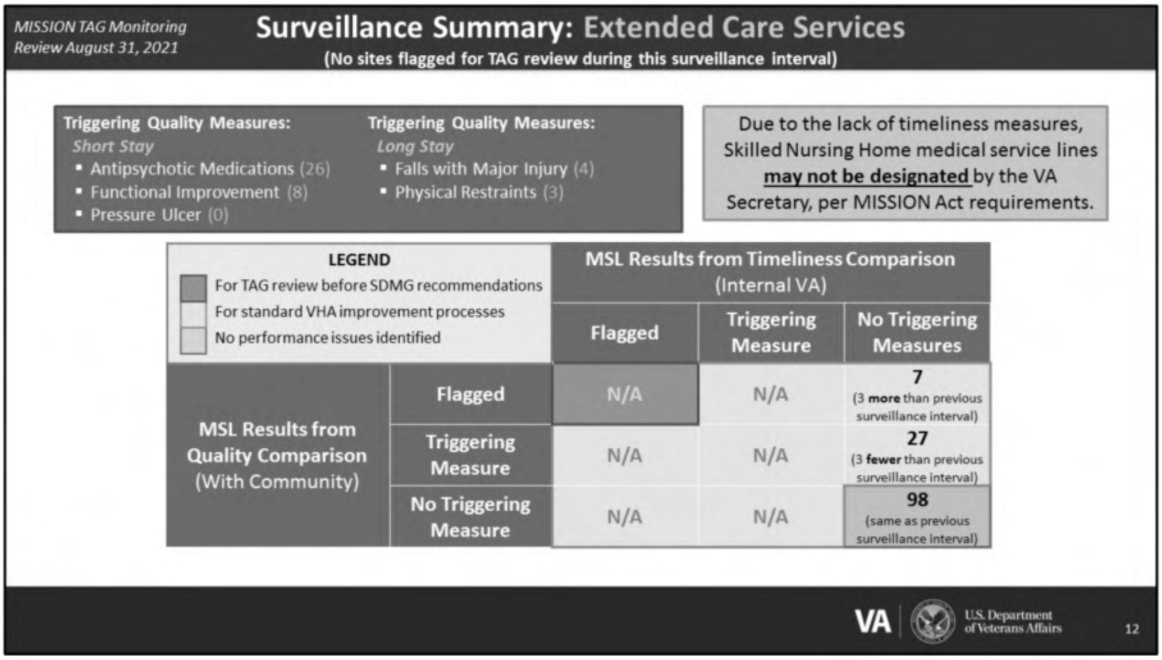

MISSION TAG Monitoring Review August 31, 2021

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(No sites flagged for TAG review during this surveillance interval)

Triggering Quality Measures:
Short Stay
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- Functional Improvement (8)
- Pressure Ulcer (0)

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- Falls with Major Injury (4)
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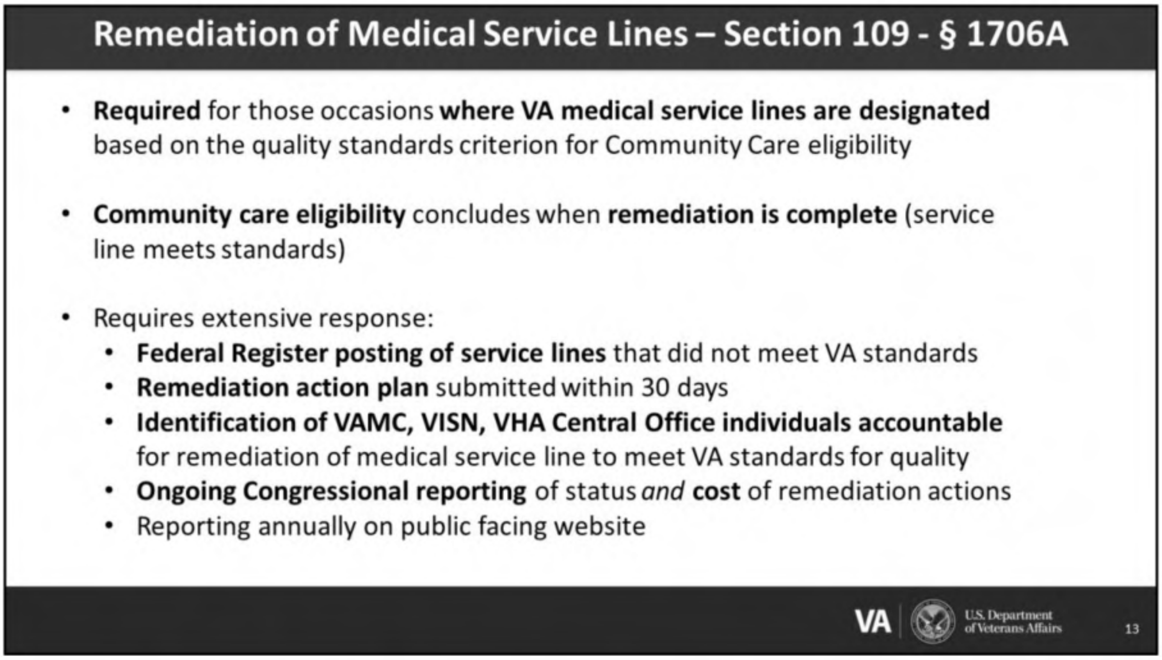
VA U.S. Department of Veterans Affairs



Remediation of Medical Service Lines – Section 109 - § 1706A

- **Required** for those occasions **where VA medical service lines are designated** based on the quality standards criterion for Community Care eligibility

- **Community care eligibility** concludes when **remediation is complete** (service line meets standards)

- Requires extensive response:
  - **Federal Register posting of service lines** that did not meet VA standards
  - **Remediation action plan** submitted within 30 days
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Mission Act Quality Standards Tracking Report (MAQSTR)

The MISSION Act Quality Standards Tracking Report (MAQSTR) is designed to help compare VHA performance measure results to comparable community benchmarks

The main report displays:

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MISSION Act Quality Standards Tracking Report
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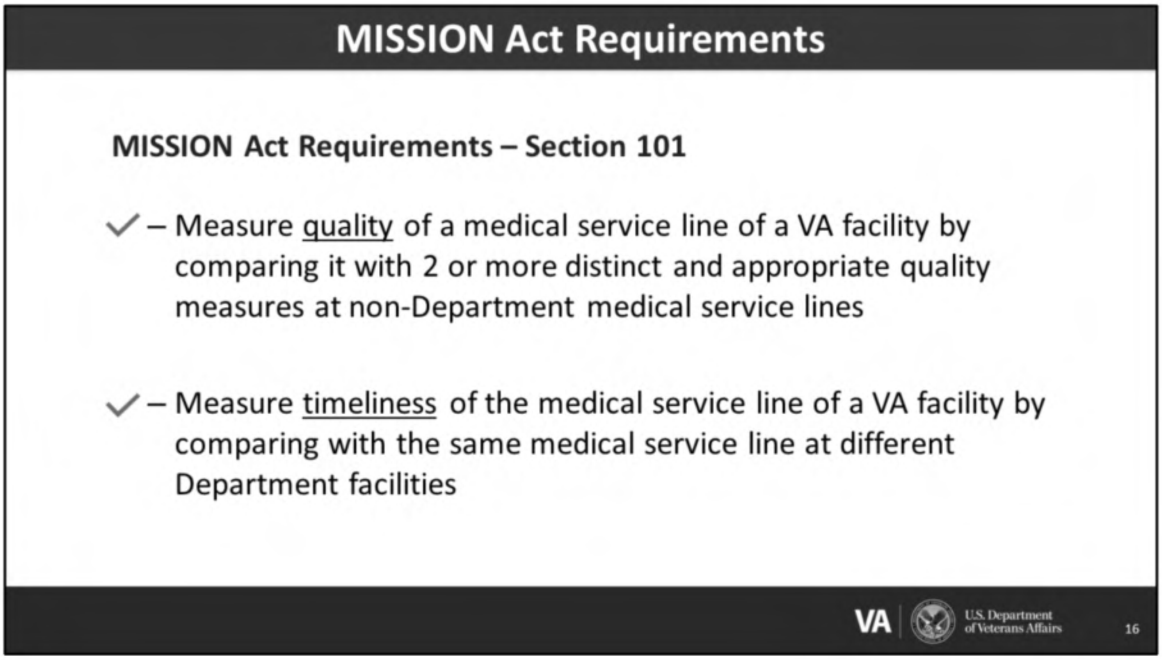
https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?/IPEC/NDPP/NDPP_Production/NDPP

Appendix – Supporting Materials



MISSION Act Requirements

MISSION Act Requirements – Section 101

✓ – Measure quality of a medical service line of a VA facility by comparing it with 2 or more distinct and appropriate quality measures at non-Department medical service lines

✓ – Measure timeliness of the medical service line of a VA facility by comparing with the same medical service line at different Department facilities

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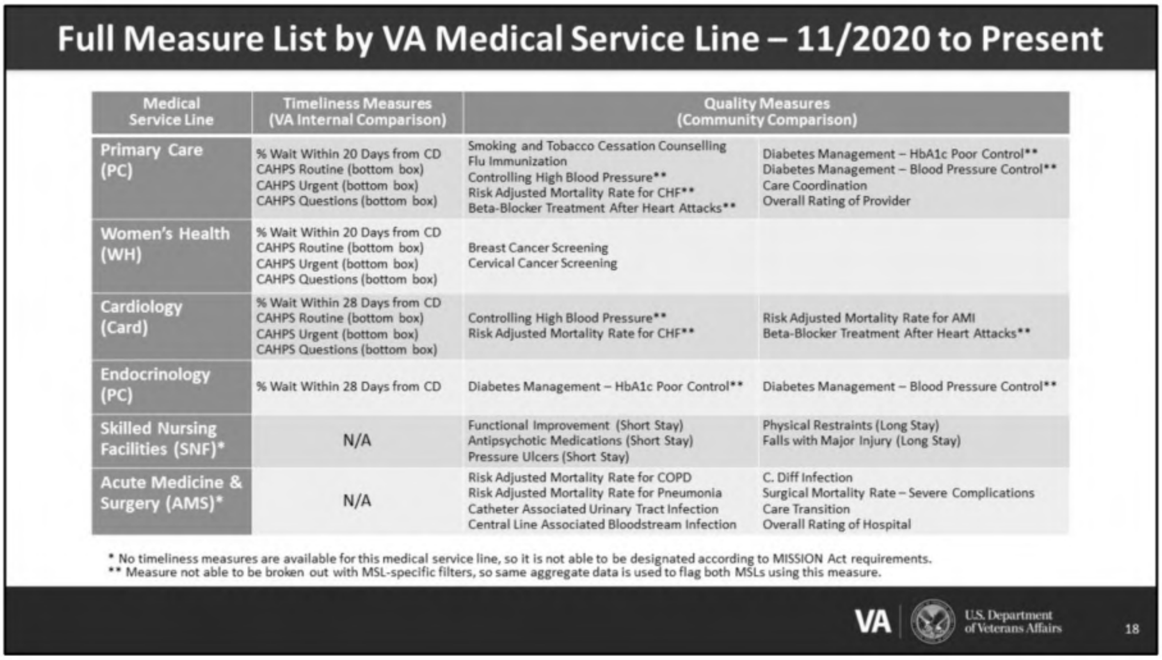
Are there differences between the quality criterion and other eligibility criteria for community care?

Other Eligibility Criteria

- Criteria are applied on a **case-by-case basis** using information **specific to each Veteran. Veteran decision to opt-in or opt-out**
- The **decision to use the criteria is made at the clinic or provider level**
- Available for use any time a Veteran is eligible**, without any limit**
- These criteria are **always active**, so Veterans are eligible **any time the conditions are met**

Standards for Quality

- Criterion applies to the **entire medical service line based on analysis for care. Veteran decision to opt-in or opt-out**
- The **decision to use the criterion is made by the VA Secretary** based on the analysis of the data
- **Cap limit placed by Congress on the number of service lines eligible (3 locally and 36 nationally)**
- When the **service line MEETS the standards** for quality, **this eligibility for community care ends**



Full Measure List by VA Medical Service Line – 11/2020 to Present

Medical Service Line	Timeliness Measures (VA Internal Comparison)	Quality Measures (Community Comparison)	
Primary Care (PC)	% Wait Within 20 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Smoking and Tobacco Cessation Counselling Flu Immunization Controlling High Blood Pressure** Risk Adjusted Mortality Rate for CHF** Beta-Blocker Treatment After Heart Attacks**	Diabetes Management – HbA1c Poor Control** Diabetes Management – Blood Pressure Control** Care Coordination Overall Rating of Provider
Women's Health (WH)	% Wait Within 20 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Breast Cancer Screening Cervical Cancer Screening	
Cardiology (Card)	% Wait Within 28 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Controlling High Blood Pressure** Risk Adjusted Mortality Rate for CHF**	Risk Adjusted Mortality Rate for AMI Beta-Blocker Treatment After Heart Attacks**
Endocrinology (PC)	% Wait Within 28 Days from CD	Diabetes Management – HbA1c Poor Control**	Diabetes Management – Blood Pressure Control**
Skilled Nursing Facilities (SNF)*	N/A	Functional Improvement (Short Stay) Antipsychotic Medications (Short Stay) Pressure Ulcers (Short Stay)	Physical Restraints (Long Stay) Falls with Major Injury (Long Stay)
Acute Medicine & Surgery (AMS)*	N/A	Risk Adjusted Mortality Rate for COPD Risk Adjusted Mortality Rate for Pneumonia Catheter Associated Urinary Tract Infection Central Line Associated Bloodstream Infection	C. Diff Infection Surgical Mortality Rate – Severe Complications Care Transition Overall Rating of Hospital

* No timeliness measures are available for this medical service line, so it is not able to be designated according to MISSION Act requirements.
** Measure not able to be broken out with MSL-specific filters, so same aggregate data is used to flag both MSLs using this measure.

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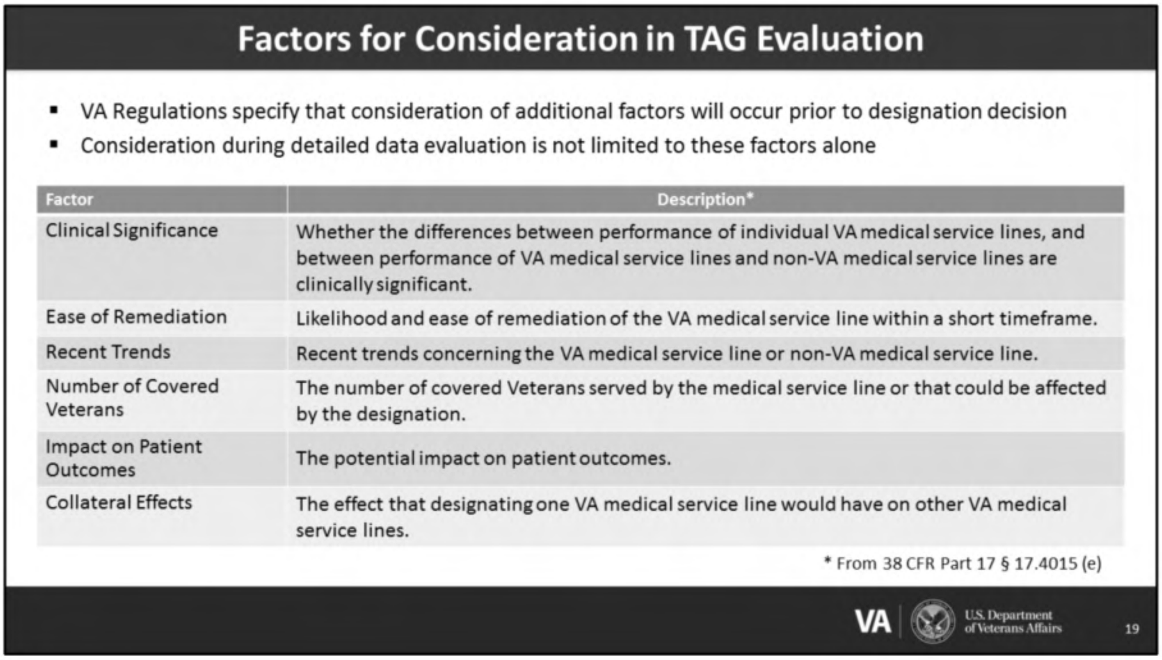

Factors for Consideration in TAG Evaluation

- VA Regulations specify that consideration of additional factors will occur prior to designation decision
- Consideration during detailed data evaluation is not limited to these factors alone

Factor	Description*
Clinical Significance	Whether the differences between performance of individual VA medical service lines, and between performance of VA medical service lines and non-VA medical service lines are clinically significant.
Ease of Remediation	Likelihood and ease of remediation of the VA medical service line within a short timeframe.
Recent Trends	Recent trends concerning the VA medical service line or non-VA medical service line.
Number of Covered Veterans	The number of covered Veterans served by the medical service line or that could be affected by the designation.
Impact on Patient Outcomes	The potential impact on patient outcomes.
Collateral Effects	The effect that designating one VA medical service line would have on other VA medical service lines.

* From 38 CFR Part 17 § 17.4015 (e)

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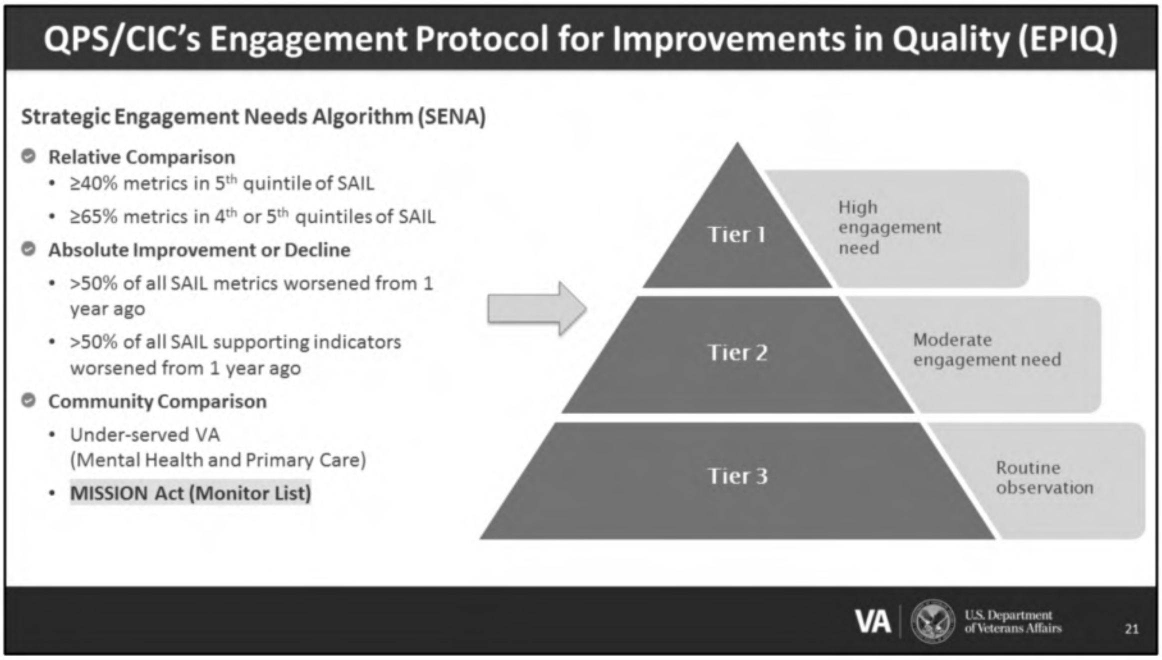
What about VAMCs needing support outside the MISSION process?

- It is anticipated that there may be VAMCs with medical service lines which are experiencing challenges but do not meet the requirements for MISSION Act related remediation.
- Remediation efforts under the parameters of the MISSION Act are separate from VHA's ongoing consultation, improvement and monitoring activities undertaken by VISNs and VHACO Program Offices.
- **Sites *not* triggered under MISSION** – the TAG has the option to recommend that a VAMC medical service line *(not triggered under MISSION)* explore support options from the VISN or relevant program office to help drive quality improvement and high value care for Veterans.
- **Sites triggered under MISSION –** the TAG may also recommend additional VISN or programmatic support for sites *triggered under MISSION* as an adjunct to formal remediation. In these cases, reporting of other improvement efforts is completed through existing channels – separate to the specific remediation reporting requirements under the Act.



QPS/CIC's Engagement Protocol for Improvements in Quality (EPIQ)

Strategic Engagement Needs Algorithm (SENA)

- **Relative Comparison**
  - ≥40% metrics in 5th quintile of SAIL
  - ≥65% metrics in 4th or 5th quintiles of SAIL
- **Absolute Improvement or Decline**
  - >50% of all SAIL metrics worsened from 1 year ago
  - >50% of all SAIL supporting indicators worsened from 1 year ago
- **Community Comparison**
  - Under-served VA (Mental Health and Primary Care)
  - **MISSION Act (Monitor List)**

Tier 1 – High engagement need

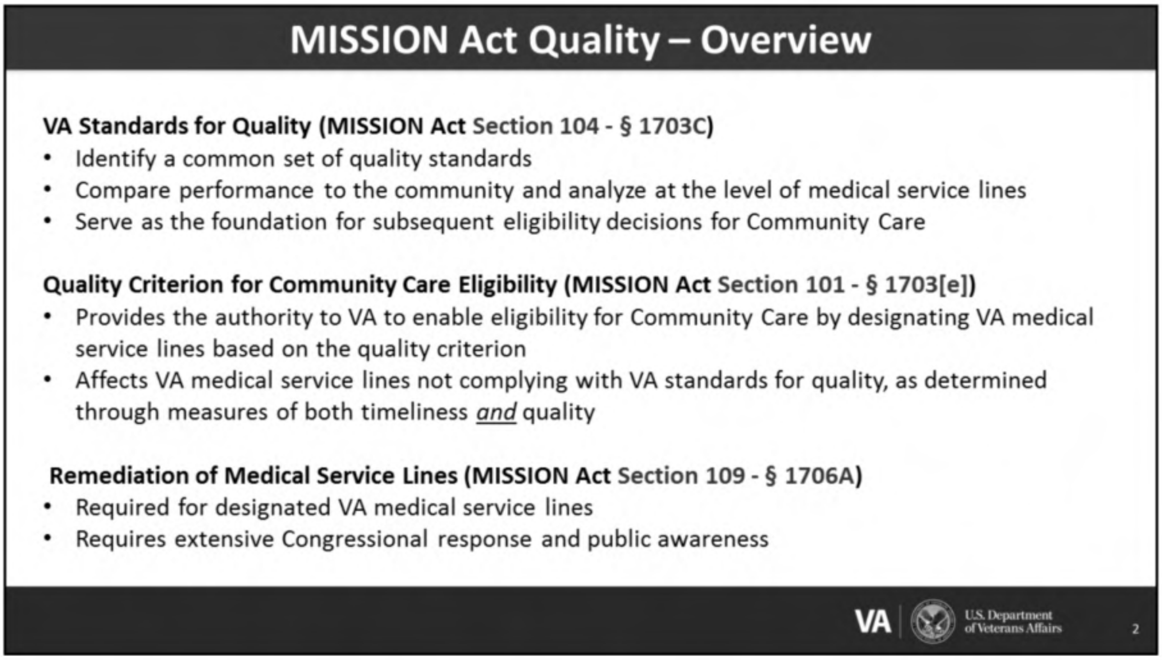
Tier 2 – Moderate engagement need

Tier 3 – Routine observation

MISSION Act Quality Standards and Related Activities

VHA Office of Quality and Patient Safety (QPS)
September 1, 2021

VA
U.S. Department
of Veterans Affairs



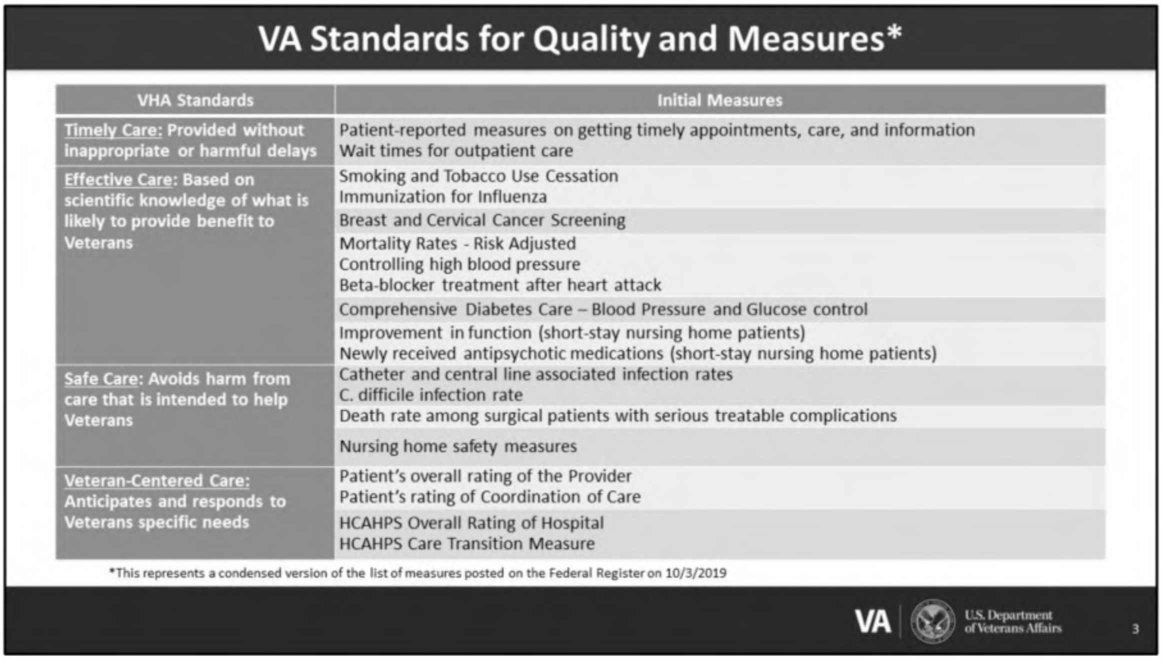
MISSION Act Quality – Overview

VA Standards for Quality (MISSION Act Section 104 - § 1703C**)**
- Identify a common set of quality standards
- Compare performance to the community and analyze at the level of medical service lines
- Serve as the foundation for subsequent eligibility decisions for Community Care

Quality Criterion for Community Care Eligibility (MISSION Act Section 101 - § 1703[e]**)**
- Provides the authority to VA to enable eligibility for Community Care by designating VA medical service lines based on the quality criterion
- Affects VA medical service lines not complying with VA standards for quality, as determined through measures of both timeliness *and* quality

Remediation of Medical Service Lines (MISSION Act Section 109 - § 1706A**)**
- Required for designated VA medical service lines
- Requires extensive Congressional response and public awareness

MISSION Act-specific needs, distinct from routine VHA improvement and consultation



VA Standards for Quality and Measures*

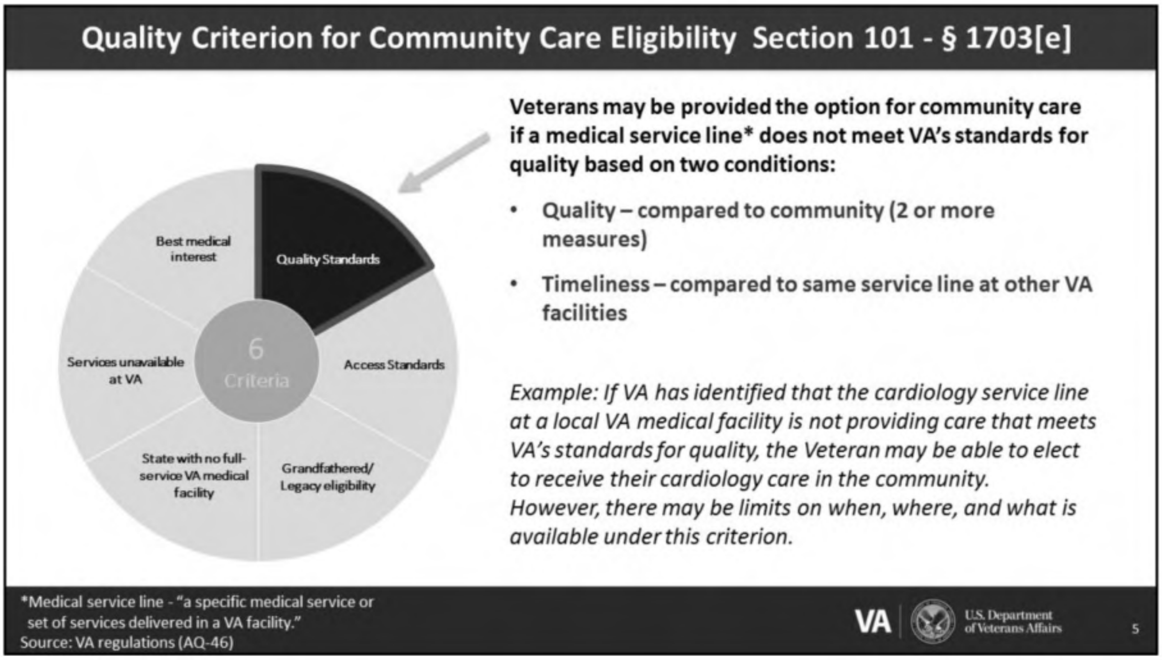
VHA Standards	Initial Measures
Timely Care: Provided without inappropriate or harmful delays	Patient-reported measures on getting timely appointments, care, and information Wait times for outpatient care
Effective Care: Based on scientific knowledge of what is likely to provide benefit to Veterans	Smoking and Tobacco Use Cessation Immunization for Influenza
	Breast and Cervical Cancer Screening
	Mortality Rates - Risk Adjusted Controlling high blood pressure Beta-blocker treatment after heart attack
	Comprehensive Diabetes Care – Blood Pressure and Glucose control
	Improvement in function (short-stay nursing home patients) Newly received antipsychotic medications (short-stay nursing home patients)
Safe Care: Avoids harm from care that is intended to help Veterans	Catheter and central line associated infection rates C. difficile infection rate
	Death rate among surgical patients with serious treatable complications
	Nursing home safety measures
Veteran-Centered Care: Anticipates and responds to Veterans specific needs	Patient's overall rating of the Provider Patient's rating of Coordination of Care
	HCAHPS Overall Rating of Hospital HCAHPS Care Transition Measure

*This represents a condensed version of the list of measures posted on the Federal Register on 10/3/2019

VA U.S. Department of Veterans Affairs

Things to Remember…

- VA standards for quality reflect care that is **timely, effective, safe, and Veteran-centered**.
- VA **compares its care** to the care provided in the community.
- Where VA compares favorably to the community, **that's great**!
- Where we do not, we are committed to improving our care.
- If there is **a significant or serious concern**, Veterans have the option to receive care in the community for specific medical services that do not meet the VA standards for quality and timeliness while remediations are underway at their VA facility.



Quality Criterion for Community Care Eligibility Section 101 - § 1703[e]

Best medical interest

Quality Standards

Access Standards

Grandfathered/ Legacy eligibility

State with no full-service VA medical facility

Services unavailable at VA

6 Criteria

Veterans may be provided the option for community care if a medical service line* does not meet VA's standards for quality based on two conditions:

- **Quality – compared to community (2 or more measures)**
- **Timeliness – compared to same service line at other VA facilities**

Example: If VA has identified that the cardiology service line at a local VA medical facility is not providing care that meets VA's standards for quality, the Veteran may be able to elect to receive their cardiology care in the community. However, there may be limits on when, where, and what is available under this criterion.

*Medical service line - "a specific medical service or set of services delivered in a VA facility."
Source: VA regulations (AQ-46)

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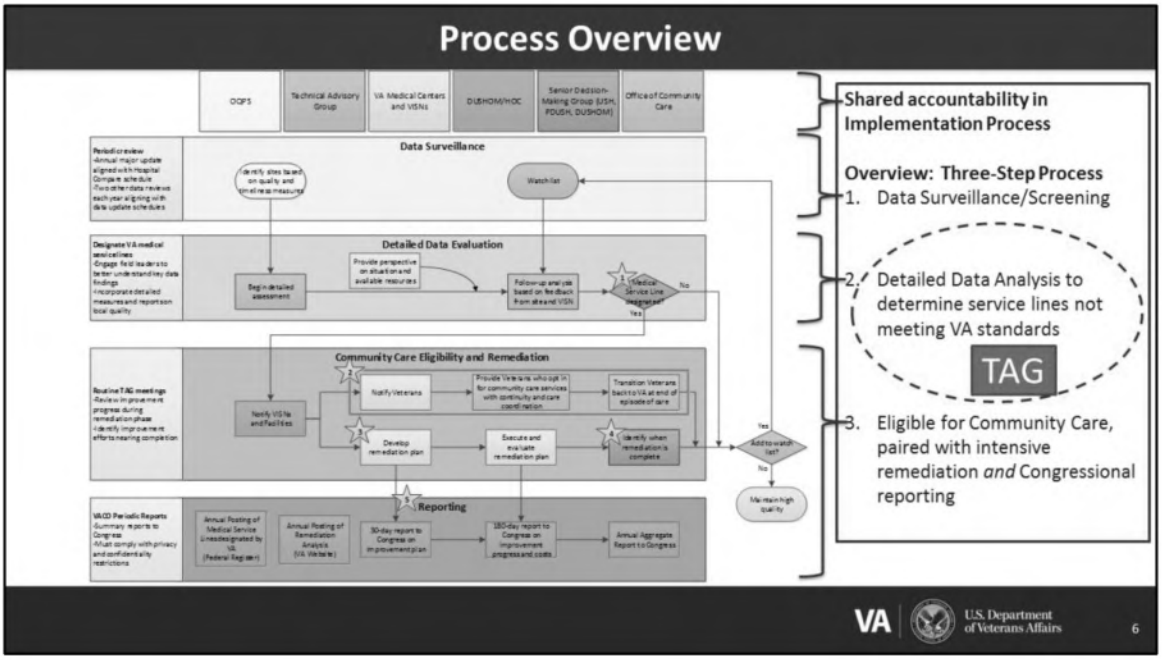


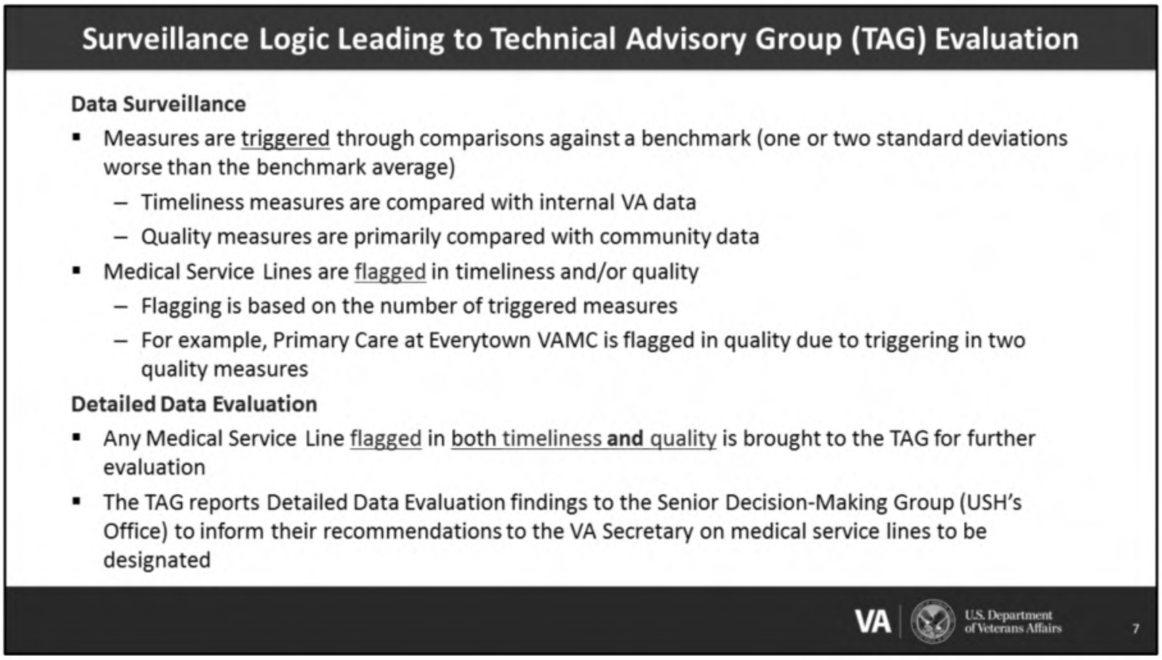
Process Overview

OQPS
Technical Advisory Group
VA Medical Centers and VISNs
DUSHOM/HOC
Senior Decision-Making Group (USH, PDUSH, DUSHOM)
Office of Community Care
Periodic review
-Annual major update aligned with Hospital Compare schedule
-Two other data reviews each year aligning with data update schedules
Data Surveillance
Identify sites based on quality and timeliness measures
Watch list
Designate VA medical service lines
-Engage field leaders to better understand key data findings
-Incorporate detailed measures and report on local quality
Detailed Data Evaluation
Begin detailed assessment
Provide perspective on situation and available resources
Follow-up analysis based on feedback from site and VSN
1
Medical Service Line designated?
No
Yes
Routine TAG meetings
-Review improvement progress during remediation phase
-Identify improvement efforts nearing completion
Community Care Eligibility and Remediation
Notify VISNs and Facilities
2
Notify Veterans
Provide Veterans who opt in for community care services with continuity and care coordination
Transition Veterans back to VA at end of episode of care
3
Develop remediation plan
Execute and evaluate remediation plan
4
Identify when remediation is complete
Add to watch list?
Yes
No
Maintain high quality
VACO Periodic Reports
-Summary reports to Congress
-Must comply with privacy and confidentiality restrictions
5
Reporting
Annual Posting of Medical Service Lines designated by VA (Federal Register)
Annual Posting of Remediation Analysis (VA Website)
30-day report to Congress on improvement plan
180-day report to Congress on improvement progress and costs
Annual Aggregate Report to Congress

Shared accountability in Implementation Process

Overview: Three-Step Process

1. Data Surveillance/Screening
2. Detailed Data Analysis to determine service lines not meeting VA standards
   TAG
3. Eligible for Community Care, paired with intensive remediation *and* Congressional reporting



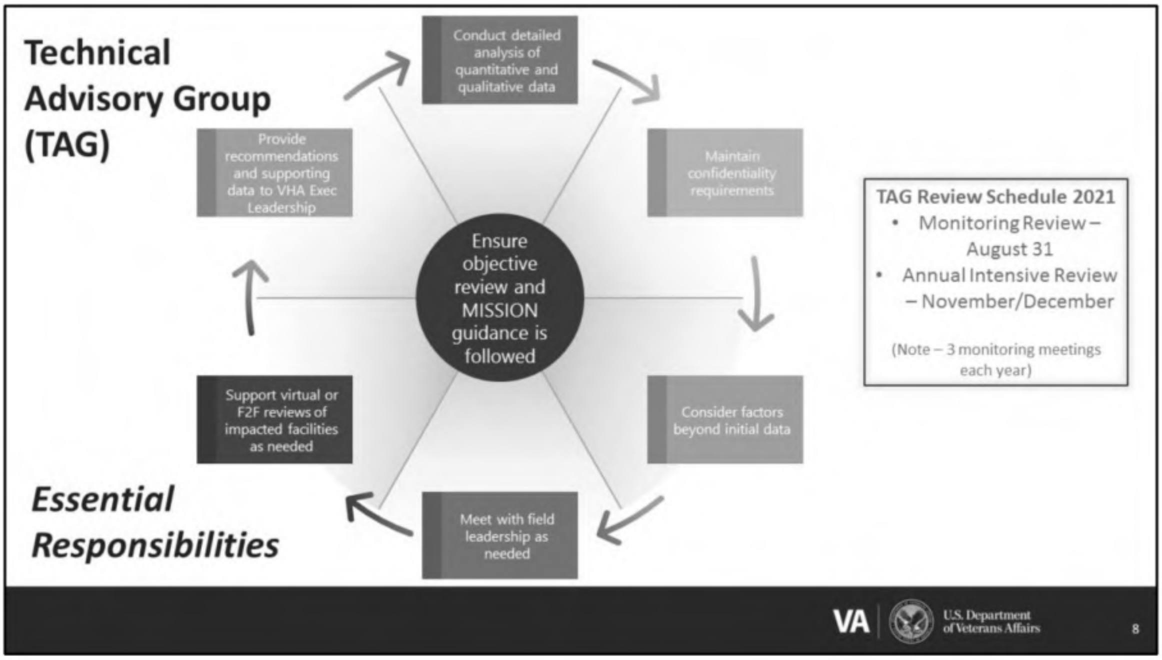
Surveillance Logic Leading to Technical Advisory Group (TAG) Evaluation

Data Surveillance

- Measures are triggered through comparisons against a benchmark (one or two standard deviations worse than the benchmark average)
  - Timeliness measures are compared with internal VA data
  - Quality measures are primarily compared with community data
- Medical Service Lines are flagged in timeliness and/or quality
  - Flagging is based on the number of triggered measures
  - For example, Primary Care at Everytown VAMC is flagged in quality due to triggering in two quality measures

Detailed Data Evaluation

- Any Medical Service Line flagged in both timeliness **and** quality is brought to the TAG for further evaluation
- The TAG reports Detailed Data Evaluation findings to the Senior Decision-Making Group (USH's Office) to inform their recommendations to the VA Secretary on medical service lines to be designated



Technical Advisory Group (TAG)

Essential Responsibilities

Ensure objective review and MISSION guidance is followed

Conduct detailed analysis of quantitative and qualitative data

Maintain confidentiality requirements

Consider factors beyond initial data

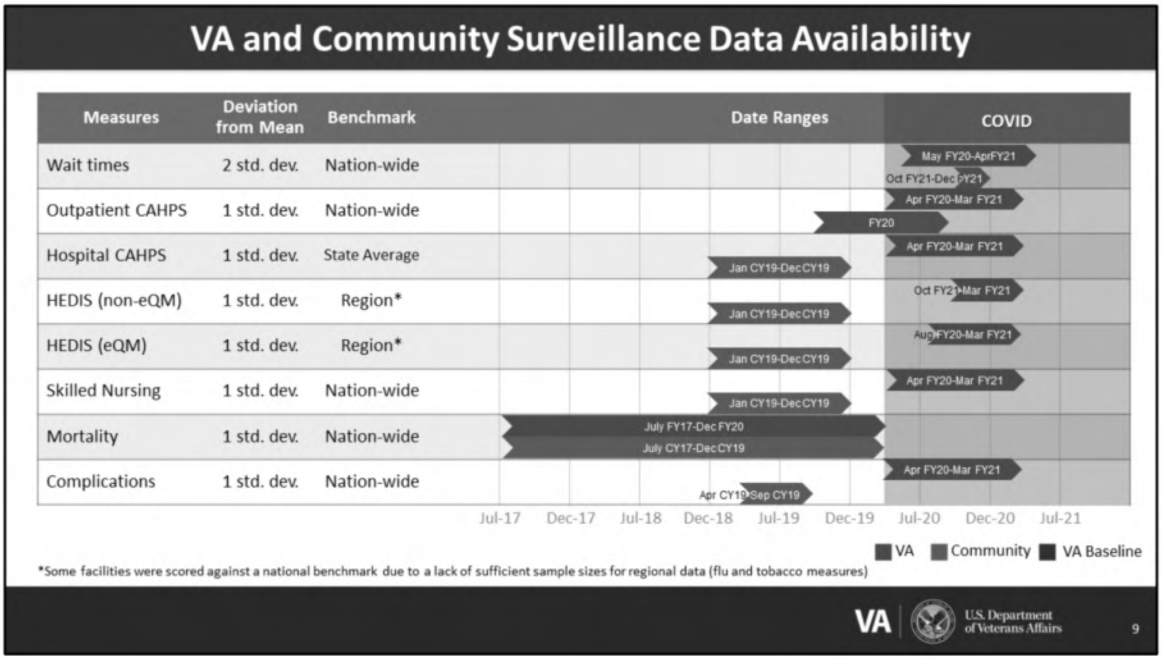
Meet with field leadership as needed

Support virtual or F2F reviews of impacted facilities as needed

Provide recommendations and supporting data to VHA Exec Leadership

TAG Review Schedule 2021
- Monitoring Review – August 31
- Annual Intensive Review – November/December

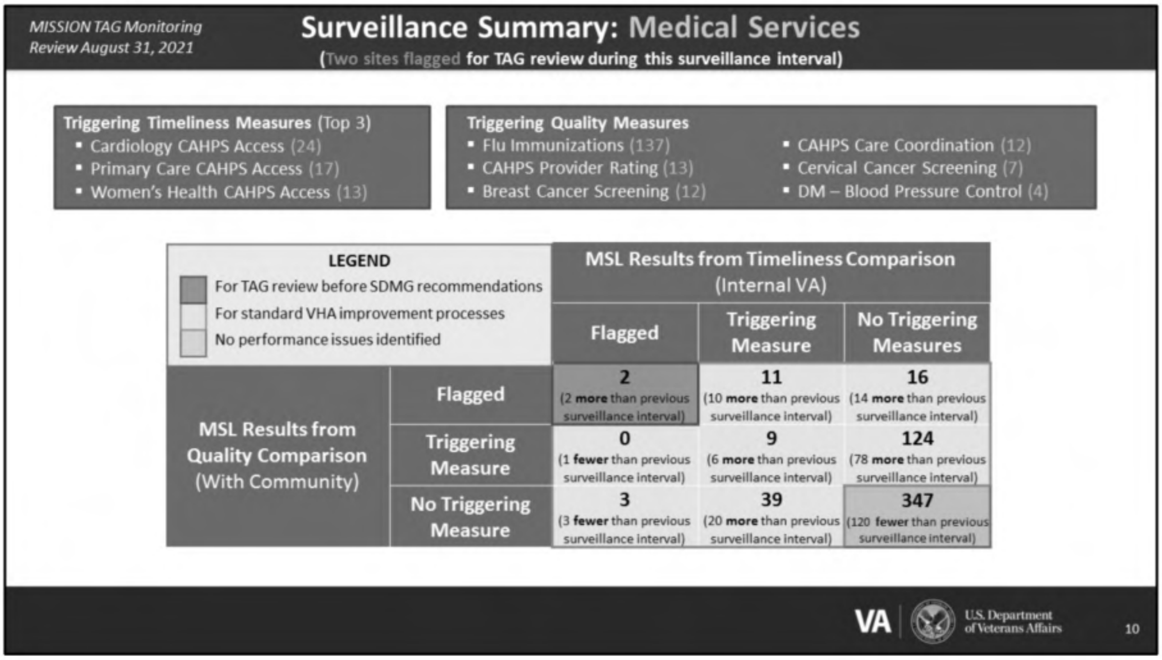
(Note – 3 monitoring meetings each year)



VA and Community Surveillance Data Availability

Measures	Deviation from Mean	Benchmark	Date Ranges	COVID
Wait times	2 std. dev.	Nation-wide		May FY20-AprFY21 Oct FY21-Dec FY21
Outpatient CAHPS	1 std. dev.	Nation-wide	FY20	Apr FY20-Mar FY21
Hospital CAHPS	1 std. dev.	State Average	Jan CY19-Dec CY19	Apr FY20-Mar FY21
HEDIS (non-eQM)	1 std. dev.	Region*	Jan CY19-Dec CY19	Oct FY21-Mar FY21
HEDIS (eQM)	1 std. dev.	Region*	Jan CY19-Dec CY19	Aug FY20-Mar FY21
Skilled Nursing	1 std. dev.	Nation-wide	Jan CY19-Dec CY19	Apr FY20-Mar FY21
Mortality	1 std. dev.	Nation-wide	July FY17-Dec FY20 July CY17-Dec CY19	
Complications	1 std. dev.	Nation-wide	Apr CY19-Sep CY19	Apr FY20-Mar FY21

*Some facilities were scored against a national benchmark due to a lack of sufficient sample sizes for regional data (flu and tobacco measures)



MISSION TAG Monitoring Review August 31, 2021

Surveillance Summary: Medical Services

(Two sites flagged for TAG review during this surveillance interval)

Triggering Timeliness Measures (Top 3)
- Cardiology CAHPS Access (24)
- Primary Care CAHPS Access (17)
- Women's Health CAHPS Access (13)

Triggering Quality Measures
- Flu Immunizations (137)
- CAHPS Provider Rating (13)
- Breast Cancer Screening (12)
- CAHPS Care Coordination (12)
- Cervical Cancer Screening (7)
- DM – Blood Pressure Control (4)

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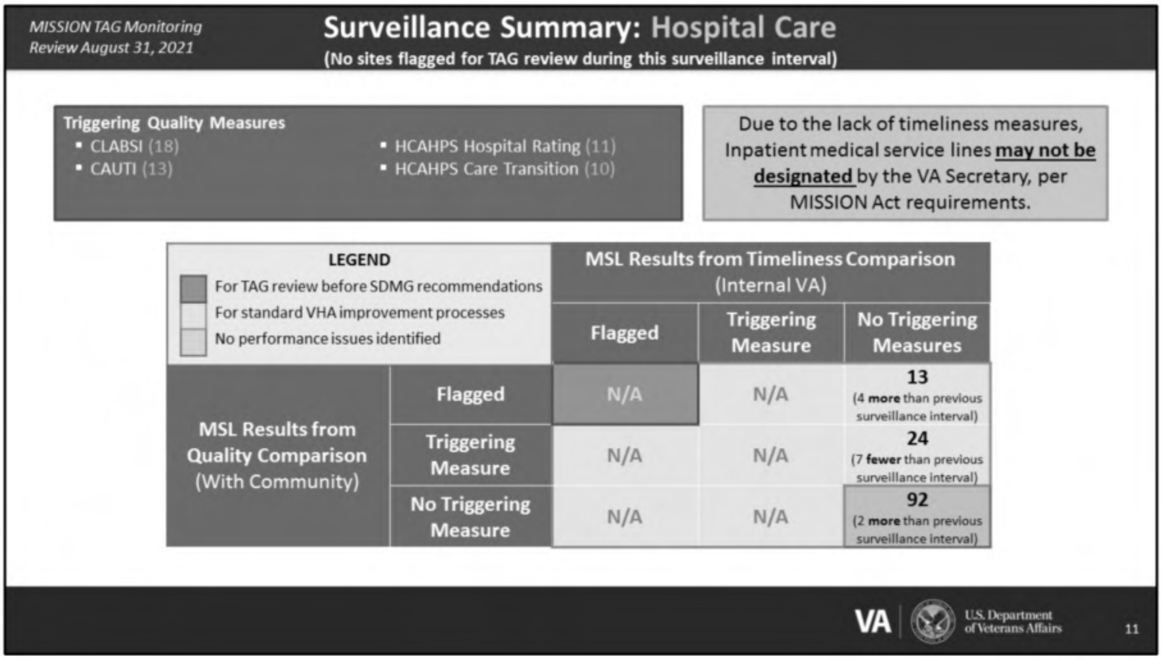

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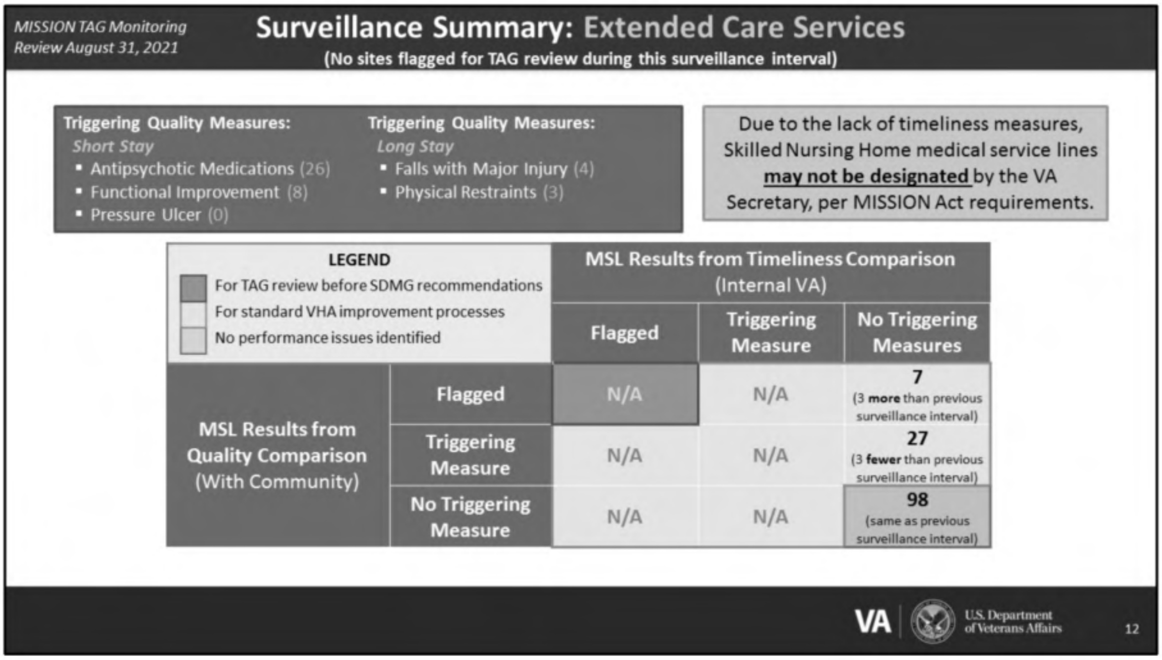

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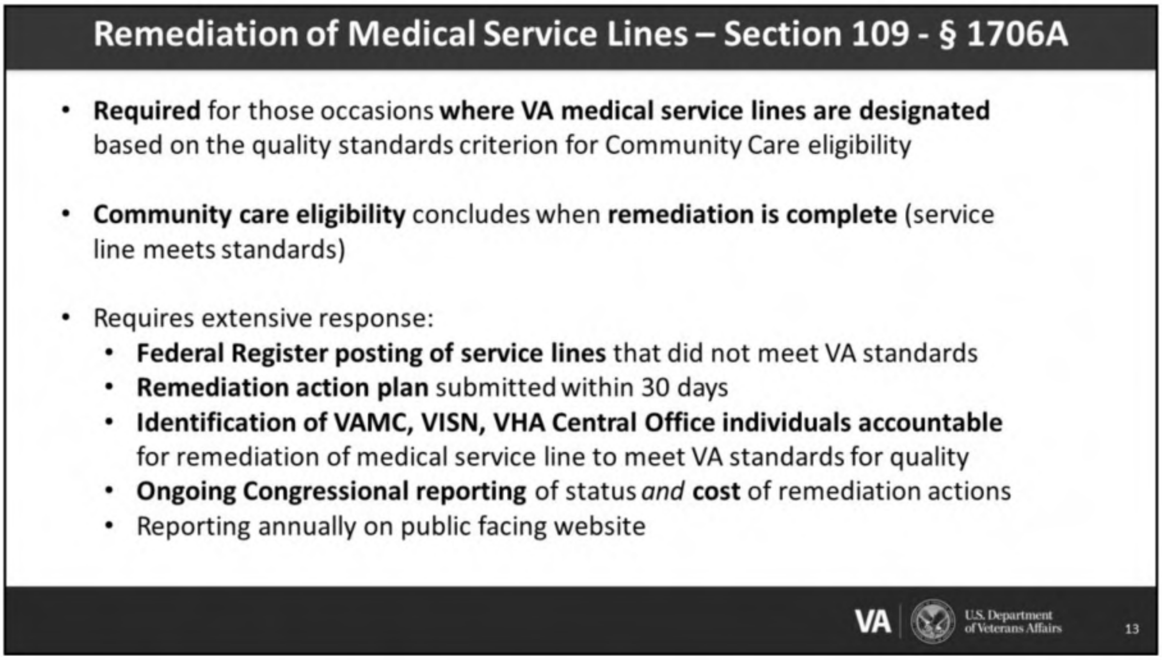

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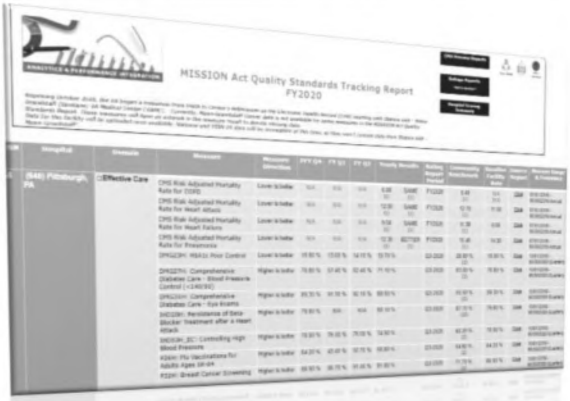

MISSION Act Quality Standards Tracking Report
FY2020

https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?/IPEC/NDPP/NDPP_Production/NDPP

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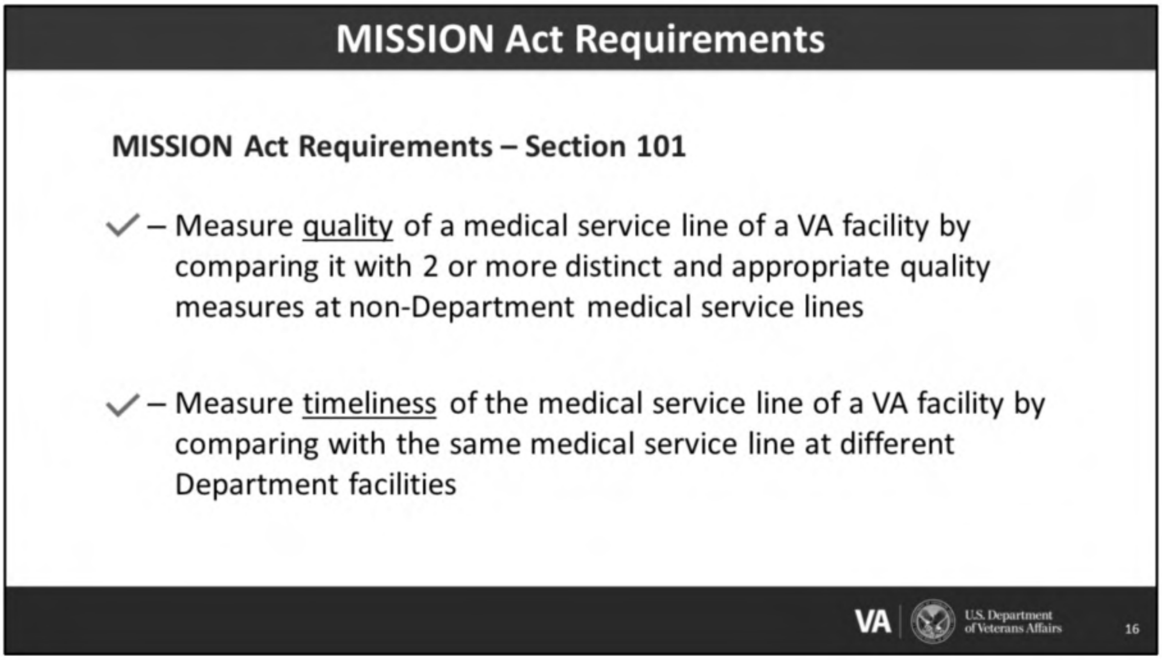
Appendix – Supporting Materials



MISSION Act Requirements

MISSION Act Requirements – Section 101

- ✓ – Measure quality of a medical service line of a VA facility by comparing it with 2 or more distinct and appropriate quality measures at non-Department medical service lines
- ✓ – Measure timeliness of the medical service line of a VA facility by comparing with the same medical service line at different Department facilities

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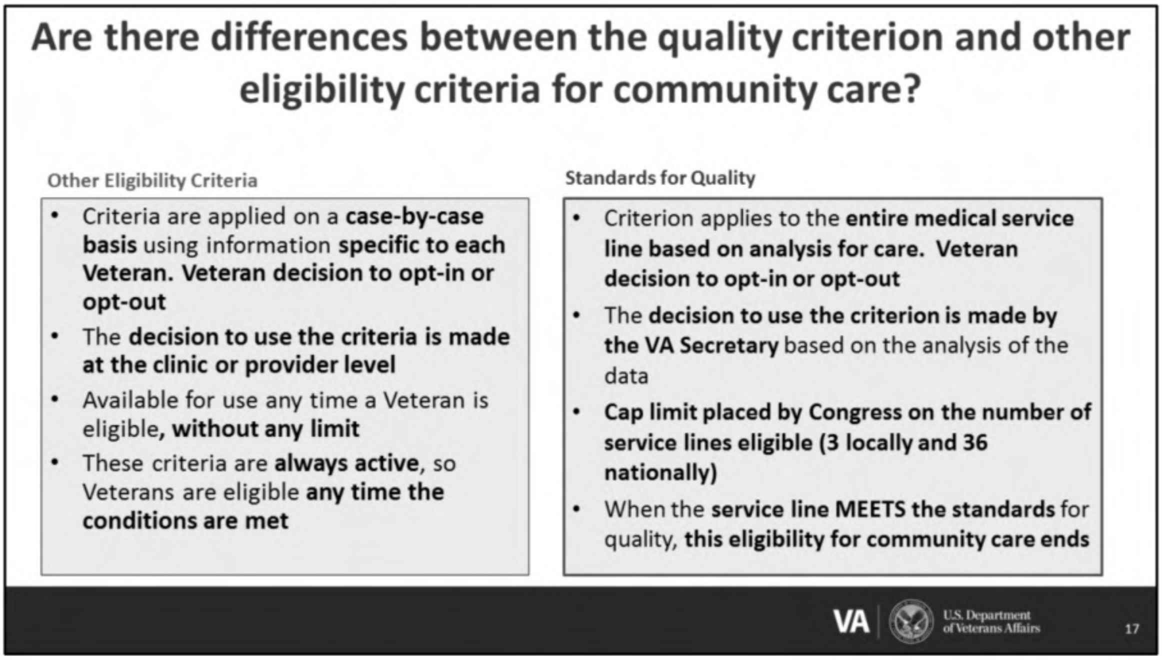


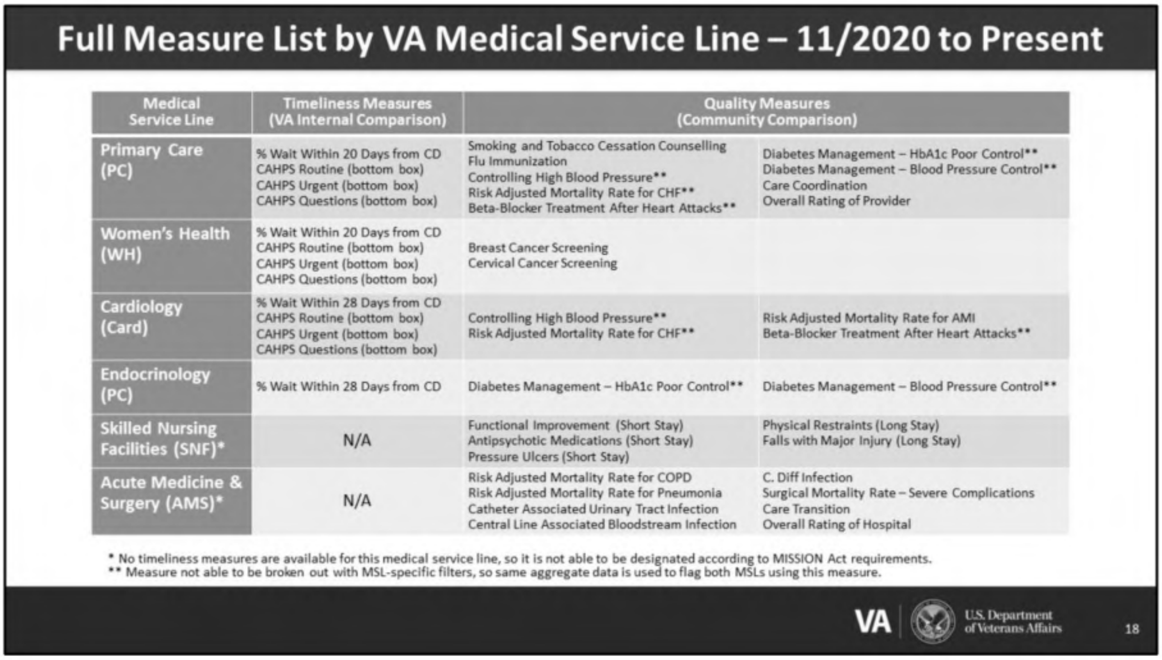
Are there differences between the quality criterion and other eligibility criteria for community care?

Other Eligibility Criteria

- Criteria are applied on a **case-by-case basis** using information **specific to each Veteran. Veteran decision to opt-in or opt-out**
- The **decision to use the criteria is made at the clinic or provider level**
- Available for use any time a Veteran is eligible**, without any limit**
- These criteria are **always active**, so Veterans are eligible **any time the conditions are met**

Standards for Quality

- Criterion applies to the **entire medical service line based on analysis for care. Veteran decision to opt-in or opt-out**
- The **decision to use the criterion is made by the VA Secretary** based on the analysis of the data
- **Cap limit placed by Congress on the number of service lines eligible (3 locally and 36 nationally)**
- When the **service line MEETS the standards** for quality, **this eligibility for community care ends**



Full Measure List by VA Medical Service Line – 11/2020 to Present

Medical Service Line	Timeliness Measures (VA Internal Comparison)	Quality Measures (Community Comparison)	
Primary Care (PC)	% Wait Within 20 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Smoking and Tobacco Cessation Counselling Flu Immunization Controlling High Blood Pressure** Risk Adjusted Mortality Rate for CHF** Beta-Blocker Treatment After Heart Attacks**	Diabetes Management – HbA1c Poor Control** Diabetes Management – Blood Pressure Control** Care Coordination Overall Rating of Provider
Women's Health (WH)	% Wait Within 20 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Breast Cancer Screening Cervical Cancer Screening	
Cardiology (Card)	% Wait Within 28 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Controlling High Blood Pressure** Risk Adjusted Mortality Rate for CHF**	Risk Adjusted Mortality Rate for AMI Beta-Blocker Treatment After Heart Attacks**
Endocrinology (PC)	% Wait Within 28 Days from CD	Diabetes Management – HbA1c Poor Control**	Diabetes Management – Blood Pressure Control**
Skilled Nursing Facilities (SNF)*	N/A	Functional Improvement (Short Stay) Antipsychotic Medications (Short Stay) Pressure Ulcers (Short Stay)	Physical Restraints (Long Stay) Falls with Major Injury (Long Stay)
Acute Medicine & Surgery (AMS)*	N/A	Risk Adjusted Mortality Rate for COPD Risk Adjusted Mortality Rate for Pneumonia Catheter Associated Urinary Tract Infection Central Line Associated Bloodstream Infection	C. Diff Infection Surgical Mortality Rate – Severe Complications Care Transition Overall Rating of Hospital

* No timeliness measures are available for this medical service line, so it is not able to be designated according to MISSION Act requirements.
** Measure not able to be broken out with MSL-specific filters, so same aggregate data is used to flag both MSLs using this measure.

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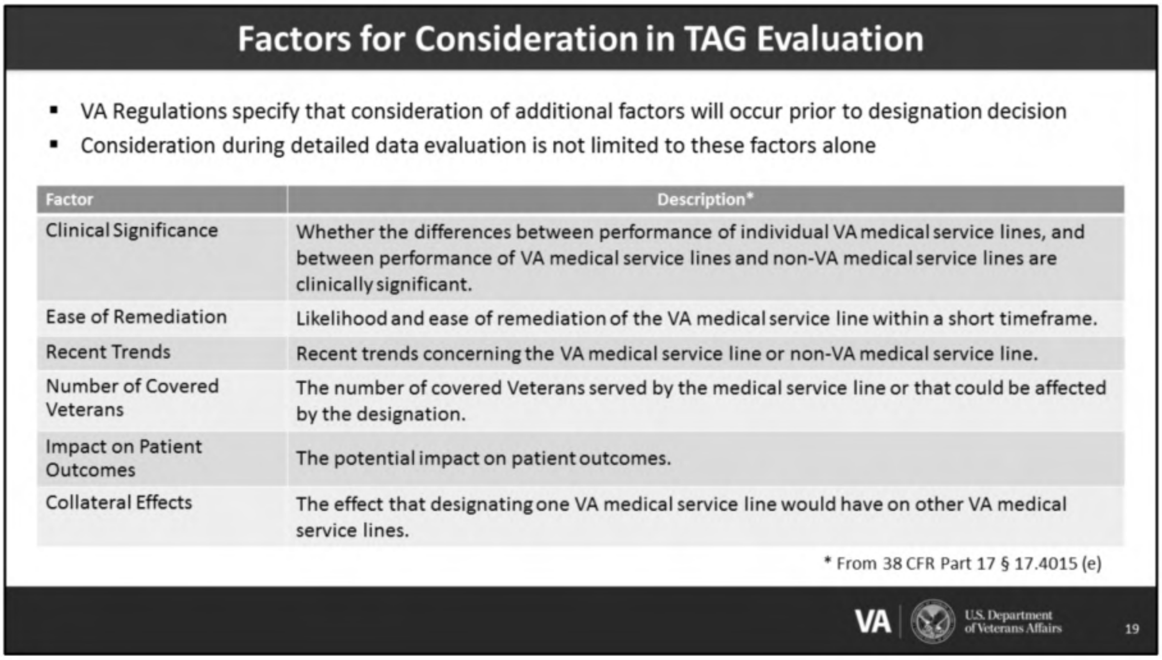

Factors for Consideration in TAG Evaluation

- VA Regulations specify that consideration of additional factors will occur prior to designation decision
- Consideration during detailed data evaluation is not limited to these factors alone

Factor	Description*
Clinical Significance	Whether the differences between performance of individual VA medical service lines, and between performance of VA medical service lines and non-VA medical service lines are clinically significant.
Ease of Remediation	Likelihood and ease of remediation of the VA medical service line within a short timeframe.
Recent Trends	Recent trends concerning the VA medical service line or non-VA medical service line.
Number of Covered Veterans	The number of covered Veterans served by the medical service line or that could be affected by the designation.
Impact on Patient Outcomes	The potential impact on patient outcomes.
Collateral Effects	The effect that designating one VA medical service line would have on other VA medical service lines.

* From 38 CFR Part 17 § 17.4015 (e)

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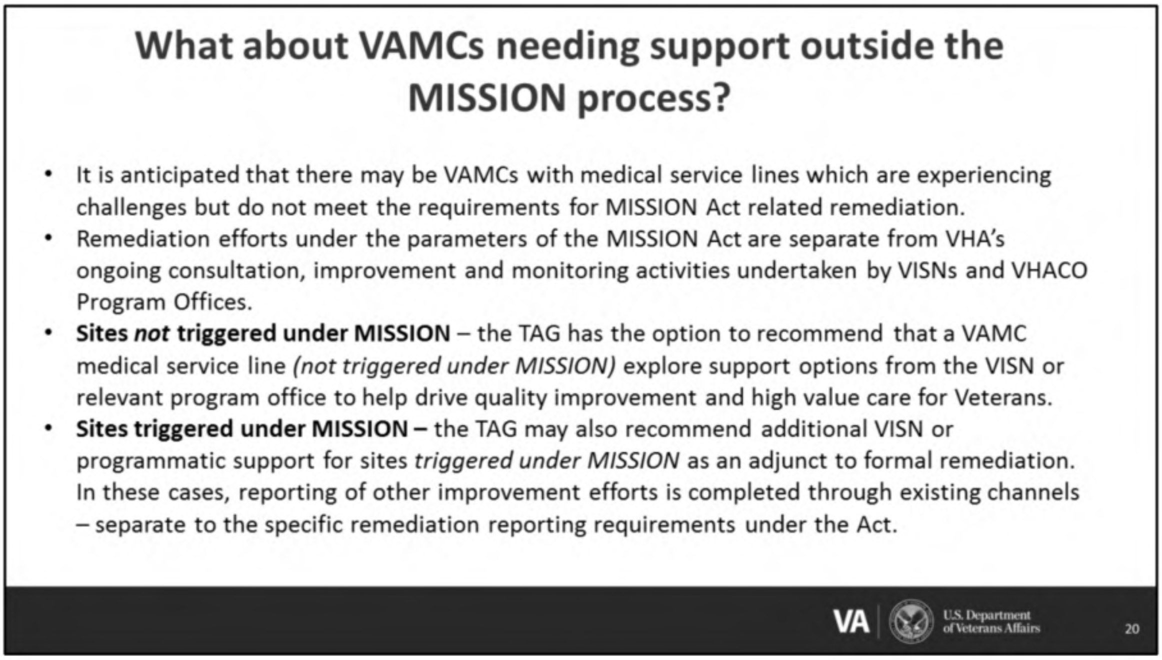
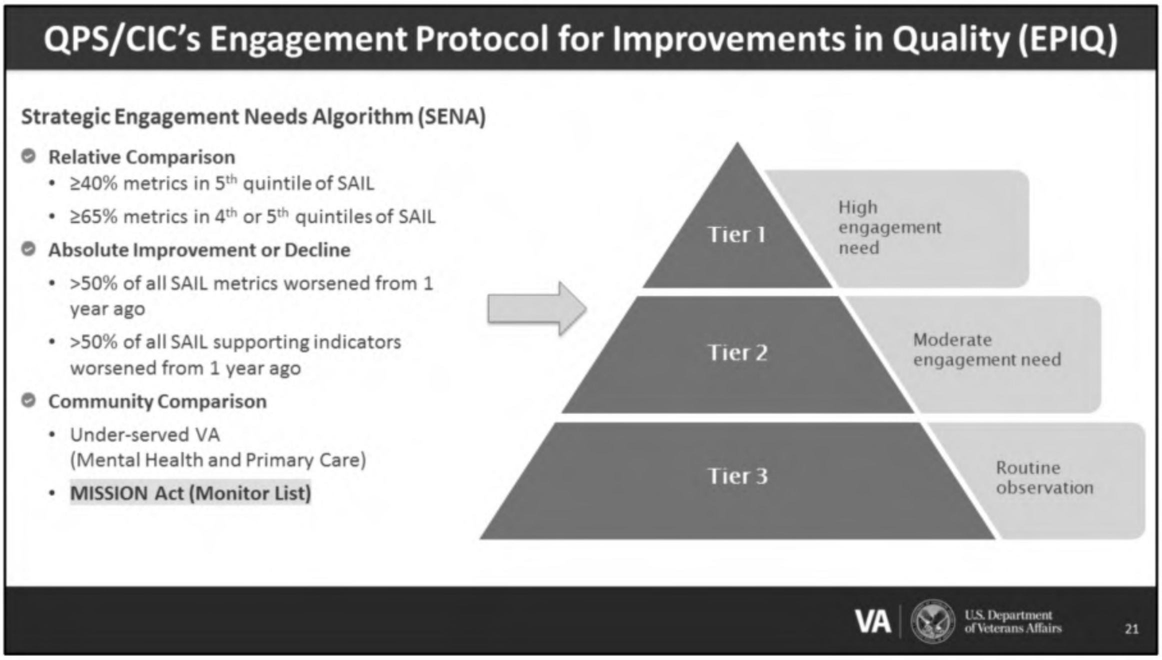


What about VAMCs needing support outside the MISSION process?

- It is anticipated that there may be VAMCs with medical service lines which are experiencing challenges but do not meet the requirements for MISSION Act related remediation.
- Remediation efforts under the parameters of the MISSION Act are separate from VHA's ongoing consultation, improvement and monitoring activities undertaken by VISNs and VHACO Program Offices.
- **Sites *not* triggered under MISSION** – the TAG has the option to recommend that a VAMC medical service line *(not triggered under MISSION)* explore support options from the VISN or relevant program office to help drive quality improvement and high value care for Veterans.
- **Sites triggered under MISSION –** the TAG may also recommend additional VISN or programmatic support for sites *triggered under MISSION* as an adjunct to formal remediation. In these cases, reporting of other improvement efforts is completed through existing channels – separate to the specific remediation reporting requirements under the Act.



QPS/CIC's Engagement Protocol for Improvements in Quality (EPIQ)

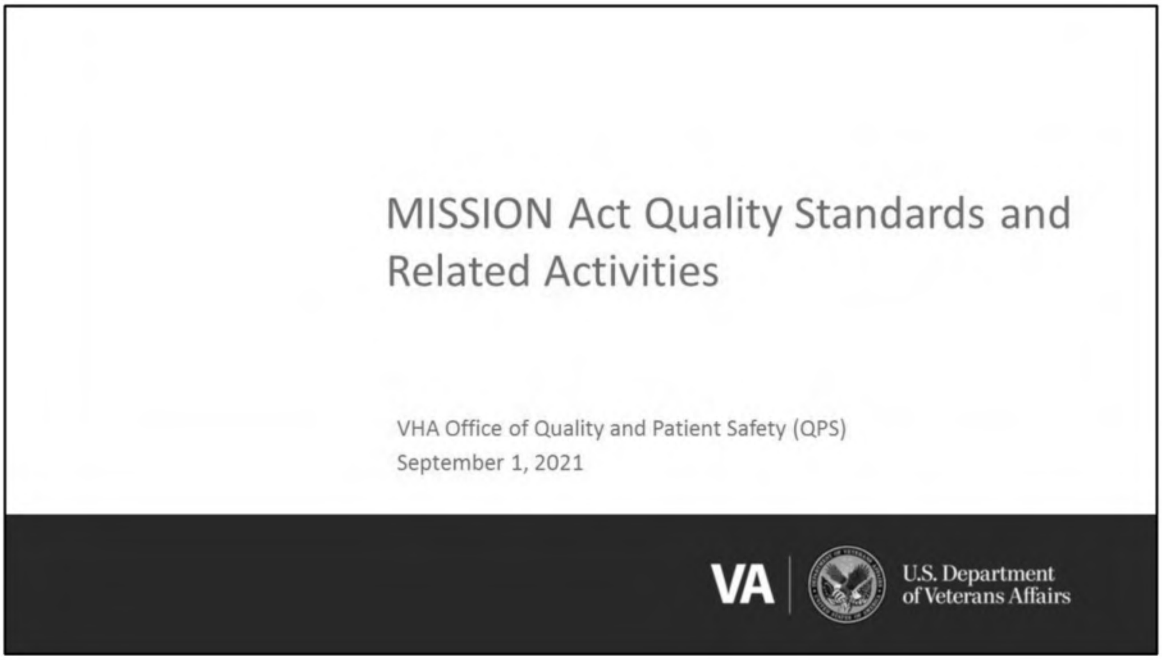
Strategic Engagement Needs Algorithm (SENA)

- **Relative Comparison**
  - ≥40% metrics in 5th quintile of SAIL
  - ≥65% metrics in 4th or 5th quintiles of SAIL
- **Absolute Improvement or Decline**
  - >50% of all SAIL metrics worsened from 1 year ago
  - >50% of all SAIL supporting indicators worsened from 1 year ago
- **Community Comparison**
  - Under-served VA (Mental Health and Primary Care)
  - **MISSION Act (Monitor List)**

Tier 1 — High engagement need

Tier 2 — Moderate engagement need

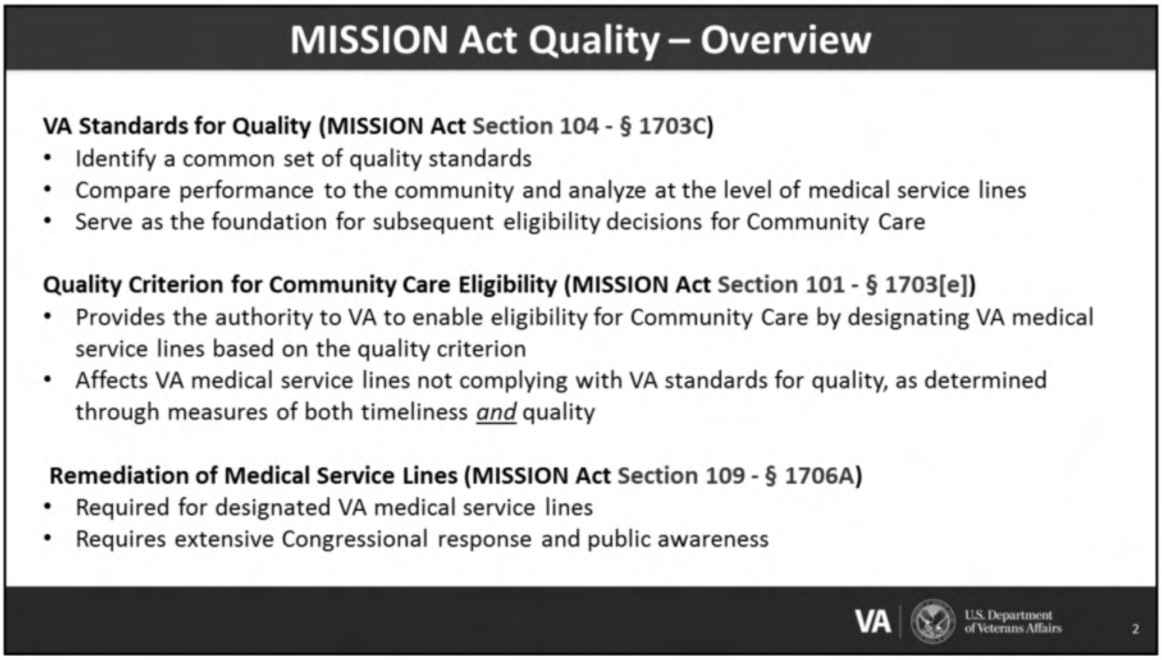
Tier 3 — Routine observation



MISSION Act Quality Standards and Related Activities

VHA Office of Quality and Patient Safety (QPS)
September 1, 2021

VA
U.S. Department
of Veterans Affairs



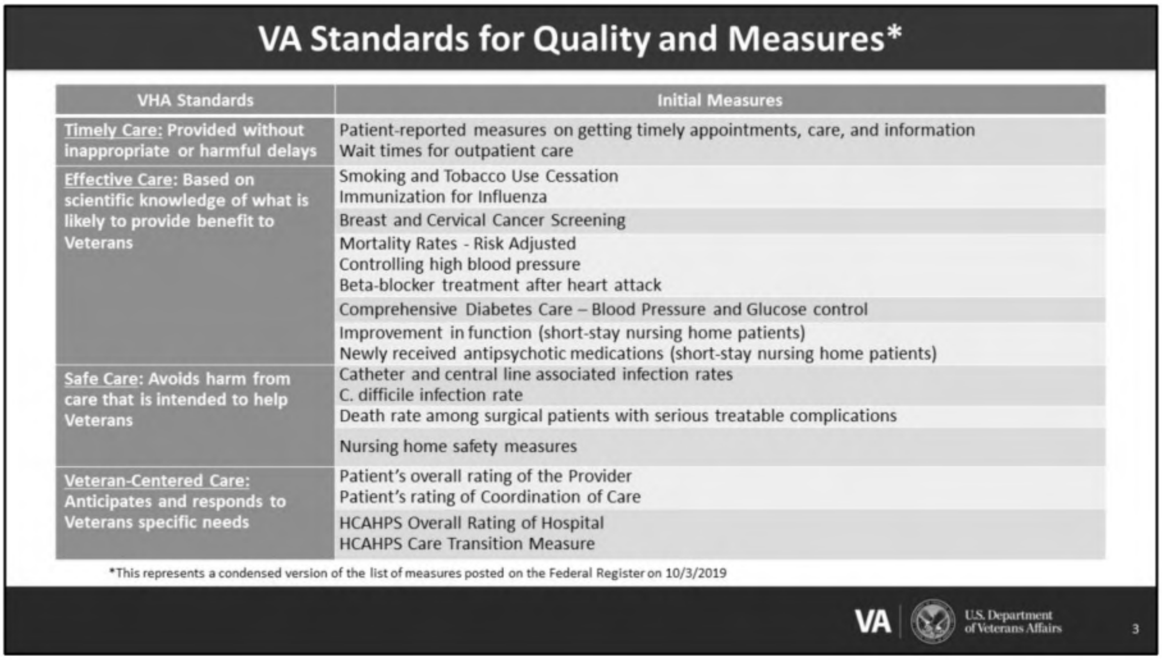
MISSION Act Quality – Overview

VA Standards for Quality (MISSION Act Section 104 - § 1703C)
- Identify a common set of quality standards
- Compare performance to the community and analyze at the level of medical service lines
- Serve as the foundation for subsequent eligibility decisions for Community Care

Quality Criterion for Community Care Eligibility (MISSION Act Section 101 - § 1703[e])
- Provides the authority to VA to enable eligibility for Community Care by designating VA medical service lines based on the quality criterion
- Affects VA medical service lines not complying with VA standards for quality, as determined through measures of both timeliness *and* quality

Remediation of Medical Service Lines (MISSION Act Section 109 - § 1706A)
- Required for designated VA medical service lines
- Requires extensive Congressional response and public awareness

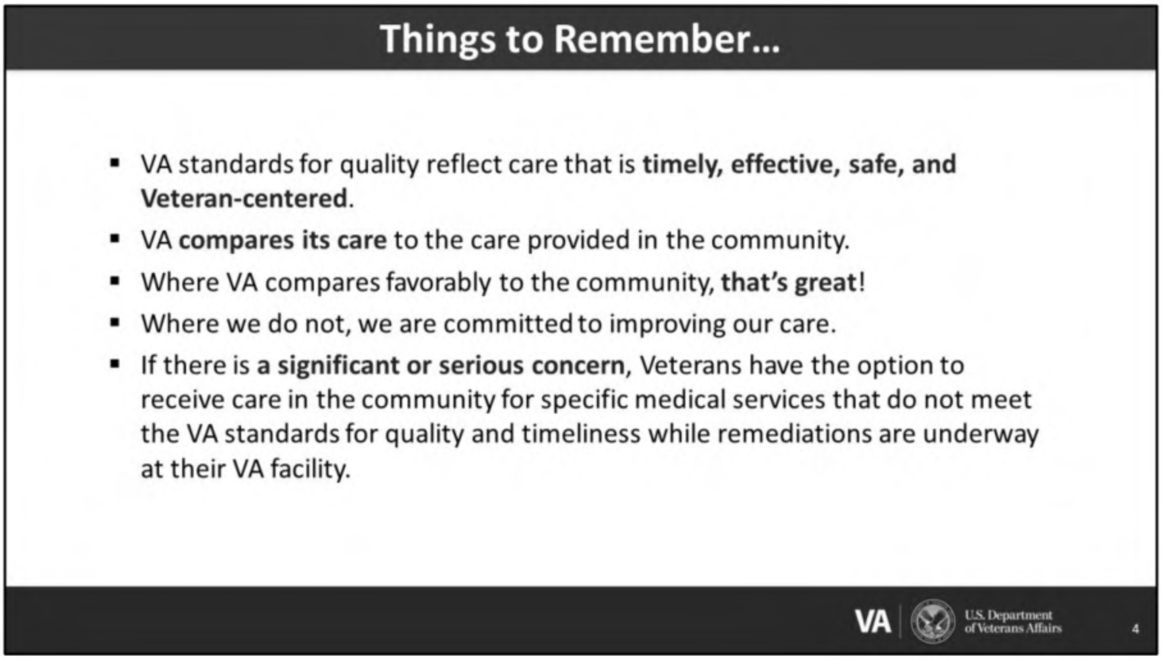
MISSION Act-specific needs, distinct from routine VHA improvement and consultation



VA Standards for Quality and Measures*

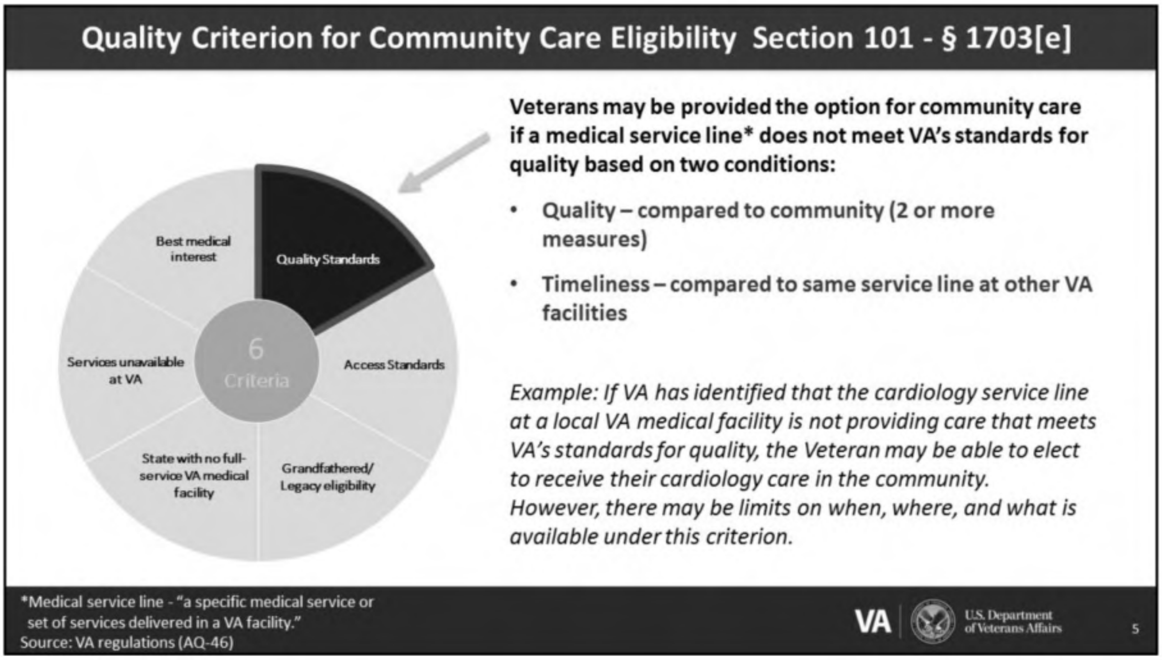
VHA Standards	Initial Measures
Timely Care: Provided without inappropriate or harmful delays	Patient-reported measures on getting timely appointments, care, and information Wait times for outpatient care
Effective Care: Based on scientific knowledge of what is likely to provide benefit to Veterans	Smoking and Tobacco Use Cessation Immunization for Influenza
	Breast and Cervical Cancer Screening
	Mortality Rates - Risk Adjusted Controlling high blood pressure Beta-blocker treatment after heart attack
	Comprehensive Diabetes Care – Blood Pressure and Glucose control
	Improvement in function (short-stay nursing home patients) Newly received antipsychotic medications (short-stay nursing home patients)
Safe Care: Avoids harm from care that is intended to help Veterans	Catheter and central line associated infection rates C. difficile infection rate
	Death rate among surgical patients with serious treatable complications
	Nursing home safety measures
Veteran-Centered Care: Anticipates and responds to Veterans specific needs	Patient's overall rating of the Provider Patient's rating of Coordination of Care
	HCAHPS Overall Rating of Hospital HCAHPS Care Transition Measure

*This represents a condensed version of the list of measures posted on the Federal Register on 10/3/2019



Things to Remember…

- VA standards for quality reflect care that is **timely, effective, safe, and Veteran-centered**.
- VA **compares its care** to the care provided in the community.
- Where VA compares favorably to the community, **that's great**!
- Where we do not, we are committed to improving our care.
- If there is **a significant or serious concern**, Veterans have the option to receive care in the community for specific medical services that do not meet the VA standards for quality and timeliness while remediations are underway at their VA facility.



Quality Criterion for Community Care Eligibility Section 101 - § 1703[e]

Best medical interest
Quality Standards
Services unavailable at VA
6 Criteria
Access Standards
State with no full-service VA medical facility
Grandfathered/ Legacy eligibility

Veterans may be provided the option for community care if a medical service line* does not meet VA's standards for quality based on two conditions:

- **Quality – compared to community (2 or more measures)**
- **Timeliness – compared to same service line at other VA facilities**

Example: If VA has identified that the cardiology service line at a local VA medical facility is not providing care that meets VA's standards for quality, the Veteran may be able to elect to receive their cardiology care in the community. However, there may be limits on when, where, and what is available under this criterion.

*Medical service line - "a specific medical service or set of services delivered in a VA facility."
Source: VA regulations (AQ-46)

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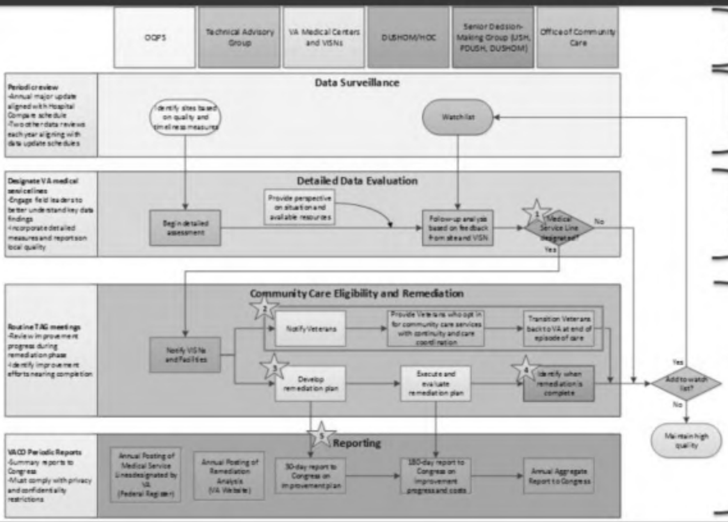
Process Overview


OQPS
Technical Advisory Group
VA Medical Centers and VISNs
DUSHOM/HOC
Senior Decision-Making Group (USH, PDUSH, DUSHOM)
Office of Community Care
Periodic review
-Annual major update aligned with Hospital Compare schedule
-Two other data reviews each year aligning with data update schedules
Data Surveillance
Identify sites based on quality and timeliness measures
Watch list
Designate VA medical service lines
-Engage field leaders to better understand key data findings
-Incorporate detailed measures and reports on local quality
Detailed Data Evaluation
Begin detailed assessment
Provide perspective on situation and available resources
Follow-up analysis based on feedback from site and VSN
1
Medical Service Line designated?
No
Yes
Routine TAG meetings
-Review improvement progress during remediation phase
-Identify improvement efforts nearing completion
Community Care Eligibility and Remediation
Notify VISNs and Facilities
2
Notify Veterans
Provide Veterans who opt in for community care services with continuity and care coordination
Transition Veterans back to VA at end of episode of care
3
Develop remediation plan
Execute and evaluate remediation plan
4
Identify when remediation is complete
Yes
Add to watch list?
No
Maintain high quality
VACO Periodic Reports
-Summary reports to Congress
-Must comply with privacy and confidentiality restrictions
5
Reporting
Annual Posting of Medical Service Lines designated by VA (Federal Register)
Annual Posting of Remediation Analysis (VA Website)
30-day report to Congress on improvement plan
180-day report to Congress on improvement progress and costs
Annual Aggregate Report to Congress

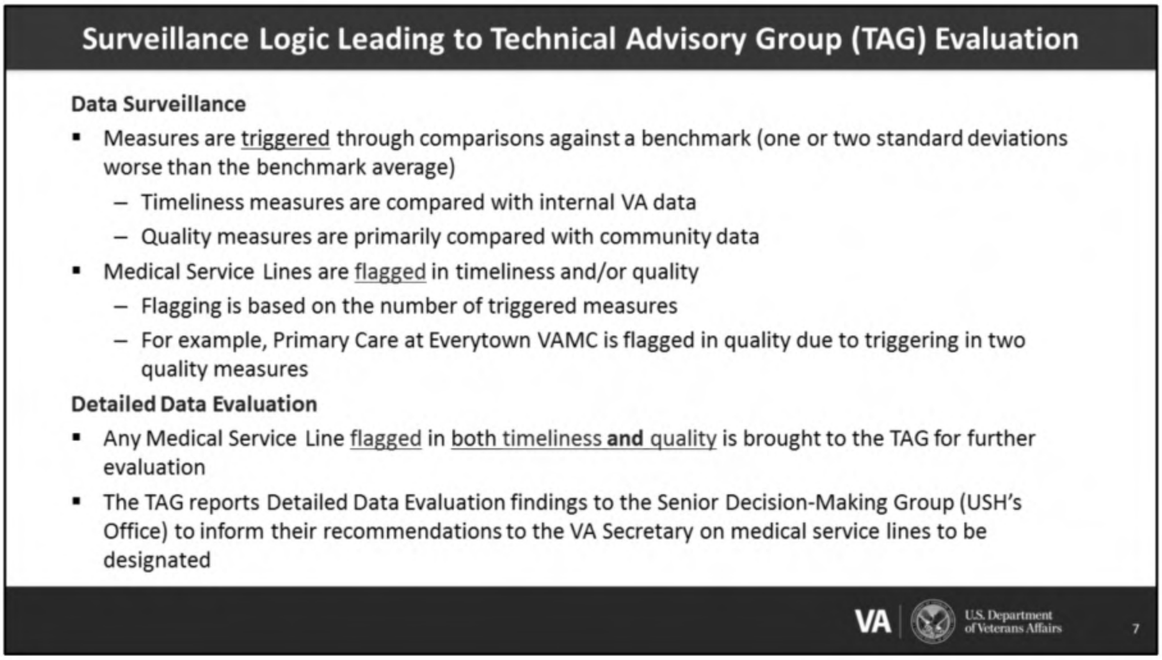
Shared accountability in Implementation Process

Overview: Three-Step Process

1. Data Surveillance/Screening
2. Detailed Data Analysis to determine service lines not meeting VA standards

TAG

3. Eligible for Community Care, paired with intensive remediation *and* Congressional reporting



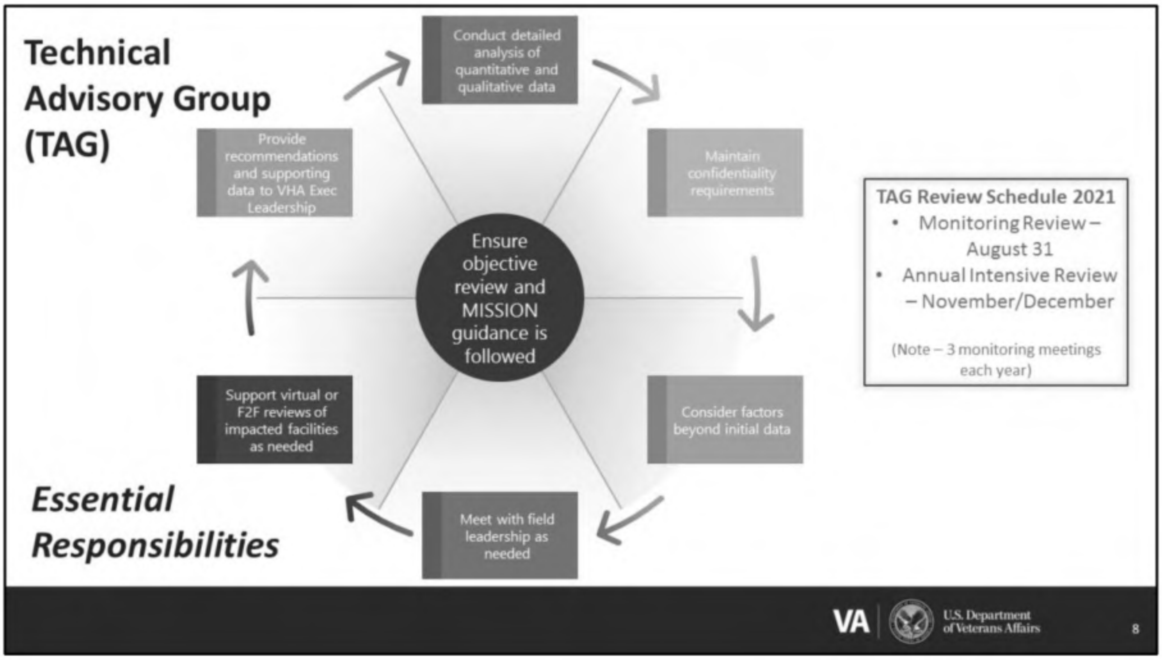
Surveillance Logic Leading to Technical Advisory Group (TAG) Evaluation

Data Surveillance

- Measures are triggered through comparisons against a benchmark (one or two standard deviations worse than the benchmark average)
  - Timeliness measures are compared with internal VA data
  - Quality measures are primarily compared with community data
- Medical Service Lines are flagged in timeliness and/or quality
  - Flagging is based on the number of triggered measures
  - For example, Primary Care at Everytown VAMC is flagged in quality due to triggering in two quality measures

Detailed Data Evaluation

- Any Medical Service Line flagged in both timeliness **and** quality is brought to the TAG for further evaluation
- The TAG reports Detailed Data Evaluation findings to the Senior Decision-Making Group (USH's Office) to inform their recommendations to the VA Secretary on medical service lines to be designated



Technical Advisory Group (TAG)

Ensure objective review and MISSION guidance is followed

- Conduct detailed analysis of quantitative and qualitative data
- Maintain confidentiality requirements
- Consider factors beyond initial data
- Meet with field leadership as needed
- Support virtual or F2F reviews of impacted facilities as needed
- Provide recommendations and supporting data to VHA Exec Leadership

TAG Review Schedule 2021

- Monitoring Review – August 31
- Annual Intensive Review – November/December

(Note – 3 monitoring meetings each year)

Essential Responsibilities

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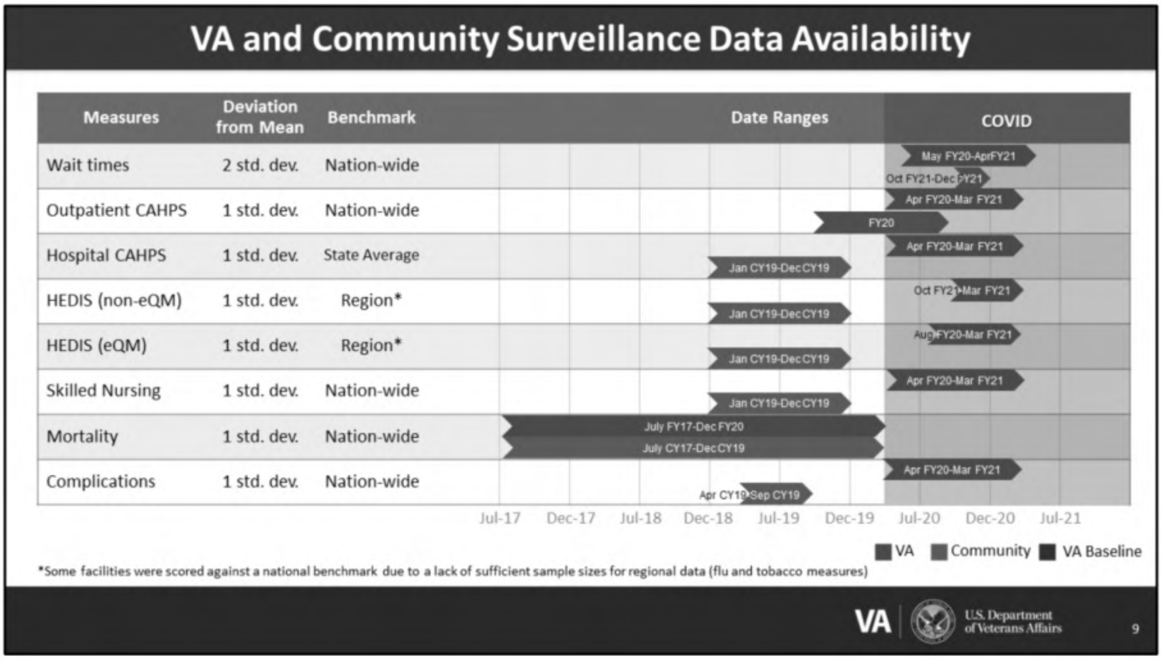
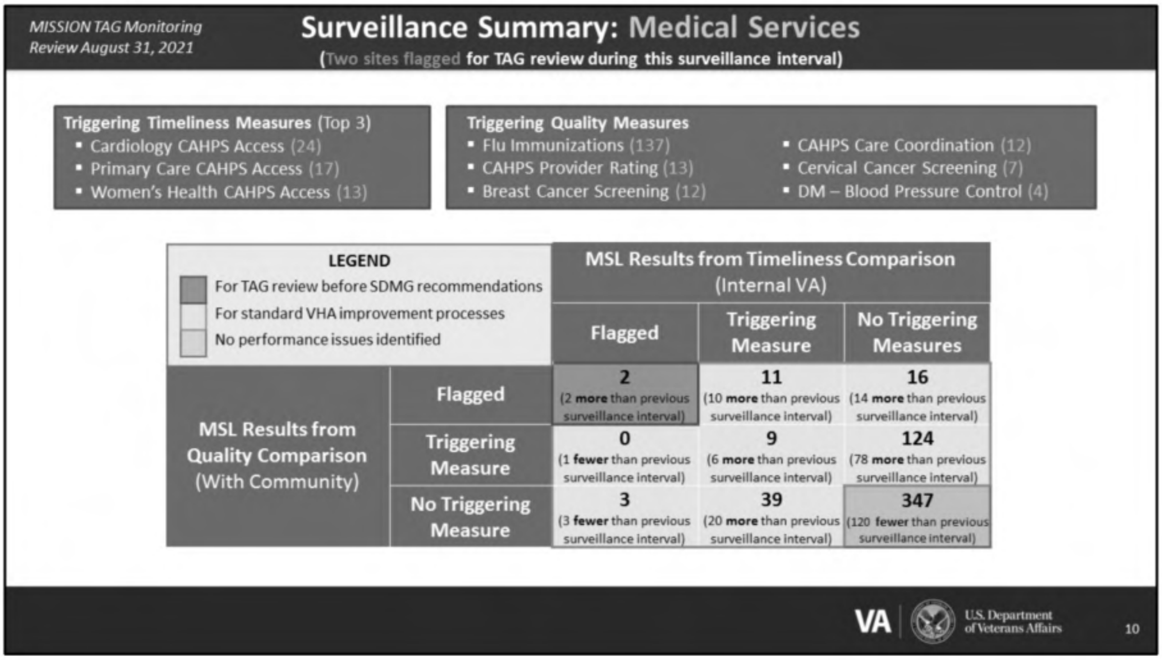


VA and Community Surveillance Data Availability

Measures	Deviation from Mean	Benchmark	Date Ranges	COVID
Wait times	2 std. dev.	Nation-wide		May FY20-AprFY21 Oct FY21-Dec FY21
Outpatient CAHPS	1 std. dev.	Nation-wide	FY20	Apr FY20-Mar FY21
Hospital CAHPS	1 std. dev.	State Average	Jan CY19-Dec CY19	Apr FY20-Mar FY21
HEDIS (non-eQM)	1 std. dev.	Region*	Jan CY19-Dec CY19	Oct FY21-Mar FY21
HEDIS (eQM)	1 std. dev.	Region*	Jan CY19-Dec CY19	Aug FY20-Mar FY21
Skilled Nursing	1 std. dev.	Nation-wide	Jan CY19-Dec CY19	Apr FY20-Mar FY21
Mortality	1 std. dev.	Nation-wide	July FY17-Dec FY20 July CY17-Dec CY19	
Complications	1 std. dev.	Nation-wide	Apr CY19-Sep CY19	Apr FY20-Mar FY21

*Some facilities were scored against a national benchmark due to a lack of sufficient sample sizes for regional data (flu and tobacco measures)



MISSION TAG Monitoring Review August 31, 2021

Surveillance Summary: Medical Services

(Two sites flagged **for TAG review during this surveillance interval)**

Triggering Timeliness Measures (Top 3)
- Cardiology CAHPS Access (24)
- Primary Care CAHPS Access (17)
- Women's Health CAHPS Access (13)

Triggering Quality Measures
- Flu Immunizations (137)
- CAHPS Provider Rating (13)
- Breast Cancer Screening (12)
- CAHPS Care Coordination (12)
- Cervical Cancer Screening (7)
- DM – Blood Pressure Control (4)

LEGEND
- ■ For TAG review before SDMG recommendations
- □ For standard VHA improvement processes
- ▨ No performance issues identified

		MSL Results from Timeliness Comparison (Internal VA)		
		Flagged	**Triggering Measure**	**No Triggering Measures**
MSL Results from Quality Comparison (With Community)	**Flagged**	**2** (2 **more** than previous surveillance interval)	**11** (10 **more** than previous surveillance interval)	**16** (14 **more** than previous surveillance interval)
	Triggering Measure	**0** (1 **fewer** than previous surveillance interval)	**9** (6 **more** than previous surveillance interval)	**124** (78 **more** than previous surveillance interval)
	No Triggering Measure	**3** (3 **fewer** than previous surveillance interval)	**39** (20 **more** than previous surveillance interval)	**347** (120 **fewer** than previous surveillance interval)

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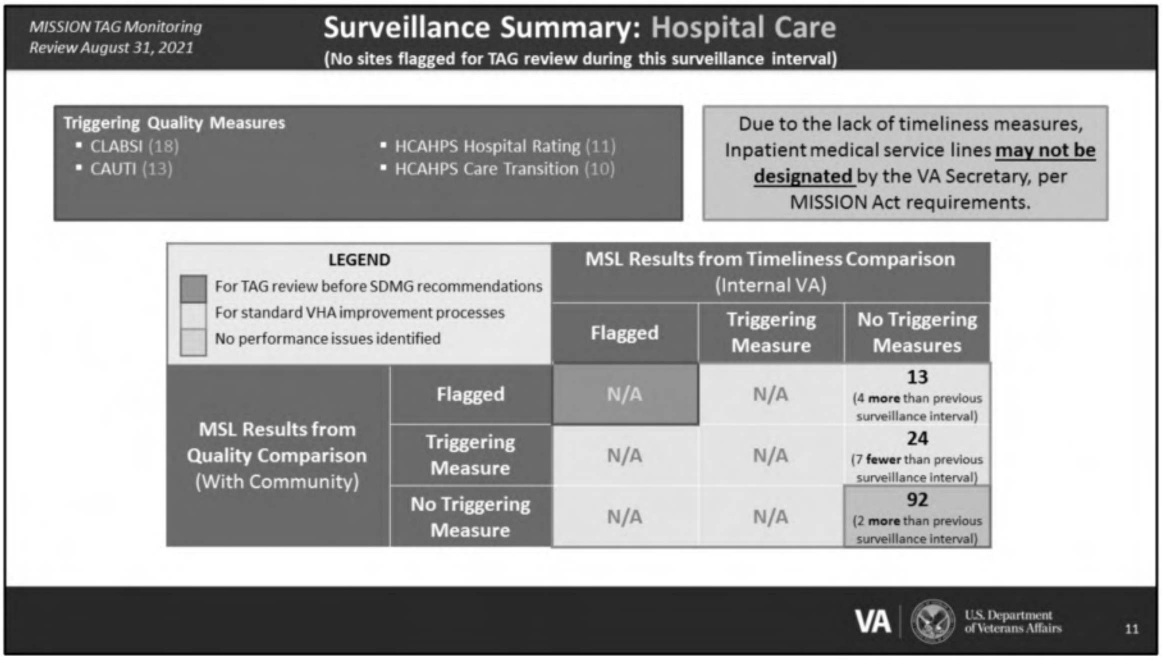


MISSION TAG Monitoring Review August 31, 2021

Surveillance Summary: Hospital Care

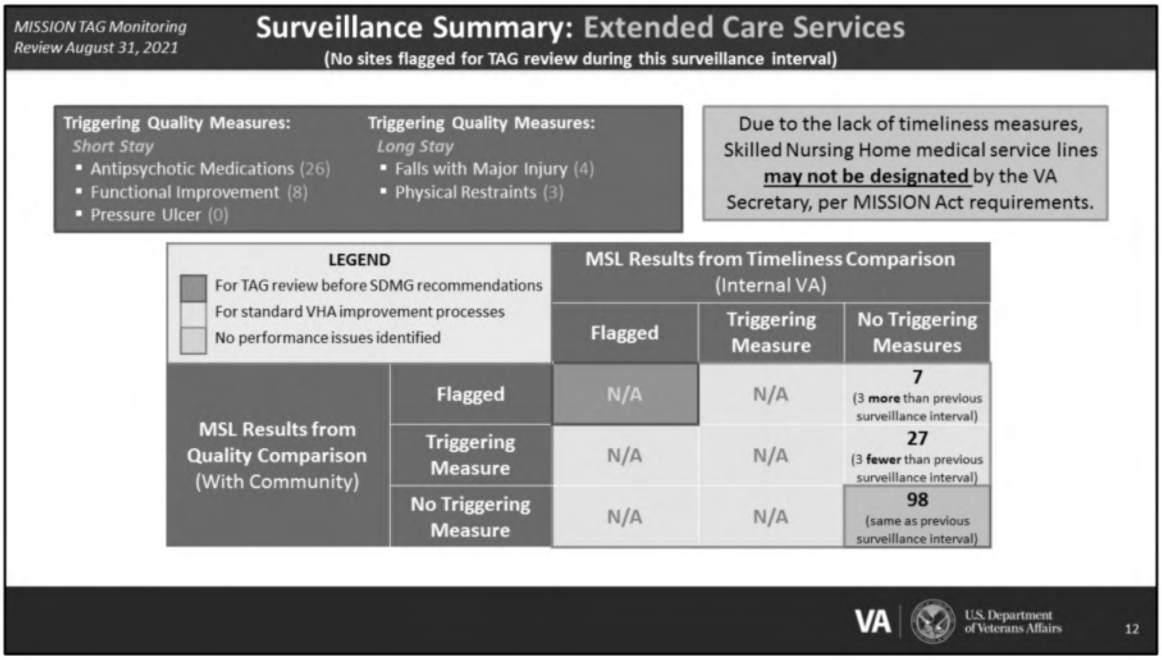
(No sites flagged for TAG review during this surveillance interval)

Triggering Quality Measures
- CLABSI (18)
- CAUTI (13)
- HCAHPS Hospital Rating (11)
- HCAHPS Care Transition (10)

Due to the lack of timeliness measures, Inpatient medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

LEGEND
- ■ For TAG review before SDMG recommendations
- □ For standard VHA improvement processes
- ▨ No performance issues identified

		MSL Results from Timeliness Comparison (Internal VA)		
		Flagged	**Triggering Measure**	**No Triggering Measures**
MSL Results from Quality Comparison (With Community)	**Flagged**	N/A	N/A	**13** (4 **more** than previous surveillance interval)
	Triggering Measure	N/A	N/A	**24** (7 **fewer** than previous surveillance interval)
	No Triggering Measure	N/A	N/A	**92** (2 **more** than previous surveillance interval)



MISSION TAG Monitoring Review August 31, 2021

Surveillance Summary: Extended Care Services

(No sites flagged for TAG review during this surveillance interval)

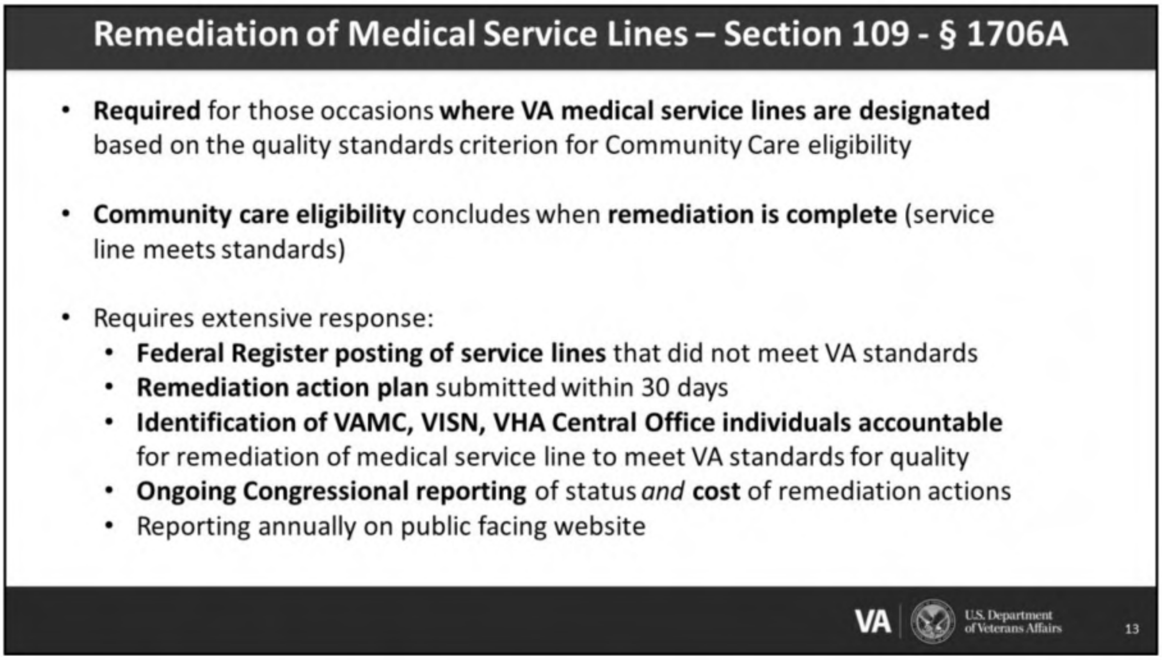
Triggering Quality Measures:
Short Stay
- Antipsychotic Medications (26)
- Functional Improvement (8)
- Pressure Ulcer (0)

Triggering Quality Measures:
Long Stay
- Falls with Major Injury (4)
- Physical Restraints (3)

Due to the lack of timeliness measures, Skilled Nursing Home medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

LEGEND
- ■ For TAG review before SDMG recommendations
- □ For standard VHA improvement processes
- ▨ No performance issues identified

		MSL Results from Timeliness Comparison (Internal VA)		
		Flagged	**Triggering Measure**	**No Triggering Measures**
MSL Results from Quality Comparison (With Community)	**Flagged**	N/A	N/A	**7** (3 **more** than previous surveillance interval)
	Triggering Measure	N/A	N/A	**27** (3 **fewer** than previous surveillance interval)
	No Triggering Measure	N/A	N/A	**98** (same as previous surveillance interval)



Remediation of Medical Service Lines – Section 109 - § 1706A

- **Required** for those occasions **where VA medical service lines are designated** based on the quality standards criterion for Community Care eligibility

- **Community care eligibility** concludes when **remediation is complete** (service line meets standards)

- Requires extensive response:
  - **Federal Register posting of service lines** that did not meet VA standards
  - **Remediation action plan** submitted within 30 days
  - **Identification of VAMC, VISN, VHA Central Office individuals accountable** for remediation of medical service line to meet VA standards for quality
  - **Ongoing Congressional reporting** of status *and* **cost** of remediation actions
  - Reporting annually on public facing website

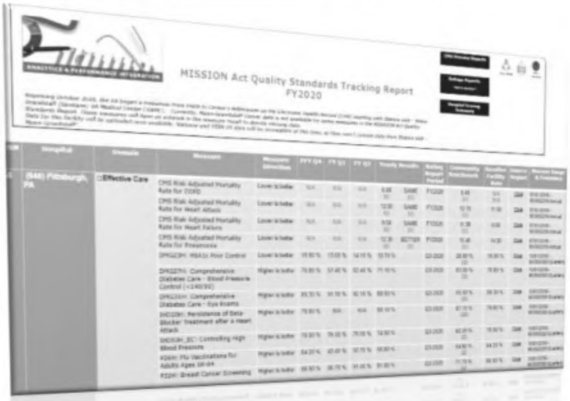
MISSION Act-specific needs, distinct from routine VHA improvement and consultation

Mission Act Quality Standards Tracking Report (MAQSTR)

The MISSION Act Quality Standards Tracking Report (MAQSTR) is designed to help compare VHA performance measure results to comparable community benchmarks

The main report displays:

- Measure Domains
- Short description of performance measures
- Preferred data direction
- Short description of performance measures
- Quarterly and yearly data
- Community scores
- Facility prior year score
- Links to the source reports
- Measure data timeframes



MISSION Act Quality Standards Tracking Report
FY2020

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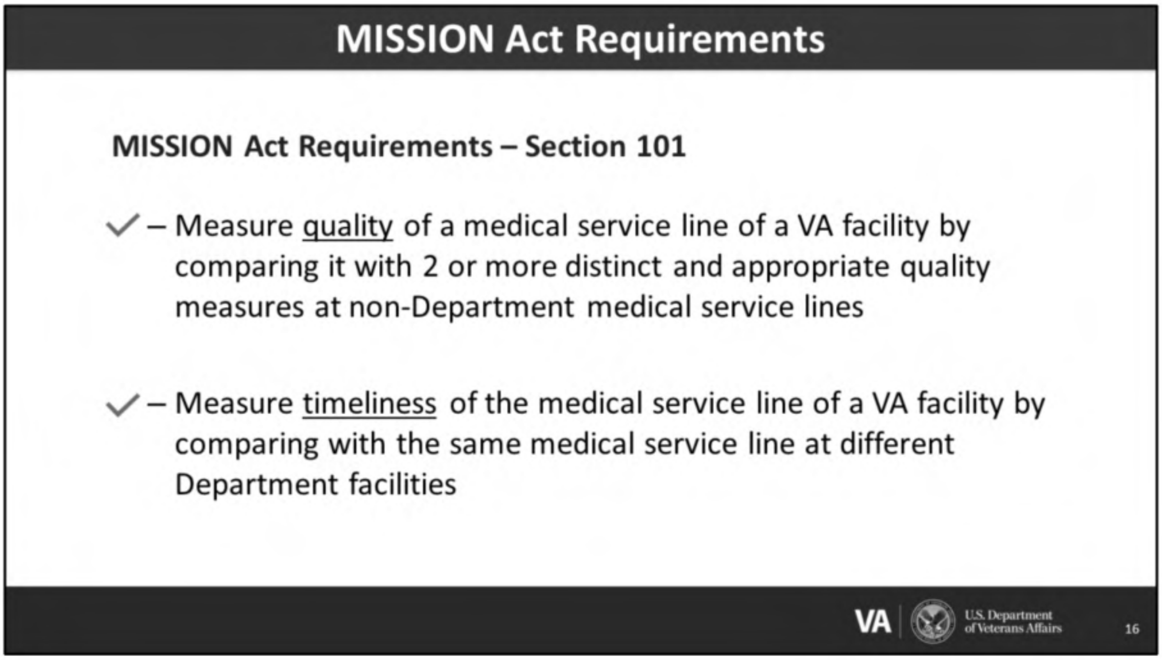
Appendix – Supporting Materials



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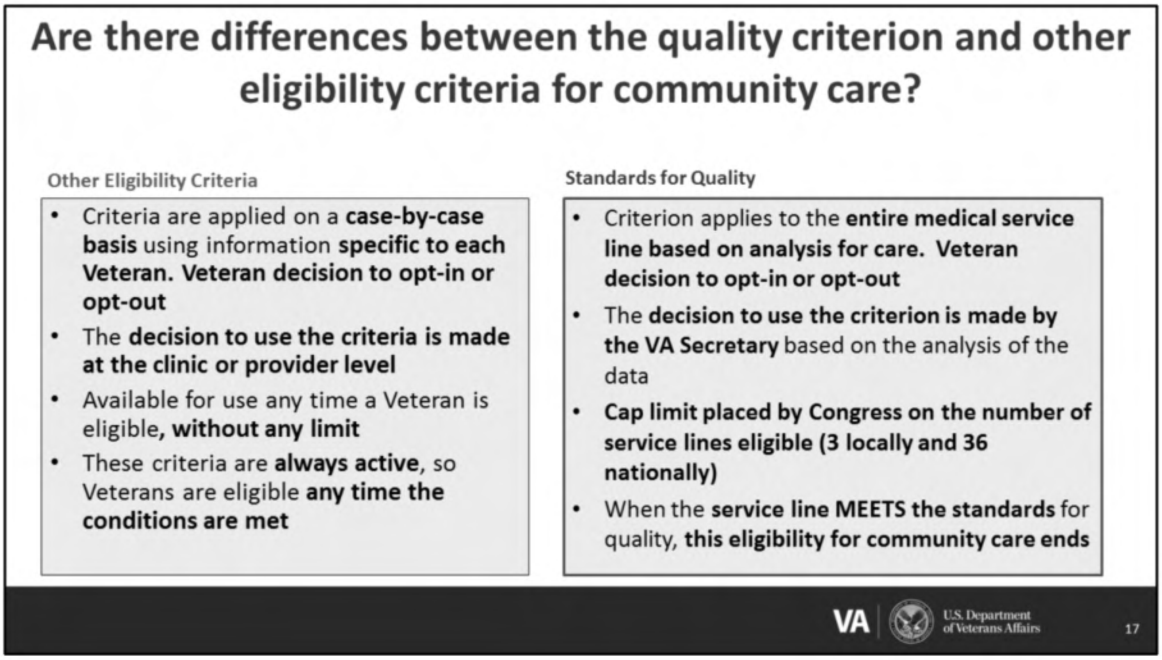

Are there differences between the quality criterion and other eligibility criteria for community care?

Other Eligibility Criteria

- Criteria are applied on a **case-by-case basis** using information **specific to each Veteran. Veteran decision to opt-in or opt-out**
- The **decision to use the criteria is made at the clinic or provider level**
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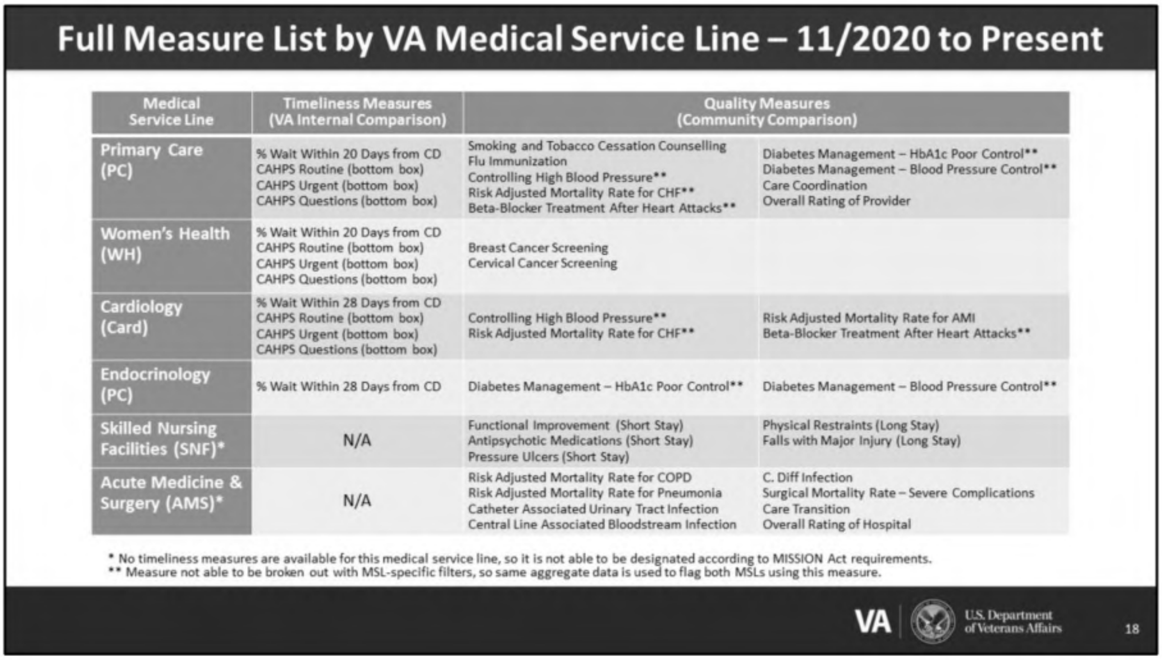
17



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Cardiology (Card)	% Wait Within 28 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Controlling High Blood Pressure** Risk Adjusted Mortality Rate for CHF**	Risk Adjusted Mortality Rate for AMI Beta-Blocker Treatment After Heart Attacks**
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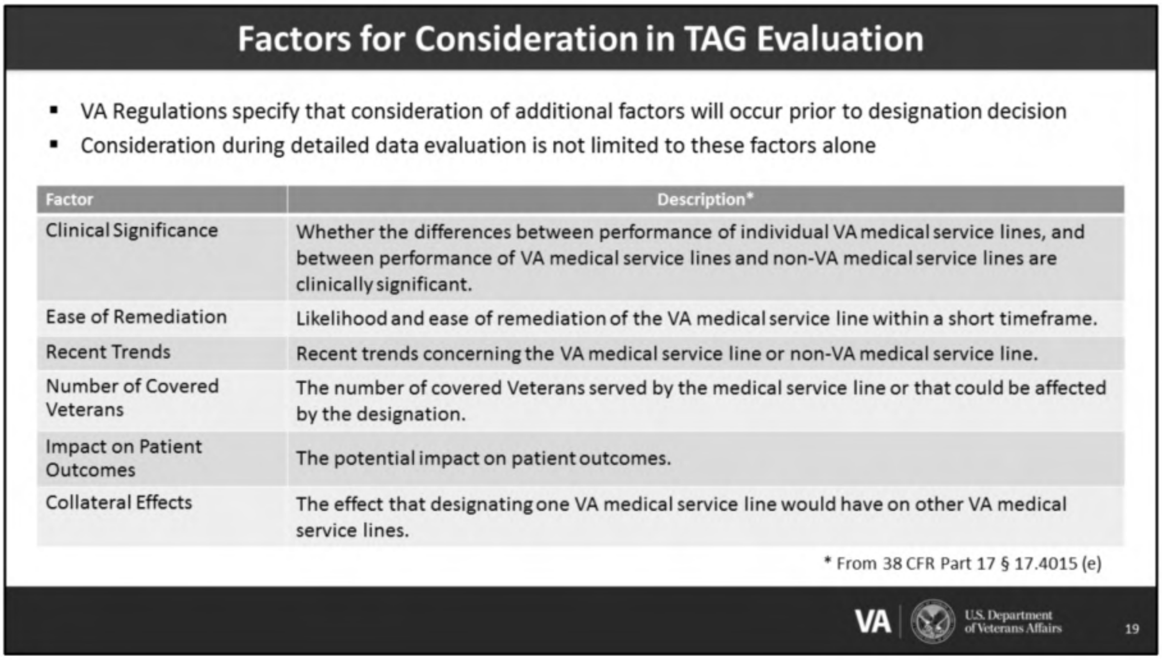

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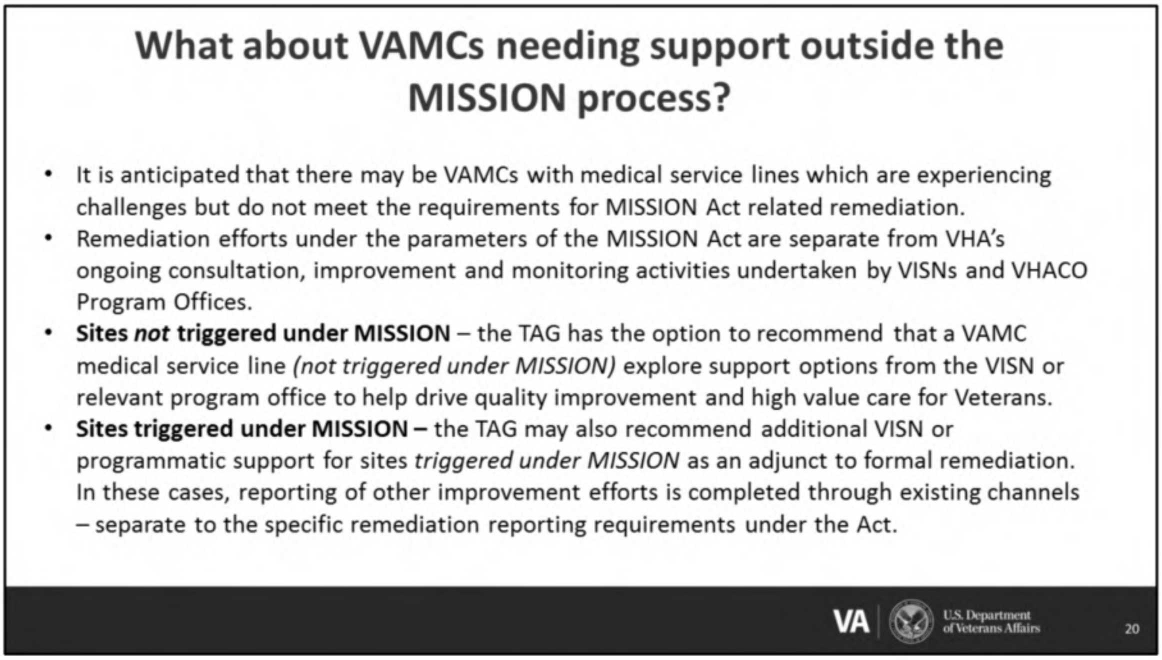

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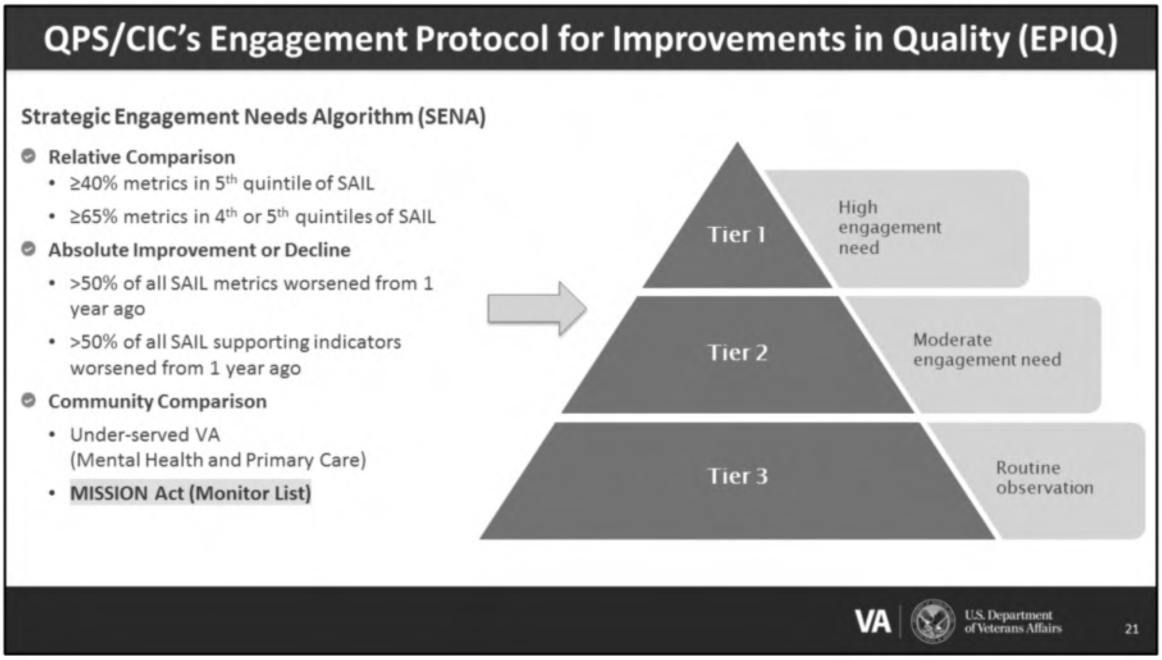

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  - Under-served VA (Mental Health and Primary Care)
  - MISSION Act (Monitor List)

Tier 1 – High engagement need

Tier 2 – Moderate engagement need

Tier 3 – Routine observation

MISSION Act Quality Standards and Related Activities

VHA Office of Quality and Patient Safety (QPS)
September 1, 2021

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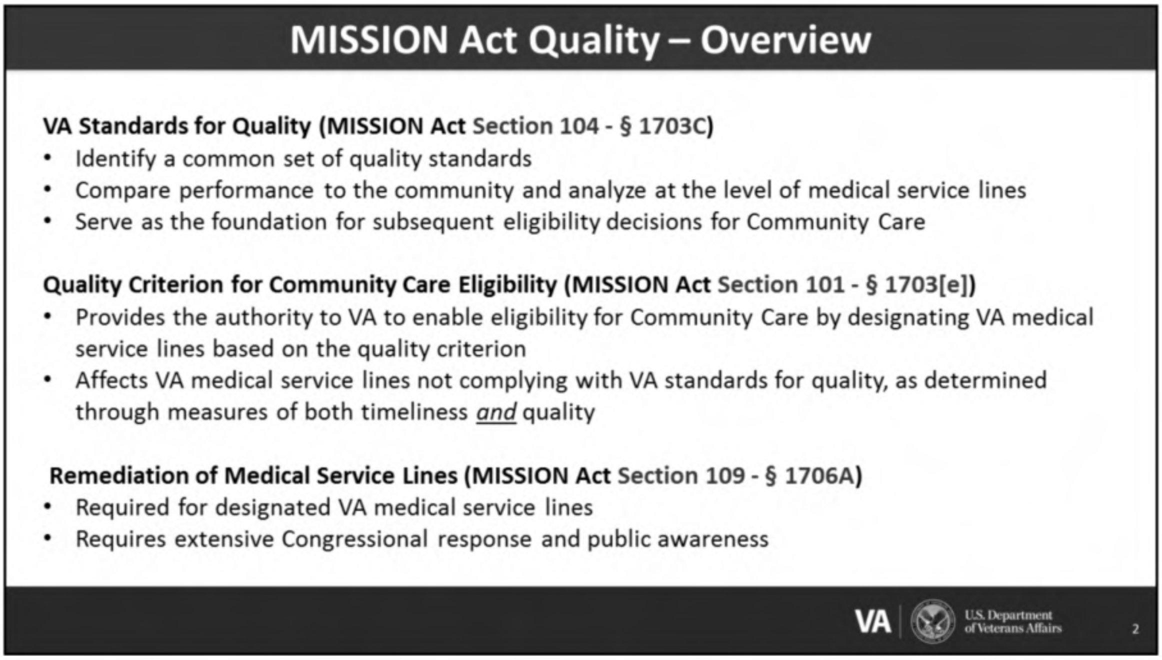

MISSION Act Quality – Overview

VA Standards for Quality (MISSION Act Section 104 - § 1703C)

- Identify a common set of quality standards
- Compare performance to the community and analyze at the level of medical service lines
- Serve as the foundation for subsequent eligibility decisions for Community Care

Quality Criterion for Community Care Eligibility (MISSION Act Section 101 - § 1703[e])

- Provides the authority to VA to enable eligibility for Community Care by designating VA medical service lines based on the quality criterion
- Affects VA medical service lines not complying with VA standards for quality, as determined through measures of both timeliness *and* quality

Remediation of Medical Service Lines (MISSION Act Section 109 - § 1706A)

- Required for designated VA medical service lines
- Requires extensive Congressional response and public awareness

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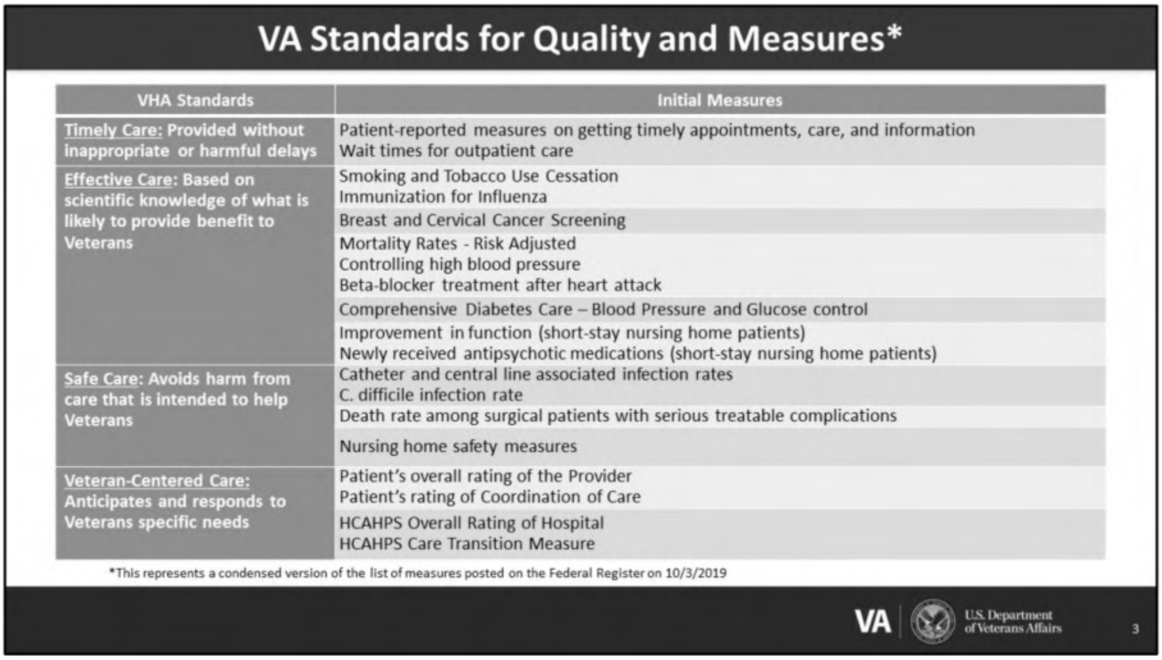
MISSION Act-specific needs, distinct from routine VHA improvement and consultation



VA Standards for Quality and Measures*

VHA Standards	Initial Measures
Timely Care: Provided without inappropriate or harmful delays	Patient-reported measures on getting timely appointments, care, and information Wait times for outpatient care
Effective Care: Based on scientific knowledge of what is likely to provide benefit to Veterans	Smoking and Tobacco Use Cessation Immunization for Influenza
	Breast and Cervical Cancer Screening
	Mortality Rates - Risk Adjusted Controlling high blood pressure Beta-blocker treatment after heart attack
	Comprehensive Diabetes Care – Blood Pressure and Glucose control
	Improvement in function (short-stay nursing home patients) Newly received antipsychotic medications (short-stay nursing home patients)
Safe Care: Avoids harm from care that is intended to help Veterans	Catheter and central line associated infection rates C. difficile infection rate
	Death rate among surgical patients with serious treatable complications
	Nursing home safety measures
Veteran-Centered Care: Anticipates and responds to Veterans specific needs	Patient's overall rating of the Provider Patient's rating of Coordination of Care
	HCAHPS Overall Rating of Hospital HCAHPS Care Transition Measure

*This represents a condensed version of the list of measures posted on the Federal Register on 10/3/2019

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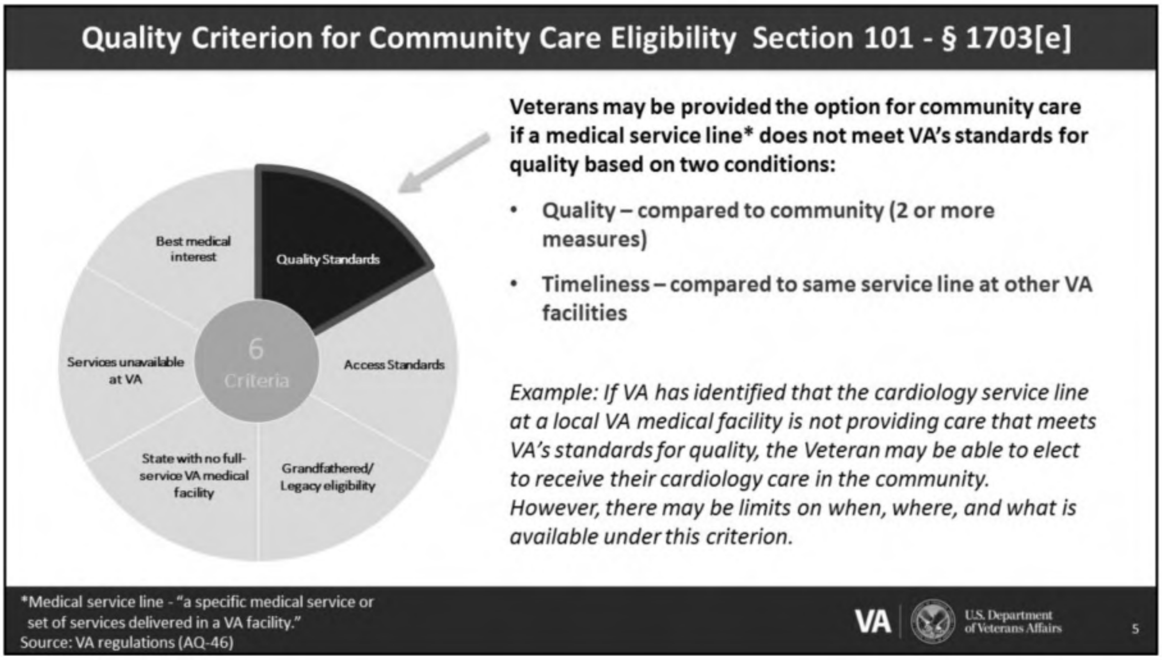
Things to Remember…

- VA standards for quality reflect care that is **timely, effective, safe, and Veteran-centered**.
- VA **compares its care** to the care provided in the community.
- Where VA compares favorably to the community, **that's great**!
- Where we do not, we are committed to improving our care.
- If there is **a significant or serious concern**, Veterans have the option to receive care in the community for specific medical services that do not meet the VA standards for quality and timeliness while remediations are underway at their VA facility.


Best medical interest
Quality Standards
Services unavailable at VA
6 Criteria
Access Standards
State with no full-service VA medical facility
Grandfathered/ Legacy eligibility
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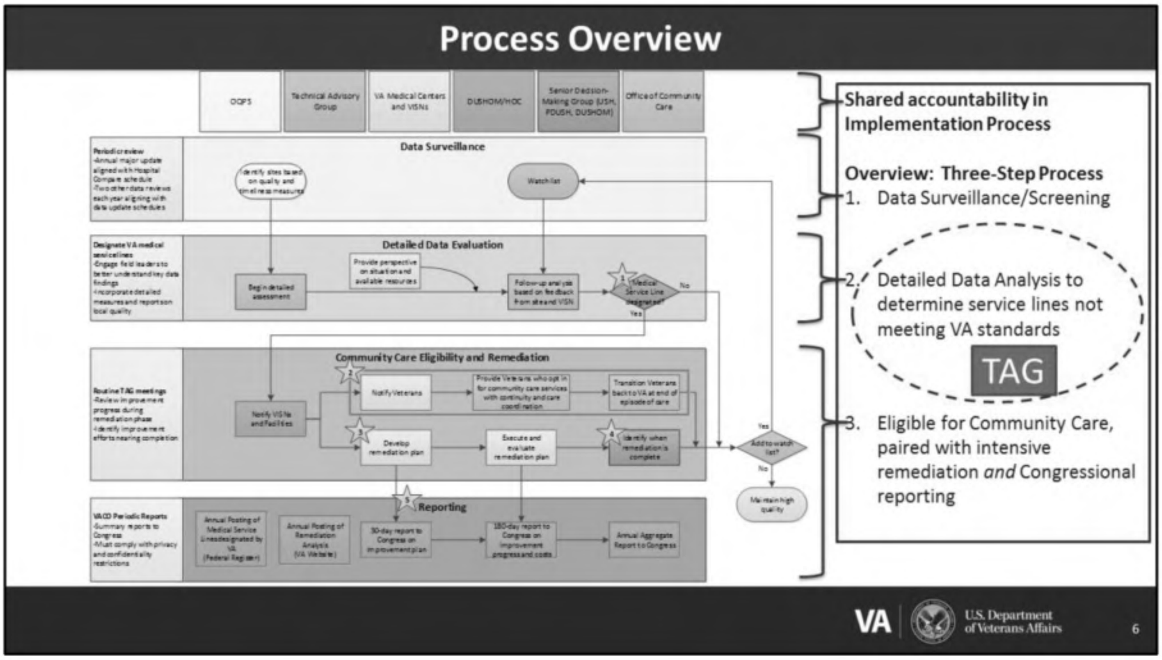
Quality Criterion for Community Care Eligibility Section 101 - § 1703[e]

Veterans may be provided the option for community care if a medical service line* does not meet VA's standards for quality based on two conditions:

- Quality – compared to community (2 or more measures)
- Timeliness – compared to same service line at other VA facilities

Example: If VA has identified that the cardiology service line at a local VA medical facility is not providing care that meets VA's standards for quality, the Veteran may be able to elect to receive their cardiology care in the community. However, there may be limits on when, where, and what is available under this criterion.

*Medical service line - "a specific medical service or set of services delivered in a VA facility."
Source: VA regulations (AQ-46)



Process Overview

OQPS
Technical Advisory Group
VA Medical Centers and VISNs
DUSHOM/HOC
Senior Decision-Making Group (USH, PDUSH, DUSHOM)
Office of Community Care

Data Surveillance

Periodic review
-Annual major update aligned with Hospital Compare schedule
-Two other data reviews each year aligning with data update schedules

Identify sites based on quality and timeliness measures
Watch list

Detailed Data Evaluation

Designate VA medical service lines
-Engage field leaders to better understand key data findings
-Incorporate detailed measures and report on local quality

Begin detailed assessment
Provide perspective on situation and available resources
Follow-up analysis based on feedback from site and VISN
1
Medical Service Line designated?
No
Yes

Community Care Eligibility and Remediation

Routine TAG meetings
-Review improvement progress during remediation phase
-Identify improvement efforts nearing completion

Notify VISNs and Facilities
2
Notify Veterans
Provide Veterans who opt in for community care services with continuity and care coordination
Transition Veterans back to VA at end of episode of care
3
Develop remediation plan
Execute and evaluate remediation plan
4
Identify when remediation is complete
Add to watch list?
Yes
No
Maintain high quality

Reporting

VACO Periodic Reports
-Summary reports to Congress
-Must comply with privacy and confidentiality restrictions

5
Annual Posting of Medical Service Lines designated by VA (Federal Register)
Annual Posting of Remediation Analysis (VA Website)
30-day report to Congress on improvement plan
180-day report to Congress on improvement progress and costs
Annual Aggregate Report to Congress

Shared accountability in Implementation Process

Overview: Three-Step Process

1. Data Surveillance/Screening
2. Detailed Data Analysis to determine service lines not meeting VA standards

TAG

3. Eligible for Community Care, paired with intensive remediation *and* Congressional reporting

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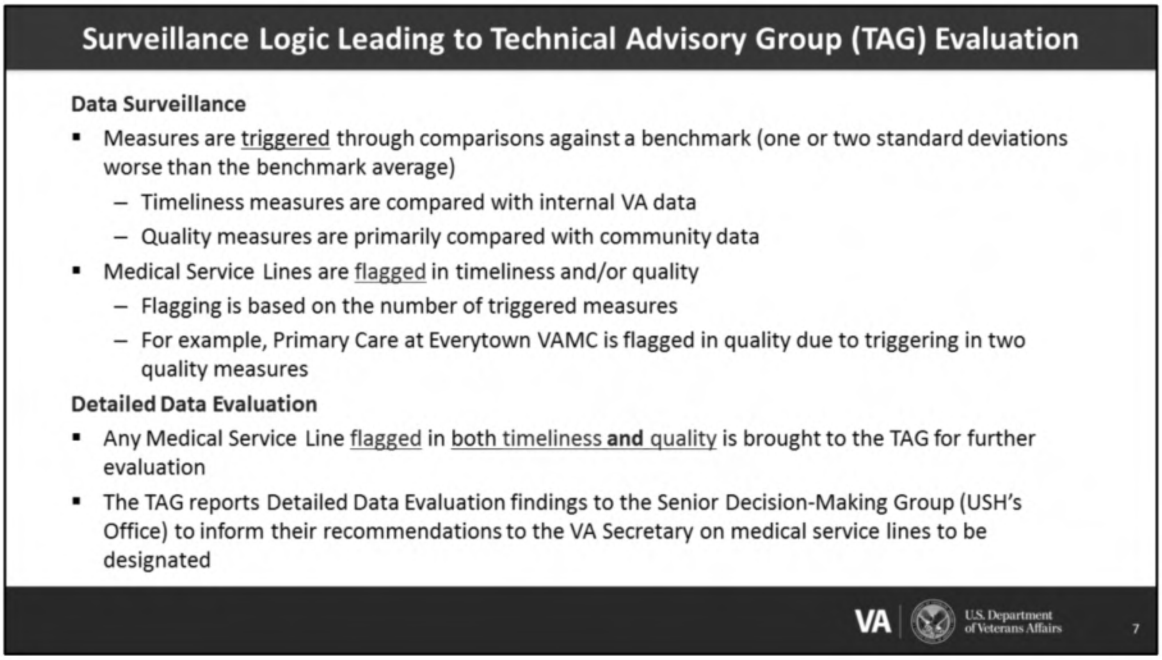


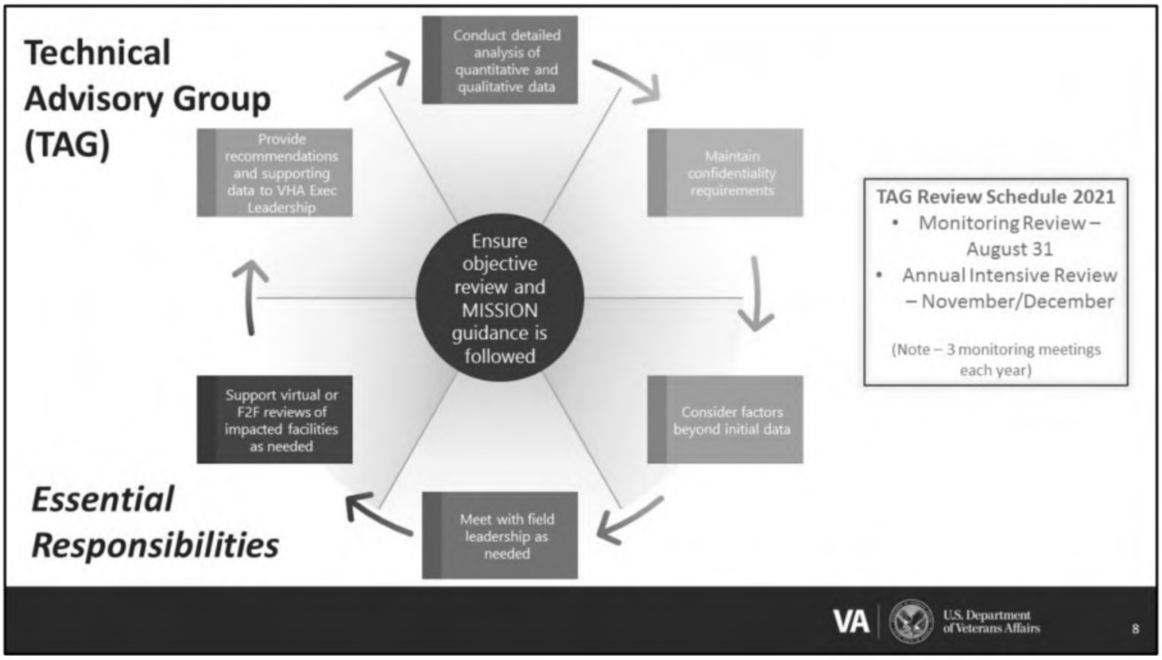
Surveillance Logic Leading to Technical Advisory Group (TAG) Evaluation

Data Surveillance

- Measures are triggered through comparisons against a benchmark (one or two standard deviations worse than the benchmark average)
  - Timeliness measures are compared with internal VA data
  - Quality measures are primarily compared with community data
- Medical Service Lines are flagged in timeliness and/or quality
  - Flagging is based on the number of triggered measures
  - For example, Primary Care at Everytown VAMC is flagged in quality due to triggering in two quality measures

Detailed Data Evaluation

- Any Medical Service Line flagged in both timeliness **and** quality is brought to the TAG for further evaluation
- The TAG reports Detailed Data Evaluation findings to the Senior Decision-Making Group (USH's Office) to inform their recommendations to the VA Secretary on medical service lines to be designated



Technical Advisory Group (TAG)

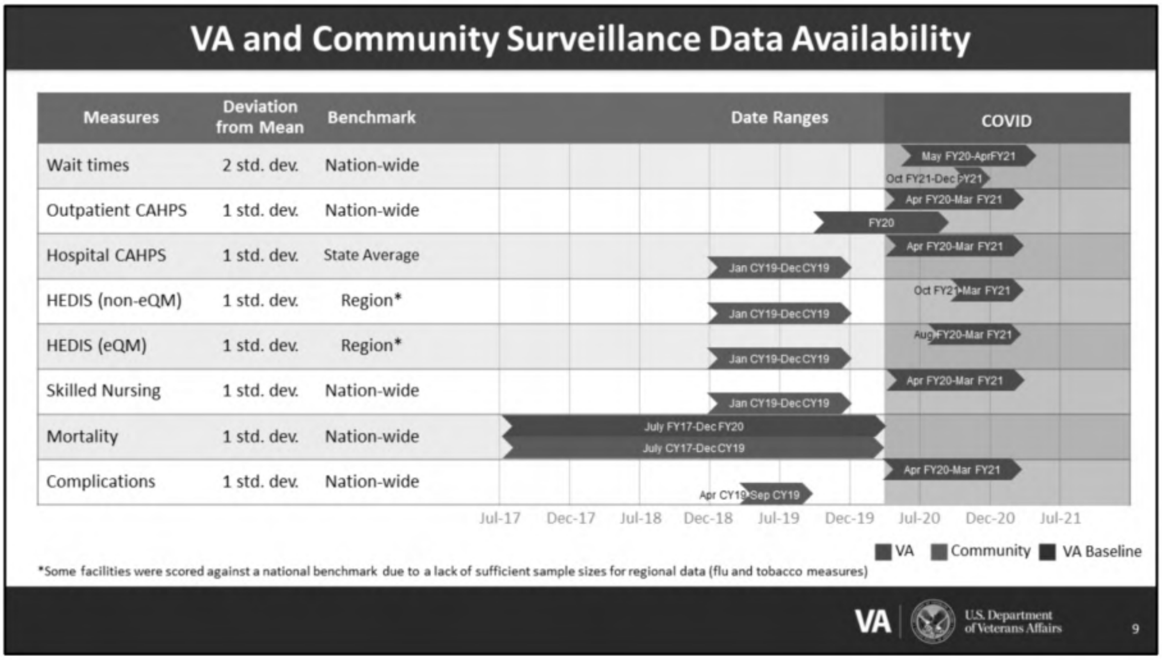
Ensure objective review and MISSION guidance is followed

- Conduct detailed analysis of quantitative and qualitative data
- Maintain confidentiality requirements
- Consider factors beyond initial data
- Meet with field leadership as needed
- Support virtual or F2F reviews of impacted facilities as needed
- Provide recommendations and supporting data to VHA Exec Leadership

TAG Review Schedule 2021
- Monitoring Review – August 31
- Annual Intensive Review – November/December

(Note – 3 monitoring meetings each year)

Essential Responsibilities



VA and Community Surveillance Data Availability

Measures	Deviation from Mean	Benchmark	Date Ranges	COVID
Wait times	2 std. dev.	Nation-wide		May FY20-AprFY21 Oct FY21-Dec FY21
Outpatient CAHPS	1 std. dev.	Nation-wide	FY20	Apr FY20-Mar FY21
Hospital CAHPS	1 std. dev.	State Average	Jan CY19-Dec CY19	Apr FY20-Mar FY21
HEDIS (non-eQM)	1 std. dev.	Region*	Jan CY19-Dec CY19	Oct FY21-Mar FY21
HEDIS (eQM)	1 std. dev.	Region*	Jan CY19-Dec CY19	Aug FY20-Mar FY21
Skilled Nursing	1 std. dev.	Nation-wide	Jan CY19-Dec CY19	Apr FY20-Mar FY21
Mortality	1 std. dev.	Nation-wide	July FY17-Dec FY20 July CY17-Dec CY19	
Complications	1 std. dev.	Nation-wide	Apr CY19-Sep CY19	Apr FY20-Mar FY21

*Some facilities were scored against a national benchmark due to a lack of sufficient sample sizes for regional data (flu and tobacco measures)

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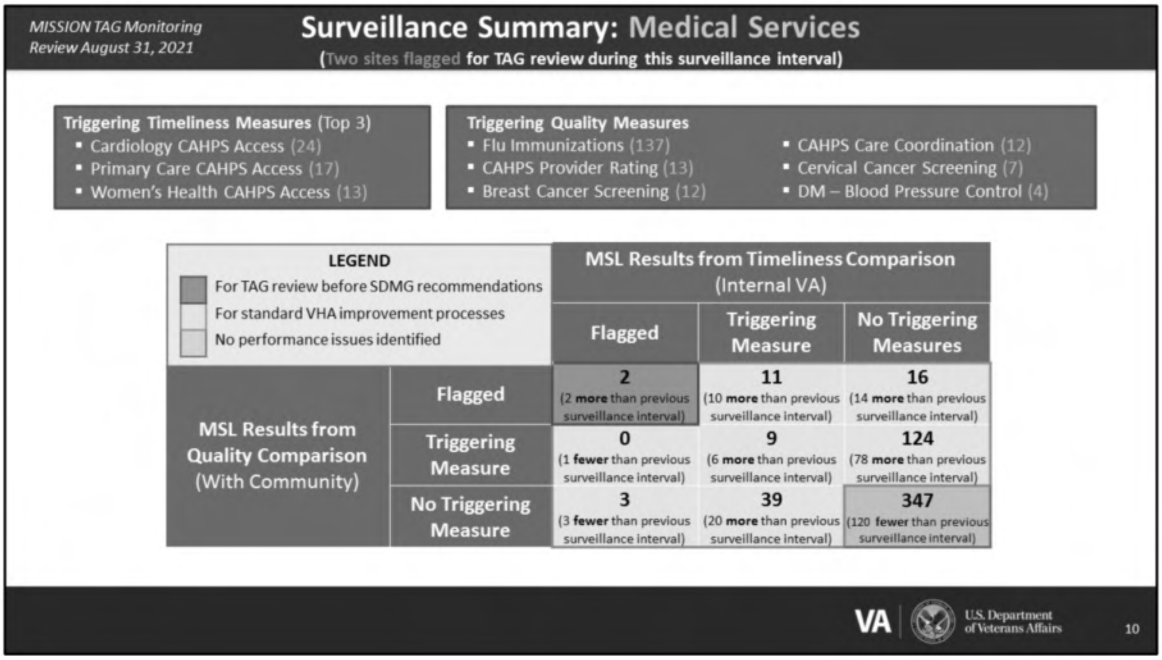

MISSION TAG Monitoring Review August 31, 2021

Surveillance Summary: Medical Services

(Two sites flagged for TAG review during this surveillance interval)

Triggering Timeliness Measures (Top 3)
- Cardiology CAHPS Access (24)
- Primary Care CAHPS Access (17)
- Women's Health CAHPS Access (13)

Triggering Quality Measures
- Flu Immunizations (137)
- CAHPS Provider Rating (13)
- Breast Cancer Screening (12)
- CAHPS Care Coordination (12)
- Cervical Cancer Screening (7)
- DM – Blood Pressure Control (4)

LEGEND

■ For TAG review before SDMG recommendations

□ For standard VHA improvement processes

▨ No performance issues identified

		MSL Results from Timeliness Comparison (Internal VA)		
		Flagged	**Triggering Measure**	**No Triggering Measures**
MSL Results from Quality Comparison (With Community)	**Flagged**	**2** (2 **more** than previous surveillance interval)	**11** (10 **more** than previous surveillance interval)	**16** (14 **more** than previous surveillance interval)
	Triggering Measure	**0** (1 **fewer** than previous surveillance interval)	**9** (6 **more** than previous surveillance interval)	**124** (78 **more** than previous surveillance interval)
	No Triggering Measure	**3** (3 **fewer** than previous surveillance interval)	**39** (20 **more** than previous surveillance interval)	**347** (120 **fewer** than previous surveillance interval)

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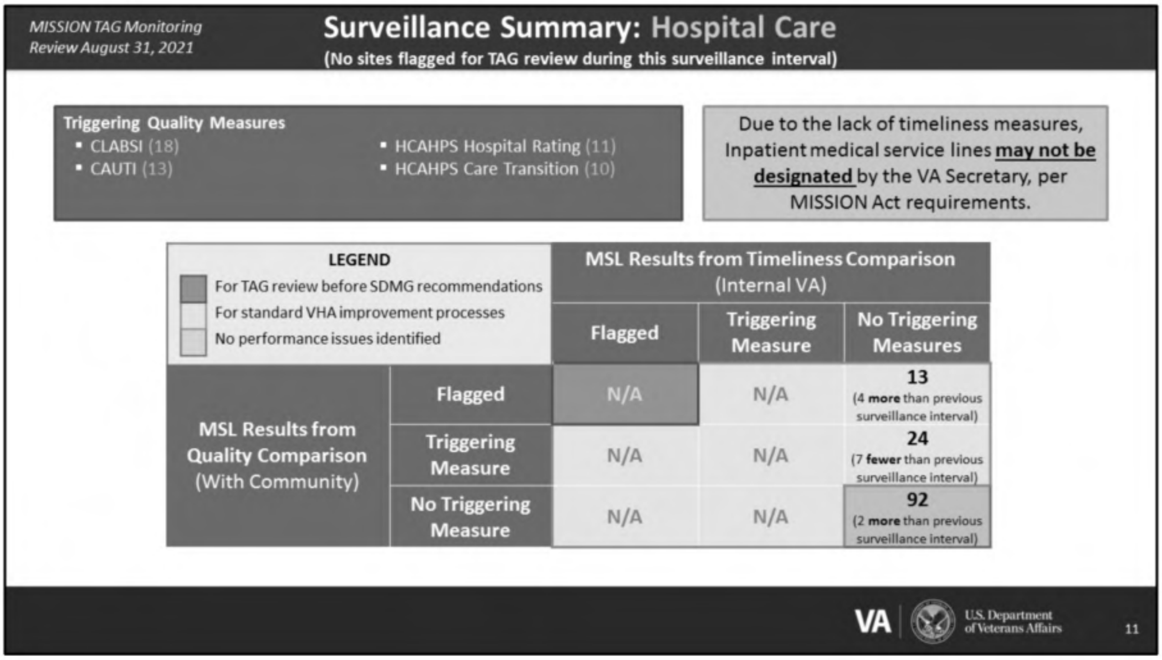

MISSION TAG Monitoring Review August 31, 2021

Surveillance Summary: Hospital Care

(No sites flagged for TAG review during this surveillance interval)

Triggering Quality Measures
- CLABSI (18)
- CAUTI (13)
- HCAHPS Hospital Rating (11)
- HCAHPS Care Transition (10)

Due to the lack of timeliness measures, Inpatient medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

LEGEND
- ■ For TAG review before SDMG recommendations
- □ For standard VHA improvement processes
- ▨ No performance issues identified

		MSL Results from Timeliness Comparison (Internal VA)		
		Flagged	**Triggering Measure**	**No Triggering Measures**
MSL Results from Quality Comparison (With Community)	**Flagged**	N/A	N/A	**13** (4 **more** than previous surveillance interval)
	Triggering Measure	N/A	N/A	**24** (7 **fewer** than previous surveillance interval)
	No Triggering Measure	N/A	N/A	**92** (2 **more** than previous surveillance interval)

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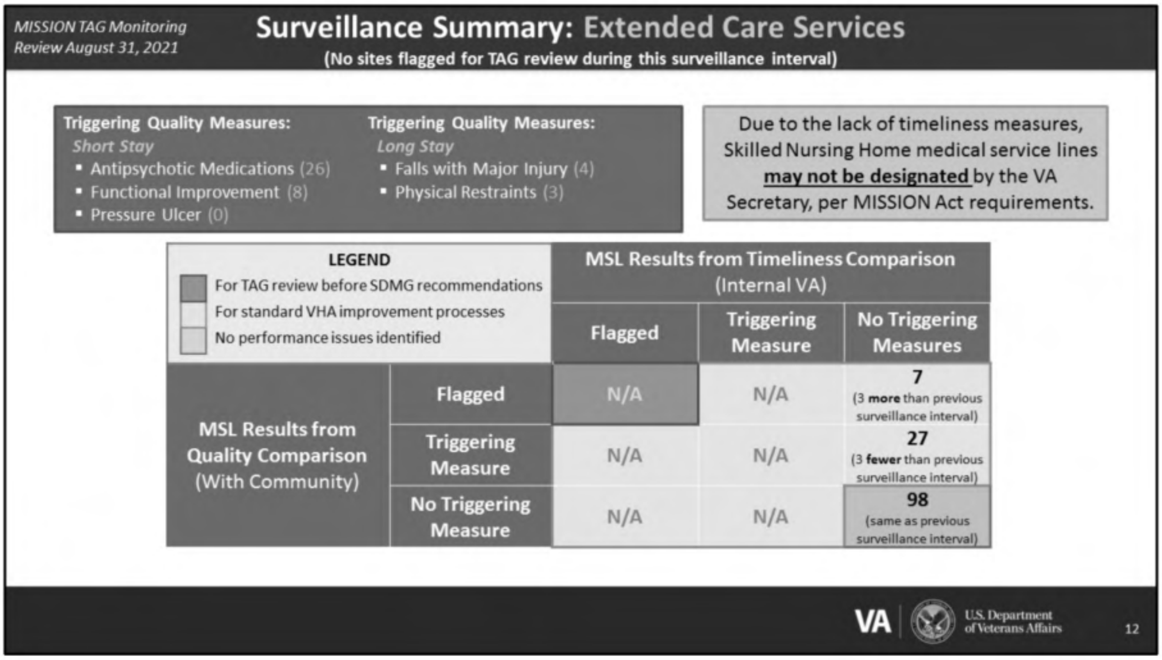


MISSION TAG Monitoring Review August 31, 2021

Surveillance Summary: Extended Care Services

(No sites flagged for TAG review during this surveillance interval)

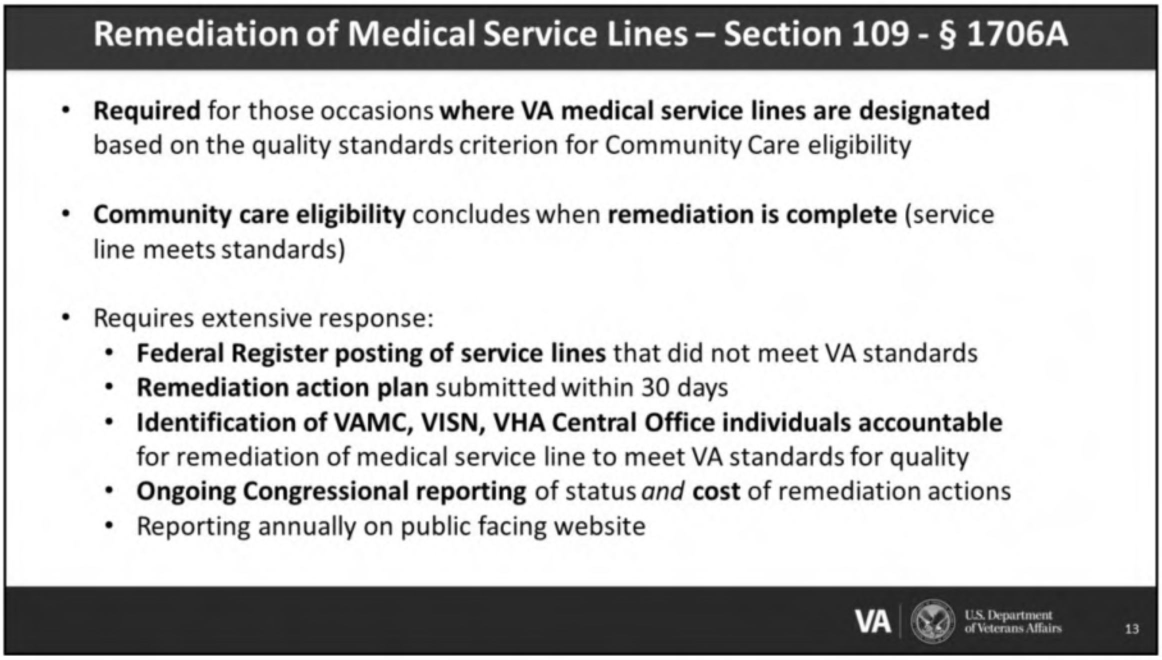
Triggering Quality Measures:
Short Stay
- Antipsychotic Medications (26)
- Functional Improvement (8)
- Pressure Ulcer (0)

Triggering Quality Measures:
Long Stay
- Falls with Major Injury (4)
- Physical Restraints (3)

Due to the lack of timeliness measures, Skilled Nursing Home medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

LEGEND
- ■ For TAG review before SDMG recommendations
- □ For standard VHA improvement processes
- ▒ No performance issues identified

		MSL Results from Timeliness Comparison (Internal VA)		
		Flagged	**Triggering Measure**	**No Triggering Measures**
MSL Results from Quality Comparison (With Community)	**Flagged**	N/A	N/A	**7** (3 **more** than previous surveillance interval)
	Triggering Measure	N/A	N/A	**27** (3 **fewer** than previous surveillance interval)
	No Triggering Measure	N/A	N/A	**98** (same as previous surveillance interval)



Remediation of Medical Service Lines – Section 109 - § 1706A

- **Required** for those occasions **where VA medical service lines are designated** based on the quality standards criterion for Community Care eligibility

- **Community care eligibility** concludes when **remediation is complete** (service line meets standards)

- Requires extensive response:
  - **Federal Register posting of service lines** that did not meet VA standards
  - **Remediation action plan** submitted within 30 days
  - **Identification of VAMC, VISN, VHA Central Office individuals accountable** for remediation of medical service line to meet VA standards for quality
  - **Ongoing Congressional reporting** of status *and* **cost** of remediation actions
  - Reporting annually on public facing website

MISSION Act-specific needs, distinct from routine VHA improvement and consultation

Mission Act Quality Standards Tracking Report (MAQSTR)

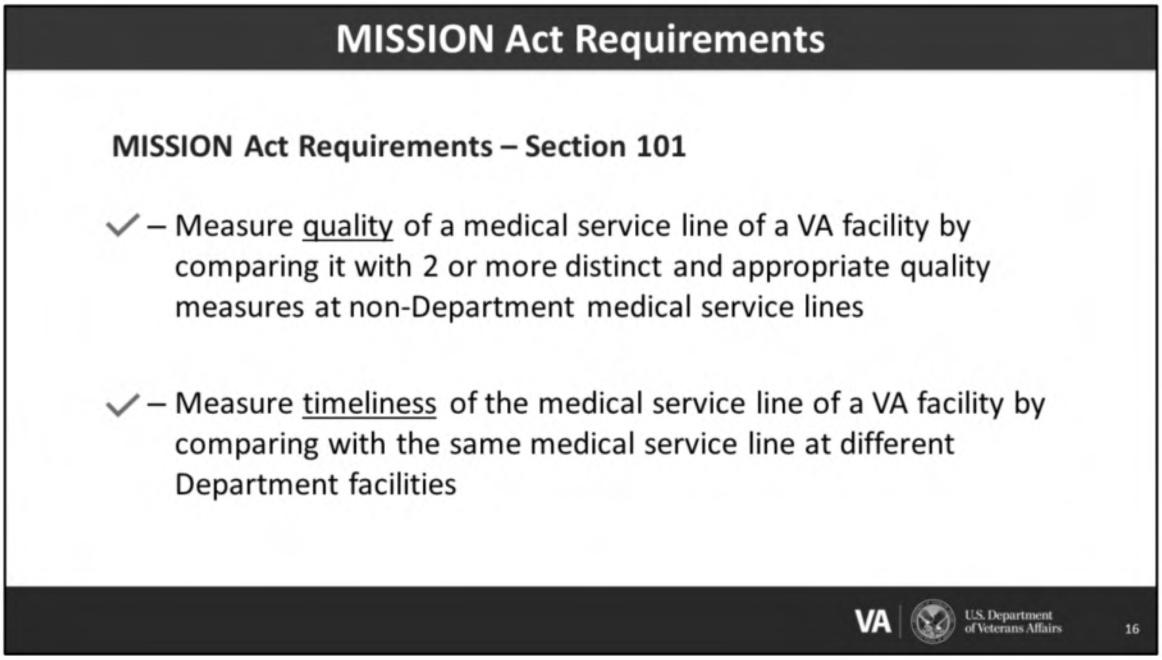
The MISSION Act Quality Standards Tracking Report (MAQSTR) is designed to help compare VHA performance measure results to comparable community benchmarks

The main report displays:
- Measure Domains
- Short description of performance measures
- Preferred data direction
- Short description of performance measures
- Quarterly and yearly data
- Community scores
- Facility prior year score
- Links to the source reports
- Measure data timeframes

MISSION Act Quality Standards Tracking Report
FY2020

https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?/IPEC/NDPP/NDPP_Production/NDPP

Appendix – Supporting Materials



MISSION Act Requirements

MISSION Act Requirements – Section 101

✓ – Measure quality of a medical service line of a VA facility by comparing it with 2 or more distinct and appropriate quality measures at non-Department medical service lines

✓ – Measure timeliness of the medical service line of a VA facility by comparing with the same medical service line at different Department facilities

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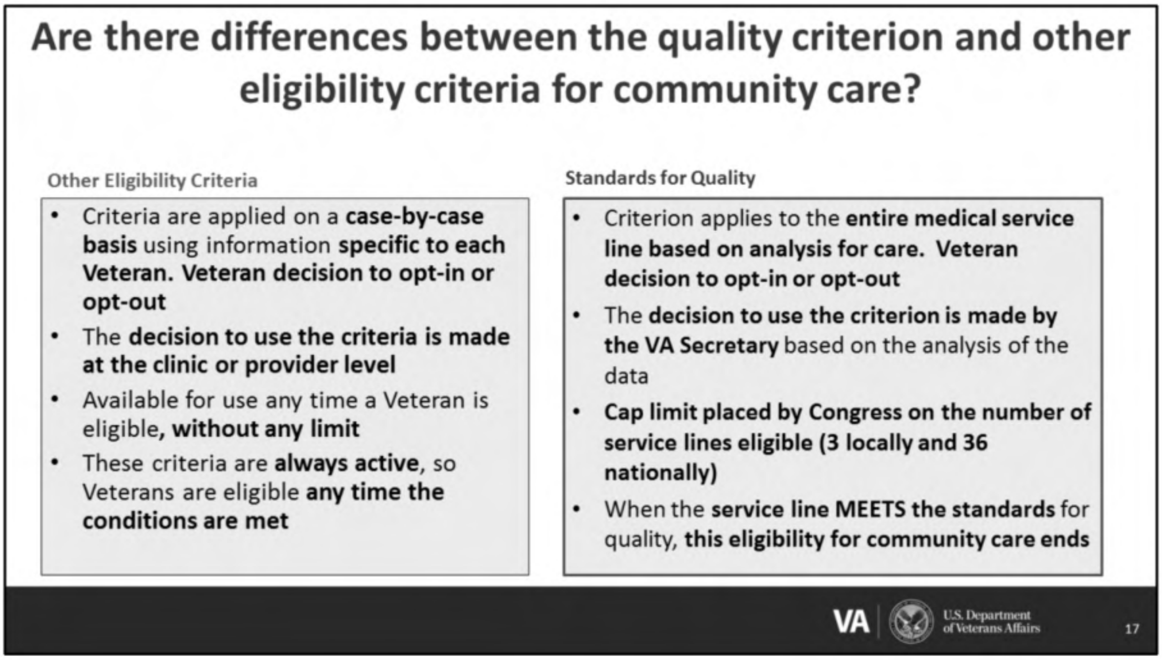

Are there differences between the quality criterion and other eligibility criteria for community care?

Other Eligibility Criteria

- Criteria are applied on a **case-by-case basis** using information **specific to each Veteran. Veteran decision to opt-in or opt-out**
- The **decision to use the criteria is made at the clinic or provider level**
- Available for use any time a Veteran is eligible**, without any limit**
- These criteria are **always active**, so Veterans are eligible **any time the conditions are met**

Standards for Quality

- Criterion applies to the **entire medical service line based on analysis for care. Veteran decision to opt-in or opt-out**
- The **decision to use the criterion is made by the VA Secretary** based on the analysis of the data
- **Cap limit placed by Congress on the number of service lines eligible (3 locally and 36 nationally)**
- When the **service line MEETS the standards** for quality, **this eligibility for community care ends**

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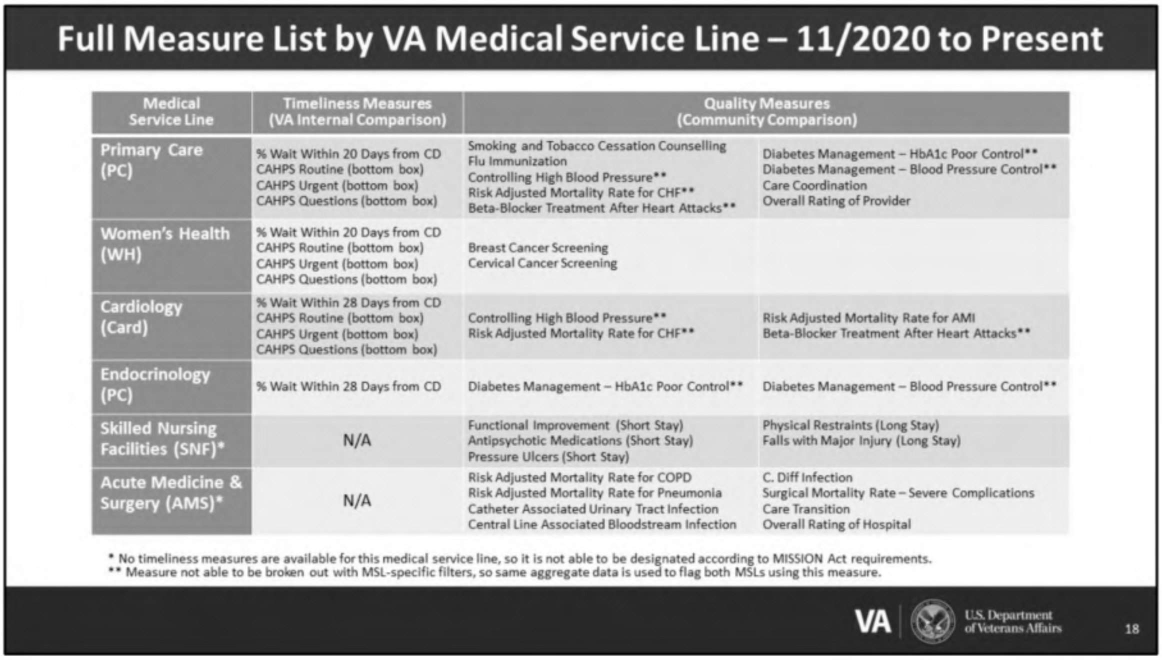

Full Measure List by VA Medical Service Line – 11/2020 to Present

Medical Service Line	Timeliness Measures (VA Internal Comparison)	Quality Measures (Community Comparison)	
Primary Care (PC)	% Wait Within 20 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Smoking and Tobacco Cessation Counselling Flu Immunization Controlling High Blood Pressure** Risk Adjusted Mortality Rate for CHF** Beta-Blocker Treatment After Heart Attacks**	Diabetes Management – HbA1c Poor Control** Diabetes Management – Blood Pressure Control** Care Coordination Overall Rating of Provider
Women's Health (WH)	% Wait Within 20 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Breast Cancer Screening Cervical Cancer Screening	
Cardiology (Card)	% Wait Within 28 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Controlling High Blood Pressure** Risk Adjusted Mortality Rate for CHF**	Risk Adjusted Mortality Rate for AMI Beta-Blocker Treatment After Heart Attacks**
Endocrinology (PC)	% Wait Within 28 Days from CD	Diabetes Management – HbA1c Poor Control**	Diabetes Management – Blood Pressure Control**
Skilled Nursing Facilities (SNF)*	N/A	Functional Improvement (Short Stay) Antipsychotic Medications (Short Stay) Pressure Ulcers (Short Stay)	Physical Restraints (Long Stay) Falls with Major Injury (Long Stay)
Acute Medicine & Surgery (AMS)*	N/A	Risk Adjusted Mortality Rate for COPD Risk Adjusted Mortality Rate for Pneumonia Catheter Associated Urinary Tract Infection Central Line Associated Bloodstream Infection	C. Diff Infection Surgical Mortality Rate – Severe Complications Care Transition Overall Rating of Hospital

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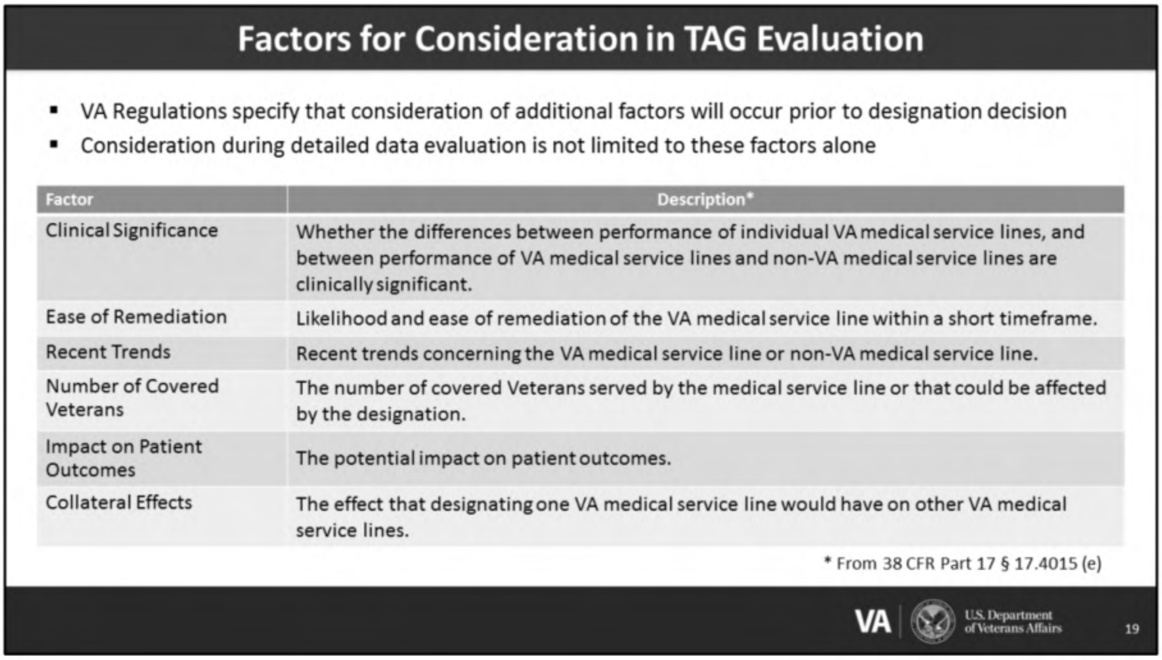

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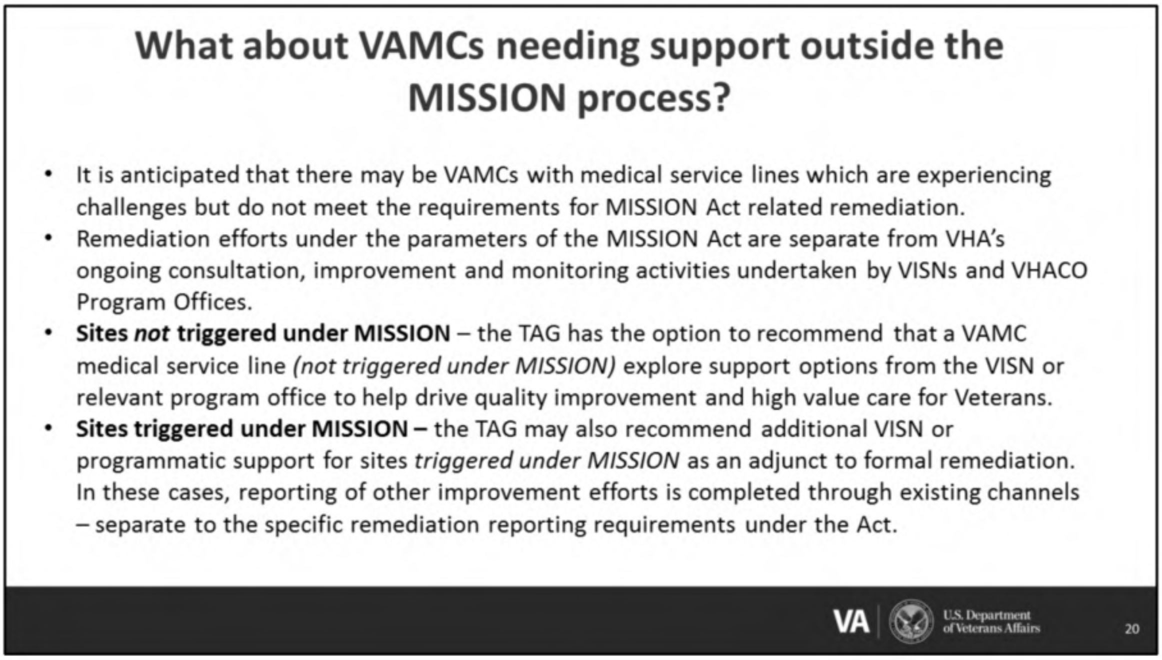

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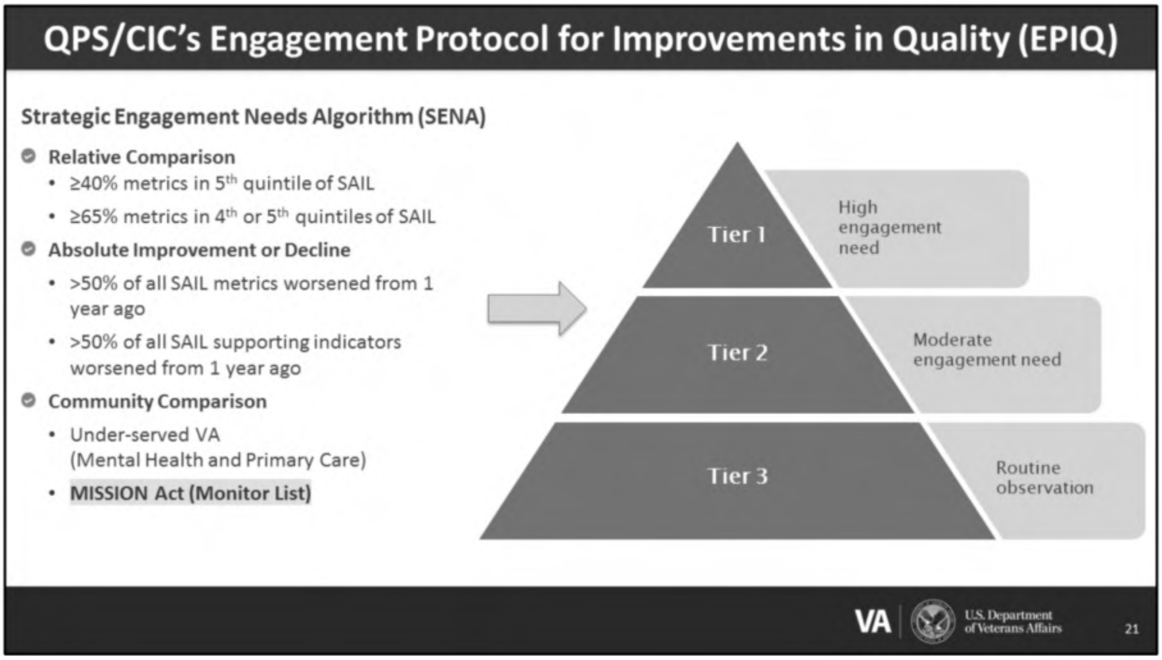

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High engagement need
Tier 2
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Routine observation

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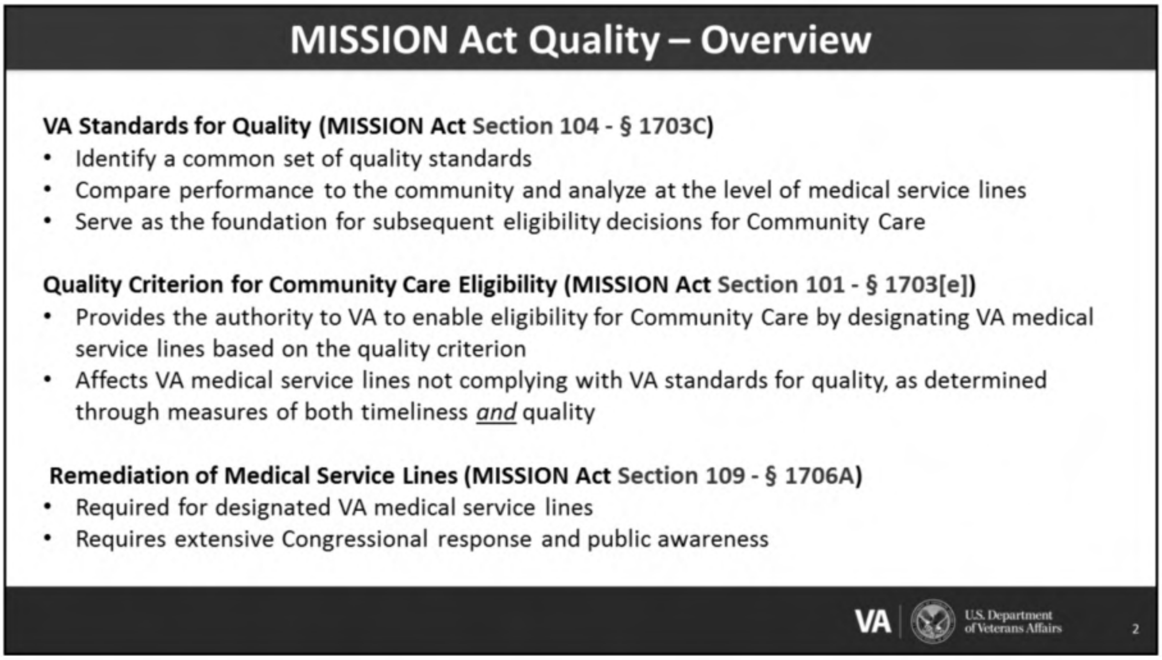
VHA Office of Quality and Patient Safety (QPS)
September 1, 2021

VA
U.S. Department
of Veterans Affairs



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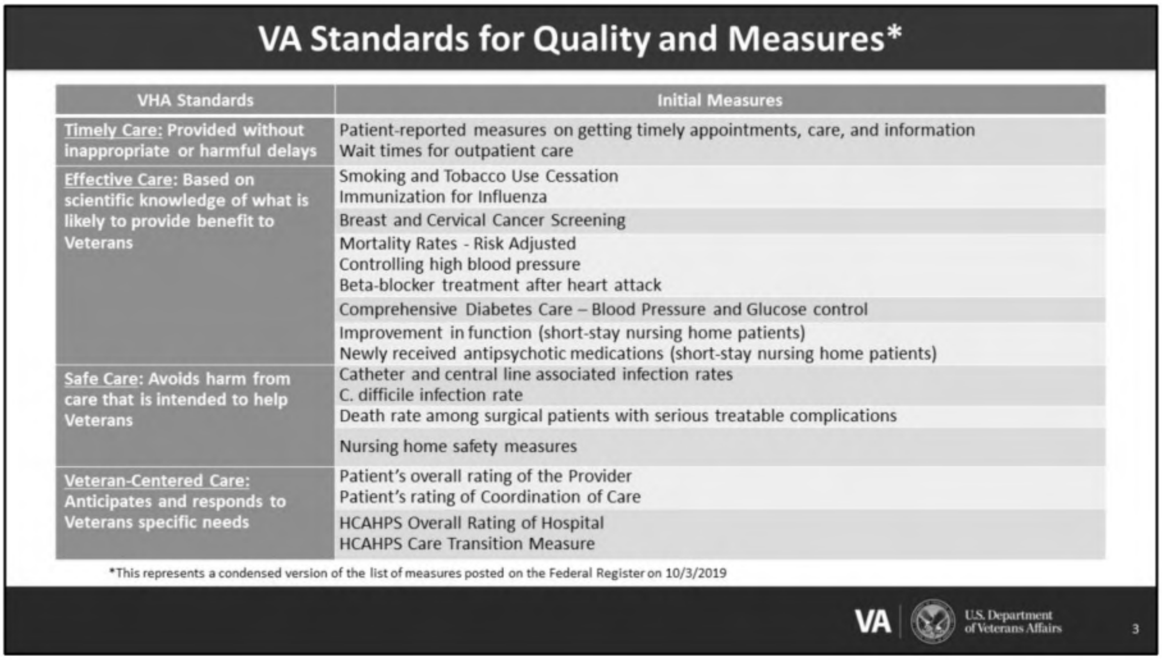
Remediation of Medical Service Lines (MISSION Act Section 109 - § 1706A)
- Required for designated VA medical service lines
- Requires extensive Congressional response and public awareness

MISSION Act-specific needs, distinct from routine VHA improvement and consultation



VA Standards for Quality and Measures*

VHA Standards	Initial Measures
Timely Care: Provided without inappropriate or harmful delays	Patient-reported measures on getting timely appointments, care, and information Wait times for outpatient care
Effective Care: Based on scientific knowledge of what is likely to provide benefit to Veterans	Smoking and Tobacco Use Cessation Immunization for Influenza
	Breast and Cervical Cancer Screening
	Mortality Rates - Risk Adjusted Controlling high blood pressure Beta-blocker treatment after heart attack
	Comprehensive Diabetes Care – Blood Pressure and Glucose control
	Improvement in function (short-stay nursing home patients) Newly received antipsychotic medications (short-stay nursing home patients)
Safe Care: Avoids harm from care that is intended to help Veterans	Catheter and central line associated infection rates C. difficile infection rate
	Death rate among surgical patients with serious treatable complications
	Nursing home safety measures
Veteran-Centered Care: Anticipates and responds to Veterans specific needs	Patient's overall rating of the Provider Patient's rating of Coordination of Care
	HCAHPS Overall Rating of Hospital HCAHPS Care Transition Measure

*This represents a condensed version of the list of measures posted on the Federal Register on 10/3/2019

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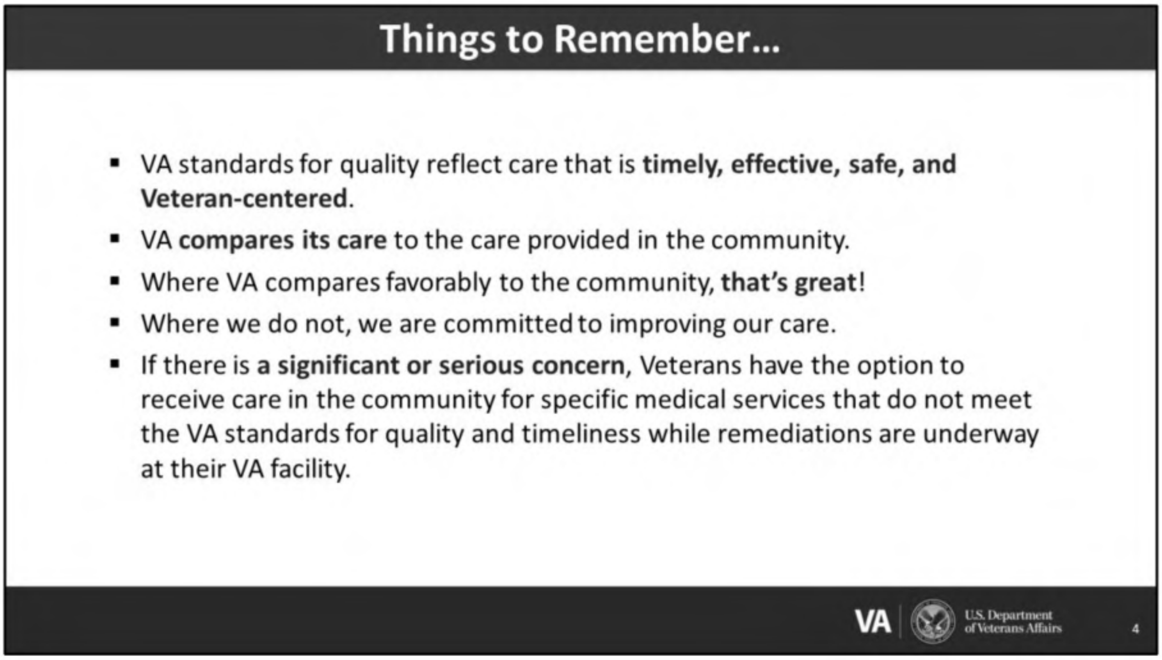
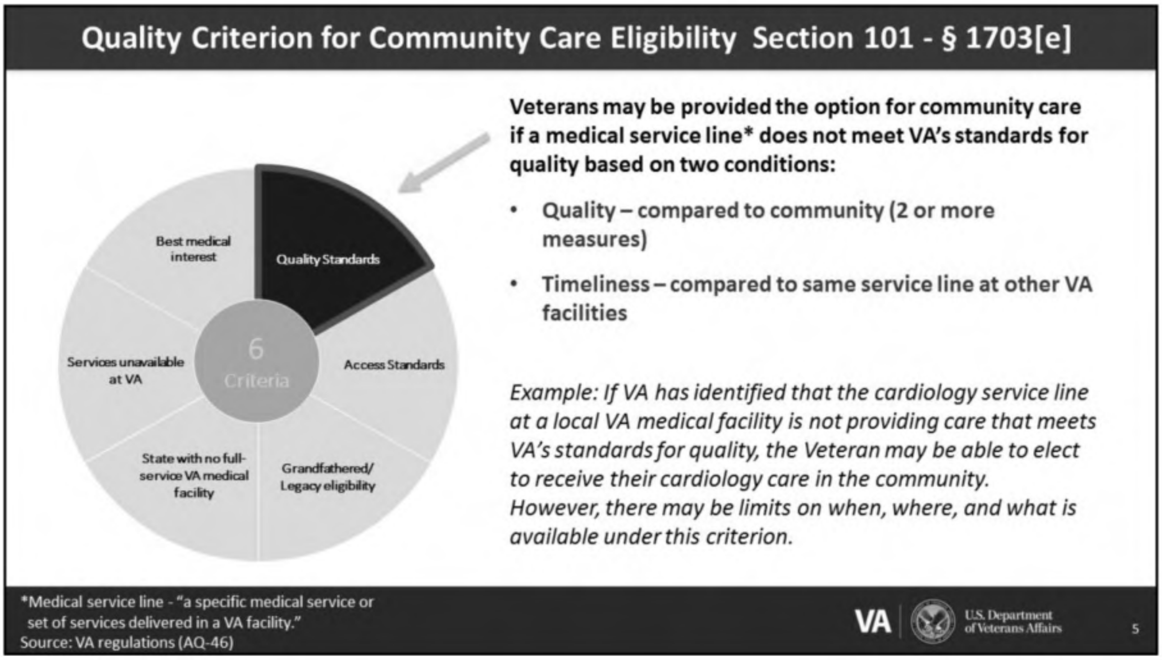


Things to Remember…

- VA standards for quality reflect care that is **timely, effective, safe, and Veteran-centered**.
- VA **compares its care** to the care provided in the community.
- Where VA compares favorably to the community, **that's great**!
- Where we do not, we are committed to improving our care.
- If there is **a significant or serious concern**, Veterans have the option to receive care in the community for specific medical services that do not meet the VA standards for quality and timeliness while remediations are underway at their VA facility.



Best medical interest
Quality Standards
Services unavailable at VA
6 Criteria
Access Standards
State with no full-service VA medical facility
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Quality Criterion for Community Care Eligibility Section 101 - § 1703[e]

Veterans may be provided the option for community care if a medical service line* does not meet VA's standards for quality based on two conditions:

- Quality – compared to community (2 or more measures)
- Timeliness – compared to same service line at other VA facilities

Example: If VA has identified that the cardiology service line at a local VA medical facility is not providing care that meets VA's standards for quality, the Veteran may be able to elect to receive their cardiology care in the community. However, there may be limits on when, where, and what is available under this criterion.

*Medical service line - "a specific medical service or set of services delivered in a VA facility."
Source: VA regulations (AQ-46)

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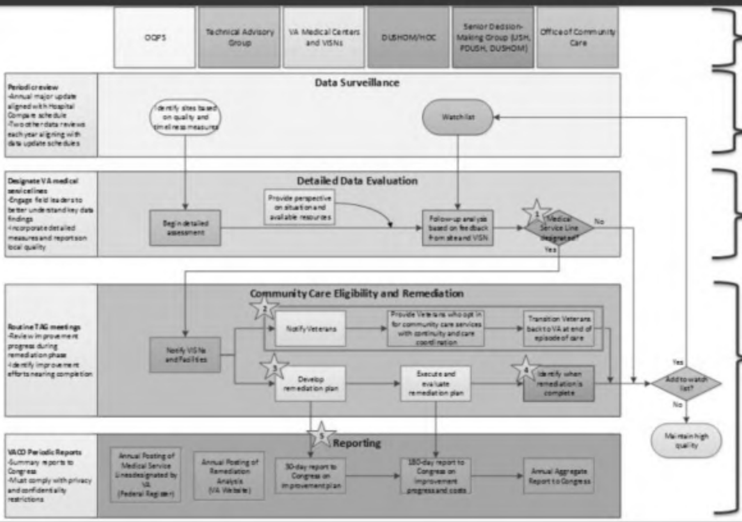
Process Overview


OQPS
Technical Advisory Group
VA Medical Centers and VISNs
DUSHOM/HOC
Senior Decision-Making Group (USH, PDUSH, DUSHOM)
Office of Community Care
Periodic review
-Annual major update aligned with Hospital Compare schedule
-Two other data reviews each year aligning with data update schedules
Data Surveillance
Identify sites based on quality and timeliness measures
Watch list
Designate VA medical service lines
-Engage field leaders to better understand key data findings
-Incorporate detailed measures and report on local quality
Detailed Data Evaluation
Begin detailed assessment
Provide perspective on situation and available resources
Follow-up analysis based on feedback from site and VISN
1
Medical Service Line designated?
No
Yes
Routine TAG meetings
-Review improvement progress during remediation phase
-Identify improvement efforts nearing completion
Community Care Eligibility and Remediation
Notify VISNs and Facilities
2
Notify Veterans
Provide Veterans who opt in for community care services with continuity and care coordination
Transition Veterans back to VA at end of episode of care
3
Develop remediation plan
Execute and evaluate remediation plan
4
Identify when remediation is complete
Yes
Add to watch list?
No
Maintain high quality
VACO Periodic Reports
-Summary reports to Congress
-Must comply with privacy and confidentiality restrictions
5
Reporting
Annual Posting of Medical Service Lines designated by VA (Federal Register)
Annual Posting of Remediation Analysis (VA Website)
30-day report to Congress on improvement plan
180-day report to Congress on improvement progress and costs
Annual Aggregate Report to Congress

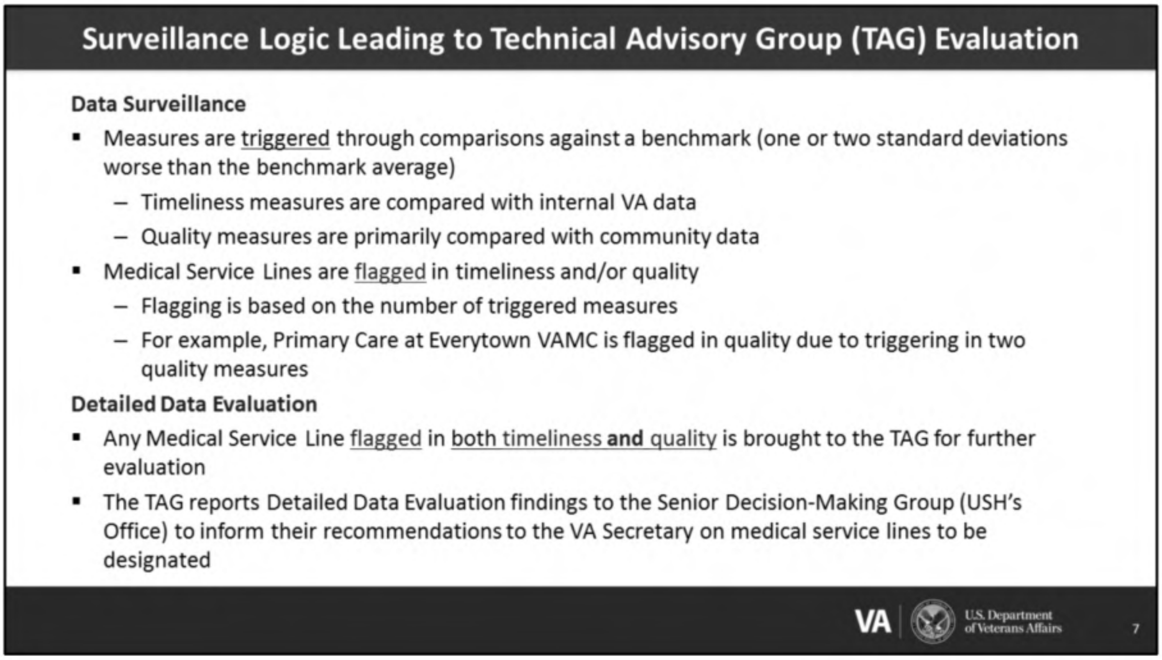
Shared accountability in Implementation Process

Overview: Three-Step Process

1. Data Surveillance/Screening
2. Detailed Data Analysis to determine service lines not meeting VA standards

TAG

3. Eligible for Community Care, paired with intensive remediation *and* Congressional reporting



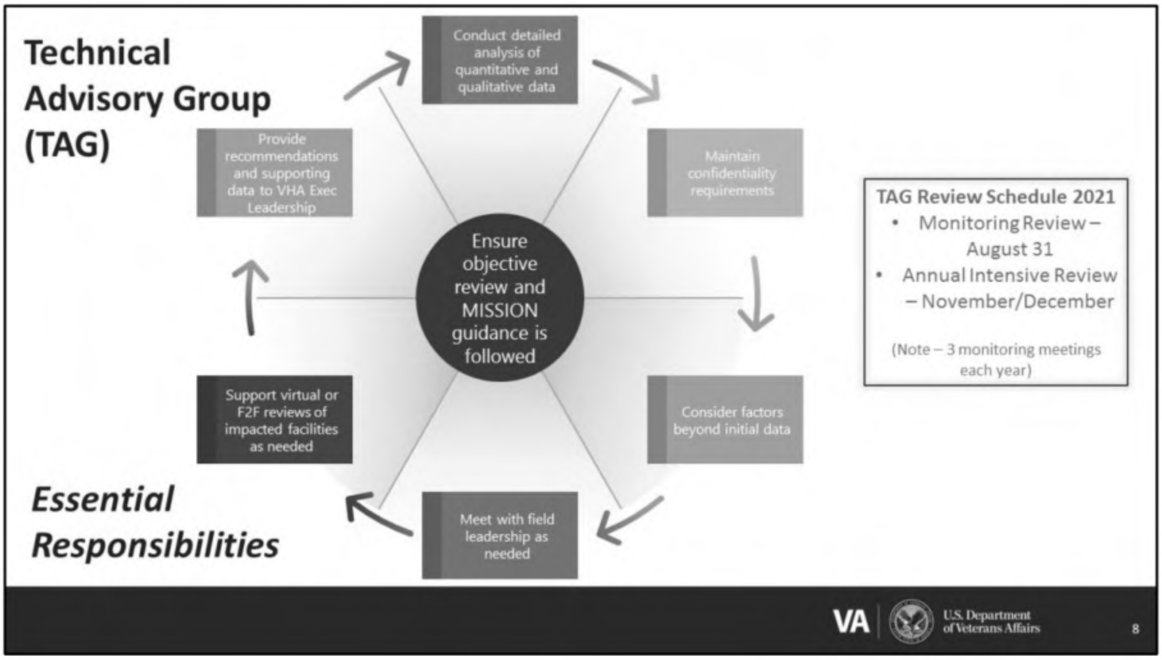
Surveillance Logic Leading to Technical Advisory Group (TAG) Evaluation

Data Surveillance

- Measures are triggered through comparisons against a benchmark (one or two standard deviations worse than the benchmark average)
  - Timeliness measures are compared with internal VA data
  - Quality measures are primarily compared with community data
- Medical Service Lines are flagged in timeliness and/or quality
  - Flagging is based on the number of triggered measures
  - For example, Primary Care at Everytown VAMC is flagged in quality due to triggering in two quality measures

Detailed Data Evaluation

- Any Medical Service Line flagged in both timeliness **and** quality is brought to the TAG for further evaluation
- The TAG reports Detailed Data Evaluation findings to the Senior Decision-Making Group (USH's Office) to inform their recommendations to the VA Secretary on medical service lines to be designated



Technical Advisory Group (TAG)

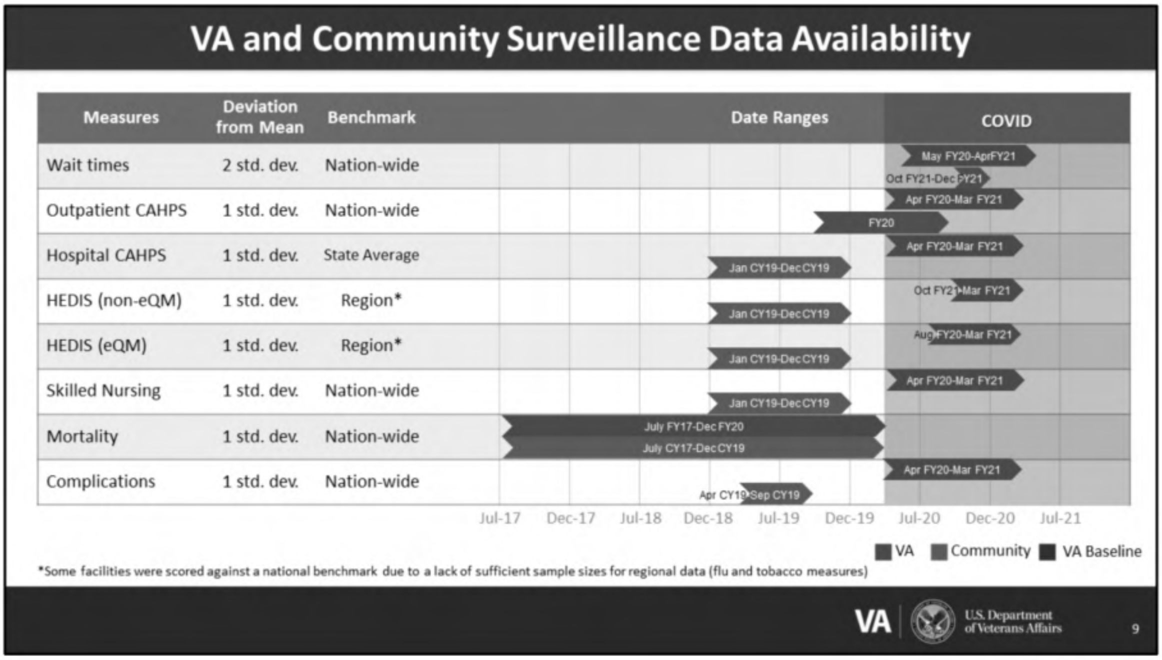
Essential Responsibilities

Ensure objective review and MISSION guidance is followed

- Conduct detailed analysis of quantitative and qualitative data
- Maintain confidentiality requirements
- Consider factors beyond initial data
- Meet with field leadership as needed
- Support virtual or F2F reviews of impacted facilities as needed
- Provide recommendations and supporting data to VHA Exec Leadership

TAG Review Schedule 2021
- Monitoring Review – August 31
- Annual Intensive Review – November/December

(Note – 3 monitoring meetings each year)



VA and Community Surveillance Data Availability

Measures	Deviation from Mean	Benchmark	Date Ranges	COVID
Wait times	2 std. dev.	Nation-wide		May FY20-AprFY21 Oct FY21-Dec FY21
Outpatient CAHPS	1 std. dev.	Nation-wide	FY20	Apr FY20-Mar FY21
Hospital CAHPS	1 std. dev.	State Average	Jan CY19-Dec CY19	Apr FY20-Mar FY21
HEDIS (non-eQM)	1 std. dev.	Region*	Jan CY19-Dec CY19	Oct FY21-Mar FY21
HEDIS (eQM)	1 std. dev.	Region*	Jan CY19-Dec CY19	Aug FY20-Mar FY21
Skilled Nursing	1 std. dev.	Nation-wide	Jan CY19-Dec CY19	Apr FY20-Mar FY21
Mortality	1 std. dev.	Nation-wide	July FY17-Dec FY20 July CY17-Dec CY19	
Complications	1 std. dev.	Nation-wide	Apr CY19-Sep CY19	Apr FY20-Mar FY21

*Some facilities were scored against a national benchmark due to a lack of sufficient sample sizes for regional data (flu and tobacco measures)

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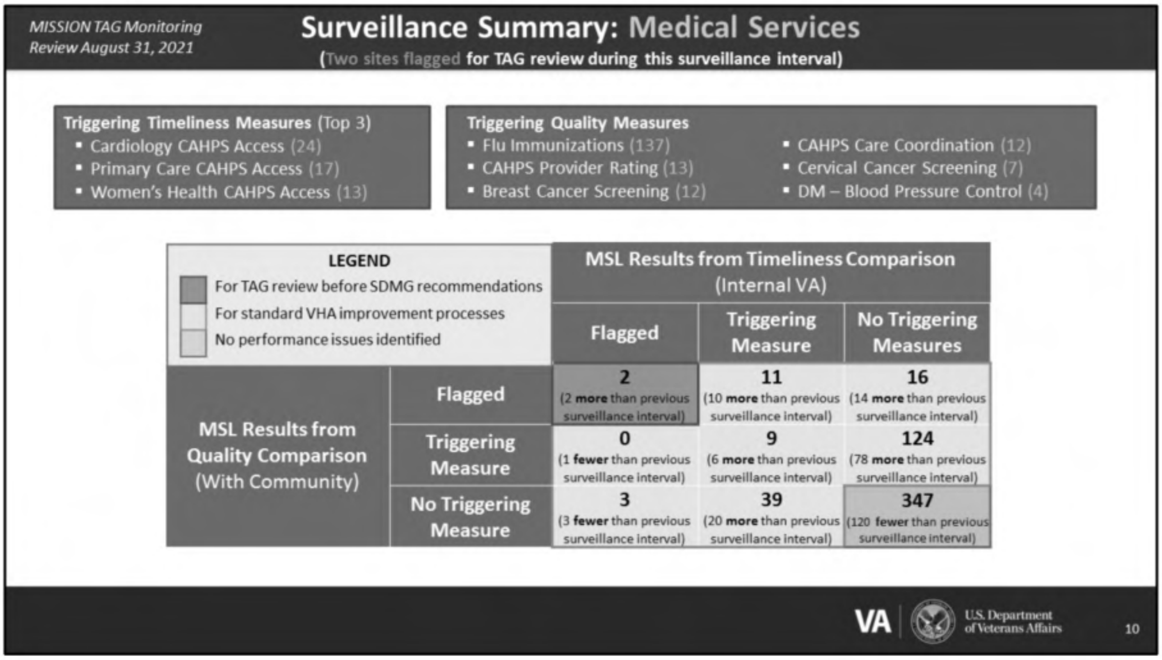

MISSION TAG Monitoring Review August 31, 2021

Surveillance Summary: Medical Services

(Two sites flagged for TAG review during this surveillance interval)

Triggering Timeliness Measures (Top 3)
- Cardiology CAHPS Access (24)
- Primary Care CAHPS Access (17)
- Women's Health CAHPS Access (13)

Triggering Quality Measures
- Flu Immunizations (137)
- CAHPS Provider Rating (13)
- Breast Cancer Screening (12)
- CAHPS Care Coordination (12)
- Cervical Cancer Screening (7)
- DM – Blood Pressure Control (4)

LEGEND
- ■ For TAG review before SDMG recommendations
- □ For standard VHA improvement processes
- ▒ No performance issues identified

		MSL Results from Timeliness Comparison (Internal VA)		
		Flagged	**Triggering Measure**	**No Triggering Measures**
MSL Results from Quality Comparison (With Community)	**Flagged**	■ **2** (2 **more** than previous surveillance interval)	**11** (10 **more** than previous surveillance interval)	**16** (14 **more** than previous surveillance interval)
	Triggering Measure	**0** (1 **fewer** than previous surveillance interval)	**9** (6 **more** than previous surveillance interval)	**124** (78 **more** than previous surveillance interval)
	No Triggering Measure	**3** (3 **fewer** than previous surveillance interval)	**39** (20 **more** than previous surveillance interval)	▒ **347** (120 **fewer** than previous surveillance interval)

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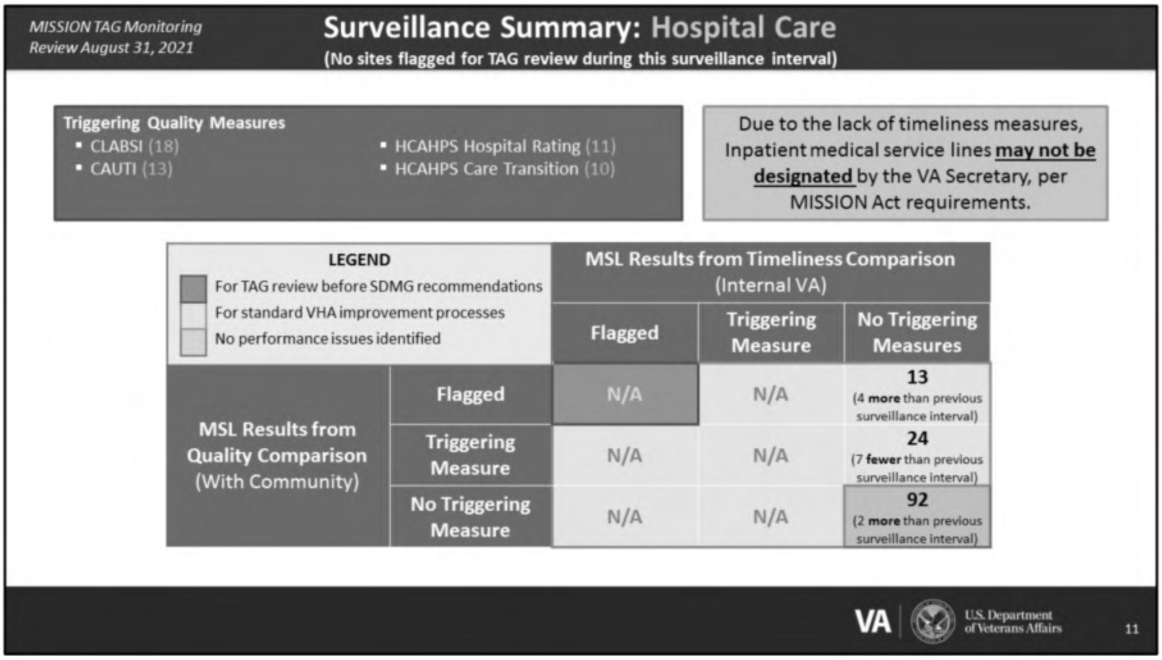

MISSION TAG Monitoring Review August 31, 2021

Surveillance Summary: Hospital Care

(No sites flagged for TAG review during this surveillance interval)

Triggering Quality Measures
- CLABSI (18)
- CAUTI (13)
- HCAHPS Hospital Rating (11)
- HCAHPS Care Transition (10)

Due to the lack of timeliness measures, Inpatient medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

LEGEND
- ■ For TAG review before SDMG recommendations
- □ For standard VHA improvement processes
- ▩ No performance issues identified

		MSL Results from Timeliness Comparison (Internal VA)		
		Flagged	Triggering Measure	No Triggering Measures
MSL Results from Quality Comparison (With Community)	Flagged	N/A	N/A	13 (4 **more** than previous surveillance interval)
	Triggering Measure	N/A	N/A	24 (7 **fewer** than previous surveillance interval)
	No Triggering Measure	N/A	N/A	92 (2 **more** than previous surveillance interval)

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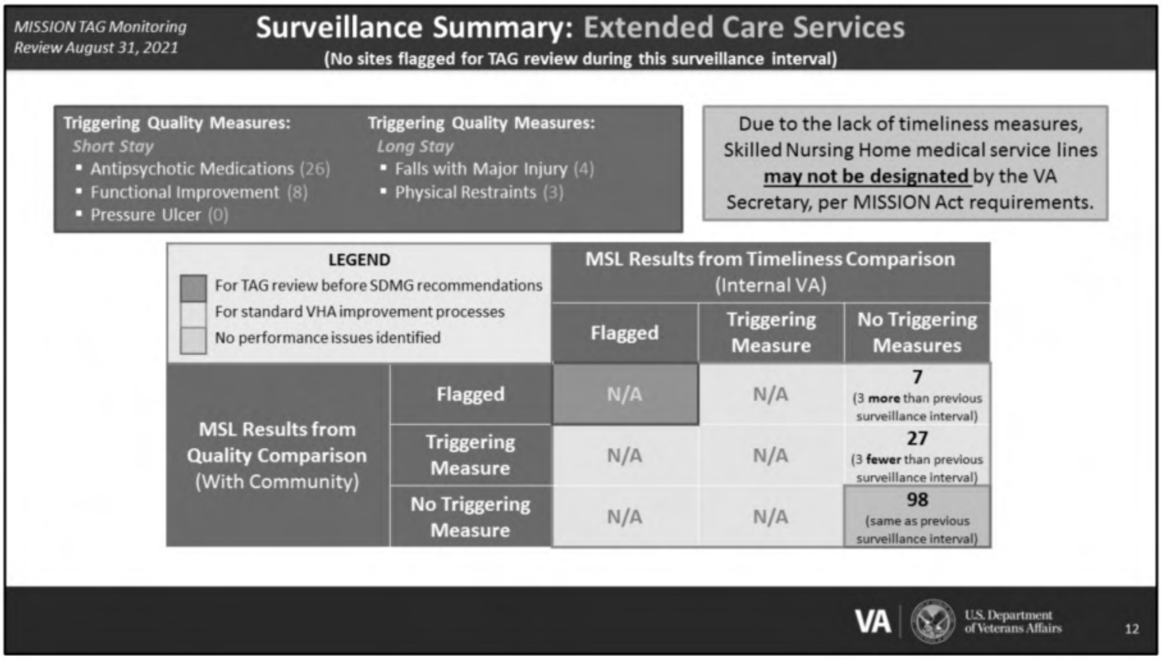

MISSION TAG Monitoring Review August 31, 2021

Surveillance Summary: Extended Care Services

(No sites flagged for TAG review during this surveillance interval)

Triggering Quality Measures:
Short Stay
- Antipsychotic Medications (26)
- Functional Improvement (8)
- Pressure Ulcer (0)

Triggering Quality Measures:
Long Stay
- Falls with Major Injury (4)
- Physical Restraints (3)

Due to the lack of timeliness measures, Skilled Nursing Home medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

LEGEND
- ■ For TAG review before SDMG recommendations
- □ For standard VHA improvement processes
- ▨ No performance issues identified

		MSL Results from Timeliness Comparison (Internal VA)		
		Flagged	**Triggering Measure**	**No Triggering Measures**
MSL Results from Quality Comparison (With Community)	**Flagged**	N/A	N/A	**7** (3 **more** than previous surveillance interval)
	Triggering Measure	N/A	N/A	**27** (3 **fewer** than previous surveillance interval)
	No Triggering Measure	N/A	N/A	**98** (same as previous surveillance interval)

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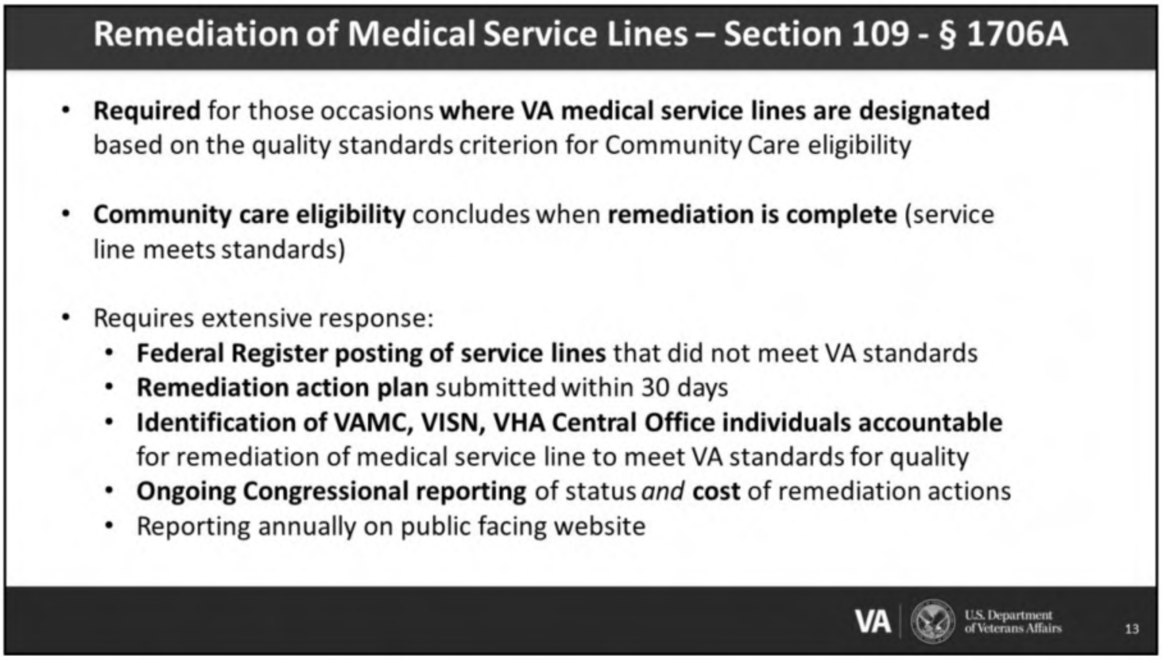

Remediation of Medical Service Lines – Section 109 - § 1706A

- **Required** for those occasions **where VA medical service lines are designated** based on the quality standards criterion for Community Care eligibility

- **Community care eligibility** concludes when **remediation is complete** (service line meets standards)

- Requires extensive response:
  - **Federal Register posting of service lines** that did not meet VA standards
  - **Remediation action plan** submitted within 30 days
  - **Identification of VAMC, VISN, VHA Central Office individuals accountable** for remediation of medical service line to meet VA standards for quality
  - **Ongoing Congressional reporting** of status *and* **cost** of remediation actions
  - Reporting annually on public facing website

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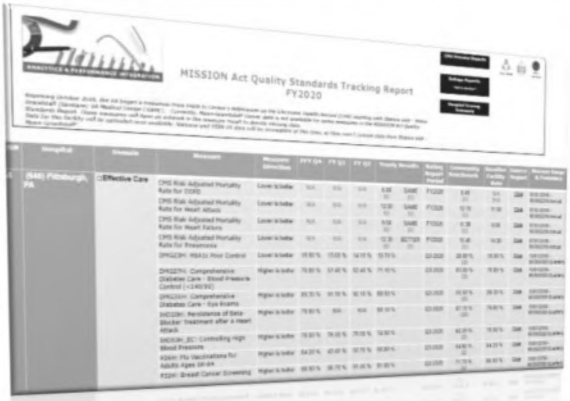
MISSION Act-specific needs, distinct from routine VHA improvement and consultation

Mission Act Quality Standards Tracking Report (MAQSTR)

The MISSION Act Quality Standards Tracking Report (MAQSTR) is designed to help compare VHA performance measure results to comparable community benchmarks

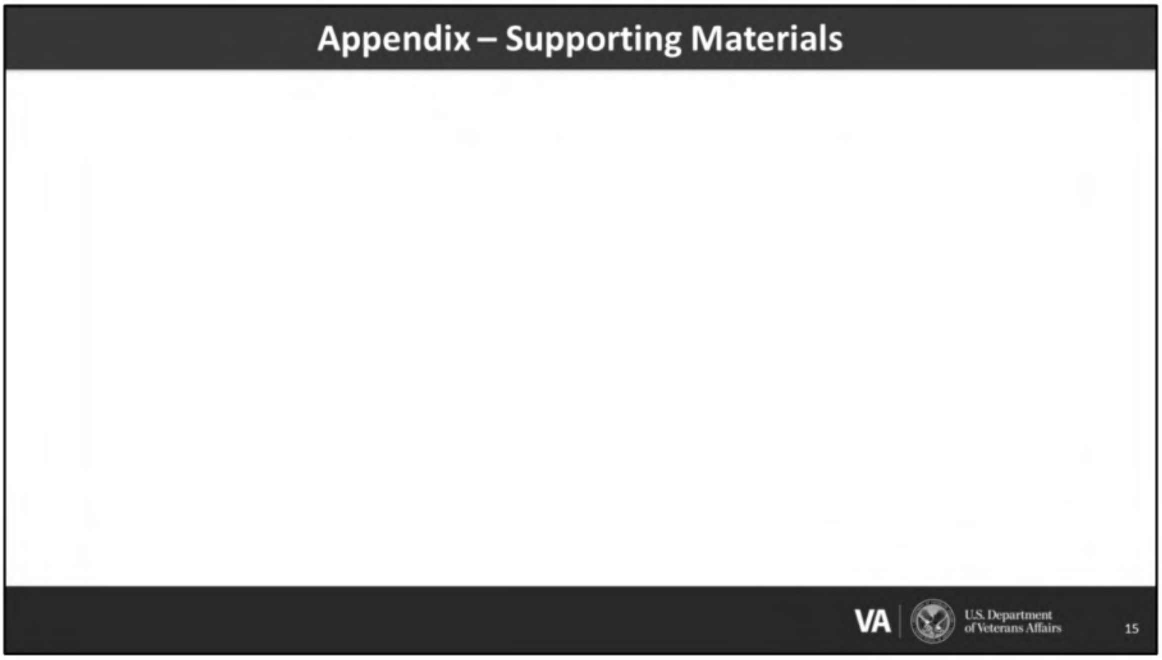
The main report displays:

- Measure Domains
- Short description of performance measures
- Preferred data direction
- Short description of performance measures
- Quarterly and yearly data
- Community scores
- Facility prior year score
- Links to the source reports
- Measure data timeframes

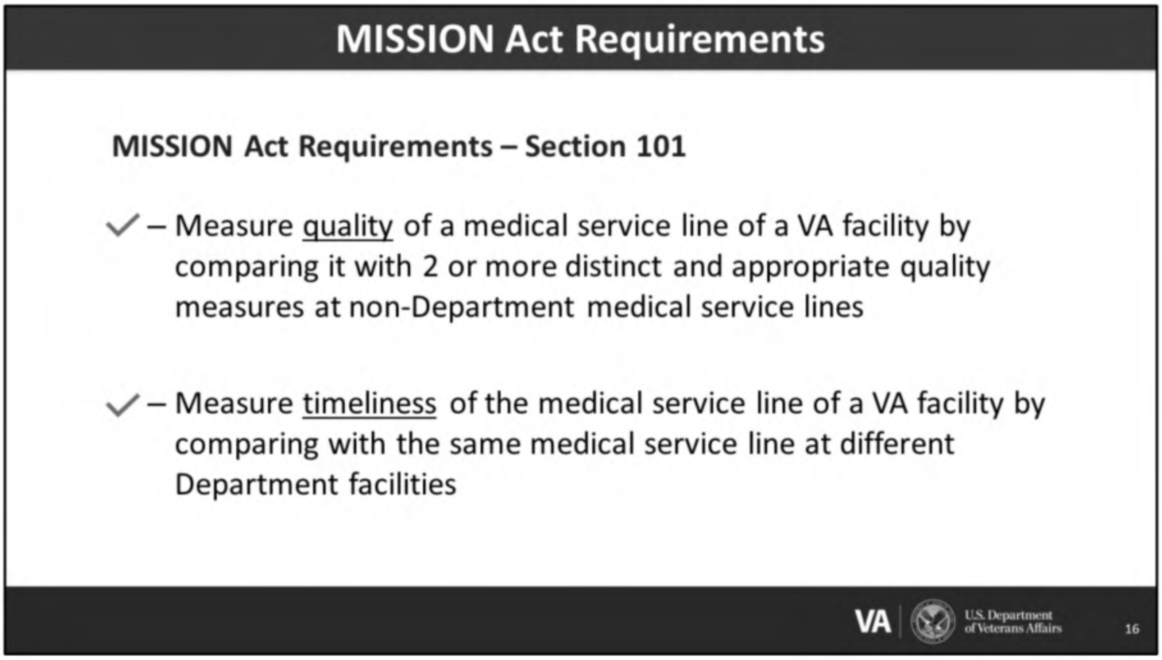


MISSION Act Quality Standards Tracking Report
FY2020

https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?/IPEC/NDPP/NDPP_Production/NDPP



Appendix – Supporting Materials

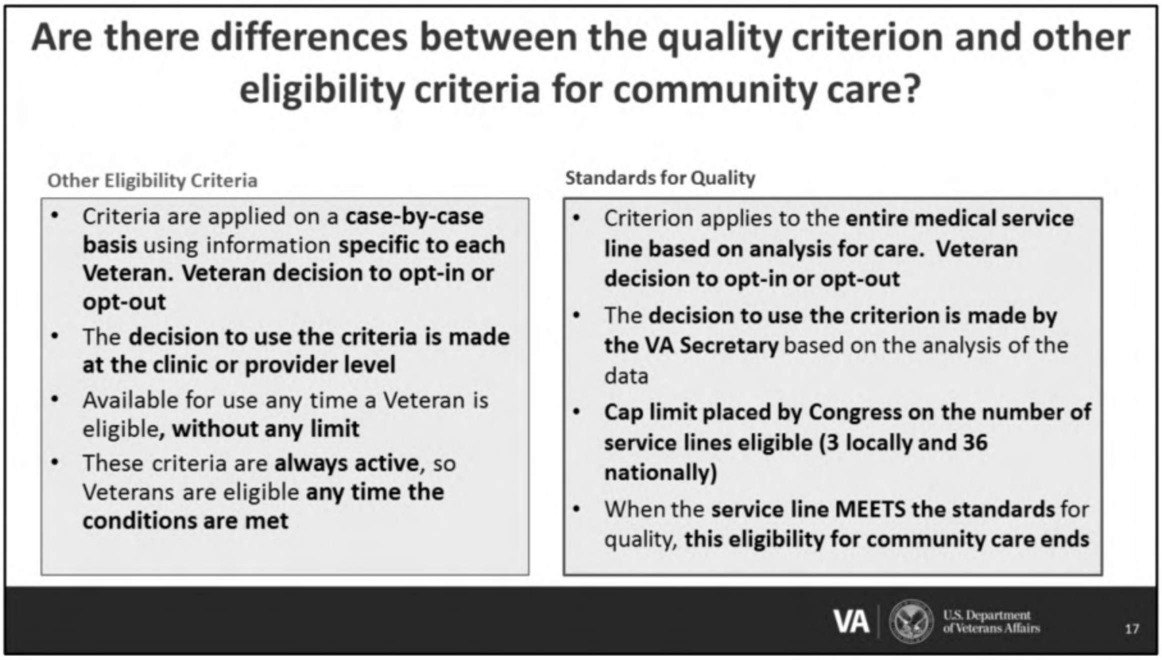


MISSION Act Requirements

MISSION Act Requirements – Section 101

- ✓ – Measure quality of a medical service line of a VA facility by comparing it with 2 or more distinct and appropriate quality measures at non-Department medical service lines

- ✓ – Measure timeliness of the medical service line of a VA facility by comparing with the same medical service line at different Department facilities



Are there differences between the quality criterion and other eligibility criteria for community care?

Other Eligibility Criteria

- Criteria are applied on a **case-by-case basis** using information **specific to each Veteran. Veteran decision to opt-in or opt-out**
- The **decision to use the criteria is made at the clinic or provider level**
- Available for use any time a Veteran is eligible**, without any limit**
- These criteria are **always active**, so Veterans are eligible **any time the conditions are met**

Standards for Quality

- Criterion applies to the **entire medical service line based on analysis for care. Veteran decision to opt-in or opt-out**
- The **decision to use the criterion is made by the VA Secretary** based on the analysis of the data
- **Cap limit placed by Congress on the number of service lines eligible (3 locally and 36 nationally)**
- When the **service line MEETS the standards** for quality, **this eligibility for community care ends**

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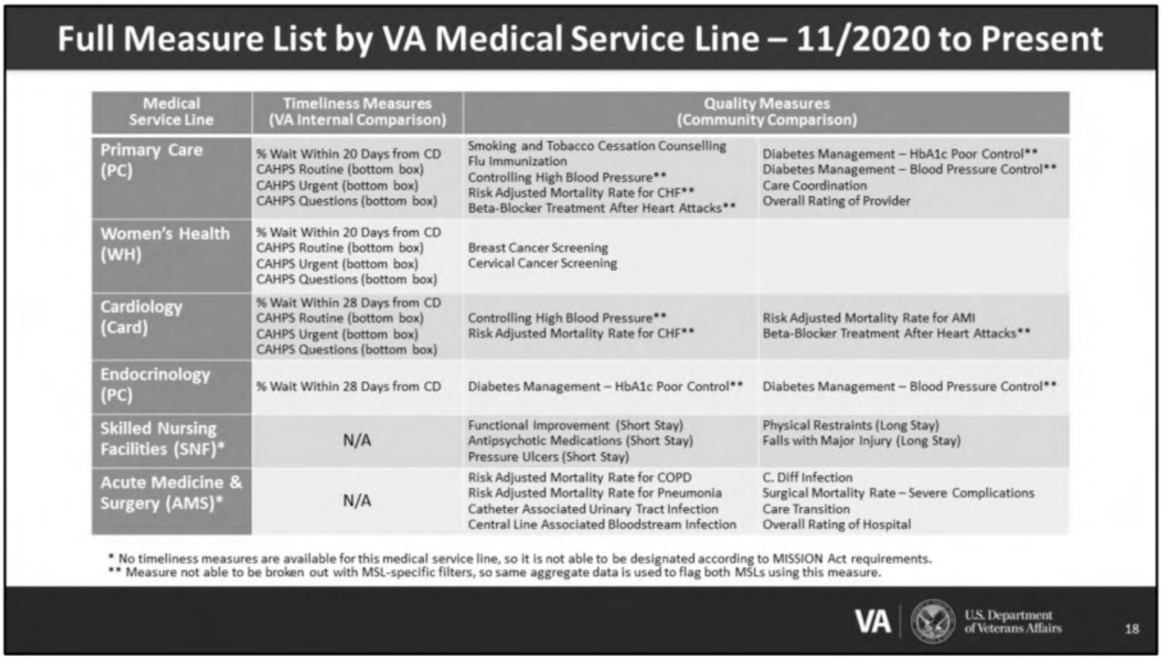

Full Measure List by VA Medical Service Line – 11/2020 to Present

Medical Service Line	Timeliness Measures (VA Internal Comparison)	Quality Measures (Community Comparison)	
Primary Care (PC)	% Wait Within 20 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Smoking and Tobacco Cessation Counselling Flu Immunization Controlling High Blood Pressure** Risk Adjusted Mortality Rate for CHF** Beta-Blocker Treatment After Heart Attacks**	Diabetes Management – HbA1c Poor Control** Diabetes Management – Blood Pressure Control** Care Coordination Overall Rating of Provider
Women's Health (WH)	% Wait Within 20 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Breast Cancer Screening Cervical Cancer Screening	
Cardiology (Card)	% Wait Within 28 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Controlling High Blood Pressure** Risk Adjusted Mortality Rate for CHF**	Risk Adjusted Mortality Rate for AMI Beta-Blocker Treatment After Heart Attacks**
Endocrinology (PC)	% Wait Within 28 Days from CD	Diabetes Management – HbA1c Poor Control**	Diabetes Management – Blood Pressure Control**
Skilled Nursing Facilities (SNF)*	N/A	Functional Improvement (Short Stay) Antipsychotic Medications (Short Stay) Pressure Ulcers (Short Stay)	Physical Restraints (Long Stay) Falls with Major Injury (Long Stay)
Acute Medicine & Surgery (AMS)*	N/A	Risk Adjusted Mortality Rate for COPD Risk Adjusted Mortality Rate for Pneumonia Catheter Associated Urinary Tract Infection Central Line Associated Bloodstream Infection	C. Diff Infection Surgical Mortality Rate – Severe Complications Care Transition Overall Rating of Hospital

* No timeliness measures are available for this medical service line, so it is not able to be designated according to MISSION Act requirements.
** Measure not able to be broken out with MSL-specific filters, so same aggregate data is used to flag both MSLs using this measure.

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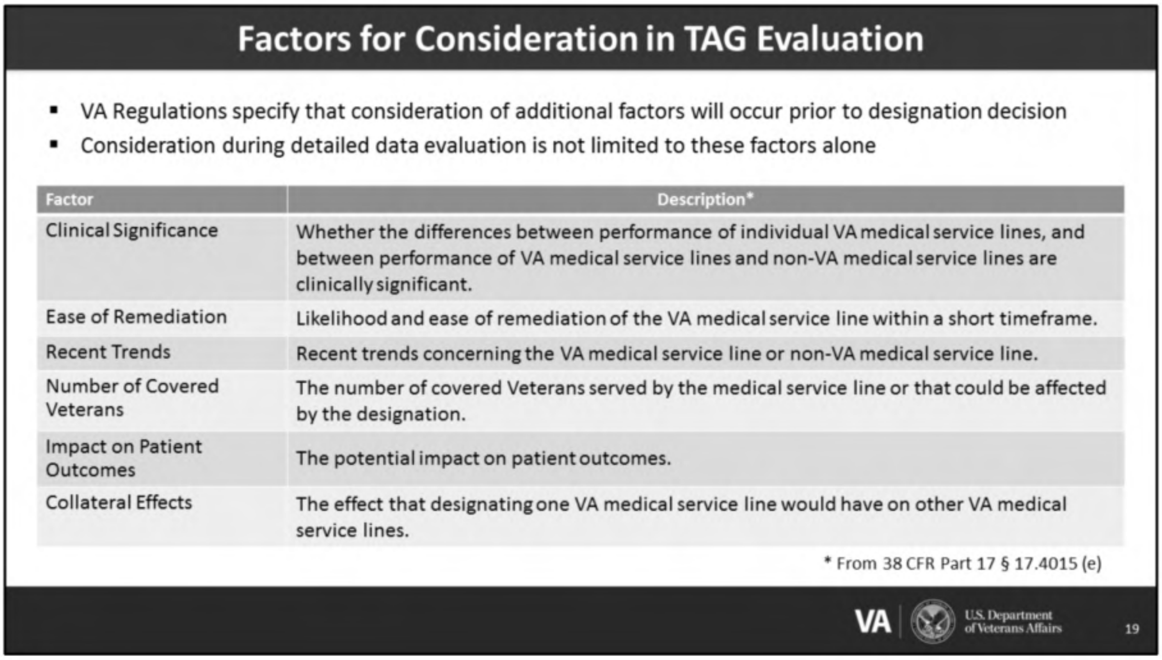

Factors for Consideration in TAG Evaluation

- VA Regulations specify that consideration of additional factors will occur prior to designation decision
- Consideration during detailed data evaluation is not limited to these factors alone

Factor	Description*
Clinical Significance	Whether the differences between performance of individual VA medical service lines, and between performance of VA medical service lines and non-VA medical service lines are clinically significant.
Ease of Remediation	Likelihood and ease of remediation of the VA medical service line within a short timeframe.
Recent Trends	Recent trends concerning the VA medical service line or non-VA medical service line.
Number of Covered Veterans	The number of covered Veterans served by the medical service line or that could be affected by the designation.
Impact on Patient Outcomes	The potential impact on patient outcomes.
Collateral Effects	The effect that designating one VA medical service line would have on other VA medical service lines.

* From 38 CFR Part 17 § 17.4015 (e)

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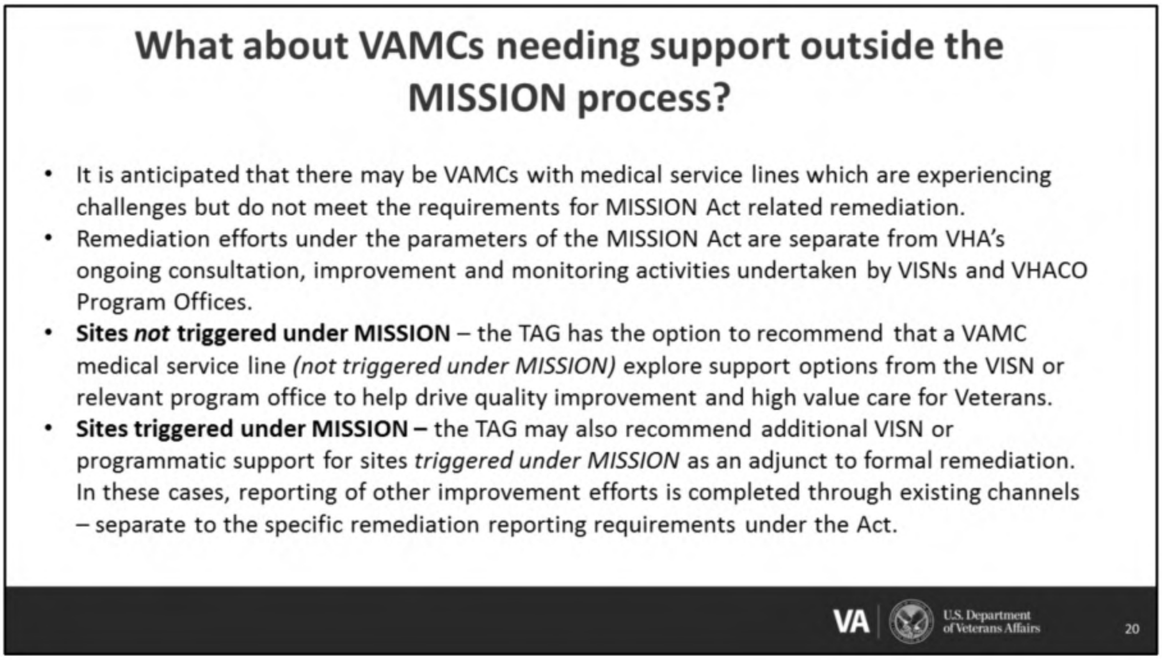
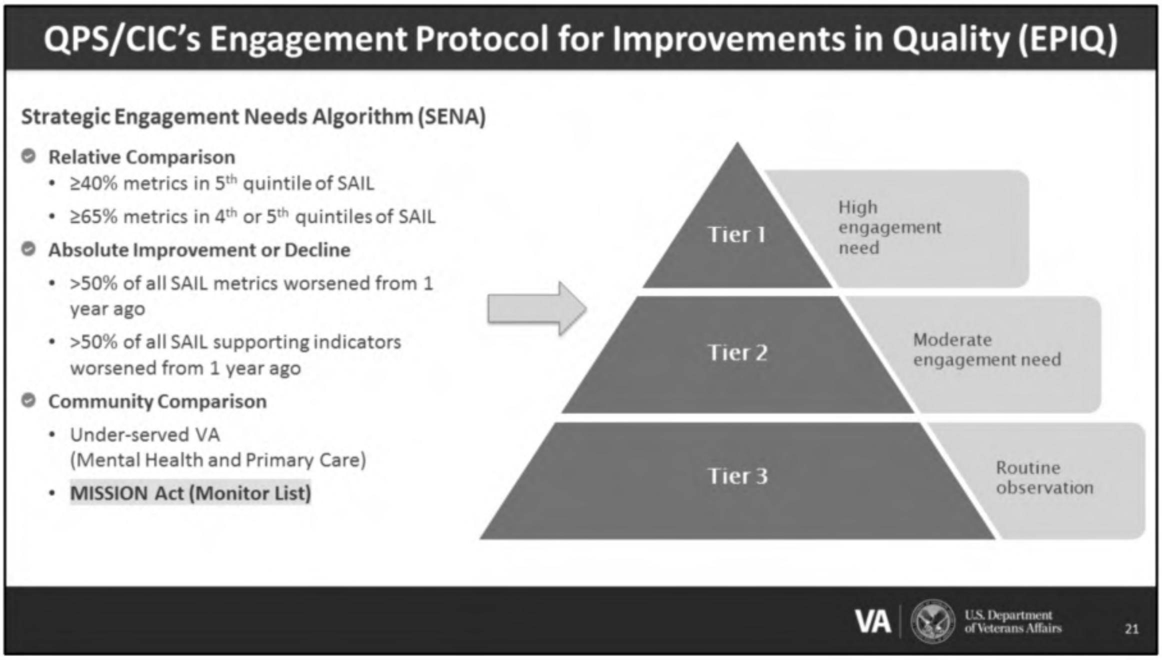


What about VAMCs needing support outside the MISSION process?

- It is anticipated that there may be VAMCs with medical service lines which are experiencing challenges but do not meet the requirements for MISSION Act related remediation.
- Remediation efforts under the parameters of the MISSION Act are separate from VHA's ongoing consultation, improvement and monitoring activities undertaken by VISNs and VHACO Program Offices.
- **Sites *not* triggered under MISSION** – the TAG has the option to recommend that a VAMC medical service line *(not triggered under MISSION)* explore support options from the VISN or relevant program office to help drive quality improvement and high value care for Veterans.
- **Sites triggered under MISSION –** the TAG may also recommend additional VISN or programmatic support for sites *triggered under MISSION* as an adjunct to formal remediation. In these cases, reporting of other improvement efforts is completed through existing channels – separate to the specific remediation reporting requirements under the Act.



QPS/CIC's Engagement Protocol for Improvements in Quality (EPIQ)

Strategic Engagement Needs Algorithm (SENA)

- **Relative Comparison**
  - ≥40% metrics in 5th quintile of SAIL
  - ≥65% metrics in 4th or 5th quintiles of SAIL
- **Absolute Improvement or Decline**
  - >50% of all SAIL metrics worsened from 1 year ago
  - >50% of all SAIL supporting indicators worsened from 1 year ago
- **Community Comparison**
  - Under-served VA (Mental Health and Primary Care)
  - **MISSION Act (Monitor List)**

Tier 1 — High engagement need

Tier 2 — Moderate engagement need

Tier 3 — Routine observation

MISSION Act Quality Standards and Related Activities

VHA Office of Quality and Patient Safety (QPS)
September 1, 2021

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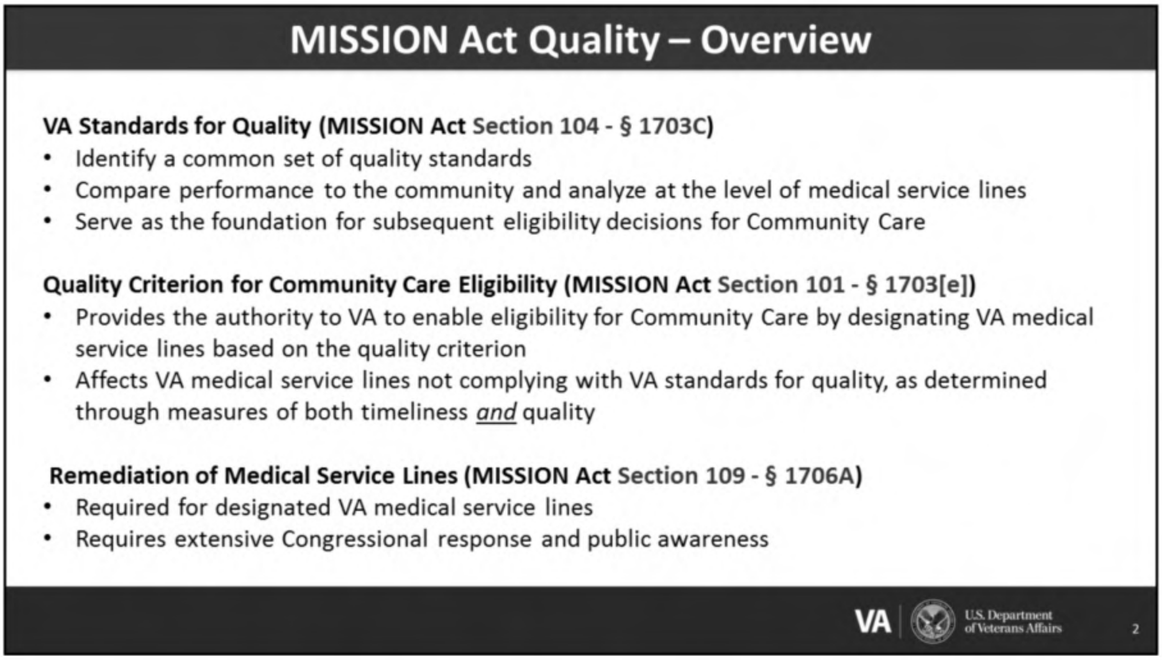

MISSION Act Quality – Overview

VA Standards for Quality (MISSION Act Section 104 - § 1703C)
- Identify a common set of quality standards
- Compare performance to the community and analyze at the level of medical service lines
- Serve as the foundation for subsequent eligibility decisions for Community Care

Quality Criterion for Community Care Eligibility (MISSION Act Section 101 - § 1703[e])
- Provides the authority to VA to enable eligibility for Community Care by designating VA medical service lines based on the quality criterion
- Affects VA medical service lines not complying with VA standards for quality, as determined through measures of both timeliness *and* quality

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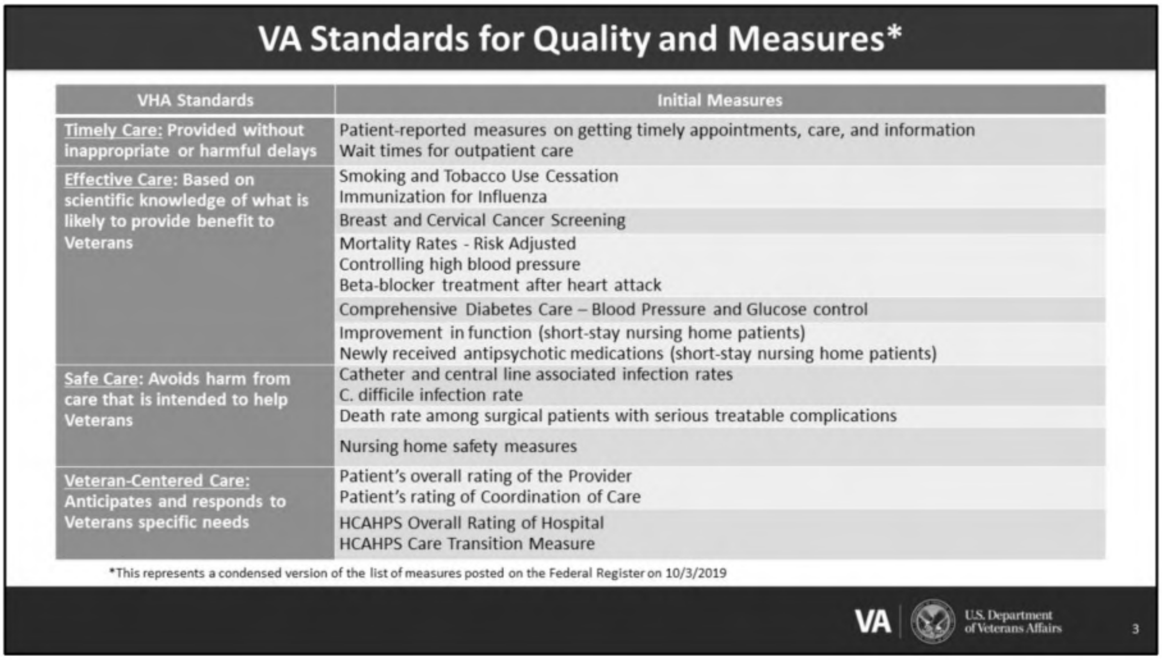

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Veteran-Centered Care: Anticipates and responds to Veterans specific needs	Patient's overall rating of the Provider Patient's rating of Coordination of Care HCAHPS Overall Rating of Hospital HCAHPS Care Transition Measure

*This represents a condensed version of the list of measures posted on the Federal Register on 10/3/2019

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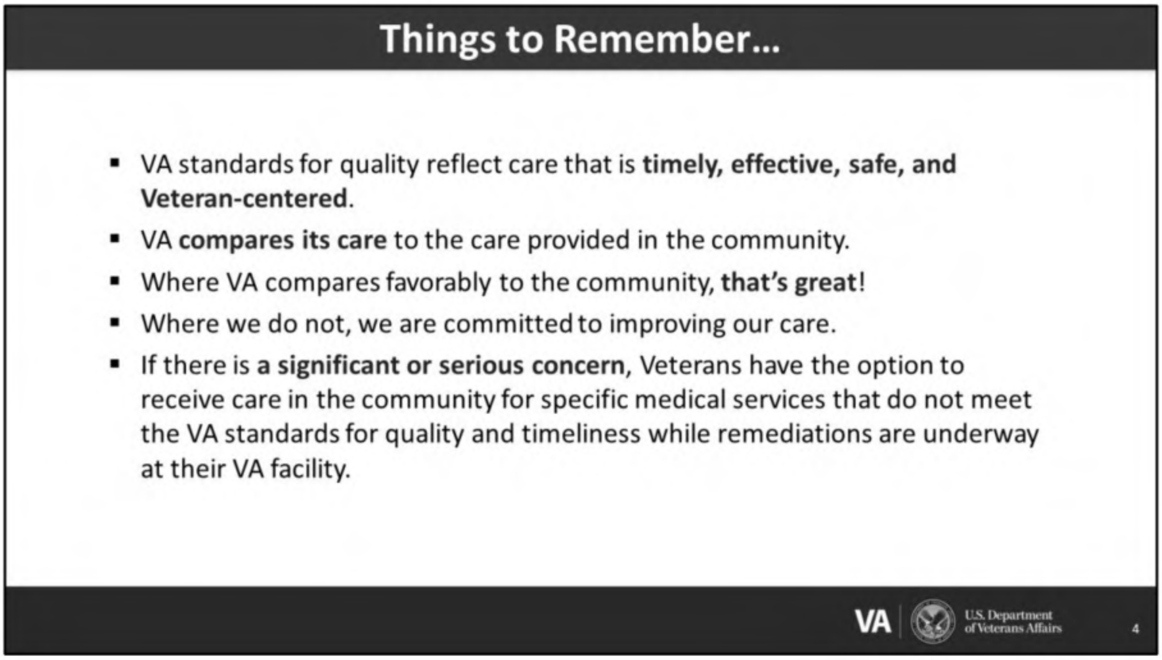

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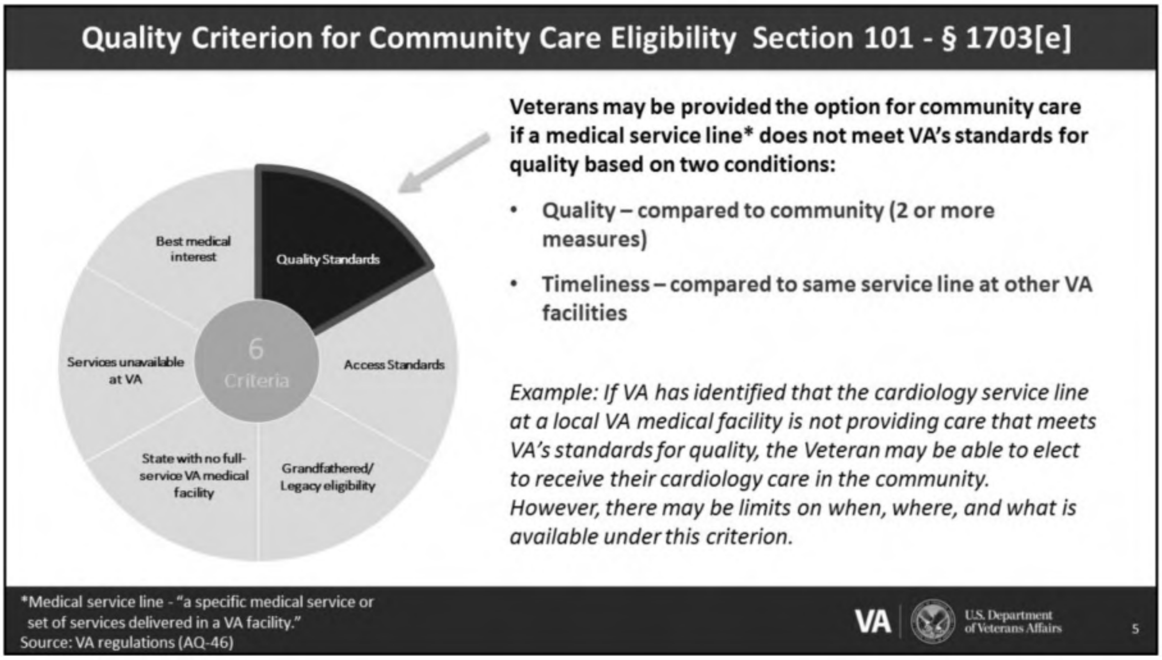

Quality Criterion for Community Care Eligibility Section 101 - § 1703[e]

Best medical interest
Quality Standards
Access Standards
Grandfathered/ Legacy eligibility
State with no full-service VA medical facility
Services unavailable at VA
6 Criteria

Veterans may be provided the option for community care if a medical service line* does not meet VA's standards for quality based on two conditions:

- Quality – compared to community (2 or more measures)
- Timeliness – compared to same service line at other VA facilities

Example: If VA has identified that the cardiology service line at a local VA medical facility is not providing care that meets VA's standards for quality, the Veteran may be able to elect to receive their cardiology care in the community. However, there may be limits on when, where, and what is available under this criterion.

*Medical service line - "a specific medical service or set of services delivered in a VA facility."
Source: VA regulations (AQ-46)

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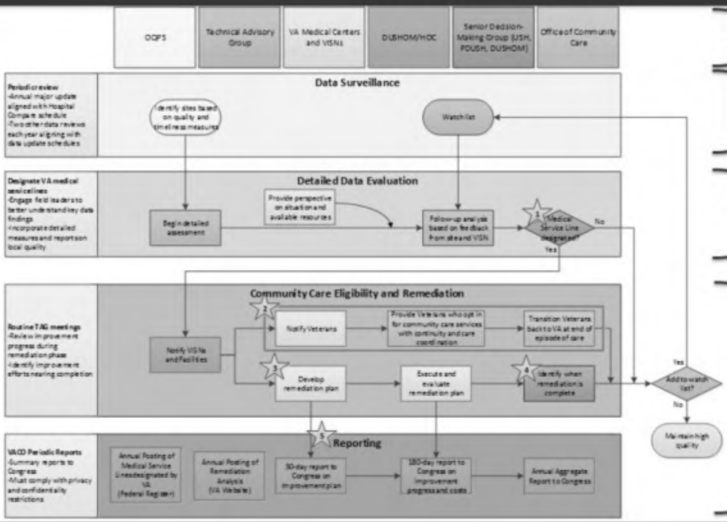
Process Overview



OQPS
Technical Advisory Group
VA Medical Centers and VISNs
DUSHOM/HOC
Senior Decision-Making Group (USH, PDUSH, DUSHOM)
Office of Community Care

Periodic review
-Annual major update aligned with Hospital Compare schedule
-Two other data reviews each year aligning with data update schedules

Data Surveillance
Identify sites based on quality and timeliness measures
Watch list

Designate VA medical service lines
-Engage field leaders to better understand key data findings
-Incorporate detailed measures and report on local quality

Detailed Data Evaluation
Begin detailed assessment
Provide perspective on situation and available resources
Follow-up analysis based on feedback from site and VISN
1 Medical Service Line designated?
No
Yes

Routine TAG meetings
-Review improvement progress during remediation phase
-Identify improvement efforts nearing completion

Community Care Eligibility and Remediation
Notify VISNs and Facilities
2 Notify Veterans
Provide Veterans who opt in for community care services with continuity and care coordination
Transition Veterans back to VA at end of episode of care
3 Develop remediation plan
Execute and evaluate remediation plan
4 Identify when remediation is complete
Add to watch list?
Yes
No
Maintain high quality

VACO Periodic Reports
-Summary reports to Congress
-Must comply with privacy and confidentiality restrictions

5 Reporting
Annual Posting of Medical Service Lines designated by VA (Federal Register)
Annual Posting of Remediation Analysis (VA Website)
30-day report to Congress on improvement plan
180-day report to Congress on improvement progress and costs
Annual Aggregate Report to Congress

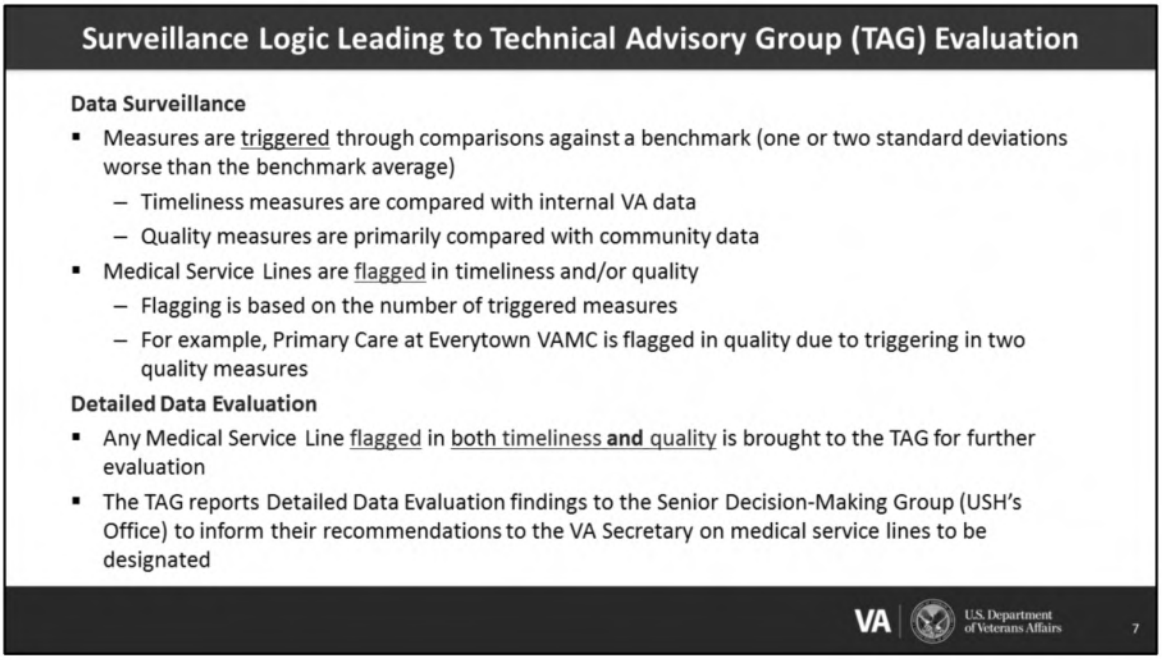
Shared accountability in Implementation Process

Overview: Three-Step Process

1. Data Surveillance/Screening
2. Detailed Data Analysis to determine service lines not meeting VA standards

TAG

3. Eligible for Community Care, paired with intensive remediation *and* Congressional reporting



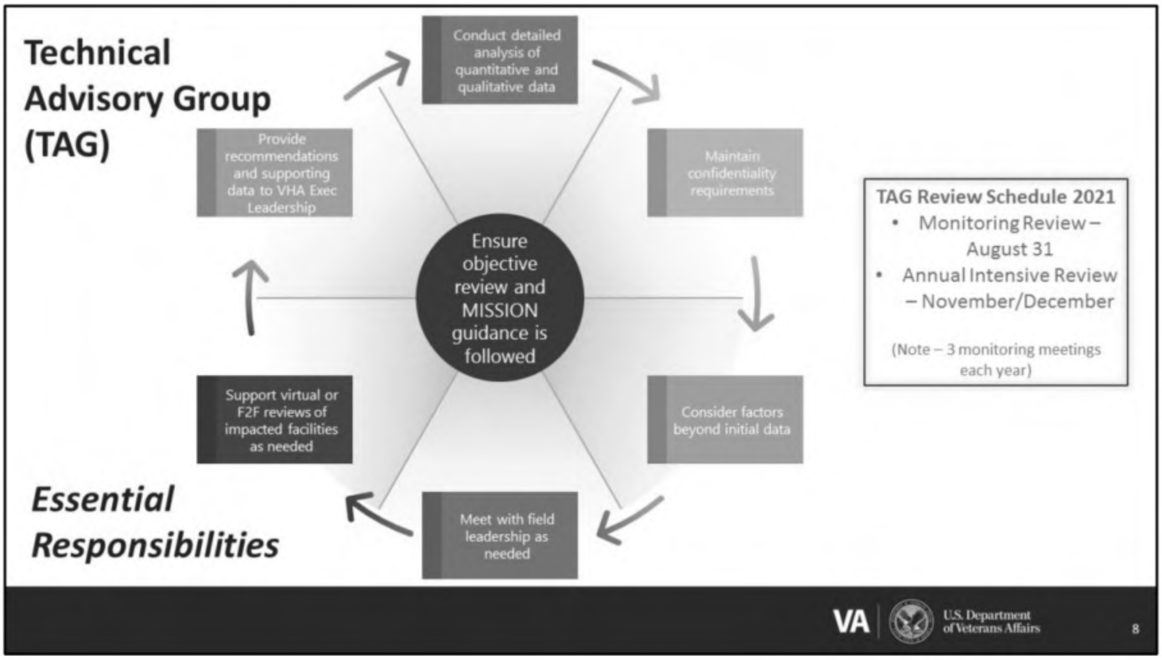
Surveillance Logic Leading to Technical Advisory Group (TAG) Evaluation

Data Surveillance

- Measures are triggered through comparisons against a benchmark (one or two standard deviations worse than the benchmark average)
  - Timeliness measures are compared with internal VA data
  - Quality measures are primarily compared with community data
- Medical Service Lines are flagged in timeliness and/or quality
  - Flagging is based on the number of triggered measures
  - For example, Primary Care at Everytown VAMC is flagged in quality due to triggering in two quality measures

Detailed Data Evaluation

- Any Medical Service Line flagged in both timeliness **and** quality is brought to the TAG for further evaluation
- The TAG reports Detailed Data Evaluation findings to the Senior Decision-Making Group (USH's Office) to inform their recommendations to the VA Secretary on medical service lines to be designated



Technical Advisory Group (TAG)

Essential Responsibilities

Ensure objective review and MISSION guidance is followed

- Conduct detailed analysis of quantitative and qualitative data
- Maintain confidentiality requirements
- Consider factors beyond initial data
- Meet with field leadership as needed
- Support virtual or F2F reviews of impacted facilities as needed
- Provide recommendations and supporting data to VHA Exec Leadership

TAG Review Schedule 2021

- Monitoring Review – August 31
- Annual Intensive Review – November/December

(Note – 3 monitoring meetings each year)

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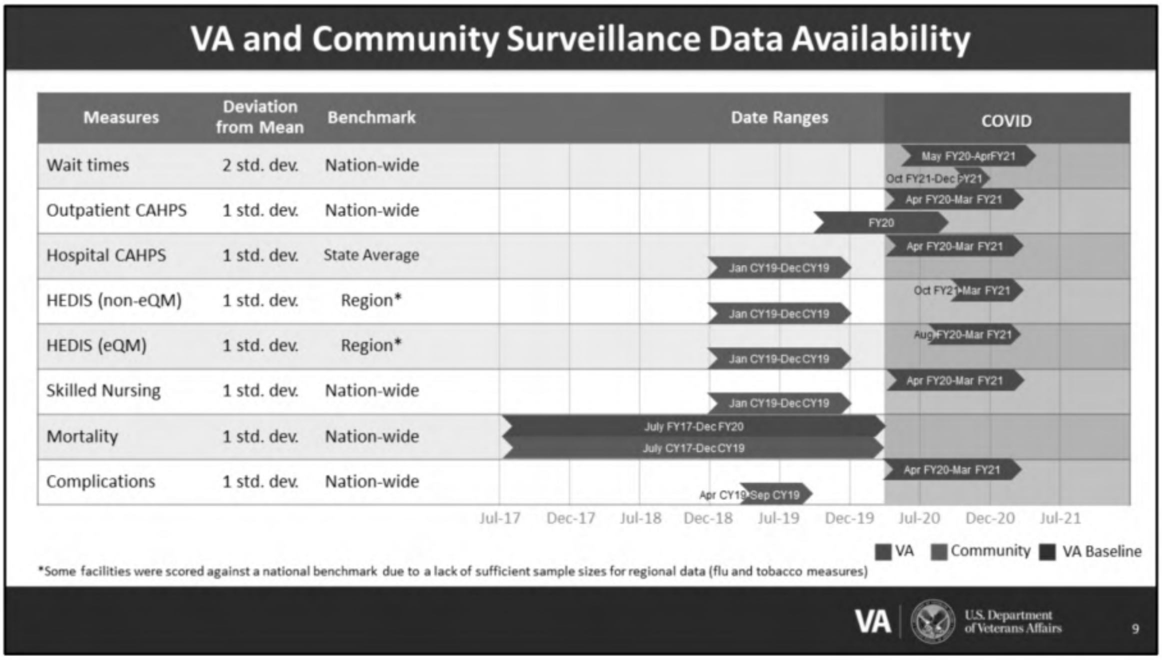
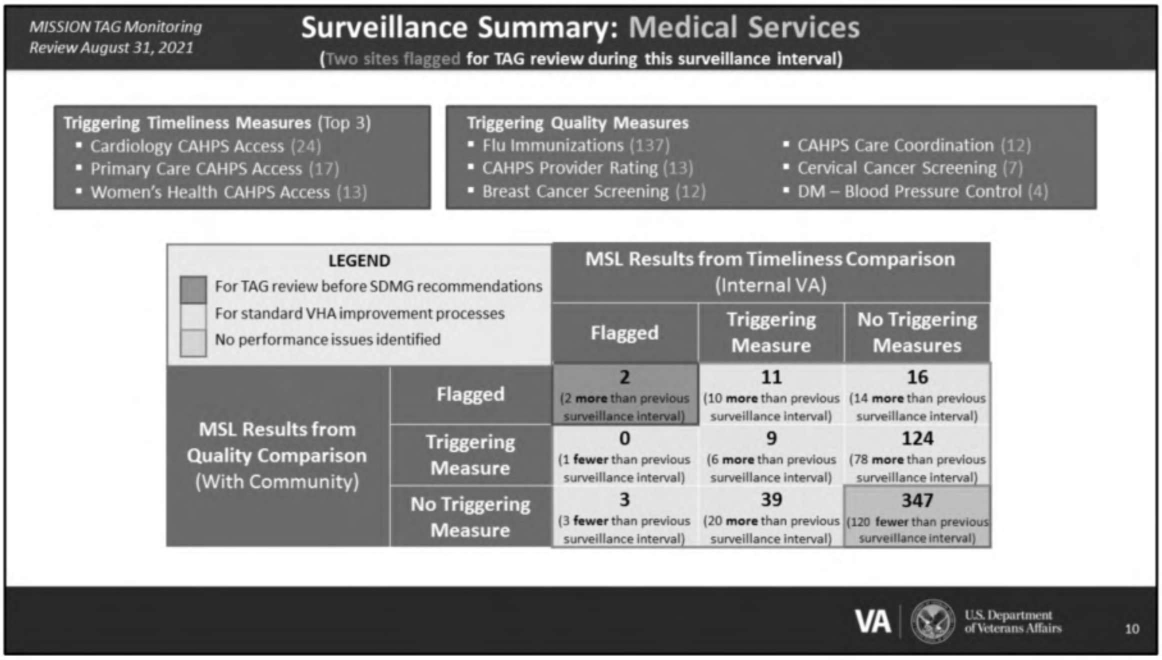


VA and Community Surveillance Data Availability

Measures	Deviation from Mean	Benchmark	Date Ranges	COVID
Wait times	2 std. dev.	Nation-wide		May FY20-AprFY21 Oct FY21-Dec FY21
Outpatient CAHPS	1 std. dev.	Nation-wide	FY20	Apr FY20-Mar FY21
Hospital CAHPS	1 std. dev.	State Average	Jan CY19-DecCY19	Apr FY20-Mar FY21
HEDIS (non-eQM)	1 std. dev.	Region*	Jan CY19-DecCY19	Oct FY21-Mar FY21
HEDIS (eQM)	1 std. dev.	Region*	Jan CY19-DecCY19	Aug FY20-Mar FY21
Skilled Nursing	1 std. dev.	Nation-wide	Jan CY19-DecCY19	Apr FY20-Mar FY21
Mortality	1 std. dev.	Nation-wide	July FY17-Dec FY20 July CY17-DecCY19	
Complications	1 std. dev.	Nation-wide	Apr CY19-Sep CY19	Apr FY20-Mar FY21

▨ VA ▨ Community ■ VA Baseline

*Some facilities were scored against a national benchmark due to a lack of sufficient sample sizes for regional data (flu and tobacco measures)



MISSION TAG Monitoring Review August 31, 2021

Surveillance Summary: Medical Services

(Two sites flagged for TAG review during this surveillance interval)

Triggering Timeliness Measures (Top 3)
- Cardiology CAHPS Access (24)
- Primary Care CAHPS Access (17)
- Women's Health CAHPS Access (13)

Triggering Quality Measures
- Flu Immunizations (137)
- CAHPS Provider Rating (13)
- Breast Cancer Screening (12)
- CAHPS Care Coordination (12)
- Cervical Cancer Screening (7)
- DM – Blood Pressure Control (4)

LEGEND
- ▨ For TAG review before SDMG recommendations
- □ For standard VHA improvement processes
- ▒ No performance issues identified

		MSL Results from Timeliness Comparison (Internal VA)		
		Flagged	**Triggering Measure**	**No Triggering Measures**
MSL Results from Quality Comparison (With Community)	**Flagged**	**2** (2 **more** than previous surveillance interval)	**11** (10 **more** than previous surveillance interval)	**16** (14 **more** than previous surveillance interval)
	Triggering Measure	**0** (1 **fewer** than previous surveillance interval)	**9** (6 **more** than previous surveillance interval)	**124** (78 **more** than previous surveillance interval)
	No Triggering Measure	**3** (3 **fewer** than previous surveillance interval)	**39** (20 **more** than previous surveillance interval)	**347** (120 **fewer** than previous surveillance interval)

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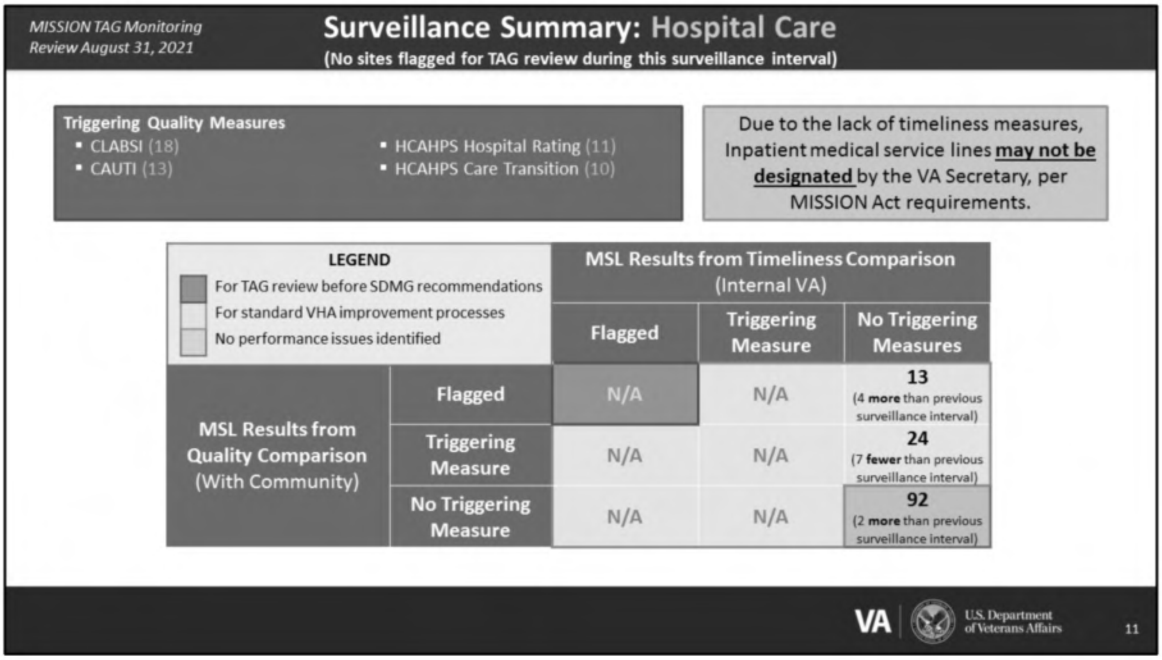


MISSION TAG Monitoring Review August 31, 2021

Surveillance Summary: Hospital Care

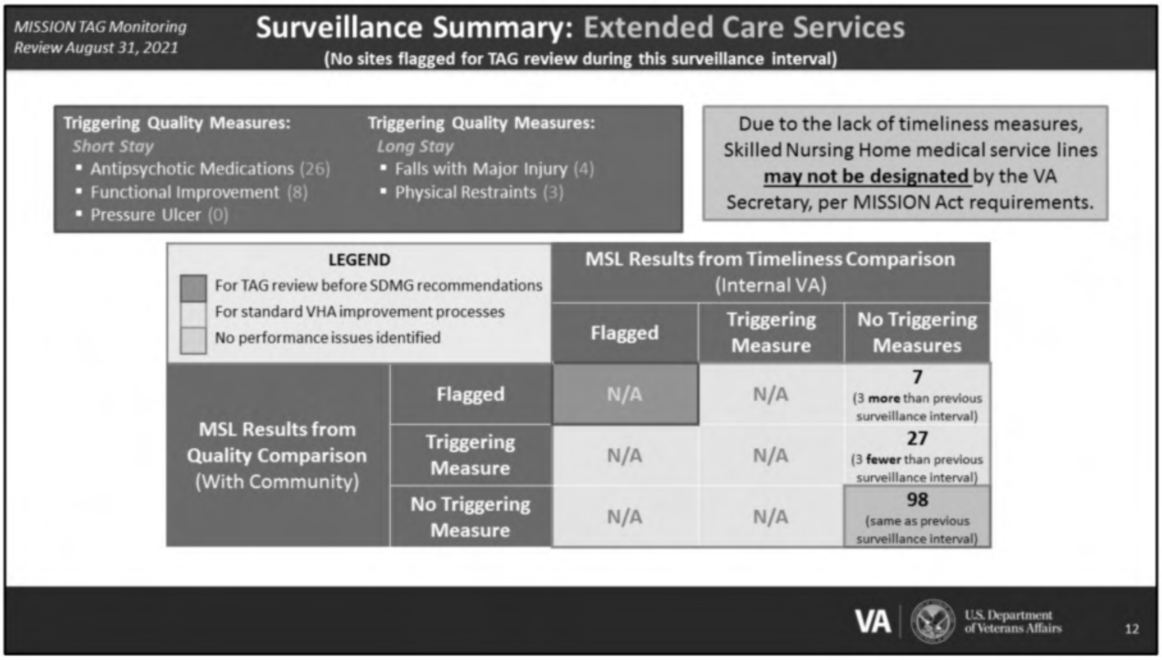
(No sites flagged for TAG review during this surveillance interval)

Triggering Quality Measures
- CLABSI (18)
- CAUTI (13)
- HCAHPS Hospital Rating (11)
- HCAHPS Care Transition (10)

Due to the lack of timeliness measures, Inpatient medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

LEGEND
- ■ For TAG review before SDMG recommendations
- □ For standard VHA improvement processes
- ▒ No performance issues identified

		MSL Results from Timeliness Comparison (Internal VA)		
		Flagged	**Triggering Measure**	**No Triggering Measures**
MSL Results from Quality Comparison (With Community)	**Flagged**	N/A	N/A	**13** (4 **more** than previous surveillance interval)
	Triggering Measure	N/A	N/A	**24** (7 **fewer** than previous surveillance interval)
	No Triggering Measure	N/A	N/A	**92** (2 **more** than previous surveillance interval)



MISSION TAG Monitoring Review August 31, 2021

Surveillance Summary: Extended Care Services

(No sites flagged for TAG review during this surveillance interval)

Triggering Quality Measures:
Short Stay
- Antipsychotic Medications (26)
- Functional Improvement (8)
- Pressure Ulcer (0)

Triggering Quality Measures:
Long Stay
- Falls with Major Injury (4)
- Physical Restraints (3)

Due to the lack of timeliness measures, Skilled Nursing Home medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

LEGEND
- ■ For TAG review before SDMG recommendations
- □ For standard VHA improvement processes
- ▨ No performance issues identified

		MSL Results from Timeliness Comparison (Internal VA)		
		Flagged	**Triggering Measure**	**No Triggering Measures**
MSL Results from Quality Comparison (With Community)	**Flagged**	■ N/A	N/A	**7** (3 **more** than previous surveillance interval)
	Triggering Measure	N/A	N/A	**27** (3 **fewer** than previous surveillance interval)
	No Triggering Measure	N/A	N/A	▨ **98** (same as previous surveillance interval)

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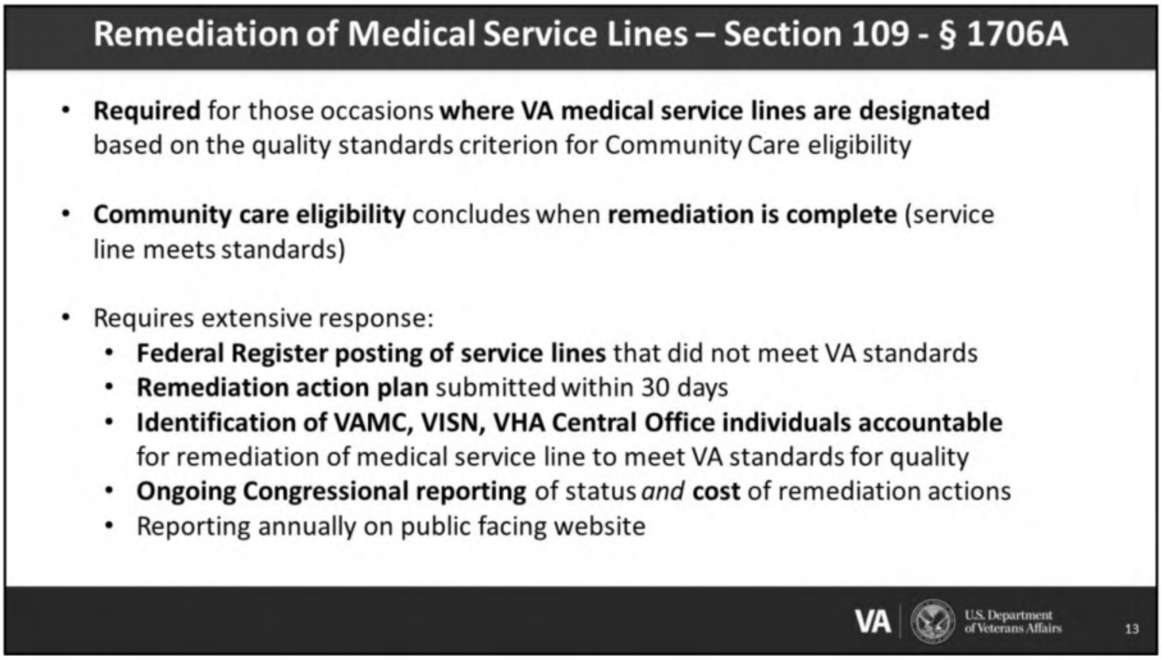

Remediation of Medical Service Lines – Section 109 - § 1706A

- **Required** for those occasions **where VA medical service lines are designated** based on the quality standards criterion for Community Care eligibility
- **Community care eligibility** concludes when **remediation is complete** (service line meets standards)
- Requires extensive response:
  - **Federal Register posting of service lines** that did not meet VA standards
  - **Remediation action plan** submitted within 30 days
  - **Identification of VAMC, VISN, VHA Central Office individuals accountable** for remediation of medical service line to meet VA standards for quality
  - **Ongoing Congressional reporting** of status *and* **cost** of remediation actions
  - Reporting annually on public facing website

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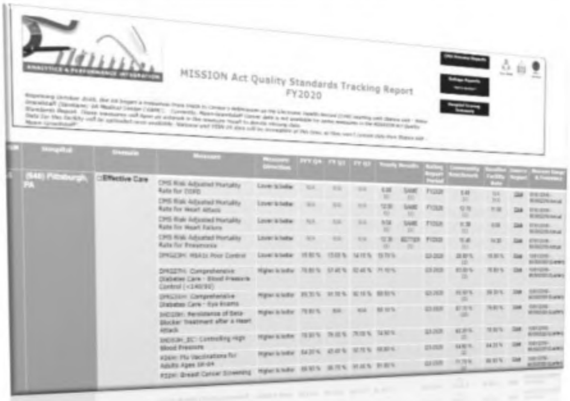
MISSION Act-specific needs, distinct from routine VHA improvement and consultation

Mission Act Quality Standards Tracking Report (MAQSTR)

The MISSION Act Quality Standards Tracking Report (MAQSTR) is designed to help compare VHA performance measure results to comparable community benchmarks

The main report displays:

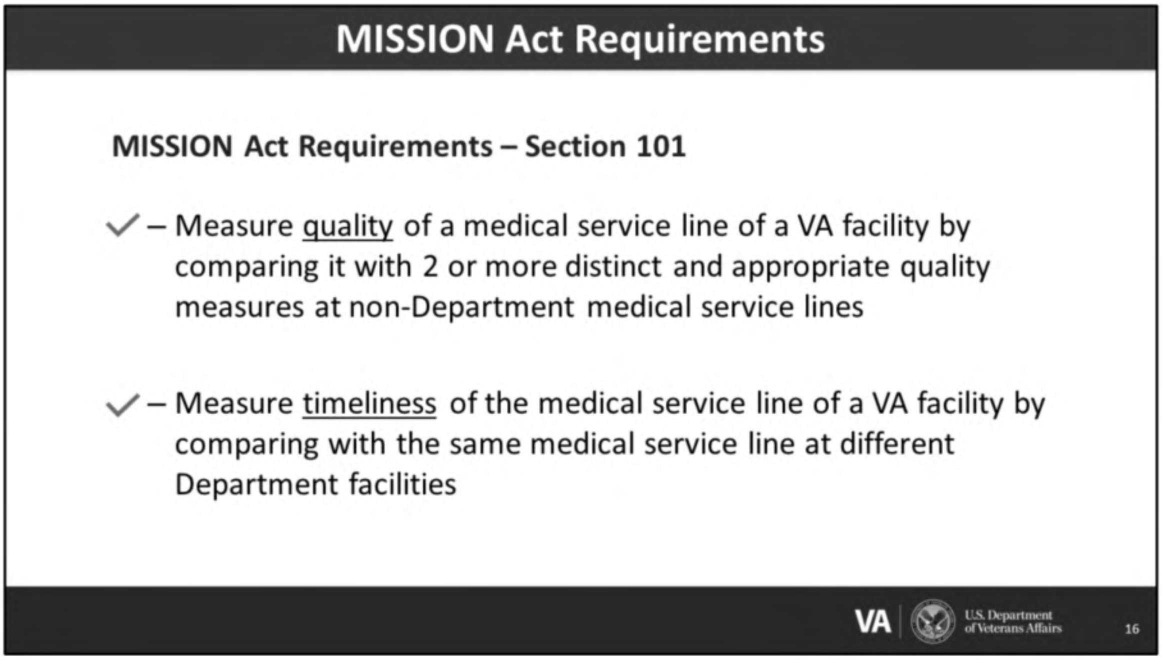
- Measure Domains
- Short description of performance measures
- Preferred data direction
- Short description of performance measures
- Quarterly and yearly data
- Community scores
- Facility prior year score
- Links to the source reports
- Measure data timeframes



MISSION Act Quality Standards Tracking Report
FY2020

https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?/IPEC/NDPP/NDPP_Production/NDPP

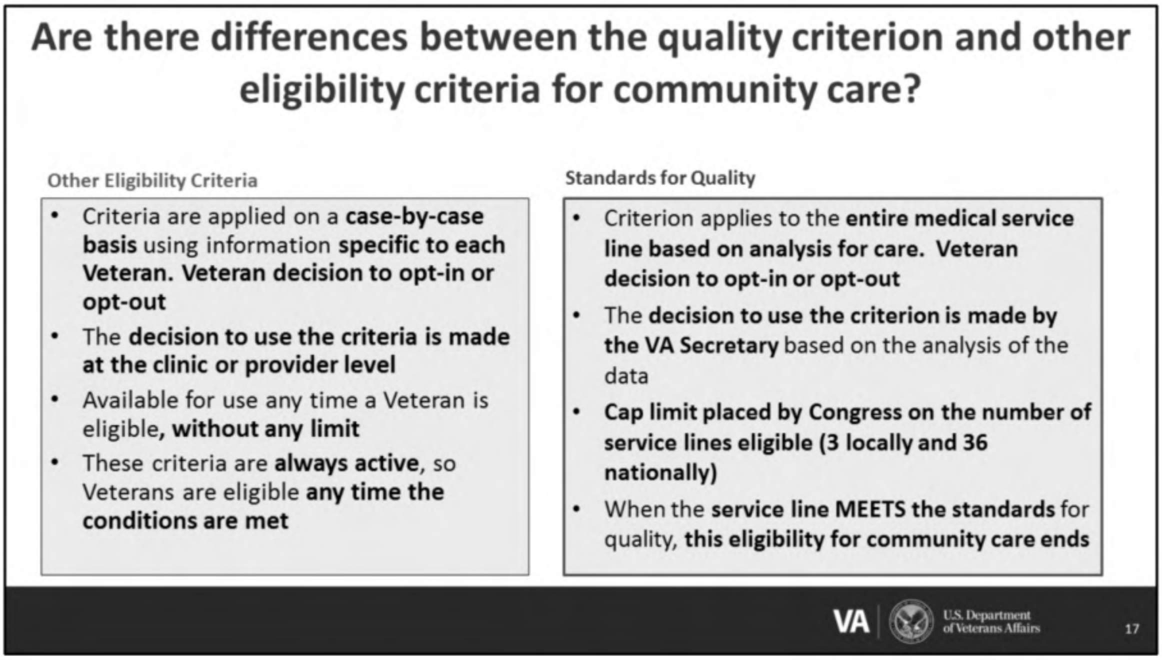
Appendix – Supporting Materials



MISSION Act Requirements

MISSION Act Requirements – Section 101

- ✓ – Measure quality of a medical service line of a VA facility by comparing it with 2 or more distinct and appropriate quality measures at non-Department medical service lines
- ✓ – Measure timeliness of the medical service line of a VA facility by comparing with the same medical service line at different Department facilities



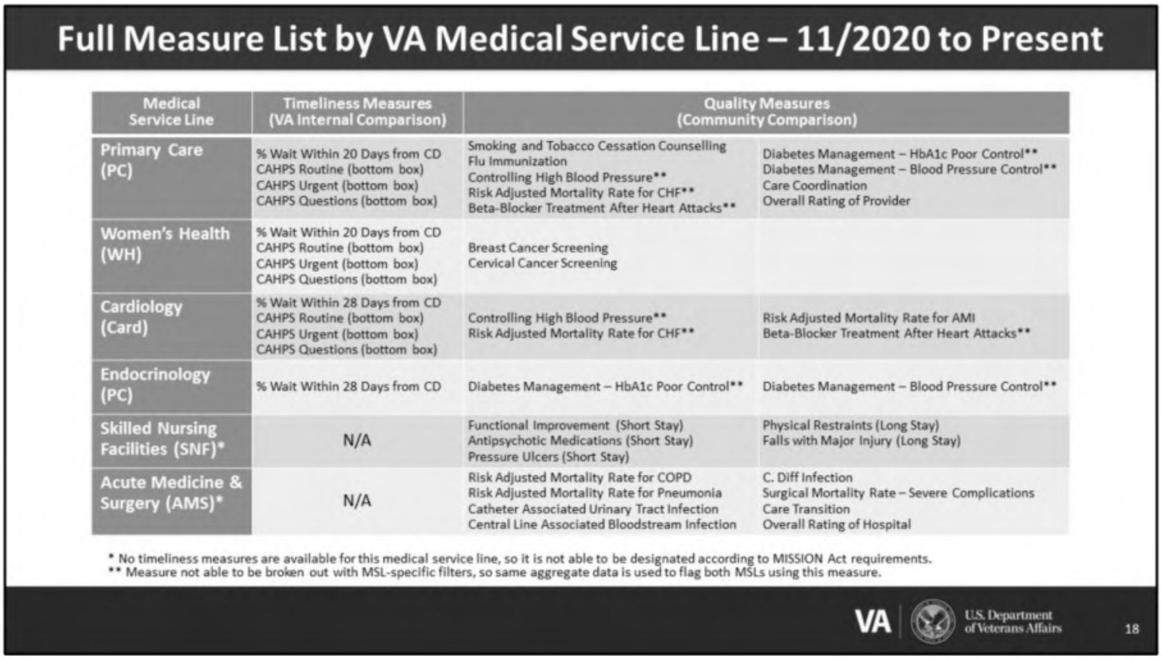
Are there differences between the quality criterion and other eligibility criteria for community care?

Other Eligibility Criteria

- Criteria are applied on a **case-by-case basis** using information **specific to each Veteran. Veteran decision to opt-in or opt-out**
- The **decision to use the criteria is made at the clinic or provider level**
- Available for use any time a Veteran is eligible**, without any limit**
- These criteria are **always active**, so Veterans are eligible **any time the conditions are met**

Standards for Quality

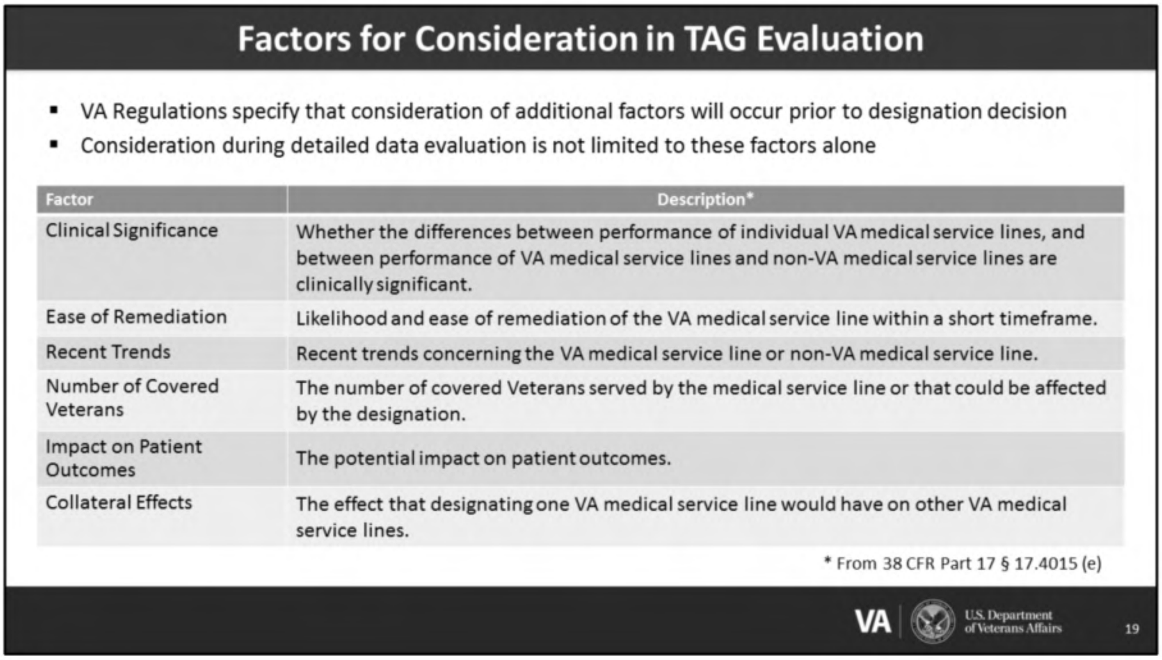
- Criterion applies to the **entire medical service line based on analysis for care. Veteran decision to opt-in or opt-out**
- The **decision to use the criterion is made by the VA Secretary** based on the analysis of the data
- **Cap limit placed by Congress on the number of service lines eligible (3 locally and 36 nationally)**
- When the **service line MEETS the standards** for quality, **this eligibility for community care ends**



Full Measure List by VA Medical Service Line – 11/2020 to Present

Medical Service Line	Timeliness Measures (VA Internal Comparison)	Quality Measures (Community Comparison)	
Primary Care (PC)	% Wait Within 20 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Smoking and Tobacco Cessation Counselling Flu Immunization Controlling High Blood Pressure** Risk Adjusted Mortality Rate for CHF** Beta-Blocker Treatment After Heart Attacks**	Diabetes Management – HbA1c Poor Control** Diabetes Management – Blood Pressure Control** Care Coordination Overall Rating of Provider
Women's Health (WH)	% Wait Within 20 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Breast Cancer Screening Cervical Cancer Screening	
Cardiology (Card)	% Wait Within 28 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Controlling High Blood Pressure** Risk Adjusted Mortality Rate for CHF**	Risk Adjusted Mortality Rate for AMI Beta-Blocker Treatment After Heart Attacks**
Endocrinology (PC)	% Wait Within 28 Days from CD	Diabetes Management – HbA1c Poor Control**	Diabetes Management – Blood Pressure Control**
Skilled Nursing Facilities (SNF)*	N/A	Functional Improvement (Short Stay) Antipsychotic Medications (Short Stay) Pressure Ulcers (Short Stay)	Physical Restraints (Long Stay) Falls with Major Injury (Long Stay)
Acute Medicine & Surgery (AMS)*	N/A	Risk Adjusted Mortality Rate for COPD Risk Adjusted Mortality Rate for Pneumonia Catheter Associated Urinary Tract Infection Central Line Associated Bloodstream Infection	C. Diff Infection Surgical Mortality Rate – Severe Complications Care Transition Overall Rating of Hospital

* No timeliness measures are available for this medical service line, so it is not able to be designated according to MISSION Act requirements.
** Measure not able to be broken out with MSL-specific filters, so same aggregate data is used to flag both MSLs using this measure.

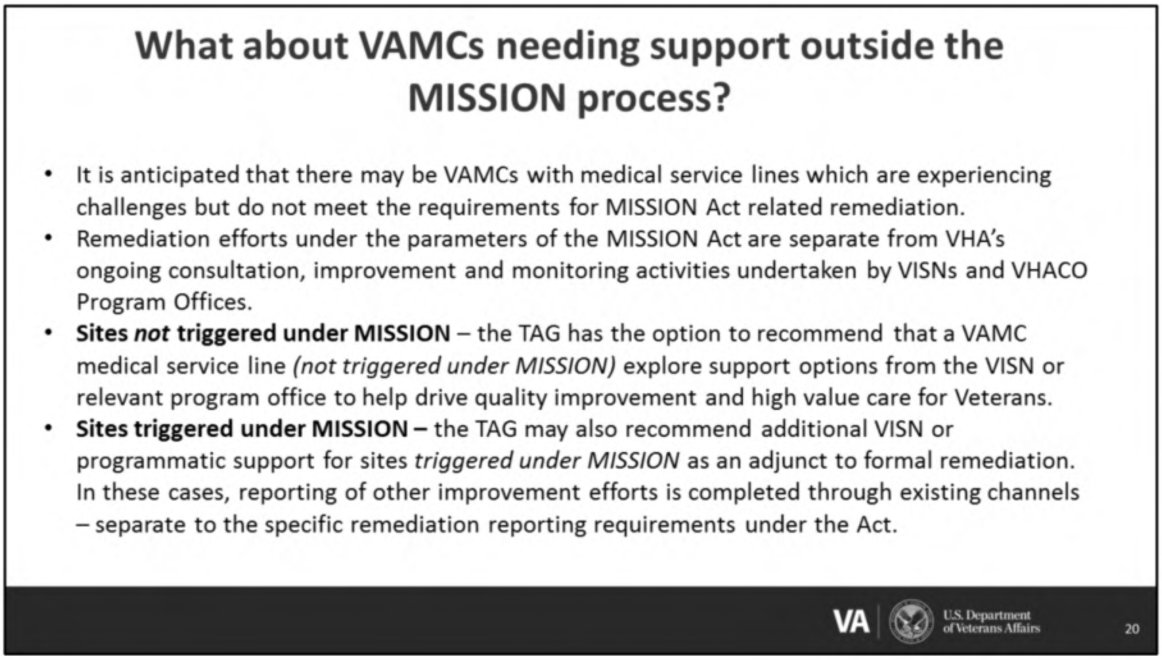


Factors for Consideration in TAG Evaluation

- VA Regulations specify that consideration of additional factors will occur prior to designation decision
- Consideration during detailed data evaluation is not limited to these factors alone

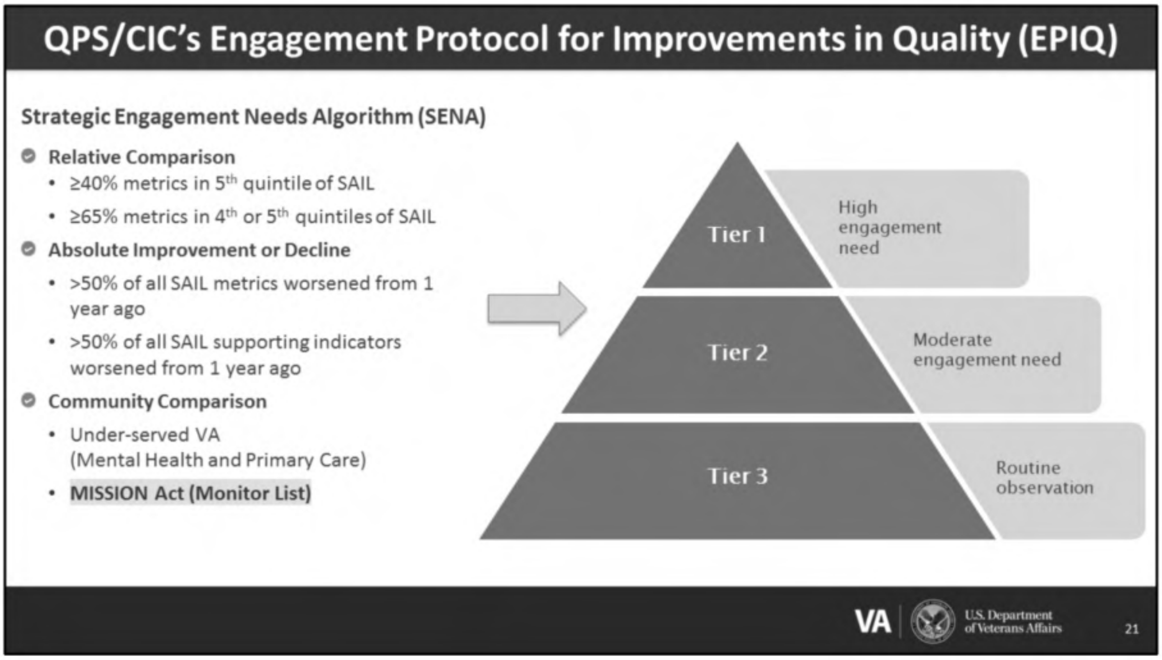
Factor	Description*
Clinical Significance	Whether the differences between performance of individual VA medical service lines, and between performance of VA medical service lines and non-VA medical service lines are clinically significant.
Ease of Remediation	Likelihood and ease of remediation of the VA medical service line within a short timeframe.
Recent Trends	Recent trends concerning the VA medical service line or non-VA medical service line.
Number of Covered Veterans	The number of covered Veterans served by the medical service line or that could be affected by the designation.
Impact on Patient Outcomes	The potential impact on patient outcomes.
Collateral Effects	The effect that designating one VA medical service line would have on other VA medical service lines.

* From 38 CFR Part 17 § 17.4015 (e)



What about VAMCs needing support outside the MISSION process?

- It is anticipated that there may be VAMCs with medical service lines which are experiencing challenges but do not meet the requirements for MISSION Act related remediation.
- Remediation efforts under the parameters of the MISSION Act are separate from VHA's ongoing consultation, improvement and monitoring activities undertaken by VISNs and VHACO Program Offices.
- **Sites *not* triggered under MISSION** – the TAG has the option to recommend that a VAMC medical service line *(not triggered under MISSION)* explore support options from the VISN or relevant program office to help drive quality improvement and high value care for Veterans.
- **Sites triggered under MISSION –** the TAG may also recommend additional VISN or programmatic support for sites *triggered under MISSION* as an adjunct to formal remediation. In these cases, reporting of other improvement efforts is completed through existing channels – separate to the specific remediation reporting requirements under the Act.



QPS/CIC's Engagement Protocol for Improvements in Quality (EPIQ)

Strategic Engagement Needs Algorithm (SENA)

- **Relative Comparison**
  - ≥40% metrics in 5th quintile of SAIL
  - ≥65% metrics in 4th or 5th quintiles of SAIL
- **Absolute Improvement or Decline**
  - >50% of all SAIL metrics worsened from 1 year ago
  - >50% of all SAIL supporting indicators worsened from 1 year ago
- **Community Comparison**
  - Under-served VA (Mental Health and Primary Care)
  - **MISSION Act (Monitor List)**

Tier 1 – High engagement need

Tier 2 – Moderate engagement need

Tier 3 – Routine observation

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MISSION Act Quality Standards and Related Activities

VHA Office of Quality and Patient Safety (QPS)
September 1, 2021

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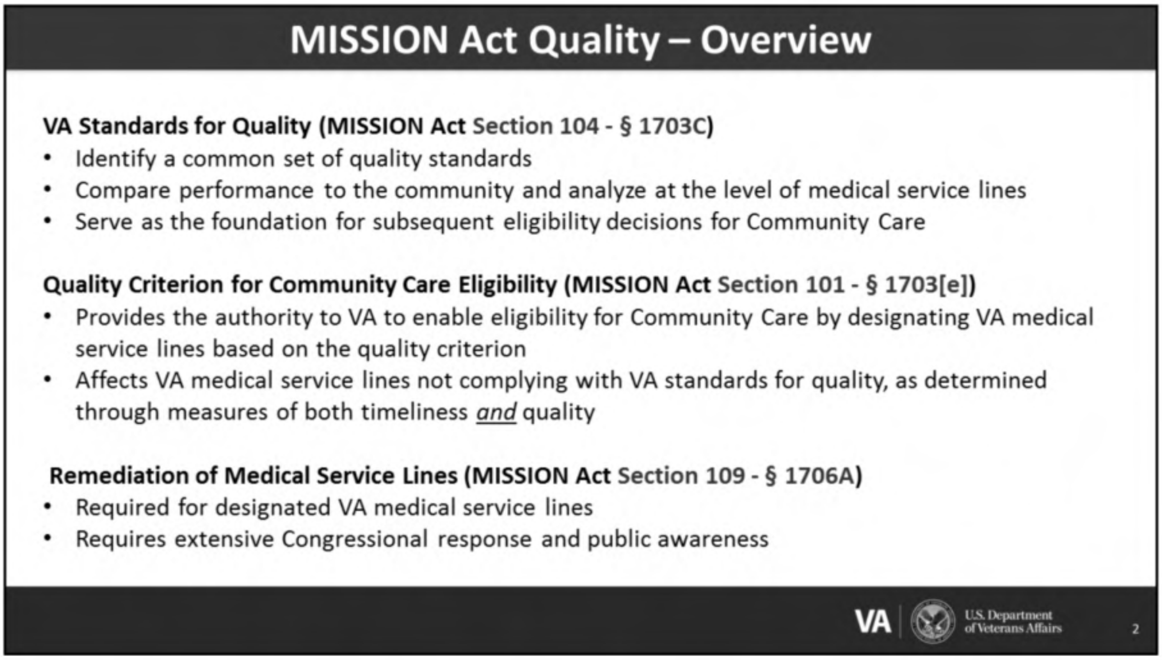


MISSION Act Quality – Overview

VA Standards for Quality (MISSION Act Section 104 - § 1703C)

- Identify a common set of quality standards
- Compare performance to the community and analyze at the level of medical service lines
- Serve as the foundation for subsequent eligibility decisions for Community Care

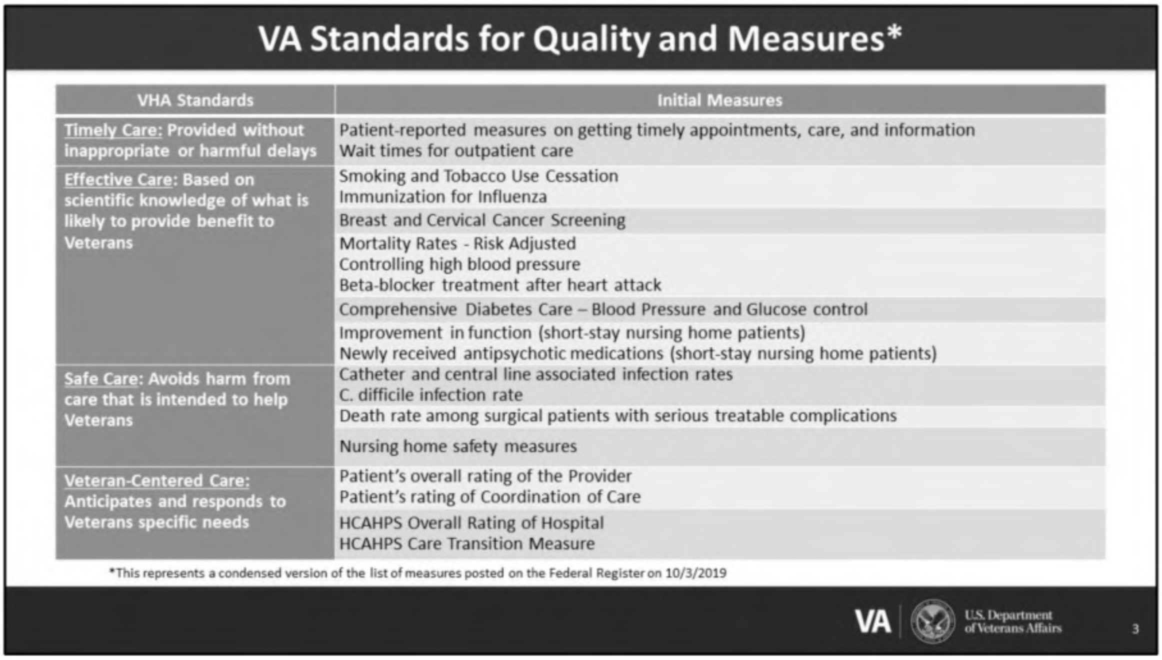
Quality Criterion for Community Care Eligibility (MISSION Act Section 101 - § 1703[e])

- Provides the authority to VA to enable eligibility for Community Care by designating VA medical service lines based on the quality criterion
- Affects VA medical service lines not complying with VA standards for quality, as determined through measures of both timeliness *and* quality

Remediation of Medical Service Lines (MISSION Act Section 109 - § 1706A)

- Required for designated VA medical service lines
- Requires extensive Congressional response and public awareness

MISSION Act-specific needs, distinct from routine VHA improvement and consultation



VA Standards for Quality and Measures*

VHA Standards	Initial Measures
Timely Care: Provided without inappropriate or harmful delays	Patient-reported measures on getting timely appointments, care, and information Wait times for outpatient care
Effective Care: Based on scientific knowledge of what is likely to provide benefit to Veterans	Smoking and Tobacco Use Cessation Immunization for Influenza
	Breast and Cervical Cancer Screening
	Mortality Rates - Risk Adjusted Controlling high blood pressure Beta-blocker treatment after heart attack
	Comprehensive Diabetes Care – Blood Pressure and Glucose control
	Improvement in function (short-stay nursing home patients) Newly received antipsychotic medications (short-stay nursing home patients)
Safe Care: Avoids harm from care that is intended to help Veterans	Catheter and central line associated infection rates C. difficile infection rate
	Death rate among surgical patients with serious treatable complications
	Nursing home safety measures
Veteran-Centered Care: Anticipates and responds to Veterans specific needs	Patient's overall rating of the Provider Patient's rating of Coordination of Care
	HCAHPS Overall Rating of Hospital HCAHPS Care Transition Measure

*This represents a condensed version of the list of measures posted on the Federal Register on 10/3/2019

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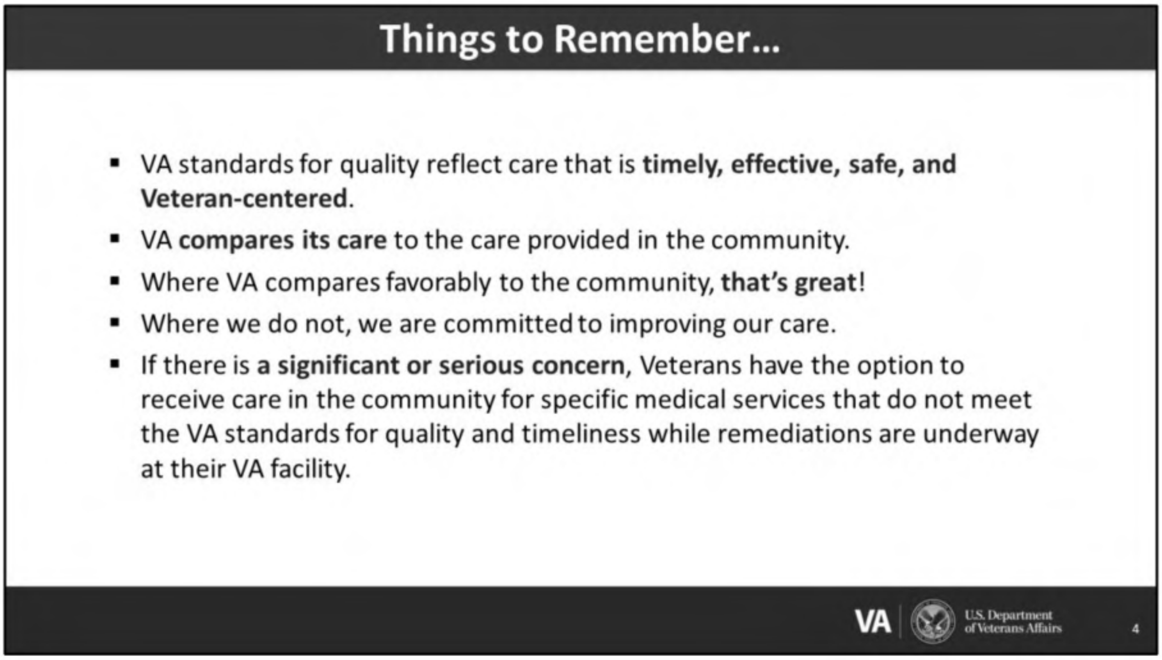
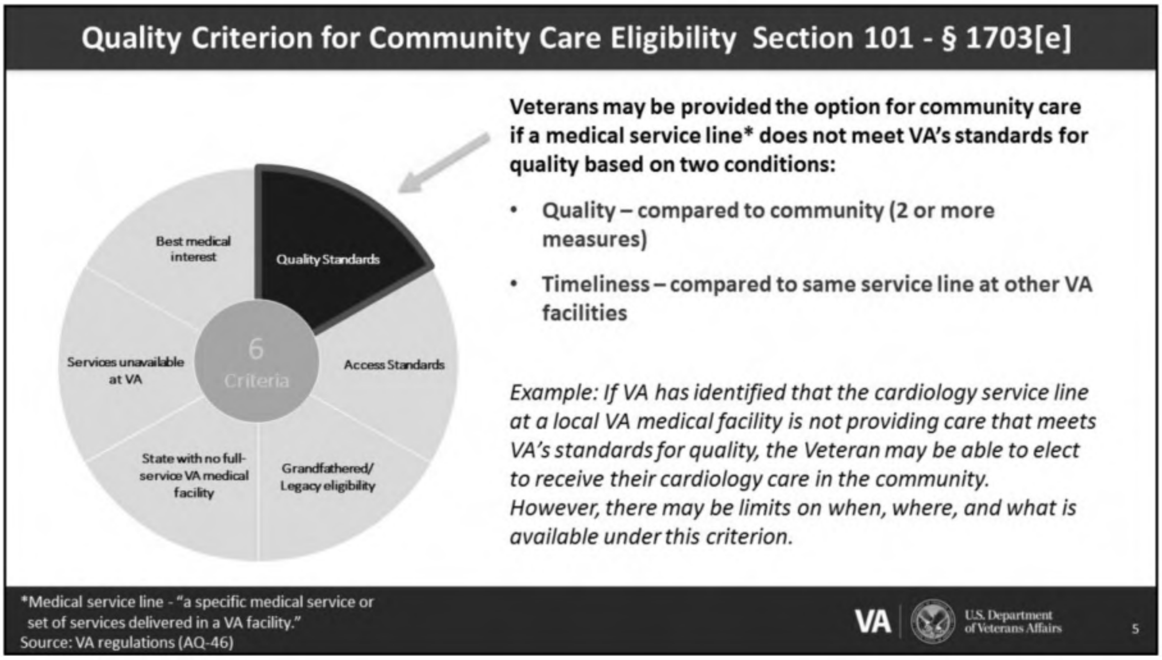


Things to Remember…

- VA standards for quality reflect care that is **timely, effective, safe, and Veteran-centered**.
- VA **compares its care** to the care provided in the community.
- Where VA compares favorably to the community, **that's great**!
- Where we do not, we are committed to improving our care.
- If there is **a significant or serious concern**, Veterans have the option to receive care in the community for specific medical services that do not meet the VA standards for quality and timeliness while remediations are underway at their VA facility.



Quality Criterion for Community Care Eligibility Section 101 - § 1703[e]

Best medical interest
Quality Standards
Services unavailable at VA
6 Criteria
Access Standards
State with no full-service VA medical facility
Grandfathered/ Legacy eligibility

Veterans may be provided the option for community care if a medical service line* does not meet VA's standards for quality based on two conditions:

- Quality – compared to community (2 or more measures)
- Timeliness – compared to same service line at other VA facilities

Example: If VA has identified that the cardiology service line at a local VA medical facility is not providing care that meets VA's standards for quality, the Veteran may be able to elect to receive their cardiology care in the community. However, there may be limits on when, where, and what is available under this criterion.

*Medical service line - "a specific medical service or set of services delivered in a VA facility."
Source: VA regulations (AQ-46)

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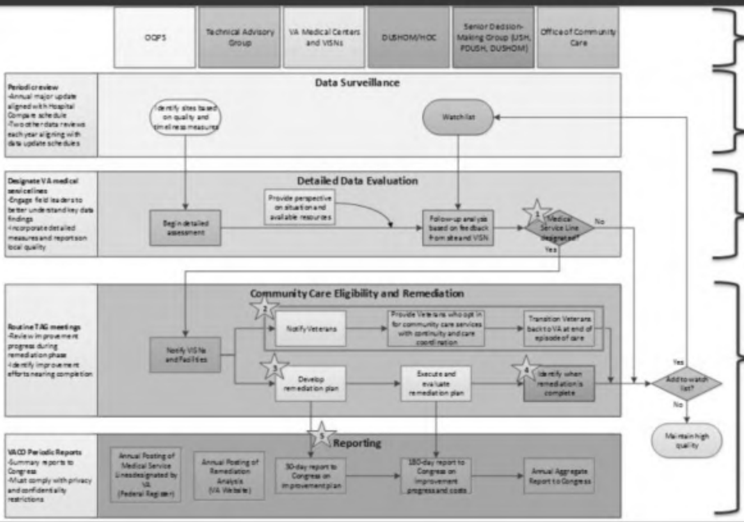
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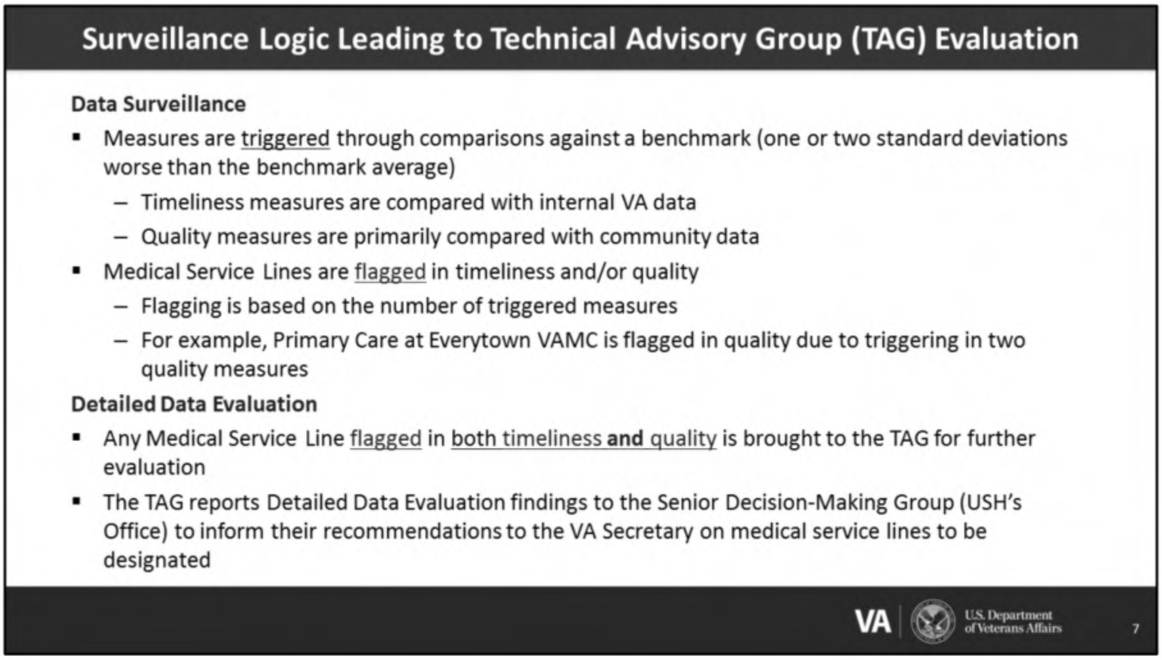

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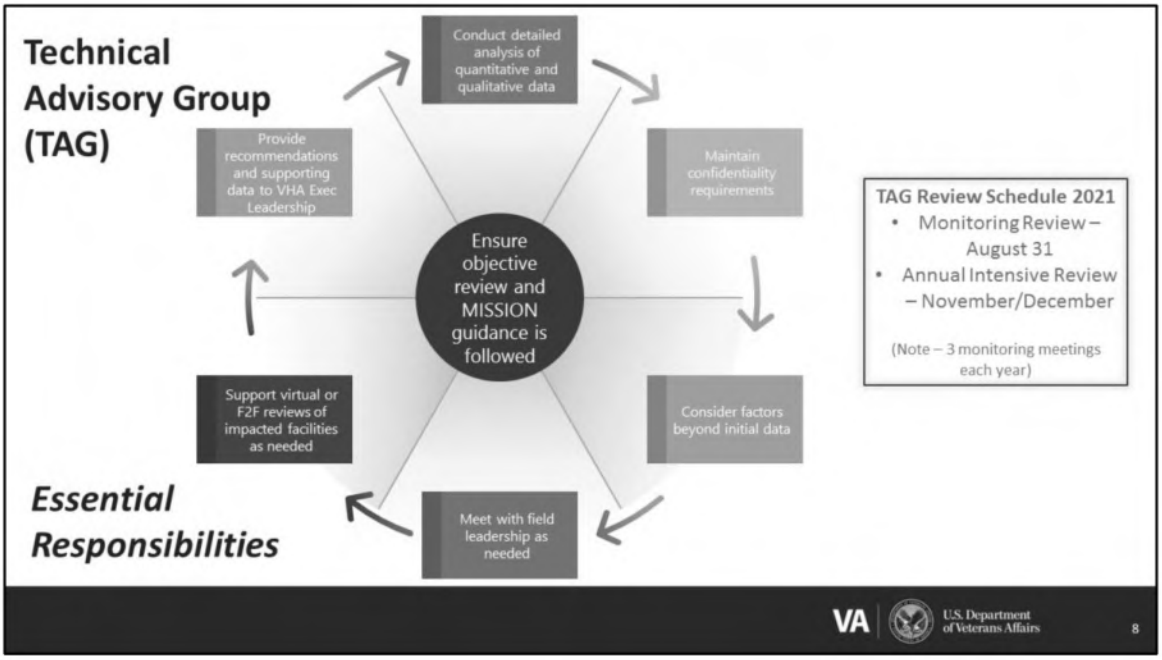

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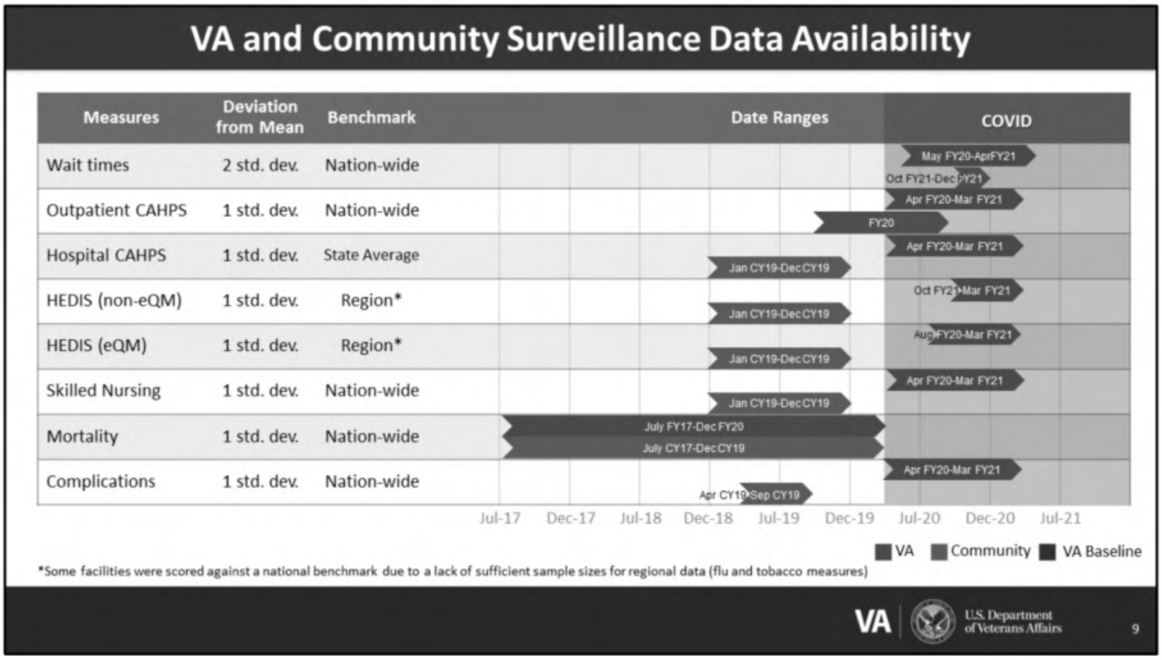
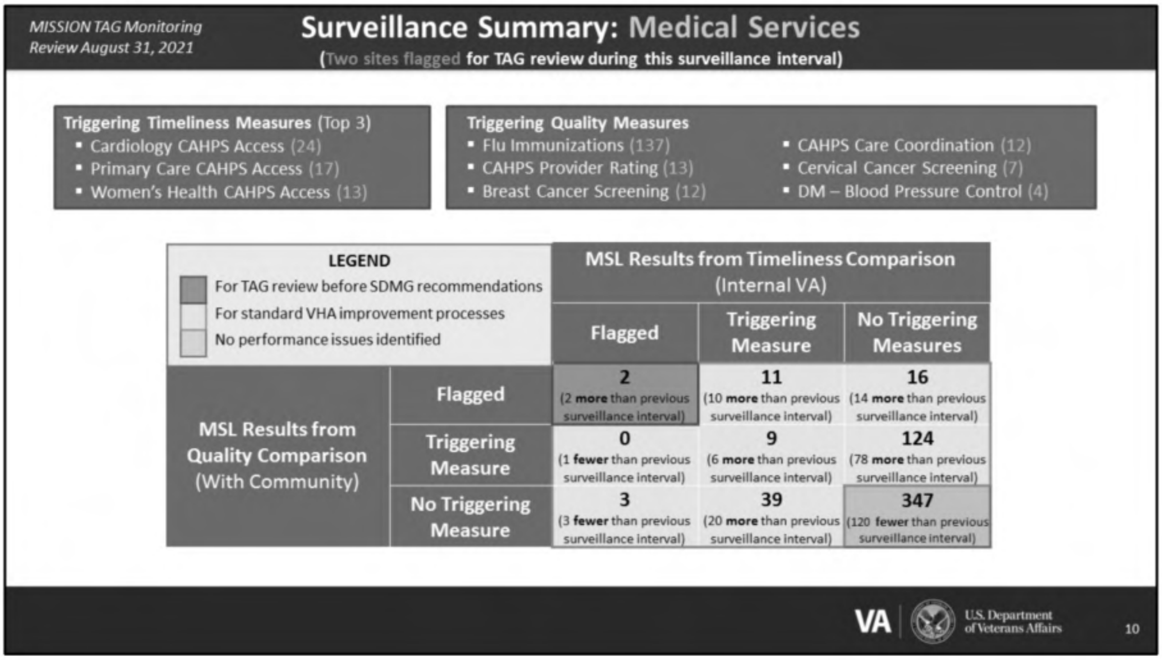


VA and Community Surveillance Data Availability

Measures	Deviation from Mean	Benchmark	Date Ranges	COVID
Wait times	2 std. dev.	Nation-wide		May FY20-AprFY21 Oct FY21-Dec FY21
Outpatient CAHPS	1 std. dev.	Nation-wide	FY20	Apr FY20-Mar FY21
Hospital CAHPS	1 std. dev.	State Average	Jan CY19-Dec CY19	Apr FY20-Mar FY21
HEDIS (non-eQM)	1 std. dev.	Region*	Jan CY19-Dec CY19	Oct FY21-Mar FY21
HEDIS (eQM)	1 std. dev.	Region*	Jan CY19-Dec CY19	Aug FY20-Mar FY21
Skilled Nursing	1 std. dev.	Nation-wide	Jan CY19-Dec CY19	Apr FY20-Mar FY21
Mortality	1 std. dev.	Nation-wide	July FY17-Dec FY20 July CY17-Dec CY19	
Complications	1 std. dev.	Nation-wide	Apr CY19-Sep CY19	Apr FY20-Mar FY21

*Some facilities were scored against a national benchmark due to a lack of sufficient sample sizes for regional data (flu and tobacco measures)



MISSION TAG Monitoring Review August 31, 2021

Surveillance Summary: Medical Services

(Two sites flagged for TAG review during this surveillance interval)

Triggering Timeliness Measures (Top 3)
- Cardiology CAHPS Access (24)
- Primary Care CAHPS Access (17)
- Women's Health CAHPS Access (13)

Triggering Quality Measures
- Flu Immunizations (137)
- CAHPS Provider Rating (13)
- Breast Cancer Screening (12)
- CAHPS Care Coordination (12)
- Cervical Cancer Screening (7)
- DM – Blood Pressure Control (4)

LEGEND
- ■ For TAG review before SDMG recommendations
- □ For standard VHA improvement processes
- ▨ No performance issues identified

		MSL Results from Timeliness Comparison (Internal VA)		
		Flagged	**Triggering Measure**	**No Triggering Measures**
MSL Results from Quality Comparison (With Community)	**Flagged**	**2** (2 **more** than previous surveillance interval)	**11** (10 **more** than previous surveillance interval)	**16** (14 **more** than previous surveillance interval)
	Triggering Measure	**0** (1 **fewer** than previous surveillance interval)	**9** (6 **more** than previous surveillance interval)	**124** (78 **more** than previous surveillance interval)
	No Triggering Measure	**3** (3 **fewer** than previous surveillance interval)	**39** (20 **more** than previous surveillance interval)	**347** (120 **fewer** than previous surveillance interval)

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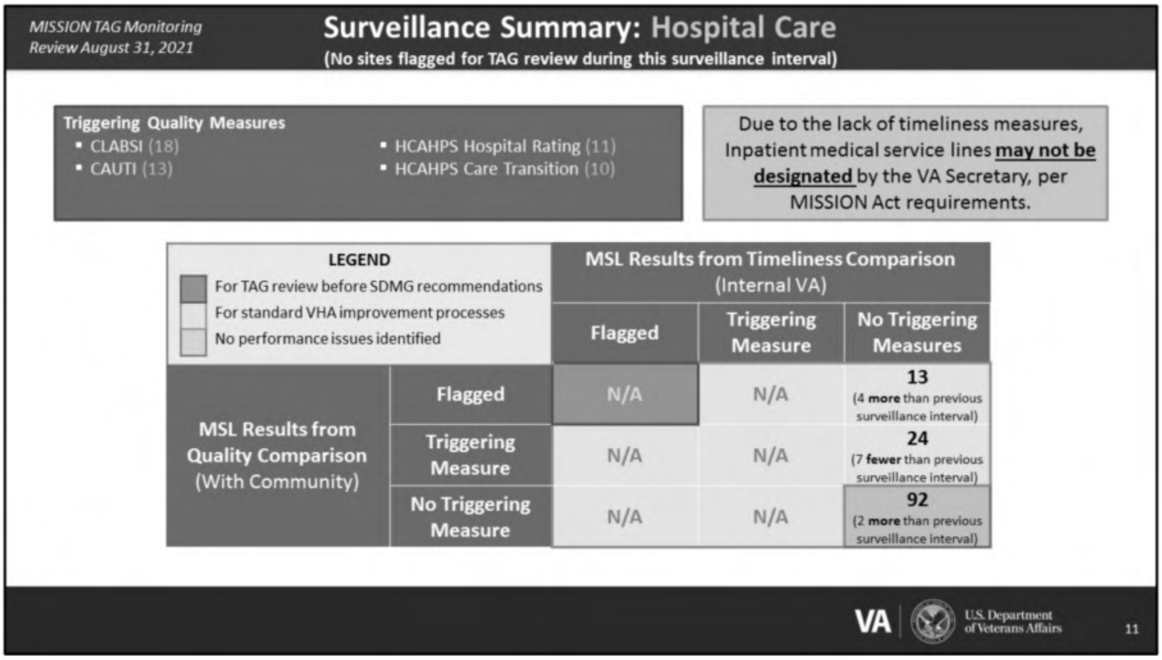

MISSION TAG Monitoring Review August 31, 2021

Surveillance Summary: Hospital Care

(No sites flagged for TAG review during this surveillance interval)

Triggering Quality Measures
- CLABSI (18)
- CAUTI (13)
- HCAHPS Hospital Rating (11)
- HCAHPS Care Transition (10)

Due to the lack of timeliness measures, Inpatient medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

LEGEND
- ■ For TAG review before SDMG recommendations
- □ For standard VHA improvement processes
- ▨ No performance issues identified

		MSL Results from Timeliness Comparison (Internal VA)		
		Flagged	**Triggering Measure**	**No Triggering Measures**
MSL Results from Quality Comparison (With Community)	**Flagged**	N/A	N/A	**13** (4 **more** than previous surveillance interval)
	Triggering Measure	N/A	N/A	**24** (7 **fewer** than previous surveillance interval)
	No Triggering Measure	N/A	N/A	**92** (2 **more** than previous surveillance interval)

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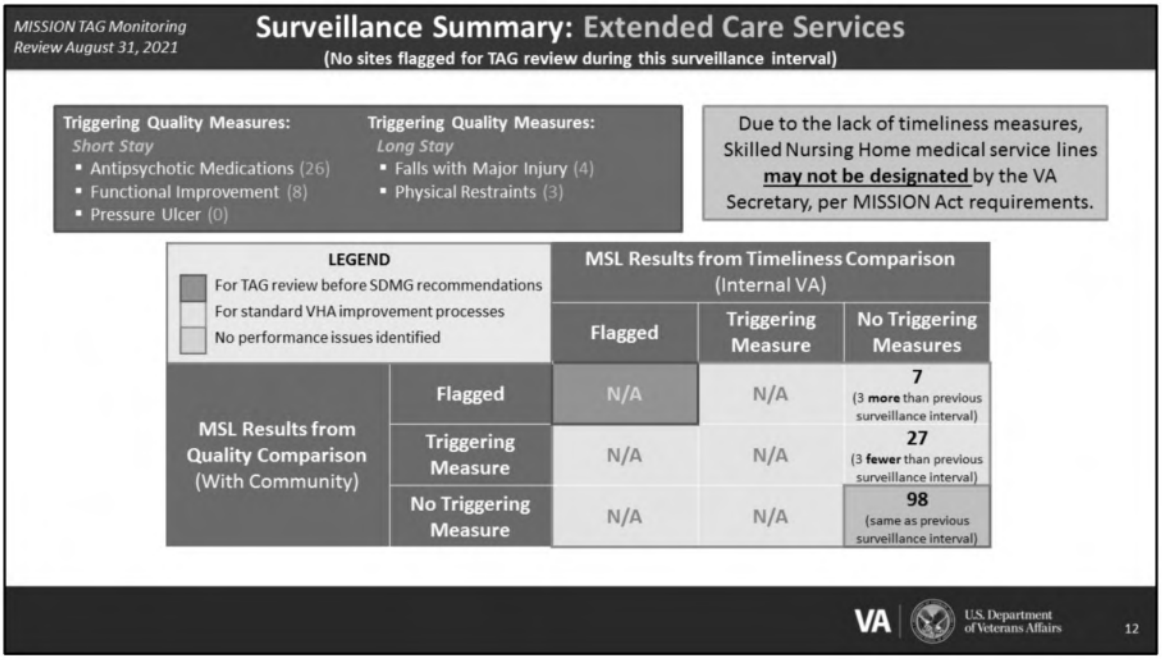

MISSION TAG Monitoring Review August 31, 2021

Surveillance Summary: Extended Care Services

(No sites flagged for TAG review during this surveillance interval)

Triggering Quality Measures:
Short Stay
- Antipsychotic Medications (26)
- Functional Improvement (8)
- Pressure Ulcer (0)

Triggering Quality Measures:
Long Stay
- Falls with Major Injury (4)
- Physical Restraints (3)

Due to the lack of timeliness measures, Skilled Nursing Home medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

LEGEND
- ■ For TAG review before SDMG recommendations
- □ For standard VHA improvement processes
- ▨ No performance issues identified

		MSL Results from Timeliness Comparison (Internal VA)		
		Flagged	**Triggering Measure**	**No Triggering Measures**
MSL Results from Quality Comparison (With Community)	**Flagged**	N/A	N/A	**7** (3 **more** than previous surveillance interval)
	Triggering Measure	N/A	N/A	**27** (3 **fewer** than previous surveillance interval)
	No Triggering Measure	N/A	N/A	**98** (same as previous surveillance interval)

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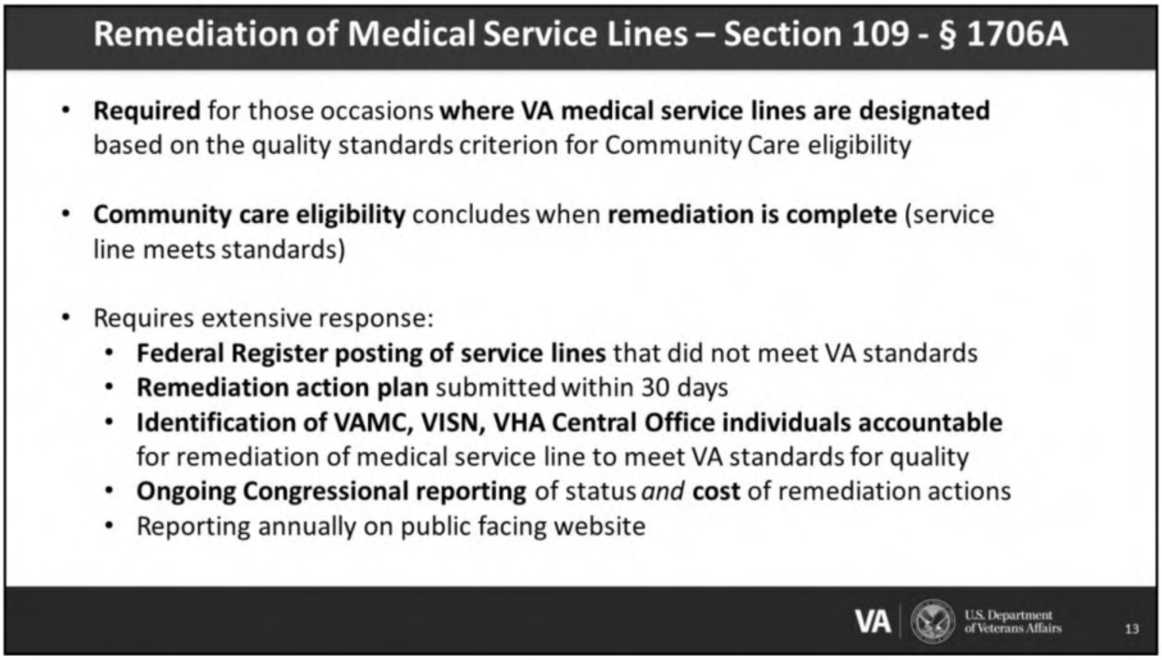

Remediation of Medical Service Lines – Section 109 - § 1706A

- **Required** for those occasions **where VA medical service lines are designated** based on the quality standards criterion for Community Care eligibility

- **Community care eligibility** concludes when **remediation is complete** (service line meets standards)

- Requires extensive response:
  - **Federal Register posting of service lines** that did not meet VA standards
  - **Remediation action plan** submitted within 30 days
  - **Identification of VAMC, VISN, VHA Central Office individuals accountable** for remediation of medical service line to meet VA standards for quality
  - **Ongoing Congressional reporting** of status *and* **cost** of remediation actions
  - Reporting annually on public facing website

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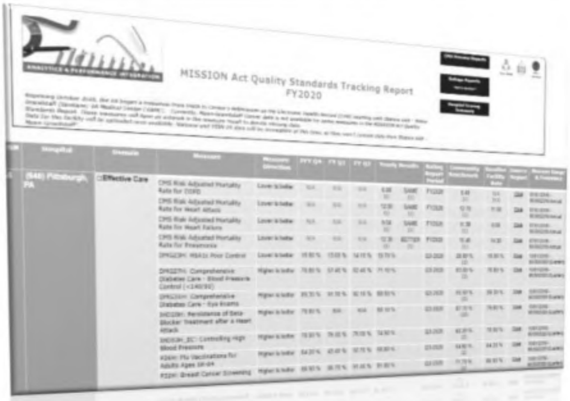
MISSION Act-specific needs, distinct from routine VHA improvement and consultation

Mission Act Quality Standards Tracking Report (MAQSTR)

The MISSION Act Quality Standards Tracking Report (MAQSTR) is designed to help compare VHA performance measure results to comparable community benchmarks

The main report displays:
- Measure Domains
- Short description of performance measures
- Preferred data direction
- Short description of performance measures
- Quarterly and yearly data
- Community scores
- Facility prior year score
- Links to the source reports
- Measure data timeframes


MISSION Act Quality Standards Tracking Report
FY2020

https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?/IPEC/NDPP/NDPP_Production/NDPP

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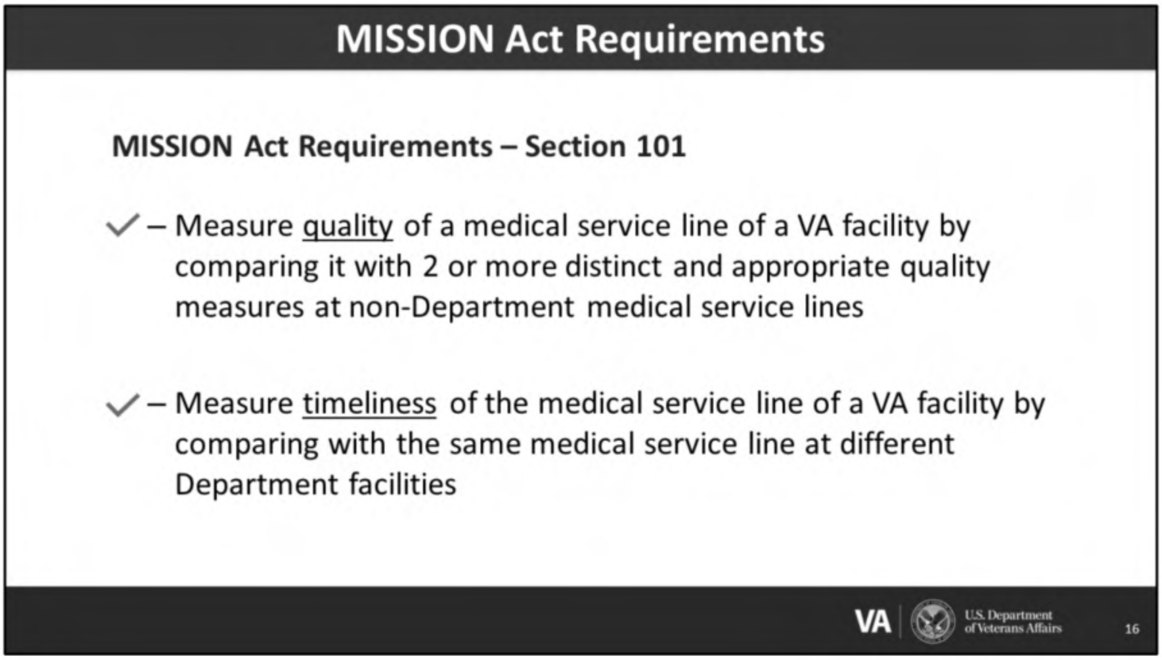
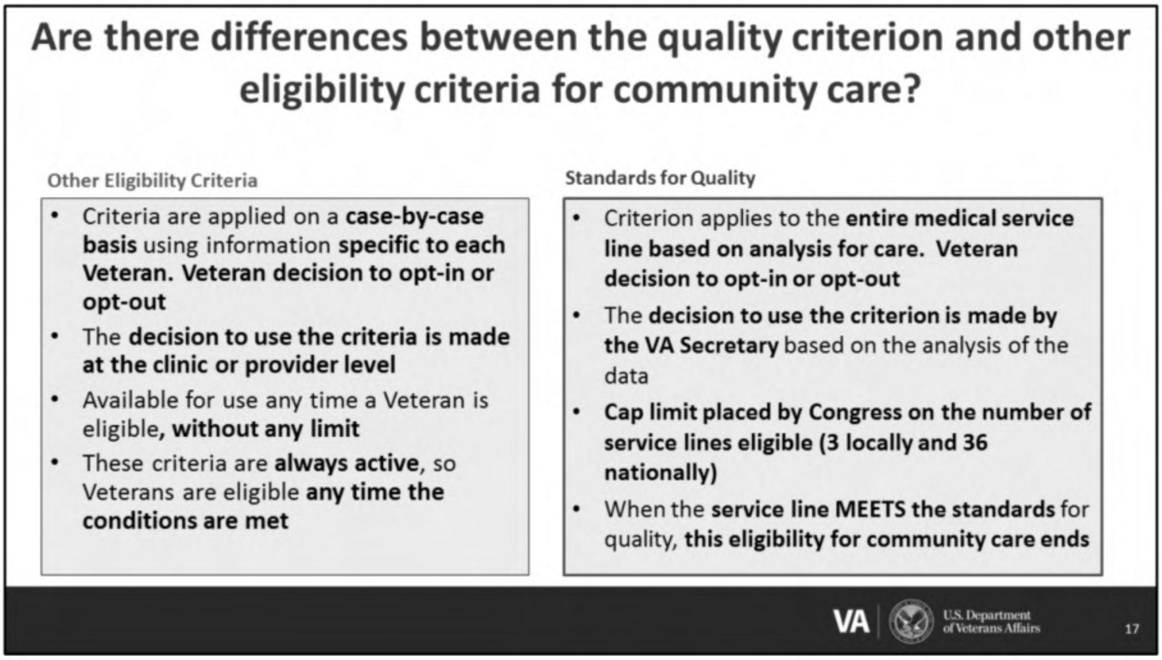
Appendix – Supporting Materials



MISSION Act Requirements

MISSION Act Requirements – Section 101

- ✓ – Measure quality of a medical service line of a VA facility by comparing it with 2 or more distinct and appropriate quality measures at non-Department medical service lines
- ✓ – Measure timeliness of the medical service line of a VA facility by comparing with the same medical service line at different Department facilities



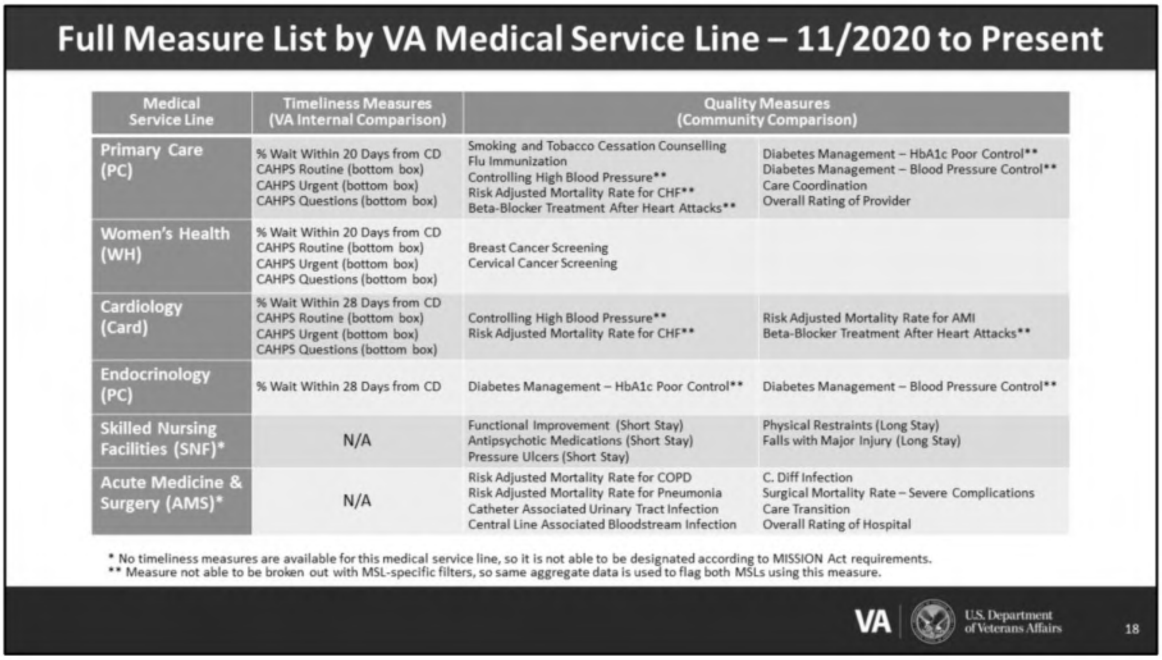
Are there differences between the quality criterion and other eligibility criteria for community care?

Other Eligibility Criteria

- Criteria are applied on a **case-by-case basis** using information **specific to each Veteran. Veteran decision to opt-in or opt-out**
- The **decision to use the criteria is made at the clinic or provider level**
- Available for use any time a Veteran is eligible**, without any limit**
- These criteria are **always active**, so Veterans are eligible **any time the conditions are met**

Standards for Quality

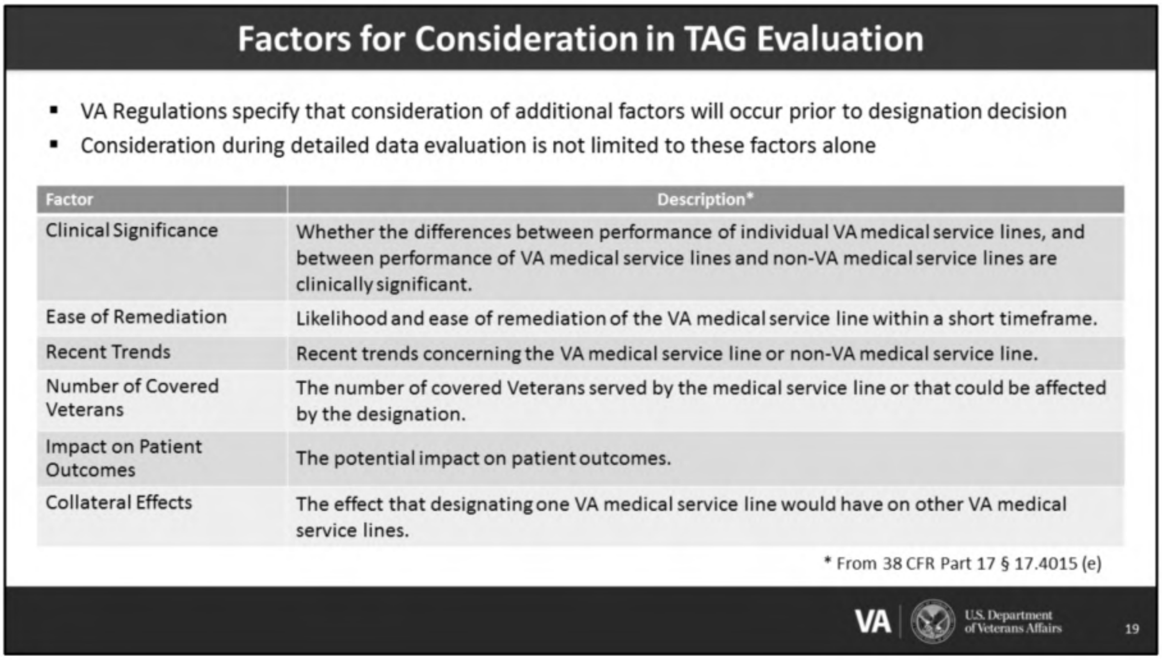
- Criterion applies to the **entire medical service line based on analysis for care. Veteran decision to opt-in or opt-out**
- The **decision to use the criterion is made by the VA Secretary** based on the analysis of the data
- **Cap limit placed by Congress on the number of service lines eligible (3 locally and 36 nationally)**
- When the **service line MEETS the standards** for quality, **this eligibility for community care ends**



Full Measure List by VA Medical Service Line – 11/2020 to Present

Medical Service Line	Timeliness Measures (VA Internal Comparison)	Quality Measures (Community Comparison)	
Primary Care (PC)	% Wait Within 20 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Smoking and Tobacco Cessation Counselling Flu Immunization Controlling High Blood Pressure** Risk Adjusted Mortality Rate for CHF** Beta-Blocker Treatment After Heart Attacks**	Diabetes Management – HbA1c Poor Control** Diabetes Management – Blood Pressure Control** Care Coordination Overall Rating of Provider
Women's Health (WH)	% Wait Within 20 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Breast Cancer Screening Cervical Cancer Screening	
Cardiology (Card)	% Wait Within 28 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Controlling High Blood Pressure** Risk Adjusted Mortality Rate for CHF**	Risk Adjusted Mortality Rate for AMI Beta-Blocker Treatment After Heart Attacks**
Endocrinology (PC)	% Wait Within 28 Days from CD	Diabetes Management – HbA1c Poor Control**	Diabetes Management – Blood Pressure Control**
Skilled Nursing Facilities (SNF)*	N/A	Functional Improvement (Short Stay) Antipsychotic Medications (Short Stay) Pressure Ulcers (Short Stay)	Physical Restraints (Long Stay) Falls with Major Injury (Long Stay)
Acute Medicine & Surgery (AMS)*	N/A	Risk Adjusted Mortality Rate for COPD Risk Adjusted Mortality Rate for Pneumonia Catheter Associated Urinary Tract Infection Central Line Associated Bloodstream Infection	C. Diff Infection Surgical Mortality Rate – Severe Complications Care Transition Overall Rating of Hospital

* No timeliness measures are available for this medical service line, so it is not able to be designated according to MISSION Act requirements.
** Measure not able to be broken out with MSL-specific filters, so same aggregate data is used to flag both MSLs using this measure.



Factors for Consideration in TAG Evaluation

- VA Regulations specify that consideration of additional factors will occur prior to designation decision
- Consideration during detailed data evaluation is not limited to these factors alone

Factor	Description*
Clinical Significance	Whether the differences between performance of individual VA medical service lines, and between performance of VA medical service lines and non-VA medical service lines are clinically significant.
Ease of Remediation	Likelihood and ease of remediation of the VA medical service line within a short timeframe.
Recent Trends	Recent trends concerning the VA medical service line or non-VA medical service line.
Number of Covered Veterans	The number of covered Veterans served by the medical service line or that could be affected by the designation.
Impact on Patient Outcomes	The potential impact on patient outcomes.
Collateral Effects	The effect that designating one VA medical service line would have on other VA medical service lines.

* From 38 CFR Part 17 § 17.4015 (e)

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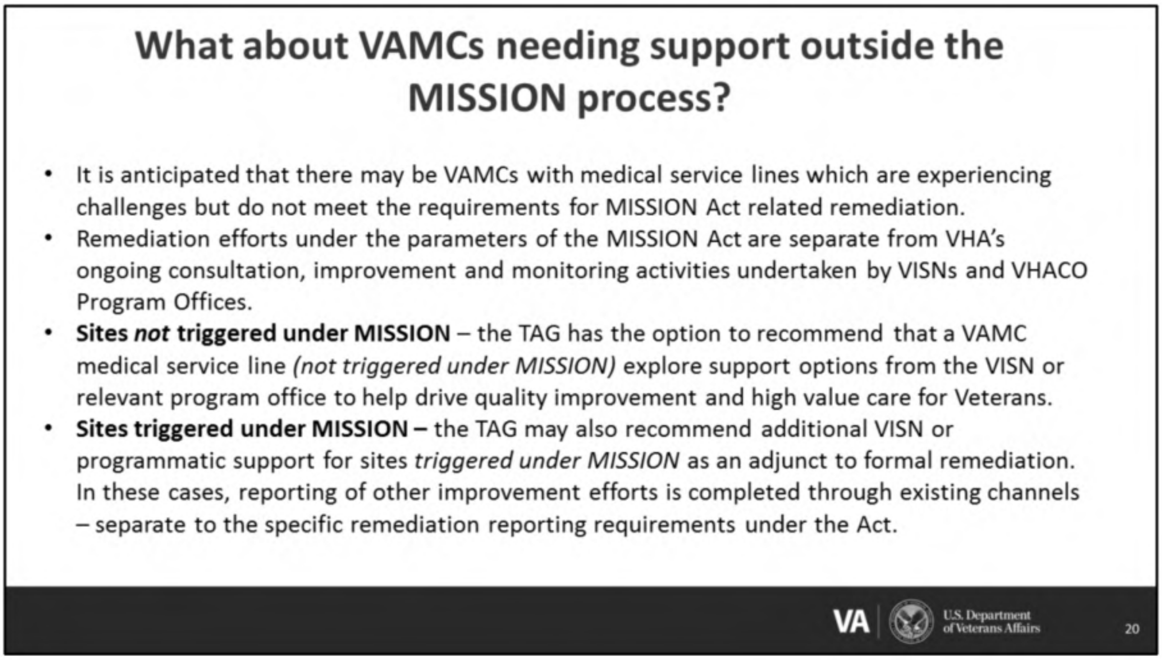

What about VAMCs needing support outside the MISSION process?

- It is anticipated that there may be VAMCs with medical service lines which are experiencing challenges but do not meet the requirements for MISSION Act related remediation.
- Remediation efforts under the parameters of the MISSION Act are separate from VHA's ongoing consultation, improvement and monitoring activities undertaken by VISNs and VHACO Program Offices.
- **Sites *not* triggered under MISSION** – the TAG has the option to recommend that a VAMC medical service line *(not triggered under MISSION)* explore support options from the VISN or relevant program office to help drive quality improvement and high value care for Veterans.
- **Sites triggered under MISSION –** the TAG may also recommend additional VISN or programmatic support for sites *triggered under MISSION* as an adjunct to formal remediation. In these cases, reporting of other improvement efforts is completed through existing channels – separate to the specific remediation reporting requirements under the Act.

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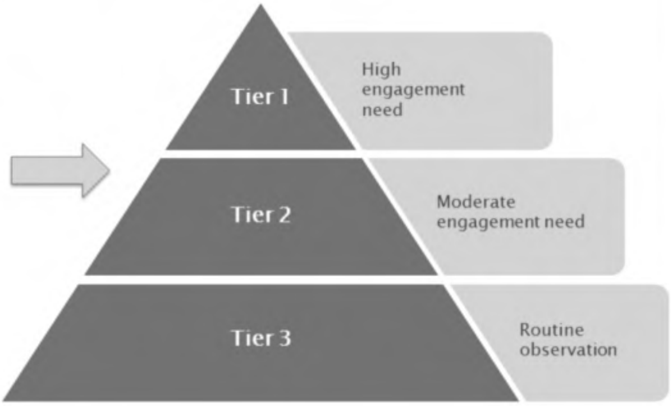
QPS/CIC's Engagement Protocol for Improvements in Quality (EPIQ)

Strategic Engagement Needs Algorithm (SENA)

- **Relative Comparison**
  - ≥40% metrics in 5th quintile of SAIL
  - ≥65% metrics in 4th or 5th quintiles of SAIL
- **Absolute Improvement or Decline**
  - >50% of all SAIL metrics worsened from 1 year ago
  - >50% of all SAIL supporting indicators worsened from 1 year ago
- **Community Comparison**
  - Under-served VA
    (Mental Health and Primary Care)
  - MISSION Act (Monitor List)


Tier 1
High engagement need
Tier 2
Moderate engagement need
Tier 3
Routine observation

MISSION Act Quality Standards and Related Activities

VHA Office of Quality and Patient Safety (QPS)
September 1, 2021

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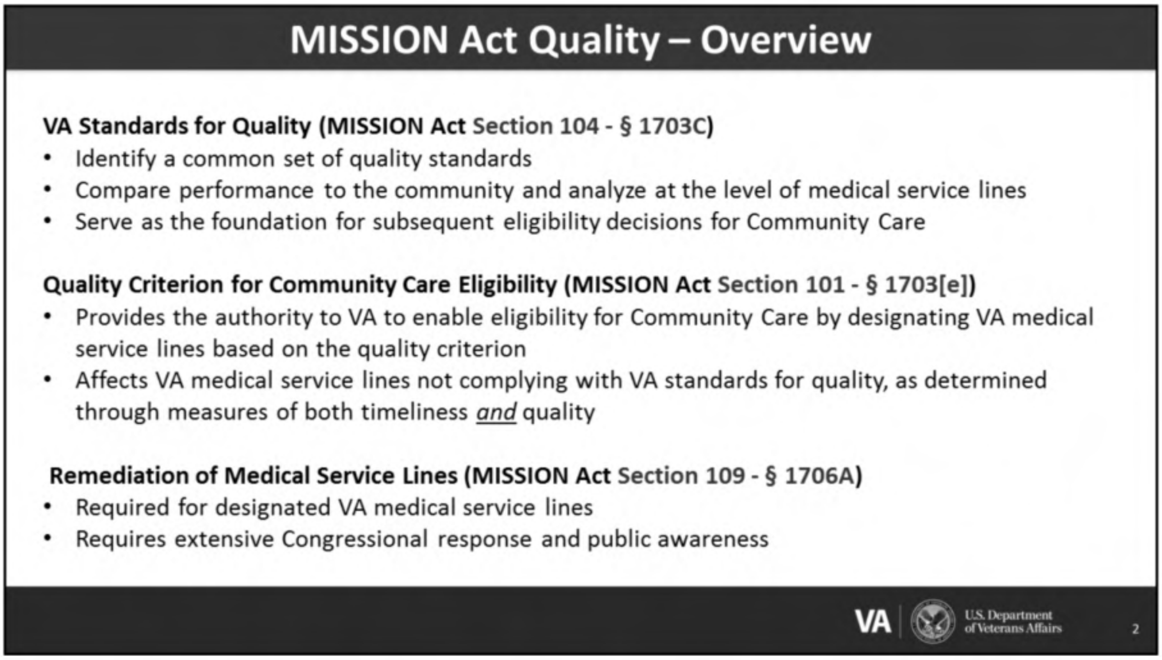

MISSION Act Quality – Overview

VA Standards for Quality (MISSION Act Section 104 - § 1703C**)**

- Identify a common set of quality standards
- Compare performance to the community and analyze at the level of medical service lines
- Serve as the foundation for subsequent eligibility decisions for Community Care

Quality Criterion for Community Care Eligibility (MISSION Act Section 101 - § 1703[e]**)**

- Provides the authority to VA to enable eligibility for Community Care by designating VA medical service lines based on the quality criterion
- Affects VA medical service lines not complying with VA standards for quality, as determined through measures of both timeliness *and* quality

Remediation of Medical Service Lines (MISSION Act Section 109 - § 1706A**)**

- Required for designated VA medical service lines
- Requires extensive Congressional response and public awareness

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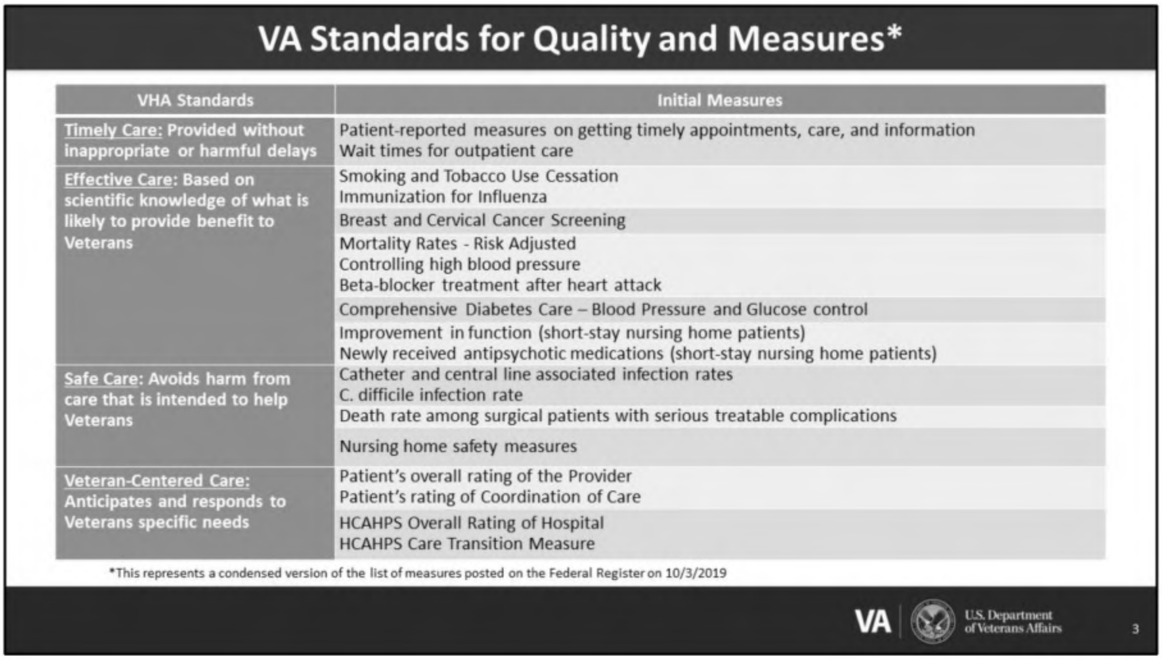
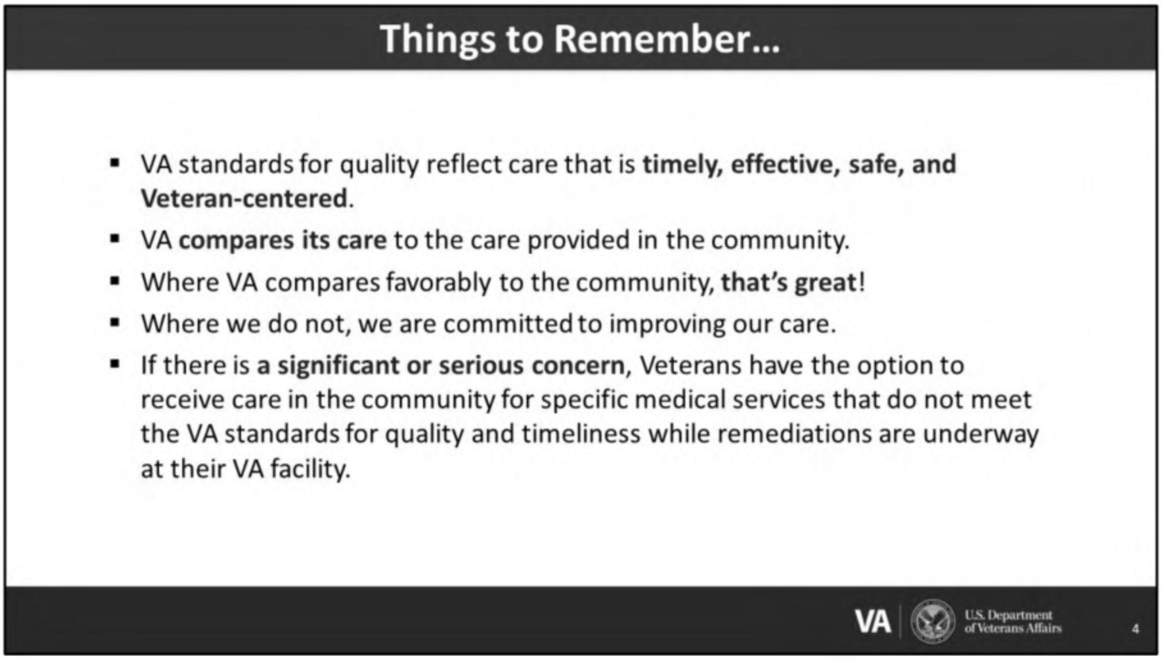
MISSION Act-specific needs, distinct from routine VHA improvement and consultation



VA Standards for Quality and Measures*

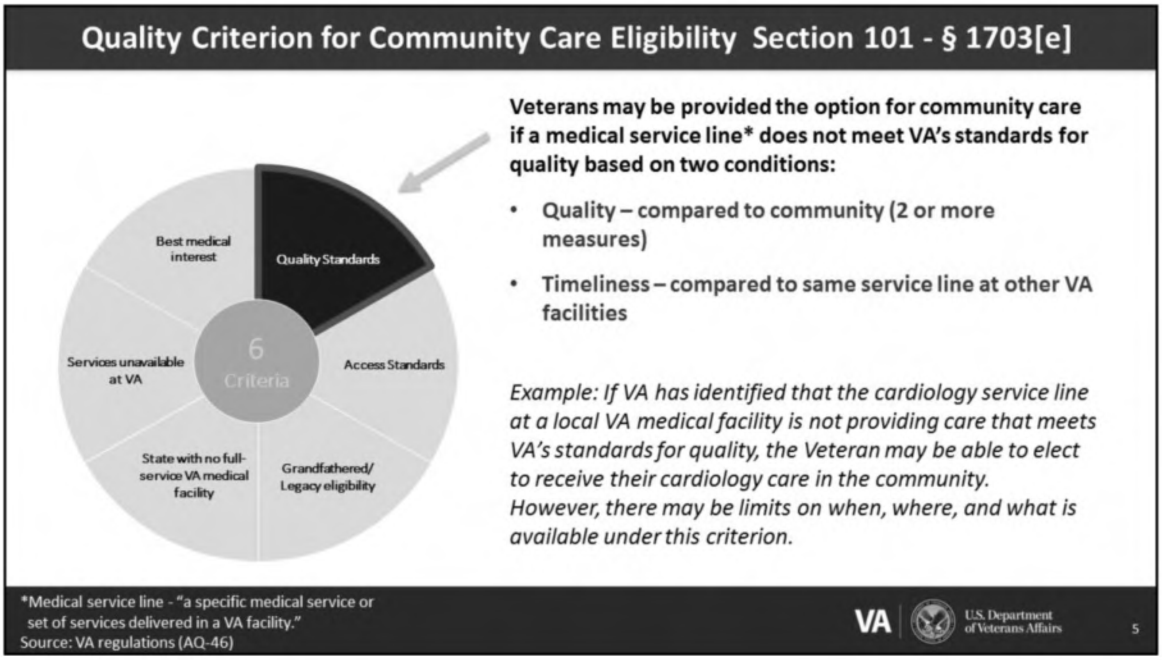
VHA Standards	Initial Measures
Timely Care: Provided without inappropriate or harmful delays	Patient-reported measures on getting timely appointments, care, and information
	Wait times for outpatient care
Effective Care: Based on scientific knowledge of what is likely to provide benefit to Veterans	Smoking and Tobacco Use Cessation
	Immunization for Influenza
	Breast and Cervical Cancer Screening
	Mortality Rates - Risk Adjusted
	Controlling high blood pressure
	Beta-blocker treatment after heart attack
	Comprehensive Diabetes Care – Blood Pressure and Glucose control
	Improvement in function (short-stay nursing home patients)
	Newly received antipsychotic medications (short-stay nursing home patients)
Safe Care: Avoids harm from care that is intended to help Veterans	Catheter and central line associated infection rates
	C. difficile infection rate
	Death rate among surgical patients with serious treatable complications
	Nursing home safety measures
Veteran-Centered Care: Anticipates and responds to Veterans specific needs	Patient's overall rating of the Provider
	Patient's rating of Coordination of Care
	HCAHPS Overall Rating of Hospital
	HCAHPS Care Transition Measure

*This represents a condensed version of the list of measures posted on the Federal Register on 10/3/2019



Things to Remember...

- VA standards for quality reflect care that is **timely, effective, safe, and Veteran-centered**.
- VA **compares its care** to the care provided in the community.
- Where VA compares favorably to the community, **that's great**!
- Where we do not, we are committed to improving our care.
- If there is **a significant or serious concern**, Veterans have the option to receive care in the community for specific medical services that do not meet the VA standards for quality and timeliness while remediations are underway at their VA facility.


Best medical interest
Quality Standards
6
Criteria
Services unavailable at VA
Access Standards
State with no full-service VA medical facility
Grandfathered/ Legacy eligibility

Quality Criterion for Community Care Eligibility Section 101 - § 1703[e]

Veterans may be provided the option for community care if a medical service line* does not meet VA's standards for quality based on two conditions:

- Quality – compared to community (2 or more measures)
- Timeliness – compared to same service line at other VA facilities

Example: If VA has identified that the cardiology service line at a local VA medical facility is not providing care that meets VA's standards for quality, the Veteran may be able to elect to receive their cardiology care in the community. However, there may be limits on when, where, and what is available under this criterion.

*Medical service line - "a specific medical service or set of services delivered in a VA facility."
Source: VA regulations (AQ-46)

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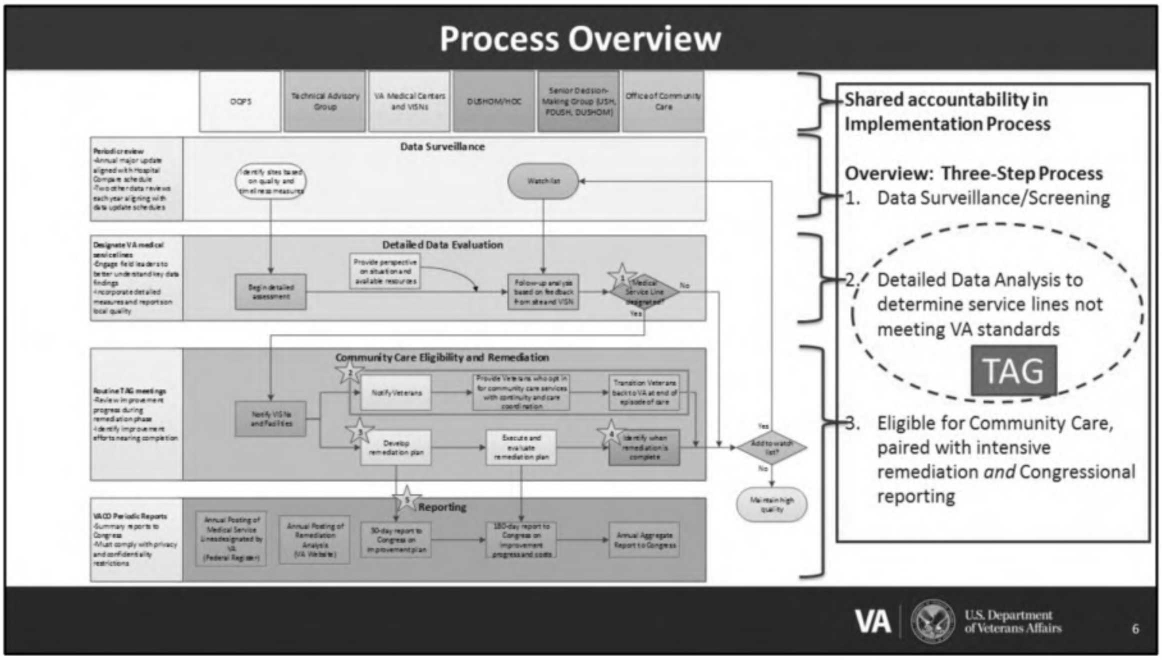

Process Overview

OQPS
Technical Advisory Group
VA Medical Centers and VISNs
DUSHOM/HOC
Senior Decision-Making Group (USH, PDUSH, DUSHOM)
Office of Community Care
Periodic review
-Annual major update aligned with Hospital Compare schedule
-Two other data reviews each year aligning with data update schedules
Data Surveillance
Identify sites based on quality and timeliness measures
Watch list
Designate VA medical service lines
-Engage field leaders to better understand key data findings
-Incorporate detailed measures and report on local quality
Detailed Data Evaluation
Begin detailed assessment
Provide perspective on situation and available resources
Follow-up analysis based on feedback from site and VISN
1
Medical Service Line designated?
No
Yes
Routine TAG meetings
-Review improvement progress during remediation phase
-Identify improvement efforts nearing completion
Community Care Eligibility and Remediation
2
Notify VISNs and Facilities
Notify Veterans
Provide Veterans who opt in for community care services with continuity and care coordination
Transition Veterans back to VA at end of episode of care
3
Develop remediation plan
Execute and evaluate remediation plan
4
Identify when remediation is complete
Add to watch list?
Yes
No
Maintain high quality
VACO Periodic Reports
-Summary reports to Congress
-Must comply with privacy and confidentiality restrictions
5
Reporting
Annual Posting of Medical Service Lines designated by VA (Federal Register)
Annual Posting of Remediation Analysis (VA Website)
30-day report to Congress on improvement plan
180-day report to Congress on improvement progress and costs
Annual Aggregate Report to Congress
TAG

Shared accountability in Implementation Process

Overview: Three-Step Process

1. Data Surveillance/Screening
2. Detailed Data Analysis to determine service lines not meeting VA standards
3. Eligible for Community Care, paired with intensive remediation *and* Congressional reporting

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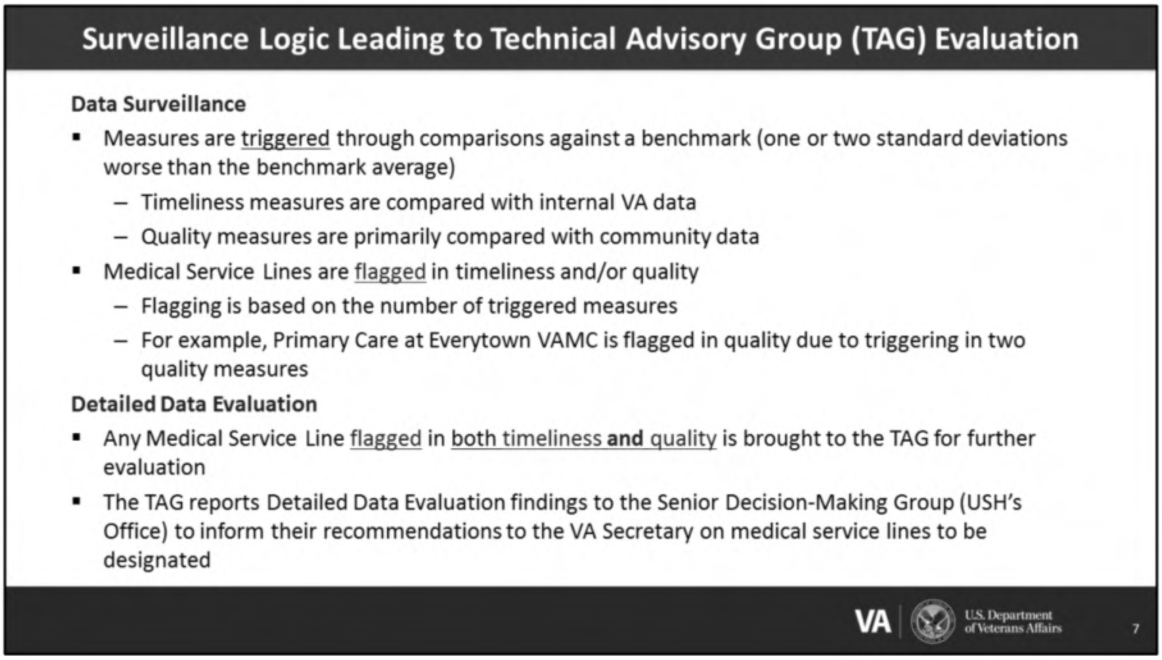


Surveillance Logic Leading to Technical Advisory Group (TAG) Evaluation

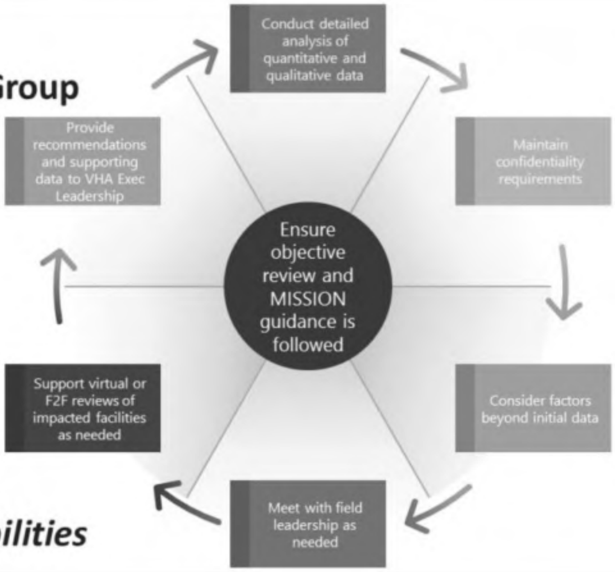
Data Surveillance

- Measures are triggered through comparisons against a benchmark (one or two standard deviations worse than the benchmark average)
  - Timeliness measures are compared with internal VA data
  - Quality measures are primarily compared with community data
- Medical Service Lines are flagged in timeliness and/or quality
  - Flagging is based on the number of triggered measures
  - For example, Primary Care at Everytown VAMC is flagged in quality due to triggering in two quality measures

Detailed Data Evaluation

- Any Medical Service Line flagged in both timeliness **and** quality is brought to the TAG for further evaluation
- The TAG reports Detailed Data Evaluation findings to the Senior Decision-Making Group (USH's Office) to inform their recommendations to the VA Secretary on medical service lines to be designated

Technical Advisory Group (TAG)



Ensure objective review and MISSION guidance is followed

Conduct detailed analysis of quantitative and qualitative data

Maintain confidentiality requirements

Consider factors beyond initial data

Meet with field leadership as needed

Support virtual or F2F reviews of impacted facilities as needed

Provide recommendations and supporting data to VHA Exec Leadership

Essential Responsibilities

TAG Review Schedule 2021

- Monitoring Review – August 31
- Annual Intensive Review – November/December

(Note – 3 monitoring meetings each year)

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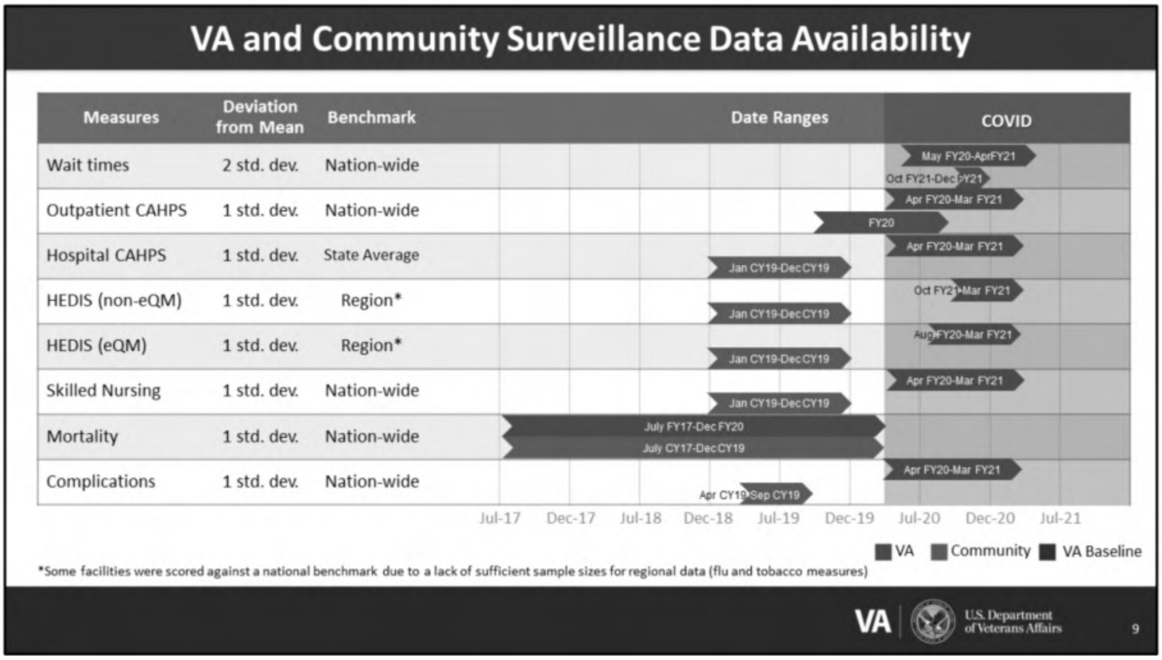

VA and Community Surveillance Data Availability

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HEDIS (eQM)	1 std. dev.	Region*
Skilled Nursing	1 std. dev.	Nation-wide
Mortality	1 std. dev.	Nation-wide
Complications	1 std. dev.	Nation-wide

*Some facilities were scored against a national benchmark due to a lack of sufficient sample sizes for regional data (flu and tobacco measures)

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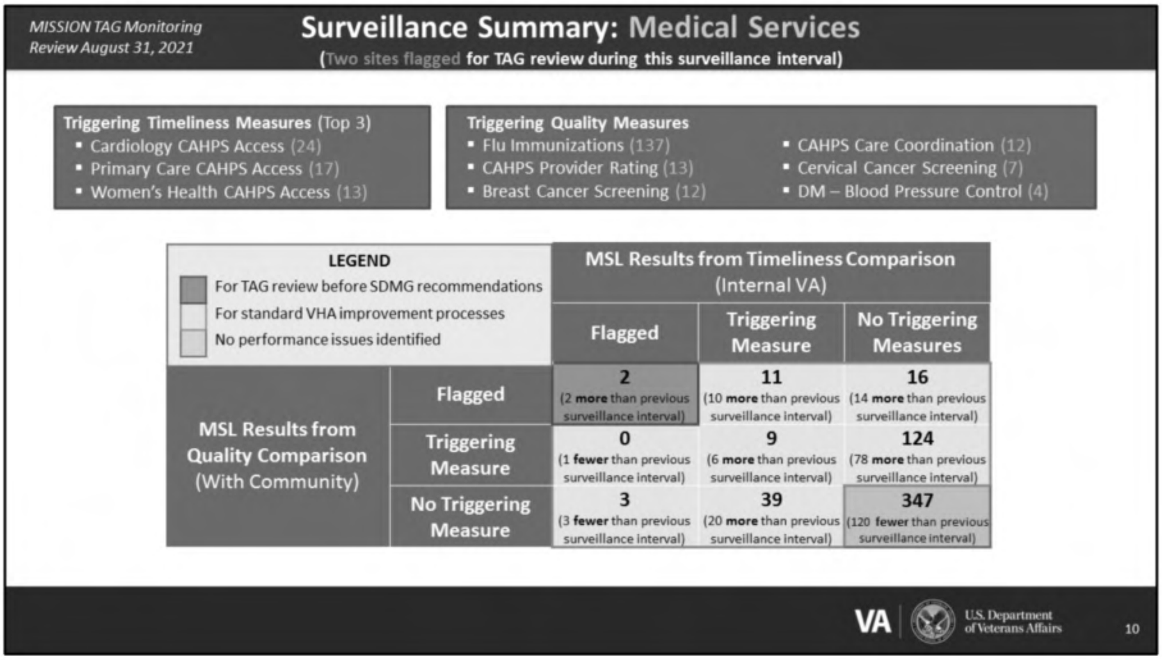

MISSION TAG Monitoring Review August 31, 2021

Surveillance Summary: Medical Services

(Two sites flagged **for TAG review during this surveillance interval)**

Triggering Timeliness Measures (Top 3)
- Cardiology CAHPS Access (24)
- Primary Care CAHPS Access (17)
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Triggering Quality Measures
- Flu Immunizations (137)
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- DM – Blood Pressure Control (4)

LEGEND
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	Triggering Measure	**0** (1 **fewer** than previous surveillance interval)	**9** (6 **more** than previous surveillance interval)	**124** (78 **more** than previous surveillance interval)
	No Triggering Measure	**3** (3 **fewer** than previous surveillance interval)	**39** (20 **more** than previous surveillance interval)	**347** (120 **fewer** than previous surveillance interval)

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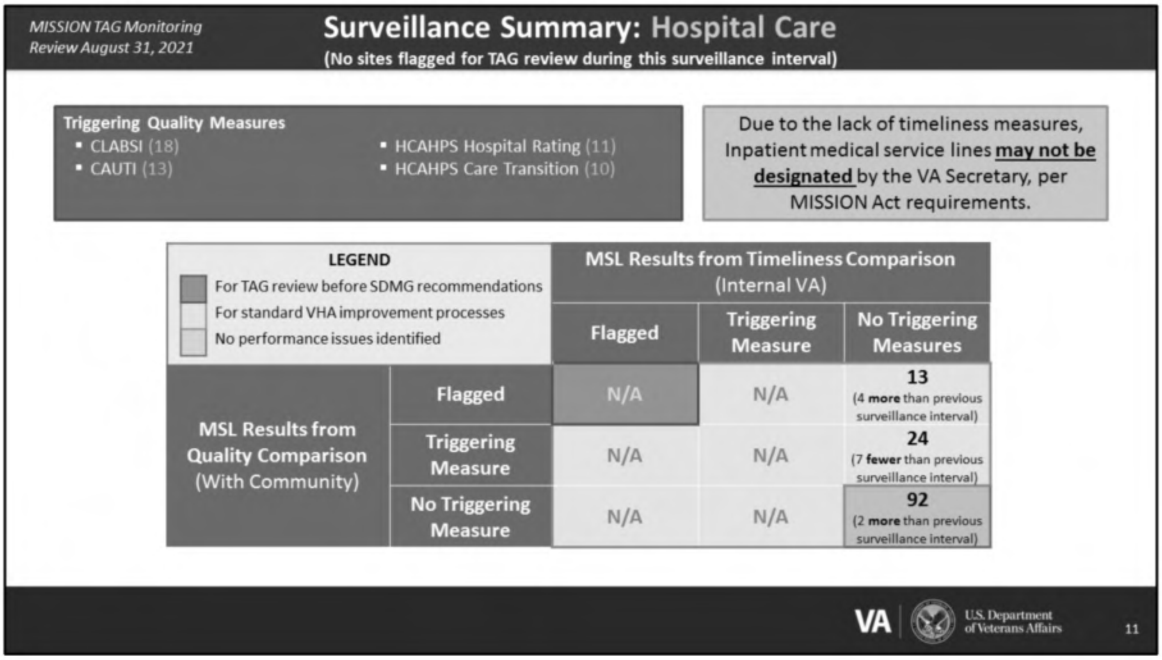


MISSION TAG Monitoring Review August 31, 2021

Surveillance Summary: Hospital Care

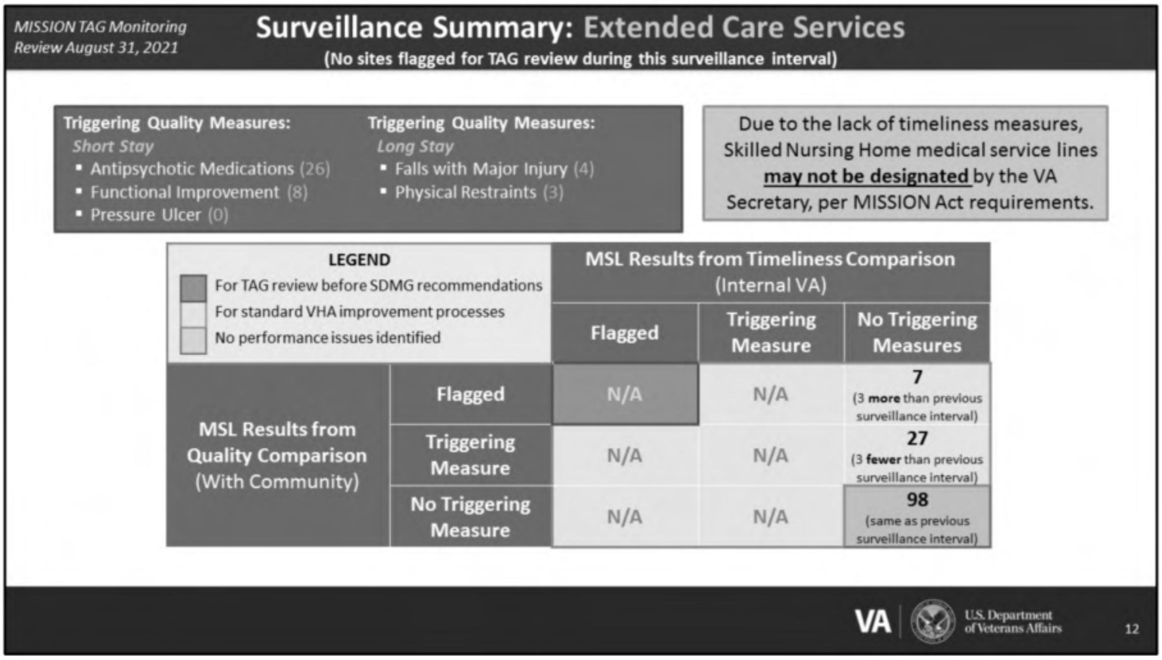
(No sites flagged for TAG review during this surveillance interval)

Triggering Quality Measures
- CLABSI (18)
- CAUTI (13)
- HCAHPS Hospital Rating (11)
- HCAHPS Care Transition (10)

Due to the lack of timeliness measures, Inpatient medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

LEGEND
- ▨ For TAG review before SDMG recommendations
- ☐ For standard VHA improvement processes
- ▒ No performance issues identified

		MSL Results from Timeliness Comparison (Internal VA)		
		Flagged	**Triggering Measure**	**No Triggering Measures**
MSL Results from Quality Comparison (With Community)	**Flagged**	N/A	N/A	**13** (4 **more** than previous surveillance interval)
	Triggering Measure	N/A	N/A	**24** (7 **fewer** than previous surveillance interval)
	No Triggering Measure	N/A	N/A	**92** (2 **more** than previous surveillance interval)



MISSION TAG Monitoring Review August 31, 2021

Surveillance Summary: Extended Care Services

(No sites flagged for TAG review during this surveillance interval)

Triggering Quality Measures:
Short Stay
- Antipsychotic Medications (26)
- Functional Improvement (8)
- Pressure Ulcer (0)

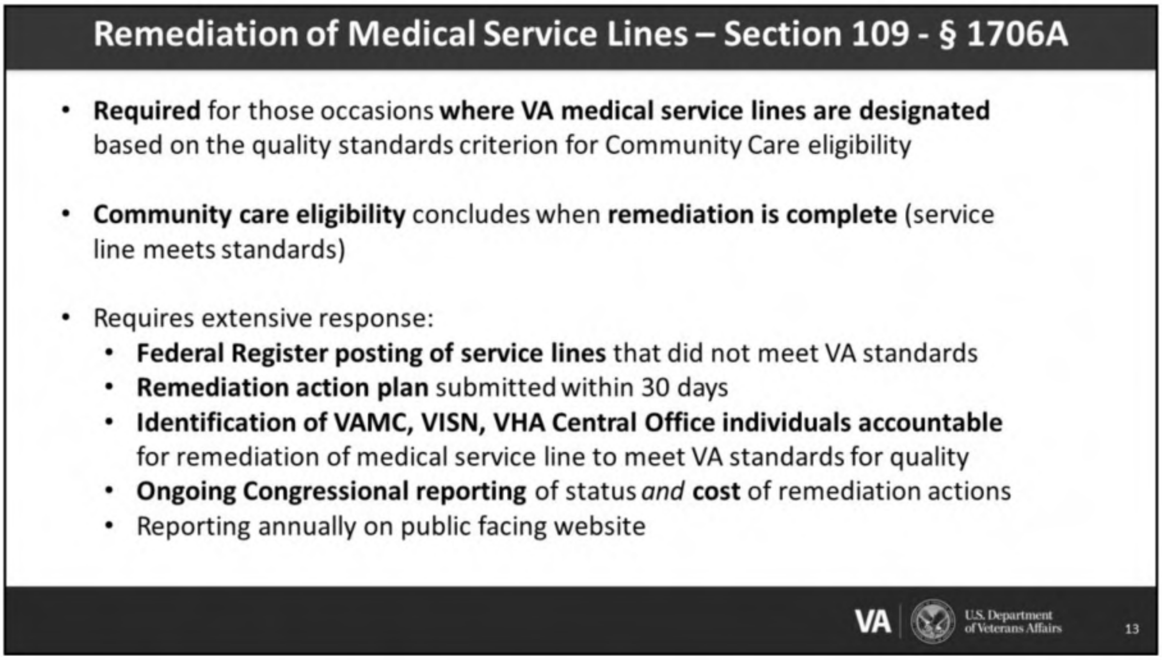
Triggering Quality Measures:
Long Stay
- Falls with Major Injury (4)
- Physical Restraints (3)

Due to the lack of timeliness measures, Skilled Nursing Home medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

LEGEND
- ■ For TAG review before SDMG recommendations
- □ For standard VHA improvement processes
- ▨ No performance issues identified

		MSL Results from Timeliness Comparison (Internal VA)		
		Flagged	**Triggering Measure**	**No Triggering Measures**
MSL Results from Quality Comparison (With Community)	**Flagged**	N/A	N/A	**7** (3 **more** than previous surveillance interval)
	Triggering Measure	N/A	N/A	**27** (3 **fewer** than previous surveillance interval)
	No Triggering Measure	N/A	N/A	**98** (same as previous surveillance interval)

VA U.S. Department of Veterans Affairs 12



Remediation of Medical Service Lines – Section 109 - § 1706A

- **Required** for those occasions **where VA medical service lines are designated** based on the quality standards criterion for Community Care eligibility
- **Community care eligibility** concludes when **remediation is complete** (service line meets standards)
- Requires extensive response:
  - **Federal Register posting of service lines** that did not meet VA standards
  - **Remediation action plan** submitted within 30 days
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  - **Ongoing Congressional reporting** of status *and* **cost** of remediation actions
  - Reporting annually on public facing website

MISSION Act-specific needs, distinct from routine VHA improvement and consultation

Mission Act Quality Standards Tracking Report (MAQSTR)

The MISSION Act Quality Standards Tracking Report (MAQSTR) is designed to help compare VHA performance measure results to comparable community benchmarks

The main report displays:

- Measure Domains
- Short description of performance measures
- Preferred data direction
- Short description of performance measures
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- Community scores
- Facility prior year score
- Links to the source reports
- Measure data timeframes

MISSION Act Quality Standards Tracking Report
FY2020

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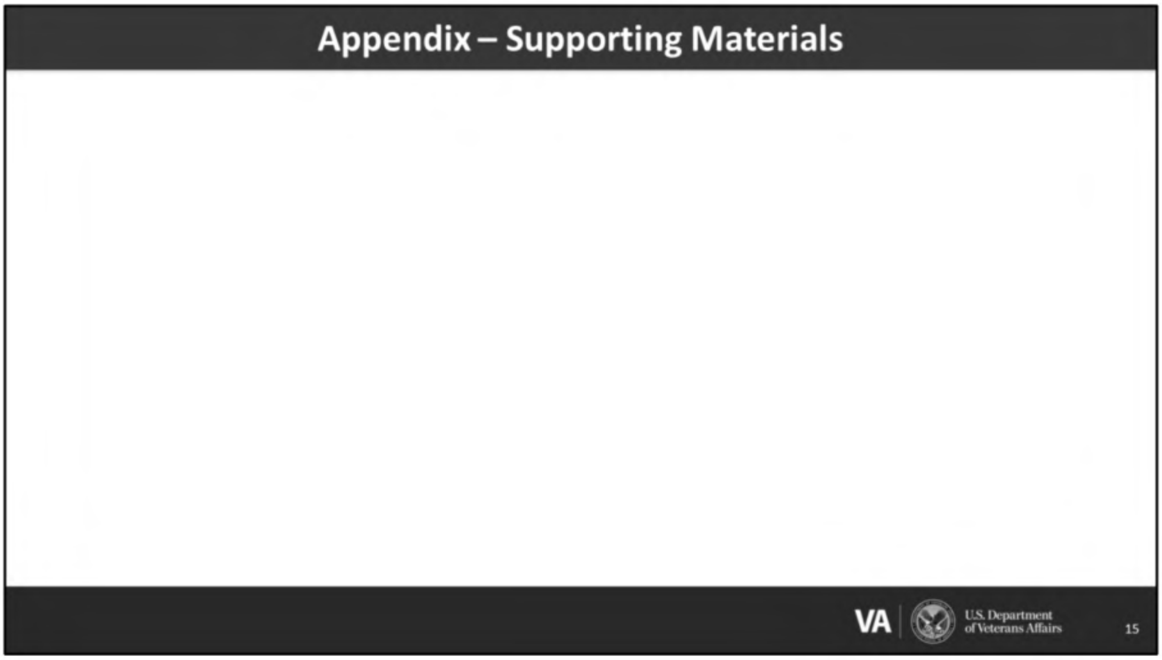
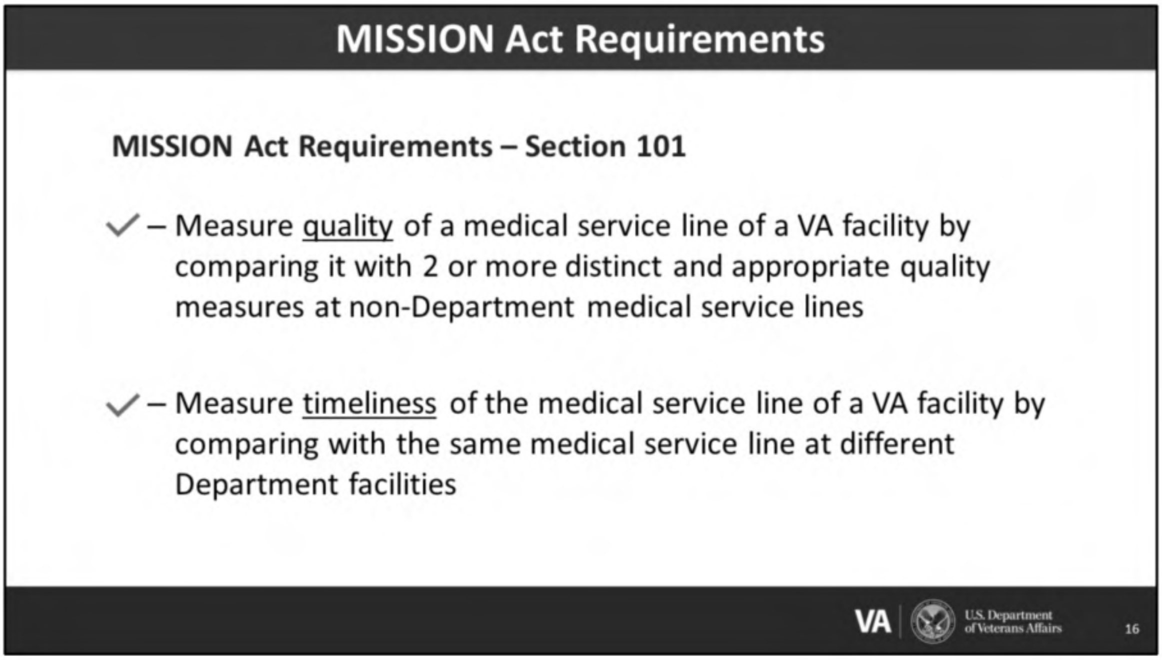


Appendix – Supporting Materials

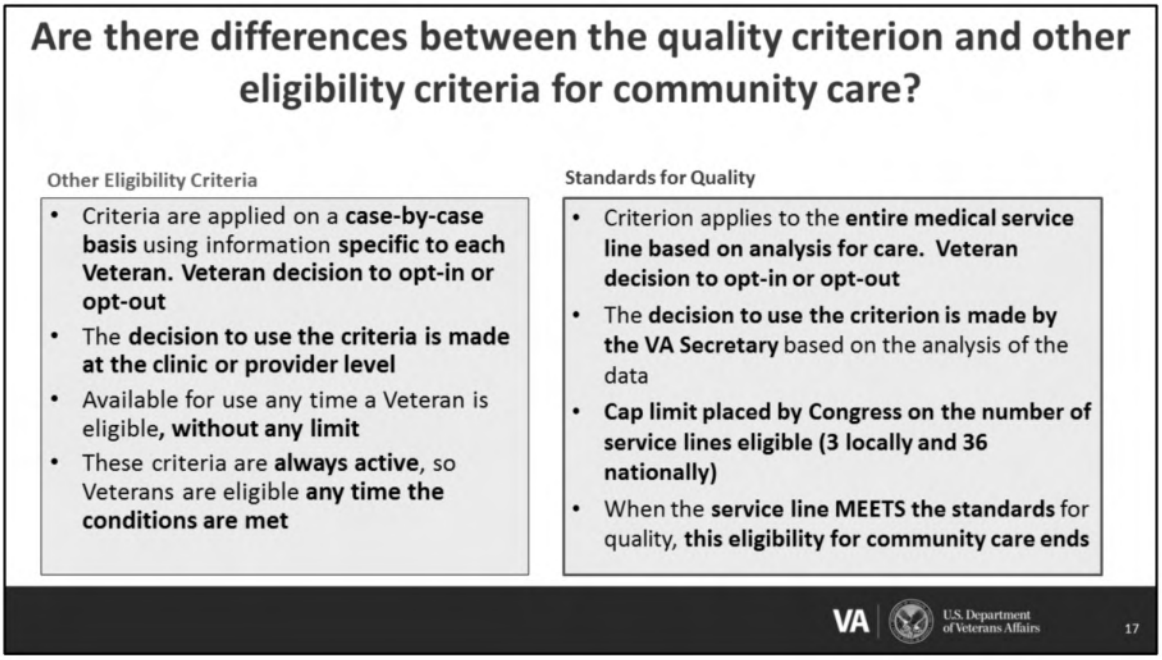


MISSION Act Requirements

MISSION Act Requirements – Section 101

✓ – Measure quality of a medical service line of a VA facility by comparing it with 2 or more distinct and appropriate quality measures at non-Department medical service lines

✓ – Measure timeliness of the medical service line of a VA facility by comparing with the same medical service line at different Department facilities



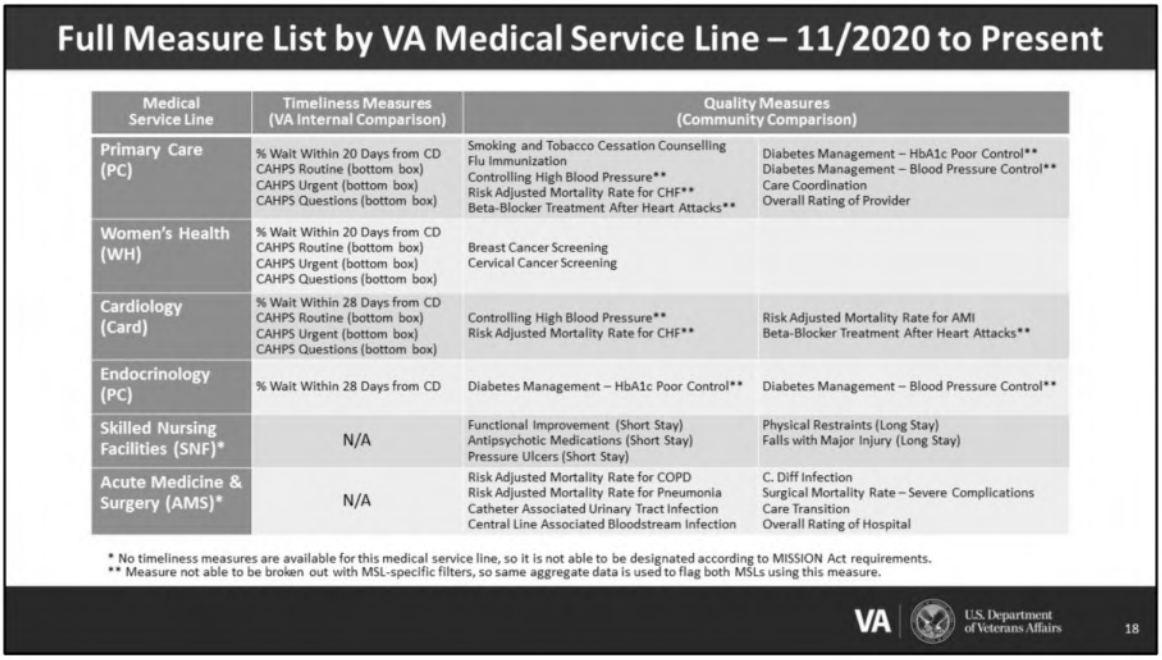
Are there differences between the quality criterion and other eligibility criteria for community care?

Other Eligibility Criteria

- Criteria are applied on a **case-by-case basis** using information **specific to each Veteran. Veteran decision to opt-in or opt-out**
- The **decision to use the criteria is made at the clinic or provider level**
- Available for use any time a Veteran is eligible**, without any limit**
- These criteria are **always active**, so Veterans are eligible **any time the conditions are met**

Standards for Quality

- Criterion applies to the **entire medical service line based on analysis for care. Veteran decision to opt-in or opt-out**
- The **decision to use the criterion is made by the VA Secretary** based on the analysis of the data
- **Cap limit placed by Congress on the number of service lines eligible (3 locally and 36 nationally)**
- When the **service line MEETS the standards** for quality, **this eligibility for community care ends**



Full Measure List by VA Medical Service Line – 11/2020 to Present

Medical Service Line	Timeliness Measures (VA Internal Comparison)	Quality Measures (Community Comparison)	
Primary Care (PC)	% Wait Within 20 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Smoking and Tobacco Cessation Counselling Flu Immunization Controlling High Blood Pressure** Risk Adjusted Mortality Rate for CHF** Beta-Blocker Treatment After Heart Attacks**	Diabetes Management – HbA1c Poor Control** Diabetes Management – Blood Pressure Control** Care Coordination Overall Rating of Provider
Women's Health (WH)	% Wait Within 20 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Breast Cancer Screening Cervical Cancer Screening	
Cardiology (Card)	% Wait Within 28 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Controlling High Blood Pressure** Risk Adjusted Mortality Rate for CHF**	Risk Adjusted Mortality Rate for AMI Beta-Blocker Treatment After Heart Attacks**
Endocrinology (PC)	% Wait Within 28 Days from CD	Diabetes Management – HbA1c Poor Control**	Diabetes Management – Blood Pressure Control**
Skilled Nursing Facilities (SNF)*	N/A	Functional Improvement (Short Stay) Antipsychotic Medications (Short Stay) Pressure Ulcers (Short Stay)	Physical Restraints (Long Stay) Falls with Major Injury (Long Stay)
Acute Medicine & Surgery (AMS)*	N/A	Risk Adjusted Mortality Rate for COPD Risk Adjusted Mortality Rate for Pneumonia Catheter Associated Urinary Tract Infection Central Line Associated Bloodstream Infection	C. Diff Infection Surgical Mortality Rate – Severe Complications Care Transition Overall Rating of Hospital

* No timeliness measures are available for this medical service line, so it is not able to be designated according to MISSION Act requirements.
** Measure not able to be broken out with MSL-specific filters, so same aggregate data is used to flag both MSLs using this measure.

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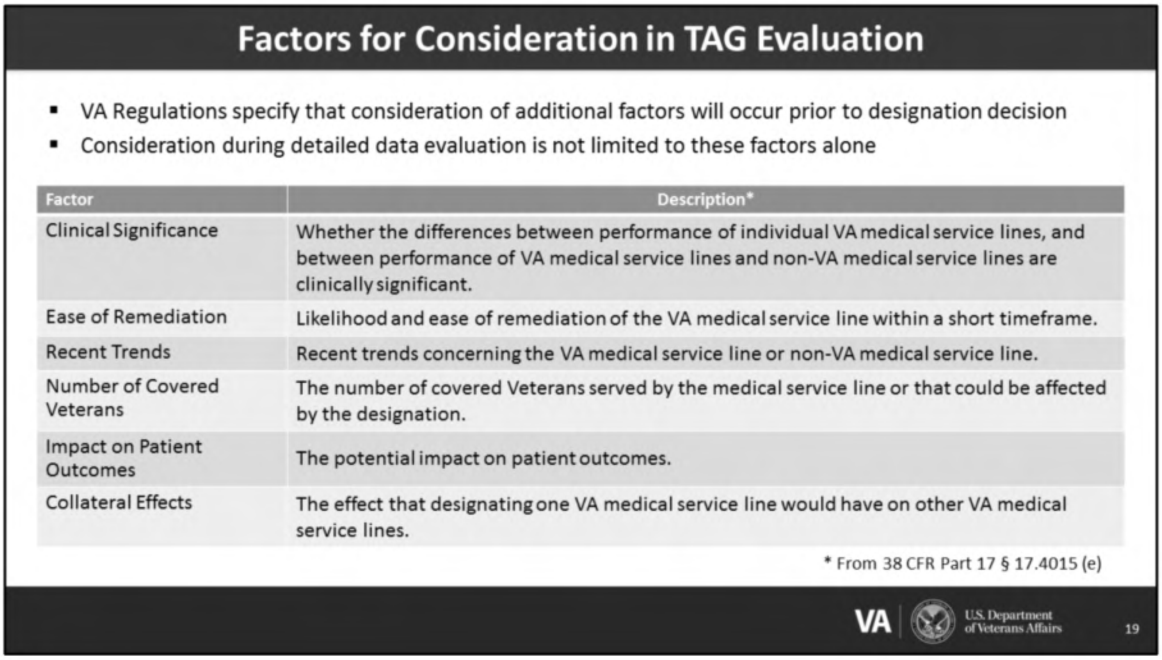
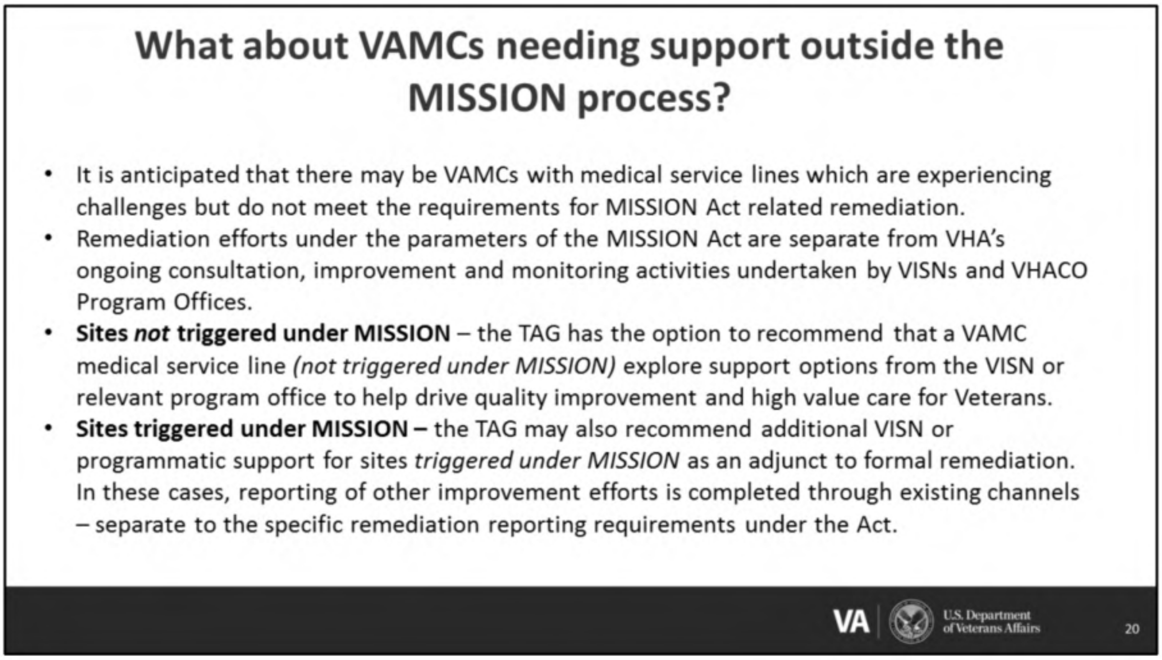


Factors for Consideration in TAG Evaluation

- VA Regulations specify that consideration of additional factors will occur prior to designation decision
- Consideration during detailed data evaluation is not limited to these factors alone

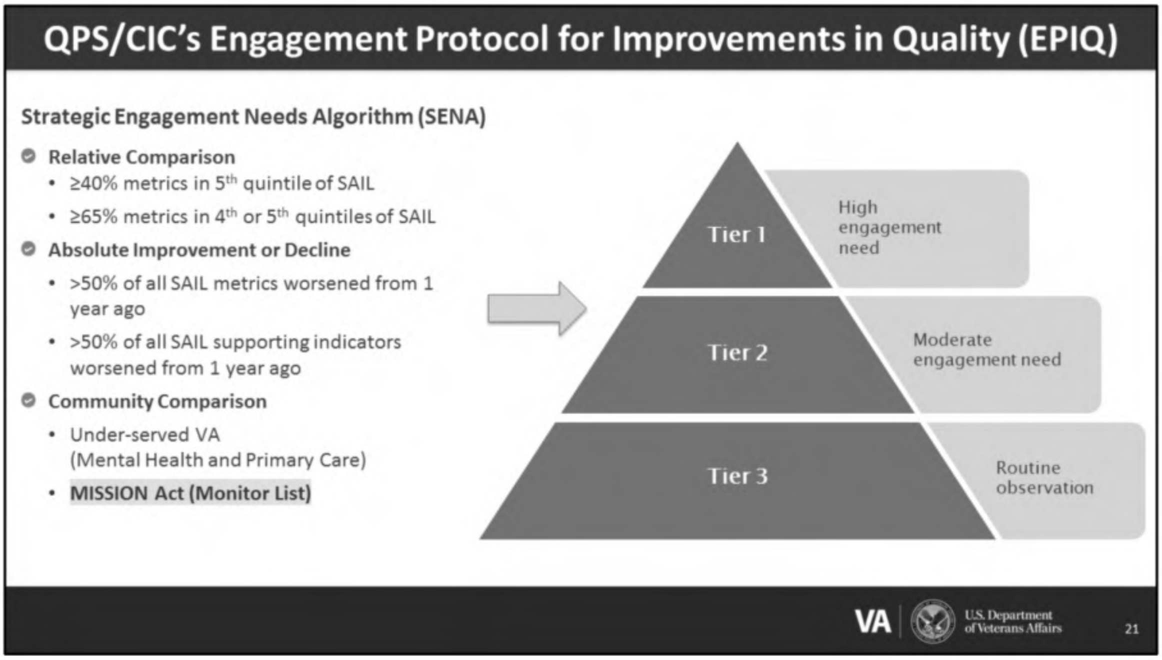
Factor	Description*
Clinical Significance	Whether the differences between performance of individual VA medical service lines, and between performance of VA medical service lines and non-VA medical service lines are clinically significant.
Ease of Remediation	Likelihood and ease of remediation of the VA medical service line within a short timeframe.
Recent Trends	Recent trends concerning the VA medical service line or non-VA medical service line.
Number of Covered Veterans	The number of covered Veterans served by the medical service line or that could be affected by the designation.
Impact on Patient Outcomes	The potential impact on patient outcomes.
Collateral Effects	The effect that designating one VA medical service line would have on other VA medical service lines.

* From 38 CFR Part 17 § 17.4015 (e)



What about VAMCs needing support outside the MISSION process?

- It is anticipated that there may be VAMCs with medical service lines which are experiencing challenges but do not meet the requirements for MISSION Act related remediation.
- Remediation efforts under the parameters of the MISSION Act are separate from VHA's ongoing consultation, improvement and monitoring activities undertaken by VISNs and VHACO Program Offices.
- **Sites *not* triggered under MISSION** – the TAG has the option to recommend that a VAMC medical service line *(not triggered under MISSION)* explore support options from the VISN or relevant program office to help drive quality improvement and high value care for Veterans.
- **Sites triggered under MISSION –** the TAG may also recommend additional VISN or programmatic support for sites *triggered under MISSION* as an adjunct to formal remediation. In these cases, reporting of other improvement efforts is completed through existing channels – separate to the specific remediation reporting requirements under the Act.



QPS/CIC's Engagement Protocol for Improvements in Quality (EPIQ)

Strategic Engagement Needs Algorithm (SENA)

- **Relative Comparison**
  - ≥40% metrics in 5th quintile of SAIL
  - ≥65% metrics in 4th or 5th quintiles of SAIL
- **Absolute Improvement or Decline**
  - >50% of all SAIL metrics worsened from 1 year ago
  - >50% of all SAIL supporting indicators worsened from 1 year ago
- **Community Comparison**
  - Under-served VA (Mental Health and Primary Care)
  - **MISSION Act (Monitor List)**

Tier 1 – High engagement need

Tier 2 – Moderate engagement need

Tier 3 – Routine observation

MISSION Act Quality Standards and Related Activities

VHA Office of Quality and Patient Safety (QPS)
September 1, 2021

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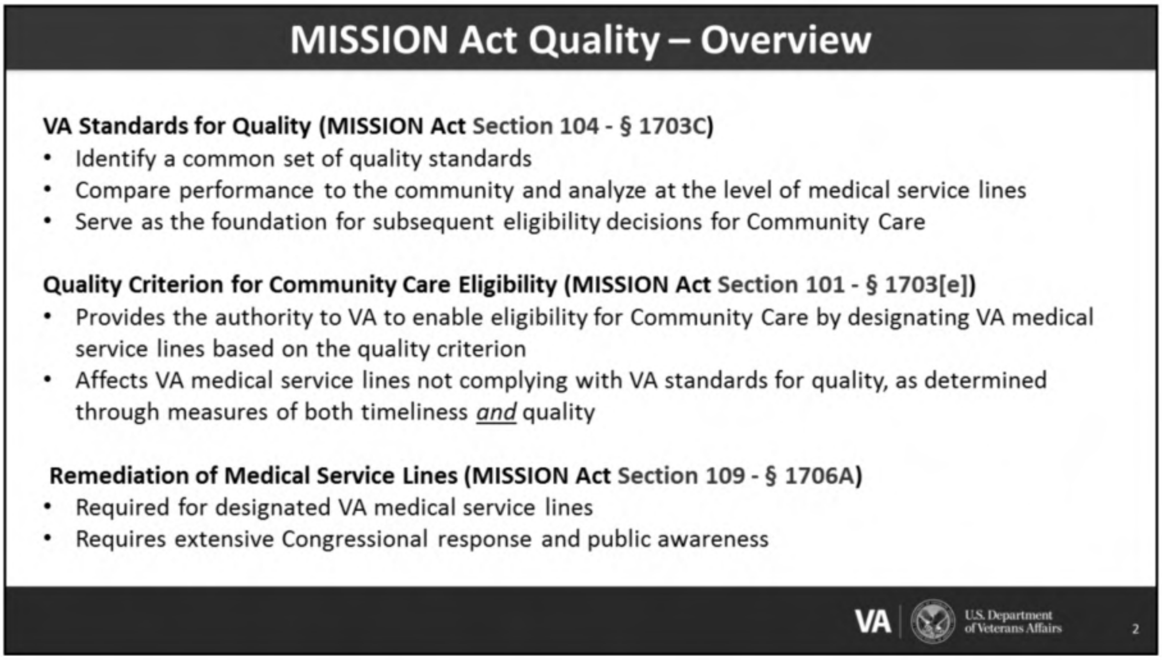
U.S. Department
of Veterans Affairs



MISSION Act Quality – Overview

VA Standards for Quality (MISSION Act Section 104 - § 1703C)

- Identify a common set of quality standards
- Compare performance to the community and analyze at the level of medical service lines
- Serve as the foundation for subsequent eligibility decisions for Community Care

Quality Criterion for Community Care Eligibility (MISSION Act Section 101 - § 1703[e])

- Provides the authority to VA to enable eligibility for Community Care by designating VA medical service lines based on the quality criterion
- Affects VA medical service lines not complying with VA standards for quality, as determined through measures of both timeliness *and* quality

Remediation of Medical Service Lines (MISSION Act Section 109 - § 1706A)

- Required for designated VA medical service lines
- Requires extensive Congressional response and public awareness

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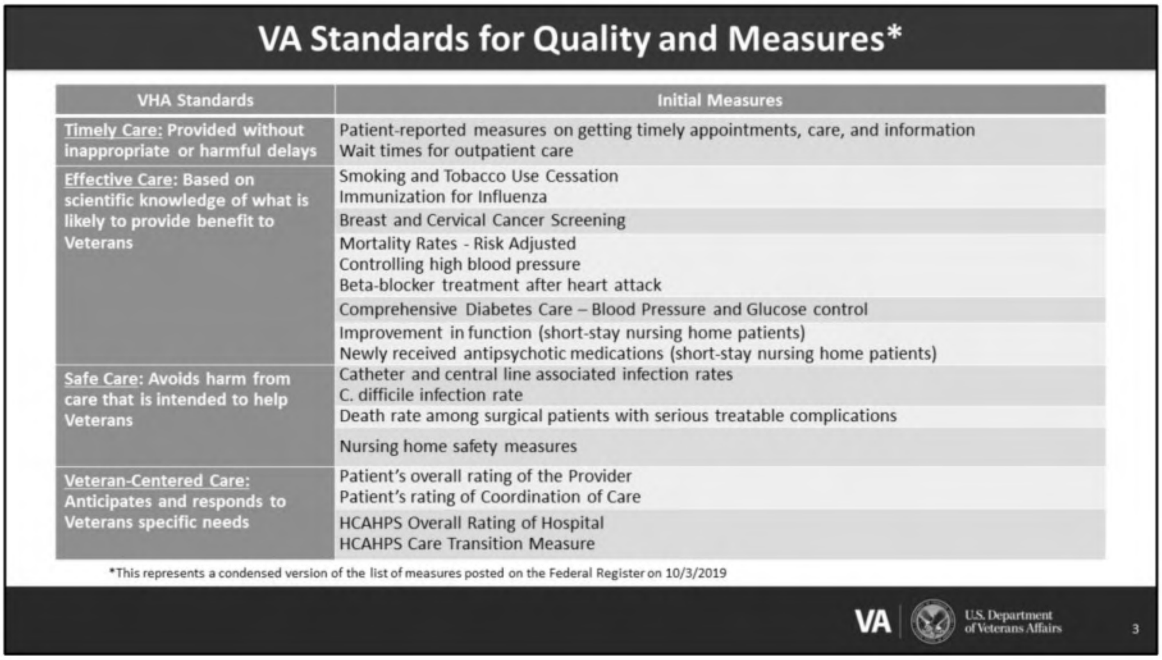
MISSION Act-specific needs, distinct from routine VHA improvement and consultation



VA Standards for Quality and Measures*

VHA Standards	Initial Measures
Timely Care: Provided without inappropriate or harmful delays	Patient-reported measures on getting timely appointments, care, and information Wait times for outpatient care
Effective Care: Based on scientific knowledge of what is likely to provide benefit to Veterans	Smoking and Tobacco Use Cessation Immunization for Influenza
	Breast and Cervical Cancer Screening
	Mortality Rates - Risk Adjusted Controlling high blood pressure Beta-blocker treatment after heart attack
	Comprehensive Diabetes Care – Blood Pressure and Glucose control
	Improvement in function (short-stay nursing home patients) Newly received antipsychotic medications (short-stay nursing home patients)
Safe Care: Avoids harm from care that is intended to help Veterans	Catheter and central line associated infection rates C. difficile infection rate
	Death rate among surgical patients with serious treatable complications
	Nursing home safety measures
Veteran-Centered Care: Anticipates and responds to Veterans specific needs	Patient's overall rating of the Provider Patient's rating of Coordination of Care
	HCAHPS Overall Rating of Hospital HCAHPS Care Transition Measure

*This represents a condensed version of the list of measures posted on the Federal Register on 10/3/2019

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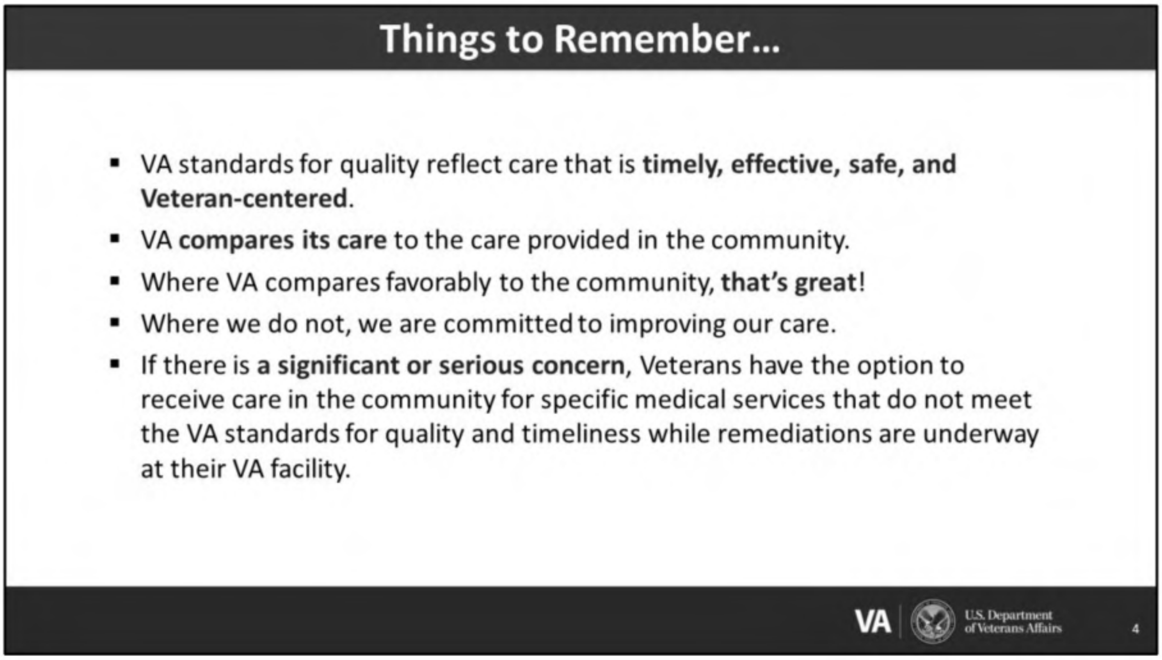

Things to Remember…

- VA standards for quality reflect care that is **timely, effective, safe, and Veteran-centered**.
- VA **compares its care** to the care provided in the community.
- Where VA compares favorably to the community, **that's great**!
- Where we do not, we are committed to improving our care.
- If there is **a significant or serious concern**, Veterans have the option to receive care in the community for specific medical services that do not meet the VA standards for quality and timeliness while remediations are underway at their VA facility.

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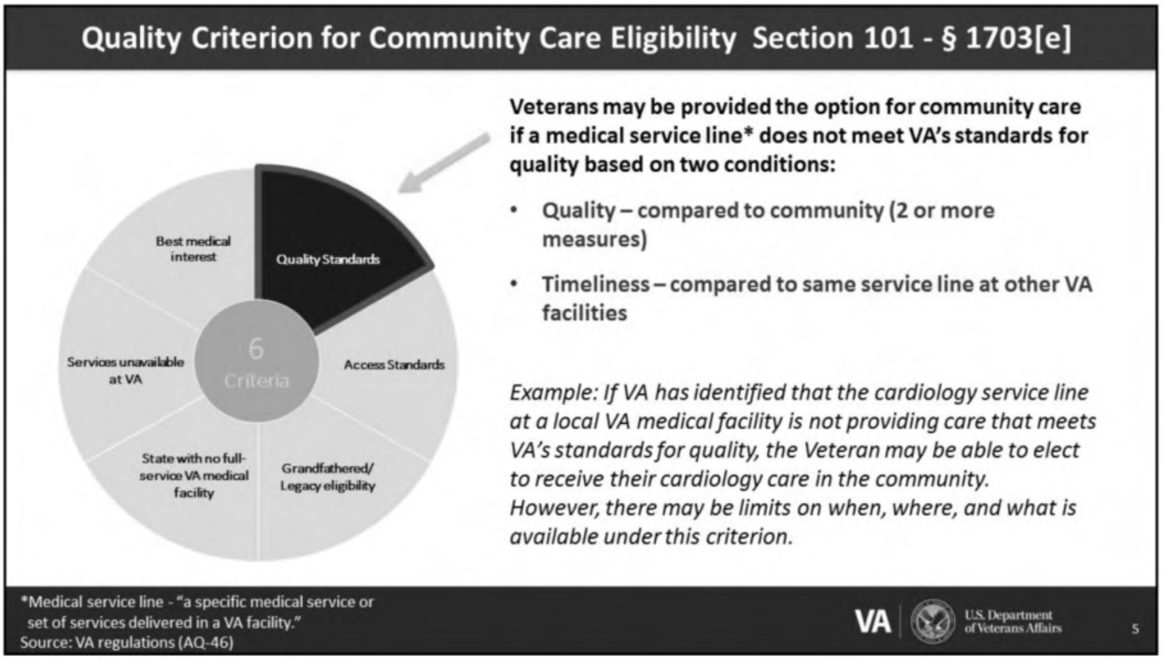

Quality Criterion for Community Care Eligibility Section 101 - § 1703[e]

Quality Standards
Access Standards
Grandfathered/ Legacy eligibility
State with no full-service VA medical facility
Services unavailable at VA
Best medical interest
6 Criteria

Veterans may be provided the option for community care if a medical service line* does not meet VA's standards for quality based on two conditions:

- Quality – compared to community (2 or more measures)
- Timeliness – compared to same service line at other VA facilities

Example: If VA has identified that the cardiology service line at a local VA medical facility is not providing care that meets VA's standards for quality, the Veteran may be able to elect to receive their cardiology care in the community. However, there may be limits on when, where, and what is available under this criterion.

*Medical service line - "a specific medical service or set of services delivered in a VA facility."
Source: VA regulations (AQ-46)

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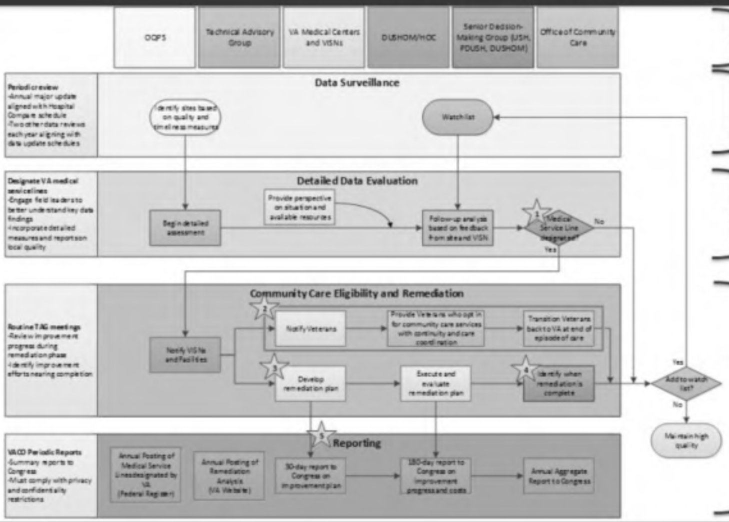
Process Overview


OQPS
Technical Advisory Group
VA Medical Centers and VISNs
DUSHOM/HOC
Senior Decision-Making Group (USH, PDUSH, DUSHOM)
Office of Community Care
Periodic review
-Annual major update aligned with Hospital Compare schedule
-Two other data reviews each year aligning with data update schedules
Data Surveillance
Identify sites based on quality and timeliness measures
Watch list
Designate VA medical service lines
-Engage field leaders to better understand key data findings
-Incorporate detailed measures and report on local quality
Detailed Data Evaluation
Begin detailed assessment
Provide perspective on situation and available resources
Follow-up analysis based on feedback from site and VSN
1
Medical Service Line designated?
No
Yes
Routine TAG meetings
-Review improvement progress during remediation phase
-Identify improvement efforts nearing completion
Community Care Eligibility and Remediation
Notify VISNs and Facilities
2
Notify Veterans
Provide Veterans who opt in for community care services with continuity and care coordination
Transition Veterans back to VA at end of episode of care
3
Develop remediation plan
Execute and evaluate remediation plan
4
Identify when remediation is complete
Yes
Add to watch list?
No
Maintain high quality
VACO Periodic Reports
-Summary reports to Congress
-Must comply with privacy and confidentiality restrictions
5
Reporting
Annual Posting of Medical Service Lines designated by VA (Federal Register)
Annual Posting of Remediation Analysis (VA Website)
30-day report to Congress on improvement plan
180-day report to Congress on improvement progress and costs
Annual Aggregate Report to Congress

Shared accountability in Implementation Process

Overview: Three-Step Process

1. Data Surveillance/Screening
2. Detailed Data Analysis to determine service lines not meeting VA standards

TAG

3. Eligible for Community Care, paired with intensive remediation *and* Congressional reporting

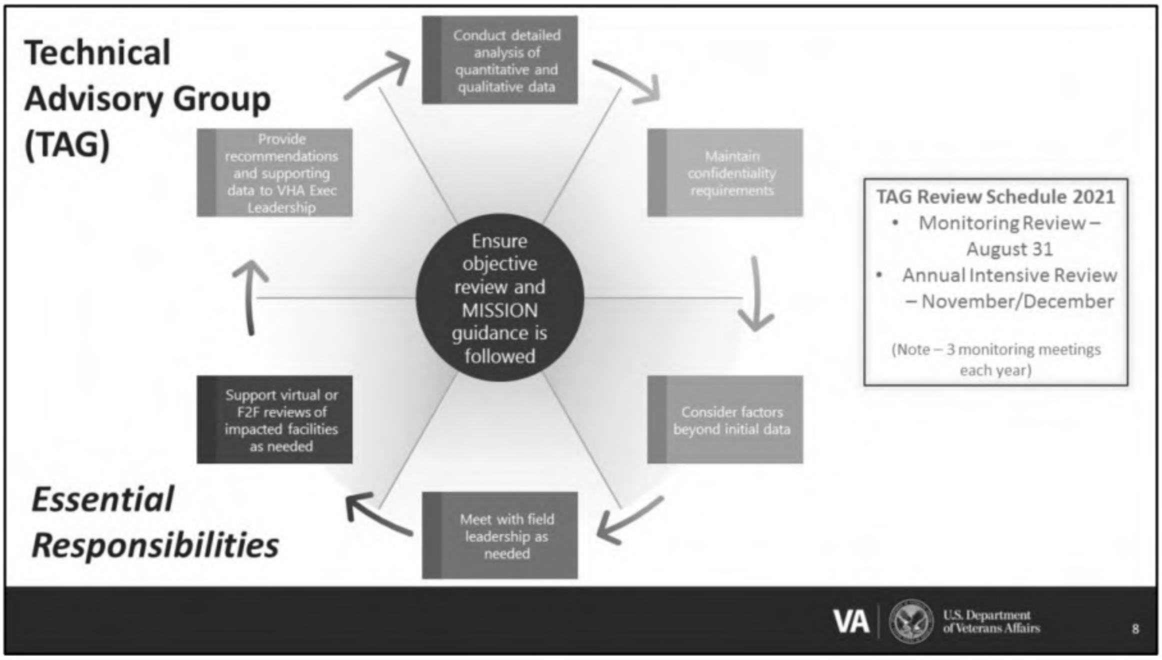
Surveillance Logic Leading to Technical Advisory Group (TAG) Evaluation

Data Surveillance

- Measures are triggered through comparisons against a benchmark (one or two standard deviations worse than the benchmark average)
  - Timeliness measures are compared with internal VA data
  - Quality measures are primarily compared with community data
- Medical Service Lines are flagged in timeliness and/or quality
  - Flagging is based on the number of triggered measures
  - For example, Primary Care at Everytown VAMC is flagged in quality due to triggering in two quality measures

Detailed Data Evaluation

- Any Medical Service Line flagged in both timeliness **and** quality is brought to the TAG for further evaluation
- The TAG reports Detailed Data Evaluation findings to the Senior Decision-Making Group (USH's Office) to inform their recommendations to the VA Secretary on medical service lines to be designated



Technical Advisory Group (TAG)

Essential Responsibilities

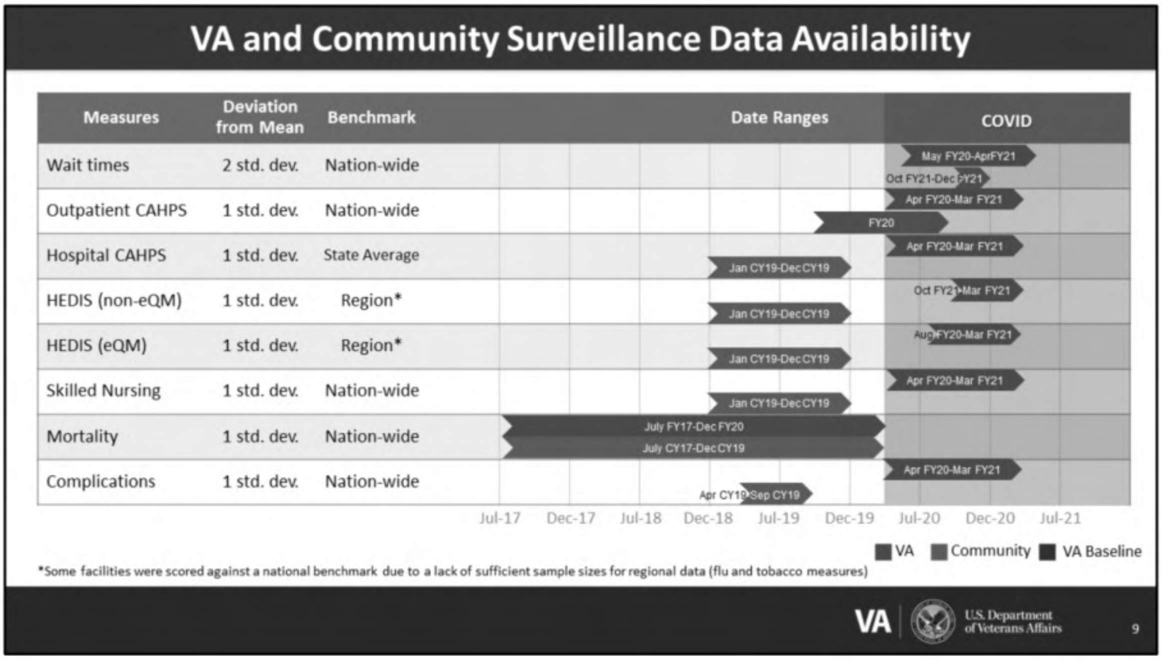
Ensure objective review and MISSION guidance is followed

- Conduct detailed analysis of quantitative and qualitative data
- Maintain confidentiality requirements
- Consider factors beyond initial data
- Meet with field leadership as needed
- Support virtual or F2F reviews of impacted facilities as needed
- Provide recommendations and supporting data to VHA Exec Leadership

TAG Review Schedule 2021

- Monitoring Review – August 31
- Annual Intensive Review – November/December

(Note – 3 monitoring meetings each year)



VA and Community Surveillance Data Availability

Measures	Deviation from Mean	Benchmark
Wait times	2 std. dev.	Nation-wide
Outpatient CAHPS	1 std. dev.	Nation-wide
Hospital CAHPS	1 std. dev.	State Average
HEDIS (non-eQM)	1 std. dev.	Region*
HEDIS (eQM)	1 std. dev.	Region*
Skilled Nursing	1 std. dev.	Nation-wide
Mortality	1 std. dev.	Nation-wide
Complications	1 std. dev.	Nation-wide

*Some facilities were scored against a national benchmark due to a lack of sufficient sample sizes for regional data (flu and tobacco measures)

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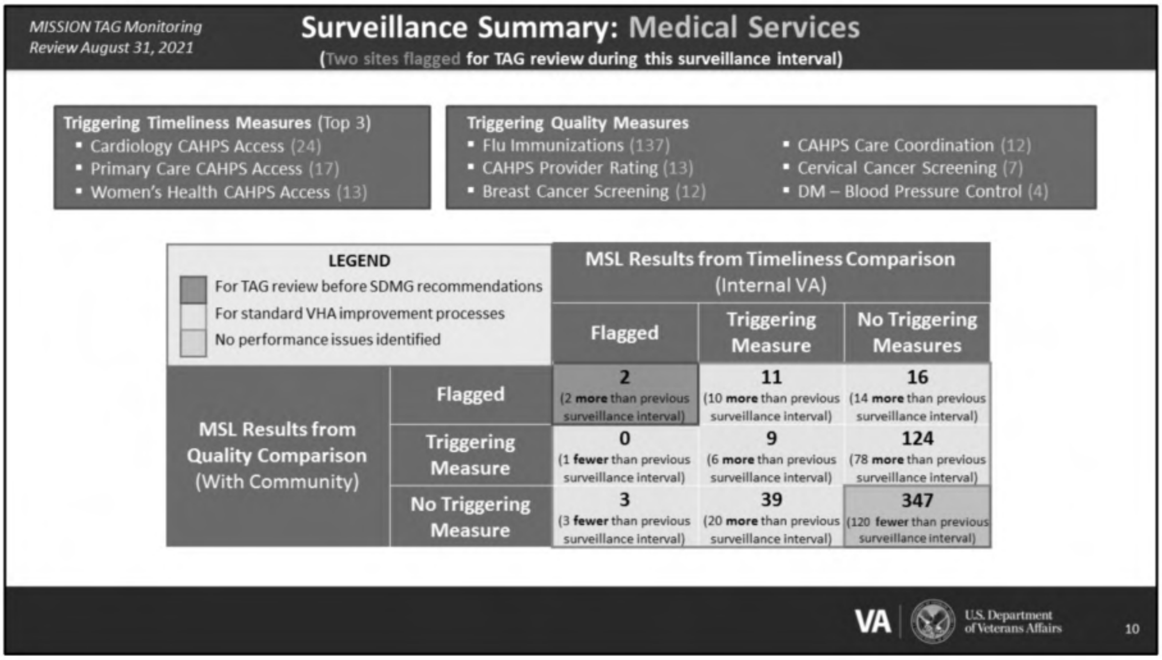

MISSION TAG Monitoring Review August 31, 2021

Surveillance Summary: Medical Services

(Two sites flagged for TAG review during this surveillance interval)

Triggering Timeliness Measures (Top 3)
- Cardiology CAHPS Access (24)
- Primary Care CAHPS Access (17)
- Women's Health CAHPS Access (13)

Triggering Quality Measures
- Flu Immunizations (137)
- CAHPS Provider Rating (13)
- Breast Cancer Screening (12)
- CAHPS Care Coordination (12)
- Cervical Cancer Screening (7)
- DM – Blood Pressure Control (4)

LEGEND
- ▨ For TAG review before SDMG recommendations
- ☐ For standard VHA improvement processes
- ▧ No performance issues identified

		MSL Results from Timeliness Comparison (Internal VA)		
		Flagged	**Triggering Measure**	**No Triggering Measures**
MSL Results from Quality Comparison (With Community)	**Flagged**	**2** (2 **more** than previous surveillance interval)	**11** (10 **more** than previous surveillance interval)	**16** (14 **more** than previous surveillance interval)
	Triggering Measure	**0** (1 **fewer** than previous surveillance interval)	**9** (6 **more** than previous surveillance interval)	**124** (78 **more** than previous surveillance interval)
	No Triggering Measure	**3** (3 **fewer** than previous surveillance interval)	**39** (20 **more** than previous surveillance interval)	**347** (120 **fewer** than previous surveillance interval)

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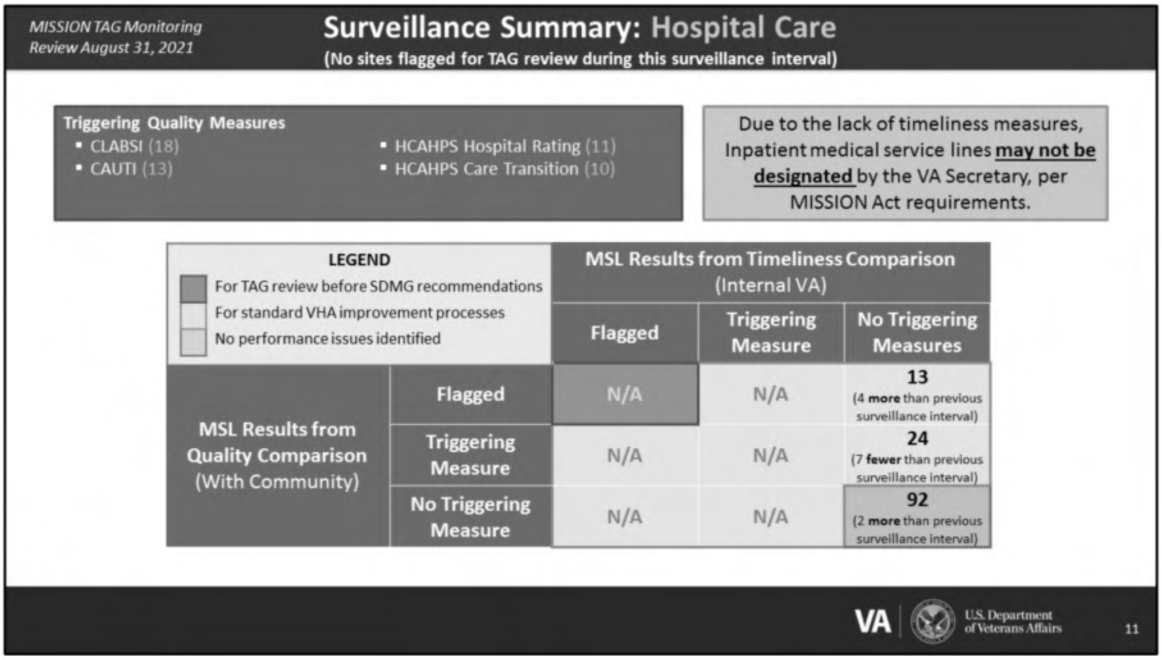

MISSION TAG Monitoring Review August 31, 2021

Surveillance Summary: Hospital Care

(No sites flagged for TAG review during this surveillance interval)

Triggering Quality Measures
- CLABSI (18)
- CAUTI (13)
- HCAHPS Hospital Rating (11)
- HCAHPS Care Transition (10)

Due to the lack of timeliness measures, Inpatient medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

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- ☐ For standard VHA improvement processes
- ▒ No performance issues identified

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MSL Results from Quality Comparison (With Community)	**Flagged**	N/A	N/A	**13** (4 **more** than previous surveillance interval)
	Triggering Measure	N/A	N/A	**24** (7 **fewer** than previous surveillance interval)
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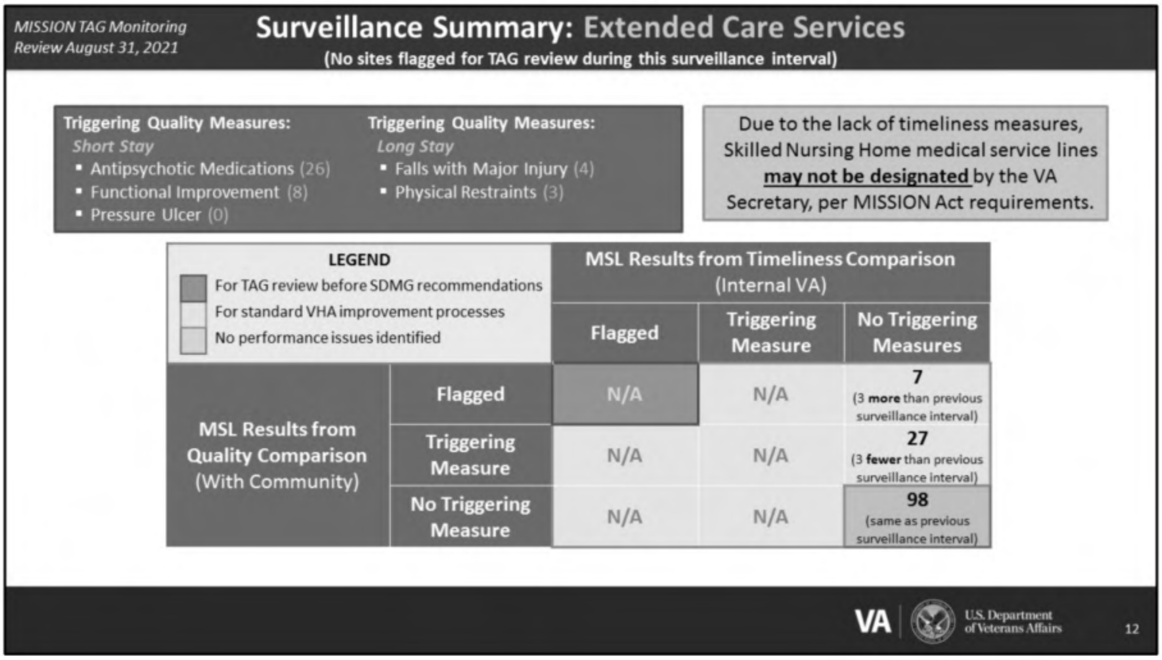

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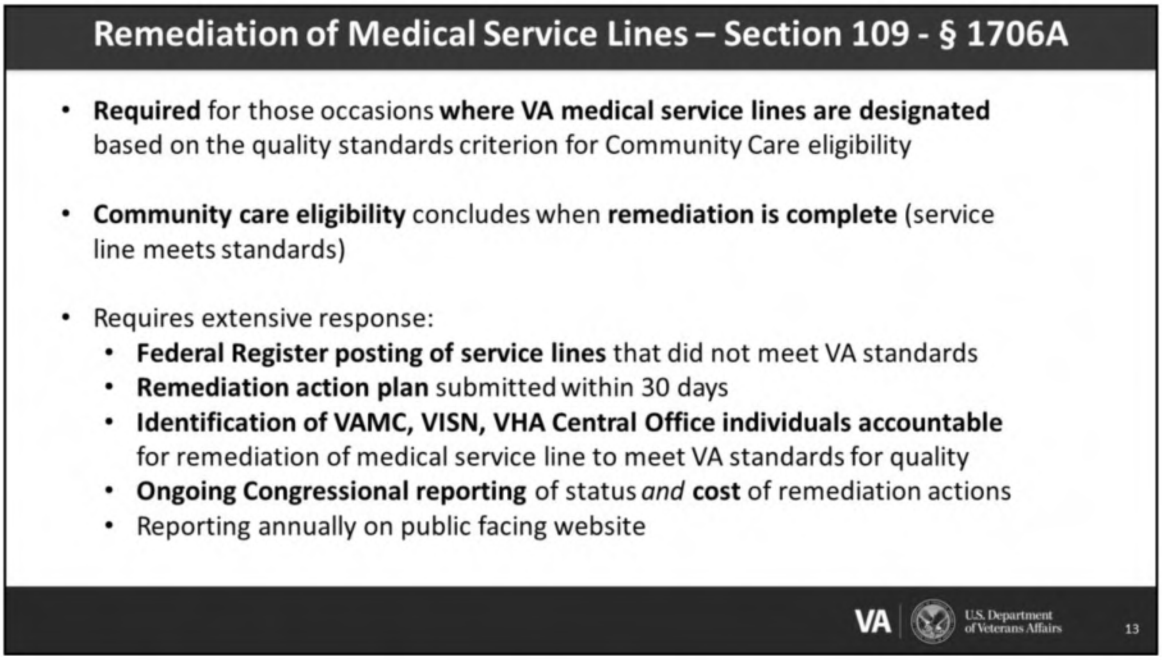
12



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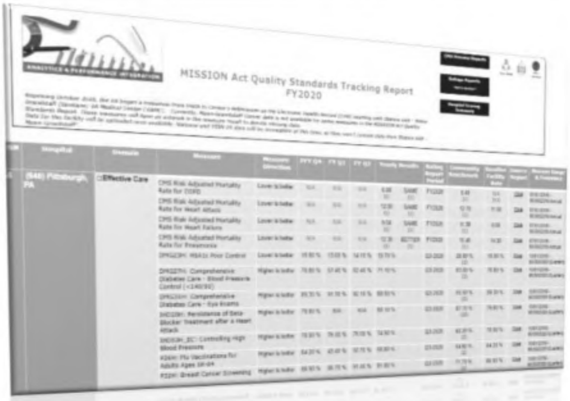
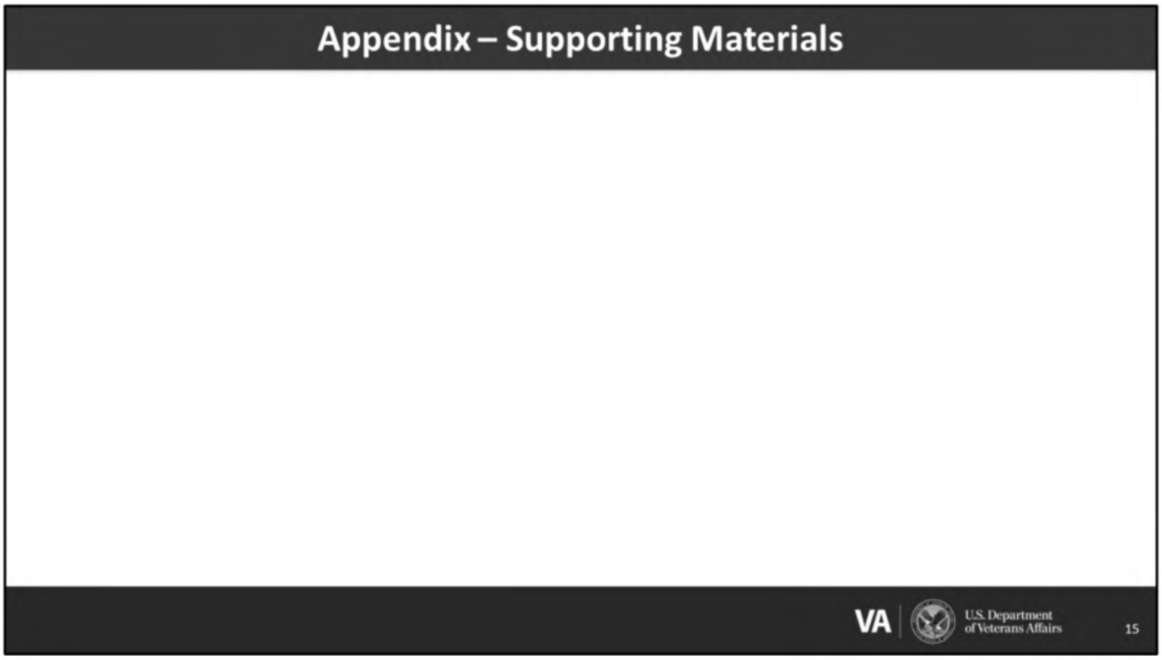
- Measure data timeframes



MISSION Act Quality Standards Tracking Report
FY2020

https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?/IPEC/NDPP/NDPP_Production/NDPP



Appendix – Supporting Materials

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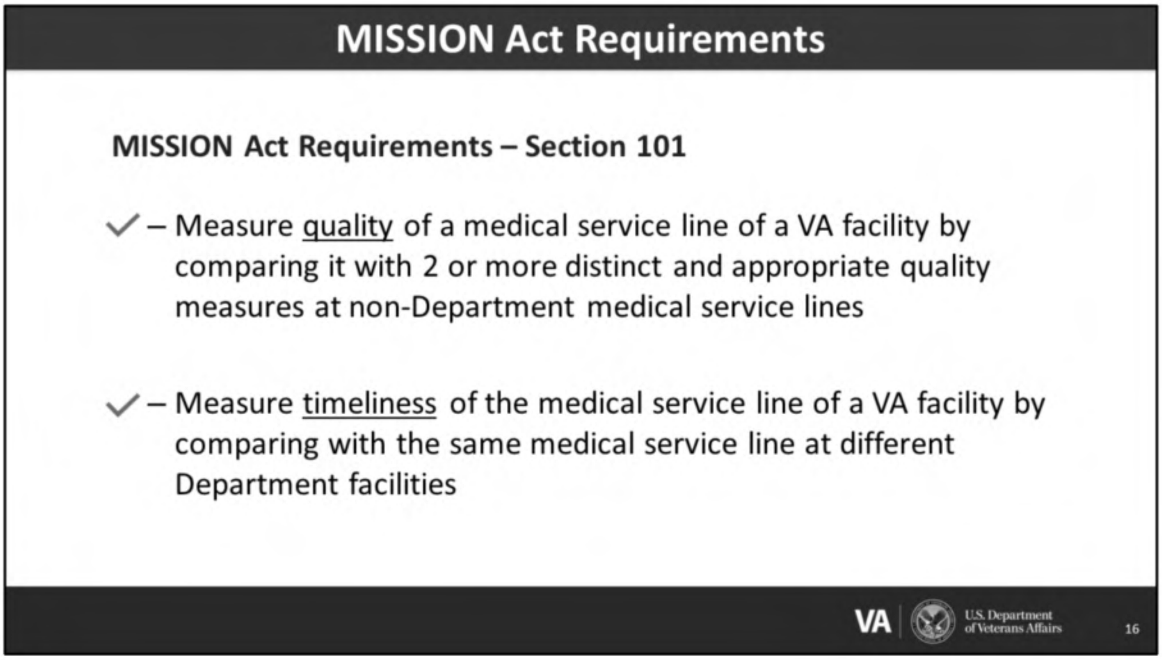

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MISSION Act Requirements – Section 101

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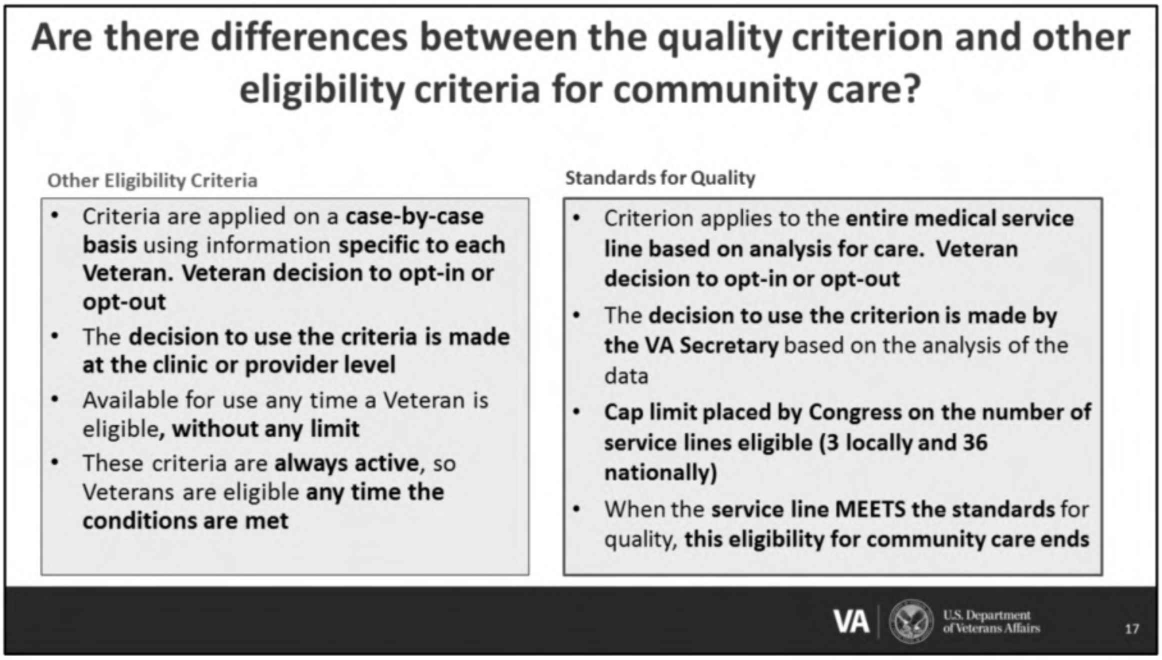

Are there differences between the quality criterion and other eligibility criteria for community care?

Other Eligibility Criteria	Standards for Quality
Criteria are applied on a **case-by-case basis** using information **specific to each Veteran. Veteran decision to opt-in or opt-out**	Criterion applies to the **entire medical service line based on analysis for care. Veteran decision to opt-in or opt-out**
The **decision to use the criteria is made at the clinic or provider level**	The **decision to use the criterion is made by the VA Secretary** based on the analysis of the data
Available for use any time a Veteran is eligible**, without any limit**	**Cap limit placed by Congress on the number of service lines eligible (3 locally and 36 nationally)**
These criteria are **always active**, so Veterans are eligible **any time the conditions are met**	When the **service line MEETS the standards** for quality, **this eligibility for community care ends**

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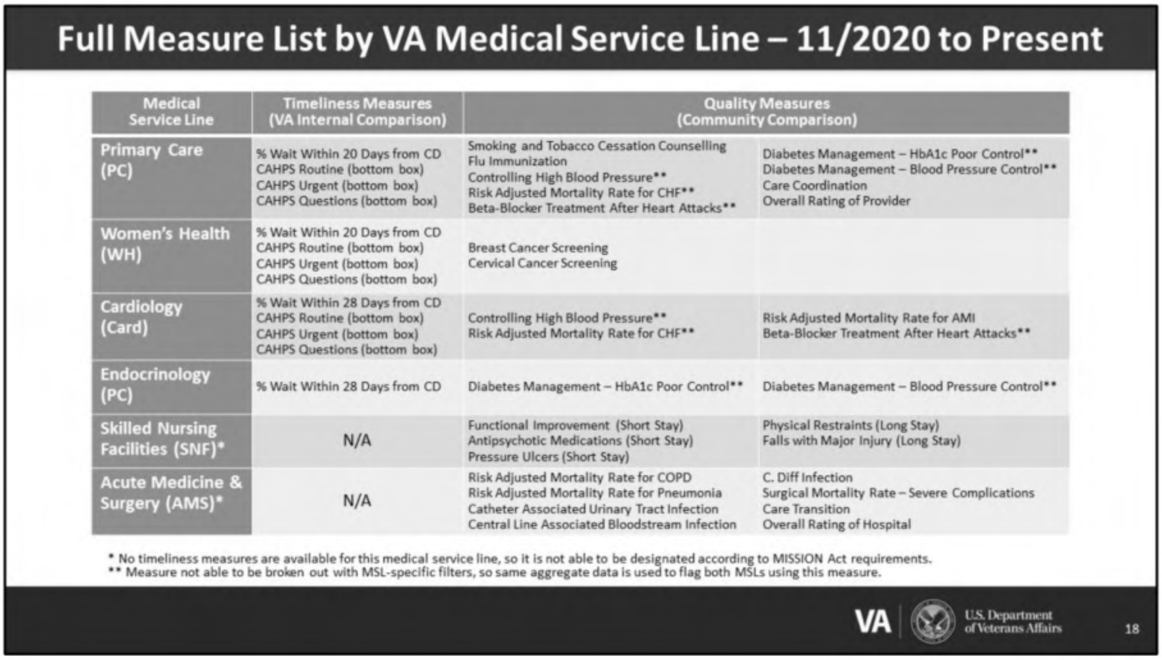

Full Measure List by VA Medical Service Line – 11/2020 to Present

Medical Service Line	Timeliness Measures (VA Internal Comparison)	Quality Measures (Community Comparison)	
Primary Care (PC)	% Wait Within 20 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Smoking and Tobacco Cessation Counselling Flu Immunization Controlling High Blood Pressure** Risk Adjusted Mortality Rate for CHF** Beta-Blocker Treatment After Heart Attacks**	Diabetes Management – HbA1c Poor Control** Diabetes Management – Blood Pressure Control** Care Coordination Overall Rating of Provider
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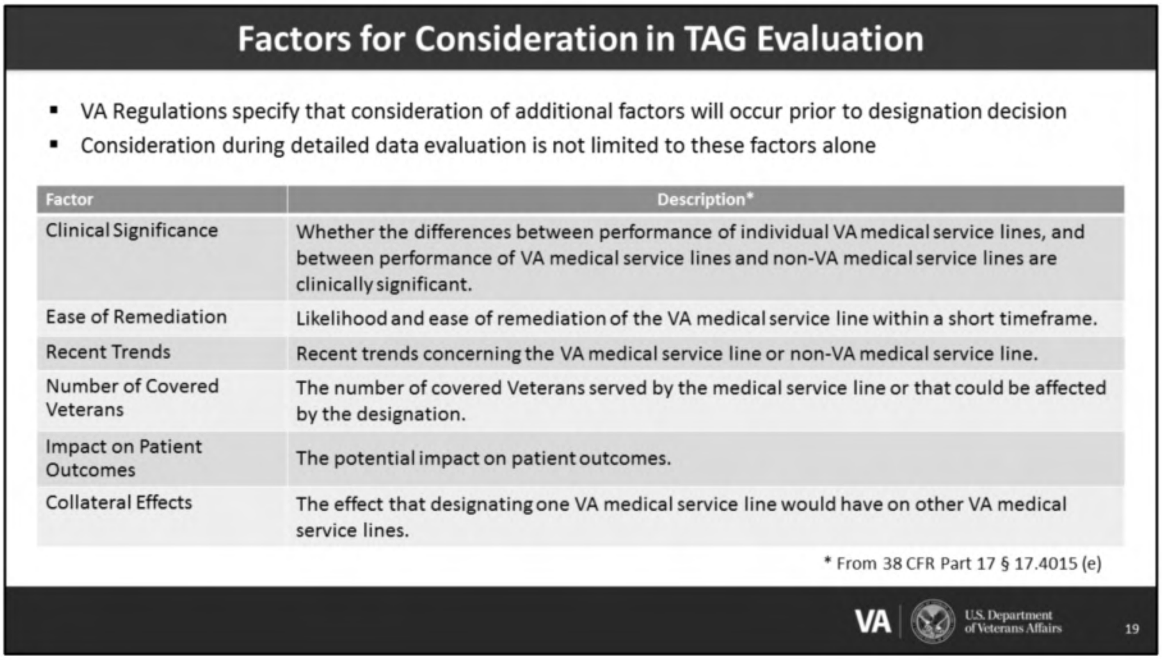

Factors for Consideration in TAG Evaluation

- VA Regulations specify that consideration of additional factors will occur prior to designation decision
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Factor	Description*
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* From 38 CFR Part 17 § 17.4015 (e)

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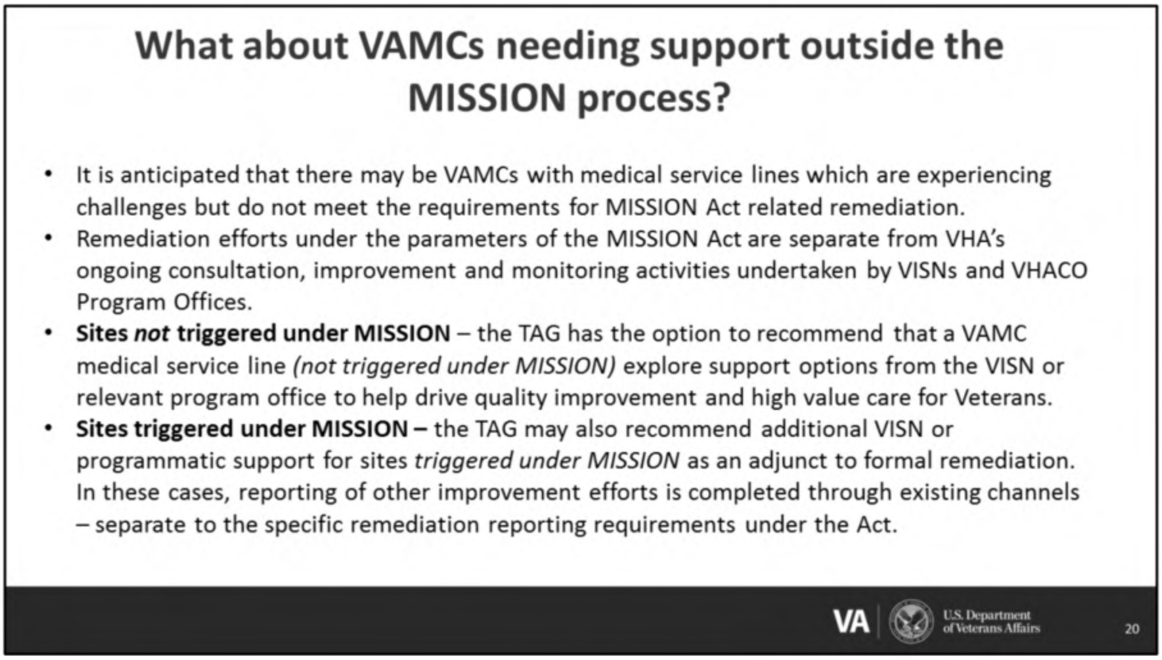

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- It is anticipated that there may be VAMCs with medical service lines which are experiencing challenges but do not meet the requirements for MISSION Act related remediation.
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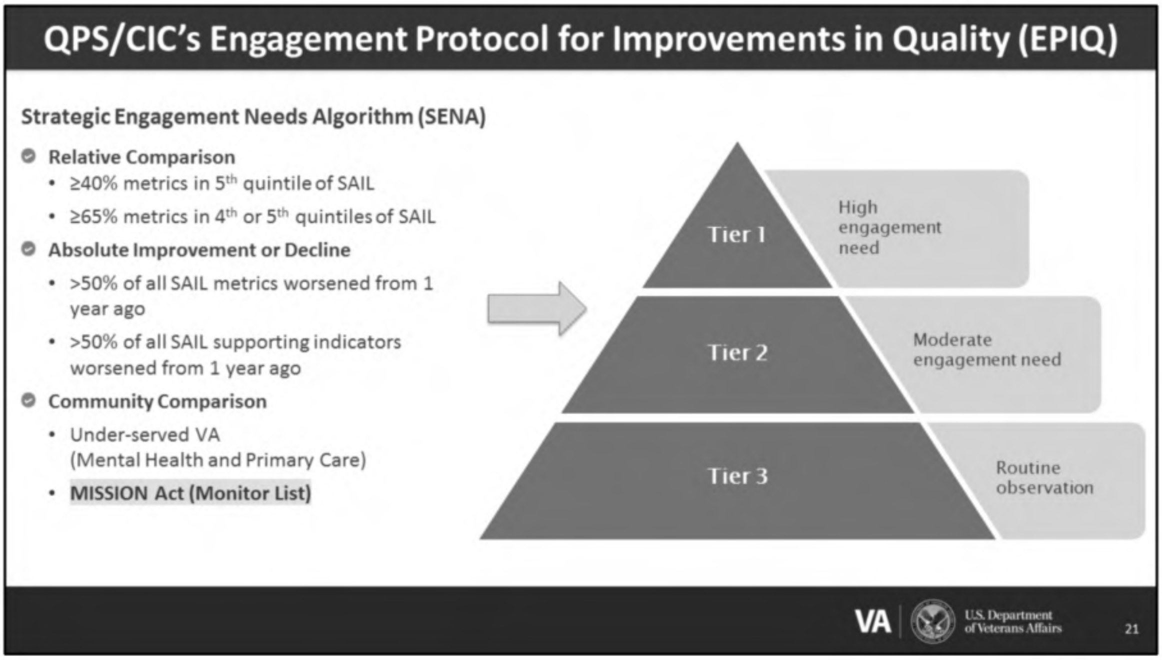
- **Sites *not* triggered under MISSION** – the TAG has the option to recommend that a VAMC medical service line *(not triggered under MISSION)* explore support options from the VISN or relevant program office to help drive quality improvement and high value care for Veterans.
- **Sites triggered under MISSION –** the TAG may also recommend additional VISN or programmatic support for sites *triggered under MISSION* as an adjunct to formal remediation. In these cases, reporting of other improvement efforts is completed through existing channels – separate to the specific remediation reporting requirements under the Act.



QPS/CIC's Engagement Protocol for Improvements in Quality (EPIQ)

Strategic Engagement Needs Algorithm (SENA)

- **Relative Comparison**
  - ≥40% metrics in 5th quintile of SAIL
  - ≥65% metrics in 4th or 5th quintiles of SAIL
- **Absolute Improvement or Decline**
  - >50% of all SAIL metrics worsened from 1 year ago
  - >50% of all SAIL supporting indicators worsened from 1 year ago
- **Community Comparison**
  - Under-served VA (Mental Health and Primary Care)
  - **MISSION Act (Monitor List)**

Tier 1 — High engagement need

Tier 2 — Moderate engagement need

Tier 3 — Routine observation

MISSION Act Quality Standards and Related Activities

VHA Office of Quality and Patient Safety (QPS)
September 1, 2021

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U.S. Department
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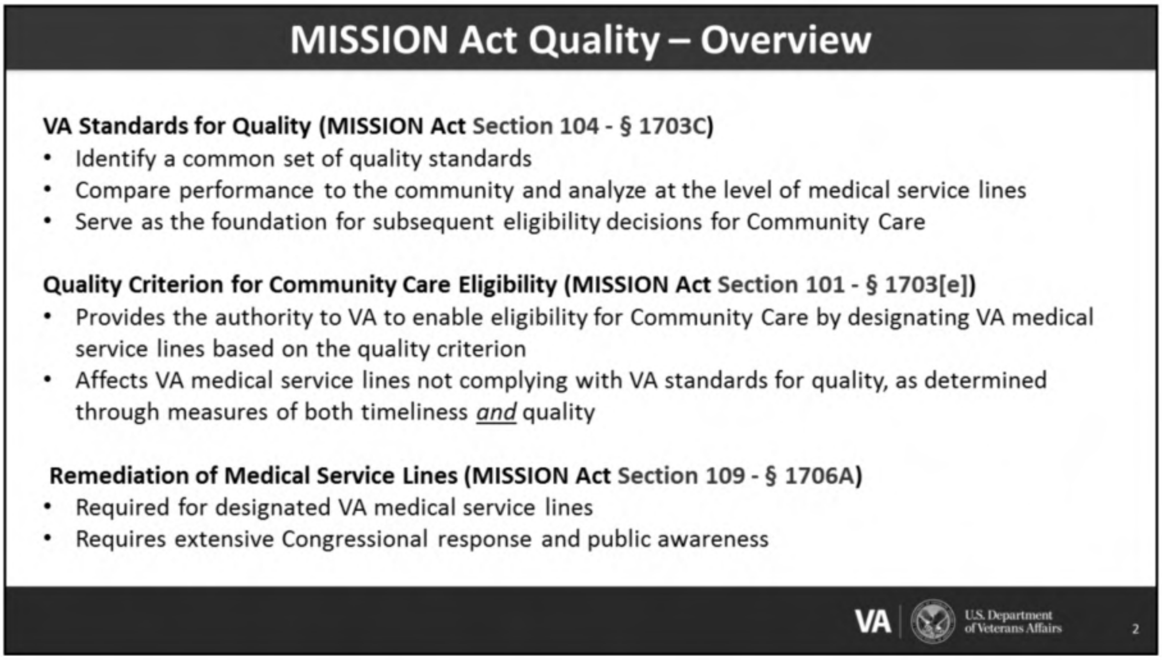


MISSION Act Quality – Overview

VA Standards for Quality (MISSION Act Section 104 - § 1703C)

- Identify a common set of quality standards
- Compare performance to the community and analyze at the level of medical service lines
- Serve as the foundation for subsequent eligibility decisions for Community Care

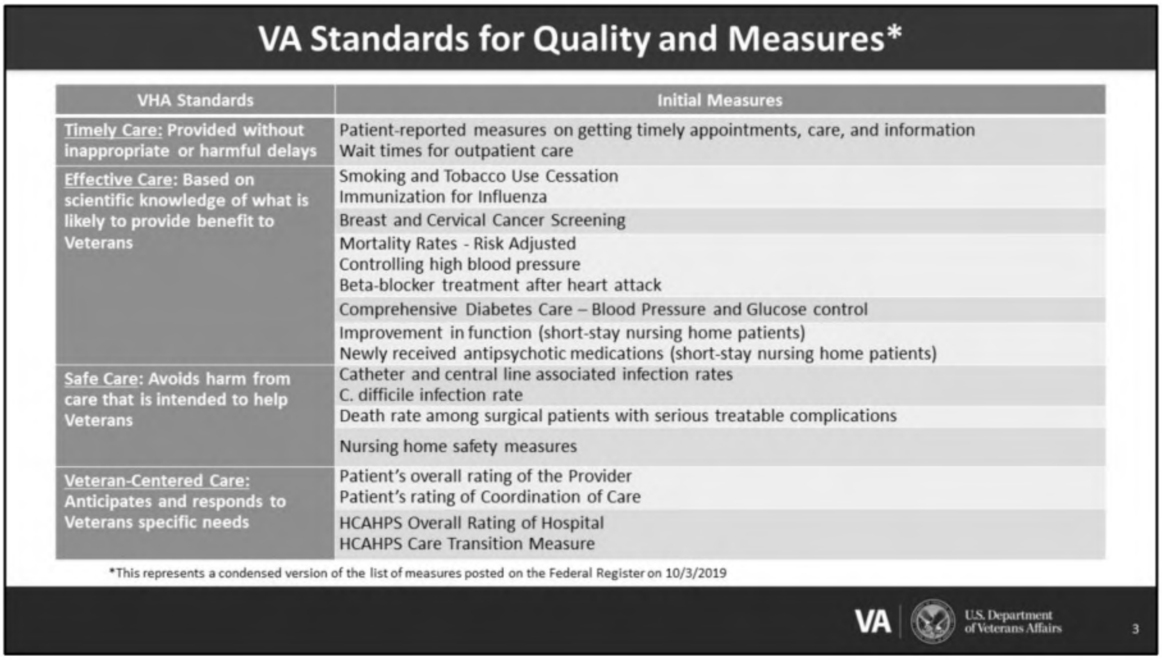
Quality Criterion for Community Care Eligibility (MISSION Act Section 101 - § 1703[e])

- Provides the authority to VA to enable eligibility for Community Care by designating VA medical service lines based on the quality criterion
- Affects VA medical service lines not complying with VA standards for quality, as determined through measures of both timeliness *and* quality

Remediation of Medical Service Lines (MISSION Act Section 109 - § 1706A)

- Required for designated VA medical service lines
- Requires extensive Congressional response and public awareness

MISSION Act-specific needs, distinct from routine VHA improvement and consultation



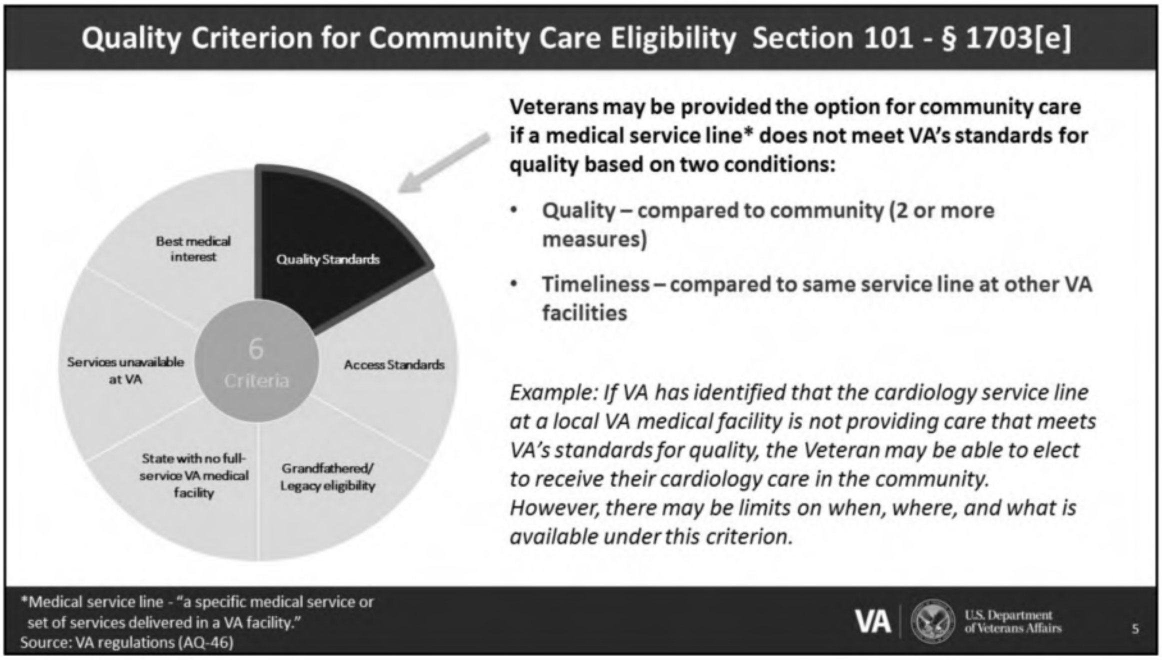
VA Standards for Quality and Measures*

VHA Standards	Initial Measures
Timely Care: Provided without inappropriate or harmful delays	Patient-reported measures on getting timely appointments, care, and information Wait times for outpatient care
Effective Care: Based on scientific knowledge of what is likely to provide benefit to Veterans	Smoking and Tobacco Use Cessation Immunization for Influenza
	Breast and Cervical Cancer Screening
	Mortality Rates - Risk Adjusted Controlling high blood pressure Beta-blocker treatment after heart attack
	Comprehensive Diabetes Care – Blood Pressure and Glucose control
	Improvement in function (short-stay nursing home patients) Newly received antipsychotic medications (short-stay nursing home patients)
Safe Care: Avoids harm from care that is intended to help Veterans	Catheter and central line associated infection rates C. difficile infection rate
	Death rate among surgical patients with serious treatable complications
	Nursing home safety measures
Veteran-Centered Care: Anticipates and responds to Veterans specific needs	Patient's overall rating of the Provider Patient's rating of Coordination of Care
	HCAHPS Overall Rating of Hospital HCAHPS Care Transition Measure

*This represents a condensed version of the list of measures posted on the Federal Register on 10/3/2019

Things to Remember…

- VA standards for quality reflect care that is **timely, effective, safe, and Veteran-centered**.
- VA **compares its care** to the care provided in the community.
- Where VA compares favorably to the community, **that's great**!
- Where we do not, we are committed to improving our care.
- If there is **a significant or serious concern**, Veterans have the option to receive care in the community for specific medical services that do not meet the VA standards for quality and timeliness while remediations are underway at their VA facility.


Best medical interest
Quality Standards
Services unavailable at VA
6 Criteria
Access Standards
State with no full-service VA medical facility
Grandfathered/ Legacy eligibility

Quality Criterion for Community Care Eligibility Section 101 - § 1703[e]

Veterans may be provided the option for community care if a medical service line* does not meet VA's standards for quality based on two conditions:

- Quality – compared to community (2 or more measures)
- Timeliness – compared to same service line at other VA facilities

Example: If VA has identified that the cardiology service line at a local VA medical facility is not providing care that meets VA's standards for quality, the Veteran may be able to elect to receive their cardiology care in the community. However, there may be limits on when, where, and what is available under this criterion.

*Medical service line - "a specific medical service or set of services delivered in a VA facility."
Source: VA regulations (AQ-46)

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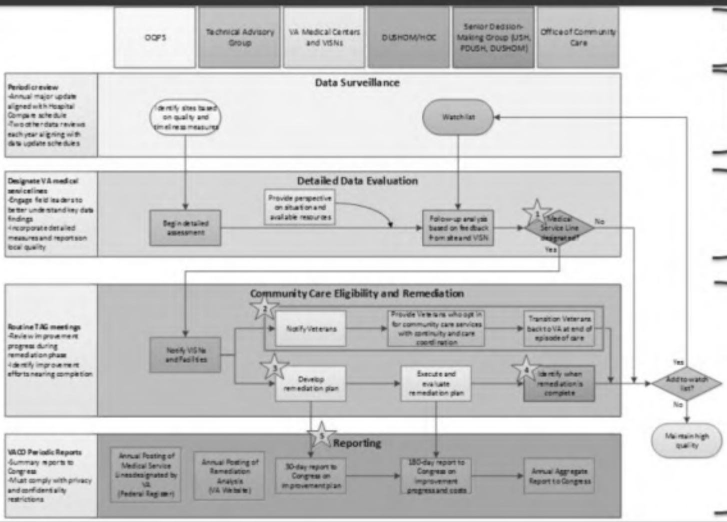
Process Overview


OQPS
Technical Advisory Group
VA Medical Centers and VISNs
DUSHOM/HOC
Senior Decision-Making Group (USH, PDUSH, DUSHOM)
Office of Community Care
Periodic review
-Annual major update aligned with Hospital Compare schedule
-Two other data reviews each year aligning with data update schedules
Data Surveillance
Identify sites based on quality and timeliness measures
Watch list
Designate VA medical service lines
-Engage field leaders to better understand key data findings
-Incorporate detailed measures and report on local quality
Detailed Data Evaluation
Begin detailed assessment
Provide perspective on situation and available resources
Follow-up analysis based on feedback from site and VISN
1
Medical Service Line designated?
No
Yes
Routine TAG meetings
-Review improvement progress during remediation phase
-Identify improvement efforts nearing completion
Community Care Eligibility and Remediation
Notify VISNs and Facilities
2
Notify Veterans
Provide Veterans who opt in for community care services with continuity and care coordination
Transition Veterans back to VA at end of episode of care
3
Develop remediation plan
Execute and evaluate remediation plan
4
Identify when remediation is complete
Add to watch list?
Yes
No
Maintain high quality
VACO Periodic Reports
-Summary reports to Congress
-Must comply with privacy and confidentiality restrictions
5
Reporting
Annual Posting of Medical Service Lines designated by VA (Federal Register)
Annual Posting of Remediation Analysis (VA Website)
30-day report to Congress on improvement plan
180-day report to Congress on improvement progress and costs
Annual Aggregate Report to Congress

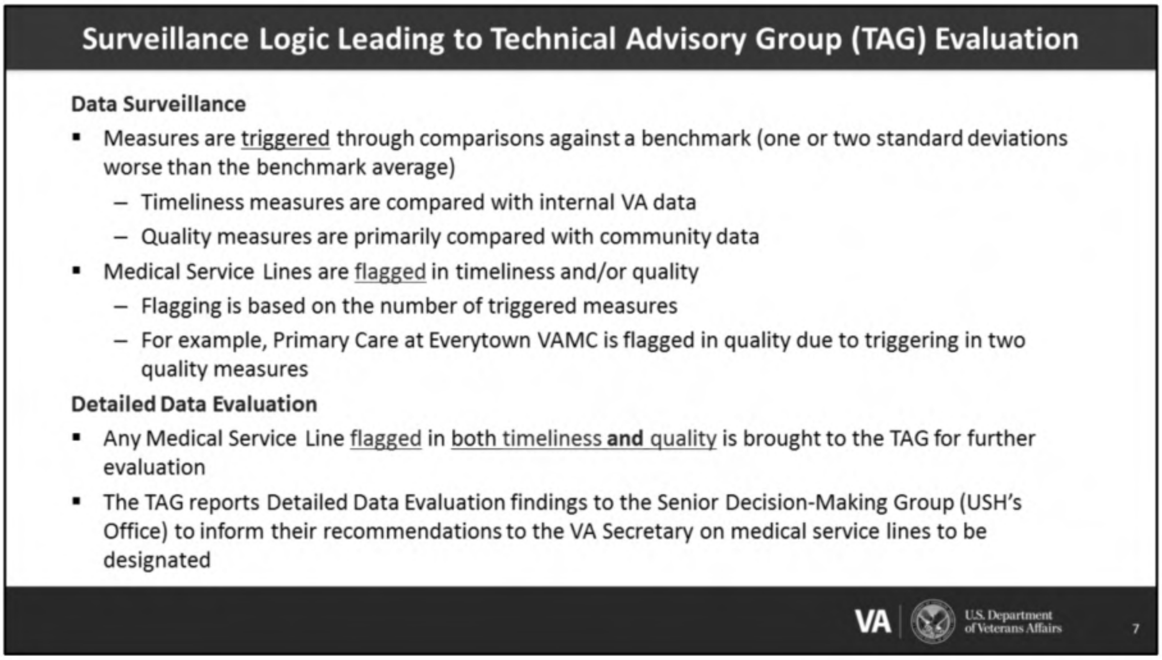
Shared accountability in Implementation Process

Overview: Three-Step Process

1. Data Surveillance/Screening
2. Detailed Data Analysis to determine service lines not meeting VA standards

TAG

3. Eligible for Community Care, paired with intensive remediation *and* Congressional reporting



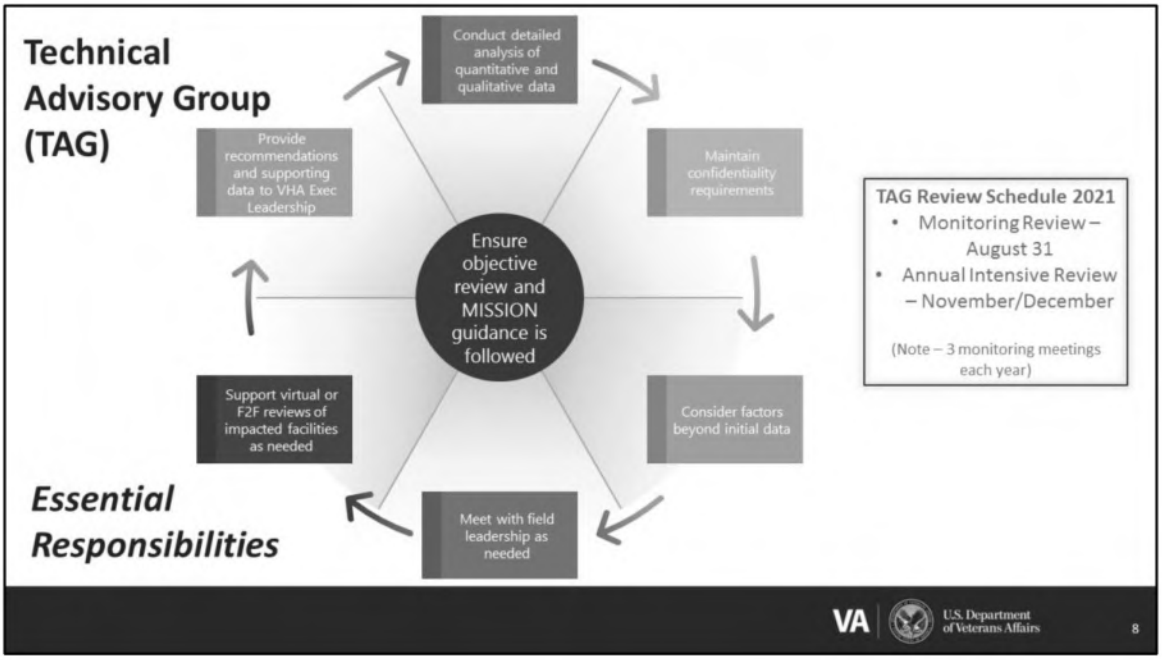
Surveillance Logic Leading to Technical Advisory Group (TAG) Evaluation

Data Surveillance

- Measures are triggered through comparisons against a benchmark (one or two standard deviations worse than the benchmark average)
  - Timeliness measures are compared with internal VA data
  - Quality measures are primarily compared with community data
- Medical Service Lines are flagged in timeliness and/or quality
  - Flagging is based on the number of triggered measures
  - For example, Primary Care at Everytown VAMC is flagged in quality due to triggering in two quality measures

Detailed Data Evaluation

- Any Medical Service Line flagged in both timeliness **and** quality is brought to the TAG for further evaluation
- The TAG reports Detailed Data Evaluation findings to the Senior Decision-Making Group (USH's Office) to inform their recommendations to the VA Secretary on medical service lines to be designated



Technical Advisory Group (TAG)

Essential Responsibilities

Ensure objective review and MISSION guidance is followed

- Conduct detailed analysis of quantitative and qualitative data
- Maintain confidentiality requirements
- Consider factors beyond initial data
- Meet with field leadership as needed
- Support virtual or F2F reviews of impacted facilities as needed
- Provide recommendations and supporting data to VHA Exec Leadership

TAG Review Schedule 2021

- Monitoring Review – August 31
- Annual Intensive Review – November/December

(Note – 3 monitoring meetings each year)

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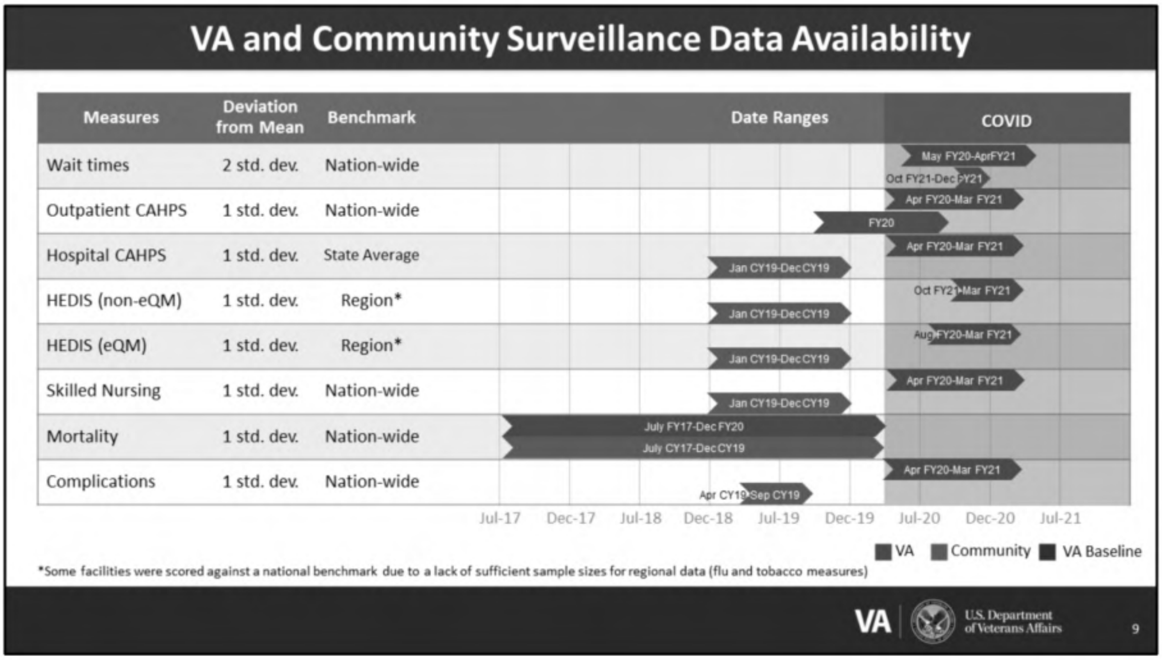
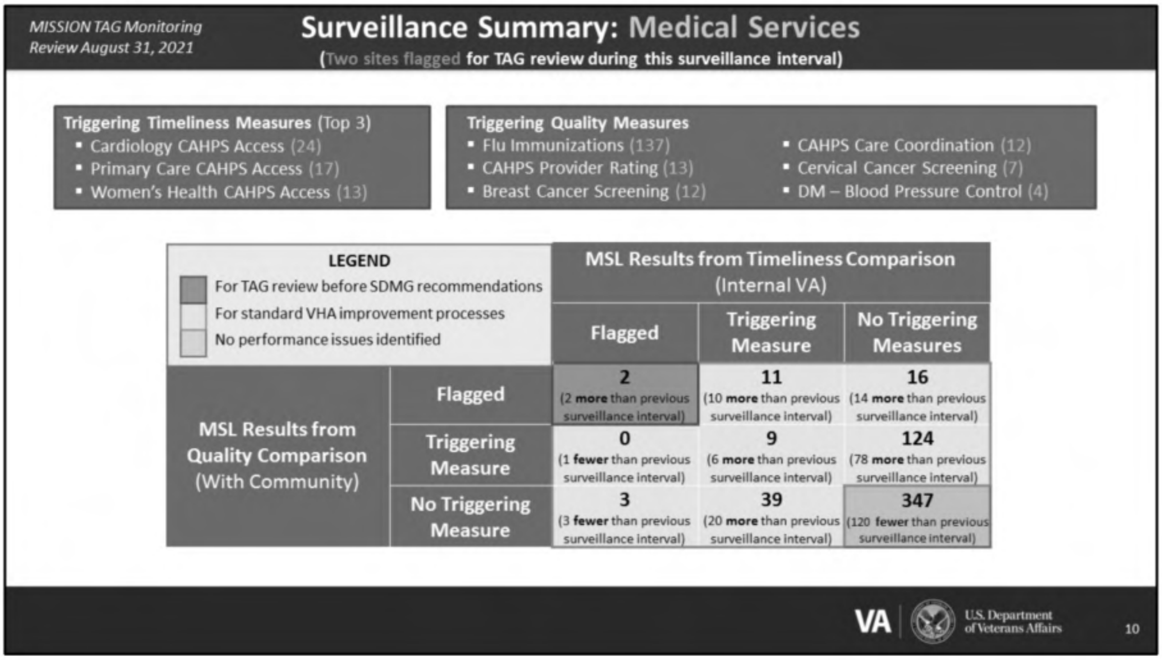


VA and Community Surveillance Data Availability

Measures	Deviation from Mean	Benchmark
Wait times	2 std. dev.	Nation-wide
Outpatient CAHPS	1 std. dev.	Nation-wide
Hospital CAHPS	1 std. dev.	State Average
HEDIS (non-eQM)	1 std. dev.	Region*
HEDIS (eQM)	1 std. dev.	Region*
Skilled Nursing	1 std. dev.	Nation-wide
Mortality	1 std. dev.	Nation-wide
Complications	1 std. dev.	Nation-wide

*Some facilities were scored against a national benchmark due to a lack of sufficient sample sizes for regional data (flu and tobacco measures)



MISSION TAG Monitoring Review August 31, 2021

Surveillance Summary: Medical Services

(Two sites flagged **for TAG review during this surveillance interval)**

Triggering Timeliness Measures (Top 3)
- Cardiology CAHPS Access (24)
- Primary Care CAHPS Access (17)
- Women's Health CAHPS Access (13)

Triggering Quality Measures
- Flu Immunizations (137)
- CAHPS Provider Rating (13)
- Breast Cancer Screening (12)
- CAHPS Care Coordination (12)
- Cervical Cancer Screening (7)
- DM – Blood Pressure Control (4)

LEGEND
- ■ For TAG review before SDMG recommendations
- □ For standard VHA improvement processes
- ▨ No performance issues identified

		MSL Results from Timeliness Comparison (Internal VA)		
		Flagged	**Triggering Measure**	**No Triggering Measures**
MSL Results from Quality Comparison (With Community)	**Flagged**	**2** (2 **more** than previous surveillance interval)	**11** (10 **more** than previous surveillance interval)	**16** (14 **more** than previous surveillance interval)
	Triggering Measure	**0** (1 **fewer** than previous surveillance interval)	**9** (6 **more** than previous surveillance interval)	**124** (78 **more** than previous surveillance interval)
	No Triggering Measure	**3** (3 **fewer** than previous surveillance interval)	**39** (20 **more** than previous surveillance interval)	**347** (120 **fewer** than previous surveillance interval)

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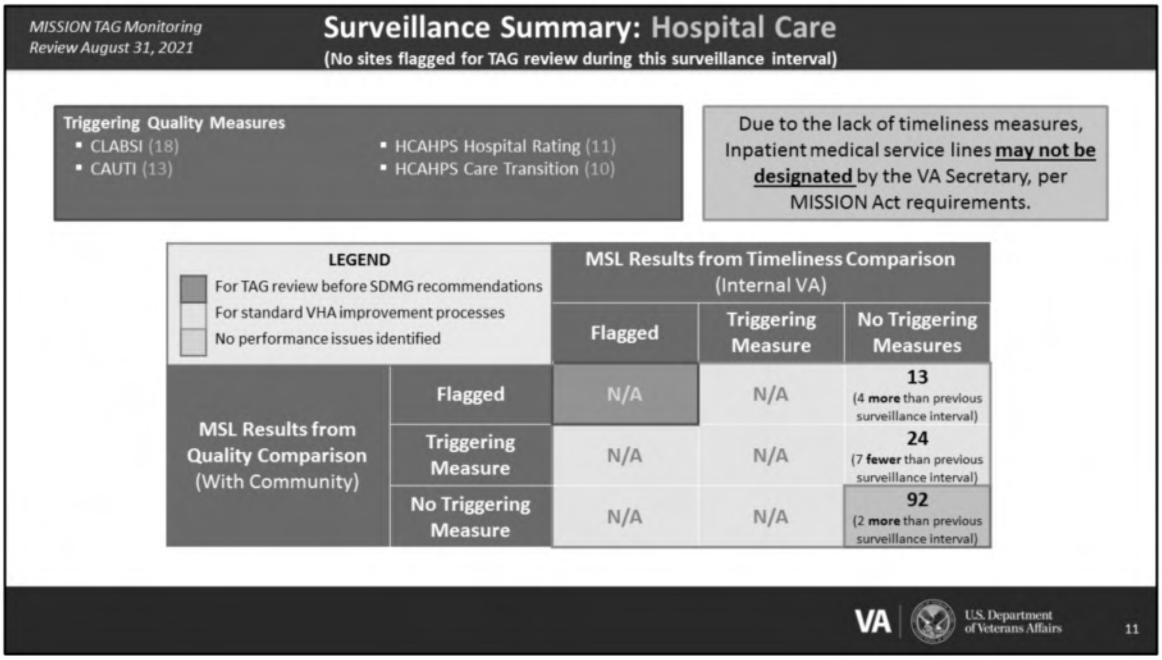

MISSION TAG Monitoring Review August 31, 2021

Surveillance Summary: Hospital Care

(No sites flagged for TAG review during this surveillance interval)

Triggering Quality Measures
- CLABSI (18)
- CAUTI (13)
- HCAHPS Hospital Rating (11)
- HCAHPS Care Transition (10)

Due to the lack of timeliness measures, Inpatient medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

LEGEND
- ■ For TAG review before SDMG recommendations
- □ For standard VHA improvement processes
- ▨ No performance issues identified

		MSL Results from Timeliness Comparison (Internal VA)		
		Flagged	**Triggering Measure**	**No Triggering Measures**
MSL Results from Quality Comparison (With Community)	**Flagged**	N/A	N/A	**13** (4 **more** than previous surveillance interval)
	Triggering Measure	N/A	N/A	**24** (7 **fewer** than previous surveillance interval)
	No Triggering Measure	N/A	N/A	**92** (2 **more** than previous surveillance interval)

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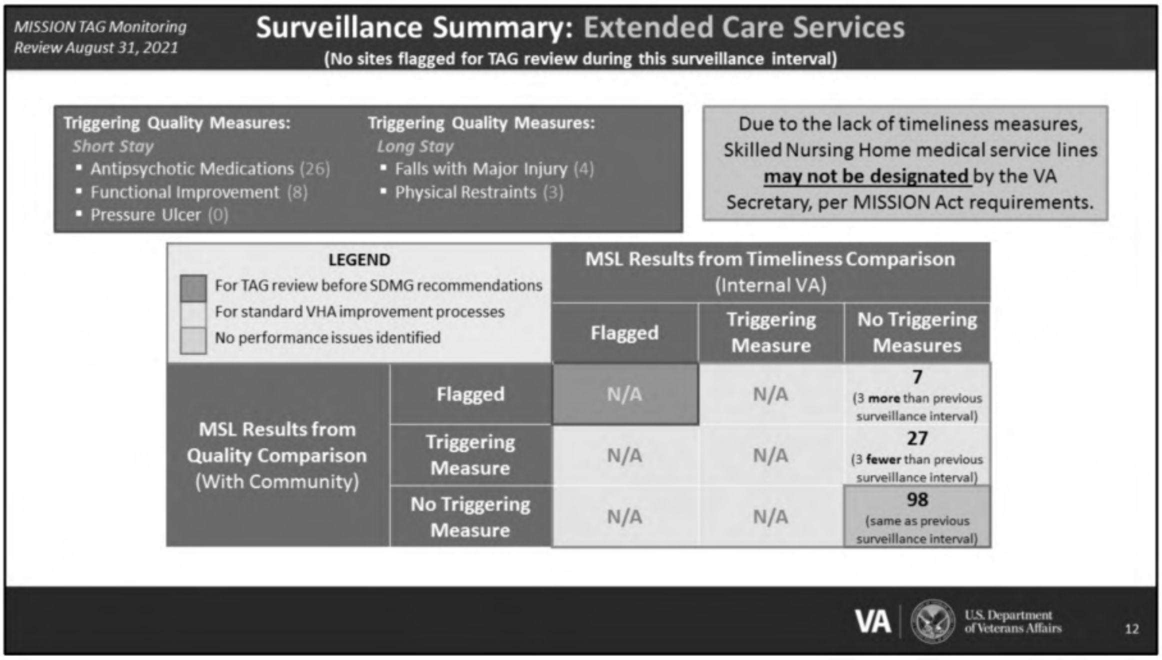


MISSION TAG Monitoring Review August 31, 2021

Surveillance Summary: Extended Care Services

(No sites flagged for TAG review during this surveillance interval)

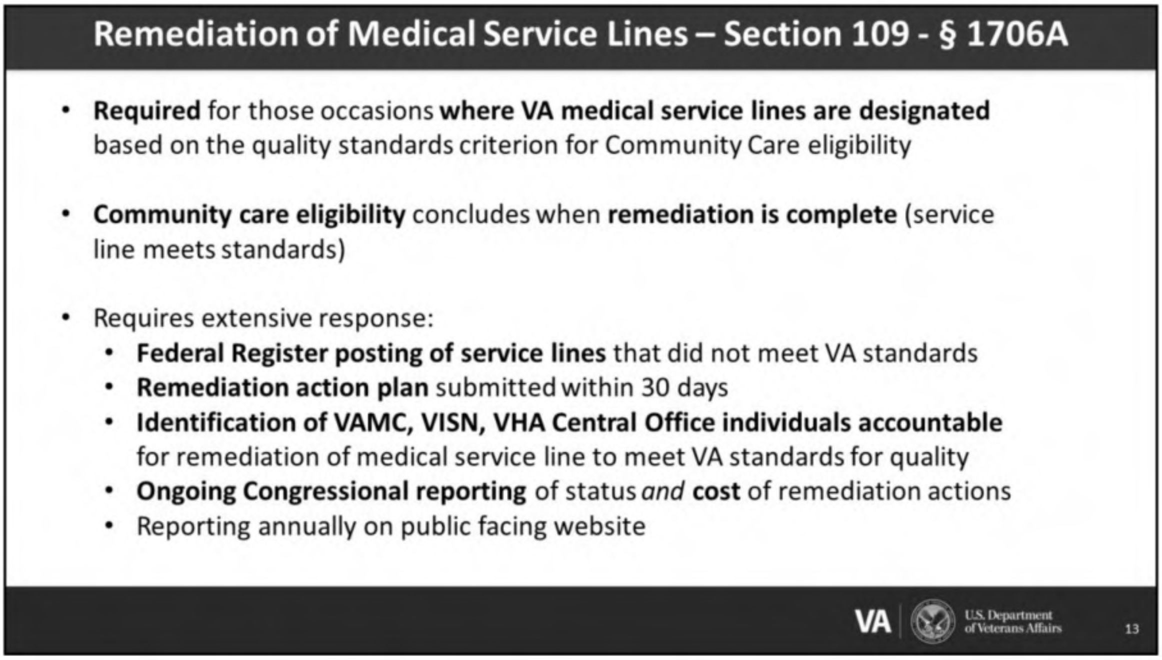
Triggering Quality Measures:
Short Stay
- Antipsychotic Medications (26)
- Functional Improvement (8)
- Pressure Ulcer (0)

Triggering Quality Measures:
Long Stay
- Falls with Major Injury (4)
- Physical Restraints (3)

Due to the lack of timeliness measures, Skilled Nursing Home medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

LEGEND
- ▨ For TAG review before SDMG recommendations
- ☐ For standard VHA improvement processes
- ▒ No performance issues identified

		MSL Results from Timeliness Comparison (Internal VA)		
		Flagged	**Triggering Measure**	**No Triggering Measures**
MSL Results from Quality Comparison (With Community)	**Flagged**	N/A	N/A	**7** (3 **more** than previous surveillance interval)
	Triggering Measure	N/A	N/A	**27** (3 **fewer** than previous surveillance interval)
	No Triggering Measure	N/A	N/A	**98** (same as previous surveillance interval)



Remediation of Medical Service Lines – Section 109 - § 1706A

- **Required** for those occasions **where VA medical service lines are designated** based on the quality standards criterion for Community Care eligibility

- **Community care eligibility** concludes when **remediation is complete** (service line meets standards)

- Requires extensive response:
  - **Federal Register posting of service lines** that did not meet VA standards
  - **Remediation action plan** submitted within 30 days
  - **Identification of VAMC, VISN, VHA Central Office individuals accountable** for remediation of medical service line to meet VA standards for quality
  - **Ongoing Congressional reporting** of status *and* **cost** of remediation actions
  - Reporting annually on public facing website

VA U.S. Department of Veterans Affairs

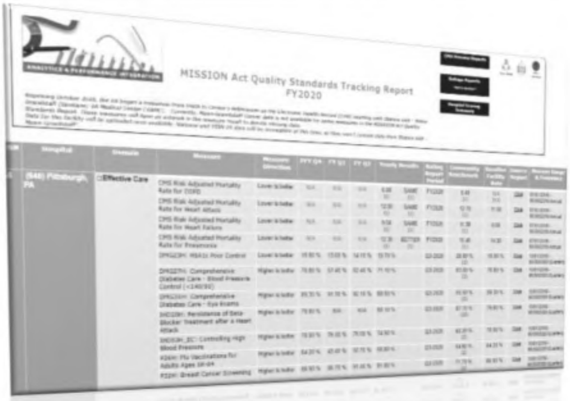
MISSION Act-specific needs, distinct from routine VHA improvement and consultation

Mission Act Quality Standards Tracking Report (MAQSTR)

The MISSION Act Quality Standards Tracking Report (MAQSTR) is designed to help compare VHA performance measure results to comparable community benchmarks

The main report displays:

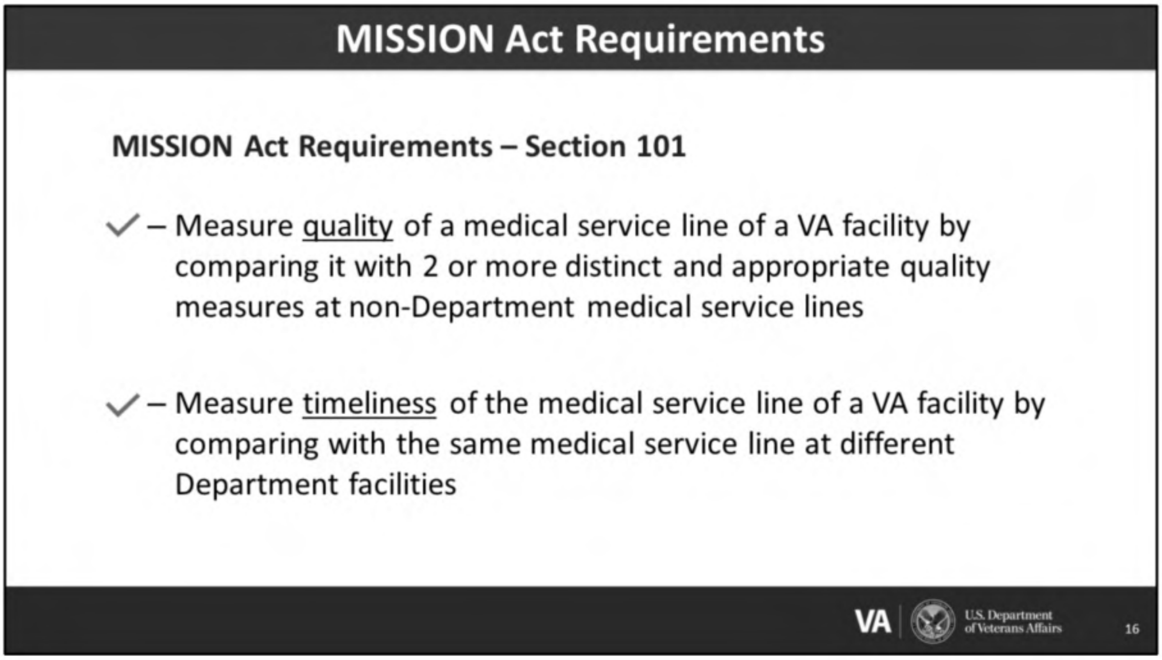
- Measure Domains
- Short description of performance measures
- Preferred data direction
- Short description of performance measures
- Quarterly and yearly data
- Community scores
- Facility prior year score
- Links to the source reports
- Measure data timeframes



MISSION Act Quality Standards Tracking Report
FY2020

https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?/IPEC/NDPP/NDPP_Production/NDPP

Appendix – Supporting Materials



MISSION Act Requirements

MISSION Act Requirements – Section 101

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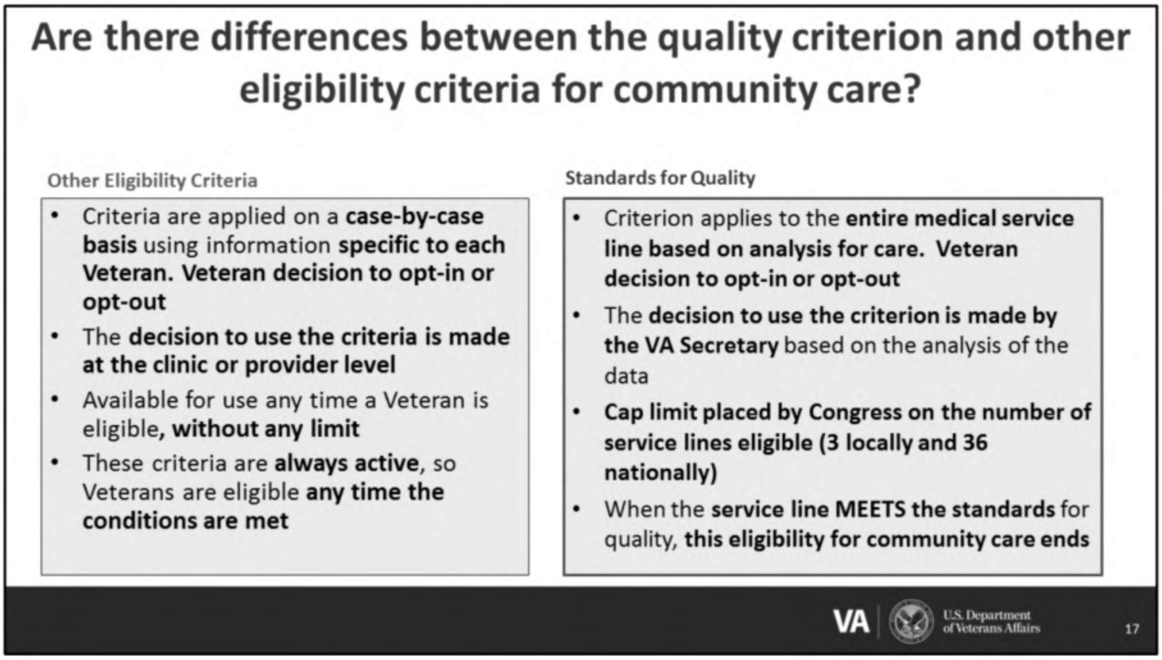

Are there differences between the quality criterion and other eligibility criteria for community care?

Other Eligibility Criteria

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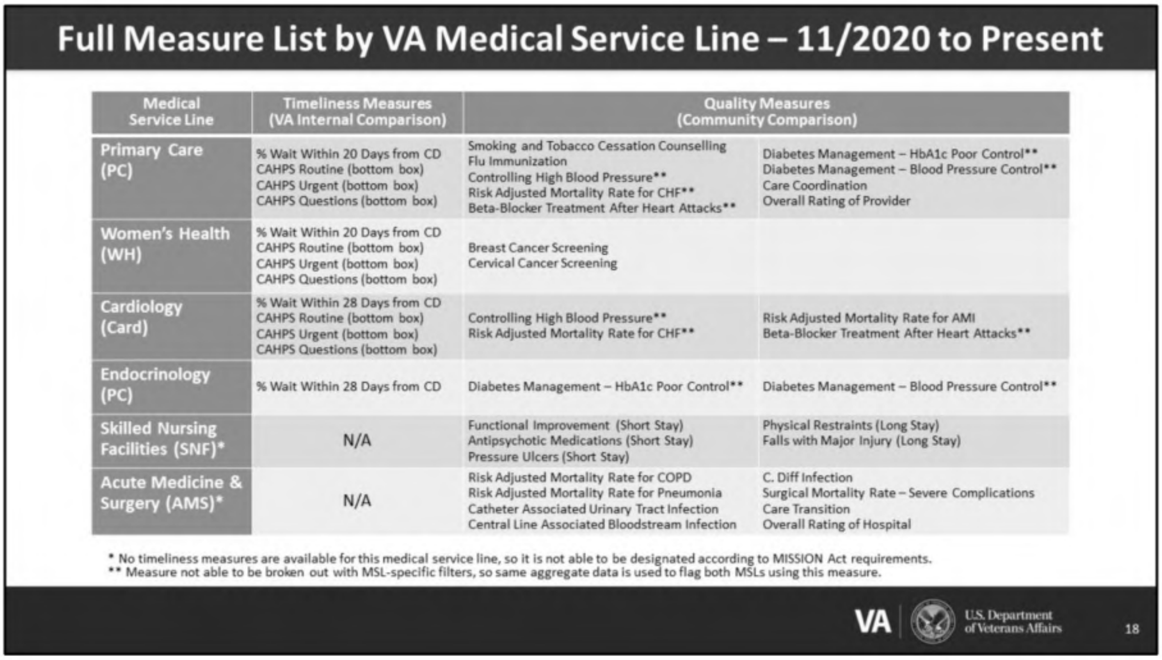

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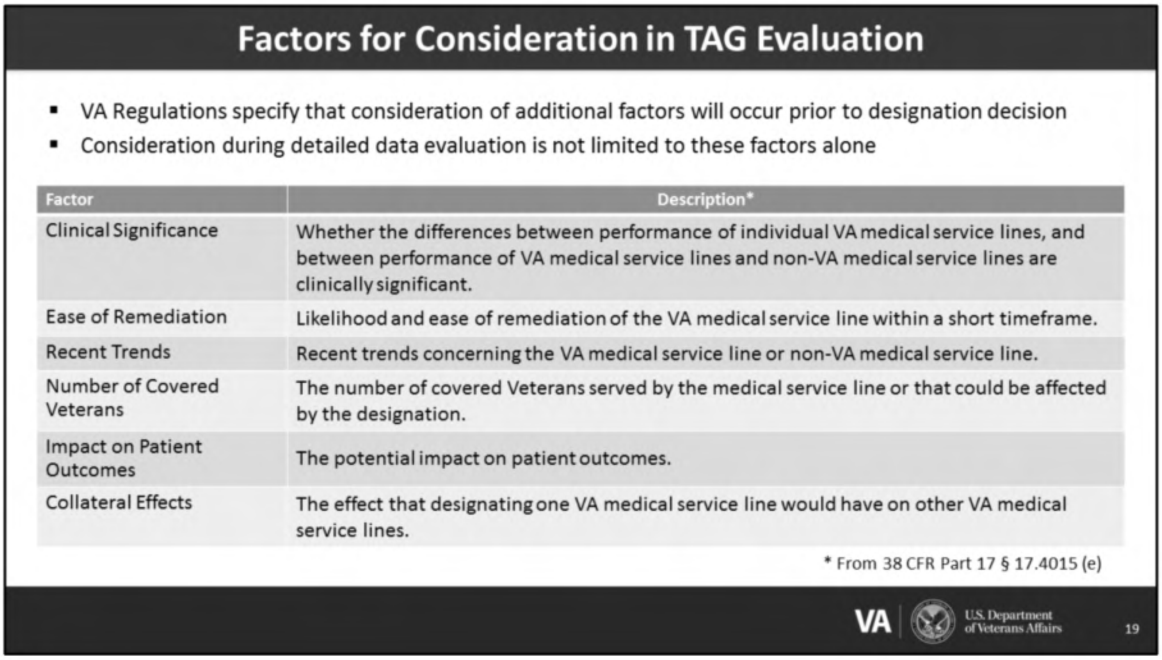

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* From 38 CFR Part 17 § 17.4015 (e)

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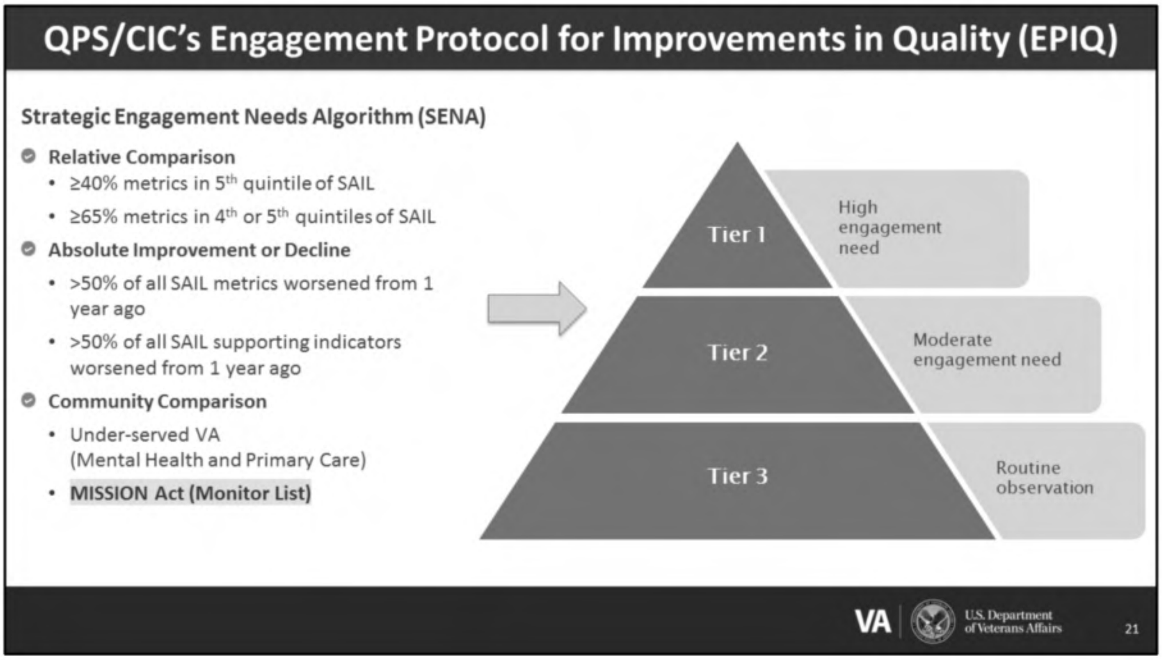

QPS/CIC's Engagement Protocol for Improvements in Quality (EPIQ)

Strategic Engagement Needs Algorithm (SENA)

- **Relative Comparison**
  - ≥40% metrics in 5th quintile of SAIL
  - ≥65% metrics in 4th or 5th quintiles of SAIL
- **Absolute Improvement or Decline**
  - >50% of all SAIL metrics worsened from 1 year ago
  - >50% of all SAIL supporting indicators worsened from 1 year ago
- **Community Comparison**
  - Under-served VA (Mental Health and Primary Care)
  - **MISSION Act (Monitor List)**

Tier 1 — High engagement need

Tier 2 — Moderate engagement need

Tier 3 — Routine observation

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MISSION Act Quality Standards and Related Activities

VHA Office of Quality and Patient Safety (QPS)
September 1, 2021

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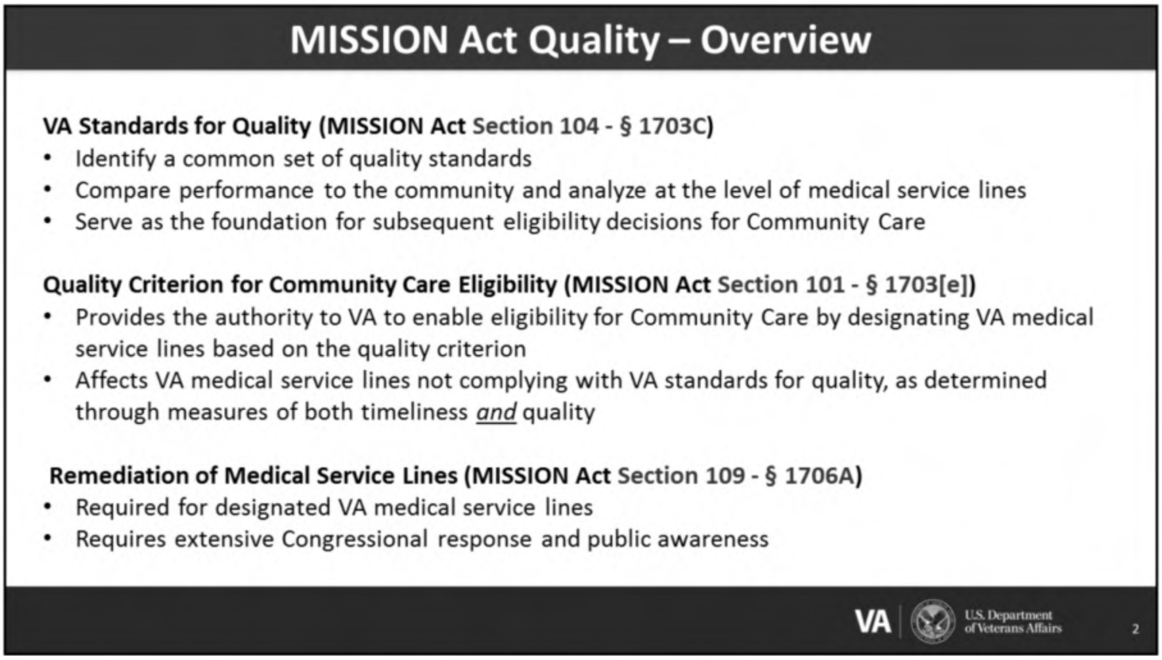


MISSION Act Quality – Overview

VA Standards for Quality (MISSION Act Section 104 - § 1703C)

- Identify a common set of quality standards
- Compare performance to the community and analyze at the level of medical service lines
- Serve as the foundation for subsequent eligibility decisions for Community Care

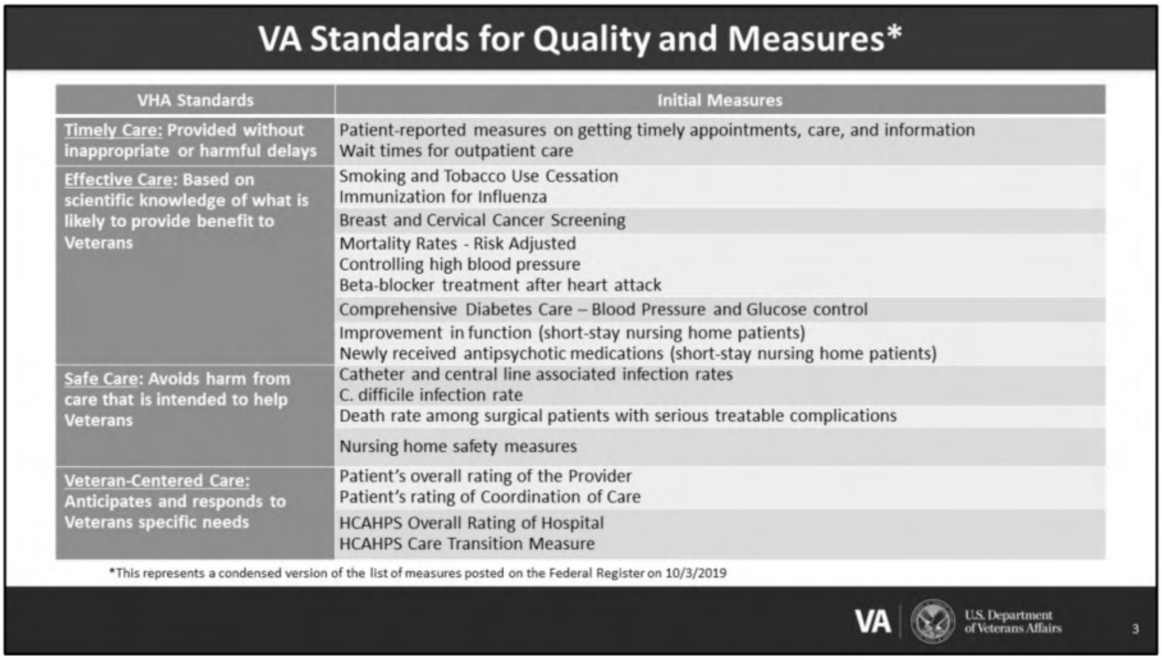
Quality Criterion for Community Care Eligibility (MISSION Act Section 101 - § 1703[e])

- Provides the authority to VA to enable eligibility for Community Care by designating VA medical service lines based on the quality criterion
- Affects VA medical service lines not complying with VA standards for quality, as determined through measures of both timeliness *and* quality

Remediation of Medical Service Lines (MISSION Act Section 109 - § 1706A)

- Required for designated VA medical service lines
- Requires extensive Congressional response and public awareness

MISSION Act-specific needs, distinct from routine VHA improvement and consultation



VA Standards for Quality and Measures*

VHA Standards	Initial Measures
Timely Care: Provided without inappropriate or harmful delays	Patient-reported measures on getting timely appointments, care, and information Wait times for outpatient care
Effective Care: Based on scientific knowledge of what is likely to provide benefit to Veterans	Smoking and Tobacco Use Cessation Immunization for Influenza
	Breast and Cervical Cancer Screening
	Mortality Rates - Risk Adjusted Controlling high blood pressure Beta-blocker treatment after heart attack
	Comprehensive Diabetes Care – Blood Pressure and Glucose control
	Improvement in function (short-stay nursing home patients) Newly received antipsychotic medications (short-stay nursing home patients)
Safe Care: Avoids harm from care that is intended to help Veterans	Catheter and central line associated infection rates C. difficile infection rate
	Death rate among surgical patients with serious treatable complications
	Nursing home safety measures
Veteran-Centered Care: Anticipates and responds to Veterans specific needs	Patient's overall rating of the Provider Patient's rating of Coordination of Care
	HCAHPS Overall Rating of Hospital HCAHPS Care Transition Measure

*This represents a condensed version of the list of measures posted on the Federal Register on 10/3/2019

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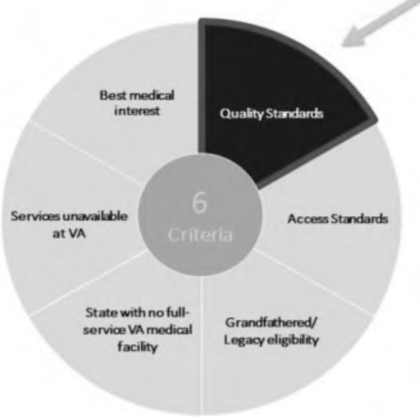
Things to Remember…

- VA standards for quality reflect care that is **timely, effective, safe, and Veteran-centered**.
- VA **compares its care** to the care provided in the community.
- Where VA compares favorably to the community, **that's great**!
- Where we do not, we are committed to improving our care.
- If there is **a significant or serious concern**, Veterans have the option to receive care in the community for specific medical services that do not meet the VA standards for quality and timeliness while remediations are underway at their VA facility.

Quality Criterion for Community Care Eligibility Section 101 - § 1703[e]


Best medical interest
Quality Standards
6 Criteria
Services unavailable at VA
Access Standards
State with no full-service VA medical facility
Grandfathered/ Legacy eligibility

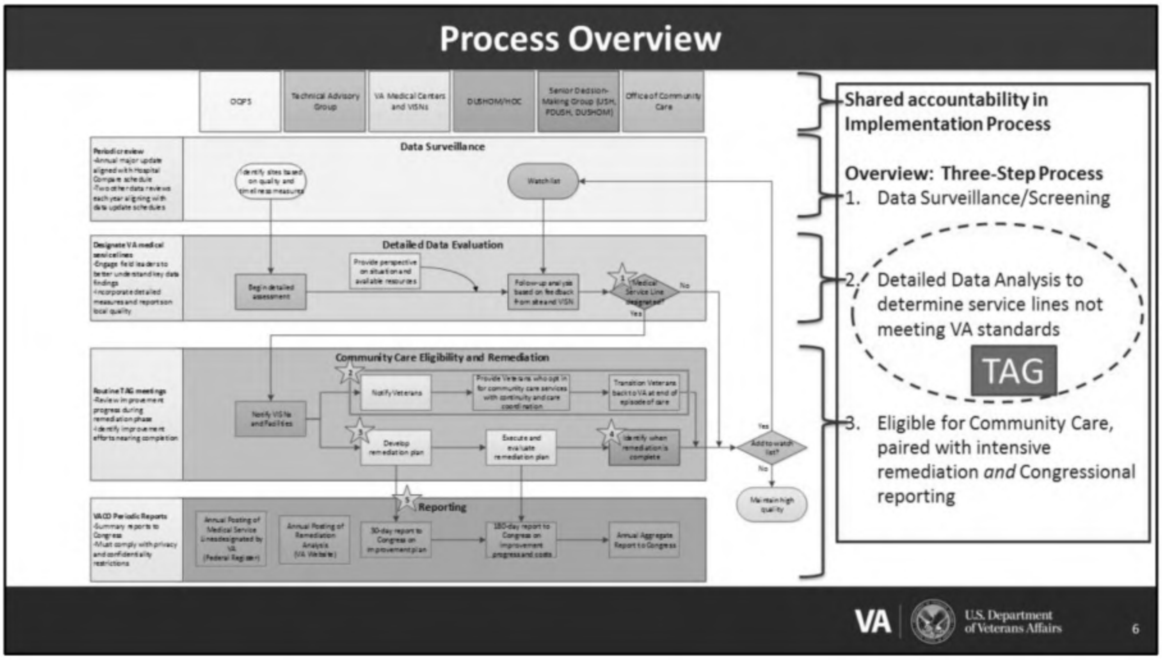
Veterans may be provided the option for community care if a medical service line* does not meet VA's standards for quality based on two conditions:

- Quality – compared to community (2 or more measures)
- Timeliness – compared to same service line at other VA facilities

Example: If VA has identified that the cardiology service line at a local VA medical facility is not providing care that meets VA's standards for quality, the Veteran may be able to elect to receive their cardiology care in the community. However, there may be limits on when, where, and what is available under this criterion.

*Medical service line - "a specific medical service or set of services delivered in a VA facility."
Source: VA regulations (AQ-46)

Process Overview


OQPS
Technical Advisory Group
VA Medical Centers and VISNs
DUSHOM/HOC
Senior Decision-Making Group (USH, PDUSH, DUSHOM)
Office of Community Care
Periodic review
-Annual major update aligned with Hospital Compare schedule
-Two other data reviews each year aligning with data update schedules
Data Surveillance
Identify sites based on quality and timeliness measures
Watch list
Designate VA medical service lines
-Engage field leaders to better understand key data findings
-Incorporate detailed measures and report on local quality
Detailed Data Evaluation
Begin detailed assessment
Provide perspective on situation and available resources
Follow-up analysis based on feedback from site and VISN
1
Medical Service Line designated?
No
Yes
Routine TAG meetings
-Review improvement progress during remediation phase
-Identify improvement efforts nearing completion
Community Care Eligibility and Remediation
Notify VISNs and Facilities
2
Notify Veterans
Provide Veterans who opt in for community care services with continuity and care coordination
Transition Veterans back to VA at end of episode of care
3
Develop remediation plan
Execute and evaluate remediation plan
4
Identify when remediation is complete
Add to watch list?
Yes
No
Maintain high quality
VACO Periodic Reports
-Summary reports to Congress
-Must comply with privacy and confidentiality restrictions
5
Reporting
Annual Posting of Medical Service Lines designated by VA (Federal Register)
Annual Posting of Remediation Analysis (VA Website)
30-day report to Congress on improvement plan
180-day report to Congress on improvement progress and costs
Annual Aggregate Report to Congress

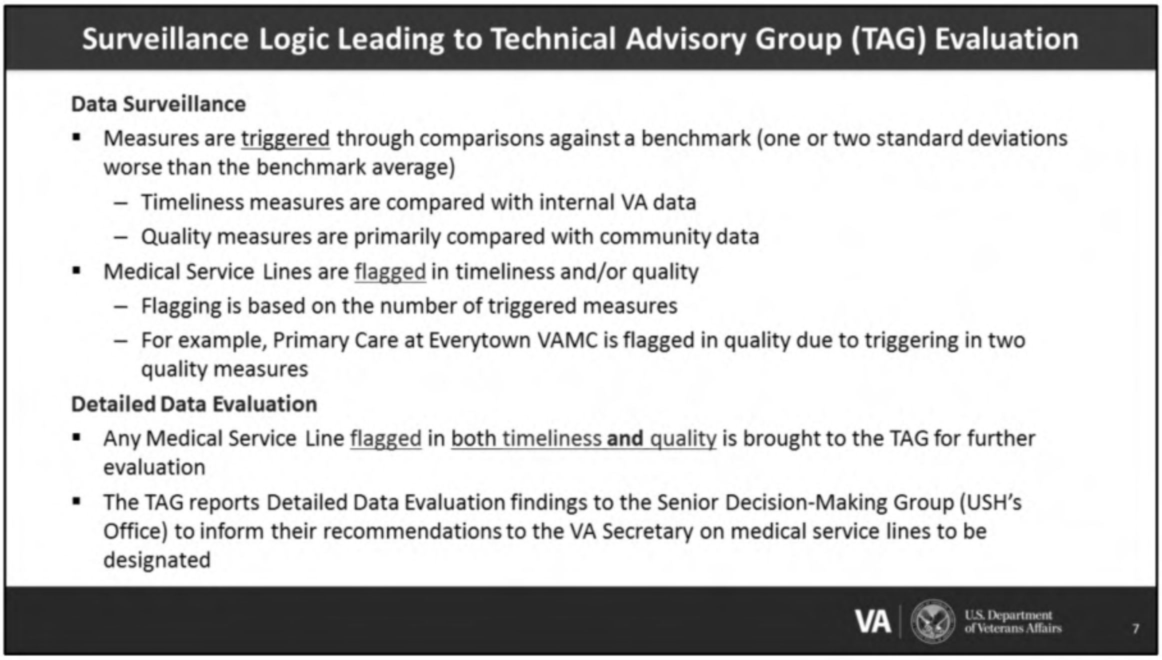
Shared accountability in Implementation Process

Overview: Three-Step Process

1. Data Surveillance/Screening
2. Detailed Data Analysis to determine service lines not meeting VA standards

TAG

3. Eligible for Community Care, paired with intensive remediation *and* Congressional reporting



Surveillance Logic Leading to Technical Advisory Group (TAG) Evaluation

Data Surveillance

- Measures are triggered through comparisons against a benchmark (one or two standard deviations worse than the benchmark average)
  - Timeliness measures are compared with internal VA data
  - Quality measures are primarily compared with community data
- Medical Service Lines are flagged in timeliness and/or quality
  - Flagging is based on the number of triggered measures
  - For example, Primary Care at Everytown VAMC is flagged in quality due to triggering in two quality measures

Detailed Data Evaluation

- Any Medical Service Line flagged in both timeliness **and** quality is brought to the TAG for further evaluation
- The TAG reports Detailed Data Evaluation findings to the Senior Decision-Making Group (USH's Office) to inform their recommendations to the VA Secretary on medical service lines to be designated

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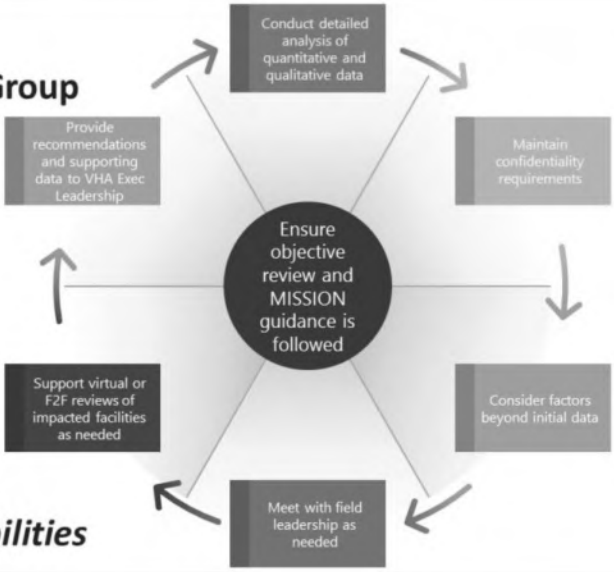
Technical Advisory Group (TAG)



Ensure objective review and MISSION guidance is followed

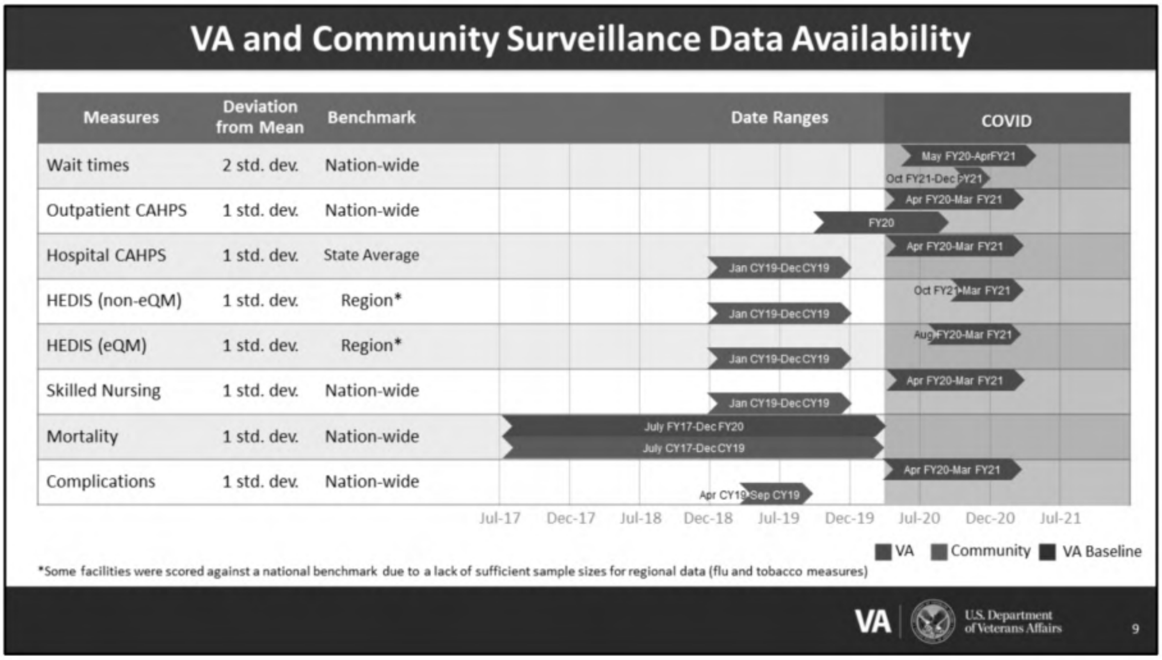
- Conduct detailed analysis of quantitative and qualitative data
- Maintain confidentiality requirements
- Consider factors beyond initial data
- Meet with field leadership as needed
- Support virtual or F2F reviews of impacted facilities as needed
- Provide recommendations and supporting data to VHA Exec Leadership

TAG Review Schedule 2021

- Monitoring Review – August 31
- Annual Intensive Review – November/December

(Note – 3 monitoring meetings each year)

Essential Responsibilities



VA and Community Surveillance Data Availability

Measures	Deviation from Mean	Benchmark	Date Ranges	COVID
Wait times	2 std. dev.	Nation-wide		May FY20-AprFY21 Oct FY21-Dec FY21
Outpatient CAHPS	1 std. dev.	Nation-wide	FY20	Apr FY20-Mar FY21
Hospital CAHPS	1 std. dev.	State Average	Jan CY19-Dec CY19	Apr FY20-Mar FY21
HEDIS (non-eQM)	1 std. dev.	Region*	Jan CY19-Dec CY19	Oct FY21-Mar FY21
HEDIS (eQM)	1 std. dev.	Region*	Jan CY19-Dec CY19	Aug FY20-Mar FY21
Skilled Nursing	1 std. dev.	Nation-wide	Jan CY19-Dec CY19	Apr FY20-Mar FY21
Mortality	1 std. dev.	Nation-wide	July FY17-Dec FY20 July CY17-Dec CY19	
Complications	1 std. dev.	Nation-wide	Apr CY19-Sep CY19	Apr FY20-Mar FY21

*Some facilities were scored against a national benchmark due to a lack of sufficient sample sizes for regional data (flu and tobacco measures)

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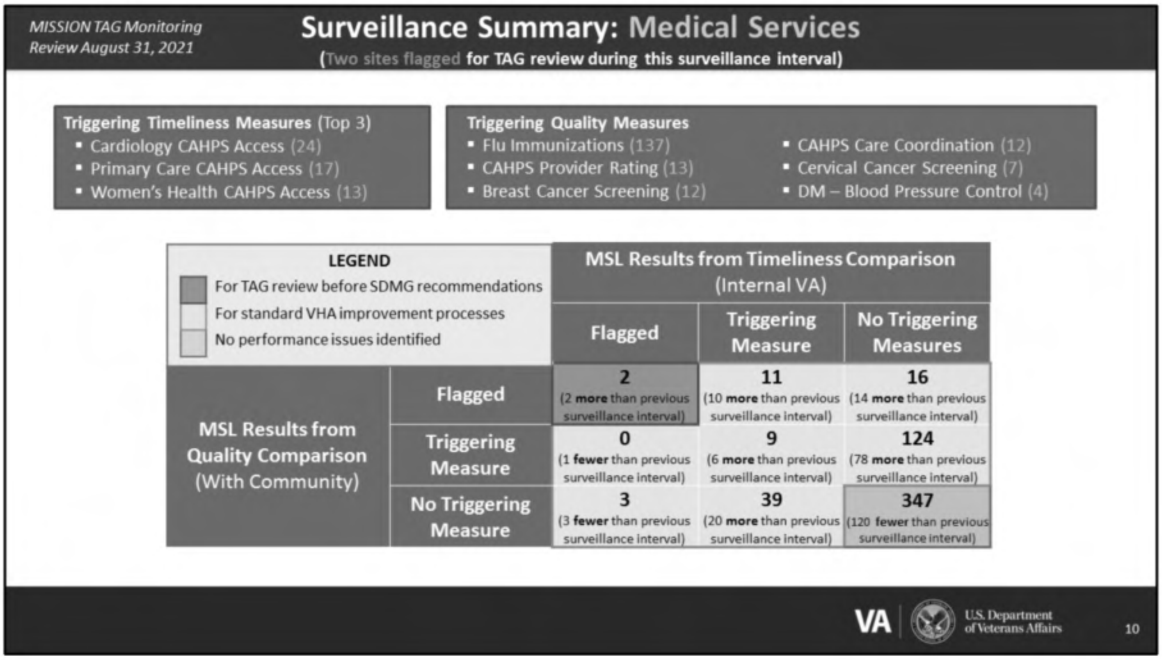

MISSION TAG Monitoring Review August 31, 2021

Surveillance Summary: Medical Services

(Two sites flagged for TAG review during this surveillance interval)

Triggering Timeliness Measures (Top 3)
- Cardiology CAHPS Access (24)
- Primary Care CAHPS Access (17)
- Women's Health CAHPS Access (13)

Triggering Quality Measures
- Flu Immunizations (137)
- CAHPS Provider Rating (13)
- Breast Cancer Screening (12)
- CAHPS Care Coordination (12)
- Cervical Cancer Screening (7)
- DM – Blood Pressure Control (4)

LEGEND
▨ For TAG review before SDMG recommendations
☐ For standard VHA improvement processes
▨ No performance issues identified

		MSL Results from Timeliness Comparison (Internal VA)		
		Flagged	**Triggering Measure**	**No Triggering Measures**
MSL Results from Quality Comparison (With Community)	**Flagged**	**2** (2 **more** than previous surveillance interval)	**11** (10 **more** than previous surveillance interval)	**16** (14 **more** than previous surveillance interval)
	Triggering Measure	**0** (1 **fewer** than previous surveillance interval)	**9** (6 **more** than previous surveillance interval)	**124** (78 **more** than previous surveillance interval)
	No Triggering Measure	**3** (3 **fewer** than previous surveillance interval)	**39** (20 **more** than previous surveillance interval)	**347** (120 **fewer** than previous surveillance interval)

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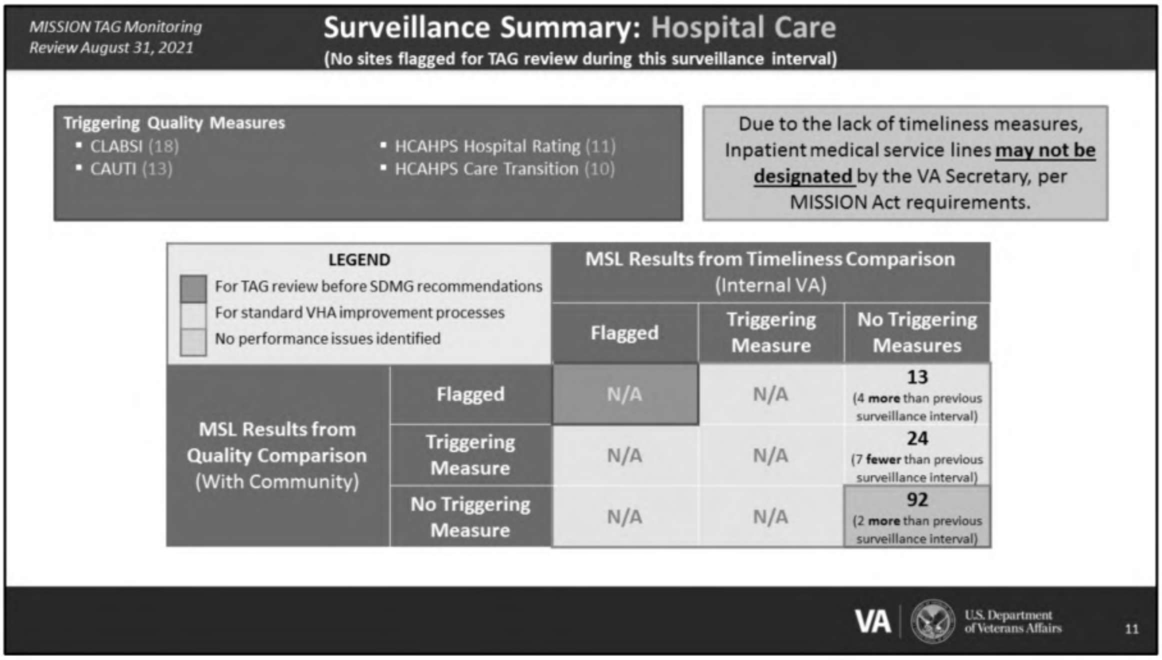
10



MISSION TAG Monitoring Review August 31, 2021

Surveillance Summary: Hospital Care

(No sites flagged for TAG review during this surveillance interval)

Triggering Quality Measures
- CLABSI (18)
- CAUTI (13)
- HCAHPS Hospital Rating (11)
- HCAHPS Care Transition (10)

Due to the lack of timeliness measures, Inpatient medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

LEGEND
- ■ For TAG review before SDMG recommendations
- □ For standard VHA improvement processes
- ▨ No performance issues identified

		MSL Results from Timeliness Comparison (Internal VA)		
		Flagged	**Triggering Measure**	**No Triggering Measures**
MSL Results from Quality Comparison (With Community)	**Flagged**	N/A	N/A	**13** (4 **more** than previous surveillance interval)
	Triggering Measure	N/A	N/A	**24** (7 **fewer** than previous surveillance interval)
	No Triggering Measure	N/A	N/A	**92** (2 **more** than previous surveillance interval)

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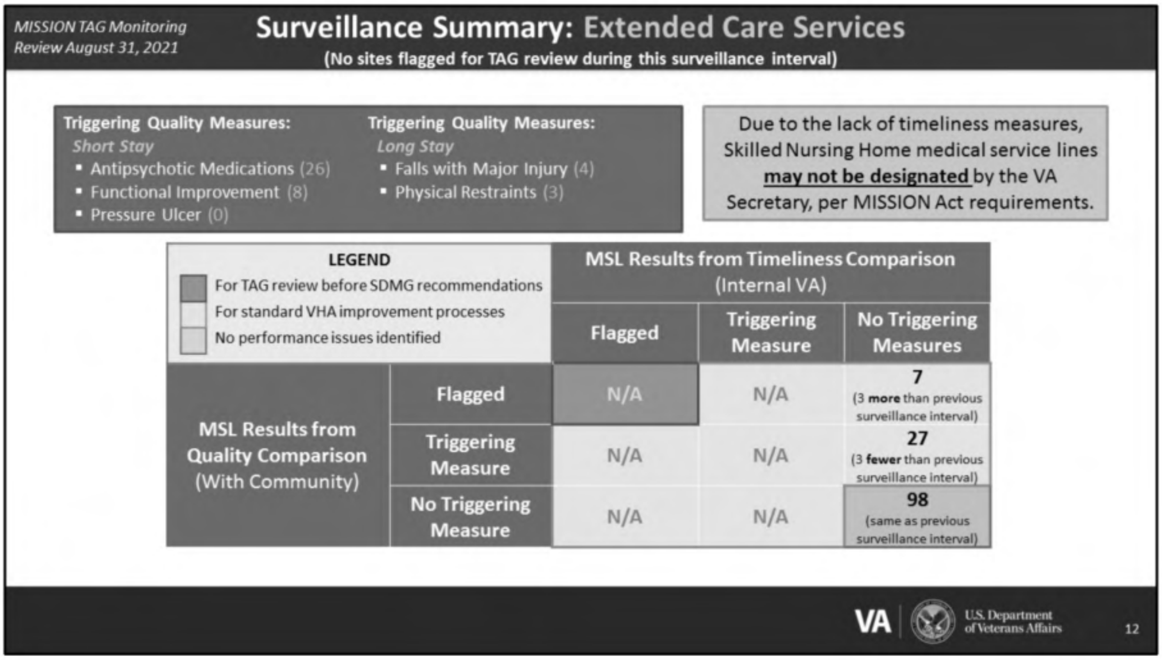

MISSION TAG Monitoring Review August 31, 2021

Surveillance Summary: Extended Care Services

(No sites flagged for TAG review during this surveillance interval)

Triggering Quality Measures:
Short Stay
- Antipsychotic Medications (26)
- Functional Improvement (8)
- Pressure Ulcer (0)

Triggering Quality Measures:
Long Stay
- Falls with Major Injury (4)
- Physical Restraints (3)

Due to the lack of timeliness measures, Skilled Nursing Home medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

LEGEND
- ▨ For TAG review before SDMG recommendations
- ☐ For standard VHA improvement processes
- ▤ No performance issues identified

		MSL Results from Timeliness Comparison (Internal VA)		
		Flagged	**Triggering Measure**	**No Triggering Measures**
MSL Results from Quality Comparison (With Community)	**Flagged**	N/A	N/A	7 (3 **more** than previous surveillance interval)
	Triggering Measure	N/A	N/A	27 (3 **fewer** than previous surveillance interval)
	No Triggering Measure	N/A	N/A	98 (same as previous surveillance interval)

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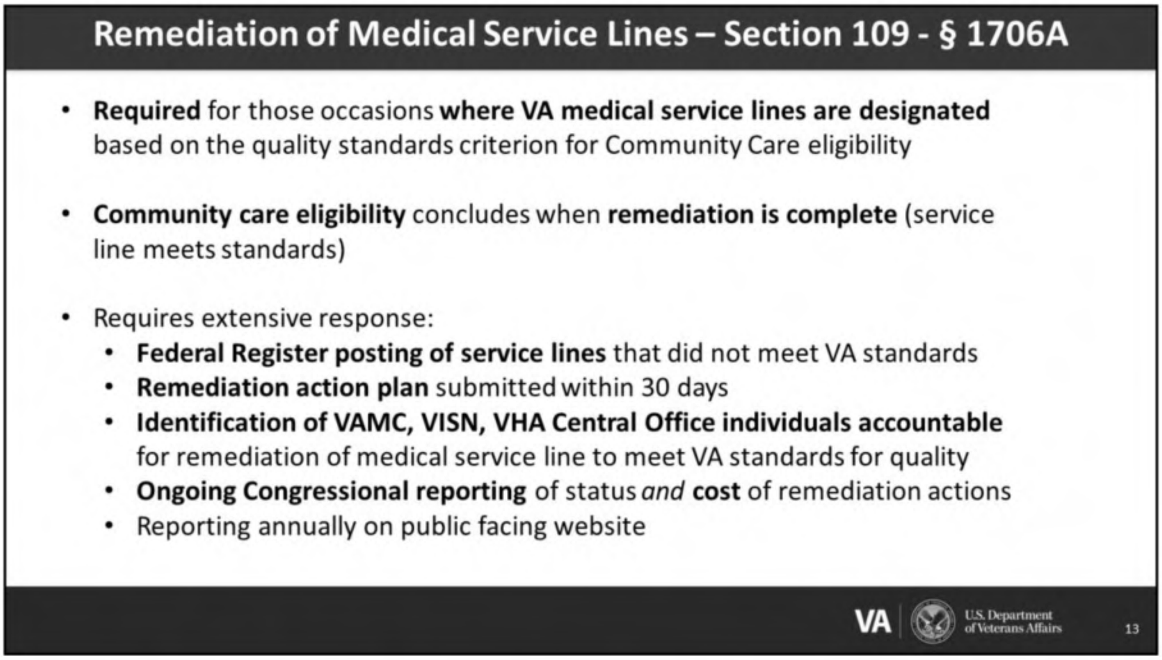


Remediation of Medical Service Lines – Section 109 - § 1706A

- **Required** for those occasions **where VA medical service lines are designated** based on the quality standards criterion for Community Care eligibility

- **Community care eligibility** concludes when **remediation is complete** (service line meets standards)

- Requires extensive response:
  - **Federal Register posting of service lines** that did not meet VA standards
  - **Remediation action plan** submitted within 30 days
  - **Identification of VAMC, VISN, VHA Central Office individuals accountable** for remediation of medical service line to meet VA standards for quality
  - **Ongoing Congressional reporting** of status *and* **cost** of remediation actions
  - Reporting annually on public facing website

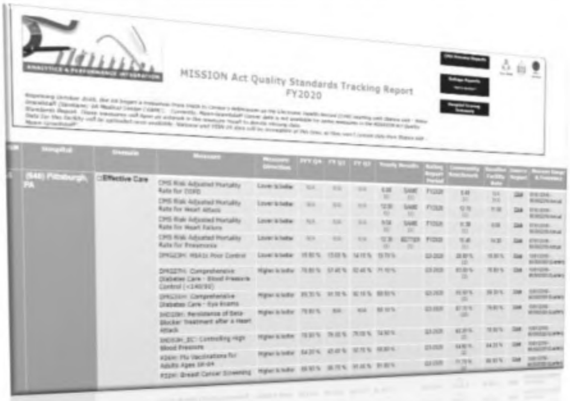
MISSION Act-specific needs, distinct from routine VHA improvement and consultation

Mission Act Quality Standards Tracking Report (MAQSTR)

The MISSION Act Quality Standards Tracking Report (MAQSTR) is designed to help compare VHA performance measure results to comparable community benchmarks

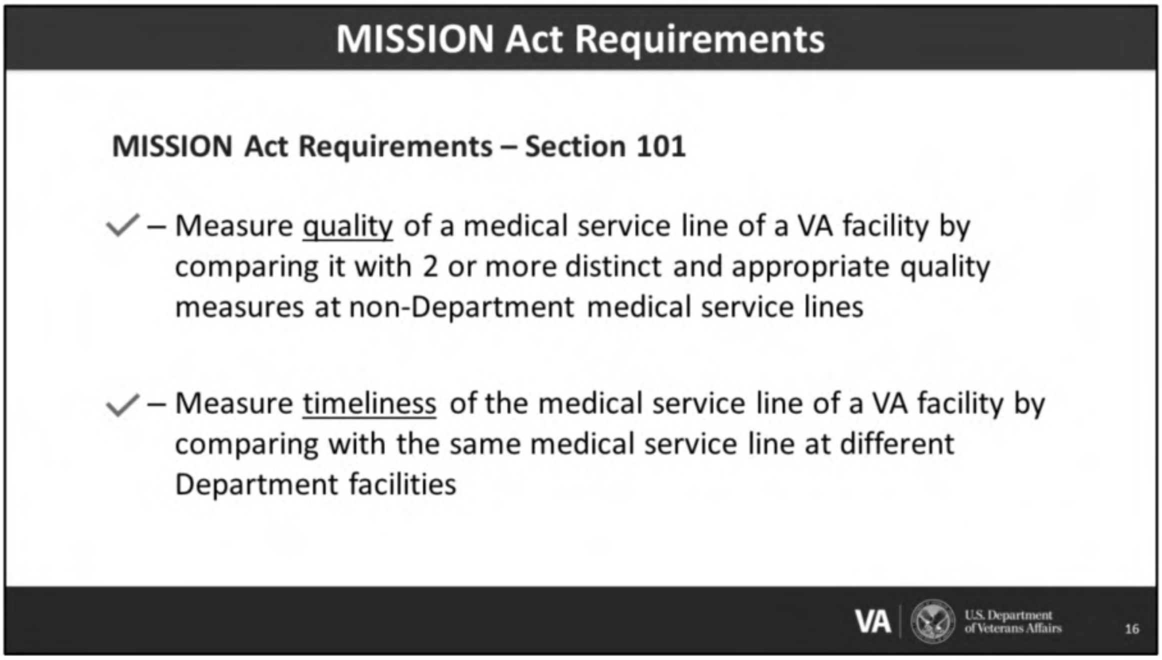
The main report displays:

- Measure Domains
- Short description of performance measures
- Preferred data direction
- Short description of performance measures
- Quarterly and yearly data
- Community scores
- Facility prior year score
- Links to the source reports
- Measure data timeframes



https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?/IPEC/NDPP/NDPP_Production/NDPP

Appendix – Supporting Materials

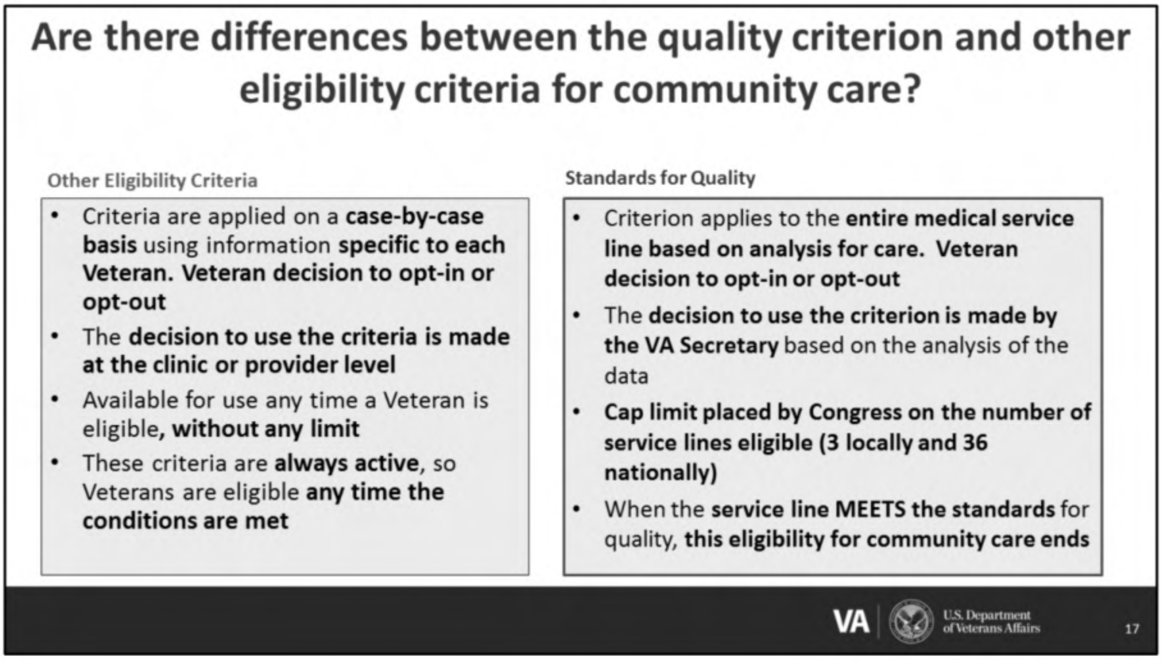


MISSION Act Requirements

MISSION Act Requirements – Section 101

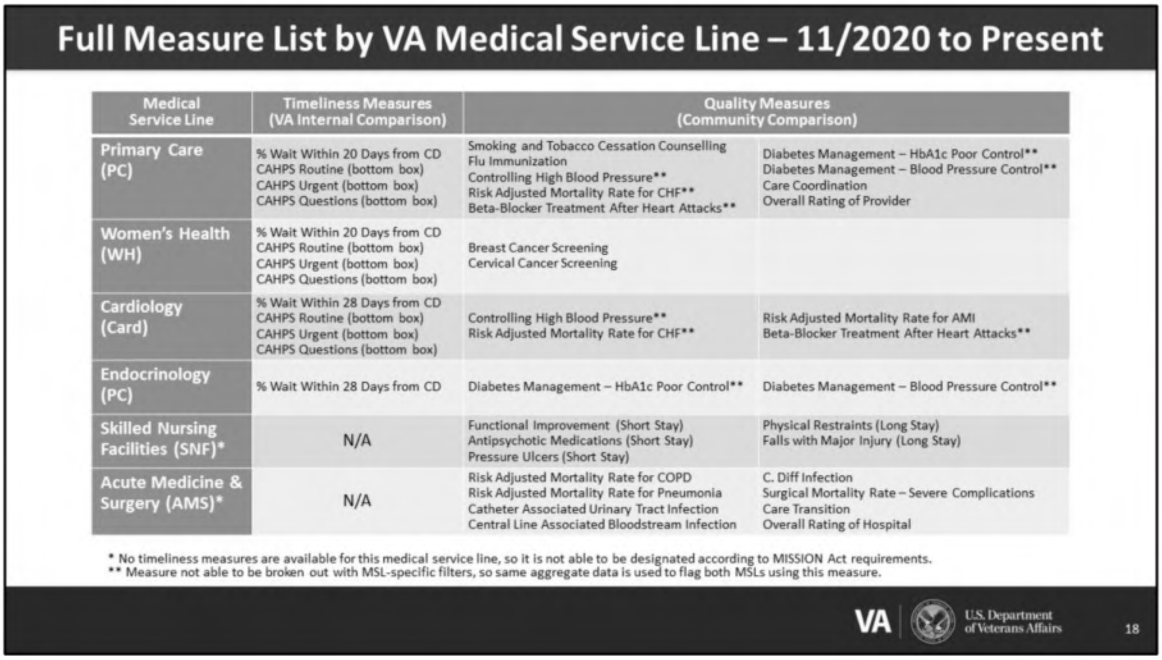
✓ – Measure quality of a medical service line of a VA facility by comparing it with 2 or more distinct and appropriate quality measures at non-Department medical service lines

✓ – Measure timeliness of the medical service line of a VA facility by comparing with the same medical service line at different Department facilities



Are there differences between the quality criterion and other eligibility criteria for community care?

Other Eligibility Criteria	Standards for Quality
Criteria are applied on a **case-by-case basis** using information **specific to each Veteran. Veteran decision to opt-in or opt-out**	Criterion applies to the **entire medical service line based on analysis for care. Veteran decision to opt-in or opt-out**
The **decision to use the criteria is made at the clinic or provider level**	The **decision to use the criterion is made by the VA Secretary** based on the analysis of the data
Available for use any time a Veteran is eligible**, without any limit**	**Cap limit placed by Congress on the number of service lines eligible (3 locally and 36 nationally)**
These criteria are **always active**, so Veterans are eligible **any time the conditions are met**	When the **service line MEETS the standards** for quality, **this eligibility for community care ends**



Full Measure List by VA Medical Service Line – 11/2020 to Present

Medical Service Line	Timeliness Measures (VA Internal Comparison)	Quality Measures (Community Comparison)	
Primary Care (PC)	% Wait Within 20 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Smoking and Tobacco Cessation Counselling Flu Immunization Controlling High Blood Pressure** Risk Adjusted Mortality Rate for CHF** Beta-Blocker Treatment After Heart Attacks**	Diabetes Management – HbA1c Poor Control** Diabetes Management – Blood Pressure Control** Care Coordination Overall Rating of Provider
Women's Health (WH)	% Wait Within 20 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Breast Cancer Screening Cervical Cancer Screening	
Cardiology (Card)	% Wait Within 28 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Controlling High Blood Pressure** Risk Adjusted Mortality Rate for CHF**	Risk Adjusted Mortality Rate for AMI Beta-Blocker Treatment After Heart Attacks**
Endocrinology (PC)	% Wait Within 28 Days from CD	Diabetes Management – HbA1c Poor Control**	Diabetes Management – Blood Pressure Control**
Skilled Nursing Facilities (SNF)*	N/A	Functional Improvement (Short Stay) Antipsychotic Medications (Short Stay) Pressure Ulcers (Short Stay)	Physical Restraints (Long Stay) Falls with Major Injury (Long Stay)
Acute Medicine & Surgery (AMS)*	N/A	Risk Adjusted Mortality Rate for COPD Risk Adjusted Mortality Rate for Pneumonia Catheter Associated Urinary Tract Infection Central Line Associated Bloodstream Infection	C. Diff Infection Surgical Mortality Rate – Severe Complications Care Transition Overall Rating of Hospital

* No timeliness measures are available for this medical service line, so it is not able to be designated according to MISSION Act requirements.
** Measure not able to be broken out with MSL-specific filters, so same aggregate data is used to flag both MSLs using this measure.

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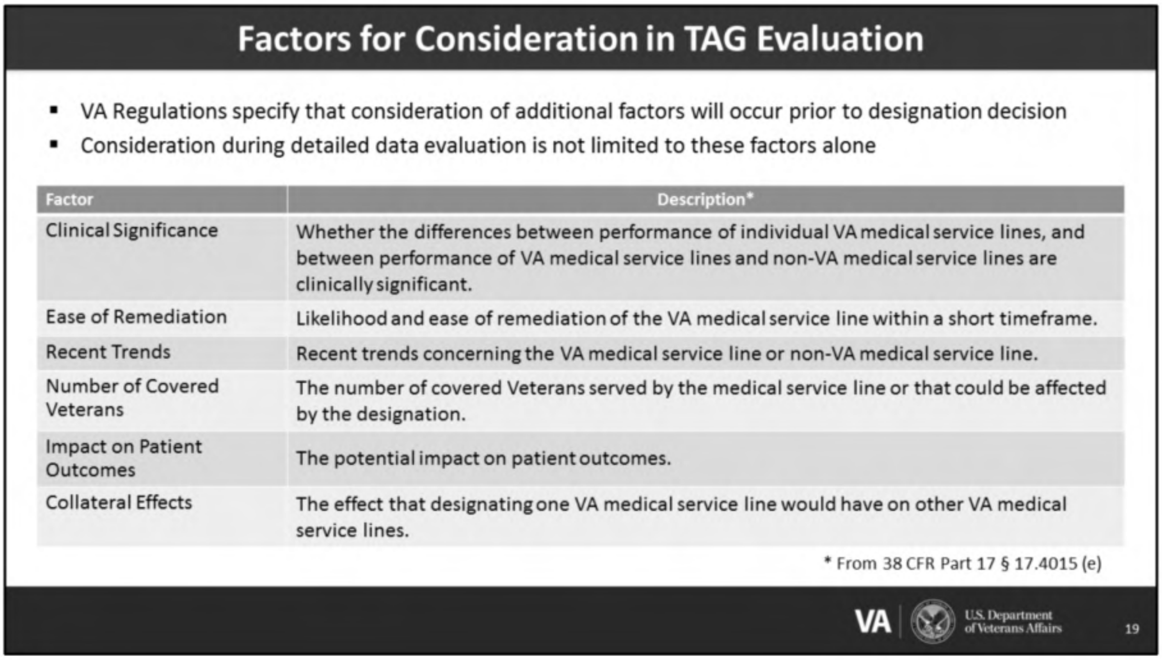
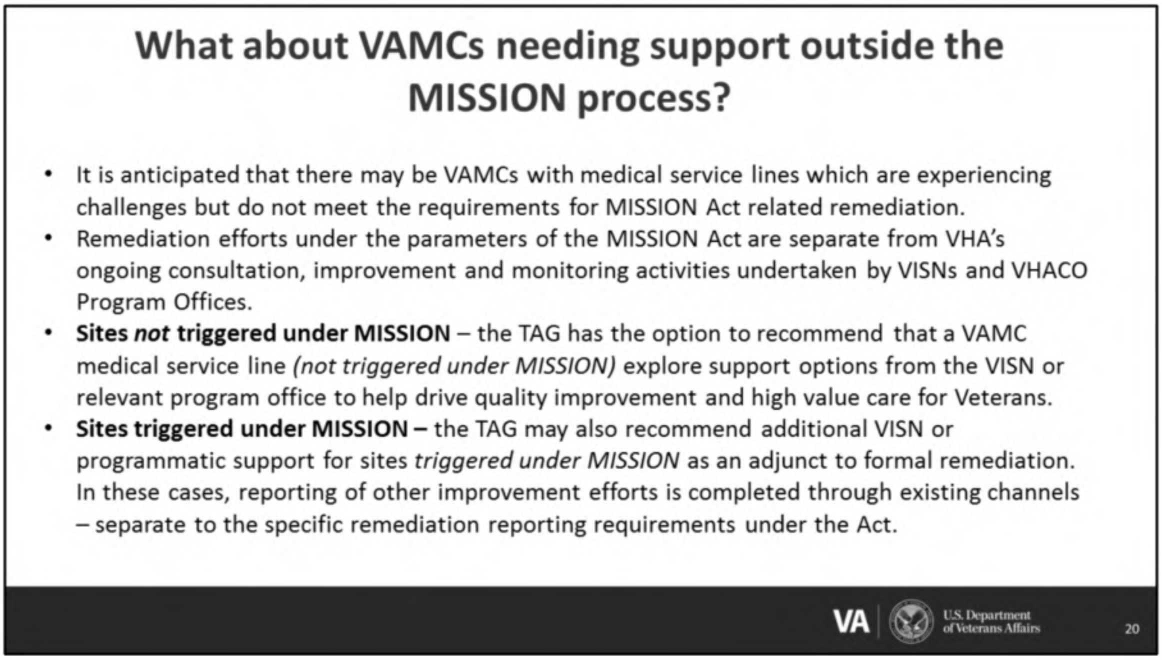


Factors for Consideration in TAG Evaluation

- VA Regulations specify that consideration of additional factors will occur prior to designation decision
- Consideration during detailed data evaluation is not limited to these factors alone

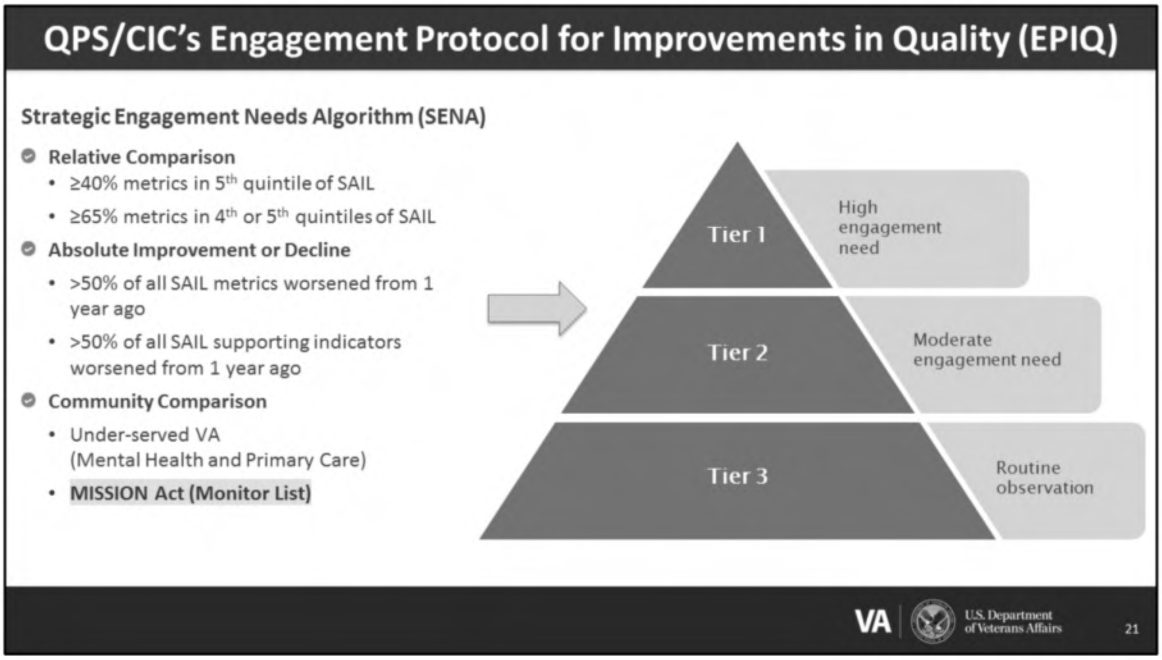
Factor	Description*
Clinical Significance	Whether the differences between performance of individual VA medical service lines, and between performance of VA medical service lines and non-VA medical service lines are clinically significant.
Ease of Remediation	Likelihood and ease of remediation of the VA medical service line within a short timeframe.
Recent Trends	Recent trends concerning the VA medical service line or non-VA medical service line.
Number of Covered Veterans	The number of covered Veterans served by the medical service line or that could be affected by the designation.
Impact on Patient Outcomes	The potential impact on patient outcomes.
Collateral Effects	The effect that designating one VA medical service line would have on other VA medical service lines.

* From 38 CFR Part 17 § 17.4015 (e)



What about VAMCs needing support outside the MISSION process?

- It is anticipated that there may be VAMCs with medical service lines which are experiencing challenges but do not meet the requirements for MISSION Act related remediation.
- Remediation efforts under the parameters of the MISSION Act are separate from VHA's ongoing consultation, improvement and monitoring activities undertaken by VISNs and VHACO Program Offices.
- **Sites *not* triggered under MISSION** – the TAG has the option to recommend that a VAMC medical service line *(not triggered under MISSION)* explore support options from the VISN or relevant program office to help drive quality improvement and high value care for Veterans.
- **Sites triggered under MISSION –** the TAG may also recommend additional VISN or programmatic support for sites *triggered under MISSION* as an adjunct to formal remediation. In these cases, reporting of other improvement efforts is completed through existing channels – separate to the specific remediation reporting requirements under the Act.



QPS/CIC's Engagement Protocol for Improvements in Quality (EPIQ)

Strategic Engagement Needs Algorithm (SENA)

- **Relative Comparison**
  - ≥40% metrics in 5th quintile of SAIL
  - ≥65% metrics in 4th or 5th quintiles of SAIL
- **Absolute Improvement or Decline**
  - >50% of all SAIL metrics worsened from 1 year ago
  - >50% of all SAIL supporting indicators worsened from 1 year ago
- **Community Comparison**
  - Under-served VA
    (Mental Health and Primary Care)
  - **MISSION Act (Monitor List)**

Tier 1	High engagement need
Tier 2	Moderate engagement need
Tier 3	Routine observation