INFORMATION

SAIL GOVERNANCE UPDATE

Presentation for: VHA Governance Board

Presented By: Joseph Francis, MD, MPH, Executive Director, Analytics & Performance Integration (17API)

Date of Briefing: April 27, 2021

Topics

- Cerner Data Syndication
- MISSION Act:
  - Quality Standards
  - Technical Advisory Group (TAG) review activities
- SAIL FY21Q1 results

Bottom Line Up Front

- Incremental progress is being made with Cerner data syndication
  - This will help maintain a certain degree of reporting & measurement continuity
  - There are some differences between Cerner and VistA that will require us to move to a new data model for the future.
- MISSION Act Quality Standards: no facilities triggered Section 109 standards in quarterly reviews
  - (b)(5)
- SAIL FY21Q1 update shows clear impact of COVID but also our ability to learn, adapt, and improve

Cerner Data Syndication*

**Data syndication refers to the process of returning data collected using Millennium (Cerner's electronic health record) back to VA to allow continuity of critical Reporting and Registry functions during the transition from VistA*

Data Syndication Gap Analysis – 5 Key Findings

1. Mapping Cerner data to critical VA reports and creating a usable repository of analytic data is a complicated task of unprecedented magnitude. The risks inherent in this must be acknowledged
2. Decisions made early in the planning have made this more challenging
3. Cerner is vastly different from VistA. It will take time to learn how to fully utilize it for analytic purposes
4. There are many data quality issues related to how Millennium was deployed, rather than the data syndication process itself
5. ***Issues like these are to be expected with a transition of the scale. Nonetheless, VA is impressed with Cerner's potential.***

Data Syndication – 8 Recommendations

(b)(5)

(b)(5)

MISSION Act

Bottom Line Up Front: MISSION TAG Snapshot

MISSION TAG March 2021 Updates:

- **BOTTOM LINE –** (b)(5)

  (b)(5)

- (b)(5)

- **Anticipating changes to some Access measures later in FY21. Working with OVAC to look at implications for MISSION data surveillance. In interim – utilizing existing measures.**

A Recent Misunderstanding

(b)(5)

[redacted]

Critical Benefits from Care within the VA

- All providers have access to full medical information – important to managing a Veteran's care
- Care coordination – VA has expertise in managing complex social and clinical needs
- Expertise in Veteran-specific conditions – MST, PTSD, TBI
- Lifetime commitment to Veteran Care
- Peer-reviewed studies* support the advantage of VA care:
  - RAND: VA care matches or exceeds the private sector
  - Medication safety: Veterans under VA care are less likely to receive harmful drug combinations than those seen by community providers
  - Better outcomes for Veterans who receive surgery or acute coronary interventions within VA

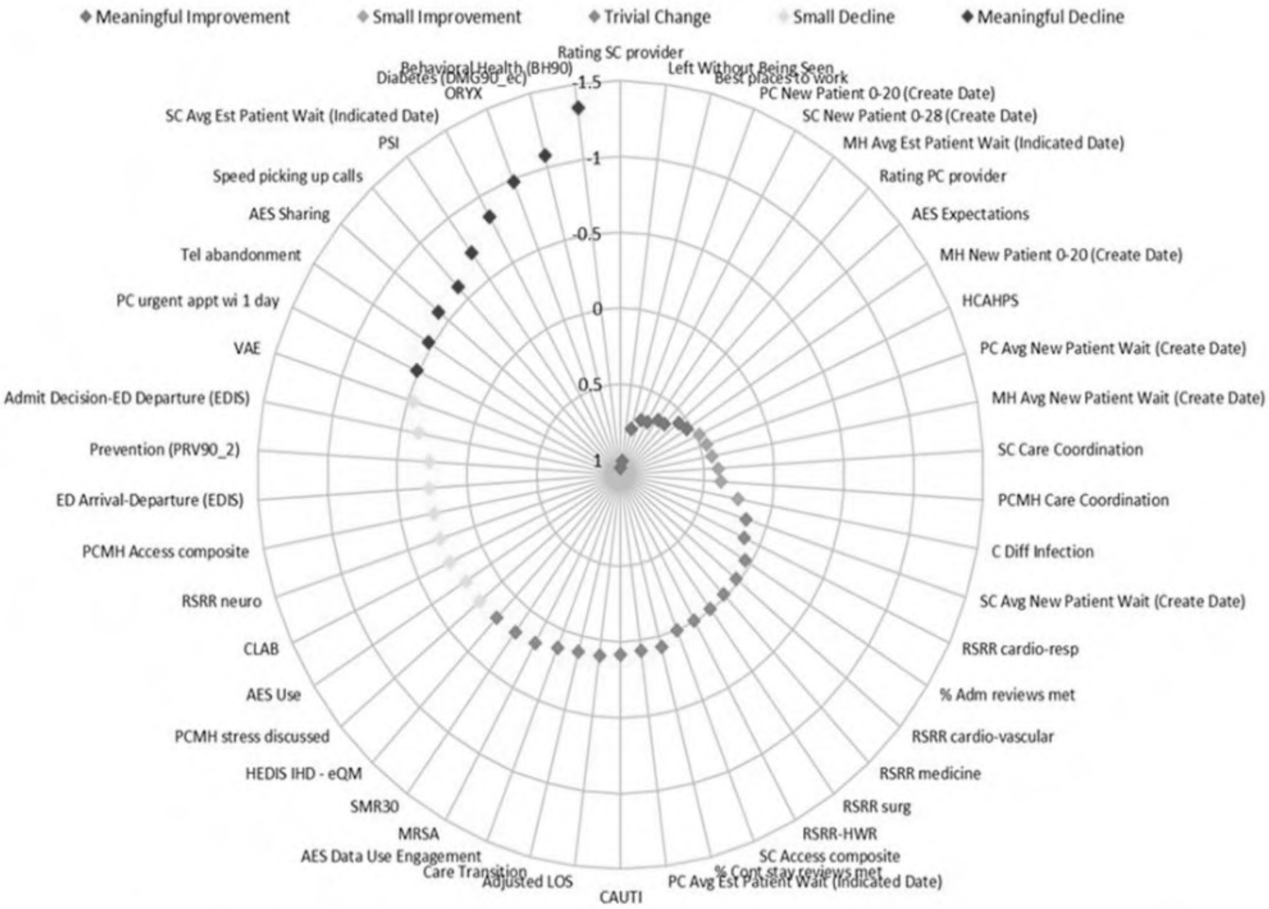
SAIL Update

SAIL: National 12-Month Improvement Trends

Meaningful Improvement:
- ✓ Rating of Specialty Care Provider
- ✓ ED Left without being Seen
- ✓ Best Places to Work
- ✓ PC New Patient Access
- ✓ SC New Patient Access
- ✓ MH New Patient Access
- ✓ MH Established Patient Wait
- ✓ Rating of Primary Care Provider
- ✓ All Employee Survey Use Expectations

Meaningful Decline:
- ✓ Behavioral Health Screening
- ✓ HEDIS Diabetes Measures
- ✓ Global Inpatient Measures
- ✓ SC Established Patient Wait
- ✓ Patient Safety Indicators
- ✓ Telephone Answer and Abandonment Rate
- ✓ AES Data Sharing
- ✓ PC Urgent Appointments within a Day

Size of Change in Quality Indicators on SAIL from FY2020Q1 to FY2021Q1



Notes:
The Acute Care 30-Day Standardized Mortality Ratio (SMR30) and Adjusted Length of Stay measures were updated to include a binary flag indicating whether a patient was identified as having COVID-19. These model enhancements were included to better measure the effect of COVID-19 on mortality and length of stay.

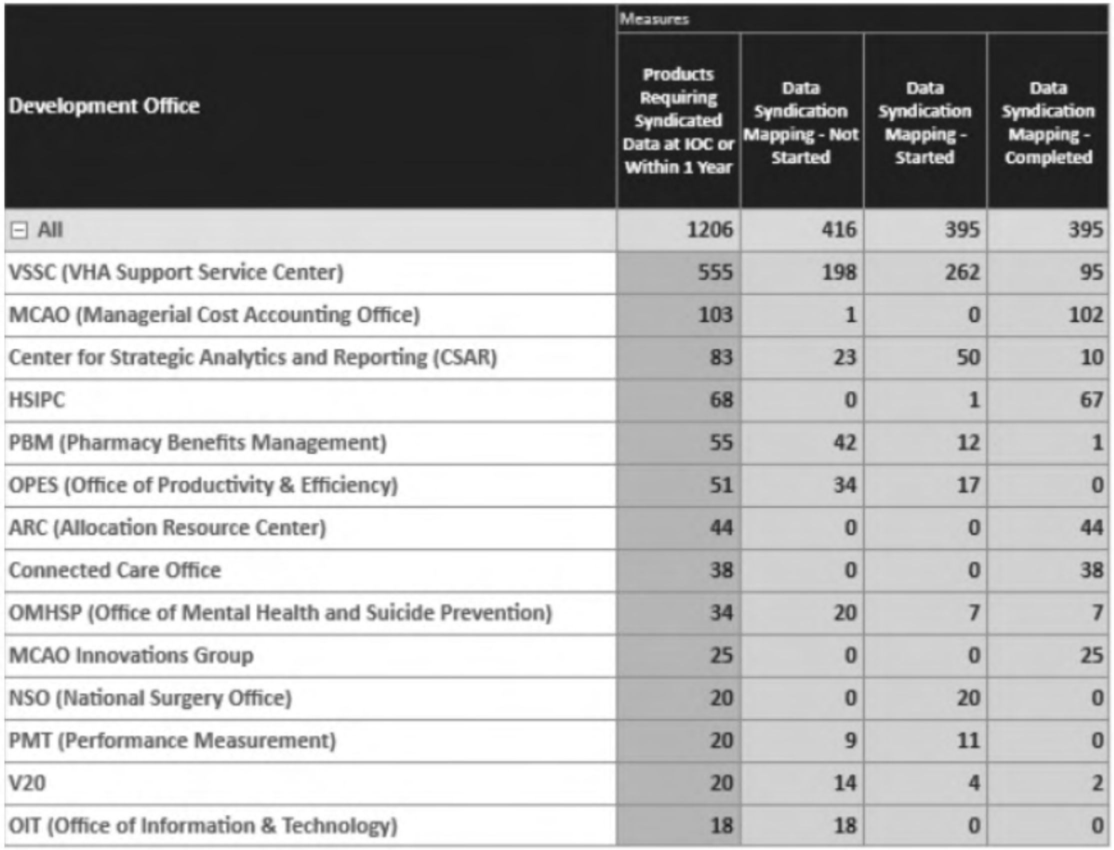
Three Key Takeaways

(b)(5)

[redacted]

Backup Slides

Cerner Data Syndication: Incremental Progress after 4 months



Development Office	Measures			
	Products Requiring Syndicated Data at IOC or Within 1 Year	Data Syndication Mapping - Not Started	Data Syndication Mapping - Started	Data Syndication Mapping - Completed
⊟ All	1206	416	395	395
VSSC (VHA Support Service Center)	555	198	262	95
MCAO (Managerial Cost Accounting Office)	103	1	0	102
Center for Strategic Analytics and Reporting (CSAR)	83	23	50	10
HSIPC	68	0	1	67
PBM (Pharmacy Benefits Management)	55	42	12	1
OPES (Office of Productivity & Efficiency)	51	34	17	0
ARC (Allocation Resource Center)	44	0	0	44
Connected Care Office	38	0	0	38
OMHSP (Office of Mental Health and Suicide Prevention)	34	20	7	7
MCAO Innovations Group	25	0	0	25
NSO (National Surgery Office)	20	0	20	0
PMT (Performance Measurement)	20	9	11	0
V20	20	14	4	2
OIT (Office of Information & Technology)	18	18	0	0

Of 1206 critical Reports & Registries:

- One third are completed
- One third are in progress

On track to complete work by September

Of 312 Custom Reports requested from Cerner:

- 299 have been built
- 296 have completed testing
- 3 in testing phase
- 13 remain to be delivered

This is about preserving current capabilities … the bigger issue is our Future

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

MISSION Act Quality Standards by Service Line

Medical Service Line	Timeliness Measures (VA Internal Comparison)	Quality Measures (Community Comparison)	
Primary Care	% 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 MI**	Diabetes Management – Poor Control** Diabetes Management – BP Control** Care Coordination (survey) Overall Rating of Provider (survey)
Women's Health	% 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	% 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 MI
Endocrinology	% Wait Within 28 Days from CD	Diabetes Management – Poor Control**	Diabetes Management – BP Control**
Skilled Nursing Facilities	N/A	Functional Improvement (Short Stay) Antipsych Medications (Short Stay) Pressure Ulcers (Short Stay)	Physical Restraints (Long Stay) Falls with Major Injury (Long Stay)
Acute Medicine & Surgery	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 (survey) Overall Rating of Hospital (survey)

Mission Act Quality Standards Tracking Report (MAQSTR)

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

Designed to help compare VHA performance to 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

RAPID

MISSION Act Quality Standards Tracking Report FY2020

Office of Reporting, Analytics, Performance, Improvement and Deployment

Mission Act Quality Standards Tracking Report

MISSION Act Quality Standards Tracking Report (MAQSTR) Updates -

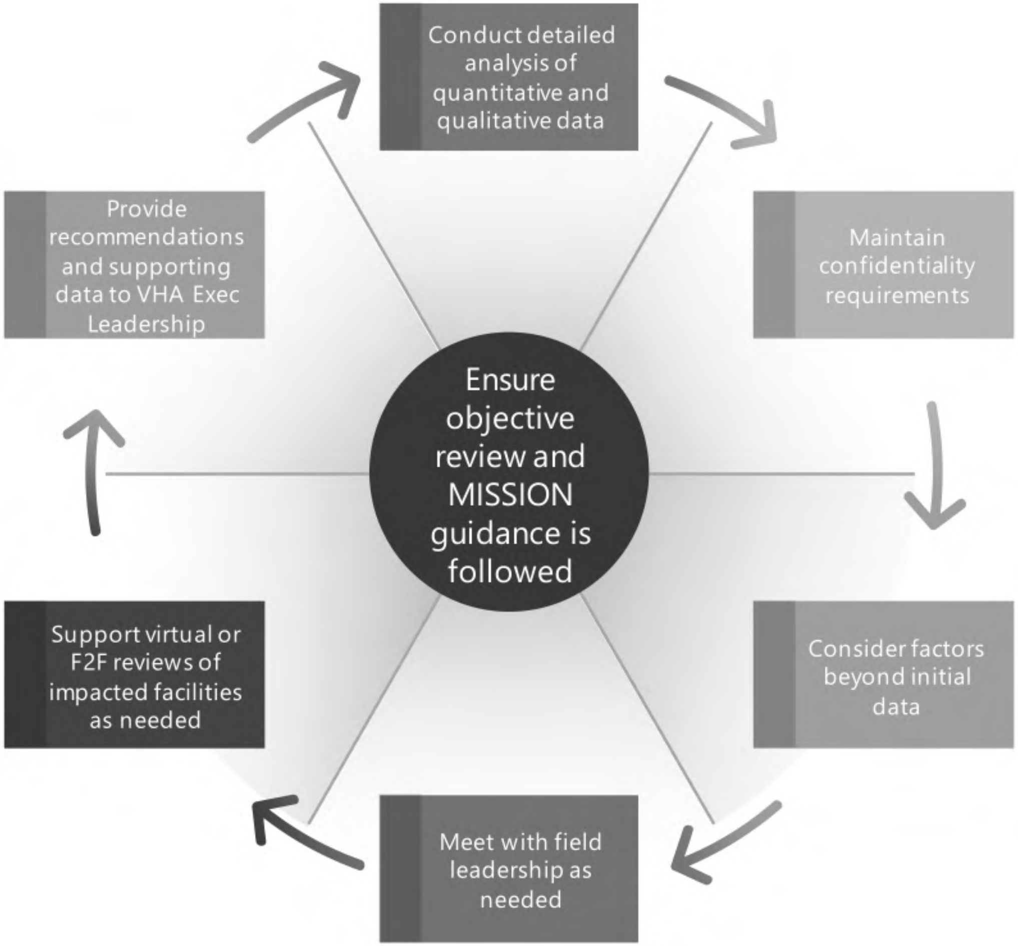
- FY21 Q1 MAQSTR partial release occurred on March 8th. Additional Q1 datasets will be added to MAQSTR in April (HCAHPS & CLC data)

- FY21 MAQSTR will only display VA vs Community benchmarks (Domain comparison), the Improvement component will be moved to and supported by SAIL tools

- New MAQSTR Ratings reports in Power BI (PBI) – will allow for VISN/facilities to examine metrics grouped by Better/Same/Worse performance levels vs. Community benchmarks (Note: PBI reports are in beta testing through Q1)
  - MAQSTR Ratings Map report provides geographic representation of performance
  - New MAQSTR Trigger Report *under development for April Release* – will incorporate timeliness measures in addition to quality measures at the service line level

- COVID Impact: Most community benchmarks not impacted for FY20 evaluation, however FY21 community data will be impacted or not available due to COVID
  - CMS suspended reporting of data for FY2020 quarters 2 and 3, this will impact metrics for extended periods (HAI, Risk Adjusted Mortality)
  - HEDIS benchmarks in MAQSTR are pre-pandemic (CY19), VA data is current FY

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

Impacts on Data

COVID

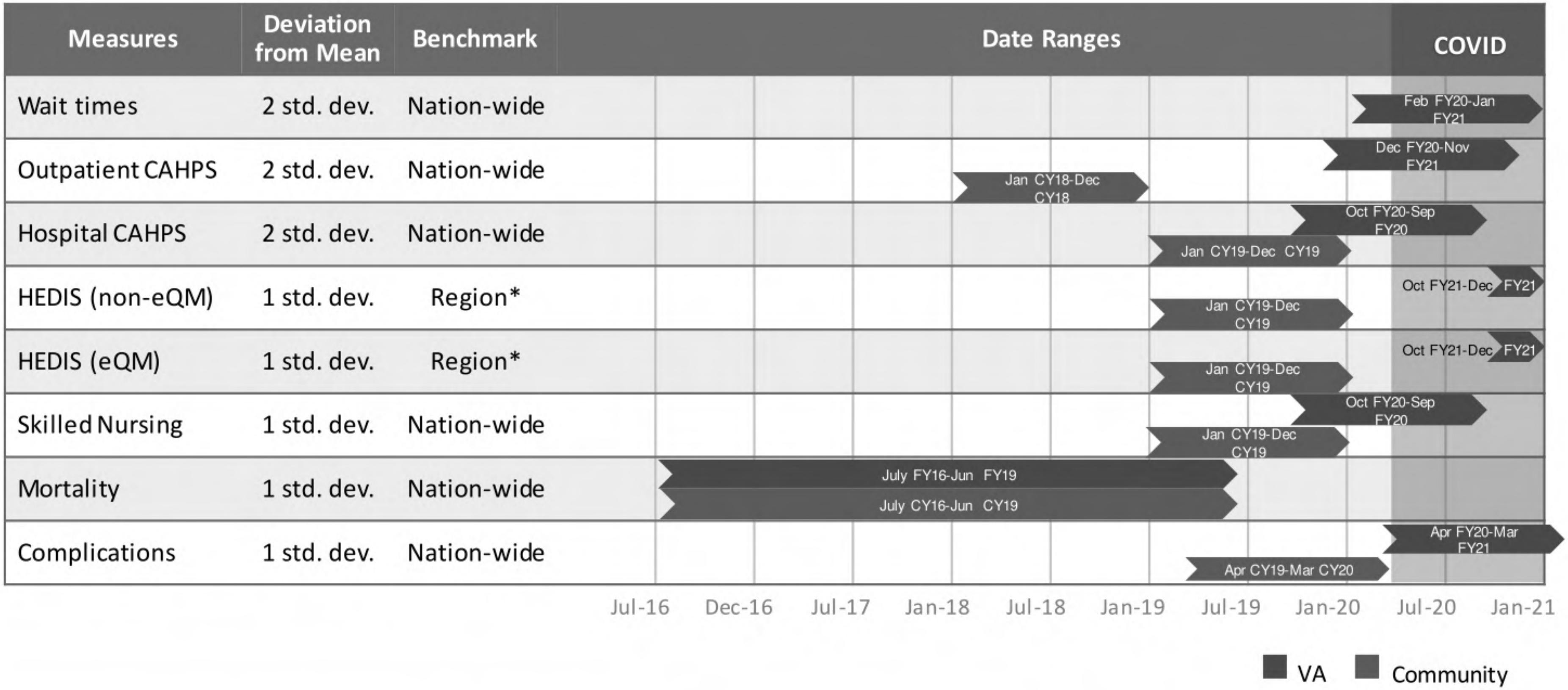
- Wait times: Fewer face-to-face appointments and increased encounters not captured in a scheduled appointment (e.g., virtual) make wait time data less reliable.
- Timing: COVID-19 pandemic impacts measures when comparing VA to the community. VHA data is more recent than community benchmarks. Healthcare Associated Infections (HAI) and HEDIS measure scores from community data are not reflective of the same timeframes and community data may lag.

Internal Changes

- Anticipated data incongruities: The data feed for Veterans vaccinated in the community has been inconsistent due to contracting situations with community providers and data quality issues with the replacement process (i.e., CAVE), leading to delays. Analysis is ongoing; however, this is likely creating a situation of under-reported influenza vaccinations, thereby negatively impacting metric performance scores.
- The influenza metric has changed from chart abstracted to electronic for FY21. This measure is cumulative through the flu season (July-June), therefore early FY results (Q1/Q2) would not be reflective of system performance to a degree that community comparisons are appropriate for flagging.

Exercise caution in interpreting data due to these impacts.

VA and Community Comparisons - Data Availability



Measures	Deviation from Mean	Benchmark	Date Ranges
Wait times	2 std. dev.	Nation-wide	Feb FY20-Jan FY21
Outpatient CAHPS	2 std. dev.	Nation-wide	Dec FY20-Nov FY21 Jan CY18-Dec CY18
Hospital CAHPS	2 std. dev.	Nation-wide	Oct FY20-Sep FY20 Jan CY19-Dec CY19
HEDIS (non-eQM)	1 std. dev.	Region*	Oct FY21-Dec FY21 Jan CY19-Dec CY19
HEDIS (eQM)	1 std. dev.	Region*	Oct FY21-Dec FY21 Jan CY19-Dec CY19
Skilled Nursing	1 std. dev.	Nation-wide	Oct FY20-Sep FY20 Jan CY19-Dec CY19
Mortality	1 std. dev.	Nation-wide	July FY16-Jun FY19 July CY16-Jun CY19
Complications	1 std. dev.	Nation-wide	Apr FY20-Mar FY21 Apr CY19-Mar CY20

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

Surveillance Summary: Medical Services

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

Triggering Timeliness Measures (Top 3)
- Cardiology CAHPS Routine (6)
- Primary Care CAHPS Routine (4)
- Cardiology Wait Times (4)

Triggering Quality Measures
- Breast Cancer Screening (13)
- Cervical Cancer Screen (11)
- Diabetes A1c Poor Control (8)
- Diabetes BP Control (7)
- Tobacco Cessation (2)
- Flu Immunization* (N/A)

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**	**0** (same as previous surveillance period)	**1** (same as previous surveillance period)	**2** (5 fewer than previous surveillance period)
	Triggering Measure	**1** (1 fewer than previous surveillance period)	**3** (4 fewer than previous surveillance period)	**46** (21 fewer than previous surveillance period)
	No Triggering Measure	**6** (1 fewer than previous surveillance period)	**19** (4 fewer than previous surveillance period)	**467** (30 **more** than previous surveillance period)

** Flu Immunization data not available this surveillance interval*

Surveillance Summary: Hospital Care

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

Triggering Quality Measures
- CLABSI (22)
- CAUTI (12)
- HCAHPS Hospital Rating (11)
- HCAHPS Care Transition (4)

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	**9** (7 more than previous surveillance period)
	Triggering Measure	N/A	N/A	**31** (9 more than previous surveillance period)
	No Triggering Measure	N/A	N/A	**90** (17 fewer than previous surveillance period)

Surveillance Summary: Extended Care Services

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

Triggering Quality Measures:
Short Stay
- Antipsychotic Medications (21)
- Functional Improvement (7)
- Pressure Ulcer* (0)

Triggering Quality Measures:
Long Stay
- Falls with Major Injury (8)
- Physical Restraints (2)

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	**4** (same as previous surveillance period)
	Triggering Measure	N/A	N/A	**30** (same as previous surveillance period)
	No Triggering Measure	N/A	N/A	**98** (2 fewer than previous surveillance period)

**Pressure Ulcer data not available for this surveillance period*

Memphis, TN Health Care System

https://www.accesstocare.va.gov/Healthcare/MissionActQualityStandardForStation/614

Memphis Summary	Better	Same	Worse
Technical Quality (13 total)	10	2	1
Safety (2 total)	2	--	--
Survey of Experience (3 total)	--	1	2

Technical Quality	VA vs. Community
Adequate Control of High Blood Pressure	BETTER
Annual Eye Exam for Diabetics	BETTER
Blood Pressure Control for Diabetics	BETTER
Death rate for Congestive Heart Failure	BETTER
Death rate for COPD	BETTER
Death rate for Heart Attack	SAME
Death rate for Pneumonia	SAME
Flu Shots for Adults Ages 18-64	WORSE*
Poor Blood Glucose Control Among Diabetics	BETTER
Poor Therapy After Heart Attack – Beta Blockers	BETTER
Screening for Breast Cancer	BETTER
Screening for Cervical Cancer	BETTER
Smoking and Tobacco Cessation - Advise Smokers to Quit	BETTER

Safety	VA vs. Community
Catheter-associated urinary tract infection	BETTER
Central line-associated bloodstream infection	BETTER

Survey of Experience	VA vs. Community
Care Transition	WORSE
HCAHPS Summary Star	SAME
Overall Rating of Hospital	WORSE

*Incomplete data - does not include flu shots Veterans obtained in the community

Phoenix, AZ Health Care System

https://www.accesstocare.va.gov/Healthcare/MissionActQualityStandardForStation/644

Phoenix Summary	Better	Same	Worse
Technical Quality (12 total)	8	3	1
Safety (2 total)	2	--	--
Survey of Experience (3 total)	--	2	1

Technical Quality	VA vs. Community
Adequate Control of High Blood Pressure	BETTER
Annual Eye Exam for Diabetics	BETTER
Blood Pressure Control for Diabetics	BETTER
Death rate for Congestive Heart Failure	SAME
Death rate for COPD	BETTER
Death rate for Heart Attack	SAME
Death rate for Pneumonia	SAME
Flu Shots for Adults Ages 18-64	WORSE*
Poor Blood Glucose Control Among Diabetics	BETTER
Screening for Breast Cancer	BETTER
Screening for Cervical Cancer	BETTER
Smoking and Tobacco Cessation - Advise Smokers to Quit	BETTER

Safety	VA vs. Community
Catheter-associated urinary tract infection	BETTER
Central line-associated bloodstream infection	BETTER

Survey of Experience	VA vs. Community
Care Transition	SAME
HCAHPS Summary Star	SAME
Overall Rating of Hospital	WORSE

*Incomplete data - does not include flu shots Veterans obtained in the community

St Louis, MO Health Care System

https://www.accesstocare.va.gov/Healthcare/MissionActQualityStandardForStation/657

St. Louis Summary	Better	Same	Worse
Technical Quality (13 total)	9	3	1
Safety (2 total)	2	--	--
Survey of Experience (3 total)	--	2	1

Technical Quality	VA vs. Community
Adequate Control of High Blood Pressure	BETTER
Annual Eye Exam for Diabetics	BETTER
Blood Pressure Control for Diabetics	BETTER
Death rate for Congestive Heart Failure	SAME
Death rate for COPD	BETTER
Death rate for Heart Attack	SAME
Death rate for Pneumonia	SAME
Flu Shots for Adults Ages 18-64	WORSE*
Poor Blood Glucose Control Among Diabetics	BETTER
Proper Therapy After Heart Attack - Beta Blockers	BETTER
Screening for Breast Cancer	BETTER
Screening for Cervical Cancer	BETTER
Smoking and Tobacco Cessation - Advise Smokers to Quit	BETTER

Safety	VA vs. Community
Catheter-associated urinary tract infection	BETTER
Central line-associated bloodstream infection	BETTER

Survey of Experience	VA vs. Community
Care Transition	SAME
HCAHPS Summary Star	SAME
Overall Rating of Hospital	WORSE

*Incomplete data - does not include flu shots Veterans obtained in the community

Washington, DC Health Care System

https://www.accesstocare.va.gov/Healthcare/MissionActQualityStandardForStation/688

Washington Summary	Better	Same	Worse
Technical Quality (12 total)	11	1	--
Safety (2 total)	2	--	--
Survey of Experience (3 total)	--	2	1

Technical Quality	VA vs. Community
Adequate Control of High Blood Pressure	BETTER
Annual Eye Exam for Diabetics	BETTER
Blood Pressure Control for Diabetics	BETTER
Death rate for Congestive Heart Failure	BETTER
Death rate for COPD	BETTER
Death rate for Heart Attack	SAME
Death rate for Pneumonia	BETTER
Flu Shots for Adults Ages 18-64	BETTER
Poor Blood Glucose Control Among Diabetics	BETTER
Screening for Breast Cancer	BETTER
Screening for Cervical Cancer	BETTER
Smoking and Tobacco Cessation - Advise Smokers to Quit	BETTER

Safety	VA vs. Community
Catheter-associated urinary tract infection	BETTER
Central line-associated bloodstream infection	BETTER

Survey of Experience	VA vs. Community
Care Transition	SAME
HCAHPS Summary Star	SAME
Overall Rating of Hospital	WORSE

Summary Surveillance Results: March 2021

Though no Medical Service Lines met the criteria for TAG review due to MISSION Act Standards for Quality for this surveillance interval, the following sites are monitored as previously flagged for both Timeliness and Quality measures.

Medical Service Line	Measure Flag History	Triggering Measures			TAG Findings
		Timely Care	Effective Care	Veteran-Centered Care	
Central Alabama – Primary Care	Sep 2019 to Aug 2020	Routine Care Medical Questions	Flu Immunization*	None	None during the October/November 2020 data review
Fayetteville, NC – Primary Care	Sep 2019 to May 2020	~~Medical Questions~~	Flu Immunization* DM - HbA1c	None	
Hampton – Primary Care	Mar 2020 to May 2020	None	Flu Immunization*	None	

LEGEND

Newly triggering since last surveillance

~~No longer triggering as of current surveillance~~

* No Flu Immunization data available this review cycle and the trigger is a carryover from the previous surveillance interval

Summary Surveillance Results: March 2021

Though no Medical Service Lines met the criteria for TAG review due to MISSION Act Standards for Quality for this surveillance interval, the following sites are one measure from TAG review.

MSL: Primary Care	Timeliness (VA Internal Comparison)		Quality (Community Comparison)		
Facility	**Flagged**	**Triggering Measures**	**Flagged**	**Triggering Measures**	**TAG Review**
(2V07) (509) Augusta, GA HCS	Yes	Routine Care | Urgent Care	No	Tobacco Cessation	No

MSL: Women's Health	Timeliness (VA Internal Comparison)		Quality (Community Comparison)		
Facility	**Flagged**	**Triggering Measures**	**Flagged**	**Triggering Measures**	**TAG Review**
(1V05) (688) Washington, DC HCS	No	% New Patient in 20 Days	Yes	Breast Cancer Screening | Cervical Cancer Screening	No

SAIL FY21Q1 Updates

- **Hospital Complexity Changes**
  - OPES released FY20 Hospital Complexities
  - 27 facilities change levels (6 increase; 21 decrease)

(b)(5)

- [redacted]

SAIL FY21Q1 Updates (continued)

- **Performance Measurement Changes**
  - Blend of chart-abstracted and electronic quality measures (eQMs)
  - Focus on composite level reporting vs. combined composites
  - Majority of underlying metrics do not change from FY20 SAIL

- **MAQSTR Improvement moving to SAIL**
  - Shown on separate Relative Performance vs. Absolute Improvement Graph
  - Community benchmark comparison

ACCESS UPDATE

Presentation for: VHA Governance Board

Presented By: RimaAnn Nelson and Dr. Susan Kirsh

Date of Briefing: January 20, 2022

Access Updates

Bottom Line Up Front

- Mental Health Access
- CO-ED
- Access Index – Measurement Way Forward
- Virtual Healthcare System Update
- Contact Centers
- Access Standards

Mental Health Access

- Mental Health Access continues to be of critical concern and high priority

- Memo

- Data forthcoming

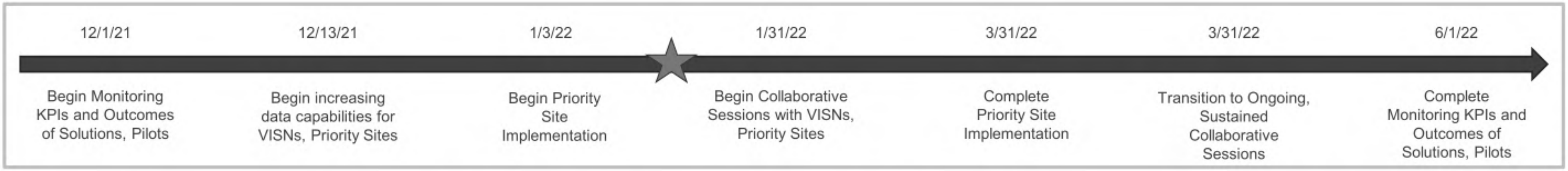
- Looking for capacity in VA (local, VISN, cross VISNs) and Community

Care Optimization in the Emergency Department (CO-ED)

INITIATIVE	CO-ED
DESCRIPTION	• Collaborate with VISNs to implement value-based care solutions • Streamline care navigation processes • Enhance community partnerships
GOALS	• Optimize resources to facilitate execution of value-based care that results in the right care, at the right place at the right time.

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Total number of unique visits to VA and community ED
- Total number of admissions in VA and community hospitals
- Total cost of community ED visits and admissions
- % of VA and community ED visits that result in admission
- Total number of unique visits to VA and community urgent care facilities
- Total cost of community urgent care visits



12/1/21 — Begin Monitoring KPIs and Outcomes of Solutions, Pilots

12/13/21 — Begin increasing data capabilities for VISNs, Priority Sites

1/3/22 — Begin Priority Site Implementation

1/31/22 — Begin Collaborative Sessions with VISNs, Priority Sites

3/31/22 — Complete Priority Site Implementation

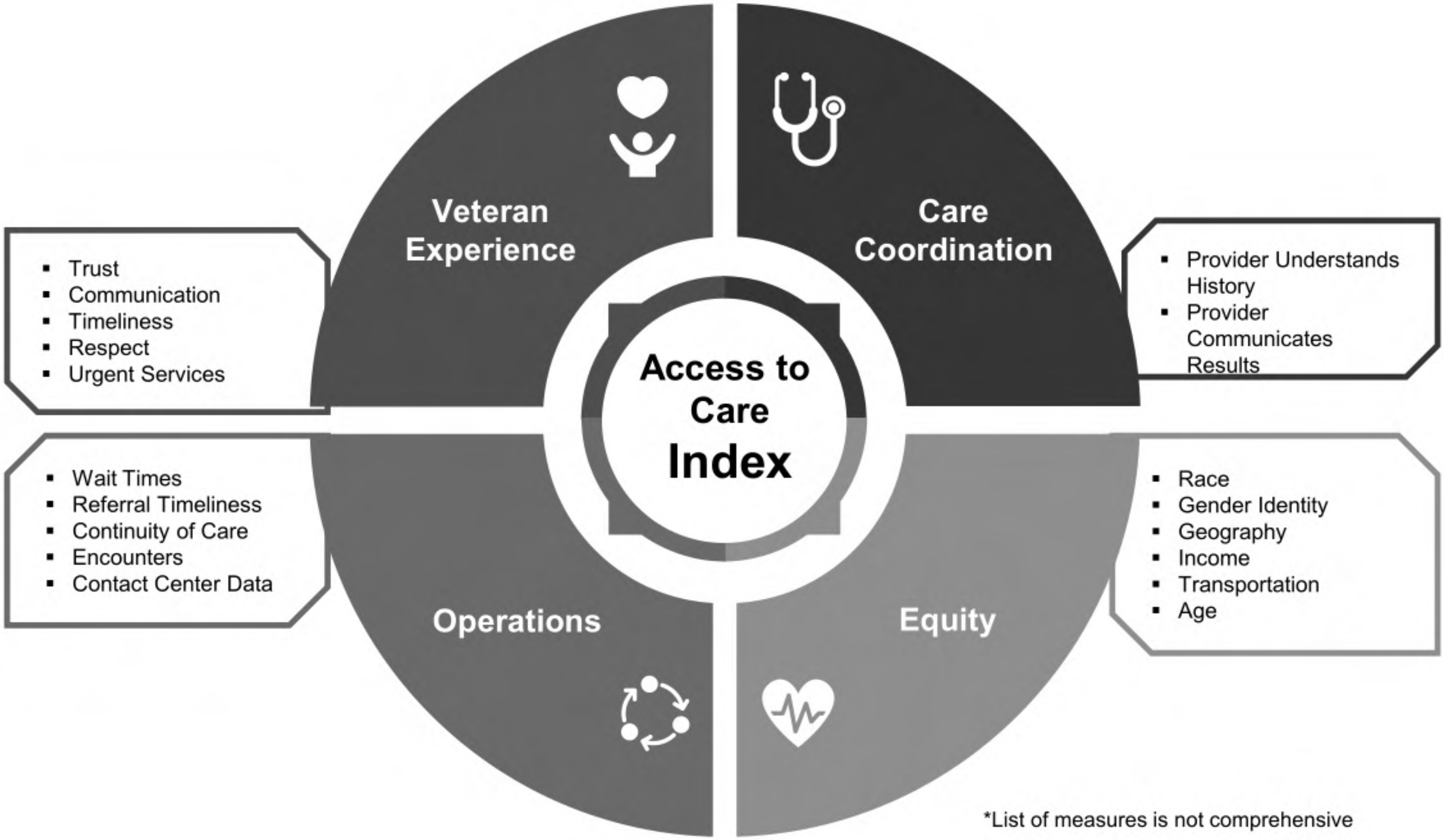
3/31/22 — Transition to Ongoing, Sustained Collaborative Sessions

6/1/22 — Complete Monitoring KPIs and Outcomes of Solutions, Pilots

Status Key ☐ Not Started ■ In Progress ▨ At Risk ▨ Delayed ▨ Complete ▨ On Hold

Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. Increase Data Capabilities for VISNs, Priority Sites	■	90%	3/31/22	Integrate VA and Community data into dashboards, develop solution-specific metrics, collaborate with program offices to develop program specific metrics, explore make/buy templates	Determining future platform to support large data sets is critical to ensuring sustainability of data	(b)(5)
2. Priority Site Implementation	■	50%	3/31/22	Monitor site implementation with collaborative working sessions and recurring reporting	Some solutions may have longer implementation timeline due to complexity and/or resources needed	
3. Monitor KPIs and Outcomes	■	30%	6/1/22	Monitor trends of KPIs and impact of solutions on high-level and operational KPIs	Solution outcomes may not directly contribute to high-level KPIs, rather operational/solution-focused metrics	

Patient Centered Access Measurement



Access to Care Index

Veteran Experience

- Trust
- Communication
- Timeliness
- Respect
- Urgent Services

Care Coordination

- Provider Understands History
- Provider Communicates Results

Operations

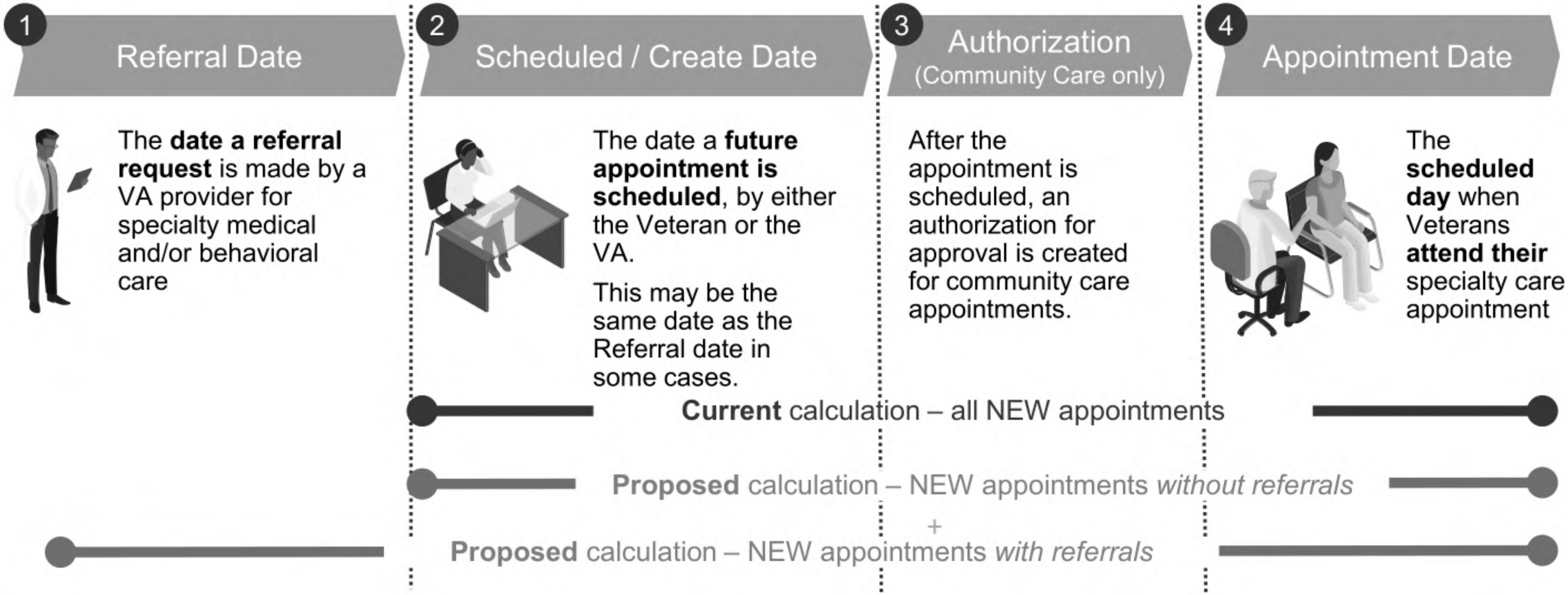
- Wait Times
- Referral Timeliness
- Continuity of Care
- Encounters
- Contact Center Data

Equity

- Race
- Gender Identity
- Geography
- Income
- Transportation
- Age

*List of measures is not comprehensive

Enhancing our Approach to Reporting New Patient Average Wait Times



1 **Referral Date**

The **date a referral request** is made by a VA provider for specialty medical and/or behavioral care

2 **Scheduled / Create Date**

The date a **future appointment is scheduled**, by either the Veteran or the VA.

This may be the same date as the Referral date in some cases.

3 **Authorization** (Community Care only)

After the appointment is scheduled, an authorization for approval is created for community care appointments.

4 **Appointment Date**

The **scheduled day** when Veterans **attend their** specialty care appointment

Current calculation – all NEW appointments

Proposed calculation – NEW appointments *without referrals*

+

Proposed calculation – NEW appointments *with referrals*

This is unrelated and separate from eligibility standards for an Individual Veteran to receive community care, which will not change with this modification.

Average wait time reporting on the Access to Care website includes both urgent and routine visits. Many factors including patient preference, urgency of care, and processes for obtaining care contribute to average wait times.

VHA Access Goals and Objectives

Access to care is delivering the right care, at the right time, through the right modality, to get Veterans to best health outcomes.

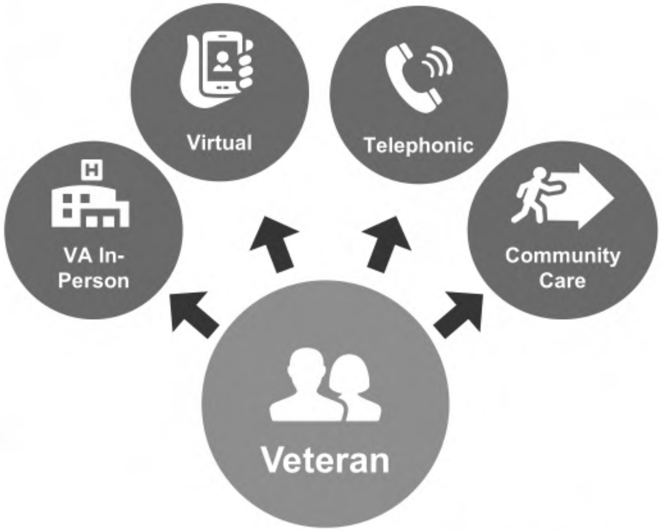
Goals

The Veterans Health Administration (VHA) has several goals for the future of access, including:

- Promote a **consistent, high-quality, timely, and Veteran-centric experience** in accessing care within VHA, virtually, and through community partners.
- Increase **ownership, accountability, and decision making** at all levels of the organization through consistent oversight of access to care data and trends.
- Empower Veterans with clear information to **inform their healthcare access choices**.

Objectives

1. Adopt an enterprise-wide approach to proactively balance capacity and demand
2. Increase VA appointment capacity by working with every line of service to **expand in person, VA virtual care options and Community care offered to Veterans**



VA provides the Veterans options for care, and the Veteran has agency over their decision.

Virtual Health Care System (VHCS)

VHCS concept will:

- Develop standard processes, alignment of *existing* virtual care services to increase opportunities for VA care for Veterans
- Consistently promote high reliability, patient safety, quality of care, Veteran satisfaction

Development of VHCS is critical for VA to:

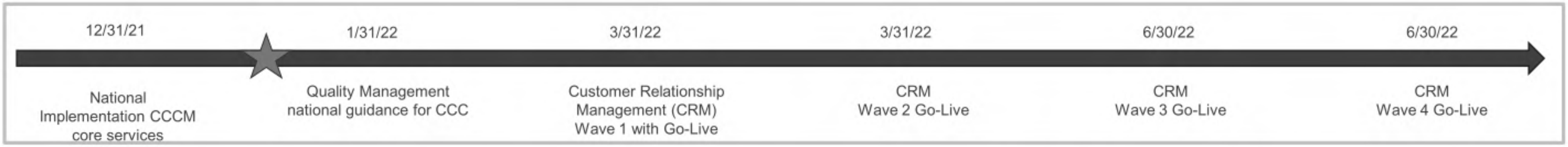
- Expand Veterans choice by providing health care needs in real-time
- Cross-level resources & allow for service expansion
- Deliver integrated care, despite geographic limitations & locations
- Compete in a growing digital marketplace

VA Health Connect

INITIATIVE	VA Health Connect (Clinical Contact Center Modernization [CCCM])
DESCRIPTION	• Implement standardized Clinical Contact Centers (CCC) at every VISN • Provide same-day access to virtual scheduling, clinical triage, pharmacy services, and virtual clinic visits, through a single toll-free number within every VISN • Increase the use of enhancement telehealth services (e.g., tele-Emergency Department, Emergency Department optimization)
GOALS	The goal is to provide Veterans with additional access to VA health care through 24/7 virtual health care services with advances in scheduling and administration, virtual clinic visits, clinical triage and pharmacy – all through a single toll-free number at each VISN.

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Improved Veteran experience
- Increased access to care through improved speed to answer and reduced call abandonment
- Improved operational efficiency through reduced average handle time, increased first contact resolution, reduced transfers
- Increased volume of virtual care/services delivery (encounters and appointments, within each service)



12/31/21 National Implementation CCCM core services

1/31/22 Quality Management national guidance for CCC

3/31/22 Customer Relationship Management (CRM) Wave 1 with Go-Live

3/31/22 CRM Wave 2 Go-Live

6/30/22 CRM Wave 3 Go-Live

6/30/22 CRM Wave 4 Go-Live

Status Key ☐ Not Started ■ In Progress ▨ At Risk ▨ Delayed ▨ Complete ▨ On Hold

Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. CCCM Core Services National implementation	■	90%	12/31/21	Implement min. foundational reqs in VISNs to provide same-day access to 4 core services via single toll-free number (each VISN)	• Each VISN is completing an action plan • Efficiencies dependent upon available tools • VISN staffing increases risks not aligning to 12/31 obj.	(b)(5)
2. Quality Mgmt. National Roadmap	■	50%	1/31/22	Roadmap with metrics and quality management system for use in CCC	Finalize plan to incorporate clinical contact center performance metrics into ND performance assessments	
3. CRM Wave 1 Go-Live	■	75%	3/31/22	Clinical triage CRM live at 4 VISNs with all related trainings and change mgmt activities	CRM Go Live is dependent on: Obtaining data records from Cerner DHA records; Conducting formal testing; Conducting change management and training	2x/day meetings with Cerner leadership to work through data records and ensure proper patient safety/integrity

VA Access Standards Review

INITIATIVE	VA Access Standards Review
DESCRIPTION	To provide a comprehensive evaluation of existing access standards (to inform community care eligibility) and to develop recommendations for updates to existing standards, as required by the MISSION Act of 2018 and resulting in congressionally mandated report (CMR) due in June 2022
GOALS	• Consult pertinent stakeholders & entities on best practices and industry standards • Solicit public and internal comments and input on VA access standards • Model access standard scenarios based on comparative findings, financial impact, and Veteran needs

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Conduct an environmental scan of pertinent Federal, private sector, and non-governmental entities on best practices and industry standards (complete)
- Capture input from multiple internal and external stakeholders on current access standards through stakeholder meetings, RFI (comment period ending December 6), and public meeting held on December 1 (complete)
- Determine fiscal impact of various access standard models (in progress)
- Obtain SECVA decision on any recommended modifications to the VA access standards (pending)

11/4/21	11/8/21	12/1/21	1/3/22	2/1/22	3/18/22	6/6/22	TBD
Publish Public RFI	Solicit VA Stakeholder Feedback	Hold Public Meeting	Model Access Standard Scenarios (Iterative)	SECVA Decision on recommended access standard modification	Submit CMR for Concurrence	Submit CMR to Congress	Publish Regulations if decision to update VA access standards

Status Key ☐ Not Started ■ In Progress ▨ At Risk ▩ Delayed ▧ Complete ▦ On Hold

Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. Model Access Standard Scenarios (Iterative)	■	50%	1/3/22	Community Care Access Standard Options and Fiscal Impact Table	All scenarios will be modeled with current state projections and increased telehealth	(b)(5)
2. SECVA Decision on recommended access standard modification	■	0%	2/1/22	Summary of Assessment and Comparison of Findings Fiscal Impact Table	SECVA decision required by 1 FEB to ensure meet CMR timeline/submit on time	
3. Submit CMR for Concurrence	■	25%	3/18/22	Triennial Report on Access Standards	Initiated draft with information available to date	

ACCESS UPDATE

Presentation for: VHA Governance Board

Presented By: RimaAnn Nelson and Dr. Susan Kirsh

Date of Briefing: January 20, 2022

Access Updates

Bottom Line Up Front

- Mental Health Access
- CO-ED
- Access Index – Measurement Way Forward
- Virtual Healthcare System Update
- Contact Centers
- Access Standards

Mental Health Access

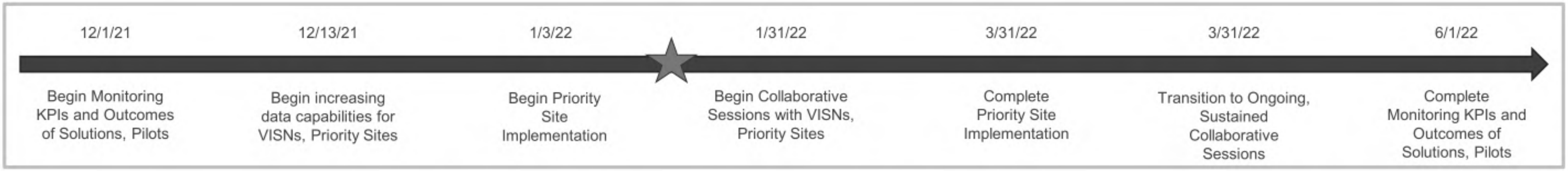
- Mental Health Access continues to be of critical concern and high priority
- Memo
- Data forthcoming
- Looking for capacity in VA (local, VISN, cross VISNs) and Community

Care Optimization in the Emergency Department (CO-ED)

INITIATIVE	CO-ED
DESCRIPTION	• Collaborate with VISNs to implement value-based care solutions • Streamline care navigation processes • Enhance community partnerships
GOALS	• Optimize resources to facilitate execution of value-based care that results in the right care, at the right place at the right time.

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Total number of unique visits to VA and community ED
- Total number of admissions in VA and community hospitals
- Total cost of community ED visits and admissions
- % of VA and community ED visits that result in admission
- Total number of unique visits to VA and community urgent care facilities
- Total cost of community urgent care visits

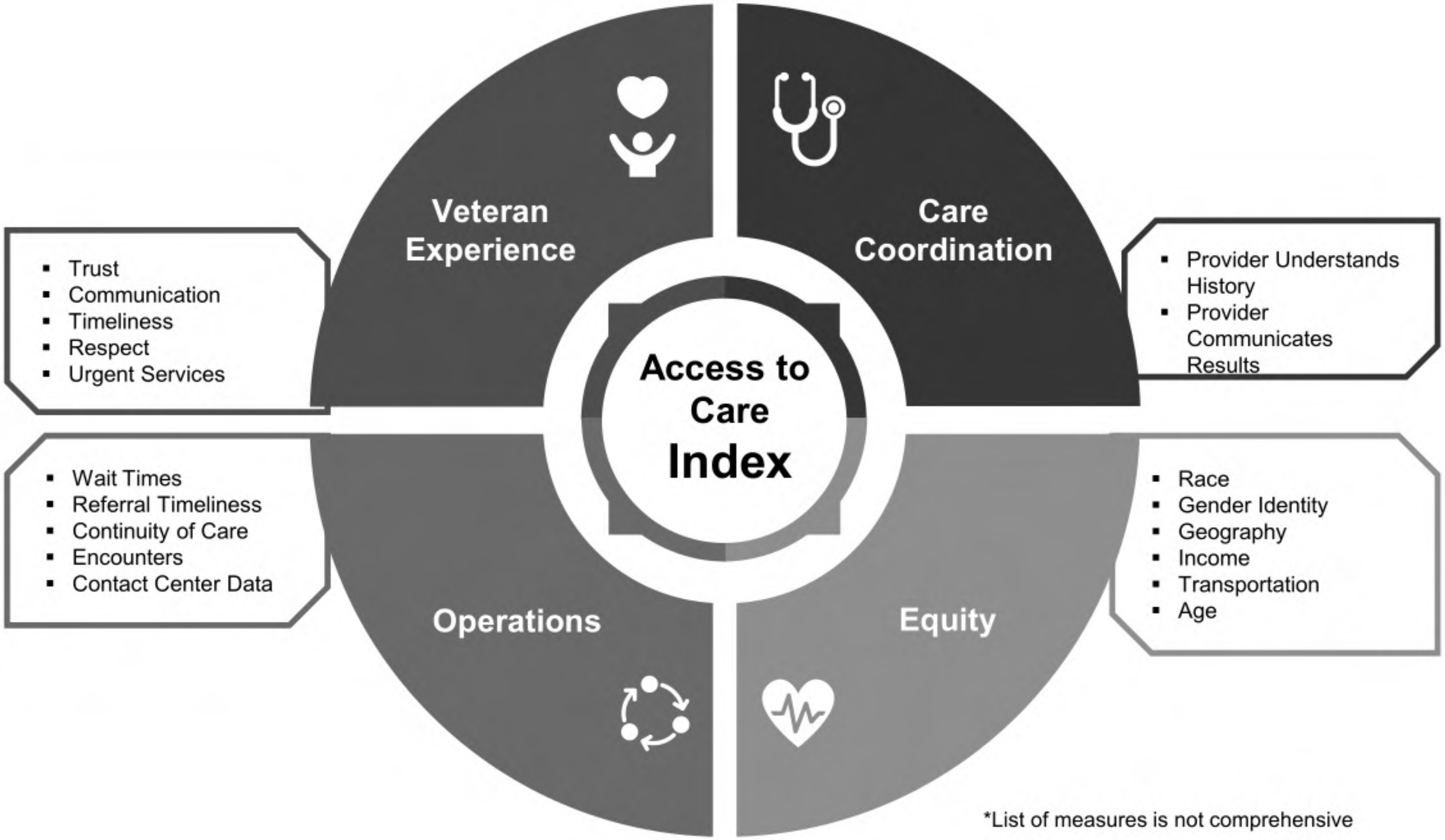


12/1/21	12/13/21	1/3/22	1/31/22	3/31/22	3/31/22	6/1/22
Begin Monitoring KPIs and Outcomes of Solutions, Pilots	Begin increasing data capabilities for VISNs, Priority Sites	Begin Priority Site Implementation	Begin Collaborative Sessions with VISNs, Priority Sites	Complete Priority Site Implementation	Transition to Ongoing, Sustained Collaborative Sessions	Complete Monitoring KPIs and Outcomes of Solutions, Pilots

Status Key ☐ Not Started ■ In Progress ▨ At Risk ▨ Delayed ▨ Complete ▨ On Hold

Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. Increase Data Capabilities for VISNs, Priority Sites	■	90%	3/31/22	Integrate VA and Community data into dashboards, develop solution-specific metrics, collaborate with program offices to develop program specific metrics, explore make/buy templates	Determining future platform to support large data sets is critical to ensuring sustainability of data	(b)(5)
2. Priority Site Implementation	■	50%	3/31/22	Monitor site implementation with collaborative working sessions and recurring reporting	Some solutions may have longer implementation timeline due to complexity and/or resources needed	
3. Monitor KPIs and Outcomes	■	30%	6/1/22	Monitor trends of KPIs and impact of solutions on high-level and operational KPIs	Solution outcomes may not directly contribute to high-level KPIs, rather operational/solution-focused metrics	

Patient Centered Access Measurement



Access to Care Index

Veteran Experience

- Trust
- Communication
- Timeliness
- Respect
- Urgent Services

Care Coordination

- Provider Understands History
- Provider Communicates Results

Operations

- Wait Times
- Referral Timeliness
- Continuity of Care
- Encounters
- Contact Center Data

Equity

- Race
- Gender Identity
- Geography
- Income
- Transportation
- Age

*List of measures is not comprehensive

Enhancing our Approach to Reporting New Patient Average Wait Times

1 Referral Date

The **date a referral request** is made by a VA provider for specialty medical and/or behavioral care

2 Scheduled / Create Date

The date a **future appointment is scheduled**, by either the Veteran or the VA.

This may be the same date as the Referral date in some cases.

3 Authorization (Community Care only)

After the appointment is scheduled, an authorization for approval is created for community care appointments.

4 Appointment Date

The **scheduled day** when Veterans **attend their** specialty care appointment

Current calculation – all NEW appointments

Proposed calculation – NEW appointments *without referrals*

+

Proposed calculation – NEW appointments *with referrals*

This is unrelated and separate from eligibility standards for an Individual Veteran to receive community care, which will not change with this modification.

Average wait time reporting on the Access to Care website includes both urgent and routine visits. Many factors including patient preference, urgency of care, and processes for obtaining care contribute to average wait times.

VHA Access Goals and Objectives

Access to care is delivering the right care, at the right time, through the right modality, to get Veterans to best health outcomes.

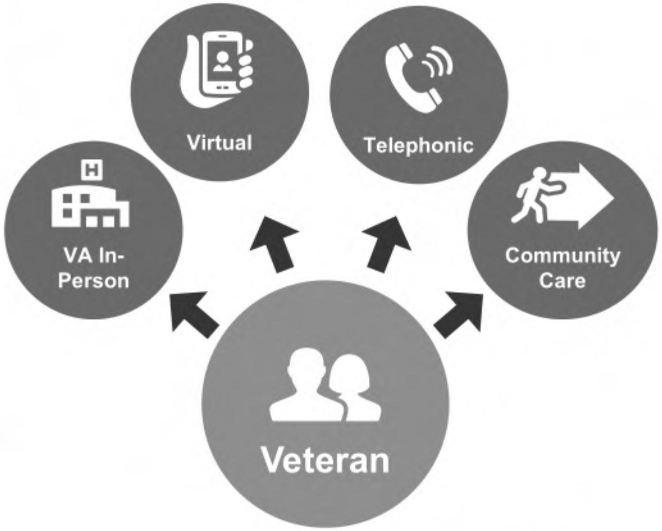
Goals

The Veterans Health Administration (VHA) has several goals for the future of access, including:

- Promote a **consistent, high-quality, timely, and Veteran-centric experience** in accessing care within VHA, virtually, and through community partners.
- Increase **ownership, accountability, and decision making** at all levels of the organization through consistent oversight of access to care data and trends.
- Empower Veterans with clear information to **inform their healthcare access choices**.

Objectives

1. Adopt an enterprise-wide approach to proactively balance capacity and demand
2. Increase VA appointment capacity by working with every line of service to **expand in person, VA virtual care options and Community care offered to Veterans**



VA provides the Veterans options for care, and the Veteran has agency over their decision.

Virtual Health Care System (VHCS)

VHCS concept will:

- Develop standard processes, alignment of *existing* virtual care services to increase opportunities for VA care for Veterans
- Consistently promote high reliability, patient safety, quality of care, Veteran satisfaction

Development of VHCS is critical for VA to:

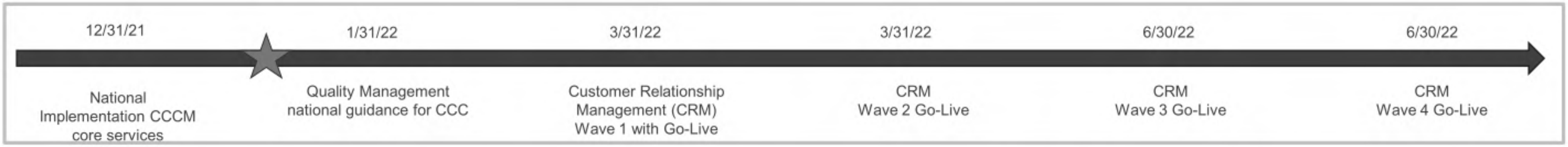
- Expand Veterans choice by providing health care needs in real-time
- Cross-level resources & allow for service expansion
- Deliver integrated care, despite geographic limitations & locations
- Compete in a growing digital marketplace

VA Health Connect

INITIATIVE	VA Health Connect (Clinical Contact Center Modernization [CCCM])
DESCRIPTION	• Implement standardized Clinical Contact Centers (CCC) at every VISN • Provide same-day access to virtual scheduling, clinical triage, pharmacy services, and virtual clinic visits, through a single toll-free number within every VISN • Increase the use of enhancement telehealth services (e.g., tele-Emergency Department, Emergency Department optimization)
GOALS	The goal is to provide Veterans with additional access to VA health care through 24/7 virtual health care services with advances in scheduling and administration, virtual clinic visits, clinical triage and pharmacy – all through a single toll-free number at each VISN.

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Improved Veteran experience
- Increased access to care through improved speed to answer and reduced call abandonment
- Improved operational efficiency through reduced average handle time, increased first contact resolution, reduced transfers
- Increased volume of virtual care/services delivery (encounters and appointments, within each service)



12/31/21	1/31/22	3/31/22	3/31/22	6/30/22	6/30/22
National Implementation CCCM core services	Quality Management national guidance for CCC	Customer Relationship Management (CRM) Wave 1 with Go-Live	CRM Wave 2 Go-Live	CRM Wave 3 Go-Live	CRM Wave 4 Go-Live

Status Key ☐ Not Started ■ In Progress ▨ At Risk ▨ Delayed ▨ Complete ▨ On Hold

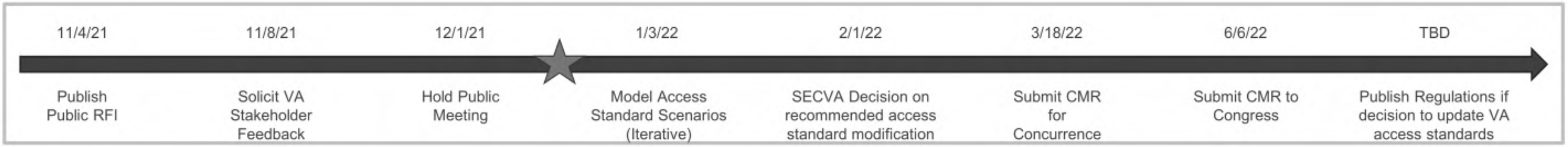
Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. CCCM Core Services National implementation	■	90%	12/31/21	Implement min. foundational reqs in VISNs to provide same-day access to 4 core services via single toll-free number (each VISN)	• Each VISN is completing an action plan • Efficiencies dependent upon available tools • VISN staffing increases risks not aligning to 12/31 obj.	(b)(5)
2. Quality Mgmt. National Roadmap	■	50%	1/31/22	Roadmap with metrics and quality management system for use in CCC	Finalize plan to incorporate clinical contact center performance metrics into ND performance assessments	
3. CRM Wave 1 Go-Live	■	75%	3/31/22	Clinical triage CRM live at 4 VISNs with all related trainings and change mgmt activities	CRM Go Live is dependent on: Obtaining data records from Cerner DHA records; Conducting formal testing; Conducting change management and training	2x/day meetings with Cerner leadership to work through data records and ensure proper patient safety/integrity

VA Access Standards Review

INITIATIVE	VA Access Standards Review
DESCRIPTION	To provide a comprehensive evaluation of existing access standards (to inform community care eligibility) and to develop recommendations for updates to existing standards, as required by the MISSION Act of 2018 and resulting in congressionally mandated report (CMR) due in June 2022
GOALS	• Consult pertinent stakeholders & entities on best practices and industry standards • Solicit public and internal comments and input on VA access standards • Model access standard scenarios based on comparative findings, financial impact, and Veteran needs

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Conduct an environmental scan of pertinent Federal, private sector, and non-governmental entities on best practices and industry standards (complete)
- Capture input from multiple internal and external stakeholders on current access standards through stakeholder meetings, RFI (comment period ending December 6), and public meeting held on December 1 (complete)
- Determine fiscal impact of various access standard models (in progress)
- Obtain SECVA decision on any recommended modifications to the VA access standards (pending)



11/4/21 Publish Public RFI

11/8/21 Solicit VA Stakeholder Feedback

12/1/21 Hold Public Meeting

1/3/22 Model Access Standard Scenarios (Iterative)

2/1/22 SECVA Decision on recommended access standard modification

3/18/22 Submit CMR for Concurrence

6/6/22 Submit CMR to Congress

TBD Publish Regulations if decision to update VA access standards

Status Key ☐ Not Started ■ In Progress ■ At Risk ■ Delayed ■ Complete ■ On Hold

Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. Model Access Standard Scenarios (Iterative)	■	50%	1/3/22	Community Care Access Standard Options and Fiscal Impact Table	All scenarios will be modeled with current state projections and increased telehealth	(b)(5)
2. SECVA Decision on recommended access standard modification	■	0%	2/1/22	Summary of Assessment and Comparison of Findings Fiscal Impact Table	SECVA decision required by 1 FEB to ensure meet CMR timeline/submit on time	
3. Submit CMR for Concurrence	■	25%	3/18/22	Triennial Report on Access Standards	Initiated draft with information available to date	

Predecisional Deliberative Document
Internal VA Use Only

ACCESS UPDATE

Presentation for: VHA Governance Board

Presented By: RimaAnn Nelson and Dr. Susan Kirsh

Date of Briefing: January 20, 2022

Access Updates

Bottom Line Up Front

- Mental Health Access
- CO-ED
- Access Index – Measurement Way Forward
- Virtual Healthcare System Update
- Contact Centers
- Access Standards

Mental Health Access

- Mental Health Access continues to be of critical concern and high priority

- Memo

- Data forthcoming

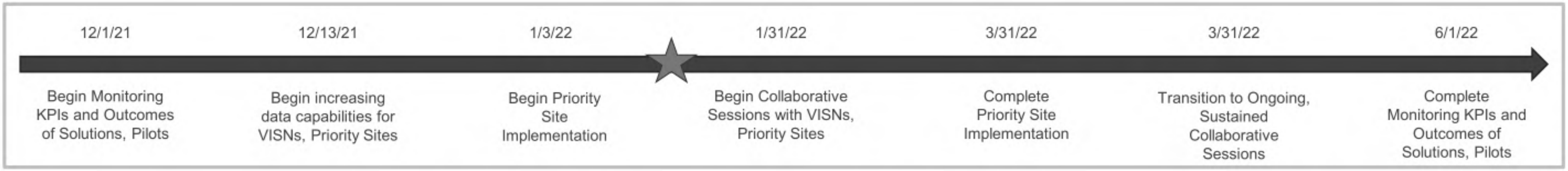
- Looking for capacity in VA (local, VISN, cross VISNs) and Community

Care Optimization in the Emergency Department (CO-ED)

INITIATIVE	CO-ED
DESCRIPTION	• Collaborate with VISNs to implement value-based care solutions • Streamline care navigation processes • Enhance community partnerships
GOALS	• Optimize resources to facilitate execution of value-based care that results in the right care, at the right place at the right time.

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Total number of unique visits to VA and community ED
- Total number of admissions in VA and community hospitals
- Total cost of community ED visits and admissions
- % of VA and community ED visits that result in admission
- Total number of unique visits to VA and community urgent care facilities
- Total cost of community urgent care visits

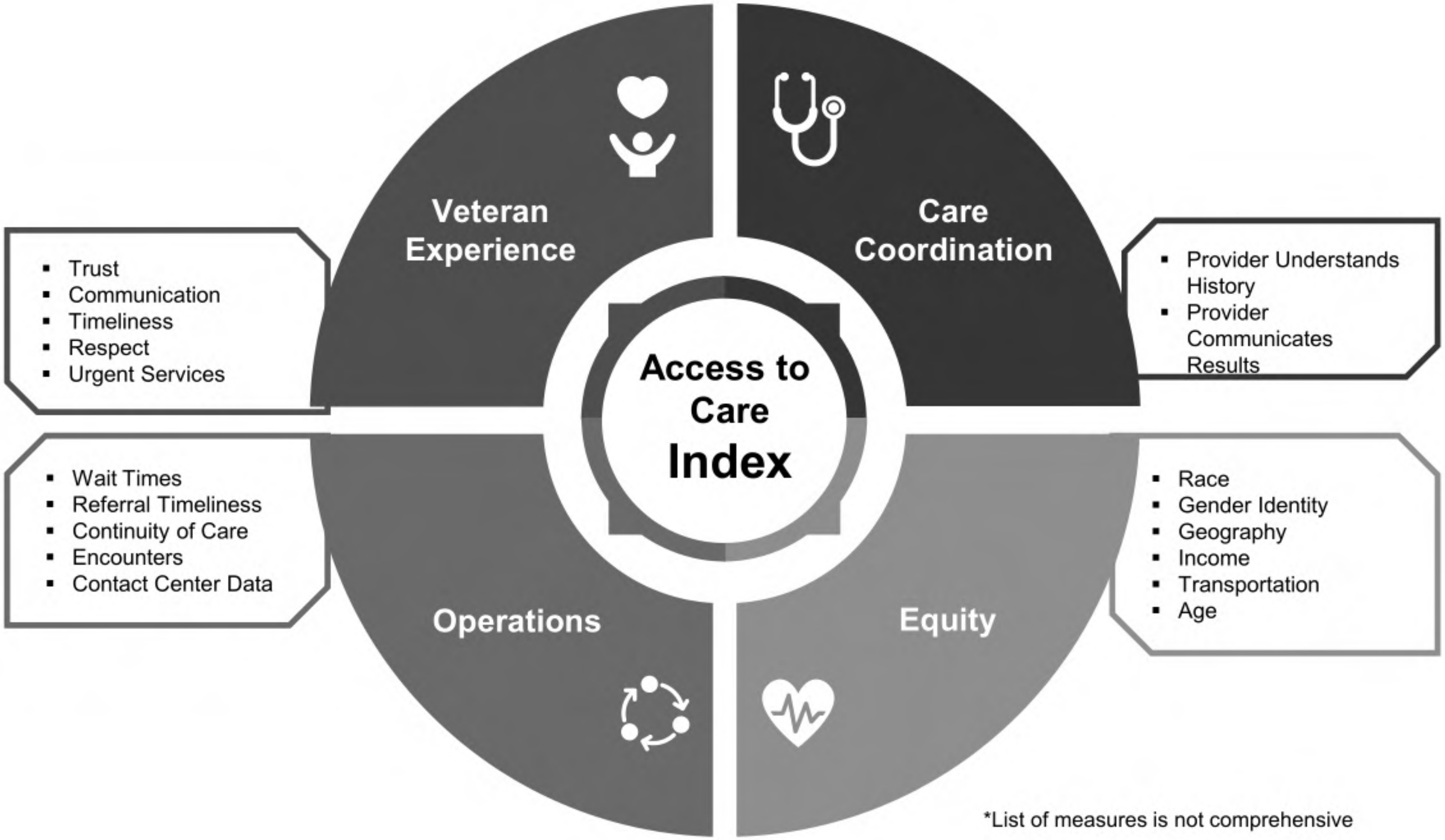


12/1/21	12/13/21	1/3/22	1/31/22	3/31/22	3/31/22	6/1/22
Begin Monitoring KPIs and Outcomes of Solutions, Pilots	Begin increasing data capabilities for VISNs, Priority Sites	Begin Priority Site Implementation	Begin Collaborative Sessions with VISNs, Priority Sites	Complete Priority Site Implementation	Transition to Ongoing, Sustained Collaborative Sessions	Complete Monitoring KPIs and Outcomes of Solutions, Pilots

Status Key ☐ Not Started ■ In Progress ▒ At Risk ▓ Delayed ▒ Complete ▓ On Hold

Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. Increase Data Capabilities for VISNs, Priority Sites	■	90%	3/31/22	Integrate VA and Community data into dashboards, develop solution-specific metrics, collaborate with program offices to develop program specific metrics, explore make/buy templates	Determining future platform to support large data sets is critical to ensuring sustainability of data	(b)(5)
2. Priority Site Implementation	■	50%	3/31/22	Monitor site implementation with collaborative working sessions and recurring reporting	Some solutions may have longer implementation timeline due to complexity and/or resources needed	
3. Monitor KPIs and Outcomes	■	30%	6/1/22	Monitor trends of KPIs and impact of solutions on high-level and operational KPIs	Solution outcomes may not directly contribute to high-level KPIs, rather operational/solution-focused metrics	

Patient Centered Access Measurement



Access to Care Index

Veteran Experience
- Trust
- Communication
- Timeliness
- Respect
- Urgent Services

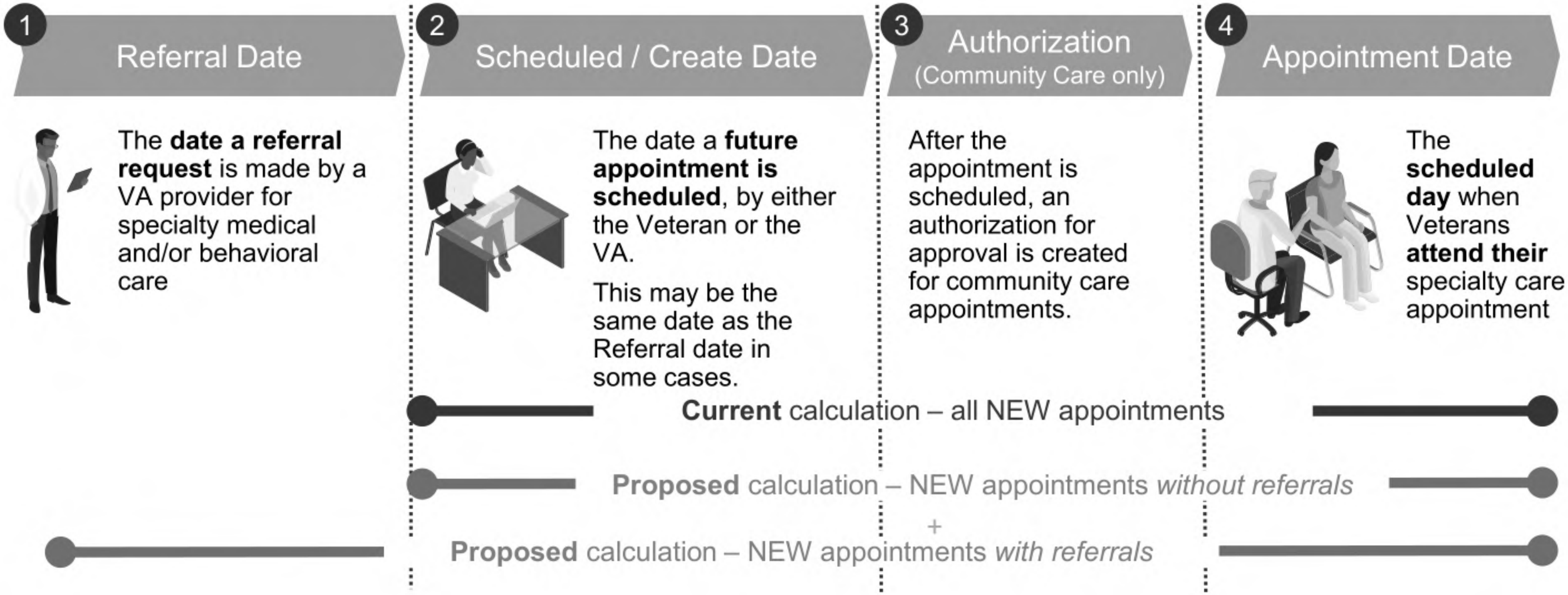
Care Coordination
- Provider Understands History
- Provider Communicates Results

Operations
- Wait Times
- Referral Timeliness
- Continuity of Care
- Encounters
- Contact Center Data

Equity
- Race
- Gender Identity
- Geography
- Income
- Transportation
- Age

*List of measures is not comprehensive

Enhancing our Approach to Reporting New Patient Average Wait Times



1 **Referral Date**

The **date a referral request** is made by a VA provider for specialty medical and/or behavioral care

2 **Scheduled / Create Date**

The date a **future appointment is scheduled**, by either the Veteran or the VA.

This may be the same date as the Referral date in some cases.

3 **Authorization** (Community Care only)

After the appointment is scheduled, an authorization for approval is created for community care appointments.

4 **Appointment Date**

The **scheduled day** when Veterans **attend their** specialty care appointment

Current calculation – all NEW appointments

Proposed calculation – NEW appointments *without referrals*

+

Proposed calculation – NEW appointments *with referrals*

This is unrelated and separate from eligibility standards for an Individual Veteran to receive community care, which will not change with this modification.

Average wait time reporting on the Access to Care website includes both urgent and routine visits. Many factors including patient preference, urgency of care, and processes for obtaining care contribute to average wait times.

VHA Access Goals and Objectives

Access to care is delivering the right care, at the right time, through the right modality, to get Veterans to best health outcomes.

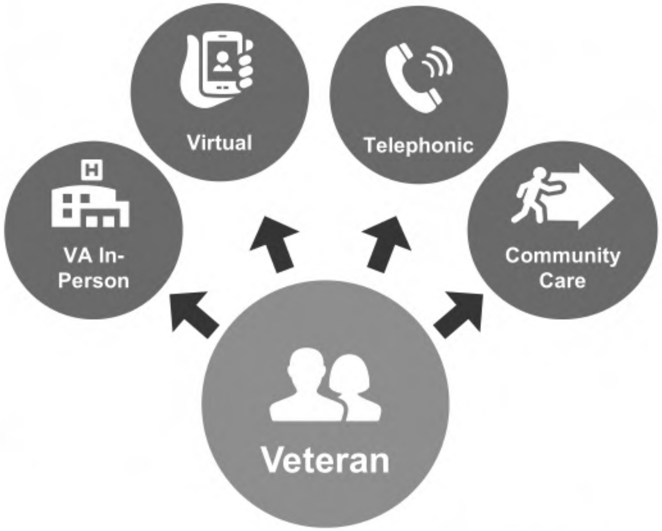
Goals

The Veterans Health Administration (VHA) has several goals for the future of access, including:

- Promote a **consistent, high-quality, timely, and Veteran-centric experience** in accessing care within VHA, virtually, and through community partners.
- Increase **ownership, accountability, and decision making** at all levels of the organization through consistent oversight of access to care data and trends.
- Empower Veterans with clear information to **inform their healthcare access choices**.

Objectives

1. Adopt an enterprise-wide approach to proactively balance capacity and demand
2. Increase VA appointment capacity by working with every line of service to **expand in person, VA virtual care options and Community care offered to Veterans**



VA provides the Veterans options for care, and the Veteran has agency over their decision.

Virtual Health Care System (VHCS)

VHCS concept will:

- Develop standard processes, alignment of *existing* virtual care services to increase opportunities for VA care for Veterans
- Consistently promote high reliability, patient safety, quality of care, Veteran satisfaction

Development of VHCS is critical for VA to:

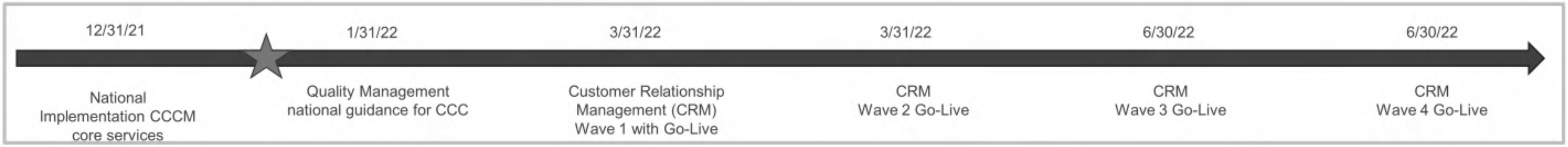
- Expand Veterans choice by providing health care needs in real-time
- Cross-level resources & allow for service expansion
- Deliver integrated care, despite geographic limitations & locations
- Compete in a growing digital marketplace

VA Health Connect

INITIATIVE	VA Health Connect (Clinical Contact Center Modernization [CCCM])
DESCRIPTION	• Implement standardized Clinical Contact Centers (CCC) at every VISN • Provide same-day access to virtual scheduling, clinical triage, pharmacy services, and virtual clinic visits, through a single toll-free number within every VISN • Increase the use of enhancement telehealth services (e.g., tele-Emergency Department, Emergency Department optimization)
GOALS	The goal is to provide Veterans with additional access to VA health care through 24/7 virtual health care services with advances in scheduling and administration, virtual clinic visits, clinical triage and pharmacy – all through a single toll-free number at each VISN.

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Improved Veteran experience
- Increased access to care through improved speed to answer and reduced call abandonment
- Improved operational efficiency through reduced average handle time, increased first contact resolution, reduced transfers
- Increased volume of virtual care/services delivery (encounters and appointments, within each service)



12/31/21	1/31/22	3/31/22	3/31/22	6/30/22	6/30/22
National Implementation CCCM core services	Quality Management national guidance for CCC	Customer Relationship Management (CRM) Wave 1 with Go-Live	CRM Wave 2 Go-Live	CRM Wave 3 Go-Live	CRM Wave 4 Go-Live

Status Key ☐ Not Started ■ In Progress ■ At Risk ■ Delayed ■ Complete ■ On Hold

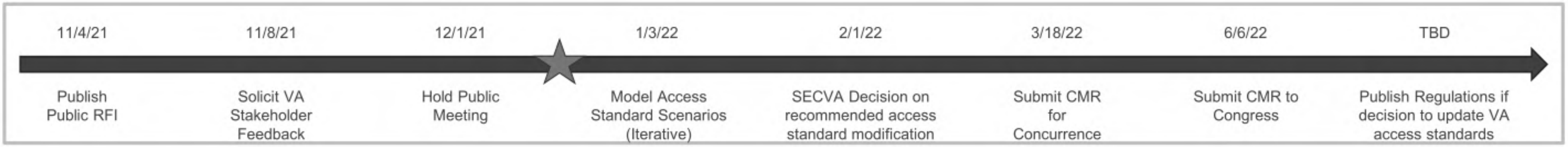
Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. CCCM Core Services National implementation	■	90%	12/31/21	Implement min. foundational reqs in VISNs to provide same-day access to 4 core services via single toll-free number (each VISN)	• Each VISN is completing an action plan • Efficiencies dependent upon available tools • VISN staffing increases risks not aligning to 12/31 obj.	(b)(5)
2. Quality Mgmt. National Roadmap	■	50%	1/31/22	Roadmap with metrics and quality management system for use in CCC	Finalize plan to incorporate clinical contact center performance metrics into ND performance assessments	
3. CRM Wave 1 Go-Live	■	75%	3/31/22	Clinical triage CRM live at 4 VISNs with all related trainings and change mgmt activities	CRM Go Live is dependent on: Obtaining data records from Cerner DHA records; Conducting formal testing; Conducting change management and training	2x/day meetings with Cerner leadership to work through data records and ensure proper patient safety/integrity

VA Access Standards Review

INITIATIVE	VA Access Standards Review
DESCRIPTION	To provide a comprehensive evaluation of existing access standards (to inform community care eligibility) and to develop recommendations for updates to existing standards, as required by the MISSION Act of 2018 and resulting in congressionally mandated report (CMR) due in June 2022
GOALS	• Consult pertinent stakeholders & entities on best practices and industry standards • Solicit public and internal comments and input on VA access standards • Model access standard scenarios based on comparative findings, financial impact, and Veteran needs

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Conduct an environmental scan of pertinent Federal, private sector, and non-governmental entities on best practices and industry standards (complete)
- Capture input from multiple internal and external stakeholders on current access standards through stakeholder meetings, RFI (comment period ending December 6), and public meeting held on December 1 (complete)
- Determine fiscal impact of various access standard models (in progress)
- Obtain SECVA decision on any recommended modifications to the VA access standards (pending)



11/4/21 Publish Public RFI
11/8/21 Solicit VA Stakeholder Feedback
12/1/21 Hold Public Meeting
1/3/22 Model Access Standard Scenarios (Iterative)
2/1/22 SECVA Decision on recommended access standard modification
3/18/22 Submit CMR for Concurrence
6/6/22 Submit CMR to Congress
TBD Publish Regulations if decision to update VA access standards

Status Key ☐ Not Started ■ In Progress ■ At Risk ■ Delayed ■ Complete ■ On Hold

Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. Model Access Standard Scenarios (Iterative)	■	50%	1/3/22	Community Care Access Standard Options and Fiscal Impact Table	All scenarios will be modeled with current state projections and increased telehealth	(b)(5)
2. SECVA Decision on recommended access standard modification	■	0%	2/1/22	Summary of Assessment and Comparison of Findings Fiscal Impact Table	SECVA decision required by 1 FEB to ensure meet CMR timeline/submit on time	
3. Submit CMR for Concurrence	■	25%	3/18/22	Triennial Report on Access Standards	Initiated draft with information available to date	

ACCESS UPDATE

Presentation for: VHA Governance Board

Presented By: RimaAnn Nelson and Dr. Susan Kirsh

Date of Briefing: January 20, 2022

Access Updates

Bottom Line Up Front

- Mental Health Access
- CO-ED
- Access Index – Measurement Way Forward
- Virtual Healthcare System Update
- Contact Centers
- Access Standards

Mental Health Access

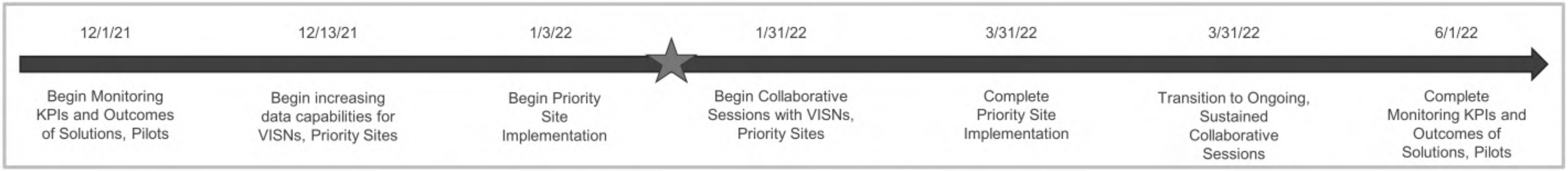
- Mental Health Access continues to be of critical concern and high priority
- Memo
- Data forthcoming
- Looking for capacity in VA (local, VISN, cross VISNs) and Community

Care Optimization in the Emergency Department (CO-ED)

INITIATIVE	CO-ED
DESCRIPTION	• Collaborate with VISNs to implement value-based care solutions • Streamline care navigation processes • Enhance community partnerships
GOALS	• Optimize resources to facilitate execution of value-based care that results in the right care, at the right place at the right time.

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Total number of unique visits to VA and community ED
- Total number of admissions in VA and community hospitals
- Total cost of community ED visits and admissions
- % of VA and community ED visits that result in admission
- Total number of unique visits to VA and community urgent care facilities
- Total cost of community urgent care visits



12/1/21 — Begin Monitoring KPIs and Outcomes of Solutions, Pilots

12/13/21 — Begin increasing data capabilities for VISNs, Priority Sites

1/3/22 — Begin Priority Site Implementation

1/31/22 — Begin Collaborative Sessions with VISNs, Priority Sites

3/31/22 — Complete Priority Site Implementation

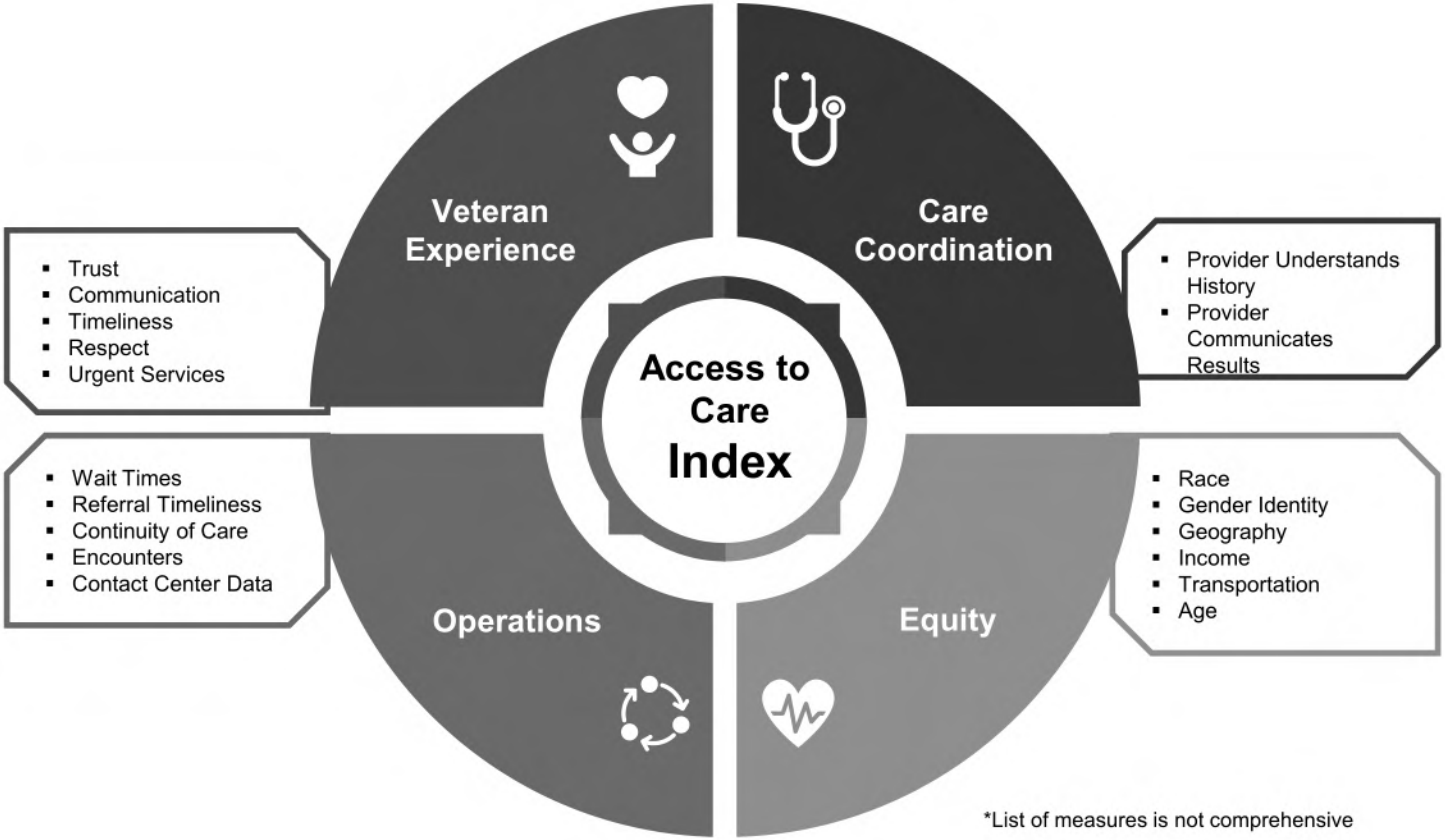
3/31/22 — Transition to Ongoing, Sustained Collaborative Sessions

6/1/22 — Complete Monitoring KPIs and Outcomes of Solutions, Pilots

Status Key ☐ Not Started ■ In Progress ▨ At Risk ▨ Delayed ▨ Complete ▨ On Hold

Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. Increase Data Capabilities for VISNs, Priority Sites	■	90%	3/31/22	Integrate VA and Community data into dashboards, develop solution-specific metrics, collaborate with program offices to develop program specific metrics, explore make/buy templates	Determining future platform to support large data sets is critical to ensuring sustainability of data	(b)(5)
2. Priority Site Implementation	■	50%	3/31/22	Monitor site implementation with collaborative working sessions and recurring reporting	Some solutions may have longer implementation timeline due to complexity and/or resources needed	
3. Monitor KPIs and Outcomes	■	30%	6/1/22	Monitor trends of KPIs and impact of solutions on high-level and operational KPIs	Solution outcomes may not directly contribute to high-level KPIs, rather operational/solution-focused metrics	

Patient Centered Access Measurement



Access to Care Index

Veteran Experience

- Trust
- Communication
- Timeliness
- Respect
- Urgent Services

Care Coordination

- Provider Understands History
- Provider Communicates Results

Operations

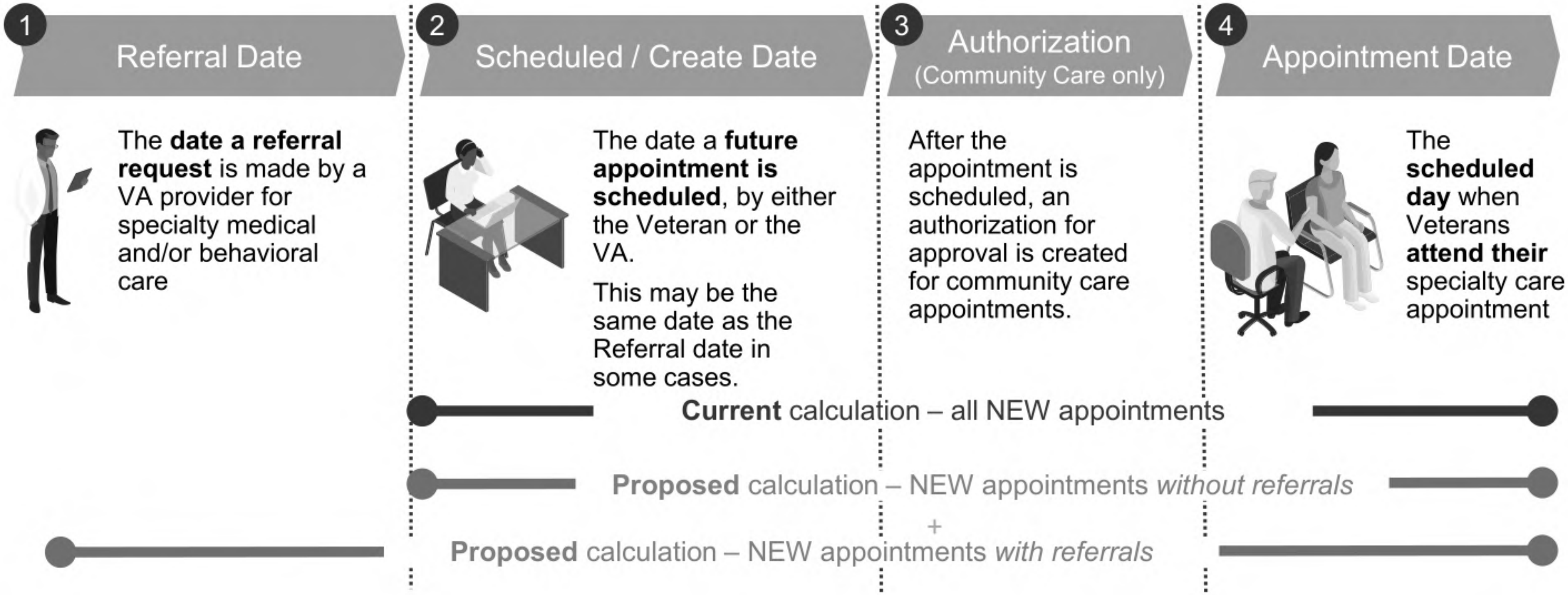
- Wait Times
- Referral Timeliness
- Continuity of Care
- Encounters
- Contact Center Data

Equity

- Race
- Gender Identity
- Geography
- Income
- Transportation
- Age

*List of measures is not comprehensive

Enhancing our Approach to Reporting New Patient Average Wait Times



1 **Referral Date**

The **date a referral request** is made by a VA provider for specialty medical and/or behavioral care

2 **Scheduled / Create Date**

The date a **future appointment is scheduled**, by either the Veteran or the VA.

This may be the same date as the Referral date in some cases.

3 **Authorization** (Community Care only)

After the appointment is scheduled, an authorization for approval is created for community care appointments.

4 **Appointment Date**

The **scheduled day** when Veterans **attend their** specialty care appointment

Current calculation – all NEW appointments

Proposed calculation – NEW appointments *without referrals*

+

Proposed calculation – NEW appointments *with referrals*

This is unrelated and separate from eligibility standards for an Individual Veteran to receive community care, which will not change with this modification.

Average wait time reporting on the Access to Care website includes both urgent and routine visits. Many factors including patient preference, urgency of care, and processes for obtaining care contribute to average wait times.

VHA Access Goals and Objectives

Access to care is delivering the right care, at the right time, through the right modality, to get Veterans to best health outcomes.

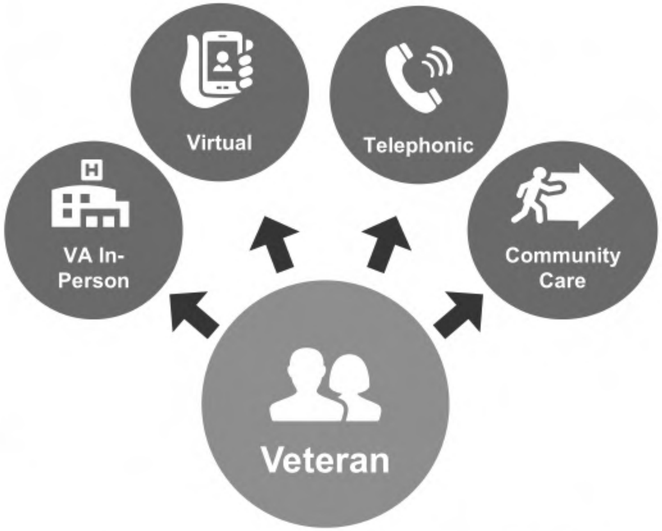
Goals

The Veterans Health Administration (VHA) has several goals for the future of access, including:

- Promote a **consistent, high-quality, timely, and Veteran-centric experience** in accessing care within VHA, virtually, and through community partners.
- Increase **ownership, accountability, and decision making** at all levels of the organization through consistent oversight of access to care data and trends.
- Empower Veterans with clear information to **inform their healthcare access choices**.

Objectives

1. Adopt an enterprise-wide approach to proactively balance capacity and demand
2. Increase VA appointment capacity by working with every line of service to **expand in person, VA virtual care options and Community care offered to Veterans**



VA provides the Veterans options for care, and the Veteran has agency over their decision.

Virtual Health Care System (VHCS)

VHCS concept will:

- Develop standard processes, alignment of *existing* virtual care services to increase opportunities for VA care for Veterans
- Consistently promote high reliability, patient safety, quality of care, Veteran satisfaction

Development of VHCS is critical for VA to:

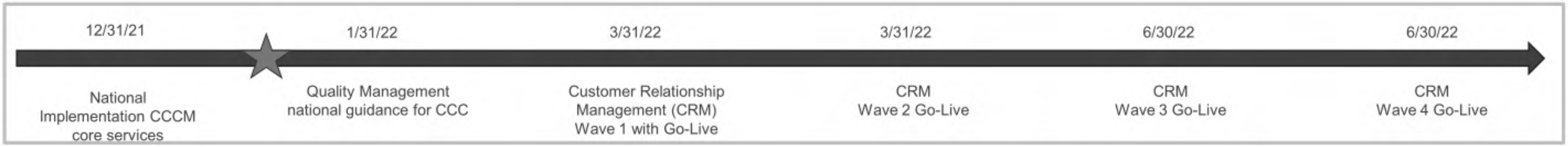
- Expand Veterans choice by providing health care needs in real-time
- Cross-level resources & allow for service expansion
- Deliver integrated care, despite geographic limitations & locations
- Compete in a growing digital marketplace

VA Health Connect

INITIATIVE	VA Health Connect (Clinical Contact Center Modernization [CCCM])
DESCRIPTION	• Implement standardized Clinical Contact Centers (CCC) at every VISN • Provide same-day access to virtual scheduling, clinical triage, pharmacy services, and virtual clinic visits, through a single toll-free number within every VISN • Increase the use of enhancement telehealth services (e.g., tele-Emergency Department, Emergency Department optimization)
GOALS	The goal is to provide Veterans with additional access to VA health care through 24/7 virtual health care services with advances in scheduling and administration, virtual clinic visits, clinical triage and pharmacy – all through a single toll-free number at each VISN.

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Improved Veteran experience
- Increased access to care through improved speed to answer and reduced call abandonment
- Improved operational efficiency through reduced average handle time, increased first contact resolution, reduced transfers
- Increased volume of virtual care/services delivery (encounters and appointments, within each service)



12/31/21
National Implementation CCCM core services

1/31/22
Quality Management national guidance for CCC

3/31/22
Customer Relationship Management (CRM) Wave 1 with Go-Live

3/31/22
CRM Wave 2 Go-Live

6/30/22
CRM Wave 3 Go-Live

6/30/22
CRM Wave 4 Go-Live

Status Key ☐ Not Started ■ In Progress ▨ At Risk ▨ Delayed ▨ Complete ▨ On Hold

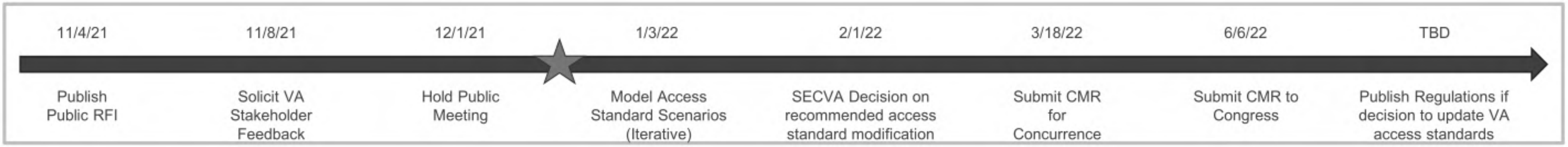
Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. CCCM Core Services National implementation	■	90%	12/31/21	Implement min. foundational reqs in VISNs to provide same-day access to 4 core services via single toll-free number (each VISN)	• Each VISN is completing an action plan • Efficiencies dependent upon available tools • VISN staffing increases risks not aligning to 12/31 obj.	(b)(5)
2. Quality Mgmt. National Roadmap	■	50%	1/31/22	Roadmap with metrics and quality management system for use in CCC	Finalize plan to incorporate clinical contact center performance metrics into ND performance assessments	
3. CRM Wave 1 Go-Live	■	75%	3/31/22	Clinical triage CRM live at 4 VISNs with all related trainings and change mgmt activities	CRM Go Live is dependent on: Obtaining data records from Cerner DHA records; Conducting formal testing; Conducting change management and training	2x/day meetings with Cerner leadership to work through data records and ensure proper patient safety/integrity

VA Access Standards Review

INITIATIVE	VA Access Standards Review
DESCRIPTION	To provide a comprehensive evaluation of existing access standards (to inform community care eligibility) and to develop recommendations for updates to existing standards, as required by the MISSION Act of 2018 and resulting in congressionally mandated report (CMR) due in June 2022
GOALS	• Consult pertinent stakeholders & entities on best practices and industry standards • Solicit public and internal comments and input on VA access standards • Model access standard scenarios based on comparative findings, financial impact, and Veteran needs

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Conduct an environmental scan of pertinent Federal, private sector, and non-governmental entities on best practices and industry standards (complete)
- Capture input from multiple internal and external stakeholders on current access standards through stakeholder meetings, RFI (comment period ending December 6), and public meeting held on December 1 (complete)
- Determine fiscal impact of various access standard models (in progress)
- Obtain SECVA decision on any recommended modifications to the VA access standards (pending)



11/4/21	11/8/21	12/1/21	1/3/22	2/1/22	3/18/22	6/6/22	TBD
Publish Public RFI	Solicit VA Stakeholder Feedback	Hold Public Meeting	Model Access Standard Scenarios (Iterative)	SECVA Decision on recommended access standard modification	Submit CMR for Concurrence	Submit CMR to Congress	Publish Regulations if decision to update VA access standards

Status Key ☐ Not Started ■ In Progress ■ At Risk ■ Delayed ■ Complete ■ On Hold

Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. Model Access Standard Scenarios (Iterative)	■	50%	1/3/22	Community Care Access Standard Options and Fiscal Impact Table	All scenarios will be modeled with current state projections and increased telehealth	(b)(5)
2. SECVA Decision on recommended access standard modification	■	0%	2/1/22	Summary of Assessment and Comparison of Findings Fiscal Impact Table	SECVA decision required by 1 FEB to ensure meet CMR timeline/submit on time	
3. Submit CMR for Concurrence	■	25%	3/18/22	Triennial Report on Access Standards	Initiated draft with information available to date	

ACCESS UPDATE

Presentation for: VHA Governance Board

Presented By: RimaAnn Nelson and Dr. Susan Kirsh

Date of Briefing: January 20, 2022

Access Updates

Bottom Line Up Front

- Mental Health Access
- CO-ED
- Access Index – Measurement Way Forward
- Virtual Healthcare System Update
- Contact Centers
- Access Standards

Mental Health Access

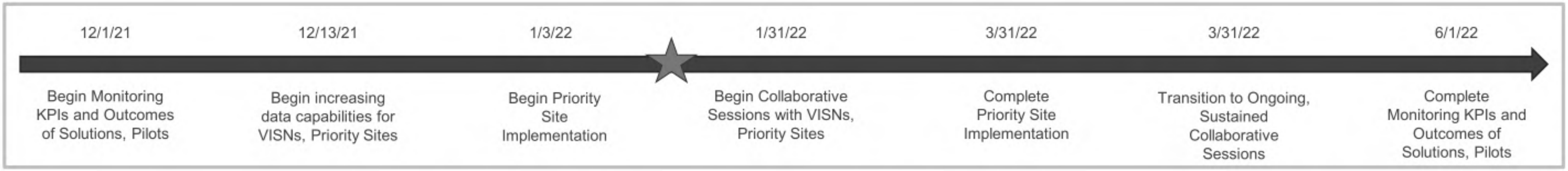
- Mental Health Access continues to be of critical concern and high priority
- Memo
- Data forthcoming
- Looking for capacity in VA (local, VISN, cross VISNs) and Community

Care Optimization in the Emergency Department (CO-ED)

INITIATIVE	CO-ED
DESCRIPTION	• Collaborate with VISNs to implement value-based care solutions • Streamline care navigation processes • Enhance community partnerships
GOALS	• Optimize resources to facilitate execution of value-based care that results in the right care, at the right place at the right time.

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Total number of unique visits to VA and community ED
- Total number of admissions in VA and community hospitals
- Total cost of community ED visits and admissions
- % of VA and community ED visits that result in admission
- Total number of unique visits to VA and community urgent care facilities
- Total cost of community urgent care visits

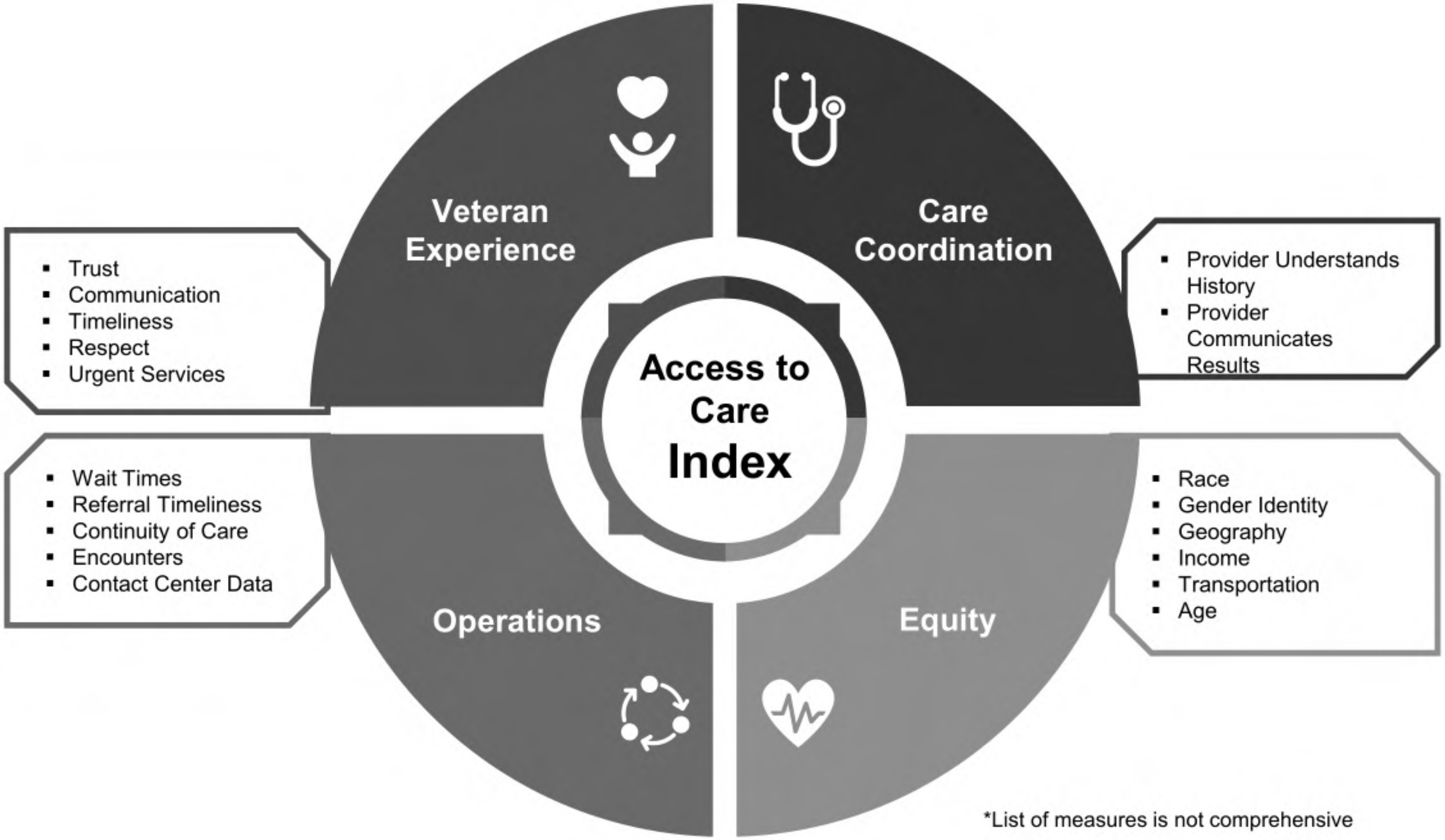


12/1/21	12/13/21	1/3/22	1/31/22	3/31/22	3/31/22	6/1/22
Begin Monitoring KPIs and Outcomes of Solutions, Pilots	Begin increasing data capabilities for VISNs, Priority Sites	Begin Priority Site Implementation	Begin Collaborative Sessions with VISNs, Priority Sites	Complete Priority Site Implementation	Transition to Ongoing, Sustained Collaborative Sessions	Complete Monitoring KPIs and Outcomes of Solutions, Pilots

Status Key ☐ Not Started ■ In Progress ■ At Risk ■ Delayed ■ Complete ■ On Hold

Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. Increase Data Capabilities for VISNs, Priority Sites	■	90%	3/31/22	Integrate VA and Community data into dashboards, develop solution-specific metrics, collaborate with program offices to develop program specific metrics, explore make/buy templates	Determining future platform to support large data sets is critical to ensuring sustainability of data	(b)(5)
2. Priority Site Implementation	■	50%	3/31/22	Monitor site implementation with collaborative working sessions and recurring reporting	Some solutions may have longer implementation timeline due to complexity and/or resources needed	
3. Monitor KPIs and Outcomes	■	30%	6/1/22	Monitor trends of KPIs and impact of solutions on high-level and operational KPIs	Solution outcomes may not directly contribute to high-level KPIs, rather operational/solution-focused metrics	

Patient Centered Access Measurement



Access to Care Index

Veteran Experience

- Trust
- Communication
- Timeliness
- Respect
- Urgent Services

Care Coordination

- Provider Understands History
- Provider Communicates Results

Operations

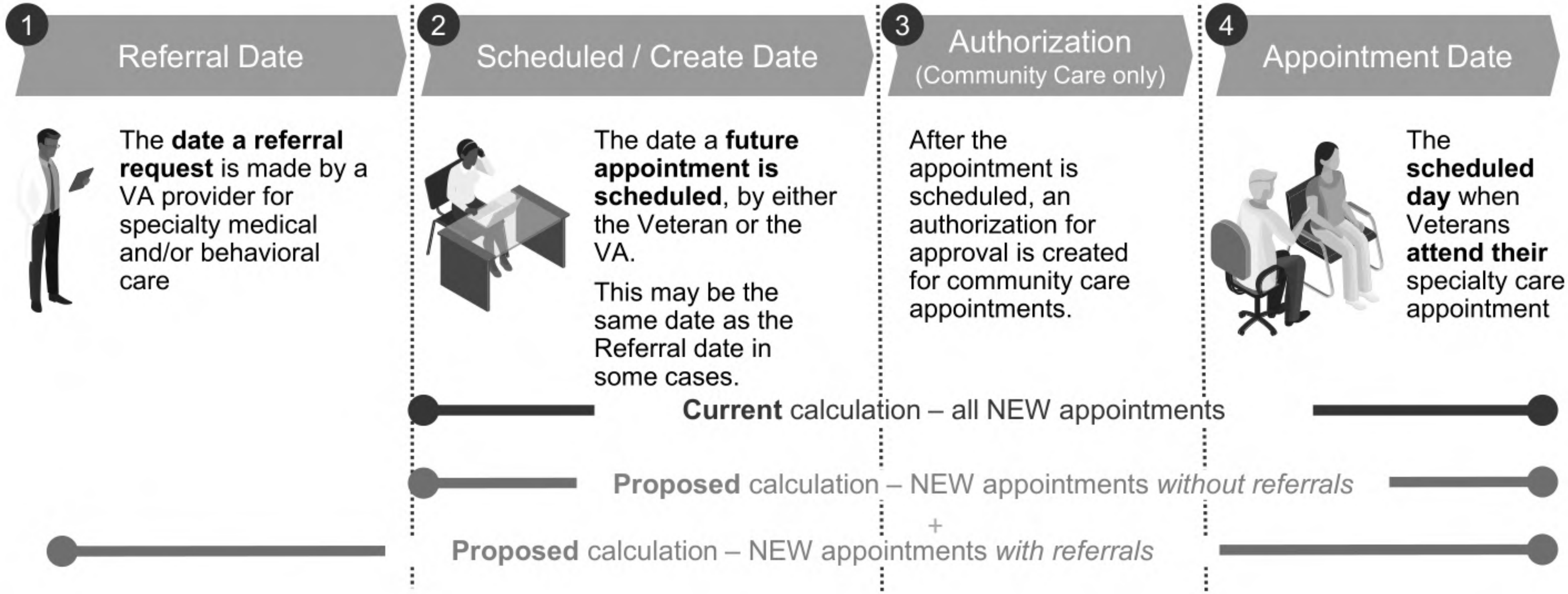
- Wait Times
- Referral Timeliness
- Continuity of Care
- Encounters
- Contact Center Data

Equity

- Race
- Gender Identity
- Geography
- Income
- Transportation
- Age

*List of measures is not comprehensive

Enhancing our Approach to Reporting New Patient Average Wait Times



1 **Referral Date**

The **date a referral request** is made by a VA provider for specialty medical and/or behavioral care

2 **Scheduled / Create Date**

The date a **future appointment is scheduled**, by either the Veteran or the VA.

This may be the same date as the Referral date in some cases.

3 **Authorization** (Community Care only)

After the appointment is scheduled, an authorization for approval is created for community care appointments.

4 **Appointment Date**

The **scheduled day** when Veterans **attend their** specialty care appointment

Current calculation – all NEW appointments

Proposed calculation – NEW appointments *without referrals*

+

Proposed calculation – NEW appointments *with referrals*

This is unrelated and separate from eligibility standards for an Individual Veteran to receive community care, which will not change with this modification.

Average wait time reporting on the Access to Care website includes both urgent and routine visits. Many factors including patient preference, urgency of care, and processes for obtaining care contribute to average wait times.

VHA Access Goals and Objectives

Access to care is delivering the right care, at the right time, through the right modality, to get Veterans to best health outcomes.

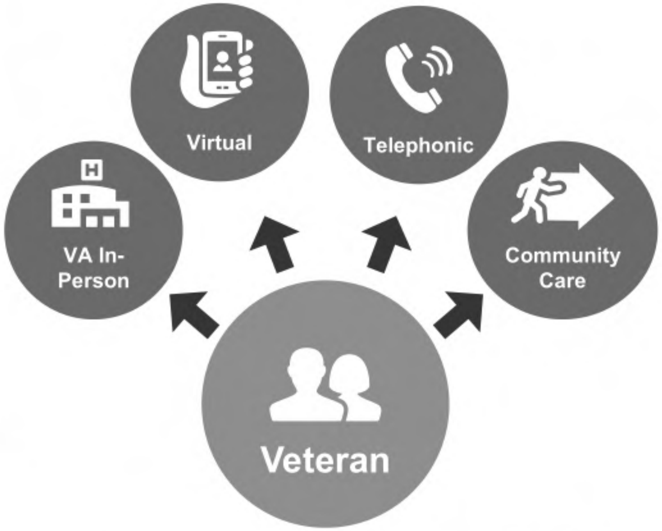
Goals

The Veterans Health Administration (VHA) has several goals for the future of access, including:

- Promote a **consistent, high-quality, timely, and Veteran-centric experience** in accessing care within VHA, virtually, and through community partners.
- Increase **ownership, accountability, and decision making** at all levels of the organization through consistent oversight of access to care data and trends.
- Empower Veterans with clear information to **inform their healthcare access choices**.

Objectives

1. Adopt an enterprise-wide approach to proactively balance capacity and demand
2. Increase VA appointment capacity by working with every line of service to **expand in person, VA virtual care options and Community care offered to Veterans**



VA provides the Veterans options for care, and the Veteran has agency over their decision.

Virtual Health Care System (VHCS)

VHCS concept will:

- Develop standard processes, alignment of *existing* virtual care services to increase opportunities for VA care for Veterans
- Consistently promote high reliability, patient safety, quality of care, Veteran satisfaction

Development of VHCS is critical for VA to:

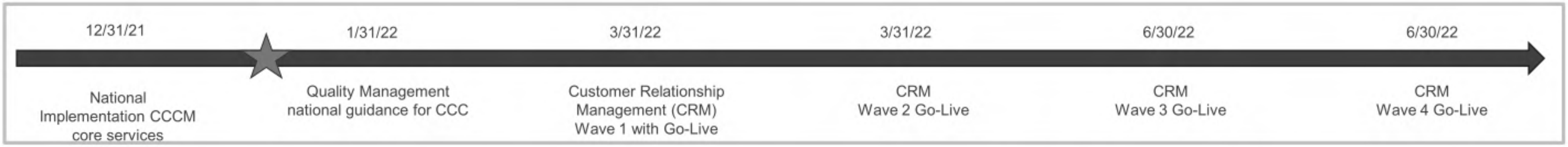
- Expand Veterans choice by providing health care needs in real-time
- Cross-level resources & allow for service expansion
- Deliver integrated care, despite geographic limitations & locations
- Compete in a growing digital marketplace

VA Health Connect

INITIATIVE	VA Health Connect (Clinical Contact Center Modernization [CCCM])
DESCRIPTION	• Implement standardized Clinical Contact Centers (CCC) at every VISN • Provide same-day access to virtual scheduling, clinical triage, pharmacy services, and virtual clinic visits, through a single toll-free number within every VISN • Increase the use of enhancement telehealth services (e.g., tele-Emergency Department, Emergency Department optimization)
GOALS	The goal is to provide Veterans with additional access to VA health care through 24/7 virtual health care services with advances in scheduling and administration, virtual clinic visits, clinical triage and pharmacy – all through a single toll-free number at each VISN.

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Improved Veteran experience
- Increased access to care through improved speed to answer and reduced call abandonment
- Improved operational efficiency through reduced average handle time, increased first contact resolution, reduced transfers
- Increased volume of virtual care/services delivery (encounters and appointments, within each service)



12/31/21	1/31/22	3/31/22	3/31/22	6/30/22	6/30/22
National Implementation CCCM core services	Quality Management national guidance for CCC	Customer Relationship Management (CRM) Wave 1 with Go-Live	CRM Wave 2 Go-Live	CRM Wave 3 Go-Live	CRM Wave 4 Go-Live

Status Key ☐ Not Started ■ In Progress ▧ At Risk ▨ Delayed ▧ Complete ▨ On Hold

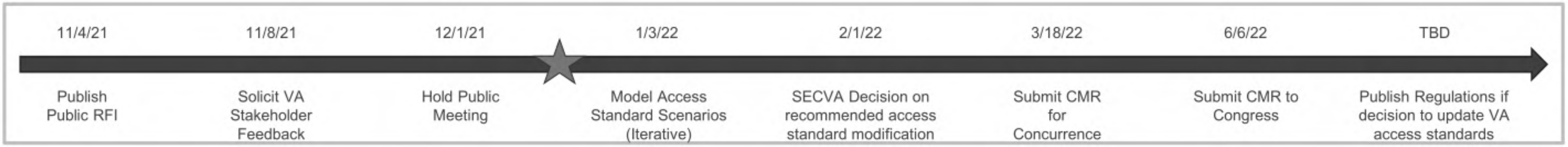
Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. CCCM Core Services National implementation	■	90%	12/31/21	Implement min. foundational reqs in VISNs to provide same-day access to 4 core services via single toll-free number (each VISN)	• Each VISN is completing an action plan • Efficiencies dependent upon available tools • VISN staffing increases risks not aligning to 12/31 obj.	(b)(5)
2. Quality Mgmt. National Roadmap	■	50%	1/31/22	Roadmap with metrics and quality management system for use in CCC	Finalize plan to incorporate clinical contact center performance metrics into ND performance assessments	
3. CRM Wave 1 Go-Live	■	75%	3/31/22	Clinical triage CRM live at 4 VISNs with all related trainings and change mgmt activities	CRM Go Live is dependent on: Obtaining data records from Cerner DHA records; Conducting formal testing; Conducting change management and training	2x/day meetings with Cerner leadership to work through data records and ensure proper patient safety/integrity

VA Access Standards Review

INITIATIVE	VA Access Standards Review
DESCRIPTION	To provide a comprehensive evaluation of existing access standards (to inform community care eligibility) and to develop recommendations for updates to existing standards, as required by the MISSION Act of 2018 and resulting in congressionally mandated report (CMR) due in June 2022
GOALS	• Consult pertinent stakeholders & entities on best practices and industry standards • Solicit public and internal comments and input on VA access standards • Model access standard scenarios based on comparative findings, financial impact, and Veteran needs

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Conduct an environmental scan of pertinent Federal, private sector, and non-governmental entities on best practices and industry standards (complete)
- Capture input from multiple internal and external stakeholders on current access standards through stakeholder meetings, RFI (comment period ending December 6), and public meeting held on December 1 (complete)
- Determine fiscal impact of various access standard models (in progress)
- Obtain SECVA decision on any recommended modifications to the VA access standards (pending)



11/4/21	11/8/21	12/1/21	1/3/22	2/1/22	3/18/22	6/6/22	TBD
Publish Public RFI	Solicit VA Stakeholder Feedback	Hold Public Meeting	Model Access Standard Scenarios (Iterative)	SECVA Decision on recommended access standard modification	Submit CMR for Concurrence	Submit CMR to Congress	Publish Regulations if decision to update VA access standards

Status Key ☐ Not Started ■ In Progress ▨ At Risk ▨ Delayed ▨ Complete ▨ On Hold

Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. Model Access Standard Scenarios (Iterative)	■	50%	1/3/22	Community Care Access Standard Options and Fiscal Impact Table	All scenarios will be modeled with current state projections and increased telehealth	(b)(5)
2. SECVA Decision on recommended access standard modification	■	0%	2/1/22	Summary of Assessment and Comparison of Findings Fiscal Impact Table	SECVA decision required by 1 FEB to ensure meet CMR timeline/submit on time	
3. Submit CMR for Concurrence	■	25%	3/18/22	Triennial Report on Access Standards	Initiated draft with information available to date	

ACCESS UPDATE

Presentation for: VHA Governance Board

Presented By: RimaAnn Nelson and Dr. Susan Kirsh

Date of Briefing: January 20, 2022

Access Updates

Bottom Line Up Front

- Mental Health Access
- CO-ED
- Access Index – Measurement Way Forward
- Virtual Healthcare System Update
- Contact Centers
- Access Standards

Mental Health Access

- Mental Health Access continues to be of critical concern and high priority

- Memo

- Data forthcoming

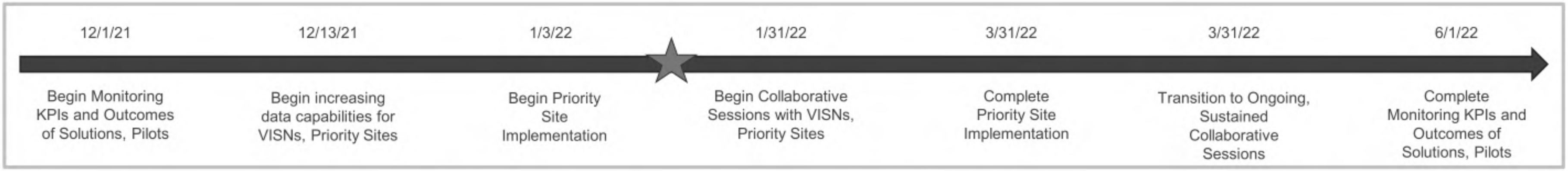
- Looking for capacity in VA (local, VISN, cross VISNs) and Community

Care Optimization in the Emergency Department (CO-ED)

INITIATIVE	CO-ED
DESCRIPTION	• Collaborate with VISNs to implement value-based care solutions • Streamline care navigation processes • Enhance community partnerships
GOALS	• Optimize resources to facilitate execution of value-based care that results in the right care, at the right place at the right time.

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Total number of unique visits to VA and community ED
- Total number of admissions in VA and community hospitals
- Total cost of community ED visits and admissions
- % of VA and community ED visits that result in admission
- Total number of unique visits to VA and community urgent care facilities
- Total cost of community urgent care visits

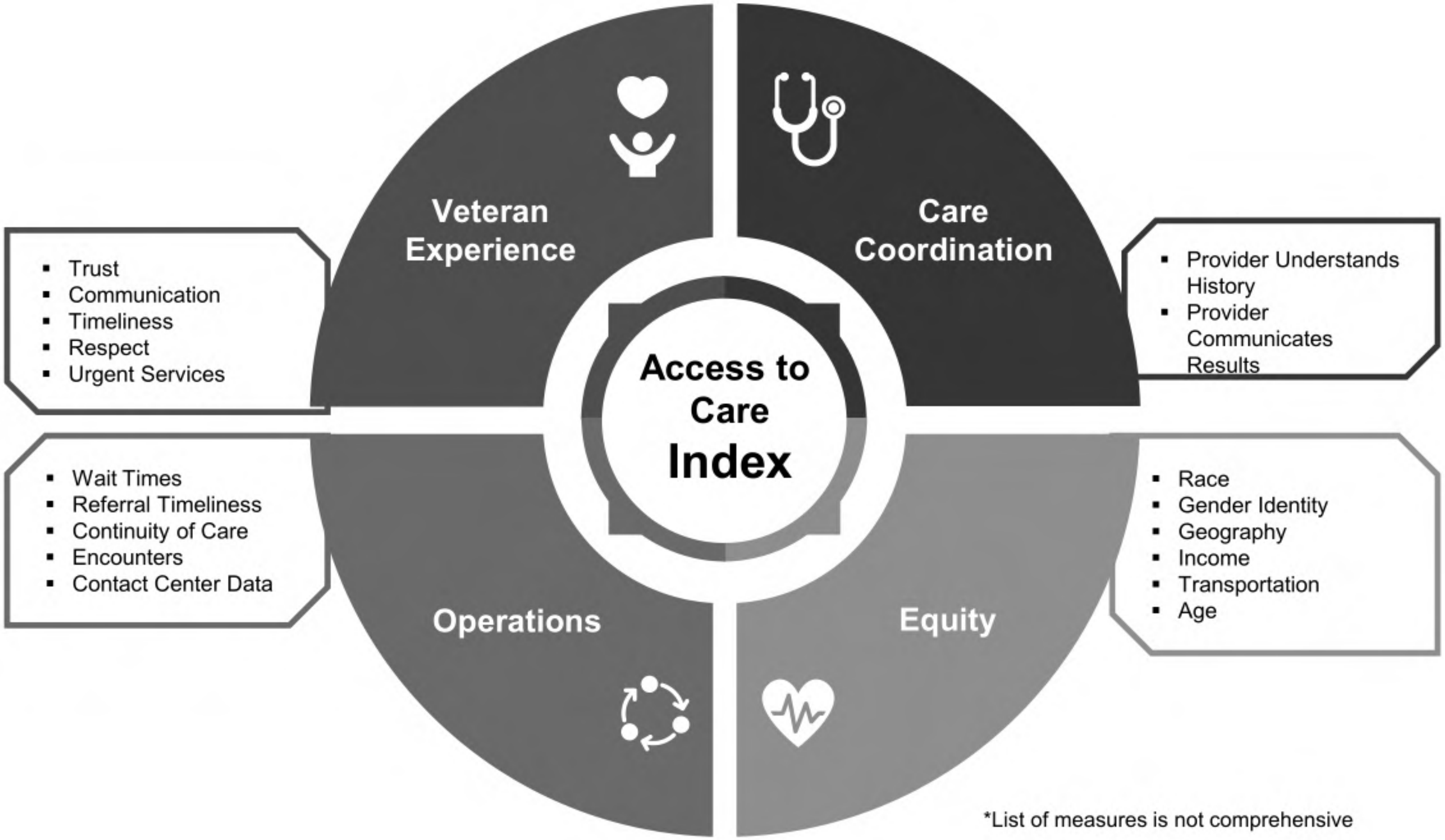


12/1/21	12/13/21	1/3/22	1/31/22	3/31/22	3/31/22	6/1/22
Begin Monitoring KPIs and Outcomes of Solutions, Pilots	Begin increasing data capabilities for VISNs, Priority Sites	Begin Priority Site Implementation	Begin Collaborative Sessions with VISNs, Priority Sites	Complete Priority Site Implementation	Transition to Ongoing, Sustained Collaborative Sessions	Complete Monitoring KPIs and Outcomes of Solutions, Pilots

Status Key ☐ Not Started ■ In Progress ■ At Risk ■ Delayed ■ Complete ■ On Hold

Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. Increase Data Capabilities for VISNs, Priority Sites	■	90%	3/31/22	Integrate VA and Community data into dashboards, develop solution-specific metrics, collaborate with program offices to develop program specific metrics, explore make/buy templates	Determining future platform to support large data sets is critical to ensuring sustainability of data	(b)(5)
2. Priority Site Implementation	■	50%	3/31/22	Monitor site implementation with collaborative working sessions and recurring reporting	Some solutions may have longer implementation timeline due to complexity and/or resources needed	
3. Monitor KPIs and Outcomes	■	30%	6/1/22	Monitor trends of KPIs and impact of solutions on high-level and operational KPIs	Solution outcomes may not directly contribute to high-level KPIs, rather operational/solution-focused metrics	

Patient Centered Access Measurement



Access to Care Index

Veteran Experience

- Trust
- Communication
- Timeliness
- Respect
- Urgent Services

Care Coordination

- Provider Understands History
- Provider Communicates Results

Operations

- Wait Times
- Referral Timeliness
- Continuity of Care
- Encounters
- Contact Center Data

Equity

- Race
- Gender Identity
- Geography
- Income
- Transportation
- Age

*List of measures is not comprehensive

Enhancing our Approach to Reporting New Patient Average Wait Times

1 Referral Date

The **date a referral request** is made by a VA provider for specialty medical and/or behavioral care

2 Scheduled / Create Date

The date a **future appointment is scheduled**, by either the Veteran or the VA.

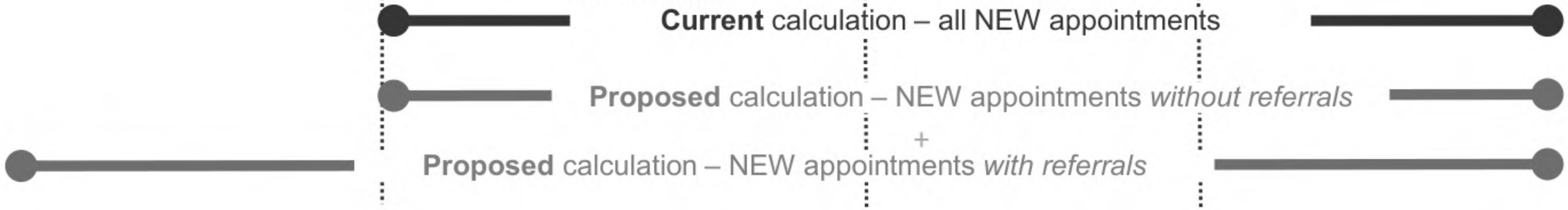
This may be the same date as the Referral date in some cases.

3 Authorization (Community Care only)

After the appointment is scheduled, an authorization for approval is created for community care appointments.

4 Appointment Date

The **scheduled day** when Veterans **attend their** specialty care appointment



Current calculation – all NEW appointments

Proposed calculation – NEW appointments *without referrals*

+

Proposed calculation – NEW appointments *with referrals*

This is unrelated and separate from eligibility standards for an Individual Veteran to receive community care, which will not change with this modification.

Average wait time reporting on the Access to Care website includes both urgent and routine visits. Many factors including patient preference, urgency of care, and processes for obtaining care contribute to average wait times.

VHA Access Goals and Objectives

Access to care is delivering the right care, at the right time, through the right modality, to get Veterans to best health outcomes.

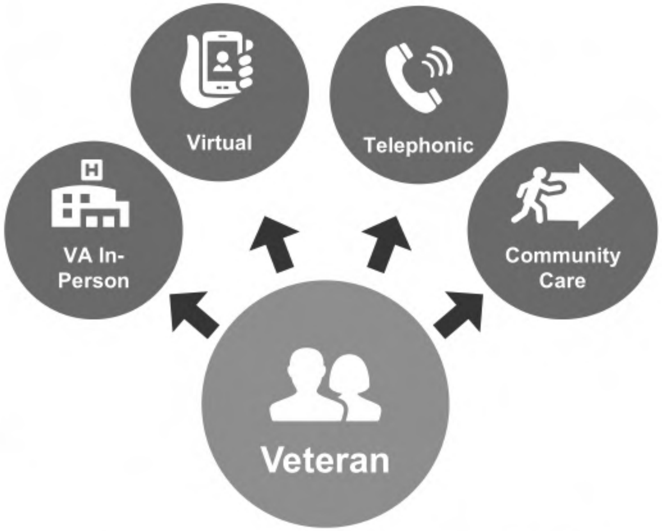
Goals

The Veterans Health Administration (VHA) has several goals for the future of access, including:

- Promote a **consistent, high-quality, timely, and Veteran-centric experience** in accessing care within VHA, virtually, and through community partners.
- Increase **ownership, accountability, and decision making** at all levels of the organization through consistent oversight of access to care data and trends.
- Empower Veterans with clear information to **inform their healthcare access choices**.

Objectives

1. Adopt an enterprise-wide approach to proactively balance capacity and demand
2. Increase VA appointment capacity by working with every line of service to **expand in person, VA virtual care options and Community care offered to Veterans**



VA provides the Veterans options for care, and the Veteran has agency over their decision.

Virtual Health Care System (VHCS)

VHCS concept will:

- Develop standard processes, alignment of *existing* virtual care services to increase opportunities for VA care for Veterans
- Consistently promote high reliability, patient safety, quality of care, Veteran satisfaction

Development of VHCS is critical for VA to:

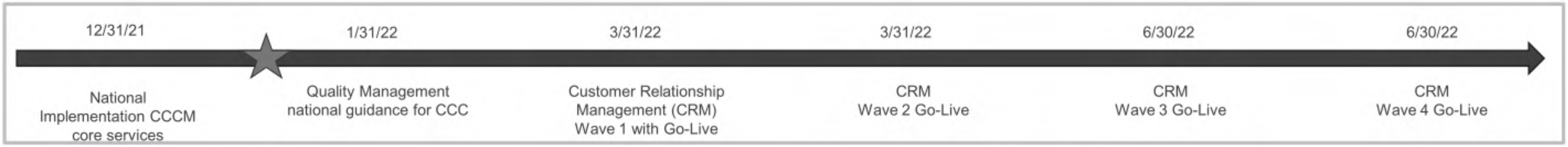
- Expand Veterans choice by providing health care needs in real-time
- Cross-level resources & allow for service expansion
- Deliver integrated care, despite geographic limitations & locations
- Compete in a growing digital marketplace

VA Health Connect

INITIATIVE	VA Health Connect (Clinical Contact Center Modernization [CCCM])
DESCRIPTION	• Implement standardized Clinical Contact Centers (CCC) at every VISN • Provide same-day access to virtual scheduling, clinical triage, pharmacy services, and virtual clinic visits, through a single toll-free number within every VISN • Increase the use of enhancement telehealth services (e.g., tele-Emergency Department, Emergency Department optimization)
GOALS	The goal is to provide Veterans with additional access to VA health care through 24/7 virtual health care services with advances in scheduling and administration, virtual clinic visits, clinical triage and pharmacy – all through a single toll-free number at each VISN.

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Improved Veteran experience
- Increased access to care through improved speed to answer and reduced call abandonment
- Improved operational efficiency through reduced average handle time, increased first contact resolution, reduced transfers
- Increased volume of virtual care/services delivery (encounters and appointments, within each service)



12/31/21
National Implementation CCCM core services

1/31/22
Quality Management national guidance for CCC

3/31/22
Customer Relationship Management (CRM) Wave 1 with Go-Live

3/31/22
CRM Wave 2 Go-Live

6/30/22
CRM Wave 3 Go-Live

6/30/22
CRM Wave 4 Go-Live

Status Key □ Not Started ■ In Progress ■ At Risk ■ Delayed ■ Complete ■ On Hold

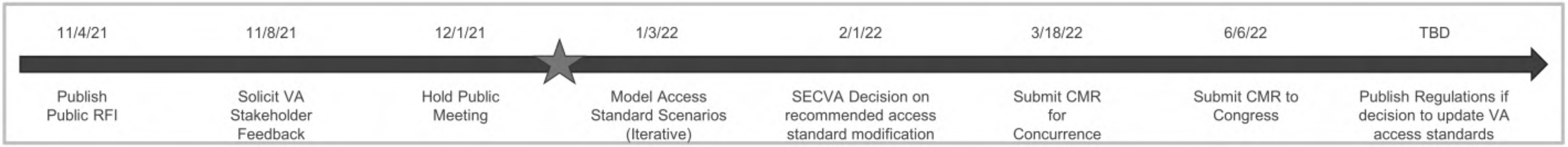
Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. CCCM Core Services National implementation	■	90%	12/31/21	Implement min. foundational reqs in VISNs to provide same-day access to 4 core services via single toll-free number (each VISN)	• Each VISN is completing an action plan • Efficiencies dependent upon available tools • VISN staffing increases risks not aligning to 12/31 obj.	(b)(5)
2. Quality Mgmt. National Roadmap	■	50%	1/31/22	Roadmap with metrics and quality management system for use in CCC	Finalize plan to incorporate clinical contact center performance metrics into ND performance assessments	
3. CRM Wave 1 Go-Live	■	75%	3/31/22	Clinical triage CRM live at 4 VISNs with all related trainings and change mgmt activities	CRM Go Live is dependent on: Obtaining data records from Cerner DHA records; Conducting formal testing; Conducting change management and training	

VA Access Standards Review

INITIATIVE	VA Access Standards Review
DESCRIPTION	To provide a comprehensive evaluation of existing access standards (to inform community care eligibility) and to develop recommendations for updates to existing standards, as required by the MISSION Act of 2018 and resulting in congressionally mandated report (CMR) due in June 2022
GOALS	• Consult pertinent stakeholders & entities on best practices and industry standards • Solicit public and internal comments and input on VA access standards • Model access standard scenarios based on comparative findings, financial impact, and Veteran needs

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Conduct an environmental scan of pertinent Federal, private sector, and non-governmental entities on best practices and industry standards (complete)
- Capture input from multiple internal and external stakeholders on current access standards through stakeholder meetings, RFI (comment period ending December 6), and public meeting held on December 1 (complete)
- Determine fiscal impact of various access standard models (in progress)
- Obtain SECVA decision on any recommended modifications to the VA access standards (pending)



11/4/21	11/8/21	12/1/21	1/3/22	2/1/22	3/18/22	6/6/22	TBD
Publish Public RFI	Solicit VA Stakeholder Feedback	Hold Public Meeting	Model Access Standard Scenarios (Iterative)	SECVA Decision on recommended access standard modification	Submit CMR for Concurrence	Submit CMR to Congress	Publish Regulations if decision to update VA access standards

Status Key ☐ Not Started ■ In Progress ▨ At Risk ■ Delayed ▨ Complete ■ On Hold

Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. Model Access Standard Scenarios (Iterative)	■	50%	1/3/22	Community Care Access Standard Options and Fiscal Impact Table	All scenarios will be modeled with current state projections and increased telehealth	(b)(5)
2. SECVA Decision on recommended access standard modification	■	0%	2/1/22	Summary of Assessment and Comparison of Findings Fiscal Impact Table	SECVA decision required by 1 FEB to ensure meet CMR timeline/submit on time	
3. Submit CMR for Concurrence	■	25%	3/18/22	Triennial Report on Access Standards	Initiated draft with information available to date	

ACCESS UPDATE

Presentation for: VHA Governance Board

Presented By: RimaAnn Nelson and Dr. Susan Kirsh

Date of Briefing: January 20, 2022

Access Updates

Bottom Line Up Front

- Mental Health Access
- CO-ED
- Access Index – Measurement Way Forward
- Virtual Healthcare System Update
- Contact Centers
- Access Standards

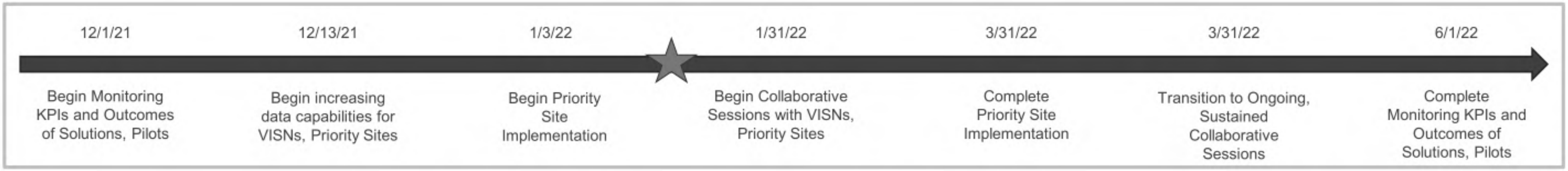
Mental Health Access

- Mental Health Access continues to be of critical concern and high priority
- Memo
- Data forthcoming
- Looking for capacity in VA (local, VISN, cross VISNs) and Community

Care Optimization in the Emergency Department (CO-ED)

INITIATIVE	CO-ED
DESCRIPTION	• Collaborate with VISNs to implement value-based care solutions • Streamline care navigation processes • Enhance community partnerships
GOALS	• Optimize resources to facilitate execution of value-based care that results in the right care, at the right place at the right time.

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS
• Total number of unique visits to VA and community ED • Total number of admissions in VA and community hospitals • Total cost of community ED visits and admissions • % of VA and community ED visits that result in admission • Total number of unique visits to VA and community urgent care facilities • Total cost of community urgent care visits



12/1/21 Begin Monitoring KPIs and Outcomes of Solutions, Pilots

12/13/21 Begin increasing data capabilities for VISNs, Priority Sites

1/3/22 Begin Priority Site Implementation

1/31/22 Begin Collaborative Sessions with VISNs, Priority Sites

3/31/22 Complete Priority Site Implementation

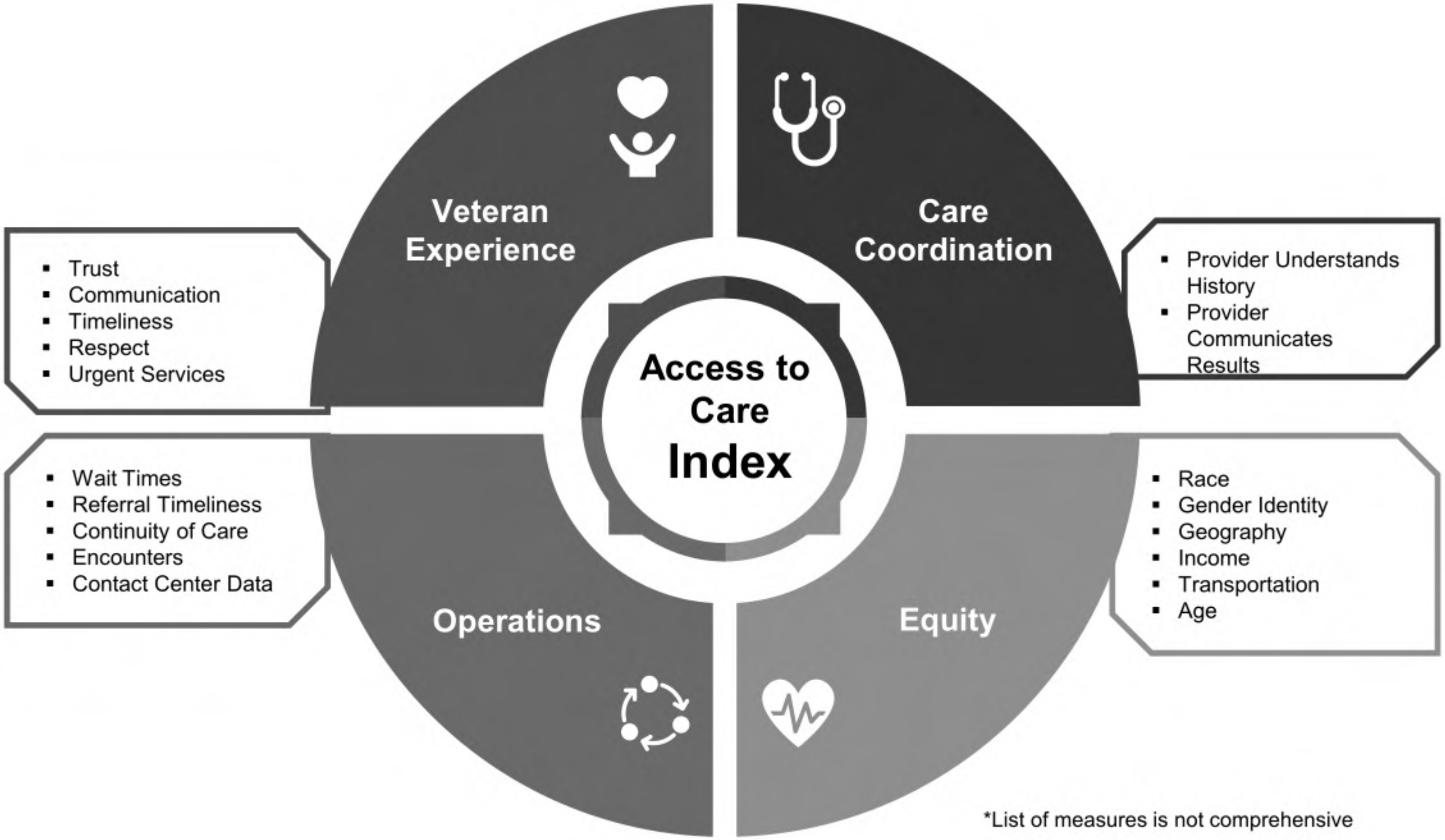
3/31/22 Transition to Ongoing, Sustained Collaborative Sessions

6/1/22 Complete Monitoring KPIs and Outcomes of Solutions, Pilots

Status Key ☐ Not Started ■ In Progress ▨ At Risk ▨ Delayed ▨ Complete ▨ On Hold

Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. Increase Data Capabilities for VISNs, Priority Sites	■	90%	3/31/22	Integrate VA and Community data into dashboards, develop solution-specific metrics, collaborate with program offices to develop program specific metrics, explore make/buy templates	Determining future platform to support large data sets is critical to ensuring sustainability of data	(b)(5)
2. Priority Site Implementation	■	50%	3/31/22	Monitor site implementation with collaborative working sessions and recurring reporting	Some solutions may have longer implementation timeline due to complexity and/or resources needed	
3. Monitor KPIs and Outcomes	■	30%	6/1/22	Monitor trends of KPIs and impact of solutions on high-level and operational KPIs	Solution outcomes may not directly contribute to high-level KPIs, rather operational/solution-focused metrics	

Patient Centered Access Measurement



Access to Care Index

Veteran Experience
- Trust
- Communication
- Timeliness
- Respect
- Urgent Services

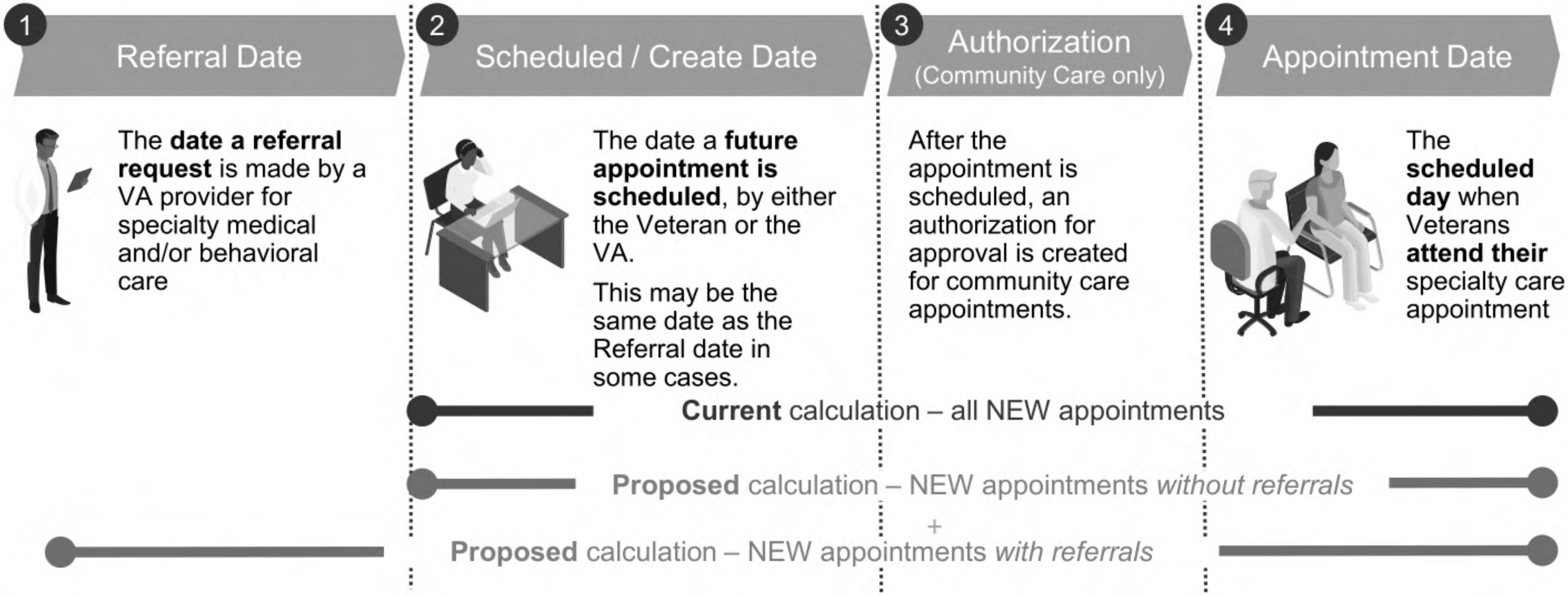
Care Coordination
- Provider Understands History
- Provider Communicates Results

Operations
- Wait Times
- Referral Timeliness
- Continuity of Care
- Encounters
- Contact Center Data

Equity
- Race
- Gender Identity
- Geography
- Income
- Transportation
- Age

*List of measures is not comprehensive

Enhancing our Approach to Reporting New Patient Average Wait Times



1 Referral Date

The **date a referral request** is made by a VA provider for specialty medical and/or behavioral care

2 Scheduled / Create Date

The date a **future appointment is scheduled**, by either the Veteran or the VA.

This may be the same date as the Referral date in some cases.

3 Authorization (Community Care only)

After the appointment is scheduled, an authorization for approval is created for community care appointments.

4 Appointment Date

The **scheduled day** when Veterans **attend their** specialty care appointment

Current calculation – all NEW appointments

Proposed calculation – NEW appointments *without referrals*

+

Proposed calculation – NEW appointments *with referrals*

This is unrelated and separate from eligibility standards for an Individual Veteran to receive community care, which will not change with this modification.

Average wait time reporting on the Access to Care website includes both urgent and routine visits. Many factors including patient preference, urgency of care, and processes for obtaining care contribute to average wait times.

VHA Access Goals and Objectives

Access to care is delivering the right care, at the right time, through the right modality, to get Veterans to best health outcomes.

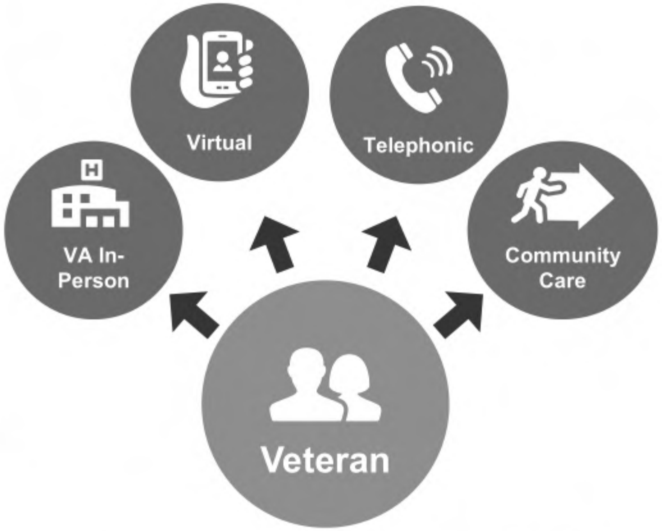
Goals

The Veterans Health Administration (VHA) has several goals for the future of access, including:

- Promote a **consistent, high-quality, timely, and Veteran-centric experience** in accessing care within VHA, virtually, and through community partners.
- Increase **ownership, accountability, and decision making** at all levels of the organization through consistent oversight of access to care data and trends.
- Empower Veterans with clear information to **inform their healthcare access choices**.

Objectives

1. Adopt an enterprise-wide approach to proactively balance capacity and demand
2. Increase VA appointment capacity by working with every line of service to **expand in person, VA virtual care options and Community care offered to Veterans**



VA provides the Veterans options for care, and the Veteran has agency over their decision.

Virtual Health Care System (VHCS)

VHCS concept will:

- Develop standard processes, alignment of *existing* virtual care services to increase opportunities for VA care for Veterans
- Consistently promote high reliability, patient safety, quality of care, Veteran satisfaction

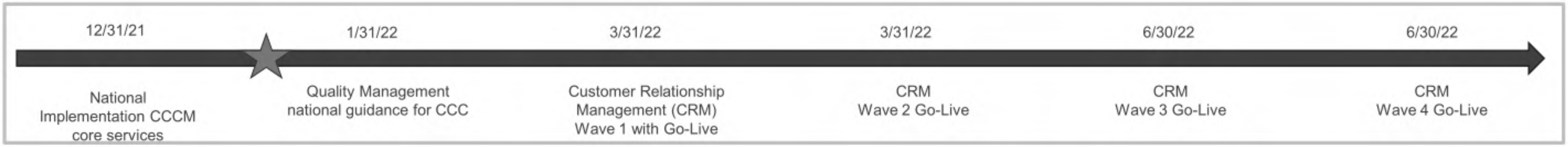
Development of VHCS is critical for VA to:

- Expand Veterans choice by providing health care needs in real-time
- Cross-level resources & allow for service expansion
- Deliver integrated care, despite geographic limitations & locations
- Compete in a growing digital marketplace

VA Health Connect

INITIATIVE	VA Health Connect (Clinical Contact Center Modernization [CCCM])
DESCRIPTION	• Implement standardized Clinical Contact Centers (CCC) at every VISN • Provide same-day access to virtual scheduling, clinical triage, pharmacy services, and virtual clinic visits, through a single toll-free number within every VISN • Increase the use of enhancement telehealth services (e.g., tele-Emergency Department, Emergency Department optimization)
GOALS	The goal is to provide Veterans with additional access to VA health care through 24/7 virtual health care services with advances in scheduling and administration, virtual clinic visits, clinical triage and pharmacy – all through a single toll-free number at each VISN.

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS
• Improved Veteran experience • Increased access to care through improved speed to answer and reduced call abandonment • Improved operational efficiency through reduced average handle time, increased first contact resolution, reduced transfers • Increased volume of virtual care/services delivery (encounters and appointments, within each service)


12/31/21 National Implementation CCCM core services

1/31/22 Quality Management national guidance for CCC

3/31/22 Customer Relationship Management (CRM) Wave 1 with Go-Live

3/31/22 CRM Wave 2 Go-Live

6/30/22 CRM Wave 3 Go-Live

6/30/22 CRM Wave 4 Go-Live

Status Key ☐ Not Started ■ In Progress ▨ At Risk ▨ Delayed ▨ Complete ▨ On Hold

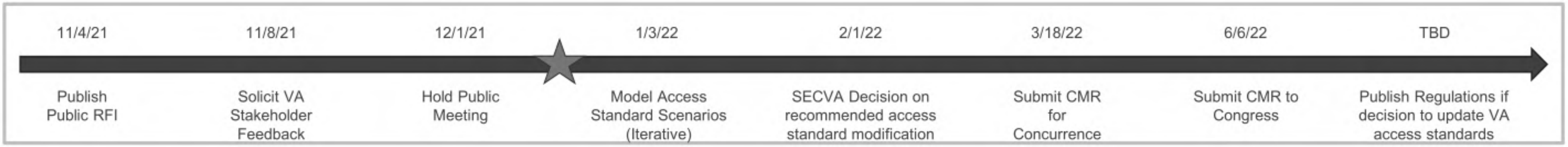
Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. CCCM Core Services National implementation	■	90%	12/31/21	Implement min. foundational reqs in VISNs to provide same-day access to 4 core services via single toll-free number (each VISN)	• Each VISN is completing an action plan • Efficiencies dependent upon available tools • VISN staffing increases risks not aligning to 12/31 obj.	(b)(5)
2. Quality Mgmt. National Roadmap	■	50%	1/31/22	Roadmap with metrics and quality management system for use in CCC	Finalize plan to incorporate clinical contact center performance metrics into ND performance assessments	
3. CRM Wave 1 Go-Live	■	75%	3/31/22	Clinical triage CRM live at 4 VISNs with all related trainings and change mgmt activities	CRM Go Live is dependent on: Obtaining data records from Cerner DHA records; Conducting formal testing; Conducting change management and training	

VA Access Standards Review

INITIATIVE	VA Access Standards Review
DESCRIPTION	To provide a comprehensive evaluation of existing access standards (to inform community care eligibility) and to develop recommendations for updates to existing standards, as required by the MISSION Act of 2018 and resulting in congressionally mandated report (CMR) due in June 2022
GOALS	• Consult pertinent stakeholders & entities on best practices and industry standards • Solicit public and internal comments and input on VA access standards • Model access standard scenarios based on comparative findings, financial impact, and Veteran needs

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Conduct an environmental scan of pertinent Federal, private sector, and non-governmental entities on best practices and industry standards (complete)
- Capture input from multiple internal and external stakeholders on current access standards through stakeholder meetings, RFI (comment period ending December 6), and public meeting held on December 1 (complete)
- Determine fiscal impact of various access standard models (in progress)
- Obtain SECVA decision on any recommended modifications to the VA access standards (pending)



11/4/21	11/8/21	12/1/21	1/3/22	2/1/22	3/18/22	6/6/22	TBD
Publish Public RFI	Solicit VA Stakeholder Feedback	Hold Public Meeting	Model Access Standard Scenarios (Iterative)	SECVA Decision on recommended access standard modification	Submit CMR for Concurrence	Submit CMR to Congress	Publish Regulations if decision to update VA access standards

Status Key ☐ Not Started ■ In Progress ■ At Risk ■ Delayed ■ Complete ■ On Hold

Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. Model Access Standard Scenarios (Iterative)	■	50%	1/3/22	Community Care Access Standard Options and Fiscal Impact Table	All scenarios will be modeled with current state projections and increased telehealth	(b)(5)
2. SECVA Decision on recommended access standard modification	■	0%	2/1/22	Summary of Assessment and Comparison of Findings Fiscal Impact Table	SECVA decision required by 1 FEB to ensure meet CMR timeline/submit on time	
3. Submit CMR for Concurrence	■	25%	3/18/22	Triennial Report on Access Standards	Initiated draft with information available to date	

ACCESS UPDATE

Presentation for: VHA Governance Board

Presented By: RimaAnn Nelson and Dr. Susan Kirsh

Date of Briefing: January 20, 2022

Access Updates

Bottom Line Up Front

- Mental Health Access
- CO-ED
- Access Index – Measurement Way Forward
- Virtual Healthcare System Update
- Contact Centers
- Access Standards

Mental Health Access

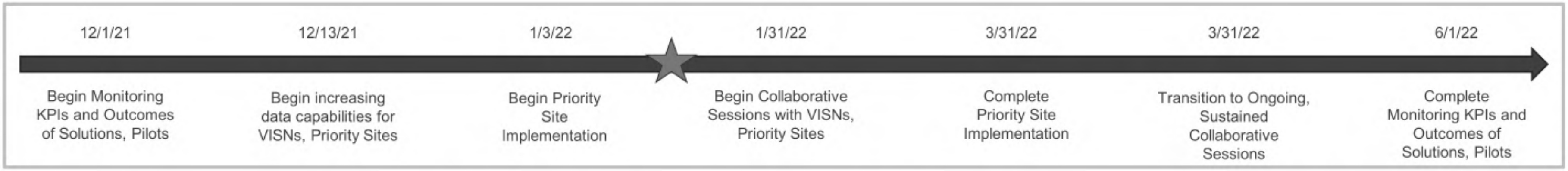
- Mental Health Access continues to be of critical concern and high priority
- Memo
- Data forthcoming
- Looking for capacity in VA (local, VISN, cross VISNs) and Community

Care Optimization in the Emergency Department (CO-ED)

INITIATIVE	CO-ED
DESCRIPTION	• Collaborate with VISNs to implement value-based care solutions • Streamline care navigation processes • Enhance community partnerships
GOALS	• Optimize resources to facilitate execution of value-based care that results in the right care, at the right place at the right time.

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Total number of unique visits to VA and community ED
- Total number of admissions in VA and community hospitals
- Total cost of community ED visits and admissions
- % of VA and community ED visits that result in admission
- Total number of unique visits to VA and community urgent care facilities
- Total cost of community urgent care visits

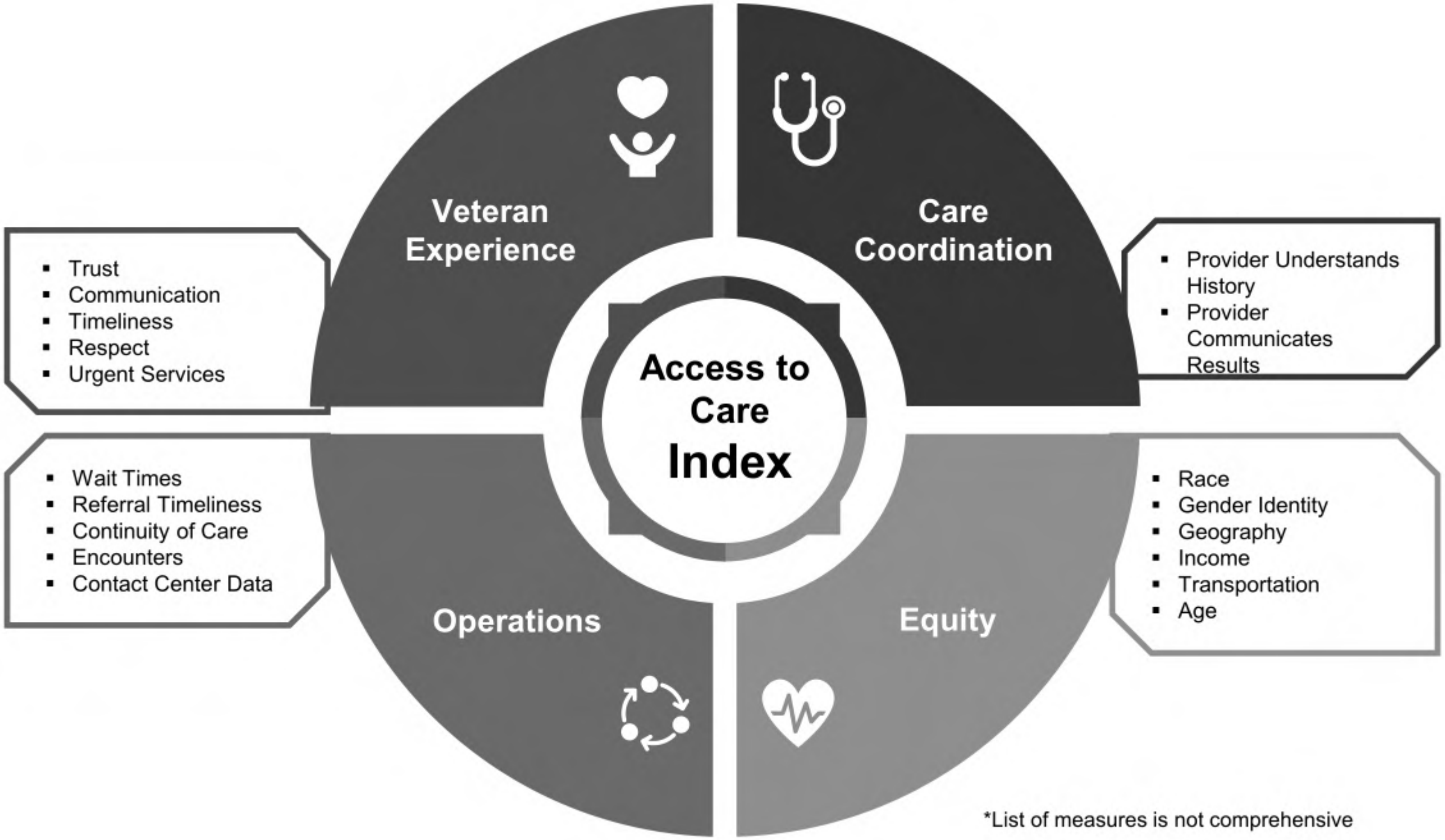


12/1/21	12/13/21	1/3/22	1/31/22	3/31/22	3/31/22	6/1/22
Begin Monitoring KPIs and Outcomes of Solutions, Pilots	Begin increasing data capabilities for VISNs, Priority Sites	Begin Priority Site Implementation	Begin Collaborative Sessions with VISNs, Priority Sites	Complete Priority Site Implementation	Transition to Ongoing, Sustained Collaborative Sessions	Complete Monitoring KPIs and Outcomes of Solutions, Pilots

Status Key ☐ Not Started ■ In Progress ▨ At Risk ▨ Delayed ▨ Complete ▨ On Hold

Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. Increase Data Capabilities for VISNs, Priority Sites	■	90%	3/31/22	Integrate VA and Community data into dashboards, develop solution-specific metrics, collaborate with program offices to develop program specific metrics, explore make/buy templates	Determining future platform to support large data sets is critical to ensuring sustainability of data	(b)(5)
2. Priority Site Implementation	■	50%	3/31/22	Monitor site implementation with collaborative working sessions and recurring reporting	Some solutions may have longer implementation timeline due to complexity and/or resources needed	
3. Monitor KPIs and Outcomes	■	30%	6/1/22	Monitor trends of KPIs and impact of solutions on high-level and operational KPIs	Solution outcomes may not directly contribute to high-level KPIs, rather operational/solution-focused metrics	

Patient Centered Access Measurement



Veteran Experience

- Trust
- Communication
- Timeliness
- Respect
- Urgent Services

Care Coordination

- Provider Understands History
- Provider Communicates Results

Access to Care Index

Operations

- Wait Times
- Referral Timeliness
- Continuity of Care
- Encounters
- Contact Center Data

Equity

- Race
- Gender Identity
- Geography
- Income
- Transportation
- Age

*List of measures is not comprehensive

Enhancing our Approach to Reporting New Patient Average Wait Times

1 Referral Date

The **date a referral request** is made by a VA provider for specialty medical and/or behavioral care

2 Scheduled / Create Date

The date a **future appointment is scheduled**, by either the Veteran or the VA.

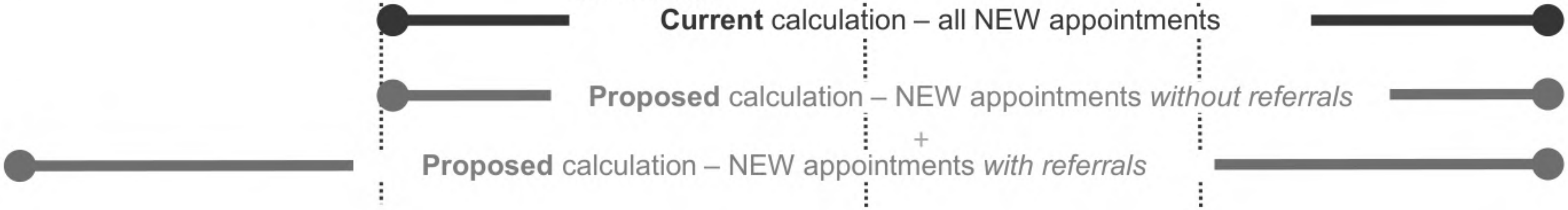
This may be the same date as the Referral date in some cases.

3 Authorization (Community Care only)

After the appointment is scheduled, an authorization for approval is created for community care appointments.

4 Appointment Date

The **scheduled day** when Veterans **attend their** specialty care appointment



Current calculation – all NEW appointments

Proposed calculation – NEW appointments *without referrals*

+

Proposed calculation – NEW appointments *with referrals*

This is unrelated and separate from eligibility standards for an Individual Veteran to receive community care, which will not change with this modification.

Average wait time reporting on the Access to Care website includes both urgent and routine visits. Many factors including patient preference, urgency of care, and processes for obtaining care contribute to average wait times.

VHA Access Goals and Objectives

Access to care is delivering the right care, at the right time, through the right modality, to get Veterans to best health outcomes.

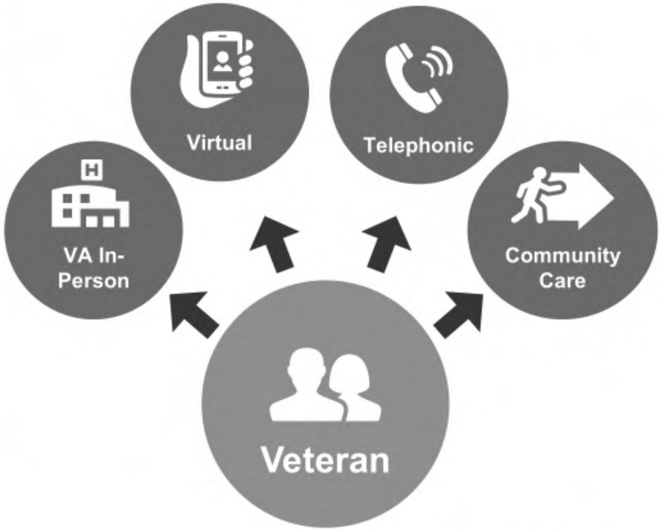
Goals

The Veterans Health Administration (VHA) has several goals for the future of access, including:

- Promote a **consistent, high-quality, timely, and Veteran-centric experience** in accessing care within VHA, virtually, and through community partners.
- Increase **ownership, accountability, and decision making** at all levels of the organization through consistent oversight of access to care data and trends.
- Empower Veterans with clear information to **inform their healthcare access choices**.

Objectives

1. Adopt an enterprise-wide approach to proactively balance capacity and demand
2. Increase VA appointment capacity by working with every line of service to **expand in person, VA virtual care options and Community care offered to Veterans**



VA provides the Veterans options for care, and the Veteran has agency over their decision.

Virtual Health Care System (VHCS)

VHCS concept will:

- Develop standard processes, alignment of *existing* virtual care services to increase opportunities for VA care for Veterans
- Consistently promote high reliability, patient safety, quality of care, Veteran satisfaction

Development of VHCS is critical for VA to:

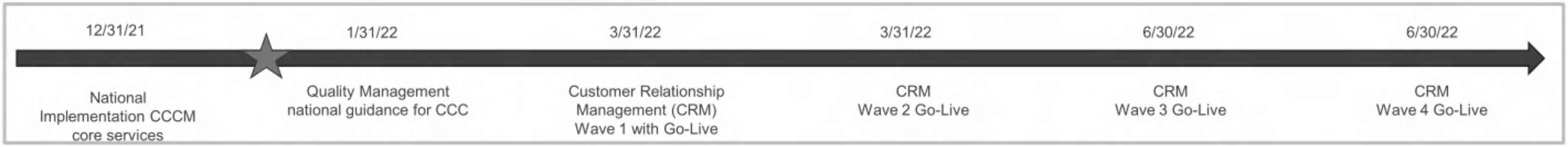
- Expand Veterans choice by providing health care needs in real-time
- Cross-level resources & allow for service expansion
- Deliver integrated care, despite geographic limitations & locations
- Compete in a growing digital marketplace

VA Health Connect

INITIATIVE	VA Health Connect (Clinical Contact Center Modernization [CCCM])
DESCRIPTION	• Implement standardized Clinical Contact Centers (CCC) at every VISN • Provide same-day access to virtual scheduling, clinical triage, pharmacy services, and virtual clinic visits, through a single toll-free number within every VISN • Increase the use of enhancement telehealth services (e.g., tele-Emergency Department, Emergency Department optimization)
GOALS	The goal is to provide Veterans with additional access to VA health care through 24/7 virtual health care services with advances in scheduling and administration, virtual clinic visits, clinical triage and pharmacy – all through a single toll-free number at each VISN.

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Improved Veteran experience
- Increased access to care through improved speed to answer and reduced call abandonment
- Improved operational efficiency through reduced average handle time, increased first contact resolution, reduced transfers
- Increased volume of virtual care/services delivery (encounters and appointments, within each service)



12/31/21 National Implementation CCCM core services

1/31/22 Quality Management national guidance for CCC

3/31/22 Customer Relationship Management (CRM) Wave 1 with Go-Live

3/31/22 CRM Wave 2 Go-Live

6/30/22 CRM Wave 3 Go-Live

6/30/22 CRM Wave 4 Go-Live

Status Key □ Not Started ■ In Progress ▨ At Risk ▨ Delayed ▨ Complete ▨ On Hold

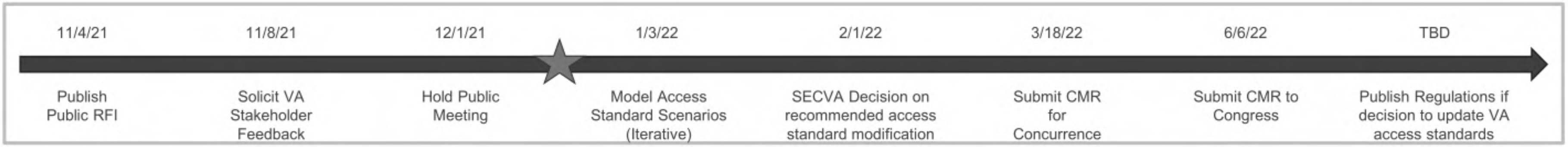
Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. CCCM Core Services National implementation	■	90%	12/31/21	Implement min. foundational reqs in VISNs to provide same-day access to 4 core services via single toll-free number (each VISN)	• Each VISN is completing an action plan • Efficiencies dependent upon available tools • VISN staffing increases risks not aligning to 12/31 obj.	(b)(5)
2. Quality Mgmt. National Roadmap	■	50%	1/31/22	Roadmap with metrics and quality management system for use in CCC	Finalize plan to incorporate clinical contact center performance metrics into ND performance assessments	
3. CRM Wave 1 Go-Live	■	75%	3/31/22	Clinical triage CRM live at 4 VISNs with all related trainings and change mgmt activities	CRM Go Live is dependent on: Obtaining data records from Cerner DHA records; Conducting formal testing; Conducting change management and training	

VA Access Standards Review

INITIATIVE	VA Access Standards Review
DESCRIPTION	To provide a comprehensive evaluation of existing access standards (to inform community care eligibility) and to develop recommendations for updates to existing standards, as required by the MISSION Act of 2018 and resulting in congressionally mandated report (CMR) due in June 2022
GOALS	• Consult pertinent stakeholders & entities on best practices and industry standards • Solicit public and internal comments and input on VA access standards • Model access standard scenarios based on comparative findings, financial impact, and Veteran needs

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Conduct an environmental scan of pertinent Federal, private sector, and non-governmental entities on best practices and industry standards (complete)
- Capture input from multiple internal and external stakeholders on current access standards through stakeholder meetings, RFI (comment period ending December 6), and public meeting held on December 1 (complete)
- Determine fiscal impact of various access standard models (in progress)
- Obtain SECVA decision on any recommended modifications to the VA access standards (pending)



11/4/21	11/8/21	12/1/21	1/3/22	2/1/22	3/18/22	6/6/22	TBD
Publish Public RFI	Solicit VA Stakeholder Feedback	Hold Public Meeting	Model Access Standard Scenarios (Iterative)	SECVA Decision on recommended access standard modification	Submit CMR for Concurrence	Submit CMR to Congress	Publish Regulations if decision to update VA access standards

Status Key ☐ Not Started ■ In Progress ■ At Risk ■ Delayed ■ Complete ■ On Hold

Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. Model Access Standard Scenarios (Iterative)	■	50%	1/3/22	Community Care Access Standard Options and Fiscal Impact Table	All scenarios will be modeled with current state projections and increased telehealth	(b)(5)
2. SECVA Decision on recommended access standard modification	■	0%	2/1/22	Summary of Assessment and Comparison of Findings Fiscal Impact Table	SECVA decision required by 1 FEB to ensure meet CMR timeline/submit on time	
3. Submit CMR for Concurrence	■	25%	3/18/22	Triennial Report on Access Standards	Initiated draft with information available to date	

ACCESS UPDATE

Presentation for: VHA Governance Board

Presented By: RimaAnn Nelson and Dr. Susan Kirsh

Date of Briefing: January 20, 2022

Access Updates

Bottom Line Up Front

- Mental Health Access
- CO-ED
- Access Index – Measurement Way Forward
- Virtual Healthcare System Update
- Contact Centers
- Access Standards

Mental Health Access

- Mental Health Access continues to be of critical concern and high priority

- Memo

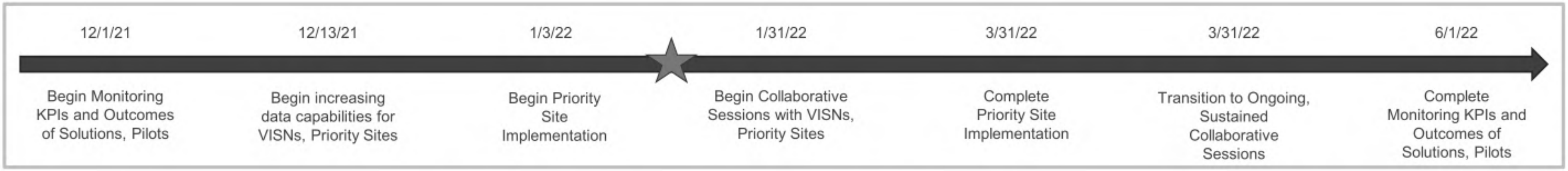
- Data forthcoming

- Looking for capacity in VA (local, VISN, cross VISNs) and Community

Care Optimization in the Emergency Department (CO-ED)

INITIATIVE	CO-ED
DESCRIPTION	• Collaborate with VISNs to implement value-based care solutions • Streamline care navigation processes • Enhance community partnerships
GOALS	• Optimize resources to facilitate execution of value-based care that results in the right care, at the right place at the right time.

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS
• Total number of unique visits to VA and community ED • Total number of admissions in VA and community hospitals • Total cost of community ED visits and admissions • % of VA and community ED visits that result in admission • Total number of unique visits to VA and community urgent care facilities • Total cost of community urgent care visits



12/1/21 – Begin Monitoring KPIs and Outcomes of Solutions, Pilots

12/13/21 – Begin increasing data capabilities for VISNs, Priority Sites

1/3/22 – Begin Priority Site Implementation

1/31/22 – Begin Collaborative Sessions with VISNs, Priority Sites

3/31/22 – Complete Priority Site Implementation

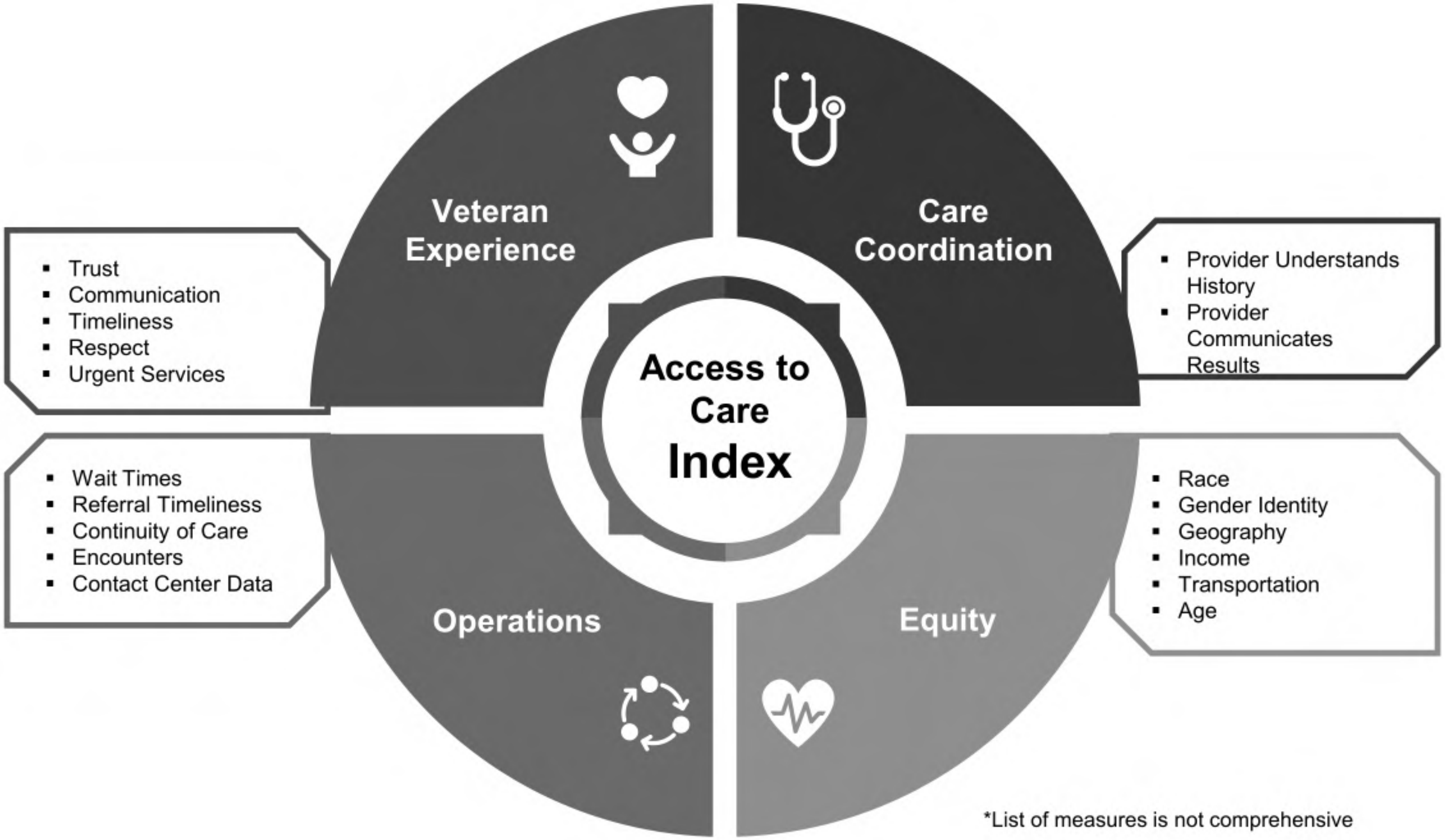
3/31/22 – Transition to Ongoing, Sustained Collaborative Sessions

6/1/22 – Complete Monitoring KPIs and Outcomes of Solutions, Pilots

Status Key ☐ Not Started ■ In Progress ▨ At Risk ▨ Delayed ▨ Complete ▨ On Hold

Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. Increase Data Capabilities for VISNs, Priority Sites	■	90%	3/31/22	Integrate VA and Community data into dashboards, develop solution-specific metrics, collaborate with program offices to develop program specific metrics, explore make/buy templates	Determining future platform to support large data sets is critical to ensuring sustainability of data	(b)(5)
2. Priority Site Implementation	■	50%	3/31/22	Monitor site implementation with collaborative working sessions and recurring reporting	Some solutions may have longer implementation timeline due to complexity and/or resources needed	
3. Monitor KPIs and Outcomes	■	30%	6/1/22	Monitor trends of KPIs and impact of solutions on high-level and operational KPIs	Solution outcomes may not directly contribute to high-level KPIs, rather operational/solution-focused metrics	

Patient Centered Access Measurement



Access to Care Index

Veteran Experience
- Trust
- Communication
- Timeliness
- Respect
- Urgent Services

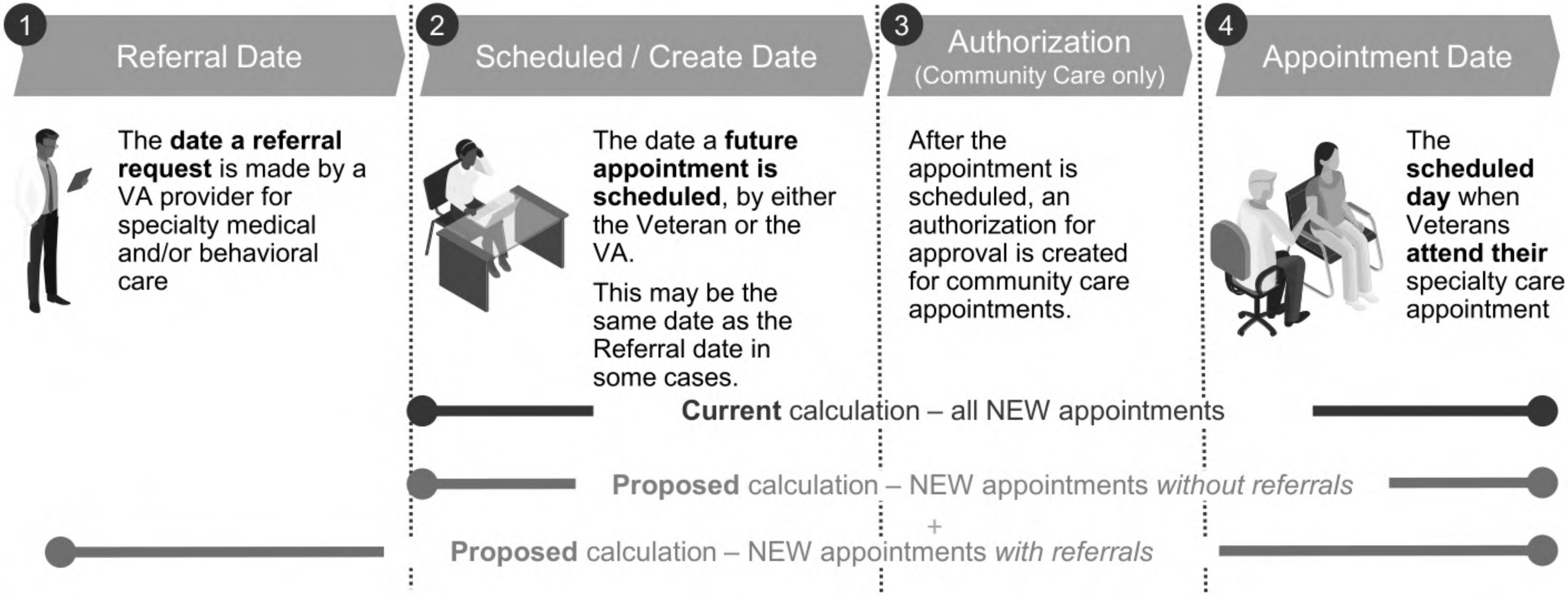
Care Coordination
- Provider Understands History
- Provider Communicates Results

Operations
- Wait Times
- Referral Timeliness
- Continuity of Care
- Encounters
- Contact Center Data

Equity
- Race
- Gender Identity
- Geography
- Income
- Transportation
- Age

*List of measures is not comprehensive

Enhancing our Approach to Reporting New Patient Average Wait Times



1 **Referral Date**

The **date a referral request** is made by a VA provider for specialty medical and/or behavioral care

2 **Scheduled / Create Date**

The date a **future appointment is scheduled**, by either the Veteran or the VA.

This may be the same date as the Referral date in some cases.

3 **Authorization (Community Care only)**

After the appointment is scheduled, an authorization for approval is created for community care appointments.

4 **Appointment Date**

The **scheduled day** when Veterans **attend their** specialty care appointment

Current calculation – all NEW appointments

Proposed calculation – NEW appointments *without referrals*

+

Proposed calculation – NEW appointments *with referrals*

This is unrelated and separate from eligibility standards for an Individual Veteran to receive community care, which will not change with this modification.

Average wait time reporting on the Access to Care website includes both urgent and routine visits. Many factors including patient preference, urgency of care, and processes for obtaining care contribute to average wait times.

VHA Access Goals and Objectives

Access to care is delivering the right care, at the right time, through the right modality, to get Veterans to best health outcomes.

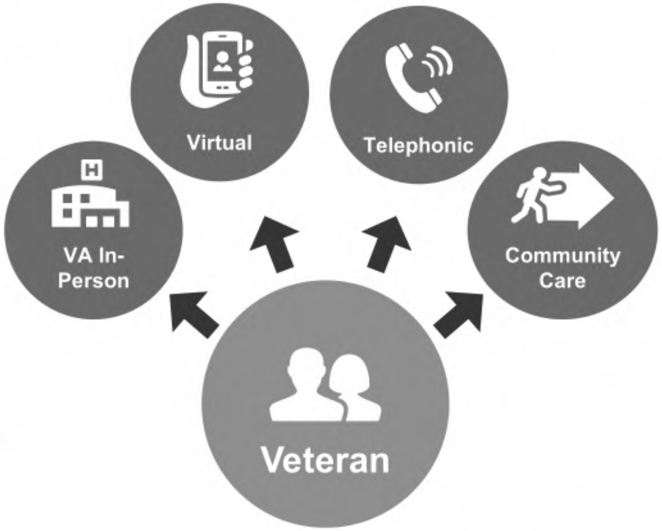
Goals

The Veterans Health Administration (VHA) has several goals for the future of access, including:

- Promote a **consistent, high-quality, timely, and Veteran-centric experience** in accessing care within VHA, virtually, and through community partners.
- Increase **ownership, accountability, and decision making** at all levels of the organization through consistent oversight of access to care data and trends.
- Empower Veterans with clear information to **inform their healthcare access choices**.

Objectives

1. Adopt an enterprise-wide approach to proactively balance capacity and demand
2. Increase VA appointment capacity by working with every line of service to **expand in person, VA virtual care options and Community care offered to Veterans**



VA provides the Veterans options for care, and the Veteran has agency over their decision.

Virtual Health Care System (VHCS)

VHCS concept will:

- Develop standard processes, alignment of *existing* virtual care services to increase opportunities for VA care for Veterans
- Consistently promote high reliability, patient safety, quality of care, Veteran satisfaction

Development of VHCS is critical for VA to:

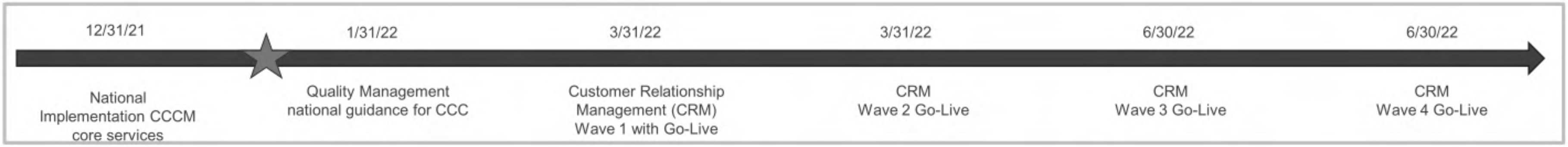
- Expand Veterans choice by providing health care needs in real-time
- Cross-level resources & allow for service expansion
- Deliver integrated care, despite geographic limitations & locations
- Compete in a growing digital marketplace

VA Health Connect

INITIATIVE	VA Health Connect (Clinical Contact Center Modernization [CCCM])
DESCRIPTION	• Implement standardized Clinical Contact Centers (CCC) at every VISN • Provide same-day access to virtual scheduling, clinical triage, pharmacy services, and virtual clinic visits, through a single toll-free number within every VISN • Increase the use of enhancement telehealth services (e.g., tele-Emergency Department, Emergency Department optimization)
GOALS	The goal is to provide Veterans with additional access to VA health care through 24/7 virtual health care services with advances in scheduling and administration, virtual clinic visits, clinical triage and pharmacy – all through a single toll-free number at each VISN.

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Improved Veteran experience
- Increased access to care through improved speed to answer and reduced call abandonment
- Improved operational efficiency through reduced average handle time, increased first contact resolution, reduced transfers
- Increased volume of virtual care/services delivery (encounters and appointments, within each service)



12/31/21
National Implementation CCCM core services

1/31/22
Quality Management national guidance for CCC

3/31/22
Customer Relationship Management (CRM) Wave 1 with Go-Live

3/31/22
CRM Wave 2 Go-Live

6/30/22
CRM Wave 3 Go-Live

6/30/22
CRM Wave 4 Go-Live

Status Key □ Not Started ■ In Progress ■ At Risk ■ Delayed ■ Complete ■ On Hold

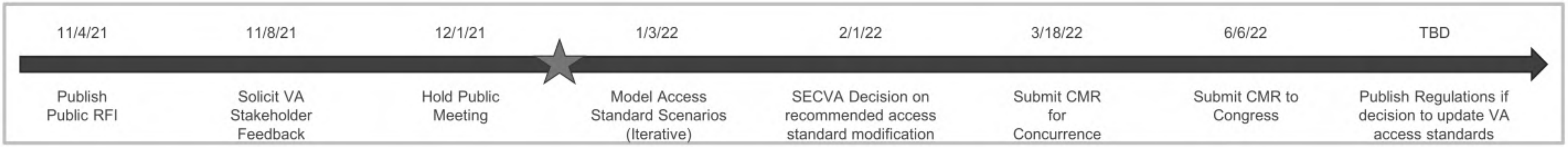
Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. CCCM Core Services National implementation	■	90%	12/31/21	Implement min. foundational reqs in VISNs to provide same-day access to 4 core services via single toll-free number (each VISN)	• Each VISN is completing an action plan • Efficiencies dependent upon available tools • VISN staffing increases risks not aligning to 12/31 obj.	(b)(5)
2. Quality Mgmt. National Roadmap	■	50%	1/31/22	Roadmap with metrics and quality management system for use in CCC	Finalize plan to incorporate clinical contact center performance metrics into ND performance assessments	
3. CRM Wave 1 Go-Live	■	75%	3/31/22	Clinical triage CRM live at 4 VISNs with all related trainings and change mgmt activities	CRM Go Live is dependent on: Obtaining data records from Cerner DHA records; Conducting formal testing; Conducting change management and training	

VA Access Standards Review

INITIATIVE	VA Access Standards Review
DESCRIPTION	To provide a comprehensive evaluation of existing access standards (to inform community care eligibility) and to develop recommendations for updates to existing standards, as required by the MISSION Act of 2018 and resulting in congressionally mandated report (CMR) due in June 2022
GOALS	• Consult pertinent stakeholders & entities on best practices and industry standards • Solicit public and internal comments and input on VA access standards • Model access standard scenarios based on comparative findings, financial impact, and Veteran needs

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Conduct an environmental scan of pertinent Federal, private sector, and non-governmental entities on best practices and industry standards (complete)
- Capture input from multiple internal and external stakeholders on current access standards through stakeholder meetings, RFI (comment period ending December 6), and public meeting held on December 1 (complete)
- Determine fiscal impact of various access standard models (in progress)
- Obtain SECVA decision on any recommended modifications to the VA access standards (pending)



11/4/21	11/8/21	12/1/21	1/3/22	2/1/22	3/18/22	6/6/22	TBD
Publish Public RFI	Solicit VA Stakeholder Feedback	Hold Public Meeting	Model Access Standard Scenarios (Iterative)	SECVA Decision on recommended access standard modification	Submit CMR for Concurrence	Submit CMR to Congress	Publish Regulations if decision to update VA access standards

Status Key ☐ Not Started ■ In Progress ▨ At Risk ▨ Delayed ▨ Complete ▨ On Hold

Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. Model Access Standard Scenarios (Iterative)	■	50%	1/3/22	Community Care Access Standard Options and Fiscal Impact Table	All scenarios will be modeled with current state projections and increased telehealth	(b)(5)
2. SECVA Decision on recommended access standard modification	■	0%	2/1/22	Summary of Assessment and Comparison of Findings Fiscal Impact Table	SECVA decision required by 1 FEB to ensure meet CMR timeline/submit on time	
3. Submit CMR for Concurrence	■	25%	3/18/22	Triennial Report on Access Standards	Initiated draft with information available to date	

ACCESS UPDATE

Presentation for: VHA Governance Board

Presented By: RimaAnn Nelson and Dr. Susan Kirsh

Date of Briefing: January 20, 2022

Access Updates

Bottom Line Up Front

- Mental Health Access
- CO-ED
- Access Index – Measurement Way Forward
- Virtual Healthcare System Update
- Contact Centers
- Access Standards

Mental Health Access

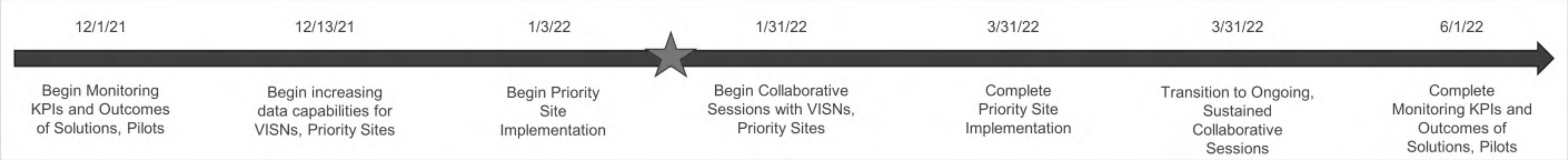
- Mental Health Access continues to be of critical concern and high priority
- Memo
- Data forthcoming
- Looking for capacity in VA (local, VISN, cross VISNs) and Community

Care Optimization in the Emergency Department (CO-ED)

INITIATIVE	CO-ED
DESCRIPTION	• Collaborate with VISNs to implement value-based care solutions • Streamline care navigation processes • Enhance community partnerships
GOALS	• Optimize resources to facilitate execution of value-based care that results in the right care, at the right place at the right time.

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Total number of unique visits to VA and community ED
- Total number of admissions in VA and community hospitals
- Total cost of community ED visits and admissions
- % of VA and community ED visits that result in admission
- Total number of unique visits to VA and community urgent care facilities
- Total cost of community urgent care visits



12/1/21
Begin Monitoring KPIs and Outcomes of Solutions, Pilots

12/13/21
Begin increasing data capabilities for VISNs, Priority Sites

1/3/22
Begin Priority Site Implementation

1/31/22
Begin Collaborative Sessions with VISNs, Priority Sites

3/31/22
Complete Priority Site Implementation

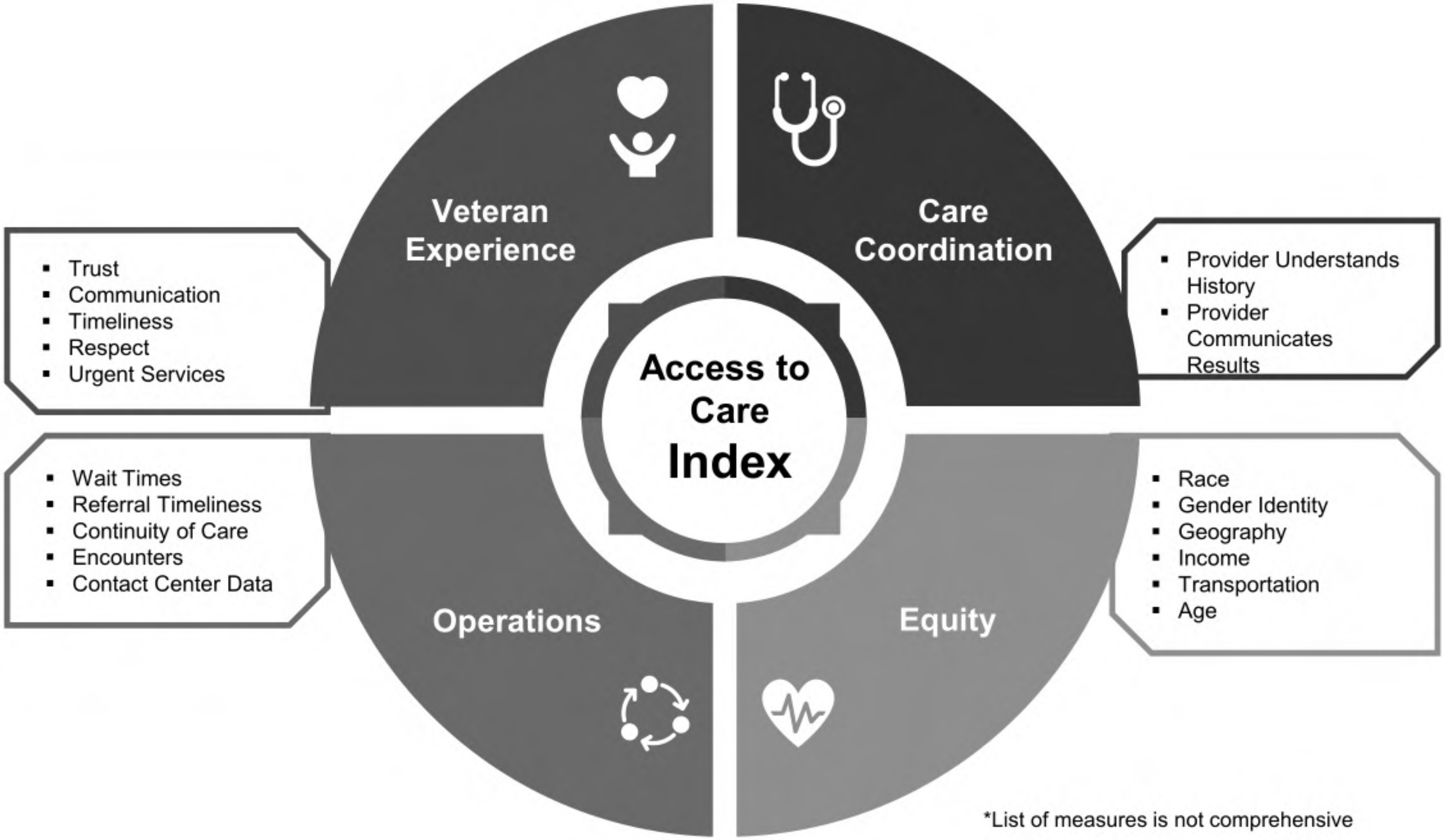
3/31/22
Transition to Ongoing, Sustained Collaborative Sessions

6/1/22
Complete Monitoring KPIs and Outcomes of Solutions, Pilots

Status Key ☐ Not Started ■ In Progress ▨ At Risk ■ Delayed ▨ Complete ■ On Hold

Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. Increase Data Capabilities for VISNs, Priority Sites	■	90%	3/31/22	Integrate VA and Community data into dashboards, develop solution-specific metrics, collaborate with program offices to develop program specific metrics, explore make/buy templates	Determining future platform to support large data sets is critical to ensuring sustainability of data	(b)(5)
2. Priority Site Implementation	■	50%	3/31/22	Monitor site implementation with collaborative working sessions and recurring reporting	Some solutions may have longer implementation timeline due to complexity and/or resources needed	
3. Monitor KPIs and Outcomes	■	30%	6/1/22	Monitor trends of KPIs and impact of solutions on high-level and operational KPIs	Solution outcomes may not directly contribute to high-level KPIs, rather operational/solution-focused metrics	

Patient Centered Access Measurement



Veteran Experience

- Trust
- Communication
- Timeliness
- Respect
- Urgent Services

Care Coordination

- Provider Understands History
- Provider Communicates Results

Access to Care Index

Operations

- Wait Times
- Referral Timeliness
- Continuity of Care
- Encounters
- Contact Center Data

Equity

- Race
- Gender Identity
- Geography
- Income
- Transportation
- Age

*List of measures is not comprehensive

Enhancing our Approach to Reporting New Patient Average Wait Times

1 Referral Date

The **date a referral request** is made by a VA provider for specialty medical and/or behavioral care

2 Scheduled / Create Date

The date a **future appointment is scheduled**, by either the Veteran or the VA.

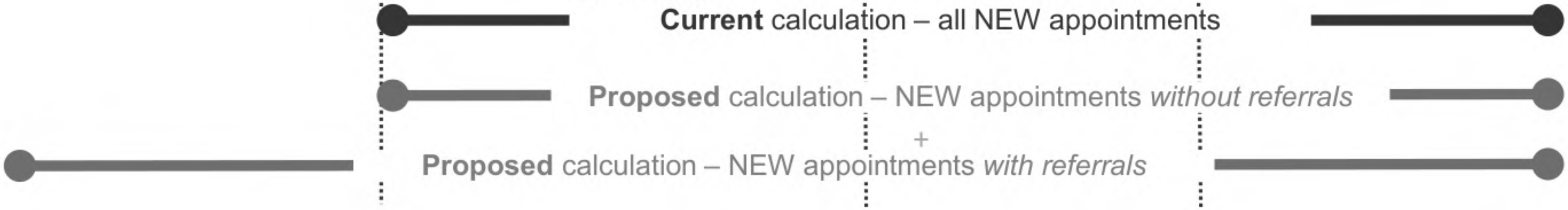
This may be the same date as the Referral date in some cases.

3 Authorization (Community Care only)

After the appointment is scheduled, an authorization for approval is created for community care appointments.

4 Appointment Date

The **scheduled day** when Veterans **attend their** specialty care appointment



Current calculation – all NEW appointments

Proposed calculation – NEW appointments *without referrals*

+

Proposed calculation – NEW appointments *with referrals*

This is unrelated and separate from eligibility standards for an Individual Veteran to receive community care, which will not change with this modification.

Average wait time reporting on the Access to Care website includes both urgent and routine visits. Many factors including patient preference, urgency of care, and processes for obtaining care contribute to average wait times.

VHA Access Goals and Objectives

Access to care is delivering the right care, at the right time, through the right modality, to get Veterans to best health outcomes.

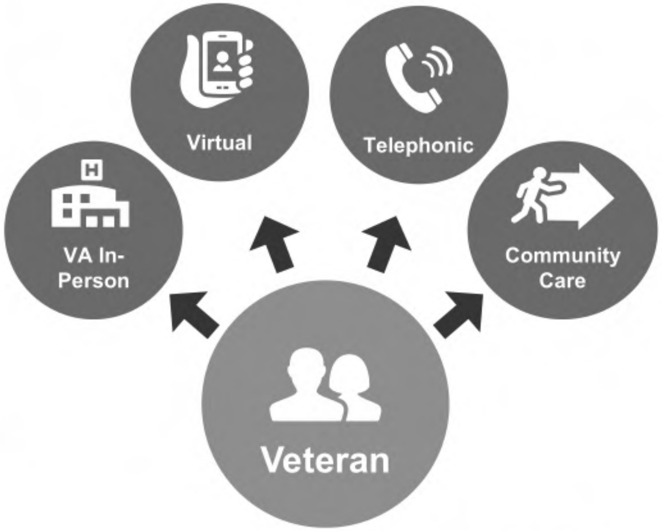
Goals

The Veterans Health Administration (VHA) has several goals for the future of access, including:

- Promote a **consistent, high-quality, timely, and Veteran-centric experience** in accessing care within VHA, virtually, and through community partners.
- Increase **ownership, accountability, and decision making** at all levels of the organization through consistent oversight of access to care data and trends.
- Empower Veterans with clear information to **inform their healthcare access choices**.

Objectives

1. Adopt an enterprise-wide approach to proactively balance capacity and demand
2. Increase VA appointment capacity by working with every line of service to **expand in person, VA virtual care options and Community care offered to Veterans**



VA provides the Veterans options for care, and the Veteran has agency over their decision.

Virtual Health Care System (VHCS)

VHCS concept will:

- Develop standard processes, alignment of *existing* virtual care services to increase opportunities for VA care for Veterans
- Consistently promote high reliability, patient safety, quality of care, Veteran satisfaction

Development of VHCS is critical for VA to:

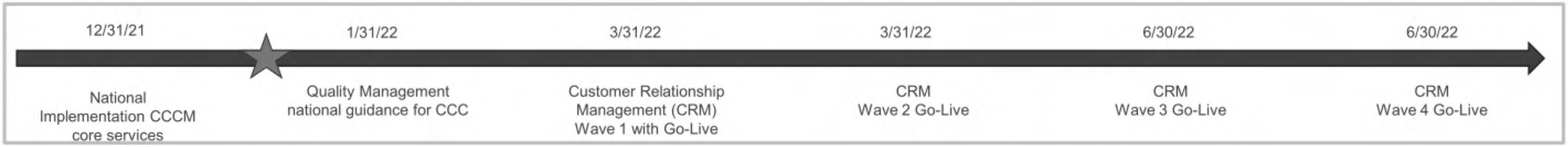
- Expand Veterans choice by providing health care needs in real-time
- Cross-level resources & allow for service expansion
- Deliver integrated care, despite geographic limitations & locations
- Compete in a growing digital marketplace

VA Health Connect

INITIATIVE	VA Health Connect (Clinical Contact Center Modernization [CCCM])
DESCRIPTION	• Implement standardized Clinical Contact Centers (CCC) at every VISN • Provide same-day access to virtual scheduling, clinical triage, pharmacy services, and virtual clinic visits, through a single toll-free number within every VISN • Increase the use of enhancement telehealth services (e.g., tele-Emergency Department, Emergency Department optimization)
GOALS	The goal is to provide Veterans with additional access to VA health care through 24/7 virtual health care services with advances in scheduling and administration, virtual clinic visits, clinical triage and pharmacy – all through a single toll-free number at each VISN.

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Improved Veteran experience
- Increased access to care through improved speed to answer and reduced call abandonment
- Improved operational efficiency through reduced average handle time, increased first contact resolution, reduced transfers
- Increased volume of virtual care/services delivery (encounters and appointments, within each service)



12/31/21 – National Implementation CCCM core services

1/31/22 – Quality Management national guidance for CCC

3/31/22 – Customer Relationship Management (CRM) Wave 1 with Go-Live

3/31/22 – CRM Wave 2 Go-Live

6/30/22 – CRM Wave 3 Go-Live

6/30/22 – CRM Wave 4 Go-Live

Status Key ☐ Not Started ■ In Progress ▨ At Risk ▩ Delayed ▧ Complete ▦ On Hold

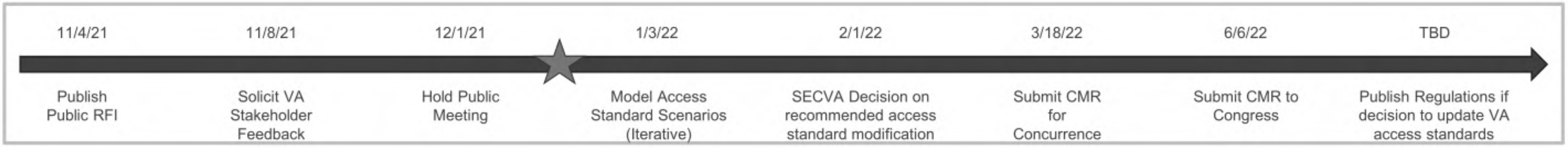
Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. CCCM Core Services National implementation	■	90%	12/31/21	Implement min. foundational reqs in VISNs to provide same-day access to 4 core services via single toll-free number (each VISN)	• Each VISN is completing an action plan • Efficiencies dependent upon available tools • VISN staffing increases risks not aligning to 12/31 obj.	(b)(5)
2. Quality Mgmt. National Roadmap	■	50%	1/31/22	Roadmap with metrics and quality management system for use in CCC	Finalize plan to incorporate clinical contact center performance metrics into ND performance assessments	
3. CRM Wave 1 Go-Live	■	75%	3/31/22	Clinical triage CRM live at 4 VISNs with all related trainings and change mgmt activities	CRM Go Live is dependent on: Obtaining data records from Cerner DHA records; Conducting formal testing; Conducting change management and training	

VA Access Standards Review

INITIATIVE	VA Access Standards Review
DESCRIPTION	To provide a comprehensive evaluation of existing access standards (to inform community care eligibility) and to develop recommendations for updates to existing standards, as required by the MISSION Act of 2018 and resulting in congressionally mandated report (CMR) due in June 2022
GOALS	• Consult pertinent stakeholders & entities on best practices and industry standards • Solicit public and internal comments and input on VA access standards • Model access standard scenarios based on comparative findings, financial impact, and Veteran needs

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Conduct an environmental scan of pertinent Federal, private sector, and non-governmental entities on best practices and industry standards (complete)
- Capture input from multiple internal and external stakeholders on current access standards through stakeholder meetings, RFI (comment period ending December 6), and public meeting held on December 1 (complete)
- Determine fiscal impact of various access standard models (in progress)
- Obtain SECVA decision on any recommended modifications to the VA access standards (pending)



11/4/21	11/8/21	12/1/21	1/3/22	2/1/22	3/18/22	6/6/22	TBD
Publish Public RFI	Solicit VA Stakeholder Feedback	Hold Public Meeting	Model Access Standard Scenarios (Iterative)	SECVA Decision on recommended access standard modification	Submit CMR for Concurrence	Submit CMR to Congress	Publish Regulations if decision to update VA access standards

Status Key ☐ Not Started ■ In Progress ▨ At Risk ▨ Delayed ▨ Complete ▨ On Hold

Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. Model Access Standard Scenarios (Iterative)	■	50%	1/3/22	Community Care Access Standard Options and Fiscal Impact Table	All scenarios will be modeled with current state projections and increased telehealth	(b)(5)
2. SECVA Decision on recommended access standard modification	■	0%	2/1/22	Summary of Assessment and Comparison of Findings Fiscal Impact Table	SECVA decision required by 1 FEB to ensure meet CMR timeline/submit on time	
3. Submit CMR for Concurrence	■	25%	3/18/22	Triennial Report on Access Standards	Initiated draft with information available to date	

ACCESS UPDATE

Presentation for: VHA Governance Board

Presented By: RimaAnn Nelson and Dr. Susan Kirsh

Date of Briefing: January 20, 2022

Access Updates

Bottom Line Up Front

- Mental Health Access
- CO-ED
- Access Index – Measurement Way Forward
- Virtual Healthcare System Update
- Contact Centers
- Access Standards

Mental Health Access

- Mental Health Access continues to be of critical concern and high priority

- Memo

- Data forthcoming

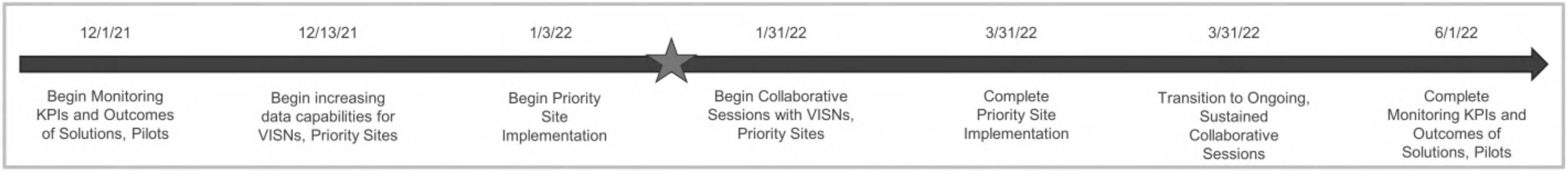
- Looking for capacity in VA (local, VISN, cross VISNs) and Community

Care Optimization in the Emergency Department (CO-ED)

INITIATIVE	CO-ED
DESCRIPTION	• Collaborate with VISNs to implement value-based care solutions • Streamline care navigation processes • Enhance community partnerships
GOALS	• Optimize resources to facilitate execution of value-based care that results in the right care, at the right place at the right time.

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

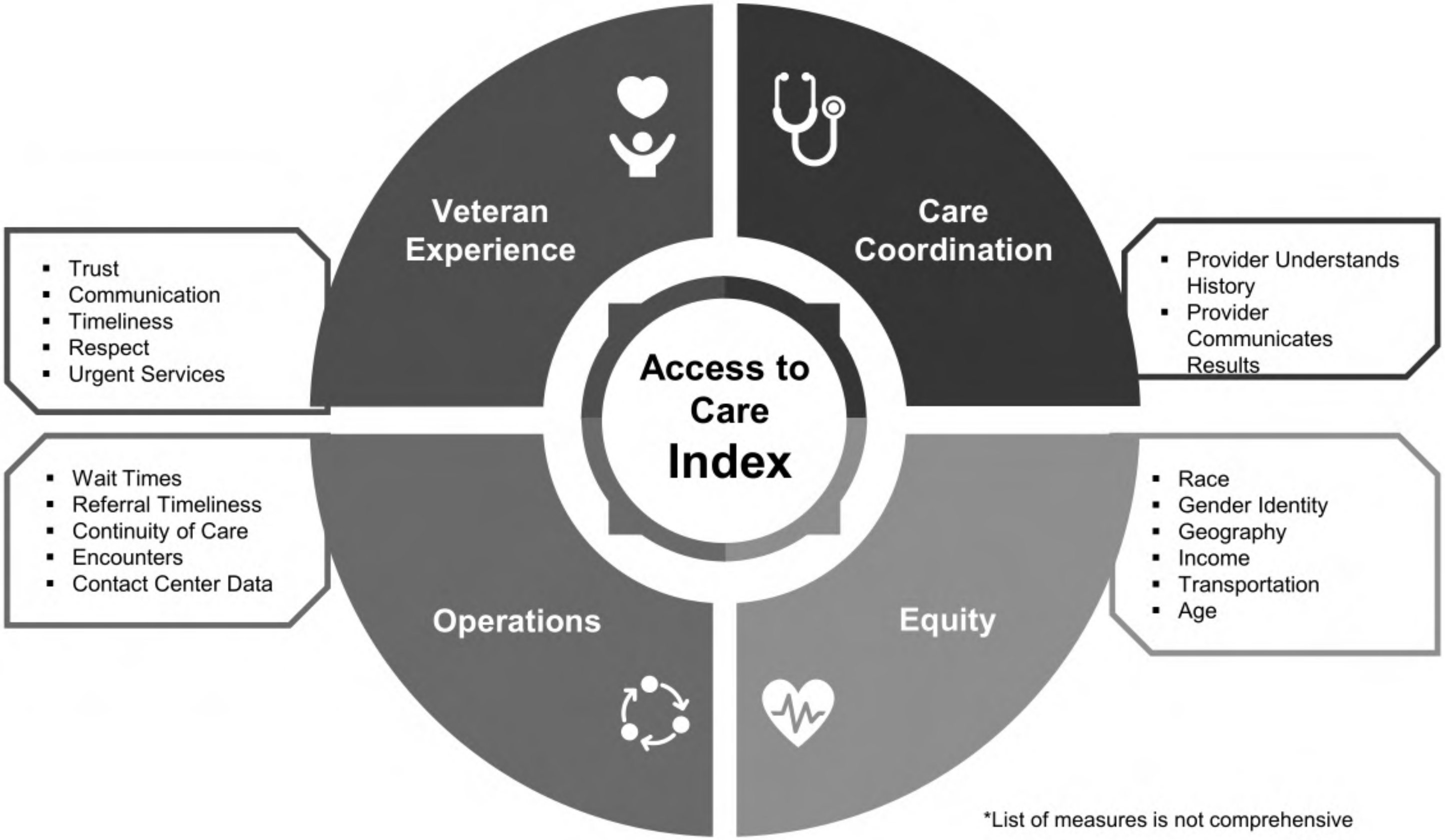
- Total number of unique visits to VA and community ED
- Total number of admissions in VA and community hospitals
- Total cost of community ED visits and admissions
- % of VA and community ED visits that result in admission
- Total number of unique visits to VA and community urgent care facilities
- Total cost of community urgent care visits


12/1/21 – Begin Monitoring KPIs and Outcomes of Solutions, Pilots
12/13/21 – Begin increasing data capabilities for VISNs, Priority Sites
1/3/22 – Begin Priority Site Implementation
1/31/22 – Begin Collaborative Sessions with VISNs, Priority Sites
3/31/22 – Complete Priority Site Implementation
3/31/22 – Transition to Ongoing, Sustained Collaborative Sessions
6/1/22 – Complete Monitoring KPIs and Outcomes of Solutions, Pilots

Status Key □ Not Started ■ In Progress ▨ At Risk ▨ Delayed ▨ Complete ▨ On Hold

Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. Increase Data Capabilities for VISNs, Priority Sites	■	90%	3/31/22	Integrate VA and Community data into dashboards, develop solution-specific metrics, collaborate with program offices to develop program specific metrics, explore make/buy templates	Determining future platform to support large data sets is critical to ensuring sustainability of data	(b)(5)
2. Priority Site Implementation	■	50%	3/31/22	Monitor site implementation with collaborative working sessions and recurring reporting	Some solutions may have longer implementation timeline due to complexity and/or resources needed	
3. Monitor KPIs and Outcomes	■	30%	6/1/22	Monitor trends of KPIs and impact of solutions on high-level and operational KPIs	Solution outcomes may not directly contribute to high-level KPIs, rather operational/solution-focused metrics	

Patient Centered Access Measurement



Access to Care Index

Veteran Experience

- Trust
- Communication
- Timeliness
- Respect
- Urgent Services

Care Coordination

- Provider Understands History
- Provider Communicates Results

Operations

- Wait Times
- Referral Timeliness
- Continuity of Care
- Encounters
- Contact Center Data

Equity

- Race
- Gender Identity
- Geography
- Income
- Transportation
- Age

*List of measures is not comprehensive

Enhancing our Approach to Reporting New Patient Average Wait Times

① **Referral Date**

The **date a referral request** is made by a VA provider for specialty medical and/or behavioral care

② **Scheduled / Create Date**

The date a **future appointment is scheduled**, by either the Veteran or the VA.

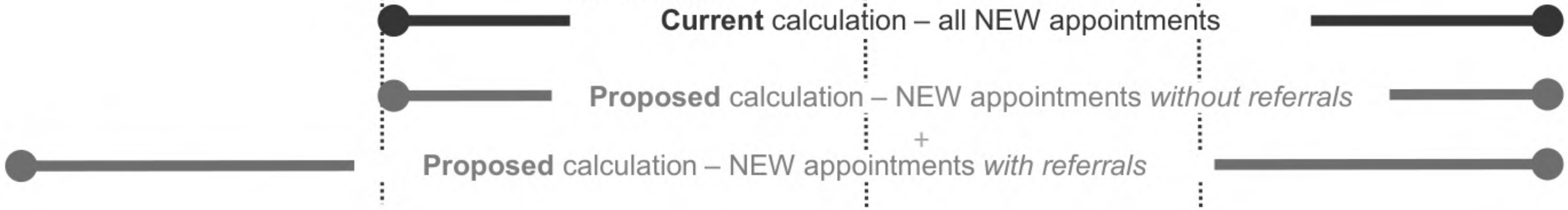
This may be the same date as the Referral date in some cases.

③ **Authorization (Community Care only)**

After the appointment is scheduled, an authorization for approval is created for community care appointments.

④ **Appointment Date**

The **scheduled day** when Veterans **attend their** specialty care appointment



Current calculation – all NEW appointments

Proposed calculation – NEW appointments *without referrals*

+

Proposed calculation – NEW appointments *with referrals*

This is unrelated and separate from eligibility standards for an Individual Veteran to receive community care, which will not change with this modification.

Average wait time reporting on the Access to Care website includes both urgent and routine visits. Many factors including patient preference, urgency of care, and processes for obtaining care contribute to average wait times.

VHA Access Goals and Objectives

Access to care is delivering the right care, at the right time, through the right modality, to get Veterans to best health outcomes.

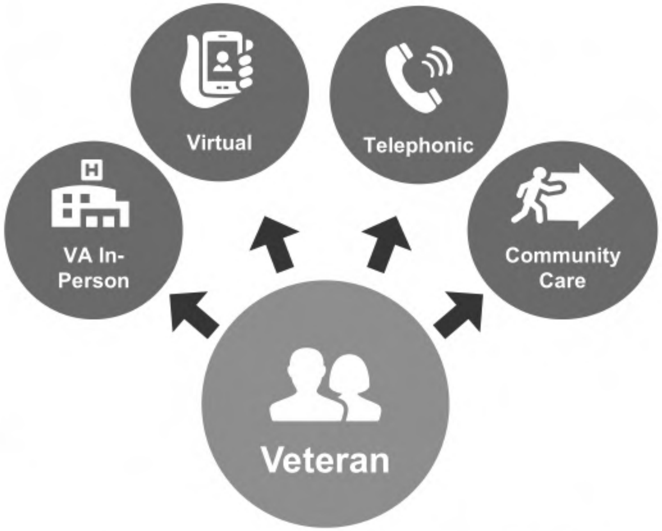
Goals

The Veterans Health Administration (VHA) has several goals for the future of access, including:

- Promote a **consistent, high-quality, timely, and Veteran-centric experience** in accessing care within VHA, virtually, and through community partners.
- Increase **ownership, accountability, and decision making** at all levels of the organization through consistent oversight of access to care data and trends.
- Empower Veterans with clear information to **inform their healthcare access choices**.

Objectives

1. Adopt an enterprise-wide approach to proactively balance capacity and demand
2. Increase VA appointment capacity by working with every line of service to **expand in person, VA virtual care options and Community care offered to Veterans**



Virtual

Telephonic

VA In-Person

Community Care

Veteran

VA provides the Veterans options for care, and the Veteran has agency over their decision.

Virtual Health Care System (VHCS)

VHCS concept will:

- Develop standard processes, alignment of *existing* virtual care services to increase opportunities for VA care for Veterans
- Consistently promote high reliability, patient safety, quality of care, Veteran satisfaction

Development of VHCS is critical for VA to:

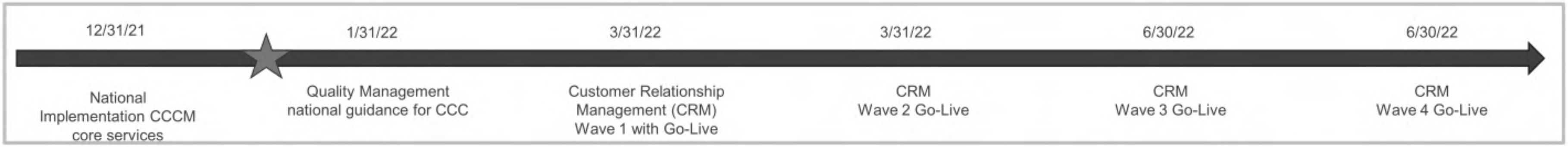
- Expand Veterans choice by providing health care needs in real-time
- Cross-level resources & allow for service expansion
- Deliver integrated care, despite geographic limitations & locations
- Compete in a growing digital marketplace

VA Health Connect

INITIATIVE	VA Health Connect (Clinical Contact Center Modernization [CCCM])
DESCRIPTION	• Implement standardized Clinical Contact Centers (CCC) at every VISN • Provide same-day access to virtual scheduling, clinical triage, pharmacy services, and virtual clinic visits, through a single toll-free number within every VISN • Increase the use of enhancement telehealth services (e.g., tele-Emergency Department, Emergency Department optimization)
GOALS	The goal is to provide Veterans with additional access to VA health care through 24/7 virtual health care services with advances in scheduling and administration, virtual clinic visits, clinical triage and pharmacy – all through a single toll-free number at each VISN.

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Improved Veteran experience
- Increased access to care through improved speed to answer and reduced call abandonment
- Improved operational efficiency through reduced average handle time, increased first contact resolution, reduced transfers
- Increased volume of virtual care/services delivery (encounters and appointments, within each service)



12/31/21 – National Implementation CCCM core services

1/31/22 – Quality Management national guidance for CCC

3/31/22 – Customer Relationship Management (CRM) Wave 1 with Go-Live

3/31/22 – CRM Wave 2 Go-Live

6/30/22 – CRM Wave 3 Go-Live

6/30/22 – CRM Wave 4 Go-Live

Status Key ☐ Not Started ■ In Progress ▨ At Risk ▨ Delayed ▨ Complete ▨ On Hold

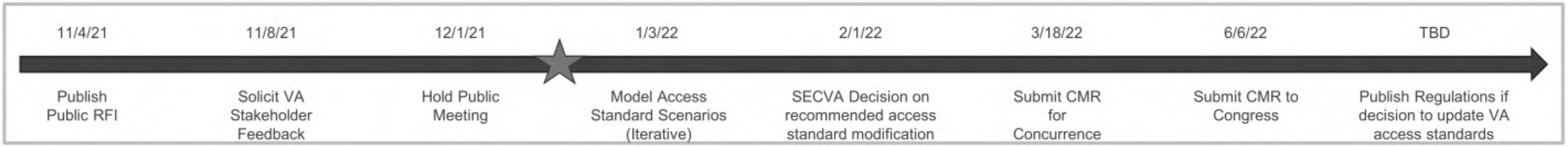
Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. CCCM Core Services National implementation	■	90%	12/31/21	Implement min. foundational reqs in VISNs to provide same-day access to 4 core services via single toll-free number (each VISN)	• Each VISN is completing an action plan • Efficiencies dependent upon available tools • VISN staffing increases risks not aligning to 12/31 obj.	(b)(5)
2. Quality Mgmt. National Roadmap	■	50%	1/31/22	Roadmap with metrics and quality management system for use in CCC	Finalize plan to incorporate clinical contact center performance metrics into ND performance assessments	
3. CRM Wave 1 Go-Live	■	75%	3/31/22	Clinical triage CRM live at 4 VISNs with all related trainings and change mgmt activities	CRM Go Live is dependent on: Obtaining data records from Cerner DHA records; Conducting formal testing; Conducting change management and training	

VA Access Standards Review

INITIATIVE	VA Access Standards Review
DESCRIPTION	To provide a comprehensive evaluation of existing access standards (to inform community care eligibility) and to develop recommendations for updates to existing standards, as required by the MISSION Act of 2018 and resulting in congressionally mandated report (CMR) due in June 2022
GOALS	• Consult pertinent stakeholders & entities on best practices and industry standards • Solicit public and internal comments and input on VA access standards • Model access standard scenarios based on comparative findings, financial impact, and Veteran needs

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Conduct an environmental scan of pertinent Federal, private sector, and non-governmental entities on best practices and industry standards (complete)
- Capture input from multiple internal and external stakeholders on current access standards through stakeholder meetings, RFI (comment period ending December 6), and public meeting held on December 1 (complete)
- Determine fiscal impact of various access standard models (in progress)
- Obtain SECVA decision on any recommended modifications to the VA access standards (pending)



11/4/21	11/8/21	12/1/21	1/3/22	2/1/22	3/18/22	6/6/22	TBD
Publish Public RFI	Solicit VA Stakeholder Feedback	Hold Public Meeting	Model Access Standard Scenarios (Iterative)	SECVA Decision on recommended access standard modification	Submit CMR for Concurrence	Submit CMR to Congress	Publish Regulations if decision to update VA access standards

Status Key ☐ Not Started ■ In Progress ▨ At Risk ▨ Delayed ▨ Complete ▨ On Hold

Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. Model Access Standard Scenarios (Iterative)	■	50%	1/3/22	Community Care Access Standard Options and Fiscal Impact Table	All scenarios will be modeled with current state projections and increased telehealth	(b)(5)
2. SECVA Decision on recommended access standard modification	■	0%	2/1/22	Summary of Assessment and Comparison of Findings Fiscal Impact Table	SECVA decision required by 1 FEB to ensure meet CMR timeline/submit on time	
3. Submit CMR for Concurrence	■	25%	3/18/22	Triennial Report on Access Standards	Initiated draft with information available to date	

ACCESS UPDATE

Presentation for: VHA Governance Board

Presented By: RimaAnn Nelson and Dr. Susan Kirsh

Date of Briefing: January 20, 2022

Access Updates

Bottom Line Up Front

- Mental Health Access
- CO-ED
- Access Index – Measurement Way Forward
- Virtual Healthcare System Update
- Contact Centers
- Access Standards

Mental Health Access

- Mental Health Access continues to be of critical concern and high priority

- Memo

- Data forthcoming

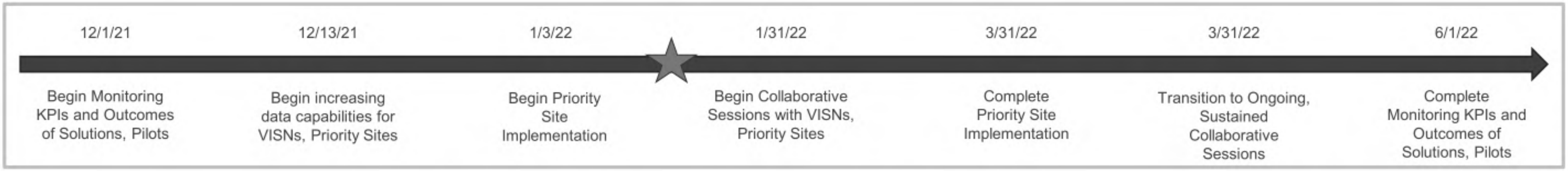
- Looking for capacity in VA (local, VISN, cross VISNs) and Community

Care Optimization in the Emergency Department (CO-ED)

INITIATIVE	CO-ED
DESCRIPTION	• Collaborate with VISNs to implement value-based care solutions • Streamline care navigation processes • Enhance community partnerships
GOALS	• Optimize resources to facilitate execution of value-based care that results in the right care, at the right place at the right time.

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Total number of unique visits to VA and community ED
- Total number of admissions in VA and community hospitals
- Total cost of community ED visits and admissions
- % of VA and community ED visits that result in admission
- Total number of unique visits to VA and community urgent care facilities
- Total cost of community urgent care visits

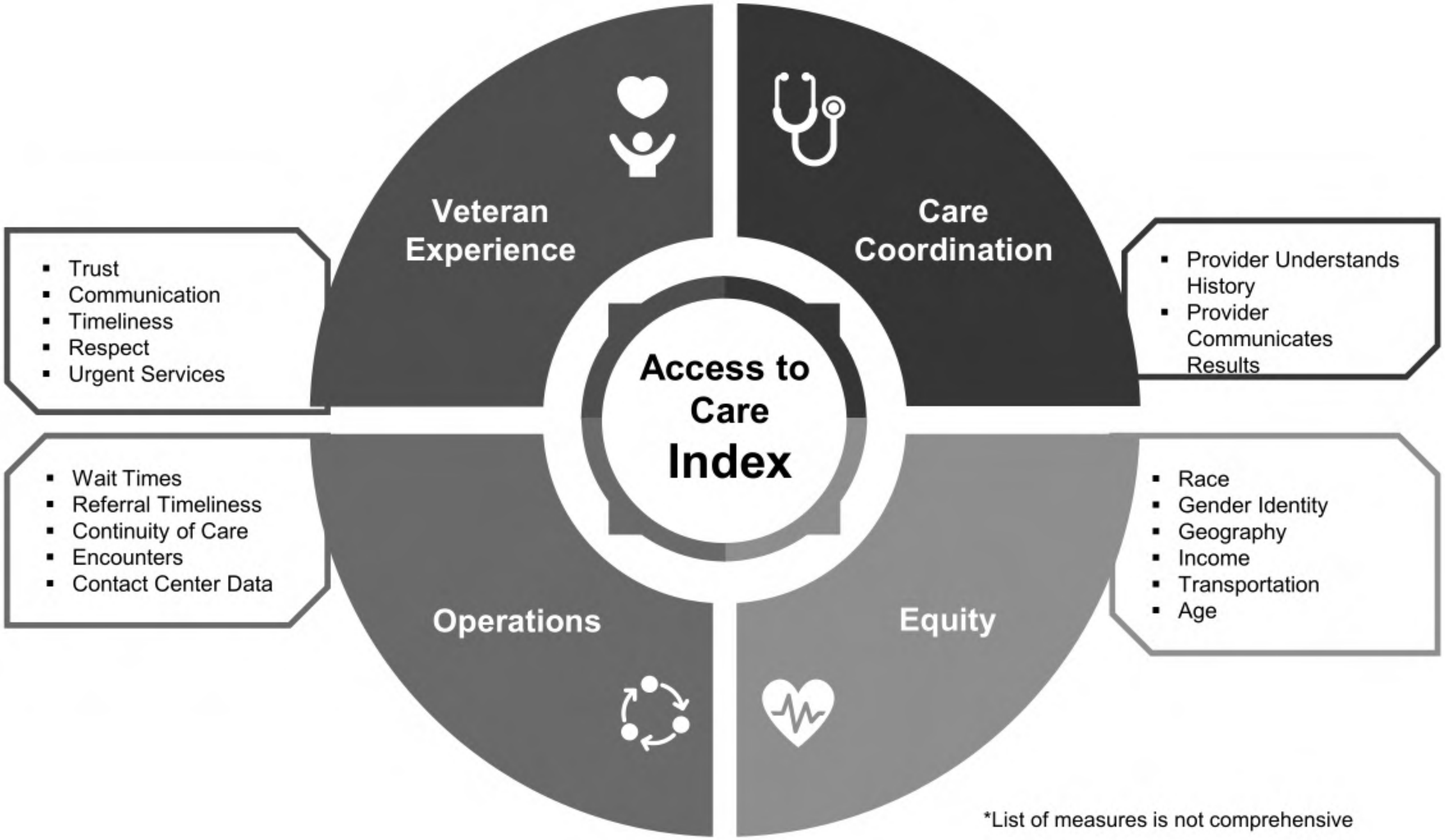


12/1/21	12/13/21	1/3/22	1/31/22	3/31/22	3/31/22	6/1/22
Begin Monitoring KPIs and Outcomes of Solutions, Pilots	Begin increasing data capabilities for VISNs, Priority Sites	Begin Priority Site Implementation	Begin Collaborative Sessions with VISNs, Priority Sites	Complete Priority Site Implementation	Transition to Ongoing, Sustained Collaborative Sessions	Complete Monitoring KPIs and Outcomes of Solutions, Pilots

Status Key ☐ Not Started ■ In Progress ▨ At Risk ▨ Delayed ▨ Complete ▨ On Hold

Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. Increase Data Capabilities for VISNs, Priority Sites	■	90%	3/31/22	Integrate VA and Community data into dashboards, develop solution-specific metrics, collaborate with program offices to develop program specific metrics, explore make/buy templates	Determining future platform to support large data sets is critical to ensuring sustainability of data	(b)(5)
2. Priority Site Implementation	■	50%	3/31/22	Monitor site implementation with collaborative working sessions and recurring reporting	Some solutions may have longer implementation timeline due to complexity and/or resources needed	
3. Monitor KPIs and Outcomes	■	30%	6/1/22	Monitor trends of KPIs and impact of solutions on high-level and operational KPIs	Solution outcomes may not directly contribute to high-level KPIs, rather operational/solution-focused metrics	

Patient Centered Access Measurement



Veteran Experience
- Trust
- Communication
- Timeliness
- Respect
- Urgent Services

Care Coordination
- Provider Understands History
- Provider Communicates Results

Access to Care Index

Operations
- Wait Times
- Referral Timeliness
- Continuity of Care
- Encounters
- Contact Center Data

Equity
- Race
- Gender Identity
- Geography
- Income
- Transportation
- Age

*List of measures is not comprehensive

Enhancing our Approach to Reporting New Patient Average Wait Times

① Referral Date

The **date a referral request** is made by a VA provider for specialty medical and/or behavioral care

② Scheduled / Create Date

The date a **future appointment is scheduled**, by either the Veteran or the VA.

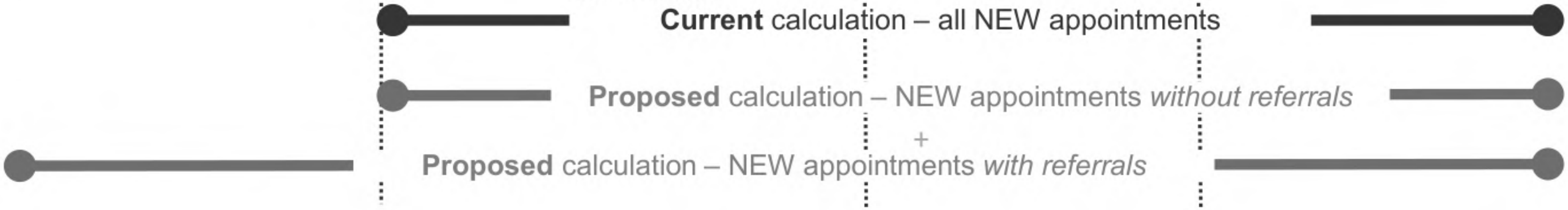
This may be the same date as the Referral date in some cases.

③ Authorization (Community Care only)

After the appointment is scheduled, an authorization for approval is created for community care appointments.

④ Appointment Date

The **scheduled day** when Veterans **attend their** specialty care appointment



Current calculation – all NEW appointments

Proposed calculation – NEW appointments *without referrals*

+

Proposed calculation – NEW appointments *with referrals*

This is unrelated and separate from eligibility standards for an Individual Veteran to receive community care, which will not change with this modification.

Average wait time reporting on the Access to Care website includes both urgent and routine visits. Many factors including patient preference, urgency of care, and processes for obtaining care contribute to average wait times.

VHA Access Goals and Objectives

Access to care is delivering the right care, at the right time, through the right modality, to get Veterans to best health outcomes.

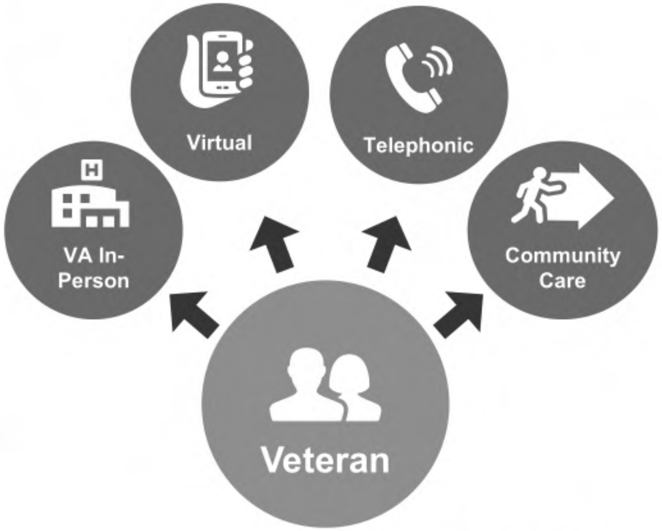
Goals

The Veterans Health Administration (VHA) has several goals for the future of access, including:

- Promote a **consistent, high-quality, timely, and Veteran-centric experience** in accessing care within VHA, virtually, and through community partners.
- Increase **ownership, accountability, and decision making** at all levels of the organization through consistent oversight of access to care data and trends.
- Empower Veterans with clear information to **inform their healthcare access choices**.

Objectives

1. Adopt an enterprise-wide approach to proactively balance capacity and demand
2. Increase VA appointment capacity by working with every line of service to **expand in person, VA virtual care options and Community care offered to Veterans**



VA provides the Veterans options for care, and the Veteran has agency over their decision.

Virtual Health Care System (VHCS)

VHCS concept will:

- Develop standard processes, alignment of *existing* virtual care services to increase opportunities for VA care for Veterans
- Consistently promote high reliability, patient safety, quality of care, Veteran satisfaction

Development of VHCS is critical for VA to:

- Expand Veterans choice by providing health care needs in real-time
- Cross-level resources & allow for service expansion
- Deliver integrated care, despite geographic limitations & locations
- Compete in a growing digital marketplace

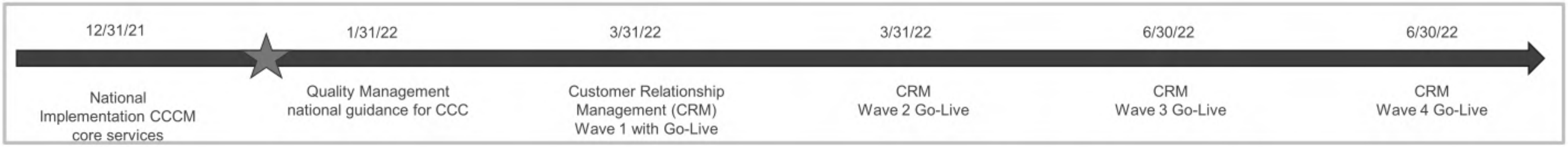
Draft - Pre-Decisional Deliberative Document
Internal VA Use Only

VA Health Connect

INITIATIVE	VA Health Connect (Clinical Contact Center Modernization [CCCM])
DESCRIPTION	• Implement standardized Clinical Contact Centers (CCC) at every VISN • Provide same-day access to virtual scheduling, clinical triage, pharmacy services, and virtual clinic visits, through a single toll-free number within every VISN • Increase the use of enhancement telehealth services (e.g., tele-Emergency Department, Emergency Department optimization)
GOALS	The goal is to provide Veterans with additional access to VA health care through 24/7 virtual health care services with advances in scheduling and administration, virtual clinic visits, clinical triage and pharmacy – all through a single toll-free number at each VISN.

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Improved Veteran experience
- Increased access to care through improved speed to answer and reduced call abandonment
- Improved operational efficiency through reduced average handle time, increased first contact resolution, reduced transfers
- Increased volume of virtual care/services delivery (encounters and appointments, within each service)



12/31/21 National Implementation CCCM core services

1/31/22 Quality Management national guidance for CCC

3/31/22 Customer Relationship Management (CRM) Wave 1 with Go-Live

3/31/22 CRM Wave 2 Go-Live

6/30/22 CRM Wave 3 Go-Live

6/30/22 CRM Wave 4 Go-Live

Status Key ☐ Not Started ■ In Progress ▨ At Risk ▩ Delayed ▨ Complete ▩ On Hold

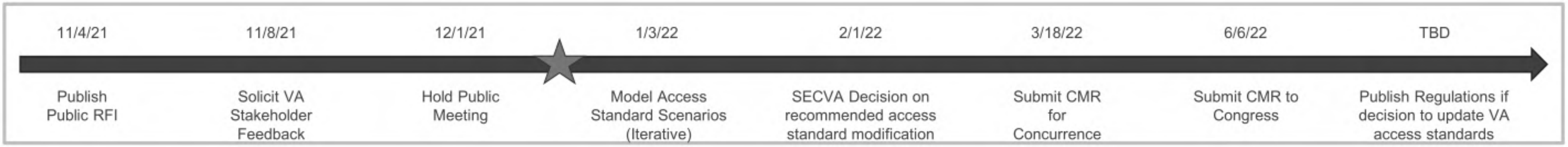
Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. CCCM Core Services National implementation	■	90%	12/31/21	Implement min. foundational reqs in VISNs to provide same-day access to 4 core services via single toll-free number (each VISN)	• Each VISN is completing an action plan • Efficiencies dependent upon available tools • VISN staffing increases risks not aligning to 12/31 obj.	(b)(5)
2. Quality Mgmt. National Roadmap	■	50%	1/31/22	Roadmap with metrics and quality management system for use in CCC	Finalize plan to incorporate clinical contact center performance metrics into ND performance assessments	
3. CRM Wave 1 Go-Live	■	75%	3/31/22	Clinical triage CRM live at 4 VISNs with all related trainings and change mgmt activities	CRM Go Live is dependent on: Obtaining data records from Cerner DHA records; Conducting formal testing; Conducting change management and training	

VA Access Standards Review

INITIATIVE	VA Access Standards Review
DESCRIPTION	To provide a comprehensive evaluation of existing access standards (to inform community care eligibility) and to develop recommendations for updates to existing standards, as required by the MISSION Act of 2018 and resulting in congressionally mandated report (CMR) due in June 2022
GOALS	• Consult pertinent stakeholders & entities on best practices and industry standards • Solicit public and internal comments and input on VA access standards • Model access standard scenarios based on comparative findings, financial impact, and Veteran needs

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Conduct an environmental scan of pertinent Federal, private sector, and non-governmental entities on best practices and industry standards (complete)
- Capture input from multiple internal and external stakeholders on current access standards through stakeholder meetings, RFI (comment period ending December 6), and public meeting held on December 1 (complete)
- Determine fiscal impact of various access standard models (in progress)
- Obtain SECVA decision on any recommended modifications to the VA access standards (pending)



11/4/21	11/8/21	12/1/21	1/3/22	2/1/22	3/18/22	6/6/22	TBD
Publish Public RFI	Solicit VA Stakeholder Feedback	Hold Public Meeting	Model Access Standard Scenarios (Iterative)	SECVA Decision on recommended access standard modification	Submit CMR for Concurrence	Submit CMR to Congress	Publish Regulations if decision to update VA access standards

Status Key ☐ Not Started ■ In Progress ■ At Risk ■ Delayed ■ Complete ■ On Hold

Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. Model Access Standard Scenarios (Iterative)	■	50%	1/3/22	Community Care Access Standard Options and Fiscal Impact Table	All scenarios will be modeled with current state projections and increased telehealth	(b)(5)
2. SECVA Decision on recommended access standard modification	■	0%	2/1/22	Summary of Assessment and Comparison of Findings Fiscal Impact Table	SECVA decision required by 1 FEB to ensure meet CMR timeline/submit on time	
3. Submit CMR for Concurrence	■	25%	3/18/22	Triennial Report on Access Standards	Initiated draft with information available to date	

ACCESS UPDATE

Presentation for: VHA Governance Board

Presented By: RimaAnn Nelson and Dr. Susan Kirsh

Date of Briefing: January 20, 2022

Access Updates

Bottom Line Up Front

- Mental Health Access
- CO-ED
- Access Index – Measurement Way Forward
- Virtual Healthcare System Update
- Contact Centers
- Access Standards

Mental Health Access

- Mental Health Access continues to be of critical concern and high priority

- Memo

- Data forthcoming

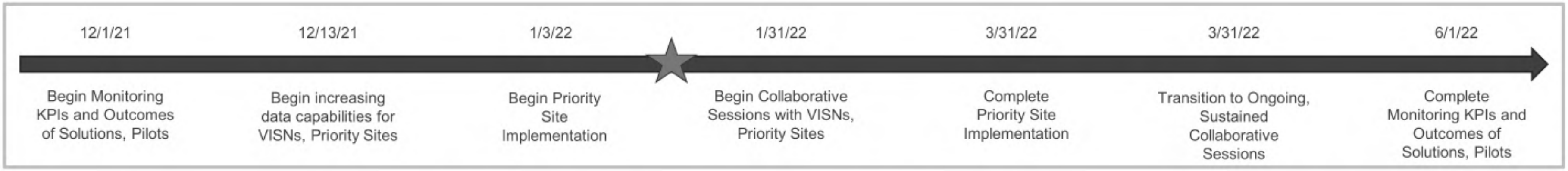
- Looking for capacity in VA (local, VISN, cross VISNs) and Community

Care Optimization in the Emergency Department (CO-ED)

INITIATIVE	CO-ED
DESCRIPTION	• Collaborate with VISNs to implement value-based care solutions • Streamline care navigation processes • Enhance community partnerships
GOALS	• Optimize resources to facilitate execution of value-based care that results in the right care, at the right place at the right time.

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Total number of unique visits to VA and community ED
- Total number of admissions in VA and community hospitals
- Total cost of community ED visits and admissions
- % of VA and community ED visits that result in admission
- Total number of unique visits to VA and community urgent care facilities
- Total cost of community urgent care visits



12/1/21 Begin Monitoring KPIs and Outcomes of Solutions, Pilots

12/13/21 Begin increasing data capabilities for VISNs, Priority Sites

1/3/22 Begin Priority Site Implementation

1/31/22 Begin Collaborative Sessions with VISNs, Priority Sites

3/31/22 Complete Priority Site Implementation

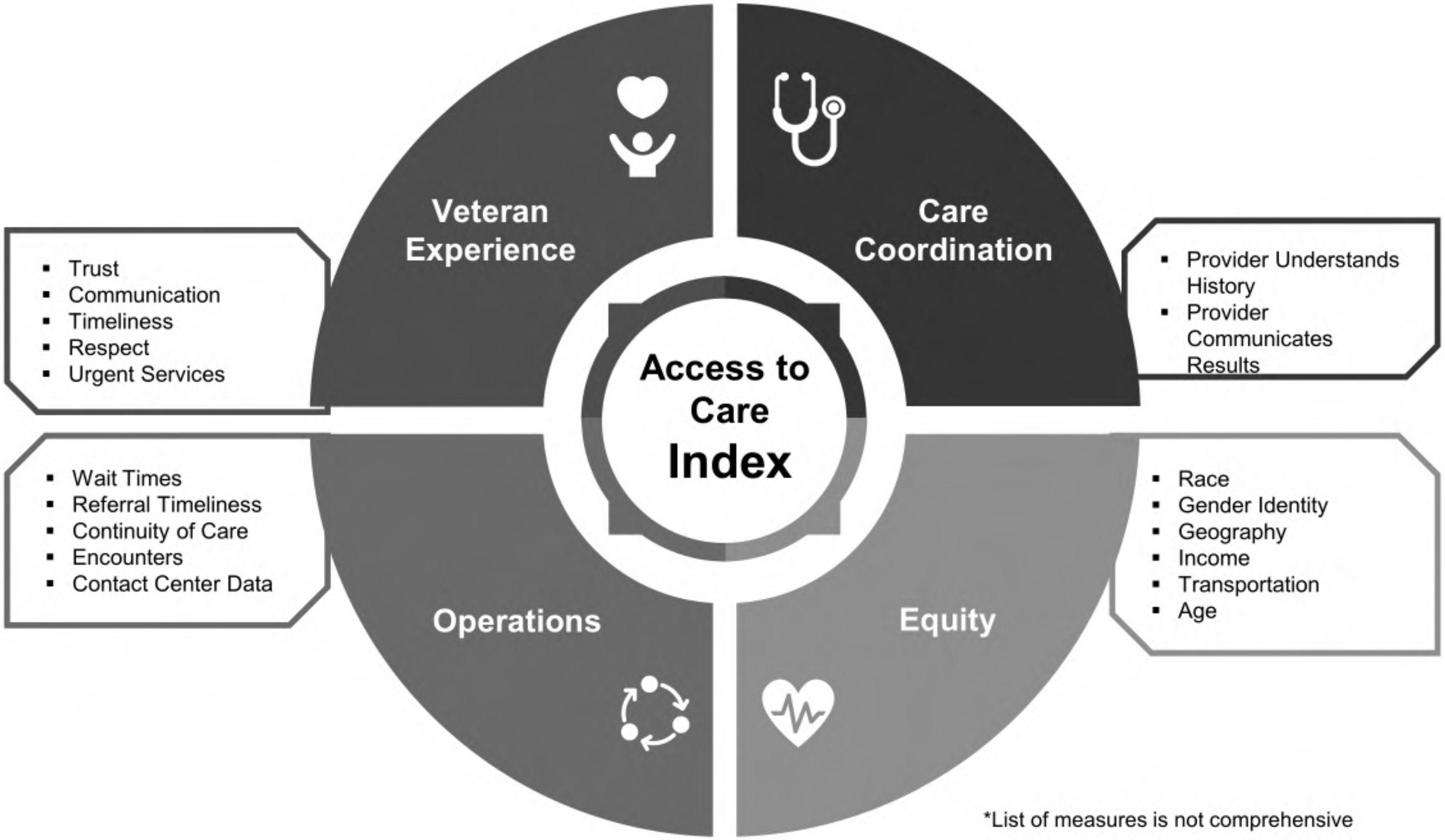
3/31/22 Transition to Ongoing, Sustained Collaborative Sessions

6/1/22 Complete Monitoring KPIs and Outcomes of Solutions, Pilots

Status Key ☐ Not Started ■ In Progress ▨ At Risk ▨ Delayed ▨ Complete ▨ On Hold

Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. Increase Data Capabilities for VISNs, Priority Sites	■	90%	3/31/22	Integrate VA and Community data into dashboards, develop solution-specific metrics, collaborate with program offices to develop program specific metrics, explore make/buy templates	Determining future platform to support large data sets is critical to ensuring sustainability of data	(b)(5)
2. Priority Site Implementation	■	50%	3/31/22	Monitor site implementation with collaborative working sessions and recurring reporting	Some solutions may have longer implementation timeline due to complexity and/or resources needed	
3. Monitor KPIs and Outcomes	■	30%	6/1/22	Monitor trends of KPIs and impact of solutions on high-level and operational KPIs	Solution outcomes may not directly contribute to high-level KPIs, rather operational/solution-focused metrics	

Patient Centered Access Measurement



Access to Care Index

Veteran Experience

- Trust
- Communication
- Timeliness
- Respect
- Urgent Services

Care Coordination

- Provider Understands History
- Provider Communicates Results

Operations

- Wait Times
- Referral Timeliness
- Continuity of Care
- Encounters
- Contact Center Data

Equity

- Race
- Gender Identity
- Geography
- Income
- Transportation
- Age

*List of measures is not comprehensive

Enhancing our Approach to Reporting New Patient Average Wait Times

1 Referral Date

The **date a referral request** is made by a VA provider for specialty medical and/or behavioral care

2 Scheduled / Create Date

The date a **future appointment is scheduled**, by either the Veteran or the VA.

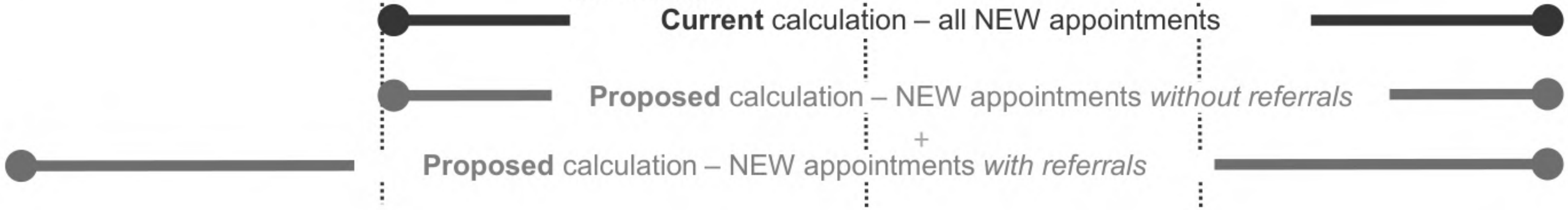
This may be the same date as the Referral date in some cases.

3 Authorization (Community Care only)

After the appointment is scheduled, an authorization for approval is created for community care appointments.

4 Appointment Date

The **scheduled day** when Veterans **attend their** specialty care appointment



Current calculation – all NEW appointments

Proposed calculation – NEW appointments *without referrals*

+

Proposed calculation – NEW appointments *with referrals*

This is unrelated and separate from eligibility standards for an Individual Veteran to receive community care, which will not change with this modification.

Average wait time reporting on the Access to Care website includes both urgent and routine visits. Many factors including patient preference, urgency of care, and processes for obtaining care contribute to average wait times.

VHA Access Goals and Objectives

Access to care is delivering the right care, at the right time, through the right modality, to get Veterans to best health outcomes.

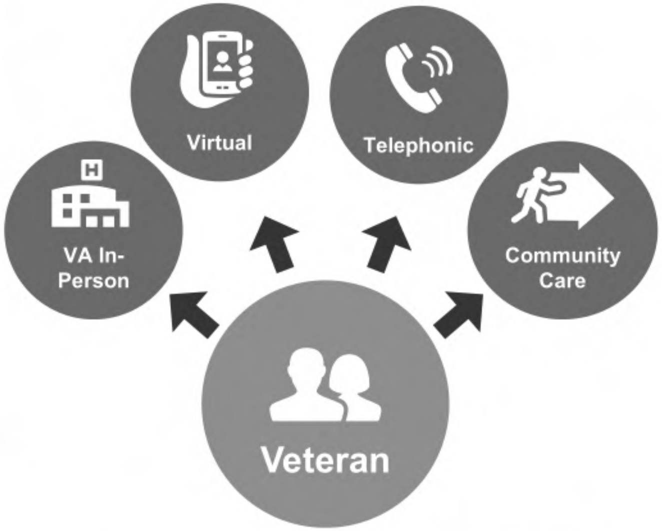
Goals

The Veterans Health Administration (VHA) has several goals for the future of access, including:

- Promote a **consistent, high-quality, timely, and Veteran-centric experience** in accessing care within VHA, virtually, and through community partners.
- Increase **ownership, accountability, and decision making** at all levels of the organization through consistent oversight of access to care data and trends.
- Empower Veterans with clear information to **inform their healthcare access choices**.

Objectives

1. Adopt an enterprise-wide approach to proactively balance capacity and demand
2. Increase VA appointment capacity by working with every line of service to **expand in person, VA virtual care options and Community care offered to Veterans**



VA provides the Veterans options for care, and the Veteran has agency over their decision.

Virtual Health Care System (VHCS)

VHCS concept will:

- Develop standard processes, alignment of *existing* virtual care services to increase opportunities for VA care for Veterans
- Consistently promote high reliability, patient safety, quality of care, Veteran satisfaction

Development of VHCS is critical for VA to:

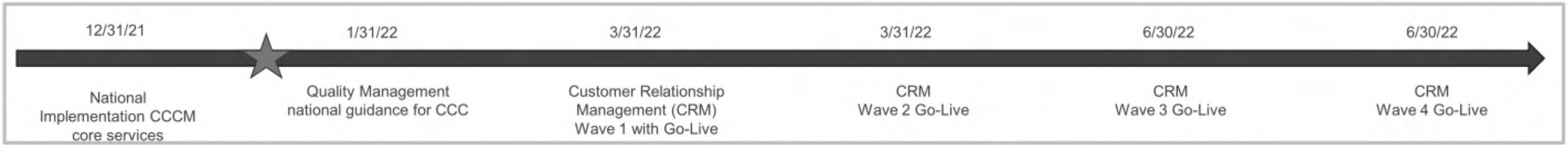
- Expand Veterans choice by providing health care needs in real-time
- Cross-level resources & allow for service expansion
- Deliver integrated care, despite geographic limitations & locations
- Compete in a growing digital marketplace

VA Health Connect

INITIATIVE	VA Health Connect (Clinical Contact Center Modernization [CCCM])
DESCRIPTION	• Implement standardized Clinical Contact Centers (CCC) at every VISN • Provide same-day access to virtual scheduling, clinical triage, pharmacy services, and virtual clinic visits, through a single toll-free number within every VISN • Increase the use of enhancement telehealth services (e.g., tele-Emergency Department, Emergency Department optimization)
GOALS	The goal is to provide Veterans with additional access to VA health care through 24/7 virtual health care services with advances in scheduling and administration, virtual clinic visits, clinical triage and pharmacy – all through a single toll-free number at each VISN.

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Improved Veteran experience
- Increased access to care through improved speed to answer and reduced call abandonment
- Improved operational efficiency through reduced average handle time, increased first contact resolution, reduced transfers
- Increased volume of virtual care/services delivery (encounters and appointments, within each service)



12/31/21	1/31/22	3/31/22	3/31/22	6/30/22	6/30/22
National Implementation CCCM core services	Quality Management national guidance for CCC	Customer Relationship Management (CRM) Wave 1 with Go-Live	CRM Wave 2 Go-Live	CRM Wave 3 Go-Live	CRM Wave 4 Go-Live

Status Key ☐ Not Started ■ In Progress ▨ At Risk ■ Delayed ▨ Complete ■ On Hold

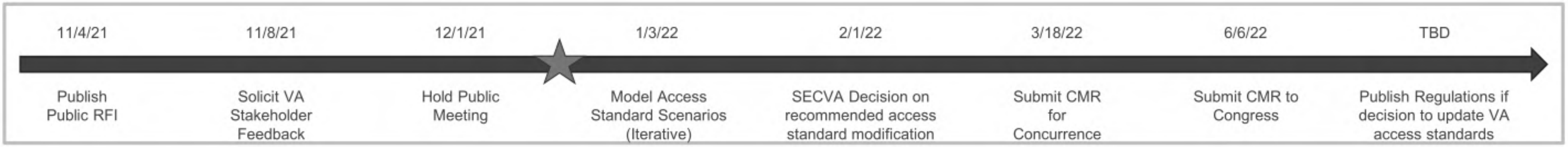
Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. CCCM Core Services National implementation	■	90%	12/31/21	Implement min. foundational reqs in VISNs to provide same-day access to 4 core services via single toll-free number (each VISN)	• Each VISN is completing an action plan • Efficiencies dependent upon available tools • VISN staffing increases risks not aligning to 12/31 obj.	(b)(5)
2. Quality Mgmt. National Roadmap	■	50%	1/31/22	Roadmap with metrics and quality management system for use in CCC	Finalize plan to incorporate clinical contact center performance metrics into ND performance assessments	
3. CRM Wave 1 Go-Live	■	75%	3/31/22	Clinical triage CRM live at 4 VISNs with all related trainings and change mgmt activities	CRM Go Live is dependent on: Obtaining data records from Cerner DHA records; Conducting formal testing; Conducting change management and training	

VA Access Standards Review

INITIATIVE	VA Access Standards Review
DESCRIPTION	To provide a comprehensive evaluation of existing access standards (to inform community care eligibility) and to develop recommendations for updates to existing standards, as required by the MISSION Act of 2018 and resulting in congressionally mandated report (CMR) due in June 2022
GOALS	• Consult pertinent stakeholders & entities on best practices and industry standards • Solicit public and internal comments and input on VA access standards • Model access standard scenarios based on comparative findings, financial impact, and Veteran needs

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Conduct an environmental scan of pertinent Federal, private sector, and non-governmental entities on best practices and industry standards (complete)
- Capture input from multiple internal and external stakeholders on current access standards through stakeholder meetings, RFI (comment period ending December 6), and public meeting held on December 1 (complete)
- Determine fiscal impact of various access standard models (in progress)
- Obtain SECVA decision on any recommended modifications to the VA access standards (pending)



11/4/21	11/8/21	12/1/21	1/3/22	2/1/22	3/18/22	6/6/22	TBD
Publish Public RFI	Solicit VA Stakeholder Feedback	Hold Public Meeting	Model Access Standard Scenarios (Iterative)	SECVA Decision on recommended access standard modification	Submit CMR for Concurrence	Submit CMR to Congress	Publish Regulations if decision to update VA access standards

Status Key ☐ Not Started ■ In Progress ■ At Risk ■ Delayed ■ Complete ■ On Hold

Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. Model Access Standard Scenarios (Iterative)	■	50%	1/3/22	Community Care Access Standard Options and Fiscal Impact Table	All scenarios will be modeled with current state projections and increased telehealth	(b)(5)
2. SECVA Decision on recommended access standard modification	■	0%	2/1/22	Summary of Assessment and Comparison of Findings Fiscal Impact Table	SECVA decision required by 1 FEB to ensure meet CMR timeline/submit on time	
3. Submit CMR for Concurrence	■	25%	3/18/22	Triennial Report on Access Standards	Initiated draft with information available to date	

ACCESS UPDATE

Presentation for: VHA Governance Board

Presented By: RimaAnn Nelson and Dr. Susan Kirsh

Date of Briefing: January 20, 2022

Access Updates

Bottom Line Up Front

- Mental Health Access
- CO-ED
- Access Index – Measurement Way Forward
- Virtual Healthcare System Update
- Contact Centers
- Access Standards

Mental Health Access

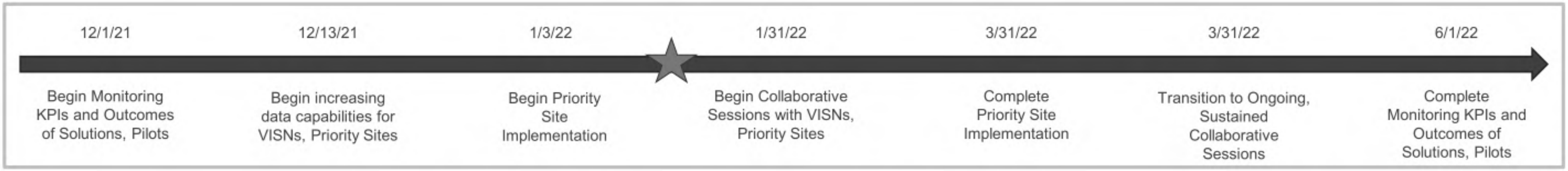
- Mental Health Access continues to be of critical concern and high priority
- Memo
- Data forthcoming
- Looking for capacity in VA (local, VISN, cross VISNs) and Community

Care Optimization in the Emergency Department (CO-ED)

INITIATIVE	CO-ED
DESCRIPTION	• Collaborate with VISNs to implement value-based care solutions • Streamline care navigation processes • Enhance community partnerships
GOALS	• Optimize resources to facilitate execution of value-based care that results in the right care, at the right place at the right time.

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Total number of unique visits to VA and community ED
- Total number of admissions in VA and community hospitals
- Total cost of community ED visits and admissions
- % of VA and community ED visits that result in admission
- Total number of unique visits to VA and community urgent care facilities
- Total cost of community urgent care visits



12/1/21 – Begin Monitoring KPIs and Outcomes of Solutions, Pilots

12/13/21 – Begin increasing data capabilities for VISNs, Priority Sites

1/3/22 – Begin Priority Site Implementation

1/31/22 – Begin Collaborative Sessions with VISNs, Priority Sites

3/31/22 – Complete Priority Site Implementation

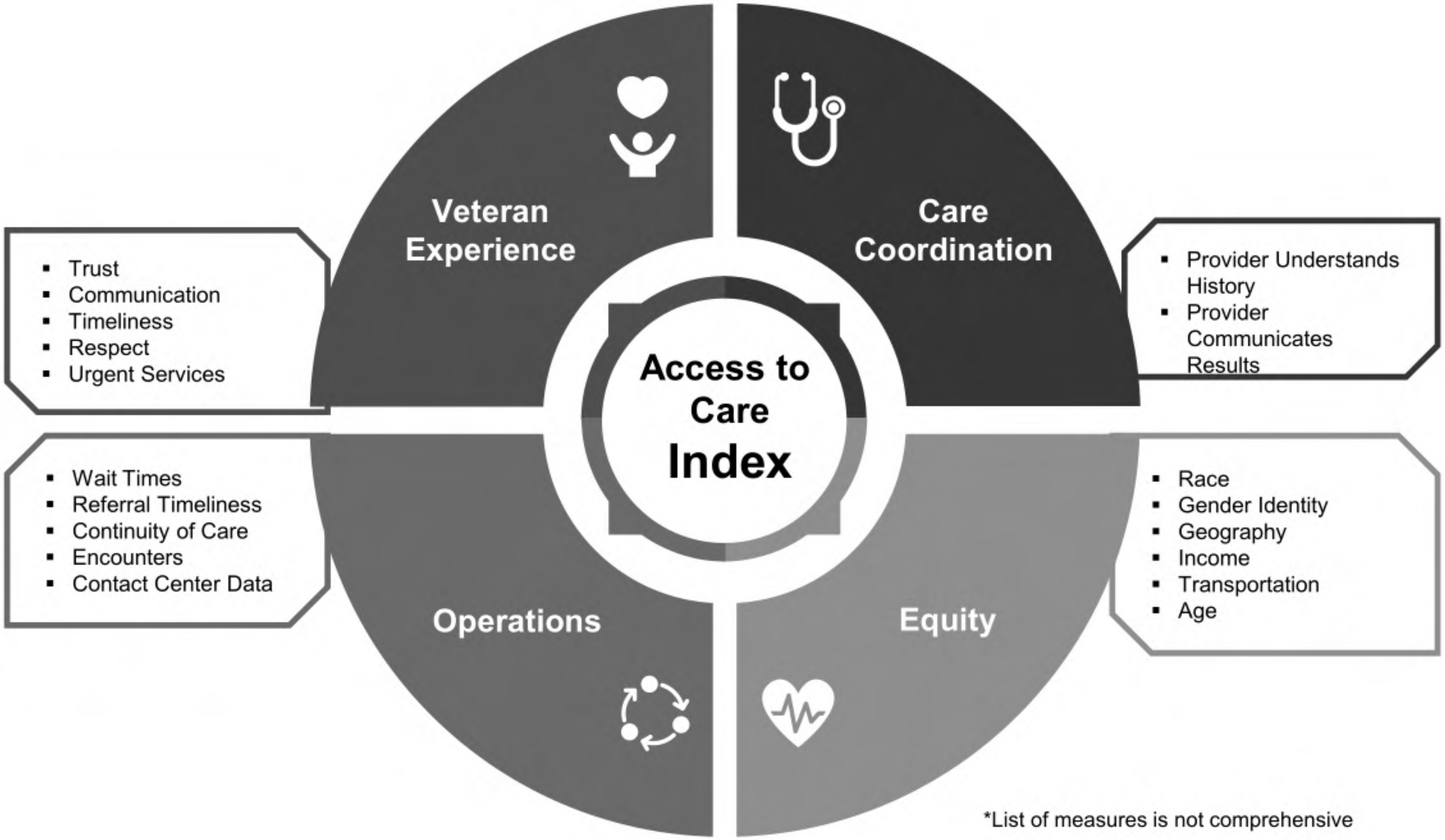
3/31/22 – Transition to Ongoing, Sustained Collaborative Sessions

6/1/22 – Complete Monitoring KPIs and Outcomes of Solutions, Pilots

Status Key ☐ Not Started ■ In Progress ■ At Risk ■ Delayed ■ Complete ■ On Hold

Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. Increase Data Capabilities for VISNs, Priority Sites	■	90%	3/31/22	Integrate VA and Community data into dashboards, develop solution-specific metrics, collaborate with program offices to develop program specific metrics, explore make/buy templates	Determining future platform to support large data sets is critical to ensuring sustainability of data	(b)(5)
2. Priority Site Implementation	■	50%	3/31/22	Monitor site implementation with collaborative working sessions and recurring reporting	Some solutions may have longer implementation timeline due to complexity and/or resources needed	
3. Monitor KPIs and Outcomes	■	30%	6/1/22	Monitor trends of KPIs and impact of solutions on high-level and operational KPIs	Solution outcomes may not directly contribute to high-level KPIs, rather operational/solution-focused metrics	

Patient Centered Access Measurement



Access to Care Index

Veteran Experience

- Trust
- Communication
- Timeliness
- Respect
- Urgent Services

Care Coordination

- Provider Understands History
- Provider Communicates Results

Operations

- Wait Times
- Referral Timeliness
- Continuity of Care
- Encounters
- Contact Center Data

Equity

- Race
- Gender Identity
- Geography
- Income
- Transportation
- Age

*List of measures is not comprehensive

Enhancing our Approach to Reporting New Patient Average Wait Times

1 Referral Date

The **date a referral request** is made by a VA provider for specialty medical and/or behavioral care

2 Scheduled / Create Date

The date a **future appointment is scheduled**, by either the Veteran or the VA.

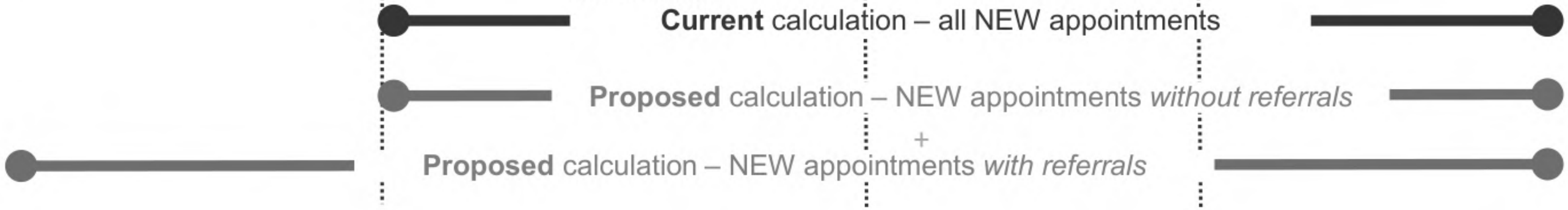
This may be the same date as the Referral date in some cases.

3 Authorization (Community Care only)

After the appointment is scheduled, an authorization for approval is created for community care appointments.

4 Appointment Date

The **scheduled day** when Veterans **attend their** specialty care appointment



Current calculation – all NEW appointments

Proposed calculation – NEW appointments *without referrals*

+

Proposed calculation – NEW appointments *with referrals*

This is unrelated and separate from eligibility standards for an Individual Veteran to receive community care, which will not change with this modification.

Average wait time reporting on the Access to Care website includes both urgent and routine visits. Many factors including patient preference, urgency of care, and processes for obtaining care contribute to average wait times.

VHA Access Goals and Objectives

Access to care is delivering the right care, at the right time, through the right modality, to get Veterans to best health outcomes.

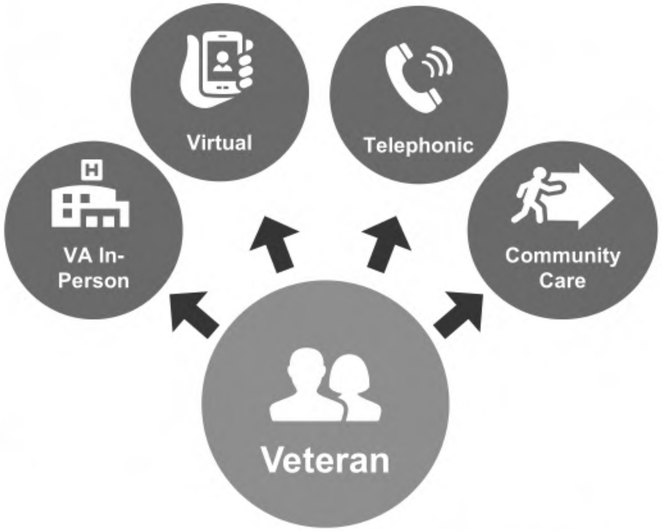
Goals

The Veterans Health Administration (VHA) has several goals for the future of access, including:

- Promote a **consistent, high-quality, timely, and Veteran-centric experience** in accessing care within VHA, virtually, and through community partners.
- Increase **ownership, accountability, and decision making** at all levels of the organization through consistent oversight of access to care data and trends.
- Empower Veterans with clear information to **inform their healthcare access choices**.

Objectives

1. Adopt an enterprise-wide approach to proactively balance capacity and demand
2. Increase VA appointment capacity by working with every line of service to **expand in person, VA virtual care options and Community care offered to Veterans**



VA provides the Veterans options for care, and the Veteran has agency over their decision.

Virtual Health Care System (VHCS)

VHCS concept will:

- Develop standard processes, alignment of *existing* virtual care services to increase opportunities for VA care for Veterans
- Consistently promote high reliability, patient safety, quality of care, Veteran satisfaction

Development of VHCS is critical for VA to:

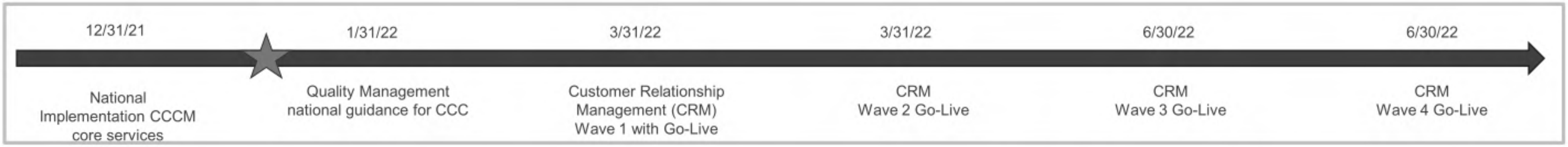
- Expand Veterans choice by providing health care needs in real-time
- Cross-level resources & allow for service expansion
- Deliver integrated care, despite geographic limitations & locations
- Compete in a growing digital marketplace

VA Health Connect

INITIATIVE	VA Health Connect (Clinical Contact Center Modernization [CCCM])
DESCRIPTION	• Implement standardized Clinical Contact Centers (CCC) at every VISN • Provide same-day access to virtual scheduling, clinical triage, pharmacy services, and virtual clinic visits, through a single toll-free number within every VISN • Increase the use of enhancement telehealth services (e.g., tele-Emergency Department, Emergency Department optimization)
GOALS	The goal is to provide Veterans with additional access to VA health care through 24/7 virtual health care services with advances in scheduling and administration, virtual clinic visits, clinical triage and pharmacy – all through a single toll-free number at each VISN.

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Improved Veteran experience
- Increased access to care through improved speed to answer and reduced call abandonment
- Improved operational efficiency through reduced average handle time, increased first contact resolution, reduced transfers
- Increased volume of virtual care/services delivery (encounters and appointments, within each service)


12/31/21
National Implementation CCCM core services
1/31/22
Quality Management national guidance for CCC
3/31/22
Customer Relationship Management (CRM) Wave 1 with Go-Live
3/31/22
CRM Wave 2 Go-Live
6/30/22
CRM Wave 3 Go-Live
6/30/22
CRM Wave 4 Go-Live

Status Key ☐ Not Started ■ In Progress ▨ At Risk ▨ Delayed ▨ Complete ▨ On Hold

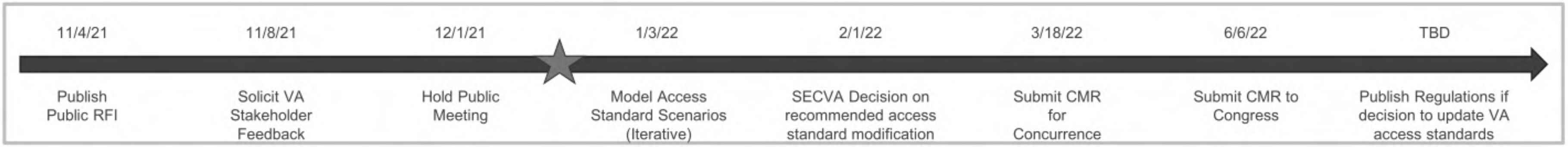
Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. CCCM Core Services National implementation	■	90%	12/31/21	Implement min. foundational reqs in VISNs to provide same-day access to 4 core services via single toll-free number (each VISN)	• Each VISN is completing an action plan • Efficiencies dependent upon available tools • VISN staffing increases risks not aligning to 12/31 obj.	(b)(5)
2. Quality Mgmt. National Roadmap	■	50%	1/31/22	Roadmap with metrics and quality management system for use in CCC	Finalize plan to incorporate clinical contact center performance metrics into ND performance assessments	
3. CRM Wave 1 Go-Live	■	75%	3/31/22	Clinical triage CRM live at 4 VISNs with all related trainings and change mgmt activities	CRM Go Live is dependent on: Obtaining data records from Cerner DHA records; Conducting formal testing; Conducting change management and training	

VA Access Standards Review

INITIATIVE	VA Access Standards Review
DESCRIPTION	To provide a comprehensive evaluation of existing access standards (to inform community care eligibility) and to develop recommendations for updates to existing standards, as required by the MISSION Act of 2018 and resulting in congressionally mandated report (CMR) due in June 2022
GOALS	• Consult pertinent stakeholders & entities on best practices and industry standards • Solicit public and internal comments and input on VA access standards • Model access standard scenarios based on comparative findings, financial impact, and Veteran needs

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Conduct an environmental scan of pertinent Federal, private sector, and non-governmental entities on best practices and industry standards (complete)
- Capture input from multiple internal and external stakeholders on current access standards through stakeholder meetings, RFI (comment period ending December 6), and public meeting held on December 1 (complete)
- Determine fiscal impact of various access standard models (in progress)
- Obtain SECVA decision on any recommended modifications to the VA access standards (pending)



11/4/21	11/8/21	12/1/21	1/3/22	2/1/22	3/18/22	6/6/22	TBD
Publish Public RFI	Solicit VA Stakeholder Feedback	Hold Public Meeting	Model Access Standard Scenarios (Iterative)	SECVA Decision on recommended access standard modification	Submit CMR for Concurrence	Submit CMR to Congress	Publish Regulations if decision to update VA access standards

Status Key ☐ Not Started ■ In Progress ▨ At Risk ▨ Delayed ▨ Complete ▨ On Hold

Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. Model Access Standard Scenarios (Iterative)	■	50%	1/3/22	Community Care Access Standard Options and Fiscal Impact Table	All scenarios will be modeled with current state projections and increased telehealth	(b)(5)
2. SECVA Decision on recommended access standard modification	■	0%	2/1/22	Summary of Assessment and Comparison of Findings Fiscal Impact Table	SECVA decision required by 1 FEB to ensure meet CMR timeline/submit on time	
3. Submit CMR for Concurrence	■	25%	3/18/22	Triennial Report on Access Standards	Initiated draft with information available to date	

ACCESS UPDATE

Presentation for: VHA Governance Board

Presented By: RimaAnn Nelson and Dr. Susan Kirsh

Date of Briefing: January 20, 2022

Access Updates

Bottom Line Up Front

- Mental Health Access
- CO-ED
- Access Index – Measurement Way Forward
- Virtual Healthcare System Update
- Contact Centers
- Access Standards

Mental Health Access

- Mental Health Access continues to be of critical concern and high priority

- Memo

- Data forthcoming

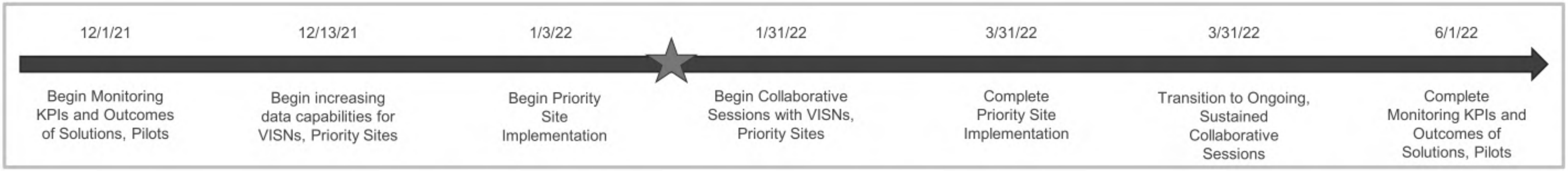
- Looking for capacity in VA (local, VISN, cross VISNs) and Community

Care Optimization in the Emergency Department (CO-ED)

INITIATIVE	CO-ED
DESCRIPTION	• Collaborate with VISNs to implement value-based care solutions • Streamline care navigation processes • Enhance community partnerships
GOALS	• Optimize resources to facilitate execution of value-based care that results in the right care, at the right place at the right time.

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Total number of unique visits to VA and community ED
- Total number of admissions in VA and community hospitals
- Total cost of community ED visits and admissions
- % of VA and community ED visits that result in admission
- Total number of unique visits to VA and community urgent care facilities
- Total cost of community urgent care visits



12/1/21 – Begin Monitoring KPIs and Outcomes of Solutions, Pilots

12/13/21 – Begin increasing data capabilities for VISNs, Priority Sites

1/3/22 – Begin Priority Site Implementation

1/31/22 – Begin Collaborative Sessions with VISNs, Priority Sites

3/31/22 – Complete Priority Site Implementation

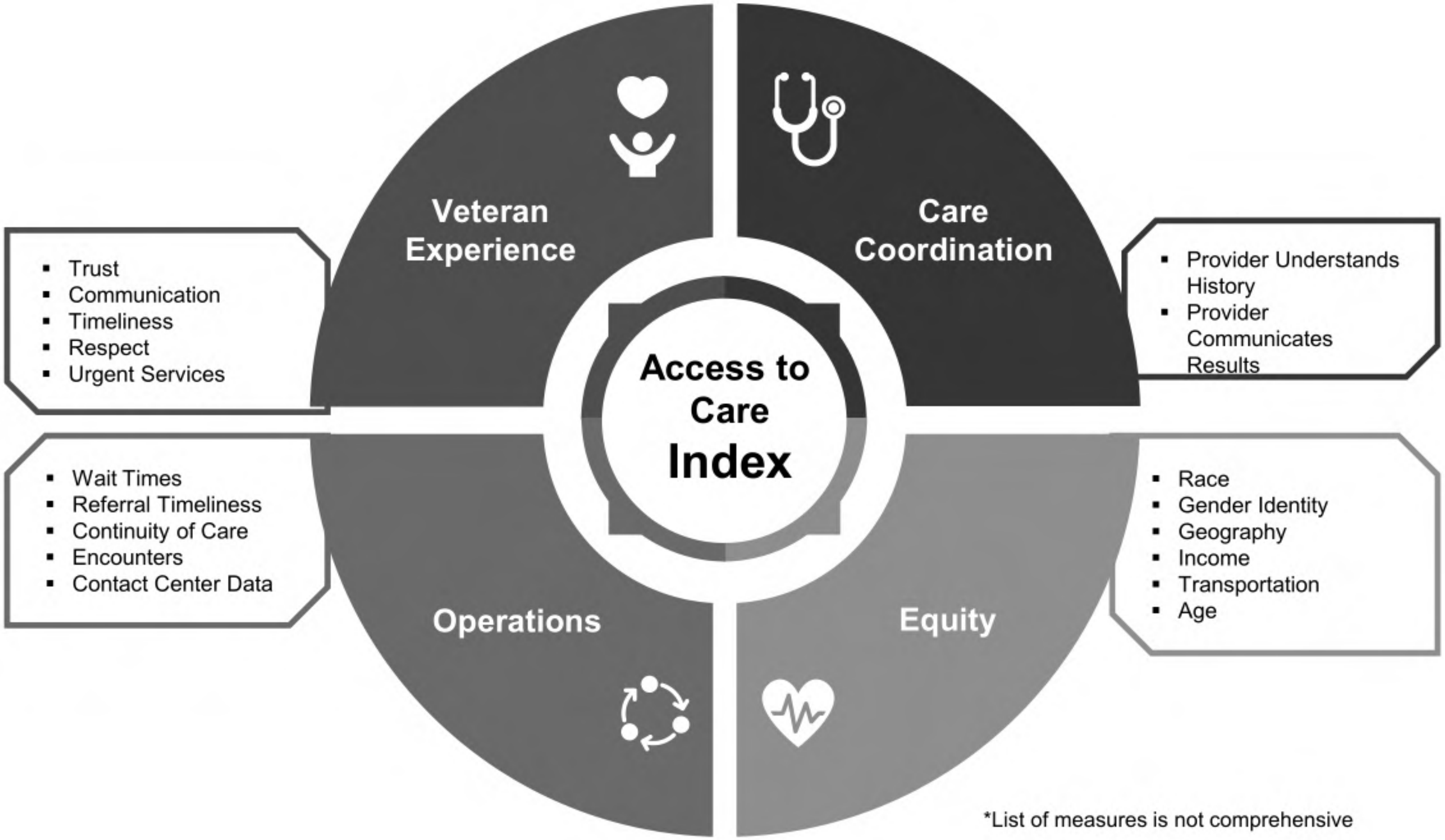
3/31/22 – Transition to Ongoing, Sustained Collaborative Sessions

6/1/22 – Complete Monitoring KPIs and Outcomes of Solutions, Pilots

Status Key ☐ Not Started ■ In Progress ▨ At Risk ▩ Delayed ▧ Complete ▦ On Hold

Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. Increase Data Capabilities for VISNs, Priority Sites	■	90%	3/31/22	Integrate VA and Community data into dashboards, develop solution-specific metrics, collaborate with program offices to develop program specific metrics, explore make/buy templates	Determining future platform to support large data sets is critical to ensuring sustainability of data	(b)(5)
2. Priority Site Implementation	■	50%	3/31/22	Monitor site implementation with collaborative working sessions and recurring reporting	Some solutions may have longer implementation timeline due to complexity and/or resources needed	
3. Monitor KPIs and Outcomes	■	30%	6/1/22	Monitor trends of KPIs and impact of solutions on high-level and operational KPIs	Solution outcomes may not directly contribute to high-level KPIs, rather operational/solution-focused metrics	

Patient Centered Access Measurement



Access to Care Index

Veteran Experience

- Trust
- Communication
- Timeliness
- Respect
- Urgent Services

Care Coordination

- Provider Understands History
- Provider Communicates Results

Operations

- Wait Times
- Referral Timeliness
- Continuity of Care
- Encounters
- Contact Center Data

Equity

- Race
- Gender Identity
- Geography
- Income
- Transportation
- Age

*List of measures is not comprehensive

Enhancing our Approach to Reporting New Patient Average Wait Times

1 Referral Date

The **date a referral request** is made by a VA provider for specialty medical and/or behavioral care

2 Scheduled / Create Date

The date a **future appointment is scheduled**, by either the Veteran or the VA.

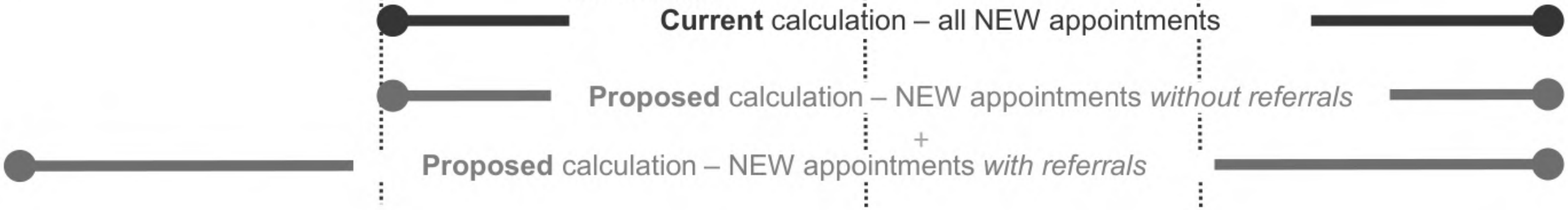
This may be the same date as the Referral date in some cases.

3 Authorization (Community Care only)

After the appointment is scheduled, an authorization for approval is created for community care appointments.

4 Appointment Date

The **scheduled day** when Veterans **attend their** specialty care appointment



Current calculation – all NEW appointments

Proposed calculation – NEW appointments *without referrals*

+

Proposed calculation – NEW appointments *with referrals*

This is unrelated and separate from eligibility standards for an Individual Veteran to receive community care, which will not change with this modification.

Average wait time reporting on the Access to Care website includes both urgent and routine visits. Many factors including patient preference, urgency of care, and processes for obtaining care contribute to average wait times.

VHA Access Goals and Objectives

Access to care is delivering the right care, at the right time, through the right modality, to get Veterans to best health outcomes.

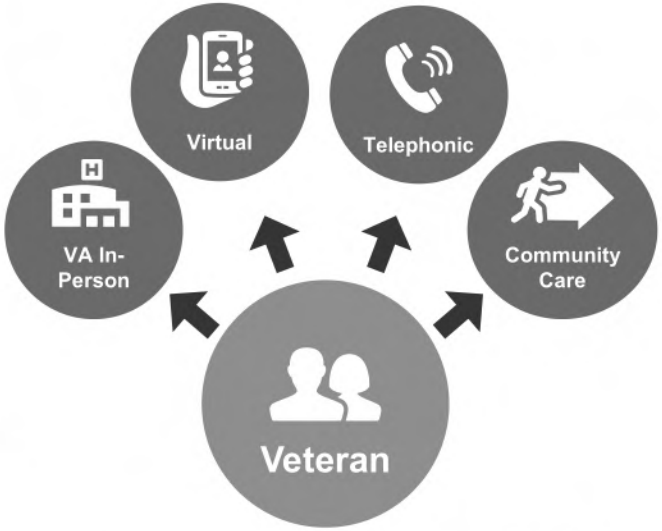
Goals

The Veterans Health Administration (VHA) has several goals for the future of access, including:

- Promote a **consistent, high-quality, timely, and Veteran-centric experience** in accessing care within VHA, virtually, and through community partners.
- Increase **ownership, accountability, and decision making** at all levels of the organization through consistent oversight of access to care data and trends.
- Empower Veterans with clear information to **inform their healthcare access choices**.

Objectives

1. Adopt an enterprise-wide approach to proactively balance capacity and demand
2. Increase VA appointment capacity by working with every line of service to **expand in person, VA virtual care options and Community care offered to Veterans**



VA provides the Veterans options for care, and the Veteran has agency over their decision.

Virtual Health Care System (VHCS)

VHCS concept will:

- Develop standard processes, alignment of *existing* virtual care services to increase opportunities for VA care for Veterans
- Consistently promote high reliability, patient safety, quality of care, Veteran satisfaction

Development of VHCS is critical for VA to:

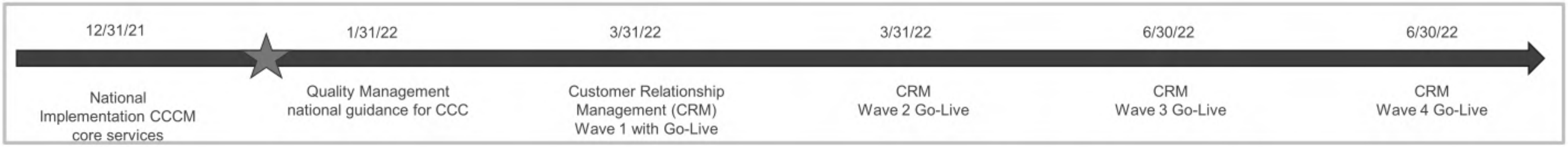
- Expand Veterans choice by providing health care needs in real-time
- Cross-level resources & allow for service expansion
- Deliver integrated care, despite geographic limitations & locations
- Compete in a growing digital marketplace

VA Health Connect

INITIATIVE	VA Health Connect (Clinical Contact Center Modernization [CCCM])
DESCRIPTION	• Implement standardized Clinical Contact Centers (CCC) at every VISN • Provide same-day access to virtual scheduling, clinical triage, pharmacy services, and virtual clinic visits, through a single toll-free number within every VISN • Increase the use of enhancement telehealth services (e.g., tele-Emergency Department, Emergency Department optimization)
GOALS	The goal is to provide Veterans with additional access to VA health care through 24/7 virtual health care services with advances in scheduling and administration, virtual clinic visits, clinical triage and pharmacy – all through a single toll-free number at each VISN.

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Improved Veteran experience
- Increased access to care through improved speed to answer and reduced call abandonment
- Improved operational efficiency through reduced average handle time, increased first contact resolution, reduced transfers
- Increased volume of virtual care/services delivery (encounters and appointments, within each service)



12/31/21
National Implementation CCCM core services

1/31/22
Quality Management national guidance for CCC

3/31/22
Customer Relationship Management (CRM) Wave 1 with Go-Live

3/31/22
CRM Wave 2 Go-Live

6/30/22
CRM Wave 3 Go-Live

6/30/22
CRM Wave 4 Go-Live

Status Key ☐ Not Started ■ In Progress ■ At Risk ■ Delayed ■ Complete ■ On Hold

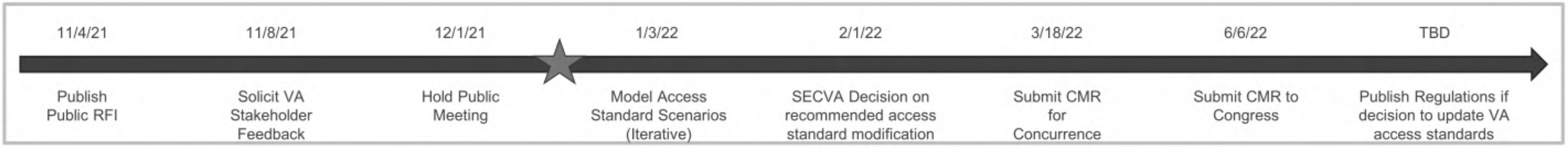
Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. CCCM Core Services National implementation	■	90%	12/31/21	Implement min. foundational reqs in VISNs to provide same-day access to 4 core services via single toll-free number (each VISN)	• Each VISN is completing an action plan • Efficiencies dependent upon available tools • VISN staffing increases risks not aligning to 12/31 obj.	(b)(5)
2. Quality Mgmt. National Roadmap	■	50%	1/31/22	Roadmap with metrics and quality management system for use in CCC	Finalize plan to incorporate clinical contact center performance metrics into ND performance assessments	
3. CRM Wave 1 Go-Live	■	75%	3/31/22	Clinical triage CRM live at 4 VISNs with all related trainings and change mgmt activities	CRM Go Live is dependent on: Obtaining data records from Cerner DHA records; Conducting formal testing; Conducting change management and training	

VA Access Standards Review

INITIATIVE	VA Access Standards Review
DESCRIPTION	To provide a comprehensive evaluation of existing access standards (to inform community care eligibility) and to develop recommendations for updates to existing standards, as required by the MISSION Act of 2018 and resulting in congressionally mandated report (CMR) due in June 2022
GOALS	• Consult pertinent stakeholders & entities on best practices and industry standards • Solicit public and internal comments and input on VA access standards • Model access standard scenarios based on comparative findings, financial impact, and Veteran needs

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Conduct an environmental scan of pertinent Federal, private sector, and non-governmental entities on best practices and industry standards (complete)
- Capture input from multiple internal and external stakeholders on current access standards through stakeholder meetings, RFI (comment period ending December 6), and public meeting held on December 1 (complete)
- Determine fiscal impact of various access standard models (in progress)
- Obtain SECVA decision on any recommended modifications to the VA access standards (pending)



11/4/21	11/8/21	12/1/21	1/3/22	2/1/22	3/18/22	6/6/22	TBD
Publish Public RFI	Solicit VA Stakeholder Feedback	Hold Public Meeting	Model Access Standard Scenarios (Iterative)	SECVA Decision on recommended access standard modification	Submit CMR for Concurrence	Submit CMR to Congress	Publish Regulations if decision to update VA access standards

Status Key ☐ Not Started ■ In Progress ■ At Risk ■ Delayed ■ Complete ■ On Hold

Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. Model Access Standard Scenarios (Iterative)	■	50%	1/3/22	Community Care Access Standard Options and Fiscal Impact Table	All scenarios will be modeled with current state projections and increased telehealth	(b)(5)
2. SECVA Decision on recommended access standard modification	■	0%	2/1/22	Summary of Assessment and Comparison of Findings Fiscal Impact Table	SECVA decision required by 1 FEB to ensure meet CMR timeline/submit on time	
3. Submit CMR for Concurrence	■	25%	3/18/22	Triennial Report on Access Standards	Initiated draft with information available to date	

ACCESS UPDATE

Presentation for: VHA Governance Board

Presented By: RimaAnn Nelson and Dr. Susan Kirsh

Date of Briefing: January 20, 2022

Access Updates

Bottom Line Up Front

- Mental Health Access
- CO-ED
- Access Index – Measurement Way Forward
- Virtual Healthcare System Update
- Contact Centers
- Access Standards

Mental Health Access

- Mental Health Access continues to be of critical concern and high priority

- Memo

- Data forthcoming

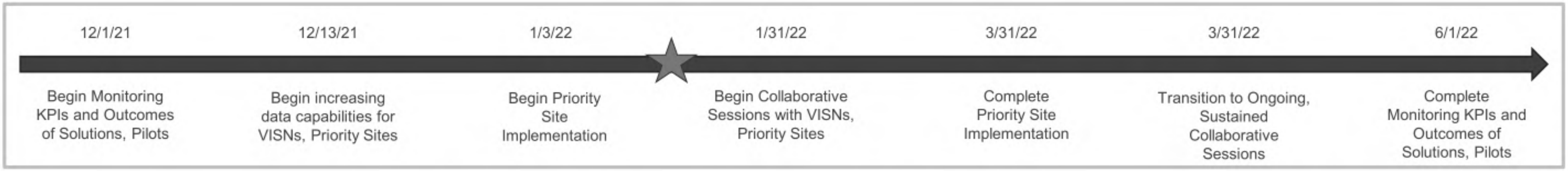
- Looking for capacity in VA (local, VISN, cross VISNs) and Community

Care Optimization in the Emergency Department (CO-ED)

INITIATIVE	CO-ED
DESCRIPTION	• Collaborate with VISNs to implement value-based care solutions • Streamline care navigation processes • Enhance community partnerships
GOALS	• Optimize resources to facilitate execution of value-based care that results in the right care, at the right place at the right time.

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Total number of unique visits to VA and community ED
- Total number of admissions in VA and community hospitals
- Total cost of community ED visits and admissions
- % of VA and community ED visits that result in admission
- Total number of unique visits to VA and community urgent care facilities
- Total cost of community urgent care visits

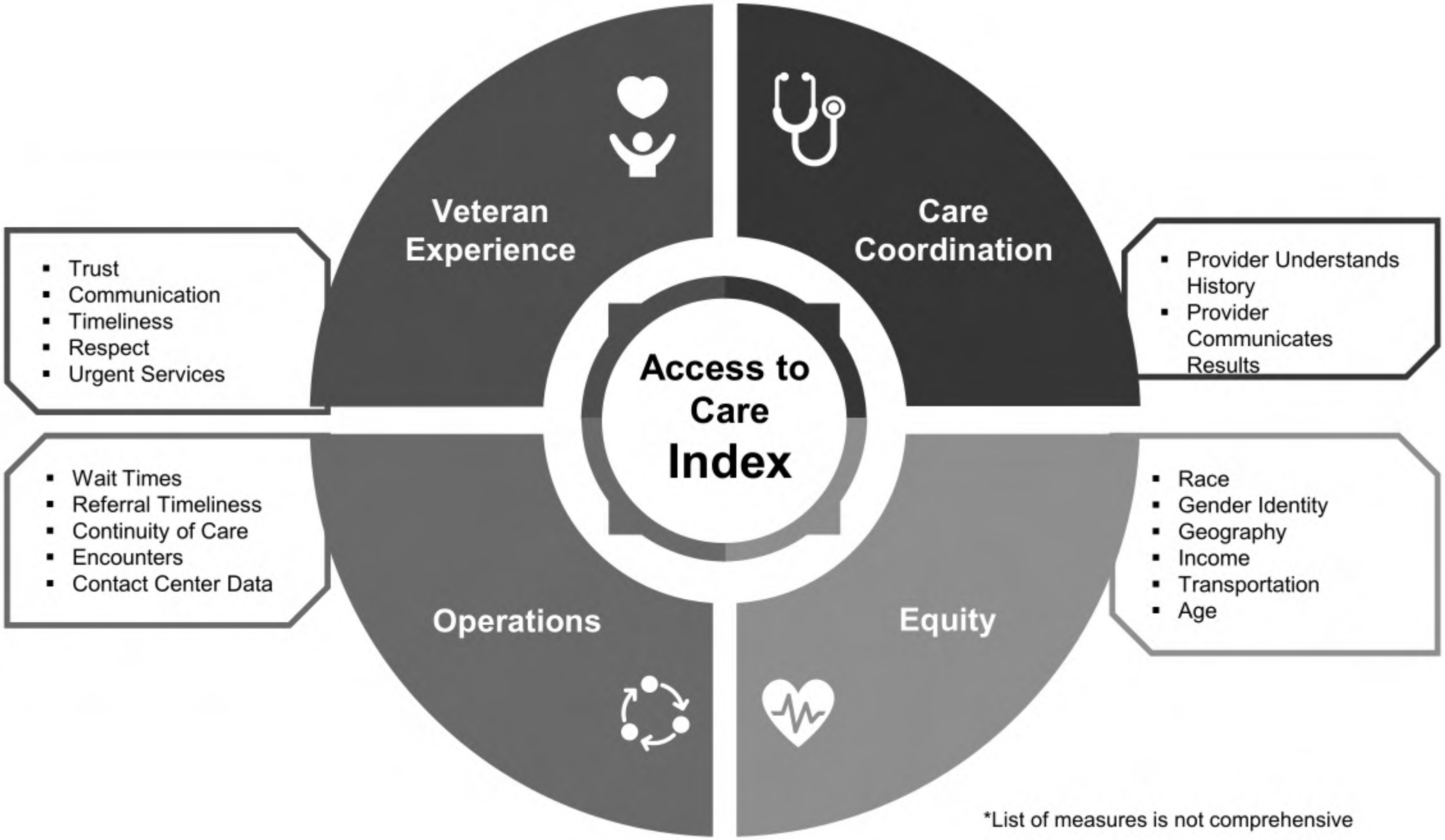


12/1/21	12/13/21	1/3/22	1/31/22	3/31/22	3/31/22	6/1/22
Begin Monitoring KPIs and Outcomes of Solutions, Pilots	Begin increasing data capabilities for VISNs, Priority Sites	Begin Priority Site Implementation	Begin Collaborative Sessions with VISNs, Priority Sites	Complete Priority Site Implementation	Transition to Ongoing, Sustained Collaborative Sessions	Complete Monitoring KPIs and Outcomes of Solutions, Pilots

Status Key ☐ Not Started ■ In Progress ▨ At Risk ▨ Delayed ▨ Complete ▨ On Hold

Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. Increase Data Capabilities for VISNs, Priority Sites	■	90%	3/31/22	Integrate VA and Community data into dashboards, develop solution-specific metrics, collaborate with program offices to develop program specific metrics, explore make/buy templates	Determining future platform to support large data sets is critical to ensuring sustainability of data	(b)(5)
2. Priority Site Implementation	■	50%	3/31/22	Monitor site implementation with collaborative working sessions and recurring reporting	Some solutions may have longer implementation timeline due to complexity and/or resources needed	
3. Monitor KPIs and Outcomes	■	30%	6/1/22	Monitor trends of KPIs and impact of solutions on high-level and operational KPIs	Solution outcomes may not directly contribute to high-level KPIs, rather operational/solution-focused metrics	

Patient Centered Access Measurement



Access to Care Index

Veteran Experience

- Trust
- Communication
- Timeliness
- Respect
- Urgent Services

Care Coordination

- Provider Understands History
- Provider Communicates Results

Operations

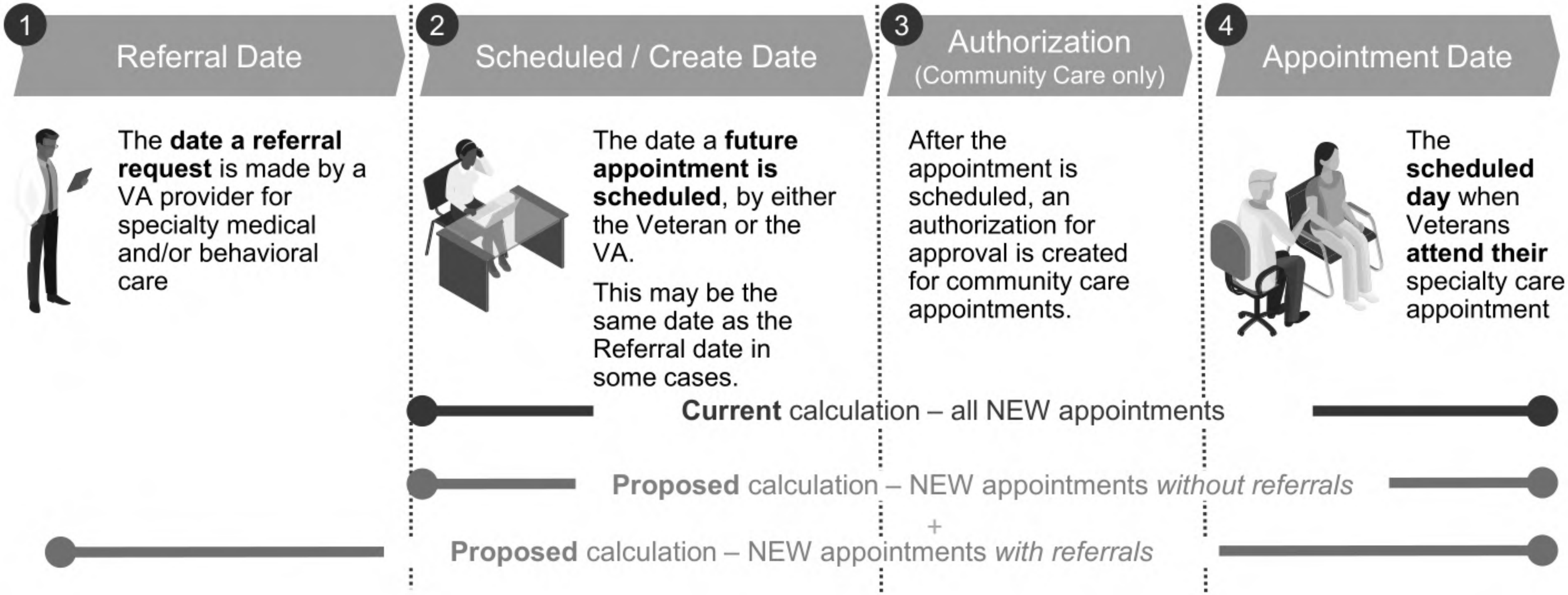
- Wait Times
- Referral Timeliness
- Continuity of Care
- Encounters
- Contact Center Data

Equity

- Race
- Gender Identity
- Geography
- Income
- Transportation
- Age

*List of measures is not comprehensive

Enhancing our Approach to Reporting New Patient Average Wait Times



1 Referral Date

The **date a referral request** is made by a VA provider for specialty medical and/or behavioral care

2 Scheduled / Create Date

The date a **future appointment is scheduled**, by either the Veteran or the VA.

This may be the same date as the Referral date in some cases.

3 Authorization (Community Care only)

After the appointment is scheduled, an authorization for approval is created for community care appointments.

4 Appointment Date

The **scheduled day** when Veterans **attend their** specialty care appointment

Current calculation – all NEW appointments

Proposed calculation – NEW appointments *without referrals*

+

Proposed calculation – NEW appointments *with referrals*

This is unrelated and separate from eligibility standards for an Individual Veteran to receive community care, which will not change with this modification.

Average wait time reporting on the Access to Care website includes both urgent and routine visits. Many factors including patient preference, urgency of care, and processes for obtaining care contribute to average wait times.

VHA Access Goals and Objectives

Access to care is delivering the right care, at the right time, through the right modality, to get Veterans to best health outcomes.

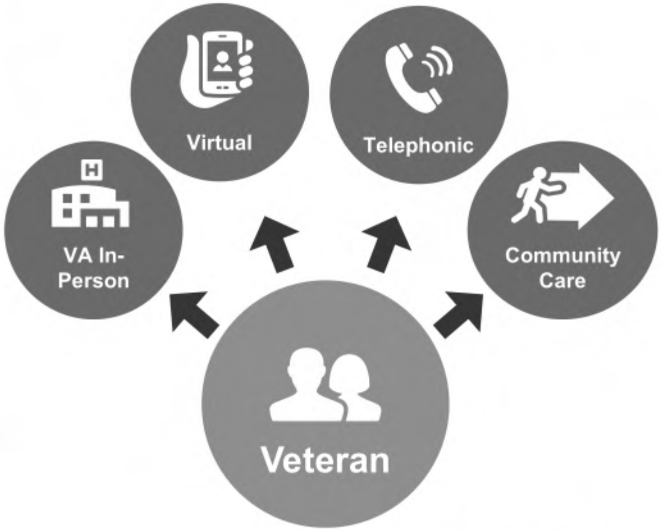
Goals

The Veterans Health Administration (VHA) has several goals for the future of access, including:

- Promote a **consistent, high-quality, timely, and Veteran-centric experience** in accessing care within VHA, virtually, and through community partners.
- Increase **ownership, accountability, and decision making** at all levels of the organization through consistent oversight of access to care data and trends.
- Empower Veterans with clear information to **inform their healthcare access choices**.

Objectives

1. Adopt an enterprise-wide approach to proactively balance capacity and demand
2. Increase VA appointment capacity by working with every line of service to **expand in person, VA virtual care options and Community care offered to Veterans**



VA provides the Veterans options for care, and the Veteran has agency over their decision.

Virtual Health Care System (VHCS)

VHCS concept will:

- Develop standard processes, alignment of *existing* virtual care services to increase opportunities for VA care for Veterans
- Consistently promote high reliability, patient safety, quality of care, Veteran satisfaction

Development of VHCS is critical for VA to:

- Expand Veterans choice by providing health care needs in real-time
- Cross-level resources & allow for service expansion
- Deliver integrated care, despite geographic limitations & locations
- Compete in a growing digital marketplace

VA Health Connect

INITIATIVE	VA Health Connect (Clinical Contact Center Modernization [CCCM])
DESCRIPTION	• Implement standardized Clinical Contact Centers (CCC) at every VISN • Provide same-day access to virtual scheduling, clinical triage, pharmacy services, and virtual clinic visits, through a single toll-free number within every VISN • Increase the use of enhancement telehealth services (e.g., tele-Emergency Department, Emergency Department optimization)
GOALS	The goal is to provide Veterans with additional access to VA health care through 24/7 virtual health care services with advances in scheduling and administration, virtual clinic visits, clinical triage and pharmacy – all through a single toll-free number at each VISN.

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Improved Veteran experience
- Increased access to care through improved speed to answer and reduced call abandonment
- Improved operational efficiency through reduced average handle time, increased first contact resolution, reduced transfers
- Increased volume of virtual care/services delivery (encounters and appointments, within each service)

12/31/21	1/31/22	3/31/22	3/31/22	6/30/22	6/30/22
National Implementation CCCM core services	Quality Management national guidance for CCC	Customer Relationship Management (CRM) Wave 1 with Go-Live	CRM Wave 2 Go-Live	CRM Wave 3 Go-Live	CRM Wave 4 Go-Live

Status Key ☐ Not Started ■ In Progress ■ At Risk ■ Delayed ■ Complete ■ On Hold

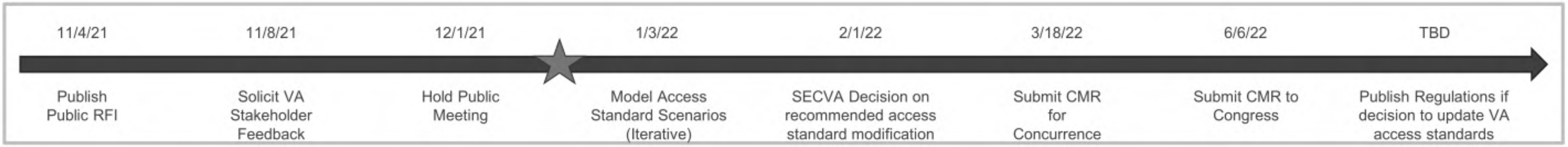
Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. CCCM Core Services National implementation	■	90%	12/31/21	Implement min. foundational reqs in VISNs to provide same-day access to 4 core services via single toll-free number (each VISN)	• Each VISN is completing an action plan • Efficiencies dependent upon available tools • VISN staffing increases risks not aligning to 12/31 obj.	(b)(5)
2. Quality Mgmt. National Roadmap	■	50%	1/31/22	Roadmap with metrics and quality management system for use in CCC	Finalize plan to incorporate clinical contact center performance metrics into ND performance assessments	
3. CRM Wave 1 Go-Live	■	75%	3/31/22	Clinical triage CRM live at 4 VISNs with all related trainings and change mgmt activities	CRM Go Live is dependent on: Obtaining data records from Cerner DHA records; Conducting formal testing; Conducting change management and training	

VA Access Standards Review

INITIATIVE	VA Access Standards Review
DESCRIPTION	To provide a comprehensive evaluation of existing access standards (to inform community care eligibility) and to develop recommendations for updates to existing standards, as required by the MISSION Act of 2018 and resulting in congressionally mandated report (CMR) due in June 2022
GOALS	• Consult pertinent stakeholders & entities on best practices and industry standards • Solicit public and internal comments and input on VA access standards • Model access standard scenarios based on comparative findings, financial impact, and Veteran needs

KEY PERFORMANCE INDICATOR/SUCCESS FACTORS

- Conduct an environmental scan of pertinent Federal, private sector, and non-governmental entities on best practices and industry standards (complete)
- Capture input from multiple internal and external stakeholders on current access standards through stakeholder meetings, RFI (comment period ending December 6), and public meeting held on December 1 (complete)
- Determine fiscal impact of various access standard models (in progress)
- Obtain SECVA decision on any recommended modifications to the VA access standards (pending)



11/4/21	11/8/21	12/1/21	1/3/22	2/1/22	3/18/22	6/6/22	TBD
Publish Public RFI	Solicit VA Stakeholder Feedback	Hold Public Meeting	Model Access Standard Scenarios (Iterative)	SECVA Decision on recommended access standard modification	Submit CMR for Concurrence	Submit CMR to Congress	Publish Regulations if decision to update VA access standards

Status Key ☐ Not Started ■ In Progress ■ At Risk ■ Delayed ■ Complete ■ On Hold

Milestone	Status	% Complete	Internal Due Date	Deliverables	Priority Discussion Item(s) (e.g., narrative, risks, dependencies, accomplishments)	Next Steps (e.g., risk mitigation plan, upcoming actions/tasks)
1. Model Access Standard Scenarios (Iterative)	■	50%	1/3/22	Community Care Access Standard Options and Fiscal Impact Table	All scenarios will be modeled with current state projections and increased telehealth	(b)(5)
2. SECVA Decision on recommended access standard modification	■	0%	2/1/22	Summary of Assessment and Comparison of Findings Fiscal Impact Table	SECVA decision required by 1 FEB to ensure meet CMR timeline/submit on time	
3. Submit CMR for Concurrence	■	25%	3/18/22	Triennial Report on Access Standards	Initiated draft with information available to date	

VETERANS
HEALTH
ADMINISTRATION

VISION PLAN

Updated Response to 38 U.S.C. 7330C(b): Strategy Regarding the Department of Veterans Affairs High-Quality Integrated Health Care System

December 2020

This page intentionally left blank.

(b)(5)

Table of Contents

(b)(5)

Figures

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

VETERANS HEALTH ADMINISTRATION

VISION PLAN

Updated Response to 38 U.S.C. 7330C(b): Strategy Regarding the Department of Veterans Affairs High-Quality Integrated Health Care System

December 2020

This page intentionally left blank.

(b)(5)

Table of Contents

(b)(5)

Figures

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

VETERANS HEALTH ADMINISTRATION

VISION PLAN

Updated Response to
38 U.S.C. 7330C(b):
Strategy Regarding the
Department of Veterans
Affairs High-Quality
Integrated Health Care
System

December 2020

This page intentionally left blank.

(b)(5)

Table of Contents

(b)(5)

Figures

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

VETERANS HEALTH ADMINISTRATION

VISION PLAN

Updated Response to 38 U.S.C. 7330C(b): Strategy Regarding the Department of Veterans Affairs High-Quality Integrated Health Care System

December 2020

This page intentionally left blank.

(b)(5)

Table of Contents

(b)(5)

Figures

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

VETERANS HEALTH ADMINISTRATION

VISION PLAN

Updated Response to
38 U.S.C. 7330C(b):
Strategy Regarding the
Department of Veterans
Affairs High-Quality
Integrated Health Care
System

December 2020

This page intentionally left blank.

(b)(5)

Table of Contents

(b)(5)

Figures

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

[redacted]

(b)(5)

VETERANS HEALTH ADMINISTRATION

VISION PLAN

Updated Response to
38 U.S.C. 7330C(b):
Strategy Regarding the
Department of Veterans
Affairs High-Quality
Integrated Health Care
System

December 2020

This page intentionally left blank.

(b)(5)

[redacted]

Table of Contents

(b)(5)

[redacted]

Figures

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

[redacted]

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

[redacted]

(b)(5)

[redacted]

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(5)

[redacted]

(b)(5)

(b)(6)