



VACAA Section 203 Review of VA's Scheduling Practices by the Northern Virginia Technology Council (NVTc)

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Summary of NVTC's Review



Section 203 of the Veterans Access, Choice and Accountability Act of 2014 called for a Technology Task Force to perform a review of VA's scheduling system and software. Section 203 called for a Technology Task Force to perform a review of VA's scheduling system and software. Following enactment of the legislation, on August 7th 2014, NVTC began planning work with the VA to engage its member companies in this pro bono Review.

NVTC selected Booz Allen Hamilton (BAH), HP, IBM, MITRE, and SAIC to serve as the core team for coordinating with other member companies (e.g., MAXIMUS, Qlarion, and Provideg Consulting) to conduct this Review. NVTC asked MITRE to integrate the inputs from all participants, and to edit the Final Report, which was delivered to VA (and to the SVAC and HVAC in Congress) on October 30th 2014.



NVTC's Team confirmed what VA already acknowledges – that the scheduling processes do not meet the needs of Veterans, healthcare providers, or schedulers. Clinic grids are inflexible, productivity cannot be accurately measured, not enough scheduling resources are available, and linkages among scheduled appointments and ancillary appointments are not established -- all of which are risks.

The Report's 11 top-level recommendations, distilled from 39 specific findings, include: VA should redesign the human resources and staff recruitment process; VA should prioritize recruitment, retention and training for clerical and support staff; and, VA needs to replace outdated scheduling technology and make more exam space available to healthcare providers.



The NVTC Approach

In a Memorandum of Agreement (MoA) signed by both parties on September 11, 2014, VA accepted NVTC as the Technology Task Force required by Section 203 of the Veterans' Access to Care through Choice, Accountability, and Transparency Act.

In a Scope of Work statement, attached to the MoA, the agreed latitude of NVTC's Review was outlined – i.e., for NVTC to examine and propose improvements to:

- Schedule a new patient for his or her first visit.** This would start with the VA's attempt to arrange exam appointments, and include the activities required to schedule, communicate, and confirm each appointment with a Veteran – concluding with the exam itself and the delivery of requested exam results.
- Schedule a specialty consult visit** – from initial request from a primary care physician through the appointment being scheduled, communicated and confirmed with the Veteran (also concluding with the exam and effective delivery of its results).

In examining these two foundational processes NVTC agreed to an approach that was segmented into an analysis of four domains: people, process, technology, and performance measurement.

What NVTC Found

Through its on-site observations and analyses of current business processes, available technologies, and a review of industry and government best practices, the NVTC Team identified a number of findings and recommendations designed to help VA leaders address their most critical challenges.

During that review period, a common theme emerged from the Team's analyses that can be summarized as follows:

- ***VA's exam-scheduling processes are insufficiently enabled by state-of-the-art technologies or (consistently applied) standard operating procedures.***
- ***This situation has resulted in a counterproductive and error-prone working environment that has frustrated staff members for years, thus fueling a persistent staff-retention problem – the net effect of which has contributed in no small part, it appears, to the gradual erosion of public confidence in the Department's ability to provide Veterans with timely access to needed healthcare services.***

What NVTC Found (cont'd.)

NVTC's Team confirmed what VA already acknowledged – that the current scheduling processes do not adequately meet the needs of Veterans, healthcare providers or scheduling staff members.

- Clinic grids are inflexible, productivity cannot be accurately measured, not enough scheduling resources (staff, rooms, equipment, etc.) are available, and linkages among scheduled appointments and ancillary appointments (e.g., lab and radiology) are not established.
- The absence of linkages among scheduled appointments results in many cancellations and re-bookings, additional travel costs, and higher levels of Veterans' dissatisfaction.

Implications of NVTC Findings

Though the findings of the NVTC Team may not be all that different from those already documented in VA it is hoped that, with the recommendations that follow, VA leaders will better understand how issues in one deficiency area (e.g., staff retention) actually cause (or exacerbate) persistent issues in other areas (e.g., the non-standard usage of scheduling processes and procedures).

- Other examples of this cause-and-effect relationship is the impact of inflexible clinic grids on the tendency to over-book scheduled appointments – or the impact of a scheduler’s inability to simultaneously view the schedules of multiple providers (a technical resource issue) on the ability of a scheduler to appropriately sequence ancillary appointments (often perceived as a human performance issue).
- Yet another is the impact of placing too much managerial emphasis on metrics that do not have the effect of driving desired scheduling behaviors

What NVTC Recommended

Following a thorough analysis of its (39) targeted recommendations, NVTC rendered the following set of 11 synthesized recommendations to VA, to expose the cross-dimensional (or cross-cutting) implications of each of them:

1. VA should aggressively redesign the human resources and recruitment process
2. VA should prioritize efforts to recruit, retain, and train clerical and support staff
3. VA should develop a comprehensive human capital strategy that, based on projected needs, addresses impending healthcare provider shortages
4. VA should create a stronger financial incentive structure in compensation packages, especially for providers
5. VA should accelerate steps to improve the agility, usability and flexibility of scheduling-enabling technologies that also facilitate performance measurement and reporting functions
6. VA should take aggressive steps to use fixed infrastructure more efficiently
7. VA should evaluate the efficiency and patient support gained by centralizing the phone calling functions in facility-based call centers and extending hours of operation
8. VA should invest in more current and usable telephone systems and provide adequate space for call center functions
9. VA should take aggressive measures to alleviate parking congestion because it appears to have an impact on the timeliness of care
10. VA should engage frontline staff in the process of change
11. VA must embrace a system-wide approach to process redesign because this is the means by which many other recommendations may be successfully executed