

VA Community Care

Improving the Community Provider Experience

Transition Awareness | Experience Diagrams | Recommendations for Improvement

Version 1.0 | September 2018

VA



U.S. Department
of Veterans Affairs

Human Centered Design

Community Care IT PMO

Contents

- Part 1 Introduction.....2
 - Objectives.....3
 - Approach4
 - Community Care Overview5
 - Community Care Milestones and Related Challenges6
- Part 2 The Provider Experience7
 - Provider Use Cases.....8
 - Common Phases for Providers.....9
 - Provider Operating under Community Care Network Third Party Administrator (TPA)10
 - Provider Operating under Individual Authorization (IA).....11
 - Provider Operating under Provider Agreement (PA).....12
 - Provider Delivering Emergent Care.....13
 - Veteran Impact & Challenges.....13
- Part 3 Findings and Recommendations15
 - Key Findings.....16
 - Recommendations22
 - Measured Improvement Methods.....23
- Part 4 Appendix.....24
 - Synopsis of the VA MISSION Act of 2018.....25
 - Community Provider Tools.....26
 - Reference Materials.....27

A photograph of a person in a wheelchair moving down a long, brightly lit hospital hallway. The person is seen from behind, wearing a dark patterned shirt and dark trousers. The wheelchair has a yellow backrest. The hallway has light-colored walls, a polished floor reflecting the overhead lights, and a clock on the wall to the left. A white rectangular box is overlaid on the image, containing the text 'Part 1' and 'Introduction'.

Part 1

Introduction

Objectives

Purpose

The Community Care Information Technology Program Management Office (CC-IT PMO) Human Centered Design team has developed the following material to assist VA Community Care (VACC) management in identifying and understanding current and emerging challenges that may impact Community Providers as they endeavor to provide healthcare services to Veterans in the face of changing technologies, procedures, and legislation.

Audience

The intended audience for this document includes the CC-IT PMO, Community Care Business Teams, the Community Care Transition Team, and any other stakeholders who can benefit from better understanding the processes Community Providers may encounter when delivering care to Veterans – in partnership with the VACC program. This material is meant to be used as a thought- and conversation-starter between team members and across teams within the VA to arrive at efficient, effective, and meaningful solutions for Community Providers.

How to Use This Material

The information outlined in this document is intended to offer VACC management greater awareness and understanding by aligning various Community Providers conditions to use case scenarios. Studying the Provider’s experience from a holistic view allows patterns and insights to emerge from what may otherwise be seen as separate points of data.

Iterative Updates to This Document

This is a living document that establishes a foundational assessment of the Community Provider perspectives through multiple use cases and the potential challenges Providers may face. This study responds to several initial questions and considerations, begins to fill in gaps in knowledge for the next iteration, and promotes discussions with stakeholders in support of Community Providers.



Approach

Research Goals

Research activities, which included over 15 discovery sessions with VACC stakeholders and subject matter experts, supported the development of the material provided in this document. Additionally, numerous documents, reports, and related artifacts were investigated and synthesized in an effort to validate assumptions and open new areas of inquiry. Research efforts were guided by the following goals:

- 1. Identify initial Community Provider use case scenarios
- 2. Understand challenges each use case may encounter during upcoming VACC transitions
- 3. Identify key risks to the VA

Methodology

A human-centered design approach was utilized to help understand the Community Provider’s perspective and his or her potential experiences. The approach focused on the Community Provider’s interactions with technology, people, and processes. Several research results were combined to develop assumptions and questions. These considerations led to further study and resulted in either validation of assumptions or a basis for further inquiry. Additionally, investigation examined underlying details related to system architecture, proposed processes, workflows, and procedures. The following methods were applied in incremental phases:

- 1. Analysis of prior human-centered design efforts and existing artifacts
- 2. Attendance of VACC meetings and discussion of Community Care inherent processes
- 3. Study of legislation and other mandates related to Community Care and upcoming transitions (e.g., the exit of Health Net, the end of the Veteran Choice Program, the VA MISSION Act of 2018, and the new Community Care Network contract)
- 4. Review of workflow diagrams, system architecture plans, standard operating procedures (SOPs), and service documentation
- 5. Recurring discovery sessions, where stakeholders and subject matter experts were queried collaboratively on iterative prototype drafts

Stakeholders

Stakeholders are the business and IT leads and team members across – and even outside of – the Community Care Program. This document will be made available to and discussed with stakeholders to help explain the material and to seek input, which will support further study and incremental improvements to Community Care products and services.



Community Care Overview

The VA MISSION Act of 2018

The VA MISSION Act of 2018 was passed on June 6, 2018, and will require the VA to do the following: consolidate existing VA health care programs that allow for the provision of medical care to Veterans outside of the VA’s medical network – putting the three funding programs of VCP, PC3, and Traditional VA Community Care – into a single, permanent Veterans Community Care Program, effective no later than one year after the enactment by Congress and the President (June 2019). In the meantime, this will also continue funding of Choice for one year, by providing an additional \$5.2 billion for care of Veterans and transition to the new Community Care Program.

The Veterans Choice Program and Community Care

The Community Care Program consists of several types of purchased care provided in the community, such as the Veterans Choice Program (VCP or Choice), Patient-Centered Community Care (PC3), and Traditional VA Community Care.

To qualify for care under Choice, the Veteran must be eligible for care under the Veterans Health Administration (VHA) and either have a greater than 30 day wait for an appointment at the VA, have a greater than 40 mile driving distance from a qualifying VA facility, require service that is not provided by VA (Choice First), or face a geographic burden – defined as either travel by air, boat, or ferry to seek care from his or her local facility – or a traveling burden related to a medical condition, geographic challenge or an environmental factor.

- Provider Agreements are utilized when services are not included in Choice Contract or when Choice cannot provide timely care.
- Traditional Non-VA Coordinated Care (NVCC) is used for Urgent/Emergent cases, care that Choice is unable to provide, or episode of care more suitable for traditional NVCC.

There have been many changes over past three years related to the implementation of Choice. These have resulted in multiple programs, with varying criteria/eligibility. These fluctuations have resulted in an increased volume of Veterans seeking care in the community through Choice. One out of every three VA appointments are now handled by Choice Providers.

Third Party Administrators under the Veterans Choice Program

The Veterans Choice Program (VCP) uses Third Party Administrators (TPAs) to administer contracts to provide care. Some aspects of this change include:

- The VA modified an existing contract with Health Net Federal Services and TriWest to utilize TPAs for this program.
- VCP includes specific eligibility criteria for Providers to participate and includes specific rate structures for reimbursement to Providers.
- Claims are received and paid to Community Providers by TPAs. The VA reimburses the TPA through two methods (based on date of service). The first is the Expedited Payment Process, which uses bulk invoices that are received by the Office of Community Care (OCC) and processed/paid to TPAs. The second is the Financial Services Center (FSC), which utilizes the Plexis Claims Manager (PCM) as an automated payment system.

The Start of Healthcare Delivery (HCD)

The “Start of Healthcare Delivery,” which was previously referred to as “Day One,” begins the transition to the Community Care Network (CCN) contracts for Providers and is expected to significantly improve some of the current issues with Choice. The Community Care Program’s processes and IT systems are undergoing changes to ensure that a Referrals, Authorizations, Standard Episodes of Care (SEOC), and payment estimation are in place before Veterans are seen by CCN Providers. The CCN contracts and Providers relationships are expected to be in place by next year.

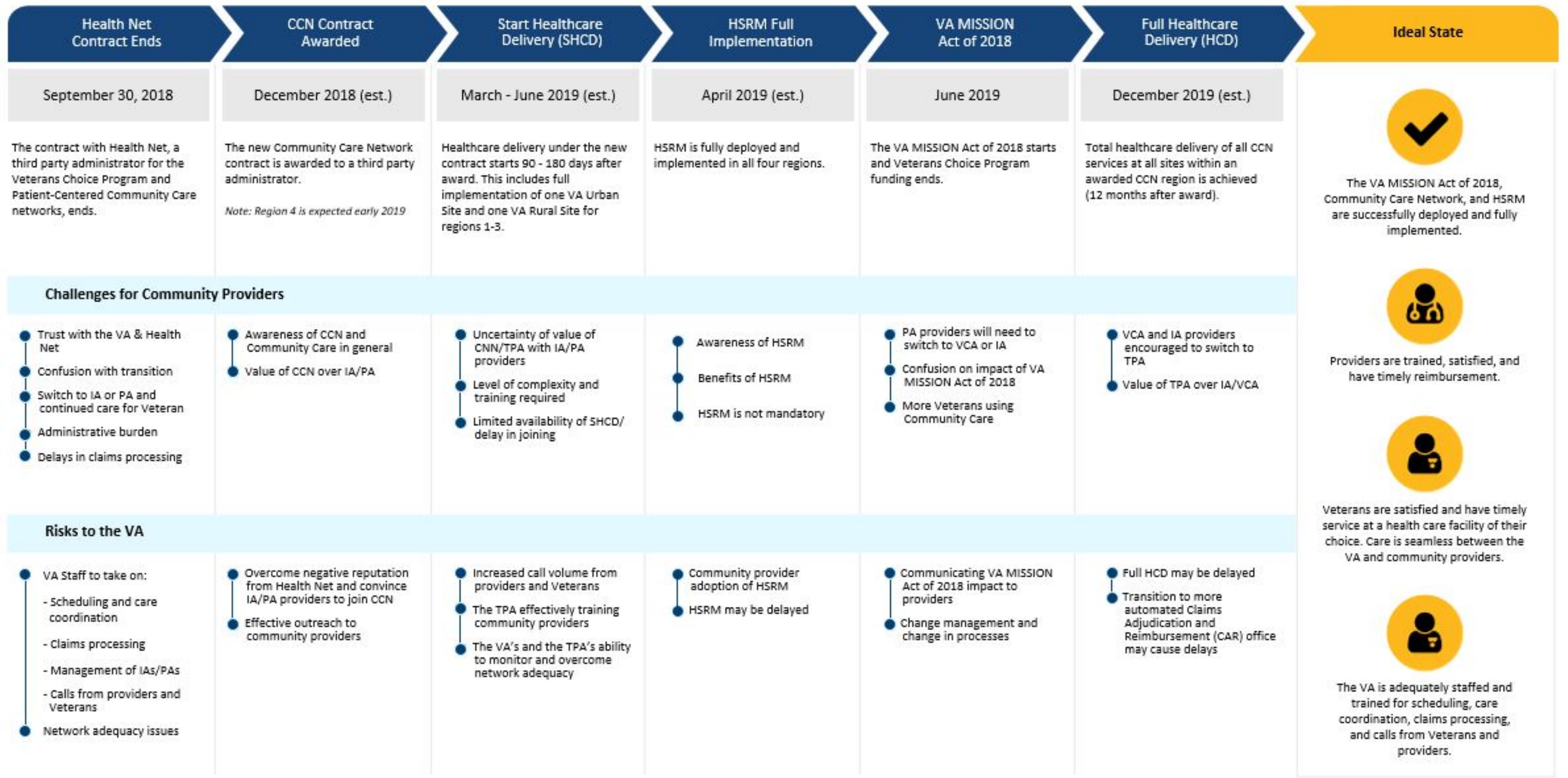
The Community Care Network is divided into four regions to enable local flexibility and offer increased access to care. Regions are divided by state boundaries. Region boundaries are established by the volume of Veterans enrolled in the VA system and the number of Community Care referrals by state.

The draft Performance Work Statement (PWS) developed for CCN contains many noteworthy changes when compared to the Choice program. Several responsibilities, such as customer service and training, will become the contractor’s responsibility. Several activities must be performed in a specified sequence, with implications that these processes will need be implemented by the contractor. A number of emerging VA technologies with require integration with the Health Share Referral Manager (HSRM) before the Start of Healthcare Delivery (SHCD). These are referred to in the PWS as the Community Provider Portal (CCPP).

There is strict language stating that the Veteran must not be billed for services rendered; this means the contractor has no recourse to collect from a Veteran and will need to absorb a billing loss if an issue evolves where an approved referral is in place. Specifically, Veterans are held harmless and may not be invoiced for any services associated with an Approved Referral, even if the claim is later denied.

Community Care Milestones and Related Challenges

This diagram depicts a high-level view of key transition phases, with potential challenges to Community Providers and risks to the VA. The diagram begins with the Health Net Federal Services contract closeout and includes key phases of the new Community Care Network (CCN) and the start of the VA MISSION Act of 2018. The goal is to achieve the ideal state, which features a fully-implemented VA MISSION Act of 2018, HealthShare Referral Manager (HSRM), and Community Care Network.



GLOSSARY OF ABBREVIATIONS

CCN – Community Care Network | HSRM – HealthShare Referral Manager | IA – Individual Authorization | PA – Provider Agreement | SEOC – Standardized Episode of Care | TPA – Third Party Administrator



Part 2

The Provider Experience

Provider Use Cases

Initial Use Cases

Use cases can help build an understanding of customers and keep them in mind to make sure actions and decisions will meet their needs. Based upon HCD research, four initial Community Provider use case scenarios have been identified.

1. Provider Operating under Community Care Network Third Party Administrator (TPA)

This use case represents a Community Provider who has opted to align with a Third Party Administrator within the new Community Care Network (CCN). The Provider journey begins by learning about the CCN/TPA and follows through to the referral, the patient encounter, and follow-up care actions. Each scenario ends with the Provider submitting a claim and receiving payment from the TPA.

2. Provider Operating under Individual Authorization (IA)

This use case represents a Community Provider who has opted to engage directly with the VA via an Individual Authorization. The Provider journey begins by learning about the different contract avenues, follows through to the referral, the patient encounter, and follow-up care actions, and ends with the Provider submitting a claim and receiving payment from a local VA facility. The IA Provider is similar to the Provider Agreement (PA) Provider, except funding comes from the local VA facility, which results in an extra step.

3. Provider Operating under Provider Agreement (PA)

This use case represents a Community Provider who has opted to engage with the VA via a Provider Agreement. This journey begins with the Provider learning about the different contract avenues, follows through to the referral, the patient encounter, follow-up care actions, and ends with the Provider submitting a claim and receiving payment from Veterans Choice Program (VCP) funds. The PA Provider is very similar to the Individual Authorization (IA) Provider, except funding comes directly from VCP funds.

4. Provider Delivering Emergent Care

This use case represents a Community Provider that treats a Veteran for emergency care. The Provider journey begins with a self-presented Veteran being admitted to an emergency treatment facility, follows through to determining the Veteran’s service-connected status (if possible), conducting a clinical encounter, and ends in reimbursement.

Assumptions

Use case scenarios were structured around the following assumptions:

- Providers have basic awareness and familiarity of VA Community Care.
- Providers have a general desire to participate.
- Referrals and medical documentation are complete and received in a timely manner.
- Veterans will appear for their care appointments without rescheduling.
- Providers will possess appropriate credentials and authorizations for VA systems.
- Providers will have been trained and will know how to use VA systems (e.g., ePrescribe, HSRM, Community Viewer, claims submission).
- VA systems will function smoothly, without downtime or loss of productivity.
- Claim submission will be complete and will not be rejected.
- Payments will be accurate and processed efficiently.

It’s worth noting that each of these assumptions should be investigated further for inherent risk.

Common Phases for Providers

The following use case scenarios reflect the experiences and challenges Community Providers may encounter as they interact with and provide health care through the Community Care Program. The diagrams shown for each use case are organized to align with key segments of time or phases that the Community Provider experiences. Each of the four phases may have different interactions, depending on the use case.

Engagement

This phase represents Provider engagement and education about the VA Community Care Program. Key moments include Provider expectations of the VA and preparing to participate in the program.

Referral

The Referral phase depicts the process of receiving a referral. A key moment is receiving appropriate medical documentation and authorization.

Encounter

The Encounter phase outlines the clinical encounter with the Veteran. Key moments include reviewing the Veteran medical record during treatment, prescribing medication, managing any follow-up care, and submitting medical documentation back to the VA to close the encounter.

Reimbursement

This phase summarizes the actions required to receive reimbursement for the clinical encounter. Key moments include submitting a claim, payment, and any issues that may arise related to receiving payment.

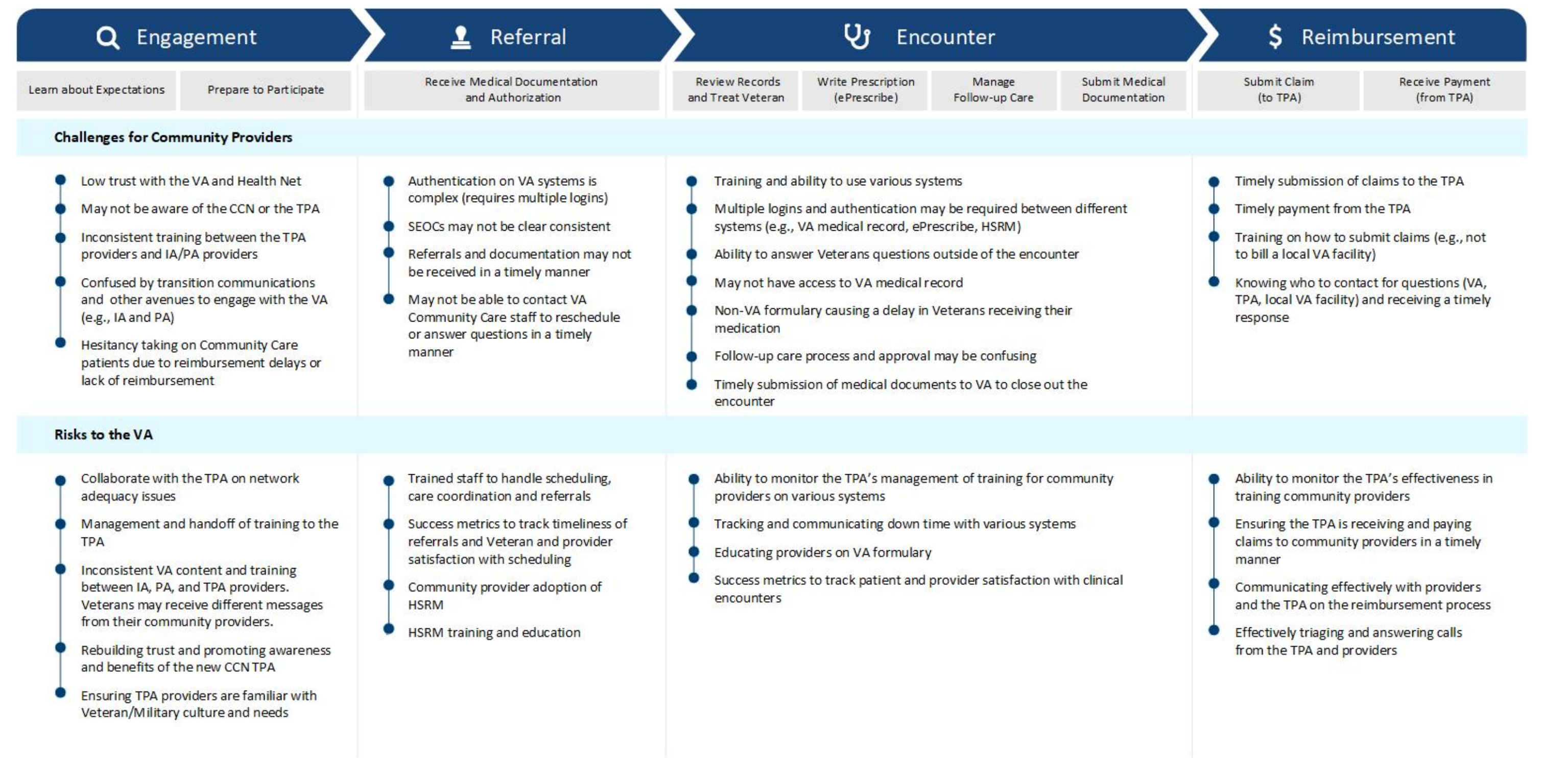
Unique Conditions for Emergent Care

Providers delivering emergent care to Veterans have different phases when contrasted with other use case scenarios:

- Missing is the referral phase and related oversight processes from the VA, since the Veteran self-presents to the emergency care center.
- Emergent care Providers may not be part of the VA Community Care network. For this reason, the initial step of determining the Veteran’s status – prior to being treated for a service-connected or non-service connected condition – will be more challenging.
- The emergent care Provider is required to contact the VA within 72 hours, so the VA can further coordinate the Veteran’s care – ensuring the Provider remains in compliance for reimbursement.

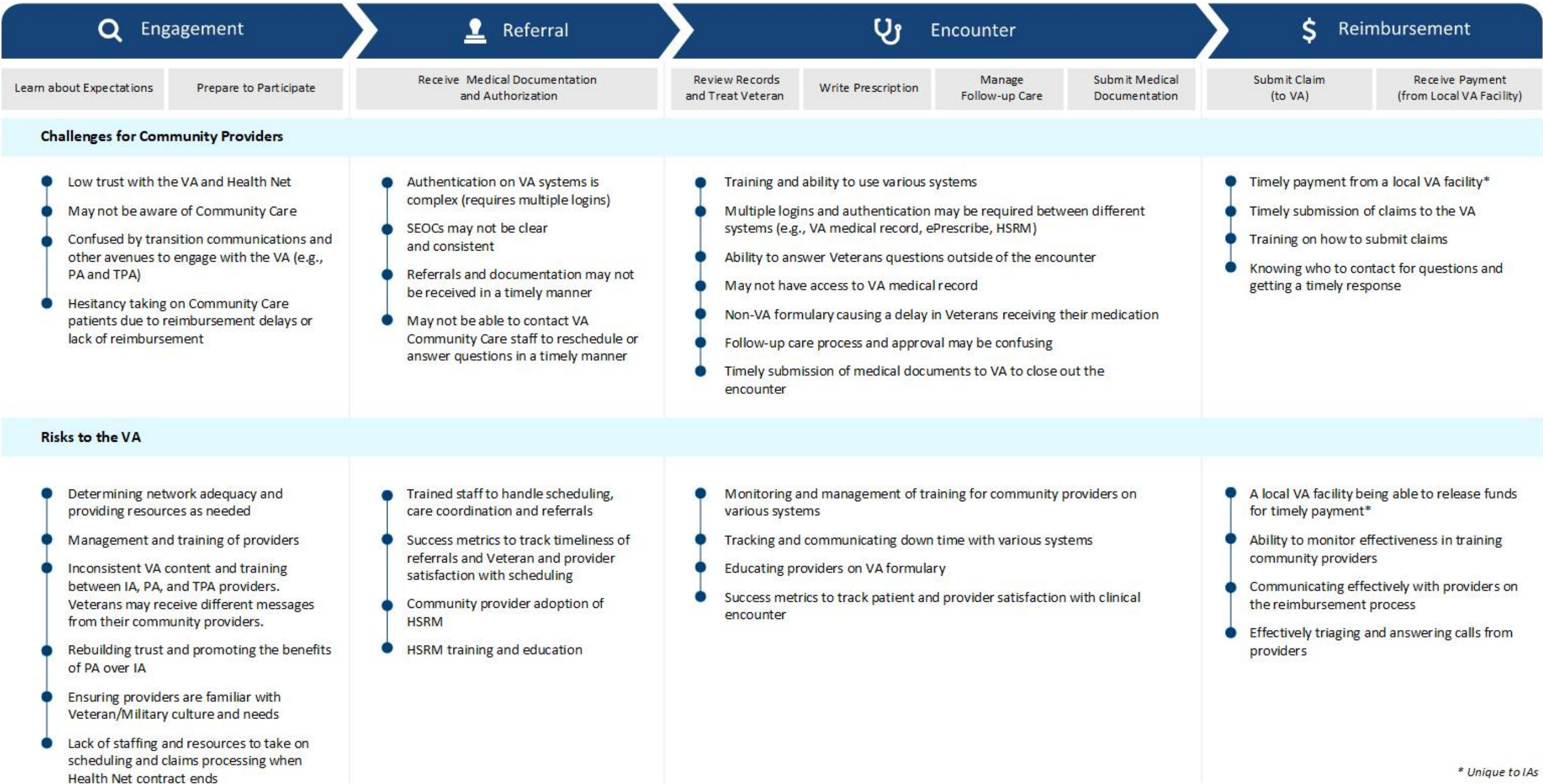
Provider Operating under Community Care Network Third Party Administrator (TPA)

This use case represents a Community Provider opting to associate with a Third Party Administrator in the new Community Care Network (CCN). The Provider journey begins by learning about the CCN/TPA, follows through to the referral, the patient encounter, follow-up care actions, and ends with submitting a claim and receiving payment from the TPA.



Provider Operating under Individual Authorization (IA)

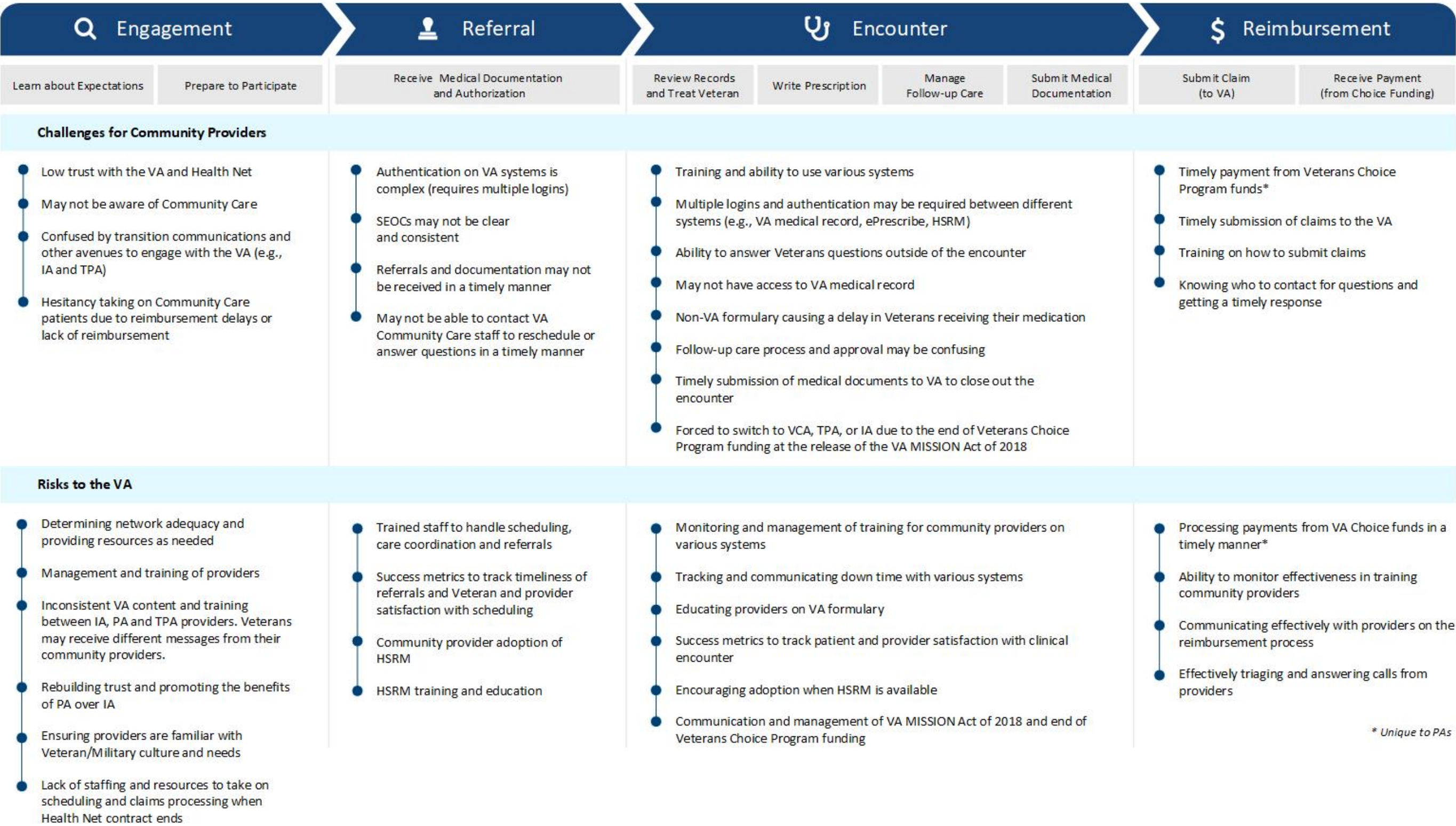
This use case represents a Community Provider opting to engage with the VA via an Individual Authorization. The Provider journey begins by learning about the different contract avenues, follows through to the referral, the patient encounter, follow-up care actions, and ends with submitting a claim and receiving payment from a local VA facility. The IA Provider is similar to the Provider Agreement (PA) Provider, except funding comes from the local VA facility, which results in an extra step.



* Unique to IAs

Provider Operating under Provider Agreement (PA)

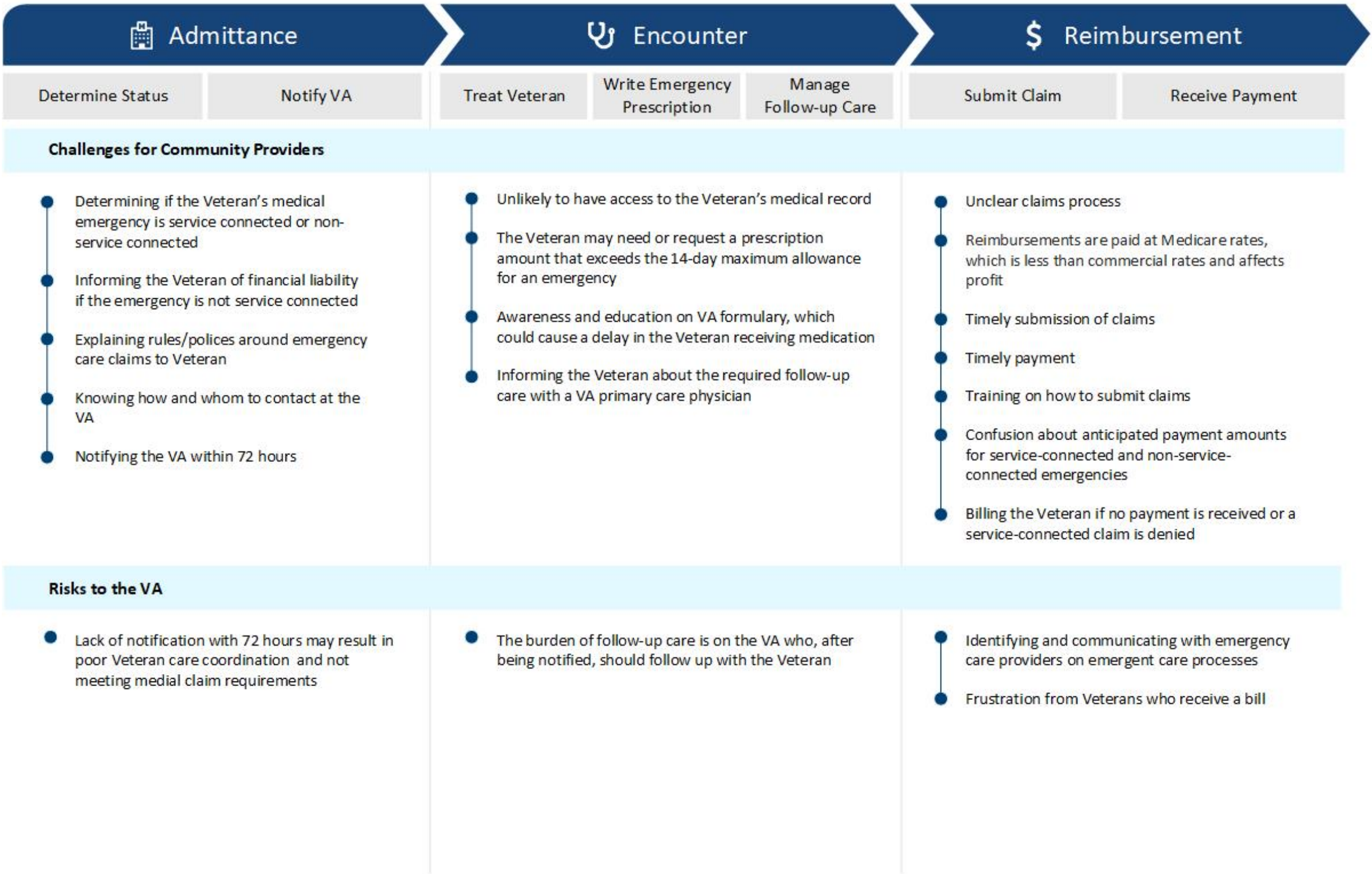
This use case represents a Community Provider opting to engage with the VA via a Provider Agreement. The Provider journey begins with the Provider learning about different contract avenues, follows through to the referral, the patient encounter, follow-up care actions, and ends with submitting a claim and receiving payment from Veterans Choice Program (VCP) funds. The PA Provider is very similar to the Individual Authorization (IA) Provider, except funding comes directly from VCP funds.



* Unique to PAs

Provider Delivering Emergent Care

This use case represents a Community Provider treating a Veteran for emergency care. The Provider journey begins with a self-presented Veteran being admitted to an emergency facility, follows through to determining the Veteran’s service-connected status (if possible), conducting a clinical encounter, and ends in reimbursement.



Veteran Impact & Challenges

The following is not a specific case scenario, but a high-level view of the potential impact and challenges Veterans may encounter as they interact with and receive health care through the Community Care Program. Challenges are organized to align with key phases that the Veteran experiences.

Engaging with Community Care

During this phase, the Veteran initially engages with Community Care and learns about the services and any transitions.

- Awareness and impact of Health Net exiting
- Reduced or eliminated care options available to Veterans in their communities due to insufficient participation by Community Providers
- Continuity of Care from the same Community Provider during the transition (e.g. from Health Net exists, to IA/PA, to new TPA)
- Ability to locate and review nearby in-network Community Providers
- Choice of nearby preferred Community Provider
- Knowing who to call for help or questions (e.g. local VAMC, National VA Call Center, and/or Community Provider)
- Awareness and impact the VA Mission Act (e.g. removal of the 30-day/40-mile rule)

Scheduling an Appointment

This phase includes the process around scheduling an appointment. Key moments are interactions with customer service and waiting as the request is processed.

- Ability to make timely appointments
- Unexpected burden to VHA facilities and staff may cause delays
- Ability to schedule an appointment online
- Receiving notification appointment is scheduled

During the Appointment

During this phase, the Veteran will receive care from a Community Provider via a clinical encounter. This is the least complex activity. For the Veteran, key moments include receiving prescriptions.

- Receive timely access to care
- Prescriptions may be delayed due to non-formulary
- Poor experience from Community Provider due to lack of knowledge on Military Culture and related Veteran health concerns
- In emergent care knowing and being able to prove VA benefits (e.g. service connected or non-service connected)

Ongoing Care


This phase reflects continuation of care for the Veteran, and it can be the most complex. Key moments may include continued care at VA facilities and/or in the community, picking up medications, payment, and billing-related issues.

- Convenient and timely communication with providers
- Online secure messaging to a community provider
- Access to medical record from the Community Provider
- Understanding care coordination between the VA and Community Provider
- Satisfaction with Community Provider and healthcare received
- Accidentally receiving a bill, need to dispute, and/or going to collections

Why Consider the Veteran?

While this document serves to describe the Community

Provider experience, it's important to keep the end customer in mind – the Veteran. Challenges faced by Community Providers or the VA can trickle down and negatively impact the Veteran's experience with Community Care and with VA Healthcare overall.

A blurred background image showing a person lying in a hospital bed, wearing a grey hospital gown and a white identification band on their wrist. A person's hand is visible in the foreground, holding a blue clipboard with a white sheet of paper and a black pen. The scene is brightly lit, suggesting a clinical or hospital environment.

Part 3

Findings and Recommendations

Key Findings

Enterprise-Level Changes Impact the Community Provider Experience

VA Community Care is undergoing several concurrent, enterprise-wide changes in legislation, policy, and technology – all directly impacting countless aspects of interactions with Community Providers. These changes will impact the Community Provider experience and may exacerbate current bottlenecks that can cause new, unforeseen consequences.

A synthesis of research efforts and interviews help to identify several challenges that Community Providers may encounter while interacting with VA Community Care programs and the upcoming transition models. Challenges listed on the following pages are sorted into two groups:

- Group 1 – Systematic challenges not linked to any specific transitional phase and considered system-wide issues
- Group 2 – Transitional challenges linked to a specific phase or milestone and, once past, should be resolved

VA Transition Schedule

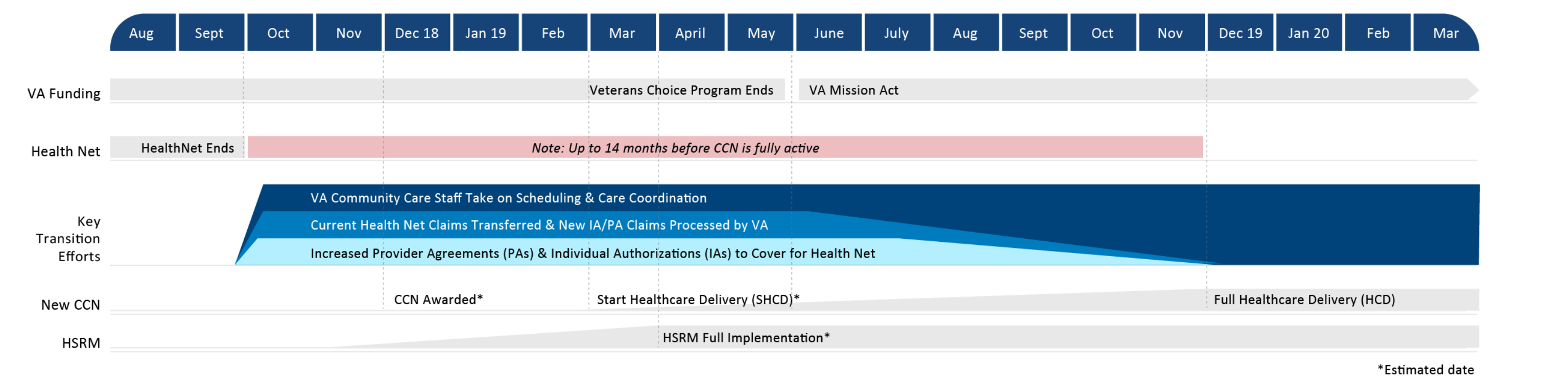
The diagram below seeks to visualize an overview of the complexity of concurrent, transitional phases or milestones in one timeline. As depicted, several overlapping, critical events may cause challenges for VA Staff, Veterans, and Community Providers.

Transition Gap

The current timeline estimates a gap of up to 14 months, after Health Net is eliminated in September 2018 and leading up to projections for implementation of Full Healthcare Delivery (HCD) in December 2019. During this transitional time, processes, training, and policies for Community Providers (plus the VA and Veterans) will be in flux and prone to confusion and bottlenecks.

VA Staffing Challenges

Upon the departure of Health Net, VA Community Care Staff will need to take on three major efforts: 1) Transfer of Health Net claims processing to the VA; 2) Conversion and management of Health Net Providers to IAs and PAs; and 3) Responsibility for all scheduling and care coordination. VA staffing challenges can negatively impact Veteran and Community Provider experiences.



Systemic Challenges

This section identifies and describes systemic challenges to Community Providers not aligning to the more ideal scenarios identified for key transitional phases.

Trust with the VA and Third Party Administrators (TPAs)

Health Net’s poor performance in the past with the timeliness of claims and timeliness and accuracy of payments will require significant effort from the VA to regain the trust of Providers.

Provider Concerns

- Providers don’t trust the VA and may not choose to join the Community Care Program.

Questions for Consideration

- How might the VA regain and build trust with Providers?
- How might the VA encourage Providers to join and avoid gaps?

Awareness of the Community Care Program

Providers may not be aware of Community Care programs, including the Veterans Choice Program, Patient-Centered Community Care, and the Community Care Network.

Provider Concerns

- Providers are not aware of the various programs at the VA and do not know how to reach out to the VA and obtain information needed to enroll.

Questions for Consideration

- How might the VA conduct outreach and generate awareness?
- How might the VA find and reach out to new Providers?
- How might the VA regain Providers who no longer participate?

Familiarity with Military Culture

Veteran patients are different than civilian patients and require Providers to obtain additional training to understand their unique needs due to the military culture (mental health, opioids, PTSD, TBI).

Provider Concerns

- Poor understanding of the needs of Veterans can result in low satisfaction and below standard healthcare delivery.
- In the VA MISSION Act of 2018, non-compliant training could lead to suspension from the VA Community Care Program.

Questions for Consideration

- How can the VA and/or the TPA reach out to Providers to ensure they receive training on military culture?
- How can the VA and/or the TPA manage the training of Providers about military culture?

Awareness of VA Formulary

Providers may be unaware of the VA formulary when writing prescriptions.

Provider Concerns

- Non-VA formulary prescriptions will be returned to Providers and will cause a delay in the Veteran receiving his or her prescriptions.

Questions for Consideration

- How can the VA and/or the TPA communicate and train Providers effectively on the VA formulary?

Timeliness of Emergent Care Notifications

Emergent care has additional requirements and steps for both the Veteran and Providers. The 72-hour window for a Provider to notify the VA of admission is critical. This allows the VA to assist the Veteran in coordinating necessary care or transfer and helps to ensure that the administrative and clinical requirements for the VA to pay for the care are met.

Provider Concerns

- Providers may not know the VA program and fail to submit claims correctly. This will delay payment from the VA to the Provider.

Questions for Consideration

- How might the VA conduct outreach to all community emergency care centers?
- How might the VA train for and communicate the differences and importance of service-connected and non-service connected medical emergencies?

Monitoring and Measurement of Providers

While the draft Program Work Statement (PWS) for the new Community Care Network (CCN) contract indicates the creation of performance reports, it is not clear how Providers will be monitored and measured by the VA.

Provider Concerns

- It is not clear how the VA will measure and rate the effectiveness of Providers.
- Providers want to know the performance level required from the CCN in their region.

Questions for Consideration

- How will the VA and CCN/TPA capture and track meaningful measures that improve both the VA MISSION Act of 2018 program effectiveness and the Provider experience?
- Will the VA publish measurements and reports to Providers? How often will the reports be published?

Consistency of the Online Veteran Experience

Veterans have one consolidated VA portal (My HealtheVet) to manage their VA health care. This online Veteran experience is virtually non-existent with Community Care, as each Provider may have their own proprietary system or none at all. Veterans will need to manually call their Provider to manage their health care.

Provider Concerns

- There is a significant administrative burden for Providers to answer questions, conduct phone calls, share patient records, track appointments, and manage prescriptions for Veterans.

Questions for Consideration

- How could the VA create an integrated Veteran portal for “one-stop shopping” for all healthcare management needs for both the VA and Community Providers?

Timeliness for Transfer of Patient Records

Providers will need to send back updated medical records so that VA Providers who continue the care can review them and, if possible, Veterans can access them via the VA portal (My HealtheVet).

Provider Concerns

- Patient medical records between the VA and Community Providers may be out of sync and outdated.
- Veterans may complain to Community Providers about the lack of integration and confusing web portals.

Questions for Consideration

- How are records transferred back to the VA Provider? Are they done in a timely manner without issues? What is the frequency in which records are updated?
- Can the Community Provider view the Veterans medical record within My HealtheVet or some other online tool? Can they easily reconcile prescriptions online?

Transition Challenges

This section identifies and describes challenges to Community Providers that are more directly impacted by the various transitional phases and milestones.

VA Staffing

The VA plans to take on Veteran scheduling, care coordination, and additional calls from Providers and Veterans. This will require national training and hiring efforts for VA Community Care Staff at VAMCs and call centers.

Provider Concerns

- The VA may be understaffed, and the Staff may be overworked, causing potential bottlenecks around the referral and authorization and scheduling processes.

Questions for Consideration

- How might the VA determine the level of Community Care resources needed?
- How might the VA recruit and hire additional Community Care field and Call Center Staff?
- How might VA reduce turnover in Community Care field and Call Center Staff?

Management of IAs and PAs

To initially continue care for Veterans, all Health Net Providers will need to switch to Individual Authorizations (IAs) or Provider Agreements (PAs). Until the new Community Care Network is fully active, VA Staff may be overburdened. Note: PA funding is preferred during the transition, and when the VA MISSION Act of 2018 starts, PA funding will be through the VCA.

Number of Claims

When Health Net stops processing claims, the burden goes to the VA Claims Adjudication and Reimbursement (CAR) office, which can result in tens of thousands of claims from Health Net and additional new claims from IAs and PAs. The new third-party administrator Providers will not be fully active for up to 14 months. Note: The CAR office plans to centralize to improve efficiency and hire more staff, but it won’t be ready on Health Net’s exit.

Timing between Health Net’s Exit and Full Health Care Delivery

It is possible to have up to a 14-month gap from the end of care of Health Net to full Health Care Delivery (HCD) with the new Community Care Network (CCN) (see the timeline on page **Error! Bookmark not defined.**). Note: TriWest will still function as the legacy TPA for its area.

Timing between the VA MISSION Act of 2018 and Full Health Care Delivery

It is possible to have up to a six-month gap from the start of the VA MISSION Act of 2018 to full Health Care Delivery (HCD) with the new Community Care Network (see the timeline on page **Error! Bookmark not defined.**).

Accuracy of PPMS

When the Health Net contract ends, Providers may leave, and new IA/PA Providers may sign on, requiring significant updates and validation to the Provider Portal Management System (PPMS).

HSRM Is Optional

Providers are not required to use HSRM, which is the preferred tool by the VA, opting instead for their own portal system. It is the Third Party Administrator’s (TPA) responsibility to encourage usage of HSRM, but Providers with a small percentage of VA patients may be less likely to adapt to VA-specific systems.

Provider Concerns

- The VA may be understaffed, and the Staff may be overworked, causing potential bottlenecks.
- Veteran continuity of care may be interrupted, causing complaints to Providers.

Provider Concerns

- Claims and payments may be delayed.

Provider Concerns

- This can result in network adequacy issues, barriers to care for Veterans, and a negative image of the VA. Providers may be reluctant to sign up during this gap.

Provider Concerns

- Veterans may not receive full benefits of revamped eligibility (e.g., removal of 30-day/40 mile) until CCN is fully implemented.
- Veterans may complain to Providers.

Provider Concerns

- There may be gaps or inaccurate information in PPMS resulting in Community Care Staff falsely indicating to a Veteran that a Provider is in-network.

Provider Concerns

- There is an additional administrative burden for both the VA and Providers using non-standard systems.

Questions for Consideration

- How might the VA mitigate any continuity of care interruptions to the Veteran and ensure a smooth transition from Health Net to IAs or PAs?

Questions for Consideration

- How long will claims be delayed?
- Will Providers be able to view the status of their claims online? How will the VA notify Providers of any issues with submitted claims?
- Will the CAR office be providing updates to Providers regarding the move to a more centralized operation? How will it affect the CAR process? What effects will it have on Providers?

Questions for Consideration

- How could the delay to a full CCN operation affect Providers and their ability to deliver needed care to Veterans?
- How much will this delay the CAR office and issuing of reimbursements to Providers?

Questions for Consideration

- How will a delay in implementing CCN affect Community Providers and their ability to communicate with the VA and obtain timely information and claims processing?

Questions for Consideration

- How might the VA ensure a smooth transition of changes in PPMS?

Questions for Consideration

- How might the VA and the TPA encourage adoption of HSRM?
- How might the VA and the TPA encourage training for HSRM?
- If the Provider wants to sign up for HSRM, what is the process to do this? How long will it take to get credentials?
- How will training be provided to Providers?

Timing of HSRM

HSRM is currently in pilot with a planned phased rollout to VA regions. With all enterprise deployments there can be unanticipated delays. Note: Deployment is anticipated to be timely and successful.

Different Processes between VA Facilities

According to the PWS, each VA medical center determines the need for the optional tasks for scheduling and care coordination. This would seem to benefit the VA centers that may be overworked. In turn, this may lead to bottlenecks in Community Care Network administrative services.

Adequacy of the Network

Monitoring, tracking, and managing network adequacy issues will be important, especially as the VA transitions to the new CCN contract and fills in any gaps from the Health Net departure. The VA has already established a new national team to help monitor and track issues. However, the team may be too overburdened to address all concerns nationally. Also, finding additional Provider coverage in a timely manner, especially in rural areas, will be difficult.

Clarity of Engagement Options

The VA has three avenues for Providers to engage with Community Care: CNN/TPA, IA, and PA (VCA when Choice funding ends). Each has their own complex set of rules and processes, which makes it confusing for Providers.

Consistency of Training

The Third Party Administrator (TPA) will manage training for Providers on the new Community Care Network (CCN), and the VA will manage training for PA and IA Providers. Training can include items such as HSRM/VA systems, military culture (e.g., mental health), and the reimbursement process.

Provider Concerns

- If HSRM is delayed, the VA and Providers will need to use legacy systems that can cause delays in communications, referrals, claims, and other activities.

Provider Concerns

- Large Community Provider networks that work with more than one VA facility could be confused by the varied processes between VA facilities.

Provider Concerns

- If the VA is unable to effectively manage adequacy, it may cause a delay in a Veteran’s health care and poor communication with Providers.

Provider Concerns

- Community Providers confused by the options may delay in signing up. Also, not all options are equal (e.g., IAs have an additional processing step to release funds from the local VA facility).

Provider Concerns

- This could result in inconsistent training between IA/PA and TPA Providers. Also, if the Veteran asks Providers questions, answers may be inconsistent, causing confusion among Veterans.

Questions for Consideration

- How will the VA inform Providers that HSRM is delayed and the duration of the delay?
- Will Providers continue to use the manual process and EDI method for submitting referrals and authorizations and claims?

Questions for Consideration

- How might the VA establish a standardize process between facilities?
- How might the VA track and manage differences between VA facilities?

Questions for Consideration

- How might reports from the PPMS database be utilized to monitor network adequacy?
- How are DoD clinics being utilized to mitigate network adequacy?

Questions for Consideration

- How might the VA explain the differences and benefits?

Questions for Consideration

- How might the VA and TPA work together to create consistent training for all Community Providers (e.g., IA, PA, and TPA)?

Authorizations

The VA has several systems (e.g., Community Viewer, Virtru Pro, HSRM) that Providers will utilize, requiring multiple logins and authorizations. Note: HSRM will have single sign-on (SSO) with PIV card primarily for VA staffers and ID.me with two-factor authentication primarily for community providers. However, Community Providers may still require separate authentications for systems that store PHI or HIPAA data as cached login credentials are not allowed.

Provider Concerns

- Several authorizations will be an extra burden to Providers and may result in lost productivity if the Provider loses access to one of the systems.

Questions for Consideration

- How might the VA create a unified and integrated system so Community Providers only need to sign on or be authorized once?

Call Center and Knowledge Management Systems

The VA will manage a national call center for IA/PA Providers, the TPA will manage a call center for its Providers, and local VA Community Care Staff will manage local questions.

Provider Concerns

- Providers may be confused about who to contact and may receive inconsistent information.

Questions for Consideration

- How might the VA design smooth handoffs and a consistent Knowledge Management Systems (KMS) between the different call centers?

Recommendations

The following recommendations outline opportunity areas that would significantly improve the Community Provider experience with VA Community Care and can also help the Veteran experience.

- **MANAGE CHANGE:** Develop a process for change management that enables VA leaders and VA facilities to more effectively adopt policy changes across their organization.
- **CREATE COMMUNICATION CHANNELS:** Open up more direct, convenient communication channels between all levels of VA and TPA staff (not just senior level).
- **HIRE RIGHT/HIRE FAST:** Get high-quality customer service oriented Medical Support Assistants (MSA) on board quickly.
- **ACCESS RIGHT INFORMATION QUICKLY:** Make it easy for staff to find Community Care information so they can advise Veterans, Providers, and each other. Also, information can be quickly edited when policy changes arise.
- **BE FLEXIBLE:** Empower VA leaders with the flexibility to adopt policies in a way that works best for VA facility staff size and skill sets.
- **PILOT TEST:** Prototype and test new processes with a subset of staff members to identify what works well, uncover unanticipated challenges, and determine what needs improvement.
- **FEEDBACK LOOP:** Give staff, Veterans, and Community Providers feedback channels after policy rollout and pilots. Make time for leaders to consider and implement changes based on incremental feedback.
- **TRIAGE RESOURCES:** Encourage VA Community Care management to view workload and network adequacy on a frequent basis. Then assign resources to areas needing support.
- **COORDINATE TRAINING:** Create and share training materials between VA and TPA so both parties are aligned with language, processes, and responsibilities. Emphasize training in Military Culture and VA Formulary.

Foster a Culture of Continuous Improvement

VA is a large and complex legacy organization where enterprise policy “fixes” may not be rolled out effectively. More effective change organizations seek to continuously improve, measure, and be nimble.

Measured Improvement Methods

A number of options exist for directing change and managing continuous improvement. We recommend following a methodology that identifies and tracks key metrics, allowing the VA to target critical areas requiring change, adopt new policies, implement new processes and measure the success of these remedies. The Lean Six Sigma methodology is guided by these processes, offering Community Care leadership a step-by-step, repeatable and highly manageable mechanism for directing needed improvements.

Define

Challenges identified in this document offer a starting point. These trouble spots should be further prioritized, based upon assessments of near- and long-term impacts to Community Care, Providers and Veterans. We recommend reaching out to Subject Matter Experts (SME’s) within Community Care to support ranking and clarification of target objectives.

Measure

Each problem should be quantified and aligned with key metrics. These will include baseline numbers associated with the current condition, as well as identification of near- and longer-term target objectives.

Analyze

This document identifies potential risks and anticipated problem areas that may impact not only Providers, but also Veterans and the Community Care Program, as a whole. These concerns will require further assessment to analyze the root causes, which will be the targets for change and improvement. Analysis will likely require collaborative engagement with a broad range of stakeholders and SME’s. It may be especially helpful to align analysis efforts with guidance from Human Centered Design (HCD) representatives, who can help keep assessment activities targeted and specific.

Improve

Once the underlying issues have been pinpointed, these become targets for improvement. Community Care leaders, stakeholders and team members will be involved in orchestrating and implementing proposed solutions. As remedies are rolled out, results should be closely monitored and measured against target success metrics. If improvements are not noted, additional analysis will be needed to consider underlying conditions and refocus remediation efforts. These activities may require multiple iterations as Community Care teams work together to address core issues, continually aiming to meet key success metrics.

Control

After target improvement metrics have been achieved, Community Care leaders will maintain the solution by (1) continually tracking and measuring remediated issues, (2) following through on remediation of other identified issues, while observing best practices in change management to prevent other initiatives from negatively impacting achieved successes, and (3) monitoring each improvement area for potential issues with adoption or other risk factors. Again, we recommend engaging HCD experts to support ongoing measurement and risk analysis.



The background of the slide is a close-up, slightly blurred photograph of a spiral-bound notebook. The notebook is open, showing several lined pages. A pencil with a light-colored body and a dark eraser is resting on the pages. The lighting is soft, creating a warm and focused atmosphere.

Part 4

Appendix

Synopsis of the VA MISSION Act of 2018

Overview

The VA MISSION Act of 2018 consolidates VA’s Community Care programs into a new Veterans Community Care Program that will help to ensure Veterans choose VA by getting them the right care at the right time from the right Provider. Over the next year, the VA will need to develop regulations to implement the new law, while also developing policies, training staff, and awarding contracts to furnish care. Veterans and their families, Community Providers, and VA Staff can expect ongoing improvements and regular engagement as the VA creates this new Community Care Program.

Title I – The Caring for Our Veterans Act of 2018

Chapter 1: Community Care Programs

- Establishment of a new Veterans Community Care Program with authorization of agreements between VA and non-VA Providers, including Veterans Care Agreements.
- Conforming amendments for State Veterans homes.
- Development of Access and Quality standards.
- Access to walk-in care and remediation of Medical Service Lines.

Chapter 2: Paying Providers and Improving Collections

- Electronic processing of claims and prompt payment to Providers.
- Authority to pay for authorized care not subject to an agreement and improved cost recovery for non-service connected disabilities.

Chapter 3: Education and Training Programs

- Training program for administration of non-VA health care.

Chapter 4: Other Matters – Non-VA Providers

- Safe opioid prescribing practices by non-VA Providers and prescription drug monitoring programs.
- Improved communication and engagement with Community Providers.
- Competency standards for non-VA Providers.

Chapter 5: Other Non-VA Health Related Matters

- Sunset of Veterans Choice Program to consolidate and create a Veterans Community Care Program.
- Improving VA Health Care Delivery.
- A provision for Family Caregivers.

Title II – The VA Asset Infrastructure Review (AIR) Act

- Establish a nine-member Asset Infrastructure Review commission.

Title III – Improvements to Recruitment of Health Care Professionals

- Designated scholarships for physicians and dentists under the VA Health Professional Scholarship Program.

Title IV – Healthcare in Underserved Areas

- Development of criteria for designation of certain medical facilities of the VA as underserved facilities and plan to address problem of underserved facilities.
- Pilot program to furnish medical deployment teams to underserved facilities.
- Pilot program on graduate medical education and residency.

Title V – Other Matters

- Annual report on performance awards and bonuses awarded to certain high-level employees of the VA Department.
- Role of podiatrists in Department of Veterans Affairs.
- Definition of major medical facility project.
- Authorization of certain major medical facility projects of the Department of Veterans Affairs, Livermore, CA not to exceed \$117.3 million.
- Department of VA personnel transparency – requires the VA to make information regarding vacancies, accessions and separation actions, new hires, and personnel encumbering positions publicly available.
- Program on establishment of peer specialists in patient aligned care team settings within medical centers of Department of Veterans Affairs.
- Department VA medical scribe pilot program – would create a two-year pilot program under which the VA will increase the use of medical scribes in emergency department and specialty care.
- Extension of reduction in amount of pension furnished by Department of Veterans Affairs for certain Veterans covered by Medicaid plans for serviced furnished by nursing facilities.

Community Provider Tools

Health Share Referral Manager (HSRM)

HSRM is the commercial off-the-shelf (COTS) product on which the Community Care Referral & Authorization (CCRA) system is implemented as a software as a service (SaaS) solution hosted in Amazon Web Services FEDRAMP High Government cloud. Community Care Staff members use HSRM to generate referrals and authorizations for episodes of care to Community Providers within the Community Care Network (CCN) through the Veterans Choice Program, and later through the VA MISSION Act of 2018. The CCN uses HSRM to receive these referrals and perform care coordination with the VA Office of Community Care (OCC). The CCRA solution is an integral component of the VA Community Care Information Technology architecture, which allows Veterans to receive care from non-VA Providers in the community.

Community Viewer

Community Viewer is a secure, web-based application that allows Community Providers to view a Veteran's electronic health record (EHR) using a browser. It does not require any software installation and is accessed with a username and password provided by VA Community Care Staff.

https://www.va.gov/COMMUNITYCARE/Providers/Community_View.asp

Virtru Pro Secure Email

Virtru Pro is an encrypted email technology. It provides the VA a secure method of exchanging information with the Community Provider. Virtru Pro allows communication to be done securely over email instead of sending faxes or regular mail. The Provider can expect to receive authorizations, referrals, appointment confirmations, and requests for patient health records over email.

https://www.va.gov/COMMUNITYCARE/docs/Providers/VirtruPro_ProviderResource.pdf



Reference Materials

VA and VHA References

- CCN VA Owned Processes R&A and Scheduling (PWS)
- High level flow RA and Scheduling post CCN Use Cases 1-5
- VA Community Care Interoperability Plan
- CCN Reference Sheet
- CCN Transition Plan 3.1
- Community Care Contact Center Overview
- MDM Tools Matrix (list of tools used in Community Care Health Exchange)
- Community Care Program Overview (CVEB Pikes Peak VA Care)
- CCHN Region 4 Draft PWS (6/11/2018)
- Communications Plan for Community Care Network
- Community Care Network Reference Sheet
- How HealthShare Referral Manager (HSRM) Will Help Community Providers Service Veterans
- CQ Analysis VA MISSION Act (5/15/2018)

External Sources

- One Page Summary of VA MISSION Act of 2018 (Senate Committee of Veterans Affairs)
- Community Providers Unprepared to Serve Veterans Under Choice Program (www.usmedicine.com)
- Ready or Not? Assessing the Capacity of New York State Health Care Providers to Meet the Needs of Veterans (nyshealthfoundation.org)

HCD Team Detailed Process Flow Diagrams

- CCN with SEOC & Referral Authorization
- Provider Agreement Process Flow
- Individual Authorization Process Flow
- Emergent Care/Non-VA Provider Post-CCN Process Flow
- Problem Statements/Community Providers
- Training New Community Provider Use Case

