

VA



U.S. Department
of Veterans Affairs

Community Care Request Manager Research

Discovery Readout

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December 4, 2020

[GitHub Research Folder](#)

Background

The Facilities Locator provides results to Veterans who are searching for **Community Care providers**.

- Currently, the types of Community Care in Facility Locator are populated by the Provider Profile Management System.
- PPMS is also used by Community Care Request Managers, who help find providers and schedule Veterans for care via the VA Online Scheduling system.

As part of our work to improve the Veteran search experience, we wanted to understand how Community Care Request Managers search for types of care, specialties and providers. This study ran parallel with research by the VA Online Scheduling team, who interviewed Veterans.

Research goals

- Understand the current data & process that a Community Care Request Manager uses to process Veteran's community care requests
- Understand/gather feedback (where possible) about the VA Online Scheduling requests for community care coming into Community Care Request Managers
- In addition, and more specific to the Facility Locator team, we want to understand how and where Community Care Request Managers search for type of care, specialties and providers

The VA Online Scheduling team and the Facility Locator team will both benefit from understanding the type of data Request Managers get and use to process a community care request

Prior to the study, we hypothesized that:

By understanding how Community Care schedulers use systems to manually process specific requests, and how they search for care providers on behalf of Veterans, we can better understand how to automate/simplify this search experience on Facility locator and VAOS.

Research Questions

- How does a community care request get processed by Community Care Request managers once it is received in Schedule Manager?
 - What are the different systems a Scheduler uses to process a community care request?
- What type of data is a Request Manager looking for from a Veteran when processing community care requests?
- What information does a Request Manager see from the VAOS request? Of that information, what do they use? What is helpful?
- How do they search for type of care/specialities? Where do they search for that data + providers?
 - What words/categories are used by the Request Manager when searching?
- What search parameters do Request Managers use to identify the appropriate community care provider?
 - What are Request Managers expectations for search results (such as the number of results and distance/drive time) vs. reality?
 - Does that align with Veterans' expectations?
 - What happens if no providers meet the criteria?

Research Questions (continued)

- What do those search results look like, what is useful to schedule the appointment, and what do schedulers convey to the Veterans about the provider? And what is a waste of time (unnecessary/confusing)?
- If a Request Manager could change anything about Community Care online scheduling through VA Online Scheduling what would it be?
- If the Request Managers are able to share anecdotal experience, we'd love to know what factors are important to a Veteran so that we can present Facility Locator Community Care provider search results accordingly.

Method

45-minute generative questioning interview sessions conducted via Teams videoconference

Who we talked to:

- **7 Participants** from several states
 - 6 Community Care Request Managers, 1 Supervisor who manages CCRMs

Usage of Terminology

Sub-specialty

Term that refers to the **Service Types** of care found within the category of Community Care.

Examples:

- Optometrist - Pediatrics
- Optometrist - Sports Vision

The screenshot displays a web form for the Community Care Request Manager. It includes fields for 'City, state or postal code (*Required)' with the value 'washington, d.c.', and 'Facility type (*Required)' with the value 'Community providers (in VA's network)'. The 'Service type (*Required)' dropdown menu is open, showing a list of options. The first option is 'Optometrist', and the second is 'Optometrist - Corneal and Contact Manage...'. The dropdown is highlighted with a blue border, and a blue 'Feedback' button is visible on the right side of the dropdown list.

Service type (*Required)
opto
Optometrist
Optometrist - Corneal and Contact Manage...
Optometrist - Low Vision Rehabilitation
Optometrist - Pediatrics
Optometrist - Sports Vision
Optometrist - Vision Therapy
Optometrist - Occupational Vision
Technician/Technologist - Optometric Assis...
Technician/Technologist - Optometric Tech...

Research Findings

Findings by Hypothesis

We can understand how to simplify the search experience in Facility Locator.

Finding: **Partially True**

- Sub-specialties: Most Community Care Managers do not think that sub-specialties are something most Veterans understand. They might know a term such as podiatry or cardiology, but the sub-specialties are often beyond layman's terms.
- Type-ahead can also be problematic due to unfamiliarity with search terms.
- As a separate issue (but which impacts the quality of Facility Locator search results), there are gaps in provider data in PPMS. Facility Locator depends on PPMS for Community Care search results. See VAOS findings below for further details.

Findings by Hypothesis

We can understand how to simplify the search experience in VA Online Scheduling.

Finding: **True**

- Based on feedback from Community Care managers, there are provider data gaps in PPMS. Incorrect or incomplete data in PPMS requires Community Care Request Managers to use other tools to find the correct Community Care providers. Searching with Google, making calls to providers, and using self-created spreadsheets are common methods in search & scheduling with providers.

Findings Summary

1. For most participants, sub-specialties are not something most Veterans understand.
2. One participant stated that they prefer to help them find the sub-specialty ("We'll do that.").
3. One participant stated that the use of the Service Type text field by the Veteran is problematic due to spelling typos.
4. Most participants stated that they use Google to find complete and updated information about providers.
5. All participants stated that they call providers to validate information found on PPMS and seek information that is missing.
6. A few participants use a self-created spreadsheet of providers with validated provider information.
7. One participant would like Veterans to have a list of in-network providers who are currently available.

1. Sub-specialties are not known by most Veterans

Several participants called out the medical-specific nuances of sub-specialty terms that Veterans must choose:

“The average Veteran isn’t going to know the difference between a sports podiatrist and foot/ankle podiatrist. If you’re trying to put the subspecs in for the Veterans, most won’t know the difference.”

“If i’m just looking for a cardiologist I can’t find the layman's term. This is not to their reading/interpretation level.”

Another participant, when asked if Veterans understand sub-specialties:

“No, they don't. I used to be the oncology scheduler, and I can’t tell you how many Veterans I called from Oncology and they didn’t know what that term meant.”

2. Request Managers can find the sub-specialty

One participant stated that they would prefer to do the work of selecting a sub-specialty for the Veteran:

“Veterans don’t know what those terms mean. There doesn't need to be any sub-specialties - they can just be generic. We’ll provide that.”

3. The Service Type field can be problematic

According to another participant, using the type-ahead field under Service Type can lead to misspellings, which negatively impacts search results:

“I can tell you this will cause problems. Mistyping Chiro is an example.”

Facility type (*Required)

Community providers (in VA's network) ▾

Service type (*Required)

opto

- Optometrist
- Optometrist - Corneal and Contact Manage.
- Optometrist - Low Vision Rehabilitation
- Optometrist - Pediatrics
- Optometrist - Sports Vision
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- Optometrist - Occupational Vision
- Technician/Technologist - Optometric Assis...
- Technician/Technologist - Optometric Tech...

Feedback ▲

4. Most Request Managers use Google

Most participants stated that they use Google, citing gaps in data about providers:

“Sometimes the provider has moved or is no longer affiliated. Sometimes the change happened 3-4 yrs ago but is still in the system. I have to Google to find the info I need.”

“Our new partner has listed a lot under multi-specialty, so it’s sometimes a guessing game, or you have to Google.”

“Most patients know the practice name, not the provider name. We only get the provider name so we use Google for the clinic name”

5. Request Managers call providers while scheduling

All participants stated that they call providers to validate information found on PPMS, and seek information that is missing:

“It's important to know if they are accepting new patients. This doesn't reflect that. You really have to call every provider, which is very time consuming.”

“A lot of times fax numbers aren't in PPMS. We use that for transmitting referrals. If it was there, that'd be one less call we'd have to make to the providers.”

“The only problem is that it [provider portal] is not updated. We have to make sure we don't send them to the wrong clinic based on the provider information. I call the clinic to make sure they're accepting VA patients, and verify contact information.”

6. Spreadsheets are used for current provider data

A few participants use a self-created spreadsheet of providers with all of the complete and correct provider information.

“I update the spreadsheet with new providers and those which are accepting new patients.”

“We use our own spreadsheet to track street numbers and addresses.”

7. A list of in-network providers would help Veterans

One participant would like Veterans to have a list of in-network providers who are currently available.

“Nothing is more frustrating to the Veteran than requesting a provider, only to be told that provider isn’t in the network. I get yelled at.”

Additional Findings

1. Participants made it clear how dedicated they are to helping Veterans receive the care they need. They emphasized their investment in helping the Veterans by scheduling timely care. They want the systems they use to be as helpful as possible, as it in-turn helps them better assist Veterans.
2. All participants interviewed call the Veteran at some point in the scheduling process, and many do so once they receive the scheduling request. Veterans are hard to get ahold of. “Biggest challenge is getting ahold of these guys and getting them scheduled.”
3. Participants like the PPMS update that shows phone, fax, and local address.
4. Participants would also like to know if providers are accepting new patients.
5. A few participants stated that Veterans sometimes want a provider of a specific gender or retired military status. It would be good to have this information.
6. One participant had a list of 12 data issues for the provider network to correct. It usually takes two weeks for the provider network to make the corrections.

Additional Findings (continued)

7. Participants mentioned the pain of documenting and updating an appointment in multiple systems.
8. Several participants stated that there is confusion from Veterans on which urgent care to use. Facilities may not know how to bill for VA care properly. Much of the time this means the veteran ends up paying out of pocket. They prefer to work with vendors who understand VA's processes, and an indication in their system of these facilities would be helpful.
9. Search terms: It is difficult for participants to figure out the search terms. Participants rely on past success/talking to each other/word of mouth.
10. Relationships with vendors are key to efficiency for participants. They follow a certain process that their vendors understand. This can also limit number of vendors available, however.
11. Catchment zones were mentioned by a participant. Veterans are not aware of these zones, and are aggravated when they try to go to a nearby provider, which happens to be outside of their zone. As a result, the provider is not approved.

Recommendations

Recommendations Summary

Most of these findings relate to CCRM systems and processes and are outside the scope of the VA.gov Facility Locator. However, data quality and scheduling efficiency are important as they directly impact Veterans.

Facility Locator

- Remove the sub-specialties found under Service Type. Doing so will simplify the search for the Veteran, while moving the sub-specialty decision-making to the Community Care Manager, who understands the sub-specialties.
- Refrain from using type-ahead boxes and use drop-down menus for selection instead. Type-ahead requires the Veteran to know the term they are searching for and the correct way to spell it, in order to see results.
- Replace sub-specialties type-ahead box with a menu of clickable, plain-English terms that Veterans will recognize and use with confidence. These terms could map to specialties or sub-specialties that CCRMs could then refine for the Veteran.
- If there are certain sub-specialties that must be displayed, use layman's terms when possible to avoid confusion, or provide explanations for the terms.
- Investigate how to improve the Facility Locator flow when a Veteran is seeking Urgent Care, to help prevent the Veteran from ever having to pay for Urgent Care out-of-pocket.

Recommendations Summary (continued)

VA Online Scheduling

As part of improving the VA Online Scheduling experience:

- Improve the quality of existing provider data in PPMS such as updated phone numbers, addresses, in/out of network, and fax numbers.
- Add provider data that will help CCMs minimize the use of search tools outside of the system. Provider data include gender, accepting new patients, and name of clinic.
- Consider finding ways to automate the screening question process, which is completed by CCMs via phone call with the Veteran.
- Improve the system used by CCMs to highlight which providers understand the process for urgent care, in order to prevent the Veteran from ever having to pay for Urgent Care out of pocket.

Next Steps

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- Implement design recommendations.
- Share relevant findings with other teams and stakeholders.

Future Research

- Validate plain-language terms with Veterans, for use in the Facility Locator as a replacement for sub-specialty selection.
- Investigate the level of impact of catchment zones in scheduling Veterans, as mentioned by a participant. As mentioned in Additional Insights above, these zones are not known to the Veteran and can cause frustration in selecting a provider. It wasn't clear from this research how broad the impact is, or how it could be mitigated.

Appendix
