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| **Funnel Entry Date:**  20 Nov 2024 | **Epic Owner:**  Jacob Aaronson | | | | **Key Stakeholders:**  Integraged Clinical Community  Health Care Delivery Council  SME for each speciality need (sender and receiver)  Integrated Veteran Care | |
| **Epic Description:**  To achieve a process that is standardized, timely, transparent, coordinated, and effective.  **For:** Veterans  **Who:** Need referral to ambulatory specialty care provider  **The:** Content, Process, and Technology involved with referral management is as-expected, effective, and efficient from the perspective of both the referral requesting and receiving teams  **Is A:** learning, data-enabled process that reduces manual information collection, management, and processing  **That:** Is observed to be seamless, efficient, and results in a reduction in cancellation of referrals and an increase in access to timely, clinically-indicated (appropriate) care  **Unlike:** the current state that is observed to be a) burdensome due to manual tracking and fulfillment and b) results in a mismatch of expectations between the requesting provider and the receiving provider and the veteran  **Our Solution:** Is characterized by increased enterprise-wide traceability, consistency, and patients received the needed care in minimum available time. | | | | | | |
| **Business Outcome Hypothesis:**  **Objective + Key Result**  1. To ensure timely access to and delivery of speciality care:   * Average number of days for referral fulfillment (e.g., from initial request to Veteran patient visit with specialty provider, adjusted by urgency of request) * Results of Centers for Medicare and Medicaid Services (CMS) eClinical Quality Measure (eCQM) Closing the Referral Loop: Receipt of Specialist Report1   2. To reduce waste in our referral process:   * Reduction in referral cancellation rate * Reduction referral re-work rate e.g. Proportion of referrals for the care of a Veteran that are resubmitted for the same clinical concern | | | | **Leading Indicators:**  1.1 Average number of days for referral processing (e.g., referral request accepted by receiving specialist)  1.2 Availability of encounter note or procedure note with specialist provider  2.1 Use of the referral management solution (by clinical concern, clinical nature of referral or target specialty domain)  2.2 Time necessary to fully complete the request for a referral  2.3 Percent of referrals that are cancelled | | |
| **In Scope:**   * Ambulatory referral requests * From VA provider to VA provider (i.e., internal to VHA) * All VA EHR Systems * Development of standard data elements and structured data management * Optimization of the content of referral requests * Clarification of the expectation of the sending and receiving teams for the patient’s specific need. | | **Out of Scope:**   * Inpatient consult requests * From VA provider to non-VA provider (i.e., external to VHA) * Changes to the workflow of EHR documentation management?? | | | | **Nonfunctional Requirements:**   * Auditability: the end-to-end process can be objectively observed and compared against standards and performance measures * Usability: methods, tools, and process are accessible and usable to those involved in the execution of referral management * Privacy: the solution adheres to relevant data privacy expectations, such as regulations and laws * Interoperability???Is JLV enough?: the solution is based on well-established interoperability standards, including but not limited to data exchange, document sharing, and health care processes |
| **Minimum Viable Product (MVP) Features**   * Set of Standard Service Level Agreements * Set of integrated Standard Operating Procedure * Capabilities to manage data: patients, providers, and processes * Capabilities to measure and report performance of the solution | | | **Additional Potential Features**   * Automation of data management, processing, analysis, and presentation * Reports necessary for proactive, data-driven management and oversight of process that reflects the clinical features of referrals * Analytics (that yield insights) for detection of opportunities for ongoing learning and optimization | | | |
| **Analysis Summary:**  (Brief summary of the analysis that has been formed to create the business case. | | | | | **Go / No-Go:**  (Go, or No-Go recommendation) | |

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| **Solution Analysis** | |
| **Which Internal and/or external customers are affected, and how?**  Veterans , seemless referral experience, VA care when possible. Timeliness of care  Referral Coordinators, clear guidance for coordinating referrals  Finance, reduction in community care costs  Sending and receiving Care team, reduced rework, improved data entry experience, clarity around process, for receiving team – Veteran has all prereqs meet and need for service is clearly documented. | |
| **What is the potential impact on solutions, programs and services**?  Budget control, Impact on customers above, improved clinician and veteran satisfaction, efficency improvements | |
| **What is the potential impact on sales, distribution, deployment and support?**  This is not applicable. | |
| **Forecasted Costs** | |
| **MVP Cost:**  Defer to sub-Epics for costing as this is too expansive to estimate cost at this time. | **Estimated Implementation Cost:**  (What is the estimated investment (cost) of full implementation of the epic if the MVP hypothesis is proven true? This estimate is refined of over time)  Initial estimate: *This can be expressed as a range.*  Refined estimate(s): *Identify material updates to the estimated implementation cost, usually informed from experiments* |
| **Forecasted Returns** | |
| **Type of Return:**  (Market share, increased revenue, improved productivity, new markets served, etc.) | |

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| **Development Strategy** |
| **In-house or Outsourced Development:**  Dual strategy |
| **Incremental Implementation Strategy:**  (Epics are defined as a single whole, but each epic undergoes incremental implementation. Click [here](http://www.scaledagileframework.com/implementation-strategies-for-business-epics/) for details on potential strategies.) *recurring services, tracked as required* |
| **Sequencing and Dependencies:**  (Describe any constraints for sequencing the epic and identify any potential dependencies with other epics or solutions) *recurring services, tracked as required per output* |

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| **Additional Supporting Data** |
| **Attachments:**  (Other supporting documentation, links to other data, feasibility or trade studies, models, market analysis, etc., that were used in the creation of the business case) |
| **Other Notes and Comments:**  (Any additional miscellaneous Information relevant to LPM) |