

## Scheduling-Related & VA-Specific Requirements & Point Allocations - Attachment B

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3 months ago

### ATTACHMENT B

#### SCHEDULING-RELATED AND VA-SPECIFIC REQUIREMENTS AND POINT ALLOCATIONS

##### Requirement Description Points

- 1 The system shall have the capability to provide for the enforcement and modification of national-level data standards including procedure and diagnosis codes as currently defined in VistA. 3
- 2 Flexible Schedule Component Organization – The solution shall have a mechanism to oversee and manage potential impacts to the system as a result of policies, directives, etc. 5
- 3 The system shall provide the flexibility to accommodate new functional requirements based on business needs (e.g., primary care home (PACT) based care appointments, telehealth, etc.). 5
- 4 The system shall have the capability to alert VA staff when appointments are scheduled about patient scheduling reliability (show/no-show rate) averaged over a period of time configured by the authorized end user. 3
- 5.1 The system will, when managing the appointment selection process, shall have the capability to capture the desired date for the appointment. 5
- 5.2 The system shall allow for administrative closure of consults. 1
- 5.3 The system shall have the ability to integrate unscheduled CPRS consults with the scheduling system. 2
- 6 The system shall associate each appointment type with the correct DSS stop code/credit stop;  
see:[http://www1.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1788](http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1788). 5
- 7.1 Telehealth – The scheduling system shall provide the capability for national Clinical Video Telehealth (CVT) scheduling which ensures resources at multiple ends of a telehealth visit are coordinated with the patient across different VistA systems and capture workload data. 5
- 7.2 The system shall have the ability to capture whether appointment is scheduled vs. unscheduled to support travel reimbursement determination. 3
- 7.3 The system shall provide reports for consults obtained outside of VHA. 5
- 8 The system shall have the ability to disposition for travel reimbursement. 3
- 9.1 The system shall have the capability to generate reports containing scheduling data from both the solution application and legacy systems. 3
- 9.2 The system will collect currently used wait time metrics including create date and desired date, scheduled appointment date and completed appointment date. 5
- 9.3 National Reports: National reporting is generated by national program managers, VISN management and by

facility management to review performance, trends, analytics, as well as access to care and payment issues. National reports are populated by “rolling up” information from the various stations, clinics, and facilities across VHA. ---

9.3.1 The system shall have the ability to capture and provide the data necessary to conduct capacity planning through complete visibility into supply (provider, equipment, facility, support staff) and demand (enrolled and/or empaneled Veteran requests for appointments). 3

9.3.2 The system shall have the capability to generate wait time metrics and measures based on clinic operational metrics 5

9.3.3 The system shall have the capability to generate reports based on cost reporting metrics and measures (i.e. DSS stop codes and other financial metrics and measures as defined by the business) that are tied to the scheduling appointment. Examples of existing reports include, but are not limited to the following:

- DSS Outpatient Encounter and Workload 3

9.3.4 The system shall have the capability to generate reports based on provider utilization and provider credentialing. 3

9.3.5 The system shall have the capability to generate performance reports. Performance measures include access measures, clinical measures and scheduling measures. 5

9.3.6 The system shall have the capability to generate patient complaint tracking and status metrics and measures reports. Examples of existing reports which work now and must continue to work include (but are not limited to) the following types of reports:

- Survey of Healthcare Experiences of Patients (SHEP) Inpatient and Outpatient Survey Reports
- Patient Advocate Profiles
- Number of Complaint Issues by Type of Care Patient Advocate Tracking System (PATS)
- Summary of Responses to Patient Complaint Data in Outpatient SHEP (OQP)
- Compliments/ Complaints as % of Total (PATS) Report
- All Complaint Issue Trending (PATS)
- Complaint Clinical Appeal Data (PATS) 3

9.3.7 The system shall have the capability to generate reports based on metrics and measures related to Clinic Resources as defined by the business. 4

9.3.8 The system shall have the capability to generate on-demand reports containing current data to be presented to Congress. 5

9.3.9 The system shall have the capability to generate reports based on metrics and measures related to Mental Health appointments. 5

9.3.10 The system shall have the capability to generate reports based on Workload and Utilization Management

metrics. 5

9.3.11 The system shall have the capability to generate reports based on unfulfilled appointment request. 5

9.4.1 The system shall have the capability to generate reports based on metrics and measures related to Workload management at the local level. 3

9.4.2 The system shall have the capability to generate reports based on metrics and measures related to patient information relevant to supporting the episode of care, the continuity of care, and missed opportunities of all patients. 5

9.4.3 The system shall have the capability to generate reports based on metrics and measures related to appointments and clinics, including availability and utilization, case load, cancellations, check-ins, general/random appointment information, notifications and letters, and audits by supervisors. 5

9.4.4 The system shall have the capability to generate QA reports to ensure the proper disposition of incomplete appointment information.

Examples of current reports that rely upon this data and must be maintained include, but are not limited to, the following:

- Encounter Activity Report
- Encounter 'Action Required' Report
- Means Test/Eligibility/Enrollment Report
- Outpatient Encounter Workload Statistics
- Performance Monitor Summary Report
- Performance Monitor Detailed Report
- Trend of Facility Uniques by 12 Month Date Ranges
- Error Listing
- Transmission History Report - Full
- Transmission History for Patient
- Scheduling/PCE Bad Pointer Count
- Alpha List of Incomplete Encounters
- Incomplete Encounter Error Report
- Summary Report - IEMM
- Correct Incomplete Encounters
- Provider/Diagnosis Report
- Visit Report by Transmitted OPT Encounter 5

9.4.5 The system shall have the capability to generate reports based on metrics and measures related to diagnostic and procedural information that ranks each by frequency and for a specific date range. Examples of current reports

that must be maintained include, but are not limited to, the following:

- Outpatient Diagnosis/Procedure Frequency Report
- Management Report for Ambulatory Procedures 3