

OUTPATIENT CLINIC PRACTICE MANAGEMENT

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive revises the policy for outpatient clinic practice management.

2. SUMMARY OF MAJOR CHANGES: This revised VHA directive:

a. Combines separate directives on Outpatient Clinic Practice Management (CPM) and Extended Hours (EH) access into one directive on Outpatient CPM and updates the requirements and processes for EH access and the clinic cancellation policy.

b. Extends the required minimum bookable EH offered by any VA medical centers and Community Based Outpatient Clinics (CBOCs) treating 10,000 or more Primary Care enrolled unique Veterans per fiscal year (FY), from 2 to 4 hours; and

c. Establishes the definition of Same Day Services (SDS).

d. Amendment dated March 10, 2020, updates training requirements associated with this directive.

e. Amendment dated October 8, 2021, includes references and links to the SDS Standard Operating Procedure (SOP) for additional guidance on SDS-related objectives and performance indicators (see paragraphs 3 and 5) and an updated website link to the SDS indicators as included under the Group Practice Manager's (GPM's) responsibilities (see paragraph 5).

f. Amendment dated July 19, 2022:

(1) Updates appropriate reference sources within the document.

(2) Removes obsolete reference documents where necessary.

(3) Updates responsibilities for the VA medical facility Chief of Staff (see paragraph h.(2)).

g. Amendment dated February 7, 2024:

(1) Notes an exemption for the Patient Aligned Care Team (PACT) social workers from the bookability standards since the nature of clinical interventions is largely asynchronous (see paragraph 3.b.).

(2) Updates Responsibilities roles in paragraph 5:

(a) Updates leadership roles based on the 2022 creation of the Office of Integrated Veteran Care (IVC), from a merger of some parts of the Office of Veterans Access to

Care (OVAC) and Office of Community Care (OCC).

(b) Adds new bookable hours and appointment length standards responsibilities to the following roles: Assistant Under Secretary for Health for Clinical Services, Assistant Under Secretary for Health for Patient Care Services; VA medical facility Director; VA medical facility Chief of Staff; VA medical facility Associate Director for Nursing/Patient Care Services; VA medical facility Service Line Chiefs; VA medical facility Group Practice Manager (GPM); VA medical facility Clinical Lead; VA medical facility Administrative Lead; VA medical facility Managerial Cost Accounting Manager; VA medical facility Clinic Profile Manager/Program Application Specialist; and VA medical facility health care provider roles.

(3) Removes obsolete training and adds new training information (see paragraph 7).

3. RELATED ISSUES: VHA Directive 1230, Outpatient Scheduling Management, dated June 1, 2022, and VHA Directive 1232(5), Consult Processes and Procedures, dated August 23, 2016.

4. RESPONSIBLE OFFICE: The Assistant Under Secretary for Health for Integrated Veteran Care (16) is responsible for the contents of this directive. Questions relating to this directive may be referred to the Office of Integrated Veteran Care (16IVC) via email at VHA16IVCAccess@va.gov.

5. RESCISSIONS: VHA Directive 1231, Outpatient Clinic Practice Management, dated November 15, 2016, and VHA Directive 2013-001, EH Access for Veterans Requiring Primary Care, dated January 9, 2013, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of October 31, 2024. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**BY THE DIRECTION OF THE UNDER
SECRETARY FOR HEALTH:**

/s/ Renee Oshinski
Deputy Under Secretary
For Operations and Management

NOTE: All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

DISTRIBUTION: Emailed to the VHA Publications Distribution List on October 24, 2019.

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OUTPATIENT CLINIC PRACTICE MANAGEMENT

1. PURPOSE

This Veterans Health Administration (VHA) directive revises policy for the management of Veterans' access to outpatient care, establishes a national Clinic Practice Management (CPM) program and identifies and describes the required standards, roles, and key clinical process for both the clinical and administrative roles within a service line in an outpatient clinic, that must occur in a timely and reliable fashion in order to achieve VA's mission. **AUTHORITY:** 38 U.S.C. § 7301(b).

2. BACKGROUND

a. VHA's mission is to honor America's Veterans by providing exceptional health care that improves their health and well-being. In order to achieve this mission, VHA must provide timely, high-quality outpatient care which responds to the changing needs of Veterans and their families. To this end, VHA developed an Access Declaration, a set of nine principles that defined and communicated our commitment to ensure access to care.

b. This is a recertification of the directive which establishes a national CPM program. The CPM program provides the framework for standardizing outpatient clinical practices across the VA healthcare system. The directive describes standards and processes for both clinical and administrative roles within a service line in an outpatient clinic. Updates have been made to the guidance for clinic Extended Hour access, clinical cancellation policy, and the definition of Same Day Services (SDS).

3. DEFINITIONS

a. **Advanced Clinic Access Principles.** The Advanced Clinic Access (ACA) Principles describe the opportunities for balancing supply and demand, streamlining clinic flow and allowing for a more patient-centered for the Veteran across outpatient clinic services. Additional information can be found in the Clinic Practice Management Pocket Guide. **NOTE:** For more information refer to: <https://dvagov.sharepoint.com/sites/vhagroup-practice-manager-pilot/GPM%20Knowledge%20Resources/Forms/AllItems.aspx?id=%2Fsites%2Fvhagroup%2Dpractice%2Dmanager%2Dpilot%2FGPM%20Knowledge%20Resources%2FCPM%20Pocket%20Guide%201%2E3%2Epdf&parent=%2Fsites%2Fvhagroup%2Dpractice%2Dmanager%2Dpilot%2FGPM%20Knowledge%20Resources>. **NOTE:** This is an internal VA website that is not available to the public.

b. **Bookable Clinic Hours.** Bookable clinic hours are the number of hours allotted in each health care provider's clinic schedule for direct patient care. Bookable clinic hours include in-person and virtual patient care time (e.g., telephone visits and video telehealth). **NOTE:** Patient Aligned Care Team (PACT) social workers are exempt from the bookability standards since the nature of clinical interventions is largely asynchronous.

c. **Cancelled by Clinic.** Cancelled by Clinic means an appointment is cancelled by the clinic and not the patient.

d. **Cancelled by Patient.** Cancelled by Patient means the patient has requested cancellation of a currently scheduled appointment. The patient may or may not reschedule the appointment.

e. **Clinic Profile.** The clinic profile in Veterans Health Information Systems and Technology Architecture (VistA) Scheduling (or subsequent VA electronic scheduling system) is a customized record that defines outpatient clinic parameters and, in most instances, is used to schedule a patient appointment. These parameters include clinic name, start date/time, provider, location, frequency of the clinic, operating times, Stop Codes, overbooking allowance, count or non-count clinic, billable or non-billable for outpatient copays, billable or non-billable for billing of other health insurance, appointment lengths, users, etc.

f. **Clinical Lead and Administrative Lead.** The Clinical Lead (CL) and Administrative Lead (AL) roles are collateral and are a part of the CPM team. They work in tandem daily and are responsible for the core processes as listed in Paragraph 6 of this directive. CLs are responsible for addressing the clinical staff and clinical care processes, while AL(s) are responsible for addressing administrative staff and key processes that support clinical care. All outpatient services – Primary Care, Mental Health, Specialty Care, and Other Service Lines (as defined in this directive) – must have CL and AL roles filled. The exact position titles that fill the clinical and administrative lead roles may differ based on the needs and makeup of individual VA medical facilities. ***NOTE: More information about the required functions of the clinical and administrative leads can be found in Paragraph 6.***

g. **Clinic Practice Management Team.** A CPM Team is the combination of the GPM and the collective CL(s) and AL(s). The team may include data staff and scheduling leaders as locally determined to be appropriate.

h. **Contingency Plan.** A contingency plan is a written plan outlining the procedures to maintain normal clinic operations in the absence of providers or support staff. The intention of the contingency plan is to minimize appointment cancellations and thus prevent backlog and delayed patient care. ***NOTE: Resources to help create a local contingency plan policy can be found in the References section in Paragraph 9.***

i. **Extended Hours.** Extended Hours (EH) comprise hours of operation beyond dayshift hours (e.g., 8:00 a.m. to 4:30 p.m.), Monday through Friday. For example, EH includes evenings and weekends.

j. **Group Practice Manager.** A GPM is a facility-level position intended to oversee access to care in outpatient clinic services. This position should align to facility Executive Leadership and help coordinate the efforts of the clinical and administrative leads at the service level.

k. **No Show.** A no show occurs when a patient does not present for a scheduled

appointment or call to cancel the appointment. **NOTE:** “No show” was formerly referred to as missed opportunity.

l. **Other Service Lines.** Other Service Lines, for the purposes of this directive, is broadly defined as clinical services providing outpatient care not specifically included in Primary Care, Mental Health, and Specialty Care. Examples include Rehabilitation Service and the Spinal Cord Injury Unit.

m. **Patient Self-Referral Direct Scheduling.** Patient Self-Referral Direct Scheduling (PSDS) is a process in which Veterans can make specialty care appointments directly with the service - without a consult from a referring provider.

n. **Regular Business Hours.** Regular Business Hours for VHA services are from 8:00 a.m. to 4:30 p.m., Monday through Friday.

o. **Same Day Services.** Same day services (SDS) are defined as a Veteran needing care right away during regular business hours, and having healthcare services the same day, or if after hours, by the next day. Options for care delivery include in person, via telephone, smartphone, through video care, secure messaging, or other options including ordering a prescription and scheduling a future appointment including referral to a specialist. Care may be delivered by the Veteran’s provider, or another appropriate clinical staff member based on availability and their care needs. **NOTE: SDS in Mental Health: If the Veteran is in crisis or has another need for care right away in Mental Health, they will receive immediate attention from a health care professional at a VA medical facility. Refer to the SDS SOP for additional information on SDS-related objectives and performance indicators:**

<https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx>. This is an internal VA website that is not available to the public.

p. **Scheduler.** A scheduler can be any staff member with access to VistA, or subsequent VA electronic scheduling system, Scheduling Menu Options, Make Appointment, EWL, and Recall Reminder. Schedulers make, reschedule, cancel, and no-show Veteran appointments and, when appropriate, enter patients on EWL.

4. POLICY

a. It is VHA policy for every VA medical facility to have a CPM program that utilizes partnerships between the clinical and administrative outpatient clinical functions to standardize processes and best practices across the VA medical facility to ensure Veterans’ access to care.

b. Further, it is VHA policy that VA medical facilities and Community Based Outpatient Clinics (CBOCs) treating 10,000 or more Primary Care enrolled unique Veterans per fiscal year (FY), must provide access to a minimum of 4 EH per week in both a Primary Care clinic and Mental Health clinic. A minimum of 1 EH per month must be offered by the clinic for the Women’s Health clinic. **NOTE: Intake clinics do not qualify in the minimum of EH as defined in this policy. The intent of offering a full range of services is to avoid walk-in clinics or situations where Veterans are scheduled for**

appointments but do not have access to support services typically available during regular business hours (i.e., blood draws, x-rays, or pharmacy). If a Veteran walks in for care during EH, staff on site must assess the needs of the Veteran through locally established processes and procedures with the appropriate team member.

c. **Bookable Hours Standards.** It is VHA policy that a minimum of 80% of a provider's total outpatient clinically mapped time worked is bookable for in-person, telephone, or telehealth care to ensure Veterans' access to care.

d. **Appointment Lengths Standard.** It is VHA policy that appointment length ranges are applied for high-volume stop codes.

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each Veterans Integrated Service Network (VISN).

(2) Assisting VISN Directors in resolving implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to assure compliance with this directive and its effectiveness.

c. **Assistant Under Secretary for Health for Integrated Veteran Care.** The Assistant Under Secretary for Health for Integrated Veteran Care is responsible for:

(1) Supporting the Office of Integrated Veteran Care (IVC) with implementation and oversight of this directive.

(2) Collaborating and providing guidance to the Assistant Under Secretary for Health for Operations to ensure compliance with this directive.

d. **Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer.** The Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer is responsible for collaborating with the Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer in setting VHA bookable hours standards and exemptions.

e. **Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer.** The Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer is responsible for collaborating with the Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer in setting VHA bookable

hours standards and exemptions.

f. **Executive Director, Office of Integrated Veteran Care.** The Executive Director, IVC is responsible for providing oversight for VISN and VA medical facility compliance with this directive and ensuring that corrective action is taken when non-compliance is identified.

g. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

(2) Appointing and working with the VISN IVC Point of Contact to respond to VA medical facility clinical integrated access improvement needs as informed by the VA medical facility Director and VA medical facility GPM. **NOTE:** *In responding to timeliness needs, the VISN director must work with both local facility and VHA Program Office leadership to ensure that VA medical facilities within their jurisdiction have the resources needed to maintain timely access.*

(3) Ensuring that VA medical facilities and their associated Community Based Outpatient Clinics (CBOCs) within the VISN treating 10,000 or more Primary Care enrolled unique Veterans per FY provide access to a minimum of 4 EH per week in both a Primary Care clinic and Mental Health clinic. A minimum of one EH clinic per month must be offered for Women's Health. **NOTE:** *The use of Saturday hours is encouraged if supported by Veteran preference. The number of EH is a minimum of four but may be more to meet the needs of the clinic population. The most common EH are Saturday, early morning, or evening hours. Veteran preference must be assessed via both direct Veteran feedback and utilization of specific EH over time. Changes to EH may change in response to utilization and Veteran preference.*

(4) Reviewing and assessing Veteran preference and utilization for EH on a regular, at least annual basis based on available data (i.e., no shows and feedback from Veterans).

(5) Monitoring and evaluating EH utilization through internal VHA data generated reports, including but not limited to access, productivity data, the CPM dashboard, indicators of SDS and other appropriate metrics, as part of a continuous improvement process, and taking appropriate action when an opportunity for improvement is identified. Refer to the SDS SOP for additional information on SDS-related objectives and performance indicators:

<https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

(6) Continuously improving Veteran's access to care as indicated by available access to care indicators noted in the above paragraph.

h. **VISN Integrated Veteran Care Point of Contact.** The VISN IVC Point of

Contact, appointed by the VISN Director, is responsible for:

- (1) Ensuring that all VA medical facilities across the VISN implement this directive.
- (2) Providing regular updates to VISN and National leadership regarding VISN progress towards access initiatives.
- (3) Providing potential solutions for VA medical facilities that have challenges with meeting and/or sustaining access initiatives.
- (4) Coordinating with VA medical centers and other VISN designated staff to achieve access initiatives as required.

i. **VISN Chief Medical Officer.** The VISN Chief Medical Officer (CMO) is responsible for:

- (1) Ensuring, in collaboration with the VISN Director, oversight of all VISN access activities.
- (2) Providing oversight of compliance by VISN facilities with the standards of this Directive.
- (3) Reviewing available access indicators, including but not limited to access to care metrics, and other available reports as part of a continuous improvement process.
NOTE: For more information on the access indicators and performance data, please see the *Clinic Profile Management Guidebook*, located at <https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx>. This is an internal VA Web site that is not available to the public.
- (4) Assessing and identifying next steps for performance improvement as appropriate and working with the VISN Director to implement performance improvement activities when an opportunity for improvement is identified.

j. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

- (1) Establishing a functional CPM team consisting of at least one full-time GPM.
NOTE: Higher complexity facilities commonly have more than one GPM.
- (2) Ensuring GPM(s) are included in strategic decisions related to access and have both the authority and leadership support to implement change.
- (3) Ensuring that established clinics are appropriately resourced and functioning to provide access and efficiency. For example, ensuring teams are staffed as per VHA Handbook 1101.10(1), Patient Aligned Care Team (PACT) Handbook, dated February 05, 2014, to include *meeting or exceeding* the suggested staffing ratios for the identified discipline-specific team members.
- (4) Ensuring that contracts with clinics in the community, where necessary, comply

with this directive.

(5) Informing the VISN Director of clinic access needs that exceed the facility resources.

(6) Incorporating Veteran and staff feedback in clinic improvement actions including knowledge of EH availability.

(7) If the VA medical center and any related CBOCs meet the unique Veteran requirements outlined in paragraph 4, ensuring that a minimum of 4 EH per week in both a Primary Care clinic and Mental Health clinic and a minimum of 1 EH per month in the Women's Health clinic are offered.

(8) Ensuring additional services, as determined by local need, provide outpatient care during EH, including appropriate staffing and resources.

(9) Ensuring appropriate efforts are made to inform the Veteran population of services offered during EH and continuing to offer EH that have been well utilized and have shown to meet Veteran's needs. EH which have not been efficient or well utilized must be re-evaluated.

(10) Ensuring appropriate efforts are made to inform the Veteran population about their eligibility for services offered in the community through the Veterans Community Care Program (VCCP).

(11) Ensuring SDS are offered in both Primary Care and Mental Health. Refer to the SDS SOP for additional information on SDS-related objectives and performance indicators: <https://dvagov.sharepoint.com/sites/vhaovac/samedayservices>. **NOTE:** *This is an internal VA website that is not available to the public.*

(12) Ensuring that all VA medical facility clinic staff comply with the Training Requirements in Paragraph 7.

(13) Continuously improving Veteran's access to care within the VA medical facility as indicated by available Veteran's wait time and satisfaction data.

(14) Ensuring that health care provider availability has labor mapped at a minimum of 80% of clinical time and that all services are within appropriate ranges for appointment slot lengths, and certifying and attesting to this annually. Approved appointment length ranges and the bookable hours and appointment length standards are located at: <https://dvagov.sharepoint.com/sites/vhaovac/Bookable%20Hours%20and%20Appointment%20Lengths%20Standards/Forms/AllItems.aspx?csf=1&web=1&e=CJouP2&cid=f1699fb7%2Db90a%2D4ec0%2D92df%2Dff0ecec3b805>. **NOTE:** *This is an internal VA website that is not available to the public.*

k. **VA Medical Facility Chief of Staff.** The VA medical facility Chief of Staff (COS) is responsible for:

(1) Approving leave requests submitted less than 45 days (for Title 38 and hybrid Title 38 employees and others) in advance that result in the cancelation of clinic appointments. **NOTE:** "Others" in this context refers to any other employees or providers who are providing care via a clinic grid. Examples include speech therapists and dieticians.

(2) Ensuring that the VA medical facility Clinic Profile Manager is appointed to a level within the VA medical facility with sufficient authority and resources to efficiently and effectively implement the objectives and policies of the CPM program. **NOTE:** This responsibility may be done under the Associate Director organizationally.

(3) Ensuring designated staff are assigned and responsible for clinic profile set up and management.

(4) Ensuring clinic profile data integrity so that clinic grids accurately reflect provider availability. **NOTE:** Clinic set up/build functions/clinic deactivation should be completed in accordance with the Clinic Profile Management Guidebook, which can be accessed at <https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx>. This is an internal VA Web site that is not available to the public.

(5) Ensuring a contingency plan is in place to provide gap coverage for unexpected provider absences to maintain timely Veteran access.

(6) Approving the deployment of provider's time as recorded in the Managerial Cost Accounting (MCA) system.

(7) Overseeing the use of providers' time as directly managed by Service Chiefs.

(8) Overseeing the implementation of Advanced Clinic Access (ACA) principles in clinical practices, including the optimization of panel size and productivity in Primary Care, Mental Health, and other specialties.

(9) Collaborating with VA medical facility Service Line Chiefs to review the scheduling system, including panel size and productivity, to ensure that the MCA mapping and clinic grids are correct, and that time has been allocated such that providers are being utilized effectively and health care providers are assigned to work, practicing to the highest extent of their education, training and experience.

(10) Communicating the bookable hours and appointment length standards to appropriate staff and ensuring compliance with the process. Approved appointment length ranges and the bookable hours and appointment length standards are located at: <https://dvagov.sharepoint.com/sites/vhaovac/Bookable%20Hours%20and%20Appointment%20Lengths%20Standards/Forms/AllItems.aspx?csf=1&web=1&e=CJouP2&cid=f1699fb7%2Db90a%2D4ec0%2D92df%2Dff0ecec3b805>. **NOTE:** This is an internal VA website that is not available to the public.

(11) Reviewing and approving bookable hour standards exception requests and

communicating requests with VA medical facility Service Line Chiefs and health care providers, using the VHA Bookable Hours Provider Exceptions Light Electronic Action Framework (LEAF) form. Information on the provider-specific exception process is located at <https://dvagov.sharepoint.com/sites/vhaovac/SitePages/LEAF-VHA-Bookable-Hours-Provider-Exemptions.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

k. VA Medical Facility Associate Director for Nursing/Patient Care Services.

The VA medical facility Associate Director for Nursing/Patient Care Services (AD/PCS) have responsibility for clinic operations as outlined in this directive based on the local organizational structure. The AD/PCS may have additional specific responsibility for collaborating with VA medical facility Service Line Chiefs to ensure the MCA mapping and clinic grids are correct, that time and appointment length standard found on the SharePoint is adhered to, and that time is utilized effectively and health care providers are assigned to practice to the highest extent of their education, training and experience. Approved appointment length ranges and the bookable hours and appointment length standards are located at:

<https://dvagov.sharepoint.com/sites/vhaovac/Bookable%20Hours%20and%20Appointment%20Lengths%20Standards/Forms/AllItems.aspx?csf=1&web=1&e=CJouP2&cid=f1699fb7%2Db90a%2D4ec0%2D92df%2Dff0ecec3b805>. **NOTE:** *This is an internal VA website that is not available to the public.*

l. VA Medical Facility Service Line Chiefs. The VA medical facility Service Line Chiefs are responsible for:

(1) Providing oversight of the administrative and clinical practice management team within their service and collaborating with the VA medical facility GPM to support the work initiated by the clinical and administrative leads for the responsibilities that fall under paragraphs n. and o. respectively.

(2) Ensuring the CL and AL roles are assigned at the service level in Mental Health, Primary Care, and specialty service lines, and that they function as part of the CPM team.

(3) Collaborating with the VA medical facility AD/PCS to ensure the MCA mapping and clinic grids are correct, that time and appointment length standard found on the SharePoint is adhered to, that time is utilized effectively, and that health care providers are assigned to practice to the highest extent of their education, training and experience. Approved appointment length ranges and the bookable hours and appointment length standards are located at:

<https://dvagov.sharepoint.com/sites/vhaovac/Bookable%20Hours%20and%20Appointment%20Lengths%20Standards/Forms/AllItems.aspx?csf=1&web=1&e=CJouP2&cid=f1699fb7%2Db90a%2D4ec0%2D92df%2Dff0ecec3b805>. **NOTE:** *This is an internal VA website that is not available to the public.*

(4) In collaboration with Clinic Profile Managers, ensuring that providers and all individuals creating or modifying clinic profiles comply with the bookable hour standards.

Bookable hours standards are located at:

<https://dvagov.sharepoint.com/sites/vhaovac/Bookable%20Hours%20and%20Appointment%20Lengths%20Standards/Forms/AllItems.aspx?csf=1&web=1&e=CJouP2&cid=f1699fb7%2Db90a%2D4ec0%2D92df%2Dff0ecec3b805>. **NOTE:** *This is an internal VA website that is not available to the public.*

(5) Reviewing the Veteran Support Service Center (VSSC) bookable hours report and discussing the bookable hour standard with each health care provider, and sharing the bookable hours report to the VA medical facility Chief of Staff, including requests for provider-specific modifications and follow-up based on report trends.

(6) Working in collaboration with the GPM(s) and the clinical and administrative leads to establish and provide oversight of the appropriate amount of time available for clinic scheduling and the mix of appointment types, length, and quantity created in provider clinic profiles.

(7) Working with VA medical facility GPM to implement and provide continued oversight of bookable hours standards. Bookable hours standards are located at: <https://dvagov.sharepoint.com/sites/vhaovac/Bookable%20Hours%20and%20Appointment%20Lengths%20Standards/Forms/AllItems.aspx?csf=1&web=1&e=CJouP2&cid=f1699fb7%2Db90a%2D4ec0%2D92df%2Dff0ecec3b805>. **NOTE:** *This is an internal VA website that is not available to the public.*

(8) Requesting clinic modification or set up using approved appointment length range standards outlined by the VHA Appointment Length Standards: <https://dvagov.sharepoint.com/sites/vhaovac/Bookable%20Hours%20and%20Appointment%20Lengths%20Standards/Forms/AllItems.aspx?csf=1&web=1&e=vNhf2f&cid=4d26f88e%2Da246%2D47a2%2Da76a%2Dc37a98aec6ee&RootFolder=%2Fsites%2Fvhaovac%2FBookable%20Hours%20and%20Appointment%20Lengths%20Standards%2FImplementation%20Toolkit%2FAppointment%20Length%20Standards&FolderCTID=0x01200059DDA2D78E702740B5DAF57EE08FF82C>. **NOTE:** *This is an internal VA website that is not available to the public.*

(9) Approving leave requests submitted at least 45 days in advance that result in the cancelation of patient care activities and communicating with the administrative and clinical leads in order to appropriately manage clinic scheduling (for Title 38 employees and others). **NOTE:** *“Others” in this context refers to any other employees or providers who are providing care via a clinic grid. Examples include speech therapists and dieticians.*

(10) In collaboration with the VA medical facility Revenue Manager and CPM team, conducting an annual review of all clinic and stop code assignments to ensure they accurately reflect the type of services and treatment provided.

(11) In collaboration with the VA medical facility MCA Manager, reviewing labor mapping of active and inactivated clinics and making appropriate changes in accordance with MCA guidelines.

(12) Discussing booking and appointment length standards with health care providers, and validating labor mapped to provider outpatient clinical time have 80% of the outpatient clinically bookable time mapped for in-person, telephone or telehealth care. Approved appointment length ranges and the bookable hours and appointment length standards are located at:

<https://dvagov.sharepoint.com/sites/vhaovac/Bookable%20Hours%20and%20Appointment%20Lengths%20Standards/Forms/AllItems.aspx?csf=1&web=1&e=CJouP2&cid=f1699fb7%2Db90a%2D4ec0%2D92df%2Dff0ecec3b805>. **NOTE:** *This is an internal VA website that is not available to the public.*

(13) Entering and reviewing health care provider-specific modifications in LEAF for any providers who require provider-specific exceptions to the 80% minimum bookable hours standard and submitting for VA medical facility Chief of Staff approval via the LEAF form.

(14) Working with the MCA Manager/Decision Support Service (DSS) along with Clinic Profile Managers to ensure health care providers are 80% of outpatient clinically bookable time mapped for in-person, telephone or telehealth care.

(15) Communicating necessary grid changes to the VA medical facility CPM team for the clinic profile standards.

m. **VA Medical Facility Group Practice Manager.** The VA medical facility GPM is responsible for:

(1) Working in collaboration with the VA medical leadership and the CPM team to monitor trends and provide recommendations to continuously improve Veterans' access to care as indicated by available wait time and Veteran satisfaction data.

(2) Developing facility processes to ensure that providers and service Chiefs have reviewed and documented acknowledgement of the most current provider clinic profile and assisting the VA medical facility Chief of Staff with oversight over clinic scheduling.

(3) Continuously improving Veteran's access to care by identifying low performing practices and facilitating implementation of LEAN principles in concordance with the ACA principles, strategies and the appropriate Systems Redesign, and improvement methodologies.

(4) Facilitating execution of the following tasks related to access education and training:

(a) Providing orientation and mentoring materials to the service line clinical and administrative leads and other appropriate staff.

(b) Ensuring high quality training is provided on CPM, ACA principles and strategies, and balancing supply and demand. Training should be provided to the administrative leads, clinical leads, service line leaders and supervisors, and facility executive leadership.

(c) Reviewing and assessing CPM dashboard metrics and based on data analysis, applying appropriate strategies through performance improvement teams.

(d) Reviewing, assessing, and continuously improve the facility level of SDS, including the SDS indicators. **NOTE:** *The same day service indicators can be accessed at <https://dvagov.sharepoint.com/sites/vhaovac/samedayservices>. This is an internal VA website that is not available to the public.*

(e) Working with VA medical facility clinical and administrative Service Line Chiefs to implement and provide continued oversight of bookable hours standards. Bookable hours standards are located at:

<https://dvagov.sharepoint.com/sites/vhaovac/Bookable%20Hours%20and%20Appointment%20Lengths%20Standards/Forms/AllItems.aspx?csf=1&web=1&e=CJouP2&cid=f1699fb7%2Db90a%2D4ec0%2D92df%2Dff0ecec3b805>. **NOTE:** *This is an internal VA website that is not available to the public.*

(f) Collaborating with the VA medical facility Service Line Chiefs to support the CL and AL in their responsibilities that fall under paragraphs n. and o. respectively.

(g) In collaboration with the VA medical facility Service Line Chiefs, Revenue Manager and other roles in the same CPM team, conducting an annual review of all clinic and stop code assignments to ensure they accurately reflect the type of services and treatment provided.

n. **VA Medical Facility Clinical Lead.** The VA medical facility CL is responsible for:

(1) Adequate staffing in the applicable service area and implementation and continuous improvement of ACA principles in each practice. Additional functions are included in paragraph 6.

(2) Pulling and reviewing the VSSC bookable hours report for each service and communicating feedback to VA medical facility Service Line Chiefs for appropriate follow-up action.

(3) In collaboration with the VA medical facility Service Line Chiefs, Revenue Manager and other roles in the same CPM team, conducting an annual review of all clinic and stop code assignments to ensure they accurately reflect the type of services and treatment provided.

o. **VA Medical Facility Administrative Lead.** The VA medical facility AL has overall responsibility for:

(1) The administrative functions of the clinical service. This includes oversight of key processes such as management of patient appointment requests, telephone access, and clinic flow, productivity, and efficiency. Additional functions are included in paragraph 6.

(2) Pulling and reviewing the VSSC bookable hours report for each service and

communicating feedback to VA medical facility Service Line Chiefs for appropriate follow-up action.

(3) In collaboration with the VA medical facility Service Line Chiefs, Revenue Manager and other roles in the same CPM team, conducting an annual review of all clinic and stop code assignments to ensure they accurately reflect the type of services and treatment provided.

p. **VA Medical Facility Revenue Manager.** The VA medical facility Revenue Manager (FRM) or equivalent is responsible for ensuring:

(1) Reviewing whether a new or updated clinic is billable or non-billable based upon the assigned primary/secondary stop codes and workload conducted in the clinic.

(2) In collaboration with the VA medical facility Service Line Chiefs and CPM team, conducting an annual review, at a minimum, of all clinic and stop code assignments to ensure they accurately reflect the type of services and treatment provided, as it pertains to billing, in collaboration with the respective Chief of Staff/Service Line Chief/Manager and MCA staff. **NOTE:** For more information on Facility Revenue Management, please see the Facility Revenue Guidebook, located at:

https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/55440000001029/content/554400000040549/Facility-Revenue-Guidebook-Table-of-Contents. **NOTE:** This is an internal VA website that is not available to the public.

q. **VA Medical Facility Managerial Cost Accounting Manager.** The VA medical facility MCA Manager or equivalent is responsible for:

(1) In collaboration with the VA medical facility Service Line Chiefs, reviewing labor mapping of active and inactivated clinics and making appropriate changes in accordance with MCA guidelines.

(2) Working with clinical service staff to assess/determine appropriate Primary Stop Code, Secondary Stop Code, and CHAR4 Codes, where applicable.

(3) Conducting annual review of all active clinic profiles in collaboration with FRM ensuring accuracy of MCA codes, labor mapping, and making any needed adjustments to correct inaccuracies.

(4) Working with the VA medical facility Service Line Chiefs/ DSS and VA medical facility Clinic Profile Managers to ensure health care providers are 80% of outpatient clinically bookable time mapped for in-person, telephone or telehealth care.

r. **VA Medical Facility Clinic Profile Manager/Program Application Specialist.** The VA medical facility Clinic Profile Manager (also sometimes referred to as the Program Application Specialist) is responsible for:

(1) Establishing clinic profiles in the VA electronic health records system, in

collaboration with provider and MCA staff, in accordance with the completed Clinic Profile Template, approved by GPM or designee.

(2) Completing clinic cancellation requests approved by GPM, or designee, as outlined in VHA Directive 1230, Outpatient Scheduling Management, dated June 1, 2022, in a timely manner.

(3) In collaboration with VA medical facility Service Line Chiefs, ensuring that providers and all individuals creating or modifying clinic profiles comply with the bookable hour standards. Bookable hours standards are located at: <https://dvagov.sharepoint.com/sites/vhaovac/Bookable%20Hours%20and%20Appointment%20Lengths%20Standards/Forms/AllItems.aspx?csf=1&web=1&e=CJouP2&cid=f1699fb7%2Db90a%2D4ec0%2D92df%2Dff0ecec3b805>. **NOTE:** *This is an internal VA website that is not available to the public.*

(4) Working with the VA medical facility FRM and Service Line Chiefs/DSS to ensure health care providers are 80% of outpatient clinically bookable time mapped for in-person, telephone or telehealth care.

s. **VA Medical Facility Health Care Providers.** VA medical facility health care providers are responsible for:

(1) Managing their appointment and non-appointment workload in a timely manner through effective use of support staff and decisions about the best venue to provide care (telephone, virtual, group, individual, face-to-face or another modality).

(2) Utilizing available clinic management data to continuously improve their practice. **NOTE:** *Providers in this section refer to providers in the Mental Health, Primary Care, Specialty Care.*

(3) Complying with VHA bookable hours standards unless otherwise exempt. The standards are located at: <https://dvagov.sharepoint.com/sites/vhaovac/Bookable%20Hours%20and%20Appointment%20Lengths%20Standards/Forms/AllItems.aspx?csf=1&web=1&e=CJouP2&cid=f1699fb7%2Db90a%2D4ec0%2D92df%2Dff0ecec3b805>. **NOTE:** *This is an internal VA website that is not available to the public. Some providers or service types are exempt from the bookable hours standard. Exemptions can be found at Bookable Hours Exemptions:* <https://dvagov.sharepoint.com/sites/vhaovac/Bookable%20Hours%20and%20Appointment%20Lengths%20Standards/Forms/AllItems.aspx?csf=1&web=1&e=CJouP2&cid=f1699fb7%2Db90a%2D4ec0%2D92df%2Dff0ecec3b805>. *This is an internal VA website that is not available to the public.*

t. **VA Medical Facility Schedulers.** VA medical facility staff performing scheduling tasks are responsible for:

(1) Complying with the requirements of this directive and VHA Directive 1230, Outpatient Scheduling Management, dated June 1, 2022.

(2) Managing the check-in and check-out process with Veterans to enable timely start of appointments and smooth clinic flow.

(3) Managing and coordinating appointments in accordance with Clinical Team direction.

(4) Entering no-show appointments at the end of each day.

6. REQUIRED FUNCTIONS OF THE CLINIC PRACTICE MANAGEMENT TEAM

The CPM team is responsible for the overall day to day management of access for the VA medical facility. Their goal is to maximize and optimize patient experience and patient access to services while also assuring that resources are used effectively.

a. The CPM team consists of the GPM and individuals in the service lines filling the CL and AL roles. The CPM team is responsible for leadership and the day-to-day clinic management of their assigned clinics. The CPM team has specific responsibilities for the function and performance of outpatient clinic operations. CPM staff may operate by direct responsibility and authority for outpatient function(s), and/or facilitative/consultative support through others.

b. The GPM at each facility provides health systems level support and will assist in establishing needed resources, standardize and continuously improve key clinic and administrative processes, oversee, and evaluate performance, and continually raise the level of service to Veterans.

c. At a service line level in the Mental Health, Primary Care, and Specialty Service Lines, and other Service lines as defined in this directive, clinical and administrative lead are a key part of the CPM team. The individuals who fill those roles may vary based on the makeup and needs of the specific VA medical facility.

d. The following are required functions of the CPM team at the health systems level and service level.

(1) Applying access principles and strategies to continuously improve clinic function and service to Veterans. **NOTE:** Please refer to the *Principles and Strategies to Improve Access/Reduce Delays For, At, and Between Appointments Guidebook*, located at https://dvagov.sharepoint.com/:b:/s/vhaovac/cpm/EbHvKJ_qoh1EnvrbNRbz7FkBBpva7iWN8MIwYFaQZpO1xQ?e=tZ4isg, on how to execute Access principles using strategies "For", "At" and "Between" appointments. **NOTE:** This is an internal VA Web site that is not available to the public.

(2) Applying basic access principles, including appointment and non-appointment supply matched to projected demand, appointment backlog reduction, appropriate demand reduction, increase appointment supply, starting appointments on time, and continuous assessment.

(3) Managing clinics so patients can access all care through any modality.

(4) Establishing and maintaining written contingency plans for variations in both patient demand and facility supply in order to deliver care without delay.

(5) Managing patient access at appointments to assure patient arrival times are communicated, appointments start on time, and the overall patient journey at and between each step through the clinic and facility (check-in, rooming, check-out, etc.), is timely and reliable.

(6) Managing patient access between appointments. This includes understanding practice referral patterns (volume and reason for referral) to both VA and community care resources, the use of care coordination agreements, and changes to improve patient timeliness and experience.

(7) Incorporating patient check-in tools where appropriate as a strategy in standardizing CPM in the outpatient clinics.

(8) Performing data analysis including wait time and satisfaction data to continuously assess clinic performance. This analysis must include but is not limited to the following:

(a) Reviewing key metrics and reports a minimum of monthly. Please see the Clinic Profile Management Guidebook located at <https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx> for more information. **NOTE:** *This is an internal VA Web site that is not available to the public.*

(b) Assessing and identifying next steps for performance improvement.

(c) Assessing all available facility clinic resources, including number and types of providers, support staff, space, and infrastructure to ensure adequate access to care, and advocating for more resources when necessary.

(9) Adhering to the Consult Management Business Rules and Practices as indicated in VHA Directive 1232(5), Consult Processes and Procedures, dated August 23, 2016.

(10) Implementing clinic cancellations procedures. Cancellation of patient care activities must be avoided whenever possible and only after all alternatives have been exhausted; however, in the case of a clinic cancellation, the following procedures must be followed: **NOTE:** *Clinic cancellation procedures can be accessed in the Clinic Profile Management Guidebook, located at <https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx>.* **NOTE:** *This is an internal VA website that is not available to the public.*

(a) Notifying the scheduler of cancelled clinics as soon as possible.

(b) Reviewing appointments with the responsible provider to determine which patients need to be seen by an alternative provider and which appointments can be rescheduled.

(c) Contacting the patients that need to be rescheduled as soon as possible prior to their scheduled appointment in order to avoid them arriving at the facility without the ability to be seen.

(11) Minimizing no-shows by working with clinical and administrative staff to implement strategies and systems to decrease no-shows and clinic cancellations.

NOTE: More information on resources related to minimizing No Shows can be accessed at <https://dvagov.sharepoint.com/sites/vhano-shows-community>. This is an internal VA website that is not available to the public.

(12) Planning and administering the Appointment Profile and Scheduling Grids.

(a) Ensuring clinic profiles are created and mapped to DSS assignment, using the Clinic Profile Management Guidebook, located at <https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx>, and determining the appropriate mix of appointment types and quantity of appointment slots for any given day of the week and time of year, as based on Managerial Cost Accounting (MCA) mapping and clinic profiles. **NOTE:** This is an internal VA Web site that is not available to the public.

(b) Considering factors when developing profiles/grids. The factors the CPM team must consider when developing clinic profiles include, but are not limited to:

1. Number of enrollees for which the clinic is responsible as related to the appropriate DSS mapping/Full-time Equivalent (FTE) for each provider.

2. Available space and equipment.

3. Special procedures the clinic performs.

4. Availability of support staff.

5. Level of expertise of the clinic provider/support staff.

6. Ensuring that Bookable Hours are accurately reflected in the clinic grid and are consistent with increasing provider productivity and efficiency.

(c) Annually reviewing respective service clinics for accuracy in collaboration with MCA staff and FRM with corrective updates made by the Clinic Profile Manager and/or MCA staff.

(d) Ensuring providers submit template request(s) for new clinic establishment or existing clinic changes, in accordance with Clinic Profile Management Business Rules.

(e) Ensuring compliance with clinic profile management business rules, as outlined in the Clinic Profile Management Business Rules.

(f) Continuously improving access by monitoring VA appointment availability

timeframes and Community Care Referral volumes.

(g) Recommending next steps and flagging resources needed from the VA medical facility director to addresses issues within clinics with wait times of greater than 20 calendar days for Primary Care and Mental Health and 28 calendar days for Specialty Care.

(13) Utilizing virtual technologies such as telephone appointments, e-consults, secure messaging, text reminders, Clinical Video Telehealth (CVT), and VA Video Connect (VVC).

(14) Optimizing space, staffing, and equipment considerations to best accommodate Veterans' needs at appointments.

(15) Maintaining telephone access and contact management by:

(a) Facilitating regular and consistent communication between front line providers and call center staff. The purpose of this is to ensure there is optimum flow of information between the call center and the outpatient clinics so patients are receiving timely quality phone service for any telephonic needs.

(b) Collaborating with the call center to optimize Veteran telephone access, including exceptional customer service, call answering timeliness, and resolving requests on the first call.

(c) Monitoring the patient experience with the telephone including time to answer and call abandonment rates.

(d) Utilizing education and training resources. The CPM team will utilize national and local training modules and programs to train for onboarding and sustainment purposes. NOTE: Please refer to Paragraph 7 for more information regarding training.

7. TRAINING

a. Training associated with this directive can be accessed at:

https://dvagov.sharepoint.com/:p:/r/sites/vhagroup-practice-manager-pilot/_layouts/15/Doc.aspx?sourcedoc=%7BDA895B32-9C43-4517-916B-076FAD950DA7%7D&file=01%20Clinic%20Practice%20Management%20Overview%20mld2.pptx&action=edit&mobileredirect=true&cid=a165a4f2-a9a1-410f-b92f-d5aadf1994c2&wdLOR=cE19E0F5F-48E5-4EE9-88BE-6F36D45B7B26. **NOTE:** This is an internal VA website that is not available to the public.

b. Access 101 training provides a high level overview of Access, VA's commitment to care, related foundational principles, and how a VA employee plays a critical role in maintaining and improving access to care for Veterans and beneficiaries. The specifics related to this training and additional access trainings can be accessed at:

<https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/Access-Training.aspx>.

NOTE: This is an internal VA website that is not available to the public.

(1) Access 101 training is to be incorporated into VHA's New Employee Orientation (NEO) program and mandatory completion is required within 90 days of an employee's official start date.

(2) This training is highly recommended for the following roles within 90 days of hire into the position: GPM, AL, CL, VA medical facility/VISN Executive Leadership and other staff who may have ad hoc responsibilities that fall under this policy (e.g., VA medical facility/VISN Community Care Managers, Business Office Service Chief and Assistant Chief (to include: Health Administration Service, Medical Administration Service and Patient Administration Service)).

8. RECORDS MANAGEMENT

All records regardless of format (for example, paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. Any questions regarding any aspect of records management should be directed to the appropriate Records Officer.

9. REFERENCES

- a. 38 U.S.C. § 7301(b).
- b. VHA Directive 1140.07(3), Geriatric Patient-Aligned Care Team, dated March 23, 2021.
- c. VHA Directive 1230, Outpatient Scheduling Management, dated June 1, 2022.
- d. VHA Directive 1232(5), Consult Processes and Procedures, dated August 23, 2016.
- e. VHA Directive 1330.01(7), Health Care Services for Women Veterans, dated February 15, 2017.
- f. VHA Directive 1406, VHA Patient Centered Management Module (PCMM) for Primary Care, dated June 20, 2017.
- g. VHA Handbook 1101.10(1), Patient Aligned Care Team (PACT) Handbook, dated February 05, 2014.
- h. Principles and Strategies to Improve Access/Reduce Delays For, At, and Between Appointments Guidebook.
https://dvagov.sharepoint.com/:b:/s/vhaovac/cpm/EbHvKJ_qoh1EnvrbNRbz7FkBBpva7iWN8MIwYFaQZpO1xQ?e=XtJ5Rh. **NOTE:** This is an internal VA website that is not available to the public.
- i. MyVA Access Implementation Guidebook.
<https://dvagov.sharepoint.com/:b:/s/vhaovac/cpm/EURrapzNk9BLrB7UsyvEI>

[VUBs_iC_FhrvwPg9y6zvmC5kg?e=F1TRmq](#). **NOTE:** This is an internal VA Web site that is not available to the public.

j. Clinic Practice Management SharePoint.
<https://dvagov.sharepoint.com/sites/vhaovac/cpm>. **NOTE:** This is an internal VA website that is not available to the public.

k. Clinic Profile Management Guidebook.
<https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

l. Managerial Cost Accounting, Volume XIII – Chapter 3, Appendix C (VHA Standardization of Stop Codes).
<https://www.va.gov/finance/policy/pubs/volumeXIII.asp>. **NOTE:** This is an internal VA website that is not available to the public.

m. Approved appointment length ranges and the bookable hours and appointment length standards:
<https://dvagov.sharepoint.com/sites/vhaovac/Bookable%20Hours%20and%20Appointment%20Lengths%20Standards/Forms/AllItems.aspx?csf=1&web=1&e=CJouP2&cid=f1699fb7%2Db90a%2D4ec0%2D92df%2Dff0ecec3b805>. **NOTE:** This is an internal VA website that is not available to the public.