AMENDED
December 5, 2022

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

VHA DIRECTIVE 1232(5)
Transmittal Sheet
August 24, 2016

CONSULT PROCESSES AND PROCEDURES

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive provides policy for consult scheduling processes and procedures. ***NOTE***: *"Consult" is the term used in the Veterans Information Systems and Technology Architecture (VistA) and Computerized Patient Record System (CPRS) platforms. "Referral" is the term used in the Cerner platform for outpatient-based consults. For the purposes of this directive, the use of the term "consult" is meant to also include "referral" and be applied across the various platforms.*

2. SUMMARY OF MAJOR CHANGES:

a. Amendment dated December 5, 2022:

(1) Incorporates new responsibilities for the Consult Sending Service and Consult Receiving Service to comply with processes on the use of consults for established patients in medical specialty and surgical specialty care areas, physical medicine and rehabilitation services and mental health, set forth in VHA Consult Use for Established Patients in Medical Specialty and Surgical Specialty Care Areas Standard Operating Procedure (SOP); VHA Consult Use for Established Patients in Physical Medicine and Rehabilitation Services SOP; and VHA Consult Use for Established Patients in Mental Health SOP available on the following SharePoint site: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public and is accessible by Chrome if using a web browser (do not use Microsoft Edge). If the link to a VA website does not work, copy and paste the link directly into a Chrome browser.*

(2) Incorporates a reference under the VA medical facility Consult Management Steering Committee to the VHA Consult Business Rules and Uses of the Consult Package SOP, which had formerly been included as Appendix B and is now available on the following SharePoint site: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public and is accessible by Chrome if using a web browser (do not use Microsoft Edge). If the link to a VA website does not work, copy and paste the link directly into a Chrome browser.*

(3) Deletes responsibilities for the Executive Director, Office of Compliance and Business Integrity (CBI), Veterans Integrated Service Network (VISN) CBI Officer and VA medical facility CBI Officer for consistency with CBI policy.

b. Amendment dated December 14, 2021:

(1) Requires compliance to the Consult Timeliness Standard Operating Procedures

(SOP), provides the link to the SOP and updates language in this directive accordingly, available on the following SharePoint site: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public and is accessible by Chrome if using a web browser (do not use Microsoft Edge). If the link to a VA website does not work, copy and paste the link directly into a Chrome browser.*

(2) Rescinds Appendix C: "Minimum Scheduling Effort Required for Outpatient Appointments" and updates all relevant references to the Minimum Scheduling Effort SOP, available on the following SharePoint site: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public and is accessible by Chrome if using a web browser (do not use Microsoft Edge). If the link to a VA website does not work, copy and paste the link directly into a Chrome browser.*

(3) Requires a change from the use of Discontinue to Cancel by consult receiving clinicians. The Discontinue option will remain available in the software but will not be used other than noted exceptions. Consults that are cancelled beyond 90 calendar days will be auto discontinued using the mandatory Computerized Patient Record System (CPRS) Patch GMRC*3*113.

c. Amendment dated April 5, 2021, updates all website links in the directive to the most up-to-date versions and removes General Business Rules Uses of the Consult Package regarding Community Care Consults to instead reference the Office of Integrated Veteran Care (IVC) Community Care Field Guidebook for additional information.

d. Amendment dated June 28, 2019, adds and/or clarifies:

(1) Updates the policy statement, changing consults Pending status no more than 7 calendar days to 2 business days to align with the Deputy Under Secretary for Health for Operations and Management Memo dated June 5, 2017;

(2) Responsibilities for Facility Chief of Staff, paragraph 5.h.; and

(3) Responsibilities for Consult Receiving Services, paragraph 5.l.

(4) The addition of Appendix C, Minimal Scheduling Efforts for Outpatient Appointments.

e. This revised VHA directive provides updates to policies, responsibilities, and definitions for consult processes and procedures. Consult business rules were developed to outline consult set up and usage. Consult processes have been standardized and oversight responsibilities defined. Policy is provided regarding disposition of consults, entry of clinically indicated date, and changes to permitted urgency statuses. All non-mental health consults may be cancelled without provider review after one no show or cancellation, or failure to respond to minimal scheduling efforts in all services as specified in this directive. Low risk consults may be cancelled

without rescheduling attempts.

3. RELATED ISSUES: H.R. 3230 – Veterans Access, Choice and Accountability Act of 2014; VHA Directive 1231(3), Outpatient Clinic Practice Management, dated October 18, 2019; VHA Directive 1230, Outpatient Scheduling Management, dated June 1, 2022; and VHA Directive 2007-033, Telephone Service for Clinical Care, dated October 11, 2007.

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 Assistant Under Secretary for Health for Integrated Veteran Care via government email at VHA16IVCAction@va.gov.

5. RESCISSIONS: VHA Directive 2008-056, dated September 16, 2008, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of August 2021. This directive will continue to serve as national VHA policy until it is recertified or rescinded.

/s/ David J. Shulkin, M.D.
Under Secretary for Health

NOTE: *Amendments to this directive and all active Deputy Under Secretary for Health Operations and Management (10N) memoranda are considered policy and will remain in effect until this directive is recertified. Applicable 10N/USH memoranda are located on the Office of Veterans Access to Care (OVAC) SharePoint site at the following link:* https://dvagov.sharepoint.com/sites/vhaovac/SitePages/Policy.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public and is accessible by Chrome if using a web browser (do not use Microsoft Edge). If the link to a VA website does not work, copy and paste the link directly into a Chrome browser.*

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 08/24/2016.

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CONSULT PROCESSES AND PROCEDURES

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1. PURPOSE

This Veterans Health Administration (VHA) directive establishes policy for consult management. All national or local policies are superseded to the extent that they conflict with this directive and will not be followed. VHA's use of the electronic consult package includes traditional clinical consult, administrative communication, Community Care coordination (including purchased care in the community and Department of Defense care), clinical procedures (diagnostic equipment vendor reports), prosthetics and future care. **AUTHORITY:** 38 U.S.C. 7301(b).

2. BACKGROUND

The Computerized Patient Record System (CPRS) electronic consult software was not uniformly implemented in the past. This led to inconsistent implementation and management of consults. In order to improve the management of clinical consult processes, VHA is standardizing certain aspects of electronic consult. These standards aim to improve transparency and timeliness of consult completion while preserving the freedom to use the consult package for administrative uses, prosthetics, and other purposes.

3. DEFINITIONS

a. **Administrative Consult.** An Administrative Consult is a consult document in CPRS used as one-way communication on behalf of a patient to make a clinical request to transfer care or communicate an order or series of orders. Administrative consult orders include requests to schedule where clinical review is not required but should not be used to request scheduling of clinical care. VA medical facilities may or may not have administrative consults. Use of the consult package for such administrative requests is optional.

b. **Care Coordination Agreements.** A Care Coordination Agreement is an agreement or understanding between two or more services within or between facilities, one of which sends work to the other(s), defining the workflow rules. This is a written document that is developed based on discussion and consensus between the involved services and facilities. The Care Coordination Agreement is signed by service chiefs from the involved services. ***NOTE:*** *See appendix A for recommended content for Care Coordination Agreements. This definition does not refer to facility integration across systems or between VA and Community Care providers.*

c. **Clinical Consult.** A Clinical Consult is a consult document in CPRS used as two-way communication on behalf of a patient consisting of a physician or provider (sender) request seeking opinion, advice, or expertise regarding evaluation or management of a specific problem answered by a physician or other health care provider (receiver). The CPRS consult package must be used for all clinical consults.

d. **Clinically Indicated Date.** The Clinically Indicated Date (CID), previously referred

to as the earliest appropriate date, is the date care is deemed clinically appropriate by the VA sending provider. CID is entered into Consult Request in the field labelled clinically indicated date. The CID determination is made based upon the needs of the patient and should be at the soonest appropriate date.

e. **Clinical Procedures Package with Vendor Interface.** A request for a clinical service when the response includes a computer-generated report that flows from diagnostic equipment (vendor) to the CPRS consult package. VA medical facilities may consider these clinical or administrative depending on whether the consult includes one way or two-way communication. The CPRS consult package may be used for clinical procedures with a vendor interface.

f. **Community Care.** Community Care includes community care consults and Department of Defense (DoD) Care.

g. **Consult.** A Consult is a request for clinical services on behalf of a patient. In VHA, consult requests are made through an electronic document in CPRS communicating service requests and/or results.

h. **Consult Status Definitions.** The receiving service must receive the consult to update the status of pending as soon as possible and no later than 2 business days of the request receipt. Merely adding a comment without changing the status from pending is not acceptable.

(1) **Active (a).** This status occurs when a consult is “Received”, and efforts are underway to fulfill a consult. A consult may also revert to “Active” in other scenarios such as when an appointment is cancelled or no-showed.

(2) **Pending (p).** This status designates requests that have been sent, but not yet acted on by the receiving service.

(3) **Scheduled (s).** This indicates that an appointment has been made and linked to the consult request. Scheduled status automatically sends an alert to the sending provider. The consult status should not be manually changed to “Scheduled” in the consult package but should be linked to appointments so that the consult status changes when the appointment status is changed.

(4) **Partial Result (pr).** This status designates partial but not complete resolution of the consult request.

(5) **Complete (c).** This status designates Completion of the requested service.

(6) **Administrative Complete.** This function may be used by administrative or clinical staff to complete a consult without a consult titled progress note. This function must be used with extreme care in order to avoid compromising care. This status triggers an alert to the sending provider.

(7) **Forward.** This action is selected by the receiving service when the decision is

made to Forward the consult to another service. This is not used to Forward to a specific provider. Forwarding clinical procedure consults to Community Care Coordination is not allowed. An alert is sent to the sending provider.

(8) **Add Comments.** This function is used to enable and document communication including instructions to the scheduling clerk. Adding comments may trigger an alert to the sending provider depending on consult notification setup.

(9) **Significant Findings.** This function allows a sender or a receiver to flag a consult as containing vital or specific information for special attention. This triggers an alert to the sending or receiving provider.

(10) **Discontinue (dc).** The Discontinue (dc) action should no longer be used by consult receiving clinicians or staff responsible for consult management when the consult is no longer needed. Cancelled consults will change to a discontinued status according to the number of days that are set in Veterans Health Information Systems and Technology Architecture (VistA) parameters in a Cancelled status and will therefore no longer be able to be resubmitted.

(11) **Cancel/Deny (x).** The Cancel/Deny action may be used by the appropriate staff responsible for consult management. Cancel/Deny should be used in all instances when the consult is no longer needed and replaces the Discontinue action.

(12) **Edit/Resubmit.** This action is used by the sending provider to resubmit a cancelled (denied) consult after appropriate modification. An alert is sent to the receiving service.

i. **Earliest Appropriate Date.** The Earliest Appropriate Date (EAD) is the former name of the Clinically Indicated Date (CID) field in the consult template.

j. **E-Consult.** The E-Consult clinical consult is provided by a clinician who provides diagnostic and medical management of a specific patient in response to a request seeking opinion, advice, or expertise. Utilizing information provided in the consult request and/or review of the patient's electronic medical record, the consultant provides a documented response that addresses the request without a face-to-face visit. Sending services may request E-Consult; however, receiving consults may choose whether to order a face-to-face appointment. The receiving service may also decide to complete a face-to-face consult as an E-Consult, if appropriate. E-Consults should be promoted to the extent possible because they often allow the consult question to be answered more quickly. It is highly recommended that E-consults are used to provide further recommendations, instead of cancelling a consult if a work-up is incomplete. In the instance when an e-consult cannot be used, the clinical service should follow the appropriate process to obtain the necessary work-up, which may include cancelling the consult using the appropriate CTB cancellation reason. For further details on E-Consults, refer to the E-Consults Guidebook at the following link: https://dvagov.sharepoint.com/sites/vhaovac/cpm/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2Fvhaovac%2Fcpm%2FShared%20Documents%2FGuidebooks

%2FE%2DConsult%20Guide%20Book%20V%203%2E0%2Epdf&parent=%2Fsites%2Fvhaovac%2Fcpm%2FShared%20Documents%2FGuidebooks. ***NOTE:*** *This is an internal VA website that is not available to the public and is accessible by Chrome if using a web browser (do not use Microsoft Edge). If the link to a VA website does not work, copy and paste the link directly into a Chrome browser.*

k. **Future Care Consults.** Future Care consults are requests where the Patient Indicated Date (PID) is beyond 90 calendar days from the File Entry Date and the expectation is that care will be delivered beyond 90 calendar days. Future Care naming conventions for consult titles which include the words Future Care, no longer need to be used. Requests for care in the future should now be indicated by consult referring clinicians by entering a PID for a future date. For further details on future care consults, see the VHA Consult Business Rules and Uses of the Consult Package SOP, available on the following SharePoint site: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public and is accessible by Chrome if using a web browser (do not use Microsoft Edge). If the link to a VA website does not work, copy and paste the link directly into a Chrome browser.*

l. **Low Risk Clinics.** For the purposes of consult processes, VHA has defined low risk clinics nationally to include physical therapy, occupational therapy, kinesiotherapy, acupuncture, smoking clinic, MOVE clinic, massage therapy, chiropractic care and erectile dysfunction clinic. A full list of low risk clinics can be found in the Minimum Scheduling Effort SOP, located at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. Facilities may cease efforts to reschedule appointments and cancel the consult without provider review after one no show or one patient cancellation in these clinics. ***NOTE:*** *This is an internal VA website that is not available to the public and is accessible by Chrome if using a web browser (do not use Microsoft Edge). If the link to a VA website does not work, copy and paste the link directly into a Chrome browser*.

m. **Community Care Consult.** The Community Care consult must be set up in CPRS and performed as outlined in the Office of Integrated Veteran Care (IVC) Community Care Field Guidebook: https://dvagov.sharepoint.com/sites/VHAOCC/CNM/CI/OCCFGB/SitePages/FGB.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public and is accessible by Chrome if using a web browser (do not use Microsoft Edge). If the link to a VA website does not work, copy and paste the link directly into a Chrome browser.*

n. **Urgency Status.** The Urgency status is used by the sending provider to communicate a timeframe when the consult should be addressed. The only two acceptable urgencies are Routine and Stat:

(1) **Routine.** The Routine consult indicates the patient should be seen in accordance with the clinically indicated date.

(2) **Stat.** The Stat consults will be defined as an “immediate” need. The sender of a

stat consult is required to:

(a) Contact the intended receiver of the consult request to discuss the patients' situation.

(b) Enter "Today" in the clinically indicated date/earliest appropriate date field of the consult.

(c) Enter "Stat" in the urgency field of the consult.

(d) Before the patient leaves the clinic either schedules an appointment or documents when the patient will be seen.

(e) A stat consult must be completed within 2 business days of FED. Refer to the Consult Timeliness SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public and is accessible by Chrome if using a web browser (do not use Microsoft Edge). If the link to a VA website does not work, copy and paste the link directly into a Chrome browser.*

o. **Veterans Health Information Systems and Technology Architecture Option Group Update of Consult and Procedure Requests.** The Veterans Health Information Systems and Technology Architecture (VistA) Option Group Update of consult and procedure requests is a VistA menu option that allows the status of multiple consults be updated simultaneously. This process should generally be avoided because of the risk to closing the consult before the needed care. Any use of group closure should be used with strict oversight.

4. POLICY

a. It is VHA policy to ensure timely and clinically appropriate care to all Veterans by standardizing and managing consult processes. The sending provider determines the CID, which is the date care is deemed clinically appropriate. The CID determination is made based upon the needs of the patient and should be at the soonest appropriate date care is needed. The CID should not be used to indicate the latest appropriate date. The CID may not be changed by the receiving service due to lack of availability of appointments. The date may only be changed if it was entered in error, (e.g., a future care consult with a CID of today). The date must either be manually entered into the consult order or generated through an order menu that includes the CID. The CID should be entered into the scheduling package when the appointment is made.

b. The consult/referral status must change within 2 business days of the File Entry Date (FED). The consult should be received, so that the status, at least changes from Pending to Active within that 2-business day timeframe but may also be Scheduled, Forwarded, Cancelled or Completed within that timeframe. (Exceptions include E-Consults, Prosthetics and Pathology.)

c. All non-mental health consults can be cancelled without provider review after a

single no show or patient cancellation. Low risk consults do not require rescheduling attempts prior to discontinuation after one no show or one patient cancellation.

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health has the overall responsibility for consults in VHA.

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 of the VISNs.

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

(3) Providing oversight of VISNs to ensure 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 consult policy and process education, improvement, and oversight. In addition, the Office of Integrated Veteran Care (IVC) is responsible for establishing the national approved list of low-risk clinics and publishing it in the Minimum Scheduling Effort SOP, 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 and is accessible by Chrome if using a web browser (do not use Microsoft Edge). If the link to a VA website does not work, copy and paste the link directly into a Chrome browser*.

d. **Veterans Integrated Service Network Director.** The Veterans Integrated Service Network (VISN) Director is responsible for VISN oversight of policy implementation and performance management within the VISN including:

(1) Overall responsibility to regularly review and apply corrective measures to address VISN data on consult quality outcomes.

(2) Implementation of standardized processes for consult management and reporting across the VISN.

(3) Assigning a VISN level point of contact to be responsible for coordination within the VISN and to serve as a liaison at the national level.

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

(1) Oversight of the facility consult policy, processes, and outcomes.

(2) Regular monitoring and improvement of facility consult performance and results.

This review should occur monthly and more frequently if outcomes are not being met.

(3) Allocating sufficient resources to enable management of consults and timely delivery of care.

(4) Ensuring all new Licensed Independent Practitioners complete consult training in the VA Talent Management System (TMS).

(5) Ensuring new residents complete consult management training. Recommend the use of abbreviated resident consult training materials posted at the following link: https://dvagov.sharepoint.com/sites/vhagroup-practice-manager-pilot/SitePages/AL-CL-Training.aspx. Resident Training can be found at the link below: https://dvagov.sharepoint.com/sites/vhaconsults/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2Fvhaconsults%2FShared%20Documents%2FTraining%2FHPT%2DResident%2DConsultTraining%2Epdf&parent=%2Fsites%2Fvhaconsults%2FShared%20Documents%2FTraining. ***NOTE:*** *These are internal VA websites that are not available to the public and are accessible by Chrome if using a web browser (do not use Microsoft Edge). If the link to a VA website does not work, copy and paste the link directly into a Chrome browser.*

(6) Ensuring that consults are cancelled appropriately.

(7) Defining in local policy a process for managing the urgency of consults. The only two acceptable urgencies are Routine and Stat (see definition for urgency statuses).

(8) Ensuring specific consult set up rules, stop code alignment, and naming conventions are followed.

(9) Ensuring schedulers link a consult request to the appointment.

(10) Ensuring adherence to national timeliness and completion requirements as outlined in the Consult Timeliness SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public and is accessible by Chrome if using a web browser (do not use Microsoft Edge). If the link to a VA website does not work, copy and paste the link directly into a Chrome browser.*

(11) Ensuring Community Care is utilized in accordance with regulatory authority and guidance from the Office of Integrated Veteran Care.

(12) Following Community Care VA Medical Care Coordination procedures including utilizing standardized community care consult templates, as appropriate.

(13) Ensuring that the local Office of Information and Technology (OI&T) or Clinical Informatics staff set the patch GMRC*3*113 Cancelled to Discontinue Consults to Active as outlined in the CPRS: Consult Request/Tracking Technical Guide (GMRC) available at https://www.va.gov/vdl/application.asp?appid=62. This patch contains a routine that runs overnight, changing cancelled status consults to discontinued

according to the period of time specified in the parameter. This option must be set to run by selecting "Yes" by OI&T or Clinical Informatics, or personnel with access to the VistA Option: GMRC CX TO DC PARAMETER EDIT. The patch setting should be determined by the VA medical facility Consult Steering Committee at least 31 days and no more than 91 days from the date of cancellation. ***NOTE:*** *This is an internal VA website that is not available to the public and is accessible by Chrome if using a web browser (do not use Microsoft Edge). If the link to a VA website does not work, copy and paste the link directly into a Chrome browser.*

f. **Facility Chief of Staff.** The Facility Chief of Staff is responsible for:

(1) Regularly reviewing and improving facility consult performance and outcomes.

(2) Ensuring the use of the VistA Consult Package for clinical consults.

(3) Ensuring that the facility complies with the designation of low-risk clinics approved by the Assistant Under Secretary for Health for Integrated Veteran Care. ***NOTE:*** *Facilities may not designate individual clinics as low risk.*

(4) Ensuring appropriate no show follow-up. See the Minimum Scheduling Effort SOP for additional information, 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 and is accessible by Chrome if using a web browser (do not use Microsoft Edge). If the link to a VA website does not work, copy and paste the link directly into a Chrome browser*.

(a) Consults in low-risk clinics may be cancelled without provider review after a single no-show or patient cancellation without rescheduling attempts. See the Minimum Scheduling Effort SOP for additional information, 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 and is accessible by Chrome if using a web browser (do not use Microsoft Edge). If the link to a VA website does not work, copy and paste the link directly into a Chrome browser.*

(b) The following process is recommended: consults identified as lower risk state that the consult will be cancelled after a single no show; the appointment letter contains instructions if the patient cannot keep an appointment and that the appointment will be cancelled after a single no-show; the no-show letter informs the patient that the consult was cancelled and instructs them to contact their provider if they want the consult to be reinstated; notifications must be set to mandatory. See the Minimum Scheduling Effort SOP for additional information, 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 and is accessible by Chrome if using a web browser (do not use Microsoft Edge). If the link to a VA website does not work, copy and paste the link directly into a Chrome browser*.

(5) Timely review and application of corrective measures as needed to address consult quality outcomes.

(6) Oversight and facilitation of effective relationships between services using Care Coordination Agreements.

g. **Service and Department Clinical Leaders.** Each Service and Department Clinical Leader is responsible for ensuring:

(1) Adherence to any consult related national program office guidance.

(2) Regular review and improvement of Service or Departmental performance gaps.

(3) Consults are submitted in accordance with the provider's credentials, privileges and scope of practice.

(4) Managing patients effectively through the use of Care Coordination Agreements. Care Coordination Agreements must be established and utilized with a goal of optimizing referral relationships, establishing clear processes, and reducing the need for inspection and rework. Consult templates in CPRS are used to assist in the operationalization of Care Coordination Agreements and enhance the effectiveness of referrals.

(5) Identifying, requesting, and managing resources needed to comply with consult performance measures.

(6) Creating, managing, and improving access through local Care Coordination Agreements.

h. **Facility Consult Management Steering Committee.** Each facility must perform the following functions. These functions are assigned to individuals in this Directive. The following list identifies suggested functions of a facility Consult Management Steering Committee or an equivalent local functional committee.

(1) Ensuring the use of the VistA Consult Package for clinical consults.

(2) Assisting the VA medical facility Director and Chief of Staff in the oversight, management, implementation, and improvement of the facility consult process to include all consult services.

(3) Facilitating coordination between VHA Directive 1230, Outpatient Scheduling Management, SOPs, and any other documents, policies, or agreements that impact consult management processes.

(4) Ensuring specific consult set up rules, stop code alignment, and naming conventions are followed in accordance with the VHA Consult Business Rules and Uses of the Consult Package SOP available on the following SharePoint site: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public and is accessible by Chrome if using a web browser (do not use Microsoft Edge). If the link to a VA website does not work, copy and paste the link directly into a Chrome browser.*

(5) Defining in local policy a process for managing the urgency of consults. The only two acceptable urgencies are Routine and Stat (see definition for urgency status).

(6) Facilitating alignment of consults with Care Coordination Agreements. Care Coordination Agreements must be established and utilized with a goal of optimizing referral relationships, establishing clear processes, and reducing the need for inspection and rework. Consult templates in CPRS are used to assist in the operationalization of Care Coordination Agreements and enhance the effectiveness of referrals.

(7) Including Committee members that are in clinical, administrative, and technical roles.

(8) Meeting regularly.

(9) Working collaboratively with national level consult work groups and performance improvement efforts.

i. **Consult Sending Service.** The Consult Sending Service is responsible for:

(1) Adhering to Care Coordination Agreements including completion of appropriate and timely pre-work.

(2) Documenting contact with the receiving service for any Stat consults.

(3) Assuring patients understand and are willing to keep any consult appointments that are scheduled.

(4) Completing the consult order, including manual entry of the CID for all consults to be completed by the Sending Provider.

(5) Ensuring Future Care Consults have a CID that is greater than 90 calendar days from the date the consult is entered.

(6) Reviewing the status of ordered consults to make sure that the patient receives timely care.

(7) Complying with the guidance on the use of consults for established patients in medical specialty and surgical specialty care areas, physical medicine and rehabilitation services and mental health. Refer to the VHA Consult Use for Established Patients in Medical Specialty and Surgical Specialty Care Area SOP, VHA Consult Use for Established Patients in Physical Medicine and Rehabilitation Services SOP and VHA Consult Use for Established Patients in Mental Health SOP: available 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 and is accessible by Chrome if using a web browser (do not use Microsoft Edge). If the link to a VA website does not work, copy and paste the link directly into a Chrome browser.*

(8) Reviewing and acting on the results of completed consults for clinical services.

(9) Reviewing discontinued or cancelled consults to determine if additional clinical measures are necessary.

j. **Consult Receiving Service.** The Consult Receiving Service is responsible for ensuring:

(1) Adherence to the relevant Care Coordination Agreements.

(2) Timely review and response to consult requests.

(3) Consults are answered as E-Consults where appropriate and possible, including when prerequisite tests or treatments have not been provided.

(4) Completion of E-Consults within 3 business days of FED. Refer to the Consult Timeliness SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public and is accessible by Chrome if using a web browser (do not use Microsoft Edge). If the link to a VA website does not work, copy and paste the link directly into a Chrome browser.*

(5) Implementation of the "minimum scheduling effort" for non-responding patients. See the Minimum Scheduling Effort SOP for additional information, 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 and is accessible by Chrome if using a web browser (do not use Microsoft Edge). If the link to a VA website does not work, copy, and paste the link directly into a Chrome browser*.

(6) Ensuring the Forward status is selected by the receiving service only when the decision is made to forward the consult to another service. This is not used to forward to a specific provider. Forwarding consults to community care is not allowed. An alert is sent to the sending provider.

(7) Complying with the guidance for referrals within teams and completion of initial consults as outlined in the VHA Consult Use for Established Patients in Mental Health SOP. Refer to the VHA Consult Use for Established Patients in Mental Health SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE****: This is an internal VA website that is not available to the public and is accessible by Chrome if using a web browser (do not use Microsoft Edge). If the link to a VA website does not work, copy and paste the link directly into a Chrome browser.*

(8) Implementation of the process of cancelling a consult without provider review if the patient does not respond to the minimum scheduling effort or no shows or cancels one or more times. See the Minimum Scheduling Effort SOP for additional information, 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 and is accessible by Chrome if using a web browser (do not use Microsoft Edge). If the link to a VA website does not work, copy and paste the link directly into a Chrome browser*.

Cancelled consults should always document the reason for cancellation and can always be re-ordered or copied to a new order if appropriate. The Consult Resolution notification pathway must be set to mandatory so that a notification will be sent.

(9) Consults may be cancelled by administrative staff without provider review under the following conditions:

(a) Failed mandated scheduling effort.

(b) Provider documented instructions to cancel consult.

(c) Appointment not warranted by Veteran.

(d) Care is no longer needed.

(e) Duplicate request.

(f) Eligibility requirements not met.

(g) Entered/Requested in error.

(h) Established pt, follow up appointment scheduled and/or RTC order entered.

(i) Veteran deceased or incapacitated.

(j) Does not meet criteria (explanation required).

(k) Incomplete work-up (explanation required).

(l) Incorrect service (explanation requested).

(m) Recommend alternative to consult (explanation required).

(n) Other (explanation required).

(10) Ensuring reasons for status changes including next steps needed for timely resolution of consult are documented.

(11) A review of patients who failed to present for the scheduled visit and timely initiation of efforts to reschedule or cancel the consult according to the minimum scheduling effort described above. See the Minimum Scheduling Effort SOP for additional information, 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 and is accessible by Chrome if using a web browser (do not use Microsoft Edge). If the link to a VA website does not work, copy and paste the link directly into a Chrome browser*.

(12) The answer to the consult question is attached to the consult requests in the CPRS consult package. This enables the requestor to be alerted to the report's

availability and ensures that the results are available and easily identifiable.

(13) Consult notes are linked properly with the consult request.

(14) If consult questions are not completed by a progress note, the results are attached to the consult request by other means such as pasting them into the administrative complete dialogue.

(15) Compliance with requirement for consult reviews, as specified by Health Information Management Service (HIMS), the Joint Commission, and any National audits.

(16) Ensuring that staff responsible for consult management appropriately Cancel, rather than Discontinue, all consults that are not needed and only in accordance with reasons as outlined in the CTB.

(17) Ensuring appropriate use of all VHA approved consult management software and technology to include third- party software, such as Consult Toolbox (CTB) or other VA approved third-party software.

6. REFERENCES

a. VHA Directive 1230, Outpatient Scheduling Management, dated June 1, 2022. https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public and is accessible by Chrome if using a web browser (do not use Microsoft Edge). If the link to a VA website does not work, copy and paste the link directly into a Chrome browser.*

b. Consult Timeliness SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public and is accessible by Chrome if using a web browser (do not use Microsoft Edge). If the link to a VA website does not work, copy and paste the link directly into a Chrome browser.*

c. Minimum Scheduling Effort SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public and is accessible by Chrome if using a web browser (do not use Microsoft Edge). If the link to a VA website does not work, copy and paste the link directly into a Chrome browser.*

d. E-Consult Guidebook: https://dvagov.sharepoint.com/sites/vhaovac/cpm/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2Fvhaovac%2Fcpm%2FShared%20Documents%2FGuidebooks%2FE%2DConsult%20Guide%20Book%20V%203%2E0%2Epdf&parent=%2Fsites%2Fvhaovac%2Fcpm%2FShared%20Documents%2FGuidebooks. ***NOTE:*** *This is an internal VA website that is not available to the public and is accessible by Chrome if using a web browser (do not use Microsoft Edge). If the link to a VA website does not work, copy and paste the link directly into a Chrome browser.*

e. IVC Community Care Field Guidebook: https://dvagov.sharepoint.com/sites/VHAOCC/CNM/CI/OCCFGB/SitePages/FGB.aspx.
NOTE: *This is an internal VA website that is not available to the public and is accessible by Chrome if using a web browser (do not use Microsoft Edge). If the link to a VA website does not work, copy and paste the link directly into a Chrome browser.*

RECOMMENDED CONTENT FOR CARE COORDINATION AGREEMENTS

1. The Care Coordination Agreement is a written agreement made between any two or more parties, where one party sends work to the other, outlining the workflow rules. The agreements may exist within or between facilities. They are developed by consensus; signed by service chiefs from involved services; reviewed or updated as changes are needed, at a minimum annually; and audited.

2. The Care Coordination Agreement is available for reference by posting on the facility or Veterans Integrated Service Network (VISN) Web site, as appropriate.

3. The Care Coordination Agreement must contain, at a minimum, the following elements:

a. The services covered by the agreement are listed and defined in order to clarify which topics are selected to be covered by the Care Coordination Agreement.

b. The timeframe expected for response from the consultant is established.

c. Judicious and appropriate history, physical, and diagnostic information from the sending provider is provided in order to put the consultant in a position to be able to make a patient care decision on the initial visit.

d. Criteria for discharge from specialty care are stated. It is the expectation that patients will be discharged from the specialty clinic once consult and any needed procedure and follow-up are completed. If ongoing care is co-managed by both the sender and consultant, responsibilities must be clarified.

e. The method for communicating recommendations and treatment plan back to the referring clinician is delineated in order to simplify, standardize, and clarify communication.

f. The agreement has a review and renewal date. ***NOTE:*** *An annual timeframe is recommended.*

4. Additional valuable elements may include:

a. Concurrence signatures by the involved service chiefs, as well as the Chief of Staff (or the Chiefs of Staff and VISN Chief Medical Office in the event the request is for an Inter-facility Consult (IFC)).

b. Definition of a method for accessing consultants outside of the formal consult process, so questions may be asked, or advice given, potentially avoiding the need for formal consult.

c. Definition of a method for immediate access to the consulting service for clinical

issues that need urgent or emergent attention.

d. A description of how primary care and specialty care evaluate and monitor the Care Coordination Agreement, including identification of data sources.

(1) Adherence to agreements is monitored by measuring the sender responsibilities of sending the right work (right requests) (see paragraph 3.a. of this appendix) packaged the right way (correct pre-work is included) (see paragraph 3.c. of this appendix).

(2) The receiver responsibilities are measured by auditing adherence to agreed-upon timeliness response standards (see paragraph 3.b. of this appendix).

e. CPRS consult referral templates.