**Community Care Research Evaluation & Knowledge (CREEK)**

**Quarterly Call Minutes**

**September 15, 2021**

1. **CREEK Welcome (Dr. Megan Vanneman)**
   * 1. Members: Dr. Kristin Mattocks, Dr. Denise Hynes, Dr. Megan Vanneman, Dr. Michelle Mengeling, Dr. Amy Rosen, and Dr. Melissa Garrido
     2. Website: [Community Care Research Evaluation & Knowledge (CREEK) Center](https://www.hsrd.research.va.gov/centers/creek/)
2. **Office of Community Care updates (Dr. Leo Greenstone)**
   * 1. Executive Director of Clinical Integration
     2. New policy changes, legislation, and projects to address major concerns of CC
        + 1. OCC focus: Access, timeliness, care coordination, quality, cost, Cerner
     3. Working closely with Dr. Susan Kirsh (Assistant Under Secretary for Access to Care)
        + 1. OCC and Access will likely merge in the near future

Work together already on RCI and care optimization (CO-ED)

1. **Access**
   * 1. Goals of RCI
        + 1. Improve experience, inform veterans of all options, expedite scheduling,

preferences, and self-scheduling

* + - * 1. Need visibility, education, and access to improve opportunities and keep Vets in VA
    1. CO-ED goals
       - 1. Decrease community ED visits

Increase use of Tele-urgent care docs in VA

Pilot program at CBOCs for urgent care coordination

35% reduction in ED usage (among Vets who call in)

* + - * 1. Improve care coordination (relationship with community hospitals)

CC/ICM identify high risk veterans and case mange them and decrease ED visits

75% decrease in visits in VA and community

Can look at cost, reason, diagnosis

1. **Timeliness**
   * 1. RCI, scheduling grid, and empowering veterans to self-schedule
     2. Improve consults
        + 1. 28 days to get veteran care in community

Want to get down to 3 days

RCI is one of the ways to do this

* + - * 1. Make appointment for that provider and then send for referral

VA and community (referral document package)

Piloting program on 9/15

* + 1. Scheduling grid
       - 1. Connect to EHRs (Cerner, Epic, Athena, Meditech, Allscripts)
         2. Will have ability to schedule in provider’s grids
         3. Will receive the med docs at the time the note/encounter are completed
         4. Easier/enhanced search features

Current PPMS search option is hard to use

* + 1. Vet uses VAOS (self-schedule)
       - 1. Will receive notification on page they have appt. waiting for them to schedule

Can search for departments/providers

Search will show open appts., provider languages, virtual visit options, etc.

* + - * 1. Sends HSRM referral to the provider
        2. Info goes back to VA (all without needing MSA)

Roll out pilot to utilize this process

1. **Care Coordination** 
   * 1. Improve care coordination
        + 1. Have sites know top 10 facilities that see veterans in community
          2. 72 hr mandatory notification for payment

Proactively work out if site could bring veteran back to VA

* + - * 1. Put in guidebook and see if changes in dashboard
    1. CC/ICM pilot to see who best support Veterans with care coordination (CC RN vs. lead coordinator)
       - 1. Best tools to document the care plans
         2. Measure if care coordination is effectively taking place (Note title use, CTB, HSRM task completion)
    2. Coordination vs. no coordination (improving care and making a difference)

1. **Quality** 
   * 1. Patient safety guidebook
     2. Tracking reports
        + 1. JPSR, PQIs, etc.
     3. High performing provider designations
        + 1. One VA website
     4. Enhancing community provider data
2. **Cost**
   * 1. ED pilot mandating call for all admissions to look for early transfer opportunities.
        + 1. Goal to decrease emergency care and will decrease costs of community care
     2. Assess impact of using SEOCs and overuse (not needed for all services)
     3. Pursue value-based options in VCCP
3. **Cerner**
   * 1. Data process synchronization, enhancements, and revenue capture
        + 1. Data to CDW
          2. Step by step referral cycle time data in Cerner
     2. Enhanced processes and eliminating systems

**Q&A**

**Q1**. Community Care eligibility?

A: Policy to have conversation with all veterans about eligibility/preferences (have toolbox already up instead of having to pull up DST)

Toolbox shows eligibility (or hardship or grandfathered in)

**Q2**. VA is considering partnering with other companies to promote interoperability with Cerner?

A: Yes, partner with companies that have built great APIs that connect with EHRs – some built 80% of EHRs

Can see scheduling grids and send data back to VA

Don’t want to build with individual providers (easier for providers with these systems)

**Q3**. RCIs – implemented by this month? How they are proceeding? Barriers? Implementation?

A: Supposed to be implemented in September, but not happening

Hard to implement

Range of strategies to roll out RCI

Some sites check the boxes, but not 100% RCT and all components

70% say they have RCT, but not actually happening fully

Depends on local interest and leadership

OCC not picky about how sites build RCT or how they are doing it (as long as it is effective)

Main priorities are talking to veterans about options and quickly scheduling CC appts.

**Q4.** Changes in grabbing info after appt.?

A: Big areas in exchange

Several companies that can send imaging

Enterprise-wide Solutions to exchange images

Instead of just readings

Upload to HSRM, some call providers, other methods

**Q5.** Which offices are merging and what are the implications of this (for our research)?

A: Access Office (previously OVAC) and OCC will be merging. No official details yet.

Thank you!