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

**Quarterly Call Minutes**

**March 17, 2021**

1. **CREEK Welcome (Dr. Kristin Mattocks)**
	* 1. Members: Dr. Kristin Mattocks, Dr. Denise Hynes, Dr. Megan Vanneman, Dr. Michelle Mengeling, Dr. Amy Rosen, and Dr. Melissa Garrido
		2. Website: <https://www.hsrd.research.va.gov/centers/creek.cfm>
2. **Office of Community Care updates**
	* 1. January and February minutes (attached)
	1. March 2021 Grant Submissions
		1. 20 to 25 grants submitted on CC
		2. Plan for next submission
			* 1. Won’t need a new letter from OCC if resubmitting within 1 year
		3. Request ASAP if want letter from OCC
			* 1. OCC great with providing letters

Send CREEK two or three sentences about your grant

We send to OCC and they partner accordingly

1. **RCI Overview (Dr. Megan Vanneman)**
	* 1. Organize referrals to VA and CC
			+ 1. Focus on improving timeliness and where Vets would like care
		2. Office of Veterans Access to Care (OVAC) and OCC partnership
		3. Goals
			+ 1. Eliminate direct entry
				2. Referral Coordination Team (RCT) will have active discussions with Vets before referrals
				3. Add tab to consult toolbox
		4. Teams located at every VISN
			+ 1. Open to idea of specialty specific RCTs
		5. Network directors have access to data portal
			+ 1. See how referrals are going
				2. Timeliness (facility level)
		6. Point of care decision
			+ 1. There might be pressure to keep more care in VA facility
				2. Conversation with Veterans to know all options

Empower them

Streamline process

* + 1. May impact other care coordination relationships
			- 1. E.g. Maternity Care coordinator (how will that work?)

Do not want to duplicate that work if strong team

1. **Data updates & FAQ (Erin Beilstein-Wedel)**
	* 1. PDFs will be on CREEK website
			+ 1. <https://www.hsrd.research.va.gov/centers/creek/community_care.cfm>

Finding Outpatient Visits in PIT

Finding Acute Inpatient Stays in PIT

* + 1. Created in response to needs assessment
			- 1. Actual code with narrative to go with it
				2. Institutional claim table and professional claim table
		2. Appendix with different kinds of care
			- 1. Different codes (hospice, skilled nursing, etc.)
		3. Putting together FAQ (will be posted on website
			- 1. Links to data documentation, data points that are found in PIT, framework for understanding PIT and community care data
1. **Medical Care supplement (Dr. Amy Rosen)**
	* 1. Will come out in June
			+ 1. Twelve papers

Quality, women vets, timely access to care, etc.

* + - * 1. Editorial from OCC
				2. Very informative supplement with quantitative and qualitative papers
1. **Recently published Community Care papers (Dr. Melissa Garrido)**
	* 1. Attachment (published papers since last June)
		2. Please send us any papers we may be missing
2. **Access Metrics Wiki (Dr. Peter Kaboli)**
	* 1. Part of Access Core
		2. VARC Metrics Workgroup
			+ 1. Access related research and innovation
				2. Have metrics accessible and in one place
				3. Identify gaps
		3. Uses Fortney Model
			+ 1. Measures used by OVAC
		4. Wiki Site
			+ 1. Browse by content

Long list alphabetically

* + - * 1. Not sharing data

Definitions and resources

* + 1. Recruiting people to expand compendium
			- 1. Follow up with Peter about questions
		2. Link: [https://vhacdwdwhweb100.vha.med.va.gov/phenotype/index.php/Access:Metrics\_Compendium,\_VARC\_Metrics\_Workgroup](https://vhacdwdwhweb100.vha.med.va.gov/phenotype/index.php/Access%3AMetrics_Compendium%2C_VARC_Metrics_Workgroup)
1. **Next Call**
	* 1. June 16th
			+ 1. Please send published papers, questions, comments before then

**Questions/Suggestions**

**Q1**: Who is on the RCI /RCT team? Clinical staff? Admin staff? Both?

A: Both

**Q2**: Are they looking at ensuring that all conservative care is being completed before referred to the community?

A: Yes

**Q3**: Do we know what % of patients are talking with an RCT team member? There are a huge number of patients getting CC referrals and so I'm wondering how many patients will actually talk with one of them?

A: Early in rollout, but goal is 100%

**Q4**: Does anyone have experience using the eCAMS database?  What kinds of utilization are captured in this database? To what extent does it capture “extra” Community Care utilization (that is not already recorded in PIT)?

A: We have not used eCAMs yet, but it is supposed to flow into PIT using Data Integrity Tool

Electronic Claims Administration and Management System (eCAMS): <https://www.oit.va.gov/Services/TRM/ToolPage.aspx?tid=11711>

**Q5**: Data question - does OCC/VA reimburse community providers for virtual encounters?

A: Yes, we had limited use of telehealth pre-covid.  In April, when CMS expanded reimbursement for telehealth, we adapted that as well and have seen a rise in telehealth under CCN since that time.

**Q6**: Does anyone know if veterans are reimbursed for travel costs in the same way for community care (vs. VA care)?

A: Yes, if they are eligible for Beneficiary Travel.  Same rules apply – they can get reimbursed for travel to the closest provider.

**Q7**: How granular is the CC provider data in PIT? Does it capture specialty, credentials, etc.?

A: Information on provider specialty in PIT can be found using the provider NPI number. When providers sign up for their NPI they are supposed to put in their taxonomies/specialties, and sometimes they also enter their credentials and Medicare number (CCN). Information on CMS’s NPI database: <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/DataDissemination>

How to Access:

1. Research projects using SAS EG can access NPI information using the cms\_pblc libname. VIReC webpage: <https://vaww.virec.research.va.gov/VACMS/Provider/Data.htm>

This is a yearly copy of the official CMS NPPES dataset.

1. Projects without an ORD\_ or those not using SAS EG, can access taxonomy information (but not credentials) from the PIT tables:

SELECT top 50

 provtax.pitprovidersid

 ,provtax.primarytaxonomyflag

 ,tax.[PITTaxonomyCode]

 ,tax.[PITTaxonomyDescription]

 ,tax.[PITTaxonomyType]

 ,tax.[SpecialityCode]

 ,tax.[Speciality]

 FROM [CDWWork].[NDim].[PITProviderTaxonomy] as provtax

 inner join [CDWWork].[NDim].[PITTaxonomy] as tax on provtax.[PITTaxonomySID]=tax.[PITTaxonomySID]

Although the source of data in NDim.PITProviderTaxonomy is the CMS NPPES dataset, the data in PIT is not exactly the same. For example, in NDim.PITProviderTaxonomy, providers can have more than one primary taxonomy—this is not the case in the CMS NPPES dataset.

The NPPES dataset can also be downloaded, from CMS and loaded into SAS/SQL (<https://download.cms.gov/nppes/NPI_Files.html>). Be aware that this is a huge file (the text file alone is ~1gb; more rows than Excel can handle). Also note that the CMS file is updated on a monthly basis so information may be inaccurate if doing a historical analysis.

**Q8**: About NPI number, what kind of providers have one. Is it more than MD?

 A: Any entity that bills Medicare/Medicaid or transmits medical bills electronically (<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/NPI-What-You-Need-To-Know.pdf> ). You can differentiate the types of providers using entity and taxonomy codes.

**Q9**: I’m looking for a dataset on home health aide care for rural veterans.  Could I find that on PIT?

A: Should be in PIT, but I'd also suggest reaching out to GEC DAC (geriatrics and extended care data center) for hints on home health aide care

**Q10**: Is there any ability to record and archive these meetings so that if we cannot attend in real time we can view later?

A: Yes, will look into recording future meetings

**Q11**: How do we access VIREC's NPPES database?

A: <https://vaww.virec.research.va.gov/VACMS/Provider/Data.htm>

**Q12**: Is there documentation of the ways that research PIT data vs ops PIT data differ?

A: The data dictionary differs a bit. Some filtering that happens when uploaded to CDW.

**CREEK Q**: Interest in OCC guest speaker on future calls?

A: Lots of interest in guest speaker

 Maybe OCC data analyst as well?

 Might not be useful because researchers see something different from OCC.

Thank you!