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**NAM Patient Scheduling Workshop**  
***VA Perspective on the Veteran's Health Context and Special  
Requirements***

# Current state of scheduling

## **Schedulers look for information in the following ways:**

- Veterans Information Systems and Technology Architecture (VistA)
- VistA Scheduling Enhancement (VSE)
- Computer Patient Record System (CPRS)
- Veterans Point of Service Kiosk Program
- VEText Appointment Reminder System
- VA Online Scheduling System
- VA Video Connect
- MyHealtheVet
- Secure Messaging

# Challenges with current scheduling system

## 1. Various programs schedulers must learn and check daily

- a. Unique information provided in each with differing formats
- b. Information must be manually entered into scheduling system
  - i. (i.e. Clinically Indicated Date from a consult in CPRS entered by scheduler into VSE)

# Challenges with current scheduling system

## 2. Person dependent vs. system dependent

a. Leads to errors in scheduling which can misrepresent wait times

i. Auditing system created to identify errors and opportunities for reeducation—labor intensive

# Challenges with current scheduling system

## 3. Difficult to identify urgent needs

- a. Time sensitive appointments are manually identified in a Return to Clinic order in CPRS and annotated in scheduling system by comments
- b. Manual entry into scheduling system

# Veterans health context

## **New system will address gaps existing in the current system:**

- Increased automation to reduce errors and save staff time
- Improved communication across care delivery platforms (i.e. face to face, virtual, and phone)
- Enhanced functionality for the way we provide care—patient and provider site appointments in telehealth, multiple stop codes

# Veterans health context

## **New system must take into account:**

- Special requirements of scheduling in the VA
- How best to incorporate various modes of care (i.e. virtual care visits)
- Interoperability needs

# Special requirements of scheduling in VHA

- Service connection considerations
- Prioritization of urgent clinical needs
- Community care referral functionality
- Unique population
- Unique programs—spinal cord injury, residential treatment, home-based care



# Special requirements of scheduling in VHA

- Telehealth—intrafacility or interfacility scheduling, into the home or non-VA site
- Resource-based scheduling is essential for telehealth offerings to optimally leverage enterprise capacity
- Visits may be synchronous (complex: with exam, or simple: no exam or group visit) or asynchronous (store and forward)

# Virtual visit requirements

- **Function within one clinic**
  - VA Video Connect visits need to be interchangeable with face-to-face visits
- **Flow logically from the very front line**
  - Schedulers in call centers partnering with PACT to schedule video visits (particularly to avoid missed opportunities), as well as LIPs in call centers to expand tele-UC offering
- **Coordination of appointment reminders and cancellations for patients—same process for virtual visits as face to face**

# Interoperability needs

- Scheduling functionality across VA medical centers nationally
- Exchange of information between VA, DoD, and community health care organizations
- Interface between existing scheduling tools which may need to be temporarily carried over

# Future state of scheduling

- Single program supporting all aspects of scheduling
- Utilize this workshop to gain insight and develop recommendations for the new system:
  - Internal and external experts in the field
  - Internal and external stakeholders
- Great opportunity to define the future

# Concluding comments & questions