Goal Leader:
Bruce Jones, Acting Deputy Director, Telehealth Services

Deputy Goal Lead:
Odas Parsons, Acting Director of Clinical Contact Center Modernization, Access Office
Goal Statement:
Improve Veterans' access to quality healthcare using digital care delivery methods. By Sept 30, 2021, the Department of Veterans Affairs will:

• Demonstrate a 50% increase to 98 in the use of dedicated medical advice and enhanced triage support from Clinical Contact Centers (CCC) assisted by Licensed Independent Practitioners (LIP) to achieve clinically meaningful first contact resolution as compared to FY2020 baseline of 65;
• Ensure at least 1% of the total incoming CCC Registered Nurse (RN) patient contacts dealing with acute episodic health concerns will include care from LIPs using virtual care modalities (telephone or video);
• Ensure all LIPs supporting CCC will have completed at least one VA Video Connect (VVC) encounter by the end of FY2021;

• Ensure minimum 95% (compared to FY2019 baseline of 63%, 62%, and 0% respectively) or more VHA outpatient Primary Care and Mental Health providers and 50% or more VHA outpatient Ambulatory/Specialty Care providers have provided care to Veterans using VA Video Connect;
• Ensure 18% (compared to FY2019 baseline of 16%) of the Veterans who received care in VA in FY2020, either assigned to a PCMM panel OR have a ‘checked out’ encounter in the past 24 months OR have a future pending appointment, will have sent at least one Secure Message;
• Achieve a 25% increase from the FY2019 baseline of 5,009 unique patients enrolled in VA’s text messaging application.
Overview Challenges

Telehealth Challenges
- Many Veterans and their Caregivers still have difficulty accessing VA care, especially in rural and remote areas, even with 150 VA Medical Centers and 800 VA Clinics.
- Non-technical issues pose the biggest challenges. These challenges include the digital divide, the authority for all VA providers including trainees to deliver telehealth services across state lines, Veteran adoption, provider interest and acceptance, and provision of just-in-time training and information to support both Veterans and VA staff.

Clinical Contact Centers (CCC) Challenges
- Lack of aggregate data of total incoming call volume and call types
- Lack of robust metrics
- Inconsistent methodology for differentiating clinical versus nonclinical calls
- Lack of standardized methodology to capture CCC RN to LIP referral
- Inconsistent workload and productivity tracking for resource allocation
- Geographically variable pharmacy formularies and contracts
- Clinical/triage decision support tools not optimized for identifying virtual care opportunities
- Technology challenges for CCC professionals and Veterans, families and caregivers (i.e., VA Video Connect)
- Inconsistent operating procedures, business rules, and training as they relate to CCC processes across VISNs/Enterprise
Overview Opportunities

Telehealth Opportunities

- Using Digital Care delivery methods VA can be the most convenient, accessible, patient-centric, healthcare system.
- VA Clinicians will be trained and capable to offer digital care delivery to enhance the accessibility of VA healthcare care for Veterans, their family members, and/or their caregivers.

CCC Opportunities

- Increased clinically meaningful first contact resolution
- Improved access to care for Veterans within VHA
- Improved continuity of care within VHA
- Improved Veteran and caregiver trust, satisfaction, enhanced VHA loyalty and flexible healthcare options
- Reduced or eliminated Veteran travel time and expense
- Improved Primary Care access and reduced wait times for appointments
- Improved clinic appointment availability for higher-acuity patients
- Reduced exposure to communicable diseases
- Improved resource utilization by reducing non-emergent ED visits, as well as unscheduled and scheduled Primary Care visits
- Improved VA staff satisfaction
- Increased level of trust and confidence between Primary Care, CCC staff and virtual care providers
Leadership and Implementation Team: Telehealth APG

Office of Connected Care
APG Oversight and Project Management

Telehealth Services

Additional contributing offices:

Office of Nursing Service
VHA Support Service Center
VSSC

Office of Veterans Access to Care (OVAC)
App Implementation
My HealtheVet
Leadership and Implementation Team

Clinical Contact Center Governance Board

CORE MEMBERSHIP

- VISN-VAMC Point of Contact (as assigned)
- Veteran Service Organization (VSO)
- Office of Information and Technology (OIT)
- Office of Veterans Access to Care (OVAC)
- Veterans Experience Office (VEO)
- Office of Connected Care
- Office of Primary Care
- Specialty Care (Emergency Medicine)
- Mental Health and Suicide Prevention
- Pharmacy Benefits Management
- Office of Community Care

Office of Nursing Services (ONS) - Chair

OTHER MEMBERS

- Member Services
- Office of Health Transformation (OHT)
- Women’s Health
- Office of Electronic Health Record Modernization (OEHRM)

KEY AFFILIATES

- Bargaining Partners
- Contracting
People, processes, technology and data are the focus areas guiding the Clinical Contact Center Implementation Teams efforts, ensuring an effective and holistic approach to achieving the goal.

Central to a successful Clinical Contact Center operational environment, **People** defines organizational objectives through governance and resource management, and encompasses:
- Staffing resources, capabilities, and skill-level
- Training
- Organizational Structure
- Human Resources
- Labor Management
- Physical environment

**Processes** govern contact management within and across teams by:
- Defining types of calls appropriate for referral
- Develop business rules governing referrals
- Organize and support consistent LIP staffing
- Clarify appropriate use and scheduling of video
- Develop an effective communications strategy
- Define follow up responsibilities
- Establish evaluation methodology

**Technology** promotes organizational efficiency and interoperability by providing staff with common tools and standard interfaces, including:
- Systems to satisfy Veteran requests and promote first contact resolution
- Tools that support cross-team coordination
- Common voice platforms
- Integration points with other systems
- Reliable video capabilities

**Data** provides real-time insight into Clinical Contact Center and staff performance, in addition to:
- Accurate estimate of total number of incoming calls
- Accurate tracking of LIP encounters
- Measuring clinical outcomes, quality, and customer satisfaction
The ideal future state of Clinical Contact Centers serves as the foundation for delivering clinically meaningful first contact resolution and an improved Veteran and employee experience.

1. Integrate multi-option digital “front door”
   - Ability for the Veteran to connect seamlessly with VHA by their preferred method of contact

2. Provide Consistent Experience Across the Enterprise
   - The Network Virtual Care Center serves as the “front desk” for Primary Care, addressing most needs virtually

3. Optimize Roles, Processes and Protocols to Achieve First Contact Resolution
   - Network Virtual Care Center:
     - Operator Services
     - Scheduling Support
     - Pharmacy Support
     - Triage Support
   - Seamless conduit to other VA contact services (e.g., VCL, Community Care, VBA)

4. Implement Enterprise Contact Center Technology
   - Video via Telehealth

5. Leverage Economies of Scale
   - Clinical resources are available to perform video visits

6. Drive Continuous Improvement w/ Meaningful Metrics, Analytics and Training
   - With embedded Licensed Independent Practitioners (LIPs) available

Goal Structure and Strategies
Goal Structure and Strategies

Clinical Contact Center Modernization Ecosystem

**VA Video Connect (VVC):** Piloting the use of VVC as a tool for CCC Triage Nurses/LIPs to conduct video-telehealth consults.

**Telehealth Emergency Management (TEM):** CCC collaboration with TEM to establish workflow synergy.

**Tele-Urgent Care Pilot:** Engage providers in the Emergency Department/Urgent Care to use VVC for Veterans with specific symptoms.

**VA Health Chat Pilot:** Provide Veterans with the option of consulting a physician via the HIPAA-secured chat.

**Electronic Health Record Modernization (EHRM):** Providing Veterans with seamless record transition from Active Duty to Veteran status.

**Pharmacy Cohort:** Developing an Enterprise vision to support effective handling of CCC Pharmacy calls and self-service.

**VVC Scheduling:** Integrating VVC consults into appointment options available to be scheduled by the CCC.

**MISSION Act Urgent Care Provision:** Provides options to Veterans accessing timely care, allowing them to visit in-network non-VA facilities for non-emergent symptoms.

**V-Signals:** Tool used to provide an interactive data representation of customer satisfaction surveys.
Summary of Progress for FY 2020 Q4

Key Achievements and Milestones - CCC

- ONS in collaboration with OVAC and OHT hosted a “State of the Art” meeting in April 2020, with representation from all VHA VISNs, focused on reviewing the current state of Clinical Contact Centers (CCC)
- A Clinical Contact Center Modernization (CCCM) Integrated Project Team (IPT) was formed in May 2020 under OVAC/OHT guidance with multiple workstreams to support comprehensive CCCM activities
- Network Directors and senior VA Leadership approved an Executive Decision Memo (EDM) to transition to VISN-level CCCs with four core services including Clinical Triage, Pharmacy Support, Scheduling and Administration, and Virtual Care Visits (i.e., LIP support)
- In June 2020, VISNs assigned administrative and clinical leads to support the CCCM objective of VISN-level (or higher) centralization of CCCs by December 2021
- Current State / Future State Assessment Tool was developed to support VISN self-assessments with a focus on informing leadership to the current operational environments and guiding CCCs toward the future state
- CCCM policy and guidebook development was initiated to assist VISNs with “must-dos” and “how-tos” for modernization
- Continued facilitation of a monthly CCC Affiliated Provider (LIP) Peer Group, a forum focused on sharing CCC Provider resources, best practices, challenges and solutions
- As of FY 2020 Q3, enterprise-wide APRN Full Practice Authority implementation is 100% complete
Key Achievements and Milestones - Telehealth

- Substantial increase toward the minimum 95% target for VHA Outpatient Primary Care (90.7%) and Mental Health (94%) providers to have provided care to Veterans using VA Video Connect;

- Exceeded the 50% or more target for VHA outpatient Ambulatory/Specialty Care providers to have provided care to Veterans using VA Video Connect;

- Exceeded the 18% target for Veterans who received care in VA in FY2020, either assigned to a PCMM panel OR have a ‘checked out’ encounter in the past 24 months OR have a future pending appointment, will have sent at least one Secure Message;

- Achieved > 25% increase above the FY2019 baseline of 5,009 unique patients enrolled in VA’s text messaging app;
## Key Milestones – Licensed Independent Practitioners (LIP)

<table>
<thead>
<tr>
<th>Key Milestone</th>
<th>Due Date</th>
<th>Status</th>
<th>Change from last quarter</th>
<th>Owner</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop business rules for denominator for overall report</td>
<td>Q1, FY2020</td>
<td>Complete</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Develop business rules for denominator for overall report</td>
<td>Q1, FY2020</td>
<td>Complete</td>
<td></td>
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<tr>
<td>Establish standardized LIP processes/business rules</td>
<td>Q2, FY 2020</td>
<td>Complete</td>
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<tr>
<td>Establish communications and education to support new processes (e.g., CCC LIP peer group)</td>
<td>Q3, FY 2020</td>
<td>Complete</td>
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<tr>
<td>Enterprise-wide APRN FPA* implementation</td>
<td>Q4, FY 2020</td>
<td>Complete</td>
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<tr>
<td>Establish and implement metrics for benchmarking and evaluation</td>
<td>Q4, FY 2020</td>
<td>Complete</td>
<td></td>
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<td>This milestone has dependencies with the enterprise Electronic Health Record (EHR) implementation</td>
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<tr>
<td>Complete Telecare Record Manager (TRM) migration</td>
<td>Q2, FY 2021</td>
<td>In progress</td>
<td></td>
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<td>This milestone has vendor dependencies for data collection and VISN/VAMC dependence on use of TRM platform</td>
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<tr>
<td>Initiate quarterly report on progress to goal</td>
<td>Q1, FY 2021</td>
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*See attached pdf. 10312019 - Implementation Guidance for VHA Directive 1350 Advanced Practice Registered Nurse Full Practice Authority FPA*
## Key Milestones – Digital Care Indicators

<table>
<thead>
<tr>
<th>Key Milestone</th>
<th>Milestone Due Date</th>
<th>Milestone Status</th>
<th>Change from last quarter</th>
<th>Owner</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop business rules for denominator of the CVT to Home/NonVA site by specialty Care Provider report (Tele14)</td>
<td>FY20 Q2</td>
<td>Complete</td>
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<tr>
<td>Publish CVT to Home/NonVA site by Specialty Care Provider report (Tele14) in VSSC and reported in electronic technical manual and SHREDS</td>
<td>FY20 Q2</td>
<td>Complete</td>
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<tr>
<td>95% of Mental Health Clinicians with at least one Video Encounter with Veteran Offsite from FY19 Baseline</td>
<td>FY21 Q4</td>
<td>In-Progress</td>
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<tr>
<td>95% of Primary Care Clinicians with at least one Video Encounter with Veteran Offsite</td>
<td>FY21 Q4</td>
<td>In-Progress</td>
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<tr>
<td>50% of Specialty Care Clinicians with at least one Video Encounter with Veteran Offsite from FY19 Baseline</td>
<td>FY21 Q4</td>
<td>Complete</td>
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<tr>
<td>18% of 6.3M VA Patients Sending VA Secure Message from FY19 Baseline.</td>
<td>FY21 Q4</td>
<td>Complete</td>
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<tr>
<td>25% Increase from FY19 Baseline for Veterans enrolled in Annie Application</td>
<td>FY21 Q4</td>
<td>Complete</td>
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% of Mental Health Clinicians with at least one Video Encounter with Veteran Offsite

Notes: FY20Q1 result 8,123 providers or 66.5%
     FY20Q2 result 9,739 providers or 76.5%
     FY20Q3 result 11,707 providers or 89.7%
     FY20Q4 result 12,615 providers or 94.8%
Digital Care Key Indicators

% of Primary Care Clinicians with at least one Video Encounter with Veteran Offsite

Notes: FY20Q1 result 10,342 Providers or 65.4%
      FY20Q2 result 11,430 Providers or 72%
      FY20Q3 result 13,622 Providers or 86%
      FY20Q4 result 14,567 Providers or 90.7%
% of Specialty Care Clinicians with at least one Video Encounter with Veteran Offsite

Notes: FY20 Q1 Report not Developed
FY20 Q2 3,310 Providers or 23%
FY20Q3 7,466 Providers or 45.9%
FY20Q4 8,764 Providers or 58.5%
Digital Care Key Indicators

% of 6.3M VA Patients Sending VA Secure Message

Notes:
FY20Q1 result: ~1M VA Patients or 16% sent a VA Secure Message.
FY20Q2 result: ~1.1M VA Patients or 17% sent a VA Secure Message.
FY20Q3 result: ~1.1M VA Patients or 18% sent a VA Secure Message.
FY20Q4 result: ~1.1M VA Patients or 19% sent a VA Secure Message.
Digital Care Key Indicators

% Increase from FY20 Baseline for Veterans enrolled in Annie App

<table>
<thead>
<tr>
<th># of Veterans Enrolled</th>
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<td>FY20Q1</td>
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<tr>
<td>Baseline</td>
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Notes:
- FY20 Q1 Result: ~5,009 Veterans Enrolled
- FY20 Q2 Result: 10,026 Veterans Enrolled
- FY20 Q3 Result: 16,942 Veterans Enrolled
- FY20 Q4 Result: 27,275 Veterans Enrolled
LIP Implementation

The below chart demonstrates progress against the goal of a 50% increase in the use of dedicated medical advice and enhanced triage support from CCCs assisted by LIPs.

Notes: FY20 Q1: 65 VAMCs covered by LIP
FY20 Q2: 76 VAMCs Covered by LIP
FY20 Q3: 84 VAMCs Covered by LIP
FY20 Q4: 128 VAMCs Covered by LIP
The below chart demonstrates progress against the goal of a 50% increase in the use of dedicated medical advice and enhanced triage support from CCCs assisted by LIPs. **Note: Data capture for each reporting period is from the preceding quarter**

<table>
<thead>
<tr>
<th></th>
<th>FY21Q1</th>
<th>FY21Q2</th>
<th>FY21Q3</th>
<th>FY21Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>67%</td>
<td>67%</td>
<td>67%</td>
<td>67%</td>
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<tr>
<td>Target</td>
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<tr>
<td>Actual</td>
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Notes: No Update until FY21 Q1 for Baseline
The below chart demonstrates progress against the goal of at least 1% of total incoming CCC RN call volume dealing with acute episodic health concerns will include care from LIPs using virtual care modalities (telephone or video).

Notes: No update until FY21 Q1 for baseline
The below chart demonstrates progress against the goal of at least 1% of total incoming CCC RN call volume dealing with acute episodic health concerns will include care from LIPs using virtual care modalities (telephone or video).

Notes: No update until FY21 Q1 for baseline.
Digital Care: Data Accuracy and Reliability

Current state:

The Primary Care VVC Provider data (and Data Definitions) available at VSSC site

The Mental Health VVC Provider data (and Data Definitions) available at VSSC site

Plan:

The Ambulatory/Specialty Care VVC Provider data (and Data Definitions) are being finalized and not yet available online but will look like those above for PC and MH
LIP Utilization: Data Accuracy, Validity, and Reliability

Current state:

• Data capture methods across the CCC space are inconsistent and rely heavily on self-reporting methods.

• Consequently, data accuracy and reliability is subject to accuracy and reliability issues.

Plan:

• CCC Implementation Team will define, develop, and implement a standardized data capture methodology to measure progress toward the goal of 1% increase in LIP utilization

• Multiple data sources will be used to mitigate inherent reliability and validity constraints
### Definitions for Reference

<table>
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<tr>
<th>DEFINITIONS</th>
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<tr>
<td><strong>Acute Episodic</strong></td>
<td>Wherein a patient receives an evaluation and, if clinically indicated, treatment for an episode of illness, injury or exposure</td>
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<tr>
<td><strong>Clinical Contact Center(s)</strong></td>
<td>Clinical Contact Center(s), or CCC, offer a range of virtual modalities, such as telephone, video, and chat</td>
</tr>
<tr>
<td><strong>Digital Care Delivery</strong></td>
<td>Includes virtual care delivery methods such as secure messaging, VA Video Connect (VVC), and Annie text messaging app.</td>
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<tr>
<td><strong>First Contact Resolution</strong></td>
<td>First contact resolution, or FCR, aims to connect Veterans with the services they desire, in a seamless process that resolves the issue, during the Veteran’s first attempt at contacting Veteran Affairs</td>
</tr>
<tr>
<td><strong>LIP</strong></td>
<td>Licensed Independent Practitioner</td>
</tr>
<tr>
<td><strong>My HealtheVet</strong></td>
<td>VA’s Patient Portal to include digital tools, transactions, services, tracking, and monitoring (e.g., Secure Messaging, Prescription Refill and Tracking, Health Records, Appointments, Veterans Health Library, HealtheLiving Assessment, Self-entered modules, Health Content.</td>
</tr>
<tr>
<td><strong>Telehealth</strong></td>
<td>The use of electronic information or telecommunications technologies to support clinical health care, patient and professional health-related education, public health, and health administration at a distance.</td>
</tr>
<tr>
<td><strong>VVC</strong></td>
<td>VA Video Connect app enables private encrypted video telehealth services between VA staff, Veterans, and Caregivers using computers or mobile devices (e.g., smartphones, tablets, laptops, etc.)</td>
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