

VA



U.S. Department of Veterans Affairs

Veterans Health Administration
Office of Community Care

Community Care Update: VA MISSION Act

Kameron Matthews, MD, JD, FAAFP

Deputy Under Secretary for Health for Community Care

May 30, 2019

Veteran Community Care – What’s New

New for Veterans

Veterans receive new benefits under the Veteran Community Care Program. These benefits include:

- Access to urgent care
- Expanded eligibility for community care
- Scheduling by the Veteran and VHA
- Technology that streamlines communication

New for Community Care Providers

Establishment of the Community Care Network and Veteran Care Agreements. Community providers must now:

- Undergo an industry standard credentialing process
- Be subject to an exclusionary process
- Complete mandatory training
- Technology that streamlines bidirectional communication

New for VA Staff

Introduction of new and modernized IT systems and business processes that will result in:

- Fewer manual process / increased automation
- Increased availability of performance metrics
- Broader options for care coordination
- Faster, easier, more auditable information sharing

Community Care Eligibility



Key Changes

- There are now **6 eligibility criteria**.
- Eligibility criteria for community care will be **expanded** and more **straightforward**.
- Key tools used for determining eligibility:
 - Decision Support Tool (DST)
 - Computerized Patient Record System (CPRS)
- Decision Support Tool (DST)** will automate and streamline eligibility determinations along with CPRS.

ACCESS STANDARDS	Primary Care, Mental Health, Non-institutional Extended Care	Specialty Care
Drive Time	30 minutes	60 minutes
Wait Time	20 days	28 days

Best Medical Interest and Delegation of Authority

Community care referrals based on best medical interest: Determined by VA provider in discussion with Veteran.

Two types:

- Episodic Best Medical Interest: For a specific episode of care.
- General Hardship: For a period of up to one year.

Standard Consult-driven workflow.

- All community care consults (including those based on best medical interest) are subject to clinical review:
Care must be clinically appropriate.
- **Two** questions relevant for each consult:

1. *Is the care clinically appropriate?*

If yes...

2. *Where does the care occur?*

- *Facility office of community care staff to continue use of the Delegation of Authority to determine if care is clinically appropriate. If care is appropriate, the provider's best medical interest determination is implemented.*

Patient Safety & Community Care

VHA Goal: Preventing inadvertent harm to Veterans consequent to their medical care

- Aligned quality and patient safety policies across the spectrum of care (internal VHA and community care)
- Developed VHA OCC Patient Safety guidebook in collaboration with VAMC Patient Safety Managers, VISN Patient Safety Officers (PSOs), and the National Center for Patient Safety
 - Prevention through increased communication and collaboration between VHA and its community partners
 - Reducing vulnerabilities in the community care system
- Increased reporting and subsequent investigation of patient safety events in community care
 - Standardized adverse event reporting and incident management system: Joint Patient Safety Reporting (JPSR) system
 - Highlighting VHA staff duty to report an adverse event or close call that they become aware of
- Training modules available on TMS for facility CC staff and PSMs

Competency Standards & VA MISSION Act

VA MISSION Act: Establish competency standards for non-department providers in treating Veterans for injuries and illnesses that VA has a special expertise in

Phase 1: June 6

- 1 hour training for general military culture to include high level PTSD, MST, and TBI
- Community providers have 6 months to complete with exemptions for providers who have provided care within the VA or DoD within last 365 days

Phase 2: Complete specialized areas of care (Date TBD)

- Training requirements by provider type (taxonomy)
- In order to be exempt, provider must meet 1 of the following:
 - Completed VA, DoD, or CDP evidence-based treatment training relevant to the disorder/exposure
 - Completed 500 hours of VA training (e.g. residency, postdoc, etc.) with competency standards training
 - Employed in VA or DoD or is credentialed to provide care in the VAMC and had experience (1 year) providing services for the relevant population/domain (i.e., PTSD, MST, TBI)

Competency Standards – Phase 2 – Training By Specialty

- Tentative provider specialty list for the specialized trainings in Phase 2:

Training Topic	Providers Tentatively Required to Complete
Opioids	All network (VCA/CCN) providers with NPI
VA General Training	
PTSD	Psychiatrists (physicians) Psychologists Social Workers
MST	Advanced Practice Registered Nurse (APRN) Marriage and Family Therapist (MFT) Licensed Professional Mental Health Counselor (LPMHC)
TBI	All providers required to take PTSD and MST trainings above plus: <ul style="list-style-type: none"> Neurologist (physician) Neuropsychiatrist (physician) Physical Medicine and Rehabilitation (PM&R) Physicians

Opioid Prescribing & VA MISSION Act

VA MISSION Act: Establishes processes to ensure safe opioid prescribing practices by community providers

Community Provider Requirements:

- Certify & review VA opioid prescribing guidelines
- Submit records of opioid prescriptions within specific timeframes

VA Requirements:

- Enable monitoring of opioid prescriptions as outlined in the Opioid Safety Initiative
- Inclusion of requirements in all contracts, agreements, or other arrangements for community care
- Include all available and relevant medical history and a list of all prescribed medications to community providers
- Recording of the opioid prescriptions in the patient's VA electronic health record
- Exclusion of providers

Implementation: Opioid Prescribing Processes

- Community provider opioid guidelines certification tracking:
 - Guidelines and certification on VHA Train (NPI requirement)
 - Provider Profile Management System (PPMS) used to monitor compliance (NPI matching)
- Inclusion of requirements in Community Care Contracts, Agreements and other arrangements:
 - Engaging in contractual modifications to require all community providers in the Patient-Centered Community Care (PC3) and Community Care Network to review the OSI guidelines
 - Similar requirements in place for Veterans Care Agreements (VCA)
- Monitoring of opioid prescriptions:
 - Implementing a standardized review structure for oversight and action when a non-VA provider's opioid prescribing practices are in conflict with Opioid Safety Initiative guidelines.
- Community Care Prescriptions:
 - Requiring all community providers to submit non-urgent/non-emergent opioid prescriptions directly to a VA pharmacy for dispensing
 - Urgent/emergent prescription for a maximum fourteen (14) day supply of medication without refills (or shorter supply of medication if required by state law)

Questions

