Improving the Veterans Experience with the Compensation and Pension Examination process – Overview of the April VBA/VHA Conference

May, 2016
Title: Improving the Veterans Experience with the Compensation and Pension Examination process

Problem Definition: Research and direct communications revealed that some Veterans are frustrated or confused by the C+P Exam process. This makes Veterans dissatisfied with the process and can lead to distrusting the exam results and higher rates of appeals.

Outcome: An initial set of easy-to-implement solutions, pilot tested with Veterans and employees, that measurably improve the Veteran experience during select touch points between the Veteran and VA.

Strategic Objective: Measurably improve the Veteran experience, and by extension the employee experience, of the C+P Exam process. Select solutions that are replicable across facilities. Implement nationwide by December, 2016.
Activity to date

**Summer 2015**
Veteran Experience team produced the “Discovery” report that identified various pain points in the process from the Veteran’s perspective.

**December 2015**
Workshop to look at potential solutions, identified 20+
Based on the impact with the pain points this was down selected to 9

**January 2016**
Project leads from VBA and VHA identified and kickoff meeting held
Teams validated the potential to improve the Veterans experience with Veterans
All projects passed validation and are moving to testing

**February – March 2016**
Testing and design iteration on the projects to develop working prototypes or processes

**April 2016**
Joint VBA/VHA conference focusing on these solutions and how they will be implemented.
Sub Project Initiatives Team Leads

VBA rep in VHA clinic - Chris Gren, Lana Grinberg

C&P education for VA employees – Brenna Daly, Larry Burney

Communications campaign – Lucas Tickner, Danny Devine

Letter simplification – David Hannigan, Ellery Maillard

Satisfaction surveys at touch points – Jocelyn Moses, Stephanie Hyberger

Education at touch points – Linda Rutland, Larry Burney

Ready for Decision – Paul Shute, Ashley Hanahan

Auto examination – Michelle Tensley, Ashley Hanahan

Appointments – Brenda Brazauskas, Patricia Jenkins
C&P Veteran Experience Project (1)

- VBA Representatives in VHA Clinics
- Implement cost effective solutions involving VBA representatives within facilities conducting C&P examinations that will improve Veteran awareness, utilization, ease of access and satisfaction with information and services regarding the C&P process of their specific C&P claim
- Similar to initiative where VHA has representatives in regional offices
C&P Veteran Experience Project (2)

- C&P Education for VA Employees
- Provide Veterans with more accurate and consistent information by ensuring that C&P examiners are able to communicate basic information to Veterans regarding the C&P Process and refer Veterans to resources for more detailed information regarding their specific claim and the C&P process
- Mental Health Education needed
  - Ensure staff are educated that MH clinicians are encouraged to not complete DBQs for their patients in order to maintain the integrity of the patient provider relationship
C&P Veteran Experience Project (3)

- Marketing

- Drive a standard message and branding campaign for the C&P examination and associated processes to properly inform Veterans about what to expect during a C&P examination.

- 8 minute video on the C&P examination process – what to expect

• Letter improvement

• Address the Veteran’s comprehensive understanding of the C&P examination process by identifying the appropriate points in the process when communication can be sent, in letter form, to better educate the Veteran
Veterans have told us they are unhappy with the level of information they are currently receiving from VA regarding the C&P examination process.

Veterans are especially disappointed by communication related to exam appointments.
  - Why do I have to come in for an exam?
  - Will I be treated at this appointment?
  - What do I wear? Should I fast?
  - How long will it take?
  - Will I have to have x-rays or an MRI?
  - What if I miss my appointment? How do I reschedule?
  - If I come in for the exam, does it mean I got my claim approved?

Veterans are also at risk of disrupting their claims process when they don’t understand the importance of showing up for the exam as scheduled. Claims may be decided without the exam information.
Letters: What You Need to Know

Post-Exam VA Claim Exam Informational Pamphlet

- **WHO**: Examiner or Clerk on exit
- **WHAT**: A pamphlet that describes the next steps in the C&P process and directs the Veteran to resources
- **WHEN**: After the exam
- **HOW**: Pamphlet readily available at the Clinic
C&P Veteran Experience Project (5)

- **Satisfaction Survey**
- Obtain feedback from Veterans through surveys regarding their experience with the C&P evaluation process which will provide insight on how to improve Veteran satisfaction
- Average 15% response rate
- Average 1000 responses per week

<table>
<thead>
<tr>
<th></th>
<th>Very satisfied</th>
<th>Somewhat satisfied</th>
<th>Neither</th>
<th>Somewhat dissatisfied</th>
<th>Very dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percents</td>
<td>58.41%</td>
<td>18.29%</td>
<td>5.41%</td>
<td>7.56%</td>
<td>10.33%</td>
</tr>
<tr>
<td>Respondents</td>
<td>7943</td>
<td>2487</td>
<td>736</td>
<td>1028</td>
<td>1405</td>
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</table>
Survey is a baseline

For all of these initiatives, Veteran satisfaction will be the measure of success

Survey is sent via email
  - Recognize that there is a limited reach

Types of questions
  - How long from your scheduled appointment time did you wait to see the doctor?
  - Performance of administrative staff
  - Reasonableness of appointment time and place
  - Cleanliness of examiners office
  - Concern and attention demonstrated by the examiner
  - Overall satisfaction with the services provided

From logistical regression results for satisfaction
  - Empathy makes the greatest contribution
  - 2\textsuperscript{nd} most important contributor is administrative performance
  - Wait time makes almost no contribution
C&P Veteran Experience Project (5)

- Team is improving the current survey
- Adding surveys at additional touch points
- Determining the best delivery and collection mechanisms from the Veterans point of view
C&P Veteran Experience Project (6)

- Education at Touch Points
- Take advantage of existing touch points available throughout the claims process as well as introduce new touch points to better educate Veterans on what to expect as they maneuver through the C&P process as a whole
C&P Veteran Experience Project (7)

- Ready for Decision
- Increase the number of Fully Developed Claims submitted and make them immediately ready to rate by leveraging the self-referred DBQ process at the C&P clinics and private use DBQs
C&P Veteran Experience Project (8)

- C&P examination Appointment Improvement

- Improve and standardize the current appointments process to help Veterans feel empowered and informed throughout the examination process, decreasing the rates for VA examination no shows and 2507 cancellations
The existing VA RSVP guidance (DMA Memo 15-003-Revised), and its associated benefits, has been voluntary and not adopted by all facilities.

The practice of “blind scheduling,” or scheduling an exam based on the clinic’s schedule preferences and not the Veteran’s, is the alternate method for scheduling when RSVP is not in place.
Appointments Project Background

- Implementing Enhanced RSVP Nationwide
  - Requires the support of VHA/VBA leadership to demonstrate confidence behind mandating any recommendations from the Veteran Experience (VE) committees
  - Additional training will be required for VBA and VHA employees based on their specific roles, to include a standardized script for schedulers to use when calling the Veteran
  - Clinics will need to review their processes for how Veterans contact clinics to ensure there are dedicated phone lines to ensure Veterans can reach out to clinics and leave messages.
  - Clinics will need to have a process in place to ensure voicemail is captured and answered in a timely manner, such as a dedicated call back line.
  - Additional Training Opportunity: Provide general C&P claims process training to schedulers to demonstrate their role and importance within the process.
Next steps for all Initiatives

**May-June 2016**  
Pilot 1 will implement the solutions at one or more facilities.

**July 2016**  
Design iteration and improvements based on pilot 1

**August-September 2016**  
Pilot 2 will implement the solutions and confirm scalability at a national level

**October-November 2016**  
Prepare for national rollout and execute national rollout

**December 2016**  
Complete national rollout of project
Mandatory Contract Exams Expansion
Public Law 104-275, Section 504 (October 9, 1996)
- Pilot Program for use of Contract Physicians for Disability Examinations
- 10 Regional Offices (ROs)

Public Law 113-235, Section 241 (December 16, 2014)
- Expanded authority as follows:
  - FY15 - 12 ROs
  - FY16 - 15 ROs
  - FY17 - “As SECVA considers appropriate”
Exam Distribution

- Exam distribution will be based on vendors’ timeliness/capacity and quality

- ROs will utilize ERRA as a routing mechanism for medical disability examination
Contractor Performance

- All providers are required to obtain the Disability and Medical Assessment (DMA) General Certification through the Disability Examination Management (DEM) blackboard, as well as any other training required by VA

- Quality will be evaluated for each Vendor on a quarterly basis
Contractor Timeliness Standards

Evaluated from the date the exam request is submitted by the RO to the date the completed exam is returned by the Vendor

<table>
<thead>
<tr>
<th>District</th>
<th>Number of Calendar Days</th>
</tr>
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<tbody>
<tr>
<td>1- North Atlantic</td>
<td>20</td>
</tr>
<tr>
<td>2- Southeast</td>
<td>20</td>
</tr>
<tr>
<td>3- Midwest</td>
<td>20</td>
</tr>
<tr>
<td>4- Continental</td>
<td>20</td>
</tr>
<tr>
<td>5- Pacific</td>
<td>20</td>
</tr>
<tr>
<td>6- National Mission</td>
<td>30</td>
</tr>
<tr>
<td>(IDES,BDD, Quick Start)</td>
<td></td>
</tr>
<tr>
<td>7- OCONUS</td>
<td>30</td>
</tr>
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</table>
Contract Incentives/Disincentives

- A monetary incentive is awarded if the contractor exceeds expected performance.
- The contractor will pay a monetary penalty each quarter if timeliness or quality standards are not met.
Enhancing the Outsourcing Model

• The current model estimates VHA capacity at the aggregate facility level, but individual specialties in a facility might be more or less ‘capacity challenged’.
• We are investigating the idea of estimating capacity by specialty.
• With estimates of specialty capacity, we can develop a model that makes an outsourcing recommendation based on the DBQs required.
• Here is what it looks like at the national level.

<table>
<thead>
<tr>
<th>Exam Specialty</th>
<th>Pending Requests</th>
<th>Avg. Weekly Production</th>
<th>Weeks of Inventory</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUDIO</td>
<td>22,649</td>
<td>6,129.7</td>
<td>3.69</td>
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<tr>
<td>DENTAL</td>
<td>1,706</td>
<td>390.3</td>
<td>4.37</td>
</tr>
<tr>
<td>EYE</td>
<td>4,516</td>
<td>1,055.1</td>
<td>4.28</td>
</tr>
<tr>
<td>GYN</td>
<td>1,038</td>
<td>277.7</td>
<td>3.74</td>
</tr>
<tr>
<td>MENTAL</td>
<td>25,216</td>
<td>6,820.3</td>
<td>3.70</td>
</tr>
<tr>
<td>POW</td>
<td>9</td>
<td>6.1</td>
<td>1.48</td>
</tr>
<tr>
<td>SLEEP</td>
<td>2,870</td>
<td>892.2</td>
<td>3.22</td>
</tr>
<tr>
<td>TBI</td>
<td>4,006</td>
<td>983.4</td>
<td>4.07</td>
</tr>
<tr>
<td>GENERAL</td>
<td>129,978</td>
<td>38,523.4</td>
<td>3.37</td>
</tr>
</tbody>
</table>

The capacity of some specialties is more challenged than others.
In the month of April 2016, VA C&P facilities received 32,181 examination requests for Veterans eligible for VBA mandatory funds contract exams.

VHA capacity information in ERRA tool recommended 19,375 of these be sent to VBA contractor instead of VA C&P facilities – ERRA guidance not followed.

This indicates a 60% non-adherence rate to ERRA. We are working with VBA to identify why and work to improve areas where ERRA direction not followed.

To succeed, we need to get everyone using the tools we’ve jointly developed.
Open discussion

• Pros and Cons of utilizing the contract for examinations

• Issues related to improving Veteran experience with Mental Health Examinations

• Issues related to Safety and Blue Button

• DBQ referral clinics
  • Anyone doing them?
  • How are they working?
Questions