VERC Newsletter

VAPHS
VA Pittsburgh Healthcare System

April 2011

Teledermatology

In November 2010, VA Pittsburgh Healthcare System launched a new teledermatology program with VA Butler Healthcare.

The program improves access to dermatology care for Veterans in and around the greater Pittsburgh area and reduces the need for patients to travel to the VAPHS. The turnaround time for a tele-dermatology consultation is 24-48 hours, compared with seven to 14 days for an in-person appointment in the clinic—depending on the urgency of the Veteran's condition.

Here is how the process works: Primary care physicians at the Butler VA identify Veterans with conditions requiring an evaluation from a VAPHS dermatologist. They then simply enter a teledermatology consult in our electronic patient record system and attach digital photographs of the affected area of the body.

In most cases, the images and clinical information submitted in the consult have enabled the dermatologist in Pittsburgh to provide an evaluation and treatment recommendations. These are shared with the Butler VA, where the Veterans' primary care doctor treats them accordingly. If the dermatologist is unable to diagnose a patient via telemedicine, staff schedule a face-to-face appointment at VAPHS.

In the first nine weeks of the pilot, there were 42 consults between Butler and Pittsburgh, with an average five per week. The preliminary results are very promising, with 95 percent of the patients (40 individuals) diagnosed and 57 percent (or 24 individuals) diagnosed and treated without traveling to VA Pittsburgh. Only 43 percent, or 18 patients, required an in-person visit— two to confirm the diagnosis and undergo a procedure and 16 for a procedure following the initial telemedicine diagnosis).

If the pilot is successful, the teledermatology program will expand to the Butler VA's community-based outpatient clinics, then to other facilities throughout the western region of VISN 4.

The VAPHS VERC is leading a national VHA initiative to reduce "missed opportunities," which occur when a Veteran does not come in for a scheduled appointment. Missed opportunities are a local, network and national problem that waste scarce clinical resources and negatively impact access to care for Veterans.

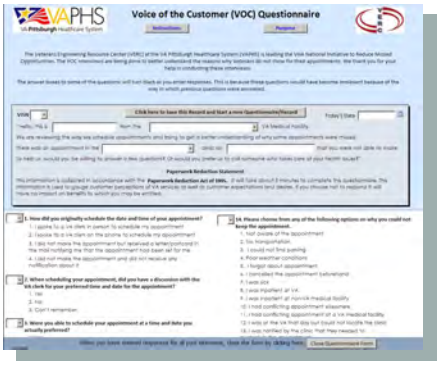
The initiative aims to cut the national missed-appointment rate to less than 10 percent. The rate in the top 50 clinics—as of December of the 2011 fiscal year—was 13 percent.

The Missed Opportunities Project follows the VA-TAMMCS—the VA's national framework for process improvement—and consists of 14 different tasks designed to achieve project goals. In this edition of our newsletter, we provide an update on tasks related to the Voice of the Customer interviews and analysis and targeted live reminder calls.

Missed Opportunities Project Updates

Voice of the Customer Interviews

The Missed Opportunities Project launched a National Voice of the Customer Interview questionnaire in December 2010 to discover the reasons that Veterans miss appointments. The interviews were completed Jan. 28, and we received results from more than 4,000 Veterans interviewed through 150 facilities throughout the Veterans Health Administration (VHA). We are analyzing the data at a national, VISN and facility level to identify the main reasons Veterans do not show up for appointments and to formulate strategies for improvement. The VAPHS Veterans Engineering Resource Center (VERC) will report its findings to VHA on a call to be scheduled in mid-February 2011.



Data Reporting Tool for the VOC

Targeted Live Reminder Calls

The Missed Opportunity Team piloted targeted live reminder calls to Veterans who have a high no-show rate in primary care clinics. This pilot began in Pittsburgh on Nov. 22, 2010, and ended Jan. 17. We called 57 patients who had upcoming appointments and had not shown for three or more primary care appointments in the FY2010. Team members called patients to remind them of their appointment between 48 and 72 hours before the appointment. This pilot showed that the group receiving a reminder call had a show rate of 89 percent, while the group that did not had a show rate of 73 percent.

VA Pittsburgh Healthcare System

Veterans Engineering Resource Center

Room 352SE-4-HD
7180 Highland Drive
Pittsburgh, PA 15206

Phone: 412-954-4150
Fax: 412-954-4145

We're on the Web!
www.pittsburgh.va.gov/VERC.asp

About Us

The VAPHS Veterans Engineering Resource Center (VERC) works to facilitate innovative solutions to health care delivery challenges identified by national, network and facility leadership—and to propose important opportunities for change and improvement.

Our responsibility is to integrate the principles of systems engineering into the fabric of health care delivery. Each of the four VERCs functions as a collaborative entity between VA professionals and schools of engineering, business schools, psychology departments, medical schools, engineering labs, or health care professional training and research programs.

Project Updates

Intensive Care Unit Management

This project has created and demonstrated a tool that graphically displays the current status of inpatient beds and requests for movement across all units within VAPHS (at the University Drive division)—and developed methods to integrate and analyze patient-movement data and requests. This data has been analyzed to characterize system characteristics such as patient length of stay, bed utilization, and blocked movements. The project has developed simulation models that demonstrate a large number of patient movement scenarios that are experienced in practice and tracks the effect of clinical policies across a patient population. Using simulation models in this approach will assist management in optimizing patient load vs. capacity, and also assist in the planning for additional resources to support improved patient flow.

Operating Room Scheduling

This project is developing models of a multi-room, multi-specialty operating room suite in order to come up with effective scheduling procedures for the suite. It is developing methods of characterizing the uncertainties in surgery duration and demand. We have developed data visualization tools to give surgery staff a view of the current state of the schedule and provide real-time feedback of the impact of scheduling decisions to surgery staff. Discrete event simulation models are being used to validate the team's understanding of operating room procedures and practices. These models will then be used to evaluate scheduling procedures and the impact of alternative scheduling policies.

Reusable Medical Equipment

The RME Project was chartered at the beginning of FY11 to conduct a field analysis of reprocessing techniques throughout different healthcare models to define best practices for RME and develop space and workflow guidelines that can be exported to any VA facility. Processes and procedures will be observed at five non-VA medical centers. These processes will be analyzed for best practices. According to the knowledge obtained and the studies, a toolkit of possible solution strategies, ranging from low-tech to high-tech, which will ensure 100% conformance of Standard Operational Procedures (SOPs) will be generated and critical steps will be documented.