

Veterans Choice Act: Advance Implementation and Evaluation of the Clinic Management Training Program

Boston, MA

Overview

Congress has requested that VA systematically measure wait times, as concerns are repeatedly raised that Veterans have to wait too long for appointments. These concerns peaked in 2014 due to a widely publicized crisis in confidence regarding access to VA healthcare. In response, Congress passed the Veterans' Access Choice and Accountability Act (VACAA). A key policy initiative required by Section 303 of the VACAA is the implementation of the clinic management training program. This program will revamp the organization and delivery of VA outpatient care by providing standardized education on healthcare practice management and scheduling, and by implementing a group practice manager model (GPM) at each facility. This model includes a team of clinicians, administrative leads, analysts, and schedulers. The team will use standardized processes and tools to support facilities in monitoring access and making necessary adjustments at the local levels to improve overall clinic administration and to provide Veteran-centric outpatient care. In collaboration with VA Clinical Operations, investigators in this Partnered Evaluation Initiative (PEI) will rigorously evaluate the implementation of GPM to identify the causal effect of this intervention on VA patient outcomes. The success of the GPM initiative requires:

- Reliable access metrics that predict Veteran satisfaction;
- Historical understanding of supply and demand for services, so GPM staff can accurately forecast future constraints on capacity; and
- Rigorous evaluation of the GPM implementation that identifies the causal effect of the intervention on outcomes.

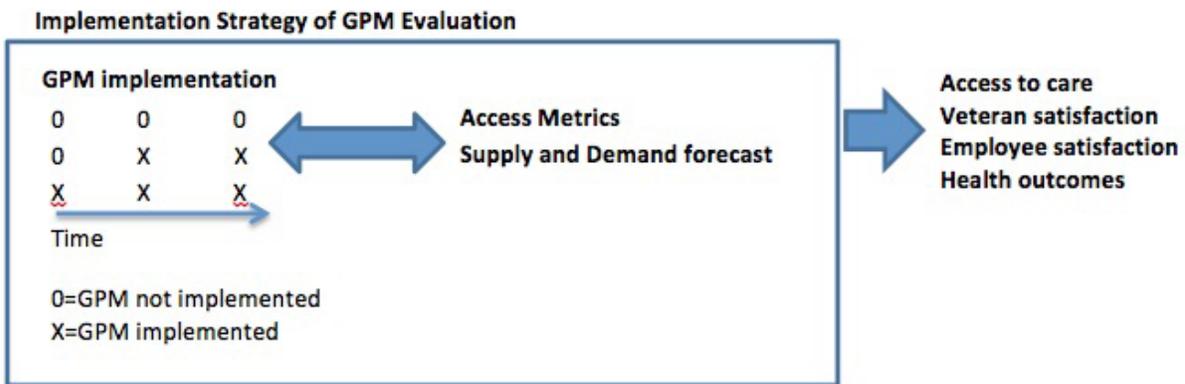
This **Capitalizing on Quantitative Metrics to Advance the Implementation and Evaluation of the Clinic Management Training Program** partnered evaluation initiative will achieve these goals through the following objectives:

- Validate access metrics monitored by GPM staff with self-reported satisfaction;
- Examine historical relationships between access metrics to increase reliability of future access measurement;
- Examine facility-level trends in supply, productivity, and demand to help GPM staff identify clinics that are constrained by capacity; and
- Evaluate the overall impact of GPM on access metrics, self-reported access, quality of care, and employee satisfaction.

(over)

Implementation Strategy

The Capitalizing on Quantitative Metrics to Advance the Implementation and Evaluation of the Clinic Management Training Program has two key implementation strategies (see Figure). First, the GPM implementation is a stepped-wedge design that exploits the natural variation in the timing of implementation. This allows for the examination of the causal relationship between GPM implementation and key outcomes. Second, audit and feedback will be used to monitor access and supply and demand metrics. GPM staff will actively monitor these data to implement necessary adjustments at the local level to improve access and quality of care.



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Operational Partner

The Access and Clinic Administration Program Office (ACAP), under the Deputy Under Secretary for Operations and Management, oversees key functions of clinical operations. These functions include improving outpatient clinic access, monitoring clinical consults, telephone contact and management, determining and implementing scheduling policies, and leading the acquisition of scheduling information technology.