CONSULT MANAGEMENT

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive provides policy for consult management in the electronic health record (EHR) at the Department of Veterans Affairs (VA). ***NOTE:*** *"Consult" is the term used in the Veterans Information Systems and Technology Architecture (VistA) and Computerized Patient Record System (CPRS) platforms. "Referral" is the term used in the Oracle Health platform for outpatient-based consults. For the purposes of this directive, the use of the term "consult" is meant to also include "referral" and be applied across the various platforms. This directive is applicable to Oracle Health sites where processes align.*

2. SUMMARY OF MAJOR CHANGES: Major changes include:

a. Adds requirement that consult management training be completed by all Licensed Independent Practitioners (LIPs) including but not limited to Doctors of Medicine/Doctors of Osteopathic Medicine, Physician Assistants, and Nurse Practitioners within 120 calendars days of publication of this directive or for new LIPs within 120 calendar days of their start date.

b. Updates responsibilities for the Assistant Under Secretary for Health for Integrated Veteran Care (IVC); Veterans Integrated Service Network (VISN) Director; VA medical facility Director; VA medical facility Chief of Staff; VA medical facility Service Line Chiefs and Department Clinical Leaders; and Chair, VA medical facility Consult Management Steering Committee.

c. New roles and responsibilities for VA medical facility Chiefs of Consult Referring Services; VA medical facility Chiefs of Consult Receiving Services; VA medical facility consult referring clinicians; VA medical facility consult receiving clinicians; VA medical facility Group Practice Manager (GPM); VA medical facility Administrative Officer (AO) or Business Manager; VA medical facility Clinical Application Coordinator (CAC); VA medical facility Medical Support Assistant (MSA); and the VA medical facility Referral Coordination Team (RCT).

d. Change in timeframe for completing Stat consults. Additional information is located in the Consult Timeliness Standard Operating Procedure (SOP): https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

e. Change in timeframe for completing E-Consults by the VA medical facility consult receiving clinician. Additional information is now located in the Consult Timeliness SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

f. Change in timeframe for scheduling consults or forwarding to community care.

Additional information is located in the Consult Timeliness SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

g. Incorporation of the Consult Toolbox (CTB) into consult flow and adherence to required usage by VA medical facility consult receiving clinicians, VA medical facility RCT members, and VA medical facility administrative staff in accordance with the Consult Toolbox Mandatory Use Fields outlined in Appendix A of the Consult Business Rules and Use of the Consult Package SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

h. Added responsibilities related to implementation of the Referral Coordination Initiative.

i. Elimination of the requirement to utilize Future Care consult titles and maintain use of Patient Indicated Date (PID) to indicate need for care in the future.

j. Clarifies limits on cancellation and resubmission of consults.

k. Adds references to new SOPs: Gastroenterology Colonoscopy Procedure; Care Coordination/Service Agreement; Interfacility Consults; VHA Consultative Care in the Acute Care (Inpatient) Setting; and VHA Use of STAT Urgency Status for Consults from Emergency Departments and Urgent Care Centers.

3. RELATED ISSUES: VHA Directive 1230, Outpatient Scheduling Management, dated June 1, 2022; VHA Directive 1231(4), Outpatient Clinic Practice Management, dated October 18, 2019.

4. POLICY OWNER: The Office of Integrated Veteran Care (IVC) (16) is responsible for the content of this directive. Questions may be referred to the IVC Front Office at VHA16IVCSupportStaff@va.gov.

5. LOCAL DOCUMENT REQUIREMENTS: There are no local document creation requirements in this directive.

6. RESCISSIONS: VHA Directive 1232(5), Consult Processes and Procedures, dated August 24, 2016, is rescinded.

7. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of November 2029. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

8. IMPLEMENTATION SCHEDULE: All content of this directive is effective upon publication.

BY DIRECTION OF THE OFFICE OF THE UNDER SECRETARY FOR HEALTH:

/s/ Hillary Peabody
Acting Assistant Under Secretary for Health
for Integrated Veteran Care

NOTE: *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter*.

DISTRIBUTION: Emailed to the VHA Publications Distribution List on November 25, 2024.

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CONSULT MANAGEMENT

CONSULT MANAGEMENT

1. PURPOSE

This Veterans Health Administration (VHA) directive states policy for consult management. VHA's use of the electronic consultation package includes traditional clinical consultation, administrative consultation, community care, clinical procedures (i.e., diagnostic equipment, vendor reports), and prosthetics. Additional program specific standards and guidance (which may be more stringent) outlined in other VHA directives and standard operating procedures (SOPs) should be followed if applicable. ***NOTE:*** *This directive does not apply to Veterans Crisis Line (VCL) request processes, which are governed by VHA Directive 1503(2), Operations of the Veterans Crisis Line Center, dated May 26, 2020.* **AUTHORITY:** 38 U.S.C. § 7301(b).

2. BACKGROUND

VHA is standardizing certain aspects of electronic consultation to improve management of consultative processes. These standards aim to improve transparency and timeliness of consult completion while allowing for the use of the consult package for administrative uses, prosthetics, community care, and other purposes, such as inter-facility care coordination. In VHA, consult requests are made through an electronic package in electronic health record (EHR) communicating service requests and results. It provides an efficient and standardized way for clinicians and specialty services to track the progress and status of a consult order from the time it is entered into Computerized Patient Record System (CPRS) through its final resolution. Tracking can be done through use of alert notifications, consult report menus, or by review of a detailed display of actions taken and comments that are documented in the VA medical facility activity portion of the consult request.

3. DEFINITIONS

a. **Administrative Consult.** An administrative consult is a consult document in CPRS used as one-way communication on behalf of a patient to make a clinical request to transfer care or communicate an order or series of orders. Administrative consults include requests to schedule where clinical review is not required (e.g., Beneficiary Travel and Hoptel). Administrative consults should not be used to request scheduling of clinical care. VA medical facilities may or may not have administrative consults. Use of the consult package for such administrative requests is optional.

b. **Consult.** A Consult is a request for service on behalf of a Veteran. ***NOTE:*** *"Consult" is the term used in the Veterans Information Systems and Technology Architecture (VistA) and CPRS platforms. "Referral" is the term used in the Oracle Health platform for outpatient-based consults. For the purposes of this directive, the use of the term "consult" is meant to also include "referral" and be applied across the various platforms.*

c. **Care Coordination/Service Agreement.** A Care Coordination/Service Agreement is a written agreement between two or more services within or between VA

medical facilities, one of which sends a request for services to the other(s), defining the workflow rules and based on discussion and consensus between the involved services and VA medical facilities. The Care Coordination/Service Agreement is signed by service line chiefs from the involved services, and reviewed or updated as changes are needed. Consult processes across services should reflect Care Coordination/Service Agreements. For guidance on Care Coordination/Service Agreements, reference the Care Coordination/Service Agreement SOP linked here: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTES:*** *(1) This is an internal VA website that is not available to the public. (2) Terms of Service (TOS) and Telehealth Service Agreements (TSAs) may be considered equivalents in satisfying the requirements of a Care Coordination/Service Agreement for telehealth services. For additional guidance on TOS and TSAs, please reference VHA Directive 1914(1), Telehealth Clinical Resource Sharing Between VA Facilities and Telehealth from Approved Alternative Worksites, dated April 27, 2020, and VHA Directive 1915, Enterprise Clinical Resource Sharing through Telehealth from Nationally Designated Telehealth Hubs, dated January 5, 2023.*

d. **Clinical Consult.** A clinical consult is a request in EHR used as two-way communication, which is initiated by the VA medical facility consult referring clinician on behalf of a Veteran, seeking the opinion, advice, or expertise of the VA medical facility consult receiving clinician on the evaluation or management of a specific problem. It may include diagnosis and treatment of acute or chronic disease by the receiving service under appropriate clinical circumstances. Clinical consults may include outpatient, inpatient, electronic, and interfacility consults.

e. **Clinical Procedure Consult.** A clinical procedure consult is a request for a clinical service when interface with a software package is necessary. Sites may consider these clinical or administrative depending on the consult service request.

f. **Community Care.** Community care provides eligible Veterans with legally authorized, timely, and appropriate access to medically necessary hospital care, medical services, and extended care services outside of VA health care from a network of community health care clinicians through three programs: Pre-Authorized Care, Authorized Emergency Treatment, and the Urgent Care Benefit.

g. **Community Care Consult.** A community care consult is a request for care in the community. For guidance on community care consults, please reference the Office of Integrated Veteran Care (IVC) Field Guidebook linked here: https://apps.gov.powerapps.us/play/e/default-e95f1b23-abaf-45ee-821d-b7ab251ab3bf/a/7dbf48fe-3122-4772-9fdd-02c2693f6fb4?tenantId=e95f1b23-abaf-45ee-821d-b7ab251ab3bf&sourcetime=1723469161296#. ***NOTE:*** *This is an internal VA website that is not available to the public.*

h. **Consult Actions.** The various consult actions are defined as the following:

(1) **Add Comments.** The Add Comments action is used to enable and document communication, including instructions to the scheduling staff and Consult Toolbox (CTB)

comments. Adding comments may trigger an alert to other staff, such as the VA medical facility consult referring clinician depending on the consult notification setup. Simply adding comments does not change the status of the consult.

(2) **Administrative Complete.** The Administrative Complete action can be used by staff designated by the VA medical facility (e.g., Group Practice Managers (GPMs), Administrative Officers (AOs), and Medical Support Assistant (MSAs)) to complete a consult without attaching a progress note to the consult. Completing the consult triggers an alert to the VA medical facility consult referring clinician. ***NOTE:*** *This action does not generate workload or an encounter. When reviewing a completed consult in reports, it may not be clear whether the consult was completed administratively or with a progress note but can be viewed in the EHR to determine if a note is attached.* Please reference the IVC Field Guidebook for use of the Administrative Complete action for management of community care consults: https://apps.gov.powerapps.us/play/e/default-e95f1b23-abaf-45ee-821d-b7ab251ab3bf/a/7dbf48fe-3122-4772-9fdd-02c2693f6fb4?tenantId=e95f1b23-abaf-45ee-821d-b7ab251ab3bf&sourcetime=1723469161296#. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(3) **Cancel/Deny.** The Cancel/Deny action may be used by the VA medical facility consult referring clinician or VA medical facility consult receiving clinician. The Cancel/Deny action should be used in all instances when the consult is no longer needed. Selection of this action sends an alert to the VA medical facility consult referring clinician. The Discontinue action in CPRS should no longer be used other than with use of the auto discontinued patch. An exception to this is that the ordering provider may Discontinue the consult order as needed if the system does not allow the selection of Cancel. ***NOTE:*** *Comments must not be added to a consult after the consult has been discontinued.* ***Exemption:*** *Non-formulary request process: Pharmacy staff are not required to adhere to the consult standards that prohibit the use of the "Discontinue" function for administrative consult requests stipulated in this directive. Instead, consults with titles including [space] Prior Authorization Drug Request (PADR), for example DrugX PADR, may use the "Discontinue" function.*

(4) **Complete.** The Complete action may be used when a consult is completed, or the results are updated when a consult progress note is attached to the consult. An alert is sent to the VA medical facility consult referring clinician.

(5) **Disassociated Result.** The Disassociated Result action occurs when a progress note connected to a consult has been saved to the consult but not signed, and the note is deleted. The VA medical facility Activity Log in the consult shows the activity as Disassociated Result, lists the date and time the note was deleted, as well as the progress note file number. The consult status will change from Partial Results to Active when the note is deleted. VA medical facility staff trying to resolve these errors should work with the VA medical facility Heath Information Management Service (HIMS) Office if the author of the note is not available.

(6) **Edit/Resubmit.** The Edit/Resubmit action is used by the VA medical facility

consult referring clinician or VA medical facility consult receiving clinician to resubmit a cancelled consult after appropriate modification. An alert is sent to the VA medical facility consult receiving clinician. The nationally implemented patch GMRC*3.0*113 auto-discontinues consults according to the facility setting, which should be at maximum 90 calendar days from the cancellation date.

(7) **Forward.** The Forward action is selected by the VA medical facility consult receiving clinician to send the consult to another service (not to a specific clinician). Forwarding consults to community care is required as part of the One Consult process. ***NOTE:*** *Consults should not be forwarded to Prosthetics and Sensory Aide Service (PSAS) for action because the prosthetics software package will not receive forwards. Community care consults must not be forwarded to an interfacility consult (IFC) title. Clinical procedure consults cannot be forwarded.*

(8) **Receive.** The Receive action is used by the VA medical facility Referral Coordination Team (RCT)/Receiving Service to acknowledge receipt of a new consult. This action automatically updates the status of the consult from Pending to Active. Timeframes required for receiving consults are outlined in the Consult Timeliness SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(9) **Schedule.** The Schedule action for a consult must be done through the approved scheduling package at the time of scheduling by taking action on the consult and automatically moving the consult to scheduled status. If the consult action “Schedule” is selected in CPRS, it prevents linking consults with appointments.

(10) **Significant Findings.** The Significant Findings action allows a VA medical facility consult receiving clinician to flag a consult as containing vital or specific information for special attention. This triggers an alert to the VA medical facility consult referring clinician.

i. **Consult Statuses.** The various statuses of a consult are defined as the following:

(1) **Active (a).** The Active (a) status occurs when a consult is “Received,” and efforts are underway to fulfill a consult. A consult also reverts to “Active” when an associated appointment is cancelled or processed as a no show. A consult also reverts to “Active” when an unsigned progress note is deleted from the consult.

(2) **Cancelled (x).** The Cancelled (x) status results from the utilization of the Cancel/Deny action. Consults in Cancelled status may be resubmitted within 90 calendar days of the cancellation date but may not be cancelled more than three times and may not be resubmitted more than two times. Consults that are cancelled will be auto discontinued at a maximum of 90 calendar days from the cancellation date according to facility setting using the mandatory CPRS patch GMRC *3*113 that changes the status of cancelled consults to Discontinue.

(3) **Discontinue (dc).** The Discontinue (dc) action should no longer be used by consult receiving clinicians when the consult is no longer needed. Cancelled consults

will change to a Discontinue status after 90 calendar days in a Cancelled status and will therefore no longer be able to be resubmitted. ***NOTE:*** *Comments must not be added to a consult after the consult has been discontinued.*

(4) **Partial Result (pr).** The Partial Result (pr) status designates partial but not complete resolution of the consult request. The consult is in the "Partial Results" status when the consult reply note is saved and not signed by the author or a cosigner.

(5) **Pending (p).** The Pending (p) status designates a consult request that has been ordered, forwarded to another service, or Edit/Resubmitted, but not yet received or scheduled by the VA medical facility consult receiving service.

(6) **Scheduled (s).** The Scheduled (s) status indicates that an appointment has been made and linked to the consult request. The consult status should not be changed to "Scheduled" via the CPRS Action "Schedule" action. Scheduled status should instead only occur when the appointment is appropriately linked by staff with scheduling keys (e.g., MSAs) when making the appointment.

j. **Consult Toolbox.** The Consult Toolbox (CTB) is an application that provides a list of standardized responses with which staff responsible for consult management (clinical and administrative) must populate consults. This tool can be used to manage tasks, such as tracking VA medical facility RCT consult actions, Unable to Schedule documentation, appointment outreach calls and letters, community care consult processing, providing instructions regarding scheduling, and cancellation of consults. Standard responses also allow consult managers to better manage each step of the episode of care. The CTB allows for appropriate consult management processes to take place by using standardized comments to capture actions in consults and allow for data analysis/workload monitoring.

k. **E-Consult.** An E-Consult is a clinical consultation involving chart review which does not entail a face-to-face examination of the Veteran. The VA medical facility consult receiving clinician provides diagnostic and/or medical management recommendations of a specific Veteran in response to a request seeking opinion, advice, or expertise. E-Consults must be used to provide further recommendations in place of cancelling a consult if a work-up is incomplete based on Care Coordination/Service Agreement requirements.

l. **Electronic Health Record.** EHR is the digital collection of patient health information resulting from clinical patient care, medical testing, and other care-related activities. Authorized VA health care providers may access EHR to facilitate and document medical care. EHR comprises existing and forthcoming VA software including CPRS, VistA, and Oracle Health platforms. ***NOTE:*** *The purpose of this definition is to adopt a short, general term (EHR) to use in VHA national policy in place of software-specific terms while VA transitions platforms.*

m. **Future Care Consults.** Future Care consults are requests where the Patient Indicated Date (PID) is beyond 90 calendar days from the File Entry Date (FED) and the

expectation is that care will be delivered beyond 90 calendar days. Future Care naming conventions for consult titles that include the words “Future Care” no longer need to be used. Requests for care in the future should now be indicated by VA medical facility consult referring clinicians by entering a PID set for a future date.

n. **Interfacility Consult.** Interfacility consults (IFCs) are consults that can be transmitted between VA medical facilities. IFCs are used for care that may be offered at one VA medical facility but not offered or available at the requesting site. Care Coordination/Service Agreements and coordination between VA medical facilities are needed between the VA medical facilities that will receive consults or send consults to another VA medical facility. The IFC process is based on proper file set up at both the consult requesting and receiving sites. Refer to the Interfacility Consult SOP at https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

o. **Low Risk Clinics.** Low Risk Clinics are clinics designated for the delivery of non-urgent elective care which require less stringent scheduling efforts as outlined in the Minimum Scheduling Effort (MSE) SOP. A full nationally defined list of Low Risk Clinical care areas can also be found in the Minimum Scheduling Effort SOP at the following link: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

p. **Modalities of Care.** Modalities of care are various methods of care delivered to eligible Veterans. These modalities include in-person, virtual care options, IFCs, and community care.

q. **No Later Than Date.** The No Later Than Date is the date by which the care should be delivered via linked consult appointment (where applicable) if provided in the scheduling instructions.

r. **Patient Indicated Date.** The PID is the date the clinician and Veteran agree is clinically indicated for care. In the absence of clinician input, the PID is the Veteran’s preferred date. The PID cannot be changed due to capacity or access reasons. ***NOTE:*** *The PID for a consult must be entered by the VA medical facility consult referring clinician in the consult request “Clinically Indicated Date (CID)” field and cannot be changed by the VA medical facility consult receiving clinician. The referring clinician is required to determine the PID and enter that date in the initially blank CID/PID field. The date should represent the earliest appropriate timeframe for care. Please also refer to paragraph 5.j.(6).*

s. **Prosthetics and Sensory Aide Service Consults.** A Prosthetics and Sensory Aide Service (PSAS) consult is used to prescribe or request a PSAS device or service for an individual patient. PSAS consults include administrative requests for prosthetic and orthotic devices provided within and outside of VA as well as clinical requests for services that require an appointment. Please refer to updated scheduling requirements due to implementation of FLOW 4 in the Consult Timeliness SOP:

https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

t. **Referral Coordination Teams.** Referral Coordination Teams (RCTs) serve to inform patients who have been referred for specialty services about their full range of options for care, including the benefits of receiving their care within VA health care system, and schedule this care quickly. The RCT also discusses community care eligibility with patients. The RCT comprises of clinical and administrative members who will implement the process at the VA medical facility level.

u. **Unable to Schedule.** Unable to Schedule is documented in the Consult Toolbox and is used to track consults that are unable to be scheduled. Consults are to remain open until the care is delivered. For additional details regarding the Unable to Schedule process, please refer to the Unable to Schedule SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

v. **Urgency Classification.** The urgency classification is used by the VA medical facility consult referring clinician to communicate a timeframe when the consult should be addressed.

(1) **Routine Urgency.** A Routine urgency is a standard, non-stat need for care. If scheduling is required, Routine urgency indicates the Veteran should be seen in accordance with the PID or with scheduling instructions entered in the comments by the VA medical facility consult receiving clinician. This may include entry of the No Later Than Date in comments in the body of the consult.

(2) **Stat Urgency.** A Stat urgency is an “immediate” need and requires a PID of Today, documented communication between the VA medical facility consult referring clinician and VA medical facility consult receiving clinician at the time of consult entry, and completion within 48 hours.

4. POLICY

It is VHA policy to ensure timely and clinically appropriate care to all Veterans by standardizing and managing consult processes. Additional program specific standards and guidance (which may be more stringent) outlined in other VHA directives and SOPs should be followed if applicable.

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Integrated Veteran Care.** The Assistant Under Secretary for Health for Integrated Veteran Care responsible for:

(1) Developing, improving, and monitoring VHA consult policy, process education,

and training in collaboration with national program offices, including community care.

(2) Providing consult management reports and data as needed and upon request.

(3) Designating and approving Low Risk Clinics.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the VISNs.

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

d. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

(2) Overseeing implementation of this directive and performance management within the VISN.

(3) Reviewing and applying corrective measures as needed to address issues identified in VISN data on consult quality outcomes.

(4) Providing guidance on implementation of standardized processes for consult coordination management and reporting across the VISN.

(5) Ensuring VA medical facility services within the VISN are available across the VISN in order to support consults for care management by providing funding, staffing, and other support.

(6) Ensuring the implementation and use of VISN-level Care Coordination/Service Agreements and agreements between VA medical facilities within the VISN (including those used for E-Consults, telehealth, or telephone-only care), to increase cross-VISN care delivery options by utilizing a variety of modalities including IFCs, clinical contact centers, telehealth, and Clinical Resource Hubs (CRHs) to conduct a VISN-wide assessment of available services and partner within the VISN to leverage those specialties. Refer to the Care Coordination Service Agreement SOP https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTES:*** *(1) This is an internal VA website that is not available to the public. (2) TOS and TSAs may be considered equivalents in satisfying the requirements of a Care Coordination/Service Agreement for telehealth services. For additional guidance on TOS and TSA please reference VHA Directives 1914(1) and 1915.*

(7) Overseeing VISN consult management processes and monitoring timely processing of consults in accordance with the Consult Timeliness SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(8) Ensuring effective implementation and oversight of all VA medical facility RCTs in the VISN in accordance with the Referral Coordination Initiative (RCI) Guidebook: https://dvagov.sharepoint.com/sites/ReferralCoordinationInit/SitePages/RCI%20Home%20Page-2.0.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(9) Assigning a VISN-level point of contact to be responsible for consult management coordination within the VISN and to serve as a liaison at the national level.

e. **VA Medical Facility Director.** The VA medical facility Director, or designated member of the executive team, is responsible for:

(1) Ensuring oversight of overall VA medical facility implementation of the RCI and RCTs using the RCI Guidebook: https://dvagov.sharepoint.com/sites/ReferralCoordinationInit/SitePages/RCI%20Home%20Page-2.0.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public. VA medical facility Directors may ensure oversight by either establishing a committee for RCT oversight or incorporating RCT oversight into an existing committee as a standing agenda/reporting item. Examples of existing committees include Access Committee, IVC Community Care Oversight Council, and Consult Management Steering Committee.*

(2) Overseeing VA medical facility processes and outcomes, and adherence to national consult policies.

(3) Designating a Chair of the Consult Management Steering Committee or equivalent local functional committee and overseeing the Committee's operations. ***NOTE:*** *The Consult Management Steering Committee must assist the VA medical facility Director or the VA medical facility Chief of Staff, when designated, in the management, implementation, and improvement of VA medical facility consult processes.*

(4) Ensuring that consults are not resubmitted more than two times or beyond 90 days of the cancellation date by VA medical facility clinical or administrative staff in receiving and referring services.

(5) Ensuring that all VA medical facility consults identified as "Unable to Schedule" are documented and tracked by the responsible VA medical facility clinician and/or responsible staff. Consults identified as "Unable to Schedule" must remain in an open status and appropriate documentation must take place using the CTB in accordance with the mandatory use elements outlined in Appendix A of the Consult Business Rules and Use of the Consult Package SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.as

px. Refer to the Unable to Schedule SOP for additional information: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(6) Ensuring VA medical facility consult receiving clinicians, community care and administrative staff use the CTB to manage tasks, such as tracking VA medical facility RCT consult actions; Unable to Schedule documentation; appointment outreach calls and letters; instructions regarding scheduling and cancellation of consults; telehealth appropriateness; use of the CTB priority tab to capture the appropriate consult priority for scheduling and consult management, as needed; community care consult processing including capturing Veteran community care scheduling preferences prior to the care being routed to community care and at the time of forwarding a consult to community care in order to capture the Veteran's community care eligibility. These standard responses are critical to better management of each step of the episode of care. The CTB allows for appropriate consult management processes to take place by using standardized comments to capture actions in consults and allowing for data analysis/workload monitoring in accordance with the mandatory use elements outlined in Appendix A of the Consult Business Rules and Use of the Consult Package SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(7) Allocating sufficient resources to enable management of consultations and delivery of care in accordance with this directive.

(8) Ensuring that all VA medical facility staff, including clinical and administrative staff (e.g., consult referring clinicians, consult receiving clinicians, RCTs, GPMs, and MSAs) involved in consult management complete the most current consult, CTB, and RCI trainings as outlined in paragraph 6 below.

(9) Ensuring that personnel involved in consult entry have access to enter consult requests within their respective scope of practice (including clinical and administrative staff).

(10) Ensuring that the VA medical facility Office of Information and Technology (OIT) or Clinical Informatics staff set the patch GMRC*3*113 Cancelled to Discontinued Consults to active as outlined in the CPRS: Consult Request/Tracking Technical Manual (GMRC) available at https://www.va.gov/vdl/application.asp?appid=62. This patch contains a routine that runs overnight, changing cancelled status consults to discontinued according to the period of time specified in the parameter. This option must be set to run by selecting "Yes" by OIT or Clinical Informatics, or personnel with access to the VistA Option: GMRC CX TO DC PARAMETER EDIT. The patch setting should be determined by the VA medical facility Consult Steering Committee at least 31 days and no more than 91 days from the date of cancellation.

(11) Ensuring that the VA medical facility Consult Steering Committee advises VA medical facility health informatics staff, such as Clinical Application Coordinators (CACs) on following specific consult set-up rules, stop code alignment, and naming

conventions. This includes ensuring that clinic stop codes match corresponding consult associated stop codes so that appointments link to the consult.

(12) Adhering to national timeliness, completion, and processes and procedures as set in the Consult Timeliness SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(13) Ensuring that the VA medical facility utilizes community care in accordance with regulatory authority and guidance from community care.

(14) Ensuring that the VA medical facility community care staff process community care consults following the guidance and timeliness expectations in the IVC Field Guidebook: https://apps.gov.powerapps.us/play/e/default-e95f1b23-abaf-45ee-821d-b7ab251ab3bf/a/7dbf48fe-3122-4772-9fdd-02c2693f6fb4?tenantId=e95f1b23-abaf-45ee-821d-b7ab251ab3bf&sourcetime=172346916129. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(15) Monitoring VA medical facility compliance for capturing Veterans' community care scheduling preferences prior to forwarding to community care in order to coordinate timelier care for the Veteran.

f. **VA Medical Facility Chief of Staff.** The VA medical facility Chief of Staff is responsible for:

(1) Ensuring that the EHR consult package is used by VA medical facility consult referring clinicians and VA medical facility consult receiving clinicians for all clinical consultations.

(2) Regularly reviewing and improving VA medical facility consult and RCI performance and outcomes. ***NOTE:*** *This review should occur monthly and more frequently if outcomes are not being met.*

(3) Utilizing CRH resources when the VA medical facility is experiencing clinical gaps or is recognized as an underserved facility.

(4) Reviewing consult quality outcomes at the VA medical facility and applying corrective measures as needed.

(5) Ensuring that all VA medical facility Health Professions Trainees (HPTs) complete consult training as part of their mandatory onboarding training.

(6) Ensuring that all VA medical facility clinical staff involved in consult management and RCI complete the most current consult, CTB, and RCI trainings as outlined in paragraph 6 below.

(7) Ensuring oversight of clinical implementation of VA medical facility RCTs using the RCI Guidebook:

https://dvagov.sharepoint.com/sites/ReferralCoordinationInit/SitePages/RCI%20Home%20Page-2.0.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(8) Ensuring that the VA medical facility complies with the designation of low-risk clinics approved by the Assistant Under Secretary for Health for Integrated Veteran Care. ***NOTE:*** *VA medical facilities may not designate individual clinics as low risk.*

(9) Ensuring that no shows and appointment cancellations are documented by responsible staff members, including the VA medical facility consult receiving clinician or administrative staff. Refer to the Minimum Scheduling Effort SOP for additional information: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(10) Ensuring that the VA medical facility does not utilize Group Closure of Consults "VistA Group Update Option" because of the risk of closing a consult without delivering needed care.

(11) Ensuring implementation and use of VA medical facility Care Coordination/Service Agreements both within and external to the VA medical facility to increase care delivery options, while leveraging all available modalities of care (e.g., in-person, telephone-only, telehealth, E-Consult, etc.) and making effective use of VISN and national resources (e.g., CRHs, National Telehealth Hubs, Clinical Contact Centers). The use of these Care Coordination/Service Agreements to maximize care delivery options within the VA is highly encouraged and should be developed as outlined in the Care Coordination Service Agreement SOP (https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx) and ensure appropriate use of the IFC process as outlined in the Interfacility Consult SOP (https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx). ***NOTES:*** *(1) This is an internal VA website that is not available to the public. (2) TOS and TSAs may be considered equivalents in satisfying the requirements of a Care Coordination/Service Agreement for telehealth services. For additional guidance on TOS and TSA please reference VHA Directives 1914(1) and 1915.*

(12) Ensuring that all VA medical facility consult referring clinicians are appropriately entering consults following the appropriate consult pathways for care available.

(13) Monitoring the utilization trends and appropriate use of Best Medical Interest (BMI) eligibility reasons when VA medical facility consults are referred to community care.

(14) Ensuring clinician compliance with the use of consult urgency classifications and Stat consult processes, as well as with guidance on how to change urgency status when needed. ***NOTE:*** *The only acceptable urgencies are Routine and Stat (see definition for urgency classifications). Stat consults require a PID of Today, a*

documented warm handoff from the VA medical facility consult referring clinician to VA medical facility consult receiving clinician, and completion within 48 hours.

g. **VA Medical Facility Service Line Chiefs and Department Clinical Leaders.** VA medical facility Service Line Chiefs and Department Clinical Leaders, including Nurse Managers and Section Chiefs, are responsible for:

(1) Adhering to any national consult related guidance and timeliness standards issued by IVC.

(2) Reviewing and improving service or departmental performance gaps on a regular basis, as determined locally.

(3) Ensuring that consults are submitted in accordance with the health care provider's credentials, privileges, and scope of practice.

(4) Creating, managing, and improving access by developing and signing service line or department Care Coordination/Service Agreements. These should be utilized with a goal of optimizing consult relationships, establishing clear processes, increasing the use of appointment modality options as part of the consult process and reducing the need for inspection and rework. Consult templates in EHR are used to assist in the operationalization of Care Coordination/Service Agreements and enhance the effectiveness of consults. ***NOTES:*** *(1) Refer to the Care Coordination Service Agreement SOP for additional information: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. This is an internal VA website that is not available to the public. (2) TOS and TSAs may be considered equivalents in satisfying the requirements of a Care Coordination/Service Agreement for telehealth services. For additional guidance on TOS and TSA please reference VHA Directives 1914(1) and 1915.*

(5) Ensuring that the VA medical facility service line's or department's IFCs are being used as appropriate and that timely follow up and oversight is occurring. Refer to the Interfacility Consult SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(6) Identifying, requesting, and managing resources needed to comply with consult key performance indicators.

(7) Ensuring that all VA medical facility service line or department consult referring clinicians are appropriately entering consults following the appropriate consult pathways for care available.

(8) Monitoring the VA medical facility service line or department consult receiving clinician's compliance for capturing Veterans community care scheduling preferences prior to forwarding to community care in order to coordinate timelier care for the Veteran.

h. **Chair, VA Medical Facility Consult Management Steering Committee.** Each VA medical facility must have a committee that performs consult oversight functions. The Chair of the VA medical facility Consult Management Steering Committee, or an equivalent local functional committee, such as an RCT Oversight Committee, is responsible for:

(1) Assisting the VA medical facility Director and VA medical facility Chief of Staff in the oversight, management, implementation, and improvement of the VA medical facility consult processes, to include all consult services.

(2) Ensuring VA medical facility adherence to this directive, and subsequent amendments, SOPs, and any other documents, policies, or agreements that impact consult management processes and any consult-related national program office guidance and timeliness standards.

(3) Advising VA medical facility health informatics staff, such as CACs, on following specific consult set up rules, stop code alignment, and naming conventions, in accordance with the Consult Business Rules and Use of the Consult Package SOP available on the following SharePoint site: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(4) Providing oversight of the RCI process implementation and functioning according to the guidance in the RCI Guidebook: https://dvagov.sharepoint.com/sites/ReferralCoordinationInit/SitePages/RCI%20Home%20Page-2.0.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.* This includes:

(a) Establishing oversight for the VA medical facility RCT within the current governance structure (e.g., Community Care Oversight Committee, Access Committee, Consult Management Steering Committee).

(b) Reviewing and updating the committee charter to include VA medical facility RCT oversight.

(c) Monitoring the RCI Key Performance Indicators utilizing the RCI Dashboard.

(5) Facilitating establishment of consult flows that are consistent with national guidance and Care Coordination/Service Agreements (e.g., colonoscopy consults) per the national guidance outlined in Gastroenterology Access Improvement Implementation Guidebook: https://dvagov.sharepoint.com/sites/vhaovac/cpm/Shared%20Documents/Forms/Policy%20Site%20View.aspx?csf=1&web=1&e=tmBx9Y%2E&CID=c88ec0a4%2De953%2D4019%2Dbbf1%2D2a712abe2e02&FolderCTID=0x01200020599CE423A477458B59DC62B923A4B0&id=%2Fsites%2Fvhaovac%2Fcpm%2FShared%20Documents%2FGuidebooks%2FGastroenterology%20%28GI%29. The use of Care Coordination/Service Agreements to maximize care delivery options within the VA is highly encouraged. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(6) Selecting VA medical facility committee members from across all clinical, administrative, and technical services, including but not limited to Specialty Care, Primary Care, and Mental Health.

(7) Meeting regularly in accordance with VA medical facility Consult Management Steering Committee requirements.

(8) Participating in national consult performance improvement efforts.

(9) Supporting VA medical facility Chiefs of Consult Referring and Receiving Services' monitoring of VA medical facility consult receiving clinicians' compliance in capturing Veterans community care scheduling preferences prior to forwarding to community care in order to coordinate timelier care for the Veteran. ***NOTE:*** *The CTB must be used by the VA medical facility consult receiving clinician at the time of forwarding to community care in order to capture the appropriate community care eligibility reason and Veteran preferences in accordance with the mandatory use elements outlined in Appendix A of the* Consult Business Rules and Use of the Consult Package SOP*: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx*. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(10) Ensuring that the CTB is being utilized by both the clinical and administrative staff (for both in-house and community care consults) performing actions on a consult in accordance with the mandatory use elements outlined in Appendix A of the Consult Business Rules and Use of the Consult Package SOP (https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx) by using the CTB Usage Summary report located on the VHA Support Service Center (VSSC): https://vssc.med.va.gov/VSSCAgreements/Default.aspx?locn=vssc.med.va.gov. ***NOTE:*** *This is an internal VA website that is not available to the public.*

i. **VA Medical Facility Chiefs of Consult Referring Services.** In addition to the VA medical facility Service Line Chiefs' and Department Clinical Leaders' responsibilities listed in paragraph 5.g., VA medical facility Chiefs of Consult Referring Services (e.g., Chief of Primary Care) are responsible for:

(1) Ensuring that VA medical facility consult referring clinicians and responsible consult referring administrative staff adhere to Care Coordination/Service Agreements.

(2) Collaborating with consult receiving services on the development of Care Coordination/Service Agreements to provide clear guidance on the ordering of consults and to maximize the options to deliver care to Veterans in other VA medical facilities within the VISN in order to increase access.

(3) Ensuring that VA medical facility consult referring clinicians comply with the use of consult urgency classifications and Stat consult processes as well as with guidance on how to change urgency status when needed.

(a) The only acceptable urgencies are Routine and Stat (see definition for urgency classifications).

(b) For Stat consults, the VA medical facility consult referring clinician must enter Today in the PID field of the consult request and enter Stat in the urgency field of the consult. The VA medical facility consult referring clinician is required to document contact with the VA medical facility consult receiving clinician and schedule an appointment or document when the VA medical facility consult receiving clinician will see the Veteran before the Veteran leaves the clinic. The Stat consult must be completed within 48 hours.

(c) If the consult urgency (Routine or Stat) is entered incorrectly (for example, entered as Stat but not clinically indicated to be completed within 48 hours), the VA medical facility consult referring clinician or VA medical facility consult receiving clinician may change the urgency using the Cancel/Edit/Resubmit process after clinical review and documentation of reasons for the change.

(4) Ensuring that VA medical facility consult referring clinicians complete the following tasks: document contact with the VA medical facility consult receiving clinician for any Stat consults, make sure Veterans understand the recommended timeframe for the appointment, and complete the consult request for all consults, review the status of consults to make sure that consult timeliness processes are followed in accordance with the Consult Timeliness SOP: (https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx), review and act on the results of completed consults for clinical services, and review discontinued or cancelled consults to determine if additional clinical measures are necessary. ***NOTE:*** *Comments must not be added to a consult after the consult has been discontinued.* ***NOTE:*** *This is an internal VA website that is not available to the public.*

(5) Ensuring that VA medical facility consult referring clinicians enter Gastroenterology Colonoscopy consults in accordance with the guidance in the Gastroenterology Colonoscopy SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(6) Ensuring that VA medical facility consult referring clinicians comply with the guidance on the use of consults for established patients in medical specialty and surgical specialty care areas, physical medicine and rehabilitation services and mental health for referrals within teams and completion of initial consults. Refer to the Consult Use for Established Patients Medical Specialty and Surgical Specialty Care Area SOP, Consult Use for Established Patients in Physical Medicine and Rehabilitation Services SOP, and Consult Use for Established Patients in Mental Health SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE***: *This is an internal VA website that is not available to the public.*

(7) Ensuring that VA medical facility consult referring clinicians actively participate in

the implementation of the RCI process using the RCI Guidebook: https://dvagov.sharepoint.com/sites/ReferralCoordinationInit/SitePages/RCI%20Home%20Page-2.0.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.* This includes:

(a) Participating with VA medical facility Chiefs of Consult Receiving Services and RCT in the development and updates to the Care Coordination/Service Agreements.

(b) Providing education for the VA medical facility consult referring clinicians to have the initial, high-level conversations with Veterans about the value of choosing VA and follow all pre-consult guidelines and clinical pathways prior to entering the consult.

(c) Educating VA medical facility consult referring clinicians to enter consults as soon as possible and prior to concluding the appointment when possible.

(d) Communicating with Veterans prior to check-out to provide information on next steps that the VA medical facility RCT will take (e.g., determine warm handoff process) and direct the Veteran to additional RCI information as needed: https://dvagov.sharepoint.com/sites/ReferralCoordinationInit/SitePages/RCI-Communications%20-2.0.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(e) Educating VA medical facility consult referring clinicians that the use of BMI requires clear clinical documentation of medical need. The consult must be triaged by the VA medical facility RCT and the RCT must consider BMI recommendation.

(8) Completing the training in paragraph 6 below as applicable, and ensuring that VA medical facility consult referring clinicians complete the training in paragraph 6 as applicable.

(9) Ensuring that VA medical facility consult referring clinicians are appropriately entering consults following the appropriate consult pathways for care available.

(10) Ensuring that consults that are “released without MD signature” by policy are only entered by VA medical facility staff with the appropriate scope of practice and adhere to VA medical facility policy.

(11) Educating VA health care providers that consults in a Cancelled status may be resubmitted within 90 days of the cancellation date when appropriate but may not be cancelled more than three times and may not be resubmitted more than two times. ***NOTE:*** *Consults that are cancelled beyond 90* calendar *days will be auto-discontinued using the mandatory CPRS Patch GMRC*3*113. Requests may be cancelled by VA medical facility consult referring clinicians in the orders tab or in the CTB. A cancellation reason must be captured in the CTB.*

(12) Ensuring that IFCs for the service are being used as appropriate and that timely follow up and oversight is occurring. Refer to the Interfacility Consult SOP https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.as

px. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(13) Ensuring that VA medical facility consult referring clinicians adhere to the processes, procedures, and requirements in the VHA Use of Stat Urgency Status for Consults from Emergency Department and Urgent Care Centers SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

j. **VA Medical Facility Consult Referring Clinicians.** The VA medical facility consult referring clinician, or responsible consult referring staff member (e.g., Primary Care Clinician), is responsible for:

(1) Collaborating with consult receiving services and the RCT in implementation of the RCI process in accordance with the RCI Guidebook: https://dvagov.sharepoint.com/sites/ReferralCoordinationInit/SitePages/RCI%20Home%20Page-2.0.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(2) Adhering to Care Coordination/Service Agreements, which includes completion of appropriate and timely pre-work including medication, treatment, and testing as needed. Any work-up to be performed that is outside of the Care Coordination/Service Agreement should be ordered by the VA medical facility consult receiving clinician to the extent possible.

(3) Complying with the use of consult urgency classifications and Stat consult processes.

(a) The only acceptable urgencies are Routine and Stat (see definition for urgency classifications).

(b) For Stat consults, the VA medical facility consult referring clinician must enter Today in the PID field of the consult request and enter Stat in the urgency field of the consult. The VA medical facility consult referring clinician is required to document contact with the VA medical facility consult receiving clinician and schedule an appointment or document when the VA medical facility consult receiving clinician will see the Veteran before the Veteran leaves the clinic.

(c) If the consults urgency (Routine or Stat) is entered incorrectly, the VA medical facility consult referring clinician may change the urgency using the Cancel/Edit/Resubmit process after clinical review and documentation to justify the change.

(4) Ensuring that Veterans understand the reason for consultation and are willing to schedule necessary consult appointments.

(5) Submitting E-Consults to request clinical guidance when appropriate. ***NOTE:*** *For additional information on E-Consults, please refer to the E-Consult Implementation Guidebook:*

https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. *This is an internal VA website that is not available to the public.*

(6) Determining the PID (as defined in paragraph 3.r.) and entering that date in the initially blank CID/PID field consult order. The date should represent the earliest appropriate timeframe for care. The PID must be based on clinical determination and not based on clinic availability. VA medical facility consult referring clinicians should appropriately document the PID based on clinical indication. ***NOTE:*** *The PID must be entered into the consult request in the field labelled Clinically Indicated Date.* Please note exceptions allowing the use of pre-populated PIDs for gastroenterology colonoscopy procedures as outlined in the Gastroenterology Colonoscopy SOP. While the Gastroenterology Colonoscopy SOP specifies a pre-populated PID for screening and surveillance colonoscopy, VA medical facility consult referring clinicians may adjust the pre-populated PID as clinically indicated. The Gastroenterology Colonoscopy SOP is located at the following link: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(7) Indicating the need for Future Care using the PID without requiring Future Care consult titles.

(8) Adhering to the consult timeliness guidance as outlined in the Consult Timeliness SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(9) Ensuring that Gastroenterology Colonoscopy consults are entered in accordance with the guidance in the Gastroenterology Colonoscopy SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(10) Complying with the guidance on the use of consults for established patients in medical specialty and surgical specialty care areas, physical medicine and rehabilitation services and mental health for referrals within teams and completion of initial consults. Refer to the Consult Use for Established Patients Medical Specialty and Surgical Specialty Care Areas SOP, Consult Use for Established Patients in Physical Medicine and Rehabilitation Services SOP, and Consult Use for Established Patients in Mental Health SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(11) Reviewing and responding to the results of all completed consults for clinical services as needed.

(12) Reviewing discontinued or cancelled consults to determine if additional clinical measures are necessary. ***NOTE:*** *Comments must not be added to a consult after the consult has been discontinued. VA medical facility consult referring clinicians are never*

to resubmit cancelled consults if they are more than 90 calendar days old.

(13) Resubmitting consults in Cancelled status within 90 calendar days after being changed to a Cancelled status as needed. ***NOTE:*** *Consults that are cancelled beyond 90 calendar days will be auto-discontinued using the mandatory CPRS Patch GMRC*3*113. Requests may be discontinued by VA medical facility consult referring clinicians in the orders tab or in the CTB. A cancellation reason must be captured in the CTB. Please refer to the Minimum Scheduling Effort SOP for additional information: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. This is an internal VA website that is not available to the public.*

(14) Sending consults directly to community care in accordance with regulatory authority and guidance from community care.

(15) Ensuring appropriate use of the BMI option when referring to community care.

(16) Completing the training in paragraph 6 below as applicable.

(17) Appropriately utilizing IFCs and ensuring timely follow-up. Refer to the Interfacility Consult SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(18) Collaborating with VA medical facility consult receiving services and RCT to develop pre-consult guidelines, clinical pathways, modifications of consult templates, as needed, and Care Coordination/Service Agreements.

(19) Adhering to the processes, procedures, and requirements in the VHA Use of Stat Urgency Status for Consults from Emergency Department and Urgent Care Centers SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

k. **VA Medical Facility Chiefs of Consult Receiving Services.** In addition to the VA medical facility Service Line Chiefs and Department Clinical Leaders responsibilities listed in paragraph 5.g., the VA medical facility Chiefs of Consult Receiving Services (e.g., Chief of Cardiology) are responsible for:

(1) Collaborating with the VA medical facility RCT and consult referring services to develop pre-consult guidelines, clinical pathways, modifications of consult templates as needed and Care Coordination/Service Agreements.

(2) Ensuring that VA medical facility consult receiving clinicians and responsible consult receiving administrative staff members adhere to relevant Care Coordination/Service Agreements. Any work-up to be performed that is outside of the Care Coordination/Service Agreement should be ordered by the VA medical facility consult receiving clinician to the extent possible.

(3) Ensuring VA medical facility consult receiving clinicians review and respond to consult requests in accordance with the Consult Timeliness SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.* Review for clinical appropriateness and scheduling guidance must take place at the time of "receiving" a consult.

(4) Ensuring VA medical facility consult receiving clinicians' compliance with consult urgency classifications and Stat consult processes.

(a) The only acceptable urgencies are Routine and Stat (see definition for urgency classifications).

(b) If the consults urgency (Routine or Stat) is entered incorrectly, the VA medical facility consult receiving clinician may change the urgency using the Cancel/Edit/Resubmit process after clinical review and documentation to justify the change.

(5) Ensuring VA medical facility consult receiving clinicians comply with the guidance on the use of consults for established patients in medical specialty and surgical specialty care areas, physical medicine and rehabilitation services and mental health for referrals within teams and completion of initial consults. Refer to the Consult Use for Established Patients Medical Specialty and Surgical Specialty Care Area SOP, Consult Use for Established Patients in Physical Medicine and Rehabilitation Services SOP, and Consult Use for Established Patients in Mental Health SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(6) Collaborating with VA medical facility consult referring services and the VA medical facility RCT in implementation of the RCI process in accordance with the RCI Guidebook: https://dvagov.sharepoint.com/sites/ReferralCoordinationInit/SitePages/RCI%20Home%20Page-2.0.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.* This includes:

(a) Providing service training to the VA medical facility RCT Triage/Scheduling team on the triage and scheduling of consults in the designated services.

(b) Retaining overall responsibility of designated triage and management of consults that do not easily conform to guidelines.

(7) Ensuring that consults to the service that are identified as "Unable to Schedule" are documented and tracked by the VA medical facility consult receiving clinician and staff/scheduler(s) using open consults and the CTB. This replaces the previous Electronic Wait List (EWL) process. Please refer to the Unable to Schedule SOP for additional information: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(8) Ensuring that VA medical facility consult receiving clinicians select the Forward status only when the VA medical facility consult receiving clinician or responsible consult receiving staff member decides to forward the consult to another consult service. The CTB must be used by the VA medical facility consult receiving clinician at the time of forwarding to community care in order to capture the appropriate community care eligibility reason in accordance with the mandatory use elements outlined in Appendix A of the Consult Business Rules and Use of the Consult Package SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is not used to forward to a specific clinician. An alert is sent to the VA medical facility consult referring clinician. Consults should not be forwarded to PSAS for action because the prosthetics software package will not receive forwards.*

(9) Ensuring that VA medical facility consult receiving clinicians or responsible consult receiving administrative staff (including the VA medical facility RCT) complete E-Consults in a timely manner according to the Consult Timeliness SOP (https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx) and answer consults as E-Consults when clinically appropriate, including in place of cancellation of consults when prerequisite tests or treatments have not been provided. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(10) Ensuring that VA medical facility consult receiving clinicians or responsible consult receiving staff members implement the "minimum scheduling effort" for non-responding Veterans in accordance with the Minimum Scheduling Effort SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(11) Ensuring that consults are cancelled appropriately by all VA medical facility receiving service clinical and/or administrative staff responsible for consult management. Consults cannot be cancelled to alleviate capacity issues. Consults may not be cancelled more than three times and may not be resubmitted more than two times before they are auto-discontinued. Consults should only be cancelled as outlined in the CTB cancellation reasons, based on the type of consult that is being cancelled in accordance with the mandatory use elements outlined in Appendix A of the Consult Business Rules and Use of the Consult Package SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(12) Ensuring that VA medical facility consult receiving clinicians or responsible consult receiving staff members document reasons for status changes in the consult comments including next steps needed for timely resolution of consults.

(13) Overseeing VA medical facility consult receiving clinicians' review of Veterans who fail to appear for the scheduled visit and their efforts to reschedule, if warranted by clinical urgency, or cancel the consult in accordance with the minimum scheduling effort processes described in the Minimum Scheduling Effort SOP. ***NOTE:*** *For the national list of low risk clinics, refer to the* Minimum Scheduling Effort SOP*: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.as*

px. This is an internal VA website that is not available to the public.

(14) Ensuring that VA medical facility consult receiving clinicians or responsible consult receiving staff members link consult notes properly with the consult request in the EHR consult package. The results may also be attached to the consult request by pasting them into the Administrative Complete dialogue. ***NOTE:*** *The Administrative Complete function must be used with extreme care to avoid compromising care.*

(15) Ensuring that VA medical facility consult receiving clinicians or responsible consult receiving staff members (e.g., RCT, RN case managers) appropriately process clinical procedure consults, which include entry and completion of the consult, data transfers into EHR and cancellation of duplicate or unnecessary consults.

(16) Ensuring compliance by VA medical facility consult receiving clinicians with requirements for consult reviews, as specified by HIMS, the Joint Commission, and any national audits.

(17) Ensuring that VA medical facility consult receiving clinicians or responsible consult receiving staff members Cancel, rather than Discontinue, all consults that are not needed and only in accordance with reasons as outlined in the CTB.

(18) Ensuring that, when appropriate, VA medical facility consult receiving clinicians resubmit consults in Cancelled status within 90 calendar days after being changed to a Cancelled status. ***NOTE:*** *Consults that are cancelled beyond 90* calendar *days will be auto-discontinued using the mandatory CPRS Patch GMRC*3*113. Requests may be cancelled by VA medical facility consult referring clinicians in the orders tab or by VA medical facility consult receiving clinicians or schedulers in the CTB. The CTB must be used at the time of cancelling a consult in order to capture an appropriate cancellation reason in accordance with the mandatory use elements outlined in Appendix A of the Consult Business Rules and Use of the Consult Package SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. This is an internal VA website that is not available to the public.*

(19) Ensuring (via regular review or audit as determined locally) that the consult is appropriately processed (e.g., changing status from Pending to Active) and that the CTB is used by VA medical facility consult receiving clinicians and staff/scheduler(s) for the documentation of Unable to Schedule reasons as outlined in the Unable to Schedule SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(20) Collaborating with local services (e.g., OIT, Biomedical Technology, Office of Health Informatics, Community Care) regarding the consult setup and process when the consult pathway incorporates areas, such as third-party software, technology interface, or image capture, while adhering to guidance including but not limited to consults to Vascular, Cardiology testing, Neurology testing, Pulmonary testing, and Gastroenterology. Please see the Gastroenterology Access Improvement

Implementation Guidebook for additional information on Gastroenterology consults: https://dvagov.sharepoint.com/sites/vhaovac/cpm/Shared%20Documents/Forms/Policy%20Site%20View.aspx?csf=1&web=1&e=tmBx9Y&CID=aad37e52%2D6959%2D4904%2Daa15%2D9e3b4b073e7b&FolderCTID=0x01200020599CE423A477458B59DC62B923A4B0&id=%2Fsites%2Fvhaovac%2Fcpm%2FShared%20Documents%2FGuidebooks%2FGastroenterology%20%28GI%29. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(21) Ensuring that VA medical facility consult receiving clinicians or responsible consult receiving staff members including RCTs follow the RCI Guidebook: https://dvagov.sharepoint.com/sites/ReferralCoordinationInit/SitePages/RCI%20Home%20Page-2.0.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(22) Completing the training in paragraph 6 below as applicable and ensuring that VA medical facility consult receiving clinicians complete the training in paragraph 6 as applicable.

(23) Ensuring that VA medical facility consult receiving Prosthetic clinicians and administrative staff:

(a) Adhere to the consult timeliness processes and procedures that are outlined in the Consult Timeliness SOP for clinical PSAS consults that require appointments: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(b) Adhere to the timeliness standards outlined in VHA Directive 1045(1), Coding, Market Analyses and Contract Guidance for Prosthetic Limb and/or Custom Orthotic Device Procurement, dated May 12, 2020, for administrative PSAS consults that are for prosthetic and orthotic devices and do not require appointments. ***NOTE:*** *VA medical facility prosthetic staff are not required to adhere to the timeliness standards stipulated above for PSAS consults that are administrative consult service requests. Instead, these consults should follow the PSAS Business Practice Guidelines for PSAS Consult Management: https://dvagov.sharepoint.com/sites/VHAProsthetics/Business%20Practice%20Guidelines/Forms/AllItems.aspx?id=%2Fsites%2FVHAProsthetics%2FBusiness%20Practice%20Guidelines%2FConsult%20Mgmt%2E%20BPG%2DRevised%208%2D1%2D2021%2Epdf&parent=%2Fsites%2FVHAProsthetics%2FBusiness%20Practice%20Guidelines. This is an internal VA website that is not available to the public.*

(24) Ensuring that VA medical facility consult receiving clinicians adhere to the processes, procedures, and requirements in the VHA Consultative Care in the Acute Care (Inpatient) Setting SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(25) Ensuring that VA medical facility consult receiving clinicians adhere to the

processes, procedures, and requirements in the VHA Use of Stat Urgency Status for Consults from Emergency Department and Urgent Care Centers SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

l. **VA Medical Facility Consult Receiving Clinicians.** The VA medical facility consult receiving clinician, or responsible consult receiving staff member (e.g., Specialty Care Clinician), is responsible for:

(1) Actively participating in implementation of the VA medical facility RCT in accordance with the RCI Guidebook: https://dvagov.sharepoint.com/sites/ReferralCoordinationInit/SitePages/RCI%20Home%20Page-2.0.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(2) Developing and adhering to the relevant Care Coordination/Service Agreements for the consult receiving service. Any work-up to be performed that is outside of the Care Coordination/Service Agreement must be ordered by the VA medical facility consult receiving clinician.

(3) Reviewing and responding to consult requests in accordance with the Consult Timeliness SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *Review for clinical appropriateness and scheduling guidance should take place at the time of "receiving" a consult. If the consult's urgency (Routine or Stat) is entered inappropriately, the VA medical facility consult receiving clinician may change the urgency using the Cancel/Edit/Resubmit process after clinical review and documentation to justify the change. This is an internal VA website that is not available to the public.*

(4) Answering consults as E-Consults where appropriate and possible, including when prerequisite tests or treatments have not been provided. Any work-up to be performed that is outside of the Care Coordination/Service Agreement must be ordered by the VA medical facility consult receiving clinician to the extent possible. ***NOTE:*** *The VA medical facility consult receiving clinician must provide diagnostic and medical management of a specific Veteran in response to a request seeking opinion, advice, or expertise. For additional information on E-Consults, please refer to the E-Consult Implementation Guide: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx.* ***NOTE****: This is an internal VA website that is not available to the public.*

(5) Utilizing information provided in the consult request and reviewing the Veteran's EHR to provide a documented response that addresses the request without a face-to-face visit when appropriate. ***NOTE:*** *VA medical facility consult referring clinicians may request an E-Consult; however, VA medical facility consult receiving clinicians may choose whether to request a face-to-face appointment. The VA medical facility consult receiving clinician may also decide to complete a face-to-face consult as an E-Consult,*

if appropriate.

(6) Appropriately processing clinical procedure consults, which include entry and completion of the consult, data transfers into the EHR and cancellation of duplicate or unnecessary consult.

(7) Complying with the guidance on the use of consults for established patients in medical specialty and surgical specialty care areas, physical medicine and rehabilitation services, and mental health for referrals within teams and completion of initial consults. Refer to the Consult Use for Established Patients Medical Specialty and Surgical Specialty Care Areas SOP, Consult Use for Established Patients in Physical Medicine and Rehabilitation Services SOP, and Consult Use for Established Patients in Mental Health SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE****: This is an internal VA website that is not available to the public.*

(8) Documenting if additional contact attempts are needed following failed minimum scheduling effort. Consults should be cancelled by the VA medical facility consult receiving clinician or administrative staff as outlined and in accordance with the Minimum Scheduling Effort SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(9) Documenting reasons for status changes in the consult comments, including next steps needed for timely resolution of consult. The CTB must be utilized whenever possible by all VA medical facility consult receiving clinicians and administrative staff (e.g., MSAs) involved in consult management.

(10) Using CTB to document Unable to Schedule reasons as referenced in the Unable to Schedule SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. This process replaces the previous EWL process. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(11) Using CTB to capture Veterans' scheduling preferences and eligibility prior to the care being forwarded to community care. ***NOTE:*** *The CTB must be used by the VA medical facility RCT or VA medical facility MSA at the time of forwarding to community care in order to capture the appropriate eligibility reason.*

(12) Selecting the Forward status only when the VA medical facility consult receiving clinician or responsible consult receiving staff member decides to forward the consult to another consult service. ***NOTE:*** *This is not used to forward to a specific clinician. An alert is sent to the VA medical facility consult referring clinician. Consults should not be forwarded to PSAS for action because the prosthetics software package will not receive forwards.*

(13) Reviewing appointments when Veteran fails to appear for the scheduled visit and initiating efforts to reschedule, if warranted by clinical urgency, or cancel/deny the

consult according to the minimum scheduling effort processes described in the Minimum Scheduling Effort SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(14) Linking consult notes properly with the consult request in the EHR consult package and attaching the results to the consult request by other means, such as pasting them into the Administrative Complete dialogue. ***NOTE:*** *The Administrative Complete function must be used with extreme care to avoid compromising care. When reviewing a completed consult in reports, it may not be clear whether the consult was completed administratively or with a progress note but it can be viewed in EHR to determine if a note is attached.*

(15) Complying with requirements for consult reviews, as specified by HIMS, the Joint Commission, and any national audits.

(16) Cancelling or denying all consults that are not needed using the CTB, rather than discontinuing. Consults may not be cancelled more than three times and may not be resubmitted more than two times before being auto-discontinued.

(17) Completing a Stat consult within 48 hours.

(18) Updating the status of Pending in the consult request as soon as possible and no later than 48 hours of the request receipt. ***NOTE:*** *Merely adding a comment without changing the status from Pending is not acceptable.*

(19) Forwarding consults to community care using the CTB as part of the One Consult process and in accordance with regulatory authority and guidance from community care. *The CTB must be used by the consult receiving clinician at the time of forwarding to community care in order to capture the appropriate community care eligibility reason.*

(20) Using IFCs appropriately and providing timely follow up and oversight for all IFCs the clinician is responsible for managing. Refer to the Interfacility Consult SOP https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(21) Completing the training in paragraph 6 below as applicable.

(22) Adhering to the following if a Prosthetics clinician or administrative staff:

(a) Adhere to the consult timeliness processes and procedures that are outlined in the Consult Timeliness SOP: (https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx) for clinical Orthotics, Prosthetics, and Pedorthics (OPPCS) consults that require appointments. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(b) Adhere to the timeliness standards outlined in VHA Directive 1045(1), Coding, Market Analyses and Contract Guidance for Prosthetic Limb and/or Custom Orthotic Device Procurement, dated May 12, 2020, for administrative PSAS consults that are for prosthetic and orthotic devices and do not require appointments. ***NOTE:*** *VA medical facility prosthetic staff are not required to adhere to the timeliness standards stipulated above for PSAS consults that are administrative consult service requests. Instead, these consults should follow the PSAS business practice guidelines: https://dvagov.sharepoint.com/sites/VHAProsthetics/Business%20Practice%20Guidelines/Forms/AllItems.aspx. This is an internal VA website that is not available to the public.*

(23) Adhering to the processes, procedures, and requirements in the VHA Consultative Care in the Acute Care (Inpatient) Setting SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(24) Adhering to the processes, procedures, and requirements in the VHA Use of Stat Urgency Status for Consults from Emergency Department and Urgent Care Centers SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

m. **VA Medical Facility Group Practice Manager.** The VA medical facility Group Practice Manager (GPM) may be responsible for some consult management activity as assigned locally and, if assigned consult management activities, is responsible for completing the required training as detailed in paragraph 6 below.

n. **VA Medical Facility Administrative Officer or Business Manager.** The VA medical facility Administrative Officer (AO) or Business Manager is responsible for:

(1) Following specific consult set up rules, stop code alignment, and naming conventions, which includes matching clinic stop codes with corresponding consult associated stop codes so that appointments link to the consult.

(2) Completing the required training as detailed in paragraph 6 below.

o. **VA Medical Facility Clinical Application Coordinator.** The VA medical facility Clinical Application Coordinator (CAC) is responsible for:

(1) Following specific consult set up rules, naming conventions, and associating the correct stop code(s) with the consult service.

(2) Ensuring that clinic stop codes match corresponding stop codes associated with consults to allow for appropriate consult and appointment linkage, per the Consult Business Rules SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(3) Setting up IFC consults appropriately in order to maximize the ability to refer

Veterans for care to other VA medical facilities. Refer to the Consult Business Rules and Use of the Consult Package SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

p. **VA Medical Facility Medical Support Assistant.** The VA medical facility medical support assistant (MSA) is responsible for scheduling consults in accordance with VHA Directive 1230, Outpatient Scheduling Management, dated June 1, 2022, using the CTB as outlined in this directive, and completing the required training in paragraph 6 below.

q. **VA Medical Facility Referral Coordination Team.** The VA medical facility Referral Coordination Team (RCT) serves to inform patients who have been referred for specialty services about their full range of options for care, including the benefits of receiving their care within VA health care system and scheduling this care quickly. The VA medical facility RCT also discusses community care eligibility with patients and determines telehealth appropriateness. The VA medical facility RCT comprises of clinical and administrative members, such as nurses and MSAs, who are responsible for implementing the process at the VA medical facility level. The VA medical facility RCT is responsible for:

(1) Implementing the RCI process at the VA medical facility in accordance with the RCI Guidebook: https://dvagov.sharepoint.com/sites/ReferralCoordinationInit/SitePages/RCI%20Home%20Page-2.0.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(2) Serving as the liaison between VA medical facility consult referring clinicians and specialty care services to ensure the Veteran receives timely and appropriate care.

(3) Assisting VA medical facility consult referring clinicians in managing consults.

(4) Providing Veterans with support and comprehensive information about health care options within VA and, if eligible, community care.

(5) Ensuring Veteran scheduling preferences for health care are captured in CTB and followed by the consult receiving service.

(6) Moving all consults from Pending to Scheduled status within the timeframes as outlined in the Consult Timeliness SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(7) Ensuring that VA medical facility IFCs are being used as appropriate and that timely follow up and oversight is occurring for all IFCs. Refer to the Interfacility Consult SOP at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(8) Triaging consults and considering BMI recommendations.

(9) Collaborating with the VA medical facility Chiefs of Consult Receiving Services and VA medical facility consult referring clinicians to develop pre-consult guidelines, clinical pathways, modifications of consult templates, as needed, and Care Coordination/Service Agreements.

6. TRAINING

Role-specific training is listed below for those who are involved in the consult or consult process.

a. One-time mandatory Talent Management System (TMS) training, which includes consult training, is required for VA medical facility Health Professional Trainees and is provided by the Office of Academic Affiliation. VHA Mandatory Training for Trainees (TMS # 3185966) and VHA Mandatory Training for Trainees Refresher (TMS # 3192008) are located at https://www.tms.va.gov/SecureAuth35/. ***NOTE:*** *This is an internal VA website that is not available to the public.*

b. Scheduling consult training is required for any VA medical facility staff member (e.g., MSA) involved in scheduling and processing consults in accordance with VHA Directive 1230.

c. Consult management training in TMS (Curricula # VHA-273) is required for all LIPs, including but not limited to MDs/DOs, Physician Assistants, and Nurse Practitioners within 120 calendars days of publication of this directive or for new LIPs within 120 calendar days of their start date. This training is highly recommended for other VA medical facility clinical or administrative staff (e.g., RCT members, GPMs, AOs, Consult Steering Committee members, schedulers (Advanced Medical Support Assistant and MSAs), and CACs) that enters or manages consults.

d. CTB training is highly recommended for any clinical or administrative staff (e.g., Chiefs of Consult Referring and Receiving Services, consult referring and receiving services clinicians, RCT members, GPMs, AOs, Consult Steering Committee members, and CACs) that enters or manages consults: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/Consult-Toolbox-(CTB)-enhancements.aspx?csf=1&web=1&e=cX5zH2&CID=ed8fd543-61c7-4499-823a-f9ca5098d538. ***NOTE:*** *This is an internal VA website that is not available to the public.*

e. RCI training is highly recommended for any VA medical facility clinical or administrative staff (e.g., Chiefs of Consult Referring and Receiving Services, consult referring and receiving clinicians, RCT members, GPMs, AOs, Consult Steering Committee members, and CACs) that enters or manages consults. https://dvagov.sharepoint.com/sites/ReferralCoordinationInit/SitePages/RCI%20Home%20Page-2.0.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

7. RECORDS MANAGEMENT

All records regardless of format (for example, paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management can be addressed to the appropriate Records Officer.

8. EXCEPTIONS

For Electronic Health Record Modernization (EHRM) VA medical facilities: Until this policy has been replaced with an EHRM-specific policy and procedures, VA medical facilities that have implemented EHRM may deviate from these guidelines provided that they have (1) documented deviations from these guidelines for reasons of software capabilities or limitations, with the VA medical facility Chief of Staff approval of those differences, (2) captured as best as possible the original intent of these guidelines and (3) forwarded a copy of those approved differences to IVC. They need not wait for IVC approval to implement any changes. These VA medical facilities must still adhere to the Consult Timeliness SOP processing time expectations.

9. REFERENCES

a. 38 U.S.C. § 7301(b).

b. VHA Directive 1045(1), Coding, Market Analyses and Contract Guidance for Prosthetic Limb and/or Custom Orthotic Device Procurement, dated May 12, 2020.

c. VHA Directive 1230, Outpatient Scheduling Management, dated June 1, 2022.

d. VHA Directive 1503(2), Operations of the Veterans Crisis Line Center, dated May 26, 2020.

e. VHA Directive 1914(1), Telehealth Clinical Resource Sharing Between VA Facilities and Telehealth from Approved Alternative Worksites, dated April 27, 2020.

f. VHA Directive 1915, Enterprise Clinical Resource Sharing through Telehealth from Nationally Designated Telehealth Hubs, dated January 5, 2023.

g. Care Coordination Service Agreement SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

h. Consult Business Rules and Use of Consult Package SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

i. Consult Timeliness SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.as

px. ***NOTE:*** *This is an internal VA website that is not available to the public.*

j. Consult Use for Established Patients in Mental Health SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

k. Consult Use for Established Patients in Physical Medicine and Rehabilitation Services SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

l. Consult Use for Established Patients Medical Specialty and Surgical Specialty Care Areas SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

m. E-Consult Implementation Guidebook: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

n. Gastroenterology Access Improvement Implementation Guidebook: https://dvagov.sharepoint.com/sites/vhaovac/cpm/Shared%20Documents/Forms/Policy%20Site%20View.aspx?csf=1&web=1&e=tmBx9Y&CID=aad37e52%2D6959%2D4904%2Daa15%2D9e3b4b073e7b&FolderCTID=0x01200020599CE423A477458B59DC62B923A4B0&id=%2Fsites%2Fvhaovac%2Fcpm%2FShared%20Documents%2FGuidebooks%2FGastroenterology%20%28GI%29. ***NOTE:*** *This is an internal VA website that is not available to the public.*

o. Gastroenterology Colonoscopy SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

p. Interfacility Consult SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

q. IVC Field Guidebook: https://apps.gov.powerapps.us/play/e/default-e95f1b23-abaf-45ee-821d-b7ab251ab3bf/a/7dbf48fe-3122-4772-9fdd-02c2693f6fb4?tenantId=e95f1b23-abaf-45ee-821d-b7ab251ab3bf&sourcetime=1723469161296#. ***NOTE:*** *This is an internal VA website that is not available to the public.*

r. Minimum Scheduling Effort SOP: https://dvagov.sharepoint.com/sites/ReferralCoordinationInit/SitePages/RCI%20Home%20Page-2.0.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

s. RCI Guidebook:

https://dvagov.sharepoint.com/sites/ReferralCoordinationInit/SitePages/RCI%20Home%20Page-2.0.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

t. Unable to Schedule SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

u. VHA Consultative Care in the Acute Care (Inpatient) Setting SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

v. VHA Use of Stat Urgency Status for Consults from Emergency Department and Urgent Care Centers SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*