



Using a Systems Redesign Approach Toward Improving VA Compensation and Pension (C&P) Examination Reports

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Objective

The US Department of Veterans Affairs (VA) processes over 2.7 million service-connected disability and pension claims annually. Veterans Health Administration (VHA) facilities nationwide have experienced exponential growth in C&P examination workload over the past 5 fiscal years, with consequent difficulties in meeting the VA performance standard for completing examination reports within 30 days. Systems Redesign was utilized with aims to improve C&P examination report timeliness and preserve overall report quality.

Planning/Research

Carl Vinson VA Medical Center (CVVAMC) in Dublin, Georgia, part of Veterans Integrated Service Network 7 (VISN 7), performs a disproportionate share (35.6%) of all C&P examinations related to veteran claims in Georgia. In November 2009, CVVAMC faced a backlog of 546 pending examinations, amidst average monthly demand of 529 new requests and average monthly productivity of 278 reports. Report completion times averaged 57 days with negative trending. Both workload and timeliness factors were tied to exponential growth, and preliminary regression analysis projected timeliness exceeding 100 days by end of Fiscal Year (FY) 2010. Although a historically positive linear trend in productivity was identified, this alone was considered insufficient to match current program expectations. VHA's recent initiative toward Systems Redesign (i.e. an organizational framework combining quality improvement principles with strategies for sustainable transformational change—Figure 1) was considered ideal for addressing the problem of C&P operational throughput.^{1,2}



Implementation

A multidisciplinary team was chartered to rectify adverse trends in C&P timeliness and backlog, using the VHA Systems Redesign improvement framework. During February-May 2010, this team convened on a weekly-biweekly basis to review baseline data and operations, analyze trends, evaluate recommendations, and implement change with consensus. Using observational time study and flow mapping, the team identified numerous process handoffs between examiner and clerical staff, and agreed to maximize throughput by minimizing such handoffs (Figure 2). Voluntary examiner participation for additional C&P clinics during weekends and after-hours was adopted. Examination scheduling was standardized in order to minimize variability, and a demonstration project using 10-hour examiner work shifts was tested. Data on examination report timeliness, productivity, and backlog were gathered on a weekly basis in order to gauge impact of aforementioned system modifications.

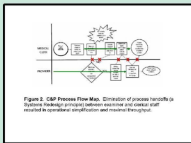


Figure 2. C&P Process Flow Map. Elimination of process handoffs in business backlog process between examiner and clerical staff resulted in operational simplification and increased throughput.

Results

Productivity and timeliness improvements were dramatic. For remainder of FY2010, average monthly productivity increased 79% (i.e. 55% from standardized scheduling, 12% from weekend and after-hours clinics, and 12% from switching to 10-hour work shifts—Figure 3). Scheduling and report processing throughputs increased 54% overall. Backlogged pending examinations declined from a high of 724 in December 2009, to a low of 71 in September 2010 (Figure 4). Examination report timeliness peaked at 82.8 days in February 2010, then declined steadily toward eventual compliance with the 30-day standard for final 3 months of the FY (Figures 5 and 6). Percentage of insufficient examination reports as a quality measure remained well below the 2% standard set by VA during this period.

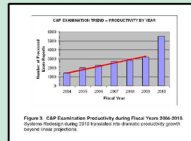


Figure 3. C&P Examination Productivity during Fiscal Years 2006-2010. System redesign starting 2010 boosted the bi-weekly productivity growth beyond linear projections.

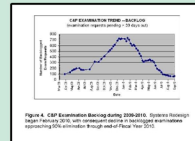


Figure 4. C&P Examination Backlog during 2009-2010. System redesign began February 2010, with implementation resulting in backlogged examinations approaching 0% within 6 months through end of Fiscal Year 2010.

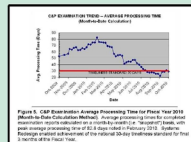


Figure 5. C&P Examination Average Processing Time for Fiscal Year 2010 (Months to Date Calculation Method). Average processing time for completed examinations monthly declined over a month to under 30 "standard" days, with peak average processing time of 82.8 days noted in February 2010. System redesign resulted in 6 months of the national 30-day standard for final 3 months of the Fiscal Year.

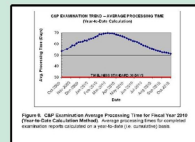


Figure 6. C&P Examination Average Processing Time for Fiscal Year 2010 (Final 3 Months Calculation Method). Average processing time for completed examination reports calculated on a year-to-date (i.e. cumulative) basis.

Conclusion

Systems Redesign seems well suited for improving C&P program operations in VHA facilities such as ours. Further study is recommended in order to determine applicability of this model in other similar settings.

References

¹ VHA Office of Systems Redesign. Veterans Health Administration Systems Improvement Framework; Version 1.0. Washington DC: US Department of Veterans Affairs, January 2010.

² Lukas CVD, Holmes SK, Cohen AB et al. Transformational change in health care systems: an organizational model. Health Care Management Review 2007; 32:309-320.