Department of Veteran Affairs Veterans Health Administration Washington, DC 20420

June 15, 2001

NON-VA, VA-PAID LONG-TERM CARE WORKLOAD DATA CAPTURE IN THE MONTH THE CARE IS PROVIDED: MEETING REQUIREMENTS FOR THE MILLENNIUM ACT VHA PERFORMANCE MEASURE DATA COLLECTION

1. PURPOSE: This Veterans Health Administration (VHA) Directive establishes a policy related to the comprehensive capture of long-term care (LTC) non-Department of Veterans Affairs (VA), VA-paid workload data for residential and home and community-based care (HCBC) programs in the month in which the care was provided to the veteran. NOTE: The Veterans Millennium Health Care and Benefits Act (the Millennium Act), Public Law 106-117, in Section 101, requires the Under Secretary for Health to establish a VHA-wide policy and guidance to collect the non-VA, VA-paid workload and cost data for the LTC residential and HCBC programs. This Directive provides that policy and guidance, to comply with the Congressional mandate.

2. BACKGROUND

- a. VHA, in providing comprehensive care for enrolled veterans, has made long-term care (LTC) an important focus. To track this LTC and determine the best ways to provide such care, VHA needs to know promptly and accurately the number of veterans receiving care in LTC programs at contract community nursing homes and community and/or home health care settings. This information is needed locally and nationally to plan budgets, determine obligations and prepare adequately for veterans newly needing such care. *NOTE:* This information supports the implementation of Public Law 106-117.
- b. To meet the increasing needs of veterans in a responsible and economic manner requires accurate, timely accounts of the delivery and costs of care. The Millennium Act sets the priority for accurate workload and cost determination as a means for prudent use of clinical resources.
- c. To comply with the requirements of the Millennium Act, VHA will measure the workload and costs associated with all LTC programs, including: VA inpatient care; VA outpatient care; and non-VA, VA-paid care. The Act specifies a seven-quarter reporting period, starting with the last quarter of Fiscal Year (FY) 2000 and extending through the end of the second quarter of FY 2002. The collection of these costs and workload data will provide the VHA's workload-cost accounting system, the Decision Support System (DSS), with workload and costs in the month the care was provided to the veteran and was costed on the VHA's Financial Management System (FMS). The cost analysis for the VHA's Millennium Act Performance Measure requirements will be performed by VHA Health Services Research and Development (HSR&D) economic researchers using the DSS data.
- d. In order to meet the immediate need for reporting on workload and costs for LTC programs, the Millennium Act Information Technology Requirements Workgroup selected an existing system, the Event Capture System (ECS), a Veterans Health Information Systems and Technology Architecture (VistA) Class I software program, to capture the data for reporting as

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an interim solution. ECS is a generic VHA transaction data collection system, which automatically feeds facility patient care data to the DSS derived data system for national VHA cost and decision support. A longer-term solution is intended that will capture workload and cost data as a by-product of work processes in order to optimize workflow and to minimize the burden on the clinician. Data entry into ECS must be complete, reliable, and consistently provided for all applicable LTC contracted programs (see Atts. A and B). To ensure this, the appropriate contracted LTC ECS departments, products, and the counterpoint DSS Departments (i.e., Production Units) and DSS Intermediate Products (IPs) must be established. *NOTE:* The departments to be set-up are in Attachment A and Attachment B.

- e. Guidance for ECS data entry, which includes LTC non-VA and VA paid workload, was completed and made available to the field effective October 1, 1999 (i.e., FY 2000). LTC workload needs were developed with input from four VHA work groups. The work groups also provided the education to set up ECS production units and products at local VA medical facilities. The work groups involved with developing the ECS LTC capability are:
 - (1) Geriatrics and Extended Care Strategic Healthcare Group (GECSHG);
 - (2) DSS Program Office's Bedford Technical Support Office (DSS-BTSO);
 - (3) Social Work Service Information Management Committee; and
 - (4) National Committee of HCBC Nurses.

NOTE: These last two groups represent the clinicians who provide, coordinate and authorize most of the non-VA, VA-paid LTC care.

- f. Most VA facilities immediately implemented ECS for LTC and started to capture the workload of care provided in these programs. The goal of this GECSHG-supported initiative is to ensure 100 percent of VA medical centers capture 100 percent of their non-VA, VA-paid LTC workload on ECS in a timely fashion. This will enable the VHA to provide the required reports to Congress on the Millennium Act VHA Performance Measures. It is critical that all VA facilities collect all non-VA, VA-paid LTC on the ECS.
- g. All interested stakeholders have recommended and endorsed this policy and action, including the GECSHG, DSS, both clinical groups and, most recently (December 11-14, 2000), the Millennium Act Information Technology Requirements Committee.
- **3. POLICY:** It is VHA policy that by September 1, 2001, all VA medical facilities must enter non-VA, VA-paid LTC workload data into the ECS in the month the care is provided to the veteran.

4. ACTION

a. All VA medical facilities shall set up ECS to capture all their non-VA, VA-paid LTC workload, according to the specifications in Attachment R and Attachment S of VHA Directive 2000-009, Fiscal Year 2000 Decision Support System Support (DSS) Outpatient Identifiers,

signed March 28, 2000 and the FY 2001 non-VA, VA-paid LTC workload collection guidelines published on the DSS web site, in the Documents file. *NOTE:* These guidelines are also available by e-mail from the National DSS Program Office's Bedford Technical Support Office (DSS BTSO).

- b. By September 1, 2001, all VA medical facilities must collect all DSS Intermediate Products associated with non-VA, VA-paid residential and HCBC, using ECS in the month the care is provided.
- c. ECS non-VA, VA-paid LTC DSS Intermediate Products are described in the implementation guidebook and can be updated on a semi-annual basis by e-mail request to the DSS-BTSO Data Systems Development Office VHA BTSO Development.
- d. The tables needed to implement ECS for Residential Care and for HCBC are available in Attachments A and B.
- e. Additional guidance and education to field clinicians is available, in cooperation with DSS-BTSO, from the Social Work Service Information Management Committee and from the Community Health Nurse Committee of the VHA Community Health Nurse Coordinators.
- f. Automated spreadsheet upload from authorizing clinicians PC Excel or Access database data sets can be done monthly to meet these requirements. Methodology is described in the non-VA workload FY 2001 supplement on the DSS web site Documents File. *NOTE:* Further questions should be sent by e-mail to the Outlook E-mail group VHA BTSO Development.

NOTE: In July 2001, a (Class I) Generic User Interface (GUI) version of ECS will be available with its generic GUI-based automated spreadsheet upload functionality. Facilities should plan to follow the spreadsheet conventions specified in user directions of this new software to optimize the ease of automated data loading.

5. REFERENCES

- a. Public Law 106-117, the Veterans Millennium Healthcare and Benefits Act, Section 101.
- b. FY 2001 Guidelines for Non-VA, VA-Paid LTC Data Capture by the Event Capture System (DSS web site, Documents Folder).
- c. VHA Directive 2000-009, Fiscal Year 2000 Decision Support System Support (DSS) Outpatient Identifiers, signed March 28, 2000.
- **6. FOLLOW-UP RESPONSIBILITY:** The Non-VA Contract Care Office of the Geriatric Extended Care Strategic Health Group (114) and the DSS Program Office (17) are jointly responsible for the contents of this Directive. *NOTE:* Questions may be addressed to the DSS Bedford Technical Support and Development Office via Outlook E-mail group VHA BTSO Development.

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7. **RESCISSION:** This VHA Directive expires June 30, 2006.

S/ Tom Sanders for

Thomas L. Garthwaite, M.D. Under Secretary for Health

Attachments

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ATTACHMENT A

Table 1: Implementing Event Capture System (ECS) for Reporting on Non-Department of Veterans Affairs (VA), VA-Paid Residential Care Programs

ECS Field					
DSS Unit	AUA1	AUB1	AUC1	AUD1	
Code					
DSS Unit Name	Community Nursing Home	State Nursing Home	State Domiciliary Home	State Hospital Care	
	(CNH)	(SNH)	(SDH)	(SHC)	
Service	Ambulatory Care	Ambulatory Care	Ambulatory Care	Ambulatory Care	
	-	-		-	
Cost Center	834200	834100	833100	834800	
Medical	Geriatrics	Geriatrics	Geriatrics	Geriatrics	
Specialty					
Send to PCE?	No	No	No	No	
Associated	650	651	652	653	
Stop Code					
Select your VA	List A	List B	LIST C	List D	
medical	(CNH)	(SNH)	(SDH)	(SHC)	
center's				·	
products from					
these lists					

ATTACHMENT B

Table 2: Event Capture System (ECS) for Reporting on Non-Department of Veterans Affairs (VA), VA-Paid Home and Community-based Care Programs (HCBC) NOTE: Decision Support System (DSS)

ECS Field	Non-VA, VA-Paid HCBC Program									
DSS Unit	ATQ1	A0P1C*	A0K1*	ATR1	ATS1	ATU1	ATV1	ATW1	ATX1	ATY1
Number										
DSS Unit	HCBC	HCBC Staff	HCBC*	HCBC	HCBC	HCBC	HCBC	HCBC	HCBC	HCBC
Name	VA Staff	Phone	Referrals	Homemaker	Skilled	Hospice	Infusion	Mental	Respiratory	Adult Day
		Clinic	and/or	and/or Health	Nurse	and/or	Care	Health Care	Care	Center
			Statistics	Care		Palliative				
						Care				
Service	Ambulatory	Ambulatory	Ambulatory	Ambulatory	Ambulatory	Ambulatory	Ambulatory	Ambulatory	Ambulatory	Ambulatory
	Care	Care	Care	Care	Care	Care	Care	Care	Care	Care
Cost Center	824100	824100	834700*	834300	834700	834500	834600	834800	834900**	833300
Medical	Geriatrics	Geriatrics	Geriatrics	Geriatrics	Geriatrics	Geriatrics	Geriatrics	Geriatrics	Geriatrics	Geriatrics
Specialty										
Send to	Y	Y	N	N	N	N	N	N	N	N
PCE?										
Associated	680	147680	682	681	681	681	681	681	681	681
Stopcode										

^{*} Default VA cost center so the data can be set upon DSS for these statistics only, referral products

^{**} Used only in the ECS set-up