

Department of Veterans Affairs

Veterans Health Administration

Washington, DC 20420

May 9, 2007

VHA DIRECTIVE 2007-016

COORDINATED CARE POLICY FOR TRAVELING VETERANS

1. PURPOSE: This Veterans Health Administration (VHA) Directive provides policy to VHA personnel regarding coordination of care for traveling veterans.

2. BACKGROUND: This Directive addresses how VHA assists veterans requesting health care while traveling away from home. It provides guidance to maximize continuity and consistent, appropriate, and safe care for traveling veterans. It streamlines processes veterans encounter while seeking services at distant facilities. NOTE: This Directive does not address formal transfer of patients from one medical facility to another.

a. Currently, traveling patients who seek routine care and arrive at distant facilities without prior notice may face barriers to timely care. If not registered in the facility's Veterans Integrated System Technology Architecture (VistA), these veterans must first register at the medical center's eligibility office, or at other sites performing this function. Prior to obtaining temporary supplies of routine medications, traveling veterans are evaluated by providers at non-preferred facilities who write prescriptions anew, a cumbersome process that may take hours to days to complete. Similarly, traveling veterans seeking routine blood tests need to register at the distant facility and be evaluated by a provider.

b. Accommodating unanticipated medical needs of traveling patients also stresses individual facilities. While clinicians may view and enter orders on the Computerized Patient Record System (CPRS) at the same facility where an individual patient has registered, read-only limitations of the VHA-wide informatics system prohibit clinicians from making electronic orders that will be recognized at distant VHA facilities. As a result, clinicians spend valuable time reviewing patients' records in order to provide temporary supplies of routine medication. Similarly, clinicians at the preferred site cannot easily monitor routine blood work for their traveling patients; providers at non-preferred sites must evaluate the patients anew and order the tests. Furthermore, medical centers are frequently called upon to provide complicated care for traveling patients whose needs could have been anticipated and planned for in advance, but were not.

c. If traveling veterans are inappropriately assigned to primary care panels at multiple facilities this may artificially inflate panel sizes. VHA policy defining how patients are assigned to primary care providers states that, in general, patients should have only one primary care provider (PCP) within the VA health care system.

(1) Exceptions may be approved under two circumstances:

(a) Veterans with spinal cord injuries or disorders (SCI&D) receiving highly-coordinated dual care delivered within the VHA Spinal Cord Injury (SCI) "Hub and Spokes" continuum of care. These veterans may be assigned to a Primary Care (PC) team at both the SCI referral center (Hub), and at their own local facility (Spoke).

(b) Veterans who split their principal residence between two locations and spend significant amounts of time at each. If such patients have complicated care requiring close on-going care management, it may be appropriate to have an identified PCP at VHA health care facilities in each of the two geographically separated residences. However, this practice should be minimized.

(2) Patients who clearly have a single principal residence and whose health care needs do not require complicated care management should not be assigned a second PCP. Patients who seek episodic care while traveling should not be assigned a second PCP when they are seen at a VHA facility other than at their preferred site.

d. Definitions

(1) Preferred Facility. A preferred facility is that VHA facility for which veterans express their preference as their principal location of care and at which the major portion of their primary care is provided.

(2) VistA's Register Once. Register Once is a computer program that registers veterans new to a facility by accessing information from other VHA sites.

(3) VistAWeb. VistAWeb is the read-only VHA-wide computerized medical record that displays an extensive collection of clinic notes, radiology images, laboratory results, medication lists, and provider contact information from all VHA facilities where patients have sought care.

(4) Bridge Supply of Medications. A "bridge supply" is a temporary supply of medications, generally 10-15 days worth, to ensure availability of needed medications until the patient can receive an initial or refill prescription from usual source.

3. POLICY: It is VHA policy that all veterans receiving care at more than one VHA facility must have that care coordinated by the preferred facility, and that non-preferred facilities must expedite care provided to traveling veterans with unexpected medical needs.

4. ACTION

a. Medical Center Director. The Medical Center Director is responsible for ensuring that:

(1) The facility uses VistA's "Register Once" functionality to register patients who are enrolled at other facilities.

(2) The Remote Data Access and VistAWeb capabilities in the facility's CPRS are activated to facilitate data retrieval between VA facilities and that appropriate staff have necessary access to these capabilities.

(3) The medical center has a designated "Referral Case Manager" to be the point of contact for assisting veterans and medical center staff in scheduling appointments, transferring non-electronic records, arranging provider-to-provider contact, if necessary, and generally facilitating the care needs of traveling veterans seeking care at non-preferred VA medical centers.

(4) The listing for the facility Referral Case Manager remains current on the VSSC website at: <http://klfmenu.med.va.gov/pcmm/>

(5) The Medical Staff approves protocols allowing pharmacists to continue medication therapy for visiting patients. These protocols must define clinical circumstances when medical providers must first assess patients prior to continuing medication therapy. Refill of controlled substances schedules II-V require a clinical assessment and are not to be authorized for bridge therapy by pharmacists. NOTE: It is generally appropriate to also exclude medications whose automatic refill raises patient safety concerns, such as medications requiring close laboratory monitoring, anti-neoplastics, oral corticosteroids, etc.

(6) Visiting patients who have registered at non-preferred facilities and are seeking temporary supplies of medications they are currently receiving (other than a refill of controlled substances schedules II-V) are advised to go directly to designated pharmacists or pharmacy-managed clinics to obtain them. They will not be required to obtain a medical evaluation first.

(7) Visiting patients seen by clinicians for episodic medical care or to obtain non-routine medical prescriptions are not to be assigned in the non-preferred facility's PCMM panels. Patients who need temporary monitoring of anticoagulation therapy, but not other elements of primary care, are to be allowed to receive this monitoring at the non-preferred site and are not to be assigned in the non-preferred facility's PCMM panels.

(8) There is a system to inform primary care patients that they need to provide a temporary address, phone number and dates of travel to the preferred facility's eligibility office or other appropriate staff prior to extended travel.

b. Chief of Pharmacy. The Chief of Pharmacy is responsible for ensuring that:

(1) Prescriptions written by a VHA provider are processed and filled by the VHA facility or the assigned Consolidated Mail Outpatient Pharmacy (CMOP) for the preferred facility.

(2) Traveling patients are instructed to request prescription refills from the preferred facility through use of the automated refill request line, a refill request form, the internet refill request option in My HealtheVet, or by phoning the preferred facility's outpatient pharmacy during normal business hours.

(3) A protocol for providing medication extensions has been defined to help guide staff pharmacists in responding to medication refill needs of traveling veterans.

(4) Every effort is made to ensure that a veteran requiring a prescription refill while on travel receives the medication without any disruption in therapy.

(a) If the veteran resides at a temporary address, non-emergently needed and routine prescription refills will be processed and sent to the veteran by the preferred facility, preferably using CMOP.

(b) If the traveling veteran has run out or is close to running out of a medication that protocol permits dispensing, pharmacies at non-preferred facilities need to provide these veterans with a bridge supply of medication to meet their immediate needs. Pharmacy staff at the non-preferred facility are to assist the veteran in requesting refills from the preferred facility pharmacy and in notifying appropriate personnel of the temporary address so that it can be entered in VistA if necessary.

NOTE: The preferred facility pharmacy should make every effort to expedite prescription delivery in these circumstances (see Att. A for common scenarios).

(c) Urgent medication refill needs of visiting veterans need to be addressed by facility outpatient pharmacists, ideally in pharmacist-managed refill clinics, who may review prescriptions via Remote Access or VistAWeb. Medical staff-approved protocols and Pharmacist Scopes of Practice dictate that staff pharmacists' names be placed on labels of temporary prescriptions. In addition, the prescribing clinician's name from the preferred site should be placed in the medication label's patient instruction field.

(d) If the patient expresses any health-related complaints or requires medications not permitted to be dispensed under protocol, the patient must be directed to a clinic or emergency room to be evaluated by a clinician.

(e) Pharmacists practicing under a medical staff-approved Scope of Practice and Protocols that outline procedures for pharmacists can provide medication continuity services for visiting veterans.

c. Chief of Prosthetics. The Chief of Prosthetics is responsible for ensuring that:

(1) To the greatest degree possible prosthetic service cards are provided to veterans who may be traveling away from their preferred facility. Prosthetic service cards authorize payment up to pre-authorized amounts, based on the type of equipment, for repair of prosthetic appliances and/or devices issued to veterans for service connected conditions.

(2) When traveling, veterans present to a non-preferred facility needing repair and/or service to their VA issued prosthetic appliance and/or device, the prosthetic staff at the non-preferred facility call the prosthetics staff at the patient's preferred facility and confirm enrollment and that the appliance and/or device was provided by that facility. The non-preferred facility must provide the information relating to the veteran's equipment problem and the local vendor information where the veteran may obtain the repair and/or service. The preferred facility must initiate a purchase order and service

will be authorized and provided. Alternatively, if capabilities exist, the repair may be done by VA staff following local policy and procedure.

(3) If a traveling veteran requires that an appliance and/or device be issued, the veteran must register at the non-preferred facility. The patient may be referred to urgent care or other clinics for any needed clinical evaluation and to have an appropriate order entered into the medical record. When needed, the prosthetic staff at the non-preferred facility calls the prosthetics staff at the veterans preferred facility to obtain information about prior prosthetic services.

(4) If a traveling veteran is prescribed oxygen for use in the home or ambulatory setting, VHA Prosthetic Clinical Management Program Clinical Practice Recommendations for the use of Supplemental Oxygen, section XIII are to be adhered to.

d. Primary Care Provider at the Preferred Facility. The primary care provider at the preferred facility is responsible for ensuring that:

(1) The patient is educated in:

(a) Informing the provider if a period of extended travel is imminent and to provide a temporary address, telephone number, and dates of travel if medication refills will be needed.

(b) Contacting the primary care team at the preferred facility for issues that do not require immediate medical attention.

(2) A recent comprehensive progress note, including a complete and current list of medications, is present in the veteran's CPRS record and medication refills are updated when an extended absence is anticipated. NOTE: This note is available for review at any non-preferred VHA facility through VistAWeb.

(3) When extended travel is known in advance, arrangements are made with non-preferred VHA facilities for anticipated treatment or evaluation needs while away (for example, short-term participation in an anti-coagulation clinic or laboratory work to monitor high-risk medication).

NOTE: This is done by enlisting the aid of referral case managers at both the preferred and non-preferred sites.

(4) The documentation of care provided off-site to their patients is reviewed through Remote Access and VistAWeb once in contact with patients again.

(5) The primary care provider and the preferred facility that is familiar with the veteran's health status have primary responsibility for refills of controlled substances. Only under extenuating circumstances, such as if the veteran's health status is unclear and a concurrent evaluation is thought to be necessary, should the veteran be directed to seek care through the closest VA facility. The primary care provider and others at the preferred facility should help facilitate that evaluation, as necessary.

e. Medical Provider at Non-preferred Facility. Whether in primary care or specialty services, the provider at the non-preferred facility is responsible for ensuring that:

(1) Notes and data available through Remote Access or VistAWeb are reviewed.

(2) Assessments and treatment recommendations are documented clearly in CPRS (so that they may be reviewed on VistAWeb at the preferred site.) Treatment recommendations for specialty medications are to include doses, any precautions, and monitoring requirements. NOTE: Direct contact between specialists and primary care providers assists in ensuring smooth transfer of responsibility for the patient.

(3) If ordering laboratory tests or radiology exams for visiting veterans (even those recommended by the patients' primary care providers), those results are reviewed and appropriate follow-up provided; for example, by providing immediate treatment for critical laboratory values and informing the patients of results.

5. REFERENCES: None.

6. FOLLOW-UP RESPONSIBILILTY: The Office of Patient Care Services (11) is responsible for the contents of this Directive. Questions related to Primary Care may be addressed to 202-273-8558, those related to Pharmacy may be addressed to 202-273-8429, and those related to Prosthetics may be addressed to 202-254-0555.

7. RECISSION: VHA Directive 2005-016 is rescinded. This VHA Directive expires May 31, 2012.

Michael J. Kussman, MD, MS, MACP

Acting Under Secretary for Health

Attachments

DISTRIBUTION:

CO: E-mailed 5/10/07

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ATTACHMENT A

PROCEDURE FOR PROVIDING TEMPORARY SUPPLIES OF ROUTINE MEDICATION AT NON-PREFERRED FACILITY

1. The patient registers at the non-preferred facility with Veterans Integrated System Technology Architecture (VistA) 's Register Once.
2. The Patient is directed to the pharmacy or a pharmacy-managed refill clinic.
3. The Pharmacist evaluates the request for a temporary supply of medication using VistAWeb or remote access capabilities.
 - a. If the medication is not permitted to be dispensed under a protocol, or if the patient expresses health concerns or questions, the pharmacist directs the patient to the appropriate medical clinic or emergency room for evaluation.
 - b. If medication is permitted to be dispensed under protocol, the pharmacist provides a temporary supply using the following guidelines:
 - (1) Active prescriptions with one or more refills available:
 - (a) The Pharmacist provides a bridge supply.

(b) The Pharmacist assists the patient in contacting the patient's home pharmacy to document a temporary address so that additional refills may be sent, if needed. Assistance may take the form of providing the patient the phone number of the home pharmacy, making phone calls on behalf of the patient, making inter-facility consult requests through Computerized Patient Record System (CPRS), or by providing instructions on how to enter a temporary address on MyHealtheVet.

(2) Active prescriptions with all refills used:

(a) The Pharmacist provides bridge supply.

(b) The Pharmacist assists the patient contacting the patient's home facility to leave a message for provider to re-order the medication(s) and to have the medication(s) mailed to a temporary address, if needed. Assistance may take the form of providing patient the phone number of the preferred facility, making calls on behalf of the patient, enlisting the assistance of the Referral Case Manager, or making inter-facility consult requests.

(3) Prescription expired or no refills provided:

(a) The Pharmacist uses professional judgment.

(b) If the staff pharmacist judges the request to be appropriate (for example, maintenance medication that the patient has been taking for a long time), the pharmacist, acting within the pharmacist's scope of practice, provides a bridge supply and assists the patient contact the preferred facility to leave a message for the provider to re-order medication and to have it mailed to the temporary address, if needed.

(c) If the pharmacist judges the request inappropriate, the pharmacist directs the patient to the appropriate medical clinic or emergency room to be evaluated.

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ATTACHMENT B

FLOW CHART