

October 23, 2003

## ACTIVE PATIENTS IN PCMM

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive establishes a standard set of rules for activation and inactivation of patients in primary care panels in the Primary Care Management Module (PCMM) software.

**2. BACKGROUND:** This VHA Directive builds on past directives that have required use of the VHA's PCMM software to assign patients to Primary Care Providers (PCPs) as part of the management of outpatient primary care.

a. PCPs manage the overall care provided to the majority of veterans in the Department of Veterans Affairs (VA) health care system and govern the total number of patients that can be cared for in the system. In response to the growing number of veterans wanting to use VA health care services, there is a pressing need to quantify the primary care capacity and current primary care workload so that demand and supply can be better aligned.

b. Current primary care workload can be measured using PCMM by determining the number of active primary care patients assigned in PCMM, utilizing appropriate PCMM fields (PATIENT TEAM POSITION ASSIGNMENT File 404.43, fields .01, .02, and .03). Recording of this primary care workload must be done in a standardized and consistent way throughout the VA health care system. A national roll-up of this information is not meaningful unless each site follows the same rules for recording this information. The standardized rules in this Directive reflect the method recommended by a group of physicians and PCMM Coordinators.

c. An important feature of these standardized rules is that they can be implemented using data available in national databases, including PCMM and visit files, and that they do not depend upon information that is available only in local Veterans Health Information Systems and Technology Architecture (VistA) databases, such as future appointments. It is recognized that in formulating rules for activation and inactivation, there are several desired characteristics. On one hand, it is important not to include patients who are no longer in an ongoing primary care relationship with a given primary care provider or team. On the other hand, it is important to minimize the administrative burden of repeatedly inactivating and re-activating patients, and to allow full implementation of the initiatives of Advanced Clinic Access, such as lengthening revisit intervals and providing alternative sources of care. In formulating these standardized rules, trade-offs between these characteristics are required, and there is no single perfect set of rules. *NOTE: It is anticipated that, as further experience with use of these rules in PCMM is gained, improvements can be implemented.*

**3. POLICY:** It is VHA policy that all patients obtaining primary care services in VA medical centers must be assigned as active patients in PCMM according to VHA guidance; patients who do not meet the criteria for active primary care patients must be removed from PCMM.

**THIS VHA DIRECTIVE EXPIRES MAY 31, 2005**

#### 4. ACTION

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

(1) Assignment as active patients in PCMM occur under the following circumstances:

(a) Assignment as an active patient in PCMM may be done at the time an appointment for initial intake primary care is scheduled. Alternatively, sites may assign patients in PCMM at the time they present for their first primary care appointment or during the intervening time span. Either approach is acceptable and can be followed depending upon locally-established procedure and workflow. **NOTE:** *Any differences in the PCMM panel size that arise from using these two approaches are negligible.* Those sites that enter patients at the time the appointment is made must be scrupulous in minimizing no-show rates for new patients. Those sites that enroll patients, at the time that they present for their first appointment, must have in place clearly identified mechanisms to address patient care issues that arise before the patient is assigned in PCMM and must be scrupulous about ensuring that assignment in PCMM actually takes place when the patient presents.

(b) As a principle of primary care involves coordination of care by a single provider or team within a given Veterans Integrated Service Network (VISN), each of the patients needs to have only one primary care provider. If a patient receives specialty care at a facility other than the one at which they receive primary care, they should not be assigned a separate PCP at the facility providing specialty services.

(c) In general, patient should have only one PCP within the VA health care system. Exceptions may occur for patients who split their site of residence between two locations and spend significant amounts of time at both. If such patients have complicated care requiring close ongoing care management while in residence at both sites, it may be appropriate to have an identified PCP at each of the geographically distant residences. However, this practice needs to be minimized, and patients who clearly have a principle site of residence should not be assigned a second PCP. Patients who seek care from a VA site while traveling or need only episodic care are not to be assigned a second PCP at sites where they seek such care. **NOTE:** *It is important that the staff providing care at the secondary site communicate and coordinate care with the patient's home PCP.*

(2) Inactivation of primary care patients from a PCMM panel occurs under the following circumstances:

(a) The patient expires.

(b) Newly assigned patients (either newly-enrolled patients or patients who have been re-assigned to a different provider) who have not been seen by their PCP or Associate Provider (AP) and 12 months have passed since the time of assignment to that provider. This provides every PCP a 1-year grace period for seeing patients added to their panel (either newly-enrolled patients or patients transferred from a different panel) before they are inactivated. Patients must

be seen by their PCP or AP within 12 months of being assigned, or they need to be inactivated from the PCP's panel.

(c) Established patients that have been assigned to the PCP's panel for more than 12 months, but have not been seen by their PCP or AP in the past 24 months need to be inactivated.

(d) Patients who decide to discontinue VA care or move away, and no longer require ongoing VA primary care at a given location where they are currently assigned in PCMM, need to be inactivated.

(3) Patients appropriate for removal are to be identified and inactivated on a regular basis. This needs to occur monthly, with more frequent review and updating of panels encouraged. A list of patients who meet the rules to be inactivated is available through the VISN Service Support Center (VSSC) Web site at <http://klfmenu.med.va.gov/pmab/panel1.asp>

b. **VISN Director.** The VISN Director and Clinical Managers have oversight responsibility for ensuring that medical center Directors, Chiefs of Staff, or the equivalent Service Line Directors fully implement the requirements in this Directive.

c. **VISN CIO.** The VISN Chief Information Officer (CIO) must ensure that the PCMM software is maintained and updated in all medical centers' VistA systems, in accordance with nationally distributed software and software patches.

d. **Facility CIO.** The facility CIO is responsible for general monitoring of the transmission of active patient and provider data at regular intervals through the use of the "PCMM HL7 TRANSMISSION option [SCMC PCMM HL7 TRANSMIT], the PCMM REJECT TRANSMISSION MENU options [SCMC PCMM REJECT TRANS MENU], and the SYSTEMS LINK MONITOR [HL MESSAGE MONITOR.]

e. **Service or Section Chief.** The Service or Section Chief who has responsibility for the Primary Care Program within a given facility is responsible for ensuring systems are set in place to assign and inactivate patients according to these standardized rules.

**5. REFERENCES:** VHA Directive 2002-023, Ambulatory Care Data Capture.

**NOTE:** *Implementation Guide and PCMM Manuals are available on the VA intranet at <http://www.va.gov/vdl/#clinica> l.*

**6. FOLLOW-UP RESPONSIBILITY:** The Deputy Under Secretary for Health for Operations and Management (10N), is responsible for the contents of this Directive. Questions need to be addressed to 202-254-0362.

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**October 23, 2003**

**7. RESCISSION:** None. This VHA Directive expires May 31, 2005.

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