Zero to Hero:
30 days to create better and more efficient health care for Veterans nation-wide

A Dissertation Project in Partial Fulfillment of the Requirements for the Degree
Doctor of Business Administration

R. Scott Bonney
June 25, 2016
Greetings, Thanks, & Acknowledgments

Committee Members

*David McIntyre* - CEO, TriWest Healthcare Alliance and Project Sponsor

*Dr. Robert Gee* - Founder, Advisor, and Mentor

*Dr. Sharon Burton* - Dissertation Committee Member
Greetings, Thanks, & Acknowledgments

Project Champion and Guiding Coalition

Executive Champion:

*David McIntyre* - President & CEO, TriWest Healthcare Alliance

Project Sponsor:

*Julie Townsend* - SVP of Strategy and Business Development, TriWest Healthcare Alliance

Guiding Coalition:

*Daniel Myung* - CEO, PSI International; former CEO, BizFlow Corp., colleague and co-creator of the CPI Solution Cycle

*H.J. “Caffrey” Lee* - Agile Software Development Subject Matter Expert

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Greetings, Thanks, & Acknowledgments

Acknowledgments

My Lord and Savior Jesus Christ
My long-suffering wife and children
  Rhonda-Elaine Bonney,
  Trinity, Noble, and Providence
My business partner and friend Willie Journigan
Students, Faculty, Staff, Colleagues, and Friends at AMU
 Agenda

- Candidate’s Background
- Purpose for Pursuing a Doctorate of Business Administration Degree

  Chapter 1. Introduction
  - Statement of the Problem / Scope
  - Introduction to Project Champion, Guiding Coalition, and Performance Metrics
  - Purpose/Importance of the Problem Studied
  - Research Questions

  Chapter 2. Literature Review
  - Selected High-Profile Paradigms used to Substantiate Researcher’s Ideas
  - Key Concepts or Issues Researched in the Literature

  Chapter 3. Methodology (as-is/current state)
  - Action Research
  - As-is Performance Metrics
  - Quality Tools Employed in the Study
  - Mixed Methodology as Relevant
  - Mixed Methodology: Value of Participants’ Experiences to the Study
  - Data Coding
  - Research Design

  Chapter 4. Future State (Completed Improvement)
  - Future State Performance Metrics

  Chapter 5. Conclusion of the Study
  - Significance of the Results of the Study
  - Conclusions
  - Recommendations for Future Research

- Question and Answer Period
Overview of Richard “Scott” Bonney

About the Candidate:
- Retired Naval Officer, 10 years automotive manufacturing, 10 years government service, President and Dean of Bon-Tech School of Business Transformation, Chief Innovation & Strategy Officer of Journi-Tech Corporation, Consultant and Business Transformation Professional
- MS.Ed; LSSMBB; ASQ CQE, CQM, CQA, CSSBB, CLSSBB; PMI PMP; CSM; ABD

Purpose For Earning Doctorate
- Love of learning, love of teaching, and a desire to open as many doors as possible for God’s future calling
- Desire to lead by example, demonstrating to others the values that I espouse

Future Application of Doctoral Learning
- Teaching, publishing, and speaking with the authority of an expert practitioner
- Leading enterprise transformations for organizations that are committed not just to excellence, but to respecting and empowering individuals and making the world a better place
Chapter 1. Introduction

Background

- From October 6 until November 3, 2014, TriWest Healthcare Alliance was tasked by the United States Department of Veterans Affairs to create an organization capable of providing healthcare services to Veterans who were eligible for the newly passed Veterans Access, Choice, and Accountability Act (VACAA). Federal law mandated the program be available to all eligible Veterans by election day, 2014. As of October 5, 2014, there was not even a contract with TriWest; merely an off-the-record invitation to create the program.

Statement of Problem

- Veterans were dying due to not receiving timely care from the VA. As of 6Oct2014, there was no process (or plan) for providing healthcare to Veterans outside of the VA who had been on VA waiting lists for more than 30 days or who lived more than 40 miles from a VA medical center. However, Federal law required such a program to exist prior to 4Nov2014.
Chapter 1. Introduction

Scope:

- This Action Research Project revolves around the creation and launch of the VACAA program at TriWest, with specific focus on the process-and-system-centric approach that made it possible to go from zero to Hero in 30 days, flat.
- Events excluded from the 30-day GoLive! deliverables are by definition out of scope for this project.
- Similarly, only TriWest Healthcare Alliance and its sub-contractors who were involved in the VACAA 30-day launch fall within project scope.
- As of October 2014, TriWest had an existing VA contract for Patient-Centered Community Care (PC3). Anything associated with the PC3 program but NOT associated with the VACAA program was out of scope.
- As of 6Oct2014 it was unclear what capabilities, processes, and requirements were necessary to meet the needs of the VACAA program, thus, the initial scoping of the VACAA launch falls within the scope of the project, while any items that were elected for exclusion from the 30 day launch similarly must then be excluded from the scope of the Action Research Project.
- Where necessary processes were discovered and used at TriWest, these processes fall within scope. Where processes did not exist but were identified as necessary to launch, the creation of new processes falls within scope. All other TriWest processes and systems fall outside of project scope.
Chapter 1. Introduction

Introduction to Project Champion, Guiding Coalition and Performance Metrics

- Project Executive Champion David McIntyre, CEO of TriWest, invited BizFlow Corporation to be among ten companies to support TriWest in its 30 day “impossible launch” of the VA Choice program.

- Project Sponsor Julie Townsend, Senior Vice President of Strategy and Business Development at TriWest was tasked to lead the effort for TriWest.

- The TriWest Executive Leadership Team (ELT) served as the Guiding Coalition for the project, including CEO, CMO, CFO, CIO, and SVP of Strategy.

- BizFlow sent three people; Daniel Myung (then CEO of BizFlow), Scott Bonney (then Director of Innovation & Training at BizFlow), and Esther Kim (Business Analyst at BizFlow) to support.

- Metrics were unclear, as no contract vehicle yet existed between the VA and TriWest. The Guiding Coalition therefore focused the master metric (on-time program launch) using three high-level known requirements that fell within the TriWest scope of control:
  - Number of Veterans able to take advantage of the VACAA legislation
  - Number of Veterans who actually choose to take advantage of the VACAA program
  - For Veterans who choose the “Choice” program, Time to Appointment (TTA) from Veteran contact until date of scheduled care
Chapter 1. Introduction

Purpose/Importance of the Problem Studied

- The importance of the problem studied cannot be over-stated. In 2014, U.S. Citizens’ job approval rating for Congress averaged just 15% (irrespective of political party), and had not exceeded 20% for six of the previous seven years. One of the few things that Congress could agree on was that treatment of its service-disabled Veterans was unacceptable.

- In April of that year, CNN reported on the deaths of at least 40 Veterans who were awaiting care at the Phoenix VA Medical Center (VAMC). By the end of May, top VA officials were retiring or resigning over the controversy, and by June similar problems were being reported at multiple VAMCs across the country.

- On June 9th, a VA internal audit revealed that over 120,000 veterans were left waiting indefinitely or never received approved care, and that VA schedulers used unofficial lists in order to make wait times appear shorter than they really were.

- By the end of June, Rob Nabors, Deputy Chief of Staff to President Obama, reported “significant and chronic system failures” and a “corrosive culture” inside the Veterans Health Administration.

- Immediate and effective action on behalf of Veterans was the single highest national priority.
Chapter 1. Introduction

Research Questions

What elements of a model for change are necessary in order to deliver better healthcare to Veterans in an effective way? Specifically:

► What elements are necessary to provide an effective non-VA healthcare delivery model for Veterans?

   How do we make it work, within the mandated launch window?

► What elements are necessary to efficiently provide non-VA healthcare delivery model for Veterans?

   How do we make it work quickly, providing access to care in <30 days?

► What elements are necessary to ensure maximum availability of effective and efficient healthcare to Veterans?

   How do we make it available for all eligible Veterans who want it?
Background

Veterans Access, Choice and Accountability Act:

- Veteran Choice Cards
- $10 Billion for Non-VA Care costs


- 6 days later
- 50 days later
- 10 days later
- 23 days later

Signed into Law

TriWest kick-off meeting

VA signs VACAA contract with TriWest

Approved by Congress

Revised as Public Law 113-175 VA Expiring Authorities Act of 2014
TriWest VACAA Kick-off meeting began October 6, 2014 with:

- No official agreement between TriWest and the government
- No signed contracts between TriWest and the nearly a dozen companies and their 40+ representatives attending Kick-off
- No process flows in place
- No design concept of what the Veterans “Choice Card” would look like, whether it would be paper or plastic, or whether a “card” was required at all
- No content for the Veteran’s letters to accompany the cards
- No list of veterans addresses of where to mail the cards & letters
- No vendor selected to produce and mail the cards & letters
- No automated system to receive calls from Choice Veterans or a call center to handle them; not even 1-800 numbers selected
- No training plan for the thousand-plus call-center representatives needed to handle the projected call volume
- No scripts for call-center representatives; and no CSRs to speak them
- No connectivity between the VA database and TriWest database
To...

And so began four weeks of frenetic and nearly non-stop effort...

Oct. 6, 2014

Established High Level Maps And Plans

TriWest Kick-off meeting

Oct. 13, 2014

Printed cards & letters; Trained the call-center trainers

Oct. 20, 2014

Designed Detailed Level Process Map

Oct. 27, 2014

Went live in two sites with over 800 CSRs

Nov. 1, 2014
Chapter 2. Literature Review

Selected High Profile-Paradigms Used to Substantiate Researcher’s Ideas.

► **Process- and IT System-centric project Management approaches:**
  - *Six Sigma* (6s/DfSS variants of *Define-Measure-Analyze-Improve-Control*; variation & causation)
  - *Lean* (Dr. Shewhart’s *Plan-Do-Check-Act cycle*; kaizen, Kanban, and one piece flow)
  - *Theory of Constraints* (Goldratt’s *Identify-Exploit-Subordinate-Elevate-Iterate*)
  - *Waterfall* (Gantt-chart-centric, with highly centralized, comprehensive end-to-end management)
  - *Agile* (Sprint/scrum-centric, with self-organizing teams; iterative)

Note: Development and Operations (*DevOps*), deemed out of scope due to its focus on automating software delivery rather than automating workflow

Note: Business Process Re-engineering (*BPR*) was initially considered as a possible process-centric methodology, but its very failure as a methodology due primarily to its slow, time-consuming approach made it inappropriate for this research
Chapter 2. Literature Review

Selected High Profile-Paradigms Used to Substantiate Researcher’s Ideas.

- **References for Context include:**
  - United States Department of Veterans Affairs
  - Veteran Care (general)
  - The Veterans Access, Choice, and Accountability Act (VACAA)

Specifically,

- Number of Veterans who would be eligible *to take advantage* of the VACAA legislation, including
  - 30-day-wait Veterans (those eligible for care but who had been waiting for >30 days for VA care)
  - 40 Milers (those whose residence of record was >40 miles from the nearest VA care facility)
- Actual VA *Time to Appointment (TTA)* from Veteran contact until date of scheduled care

Note: There was initial consideration of deeper research into many of the key requirements for an effective healthcare network (just-in-time printing, Contact Center best practices, etc.). However, this was not only impossibly broad in scope, it ultimately proved unnecessary. The intent of the project model was to engage SMEs in their respective fields. Thus, ultimately, it became about effective project management in a tightly time- and resource-constrained environment.
Chapter 2. Literature Review

Key Concepts or Issues Researched in the Literature

- Common principles for speed and quality
  - For speed, great is the enemy of good enough (Lean, Agile, EVO)
  - For consistency, standard process matters (ubiquitous)
  - Parallel beats series, but greatly complicates communication requirements
  - Speed of production is not as important as speed of learning (accelerated PDCA)
  - Speed of the whole is a function of the speed of the constraint (ToC)

- Key scope / focus reminders for “Phase 0”
  - Only the Core Value Stream matters
  - Automation is not the goal; it is a support
  - Money is not the goal; it is a support
Chapter 3. Methodology (As-is/Current State)

As-is Performance Metrics

On October 6th, 2014, TriWest’s 3 Key Performance Metrics were as follows:

- Number of Veterans able to take advantage of the VACAA legislation
  
  Zero

- Number of Veterans who actually choose to take advantage of the VACAA program
  
  Zero

- For Veterans who choose the “Choice” program, Time to Appointment (TTA) from Veteran contact until date of scheduled care
  
  For Veterans, care outside of the VA Network was impossible

Note: VA performance in TTA prior to VACAA remains highly speculative. The only numbers that were ultimately agreed upon were that as of October 2014, there were approximately xxx,xxx 30-day wait-listed Veterans, and 400,000 Veterans who lived >40 miles from a VA medical center.

Note: The great mixed blessing of starting from scratch is that a zero baseline is an easy way to ensure your “to be” shows improvement!
Chapter 3-4. Tools List

Quality Tools Employed in the Study

- SIPOOC (Level 1 process map)
- Level 2 E2E Process & Purpose maps
- RACI Charts
- Brainstorming
- Affinitizing
- Check Sheets
- Charters
- Gantt Charts
- POA&M,
- Level 3 Process Maps / Process Flow Charts
- Drill-Down Charts Tree Diagrams / PDPC Charts
- System Maps

- Level 4 (Activities) Process Maps
- Work Instructions
- Data-mapping, Interactive Voice Response (IVR) systems
- Use-cases
- MBWA / gemba-process walks
- Role play
- TWI / scenario-based training / application-based TtT training
- Check sheets
- Poke-Yoke (prevention & detection; eg. 100% Audits)
- Scrum/Huddle
- Hoshin
- Daily “Hot wash” / Retrospectives
- Benefit-Effort Charts

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General Methodology: CPI Solution Cycle  

**Identify** Identify the critical opportunity within its larger context

**Define** Define the scope and boundaries of the project effort

**Discover** Discover the “as is” processes and resources available to the team

**Idealize** Idealize what the “happy path” end-to-end future state could look like

**Analyze** Analyze gaps* and identify root causes that stand between the current state and the Ideal

**Design** Design includes both the MGPP to ideality and the high level “to be” for Gen. 1

**Develop** Develop includes developing the Generation 1 solution, including people, process, & technology

**Debug** Debug (or “Test”) is a “pilot” of the proposed Generation 1 process and technology

**Train** Training includes internal customers, external customers, and stakeholders

**Deploy** Deploy the new process solution. Also known as “GoLive!”

**Document** Documentation combines 1st round Audits with updating SOPs & Instructions, Policies & Procedures, Training Plans, FMEAs & Control Plans, Process Maps, RACIs, etc.

**Validate** Validate the effectiveness of the new process against key quality and process metrics

**Iterate** Based on what was learned in this generation, inform future generations and begin Generation 2.0

* “Gaps” include gaps in available resources and technology, as well as sources of waste, defects, and variation
Chapter 3. Methodology: CPI Solution Cycle, Steps 1-5

- **Identify**: Identify the critical opportunity within its larger context
- **Define**: Define the scope and boundaries of the project effort
- **Discover**: Discover the “as is” processes and resources available to the team
- **Idealize**: Idealize what the “happy path” end-to-end future state could look like
- **Analyze**: Analyze gaps* and identify root causes that stand between the current state and the Ideal

Chapter 3. Application: What the Method means for the project

1. **Identify**: Use Facilitated SIPOOC approach for Strategic Execution to map End-to-End context
2. **Define**: Scope down the E2E context from left- and right-sides to focus of core project
3. **Discover**: Within project scope, identify those core sub-processes that must be delivered within the required time-line (30 days)
4. **Idealize**: Among the remaining in-scope sub-processes, develop drill-down process steps and requirements
5. **Analyze**: Review requirements against current resources and capabilities

* “Gaps” include gaps in available resources and technology, as well as sources of waste, defects, and variation
# Chapter 3. As-Is Methodology Step 1: Identify

## Suppliers
- Printer/Mailer Services
- Contact Center Services
- Database Providers
  - Veteran Info
  - Provider Info
  - Records Mgmt
- Phone line Mgmt

## Inputs
- Veteran contact info
- Veteran eligibility info
- Provider location / skills / contact list
- Phones / 800 # / decision tree
- Legal definitions of terms

## Process
- **Provide Card**
- Validate Eligibility
- Enroll Veteran
- Authorize Veteran
- Schedule Veteran
- **Care For Veteran**

## Output(s)
- Validated / Authorized Veterans
- “OptIn” Veterans
- Diagnosed Veterans
- Appointed Veterans
- Cared For Veterans
- Paid for Veterans

## Outcome(s)
- Easy access to healthcare (<40 miles)
- Timely access to healthcare (<30 days)
- Low-Cost access to healthcare (government subsidized)
- Access to quality healthcare (licensed, certified, audited providers)

## Customers
- Veterans
- VA
- Healthcare Providers

**Tool:** Enterprise SIPOOC map for process-centric leadership alignment of critical customers, goals, products, core process, resources, and vendors
Chapter 3. As-Is Methodology Step 2: Define Scope

High Level End-to-End Core Process
Chapter 3. As-Is Methodology Step 4: Idealize (Lvl 1)

High Level End-to-End Core Process

Tool: High Level Core Value Stream (HICVS) Map
Chapter 3. As-Is Methodology Step 4: Idealize (Lvl 1)

High Level End-to-End Core Process (In Scope / Out of Scope)

Tool: High Level Core Value Stream (HICVS) Map

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Chapter 3. Methodology: Communicating “Generation 0” Scope of Activities for 3Nov2014 GoLive!

Choice Card
Enable VACAA Program

Contact Center
Entry point to value chain activities

1. Eligibility
2. Enrollment/Benefits Mgt
3. Referral/Auth & LOA
4. Scheduling

5. Med Doc/Follow up
6. Utilization Mgmt
7. Claims and Invoice (1)
8. Q&A/Audit

Primary Value Chain Activities

“Live” Activity
“Dormant” activity

Note: (1) Claims & Invoice technology (WPS) estimated completion end of November
Chapter 3. As-Is Methodology Step 5: Analyze

Core:
• Printing / Bulk Mailing SMEs *(Subcontractor of known partner)*
• Contact Center SMEs *(All new, NOT a current contact center)*

Support:
• VACAA / VA SMEs *(VA Executive-level decision-makers)*
• Project Management SMEs *(Known partner)*
• Process / Facilitation SMEs *(All new)*
• Healthcare / Provider Network SMEs *(Internal SMEs)*
• IT System / Technology SMEs *(Internal & External)*
  • Veteran Database *(VA & Internal CareRadius System)*
  • Healthcare Provider Database *(Internal VisualCactus & CareRadius systems)*
• Telephone System / IVR *(All new IVR with Verizon Cloud; Subcontractor of new Contact Center partner)*
Chapter 4. Methodology: CPI Solution Cycle (To-Be)

1. Identify:
2. Define:
3. Discover:
4. Idealize:
5. Analyze:
6. **Design:** Create supporting processes to deliver requirements
7. **Develop:** Create Plan of Action & Milestones (POA&M) to create core processes
8. **Debug (Test)**
9. **Train:** Use Train-the-Trainer Training as both Pilot and Training Creation
10. **Deploy:** Use centralized and de-centralized, scenario-based training of “Happy Path”, followed by most likely failure modes. Use “soft start” for de-centralized OJT training
11. **Document:**
12. **Validate:**
13. **Iterate:**
Chapter 4. To-Be Methodology, Step 6: Design

06a: For speed, we broke the design phase into multiple parallel project teams (Charters & SIPOCs again!)

Note: Scope management was key. SMEs and key resources always knew their priorities. Non-GoLive! work was always 2nd seat to core 3November deliverables.

Tool: SIPOCs & Charters
Chapter 4. To-Be Methodology, Step 6: Design

06b: For each sub-process, create a drill-down chart

- Map 5-7 process steps (from the SIPOC)
- Identify 5-7 sub-steps / Activities (Drill-Down)
- Identify required systems / technology enablers
- Identify Pain Points (actual or anticipated)

Tool: Drill-Down Charts
07: Create POA&Ms

> **Action Items**

> **Due Dates**

> “Belly Buttons” (ie. RACI)

**Tool: POA&M, Quad Charts, RACI Charts, Gantt Charts**
Chapter 4. To-Be Methodology, Step 7b: Develop

01: Issue Card, to-be

01a: Re-Issue Card, to-be

Note: Designed and built from scratch

Tool: Level 3 Swim-Lane Process Maps
Chapter 4. To-Be Methodology, Step 7b: Develop

02: Cloud-based Interactive Voice Response (IVR), to-be

Note: Designed and built from scratch

Tool: Level 3 Swim-Lane Process Maps
Chapter 4. To-Be Methodology, Step 7b: Develop

Media and Escalations Processes
(Core? No. Available for GoLive? YES!)

Note: Designed and built from scratch

Media Flows

Escalation Procedure

Tool: Level 3 Swim-Lane Process Maps
Chapter 4. To-Be Methodology, Step 7b: Develop

Appointing & Self-Appointing

Note: Designed and built from scratch

Tool: Level 3 Swim-Lane Process Maps
Chapter 4. To-Be Methodology, Step 7b: Develop

Contact Center E2E Scope & Scripts

Note: Designed and built from scratch

Tool: Level 3 Swim-Lane Process Maps
Refer Veteran to qualified Provider

Note: **100% swipe** from TriWest PC3 program

Tool: Level 3 Swim-Lane Process Maps
Medical Documentation (Receive, Review, and Chase)

Out of Scope
Secondary Authorization Requests

Out of Scope

Tool: Level 3 Swim-Lane Process Maps
Chapter 4. To-Be Methodology, Step 7b: Develop

Utilization Management, In- and Out-Patient

Tool: Level 3 Swim-Lane Process Maps
Additional Non-Generation 0 Core and Supporting processes mapped for comprehension & context, but carefully maintained out of scope.

Tool: Level 3 Swim-Lane Process Maps
Chapter 4. To-Be Methodology, Steps 8-9: Debug / Test & Train

08: Pilot using scenario-based training, “happy path” first, with Train-the-Trainer Supervisors / Team Managers first, receiving their VoC SME input and immediately facilitating it into their design and development of training modules

Core Process & Systems
“Scripts” of key words and associated systems

“Awareness-Level” context documents
Training Scenarios
Chapter 4. To-Be Methodology, Step 10: Deploy

GoLive! was broken into 4 parts:

- Mailers printed and pre-positioned at multiple Post Offices
- Mailers sent out with Veterans Choice cards
- Soft-Start: Monday-Tuesday (“Live”)
- Actual-Start: Full program launch

Points that drove the launch model:

- Mailers / card needed to be delivered by 3Nov2014
- If cards were received early, we had to be ready
- 800 new employees needed practice
- Election Day (4Nov2014) was a Federal Holiday, so technically, TriWest was not required to work in support of the VACAA contract… but one extra “soft start” practice day was used to best effect!
Chapter 4. To-Be Methodology, Step 10: Deploy

What “GoLive!” actually meant:

- 800 Contact Center employees at 2 locations:
  - Houston, TX
  - Alexandria, LA
- >200,000 Veterans Choice cards mailed out
  - Note that “30 day” Veterans’ cards were bumped to mid-November mailing
  - Note that virtually all Veterans could, at some point, become eligible for the Choice program, so all Veterans would receive their VA Choice Cards during a phased roll-out from December 2014-January 2015
- Misinformation about the program was rampant, so “truth” information transfer was critical!
- Legal constraints over access to proprietary healthcare information was a major concern
- The contract between the VA and TriWest was finally signed just **four days** before GoLive!, so Contact Center employees’ scripts avoided telling Veterans who they represented. Most thought they were speaking to the VA
- Two providers, TriWest and HealthNet, went live on 3Nov2014. Legal constraints prohibited direct coordination with HealthNet. No small challenge, given the nature of the single-dial-in IVR system and phone tree requirements. To date, TriWest and HealthNet are not allowed to work together to align their programs
- At the time of GoLive!, many key eligibility definitions still had not been clarified (eg. What does “40 miles” mean?). These were not oversights or errors; they were ambiguities in the VACAA legal language that could potentially amount to billions of dollars of unintended liability for the Federal government. Who has authority to make this call?
- Initially, there were as many calls from the Press, government agencies (offices of Congressmen and Senators), and idly curious Veterans as from actually eligible Veterans looking for care
Chapter 4. To-Be Methodology, Additional Tools

LOTS of Gantt Charts

Benefit-Effort Charts

Critical Path Decisions Tracker

Multi-Generational Project Plans

IT Systems Architecture Overview

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Chapter 4. Future State (Completed Improvement)

Future State Performance Metrics

- Metric #1: Number of Veterans able to take advantage of VACAA legislation
  - As-Is: At the start of the project, 5Oct2014, zero Veterans were able to take advantage of the VACAA legislation
  - As of Nov2014, 100% of Veterans who were lived >40 miles from a VA medical center were able to take advantage of the VACAA legislation (approximately 200,000 Veterans in the TriWest region)
Chapter 4. Future State (Completed Improvement)

Future State Performance Metrics

- **Metrics #2**: Number of Veterans who actually choose to take advantage of VACAA legislation
  - **As-Is**: At the start of the project, 5Oct2014, zero Veterans had chosen to take advantage of the VACAA legislation
  - **As of Nov2014**, the process was turned on for all Veterans who lived over 40 miles from a VA medical center. More than 2300 Veterans took advantage of the program in November 2014, more than 4300 Veterans the following month when 30-day wait-listed Veterans were added.

- **Metrics #3**: For Veterans who choose the “Choice” program, Time to Appointment (TTA) from Veteran Contact until Date of Scheduled Care
  - **As-Is**: At the start of the project, 5Oct2014, zero Veterans had chosen to take advantage of the VACAA legislation, meaning that Veterans >40 miles and >30 day wait-listed had no choice but continue to wait for care from the VA
  - **As of Nov2014**, the process was turned on for all Veterans >40 miles from a VA medical center. Of the Veterans who took advantage of the program in November 2014, average time from program Authorization to Appointment was 24.4 days; with a median of 22.0 days. Average the following month, when 30-day wait-listed Veterans were added was 22.5 days, with a median of 20.0 days.
Chapter 5. Methodology: CPI Solution Cycle

1. Identify:
2. Define:
3. Discover:
4. Idealize:
5. Analyze:
6. Design:
7. Design & Develop:
8. Debug
9. Train:
10. Deploy:
11. Document: Use technology to create and immediately share documentation via
    - Single internal website with common links
    - Constantly updated PowerPoint with hot links for decision-making and workflow
    - Wiki for decentralized input of best practices, screen shots, and exceptions
12. Validate: Use data from Generation 0 GoLive! to confirm performance requirements met
13. Iterate: Use data from Generation 0 GoLive! to inform MGPP to improve performance and extend process scope to additional core and supporting value streams, focusing on enterprise constraints.

Steps 11-13 of the CPI Solution Cycle fall outside of the 30 day scope of the Action Research project. This said, data collected as part of the Validation phase is provided here as part of Chapter five to provide longer-term context of the project results.
Chapter 5. Future State (Completed Improvement)

Future State Performance Metrics

▲ Metric #1: Number of Veterans able to take advantage of VACAA legislation

► As-Is: At the start of the project, 5Oct2014, zero Veterans were able to take advantage of the VACAA legislation

► As of Nov2014, 100% of Veterans who lived more than 40 miles from the closest VA medical facility were able to take advantage of the VACAA legislation (approximately 200,000 Veterans in the TriWest region)

► As of Dec2014, all eligible Veterans who were on wait lists longer than 30 days were able to take advantage of the VACAA legislation

► As of Feb2015, 100% of all Veterans within the TriWest Healthcare Alliance Regions had access to the VACAA program (approximately 5 million Veterans)

* While not all eligible Veterans had received their Veterans Choice cards by 3Nov2014, the news was rife with information and 1-800 number was (very!) well known. The card was not a prerequisite for providing care.
Chapter 5. Future State (Completed Improvement)

Future State Performance Metrics

- **Metrics #2**: Number of Veterans who actually choose to take advantage of VACAA legislation
  - After GoLive! Nov2014, 5 more generations of projects continued to drive results from **2300/month** “40 Miler” Veterans to over **100,000 calls/month** from 30-day and 40-mile Veterans in Apr2016.

- **Metrics #3**: For Veterans who choose the “Choice” program, Time to Appointment (TTA) from Veteran Contact until Date of Scheduled Care
  - After GoLive! Nov2014, eligible Veterans moved from an average Time-to-Appoint time of **24.4 days** (median 22.0 days) to an average of **18.6 days** (median 15.0 days) in Apr2016.

*At the time of publishing, data is incomplete for April2016.*
Chapter 5. Future State (Completed Improvement)

Future State Performance Metrics

- Unexpected Metrics:
  - TriWest Growth

<table>
<thead>
<tr>
<th>Organization</th>
<th>City</th>
<th>State</th>
<th>Date</th>
<th>Employees Added</th>
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- Original TriWest locations
- New TriWest locations

PC3 = Patient-Centered Community Care

* As of April 2016
Chapter 5. Conclusion of The Study

Recommendations for Future Research

- **CRM 1.0**: Workflow Automation for incoming call standardization and data collection (Customer Relationship Management: CRM). Light integration (data pulls from CareRadius) **Jan2015**

- **CRM 2.0**: Workflow Automation to expand incoming call standardization through full system integration (data push and pull) **Mar2015**

- **VA Portal**: Integrate VA Medical Center (VAMC) workflow into TriWest workflow through Medical Documentation, Authorizations, and Veteran record sharing **May2015**

- **CRM 3.0**: Workflow Automation expand to outbound calls to Veterans **July2015**

- **Provider Network Automation** to manage Provider qualifications, locations, and availability **2016**

- **Medical Documentation (MedDoc) Management Automation** **2016**

- **Billing & Invoicing Visibility** **2016**

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Chapter 5. Conclusion of The Study

Significance of the Results of the Study

- The elements of an efficient and effective Veteran healthcare delivery system are known, including roles, processes, IT systems, and types of care
- Costs of care, type of care, locations of care, constraints to care... are all known
- Necessary support structure in terms of contact centers, workflow management, surge management, training, metrics and dashboards... are all known
- The peak volume of Veterans who will “choose” care from outside the VA healthcare system remains unknown. Volumes have increased every month for 18 months, but rate of increase is slowing
- Veterans who were waiting for care... dying while waiting for care... can choose to accelerate care outside of the VA system
TriWest VACAA Kick-off meeting began October 6, 2014 with:

- No official agreement between TriWest and the government.
- No signed contracts between TriWest and the nearly a dozen companies and their 40+ representatives attending Kick-off.
- No process flows in place.
- No design concept of what the Veterans "Choice Card" would look like, or even if it would be a plastic or paper card.
- No content for the Veteran’s letters to accompany the cards.
- No list of veterans addresses of where to mail the cards & letters.
- No vendor selected to produce and mail the cards & letters.
- No automated system to receive calls from Choice Veterans or a call center to handle them; not even 1-800 numbers selected.
- No training plan for the thousand-plus call-center representatives needed to handle the projected call volume.
- No scripts for call-center representatives; and no CSRs to speak them.
- No connectivity between the VA database and TriWest database.
The VACAA program launched on November 1, 2014 by mailing out Choice cards and then went live with the call centers on November 3, 2014. By election day, the impossible had become reality.

- 200,000 (of 5 million) letters with Choice Cards had been mailed
- A single toll-free phone number was available to anyone in the country (or its protectorates) for care or questions, 18 hours per day, six days per week (866-606-8198)
- Inbound calls were automatically routed with logic & voice-overs, sending Veterans, Providers and Media to the appropriate representative in the appropriate region
- Two call centers with more than 800 employees trained to serve the Veterans
- Veteran records transferred from VA database to TriWest database with complete security and no data breaches, with regular weekly transfer processes established
- Recorded message by VA Secretary Bob McDonald thanking veterans for their service and explaining the program the first time they dial in
- A phone system that remembers phone number so the next time they call they get routed quickly
Questions and Answers Period

If you did not receive a Choice Card or if you cannot find your card, please call 1-866-806-8198 to learn more about eligibility for the Veterans Choice Program. If you are satisfied with your wait time at a VA facility and wish to continue waiting for VA care, there is nothing you need to do at this time.

Veterans Access, Choice and Accountability Act | About the Program
www.va.gov/opa/choiceact/ United States Department of Veterans Affairs

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Back-up slides
Chapter 3. Methodology: CPI Solution Cycle

- Identify
- Define
- Discover
- Idealize
- Analyze
- Design
- Develop
- Debug
- Train
- Deploy
- Document
- Validate
- Iterate
Chapter 3. Methodology: CPI Solution Cycle

Phase 1: People & Process
   “As-Is” Centric

Phase 2: Solution & Software
   “To-Be” Centric

Phase 3: Learn & Improve
   Iterate Validate

Identify Define Analyze

Deploy Design Develop

Train Debug
Chapter 3. Methodology: CPI Solution Cycle
Thank you for calling The Choice Program; this is ******
How may I help you?

Determine which primary path the call applies to

- Plan Inquiry
- Medical Emergency
- Mental Distress
- Request for Counseling, Therapy, Substance Abuse
- Claim / Billing
- Media Inquiry
- Notate Contact

User Guide:
White Text = Process
Black Text = Scripting
Medical Emergency Process

STAY ON CALL UNTIL HELP ARRIVES

- Obtain Veteran (Name, Physical Location, Telephone)
  - What is your full name
  - What is the address where you are currently located
  - What is a telephone number that we can call you back on if we get disconnected
  - I will stay on the line with you until help arrives

- Have SME / Team Manager Call 911 from different phone
  - Call local 911 to be routed to correct 911 dispatch location
  - I have someone on the phone with 911

- After call notate contact in Care Radius
Mental Distress Process

Ask Veteran “Are you having thoughts of killing yourself or hurting others?”

If “YES” IMMEDIATE DANGER

• Obtain Veteran (Name, Physical Location, Telephone)
  • What is your full name
  • What is the address where you are currently located
  • What is a telephone number that we can call you back on if we get disconnected
  • I will stay on the line with you until help arrives

• Have SME / Team Manager Call 911 from different phone
  • Call local 911 to be routed to correct 911 dispatch location
  • I have someone on the phone with 911

• After call notate contact in Care Radius

If “No” Immediate Danger

Restart
Mental Distress Process

• Offer to connect veteran to VA Crisis Line Via 3-way Call
• *What I would like to do is connect you with the Veterans Affairs Crisis Line, would that be ok with you?*

• *(VETERAN AGREES)*
• Make 3-way call to Crisis Line (1800-273-8255) Opt-1
• After call notate contact in Care Radius

• *(VETERAN DISAGREES)*
  • *For future reference the VA Crisis hotline is open 24 hours a day – 7 Days a week and can be reached at (1800-273-8255)*
  • After call notate contact in Care Radius
Transfer to Billing and Claims

Please hold while I transfer you to the billing department...
Thank you for calling and thank you for your service to our country
Plan Inquiry

Did you receive your Choice Card in the mail?  
Do you have it with you?

YES  NO
Received Card (YES)

- Can you please read me your Member ID number as it appears on your card?
- Search for Veteran by Member ID
  - If not found by Member ID search by Name or SSN#
  - Can I have your full name, date of birth, and last four of SSN
  - Verify veterans using Date of Birth and last four of SSN
  - Confirm or update address and phone number

How can I help you today...

- General Info
- Veteran Enrollment
- Received Card but not Found in CareRadius
Chapter 2. Literature Review: Common Elements

- **Identify**
- **Define**
- **Discover**
- **Idealize**
- **Analyze**
- **Design**
- **Develop**
- **Debug**
- **Train**
- **Deploy**
- **Document**
- **Validate**
- **Iterate**

### LSS / ToC / Shewhart
- “Define” VoC, Charter,
- Measure
- Analyze
- Improve (a)
- Improve (b)
- Improve (c)
- Control

### PMP / BPR

### EVO / Agile

### Knowledge-Centric
Today 2014 Dec 2015

Appt C Med Doc
Dec 15

Appt A Med Doc
Dec 19

Appt B Med Doc
Dec 12

Appt C Med Doc
Jan 15

✓ 1 Auth
✓ 3 Appt’s
✓ 4 Med Docs

Appointment A
Dec 1 - Dec 19

Appointment B
Dec 1 - Dec 10

Appointment C
Dec 8 - Jan 15

Appointment / Last Date of Case Med Doc received


#cite_note-significant_and_chronic-17