



# Clinic Management

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**Program Office**



# Rehab Workload Capture

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- Workload can be entered in several ways:
  - VistA Patient Care Encounter (PCE)
  - CPRS Encounter Utility
  - QUASAR (ECQ)
  - Event Capture System (ECS)
- Only ECQ and ECS send product-level data to DSS for most rehab departments.
- CPRS and PCE (Scheduling) do not send product-level data and use clinic (CLI) extracts.
  - Product = clinic name
  - Product RVU = length of clinic



# Scheduling Package Feeder

DCM 0500  
RUN DATE 2008-03-25

YOUR VAMC  
DEPARTMENT COST MANAGER  
VOLUME STATISTICS

**These are clinic  
names, not products.**

ER31-AUD-Audiology Clinic

OCTOBER 2006  
THROUGH SEPTEMBER 2007

<u>IP #</u>	DESCRIPTION	BUDGET UNITS	ACTUAL UNITS	CHANGE	PERCEN CHANG
23651	AUDIOLOGY HE PROVIDER A	492	0	492.00	100.0%
25598	AUDIOLOGY REPAIR CL	276	1,837	-1,561.00	-565.6%
26351	AUDIOLOGY ABR	260	371	-111.00	-42.7%
26352	AUDIOLOGY HAE	1,373	516	857.33	62.4%
26372	AUDIOLOGY HAP	2,208	797	1,411.00	63.9%
26373	AUDIOLOGY HE	1,885	783	1,102.33	58.5%
26374	AUDIOLOGY RATING	965	1,004	-38.67	-4.0%



# ECS/ECQ Package Feeder

DCM 0500  
 RUN DATE 2008-04-07

**ER31-AUDIOLOGY CLINIC (203)**

YOUR VAMC  
 DEPARTMENT COST MANAGER  
 VOLUME STATISTICS

**Specific products  
 (procedures)**

OCTOBER 2006  
 THROUGH SEPTEMBER 2007

IP #	DESCRIPTION	BUDGET UNITS	ACTUAL UNITS	CHANGE	PERCENT CHANGE
-----	-----	-----	-----	-----	-----
24276	LOUDNESS TOLERANCE TEST	44	32	12.00	27.3%
24277	SPEECH/HEARING THERAPY, I	112	137	-25.00	-22.3%
24287	SPONTANEOUS NYSTAGMUS,	24	55	-31.00	-129.2%
24288	POSITIONAL NYSTAGMUS T	28	63	-35.00	-125.0%
24289	CALORIC VESTIBULAR TES	108	178	-70.00	-64.8%
24290	OPOTOKINECTIC NYSTAGMU	40	63	-23.00	-57.5%
24291	OSCILLATING TRACKNG TS	36	57	-21.00	-58.3%
24293	USE OF VERTICAL ELECTROD	12	1	11.00	91.7%
24294	PURE TONE HEARING TEST	68	36	32.00	47.1%
24295	PURE TONE AUDIOMETRY, AIR	320	319	1.00	0.3%
24296	AUDIOMETRY, AIR & BONE	24	20	4.00	16.7%
24297	SPEECH THRESHOLD AUDIOME	12	9	3.00	25.0%
24298	SPEECH AUDIOMETRY, COMPLE	116	161	-45.00	-38.8%
24299	COMPREHENSIVE HEARING	1,880	2,144	-264.00	-14.0%
24305	STENGER TEST, PURE TONE	24	30	-6.00	-25.0%
24307	TYMPANOMETRY	1,392	1,644	-252.00	-18.1%

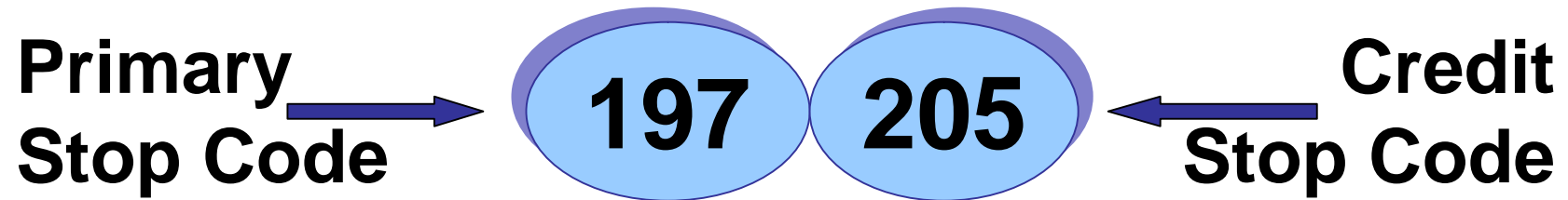


# Stop Codes

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# DSS Credit Pair



- 197 = Polytrauma  
Primary stop code indicates the outpatient workgroup responsible for providing the specific set of clinic products.
- 205 = Physical Therapy  
Secondary stop code further defines the primary workgroup such as the type of services provided, type of provider, special programs, or technology used.



# Polytrauma Stop Codes

- 197 **POLYTRAUMA INDIVIDUAL**--Records patient visit for evaluation, management, and follow-up treatment of patients with polytraumatic injuries provided by physician and other appropriate health team members trained in the diagnostic aspects of polytrauma and the special care needs of the patient and family caregivers. This code is restricted to approved Polytrauma sites. PRIMARY STOP CODE ONLY
- 198 **POLYTRAUMA GROUP**--Records the encounter of a group of polytrauma patients for the purpose of receiving therapeutic treatment, education, information, and/or counseling. Use when services are provided to more than one patient in the same session. This code is restricted to approved Polytrauma sites. PRIMARY STOP CODE ONLY
- 199 **TELEPHONE/ POLYTRAUMA**--Records patient consultation or medical care management, advice, and/or referral provided by telephone contact between patient or patient's next-of-kin and/or the person(s) with whom the patient has a meaningful relationship and clinical and professional staff assigned to the Polytrauma System of Care and support services. This code is restricted to approved Polytrauma sites. Includes administrative and clinical services. PRIMARY STOP CODE ONLY



## TBI Stop Code

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219 TBI (Traumatic Brain Injury). Records patient visit for evaluation, management, and follow-up treatment of patients with traumatic brain injury provided by physician and other appropriate health team members trained in the diagnostic aspects of TBI and the special care needs of the patient and family caregivers. This code is not restricted to sites with recognized TBI programs (primary or secondary).



# TBI and Polytrauma Clinics

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- Primary TBI stop code should be used (219xxx).
- Veterans with positive TBI screens should be referred to 219xxx clinic. If veteran meets definition of polytrauma, then subsequent visits should be entered in a polytrauma clinic (197xxx, 198xxx, or 199xxx).
- Polytrauma is defined as two or more injuries to physical regions or organ systems, one of which may be life threatening, resulting in physical, cognitive, psychological, or psychosocial impairments and functional disability. TBI frequently occurs in polytrauma in combination with other disabling conditions such as amputation, auditory and visual impairments, SCI, PTSD, and other mental health conditions. Injury to the brain is the impairment that primarily guides the course of the rehabilitation.



5 Reports Home

**DSS REPORTS FROM CLINICAL USER SUPPORT**

Reports from  
Clinical User  
Support

**Outpatient Cost Reports**

Reports from  
Financial User  
Support

No.	Type	Name/Description	Data Definition
1.		<b>Cost and Workload for Selected DSS Clinic Stop/Credit Stop</b>	
2.		<b>Workload, Total and Average Cost per Visit and per No Show by DSS Clinic Stop</b>	
3.		<b>Cost Detail for Selected Clinic Stops</b>	
4.		<b>Clinic Visits &amp; Costs by Quarter &amp; Month</b>	
5.		<b>CBOC Average Encounter Cost - Mental Health or Primary Care</b>	
6.		<b>CBOC Average Unique Patient Cost</b>	
7.		<b>Clinic - Average Total Cost and Component Cost</b>	
8.		<b>Completed Encounters, Costed Noshows and Zero/Low-cost Noshows</b>	
9.		<b>(DSS) Low/Zero Cost Outpatient Encounter Summary</b>	

Pages

Links

Contact Us

Fiscal Year	Separate Fiscal Periods	Summary Level	Finest Breakout Level	Select Facilities:	Population	Patient Type	So
2008	No	National			Select ALL	Select ALL	Stop Code (as
2007	Yes	Network	Network		OEF/OIF	Active Duty	Total Clinic Co
2006		Station	Station		Home Based Primary Care	Veterans	Total Encount
2005						Non-Veterans	Avg Encounte
							Avg Unique P

Enter Text to Find:  - Facilities -

- Stop Code -

- Credit Stop -

Select Primary Stop Code	Select Secondary Credit Stop
<ul style="list-style-type: none"> <li>197++ Polytrauma Individual</li> <li>198++ Polytrauma Group</li> <li>199++ Telephone/Polytrauma</li> <li>Select all 200 Series</li> <li>201 PM &amp; RS</li> <li>202 Recreation Therapy Service</li> <li>203 Audiology</li> <li>204 Speech Pathology</li> </ul>	<ul style="list-style-type: none"> <li>NO SELECTION</li> <li>SELECT ALL</li> <li>102 Admitting and/or Screening</li> <li>104 Pulmonary Function</li> <li>105 X-Ray</li> <li>106 Electroencephalogram (EEG)</li> <li>108 Laboratory</li> <li>109 Nuclear Medicine</li> </ul>

SUBMIT RESET Standard Web Report Download to Microsoft Excel

For Government Use Only

[Contact VHA DSS Reports Help](#) Report for Government Use Only [Data Definitions](#)

### Cost and Workload for Selected DSS Clinic Stop / Credit Stop National Summary by Total Encounter for Credit Pair(s) 197ALL - FY 08 (Outpatient Population)

Network	Credit Pair	Stop Code Name	Credit Stop Name	FP	Total Clinic Costs \$(TOT)	Actual Clinic Encounters (Enctr)	Number Unique Patients to Actual Clinic Encounters (Enctr)	Average Actual Encounters (Enctr) per Unique Patient	Average Actual Encounters (Enctr) Cost \$	Clinic No Shows	Average Actual Encounters (Enctr) per Unique Patient % Clinic No Shows	Number of Unique Patients per Clinic No Shows
TION	<a href="#">197201</a>	POLYTRAUMA INDIVIDUAL	PM & RS	6	2,356,338	3,548	2,665	1.3	664	1,333	37.6	1,144
TION	<a href="#">197204</a>	POLYTRAUMA INDIVIDUAL	SPEECH PATHOLOGY	6	1,636,634	3,372	1,289	2.6	485	596	17.7	421
TION	<a href="#">197125</a>	POLYTRAUMA INDIVIDUAL	SOCIAL WORK SVC	6	907,467	2,740	1,528	1.8	331	82	3.0	60
TION	<a href="#">197205</a>	POLYTRAUMA INDIVIDUAL	PHYSICAL THERAPY	6	1,026,099	2,545	849	3.0	403	676	26.6	431
TION	<a href="#">197510</a>	POLYTRAUMA INDIVIDUAL	PSYCHOLOGY-IND	6	1,007,464	1,612	774	2.1	625	277	17.2	221
TION	<a href="#">197206</a>	POLYTRAUMA INDIVIDUAL	OCCUPATION THPY	6	480,486	1,549	617	2.5	310	371	24.0	261
TION	<a href="#">197000</a>	POLYTRAUMA INDIVIDUAL	000	6	904,505	1,498	1,163	1.3	604	435	29.0	381
TION	<a href="#">197568</a>	POLYTRAUMA INDIVIDUAL	MH CWT/SE FACE TO FACE	6	548,501	837	191	4.4	655	10	1.2	10
TION	<a href="#">197184</a>	POLYTRAUMA INDIVIDUAL	184	6	176,716	640	468	1.4	276	19	3.0	19
TION	<a href="#">197217</a>	POLYTRAUMA INDIVIDUAL	BROS-BLIND REHAB SPEC	6	85,692	486	262	1.9	176	11	2.3	11
TION	<a href="#">197219</a>	POLYTRAUMA INDIVIDUAL	TBI (TRAUMATIC BRAIN INJURY)	6	65,173	447	401	1.1	146	120	26.8	101
TION	<a href="#">197502</a>	POLYTRAUMA INDIVIDUAL	MENTAL HEALTH-IND	6	83,426	435	358	1.2	192	73	16.8	60
TION	<a href="#">197538</a>	POLYTRAUMA INDIVIDUAL	PSYCHOLOGICAL TESTING	6	335,899	424	306	1.4	792	59	13.9	50
TION	<a href="#">197213</a>	POLYTRAUMA INDIVIDUAL	PM & RS VOC ASSIST	6	84,557	272	132	2.1	311	3	1.1	3
TION	<a href="#">197185</a>	POLYTRAUMA INDIVIDUAL	PM & RS EXTNS HR AIDS PRGNOSIS	6	75,117	216	158	1.4	288	15	10.1	15



# Polytrauma Volume Using Six Digit DSSID

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<u>DSSID</u>	<u>Type</u>	<u>Encounters</u>
197201	PM&R	3,548
197204	Speech Pathology	3,372
197125	Social Work	2,740
197205	Physical Therapy	2,545
197510	Psychology	1,612
197206	Occupational Therapy	1,549
197000	Polytrauma (default)	1,498

**Total polytrauma encounters:**

<b>Individual</b>	<b>22,072</b>
<b>Group</b>	<b>954</b>
<b>Telephone</b>	<b>3,028</b>



# TBI—Primary Stop Code

<u>DSSID</u>	<u>Type</u>	<u>Encounters</u>
219000	TBI (default)	2,311
219201	PM&R	2,219
219204	Speech Pathology	489
219315	Neurology	342
219117	Nursing	317
219125	Social Work	297
219206	Occupational Therapy	216

**7,210 encounters credited to primary 219 clinics.**



## TBI—Secondary Stop Code

<u>DSSID</u>	<u>Type</u>	<u>Encounters</u>
204219	Speech Pathology	519
197219	Polytrauma	447
206219	Occupational Therapy	349
502219	Mental health	299
201219	PM&R	290
510219	Psychology	109

**2,418 TBI encounters credited to secondary 219 clinics.**



# Stop Code Pairing

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- Significant workload is credited to default stop code.
- There were 3,372 polytrauma encounters (13%) credited to default stop code pairs (197000, 198000, and 199000).
- There were 2,311 TBI encounters (24%) credited to the default stop code pair (219000).
- Lesson: Using default misses valuable information on the type of service or provider type.




# Productivity

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# How is Productivity Calculated?

- Productivity is the ratio of labor output (time needed to generate clinical products) to labor input (worked hours).
- Productivity is a TIME calculation. 
- 100% means all on-duty hours contributed to direct patient care time.
- Acceptable: 70-110%



# Output Hours

- Hours needed to produce the work
- Light bulb example...
  - Takes 10 minutes to produce 1 light bulb
  - Company produces 1000 bulbs
  - Need 10,000 minutes to produce the bulbs
  - 10,000 divided by 60 minutes = 166.66 hours
- *DSS Relative Value Unit*—variable labor time for each procedure (10 minutes of production time)
- *DSS Product Volume*—number of procedures (1000 light bulbs)
- *DSS Specified Hours*—calculated by multiplying the clinical volume (number of procedure of each type performed) and variable labor relative value units (RVU) for that procedure.
  - 1000 (volume) x 10 minutes (RVU) = 10,000 minutes
  - Converted to hours for productivity calculations (166.66 hours)



# Back to Light Bulbs

- Outputs (specified hours) divided by inputs (work time)
- Outputs = the 166.66 hours needed to produce the bulbs
- Inputs = the number of hours actually worked by the employees (regular + OT)
  - Payroll shows 180 work hours.
- Productivity = Outputs/Inputs  
 $166.66/180 = 92.58\%$
- *DSS Productivity Ratio*--total specified hours divided by the on-duty work hours.
  - Also called *Specified Percent Worked*



# DCM Variable Labor Report

DEPARTMENT : ER31    AUDIOLOGY CLINIC (203)  
 CATEGORY : 0    VARIABLE LABOR  
 OCTOBER 2006  
 THROUGH SEPTEMBER 2007

**Hours not  
linked to  
products**

**Hours linked to products**

	HOURS		FTE'S		COST	
	BUDGET	ACTUAL	BUDGET	ACTUAL	BUDGET	ACTUAL
SPECIFIED	11,063	12,402	5.32	5.96	\$161,261	\$419,386
NONSPECIFIED	2,783	5,233	1.34	2.52	40,568	290,941
WORKED	13,846	17,635	6.66	8.48	201,829	710,327
VAC/SICK/HOLIDAY	2,438	2,802	1.17	1.35	95,325	120,602
OVERTIME	0	0	0	0		
REGULAR	16,284	20,437	7.83	9.83	297,154	830,216
TOTAL PAID	16,284	20,437	7.83	9.83	297,154	830,929

**Total worked hours**

RATIOS:

SPEC PCT WORKED	79.90%	70.33%	<b>Productivity=70.33%</b>
OTIME PCT WORKED	0	0	
VSH PCT REGULAR	14.97%	13.72%	
STD RATE REG HR	\$18.25	\$40.66	
STD RATE OTIME HR	0	0	



# Impact of Errors

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- **Incorrect cost of products:**
  - Too much labor = inflated costs
  - Too little labor = deflated costs
- **Incorrect staffing reports:**
  - Too many or too little FTEs
- **Erroneous DSS productivity reports:**
  - DSS uses labor hours and workload to calculate productivity
  - Too much labor = low productivity
  - Too little labor = high productivity
- **Erroneous Relative Value Units (RVU):**
  - RVU too high = increased productivity
  - RVU too low = decreased productivity



# Productivity Adjustments

- Example—Product A has RVU=60 minutes. Clinic has 4 FTEE and each produces 1000 products.
  - Product volume = 4,000
  - Specified hours = 4,000 hours
  - **Productivity=  $4000/8320 = .48$**
- Clinicians say they need more time with patients! Increase RVU to 90 minutes.
  - Product volume = 4,000
  - Specified hours = 6,000
  - **Productivity =  $6000/8320 = .72$**
- Boss says work harder! Increase production to 8,000 products.
  - Product volume = 8000
  - Specific hours = 8000 hours
  - **Productivity=  $8000/8320 = .96$**
- Boss says spend less time with patients to decrease waits! Decrease RVU to 30 minutes.
  - Product volume = 4,000
  - Specified hours = 2000
  - **Productivity =  $2000/8320 = .24$**
- Productivity adjustments will Impact cost.
  - Labor cost per specified hour
  - Cost per unit



# Concept of Throughput

- Productivity is not the whole story.
- The goal is efficient, timely, and high quality care.
- Back to the light bulbs--again:
  - Company can speed up production (productivity), but this will increase breakage.
  - Company can't sell broken light bulbs.
- Throughput adds dimension of *clinical outcome (quality)*.
- *Throughput*—Ratio of clinical events that result in positive clinical outcomes to the number of patients for whom the clinic/clinician is responsible.



# DSS Rehab Report

UNITED STATES  
DEPARTMENT OF VETERANS AFFAIRS INTRANET

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**DSS Reports Home**

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**REPORTS FROM CLINICAL USER SUPPORT**

**Program Specific Reports**

No.	Type	Name/Description	Data Definition
1.		Rehabilitative Services: Workload and Cost	
2.		Spinal Cord Injury (SCI): Workload, ALOS and Cost (Utilization) by Service	
3.		Supporting Services: Workload and Cost	
4.		Family Counseling Services: Workload and Cost By Service Clinics	
5.		Geriatric Evaluation HCPCS S0250: Workload and Unique Patient Cost	



# DSS Rehab Report Selections

## Rehabilitative Services: Workload and Cost

This report records the volume and cost of intermediate products produced by Audiology, Speech Pathology, Kinesiotherapy, Occupational Therapy, and Physical Therapy. Blind Rehabilitation, Psychiatry and Recreation Therapy services selections will be added when their product lists are available. **The report is limited to data recorded in the Event Capture System.** Volume is provided as Inpatient or Outpatient. Summary costs for each outpatient procedure are given as Total Variable Direct, Fixed Direct, Total direct, Fixed Indirect and Total Actual. A similar average cost breakdown is provided per product. All costs are for outpatients only; inpatient product average costs are assumed to be the same as for outpatients. Selections can be made for fiscal year, National to Division summary level, MCG level, Outpatient / Inpatient with and without Department level information, Service Specialty, DSS Identifier and DSS IP numbered product. Selections are provided for sorting data 7 different ways.

Fiscal Year	Summary Level	Finest Breakout Level	Select Facilities:	MCG Level	Cohort	Speciality	Sort By
2008 2007 2006	National Network Station	Division	(V01)(402) Togus, ME (V01)(405) White River Junction, VT (V01)(518) Bedford, MA (V01)(523) VA Boston HCS, MA (V01)(608) Manchester, NH (V01)(631) Northhampton, MA	Select All 1a 1b 1c 2 3	Output Outpt w Dept Inpat Inpat w Dept OEF/OIF Outpat OEF/OIF Outpt w Dept	Audiology Blind Rehab(NA) Kinesiotherapy Occu. Thp. Psychiatry(NA) Physical Thp.	DSS IP/Proc(ascd) No of Proc Tot Dir. Costs Tot Actual Costs Tot Dir. Costs/Proc Tot Actual Cost/Proc

-- Facilities -- Enter text in the text field:  and click to find

-- Stop Code -- -- Credit Stop Code -- -- Procedure --

Select Primary Stop Code	Select Credit Stop	Select Procedure
***SELECT ALL*** 000 (Default) 102 Admitting and/or Screening 103 Telephone Triage 104 Pulmonary Function 105 X-Ray 106 Electroencephalogram (EEG) 107 Electrocardiogram (EKG)	*** SELECT ALL *** 000 (Default) 102 Admitting and/or Screening 104 Pulmonary Function 105 X-Ray 106 Electroencephalogram (EEG) 108 Laboratory 109 Nuclear Medicine	*** SELECT ALL *** 24257-Cerumen Management 24283-Spontaneous...Us,Inc Gaze 24284-Positional Nystagmus 24285-Caloric Vestibular Test 24286-Optokinetic Nystagmus 24287-Spontaneous Nystagmus,W/Record 24288-Positional Nystagmus Test,4+ P
<input type="button" value="View Your Stop Code Selection(s)"/>	<input type="button" value="View Your Credit Stop Selection(s)"/>	<input type="button" value="View Your Proc Selection(s)"/>



# Partial Rehab Report Sample

**Rehabilitative Services: Workload and Cost**  
**Speech Therapy for Outpatient Population Only**  
**Station Summary by Procedure For Station(s) ( ) - FY 08**

Thru FP	Med Ctr Grp (MCG)	DSS IP No.	Procedure (Proc) Name	Product Std. Labor RVU	Stop Code	Credit Stop	No of Proc	Unique Patients Per Product	Total ACUM RVU In Min
4	2	24276	VOICE PROSTHESIS EVAL,L1	156	204	715	<u>8</u>	<u>8</u>	1,248
4	2	24277	VOICE PROSTHESIS TREAT,L1	58	204	715	<u>85</u>	<u>15</u>	4,930
4	2	40917	SWALLOWING TRTMNT 15 MIN	79	204	715	<u>44</u>	<u>12</u>	3,476
3	2	64568	THER SVS USE SPCH GEN DEV	95	204	715	<u>2</u>	<u>1</u>	190
4	2	64569	EVAL ORAL&PHARYG SWALLOW	74	204	715	<u>24</u>	<u>24</u>	1,776
4	2	64570	MOTION FLURO EVAL SWALLO	82	204	715	<u>17</u>	<u>16</u>	1,394
		<b>TOTAL</b>					<b>180</b>	<b>76</b>	<b>13,014</b>



# Partial Rehab Report Sample

**Rehabilitative Services: Workload and Cost**  
**Speech Therapy for Outpatient Population Only**  
**Station Summary by Procedure For Station(s) ( ) - FY 08**

Thru FP	Med Ctr Grp (MCG)	DSS IP No.	Procedure (Proc) Name	Total Variable Direct Costs	Total Fixed Direct Costs	Total Direct Costs	Total Fixed Indirect Costs	Total Actual Costs	Avg. Variable Direct Cost Per Proc	Avg. Fixed Direct Cost Per Proc	Avg. Total Direct Cost Per Proc	Avg. Fixed Indirect Cost Per Proc	Avg. Total Actual Cost Per Proc
4	2	24276	VOICE PROSTHESIS EVAL,L1	109	0	110	74	183	13.67	0.03	13.69	9.22	22.91
4	2	24277	VOICE PROSTHESIS TREAT,L1	1,162	2	1,164	784	1,948	13.67	0.03	13.69	9.22	22.91
4	2	40917	SWALLOWING TRTMNT 15 MIN	1,751	1	1,752	1,191	2,943	39.79	0.03	39.82	27.07	66.89
3	2	64568	THER SVS USE SPCH GEN DEV	10	0	10	7	17	4.96	0.03	4.98	3.27	8.26
4	2	64569	EVAL ORAL&PHARYG SWALLOW	641	1	642	436	1,078	26.73	0.03	26.75	18.15	44.90
4	2	64570	MOTION FLUORO EVAL SWALLO	306	0	307	207	514	18.02	0.03	18.05	12.20	30.24
		<b>TOTAL</b>		<b>3,979</b>	<b>5</b>	<b>3,984</b>	<b>2,698</b>	<b>6,683</b>					



# RBRVU Model

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- Uses *Medicare Physician Fee Schedule* based on the American Medical Association's Resource-Based Relative Value System (RBRVS).
- Practice-expense RBRVU is a measure of direct patient care time.
- Standardized and comparable across facilities.
- Standard DSS RVU are based on the RBRVS.



# Applying DSS Data

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- Example:
- 6,579 procedures (products)
- 223,838 RVU minutes (from DSS Rehab Report)
- 3,731 RVU hours
- 3.0 FTEE
- 6,000 unadjusted on-duty hours
- Productivity =  $3,731 \text{ RVUHRS} / 6,000 \text{ ODHRS}$
- 62% productivity



# Actual Productivity Data

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- **Audiology Productivity**
  - Mean productivity: .4908
  - Median Productivity: .4858
- **Speech Pathology Productivity**
  - Mean Productivity: .4077
  - Median Productivity: .3800
- **Caveats**
  - This is direct patient care productivity. Education, research, and administrative time are not included, but they are nevertheless important clinic activities.
  - Not all direct patient care activities generate RVU. Some professional time is not captured.



# Domains of Productivity

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- Administration: Credit for administrative functions performed by clinical staff (i.e. not by managers)
- Education: Credit for professional time associated with educational support (precepting trainees) and other educational activities (continuing education, in-services)
- Research: Credit for research activities (e.g. Principal Investigator on peer-reviewed grant)



# RVU (Time) Model

- Clinic volume: 7,986 RVU hours
- Administration credit– 114 hours
- Research credit– 1,000 hours
- Education credit– 1,342 hours
- Total hours: 10,442
- Actual: 7.2 FTEE (14,400 on-duty hours)
- Productivity ratio was .73
- Direct patient care alone-- .55

Domain	Volume (RVU Hrs)
Clinical	7,986
Administration	114
Research	1,000
Education	1,342
<b>Total</b>	<b>10,442</b>



# Resources

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- [https://vssc.med.va.gov/dss\\_ssl/rehab\\_rpt.asp](https://vssc.med.va.gov/dss_ssl/rehab_rpt.asp)
- <http://www.cms.hhs.gov/PhysicianFeeSched/PFSFRN/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=4&sortOrder=ascending&itemID=CMS045325>
- [http://vaww.dss.med.va.gov/programdocs/pd\\_products.asp](http://vaww.dss.med.va.gov/programdocs/pd_products.asp)
- [http://vaww.dss.med.va.gov/programdocs/pd\\_oident.asp](http://vaww.dss.med.va.gov/programdocs/pd_oident.asp)
- [http://vaww.dss.med.va.gov/programdocs/pd\\_depts.asp](http://vaww.dss.med.va.gov/programdocs/pd_depts.asp)



# Supplemental Material

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# VistA Extracts Reference Grid

<b>Extract</b>	<b>Primary Source Files</b>	<b>Extract File</b>
ADM	PATIENT MOVEMENT (#405)	ADMISSION EXTRACT (#727.802)
CLI	HOSPITAL LOCATION (#44) APPOINTMENT sub-file (#44.001)	CLINIC EXTRACT (#727.803)
ECQ	A&SP CLINIC VISIT (#509850.6)	QUASAR EXTRACT (#727.825)
ECS	EVENT CAPTURE PATIENT (#721)	EVENT CAPTURE LOCAL EXTRACT (#728.815)
IVP	IV EXTRACT DATA (#728.113) IV STATS (#50.8) DRUG (#50)	IV DETAIL EXTRACT (#727.819)
LAB	LAB ORDER ENTRY (#69) WKLD DATA (#64.1)	LABORATORY EXTRACT (#727.813)
LAR	LAB DSS LAR EXTRACT (#64.036) LAB DATA (#63)	LAB RESULTS EXTRACT (#727.824)
LBB	LAB DATA (#63) TRANSFUSION RECORD (#63.017)	LAB BLOOD BANK (#727.829)
MOV	PATIENT MOVEMENT (#405)	PHYSICAL MOVEMENT EXTRACT (#727.808)
MTL	PSYCH INSTRUMENT PATIENT #601.2 ADDICTION SEVERITY INDEX #604	MENTAL HEALTH EXTRACT #727.812
NUR	NURS CLASSIFICATION (#214.6)	NURSING EXTRACT (#727.805)
NUT	NUTRITION PERSON (#115)	NUTRITION EXTRACT (#727.832)
PAS	PAF (#45.9)	PAI EXTRACT (#727.823)
PRE	PRESCRIPTION (#52)DRUG (#50)	PRESCRIPTION EXTRACT (#727.81)
PRO	RECORD OF PROS APPLIANCE/REPAIR (#660)	PROSTHETICS EXTRACT (#727.826)
RAD	RAD/NUC MED PATIENT (#70)	RADIOLOGY EXTRACT (#727.814)
SUR	SURGERY (#130)	SURGERY EXTRACT (#727.811)
TRT	PATIENT MOVEMENT (#405)	TREATING SPECIALTY CHANGE EXTRACT (#727.817)
UDP	UNIT DOSE EXTRACT DATA (#728.904) UNIT DOES PICK LIST STATE (#57.6)	)UNIT DOSE LOCAL EXTRACT (#727.809)



# Labor Definitions

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- *Direct Patient Care (DPC)*—time to prepare for, prepare, and follow-up on clinical needs of patients. Includes:
  - Pre-, intra-, and post-service time spent rendering care to patients
  - Time spent supervising trainees
  - Time spent reviewing patient data, writing documentation, interpretation, coordinating care, discussions with care givers and colleagues, and continuing education and staff meetings focused on patient care
- *Administration*—program management or administration
- *Education*—formal didactic education, teaching, and managing training programs. May include trainee supervision in some models.



## Relative Value Unit (RVU) Definitions

- **RVU**—Weighted units of measure that allow for the relative comparison between different complexities and mixes of intermediate products. RVUs take into account the differing amounts of input, such as labor or materials required, for different intermediate products.
- **Medicare Resource-based RVU (RBRVU):**
  - Resource costs needed to provide procedures: physician work, practice expense and professional liability insurance.
  - **Physician work RBRVU component**—proxy for professional services including direct patient care time, clinical decision making, technical skill, complexity, and stress.
  - **Practice Expense RBRVU component**—time and costs associated with professional practice (e.g. clinical labor, equipment, and supplies). Clinical labor time can be extracted for each procedure.
- **DSS Labor RVU:**
  - Time-based measure
  - Direct patient care time spent (including time spent before and after the patient encounter)
  - Local or national RVU



# DSS Identifier Definitions

- A DSS Identifier is a six-character descriptor that is transmitted to the NPCD with each separate outpatient encounter. It is the means by which VA defines outpatient production units or clinical work units.
- First three digits (Primary)—workgroup, the production unit, or the clinic department responsible for the care delivered.
- Second three digits (Secondary or Credit Stop)—added specificity about either the type of services or the type of service provider.
  - Type of provider or team.
  - Specially funded program.
  - Technology (e.g. telehealth)
- An appropriate DSS ID is composed of both the Primary Stop Code and the Secondary Stop Code, creating a Credit Pair.
- DSS Identifiers are assigned to clinics, not to procedures.