



DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington DC 20420

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In Reply Refer To: 111

November 9, 2010

UNDER SECRETARY FOR HEALTH'S INFORMATION LETTER

CAPTURE OF WORKLOAD DATA FOR REHABILITATION SERVICES

1. Purpose. This Veterans Health Administration (VHA) Information Letter provides recommendations regarding the capture of workload data for inpatient rehabilitation services.

2. Background

a. VHA Directive 2009-002 establishes policy requiring the capture of all outpatient encounters, inpatient appointments in outpatient clinics, and all inpatient billable encounters that are not captured elsewhere. It is VHA policy to capture and report inpatient appointments in outpatient clinics, inpatient billable professional services, inpatient professional mental health services, and outpatient care data.

b. VHA productivity analysis supports the continuity of patient care, forming the basis for staffing models, resource allocation, performance measurement, quality management, provider productivity, research, and third-party payer collections. Accurate productivity analysis is dependent upon all clinical workload being captured, and must include all clinical workload, including both inpatient and outpatient activity.

c. Rehabilitation inpatient services include evaluation and management services, therapy and treatment sessions, consultations, etc. For purposes of patient care data capture, rehabilitation services include inpatient professional services provided by: audiologists; blind rehabilitation and low vision specialists; chiropractors; kinesiotherapists; occupational therapists; physiatrists; physical therapists; recreation and creative arts therapists; and speech-language pathologists. These inpatient services may be provided in an inpatient setting, location of the service notwithstanding, and in outpatient clinics. Rehabilitation services also include those services performed by assistants and technicians under the supervision of independent rehabilitation practitioners.

3. Recommendations. It is recommended that:

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a. Medical Center Directors ensure that rehabilitation services are fully compliant with VHA Directive 2009-002, and that local processes exist to accurately capture all inpatient and outpatient rehabilitation workload.

b. All rehabilitation services capture all inpatient and outpatient workload, regardless of third-party billing status.

c. Rehabilitation services not utilize non-count clinics to capture inpatient encounters. All clinics in which provider-patient interactions occur should be designated as count clinics to assure proper workload capture.

d. Medical Center Directors ensure electronic mechanisms to capture workload exist, and that such systems are accurately transmitting workload to Patient Care Encounter (PCE) and the National Patient Care Database. Acceptable mechanisms to capture workload include Event Capture System (ECS), QUASAR (ECQ) and Direct Encounter Form Completion (CPRS Encounter Utility); note that only QUASAR and Event Capture send procedure-level data to Decision Support System (DSS) databases.

e. Local staff contact the VHA discipline lead for their respective disciplines to ensure they have the most recent procedure (product) lists, since the VHA Office of Rehabilitation Services has provided guidance on standard procedure (product) codes to utilize in capturing clinical activity for both inpatient and outpatient encounters.

4. Inquires. Questions regarding this Information Letter may be directed to Kyle Dennis, Audiology & Speech Pathology National Program Office (202) 745-8379, or Douglas Bidelsbach, Rehabilitation Planning Specialist, (717) 272-6621 x 4401.

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