DEPARTMENT OF VETERANS AFFAIRS

Memorandum

Date: June 8, 2022

From: Assistant Under Secretary for Health for Quality and Patient Safety (17)

Subj: Provider Productivity Performance Annual Review

To: Veterans Integrated Service Network (VISN) Directors (10N1-23)
VISN Chief Medical Officers (CMO) (10N1-23)
Medical Center Directors (00)

Thru: Assistant Under Secretary for Health for Operations (15)

1. The Veterans Health Administration (VHA) is committed to ensuring staffing levels for a productive workforce to provide ready access to high quality specialty care. The Specialty Productivity, Access Report & Quadrant (SPARQ) tool challenges specialty practices to achieve this balance of ready access and high productivity. This memorandum outlines actions required by Veterans Integrated Service Network (VISN) Directors and Medical Center Directors to ensure that an annual productivity assessment occurs.

2. In accordance with VHA Directive 1065: Productivity and Staffing Guidance for Specialty Provider Group Practice facilities are required to undertake the annual Specialty Provider productivity review. Due to the COVID-19 public health emergency this review was suspended in fiscal year (FY) 20/21 and now will resume in FY22. This year, a slightly modified review will be undertaken with the goal of supporting moving forward from delayed care during the COVID-19 pandemic and enhancing timely access to specialty care across VHA.

3. This review seeks to assist sites in undertaking a process to validate key data elements and review practices that are falling below minimum productivity levels so that VHA is positioned to fully utilize specialty care capacity to provide ready access to high quality specialty care. The following tools are available to assist with this effort:

   a. Validation efforts should focus on provider productivity data elements to include:
   - Labor Mapping
   - Person Class/Taxonomy Assignment
   - Resident Only Workload
   - Workload (encounters and coded data) are correct and that there are active processes at the local level to ensure the accuracy and integrity of encounter workload. See Solution Set Step 1 Provider Productivity - Foundational Business Practices.

   b. The Productivity Standards & Outlier Review Report has been modified to provide an assessment of productivity performance fiscal year-to-date (FYTD) to that

of the [Standards](#) for all specialties as well as providing FYTD descriptive statistics and assessment to facility specific pre-COVID (FY19) performance.

4. For more information regarding the Annual Performance Review process please refer to the OPES [Provider Productivity Annual Review (sharepoint.com)](#).

5. OPES will hold education and training Teams Calls on June 23, 2022 at 1PM ET and repeat again on June 28, 2022 at 12PM ET. Meeting information is below. To add a meeting session to your calendar, click your desired date:
[6/23/2022 @ 1:00p ET meeting invite](#)
[6/28/2022 @ 12:00p ET meeting invite](#)

Join on your computer or mobile app
[Click here to join the meeting](#)
Or call in (audio only)
[+1 347-566-4838,,746650394#](#)   United States, New York City
Phone Conference ID: 746 650 394#
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6. To ensure VHA monitors productivity performance, each VISN Director is asked to upload a signed version of the attestation memorandum template **(Attachment)** to the [Provider Productivity Annual Review (sharepoint.com)](#) no later than August 1, 2022.

7. If you need further information regarding this review, please contact Eileen Moran at eileen.moran@va.gov.

Gerard R. Cox, M.D., MHA

Attachment: Attestation Memo Template

Memorandum

DEPARTMENT OF VETERANS AFFAIRS

Date:

From: Veterans Integrated Service Network (VISN) Director (10NX)

Subj: Specialty Provider Productivity Performance Annual Review

To: Assistant Under Secretary for Health for Quality and patient Safety (17QPS)

1. This memorandum certifies that VISN XX and all associated Medical Centers conducted an annual assessment of specialty provider productivity data.

2. In accordance with applicable directives source data were reviewed (labor mapping, person class, encounter and coding practices) and, if applicable, corrective actions taken. Local processes have been established for the ongoing review of source data integrity.

3. Detailed supporting documentation of our remediation plans are being maintained in the event of future audits and/or reviews. Remediation plans have been developed for the following:

Facility	Specialty

Network Director Name