**Definition/PICOT**

Message Manager is a secure web-based application for inputting, relaying, and completing phone messages using a team-based approach. Veterans and their health care teams communicate urgent, health-related information in a private and safe environment (Figure 1).

South Texas Veterans Health Care System began rolling out Message Manager in 2017. For primary care providers (population), is MM (intervention) a timely information tool (outcome of interest) to communicate with Veterans non-urgent medical issues and help triage their care appropriately IAW current telephone triage protocols (Briggs, 2016)?

**Methodology**

A performance improvement project was proposed to monitor timeliness of responses and track number and type of calls received following a staged implementation. The rollout of MM began in 2016 at the Kerrville Primary Care Clinic and soon transitioned to South Bexar and Balcones Heights Primary Care Clinics. Currently, 8 out of 8 of our primary care clinics now use this system.

**Act**

- Determine why some messages require >31 minutes to answer
- To provide immediate response to all Veterans calls

**Plan**

- Monitor response time for each message received between 8am-5pm

**Check**

- Compare messages answered in <30 minutes to all other messages

**Do**

- Initial Results

- By maximizing and leveraging the COPAC and MAS teams with scripting and engagement to assist our veteran patient phone calls, it has saved time for the PCP teams to manage acute issues and focus on disease management.

- This project demonstrated that MM is a key and essential tool to assist patients with their care.

- Improved staff and patient satisfaction

**Conclusion**

By maximizing and leveraging the COPAC and MAS teams with scripting and engagement to assist our veteran patient phone calls, it has saved time for the PCP teams to manage acute issues and focus on disease management.

- Both initial implementation sites were able to answer the majority of their calls returned in less than 30 minutes meeting the VHA Directive and Executive Order 12862, entitled “Setting Customer Service Standards.”

- SHEP scores regarding telephone access at implementation was Jan 2017 31% and has trended improvement overall in STVHCS 51.7% in October 2017 Exceeding STVHCS SHEP Target of 49%

- MM enhances open access since the veteran’s needs are addressed timely while decreasing the number of walk in patients.

- MM was introduced to meet the need for improving access to care communication by telephone in conjunction with nursing and clinic practice management (VHA Directive 1231). This is part of the initiative for VA Access Project with VERC COPAC call center and in conjunction with same day Secretary Shulkin’s Directive).

- Key advantages of the software includes:
  - Tracks message activity, status, and reports performance.
  - Patient safety benefits: clear identification of caller; message can be prioritized and addressed before the end of the clinic day.
  - Reduces paper notes that are not secure.
  - Enables the reduction of disruptions from unpredictable call transfers.

- Current Results

- Completion Rate in Business Hours (8a-5p) for Closed Messages of all STVHCS Clinics Range: 3/27/2018-4/27/2018

- • 18 months after initial go live, all eight outpatient clinics, Kerrville, South Bexar, Balcones Heights, Frank Tejeda, North Central, Shavano Park, Internal Medicine Clinic, and Victoria, are actively participating in the use of MM are clearly demonstrating the majority of their calls are being answered in less than 30 minutes.

- • SHEP scores regarding telephone access at implementation was Jan 2017 31% and has trended improvement overall in STVHCS 51.7% in October 2017 Exceeding STVHCS SHEP Target of 49%

- • MM enhances open access since the veteran’s needs are addressed timely while decreasing the number of walk in patients.