

Date: May 13, 2021

From: Assistant Under Secretary for Health for Operations

Subj: Use of COVID-19 Priority Designations for Consults

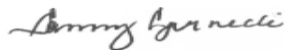
To: Veterans Integrated Service Network (VISN) Directors (10N1-23)

1. The purpose of this memorandum is to provide updated guidance on the previously released DUSHOM Memo titled "Changes to Consult/Referral Management during COVID-19" published on September 15, 2020. This memorandum mandated that the Consult Toolbox (CTB) be used for all consults/referrals classified as Priority 1 or 2 for all services to ensure that Veterans' care needs were scheduled according to priority and instructions provided during the COVID-19 pandemic.
2. With the release of this updated guidance, services and specialties that have expanded care delivery to at least 90% of pre-pandemic volumes are no longer required to use the COVID-19 CTB tab Priority 1 and 2 designations for both direct and community care triage. Medical center leadership may continue to mandate the use of the COVID-19 CTB tab priority levels as deemed clinically necessary. It is the expectation that all sites are back to pre-pandemic volumes and standard business operations 3 months from the release date of this memorandum. This requirement may be re-assessed in 3 months, based on specific site needs.
3. For current and future expansion statuses, sites should use the Expansion of Services Analysis Report:  
<https://app.powerbigov.us/groups/me/apps/b908b748-e172-4073-af16-d8a5e580d013/reports/9be437ae-708f-4965-b03f-fcd386fa14b7/ReportSection9237426c223541d0a25b?ctid=e95f1b23-abaf-45ee-821d-b7ab251ab3bf>
4. Requirements for consult/referral review when priorities are already designated remain as published in the DUSHOM Memo titled "National Deployment of Consult Toolbox 1.9.0063 and 1.9.0065– COVID-19 Upgrades" on May 8, 2020 and are as follows:
  - **Priority 1:** consults/referrals should be reviewed clinically to assure there is no change in clinical need for care if not scheduled.
    - Once clinically reviewed and documented, these should be reviewed administratively every 7 days until scheduled.
  - **Priority 2:** consults/referrals should be reviewed twice monthly until scheduled.
  - **Priority 3 and 4:** consults/referrals should be reviewed every 30 days until scheduled.
  - **Consults without designated priorities:** Consults should be reviewed every 30 days until scheduled.
5. Additionally, the following guidance regarding the review of consults/referrals is outlined below:
  - If scheduled for care at some future date, then no further review is required.

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- If scheduled and linked to an appointment that was subsequently no showed/cancelled without rescheduling, local clinical leadership may mandate clinical review prior to rescheduling.
  - If scheduled and linked to an appointment in the past, then administrative review is required to determine if care was received.
    - If care was received, complete the consult.
    - If the care was not received local clinical leadership may mandate clinical review prior to rescheduling.
  - If in scheduled status but not linked to an appointment, an administrative review should be completed in advance of clinical review to identify scheduling needs.
6. For any questions, please email Natasha de Silva, National Consult Program Manager, Access Office at [natasha.desilva@va.gov](mailto:natasha.desilva@va.gov) or the Office of Community Care-Clinical Integration Team at [VHAOCCCIFOAllHands@va.gov](mailto:VHAOCCCIFOAllHands@va.gov)



for  
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