Veterans Relationship Management

Technical Integration (VRM TI)

Member Services & Technical Integration (MS&TI)

**Technical Assessment**

SR-140 Fix the Phone (FtP) for Web Services



Department of Veterans Affairs

Office of Information & Technology

Veteran Relationship Management

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Version 0.1

**Revision History**

|  |  |  |  |
| --- | --- | --- | --- |
| Version | Date | Changes | Author |
| 0.1 | February 18th, 2015 | Initial Draft | VRM TI |
|  |  |  |  |

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# Introduction

## Purpose

To document the VRM Technical Integration team’s technical assessment of the subject issue.

## Scope

This document provides an overview of our technical understanding of the issue, documentation of the architecture considerations pertinent to the solution, our high-level recommendation for the target solution and, where applicable, interim solutions.

# Issue

## Overview

The Fix the Phones (FtP) Customer Relationship Management (CRM) project/solution requires integration with a variety of existing VA systems including

* Veterans Health Information Systems and Technology Architecture (VistA)
* Patient-Care Management Module (PCMM)
* My Health***e***Vet (MHV)
* Master Veteran Index (MVI).

Microsoft Dynamics CRM 2011 provides a primary console interface based on the look and feel of Internet Explorer that will be configured for FtP-CRM. When configuring entities within Microsoft Dynamics CRM for FtP-CRM, the Microsoft Dynamics CRM system generates GUIs for CCAs to interact with the data. User interfaces include lists with customizable views, find, advanced find, editors for all entities, lookup dialogs, and various multiple user interfaces.

The FtP CRM interface has the following characteristics:

* Three types of users:
  + Standard user (i.e. non-clinical CCA and clinical TANs)
  + Administrator
  + PACT user
* Types of interactions:
  + Search
  + Data Entry
  + Reporting
  + Updates
* Quick links:
  + Staff directory
  + Patient search
  + PACT search
  + Dashboard View
  + Reporting
  + Knowledge Base
  + Reminders & Alerts
  + Telehealth sites
* Advanced Find
  + Option to save the advanced find as a personal view
  + Red asterisks indicate required fields
* A “power user” or administrative user is able to modify many features, including the dashboard views (without application for change request)

## Solution Constraints

* The planned FtP CRM functionality will be leveraged to the capability provided by out-of-box Microsoft Dynamics CRM products where possible and custom enhancements where required.
* The Pilot is to be hosted at BAH VRM hosted cloud
* Data sources must be accessed via web services
* The data elements (additional demographic attributes) that are exposed by VHA services will be limited to data readily available
* Pilot facilities in VISN 21 each have their own instance of VistA
* Communication Framework between call centers and the PACTs and teamlets:
  + The Communication Framework will make use of secure communications protocols to protect the confidentiality of PII and PHI which may be transmitted.
  + If the FtP design requires secure email as part of the communications framework between call centers and the PACTs and teamlets, senders and recipients of secure email within FtP CRM will require Public Key Infrastructure
  + If the FtP design requires Microsoft Lync as part of the communications framework between call centers and the PACTs and teamlets secure instant messaging using Microsoft Lync will rely on the users disabling the Conversation History in Microsoft Lync. The following capabilities must be de-selected in order for messages to remain secure once in Microsoft Outlook:
    - Save instant message conversations in my email Conversation History folder
    - Save call logs in my email Conversation history folder

# Technical Assessment

## Overview

* Provide a secure, round-trip, user-friendly CRM solution for a workflow based task management tool to facilitate communication and collaboration between call centers and PACTs. This tool must meet basic user defined attributes.
* Launch Veterans Health Gateway (VHG), a Data Systems Hardware Incorporated (DSHI) vendor clinical triage product for which Document Storage Systems (DSS) is the primary contractor.
* Embed other essential links used by call center staff.
* Provide the call agent with information about needs and outcomes of previous calls, help to direct the Veteran to the agent that can best help them resolve their current problem, and capture information about how the current call was handled and dispositional.
* Automated algorithms to guide call resolution will be included in the knowledge base required by call agents. Knowledge base support is expected to facilitate resolution of calls related to symptoms, medications, appointment scheduling/cancellations, prosthetics/durable medical equipment, requests information, requests for returned phone calls, test results, etc.
* Regarding patient appointment scheduling, display a patient’s primary care provider, and available appointments, by location, with that provider within a user defined date range. Additionally, display available appointments for other primary care providers, by location, within a user defined date range if a patient’s primary care provider has no appointments available in the specified time frame.
* Customer satisfaction functionality will allow callers to rate their call experience and managers to gather meaningful statistics about the calls for use in enhancing future services.

## Capabilities

### FtP CRM Performance Specifications

**Performance**

|  |  |
| --- | --- |
| **Metric** | **Value(s)** |
| If this is a system modification, how many users does the current system support? | Entirely New System |
| How many users will the new system (or system modification) support? | For the Pilot,  Approximately 41 non-clinical call center agents, 36 clinical call center agents, and approximately 520 PACT users.  Future capacity planning  Approximately 14,000 users of the new system. |
| What is the predicted annual growth in the number of system users? | Annual growth per year is estimated to be 5%. |

**Capacity**

|  |  |
| --- | --- |
| **Metric** | **Value(s)** |
| What is the predicted size (average) of a typical business transaction? | The size of a typical transaction is on average 324 words. This will include the need to retrieve information from a number of different applications such as VistA/CPRS (including remote data), and MHV. A record generated by the single desktop view will include both structured information (Veteran caller, date/time, call agent information…etc.) and unstructured note information. |
| What is the predicted number of transactions per hour (day, or other time period)? | There are currently over 40 million phone calls per year nationally. There were 34,826,848 calls in FY2011; 38,666,015 calls in FY2012, and 40,356,546 calls in FY2013. The number of calls received during the peak day of the week and the peak time of day is not known at this time. |
| Is the transaction profile expected to change (grow) over time? | It is expected that the call volume will increase by 20-30% due to hidden demand as these individuals are calling directly into a clinic. Nationwide calls are expected to increase by 5% for the next 5 years. |
| What are the dependencies, interactions, and interfaces with other systems? | There are currently interactions with VistA/CPRS, TRM Plus and CLR. At a minimum, it is expected that the new system will have interfaces with VistA/CPRS and MHV and that clinical call agents can launch VHG from CRM. |
| What is the process for planning/adjusting capacity? | The process has not been developed at this time. Workforce Management capabilities are scheduled to be implemented in the Call Centers as part of a later phase of the PACT Pilot project. |
| Does the update require a surge capacity that would be different from the base application? | The call volume increases on minor federal holidays (Columbus Day and Veterans Day), day after a holiday, on Mondays, and between 8:00 am-10:00am and 4:00 pm-6:00pm. WHEN centers are expected to support an increased call volume in the event of an epidemic/pandemic. |

**Availability**

|  |  |
| --- | --- |
| **Metric** | **Value(s)** |
| Describe when the envisioned system will need to be available (business hours only, weekends, holidays, etc.) to support the business. | The functionality must be available on a 24 hour a day 7 days a week basis. |

### Goals, Objectives and Outcome Measures

|  |  |  |
| --- | --- | --- |
| **Goal/Objective and Desired Outcome** | **Impact** | **Measurement** |
| Enhanced patient identification | Eliminate the need for Veterans to provide additional basic information about themselves and the reason for their call multiple times, enhancing Veteran satisfaction with telephone services | Enhanced patient identification information either through caller identification/matching functionality or via information that the caller input, would be available to call agents 90% of the time. |
| Provide call agents with information about the reason and outcome of previous calls. | Provide timely resolution of the current call as the Veteran will not need to repeat information electronically available. | Information about previous calls is available to call agents 90% of the time. |
| Route the Veteran to the most appropriate call agent (for example, administrative, nursing, or pharmacy). (Post Auto Attendant) | Streamlined pathway to call resolution | • The call agent will be able to view all of the details from the previous call agent 100% of the time.  • The Veteran will not be re-routed to another agent, unless an additional problem is reported, 85% of the time. |
| Provide information about the outcome of the current call. | Information about call outcomes can be used to modify policies and procedures. | Veteran’s report that they are satisfied and/or very satisfied with the manner in which their call was addressed 75% of the time via complaints/compliments expressed during the call and via an automated survey taken at the end of the call. |
| Knowledge based algorithms standardize call agent interactions. | Veterans receive the most appropriate/consistent direction/interaction with call agents. | • Call agents follow automated algorithms 90% of the time.  • Knowledge based algorithms result in a first time call resolution rate of 68% per the industry benchmark. |
| Enable effective and efficient management of call agents. | Staffing can be adjusted to meet times of high call volume. | Comply with the following URAC standards:  • Average speed of answer by a live person within 30 seconds  • Abandonment rate of less than 5% (excludes calls abandoned within the first 30 seconds of when a live person could answer the call).  • The average call back time by the nurse is 30 minutes. |
| Monitor and report on call center performance | • Supervisors/Administrators are able to take proactive and corrective actions to improve call quality, when appropriate.  • Support future planning from workload optimization and quality improvement perspective | Able to monitor and report on the performance indicators such first call resolution, Veteran satisfaction survey results, etc. When integrated with the telephone system, powerful reports can be generated that will enable improved strategic planning and workforce management. |

# Target Solution

## Overview

This request is primarily aligned with the Fix-the-Phones initiative, and Access and Clinic Administrative Program, but is also supported by the following major initiatives:

* Build Veterans Relationship Management (VRM), (enable convenient, seamless interactions)
* Enhancing the Veteran experience and access to health care (EVEAH)

The specifications of FtP CRM are authored to be directly compliant with User Class characteristics set forth as guidelines by the VA Handbook 6102. User Class Characteristics will be developed and added for VHA as FtP CRM extends to those areas.

User Class Characteristics include:

* Call Center staff:
  + Non-Clinical Agents (e.g. CCAs)
  + Clinical Agents (TANs and PACT)
* Supervisor, Trainer, Training Coordinators
* Callers such as Patients (Veterans) and caregivers

The specific directives that are used to define the general characteristics of intended users of e FtP CRM are as follows:

1. VA web sites must be designed, developed, and tested for a broad range of visitors, including those with lower-end hardware and software capabilities, e.g., browsers that are one version older than the current version (http://vaww.va.gov/6102/, checklist item 9).
2. VA web sites should be organized in a logical and useful way by subject (topic, tasks, services, life events), by audience group, by geographic location, or any combination of these factors as the primary navigation (http://vaww.va.gov/6102/, checklist item 10).
3. VA web sites must focus on helping the Web site’s target audience(s) to efficiently find the services and information they seek from VA. VA home pages must help Web site visitors to get to the content they need and want most, with minimal complexity of navigation and the fewest drilldowns. Content must be easy to read and without excessive text and/or graphics. Web content managers must ensure that all VA web content is spell-checked and grammatically correct prior to posting that content (http://vaww.va.gov/6102/, checklist item 11).
4. VA web managers must ensure that all home pages, all major entry points, and all navigational elements of their VA web sites are written in plain language, which is language designed so a web site's typical visitor can easily understand the material presented in one reading. Internet web pages should be written at a seventh-grade level whenever possible; all web pages must be written at the most elementary level of understanding for the subject matter presented to the web site’s target audience. VA web page content should be spell-checked and grammatically correct prior to posting that content (http://vaww.va.gov/6102/, checklist item 12).
5. VA web sites must include common terminology and placement where specified, using wording that is simple, straight forward, and concise to optimize comprehension of VA web content and to ease use of navigational pathways. Pages must share common branding attributes such as agency logos, official seals, and other recognized attributes that identify the Department. Material relevant only to the intranet must not appear on Internet pages; e.g., nonpublic information about VA employees, intranet links on the Internet, links to internal VA resources (http://vaww.va.gov/6102/, checklist item 13).

## Dependency Assessment

* This request is one piece of a complex initiative to transform the VA telephone system. The effort to create the single desktop view may be impacted by other components of the effort to create a high-performing telephone service.
* Develop processes that ensure impacts to contact volumes and handle times are promptly reflected in forecasts and mechanisms are in place to effectively adjust staffing accordingly.

## Service Model Gap Analysis

The FtP CRM system will provide CCAs and PACT Members with a single desktop view that incorporates all of the data and functionality required to support the business process.

The following chart summarizes the integration points for the FtP CRM project:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **System** | **Integration Point** | **Services** | **Data/Methods** | **Source** | **Comments/Analysis** |
| MVI | MVI/VAFFI | Auth and Proxied MVI Services | Search for Veteran. Retrieve Veteran. GetCorrespondingIDs. | CRM Application Server or VIMT Server | Can be provided by IAM  **The MVI integration requirements are not detailed in this document because these requirements are detailed in a separate MVI Integration RSD** |
| PCMM | CDW/New Web Service? | PCMM Data Access | Retrieve PACT/members | Not yet determined | The Pathways service can be extended to provide this data but was not included in the FtP LoE provided by the HDR team  The estimates provided did not look at providing PACT data to FtP.  **Inclusion would require ROM** |
| VistA | Clinical Data Services (CDS)? Pathways? VistA Services Assembler (VSA)? Health Data Repository (HDR)? Administrative Data Repository (ADR)? VistA Integration Adapter (VIA) (MDWS Replacement) | Vista Services | Retrieve Veteran. Retrieve Medical Chart data (Flags, Prescriptions, Labs, Consults, Problems, Discharge Summaries, Allergies, Vital Signs, Immunizations, Postings, Clinical Reminders, etc.). Create Note. Update Note. Sign Note. Add additional signer(s) to Note. Update Veteran (phone #s, Address). Retrieve Appointments. Appointment Scheduling Services (multiple, e.g. Create/Update/Delete Appointment, Get Clinics/Resource Availability, etc.) | CRM Application Server or VIMT Server | CDS can be used to retrieve the Medical Chart data - will need to be extended to include Flags, Consults, Postings and Clinical Reminders.  Extensions for retrieving Flags are included in the ‘read extensions’ LOE.  Consults, postings and Clinical Reminders were not included in the FtP LoE from HDR team  Create/Update operations on VistA data are not part of the current CDS capabilities. CDS can be extended to perform these operations.  Note Updates were not part of the FtP LOE provided by the HDR team  Retrieve Appointments is available on current Pathways service  **Additional ROM required.** |
| MHV |  | MHV Services | Status of Veteran Authentication in MHV, Status of Opt-In | CRM Application Server or VIMT Server | Included in the MHV Integration FtP LoE from the HDR team  **Additional ROM required.** |
|  | EHR? |  | Retrieve eligibility data. (Eligibility status including dental services, eligibility review notification, and service connected) disability info). Insurance verification. | CRM Application Server or VIMT Server | This can be obtained using the ESR service – data is in ADR  **Additional ROM required.** |

The system also requires integration with Cisco telephony applications and Veteran Health Gateway (VHG). However, integration with these systems will be enabled using client-side customizations leveraging UI automation and application hosting and therefore do not require web service interfaces.

**The MVI integration requirements are not detailed in this document because these requirements are detailed in a separate MVI Integration RSD.**

To integrate with these other VA systems, including PCMM, VistA, MHV, and Eligibility systems, the FtP CRM development team will need access to interfaces listed in this section.

The following table details the individual web service methods that are needed and include the order each are needed.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | System | Entity | Method | Type | Order | Repository Services |
| 1 | VistA | Veteran | Retrieve | Real-Time | 1 | Inclusion would require ROM |
| 2 | PCMM | PACT | Retrieve | Batch | 2 | Inclusion would require ROM |
| 3 | PCMM | PACT members | Retrieve Multiple | Batch | 2 | Inclusion would require ROM |
| 4 | VistA | Note | Retrieve Multiple | Real-Time | 3 | CDS |
| 5 | VistA | Note | Retrieve | Real-Time | 3 | CDS |
| 6 | VistA | Note | Create | Real-Time | 3 | Inclusion would require ROM |
| 7 | VistA | Note | Update | Real-Time | 3 | Inclusion would require ROM |
| 8 | VistA | Note | Sign | Real-Time | 3 | Inclusion would require ROM |
| 9 | VistA | Note | Add Signer | Real-Time | 3 | Inclusion would require ROM |
| 10 | VistA | Appointment | Retrieve Multiple | Real-Time | 4 | Pathways |
| 11 | VistA | Appointment | Retrieve | Real-Time | 4 | Pathways |
| 12 | VistA | Order | Retrieve Multiple | Real-Time | 4 | Inclusion would require ROM |
| 13 | VistA | Order | Retrieve | Real-Time | 4 | Inclusion would require ROM |
| 14 | VistA | Posting | Retrieve Multiple | Real-Time | 4 | Inclusion would require ROM |
| 15 | VistA | Posting | Retrieve | Real-Time | 4 | Inclusion would require ROM |
| 16 | VistA | Clinical Reminder | Retrieve Multiple | Real-Time | 4 | Inclusion would require ROM |
| 17 | VistA | Clinical Reminder | Retrieve | Real-Time | 4 | Inclusion would require ROM |
| 18 | VistA | Flag | Retrieve Multiple | Real-Time | 4 | In Read Enhancements LoE |
| 19 | VistA | Flag | Retrieve | Real-Time | 4 | In Read Enhancements LoE |
| 20 | VistA | Prescription | Retrieve Multiple | Real-Time | 4 | Inclusion would require ROM |
| 21 | VistA | Prescription | Retrieve | Real-Time | 4 | Inclusion would require ROM |
| 22 | VistA | Medication | Retrieve Multiple | Real-Time | 4 | CDS |
| 23 | VistA | Medication | Retrieve | Real-Time | 4 | CDS |
| 24 | VistA | Lab | Retrieve Multiple | Real-Time | 4 | CDS |
| 25 | VistA | Lab | Retrieve | Real-Time | 4 | CDS |
| 26 | VistA | Consult | Retrieve Multiple | Real-Time | 4 | Inclusion would require ROM |
| 27 | VistA | Consult | Retrieve | Real-Time | 4 | Inclusion would require ROM |
| 28 | VistA | Problem | Retrieve Multiple | Real-Time | 4 | CDS |
| 29 | VistA | Problem | Retrieve | Real-Time | 4 | CDS |
| 30 | VistA | Immunization | Retrieve Multiple | Real-Time | 4 | CDS |
| 31 | VistA | Immunization | Retrieve | Real-Time | 4 | CDS |
| 32 | VistA | Vital Sign | Retrieve Multiple | Real-Time | 4 | CDS |
| 33 | VistA | Vital Sign | Retrieve | Real-Time | 4 | CDS |
| 34 | VistA | Discharge Summary | Retrieve Multiple | Real-Time | 4 | CDS |
| 35 | VistA | Discharge Summary | Retrieve | Real-Time | 4 | CDS |
| 36 | VistA | Allergy | Retrieve Multiple | Real-Time | 4 | CDS |
| 37 | VistA | Allergy | Retrieve | Real-Time | 4 | CDS |
| 38 | VistA | Chronic Illness | Retrieve Multiple | Real-Time | 4 | Inclusion would require ROM |
| 39 | VistA | Chronic Illness | Retrieve | Real-Time | 4 | Inclusion would require ROM |
| 40 | VistA | Radiology Report | Retrieve Multiple | Real-Time | 4 | Inclusion would require ROM |
| 41 | VistA | Radiology Report | Retrieve | Real-Time | 4 | Inclusion would require ROM |
| 42 | VistA | Encounter | Retrieve Multiple | Real-Time | 4 | Inclusion would require ROM |
| 43 | VistA | Encounter | Retrieve | Real-Time | 4 | Inclusion would require ROM |
| 44 | VistA | Visit | Retrieve Multiple | Real-Time | 4 | Inclusion would require ROM |
| 45 | VistA | Visit | Retrieve | Real-Time | 4 | Inclusion would require ROM |
| 46 | VistA | Note Addendum | Retrieve Multiple | Real-Time | 5 | Inclusion would require ROM |
| 47 | VistA | Note Addendum | Retrieve | Real-Time | 5 | Inclusion would require ROM |
| 48 | VistA | Note Addendum | Create | Real-Time | 5 | Inclusion would require ROM |
| 49 | VistA | Note Addendum | Update | Real-Time | 5 | Inclusion would require ROM |
| 50 | VistA | Note Addendum | Sign | Real-Time | 5 | Inclusion would require ROM |
| 51 | VistA | Note Addendum | Add Signer | Real-Time | 5 | Inclusion would require ROM |
| 52 | VistA | Veteran | Update | Real-Time | 6 | Inclusion would require ROM |
| 53 | VistA | Veteran | Update | Real-Time | 6 | Inclusion would require ROM |
| 54 | MHV | Veteran | Retrieve Multiple | Real-Time | 7 | Inclusion would require ROM |
| 55 | MHV | Veteran | Retrieve | Real-Time | 7 | Inclusion would require ROM |
| 56 | MHV | Message | Retrieve Multiple | Real-Time | 7 | Inclusion would require ROM |
| 57 | MHV | Message | Retrieve | Real-Time | 7 | Inclusion would require ROM |
| 58 | Eligibility | Veteran | Retrieve Multiple | Real-Time | 8 | ESR Services |
| 59 | Eligibility | Veteran | Retrieve | Real-Time | 8 | ESR Services |
| 60 | Eligibility | Eligibility Status | Retrieve Multiple | Real-Time | 8 | ESR Services |
| 61 | Eligibility | Eligibility Status | Retrieve | Real-Time | 8 | ESR Services |
| 62 | Eligibility | Eligibility Review Notification | Retrieve Multiple | Real-Time | 8 | ESR Services |
| 63 | Eligibility | Eligibility Review Notification | Retrieve | Real-Time | 8 | ESR Services |
| 64 | Eligibility | Service Connected Disability | Retrieve Multiple | Real-Time | 8 | ESR Services |
| 65 | Eligibility | Service Connected Disability | Retrieve | Real-Time | 8 | ESR Services |
| 66 | Eligibility | Insurance | Retrieve Multiple | Real-Time | 8 | ESR Services |
| 67 | Eligibility | Insurance | Retrieve | Real-Time | 8 | ESR Services |

## Context/Collaboration Diagrams

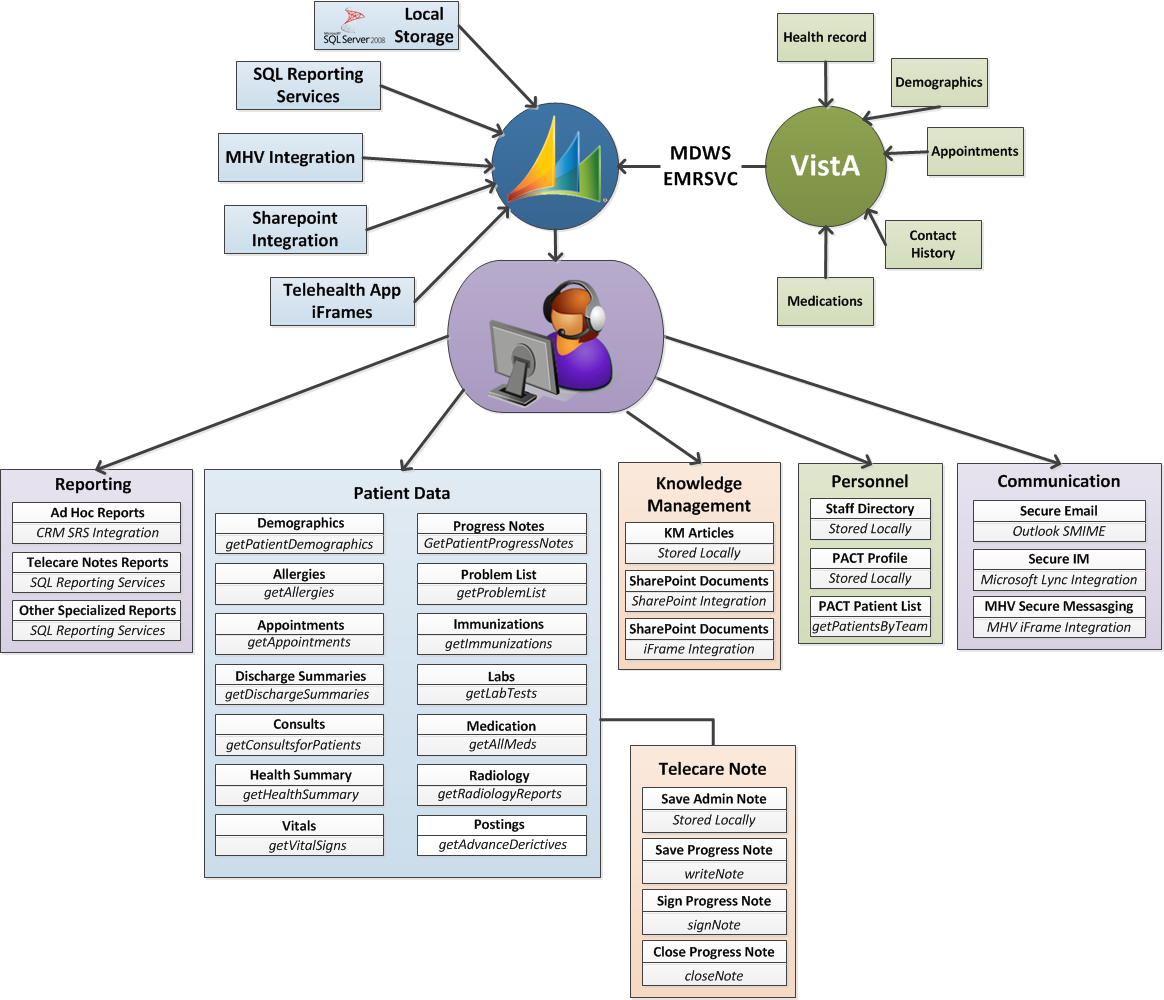
### As-Is FtP CRM System Call Center Business Process



### To-Be FtP CRM System Call Center Business Process

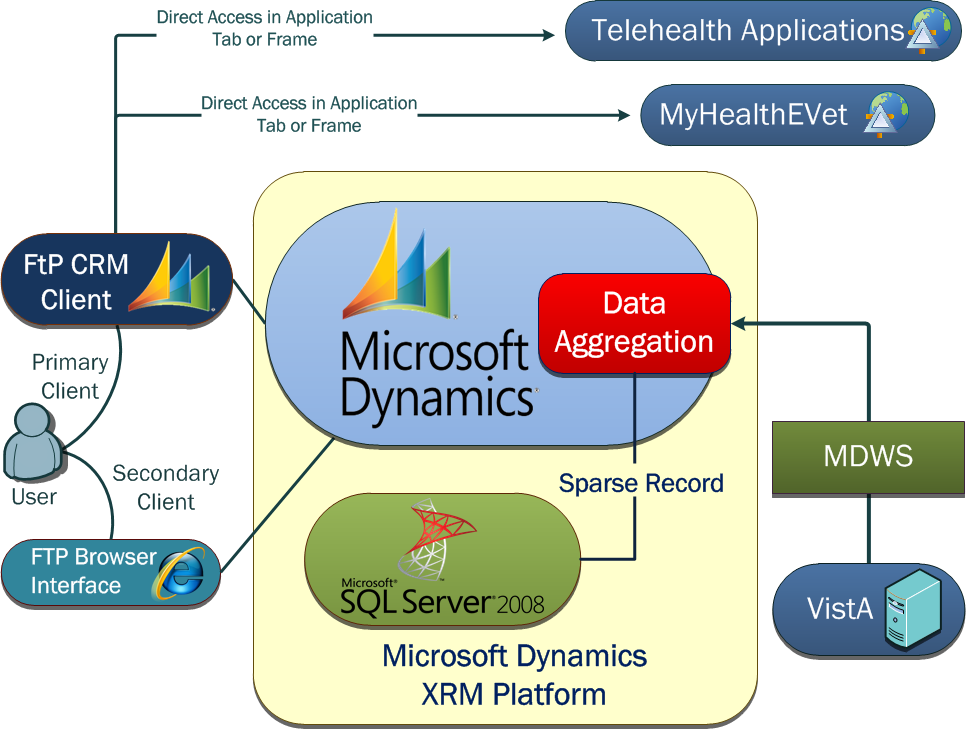


### FtP CRM Component Design Model



## Additional Information

### External and Internal Interface Interaction within FtP CRM



### FtP CRM-MVI Process Activity Diagram (Expand to 250%)



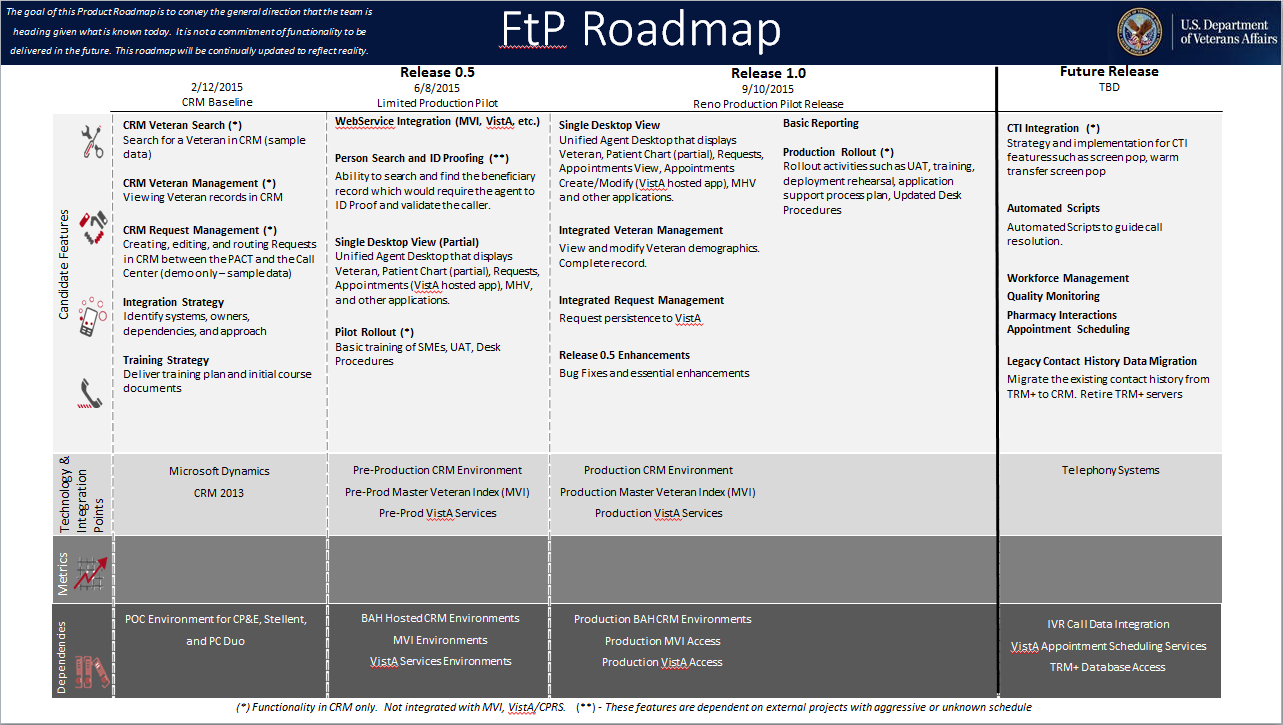
# Interim Solution

## Overview

Prototyping is an alternative that can be used to further define and refine the business requirements. It was effectively used by VBA in the development of their call center software.

Alternatives include enhancement and/or replacement of the TRM Plus, VHG, and CLR applications.

## Roadmap/Iterations



The FtP project is intended to provide VA employees who communicate with Veterans with a desktop view in order to provide every caller with consistent and accurate information, as well as rapid and correct issue resolution. There are several key features that will be delivered within Increment 1 through Increment 4 (utilizing FY14 funding) including:

**Table 1: FtP Increments**

|  |  |  |
| --- | --- | --- |
| **Increment** | **Increment Dates** | **Increment Capabilities** |
| Increment 1 | 9/25/2014 – 6/24/2015 | FtP Pilot |
| Increment 2 | 6/25/2015 – 9/24/2015 | PACT Call Center Rollout |
| Increment 3 | 9/25/2015 – 3/24/2016 | TBD |
| Increment 4 | 3/25/2016 – 9/24/2016 | TBD |

## Additional Information

### Assumptions

* Call agents will be able to use the single desktop view to take actions in VistA/CPRS, depending upon their access and permissions, without a separate log-on.
* The single desktop view will provide automatic patient context with VistA/CPRS.
* The single desktop view will comply with VA Directive 6507 on “Reducing the Use of Social Security Numbers” as appropriate.
* VA has made the decision to implement the Microsoft Customer Relationships Management (CRM) software. VBA has already developed and is in the process of implementing its call center software that was developed using Microsoft CRM. Lessons learned from the VBA experience with Microsoft CRM will be incorporated into this project. Lessons learned from efforts to develop Microsoft Dynamics CRM in the Veterans Integrated Service Network (VISN) 21 PACT Call Center Pilot in FY2012 through the first week of December 2013 will also be incorporated into this project.
* Veteran Personal Identifiable Information (PII) and Personal Health Information (PHI) will be protected in accordance with VA Privacy Practices.
* Secure messaging in VHA is associated with MHV. For this request, “secure” messages are not intended to be associated with MHV but are messages that are sent in a “secure” manner. “Secure” messaging functionality will be consolidated for the end user to eliminate the need for the end user to access and use multiple tools.
* Workforce management staff will use information provided by the IT solution to identify and adjust the skills and preferences of call center agents as appropriate.
* The requirement to display the Veteran’s SSN may need to be modified to comply with the enterprise SSN reduction/elimination efforts.
* The facility and/or call center will have the ability and network bandwidth to support transmission of data, including screen captures and call recordings.
* The facility will have the ability to support the solution via its own internal telephony infrastructure.
* There will be adequate rack space in the computer room, as well as adequate power, grounding, and cooling.
* There will be an appropriate amount of system redundancy to support the system availability and reliability requirements.

### Demographic Specifications

|  |  |  |
| --- | --- | --- |
| **Req. ID** | **Requirement** | **Source** |
| R-001 | Provide the ability for the call agent to automatically view the following demographic information about the Veteran in a single desktop view as a snapshot. | Joint Application Design |
| R-002 | Full name | Joint Application Design |
| R-003 | Social Security Number (SSN) | Joint Application Design |
| R-004 | Date of Birth | Joint Application Design |
| R-005 | All Veteran telephone numbers | Joint Application Design |
| R-006 | Current address | Joint Application Design |
| R-201 | Temporary Address | Post- Joint Application Design |
| R-202 | Additional Contact Information that stores to current Telecare note | Post- Joint Application Design |
| R-007 | e-mail address | Joint Application Design |
| R-008 | Enrolled in MHV | Joint Application Design |
| R-009 | Opted into MHV secure messaging (if enrolled in MHV) | Joint Application Design |
| R-010 | Eligibility status, including eligibility for Dental services | Joint Application Design |
| R-012 | Service connected disabilities |  |
| R-013 | Display next of kin contact information (if available) | Joint Application Design |
| R-014 | Power of attorney/durable power of attorney | Joint Application Design |
| R-015 | Need for additional eligibility information such as a means test and insurance verification. | Joint Application Design |
| R-017 | Patient Record Flags (PRF) • Category I PRF • Category II PRFs currently active at the facility level • Crisis Notes, Warning Notes, Allergies and Directives (CWADS) • VistA Alerts | Joint Application Design |
| R-018 | Name of facility (of the PCP for that patient) | Joint Application Design |
| R-019 | VISN number/name (of the PCP for that patient) | Joint Application Design |
| R-020 | Name of PACT (of the PCP for that patient) | Joint Application Design |
| R-022 | Name of primary care provider (PCP)/House staff providing coverage | Joint Application Design |

### Out of Scope

While these requirements were identified during the business requirements gathering process (and documented in a Business Requirements Document (BRD) subsequent to the Pilot BRD this RSD is based on), they will be considered for later FtP CRM versions after the first two increment pilot implementations have occurred:

* + - Integration with the Telephony system
    - Automated scripts to guide call resolution
    - Workforce manager functionality to allow managers to forecast demand
    - Quality monitoring to allow review of voice, video, and screen capture of calls
    - Pharmacy interactions
    - Display of available appointments or ability to schedule

Data migration from the current legacy solution, Telecare Record Manager (TRM) is considered an entire project effort on its own and will not be included as part of the FtP Project.

# Risks

|  |  |  |  |
| --- | --- | --- | --- |
| Risk | Probability of Occurrence | Impact to Solution | Mitigation |
| Insufficient time to fully develop/define the business requirements. | High | High | Consider including prototyping. Incorporate lessons learned from VBA and HRC. Continue to engage key stakeholders in defining and refining business requirements. |
| It is not known if the solution will be developed for one contact center, a contact center at each facility, or some combination of the two approaches. These decisions will impact workforce management requirements. | High | High | Monitor solution to ensure that requirements are modified when a decision is made about the organizational approach. |
| At this time it is not known if the call center(s) will have dedicated workforce management staff. | Low | High | Modify requirements when the decision is made about the need for dedicated workforce management staff. |
| Need to transition, retire, and/or integrate existing applications. | Low | High | Develop and execute thorough change management, implementation, and training plans. |