

**STATEMENT OF  
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BEFORE  
SPECIAL COMMITTEE ON AGING  
UNITED STATES SENATE  
HEARING ON AUDIT OF THE VETERANS HEALTH ADMINISTRATION'S  
OUTPATIENT WAITING TIMES  
October 3, 2007**

**INTRODUCTION**

Mr. Chairman and Members of the Committee, thank you for the opportunity to testify on our report on the *Audit of the Veterans Health Administration's Outpatient Waiting Times*, which we issued on September 10, 2007.

We performed the audit, at the request of the U.S. Senate Committee on Veterans' Affairs, to follow up on our *Audit of the Veterans Health Administration's Outpatient Scheduling Procedures* (Report No. 04-02887, July 8, 2005), where we reported that Veterans Health Administration (VHA) did not follow established procedures when scheduling medical appointments for veterans seeking outpatient care. Our July 2005 report concluded that waiting times and electronic waiting lists were not accurate; VHA agreed with the reported findings and eight recommendations for corrective action. However, as of today, five recommendations from our 2005 report remain unimplemented.

My testimony today will highlight our findings related to VHA's reported waiting times and waiting lists.

**BACKGROUND**

VHA calculates a patient's waiting time based on whether VHA considers the patient to be an established patient or a new patient. VHA defines established patients as those who have received care in a specific clinic in the previous 2 years; new patients represent all others. For established patients, (representing 90 percent of VHA's total outpatient appointments), waiting times are calculated from the desired date of care, which is the earliest date of care requested by either the veteran or the medical provider, to the date of the scheduled appointment. For new patients, VHA calculates waiting times from the date that the scheduler creates the appointment.

VHA implemented the electronic waiting list in December 2002 to provide medical facilities with a standard tool to capture and track information about veterans' waiting for medical appointments. VHA policy requires that all veterans with service-connected disability ratings of 50 percent or greater and all other veterans requiring care for service-connected disabilities be scheduled for care within 30 days of desired appointment dates. All other veterans must be scheduled for care within 120 days of

the desired dates. Veterans who receive appointments within the required timeframe are not placed on the electronic waiting list. However, veterans who cannot be scheduled for appointments within the 30- or 120-day requirement should be placed on the electronic waiting list immediately. If cancellations occur and veterans are scheduled for appointments within the required timeframes, the veterans are removed from the electronic waiting list.

## **WAITING TIMES**

In the *Department of Veterans Affairs Fiscal Year 2006 Performance and Accountability Report*, issued November 15, 2006, VHA reported that 96 percent of all veterans seeking primary medical care and 95 percent of all veterans seeking specialty medical care were seen within 30 days of their desired dates. We reviewed a non-random sample of 700 appointments that VHA reported were seen in 30 days or less. The appointments were scheduled for October 2006 at 10 medical facilities in 4 Veterans Integrated Service Networks (VISN). Our audit results are not comparable to VHA's reported waiting times contained in its *Performance and Accountability Report* because we used a different set of clinics and timeframe of appointments. Further, our audit results cannot be extrapolated to project the extent that waiting times exceed 30 days on a national level because the medical facilities and appointments selected for review were based on non-random samples. Nevertheless, the findings of this report do support the fact that the data used to calculate veteran outpatient waiting times is not reliable.

We found sufficient evidence to support that 524 (75 percent) of the 700 veterans were seen within 30 days of the desired date. This includes 229 (78 percent) veterans seeking primary care and 295 (73 percent) veterans seeking specialty care. However, 176 (25 percent) of the appointments had waiting times over 30 days when we used the desired date of care that was documented by the medical providers in the medical records.

### Established Patients

VHA schedulers must record the correct desired date to accurately calculate the waiting time of established patients. The desired date of care is the date requested by either the veteran or the medical provider. In total, 429 (72 percent) of the 600 appointments for established patients had unexplained differences between the desired date of care documented in medical records and the desired date of care the schedulers recorded in Veterans Health Information Systems and Technology Architecture (VistA). If schedulers had used the desired date of care documented in medical records:

- The waiting time of 148 (25 percent) of the 600 established appointments would have been less than the waiting time actually reported by VHA.
- The waiting time of 281 (47 percent) of the 600 established appointments would have been more than the waiting time actually reported by VHA. Of the 281 appointments, the waiting time would have exceeded 30 days for 176 of the appointments.

VHA personnel provided us several reasons for the unexplained differences we found between the desired dates of care shown in the medical record and the desired date of care the schedulers recorded in VistA. First, VHA told us the unexplained differences can generally be attributed to patient preference for specific appointment dates that differ from the date recommended by medical providers. VHA policy requires schedulers to include a comment in VistA if the patient requests an appointment date that is different than the date requested by the provider. We reviewed all comments in VistA and accepted any evidence that supported a patient's request for a different date. VHA personnel told us that schedulers often do not document patient preferences due to high workload. Without documentation in the system, neither we nor VHA can be sure whether the patient's preference or the scheduler's use of inappropriate scheduling procedures caused the differences we found.

Second, VHA personnel also told us that some VHA clinics use recall or reminder clinics to emphasize patient-driven scheduling. If a veteran is entered in a recall or reminder clinic, the scheduler will notify the veteran either by letter or phone about 30 days before the expected appointment date and ask the veteran to call the clinic to set up their appointment. VHA personnel said that some veterans may not call for their appointment or, in some cases, may wait several months before calling. If the scheduler does not document this situation, then the veteran's waiting time may appear to be longer than it actually was. If a patient fails to call in, VHA policy requires the facility to send a follow-up letter and to document all attempts to contact the veteran.

Lastly, VHA personnel told us that some providers are not specific when they document the veterans' desired date of care. For example, some providers will request the veteran to return to the clinic in 3 to 6 months. If a provider uses a date range, VHA policy requires schedulers to use the first date of the date range as the desired date of care or obtain clarification from the provider. When we found appointments with date ranges and no clarifying comments from the provider, we followed VHA policy and considered the first date of the range as the desired date.

### New Patients

VHA uses the appointment creation date, instead of the desired date, as the starting point for measuring the waiting times for new appointments. VHA uses this method for new appointments because VHA assumes the new patient needs to be seen at the next available appointment. This is true for patients who are absolutely new to the system. However, VHA's definition of new patients also includes patients who have already seen a provider and have been referred to another clinic. In our opinion, while these veterans might be new to a specialty clinic, they are established patients because they have already seen a medical provider who has recommended a desired date.

For VHA to ignore the medical providers' desired date for this group of new patients understates actual waiting times. We reviewed 100 new patients VHA reported had waiting times of less than 30 days. Out of the 100, 86 had already seen a medical provider and were being referred to a new clinic. The other 14 were either new to the

VA or had not been to the VA in over 2 years; therefore they had no desired date. We found:

- For the 86 patients currently receiving care at the facility, we calculated the waiting time by identifying the desired date of care documented in the medical records (date of the consult referral) to the date of the appointment. We found that 68 (79 percent) of the 86 new patients were seen within 30 days. For the 18 patients not seen within 30 days, the actual waiting time for the 18 patients ranged from 32 to 112 days.
- For the 14 patients who were either new to the VA or new to the facility, we reviewed the VistA scheduling package and identified the date the veteran initiated the request for care (telephone or walk-in) and used that as the desired date for calculating the waiting time. All 14 veterans were seen within 30 days of the desired date.

## **WAITING LISTS**

Of the 176 cases where veterans' waiting times were more than 30 days, we identified 64 veterans who were given an appointment past the 30- or 120-day requirement and should have been on the electronic waiting lists. This represented 9 percent of the 700 appointments reviewed. Further, VHA policy also requires that requests for appointments (including consults) be acted on by the medical facility as soon as possible, but no later than 7 calendar days from the date of request. If not, the veteran should be placed on the electronic waiting list. None of the 10 medical facilities we reviewed consistently included veterans with pending and active consults (referrals to see a medical specialist), that were not acted on within the 7-day requirement, on the electronic waiting list. Pending consults are those that have been sent to the specialty clinic, but have not yet been acknowledged by the clinic as being received. Active consults have been acknowledged by the receiving clinic, but an appointment date has either not been scheduled or the appointment was cancelled by the veteran or the clinic.

According to the consult tracking reports, the 10 medical facilities listed 70,144 veterans with consult referrals over 7 days old. In accordance with VHA policy, the medical facilities should have included these veterans on the waiting lists. To substantiate the data in the consult tracking reports, we reviewed 300 consults (20 active consults and 10 pending consults from each of the 10 medical facilities). Based on our review:

- Of the 200 active consults, 105 (53 percent) were not acted on within 7 days, and these veterans were not on the electronic waiting lists. Of this number, 55 veterans had been waiting over 30 days without action on the consult request.
- Of the 100 pending consults, 79 (79 percent) were not acted on within the 7-day requirement and were not placed on the electronic waiting list. Of this number, 50 veterans had been waiting over 30 days without action on the consult request.

At the time of our review, the total number of veterans on the 10 facilities electronic waiting lists for specialty care was only 2,658.

Also, medical facilities did not establish effective procedures to ensure that veterans received timely care if the veteran did not show up for their initial appointment or the appointment was cancelled. For 116 (39 percent) of the 300 consults we reviewed, subsequent actions such as a patient no-show placed the 116 consults back into active status. We identified 60 of the 116 consult referrals where the facility either did not follow up with the patient in a timely manner or did not follow up with the patient at all when the patient missed their appointment.

We interviewed 113 schedulers at 6 medical facilities and found that 53 (47 percent) had no training on consults within the last year, and that 9 (17 percent) of the 53 had been employed as a scheduler for less than 1 year. We also discovered that 60 (53 percent) of the 113 schedulers had no training on the electronic waiting list within the last year, and that 10 (17 percent) of the 60 had been employed as schedulers for less than 1 year. Schedulers and managers told us that, although training is readily available, they were short of staff and did not have time to take the training. The lack of training is a contributing factor to schedulers not understanding the proper procedures for scheduling appointments, which led to inaccuracies in reported waiting times by VHA.

While waiting time inaccuracies and omissions from electronic waiting lists can be caused by a lack of training and data entry errors, we also found that schedulers at some facilities were interpreting the guidance from their managers to reduce waiting times as instruction to never put patients on the electronic waiting list. This seems to have resulted in some “gaming” of the scheduling process. Medical center directors told us their guidance is intended to get the patients their appointments in a timely manner so that there are no waiting lists.

## **RECOMMENDATIONS**

We made five recommendations to the Under Secretary for Health. The recommendations include:

- Establishing procedures to routinely test the accuracy of reported waiting times and completeness of electronic waiting lists.
- Taking action to ensure schedulers comply with the policy to create appointments within 7 days or revert back to calculating the waiting time of new patients based on the desired date of care.
- Amending VHA policy to clarify specialty clinic procedures and requirements for receiving and processing pending and active consults to ensure they are acted on in a timely manner.
- Ensuring all schedulers receive required annual training.
- Identifying and assessing alternatives to the current process of scheduling appointments and recording and reporting waiting times.

## **CLOSING**

In closing, VHA needs to take timely action to implement recommendations as five of the eight recommendations from our July 2005 report remain unimplemented. Timely action may have precluded the same conditions from occurring again.

Mr. Chairman, thank you for the opportunity to testify. I would be pleased to answer any questions that you or other members of the Committee may have.