

**U.S. Department of Veterans Affairs  
VA Access Audit & Wait Times Fact Sheet**

**VETERANS INTEGRATED SERVICE NETWORK (VISN) 11  
June 9, 2014**

**Summary:**

At the Department of Veterans Affairs (VA), our most important mission is to provide the high quality health care and benefits Veterans have earned and deserve - when and where they need it. In mid-April, the Secretary of Veterans Affairs directed the Veterans Health Administration (VHA) to complete a nation-wide Access Audit to ensure a full understanding of VA's policy among scheduling staff, identify any inappropriate scheduling practices used by employees regarding Veteran preferences for appointment dates, and review waiting list management.

VA is already taking corrective action to address issues resulting from the audit.

On Wednesday, May 21, VA launched the Accelerating Access to Care Initiative, a nation-wide program to ensure timely access to care. As directed by President Obama, VHA has identified Veterans across the system experiencing waits that do not meet Veterans expectations for timeliness. VA has begun contacting and scheduling all Veterans who are waiting for care in VA clinics or arranging for care in the community, while simultaneously addressing the underlying issues that impede Veterans' access.

**Audit Scope:**

The nationwide Access Audit covered a total of **731 separate points of access**, and involved over **3,772 interviews** of clinical and administrative staff involved in the scheduling process at VA Medical Centers (VAMC), large Community Based Outpatient Clinics (CBOC) serving at least 10,000 Veterans and a sampling of smaller clinics. A complete list of VISN facilities with components reviewed as part of the Access Audit is included in this package.

**Audit Findings System-Wide Include:**

- A complicated scheduling process resulted in confusion among scheduling clerks and front-line supervisors in a number of locations.
- A 14 day wait-time performance target for new appointments was not only inconsistently deployed throughout the health care system but was not attainable given growing demand for services and lack of planning for resource requirements.
- Overall, 13% of scheduling staff interviewed indicated they received instruction (from supervisors or others) to enter a date different than what the Veteran had requested in the appointment scheduling system.
- 8% of scheduling staff indicated they used alternatives to the official Electronic Wait List (EWL). In some cases, pressures were placed on schedulers to utilize unofficial lists or engage in inappropriate practices in order to make waiting times appear more favorable.

Such practices are widespread enough to require VA to re-examine its entire Performance Management system and, in particular, whether current measures and targets for access are realistic or sufficient.

### **Audit Findings: Further Review**

As a result of these audits, some locations were flagged for further review and investigation. Any instance of suspected willful misconduct is being reported promptly to the VA Office of Inspector General (OIG). Where the OIG chooses not to immediately investigate, VHA leadership will launch either a fact finding or formal administrative investigation. Where misconduct is confirmed, appropriate personnel actions will promptly be pursued. As a result of the initial audit findings, there are 6 locations in VISN 11 that require further review:

<b>VISN</b>	<b>Facility Name</b>
11	Ann Arbor HCS, MI
11	Indianapolis, IN
11	Danville, IL
11	Muskegon CBOC
11	Lansing CBOC
11	Peoria, IL

### **Audit Findings: Immediate Actions:**

While VHA must assess and learn from the Access Audit, we are immediately redoubling our efforts to quickly address delays in Veterans' health care. VHA is identifying where Veterans are waiting for care and ensuring that timely, quality care is made available as quickly as possible. Among the immediate actions VA is taking:

- VA has accelerated care for Veterans currently waiting for health care services. **VHA is in the process of contacting in excess of 90,000 Veterans during the first phase of VA's "Accelerating Access to Care Initiative"**
  - VHA will provide Veterans who do not currently have an appointment, or are waiting for additional care or services longer than 30 days the option to be rescheduled sooner if VA capacity exists, keep their scheduled appointment, or be referred to non-VA providers in the community
- VA has suspended all VHA Senior Executive Performance Awards for FY14
- VHA will remove 14-day performance goal from employee performance plans
- VHA will revise, enhance and deploy Scheduling Training
- VHA will implement a site inspection process

### **Audit Findings: Long Term and Other Actions:**

VHA is committed to a renewed and aggressive preparation, teaching, training and coaching of our employees. Throughout the immediate and long term, we will emphasize accountability, and ensure managers and staff engaging in inappropriate practices are held accountable.

- VHA will overhaul the scheduling and access management directive
- VHA will roll out near-term changes to the legacy scheduling system
- VHA will acquire and deploy long-term scheduling software solutions
- VHA will reassess and establish access timeliness goals
- VHA will strengthen accountability for integrity in scheduling and access management

### **Locality Wait Time Information**

On May 15, 2014, **VHA had over 6 million appointments scheduled** across the system. Nationwide, there are roughly 57,436 Veterans who are waiting to be scheduled for care and another 63,869 who over the past ten years have enrolled in our healthcare system and have not been seen for an appointment. VA is moving aggressively to contact these Veterans through the Accelerating Access to Care Initiative.

Facility data for VISN 11 is listed in the attachment. Complete data is located online at [www.va.gov/health/access-audit.asp](http://www.va.gov/health/access-audit.asp)

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VHA is identifying where Veterans are waiting for care and ensuring that timely, quality care is made available as quickly as possible through the Accelerating Access to Care Initiative.

Facility (Data On 5/15/14)	Total Appts Scheduled <sup>1</sup>	Appts scheduled 30 Days or under <sup>2</sup>	Percent Appts scheduled 30 Days or under <sup>3</sup>	Appts scheduled over 30 Days <sup>4</sup>	Percent Appts scheduled over 30 Days <sup>5</sup>	New Enrollee Appt Request <sup>6</sup>	EWL Count <sup>7</sup>	New Patient PC Avg Wait Time <sup>20</sup>	Established Patient PC Avg Wait Time <sup>21</sup>	New Patient SC Avg Wait Time <sup>22</sup>	Established Patient SC Avg Wait Time <sup>23</sup>	New Patient MH Avg Wait Time <sup>24</sup>	Established Patient MH Avg Wait Time <sup>25</sup>
(V11) (506) Ann Arbor, MI	50,019	47,443	95%	2,576	5%	1,161	440	29.58	2.05	58.02	3.92	26.67	2.45
(V11) (515) Battle Creek, MI	22,509	21,521	96%	988	4%	138	49	27.55	1.13	36.74	4.97	22.72	1.64
(V11) (550) Danville, IL	19,150	18,951	99%	199	1%	122	19	54.08	1.47	52.14	1.80	35.64	1.06
(V11) (553) Detroit, MI	42,502	41,840	98%	662	2%	232	930	30.97	0.86	59.35	1.53	19.87	0.36
(V11) (583) Indianapolis, IN	55,441	51,981	94%	3,460	6%	173	253	53.62	2.62	31.93	3.54	35.71	2.73
(V11) (610) Northern Indiana HCS, IN	30,677	29,625	97%	1,052	3%	56	20	31.73	2.89	48.39	4.77	34.17	1.44
(V11) (655) Saginaw, MI	27,291	26,624	98%	667	2%	110	61	22.31	1.26	34.84	2.90	20.86	0.76

1. Total Appointments Scheduled: Every scheduled appointment at that facility except surgery and procedures.
  2. Appointments scheduled 30 Days or under: Number of appointments scheduled between 0-30 days of the reference date (i.e., create date for new patients and desired date for established patients).
  3. Percent of Appointments 30 Days or under: The percent of total appointments scheduled within 30 days, not including EWL count [Appointments between 0-14 Days + Appointments between 15-30 Days /Total Appointments].
  4. Appointments scheduled over 30 Days: Number of appointments scheduled between greater than 30 days of the reference date (i.e., create date for new patients and desired date for established patients).
  5. Percent of Appointments Scheduled over 30 Days: The percent of total appointments scheduled beyond 30 days, not including EWL count. [Appointments between 31-60 Days + Appointments between 61-90 Days + Appointments between 91-120 Days/Total Appointments].
  6. New Enrollee Appointment Request (NEAR) List: Total number of newly enrolled Veteran that have requested an appointment during the enrollment process during the past 10 years for whom an appointment has not yet been scheduled (NEAR List current as of 6/2/14).
  7. Electronic Wait List (EWL) Count: Total number of all new patients (those who have not been seen before in the specific clinic in the previous 24 months) for whom appointments cannot be scheduled in 90 days or less. [EWL<14 Days + EWL 15-30 Days + EWL 31-60 Days = EWL 91-120 Days + EWL>120 Days].
  20. New Patient PC Avg Wait Time: Average (Avg) waiting time for a new patient (those who have not been seen before in the specific clinic in the previous 24 months) for a Primary Care (PC) appointment.
  21. Established Patient PC Avg Wait Time: Average waiting time for an established patient for a Primary Care (PC) appointment.
  22. New Patient SC Avg Wait Time: Average (Avg) waiting time for a new patient (those who have not been seen before in the specific clinic in the previous 24 months) for a Specialty Care (SC) appointment.
  23. Established Patient SC Avg Wait Time: Average waiting time for an established patient for a Specialty Care (SC) appointment.
  24. New Patient MH Avg Wait Time: Average (Avg) waiting time for a new patient (those who have not been seen before in the specific clinic in the previous 24 months) for a Mental Health (MH) appointment.
  25. Established Patient MH Avg Wait Time: Average waiting time for an established patient for a Mental Health (MH) appointment.
- Avg Wait Time: Average waiting time for an established patient for a Mental Health (MH) appointment.**