

**ADMINISTRATIVE SUMMARY OF INVESTIGATION  
BY THE VA OFFICE OF INSPECTOR GENERAL  
IN RESPONSE TO ALLEGATIONS  
REGARDING PATIENT WAIT TIMES**



**VA Medical Center in Las Vegas, Nevada  
December 20, 2016**

**1. Summary of Why the Investigation Was Initiated**

This investigation was initiated based on information received from a former Department of Veterans Affairs (VA) Southern Nevada Healthcare System (VASNHS) Mental Health medical support assistant (MSA). The former MSA alleged that he and other MSAs were directed by manager 1 to schedule the next available Mental Health appointment dates as patients' desired appointment dates even when they were not the patient's actual "desired dates." The former MSA also claimed that a list of patients was distributed among several MSAs, including himself, and that they were instructed to cancel the patients' appointments and reschedule them for the same date and time "so the numbers looked good." Using this manner of rescheduling inaccurately gave the appearance that veterans received medical care on the same date the medical care was desired, with no waiting.

**2. Description of the Conduct of the Investigation**

- **Interviews Conducted:** VA Office of Inspector General (OIG) interviewed the complainant and 11 VA employees, including MSAs, a trainer, and supervisors.
- **Records Reviewed:** VA OIG reviewed VA emails.

**3. Summary of the Evidence Obtained From the Investigation**

**Interviews Conducted**

- The complainant stated that he worked as an MSA for the VASNHS Mental Health Clinic for approximately 1 year in 2012–2013. He explained that, after he was hired, he attended the new employee orientation, which lasted about 3 days. There was no mention of metrics, goals, or expectations regarding patient wait times during the new employee orientation. After approximately 2 months on the job, his supervisor ran reports for each MSA in the Mental Health Clinic, which listed the appointments they scheduled and the corresponding patient wait times. He stated that he was told the only acceptable wait time for appointments was zero days. He said he was told by a lead MSA to cancel appointments for veterans with wait times and reschedule them using the next available appointment date as the veterans' desired date so that the wait times appeared to be zero. He also stated that sometime around June 2013, manager 1 gave to the Mental Health supervisory medical support specialist (MHSMSS) a list of patients from the VA North East Clinic who had long wait times. He stated that the MHSMSS also gave him the list, as well as to another MSA, and told them to cancel the appointments for the patients on

the list and reschedule them for the same date and time. He said this was done to make the wait times appear shorter than what they actually were.

Lead MSA1 explained the scheduling process for the Mental Health Clinic. He stated that the Mental Health providers knew their schedules well and they instructed the patients when to return for their follow-up appointments. In the event that a provider or patient's desired date was not available, the desired date was noted in the scheduling system and the appointment was scheduled for the "next available date." He also stated that Mental Health providers had days during which they could see patients on a walk-in basis. Patients unable to be scheduled on their desired date usually had the option of attending a walk-in appointment before their scheduled appointment. He stated that the Mental Health providers were very good at putting the patient's follow-up date in their notes. He said the providers' follow-up date could be cross-referenced with the actual appointment date to see if it was scheduled correctly. He added that he was never pressured to ensure that Mental Health patients had zero-day wait times, and he did not know of anyone else being pressured to ensure wait times were zero. He also stated that he never pressured anyone to ensure that all patient wait times were zero, and he never asked anyone to change patients' desired dates to decrease wait times. He stated he was never given a list of patients from another clinic and asked to cancel and reschedule their appointment in order to decrease their wait times. He further stated he never instructed anyone else to change patient desired dates in order to decrease patient wait times.

During a follow-up interview, lead MSA1 was shown scheduling data for a specific patient. The patient was originally scheduled for a Mental Health appointment on May 16, 2013. Lead MSA1 had canceled the appointment and rescheduled it for June 5, 2013. The desired date for the new appointment was listed as June 5, 2013. Lead MSA1 said that when Mental Health appointments were canceled, he called the patient and explained that the appointment had to be canceled. He further explained to the patient that he/she could still be seen on the same date as his/her original appointment on a walk-in basis; however, he/she would be seen by a different doctor. If the patient did not want to be seen by a different provider, he offered the next available appointment with his/her doctor. Lead MSA1 stated that if the patient chose the next available appointment date, he used that as the patient's new desired date. He said this seemed appropriate since the patient was offered the opportunity to be seen on the original appointment date by another provider but opted for the next available appointment with his/her regular doctor. He stated he was not instructed or pressured to reschedule appointments in this manner. He felt it was the correct process because the patient was given the choice to be seen on the original appointment date. He did not know if other MSAs within Mental Health were scheduling canceled appointments the same way.

- MSA1 stated that the providers in the Mental Health Clinic usually told the patients when they wanted them to return for follow-up appointments. The providers knew their schedules well so there weren't many issues with patients not being able to schedule an appointment for the date the provider requested. He further stated that walk-in appointments were available in the Mental Health Clinic Monday through Friday so there was no wait if someone wanted to see a Mental Health provider. He stated that when making Mental Health appointments, he was trained to first check to see if the patient or

provider's desired date was available. If that date was not available, he was to note the next available date and back out of the system. He was then to offer the next available date to the patient and record that date as the desired date and appointment date. He stated that when making appointments, one should always consider the desired date as the next available date. He further stated that he was trained to make appointments this way and that all MSAs made appointments the same way. He said he was never given a list of patients and told to cancel their appointments and reschedule them to reduce their wait times.

- The MHSMSS stated that he was aware of the policy regarding the scheduling of patients. He added that he was aware that the desired date was determined by the patient and should be recorded correctly in the scheduling system. He stated that when he started as an MSA in 2006 at VASNHS, appointments were scheduled differently. He said that MSAs were trained to first look for the date requested by the patient. If that date was not available, MSAs were to look for the first available date and offer it to the patient. If the patient accepted the first available date, MSAs were to back out of the system and note the first available date as the patient's desired date and appointment date. He stated that this practice changed a few years ago and that MSAs had been retrained to document the desired date as the date requested by the patient regardless of the next available date.

At a follow-up interview, the MHSMSS was shown scheduling data for a specific patient. The patient was originally scheduled for an appointment on April 29, 2013, and the desired date was listed as April 29, 2013. The MHSMSS had canceled the appointment and used the code "OM," which, he explained, meant that there was a visit to the facility by someone important from VA. The patient's appointment was rescheduled to July 30, 2013. The desired date for the new appointment was listed as July 30, 2013. The MHSMSS explained that he contacted the patient to inform him that his appointment had to be canceled and that the next available appointment date was July 30, 2013. The MHSMSS stated that because the patient agreed to the appointment, July 30 became the new desired date. He said that if, today, he had to cancel patients' appointments, he would do the same thing—he would call the patients and inform them that their appointment had to be canceled and offer them the next available appointment date. If the patients accepted the next appointment date, he would use that date as their desired date. He added that he thought this process for rescheduling canceled appointments was also being used by MSAs.

- A former MSA who is now a supervisor stated that he was aware of the policy regarding the scheduling of patients. He explained that he was aware that the desired date was determined by the patient and should be recorded correctly in the scheduling system. He stated that he had not been pressured by anyone to manipulate patients' desired dates to reduce wait times. He also stated that he was not aware of anyone else being pressured to manipulate patients' desired dates. He further stated that after he took over his supervisory position, he noticed that the employees who had been working in the Call Center the longest were not scheduling patient appointments correctly. Those employees were sent for retraining and were now scheduling appointments correctly. The Call Center employees who started within the last 3 to 6 months had been recently trained and were scheduling appointments correctly.

- MSA2 explained the scheduling process and stated that once a patient provided a desired date for an appointment, that date was recorded and should not change unless the patient wanted to change it. He further explained that there were instances when a patient requested a specific appointment date but that date was not available. The patient then asked when the first available appointment was and MSA2 provided that date. The patient then stated that he/she would take the first available appointment. MSA2 said, in that instance, he would record the first available appointment date as the patient's desired date because it was the date the patient wanted. He also said he understood that the patient was receiving the first available appointment even though it was not the initial date requested. He felt it was appropriate to record the date as the patient's desired date because the patient wanted the appointment date. He noted that it was these small nuances that made determining the desired date confusing. He stated that he never received pressure to manipulate patients' desired dates to reduce wait times. He said he was always told to make sure appointments were scheduled correctly by recording the desired date as what the patient or provider wanted. He stated that he received his initial training from the Health Administration Service (HAS) trainer and ongoing training about every 4 months from manager 2. He also stated that he received periodic updates regarding policy changes from his supervisor.
- Manager 2 stated that he was aware that patient wait times were not being accurately reflected for VASNHS because of scheduling errors. He said that he brought up the issue with staff and during Clinical Access Committee meetings. The only training that employees received regarding the scheduling process, that he was aware of, was online training from the Talent Management System and then a hands-on training class from the HAS trainer. He said that he started retraining staff on the correct scheduling process in December 2013. He stated that he began conducting the training classes because he felt employees were receiving mixed messages about the scheduling process (coming from many different sources) and because they were not receiving ongoing training. He said the training classes were his way of addressing any issues regarding scheduling mistakes and patient wait times. He also stated that he had heard reports from employees who reportedly were given a list of patient appointments with wait times by the previous supervisor at the Southwest Clinic and the previous Call Center manager and told to "fix it." One of these individuals had died and the other had left VASNHS. He said he was not aware of any other supervisors instructing employees to "fix" wait time lists. He further stated that he did not believe the practice of supervisors having employees fix access lists was continuing. He also was not aware of anyone pressuring employees to manipulate desired dates to decrease patient wait times.
- MSA3 stated that about 1 year before the interview, a lead MSA gave her a list of about 50 patients waiting for appointments at the VA North West Clinic. Most of the patients were waiting for Mental Health appointments. The wait times varied from 45 to 60 days. She said the lead MSA had told her the appointments had been scheduled incorrectly; therefore, since the patients agreed to the appointment date, the appointment date should be recorded as the desired date and the wait time should be zero. MSA3 stated that she was then instructed by the lead MSA to change the desired date for each appointment to the scheduled date. She said she made the changes even though she was not comfortable doing so. She stated that she was taught during her initial training that the desired date

was determined by the patient and was not based on the appointment that was available. She said she received a phone call from the HAS trainer who told her that the MSA trainer had audited patient wait times for the North West Clinic and had noticed that there were many patients waiting for appointments. When the MSA trainer audited the North West Clinic again, she saw that no patients were waiting for appointments. She stated that the HAS trainer told her that her name was listed as having scheduled the majority of the appointments. MSA3 said that she explained to the HAS trainer that she was told by her supervisor to reschedule the appointments and use the appointment date as the desired date. She stated that she knew that was not the correct way to schedule but that she was told to make the changes by her supervisor. She also stated that the HAS trainer told her she would let someone know and that she should go back to scheduling appointments the correct way. MSA3 stated that she was never asked to change patients' desired dates again; however, some of the new MSAs who started within the last 4 months of the interview asked her several times how they should record the desired date. She explained that the new MSAs told her they were confused because, when they were initially trained how to schedule appointments, they were told the desired date was the date the patient wanted an appointment. Once they began working at the clinic, they were told the desired date was whatever date the patient agreed to.

- MSA4 said that when she received her initial training on how to schedule patient appointments, she was taught that the desired date was the date the patient wanted to be seen. That date was recorded in the computer and should not be changed unless the patient requested a new appointment date. She explained that when she began working at the North West Clinic, a lead MSA instructed her to record the next available date as the patient's desired date. She stated that the lead MSA also instructed her to note in the comments section that the next available date was actually the patient's desired date. She said she tried to explain to the lead MSA that she was not trained to schedule appointments that way. She added that the lead MSA told her "that's how we do it here." MSA4 stated that another MSA, who started working at the North West Clinic about the same time she did, was also instructed by the lead MSA to use the next available date as the patient's desired date. She said that all MSAs were required to attend additional training on scheduling appointments about 2 or 3 weeks prior to the interview (which occurred on June 4, 2014). The training specifically addressed the correct way to document the patient's desired date.
- Lead MSA2 stated that when she was originally trained on how to schedule patient appointments, she was taught that the date that the patient agreed to be seen was noted in the computer as the desired date, even if the date the patient originally wanted to be seen was not available. She said she received additional training around April 2012 during which she was taught to record the desired date as the date the patient initially wanted to be seen, even if that date was not available. She stated that she never gave a list of patients and their appointment dates to any of the MSAs at the clinic nor did she ask them to reschedule those patients with the appointment date listed as the desired date. She also stated that she would not have instructed MSAs at the clinic within the last 4 or 5 months to record the next available date as the patient's desired date. She said she had been retrained and knew that was not the correct way to schedule appointments. She stated

that she never received pressure to change patients' desired dates to reduce wait times, nor did she ever pressure anyone to change desired dates.

- The HAS trainer stated that she trained VA employees on scheduling appointments, travel, electronic wait list, Vet Link,<sup>1</sup> the Insurance Capture Buffer system,<sup>2</sup> and consult tracking. She said new MSAs attended a 3-day new employee orientation before reporting to her for additional training. They then spent about 10 days training with her. She explained that employees with scheduling authority were originally trained to look for availability on the date the patient requested. If there was no availability on that date, they were to offer the patient the first available date. If the patient agreed to the first available date, the employee was to back out of the system, schedule the patient for the first available appointment and record that date as the patient's desired date. She said she did not know how long employees had been trained to schedule appointments this way. She did state that employees were being trained to schedule this way when she worked for VA at a different facility in 2007. She stated that when the scheduling directive came out in 2010, all employees with scheduling authority were retrained to record the desired date as the date the patient wanted to be seen. She added that approximately 18 months ago, she was told by various MSAs that lead MSA2 was instructing employees to fix appointments for patients waiting more than 14 days, by changing the desired date to match the appointment date. She said she discussed the issue with manager 2, and she thought it had been corrected.
- A supervisory medical administration specialist stated that she currently supervised the daily operations of the Mental Health Clinic, Pulmonary Clinic, Rehabilitation Clinic, and Eye Clinic. She said that she ran scheduling audit reports every week to 2 weeks to ensure that the MSAs at the clinics she supervised were scheduling appointments correctly. She explained that she had a few MSAs who were using "T" for today as the patient's desired date. She further explained that this was incorrect and resulted in an artificially long wait time. She stated that, when she identified people who were scheduling appointments incorrectly, she scheduled them for additional training. She added that she was not aware of anyone being pressured to change patients' desired dates or to ensure that patients' wait times were always zero days.

## **Records Reviewed**

VA OIG reviewed the VA emails of lead MSA1, manager 1, and of the supervisor medical administration specialist. The review did not disclose any information relevant to the investigation.

---

<sup>1</sup> Vet Link is the kiosk that veterans use at the medical center to check into their appointments.

<sup>2</sup> The Insurance Capture Buffer system is used by VHA to ensure that they have the veteran's current insurance information recorded in VistA. During appointment check-in or pre-registration contact with the veteran, the system prompts clinical administrative staff to request third-party insurance information if the veteran's insurance information has not been verified or changed within the past 180 days.

#### 4. Conclusion

The investigation determined that some MSAs were not scheduling appointments correctly because of confusion over the scheduling directive, incorrect information from coworkers, and incorrect information received during previous training. Several of the MSAs interviewed indicated that they were directed by supervisors to manipulate scheduling data.

VA OIG referred the Report of Investigation to VA's Office of Accountability Review on February 29, 2016.



JEFFREY G. HUGHES  
Deputy Assistant Inspector General  
for Investigations

---

For more information about this summary, please contact the  
Office of Inspector General at (202) 461-4720.

---