

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



**Community Based Outpatient Clinic  
in Canton, Ohio  
December 20, 2016**

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

This investigation was prompted by information provided by a confidential complainant who alleged that clerks at the Canton, OH, Community Based Outpatient Clinic (CBOC) were ordered to alter patients' desired appointment dates in the Veterans Health Information Systems and Technology Architecture (VistA). Allegedly, CBOC supervisor 2 instructed clerks to alter "desired dates" to match the actual appointment dates to make them seem timely and to avoid using the Electronic Wait List (EWL), the goal of which is to provide care to the patient as soon as needed.

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

- **Interviews Conducted:** Department of Veterans Affairs (VA) Office of Inspector General (OIG) interviewed 11 VA employees, including schedulers and supervisors.
- **Records Reviewed:** VA OIG reviewed a Veterans Health Administration (VHA) policy, a VHA directive, and VA emails.

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

**Interviews Conducted**

- A medical support assistant (MSA1) reported that she learned patient scheduling through on-the-job training when she started her career at another CBOC. She stated that her training was very informal; the methods were different depending on the instructing clerk. She explained that if a patient called and asked for the first available appointment, she entered the desired date as the appointment date. She stated that she used the date a patient wanted to see his/her medical provider as the desired date. She added that if a patient needed to see his/her provider before the "next available" date, she would sometimes have the patient talk with a nurse. MSA1 stated that she was concerned about the procedures in place (at the time of interview in 2014) because of the extensive wait times. She further stated that if a patient called for an appointment and she felt it was too long for a patient to wait, she would send him/her back to the nurses at CBOC Canton. While the nurses would typically call the patient back, it might have taken a while because of their workload. She used to be able to transfer patients to nurses at VA Medical Center (VAMC) Cleveland or another CBOC, but at CBOC Canton, patients could only talk with nurses. She felt that a triage line with available nurses would be a

great solution to this issue. She stated that almost on a monthly basis, she would receive a Wait Time Reflection Report from CBOC supervisor 1 or CBOC supervisor 2. The report listed the patients' desired dates in comparison with the appointment dates, and if there were huge gaps, she was instructed to "fix it." She did not identify who instructed her to fix the gaps but mentioned, at various times during the interview, on-the-job training, CBOC supervisor 1, and CBOC supervisor 2 as sources of guidance on scheduling. To make the changes, she listed the same desired date and appointment date. She considered a huge gap to be one greater than 42 days. She did not know why she was told to make the changes. The reason for the large gaps was that there were no available appointments, which was the result of too many patients and too few doctors. The report focused mainly on Primary Care at CBOC Canton since the specialty unit did not have the same scheduling problems. She stated that CBOC supervisor 2 was her supervisor. She also stated that CBOC supervisor 1 would assume duties in the absence of CBOC supervisor 2.

- MSA2 stated that if a patient called the CBOC and asked for the next available appointment and he/she agreed with the next available appointment, then the desired date was the same as the appointment date. However, if the patient asked for a specific date, then that date should be recorded as the desired date. She stated that, in the past, clerks were less specific with patients when scheduling their appointments. Clerks would look for the next available appointment by "shopping around," then log out of the system, log into the system, and then enter the same desired/appointment date. She explained that clerks occasionally received wait-time reports from CBOC supervisor 2 in a Microsoft Excel spreadsheet. She believed the name of the report was Clinic Wait Time, but since she did not have access to it, she was not exactly sure of the report name. She explained that clerks went into the system and rescheduled appointments for the same date, so the patients received the same appointment, but the wait time was reduced because the desired date was now closer to the appointment date. If an appointment was scheduled several weeks in advance, clerks would sometimes reschedule the same appointment multiple times. She stated that she last received the wait-time report about 3 weeks before the interview, which occurred in 2014. She stated that CBOC Canton had padded the numbers to appease VA in Washington, DC, but this resulted in not receiving the necessary number of providers. She did not identify who she meant by "the VA in Washington, DC." She stated that CBOC Canton had been correcting wait times for several years. She added that in the last year (2013–2014), CBOC Canton had lost about five or six Primary Care providers and that a new patient appointment was about a 60-day wait. She stated that, at the time of the interview, CBOC Canton did not use and had never used the EWL. She stated that a former administrative employee and a former supervisor had told her not to use the EWL.
- CBOC supervisor1 stated that she was an office manager at CBOC Canton. She further stated that if CBOC supervisor 2 were out of the office, she would serve as the acting supervisor for that group. She explained that if a patient called to schedule an appointment at CBOC Canton, the VA employee would ask the patient when he/she would like to schedule an appointment. If the patient did not specify a date, then the desired date was listed as the appointment date. She stated that, in the past, when a patient called CBOC Canton and, for example, asked for an appointment in 2 weeks, but

the first available appointment was not for a month, then the clerks were instructed to record both the desired date and appointment date as the actual appointment date in 1 month. She also stated that, in the past, clerks at CBOC Canton were instructed to correct patient wait times. CBOC Canton received a list of new patients waiting longer than 14 days for an appointment and a list of established patients with an appointment date beyond 30 days. After receiving the list, the clerk went into VistA and made an appointment “over the top of it,” meaning the clerk made the appointment again by rebooking it. The appointment date always stayed the same, but the desired date of the appointment was closer or the same as the appointment date, thus lessening wait times. She believed the report was distributed to clerks on a daily basis. She stated that the wait time list, at the time of the interview in 2014, was generated by a VAMC Cleveland Information Technology (IT) employee; she did not know who instructed the employee to run the report. The report was uploaded into the Microsoft SharePoint collaboration system on a daily basis and was standard practice until recently. She was instructed to hand out the lists to clerks for corrections by a former administrative employee. She stated that the purpose was to keep wait times low in Primary Care at CBOC Canton so VA looked better. The specialty unit did not have wait-time issues because there were a sufficient number of providers. She stated that the wait-time changes always bothered the staff at CBOC Canton. It was a numbers game to make things look good, but the goals were not feasible because of insufficient staffing, rooms, and office space. She stated that the policy of altering wait times was changed in early May 2014 because of the wait-time issues in Phoenix, AZ.<sup>1</sup>

- CBOC senior leader 1 stated that she had always operated under the policy that the desired date was the date patients wanted to make their appointment. If a patient stated he/she wanted the next available appointment, then the date of the next available appointment was used as the desired date. When an appointment list showed a “0” or “1,” that indicated the patient requested either a same-day appointment or next-day appointment, respectively. She stated that she reviewed the appointment lists and if she noticed the same clerk listed all 0s or 1s for the desired dates, her experience told her that they were entered incorrectly. She would then review the patient record in the Computerized Patient Records System (CPRS) to check if there was a recall date listed or she would sometimes call the patient if necessary. If she was able to verify the 0 or 1 was recorded in error, the desired date was fixed. However, if she was not able to verify an error, then the 0 or 1 was left as the desired date. If an appointment were to be scheduled for more than 60 days in advance, the appointment was not typically scheduled and the patient would receive a recall letter. She stated that the CBOCs did not use the EWL; she had never seen paper wait lists used by the CBOCs. She added that the former administrative employee used to regularly check on errors and desired dates. She stated that the former administrative employee used to state to employees, “You’re making me look bad,” and said she was getting pressure from VAMC Cleveland to have good wait-time numbers. She further stated that in early January 2014, she began receiving emails regarding patient appointments from a VAMC Cleveland staff assistant. She

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<sup>1</sup> Any reference to Phoenix in this summary refers to wait time allegations that surfaced at VAMC Phoenix in early 2014.

stated that the VAMC staff assistant sent out lists of patients with appointment issues that resulted in not meeting target goals. The lists were generated by a VAMC IT employee.

- A VAMC staff assistant stated that she had never scheduled an appointment and her only affiliation with scheduling was her review of appointment statistics reports. She also stated that she reviewed the reports for both VAMC Cleveland and the CBOCs. She added that she knew the desired date was supposed to be the date the patient wanted to come to VA. She stated that she had sent multiple emails to the CBOCs about wait-time issues. She further stated that when she reviewed the appointment reports and noticed that the desired date was the same date the appointment was made, she believed the odds were the clerk made a mistake, especially if they recorded multiple desired dates in the same manner. When she sent out the error reports, her intent was not for the CBOC supervisors and clerks to make wholesale changes. Rather, it was for the CBOC supervisors to see the issues and then educate the clerks on the proper way to enter desired dates and appointment dates in the system. She never gave direct instructions on how to remedy the discrepancies or to make wholesale changes; the emails were more of an admonition. She stated that she probably did send an email at some point telling supervisors to correct dates if they were obviously made in error. She believed that a specialty unit at VAMC Cleveland experimented with the EWL, but as a whole, the EWL was not used. She had no knowledge of paper wait lists. She explained that there were many performance measures established by VA, including wait times, and the measures changed annually. She stated that Quality Management (QM) published the most current performance measure statistics and put together a tracking sheet. QM would ask various departments within the VAMC to communicate how they were going to improve, but QM did not offer ideas on how to correct problems. She explained that specialty area (Cardiology, Pulmonology, and so on) section chiefs were responsible for monitoring their units' wait times and other performance goals.
- CBOC senior leader 2 stated that it was not possible to schedule appointments over the phone for new patients because the veteran first needed to complete an application and then meet with a processor at CBOC Canton to go over the application and the veteran's qualifications for eligibility purposes. If an established patient called for a same-day appointment, the clerk would list the desired date that same day. Then, there was a two-part process to determine if the patient would be seen that day: the clerk would identify the particular crisis, and then a nurse would review the clerk's assessment for a clinical decision. He further stated that if a patient called CBOC Canton for an appointment but did not provide a specific date, staff were trained to ask the patient for a specific date, but if a date was still not provided, then the desired date would be the appointment date. The policy of specifically asking a patient for a desired date had been in place for a while, but was only enforced about 6 months before the interview (conducted in 2014). CBOC senior leader 2 stated that, in early May 2014, emails were sent to CBOC Canton about desired dates. The emails, which came from Patient Care Administrative Service (PCAS) at VAMC Cleveland, sought to clarify scheduling processes. The emails also addressed the New Enrollee Appointment Request (NEAR) reports, which are reports on veterans who have processed an application with VA, but have not yet received medical care. He stated that he recently received some training on the EWL, but still was not entirely familiar with its use. CBOC Canton was using a

Microsoft Access database—created by a VAMC Cleveland employee—at various outreach events. When VAMC Cleveland employees set up stations at public events, they would encourage veterans not registered with VA to provide some basic information. The veteran would be contacted later about VA medical care. He stated that since CBOC Canton did not use the EWL, there was no way to record whether a veteran requested notification of cancellations, so it was not “first come first serve.”

He further stated that CBOC Canton was able to see all the patients who needed medical care, but not immediately, because there were not enough medical providers. The scheduling goal was a 14-day wait time, which had never been met since he started at CBOC Canton. He said he had heard that, in the past, CBOC Canton supervisors instructed clerks to change dates since there was an extreme amount of pressure from top VA management to meet the scheduling goals. He stated that he would never authorize the falsification of data, but he understood the pressure placed on managers and did not feel it was done maliciously. He felt that the desired date was the only “voice” the veteran had in the appointment scheduling process, so it was not right to change desired dates. In addition, while changing desired dates to meet goals might satisfy management, it also prevented management from knowing that the CBOCs were not meeting demand and, thus, that additional staffing and resources were needed. VA’s goal for seeing new patients was 60 days; however, VA was forced to pay overtime and to make providers work during administrative time to meet the goals. He indicated that he was instructed by his supervisor, CBOC senior leader 1, to never falsify reports. He was aware that VAMC Cleveland wanted CBOC Canton to clean up desired date errors. He pointed out that some employees made clerical errors and entered the desired appointment date as the scheduling date. If his staff were able to verify the error easily, often by reviewing clerk comments, then changes would be made to the desired dates. He said he felt that CBOC managers did not get enough training. He stated that CBOC managers should be involved in decisions, but were not consulted by VA management. The CBOCs needed more providers and space.

- A VISN senior leader stated that if a veteran were to contact a VAMC in VISN 10 to request an appointment and did not specify an appointment time, the scheduler was to ask for and record a desired date. If the patient asked for the first available date and did not request a specific date, then the first available date was recorded as the desired date. These two rules had always been the policy for VISN 10, but procedures had changed over time with the patient-centered care concept. The recording of patient desired dates was not common in other health care systems. He was not sure how the 14-day wait-time policy was established nor was he a part of any studies for the policy. The policy was decided by senior VA leaders in Washington, DC.

He stated that he has not received any specific information of employees “gaming” the system at VAMC Cleveland under either the former or the current director. However, he had heard that there was confusion on the front lines regarding patient care because of complex policies. He further stated that he did not feel there were any willful false changes made to patient wait times. He stated that since the wait-time issues arose in Phoenix, AZ, his office had conducted internal reviews on wait times and had meetings with directors at each VAMC within VISN 10. He had also discussed the issue with

Ohio veterans' service organizations. He was not specifically aware of any paper wait lists, but he did not doubt they existed at some point. He did not feel paper wait lists were of any advantage because funding came from the Veterans Equitable Resource Allocation (VERA) system. He stated that he was aware of VA policy regarding the EWL. Within VISN 10, VAMC Cleveland and VAMC Cincinnati did not typically use the EWL and preferred to just give appointments.

- A VAMC senior leader stated that when a veteran contacted VAMC Cleveland and did not request a specific appointment date, the clerk was to ask if the appointment was emergent or non-emergent (not requiring emergency care). If the appointment was emergent, the patient was to go to the emergency room for same-day care. If the appointment was non-emergent, the clerk was to schedule an appointment date, list the create date, and determine a desired date. Ideally, the clerk should create a desired date by consulting with the veteran. However, there were some instances when the desired date was listed as the available appointment date—for example, if a veteran had a desired appointment date on a weekend. She stated that if a veteran requested the next available appointment, the clerk typically used that day as the desired date because of procedural issues. The 14-day wait time was a national measure. She stated that her goal at VAMC Cleveland was to provide excellent medical care and access. She felt that access was based on when it was appropriate for a patient to be seen. She added that her bonus was tied to many matrices, of which wait-time goals were just one of many.

She stated that there was a shortage of Primary Care providers at VA because of low wages compared to other physicians. In addition, VA Primary Care physicians were in the habit of blocking out large amounts of time, which also contributed to patient wait times. VAMC Cleveland did not typically use the EWL because few patients were waiting for more than 90 days. In addition, the EWL system did not “talk” to the scheduling system, which made it difficult for clerks who were already spread thin. She and other VAMC Cleveland managers had looked for paper wait lists for a long time and found that such lists had been discouraged for the last 15 years. The lack of interconnectivity between CBOCs when scheduling appointments was a valid concern. The VA Telehealth Service was being used more and VAMC Cleveland was also reviewing the possibility of centralized scheduling.

Since the wait-time issues surfaced, she had maintained an open door policy for employees to contact her directly with any concerns and had received many suggestions from scheduling staff. She stated that VAMC Cleveland provided health care services to approximately 7,000 patients per day and just recently saw 7,800 patients in one day. As far as scheduling was concerned, the clerks were using a very outdated system. In addition, there were multiple complex issues caused by the size of VAMC Cleveland; plus the fact that there was very little continuity in the clerk position—clerks often changed facilities or positions.

- A VAMC service chief stated that if a veteran contacted VA and told the clerk they wanted an appointment but did not specify a date, the clerk was supposed to ask, “When do you want to be seen?” If the veteran asked for what was available, then clerks were taught that the desired date was up for negotiation. The clerk would then provide an

available date and if the veteran agreed, then the appointment date was used as the desired date. If the veteran did not agree and gave an alternative date, then that date was the desired date.

He stated that 90 MSAs reported to him, and one of their primary functions was patient scheduling. MSAs at the CBOCs did not report to him. There were 962 employees throughout VAMC Cleveland with scheduling access, which meant that they had access to the scheduling program software. However, all of the 962 employees did not actually schedule appointments. (There were approximately 4,500 employees at VAMC Cleveland.) The 90 MSAs assigned to him did the majority of the scheduling for VAMC Cleveland, but not for the CBOCs. He stated that he had never seen paper wait lists but did recall seeing paper schedules in calendar books in 2010 at the now-closed VA hospital in Brecksville, OH. He further stated that he corrected this issue as soon as he found out. VAMC Cleveland did not use the EWL since they had good patient access for appointments. He stated that he had seen both 90-day and 120-day thresholds for using the EWL and VAMC Cleveland typically did not schedule that far in advance. Established patients with long-term future appointments were placed on the recall reminder list and were mailed a letter before it was time to schedule an appointment.

The VAMC service chief stated that, in 2012, he sent an email to every VAMC Cleveland employee with scheduling access on how to properly use the desired date. From that time on, he reminded his staff quarterly on the proper procedures regarding desired dates. He explained that, on a daily basis, he received an email showing appointment dates that were more than 14 days past the desired date. When that email showed desired dates on the same dates as the appointment create dates, it was implied that the desired dates were made in error and they were corrected automatically. In October 2013, based on this policy, he instructed an employee to make changes to desired dates but the employee did not agree. Since October 31, 2013, the new policy was not to assume the desired date was listed in error in the above situation and, to make changes, it was necessary to first directly contact the patient.

- A program specialist stated that in a previous position at another VAMC, he forwarded emails he regularly received from a VAMC IT employee to the CBOCs; the emails showed the specialty unit patients who incorrectly had same-day appointments listed as the desired dates. He explained that since the desired date was entered incorrectly as a same-day appointment, the CBOCs were instructed to make corrections. He stated that a VA goal for Primary Care was also to schedule patient appointments within 14 days of the desired dates. If an MSA was not able to schedule the appointment within 14 days of the desired date, the MSA should have recorded a note in the “Remarks Section” in VistA. There were occasions when MSAs incorrectly recorded that veterans requested same-day appointments and he was told that these dates should be changed. Typically, if a patient wanted a same-day appointment, a nurse would have triaged him/her.

He stated that he was never told to make “wholesale” changes to patient desired dates. He always felt “under the gun” with wait times and keeping schedules full, but if a CBOC was not making its 14-day goal, this was a signal the CBOC needed help. He stated that if a patient called and asked for the first available appointment, then the

desired date would be recorded as the first available appointment date. He further stated that he never advised his employees (when he was in a different, supervisory position within VA) to make improper wholesale changes to desired dates. If something needed to be changed for a patient's appointment and the MSA was not available, he said he made the change himself and would directly contact the veteran if necessary. He stated that any guidance he received from the previous VAMC management was to properly record desired dates. He also stated that he was never directed to make wholesale changes to the system to achieve the 14-day goal. He added that, since 2012, there had been many changes made to scheduling procedures.

- CBOC supervisor 2 stated that when scheduling appointments, clerks were supposed to ask patients when they wanted to be seen. It was "unnatural" to ask patients when they wanted to be seen since clerks usually told the patient what was available, but over the last few weeks (interview conducted in May 2014) they had been asking patients for their desired date. If a veteran needed an appointment sooner than the available date, the clerks would still enter the desired date as the appointment date, but this had changed. He further stated that when he started at VA, appointments past 14 days would just be wholesale changed. The CBOC would get an email or list and the appointment would be changed. This was different from the same-day access issue. He stated that he had asked clerks to fix the desired date/same-day appointment problem, but had not changed the 14-day appointments. He explained that if there were an urgent need to see a Primary Care provider, CBOC Canton would typically be able to see the patient within 24 hours, subject to the approval of medical staff. If the problem was emergent, the patient was instructed to go to the emergency room. If the problem was chronic, then the patient would have to go through the regular process. If a patient needed to go to the emergency room, they would still sometimes come to the clinic. Once the patient was in the clinic, VA would have to treat them. The patient did this to avoid having to pay for any emergency room care.

He stated that CBOC Canton had 11,000 veterans and 8 Primary Care providers. He recently had a veteran who wanted to register at CBOC Canton, and he told him not to register here, but told him to go to CBOC Akron since they were at full staff and he would get an appointment faster. There was no overflow scheduling with other CBOCs since it would have been too confusing for CBOC Canton clerks to understand how other CBOC clinic physicians ran their scheduling. He opined that Primary Care for new and established patients was not outsourced by VA. (VA does outsource some specialty care services.) He did not believe Primary Care was set up to be outsourced because of the differences in care between VA and the private sector. In the private sector, the doctor spent about 5 minutes with a patient and moved room to room but, at VA, each doctor had only one room and would have to ask multiple required questions of patients. The VA doctor was required to perform many administrative tasks not required in the private sector, taking them away from patient care. He stated that CBOC Canton had never used the EWL except by mistake, and he was told not to use the EWL. He did not identify who told him not to use the EWL. CBOC Canton was able to schedule everyone who wanted to be seen in VistA, so there was no reason to use the EWL.

He stated that since he became a supervisor he had never sent a list directing clerks to



change 14-day new patient appointments so that CBOC Canton would look good on paper, but the changes may have happened because it had been common practice for years. Someone had explained to him (he did not identify who) how, recently, other CBOC employees had reportedly made changes to the 14-day list, sometimes just once for a patient, and other times, on multiple occasions if the appointment had been scheduled far in advance. He stated, "I'm sure we did," but thought it should only be changed once if the clerk was going to fabricate data. He added that he had sent a list to correct same-day access errors. He had told clerks they needed to review comments about appointments to determine if the appointments were made in error. He reiterated that care was never denied to patients. He stated that under the former VAMC director, patient wait times were a numbers game and wholesale changes were made to wait times, but under the current VAMC director, the culture was different and wait times more closely reflected reality. He stated that CBOC senior leader 1 had advised all of her employees to tell the OIG and health care inspectors the truth about wait times.

During a subsequent interview, CBOC supervisor 2 told VA OIG staff that he had reviewed an email he had received from a VAMC service chief in 2012. He stated that the email had been addressed to what appeared to be all those with scheduling access at the time. He stated that he thought the guidance in the email was correct (that desired date was determined by the patient or the provider) and was what they were following now, but old habits die hard. They had worked on the desired date issue for a long time and it was still necessary to keep appointments within range. He explained that he felt listing the desired date was a foolish premise and immaterial since veterans did not want to give a specific desired date. He added that CBOC Canton needed Primary Care providers; that there were 19 clerks at CBOC Canton when it was fully staffed; 17 of those clerks did scheduling; and 15 of the 17 clerks did Primary Care scheduling and reported to him. When he first started as a supervisor, he had told the former administrative employee that he did not want to change desired dates because he felt it was lying. When he first started as a supervisor, he did not tell clerks to change dates, but as the numbers got worse, he was pressured to get things, meaning wait time problems, fixed. He did not identify who had pressured him.

He further stated that during his previous interview with OIG, he incorrectly said that he never told clerks to change dates. He was not trying to hide anything or be deceitful. He added that he wanted "to be clear that nobody's specifically said go back and change those," and "[CBOC senior leader 1], I don't think she ever intended us to do that."

He continued, "So I want to be clear about that. That was me saying, you know what, I'm tired of getting yelled at" and "We're just going to fix this. We're going to change these dates so that then the next report comes out, like, in 2 weeks or whatever it'll be like, hey it's fixed."

"[CBOC senior leader 2] my boss, he's getting a call . . . [CBOC supervisor 2] get in here. You know, we got to fix this . . . when you're getting that, it's like you know what, fine. . . . Okay, just don't tell me anymore. Don't worry. This problem is going to go away." He stated that the supervisor job at CBOC Canton was very stressful and he was "fried." He stated that he placed the desired date issues into two categories: the first

related to the 14-day issue, referring to when the desired date was 14 days more than the actual appointment date. He stated that he was referring to this issue during the first interview. However, after reviewing his emails, he did instruct at least one change regarding this issue in 2013. The second category involved the issue of when the desired date was the same day or one day later than the appointment “create” date. He felt that these desired dates were erroneous because if a veteran needed an immediate appointment, then the call was forwarded to a nurse. If the patient was scheduled for an appointment, it was handled by the nurse and not by a clerk. He had advised clerks to change dates as recently as April 2014; however, he wasn’t thinking about this during his previous interview.

### **Records Reviewed**

- VA OIG reviewed a VHA memo issued in April 2010 by the Deputy Under Secretary for Health for Operations and Management. The memo was issued to all VISN directors regarding “Inappropriate Scheduling Practices.” This memo called for immediate facility reviews of current scheduling practices to identify and eliminate all inappropriate practices, and included a list of known “gaming strategies” for decreasing the appearance of excessive patient wait times.
- VA OIG reviewed VHA Directive 2010-027, effective June 9, 2010, and expiring June 30, 2015. The directive provided policy for implementing processes and procedures for the scheduling of outpatient clinical appointments and for ensuring the competency of staff directly or indirectly involved in any or all components of the scheduling process.
- VA OIG reviewed VA emails provided by the VAMC service chief regarding wait times and desired dates. That review disclosed that the VAMC service chief was concerned about accurately reporting wait times. In one email exchange, he expressed concern regarding Canton’s practice of not changing the actual date of the appointments, just rescheduling appointments when they were within 30 days, which he noted in one email was “exactly what was on the IG’s report for VISN 3 in regards to manipulating waiting times.” The response by a former administrative employee was “Well, you can’t keep hitting the list. It is part of your performance . . . . You need to think of a way to get them in.” In another email he sent to employees responsible for scheduling, he stated that “it is extremely important that we are asking the patient when they would like to be seen and indicating their response as the Desired Date.”
- VA OIG reviewed VA emails provided by CBOC supervisor 2. That review disclosed that there were multiple emails sent by CBOC supervisor 2 to CBOC Canton employees instructing them to change patient wait times. In the first email provided by CBOC supervisor 2, he stated, “I am sorry- I see that I did indeed tell people to change appts 14 days out. I will send more as I find them.” However, in one email he tells the recipient, “Never change entries falsely—I would rather get in trouble than ask you to falsify information-just tell me they are legit and that is fine.” And in another he stated, “I totally agree we do not ever want to falsify information—just need to be clear about what the patient is really asking for and then note it.”

- VA OIG reviewed VA emails; the review disclosed that CBOC supervisor 2 instructed approximately 36 VA employees to alter records for approximately 604 appointments during his tenure as a CBOC supervisor in Canton, Ohio.

#### 4. Conclusion

The investigation substantiated the allegation that CBOC supervisor 2 directed CBOC Canton MSAs to alter patient appointment records to meet goals established by VA. During the investigation, the CBOC supervisor 2 took a voluntary downgrade to a subordinate position but this action was unrelated to the investigation. Emails, interviews, and other records showed numerous attempts by current VA management to properly train and enforce patient scheduling per VA regulations. Several VA employees indicated that, in the past under the former VAMC Cleveland director, the numbers were a game, with little communication or guidance, but since the current director took over, communication and guidance had improved and numbers were accurately reported.

VA OIG referred the Report of Investigation to VA's Office of Accountability Review on February 27, 2016.



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