



Testimony
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VA HEALTH CARE

Actions Needed to Improve Access to Primary Care for Newly Enrolled Veterans

Statement of Debra A. Draper
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Accessible Version

Chairman Miller, Ranking Member Brown, and Members of the Committee:

I am pleased to be here today as you discuss issues concerning veterans' access to health care. My remarks today are based on our report that was released yesterday, *VA Health Care: Actions Needed to Improve Newly Enrolled Veterans' Access to Primary Care*. This report is the latest in our ongoing body of work examining veterans' access to timely health care.¹

The Department of Veterans Affairs' (VA) Veterans Health Administration (VHA) operates one of the nation's largest health care systems; it provided care to about 6.6 million veterans in fiscal year 2014, including an aging veteran population and a growing number of younger veterans returning from military operations in Afghanistan and Iraq. VHA spent about \$58 billion for their care in that year. Over the past decade, VHA has faced a growing demand for outpatient primary care services. From fiscal years 2005 through 2014, the number of annual outpatient primary care medical appointments VHA provided through its medical facilities increased by 17 percent, from approximately 10.2 million to 11.9 million. Each year over that period, an average of 380,000 veterans were newly enrolled in VHA's health care system. In fiscal year 2014, VHA provided about 730,000 primary care appointments for new patients—appointments for those patients who had not been seen in a primary care clinic in the past 24 months, including those who were newly enrolled.

Primary care services are often the entry point to the VHA health care system for veterans, and access to these services is critical to ensuring that veterans obtain needed medical care, including specialty care. When veterans need specialty care—such as cardiology or gastroenterology—they are typically referred to specialists by their primary care providers,

¹See *VA Health Care: Actions Needed to Improve Newly Enrolled Veterans' Access to Primary Care*, [GAO-16-328](#) (Washington, D.C.: Mar. 18, 2016). See also GAO, *VA Mental Health: Clearer Guidance on Access Policies and Wait-Time Data Needed*, [GAO-16-24](#) (Washington, D.C.: Oct. 28, 2015); *VA Health Care: Management and Oversight of Consult Process Need Improvement to Help Ensure Veterans Receive Timely Outpatient Specialty Care*, [GAO-14-808](#) (Washington, D.C.: Sept. 30, 2014); *VA Health Care: Reliability of Reported Outpatient Medical Appointment Wait Times and Scheduling Oversight Need Improvement*, [GAO-13-130](#) (Washington, D.C.: Dec. 21, 2012); *VA Mental Health: Number of Veterans Receiving Care, Barriers Faced, and Efforts to Increase Access*, [GAO-12-12](#) (Washington, D.C.: Oct. 14, 2011); and *VA Faces Challenges in Providing Substance Use Disorder Services and Is Taking Steps to Improve These Services for Veterans*, [GAO-10-294R](#) (Washington, D.C.: Mar. 10, 2010).

and each veteran's primary care team manages and coordinates the needed care.² Veterans may obtain primary care services at VHA's medical facilities, which include 167 medical centers and more than 800 community-based outpatient clinics. Responsibility for ensuring timely access to primary care rests with 20 regional Veterans Integrated Service Networks (VISN), which oversee the medical centers, and with VHA's central office, which oversees the entire VA health care system.

In recent years, we and others have expressed concerns about VHA's ability to effectively provide and oversee timely access to health care for veterans, which, in some cases, reportedly has resulted in harm to veterans. Our prior work on VHA's oversight of primary and specialty care found VHA did not have adequate data and oversight mechanisms in place to ensure veterans receive timely care. For example, since 2012, we have issued several reports recommending that VA improve appointment scheduling, ensure the reliability of wait-time and other performance data, and improve oversight to ensure VA medical centers provide veterans with timely access to outpatient primary and specialty care, as well as mental health care.³ Based on these serious concerns about VA's management and oversight of its health care system, we have concluded that VA health care is a high-risk area and, in 2015, added it to our High Risk List.⁴ To help improve timely access to health care, Congress passed the Veterans Access, Choice, and Accountability Act of 2014 (Choice Act), which provided veterans facing long waits or lengthy travel distances the opportunity to obtain care from providers (non-VA) in the community.⁵

²VHA provides primary care services through patient aligned care teams consisting of a primary care provider and support staff, including a nurse care manager, clinical associate such as a licensed practical nurse, and administrative clerk.

³See [GAO-16-328](#), [GAO-16-24](#), [GAO-14-808](#), [GAO-13-130](#), and [GAO-10-294R](#).

⁴GAO, *High Risk Series: An Update*, [GAO-15-290](#), (Washington, D.C.: February 2015). GAO maintains a high-risk program to focus attention on government operations that it identifies as high risk due to their greater vulnerabilities to fraud, waste, abuse, and mismanagement or the need for transformation to address economy, efficiency, or effectiveness challenges.

⁵Pub. L. No. 113-146, 128 Stat. 1754 (2014). Under this authority, VHA created the Veterans Choice Program, which was introduced in November 2014. Under the program, for example, certain veterans are able to receive care in the community, including primary care, if the next available medical appointment with a VA provider is more than 30 days from the date a veteran wants to see a provider or if the veteran lives more than 40 miles driving distance from the nearest VA facility.

In the context of these serious and longstanding concerns, my testimony today highlights selected findings from our most recent report on veterans' access to primary care. My remarks will therefore focus on the extent to which

1. newly enrolled veterans access primary care in a timely manner; and
2. VHA provides oversight of veterans' access to primary care.

For our report, we reviewed relevant regulations, guidance, and other key documents, as well as interviewed staff with responsibility for ensuring timely access to primary care, including officials from VA, VHA, six VA medical centers, and the six corresponding VISNs that oversee the medical centers in our review.⁶ We selected the medical centers based on variation in average wait times for primary care appointments, facility complexity, and geographic location. From these medical centers, we selected a sample of 60 newly enrolled veterans (10 randomly selected from each of the six medical centers), all of whom had requested VA contact them to schedule medical appointments, but had not been seen by primary care providers. We also selected a sample of 120 newly enrolled veterans (20 randomly selected from each of the six medical centers), all of whom had requested that VA contact them to schedule medical appointments and were seen by primary care providers. We examined the medical records for each of these 180 veterans to determine the history of actions taken to schedule appointments, such as dates the appointments were scheduled and dates veterans were seen by primary care providers, if applicable. We also evaluated VHA's mechanisms for overseeing veterans' access to primary care against the federal internal control standards related to control activities, information, and monitoring.⁷ Additional information on our scope and methodology is available in our report. The work this testimony is based on was performed in accordance with generally accepted government auditing standards.

⁶These medical centers were: VA Central Western Massachusetts Healthcare System (Leeds, Massachusetts); Tennessee Valley Healthcare System (Nashville, Tennessee); Fayetteville VA Medical Center (Fayetteville, North Carolina); Ralph H. Johnson VA Medical Center (Charleston, South Carolina); VA Eastern Kansas Health Care System (Leavenworth, Kansas); and VA San Diego Healthcare System (San Diego, California).

⁷See GAO, *Standards for Internal Control in the Federal Government* GAO/AIMD-00-21.3.1. (Washington, D.C.: November 1999). Internal control is a process effected by an entity's oversight body, management, and other personnel that provides reasonable assurance that the objectives of an entity will be achieved.

Problems Newly Enrolled Veterans Faced in Accessing Primary Care and Obtaining Timely Access to Care

Our review of medical records for a sample of newly enrolled veterans at six VA medical centers found several problems in medical centers' processing of veterans' requests that VA contact them to schedule appointments, and thus not all newly enrolled veterans were able to access primary care. For the 60 newly enrolled veterans in our review who requested care but had not been seen by primary care providers, we found that 29 did not receive appointments due to the following problems in the appointment scheduling process:

- **Veterans did not appear on VHA's New Enrollee Appointment Request (NEAR) list.** We found that although 17 newly enrolled veterans in our review requested that VA contact them to schedule appointments, medical center officials said that schedulers did not contact the veterans because they had not appeared on the NEAR list.⁸ According to VHA policy, as outlined in its July 2014 interim scheduling guidance, VA medical center staff should contact newly enrolled veterans to schedule appointments within 7 days from the date they were placed on the NEAR list.⁹ Medical center officials were not aware that this problem was occurring, and could not definitively tell us why these veterans never appeared on the NEAR list.
- **VA medical center staff did not follow VHA scheduling policy.** We found that VA medical centers did not follow VHA policies for contacting newly enrolled veterans for 12 veterans in our review. VHA policy states that medical centers should document three attempts to contact each newly enrolled veteran by phone, and if unsuccessful, send the veteran a letter. However, for 5 of 12 newly enrolled veterans, our review of their medical records revealed no attempts to contact them, and medical center officials could not tell us whether the veterans had ever been contacted to schedule appointments. Medical center staff attempted to contact the other 7 veterans at least once each, but failed to reach out to them with the frequency required by VHA policy.

⁸Veterans who request on their applications for health benefits that VA contact them to schedule appointments are to be placed on the NEAR list. The NEAR list is intended to help VA medical centers track newly enrolled veterans needing appointments.

⁹Department of Veterans Affairs, "Rescission of VHA Outpatient Scheduling Policy and Procedures and Interim Guidance," (Washington, D.C.: July 7, 2014). This interim guidance rescinded and replaced VHA Directive 2010-027 Outpatient Scheduling Processes and Procedures (June 9, 2010).

For the remaining 31 of 60 newly enrolled veterans included in our review who did not have a primary care appointment:

- 24 were unable to be contacted to schedule appointments or upon contact, declined care, according to VA medical center officials. These officials said that in some cases they were unable to contact veterans due to incorrect or incomplete contact information in veterans' enrollment applications; in other cases, they said veterans were seeking a VA identification card, for example, and did not want to be seen by a provider at the time they were contacted.
- 7 had appointments scheduled but had not been seen by primary care providers at the time of our review. Four of those veterans had initial appointments that needed to be rescheduled, which had not yet been done at the time of our review. Appointments for the remaining 3 veterans were scheduled after VHA provided us with a list of veterans who had requested care.

For the 120 newly enrolled veterans across the six VA medical centers in our review who requested care and were seen by primary care providers, we found the average number of days between newly enrolled veterans' initial requests that VA contact them to schedule appointments and the dates the veterans were seen by primary care providers ranged from 22 days to 71 days. Slightly more than half of the 120 veterans in our sample were seen by providers in less than 30 days; however, veterans' experiences varied widely, even within the same medical center, and 12 of the 120 veterans in our review waited more than 90 days to be seen by a provider.

We found that two factors generally impacted newly enrolled veterans' experiences regarding the number of days it took to be seen by primary care providers:

1. **Appointments were not always available when veterans wanted to be seen, which contributed to delays in receiving care.** For example, one veteran was contacted within 7 days of being placed on the NEAR list, but no appointment was available until 73 days after the veteran's preferred appointment date, and a total of 94 days elapsed before the veteran was seen by a provider. In another example, a veteran wanted to be seen as soon as possible, but no appointment was available for 63 days. Officials at each of the six medical centers in our review told us that they have difficulty keeping up with the demand for primary care appointments for new patients

because of shortages in the number of providers, or lack of space due to rapid growth in the demand for these services.

2. **Weaknesses in VA medical center scheduling practices may have impacted the amount of time it took for veterans to see primary care providers and contributed to unnecessary delays.**

Staff at the medical centers in our review did not always contact veterans to schedule appointments in accordance with VHA policy, which states that attempts to contact newly enrolled veterans to schedule appointments must be made within 7 days of their addition to the NEAR list. Among the 120 veterans included in our review that were seen by primary care providers, 37 (31 percent) were not contacted within 7 days to schedule an appointment; compliance varied across medical centers.

As a result of these findings, we recommended that VHA review its processes for identifying and documenting newly enrolled veterans requesting appointments and revise as appropriate, to ensure that all veterans requesting appointments are contacted in a timely manner to schedule them. VHA concurred with this recommendation, and indicated that by December 31, 2016, it plans to review and revise the process from enrollment to scheduling to ensure that newly enrolled veterans requesting appointments are contacted in a timely manner. VHA also indicated that it will implement internal controls to ensure its medical centers are appropriately implementing the process.

VHA's Oversight of Veterans' Access to Primary Care Is Hindered in Part by Data Weaknesses

VHA's oversight of veterans' access to primary care is hindered, in part, by data weaknesses and the lack of a comprehensive scheduling policy, both of which are inconsistent with federal internal control standards.¹⁰

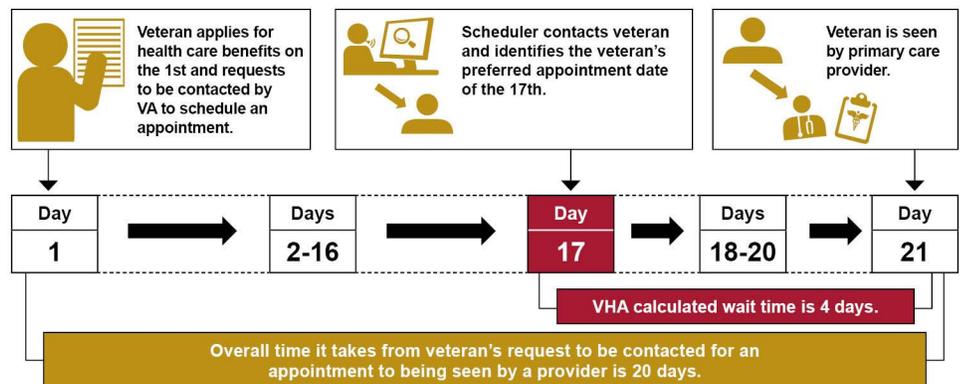
These standards call for agencies to have reliable data and effective policies to achieve their objectives, and for information to be recorded and communicated to the entity's management and others who need it to carry out their responsibilities.

A key component of VHA's oversight of veterans' access to primary care, particularly for newly enrolled veterans, relies on monitoring appointment wait times. However, VHA monitors only a portion of the overall time it

¹⁰See [GAO/AIMD-00-21.3.1](#).

takes newly enrolled veterans to access primary care.¹¹ For newly enrolled veterans, VHA calculates primary care appointment wait times starting from veterans' preferred dates, rather than the dates veterans initially requested that VA contact them to schedule appointments. (A preferred date is the date that is established when a scheduler contacts the veteran to determine when he or she wants to be seen.) Therefore, these data do not capture the time veterans wait prior to being contacted by schedulers, making it difficult for officials to identify and remedy scheduling problems that may arise prior to making contact with veterans. (See fig. 1.)

Figure 1: Illustration of How the Overall Time It Takes a Veteran to See a Provider May Differ from the Wait Time Calculated by the Veterans Health Administration (VHA)



Sources: VHA (information); GAO (illustration). | GAO-16-562T

Our review of medical records for 120 newly enrolled veterans found that, on average, the total amount of time it took to be seen by primary care providers was much longer when measured from the dates veterans initially requested VA contact them to schedule appointments than it was when using appointment wait times calculated using veterans' preferred dates as the starting point. For example, we found one veteran applied for VHA health care benefits in December 2014, which included a request to be contacted for an initial appointment. The VA medical center contacted the veteran to schedule a primary care appointment 43 days later. When making the appointment, the medical center recorded the veteran's preferred date as March 1, 2015, and the veteran saw a provider on

¹¹We recently reported that VA similarly focuses on only a portion of the overall time veterans wait to see mental health providers. See [GAO-16-24](#).

March 3, 2015. Although the medical center's data showed the veteran waited 2 days to see a provider, the total amount of time that elapsed from the veteran's request until the veteran was seen was actually 76 days.

Further, ongoing scheduling errors, such as incorrectly revising preferred dates when rescheduling appointments, understated the amount of time veterans waited to see providers.¹² For example, during our review of appointment scheduling for 120 newly enrolled veterans, we found that schedulers in three of the six VA medical centers included in our review had made errors in recording veterans' preferred dates when making appointments. For example, in some cases primary care clinics cancelled appointments, and when those appointments were re-scheduled, schedulers did not always maintain the original preferred dates in the system, but updated them to reflect new preferred dates recorded when the appointments were rescheduled. We found 15 appointments for which schedulers had incorrectly revised the preferred dates. In these cases, we recalculated the appointment wait time based on what should have been the correct preferred dates, according to VHA policy, and found the wait-time data contained in the scheduling system were understated. Officials attributed these errors to confusion by schedulers resulting from the lack of an updated standardized scheduling directive, which VHA rescinded and replaced with an interim directive in July 2014.¹³ As in our previous work, we continue to find scheduling errors that affect the reliability of wait-time data used for oversight, which make it difficult to effectively oversee newly enrolled veterans' access to primary care.

As a result of these findings, we recommended that VHA monitor the full amount of time newly enrolled veterans wait to receive primary care, and issue an updated scheduling directive. VHA concurred with both of these recommendations, and indicated that by December 31, 2016, it plans to begin monitoring the full amount of time newly enrolled veterans wait to

¹²VHA policy states that when a clinic cancels a veteran's appointment, the preferred date recorded in the initial appointment should be maintained in the system and not revised when the appointment is rescheduled.

¹³Department of Veterans Affairs, *Rescission of VHA Outpatient Scheduling Policy and Procedures and Interim Guidance*, (Washington, D.C.: July 7, 2014). This interim guidance rescinded and replaced VHA Directive 2010-027, *Outpatient Scheduling Processes and Procedures* (June 9, 2010). Subsequent to this interim directive VHA issued numerous individual memos to clarify and update its scheduling policies.

be seen by primary care providers. It also indicated that it plans to submit a revised scheduling directive for VHA-wide internal review by May 1, 2016.

This most recent work on veterans' access to primary care expands further the litany of VA health care deficiencies and weaknesses that we have identified over the years, particularly since 2010. As of April 1, 2016, there were about 90 GAO recommendations regarding veterans' health care awaiting action by VHA. These include more than a dozen recommendations to address weaknesses in the provision and oversight of veterans' access to timely primary and specialty care, including mental health care. Until VHA can make meaningful progress in addressing these and other recommendations, which underscore a system in need of major transformation, the quality and safety of health care for our nation's veterans is at risk.

Chairman Miller, Ranking Member Brown, and Members of the Committee, this concludes my prepared statement. I would be pleased to answer any questions that you may have at this time.

GAO Contact and Staff Acknowledgments

If you or your staff members have any questions concerning this testimony, please contact Debra A. Draper at (202) 512-7114 or draper@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this statement. Other individuals who made key contributions are Janina Austin, Assistant Director; Jennie F. Apter; Emily Binek; David Lichtenfeld; Vikki L. Porter; Brienne Tierney; and Emily Wilson.

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