

# GAO Highlights

Highlights of [GAO-17-397T](#), a testimony before the Committee on Veterans' Affairs, House of Representatives

## Why GAO Did This Study

Congress created the Choice Program in 2014 to address longstanding challenges with veterans' access to care at VA medical facilities. While the existing Choice Program will expire on or before August 7, 2017, VHA has submitted to Congress a plan for consolidating several programs that provide similar care through non-VA providers into a new, single VA community care program in fiscal year 2018.

This statement provides GAO's preliminary observations about, among other things, (1) VA's process for scheduling Choice Program appointments for routine care, and (2) what is known about the timeliness of veterans' Choice Program appointments for routine care and urgent care. This statement is based on ongoing work for which GAO reviewed applicable laws and regulations, VA's TPA contracts, and relevant VHA policies and guidance. GAO also visited 6 of 168 VAMCs and reviewed a random, non-generalizable sample of 196 Choice Program authorizations. These authorizations were for veterans who were referred to the Choice Program by the 6 VAMCs between January 2016 and April 2016. GAO also interviewed VA, VHA, and TPA officials. Results from GAO's analysis cannot be generalized to all Choice Program authorizations or all VAMCs.

When GAO completes its ongoing work, it will make recommendations as appropriate.

View [GAO-17-397T](#). For more information, contact Randall B. Williamson at (202) 512-7114 or [williamsonr@gao.gov](mailto:williamsonr@gao.gov).

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## VETERANS' HEALTH CARE

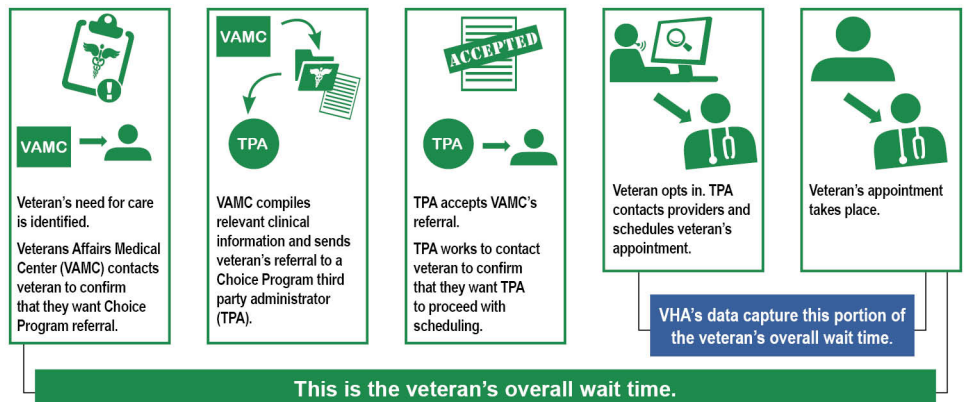
### Preliminary Observations on Veterans' Access to Choice Program Care

## What GAO Found

Under the Veterans Choice Program (Choice Program), veterans may receive care from non-Veterans Health Administration (VHA) health care providers when timely care from VHA providers is not available or readily accessible. The Department of Veterans Affairs (VA) uses two contractors—or third party administrators (TPA)—to administer the program. Among other things, the TPAs schedule most veterans' Choice Program appointments after receiving referrals from VA medical centers (VAMC). GAO's preliminary analysis indicates that veterans who are referred to the Choice Program for routine care because services are not available at VA in a timely manner could potentially wait up to 81 calendar days to obtain care if VAMCs and the TPAs take the maximum amount of time VA allows to accomplish its appointment scheduling process.

GAO's preliminary analysis also indicates that VHA cannot determine the average overall wait times veterans have actually experienced under the Choice Program because it lacks complete, reliable data to do so. For example, VHA's data do not capture (1) the time it takes VAMCs to prepare veterans' referrals and send them to the TPAs, or (2) the time spent by TPAs in accepting referrals and contacting veterans to opt them in to the Choice Program.

#### Illustration of How VHA's Data Capture Only a Portion of the Choice Program Scheduling Process



Sources: VHA (information); GAO (illustration). | GAO-17-397T

GAO's preliminary analysis indicates that selected veterans experienced lengthy overall wait times for Choice Program care in 2016. For example, among the non-generalizable sample of 55 routine care authorizations GAO reviewed, VAMCs took an average of 24 calendar days to send veterans' referrals to the TPAs, and the TPAs took an average of 14 calendar days to accept these referrals and opt veterans in to the program. An average of 26 calendar days elapsed after the TPAs scheduled appointments until veterans' initial appointments for routine care occurred. For the 53 urgent care authorizations in GAO's sample, it took an average of 27 calendar days for VAMCs to send the referrals to the TPAs, 18 calendar days for the TPAs to accept the referrals and opt the veterans in, and 18 calendar days after the TPAs scheduled veterans' initial Choice Program appointments until they occurred.