

GAO Highlights

Highlights of [GAO-24-105308](#), a report to congressional committees

Why GAO Did This Study

GAO and others have previously identified challenges VA has had in scheduling community care appointments in a timely manner. The Isakson-Roe Act included requirements for VA related to administering community care and to measuring appointment scheduling timeliness, from the date the veteran requires care to the date the community care appointment occurs. It also includes a provision for GAO to review VA's compliance with section 3103 of the act.

This report examines (1) VA's compliance with statutory requirements to review and report on community care staffing and training, (2) VA's compliance with statutory requirements to measure community care appointment scheduling timeliness, and (3) the reliability of the metrics VA used to inform the statutorily required timeliness measurements.

GAO reviewed community care program reports VA submitted to Congress on staffing, training, and appointment scheduling timeliness. GAO also analyzed the reliability of timeliness data (metrics) for nine VA medical facilities selected for geographic diversity.

What GAO Recommends

GAO is making two recommendations to VA regarding the Isakson-Roe Act requirements: (1) engage with Congress to discuss measurement limitations and determine any potential refinements, and (2) disclose to any users the quantity of referrals used to generate the biweekly updates. VA concurred with both recommendations.

View [GAO-24-105308](#). For more information, contact Sharon M. Silas at (202) 512-7114 or Silas@gao.gov

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VETERANS COMMUNITY CARE PROGRAM

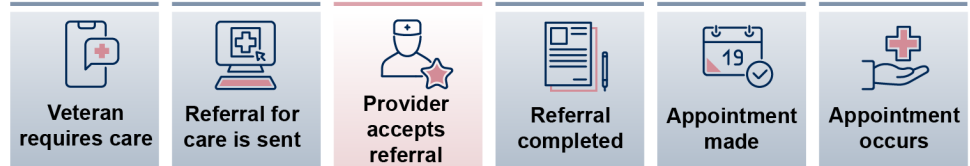
Additional Information on VA Statutory Appointment Timeliness Measurements Is Needed

What GAO Found

The Department of Veterans Affairs (VA) met some but not all of the statutory requirements related to the administration of the Veterans Community Care Program. This critical program allows eligible veterans to obtain health care from community providers under certain conditions. Specifically, VA met the statutory requirement to review and report on community care staffing and training at VA facilities, as required by the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (Isakson-Roe Act).

However, VA did not meet the statutorily required measurements on the timeliness of scheduling community care appointments because its approach prevents it from making certain measurements. Specifically, VA's approach cannot yield data on a certain time point—the date a provider accepts a referral for care—which is needed to calculate two required measurements. According to VA, staff are not required to collect referral acceptance dates. VA told GAO it monitors the scheduling process through other standard reports. While VA disclosed the limitation in its January 2022 report to Congress on the required measurements, it did not indicate how it planned to resolve it to comply with the statute, or if it sought legislative relief in light of changes in its scheduling process since the act was enacted. VA is continuing to internally update these timeliness measurements biweekly, as required by the statute. By engaging with Congress on the limitations it faces, VA could determine any refinements needed to address Congress's oversight needs, or seek legislative relief, as appropriate.

Community Care Appointment Scheduling Steps Required to Be Measured by Section 3103(b) of the Isakson-Roe Act



VA's approach for calculating the required measures will not provide the data needed for VA to compile, report on, and regularly update all measurements required in section 3103(b) of the Isakson-Roe Act.

Source: Section 3103 of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (information); MStyle/stock.adobe.com (icons). | GAO-24-105308

VA developed 15 metrics that measure periods of time within its community care scheduling process. It uses these to inform the broader timeliness measurements discussed above. However, GAO found four of the 15 metrics to be unreliable, as these metrics also require data on provider referral acceptance dates (described above) in order to be calculated. For example, GAO found that of the 20,463 referrals for community care completed at nine selected VA facilities from Aug. 16-31, 2023 (the most recent data available at the time of GAO's analysis), only 3 percent (673 referrals) were included in VA's calculations of the four metrics due to the incomplete data on referral acceptance dates. Since VA is continuing to internally update its timeliness data, ensuring that VA discloses to any users of the data the quantity of referrals used to generate the timeliness data would help ensure users understand what the data represent.