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Testimony

Before the Subcommittee on Oversight  
and Investigations, Committee on  
Veterans' Affairs, House of  
Representatives

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For Release on Delivery  
Expected at 1:30 p.m. EDT  
Thursday, March 14, 2013

VA HEALTH CARE

Appointment Scheduling  
Oversight and Wait Time  
Measures Need  
Improvement

Statement of Debra A. Draper  
Director, Health Care



G A O

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Highlights of [GAO-13-372T](#), a testimony before the Subcommittee on Oversight and Investigations, Committee on Veterans' Affairs, House of Representatives

## Why GAO Did This Study

VHA provided nearly 80 million outpatient medical appointments to veterans in fiscal year 2011. Although access to timely medical appointments is important to ensuring veterans obtain needed care, long wait times and inadequate scheduling processes have been persistent problems.

This testimony is based on a December 2012 report, *VA Health Care: Reliability of Reported Outpatient Medical Appointment Wait Times and Scheduling Oversight Need Improvement* ([GAO-13-130](#)), that described needed improvements in the reliability of VHA's reported medical appointment wait times, scheduling oversight and VHA initiatives to improve access to timely medical appointments. To conduct that work, GAO made site visits to 23 clinics at four VAMCs, the latter selected for variation in size, complexity, and location. GAO also reviewed VHA's policies and interviewed VHA officials.

## What GAO Recommends

In its December 2012 report, GAO recommended that VHA take actions to (1) improve the reliability of its medical appointment wait time measures, (2) ensure VAMCs consistently implement VHA's scheduling policy, (3) require VAMCs to allocate staffing resources based on scheduling needs, and (4) ensure that VAMCs provide oversight of telephone access and implement best practices to improve telephone access for clinical care. VA concurred with GAO's recommendations.

View [GAO-13-372T](#). For more information, contact Debra A. Draper at (202) 512-7114 or [draperd@gao.gov](mailto:draperd@gao.gov).

March 14, 2013

## VA HEALTH CARE

### Appointment Scheduling Oversight and Wait Time Measures Need Improvement

## What GAO Found

Outpatient medical appointment wait times reported by the Veterans Health Administration (VHA), within the Department of Veterans Affairs (VA), are unreliable. Wait times for outpatient medical appointments—referred to as medical appointments—are calculated as the number of days elapsed from the desired date, which is defined as the date on which the patient or health care provider wants the patient to be seen. The reliability of reported wait time performance measures is dependent on the consistency with which schedulers record the desired date in the scheduling system. However, aspects of VHA's scheduling policy and training documents for recording desired date are unclear and do not ensure consistent use of the desired date. Some schedulers at VA medical centers (VAMC) that GAO visited did not record the desired date correctly, which, in certain cases, would have resulted in a reported wait time that was shorter than the patient actually experienced for that appointment. VHA officials acknowledged limitations of measuring wait times based on desired date, and described additional information used to monitor veterans' access to medical appointments; however, reliable measurement of how long patients are waiting for medical appointments is essential for identifying and mitigating problems that contribute to wait times.

While visiting VAMCs, GAO also found inconsistent implementation of certain elements of VHA's scheduling policy that impedes VAMCs from scheduling timely medical appointments. For example, four clinics across three VAMCs did not use the electronic wait list to track new patients that needed medical appointments as required by VHA scheduling policy, putting these clinics at risk for losing track of these patients. Furthermore, VAMCs' oversight of compliance with VHA's scheduling policy, such as ensuring the completion of required scheduler training, was inconsistent across facilities. VAMCs also described other problems with scheduling timely medical appointments, including VHA's outdated and inefficient scheduling system, gaps in scheduler staffing, and issues with telephone access. For example, officials at all VAMCs GAO visited reported that high call volumes and a lack of staff dedicated to answering the telephones impede scheduling of timely medical appointments.

VHA is implementing a number of initiatives to improve veterans' access to medical appointments such as use of technology to interact with patients and provide care, which includes the use of secure messaging between patients and their health care providers. VHA also is piloting a new initiative to provide health care services through contracts with community providers that aims to reduce travel and wait times for veterans who are unable to receive certain types of care within VHA in a timely way.



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United States Government Accountability Office  
Washington, DC 20548

Chairman Coffman, Ranking Member Kirkpatrick, and Members of the Subcommittee:

I am pleased to be here today to discuss improvements needed in the Department of Veterans Affairs' (VA) outpatient medical appointment scheduling oversight and wait time measurement.<sup>1</sup> In fiscal year 2011, the Veterans Health Administration (VHA), within VA, provided nearly 80 million medical appointments to veterans through its primary and specialty care clinics, which are managed by VA medical centers (VAMC).<sup>2</sup> Although access to timely medical appointments is critical to ensuring that veterans obtain needed medical care, long wait times and inadequate scheduling processes at VAMCs have been persistent problems, as we and the VA Office of Inspector General have reported.<sup>3</sup> Most recently, in December 2012, we reported that VHA's medical appointment wait times are unreliable and problems with VHA's oversight of outpatient medical appointment scheduling processes impede VHA's ability to schedule timely medical appointments.<sup>4</sup>

VHA has a scheduling policy designed to help its VAMCs meet its commitment to scheduling medical appointments with no undue waits or delays.<sup>5</sup> The policy establishes processes and procedures for scheduling

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<sup>1</sup>Throughout this statement, we will use the term "medical appointments" to refer to outpatient medical appointments.

<sup>2</sup>Outpatient clinics offer services to patients that do not require a hospital stay. Primary care addresses patients' routine health needs, and specialty care is focused on a specific specialty service such as orthopedics, dermatology, or psychiatry.

<sup>3</sup>See GAO, *VA Health Care: More National Action Needed to Reduce Waiting Times, but Some Clinics Have Made Progress*, [GAO-01-953](#) (Washington, D.C.: Aug. 31, 2001). See also Department of Veterans Affairs, Office of Inspector General, *Audit of the Veterans Health Administration's Outpatient Waiting Times*, Report No. 07-00616-199, (Washington, D.C.: Sept. 10, 2007). Finally, see Department of Veterans Affairs, Office of Inspector General, *Veterans Health Administration: Review of Veterans' Access to Mental Health Care*, Report No. 12-00900-168, (Washington, D.C.: Apr. 23, 2012).

<sup>4</sup>GAO, *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).

<sup>5</sup>VHA medical appointment scheduling policy is documented in VHA Directive 2010-027, *VHA Outpatient Scheduling Processes and Procedures* (June 9, 2010). We refer to the directive as "VHA's scheduling policy" from this point forward.

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medical appointments and ensuring the competency of staff directly or indirectly involved in the scheduling process. It includes several requirements that affect timely appointment scheduling, as well as accurate wait time measurement.<sup>6</sup> For example, the policy requires schedulers to record appointments in VHA's Veterans Health Information Systems and Technology Architecture (VistA) medical appointment scheduling system; schedulers also are to record the date on which the patient or provider wants the patient to be seen—known as the desired date.<sup>7</sup>

At the time of our review, VHA measured medical appointment wait times as the number of days elapsed from the patient's or provider's desired date, as recorded in the VistA scheduling system by VAMCs' schedulers. According to VHA central office officials, VHA measures wait times based on desired date in order to capture the patient's experience waiting and to reflect the patient's or provider's wishes. In fiscal year 2012, VHA had a goal of completing primary care appointments within 7 days of the desired date, and scheduling specialty care appointments within 14 days of the desired date.<sup>8</sup> VHA established these goals based on its performance reported in previous years.<sup>9</sup> To help facilitate accountability for achieving its wait time goals, VHA includes wait time measures—referred to as performance measures—in its Veterans Integrated Service Network

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<sup>6</sup>VHA has a separate directive that establishes policy on the provision of telephone service related to clinical care, including facilitating telephone access for medical appointment management. VHA Directive 2007-033, *Telephone Service for Clinical Care* (Oct. 11, 2007).

<sup>7</sup>VistA is the single integrated health information system used throughout VHA in all of its health care settings. There are many different VistA applications for clinical, administrative, and financial functions, including the scheduling system.

<sup>8</sup>In 2012, VA also had several additional goals related to measuring access to mental health appointments specifically, such as screening eligible patients for depression, post-traumatic stress disorder, and alcohol misuse at required intervals; and documenting that all first-time patients referred for or requesting mental health services receive a full mental health evaluation within 14 days of their initial encounter. As noted earlier, in its Report No. 12-00900-168, the VA OIG found that some of the mental health performance data were not reliable. VA is dropping several of these mental health measures in 2013.

<sup>9</sup>In 1995, VHA established a goal of scheduling primary and specialty care medical appointments within 30 days to ensure veterans' timely access to care. In fiscal year 2011, VHA shortened the wait time goal to 14 days for both primary and specialty care medical appointments. In fiscal year 2012, VHA added a goal of completing primary care medical appointments within 7 days of the desired date.

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(VISN) directors' and VAMC directors' performance contracts<sup>10</sup> and VA includes measures in its budget submissions and performance reports to Congress and stakeholders.<sup>11</sup>

My statement today highlights key findings from our December 2012 report that describes needed improvements in the reliability of VHA's reported medical appointment wait times, scheduling oversight, and VHA initiatives to improve access to timely medical appointments.<sup>12</sup> For that report, we reviewed VHA's scheduling policy and methods for measuring medical appointment wait times and interviewed VHA central office officials responsible for developing them.<sup>13</sup> We also visited 23 high-volume outpatient clinics at four VAMCs selected for variation in size, complexity, and location; these four VAMCs were located in Dayton, Ohio; Fort Harrison, Montana; Los Angeles, California; and Washington, D.C. At each VAMC we interviewed leadership and other officials about how they manage and improve medical appointment timeliness, their oversight to ensure accuracy of scheduling data and compliance with scheduling policy, and problems staff experience in scheduling timely medical appointments. We examined each VAMC's and clinic's implementation of elements of VHA's scheduling policy and obtained documentation of scheduler training completion. In addition, we interviewed schedulers from 19 of the 23 clinics visited, and also reviewed patient complaints about telephone responsiveness, which is integral to timely medical appointment scheduling. We interviewed the directors and relevant staff of the four VISNs for the sites we visited. We also interviewed VHA central office officials and officials at the VAMCs we

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<sup>10</sup>Each of VA's 21 VISNs is responsible for managing and overseeing medical facilities within a defined geographic area. VISN and VAMC directors' performance contracts include measures against which directors are rated at the end of the fiscal year, which determine their performance pay.

<sup>11</sup>VA prepares a congressional budget justification that provides details supporting the policy and funding decisions in the President's budget request submitted to Congress prior to the beginning of each fiscal year. The budget justification articulates what VA plans to achieve with the resources requested; it includes performance measures by program area. VA also publishes an annual performance report—the performance and accountability report—which contains performance targets and results achieved compared with those targets in the previous year.

<sup>12</sup>[GAO-13-130](#).

<sup>13</sup>We did not include mental health appointments in the scope of our work, because this issue was already being reviewed by VA's Office of Inspector General.

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visited about selected initiatives to improve veterans' access to timely medical appointments. We performed this work from February 2012 through December 2012 in accordance with generally accepted government auditing standards.

In brief, we found that (1) VHA's reported outpatient medical appointment wait times are unreliable, (2) there was inconsistent implementation of certain elements of VHA's scheduling policy that could result in increased wait times or delays in scheduling timely medical appointments, and (3) VHA is implementing or piloting a number of initiatives to improve veterans' access to medical appointments. Specifically, VHA's reported outpatient medical appointment wait times are unreliable because of problems with correctly recording the appointment desired date—the date on which the patient or provider would like the appointment to be scheduled—in the VistA scheduling system. Since, at the time of our review, VHA measured medical appointment wait times as the number of days elapsed from the desired date, the reliability of reported wait time performance is dependent on the consistency with which VAMC schedulers record the desired date in the VistA scheduling system. However, aspects of VHA's scheduling policy and related training documents on how to determine and record the desired date are unclear and do not ensure replicable and reliable recording of the desired date by the large number of staff across VHA who can schedule medical appointments, which at the time of our review was estimated to be more than 50,000. During our site visits, we found that at least one scheduler at each VAMC did not record the desired date correctly, which, in certain cases, would have resulted in a reported wait time that was shorter than the patient actually experienced for that appointment. Moreover, staff at some clinics told us they change medical appointment desired dates to show clinic wait times within VHA's performance goals. Although VHA officials acknowledged limitations of measuring wait times based on desired date, and told us that they use additional information, such as patient satisfaction survey results, to monitor veterans' access to medical appointments, reliable measurement of how long veterans wait for appointments is essential for identifying and mitigating problems that contribute to wait times.

At the VAMCs we visited, we also found inconsistent implementation of certain elements of VHA's scheduling policy, which can result in increased wait times or delays in scheduling timely medical appointments. For example, four clinics across three VAMCs did not use the electronic wait list to track new patients that needed medical appointments as required by VHA's scheduling policy, putting these clinics at risk for losing

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track of these patients. Furthermore, VAMCs' oversight of compliance with VHA's scheduling policy was inconsistent across the facilities we visited. Specifically, certain VAMCs did not ensure the completion of scheduler training by all staff required to complete it even though officials stressed the importance of the training for ensuring correct implementation of VHA's scheduling policy. VAMCs also described other problems that impede the timely scheduling of medical appointments, including VA's outdated and inefficient VistA scheduling system, gaps in scheduler staffing, and issues with telephone access. The current VistA scheduling system is more than 25 years old, and VAMC officials reported that using the system is cumbersome and can lead to errors.<sup>14</sup> In addition, shortages or turnover of scheduling staff, identified as a problem by all of the VAMCs we visited, can result in appointment scheduling delays and incorrect scheduling practices. Officials at all VAMCs we visited also reported that high call volumes and a lack of staff dedicated to answering the telephones impede the scheduling of timely medical appointments.

VHA is implementing or piloting a number of initiatives to improve veterans' access to medical appointments that focus on more patient-centered care; using technology to provide care, through means such as telehealth and secure messaging between patients and their health care providers; and using care outside of VHA to reduce travel and wait times for veterans who are unable to receive certain types of outpatient care in a timely way through local VHA facilities. For example, VHA is piloting a new initiative to provide health care services through contracts with community providers that aims to reduce travel and wait times for veterans who are unable to receive certain types of care from VHA in a timely way. Although VHA collects information on wait times for medical appointments provided through this initiative, these wait times may not accurately reflect how long patients are waiting for appointments because they are counted from the time the contracted provider receives an authorization from VA, rather than from the time the patient or provider first requests an appointment from VHA.

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<sup>14</sup>In October 2012, VA announced a contest seeking proposals for a new medical appointment scheduling system from commercial software developers.

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In conclusion, VHA officials have expressed an ongoing commitment to providing veterans with timely access to medical appointments and have reported continued improvements in achieving this goal. However, unreliable wait time measurement has resulted in a discrepancy between the positive wait time performance VA has reported and veterans' actual experiences. More consistent adherence to VHA's scheduling policy and oversight of the scheduling process, allocation of staff resources to match clinics' scheduling demands, and resolution of problems with telephone access would potentially reduce medical appointment wait times. VHA's ability to ensure and accurately monitor access to timely medical appointments is critical to ensuring quality health care to veterans, who may have medical conditions that worsen if access is delayed.

To ensure reliable measurement of how long veterans are waiting for appointments and improve timely medical appointment scheduling, we recommended that the Secretary of VA direct the Under Secretary for Health to take actions to (1) improve the reliability of its medical appointment wait time measures, (2) ensure VAMCs consistently implement VHA's scheduling policy, (3) require VAMCs to routinely assess scheduling needs for purposes of allocation of staffing resources, and (4) ensure that VAMCs provide oversight of telephone access and implement best practices to improve telephone access for clinical care. VA concurred with our recommendations and identified actions planned or underway to address them.

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Chairman Coffman, Ranking Member Kirkpatrick, and Members of the Subcommittee, this concludes my prepared remarks. I would be pleased to respond to any questions you or other members of the subcommittee may have at this time.

For questions about this statement, please contact Debra A. Draper at (202) 512-7114 or [draperd@gao.gov](mailto:draperd@gao.gov). Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this statement. Individuals making key contributions to this testimony include Bonnie Anderson, Assistant Director; Rebecca Abela; Jennie F. Apter; Lisa Motley; Sara Rudow; and Ann Tynan.



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