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Report to Congressional Requesters

May 2025

VETERANS HEALTH

Improvements Needed to Achieve Successful Appointment Scheduling Modernization

GAO-25-106851

GAO

Highlights

Highlights of GAO-25-106851, a report to congressional requesters

May 2025

VETERANS HEALTH

Improvements Needed to Achieve Successful Appointment Scheduling Modernization

Why GAO Did This Study

VA schedules tens of millions of health care appointments for veterans each year. However, it has faced challenges related to appointment scheduling systems, which have contributed to delays in providing health care. The department has initiated efforts to modernize these systems.

GAO was asked to examine the systems VA uses to schedule appointments and its plans to modernize them. This report (1) describes the systems VA uses to schedule appointments and monitor wait times, (2) describes the challenges VA facilities and veterans experience using these systems, and (3) evaluates the extent to which VA has met key planning practices for its scheduling systems modernization.

GAO reviewed VA documents that identified scheduling systems and challenges with them and interviewed a select non-generalizable sample of schedulers and veteran organization officials regarding challenges. GAO also interviewed relevant VA officials and assessed VA's schedule and requirements management for its scheduling system modernization against practices developed by GAO and the Project Management Institute.

What GAO Recommends

GAO is making two recommendations to VA to develop a schedule that meets best practices and to fully implement key requirements development and management practices. VA concurred with GAO's recommendations.

For more information, contact Carol C. Harris at harriscc@gao.gov.

What GAO Found

The Department of Veterans Affairs (VA) has dozens of systems to support appointment scheduling for veterans. It has acquired these systems over time to address needs, such as for online scheduling and virtual appointments. VA schedulers experience challenges navigating VA's complex systems environment, while veterans experience challenges with online scheduling. To address these, VA's Veteran Health Administration (VHA) and Office of Information and Technology (OIT) are collaborating to modernize systems.

VA has partially met key practices in the areas of project scheduling and requirements management. Specifically, VA's project schedule substantially met two elements of a reliable schedule and partially met two others. For example, it does not include all IT work needed for the effort, which limits VA's ability to ensure VHA and OIT agree on what work needs to be completed and when.

GAO Assessment of VA's Schedule for its Enterprise Scheduling Modernization Program against Characteristics of a Reliable Schedule

Characteristic	Assessment
Comprehensive	Partially Met
Well-Constructed	Substantially Met
Credible	Partially Met
Controlled	Substantially Met

Legend: Substantially Met = VA provided evidence that satisfies a large portion of the criteria. Partially Met = VA provided evidence that satisfies about half of the criteria.

Source: GAO analysis of VA's enterprise scheduling modernization program documentation as of May 2024. | GAO-25-106851

VA implemented three of six key practices for effectively managing requirements, and partially implemented three. For example, VA has not fully developed a requirements management plan and does not fully monitor and control requirements by maintaining bi-directional traceability between them and the deliverables. Developing a plan agreed to by VHA and OIT would reduce the risk of failing to support the work needing to be done. Tracing requirements forward and backward would help VA demonstrate that the solution meets requirements and that veterans' online scheduling challenges are addressed.

GAO Assessment of VA's Implementation of Key Requirements Development and Management Practices on its Scheduling Systems Modernization Effort

Practice	Assessment
Needs Assessment	Implemented
Requirements Management Planning	Partially Implemented
Requirements Elicitation	Implemented
Requirements Analysis	Implemented
Requirements Monitoring and Controlling	Partially Implemented
Solution Evaluation	Partially Implemented

Legend: Implemented = VA provided complete evidence that satisfies the criteria. Partially Implemented = VA provided some but not all evidence that satisfies the criteria.

Source: GAO assessment of VA documentation and information. | GAO-25-106851

Contents

Abbreviations

CCM	Clinic Configuration Manager
CCST	Clinic Capacity Search Tool
ISS	Integrated Scheduling Solution
IT	information technology
IVC	Office of Integrated Veteran Care
OIT	Office of Information and Technology
VA	Department of Veterans Affairs
VHA	Veterans Health Administration
VistA	Veterans Health Information Systems and Technology Architecture

U.S. GOVERNMENT ACCOUNTABILITY OFFICE
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May 22, 2025

Congressional Requesters

The Department of Veterans Affairs' (VA) Veterans Health Administration (VHA) operates one of the largest health care delivery systems in the United States, providing health care to approximately 6.5 million veterans in fiscal year 2023.[1] VHA provided about 42 million in-person appointments and more than 29 million telehealth and telephone appointments in fiscal year 2023.[2] In addition, VHA provided approximately 47 million appointments with non-VHA providers through the Veterans Community Care Program in fiscal year 2023, according to VA.[3]

However, VHA's systems and processes have been developed in ways that make scheduling difficult for veterans and staff. According to the department, over time, VHA has adopted multiple systems for scheduling, added more steps to processes, and introduced community care and virtual modalities. These factors have increased how long it takes to schedule appointments. They also led to the need for schedulers to view provider availability across systems, which has increased scheduling errors and overbooking.

For almost 25 years, we have reported on the challenges VA medical facilities have faced providing health care services in a timely manner and have issued several reports recommending that VA improve appointment

[1]Most individuals who receive health care through VA have completed military service and are considered to hold veteran status. However, a small number of patients who receive care through VA are not veterans. This non-veteran population consists of individuals such as VA employees, the widows and family of veterans, and active military.

[2]Telehealth is the use of telecommunications technologies to deliver health care remotely.

[3]Under the department's Veterans Community Care Program, veterans enrolled in VA's health care system or eligible for VA care without needing to enroll may choose to obtain health care services from community providers, rather than a VA provider if eligible, according to criteria. For example, veterans may choose to receive care under the program when VA cannot schedule an appointment with a VHA provider within 20 days for primary care, or 28 days for specialty care of the date of the request for care, unless a later date has been agreed upon.

scheduling.[4] In addition, we determined that VA health care is a high risk area, due in part to its IT challenges.[5] The IT challenges are related to the outdated, inefficient nature of systems and VA's efforts to modernize its health information system. We added VA health care to our High-Risk List in 2015, where it remains today.[6]

You asked us to examine the systems VA uses to schedule appointments and its plans to modernize them. In this report, we (1) describe the systems VA uses to schedule appointments and monitor wait times; (2) describe the challenges, if any, VA facilities and veterans experience using these systems; and (3) evaluate the extent to which VA has met key planning practices for its scheduling systems modernization.

To address the first objective, we reviewed VA documents, including the department's Integrated Scheduling Business Case, scheduling process models, systems inventory, and memorandums, to identify the systems VA uses enterprise-wide for scheduling and monitoring wait times.[7]

[4]See, for example, GAO, *Veterans Health Care: VA Has Taken Steps to Improve Its Appointment Scheduling Process, But Additional Actions Are Needed*, GAO-24-107112 (Washington, D.C: Nov. 10, 2023); *Veterans Health Care: VA Actions Needed to Ensure Timely Scheduling of Specialty Care Appointments*, GAO-23-105617 (Washington, D.C.: Jan. 4, 2023); *Veterans Health Care: Opportunities Remain to Improve Appointment Scheduling within VA and through Community Care*, GAO-19-687T (Washington, D.C. July 24, 2019); *VA Health Care: Reliability of Reported Outpatient Medical Appointment Wait Times and Scheduling Oversight Need Improvement*, GAO-13-130 (Washington, D.C. Dec. 21, 2013); *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).

[5]Regarding VA health care, we identified five areas of concern: (1) ambiguous policies and inconsistent processes, (2) inadequate oversight and accountability, (3) IT challenges, (4) inadequate training for VA staff, and (5) unclear resource needs and allocation priorities. We maintain a high-risk program to focus attention on government operations identified 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.

[6]See GAO, *High-Risk Series: An Update*, GAO-15-290 (Washington, D.C.: Feb. 11, 2015). For the most recent high-risk report, see GAO, *High-Risk Series: Heightened Attention Could Save Billions More and Improve Government Efficiency and Effectiveness*, GAO-25-107743 (Washington, D.C. Feb. 25, 2025).

[7]The business case described the need to optimize existing technology solutions or acquire new ones to address gaps between requirements and current system capabilities. It included an appendix on VHA's direct and indirect scheduling systems. The team that produced the business case also developed scheduling process models, which listed scheduling systems.

To identify systems purchased or developed locally by VA's 173 medical centers, we analyzed data the department collected from 121 centers through a survey it conducted in 2023.[8] To assess the validity and reliability of the data, we followed up with a random sample of the facilities that responded that they did not have locally purchased or developed systems. We determined the data to be valid and reliable for our purposes. We collected and analyzed data through our own survey, conducted in May 2024, of the 52 medical centers that did not respond to VA's survey.

To address the second objective, we reviewed VHA's Integrated Scheduling Business Case to determine challenges VA had identified with its scheduling systems and the impacts of those issues on staff and veterans. In addition, we selected and visited four VA medical centers to observe appointment scheduling by schedulers and to learn about the systems.[9] Specifically, we selected three sites based on variation in facility complexity and geographic location and ease of access and travel. We similarly selected one medical center that has transitioned to VA's new health information system (Oracle Health) for a virtual visit.

We interviewed a non-generalizable sample of staff and managers and observed scheduling of appointments at the medical centers we visited to identify challenges, if any, they experienced when using VA systems to schedule veterans' appointments. We also spoke with knowledgeable officials within VHA's Office of Integrated Veteran Care (IVC) to determine what actions are being taken to address schedulers' challenges.

To determine what, if any, challenges veterans experience with VA's systems, we interviewed officials from four selected veteran service organizations.[10] We also met with knowledgeable officials within the Office of the Chief Technology Officer, who demonstrated veteran online

[8]A VA medical center is also responsible for overseeing scheduling at its affiliated community-based outpatient clinics.

[9]We visited the VA medical centers located in Orlando, Florida; Cleveland, Ohio; and Wilmington, Delaware in person. We visited the VA medical center located in Roseburg, Oregon virtually.

[10]We interviewed officials from the following veteran service organizations: The American Legion, Disabled American Veterans, Paralyzed Veterans of America, and Veterans of Foreign Wars. We selected organizations that VA recognizes as active in advocating for and working with veterans and that we have included in prior GAO reports.

scheduling through the Appointments portal on VA.gov and described the actions that they are taking to address veterans' challenges.

To address the third objective, we evaluated VA's project schedule and requirements management against key practices.[11] To evaluate VA's schedule, we assessed the scheduling systems modernization program's May 2024 schedule and related documents, such as IVC's schedule management plan, work breakdown structure, and reports on status and plans, against best practices in our Schedule Assessment Guide.[12]

To evaluate VA's requirements management, we first identified practices in the Project Management Institute's Requirements Management Guide.[13] Then, we evaluated agency documents relative to the practices.

For all objectives, we supplemented our analysis of available documents with information obtained through interviews with VA officials and staff knowledgeable about the scheduling process, systems, modernization efforts, and actions taken to address challenges. For more details about our scope and methodology, see appendix I.

We conducted this performance audit from May 2023 to May 2025 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

VA's mission is to promote the health, welfare, and dignity of all veterans in recognition of their service to the nation by ensuring that they receive benefits, social support, medical care, and lasting memorials. VHA is one of the department's three major components and operates one of the largest health care delivery systems in the United States, providing health

[11]A requirement is a capability needed by a customer to solve a problem or achieve an objective.

[12]GAO, *Schedule Assessment Guide: Best Practices for Project Schedules*, GAO-16-89G (Washington, D.C.: Dec. 22, 2015).

[13]Project Management Institute, Inc., *Requirements Management: A Practice Guide*, 2016.

care to approximately 6.5 million veterans in fiscal year 2023.[14] According to VA's fiscal year 2025 budget documentation, VHA provides health care services at approximately 1,300 sites, including 173 medical centers and 733 outpatient facilities.[15] The services are offered in-person, over the phone, or through video appointments as clinically appropriate. VHA also has a network of about 1.3 million community care providers across all 50 states and U.S. Territories.

VHA's IVC is responsible for overseeing functions related to veterans' access to care within VHA and via community care providers. IVC's management objectives include simplifying processes to help veterans get timely care, improving its community care network, and delivering a seamless and consistent care experience for patients.

The Office of Information and Technology (OIT), led by the Assistant Secretary for Information and Technology (who is also the Chief Information Officer), is a centralized office within VA. It is responsible for providing IT services across VA and managing the department's IT assets and resources. According to VA, OIT's mission is to collaborate with its business partners (such as VHA) and provide a seamless, unified veteran experience through the delivery of state-of-the art technology.

VA's primary health information system is the Veterans Health Information Systems and Technology Architecture (VistA). The system is more than 30 years old and technically complex. It is comprised of about 170 clinical, financial, and administrative applications—including the electronic health record and scheduling applications—that support health care delivery. There are approximately 130 versions of the system departmentwide.

VA Is Replacing VistA, but Experiencing Delays

VA is in the process of replacing VistA because it is costly to maintain and does not fully support VA's need to electronically exchange health records with other organizations, such as the Department of Defense. Toward this end, VA established the Electronic Health Record Modernization program and contracted with Oracle Health to acquire a

[14]VA's other major components are the Veterans Benefits Administration and the National Cemetery Administration. The Veterans Benefits Administration provides a variety of benefits to veterans and their families, including disability compensation, educational opportunities, assistance with home ownership, and life insurance. The National Cemetery Administration provides burial and memorial benefits to veterans and their families.

[15]U.S. Department of Veterans Affairs, *FY 2025 Budget Submission: Medical Programs, Volume 2 of 5*, March 2024.

new electronic health record system.[16] The department plans to deploy the Oracle Health system at over 170 locations across the country. The system includes scheduling applications that VA intends to use enterprise-wide to schedule veterans' appointments for medical care.

However, VA has experienced significant delays in deploying the new system. Since October 2020, VA has deployed the new Oracle Health system to six locations.[17] Specifically, between October 2020 and June 2022, VA deployed the system to five locations. In April 2023, VA halted deployments to address technical and performance issues, including scheduling concerns.[18] In March 2024, VA made an exception to the halt, to deploy the system at a facility operated by both VA and the Department of Defense. VA has continued to assess veteran and clinician experiences and redirect resources to prioritize improvements at the sites where the new electronic health record system has been implemented.

VA recently announced plans to deploy the new system to 13 additional sites. Specifically, in December 2024, the department announced that it will begin planning for four site deployments in Michigan, which are expected to begin mid-2026. Then, in March 2025, VA announced that it will deploy the system to nine additional medical facilities in 2026. However, the department had not announced when the Oracle Health

[16]VA contracted with Cerner Government Services, Inc., for the department's new electronic health record system in May 2018. Subsequently, in June 2022, Cerner was acquired by Oracle Health Government Services, Inc. ("Oracle Health"). VA and DOD use the same Oracle Health system, called Millenium, with agency-specific configuration differences.

[17]VA deployed the new system at the following locations between 2020 and 2022: Mann-Grandstaff VA Medical Center (Spokane, Washington); Jonathan M. Wainwright Memorial VA Medical Center (Walla Walla, Washington); VA Central Ohio Health Care System (Columbus); Roseburg VA Health Care System (Roseburg, Oregon); and VA Southern Oregon Rehabilitation Center and Clinics (White City). In March 2024, the system was also deployed to the James A. Lovell Federal Health Care Center (North Chicago, Illinois), a joint facility between VA and the Department of Defense.

[18]VA first implemented the new scheduling component separately from the full electronic health record system at the Chalmers P. Wylie VA Ambulatory Care Center in Columbus, Ohio, in August 2020. In October 2020, VA implemented the full system, including the new scheduling system, at the Mann-Grandstaff VA Medical Center in Spokane, Washington. The VA Office of Inspector General reported that there were significant system and process limitations before and after implementing the new scheduling system at the Columbus and Spokane facilities. See Department of Veterans Affairs Office of Inspector General, *Veterans Health Administration: New Patient Scheduling System Needs Improvement as VA Expands Its Implementation*, Report #21-00434-233 (Nov. 10, 2021).

system will be deployed at the more than 150 remaining locations after 2026.

VHA Approved a Business Case for Integrated Scheduling

Given the length of time it will take to fully deploy the Oracle Health system, VHA sought an interim solution to improve its current scheduling operations and systems. In October 2022, VHA approved a business case to provide enhancements to VistA until Oracle Health is fully deployed.

The business case was developed by an Integrated Scheduling Integrated Project Team, which VHA established in March 2022. The team was comprised of staff from IVC, the Office of Connected Care,[19] and other VHA offices; Veterans Integrated Service Networks;[20] medical facilities; and OIT. The team was charged with developing a single enterprise-wide vision, business case, and road map for integrated scheduling business and technology investments. In September 2022, the team completed the business case, which documents a vision for scheduling across the enterprise and recommends a way forward. Specifically, it recommends integrating and aligning activities across areas such as current projects, policies, business processes, people, and technology. In October 2022, the Assistant Under Secretary for Health for Operations, who is the VHA Governance Board chair, approved the business case.[21]

According to the business case, past decisions by program offices were made to provide functionality as fast as possible without adhering to accepted design principles and practices. Over time, this contributed to a multitude of scheduling capabilities. Specifically, as new modalities of care (e.g., telehealth) and appointment scheduling types (e.g., veteran online scheduling) were adopted, secondary scheduling or standalone solutions were built to address unique needs. To compensate for the addition of these new requirements, applications were developed that

[19]The Office of Connected Care is responsible for delivering technology solutions to veterans for access to care remotely.

[20]VHA's health care system is divided into 18 regional Veterans Integrated Service Networks, each responsible for managing and overseeing the VA medical centers within their defined geographic area.

[21]According to VHA policy, the VHA Governance Board drives decisions over matters within its span of control and makes recommendations to the Under Secretary for Health on matters of national strategy, operations, and implementation.

interface with VistA. Several of these integrations duplicated operations that other applications were already performing.

To address the complexity and duplication related to scheduling appointments, the business case promoted establishing a unified enterprise-wide approach to optimizing VHA's scheduling operations. Among other things, the business case described the need to optimize existing technology solutions or acquire new ones to address gaps between requirements and current system capabilities. The business case also stated that in addition to enhancements to VistA until Oracle Health is introduced at the remaining sites, VHA needs technology and business solutions that meet scheduling needs that are not met by Oracle Health.[22]

Overview of Key Processes for Appointment Scheduling and Wait Time Monitoring

Appointment Scheduling

Enrollment is generally the first step veterans take to obtain health care services through VHA. If a veteran is not already receiving care through VHA, the veteran must submit an application to enroll before they can schedule a primary care or specialty care appointment.[23] VA's Health Eligibility Center processes applications and determines eligibility and manages enrollment in collaboration with VA medical centers. VHA requires veterans' enrollment applications be processed within 5 business days of receipt. After an application is fully processed, a new enrollee scheduler is required to initiate scheduling within 3 business days.

Once enrolled, there are three primary ways to initiate a request for a veteran's health care appointment:

1. **A veteran-initiated appointment request.** Veterans may request an appointment online or by calling a VA medical facility. In certain

[22]According to a November 2024 VA report to Congress, the department planned to expand online self-scheduling capabilities to sites using the new electronic health record system, to provide the same options to veterans using Oracle Health sites that are available using VistA, by the end of calendar year 2025.

[23]Veterans complete VA Form 10-10EZ, Application for Health Benefits, in person at a VHA facility, by mail, by phone, or online.

cases, veterans can also self-schedule an appointment directly online.[24]

2. **A provider request for a follow-up appointment**. After a veteran has received care, the provider may determine that the veteran needs to return for a follow up appointment. In that case, the provider is to enter what VHA refers to as a return to clinic order. The return to clinic order is entered prior to the veteran leaving the appointment. The order should specify scheduling instructions, including the patient indicated date, which is the date the patient and provider have agreed the patient should be seen, and whether the appointment can be virtual. The VHA scheduler can schedule the appointment when the veteran is checking out or offer the veteran the option to be contacted for scheduling closer to the patient indicated date. If the veteran elects to be contacted later, the scheduler records this information in VHA's scheduling system. Within 30 to 60 days of the date the veteran is requested to return, the medical facility sends a recall reminder letter or postcard.
3. **A provider referral to specialty care.**[25] To receive specialty care (e.g., cardiology, physical therapy, among others), a VHA provider is to initiate a request on behalf of the veteran by submitting a referral. Then, depending on whether the veteran is eligible for community care and on the veteran's scheduling preferences, staff are to schedule an appointment either with a VHA provider at a VHA facility or with a non-VHA provider in the community.

Wait Time Monitoring

VHA is to measure wait times veterans experience when scheduling appointments relative to VHA's established standards. Specifically, VHA is to measure the time it takes VA medical centers to schedule an appointment with a VA provider from the time an appointment is requested, which is expected to be within 3 business days. In addition, VHA is to measure the time it takes for a veteran's appointment with a VA provider to occur from the time it is requested, which is expected to be

[24]VA requires its sites to allow established veterans online self-scheduling for primary care and mental health. VA facilities may choose to offer online self-scheduling for other types of health care. VA also plans to expand this capability by increasing the number of specialties available for the veteran to schedule an appointment. For example, in 2025, VA plans to require sites to enable online self-scheduling for Nutrition and Food.

[25]VHA policy uses the terms "consult" and "referral" when describing requests placed by VHA providers. "Consult" is the term used in the VistA platform. "Referral" is the term used in the Oracle Health platform.

within 20 days for primary and mental health care or 28 days for specialty care.

VHA is also to measure the time it takes to schedule an appointment with a community care provider. For community care, the time it takes to schedule an appointment from the time an appointment is requested is expected to be within 7 days. However, VHA does not measure the time it takes for a veteran to receive care from a community care provider from the time an appointment is requested.[26]

VHA is also to measure wait times to determine if a veteran is eligible to receive care from a community care provider. Specifically, as mentioned earlier, under the department's Veterans Community Care Program, veterans may choose to obtain health care services from community providers, if eligible, rather than a VA provider. One of the eligibility criteria is that the next appointment with a VA provider is not available within 20 days for primary care and mental health or 28 days for specialty care of the date of the request for care, unless a later date has been agreed upon.

VA Has Dozens of Systems to Schedule Appointments and Monitor Wait Times

VA has an array of systems and tools for scheduling appointments, managing referrals, and monitoring wait times. VA medical facilities with the VistA health information system use several VistA applications, in addition to other systems, for scheduling health care appointments and managing referrals for specialty care. Facilities using Oracle Health have another set of scheduling systems, as well as some of the same systems VistA facilities use for scheduling appointments and managing referrals. VA also has several systems that veterans can use to interact with VA about appointments, such as online portals and texting applications. In addition, VA has systems used to calculate, report, and monitor wait

[26]In 2018, we recommended that VHA establish time frames applicable to community care within which veterans' (1) referrals must be processed, (2) appointments must be scheduled, and (3) appointments must occur, to help ensure VHA has the ability to monitor whether veterans are receiving timely access to care. Although VHA agreed with the recommendation and implemented the first two components of our recommendation, the agency has not established time frames within which veterans' appointments must occur. As of February 2025, our recommendation had not been fully implemented. In 2023, we reiterated that VHA should fully implement the recommendation. See GAO, *Veterans Choice Program: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its Community Care Programs*, GAO-18-281 (Washington, D.C.: June 4, 2018) and *Veterans Health Care: VA Actions Needed to Ensure Timely Scheduling of Specialty Care Appointments*, GAO-23-105617 (Washington, D.C. Jan. 4, 2023).

times. Finally, nine VA medical facilities purchased or developed additional software for scheduling appointments or monitoring wait times.

VA Medical Facilities with VistA Have a Variety of Systems for Scheduling Appointments

VA medical facilities, except the six that have transitioned to the Oracle Health system, use VistA applications along with other systems to schedule appointments. Specifically, these facilities primarily use VistA Scheduling, also referred to as VistA Scheduling Enhancement Graphical User Interface, for scheduling appointments. These facilities may use other applications within VistA as well to support scheduling.[27] For a description of each of the VistA applications, see table 1.

Table 1: Veterans Health Information Systems and Technology Architecture (VistA) Applications Used by the Department of Veteran Affairs (VA) Medical Facilities for Scheduling Appointments and Supporting Scheduling Activities

VistA Application	Description
Admission Discharge Transfer	Supports the administrative functions of patient registration, admission, discharge, transfer, and appointment scheduling.
Computerized Patient Record System	Serves as Veteran Health Administration's electronic medical record system. Enables clinicians to enter, review, and continuously update all order-related information connected with a patient.
Consult/Request Tracking	Used to order consultations and procedures from other providers or services within the hospital system, at their own facility or another facility. Uses a patient's computerized patient record to store information about consult requests.
Radiology/Nuclear Medicine	Used for processing patients for imaging examinations.
Scheduling (also known as VistA Scheduling Enhancement; Graphical User Interface)	Used to manage and schedule appointments with point-and-click user interface software. Also includes recall reminder software that serves as a queue or place to hold requests for appointment scheduling on a future date and time.
Surgery	Used to enter and display information on patients who have undergone, or are about to undergo, surgical procedures. Integrates booking, clinical, and patient data to provide a variety of administrative and clinical reports.
Text Integration Utility	Manages the capture, retention, retrieval, and processing of any document related to a patient visit. Supports discharge summaries, progress notes, and consult results.

Source: GAO analysis of VA documentation. | GAO-25-106851

These facilities also have a variety of systems in addition to VistA applications for scheduling appointments with VA providers and for making referrals to community care. VA also has several systems used to engage with veterans about appointment scheduling.

Systems Used for Scheduling with VA Providers

VA facilities that use VistA Scheduling Enhancement Graphical User Interface as the primary means for appointment scheduling may access

[27]Facilities use scheduling applications based on their locally determined needs. VA does not track the various software applications used by facilities.

nine additional systems in the process of scheduling appointments with VA medical providers. For example, initially, enrollment staff use the VHA Enrollment System to enroll veterans and determine their eligibility for VA healthcare and benefits. The VHA Support Service Center generates a report called the New Enrollee Appointment Service Request Report, which schedulers use to identify veterans who have requested an appointment when enrolling online. In addition, other specialized systems, such as the Telehealth Management Platform and Virtual Care Manager, are used specifically to schedule telehealth appointments. For a description of each of the nine systems that are used to support scheduling appointments with VA providers, see table 2.

Table 2: Systems and Tools that Support Appointment Scheduling at Department of Veteran Affairs (VA) Medical Facilities That Use Veterans Health Information Systems and Technology Architecture (VistA)

Name	Description
Clinical Staff Viewer	Functions like a “rooming function” in commercial electronic health record software platforms where the patient is tracked while being seen at the appointment.
Customer Relationship Manager	Used by call center staff to track and report customer issues, capture updated demographic information for veterans, and ensure Veterans Health Administration (VHA) systems of record are kept up to date. Provides veterans information about VA services and upcoming and past appointments; submits refills for existing prescriptions; and sends progress notes for medication renewal requests.
Provation	Used for procedure scheduling with an endoscopist, as well as gastroenterology scheduling. It inputs the images and report dictations into the patient medical record upon completion.
Light Electronic Action Framework Interfacility Transfer List Report	Used to list and track patients who requested a transfer of care to another health care provider or facility within the same organization and are waiting for an opening.
New Enrollee Appointment Request Report	Generated by the VHA support service center to identify veterans who have requested an appointment when enrolling online.
Scheduling Enterprise Appointment System	Standardizes communications between VA scheduling applications and allows integrations with other medical technologies.
Telehealth Management Platform	Used for interfacility scheduling across the VA enterprise. It offers telehealth programs the ability to manage technical and clinical processes in one platform. Also supports communicating important information between providers, VA staff, and veterans.
Veterans Health Administration Enrollment System	Used to enroll veterans and determine their eligibility for VA healthcare and benefits. Serves as the authoritative source for the resulting data which is collected, processed, shared with other VA systems, and stored securely.
Virtual Care Manager	Used by VA providers to manage virtual appointments. Assists in managing VA Video Connect appointments either scheduled or on demand and is used as a backup system for schedulers.

Source: GAO analysis of VA documentation. | GAO-25-106851

Note: All systems might not be used by schedulers for each appointment.

Systems Used for Referrals

VA operates five systems that are used by VA staff for managing referrals to VA and non-VA health care providers. For example, the Healthshare Referral Manager system is used to generate referrals for veterans receiving care in the community. Another example is the Provider Profile Management System, which uses a provider locater to identify community care providers in proximity to a veteran's location for scheduling care. For a description of each of these systems, see table 3.

Table 3: Systems Used by the Department of Veteran Affairs (VA) for Scheduling Referrals to VA and Non-VA Health Care Providers

Name	Description
Community Care – Customer Relationship Management	Allows end users access to all a veteran's non-VA claims and medical information found in multiple systems across the enterprise. In addition, allows users to record inquiries related to non-VA medical care, claims status, and benefits.
Consult Toolbox	Standardizes the documentation process and workflow of VA staff managing referrals for internal care and community care. Includes the Decision Support Tool, which VA staff use to determine if a veteran meets certain eligibilities for community care in real-time.
Consult Tracking Manager Plus	Used to track and schedule consults and return-to-clinic orders.
Healthshare Referral Manager	Used by VA community care staff to generate referrals and authorizations for veterans receiving care in the community.
Provider Profile Management System	Serves as the authoritative source of non-VA providers for VA that offers a layer of validation of non-VA provider data and supports workflow management. Uses a provider locator to identify community care providers in a mapped proximity to a veteran's location for scheduling care.

Source: GAO analysis of VA documentation. | GAO-25-106851

Note: All systems might not be used by schedulers for each appointment.

Systems Used to Engage with Veterans

VA maintains eight systems to engage with veterans about their medical appointments. For example, veterans can use the Appointments portal on VA.gov to self-schedule appointments in certain cases, track the status of appointment requests, or request access to telehealth services. Another system, VEText, sends appointment reminders and allows veterans to confirm or cancel an upcoming appointment. For a description of each of these systems, see table 4.

Table 4: Systems Used by the Department of Veteran Affairs (VA) to Engage with Veterans Regarding Appointments

System name	Description
Appointments on VA.gov	Allows veterans the ability to schedule their own appointments, track the status of an appointment request, and receive messages and notifications about appointments from VA via an online portal. Also allows veterans to determine and request access to community care and helps manage and schedule telehealth services.
Audiocare	Reminds veterans of appointments via an automatic phone system and provides veterans the capability to request to cancel or request to reschedule their appointments at the time of the phone call.
Kiosk System	Allows veterans to check-in for appointments, and update demographics and insurance information, among other things.
MyHealtheVet	Provides access to the Appointments on VA.gov portal for online scheduling and facilitates veteran interaction with health care providers. Also provides veterans access to VA benefits and web-based tools to increase their knowledge about health conditions and manage their health records.
My VA Health Portal	Allows veterans to schedule or request an appointment with a site that uses Oracle Health.
Patient Reminder Notification System	Sends appointment reminders and notifications to veterans.
VA Health Chat	Used by veterans to request, cancel, or reschedule an appointment via online chat, and for VA staff to interact with veterans by, for example, initiating a video visit.
VEText	Used to send appointment reminders to veterans and allows them to either confirm or cancel their appointment.

Source: GAO analysis of VA documentation. | GAO-25-106851

VA Medical Facilities with Oracle Health Also Use a Variety of Systems for Scheduling Appointments

The six sites that have transitioned from VistA to VA's new health information system use the Oracle Health scheduling system called Revenue Cycle for patient registration, admission, discharge, and appointment scheduling. For managing patient-visit documentation, they use Oracle Power Chart. In addition, these facilities use Oracle Referral Management and PowerForms for referral tracking, and Oracle Scheduling Appointment Book to schedule surgery or procedures requiring anesthesia. Oracle Health sites may also use an additional appointment reminder system called TeleVox that is not used at VistA sites.

Oracle Health sites also use some of the same systems that VistA sites use. For example, these sites use the Telehealth Management Platform for a patient registered at an Oracle Health site receiving care at a VistA site. In addition, Oracle Health sites use the Provider Profile Management System to identify community care providers and Healthshare Referral Manager to generate referrals. These sites also use Customer Relationship Manager to track patient information, Virtual Care Manager to manage virtual appointments, and VEText to remind patients of their

appointments. For a description of the systems used at VA facilities with Oracle Health, see table 5.

Table 5: Systems Used for Appointment Scheduling Activities at Department of Veterans Affairs (VA) Medical Centers That Use Oracle Health

System name	Description
Customer Relationship Manager	Used by call center staff to track and report customer issues, capture updated demographic information for veterans, and ensure Veterans Health Administration (VHA) systems of record are kept up to date. Provides veterans information about VA services and upcoming and past appointments; submits refills for existing prescriptions; and sends progress notes for medication renewal requests.
Healthshare Referral Manager	Used by community care staff to generate referrals and authorizations for veterans receiving care in the community.
My VA Health Portal	Allows a veteran to schedule or request an appointment with a site that uses Oracle Health.
Oracle Power Chart	Used to manage the capture and processing of patient-visit-oriented documents. Also supports discharge summaries, progress notes, and consult results.
Oracle RadNet	Used for processing patients for imaging examinations.
Oracle Referral Management	Used for ordering referrals and procedures from other providers or services.
Oracle Scheduling Appointment Book	Used to schedule appointments for any procedure or surgery that requires anesthesia.
PowerForms	Enables the management of referrals.
Provider Profile Management System	Serves as the authoritative source of non-VA providers for VHA that offers a layer of validation of non-VA provider data and supports workflow management. Uses a provider locator to identify community care providers in a mapped proximity to a veteran's location for scheduling care.
Revenue Cycle	Supports administrative functions of patient registration, admission, discharge, transfer, and appointment scheduling.
Telehealth Management Platform	Used primarily for interfacility scheduling across the VA enterprise. Offers telehealth programs the ability to manage technical and clinical processes in one platform. Also supports communicating important information between providers, VA staff, and veterans.
TeleVox	Sends patients appointment reminders.
VEText	Used to send appointment reminders to veterans and allows them to either confirm or cancel their appointment.
Virtual Care Manager	Used by VA providers to manage virtual appointments. Assists in managing VA Video Connect appointments, either scheduled or on-demand. Also used as a backup system for schedulers.

Source: GAO analysis of VA documentation. | GAO-25-106851

VA Has Tools to Monitor Scheduling Timeliness and Inform Veterans of Wait Times

In addition to systems for scheduling appointments and supporting scheduling activities, VA employs tools for monitoring scheduling timeliness, providing transparency of wait times on its public website, and determining a veteran's eligibility, based on wait time, for community care. In addition, VA staff use a decision support tool to inform veterans about expected wait times.

Dashboard for Monitoring Scheduling Timeliness. To monitor VA medical center performance on scheduling timeliness standards for VHA facility and community care appointments, VHA developed a dashboard called the Megabus Scheduling and Consult Management Monitor Tool in August 2021.[28] This dashboard, which is updated daily, is populated with data from veterans' electronic health records that is captured in VA's Corporate Data Warehouse.[29]

Wait Time Reports on VA's Public Website. VA reports average wait times for care at its facilities, based on completed or scheduled appointments over the previous month, on a publicly accessible website. Veterans can search for the wait times by specialty at VA facilities within a certain distance from them. To calculate and report wait times on the website, VA captures appointment data in its Corporate Data Warehouse as staff are completing appointment activities such as scheduling, canceling, or rescheduling. The system captures keystrokes and time stamps during this process. The captured data is processed by the VHA Support Service Center and reported publicly on VA's public website at www.accesstocare.va.gov.

Tools for Determining Veteran Eligibility for Community Care. To calculate a veteran's eligibility for community care based on wait time, VHA requires VA medical centers to use only approved tools.[30] These

[28]VHA developed the dashboard in response to the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020. The act required VHA to develop or maintain a method or tool that would enable it to monitor and ensure compliance with the established appointment scheduling process and requirements, including requirements related to the maximum number of days to complete each step of the scheduling process. Pub L. No. 116-315, § 3101(c), 134 Stat. 4932, 5000-5001 (2021).

[29]VA's Corporate Data Warehouse is a central clearinghouse that VA uses to compile data from across its data systems.

[30]VHA established this requirement in a January 6, 2023, memorandum from the Assistant Secretary for Health, Office of Integrated Veteran Care, to Veterans Integrated Service Network Directors.

tools are (1) the VistA scheduling application, which calculates and provides community care wait time eligibility when scheduling an appointment, and (2) IVC's Community Care Wait Time Eligibility Calculator, which is used when scheduling outside of the VistA scheduling application.

Decision Support Tool. VA staff use VA's Community Care Eligibility Decision Support Tool to provide wait time information to veterans.[31] This tool provides average wait times for nearby VA facilities offering a requested clinical service. The decision support tool helps the veteran and VA provider decide if a consult service should be referred to the local VA facility, a nearby VA facility via an inter-facility consult, or to a community provider.

A Few VA Medical Centers Have Purchased or Developed Additional Scheduling Software or Systems

In addition to the variety of systems used by VA enterprise-wide, nine VA medical facilities purchased or developed systems for scheduling activities. These tools are not used enterprise-wide but are instead used to meet the needs of an individual facility. For example, four facilities purchased a system to send postcard notifications to patients for appointment reminders. Three facilities use locally developed or purchased software to support scheduling of specialty healthcare such as dental, gastroenterology, and endoscopy appointments. One facility elected to use Power BI to create reports to review trends in wait times for established and new patients.[32] For a description of these systems, see table 6.

Table 6: Software and Systems Purchased or Developed by a Department of Veterans Affairs (VA) Medical Center to Support Appointment Scheduling

Name	Description
AMMD Inquire	Software developed by the Sacramento medical center to provide scheduling staff access to only the scheduling menus that they need.
DENTCPM Print	Software developed by the Sacramento medical center to print a report indicating the number of appointments to schedule for a dental patient.
EndoSoft	Software purchased by White River Junction medical center to book endoscopy appointments.
Med Pro	System purchased by the West Los Angeles medical center for scheduling gastroenterology procedures.

[31]The Decision Support Tool is a component of the Consult Toolbox.

[32]Power BI is Microsoft business intelligence software used to gain insights from data that can be visualized through reports and dashboards.

Name	Description
Postcard notification system	System purchased by the medical centers in Baltimore, Dayton, Indianapolis, and Washington, D.C. that sends reminder postcards for appointments and other notifications to patients.
Visual Aid	System developed for the Hawaii medical center that provides a user interface that shows open availability and detailed information of patients currently scheduled for the time-period in a ‘snapshot’ view in real time.
Wait time dashboards	Tools developed by Augusta Veterans Affairs Healthcare System for monitoring wait times at its facilities.

Source: GAO analysis of VA documentation. | GAO-25-106851

Schedulers and Veterans Face Challenges Using VA’s Systems to Schedule Appointments

Schedulers and veterans experienced challenges when using VA’s systems to schedule appointments. Specifically, schedulers must navigate a complex system environment. In addition, veteran service organizations identified challenges veterans experience with requesting an appointment online, lack of confirmation once an appointment is scheduled from an online request, and dissatisfaction with duplicative appointment reminders. VA officials described actions the department is taking to address most of these challenges.

Schedulers Face Challenges Navigating a Complex System Environment

According to VA’s Integrated Scheduling Business Case, schedulers must navigate a complex system environment that requires VA staff to open multiple applications to schedule a single appointment. Further, this complexity may make schedulers inefficient or require workarounds that may vary across sites.

In addition, schedulers must run many reports in different systems to identify veteran self-scheduled and self-canceled appointments and appointment requests. VA officials explained that this challenge is the result of operating two different platforms (VistA and Oracle Health), as well as having multiple versions of VistA. According to the officials, the department is working to standardize veteran appointment self-scheduling at VistA and Oracle Health sites. However, they said, the department has not yet determined how the modernized and updated products used for scheduling will interface and be used to pull and combine the data into a comprehensive report.

Veterans Experience Online Scheduling Challenges

Veterans have experienced challenges requesting an appointment online and receiving confirmation once an appointment is scheduled, and dissatisfaction with duplicative appointment reminders. Specifically, the veteran service organizations we spoke to stated that veterans may experience a delay between submitting an appointment request online

and hearing back from VA staff. VA also identified delays as a concern in its Integrated Scheduling Business Case. Specifically, the business case stated that veterans often do not receive call backs.

According to VA guidance, facilities are given 2 days to review and act on an online appointment request. Specifically, facilities are expected to contact a veteran within 2 days to begin the scheduling process. While not required by the guidance, officials stated that to ensure that pending appointments are scheduled, it is part of IVC's business operations to monitor facilities' pending appointment requests and those carrying a high number of pending requests are contacted by IVC. They said IVC follows up regularly on progress to schedule appointments until the number of requests is reduced.

Veteran service organizations that we spoke to also noted that when veterans request an appointment online, they do not receive confirmation once the appointment is scheduled. VA officials stated that they are aware that veterans do not receive follow-up correspondence when an appointment is scheduled from an online request. However, officials further stated that veterans do receive appointment reminder notifications typically 5 days and again 1 day before an appointment. Additionally, newly scheduled appointments will appear online in the veteran's appointment lists.

VA officials stated that they gathered feedback from veterans to understand their preferences regarding appointment-related notifications.[33] Appointment confirmation from an online request was among the lowest priority for veterans. According to the results of the study, veterans ranked the priority for this type of notification 18th out of 23. Nevertheless, officials said, the department had taken steps to determine the technical feasibility of the notification and identified key steps to take for future development and implementation. However, the department officials said further development of this notification solution is on hold indefinitely, because of its low priority and complexities that were discovered during a review of the technical feasibility of the notification type.

In addition, veteran service organizations with whom we spoke, as well as VA's business case, identified redundant appointment reminders—letters,

[33]To collect feedback from veterans, VA conducted a Kano study, which is a quantitative method for prioritizing work based on satisfaction and functionality. Sixty-three veterans completed the study, and the research findings were released on October 25, 2023.

phone calls, emails, and text messages—as a challenge experienced by veterans. VA officials explained that duplicative notifications are caused by multiple systems at the facility- and enterprise-level being used to send appointment reminders. Accordingly, the department is working towards having one enterprise-wide solution so that multiple systems do not send repeat appointment reminders. Further, according to officials, the system that veterans use to adjust their notification preferences in their online profile is being updated to provide more control to individual veterans.

VA Initiated Scheduling Systems Modernization Efforts to Address Challenges

To address the needs identified in the business case, VA initiated the Enterprise Scheduling Portfolio project to modernize its scheduling systems at sites with the VistA health information system. (We refer to this project as VA's scheduling systems modernization program.) Specifically, IVC and OIT are collaborating using an Agile development approach to scheduling system modernization.[34] The initiative includes several concurrent efforts to improve scheduling-related systems across VA's medical facilities:

- **Integrated Scheduling Solution (ISS).** A modernized scheduling platform intended to reduce the number of applications a scheduler must use to schedule an appointment and to replace the existing enterprise application, VistA Scheduling Enhancement Graphical User Interface, by June 2025. It is also expected to allow future functionality to be provided faster. As of January 2025, ISS version 1.0 was projected to be fully implemented by February 2025 and is intended to provide modern web-based functionality comparable to the existing enterprise scheduling application. A future version of ISS will allow provider-based scheduling, which is the ability to see a provider's schedule across multiple modalities (in-person, telephone, telehealth) in a single scheduling application. VA officials were uncertain when provider-based scheduling will be released, but said new versions of ISS will be released through 2029.
- **Clinic Configuration Manager (CCM).** A web-based application to modernize and improve the efficiency of the set-up of a clinic's scheduling operations by providing functionality, such as templates for

[34]Agile development is an iterative approach to software development, which helps project teams deliver software in small increments. Agile emphasizes using collaborative teams and frequent iterations, often referred to as sprints, to respond quickly to feedback on IT requirements from stakeholders, such as product owners that represent the end-user community. In Agile, customer requirements are often described with user stories, which are high-level requirements written in everyday or business language.

clinic profiles.[35] CCM version 1.0 was fully implemented in March 2024. CCM version 2.0 is intended to address provider-based scheduling related requirements. VA officials are uncertain when CCM 2.0 will be released.

- **Clinic Capacity Search Tool (CCST).** A tool that is to provide the ability to search and view available appointments across multiple facilities for the services and modalities (e.g., in-person, virtual, telephone) needed. CCST is planned to eventually be integrated with ISS, enabling schedulers to search, view, and schedule in ISS all in-person and virtual appointments viewed across the enterprise. CCST version 1.0, which focused on virtual appointments, was fully implemented in June 2024. VA officials stated that CCST version 2.0 reached initial operating capability in January 2025. It will show appointment types in modalities, in addition to virtual, across multiple facilities.

VA is also deploying a software solution, which it calls External Provider Scheduling. The department acquired this solution for VA schedulers to schedule veteran appointments directly online with community care providers. The solution was deployed to 16 VA medical centers in fiscal year 2024. It is expected to be deployed to 47 additional facilities by the end of fiscal year 2025. Eventually, it is expected to provide the capability for veterans to self-schedule community care appointments online.

Schedule and Requirements Management for VA's Modernization Program Do Not Fully Meet Key Practices

To successfully execute a systems modernization program, agencies should follow key practices for developing a reliable schedule and managing system requirements. VA's schedule for its scheduling systems modernization program is not reliable because it is partially comprehensive and credible. In addition, while VA has implemented three of six key practices for requirements management, it has partially implemented the other three.

VA's Program Schedule is Not Reliable

According to GAO's Schedule Assessment Guide, the success of a program depends in part on having an integrated and reliable master schedule that defines when and how long work will occur and how each

[35]A "clinic" may be defined as an entity for dividing provider workload and scheduling different types of patient care appointments. A particular area of care, such as primary or specialty care, may have multiple clinics that vary in purpose and size. A VA medical center can provide care in each area at the medical center or its affiliated outpatient clinics; for example, primary care could be provided through multiple primary care clinics at a VA medical center's different locations.

activity is related to the others.[36] GAO's research has identified 10 best practices associated with effective schedule estimating. These 10 best practices are grouped into four characteristics for sound schedule estimating, which are: comprehensive, well-constructed, credible, and controlled. GAO considers a reliable schedule as one that met or substantially met each of the four characteristics.

We found that VA's May 2024 schedule for its scheduling systems modernization program is not reliable because it did not meet or substantially meet all four characteristics. Specifically, OIT development work, which is critical to developing the new scheduling capabilities, had not been fully integrated into VHA's master schedule for the scheduling systems modernization program. In addition, while the schedule was substantially well-constructed and controlled, it only partially met criteria for a comprehensive and credible schedule. See table 7 for our summary assessment of the schedule.

Table 7: GAO Assessment of the Department of Veterans Affairs' (VA) Schedule for its Scheduling Systems Modernization Program

Characteristic	Characteristic assessment	Best practice	Best practice assessment
Comprehensive, reflecting: • all activities as defined in the program's work breakdown structure, which defines in detail the work for both the government and its contractors necessary to accomplish a program's objectives • labor, materials, travel, facilities, equipment, and the like needed to do the work and whether those resources will be available when needed • how long each activity will take, allowing for discrete progress measurement with specific start and finish dates	◑	Capturing all activities	◑
		Assigning resources to all activities	○
		Establishing the durations of all activities	●
Well-constructed, with: • all activities logically sequenced with predecessor and successor logic • limited and justified use of unusual or complicated logic • a critical path that determines the activities that drive the program's earliest completion date • total float that accurately reflects the schedule's flexibility	◕	Sequencing all activities	◕
		Confirming that the critical path is valid	◑
		Ensuring reasonable total float	◕

[36]GAO, *Schedule Assessment Guide: Best Practices for Project Schedules*, GAO-16-89G (Washington, D.C.: Dec. 22, 2015).

Characteristic	Characteristic assessment	Best practice	Best practice assessment
Credible, reflecting: • the order of events necessary to achieve aggregated products or outcomes • varying levels of activity, supporting activity, and subtasks • a level of confidence in meeting a program's completion date based on data about risks for the program • necessary schedule contingency and prioritized risks based on a robust schedule risk analysis	◑	Verifying that the schedule can be traced horizontally and vertically	◑
		Conducting a schedule risk analysis	◔
Controlled, being: • updated regularly by schedulers trained in critical path method scheduling • statused using actual progress and logic to realistically forecast dates for program activities • accompanied by a schedule narrative that describes updates to the current schedule • compared against a baseline schedule to determine variances from the plan • accompanied by a corresponding basis document that explains the overall approach to the program, defines assumptions, and describes unique features of the schedule • subject to a configuration management control process	◕	Updating the schedule using actual progress and logic	◕
		Maintaining a baseline schedule	◕

Legend: ● = Met: VA provided complete evidence that satisfies the criteria. ◕ = Substantially met: VA provided evidence that satisfies a large portion of the criteria. ◑ = Partially met: VA provided evidence that satisfies about half of the criteria. ◔ = Minimally met: VA provided evidence that satisfies a small portion of the criteria. ○ = Not met: VA provided no evidence that satisfies any of the criteria.

Source: GAO analysis of VA's scheduling systems modernization program documentation as of May 2024. | GAO-25-106851

Comprehensive. VA's schedule for its schedule modernization effort partially meets the comprehensive characteristic. Specifically, it partially meets the best practice of capturing all activities; does not meet the practice of assigning resources to activities; and fully meets the practice of establishing durations.

- **Capturing all activities:** We found the schedule partially meets the best practice of capturing all activities. There is a master schedule for managing the key portfolio products ISS, CCST, and CCM, and key milestones are easily identifiable in the schedule. Activities are mapped to elements of a work breakdown structure. However, it is difficult to verify that all work is included in the schedule because the work breakdown structure is generic and does not define the specific work necessary to accomplish the scheduling systems modernization

program. In addition, some effort identified in program documents is not included in the schedule. For example, an April 2024 OIT Enterprise Scheduling Progress Update briefing reported ISS 2.0 in the second quarter of fiscal year 2025; however, ISS 2.0 is not in the schedule. If the schedule does not fully and accurately reflect the program, it will not be an appropriate basis for analyzing or measuring technical work accomplished.

VA agreed that the IT schedule was not fully integrated into the master schedule and stated that this makes it difficult to identify the full scope of the program in the schedule. VA described steps OIT and IVC leadership were taking to improve communication and integration across the groups, such as meeting bi-weekly to discuss scheduling development.

- **Assigning resources to all activities:** The schedule does not meet the best practice of assigning resources to all activities. There are no labor or material resources loaded in the schedule and there are no task assignments. OIT said that it assigns resources outside the master schedule by assigning the number of story points and IT resources to its technical requirements. In Agile development, the number of story points is an estimate of the combination of the amount of effort involved in developing the required feature, the complexity of developing it, and the risk inherent in it. However, there is no mapping between the work for which story points have been assigned and the activities in the master schedule. In addition, the schedule contains work unrelated to IT development, such as creating training artifacts and developing site implementation plans. IVC officials stated that it did not assign resources in the schedule because the IVC Schedule Management Plan does not require resource loading. They added that while the plan does not require resource loading, responsible parties are assigned to each schedule task to oversee and ensure its completion.

  However, a schedule without assigned resources implies an unlimited number and availability of resources. Information on resource needs and availability in each work period assists the program office in forecasting the likelihood that activities will be completed as scheduled. If the current schedule does not allow insight into the current or projected allocation of resources, then the risk of the program's slipping is significantly increased. Overallocated resources may result in inefficiency, and program delay may result from unavailable resources.

- **Establishing the duration of all activities:** We found the schedule fully meets the best practice of establishing durations for all activities. The schedule began with an IVC schedule template that was aligned to an IVC governance gate checklist.[37] Durations are short enough to be consistent with effective planning and execution and are assigned task calendars with the appropriate working periods and holidays.

Well-constructed. VA's schedule for its schedule modernization effort substantially meets the well-constructed characteristic. Specifically, it substantially meets the best practice of sequencing all activities; partially meets the best practice of confirming that the critical path is valid; and substantially meets the practice of ensuring reasonable total float.

- **Sequencing all activities:** We found the schedule substantially meets the best practice of sequencing all activities. Officials stated that activities and logical relationships have been determined by those executing the program. Our metrics analysis shows the schedule network is fully sequenced and has relatively few logic issues. There are no missing dependencies in the schedule, there are no date constraints, and there are relatively few lags.[38] The best practice is not fully met because we found 15 percent of activities with dangling start logic—that is, activities with improper logic tied to their start dates. In addition, the finish milestone has a great many predecessors, possibly indicating that some activities may not be sequenced correctly or optimally.
- **Confirming that the critical path is valid:** We found the schedule partially meets the best practice of confirming a valid critical path. In accordance with best practices, the critical and longest paths are nearly identical, continuous, and free of long durations and date constraints. Officials stated that management uses the critical path to focus on activities that will detrimentally affect key program milestones and deliveries if they slip. However, because of a nearly year-long lag, the schedule shows a 6-month gap in time between the schedule's status date and the start of the first critical activity. The critical path should be free of lags because they complicate the identification and

[37]The governance gate checklist includes deliverables required to be completed by the project team such as communication artifacts, a site implementation plan, and a deployment calendar, among others, to reach go/no-go decision gates to obtain leadership approval for phased implementation, national deployment, and operations.

[38]A lag in a schedule denotes the passage of time between two activities. Lags simply delay a successor activity—no effort or resources are associated with this passage of time. A common example of the use of a lag is the passage of time to allow concrete to cure.

management of critical activities. Without a valid critical path, management cannot focus on activities that will detrimentally affect the key program milestones and deliveries if they slip.

VA officials agreed with our analysis and explained that the lag at the beginning of the critical path was added to account for an estimated IT development start date. They reiterated that they planned to review their internal processes to identify opportunities for better communication and integration across the groups.

- **Ensuring reasonable total float:** The schedule substantially meets the best practice of ensuring reasonable total float. Officials stated that total float values are periodically reviewed and that while there are no explicit guidelines for reasonable total float, it is monitored through basic schedule reviews. Officials provided detailed justification for most relatively high total float values. The best practice is not fully met because justification for high total float values was created in response to our analysis rather than existing as part of the program's standard schedule documentation.

Credible. VA's schedule partially meets the credible characteristic. Specifically, it partially meets the best practice of verifying that the schedule can be traced horizontally and vertically and minimally meets the practice of conducting a schedule risk analysis.

- **Verifying the schedule is traceable horizontally and vertically:** We found the schedule partially meets the best practice of horizontal and vertical traceability. Specifically, the schedule is traceable horizontally, meaning that it has been planned in a logical sequence. Its structure is validated through a process described in the IVC Schedule Management Plan. The schedule shows how products and outcomes are linked in sequenced activities. Deliverables are clearly identifiable in the schedule and align with the governance gate checklist. We also validated that the schedule responds appropriately if an activity is delayed.

  However, the schedule is not fully vertically traceable, meaning that key dates are not entirely consistent between the schedule and related management documents. Vertical traceability applies to all schedule data that are reported to, and by, program management. That is, schedule information such as forecasted dates reported to management should be rooted in and traceable to the program schedule. Without vertical traceability, the agency has limited assurance that the representation of the schedule to different

audiences is consistent and accurate and that teams are working to the same schedule expectations.

VA officials stated that the IT schedule has not been fully integrated into VHA's schedule, making it difficult to demonstrate vertical traceability between schedule and management documents and presentations. They stated that they planned to review internal processes to identify opportunities for better communication and integration across the groups.

- **Conducting a schedule risk analysis:** The schedule minimally meets the best practice of conducting a schedule risk analysis. The program maintains a risk register for its scheduling systems modernization and actively monitors risks and issues. However, a schedule risk analysis was not conducted on the scheduling systems modernization program schedule, and the schedule contains no activities that identify contingency. A schedule risk analysis uses statistical techniques to predict a level of confidence in meeting a program's completion date, in part, to determine if additional resources need to be added to deliver all must-have features. Officials stated that IVC did not conduct a risk analysis on the schedule because there is no policy directing them to do so. However, because each activity's estimated duration is inherently uncertain, the duration of the overall program schedule is also uncertain. By conducting a risk analysis, the department would be better able to identify the risks and activities most likely to delay the program and determine contingencies or other mitigating measures to address the risks.

Controlled. VA's schedule substantially meets the controlled characteristic. Specifically, it substantially meets the best practices of updating the schedule using actual progress and logic and maintaining a baseline schedule.

- **Updating the schedule using actual progress and logic:** We found the schedule substantially meets the best practice of updating the schedule. Progress is recorded weekly, the schedule has a current status date, and the schedule is maintained by a trained scheduler. The project team regularly produces reports on tasks planned to start and complete, as well as progress to date against baseline dates. We found relatively few date anomalies such as planned dates in the past and few out-of-sequence activities. The best practice is not fully met because no critical path activities were underway. In addition, the recurring report information lacks important schedule narrative

information such as explanations of date variances, notes on changes to schedule logic, and discussion of the current critical path.

- **Maintaining a baseline schedule:** The schedule substantially meets the best practice of maintaining a baseline schedule. Baseline dates are stored in the current schedule and the baseline control process is governed by the IVC schedule management plan. The majority of activities and milestones have baseline dates, and those that do not are primarily associated with IT project timelines that are in flux. The best practice is not fully met because the project does not have a schedule basis document that would explain the overall approach to the project, define custom fields in the schedule file, detail ground rules and assumptions used in developing the schedule, and justify constraints, lags, long activity durations, and any other unique features of the schedule. In addition, while activity dates are tracked against their baseline dates, project trend analysis does not include explanations of variances.

A schedule that meets the comprehensive and credible characteristics of a reliable schedule as defined in GAO's schedule assessment guide could help ensure stakeholders agree on what work needs to be completed and when.

VA Does Not Have a Plan to Fully Implement Key Requirements Development and Management Practices

The Project Management Institute describes practices for effectively developing and managing a project's requirements.[39] The practices are (1) needs assessment, (2) requirements management planning, (3) requirements elicitation, (4) requirements analysis, (5) requirements monitoring and controlling, and (6) solution evaluation. VA fully implemented three practices and partially implemented three practices. For a description of the practices and our rating of VA's implementation of them, see table 8. Following the table is a description of our assessment of VA's implementation of the practices.

Table 8: GAO Assessment of the Department of Veterans' Affairs Implementation of Key Requirements Development and Management Practices on its Scheduling Systems Modernization Effort

Practice	Description	Assessment
Needs assessment	An organization should develop a business case, which defines the strategic need, objectives, and recommended solution options.	●

[39]Project Management Institute, Inc., *Requirements Management: A Practice Guide*, 2016.

Practice	Description	Assessment
Requirements management planning	Organizations should develop a requirements management plan that describes how the requirement activities of the project will be planned and managed. The requirements management plan should focus on the requirements activities to be conducted and deliverables to be produced. The plan should be reviewed with key stakeholders to reduce the risk of stakeholders failing to support the work to be performed.	◑
Requirements elicitation	Elicitation is a discovery process used to bring forward or produce information relevant to the project by drawing out information from stakeholders and other sources. Organizations usually elicit requirements iteratively and in an ongoing manner.	●
Requirements Analysis	Organizations should analyze requirements to prioritize them.	●
Requirements Monitoring and Controlling	To monitor and control requirements, organizations should create a requirements traceability matrix and maintain bi-directional traceability. Bi-directional traceability provides the ability to track product requirements, forward and backward, between their origin and the deliverables that satisfy them.	◑
Solution Evaluation	The organization should develop a plan for evaluating the solution. Organizations commonly perform solution evaluation through testing, by validating that the solution meets defined acceptance criteria. Acceptance criteria are a set of conditions that is required to be met before deliverables are accepted.	◑

Legend: ● = Implemented: VA provided complete evidence that satisfies the criteria. ◑ = Partially implemented: VA provided some but not all evidence that satisfies the criteria. ○ = Not implemented: VA did not provide any evidence that satisfies the criteria.

Source: GAO assessment of VA documentation. | GAO-25-106851

Needs Assessment – Implemented. As mentioned above, in 2022, a VA integrated project team developed an Integrated Scheduling Business Case, which defined the need to establish a unified enterprise-wide approach to optimizing VHA's scheduling operations. The business case establishes VHA's enterprise-wide vision and objective for scheduling, which states that veterans, schedulers, and clinical staff will enjoy a seamless and convenient scheduling experience across all capabilities, modalities, and services through a spectrum of resources and functions provided by VHA. The business case identified issues to be addressed and challenges experienced by users and veterans. Further, it recommended an approach, which the Assistant Under Secretary for Health for Operations, who is the VHA Governance Board chair, approved.

Requirements Management Planning – Partially implemented. VHA and OIT each have documented plans for some requirements activities. Specifically, they both have procedures for managing intake of business

requests related to scheduling systems. However, VHA and OIT have not documented their requirements traceability structure, including the attributes they plan to trace. VHA and OIT also have not documented how they plan to track product requirements, forward and backward, between their origin and the deliverables that satisfy them.

VA officials stated that requirements management requires significant interaction between IVC and OIT and they do not have a complete requirements management plan because the process is not owned by one office within VA. Officials also stated that the department follows Scaled Agile Framework principles for requirements management and that requirements management is an ongoing process.[40] However, without a requirements management plan that fully describes the requirements activities to be conducted, is focused on the deliverables to be produced, and has been reviewed and agreed to by stakeholders, the project is at risk that stakeholders will fail to support the work needed to be performed.

Requirements Elicitation – Implemented. According to VHA's Enterprise Scheduling Request Intake Process guidance, any VHA stakeholder can submit a request for a scheduling enhancement by completing and submitting a form to the VHA Enterprise Scheduling Product Owners group.

Requirements Analysis – Implemented. VA has analyzed enterprise scheduling requests to determine their priority. Specifically, product teams conduct requirements elaborations to prioritize, plan, and deliver the requested functionality. VHA product owners and IT product managers work together during program increment planning to prioritize within the current backlog.

Requirements Monitoring and Controlling – Partially implemented. VA uses two tools to track scheduling system requirements. Specifically, VHA uses a tool for its scheduling system enhancement request intake process, and OIT uses a separate tool to track development for approved enhancement requests (i.e., requirements). However, VA does not maintain bi-directional traceability between requirements and the deliverables that address the requirements. VA officials could not

[40]Scaled Agile Framework is one of several commonly used Agile development frameworks. More specifically, it is one of several Agile at Scale Frameworks, which are frameworks intended to increase Agile processes so that they can be applied to large, complex organizational structures.

demonstrate how the tools are or will be used to trace requirements to deliverables that meet the requirements. VHA and OIT officials stated that OIT develops the solution, user acceptance testing is conducted, and once the OIT development team completes development, the team informs the VHA business team. The VHA product owner approves the functionality based on a demonstration, and VHA accepts the solution and closes the request in VHA's request intake tool. However, by not maintaining traceability from requirements to solutions and back, VA is limited in its ability to demonstrate the solution that has met the requirement. It is also limited in its ability to determine and address what is impacted if a requirement changes or is added.

Solution Evaluation – Partially implemented. VA has a test plan for ISS. According to the plan, VA will validate to the acceptance criteria defined in the user stories.[41] However, VA officials were not able to demonstrate that a deliverable had been validated to acceptance criteria, that is, that a deliverable had been accepted as meeting the requirement as defined by acceptance criteria. As previously described, VHA and OIT officials stated that once the OIT development team completes development, they inform the VHA business team, which approves the solution based on a demonstration, then closes the request in VHA's request intake tool. According to the officials, their approach is sufficient because they successfully developed and implemented version 1.0 of ISS. However, by not tracing requirements to validation that the solution meets acceptance criteria, VHA is limited in its ability to demonstrate that it is satisfied that the solution meets the requirement.

Conclusions

Given the importance of providing veterans timely access to health care, VA is working to modernize its appointment scheduling systems. While VHA and OIT have employed some key planning practices for the modernization, they have not fully employed others. The project schedule is substantially well-constructed and controlled; however, it is not reliable because it is partially comprehensive and credible. A comprehensive and credible schedule would help ensure VHA and OIT agree on what work needs to be done and when.

In addition, VA lacks a plan to fully implement key requirements management practices for the modernization. By not maintaining effective bi-directional traceability between requirements and deliverables, VHA

[41]The ISS test plan does not define what it means by the term "user story." However, in an Agile development environment, the term usually refers to a high-level requirement definition written in everyday or business language.

and OIT are limited in their ability to demonstrate the solution that has met specific requirements. Developing a plan for requirements management that includes key practices and fully implementing them would better ensure that VA's scheduling systems modernization effort is successful.

Recommendations for Executive Action

We are making the following two recommendations to VA:

The Secretary of VA should direct the Undersecretary of Health and the Assistant Secretary for Information and Technology/Chief Information Officer to ensure that VHA and OIT develop a comprehensive and credible project schedule for the scheduling systems modernization effort consistent with best practices. (Recommendation 1)

The Secretary of VA should direct the Undersecretary of Health and the Assistant Secretary for Information and Technology/Chief Information Officer to ensure that VHA and OIT develop a requirements management plan for the scheduling systems modernization effort and ensure that key practices are fully implemented. (Recommendation 2)

Agency Comments

We provided a draft of this report to VA for review and comment. In its written comments, reproduced in appendix II, VA concurred with our recommendations. VA also provided technical comments, which we incorporated as appropriate.

As agreed with your offices, unless you publicly announce the contents of this report earlier, we plan no further distribution until 30 days from the report date. At that time, we will send copies to the appropriate congressional committees and the Secretary of Veteran Affairs. In addition, the report will be available at no charge on the GAO website at http://www.gao.gov.

If you or your staff have any questions about this report, please contact me at harriscc@gao.gov. Contact points for our Offices of Congressional relations and Public Affairs may be found on the last page of this report. GAO staff who made contributions to the report are listed in appendix III.

//SIGNED//

Carol C. Harris
Director, Information Technology and Cybersecurity

List of Requesters

The Honorable Julia Brownley
Ranking Member
Subcommittee on Health
Committee on Veterans' Affairs
House of Representatives

The Honorable Nikki Budzinski
Ranking Member
Subcommittee on Technology Modernization
Committee on Veterans' Affairs
House of Representatives

The Honorable Sheila Cherfilus-McCormick
House of Representatives

The Honorable Susie Lee
House of Representatives

The Honorable Chris Pappas
House of Representatives

Appendix I: Objectives, Scope, and Methodology

Our objectives were to (1) describe the IT systems the Department of Veteran Affairs (VA) uses to schedule appointments and monitor wait times, (2) describe the challenges, if any, VA facilities and veterans experience using these systems, and (3) evaluate to what extent VA has met key planning practices for its scheduling systems modernization.

To address the first objective, we reviewed VA documents, including VA's Integrated Scheduling Business Case, scheduling process models, and the VA Systems Inventory, to identify the systems VA uses enterprise-wide for in-house and community care scheduling. VA reviewed the list we developed and provided comments which we incorporated as appropriate.

To identify the scheduling systems developed or purchased by its medical centers (i.e., locally), we analyzed the data VA collected in August and September 2023 through a survey of its medical centers to identify Class III scheduling software. VA defines Class III software as products originating from a source outside the department's Office of Information and Technology and located on a VA medical center-specific instance of the department's Veterans Health Information Systems and Technology Architecture.

To assess the validity and reliability of the data, we followed up with a random sample of the medical centers that said that they did not have Class III scheduling software. Specifically, of VA's 173 medical centers, VA received responses from 121. Of the 70 medical centers that responded that they did not have Class III scheduling software, we followed up with a random sample of 20 percent (14) of those facilities to confirm their responses. Of the 14 randomly selected facilities, all confirmed their initial responses. We determined the data were valid and reliable for our purposes. We also conducted a survey like VA's, in May 2024, of the 52 medical centers that did not respond to VA's survey and received responses from all. In addition, we interviewed officials at the medical centers that reported Class III scheduling software to verify their survey responses.

To identify the systems VA uses to monitor wait times, we reviewed VA documents, such as scheduler training slides and Office of Integrated Veteran Care (IVC) memorandums to Veterans Integrated Service Networks. We also reviewed a prior GAO report on VHA's wait time

monitoring.[1] In addition, we interviewed IVC and Office of Analytics and Performance Integration officials about the processes followed and the systems used to monitor appointment scheduling wait times.

To address the second objective, we reviewed VHA's Integrated Scheduling Business Case to determine challenges VA has identified with its scheduling systems and the impacts of those issues on staff and veterans. We also visited three VA medical centers, in Orlando, Florida; Cleveland, Ohio; and Wilmington, Delaware, to observe appointment scheduling and learn about the systems. We selected these sites based on variation in facility complexity and geographic location and ease of access and travel. We also selected one medical center that has transitioned to VA's new health information system (Oracle Health), the Roseburg, Oregon, medical center, for a virtual visit.

We interviewed a non-generalizable sample of staff and managers at the four medical centers we visited to identify challenges, if any, they experienced when using VA systems to schedule veterans' appointments. We also spoke with knowledgeable officials within IVC to determine what actions are being taken to address schedulers' challenges.

In addition, we selected and contacted four veterans service organizations to determine what, if any, challenges veterans experienced when scheduling appointments online.[2] We selected organizations that (1) VA recognizes as active in advocating for and working with veterans, and (2) we have included in prior GAO reports. We also met with knowledgeable officials within the Office of the Chief Technology Officer, who demonstrated veteran online scheduling through the Appointments portal on VA.gov and described the actions that they are taking to address veterans' challenges.

For the third objective, we evaluated VA's schedule and requirements management against relevant key practices. To evaluate VA's schedule, we assessed its May 2024 Enterprise Scheduling Portfolio project schedule and related documents, such as IVC's schedule management plan, work breakdown structure, and reports on status and plans to VA

[1]See *GAO, Veterans Health Care: VA Actions Needed to Ensure Timely Scheduling of Specialty Care Appointments*, GAO-23-105617 (Washington, D.C.: Jan. 4, 2023).

[2]We interviewed officials from the following veteran service organizations: The American Legion, Disabled American Veterans, Paralyzed Veterans of America, and Veterans of Foreign Wars.

management, against the 10 best practices in our Schedule Assessment Guide.[3] According to the guide, these best practices support four characteristics of a reliable schedule, which are comprehensive, well-constructed, credible, and controlled. We also interviewed IVC's Enterprise Scheduling Portfolio Manager to understand the practices IVC used for creating and maintaining the schedule. For the schedule, we assessed each best practice as follows:

- Met: VA provided complete evidence that satisfies the criteria.
- Substantially met: VA provided evidence that satisfies a large portion of the criteria.
- Partially met: VA provided evidence that satisfies about one-half of the criteria.
- Minimally met: VA provided evidence that satisfies a small portion of the criteria.
- Not met: VA provided no evidence that satisfies the criteria.

Then, to determine the overall assessment of each of the four characteristics, we assigned each best practice assessment a score based on a 5-point scale: not met = 1, minimally met = 2, partially met = 3, substantially met = 4, and met = 5. We calculated the average of the individual best practice assessment scores to determine the overall assessment rating of each of the four characteristics as follows: not met = 1.0 to 1.4, minimally met = 1.5 to 2.4, partially met = 2.5 to 3.4, substantially met = 3.5 to 4.4, and met = 4.5. to 5.0.

Finally, we provided VA with a draft of our detailed analysis of the schedule so that VA officials could verify the information on which we based our findings.

To evaluate VA's requirements management planning, we first identified key practices in the Project Management Institute's Requirements Management Guide.[4] According to the guide, the practices are needs assessment, requirements management planning, requirements elicitation, requirements analysis, requirements monitoring and controlling, and solution evaluation.

[3]GAO, *Schedule Assessment Guide: Best Practices for Project Schedules*, GAO-16-89G (Washington, D.C.: Dec. 22, 2015).

[4]Project Management Institute, Inc., *Requirements Management: A Practice Guide*, 2016.

We evaluated agency documents relative to the practices. The documents we reviewed included, for example, the Office of Integrated Veteran Care's Enterprise Scheduling Request Intake Process guidance, the Office of Information and Technology's Enterprise Scheduling Standard Operation Procedure, spreadsheets each of these offices uses to track requirements, and the Integrated Scheduling Solution Master Test Plan. We also interviewed IVC and OIT about their requirements development and management processes and observed demonstrations of the tools they use to track requirements. We assessed each practice as implemented if VA provided evidence that satisfied the criteria and as partially implemented if VA provided some but not all evidence that satisfied the criteria.

We conducted this performance audit from May 2023 to May 2025 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix II: Comments from the Department of Veterans Affairs

DEPARTMENT OF VETERANS AFFAIRS
WASHINGTON

May 7, 2025

Ms. Carol C. Harris
Director
Information Technology and Cybersecurity Issues
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Ms. Harris:

The Department of Veterans Affairs (VA) reviewed the Government Accountability Office (GAO) draft report: VETERANS HEALTH: Improved Schedule and Requirements Management Needed to Achieve Successful Appointment Scheduling Modernization (GAO-25-106851).

The enclosure contains technical comments and the action plan to implement the draft report recommendations. VA appreciates the opportunity to comment on your draft report.

Sincerely,

Christopher D. Syrek
Chief of Staff

Enclosure

Enclosure

Department of Veteran Affairs (VA) Comments to
the Government Accountability Office (GAO) Draft Report
VETERANS HEALTH: Improved Schedule and Requirements Management Needed to Achieve Successful Appointment Scheduling Modernization
(GAO-25-106851)

Recommendation 1: The Secretary of VA should direct the Undersecretary of Health and the Assistant Secretary for Information and Technology/Chief Information Officer to ensure that VHA and OIT develop a comprehensive and credible project schedule for the scheduling systems modernization effort consistent with best practices.

VA Response: Concur. The Office of Information and Technology (OIT) is currently working with the Veterans Health Administration (VHA) Office of Integrated Veteran Care (IVC) to follow Agile best practices to develop a comprehensive and credible project schedule for the scheduling systems modernization effort. The team will review the best practices identified as not met from *GAO's Schedule Assessment Guide* to address gaps, hold detailed discussions to pinpoint specific areas for improvement, and adjust accordingly.

Target Completion Date: December 2025

Recommendation 2: The Secretary of VA should direct the Undersecretary of Health and the Assistant Secretary for Information and Technology/Chief Information Officer to ensure that VHA and OIT develop a requirements management plan for the scheduling systems modernization effort and ensure that key practices are fully implemented.

VA Response: Concur. OIT is currently working with IVC to follow Agile best practices to develop a requirements management plan for the scheduling systems modernization effort utilizing the Jira project management tracking tool.

The team will thoroughly review the GAO findings and hold detailed discussions to pinpoint specific areas for improvement and adjust accordingly.

Target Completion Date: December 2025

Appendix III: GAO Contact and Staff Acknowledgments

GAO Contact

Carol C. Harris, harriscc@gao.gov

Staff Acknowledgments

In addition to the individual named above, Mark Bird (Assistant Director), Jennifer Stavros-Turner (Assistant Director), Cheryl Dottermusch (Analyst-in-Charge), Timothy Barry, Albert Csaszar, Jonnie Genova, Sharon Guan, Jason Lee, Tommy Luong, Rhea Parikh, Christy Tyson, and Curt Williams made key contributions to this report.

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