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Report to A. A. Gavazzi, Director, Veterans Administration: VA Hospital, Washington, DC; by George D. Peck, Assistant Director, Human Resources and Development Div.

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The responses to a questionnaire sent to most physicians employed at the Washington, D.C., Veterans Administration (VA) Hospital identified certain deficiencies at the hospital which could have an adverse impact on the quality of the care that patients receive. Findings/Conclusions: The medical school affiliation plays a large part in attracting physicians to the hospital. Most of the physicians were satisfied with the inpatient facilities; however, they were not satisfied with the outpatient facilities. Overall, many physicians were satisfied with the availability of medical equipment for inpatient and outpatient care. Many physicians were unsatisfied with all aspects of the radiology service, including availability, timeliness of delivery, and quality. Many narrative responses complained that the ancillary service staff members were inefficient. In general, the physicians were satisfied with the training, experience, and competency of the nursing staff, although many thought that the number of nurses was inadequate to support the practice of good medicine and provide good health care. They also believed that the clerical and secretarial support was inadequate. Overall, the physicians were satisfied with the quality of medical records and with the availability of medical references, research facilities, and equipment. Ninety percent of the physicians claimed that the amount of time they spend with patients was adequate for the practice of good medicine. (SC)

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UNITED STATES GENERAL ACCOUNTING OFFICE
WASHINGTON, D.C. 20548

**HUMAN RESOURCES
DIVISION**

APR 14 1977

**Mr. A.A. Gavazzi, Director
Veterans Administration Hospital
Washington, D.C. 20422**

Dear Mr. Gavazzi:

During our recent review of the medical school affiliation program at the Veterans Administration (VA) Hospital, Washington, D.C., we sent a questionnaire to most VA physicians (including interns and residents) employed at the hospital. The questionnaire was designed to obtain the views of the physicians regarding the quality of care being provided at the hospital, including, to the extent possible, the impact of the affiliation program.

As you know, our review was made pursuant to a request from the Chairman, Senate Appropriations Subcommittee on HUD-Independent Agencies. Briefly, the Chairman asked us to assess the impact of medical school affiliations on the VA hospital system. Our review of the Washington, D.C., VA Hospital was made primarily to obtain a better understanding of a VA hospital-medical school affiliation prior to undertaking a more comprehensive review of selected VA hospital-medical school affiliations throughout the VA system.

In our February 28, 1977, meeting with you, we discussed the results of responses to our questionnaire and stated that a more complete presentation of the results would be provided to you. The results presented are those from the three largest services in the hospital--medicine, surgery, and psychiatry. Due to the low response rate (46 percent overall; 42 percent among physicians in medicine, surgery, and psychiatry), we believe it would be inappropriate to make definitive statements regarding the quality of care at this hospital. However, the responses received did identify certain deficiencies at the hospital which could have an adverse impact on the quality of patient care. Our overall findings, by category, are discussed below.

STAFFING/PHYSICIANS

The medical school affiliation plays a large part in attracting physicians to the hospital. Seventy-eight percent of the staff physicians said the opportunity to teach at the hospital was an important factor in their decision to join the hospital staff. Furthermore, two physicians claimed that they and nearly 11 their colleagues would not work at the hospital without the affiliation.

A VA official claims that affiliation arrangements help to attract better qualified physicians who have graduated from U.S. medical schools. This appears to be the case at the Washington, D.C., VA Hospital since 98 percent of the responding staff physicians were board certified or board eligible and 74 percent had graduated from a U.S. medical school.

FACILITIES' DESIGN AND LAYOUT

Most of the physicians were satisfied with the inpatient facilities; however, they were not satisfied with the outpatient facilities. Many claimed the outpatient services do not get the needed support (i.e., staffing, facilities, and supplies). They cited an increasing patient load and changes in veteran eligibility for outpatient services as causes of the overcrowding and inadequacy in the outpatient area.

MEDICAL EQUIPMENT AND SUPPLIES

Overall many physicians were satisfied with the availability of medical equipment for inpatient and outpatient care. However, regarding inpatient medical equipment, the residents indicated experiencing a shortage of equipment much more frequently than did the staff physicians.

ANCILLARY CLINICAL SERVICES (RADIOLOGY AND LABORATORY)

Many physicians were unsatisfied with all aspects of the radiology service--availability, timeliness of delivery, and quality. This was true for both inpatient and outpatient radiology services.

In general most physicians were satisfied with the inpatient and outpatient laboratory services. However, in the category of timeliness of delivery, opinions were equally divided among those who were very or generally satisfied and those who were very or generally unsatisfied.

We received many narrative responses complaining about the ancillary service staff. Many physicians claimed that staff members were inefficient, but that it was extremely difficult to fire these employees due to civil service regulations. Another frequent complaint was that the physicians could not get prompt service and that it was "almost impossible" to get x-rays or laboratory work done during "off-hours".

STAFFING/NURSES AND CLERICAL

In general the physicians were satisfied with the training, experience, and competency of the nursing staff. However, they were more satisfied with the registered nurses than with the licensed practical nurses or the nursing assistants.

Many physicians thought that the number of nurses was inadequate to support the practice of good medicine and provide good health care. They also believed the clerical and secretarial support was inadequate.

As in the case of the ancillary service staff, many physicians claimed the licensed practical nurses, nursing assistants, and secretaries had "bad attitudes", were inefficient, and took little initiative or pride in their work. Many complained that civil service regulations made it "impossible" to fire these employees.

MEDICAL RECORDS, MEDICAL
LIBRARY, AND RESEARCH

Overall, the physicians were satisfied with the quality of medical records and the availability of medical references and research facilities and equipment. However, many were unsatisfied with the availability of medical records.

ADMISSIONS AND PATIENT LOAD

Based on the questionnaire responses, the medical school affiliation does not appear to influence admissions at the Washington, D.C., VA Hospital. Admissions are rarely, if ever, hindered by either disinterest in the case or the case not meeting teaching or research needs.

Regarding patient load, 90 percent of the physicians claimed that the amount of time they spent with patients was adequate for the practice of good medicine. In the area of outpatient services, most physicians felt that few patients were taking unnecessary advantage of the VA system of providing free medical care.

A more detailed analysis of the responses to our questionnaire is enclosed for your information.

We appreciate the assistance you and your staff provided to our representatives during our review at the Washington hospital. Copies of this report are being sent to the Chief Medical Director and the Director, Internal Audit Service, at the VA central office.

Sincerely yours,



George D. Peck
Assistant Director

Enclosure

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PHYSICIAN QUESTIONNAIRE ANALYSIS
WASHINGTON, D.C., VA HOSPITAL

PURPOSE OF THE QUESTIONNAIRE

The Subcommittee requested that we assess whether the quality of care in VA hospitals had increased or decreased as a result of the VA hospital-medical school affiliation program. In order to make this assessment, we developed a physician questionnaire for use during our pilot study at the Washington, D.C., VA Hospital. The questionnaire is designed to obtain the views of VA physicians regarding the quality of care being provided at the hospital, including, to the extent possible, the impact of the affiliation program.

QUESTIONNAIRE DISTRIBUTION AND RESPONSE

We attempted to distribute the questionnaire to all the physicians at this hospital. However, due to resident rotations, vacations, etc., several physicians did not receive the questionnaire. In total, we distributed the questionnaire to 111 of 116 employed staff physicians and 153 of 157 residents.

Overall we received a 46 percent response from these physicians; 67 staff physicians (60 percent) and 55 residents (36 percent) completed and returned the questionnaire. In evaluating the questionnaire results, we focused on the responses from the three largest services in the hospital--medicine, surgery, and psychiatry. The numbers and rates of response from these services are shown in table 1 below.

Table 1
QUESTIONNAIRE RESPONSES
BY MAJOR SERVICES

	STAFF PHYSICIANS			RESIDENTS		
	Number distributed	Number returned	Percent response	Number distributed	Number returned	Percent response
Medicine	41	24	59	101	28	28
Surgery	22	10	45	26	12	46
Psychiatry	22	16	73	7	3	43
Total	85	50	59	134	43	32

NOTE: Percentages throughout this summary may not add to 100 percent due to rounding.

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QUESTIONNAIRE RESULTS

Staff/Physicians

Of the 50 responding staff physicians from the three largest services, 98 percent were board certified or board eligible and 74 percent graduated from U.S. medical schools. Among the 43 responding residents, 51 percent were board certified or board eligible and 95 percent graduated from U.S. medical schools.

The most important reasons given by the staff physicians for deciding to work at the hospital follow.

Opportunity for professional development - 86 percent

Caliber of colleagues - 78 percent

Opportunity to teach at hospital - 78 percent

Opportunity to participate in continuing education programs - 76 percent

Opportunity to participate in training programs - 76 percent

Of the reasons directly related to the medical school affiliation, most physicians cited the opportunity to teach and conduct research at the hospital and the medical school's reputation as being very important in their decision to join the hospital staff (see table 2).

Table 2
Reasons Associated With The Medical School
Affiliation For Staff Physicians' Joining
Washington VA Hospital Staff

	<u>Of little or no</u> <u>importance or</u> <u>somewhat important</u>	<u>Moderately</u> <u>important</u>	<u>Substantially</u> <u>or very</u> <u>important</u>	<u>No</u> <u>response</u>
	----- (Percent) -----			
1. Opportunity to teach at the hospital	8	14	78	0
2. Affiliated medical school's reputation	16	16	68	0
3. Opportunity for research at the hospital	24	22	54	0
4. Availability of con- sultants/attendings	26	26	46	2

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Table 2 (cont.)

	<u>Of little or no importance or somewhat important</u>	<u>Moderately important</u>	<u>Substantially or very important</u>	<u>No response</u>
	----- (Percent) -----			
5. Opportunity to teach at the affiliated medical school	28	30	42	0
6. Opportunity for research at the affiliated medical school	58	14	26	2

Facilities' Design and Layout

Most of the staff physicians and residents in the three largest services were generally satisfied with the physical design of the hospital for inpatients. Regarding the adequacy of the hospital inpatient care facilities, 78 percent of the staff physicians and residents responded that they are more than or generally adequate, 13 percent responded they are marginally adequate, 5 percent responded they are generally or very inadequate, and 3 percent did not respond or said they had no basis to judge. Fifty-eight percent were very or generally satisfied with the provisions for inpatient privacy, while 27 percent said they were marginally satisfied, 12 percent were generally or very unsatisfied, and 3 percent did not respond or said they had no basis to judge.

However, the physicians were not satisfied with the outpatient facilities. Overall, 37 percent of the respondents believed that the facilities for outpatient diagnostic and treatment services were generally or very inadequate. (See table 3 for a breakdown of the responses.)

Table 3
Adequacy of Outpatient Facilities

	<u>Staff physicians</u>	<u>Residents</u>	<u>Overall</u>
	----- (Percent) -----		
More than or generally adequate	38	19	29
Marginally adequate	16	35	25
Generally or very inadequate	38	35	37
No basis to judge or no response	8	12	10

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Furthermore, 46 percent felt the outpatient waiting areas were frequently or very often overcrowded, while 22 percent indicated that this was a rare or occasional occurrence, 11 percent indicated that the waiting areas were overcrowded as often as not, and 22 percent did not respond or said they had no basis to judge.

We also received additional comments regarding outpatient facilities. For example, physicians indicated that the facilities were inadequate to handle the "mushrooming" patient load. In another case, a physician commented that outpatient medical services are treated as "step-children" and need to be upgraded. Also, a surgical staff physician and a resident believed that there is a need for outpatient surgical facilities.

Medical Equipment and Supplies

In general, the physicians were pleased with the medical equipment available for inpatient care. Among the surgeons (staff physicians and residents) responding to the questionnaire, 95 percent were very or generally satisfied with the quality of the operating room equipment, while 5 percent were generally or very unsatisfied. When asked how often they had experienced a shortage of medical equipment needed for providing inpatient care, the responses were as shown in table 4.

Table 4
Staff
physicians Residents Overall
----- (Percent) -----

In the last year,
how often have you
experienced a shortage of
inpatient medical equipment:

1. Not more than once, if ever	26	19	23
2. Two or three times	20	19	19
3. Four or five times	6	16	11
4. Six to nine times	12	9	11
5. Ten or more times	6	21	13
6. No basis to judge or no response	30	16	24

As shown above, a greater percentage of residents than staff physicians experienced a shortage of medical equipment.

Opinions were divided on the availability of outpatient medical supplies. Overall, 19 percent of the physicians reported experiencing a shortage of supplies not more than once, if ever, but 20 percent claimed they had experienced such a shortage 10 or more times. Twenty percent reported a shortage two or three times, 2 percent said they had experienced a shortage

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four or five times, 9 percent reported a shortage six to nine times, and 29 percent did not respond or said they had no basis to judge.

When asked how often they had experienced a shortage of outpatient medical equipment, the responses were similar to those in regard to inpatient equipment in that many physicians seldom experienced a shortage. However, the residents did not indicate a higher incidence of shortage of outpatient equipment as they did regarding inpatient equipment. The responses are shown in table 5.

Table 5
Staff
physicians Residents Overall
----- (Percent) -----

In the last year,
how often have you
experienced a shortage of
outpatient medical equipment:

1. Not more than once, if ever	28	19	24
2. Two or three times	10	19	14
3. Four or five times	2	5	3
4. Six to nine times	8	16	12
5. Ten or more times	20	16	18
6. No basis to judge or no response	32	26	29

Ancillary Clinical Services
(Radiology and Laboratory)

Many physicians in the three largest services were not satisfied with the radiology service (see table 6). In total, 55 percent of the staff physicians and residents were generally or very unsatisfied with the timeliness of delivery of the radiology services for inpatients. However, the residents were proportionately more dissatisfied than the staff physicians (72 percent compared to 40 percent). Furthermore, 44 percent of the staff physicians and residents were generally or very dissatisfied with the quality of the radiology service, and 42 percent were generally or very dissatisfied with the availability. Similar dissatisfaction was expressed for outpatient radiology services, but the residents and staff physicians gave more similar responses.

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Table 6
Physicians' Satisfaction with
Inpatient and Outpatient Radiology Services

	<u>Staff</u> <u>physicians</u>	<u>Residents</u> <u>(Percent)</u>	<u>Overall</u>
<u>INPATIENT RADIOLOGY</u>			
<u>Availability</u>			
1. Very or generally satisfied	36	16	27
2. Marginally satisfied	18	28	23
3. Very or generally unsatisfied	32	53	42
4. No basis to judge or no response	14	2	9
<u>Timeliness of delivery</u>			
1. Very or generally satisfied	18	7	13
2. Marginally satisfied	28	19	24
3. Very or generally unsatisfied	40	72	55
4. No basis to judge or no response	14	2	9
<u>Quality</u>			
1. Very or generally satisfied	32	26	29
2. Marginally satisfied	18	16	17
3. Very or generally unsatisfied	34	56	44
4. No basis to judge or no response	16	2	10
<u>OUTPATIENT RADIOLOGY</u>			
<u>Availability</u>			
1. Very or generally satisfied	24	19	22
2. Marginally satisfied	20	23	22
3. Very or generally unsatisfied	34	37	35
4. No basis to judge or no response	22	21	22
<u>Timeliness of service</u>			
1. Very or generally satisfied	24	12	18
2. Marginally satisfied	14	21	17
3. Very or generally unsatisfied	38	47	42

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<u>OUTPATIENT RADIOLOGY (cont.)</u>	<u>Staff</u>	<u>Residents</u>	<u>Overall</u>
	<u>physicians</u>	(Percent)	
4. No basis to judge or no response	24	21	23
<u>Quality</u>			
1. Very or generally satisfied	34	21	28
2. Marginally satisfied	8	21	14
3. Very or generally unsatisfied	34	37	35
4. No basis to judge or no response	24	21	23

Overall the physicians were more satisfied with the laboratory service than with the radiology service. For example, 49 percent of the respondents were very or generally satisfied with the availability of inpatient laboratory services, and 42 percent were very or generally satisfied with the quality of those services. Opinions were divided on the timeliness of delivery in the laboratory service--31 percent were very or generally satisfied, while 31 percent were very or generally unsatisfied. Most physicians were satisfied with both inpatient and outpatient laboratory services. (See table 7.)

Table 7
Physicians' Satisfaction with
Inpatient and Outpatient Laboratory Services

<u>INPATIENT LABORATORY</u>	<u>Staff</u>	<u>Residents</u>	<u>Overall</u>
	<u>physicians</u>	(Percent)	
<u>Availability</u>			
1. Very or generally satisfied	48	51	49
2. Marginally satisfied	20	23	22
3. Very or generally unsatisfied	20	23	22
4. No basis to judge or no response	12	2	8
<u>Timeliness of delivery</u>			
1. Very or generally satisfied	28	35	31
2. Marginally satisfied	34	26	30
3. Very or generally unsatisfied	26	37	31
4. No basis to judge or no response	12	2	8

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Table 7 (cont.)

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<u>INPATIENT LABORATORY (cont.)</u>	<u>Staff physicians</u>	<u>Residents</u>	<u>Overall</u>
<u>Quality</u>			
1. Very or generally satisfied	38	47	42
2. Marginally satisfied	22	30	26
3. Very or generally unsatisfied	26	21	24
4. No basis to judge or no response	14	2	9
<u>OUTPATIENT LABORATORY</u>			
<u>Availability</u>			
1. Very or generally satisfied	36	35	35
2. Marginally satisfied	28	30	29
3. Very or generally unsatisfied	16	14	15
4. No basis to judge or no response	20	21	20
<u>Timeliness of laboratory services</u>			
1. Very or generally satisfied	24	26	25
2. Marginally satisfied	28	28	28
3. Very or generally unsatisfied	26	26	26
4. No basis to judge or no response	22	21	22
<u>Quality</u>			
1. Very or generally satisfied	34	40	37
2. Marginally satisfied	28	30	29
3. Very or generally unsatisfied	16	9	13
4. No basis to judge or no response	22	21	22

Many physicians provided narrative comments about the ancillary services. A frequently cited complaint was that many of the ancillary service staff members had "bad attitudes" and were inefficient, noting that civil service regulations make it extremely difficult to fire these people. Some physicians said they couldn't get prompt service and that it was "almost impossible" to get x-rays or lab work during "off-hours." Both a staff physician and a resident in the surgical service said that pre-operative lab tests and x-rays take 2 to 3 days, thus adding to length of stay. The staff physician suggested that a priority pre-op lab and x-ray service be set up for outpatients.

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Staffing/Nurses and Clerical

In general the physicians were satisfied with the training, experience, and competency of the nursing staff; however, they were more satisfied with the registered nurses than with the licensed practical nurses or the nursing assistants. The staff physicians and residents tended to agree on their responses regarding registered nurses, but the residents were more unsatisfied with the licensed practical nurses and nursing assistants than were the staff physicians. (See table 8.)

Table 8
Physicians' Satisfaction with Nursing Staff

	<u>Staff</u> <u>physicians</u>	<u>Residents</u> <u>(Percent)</u>	<u>Overall</u>
<u>REGISTERED NURSES</u>			
<u>Training</u>			
1. Very or generally satisfied	76	72	74
2. Marginally satisfied	16	16	16
3. Very or generally unsatisfied	0	5	2
4. No basis to judge or no response	8	7	8
<u>Level of experience</u>			
1. Very or generally satisfied	73	70	74
2. Marginally satisfied	16	21	18
3. Very or generally unsatisfied	0	2	1
4. No basis to judge or no response	6	7	6
<u>Competency</u>			
1. Very or generally satisfied	70	58	65
2. Marginally satisfied	20	28	24
3. Very or generally unsatisfied	2	12	6
4. No basis to judge or no response	8	2	5
<u>LICENSED PRACTICAL NURSES</u>			
<u>Training</u>			
1. Very or generally satisfied	52	37	45
2. Marginally satisfied	26	30	28
3. Very or generally unsatisfied	2	19	10
4. No basis to judge or no response	20	14	17

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Table 8 (cont.)

<u>LICENSED PRACTICAL NURSES (cont.)</u>	<u>Staff physicians</u>	<u>Residents (Percent)</u>	<u>Overall</u>
<u>Level of experience</u>			
1. Very or generally satisfied	56	37	47
2. Marginally satisfied	22	28	25
3. Very or generally unsatisfied	2	23	12
4. No basis to judge or no response	20	12	16
<u>Competency</u>			
1. Very or generally satisfied	52	28	41
2. Marginally satisfied	24	37	30
3. Very or generally unsatisfied	6	28	16
4. No basis to judge or no response	18	7	13
<u>NURSING ASSISTANTS</u>			
<u>Training</u>			
1. Very or generally satisfied	38	28	33
2. Marginally satisfied	28	28	28
3. Very or generally unsatisfied	4	26	14
4. No basis to judge or no response	30	19	25
<u>Level of experience</u>			
1. Very or generally satisfied	40	28	34
2. Marginally satisfied	26	28	27
3. Very or generally unsatisfied	6	28	16
4. No basis to judge or no response	28	16	23
<u>Competency</u>			
1. Very or generally satisfied	36	19	28
2. Marginally satisfied	24	33	28
3. Very or generally unsatisfied	14	37	25
4. No basis to judge or no response	26	12	19

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Overall, the physicians were not satisfied with the number of nurses at the hospital. Forty-five percent felt the number of nurses was generally or very inadequate, 29 percent thought the staffing level was marginally adequate, 19 percent believed it was very or generally adequate, and 6 percent did not respond or said they had no basis to judge.

In addition, many physicians did not believe that the clerical or secretarial support was adequate. Forty-six percent believed the support was generally or very inadequate, while 32 percent believed it was marginally adequate, 20 percent believed it was more than or generally adequate, and 1 percent said they had no basis to judge.

Many written comments received about the nursing and secretarial staff were very similar to those about the ancillary service staff. Many believed that the licensed practical nurses, nursing assistants, and secretaries had bad attitudes, were inefficient, and took little initiative or pride in their work. Many complained that civil service regulations made it impossible to fire these inefficient people. Several respondents also commented on the shortage of clerical support staff and inadequate nurse to patient ratios.

Medical Records, Medical Library, and Research

Overall the physicians were satisfied with the quality of the medical records. Fifty-five percent said they were very or generally satisfied with the completeness and accuracy of the records, while 24 percent were marginally satisfied and 22 percent were very or generally unsatisfied. However, 44 percent of the physicians were very or generally unsatisfied with the availability of these records. In this area the staff physicians were more unsatisfied than the residents. (See table 9 for a breakdown on the responses.)

Table 9
Physicians' Satisfaction With The
Availability of Medical Records

	<u>Staff</u> <u>physicians</u>	<u>Residents</u>	<u>Overall</u>
	<u>(Percent)</u>		
Very or generally satisfied	28	47	37
Marginally satisfied	18	21	19
Very or generally unsatisfied	54	33	44

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The physicians were satisfied with the availability of medical references. Seventy-four percent reported that very often or frequently they could find the necessary medical references, while 8 percent said that as often as not they could find this material, 16 percent said they could find it only occasionally or rarely, if ever, and 2 percent did not respond or said they had no basis to judge.

Forty-five percent of the responding physicians claimed that research facilities were very often or frequently available and 39 percent said that research equipment was very often or frequently available. The breakdown of the responses is shown in table 10.

Table 10

	Very often or frequently	As often as not	Occasionally or rarely, if ever	No basis to judge or no response
	(Percent)			

Are the following
readily available:

Research facilities	45	13	15	27
Research equipment	39	17	17	27

Admissions and Patient Load

Based on the questionnaire responses, the medical school affiliation does not appear to influence admissions to the hospital. For example, admissions are rarely, if ever, hindered by disinterest in the case or the case not meeting teaching or research needs. However, 38 percent of the physicians said that frequently or very often a veteran is not admitted because his illness is not severe enough. A breakdown of the responses is shown in table 11.

Table 11

	Rarely, if ever, or occasionally	As often as not	Frequently or very often	No basis to judge or no response
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How often is a veteran
not admitted for the
following reasons:

1. Illness is not severe enough	37	12	38	13
2. No one wants the case	81	2	4	13
3. Case is not important enough	82	2	1	15
4. Case does not meet teaching needs	86	1	0	13
5. Case does not meet research needs	81	0	0	19

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Table 11 (cont.)

	<u>Rarely, if ever, or occasionally</u>	<u>As often as not</u>	<u>Frequently or very often</u>	<u>No basis to judge or no response</u>
	<u>-----(Percent)-----</u>			
6. There are no beds available	71	5	12	12

In regard to patient load, 73 percent of the physicians believed that the amount of time they spent with each patient was more than or generally adequate for the practice of good medicine, 17 percent felt the time was marginally adequate, 6 percent believed it was generally or very inadequate, and 3 percent did not respond or said they had no basis to judge. When asked how long outpatients have to wait, the responses were as follows:

Under 1/2 hour	2 percent
From 1/2 to under 1 hour	13 percent
From 1 to under 2 hours	28 percent
From 2 to under 3 hours	20 percent
3 or more hours	8 percent
No basis to judge or no response	29 percent

Because some physicians complain that many outpatients take advantage of the free medical services available to them, we asked the physicians what proportion of the outpatient requests for medical services were unnecessary. The responses were as follows:

None or almost none	12 percent
About 1 in 20	20 percent
About 1 in 10	16 percent
About 1 in 7	6 percent
About 1 in 5	8 percent
About 1 in 4	5 percent
More than 1 in 4	4 percent
No basis to judge or no response	28 percent

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Several written comments were received regarding the type of patient seen in the VA system. One staff physician said the patients are very demanding and ungrateful and suffer from self-induced illnesses, such as alcoholism. A resident indicated that VA patients believe that the hospital should take care of all their problems and as a result, they come in for unimportant reasons. Another resident stated that many patients have nowhere to go upon discharge, so in many cases the hospital is being used as a nursing home.