



Testimony

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Committee on Veterans' Affairs, House
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VETERANS COMMUNITY CARE PROGRAM

Improvements Needed to Help Ensure Timely Access to Care

Statement of Sharon M. Silas, Director,
Health Care

Accessible Version

GAO Highlights

Highlights of [GAO-20-721T](#), a testimony before the Subcommittee on Health, Committee on Veterans' Affairs, House of Representatives

Why GAO Did This Study

In June 2019, VA implemented its new community care program, the VCCP, as required by the VA MISSION Act of 2018. This new program replaced or consolidated prior community care programs. Under the VCCP, VAMC staff are responsible for community care appointment scheduling.

This statement summarizes GAO's September 2020 report. It describes for the VCCP: (1) the appointment scheduling process that VA established for veterans, (2) the metrics VA used to monitor the timeliness of appointment scheduling, (3) VA's efforts to prepare VAMC staff for appointment scheduling, and (4) VA's efforts to determine VAMC staffing needs.

In performing that work, GAO reviewed VA documentation, such as guidance, referral timeliness data, and VAMC community care staffing data; conducted site visits to five VAMCs; and interviewed VA and VAMC officials.

What GAO Recommends

In its September 2020 report, GAO recommended that Congress consider requiring VA to establish an overall wait-time measure for the VCCP. GAO also made three recommendations to VA, including that it align its monitoring metrics with the VCCP appointment scheduling process. VA did not concur with this recommendation, but concurred with the other two. GAO maintains that all recommendations are warranted.

View [GAO-20-721T](#). For more information, contact Sharon M. Silas at (202) 512-7114 or silas@gao.gov.

September 30, 2020

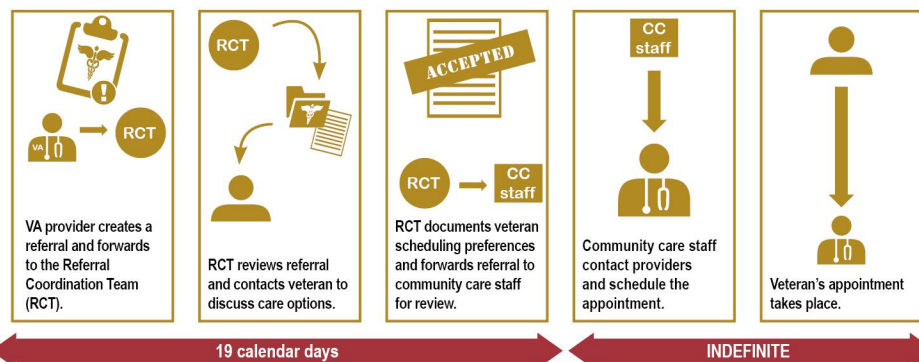
VETERANS COMMUNITY CARE PROGRAM

Improvements Needed to Help Ensure Timely Access to Care

What GAO Found

In a September 2020 report, GAO found that the Department of Veterans Affairs (VA) established an appointment scheduling process for its new Veterans Community Care Program (VCCP) but did not specify allowable wait times for some key steps in the process. Further, GAO found that VA had not established an overall wait-time performance measure—that is, the maximum amount of time it should take for veterans to receive care from community providers. In 2013, GAO recommended that VA establish a wait-time measure under a prior VA community care program, and in 2018 again recommended that VA establish an achievable wait-time goal to receive care under the VCCP. VA has not implemented these recommendations.

Potential Allowable Wait Time to Obtain Care through the Veterans Community Care Program



Source: GAO illustration based on analysis of Department of Veterans Affairs (VA) documentation. | GAO-20-721T

Note: This figure illustrates potential allowable wait times in calendar days for eligible veterans who are referred to the Veterans Community Care Program through routine referrals (not urgent), and have VA medical center staff—Referral Coordination Team (RCT) and community care staff (CC staff)—schedule the appointments on their behalf.

Given VA's lack of action over the prior 7 years in implementing wait-time measures for various community care programs, GAO believes that Congressional action is warranted requiring VA to establish such an overall measure for the VCCP. This should help to achieve timely health care for veterans.

GAO found additional VCCP challenges needing VA action:

- (1) VA uses metrics that are remnants from the previous community care program and inconsistent with the time frames established in the VCCP scheduling process.
- (2) Few community providers have signed up to use the software VA intends for VA medical center (VAMC) staff and community providers to use to electronically share referral information with each other.
- (3) Select VAMCs faced challenges scheduling appointments in a timely manner and most did not have the full amount of community care staff VA's staffing tool recommended.

Chairwoman Brownley, Ranking Member Dunn, and Members of the Subcommittee:

Thank you for the opportunity to discuss our work reviewing the Department of Veterans Affairs' (VA) implementation of its newest community care program, the Veterans Community Care Program (VCCP), and the preparedness of VA medical center (VAMC) staff to schedule veterans' VCCP appointments. As you know, VA has a long history of using community providers under various programs as a way to address veterans' challenges accessing care at VA medical facilities. As required by the VA MISSION Act of 2018 (VA MISSION Act), VA implemented the VCCP on June 6, 2019, which replaced or consolidated previous community care programs.¹ In addition, under the VCCP, VAMC staff are responsible for scheduling appointments with community providers.

Despite the intent of VA's community care programs to help provide timely care to veterans, we and others have reported on challenges with VA's implementation and administration of these programs, including delays in appointment scheduling and lengthy wait times when using community care.² In 2018, we made 10 recommendations to VA to avoid challenges it faced under the Veterans Choice Program as it implemented

¹Pub. L. No. 115-182, tit. I, § 101, 132 Stat. 1393, 1395-1404 (2018). The VA MISSION Act also assigned VA responsibility in ensuring that veterans' appointments are scheduled in a timely manner.

²See GAO, *Veterans Health Care: VA Needs to Address Challenges as It Implements the Veterans Community Care Program*, [GAO-19-507T](#) (Washington, D.C.: Apr. 10, 2019); *Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers*, [GAO-18-671](#) (Washington, D.C.: Sept. 28, 2018); *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 *VA Health Care: Management and Oversight of Fee Basis Care Need Improvement*, [GAO-13-441](#) (Washington, D.C.: May 31, 2013). See also Department of Veterans Affairs, Office of the Inspector General, *Veterans Health Administration, Review of the Implementation of the Veterans Choice Program*, Report No. 15-04673-333 (Washington, D.C.: Jan. 30, 2017); and *Veterans Health Administration, Improvements Are Needed in the Community Care Consult Process at VISN 8 Facilities*, Report No. 18-05121-36 (Washington, D.C.: Jan. 16, 2020).

the VCCP; however, eight of these recommendations are not yet implemented.³

My testimony today summarizes the findings from our report issued and released on September 28, entitled *Veterans Community Care Program: Improvements Needed to Help Ensure Timely Access to Care*.⁴ Accordingly, my testimony today discusses

- (1) the appointment scheduling process that VA established for veterans to obtain care through the VCCP;
- (2) the metrics VA uses to monitor the timeliness of VCCP appointment scheduling;
- (3) VA's efforts to prepare VAMC staff for VCCP appointment scheduling; and
- (4) VA's efforts to determine VAMC staffing needs for the VCCP.

As part of my testimony, I will highlight recommended congressional action that will permit VA to measure and monitor the timeliness of VCCP appointments. I will also describe three recommendations we made to VA in our September 2020 report to improve appointment scheduling under the VCCP and to allow VA to determine the effectiveness of its new community care program. VA concurred with two of the recommendations and said it would take actions to implement them. VA disagreed with the third recommendation, but, as I will discuss, we maintain it remains valid.

For our September 2020 report, we reviewed applicable VA documentation, including directives, guidance, and contracts, as well as data VA uses to monitor appointment scheduling timeliness and

³See [GAO-18-281](#). The Veterans Choice Program was a temporary community care program that VA implemented in 2014, and ended when the VCCP took effect on June 6, 2019. Under the Veterans Choice Program, VA used two third-party administrators to establish networks of community providers and schedule appointments with community providers for eligible veterans. We closed one of the 10 recommendations we made in 2018 as not implemented—see appendix I for more information on these recommendations and the current status of those recommendations.

⁴See GAO, *Veterans Community Care Program: Improvements Needed to Help Ensure Timely Access to Care*, [GAO-20-643](#) (Washington, D.C.: Sept. 28, 2020).

community care staffing levels at VAMCs.⁵ We conducted site visits to five VAMCs located in VA's first region to transition to the new community provider network under the VCCP.⁶ In addition, we interviewed officials from VA's Office of Community Care, selected Veterans Integrated Service Networks (VISN), leadership and community care staff from the selected VAMCs, and staff from VA's two third-party administrators that are in charge of setting up the new provider networks.⁷ Additional information on our scope and methodology is available in our report. Our work was performed in accordance with generally accepted government auditing standards.

VA's Appointment Scheduling Process for the VCCP Did Not Specify the Maximum Amount of Time Veterans Should Have to Wait to Receive Care

In our September 2020 report, we found that VA had established maximum allowable wait times for only part of the VCCP appointment scheduling process, and it had not established an overall wait-time

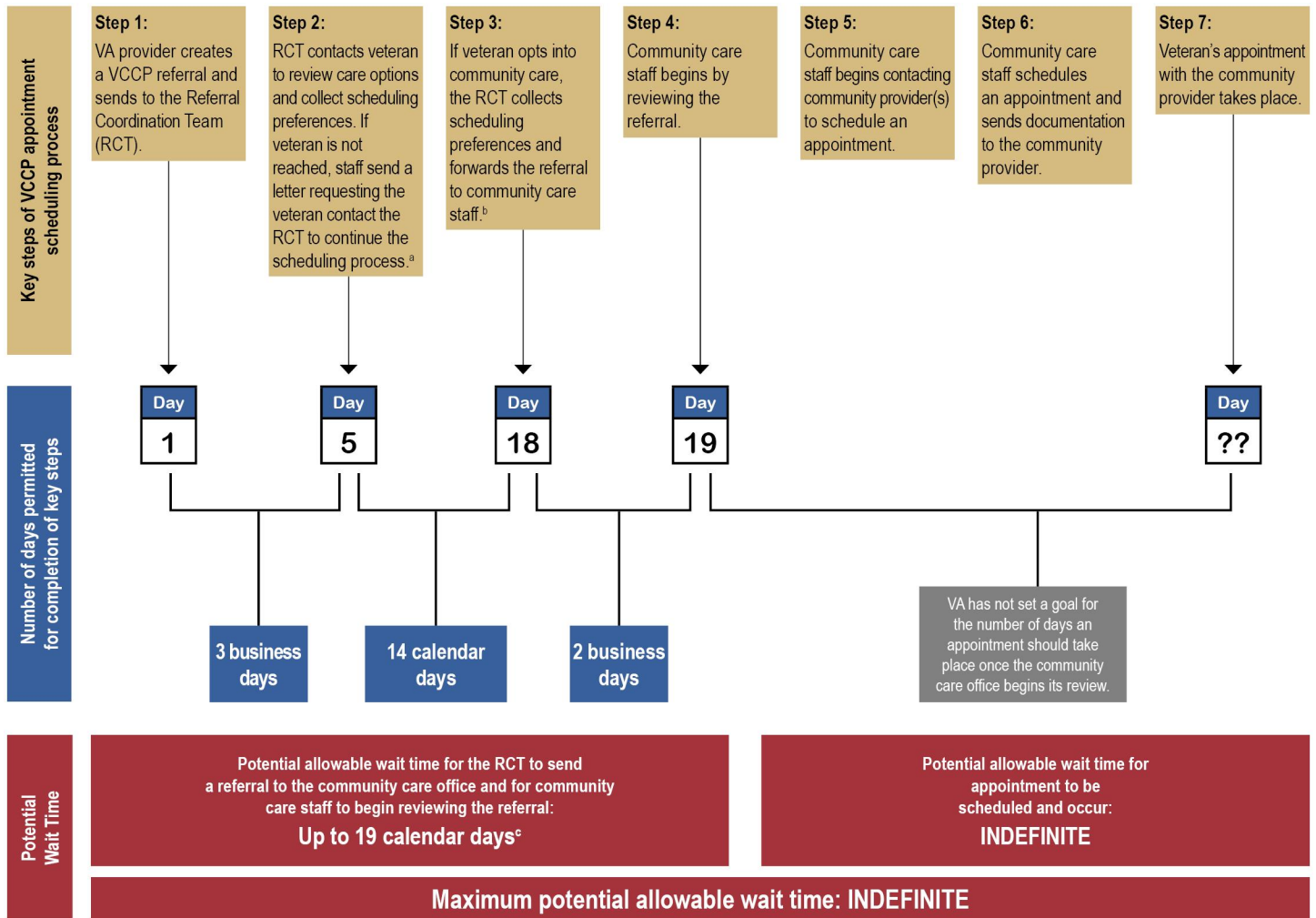
⁵As part of our work, we also conducted a medical record review. The time frame for our medical record review occurred between July 29, 2019, and December 31, 2019, which was prior to VA's introduction of the Referral Coordination Teams in February 2020. See app. II for analysis of the timeliness of appointment scheduling actions and of veterans obtaining care for a sample of VCCP referrals from selected VAMCs.

⁶The VAMCs we visited between September 2019 and February 2020 were located in White River Junction, Vermont; Bath, New York; Bronx, New York; Philadelphia, Pennsylvania; and Washington, D.C. We selected VAMCs with varying facility complexity, rurality, implementation dates of the new community provider network, and status of whether VAMC staff were scheduling community care appointments prior to VCCP implementation. VA primarily administers the VCCP through six regional contracts covering the U.S. VA is using third-party administrators to develop and administer these regional contracts, who will be responsible for recruiting and building networks of licensed health care community providers and paying claims. VA implemented these contracts region-by-region in a phased approach by VAMC, beginning with VAMCs in the first region in the Northeastern U.S. See [GAO-20-643](#) for more information on these contracts.

⁷The two third-party administrators include Optum Public Sector Solutions and TriWest Healthcare Alliance.

performance measure—that is, the maximum amount of time it should take for veterans to receive care from community providers.⁸ (See fig. 1.)

Figure 1: Potential Allowable Wait Time to Obtain Care through the Veterans Community Care Program (VCCP) Appointment Scheduling Process (Effective February 2020)



Source: GAO illustration based on analysis of Department of Veterans Affairs (VA) documentation. | GAO-20-721T

Notes: This figure illustrates potential allowable wait times for eligible veterans who are referred to the VCCP through routine referrals (not urgent), and have Referral Coordination Team (RCT) and community care staff schedule the appointments on their behalf. RCT staff are VA medical center staff responsible for such actions as reviewing the referral, determining veteran eligibility, and

⁸Figure 1 shows the appointment scheduling process VA established under its Referral Coordination Initiative, which began in February 2020. See app. II for a figure of the VCCP scheduling process that was in place prior to February 2020.

collecting scheduling preferences before sending the referral to community care staff to schedule the appointment. The potential wait time reflects the days if RCT and community care staff take the maximum amount of time allowed by VA's process; VA does not have a wait-time measure for receipt of care.

^aAccording to VA officials, the phone call and letter can occur on the same day.

^bIf a veteran is not eligible or does not opt into community care, the RCT will schedule an in-house appointment based on the veteran's scheduling preferences.

^cThe maximum potential allowable wait time is 19 calendar days if the veteran's need for care is identified on a Friday. If there are holidays, the total number of calendar days permitted to elapse may be greater than 19 calendar days.

We have consistently reported on VA's lack of an overall wait-time measure for veterans to receive care as a deficiency under prior VA community care programs. In 2013, we found that VA did not have a timeliness measure for veterans to receive community care, and recommended that VA apply the same wait-time measure as it used to monitor wait times at VAMCs.⁹ Although VA agreed with our recommendation, the department has not implemented it. In our June 2018 report, we recommended that as VA implemented the VCCP, it should establish an achievable wait-time goal for veterans to receive care.¹⁰ VA agreed with our recommendation; however, the VCCP has been operational since June 2019 and this recommendation remains unimplemented.¹¹

The absence of an overall performance measure specifying the maximum amount of time veterans should have to wait to receive care through the VCCP is problematic, because VA has historically struggled to administer its community care programs effectively. In addition, without a wait-time performance measure, VA cannot determine whether the VCCP has helped the department achieve its goal of reducing veterans' wait times for receiving care.

Given VA's lack of action over the last 7 years on our recommendations, in our September 2020 report we recommended that Congress consider requiring VA to establish an overall wait-time performance measure for

⁹At the time of our May 2013 report, VA referred to community care as its Fee Basis Program. See [GAO-13-441](#).

¹⁰See [GAO-18-281](#). We also recommended in this report that VA develop (1) an appointment scheduling process with time frames that are consistent with an overall wait-time performance measure and (2) a comprehensive policy directive for the VCCP. Both of these recommendations remain unimplemented; in [GAO-20-643](#), we reiterate the need for VA to take actions to close these recommendations.

¹¹See appendix 1 for more information on the recommendations we made in 2018 and the current status of those recommendations.

veterans to receive care under the VCCP.¹² Such a performance measure would permit VA to measure and monitor the timeliness of VCCP appointments and compare the timeliness of those appointments to those made at VA medical facilities.

VA Used Prior Community Care Program Metrics to Monitor VCCP Appointment Scheduling Timeliness, Which Were Inconsistent with Current Policy

In our September 2020 report we found that the metrics outlined in VA's policy—which VA, VISN, and VAMC officials use to assess VCCP appointment scheduling timeliness—are remnants from prior community care programs, and were inconsistent with current time frames in VA scheduling policy. (See table 1.) VA officials told us these differences exist because the metrics reflect monitoring policies in effect before the VCCP was implemented. According to VA officials, these metrics were built into VA's monitoring tools for prior community care programs and officials did not have the time or could not make changes to those tools prior to VCCP implementation.

Table 1: VA's Performance Metrics for Selected Scheduling Actions under the Veterans Community Care Program as Compared to VA's Guidance for VA Medical Center Staff Responsible for These Actions

Scheduling actions	VA scheduling guidance time frames ^a	VA performance metrics
VA medical center community care staff begin reviewing the referral once it is received.	Two business days	90 percent of referrals acted on within 7 calendar days of referral creation
Veteran's appointment is scheduled.	No guidance	90 percent of referrals have an appointment scheduled within 30 calendar days of referral creation

Source: GAO analysis of Department of Veterans Affairs (VA) documentation. | GAO-20-721T

^aVA scheduling guidance time frames are from VA's Office of Community Care Field Guidebook. As we noted in our September 2020 report, monitoring metrics that are inconsistent with the time frames in VA policy used by staff to schedule appointments limits VA's ability to identify high and low performing VAMCs. It also affects VA's ability to work with VAMCs to identify

¹²See [GAO-20-643](#).

problems and implement corrective actions to improve the timeliness of veterans' appointments as needed.

To address these issues, we recommended that VA take steps to align its monitoring metrics with the time frames established in the VCCP scheduling process. VA did not concur with this recommendation, stating the department already monitors key steps in the VCCP scheduling process and aligns these metrics with policy. However, VA's response does not address the inconsistencies we found above in table 1; therefore, we continue to maintain this recommendation is valid.

VA Has Taken Steps to Prepare VAMCs for VCCP Scheduling, but Reports That Few Providers Have Opted to Exchange Information Electronically

In our September 2020 report, we found that VA had taken steps to prepare VAMC staff for appointment scheduling under the VCCP, including developing software tools for VAMC staff to manage VCCP referrals. One of these tools, the HealthShare Referral Manager (HSRM), is used by VAMC staff to (1) create VCCP authorizations, (2) search for available community providers, (3) document veteran appointments, and (4) review referral timeliness data. VA officials told us they intend for the HSRM to be the primary tool used by VAMC staff and community providers to electronically share referrals and documentation with each other.

However, we found that as of June 2020, approximately 10,000 community providers had signed up to use the HSRM out of the approximately 1.7 million community providers enrolled in VA's new provider network.¹³ Staff from one VAMC we visited detailed the challenges of community providers not using the HSRM as a care coordination portal, including that VAMC staff had to receive veterans' medical documentation by fax or mail, which then had to be scanned into

¹³VA officials stated that multiple providers could access the HSRM from one office, and that the estimated 10,000 community providers able to use the HSRM were located at approximately 4,000 unique locations.

VA's electronic medical record system.¹⁴ This, in turn, created scanning backlogs.

VA officials stated that they do not require community providers to use the HSRM to participate in the VCCP, because VA wants to offer flexibility to providers and not risk turning any providers away by mandating a single system for use under the program. However, the limited use of the HSRM by community providers is a risk to VA successfully meeting its goal of using the system as its main tool to exchange information and manage referrals with community providers.

To address these issues, we recommended that VA review community provider enrollment and use of the HSRM, and, if determined appropriate, establish a requirement for community providers to use the HSRM. VA concurred with this recommendation, but noted that community providers are concerned with the security requirements necessary for staff to access the HSRM. VA officials said they are working closely with partners within the VA to improve the community provider experience while preserving the security of veterans' data.¹⁵

VA Developed a Tool to Help VAMCs Determine Community Care Staffing Needs, but VAMCs May Still Face Challenges Scheduling VCCP Appointments in a Timely Manner

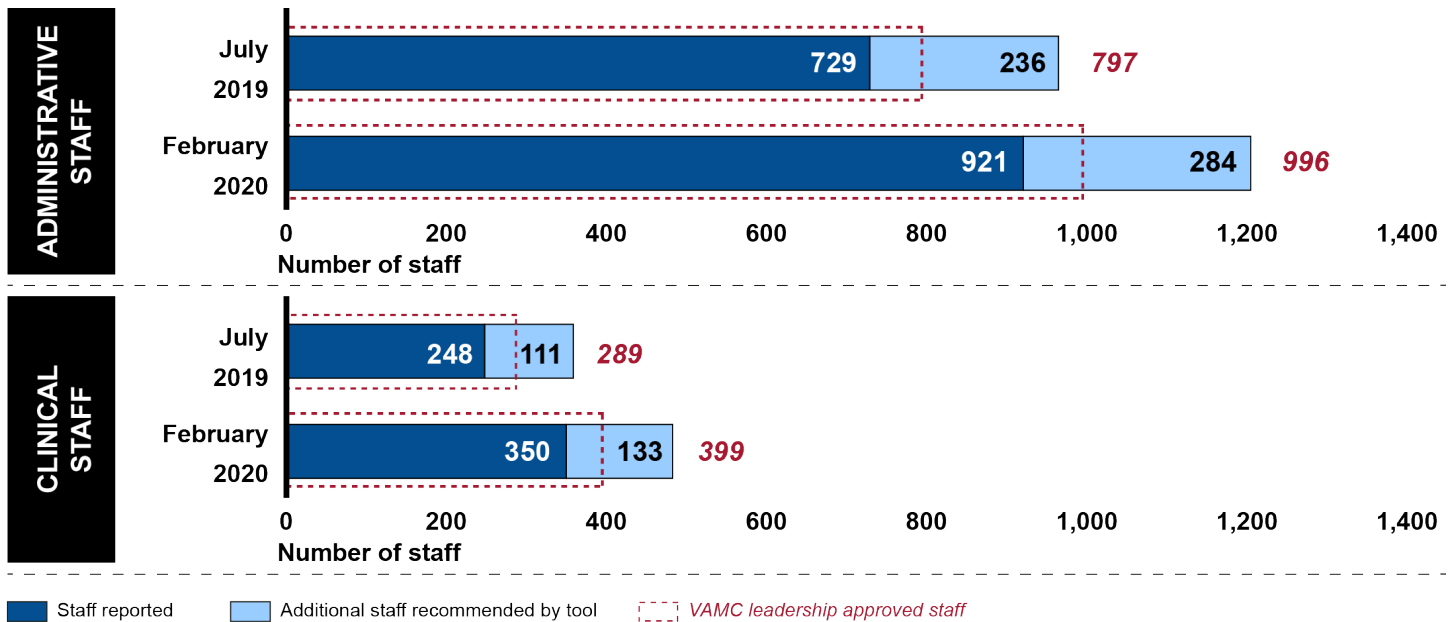
In September 2020 we reported that VA had developed a staffing tool in 2017 to help VAMCs determine the number of community care staff needed at their facilities to operate VA's VCCP when the new program

¹⁴We previously reported in 2018 that VA struggled with manual referral processes under the Veterans Choice Program, and that VA's ability to coordinate care with community providers was limited. See [GAO-18-281](#).

¹⁵In the department's response to our report, VA requested closure of this recommendation; however, we will need to see documentation on VA's actions and the impact of those actions before considering this recommendation implemented.

was implemented.¹⁶ VA updated the staffing tool in December 2019 after VCCP implementation to account for changes stemming from the VCCP, such as increased referral volume.¹⁷ Our review of staffing tool data on 40 VAMCs from July 2019 and February 2020 showed that these VAMCs added community care staff overall, but most did not have the full amount recommended by the updated staffing tool.¹⁸ (See fig. 2.)

Figure 2: Community Care Staffing Levels in Region 1 VA Medical Centers (VAMC), July 2019 and February 2020



Source: GAO analysis of Department of Veterans Affairs (VA) data. | GAO-20-721T

¹⁶The staffing tool includes information entered by VA and VAMC staff, such as the average time it takes VAMC staff to complete referral management tasks, community care referral volume from the previous fiscal year, and expected referral volume growth for the current year. Using these data, the staffing tool outputs a recommended number of administrative and clinical staff each VAMC's community care office needs to meet timeliness metrics for processing community care referrals and scheduling appointments.

¹⁷We also reported that, although VA first updated the tool in 2018 and asked VAMCs to meet its staffing recommendation ahead of VCCP implementation, the tool at that time used outdated referral volume data and did not sufficiently account for growth in referrals that occurred under the VCCP. As a result, the staffing tool at that time may have recommended staffing levels that were too low for VAMC staff to manage the growing referral workload under the VCCP in a timely manner.

¹⁸These 40 VAMCs are located in VA's first region to implement new community provider networks under the VCCP.

Data for Figure 2: Community Care Staffing Levels in Region 1 VA Medical Centers (VAMC), July 2019 and February 2020

Administrative staff

Month/Year	Staff reported	Additional staff recommended by tool	VMAC leadership approved staff
July 2019	729	236	797
February 2020	921	284	996

Clinical staff

Month/Year	Staff reported	Additional staff recommended by tool	VMAC leadership approved staff
July 2019	248	111	289
February 2020	350	133	399

Notes: Staff are measured in full time employee equivalents. "Staff reported" is the number of staff VAMCs reported to VA; "Additional staff recommended" is the difference between what the staffing tool recommended and what VAMCs reported; and "Approved staff" is the number of staff VAMC leadership approved for their facility. There are 40 VAMCs in VA's first region to implement new community provider networks under the Veterans Community Care Program.

In addition, in our September 2020 report we also found for these VAMCs

- VAMC leadership did not always approve the full amount of staff recommended by the tool;¹⁹
- VA and VAMC officials faced challenges with filling approved positions in VAMC community care offices, resulting in vacancies at some VAMCs;²⁰ and

¹⁹VA Office of Community Care and VAMC officials provided several reasons why VAMC leadership might not approve the recommended amount. This included some VAMC leadership that felt the staffing tool recommended more staff than the facility needed, and that VAMCs must balance community care staffing needs against various priorities within their facilities, including staffing for facility based care.

²⁰At the time of our site visits, staff from all five VAMCs we visited stated that their community care offices were understaffed. According to the staffing tool data, all five of these VAMCs had fewer community care staff than the tool recommended as of February 2020.

-
- According to VA data from February 2020, only seven of the 39 VAMCs were meeting VA's timeliness metrics for scheduling an appointment.²¹

VA policy requires that VA medical center directors assess resource needs to ensure staff can adequately perform appointment scheduling tasks to meet the needs of veterans.²² However, VA officials stated that while these assessments are required for care provided within VA facilities, they do not require such assessments for facilities' community care departments.

Accordingly, in our September 2020 report we recommended that VA direct VAMC leadership to assess their community care staffing and resource needs, and develop a plan to address any identified risks to their ability to schedule appointments in a timely manner. VA concurred with this recommendation, and stated it is taking actions to complete the recommended resource assessment.

Chairwoman Brownley, Ranking Member Dunn, and Members of the Subcommittee, this concludes my statement. I would be pleased to respond to any questions that you may have at this time.

²¹There are 40 VAMCs in VA's first region to implement its new community provider network, however, according to VA officials, data for two VAMCs in this region are combined and reported as one integrated health care system as of December 2019. VA officials said these data change daily, as referrals age each day.

²²See VA Directive 1230(1) *Outpatient Scheduling Processes and Procedures* (July 15, 2016, amended July 12, 2019).

Appendix I: GAO Recommendations for Addressing Veterans' Access to Care and Data Challenges, and the Implementation Status of the Recommendations

In June 2018, we reported on numerous challenges the Department of Veterans Affairs (VA) faced during the implementation and administration of the Veterans Choice Program that could affect the implementation of the Veterans Community Care Program.¹ Based on these findings, we made five recommendations to VA to address the factors that adversely affected veterans' access to Veterans Choice Program care, and five recommendations to VA to improve the completeness and accuracy of data on veterans' wait times for care. VA agreed or agreed in principle with nine of these recommendations. Our recommendations, and the steps, if any, VA has taken in response to these recommendations are described in table 2.

¹See 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).

Appendix I: GAO Recommendations for Addressing Veterans' Access to Care and Data Challenges, and the Implementation Status of the Recommendations

Table 2: GAO Recommendations and Implementation Status for Addressing Veterans' Access to Care and Data Challenges Found Under the Veterans Choice Program

GAO recommendations for addressing factors adversely affecting veterans' access to care

<i>GAO recommendation</i>	<i>Implementation status as of September 2020</i>
The Under Secretary for Health should (1) establish oversight mechanisms to ensure that the Department of Veterans Affairs (VA) is collecting reliable data on the reasons that VA medical facility or third-party administrator staff are unsuccessful in scheduling veterans' appointments through the Veterans Community Care Program (VCCP), and (2) demonstrate that it has corrected any identified deficiencies.	Not yet implemented. VA agreed with our recommendation and stated that it is taking steps to establish an oversight mechanism to ensure VA is collecting reliable data in cases where staff are unsuccessful in scheduling veterans' appointments for the VCCP. This includes actions to implement the HealthShare Referral Manager, a software system that will allow VA to produce reports on reasons for unsuccessful scheduling attempts, development of a Community Care Directive, and an analysis of the reasons behind unsuccessful scheduling.
The Secretary of Veterans Affairs should ensure that the contracts for the VCCP include performance metrics that will allow VA to monitor average driving times between veterans' homes and the practice locations of community providers that participate in the third-party administrator networks.	Not yet implemented. VA agreed with our recommendation, and included performance metrics related to drive times in its contracts for the new third-party administrators in regions 1-4 of the new community provider networks under the VCCP. The contracts for regions 5 and 6 have not been awarded yet.
The Secretary of Veterans Affairs should establish a system for the VCCP to help facilitate seamless, efficient information sharing among VA medical facilities, VA clinicians, third-party administrators, community providers, and veterans. Specifically, this system should allow all of these entities to electronically exchange information for the purposes of care coordination.	Implemented. VA developed the HealthShare Referral Manager, a software system for VA medical center staff to use to manage VCCP referrals, including creating authorizations, scheduling veteran appointments, and exchanging documentation electronically with community providers. VA deployed the system at all VA medical centers as of June 24, 2019, and according to VA officials, the system was fully implemented as of December 31, 2019. In addition, in March 2020, VA officials stated veterans are able to use VA Online Scheduling, which is a mobile scheduling application for veterans to request community care appointments and document scheduling preferences, and My HealtheVet, which is a website where veterans can refill prescriptions, review appointments, send electronic messages to VA staff, and view their medical records.
The Under Secretary for Health should conduct a comprehensive evaluation of the outcomes of the two appointment scheduling pilots it established at the Alaska and Fargo VA Health Care Systems (where VA medical facility staff, rather than third-party administrator staff, are responsible for scheduling Veterans Choice Program appointments), which should include a comparison of the timeliness with which VA medical facility staff and third-party administrator staff completed each step of the Veterans Choice Program appointment scheduling process, as well as the overall timeliness with which veterans received appointments.	Closed as not implemented. Our recommendation was intended for VA to compare the timeliness of appointment scheduling by VA medical center staff and third-party administrator staff under the Veterans Choice Program to inform VA's planning and implementation of appointment scheduling responsibilities under the VCCP. According to VA officials, they were unable to complete the evaluation due to manual processes involved in appointment scheduling. Instead, VA officials stated that they would use the HealthShare Referral Manager to track the timeliness of VCCP appointment scheduling by VA medical center staff. Using the HealthShare Referral Manager to track the timeliness of current scheduling timeliness was not relevant to the intent of our recommendation, and we closed this recommendation as not implemented based on those reasons.
The Under Secretary for Health should issue a comprehensive policy directive and operations manual for the VCCP and ensure that these documents are reviewed and updated in a timely manner after any significant changes to the program occur.	Not yet implemented. VA agreed in principle with our recommendation, and stated that it has taken action to develop a new Community Care Directive, which is currently under technical review.

Appendix I: GAO Recommendations for Addressing Veterans' Access to Care and Data Challenges, and the Implementation Status of the Recommendations

GAO recommendations for improving the completeness and accuracy of data on veterans' wait times for care

<i>GAO recommendation</i>	<i>Implementation status as of September 2020</i>
The Under Secretary for Health should establish an achievable wait-time goal for the VCCP that will permit VA to monitor whether veterans are receiving VA community care within time frames that are comparable to the amount of time they would otherwise wait to receive care at VA medical facilities.	Not yet implemented. VA agreed with our recommendation and stated that it is taking steps to establish a wait-time goal for the VCCP. Actions include updating VA's current directives and establishing the HealthShare Referral Manager.
The Under Secretary for Health should design an appointment scheduling process for the VCCP that sets forth time frames within which (1) veterans' referrals must be processed; (2) veterans' appointments must be scheduled; and (3) veterans' appointments must occur, which are consistent with the wait-time goal VA has established for the program.	Not yet implemented. VA agreed with our recommendation and stated that it is taking steps to design an appointment scheduling process for the VCCP. This includes actions to develop a wait-time goal, and the development and review of VA's new Community Care Directive
The Under Secretary for Health should establish a mechanism that will allow VA to systematically monitor the average number of days it takes for medical facilities to prepare referrals, for medical facilities or third-party administrators to schedule veterans' appointments, and for veterans' appointments to occur under the VCCP.	Not yet implemented. VA agreed with our recommendation and stated that it is taking steps to establish a mechanism to monitor appointment timeliness for the VCCP. This includes the implementation of the HealthShare Referral Manager, development of a wait-time goal, review of current VA directives, and the development of reports that can be used by VA medical centers to monitor appointment scheduling timeliness
The Under Secretary for Health should implement a mechanism to prevent veterans' clinically indicated dates from being modified by individuals other than VA providers when veterans are referred to the VCCP.	Not yet implemented. VA agreed with our recommendation, and in March 2020, provided documentation that shows (1) the VA clinician populates the clinically indicated date field when they create the referral in VA's electronic medical record system, (2) when the referral is forwarded to the HealthShare Referral Manager for referral management and appointment scheduling by VA medical center staff, the clinically indicated date field in the system is auto-populated based on the field in VA's electronic medical record system, and (3) the auto-populated field in the HealthShare Referral Manager cannot be edited. However, under VA's current scheduling process, some VA medical center staff can still edit the referral before it is sent to the HealthShare Referral Manager.
The Under Secretary for Health should implement a mechanism to separate clinically urgent referrals and authorizations from those for which the VA medical facility or the third-party administrator has decided to expedite appointment scheduling for administrative reasons.	Not yet implemented. VA did not concur with this recommendation, and states a mechanism is no longer needed because VA medical center staff are responsible for appointment scheduling under the VCCP, not staff from third-party administrators. However, we believe this recommendation is still relevant, and have asked VA for evidence to show that VA medical center staff, when scheduling VCCP appointments, are not changing routine referrals to an urgent status to expedite appointment scheduling in cases of delay.

Source: [GAO-18-281](#) and GAO analysis of VA information. | GAO-20-721T

Appendix II: Appointment Timeliness for a Non- Generalizable Sample of VCCP Referrals from Selected VAMCs

As part of our work for our September 2020 report, we examined the timeliness of appointment scheduling actions and selected veterans' overall wait times to receive care through the Veterans Community Care Program (VCCP). The time frame for our medical record review occurred between July 29, 2019, and December 31, 2019. See fig. 3 for VA's scheduling process during that time.¹

To examine the timeliness of appointment scheduling actions, we took four key steps. We (1) selected a random, non-generalizable sample of 150 routine VCCP referrals for care from three Department of Veterans Affairs (VA) medical centers (VAMC) to conduct a medical record review; (2) reviewed VA's VCCP appointment scheduling process and identified timeliness metrics; (3) performed analysis on the sample of referrals against VA's timeliness metrics; and (4) interviewed VAMC officials to understand reasons behind any scheduling delays.

VCCP referral sample, methodology, and medical record review. The random, non-generalizable sample of 150 routine referrals from three VAMCs was selected from a list of veterans who were scheduled for, and received, specialty care from community providers under the VCCP.² We reviewed referrals from three of the five VAMCs from VA's first region to implement its new community provider network that we conducted site visits to located in White River Junction, Vermont; Philadelphia, Pennsylvania; and Bath, New York. We selected VAMCs based on

¹The timeframe for this record review was prior to VA's introduction of the Referral Coordination Teams in February 2020.

²A routine referral indicates that the veteran should be seen by a date indicated by that veteran's provider. Our review examined the scheduling actions of VAMC community care staff when receiving, reviewing, and scheduling VCCP referrals to understand the length of time it took to complete those actions and for the veteran to receive care. We did not evaluate if veterans were eligible for the VCCP.

**Appendix II: Appointment Timeliness for a
Non-Generalizable Sample of VCCP Referrals
from Selected VAMCs**

varying facility complexity, rurality, implementation date of the community provider network, related Veterans Integrated Service Networks, and whether VAMC staff were scheduling community care appointments prior to the implementation of the VCCP. We reviewed VCCP referrals that were scheduled by VAMC staff on behalf of the veteran, with referrals created by VA providers at those facilities between the times the community provider network went live at those VAMCs through December 31, 2019.³ We reviewed 50 referrals from each of the three VAMCs, for a total of 150 referrals.

For all 150 referrals, we manually reviewed the veterans' VA electronic health records to track the number of business and calendar days that elapsed at each step of the VCCP appointment scheduling process through when the veteran received care from the community provider. The findings from our review of VCCP referrals cannot be generalized beyond the veterans' VCCP referrals we reviewed.

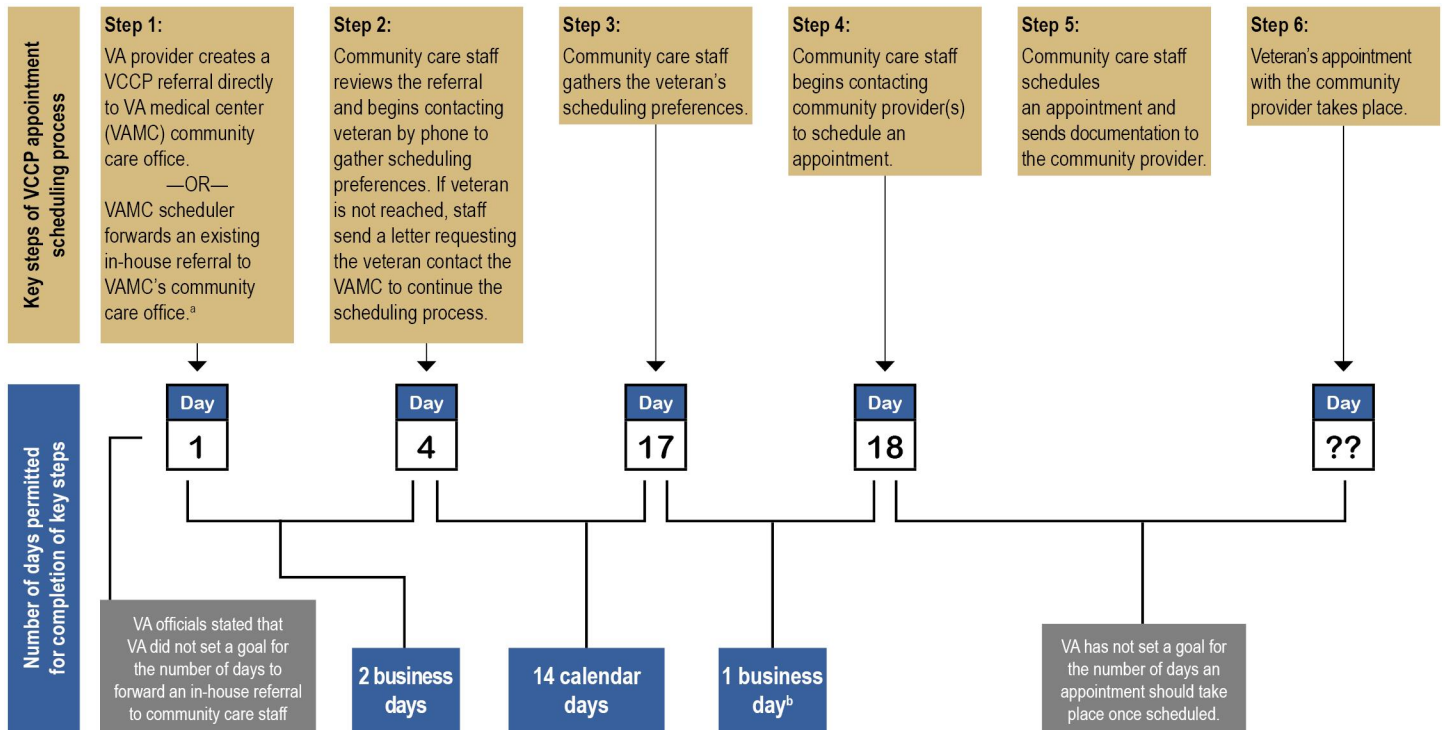
VCCP appointment scheduling process. For the time frame of our medical record review, we reviewed two timeliness metrics found in VA's appointment scheduling process to obtain care under the VCCP:

- VAMC community care staff had 2 business days to change the status of the referral from a pending to active status and to begin contacting the veteran to gather scheduling preferences.
- Once staff collected a veteran's scheduling preferences, staff had 1 business day to begin contacting community providers to schedule the veteran's appointment. (See fig. 3.)

³The VAMCs located in White River Junction and Philadelphia went live with the new provider network on July 29, 2019, and the VAMC located in Bath went live on November 19, 2019. We did not review referrals from the VAMC in Washington, D.C. because the new provider network went live at that facility in mid-December 2019 and was too close to our cut-off date of December 31, 2019. In addition, we did not review referrals from the VAMC located in the Bronx due to the small number of referrals (less than 10) that fit our review parameters.

**Appendix II: Appointment Timeliness for a
Non-Generalizable Sample of VCCP Referrals
from Selected VAMCs**

Figure 3: Appointment Scheduling Process to Receive Care under the Veterans Community Care Program (VCCP), July 2019—February 2020



Source: GAO illustration based on analysis of Department of Veterans Affairs (VA) documentation and interviews with VA officials. | GAO-20-721T

Note: This figure illustrates scheduling actions and timeliness metrics for eligible veterans who were referred to the VCCP through routine referrals (non-emergent), and had community care staff schedule the appointments on their behalf.

^aVA providers can directly enter or create a community care referral if needed services are unavailable at a VA facility. VA schedulers can forward an existing in-house referral to community care if an in-house appointment is not available within designated wait-time standards.

^bVA removed this requirement in February 2020.

Medical record review results. Our review found that of the 150 VCCP referrals in our sample, 40 referrals met the timeliness metric for changing a referral to active and initiating contact with a veteran, and 133 met the timeliness metric for initiating contact with a community provider. (See table 3.)

**Appendix II: Appointment Timeliness for a
Non-Generalizable Sample of VCCP Referrals
from Selected VAMCs**

Table 3: Timeliness of Appointment Scheduling Actions at Three Selected VA Medical Centers (VAMC) for a Sample of 150 Veterans Community Care Program Referrals

		Timeliness Metrics	
		2 business days to change a referral from pending to active and to initiate contact with veteran	1 business day to initiate contact with community providers
Range	<i>VAMC A</i>	1-44 business days	1-8 business days
	<i>VAMC B</i>	1-53 business days	1-26 business days
	<i>VAMC C</i>	1-16 business days	1-13 business days
Average	<i>VAMC A</i>	8 business days	1 business day
	<i>VAMC B</i>	14 business days	2 business days
	<i>VAMC C</i>	7 business days	2 business days

		Timeliness Metrics	
		2 business days to change a referral from pending to active and to initiate contact with veteran	1 business day to initiate contact with community providers
Total number of referrals meeting metric		40 (27 percent)	133 (89 percent)

Source: GAO analysis of Department of Veterans Affairs (VA) medical record information. | GAO-20-721T

Notes: For some referrals in our sample, VAMC staff began contacting community providers prior to receiving a veteran's scheduling preferences. In those instances, we measured the timeliness of that action as 1 business day.

The average number of days for community care staff to begin work on a referral and initiate contact with the veteran and to initiate contact with community providers varied by VAMC, with the lowest averages being 7 business days and 1 business day, respectively. Officials from all three VAMCs indicated that some of the main reasons behind these scheduling delays were having staffing issues in their community care offices and increased VCCP referral workloads.

In addition, our review found that the average number of days and range of days the (1) referral spent with VAMC community care staff prior to the appointment being scheduled, and (2) the veterans' overall wait time varied by VAMC. (See table 4.)

**Appendix II: Appointment Timeliness for a
Non-Generalizable Sample of VCCP Referrals
from Selected VAMCs**

Table 4: Timeliness of Appointment Scheduling and Overall Wait Times at the Three Selected VA Medical Centers (VAMC) for a Sample of 150 Veterans Community Care Program (VCCP) Referrals

		Time spent with VAMC staff to schedule a VCCP referral^a	Overall veteran wait time^b
Range	<i>VAMC A</i>	1-116 calendar days	1-117 calendar days
	<i>VAMC B</i>	1-108 calendar days	3-130 calendar days
	<i>VAMC C</i>	2-37 calendar days	1-61 calendar days
Average	<i>VAMC A</i>	37 calendar days ^c	34 calendar days
	<i>VAMC B</i>	31 calendar days	38 calendar days
	<i>VAMC C</i>	18 calendar days	25 calendar days

Source: GAO analysis of Department of Veterans Affairs (VA) medical records. | GAO-20-721T

^aThis is measured from the date the VA provider created the referral to the date the community care staff scheduled an appointment.

^bThis is measured from the date the VA provider created the referral to the date the veteran received care.

^cVAMC A's sample of referrals included instances where staff recorded the appointment date in the veteran's medical record after the appointment had already occurred.

GAO Contact and Staff Acknowledgments

If you or your staff have any questions about this testimony, please contact Sharon M. Silas at (202) 512-7114 or silass@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this statement. GAO staff who made key contributions to this testimony were Marcia A. Mann (Assistant Director), Kate Tussey (Analyst-in-Charge), Robert Dougherty, Jacquelyn Hamilton, Erika Huber, and Drew Long.

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