



Testimony

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U.S. Senate

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VETERANS HEALTH CARE

VA Has Taken Steps to Improve Its Appointment Scheduling Process, But Additional Actions Are Needed

Statement of Sharon M. Silas, Director,
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Accessible Version

GAO Highlights

Highlights of [GAO-24-107112](#), a testimony before the Special Committee on Aging, U.S. Senate

Why GAO Did This Study

VHA operates the largest health care delivery system in the U.S., providing health care to approximately 6 million veterans in fiscal year 2022. In the last decade, Congress has taken steps to expand the ability of eligible veterans to receive care from community health care providers. GAO and others have identified challenges VHA has had in scheduling appointments both with VHA facility providers and community care providers in a timely manner.

This statement focuses on (1) VHA's timeliness standards for specialty care appointments and any gaps in those standards; and (2) VHA facilities' performance in meeting those standards. This statement is based on GAO reports that were issued in January 2023, September 2020, and June 2018. See [GAO-23-105617](#), [GAO-20-643](#), and [GAO-18-281](#). GAO's methodologies are detailed in those reports. This statement also includes updated information on the status of the recommendations made in those reports.

What GAO Recommends

GAO has made six recommendations to VHA to address gaps in the timeliness standards for appointments at VHA facilities and with community care providers. VA generally agreed and has implemented two of these recommendations but has not fully implemented the remaining four as of October 2023.

View [GAO-24-107112](#). For more information, contact Sharon M. Silas at (202) 512-7114 or silass@gao.gov.

November 2023

VETERANS HEALTH CARE

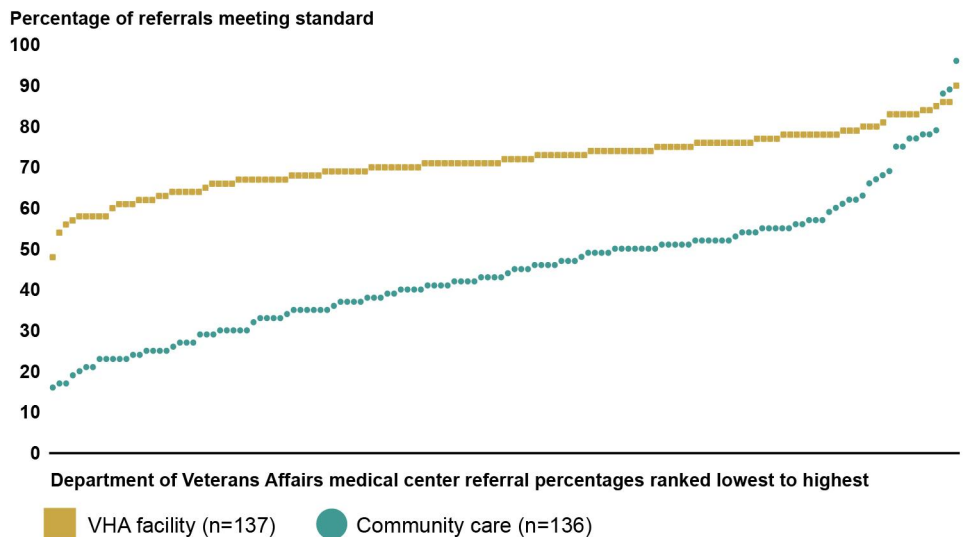
VA Has Taken Steps to Improve Its Appointment Scheduling Process, But Additional Actions Are Needed

What GAO Found

In January 2023, GAO reported that the Department of Veterans Affairs' (VA) Veterans Health Administration (VHA) had set timeliness standards for how long it should take, following a referral, to get a specialty care appointment scheduled at either a VHA facility or with a community care provider. However, GAO found that VHA did not have timeliness standards for how many days until the appointment occurs—that is, how long the veteran has to wait to receive care. GAO recommended then that VHA develop a standard for the number of days within which appointments with VHA facility providers should occur. VHA recently implemented this recommendation. In the January 2023 report, GAO also reiterated a similar recommendation from a 2018 report—that VHA develop a standard for the number of days within which an appointment with a community care provider should occur. VHA agreed with the 2018 recommendation and has taken steps to address it but has not yet fully implemented it.

Scheduling of appointments at VHA facilities must take place within 3 business days of referral and community care appointments within 7 days, according to VHA's standards. However, in January 2023 GAO found that VHA facilities were more timely in scheduling appointments at VHA facilities than in scheduling community care appointments, according to VHA data (see figure).

Percentage of Referrals Meeting Scheduling Timeliness Standards by Veterans Affairs Medical Center, Third Quarter Fiscal Year 2022



Source: GAO analysis of Veterans Health Administration (VHA) data. | [GAO-24-107112](#)

Further, GAO found in January 2023 that VA's analysis that informed the establishment of the community care scheduling timeliness standard of 7 days was limited. GAO recommended then that VHA conduct a comprehensive analysis of scheduling data from all VHA facilities to determine whether the community care standards are achievable and revise them as necessary. VHA agreed with this recommendation but has not yet fully implemented it.

Senator Scott:

Thank you for the opportunity to be here today to discuss the challenges the Department of Veterans Affairs (VA) has faced in the timely scheduling of specialty care appointments for veterans at its medical facilities and with community providers.¹

VA's Veterans Health Administration (VHA) operates the largest health care delivery system in the United States, providing health care to approximately 6 million veterans in fiscal year 2022.² As we have previously reported, in the last decade, Congress has taken steps to improve veterans' access to care. This has included expanding the ability for eligible veterans to receive care from community providers when they face challenges accessing care at VHA medical facilities.³

Most veterans still receive the majority of their care at VHA facilities, which included roughly 40 million in-person appointments and more than 31 million telehealth and telephone appointments in fiscal year 2022. In addition, veterans had approximately 38 million appointments with non-VHA providers through the Veterans Community Care Program in fiscal year 2022, according to VA.⁴

¹While primary care addresses patients' routine health needs, specialty care involves specific services such as cardiology or physical therapy, among others.

²This includes veterans treated by VHA or whose treatment is paid for by VHA.

³In August 2014, after several well-publicized events highlighted serious and long-standing issues with veterans' access to care, Congress enacted the Veterans Access, Choice, and Accountability Act of 2014. Among other things, the law established a temporary program—called the Veterans Choice Program—and provided up to \$10 billion in funding for veterans to obtain health care services from community providers when they faced long wait times, lengthy travel distances, or other challenges accessing care at VHA facilities. Pub. L. No. 113-146, tit. I, §§ 101, 802(d), 128 Stat. 1754, 1755-1765, 1802-1803 (2014).

In 2019, the Veterans Community Care Program replaced the Veterans Choice Program and consolidated other existing community care programs. The VA MISSION Act of 2018 (VA MISSION Act) broadened veterans' eligibility to receive care outside of the VA health care system under this program. Pub. L. No. 115-182, tit. I, §101, 132 Stat. 1393, 1395 (2018).

⁴We use "VHA facility" to refer to care provided by VHA providers at VHA's 170 VA medical centers (VAMC) and more than 1,000 outpatient facilities. We refer to care provided by community providers through the Veterans Community Care Program as "community care".

In recent years, we and others have identified challenges that VHA has had ensuring that both VHA facility and community care appointments are scheduled and occur in a timely manner.⁵ We have previously made six recommendations to VHA to address gaps in its appointment timeliness standards.⁶ As described in greater detail in this statement, VHA has implemented two of these recommendations, but has not fully implemented the remaining four as of October 2023.

My testimony today focuses on:

1. VHA's timeliness standards for specialty care appointments for veterans and any gaps in those standards; and
2. VHA facilities' performance in meeting those standards.

This statement is based on our prior work examining appointment scheduling timeliness; specifically, our reports issued in January 2023, September 2020, and June 2018. This statement also provides updated information on the implementation status of the six recommendations we made in those reports.⁷

For the reports cited in this statement, we reviewed relevant VHA documentation detailing requirements, roles, and responsibilities for the appointment scheduling process at VHA facilities and for community care; analyzed VHA data; and interviewed VHA officials, among other methodologies. More detailed information on our scope and methodology can be found in each of the reports.

⁵Due to these challenges and other issues, VHA health care continues to be on our High-Risk List. We maintain a high-risk program to focus attention on government operations that we identify 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. We added VA health care to the High-Risk List in 2015. For the most recent report on our High-Risk List, see GAO, *High-Risk Series: Efforts Made to Achieve Progress Need to Be Maintained and Expanded to Fully Address All Areas*, [GAO-23-106203](#) (Washington, D.C.: April 20, 2023).

⁶See GAO, *Veterans Health Care: VA Actions Needed to Ensure Timely Scheduling of Specialty Care Appointments*, [GAO-23-105617](#) (Washington, D.C.: Jan. 4, 2023); GAO, *Veterans Community Care Program: Improvements Needed to Help Ensure Timely Access to Care*, [GAO-20-643](#) (Washington, D.C.: Sept. 28, 2020); and 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).

⁷See [GAO-23-105617](#), [GAO-20-643](#), and [GAO-18-281](#).

We conducted the work on which this statement is based 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 the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

VHA Appointment Scheduling

There are three primary ways to initiate a request for a veteran's health care appointment, once enrolled in VHA: (1) a veteran-initiated appointment request; (2) a provider request for a follow-up appointment; and (3) a provider referral to specialty care.⁸ To receive specialty care, a VHA provider must initiate a request on behalf of the veteran by submitting a referral, which VHA calls a consult.⁹ Clinical staff, including providers and nurses, and schedulers at the VAMC review the referral. Then, depending on whether the veteran is eligible for community care and on the veteran's scheduling preferences, VAMC staff schedule an appointment either with a VHA provider at a VHA facility or with a non-VHA provider in the community.

Community Care

Through the Veterans Community Care Program, veterans may choose to obtain health care services from community providers rather than from VHA providers if they qualify.¹⁰ There are six criteria that can qualify a

⁸For the purposes of the report on which this statement is primarily based, we focused on the scheduling process for specialty care referrals.

⁹VHA policy uses the terms 'consult' and 'referral' when describing requests placed by VHA providers. For a limited number of outpatient specialty services, veterans can schedule an initial or follow-up appointment at VHA facilities without a referral from a provider. Veterans can utilize this option for audiology, optometry, and podiatry, among other services.

¹⁰Pub. L. No. 115-182, tit. I, § 101, 132 Stat. at 1395 (2018) (codified, as amended, at 38 U.S.C. § 1703).

veteran to receive care under the Veterans Community Care Program.¹¹ In particular, veterans may qualify for community care when the required services are not available at any VHA facility or if VHA cannot provide care within its designated access standards.¹²

VHA's Appointment Scheduling Process

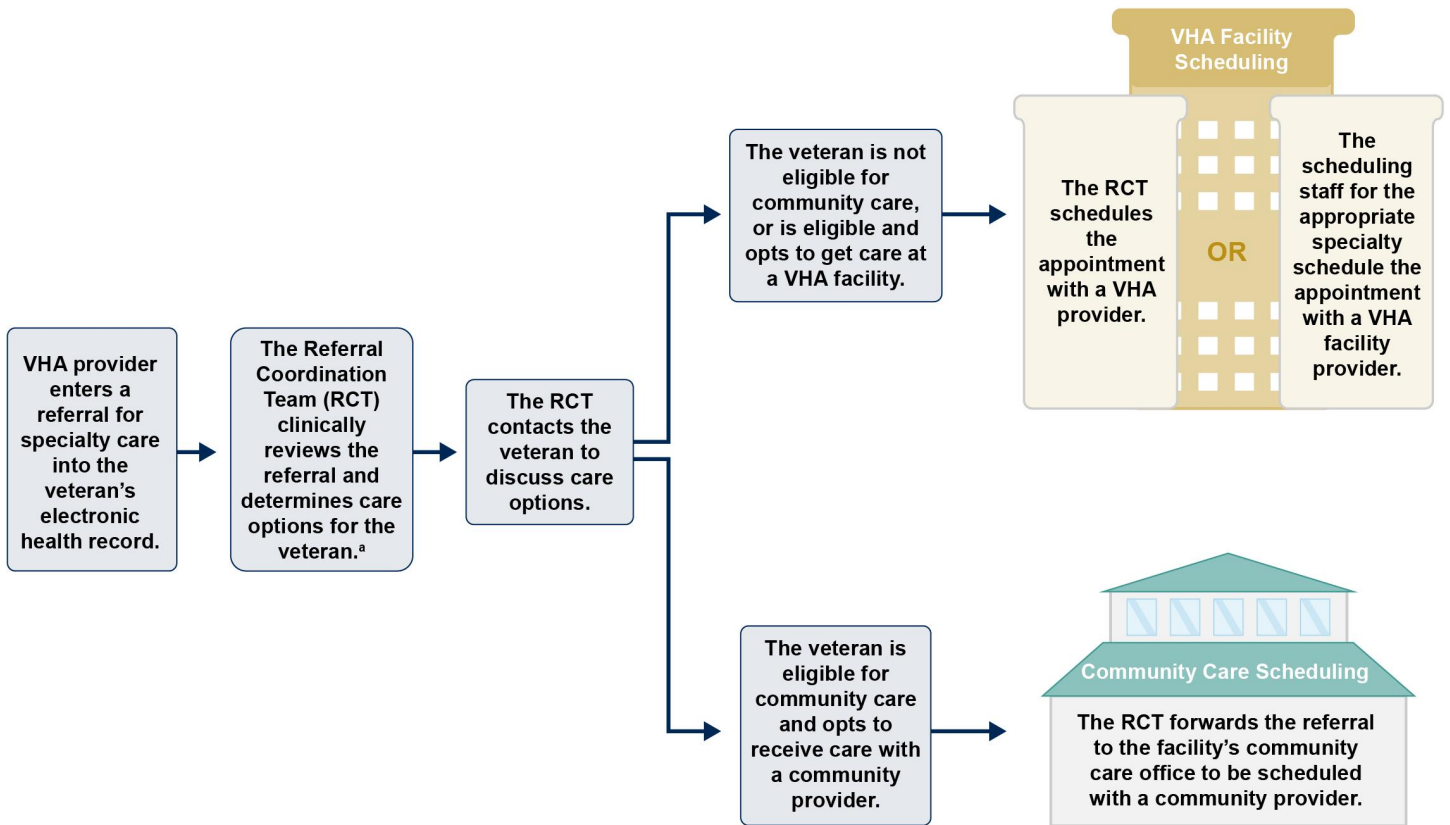
In 2020, VHA updated its process for scheduling appointments internally with VHA providers and with community care providers by establishing a new procedure for reviewing referrals for specialty care, such as cardiology, called the Referral Coordination Initiative. VHA's updated specialty care scheduling process involves a referring provider (a primary care provider), clinical and administrative Referral Coordination Team (RCT) staff, and scheduling staff. VAMCs have flexibility in how they implement the process.¹³ The referral goes through several steps during the scheduling process (see fig. 1).

¹¹In addition to the six criteria, veterans must either be enrolled in VA health care or eligible for VA care without needing to enroll, and in most circumstances, veterans must receive approval from VHA prior to obtaining care from a community provider. See Pub. L. No. 115-182, tit. I, § 101, 132 Stat. at 1395-1404 (2018) (codified at 38 U.S.C. § 1703(d), (e), and implementing regulations at 38 C.F.R. §§ 17.4000 - 17.4040) (2022).

¹²VHA's designated access standards specify that a veteran may be eligible for community care if the veteran's average drive time to a VHA provider is more than 30 minutes for primary care and mental health or more than 60 minutes for specialty care; or the next available appointment with a VHA provider is not available within 20 days for primary care and mental health or 28 days for specialty care based on the date of the request for care unless a later date has been agreed upon.

¹³VHA provided VAMCs with guidance on the different ways they could set up RCTs. For example, VAMCs could set up their RCTs to include clinical and administrative staff who review referrals and schedule appointments for multiple specialty care departments throughout the facility or VAMCs could embed RCT staff within each specialty to only review referrals and schedule appointments for that specialty. According to VHA's *Referral Coordination Initiative Guidebook*, the ideal RCT clinical staff member is a registered nurse, but RCT clinical staff may consist of providers, physician assistants, social workers, or advanced practice registered nurses or nurse practitioners. RCT administrative staff may consist of advanced medical support assistants, medical support assistants, or other clerical administrative roles such as licensed practical nurses, or health care technicians. See Department of Veterans Affairs VHA Office of Integrated Veteran Care, *Referral Coordination Initiative Guidebook* (May 2022).

Figure 1: VHA Specialty Care Appointment Scheduling Process



Source: GAO analysis of Veterans Health Administration (VHA) documentation (information); GAO (icons). | GAO-24-107112

Accessible text for Figure 1: VHA Specialty Care Appointment Scheduling Process

- 1) VHA provider enters a referral for specialty care into the veteran's electronic health record.
- 2) The Referral Coordination Team (RCT) clinically reviews the referral and determines care options for the veteran./a/
- 3) The RCT contacts the veteran to discuss care options.
 - a) The veteran is not eligible for community care, or is eligible and opts to get care at a VHA facility.
 - b) VHA Facility Scheduling
 - i) The RCT schedules the appointment with a VHA provider; or

- ii) The scheduling staff for the appropriate specialty schedule the appointment with a VHA facility provider.
- c) The veteran is eligible for community care and opts to receive care with a community provider.
- d) Community Care Scheduling
 - i) The RCT forwards the referral to the facility's community care office to be scheduled with a community provider.

Source: GAO analysis of Veterans Health Administration (VHA) documentation (information); GAO (icons). | GAO-24-107112

^aThis step includes determining whether the veteran is eligible for community care. If the RCT contacts the veteran to gather missing clinical information, the RCT is to discuss care options with the veteran at that time.

- **VHA provider referral.** When a referring provider determines a veteran needs specialty care, such as an appointment with a cardiologist, the VHA provider enters a referral into the veteran's electronic health record.
- **RCT review.** First, the RCT completes a clinical review to determine the urgency and appropriateness of the referral and determines potential care options for the veteran, including whether the veteran is eligible for community care.¹⁴ Next, the RCT contacts the veteran to discuss care options and preferred dates and times that the veteran would like to schedule an appointment. If the veteran is eligible for community care, the RCT discusses care options at the VAMC and in the community with the veteran, documents the veteran's choice for care, and either schedules the appointment or forwards it to be scheduled, as appropriate.¹⁵
- **Scheduling.** Referrals are either scheduled by the RCT, specialty care schedulers at the VAMC, or by community care schedulers at the VAMC.¹⁶ If a veteran is not eligible for community care or is eligible for community care and chooses to receive care at the VAMC, the appointment is scheduled internally by the RCT or specialty care schedulers. If a veteran is eligible and chooses to get community

¹⁴Some referrals are excluded from the required RCT clinical review. For example, referrals for services not offered at the VAMC can be sent directly to community care schedulers.

¹⁵The RCT also discusses potential appointment modalities with veterans, such as in-person or video appointments.

¹⁶Some VAMCs use contractors to schedule at least a portion of community care appointments associated with referrals. In addition, certain veterans can schedule their own appointments with community providers.

care, the referral is sent to VAMC staff, who are responsible for contacting community providers to schedule appointments.

- **Timeliness standards for when an appointment should be scheduled.** Based on VHA’s timeliness standards, specialty care appointments at VHA facilities must be scheduled within 3 business days of the “file entry date,” the date a provider enters a referral into the veteran’s electronic health record. Community care specialty care appointments must be scheduled within 7 days of that file entry date.

VHA Has Recently Established a Timeliness Standard for VHA Facility Appointments, but Not for Community Care

In May 2023, VHA reported that it had developed a standard for the number of days within which appointments with VHA facility providers should occur in response to a recommendation we made in our January 2023 report. However, VHA has not yet established a corresponding standard for community care, which we recommended in 2018.

In our January 2023 report we found VHA had not established a timeliness standard specifying the maximum number of days a veteran should have to wait to receive care, as measured by when the appointment occurs, for both VHA facility and community care appointments.

We recommended that VHA develop a timeliness standard for the number of days within which veterans’ appointments with VHA facility providers should occur.¹⁷ VA agreed with this recommendation. In May 2023, VA reported that it had established an access standard for VHA facility care effective in first quarter of fiscal year 2023. This standard specifies that the average number of days a new patient has to wait for the appointment to occur at a VHA facility should not exceed 20 days for primary care and mental health and 28 days for specialty care. VHA facilities are to improve performance each quarter until the 20- and 28-day goals are met and once the goal is reached, VHA facilities should sustain their performance. We consider this recommendation fully implemented.

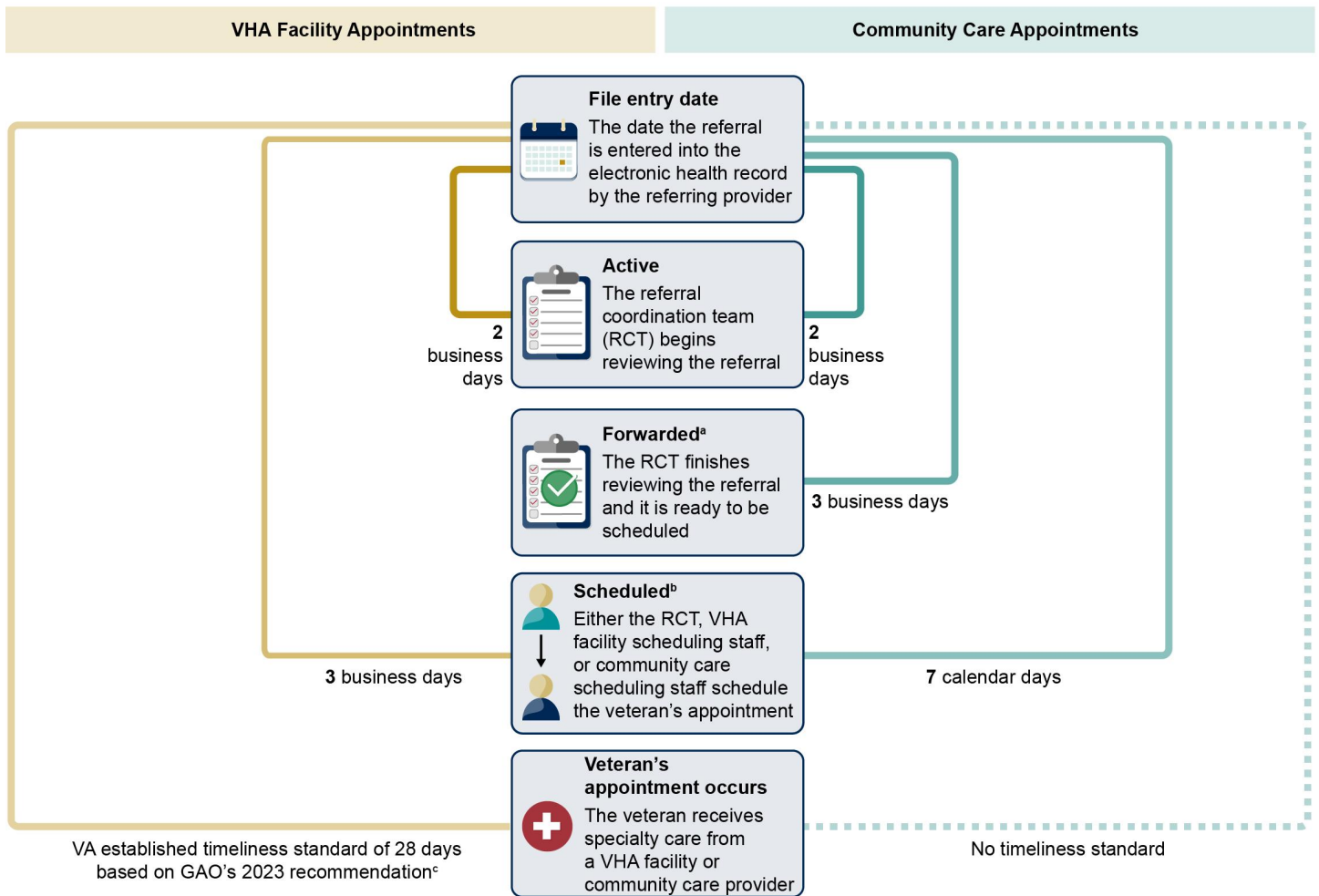
¹⁷See [GAO-23-105617](#).

In our January 2023 report, we reiterated a recommendation that we had made in 2018 that VHA develop a corresponding standard for community care. Specifically, 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.¹⁸

VHA agreed with the 2018 recommendation and has implemented the first two components of the recommendation; however, it has not established time frames within which veterans' appointments must occur. As a result, VA has yet to fully implement this recommendation (see fig. 2).

¹⁸See [GAO-18-281](#).

Figure 2: Timeliness Standards for Scheduling VHA Facility and Community Care Referrals



Source: GAO analysis of Veterans Health Administration (VHA) documentation (information); GAO (icons). | GAO-24-107112

Accessible text for Figure 2: Timeliness Standards for Scheduling VHA Facility and Community Care Referrals

- 1. File entry date**

The date the referral is entered into the electronic health record by the referring provider. VHA Facility appointments have 2 business days to get to the Active stage. Community care appointments have 2 business days to get to the Active stage. Community care appointments have 3 business days to get to Forwarded stage. VHA Facility appointments have 3 business days to get to the Scheduled stage. Community care appointments have 7 calendar days to get to

Scheduled stage. VA established timeliness standard of 28 days based on GAO's 2023 recommendation /c/. Community care appointments have no established timeline to get to the Veterans appointment.

2. Active
The referral coordination team (RCT) begins reviewing the referral
3. Forwarded /a/
The RCT finishes reviewing the referral and it is ready to be scheduled
4. Scheduled /b/
Either the RCT, VHA facility scheduling staff, or community care scheduling staff schedule the veteran's appointment
5. Veteran's appointment occurs
The veteran receives specialty care from a VHA facility or community care provider

Source: GAO analysis of Veterans Health Administration (VHA) documentation (information); GAO (icons). | GAO-24-107112

Note: The timeliness standards are not counted cumulatively. For example, VHA facility appointments need to be scheduled within three business days, but the referral needs to be marked as active within two of those business days.

^aThe file entry date to forwarded standard only applies to referrals that need to be forwarded to community care, according to VHA officials.

^bVHA measures referral timeliness from the file entry date to when the appointment is first scheduled.

^cIn response to a recommendation we made in January 2023, VA reported that it had established an access standard for VHA facility care, which specifies that the average number of days a new patient has to wait for the appointment to occur should be less than 20 days for primary care and mental health and 28 days for specialty care.

In addition to the two recommendations we made in our 2023 and 2018 reports, we have also made other recommendations related to appointment timeliness.¹⁹ VA generally agreed with all of these recommendations and has taken some steps to address them. Our recommendations and the steps VA has taken in response to each of them are described in appendix I.

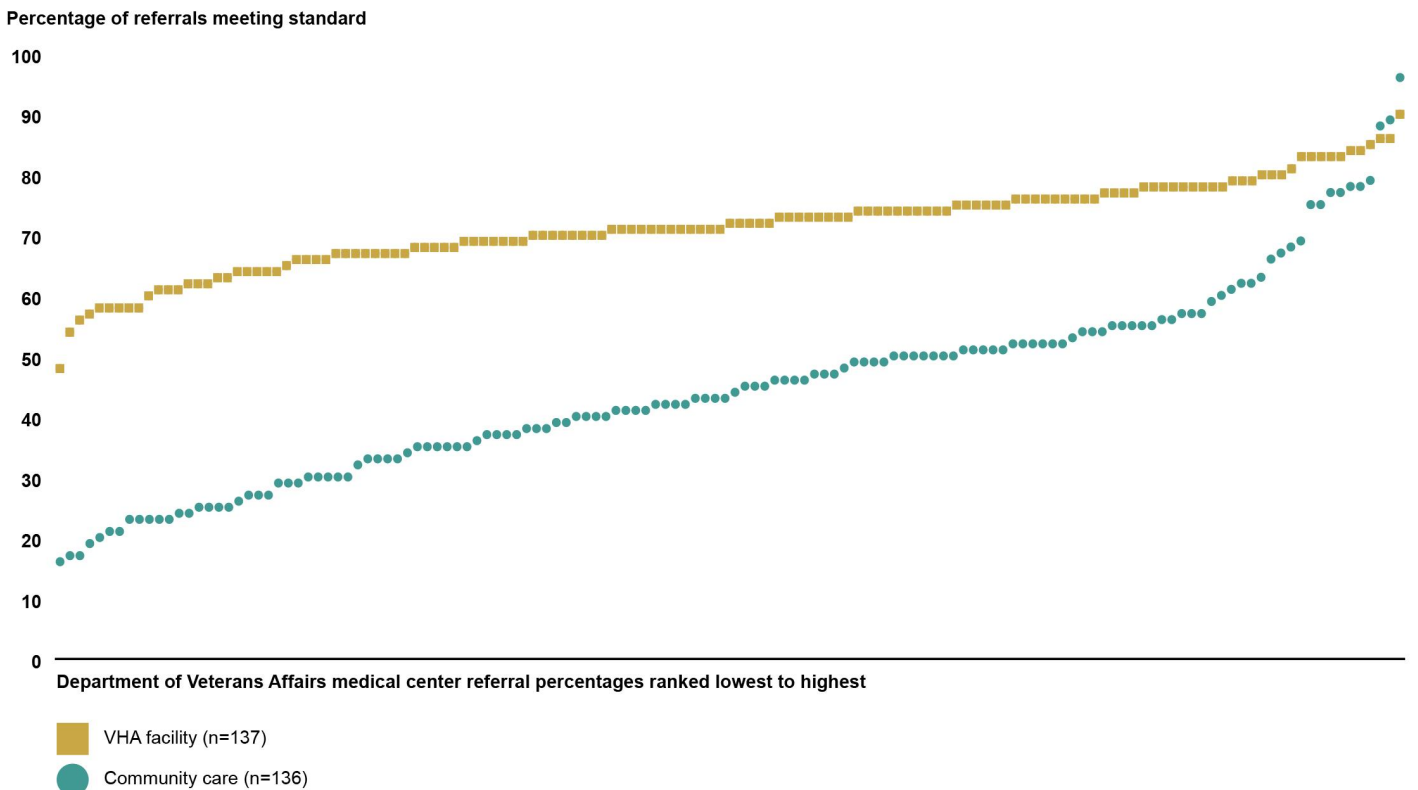
Most VAMCs Did Not Meet the Timeliness Standard for Scheduling Community Care Appointments,

¹⁹See [GAO-18-281](#) and [GAO-20-643](#).

and VHA's Analysis Used to Create This Standard Was Limited

In January 2023, we found that VHA appointment scheduling data indicated that most VAMCs did not meet the timeliness standard for scheduling community care appointments but performed better at scheduling appointments in a timely manner for VHA facilities. Specifically, we reported that data from the third quarter of fiscal year 2022 showed that less than 40 percent of VAMCs scheduled the majority of their community care appointments within the 7-calendar-day standard. For VHA facility appointments, more than 90 percent of VAMCs scheduled the majority of their VHA facility appointments within 3 business days (see fig. 3).

Figure 3: Percentage of Referrals Meeting Timeliness Standards by Veterans Affairs Medical Center, Third Quarter Fiscal Year 2022



Source: GAO analysis of Veterans Health Administration (VHA) data. | GAO-24-107112

In January 2023, we reported that VHA officials had told us they recognize many VAMCs have struggled to meet VHA's 7-day timeliness standard for scheduling community care appointments. We further reported that this standard was developed and implemented based on data from a limited number of VAMCs, potentially limiting its utility.

According to documentation from VHA and interviews with VHA officials, VHA's prior analysis reviewed community care scheduling timeliness data from only 21 VAMCs. Moreover, between December 2020 and February 2021, those 21 VAMCs were among the worst performers, taking longer than 30 days to schedule community care appointments.

Officials told us they used results from the review and held internal discussions to develop a phased approach that would reduce the number of days VAMCs have to schedule a community care appointment. This phased approach would take the scheduling time from a standard of within 21 days of the file entry date in the fourth quarter of fiscal year 2021 to within 7 days of the file entry date starting at the end of the second quarter of fiscal year 2022. However, VHA did not have a clear rationale for setting the standard at 7 days and officials were unable to provide documentation that explained the basis for the standard.

In our January 2023 report we recommended that VHA conduct a comprehensive analysis of appointment scheduling data from all VAMCs to determine whether the community care timeliness standards are achievable and revise them as necessary.²⁰ We noted that conducting a comprehensive analysis of its available baseline and trend data on past performance for community care scheduling timeliness across all VAMCs would allow VHA to have a sounder basis for determining whether the standard is achievable or whether revisions to its standard for community care appointments or other adjustments to its scheduling process may be necessary.

VA agreed with this recommendation and has taken some steps to address it. In May 2023, VA officials reported that VA had conducted an analysis of community care scheduling timeliness standards to determine whether these standards were achievable. Through this analysis, VA validated our findings that most VHA facilities were not achieving the current timeliness standard of scheduling appointments within 7 days of the relevant file entry dates. In response, VHA established a goal for each

²⁰See [GAO-23-105617](#).

VHA facility to reduce the average number of days it takes to schedule appointments by specific percentage targets over time, with targets through February 2024, in an effort to meet the 7-day scheduling standard. See appendix I for further information on the status of this recommendation.

In summary, VHA has faced longstanding challenges with scheduling VHA facility and community care appointments in a timely manner, including monitoring its facilities' performance in scheduling appointments and delivering timely care. Since 2018, VHA has implemented some of our recommendations and taken steps to address others. Most notably, VHA has established a timeliness standard for the number of days within which veterans' appointments with VHA facility providers should occur.

However, fully implementing our recommendations related to gaps in the appointment scheduling process—particularly establishing a standard for when community care appointments should occur—is important to ensuring that veterans have timely access to care. If the Congress deems necessary, we stand ready to assist with providing continued oversight in this area.

Senator Scott, this concludes my prepared statement. I would be pleased to respond to any questions you may have.

GAO Contact and Staff Acknowledgments

If you or your staff members have any questions concerning this testimony, please contact me at (202) 512-7114 or silass@gao.gov. Contact points for our Office of Congressional Relations and Public Affairs may be found on the last page of this statement. Other individuals who made key contributions to this testimony include Michael Zose (Assistant Director), Alison Goetsch (Analyst-in-Charge), Lauren Anderson, Jennie Apter, Jacquelyn Hamilton, and Roxanna Sun.

Appendix I: Implementation Status of GAO Recommendations on Addressing Gaps in the Timeliness Standards for VHA Facility and Community Care Appointments

Table 1: Implementation Status of GAO Recommendations on Addressing Gaps in the Timeliness Standards for VHA Facility and Community Care Appointments, as of October 2023

GAO recommendation (GAO Report)	Implementation status
<p>The Undersecretary for Health should develop a timeliness standard for the number of days within which veterans' appointments with Veteran's Health Administration (VHA) facility providers should occur.^a (GAO-23-105617, January 2023)</p>	<p>Closed-implemented. The Department of Veterans Affairs (VA) agreed with our recommendation. In February 2023, VA said it would align timeliness standards for care at VHA facilities with the designated access standards that VHA has for community care.</p> <p>Subsequently in May 2023, VA reported that it had established an access standard for VHA facility care effective in the first quarter of fiscal year 2023. This standard specifies that the average number of days a new patient should have to wait for an appointment to occur should be less than 20 days for primary care and mental health and 28 days for specialty care from the date of the request.^b VHA officials reported that they have outlined expectations for each VHA facility to improve performance towards meeting the standard each quarter until the 20- and 28-day goals are met and once the goal is reached, VHA facilities should sustain their performance.</p>
<p>The Undersecretary of Health should conduct a comprehensive analysis of appointment scheduling data from all VA medical centers (VAMC) to determine whether the community care timeliness standards are achievable and revise them as necessary. (GAO-23-105617, January 2023)</p>	<p>Open-Partially Addressed. VA agreed with this recommendation. In May 2023, VA officials reported that VA had conducted an analysis of community care scheduling for referrals VAMCs scheduled from October 2022 through January 2023 against the timeliness standards to determine whether these standards were achievable. Through this analysis, VA validated our findings that many VHA facilities were not achieving the current timeliness standard of scheduling an appointment within 7 days of the file entry date.</p> <p>In response, VHA established a goal for each VHA facility to reduce the average number of days it takes to schedule appointments by specific percentage targets over time, with targets through February 2024, in an effort to meet the 7-day scheduling standard.</p> <p>In August 2023, VHA officials also reported that to increase the effectiveness of appointment scheduling with community providers, they were working on allowing eligible veterans to schedule certain appointments directly with community care providers.</p> <p>When VA completes these activities, we will evaluate the extent to which it has addressed our recommendation.</p>

**Appendix I: Implementation Status of GAO
Recommendations on Addressing Gaps in the
Timeliness Standards for VHA Facility and
Community Care Appointments**

GAO recommendation (GAO Report)	Implementation status
<p>The Undersecretary of Health should align its monitoring metrics with the time frames established in the Veterans Community Care Program (VCCP) scheduling process.^a (GAO-20-643, September 2020)</p>	<p>Open-Partially Addressed. VA initially did not agree with our recommendation but since February 2022 has started to address it. In a directive and standard operating procedure VHA defined some time frames for VHA facilities to follow when scheduling appointments under the VCCP. However, VHA has not yet defined a timeliness standard for when a veteran’s appointment should occur.</p> <p>The Consolidated Appropriations Act, 2023, enacted on December 29, 2022, requires VHA to establish a specific wait time measure (the number of days from the date of request for the appointment to the first next available appointment) for veterans eligible for care under the VCCP and requires VCCP third-party administrators to furnish care within this standard.</p> <p>In September 2023, VA officials stated that they continue to evaluate the technical, logistical, and financial implications of operationalizing these legislative requirements. When VA takes further actions, we will evaluate the extent to which those actions address our recommendation.</p>
<p>The Undersecretary for Health should establish an achievable wait-time goal for the consolidated community care program that VA plans to implement that will permit VHA to monitor whether veterans are receiving community care within time frames that are comparable to the amount of time they would otherwise wait to receive care at VHA medical facilities.^a (GAO-18-281, June 2018)</p>	<p>Open-Partially Addressed. VA agreed with our recommendation. The Consolidated Appropriations Act, 2023, enacted on December 29, 2022, requires VHA to establish a specific wait time measure (the number of days from the date of request for the appointment to the first next available appointment) for veterans eligible for care under the VCCP and requires VCCP third-party administrators to furnish care within this standard.</p> <p>In September 2023, VA officials stated that they continue to evaluate the technical, logistical, and financial implications of operationalizing these legislative requirements. When VA takes further actions, we will evaluate the extent to which those actions address our recommendation.</p>
<p>The Undersecretary for Health should design an appointment scheduling process for the consolidated community care program that VA plans to implement 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 VHA has established for the program.^a (GAO-18-281, June 2018)</p>	<p>Open-Partially Addressed. VA agreed with our recommendation and has so far, defined time frames for when a community care referral must be processed and scheduled, but has not yet defined a timeliness standard for when a veteran’s appointment should occur.</p> <p>The Consolidated Appropriations Act, 2023, enacted on December 29, 2022, requires VHA to establish a specific wait time measure (the number of days from the date of request for the appointment to the first next available appointment) for veterans eligible for care under the VCCP and requires VCCP third-party administrators to furnish care within this standard.</p> <p>In September 2023, VA officials stated that they continue to evaluate the technical, logistical, and financial implications of operationalizing these legislative requirements. When VA takes further actions, we will evaluate the extent to which those actions address our recommendation.</p>
<p>The Undersecretary for Health should establish a mechanism that will allow VHA to systematically monitor the average number of days it takes for VAMCs to prepare referrals, for VAMCs or third-party administrators to schedule veterans’ appointments, and for veterans’ appointments to occur, under the consolidated community care program that VA plans to implement. (GAO-18-281, June 2018)</p>	<p>Closed-implemented. VHA agreed with our recommendation and in June 2019, VHA implemented its new consolidated community care program-the VCCP. In addition, VHA fully implemented the HealthShare Referral Manager, a software system for VA medical center staff to use to manage VCCP referrals.</p> <p>In June 2021, VA officials provided a copy of an HealthShare Referral Manager referral report that can display the number of days it takes for a VA medical center to prepare a referral, for a veteran’s appointment to be scheduled, and for the veteran’s appointment to occur. By implementing the HealthShare Referral Manager and its reporting capabilities, VHA has taken action to establish a mechanism to monitor time frames in the referral lifecycle.</p>

Source: GAO-23-105617, GAO-20-643, and GAO-18-281 and GAO analysis of Veterans Health Administration (VHA) information. | GAO-24-107112

^aGAO identifies priority open recommendations each year, which are our most important recommendations to help the federal government save money and improve operations. In our 2023

**Appendix I: Implementation Status of GAO
Recommendations on Addressing Gaps in the
Timeliness Standards for VHA Facility and
Community Care Appointments**

update, this was a priority open recommendation for VA. See GAO, *Priority Open Recommendations: Department of Veterans Affairs*, [GAO-23-106475](#) (Washington, D.C.: May 23, 2023).

^bAccording to VA officials, veterans are considered new patients if they have not been seen in a specific specialty within the past three years. Veterans with follow-up appointments in a given specialty would be considered established patients.

Related GAO Products

Priority Open Recommendations: Department of Veterans Affairs. [GAO-23-106465](#). Washington, D.C.: May 23, 2023.

High-Risk Series: Efforts Made to Achieve Progress Need to Be Maintained and Expanded to Fully Address All Areas. [GAO-23-106203](#). Washington, D.C.: April 20, 2023.

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

Veterans Community Care Program: VA Took Action on Veterans' Access to Care, but COVID-19 Highlighted Continued Scheduling Challenges. [GAO-21-476](#). Washington, D.C.: June 28, 2021.

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