ADMINISTRATIVE SUMMARY OF INVESTIGATION BY THE VA OFFICE OF INSPECTOR GENERAL IN RESPONSE TO ALLEGATIONS REGARDING PATIENT WAIT TIMES



Veterans Integrated Service Network, Outpatient Clinic in Fort Worth, Texas

March 8, 2016

1. Summary of Why the Investigation Was Initiated

On June 6, 2014, the Department of Veterans Affairs (VA) Office of Inspector General (OIG), South Central Field Office, in Dallas, TX, received a referral from the OIG Hotline in response to the Veterans Health Administration (VHA) Stand Down Team's face-to-face audit of Veterans Integrated Service Network (VISN) 17 Outpatient Clinic (OPC) Fort Worth. The referral reported a concern that staff at OPC Fort Worth were previously instructed to use the "next available date" as the "desired date," but that it has been corrected. According to the National Stand Down Team, the new instruction included the use of "find next available appointment" to find next availability. The National Stand Down Team advised that during their review, one clerk reported being threatened with reprimand for noncompliance due to not using this function.

2. Description of the Conduct of the Investigation

- Interviews Conducted: Investigators interviewed 11 employees, including the chief medical officer for VISN 10; an executive assistant to the deputy under secretary; a medical support assistant (MSA) in the Eligibility Clinic and in the Omni Clinic; an executive assistant, Office of the Secretary; three scheduling clerks and one supervisor, OPC Fort Worth; chief of Medical Administration, VAMC Dallas; and the director, VA North Texas Health Care System (VANTHCS).
- Records Reviewed: Investigators reviewed data related to appointment scheduling, specifically the period of time between the desired date and the appointment date, for appointments occurring in the second and third quarters of fiscal year (FY) 2014 for OPC Fort Worth, obtained from VHA. We also reviewed VA emails.

3. Summary of the Evidence Obtained From the Investigation

Interviews Conducted

- In a discussion with a chief medical officer for VISN 10, she advised she was not part of the National Stand Down interview team that received the allegation from the unidentified VA employee who reported being threatened with reprimand. The chief identified an executive assistant to the deputy under secretary and an executive assistant, Office of the Secretary, whom she believes received and or processed the allegation.
- OIG investigators interviewed the executive assistant to the deputy under secretary, who
 was on the National Stand Down Team, who identified the VA employee as a clerk in a
 specific clinic at OPC Fort Worth, but did not provide a name. She said the unnamed

employee reported that there was a staff meeting held on May 12, 2014, during which the staff were instructed to use the "find function" to assist in setting appointments and that if the staff did not do so, they would be reprimanded. According to the employee, that instruction to use the find function was not applicable to her duties in the clinic, since appointments in that clinic could only be scheduled for two specific days and times and would provide more dates and times than needed.

- Another member of the National Stand Down Team, the executive assistant, Office of the Secretary, said that an unnamed specialty clinic scheduler reported to the Team that they were to use the find function but that it did not work for the specialty clinic purposes, but would be better used by primary clinics.
- Investigators interviewed a medical support assistant (MSA1) within the specialty clinic, regarding scheduling practices and the use of the find function. She stated that part of the reason she was told to use the find function was that the clerks were supposed to be getting a desired date from the patients. According to the employee, previously, the way to search for appointments was to put a "Y" at the "next available" prompt. This all changed 1 month before the OIG interview. Clerks were now supposed to put an "N" at the next available prompt and told to get the patient's desired date.
- MSA2, who works in another clinic, stated that there was no manipulation of patient appointment wait times or scheduling practices.
- Scheduler 1, OPC Fort Worth, stated there had been changes in the last few months regarding scheduling. According to Scheduler 1, current processes require the patients' desired date to be used, which is the correct process. Previously, employees used the next available function as a way to book appointments.

Investigators re-interviewed Scheduler 1 regarding statements he previously made to them. When asked in detail about the next available date, the scheduler responded that was "how things were done." He was unable to identify a specific supervisor who instructed him to book appointments in this fashion. He learned this process from his coworkers. He has been using the next available date as the desired date since he started at VA. He said it was just a "common practice" and it was explained to him that there were no appointments available for the patient's desired date, so you would suggest a date and make that the desired date. He further stated that this was during his time in another clinic and that there were a lot of patients who needed appointments.

He further stated that instruction for making appointments came from the other clerks. He realizes now that, in his opinion, the clerks were not trained correctly. He said the schedulers who were doing the training received approval to train from management. When all the stuff started in the news, management had a PowerPoint presentation on how to schedule correctly. When asked if he felt like any supervisor put pressure on him regarding the numbers relating to the scheduling of appointments within the directive time frame, he said his supervisor put pressure on him, but it was not pressure to do things incorrectly. His supervisor's pressure was to get the numbers better, but do things the correct way. He was never directed by his supervisor to do things incorrectly and no

one from upper-level management ever provided instruction to use the next available date. He also said that it did not affect his performance appraisals.

• Scheduler 2, OPC Fort Worth, explained they were told to use the find function as part of their scheduling process because they were previously scheduling incorrectly. He said the clinics were booked so far back, and the patients had to wait so long, it was pointless to ask for a desired date from the patient. He said that previously he would answer "yes" at the "next available" prompt, which would then find the next available appointment and that time slot would be used for the "vesting" appointments. (A patient must receive a medical history assessment and physical exam at least once in a 3-year period to be classified as a basic vested patient eligible for continued VA medical care.)

Scheduler 2 was re-interviewed regarding previous information he provided, more specifically, about the specialty clinic being so backed up with patients that it was pointless to ask the patient for a desired date. He had said that he would answer "yes" at the next available appointment prompt, which would then find the next available appointment, and that time slot would be used as the vesting appointment. The only time he ever used next available was while he was in the specialty clinic because there were so many new vesting patients coming in that one needs to know what the doctors' next available appointments are. He said that you are trying to help keep up the morale of the veterans who are waiting on you and you can only help a certain number of people at one time. He said that combined with doing all the photographs of the patients, checking all the forms of identification, and typing everything in the computer, you are pressed for time and you try to do the best that you can for the veterans, even if you have to take a shortcut sometimes.

Scheduler 2 did not know anyone who had specifically instructed him to schedule that way and that no one was instructing him to do so, but he just picked it up from sitting with other schedulers. He was not aware of any PowerPoint presentation instructing them to use the next available date as the patient's desired date. He said that training was very minimal, consisting of training from other schedulers and on-the-job training, because he felt the clinic was so shorthanded. He said that Talent Management System training is very "user-unfriendly" and inadequate. He identified the trainer who provided most of the training and said that he was not instructed by the trainer to use the next available date. Now that he is more fluent in another clinic, he realizes the importance of using the patient's desired date. He said the scheduling system should be reviewed and updated for better ways to do things. There are so many "gray areas" and that the different clinics should have different operating procedures because of their differences.

- Scheduler 3, who works in another clinic, denied allegations of wrongdoing concerning manipulation of patient appointment wait times or scheduling practices. Scheduler 3 stated she has not changed the way she schedules and that she always uses the patient's desired date.
- A supervisor at OPC Fort Worth stated, in response to a question about the find function, that it was mentioned at one of the staff meetings as part of a new process. She had known about the find function for a few months and heard about it from the service chief

back in April 2014. She described the find function as a tool that helps clerks with scheduling by allowing them to see when the next available appointment was for a provider, but only provides a 3-day date range. She said that schedulers should have access to the find function. The find function is used for the clerks' general information, but that the scheduling clerks are still required to ask and obtain the desired date from the patient. She said the find function and "up arrow find" are both in VistA and that using the find function is not a way to bypass using the patient's desired date.

The clerks were told about the find function in a meeting and she remembered telling the clerks what it was used for. She had not given anyone orders to use the find function and said it was optional; it was not a mandatory part of the process for scheduling appointments. She explained that the find function provided a range of dates when the provider had available appointments. She has never checked an employee to see if that employee is using the find function. When asked if the find function was to be used as a substitute to the desired date, she said it should not be and she has never heard those instructions.

She did remember that there were concerns raised in the specialty clinic by the clerks. In that specialty clinic, the find function shows only a limited amount of days and does not really help the specialty clinic for vesting schedules. She explained that the find function did not pull up the right time frames and did not help vestings at all. She was not sure if the specialty clinic clerks used the find function because it does not give them a good date range. She denied that she ever ordered any employee to use the find function, or told any employee that they would be reprimanded for not using the find function. It would only be through a misunderstanding that anyone would think the find function was mandatory and tied to any performance requirement.

- A manager in Medical Administration at VAMC Dallas said that the first time the find function or find next available appointment was discussed would have been in January 2014 with the assistant manager and MAS trainer. He explained that, based on completed audits of scheduling at that time, it was obvious that schedulers had been using the next available prompt in patient scheduling. Clerks were not capturing the patient's desired date and were not scheduling correctly. The clerks appeared to be going in to the scheduling package and answering "yes" at the next available prompt, which would bring up the calendar showing the next available appointment. The clerks would then tell the patient what the next available appointment was and use it as the desired date. Even if the clerk obtained the desired date from the patient, if the clerk continued through the scheduling package and was entering "N" at each prompt, it would kick out the patient's desired date provided and use today's date instead. In addition, if the clerks entered an "N" at the desired date, it would do the same thing.
- The VANTHCS Director stated he was unaware of scheduling employees intentionally failing to follow the scheduling policy. He believes there may be improper scheduling occurring due to lack of knowledge or training.

Records Reviewed

- We reviewed the VA emails belonging to the supervisor, OPC Fort Worth. None of the emails reviewed indicated any information regarding using the find function.
- The VA OIG Data Management Division analyzed scheduling data and divided them into individual reports reflecting: percentage of scheduled appointments for which the desired date was equal to the appointment date, percentage of scheduled appointments for which the scheduled date was within 7 days of the desired date, and percentage of scheduled appointments for which the scheduled date was within 14 days of the desired date. The analysis revealed that more than 96 percent of all scheduled appointments were reported as being scheduled within the 14-day period of the veteran's desired date.

4. Conclusion

The investigation identified several employees who stated that they were using the next available date as the patient's desired date while scheduling appointments of veterans, which would be in conflict of VHA Directive 2010-027, VHA Outpatient Scheduling Processes and Procedures. MAS supervisors had identified improper use of next available through audits. No evidence was obtained to suggest these employees intentionally manipulated patient wait times in order to give the appearance of meeting the VA's since-rescinded goal of having patients seen within 14 days of their desired date.

The OIG referred the Report of Investigation to VA's Office of Accountability Review on September 27, 2015.

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