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

VA Medical Center in Houston, Texas
March 8, 2016

1. Summary of Why the Investigation Was Initiated

A confidential complainant (CC) reported to the Department of Veterans Affairs (VA) Office of Inspector General (OIG) Hotline that an employee at the VA Medical Center (VAMC) Houston had information regarding veterans who have been awaiting appointments since 2006. The CC also requested that investigators speak with program support personnel concerning "GI consults fraud."

2. Description of the Conduct of the Investigation

- **Interviews Conducted:** In addition to the CC, VA OIG interviewed 25 current and former employees with direct scheduling responsibilities and supervision over employees with scheduling responsibilities.

- **Records Reviewed:** The investigation included a review of emails and a local New Enrollee Appointment Request (NEAR) list.

3. Summary of the Evidence Obtained From the Investigation

Interviews Conducted

- VA OIG interviewed the CC, at which time the CC provided additional information pertaining to these allegations. The CC stated that, in June 2014, the CC became aware of a "hidden list," which contained the names of patients, some of whom had been waiting for Primary Care appointments since 2006.

- A program support employee stated that she performs administrative duties pertaining to VAMC Houston specialty clinics, emergency room, and triage departments, as well as the scheduling of patient appointments for specialty consults. With regard to specialty consults such as endoscopies, the employee stated that VA's goal was to get patients in within 14 days of the referring physician's order. When patients cannot be seen in a timely manner, they are placed on the Electronic Wait List (EWL). She added that she has never seen examples of consults being canceled and rescheduled when the 14-day goal could not be achieved. With regard to scheduling practices, she stated that until a couple of months prior to the interview, schedulers in the specialty clinics had always used the patient's appointment date as his/her "desired date" in order to show zero-wait time.

- A lead medical support assistant (LMSA1) stated that she was not aware of any "secret" waiting lists; rather, her concern was in regard to the NEAR list in the Veterans Health Information Systems and Technology Architecture (VistA) computer system. She

explained that the local NEAR list reflects that some veterans have been waiting for initial Primary Care appointments since 2008, or in some cases even longer. With regard to scheduling practices, she stated that she started working for VA many years ago, and at that time, she was told that the scheduling system should always show zero-day wait time. The employee was trained to do this by using the next available appointment date as the patient's desired date. As a "lead clerk," she trained others to schedule in the same way. In May 2014, there was a meeting during which a supervisory program analyst told the clerks that they should stop using the "next available date" as the desired date. Since then, the practice has been discontinued.

When re-interviewed, LSMA1 did not demonstrate an understanding of the fact that the Veterans Health Administration Support Service Center (VSSC) does not track 1010-EZ Enrollment Application for Health Benefits dates when generating the national NEAR list. In addition, she did not demonstrate an understanding of the fact that the 1010-EZ appointment request dates tracked on the local NEAR list do not reflect whether the veterans were found to be eligible for benefits at the time of their application, nor do they reflect whether the veterans actually requested Primary Care appointments. She indicated that in order to remove a veteran from the NEAR list, a clerk must attempt to reach the veteran by telephone at least twice, and a certified letter must be mailed to the veteran. She stated that she has never been instructed to cancel veterans off the NEAR list without these requirements having been met, nor does she know of any case in which a clerk was instructed to cancel a veteran off the NEAR list without these requirements having been met.

- A program analyst with supervisory responsibilities over medical support assistants (MSAs) stated that the MSAs were all initially trained to "zero out" wait times when they began working for the VAMC, and that following this, "global training" was never conducted. She had personally made efforts, since becoming a supervisor, to ensure that her staff was now scheduling correctly.

- A former supervisory MSA in Primary Care was asked to explain how a patient's desired date was determined at VAMC Houston during the last 5 years of his employment. He stated that the desired date was whatever the patient wanted, but then went on to explain that if an appointment was not available on the patient's desired date, then the clerks were instructed to use the actual appointment date as the desired date. The clerks did this by "going out of the system and going back in," so as to reflect that the desired date and the appointment date were the same, thereby zeroing out the wait time. He also alleged that a supervisory Health Systems specialist told him and other attendees at several meetings that all patients needed to be seen within 14 days of their desired date, and that, when necessary, the patients' desired dates should be changed in order to conform to the 14-day standard. He further alleged that if clerks were scheduling patients outside of the 14-day time frame, they could be "written up," which he later defined as written counseling. He provided the names of additional Primary Care employees who would have been present at the meetings with the supervisory Health Systems specialist.

- A Primary Care MSA (MSA1) with supervisory responsibilities indicated that she had been told about the old scheduling practice of zeroing out wait times, but that this

practice had already been discontinued by the time she was promoted to her current position.

- Primary Care LMSA2, LMSA3, and a Primary Care supervisory MSA (identified by the former supervisory MSA) substantiated that, prior to this investigation, schedulers assigned to VAMC Houston's Primary Care Service Line were being instructed to zero out wait times by using the next available appointment date as the patient's desired date. However, all three employees were under the impression that these instructions had come from the former supervisory MSA. They did not corroborate the former supervisory MSA's claim that the supervisory Health Systems specialist had instructed schedulers in staff meetings to zero out wait times.

- A Mental Health LMSA defined the desired date as the date on which the patient wishes to be seen; however, she then went on to explain, if an appointment is not available on the patient's desired date, the desired date would become the date on which the actual appointment was scheduled. She stated that schedulers had been taught that the second wait time (the wait time between the desired date and the actual appointment date) always had to be zero, and that if they failed to do this, their name would appear on "a list." She explained that when she schedules patient appointments, she finds the next available appointment date and asks the patient if this is acceptable. If the veteran agrees, then she goes out of the scheduling system and then goes back in, this time using the next available date as the patient's desired date. This results in the second wait time always being zero. She said that she has taught others to schedule in this way because that was how she was trained. According to the employee, it was necessary to schedule this way in order to keep your name off the list. She also alleged that one of her former supervisors would get angry if "Wait Time Two" (the amount of time from the patient's desired date to the appointment date) was not always zero.

- A former employee who once served as a manager at VAMC Houston Patient Access Center (PAC) stated that she never instructed any of her subordinates or schedulers to zero out wait times. However, she knew that this had been a very common practice, and that it was improper. She explained that she personally took measures to correct this practice, to include hospital-wide retraining; however, she did not always have the necessary tools to monitor whether improper scheduling practices were continuing. She stated that she therefore had to rely on her front-line supervisors.

- A supervisory MSA in the General Mental Health and Substance Abuse Clinics explained the process used by Mental Health schedulers, by which they go into the scheduling system to find the next available appointment date, and then come back out, and then go back in to make the appointment. This results in the patient's desired date being made to match the actual appointment date. He confirmed that schedulers in the Mental Health Care Line were still scheduling this way, although he was unable to explain why, other than to state that this was how they had been trained. He believes that the reason schedulers were instructed to zero out wait times was to keep patients off the "ninety day list" but provided no evidence to support the belief.

- A Mental Health administrative employee stated that he assumed overall responsibility

for Mental Health scheduling in 2012. He was unable to provide an explanation as to why Mental Health schedulers had been zeroing out wait times, nor could he provide the name of any individual who had directed this to be done. Rather, he attributed his service line's noncompliance with Veterans Health Administration (VHA) Directive 2010-027 to a misunderstanding. He stated that he has never instructed anyone on his staff to change the desired dates of established appointments, nor has he ever instructed anyone to cancel and reschedule appointments without notifying the patient. No one has ever personally instructed him to zero out wait times, nor has he ever attended a meeting at which staff members were instructed to zero out wait times.

- A dental assistant (DA1) stated she has been scheduling patients for dental appointments for many years. She explained that when scheduling patients, she first looks for the next available appointment date, and advises the patient of the times that are available. The assistant then schedules the appointment, using the patient's appointment date as his or her desired date, thereby making the wait time zero.

- Another dental assistant (DA2) stated that she has been scheduling patients for dental appointments for more than 5 years. She explained that prior to 2014, she had been instructed to ensure that Wait Time Two was always zero. She did this by using the patients' appointment dates as their desired dates in order to show zero wait time. The employee explained that she was taught to do this in 2010, when there was a great emphasis on zeroing out "the bottom number," whether by scheduling as she had described, or by overwriting appointments.

- A Dental Service administrative employee explained that since 2002, schedulers had been taught that if an appointment was not available on the patient's desired date, and if the patient agreed to come in on the next available date, then the patient's desired date would change to the next available date. She clarified that her clinic is no longer scheduling this way, although the change took place only recently, within the past year. According to the employee, she had never been directly instructed by anyone in management to zero out wait times; however, prior to June 2014, she would periodically receive a list through SharePoint, which she referred to as the "14-day specialty rule list." She stated that an Operative Care Line administrative officer instructed her to "re-make" the appointments on the list, in order to show that the appointments were within a certain wait time. She stated that she always did this herself; she never gave the list to other schedulers.

- An employee who was a supervisory Health Systems specialist for Primary Care prior to 2014 stated that she was not aware of any instances in which clerks had been instructed to zero out wait times, and denied that she ever instructed anyone to do this, either individually or at meetings. She denied ever instructing anyone to correct scheduling errors by booking on top of existing appointments, or by changing patients' desired dates. With regard to the document titled "Helpful Reminders When Making Appointments," (see *Records Reviewed* section), she stated that she did not specifically remember approving the guidance. She believes that the guidance was intended to address instances in which a patient asked for the next available appointment, and did not provide a desired date. She agreed that the guidance may have been misinterpreted by some clerks, but emphasized it was never her intention or direction that wait times should be zeroed out.

- An Operative Care Line administrative employee initially indicated that the desired date should be based on when the patient wants to be seen. He then went on to explain that a patient's desired date can be "adjusted" if no appointment is available on the stated desired date, and the patient agrees to an appointment on a later date. He also explained that one factor in determining whether the patient's desired date can be changed is how "adamant" the patient is about coming in on a certain date. He denied ever instructing anyone to zero out wait times, and suggested that this practice could have resulted from clerks who were scheduling based on clinic availability, without even asking patients for a desired date. He referred to this practice as "blind scheduling."

- A Health Systems specialist in the Digestive Diseases Section of the Medical Care Line stated that the section has never been able to meet the 14-day performance measure. She further stated that consults were never canceled inappropriately, or rescheduled in order to manipulate patient wait times.

- A Mental Health Care Line manager indicated that VAMC Houston Mental Health Care Line has been unable to meet the wait time measures during the majority of the time that he has been employed by VA. However, he was never under the impression that there would be negative consequences for not meeting the measures, and he denied that there was ever any pressure to manipulate data or wait times in order to make it appear that the measures were being met.

- The senior manager in Primary Care stated that the VHA wait time measures were seen as goals, not as mandates, and he was never told that his performance appraisal or eligibility for bonuses would depend upon his service line's ability to meet the 14-day wait time measure. He stated that he was totally unaware that clerks in his service line had been zeroing out wait times, and that at the time, he had no reason to believe that the reported statistics had been manipulated in any way. He agreed that manipulating data in order to meet a performance measure is unacceptable, and he stated that had this practice come to his attention, he would have corrected his staff.

- Another Mental Health Care manager stated that, in retrospect, the statistics did not seem realistic to her and the statistics were not representative of what was actually happening at the time, with regard to the challenges they were facing in terms of access and patient wait times. However, she pointed out that the statistics were not generated by her, but were instead provided to her by her administrative staff. She explained that she relied on the accuracy of the statistics that were provided to her. She agreed that as a Mental Health Care manager, she was ultimately responsible for ensuring that her staff are scheduling properly. However, she claimed that she did not know that the schedulers in her care line were not following proper procedures, nor did she know or believe that the data pertaining to patient wait times had been manipulated in any way. She denied instructing anyone on her staff to zero out wait times.

- The medical director of Behavioral Health agreed with the definition of desired date contained in VHA Directive 2010-027, and stated that it has always been important to her that employees follow this policy. She denied ever instructing anyone to zero out wait times and claimed that she did not know this was taking place. She indicated that her

administrative staff had never brought this to her attention and that she had never reviewed any data, which would lead her to believe that wait times were being manipulated in any way.

- The former senior manager in the VAMC Houston Dental Service stated that no one was ever instructed to manipulate records or patient data; rather, the emphasis was on actually scheduling and treating patients. He stated that he was never threatened by managers that anything would happen to him personally if the Dental Service failed to meet the 14-day measure, nor was he ever told that the Dental Service had to meet the 14-day measure by any means necessary. He indicated that he understood the 14-day measure to be a goal, not a requirement. He denied ever instructing anyone to zero out wait times and stated that he was not aware that this had been taking place in his service.

- The chief of staff stated that he never instructed anyone to manipulate wait times in any way, nor did he instruct anyone that appointments should not be scheduled more than 14 days from a patient's desired date. He stated that it never occurred to him that the wait-time statistics reported by the facility could have been based on manipulated data; rather, in his mind, the facility was expanding access in both primary and specialty care. He indicated that had he known that schedulers were zeroing out wait times, he would have stopped the practice and appropriate action would have been taken against the responsible individuals. He stated that he has never received an award or bonus that was specifically tied to these access measures.

- The VAMC director denied instructing anyone to zero out wait times and he stated that he never reviewed any data, which would have led him to believe that wait times were being manipulated in any way. He denied telling anyone that use of the EWL was prohibited or that use of the EWL would negatively affect anyone's performance appraisal or eligibility for bonuses. He denied instructing anyone to discontinue specialty consults for cases in which patients could not be seen within a certain period of time. He stated that he has never had knowledge of any secret or "off-the-books" wait lists nor has he ever condoned the use of off-the-books lists or spreadsheets to track patient appointments. He stated that, to his knowledge, no one at his facility has ever been instructed to destroy or improperly alter patient records in any way.

Records Reviewed

- VA OIG obtained a copy of the local NEAR list from VAMC Houston and identified nine veterans on the list who appeared to have been waiting for more than 100 days from their 1010-EZ appointment request dates. However, upon further review, the apparent delays reflected on the list were found to have resulted from the way in which VistA was programmed, in that VistA will always reflect the original date on which the veteran first filed an electronic Form 1010-EZ, *Application for Health Benefits*, regardless of whether the veteran was found to be eligible for benefits at the time, or whether the veteran was then actively seeking an appointment.

    - Example: On October 13, 2009, a veteran filed an electronic Form 1010-EZ and was found to be ineligible for VA health care benefits at that time due to his level of

income. The veteran's income level decreased over time, and on June 23, 2014, he reapplied for health care benefits at VAMC Houston. His application was then approved and he was placed on the NEAR list with a 1010-EZ appointment request date of October 13, 2009.

- A review of scheduling data obtained by the VA OIG Investigative Data Systems and Analysis Division (51D) revealed that during the years 2010 through 2014, nearly all Houston VAMC Primary Care, Mental Health, and Dental Service appointments were scheduled to show zero-wait time by making the desired date match the appointment date. This was done pervasively in almost all cases and by all schedulers.

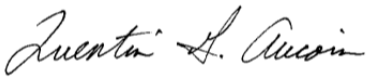
- VA OIG reviewed email accounts for a supervisor/manager responsible for overseeing scheduling. No instances were found in which she directly instructed anyone to zero out wait times when scheduling or when correcting scheduling errors. However, the review disclosed that on October 11, 2011, she approved guidance contained in a document drafted by lead MSA titled "Helpful Reminders When Making Appointments." The document appears to instruct clerks, in certain instances, to base patients' desired dates on clinic availability. The guidance states: "Be sure to ask the veteran for his/her desired date. If you have to look to find a date then be sure to ALWAYS come back out and then enter date that was found and or requested by the veteran." This scheduling practice resembled an inappropriate scheduling practice or "gaming strategy," identified by the deputy under secretary for Health for Operations and Management in a memo distributed to network directors on April 26, 2010 (Attachment 34). This "gaming strategy" was described as follows:

  - *Basing the Desired Date on clinic availability: When a provider writes RTC* [Return to Clinic] *in 3 weeks, the clerk enters +3W to find the availability of future appointments. Once a date/time is found, the clerk exits the system and then starts over using the identified date/time as the Desired Date.*

4. Conclusion

The investigation substantiated that schedulers in the Primary Care Service Line, Mental Health Care Line, and Dental Service of VAMC Houston "zeroed out" patient wait times by basing the patients' desired dates on clinic availability. Interviews of schedulers in all three services disclosed that clerks had been trained to schedule by using the patients' actual appointment date as their desired date. The allegations pertaining to the NEAR list and improper discontinuation of gastroenterology consults were not substantiated.

The OIG referred the Report of Investigation to VA's Office of Accountability Review on April 16, 2015.



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