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

VA Medical Center in Las Vegas, Nevada
May 4, 2017

1. Summary of Why the Investigation Was Initiated

This investigation was initiated based upon information submitted by a confidential complainant who stated that he/she had received from service chief 1, patients' lists with discrepancies between desired dates and actual appointment dates on a monthly basis in 2013 and 2014. The complainant further stated that he/she was instructed to change his/her patients' desired appointment dates to match their actual appointment dates. The complainant alleged that by changing patient desired dates in this manner, wait times appeared less than they actually were.

2. Description of the Conduct of the Investigation

- **Interviews Conducted:** VA OIG interviewed the complainant, 19 current and former VA employees, including schedulers, physicians, and supervisors.

- **Records Reviewed:** VA OIG reviewed VA emails.

3. Summary of the Evidence Obtained From the Investigation

Interviews Conducted

- The complainant stated that approximately 1 year ago (from May 2014), service chief 1 began emailing patient backlog lists to providers. The backlog lists consisted of patients scheduled for appointments and the number of days that had elapsed past their "desired date." The complainant added that service chief 1 directed him/her to change the follow-up interval for the patients he/she knew. The complainant stated that service chief 1 explained to the complainant that if he/she saw a patient and ordered a 3-month follow-up appointment, but the patient could not be scheduled until 4 months, the patient was listed as waiting 30 days and captured on the list. The complainant further stated that service chief 1 explained to the complainant that, if in his/her medical judgment, there would be no significant clinical effect with the patient following up on the scheduled appointment date rather than the original 3 months, then he/she should change the desired date to 4 months and the patient would magically disappear from the list. The complainant stated that he/she was instructed that if he/she found any patients on the list whose desired dates could be changed, he/she should email the patient's name and new desired date to clinic manager 1.

  The complainant also stated that providers were ranked on the percentage of their patients waiting more than 14 days past their desired date. The goal provided by service chief 1 was to have fewer than 1.5 percent of patients scheduled more than 14 days beyond their desired date. The complainant added that VA providers with a backlog of more than

1.5 percent of their panel were not allowed to take non-urgent annual or education leave. The complainant stated that after receiving the backlog list, he/she would give it to his/her nurses, including a nurse, Licensed Practical Nurse (LPN) 1, and LPN2, to review. He/she said the nurses reviewed the chart for each patient and fixed any scheduling errors. They also called patients with long wait times and attempted to reschedule their appointments for earlier dates if appointments were available. His/her nurses also took the list to LPN3, who instructed them on how to change the desired dates in the computer. He/she stated that the desired dates were changed for patients with long wait times to reflect a zero-day wait time.

- Clinic manager 1 stated that she ran access lists, which detailed their patient wait times, for the providers at her clinic. She reviewed the lists for scheduling errors and made the necessary corrections. She also noted which patients on the list were waiting more than 14 days past their desired date so the doctors could move them into an earlier appointment time if one became available. She explained that the access lists were originally sent to the providers by the service office. The providers were ranked by who had the longest wait times. When the lists first came out, she noticed she had providers who were in the top 10 of most backlogged providers. She then started reviewing their lists for scheduling errors. She said she had not received access lists from service chief 1 for some time but she continued to run the lists for the providers at her clinic. She stated that nurses often came to her and asked her to run the access list for a certain provider because they had openings and they wanted to move veterans into the open appointment times.

  She further stated that she was aware that guidance was given to providers suggesting they could change their desired date in the Veterans Health Information Systems and Technology Architecture (VistA) if, in their medical opinion, there was no effect on the veteran being seen at a later date. She added that she thought the guidance was sent out in an email. She said she was never directed to change desired dates in VistA to remove veterans from the access list. She stated that if she had been asked to do so, she would have refused.

  She advised that she had been with VA for a long time and knew how the system was supposed to work. She said she never directed anyone to change desired dates in VistA and she was not aware of desired dates being changed in VistA to remove veterans from the access list. She stated that about a year ago (from time of interview in May 2014), there was pressure to review access lists and desired dates. She said she hadn't been pressured to change desired dates just to make wait times appear shorter. She stated that when she reviewed the access list, she also reviewed the veterans listed as having a zero-day wait time to make sure they were scheduled correctly. She also admitted having a problem with staffing at the clinic.

- A former VA physician reported that he was aware that the patient wait times for physicians at VAMC Las Vegas were tracked. He said he was often told to try to see patients sooner by moving their appointments to open time slots but he claimed this was impossible because he was assigned too many patients. He didn't have enough time to see all of his patients on a timely basis. He stated that he was never pressured to change

patient wait times nor was he ever told that he would not receive his bonus, annual leave, or administrative leave if his patient wait times were too long. He further stated that service chief 1 never pressured him to change patient wait times. He said he resigned his position with VA because the workload was just too much. He stated that he spent 2 to 3 extra hours each day trying to keep up with his cases and it was impossible.

- Supervisory medical administration specialist (SMAS) 1 stated that she was aware of the backlog lists sent out by service chief 1 to VA providers. She explained that the lists were reviewed for scheduling errors and also used to identify patients who had excessively long wait times and could be scheduled for earlier appointments as they became available. She stated that providers received the list from service chief 1 and then forwarded it to the nurses on their teams to review for scheduling errors and to move patient appointments around when necessary. She received lists for providers who did not have encryption on their email, printed them, and gave the lists to them. She stated that she was not aware of providers being asked to change desired dates to match actual appointment dates. She also stated that she was never asked to change desired dates nor did she ask anyone to change desired dates.

- A nurse stated that she was able to schedule patients for appointments with her as well as with a VA doctor. She explained that when she scheduled patients to see her, she usually discussed her availability in these terms: in 2 days at 11:00 a.m. If the patient agreed, she recorded the desired date and appointment date as the same date. She stated that the desired date was not an issue for her because when she scheduled patients to see her, it was usually urgent and she scheduled them as soon as possible. She added that she was not familiar with provider backlog lists. She further stated that when she received phone calls from patients requesting earlier appointments, she checked in the computer for cancellations. If there were canceled appointments, she would schedule the patient for that time.

  She said she had heard providers complain about their patient numbers. She stated that physician 1 complained about having 1,200 patients. She said most patients were scheduled for follow-up appointments 3 months after the latest appointment. The request for a 3-month follow-up was placed in the patient's Computer Patient Record System (CPRS) notes by VA's provider or noted on a paper slip that was given to the patient after the appointment; the patient was then escorted to a medical support assistant (MSA) to schedule the follow-up appointment. She stated that if she saw the patient before the MSA, she would sometimes schedule their follow-up appointment herself.

  She said that physician 1 usually scheduled patients for 3- or 6-month follow-up appointments. She recalled one of the temporary compensation and pension doctors who was covering for physician 1 asking about a backlog list. She thought the doctor was referring to the backlog of alerts they received in the computer regarding their patients. She did not know if the doctor was referring to the backlog of patients waiting more than 14 days for an appointment. She said she was never given a list of patients waiting for appointments and told to change their desired dates so that their wait times appeared to be shorter. She stated that she was not aware of any other nurses or MSAs being asked to change patient desired dates.

- LPN1 stated that she was assigned to work with physician 1. She reported being aware that VA doctors were ranked on a list based on their patient wait times. She stated that the doctor rankings were sent to every provider in the clinic. If the wait times were bad, the list was sent out every other week; if not, the list was sent out every other month. Providers then asked their LPNs to "scrub" it. Scrubbing the backlog list involved looking up each patient in CPRS and determining whether the patient's issue could be addressed without an office visit. If so, the issue would be addressed, and the patient's appointment given to a patient on the list with a long wait time. For example, if a patient needed lab work before his or her appointment, LPN1 would call the patient to check whether he or she had received the necessary tests. If the patient had not received the necessary lab work, the patient would be told to have the lab work done and his or her appointment would be rescheduled. The patient's appointment time would then be given to someone on the backlog list with a long wait time.

  She stated that she also called patients to remind them of their scheduled appointments. If a patient was not going to attend his or her appointment, it was canceled and given to someone on the backlog list with a long wait time. She added that she had also been instructed by LPN3 at the direction of clinical manager 1 to review the backlog list and change the desired dates in VistA for any patients who could not be seen sooner, so that their wait times appeared shorter. She explained how clinic manager 1 would take the lists to LPN3 and ask if they were working on getting the backlog down. She said clinic manager 1 also asked LPN3 if she had shown her (nurse 2) how to go into the computer and reduce the backlog. She stated that clinic manager 1 was referring to having her change the desired dates for patients so their wait times appeared shorter. She further stated that she was sure that clinic manager 1 knew LPNs were changing the desired dates for patients on the backlog list and that she (clinic manager 1) was directing them to do so. She said clinic manager 1 told LPN3 to show the other LPNs how to reduce the backlog list by changing the desired dates in VistA.

  She stated that LPN3 trained all of the LPNs at the clinic, including her. She pointed out that LPN3 did not train her on how to change patients' desired dates in VistA until after the first backlog list came out. She further stated that LPN3 trained her and another LPN on how to change patients' desired dates in VistA. She stated that once the backlog list came out, physician 1 would give her the list, and she would scrub it and try to move patients with long wait times into earlier appointments. She then went into the computer and changed desired dates to match appointment dates for any patients still on the list. She said the doctors were under a lot of pressure to reduce their patient wait times and were told they could not take annual leave until their wait times had been reduced. She further stated that she was so busy trying to provide patient care that she did not have much time to work on the backlog lists. She added that, at the time, she did not understand why so much attention was being paid to the backlog list because changing desired dates did not affect the patients. She stated that it was not good nursing to focus on changing dates in the computer for a patient who wasn't going to be seen for a month when there were patients in the lobby waiting to be seen.

- LPN2 said she knew that service chief 1 sent emails to all the providers, ranking them based on their patients' wait times. Part of her job was to scrub the list; this involved

moving patients around so that patients with long wait times could be scheduled sooner. This also involved calling patients to ensure they were still going to show up for their appointment. If a patient stated he or she no longer wanted to see a doctor, his or her appointment was canceled and a patient from the backlog list was moved into the open appointment time. She also called patients to ensure they had received the necessary lab work before they showed up for their appointment. If they had not received the required lab work, their appointment could be canceled and rescheduled for a later date. A patient on the backlog list with a long wait time could then be moved up to the earlier appointment date.

She stated that she also called patients on the list and asked them if they wanted to be seen earlier than their scheduled appointment date. If the patient did, she made a note on the list to schedule him or her sooner if an earlier appointment became available. If the patient was okay with the appointment date as it was scheduled, she then went into VistA and changed the patient's desired date so that it was the same as the appointment date. She explained how the patients who were told to return for a follow-up appointment beyond 90 days were placed on an electronic wait list (EWL). For example, if a patient was told to return for an appointment in 3 months, he or she would receive a card in the mail 60 days later to remind them to make an appointment. However, the patients, not realizing they weren't supposed to be seen for another 30 days, would call to make an appointment for the next day. She said that when this happened, she called the patients and asked whether they needed to be seen by the doctor sooner or could wait another month—as instructed by the doctor. If the patient agreed to wait as instructed, she would then change the desired date so that it reflected when the doctor originally wanted the patient to return.

She said she was taught how to decrease the backlog list by calling patients and scheduling them sooner whenever possible or by having LPN3 change their desired date. She reported hearing that VA providers were not allowed to take annual leave if they had too many patients on the backlog list. She stated that some doctors did complain that they were seeing as many patients as they could and that it wasn't fair to take away their annual leave. She said that clinic manager 1 also gave her the patient backlog lists. She added that even though clinic manager 1 never told her specifically what to do with the list, clinic manager 1 knew LPNs were being told to change patient desired dates to reduce wait times.

- An MSA stated that nurses and MSAs at the clinic "scrubbed" patient panels for the provider on their Patient Aligned Care Team (PACT). He explained that scrubbing patient panels involved calling patients to take care of encounters over the phone if possible, canceling appointments for patients who no longer wanted to see a provider, and moving patients with long wait times into earlier appointments as they became available. He stated that he was not asked to change patient desired dates to decrease patient wait times. He also was not aware of anyone changing patient desired dates to decrease patient wait times. He stated that he did hear physician 1 complain about the number of patients on her panel. He also heard her complain that she would not be able to take leave because she had so many new patients. Physician 2 stated that, as a provider, he was not involved in actually scheduling patient appointments. Patient

appointments were scheduled by the MSAs. He further stated that each month, a list was printed showing patients' wait times for each provider. The lists were used to evaluate each doctor's performance and were emailed to all service providers by service chief 1. Providers were then expected to review the list and attempt to reschedule patients with long wait times for earlier appointments.

- Physician 2 stated that each PACT was given appointment times to schedule patients as needed. If there were no available appointments, he explained that the patients could be scheduled with another provider for their initial intake and any subsequent appointments could then be scheduled with him. He further stated that each provider had a surrogate that could see his or her patients. He also said that his clinic had access to University Medical Center resident doctors who could be scheduled to see patients for an initial visit. Subsequent appointments could then be scheduled with him. He stated that the physicians at each clinic had meetings during which wait times were discussed. He said the lists were used to identify patients who could be moved into PACT slots or openings as they became available. He believed that the patients' wait list for each provider was sent out within the last 6 months (the interview was conducted in 2014). He said he was not aware of people being told to change patients' desired dates to decrease wait times.

- A Veterans Integrated Service Networks (VISN) administrative employee stated that, in 2011, VISN 22 built a scheduling audit tool that was incorporated into the VA appointment scheduling software. The audit tool allowed supervisors to see general trends in appointment scheduling. In approximately January 2012, the VISN's facility directors agreed to use the scheduling audit tool. While conducting 2012 performance reviews of the facilities, he noticed there was a discrepancy between the third "next available" appointment and what the facilities were reporting as their wait times. He stated that the facilities had many appointments with zero-day wait times. He explained that if a clinic was scheduling appointments for 41 days into the future, then how was it possible that 80 to 90 percent of appointments had wait times of zero days? He stated that it seemed implausible that 80 to 90 percent of patients wanted to wait 41 days for an appointment.

  He also stated that VISN facility directors were reminded on several occasions that their facilities should use the scheduling audit tool; however, the discrepancy between the third next available appointment and wait times remained. This indicated to him there were still scheduling errors at the facilities. He stated that in approximately June 2013, a VISN 22 executive and the clinical services counsel instructed facility directors to send the scheduling audit reports to the VISN so they could be validated He then reviewed the reports and briefed the VISN executive. He stated that facilities in the network now sent their scheduling audit reports to the VISN on a monthly basis. He further stated that he recently created a new tool that allowed managers to see scheduling practices and access issues in real time. The tool was still being tested and was not in use at the time of interview (2014).

- LPN3 stated that she had trained all the current LPNs, some of the Registered Nurses (RNs), and some of the Certified Nursing Assistants (CNAs). She said she was familiar with provider backlog lists. She used to receive the provider backlog lists once a month,

but she now received the lists once a week from clinic manager 1. She explained that the provider backlog list was a list of patients scheduled for an appointment within the next month to month-and-a-half and included the number of days they had been waiting for their appointment.

She stated that it was her job to do "panel scrubbing." This involved printing the backlog list for a provider and reviewing the patients to determine why they were being seen. She would determine whether the patient had completed the necessary lab work, the appointment was necessary, or the appointment could be turned into a telephone encounter. If she could handle the appointment by phone instead of having the patient come in, she would cancel the appointment and move a patient from the backlog list into the canceled appointment time. She stated that the practice of panel scrubbing started approximately 2years ago (from time of interview in 2014). She further stated that service chief 1 had been concerned about wait times and had the provider backlog lists sent to clinic manager 1 who printed them and passed them out to the nurses. She said that approximately 9 to 12 months ago, clinic manager 1 had instructed the nursing staff at the clinic in question to review the backlog list and change the desired dates so they matched the actual appointment date. She stated that clinic manager 1 used a computer at the nurses' station to demonstrate how to make the changes. She said clinic manager1 explained that the changes were necessary to make the backlog list look better.

LPN3 stated that people complained about having to make changes to desired dates for patients on the backlog list because, at the time, the lists were huge. The lists were broken down by provider and were 12 to 13 pages each with about 15 patients per page. She reportedly remembered an email from service chief 1 stating that backlog lists needed to be reduced or the providers would not have their annual leave approved. She said none of the providers pressured the nurses to reduce the backlog lists. She believed the providers did not know that the nurses were changing the desired dates because they were busy seeing patients. Backlog lists were still being sent out by clinic manager 1; however, nurses were no longer changing desired dates to match appointment dates. Approximately 6 months ago (from time of interview in 2014), clinic manager 1 told the nurses not to change desired dates unless it was an actual error. She stated that she did not know whether the practice of changing desired dates continued at any of the other clinics.

- Clinic manager 2 stated that he was aware that service chief 1 sent provider backlog lists to providers and clinic managers. As a clinic manager, he reviewed the lists for scheduling errors. He stated that he had not received a provider backlog list from service chief 1 for approximately 6 months (prior to interview in 2014). He added that about 1 to 1 1/2 years ago, when the provider access lists were being distributed, the scheduling directive was not understood very well and the scheduling process, along with the use of desired dates, was very "muddy." It was unclear as to whether the desired date was determined by the patient or the provider. He stated that the scheduling directive and the scheduling process were much clearer today. He said he was never directed to use the provider backlog lists to change desired dates so patients fell within a specific wait time for appointments. He reportedly heard that other employees were using the list to change desired dates so the wait time numbers were "where they were supposed to be."

He said he never asked anyone to change desired dates and felt that his instructions to his employees were sufficiently clear for them to know not to use the list to simply change desired dates. He said he heard from clerks who had transferred from a particular clinic that a former clinic manager used to instruct them to change the desired dates of patients on the provider backlog lists so patients' wait times would be within acceptable limits. He pointed out that this former clinic manager no longer worked for VA. He reportedly recalled email guidance issued by service chief 1 to the service providers indicating that since they controlled patients' return intervals, they, therefore, could change the desired dates of their patients on the backlog list. He further stated that providers reviewed their backlog lists then asked him to change desired dates for the patients they felt it was okay to see on the scheduled date. He explained that since the guidance came from service chief 1, he thought it was appropriate to make the changes.

- Clinic manager 3 stated that she had received some scheduling training on her first day with VA but it was new to her so she didn't have a good understanding of the scheduling process or how scheduling was actually done in the computer. She reportedly heard the term desired date, thinking it was the date for which the veteran wanted an appointment scheduled but she was not sure. She stated that she was not aware of how far out in the future providers at her clinic were making appointments. She said she was being trained by clinic manager 4 and that she was not aware of provider backlog lists or of patient desired dates being changed to decrease wait times.

- SMAS2 stated that she had received some patient scheduling training and was still receiving training from SMAS1. She further stated that while working with MSAs at a clinic on scheduling practices, she noticed they were very focused on achieving zero-day wait times. The MSAs explained that their previous supervisor had instructed them on how to schedule patients. She further stated that she herself reinforced the importance of correctly scheduling appointments with all the MSAs at her clinic. She also implemented new practices to help ensure appointments were scheduled correctly. She stated that providers often did not note the patient's follow-up date in CPRS. She reported having instructed the MSAs that when this happened, they should file the plan-of-care form given to the patient by the provider so there was a record of the provider's desired date. She stated that she then asked the clinic manager to follow up with the provider to ensure the provider's desired dates were being recorded in CPRS. She added that she also listed specific instructions on how to schedule appointments on a VA Report of Contact form for each MSA and had each one of them sign the form indicating they understood the scheduling guidelines. She stated that she was not aware of instances of patients' wait times being manipulated to attempt to improve access numbers. She also did not know what "provider backlog lists" were and added that she was not aware of any lists of patients and their wait times being distributed or used to manipulate wait times.

- Clinic manager 4 stated that he was familiar with the provider backlog lists that were sent out by service chief 1. He added that when the lists were first sent out, about a year ago (from date of interview in 2014), there were many scheduling errors that were contributing to artificially long wait times. He further stated that the errors were the result of clerks not knowing the correct scheduling process. He said service chief 1 sent out the provider backlog lists and instructed clinic supervisors and physicians to correct

the errors and reschedule patients within the appropriate time frame, when possible. He reported that he had received guidance in an email from service chief 1 stating that providers could change the patients' desired date to adjust their return interval. He said he did agree that patients' return intervals should be adjusted and he felt it was a decision that should be made by the physicians; however, he felt that adjusting return intervals to reduce patients' wait times on paper was not appropriate.

He stated that he did not follow the guidance given by service chief 1. He added that he never changed patients' desired dates and never asked anyone to do so. He said physicians could have asked MSAs, LPNs, or RNs to make changes to their patients' desired dates without his knowledge. He stated that he had gone to his supervisor, service chief 2, and had informed her of what service chief 1 was instructing clinic staff to do. He said his supervisor had advised him that service chief 1's instructions were not correct and that clinic staff should not change desired dates. He further stated that the provider backlog lists continued to be sent out by service chief 1 after he spoke to his supervisor. He stated that patients' return intervals were still a problem and, in his opinion, contributed to long patient wait times. He further explained that physicians routinely scheduled patients for appointments every 3 to 4 months regardless of medical necessity. This practice created long wait times for patients with medical emergencies who need to be seen quickly.

- Service chief 1 stated that staffing physicians in his service was an ongoing problem: because the VA Southern Nevada Healthcare System (VASNHS) had one of the fastest growing veteran populations, his service was constantly 3 to 12 months behind on hiring new physicians. Several months ago (from time of interview in 2014), his service was authorized to hire additional physicians—over the normal limit. He said the additional physicians would make a huge difference in regard to patients' access. He explained that he worked with Health Administration Services (HAS) to monitor and track patients' access to his service. He received data from HAS that he used to evaluate patients' wait times.

  He further stated that he reviewed the department's average third next available appointment on a weekly basis. He explained that the department's current average third next available appointment was 24 days out. He stated that current empanelment for his clinic was 92 percent capacity while some clinics were over 110 percent capacity. He also stated that around the end of 2012 or the beginning of 2013, he had sent an email to all his providers advising them that he would be compiling and distributing patients' backlog lists. The backlog lists displayed individual patients and the number of days past their appointment desired dates. He instructed the providers to review the lists and try to decrease the backlog in any way they felt was appropriate. He offered examples, such as bringing in a patient earlier, taking care of pending appointments with a telephone encounter, or if medically appropriate, moving the patient's appointment date forward resulting in the desired date being moved forward as well.

  He explained that around this time, patients' access was much worse. At the time, approximately 2 ½ to 3 percent of patients were waiting more than 14 days for an appointment and there were a significant number of scheduling errors on the backlog list.

He stated that the purpose of the backlog lists were to have HAS employees review them and correct any scheduling errors. He also wanted providers to be more mindful of their patients' return intervals. He also explained that approximately 6 months earlier, patient appointments had increased from 20 to 30 minutes. This resulted in approximately 600 to 800 fewer appointments per year, per provider. He stated that many providers routinely scheduled their patients for appointments every 3 months, regardless of medical necessity. This practice, combined with fewer available appointments, created a significant backlog.

He explained it was his idea to compile and distribute the backlog lists to the providers.He wanted providers to review the lists, correct scheduling errors, and move patients around in an attempt to decrease the backlog. He also stated that weekly meeting were held to talk about access and this approach was discussed during those meetings. He stated that in approximately March 2013, he had sent out an email to his providers directing them to focus on their pending future appointment lists. These lists contained the names of individual patients whose appointments were far enough in the future that they had not yet been captured on the backlog list but soon would be.

He explained that, instead of having providers chasing the backlog list, he wanted them to get ahead of it. He instructed providers to review their pending future appointment list for patients whose return intervals could be increased. For example, if the provider felt a negative clinical effect would not occur if a patient were seen for a follow-up appointment in 7 months (the actual appointment date) rather than the provider-requested 6 months, then the provider would be instructed to change the desired date to the actual date. This change would result in a zero-day wait time and the patient's name would not be captured on the backlog list. He said he asked providers to change their desired date based on the clinical need of the patient, if appropriate.

He further stated that if providers were changing their desired dates solely based on the list, then they weren't doing what he asked them to do. He said his instructions were for the providers to clinically review the patients on the list and then change their desired date if medically appropriate. He further stated that in approximately July 2013, the backlog lists were changed to reflect only the top 10 most backlogged providers. He stated that access had improved to the point that the top 10 backlogged providers contained most of the backlog. He calculated, at the time, that by focusing on the top 10 backlogged providers, staff could address 85 percent of the backlog. He also stated that he realized that reviewing the lists and moving patients around was extremely time-consuming and he was receiving a lot of pushback from the providers.

He explained that the goal was to have all providers in his service down to 1.5 percent or less of their panel waiting more than 14 days beyond their desired date. He said he had instituted a policy requiring that providers with a backlog greater than 1.5 percent would not be allowed annual leave or education leave. He said that, even though he instituted the policy, he never had to deny any leave. He further stated that provider bonuses were not tied to patients' backlogs. He explained that he stopped sending out the backlog lists about a year ago. He also stated that the backlog was reduced to about 1 percent and so the lists were no longer needed. He indicated there currently weren't any providers with

more than eight to 10 patients waiting more than 14 days past their desired date. He stated that having providers change their desired dates did not have an immediate effect on patients' true access and that the decrease in wait times was only on paper. However, he insisted that the purpose of distributing the backlog lists was to have HAS correct scheduling errors and to make providers more aware of their patients' return intervals and their effect on access. He stated that his efforts were successful because access improved and he was no longer sending out backlog lists. He stated that there was still room for improvement regarding patients' access, but he insisted there had been a big improvement.

Service chief 1 was reinterviewed at his request. He stated that senior leader 1 was included on all of the emails he sent regarding patients' access and provider backlog lists. He also stated that a new tool had been implemented in CPRS approximately 6 months earlier that allowed the provider to enter the patient's next appointment date in the orders section. This allowed the provider's desired date to be documented in the patient's medical record. He further explained that this decreased confusion between the provider, patient, and MSA as to when the patient should be scheduled for a follow-up appointment. It also created a permanent record of the provider's desired date for the patient's next appointment. Before the implementation of the new tool, providers were expected to enter their desired date in the notes section of CPRS for each patient; however, they often did not. Providers instead noted their desired date for the patient's next appointment on a plan of care, which was a slip of paper given to the patient. The plan of care was then given to the MSA who scheduled the next appointment. The plan of care was then returned to the patient or it was shredded. This process resulted in no record of the provider's desired date and created scheduling errors and confusion. He noted that the new process of recording provider desired dates in the CPRS orders section had decreased scheduling errors.

- Service chief 2 stated that she was aware of the provider backlog lists and email guidance sent out by service chief 1 in late 2012 and early 2013. She understood that the backlog lists were to be reviewed by HAS employees so that scheduling errors could be corrected and, then, by providers to identify patients who could be helped over the phone instead of taking up an appointment slot. She also believed providers used the lists to move patients around as appropriate to see them sooner. She stated that she did not remember anyone being instructed to change desired dates to match actual dates. She further stated that the way service chief 1 worded his instructions made it sound as if the changes were being done inappropriately. She said she did not recall anyone bringing service chief 1's instructions to her and stating that they were uncomfortable with what they were being asked to do.

  She further stated that there were occasions when it was discovered that employees were not scheduling appropriately. When this happened, the employee's supervisor was notified and the employee was given additional training. She stated that she wasn't aware of any employees intentionally trying to "game" the system. She believed any scheduling issues were due to a lack of understanding of the proper way to schedule appointments. She added that her assistant chief conducted scheduling training for VAMC employees in December 2013 and May 2014. She believed employees now had a

better understanding of the correct way to schedule appointments. She said all employees had to complete five training classes and a one-on-one training class with the HAS scheduling trainer before they were authorized to schedule appointments. She advised that the HAS scheduling trainer was in the process of updating the master list of employees who schedule appointments to make sure every employee had completed all five training classes and the one-on-one training class.

- Senior leader1 stated that he vaguely remembered service chief 1 compiling backlog lists and forwarding them to physicians and clinic managers in an attempt to reduce patient backlog around the end of 2012. He said he wasn't sure, but he thought the lists were of patients waiting to be seen and they were given to the providers so they could overbook them into their schedule. When he was informed of service chief 1's emailing instructions to physicians to review their backlog lists for patients they felt could be seen on their appointment date instead of the date the provider requested, and to then change the desired date to the actual date to remove them from the backlog list, he said the email sounded inappropriate the way it was written. However, he believed service chief 1 was trying to address the return interval rate with the physicians, and explained that the VASNHS had a high return interval rate at the time the email was written and it was affecting patients' access. He couldn't recall receiving the email. He said he was involved in meetings in which access issues and return interval rates were discussed, but he did not remember specifically discussing having providers change desired dates.

- Senior leader 2 stated that the only issue involving the possible manipulation of patient wait times that she was aware of was brought to her attention after a VHA audit conducted in December of 2013. During that VHA audit, an employee claimed that sometime around May or June 2013, a clinic supervisor instructed employees to change patient desired dates. She said she questioned her clinic supervisors and was told that there was a clinic supervisor who instructed employees to change patient desired dates; however, she was told the manager no longer worked for VA and that all of the staff had been retrained on the correct scheduling procedures.

  She added that she was familiar with emails sent out by service chief 1 to physicians referencing their patient backlog lists. She stated that she read through the emails and it was her understanding that service chief 1 was asking physicians to look at their patient return interval rates. She further stated that one physician in particular had a large patient backlog list and short-patient return interval rates, and that service chief 1 instructed her (the physician) to review her patients and move their appointments around as appropriate. She said she believed it was service chief 1's intent to make the physicians more aware of their patient return intervals and to change their pattern of scheduling patients every 3 or 6 months even when it wasn't necessary.

  She stated that she was aware that service chief 1 had told physicians that they would not be allowed to take annual leave or training leave if their patient backlog was greater than 1.5 percent of their panel. She further stated, per the policy, that annual leave was supposed to be scheduled 3 months in advance. Providers often requested annual leave 1 to 2 weeks in advance. What service chief 1 was trying to explain to the physicians was that if they had a patient backlog, they were not going to be approved for unplanned

annual leave. She said she did not know that some MSAs and nurses were instructed by clinic managers to change the desired dates for patients on the backlog lists to reduce the number of patients waiting for appointments.

Records Reviewed

The OIG reviewed VA emails between the complainant and service chief 1. The review disclosed that service chief 1 asked the complainant to review his/her backlog list for scheduling errors and report them to clinic manager 1. The complainant was also asked to move patients with long wait times up in his/her schedule, whenever possible.

4. Conclusion

The investigation determined, through interviews and review of emails, that service chief 1 directed physicians to review their patients with wait times exceeding 14 days. If, in their medical opinion, there would be no clinical effect to the patient, service chief 1 directed that the desired date be changed to match the appointment date, which inappropriately improved wait times.

VA OIG referred the Report of Investigation to VA's Office of Accountability Review on February 27, 2016.

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For more information about this summary, please contact the Office of Inspector General at (202) 461-4720