



DEPARTMENT OF VETERANS AFFAIRS
OFFICE OF INSPECTOR GENERAL

Office of Audits and Evaluations

VETERANS HEALTH ADMINISTRATION

Appointment Management
During the COVID-19
Pandemic

REVIEW

REPORT #20-02794-218

SEPTEMBER 1, 2020

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Executive Summary

The COVID-19 pandemic has had a major impact on VA's mission of providing health care for veterans through the Veterans Health Administration (VHA). The VA Office of Inspector General (OIG) conducted this review to assess VHA's appointment management strategies during the pandemic and the state of VA medical facilities' canceled appointments. The review team assessed the data on about 7.3 million appointments canceled from March 15, 2020, through May 1, 2020, to help clarify for VA the processes and places that may need attention to address the needs of patients who had appointments at VA facilities canceled.

VA operates the largest integrated healthcare system in the United States, with over 1,200 medical facilities serving more than 9.2 million enrolled veterans. Providing access to timely care at VA facilities continues to be a challenge for VHA, despite increased facility staffing, internal process improvements, and expanded community care and telehealth options.

Recently, this access challenge has been exacerbated as both VA facilities and community providers have curtailed nonurgent and routine healthcare appointments to avoid placing staff and patients at unnecessary risk of contracting COVID-19 and to preserve limited supplies and equipment. The OIG recognizes the efforts of all VHA personnel who are working in stressful conditions and risking exposure to COVID-19 as they manage the needs of patients and employees.

Canceling a significant number of nonurgent appointments over a short period of time increases the risk of facilities losing track of patients who require rescheduled appointments for care. Given the significant and fast-paced changes from standard operations, it is critical for VHA to provide its medical facilities timely, clear, and consistent direction, and to execute a sound strategy to follow up with patients during and after the pandemic.

The review team assessed whether facilities were converting, canceling, classifying, and annotating patients' appointments consistent with VHA's evolving guidance. The team also assessed the number of appointments VHA facilities conducted virtually and the number that still require follow-up. This report provides a system-wide assessment that can be used to guide medical facilities' efforts to ensure all patients with canceled appointments receive the follow-up required to meet their needs.

What the Review Found

VHA and its medical facilities took measures to protect patients and employees from COVID-19 by canceling scheduled nonurgent face-to-face appointments. VHA issued its initial guidance to

medical facilities for canceling appointments on March 15, 2020, and followed up with a series of memorandums that contained additional guidance or clarification.¹

Beginning March 16, 2020, the number and rate of canceled appointments began to increase substantially. From March 15 through May 1, 2020, VA medical facilities canceled about 7.3 million appointments—about 3.2 million more than were canceled from February 1 through March 14, 2020.² During that time, facilities made significant efforts to see patients virtually or to track patient cancellations for rescheduling, but still have much work to do in following up on the appointments canceled during the COVID-19 pandemic.

VHA Needs to Follow Up on Over Two Million Appointments Canceled During the COVID-19 Pandemic

The OIG determined that of the 7.3 million appointments canceled from March 15 through May 1, 2020, about 2.3 million (32 percent) had no indication of follow-up or tracking at the time of the review, as shown in figure 1. These appointments included primary care, mental health care, and specialty care. Because facilities do not have a tracking mechanism associated with these cancellations, such as an open consult (a referral) or a reminder to call and reschedule appointments, this poses a significant risk to patient care.

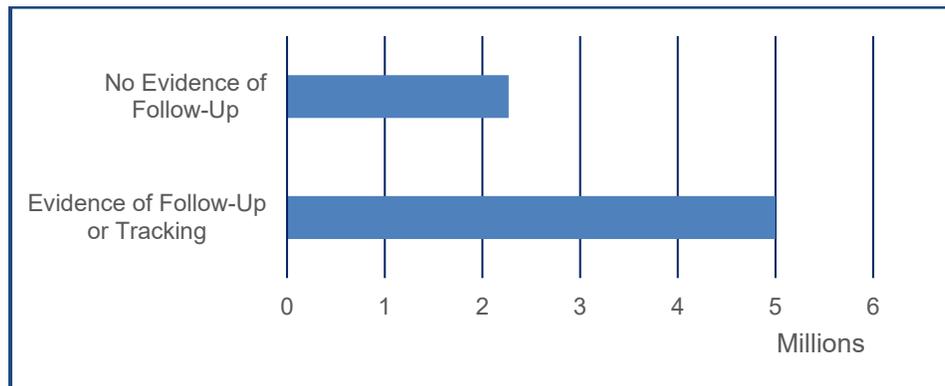


Figure 1. Cancellations with evidence of follow-up and no evidence of follow-up.

Source: VA OIG analysis of VHA cancellation data (by date of cancellation).

VHA created a monitoring tool for its appointment cancellation data that should allow it to identify and communicate specific issues to leaders and facilities. According to VHA’s Office of Veterans Access to Care (OVAC) personnel, OVAC developed training and tools for facilities to

¹ VHA Memo, “Coronavirus (COVID-19) Guidance for Elective Procedures,” March 15, 2020.

² The cancellations discussed in this report were primarily for appointments scheduled for patient care. Also included were “non-count” appointments such as laboratory, x-ray, ultrasound, and Magnetic Resonance Imaging (MRI). VHA Directive 1230 defines non-count as workload that “does not meet the definition of an encounter or an occasion of service.” The OIG team included all cancellations in this review to ensure all previously scheduled appointments are considered for follow-up.

manage appointments and consults during and following the pandemic. OVAC stated that facilities have been instructed to review all cancellations, and that each facility is responsible for executing follow-up actions based on its clinical review.

VHA Provided Virtual Care and Tracked Canceled Appointments

About five million appointments (68 percent) canceled during the review period had evidence of follow-up or other tracking. This generally means the patient was able to complete the appointment virtually by telephone or video, or the appointment had been rescheduled.

This figure also includes canceled appointments that are tracked in VA's scheduling system in various ways but does not mean the appointment has been rescheduled. Many cancellations likely still need to be rescheduled for an in-person visit or converted to virtual appointments. These tracking mechanisms include healthcare providers' orders for the patient to return to the clinic, open consults, and recall reminder alerts for patients to call back for an appointment.³ Because these appointments are associated with patients who have a return to clinic order, an open consult, or a recall reminder, facility employees will be prompted to review and reschedule the appointments as needed.

VHA facilities have significantly leveraged virtual appointments during the pandemic. Of the cancellations that occurred from March 15, 2020, through May 1, 2020, VHA data indicated facilities converted about 1.1 million of the canceled appointments to telephone or video appointments. These conversions account for a portion of the total virtual appointments, as additional appointments were scheduled to be virtual when created and were not the result of a conversion. Overall, VHA data indicated that facilities completed about 2.8 million virtual appointments during March and April 2020—predominately by telephone and some by video.

Facilities Did Not Consistently Annotate Appointments Canceled Due to COVID-19

During March 2020, VHA issued memorandums that contained guidance important to tracking cancellations. This included labeling appointment cancellations with the keyword "COVID19" in the remarks section.⁴ Using this keyword correctly could have allowed VHA to better determine which appointments needed to be rescheduled.

³ VHA policy states that a consult may revert to an "active" status when an appointment is canceled, and that the "active" status indicates that efforts are underway to schedule the consult. A return to clinic order is when a provider indicates a specific return date for an appointment that is deemed clinically appropriate. VHA policy states that a recall reminder is "used as a 'tickler' file where established patients are 'held' until they call and request a follow-up appointment."

⁴ VHA Memo, "Outpatient Clinic Appointment Scheduling Management in Response to COVID-19 Pandemic," March 22, 2020.

The review team's analysis of VHA's data on canceled appointments determined that about 55 percent of cancellations from March 15, 2020, through May 1, 2020, included COVID annotations in the remarks section of the canceled appointment. The review team could not confirm whether the remaining 45 percent of cancellations occurred because of the COVID-19 pandemic and determined it was possible that facilities were not always aware of whether patients canceled their appointments due to COVID-19 or other reasons. However, based on the timing of these cancellations and the guidance from VHA to cancel nonurgent appointments during this period because of COVID-19, it is reasonable to infer that the vast majority were canceled due to COVID-19.

The review team determined that VA medical facilities would not be able to solely rely on COVID remarks for rescheduling purposes because they did not consistently add the remarks to appointments canceled due to COVID-19. The team concluded that facilities would need to review and make rescheduling efforts for all appointments canceled during the COVID-19 pandemic regardless of whether the cancellation included a COVID remark. According to VHA's OVAC personnel statements to the review team, OVAC has directed facilities to ensure they review all cancellations since the beginning of the pandemic, including those that did not have a COVID comment, to allow for review of those appointments where the comment may have been missed.

VHA's Direction on Classifying Canceled Appointments Changed

VHA provided different guidance on how to classify appointment cancellations over time. VHA's scheduling directive (Directive 1230) states that cancellations are classified as canceled by the clinic or canceled by the patient, depending on who initiated the cancellation.⁵

VHA issued a memo on March 22, 2020, directing employees to classify all cancellations related to COVID-19 as canceled by the patient unless the provider was not available.⁶ VHA's OVAC stated that it crafted the guidance after discussions with clinical and administrative personnel. The stated rationale was that because this is a national healthcare crisis, "it is in the Veteran's best interest and there is agreement by the Veteran." OVAC stated it also sought input from the Office of General Counsel, and the guidance was reviewed by VHA's Office of the Deputy Under Secretary for Health for Operations and Management.

On April 1, 2020, VHA updated this guidance and stated that "moving forward, facility schedulers should use previous scheduling guidance outlined in the business rules in VHA Directive 1230." OVAC stated it reversed the guidance in response to feedback and concerns

⁵ VHA Directive 1230(2), *Outpatient Scheduling Processes and Procedures*, July 15, 2016. Amended on January 22, 2020.

⁶ VHA Memo, "Outpatient Clinic Appointment Scheduling Management in Response to COVID-19 Pandemic."

from staff at the facilities. OVAC also stated that it asked facility staff during conference calls to follow up on all cancellations regardless of how their cancellations were classified.

The review team concluded that VA medical facilities should not limit their follow-up efforts to only those appointments classified as canceled by the clinic, as there is the risk that cancellations initiated by the clinic due to COVID-19 were actually classified as being canceled by the patient because of VHA's March 22 guidance. Overall, from March 22 through May 1, 2020, VHA employees labeled cancellations as canceled by the patient about one-third of the time. VHA's OVAC personnel stated that this classification is an administrative tracking designation only and that they will use cancellation dates for follow-up purposes to ensure veterans have care appointments.

It is important to note that when appointments are classified as canceled by the patient, VA's calculated wait time for such appointments resets. Given that many appointments have been classified as canceled by the patient, individual and cumulative wait time data will be of questionable reliability during and following the pandemic.

Facilities Canceled or Discontinued Over 500,000 Consults

VHA guidance distributed on March 22, 2020, included direction to not cancel or discontinue consults.⁷ Consults are generally created by a provider requesting new specialty care for a patient, such as a primary care provider referring a patient for a podiatry appointment.⁸ The purpose of VHA's guidance was to leave consults open so that the referring clinician could review and enter a timeframe to schedule the appointments. However, from March 22 through May 1, 2020, VHA facility employees canceled or discontinued over 500,000 consults.

When a consult is canceled, the provider who initiated it receives an alert. If the provider edits and resubmits the consult, it will maintain the original request date. When a consult is discontinued, it is closed, and the referring provider can submit a new consult if necessary. Canceled or discontinued consults can lead to a veteran experiencing additional, undocumented delays, or in some cases not receiving care if the referring provider does not resubmit or create another consult. VHA policy provides criteria for when it is appropriate to cancel or discontinue consults, such as when the service is not available, the request is a duplicate, or the patient refused care, among other reasons.⁹ During the same period in 2019, VHA facility employees canceled or discontinued about 775,000 consults. However, based on VHA's guidance on March 22, 2020, consults should have remained in an active, open status to be scheduled at a later date.

⁷ VHA Memo, "Outpatient Clinic Appointment Scheduling Management in Response to COVID-19 Pandemic."

⁸ A consult is a request for clinical services created by a physician or other healthcare provider on behalf of a patient, seeking opinion, advice, or expertise regarding evaluation or management of a specific patient problem.

⁹ VHA Directive 1232(2), *Consult Processes and Procedures*, August 24, 2016.

OVAC personnel stated they provided training to scheduling and clinic practice management staff at the facilities, and employees were instructed to hold consults in active status rather than cancel or discontinue them due to COVID-19. OVAC personnel told the review team that consults may have been discontinued when patients indicated they did not want care, but if the patients wished to wait due to COVID-19, then the consults should remain in an open status. OVAC indicated that compliance with this guidance was to be monitored at the facility level.

Facilities Canceled Multiple Appointments at the Same Time

VHA guidance does not specify that schedulers should not cancel multiple appointments at the same time. VHA's scheduling directive states that when clinics cancel appointments, they are to reschedule the appointments with patient input and document the original clinically indicated or patient-indicated date.¹⁰ The review team found that canceling many appointments at the same time could mask instances in which patients may not have been contacted about their canceled appointment as required, and therefore not given the opportunity to reschedule or convert their appointment to virtual care. VHA's OVAC personnel stated that the patient is to be contacted any time an appointment is to be canceled. OVAC further stated that the rescheduling efforts need to be conducted in collaboration with the patient, and employees are to offer options for rescheduling and virtual appointments as soon as possible.

The review team assessed cancellations that occurred from February 1, 2020, through May 1, 2020, to determine how often facility staff canceled 10 or more appointments simultaneously, and found this was the case for about 350,000 appointments.¹¹ Regarding canceling multiple appointments at the same time, OVAC stated that if providers were unavailable (e.g., due to illness), an entire clinic day could have been canceled. Furthermore, clinical reviews would be required for all patients to determine rescheduling instructions, and the scheduler is required to contact the patients.

Status of Follow-Up on Canceled Appointments, as of June 15, 2020

This review focused primarily on cancellations that occurred from March 15 through May 1, 2020. The OIG's ongoing surveillance of VHA data showed that overall, from March 15 through June 15, 2020, VHA canceled nearly 11.2 million appointments and needed to follow up on about 3.3 million of those cancellations.

¹⁰ VHA Directive 1230(2).

¹¹ The approximately 350,000 appointments canceled in this manner involved about 327,000 individual patients, which means some patients had multiple appointments. This analysis assessed the larger period of February 1 through May 1, 2020, to identify bulk cancellations that occurred prior to VHA's March 15, 2020, guidance.

What the OIG Recommended

The OIG issued three recommendations to the under secretary for health concerning the need for VHA to coordinate a well-defined rescheduling strategy with all facilities, and to provide oversight to facilities that have a significant rate of appointments with no evidence of follow-up or tracking.¹² The OIG also recommended VHA ensure facilities do not solely rely on COVID annotations or “canceled by the clinic” designations when rescheduling. Finally, the OIG recommended that VA medical facilities take appropriate action on canceled or discontinued consults.

Management Comments

The executive in charge, Office of the Under Secretary for Health, concurred with recommendations 1, 2, and 3, and provided acceptable action plans responsive to the intent of the recommendations. VHA stated it has nearly completed a strategic and operating plan for its COVID-19 Appointment and Consult Management Initiative that provides direction to all medical facilities on rescheduling patients for in-person and virtual care, and includes oversight responsibilities, process development, defined data review, and a communication strategy. VHA stated that OVAC will provide oversight to ensure medical centers review all appointment cancellations and provide follow-up, and stated its plan includes a thorough review of all canceled and discontinued consults to ensure follow-up action as appropriate.

The OIG initially made a fourth recommendation that VHA ensure appropriate patient communication and follow-up have been completed for bulk-canceled appointments. The OIG recognizes that VHA’s planned strategy for recommendations 1–3 to follow up with all patients with canceled appointments will be inclusive of those that were canceled in batches, and therefore the OIG is no longer making a recommendation specific to bulk-canceled appointments.

The OIG will monitor implementation of planned actions and will close the recommendations when VHA provides sufficient evidence demonstrating progress in addressing the intent of the recommendations and the issues identified.



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¹² Recommendations directed to the under secretary for health were submitted to the executive in charge, who has the authority to perform the functions and duties of the under secretary for health.

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Abbreviations

COVID-19	coronavirus disease 2019
FY	fiscal year
OIG	Office of Inspector General
OVAC	Office of Veterans Access to Care
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network



Introduction

The Veterans Health Administration (VHA) and its medical facilities took warranted measures to protect patients and employees from COVID-19 infection by canceling scheduled, nonurgent face-to-face appointments. On March 15, 2020, VHA issued its initial guidance on managing patients’ appointments related to the COVID-19 pandemic that was declared just days earlier, instructing VA medical facilities to cease nonurgent elective procedures.¹³

From February 1, 2020, through May 1, 2020, VHA facilities canceled about 11.4 million scheduled appointments—including about 7.3 million appointments since VHA distributed initial cancellation guidance on March 15, 2020—as VHA worked to prioritize its efforts related to the COVID-19 pandemic and keep patients and employees safe.¹⁴ Table 1 shows the number of appointments canceled during the periods before and after VHA issued its initial guidance.

Table 1. Canceled Appointments

Period	Canceled appointments
February 1–March 14	4.1 million
March 15–May 1	7.3 million
February 1–May 1	11.4 million*

Source: VA OIG analysis of VHA’s Corporate Data Warehouse data.

** During the same full period in 2019, VHA canceled about 8.3 million appointments—about 3.1 million (27 percent) fewer cancellations.*

Given these significant and fast-paced changes to standard operations, it is critical for VHA to provide its medical facilities timely and clear direction that supports a sound strategy to follow up with patients during and after the pandemic. The actions VHA has taken to minimize COVID-19 exposure risks to veterans also had the unintended result of increasing the risk of facilities losing track of patients who will require rescheduled appointments for needed care. Although VHA took some measures to mitigate this risk, the uneven implementation of those measures resulted in vulnerabilities.

The VA Office of Inspector General (OIG) conducted this review to assess VHA’s appointment management strategies during the COVID-19 pandemic and the state of VA medical facilities’

¹³ VHA Memo, “Coronavirus (COVID-19) – Guidance for Elective Procedures,” March 15, 2020.

¹⁴ The cancellations discussed in this report were primarily for appointments scheduled for patient care. Also included were “non-count” appointments such as laboratory, x-ray, ultrasound, and MRI [Magnetic Resonance Imaging]. VHA Directive 1230 defines non-count as workload that “does not meet the definition of an encounter or an occasion of service.” The OIG team included all cancellations in this review to ensure all previously scheduled appointments are considered for follow-up.

canceled appointments. The goal was to provide VHA with information that could be used to guide medical facilities' efforts to ensure all patients with canceled appointments at VA facilities receive the follow-up required to meet their needs. This report discusses VHA's evolving guidance pertinent to appointment management and assesses whether facilities were making phone or video conversions, and canceling, classifying, and annotating patients' appointments consistent with directions. Specifically, this review assessed the number of appointments VHA facilities conducted virtually and the number that still required follow-up at the time of the review. This report provides a system-wide assessment and identifies outlying facilities that may be experiencing greater challenges.

The OIG recognizes the efforts of all VHA personnel who have been working in stressful conditions and risking exposure to COVID-19 as they manage the needs of patients and personnel.

VHA's COVID-19 Guidance on Managing Appointments

VHA's initial appointment management guidance related to COVID-19, issued on March 15, 2020, instructed facilities to cease nonurgent elective procedures no later than March 18, 2020.¹⁵ The memo stated that this measure was taken to reduce unnecessary hospitalizations and free up resources to address veterans under evaluation for and diagnosed with COVID-19. During the week of March 16, 2020, the number and rate of canceled appointments in VHA began to increase substantially.

As the pandemic continued, VHA issued a series of memorandums that contained guidance pertaining to appointment and scheduling management, or clarification of guidance previously issued to its VA medical facilities, as shown in figure 2. On March 22, 2020, VHA issued scheduling guidance to the Veterans Integrated Service Network (VISN) directors that stated, "Veterans who have non-urgent or non-time-sensitive appointments and are concerned about exposure to coronavirus have the following options to access health care: telephone appointments, telehealth or postponing appointment and rescheduling their care for a later date."¹⁶

¹⁵ VHA Memo, "Coronavirus (COVID-19) – Guidance for Elective Procedures."

¹⁶ VHA Memo, "Outpatient Clinic Appointment Scheduling Management in Response to COVID-19 Pandemic," March 22, 2020. A VISN manages day-to-day functions of medical centers and also provides administrative and clinical oversight of them.

**Timeline of Scheduling Guidance
March through April 2020**

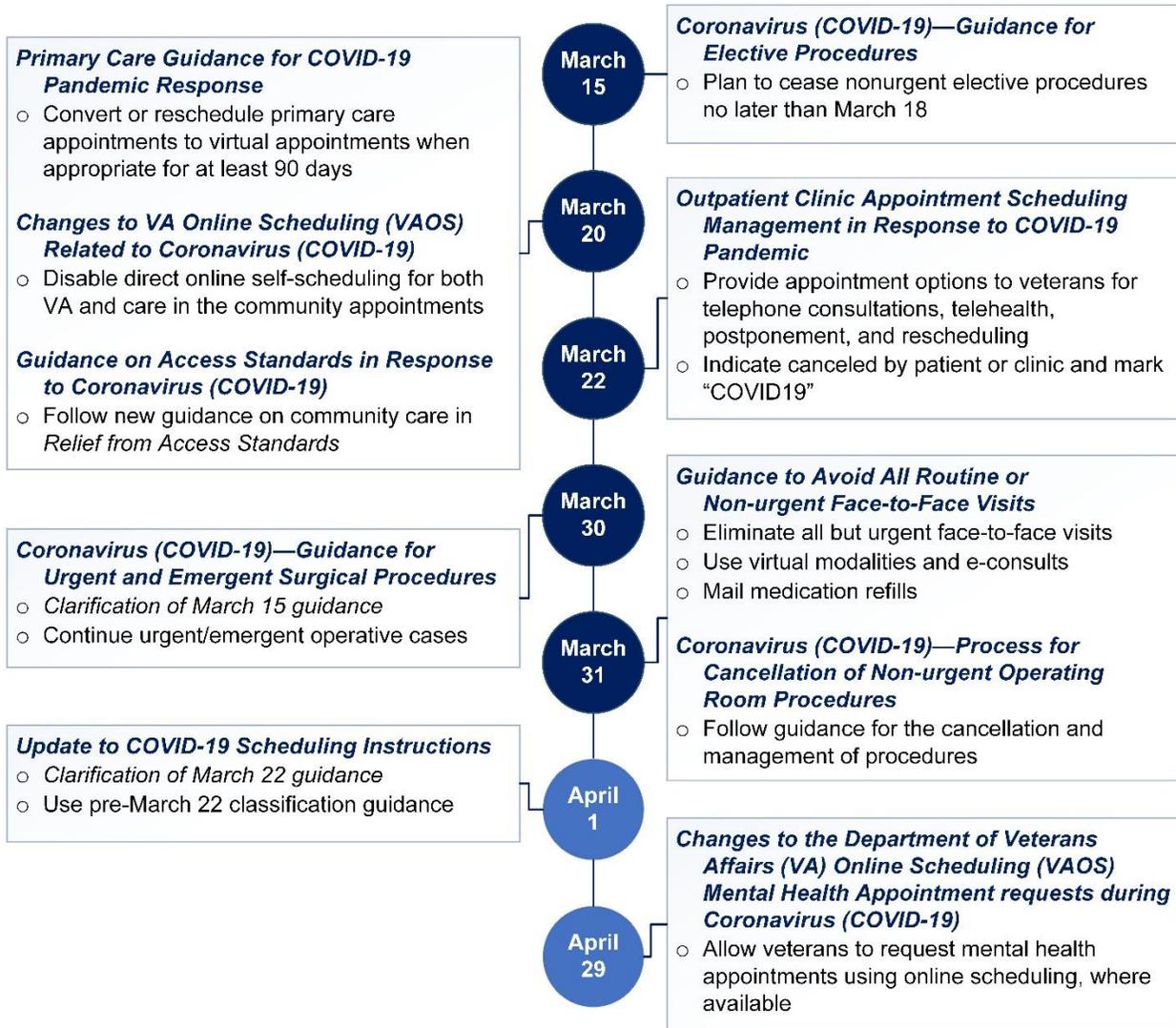


Figure 2. Timeline of scheduling guidance.

Source: VA OIG analysis of VHA memos.

Note: Appendix A has additional information regarding each memo.

Medical Facility Responsibilities

VHA’s guidance to medical facilities included the following mechanisms to track appointment cancellations for follow-up.

Annotating Cancellations Due to COVID-19

VHA’s pandemic guidance issued on March 22, 2020, included instructions for employees at medical facilities to annotate the appointment cancellations so that they could be tracked.¹⁷ The annotation should include “COVID19” in the cancellation remarks within the VA scheduling system. The guidance also directed employees to annotate the cancellation as “COVID19” if the in-person appointment was converted to a virtual appointment.

Classifying Canceled Appointments by Patient or Clinic

VHA also provided guidance for facility employees to attribute who made the cancellation (the patient or the clinic). The March 22, 2020, memo instructed employees to classify canceled appointments related to COVID-19 as “cancelled by the patient” unless the healthcare provider was not available, in which case they were to be classified as “cancelled by the clinic.” A VHA document indicated that the rationale was that because COVID-19 is a national healthcare crisis, “it is in the Veteran’s best interest and there is agreement by the Veteran.” This guidance was different from VHA’s standard scheduling policy, which indicates cancellations initiated by the clinic should be classified as canceled by the clinic.¹⁸

Less than two weeks later, on April 1, 2020, VHA updated this scheduling guidance and stated that “moving forward, facility schedulers should use previous scheduling guidance outlined in the business rules in VHA Directive 1230.” The directive states that appointments are classified as canceled by the patient when a patient initiates the cancellation and canceled by the clinic when initiated by the clinic.

Tracking Indications of Follow-Up to Canceled Appointments

During the pandemic, VHA tracked data on cancellations and whether the canceled appointments had any indication of follow-up. Specifically, VHA was tracking whether canceled appointments had indications that they were

- rescheduled,
- converted to a virtual appointment (telephone or video),
- linked to an open consult or return to clinic order, or
- associated with a recall reminder to schedule the appointment later.

¹⁷ VHA Memo, “Outpatient Clinic Appointment Scheduling Management in Response to COVID-19 Pandemic.”

¹⁸ VHA Directive 1230(2), *Outpatient Scheduling Processes and Procedures*, July 15, 2016. Amended on January 22, 2020.

VHA policy states that a consult (referral) may revert to an “active” status when an appointment is canceled, and that the “active” status indicates that efforts are underway to schedule the consult.¹⁹ A return to clinic order is when a provider indicates a specific return date for an appointment that is deemed clinically appropriate.²⁰ VHA policy states that a recall reminder is “used as a ‘tickler’ file where established patients are ‘held’ until they call and request a follow-up appointment.”²¹

Rescheduling or converting appointments to virtual appointments indicates that the facility has made follow-up efforts to address the patient’s care needs. If canceled appointments are associated with an open consult, a recall reminder, or a return to clinic order, facility schedulers will generally remain aware of the need to reschedule those appointments in the future. That is, the patients’ need for care is still tracked in VHA’s scheduling system but follow-up has not yet occurred.

¹⁹ VHA Directive 1232(2), *Consult Processes and Procedures*, August 24, 2016.

²⁰ VHA Directive 1230(2).

²¹ VHA Directive 1230(2).

Results and Recommendations

Finding: VHA Provided Virtual Care and Made Efforts to Track Appointments Canceled During the Pandemic, but Needs to Follow Up on Over Two Million More Cancellations

During the COVID-19 pandemic, VHA instructed its medical facilities to avoid nonurgent face-to-face appointments, in alignment with Centers for Disease Control and Prevention recommendations, to thwart the spread of infections. As previously discussed, VA medical facilities canceled about 7.3 million appointments from the time VHA distributed initial cancellation guidance on March 15, 2020, through May 1, 2020. VA medical facilities made significant efforts to see patients virtually or to track patient cancellations and reschedule appointments for a later date, but still need to address millions of cancellations.

The OIG review team analyzed the data on the 7.3 million appointments canceled from March 15, 2020, through May 1, 2020, and made the following determinations:

- **Evidence of Follow-Up or Tracking:** About five million canceled appointments (68 percent) had evidence of potential follow-up or other tracking. This means the patient was able to complete the appointment virtually by telephone or video, or the appointment had been rescheduled. This figure also includes appointments that are tracked in VA's scheduling system with an open consult or a scheduling reminder but still may require rescheduling.
- **No Evidence of Follow-Up:** About 2.3 million canceled appointments (32 percent) had no indication of follow-up or tracking at the time of review. These cancellations include appointments for primary care, mental health care, and specialty care.

As the pandemic continued, VHA issued a series of memorandums that contained important guidance for tracking cancellations that VA medical facilities did not consistently follow. For example, VHA guidance directed facilities not to cancel or discontinue consults, so that the referring clinician could review and enter a time frame to schedule the appointment in the consult comment section. However, since this guidance was distributed, VHA facility employees canceled or discontinued more than 500,000 consults.

What the OIG Did

The review team examined VHA's appointment management direction and guidance distributed to VA medical facilities and VISN regional networks during the COVID-19 pandemic. The team also assessed VHA data pertaining to canceled appointments, conversions to telehealth, and indications of follow-up during the pandemic from February through May 2020, with emphasis on cancellations made from March 15 through May 1, 2020. The review team also interviewed

VHA personnel from the Office of Veterans Access to Care (OVAC) to gain an understanding of the guidance on and expectations of appointment management during the COVID-19 pandemic. Additional information about the scope and methodology can be found in appendix B.

This report’s finding and related recommendations are based on determinations concerning

- the numbers of appointments that VHA facilities canceled and conducted virtually and the millions of cancellations that still require follow-up,
- inconsistencies in how medical facility employees followed guidance, and
- other risk areas.

This report provides a system-wide assessment, as well as identifies outlying facilities that may be experiencing greater challenges.

VA Medical Facilities Canceled More than Seven Million Scheduled Appointments from March 15 through May 1, 2020

During the week of March 16, 2020, at the time of VHA’s initial cancellation guidance, the number and rate of appointments that were canceled in VHA began to increase substantially, as shown in figure 3.

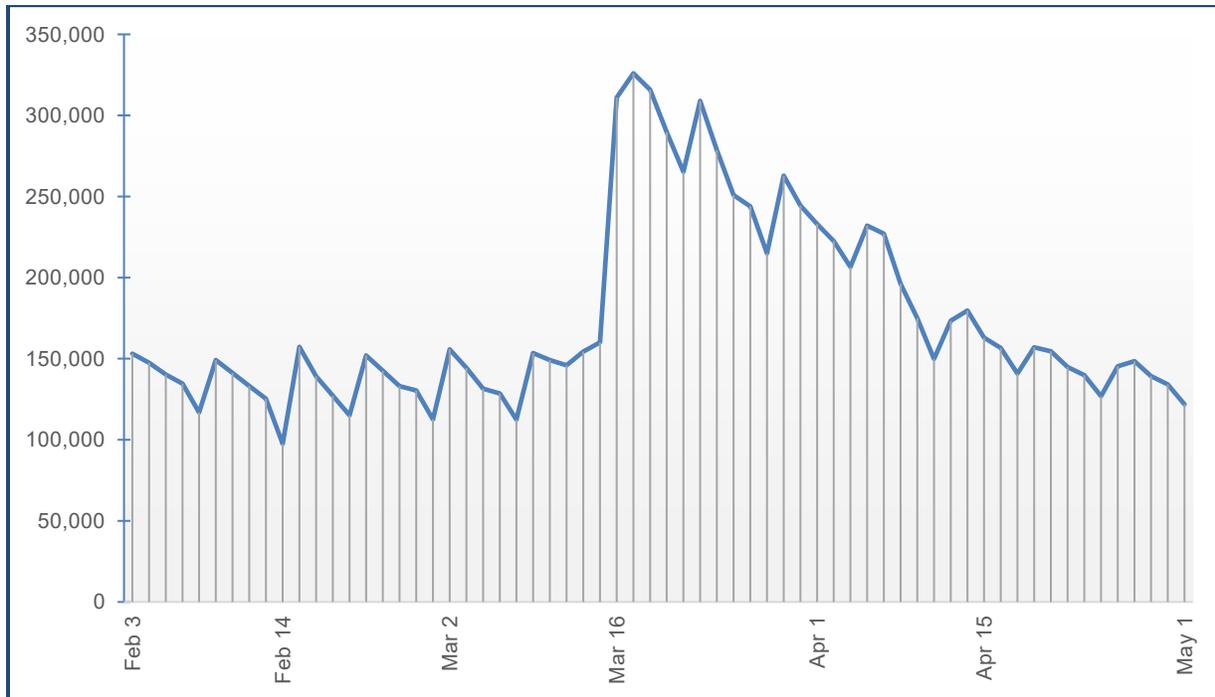


Figure 3. VHA appointment cancellations per day for February 3, 2020–May 1, 2020.

Source: VA OIG analysis of VHA cancellation data (by date of cancellation); business days only.

Note: The figure begins in February to provide context on the level of cancellations prior to March 15, 2020.

The types of appointments that VHA facilities canceled the most during the OIG review period are reflected in figure 4.

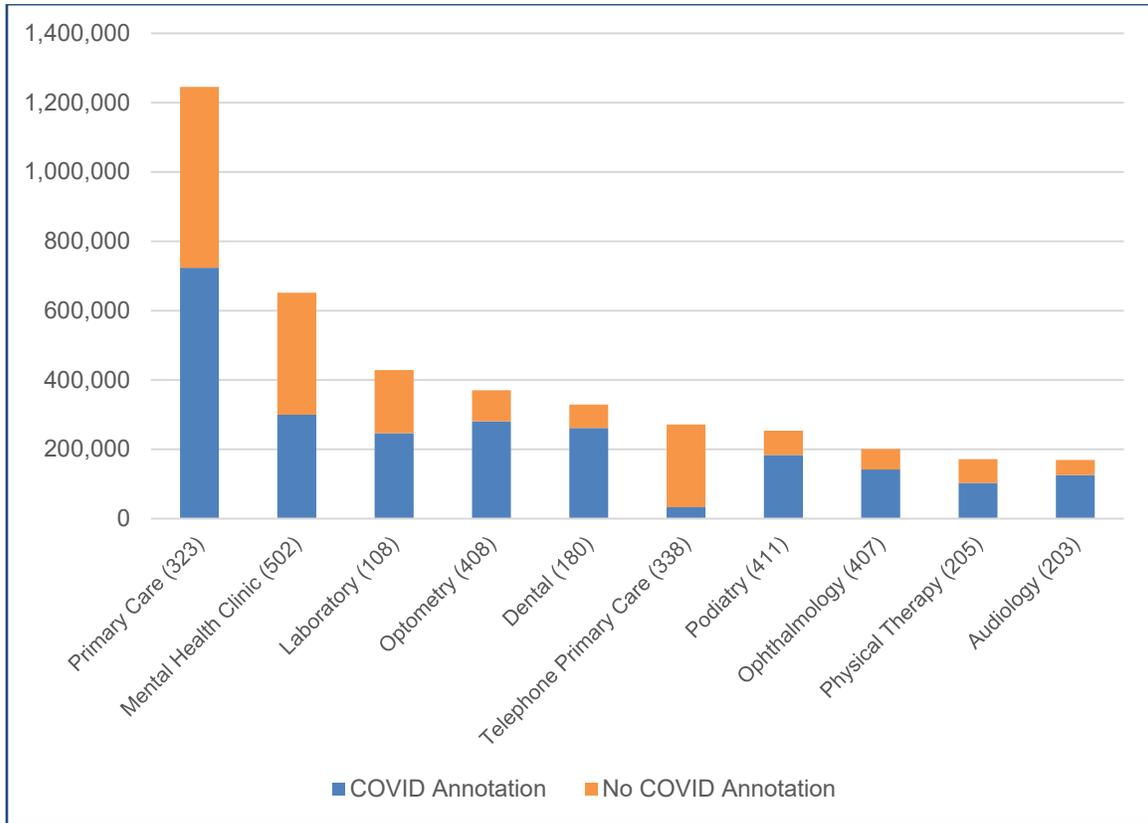


Figure 4. Canceled appointments by type of care and whether they included a COVID annotation.

Source: VA OIG analysis of VHA cancellation data for March 15 through May 1, 2020.

Note: The number following the type of service represents a stop code. VHA documentation states that stop codes are used to define the type of clinical work or services provided, and for utilization tracking, clinical program comparisons, and performance measures, among other things.

Notably, about 1.7 million cancellations that occurred from February 1 through May 1, 2020, were for appointments previously scheduled out beyond May 1, 2020.²² This included about 197,000 appointments with an appointment date in August 2020 and later that were canceled. The review team identified two facilities that had a notably higher number of cancellations of appointments that were scheduled for August and later: Tampa, Florida (about 9,600), and Helena, Montana (about 8,100). VHA’s Office of Primary Care included in its March 20, 2020, guidance to review and convert appointments to virtual appointments for at least the next

²² This analysis assessed the longer period of February 1 through May 1, 2020, to identify cancellations that occurred prior to VHA’s March 15, 2020, guidance for appointments scheduled in August 2020 and later.

90 days. VHA's OVAC did not provide a response regarding reasons or scenarios in which facilities would or should cancel appointments scheduled for August or later.

VHA's efforts are ongoing to see patients virtually or to track patient cancellations and reschedule appointments for a later date. The review team's analysis of VHA data found that about two-thirds of the appointments that employees canceled from March 15, 2020, through May 1, 2020, have some evidence of follow-up or other tracking, and VHA still needs to follow up with patients who have the remaining canceled appointments during this period.

Facilities Still Need to Follow Up on Over Two Million Canceled Appointments

The review team's analysis of VHA data determined that VA medical facilities had about 2.3 million appointments that they canceled from March 15, 2020, through May 1, 2020, with no indication of follow-up or tracking at the time of review. Because facilities do not have a tracking mechanism associated with these appointments, such as an open consult or a reminder to call and reschedule them later, this presents a risk to patient care.

As of May 13, 2020, the VA facilities with the lowest rate of canceled appointments with evidence of follow-up—ranging from about 48 percent to 53 percent—were in Bedford, Massachusetts; North Chicago, Illinois; St. Louis, Missouri; and Long Beach, California.

VHA has created databases and monitoring tools for its appointment cancellation data that allow it to identify and communicate specific issues to leaders and facilities. According to VHA's OVAC personnel, OVAC developed training and tools for facilities to manage appointments and consults during and following the pandemic. OVAC stated that facilities have been instructed to review all cancellations, and that each facility is responsible for executing follow-up based on its clinical review. Further, OVAC told the OIG review team that OVAC, VISN, and medical facility leaders are responsible for conducting oversight and monitoring follow-up of all appointments.

Recommendation 1 addresses the need for VHA to communicate a well-defined rescheduling strategy to all its facilities for rescheduling patients and provide oversight particularly to facilities that have the highest rates of canceled appointments with no evidence of follow-up or tracking.

Facilities Generally Leveraged the Use of Virtual Appointments

VHA facilities have significantly leveraged virtual appointment options during the pandemic. This has been accomplished predominately by telephone calls with patients. VHA's memo issued March 22, 2020, provided instructions on how clinics can convert their original face-to-face appointments to a telephone or VA video-connect appointment. The directions stated that schedulers must annotate the conversions in the appointment cancellation remarks

field as “#TELE# COVID19” for telephone appointments or “#VVC# COVID19” for video appointments. This would allow the appointments that are converted to telephone or video visits to be tracked in VHA’s data reports.

VHA data indicated conversions to telephone or video appointments account for about 1.1 million of the approximately five million appointments canceled from March 15, 2020, through May 1, 2020, that show some evidence of follow-up or other tracking.

It is important to note that the approximately 1.1 million conversions to telephone or video appointments represents only a portion of the total virtual appointments in VHA during the pandemic, as facilities also created new appointments as virtual appointments from the start that were not the result of a conversion. Overall, VHA data indicated that facilities completed about 2.8 million virtual appointments—predominately by telephone (about 2.2 million) and some by video—during March and April 2020.

Facilities Will Need to Reschedule Additional Patient Appointments Tracked in the Scheduling System

Although approximately five million cancellations showed evidence of follow-up or tracking, that does not mean that the appointments have been rescheduled. Among these tracked cancellations are the following mechanisms that may remind staff of the need to determine patient return dates:

- Appointments that are tracked by a return to clinic order
- Appointments that are tracked by an open, active consult
- Appointments that are tracked by a recall reminder

These cancellations likely still need to be rescheduled or converted to a virtual appointment, and facility services will be prompted to review and reschedule these needs. How to accomplish these tasks should be part of the well-defined rescheduling strategy described in recommendation 1.

Some Facilities Did Not Follow Guidance on Annotating Cancellations and Managing Consults

As discussed in the introduction, VHA guidance included specific instructions on how to annotate appointments canceled due to COVID-19 and identify the cancellation source (patient or clinic), as well as how to manage consults.

Appointments Canceled Due to COVID-19 Inconsistently Marked

VHA guidance on March 22, 2020, stated that facilities must include “COVID19” in the remarks of canceled appointments.²³ Using this annotation correctly could have allowed VHA to better determine which appointments needed to be rescheduled.

The review team’s analysis of VHA’s data on canceled appointments from March 15, 2020, through May 1, 2020, determined that about 55 percent of cancellations included COVID annotations in the remarks section of the canceled appointment. The cancellation trend and the use of COVID annotations in cancellation remarks is shown in figure 5.

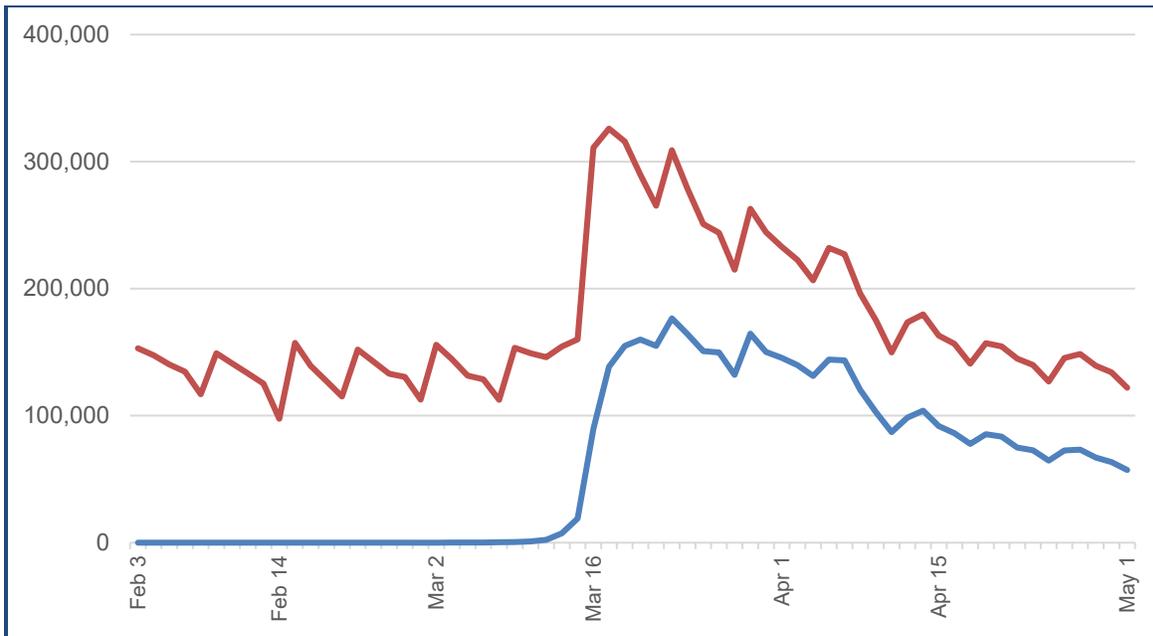


Figure 5. Trend of total VHA cancellations (top) and those with COVID annotations in the remarks (bottom).
 Source: VA OIG analysis of VHA cancellation data for February 3 through May 1, 2020; business days only.
 Note: The figure begins in February to provide context of the level of cancellations prior to March 15, 2020.

The OIG review team was unable to determine whether the remaining 45 percent of cancellations occurred because of the COVID-19 pandemic and found it is possible that facilities were not always aware of whether patients canceled their appointments due to COVID-19 or other reasons. However, considering VHA’s guidance to cancel nonurgent appointments because of COVID-19 during the period of these cancellations, it is reasonable to infer that the vast majority were canceled due to COVID-19.

Some facilities had low rates of cancellations coded with COVID remarks. The most notable example of not coding cancellations with COVID remarks was at the Richard L. Roudebush VA Medical Center in Indianapolis, Indiana, at which only about 300 of more than 74,000

²³ VHA Memo, “Outpatient Clinic Appointment Scheduling Management in Response to COVID-19 Pandemic.”

appointments (0.4 percent) canceled from March 15, 2020, through May 1, 2020, included a COVID annotation. OVAC stated that this facility has had an off-the-shelf scheduling system for many years that is unique to that facility. OVAC further stated that for this reason, VHA's national data report query cannot extract the facility's appointments or consults, and its data is not seen nationally. Therefore, according to OVAC, this facility has its own data tracking related to COVID appointments, and the facility informed OVAC it has created its own local tracking report that works with the facility's scheduling system.

The review team concluded that VA medical facilities would not be able to solely rely on COVID remarks for rescheduling purposes because they did not consistently classify appointments that were canceled due to COVID-19. VA medical facilities will need to review and make rescheduling efforts for appointments canceled during the COVID-19 pandemic regardless of whether the cancellation included a COVID remark. According to OVAC personnel statements to the review team, OVAC has directed facilities to ensure they review all cancellations since the beginning of the pandemic, including those that did not have a COVID comment, to allow for review of those appointments where the comment may not have been included as required. VHA will be challenged to provide oversight of follow-up efforts where facilities' scheduling data is not visible in VHA's national data report queries.

VHA's Direction on Classifying Sources of Canceled Appointments Changed and Was Inconsistently Followed

VHA's guidance on how to label canceled appointments (by patient or by clinic) has changed during the pandemic and has been applied inconsistently. When schedulers cancel an appointment in VHA's scheduling system, they can select whether it was canceled by the clinic or canceled by the patient, depending on who initiated the cancellation.

As discussed in the earlier section on VHA guidance, VHA's March 22, 2020, memo instructed employees to classify canceled appointments related to COVID-19 as canceled by the patient unless the provider was not available.²⁴ A VHA document indicated that the rationale is that, because this is a national healthcare crisis, "it is in the Veteran's best interest and there is agreement by the Veteran." VHA's OVAC stated that OVAC crafted the guidance after discussions with clinical and administrative personnel. OVAC stated it also sought input from the Office of General Counsel, and the guidance was reviewed by VHA's Office of the Deputy Under Secretary for Health for Operations and Management.

Less than two weeks later, on April 1, 2020, VHA updated this guidance and stated that "moving forward, facility schedulers should use previous scheduling guidance outlined in the business rules in VHA Directive 1230." OVAC stated it reversed the guidance in response to feedback and concerns from staff at the facilities. OVAC also told the review team that it asked facility

²⁴ VHA Memo, "Outpatient Clinic Appointment Scheduling Management in Response to COVID-19 Pandemic."

staff during conference calls to follow up on all cancellations regardless of how their cancellations were classified.

The review team found that the change away from the standard guidance on March 22 that extended to April 1, 2020, when VHA indicated schedulers should to revert to the standard guidance, did not appear to significantly affect the way VHA employees actually classified cancellations. However, at a minimum, guidance on classifying cancellations by patient or clinic was inconsistent during the COVID-19 pandemic.

The review team concluded there is the risk that cancellations initiated by some clinics due to COVID-19 were actually classified as being canceled by the patient, and VA medical facilities should not limit their follow-up efforts to only those appointments classified as canceled by the clinic. Overall, from March 22 through May 1, 2020, VHA employees labeled cancellations as canceled by the patient about one-third of the time. VHA's OVAC personnel indicated to the OIG review team that this classification is an administrative tracking designation only and that they will use cancellation dates for follow-up purposes to ensure veterans have care appointments.

It is important to note that classifying appointments as canceled by the patient resets VA's calculated wait time for such appointments. Given that many appointments have been classified as canceled by the patient, this means that individual and cumulative wait time data will be of questionable reliability during and following the pandemic.

VHA stated it has directed facilities to ensure they review all cancellations since the beginning of the pandemic. Recommendation 2 identifies the need for VHA to develop a mechanism to monitor facilities' progress with following up on all cancellations to ensure facilities are not solely relying on COVID annotations or cancellation source classifications when rescheduling.

Facilities Canceled or Discontinued Over 500,000 Consults

The VHA guidance issued on March 22, 2020, included instructions to not cancel or discontinue consults.²⁵ Consults are generally created by a provider requesting new specialty care for a patient, such as a primary care provider referring a patient for a podiatry appointment.²⁶ The purpose was to leave the consult in active status so that the referring clinician could review and enter a time frame to schedule the appointment in the consult comment section. It is VHA policy to ensure timely and clinically appropriate care to all veterans by standardizing and managing consultation processes. OVAC stated that the rescheduling of consults would be prioritized based on clinical assessments.

²⁵ VHA Memo, "Outpatient Clinic Appointment Scheduling Management in Response to COVID-19 Pandemic."

²⁶ A consult is a request for clinical services created by a physician or other healthcare provider on behalf of a patient, seeking opinion, advice, or expertise regarding evaluation or management of a specific patient problem.

When a consult is canceled, the referring care provider who initiated the consult receives an alert. If the provider edits and resubmits the consult, it will maintain the original request date. When a consult is discontinued it is closed, and the referring provider can submit a new consult if necessary. Canceled or discontinued consults can lead to a veteran experiencing additional, undocumented delays, or in some cases not receiving the care if the referring provider does not resubmit or create another consult.

The review team's analysis of VHA's consult data indicates that some medical facilities were continuing to cancel or discontinue consults after VHA's guidance not to do so. OVAC personnel stated they provided training to scheduling and clinic practice management staff at the facilities, instructing employees to hold consults in active status rather than cancel or discontinue due to COVID-19. OVAC stated that consults that could not be scheduled due to COVID-19 should remain in an open status and indicated that compliance with this guidance was to be monitored at the facility level.

The team's analysis of VHA's data on canceled or discontinued consults from March 22, 2020, when VHA issued this particular instruction, through May 1, 2020, determined there were

- more than 47,800 total canceled consults, and
- nearly 464,800 total discontinued consults.

Facilities in VISNs 8 and 20 had the highest number of canceled or discontinued consults:

- The VA Puget Sound Health Care System in Washington canceled about 3,300 consults.
- The Orlando VA Medical Center in Orlando, Florida, and the James A. Haley Veterans' Hospital in Tampa, Florida, each discontinued over 10,000 consults.

VHA policy provides criteria for when it is appropriate to cancel or discontinue consults, such as when the service is not available, the request is a duplicate, or the patient refused care, among other reasons.²⁷ During the same period in 2019, VHA facility employees canceled or discontinued about 775,000 consults. However, based on VHA's guidance on March 22, 2020, consults should have remained in active status so facility staff could schedule appointments at a later date. Since this guidance was issued, VHA facility employees canceled or discontinued over 500,000 consults. OVAC personnel told the review team that consults may have been discontinued when patients indicated they did not want care, but if the patients wished to wait due to COVID-19, then the consults should remain in active status. OVAC further stated that it has a consult tool that would allow for review of all consults.

²⁷ VHA Directive 1232(2).

Recommendation 3 calls on VHA to ensure facilities that canceled or discontinued consults take appropriate follow-up action.

Risk of Not Contacting Patients about Canceled Appointments

VHA's scheduling directive states that when clinics cancel appointments, they are to reschedule the appointments with patient input and document the original clinically indicated or patient-indicated date.²⁸ The review team found that the act of canceling many appointments at once makes it appear that those patients could not have all been contacted about their canceled appointments as required, and therefore not given the opportunity to reschedule or convert their appointments to virtual care.

The review team assessed cancellations that occurred from February 1, 2020, through May 1, 2020, and determined that VHA employees canceled 10 or more appointments at the same time for about 350,000 appointments.²⁹ For the purposes of this report, the team considered these to be bulk appointment cancellations when made at the same time by the same employee.

Example

A scheduler at the VA medical facility in Orlando, Florida, canceled 77 appointments in the primary care service at 1:17 p.m. (and 42 seconds) on April 7, 2020.

VHA guidance did not specify that schedulers should not cancel appointments in bulk. However, the review team concluded that canceling many appointments at the same time could mask instances in which patients may not have been contacted. VHA guidance also did not specify whether the facility or the patient was responsible for rescheduling appointments that were canceled in bulk. Facilities that had the most bulk cancellations are shown in figure 6.

²⁸ VHA Directive 1230(2).

²⁹ The approximately 350,000 appointments canceled in this manner involved about 327,000 individual patients, which means some patients had multiple appointments. This analysis assessed the longer period of February 1 through May 1, 2020, to identify bulk cancellations that occurred prior to VHA's March 15, 2020, guidance.

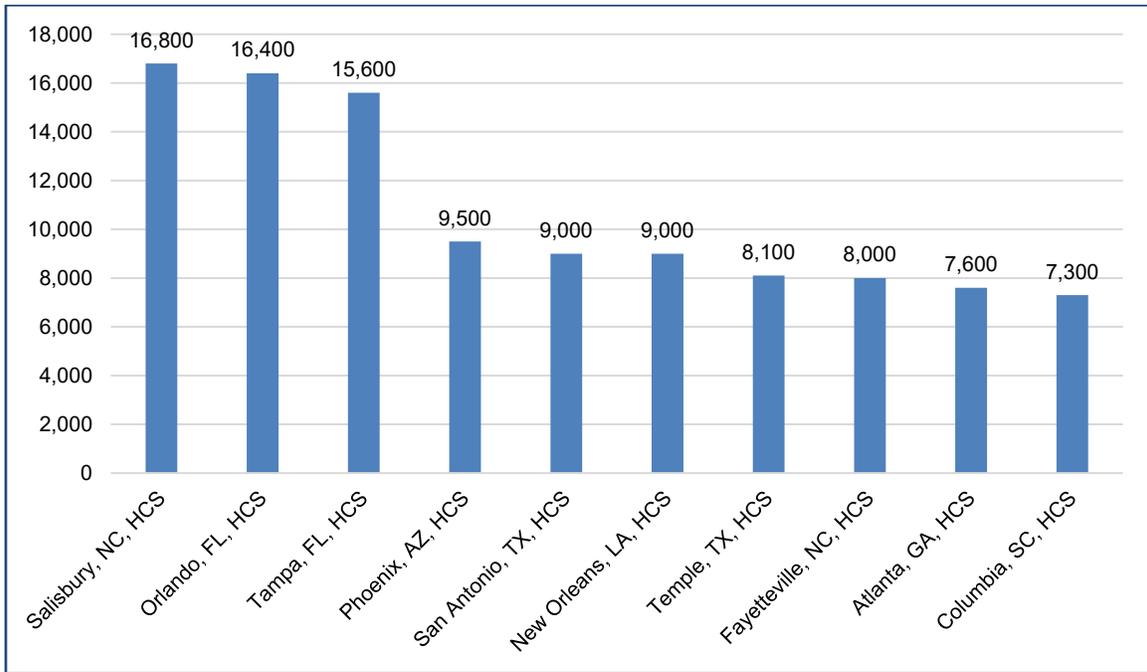


Figure 6. Appointment cancellations made in bulk, by facility (rounded).

Source: VA OIG analysis of VHA cancellation data of any 10 or more appointments canceled at the same time by the same employee for February 1 through May 1, 2020.

Note: HCS refers to a VHA healthcare system.

The review team’s analysis of VHA’s data indicated that about 68,000 optometry appointments were canceled in batches of 10 or more, as well as about 49,000 primary care appointments. The team also determined that some staff bulk-canceled (canceled in a batch of 10 or more) a considerably higher number of appointments. For example, an employee at the Southeast Louisiana Veterans Health Care System bulk-canceled about 6,400 total appointments from February 1, 2020, through May 1, 2020. Similarly, an employee at the VA medical facility in Orlando, Florida, bulk-canceled about 6,400 appointments.

VHA’s OVAC personnel stated that the patient is to be contacted any time an appointment is canceled. OVAC further stated that the rescheduling efforts need to be conducted in collaboration with the patient, and employees were supposed to offer options for rescheduling and virtual appointments as soon as possible. Regarding canceling multiple appointments at the same time, OVAC stated that if providers were unavailable (such as due to illness), an entire clinic day could have been canceled. Moreover, a clinical review is needed for all patients to determine rescheduling instructions, and the scheduler is required to contact the patients.

It is important that facility staff effectively communicate canceled appointments to patients to avoid patients presenting for a canceled appointment and to ensure they receive appropriate follow-up options. The OIG initially recommended that VHA establish controls for appointments canceled in batches and have facilities take necessary action to ensure appropriate patient

communication and follow-up have been completed for bulk-canceled appointments.³⁰ VHA stated that policy requiring schedulers to follow up with all patients with canceled appointments is already in place, and adding new processes for managing batch cancellations would impose unnecessary complications and likely decrease schedulers' effectiveness. The OIG recognizes that VHA's planned strategy to follow up with all patients with canceled appointments, as stated in VHA's response to recommendations 1, 2, and 3, is inclusive of those that were canceled in batches. Therefore, the OIG is no longer making a recommendation specific to bulk-canceled appointments.

VHA Faces Additional Risks During This Pandemic, Including Community Care Referral Delays

VHA also faces risks that facilities will lose track of patients who require follow-up for community care referrals. These referrals occur when eligible veterans choose to receive care from a community provider instead of a VA medical facility, and VA sends a referral to the veteran and the selected community provider. The VA MISSION Act of 2018 included eligibility criteria for veterans to receive community care.

On March 20, 2020, VHA sent a memo to VISN directors stating that VHA requested a temporary pause from the MISSION Act standards. The guidance indicated that VHA's request was for a 90-day pause on these standards for routine care, and it would still refer urgent needs as necessary.

A VHA document dated March 23, 2020, however, stated that VHA is not pausing the MISSION Act access standards.³¹ The document further stated that VA "is ensuring the best medical interests of Veterans are met by adhering to the law in a manner that takes into account whether referrals for community care are clinically appropriate during the COVID-19 outbreak."

VHA facilities may face challenges if guidance is not clearly and consistently conveyed. There may also be difficulties in following up on community care appointments, as facility staff do not necessarily know whether patients scheduled and completed appointments with a non-VA provider until the patient informs the facility or after the appointments are completed.

VHA's guidance directed facilities to leave community care consults in active status and indicated that nonurgent consults should not be discontinued. VHA's guidance stated, "If the care is clinically appropriate to coordinate at a later date, based on the clinical review outcome, a comment must be added to the consult, which states COVID19. This will allow facilities to track the affected consults for coordination of the community care appointment at a later date."

³⁰ Appendix C includes this initial recommendation and the executive in charge's comments.

³¹ VHA document, "COVID-19 Frequently Asked Questions (FAQ), Guidance for VA Community Care Staff, March 23, 2020."

In addition, VHA's Office of Community Care created letters for community providers to communicate community care appointment cancellations. The Office of Community Care also developed notification letters to communicate to patients the status of their community care referral or appointment.

VHA faces a potentially large influx of community care referrals when the pandemic subsides, as large numbers of patients return to VA for care and as facilities work to reschedule canceled appointments. VA facility community care departments and non-VA providers will be challenged to handle this spike in work. No recommendations are made at this time, but the OIG will continue to monitor issues related to community care referrals.

Status of Follow-Up on Canceled Appointments, as of June 15, 2020

The review team focused primarily on cancellations that occurred from March 15 through May 1, 2020. The OIG's ongoing surveillance of VHA data showed that overall, from March 15 through June 15, 2020, VHA canceled nearly 11.2 million appointments and needed to follow up on about 3.3 million of those cancellations.

Conclusion

The OIG recognizes the efforts of VHA personnel to manage the needs of patients during the COVID-19 pandemic. Avoiding nonurgent face-to-face appointments was warranted, but unfortunately increased the risk of patients not receiving rescheduled appointments. VA medical facilities provided some care virtually and have worked to track and reschedule canceled appointments. Despite these efforts, millions of canceled appointments must be managed during and following the COVID-19 pandemic.

The changes in guidance for classifying and coding cancellations, and facilities' inconsistent application of that guidance, do not allow VHA to narrow its follow-up efforts to a subset of cancellations. VHA will need to prioritize and follow up on all cancellations to ensure appointments are rescheduled if the care is still needed. The OIG will continue to monitor and assess VHA's follow-up efforts for addressing cancellations during the pandemic.

Recommendations 1–3

The OIG recommended the under secretary for health take the following actions:³²

1. Develop and clearly communicate a well-defined strategic plan to all medical facilities for rescheduling patients and provide oversight particularly to those

³² Recommendations directed to the under secretary for health were submitted to the executive in charge, who has the authority to perform the functions and duties of the under secretary for health.

facilities with the highest rates of canceled appointments with no evidence of follow-up or tracking.

2. Develop a mechanism to monitor facilities' progress with following up on all cancellations to ensure facilities are not solely relying on COVID annotations or cancellation source classifications when rescheduling.
3. Ensure that facilities take appropriate follow-up action on canceled or discontinued consults.

Management Comments

The executive in charge, Office of the Under Secretary for Health, concurred with recommendations 1, 2, and 3, and provided acceptable action plans responsive to the intent of the recommendations. To address recommendation 1, VHA stated OVAC has nearly completed its strategic and operating plan for the COVID-19 Appointment and Consult Management Initiative. VHA stated the plan provides direction to all medical facilities on rescheduling patients for in-person and virtual care and includes oversight responsibilities, process development, defined data review, and a communication strategy. VHA further stated that OVAC will provide increased oversight for those sites with the highest numbers of cancellations through the end of the pandemic, or as VHA leaders deem necessary.

To address recommendation 2, VHA stated that OVAC will provide oversight to ensure medical centers review all appointment cancellations and provide follow-up, and OVAC will review evidence of follow-up at the national level. To address recommendation 3, VHA stated its plan for the COVID-19 Appointment and Consult Management Initiative includes a thorough review of all canceled and discontinued consults to ensure follow-up action as appropriate.

OIG Response

The OIG initially recommended that VHA ensure appropriate patient communication and follow-up have been completed for bulk-canceled appointments. The OIG recognizes that VHA's planned strategy for recommendations 1–3 to follow up with all patients with canceled appointments will include those that were canceled in batches, and therefore the OIG is no longer making a recommendation specific to bulk-canceled appointments.

The OIG will monitor implementation of planned actions and will close the recommendations when VHA provides sufficient evidence demonstrating progress in addressing the intent of the recommendations and the issues identified. Appendix C provides the full text of the executive in charge's comments.

Appendix A: VHA Guidance During the Pandemic

The COVID-19 pandemic has had a major impact on VA's mission of providing health care for veterans. VA operates the largest integrated healthcare system in the United States, with over 1,200 medical facilities serving more than 9.2 million enrolled veterans. Providing access to timely care at VA facilities continues to be a challenge for VHA, despite increased facility staffing, internal process improvements, and expanded community care and telehealth options.

Recently, this access challenge has been exacerbated, as both VA facilities and community providers have curtailed nonurgent and routine healthcare appointments to avoid placing staff and patients at unnecessary risk of contracting COVID-19 and to preserve limited supplies and equipment.

VHA issued its initial appointment management guidance related to the COVID-19 pandemic on March 15, 2020, instructing VA medical facilities to cease nonurgent elective procedures no later than Wednesday, March 18, 2020. VHA's communication stated that this was to reduce unnecessary hospitalizations and free up resources to address veterans under evaluation for and diagnosed with COVID-19.

As the pandemic continued, VHA issued a series of memorandums that contained guidance pertaining to appointment and scheduling management, or clarification to previously issued guidance to its VA medical facilities.

Timeline of Scheduling Guidance

- **March 15, 2020**
 - *Coronavirus (COVID-19) – Guidance for Elective Procedures:* “Effective immediately, VHA facilities will plan to cease non-urgent elective procedures no later than Wednesday, March 18, 2020. This action will reduce unnecessary hospitalizations and ICU [intensive care unit] use and will free up resources to address the increasing number of Veterans under evaluation and diagnosed with COVID-19.”
- **March 20, 2020**
 - *Primary Care Guidance for COVID-19 Pandemic Response:* VHA provided guidance to its VA medical facilities to review their primary care appointments and convert or reschedule them to virtual appointments whenever clinically and technically appropriate, for at least the next 90 days.
 - *Changes to VA Online Scheduling (VAOS) Related to Coronavirus (COVID-19):* “Effective immediately, VA will disable direct online

self-scheduling into both VA and care in the community appointments. Veterans will continue having access to cancel appointments via VAOS.”

- *Guidance on Access Standards in response to Coronavirus (COVID-19):* “The purpose of this memorandum is to provide guidance on the Relief from Access Standards. VHA requested a temporary pause from the Mission Act access standards.”

- **March 22, 2020**

- *Outpatient Clinic Appointment Scheduling Management in Response to COVID-19 Pandemic:* “The purpose of this memorandum is to provide guidance for outpatient clinic scheduling procedures for the management of appointments cancelled and rescheduled related to the COVID-19 pandemic.”
 - “Veterans who have non-urgent or non-time-sensitive appointments and are concerned about exposure to coronavirus have the following options to access health care: telephone appointments, telehealth or postponing appointment and rescheduling their care for a later date.”
 - “All appointments cancelled related to COVID-19 are to be classified as ‘cancelled by the patient’ unless the provider is not available.”
 - For canceled appointments that are not associated with conversion to a virtual appointment, the scheduler should do the following:
 - For an appointment canceled by the patient, the scheduler should enter a cancellation reason of “Unable to Keep Appointment and enter COVID19 in the remarks section.”
 - For an appointment canceled by clinic, the scheduler should “select clinic cancelled or most appropriate reason and enter COVID19 in the remarks section.”
 - For face-to-face appointments converted to virtual appointments, the scheduler should enter a cancellation reason of “other” and enter “#VVC# COVID19 or #TELE# COVID19” to cancel the face-to-face appointment.
 - A VHA Support Service Center report was “designed to track appointments canceled related to COVID19 and associated consults. Providers will enter COVID19 and the reschedule date into the consult comments and maintain an OPEN consult which will be tracked in the VSSC [VHA Support Service Center] report.”

- “Consults are not to be cancelled, edited, and resubmitted with a new [patient-indicated date] due to COVID” and “consults are not to be discontinued.”
- **March 30, 2020** (Clarification of guidance issued on March 15, 2020)
 - *Coronavirus (COVID-19) – Guidance for Urgent and Emergent Surgical Procedures*: “The purpose of this memorandum is to support Veterans Health Administration (VHA) facilities’ decisions regarding management of urgent and emergent surgical procedures during the COVID-19 pandemic in follow-up to Deputy Under Secretary for Health for Operations and Management Memorandum dated March 15, 2020 titled, ‘Coronavirus (COVID-19) – Guidance for Elective Procedures.’”
 - “The above Memorandum directed that effective March 18, 2020, VHA facilities should cease performing non-urgent elective operations to reduce elective hospitalizations, maintain Intensive Care Unit capacity, and preserve critical supplies for anticipated management of COVID-19 patients. This Memorandum clarifies that urgent and emergent operative cases should continue.”
- **March 31, 2020**
 - *Guidance to Avoid All Routine or Non-urgent Face to Face Visits*: “The purpose of this memorandum is to provide guidance for all outpatient appointments, including Primary Care, Mental Health, and Specialty Care, throughout the COVID-19 pandemic. This guidance is intended to reduce the risk of infection and exposure for our Veterans and aligns with Center for Disease Control and Prevention (CDC) recommendations.”
 - “Sites should be working to eliminate all but urgent face-to-face (F2F) visits across all clinical services.”
 - “In house Specialty consults should be completed using virtual modalities to the extent possible.”
 - “All specialty services are expected to implement E-consults and use them to answer new consult requests in place of F2F visits whenever clinically appropriate.”
 - “Medication refills should be mailed whenever clinically appropriate.”
 - *Coronavirus (COVID-19) – Process for Cancellation of Non-urgent Operating Room Procedures*: “The National Surgery Office (NSO) provides the attached information to assist approved Veterans Health Administration

(VHA) surgical programs with guidance, information, and documentation for the cancellation and management of non-urgent, elective operating room procedures.”

- **April 1, 2020** (Clarification of guidance issued on March 22, 2020)
 - *Update to COVID-19 Scheduling Instructions:* “The purpose of this memorandum is to update scheduling instructions published in the 10N Memorandum titled ‘Outpatient Clinic Appointment Scheduling Management in Response to COVID-19 Pandemic’ dated March 22, 2020.”
 - “Previous guidance required all appointments, cancelled due to COVID19, to be cancelled by ‘patient’ unless the provider was unavailable, at which time the appointment was cancelled by ‘clinic.’”
 - “Moving forward, facility schedulers should use previous scheduling guidance outlined in the business rules in VHA Directive 1230 - Outpatient Scheduling Processes and Procedures, which states:
 - “Appointments are ‘cancelled by patient’ when a patient originates the cancellation request.
 - “Appointments are ‘cancelled by clinic’ if the appointment is canceled by the clinic, not the patient.”
- **April 29, 2020**
 - *Changes to the Department of Veterans Affairs (VA) Online Scheduling (VAOS) Mental Health Appointment requests during Coronavirus (COVID-19):* This memorandum states, “The Office of Mental Health and Suicide Prevention (OMHSP) requires all facilities with VA appointment request capability through VAOS to **allow all Veterans registered at their facility to REQUEST Mental Health appointments.** Enabling Mental Health appointment requests will reduce facility call volume and provide an efficient way for Veterans to request, as appropriate, in-person or virtual mental health appointments.”

Appendix B: Scope and Methodology

Scope

The OIG team performed its work during May and June 2020. The scope of the review focused on assessing VHA guidance distributed during March and April 2020. In coordination with VA OIG's data modeling team and Office of Audits and Evaluations statisticians, the review team analyzed VHA data pertaining to appointments canceled from February through May 2020.

Methodology

The OIG reviewed VHA's appointment management direction and guidance distributed to VA medical facilities and regional networks during the COVID-19 pandemic. The OIG also reviewed VHA data pertaining to canceled appointments, conversions to telehealth, and indications of follow-up during the COVID-19 pandemic. The OIG obtained this data from VHA's Corporate Data Warehouse for time periods ranging from February 1, 2020, through May 1, 2020. The OIG also obtained and analyzed data from VHA's Support Service Center reports for time periods ranging from March 2020 through May 2020. Most analyses in this review focused on the period of March 15, 2020—when VHA distributed initial cancellation guidance—through May 1, 2020. In some instances, the longer period of February 1 through May 1, 2020, was used to provide context of the level of cancellations prior to March 15, to identify bulk cancellations that occurred prior to March 15, and to identify cancellations that occurred prior to March 15 for appointments scheduled in August 2020 and later. The review team also obtained updated data of cancellations and follow-up status, as of June 2020.

The review team interviewed VHA personnel from OVAC to gain an understanding of the guidance and expectations of appointment management during the COVID-19 pandemic.

Fraud Assessment

The review team assessed the risk that fraud, violations of legal and regulatory requirements, and abuse could occur during this review. The review team exercised due diligence in staying alert to any fraud indicators within its data analysis, as well as by soliciting the OIG's Office of Investigations for indicators. The OIG did not identify any instances of fraud during this audit.

Data Reliability

The review team used computer-processed data from VHA's Corporate Data Warehouse and VHA's Support Service Center. To assess the reliability of these data, the review team performed testing by comparing canceled appointment details from VHA's Corporate Data Warehouse and VHA's Support Service Center data to individual patient records from Compensation and

Pension Record Interchange. The OIG team concluded that the data obtained and relied upon were sufficiently reliable for the purposes of this review.

Government Standards

The OIG conducted this review in accordance with the Council of the Inspectors General on Integrity and Efficiency's *Quality Standards for Inspection and Evaluation*.

Appendix C: Management Comments

Department of Veterans Affairs Memorandum

Date: July 21, 2020

From: Executive in Charge, Office of the Under Secretary for Health (10)

Subj: OIG Draft Report, Appointment Management During the COVID-19 Pandemic (2020-02794-AD-0002) (VIEWS 3134875)

To: Assistant Inspector General for Audits and Evaluations (52)

1. Thank you for the opportunity to review and comment on the Office of the Inspector General (OIG) draft report, Appointment Management During the COVID-19 Pandemic.
2. I concur with recommendations 1, 2 and 3 and provide the attached action plan.
3. I do not concur with OIG's recommendation to establish different processes for managing appointment cancellations based solely on whether cancellations were part of a batch. The Veterans Health Administration (VHA) has well established policy and internal controls for managing all appointment cancellations regardless of whether done in single events or part of a batch. Every cancellation must undergo clinical review and appropriate follow-up must be arranged. Adding new or different processes for managing batch cancellations imposes unnecessary complications to well established and standardized scheduling functions that would likely decrease schedulers' effectiveness resulting in decrease to patients' access to care. VHA cannot agree to diverting from current, proven, effective, standardized, and codified processes for assessing and rescheduling cancelled appointments at the risk of impeding care to Veterans.
4. The Department of Veterans Affairs (VA) remains unified with our Federal partners in leading the medical response to combat the ongoing COVID-19 pandemic. Within days of the first confirmed COVID-19 case, the Veterans Health Administration (VHA) began comprehensive response and operations planning to protect Veterans, their families and the VA workforce. VA has continued to meet Veterans' needs with excellence, further delivering on our 4th mission by supporting Veteran and civilian Americans in 46 states and the District of Columbia.
5. VA has been open throughout the pandemic for all care where clinical urgency rises above the risk of COVID-19. With Veteran safety as the 'true north' guiding our response, VA has pursued and achieved an unprecedented escalation in virtual care, increasing weekly telehealth volume by more than 1000 percent to ensure we can meet Veterans where they are and address care needs despite the global impacts of the pandemic. With agility, we have converted cancelled appointments to virtual care where clinically appropriate, leveraging video to home, secure messaging, electronic chart consults, and telephone engagement to connect with Veteran and their families and caregivers. We have also continued to refer care, per the MISSION Act Access Standards, to our community partners. Importantly, we have provided both our community partners and Veterans with COVID-19 safety information, including by sending text messages to more than 9 million enrollees.
6. VA developed and implemented the Moving Forward Plan: Safe Care is Our Mission, which launched on May 18th. In alignment with the White House, the Centers for Disease Control (CDC) and state guidance, this plan implemented a phased, evidence-based approach for expansion of in-person care centered on Veteran and employee safety. The Moving Forward Plan

emphasizes continued utilization of virtual care delivery when clinically appropriate and is a living document, updated on an ongoing basis with best practices and informed by the latest clinical knowledge of COVID-19. To date, 125 VA sites have expanded at least one in-person service within their direct health care delivery system.

7. VA has also accelerated engagement with strategic partners to enhance Veterans' access to care, including by partnering with cellular carriers to make video telehealth visits free of data cost and engaging industry partners to identify opportunities to enhance connectivity and access in rural and underserved areas.
8. VA continues to proactively address cancelled appointments and pending referrals, tracking these since early in the pandemic and engaging care teams across the enterprise to achieve resolution. VA is committed, even and especially in the setting of the pandemic, to ensure Veterans receive timely and effective care.

The OIG removed point of contact information prior to publication.

(Original signed by)

Richard A. Stone, M.D.

Attachment

Attachment

VETERANS HEALTH ADMINISTRATION (VHA)

Action Plan

**OIG Draft Report: Appointment Management During the COVID-19 Pandemic
(2020-02794-AD-0002)**

Date of Draft Report: June 30, 2020

**Recommendations/Status
Actions**

Target Completion Date

Recommendation 1. Develop and clearly communicate a well-defined strategic plan to all medical facilities for rescheduling patients and provide oversight particularly to those facilities with the highest rates of canceled appointments with no evidence of follow-up or tracking.

VHA Comments: Concur.

The Office of Veterans Access to Care (OVAC) has nearly completed its strategic and operating plan for the COVID-19 Appointment and Consult Management Initiative (CACMI), that provides direction to all medical facilities on rescheduling patients for in-person and virtual care using available tools. The plan includes oversight responsibilities, process development, defined data review, and a communication strategy.

OVAC will provide increased oversight for those sites with the highest numbers of cancellations. This process will begin within the next 90 days and continue through to the end of the pandemic, or as VHA leadership deems necessary.

Status: In Progress

Target Completion Date: September 2020

Recommendation 2. Develop a mechanism to monitor facilities' progress with following up on all cancellations to ensure facilities are not solely relying on COVID annotations or cancellation source classifications when rescheduling.

VHA Comments: Concur.

VHA's Office of Veterans Access to Care (OVAC) has developed a reporting tool and monitoring mechanism as part of its COVID-19 Appointment and Consult Management Initiative (CACMI) plan, discussed in VHA's response to recommendation 1. The reporting tool tracks *all* cancelled appointments and consults, regardless of whether COVID-19 is added in the cancellation remarks. All sites have been directed to utilize this report to review and reschedule appointment cancellations with or without the COVID-19 cancellation comment.

OVAC will provide oversight to ensure medical centers review all appointment cancellations and provide follow up. OVAC will review evidence of follow-up at the national level.

Status: In Progress

Target Completion Date: September 2020

Recommendation 3. Ensure that facilities take appropriate follow-up action on canceled or discontinued consults.

VHA Comments: Concur.

The COVID-19 Appointment and Consult Management Initiative (CACMI) plan includes a thorough review of all cancelled and discontinued consults to ensure follow-up action as appropriate. Consult data will also

be included in local and national data reviews to follow-up on rescheduling if clinically appropriate. Standard guidance for cancelled and discontinued consults is already established in VHA policy (Consult Directive 1232). To further support tracking of these consults, the Deputy Under Secretary for Health for Operations and Management issued a memorandum on the Consult Toolbox COVID-19 Tabs on March 18, 2020. This memorandum provides guidance on prioritization and requirements supporting clinical review and assessment of care needs.

Status: In Progress

Target Completion Date: October 2020

Recommendation 4. Establish controls for appointments canceled in batches and have facilities take necessary action to ensure appropriate patient communication and follow-up has been taken for bulk-canceled appointments.

VHA Comments: Non-concur.

It is a standard, safe, and reasonable administrative practice for VHA medical centers to cancel an entire day of a clinic's appointments in one batch. For instance, this would occur if a provider is unexpectedly ill or in times of inclement weather, such as a hurricane. This standard scheduling practice is a safe, effective, and efficient method for managing multiple complex and dynamic clinic schedules. VHA already has policy that requires schedulers to follow up with all patients whose appointments have been cancelled. All cancellations, regardless of bulk or single cancellation, are addressed with clinical review and the appropriate follow-up is completed as stated in recommendations 1 through 3. Adding new or different processes for managing batch cancellations imposes unnecessary complications to well established and standardized scheduling functions that would likely decrease schedulers' effectiveness resulting in a decrease in patients' access to care. VHA cannot agree to diverting from current, proven, effective, standardized, and codified processes for assessing and rescheduling cancelled appointments.

Status: Not applicable

For accessibility, the original format of this appendix has been modified to comply with Section 508 of the Rehabilitation Act of 1973, as amended.

OIG Contact and Staff Acknowledgments

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