



DEPARTMENT OF VETERANS AFFAIRS
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VETERANS HEALTH ADMINISTRATION

VHA Progressed in the
Follow-Up of Canceled
Appointments during the
Pandemic but Could Use
Additional Oversight Metrics

REVIEW

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Executive Summary

As of July 31, 2021, about 5.15 million VA patients had more than 35 million canceled appointments during the COVID-19 pandemic.¹ Canceled appointments can cause patients to miss or delay important care, and it is important for the Veterans Health Administration (VHA) to reschedule canceled appointments or assess whether these appointments are still needed.

In 2020, the VA Office of Inspector General (OIG) reported that VHA had not followed up on about 32 percent of appointments canceled at the outset of the pandemic.² VHA then implemented the Cancelled Appointments and Consult Management Initiative (CACMI) to monitor follow-up for canceled appointments. VHA transitioned to post-CACMI sustainment and implemented the Post-CACMI Appointment Cancellations Report (Post-CACMI report) to track follow-up for all canceled appointments that were scheduled to occur after July 21, 2020, except those canceled by patients without COVID-19 or pandemic remarks.³ In the Post-CACMI report, VHA categorized “activities” to serve as evidence of canceled appointment follow-up. See appendix A for VHA’s descriptions of the types of activities considered evidence of follow-up. If evidence of follow-up for canceled appointments at medical facilities fell below 80 percent on the Post-CACMI report for two consecutive months, medical facilities were expected to develop action plans.⁴

The OIG conducted the current review to examine the monitoring of canceled appointments and VHA’s follow-up efforts. Using data from the Post-CACMI report, the team evaluated canceled appointments that were scheduled to occur from January 1 through July 31, 2021. This review period followed the latest VHA scheduling guidance.⁵ The review team also analyzed VHA data to determine follow-up rates by types of care and by month for each medical facility.⁶ During this period, VHA canceled about 8.7 million appointments.

¹ VHA’s Corporate Data Warehouse is a national repository of data from several VHA clinical and administrative systems.

² VA OIG, [Appointment Management During the COVID-19 Pandemic](#), Report No. 20-02794-218, September 1, 2020.

³ VHA assistant under secretary for health for operations memo, “Post Cancelled Appointments and Consult Management Initiative Sustainment,” December 29, 2020.

⁴ VHA assistant under secretary for health for operations memo.

⁵ VHA assistant under secretary for health for operations memo.

⁶ VHA medical facilities in Columbus, Ohio, and Spokane, Washington, began migrating to the Cerner electronic health record system before this review. The review team determined that the appointment data in the report for Spokane was not complete, and there was a risk that data in the report were also not complete for Columbus. Therefore, the review team did not include them in its facility-level analysis. See appendix B for more information.

What the Review Found

This report's finding and related recommendations are based on these determinations:

- VHA had evidence of follow-up for about 87 percent of canceled appointments.
- VHA could better leverage its Post-CACMI report to analyze types of care and monthly metrics.
- VHA has not reevaluated the activities it tracks as follow-up.

VHA Had Evidence of Follow-Up for about 87 Percent of Canceled Appointments

VHA had evidence of follow-up on about 7.6 million of 8.7 million appointments (87 percent) that were originally scheduled to occur from January 1 through July 31, 2021. Of these 8.7 million appointments, VHA still needed to follow-up on about 1.1 million (13 percent).⁷ Although VHA has met its 80 percent metric for the period assessed, it is important that facilities continue their efforts for the remaining 1.1 million canceled appointments without any evidence of follow-up.

VHA Could Better Leverage Its Post-CACMI Report to Analyze Types of Care and Monthly Metrics

The Post-CACMI report data can be used to track follow-up rates by type of care and by month at the national and facility levels. The review team evaluated follow-up by types of care and determined that more than one-third (92 of 243) had less than an 80 percent follow-up rate. When the review team analyzed the data by facility, the team determined that all facilities had at least one type of care with a follow-up rate below 80 percent. Even though it is not included in VHA's metric, monitoring follow-up by type of care can help ensure that patients receive essential diagnostic and preventive care. Appendix C provides more information on the types of care that had less than 80 percent follow-up.

VHA's guidance was ambiguous and did not stipulate whether the 80 percent metric is based on a cumulative or a monthly review. The Office of Veterans Access to Care (OVAC) monitored the data cumulatively—that is, follow-up rates were evaluated starting from July 21, 2020, the beginning of Post-CACMI, every month.⁸ However, this cumulative metric masks current follow-up trends because it continues to include cancellation and follow-up activity from up to one year ago. The OIG team assessed the data by month and identified seven medical facilities

⁷ The number and rate of canceled appointments that receive follow-up will change over time. These data are as of October 4, 2021.

⁸ In July 2022, VHA reported it had integrated the Office of Veterans Access to Care and its Office of Community Care into one office called the Office of Integrated Veteran Care.

that dropped below 80 percent follow-up during June and July 2021, which had not been identified by VHA officials via their cumulative metric. According to an OVAC official, some of the reasons they tracked follow-up cumulatively were because canceled appointments are not always addressed the same month that they are canceled, and a cumulative report allows them to evaluate follow-up on a rolling basis. However, as previously stated, a cumulative metric does not give leaders insight into recent performance or identify medical facilities that are lagging in rescheduling patients' appointments. The number of canceled appointments that receive follow-up will increase over time, which contributes to higher cumulative rates when compared to recent monthly rates.

VHA Has Not Reevaluated the Activities It Tracks as Follow-Up

Since Post-CACMI was initiated, OVAC officials stated they have not reevaluated the tracked types of follow-up activity to ensure they capture efforts that result in a rescheduled appointment or assessment of whether care is still necessary. The review team evaluated VHA's follow-up activities to determine if they represented canceled appointments that were rescheduled or assessed for continued necessity. The team determined that two types of activities tracked as follow-up could occur before the cancellation; therefore, the canceled appointment would no longer be tracked as needing to be rescheduled or evaluated for necessity.⁹ One other type of activity was a notation titled "No Action Other Reason," and it did not include why rescheduling efforts stopped or why care was no longer needed. For instance, the review team evaluated two canceled appointments with this notation and determined in both cases that medical facility staff did not follow policy to reschedule.¹⁰ This activity increases the risk that these appointments are no longer tracked as needing follow-up when they should be.

Conclusion

Throughout the pandemic, VHA and patients collectively canceled millions of appointments. To address these cancellations, VHA implemented monitoring procedures, which included requiring medical facilities to use the Post-CACMI report to follow up on appointments that were canceled because of the pandemic. The Post-CACMI report is a monitoring mechanism that did not exist before the pandemic and was integral to VHA's follow-up and oversight efforts. Improving oversight by using the Post-CACMI report to monitor follow-up by type of care and by month can raise VHA awareness about whether patients are receiving critical diagnostic and preventive care and about monthly trends.

⁹ The activities are "Has Visit" and "Return to Clinic."

¹⁰ VHA Directive 1230(3), *Outpatient Scheduling Processes and Procedures*, July 15, 2016, amended January 7, 2021; VHA Directive 1230(4), *Outpatient Scheduling Processes and Procedures*, July 15, 2016, amended June 17, 2021.

The OIG recognizes the efforts of all VHA staff who have been working in stressful conditions during the pandemic as they manage the needs of patients and personnel. As VHA and patients schedule more appointments for care that were deferred or canceled during the pandemic, it is important for facilities to have the ability to identify and address patients' needs by improving oversight through monitoring additional metrics and reevaluating what is being counted as follow-up.

What the OIG Recommended

The OIG made two recommendations to the under secretary for health: first, to monitor follow-up rates by type of care and by month, to set up metrics for that monitoring, and to assist medical facilities that fall below these new metrics; and second, to evaluate whether activity that occurs before appointments are canceled should continue to be tracked as evidence of follow-up.

VA Comments and OIG Response

The under secretary for health concurred with recommendations 1 and 2 and submitted action plans for each recommendation. Appendix D provides the full text of the under secretary's comments. The OIG will assess the satisfactory completion of the actions in conjunction with its routine recommendation follow-up. Overall, the proposed corrective measures in VHA's action plans are responsive to the issues and recommendations. The OIG will monitor implementation of planned actions and will close the recommendations when VHA provides sufficient evidence demonstrating progress addressing the issues identified.



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Abbreviations

CACMI	Cancelled Appointments and Consult Management Initiative
OIG	Office of Inspector General
OVAC	Office of Veterans Access to Care
VHA	Veterans Health Administration
VISN	Veterans Integrated Services Network



Introduction

Since the start of the COVID-19 pandemic, the Veterans Health Administration (VHA) has needed to cancel millions of appointments for patient and employee safety. Additionally, VHA staff reported difficulties delivering care due to lack of providers. Patients have also canceled appointments because of the pandemic. Appointments canceled for any reason can cause patients to miss or delay essential and preventive care. Therefore, it is critically important to reschedule canceled appointments or assess their necessity to ensure continuity of care for patients.

As of July 31, 2021, about 5.15 million patients who receive care from VA medical facilities had more than 35 million appointments canceled during the pandemic.¹¹ VHA's Office of Veterans Access to Care (OVAC) tracks canceled appointments using the following categories:¹²

- **Canceled by clinic.** The appointment was canceled by the VA clinic for any reason.
- **Canceled by patient.** The patient requested cancellation of a scheduled appointment with COVID-19 or pandemic notated as the reason.¹³
- **No-show.** The patient did not show up for a scheduled appointment.

In 2020, the VA Office of Inspector General (OIG) reported that about 32 percent of appointments canceled at the outset of the pandemic had no indication of follow-up.¹⁴ VHA then launched the Cancelled Appointments and Consult Management Initiative (CACMI) to ensure medical facilities followed up on all canceled appointments.

The OIG conducted this review to evaluate VHA's monitoring of canceled appointments and follow-up efforts. In addition, the OIG assessed VHA's follow-up metrics. For this review, the OIG included appointments that were originally scheduled to occur between January 1 and July 31, 2021, and that were canceled by the clinic, canceled by the patient due to the pandemic,

¹¹ VHA memo, "Coronavirus (COVID-19) Guidance for Elective Procedures," March 15, 2020. Because VHA issued its initial guidance to medical facilities for canceling appointments in this memo, the OIG considered March 15, 2020, the beginning of the pandemic for the purposes of this report. The review team obtained the data from VHA's Corporate Data Warehouse, which is a national repository of data from several VHA clinical and administrative systems.

¹² In July 2022, VHA reported it had integrated the Office of Veterans Access to Care and its Office of Community Care into one office called the Office of Integrated Veteran Care.

¹³ An OVAC official told the review team in August 2021 that "conditions were improving with the trend of COVID-19 numbers nationwide and sites were slowly transitioning back to routine outpatient operations," so VHA monitored appointments that were canceled by patients with pandemic-related remarks only.

¹⁴ VA OIG, *Appointment Management During the COVID-19 Pandemic*, Report No. 20-02794-218, September 1, 2020.

or were considered no-shows (i.e., the patient did not show up). This review period followed the latest VHA scheduling guidance.¹⁵

VHA's Post-CACMI Report

VHA implemented CACMI to address appointments that were canceled due to COVID-19 from January 2020 through July 21, 2020. VHA transitioned to post-CACMI sustainment for canceled appointments scheduled to occur after July 21, 2020, and developed a data-monitoring tool called the Post-CACMI Appointment Cancellations Report (Post-CACMI report). This report allows medical facilities to track 11 types of follow-up activities for appointments canceled by the clinic, those canceled by patients with COVID-19 or pandemic remarks in the appointment record, and no-shows.¹⁶ Evidence of follow-up activities include

- conversions to telehealth or video appointments,
- recall activity (correspondence sent to patients reminding them to schedule appointments),
- consult activity (including any notes added to or status changes to a consult),
- national health factor notation (such as care referred to the community or VHA staff completed minimum scheduling attempts), and
- a rescheduled appointment.

Appendix A details VHA's descriptions of all the types of activity considered evidence of follow-up.

Oversight Responsibilities

VHA's scheduling policy identifies three entities responsible for governance and oversight of rescheduling canceled appointments:

- OVAC, which has been the primary program office for national oversight and direction for improving patients' access to care since 2014
- Veterans Integrated Services Networks (VISNs), which oversee all VHA medical facilities and monitor compliance with VHA's scheduling policy

¹⁵ VHA assistant under secretary for health for operations memo, "Post Cancelled Appointments and Consult Management Initiative Sustainment," December 29, 2020.

¹⁶ VHA assistant under secretary for health for operations memo. VHA also refers to follow-up as potential activity. For the purposes of this report, the OIG refers to these activities as follow-up or evidence of follow-up.

- Medical facilities, which are overseen by directors who ensure appointment scheduling meets the needs of patients¹⁷

OVAC and the VISNs use the Post-CACMI report to monitor facilities' follow-up of canceled appointments. The report updates daily based on new cancellations and follow-up activities performed by facility staff. This report is versatile because it allows the user to sort by date range, facility, type of care, or a combination of facility and type of care to perform reviews and follow-up of canceled appointments. Medical facilities were expected to develop action plans if evidence of appointment cancellation follow-up fell below 80 percent on the Post-CACMI report for two consecutive months.¹⁸

Figure 1 describes the roles and responsibilities of each entity regarding access to care and Post-CACMI.

Office of Veterans Access to Care	<ul style="list-style-type: none">• Monitors access to care nationally and issues scheduling guidance• Administers, manages, and oversees Post-CACMI
Veteran Integrated Service Networks	<ul style="list-style-type: none">• Monitor access to care regionally• Ensure scheduling initiatives such as Post-CACMI are implemented consistently within their region of responsibility
VA medical facilities	<ul style="list-style-type: none">• Monitor access to care at the facility, including day-to-day scheduling processes and oversight• Implement Post-CACMI, including maintaining 80 percent follow-up on appointments canceled by the clinic and by patients due to COVID-19

Figure 1. Organizational roles and responsibilities related to access to care and Post-CACMI.

Source: VA OIG analysis of VHA policies and memorandums related to patients' access to care and Post-CACMI.

¹⁷ VHA Directive 1230(3), *Outpatient Scheduling Processes and Procedures*, July 15, 2016, amended January 7, 2021; VHA Directive 1230(4), *Outpatient Scheduling Processes and Procedures*, July 15, 2016, amended June 17, 2021.

¹⁸ VHA assistant under secretary for health for operations memo.

Results and Recommendations

Finding: VHA Monitored and Progressed in the Follow-Up of Canceled Appointments but Could Improve Oversight

The Post-CACMI report, which did not exist before the pandemic, is a tracking mechanism used to monitor follow-up percentages and was integral to VHA's follow-up and oversight efforts. VHA used the Post-CACMI report as its primary tool to monitor follow-up for canceled appointments. Scheduling officials from all 10 medical facilities interviewed told the review team that the Post-CACMI report was effective in rescheduling appointments.

The review team determined from its assessment of Post-CACMI data that all medical facilities met the 80 percent metric when reviewed cumulatively for follow-up from the start of Post-CACMI (July 21, 2020). Overall, from January 1 through July 31, 2021, VHA followed up on approximately 87 percent of canceled appointments.¹⁹ This finding constitutes an improvement over the OIG's finding during 2020 that VHA needed to follow up on about 32 percent of canceled appointments.²⁰ However, the review team found that VHA's monitoring of canceled appointments has weaknesses that could lead to lack of follow-up and patients not receiving necessary care.

VHA's data could be used for additional monitoring such as follow-up by type of care or by month. Both are important because some types of care are used to diagnose serious medical conditions, and monthly evaluation could give leaders insight into a facility's current performance. Specifically, the review team identified 92 types of care—such as women's preventive care and computed tomography scan services—that, when reported by type alone, were below VHA's follow-up threshold. Also, because VHA monitored the Post-CACMI data cumulatively, it did not identify monthly trends at medical facilities. When the OIG team assessed the data by month, it found that seven of 138 medical facilities had less than an 80 percent follow-up rate for two consecutive months in 2021. VHA uses 11 activities to determine whether canceled appointments need follow-up, but according to an OVAC official, these activities have not been reevaluated for effectiveness. The review team analyzed these activities and found that two types of activities could occur before an appointment was canceled, which calls into question whether they are appropriate as follow-up activities.²¹ In sum, VHA

¹⁹ These data are as of October 4, 2021.

²⁰ VA OIG, *Appointment Management During the COVID-19 Pandemic*. The data analyzed in the prior review were all appointments that were canceled from March 15 through May 1, 2020, whereas the data analyzed for this review were appointments that were scheduled to occur from January 1 through July 31, 2021, and were canceled by patients with COVID-19 annotations, canceled by VHA, or the patient did not show up.

²¹ The activities are "Has Visit" and "Return to Clinic."

can better ensure that all patients receive necessary care after appointments are canceled by adding metrics to specifically monitor by types of care and by monthly facility performance.

What the OIG Did

The review team analyzed data from the Post-CACMI report as of October 4, 2021, and evaluated canceled appointments that were scheduled to occur from January 1 through July 31, 2021. The review team determined follow-up rates by types of care and identified all monthly medical facility follow-up rates.²² The review team interviewed 18 facility personnel, nine VISN group practice managers, and VHA personnel from the OVAC program office. Additional information about the scope and methodology for this review can be found in appendix B.

This report's finding and related recommendations are based on the following determinations:

- VHA had evidence of follow-up for about 87 percent of canceled appointments.
- VHA could better leverage its Post-CACMI report to analyze types of care and monthly metrics.
- VHA has not reevaluated the activities it tracks as follow-up.

VHA Had Evidence of Follow-Up for about 87 Percent of Canceled Appointments

To evaluate VHA's monitoring of canceled appointments and follow-up efforts, the review team analyzed the data of 8.7 million canceled appointments that were originally scheduled to occur during the seven-month period from January 1 through July 31, 2021. The team found that VHA had evidence of follow-up for about 7.6 million of those canceled appointments (87 percent) and still needed to follow up on about 1.1 million (13 percent) of those cancellations.²³

For the Post-CACMI period, VHA established a metric for medical facilities to maintain at least an 80 percent follow-up rate for canceled appointments as a measurement of medical facilities' performance.²⁴ The review team evaluated the Post-CACMI data and determined that all

²² VHA medical facilities in Columbus, Ohio, and Spokane, Washington, began migrating to the Cerner electronic health record system before this review. The review team determined that the appointment data in the report for Spokane were not complete, and there was a risk that data in the report were also not complete for Columbus. Therefore, the review team did not include them in its facility-level analysis. See appendix B for more information.

²³ The number and rate of canceled appointments that receive follow-up will change over time. These data are as of October 4, 2021.

²⁴ VHA assistant under secretary for health for operations memo. Post-CACMI tracking procedures required facilities to notate scheduling attempts in the patient's medical record so that they would be captured in the report.

138 facilities met the metric when reported cumulatively. Appendix C provides additional data on the facilities that had the highest percentage of appointments that needed follow-up.

Although VHA has met its own 80 percent metric, it is necessary that facilities continue to follow up with patients about the remaining 1.1 million canceled appointments during the period without evidence of follow-up.

VHA Could Better Leverage Its Post-CACMI Report to Analyze Types of Care and Monthly Metrics

The Post-CACMI report has additional functionality that VHA could leverage to track follow-up rates by type of care and by month at the national and facility levels. From a governance perspective, this functionality is valuable to understanding the latest trends that require attention from leaders. Per VHA policy, program offices responsible for oversight are required to set “quality measures, performance measures and key indicators for performance and risk” and to evaluate “the effectiveness of outcomes ... note any potential weaknesses in the data or the system used to obtain the data ... and [ensure] corrective actions are taken.”²⁵

Although not part of VHA’s metric, monitoring follow-up by types of care is important. Some types of care, like computed tomography scans, are used to diagnose serious medical conditions such as cancer. A VA-funded study found that “disruptions due to the COVID-19 pandemic have led to substantial reductions in new cancers being diagnosed” for veterans, which emphasizes the importance of following up on diagnostic and preventive care.²⁶

In addition to monitoring by type of care, monitoring on a month-over-month basis can help VISN group practice managers, facility leaders, and OVAC identify the most recent trends by month for follow-up. By monitoring cumulatively and not identifying the most recent monthly follow-up rates, VHA may miss opportunities to develop needed action plans at medical facilities that are lagging in following up on patients’ canceled appointments.

More than One-Third of Types of Care Had a Follow-Up Rate below 80 Percent Nationally

Applying VHA’s 80 percent goal that it used for facility performance, the review team evaluated how VHA was following up on all types of care where there were appointment cancellations. The team found that many types of care or services frequently used in VHA—such as primary care, mental health, and cardiology—maintained a follow-up rate greater than 80 percent. However, the review team determined that 92 of these 243 types of care (38 percent) had less

²⁵ VHA Directive 1217, *VHA Central Office Operating Units*, September 10, 2021.

²⁶ Brian R. Englum, MD, MHS et al., “Impact of the COVID-19 pandemic on diagnosis of new cancers: A national multicenter study of the Veterans Affairs Healthcare System,” Wiley Online Library, accessed December 26, 2021, <https://acsjournals.onlinelibrary.wiley.com/doi/epdf/10.1002/cncr.34011>.

than an 80 percent follow-up rate. See appendix C for more information on the types of care that had less than 80 percent follow-up activity.

These types of care varied by risk to the patients' overall health, and some of them may not require immediate follow-up. However, preventive services are important because they are the primary intervention to detect health conditions in patients with no symptoms, and diagnostic services are important because they help identify both life-threatening abnormal test results and urgent non-life-threatening results for patients. Any rescheduled appointment or annotation of rescheduling attempts and return to clinic orders would be included in VHA's report as follow-up and are reflected in the rates. That generally means the remaining percentage of canceled appointments had no indication or evidence of any type of follow-up activity for that canceled care. Below are examples of preventive or diagnostic care with follow-up rates below 80 percent:

- **Mammography (64.0 percent follow-up rate).** This service is used by VHA providers when they need to perform low-energy X-rays to examine a patient's breast tissue for diagnosis and screening.
- **Ultrasound (68.5 percent).** Diagnostic ultrasound service is used when a VHA provider needs to see structures within the patient's body.
- **Women's preventive care (70.4 percent).** VHA uses this clinic when a Pap smear, pelvic examination, or breast examination is performed as part of routine screening for cervical cancer or breast cancer, and these gender-specific preventive services are the only services provided.
- **Computed tomography scan (73.2 percent).** VHA medical facilities schedule patients for computed tomography scans when there is a need to examine cross-sectional images of specific organs or structures within the patient's body.
- **Nuclear medicine and positron emission tomography (75.4 percent).** This service is a radiology modality in which the patient receives a radioactive drug (typically through injection, ingestion, or inhalation), and then the energy from the radioactive drug is measured to assess the function of organs or tissues.

During interviews, facility group practice managers and scheduling staff discussed the types of care that they found challenging to reschedule at their medical facilities, but these were generally not the same types of care that had follow-up rates below 80 percent on the Post-CACMI report.²⁷

²⁷ For example, officials reported difficulty rescheduling primary care and cardiology appointments. However, follow-up rates for these types of care were above 80 percent.

All Facilities Had at Least One Type of Care with a Follow-Up Rate below 80 Percent

In addition to evaluating types of care nationally, the review team assessed follow-up rates by type of care at the medical facility level from January 1 to July 31, 2021. The team determined that during this seven-month period, all medical facilities had at least one type of care with a follow-up rate below 80 percent. Table 1 details the 10 medical facilities with the most types of care for which follow-up of canceled appointments was below 80 percent.

Table 1. Facilities with the Most Types of Care with Less Than 80 Percent Follow-Up Activity

Facility location	Number of types of care below 80 percent	Number of types of care with canceled appointments
Washington, DC	73	129
Indianapolis, Indiana	66	125
Houston, Texas	61	128
Hines, Illinois	61	136
Lexington, Kentucky	61	115
Fayetteville, North Carolina	60	113
Pittsburgh, Pennsylvania	60	128
Atlanta, Georgia	57	135
Birmingham, Alabama	56	123
Dallas, Texas	55	127

Source: OIG analysis of VHA's Post-CACMI Appointment Cancellations Report data of canceled appointments scheduled to occur from January 1, 2021, through July 31, 2021; data were obtained on October 4, 2021.

Monitoring follow-up by type of care at the facility level can help facility leaders prioritize specialties for follow-up efforts.

Seven Facilities Had a Follow-Up Rate below 80 Percent for Two Consecutive Months

Medical facilities were expected to develop action plans for improvement if follow-up rates fell below 80 percent for two consecutive months, per appointment management guidance.²⁸ VHA's guidance was ambiguous and did not stipulate whether the 80 percent metric is based on a cumulative or a monthly review, but VHA chose to monitor the data cumulatively. Although this

²⁸ VHA assistant under secretary for health for operations memo.

choice may have been appropriate at the beginning of the Post-CACMI period, OVAC had the opportunity to reassess monitoring cumulatively as the pandemic progressed. One reason to reassess is that the cumulative metric does not allow VHA leaders to effectively assess the most current follow-up activity or individual months where follow-up is below 80 percent because it included data that are up to one year old.

The OIG team assessed the data by month and identified seven of 138 medical facilities that dropped below 80 percent follow-up during June and July 2021 (table 2). Because OVAC, VISNs, and facility group practice managers did not identify these seven medical facilities that dropped below 80 percent, they were not expected to develop action plans for improvement.

Table 2. Facilities That Were Below 80 Percent Follow-Up Activity for Canceled Appointments Scheduled for June and July 2021

Facility location	Follow-up rate calculated cumulatively from July 21, 2020, through July 31, 2021	Follow-up rate calculated monthly for June 2021	Follow-up rate calculated monthly for July 2021
New Orleans, Louisiana	86.8	78.8	78.1
Bronx, New York	85.7	78.6	76.5
Houston, Texas	85.1	79.7	77.8
Las Vegas, Nevada	84.7	77.7	76.7
Washington, DC*	84.4	78.2	76.5
Detroit, Michigan	84.3	78.6	76.3
Fayetteville, North Carolina	84.0	78.8	76.1

Source: OIG analysis of VHA's Post-CACMI Appointment Cancellations Report data; data were obtained on October 4, 2021. VA medical facilities in Columbus, Ohio, and Spokane, Washington, were excluded from this analysis. The cumulative follow-up rates are shaded because they are above 80 percent.

** The Washington, DC, VA medical facility also had a follow-up rate below 80 percent for canceled appointments scheduled for May 2021.*

An OVAC official said that although OVAC reviews the cumulative report every month to see trends, they tracked follow-up cumulatively and not monthly for the following reasons:

- This was the way follow-up was monitored for CACMI.
- Canceled appointments are not always addressed the same month that they are canceled, and a cumulative report allows for evaluating follow-up on a rolling basis.
- Processes to reschedule can take up to two weeks.

However, measuring follow-up on a cumulative basis decreases the likelihood that OVAC will identify facilities that may have lower follow-up rates in more recent months. The number of canceled appointments that receive follow-up will increase over time, which contributed to the cumulative rates being higher than more recent monthly rates.

Recommendation 1 addresses opportunities for VHA to monitor follow-up rates by type of care and by month for each facility, establish metrics for that monitoring, and assist facilities that fall below the established metrics to improve.

VHA Has Not Reevaluated the Activities It Tracks as Follow-Up

Using information obtained in the patient record, VHA categorized 11 “activities” to serve as metrics for measuring canceled appointment follow-up. Since Post-CACMI started, an OVAC official stated they have not reevaluated the follow-up activities to assess whether OVAC is measuring what is intended. See appendix A for the definitions of the 11 types of follow-up activities.

The review team assessed VHA’s follow-up activities to determine if they represented canceled appointments that were rescheduled or assessed whether care was still necessary. VHA’s data showed that the most common follow-up activity was rescheduling an appointment (about 77 percent of the canceled appointments). About 10 percent of the follow-up represented activities other than rescheduling, including “Has Visit” and “Return to Clinic,” which could occur up to 14 days before the appointment was canceled.

During its data reliability testing of 116 canceled appointments, the review team identified eight appointments in which VHA’s Post-CACMI report indicated follow-up activities happened before the appointment cancellation. In all eight of these instances, the team found that the activities flagged were not related to rescheduling the canceled appointment. Five of the eight appointments had “Has Visit” recorded as evidence of follow-up. “Has Visit” activities include any interaction that VHA has with the patient that is related to the type of canceled care and is documented in the health record, including telephone conversations. In all five of these cases, the interaction was either a phone call reminding the patient of the appointment that would eventually be canceled or was not related to rescheduling the canceled appointment.

Example 1 shows “Has Visit” follow-up activity that occurred before the appointment was canceled.

Example 1

VA staff attempted to complete a pre-appointment phone call to a patient for a primary care appointment the next day. According to a note in the patient’s health record, the patient did not answer the phone, and the patient did not show up to the appointment. The attempt to contact the patient the day before the appointment was captured in the Post-CACMI monitoring report as a “Has Visit”

follow-up activity, even though the patient missed the appointment after that activity. Attempting to contact the patient following the missed appointment—to reschedule it or determine its continued necessity—would have been appropriate follow-up. In this example, the pre-appointment reminder was captured as evidence of follow-up.

The other three of eight canceled appointments had “Return to Clinic” activity, which indicates that VHA needs to schedule an appointment with a patient. The Post-CACMI report considers a “Return to Clinic” order up to 14 days before the canceled appointment as evidence of follow-up if it is for the same type of appointment that was canceled. According to VHA officials, they included interactions that occurred before the cancellation as appropriate follow-up because staff sometimes proactively rescheduled appointments before canceling them. In these three cases, the “Return to Clinic” orders were either for a different appointment or were used to schedule the appointment that was subsequently canceled. This can result in a false indication of follow-up activity because the cancellation occurred after the tracked activity, and therefore the canceled appointment would no longer be tracked as needing to be rescheduled or evaluated for necessity. Example 2 shows “Return to Clinic” order activity that was not for the appointment that was canceled.

Example 2

A patient was scheduled for a dental appointment for April 5, 2021. A “Return to Clinic” order for another dental appointment was entered into the patient’s record on March 23, 2021. The patient did not attend the dental appointment on April 5, 2021, which would result in this missed appointment being captured on the Post-CACMI report. However, the “Return to Clinic” order was captured as follow-up in the Post-CACMI report because the order was created 14 days or less before the appointment and for the same type of care. This means that although the patient missed the appointment, the appointment was no longer tracked in the Post-CACMI report as needing follow-up by the facility.²⁹

The team also evaluated VHA’s use of the “National Health Factor” activity, which are notations that document how the need for care was satisfied or no longer needed. One of those health factors included when facility staff notated “No Action Other Reason.” According to an OVAC official, this health factor—as well as eight others—became available for use by the medical facilities in August 2020 to give staff the ability to document that care was no longer desired or needed after scheduling attempts had been made.³⁰ However, the “No Action Other Reason”

²⁹ According to OVAC, “Return to Clinic” orders are also tracked in a different report available to facility staff.

³⁰ Examples of the nine types of national health factors include appointment no longer needed, care referred to the community, completed minimum scheduling attempts, and “no action other reason.”

notation gives no explanation as to why follow-up and rescheduling efforts stopped. This increases the risk that appointments with this notation are no longer tracked as needing action even when care is still needed. The team evaluated the patient records for two canceled appointments with “No Action Other Reason” as the evidence of follow-up and determined in both cases that medical facility staff did not follow policy to reschedule. In one case, the patient record had evidence that a facility staff member rescheduled the appointment, without the veteran’s input, and left a voice message, which violated VHA policy against blind scheduling. According to VHA Directive 1230, “blind scheduling occurs when an appointment is scheduled without negotiating the date and time with the patient. Blind scheduling is prohibited.” The other case also violated policy because there was no evidence in the patient’s record of further efforts to reschedule an appointment after a patient did not attend the initial appointment.³¹

Scheduling officials from eight of 10 facilities agreed that follow-up might not be appropriate if it occurred up to 14 days before the canceled appointment. VHA policy requires program offices to evaluate and note potential weaknesses in the systems used to oversee its programs, such as the types of follow-up tracked in the Post-CACMI report. The directive also requires corrective actions to be taken.³²

To ensure that the medical facilities are focusing follow-up efforts on cancellations that might still require such follow-up efforts, recommendation 2 addresses the need for VHA to evaluate and update, as appropriate, whether activities that occurred before cancellation and notations of “No Action Other Reason” should be tracked as follow-up.

Conclusion

Throughout the pandemic, VHA and patients collectively canceled millions of appointments. To address these cancellations, VHA implemented monitoring procedures, which included requiring medical facilities to use the Post-CACMI report to follow up on appointments that were canceled because of the pandemic. VHA’s monitoring has improved follow-up, as it had evidence of follow-up activities on about 87 percent of canceled appointments that were scheduled to occur from January through July 2021. However, the Post-CACMI report’s functionality to assess follow-up by care type and by individual month remains untapped by OVAC and the VISNs that oversee medical facilities. Reviewing and updating follow-up metrics and the activities that count as follow-up could improve oversight and help ensure that all patients with deferred care are contacted.

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

³¹ VHA Directive 1230. This directive states schedulers must “make two contacts, one phone call and a contact letter,” to reschedule appointments when the patient does not show up.

³² VHA Directive 1217.

additional oversight, VHA could better serve patients during the pandemic and beyond. As VHA and patients schedule more appointments for care that was deferred or canceled during the pandemic, it is important for facilities to have the ability to identify and address patients' needs.

Recommendations 1–2

The OIG made the following recommendations to the under secretary for health:

1. Monitor facility follow-up rates by type of care and on a month-over-month basis, establish monitoring metrics, and assist facilities if they fall below these metrics.
2. Evaluate and update, as appropriate, whether activities that occurred before cancellation and notations of “No Action Other Reason” should be tracked as follow-up.

VA Management Comments

The under secretary for health concurred with recommendations 1 and 2 and submitted action plans for each recommendation, with a target completion date of February 2023. Appendix D provides the full text of the under secretary's comments.

In response to recommendation 1, the under secretary stated that VHA's Office of Integrated Veteran Care will complete an updated assessment of care continuity across VHA and will require medical facility directors to review all canceled and no-show appointments from January 2021 through May 2022 without evidence of activity. Among other actions, VHA will develop a plan to further strengthen oversight processes and data-reporting tools to monitor facility follow-up rates and will update guidance on national policy for the routine management of canceled and no-show appointments, to include timeliness in rescheduling.

For recommendation 2, the under secretary reported that VHA's Office of Integrated Veteran Care will determine whether appointments that have activity that occurred before cancellation and the notation “No Action Other Reason” should be tracked as follow-up. Its evaluation will include an examination of follow-up activities and potential improvements to processes that track why the need for care was satisfied or no longer needed.

OIG Response

The OIG will assess the satisfactory completion of these stated actions in conjunction with its routine recommendation follow-up efforts. Overall, the proposed corrective measures in VHA's action plans are responsive to the intent of the recommendations. The OIG will monitor implementation of planned actions and will close the recommendations when VHA provides sufficient evidence demonstrating progress in addressing the issues identified.

Appendix A: VHA’s Definitions of Evidence of Follow-Up Activity

Follow-up activity	Definition
Clerk Indicated Conversion—VA Video Connect (VVC)	<p>Canceled appointments with #VVC# in the cancellation remarks.</p> <p><i>Example: A face-to-face appointment is canceled and is changed to a video appointment.</i></p>
Clerk Indicated Conversion—Telephone (TELE)	<p>Canceled appointments with #TELE# in the cancellation remarks.</p> <p><i>Example: A face-to-face appointment is canceled and is changed to a telephone appointment.</i></p>
Has Rescheduled Appointment	<p>An appointment in the same location, with the same stop code combination, or telephone/VVC that was made no earlier than 14 days before the cancel date or occurred on the same day as the original appointment.</p> <p><i>Example: Any appointment canceled and rescheduled for the same type of care up to 14 days before the original appointment was canceled.</i></p>
Has Visit	<p>A visit not associated with an appointment in the same location, primary stop code combination, or telephone/VVC and that is no earlier than 14 days before the cancel date or occurred on the same day as the original appointment.</p> <p><i>Example: Any encounter for the same type of care with the patient that is not considered an appointment that occurred up to 14 days before the original appointment was canceled.</i></p>
Has Recall Activity	<p>A recall in the same location or stop code combination of the canceled appointment was created/edited on or after March 1, 2020, or removed after the cancellation date time.</p> <p><i>Example: The clinic sends the patient a letter asking them to reschedule the appointment.</i></p>
Has Return to Clinic (RTC) Entered	<p>An RTC in the same location or stop code combination (or interchangeable groups) of the canceled appointment was entered on or after 14 days before the cancel date and time.</p> <p><i>Example: The provider sends a message to the scheduler to make an appointment for the patient.</i></p>
Has Consult Activity	<p>The patient has a consult for a requested service with an associated stop code equal to the primary stop code of the canceled appointment with activity on or after 14 days before the cancel date and time.</p>

VHA Progressed in the Follow-Up of Canceled Appointments during the Pandemic but Could Use Additional Oversight Metrics

Follow-up activity	Definition
	<p><i>Example: A scheduler documents attempts to reschedule the canceled appointment in a consult for the same type of care.</i></p>
Has Appointment or Visit in Same Location	<p>The patient has an existing pending or completed appointment or visit in the same location as the canceled appointment on or after the original appointment date and time. The appointment may have been made before COVID-19 (multi-book appointment) or does not satisfy the Has Rescheduled Appointment or Has Visit criteria.</p> <p><i>Example: An appointment or encounter for the same type of care that was already scheduled for a date on or after the cancellation of the tracked appointment.</i></p>
Has Appointment or Visit in Same Stop Code Combination	<p>The patient has an existing pending or completed appointment or visit in the same stop code combination or with the same default provider as the canceled appointment on or after the original appointment date and time. The appointment may have been made before COVID-19 (multi-book appointment) or does not satisfy the Has Rescheduled Appointment or Has Visit criteria.</p> <p><i>Example: An appointment or encounter for the same type of care that was already scheduled for a date on or after the cancellation of the tracked appointment.</i></p>
National Health Factor—Has Factor	<p>A national COVID-19 health factor in the same exact location as the canceled appointment was found, and the health factor date time is after the cancel date.</p> <p><i>Example: A note documenting how the need for care was satisfied, such as referral to the community or no longer needed.</i></p>
National Health Factor—Has Closure Factor	<p>A national COVID-19 health factor in the same exact location as the canceled appointment was found, the health factor date and time is after the cancel date, and the health factor indicates no further action is needed. This will remove the appointment from the potential loss list.</p> <p><i>Example: A note documenting how the need for care was satisfied, such as referral to the community or no longer needed. This note can only be entered by clinical providers.</i></p>

Source: The OIG modified this excerpt from VHA's Post-Cancelled Appointments and Consult Management Initiative Cancellations Report.

Appendix B: Scope and Methodology

Scope

The review team conducted its work from September 2021 through June 2022. To determine follow-up rates by types of care and by month, the review team evaluated the data of about 8.7 million canceled appointments that were originally scheduled to occur from January 1 through July 31, 2021.

Methodology

The review team assessed VHA's appointment management guidance distributed to VA medical facilities and regional networks during the COVID-19 pandemic. The team also obtained and analyzed data including follow-up rates from VHA's *Post-CACMI Appointment Cancellations Report* (Post-CACMI report) for January 1 through July 31, 2021, and identified a population of 8.7 million canceled appointments that were originally scheduled to occur between these dates. The team analyzed these data to identify the types of care that dropped below 80 percent follow-up nationally and by facility. In addition, the team determined whether medical facilities dropped below the metric of 80 percent of follow-up cumulatively or monthly. The team also used the data to identify the five medical facilities with the highest follow-up rates and the five medical facilities with the lowest follow-up rates.

To understand the guidance and expectations of appointment management during the COVID-19 pandemic, the team interviewed VHA personnel from OVAC, group practice managers from nine VISNs, and 18 facility personnel associated with the five medical facilities with the highest follow-up rates and the five medical facilities with the lowest follow-up rates.

Fraud Assessment

The review team assessed the risk that fraud and noncompliance with provisions of laws, regulations, contracts, and grant agreements, significant in the context of the review objective, could occur during this review. The team exercised due diligence by staying alert to any fraud indicators within its data analysis and by soliciting the OIG's Office of Investigations for indicators. The OIG did not identify any instances of fraud during this review.

Data Reliability

The team used computer-processed data from VHA's Corporate Data Warehouse and VHA's Post-CACMI report. To assess the reliability of these data, the team performed testing by comparing canceled appointment details from VHA's Corporate Data Warehouse and VHA's Post-CACMI report data to each individual patient's record from Compensation and Pension Record Interchange and the Joint Longitudinal Viewer. The team evaluated 116 canceled

appointments to determine whether patient and appointment information tied to the individual patient's records, whether the canceled appointments were appropriately included in the Post-CACMI report, or whether the follow-up indicated in the Post-CACMI report tied to the patient's record. The team concluded that the data obtained were sufficiently reliable for the purposes of this review.

Data Limitations

The team did not evaluate VHA facilities in Columbus, Ohio, and Spokane, Washington, in its facility-level analysis because these facilities were in the process of migrating to Cerner's new electronic health record system.³³ The team's analysis determined, and OVAC confirmed, that complete appointment data for Spokane, Washington, were not available in VHA's Post-CACMI report. Additionally, the team excluded Columbus, Ohio, from the facility-level analysis because of the risk that the relevant appointment data would also not be complete due to the migration to the Cerner health record.

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*.

³³ On May 17, 2018, former VA Secretary Wilkie announced that VA had signed a \$10 billion contract with the Cerner Corporation to transition to a new electronic health record system. The full electronic health record transition was scheduled to occur over a 10-year period.

Appendix C: Facilities and Types of Care with the Lowest Follow-Up Rates

All 138 VA medical facilities met VHA’s 80 percent metric on a cumulative basis. Table C.1 shows the 10 medical facilities with the highest percentage of canceled appointments without evidence of follow-up.

Table C.1. Facilities with the Lowest Percentage of Follow-Up

Facility location	Total canceled appointments during the period	Total canceled appointments without evidence of follow-up (as of October 4, 2021)	Percent without evidence of follow-up
Washington, DC	74,986	14,242	19.0
Fayetteville, North Carolina	79,546	14,821	18.6
Houston, Texas	149,894	26,998	18.0
Detroit, Michigan	56,716	10,171	17.9
Las Vegas, Nevada	110,541	19,733	17.9
Tuscaloosa, Alabama	13,621	2,426	17.8
Chillicothe, Ohio	21,858	3,858	17.7
West Palm Beach, Florida	102,401	17,756	17.3
Indianapolis, Indiana	74,241	12,839	17.3
Bronx, New York	43,882	7,484	17.1

Source: OIG analysis of VHA’s Post-CACMI Appointment Cancellations Report data of canceled appointments that were originally scheduled to occur from January 1, 2021, through July 31, 2021; data were obtained on October 4, 2021. VA medical facilities in Columbus, Ohio, and Spokane, Washington, were excluded from this analysis.

Note: If a patient had a canceled appointment at one facility but followed up at a different facility, this appointment would not be tracked by VHA’s Post-CACMI Appointment Cancellations Report.

Although VHA’s 80 percent metric did not include types of care, the review team identified those types of care with follow-up below 80 percent, as shown in Table C.2.

Table C.2. Types of Care with Follow-Up Below 80 Percent

Type of care	Percent follow-up
Health screening	56.5
Prosthetic and sensory aids service	57.0
Nutrition/dietetics group visit	57.7
Non-operating room anesthesia procedure	62.0

VHA Progressed in the Follow-Up of Canceled Appointments during the Pandemic but Could Use Additional Oversight Metrics

Type of care	Percent follow-up
Low vision care	62.0
Medical specialty shared appointment	62.8
Pre-surgery evaluation	63.5
Mammography	64.0
Medical pre-procedure evaluation	64.2
Anesthesia telephone visit	64.3
Weight management group visit	64.7
Telephone triage	64.8
Polytrauma/traumatic brain injury telephone visit	65.1
Chaplain service group visit	66.3
Ultrasound	68.5
General internal medicine	69.1
Nutrition/dietetics individual visit	69.9
Women's preventive care	70.4
Magnetic resonance imaging/MRI	70.8
Weight management individual visit	70.9
Medical/surgical day care	72.3
Chiropractic care	73.0
Computed tomography scan	73.2
Intermediate low vision care	73.7
Wheelchair and advanced mobility clinic	74.2
Diabetes	74.7
Complementary and integrative health treatment	74.9
Nuclear medicine and positron emission tomography	75.4
Veterans impairment service team coordinator	75.5
Rehabilitation and support telephone visit	75.5
Surgical procedure	75.7
Rehabilitation services group visit	75.7
Social work service	75.8
Hand surgery	75.9
Visual impairment center to optimize remaining sight and advanced low vision clinic	76.2
Genomic care	76.5
Bariatric surgery	76.8

VHA Progressed in the Follow-Up of Canceled Appointments during the Pandemic but Could Use Additional Oversight Metrics

Type of care	Percent follow-up
Prosthetics/orthotics	77.1
Neurology telephone visit	77.2
Physical, medicine, and rehabilitation services amputation clinic	77.2
Optometry	77.5
X-ray and fluoroscopy	77.6
Cystoscopy room unit for outpatient	77.7
Medical procedure unit	77.7
Polytrauma/traumatic brain injury individual visit	77.9
Kinesiotherapy	77.9
Patient care in operating room	78.1
Dermatology	78.6
Hypertension	78.6
Pre-bed care (medical service)	78.7
Spinal surgery	78.9
Ancillary telephone visit	79.0
Physical therapy	79.1
Ophthalmology	79.3
Health and well-being services	79.6
Podiatry	79.7
Physical, medicine, and rehabilitation services physician visit	79.8
Anesthesia consultation	79.8
Electrocardiogram	79.8
Occupational therapy	79.8
Plastic surgery	79.9

Source: *OIG analysis of VHA's Post-Cancelled Appointments and Consult Management Initiative Cancellations Report data; data were obtained on October 4, 2021.*

Note: *The types of care in the table had at least 1,000 canceled appointments that were originally scheduled to occur between January 1, 2021, and July 31, 2021.*

Appendix D: VA Management Comments

Department of Veterans Affairs Memorandum

Date: September 28, 2022

From: Under Secretary for Health (10)

Subj: OIG Draft Report, VHA Progressed in Follow-Up of Canceled Appointments during the Pandemic but Could Use Additional Oversight Metrics (2021-037770-AE-0185) (VIEWS # 7982572)

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

1. Thank you for the opportunity to review and comment on the Office of Inspector General (OIG) draft report: *Veterans Health Administration (VHA) Progressed in Follow-Up of Canceled Appointments during the Pandemic but Could Use Additional Oversight Metrics*. VHA agrees that following up on cancelled or no-show Veteran appointments is an essential element of Veteran care and appreciates OIG interest in this matter. VHA concurs with both recommendations 1 and 2 and an action plan is enclosed with this response.

The OIG removed point of contact information prior to publication.

(Original signed by)

Shereef Elnahal, M.D., MBA

Attachment

VETERANS HEALTH ADMINISTRATION (VHA)

Action Plan

OIG Draft Report: VHA Progressed in Follow-Up of Canceled Appointments during the Pandemic but Could Use Additional Oversight Metrics

(2021-037770-AE-0185)

Recommendation 1. The Under Secretary for Health will monitor facility follow-up rates by type of care and on a month-over-month basis, establish monitoring metrics, and assist facilities if they fall below these metrics.

VHA Comments: Concur

VHA's Office of Integrated Veteran Care (IVC) agrees that continuity of care for Veterans is critical, particularly as we navigate the ongoing impacts of the COVID-19 pandemic.

IVC will conduct and complete an updated assessment of care continuity across the VHA enterprise. As part of this assessment, VA Medical Center Director attestations will be required to ensure that the following have occurred:

- Review of all cancelled/"no-show" appointments without evidence of activity, including appointments from January 1, 2021, through May 31, 2022.
- Review of activities that occurred before an appointment was cancelled, with the aim of improving oversight and tracking of potentially needed care.
- Review of all "National Health Factor" documentation notated with "No Action Other Reason."

IVC will reconvene the original Cancelled Appointments and Consult Management Initiative workgroup to identify lessons learned from this review. This group will develop a plan to further strengthen oversight processes and data reporting tools to monitor facility follow up rates and ensure continuity of care for Veterans. VHA will update guidance on national policy regarding the routine management of cancelled and "no-show" appointments, including timeliness in rescheduling.

Status: In Progress

Target Completion Date: February 2023

Recommendation 2. The Under Secretary for Health will evaluate and update, as appropriate, whether activities that occurred before cancellation and documentation of "No Action Other Reason" should be tracked as follow-up.

VHA Comments: Concur

IVC agrees with the OIG's findings and will conduct an assessment to ascertain whether current follow-up activities that occurred before cancelled/no-show appointments and those recorded with notations of "No Action Other Reason," should still be included as activities or evidence of follow-up, e.g., do they result in rescheduled appointments or assessments as to whether care is still needed.

The evaluation will consist of the following:

- Review of the "National Health Factor" notation which documents in the medical record how the need for care was satisfied or if care was no longer needed. As above, VHA will review those National Health factors where facilities notated "No Action Other Reason."

VHA Progressed in the Follow-Up of Canceled Appointments
during the Pandemic but Could Use Additional Oversight Metrics

- VHA will determine if any of these reasons where documentation indicated “No Action Other Reason” should be added to the pre-populated list of specified reasons in the “National Health Factor” template.
- As above, IVC will review activities that occurred before the appointment was cancelled, with the aim of improving oversight and tracking of potentially still needed care.

Status: In Progress

Target Completion Date: February 2023

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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