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Audit of Consult Timeliness for VA and Community Care

Audit	25-01015-138	June 17, 2026

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Executive Summary

As mandated by the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act, the VA Office of Inspector General (OIG) initiated an audit in January 2025 to assess whether VA met established timeliness standards for processing consults for direct (VA-provided) and community care, in accordance with existing timeliness requirements under the MISSION Act and related regulations and guidance.[1] The Dole Act did not change previously established consult timeliness standards. The OIG also issued a companion report to meet the Dole Act requirements that focuses on the accuracy of community care eligibility and whether veterans are informed of their care options.[2] The reports are separate because each audit had different objectives, populations, and methodologies.[3] The OIG acknowledges that at the time of publication of this report, the Veterans Health Administration (VHA) had planned significant changes to the structure of its management and operations. The findings and recommendations in this report can help guide VHA's reorganization efforts and implementation.

For a veteran to receive care, a VA provider must make a request on the veteran's behalf by submitting a referral, which VA calls a consult. Once a consult is created, VHA staff use the eligibility criteria from the MISSION Act to determine whether the veteran is eligible for community care.

VHA's timeliness expectations for consults are classified in three categories:

- **Pending:** when the consult has been sent but has not yet been acted on by the receiving service (the service from which the care is being requested)
- **Active:** when the receiving service is working to fulfill the consult
- **Scheduled:** when the appointment has been made

The audit team reviewed consult-processing data and information from October 1 through December 31, 2024—the first quarter of fiscal year (FY) 2025, which was the most recent data available as of January 2025. The OIG found that VHA did not adhere to direct and community care timeliness standards when processing all consults.

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[1] Pub. L. No. 118-210, § 110, 138 Stat. 2706; VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018, Pub. L. No. 115-182, 132 Stat. 1393; 38 U.S.C. § 1703(d); 38 C.F.R. § 17.4010 (2023); 38 C.F.R. § 17.4040 (2023).

[2] VA OIG, *Audit of Veterans' Community Care Eligibility Determinations,* Report No. 25-01014-139, June 17, 2026.

[3] Another related OIG report was published in anticipation of the Dole Act: VA OIG, *VISN 12 Needs to Improve How It Administers the Veterans Community Care Program*, Report No. 24-01757-146, August 27, 2025.

In October 2025, the audit team briefed the VHA leaders responsible for overseeing direct and community care on this report's findings and recommendations. VHA leaders confirmed the issues identified in this report were still present and that they were working to address process and system limitations that affect VA and community care scheduling timeliness. The team conducted an additional analysis of consults from November 2025 through January 2026, which showed the timeliness challenges persisted. This audit is particularly important given that longer wait times can lead to potentially poorer outcomes.

The OIG made two recommendations to the under secretary for health to improve consult timeliness and scheduling. The under secretary concurred with the recommendations, submitted corrective action plans to address issues identified in the report, and asked the OIG to close recommendation 2 based on evidence provided. The recommendations can be found in the report, and VA's full response and action plans are in appendix D.

What the Audit Found

VHA staff did not always adhere to the timeliness standards when processing consults for both direct and community care. Specifically, the audit team determined the following:

- 14 percent of VA consults and 21 percent of community care consults were not sent to the receiving service within two business days of the file entry date or the date the consult was last placed in a pending status.
- 45 percent of VA consults and 60 percent of community care consults did not meet the respective three- and seven-day scheduling standard.
- 51 percent of VA consults and 49 percent of community care consults did not meet the standards for the time it took for veterans to receive care.

Concerns about veterans' access to health care—both within VA and through community providers—continue to be a topic of discussion, with recent attention increasingly focused on compliance with the MISSION Act and its implementing regulations.

Next Steps

The OIG agreed to close recommendation 2 and will monitor VHA's corrective actions for recommendation 1 and close it once VHA provides evidence it has addressed the identified risks.

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Abbreviations

FY	fiscal year
IVC	Office of Integrated Veteran Care
MISSION Act	Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018
OIG	Office of Inspector General
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

Introduction

The Veterans Health Administration (VHA) provides care to veterans in VA medical facilities, which were, at the time of this report, organized into 18 regional Veterans Integrated Service Networks (VISNs) that manage the day-to-day functions of medical centers and provide administrative and clinical oversight.

In addition to delivering direct (VA-provided) care through its own medical facilities, VA is authorized under the MISSION Act of 2018 to approve and pay for veterans to receive care from community healthcare providers when specific eligibility criteria are met.[4] These criteria include situations where VA does not offer the requested service, the veteran lives in a US state or territory without a full-service VA medical facility, or the wait or drive times to a VA facility exceed established standards. Once VA determines a veteran needs care, an appointment should be scheduled within specific timeliness standards: three days for direct care and seven days for community care, according to VHA Directive 1232 and standard operating procedures.[5] These standards refer to the amount of time allowed for *scheduling* the appointment, not the time frame in which the veteran is expected to be seen.

The Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act, signed into law on January 2, 2025, required the VA Office of Inspector General (OIG) to assess VA's performance in "appropriately identifying veterans eligible for care and services" under the Veterans Community Care Program, "informing veterans of their eligibility for such care and services," and "delivering such care and services in a timely manner."[6]

The OIG initiated this audit in January 2025 to assess whether VA met established timeliness standards for processing consults for direct and community care, in accordance with existing timeliness requirements under the MISSION Act and related regulations and guidance. The Dole Act did not change previously established consult timeliness standards. The audit team's review period was October 1 through December 31, 2024—the first quarter of fiscal year (FY) 2025, which was the most recent data available as of January 2025. The OIG conducted an additional analysis of consults from November 2025 through January 2026 to determine whether the team's findings persisted. This report presents the findings from this audit. A concurrent OIG report addresses the accuracy of eligibility determinations and whether veterans were informed of their

[4] VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018, Pub. L. No. 115-182, 132 Stat. 1393.

[5] VHA Directive 1232(5), *Consult Process and Procedures*, December 5, 2022; VHA Directive 1232, *Consult Management*, November 22, 2024.

[6] Pub. L. No. 118-210, § 110, 138 Stat. 2706; MISSION Act; 38 U.S.C. § 1703(d); 38 C.F.R. § 17.4010 (2023); 38 C.F.R. § 17.4040 (2023).

options to receive care through VA or the community.[7] The reports are separate because each audit had different objectives, populations, and methodologies. The law requires the OIG to report its results by July 2026.

The OIG acknowledges that at the time of publication of this report, VHA had planned significant changes to the structure of its management and operations. The information in this report is based on conditions that existed at the time of the audit. The OIG's findings and recommendations can help guide VHA's reorganization efforts and implementation.

Requests for Care by Veterans Enrolled in VA Health Care

Veterans have three primary ways to ask for care: (1) a veteran-initiated appointment request, (2) a provider request for a follow-up appointment, and (3) a provider referral to specialty care. Veterans can receive three types of care:

- **Primary care** covers wellness, prevention, and treatment for common illnesses and offers disease prevention programs, according to VA's Patient Care Services. Primary care enables long-term relationships between a patient and their provider, who can coordinate care with specialists across a range of health services.[8]
- **Mental health care** comprises inpatient and outpatient services at VA medical facilities, community-based outpatient treatment services, and individual and family services for conditions such as posttraumatic stress disorder, military sexual trauma, and depression, according to VHA Directive 1160.01.[9]
- **Specialty care** is advanced medical care that focuses on a specific disease or patient group, such as dermatology, oncology, and cardiology, according to VHA Directive 1159.[10]

VHA's consult management directive states that a VA provider can request care for a patient by initiating and creating a consult, which is a request for clinical services on behalf of a patient.[11] Once a request for healthcare services is made, VHA staff evaluate the veteran's eligibility for community care by applying the legal criteria established under the MISSION Act and its implementing regulations.

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[7] VA OIG, *Audit of Veterans' Community Care Eligibility Determinations*, Report No. 25-01014-139, June 17, 2026.

[8] VA, "VA Primary Care" (web page), VA Patient Care Services, accessed March 4, 2025, https://www.patientcare.va.gov/primarycare/index.asp.

[9] VHA Directive 1160.01, *Uniform Mental Health Services in VHA Medical Points of Service*, April 27, 2023.

[10] VHA Directive 1159, *VHA Specialty Care Program Office and National Programs*, March 9, 2022.

[11] VHA Directive 1232.

Community Care Eligibility

Under the MISSION Act and related guidance from VHA, veterans are eligible to receive community care in any of the following circumstances:[12]

- **Facility unavailable:** A veteran lives in a US state or territory without a full-service VA medical facility.
- **Quality standards:** The service at a VA medical facility does not meet specific quality standards.
- **Medical interest:** A veteran's sending provider, with agreement from the veteran, determines community care is in the veteran's "best medical interest."
- **Service unavailable:** A veteran needs a service not available at a VA medical facility.
- **Grandfathered choice:** A veteran living in Alaska, Montana, North Dakota, South Dakota, or Wyoming who (1) on the day before June 6, 2018, qualified for eligibility under the Veterans Access, Choice, and Accountability Act of 2014 if they lived more than 40 miles from the nearest VA facility, and (2) continues to live in a location that would qualify them under that criterion.[13]
- **Access standard:**
    - A veteran's average drive time to a VA medical facility is at least 30 minutes for primary care, mental health care, or noninstitutional extended care services or at least 60 minutes for specialty care.
    - A veteran's wait time for an appointment at a VA medical facility exceeds 20 days for primary care, mental health care, or noninstitutional extended care services, or it is more than 28 days for specialty care.[14]

To fully assess a veteran's eligibility for community care, VA providers are required to follow a standard process that includes reviewing the criteria detailed in the MISSION Act. When a veteran is eligible for community care, VHA staff must offer the veteran a choice between

[12] VHA Office of Community Care, "Veteran Community Care Eligibility" (fact sheet), August 30, 2019; 38 C.F.R. § 17.4040 (2023).

[13] Veterans Access, Choice, and Accountability Act of 2014, Pub. L. No. 113-146.

[14] To determine wait-time eligibility, VHA schedulers should first compare the patient indicated date (the date the provider and the veteran agree that the patient should be seen) to the file entry date (the date the veteran or care provider makes an appointment or consult request). If the patient indicated date is beyond the 20- or 28-day standard, the veteran is not wait-time eligible. If the patient indicated date is within the standard, the scheduler must determine whether a VA appointment can be scheduled within 20 or 28 days of the file entry date. If not, the veteran is wait-time eligible for community care. IVC, "Eligibility, Referral, and Scheduling," chap. 2 in *Community Care Field Guidebook* (not publicly accessible).

receiving care through VA (if available) or from a community provider. To support informed decision-making, staff must also provide key information, such as wait times at both VA and community facilities, when available—in line with the *National Standardized Scheduling Audit Guidebook*.

If a veteran chooses community care, VHA staff should document the veteran's preferences (including preferred provider, location, and appointment availability) and then forward the consult to the facility's community care department for processing. Capturing veteran preferences at the point of referral supports coordination by enabling community care staff to engage directly with the preferred provider, rather than requiring additional outreach to re-establish preferences.

If the VHA scheduler determines a veteran is not eligible for community care, VHA staff should schedule the appointment or submit a consult referral to the applicable VA service line (for example, cardiology or neurology).

Consult Timeliness

At the time of this audit, VHA's Office of Integrated Veteran Care (IVC) was responsible for ensuring compliance with the VHA directives on processing consults and for overseeing access to care. To do so, IVC developed a standard operating procedure with timeliness standards for consult processing.[15] The OIG was aware, at the time this report published, that VHA had announced plans in December 2025 for significant changes to the structure of its management and operations.[16] The OIG also recognizes that consult-processing requirements will remain according to VHA Directive 1232 and will apply to VHA's new structure.[17]

In line with VHA guidance, the following key data points are used when calculating consult timeliness, starting from the file entry date:[18]

- **The file entry date** documents the day a VHA provider requests a consult with another provider (in other words, makes a referral), which helps determine community care eligibility.
- **The patient indicated date** is the appointment date a provider requested or the date a patient would like to be seen absent a provider's input. VHA guidance states that

[15] VHA, "Consult Timeliness Standard Operating Procedure," July 8, 2024.

[16] VA, "VHA Restructuring Implementation: 4 Corners," December 15, 2025.

[17] VHA Directive 1232 superseded the earlier guidance in November 2024—during the scope of this audit—but the timeliness standards did not change. VHA's oversight structure may change, but these standards are currently the same.

[18] VHA Directive 1232; VHA Directive 1230, *Outpatient Scheduling Management*, June 1, 2022.

this date cannot be changed due to scheduling capacity or access reasons at a facility or clinic.

- **The appointment date** is when the veteran is scheduled to receive care.
- **The actual appointment date** is when an appointment occurs.

Although VHA policy has standards for when community care appointments should be scheduled, VHA has not established a timeliness standard for when community care appointments should occur. VHA's Community Care Network contracts with third-party administrators do, however, include a wait-time goal that appointments occur within 24 hours for emergency care, 48 hours for urgent care, and 30 days for routine care. For the purposes of comparing direct and community care timeliness, the audit team used the standards in VHA policy as well as the time frames set forth in the contracts—collectively referring to them in this report as standards. These are the timeliness standards under the MISSION Act that the OIG assessed under the Dole Act.

Table 1 describes the specific standards for the stages of consults: active, scheduled, and actual appointment.

Table 1. Timeliness Standards for VA and Community Care Consult Processing

Consult status	VA standard	Community care standard
Active	Within two business days from the file entry date or the date the consult was last placed in a pending status, the service is working on fulfilling it*	Within two business days from the file entry date or the date the consult was last placed in a pending status, the service is working on fulfilling it
Scheduled	The appointment has been made within **three** calendar days from the file entry date	The appointment has been made within **seven** calendar days from the file entry date
Actual Appointment	The appointment date or date the veteran received care within **20** days for mental health and primary care and **28** days for specialty care from file entry date	The appointment date or date the veteran received care within **30** days from file entry date‡

Source: Standard MISSION Act Guidance, Patient Eligibility and Scheduling Reference Sheet, February 26, 2023; Consult Timeliness Standard Operating Procedures, July 8, 2024.

* *Consults must be received (changing from pending to active) within two business days from the file entry date or the date the consult was last placed in a pending status. Community care staff may also schedule, forward, cancel, or complete within two business days.*

‡ *This standard is based on the wait-time goals in VHA's network contracts with third-party administrators.*

Schedulers can use the Consult Tracking Manager to help track consult status, prioritize workload, and monitor timeliness. This Veteran Health Information Systems and Technology Architecture software integrates clinical data by providing instant, up-to-date statuses of all

patient consults. This enables scheduling staff to manage, prioritize, and process consults in real time to meet timeliness standards.

Consult Toolbox

According to VHA Directive 1232, VHA staff are mandated to use a software program called the Consult Toolbox to document actions and track and manage each consult. VHA started requiring use of the Consult Toolbox nationally in September 2023 and concluded the rollout in December 2023. The toolbox helps standardize how VHA staff decide the appropriate location for a veteran to receive care by showing available services in the VA and information about the veteran's eligibility for community care.[19] For instance, VHA staff use the toolbox to determine a veteran's average drive time by calculating the distance from a veteran's residence to the nearest VA facility that offers the needed service. The toolbox also considers inputs such as traffic by drawing from navigation software.

Furthermore, the toolbox shows VA healthcare providers relevant data that supports discussions with veterans about whether to refer a consult to a nearby VA facility or a community provider. It also takes into account average wait times for the requested clinical service at both VA facilities near the veteran's home and community care providers, and it documents the next available appointment date, requiring users to input or select a calendar icon to choose a date.

To be clear, average wait times are not used to determine wait-time eligibility. Eligibility is always based on the number of days from the date a veteran or their provider makes an appointment or consult request (the file entry date) to the date of the next available VA appointment, unless the veteran prefers a later appointment date. VHA staff use the toolbox to provide veterans with information needed to make informed decisions about where to receive care.

National Use of VA and Community Care

During FY 2025 (October 1, 2024–September 30, 2025), VA provided health care to about 5.2 million veterans. To provide this care, according to data from the VHA Support Service Center, VHA staff processed—meaning they completed care for—more than 27.8 million consults for direct care and more than 6.9 million consults for community care during that year. Figure 1 shows the number of consults for direct and community care at each VISN during that full year.

[19] The web-based interface uses buttons, drop-down options, and other mechanisms that generate standardized codes (consult factors) that are recorded in the veteran's electronic health record, which facilitates reporting efforts. VA, *Consult Toolbox (CTB) User Guide*, September 2023.

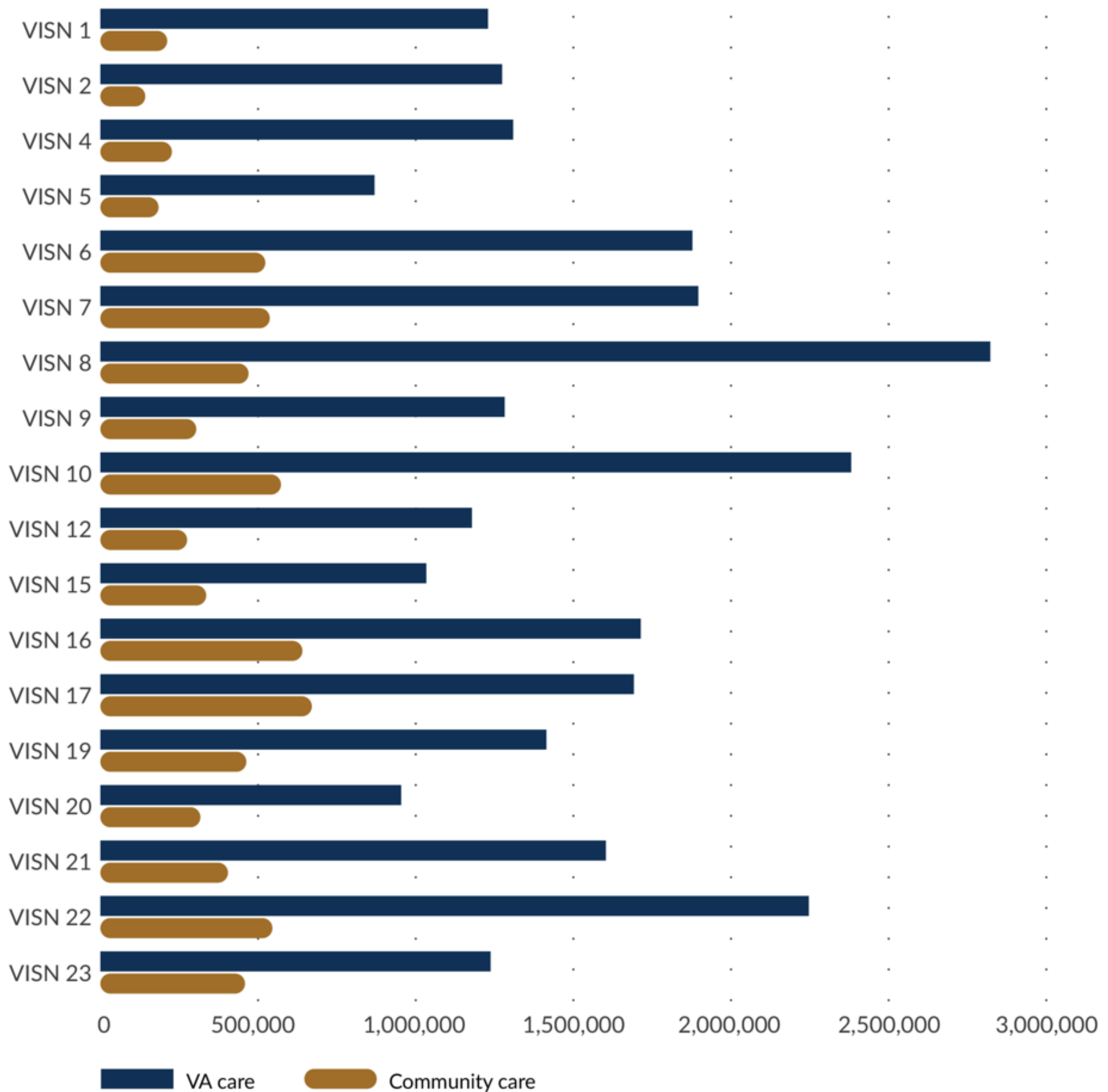

Figure 1. *Direct and community care consults, by VISN, with a file entry date between October 1, 2024, and September 30, 2025, and a status of complete.*

Source: Data are as of January 13, 2026, from the VHA Support Services Center.

VHA data showed completed consults for direct care increased about 20 percent from FY 2021 through FY 2025—from about 23.2 million to about 27.9 million. Similarly in that same time, completed consults for community care increased about 41 percent—from about 4.9 million to about 7 million. Most VISNs saw an increase in completed consults for community care from FY 2021 through FY 2025.

Governance and Oversight Responsibilities

As noted previously, VHA has announced significant changes to the structure of VHA management and operations. The responsibilities detailed below represent those at the time of the audit.

Various VA entities have oversight responsibilities for community care—including consult scheduling—at the national, regional, and local levels.

Office of Integrated Veteran Care

In 2022, VHA combined its Office of Veterans Access to Care and its Office of Community Care into a single office, to form IVC, to better coordinate services at VA facilities with those provided in the community. IVC is responsible for the following related to their national program and any suboffices organized within the program office: allocating resources within their span of control, developing training, setting standards for education, and managing professional standards within their span of control.[20]

Veterans Integrated Service Network

In addition to the oversight IVC provides, each VISN director is responsible for the following:

- **Managing performance within the VISN:** ensuring IVC procedures and policies are communicated to the VISN's medical facilities to identify risks, improve processes, and share best practices among facilities.
- **Assisting with oversight of policy implementation:** This includes regularly reviewing and applying corrective measures to address VISN data on consults and implementing standardized processes for consult management and reporting across the VISN, according to VHA Directive 1232.

Medical Facility Director

Facility directors are responsible for monitoring compliance with VHA's directive on outpatient scheduling and reporting noncompliance to their VISN director. They are also charged with

- providing scheduling resources (including staff) to meet veterans' needs,
- making sure consults are scheduled in accordance with policy,
- creating a clearly defined local policy for managing and prioritizing consults, and

[20] VHA Directive 1217(1), *VHA Operating Units*, August 14, 2024; "About Us" (web page), IVC, accessed March 13, 2026, https://www.va.gov/COMMUNITYCARE/about-us/index.asp.

- following policy and guidance from IVC on community care coordination procedures, in line with VHA Directive 1232.

Schedulers

The following staff are among the facility-level schedulers responsible for consult management and consult timeliness:

- A facility's **referral coordination team** receives, refers, and schedules consults in compliance with VHA consult-processing standards. The team provides care options that veterans are eligible for at VA medical facilities or with a community provider so patients can make informed healthcare decisions.
- The **consult referring service** or the **referring clinician** is responsible for entering consults with a clinically appropriate date (that is, the patient indicated date).
- The consult **receiving service** or the **receiving clinician** is responsible for acting on consults they receive to provide timely scheduling information to veterans.
- **Receiving service administrative staff** are responsible for notifying veterans and scheduling appointments from consults in a timely manner, according to VHA procedures.[21]

The audit team refers to these roles throughout the report collectively as "schedulers."

[21] VHA, "Consult Timeliness Standard Operating Procedure."

Results and Recommendations

Finding: VHA Could Improve its Adherence to Direct and Community Care Timeliness Standards When Processing Consults

VHA staff generally did not meet timeliness standards when processing consults for direct and community care for appointments completed during the first quarter of FY 2025. Specifically, the audit team determined

- 14 percent of VA and 21 percent of community care consults did not meet the standard for schedulers actively working to fulfill the request;
- 45 percent of VA and 60 percent of community care consults did not meet the standard for scheduling the appointment in a timely manner; and
- 51 percent of VA consults did not meet the standard for the time it took a veteran to receive care and 49 percent of community care consults did not indicate a veteran received care within 30 days, as required by the companies VHA contracts with for veteran care.

The team conducted an additional analysis of consults from November 2025 through January 2026, which showed the timeliness challenges persisted. For both direct and community care, schedulers faced challenges that were within VHA's ability to address, such as the time it took to attempt the first contact with a veteran. Other challenges that affected timeliness—workload, unreachable veterans, nonresponsive providers, and veteran cancellations—were outside the direct control of VHA.

Until IVC improves consult processing, schedulers will continue to exceed VHA's timeliness standards, and veterans will continue experiencing significant wait times for their appointments, which can delay care.

What the OIG Did

To assess whether schedulers processed consults within timeliness standards, the audit team analyzed direct and community care consults for appointments completed in the first quarter of FY 2025. To ensure the analysis represented a fair comparison of direct and community care, the audit included only services offered both by VA and in the community and excluded consults that requested a specific date outside the access standard. This means emergency and walk-in services were excluded. To test each timeliness metric, the team performed the following calculations:

- **Active,** or the difference between the file entry date and the date the receiving service accepted the consult (to verify whether it was within the standard of

two business days from the file entry date or the date the consult was last placed in a pending status)

- **Scheduled,** or the difference between the file entry date and the first scheduled date (to verify whether it was within the standard of three days for direct care or seven days for community care)
- **Actual appointment,** or the difference between the file entry date and the best available appointment date (to verify whether it was within the standard of 20 days for direct primary care, direct mental health care, or direct noninstitutional extended care services; 28 days for direct specialty care; and 30 days for community care).[22]

Appendix A has more information on the audit scope and methodology, and appendix B shares details on the consults tested for timeliness. Table 2 details the number of consults that met the audit team's testing criteria for assessing timeliness.

Table 2. Number of VA and Community Care Consults Tested for Timeliness

Testing category	Type of referral	Number tested
Timeliness of direct care	VA consults	1,134,074
Timeliness of community care	Community care consults	1,130,459

Source: Data on consults with appointment dates from October 1 through December 31, 2024, obtained from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Note: Although the Dole Act required the OIG to assess only the timeliness of VA's processing of community care consults, the team also evaluated the timeliness of VA direct care consults to provide a balanced comparison.

To better understand what might be contributing to delays in consult processing, the audit team interviewed IVC and VISN officials and facility staff responsible for overseeing or scheduling appointments both within and outside the VA. The team considered medical facility complexity level, volume of consults, timeliness for veterans to receive care, and type of service and then judgmentally selected three VA medical facilities to analyze further—the Miami Health Care System in Florida, the Fayetteville Health Care System in North Carolina, and the VA South Texas Health Care System in Texas. For both the site selections and the consults tested, the team assessed a mix of primary care, mental health care, and specialty care services. The team interviewed staff to discuss how they process consults. Finally, the team analyzed VHA guidance and met with VHA and IVC leaders to discuss the OIG team's analysis, the audit methodology, and any concerns identified by the OIG related to VA's noncompliance or weaknesses with systems and processes. In October 2025, the team met with VHA leaders responsible for

[22] The team used data from VA's Corporate Data Warehouse, a data repository for veteran's health data, and considered the following dates in this order: minimum claims service start date, Health System Referral Management system date, or the consult file entry date.

overseeing direct and community care to discuss this report's findings and recommendations. VHA leaders confirmed the issues identified in this report were still present and that they were working to address process and system limitations that affect VA and community care scheduling timeliness.

Timeliness Standards on All Consults

The OIG determined schedulers were better at meeting the consult-processing standards when moving direct and community care consults from pending to active status—meaning the service receiving the consult accepted it and started the process of scheduling it within two days. However, schedulers were far less successful in meeting timeliness standards when scheduling care or ensuring a veteran received an appointment for care. Figure 2 compares the results of the OIG's analysis between direct and community care for each of the three timeliness standards: active, scheduled, and the date the appointment occurred.

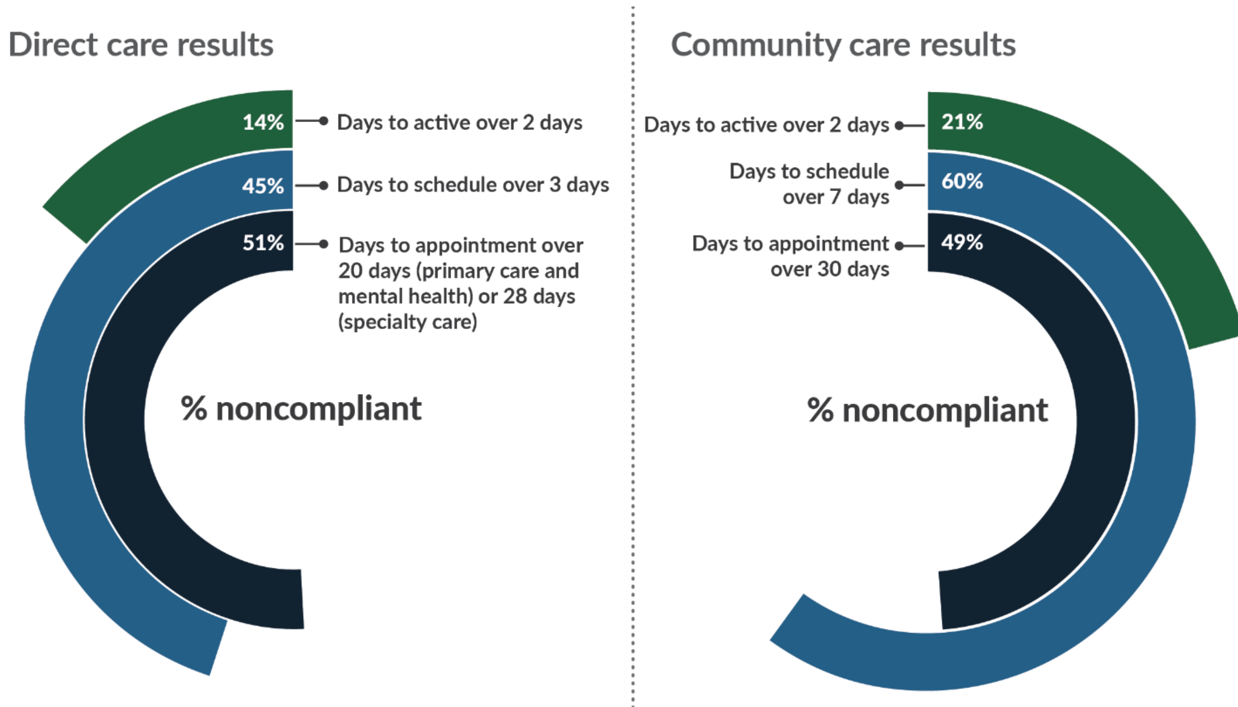

Figure 2. *Percentage of direct and community care consults with completed appointments from October 1 through December 31, 2024, that did not comply with timeliness standards.*

Source: VA OIG analysis based on data obtained from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table 3 identifies how many consults analyzed for direct care exceeded the timeliness standards across primary care, mental health care, and specialty care; table 4 compares the same standards for the community care consults the audit team analyzed.

Table 3. Direct Care Consults Exceeding Timeliness Standards, by Service

Timeliness standard	Primary care	Mental health care	Specialty care
Active: two days from the file entry date or pending status	1,500 (12%)	20,200 (14%)	137,700 (14%)
Scheduled: three days from the file entry date to first scheduled	4,600 (35%)	69,300 (49%)	438,100 (45%)
Appointment occurred: 20 or 28 days*	6,100 (47%)	94,000 (66%)	479,700 (49%)
Total consults analyzed	13,100	142,100	978,900

Source: Data obtained from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace for consults with completed appointment dates from October 1 through December 31, 2024.

** The standard is 20 days for primary care, mental health care, or noninstitutional extended care services. It is 28 days for specialty care.*

Table 4. Community Care Consults Exceeding Timeliness Standards, by Service

Timeliness standard	Primary care	Mental health care	Specialty care
Active: two days from the file entry date or pending status	1,800 (22%)	8,900 (28%)	229,000 (21%)
Scheduled: seven days from the file entry date to first scheduled	4,600 (59%)	22,500 (72%)	648,000 (59%)
Appointment occurred: 30 days	4,400 (56%)	15,700 (50%)	531,100 (49%)
Total consults analyzed	7,800	31,400	1,100,000

Source: Data obtained from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace for consults with completed appointment dates from October 1 through December 31, 2024.

Note: Numbers and percentages do not sum because each consult could have an error in more than one standard tested for timeliness.

All three services, both within VA and the community, had challenges meeting the timeliness standards for scheduling appointments and delivering care. Appendix C provides snapshots of the OIG's analysis of timeliness standards for each VISN.

VA's core mission is to provide timely, high-quality care to veterans. Meeting timeliness standards demonstrates accountability and commitment to this mission. Alternatively, significant wait times can weaken veterans' trust in VA and increase the risk of adverse health events.

Recommendation 1 calls on VHA to conduct a strategic business evaluation of the process used by VA medical facilities' scheduling departments to determine whether alternatives could improve consult processing, scheduling efficiency, and timeliness for direct and community care.

Processes and Factors Affecting Scheduling

Based on interviews with IVC, VISN, and facility officials and reviews of consult-processing documentation, the OIG determined wait time—for both direct and community care—represents challenges that are sometimes within VHA's control and sometimes not. Veterans experienced delays obtaining both direct and community care appointments because schedulers did not consistently initiate the first attempt to contact a veteran in time to meet the three- and seven-day scheduling requirements. At two facilities the team visited, schedulers used manual processes—such as spreadsheets—to assign consults for processing. Schedulers also faced challenges meeting standards because direct and community care providers lacked availability for appointments or canceled appointments, or because veterans did not respond to schedulers' contact attempts. For the challenges that are within VHA's control, officials must make changes to ensure veterans avoid significant wait times to be scheduled for and receive care.

Consult Scheduling and Initiating Contact with Veterans

Schedulers' lack of timeliness in making appointments for both direct and community care appointments is within VHA's ability to improve. The audit team found schedulers did not take any action for at least seven days—some even exceeding 90 days—for about 14 percent of direct care consults reviewed (about 157,000 of 1.1 million) and about 51 percent of community care consults reviewed (about 571,600 of 1.1 million). Table 5 shows the number and percentage of each set of consults and how long those in either a pending or active status waited for schedulers to further process (for example, move the consult from pending to active or from active to scheduled or add any consult note on the status of scheduling attempts).

Table 5. Days to Initiate Scheduling for Consults, by Type

Range of days inactive	Direct care consults	Community care consults
7–14 days	111,000 (10%)	314,100 (28%)
15–29 days	36,200 (3%)	171,700 (15%)
30–59 days	7,700 (1%)	61,500 (5%)
60–89 days	1,300 (less than 1%)	15,300 (1%)
90 days or more	800 (less than 1%)	9,000 (1%)
Total	**157,000 (14%)**	**571,600 (51%)**

Source: Data obtained from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace for consults with completed appointment dates from October 1 through December 31, 2024.

Note: Numbers and percentages may not sum due to rounding.

The initiation of consult processing took significantly longer and happened more frequently for community care than for direct care. Example 1 illustrates how community care scheduling affected the length of time a veteran waited to receive an appointment date.

Example 1

A veteran was determined to be eligible for community care and was referred to a cardiology appointment on July 22, 2024. The first contact between a community care scheduler and the veteran was over three months later, on November 1. On November 6, the community provider informed the scheduler that the veteran received an appointment date of December 3—more than four months after the veteran requested services. While schedulers interviewed by the OIG team at this facility could not speak to this specific example, they attributed this type of delay to staffing challenges and competing priorities.

Based on interviews and reviews of consult-processing documentation, the OIG determined these delays occurred because facilities lacked effective processes to manage direct and community care consults. For instance, a scheduling supervisor reported not using the Consult Tracking Manager to assign consults to schedulers for processing. While optional, the software integrates clinical data on consults and provides the real-time status of each consult to prioritize work. Instead, another supervisor said they manually sort, filter, and color code an Excel spreadsheet each week to assign consults for processing. A mental health scheduler said they receive a manual task list and do not use the Consult Tracking Manager. Scheduling staff expressed concerns that not using the tracker prevents them from seeing older consults and limits supervisors' ability to monitor their daily status. Even when schedulers used the system, they could sometimes overlook older consults that were pushed down the list. For example, after a veteran was referred for gynecology services on June 28, 2024, her consult was not put in the scheduling queue until October 16, 2024, more than three months later.

Decisions on how to process consults, including using manual spreadsheets and the Consult Tracking Manager, were generally made by the scheduling chief and not individual schedulers; however, updating ineffective scheduling processes is within VHA's control. Using manual spreadsheets and not actively monitoring system queues heighten the risk of consults not being processed for several weeks until they are manually identified and then assigned to a scheduler.

Recommendation 2 calls on VHA to establish tracking and monitoring procedures for consults that schedulers have taken no action to schedule and prioritize processing those consults when identified.

Workload Priorities and Contacting Providers and Veterans

When analyzing issues that could affect the assessment of timeliness, the OIG distinguished between circumstances present during the scope of this audit (that is, appointments completed in the first quarter of FY 2025) and challenges existing at the time of the team's site visits from

February through June 2025. Schedulers for both direct and community care told the audit team the biggest obstacles to meeting processing standards were heavy workloads, providers' lack of availability, and the process of contacting veterans.

Workload, Staffing, and Local Process Challenges

Schedulers at all three facilities the team visited contended that scheduling delays occurred due to the high volume of consults, staff vacancies, and the many other tasks they must complete during a workday.[23] The audit team validated these responses by analyzing the volume of consult data at similar facilities and reviewing staffing vacancies at the facilities visited. The team also identified several other issues reported by facility staff as causing delays in scheduling, including implementing facility processes that do not follow VHA's timeliness standards. For example, staff at one location said the department chief must approve a consult before it can be moved to a scheduled status. Other facilities had processing goals that allowed more than seven days to receive a consult and schedule a community care appointment, which differs from VHA's consult-processing requirements.[24] Supervisors from two facilities said they begin tracking time after a clinical review of each consult instead of when the consult is received. In addition, one scheduling supervisor said schedulers have seven to 14 days to schedule appointments—which affords an additional seven-day grace period beyond the allowed standard of seven days.

At the time of this audit, VHA continued to face significant staffing challenges for schedulers in the first quarter of FY 2025, leading to potential delays and increased risk of adverse health events for veterans. Table 6 shows the scheduling staff vacancies for the three locations the audit team visited.

Table 6. Scheduling Staff Vacancies at Medical Facilities Visited

Medical facility	Direct care vacancies	Community care vacancies
Miami, FL	69 (34%)	6 (19%)
Fayetteville, NC*	10 (18%)	17 (26%)
San Antonio, TX	36 (7%)	4 (3%)

Source: Data provided by medical facility staff for the first quarter of FY 2025.
** Data provided by medical facility staff as of July 9, 2025.*

[23] Other duties include answering phones, greeting patients, canceling and rescheduling patient appointments and consults, entering no-show information, monitoring appointment requests from multiple electronic sources, participating in team meetings, and verifying providers' orders.

[24] VHA, "Consult Timeliness Standard Operating Procedure."

During site visits in FY 2025, facility leaders and scheduling supervisors told the audit team that these shortages were exacerbated by myriad factors, including budget constraints, recruitment and retention difficulties, and the increasing complexity of veteran healthcare needs.

Challenges Contacting Community Providers or Veterans

Additionally, schedulers faced challenges that were beyond their control, which also affected timeliness. For example, schedulers often struggled to coordinate with direct and community care providers and to manage veteran cancellations, which affected timeliness. Specific to community care, schedulers sometimes dealt with nonresponsive providers, which hindered their ability to get appointments scheduled. For example, a San Antonio scheduler said certain providers would confirm only one appointment per call even though the scheduler had a list of veterans referred to that provider.

In addition, some community providers require a veteran's medical records before scheduling an appointment. Schedulers told the audit team this often means a back-and-forth with providers, and once a provider is ready to offer an appointment, the scheduler may then have difficulty reaching the veteran. Example 2 shows how community provider requirements affected how long a veteran waited to receive an appointment date.

Example 2

A veteran was deemed eligible for community care and referred for a urology appointment on May 29, 2024. The community provider required a review of the veteran's medical records before contacting and scheduling the veteran for the appointment. The veteran's medical records were sent to the community provider on June 4. It was not until August 13, over two months later, that the veteran was scheduled for an appointment on September 9.

Schedulers at the three facilities the team visited said prolonged efforts to contact veterans for direct care can also delay scheduling care. For example, some veterans may have only a landline, while others who work during normal business hours may not be available to answer schedulers' calls to make an appointment. Finally, schedulers noted that some veterans will keep a scheduler on the phone for topics unrelated to scheduling an appointment, which creates a domino effect that delays scheduling remaining appointments.

Providing timely care to veterans—whether within VA or the community—is not a new challenge. Prior OIG work dating back to 2016 has found that weaknesses in community care

management processes lead to scheduling delays.[25] Contributing factors include unclear policies for coordinating care with community providers, inadequate controls to ensure managers are accountable for consult timeliness, and shortages in specialty care providers. Most recently, the OIG identified these ongoing issues in an August 2025 report related to the Dole Act.[26]

Conclusion

VHA staff did not ensure veterans received appointments within established timeliness standards. Delays occurred because the processes used by direct and community care schedulers to manage consults were not always effective. Additionally, heavy workloads, providers' availability, the process for contacting veterans, and staffing challenges all diminished consult timeliness. VA's core mission is to provide timely, high-quality care to veterans. Not meeting the timeliness standards can weaken veterans' trust in VA and increase the risk of adverse health events.

Concerns have persisted about veterans' access to health care—whether within VA or the community—and these concerns have become more focused in recent years as a result of the MISSION Act. With the ongoing transformation, VA should consider how to improve consult processing to have more assurance that veterans are receiving care when and where they need it.

Recommendations 1–2

The OIG recommended the under secretary for health address the following:

1. Conduct a strategic business evaluation of the process used by VA medical facilities' scheduling departments to determine whether alternatives could improve consult processing, scheduling efficiency, and timeliness.
2. Establish procedures to track and provide oversight of consults that schedulers have not acted on to schedule and prioritize processing of those consults when identified.

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[25] VA OIG, *Audit of Veteran Wait Time Data, Choice Access, and Consult Management in VISN 6*, Report No. 16-02618-424, March 2, 2017; VA OIG, *Audit of Veteran Wait Time Data, Choice Access, and Consult Management in VISN 15*, Report No. 17-00481-117, March 13, 2018; VA OIG, *Improvements Are Needed in the Community Care Consult Process at VISN 8 Facilities*, Report No. 18-05121-36, January 16, 2020; VA OIG, *Management and Oversight of the Electronic Wait List for Healthcare Services*, Report No. 19-09161-02, December 1, 2020; VA OIG, *Community Care Coordination Delays for a Patient with Oral Cancer at the Veterans Health Care System of the Ozarks in Fayetteville, Arkansas*, Report No. 21-02326-233, September 12, 2022; VA OIG, *Delays in Community Care Consult Processing and Scheduling at the Martinsburg VA Medical Center in West Virginia*, Report No. 23-02020-85, May 2, 2024.

[26] VA OIG, *VISN 12 Needs to Improve How It Administers the Veterans Community Care Program*, Report No. 24-01757-146, August 27, 2025.

VA Management Comments

The under secretary for health concurred with both recommendations and submitted corrective action plans to address issues identified in the report. These steps include plans to conduct a review of facility scheduling processes to ensure alignment with national workflows and standard operating procedures. VHA will also assess the use of the Integrated Scheduling System. Findings from these reviews will be integrated to standardize and streamline scheduling practices. The target completion date for this recommendation is June 2027.

The under secretary requested closure of recommendation 2, stating that procedures are in place to track and oversee unacted-upon consults, supported by national field support staff who work with VISNs to improve timeliness through regular meetings, data reviews, and targeted assistance to identify issues.

OIG Response

The OIG agrees to close recommendation 2 based on the actions taken and will close recommendation 1 when VHA provides additional evidence that actions have fully addressed the identified issues. The full text of the under secretary for health's comments can be found in appendix D.

Appendix A: Scope and Methodology

Scope

The VA Office of Inspector General (OIG) audit team conducted its work from January 2025 through March 2026. The scope of the audit included direct and community care consults with a completed appointment from October 1 through December 31, 2024—the first quarter of fiscal year (FY) 2025. Table A.1 details the number of consults within the audit period and the number meeting the team's testing criteria.

Table A.1. Scope of Community Care and VA Consults and Appointments

Scope of analysis	VA consults	Community care consults
National total	1,950,764	1,723,228
Amount that met testing criteria	1,134,074	1,130,459

Source: Data obtained from the Veterans Health Administration (VHA)'s Corporate Data Warehouse through VA's Integrated Care Workspace for consults with completed appointment dates from October 1 through December 31, 2024.

Methodology

To address the audit objective, the team completed the following:

- Obtained direct and community care consult data and applied exclusion criteria to create a testing population (see appendix B for more on the exclusion criteria)
- Tested the data to determine whether VHA provided timely care to veterans
- Interviewed Office of Integrated Veteran Care (IVC), Veterans Integrated Service Network (VISN), and VA medical facility leaders and staff involved with implementing the Community Care Program—including clinical and administrative referral coordination team members, community care staff, and medical support assistants
- Visited three judgmentally selected medical facilities: the Miami Health Care System in Florida, the Fayetteville Health Care System in North Carolina, and the VA South Texas Health Care System in Texas
- Reviewed veterans' medical records for direct and community care consults used to answer the objective

Internal Controls

The team assessed controls relevant to the audit's objective. This included an assessment of the internal control components: control environment, risk assessment, control activities, information and communication, and monitoring components.[27] In addition, the team reviewed the principles of internal controls associated with the objective. The team identified internal control weaknesses during this audit and proposed recommendations to address those listed in table A.2.[28]

Table A.2. VA OIG Analysis of Internal Control Components and Principles Identified as Significant

Component	Principle	Deficiency identified by this audit
Control environment	2. The oversight body should oversee the entity's internal control system.	Staffing challenges and funding constraints contributed to schedulers not always meeting VHA's timeliness standards when processing direct and community care consults.
Risk assessment	6. Management should define objectives clearly to enable the identification of risks and define risk tolerance.	Schedulers sometimes established timeliness goals that did not align with standards established by VHA.
	7. Management should identify, analyze, and respond to risks related to achieving the defined objectives.	Prior OIG and Government Accountability Office reports reflect open recommendations related to consult management timeliness.
Monitoring	16. Management should establish and operate monitoring activities to monitor the internal control system and evaluate results.	Schedulers did not always use the Consult Tracking Manager to prioritize consults.

Source: VA OIG analysis of internal control components and principles. The principles listed are consistent with the Government Accountability Office's Standards for Internal Control in the Federal Government.

Data Reliability

The audit team relied on computer-processed data to support the finding, conclusion, and recommendations of this audit. The team used electronic data retrieved from VHA's Corporate Data Warehouse and Palantir (a web application that allows for real-time access to data across systems), specifically with the Integrated Care Workspace, to evaluate direct and community

[27] Government Accountability Office, *Standards for Internal Control in the Federal Government*, GAO-14-704G, September 2014.

[28] Because the audit was limited to the internal control components and underlying principles identified, it may not have disclosed all internal control deficiencies that may have existed at the time of this audit.

care consults. The team evaluated the completeness and accuracy of the data from these systems by checking for missing or duplicate entries and text and the accuracy of number formats. The team then tested consult records' data entries against source consult documentation in Veterans Health Information System Technology Architecture electronic medical records. Using the results of this assessment, the team determined the electronic data the team relied on were complete, accurate, and relevant for supporting the audit objective and results.

Government Standards

The OIG conducted this performance audit in accordance with generally accepted government auditing standards.[29] Those standards require that the OIG plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for the findings and conclusions based on audit objectives. The OIG believes the evidence obtained provides a reasonable basis for the findings and conclusions based on the audit objectives.

[29] Government Accountability Office, *Government Auditing Standards 2024 Revision*, GAO-24-106786, February 2024.

Appendix B: Identification of Testing Population

Specific to the audit objective, the team determined whether veterans received direct or community care within established timeliness standards. For all direct and community care consults, the team calculated how quickly staff moved the consults through the stages of completion (pending, active, schedule, and appointment date).

To assess whether staff provided timely care, the team implemented several testing criteria to ensure the analysis represented a fair comparison of direct and community care services. For example, the team removed consults for services that were administrative in nature or offered only by VA or within the community.[30] Additionally, the team removed consults for each service type that had fewer than 500 consults and excluded the exempted consults outlined in Veterans Health Administration guidance.

The team analyzed data on all consults meeting the criteria for testing to identify exceptions. The team classified an exception as any consult that exceeded processing-time standards.

[30] An example of care provided only at the VA is geriatrics and extended care, while an example of care available only in the community is maternity services.

Appendix C: VHA's Consult Timeliness by VISN: Direct Care vs. Community Care

This appendix contains 18 subsections with timeliness data for direct and community care—one subsection for each Veterans Integrated Service Network (VISN), which are regional networks that manage day-to-day functions of medical centers.[31] Each VISN subsection contains five tables:

- Number of direct and community care consults not meeting the appointment timeliness standard by care type
- Number of direct and community care consults that did not meet timeliness standards
- Top five services not meeting the appointment timeliness standard
- Medical facility noncompliance with direct care timeliness standards
- Medical facility noncompliance with community care timeliness standards

[31] "Veterans Integrated Service Networks (VISNs)" (web page), VHA, accessed March 13, 2026, https://www.va.gov/HEALTH/visns.asp.

VISN 1—VA New England Healthcare System

Table C.1. Number of Direct and Community Care Consults Not Meeting the Appointment Timeliness Standard by Care Type

Type of care	Met standard	Did not meet standard
Direct care—mental health and primary care	2,855	4,437
Direct care—specialty care	19,636	21,606
Community care—all care	16,377	14,855

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from the Veterans Health Administration's (VHA) Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.2. Number of Direct and Community Care Consults That Did Not Meet Timeliness Standards

Standard	Direct care	Community care
Active	7,716	9,238
Scheduled	23,702	18,701
Appointment	26,043	14,855

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.3. Top Five Services Not Meeting the Appointment Timeliness Standard

Direct care	Community care
Psychological testing	Gastrointestinal endoscopy
Neurology	Podiatry
Physical medicine and rehabilitation services physician	Neurology
Sleep medicine	Mammogram
Dermatology	Pain clinic

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.4. VISN 1 Medical Facility Noncompliance with Direct Care Timeliness Standards

Medical facility	Direct care consults	Active (percentage)	Scheduled (percentage)	Appointment (percentage)
Bedford, MA	2,107	252 (12%)	1,363 (65%)	1,058 (50%)
Boston, MA	14,181	2,212 (16%)	7,093 (50%)	7,590 (54%)
Central Western Massachusetts	2,582	420 (16%)	1,024 (40%)	1,381 (53%)
Connecticut	9,430	1,423 (15%)	4,693 (50%)	4,711 (50%)
Manchester, NH	4,978	518 (10%)	1,786 (36%)	2,966 (60%)
Providence, RI	5,773	862 (15%)	2,123 (37%)	2,797 (48%)
Togus, ME	4,987	1,453 (29%)	3,083 (62%)	3,129 (63%)
White River Junction, VT	4,496	576 (13%)	2,537 (56%)	2,411 (54%)
Total	**48,534**	**7,716 (16%)**	**23,702 (49%)**	**26,043 (54%)**

Source: Data obtained on consults with an appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.5. VISN 1 Medical Facility Noncompliance with Community Care Timeliness Standards

Medical facility	Community care consults	Active (percentage)	Scheduled (percentage)	Appointment (percentage)
Bedford, MA	560	112 (20%)	35 (6%)	301 (54%)
Boston, MA	480	139 (29%)	200 (42%)	212 (44%)
Central Western Massachusetts	4,643	566 (12%)	2,829 (61%)	2,350 (51%)
Connecticut	2,147	333 (16%)	1,068 (50%)	1,139 (53%)
Manchester, NH	6,688	1,309 (20%)	2,725 (41%)	2,628 (39%)
Providence, RI	1,246	278 (22%)	338 (27%)	476 (38%)
Togus, ME	11,261	5,121 (45%)	9,185 (82%)	5,880 (52%)
White River Junction, VT	4,207	1,380 (33%)	2,321 (55%)	1,869 (44%)
Total	**31,232**	**9,238 (30%)**	**18,701 (60%)**	**14,855 (48%)**

Source: Data obtained on consults with an appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

VISN 2—New York/New Jersey VA Health Care Network

Table C.6. Number of Direct and Community Care Consults Not Meeting the Appointment Timeliness Standard by Care Type

Type of care	Met standard	Did not meet standard
Direct care—mental health and primary care	2,071	3,166
Direct care—specialty care	28,202	20,213
Community care—all care	9,876	10,629

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.7. Number of Direct and Community Care Consults That Did Not Meet Timeliness Standards

Standard	Direct care	Community care
Active	6,547	2,949
Scheduled	25,089	12,694
Appointment	23,379	10,629

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.8. Top Five Services Not Meeting the Appointment Timeliness Standard

Direct care	Community care
Mental health clinic, individual	Gastroenterology
Chiropractic care	Neurosurgery
Sleep study	Dermatology
Neurology	Urology clinic
Complementary and integrative health treatment	Ophthalmology

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.9. VISN 2 Medical Facility Noncompliance with Direct Care Timeliness Standards

Medical facility	Direct care consults	Active (percentage)	Scheduled (percentage)	Appointment (percentage)
Albany, NY	3,378	669 (20%)	2,026 (60%)	1,702 (50%)
Bronx, NY	4,263	370 (9%)	1,203 (28%)	1,534 (36%)
Finger Lakes, NY	4,263	325 (8%)	1,379 (32%)	1,665 (39%)
Hudson Valley, NY	3,615	497 (14%)	1,172 (32%)	1,392 (39%)
New Jersey	11,103	1,470 (13%)	6,210 (56%)	6,125 (55%)
New York Harbor	9,003	1,172 (13%)	3,554 (39%)	3,483 (39%)
Northport, NY	4,560	434 (10%)	2,935 (64%)	1,837 (40%)
Syracuse, NY	5,803	706 (12%)	3,195 (55%)	2,547 (44%)
Western New York	7,664	904 (12%)	3,415 (45%)	3,094 (40%)
Total	**53,652**	**6,547 (12%)**	**25,089 (47%)**	**23,379 (44%)**

Source: Data obtained on consults with an appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.10. VISN 2 Medical Facility Noncompliance with Community Care Timeliness Standards

Medical facility	Community care consults	Active (percentage)	Scheduled (percentage)	Appointment (percentage)
Albany, NY	3,478	903 (26%)	2,042 (59%)	1,704 (49%)
Bronx, NY	94	3 (3%)	16 (17%)	33 (35%)
Finger Lakes, NY	4,139	399 (10%)	1,642 (40%)	2,020 (49%)
Hudson Valley, NY	1,146	170 (15%)	808 (71%)	584 (51%)
New Jersey	2,303	615 (27%)	1,449 (63%)	1,274 (55%)
New York Harbor	657	86 (13%)	355 (54%)	273 (42%)
Northport, NY	1,608	51 (3%)	859 (53%)	594 (37%)
Syracuse, NY	5,716	514 (9%)	4,570 (80%)	3,397 (59%)
Western New York	1,364	208 (15%)	953 (70%)	750 (55%)
Total	**20,505**	**2,949 (14%)**	**12,694 (62%)**	**10,629 (52%)**

Source: Data obtained on consults with an appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

VISN 4—VA Health Care

Table C.11. Number of Direct and Community Care Consults Not Meeting the Appointment Timeliness Standard by Care Type

Type of care	Met standard	Did not meet standard
Direct care—mental health and primary care	2,438	2,059
Direct care—specialty care	27,706	19,785
Community care—all care	18,829	15,089

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.12. Number of Direct and Community Care Consults That Did Not Meet Timeliness Standards

Standard	Direct care	Community care
Active	4,433	3,476
Scheduled	19,820	15,528
Appointment	21,844	15,089

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.13. Top Five Services Not Meeting the Appointment Timeliness Standard

Direct care	Community care
Neurology	Gastrointestinal endoscopy
Dermatology	Gastroenterology
Electromyogram	Neurology
Sleep medicine	Dermatology
Gastroenterology	Pulmonary/chest

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.14. VISN 4 Medical Facility Noncompliance with Direct Care Timeliness Standards

Medical facility	Direct care consults	Active (percentage)	Scheduled (percentage)	Appointment (percentage)
Altoona, PA	6,130	304 (5%)	2,016 (33%)	1,926 (31%)
Butler, PA	2,349	162 (7%)	443 (19%)	871 (37%)
Coatesville, PA	1,579	177 (11%)	594 (38%)	556 (35%)
Erie, PA	3,694	332 (9%)	1,705 (46%)	1,248 (34%)
Lebanon, PA	8,334	700 (8%)	1,907 (23%)	3,299 (40%)
Philadelphia, PA	7,643	823 (11%)	4,919 (64%)	4,432 (58%)
Pittsburgh, PA	11,903	1,051 (9%)	5,111 (43%)	4,800 (40%)
Wilkes-Barre, PA	4,815	423 (9%)	1,324 (28%)	2,010 (42%)
Wilmington, DE	5,541	461 (8%)	1,801 (33%)	2,702 (49%)
Total	**51,988**	**4,433 (9%)**	**19,820 (38%)**	**21,844 (42%)**

Source: Data obtained on consults with an appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.15. VISN 4 Medical Facility Noncompliance with Community Care Timeliness Standards

Medical facility	Community care consults	Active (percentage)	Scheduled (percentage)	Appointment (percentage)
Altoona, PA	4,726	373 (8%)	2,232 (47%)	2,078 (44%)
Butler, PA	3,124	419 (13%)	461 (15%)	1,127 (36%)
Coatesville, PA	505	129 (26%)	261 (52%)	255 (50%)
Erie, PA	5,135	210 (4%)	2,378 (46%)	2,497 (49%)
Lebanon, PA	5,453	401 (7%)	2,225 (41%)	2,363 (43%)
Philadelphia, PA	2,018	178 (9%)	656 (33%)	909 (45%)
Pittsburgh, PA	2,512	323 (13%)	1,164 (46%)	1,255 (50%)
Wilkes-Barre, PA	5,749	877 (15%)	3,329 (58%)	2,172 (38%)
Wilmington, DE	4,696	566 (12%)	2,822 (60%)	2,433 (52%)
Total	**33,918**	**3,476 (10%)**	**15,528 (46%)**	**15,089 (44%)**

Source: Data obtained on consults with an appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

VISN 5—VA Capitol Health Care Network

Table C.16. Number of Direct and Community Care Consults Not Meeting the Appointment Timeliness Standard by Care Type

Type of care	Met standard	Did not meet standard
Direct care—mental health and primary care	837	2,649
Direct care—specialty care	15,707	16,498
Community care—all care	16,720	19,692

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.17. Number of Direct and Community Care Consults That Did Not Meet Timeliness Standards

Standard	Direct care	Community care
Active	7,055	9,623
Scheduled	20,372	25,233
Appointment	19,147	19,692

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.18. Top Five Services Not Meeting the Appointment Timeliness Standard

Direct care	Community care
Neurology	Otolaryngology ear nose throat
Mental health clinic, individual	Neurology
Endocrinology	Optometry
Dermatology	Neurosurgery
Sleep medicine	Gastroenterology

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.19. VISN 5 Medical Facility Noncompliance with Direct Care Timeliness Standards

Medical facility	Direct care consults	Active (percentage)	Scheduled (percentage)	Appointment (percentage)
Baltimore, MD	10,665	2,555 (24%)	8,220 (77%)	7,454 (70%)
Beckley, WV	2,429	1,039 (43%)	1,194 (49%)	751 (31%)
Clarksburg, WV	3,332	507 (15%)	1,903 (57%)	1,429 (43%)
Huntington, WV	4,057	1,122 (28%)	1,728 (43%)	1,414 (35%)
Martinsburg, WV	5,474	697 (13%)	2,265 (41%)	2,722 (50%)
Washington, DC	9,734	1,135 (12%)	5,062 (52%)	5,377 (55%)
Total	**35,691**	**7,055 (20%)**	**20,372 (57%)**	**19,147 (54%)**

Source: Data obtained on consults with an appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.20. VISN 5 Medical Facility Noncompliance with Community Care Timeliness Standards

Medical facility	Community care consults	Active (percentage)	Scheduled (percentage)	Appointment (percentage)
Baltimore, MD	8,585	2,052 (24%)	5,981 (70%)	4,903 (57%)
Beckley, WV	4,554	1,962 (43%)	3,244 (71%)	2,422 (53%)
Clarksburg, WV	2,912	524 (18%)	1,619 (56%)	1,417 (49%)
Huntington, WV	8,074	2,072 (26%)	5,154 (64%)	4,383 (54%)
Martinsburg, WV	5,440	971 (18%)	3,522 (65%)	2,877 (53%)
Washington, DC	6,847	2,042 (30%)	5,713 (83%)	3,690 (54%)
Total	**36,412**	**9,623 (26%)**	**25,233 (69%)**	**19,692 (54%)**

Source: Data obtained on consults with an appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

VISN 6—VA Mid-Atlantic Health Care Network

Table C.21. Number of Direct and Community Care Consults Not Meeting the Appointment Timeliness Standard by Care Type

Type of care	Met standard	Did not meet standard
Direct care—mental health and primary care	3,847	7,502
Direct care—specialty care	29,423	29,328
Community care—all care	34,344	41,208

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.22. Number of Direct and Community Care Consults That Did Not Meet Timeliness Standards

Standard	Direct care	Community care
Active	11,323	20,499
Scheduled	31,551	43,591
Appointment	36,830	41,208

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.23. Top Five Services Not Meeting the Appointment Timeliness Standard

Direct care	Community care
Sleep study	Rheumatology/arthritis
Chiropractic care	Gastrointestinal endoscopy
Physical medicine and rehabilitation services physician	Neurology
PTSD outpatient specialty and residential programs, individual	Optometry
Pain clinic	Gastroenterology

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.24. VISN 6 Medical Facility Noncompliance with Direct Care Timeliness Standards

Medical facility	Direct care consults	Active (percentage)	Scheduled (percentage)	Appointment (percentage)
Asheville, NC	5,941	652 (11%)	1,850 (31%)	2,597 (44%)
Durham, NC	13,683	1,856 (14%)	6,902 (50%)	7,290 (53%)
Fayetteville, NC	9,372	1,786 (19%)	4,054 (43%)	3,646 (39%)
Hampton, VA	9,856	2,353 (24%)	5,302 (54%)	6,323 (64%)
Richmond, VA	10,742	2,047 (19%)	7,012 (65%)	5,909 (55%)
Salem, VA	1,061	117 (11%)	402 (38%)	395 (37%)
Salisbury, NC	19,445	2,512 (13%)	6,029 (31%)	10,670 (55%)
Total	**70,100**	**11,323 (16%)**	**31,551 (45%)**	**36,830 (53%)**

Source: Data obtained on consults with an appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.25. VISN 6 Medical Facility Noncompliance with Community Care Timeliness Standards

Medical facility	Community care consults	Active (percentage)	Scheduled (percentage)	Appointment (percentage)
Asheville, NC	6,363	990 (16%)	3,918 (62%)	3,598 (57%)
Durham, NC	10,432	2,010 (19%)	4,810 (46%)	6,983 (67%)
Fayetteville, NC	19,626	4,926 (25%)	15,487 (79%)	12,695 (65%)
Hampton, VA	12,153	2,289 (19%)	4,924 (41%)	6,965 (57%)
Richmond, VA	9,412	1,887 (20%)	1,570 (17%)	4,064 (43%)
Salem, VA	1,977	283 (14%)	814 (41%)	624 (32%)
Salisbury, NC	15,589	8,114 (52%)	12,068 (77%)	6,279 (40%)
Total	**75,552**	**20,499 (27%)**	**43,591 (58%)**	**41,208 (55%)**

Source: Data obtained on consults with an appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

VISN 7—VA Southeast Network

Table C.26. Number of Direct and Community Care Consults Not Meeting the Appointment Timeliness Standard by Care Type

Type of care	Met standard	Did not meet standard
Direct care—mental health and primary care	4,309	6,921
Direct care—specialty care	28,907	31,666
Community care—all care	32,034	55,245

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.27. Number of Direct and Community Care Consults That Did Not Meet Timeliness Standards

Standard	Direct care	Community care
Active	8,426	10,280
Scheduled	30,363	63,112
Appointment	38,587	55,245

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.28. Top Five Services Not Meeting the Appointment Timeliness Standard

Direct care	Community care
Sleep study	Sleep study
Electromyogram	Sleep medicine
Neurology	Neurology
Mental health clinic, individual	Gynecology
Sleep medicine	Gastrointestinal endoscopy

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.29. VISN 7 Medical Facility Noncompliance with Direct Care Timeliness Standards

Medical facility	Direct care consults	Active (percentage)	Scheduled (percentage)	Appointment (percentage)
Atlanta, GA	15,453	1,562 (10%)	5,448 (35%)	9,627 (62%)
Augusta, GA	8,298	1,170 (14%)	6,416 (77%)	5,821 (70%)
Birmingham, AL	10,530	1,532 (15%)	4,101 (39%)	5,523 (52%)
Central Alabama	4,287	617 (14%)	1,541 (36%)	2,268 (53%)
Charleston, SC	17,183	2,232 (13%)	8,069 (47%)	8,816 (51%)
Columbia, SC	10,622	680 (6%)	3,052 (29%)	4,531 (43%)
Dublin, GA	3,757	521 (14%)	1,398 (37%)	1,564 (42%)
Tuscaloosa, AL	1,673	112 (7%)	338 (20%)	437 (26%)
Total	**71,803**	**8,426 (12%)**	**30,363 (42%)**	**38,587 (54%)**

Source: Data obtained on consults with an appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.30. VISN 7 Medical Facility Noncompliance with Community Care Timeliness Standards

Medical facility	Community care consults	Active (percentage)	Scheduled (percentage)	Appointment (percentage)
Atlanta, GA	15,952	2,363 (15%)	13,930 (87%)	11,697 (73%)
Augusta, GA	7,063	750 (11%)	5,680 (80%)	5,034 (71%)
Birmingham, AL	10,751	753 (7%)	8,346 (78%)	6,336 (59%)
Central Alabama	14,224	2,070 (15%)	6,452 (45%)	9,253 (65%)
Charleston, SC	16,346	821 (5%)	10,959 (67%)	8,319 (51%)
Columbia, SC	14,041	1,570 (11%)	11,510 (82%)	9,444 (67%)
Dublin, GA	5,867	1,620 (28%)	5,154 (88%)	4,284 (73%)
Tuscaloosa, AL	3,035	333 (11%)	1,081 (36%)	878 (29%)
Total	**87,279**	**10,280 (12%)**	**63,112 (72%)**	**55,245 (63%)**

Source: Data obtained on consults with an appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

VISN 8—VA Sunshine Healthcare Network

Table C.31. Number of Direct and Community Care Consults Not Meeting the Appointment Timeliness Standard by Care Type

Type of care	Met standard	Did not meet standard
Direct care—mental health and primary care	4,153	7,488
Direct care—specialty care	47,777	49,216
Community care—all care	36,854	41,053

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.32. Number of Direct and Community Care Consults That Did Not Meet Timeliness Standards

Standard	Direct care	Community care
Active	17,757	27,468
Scheduled	55,308	43,978
Appointment	56,704	41,053

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.33. Top Five Services Not Meeting the Appointment Timeliness Standard

Direct care	Community care
Electromyogram	Neurosurgery
Urology	Gastroenterology
Neurosurgery	Sleep medicine
Psychological testing	Neurology
PTSD outpatient specialty and residential programs, individual	Gastrointestinal endoscopy

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.34. VISN 8 Medical Facility Noncompliance with Direct Care Timeliness Standards

Medical facility	Direct care consults	Active (percentage)	Scheduled (percentage)	Appointment (percentage)
Bay Pines, FL	14,505	1,627 (11%)	7,241 (50%)	7,300 (50%)
Gainesville, FL	21,362	4,556 (21%)	11,155 (52%)	12,073 (57%)
Miami, FL	11,743	1,870 (16%)	6,076 (52%)	6,383 (54%)
Orlando, FL	16,088	2,576 (16%)	8,318 (52%)	8,334 (52%)
San Juan, PR	12,230	2,122 (17%)	5,163 (42%)	7,144 (58%)
Tampa, FL	19,899	3,754 (19%)	11,941 (60%)	9,238 (46%)
West Palm Beach, FL	12,807	1,252 (10%)	5,414 (42%)	6,232 (49%)
Total	**108,634**	**17,757 (16%)**	**55,308 (51%)**	**56,704 (52%)**

Source: Data obtained on consults with an appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.35. VISN 8 Medical Facility Noncompliance with Community Care Timeliness Standards

Medical facility	Community care consults	Active (percentage)	Scheduled (percentage)	Appointment (percentage)
Bay Pines, FL	13,795	3,257 (24%)	9,291 (67%)	6,290 (46%)
Gainesville, FL	24,222	16,751 (69%)	7,263 (30%)	14,783 (61%)
Miami, FL	1,960	157 (8%)	1,673 (85%)	963 (49%)
Orlando, FL	15,206	3,335 (22%)	12,457 (82%)	9,785 (64%)
San Juan, PR	5,465	1,526 (28%)	2,864 (52%)	2,042 (37%)
Tampa, FL	10,983	1,701 (15%)	7,383 (67%)	4,793 (44%)
West Palm Beach, FL	6,276	741 (12%)	3,047 (49%)	2,397 (38%)
Total	**77,907**	**27,468 (35%)**	**43,978 (56%)**	**41,053 (53%)**

Source: Data obtained on consults with an appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

VISN 9—VA MidSouth Healthcare Network

Table C.36. Number of Direct and Community Care Consults Not Meeting the Appointment Timeliness Standard by Care Type

Type of care	Met standard	Did not meet standard
Direct care—mental health and primary care	1,542	4,205
Direct care—specialty care	21,954	17,517
Community care—all care	26,573	24,807

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.37. Number of Direct and Community Care Consults That Did Not Meet Timeliness Standards

Standard	Direct care	Community care
Active	7,059	9,142
Scheduled	17,870	34,616
Appointment	21,722	24,807

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.38. Top Five Services Not Meeting the Appointment Timeliness Standard

Direct care	Community care
Mental health clinic, individual	Gastrointestinal endoscopy
PTSD outpatient specialty and residential programs, individual	Assisted hemodialysis
Primary care/medicine	Neurosurgery
Electromyogram	Neurology
Physical therapy	Gastroenterology

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.39. VISN 9 Medical Facility Noncompliance with Direct Care Timeliness Standards

Medical facility	Direct care consults	Active (percentage)	Scheduled (percentage)	Appointment (percentage)
Lexington, KY	7,890	1,924 (24%)	4,207 (53%)	4,184 (53%)
Louisville, KY	9,143	1,177 (13%)	2,580 (28%)	3,663 (40%)
Memphis, TN	9,188	1,240 (14%)	4,078 (44%)	3,807 (41%)
Middle Tennessee	11,703	1,675 (14%)	3,715 (32%)	6,213 (53%)
Mountain Home, TN	7,294	1,043 (14%)	3,290 (45%)	3,855 (53%)
Total	**45,218**	**7,059 (16%)**	**17,870 (40%)**	**21,722 (48%)**

Source: Data obtained on consults with an appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.40. VISN 9 Medical Facility Noncompliance with Community Care Timeliness Standards

Medical facility	Community care consults	Active (percentage)	Scheduled (percentage)	Appointment (percentage)
Lexington, KY	4,283	1,290 (30%)	2,125 (50%)	1,587 (37%)
Louisville, KY	5,859	1,338 (23%)	4,015 (69%)	2,676 (46%)
Memphis, TN	8,934	2,270 (25%)	5,569 (62%)	4,210 (47%)
Middle Tennessee	23,405	2,818 (12%)	17,476 (75%)	12,245 (52%)
Mountain Home, TN	8,899	1,426 (16%)	5,431 (61%)	4,089 (46%)
Total	**51,380**	**9,142 (18%)**	**34,616 (67%)**	**24,807 (48%)**

Source: Data obtained on consults with an appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

VISN 10—VA Healthcare System

Table C.41. Number of Direct and Community Care Consults Not Meeting the Appointment Timeliness Standard by Care Type

Type of care	Met standard	Did not meet standard
Direct care—mental health and primary care	8,222	9,096
Direct care—specialty care	44,276	37,650
Community care—all care	38,071	29,928

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.42. Number of Direct and Community Care Consults That Did Not Meet Timeliness Standards

Standard	Direct care	Community care
Active	11,008	19,881
Scheduled	35,968	41,272
Appointment	46,746	29,928

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.43. Top Five Services Not Meeting the Appointment Timeliness Standard

Direct care	Community care
Psychological testing	Gastrointestinal endoscopy
PTSD specialty and residential programs, individual	Endocrinology
Neurology	Neurology
Sleep study	Sleep medicine
Ophthalmology	Renal/nephrol (except dialysis)

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.44. VISN 10 Medical Facility Noncompliance with Direct Care Timeliness Standards

Medical facility	Direct care consults	Active (percentage)	Scheduled (percentage)	Appointment (percentage)
Ann Arbor, MI	9,128	1,459 (16%)	4,524 (50%)	5,968 (65%)
Battle Creek, MI	4,758	968 (20%)	2,115 (44%)	2,389 (50%)
Chillicothe, OH	5,192	731 (14%)	1,242 (24%)	1,638 (32%)
Cincinnati, OH	8,723	1,072 (12%)	3,529 (40%)	3,860 (44%)
Cleveland, OH	29,473	2,582 (9%)	8,547 (29%)	13,640 (46%)
Dayton, OH	8,871	950 (11%)	3,095 (35%)	3,510 (40%)
Detroit, MI	9,983	720 (7%)	3,336 (33%)	4,717 (47%)
Indianapolis, IN	12,484	1,450 (12%)	5,132 (41%)	6,040 (48%)
Northern Indiana	6,603	489 (7%)	2,577 (39%)	3, 374 (51%)
Saginaw, MI	4,029	587 (15%)	1,871 (46%)	1,610 (40%)
Total	**99,244**	**11,008 (11%)**	**35,968 (36%)**	**46,746 (47%)**

Source: Data obtained on consults with an appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.45. VISN 10 Medical Facility Noncompliance with Community Care Timeliness Standards

Medical facility	Community care consults	Active (percentage)	Scheduled (percentage)	Appointment (percentage)
Ann Arbor, MI	2,881	716 (25%)	1,677 (58%)	1,496 (52%)
Battle Creek, MI	11,696	3,134 (27%)	7,986 (68%)	5,390 (46%)
Chillicothe, OH	7,296	1,908 (26%)	3,830 (52%)	2,435 (33%)
Cincinnati, OH	2,590	439 (17%)	1,431 (55%)	994 (38%)
Cleveland, OH	6,226	2,842 (46%)	4,334 (70%)	2,845 (46%)
Dayton, OH	6,771	2,877 (42%)	3,039 (45%)	2,812 (42%)
Detroit, MI	1,961	186 (9%)	1,233 (63%)	976 (50%)
Indianapolis, IN	5,046	692 (14%)	2,856 (57%)	2,343 (46%)
Northern Indiana	11,387	2,545 (22%)	7,472 (66%)	5,388 (47%)
Saginaw, MI	12,145	4,542 (37%)	7,414 (61%)	5,249 (43%)
Total	**67,999**	**19,881 (29%)**	**41,272 (61%)**	**29,928 (44%)**

Source: Data obtained on consults with an appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

VISN 12—VA Great Lakes Health Care System

Table C.46. Number of Direct and Community Care Consults Not Meeting the Appointment Timeliness Standard by Care Type

Type of care	Met standard	Did not meet standard
Direct care—mental health and primary care	1,981	2,596
Direct care—specialty care	22,622	17,814
Community care—all care	24,411	17,429

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.47. Number of Direct and Community Care Consults That Did Not Meet Timeliness Standards

Standard	Direct care	Community care
Active	5,465	7,352
Scheduled	19,065	18,873
Appointment	20,410	17,429

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.48. Top Five Services Not Meeting the Appointment Timeliness Standard

Direct care	Community care
Neurology	Neurology
Gastrointestinal endoscopy	Mammogram
Dermatology	Gastroenterology
Chiropractic care	Gastrointestinal endoscopy
Complementary and integrative health treatment	Dermatology

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.49. VISN 12 Medical Facility Noncompliance with Direct Care Timeliness Standards

Medical facility	Direct care consults	Active (percentage)	Scheduled (percentage)	Appointment (percentage)
Chicago, IL	9,164	1,346 (15%)	4,051 (44%)	4,396 (48%)
Danville, IL	2,570	325 (13%)	928 (36%)	1,039 (40%)
Hines, IL	9,814	843 (9%)	4,856 (49%)	4,716 (48%)
Iron Mountain, MI	1,575	185 (12%)	534 (34%)	737 (47%)
Madison, WI	7,598	880 (12%)	3,857 (51%)	3,899 (51%)
Milwaukee, WI	12,045	1,674 (14%)	4,040 (34%)	4,729 (39%)
North Chicago, IL	1	0 (0%)	0 (0%)	1 (100%)
Tomah, WI	2,246	212 (9%)	799 (36%)	893 (40%)
Total	**45,013**	**5,465 (12%)**	**19,065 (42%)**	**20,410 (45%)**

Source: Data obtained on consults with an appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.50. VISN 12 Medical Facility Noncompliance with Community Care Timeliness Standards

Medical facility	Community care consults	Active (percentage)	Scheduled (percentage)	Appointment (percentage)
Chicago, IL	1,961	445 (23%)	1,217 (62%)	1,136 (58%)
Danville, IL	9,783	2,291 (23%)	4,297 (44%)	3,910 (40%)
Hines, IL	1,992	439 (22%)	1,334 (67%)	912 (46%)
Iron Mountain, MI	9,826	466 (5%)	5,067 (52%)	3,398 (35%)
Madison, WI	4,347	904 (21%)	2,046 (47%)	1,772 (41%)
Milwaukee, WI	7,020	1,168 (17%)	3,826 (55%)	3,534 (50%)
Tomah, WI	6,911	1,639 (24%)	1,086 (16%)	2,767 (40%)
Total	**41,840**	**7,352 (18%)**	**18,873 (45%)**	**17,429 (42%)**

Source: Data obtained on consults with an appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

VISN 15—VA Heartland Network

Table C.51. Number of Direct and Community Care Consults Not Meeting the Appointment Timeliness Standard by Care Type

Type of care	Met standard	Did not meet standard
Direct care—mental health and primary care	2,186	3,082
Direct care—specialty care	24,034	17,221
Community care—all care	35,115	22,340

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.52. Number of Direct and Community Care Consults That Did Not Meet Timeliness Standards

Standard	Direct care	Community care
Active	4,837	8,973
Scheduled	16,097	30,103
Appointment	20,303	22,340

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.53. Top Five Services Not Meeting the Appointment Timeliness Standard

Direct care	Community care
Mental health clinic, individual	Sleep medicine
Chiropractic care	Neurology
Neurology	Endocrinology
Optometry	Gastrointestinal endoscopy
Dermatology	Sleep study

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.54. VISN 15 Medical Facility Noncompliance with Direct Care Timeliness Standards

Medical facility	Direct care consults	Active (percentage)	Scheduled (percentage)	Appointment (percentage)
Columbia, MO	7,408	1,022 (14%)	3,134 (42%)	3,656 (49%)
Eastern Kansas	6,714	633 (9%)	2,756 (41%)	2,488 (37%)
Kansas City, MO	8,012	702 (9%)	3,681 (46%)	4,294 (54%)
Marion, IL	5,802	436 (8%)	1,160 (20%)	1,854 (32%)
Poplar Bluff, MO	2,459	85 (3%)	456 (19%)	921 (37%)
St. Louis, MO	11,230	1,301 (12%)	3,154 (28%)	5,349 (48%)
Wichita, KS	4,898	658 (13%)	1,756 (36%)	1,741 (36%)
Total	**46,523**	**4,837 (10%)**	**5,049 (11%)**	**16,097 (35%)**

Source: Data obtained on consults with an appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.55. VISN 15 Medical Facility Noncompliance with Community Care Timeliness Standards

Medical facility	Community care consults	Active (percentage)	Scheduled (percentage)	Appointment (percentage)
Columbia, MO	10,414	766 (7%)	3,929 (38%)	3,473 (33%)
Eastern Kansas	9,518	2,149 (23%)	5,067 (53%)	3,938 (41%)
Kansas City, MO	5,484	595 (11%)	3,559 (65%)	2,092 (38%)
Marion, IL	11,625	2,079 (18%)	6,153 (53%)	4,353 (37%)
Poplar Bluff, MO	8,558	1,570 (18%)	4,459 (52%)	3,503 (41%)
St. Louis, MO	3,633	571 (16%)	2,679 (74%)	2,131 (59%)
Wichita, KS	8,223	1,243 (15%)	4,257 (52%)	2,850 (35%)
Total	**57,455**	**8,973 (16%)**	**30,103 (52%)**	**22,340 (39%)**

Source: Data obtained on consults with an appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

VISN 16—South Central VA Health Care Network

Table C.56. Number of Direct and Community Care Consults Not Meeting the Appointment Timeliness Standard by Care Type

Type of care	Met standard	Did not meet standard
Direct care—mental health and primary care	3,363	8,732
Direct care—specialty care	29,071	27,856
Community care—all care	60,361	45,205

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.57. Number of Direct and Community Care Consults That Did Not Meet Timeliness Standards

Standard	Direct care	Community care
Active	8,323	14,170
Scheduled	32,585	67,320
Appointment	36,588	45,205

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.58. Top Five Services Not Meeting the Appointment Timeliness Standard

Direct care	Community care
Electromyogram	Endocrinology
Gastroenterology	Neurology
Mental health clinic, individual	Sleep study
Gynecology	Electromyogram
PTSD outpatient specialty and residential programs, individual	Rheumatology/arthritis

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.59. VISN 16 Medical Facility Noncompliance with Direct Care Timeliness Standards

Medical facility	Direct care consults	Active (percentage)	Scheduled (percentage)	Appointment (percentage)
Alexandria, LA	2,867	241 (8%)	971 (34%)	1,285 (45%)
Fayetteville, AR	8,197	653 (8%)	2,664 (32%)	3,608 (44%)
Gulf Coast, MS	7,070	569 (8%)	2,725 (39%)	4,205 (59%)
Houston, TX	20,527	4,315 (21%)	12,220 (60%)	12,296 (60%)
Jackson, MS	5,996	461 (8%)	2,670 (45%)	3,056 (51%)
Little Rock, AR	10,252	663 (6%)	4,577 (45%)	4,499 (44%)
New Orleans, LA	9,946	949 (10%)	5,110 (51%)	5,404 (54%)
Shreveport, LA	4,167	472 (11%)	1,648 (40%)	2,235 (54%)
Total	**69,022**	**8,323 (12%)**	**32,585 (47%)**	**36,588 (53%)**

Source: Data obtained on consults with an appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.60. VISN 16 Medical Facility Noncompliance with Community Care Timeliness Standards

Medical facility	Community care consults	Active (percentage)	Scheduled (percentage)	Appointment (percentage)
Alexandria, LA	13,489	2,742 (20%)	8,041 (60%)	5,063 (38%)
Fayetteville, AR	18,140	1,302 (7%)	7,660 (42%)	5,894 (32%)
Gulf Coast, MS	18,359	2,278 (12%)	14,836 (81%)	10,059 (55%)
Houston, TX	15,755	2,871 (18%)	11,356 (72%)	6,260 (40%)
Jackson, MS	12,493	2,195 (18%)	8,091 (65%)	6,114 (49%)
Little Rock, AR	8,171	141 (2%)	3,833 (47%)	3,363 (41%)
New Orleans, LA	9,551	1,328 (14%)	6,573 (69%)	3,880 (41%)
Shreveport, LA	9,608	1,313 (14%)	6,930 (72%)	4,572 (48%)
Total	**105,566**	**14,170 (13%)**	**67,320 (64%)**	**45,205 (43%)**

Source: Data obtained on consults with an appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

VISN 17—VA Heart of Texas Health Care Network

Table C.61. Number of Direct and Community Care Consults Not Meeting the Appointment Timeliness Standard by Care Type

Type of care	Met standard	Did not meet standard
Direct care—mental health and primary care	4,790	10,142
Direct care—specialty care	29,161	35,218
Community care—all care	49,617	57,305

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.62. Number of Direct and Community Care Consults That Did Not Meet Timeliness Standards

Standard	Direct care	Community care
Active	13,516	35,222
Scheduled	43,050	74,244
Appointment	45,360	57,305

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.63. Top Five Services Not Meeting the Appointment Timeliness Standard

Direct care	Community care
Complementary and integrative health treatment	Gastrointestinal endoscopy
PTSD outpatient specialty and residential programs, individual	Gynecology
Chiropractic care	Mammogram
Electromyogram	Podiatry
Gastroenterology	Neurosurgery

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.64. VISN 17 Medical Facility Noncompliance with Direct Care Timeliness Standards

Medical facility	Direct care consults	Active (percentage)	Scheduled (percentage)	Appointment (percentage)
Amarillo, TX	4,381	600 (14%)	1,229 (28%)	1,600 (37%)
Big Spring, TX	2,654	336 (13%)	1,366 (51%)	984 (37%)
Dallas, TX	18,518	3,503 (19%)	10,854 (59%)	9,751 (53%)
El Paso, TX	7,069	1,175 (17%)	3,656 (52%)	3,883 (55%)
San Antonio, TX	21,151	4,389 (21%)	15,785 (75%)	13,712 (65%)
Temple, TX	19,249	2,113 (11%)	8,026 (42%)	11,953 (62%)
Texas Valley Coastal Bend	6,289	1,400 (22%)	2,134 (34%)	3,477 (55%)
Total	**79,311**	**13,516 (17%)**	**43,050 (54%)**	**45,360 (57%)**

Source: Data obtained on consults with an appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.65. VISN 17 Medical Facility Noncompliance with Community Care Timeliness Standards

Medical facility	Community care consults	Active (percentage)	Scheduled (percentage)	Appointment (percentage)
Amarillo, TX	7,020	1,010 (14%)	3,344 (48%)	2,729 (39%)
Big Spring, TX	7,267	1,489 (20%)	3,945 (54%)	2,519 (35%)
Dallas, TX	18,662	10,931 (59%)	16,905 (91%)	11,476 (61%)
El Paso, TX	18,910	9,358 (49%)	12,888 (68%)	9,956 (53%)
San Antonio, TX	19,134	4,662 (24%)	13,853 (72%)	11,994 (63%)
Temple, TX	15,004	3,642 (24%)	13,397 (89%)	9,989 (67%)
Texas Valley Coastal Bend	20,925	4,130 (20%)	9,912 (47%)	8,642 (41%)
Total	**106,922**	**35,222 (33%)**	**74,244 (69%)**	**57,305 (54%)**

Source: Data obtained on consults with an appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

VISN 19—VA Rocky Mountain Network

Table C.66. Number of Direct and Community Care Consults Not Meeting the Appointment Timeliness Standard by Care Type

Type of care	Met standard	Did not meet standard
Direct care—mental health and primary care	1,835	4,241
Direct care—specialty care	26,681	25,722
Community care—all care	32,681	41,863

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.67. Number of Direct and Community Care Consults That Did Not Meet Timeliness Standards

Standard	Direct care	Community care
Active	9,510	18,603
Scheduled	28,832	31,215
Appointment	29,963	41,863

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.68. Top Five Services Not Meeting the Appointment Timeliness Standard

Direct care	Community care
Neurology	Gastrointestinal endoscopy
Physical medicine and rehabilitation services physician	Audiology
Mental health clinic, individual	Neurology
Gastrointestinal endoscopy	Sleep Study
Electromyogram	Podiatry

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.69. VISN 19 Medical Facility Noncompliance with Direct Care Timeliness Standards

Medical facility	Direct care consults	Active (percentage)	Scheduled (percentage)	Appointment (percentage)
Aurora, CO	13,320	3,007 (23%)	8,066 (61%)	9,385 (70%)
Cheyenne, WY	6,021	609 (10%)	3,036 (50%)	2,596 (43%)
Grand Junction, CO	2,125	460 (22%)	901 (42%)	524 (25%)
Montana	5,816	958 (16%)	2,326 (40%)	2,421 (42%)
Muskogee, OK	7,942	1,243 (16%)	4,059 (51%)	3,768 (47%)
Oklahoma City, OK	13,070	1,721 (13%)	4,062 (31%)	5,975 (46%)
Salt Lake City, UT	8,933	1,344 (15%)	5,798 (65%)	4,869 (55%)
Sheridan, WY	1,252	168 (13%)	584 (47%)	425 (34%)
Total	**58,479**	**9,510 (16%)**	**28,832 (49%)**	**29,963 (51%)**

Source: Data obtained on consults with an appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.70. VISN 19 Medical Facility Noncompliance with Community Care Timeliness Standards

Medical facility	Community care consults	Active (percentage)	Scheduled (percentage)	Appointment (percentage)
Aurora, CO	19,988	5,527 (28%)	9,330 (47%)	10,248 (51%)
Cheyenne, WY	3,526	383 (11%)	165 (5%)	2,086 (59%)
Grand Junction, CO	4,464	588 (13%)	2,167 (49%)	1,563 (35%)
Montana	14,511	2,936 (20%)	2,281 (16%)	9,884 (68%)
Muskogee, OK	6,192	900 (15%)	5,047 (82%)	3,456 (56%)
Oklahoma City, OK	11,007	2,388 (22%)	967 (9%)	5,544 (50%)
Salt Lake City, UT	11,067	3,487 (32%)	9,022 (82%)	6,478 (59%)
Sheridan, WY	3,789	2,394 (63%)	2,236 (59%)	2,604 (69%)
Total	**74,544**	**18,603 (25%)**	**31,215 (42%)**	**41,863 (56%)**

Source: Data obtained on consults with an appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

VISN 20—VA Northwest Network

Table C.71. Number of Direct and Community Care Consults Not Meeting the Appointment Timeliness Standard by Care Type

Type of care	Met standard	Did not meet standard
Direct care—mental health and primary care	536	1,997
Direct care—specialty care	11,058	16,597
Community care—all care	21,045	23,035

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.72. Number of Direct and Community Care Consults That Did Not Meet Timeliness Standards

Standard	Direct care	Community care
Active	4,900	8,572
Scheduled	16,774	30,243
Appointment	18,594	23,035

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.73. Top Five Services Not Meeting the Appointment Timeliness Standard

Direct care	Community care
Gastroenterology	Gastrointestinal endoscopy
Neurology	Gastroenterology
Dermatology	Otolaryngology (ear nose and throat)
Physical medicine and rehabilitation services physician	Dermatology
Mental health clinic, individual	Neurology

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.74. VISN 20 Medical Facility Noncompliance with Direct Care Timeliness Standards

Medical facility	Direct care consults	Active (percentage)	Scheduled (percentage)	Appointment (percentage)
Anchorage, AK	1,678	376 (22%)	672 (40%)	861 (51%)
Boise, ID	7,216	1,132 (16%)	2,947 (41%)	3,872 (54%)
Portland, OR	9,254	1,729 (19%)	6,061 (66%)	5,973 (65%)
Puget Sound, WA	12,040	1,663 (14%)	7,094 (59%)	7,888 (66%)
Total	**30,188**	**4,900 (16%)**	**16,774 (56%)**	**18,594 (62%)**

Source: Data obtained on consults with an appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.75. VISN 20 Medical Facility Noncompliance with Community Care Timeliness Standards

Medical facility	Community care consults	Active (percentage)	Scheduled (percentage)	Appointment (percentage)
Anchorage, AK	6,004	1,867 (31%)	3,300 (55%)	2,417 (40%)
Boise, ID	6,511	647 (10%)	3,094 (48%)	2,092 (32%)
Portland, OR	16,110	2,801 (17%)	11,904 (74%)	8,239 (51%)
Puget Sound, WA	15,455	3,257 (21%)	11,945 (77%)	10,287 (67%)
Total	**44,080**	**8,572 (19%)**	**30,243 (69%)**	**23,035 (52%)**

Source: Data obtained on consults with an appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

VISN 21—VA Sierra Pacific Network

Table C.76. Number of Direct and Community Care Consults Not Meeting the Appointment Timeliness Standard by Care Type

Type of care	Met standard	Did not meet standard
Direct care—mental health and primary care	4,646	8,498
Direct care—specialty care	32,515	35,721
Community care—all care	39,291	27,401

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.77. Number of Direct and Community Care Consults That Did Not Meet Timeliness Standards

Standard	Direct care	Community care
Active	11,547	8,445
Scheduled	34,797	34,030
Appointment	44,219	27,401

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.78. Top Five Services Not Meeting the Appointment Timeliness Standard

Direct care	Community care
Psychological testing	Gastrointestinal endoscopy
PTSD outpatient specialty and residential programs, individual	Urology clinic
Physical medicine and rehabilitation services, physician	Gastroenterology
Electromyogram	Neurology
Gastrointestinal endoscopy	Otolaryngology (ear nose and throat)

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.79. VISN 21 Medical Facility Noncompliance with Direct Care Timeliness Standards

Medical facility	Direct care consults	Active (percentage)	Scheduled (percentage)	Appointment (percentage)
Fresno, CA	6,689	650 (10%)	2,348 (35%)	3,174 (47%)
Honolulu, HI	4,784	827 (17%)	2,636 (55%)	2,574 (54%)
Las Vegas, NV	19,328	3,647 (19%)	6,666 (34%)	11,439 (59%)
Manila, PI	200	15 (8%)	41 (21%)	137 (69%)
Northern California	23,383	2,958 (13%)	11,002 (47%)	14,495 (62%)
Palo Alto, CA	12,140	1,284 (11%)	4,592 (38%)	5,430 (45%)
Reno, NV	6,252	1,129 (18%)	2,937 (47%)	2,675 (43%)
San Francisco, CA	8,604	1,037 (12%)	4,575 (53%)	4,295 (50%)
Total	**81,380**	**11,547 (14%)**	**34,797 (43%)**	**44,219 (54%)**

Source: Data obtained on consults with an appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.80. VISN 21 Medical Facility Noncompliance with Community Care Timeliness Standards

Medical facility	Community care consults	Active (percentage)	Scheduled (percentage)	Appointment (percentage)
Fresno, CA	5,569	298 (5%)	3,555 (64%)	2,679 (48%)
Honolulu, HI*	25,856	2,958 (11%)	12,531 (48%)	10,420 (40%)
Las Vegas, NV	16,736	2,605 (16%)	6,915 (41%)	5,081 (30%)
Northern California	9,570	1,085 (11%)	7,499 (78%)	5,327 (56%)
Palo Alto, CA	1,888	205 (11%)	1,242 (66%)	808 (43%)
Reno, NV	4,053	973 (24%)	11 (<1%)	1,437 (35%)
San Francisco, CA	3,020	321 (11%)	2,277 (75%)	1,649 (55%)
Total	**66,692**	**8,445 (13%)**	**34,030 (51%)**	**27,401 (41%)**

Source: Data obtained on consults with an appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

** The facility in Manila, the Philippines, is not listed here because its community care data are combined with the facility in Honolulu, Hawaii.*

VISN 22—VA Desert Pacific Healthcare Network

Table C.81. Number of Direct and Community Care Consults Not Meeting the Appointment Timeliness Standard by Care Type

Type of care	Met standard	Did not meet standard
Direct care—mental health and primary care	3,332	10,689
Direct care—specialty care	36,297	42,616
Community care—all care	55,001	41,178

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.82. Number of Direct and Community Care Consults That Did Not Meet Timeliness Standards

Standard	Direct care	Community care
Active	13,232	15,570
Scheduled	40,211	54,319
Appointment	53,305	41,178

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.83. Top Five Services Not Meeting the Appointment Timeliness Standard

Direct care	Community care
Mental health clinic, individual	Gastrointestinal endoscopy
Sleep study	Neurology
Audiology	Urology clinic
Electromyogram	Gastroenterology
Chiropractic care	Audiology

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.84. VISN 22 Medical Facility Noncompliance with Direct Care Timeliness Standards

Medical facility	Direct care consults	Active (percentage)	Scheduled (percentage)	Appointment (percentage)
Greater Los Angeles, CA	16,782	2,325 (14%)	6,153 (37%)	10,672 (64%)
Loma Linda, CA	12,722	3,093 (24%)	8,054 (63%)	7,290 (57%)
Long Beach, CA	13,070	1,545 (12%)	4,576 (35%)	6,942 (53%)
New Mexico HCS	5,480	980 (18%)	3,344 (61%)	3,389 (62%)
Northern Arizona	3,104	348 (11%)	1,223 (39%)	1,699 (55%)
Phoenix, AZ	14,807	1,556 (11%)	4,560 (31%)	7,442 (50%)
San Diego, CA	15,234	2,128 (14%)	7,693 (51%)	9,698 (64%)
Southern Arizona	11,735	1,257 (11%)	4,608 (39%)	6,173 (53%)
Total	**92,934**	**13,232 (14%)**	**40,211 (43%)**	**53,305 (57%)**

Source: Data obtained on consults with an appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.85. VISN 22 Medical Facility Noncompliance with Community Care Timeliness Standards

Medical facility	Community care consults	Active (percentage)	Scheduled (percentage)	Appointment (percentage)
Greater Los Angeles, CA	14,007	1,908 (14%)	10,427 (74%)	6,672 (48%)
Loma Linda, CA	11,091	768 (7%)	6,096 (55%)	3,565 (32%)
Long Beach, CA	1,674	181 (11%)	1,070 (64%)	672 (40%)
New Mexico	13,063	3,137 (24%)	10,479 (80%)	7,758 (59%)
Northern Arizona	16,642	3,812 (23%)	601 (4%)	6,075 (37%)
Phoenix, AZ	15,614	2,686 (17%)	9,226 (59%)	5,819 (37%)
San Diego, CA	8,692	1,785 (21%)	7,718 (89%)	4,955 (57%)
Southern Arizona	15,396	1,293 (8%)	8,702 (57%)	5,662 (37%)
Total	**96,179**	**15,570 (16%)**	**54,319 (56%)**	**41,178 (43%)**

Source: Data obtained on consults with an appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

VISN 23—VA Midwest Health Care Network

Table C.86. Number of Direct and Community Care Consults Not Meeting the Appointment Timeliness Standard by Care Type

Type of care	Met standard	Did not meet standard
Direct care—mental health and primary care	2,110	2,633
Direct care—specialty care	24,175	17,442
Community care—all care	32,038	22,959

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.87. Number of Direct and Community Care Consults That Did Not Meet Timeliness Standards

Standard	Direct care	Community care
Active	6,771	10,472
Scheduled	20,530	35,684
Appointment	20,075	22,959

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.88. Top Five Services Not Meeting the Appointment Timeliness Standard

Direct care	Community care
Neurology	Neurology
Electromyogram	Audiology
Gastroenterology	Gastrointestinal endoscopy
Gastrointestinal endoscopy	Gastroenterology
Mental health clinic, individual	Dermatology

Source: Data obtained on consults with a completed appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.89. VISN 23 Medical Facility Noncompliance with Direct Care Timeliness Standards

Medical facility	Direct care consults	Active (percentage)	Scheduled (percentage)	Appointment (percentage)
Black Hills, SD	3,140	268 (9%)	1,130 (36%)	1,088 (35%)
Central Iowa	4,918	950 (19%)	2,566 (52%)	2,457 (50%)
Fargo, ND	2,902	329 (11%)	865 (30%)	1,151 (40%)
Iowa City, IA	7,323	885 (12%)	3,504 (48%)	3,252 (44%)
Minneapolis, MN	10,913	1,877 (17%)	5,529 (51%)	4,992 (46%)
Nebraska-W Iowa	7,733	970 (13%)	2,929 (38%)	3,480 (45%)
Sioux Falls, SD	3,653	724 (20%)	1,925 (53%)	1,369 (37%)
St. Cloud, MN	5,778	768 (13%)	2,082 (36%)	2,286 (40%)
Total	**46,360**	**6,771 (15%)**	**20,530 (44%)**	**20,075 (43%)**

Source: Data obtained on consults with an appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Table C.90. VISN 23 Medical Facility Noncompliance with Community Care Timeliness Standards

Medical facility	Community care consults	Active (percentage)	Scheduled (percentage)	Appointment (percentage)
Black Hills, SD	4,170	439 (11%)	2,840 (68%)	1,696 (41%)
Central Iowa	4,933	1,279 (26%)	2,969 (60%)	2,250 (46%)
Fargo, ND	4,938	413 (8%)	2,184 (44%)	1,570 (32%)
Iowa City, IA	5,797	1,161 (20%)	3,543 (61%)	2,449 (42%)
Minneapolis, MN	13,439	2,226 (17%)	11,652 (87%)	6,923 (52%)
Nebraska-W Iowa	7,836	2,529 (32%)	5,124 (65%)	3,335 (43%)
Sioux Falls, SD	6,261	1,256 (20%)	2,697 (43%)	2,054 (33%)
St. Cloud, MN	7,623	1,169 (15%)	4,675 (61%)	2,682 (35%)
Total	**54,997**	**10,472 (19%)**	**35,684 (65%)**	**22,959 (42%)**

Source: Data obtained on consults with an appointment dated October 1 through December 31, 2024, from VHA's Corporate Data Warehouse through VA's Integrated Care Workspace.

Appendix D: VA Management Comments, Under Secretary for Health

Department of Veterans Affairs Memorandum

Date: May 1, 2026

From: Under Secretary for Health (10)

Subj: Office of Inspector General (OIG) Report, Audit of Consult Timeliness for VA and Community Care (VIEWS 14630507)

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

1. Thank you for the opportunity to review and comment on OIG’s report, Audit of Consult Timeliness for VA and Community Care. The Veterans Health Administration (VHA) concurs with recommendations 1 through 2 and included an action plan as an attachment.
2. VHA is committed to continually improving our processes and tools to ensure that we provide the best possible care to our Veterans. Thank you for highlighting this important area of focus.

The OIG removed point of contact information prior to publication.

(Original signed by)

John J. Bartrum, JD, MBA

Attachments

Attachment

VETERANS HEALTH ADMINISTRATION (VHA)
Action Plan
OIG Draft Report – Audit of Consult Timeliness for VA and Community Care
(Project # 2025-01015-AE-0049)

Recommendation 1: Conduct a strategic business evaluation of the process used by VA medical facilities' scheduling departments to determine whether alternatives could improve consult processing, scheduling efficiency, and timeliness.

VHA Comments: Concur

Veterans Health Administration (VHA) Integrated Veteran Care will conduct a review of scheduling processes for scheduling teams at facilities to determine if they align with national workflows and existing standard operating procedures (SOPs). VHA will also review scheduling practices to ensure sites are using new features available in the new Integrated Scheduling System (ISS), to optimize scheduling efficiency. VHA will also review process flows; integrating recommendations and findings as appropriate to streamline and standardize scheduling practices.

Status: In Progress **Target Completion Date:** June 2027

Recommendation 2: Establish procedures to track and provide oversight of consults that schedulers have not acted on to schedule and prioritize processing of those consults when identified.

VHA Comments: Concur

VHA Integrated Veteran Care (IVC) agrees with the recommendation and recognizes the importance of tracking and overseeing consults that have not been acted upon. VHA prioritizes timely action on consults and leverages significant support from national Field Support staff to work with network offices who are providing oversight to facilities. While operational approaches vary across Veterans Integrated Service Networks (VISNs), IVC tailors support to each VISN's specific needs. Field Assistants routinely engage VISNs to discuss outliers, processing of unscheduled consults, identify concerns, and provide targeted assistance to support improvements in consult timeliness.

IVC staff participate in monthly meetings with VISN and, when applicable, Veterans Affairs Medical Center (VAMC) points of contact for both Community and Direct Care. These meetings focus on broader access issues, including consult timeliness and include review of Field Operations Engagement Support Tool (FOEST) data and related metrics. Findings, updates, and areas of concern are also discussed during monthly facility data reviews, the national Consult Performance Improvement call, and the National Consult Steering Council. Performance improvement support may include coaching and assistance with developing action plans, which are ultimately owned and overseen by the VISNs.

Additionally, some Field Support staff conduct weekly one-on-one sessions with Community of Practice groups such as the Group Practice Managers (GPMs) or Community Care managers to review metrics, discuss challenges, and address outliers using tools such as the Executive Leadership Dashboard. Communication methods vary based on VISN needs and may include virtual meetings, verbal updates, and detailed email follow-ups. This flexible approach allows Field Assistants to integrate into existing structures or build new processes as necessary.

VHA requests closure of OIG Recommendation 2. IVC has already established procedures to track and oversee consults that schedulers have not acted upon and to prioritize their processing. These

procedures, combined with consistent monitoring, and tailored VISN support demonstrate IVC’s ongoing commitment to ensuring timely consult scheduling and improving Veterans’ access to community care. Supporting evidence is attached.

Status: Completed **Completion Date:** April 2026

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

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