BREAKING THE BACKLOG

Transparency and Oversight Needed for VA Wait Times

OUR VIEW

Veterans deserve access to quality health care in a timely manner. Reports of delayed, denied, and cancelled health care appointments at the Department of Veterans Affairs are unacceptable and require robust oversight by Congress. The VA is required to follow the policies, procedures, and training from VA MISSION Act law and regulations. **Selectively picking and choosing what regulations or sections of the law to follow, resulting in 20 million cancelled appointments, is unacceptable.**

BACKGROUND

The VA MISSION Act created the Veterans Community Care Program, which was rolled out in 2019 to give greater health care choice to veterans. A key component of the new program is new access standards and eligibility criteria for community care. While access to care was disrupted across every single health care system in 2020 due to a global pandemic, this does not excuse the VA from following and fully implementing the law and regulations.

In September 2020, the Inspector General reported nearly 20 million VA appointments cancelled or delayed during the pandemic, denying millions of veterans' access to critical care. Moreover, evidence suggests a potential trend of the VA using improper wait time calculations to limit access to community care under the VA MISSION Act access standards. Documents obtained through a Freedom of Information Act lawsuit filed by Americans for Prosperity Foundation on July 20, 2021, confirm and expand upon concerns outlined by the Government Accountability Office.

KEY FINDINGS AND OVERSIGHT OPPORTUNITIES

1) **Failing to follow VA MISSION Act wait time eligibility and denying community care.** The VA continues to use old scheduling guidance from legacy community care programs instead of following the regulatory guidance created under the VA MISSION Act. This includes using what is called "patient indicated date (PID)" instead of the "date of request," as required by the current access standard regulation, to calculate wait times. In practice, the PID is usually set by a scheduler instead of the "date of request," which is set by the veteran. The VA's own guidance on their website admits to using two different methods to measure wait times. The GAO found that this standard is subject to scheduler interpretation and ripe for manipulation. Ultimately this can leave veterans not just waiting longer, but also denied access to community care referrals.

Case study on finding #1 in Tucson, AZ and Prescott, AZ

Data obtained from the Southern Arizona VA (Tucson) as well as the Northern Arizona VA (Prescott) reveals how the VA's use of two different methods of calculating wait time affects who might be eligible for community care. Using the PID for existing patients overwhelmingly leads to the appearance of shorter wait times for veterans. Completed appointment data from January 2020 through June 2021 finds for:

Primary Care

- **Tucson:** Under MISSION Act standards, 21% of appointments would be eligible instead of 4.2%.
- **Prescott:** Under MISSION Act standards in the pre-COVID month of January 2020, 68% of appointments would be eligible instead of 10.3%.

Specialty Care

- **Tucson:** Under MISSION Act standards, 26.7% of appointments would be eligible instead of 9.3%.
- **Prescott:** Under MISSION Act standards in the pre-COVID month of January 2020, 54.4% of appointments would be eligible instead of 14.8%.

Mental Health Care

- **Tucson:** The wait times for new patients and existing patients for mental health care differs only slightly with a 5 percent difference using PID or date of request to calculate wait time.

2) **Canceling and rescheduling of appointments without agreement of the veteran or offering community care.** Data obtained from the North Florida and South Georgia VA (Gainesville) found out of 682,739 canceled appointments made by the VA from January 2020 through May 2021, a total of 427,466 lacked evidence that they were canceled with the permission of the veteran. Canceling or canceling and rescheduling appointments should be done with consultation of the veteran, otherwise this practice can be abused and used to reset the wait time clock and used as a backdoor method of denying veterans referrals to community care. In Montana, from January 2020 through May 2021 over 93,000 appointments were canceled by the VA, and it is unknown if those patients were ever rescheduled, offered community care or left waiting.

3) **Inadequate documentation of when veterans opt-out of community care.** According to guidance from the Office of Community Care Field Guidebook, the VA is responsible for documenting when a veteran opts out of community care. FOIA data obtained from the North Florida and Southern Georgia VA (Gainesville) found the VA scheduled 187,385 appointments outside of the wait time access standard but only had 5,975 that contained proper documentation in the record that there was agreement by the veteran to opt out of community care. Either the VA is not to accurately document conversations with veterans or not offering community care to eligible veterans.

4) **Using cost to determine administration of community care program.** Funding for community care as well as VA health care should not determine where or how a veteran accesses health care. However, internal guidance being used by the VA states, when reviewing community care options, "staff must also consider funding availability." This type of language should be removed from any VA scheduling guidance to avoid any miscommunication.

5) **Neglecting to advise veterans of their options and actively dissuading use of community care.** Guidance being used by the VA discourages VA employees from offering to review eligibility for community care for veterans unless they ask for it themselves. Furthermore, the VA is actively providing sample scripts for employees to use when talking to veterans eligible for community care. The VA's script actively dissuades veterans from choosing community care by using inaccurate community wait time data and placing the expectation on the veteran to ensure their care is coordinated and to obtain their medical records – both of which are, and have always been, the VA's responsibility.