Scheduling at the Department of Veterans Affairs

This document is a summary of scheduling issues at the Department of Veteran Affairs as of July 19, 2017. This has been prepared by the United States Digital Service team at the VA.

**Summary:** Scheduling problems at the VA have been a major public issue since the 2014 wait time scandal, and resulted in Congressional hearings. Moving quickly to the new Electronic Health Record (**EHR**) system for scheduling may help to resolve many technical shortcomings. However, the problem for Veterans is not access to *scheduling* but access to *appointments*. To improve access to appointments for Veterans, better policies must be created and enforced consistently across VA clinics.

# Self-Service Scheduling & Resource Management

The most recent push to improve scheduling for Veterans has focused on self-service scheduling tools, such as the Veteran Appointment Request application (**VAR**). However, these applications are limited in their effectiveness. In particular, VAR is hampered by only being able to schedule mental health and primary care appointments, as well as only 60% of VA sites being available for scheduling. By the end of the year, this will increase to cover 84% of sites, and will add optometry and audiology appointments, but this still leaves out a large number of potential appointments. In the included sites, not all schedules are made available, such as private providers’ calendars or overflow. As a result, self-scheduling tools also do not address the real problems of appointment availability at the VA; it is likely they will only draw attention to deeper systematic problems.

The underlying VistA system itself does not currently handle **resource management** reconcile providers, clinic rooms, and equipment. Similar shortcomings in handling provider availability results in duplicate schedules being created for individual providers to handle overflow. This results in patients showing up for appointments without necessary space, devices, or even doctors present for the treatment, leading to rescheduling and Veterans’ time being wasted.

Although the new EHR is unlikely to be a perfect solution for all of the technical scheduling problems at the VA, it is likely to be a better place to start than continuing to try to adapt the old system to do things it was never intended to do.

**Recommendation:** Fewer resources should be dedicated to self-service scheduling tools as they do not solve the underlying problems in scheduling. The new EHR *should* be providing a new scheduling tool that resolves many deeper technical problems, so resources should be focused on implementing it as quickly as possible.

# Cancellations & Leave

In the September 2015 McKinsey report, many specific issues are highlighted, most of which still have not been resolved. For instance, it was found then that large numbers of appointments were cancelled by clinics due to inconsistent leave policies and failures in staff leave scheduling. In the 2015 report, the average clinic cancellation rate was 9% on average and in some cases as high as 25%, and in March 2017 the OIG found that up to 18% of appointments were still being cancelled by clinics; in the private sector, clinic cancellations are 2-5%.

**Recommendation:** Enforcing consistent leave policies across the VA system would dramatically reduce the need to reschedule appointments.

# Scheduling Policies & Clinics

This is one of many inconsistencies in clinics’ implementation of policies that continue to cause problems. Appointment durations vary dramatically across clinics for the same types of appointments, leading to inconsistent care and inefficient schedule usage. Individual clinics frequently have unique rules for their schedules, e.g. no new patients on Fridays, or no physicals scheduled back-to-back. In the McKinsey report staff stated, “switching to a new clinic is like learning how to be [a Medical Support Assistant] all over again.”

Many of the problems highlighted by Congress and listed in the 2014 reports were from clinics’ inconsistent use of the Electronic Wait List (**EWL**), such as the altering of reported data. The guidelines for the EWL today still do not match industry supported best practices for prioritization in scheduling.

The Joint Commission Report in May 2016 found that “phones were inconsistently answered when patients called to make appointments, even though insufficient staffing did not appear to be the reason."

**Recommendation:** Consistent scheduling policies for both appointments and the use of the EWL, using best practices from the private sector, would dramatically improve the availability of appointments.Creating system-wide dedicated call centers to replace clinic-based schedulers would improve the Veteran experience and allow better oversight of scheduling practices.

# References & Resources:

* **A Product of the CMS Alliance to Modernize Healthcare Federally Funded Research and Development Center Centers for Medicare & Medicaid Services (CMS), Assessment E.** McKinsey & Company, Inc. September 2015.
* **Summary Report of Special Focused Surveys of Veterans Health Administration Facilities Conducted from October 2014 – September 2015.** The Joint Commision. May 2016.
* **Reduce Scheduling Complexity.** Institute for Healthcare Improvement. July 2017.
* **Innovation and Best Practices in Health Care Scheduling.** Brandenburg et al. February 2015.
* **Review of the Implementation of the Veterans Choice Program.** VA OIG. January 2017.
* **Audit of Veteran Wait Time Data, Choice Access, and Consult Management in VISN 6.** VA OIG. March 2017
* **Review of Alleged Patient Deaths, Patient Wait Times, and Scheduling Practices at the Phoenix VA Health Care System.** VA OIG. August 2014.