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WAITING TIMES FOR VETERANS HEALTH CARE IN GEORGIA

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EXECUTIVE SUMMARY

Concerns over waiting times at clinics run by the Department of Veterans Affairs have been increasing for almost a decade. In response to these concerns, Congress passed legislation in 1996 requiring the VA to provide “timely” care to veterans, and the VA established a national goal of scheduling all nonurgent primary and specialty care appointments within 30 days. The VA pledged to meet this goal by 1998.

At the request of Rep. Jim Marshall, who represents the 3rd Congressional District in Georgia, this report investigates waiting times at VA primary and specialty care clinics in Georgia. The report reveals that long waiting times are a serious problem for Georgia veterans.

The report finds:

- **Many appointments for Georgia veterans are often not scheduled in a timely fashion.** VA facilities in Georgia often force veterans seeking “next available” appointments to wait more than a month to receive care. Statewide, an estimated 36,000 appointments for veterans in 2003 will not be scheduled within the 30-day goal. Some Georgia veterans must wait over six months for an appointment.
- **Thousands of Georgia veterans are placed on long waiting lists.** VA clinics in Georgia often place eligible veterans seeking VA care for the first time on “waiting lists.” Veterans can remain on these waiting lists for months, during which period they cannot schedule medical appointments at all. As of April 2003, there were 2,249 veterans on waiting lists for primary care appointments.
- **In response to budget shortfalls, the VA is rationing care for veterans in Georgia.** High demand for VA healthcare, combined with budget shortfalls, has forced VA to take action to reduce the availability of care for Georgia veterans. The budget proposed by President Bush and passed by Congress contemplates additional restrictions on access that will deny VA health care to over 30,000 Georgia veterans.

BACKGROUND

The Department of Veterans Affairs runs the nation's largest health care system, providing care to over four million veterans through a nationwide network of hospitals, nursing homes, and outpatient clinics. In Georgia, an estimated 179,000 veterans are enrolled at VA facilities.¹ The VA provides care in Georgia at medical centers in Albany, Atlanta, Augusta, Columbus, Decatur, Dublin, Lawrenceville, Lenwood, Macon, Oakwood, Savannah, Smyrna, and Valdosta.

During the 1990s, long waiting times emerged as a significant concern at VA facilities. As early as 1993, the U.S. General Accounting Office reported that "veterans are too often experiencing lengthy service delays when they seek ambulatory care at VA facilities."² In response to these findings and the increasing concern of veterans, Congress required in 1996 that the VA provide "timely" care to veterans,³ and the VA established a national goal of scheduling all nonurgent primary and specialty care appointments within 30 days of request. The VA pledged to meet this goal by 1998.⁴

In August 2001, the General Accounting Office found that the VA had yet to achieve this goal, and that although some progress had been made, both primary and specialty care clinics were not meeting the VA goal of providing appointments within 30 days of request.⁵

Recent increases in the enrollment of veterans for VA care appear to be making matters even worse. As a result, the VA is, according to one analysis, being "overwhelmed with new patients."⁶ In July 2002, the VA reported to Congress that over 300,000 veterans nationwide were either forced onto waiting lists or forced to wait over six months for a medical appointment.⁷

¹ Department of Veterans Affairs, *FY 2003 Average Enrollment Projection* (2003).

² GAO, *VA Health Care: Restructuring Ambulatory Care System Would Improve Services to Veterans* (Oct. 1993) (GAO/HRD-94-4).

³ Veterans Health Care Eligibility Reform Act of 1996, P.L. 104-362, Sec. 104(b)(1).

⁴ See GAO, *VA Health Care: More National Action Needed to Reduce Waiting Times, but Some Clinics Have Made Progress* (Aug. 2001) (GAO-01-953).

⁵ *Id.*

⁶ *Prognosis Grim: Aging Veterans Are Overwhelming VA*, Federal Times (Aug 19, 2002).

⁷ Department of Veterans Affairs, *Letter to Chairs and Ranking Members of Senate and House Veterans' Committees and VA-HUD Appropriations Sub-Committees* (July 2002).

BACKGROUND AND METHODOLOGY

At the request of Rep. Jim Marshall, who represents Georgia's 3rd Congressional District, this report analyzes waiting times for medical appointments at VA facilities in Georgia. The report is based upon waiting time data provided upon request by the Department of Veterans Affairs to the Special Investigations Division of the minority staff of the Committee on Government Reform. This is the first comprehensive analysis of waiting times for medical care experienced by Georgia's veterans.

FINDINGS

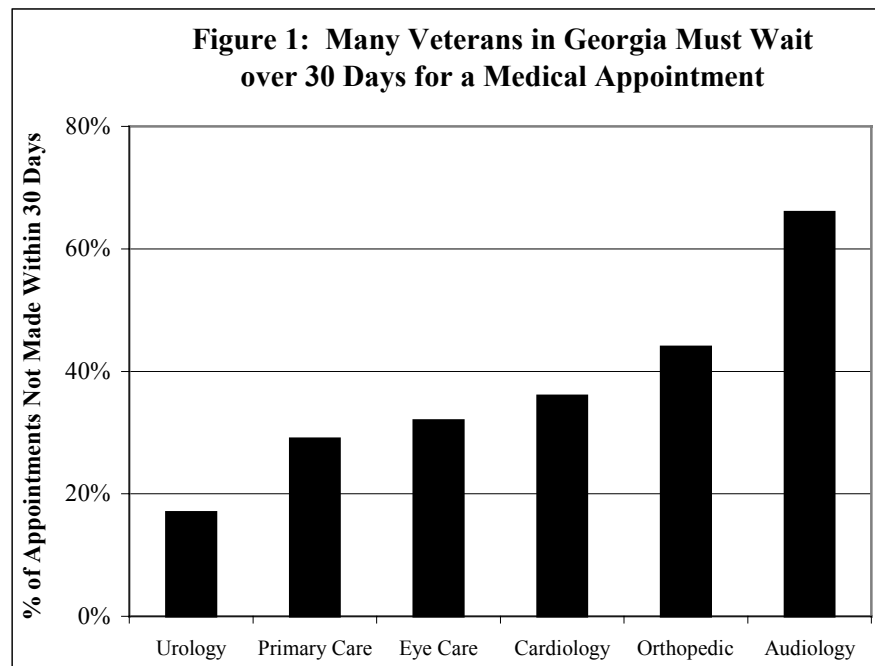
Thousands of Georgia Veterans Must Wait Over 30 Days for a Doctor's Appointment

The Department of Veterans Affairs has established a national goal of scheduling appointments for veterans within 30 days of request. Data obtained by the Special Investigations Division indicates that the Department is failing to meet this goal in facilities that serve Georgia veterans.

In April 2003 there were 6,600 primary care appointments requested for the "next available" time slot at Georgia facilities. During this month, 29% of these appointments — 1,887 appointments — were not scheduled within the 30-day goal. At this rate over a full year, an estimated 22,600 primary care appointments would not be scheduled within 30 days.

At some specialty clinics, veterans are even less likely to obtain the "next available" appointment within 30 days. The largest problems are at audiology clinics, where in April 2003 two-thirds of appointments (66%) were not scheduled within 30 days. Almost half of all "next available" appointments at orthopedic clinics (44%) were also not scheduled within 30 days as were over one-third of "next available" cardiology appointments (36%). Figure 1. In total there were 1,141 specialty care appointments that were not scheduled within 30 days in April 2003. At this rate over a full year, an estimated 13,690 specialty care appointments would not be scheduled within 30 days.

The data on waiting times for primary and specialty care can be combined to give an overall estimate of the number of appointments for veterans that will not be scheduled within 30 days in 2003. This calculation shows that an estimated 36,000 appointments in facilities that serve Georgia veterans will not be scheduled within 30 days in 2003.



In some cases, the wait for appointments can last for many months. According to data from the VA, as of April 2003 there were 319 Georgia veterans who were forced to wait more than six months for a scheduled primary care visit. Almost all of these veterans were waiting for appointments at the Lawrenceville and Valdosta VA centers.

New VA Patients in Georgia Face Long Waiting Lists and Long Waits for Care

Veterans in Georgia seeking care from the VA health care system for the first time can face especially long waits before they can obtain an appointment with a physician. These delays occur for two reasons.

First, VA clinics in Georgia often place eligible veterans seeking first-time care on waiting lists, sometimes for months. According to the data obtained from the VA, there were 2,249 veterans in Georgia on waiting lists for a primary care appointment in April 2003.⁸ Virtually all of these veterans (2,063) were on the waiting list at the Decatur center. While on these waiting lists, the veterans cannot schedule any appointments

⁸ Department of Veterans Affairs, *Georgia Facilities April 2003 Waiting List and Waiting Time Data* (May 2003).

Second, even if veterans are finally removed from the waiting list and allowed to schedule appointments, they must often wait weeks or months for appointments. In April 2002, veterans who were new patients waited an average of 52 days — almost two months — for primary care appointment. Average waiting times for eye care appointments for new patients were also over two months (63 days). Similarly, average waiting times for audiology appointments (37 days), orthopedic appointments (33 days), and eye care appointments (33 days) were each over a month.

At the Macon facility, in Rep. Marshall's district, average waiting times for new patient appointments for veterans were 101 days, over three months.

Budget Shortfalls Are Forcing the VA To Ration Care in Georgia

Persistent budget problems are forcing VA to ration care for veterans, impacting thousands of veterans in Georgia. Efforts to restrict care began in July 2002, when the VA issued a directive to the VA's regional health care directors acknowledging that the VA "is currently facing a growing crisis related to the continued demand for healthcare services that exceeds our resources." Because of the crisis, the VA directive instructed the regional health care directors "to ensure that no marketing activities to enroll new veterans occur."⁹

Further action to restrict care was taken by the Administration in January 2003. On January 17, 2003, the VA announced that they would no longer enroll Priority 8 veterans (veterans with relatively high incomes and no-service related disabilities).¹⁰ This decision — which was also included in the FY 2004 VA budget submitted by the Administration — will deny care this year to over 170,000 veterans nationwide, including 4,700 veterans in Georgia.¹¹

Additional rationing of care is contemplated in the VA budget proposal submitted by the President and passed by Congress. The budget submitted by the President proposed to make permanent the freeze on enrollment of Priority 8 veterans. In addition, the Administration proposed that Priority 7 veterans¹² (and Priority 8

⁹ Department of Veterans Affairs, Memorandum from Deputy Under Secretary for Health for Operations and Management to Network Directors, *Status of VHA Enrollment and Associated Issues* (July 18, 2002).

¹⁰ *Federal Register*, Vol. 68, No. 12, pp. 2670-2673 (Jan. 17, 2003).

¹¹ Department of Veterans Affairs, *Impact of Suspending Enrollment of Priority Group 8 Veterans* (2003).

¹² Like Priority 8 veterans, Priority 7 veterans are veterans that have relatively high incomes and have no service-related disabilities.

veterans already in the VA system) be charged a new \$250 annual enrollment fee, as well as steep increases in copays for doctors visits and for prescription drugs.¹³

The budget passed by the Congress is premised upon the enactment of these changes. To pass the budget, congressional leaders had to reconcile different funding levels established in the Senate and the House. They agreed on the Senate funding level. According to the report of the House-Senate conference committee, the Senate funding level adopted by Congress “assumes the enactment of legislation to establish the President’s proposed \$250 enrollment fee for priority level 7 and 8 veterans. . . . [and] also assumes legislation will be enacted to increase the insurance and prescription drug co-payments for Priority 7 and 8 veterans to \$20 and \$15, respectively.”¹⁴

These changes will impact over one million veterans nationwide. The Administration estimates that the changes proposed in the budget will cause 55% of all enrolled Priority 7 and Priority 8 veterans, over 1.2 million veterans nationwide, to drop their enrollment in the VA system.¹⁵ In Georgia, the proposed changes will cause over 30,000 veterans to lose access to VA health care.¹⁶

The rationing of care is likely to become even worse in future years. Although the VA health care budget is increased for FY 2004, the proposed increase is largely offset by medical inflation and new enrollment.¹⁷ For fiscal years 2005 to

¹³ The budget proposed more than doubling fees for prescription drugs, from \$7 to \$15 per prescription, and increasing fees for doctor visits from \$15 to \$20. Department of Veterans Affairs, *FY 2004 Budget Submission* (2003).

¹⁴ Joint Explanatory Statement of the Committee of Conference, *Fiscal Year 2004 Budget Resolution* (Apr. 11, 2003) (online at www.house.gov/budget/04stmntmngs.pdf).

¹⁵ *FY 2004 Budget Submission*, *supra* note 13.

¹⁶ There are presently an estimated 48,000 Priority 7 and Priority 8 veterans enrolled in the VA healthcare system in Georgia. Department of Veterans Affairs, *supra* note 1. The estimate of the impact of the changes in Georgia assumes that the proposed changes would cause 55% of these veterans to drop their enrollment, which is over 26,000 veterans. In addition, over 4,000 veterans would be denied care by the decision to freeze enrollment for Priority 8 veterans.

¹⁷ The medical inflation rate was 4.7% in 2002, while VA enrollment is expected to increase by 8% this year. Bureau of Labor Statistics, *Consumer Price Index: All Urban Consumers* (2003). Department of Veterans Affairs, *FY 2004 Budget Submission*, Volume 2, at 2-14 (2003). According to the American Legion, the budget “comes \$1.9 billion short of maintaining an inadequate status quo.” *A System Worth Saving*, The American Legion Magazine (May 2003).

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2008, the budget passed by Congress provides for \$1 billion less spending than requested by President Bush.¹⁸ And as costs increase in the future, the budget for VA fails to keep pace. According to Congressional Budget Office estimates, the VA budget passed by Congress provides \$6 billion less funding over the next decade than is necessary to meet obligations under current law.¹⁹

CONCLUSION

Under VA policy, veterans should be able to schedule medical appointments at VA facilities within 30 days. This policy, however, is not being achieved in Georgia. An estimated 36,000 appointments for Georgia veterans in 2003 will not be scheduled within the 30-day timeframe. In addition, thousands of Georgia veterans are stuck on waiting lists and are unable to even schedule appointments. In response to these long waiting lists and waiting times, the VA is taking actions to deny care to many Georgia veterans.

¹⁸ *FY 2004 Budget Submission, supra* note 13.

¹⁹ Congressional Budget Office, *CBO's Baseline Projections of Discretionary Budget Authority and Outlays (by function)* (2003)