Department of Veterans Affairs
Office of Inspector General

Review of Alleged Manipulation of Waiting Times, North Florida/South Georgia Veterans Health System

Report No. 08-03327-35 **December 4, 2008**

VA Office of Inspector General
Washington, DC 20420

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Executive Summary

The VA Office of Inspector General (OIG) received a Congressional inquiry concerning the use of non count clinics at the North Florida/South Georgia Veterans Health System (NF/SG VHS). Veterans Health Administration (VHA) allows the use of non count clinics to account for minor workload and as a tracking tool to identify established patients who want to receive their care at a more convenient VHA facility. Accordingly, VHA set up non count clinics to ensure these patients, and their corresponding workload, were not counted twice when calculating a patient's waiting time or reporting a facility's waiting list.

The purpose of this review was to determine the validity of the following allegations:

- The leadership of the NF/SG VHS manipulated their waiting list by using non count clinics to hide (understate) patient waiting times and ensure the Director met his performance measures.

- The use of non count clinics increased the risk of double booking appointments.

- Instead of using the electronic waiting list, scheduling clerks maintained paper waiting lists of patients that could not be seen within 30 days.

We substantiated the allegation that when schedulers created appointments for some *new* patients, the use of non count clinics prevented the patients' actual waiting time from being accurately assessed. However, the use of non count clinics did not distort the patients' actual waiting time for *established* patients if schedulers followed proper procedures. We did not find that facility management willfully manipulated procedures with the intent to understate waiting times. Nor did we substantiate the allegation that leadership of the NF/SG VHS manipulated their waiting list to ensure the Director met his performance measures. Although the Director's Fiscal Year (FY) 2008 Performance Plan included patient waiting times as a performance measure, it was not a "mission critical" measure and only accounted for 5 percent of the Director's rating. Therefore, the understatement of waiting times that occurred from creating new patient appointments in non count clinics did not significantly affect his performance appraisal.

We did not substantiate the allegation concerning the increased risk of double booking. Although staff admitted experiencing this problem while initially establishing non count clinics, no evidence supported a significantly increased risk in double booking appointments.

We did not substantiate the allegation concerning paper waiting lists. The complainant reported that because schedulers are no longer allowed to schedule appointments beyond 30 days, schedulers maintain paper copies of the request (instead of adding the patient to

the electronic waiting list) until the desired appointment date was within 30 days. We found no evidence to support this allegation.

The practice of using non count clinics impairs VHA's ability to accurately assess waiting times. Standardized national procedures for scheduling enhance VHA's ability to rely upon and assess data regarding patient waiting times and make informed decisions based on the information. In addition, although not related to a specific allegation, the use of non count clinics increased the schedulers' workload and did not fully incorporate the use of patient preference in the scheduling process.

Recommendation

1. We recommend the NF/SG VHS Director stop using non count clinics for new patient appointments to ensure waiting times are calculated correctly.

2. We recommend the NF/SG VHS Director stop using non count clinics for established patients to ensure schedulers do not have to duplicate their patient scheduling efforts and patient preference is incorporated in the scheduling process.

Comments

The VISN Director and System Director agreed with our findings and recommendations and provided acceptable implementation plans. See Appendixes A and B for the full text of their comments.

(original signed by:)

BELINDA J. FINN
Assistant Inspector General
for Auditing

DEPARTMENT OF VETERANS AFFAIRS
Office of Inspector General
Washington, DC 20420

TO: Director, North Florida/South Georgia Veterans Health System (573/00)

SUBJECT: Review of Alleged Manipulation of Waiting Times, North Florida/South Georgia Veterans Health System

Purpose

The Chairman, Senate Committee on Veterans Affairs requested the VA OIG review allegations that the leadership of the NF/SG VHS was manipulating their waiting list. Specifically, the complainant alleged: (1) facility personnel were hiding (understating) patient waiting times by using non count clinics to avoid adding them to waiting lists and ensure the Director met his performance measures, (2) the use of non count clinics increased the risk of double booking appointments, and (3) instead of using the electronic waiting list, scheduling clerks maintained paper waiting lists of patients who could not be seen within 30 days.

Background

The NF/SG VHS is comprised of two medical centers, three large multi-specialty outpatient clinics, and seven small community-based primary care outpatient clinics. The Malcom Randall VA Medical Center in Gainesville is a tertiary care facility that is also an active teaching hospital with academic affiliations with the University of Florida, College of Medicine. The Lake City VA Medical Center is a secondary care facility with general medical/surgical and extended care programs.

VHA collects workload data that supports the continuity of patient care, resource allocation, and performance measurement by clinic. Each clinic is assigned a Decision Support System (DSS) identifier. For example, a dermatology clinic appointment would have a DSS identifier of 304. Non count clinics with a DSS identifier of 674 were initiated to account for minor workload and as a tracking tool to identify established patients who want to receive their care at a more convenient VHA facility. Accordingly, VHA set up non count clinics to ensure these patients, and their corresponding workload, were not counted twice when calculating a patient's waiting time or reporting a facility's waiting list.

For measuring waiting times, VHA defines established patients as those who have received care in a specific clinic in the previous 2 years, and new patients represent all others. For example, a veteran who has been receiving primary care at a facility within the previous 2 years would be considered an established patient in the primary care clinic. If the same veteran was referred to the facility's cardiology clinic, that veteran would then be classified as a new patient in the cardiology clinic.

Scope and Methodology

We interviewed facility management, administrative officers, and schedulers at both VA Medical Centers in Gainesville and Lake City to understand how non count clinics were used throughout the NF/SG VHS. We reviewed completed appointments for performance measure clinics for both medical centers for the months of July and August 2008. We conducted site visits in September and October 2008. We did not validate the accuracy of reported waiting times or the completeness of the electronic wait list.

Results

Allegation 1: NF/SG VHS Used Non Count Clinics to Understate Waiting Times to Ensure the Director Met His Performance Measures.

We partially substantiated this allegation although we did not find a willful manipulation of procedures with the intent to understate waiting times. The review:

- Substantiated the allegation that when creating appointments for some new patients, the use of non count clinics understated the patients' actual waiting time.

- Did not substantiate the allegation that when creating appointments for established patients, the use of non count clinics understated the patients' actual waiting times. However, not all facility personnel followed scheduling procedures which did affect the accurate calculation of a patient's waiting time.

- Did not substantiate the allegation that the use of non count clinics significantly affected the FY 2008 Director's performance appraisal.

Although not related to a specific allegation, the review also pointed out that the use of non count clinics increased the schedulers' workload and did not fully incorporate the use of patient preference in the scheduling process.

<u>New Patient Appointments</u>

NF/SG VHS staff who use non count clinics for some new patient appointments are understating the patient's actual waiting time. This is occurring because VHA uses the appointment creation date as the starting point when measuring waiting times for new

patients. In contrast, VHA uses the desired date of care to start the waiting time measurement for established patients.

Non count clinics are essentially mirror images of count clinics. Local procedures include schedulers creating appointments in the non count clinic and assigning the patient a specific date and time for an appointment. This information is then provided to the patient usually by letter. Approximately 3-4 weeks before the scheduled appointment, the scheduler cancels the appointment shown in the non count clinic and re-creates the appointment in the count clinic.

VHA uses computer software to calculate a patient's waiting time. Program analysts at VHA's Support Service Center are responsible for this software and data extraction. The program analyst we interviewed told us that the starting point for calculating the waiting time for new patients who are first put in a non count clinic begins with the appointment creation date shown in the count clinic. The software will not retrieve any data that is linked to a DSS identifier of 674 because it is used for administrative and non-workload purposes.

For example, if a scheduler creates a new patient appointment in a count clinic on October 1 with an appointment date of November 15, the software will calculate a waiting time of 45 days. However, if the scheduler first creates the appointment in the non count clinic on October 1, and then moves the appointment from the non count clinic to the count clinic on November 1, the software will use November 1 as the starting point and calculate a waiting time of 14 days.

We obtained a list of completed appointments for performance measure clinics for both medical centers for the months of July and August 2008. In total, there were 4,421 new patient appointments of which 191 were first placed in a non count clinic. The average waiting time for the 191 new patient appointments—as calculated by VHA—was 25 days, and only 2 patients had reported waiting times greater than 30 days. However, using the appointment creation date in the non count clinic, we calculated the average waiting time to be 43 days and 164 (86 percent) of 191 appointments had waiting times greater than 30 days.

Facility management and administrative staff told us during interviews that non count clinics are only used for new patients for one of three reasons:

- The patient may require tests prior to being seen by the provider.
- The provider may request that the patient be seen beyond the 30-day goal.
- The patient may request to be seen beyond the 30-day goal.

We did not determine whether the three reasons complied with VHA policy. However, our review of new patient appointments revealed that facility staffs were not following

their local procedures. We reviewed 19 (10 percent) of the 191 new patient appointments to determine if there was any evidence to support the use of the non count clinic given the criteria provided to us by facility management and administrative staff. We found evidence of at least one of the three reasons in nine (47 percent) of the cases. In addition, we interviewed five schedulers at both facilities that used non count clinics for new patients. All five of the schedulers told us that these clinics were used for patients who cannot be seen within the 30-day requirement due to lack of availability. Schedulers also told us they were not allowed to use the electronic waiting list. In response, facility management stated that using the electronic waiting list was allowed, but the first priority was to provide the patients care within the 30 days. Other options were available to support timely patient care, such as arranging care from non VA providers.

Established Patient Appointments

NF/SG VHS staff who used non count clinics for established patient appointments were not understating the patients' waiting time if they follow proper procedures and recorded the actual desired date of care when they created the appointment in the count clinic. However, schedulers did not always record the actual desired date of care.

We identified two schedulers, one at Gainesville and one at Lake City, who were responsible for canceling appointments in the non count clinics and re-creating appointments in the count clinics. During our interview with the schedulers, they told us that they used the scheduled appointment date as the desired date of care for all appointments that they moved from the non count clinic to the count clinic. This practice showed a waiting time of 0 days for the appointments made using the non count clinic process.

During July and August 2008, the two facilities completed 24,465 established patient appointments of which 1,142 were first placed in a non count clinic. The reported waiting time was 0 days for 1,120 (98 percent) of the 1,142 established patients while for the remaining 23,323 that were placed only in a count clinic, 17,646 (76 percent) reported waiting times of 0 days. Our charge was only to focus on the hotline allegation; therefore, we did not validate the accuracy of the reported waiting times. However, the practice of inputting the appointment date as the desired date in the count clinic will always result in a 0-day waiting time regardless of the desired date inputted into the non count appointment.

Director's Performance Measures

Although the Director's FY 2008 Performance Plan includes patient waiting times as a performance measure, it was not a "mission critical" measure and only accounted for 5 percent of the Director's rating; therefore, the use of non count clinics did not significantly affect his performance appraisal.

Using Non Count Clinics is Inefficient

NF/SG's use of non count clinics results in schedulers increased workload, does not fully consider patient preference, is labor intensive and, in our opinion, is unnecessary.

- The non count process results in having to create an appointment twice which increases their workload. Non count clinics are essentially mirror images of count clinics. Approximately 3-4 weeks before the scheduled appointment, the scheduler cancels the appointment shown in the non count clinic and re-creates the appointment in the count clinic. Many NF/SG clinics have not been required to establish a non count clinic profile. Instead, they enter the appointment directly into the count clinic. In our opinion, this accomplishes the same results with less work.

- Facility management told us that using non count clinics is a "bridge" to a patient preference type of scheduling process. However, they are not yet contacting patients prior to scheduling and as a result, schedulers send a letter to the patient with an appointment date and time already assigned. Further, facility management stated that while we may consider this practice inefficient, they believe it serves as a critical tracking tool to ensure that all follow-up appointments in the future are scheduled and completed. VHA has previously stated that the optimum practice is to contact the patient about 30 days prior to their desired appointment date to determine an acceptable appointment date and time. According to VHA, this practice minimizes the number of no shows and takes into account patient preference. NF/SG's use of non count clinics (and even the practice of scheduling directly into the count clinics) results in a scheduled appointment of up to a year in advance—but within the required 30 days or 120 days of the desired date of care depending on service connection.

- The non count process results in a significant one-time labor intensive effort of moving all scheduled appointments into a non count clinic. This is done initially when a clinic adopts the practice of scheduling appointments using non count clinics.

Allegation 2: The Use of Non Count Clinics Increases the Risk of Double Booking Appointments.

We did not substantiate this allegation. The complainant reported that there is an increased risk of double booking an appointment slot because schedulers can make appointments in the count clinic and non count clinic at the same time. Specifically, appointments were being made in the count clinic without reviewing the non count clinic schedule resulting in two patients in one appointment slot.

During interviews staff admitted experiencing this problem while initially establishing non count clinics, but we found no evidence supporting a significant double booking

problem. They stated that double booking does not happen very often. We concluded that there was no significant increased risk in double booking appointments due to the use of non count clinics.

Allegation 3: Scheduling Clerks Maintained Paper Waiting Lists to Avoid Scheduling Patients Past 30 Days.

We did not substantiate this allegation. The complainant reported that because schedulers are no longer allowed to schedule appointments past 30 days, schedulers maintain paper copies of the request until the desired appointment date is within 30 days.

We interviewed 20 schedulers from both facilities. None of the schedulers admitted to having any informal waiting lists such as paper copies of appointment requests. We also conducted visual inspections of the schedulers' work areas and saw no evidence of paper waiting lists.

Conclusions

We partially substantiated one of the complaints from this hotline. The use of non count clinics when creating appointments for new patients understates the patients' actual waiting time. Even though not many clinics were using non count clinics, there could be a significant problem if non count clinics are used more often.

Recommendations

1. We recommend the NF/SG VHS Director stop using non count clinics for new patient appointments to ensure waiting times are calculated correctly.

2. We recommend the NF/SG VHS Director stop using non count clinics for established patients to ensure schedulers do not have to duplicate their patient scheduling efforts and patient preference is incorporated in the scheduling process.

Comments

The VISN Director and System Director agreed and stated that the use of non count clinics would be phased out by March 31, 2009. They provided acceptable implementation plans. See Appendixes A and B for the full text of their comments.

Appendix A

VISN Director Comments

Department of Veterans Affairs **Memorandum**

Date: November 21, 2008

From: Director, VA Sunshine Healthcare Network (10N8)

Subject: Review of Alleged Manipulation of Waiting Times, North Florida/South Georgia Veterans Health System

To: Assistant Inspector General for Audit (52)
Director, Management Review Service (10B5)

1. I have reviewed and concur with the findings and recommendations from the Review of Alleged Manipulation of Waiting Times, North Florida/South Georgia Veterans Health System.

2. Corrective action plans have been established with planned completion dates, as detailed in the attached report.

//Signed//

Nevin M. Weaver, FACHE

Appendix B

System Director Comments

Department of Veterans Affairs **Memorandum**

Date: November 21, 2008

From: Director, North Florida/South Georgia Veterans Health System (573)

Subject: Review of Alleged Manipulation of Waiting Times, North Florida/South Georgia Veterans Health System

To: Assistant Inspector General for Audit (52)
Director, Management Review Service (10B5)
Director, VA Sunshine Healthcare Network (10N8)

1. We thank you for allowing us the opportunity to review and respond to the subject report.

2. We concur with the conclusions and recommendations presented by the Office of the Inspector General. We present you with the plans of action designed to correct those areas for which recommendations were provided.

The following comments are submitted in response to the recommendations in the OIG's Report:

OIG Recommendations

Recommendation 1. We recommend the NF/SG VHS Director stop using non count clinics for new patient appointments to ensure waiting times are calculated correctly.

Concur **Target Completion Date:** **March 31, 2009**

NF/SG VHS will phase out the use of non count clinics effective March 31 2009. This will provide time to safely remove the patients and is within the expected date for the new national Veterans Health Information Systems and Technology Architecture (VistA) recall system.

Appendix B

System Director Comments

Recommendation 2. We recommend the NF/SG VHS Director stop using non count clinics for established patients to ensure schedulers do not have to duplicate their patient scheduling efforts and patient preference is incorporated in the scheduling process.

Concur **Target Completion Date:** **March 31, 2009**

NF/SG VHS will phase out the use of non count clinics effective March 31 2009. This will provide time to safely remove the patients and is within the expected date for the new national VistA recall system.

//Signed//

Thomas A. Cappello, FACHE

Appendix C

OIG Contact and Staff Acknowledgments

OIG Contact	Larry M. Reinkemeyer (816) 997-6940
Acknowledgments	Daniel Morris Carla Reid

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