



Testimony  
Before the Committee on Veterans'  
Affairs, House of Representatives

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# VETERANS' HEALTH CARE

## Preliminary Observations on Veterans' Access to Choice Program Care

Statement of Statement of Randall B. Williamson,  
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# GAO Highlights

Highlights of [GAO-17-397T](#), a testimony before the Committee on Veterans' Affairs, House of Representatives

## Why GAO Did This Study

Congress created the Choice Program in 2014 to address longstanding challenges with veterans' access to care at VA medical facilities. While the existing Choice Program will expire on or before August 7, 2017, VHA has submitted to Congress a plan for consolidating several programs that provide similar care through non-VA providers into a new, single VA community care program in fiscal year 2018.

This statement provides GAO's preliminary observations about, among other things, (1) VA's process for scheduling Choice Program appointments for routine care, and (2) what is known about the timeliness of veterans' Choice Program appointments for routine care and urgent care. This statement is based on ongoing work for which GAO reviewed applicable laws and regulations, VA's TPA contracts, and relevant VHA policies and guidance. GAO also visited 6 of 168 VAMCs and reviewed a random, non-generalizable sample of 196 Choice Program authorizations. These authorizations were for veterans who were referred to the Choice Program by the 6 VAMCs between January 2016 and April 2016. GAO also interviewed VA, VHA, and TPA officials. Results from GAO's analysis cannot be generalized to all Choice Program authorizations or all VAMCs.

When GAO completes its ongoing work, it will make recommendations as appropriate.

View [GAO-17-397T](#). For more information, contact Randall B. Williamson at (202) 512-7114 or [williamsonr@gao.gov](mailto:williamsonr@gao.gov).

March 7, 2017

## VETERANS' HEALTH CARE

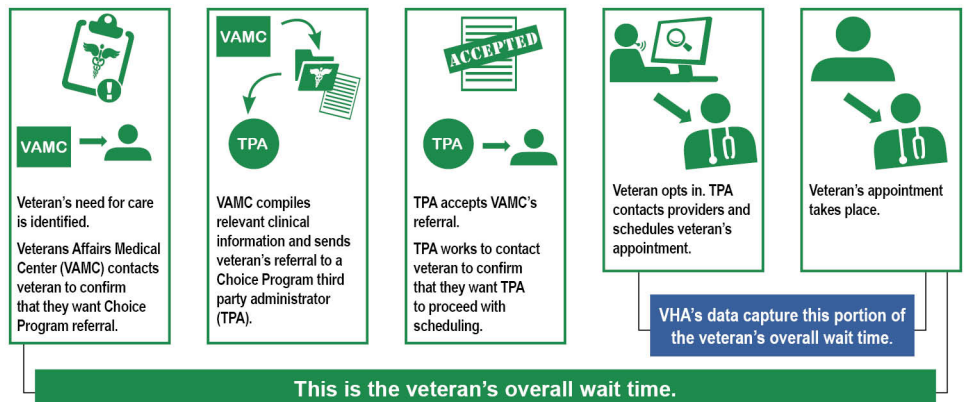
### Preliminary Observations on Veterans' Access to Choice Program Care

## What GAO Found

Under the Veterans Choice Program (Choice Program), veterans may receive care from non-Veterans Health Administration (VHA) health care providers when timely care from VHA providers is not available or readily accessible. The Department of Veterans Affairs (VA) uses two contractors—or third party administrators (TPA)—to administer the program. Among other things, the TPAs schedule most veterans' Choice Program appointments after receiving referrals from VA medical centers (VAMC). GAO's preliminary analysis indicates that veterans who are referred to the Choice Program for routine care because services are not available at VA in a timely manner could potentially wait up to 81 calendar days to obtain care if VAMCs and the TPAs take the maximum amount of time VA allows to accomplish its appointment scheduling process.

GAO's preliminary analysis also indicates that VHA cannot determine the average overall wait times veterans have actually experienced under the Choice Program because it lacks complete, reliable data to do so. For example, VHA's data do not capture (1) the time it takes VAMCs to prepare veterans' referrals and send them to the TPAs, or (2) the time spent by TPAs in accepting referrals and contacting veterans to opt them in to the Choice Program.

#### Illustration of How VHA's Data Capture Only a Portion of the Choice Program Scheduling Process



Sources: VHA (information); GAO (illustration). | GAO-17-397T

GAO's preliminary analysis indicates that selected veterans experienced lengthy overall wait times for Choice Program care in 2016. For example, among the non-generalizable sample of 55 routine care authorizations GAO reviewed, VAMCs took an average of 24 calendar days to send veterans' referrals to the TPAs, and the TPAs took an average of 14 calendar days to accept these referrals and opt veterans in to the program. An average of 26 calendar days elapsed after the TPAs scheduled appointments until veterans' initial appointments for routine care occurred. For the 53 urgent care authorizations in GAO's sample, it took an average of 27 calendar days for VAMCs to send the referrals to the TPAs, 18 calendar days for the TPAs to accept the referrals and opt the veterans in, and 18 calendar days after the TPAs scheduled veterans' initial Choice Program appointments until they occurred.

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Chairman Roe, Ranking Member Walz, and Members of the Committee:

I am pleased to be here today to discuss our ongoing work related to veterans' access to health care services through the Veterans Choice Program (Choice Program). The majority of veterans utilizing health care services delivered by the Veterans Health Administration (VHA) of the Department of Veterans Affairs (VA) receive care in VHA-operated medical facilities, including 168 VA medical centers (VAMC) and more than 1,000 outpatient facilities. However, some VHA medical facilities have long wait times for veterans to obtain appointments or do not offer certain specialty care services on site. In recent years, we and others have expressed concerns about VHA's ability to provide health care services within its own facilities in a timely manner.<sup>1</sup> In some cases, the delays in care or VHA's failure to provide care reportedly have resulted in harm to veterans. Due to these and other concerns, we concluded that VA health care is a high-risk area and added it to our High Risk List in 2015.<sup>2</sup>

These serious and longstanding problems with veterans' access to care were highlighted in a series of congressional hearings in the spring and summer of 2014, when a well-publicized series of events raised additional concerns about VHA's ability to deliver health care services in a timely manner. In response to these concerns, the Veterans Access, Choice, and Accountability Act of 2014 (Choice Act) was enacted on August 7,

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<sup>1</sup>See, for example, *VA Health Care: Reliability of Reported Outpatient Medical Appointment Wait Times and Scheduling Oversight Need Improvement*, [GAO-13-130](#) (Washington, D.C.: Dec. 21, 2012); *GAO, VA Health Care: Management and Oversight of Consult Process Need Improvement to Help Ensure Veterans Receive Timely Outpatient Specialty Care*, [GAO-14-808](#) (Washington, D.C.: Sept. 30, 2014); *GAO, Primary Care: Improved Oversight Needed to Better Ensure Timely Access and Efficient Delivery of Care*, [GAO-16-83](#) (Washington, D.C.: Oct. 8, 2015); and *GAO, VA Mental Health: Clearer Guidance on Access Policies and Wait-Time Data Needed*, [GAO-16-24](#) (Washington, D.C.: Oct. 28, 2015). See also: Department of Veterans Affairs, Office of Inspector General, *Healthcare Inspection: Gastroenterology Consult Delays, William Jennings Bryan Dorn VA Medical Center, Columbia, South Carolina*, Report No. 12-04631-313 (Washington, D.C.: Sept. 6, 2013) and Department of Veterans Affairs, Office of Inspector General, *Veterans Health Administration, Review of Alleged Patient Deaths, Patient Wait Times, and Scheduling Practices at the Phoenix VA Health Care System*, Report No. 14-02603-267 (Washington, D.C.: Aug. 26, 2014).

<sup>2</sup>GAO, *High-Risk Series: An Update*, [GAO-15-290](#) (Washington, D.C.: Feb. 11, 2015). GAO maintains a high-risk program to focus attention on government operations that it identifies as high risk due to their greater vulnerabilities to fraud, waste, abuse, and mismanagement or the need for transformation to address economy, efficiency, or effectiveness challenges.

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2014. This law provided temporary authority and \$10 billion in funding through August 7, 2017 (or sooner, if those funds are exhausted) for veterans to obtain health care services from non-VA community providers to address long wait times, lengthy travel distances, or other challenges accessing care at VA medical facilities.<sup>3</sup> Under this authority, VA introduced the Choice Program in November 2014, and as of October 1, 2016, about \$4.5 billion of the \$10 billion originally appropriated remained available for the program.

In accordance with the law, VHA had up to 90 days to prepare for Choice Program implementation from the time the Choice Act was enacted. To cope with the compressed implementation timeframe, VA modified contracts it had previously established with Health Net Federal Services (Health Net) and TriWest Healthcare Alliance (TriWest) for the administration of a different VA community care program to give them responsibility for Choice Program administration. Each contractor—or third party administrator (TPA)—is responsible for delivering Choice Program care in a specific multi-state region, where they establish networks of community providers, schedule appointments for eligible veterans, and pay community providers for their services. Recent media reports and congressional hearings have highlighted weaknesses affecting the Choice Program, such as insufficient provider networks, significant delays in scheduling appointments, and a lack of timely payments to network providers.<sup>4</sup>

My statement today will draw from our ongoing work examining the timeliness of veterans' access to care through the Choice Program. We plan to issue a final report on our review in spring 2017. In particular, this statement reflects our preliminary observations examining:

1. the process VA has established for scheduling Choice Program appointments for routine care;

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<sup>3</sup>Pub. L. No. 113-146, 128 Stat. 1754 (2014).

<sup>4</sup>See, for example, Lawrence Quil, Eric Whitney, and Michael Tomsic, "Despite \$10B 'Fix,' Veterans Are Waiting Even Longer To See Doctors." *Morning Edition* (radio program), May 16, 2016. Accessed January 27, 2017. <http://www.npr.org/sections/health-shots/2016/05/16/477814218/attempted-fix-for-va-health-delays-creates-new-bureaucracy>. Also see Lee Romney, "Veterans Choice is flawed, but Congress is stymied on a solution," *The Center for Investigative Reporting*, September 28, 2016. Accessed January 27, 2017. <https://www.revealnews.org/article/veterans-choice-is-flawed-but-congress-is-stymied-on-a-solution>.

2. what is known about the timeliness of veterans' Choice Program appointments for routine care and urgent care; and
3. VHA's recent actions and plans to improve the timeliness with which veterans receive health care services through the Choice Program.

As part of our ongoing work, we reviewed applicable laws and regulations; VA's contracts with the TPAs; relevant VA and VHA policy directives, guidance, and training materials for VAMCs; and relevant VHA documentation about Choice Program improvement projects, such as summaries and fact sheets. We also interviewed a VA contracting official and officials from VHA's Office of Community Care (the office responsible for implementing and overseeing the Choice Program), as well as officials from the two Choice Program TPAs, Health Net and TriWest.

In addition, we examined non-generalizable samples of six VAMCs and 196 authorizations for veterans who were referred to the Choice Program by those six VAMCs between January 2016 and April 2016.<sup>5</sup> We selected our sample of VAMCs to include variation in geographic location, three VAMCs that serve rural veteran populations, three VAMCs that serve urban veteran populations, three VAMCs that were served by Health Net, and three that were served by TriWest. (See table 1.)

**Table 1: Non-Generalizable Sample of Veterans Affairs Medical Centers (VAMC) GAO Visited for Review of the Veterans Choice Program (Choice Program)**

VAMC (location)	Rural or urban <sup>a</sup>	Choice Program third party administrator that serves the VAMC	
		Health Net Federal Services	TriWest Healthcare Alliance
Togus VAMC (Augusta, ME)	rural	✓	
Muskogee VAMC (Muskogee, OK)	rural		✓
Alaska VA Health Care System (Anchorage, AK)	urban – location rural I – population served		✓
VA Eastern Colorado Health Care System (Denver, CO)	urban	✓	
VA Northern California Health Care System (Mather, CA)	urban		✓
Durham VAMC (Durham, NC)	urban	✓	

Source: GAO | GAO-17-397T

<sup>5</sup>These were the most recent Choice Program authorization data that were available when we began our ongoing review.

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<sup>a</sup>In this table, urban and rural classifications are based on U.S. Census measures of the population density where the VAMC is located, unless otherwise noted.

To select our random, non-generalizable sample of 196 Choice Program authorizations, we obtained VA data on all authorizations created by the TPAs between January and April 2016 for veterans who were referred to the program by the six VAMCs we visited. The 196 authorizations included 55 randomly selected authorizations for routine care and 53 randomly selected urgent care authorizations for which the TPAs succeeded in scheduling appointments for veterans.<sup>6</sup> We selected our sample of routine and urgent authorizations to include only authorizations for which the TPAs did not meet VA's appointment scheduling goals at one phase of the appointment scheduling process: when the TPAs attempt to schedule appointments after the veterans have opted in to the program.<sup>7</sup> This was to ensure that our sample included only authorizations for which scheduling was delayed, so that we could examine the potential causes of appointment scheduling delays, whether delays also occurred at other phases of the process (such as when VAMCs were preparing the veterans' referrals or when the TPAs were attempting to reach the veterans to opt them into the program), and the veterans' overall wait times for Choice Program care.<sup>8</sup> The 196 authorizations also included 88 randomly selected authorizations that the TPAs returned to VA without scheduling appointments for any one of the

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<sup>6</sup>Under VA's contracts with the TPAs, Choice Program referrals and authorizations are to be marked as "urgent" when a VA clinician has determined that the veteran needs care that (1) is considered essential to evaluate and stabilize conditions and (2) if not provided would likely result in unacceptable morbidity or pain when there is a significant delay in evaluation or treatment. Under VA's Choice Program contracts, urgent care is not the same as care provided for a medical emergency, which is covered through different VA community care programs. Urgent care (rather than emergent care) delivered through the Choice Program is care that is delivered when there is no threat to the veteran's life, limb, or vision but the veteran's condition needs attention to prevent it from becoming a serious risk to the veteran's health.

<sup>7</sup>Under VA's contracts with the TPAs, VA requires that the TPAs schedule routine Choice Program appointments within 5 business days after veterans opt into the Choice Program. VA also requires that the TPAs schedule veterans' urgent Choice Program appointments and ensure that veterans attend them within 2 business days after veterans opt in to the Choice Program.

<sup>8</sup>As we discuss later in this statement, VHA could not provide complete, reliable data that would have allowed us to include authorizations in our sample that were delayed at other points of the Choice Program appointment scheduling process, such as the period when VAMCs prepare referrals for the TPAs or the period between the TPAs' receipt of referrals and initiation of appointment scheduling.

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following three reasons—(1) VA requested the authorization be returned, (2) VA data was missing from the referral, and (3) the veteran declined or did not want Choice Program care.<sup>9</sup> For all 196 Choice Program authorizations in our sample, we reviewed VHA documentation (specifically, the veterans' VA electronic health records) and TPA documentation to track the number of calendar days that elapsed at each step of the Choice Program appointment scheduling process.<sup>10</sup> For the authorizations that the TPAs returned to the VAMCs without making appointments, we examined VHA and TPA documentation to determine whether the veterans eventually obtained care through other means—such as through another VA community care program, a different Choice Program referral, or at a VA medical facility—and how long it took to receive that care. To assess the reliability of the authorization data we used, we interviewed knowledgeable agency officials, manually reviewed the content of the data, and electronically tested it for missing values. We concluded that these data were sufficiently reliable for the purposes of our reporting objectives. The findings from our review of Choice Program authorizations cannot be generalized beyond the VAMCs and the veterans' Choice Program authorizations we reviewed.

We are conducting the work upon which this statement is based in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our preliminary findings and conclusions based on our audit objectives.

We shared the information in this statement with VA to obtain its views. Officials provided us with technical comments, which we have incorporated as appropriate. When we complete our ongoing work, we will also make recommendations related to improving the timeliness of veterans' Choice Program care as appropriate.

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<sup>9</sup>We limited our sample of returned authorizations to these three return reasons because we wanted to determine if the return reasons entered by the TPAs could be substantiated by evidence from the veterans' VA electronic health records.

<sup>10</sup>In this statement, "days" refers to calendar days, unless otherwise indicated.

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## Background

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### Choice Program Eligibility and Required Referral Hierarchy

As stated in VA's December 2015 guidance, the Choice Program allows eligible veterans to obtain health care services from the TPAs' network providers rather than from VHA providers when the veterans meet any of the following criteria:

- the next available medical appointment with a VHA provider is more than 30 days from the veteran's preferred date or the date the veteran's physician determines he or she should be seen;
- the veteran lives more than 40 miles driving distance from the nearest VHA facility with a full-time primary care physician;
- the veteran needs to travel by air, boat, or ferry to the VHA facility that is closest to his or her home;
- the veteran faces an unusual or excessive burden in traveling to a VHA facility based on geographic challenges, environmental factors, or a medical condition;<sup>11</sup>
- the veteran's specific health care needs, including the nature and frequency of care needed, warrants participation in the program;<sup>12</sup> or
- the veteran lives in a state or territory without a full-service VHA medical facility.<sup>13</sup>

In addition, in May and October of 2015, VHA issued policy memoranda to its VAMCs requiring them to offer eligible veterans referrals to the

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<sup>11</sup>A determination about whether the veteran meets this criterion will be made in conjunction with staff at the veteran's local VHA medical facility.

<sup>12</sup>A determination about whether the veteran meets this criterion will be made in conjunction with staff at the veteran's local VHA medical facility.

<sup>13</sup>Specifically, veterans who reside in Alaska, Hawaii, New Hampshire, or a U.S. territory would be eligible for the program under this criterion. Veterans residing in New Hampshire are only eligible if they reside more than 20 miles away from the White River Junction VAMC, which is located in Vermont.



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Choice Program before they authorize care through other VA community care programs.<sup>14</sup>

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**Choice Program Utilization  
from Fiscal Year 2015  
through Fiscal Year 2016**

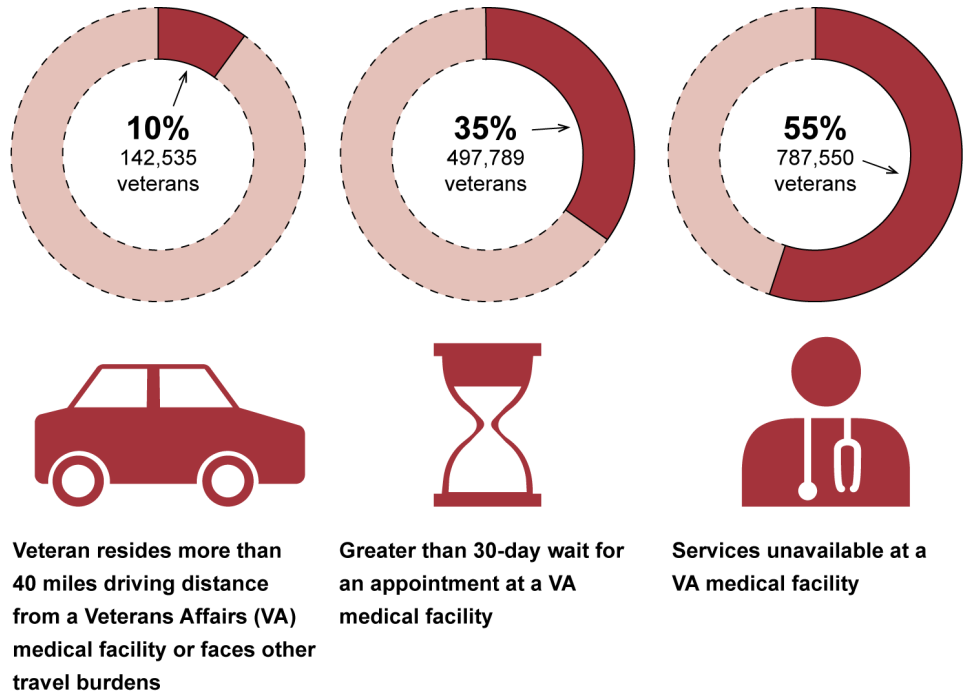
From fiscal year 2015 through fiscal year 2016 (the first two years of the Choice Program's implementation), data we obtained from the TPAs indicate that more than half of the veterans who were referred to the Choice Program and for whom the TPAs scheduled appointments were referred because the services they needed were not available at a VA medical facility.<sup>15</sup> The second-most-common reason for referral was that the wait time for an appointment at a VA medical facility exceeded 30 days. (See figure 1.)

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<sup>14</sup>Specifically, when services are unavailable or the veteran cannot receive an appointment within 30 days; these memoranda require VAMCs to determine whether needed services are available in a timely manner from another VA medical facility or from a facility with which the VAMC has a sharing agreement, such as a Department of Defense, Indian Health Service, or Tribal Health facility. If care cannot be arranged in this manner, VAMCs must offer eligible veterans the opportunity to receive care through the Choice Program before attempting to arrange care through any other VA community care program.

<sup>15</sup>Prior to obtaining these data from the TPAs, we requested data from VHA on the number of veterans who were referred to the Choice Program because (1) services were unavailable, (2) there was a greater than 30-day wait, or (3) the veteran resided more than 40 miles from a VA facility or faced other travel burdens. However, VHA officials stated that VHA's data grouped veterans who were referred to the Choice Program because services were unavailable together with the veterans who were referred because of 30-day wait times. Only the TPAs could break these groups of veterans out separately, so we are instead reporting the TPAs' data here.

**Figure 1: Most Common Reasons Veterans with Scheduled Choice Program Appointments Were Referred to the Program, Fiscal Years 2015 through 2016**



Source: GAO analysis of data from Health Net Federal Services and TriWest Healthcare Alliance. | GAO-17-397T

Note: This excludes 7,198 veterans with scheduled appointments who were referred to the Choice Program in fiscal year 2015 and fiscal year 2016 because they faced an unusual or excessive travel burden to access care at a VA medical facility. Only one of the two third party administrators (TPA) could separately report veterans who were referred under this Choice Program eligibility criterion. The other TPA does not distinguish veterans who were referred for unusual or excessive travel burden from the other three Choice Program referral reasons listed here.

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## Process for Choice Program Appointment Scheduling

Through its policies and standard operating procedures for VAMCs and its contracts with the TPAs, VA has established a process for Choice Program appointment scheduling.<sup>16</sup> The process differs depending on the criterion under which a veteran is utilizing the Choice Program. Table 2 below provides an overview of the appointment scheduling process that applies when a veteran is referred to the program because the veteran cannot obtain an appointment within 30 days. VA's contracts require that routine care appointments for these time-eligible veterans shall take place within 30 days of the clinically indicated date on the VAMC's referral to the TPA, which is consistent with VA's wait-time goal for care at a VA medical facility.<sup>17</sup>

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<sup>16</sup>Officials from VA's Denver Acquisition and Logistics Center are responsible for developing and managing Choice Program contracts with the TPAs. Contracting officer's representatives in VHA's Office of Community Care are responsible for monitoring the TPAs' performance. VHA's Office of Community Care is also responsible for developing policies and standard operating procedures, communicating contract modifications and other programmatic changes to VAMCs, and providing training for VAMC managers and staff on their roles in coordinating veterans' Choice Program care.

<sup>17</sup>The clinically indicated date on the VAMC's referral is the date that it would be clinically appropriate for the appointment to occur, as determined by the sending VA provider. The clinically indicated date determination is based upon the needs of the patient and should be the soonest date that it would be clinically appropriate for the veteran to receive care. While appointments for routine care for time-eligible veterans must occur with 30 days of the clinically-indicated date on the VAMC's referral, VA's contracts require that these veterans' appointments for urgent care shall take place within 2 business days of the TPA accepting the VAMC's referral.

**Table 2: Process for Veterans to Obtain Choice Program Care if They Are Time-eligible<sup>a</sup>**

Steps of the Choice Program scheduling process	Steps completed by staff at VA medical center (VAMC)	Steps completed by staff at Choice Program third party administrator (TPA)	Steps completed by the veteran
1. A Veterans Affairs (VA) clinician determines the veteran needs care.	✓		
2. VAMC staff confirm the veteran's eligibility for Choice Program care and begin contacting the veteran to offer a referral to the Choice Program.	✓		
3. The veteran agrees to be referred to the Choice Program.			✓
4. VAMC staff compile relevant clinical information (including a description of the specific services and type of medical specialist the veteran needs) and submit the veteran's referral to the TPA.	✓		
5. TPA staff review the veteran's Choice Program referral to ensure it contains information needed to proceed with appointment scheduling and accept the referral if the information is sufficient.		✓	
6. TPA staff contact the veteran by telephone to confirm that they want to opt in to the Choice Program. If the veteran is not reached by telephone, the TPA sends a letter requesting that the veteran contact the TPA to opt in to the program.		✓	
7. If the veteran opts into the Choice Program, TPA staff create an authorization and begin efforts to schedule an appointment with a community provider.		✓	
8. TPA staff schedule an appointment with a community provider. The authorization (which contains relevant clinical information, a description of authorized services, and a period of validity) is sent to the community provider. The veteran is informed of the date and time of the appointment.		✓	
9. The veteran attends the initial appointment with the Choice Program community provider.			✓

Source: GAO analysis of VA and VHA documents. | GAO-17-397T

Note: VA's contracts require that Choice Program appointments for routine care for time-eligible veterans shall take place within 30 days of the clinically indicated date on the VAMC's referral to the TPA. The clinically indicated date on the VAMC's referral is the date that it would be clinically appropriate for the appointment to occur, as determined by the sending VA provider. The clinically indicated date determination is based upon the needs of the patient and should be the soonest date that it would be clinically appropriate for the veteran to receive care. While appointments for routine care for time-eligible veterans must occur within 30 days of the clinically-indicated date on the VAMC's referral, VA's contracts require that Choice Program appointments for urgent care take place within 2 business days of the TPA accepting the VAMC's referral.

<sup>a</sup>Veterans are time-eligible for the Choice Program when no VA appointments are available within 30 days.

When veterans are eligible for the Choice Program because they reside more than 40 miles from a VA medical facility, VA's contract requires the TPA to schedule an appointment within 30 days of the veteran's preferred

appointment date. For these veterans, VAMCs do not prepare a referral and send it to the TPA. Instead, these veterans can contact the TPA directly to request Choice Program care. See table 3 for an overview of the Choice Program appointment scheduling process that applies for distance-eligible veterans.

**Table 3: Process for Veterans to Obtain Choice Program Care if They Are Distance-eligible**

Steps of the Choice Program scheduling process	Steps completed by staff at VA medical center (VAMC)	Steps completed by staff at Choice Program third party administrator (TPA)	Steps completed by the veteran
1. The veteran contacts the TPA to request Choice Program care.			✓
2. TPA staff verify that the veteran is eligible for the Choice Program care and that the requested care is medically appropriate.		✓	
3. TPA staff create an authorization and begin efforts to schedule an appointment with a community provider.		✓	
4. TPA staff schedule an appointment with a community provider. The authorization (which contains relevant clinical information, a description of authorized services, and a period of validity) is sent to the community provider. The veteran is informed of the date and time of the appointment.		✓	
5. The veteran attends the initial appointment with the Choice Program community provider.			✓

Source: GAO analysis of VA and VHA documents. | GAO-17-397T

## Future Consolidation of VA Community Care Programs

The VA Budget and Choice Improvement Act, which was enacted on July 31, 2015, required VA to develop a plan for consolidating all non-Department provider programs (currently about 10) into a new, single program to be known as the “Veterans Choice Program.”<sup>18</sup> VHA submitted this plan to Congress on October 30, 2015, and according to this plan, the agency expects to implement a consolidated community care program in fiscal year 2018. While the existing Choice Program will

<sup>18</sup>Pub. L. No. 114-41, § 4002, 129 Stat. 443, 461 (2015). In addition to the Choice Program, VHA has purchased health care services from community providers through other programs since as early as 1945. The primary means by which VHA has traditionally purchased care is through individual authorizations. In addition, VHA purchases community care (for example) through two different emergency care programs and through the Patient-Centered Community Care Program, which is also administered by Health Net and TriWest. For more information about VA’s other community care programs, see GAO, *Veterans’ Health Care: Proper Plan Needed to Modernize System for Paying Community Providers*, [GAO-16-353](#) (Washington, D.C.: May 11, 2016).

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expire on or before August 7, 2017, the consolidated community care program VHA described in its October 2015 plan and in the December 2016 request for proposals (RFP) issued by VA's Denver Acquisition and Logistics Center is similar to the current Choice Program in certain respects. For example, VHA's consolidated community care program would be partly administered by TPAs, which would establish regional "high-performing networks" of community providers and process payments to those providers. However, the RFP states that staff at VAMCs will have responsibility for appointment scheduling. The RFP also indicates that the department is planning to award contracts before the end of fiscal year 2017. To support VHA's planned consolidation of its community care programs, VA has requested that Congress enact legislation to streamline and simplify veterans' community care eligibility requirements.

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## VA Has Established a Choice Program Appointment Scheduling Process Under Which Veterans' Wait Times for Routine Care Could Exceed VA's 30-Day Goal

Our preliminary analysis of VA's process indicates that veterans who are referred to the Choice Program for routine care because services are not available in a timely manner at VA could potentially wait up to 81 calendar days to obtain care. This is in contrast to VA's wait time goal for the Choice Program, which is that time-eligible veterans receive routine care no more than 30 calendar days from the date an appointment is deemed clinically appropriate by a VA health care provider (referred to as the clinically indicated date), or if no such determination has been made, 30 calendar days from the date the veteran prefers to receive care. In practice, the maximum potential wait time of about 81 calendar days encompasses 21 or more calendar days for VAMCs to prepare veterans' Choice Program referrals, 30 calendar days for TPAs to schedule appointments, and another 30 calendar days for appointments to occur, as follows:

- **VAMCs' process and timeframes for preparing routine Choice Program referrals.** According to VHA policies and guidance, VAMC staff have at least 21 calendar days to confirm that veterans want to

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be referred to the Choice Program and to send veterans' referrals to the TPAs:<sup>19</sup>

- They have up to 7 calendar days after a VA clinician has determined the veteran needs care to begin contacting an eligible veteran by telephone to offer them a referral to the Choice Program.
- They have up to 14 calendar days after initiating contact to reach the veteran by telephone or letter and confirm that they want to be referred to the Choice Program.
- After confirming that a veteran wants to be referred to the Choice Program, however, VA has not set a limit on the number of days VAMCs should take to compile relevant clinical information and send referrals to the TPAs.
- **TPAs' Choice Program appointment scheduling process.** Through its contracts with the TPAs, VA has established a process that allows the TPAs about 21 business days (or approximately 30 calendar days) after receiving VAMCs' Choice Program referrals to schedule veterans' routine care appointments:<sup>20</sup>
  - 2 business days to review the VAMC's referral and accept it if it contains sufficient information to proceed with appointment scheduling,
  - 4 business days to contact the veteran by telephone and confirm they want to opt in to the Choice Program (which means that the veteran wants to receive care through the Choice Program and have the TPA proceed with appointment scheduling),

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<sup>19</sup>According to officials from VHA's Office of Community Care, VAMC staff are to follow VHA's policy directive for consult management when they are preparing veterans' Choice Program referrals. See VHA Directive 1232(1), Consult Processes and Procedures (Aug. 24, 2016, as amended on Sept. 23, 2016). VHA's Office of Community Care has provided further guidance related to the responsibilities of VAMC staff in preparing Choice Program referrals through standard operating procedures and training materials. The 21-calendar-day time period begins with the date the veteran's VA clinician signaled the veteran's need for care by entering a consult into the veteran's VA electronic health record. A consult is a request entered by a VA clinician on behalf of a patient seeking an opinion, advice, or expertise regarding evaluation or management of a specific problem.

<sup>20</sup>The contractual requirement that Choice Program appointments for routine care shall take place within 30 calendar days of the clinically indicated date does not account for the potential 21 days that may have already elapsed during VAMCs' process for preparing Choice Program referrals.

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- if the veteran is not reached by telephone, 10 business days for the veteran to respond to a letter confirming that they want to opt in, and
  - 5 business days to contact providers and successfully schedule the veteran's Choice Program appointment.<sup>21</sup>
  - **VA's method for monitoring the timeliness of appointment completion.** When VHA monitors the timeliness with which Choice Program appointments for routine care occur, the date it uses as a starting point varies. Although VA's contracts require routine care appointments for time-eligible veterans to take place within 30 days of the clinically indicated date in the veteran's referral, VA does not always use the clinically indicated date to monitor the TPAs' timeliness of appointment completion. If the clinically indicated date on VA's referral occurred before the date the TPA received the referral—as was the case for about 76 percent of the Choice Program authorizations in the sample we reviewed—VA uses the date on which the TPA succeeded in scheduling the veteran's initial appointment as the starting point for determining whether veterans' Choice Program appointments for routine care occur in a timely manner.<sup>22</sup> In these cases, VA considers an appointment to be timely if it occurred within 30 days of the date the TPA scheduled it.<sup>23</sup>

See figure 2, below, for an illustration of the 81-day potential wait time for veterans to receive routine care through the Choice Program.

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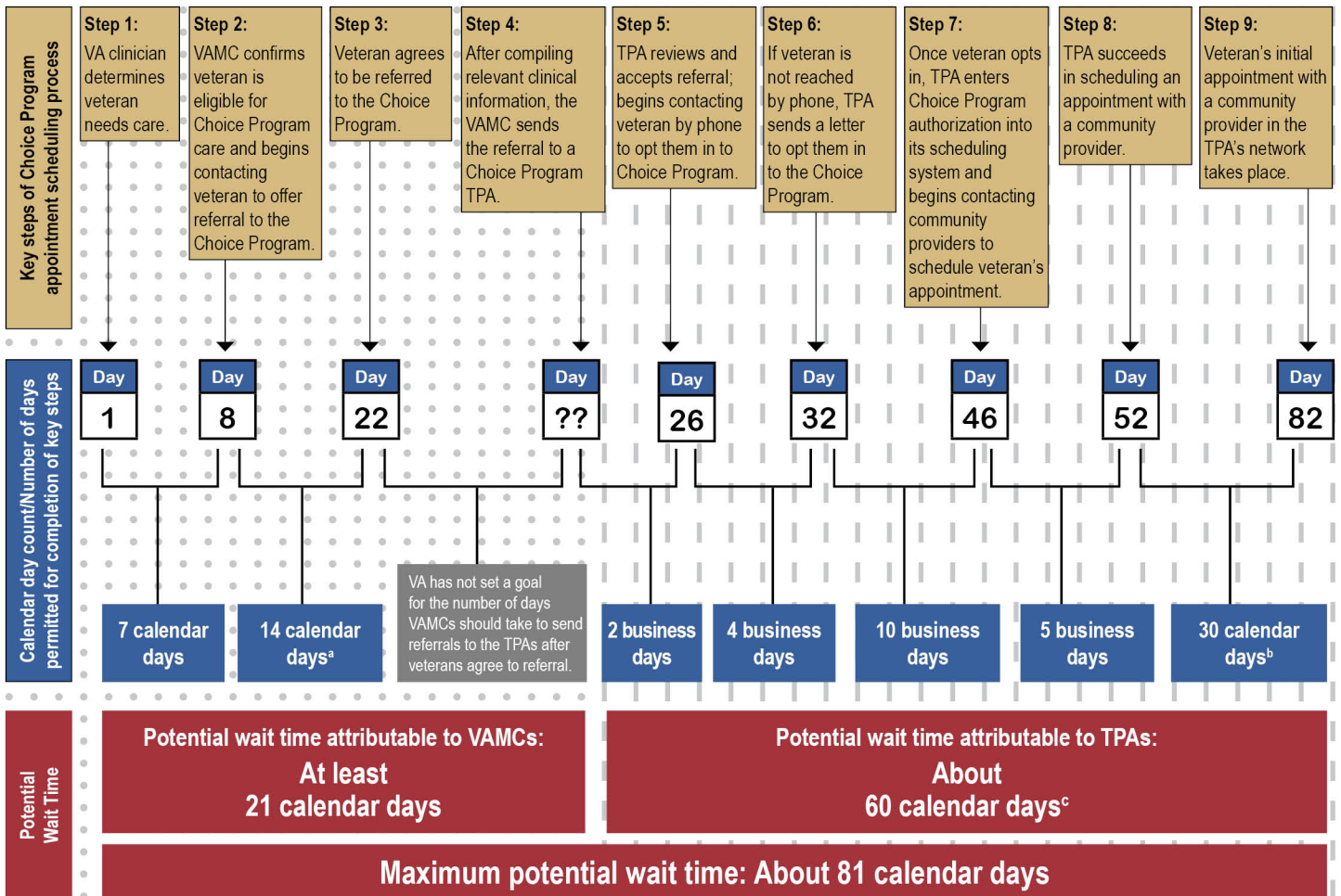
<sup>21</sup>The TPAs would have 29 calendar days to complete the appointment scheduling process if the VAMC sent the referral on a Monday, Tuesday, Wednesday, or Thursday and 31 calendar days if the VAMC sent the referral on a Friday. If there are holidays, the total number of calendar days permitted to elapse may be greater than 29 or 31 calendar days.

<sup>22</sup>Our 76 percent calculation is based on 134 of the 196 Choice Program authorizations in our sample. We could not identify either VA's clinically indicated date or the date the TPA received the referral for a total of 62 of the authorizations in our sample because (for example) the authorizations were for distance-eligible veterans who self-referred to the Choice Program or they were related to requests for additional services after veterans had already initiated an episode of Choice Program care.

<sup>23</sup>According to VA's contracts with the TPAs, performance metrics for timeliness start with a valid authorization for services and specifically state that the contractor will not be penalized in its metrics for delays caused by VA.



**Figure 2: Potential Wait Time for Veterans to Obtain Routine Care through the Choice Program Process**



Veterans Affairs Medical Center (VAMC) process  
 Third party administrator (TPA) process

Source: GAO illustration based on analysis of VHA and TPA documents. | GAO-17-397T

Note: This figure illustrates potential wait times for veterans who are referred to the Choice Program because services are not available in a timely manner at a Department of Veterans Affairs (VA) medical facility. Veterans who are using the Choice Program because they reside more than 40 miles from a VA medical facility would begin the appointment scheduling process by contacting the third party administrator (TPA) directly to request an appointment. For these veterans, the appointment scheduling process would begin at step 7 in the figure above. Because these veterans do not have referrals from VA medical centers (VAMC), VA measures the timeliness of routine appointment scheduling and completion for these veterans on the basis of whether the initial Choice Program appointment occurred within 30 days of the date the veteran preferred to receive care.

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<sup>a</sup>VAMCs must attempt to contact veterans at least once by phone, and if the veterans are not reached, VAMCs must then send letters to the veterans and wait up to 14 calendar days for the veterans to respond that they want to be referred to the Choice Program.

<sup>b</sup>The 30-calendar-day appointment completion timeframe begins with the date the TPA scheduled the appointment only if the TPA receives the VAMC's referral for routine care after the clinically indicated date for a time-eligible veteran has already passed. If the TPA receives a referral before the clinically indicated date has passed, VHA measures timeliness of Choice Program appointment completion on the basis of whether the veteran's appointment occurred within 30 days of the clinically indicated date.

<sup>c</sup>The potential wait time attributable to TPAs would be 59 calendar days if the VAMC sent the referral on a Monday, Tuesday, or Wednesday and 61 calendar days if the VAMC sent the referral on a Thursday or Friday. If there are holidays, the total number of calendar days permitted to elapse may be greater than 59 or 61 calendar days.

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## VHA's Monitoring of the Overall Timeliness of Choice Program Care is Limited, and Selected Veterans Have Experienced Lengthy Waits for Routine and Urgent Care

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### Data Limitations Hamper VHA's Monitoring of Veterans' Overall Wait Times for Choice Program Care

Our preliminary analysis indicates that VHA lacks complete, reliable data to monitor the overall timeliness with which veterans have received routine and urgent care through the Choice Program. Our analysis of a random, non-generalizable sample of 196 Choice Program authorizations indicates that the data VHA uses to monitor appointment wait times in the Choice Program have several key limitations, which include (1) an inability to monitor VAMCs' timeliness in preparing Choice Program referrals, (2) a lack of data on the TPAs' timeliness in accepting referrals and opting veterans in to the Choice Program, (3) issues with the reliability of clinically indicated dates on VAMCs' Choice Program referrals, and (4) VAMCs' and TPAs' miscategorization of routine Choice Program referrals as urgent care referrals.

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## VHA Cannot Calculate the Average Number of Days VAMCs Take to Prepare Choice Program Referrals

Our preliminary analysis indicates that the data VHA currently uses to monitor the timeliness of Choice Program appointment scheduling and completion do not capture the days it takes for VAMCs to prepare veterans' referrals and send them to the TPAs. This is because VHA has not standardized the manner in which VA clinicians and VAMC staff categorize consults that lead to Choice Program referrals.<sup>24</sup> We observed inconsistency in the titles of consults that were associated with the non-generalizable sample of Choice Program authorizations we reviewed. For example,

- consult titles sometimes included the word "Choice," but in other cases they included the words "non-VA care."
- Some of the consult titles indicated the criterion under which the veteran was eligible for the Choice Program and the type of care the veteran needed (for example, "Choice-First Physical Therapy"), while other consult titles only indicated the type of care the veteran needed (for example, "pain management").<sup>25</sup>

We observed this variability among consult titles both within single VAMCs and across all six of the VAMCs we visited.

In the absence of standardized consult titles, VHA has no automated way to electronically extract data from VA's electronic health record and calculate the average number of days it takes for VAMC staff to prepare veterans' Choice Program referrals after veterans have agreed to be referred to the program. Further, without standardized consult titles, VHA cannot monitor veterans' overall wait times—from the time VA clinicians

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<sup>24</sup>A consult is an electronic request entered in VA's electronic health record by a VA clinician who is seeking an opinion, advice, or expertise regarding evaluation or management of a veteran's condition. For the purposes of the Choice Program, the consult entry date is the date a veteran's need for care was originally identified. When there is a wait for a VA appointment or services are unavailable at VA, staff at the VAMC use information from the consult—such as the clinically indicated date determined by the VA clinician and a description of needed services—to prepare veterans' Choice Program referrals.

<sup>25</sup>The term "Choice-First" pertains to veterans who are referred to the Choice Program because services are unavailable at a VA medical facility or the veteran cannot receive an appointment at a VA medical facility or another federal medical facility within VHA's timeliness standards. It comes from VHA's May and October 2015 policy memoranda, which required VAMCs to offer eligible veterans the opportunity to receive care through the Choice Program before attempting to arrange care through any other VA community care program.

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determine veterans need care until the veterans attend their first appointments with Choice Program providers.

The lack of standardized consult titles also prevents VHA from tracking average overall wait times and monitoring the timeliness of care for veterans whose Choice Program authorizations are returned by the TPAs without scheduled appointments. When authorizations are returned, VAMC staff must attempt to arrange care either at a VA medical facility, through the Choice Program by initiating a new Choice Program referral, or through another VA community care program.

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Available VHA Data Do Not Capture the Time Spent By TPAs in Accepting VAMCs' Referrals and Opting Veterans into the Choice Program

Our preliminary analysis indicates that the data VHA currently uses to monitor the timeliness of Choice Program appointments for routine and urgent care capture only a portion of the process that the TPAs carry out to schedule veterans' appointments after they receive referrals from VAMCs. Specifically, VHA's data reflect the timeliness of appointment scheduling and completion after the TPAs create authorizations in their appointment scheduling systems, which (according to VA's contracts) the TPAs must do only after they have received all necessary information from VA and the veteran has opted in to the Choice Program. Therefore, VHA's timeliness data do not capture the time TPAs spend (1) reviewing and accepting VAMCs' referrals, and (2) contacting veterans to confirm that they want to opt into the Choice Program.

During our ongoing work, when we asked how they are monitoring the timeliness of Choice Program appointments, VHA officials provided us the following types of data on the TPAs' appointment scheduling timeliness, all of which reflect the time that elapses only after veterans have opted into the Choice Program and the TPAs have created authorizations:

- the average number of business days the TPAs take after creating authorizations to schedule appointments for routine and urgent care,
- the percentage of appointments for routine care that the TPAs schedule within 5 business days after they create authorizations, and
- the percentage of appointments for urgent care that the TPAs schedule within 2 business days after they create authorizations.

In addition, VHA officials have provided us data on the timeliness with which Choice Program appointments have occurred. Specifically, VHA has provided the following types of data, almost all of which reflect the timeliness with which appointments occur only after veterans have opted

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into the Choice Program and the TPAs have either created authorizations or successfully scheduled veterans' appointments:

- the average number of business days after the TPAs create authorizations in which appointments for routine and urgent care occur,
- the percentage of appointments for routine care that are completed within 30, 60, 90, and 120 business days or more after the TPAs create an authorization,
- the percentage of appointments for routine care that are completed within 30 calendar days of either (1) the TPAs scheduling appointments, (2) the clinically indicated date on the VAMC's referral, or (3) the veteran's preferred date, and<sup>26</sup>
- the percentage of appointments for urgent care that are completed within 2 calendar days of the TPAs creating the authorizations.

Because, as previously explained, VHA lacks data on the average timeliness with which VAMCs prepare Choice Program referrals, and VHA also lacks data on the average amount of time that elapses between when the TPAs receive VAMCs' referrals and when veterans opt in with the TPAs, our preliminary analysis indicates that VHA cannot track veterans' overall wait times for Choice Program care—from the time VA clinicians determine that veterans need care until the veterans attend their first appointments with Choice Program providers. In addition, the lack of data on the timeliness with which the TPAs have (1) accepted VAMCs' referrals and (2) opted veterans in to the program also prevents

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<sup>26</sup>If a veteran is using the Choice Program because services at VA are unavailable or cannot be accessed in a timely manner, VHA's method for determining whether appointments for routine care occur in a timely manner is dependent upon whether the clinically indicated date on the VAMC's referral occurs before or after the date the TPA received the referral. If the clinically indicated date on the VAMC's referral occurred before the date the TPA received the referral—as was the case for about 76 percent of the 134 Choice Program authorizations in our sample for which we could identify clinically indicated dates—VHA uses the date the TPA succeeded in scheduling the appointment as the starting point for monitoring the timeliness of appointment completion. If the clinically indicated date on the VAMC's referral occurs after the date the TPA received the referral, VA considers an appointment for routine care as having occurred in a timely manner if it occurs within 30 days of the clinically indicated date on the VAMC's referral. If veterans are using the Choice Program because they reside more than 40 miles from a VA medical facility, VHA measures the timeliness with which appointments for routine care are completed on the basis of whether the initial Choice Program appointments occurred within 30 days of the date the veterans preferred to receive care.

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VHA from assessing whether the TPAs' average timeliness in completing these actions has improved over time.

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**Clinically Indicated Dates Are Sometimes Changed by VAMC Staff**

Our preliminary analysis of a sample of 196 Choice Program authorizations shows that another limitation of available VHA data is that the clinically indicated dates included on referrals that VAMCs send to the TPAs may not be identical to the clinically indicated dates that were originally entered by the VA clinicians who treated the veterans. The clinically indicated date is the earliest date an appointment is deemed clinically appropriate by a VA clinician. It could be the same as the date the VA clinician determined the veteran needed care, if there is no clinical reason that the veteran should delay care. If VAMCs' Choice Program referrals have clinically indicated dates that are different from than the ones VA clinicians originally entered, there is risk that VHA's data will not accurately reflect veterans' actual wait times.

VHA's policy directive on consult management and its Choice Program standard operating procedure for VAMCs state that the clinically indicated date is to be determined by the VA clinician who is treating the veteran. However, in reviewing VA's electronic health records for our sample of Choice Program authorizations, we identified 60 cases where the clinically indicated dates VAMC staff entered on Choice Program referrals they sent to the TPAs differed from the clinically indicated dates that were originally entered by VA clinicians.<sup>27</sup> We could not conclusively determine the reason the dates differed. It is possible that VAMC staff mistakenly entered incorrect dates when they manually entered clinically indicated dates on the veterans' Choice Program referrals. It is also possible that VAMC staff inappropriately entered later clinically indicated dates when they sent the referrals to the TPAs because the VAMC staff were delayed in completing the necessary steps of contacting the veteran, compiling relevant clinical information, and sending the referral to the TPA.

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<sup>27</sup>We were able to identify clinically indicated dates for 134 of the 196 Choice Program authorizations in our sample. We could not identify VA's clinically indicated dates for a total of 62 of the authorizations in our sample. Clinically indicated dates were missing for these 62 authorizations because (for example) they were for distance-eligible veterans who self-referred to the Choice Program or the authorizations were related to requests for additional services after veterans had already initiated an episode of Choice Program care.

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## VAMCs and TPAs Frequently Miscategorize Routine Choice Program Referrals as Urgent Referrals

Our preliminary results indicate that another limitation of VHA's available data on the timeliness of Choice Program care is that VAMCs and TPAs do not always adhere to the Choice Program's contractual definition for urgent care when they are processing referrals and scheduling appointments. If Choice Program referrals for routine care are inappropriately categorized as urgent care referrals, VHA's data on the timeliness of urgent appointment scheduling and completion will not accurately reflect the TPAs' performance.

Among the sample of 53 Choice Program authorizations for urgent care we reviewed, VHA and TPA documentation showed that 39 authorizations (about 74 percent) did not consistently apply VA's contractual definition for urgent care authorizations. According to VA's contracts with the TPAs, Choice Program referrals are to be marked as "urgent" when a VA clinician has determined that the veteran needs care that (1) is considered essential to evaluate and stabilize conditions and (2) if not provided would likely result in unacceptable morbidity or pain when there is a significant delay in evaluation or treatment.<sup>28</sup> It is VA's goal that the TPAs schedule appointments for urgent care and ensure that they take place within 2 business days after veterans opt in to the Choice Program. In some cases, VA clinicians marked consults as routine but VAMC staff changed the status to urgent when they sent the referrals to the TPAs. In other cases, TPA staff changed the referrals from routine to urgent after receiving them from the VAMCs. Based on our preliminary analysis of the authorizations, it appeared in some cases that these changes were made in an effort to administratively expedite appointment scheduling when the VAMCs or TPAs were delayed in sending referrals and scheduling veterans' Choice Program appointments.

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<sup>28</sup>Under VA's Choice Program contracts, urgent care is not the same as care provided for a medical emergency, which is covered through different VA community care programs. Urgent care (rather than emergent care) delivered through the Choice Program is care that is delivered when there is no threat to the veteran's life, limb, or vision but the veteran's condition needs attention to prevent it from becoming a serious risk to the veteran's health.

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## Selected Veterans Experienced Lengthy Overall Wait Times for Choice Program Care in 2016

The sample of 196 Choice Program authorizations we reviewed included only authorizations for which there were delays when the TPAs attempted to schedule appointments after the veterans had opted into the program; however, our preliminary analysis of these authorizations indicates that delays occurred at other phases of the referral and appointment scheduling process as well. Many veterans in our sample experienced lengthy overall wait times for Choice Program care—as measured from the time their need for care was identified until they attended their initial appointments—and only a portion of the overall wait time could be explained by the TPA’s delay in scheduling an appointment after the veteran opted into the Choice Program. Our analysis of veterans’ VA electronic health records and the TPAs’ records for a sample of 55 routine care authorizations and 53 urgent care authorizations for which the TPAs succeeded in scheduling appointments identified the following average review times:

- It took VAMC staff an average of 24 calendar days after the veterans’ need for routine care was identified to contact the veterans and confirm that they wanted to be referred to the Choice Program, compile relevant clinical information, and send veterans’ referrals to the TPAs. It took an average of 27 calendar days for the VAMCs to complete these actions for the urgent care authorizations in our sample.<sup>29</sup>
- For the routine care authorizations in our sample, it took the TPAs an average of 14 calendar days to accept referrals and reach veterans by telephone or letter to opt them in to the Choice Program. It took the TPAs an average of 18 calendar days to complete these actions for the urgent care authorizations in our sample.
- After the TPAs succeeded in scheduling veterans’ appointments for routine care, an average of 26 calendar days elapsed before veterans in our sample completed their initial appointments with Choice

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<sup>29</sup>Our calculation for the average number of days it took VAMCs to send Choice Program authorizations for routine care to the TPAs is based on 41 of the 55 routine authorizations in our sample, and our calculation for authorizations for urgent care is based on 36 of the 53 authorizations in our sample. We could not include in our calculations all the authorizations in our sample because either the date the veteran’s need for care was identified or the date the VAMC sent the referral to the TPA was missing. We also could not determine what portion of the total time it took VAMCs to prepare veterans’ Choice Program referrals was accounted for by the interim steps of contacting the veteran or compiling relevant clinical documentation because we could not find in VA’s electronic health record sufficient evidence of the dates these actions were completed for all of the authorizations in our sample.



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Program providers. For urgent care authorizations in our sample, it took an average of 18 days for the veterans to complete their initial appointments after the TPAs scheduled them.

See the following text box for specific examples of the overall wait times experienced by some veterans in the samples of routine and urgent Choice Program authorizations we reviewed.

**Examples of Delays Experienced by Veterans for whom the Choice Program Third Party Administrators (TPA) Scheduled Appointments**

- One veteran was referred to the Choice Program for magnetic resonance imaging (MRI) of the neck and lower back because these services were unavailable at a Veterans Affairs (VA) medical facility. It took almost 3 weeks for VA medical center (VAMC) staff to prepare his Choice Program referral for routine care and send it to the TPA, and then it took an additional 2 months after the VAMC sent the referral for the veteran to receive care. Notes in the veteran's VA electronic health record indicated that his follow-up appointment with a VA neurosurgeon was at risk of being rescheduled because VA had not received the results of the MRI after the appointment with the Choice Program provider occurred. Ultimately, the veteran's appointment with the VA neurosurgeon—where the imaging results and treatment options were discussed—did not occur until almost 6 months after the VA clinician originally identified the need for the MRI.
- One veteran was a diabetic who was referred to the Choice Program for his annual retinal exam because there was a wait for services at a VA medical facility. However, it was not until 30 days after the VA clinician determined the veteran needed this care that VAMC staff sent the Choice Program referral to the TPA. It then took the TPA 36 additional days to reach the veteran and confirm he wanted to opt in to the Choice Program. In all, the veteran waited almost 5 months after his VA clinician determined he needed this routine care until his appointment with a Choice Program provider occurred.
- Three veterans were referred to the Choice Program because they needed maternity care, which is generally not available at VA medical facilities. For one of these veterans, almost a month and a half elapsed from the time VA confirmed her pregnancy (when she was 6 weeks pregnant) to when the VAMC sent the Choice Program referral for urgent care to the TPA. It then took 2 additional weeks for the TPA to attempt to schedule a prenatal appointment; by that point, she was almost 15 weeks pregnant. At 18 weeks pregnant, the veteran finally scheduled her initial prenatal appointment herself, almost 3 months after her pregnancy was confirmed at a VA medical facility.
- One veteran was referred to the Choice Program for thoracic surgery to address a growth on his lung because there was a wait for VA care. TPA documentation we reviewed indicated that VAMC staff contacted the TPA four times to inquire about the status of the veteran's appointment, and the TPA contacted five Choice Program providers in its unsuccessful attempts to schedule the urgent appointment for the veteran. Ultimately, the veteran scheduled his own initial appointment with a thoracic surgeon in the community and informed the TPA that he had done so. The veteran's initial appointment occurred 3 weeks after the VAMC sent his referral to the TPA.

Source: GAO analysis of VHA and TPA documentation. | GAO-17-397T

Note: The above examples come from GAO's random, non-generalizable sample of 55 authorizations for routine care and 53 authorizations for urgent care for which the Choice Program TPAs scheduled appointments between January 2016 and April 2016.

Our preliminary results also show that veterans in our sample experienced lengthy overall wait times to receive care when the TPAs returned their authorizations without scheduling appointments. When veterans' Choice Program authorizations are returned, VAMCs must attempt to arrange care through other means—such as through another VA community care program, a new Choice Program referral, or at a VA

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medical facility. Among the 88 returned authorizations in our sample, we determined that 53 veterans eventually received care through other means after their authorizations were returned.<sup>30</sup> These 53 veterans ended up waiting an average of 111 days after the VA clinician originally determined they needed care until their first appointment with a VA clinician or with a community provider occurred. See the text box below for some examples of delays experienced by veterans in the sample of 88 returned Choice Program authorizations we reviewed.

**Examples of Delays Experienced by Veterans Whose Authorizations were Returned to Veterans Affairs Medical Centers (VAMC) by the Choice Program Third Party Administrators (TPA)**

- The VAMC took almost 3-and-a-half months to refer one veteran to a physical therapist to address her pelvic floor prolapse. When the preferred provider listed in the VAMC's referral was outside the TPA's network, the TPA sent a message to the VAMC via its Web-based portal to ask if they should try scheduling the appointment with a different provider. By the time VAMC staff responded to the message in the TPA's portal, the TPA had already returned the authorization—almost 2 weeks after accepting it. Two months later, the VAMC realized that the veteran still needed this care and sent a new Choice Program referral to the TPA. It then took the veteran another 2-and-a-half months to attend her first appointment. Overall, this veteran waited more than 8 months to receive physical therapy.
- It took about 2-and-a-half weeks for the VAMC to send one veteran's referral for pain management to the TPA after a VA clinician originally determined he needed these services. However, information the TPA needed for scheduling the Choice Program appointment was missing from the VAMC's referral. The TPA requested the information from the VAMC twice using its Web-based portal, but VAMC staff did not reply, and the TPA returned the authorization 2 weeks after receiving it. It then took another month before the veteran ended up receiving pain management services at a VAMC. Overall, this veteran waited almost 2-and-a-half months for pain management services.

Source: GAO analysis of VHA and TPA documentation. | GAO-17-397T

Note: The above examples come from GAO's random, non-generalizable sample of 88 Choice Program authorizations that the TPAs returned to six VAMCs between January 2016 and April 2016.

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<sup>30</sup>These 53 veterans received care either at a VA medical facility, through another VA community care program, or through a new Choice Program authorization. We could not conclusively determine whether 20 of the 88 veterans in our sample received the care they needed after the TPAs returned their Choice Program authorizations. We provided these veterans' names to VHA officials in December 2016, and the officials said they would follow up on these cases. In addition, 14 of the 88 veterans in our sample either declined care or no longer needed the care that was authorized. Three of those 14 veterans no longer needed care because they died before the TPAs or VAMCs could schedule appointments. Two veterans had been diagnosed with cancer, had emergency inpatient admissions after they were referred to the Choice Program, and died before the TPAs could schedule appointments. The third veteran had been referred to the Choice Program for in-home physical therapy but also had a series of inpatient admissions that made it difficult for the TPA to arrange his care. The one remaining veteran in our sample was no longer eligible for services, which is why the TPA returned her authorization to VA.

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## VHA Is Taking Steps to Improve the Timeliness of Veterans' Choice Program Care, Although Nationwide Implementation of these Actions Has Been Limited

During the course of our ongoing work, VHA officials told us about several recent actions they have taken or that they plan to take that are intended to improve the timeliness of veterans' Choice Program care. Below is a chronological summary of several such actions, along with VHA's progress in implementing them.<sup>31</sup> Many of VHA's changes have been implemented within the last calendar year, and so far, implementation of these actions has often been limited to a few VAMCs or to the VAMCs that are located in a few Veterans Integrated Service Networks (VISN).<sup>32</sup>

- **Co-Locating TPA staff at selected VAMCs.** In November 2015, VA modified the Choice Program contracts to allow for TPA staff to be co-located at selected VAMCs—an action that VHA officials said could help improve communication between VAMC and TPA staff as they work to schedule veterans' Choice Program appointments. For example, VHA officials expect that one potential benefit of co-locating TPA staff will be that fewer veterans' Choice Program referrals will be returned to VAMCs due to missing clinical information because TPA staff can help resolve such issues locally before the TPA returns referrals. As of December 2016, TPA staff were working at 54 of VHA's 168 VAMCs—or about one third of all VAMCs. However, according to VHA documentation, only 13 of those 54 VAMCs had co-located TPA staff prior to October 1, 2016, which means that the majority of the 54 VAMCs with co-located TPA staff have only recently received such support.
- **Automating VAMCs' preparation of Choice Program referrals.** VHA is in the process of establishing a Web-based tool that it says would automate the process by which VAMC staff compile clinical information for veterans' Choice Program referrals. Currently, VAMC staff must manually retrieve and collate key clinical and contact information from veterans' VA electronic health records. If there are mistakes or missing information, the TPAs may either contact the VAMC to correct or obtain the missing information or return the referral to VA without attempting to schedule an appointment, and this

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<sup>31</sup>VHA has taken actions to address various other Choice Program weaknesses. In this statement, we are highlighting our preliminary observations on those actions which relate most directly to improving the timeliness of veterans' access to care.

<sup>32</sup>VHA's health care system is divided into areas called VISNs, each responsible for managing and overseeing medical facilities within a defined geographic area. VISNs oversee the day-to-day functions of VA medical facilities that are within their boundaries. Each VA medical facility is assigned to a single VISN. At the start of fiscal year 2016, there were 21 VISNs, but VA is in the process of consolidating some networks so that by the end of fiscal year 2018, there will be 18 networks.

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could delay veterans' access to Choice Program care. In early 2016, to decrease the rate of returned authorizations and speed up the process for VAMCs to prepare veterans' Choice Program referrals, staff from two VAMCs developed a Web-based tool—called the “referral documentation” (REFDOC) tool—which, according to VHA documentation, automates the process of gathering necessary information and assembling it in a standardized format. VHA’s initial analyses of the REFDOC tool’s effectiveness found that it sped up the process of preparing Choice Program referrals by about 20 minutes per referral. VHA officials we interviewed said they intend to roll out the REFDOC tool across all VAMCs, but nationwide implementation has been slowed by limitations of VA’s information technology systems. As of November 2016, according to documentation provided by VHA, the REFDOC tool had been implemented at only 18 of VHA’s 168 VAMCs. Officials have stated that they expect to implement the REFDOC tool at all VAMCs in March 2017.

- **Requiring TPAs to return referrals if appointments are not scheduled within required timeframes.** A June 2016 VA contract modification requires the TPAs to return Choice Program authorizations to VAMCs when the TPAs do not meet standards set forth in the contract related to the timeliness with which they review and accept referrals and schedule appointments after veterans have opted into the program. Previously, the TPAs had to return referrals if veterans had not opted in 10 days after the TPA sent a letter, but there was no requirement for the TPAs to accept referrals within a certain timeframe or to return authorizations if the TPAs had not scheduled appointments within required timeframes after veterans opted in. This contract modification has the potential to limit appointment scheduling delays that would be attributable to the TPAs, but it does not affect the timeframes by which VAMCs are required to prepare veterans' Choice Program referrals and send them to the TPAs.
- **VAMC scheduling pilots.** In July 2016 and October 2016, VHA began implementing pilot projects at two VAMCs, whereby staff at the VAMCs have taken over the responsibility of scheduling veterans' Choice Program appointments from the TPAs, according to VHA officials. Specifically, VA modified its contracts with TriWest and Health Net to implement the two VAMC scheduling pilots at the Alaska VA Health Care System and the Fargo VA Health Care System, respectively. In these two locations, VAMC staff schedule veterans' appointments and send relevant clinical documentation to the Choice Program providers, and the TPAs send authorizations to the Choice Program providers before veterans attend their

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appointments. VHA officials told us that they plan to make similar contract modifications to implement pilots at four other VAMCs prior to the Choice Program's expiration. They also plan to evaluate the implementation of the appointment scheduling pilots and use the findings of those evaluations to help inform the design of the VAMC appointment scheduling process they plan to include in the consolidated VA community care program they intend to implement after the Choice Program expires.

- **Real-time, Web-based communication tool for VAMCs and TPAs.** Between August and October of 2016, VA implemented a real-time communication tool (specifically, a Web-based chat program) at VAMCs in five VISNs. VHA officials and VAMC staff can use the tool to communicate with TPA officials about problems that have arisen with specific Choice Program referrals (such as missing clinical information), or patterns of problems that have emerged with Choice Program referrals. VHA officials told us that they planned to implement the chat room at all VAMCs nationwide by the end of January 2017.
- **Planned standardization of consult titles for Choice Program referrals.** According to documentation VHA officials provided to us in December 2016, they plan to implement a process for standardizing the consult titles associated with Choice Program referrals over the course of calendar year 2017. They planned to pilot the process at four VAMCs beginning in February 2017 and expected to gradually roll out the standardized consult titles across all other VAMCs over the remainder of calendar year 2017. As previously discussed, having standardized consult titles associated with Choice Program referrals will allow VHA to monitor (1) the timeliness with which its VAMCs prepare veterans' Choice Program referrals and send them to the TPAs, and (2) veterans' overall wait times for Choice Program appointments.

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Chairman Roe, Ranking Member Walz, and Members of the Committee, this concludes my prepared statement. I would be pleased to respond to any questions you may have at this time.

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## GAO Contact and Staff Acknowledgments

If you or your staffs have any questions about this statement, please contact me at (202) 512-7114 or [williamsonr@gao.gov](mailto:williamsonr@gao.gov). Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this statement. GAO staff who made key contributions to this statement include Marcia A. Mann (Assistant Director), Alexis C. MacDonald (Analyst-in-Charge), Daniel Powers, and Michael Zose. Also contributing were Christine Davis, Krister Friday, Jacquelyn Hamilton, and Vikki Porter.

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