Access Audit Results Summary

Phase One Access Audit from 12 May 2014 - 16 May 2014

This Access Audit and the immediate and longer term action plans address the Secretary of Department of Veterans Affairs directive that the Veterans Health Administration conduct a system-wide audit of scheduling and access management practices. This audit assesses the integrity of these practices, makes recommendations about policies, and sets a course for system wide improvement.

Audit Scope

Phase One of the Access Audit covered Department of Veterans Affairs (VA) Medical Centers (VAMC)[1] and large Community Based Outpatient Clinics (CBOC) serving at least 10,000 Veterans. Taken together, Phase One covered 138 parent VAMCs encompassing 216 divisions or sites, a total of 258 separate points of access, and over 2,100 scheduling staff. Phase Two of the Access Audit will cover all remaining VA facilities.

Audit Findings

Of the 216 site audit reports, many were flagged for further review because of concerns identified by the site audit team about questionable scheduling practices, signaling a systemic lack of integrity within some Veterans Health Administration facilities. These flagged sites will be reviewed and, where necessary, additional data will be gathered. Suspected willful misconduct will be reported promptly to the Office of Inspector General (OIG). Where the OIG chooses not to immediately investigate, management will launch either a formal fact finding or administrative investigation. Where misconduct is confirmed, appropriate personnel actions will be pursued promptly.

Results presented in this summary cover Phase One of the national Access Audit only. The Access Audit was a rapidly deployed, system-wide assessment of scheduling practices across VA, and was not intended as a formal investigation of individual staff or managers. Site survey teams were not able to interview all employees, and time did not allow assessment of intent or potential culpability. All of the information collected from audit site visits has been shared with the OIG. Phase Two of the audit will include smaller clinic sites, anonymous web surveys, and additional management perspectives continue to be collected.[2] The Phase One findings are a strong basis for immediate action. The findings from these additional assessments and surveys will be added to the report as appendices to this report when available.

The Access Audit was subject to certain limitations that were unavoidable given the scope and accelerated timeframe. Notwithstanding these limitations, findings from Phase One include:

[1] Note: Logistics challenges prevented audit staff from traveling to the VA Medical Center in Hawaii; however, site audits were conducted in Puerto Rico and Alaska

- **Efforts to meet needs of Veterans (and clinicians) led to an overly complicated scheduling process** that resulted in high potential to create confusion among scheduling clerks and front-line supervisors.
- **Meeting a 14 day wait-time performance target for new appointments was simply not attainable** given the ongoing challenge of finding sufficient provider slots to accommodate a growing demand for services. Imposing this expectation on the field before ascertaining required resources and its ensuing broad promulgation **represent an organizational leadership failure.**
- The concept of "Desired Date" is a practice unique to VA, and difficult to reconcile against more accepted practices, such as negotiating a specific appointment date based on provider availability, or using a "return to clinic" interval requested by providers.
- **Overall, 13% of scheduling staff interviewed indicated they received instruction to enter in the "Desired Date" field a date different from that the Veteran had requested.** At least one instance of such practices was identified in 64% of Phase One VA facilities. In certain instances this may be appropriate (e.g., provider-directed dates can, under policy, override dates specified by patients). The survey did not determine whether this was done through lack of understanding or mal-intent unless it was clearly apparent.
- **7-8% of scheduling staff indicated they used alternatives to the Electronic Wait List (EWL) or VISTA package.** At least one of such instance was identified in 62% of facilities. As with Desired Date practices, we did not probe the extent to which alternatives might have been justified under policy. The questionnaire employed did not isolate appropriate uses of external lists.
- **Information indicates that in some cases, pressures were placed on schedulers to utilize inappropriate practices in order to make Waiting Times appear more favorable**. Such practices are sufficiently pervasive to require VA re-examine its *entire* Performance Management system and, in particular, whether current measures and targets for access are realistic or sufficient.

Obstacles to Timely Access

Critical insights came from asking front-line staff members to rate the degree to which certain factors interfered with timely access to care. The *highest* scored single barrier or challenge was lack of provider slots, closely followed by the peculiarities of the fourteen day goal[3]. Limited clerical staffing was also deemed a significant obstacle.

Obstacles that have been posited as significant inhibitors to scheduling timely appointments, such as inadequate training of schedulers, or the inflexibility of the legacy VISTA scheduling software system, were cited much less often during this Access Audit.

We also highlight that there were many potential opportunities identified that could improve the consistency of desirable practices among schedulers, such as calling Veterans about upcoming appointments, addressing other obstacles, making performance improvement

[3] For example, a Veteran might have been entirely satisfied with a negotiated appointment time the following month, but that could have been viewed as "failing" the 14 day standard.

activities more routine, and ensuring that clinic operations data are regularly reviewed at team and management meetings.

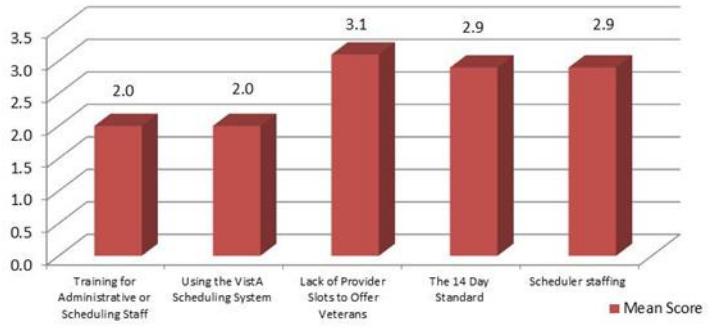

Figure 1: Average (Mean) Scores of Barriers and Challenges to Providing Timely Access to Care (Higher number indicates a greater challenge to the interviewed staff members)

Further Actions

VA is now conducting surveys at all remaining sites, which is scheduled to complete in early June 2014. Additionally, VA is aggregating facility management's perspective of access challenges, also due to conclude in early June.

VA will take follow-up accountability actions based on results of the Access Audit. Senior leaders will be held accountable to implement policy, process, and performance management recommendations stemming from this Audit and other reviews. Where audited sites identify concerns within the parent facility or its affiliated clinics, the VA will trigger administrative procedures to ascertain the appropriate follow-on actions for specific individuals.

Based on the findings of Phase One of the Access Audit, VA will critically review its performance management, education, and communication systems to determine how performance goals were conveyed across the chain of command such that some front-line, middle, and senior managers felt compelled to manipulate VA scheduling processes. This behavior runs counter to our Core Values; the overarching environment and culture which allowed this state of practice to take root must be confronted head-on if VA is to evolve to be more capable of adjusting systems, leadership, and resources to meet the needs of Veterans and families. It must also be confronted in order to regain the trust of the Veterans VA serves.

Immediate Actions to Structures and Processes for Managing Access Timeliness

While VHA must assess and learn from the Access Audit, we are immediately redoubling our efforts to quickly address delays in Veterans' health care. VHA is identifying where Veterans are waiting for care and ensuring that timely, quality care is made available as quickly as possible.

Further, VHA is making rapid and definitive changes to ensure integrity in managing Veterans' access to care so the agency can maintain its focus on providing Veterans timely care. VHA must provide hands-on attention to all staff engaged in providing Veterans health care and managing access in a fashion that is true to our Core Values. The actions/initiatives below are being coordinated through a near term plan that commenced 23 May 2014:

- Accelerate Care for Veterans Currently Waiting for Care
- Assess Care Delivery Capacity vs. Health Care Demand to Ensure Resource Levels
- Remove 14-Day Performance Goal from Performance Contracts
- Revise and/or Rescind Scheduling Directive
- Suspend VHA Executive Performance Awards for FY14
- Face-to-Face Engagement with Medical Support Assistants, Clinic Managers and Other Critical Front-line Staff

- Communicate VA's Core Values' Applicability to Day-to-Day Performance
- Review and Modify Performance Plans for Wait Time Accountabilities
- Modify Management Dashboards Designed for Organizational and Operational Levels
- Enhance Patient Satisfaction Monitoring to Assess Satisfaction with Access and Experience
- Implement Medical Center Access Audits, Ongoing Monitoring, Elevation Triggers, and Clear Line Accountability Including Specific Requirements for Regular Inspection and Reporting
- Enhance VHA National Program Office with Focus on Access to Care
- Implement VHA-Wide Site Inspection Process
- Cross-Organization Surveying of Scheduling and Access Best Practices
- Review Medical Support Assistant Classification to Ensure Correct Grading
- Revise, Enhance and Deploy Scheduling Training
- Assess Position Management Practices and Staffing Required to Fully Support VA Medical Centers
- Establish Wait-Time Based Guidance for Non-VA Care Referral
- Assess Implementation of System-Wide Contracts for Primary Care

Longer-Term, Comprehensive Reset

VHA has rigorously used measurement of processes and outcomes to gauge performance of our health care system; inclusion of such measures has been the foundation of VHA's performance improvement program. However, when tied to rewards, measurement of system performance runs the risk of engendering a culture where the appearance of success becomes the driving force. The validity and precision of measurement is the foundation for all improvement, and therefore it must never be interpreted as punitive or rewarding. Rather, performance needs to be linked to capability, capacity, processes and resources. Toward this end, VHA must directly address the policy, process, personnel and system challenges that adversely affect our ability to give Veterans' reliable, quality and *timely* care.

Scheduling is the initial touch point where Veterans' access to care is managed, and it is also the point of greatest risk in providing timely access to care. VHA *must* get this process right as all downstream functions derive from this front-line touch point. Ensuring integrity in this process and using valid assessments of actual timeliness to accessing care is a leadership issue.

The actions below will be coordinated through an overarching access improvement plan that is inclusive of VHA and VA stakeholders and staff:

- Reassess Access Timeliness Goals to Ensure Alignment between Access and Outcome Goals
- Overhaul the Scheduling and Access Management Directive
- Roll-Out Near Term Changes to the Legacy Scheduling System
- Acquire and Deploy Long Term Software Solution that Integrates Resource Management, Telehealth and Time Management Capabilities
- Adjust Medical Support Assistant Classification Structure
- Establish Strong Facility Business and Health Administrative Services

- Strengthen Accountability for Integrity in Scheduling and Access Management

VHA will commit to a renewed and aggressive preparation, teaching, training and coaching of our people.

Throughout the immediate and longer term changes we will emphasize accountability. In the near term, as we assess sites for further review, we will ensure that managers and staff engaging in undesired practices are held accountable. As we implement immediate and longer-term changes, accountability for integrity will rest squarely with facility, network and national executives.