

9 November 2015

The Honorable Carolyn Lerner

Special Counsel

U.S. Office of Special Counsel

1730 M Street, NW, Suite 300

Washington, D.C. 20036

**RE: OSC File No. DI- 14-3424 (Supplemental)**

Dear Ms. Lerner:

I have reviewed the supplemental response sent to me in reference to OSC File No. DI-14-3424. The information I am supplying in my comments is in regard to the allegations of “scheduling staff being improperly directed to ‘zero out’ patient wait times, in violation of agency policy” at the Eugene J Towbin Healthcare Center in North Little Rock, AR or as it is also known as, the Central Arkansas Veterans Healthcare System (CAVHS). My responses are also directed towards the Office of Inspector General (OIG) Report No. 2014-02890-ID-0057, Manipulation of Wait Times at VAMC Little Rock, AR.

In June 2014, I reported to the U.S. Office of Special Counsel the stated allegations of clinical and call center staff Medical Support Assistants (MSAs), being directed to schedule improperly to show zeroed out wait times on all appointments being scheduled in primary care. I have been employed by CAVHS since 15 Aug 2010 and have worked in both primary care call center as well as most all of Patient Aligned Care Teams (PACT). I was trained and instructed to purposely schedule appointments in VISTA to show no wait times in ‘Clinic Wait Time 1’ and ‘Clinic Wait Time 2’.

The way this was done was by never asking a patient when they would like to come in for an appointment “desired date.” You told the patient what appointment was available and entered it in VISTA scheduling to show this was not a ‘next available’ appointment. This in essence made it look like the patient chose that specific date and therefore did not wait for an appointment.

This scheduling practice was taught to every new MSA in primary care as well and was directed to be done by both Jacquelyn Riggins and Anthony Hatchett. Jacquelyn Riggins, (Supervisory MSA) was my immediate supervisor as well as supervisor over primary care call center and multiple clinical MSAs. Jacquelyn Riggins immediate supervisor was Anthony Hatchett, (Program Analyst) for primary care.

I supplied both OCS and VA OIG with an email dated 20 April 2011, my supervisor, Jacquelyn Riggins, sent me in regards to 28 appointments I had scheduled "improperly" using dates to show patient times. I was instructed to re-make these appointments because my name showed up on "the list". When I asked her what it means being on the list, her response was "It's not good, it shows that you're scheduling incorrectly". Below is copied and pasted from said email.

**From:** Riggins, Jacquelyn E.  
**Sent:** Wednesday, April 20, 2011 7:41 AM  
**To:** Wheeler, Daniel L.  
**Subject:** Scheduling corrections

There is a message in VISTA email for you with patient information. There is a list of 28 appointments you need to re-make. You are not entering the correct desired date when you're scheduling appointments. Never choose "next available" or you will continue to show up on "the list".

*Jacquelyn E. Riggins, Supervisor PC NLR*  
Advanced Appointment Center  
Compensation & Pension Unit  
PC Outpatient Clinics, NLR  
Russellville CBOC

**From:** Wheeler, Daniel L.  
**Sent:** Wednesday, April 20, 2011 8:52 AM  
**To:** Riggins, Jacquelyn E.  
**Subject:** RE: Scheduling corrections

I have rescheduled all 28 appts. Sorry for not entering them correctly. It will not happen again.

**From:** Riggins, Jacquelyn E.  
**Sent:** Wednesday, April 20, 2011 8:59 AM  
**To:** Wheeler, Daniel L.  
**Subject:** RE: Scheduling corrections

What happened??? Did you decide to make up your own way of scheduling or what??

*Jacquelyn E. Riggins, Supervisor PC NLR*

Advanced Appointment Center  
Compensation & Pension Unit  
PC Outpatient Clinics, NLR  
Russellville CBOC

**From:** Wheeler, Daniel L.  
**Sent:** Wednesday, April 20, 2011 9:11 AM  
**To:** Riggins, Jacquelyn E.  
**Subject:** RE: Scheduling corrections

I honestly don't know. I had a lot on my mind a few days last month with my mom's surgery and stuff and I guess I slipped up. I've never done that before and it was only 28 appts out of however many. I apologize for messing up and it won't happen again.

**From:** Riggins, Jacquelyn E.  
**Sent:** Wednesday, April 20, 2011 9:13 AM  
**To:** Wheeler, Daniel L.  
**Subject:** RE: Scheduling corrections

You'll probably be on the next lists as well. we'll let you know once the next list comes out.

*Jacquelyn E. Riggins, Supervisor PC NLR*  
Advanced Appointment Center  
Compensation & Pension Unit  
PC Outpatient Clinics, NLR  
Russellville CBOC

**From:** Wheeler, Daniel L.  
**Sent:** Wednesday, April 20, 2011 9:13 AM  
**To:** Riggins, Jacquelyn E.  
**Subject:** RE: Scheduling corrections

What does it mean being on the list?

**From:** Riggins, Jacquelyn E.  
**Sent:** Wednesday, April 20, 2011 9:19 AM  
**To:** Wheeler, Daniel L.  
**Subject:** RE: Scheduling corrections

It's not good. it shows that you're scheduling incorrectly.

*Jacquelyn E. Riggins, Supervisor PC NLR*  
Advanced Appointment Center  
Compensation & Pension Unit  
PC Outpatient Clinics, NLR  
Russellville CBOC

**From:** Wheeler, Daniel L.  
**Sent:** Wednesday, April 20, 2011 9:20 AM  
**To:** Riggins, Jacquelyn E.  
**Subject:** RE: Scheduling corrections

Is it bad even with it being my first time to ever be on the list?

**From:** Riggins, Jacquelyn E.  
**Sent:** Wednesday, April 20, 2011 9:21 AM  
**To:** Wheeler, Daniel L.  
**Subject:** RE: Scheduling corrections

YES...there shouldn't even be a 1<sup>st</sup> time if you would've kept scheduling correctly.

*Jacquelyn E. Riggins, Supervisor PC NLR*  
Advanced Appointment Center  
Compensation & Pension Unit  
PC Outpatient Clinics, NLR  
Russellville CBOC

**From:** Wheeler, Daniel L.  
**Sent:** Wednesday, April 20, 2011 9:26 AM  
**To:** Riggins, Jacquelyn E.  
**Subject:** RE: Scheduling corrections

Ok, am I going to get wrote up or anything? I'm just wanting to know if I should expect disciplinary action from this.

**From:** Riggins, Jacquelyn E.  
**Sent:** Wednesday, April 20, 2011 9:27 AM  
**To:** Wheeler, Daniel L.  
**Subject:** RE: Scheduling corrections

Noooooooooooooooooooooo...this is your 1<sup>st</sup> offense and you've been corrected. You won't be written up unless it continues.

*Jacquelyn E. Riggins, Supervisor PC NLR*  
Advanced Appointment Center  
Compensation & Pension Unit  
PC Outpatient Clinics, NLR  
Russellville CBOC

After this exchange of emails between Jacquelyn Riggins and myself involving "the list" and I was threatened with disciplinary action in the following responses for doing so, I no longer questioned why we scheduled this way and did my job as instructed. When the Phoenix VA

scandal broke on the news, I knew what we had been doing all these years was terribly wrong and chose to take action by blowing the whistle on the wrongdoings.

The above email is a prime example of how Jacquelyn Riggins knew about what she was doing and knew of “the list” she speaks about in the email. This shows she had direct influence in making sure the wait times were zeroed out and kept an eye on any patients showing up on the list reflecting clinical wait times. She also made sure any appointments showing a wait time were changed to zero them out. Anthony Hatchett knew about this as well since he would also see the same list of patients showing up with a clinical wait time. The actions of just these two people alone aided senior leadership by ensuring all primary care MSA’s scheduled the way they were instructed to manipulate the data.

In response to the Administrative Investigative Board (AIB) at CAVHS to investigate the stated allegations, I have a hard time believing there was no “red flags” to the senior leadership, i.e. the Pentad., despite audits taking place. Pt complaints on how long they had to wait for appointments were incredible when I first started in Aug 2010. I worked in the primary care center and was scheduling all appointments for all the providers, out 2 to 5 months in the future regardless of urgent need. All of these appointments reflected “zero wait time” for patient to be seen by their primary care provider. There is no way possible senior leadership could not know the numbers given to them for clinical wait times were anywhere near accurate.

In the multiple emails I also supplied to OSC and VA OIG, another one really stands out. An email dated 7 October 2013 from Dr. Matthew Jennings (Assistant Chief of Staff) was sent out to all primary care providers, supervisory MSA’s, Pentad leadership and all MSA’s. In this email he is talking about how VACO has begun to scrutinize provider productivity and how they do not want any providers being considered outliers on the low productivity side. This is being addressed while we have patients complaining about being able to be seen in a timely manner yet no clinical wait times have been reflected to Pentad and other senior leadership in the VA. Below is the email copy and pasted.

**From:** Jennings, Matthew B.

**Sent:** Monday, October 07, 2013 11:18 AM

**To:** Abu-Rmaileh, Akef R.; Allen, Bobbie; Burnham, William W.; Connell, Catherine S.; Darby, Scott J; Defore, Katie T.; Diamond, Sherri L.; Dobbs, Robin; Farmer, Joseph F.; Fields, Patrick; Hatchett, Anthony L; Jones, James B.; Kushwaha, Neelima; Lewis, Telischa D.; Li, Yuekui; Mahmood, Aaliya K.; Maruf, Lubna; McKelvey, Richard E.; McMillan, James A; Mohsin, Sabahat; Neal, Arthur; Phillips, Olive; Rayaz, Romana; Ryscavage, Julia C.; Shannon, Melissa L.; Siddiqui, Shagufta P.; Sikandar, Durdana; Stone, Timothy R.; Sullivan, Sarah L.; Thomas, Smitha J.; Vondran, Pamela S.; Wilson, Terence B.; Zakiullah, Mohammad

**Cc:** Petersen, Jennifer L.; Hatchett, Anthony L; Ragsdale, Fran; Thorn, Antoinette; Riggins, Jacquelyn E.; Smith, Michael; Payton, Lynda; Crabtre, Pamela M.; Corless, Cecilia; Nichols, Martha Y.; Workman, Candice R; Vincent, Paula A.

**Subject:** Very Import Message about your patient schedules

Classification: Not VA Sensitive// Not VA Record  
All –

As part of PACT, I have allowed a lot of freedom in how providers arrange their daily schedules and for the most part, this has worked well with many teams.

Now, let me be honest. While most have worked hard and have managed their PACT and panels well, more than a few have been less forthcoming in seeing patients and have modified their schedules and scheduling guidelines to at least create the appearance that they are not seeing patients. There is a wide disparity between providers in encounters, RVUs and appointment utilization rates. VACO has begun to scrutinize provider productivity and we do not want any of our providers to be considered outliers on the low productivity side.

And a few folks come to work well after 8am and are leaving around 3:30pm..... That is frustrating to the providers that see more patients and are working longer hours (for essentially the same pay).

Yes, I understand, there are many “no-shows” and sometimes no matter what we do, the patient does not keep their appointment. That happens to everyone, but too many appointments are remaining “blocked” by the provider and not being utilized at all. This kills our access and makes scheduling a nightmare.

And frankly, I have been approached by a few staff members (nurses and clerks) that have complained about how difficult it is to get their provider to see more than 4-5 patients daily. I can tell you that in the private sector, and Primary Care doctor seeing 4-5 patients daily (even with the complexity that many of our patients have) would garner you any annual income of about \$40,000. If you don't believe me, I would be happy to supply you with your RVUs for the past 12 months and you can multiple that by the \$45.33/wRVU national average (and remember that's before taxes!!).

The last problem with our current scheduling process is that it while it may work well for your clerk who knows your scheduling preferences, it does not work well for those who are covering for your clerk when he/she is not at work, and we need to have some degree of standardization so that our schedulers can be more efficient and less prone to making mistakes with your schedules.

So, here is the proposed “standardized Primary Care Clinic Schedule”. As with anything, it can be modified for special circumstances (like working with residents), but I would like to minimize adjustments to the schedules to help out our clerks and schedulers.

Monday-Friday (except Thursday):  
0800-0815 – telephone appointment  
0815-0830 – telephone appointment  
0830-0900 – scheduled appointment  
0900-0930 – scheduled appointment  
0930-1000 – scheduled appointment  
1000-1100 – new patient appointment  
1100-1130 – scheduled appointment  
1130-1200 – walk in slot  
1200-1230 – walk in slot/telephone appointments/alerts  
1230-1300 – lunch  
1300-1330 – scheduled appointment  
1330-1400 – scheduled appointment  
1400-1430 – walk in slot  
1430-1500 – scheduled appointment  
1500-1515 – telephone appointment  
1515-1530 – telephone appointment  
1530-1630 – non direct patient care time/complete notes/alerts

8 scheduled patients daily, 2-3 unscheduled walk in slots, 4-6 telephone appointments

Thursday extended hours:

0800-0815 – telephone appointment  
0815-0830 – telephone appointment  
0830-0900 – scheduled appointment  
0900-0930 – scheduled appointment  
0930-1000 – scheduled appointment  
1000-1100 – new patient appointment  
1100-1130 – scheduled appointment  
1130-1200 – walk in slot  
1200-1230 – walk in slot/telephone appointments/alerts  
1230-1300 – lunch  
1300-1330 – scheduled appointment  
1330-1400 – scheduled appointment  
1400-1430 – walk in slot  
1430-1500 – scheduled appointment  
1500-1515 – telephone appointment  
1515-1530 – telephone appointment  
1530-1600 – scheduled appointment  
1600-1630- scheduled appointment  
1630-1700 – scheduled appointment  
1700-1730 – scheduled appointment  
1730-1830 – non direct patient care time/complete notes/alerts

12 scheduled patients daily, 2-3 unscheduled walk in slots, 4-6 telephone appoints

Saturday morning clinic:

0800-0830 – scheduled appointment  
0830-0900 – scheduled appointment  
0900-0930 – scheduled appointment  
0930-1000 – scheduled appointment  
1000-1100- scheduled appointment  
1100-1130 – lunch  
1130-1230 – scheduled appointment  
1230-1330 – non direct patient care time/complete notes/alerts

6 scheduled appointments no walk ins, no telephone appointments

Please look this over and let me know your concerns. If you are feeling very defensive about this proposed change, please do a little “soul searching” and ask yourself why you may feel that way. I do know that for many of you, especially our providers at the CBOCs, you are already seeing more than this on a daily basis (as reported at morning report), so this will not be a big thing. But for those that feel that this is not acceptable, please let me know what an acceptable standardized schedule would be. I am open to your ideas on improving access and showing productivity.

Thanks!

Dr Jennings

Classification: Not VA Sensitive\\ Not VA Record

This message has been categorized by Jennings, Matthew B. on Monday, October 07, 2013 at 11:17:54 AM in accordance with VA Handbook 6500

In reference to the above email, how could leadership know providers are not seeing enough patients, yet think the data for wait times is accurate? Providers are now seeing more patients than ever and we as MSA's still struggle to get them in around their desired date for appointments. How can you think your data all these years has been accurate only to suddenly find out its insanely inaccurate?

These are the questions I ask Congress to ask themselves when looking into the VA's inept practices and ask who benefited and why it was done. Our nations finest suffered for the greed and wrongdoings and our heroes deserve so much better.

Thank you for your attention to this matter.

Sincerely,

Daniel L Wheeler