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Siobhan S Bradley  
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RE: OSC File No. DI-14-2947

Dear Ms. Bradley:

This correspondence is in response to allegations raised in the above OSC File No. DI-14-2947 that employees of the Olin E. Teague VA Medical Center, Temple, Texas, may have engaged in actions that constitute a violation of law, rule, or regulation and a substantial and specific danger to public health.

In response to the summary of the information submitted by the VA Office of Inspector General to the allegations investigated:

- Scheduling staff were directed to manipulate patient wait time data, in violation of agency policy;
- Management was aware of the ongoing data manipulation but took no action to correct it;
- Management's failure to enforce agency scheduling policies endangered public health and safety.

In regards to the summary under:

## 2. Description of the conduct of the investigation

The VA Office of Inspector General (OIG) investigators interviewed the Complainant. The VA OIG Special Agent Scott Jones, Criminal Investigations Division (CID) contacted me the first time on or about December 28, 2015 requesting to meet with me regarding the report filed with OSC back in 2014, I questioned the Agent regarding the timeliness being over 2 years and he said something to the fact that I don't know how we missed you on our radar and wanted to meet with me as soon as possible. Prior to the meeting on or about January 12, 2016 there was an offer to conduct a telephonic interview but the offer was declined the whole process seemed hurried. A meeting was scheduled for January 13, 2016. Throughout the investigative process I had concerns about the overall timeliness since the issues with the Desired Dates were raised as far back as 2012, how the investigation was handled and the questions asked during the interview process. Due to the impromptu scheduling of the interview and the follow up with the investigation taking over two years, it is of concern that this was done to allow the VA time to clear up their backlogs and minimize the impact with the issues of the Desired Dates.

- a. In regards to the interview with the Program Support Assistant, Trainer, it is in question; as he may not have been doing the job as the Medical Support Assistant, Trainer, MAS during the relevant time period of 2012-2014 and the information provided may be unrelated to the relevant time period of 2012-2014.

In regards to the Chief Medical Administration Service (MAS), Temple VAMC this employee was the Assistant Chief during relevant time period of 2012-2014.

Key personnel have left the facility (Director, Chief of Staff, Physicians) and/or been reassigned within the facility such as the (former Chief of MAS) who now works under the Director. The question raised by the OIG was whether or not the employee had direct knowledge and/or evidence of any supervisor or managers, including the VAMC Director, specifically ordering VA employees to schedule appointments improperly or against VA policy; in this instance what substantial evidence was provided to those interviewed to substantiate their claim.

For the current Chief of MAS that was identified as being interviewed to state that supervisors and staff would discuss meeting the 14-day performance measure but said that nobody encouraged anyone to manipulate the desired date is in question as in a speak to the Director dated August 2012, an employee states "Recently there has been a small uproar about desired dates and how they are determined. We have been instructed by management to manipulate Veteran's into accepting appointments beyond the 14 days.

The guidance given by management is to rephrase the approach we use when scheduling. For example instead of asking the veteran "When would you like to be seen" we are to use phrases such as "I have appointments available on the 27<sup>th</sup> or "the next available is" to determine the desired date. If the Veteran accepts that date it becomes their desired date. Desired Date Training Memorandum 2011 states "The desired date is defined by the patient without regard to schedule capacity.

Once the desired date has been established, it must not be altered to reflect an appointment date the patient agrees to accept for lack of appointment availability on the desired date.

Are these practices considered to be "gaming strategies: as described in the Inappropriate Scheduling Practices Memorandum 2010: Our Veteran's and staff are heavily influenced by our scheduling capacity. Many clerks are adhering to this practice in order to avoid pinpointing on the MCAR reports derived from management. This practice inaccurately portrays our ability to meet the demands of the 14 day policy. Desired Date Training Memorandum 2011 also states "When scheduling according to the provider's text order and Veteran's preference, some appointments may be over 14 calendar days from the desired date, these appointments will appear on the MCAR/ACCESS LIST. Even with this statement many clerks are still pressured to give further explanation or manipulate the desired date to reflect a positive MCAR report. While the MCAR report provides many beneficial statistics it also indirectly impacts patient care. Providers are more likely to base their follow up appointment on clinic availability and clerks are forced to manipulate desired dates in order to meet MCAR standards. Is this considered patient centered care?

In another report dated March 11, 2014 the writer states "Is the OIG aware of the "fudging" of numbers on the desired dates at AOPC? The clerks have been told to find out when the doctor's first available apt is and then go back and put that as the patient desired date even if it is 3 months from now because that is the PCP's first available. Just curious if this fraud is as well known by OIG as it is here in the clinic? This keeps the clinics from getting new physicians but I guess since someone in administration looks good, it is okay for the veterans to have to sit around. If only the VA cared as much for its veteran's and employee's as the administration does about looking good and getting bonus!!"

A copy of these documents will be included as evidence.

- b. Records review: Performance plans, appraisals, awards, and email accounts of the Program Support Assistant, Trainer, and the Chief, MAS. The process is in question since the VA had over two years to clear up its backlogs. What substantial evidence was provided by the OIG and/or submitted in their report to validate their findings for the relevant time period of 2012-2014.

3. Summary of the evidence obtained from the investigation. In response to the question raised by the OIG concerning the following issue being that Ms. Hardeman had no direct knowledge and/or evidence of nay supervisor or manage, including the VAMC Director, specifically ordering VA employees to schedule appointments improperly or against VA policy.

Ms. Hardeman said she was acting on behalf of other Temple VAMC employees when she contacted VA OIG, OSC, and the Temple VAMC Director's Office around May 2014 to report that the scheduling of appointments was not being done properly.

At the time of the impromptu investigation the evidence was not available due to it being secured in a location and wasn't available date of interview but the OIG investigator would have been provided hardcopy evidence up on his return to interview the other employees identified that had direct knowledge of scheduling. In speaking with those employees they were not contacted by the OIG if and when they returned to conduct additional interviews.

As a Union representative we rarely have direct evidence most of our evidence is provided by the bargaining unit employees who contact us concerning workplace issue which in this instance was the Desired Dates. As the exclusive representative of employees in the bargaining unit, the Union is responsible for representing the interests of all employees in the bargaining unit, and has the right to speak for and to bargain on behalf of the employees concerning all matters affecting personnel policies, practices, or working conditions. To limit the finding to direct knowledge circumvents the issue(s) reported by the employees and the Union's ability to represent the interest of the employees in its bargaining unit.

4. In response to OIG report that states "We interviewed the Physician Assistant identified by Ms. Hardeman as possibly having knowledge about inappropriate scheduling practices and/or gaming strategies being used at the Temple VAMC. Although the Physician Assistant alleged that wait times were altered in the past so that supervisors could receive monetary bonuses and promotions, he offered no evidence to support his allegation. As the whistleblower and union representative information was provided and correspondence sent on behalf of the PA who was a union steward, to protect the employee due to fear of retaliation which may have resulted in a tangible employment action at the time. If the OIG had returned as indicated during the interview held on January 12, 2016 the hardcopy evidence would have been provided.

5. In regards to the OIG's interview that states; We also interviewed a clerk, a Medical Support Assistant identified by Ms. Hardeman, as possibly having knowledge of the manipulation of wait times at the Temple VAMC. The individual stated that he did not routinely schedule appointments, except for lab appointments for VA patients and does not schedule appointments for clinics. One of his duties includes contacting clinics at Temple VAMC and requesting that appointment be made for patients who are on Ward 3K. The individual did not have any knowledge of or provide any evidence of manipulation of wait times.

The response submitted by Charles Kabrich to address the OIG's preliminary report is below:

To whom it may concern,

In response to the OIG report of findings, I fail to see how a conclusion could be drawn when the investigation conducted by OIG was incomplete. Upon giving testimony, which Ms. Hardeman and myself disclosed wrong doing, we were verbally informed by the OIG Criminal Investigation Division, that they were going to return to CTVHCS to interview the schedulers who had first-hand experience in the wrong doing.

These Compensation and Pension (C&P) employees disclosed the wrong doing to Labor. They provided emails from both VHA and VBA discussing how providers scheduled appointments needed to be cancelled to make room for veterans approaching two year wait times and active duty IDES soldiers from Fort Hood. There are emails from VHA supervision outlining a process to force veterans into taking earlier contracted appointment or appointment time with VA providers which were made available by canceling other veteran's appointments who did not meet the one and two year initiative criteria. If the veteran didn't want an earlier appointment, if the veteran didn't want a non-VA provider doing a service related exam, if the veteran declined the appointment because he/she couldn't guarantee the availability of a ride, or if the veteran just wasn't home to receive a phone call, their appointment was cancelled, their VA 2507 requests for medical examination forms were cleared, and they were sent a letter informing them to return to VA Regional office to re-register their claim.

This action put veterans who had waited extensive periods of time for medical exams back to day one of the waitlist, and gave our facility credit for the exam being cleared from the backlog list. The veterans who had just been cheated out of an exam, had their appointment filled with Active Duty soldiers ready to ETS from the military and our facility got two for one credit on medical exams. The Chief of the service, Olawale Fashina received a bonus for the numbers produced by our facility at reducing the backlog, and later was appointed Chief of Staff.

All of this was disclosed in our testimony to the OIG CID, but there is no mention of it in the OIG report or the Interim Chief of Staff's response. To the contrary, Robert Snyder, addressed only manipulation of desired dates and refers to the OIG findings which I challenge is incomplete. Snyder states that seven employees, including the employees that Ms. Hardeman suggested, were interviewed, yet the PA and I were the only suggested employees interviewed by the OIG CID investigation; the others interviewed were management officials.

Ms. Hardeman and I both requested interviews of the case managers of C&P since the information we shared came directly from them. OIG stated they were going to return to interview the C&P employees. It has been confirmed that the individuals were never interviewed. OIG never returned to review the hard copy evidence Labor stated they had. During and after testimony, it was discussed that there was a large amount of hard copy evidence, which needed to be explained and would be better presented if OIG investigators could come to the union office to review and receive it.

Since OIG failed to return to complete the investigation and review the evidence, I am submitting the email correspondence from C&P supervision to the case managers responsible for scheduling. This outlines the practice of clearing providers schedules to make room for IDES soldiers, has instruction not to tell the veteran their appointments are being cancelled to make room for another veteran, instructing them to lie and tell the veteran the cancellation is because the Dr. is unavailable, an inquiry from scheduling staff asking if the action is even legal that went unanswered, and more. The information was difficult to understand when it was provided to Labor and I am available to assist in explanation.

Also included in this report is the letter to the Director disclosing the wrong doing in May of 2014, and other correspondence showing that the Agency was fully aware that the egregious act had occurred. In July 2015, in a Labor/Management forum, Chief of Staff, Olawale Fashina, was confronted about the disability backlog, and he admitted in front of executive staff and union officials that he received a bonus for his ability to reduce the backlog. When more information about the practice was provided, Fashina stated that he acted on a directive from Central Office, and stated that the issues had already been addressed and that the matter was closed.

I requested the directive from Central Office, and was assured Fashina would provide it. I requested the information through email, through asking the acting Director Mr. Lloyd to act as a liaison with Fashina to assist me in getting the directive, and ultimately had to submit a formal information request for the directive. After a period of months, the Agency finally responded to the formal information request, telling me that a directive from Central Office did not exist, and that my allegations were an accusation of fraud and that I had a responsibility to report it. When I inquired who I should report it to, Russell Lloyd, informed me that I should report it to Dr. Olawale Fashina!

A key point that I wish to press is that in the presence of executive leadership, Dr. Fashina acknowledged the actions I alleged happened by his failure to deny the actions. He

further stated that he acted on direction from Central Office which acknowledges the actions occurred! As a combat veteran, the thought that this man received bonus money and was promoted to Chief of Staff after I had disclosed this wrongdoing to the Director Sallie Houser-Hanfelder violates everything that the VA stands for.

The OIG report minimized my 20-30 minute testimony detailing how the schedulers were instructed to violate VA rules and regulations by cancelling veteran's appointments in an unlawful fashion thereby cheating veterans out of their disability appointments to game the system and present an appearance of reducing the backlog. The backlog was reduced because veterans who had waited up to two years for an appointment who were unwilling, unable, or just not home to take a call when offered an earlier appointment were inappropriately removed from the backlog when their previously scheduled appointment was cancelled.

I am curious why that was not included in the OIG Criminal Investigation Division findings. Cancelling one veteran's appointment to make availabilities for another veteran who met initiative criteria is in violation of agency policy. Cancelling an appointment after one attempt to call is in violation of agency policy. Cancelling entire days of providers and filling the vacant appointment slots with IDES active duty soldiers ready to ETS because they are quicker and easier exams is just immoral when you consider that some of those cancelled appointments were veterans who had waited over a year to be seen.

The Agency directed scheduling staff to manipulate the appointments in this fashion because it created the appearance that someone who had waited over a year to be seen went back to day one when their VA form 2507 was cleared. For this reason, it fits the criteria of the first whistleblower allegation.

As for the second whistle blower allegation, Management was aware of the ongoing scheduling manipulation from the May 15, 2014 letter to the director, Sallie Houser-Hanfelder, which was left ignored, and through the labor/management forums where the wrong doing was disclosed to the executive leadership, and through the information request that was submitted outlining the wrongdoing to assist in finding the correct directive from Central Office that Fashina stated he acted upon.

Management should have been notified in early May 2014 at the exit of the audit team that visited our facility in the wake of the Phoenix scandal, because it was disclosed then, as well as the PA in the OIG report that had no evidence to support his allegation, was able to show the audit team his daily schedule and presented that even though the appointments were scheduled over a month prior to the appointment time, every patient's desired date was scheduled to be the day they were seen. Various other examples of wrong doing were presented to that audit team with no results or response. Management was aware of the ongoing manipulation and took no action to correct it.

Thirdly, in the email correspondence attached to this report where supervision directed its schedulers to cancel entire days of providers appointments to make room for IDES soldiers,

it lists the providers names and dates, so it should be possible to retrieve names of affected veterans who had their appointments cancelled and had to return to regional office to re-register their claims. The schedulers that brought this information to Labor's attention should likewise have archived secured emails that would present the identity of the veteran's affected, but they were never interviewed by OIG to disclose the first-hand information they held.

Mr. Snyder, Interim Chief of Staff, stated that Ms. Hardeman did not identify any specific patient whose health or safety was harmed by the scheduling practices at the Temple VAMC, which is convenient because it is going to require a third party with authority to access computer archives, messages, schedules, and contact with the individuals affected. This I assume is within the scope of the OIG CID's practice.

All three aspects of the whistleblower allegations were disclosed in our testimony, to include the grade controlling retaliation against the schedulers by Dr. Olawale Fashina for bringing this information to Labor's attention. OIG failed to return to our campus to conclude the investigation and therefore their findings should be considered invalid. I would like to request our taped testimony to OIG be preserved for future investigation into the disclosed wrong doing, which adversely impacted our veterans in order to meet a performance metric for the Agency.

Mr. Snyder's response is based on the OIG report. He claims that seven people were interviewed; including the employees that Ms. Hardeman said had information about scheduling practices. I was interviewed, a PA was interviewed, who "alleged that wait times were altered in the past so that supervisors could receive monetary bonuses and promotions" but this testimony is dismissed because, "he offered no evidence to support his allegation." With no notice that OIG CID would be coming to interview him for an offense that happened in 2010-2012, it is not just to dismiss his testimony based on his lack of possession of the information at the date and time that OIG called him to be interviewed.

My 20-30 minute testimony was reduced to a paragraph where the information I provided was dismissed because I, "did not routinely schedule appointments... for clinics," and therefore it is stated that I do not have any knowledge of or evidence of manipulation of wait times. This statement is inaccurate because as a union representative, I have the exclusive rights of representation to speak for the employees I represent and though the information I provided in my testimony was second hand, I have the evidence to support the information I shared; OIG failed to return to receive it.

The Medical Support Assistant, Trainer, MAS, was not in his current position when the desired dates were being manipulated at Teague VAMC. He was a clinic Medical Support Assistant. The only knowledge that he would have had about the desired dates would have been from the training he received from the previous Trainer, MAS. He did indeed teach staff what is presented in the OIG report, but this training came after the Phoenix scandal hit National media. The Chief that directed him that the EWL would not be used was the previous

Chief, which explains why the current Chief's testified, she, "denied giving instruction not to use the EWL because veterans are not having to wait that long."

The current Chief's testimony is accurate... four years after the fact. The OIG's timing for investigation two years after the Office of Special Counsel complaint about actions that happened two years prior to the complaint makes it difficult to find the responsible people who were in place at the time. The Chief of the service at the time that the desired dates were being manipulated at our facility was Jennifer Fay who is no longer in the position of Chief MAS, but is still employed at Temple VAMC.

The Supervisor, Medical Support Assistant, confirms, "There was a time when the desired date was being recorded as the first available date," but denies that she instructed her employees to manipulate wait times. This is one of many supervisors and I cannot discern if she was a supervisor at the time of the alleged wrongdoing of desired dates. Since she testified that she "researched the scheduling directives in 2011," it is vague if she was working as a supervisor in 2011 or if she researched the directives that were active in 2011. Regardless, OIG produced a prior report (2012) where they acknowledge scheduling practices at Temple VAMC were inappropriate.

Finally, the Administrative Officer makes a valid point, that MAS only comprises 68% of the scheduling staff. There were other services, such as Ambulatory Care, C&P who worked under the direction of Dr. Olawale Fashina, who did not follow the guidance of MAS, and that is the reason that my testimony addressed other types of manipulation of wait times, and feel that it is a great injustice to the veterans we serve to dismiss my testimony and allegations of wrong doing simply based on the fact that they do not fall under MAS.

As a combat veteran who has been caring for veterans since 2003, it is egregious that OIG would fail to address the concerns discussed in my testimony. What is even more egregious is the way that the testimony of seven employees is represented as the employees that Ms. Hardeman identified as having information regarding inappropriate scheduling practices, when in fact they were mostly management officials interviewed who were not in their current positions at the time the actions occurred.

Having participated in the investigation process, and now witnessing what was taken from my testimony, it is very clear why the VA has such a hard time identifying and correcting the problems within the system. I would like to request that the investigation be re-opened and completed including review of all supportive evidence and interviews with the individuals who were directed to participate in inappropriate scheduling practices. I can be available for further comment, testimony, or explanation of evidence that was provided.

I CARE values mean nothing if the leadership of our establishment refuse to put the veterans first above performance metrics. I have been fighting to bring justice to the egregious acts committed against our veterans, but instead of providing correction to the responsible party that cheated hundreds veterans out of disability appointments to meet and exceed performance metrics, he was awarded a bonus, and was promoted to Chief of Staff.

I have been carrying this disability backlog issue since it was first disclosed to Labor and will continue to follow it through until resolution, because I do CARE about our veterans and I am very proud of our VA. These actions go against everything we stand for and the authorities that provide oversight into these matters fall short of representing the truth and therefore fail to represent the interest of the veterans who served our great country. Let me know if you require any assistance in bringing this matter to justice because our veterans deserve the best.

Respectfully,  
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## **SUMMARY**

In summary of the OIG report it states “A review of VA employee email data for the Temple VAMC did not uncover any email from any VA employee that indicated an individual or group of individuals were being instructed to manipulate or falsify patient appointment data.” The report also stated “The VA OIG’s investigation did not identify any violations of law, rule, or regulation at the Temple VAMC.

The report submitted by the VA Office of Inspector General (OI) is in question as the OIG conducted an investigation into allegations of data manipulation at the Temple VAMC, and issued the report of its finding on January 6, 2012. That report substantiated that appointment were not being properly scheduled and that patients were waiting many months to be seen. The report also found that hundreds of fee basis consults were incomplete dating back dating back to 2009.

In the OIG Healthcare Inspection report dated January 6, 2012 Report No. 11-03941-6 for Select Patient Care Delays and Reusable Medical Equipment Review for Central Texas Veterans Health Care System, Temple, Texas, the OIG report in its Executive Summary states the following:

The VA Office of Inspector General Office of Healthcare Inspection conducted an inspection to determine the validity of allegations regarding patient care delays and reusable medical equipment concerns at the Olin E. Teague Veterans’ Medical Center (facility) in Temple, TX. A compliant alleged that:

- Hundreds of scheduled gastroenterology (GI), mammogram, radiation oncology and breast biopsy fee-basis consults dating back to 2009 place the health of patients at risk.
- Prolonged wait times for GI care lead to delays in diagnosis of colorectal and other cancers.
- Reusable medical equipment issues have not been properly addressed, including unclean scopes that were almost used on patient, equipment failures, and use of new equipment without an approved standard operation procedure.

We substantiated that there are hundreds of fee-basis GI, mammogram, radiation oncology, and breast biopsy consults requiring action; however we did not find evidence of patient harm due to delays in follow-up actions. We substantiated that there are GI wait times in excess of VHA requirements following initial positive screenings.

In addition, staff indicated that appointments were routinely made incorrectly by using the next available appointment date instead of the patient's desired date. These practices led to inaccurate reporting of GI clinic wait times.

The OIG made the following recommendation to the Medical Center Director:

- Ensure that patients referred for fee-basis care are tracked from initial referral to timely receipt of results to both the provider and the patient from completed appointments
- Ensure that patients receive timely colorectal cancer screening follow-up as required by VHA Directive.
- Ensure that all staff follows VA policy for scheduling outpatient appointments, and that compliance is monitored.

A plan of action was to be completed. In a report from the Medical Center Director dated December 8, 2011 the Director Thomas C. Smith state "We appreciate the opportunity to review the draft report regarding Selected Patient Care Delays and Reusable Medical Equipment review conducted August 30-September 1, 2011. The recommendations were reviewed and I concur with the findings. Our comments and implementation plan are delineated below. Corrective action plans have been developed or executed for continuous monitoring.

In regards to the Recommendation 3 that recommended that the Medical Center Director ensure that all staff follow VA policy for scheduling outpatient appointments, and that compliance is monitored. There was A Concurrence with Target completion Date: December 31, 2011

Facility's Response: CTVHCS agrees with strengthening the scheduling process and has trained the responsible staff to only schedule appointment within 14 days of Veteran's desired date. To strengthen the process special training sessions were initiated on December 1, 2011 for all CTVHCS staff with the scheduling key access, to enhance focus on the correct method of using the VISTA software for scheduling in accordance with VHA Directive 2010-027.

Even after the January 6, 2012 OIG report substantiated that appointments were not being properly scheduled and concurred with the OIG's recommendation to strengthening the scheduling process the facility continued to improperly schedule patient appointments under the leadership of CTVHCS former Director Thomas C. Smith and VISN Director Lawrence A. Biro.

This is of great concern as it took the OIG two years due to it being a Criminal Investigation instead of using a process that would have allowed the OIG to gather the evidence while it was active and not as an after fact where evidence may have been destroyed. The delay allowed CTVHCS an opportunity to clear a large number of its backlogs which was material evidence that could have been used as evidence. The processes used by other government agencies that have oversight and authority to investigate its own Agency's may need to be reassessed and a mechanism put in place that would allow for more transparency when issues that impact delivery of care to our national veterans is in question.

Labor first reported the desired date abuse at Temple VAMC to OIG in 2011. The findings came back unsubstantiated then also. It makes one wonder if the Phoenix VA scandal would have been a scandal if the issues had been addressed when Temple VAMC was pioneering the practice. I pray that this complaint is not dismissed again as it speaks not only to the failures of the VA live up to its responsibility to care for our veterans but also to the failures of the Oversight Authorities that are charged to insure against wrongdoing that harms our veterans for the sake of meeting performance metrics.

It is a shame that the VA has to be smeared on National News to expedite change, but that appeared to be the only way to insure that we provided the quality care that our veterans deserve. As a seasoned VA employee of 36 years, I am entrusting my faith in the system to work as it was designed. I am providing this report with good faith that the oversight authority will do its job to hold the VA accountable for the wrongdoings it has committed against our veterans.

Respectfully Submitted,  
Virgie Hardeman

The gaming of the appointment system at Central Texas Veterans Healthcare System (CTVHCS) has been a problem for many years. Management officials within the VA have been informed all the way up to Secretary Shinseki. Local and Regional (VISN 17) executive leadership has been made aware of these problems for many years, and yet the problem is present in patients seen even this week, where they were seen exactly on "their desired date" as far as the computer shows, but they were never contacted about their appointment prior to getting a letter in the mail.

The VHA directive 2010-027 dated June 9, 2009 details the proper way to make appointments and to select the patient's desired date. The DUSHOM Memo dated April 26, 2010 details many ways that the appointment system can be gamed, and unfortunately, this appears to have become a "how to" for facilities to get around proper reporting in a system that is unable to meet the demand. On the bottom of page 6 of that memo, there are two gaming practices that are common at CTVHCS, access and performance measures meet the standard, but when you look, many clinics are booked beyond 30 days, and "not including the patient in scheduling the appointment". Another common gaming system is to send the patient to Fee Basis, if the patient cannot be seen here within 14 days of their desired date, which removes them from the reporting. CTVHCS has hundreds of Fee Basis consults in a Scheduled or complete status that are not complete, from more than one year ago.

The "Speak to the Director" board is a message board within the CTVHCS intranet that allows normal employees to contact the director with concerns. Two speak to the directors detail appointment gaming practices, dated August 6, 2012 & Mar 11, 2014. In each of the "speak to the director" responses, the Agency claimed that the problem had been fixed.

The OIG report dated January 6, 2012 substantiated that appointments were being made based on clinic availability, and that patients were waiting many months to be seen, and that hundreds of Fee Basis consults for gastroenterology, mammograms, breast biopsies, and radiation oncology were incomplete dating back to 2009. While the report denies that any specific patient was injured by the delays, every one of the patients that were diagnosed with cancer, waited beyond the time that they should have been seen according to access standards. The cancers did not stop growing while these patients waited. CTVHCS diagnosed an average of 1.36 colon cancers per week during that time. The report also found that "although facility leadership was aware of wait time issues for GI services, other specialties may have similar capacity issues that remain unidentified because of inappropriate scheduling practices that have direct impact on the quality of patient care and hide opportunities for improvement from facility leadership." The recommendation was that "The Medical Center Director ensure that all staff follow VA policy for scheduling outpatient appointments, and that compliance is monitored". Compliance was monitored, but patient scheduled in GI as recently as 2 weeks ago, all had their appointments based on clinic availability, and almost 100% of the patients were seen zero days from the annotated "desired date" in spite of wait times that range from 30 to 70 days.

The Agency Also claimed in a Cary Award application (that they won) that it was discovered that front line employees were incorrectly used desired dates, and that the agency corrected this problem. This is a false accusation, and nothing was fixed prior to the breaking of this story recently. This is the subject of a pending arbitration, where the Agency is asked to acknowledge that front line staff were directed by their supervisors to game the system, and that front line staff were coerced into the practice.

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How many times the leadership of the VA need to claim to fix the problems before they are fixed, has yet to be determined.

In an email to Senior VA Central Office staff, VISN Leadership and Local executives, it was reported that "desired dates" were being gamed, and that front line staff were being incorrectly blamed in the Agency's application for the Cary award.

The bonus system in the VA has yet to be properly explained in the media. The Network Director's Performance Plan for FY 2012 explains the importance of the desired date performance measure. This document explains to the Executive Career Field staff what performance measures they must meet in order to receive the full amount of their projected bonus. There are 5 weighted Critical Elements. Critical Element number 5, contains the 14 day performance measure, it is mandatory, meaning that it must be met in order to get credit for Critical Element number 5. Critical Element number 5 is worth 50% of the bonus amount, meaning if the desired dates do not meet the 14 day performance measure, the Executive Career Field Bonuses are cut by half.

It is not just the bonuses that drive this practice, it is career progression. Directors that do not meet this measure are pressured by VISN leadership to correct the problem, and to seek assistance from other directors that are meeting the measure. They soon find out that everyone is gaming the system, and that if they are not cheating like the rest of the Directors, they will not have promotion possibilities. Directors usually do not stay at one facility very long, they move to other systems, taking with them the gaming skills learned at their last station. For instance, the previous Director and Chief of Staff for Central Texas Veterans Healthcare System are currently working as the Director and Chief of Staff at the Birmingham Alabama VA. This is why this practice has been pervasive throughout the entire VA Healthcare system.

The VA OIG has investigated problems with patient care delays and performance measure gaming for many years. This is easily discovered through an internet search. Simply search for the terms: Veterans Affairs OIG, and additional terms like: Desired Date & Delay. From an employee's perspective, it seems as though the OIG reports, the facility comes up with an action plan, and it all just goes away. The VA also has a long history of retaliating against whistleblowers (see AFGE Press release and Austin Chronicle story). Front line employees are fearful, and with good reason to come forward.

The VA has investigated itself Ad nauseam. There have been reports to Local and Regional VA Leadership, Congress and Senior VA Leadership for many years. We know that there is a problem, it has illustrated multiple times. It has not been fixed. It has been claimed to have been fixed many times. It's time to fix the problem, report access correctly, accept the bad numbers and to get resources as needed to accomplish the mission as well as the VA has been saying it is being done.

file NO - DT-14-2947

A scheduler's guide to discovering "gamed" wait times.

The scheduling software the Department of Veterans Affairs uses is called Vista. The Vista system records three dates and two time periods each time an appointment is booked. The dates are the date the appointment was made, the date of the appointment itself, and the desired date. The desired date is supposed to be the date that the Veteran wishes to be seen, but one of the most common gaming strategies is to base the desired date on availability instead of when the veteran wants to be seen. The time periods recorded are the Wait 1 time, which records the number of days between when the appointment was made and the appointment date. The wait 1 time is a more accurate reflection of the actual time the patient waited to be seen. The Wait 2 time, the one that is reported, shows the number of days between the desired date, and the date of the appointment. If the desired date is based on availability instead of the Veteran's desired date, the wait time can be reported as little as zero days, even if the Veteran waited several months to be seen.

A Freedom of Information Act request for information showing the average Wait 1 and Wait 2 times for each clinic during a month prior to the current scandal being reported (Jan, Feb, Mar 2014) would show the time actually spent waiting by the Veteran. If the average Wait 2 time is much less than the wait one time, and less than the 14 day goal, that may indicate that the scheduling system was being gamed.

There are limitations to this approach. It will not show if the scheduling system was being gamed by keeping a list of patients waiting to be seen off of the Vista scheduling software. It will also not show if appointments were being cancelled and rescheduled for the same time when it is closer to the appointment date.

FILE NO. DI-14-2947

Speak to the director 6 august 2012 4:00 pm

Recently there has been a small uproar about desire dates and how they are determined. We have been instructed by management to manipulate Veteran's into accepting appointments beyond the 14 days. The guidance given by management is to rephrase the approach we use when scheduling. For example instead of asking the veteran "When would you like to be seen" we are to use phrases such as "I have appointments available on the 27th" or "the next available is" to determine the desire date. If the Veteran accepts that date it becomes their desire date. Desire Date Training Memorandum 2011 states "The desired date is defined by the patient without regard to schedule capacity. Once the desired date has been established, it must not be altered to reflect an appointment date the patient agrees to accept for lack of appointment availability on the desired date. Are these practices considered to be "gaming strategies" as described in the Inappropriate Scheduling Practices Memorandum 2010?

Our Veterans and staff are heavily influenced by our scheduling capacity. Many clerks are adhering to this practice in order to avoid pinpointing on the MCAR reports derived from management. This practice inaccurately portrays our ability to meet the demands of the 14 day policy. Desire Date Training Memorandum 2011 also states "When scheduling according to the provider's text order and Veteran's preference, some appointments may be over 14 calendar days from the desired date, these appointments will appear on the MCAR/ACCESS LIST. In this event, it is the correct process for scheduling. It will be ok for these appointments to appear on the MCAR/ACCESS LIST." Even with this statement many clerks are still pressured to give further explanation or manipulate the desire date to reflect a positive MCAR report. While the MCAR report provides many beneficial statistics it also indirectly impacts patient care. Providers are more likely to base their follow up appointments based on clinic availability and clerks are forced to manipulate desire dates in order to meet MCAR standards. Is this considered patient centered care?

You are correct in your statement, "The desired date is defined by the patient without regard to schedule capacity. Once the desired date has been established, it must not be altered to reflect an appointment date the patient agrees to accept for lack of appointment availability." MAS has held several training iterations with both MAS and non-MAS schedulers and has shared appropriate scheduling practices in accordance with Veterans Health Administration (VHA) Directive 2010, VHA Outpatient Scheduling Processes and Procedures. In addition to the facility wide training iterations, MAS is developing an Outpatient Scheduling Processes and Procedures PowerPoint presentation that can be found in the Talent Management System that will enable staff to self-certify their understanding of appropriate scheduling practices.

If you are aware of a situation concerning inappropriate scheduling practices, first inform your supervisor. If you do not feel the situation has been positively resolved, then you may contact your Service Chief for direction. If you have any questions, or need further clarification, please contact Jason Colbath, Administrative Officer, MAS, at extension 40037.

Date Published : 3/11/2014 (2)

3/11/2014  
8:00 AM

Is OIG aware of the "fudging" of numbers on the desired dates at AOPC? The clerks have been told to find out when the doctor's first available appt is and then go back and put that as the patient desired date even if it is 3 months from now because that is the PCP's first available. Just curious if this fraud is as well known by OIG as it is here in the clinic? This keeps the clinics from getting new physicians but I guess since someone in administration looks good, it is okay for the veterans to have to sit around. If only the VA cared as much for its veteran's and employee's as the administration does about looking good and getting a bonus!

Medical Administration Service conducted several scheduling audits and found that staff assigned to the AOPC were incorrectly utilizing the Veteran's desired date when scheduling appointments. Since that time, MAS has conducted scheduling retraining with all AOPC-MAS staff on January 22, 2014, January 29 & 31, 2014, and February 3 & 4, 2014. The training was well received by staff and we are confident that we are now appropriately scheduling. If you have any questions or concerns about scheduling practices at the AOPC, please contact Jason Colbath, Medical Administration Officer, MAS at extension 40037.

Fitz NO D1-19-2947

**Hardeman, Virgie**

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**From:** Henson, Kenneth E.  
**Sent:** Tuesday, August 28, 2012 7:44 AM  
**To:** Askew, Marlon G; Ray, Clementine T; Hardeman, Virgie  
**Subject:** FW: Scheduling

**Importance:** High

So now it's not the clerks and ASA's, it's the providers. In this case, the message is not directed at the problem, but at a side issue to appear that they are calling for accurate use of desired dates. The major problem is not in follow up appointments, it is in the new consults that are booked without ever asking the patient when they want to be seen. The directions to manipulate desired dates to show a more favorable result, according to every MAS staff person that I have spoken with, is coming from MAS supervisors. This is another accusation against our Bargaining Unit Members, and on the surface, appears to be a tactic of pointing fingers in other directions to fix blame as opposed to fixing the problem.

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**From:** Harper, William F.  
**Sent:** Tuesday, August 28, 2012 7:29 AM  
**To:** CTXDocs  
**Subject:** Scheduling

It has come to my attention that some providers are pressuring the clerks to ask the patient when they want to be scheduled and put that as the desired date. That process is fine, but the provider needs to specify when they want the patient to return- 3 months, 6 months etc. Any attempt to pressure the clerks to subvert the process will not be tolerated. It is better to take the hit on access than to commit fraud by manipulating the patient's desired date.

William F. Harper, MD, FACP  
Chief of Staff  
Central Texas Veterans HealthCare System  
254-743-2323  
[william.harper4@va.gov](mailto:william.harper4@va.gov)

**Hardeman, Virgie**

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**From:** Hardeman, Virgie  
**Sent:** Friday, August 24, 2012 8:16 AM  
**To:** Hardeman, Virgie  
**Subject:** FW: draft as requested  
**Attachments:** inappropriates scheduling practices.pdf; VHA Directive 2010\_27 Scheduling practices.pdf

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**From:** Henson, Kenneth E.  
**Sent:** Thursday, August 23, 2012 11:55 AM  
**To:** Hardeman, Virgie  
**Subject:** draft as requested

I read CTVHCS application for the Cary Award with great interest. Particularly the part about the issue surrounding desired dates.

"In October 2011, it was discovered that frontline staff were incorrectly utilizing the Veterans' desired appointment dates for scheduling purposes, which affected CTVHCS' access performance measure. A workgroup was established to identify the root cause, which was found to be related to the need for further staff education. Specific detailed education was delivered to the frontline staff, and performance was monitored through chart reviews on a monthly basis. Scheduling Audit was added as a topic to the Daily Morning Operations review for monthly performance monitoring. Chart audit reviews showed that 90% of the sampled appointments were entered correctly. Following detailed education, performance increased significantly to 98% in February 2012. Beginning in March 2012, chart audits were targeted for known clinics and/or staff who were continuing to experience difficulties in correctly scheduling appointments for further follow-up education and/or administrative action of involved staff."

I am disappointed that CTVHCS is claiming that the issue surrounding the incorrect use of desired dates was attributed to "front line employees". The application also stated that CTVHCS has corrected this issue and that now, 98% of the desired date entries are accurate. This is incorrect, as evidenced by the speak to the director submission on August 6, 2012, where an employee went into great detail to describe that she was being instructed by their supervisor to offer an available date, and enter the date that the patient acquiesced to as the patients desired date. Your response indicates that you wish employees to follow VHA Directive 2010-27. AFGE is in agreement that employees should follow the directive to the letter.

Since our bargaining unit members are being blamed for the incorrect usage of desired dates, and you stated that they have received corrective training, which places them at risk for disciplinary action, AFGE Local 2109 strongly feels that this issue needs to be corrected in a decisive manner. It is within your power to do so, and also your responsibility. AFGE Local 2109 wishes to facilitate your accomplishment of this goal.

I request that you send an email message today to ALL schedulers within CTVHCS, cc: to me, with VHA Directive 2010-27 and the Deputy Undersecretary of Health's memorandum dated April 26, 2010 attached. Within that email, inform all schedulers and their supervisors that the appropriate use of desired dates is not an option, it is mandatory. Inform all employees that they have a duty to report any instructions to alter the desired dates in any way other than as directed in VA Policy, and that they may report inappropriate instructions to your office directly without fear of reprisal or retaliation. AFGE wishes to be notified of any reports from employees that allege that they are being instructed to enter desired dates in a manner that is not in compliance with written VHA directives and policy.

**AFGE strongly feels that this simple solution, if carried out by you, will effectively solve the problem of inappropriate desired dates once and for all. As our bargaining unit members are being blamed for this issue, this the minimum effort that would be acceptable.**

**If this recommended solution is not acceptable to you in any way, please inform me immediately.**

**DATE: September 5, 2012**

**FROM: Virgie Hardeman, Executive Vice President, AFGE Local 2109**

**SUBJ: Response to Directors Request for Information memorandum dated August 28, 2012**

**TO: Mr. Thomas C. Smith, Director, and CTVHCS**

In response to the Directors memorandum dated August 28, 2012:

1. The statement within the Robert W. Carey award application was clearly an assertion by the agency that "front line employees" were incorrectly entering desired dates, and that the agency alleged that they had corrected this problem. This is incorrect. The problem of incorrect desired dates being used continues, and the "front line" employees are receiving direction from their supervisors to base desired dates on clinic availability.
2. AFGE Local 2109 is unaware of any statutory or contractual obligation to provide the Agency with specific individual documents that we may have in our possession that are not the property of CTVHCS, that could be used to identify specific individuals that have reported wrongdoing to AFGE Local 2109. If the Agency would please cite the appropriate statute or contractual reference that makes this mandatory, we will fully comply with the law and the master agreement. We have investigated this thoroughly to our satisfaction, and truthfully believe it to be a widespread problem throughout CTVHCS, and that it is being directed by management personnel. Your own Speak to the Director on August 6, 2012 contains a detailed accounting of one employee's experience of management officials directing them to manipulate desired dates. CTVHCS conducted a patient survey to determine if patients were being offered an opportunity to select their desired date, and while we are still waiting for a copy of that survey, from the reports we have received from the employees conducting the survey, the vast majority were not even contacted prior to the appointment being made. The information that you have already received is sufficient for you to fully investigate this issue. We stand by our statement that many other employees have reported very similar activity from multiple services within CTVHCS, and that they are being directed to base desired dates on clinic availability. In the face to face meeting on August 27, 2012, with yourself and the VISN 17 director, Mr. Biro, Labor responded to the request for not disclosing bargaining unit employees names it was agreed to by the parties that labor would be in agreement to providing specific services that employees have alleged that this activity is occurring. The reports that we have received were from Medicine Service, Radiology Service, Geriatrics, Primary Care, and Surgical Service. The DUSHOM memorandum dated April 26, 2010 contains suggestions on how to investigate whether desired dates are being based on availability. If a clinic has no open appointments within 30 days, unless they are using Fee Basis to meet the measure, it is probably being "gamed" if

over 98% of the patients are being booked on or very near their desired date. The Agency has the ability to query its own computer systems. Using the "rpt" menu within Vista, the agency can inspect consults being written on the same day, in many clinics those consults from the same day are being booked over 100 days out, and the vast majority of them are being booked zero days from the "patients" desired date. It is inconceivable that multiple patients booked from a single day's consult receipts would all select a day that far in advance as their desired date. The consistency speaks for itself. The Agency can use the "ACA" menu within Vista to see how many appointments for a particular stop code were booked within 14 days from the "patients" desired date. By selecting a date range beginning with "T+60" and ending with "T+365", it will show appointments that are booked at least 60 days from today, and that the vast majority are being booked within 14 days from the "patients" desired date. As a suggestion to assist you in this investigation, we recommend checking the following stop codes: 409, 321, 314, 308, 312, 316, 307 & 305. The Agency can then investigate the consults being booked into those date ranges to see that patients are consistently being booked months in the future, for new appointments, not just follow ups, with desired dates that consistently lead to beneficial reporting. The Agency has the ability to question its management personnel, including MAS, System Redesign and Business Integrity personnel to discover where the directions are coming from, and to correct the problem. The Agency has a duty to ensure compliance with VA policy in regards to inappropriate scheduling practices.

3. It was noted during the Face to Face meeting with the CTVHCS and VISN 17 director on August 27, 2012 that you had the yellow paper flyer that AFGE Local 2109 handed out to some of our bargaining unit members in your possession.
4. The Agency has the ability and the duty to investigate our allegations fully, and to correct this problem once and for all. AFGE local 2109 is merely asking that the Agency follow written VA Policy. The information is available within CTVHCS' own computer system, and through questioning its own management personnel. It is plainly clear that "front line employee" schedulers are being instructed to enter desired dates to manipulate access reporting by basing desired dates on clinic availability to achieve reporting results that are much better than it would be if it was based on the patient's desired date, which is a critical measure within the CTVHCS Executive Career Field bonus determinations.
5. AFGE Local 2109 has several interests in this situation. It has been clearly documented that CTVHCS is claiming our "front line" employees, which are bargaining unit members, are the source of incorrect usage of desired dates. We disagree that that is a factual representation of the situation, and it is our supported belief that the basing of desired dates on clinic availability is management directed. Our facility reporting access that is much better than actual access removes a stimulus for the facility to improve access to care for our Veterans, and many of our bargaining unit members are Veterans enrolled for care at this facility. Our facility reporting access that is much better than it really is potentially exacerbates our current staffing challenges. The management of CTVHCS has a duty to ensure that all staff members, including BUE and Management Officials follow VA scheduling policies, and our bargaining unit members have a duty to report

File No. DF14-2947

improper orders in violation of the VHA Directive. It must be noted that we have not requested an apology for the assertion contained within the Robert W. Carey award application, nor have we requested that you take any specific action with the management officials responsible for the directions to our bargaining unit members to base desired dates on clinic availability. We appreciate the email that you sent to all CTVHCS staff this afternoon, however, it is incumbent upon the leadership of CTVHCS to fully investigate this matter and to discover where the instructions to front line staff originated from to base the desired dates on clinic availability, and to take corrective actions that you deem appropriate. We would also request that close attention be paid to this matter, and that no other inappropriate scheduling practices are occurring, such as the Ortho Joint Book previously described. We look forward to assisting you in the resolution of this matter.

Virgie Hardeman  
Executive Vice President  
AFGE Local 2109

File No - DT-14-2947

Hardeman, Virgie

**From:** Hardeman, Virgie  
**Sent:** Friday, August 24, 2012 4:47 PM  
**To:** Hardeman, Virgie; Smith, Thomas C (SES, CTVHCS)  
**Cc:** Ray, Clementine T; Lloyd, Russell E.; Fay, Jennifer; Sohns, Sharon; Biro, Lawrence A. (SES); Schoenhard, William (SES); Petzel, Robert A., M.D. (EX); Shinseki, Eric; Garin, Tom; Young, Gwendolyn; Lee, Alma L. SAMVAMC; 'Zito, William'; 'info@tvc.state.tx.us'  
**Subject:** Inappropriate use of Desired Dates allegation

| Tracking: | Recipient                     | Delivery                     | Read                    |
|-----------|-------------------------------|------------------------------|-------------------------|
|           | Hardeman, Virgie              | Delivered: 8/24/2012 4:47 PM |                         |
|           | Smith, Thomas C (SES, CTVHCS) | Delivered: 8/24/2012 4:47 PM |                         |
|           | Ray, Clementine T             | Delivered: 8/24/2012 4:47 PM |                         |
|           | Lloyd, Russell E.             | Delivered: 8/24/2012 4:47 PM | Read: 8/24/2012 6:35 PM |
|           | Fay, Jennifer                 | Delivered: 8/24/2012 4:47 PM | Read: 8/24/2012 5:16 PM |
|           | Sohns, Sharon                 | Delivered: 8/24/2012 4:47 PM |                         |
|           | Biro, Lawrence A. (SES)       | Delivered: 8/24/2012 4:47 PM | Read: 8/27/2012 9:46 AM |
|           | Schoenhard, William (SES)     | Delivered: 8/24/2012 4:48 PM | Read: 8/24/2012 4:54 PM |
|           | Petzel, Robert A., M.D. (EX)  | Delivered: 8/24/2012 4:48 PM |                         |
|           | Shinseki, Eric                | Delivered: 8/24/2012 4:48 PM |                         |
|           | Garin, Tom                    | Delivered: 8/24/2012 4:48 PM |                         |
|           | Young, Gwendolyn              | Delivered: 8/24/2012 4:48 PM | Read: 8/27/2012 8:23 AM |
|           | Lee, Alma L. SAMVAMC          | Delivered: 8/24/2012 4:47 PM |                         |
|           | 'Zito, William'               |                              |                         |
|           | 'info@tvc.state.tx.us'        |                              |                         |
|           | Wilson, Felicia D.            | Delivered: 8/24/2012 4:47 PM | Read: 8/24/2012 4:52 PM |

The AFGE Local 2109 President did not receive the email as requested below. Labor looks forward to working with you to resolve this issue as soon as possible.

**From:** Hardeman, Virgie  
**Sent:** Friday, August 24, 2012 10:36 AM  
**To:** Smith, Thomas C (SES, CTVHCS)  
**Cc:** Ray, Clementine T; Lloyd, Russell E.; Fay, Jennifer; Sohns, Sharon; Biro, Lawrence A. (SES); Schoenhard, William (SES); Petzel, Robert A., M.D. (EX); Shinseki, Eric; Garin, Tom; Young, Gwendolyn; Lee, Alma L. SAMVAMC; 'Zito, William'; 'info@tvc.state.tx.us'  
**Subject:**

I read the Central Texas Veterans Health Care System's (CTVHCS) application for the Robert W. Cary Award with great interest. Particularly the part about the issue surrounding desired dates.

"In October 2011, it was discovered that frontline staff were incorrectly utilizing the Veterans' desired appointment dates for scheduling purposes, which affected CTVHCS' access performance measure. A workgroup was established to identify the root cause, which was found to be related to the need for further staff education. Specific detailed education was delivered to the frontline staff, and performance was monitored through chart reviews on a monthly basis. Scheduling Audit was added as a topic to the Daily Morning Operations review for monthly performance monitoring. Chart audit reviews showed that 90% of the sampled appointments were entered correctly. Following detailed education, performance increased significantly to 98% in February 2012. Beginning in March 2012, chart audits were targeted for known clinics and/or staff who were continuing to experience difficulties in correctly scheduling appointments for further follow-up education and/or administrative action of involved staff."

A/E 00 DT 14-2947

Labor is disappointed that CTVHCS is claiming that the issue surrounding the incorrect use of desired dates was attributed to "front line employees". The application also stated that CTVHCS has corrected this issue and that now, 98% of the desired date entries are accurate. This is incorrect, as evidenced by the speak to the director submission on August 6, 2012, where an employee went into great detail to describe that they were being instructed by their supervisor to offer an available date, and enter the date that the patient acquiesced to as the patients desired date. This is an inappropriate scheduling practice as outlined in the attached "inappropriate scheduling practices" memo from the Deputy Undersecretary for Health Operations and Management. AFGE Local 2109 has received multiple reports that schedulers are being instructed to enter incorrect desired dates by their supervisors, and many even have to pull an MCAR report daily and "fix" any desired dates that are outside the two week window. Your response indicates that you wish employees to follow VHA Directive 2010-27. AFGE is in agreement that employees should follow the directive to the letter. AFGE Local 2109 understands that altering the desired dates in an inappropriate way leads to hiding the long waiting periods that our Veterans are actually waiting to be seen. Many clinics cannot offer services for months in the future, and yet we are reporting that over 95% of our Veterans are being seen within "2 weeks". This is a disservice to our Veterans.

Since our bargaining unit members are being blamed for the incorrect usage of desired dates, and you stated that they have received corrective training, which places them at risk for disciplinary action since the problem is not corrected, AFGE Local 2109 strongly feels that this issue needs to be corrected in a decisive manner. It is within your power to do so, and also your responsibility. AFGE Local 2109 wishes to facilitate your accomplishment of this goal.

AFGE Local 2109 requests that you send an email message today to ALL schedulers within CTVHCS, cc: AFGE Local 2109, President, with VHA Directive 2010-27 and the Deputy Undersecretary of Health's memorandum dated April 26, 2010 attached. Within that email, inform all schedulers and their supervisors that the appropriate use of desired dates is not an option, it is mandatory. Inform all employees that they have a duty to report any instructions to alter the desired dates in any way other than as directed in VA Policy, and that they may report inappropriate instructions to your office directly or the VA OIG without fear of reprisal or retaliation. AFGE Local 2109 wishes to be notified of any reports from employees that allege that they are being instructed to enter desired dates in a manner that is not in compliance with written VHA directives and policy.

AFGE strongly feels that this simple solution, if carried out by you, will effectively solve the problem of inappropriate desired dates being entered at our facility once and for all. As our bargaining unit members are being blamed for this issue, this the minimum effort that would be acceptable. After all, we are only requesting that you instruct our employees to follow the rules.

If this recommended solution is not acceptable to you in any way, please inform me immediately.

Virgle Hardeman  
Executive Vice President  
1901 South First Street  
Temple, TX 76503  
254-743-1260 (Office)  
254-743-0130 (Fax)

D1-14-2997

To Those that would Care about our Veterans health care in Central Texas  
My name is Dr. Joseph L. Spann and I am a recently retired physician from the Austin VA outpatient clinic. I am Board Certified in Internal Medicine and have practiced medicine for over 30 years in Austin.

I worked at the Austin VA Outpatient clinic for the past 17 years retiring last January 2014. I am writing you today on behalf of Central Texas veterans and the VA employees who serve them. I have watched and read the recent news reports regarding the VA Center in Phoenix, Arizona and the local news reports from the Austin American Statesman regarding manipulated medical appointment data in the Central Texas VA System.

#### MANIPULATION OF APPOINTMENT DATES BY CTVHCS RADIOLOGY

I have witnessed similar manipulation of medical appointments at the Austin VA outpatient clinic and Central Texas VA hospital in Temple.

The medical appointment manipulation, however, was done at a physician level and not a clerical level. Specifically, it involved the Chief of Radiology in Temple, Dr. Gordon Vincent, asking ordering physicians to move requested procedures out beyond 30 days so the procedure would appear to have been done within a closer time of the written order.

For example, if I ordered a CT scan of the abdomen and pelvis to be done within 30 days he would cancel the test and ask that I move my requested date out to 60 days.

In the Central Texas VA Healthcare System there is a rigid ordering process for procedures such as an ultrasound or CT scan. The order must be entered into the computer by a physician or physician extender (NP, PA) designating the precise radiologic test, a brief history of the patient's medical problems necessitating the test, and indicate in what time frame the procedure should be done.

The radiology procedure could be ordered STAT meaning with 24 hours for life-threatening emergencies, URGENT meaning within a few to 14 days, or ROUTINE meaning sometime within the next 30 days.

The Chief of Radiology in Temple, Texas, Dr. Vincent, reviews all CT, MRI, and ultrasound requests prior to scheduling. He may approve the order as written to be scheduled in the requested time frame. He may cancel the order and ask the requesting physician to enter a Fee-Basis consult to have the test done in a private non-VA facility at VA expense.

Or, not uncommonly, he may not act on the order for several weeks or cancel the requested test completely and ask that the ordering physician move the requested date further out than the requested date.

The request by Dr. Vincent to delay the procedure date would occur episodically depending on radiology backlog, workload, and staffing.

A memo was sent out a couple of years ago listing the current backlog of radiology procedures and the carefully phrased suggestion that we request later dates if we thought it was 'clinically appropriate'

I would allow some of my radiology requests to be pushed out further but if there were any medical uncertainty or urgency I would reenter the consult again requesting the procedure within 30 days.

The primary care doctors at the Austin VA clinic would try to be 'team players' in the optimistic hope that we were creating open slots in the radiology schedule for our patients requiring STAT or URGENT procedures. Unfortunately, when those occasions arose it would take multiple phone calls to Temple to get the tests done in a timely manner. Even so, many times patients would have to wait weeks before their URGENT radiology procedure could be done. The Austin VA primary care doctors frequently complained about the delay in radiology procedures to both the Austin and Temple primary care supervisors and administrators but nothing was ever done about it.

I cannot categorically say that I ever saw a patient die from such manipulated scheduling but I did see several cancer patients have their possible surgery or chemotherapy treatments delayed awaiting the required radiology tests.

There is medical data that shows better survival outcomes in selected cancer patients that are operated on as soon as possible.

I am not certain of Dr. Vincent's motivation to push out x-ray procedures to later dates. I suspect it was a matter of too many radiology orders and not enough radiologists, equipment, or time.

It may also have been to make it appear on paper that the majority of radiology tests in the Central Texas VA were being performed in a timely manner to meet national VA performance measures.

Nonetheless, the end outcome was the same...manipulation of radiology procedure dates to give a more favorable report while creating long delays in patient care.

I am not certain what result is achieved on performance reviews by ignoring or not acting on orders for several weeks. From what I hear from the current physicians at the Austin VA clinic, weeks to months delays are occurring for simple abdominal ultrasounds.

#### **MANUFACTURED DATA BY CTVHCS SUPERVISORS**

The challenge of unscheduled patient care has been a long-standing issue at the Austin VA clinic that has grown exponentially over time.

Unscheduled patients are those veterans that come into the clinic without appointments seeking medical care or assistance.

Off and on over the years there had been dedicated 'walk-in' clinic staffed by a physician or physician extender along with nurses to take care of these unscheduled patients.

Over the past two years the walk-in clinic was phased out and all the unscheduled patients would be placed into the primary care physician clinics.

The unscheduled patient problems might be as simple as a sore throat, a medication refill or a sprained ankle. Occasionally, our patients would present with true emergencies such as heart attacks, respiratory distress, strokes, GI bleeding and other critical problems. It fell to the primary care doctors to immediately stop seeing their scheduled patients and rush to provide emergency care until the patients could be transported safely to an appropriate medical facility.

The unscheduled patient load had become so disruptive to the primary care doctors schedule that a process improvement team was chosen by our Austin supervisor to work on a solution. Me and 3 other physicians formed the investigative team.

We worked on the project for over 3 months collecting data and interviewing outside VA clinics.

We hand counted all unscheduled patient encounter forms for several months and classified the different medical problems they presented with.

We also solicited input from other physicians, nurses, and clerical staff at the Austin VA Outpatient Clinic.

\* In November 2013 we presented our findings and recommendations to the then current Chief of Staff, Dr. William Harper, and Dr. Olawale Fashina, Chief of Primary Care.

We had tabulated a total of over 1400 patients a month coming in as unscheduled patients. With usually 12 providers available that worked out to approximately 4 to 6 unscheduled patients a day for each physician to add into his already full schedule. This resulted in delayed and rushed medical care for all veterans.

When we presented our hard data to Dr. Harper he briefly looked at our extensive report and then pulled out a single sheet of paper that had been printed out by Temple VA administration that morning.

According to the Temple VA administrative data the Austin VA primary care service was only seeing an average of 120 unscheduled patients a month, a difference of over 1200 patients. When we contested the accuracy of his numbers Dr. Harper just looked disdainfully at us and said that we just "imagined" we saw more unscheduled patients.

As a reward for our hard work on the committee Dr. Harper announced that he was going to ask that an extra appointment slot be added to the primary care doctors schedule daily.

\* The Central Texas VA supervisors and executives lead by fear and intimidation.

#### PRIMARY CARE PANEL SIZES

The VA Administration in Washington sets nationwide guidelines for staffing in the individual VA clinics. A number that has been quoted frequently to the primary care providers in freestanding VA outpatient clinics such as Austin is each physician would be assigned a maximum panel size of 1200 patients. When a clinic had the majority of its physicians with panel sizes over 1200 that was considered a signal to hire more physicians. Other VA clinics outside Central Texas follow this suggestion.

For the last several years the panel sizes in Austin have been running well over 1300 and sometimes approaching 1400 patients/full time physician.

The numbers were generated out of Temple and were subject to change quickly.

Often, there would be several months between reports of panel sizes.

New patients kept flooding into the Austin VA clinic every month yet our panel sizes remained the same.

After a while, most of the primary care doctors quit believing in the reliability of the numbers generated by Temple.

\* By continuing to overload the primary care providers the Temple supervisors and administrators could produce numbers that would show tremendous productivity. Also, by not requesting additional primary care providers, the supervisors could demonstrate financial frugality, something the regional and national VA leaders reward.

Dr. William Harper and Fashina were the leaders during this time.

\* Dr. Harper has since left the Central Texas VA System and is rumored to be in consideration for the Chief of Staff position at the Alabama VA Healthcare Center.

~~01-19-2947~~

\* Dr. Pashina has been promoted within the Central Texas VA System.  
The VA system rewards its deceptive leaders with bonuses and advancement.  
This is done on the back of its veterans and primary care staff.

The primary care physician medical appointment waits are usually out over 60-90 days. Having close to 1400 patients per provider makes it impossible to satisfy the 14 day appointment performance measure.

What Brian Turner, the clerk at the Austin and San Antonio clinic, reported is the tricks and deceit the administrators and supervisors had to practice to make the primary care appointment schedules meet VA performance measures.

It became mathematically impossible for the primary care physician schedules to accommodate the excess patient load and satisfy the performance measures.

The Austin physicians likened it to trying to pour 10 pounds of sand into a 5 pound bag. It just doesn't fit.

#### CRITICAL CARE ROOMS AT THE AUSTIN VA OUTPATIENT CLINIC

During the initial construction and planning of the new Austin VA outpatient clinic an area was created containing 3 modern critical care rooms with monitors, oxygen, and mobile stretchers. These rooms were to be used to monitor and treat patients with urgent medical conditions that might require transfer to other medical facilities. The rooms were state of the art and deserving of the largest freestanding VA outpatient clinic in one of the most technologically advanced cities in America.

Shortly after moving in, the Central Texas Chief of Staff, Dr. William Harper, and other Temple administrators toured the Austin facility. They examined the critical care rooms and decided that they appeared to closely resemble an ICU or ER room.

Since the Austin VA outpatient clinic does not have a formal emergency room or overnight care they took the next logical step...they closed the area down.

They removed the monitors, stretchers, and even went so far as to place police tape over the doors to keep employees and patients out.

All the physicians and nurses previously assigned to that area were moved to other rooms in the building.

Since that time whenever critically ill patients have presented to the Austin VA clinic they are placed into relatively small exam rooms for evaluation and treatment.

Frequently, mobile crash carts are moved into the exam rooms to provide cardiac monitoring and oxygen. Since there are no longer any available stretchers in the primary care area, the patients have to be frequently lifted up and placed on the immobile exam tables. By the time the doctor, nurse, crash cart and any other ancillary medical personnel are in the exam room there is barely any room to move.

If 911 is called, the EMS personnel are required to wheel their stretcher through a labyrinth of hallways until they find the correct exam room. Once there, it is impossible for them to get all of their emergency equipment into an already crowded room. Frequently, the patient must be hand carried out of the exam room and placed on the EMS stretcher in full view of other patients.

This would appear to be a violation of personal privacy and less than optimal care.

If a patient collapses on the Austin VA clinic grounds we have been instructed by our supervisors to just leave the patient on the ground and call 911.

DF 14-2941

We are not to attempt to raise the patient up and take him into the clinic for care.  
In my view, this borders on inhumanity.

**FINAL THOUGHTS**

The Central Texas VA Healthcare System has fostered a culture of deceit and manipulation of data in order to achieve performance measures that promote only the careers and pay of its administrators and supervisors.

In the meantime, the Veterans we serve have had their care delayed and downgraded.

The majority of VA employees are caring and empathetic to the veterans they serve.

Many of the VA employees are veterans themselves.

The performance measures and bonus programs currently promoted by Washington leaders has promulgated a culture of lying and deceit in the CTVHCS.

Whether this is a nationwide epidemic is a matter to be decided at a higher level than my own.

Sincerely,

Dr. Joseph L. Spann

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**Department of  
Veterans Affairs**

**Memorandum**

Date: APR 26 2010

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: Inappropriate Scheduling Practices

To: Network Director (10N1-23)

1. The purpose of the memorandum is to call for immediate action within every VISN to review current scheduling practices to identify and eliminate all inappropriate practices including but not limited to the practice specified below.
2. It has come to my attention that in order to improve scores on assorted access measures, certain facilities have adopted use of inappropriate scheduling practices sometimes referred to as "gaming strategies." Example: as a way to combat Missed Opportunity rates some medical centers cancel appointments for patients not checked-in 10 or 15 minutes prior to their scheduled appointment time. Patients are informed that it is medical center policy that they must check in early and if they fail to do so, it is in the medical center's right to cancel that appointment. This is not patient centered care.
3. For your assistance, attached is a listing of the inappropriate scheduling practices identified by a multi-VISN workgroup chartered by the Systems Redesign Office. Please be cautioned that since 2008, additional new or modified gaming strategies may have emerged, so do not consider this list a full description of all current possibilities of inappropriate scheduling practices that need to be addressed. These practices will not be tolerated.
4. For questions, please contact Michael Davies, MD, Director, VHA Systems Redesign ([Michael.Davies@va.gov](mailto:Michael.Davies@va.gov)) or Karen Morris, MSW, Associate Director ([Karen.Morris@va.gov](mailto:Karen.Morris@va.gov))



William Schoenhard, FACHE

Attachment

## ATTACHMENT

### **Scheduling Practices to Avoid: Strategies leading to poor customer service and misrepresentation of Performance Measures/Monitors**

#### Introduction

The purpose of this chapter is to provide assistance in ensuring scheduling accuracy during consultative site visits. It will provide an outline for consultants to better assess scheduling practices and recommend improvements.

As we strive to improve access to our veterans we must ensure in fact that improvement does not focus or rely on workarounds. Workarounds have the potential to compromise the reliability of the data as well as the integrity and honesty of our work.

Workarounds may mask the symptoms of poor access and, although they may aid in meeting performance measures, they do not serve our veterans. They may prevent the real work of improving our processes and design of systems.

We need to speak in a unified voice when interacting with staff at all levels. Our expectations are that there will be no workarounds, and that access will continue to improve with integrity and honesty in all the work that we do.

Systems Redesign principles provide us with the opportunity to improve not only access, but also quality, because without access there can be no quality; satisfaction, because waiting is a huge source of dissatisfaction; and cost of care because, delay creates waste and waste costs money. Please review the practices below to better equip you and your team during your upcoming site visits.

#### Scheduling Practices to Avoid

- **Limiting/Blocking appointment scheduling to 30-day booking.** Clinic profiles are created to allow for no more than 30-day scheduling. When patients require appointments beyond the 30 days,
  - they are told to call back another month to make their request, or
  - staff holds the appointments without scheduling until capacity opens within 30 days.
  - Evaluation Method: Ask the scheduler to make an appointment past 30 days. Review the use of recall system and EWL.
- **Use of a log book or other manual system.** Using this method, appointments are scheduled in VistA at a later date instead of placing patients on the EWL. This has been observed in mental health and in other clinics. The use of log books are now prohibited.
  - Evaluation Method: Interview clinical staff and scheduling staff, especially in mental health. Ask specifically about whether log books are used and ask whether patients schedule directly with the scheduler or if they must

schedule with the clinician. Check Display Clinic Availability listing to assure the patients are being scheduled in VISTA.

- **Creation and cancellation of New patient visits:** A New patient visit is created for a date within 30 days. This visit is cancelled by the clinic; however, it is entered in Appointment Management as "cancelled by patient" instead of "cancelled by clinic" and rescheduled for another date within 30 days of the cancellation. The performance measure would show a wait time under 30 days, though it should have been calculated at >30 days if entered correctly as "cancelled by clinic." There are several ways this has been observed:
  - Scheduling the New patient visit at a time the patient would prefer not to come in and then re-scheduling.
  - Creating a New patient appointment without notifying the patient. This creates a very high likelihood that the patient will no-show which allows for another rebooking with a restarted wait time.
  - Sites may also appropriately enter "cancelled by clinic" in Appointment Management, but inappropriately reschedule the appointment 1+ days later, which restarts the wait time clock.
  - Evaluation Method: Conduct random audits of patient appointments, sampling a variety of clinics. Critically assess the scheduling process using both CPRS and Appointment Management. Check performance measure clinics with unusually low no show rates and wait times.
- **Auto-Rebooking:** This scheduling option removes critical scheduling data (including Desired Date) from the Appointment Management scheduling package, which prevents us from verifying that the patient was scheduled within 30 days. Recommend against using this option.
  - Evaluation Method: Conduct random audits of patient appointments. Enter "Expanded Profile" in Appointment Management on the "\*\*\* Clinic Wait Time Information \*\*\*" screen and make sure that the "Request Type" does not state "AUTO REBOOK" (see screenshot below):

Expanded Profile      May 07, 2008 08:19:04      Page: 3 of 5  
 Patient: ZZTEST,PATIENT (7070)      Outpatient  
 Appointment #: 1      Clinic: WS/MHC-ZDMCHEK

\*\*\* Clinic Wait Time Information \*\*\*

Request type: AUTO REBOOK  
 'Next Available' Type: NOT INDICATED TO BE A 'NEXT AVA.' APPT.  
 Desired date:  
 Follow-up visit:  
 Clinic Wait Time1: 12 days  
 Clinic Wait Time2:

NOTE: Clinic Wait Time1 represents the difference between the date the appointment was entered and the date it was performed. Clinic Wait Time2 represents the difference between the 'desired date' and the date the appointment was performed.

Enter ?? for more actions

Select Action:Next Screen//

1(020,020)

Patient connected to host VISTA-01230.med.va.gov      MEM      6:15 AM

- Use of the recall system to "hold" patients until slots within 30 days open up.
  - Evaluation Method: Conduct random audits of patient appointments entered in the recall system. If recall is being used properly, there should be evidence in the CPRS Progress Notes supporting the appointment date in the recall system.
- Use of slot for Test Patient so that this slot cannot be used but then cancelling the Test Patient and scheduling a patient in the appointment slot. Some providers also use the Test Patient to book up their clinics if they are going on vacation so they do not have to cancel their clinic.
  - Evaluation Method: Interview schedulers and randomly look at the future clinic grids (e.g., t + 90 days) to see if test patients are scheduled.
- Block scheduling: Numerous patients are scheduled at one block of time (e.g., 8:00 – 12:00 pm) and have to wait a long time to be seen. Each patient should have his/her own appointment slot.
  - Evaluation Method: Randomly look at the future clinic grids to see if several patients are scheduled at one time. If so, ask the respective schedulers whether block scheduling is being used. Note: Clinics often legitimately schedule 2+ patients in each appointment slot because they are staffed with enough clinicians to manage patients 1:1.
- Cancelling patients before the appointment time has passed if:
  - the patient does not confirm the appointment in response to a reminder call/letter, or if

- the patient does not show up 15 minutes before the appointment time. This strategy inappropriately eliminates the patient from the Missed Opportunity measure and is misleading to patients who will show up for their appointments.
- Evaluation Method: Interview schedulers to determine if this practice occurs. Clinics with unusually low Missed Opportunity rates should be investigated more closely.
- For established patients, entering a Desired Date that is later than what the provider/patient agreed upon in order to fit the patient in within 30 days.
  - Evaluation Method: Cross-reference the provider's desired date from CPRS (i.e., progress note) with the Desired Date entered in Appointment Management. Also interview schedulers to determine if this practice occurs. Verify that the dates on routing slips (if used) match the Desired Date entered in Appointment Management.
- Allowing providers to request RTC dates in windows (e.g., 4-6 months). This practice allows the scheduler to enter a Desired Date based on clinic availability instead of when the patient needs to be seen.
  - Evaluation Method: Cross-reference the provider's Desired Date from CPRS (i.e., progress note) with the Desired Date entered in Appointment Management. Also interview schedulers and providers to determine if this practice occurs. Some facilities may have a policy allowing schedulers to make appointments within 2 weeks before and after the provider's date. Interview staff and request the policy if this is occurring. If this occurs, there needs to be an entry in the "Comments" section of Appointment Management describing the provider's/patient's preference.
- For Established patients, allowing the Desired Date not to be documented prevents sites from knowing whether the patient was given an appointment within 30 days:
  - For call-ins and walk-ins, schedulers should enter patient requests into the "Comments" field in Vista's Appointment Management system.
  - For normal RTC appointments, providers should document the Desired Date using electronic orders in CPRS. These orders must include the provider's name, the clinic name, and the requested RTC date. It is recommended that routing slips not be used, as they are shredded daily and the information is lost. Instead, some sites require providers to complete their treatment plan progress note before patients leave, which documents the RTC date in a CPRS progress note.
  - Evaluation Method: Interview schedulers in various clinical areas to determine whether routing slips are being used for RTC appointments. Also, randomly sample appointments to determine whether adequate documentation exists for call-ins, walk-ins, and standard RTC appointments.
- Basing the Desired Date on clinic availability: When a provider writes RTC in 3 weeks, the clerk enters +3W to find the availability of future appointments. Once a date/time is found, the clerk exits the system and then starts over using the identified date/time as the Desired Date.
  - Evaluation Method: Cross-reference the provider's Desired Date from CPRS (i.e., progress note) with the Desired Date entered in Appointment

- Management to ensure they match. Also, witness schedulers making appointments, watching for this practice.
- When clinics are cancelled and the patients need to be rescheduled, patients will be called and offered the next available appointment for that clinic. If they accept it, the scheduler will enter that date as the Desired Date as per patients' request, instead of next available.
    - Evaluation Method: Try to observe the way appointments are rescheduled following a clinic cancellation. Interview schedulers to determine whether this is happening. One option is to call a sampling of scheduled patients and ask how their future appointment was offered to them.
  - Patients (New and Established) are offered appointments beyond 30 days, but they are documented as being >30 days per patient request.
    - New patient appointments will still fail the performance measure because the clock starts on the Creation Date. Nevertheless, this strategy misrepresents the patient's Desired Date. Patients should be asked when they would like an appointment and that date should be entered as the Desired Date for Established patients and entered in the Comments field for New patients.
    - Evaluation Method: The team can interview front-line schedulers, asking for the wording used to schedule an appointment with patients. The best method for evaluating, however, would be to directly observe schedulers/patients while appointments are being scheduled. One option is to call a sampling of scheduled patients and ask how their future appointment was offered to them.
  - Access data and Performance Measures meet the standard but when you view the clinic schedules, they are full for the next 30+ days. This suggests the site may be gaming the system.
    - Evaluation Method: Examine random clinic grids 30 days into the future to determine whether there are any open slots. If not, ask the respective schedulers and/or service chiefs how they are able to meet the 30-day standard when the grids are booked 30+ days.
    - It is possible that they are legitimately meeting the measure if they are feeing out all New patients who cannot get an appointment within 30 days, or if they open clinics for extended hours on an as needed basis to increase supply.
  - Not including the patient in scheduling the appointment. This occurs most often in specialty clinics when scheduling New patients off consults. It creates poor customer service, a high Missed Opportunity rate, and considerable rework to reschedule these missed appointments.
    - Evaluation Method: For specialty services, interview schedulers and other staff to determine how consults are processed and scheduled. Is there clinical review of the consults? If a clinician reviews the consult, does he/she reschedule the appointment him/herself? Does a nurse review the consult and schedule the appointment him/herself? Ask staff if they include patients in scheduling initial appointments and, if possible, observe their practices.
  - Consult management:

- When clinics are full within 30 days, consults are Cancelled or Discontinued with comments for the requesting provider to re-submit at a later date. This practice makes wait times appear shorter than they are and compromises patient care.
  - Evaluation Method: Interview Consult Manager to determine how consults are managed when no appointments within 30 days are available. Also, run the consult tracking report (Service Consults By Status [GMRC RPT CONSULTS BY STATUS]) to assess whether an unusually high percentage of consults are being Cancelled or Discontinued. If yes, investigate closer. This strategy may be occurring. The service may also have a Service Agreement in place that isn't working.
- Holding a consult without scheduling the visit but marking the consult as completed. This method does not give the patient timely care, yet it allows the service to pass the 7-day monitor to act upon a consult.
  - Evaluation Method: Use the Completion Time Statistics ([GMRC COMPLETION STATISTICS]) report. This will display how many consults are completed without results or without a note attached.
- Completing the consult when the appointment is scheduled rather than when the patient is seen.
  - Evaluation Method: Look in the Comments of the consult request. You will see that the appointment was made for a future date and the consult status is completed.
- Discontinuing/Cancelling consults for simple reasons, forcing the consult to go back and forth between the requester and specialist until the clinic has availability within 30 days.
  - Evaluation Method: Run the consult tracking report to assess whether an unusually high percentage of consults are being discontinued or cancelled. Services with poor access are more likely to use this method to decrease their demand. Also, randomly select discontinued/cancelled consults from the consult tracking report and examine them in CPRS to determine if they appear legitimate.
- Not linking the consult to a scheduled appointment. If the patient no-shows or cancels, it would have to be manually recorded on the consult to make it active again. If it were attached, the consult would automatically return to an "active status for no-shows or cancellations and show as incomplete. Thus, not linking the consult properly will falsely improve your compliance with the timeliness of acting on a consult.
  - Evaluation Method: Use the Completion Time Statistics ([GMRC COMPLETION STATISTICS]) report. This will show how many appointments are not linked to a consult.
- Cancelling and re-establishing consults on the day of the appointment. This practice effectively makes it appear that there are no outstanding consults and no waiting times for consults to be "acted on."
  - Evaluation Method: Run the consult tracking report and randomly select consults to review. Verify in CPRS that consults weren't being cancelled and re-established, as above. Auditors can also verify that

the requesting physician of the consult did not belong to the service receiving the consult.

- o Consults are not "acted on" within 7 days, which delays the start of the wait time measure. Sites should develop a process to monitor this.
  - Evaluation Method: Run the VSSC New and Established Wait Time report. This will tell you the number of days between the consult request date and the appointment creation date.
  - Below is a Fileman Template for Action on a Consult, developed in VISN 12, that can help sites monitor this:

```

SORT TEMPLATE:
OUTPUT FROM WHAT FILE: REQUEST/CONSULTATION//
SORT BY: FILE ENTRY DATE// @'DATE OF REQUEST
START WITH DATE OF REQUEST: FIRST// T-7 (MAR 25, 2008)
GO TO DATE OF REQUEST: LAST// T (APR 01, 2008)
WITHIN DATE OF REQUEST, SORT BY: (CPRS STATUS["ACTIVE"])!(CPRS STATUS["PENDING"])
WITHIN (CPRS STATUS["ACTIVE"])!(CPRS STATUS["PENDING"]), SORT BY: TO SERVICE:
REQUEST SERVICES FIELD: ASSOCIATED STOP CODE (multiple)
ASSOCIATED STOP CODE SUB-FIELD: ASSOCIATED STOP CODE:
CLINIC STOP FIELD: @AMIS REPORTING STOP CODE
START WITH AMIS REPORTING STOP CODE: FIRST// 303
GO TO AMIS REPORTING STOP CODE: LAST// 303
WITHIN AMIS REPORTING STOP CODE, SORT BY:
STORE IN 'SORT' TEMPLATE: DE CONSULTS NOT ACTED ON
(Apr 01, 2008@07:47) User #673 File #123 SORT OUTPUT

FROM WHAT FILE:
SHOULD TEMPLATE USER BE ASKED 'FROM'-'TO' RANGE FOR 'DATE OF REQUEST'? NO// YES

SHOULD TEMPLATE USER BE ASKED 'FROM'-'TO' RANGE FOR 'AMIS REPORTING STOP CODE'?
NO// YES

PRINT TEMPLATE:
FIRST PRINT FIELD: PATIENT NAME;L25
THEN PRINT FIELD: TO SERVICE;L20
THEN PRINT FIELD: DATE OF REQUEST;L20
THEN PRINT FIELD: CPRS STATUS
THEN PRINT FIELD: TO SERVICE://
THEN PRINT REQUEST SERVICES FIELD: ASSOCIATED STOP CODE
    
```

OUTPUT:

| PATIENT NAME<br>ASSOCIATED STOP CODE | TO SERVICE           | DATE OF REQUEST   | CPRS STATUS |
|--------------------------------------|----------------------|-------------------|-------------|
| TEST TEST<br>CARDIOLOGY              | ECHOCARDIOGRAM - IRO | MAR 17,2008 12:12 | PENDING     |
| TEST TEST<br>CARDIOLOGY              | ECHOCARDIOGRAM - IRO | MAR 17,2008 14:34 | PENDING     |

- o Not scheduling consults for Established patients within 30 days. Sites may schedule only New patients within 30 days, even if the Established patient is presenting with a new problem. This practice provides untimely care to Established patients simply because they have been seen within the past 2 years.

▪ Evaluation Method:

- Search consults for Established patients and lookup the appointment information in Appointment Management. Verify that the Desired Date was not entered for a date into the future. If so, the service is not providing timely care to these Established patients with new problems.
- The VSSC New and Established Wait Time Report will give you a list of established patients that have a consult linked to the appointment. You will need real SSN access to drill down to patient names.

Department of Veterans Affairs  
Veterans Health Administration  
Washington, DC 20420

VHA DIRECTIVE 2010-027

June 9, 2010

## VHA OUTPATIENT SCHEDULING PROCESSES AND PROCEDURES

1. **PURPOSE:** This Veterans Health Administration (VHA) Directive provides policy for implementing processes and procedures for the scheduling of outpatient clinic appointments and for ensuring the competency of staff directly or indirectly involved in any, or all, components of the scheduling process.

### 2. BACKGROUND

a. It is VHA's commitment to provide clinically appropriate quality care for eligible Veterans when they want and need it. This requires the ability to create appointments that meet the patient's needs with no undue waits or delays. Wait times for patients to be seen through scheduled appointments in primary care and specialty care clinics are monitored. In addition, patients (both new and established) are surveyed to determine if they received an appointment when they wanted one.

b. VHA is mandated to provide priority care for non-emergent outpatient medical services for any condition of a service-connected (SC) Veteran rated 50 percent or greater or for a Veteran's SC disability. Priority scheduling of any SC Veteran must not impact the medical care of any other previously scheduled Veteran. Veterans with SC disabilities are not to be prioritized over other Veterans with more acute health care needs. Emergent or urgent care is provided on an expedient basis. Emergent and urgent care needs take precedence over a priority of service connection.

c. The assurance of timely access to care requires consistent and efficient use of Veterans Health Information Systems and Technology Architecture (Vista) in the scheduling of outpatient clinic appointments.

d. Tracking and assessing the utilization and resource needs for specialty care also require use of the Computerized Patient Record System (CPRS) electronic consult request package.

#### e. Definitions

(1) **Desired Date.** The desired appointment date is the date on which the patient or provider wants the patient to be seen. Schedulers are responsible for recording the desired date correctly.

#### (2) **Emergent and Urgent Care**

(a) Urgent Care is care for an acute medical or psychiatric illness or for minor injuries for which there is a pressing need for treatment to manage pain or to prevent deterioration of a condition where delay might impair recovery. For example, urgent care includes the follow-up appointment for a patient discharged from a Department of Veterans Affairs (VA) medical facility if the discharging physician directs the patient to return on a specified day for the appointment.

THIS VHA DIRECTIVE EXPIRES JUNE 30, 2015

~~File No D-14-2947~~**VHA DIRECTIVE 2010-027****June 9, 2010**

(b) Emergency care is the resuscitative or stabilizing treatment needed for any acute medical or psychiatric illness or condition that poses a threat of serious jeopardy to life, serious impairment of bodily functions, or serious dysfunction of any bodily organ or part.

(3) **Provider.** A provider is an individual licensed to deliver health care and services to patients.

(4) **Service-Connected (SC).** Service connection or "service-connected" means that VA has determined that a condition or disability was incurred in, or has been aggravated by, military service.

(5) **Non-Service Connected (NSC).** NSC refers to a condition or disability VA has not determined was incurred in, or has been aggravated by, military service.

(6) **New Enrollee.** A new enrollee is a previously non-enrolled Veteran who applies for VA health care benefits and enrollment by submitting VA Form 10-10EZ, Application for Health Benefits, is determined to be eligible, and is enrolled.

(7) **New Enrollee Appointment Request (NEAR) Call List.** The NEAR Call List is a tool to be used by enrollment staff to communicate to Primary Care Management Module (PCMM) Coordinators or schedulers, at the Veteran's designated preferred location, that a newly enrolled Veteran has requested an appointment during the enrollment process.

(8) **Appointment Type.** Using VistA, an outpatient appointment requires the selection of at least one appointment type, which combined with the "Purpose of Visit" code creates one of 40 unique appointment types. Appointment types can be critical when scheduling different types of appointments. Examples of appointment types include: regular, employee, collateral of Veteran, sharing agreement, etc. For a complete list of appointment types, see the Patient Appointment Information Transmission (PAIT) Release Notes and Installation Guide Patch SD\*5.3\*333 at [http://www.va.gov/vdl/documents/Clinical/Patient\\_Appointment\\_Info\\_Transmission/sd\\_53\\_p333\\_m.doc](http://www.va.gov/vdl/documents/Clinical/Patient_Appointment_Info_Transmission/sd_53_p333_m.doc).

(9) **Newly registered Patient to the Facility.** A newly registered patient to the facility is a Veteran who is enrolled with VHA, but who has not been registered at a specific facility.

(10) **New Patient as Defined for VHA Wait Time Measurement Purposes.** For VHA Wait Time Measurement purposes, a "new patient" is any patient not seen by a qualifying provider type within a defined stop code or stop code group at that facility, within the past 24 months. *NOTE: See data definitions at [http://vssc.med.va.gov/WaitTime/New\\_Patient\\_Monitor.asp#](http://vssc.med.va.gov/WaitTime/New_Patient_Monitor.asp#). This is an internal VA Web site not available to the public. In order to access this site, VA staff may need to go first to <http://vssc.med.va.gov> and accept the VHA Support Service Center Data Use Agreement.*

~~D1-14-2947~~

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(11) **Electronic Wait List (EWL).** The EWL is the official VHA wait list. The EWL is used to list patients waiting to be scheduled, or waiting for a panel assignment. In general, the EWL is used to keep track of patients with whom the clinic does not have an established relationship (e.g., the patient has not been seen before in the clinic).

(12) **Service Agreement.** A service agreement is a written agreement defining the work flow rules between any two or more services that send work to one another. Ideally, this document is developed based on discussion and consensus between the two or more involved services. The document is signed by service chiefs from involved services. If the agreement is between services at separate facilities, as with inter-facility consult service agreements, it needs to be signed by the Chiefs of Staff of each involved facility.

(13) **Encounter.** An encounter is a professional contact between a patient and a provider vested with responsibility for diagnosing, evaluating, and treating the patient's condition.

(a) Contact can include face-to-face interactions or those accomplished using telecommunications technology.

(b) Encounters are neither occasions of service nor activities incidental to an encounter for a provider visit. For example, the following activities are considered part of the encounter itself and do not constitute encounters on their own: taking vital signs, documenting chief complaint, giving injections, pulse oximetry, etc.

(c) Use of e-mail is limited and does not constitute an encounter. E-mail communications are not secure and e-mails must not contain patient specific information. *NOTE: Secure messaging communication is available through the My HealthVet (MHV) personal health record (PHR). These communications may meet the definition of an encounter, based on type of message and content.*

(d) A telephone contact between a practitioner and a patient is only considered an encounter if the telephone contact is documented and that documentation includes the appropriate elements of a face-to-face encounter, namely, history and clinical decision-making. Telephone encounters must be associated with a clinic that is assigned one of the Decision Support System (DSS) Identifier telephone codes and are designated as count clinics.

(14) **Occasion of Service.** Formerly known as ancillary service, an "occasion of service" is a specified identifiable instance of an act of technical and administrative service involved in the care of a patient or consumer, which is not an encounter and does not require independent clinical judgment in the overall diagnosing, evaluating, and treating the patient's condition(s).

(a) Occasions of service are the result of an encounter. Clinical laboratory tests, radiological studies, physical medicine interventions, medication administration, and vital sign monitoring are all examples of occasions of service.

(b) Some occasions of service, such as clinical laboratory and radiology studies and tests, are automatically loaded to the Patient Care Encounter (PCE) database from other VistA packages.

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(15) **Count.** The term "count" refers to workload that meets the definition of an encounter or occasion of service.

(16) **Count versus Non-Count Clinics.** In the creation of Clinic Profiles, clinics are designated as either Count Clinics or Non-Count Clinics. Count Clinics are transmitted to PCE as encounters. Non-Count Clinics are not transmitted to PCE. There are generally two reasons why a clinic might be designated as non-count: if the clinic is administrative in nature and therefore not providing patient care; and if the workload associated with the clinic is transmitted to PCE automatically through another means (a VistA package other than Scheduling) then the clinic is setup as non-count to avoid sending duplicate workload to PCE (for example, occasions of service.)

(17) **DSS Identifiers.** DSS Identifiers are used to measure workload for all outpatient encounters. They are the single designation by which VHA defines clinical work units for costing purposes. In some, but not all cases, DSS Identifiers are defined to be used only for specific Non-Count Clinics assigned to a clinic profile. In these cases, DSS rules must be followed. As a specific example: when a clinic's Primary Stop Code is 674, that clinic is explicitly defined to be a Non-Count Clinic and that is the only way it should be used.

(a) **Primary Stop Code.** The first three numbers of the DSS Identifier represent the primary stop code. The primary stop code designates the main clinical group responsible for the care. Three numbers must always be in the first three characters of a DSS Identifier for it to be valid.

(b) **Secondary Stop Code.** The last three numbers of the DSS Identifier contain the secondary or credit stop code, which the VA medical center may use as a modifier to further define the primary work group. For example, a flu vaccination given in Primary Care is designated by 323710. The secondary stop code modifier may also represent the type of provider or team. For example, a Mental Health Clinic run by a social worker can be designated 502125.

(c) **Credit Pair.** A DSS Identifier Credit Pair is the common term used when two DSS Identifiers, a primary code and a secondary code, are utilized when establishing a clinic in the VistA software. Some specific credit pairs are listed in the DSS Identifier References.

**3. POLICY.** It is VHA policy that all outpatient clinic appointments, meeting the definition of an encounter, are made in Count Clinics using the VistA Scheduling software in a fashion that best suits patients' clinical needs and preferences; this includes, but is not limited to: appointments made for clinic visits; VA provided home care; consultations; and medical, surgical, dental, rehabilitation, dietetic, nursing, social work, and mental health services and procedures.

*NOTE: The Count Clinic requirement does not include: non-VA care paid through VistA Fee; procedures performed in the operating room and recorded in the VistA Surgery Software; instances where encounters are generated based on unscheduled telecommunication; and occasions of service, such as clinical laboratory, radiology studies, and tests that are automatically loaded to the PCE database. An exception from the requirement of using VistA*

~~D1-14-2949~~

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*Scheduling software is also extended to providers and programs such as Care Coordination Home Telehealth when encounters are generated based on unscheduled communication.*

#### 4. ACTION

a. **Director of Systems Redesign.** The Director, VHA Systems Redesign, within the Office of the Deputy Under Secretary for Health for Operations and Management (10N), is responsible for oversight of implementation of requirements of this Directive, to include measurement and monitoring of ongoing performance.

b. **Veterans Integrated Service Network (VISN) Director.** The VISN Director, or designee, is responsible for the oversight of enrollment, scheduling, processing, consult management, and wait lists for eligible Veterans.

c. **Facility Director.** The facility Director, or designee, is responsible for:

(1) Ensuring that when outpatients are seen for what constitutes an encounter on a "walk-in" basis without an already scheduled appointment, an appointment is recorded in a Count Clinic with the "Purpose of Visit" entered in the VistA Scheduling Software as "unscheduled." *NOTE: Since unscheduled visits include no entry of "desired date" for wait time measurement, desired date is equated to appointment creation date. In addition, applicable profiles need to be designed to ensure sufficient capacity to accommodate unscheduled "walk-in" patients. Unscheduled encounters that occur via telephone will not be used in the VistA Scheduling Software.*

(2) Ensuring outpatient appointments for diagnostic laboratory and imaging services are not made using count clinics. Non-Count clinics may be used to schedule laboratory and imaging appointments. Requests for laboratory and imaging services must be made by provider orders (not consult requests). Orders transmit directly to the laboratory or radiology software applications. Work performed in response to such orders triggers transmission of encounter data via the VHA PCE software application. *NOTE: The use of Count Clinics for diagnostic services is inappropriate in part because it would generate duplicate workload reports.*

(3) Defining "standard work" for the clinic teams to most efficiently operate the clinic. This work includes:

(a) Ensuring clinic flow occurs in a standardized manner including patient check-in with scheduling staff, nurse interview, provider visit, and check-out.

(b) Ensuring providers document orders in CPRS and explain rationale and timeframes for medications, diagnostic tests, laboratory studies, return appointments, consultations, and procedures before the patient leaves the examination room.

(c) Ensuring a check out process occurs following each clinic visit. The check-out process may consist of: nurse-administered patient education; clinical pharmacist education and review of prescription orders; collection of patient feedback; scheduling of diagnostic studies; consultations; and follow-up visits. The check-out process must also include verifying that the

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disposition of the appointment in the VistA Appointment Management system has been completed.

(d) Ensuring standardized systems are in place to balance supply and demand for outpatient services including continuous forecasting and contingency planning.

(e) Ensuring each clinic follows these additional business rules for standardizing work.

1. Schedules must be open and available for the patient to make appointments at least three to four months into the future. Permissions may be given to schedulers to make appointments beyond these limits when doing so is appropriate and consistent with patient or provider requests. Blocking the scheduling of future appointments by limiting the maximum days into the future an appointment can be scheduled is inappropriate and is disallowed.

2. Synchronize internal provider leave notification practices with clinic slot availability to minimize patient appointment cancellations.

3. Strive to make follow-up appointments "on the spot" for patients returning within the 3 to 4 month window.

4. Use the Recall/Reminder Software application to manage appointments scheduled beyond the 3 to 4 month scheduling window.

*NOTE: Backlog must be eliminated and demand and supply balanced for the above suggestions to be successful.*

(f) Using the preferred strategy for initiating scheduling which involves:

1. Having the referring providers' team schedule clinical consultation appointments as soon as possible on the day the consult is ordered, before the patient leaves the referring provider team area.

2. Having the treating provider's team either schedule an appointment or, if the timeframe specified by the provider is several months into the future, record in the Recall/Reminder Software application the need for the patient to return to clinic, before the patient leaves the treating provider team area,

a. When a patient needs a follow-up appointment but cannot be immediately scheduled, this need is to be recorded in the Recall/Reminder Software application.

b. The patient must be advised to expect to receive a reminder to contact the clinic to actually schedule an appointment a few weeks prior to the return to clinic timeframe that the provider has specified.

c. The patient needs to be provided information for contacting the clinic at the appropriate time to make the appointment.

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3. Having registration or enrollment staff obtain contact information and initiate scheduling action while in direct contact with a newly enrolled or newly registered patient.

(4) Ensuring correct entry of "desired date" for an appointment. The goal is to schedule an appointment on, or as close to the desired date as possible.

(a) For New Patients

1. The scheduler needs to ask the patient: "What is the first day you would like to be seen?" The date the patient provides is the desired date.

2. The desired date is defined by the patient without regard to schedule capacity. Once the desired date has been established, it must not be altered to reflect an appointment date the patient acquiesces to accept for lack of appointment availability on the desired date.

3. The third step is to offer and schedule an appointment on or as close to the desired date as possible.

(b) For Established Patients' Return Appointments: A specific or a general timeframe is communicated by the provider and the actual desired date is established by the patient.

1. In order for the provider and scheduler to have a clear understanding of the intent for a return appointment, the provider must document the return date in CPRS, preferably through an order. The provider must specify if the return appointment request is for a specific day, or a general timeframe.

2. In order to establish the actual desired date correctly, the scheduler needs to tell the patient that the provider wants to see them again, giving the patient either the provider's specified date or general timeframe, and asking when the patient would like to be seen. The date the patient provides is the desired date.

3. The desired date needs to be defined by the patient without regard to schedule capacity. Once the desired date has been established, it must not be altered to reflect an appointment date the patient acquiesces to accept for lack of appointment availability on the desired date.

4. The scheduler is to offer and schedule an appointment on or as close to the desired date as possible. If there is a discrepancy between the patient and provider desired date, the scheduler must contact the provider for a decision on the return appointment timeframe.

(c) For Patients Scheduled in Response to Intra and Inter Facility Consults

1. The provider specified timeframe for the appointment needs to be the date of the provider request, unless otherwise specified by the provider.

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2. In order to establish the actual desired date correctly, the scheduler informs the patient of the provider's specified date or general timeframe and asks the patient "What day would you like to be seen?" The date the patient provides is the desired date.

3. The desired date needs to be defined by the patient without regard to schedule capacity. Once the desired date has been established, it must not be altered to reflect an appointment date the patient acquiesces to accept for lack of appointment availability on the desired date.

4. The scheduler offers and schedules an appointment on or as close to the desired date as possible. If the provider has specified a desired date (or "soonest appropriate date") and there is a discrepancy between the patient and provider specified desired date, the scheduler must contact the provider for a decision on the appointment timeframe.

5. In creating an appointment in response to a CPRS consult request, the scheduler must use VistA menu options to link the CPRS consult request to the scheduled appointment.

(5) Ensuring that when an appointment is cancelled and rescheduled by the clinic, the scheduler enters as the desired date for the new appointment the desired date for the original appointment.

(6) Ensuring that if the patient must be contacted to create an appointment, policies are in place that outline actions to be taken to make contact, the number of attempts necessary, and documentation required.

(7) Monitoring telephone access and taking action, as needed, to minimize patient problems in accessing providers, teams, and schedulers by phone.

(8) Implementing standardized processes for enrollment, and the scheduling, processing, and management of appointments, consults, and wait lists for eligible Veterans.

(9) The creation and maintenance of a Master List of all staff members that have any of the VistA Scheduling options that may be used for scheduling patients: PCMM menu options for primary care team or for provider assignments, menu options for entries onto the EWL, and the direct supervisors of all such individuals.

(10) Ensuring successful completion of VHA Scheduler Training by all individuals on the Master List. Menu options for creating outpatient appointments are not to be provided to new schedulers without proof of their successful completion of this training. To retain these menu options, all individuals must complete newly released training for schedulers within 120 days of it being announced. *NOTE: Details regarding the availability of this training will be posted on the Mandatory Training Web page located at: <http://vawww.ees.hrn.va.gov/mandatorytraining>. This is an internal Web site and is not available to the public.*

(11) Ensuring all individuals on the Master List have their position description or functional statement include specific responsibilities relative to scheduling, PCMM assignments, and entries into EWL.

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(12) Ensuring all individuals on the Master List have, on file with their supervisor, an annual competency assessment that includes their responsibilities relative to scheduling, PCMM assignments, and entries into EWL.

(13) Ensuring completion, using VISN-approved processes and procedures, of a standardized yearly scheduler audit of the timeliness and appropriateness of scheduling actions, and of the accuracy of desired dates.

(14) Ensuring that identified deficiencies in competency or performance, identified by the annual scheduler audit, are effectively addressed.

(15) Ensuring that all clinic profiles are current at all times and subject to an annual review. This review must include compliance in requirements for use of Count versus Non-Count clinics.

(16) Ensuring full compliance by all involved services with Service Agreements. Service agreements must be reviewed and, if necessary, re-negotiated regularly (at least annually).

(17) Measuring and tracking all unused outpatient appointments in count clinics including those from no shows, patient cancellations, and unscheduled appointment slots.

(18) Ensuring that when appointments become available and the facility has at least 3 days to give patients notice, scheduling personnel offer appointments to patients who are either on the EWL waiting for appointments, or currently have appointments more than 30 days past the desired dates of care. *NOTE: This applies to management of scheduling in Count Clinics.*

(19) Ensuring that the following Business Rules for Scheduling Outpatient Clinic Appointments are followed.

(a) Patients with emergent or urgent medical needs must be provided care, or be scheduled to receive care, as soon as practicable, independent of SC status and whether care is purchased or provided directly by VA.

(b) Generally, patients with whom the provider does not yet have an established relationship and cannot be scheduled in target timeframes must be put on electronic waiting lists (EWL). VHA's EWL software is used to manage these requests, which usually consist of newly registered, newly enrolled, or new consult requests for patients waiting for their first scheduled appointment. No other wait list formats (paper, electronic spreadsheets) are to be used for tracking requests for outpatient appointments. When patients are removed from the EWL, except for medical emergencies or urgent medical needs, Veterans who are SC 50 percent or greater, or Veterans less than 50 percent SC requiring care for a SC disability must be given priority over other Veterans.

(c) Facilities are required to provide initial triage evaluations within 24 hours for all Veterans either self-requesting or being referred for mental health or substance abuse treatment. Additionally, when follow-up is needed, it must include a full diagnostic and treatment

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evaluation within 14 days. *NOTE: VHA leadership may mandate specific timeframes for special categories of appointments.*

(d) PCMM Coordinators or Scheduling Coordinators must check the Primary Care EWL daily and act on requests received. Schedulers in all clinics at all locations (substations) must review the EWL daily to determine if newly enrolled or newly registered patients are requesting care in their clinic at their location.

(e) A wait list for hospice or palliative care will not be maintained as VHA must offer to provide or purchase needed hospice or palliative care services without delay.

(f) A patient currently or formerly in treatment for a mental health condition, who requests to be seen outside of the clinician desired date range, needs to be seen or contacted within 1 working day by the treatment team for evaluation of the patient's concern.

(g) The VHA Class I Recall/Reminder Software application is used for patients with whom the service has an established relationship. This software application is typically used when the requested follow-up appointment date is more than 3 to 4 months into the future. These patients include those that have either been seen initially in a given VA clinic and need to return in the future; or those who have been seen initially through purchased non-VA care with a plan to be seen in follow-up at the VA clinic. *NOTE: Even though a patient seen initially through purchased non-VA care may be new to a facility clinic, the organization has committed to this relationship, so Recall/Reminder scheduling may be appropriate.*

(h) Non-VA care may be utilized in accordance with regulatory authority when service is not available in a timely manner within VHA due to capability, capacity, or accessibility. Availability of non-VA care and access to VA care must be taken into account before non-VA care is authorized. An analysis of costs of care needs to be undertaken at appropriate intervals to determine if services could be more efficiently provided within VA facilities. Use of purchased care may only be considered when the patient can be treated sooner than at a VA facility and the service is clinically appropriate and of high quality. Purchased care must only be considered when the request for care can be resolved efficiently, including having results available to the referring facility in a timely manner.

(i) Patients provided authorization for continued non-VA care need to be tracked and brought back within VHA as capacity becomes available. This needs to be from the oldest authorization moving forward, as clinically indicated.

(j) Clinic cancellations, particularly when done on short notice, are to be avoided whenever possible. If a clinic must be canceled or a patient fails to appear for a scheduled appointment, the medical records need to be reviewed to ensure that urgent medical problems are addressed in a timely fashion. Provisions need to be made for necessary medication renewals and patients need to be rescheduled as soon as possible, if clinically appropriate.

(k) When a patient does not report ("no-show") for a scheduled appointment, the responsible provider, surrogate, or designated team representative needs to review the patient's

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medical record, including any consult or procedure request received or associated with the appointment and then determine and initiate appropriate follow-up action. *NOTE: It may be useful for the facility to assign a case manager to the patient with multiple "no-shows" to determine the best method to manage the patient's pattern of repetitive "no-shows."*

(1) Facility leadership must be vigilant in the identification and avoidance of inappropriate scheduling activities. *NOTE: For further guidance, please see the Systems Redesign Consultation Team Guidebook available on the Systems Redesign Web site at [Systems Redesign Consultation Team Guide 2008 \(https://srd.vssc.med.va.gov/Pages/default.aspx\)](https://srd.vssc.med.va.gov/Pages/default.aspx). This is an internal VA Web site not available to the public.*

(20) Providing annual certification through the VISN Director to the Director, Systems Redesign, in the Office of the Deputy Under Secretary for Health for Operations and Management, of full compliance with the content of this Directive. Initial certifications are due 6 months following issuance of this Directive and then annually thereafter.

## 5. REFERENCES

- a. Public Law 104-262.
- b. Title 38 United States Code (U.S.C.) Sections 1710, and 1703, 1705.
- c. Code of Federal Regulations, § 17.52, 17.100, 17.36, 17.37, 17.38, and 17.49.

**6. FOLLOW-UP RESPONSIBILITY:** The Deputy Under Secretary for Health for Operations and Management (10N) is responsible for the contents of this Directive. Questions may be directed to the Director, Systems Redesign Program at 605-720-7174.

**7. RESCISSIONS:** VHA Directive 2009-070 is rescinded. This VHA Directive expires June 30, 2015.

Robert A. Petzel, M.D.  
Under Secretary for Health

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**Department of Veterans Affairs  
Office of Inspector General**

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**Healthcare Inspection**

**Select Patient Care Delays and Reusable  
Medical Equipment Review  
Central Texas Veterans Health Care  
System  
Temple, Texas**

## Executive Summary

The VA Office of Inspector General Office of Healthcare Inspections conducted an inspection to determine the validity of allegations regarding patient care delays and reusable medical equipment concerns at the Olin E. Teague Veterans' Medical Center (facility) in Temple, TX. A complainant alleged that:

- Hundreds of scheduled gastroenterology (GI), mammogram, radiation oncology, and breast biopsy fee-basis consults dating back to 2009 place the health of patients at risk.
- Prolonged wait times for GI care lead to delays in diagnosis of colorectal and other cancers.
- Reusable medical equipment issues have not been properly addressed, including unclean scopes that were almost used on patients, equipment failures, and use of new equipment without an approved standard operating procedure.

We substantiated that there are hundreds of fee-basis GI, mammogram, radiation oncology, and breast biopsy consults requiring action; however, we did not find evidence of patient harm due to delays in follow-up actions. We substantiated that there are GI wait times in excess of VHA requirements following initial positive screenings.

In addition, staff indicated that appointments were routinely made incorrectly by using the next available appointment date instead of the patient's desired date. These practices led to inaccurate reporting of GI clinic wait times.

We did not substantiate that reusable medical equipment issues have not been properly addressed.

We recommended that the Medical Center Director:

- Ensure that patients referred for fee-basis care are tracked from initial referral to timely receipt of results to both the provider and the patient from completed appointments.
- Ensure that patients receive timely colorectal cancer screening follow-up as required by VHA Directive.
- Ensure that all staff follow VA policy for scheduling outpatient appointments, and that compliance is monitored.

The Veterans Integrated Service Network and Medical Center Directors concurred with our findings. We will follow up until the planned actions are completed.



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

**TO:** Director, VA Heart of Texas Health Care Network (10N17)

**SUBJECT:** Healthcare Inspection – Select Patient Care Delays and Reusable Medical Equipment Review, Central Texas Veterans Health Care System, Temple, Texas

### Purpose

The VA Office of Inspector General Office of Healthcare Inspections conducted an inspection to determine the validity of allegations made regarding patient care delays and reusable medical equipment (RME) concerns at the Olin E. Teague Veterans' Medical Center (facility) in Temple, TX.

### Background

The facility is part of the Central Texas Veterans Health Care System in Temple, TX and Veterans Integrated Service Network 17 located in Arlington, TX. This tertiary care facility provides a broad range of inpatient and outpatient healthcare services including outpatient care provided at one outpatient clinic in Austin and four community based outpatient clinics in Brownwood, Bryan/College Station, Cedar Park, and Palestine, TX.

VHA has established requirements for providing priority access to medical care to veterans with service-connected ratings of 50 percent or greater and veterans requiring care for a service-connected disability. VHA monitors timely access to care by using patient requested dates for appointments.<sup>1</sup> A new patient establishes the requested or desired date when answering the appointment scheduler's question "What is the first day you would like to be seen?" VHA's goal is to schedule 98 percent of all specialty care appointments within 14 days from the earliest desired appointment date.<sup>2</sup>

Requests for outpatient specialty care are made using electronic consults in the Computerized Patient Record System. Consults can be scheduled, canceled, or discontinued. A scheduled status indicates that the consult has been accepted and

<sup>1</sup> VHA Directive 2010-027, *VHA Outpatient Scheduling Processes and Procedures*, June 9, 2010.

<sup>2</sup> *ECF Technical Manual 1.7*, VHA Office of Analytics and Business Intelligence, March 14, 2011.

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that an appointment has been scheduled. A canceled status indicates that the consult has been closed without the service seeing the patient. A discontinued status indicates that the provider who requested specialty care no longer requests or needs to make a consult request. A consult in a scheduled status will change to a completed status when the service has seen and evaluated the patient with a documented progress note in the medical record linked to the consult.

Purchased care, including fee-basis referral, is utilized when services are not available or cannot be economically provided by a VA facility due to capability, capacity, or accessibility concerns. Purchased care must only be considered when the request can be resolved efficiently and results made available to the referring facility in a timely manner. VHA requires these results to be filed or scanned into the patient's medical record.<sup>3</sup>

Colorectal cancer (CRC) is the third most common cancer and the third leading cause of cancer deaths in the United States.<sup>4</sup> CRC screening enables the detection of pre-cancerous polyps so that they may be removed before they become cancerous and the detection of colon cancer at an earlier stage than otherwise might have been the case. VHA requires that veterans with positive CRC screening tests be followed up with a full colonoscopy, unless contraindicated or the primary screening method was colonoscopy.<sup>5</sup> When a diagnostic colonoscopy is indicated, it must be performed within 60 calendar days of the positive screening test.

VHA has established requirements for the proper reprocessing of RME, including endoscopes used during colonoscopy procedures, to ensure patient and staff safety.<sup>6</sup> Requirements include the development of device-specific standard operating procedures for reprocessing RME according to manufacturer's guidelines, competency assessment of staff prior to initial use of RME, and a quality management program that ensures appropriate and safe reprocessing.

In August 2011, OIG's Hotline Division received allegations of patient care delays and RME concerns. A complainant alleged that:

- Hundreds of scheduled gastroenterology (GI), mammogram, radiation oncology, and breast biopsy fee-basis consults dating back to 2009 place the health of patients at risk.
- Prolonged wait times for GI care lead to delays in diagnosis of colorectal and other cancers.

<sup>3</sup> VHA Handbook 1907.01, *Health Information Management and Health Records*, August 25, 2006.

<sup>4</sup> American Cancer Society, <http://www.cancer.org>, accessed September 8, 2011.

<sup>5</sup> VHA Directive 2007-004, *Colorectal Cancer Screening*, January 12, 2007.

<sup>6</sup> VHA Directive 2009-004, *Use and Reprocessing of Reusable Medical Equipment (RME) in Veterans Health Administration Facilities*, February 9, 2009.

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- RME issues have not been properly addressed, including unclean scopes almost used on patients, equipment failures, and use of new equipment without an approved standard operating procedure.

The complainant also cited personnel and resource allocation issues that were outside of OHI's purview and are not addressed in this report.

### Scope and Methodology

We interviewed the complainant as well as facility managers, clinicians, and other employees with knowledge of the issues raised by the allegations during an onsite inspection on August 30–September 1, 2011. We reviewed patient medical records, pertinent facility documents, and performance measure data available through VHA Support Service Center.<sup>7</sup>

We conducted the inspection in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of the Inspectors General on Integrity and Efficiency.

### Inspection Results

#### Issue 1: Delays in Patient Care

##### *Fee-Basis Process*

\* We substantiated that there are hundreds of fee-basis GI, mammogram, radiation oncology, and breast biopsy consults in a scheduled status.

Table 1 shows the number of consults by status and specialty for FY 2010 as of August 15, 2011.<sup>8</sup>

**Table 1. Facility Fee-Basis Consults for FY 2010.**

| Status       | All Facility Services | GI   | Mammogram | Radiation Oncology | Breast Biopsy |
|--------------|-----------------------|------|-----------|--------------------|---------------|
| Discontinued | 2682                  | 903  | 162       | 78                 | 14            |
| Completed    | 6868                  | 1319 | 361       | 188                | 60            |
| Scheduled    | 542                   | 163  | 14        | 66                 | 1             |
| Cancelled    | 14                    | 3    | 0         | 1                  | 0             |
| Total        | 10106                 | 2388 | 537       | 333                | 75            |

We reviewed all 244 GI, mammogram, radiation oncology, and breast biopsy consults that were in a scheduled status as of August 15, 2011, to determine if the patients were

<sup>7</sup> VHA Support Service Center maintains VA data for the purpose of health care delivery analysis and evaluation.

<sup>8</sup> Data provided by facility management.

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harmful due to delays in follow-up actions. We found no evidence of patient harm in 231 (95 percent) of 244 records reviewed. Of the 231 patients, 230 either were offered or had received treatment. One GI patient died at an outside hospital from a cardiac arrest prior to the scheduled appointment. We could not determine harm in the remaining 13 (5 percent) cases because there was no medical record documentation to show that procedures were performed.

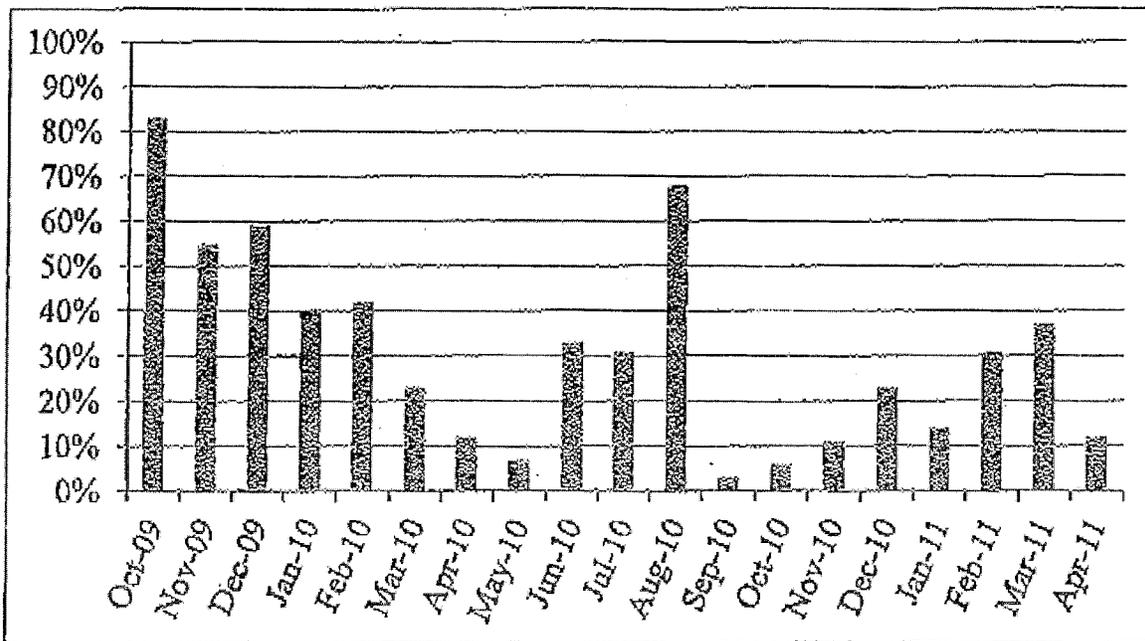
The facility policy in place during FY 2010 did not adequately address the responsibility for tracking patient referrals or timeliness of follow-up for authorized fee-basis care. A revised local policy addressing these issues was approved August 26, 2011.

*Excessive Wait Times and Delayed Cancer Diagnoses*

✦ We substantiated GI wait times in excess of VHA requirements for CRC screening and diagnosis.

We reviewed facility reports documenting the percentage of patients who had a VA-performed colonoscopy within 60 days of a positive fecal occult blood test (FOBT).<sup>9</sup> This group of patients excluded those patients who refused colonoscopy, chose non-VA follow-up, or were deemed clinically inappropriate for colonoscopy. Figure 1 shows the percentage of these patients seen within the required 60 days of a positive FOBT by month for FY 2010 through the most recently available report in FY 2011.

**Figure 1. Percentage of Patients with VA Colonoscopies within 60 Days of Positive FOBT Result.**



<sup>9</sup> All FOBT is a CRC screening test that uses chemicals on stool samples to find blood that cannot be seen with the naked eye.

**Select Patient Care Delays and Reusable Medical Equipment Review, CTVHCS, Temple, Texas**

To assess delays in diagnosing CRC, we reviewed medical records for all outpatients diagnosed with CRC at the facility from January 2010 to August 2011. We compared the timeliness observed for those diagnosed after a diagnostic colonoscopy for a positive FOBT result to those diagnosed after a screening or diagnostic colonoscopy<sup>10</sup> for other reasons. Tables 2 and 3 show the wait times experienced by the two groups in calendar years 2010 and 2011, respectively.

**Table 2. Observed CRC Diagnosis Timeliness in 2010.**

|                             | Average Days from GI Consult to GI Clinic Appointment | Average Days from GI Clinic Appointment to Colonoscopy | Average Days from GI Consult to Colonoscopy |
|-----------------------------|---|--|---|
| Positive FOBT Result (N=30) | 48  | 39   | 87  |
| Other (N=23)                | 41  | 41   | 81  |

**Table 3. Observed CRC Diagnosis Timeliness in 2011.**

|                            | Average Days from GI Consult to GI Clinic Appointment | Average Days from GI Clinic Appointment to Colonoscopy | Average Days from GI Consult to Colonoscopy |
|----------------------------|---|--|---|
| Positive FOBT Result (N=9) | 35  | 79   | 114   |
| Other (N=13)               | 44  | 50   | 94  |

***Scheduling Practices***

- \* We found incorrect patient desired dates entered by scheduling staff for GI clinic appointments.

Staff indicated that appointments were routinely made incorrectly by using the next available appointment date instead of the patient's desired date. These practices led to inaccurate reporting of GI clinic wait times. Despite facility reports showing that 96 percent or more of GI appointments were scheduled within 14 days of new patients' desired dates in FY 2011, all staff interviewed acknowledged wait times of up to several months.

**Issue 2: RME Concerns**

We did not substantiate that RME issues are not properly addressed.

We reviewed the details of specific incidents reported by the complainant. One incident concerned suspicious debris observed while troubleshooting a GI scope. GI management

<sup>10</sup> A diagnostic colonoscopy is performed when signs or symptoms indicate dangerous changes in the colon.

Select Patient Care Delays and Reusable Medical Equipment Review, CTVHCS, Temple, Texas

entered an electronic incident report promptly after notification by staff that a scope was not functioning properly and that debris was observed. Appropriate safety measures were taken in response, including immediately removing the scope from the environment and sending the scope for evaluation and repair. Similar reports of fluid in GI scopes and camera issues observed in early FY 2011 also resulted in timely requests for vendor evaluation and repair. An additional incident was reported during the onsite inspection. GI staff observed that a scope had technical issues requiring vendor repair. GI staff tagged the equipment and sent it to Sterile Processing & Distribution to coordinate vendor repair. Sterile Processing & Distribution staff cleaned and processed the scope prior to vendor referral for repair as required but did not re-tag the scope after processing. This resulted in the clean scope returning to GI without vendor repair. Once the scope arrived in GI, staff recognized the scope by its identification number and the lack of sufficient time for vendor repair and brought the issue to management's attention. No patients were affected by these incidents.

We reviewed facility FY 2011 acquisition records for GI scopes. The facility acquired new high-definition versions of models previously used at the facility that required no reprocessing changes, but new standard operating procedures were developed to reflect differences in model numbers and staff competencies were assessed prior to using the scopes.

## Conclusions

The fee-basis process has been strengthened, but further effort is needed to address existing and future fee-basis consults so that patients are not lost to follow-up. This includes tracking initial community referrals, patient notification of future appointments, patient attendance at scheduled appointments, and timely receipt of appointment results for scanning into the medical record.

VHA recognized the importance of CRC screening and follow-up in its patient population, made this a priority, and established clear requirements. Although the facility monitored its compliance in meeting VA CRC screening and follow-up timeliness requirements, significant efforts are needed to meet these requirements and to decrease the overall wait time for patients who need GI care.

Although facility leadership was aware of wait time issues for GI services, other specialties may have similar capacity issues that remain unidentified because of inappropriate scheduling practices that have direct impact on the quality of patient care and hide opportunities for improvement from facility leadership.

Although equipment will experience functionality issues during its lifetime, we found facility staff involved with RME to be vigilant in their duties and responsibilities for ensuring that equipment worked properly prior to use, problems were reported timely, and facility processes were followed.

Select Patient Care Delays and Reusable Medical Equipment Review, CTVHCS, Temple, Texas

**Recommendations**

**Recommendation 1.** We recommended that the Medical Center Director ensure that patients referred for fee-basis care are tracked from initial referral to timely receipt of results to both the provider and the patient from completed appointments.

**Recommendation 2.** We recommended that the Medical Center Director ensure that patients receive timely colorectal cancer screening follow-up as required by VHA Directive.

**Recommendation 3.** We recommended that the Medical Center Director ensure that all staff follow VA policy for scheduling outpatient appointments, and that compliance is monitored.

**Comments**

The Veterans Integrated Service Network and Medical Center Directors concurred with our findings (See Appendixes A and B, pages 8-12, for the full text of their comments). We will follow up on the planned actions until they are completed.



JOHN D. DAIGH, JR., M.D.  
Assistant Inspector General for  
Healthcare Inspections

Select Patient Care Delays and Reusable Medical Equipment Review, CTVHCS, Temple, Texas

Appendix A

# Veterans Integrated Service Network Director Comments

Department of  
Veterans Affairs

Memorandum

**Date:** December 14, 2011

**From:** Director, VA Heart of Texas Health Care Network (10N17)

**Subject:** **Healthcare Inspection—Select Patient Care Delays and Reusable Medical Equipment Review, Central Texas Veterans Health Care System, Temple, Texas**

**To:** Director, Dallas Office of Healthcare Inspections (54DA)

**Thru:** Director, VHA Management Review Service (10A4A4)

1. Thank you for allowing me to respond to this Healthcare Inspection regarding select patient care delays and the RME review at Central Texas Veterans Health Care System, Temple, Texas.
2. I concur with the recommendation and have ensured that an action plan has been developed.
3. If you have further questions regarding this inspection, please contact Denise B. Elliott, VISN 17 HSS at 817-385-3734.

*(original signed by :)*

Lawrence A. Biro

Director, VA Heart of Texas Health Care Network (10N17)

### Medical Center Director Comments

Department of  
Veterans Affairs

Memorandum

**Date:** December 8, 2011

**From:** Director, Central Texas Veterans Health Care System (674/00)

**Subject:** Healthcare Inspection—Select Patient Care Delays and Reusable Medical Equipment Review, Central Texas Veterans Health Care System, Temple, Texas

**To:** Director, VA Heart of Texas Health Care Network (10N17)

1. We appreciate the opportunity to review the draft report regarding Selected Patient Care Delays and Reusable Medical Equipment review conducted August 30–September 1, 2011.
2. The recommendations were reviewed and I concur with the findings. Our comments and implementation plan are delineated below. Corrective action plans have been developed or executed for continuous monitoring.
3. We appreciated and benefited from the thorough review of our systems and processes, the consultative approach, and feedback provided to our staff during the recent review. The goal to provide excellent quality of care and services remains our primary mission; this OIG survey validated our quality of care and now provides additional opportunities for process improvement.
4. Should you have questions or require additional information, please do not hesitate to contact Sylvia Tennent, Chief of Quality Management and Improvement Service at: 254-743-0719.

*(original signed by)*

Thomas C. Smith, III, FACHE

Director, Central Texas Veterans Health Care System (674/00)

**Director's Comments  
to Office of Inspector General's Report**

The following Director's comments are submitted in response to the recommendations in the Office of Inspector General's report:

**OIG Recommendations**

**Recommendation 1.** We recommended that the Medical Center Director ensure that patients referred for fee-basis care are tracked from initial referral to timely receipt of results to both the provider and the patient from completed appointments.

**Concur**                      **Target Completion Date: Completed**

**Facility's Response:**

CTVHCS agrees that fee-basis process requires strengthening and a process was designed to facilitate real-time tracking of consults from time of initiation to receipt of results. This process was initiated October 1, 2011.

Monthly compliance reports will be submitted to the Medical Staff Executive Council (MSEC) and Executive Leadership Board (ELB) for oversight monitoring.

**Status: Closed**

**Recommendation 2.** We recommended that the Medical Center Director ensure that patients receive timely colorectal cancer screening follow-up as required by VHA Directive.

**Concur**                      **Target Completion Date: July 30, 2012**

**Facility's Response:**

CTVHCS agrees patients must receive timely colorectal cancer screening in accordance with VHA Directive 2007-004 and has designed systems to decrease the wait times for GI care. CTVHCS has implemented the following GI measures to address colorectal cancer screening (FOBT positive) backlog to date:

1. A dedicated FOBT positive clinic was opened Nov 1, 2011. New FOBT positive consults are now seen within thirty days in this clinic 89% of the time as of end of November 2011.

Select Patient Care Delays and Reusable Medical Equipment Review, CTVHCS, Temple, Texas

2. Beginning October 2011, FOBT positive consults from AOPC and outlying CBOCs are sent to fee-basis whose processing time is usually within 45 days.
3. A third nurse case manager has been added to the case management team for GI (total of three RNs now).
4. The procedure clinic dedicated to FOBT positive cases has next available appointment now at 32 working days from request, which is much better than the four to five months wait time that was present back in July 2011.
5. A nurse practitioner was hired to staff the FOBT clinic.
6. A dedicated GI procedure check-in, processing, and recovery area was approved. This will expedite throughput and increase procedure capacity by 17%.
7. An 8<sup>th</sup> GI physician position was approved in order to augment staffing to ensure procedure clinics continue to function at capacity despite scheduled leave or absence.

Monthly compliance reports will be submitted to the Medical Staff Executive Council (MSEC) and the ELB for oversight monitoring.

Status: Open

~~3.~~ **Recommendation 3.** We recommended that the Medical Center Director ensure that all staff follow VA policy for scheduling outpatient appointments, and that compliance is monitored.

**Concur**                      **Target Completion Date:** December 31, 2011

**Facility's Response:**

CTVHCS agrees with strengthening the scheduling process and has trained the responsible staff to only schedule appointments within the 14 days of Veteran's desired date. To strengthen the process special training sessions were initiated on December 1, 2011 for all CTVHCS staff with the scheduling key access, to enhance focus on the correct method of using the VISTA software for scheduling in accordance with VHA Directive 2010-027.

In addition, for staff failing to complete this special training during the required timeframe, their scheduling access will be removed until this required training is completed. Medicine Service staff with scheduling

Select Patient Care Delays and Reusable Medical Equipment Review, CTVHCS, Temple, Texas

responsibility have completed this training. Scheduling compliance audits are conducted daily to monitor compliance, and monthly reports will be submitted to the MSEC and ELB for oversight monitoring.

Status: Open

Select Patient Care Delays and Reusable Medical Equipment Review, CTVHCS, Temple, Texas

Appendix C

## OIG Contact and Staff Acknowledgments

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|                        |   |
|------------------------|---|
| <b>OIG Contact</b>     | For more information about this report, please contact the Office of Inspector General at (202) 461-4720  |
| <b>Acknowledgments</b> | Cathleen King, MHA, CRRN, Project Leader<br>Larry Ross, MS, Team Leader<br>Gayle Karamanos, MS, PA-C<br>Trina Rollins, MS, PA-C<br>Robert Yang, MD, Medical Consultant<br>Misti Kincaid, BS, Management and Program Analyst |

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## Report Distribution

### VA Distribution

Office of the Secretary  
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General Counsel  
Director, VA Heart of Texas Health Care Network (10N17)  
Director, Central Texas Veterans Health Care System (674/00)

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Senate Committee on Homeland Security and Governmental Affairs  
National Veterans Service Organizations  
Government Accountability Office  
Office of Management and Budget  
U.S. Senate: John Cornyn, Kay Bailey Hutchison  
U.S. House of Representatives: John Carter, Michael K. Conaway, Lloyd Doggett, Bill Flores, Michael T. McCaul, Lamar Smith

This report is available at <http://www.va.gov/oig/publications/reports-list.asp>.

**U.S. Department of Veterans Affairs  
VA Access Audit & Wait Times Fact Sheet**

**VETERANS INTEGRATED SERVICE NETWORK (VISN) 17  
June 9, 2014**

**Summary:**

At the Department of Veterans Affairs (VA), our most important mission is to provide the high quality health care and benefits Veterans have earned and deserve - when and where they need it. In mid-April, the Secretary of Veterans Affairs directed the Veterans Health Administration (VHA) to complete a nation-wide Access Audit to ensure a full understanding of VA's policy among scheduling staff, identify any inappropriate scheduling practices used by employees regarding Veteran preferences for appointment dates, and review waiting list management.

VA is already taking corrective action to address issues resulting from the audit.

On Wednesday, May 21, VA launched the Accelerating Access to Care Initiative, a nation-wide program to ensure timely access to care. As directed by President Obama, VHA has identified Veterans across the system experiencing waits that do not meet Veterans expectations for timeliness. VA has begun contacting and scheduling all Veterans who are waiting for care in VA clinics or arranging for care in the community, while simultaneously addressing the underlying issues that impede Veterans' access.

**Audit Scope:**

The nationwide Access Audit covered a total of **731 separate points of access**, and involved over **3,772 interviews** of clinical and administrative staff involved in the scheduling process at VA Medical Centers (VAMC), large Community Based Outpatient Clinics (CBOC) serving at least 10,000 Veterans and a sampling of smaller clinics. A complete list of VISN facilities with components reviewed as part of the Access Audit is included in this package.

**Audit Findings System-Wide Include:**

- A complicated scheduling process resulted in confusion among scheduling clerks and front-line supervisors in a number of locations.
- \* A 14 day wait-time performance target for new appointments was not only inconsistently deployed throughout the health care system but was not attainable given growing demand for services and lack of planning for resource requirements.
- \* Overall, 13% of scheduling staff interviewed indicated they received instruction (from supervisors or others) to enter a date different than what the Veteran had requested in the appointment scheduling system.
- \* 8% of scheduling staff indicated they used alternatives to the official Electronic Wait List (EWL). In some cases, pressures were placed on schedulers to utilize unofficial lists or engage in inappropriate practices in order to make waiting times appear more favorable.

Such practices are widespread enough to require VA to re-examine its entire Performance Management system and, in particular, whether current measures and targets for access are realistic or sufficient.

#### Audit Findings: Further Review

As a result of these audits, some locations were flagged for further review and investigation. Any instance of suspected willful misconduct is being reported promptly to the VA Office of Inspector General (OIG). Where the OIG chooses not to immediately investigate, VHA leadership will launch either a fact finding or formal administrative investigation. Where misconduct is confirmed, appropriate personnel actions will promptly be pursued. As a result of the initial audit findings, there are 8 locations in VISN 17 that require further review:

| VISN | Facility Name                                       |
|------|---|
| 17   | South Texas Veterans HCS (San Antonio), TX          |
| 17   | Central Texas HCS (Temple), TX                      |
| 17   | Dallas, TX  |
| 17   | Fort Worth, TX                                      |
| 17   | Corpus Christi Outpatient Clinic and PACT Annex, TX |
| 17   | Harlingen (Texas Coastal Bend HCS), TX              |
| 17   | McAllen (Texas Coastal Bend HCS), TX                |
| 17   | Central Texas Health Care System – Austin, TX       |

#### Audit Findings: Immediate Actions:

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. Among the immediate actions VA is taking:

- VA has accelerated care for Veterans currently waiting for health care services. VHA is in the process of contacting in excess of 90,000 Veterans during the first phase of VA's "Accelerating Access to Care Initiative"
  - VHA will provide Veterans who do not currently have an appointment, or are waiting for additional care or services longer than 30 days the option to be rescheduled sooner if VA capacity exists, keep their scheduled appointment, or be referred to non-VA providers in the community
- VA has suspended all VHA Senior Executive Performance Awards for FY14
- VHA will remove 14-day performance goal from employee performance plans
- VHA will revise, enhance and deploy Scheduling Training
- VHA will implement a site inspection process

**Audit Findings: Long Term and Other Actions:**

VHA is committed to a renewed and aggressive preparation, teaching, training and coaching of our employees. Throughout the immediate and long term, we will emphasize accountability, and ensure managers and staff engaging in inappropriate practices are held accountable.

- VHA will overhaul the scheduling and access management directive
- VHA will roll out near-term changes to the legacy scheduling system
- VHA will acquire and deploy long-term scheduling software solutions
- VHA will reassess and establish access timeliness goals
- VHA will strengthen accountability for integrity in scheduling and access management

**Locality Wait Time Information**

★ On May 15, 2014, VHA had over 6 million appointments scheduled across the system. Nationwide, there are roughly 57,436 Veterans who are waiting to be scheduled for care and another 63,869 who over the past ten years have enrolled in our healthcare system and have not been seen for an appointment. VA is moving aggressively to contact these Veterans through the Accelerating Access to Care Initiative.

Facility data for VISN 17 is listed in the attachment. Complete data is located online at [www.va.gov/health/access-audit.asp](http://www.va.gov/health/access-audit.asp)

At the Department of Veterans Affairs (VA), our most important mission is to provide the high quality health care and benefits Veterans have earned and deserve. 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 through the Accelerating Access to Care Initiative.

Attachment 1

| Facility (Data On 5/15/14)                   | Total Appis Scheduled <sup>1</sup> | Appts. scheduled 30 Days or under <sup>2</sup> | Percent Appts. scheduled 30 Days or under <sup>3</sup> | Appts. scheduled over 30 Days <sup>4</sup> | Percent Appts. scheduled over 30 Days <sup>5</sup> | New Enrollee Appt Request <sup>6</sup> | EWL Count <sup>7</sup> | New Patient PC Avg Wait Time <sup>10</sup> | Established Patient PC Avg Wait Time <sup>21</sup> | New Patient SC Avg Wait Time <sup>22</sup> | Established Patient SC Avg Wait Time <sup>23</sup> | New Patient MH Avg Wait Time <sup>24</sup> | Established Patient MH Avg Wait Time <sup>25</sup> |
|--|------------------------------------|--|--|--|--|--|------------------------|--|--|--|--|--|--|
| (V17) (549) Dallas, TX                       | 95,524                             | 88,528   | 93%  | 6,996                                      | 7%   | 893                                    | 439                    | 60.32                                      | 5.41   | 58.90                                      | 6.24   | 49.91                                      | 5.91   |
| (V17) (673) San Antonio, TX                  | 55,524                             | 54,082   | 98%  | 842  | 2%   | 837                                    | 2                      | 36.74                                      | 2.60   | 42.61                                      | 4.00   | 29.80                                      | 1.96   |
| (V17) (674) Temple, TX                       | 91,927                             | 85,974   | 94%  | 5,953                                      | 6%   | 581                                    | 257                    | 49.85                                      | 7.60   | 54.25                                      | 5.46   | 35.89                                      | 2.97   |
| (V17) (740) VA Texas Valley Coastal Bend HCS | 15,789                             | 15,865   | 94%  | 924  | 6%   | 507                                    | 176                    | 85.22                                      | 22.45  | 145.18                                     | 1.22   | 55.40                                      | 1.77   |

1. Total Appointments Scheduled: Every scheduled appointment at that facility except surgery and procedures.
2. Appointments scheduled 30 Days or under: Number of appointments scheduled between 0-30 days of the reference date [i.e., create date for new patients and desired date for established patients].
3. Percent of Appointments Scheduled 30 Days or under: The percent of total appointments scheduled within 30 days, not including EWL count [Appointments between 0-14 Days + Appointments between 15-30 Days / Total Appointments].
4. Appointments scheduled over 30 Days: Number of appointments scheduled between greater than 30 days of the reference date (i.e., create date for new patients and desired date for established patients).
5. Percent of Appointments Scheduled over 30 Days: The percent of total appointments scheduled beyond 30 days, not including EWL count. [Appointments between 31-60 Days + Appointments between 61-90 Days + Appointments between 91-120 Days / Total Appointments].
6. New Enrollee Appointment Request (NEAR) List: Total number of newly enrolled Veteran that have requested an appointment during the enrollment process during the past 10 years for whom an appointment has not yet been scheduled (NEAR List current as of 6/2/14).
7. Electronic Wait List (EWL) Count: Total number of all new patients (those who have not been seen before in the specific clinic in the previous 24 months) for whom appointments cannot be scheduled in 90 days or less. [EWL < 14 Days + EWL 15-30 Days + EWL 31-60 Days + EWL 91-120 Days + EWL > 120 Days].
20. New Patient PC Avg Wait Time: Average (Avg) waiting time for a new patient (those who have not been seen before in the specific clinic in the previous 24 months) for a Primary Care (PC) appointment.
21. Established Patient PC Avg Wait Time: Average (Avg) waiting time for an established patient for a Primary Care (PC) appointment.
22. New Patient SC Avg Wait Time: Average (Avg) waiting time for a new patient (those who have not been seen before in the specific clinic in the previous 24 months) for a Specialty Care (SC) appointment.
23. Established Patient SC Avg Wait Time: Average waiting time for an established patient for a Specialty Care (SC) appointment.
24. New Patient MH Avg Wait Time: Average (Avg) waiting time for a new patient (those who have not been seen before in the specific clinic in the previous 24 months) for a Mental Health (MH) appointment.
25. Established Patient MH Avg Wait Time: Average waiting time for an established patient for a Mental Health (MH) appointment.

No 2494 P. 59/65  
HE NO D1-H-2147



Notes: Wait Times Computed using Desired Date and Create Date

| Facility (Date On 5/15/2013)   | Total Appointments Scheduled | Appointments Scheduled 30 Days or Under | Percent Appointments Scheduled over 30 Days | Appointments Scheduled over 30 Days | New Appointments Requested | EWI Count | EWI Between 0 - 14 Days | EWI Between 15 - 30 Days | EWI Between 31 - 60 Days | EWI Between 61 - 90 Days |
|--|------------------------------|---|---|-------------------------------------|----------------------------|-----------|-------------------------|--------------------------|--------------------------|--------------------------|
| 9. EWI Less Than or Equal to 14 Days: Number of new patients (those who have not been seen before in the specific clinic in the previous 24 months) who have been waiting on the EWI (less than 14 days) to be scheduled from the date of their appointment request. |                              |   |   |                                     |                            |           |                         |                          |                          |                          |
| 10. Appointments Reported 15-30 Days: Number of appointments scheduled between 15-30 days of the reference date (i.e., create date for new patients and desired date for established patients).  |                              |   |   |                                     |                            |           |                         |                          |                          |                          |
| 11. EWI 15-30 Days: Number of new patients (those who have not been seen before in the specific clinic in the previous 24 months) who have been waiting on the EWI between 15 and 30 days to be scheduled from the date of their appointment request.                |                              |   |   |                                     |                            |           |                         |                          |                          |                          |
| 12. Appointments between 31-60 Days: Number of appointments scheduled between 31-60 days of the reference date (i.e., create date for new patients and desired date for established patients).   |                              |   |   |                                     |                            |           |                         |                          |                          |                          |
| 13. EWI 31-60 Days: Number of new patients (those who have not been seen before in the specific clinic in the previous 24 months) who have been waiting on the EWI between 31 and 60 days to be scheduled from the date of their appointment request.                |                              |   |   |                                     |                            |           |                         |                          |                          |                          |
| 14. Appointments between 61-90 Days: Number of appointments scheduled between 61-90 days of the reference date (i.e., create date for new patients and desired date for established patients).   |                              |   |   |                                     |                            |           |                         |                          |                          |                          |
| 15. EWI 61-90 Days: Number of new patients (those who have not been seen before in the specific clinic in the previous 24 months) who have been waiting on the EWI between 61 and 90 days to be scheduled from the date of their appointment request.                |                              |   |   |                                     |                            |           |                         |                          |                          |                          |
| 16. Appointments between 91-120 Days: Number of appointments scheduled between 91-120 days of the reference date (i.e., create date for new patients and desired date for established patients).   |                              |   |   |                                     |                            |           |                         |                          |                          |                          |
| 17. EWI 91-120 Days: Number of new patients (those who have not been seen before in the specific clinic in the previous 24 months) who have been waiting on the EWI between 91 and 120 days to be scheduled from the date of their appointment request.              |                              |   |   |                                     |                            |           |                         |                          |                          |                          |
| 18. Appointments Greater Than 120 Days: Number of appointments scheduled greater than 120 days of the reference date (i.e., create date for new patients and desired date for established patients).   |                              |   |   |                                     |                            |           |                         |                          |                          |                          |
| 19. EWI Greater Than 120 Days: Number of new patients (those who have not been seen before in the specific clinic in the previous 24 months) who have been waiting on the EWI greater than 120 days to be scheduled from the date of their appointment request.      |                              |   |   |                                     |                            |           |                         |                          |                          |                          |
| 20. PROSPECTIVE New Patient SC Avg Wait Time: Average (Avg) waiting time for a new patient (those who have not been seen before in the previous 24 months) in the specific clinic at the previous 24 months for a future Primary Care (PC) appointment.              |                              |   |   |                                     |                            |           |                         |                          |                          |                          |
| 21. PROSPECTIVE Established Patient SC Avg Wait Time: Average (Avg) waiting time for an established patient for a future Primary Care (PC) appointment.  |                              |   |   |                                     |                            |           |                         |                          |                          |                          |
| 22. PROSPECTIVE New Patient SC Avg Wait Time: Average (Avg) waiting time for a new patient (those who have not been seen before in the specific clinic in the previous 24 months) for a future Specialty Care (SC) appointment.                                      |                              |   |   |                                     |                            |           |                         |                          |                          |                          |
| 23. PROSPECTIVE Established Patient SC Avg Wait Time: Average (Avg) waiting time for an established patient for a future Specialty Care (SC) appointment.  |                              |   |   |                                     |                            |           |                         |                          |                          |                          |
| 24. PROSPECTIVE New Patient MH Avg Wait Time: Average (Avg) waiting time for a new patient (those who have not been seen before in the specific clinic in the previous 24 months) for a future Mental Health (MH) appointment.                                       |                              |   |   |                                     |                            |           |                         |                          |                          |                          |
| 25. PROSPECTIVE Established Patient MH Avg Wait Time: Average (Avg) waiting time for an established patient for a future Mental Health (MH) appointment.   |                              |   |   |                                     |                            |           |                         |                          |                          |                          |

In the event publishing the 5/15/13 determined accurate data except for the count and percent of appointments less than 30 days. The times listed for new patients were erroneously computed using the "desired date" for the "Veterinary" appointment versus the date the appointment was initially created. The net effect of this error is that, as published, the 5/15/13 report represents 6.7% more appointments occurring within 30 days. This current posting of data corrects this error.



Note: Wait Times Computed using Desired Date and Create Date

| Filter ID   | On 5/25/14 | Appr Between 91-120 Days | Appr Beyond 120 Days | EVG greater than 120 Days | New Patient PC Avg Wait Time | Established Patient PC Avg Wait Time | New Patient SC Avg Wait Time | Established Patient SC Avg Wait Time | New Patient MR Avg Wait Time | Established Patient MR Avg Wait Time |
|---|------------|--------------------------|----------------------|---------------------------|------------------------------|--------------------------------------|------------------------------|--------------------------------------|------------------------------|--------------------------------------|
| 9. EVG Less Than or Equal to 120 Days: Number of new patients (those who have not been seen before in the specific clinic in the previous 24 months) who have been waiting on the EVG less than 120 days to be scheduled from the date of their appointment |            |                          |                      |                           |                              |                                      |                              |                                      |                              |                                      |
| 10. Appointments between 121-240 Days: Number of appointments scheduled between 121-240 days of the reference date (i.e., create date for new patients and desired date for established patients)   |            |                          |                      |                           |                              |                                      |                              |                                      |                              |                                      |
| 11. EVG 121-240 Days: Number of new patients (those who have not been seen before in the specific clinic in the previous 24 months) who have been waiting on the EVG between 121 and 240 days to be scheduled from the date of their appointment request    |            |                          |                      |                           |                              |                                      |                              |                                      |                              |                                      |
| 12. Appointments between 241-360 Days: Number of appointments scheduled between 241-360 days of the reference date (i.e., create date for new patients and desired date for established patients)   |            |                          |                      |                           |                              |                                      |                              |                                      |                              |                                      |
| 13. EVG 241-360 Days: Number of new patients (those who have not been seen before in the specific clinic in the previous 24 months) who have been waiting on the EVG between 241 and 360 days to be scheduled from the date of their appointment request    |            |                          |                      |                           |                              |                                      |                              |                                      |                              |                                      |
| 14. Appointments between 361-480 Days: Number of appointments scheduled between 361-480 days of the reference date (i.e., create date for new patients and desired date for established patients)   |            |                          |                      |                           |                              |                                      |                              |                                      |                              |                                      |
| 15. EVG 361-480 Days: Number of new patients (those who have not been seen before in the specific clinic in the previous 24 months) who have been waiting on the EVG between 361 and 480 days to be scheduled from the date of their appointment request    |            |                          |                      |                           |                              |                                      |                              |                                      |                              |                                      |
| 16. Appointments between 481-600 Days: Number of appointments scheduled between 481-600 days of the reference date (i.e., create date for new patients and desired date for established patients)   |            |                          |                      |                           |                              |                                      |                              |                                      |                              |                                      |
| 17. EVG 481-600 Days: Number of new patients (those who have not been seen before in the specific clinic in the previous 24 months) who have been waiting on the EVG between 481 and 600 days to be scheduled from the date of their appointment request    |            |                          |                      |                           |                              |                                      |                              |                                      |                              |                                      |
| 18. Appointments between 601-720 Days: Number of appointments scheduled between 601-720 days of the reference date (i.e., create date for new patients and desired date for established patients)   |            |                          |                      |                           |                              |                                      |                              |                                      |                              |                                      |
| 19. EVG 601-720 Days: Number of new patients (those who have not been seen before in the specific clinic in the previous 24 months) who have been waiting on the EVG between 601 and 720 days to be scheduled from the date of their appointment request    |            |                          |                      |                           |                              |                                      |                              |                                      |                              |                                      |
| 20. PROSPECTIVE: New Patient PC Avg Wait Time Average (Avg) waiting time for a new patient (those who have not been seen before in the specific clinic in the previous 24 months) for a future Primary Care (PC) appointment                                |            |                          |                      |                           |                              |                                      |                              |                                      |                              |                                      |
| 21. PROSPECTIVE: Established Patient PC Avg Wait Time Average (Avg) waiting time for an established patient for a future Primary Care (PC) appointment  |            |                          |                      |                           |                              |                                      |                              |                                      |                              |                                      |
| 22. PROSPECTIVE: New Patient SC Avg Wait Time Average (Avg) waiting time for a new patient (those who have not been seen before in the specific clinic in the previous 24 months) for a future Specialty Care (SC) appointment                              |            |                          |                      |                           |                              |                                      |                              |                                      |                              |                                      |
| 23. PROSPECTIVE: Established Patient SC Avg Wait Time Average (Avg) waiting time for an established patient for a future Specialty Care (SC) appointment  |            |                          |                      |                           |                              |                                      |                              |                                      |                              |                                      |
| 24. PROSPECTIVE: New Patient MR Avg Wait Time Average (Avg) waiting time for a new patient (those who have not been seen before in the specific clinic in the previous 24 months) for a future Mental Health (MH) appointment                               |            |                          |                      |                           |                              |                                      |                              |                                      |                              |                                      |
| 25. PROSPECTIVE: Established Patient MR Avg Wait Time Average (Avg) waiting time for an established patient for a future Mental Health (MH) appointment   |            |                          |                      |                           |                              |                                      |                              |                                      |                              |                                      |

Initial data published for 5/25/14 contained inaccurate data account for the count and percent of appointments less than 30 days. The spreadsheet for new patients was previously completed using the "desired date" for the year-end appointment versus the date the appointment was initially received. The net effect of this error is that, as published, the 9/14 report represents a 2% more appointments occurring within 30 days. This current posting of data corrects this error.





## Attachment 1

Email correspondence outlining the process of cancelling veteran's appointments to make room for 1 year and 2 year initiative veterans and to make room for IDES active duty soldiers.

D1-14-2947

Sheletha

---

From: Franklin, Joy, VBAWAC  
Sent: Tuesday, June 25, 2013 4:43 PM  
To: Davis, Sheletha M; Dean, Kimberly M.  
Cc: Root, Spurgeon, VBAWAC; Franklin, Joy, VBAWAC; Reitmeier, Edith, VBAWAC  
Subject: FW: 06-24-13-ByarsK

Good evening ladies! We input the below/attached examination information today. I am having the file sent to you via overnight mail. This is one of our 1 year old cases that will roll to a 2 year status on 07/29/13. As you are aware, that cannot happen. We are asking for expedited processing on this one and need the examination completed with a c-file return by 07/21/13.

Please let us know what we can do to help you expedite this request.

Thanks so much for the assistance!

---

From: Mojica, Soelia, VBAWAC  
Sent: Tuesday, June 25, 2013 4:09 PM  
To: Franklin, Joy, VBAWAC  
Subject: 06-24-13-ByarsK

Joy,

Here's the info you request & that I sent to Temple for Mr. [REDACTED]. I've also attached a copy of my exam request.

Info is as follows:

---

Brown, Keith W.

From: Dean, Kimberly M.  
Sent: Monday, May 20, 2013 11:29 AM  
To: Brown, Keith W.  
Subject: > 2 year patient

*\** Mr. [redacted] is not over two years, move his apt to June 3<sup>rd</sup>, then schedule Mr. [redacted] to the 30<sup>th</sup>. Thank you.

05/30/2013 01:4:30 Future

Kimberly Dean  
Program Specialist  
Ambulatory Care Service  
Phone 254-743-1314  
Fax 254-742-4681

Waco Regional Office moving (pt to another spot to meet Eyr initiative)  
If vet already schedule & later in month another Eyr request came out, the spot was switched to beat the time frame for Eyr initiative

**CONFIDENTIALITY NOTICE:** This communication with its contents may contain confidential and/or legally privileged information. It is solely for the use of the intended recipient(s). Unauthorized interception, review, use or disclosure is prohibited and may violate applicable laws including the Electronic Communications Privacy Act. If you are not the intended recipient, please contact the sender and destroy all copies of the communication.

DI-14-2947

From: Higginbotham, Sara B  
 Sent: Monday, June 18, 2012 1:19 PM  
 To: Brown, Keith W.; Hjelmstad, Peter J.; Holman, Joyce M.; Jones, Ella Sue; Maciel, Tony; Penning, Deberah Y.; Provost, Stephanie; Rogers; Ceola  
 Subject: Dr. Doncaster clinic  
 Attachments: doncasters.xlsx  
 Signed By: Sara.Higginbotham@va.gov

2yr mitiative Mental Health

All regular appointments need to be cancelled between 6-25 and 7-13 in Dr. Doncaster's clinic. Attached is a list of the appointments that are not IDES. Please reschedule according to your number.

Sara Higginbotham  
 Sara Higginbotham  
 Lead Medical Support Assistant  
 Compensation and Pension  
 Temple VA Medical Center  
 254 743-1819 or ext 41819

Moved all vets out put Active Duty in  
 slots & contracted Reg. vets out  
 Rescheduled in turn around time to appear as  
 being drop

DT 14 2947

06/25/2013  
P4074

CALVERT TX

*Handwritten notes:*  
The following clinic appointment(s) were cancelled:  
WEDNESDAY JUN. 26, 2013 8:30 AM T AMB C&P PROVS  
LOCATION: BLDG 215, ROOM 102

Dear Mr. \_\_\_\_\_

The following clinic appointment(s) were cancelled:

WEDNESDAY JUN. 26, 2013 8:30 AM T AMB C&P PROVS  
LOCATION: BLDG 215, ROOM 102

Any other appointment(s) scheduled for the date of the cancelled appointment(s) remains the same. Your new appointment(s) may be listed with this cancellation notice, or mailed to you a later date.

We apologize for any inconvenience this may cause you.

If you require further assistance, please notify our C&P clerks at (254) 743-0869 or toll free 1-800-423-2111, ext. 40869.

To better serve you, please provide us with any new changes to address or telephone number.

VISN 17...Setting the Standard for Veterans' Health Care in America!

\*\*\*\*\*Do Your Fellow Veteran A Favor\*\*\*\*\*

Call Us If

You Can't Make Your Appointment So It Can Be Given To Another Deserving Veteran

Compensation and Pension Office  
Central Texas Veterans' Health Care System  
1901 South 1st Street  
Temple, TX 76504



01-14-2947

Rogers, Ceola

From: Davis, Sheletha M  
 Sent: Wednesday, June 26, 2013 4:08 PM  
 To: Rogers, Ceola  
 Cc: Dean, Kimberly M.  
 Subject: RE: 06-24-13-ByarsK  
 Signed By: sheletha.davis@va.gov

They need to be scheduled before July 21<sup>st</sup>

From: Rogers, Ceola  
 Sent: Wednesday, June 26, 2013 2:15 PM  
 To: Davis, Sheletha M  
 Cc: Dean, Kimberly M.  
 Subject: RE: 06-24-13-ByarsK

Clinic: All

Date range: 6/26/2013 to 6/26/2014 Total Appointment Profile  
 \* - New GAF Score Required

| Clinic                       | Appt Date/Time   | Status    |
|------------------------------|------------------|-----------|
| 1. A Amb C&p Eye Ophth       | 08/01/2013@10:15 | Future    |
| 2. A Sur Audiology Processin | 08/06/2013@08:45 | Non-count |
| 3. A Amb C&p Audio           | 08/06/2013@09:15 | Future    |
| 4. A Amb C&p Prov4           | 08/26/2013@08:00 | Future    |
| 5. A Amb C&p Prov4           | 08/26/2013@13:00 | Future    |
| 6. A Amb C&p Prov4           | 08/27/2013@08:00 | Future    |

From: Davis, Sheletha M  
 Sent: Tuesday, June 25, 2013 5:53 PM  
 To: Rogers, Ceola  
 Cc: Dean, Kimberly M.  
 Subject: FW: 06-24-13-ByarsK

Hi Ceola,

Can you see when we can get the appointments scheduled?

Sheletha

From: Franklin, Joy, VBAWAC  
 Sent: Tuesday, June 25, 2013 4:43 PM  
 To: Davis, Sheletha M; Dean, Kimberly M.  
 Cc: Root, Spurgeon, VBAWAC; Franklin, Joy, VBAWAC; Reitmeier, Edith, VBAWAC  
 Subject: FW: 06-24-13-ByarsK

Good evening ladies! We input the below/attached examination information today. I am having the file sent to you via overnight mail. This is one of our 1 year old cases that will roll to a 2 year status on 07/29/13. As you are aware, that

D1-14-2947

cannot happen. We are asking for expedited processing on this one and need the examination completed with a c-file return by 07/21/13.

Please let us know what we can do to help you expedite this request.

Thanks so much for the assistance!

---

**From:** Mojica, Soelia, VBAWAC  
**Sent:** Tuesday, June 25, 2013 4:09 PM  
**To:** Franklin, Joy, VBAWAC  
**Subject:** 06-24-13-ByarsK

Joy,



01-14-2947

~~XXXXXXXXXX~~  
For any questions please see me, Sheletha, or Dr. Fashina.

Thanks,

*Sara Higginbotham*

Sara Higginbotham

Lead Medical Support Assistant

Compensation and Pension

Temple VA Medical Center

254 743-1819 or ext 41819

Rogers, Ceola

01-14-2947

From: Dean, Kimberly M.  
 Sent: Thursday, June 27, 2013 1:25 PM  
 To: Leblanc, Jonathan E.; Brown, Keith W.; Provost, Stephanie; Maciel, Tony; Rogers, Ceola; Beasley, William C.  
 Cc: Davis, Sheletha M; Higginbotham, Sara B  
 Subject: Dr. Liu's Clinic  
 Importance: High

*GenMed*

Please, we need to remove the below appointments from Dr. Liu's clinic as soon as possible, the below are still scheduled; Will is out of the office so I have split his up randomly in parenthesis next to his name, please let me know before the end of the day that these have been canceled and rescheduled, thank you.

- Will (John)
- Will (Keith) ~~8/8~~
- Ceola - ~~Contract~~
- Ceola - Contract
- Maciel
- Ceola - Contract
- Ceola - ~~Runs 8/13~~
- will (Tony)
- Will (Stephanie)
- Will (Ceola)
- Will (John)
- Will (Keith)
- Will (Tony)
- Will (Stephanie)
- Will (Ceola)
- Maciel
- Will (John)
- Will (Keith)
- Will (Tony)
- Will (Stephanie)

*Req sets cancelled & contracted out to put in Active Duty. This ↓ #'s & turn around time*

*20 Cancel*

Call if you have any questions

Kimberly Dean  
 Administrative Officer/C&P  
 Ambulatory Care Service  
 Phone 254-743-1314  
 Fax 254-742-4681

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Rogers, Ceola

01-14-2947

From: Dean, Kimberly M.  
 Sent: Wednesday, June 26, 2013 2:05 PM  
 To: Rogers, Ceola; Leblanc, Jonathan E.; Brown, Keith W.; Beasley, William C.; Provost, Stephanie; Maciel, Tony  
 Cc: Davis, Sheletha M; Higginbotham, Sara B  
 Subject: Dr. Liu's Clinic, Reschedule Appointments  
 Importance: High

Active Duty

I apologize for the communication error regarding Dr. Liu's clinic, he is to see only IDES patients, the below appointments need to be cancelled from his clinic and rescheduled with another provider. The below list does not include the 2 year exams that are currently scheduled in his clinic. If the exams are over 1 year old and you have the file already please bring to Sara to see if they can be contracted. Thank you.

8/8 unable to contract  
 - ~~6/17~~ ? Contractant Contract  
 - RS 8/9 - ~~back for~~  
 - RS - 8/6

Sara of SLG  
 - ~~leave on 8~~  
 - RS 7/18

This resulted in  
 ↓ #s to meet requirements  
 + Bonus

RS 8/7

Kimberly Dean

DI-14-2947

Brown, Keith W.

From: Brown, Keith W.  
 Sent: Thursday, August 08, 2013 11:14 AM  
 To: Dean, Kimberly M.  
 Cc: Davis, Sheletha M  
 Subject: RE: 1 year claim appt canceled  
 Signed By: keith.brown4@va.gov

 I spoke with the vet he is not willing to reschedule at this time. Request has been cancelled and released back to the RO:

From: Dean, Kimberly M.  
 Sent: Thursday, August 08, 2013 10:55 AM  
 To: Brown, Keith W.  
 Cc: Davis, Sheletha M  
 Subject: 1 year claim appt canceled  
 Importance: High

*This result in vet. having to recontact regional office & resubmit his previous request to be rescheduled. This result in the appearance of shortening the time frames for schedule appts*

Keith please reschedule before the end of august, this is a one year old claim, thank you. *that may have been out beyond the 1 yr statute*

*Redacted*

29 Brown

psy 8-8 cxd by clinic

*Kimberly Dean  
 Administrative Officer/C&P  
 Ambulatory Care Service  
 Phone 254-743-1314  
 Fax 254-742-4681*

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DI-14-2947

Rogers, Ceola

From: Rogers, Ceola  
 Sent: Monday, August 12, 2013 11:23 AM  
 To: Yonkey, Elizabeth R.  
 Subject: FW: 1 year claim, past 9-15  
 Signed By: ceola.rogers@va.gov

*Asking employe to substitute  
 another vet to put another  
 one in because their were  
 no opening with that amount  
 of time*

Tracking: Recipient  
 Yonkey, Elizabeth R.

Delivery  
 Delivered: 8/12/2013 11:23 AM

 Liz,

This message was forwarded to me by Kimberly from Dr. Burke asking me to substitute less urgent exams to put Mr. [redacted] in. Based on the training I completed on Scheduling it stated that "you're not to cancel a patient to put another in". Is this request considered to be a lawful order?

Ceola

From: Dean, Kimberly M.  
 Sent: Friday, August 09, 2013 11:55 AM  
 To: Burke, Arlene L.; Rogers, Ceola  
 Cc: Yonkey, Elizabeth R.; Burns, Kristine J.; Davis, Sheletha M  
 Subject: RE: 1 year claim, past 9-15

Ceola, please let me know when complete, thank you.

From: Burke, Arlene L.  
 Sent: Friday, August 09, 2013 7:41 AM  
 To: Rogers, Ceola  
 Cc: Yonkey, Elizabeth R.; Fashina, Olawale O; Dean, Kimberly M.; Burns, Kristine J.  
 Subject: FW: 1 year claim, past 9-15

 Ceola,  
 Try to substitute any of my less urgent exams for this one. Sorry, I do not work on Saturdays, which is Sabbath.  
 Dr. Burke

From: Burns, Kristine J.  
 Sent: Thursday, August 08, 2013 4:14 PM  
 To: Burke, Arlene L.  
 Subject: FW: 1 year claim, past 9-15

From: Dean, Kimberly M.  
 Sent: Thursday, August 08, 2013 4:02 PM  
 To: Rogers, Ceola  
 Cc: Burns, Kristine J.  
 Subject: RE: 1 year claim, past 9-15

A Saturday clinic is not available? We need to find an exam not over one year and replace it with this.

From: Rogers, Ceola  
Sent: Thursday, August 08, 2013 2:09 PM  
To: Dean, Kimberly M.  
Subject: RE: 1 year claim, past 9-15

I'm sorry, but we don't have anything available before 9/15/13. This a 240 minutes appt.

From: Dean, Kimberly M.  
Sent: Thursday, August 08, 2013 1:17 PM  
To: Rogers, Ceola  
Cc: Davis, Sheletha M; Yonkey, Elizabeth R.; Higginbotham, Sara B  
Subject: 1 year claim, past 9-15  
Importance: High

This needs to be rescheduled before 9-15, please let me know if you are able to schedule earlier, thank you.

..  
KWD

68 Rogers psy 7-9, burke 9-27

Kimberly Dean  
Administrative Officer/C&P  
Ambulatory Care Service  
Phone 254-743-1314  
Fax 254-742-4681

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**Beasley, William C.**

D1-14-2947

**From:** Fashina, Olawale O  
**Sent:** Tuesday, August 27, 2013 3:20 PM  
**To:** Dean, Kimberly M.; Hjelmstad, Peter J.; McKnight, Kenneth E.; Butler, Ava; Provost, Stephanie; Holman, Joyce M.; Leblanc, Jonathan E.; Beasley, William C.; Alexander, Terrance C.; Brown, Keith W.; Maciel, Tony; Rogers, Ceola; Jones, Ella Sue; Higginbotham, Sara B  
**Cc:** Davis, Sheletha M; Glinski, Rosanne; Yonkey, Elizabeth R.  
**Subject:** RE: Case Manager Databases

And you have to release cases when ready.  
 Audits will be carried out.

Let me know if you have questions

Olawale Fashina, MD, MHSA, CPE  
 Associate Chief of Staff for Ambulatory Care  
 Central Texas Veterans Healthcare System  
 Office (254) 743 1742 Cell (254) 624 7756

---

**From:** Dean, Kimberly M.  
**Sent:** Tuesday, August 27, 2013 3:18 PM  
**To:** Hjelmstad, Peter J.; McKnight, Kenneth E.; Butler, Ava; Provost, Stephanie; Holman, Joyce M.; Leblanc, Jonathan E.; Beasley, William C.; Alexander, Terrance C.; Brown, Keith W.; Maciel, Tony; Rogers, Ceola; Jones, Ella Sue; Higginbotham, Sara B  
**Cc:** Davis, Sheletha M; Fashina, Olawale O; Glinski, Rosanne; Yonkey, Elizabeth R.  
**Subject:** Case Manager Databases  
**Importance:** High

Please remember to keep your databases up to date with the most current information, also ensure c-files are transported to each appointment in a timely manner. If you have trouble receiving a file from the RO or from another clinic, inform Liz and myself.

Thank you.

*Kimberly Dean  
 Administrative Officer/C&P  
 Ambulatory Care Service  
 Phone 254-743-1314  
 Fax 254-742-4681*

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DI-14-2947

**Maciel, Tony**

From: Yonkey, Elizabeth R  
 Sent: Friday, September 06, 2013 2:37 PM  
 To: Rogers, Ceola; Maciel, Tony; Brown, Keith W.; Beasley, William C.; Leblanc, Jonathan E.  
 Subject: FW: Klubaks Patients

See below from Kim.

*Liz Yonkey*

Supervisory Program Specialist  
 Compensation & Pension Section (C&P)  
 Ambulatory Care Service (AC)  
 Central Texas Veterans Health Care System (CTVHCS)  
 254-743-1806

A word aptly spoken is like apples of gold in settings of silver. (Prov 25:11)

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From: Dean, Kimberly M.  
 Sent: Friday, September 06, 2013 8:44 AM  
 To: Yonkey, Elizabeth R.; Higginbotham, Sara B  
 Cc: Davis, Sheletha M; Glinski, Rosanne  
 Subject: Klubaks Patients

*DONE to meet 1 yr. init  
 COME SEPT. 30 EVERYTHING WOULD  
 BE CLEARED OUT BOOKS*

Liz, please go through Ms. Klubak's patient list, those that are one year need to be moved to the Saturday clinics, those not over one year need to be contracted if possible, let me know how many patients we can't contract and the one years we can't schedule, thank you.

*Kimberly Dean  
 Administrative Officer/C&P  
 Ambulatory Care Service  
 Phone 254-743-1314  
 Fax 254-742-4681*

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Maciel, Tony

D1-19-2947

From: Dean, Kimberly M.  
Sent: Monday, September 09, 2013 1:57 PM  
To: CTX C&P Case Managers  
Cc: Davis, Sheletha M; Gliniski, Rosanne  
Subject: Call Back List, 1 Year Claims

List updated with appointments scheduled past the September 15<sup>th</sup> deadline.

Y:\C&P\Call List for 1 Year\call list.xlsx

*Kimberly Dean  
Administrative Officer/C&P  
Ambulatory Care Service  
Phone 254-743-1314  
Fax 254-742-4681*

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**Brown, Keith W.**

01-14-2947

**From:** Brown, Keith W.  
**Sent:** Tuesday, September 17, 2013 10:57 AM  
**To:** Burns, Kristine J.  
**Subject:** FW: 1 Year Initiative, Call Back List

---

**From:** Dean, Kimberly M.  
**Sent:** Tuesday, September 17, 2013 9:57 AM  
**To:** CTX C&P Case Managers  
**Cc:** Davis, Sheletha M; Glinski, Rosanne; Yonkey, Elizabeth R.  
**Subject:** RE: 1 Year Initiative; Call Back List

Dr. Layne has several openings for psych, and Waco audiology has several openings before the end of September. Thank you.

---

**From:** Dean, Kimberly M.  
**Sent:** Monday, September 16, 2013 8:37 AM  
**To:** CTX C&P Case Managers  
**Cc:** Davis, Sheletha M; Glinski, Rosanne; Yonkey, Elizabeth R.  
**Subject:** 1 Year Initiative, Call Back List

\* The call list has been updated with exams scheduled past September, please use this list if there are no shows, cancellations, and openings in September. I've asked for more specialty slots, there are 45 gen meds and 13 tbi's we need to get in earlier, thank you all for your hard work with this initiative.

Y:\C&P\Call List for 1 Year\call list.xlsx

DI-14-2947

**Brown, Keith W.**

**From:** Higginbotham, Sara B  
**Sent:** Wednesday, September 18, 2013 9:06 AM  
**To:** Brown, Keith W.  
**Cc:** Yonkey, Elizabeth R.  
**Subject:** Appointments cancelled  
**Signed By:** sara.higginbotham@va.gov

**Importance:** High

*Veterans already had appt. & scheduled days off which they had to cancel & either accept contract dates or have the request cancel. This would result in the vet going back into the backlog*

Keith,

~~627~~ 627 was on the list for the audio and FBI to be cancelled and contracted. You need to cancel these appointments in the computer today.

*Sara Higginbotham*

Sara Higginbotham  
 Lead MSA, Compensation and Pension  
 Central Texas-VA Medical Center  
 Phone 254-743-1819  
 Fax 254-743-0514

Beasley, William C.

DI-14-2947

From: Yonkey, Elizabeth R.  
 Sent: Wednesday, September 25, 2013 1:36 PM  
 To: Alexander, Terrance C.; Beasley, William C.; Brown, Keith W.; Butler, Ava; Colon, Wanda M.; Higginbotham, Sara B; Hjelmstad, Peter J.; Holman, Joyce M.; Jones, Ella Sue; Leblanc, Jonathan E; Maciel, Tony; McKnight, Kenneth E; Provost, Stephanie; Rogers, Ceola  
 Subject: FW: DMA Training

All,

See below from Kim Dean.

Thanks

*Liz Yonkey*

Supervisory Program Specialist  
 Compensation & Pension Section (C&P)  
 Ambulatory Care Service (AC)  
 Central Texas Veterans Health Care System (CTVHCS)  
 254-743-1806

A word aptly spoken is like apples of gold in settings of silver. (Prov 25:11)

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---

From: Dean, Kimberly M.  
 Sent: Wednesday, September 25, 2013 8:54 AM  
 To: Yonkey, Elizabeth R.  
 Cc: Davis, Sheletha M  
 Subject: DMA Training

During the training yesterday from DMA, there were some process changes Ms. Boyd had informed the staff about, ie. releasing, timing. Please have staff wait to make any changes in their normal processes before it comes from leadership, thank you.

*Kimberly Dean*  
 Administrative Officer/C&P  
 Ambulatory Care Service  
 Phone 254-743-1314

Beasley, William C.

DE-14-2947

From: Yonkey, Elizabeth R.  
 Sent: Friday, October 18, 2013 11:52 AM  
 To: Beasley, William C.; Leblanc, Jonathan E.; Brown, Keith W.; Maciel, Tony; Colon, Wanda M.; Butler, Ava; Provost, Stephanie  
 Subject: FW: IDES TBI's  
 Importance: High

MSAs,

See below from Kim. I cancelled Dr. Guttikenda's clinic TAMB C&P PROV4 FEE on 10-22, 10-23, 10-29, 10-30, and half day on 10-31.

The slots are now available for IDES TBI scheduling.

Thanks

*Liz Yonkey*

Supervisory Program Specialist  
 Compensation & Pension Section (C&P)  
 Ambulatory Care Service (AC)  
 Central Texas Veterans Health Care System (CTVHCS)  
 254-743-1806

A word aptly spoken is like apples of gold in settings of silver. (Prov 25:11)

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---

From: Dean, Kimberly M.  
 Sent: Thursday, October 17, 2013 5:31 PM  
 To: Yonkey, Elizabeth R.; Higginbotham, Sara B  
 Cc: Gliniski, Rosanne; Davis, Sheletha M; Fashina, Olawale O  
 Subject: IDES TBI's  
 Importance: High

*Liz* cancel the below TBI's, no IDES, have staff move in the Ides appointments below. When canceling and sending to contract, please remind staff to not tell the patient their appointments are being canceled for another patient. Appointments are being canceled because the provider is unable to see them, and we will have the appointment rescheduled as soon as possible. These need to go to contracting, please ensure cfiles are submitted to Sara by the end of the day tomorrow, thank you.

Rogers, Ceola

DI-14-2947

**From:** Rogers, Ceola  
**Sent:** Thursday, June 27, 2013 8:19 AM  
**To:** Davis, Sheletha M.  
**Cc:** Dean, Kimberly M.  
**Subject:** RE: 06-24-13-ByarsK  
**Signed By:** ceola.rogers@va.gov

We don't have anything available before July 21<sup>st</sup> and the GM is 500 minutes.

Ceola

---

**From:** Davis, Sheletha M  
**Sent:** Wednesday, June 26, 2013 4:08 PM  
**To:** Rogers, Ceola  
**Cc:** Dean, Kimberly M.  
**Subject:** RE: 06-24-13-ByarsK

They need to be scheduled before July 21<sup>st</sup>

---

**From:** Rogers, Ceola  
**Sent:** Wednesday, June 26, 2013 2:15 PM  
**To:** Davis, Sheletha M  
**Cc:** Dean, Kimberly M.  
**Subject:** RE: 06-24-13-ByarsK

Clinic: All

Date range: 6/26/2013 to 6/26/2014 Total Appointment Profile  
\* - New GAF Score Required

| Clinic                      | Appt Date/Time   | Status    |
|-----------------------------|------------------|-----------|
| 1 A Amb C&p Eye Ophth       | 08/01/2013@10:15 | Future    |
| 2 A Sur Audiology Processin | 08/06/2013@08:45 | Non-count |
| 3 A Amb C&p Audio           | 08/06/2013@09:15 | Future    |
| 4 A Amb C&p Prov4           | 08/26/2013@08:00 | Future    |
| 5 A Amb C&p Prov4           | 08/26/2013@13:00 | Future    |
| 6 A Amb C&p Prov4           | 08/27/2013@08:00 | Future    |

---

**From:** Davis, Sheletha M  
**Sent:** Tuesday, June 25, 2013 5:53 PM  
**To:** Rogers, Ceola  
**Cc:** Dean, Kimberly M.  
**Subject:** FW: 06-24-13-ByarsK

Hi Ceola,

Can you see when we can get the appointments scheduled?

D1-14-2947

Rogers, Ceola

To: Davis, Sheletha M  
Cc: Dean, Kimberly M.  
Subject: RE: 06-24-13-ByarsK

From: Davis, Sheletha M  
Sent: Tuesday, June 25, 2013 5:53 PM  
To: Rogers, Ceola  
Cc: Dean, Kimberly M.  
Subject: FW: 06-24-13-ByarsK

Hi Ceola,

Can you see when we can get the appointments scheduled?

Sheletha

From: Franklin, Joy, VBAWAC  
Sent: Tuesday, June 25, 2013 4:43 PM  
To: Davis, Sheletha M; Dean, Kimberly M.  
Cc: Root, Spurgeon, VBAWAC; Franklin, Joy, VBAWAC; Reitmeyer, Edith, VBAWAC  
Subject: FW: 06-24-13-ByarsK

Good evening ladies! We input the below/attached examination information today. I am having the file sent to you via overnight mail. This is one of our 1 year old cases that will roll to a 2 year status on 07/29/13. As you are aware, that cannot happen. We are asking for expedited processing on this one and need the examination completed with a c-file return by 07/21/13.

Please let us know what we can do to help you expedite this request.

Thanks so much for the assistance!

From: Mojica, Soelia, VBAWAC  
Sent: Tuesday, June 25, 2013 4:09 PM.  
To: Franklin, Joy, VBAWAC  
Subject: 06-24-13-ByarsK

Joy,

Here's the info you request & that I sent to Temple for Mr. I've also attached a copy of my exam request.

Info is as follows:

|   |                           |                       |
|---|---------------------------|-----------------------|
| <b>VETERAN CLAIMS<br/>SERVICE CONNECTION<br/>FOR:</b> | <b>DBQ/EXAM REQUESTED</b> | <b>OPINION NEEDED</b> |
|---|---------------------------|-----------------------|

Asking for 3wk turn around  
 TIME 1  
 Expectation / 1. Request  
 2. Review  
 3. Vet seen/Completed  
 This was used prevent overage of  
 2yr. Initiative  
 Meet Bonus

D1-14-2947

|   |   |                              |
|---|---|------------------------------|
| Lipoma  | DBQ DERM - Skin Disease                             | Direct Service Connection    |
| Skin Tags   | DBQ DERM - Skin Disease                             | Direct Service Connection    |
| Ingrown Toe Nail, Right Great Toe   | DBQ DERM - Skin Disease                             | Direct Service Connection    |
| Scars 2 <sup>nd</sup> to Removal of Lipoma & Skin Tags                      | DBQ DERM - Scars                                    | Secondary Service Connection |
| Fractured toes 3 & 4 Right Foot   | DBQ MUSC - Foot Miscellaneous                       | Direct Service Connection    |
| Fractured, left elbow   | DBQ MUSC - Elbow/Forearm                            | Direct Service Connection    |
| Right Knee Condition  | DBQ MUSC - Knee & Lower Leg                         | Direct Service Connection    |
| Left Knee Condition 2 <sup>nd</sup> to Right Knee                           | DBQ MUSC - Knee & Lower Leg                         | Secondary Service Connection |
| Left Ankle Sprain   | DBQ MUSC - Ankle                                    | Direct Service Connection    |
| Lumbar Spine Strain & Chronic Low Back Pain                                 | DBQ MUSC - Back (Thoracolumbar Spine)               | Direct Service Connection    |
| Radiculopathy - Bilateral Lower Extremities                                 | DBQ NEURO - Peripheral Nerves                       | Direct Service Connection    |
| Radiculopathy - Bilateral Lower Extremities 2 <sup>nd</sup> to Lumbar Spine | DBQ NEURO - Peripheral Nerves                       | Secondary Service Connection |
| Chest Pain -Costochondritis   | DBQ MUSC - Muscle Injuries                          | Direct Service Connection    |
| Epididymitis -Right Testis  | DBQ GU - Male Reproductive System                   | Direct Service Connection    |
| Allergic Rhinitis   | DBQ ENT - Sinusitis/Rhinitis & Other ENT Conditions | Direct Service Connection    |
| Bronchitis  | DBQ RESP - Respiratory Conditions                   | Direct Service Connection    |
| Bilateral Hearing Loss  | DBQ AUDIO - Hearing Loss & Tinnitus                 | Direct Service Connection    |
| Tinnitus  | DBQ AUDIO - Hearing Loss &                          | Direct Service               |

|   | Tinnitus  | DI-14-2947 | Connection                |
|---|---|------------|---------------------------|
| Right Eye Anterior Chamber Hemorrhage                               | DBQ OPHTH - Eye                                     |            | Direct Service Connection |
| Left Eye Chronic Twitching  | DBQ OPHTH - Eye                                     |            | Direct Service Connection |
| Individual unemployability due to low back & left leg radiculopathy | Statement regarding functional limitation requested |            | NONE                      |

Thanks,  
Sally Mojica (CSSM)  
RPSR - Core-5  
254-299-9743

Brown, Keith W.

DI-14-2947

From: Dean, Kimberly M.  
 Sent: Monday, October 21, 2013 1:35 PM  
 To: CTX C&P Case Managers  
 Cc: Davis, Sheletha M; Yonkey, Elizabeth R.  
 Subject: Austin Availability, Patient Move Up

Importance: High

*3 months*  
 If vet didn't take appt. It was cancelled out. This result in file going back to regional office in waco

Austin has availability, use the below clinics and move these patients up, everyone take the patient with their last two. Call patients, let them know you have something sooner and give them their new appointment time. Suspense COB today.

Clinics are: A AMB C&P PROV1, A AMB C&P PROV2, A AMB C&P PROV3, A AMB C&P PROV4

~~TEAMB C&P PROV6 PA~~

|    |            |                  |        |
|----|------------|------------------|--------|
| 1  | [REDACTED] | 11/04/2013@12:30 | Future |
| 2  | [REDACTED] | 11/04/2013@13:00 | Future |
| 3  | [REDACTED] | 11/05/2013@13:00 | Future |
| 4  | [REDACTED] | 11/05/2013@15:00 | Future |
| 5  | [REDACTED] | 11/08/2013@13:00 | Future |
| 6  | [REDACTED] | 11/08/2013@15:00 | Future |
| 7  | [REDACTED] | 11/12/2013@13:00 | Future |
| 8  | [REDACTED] | 11/14/2013@13:00 | Future |
| 9  | [REDACTED] | 11/15/2013@13:00 | Future |
| 10 | [REDACTED] | 11/15/2013@14:30 | Future |
| 11 | [REDACTED] | 11/18/2013@13:00 | Future |
| 12 | [REDACTED] | 11/19/2013@13:00 | Future |
| 13 | [REDACTED] | 11/21/2013@13:00 | Future |
| 14 | [REDACTED] | 11/22/2013@13:00 | Future |

*Which generated new request, show that the vet only want to work instead of 3 months*

~~TEAMB C&P PROV5~~

|   |            |                  |        |
|---|------------|------------------|--------|
| 1 | [REDACTED] | 11/13/2013@08:00 | Future |
| 2 | [REDACTED] | 11/14/2013@08:00 | Future |
| 3 | [REDACTED] | 11/14/2013@13:00 | Future |
| 4 | [REDACTED] | 11/15/2013@08:00 | Future |
| 5 | [REDACTED] | 11/15/2013@13:00 | Future |
| 6 | [REDACTED] | 11/19/2013@08:00 | Future |
| 7 | [REDACTED] | 11/19/2013@13:00 | Future |

Kimberly Dean  
 Administrative Officer/C&P  
 Ambulatory Care Service  
 Phone 254-743-1314  
 Fax 254-742-4681

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Brown, Keith W.

D1-14-2947

From: Dean, Kimberly M.  
 Sent: Sunday, October 20, 2013 8:33 PM  
 To: Rogers, Ceola; Hjelmstad, Peter J.; Leblanc, Jonathan E.; Brown, Keith W.  
 Cc: Yonkey, Elizabeth R.  
 Subject: Move Up Patients

Importance: High

Please move the below patient's to Ms. Camacho's clinic, she can see them earlier, let me know when complete, thank you.

Dr. Motaparthy, P

- 1 [REDACTED] 10/29/2013@08:00 Future
- 2 [REDACTED] 10/29/2013@13:00 Future
- 3 [REDACTED] 10/29/2013@15:00 Future
- 4 [REDACTED] 10/30/2013@10:00 Future
- 5 [REDACTED] 10/30/2013@13:00 Future
- 6 [REDACTED] 10/30/2013@15:00 Future

W AMB. C&P. PROV2 PA

Oct 2013

| TIME  | 8   | 9   | 10  | 11  | 12  | 1   | 2   | 3   | 4   |
|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| DATE  |     |     |     |     |     |     |     |     |     |
| MO 21 | [0] | [0] | [0] | [0] | [0] | [1] | [1] | [1] | [1] |
| TU 22 | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [0] |
| WE 23 | [1] | [1] | [0] | [0] | [0] | [0] | [0] | [0] | [0] |
| TH 24 | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [0] |

Brown, Keith W.

D1-14-2947

From: Dean, Kimberly M.  
 Sent: Sunday, October 20, 2013 8:49 PM  
 To: Brown, Keith W.; Maciel, Tony; Rogers, Ceola; Hjelmstad, Peter J.  
 Cc: Yonkey, Elizabeth R.  
 Subject: Move Patients Up

Importance: High

Please move the below patients to Ms. Camacho's clinic, she can see them earlier, let me know when complete, thank you.

|    |            |                  |        |
|----|------------|------------------|--------|
| 30 | [REDACTED] | 11/12/2013@13:00 | Future |
| 31 | [REDACTED] | 11/13/2013@08:00 | Future |
| 32 | [REDACTED] | 11/14/2013@08:00 | Future |
| 33 | [REDACTED] | 11/14/2013@13:00 | Future |
| 34 | [REDACTED] | 11/15/2013@08:00 | Future |
| 35 | [REDACTED] | 11/15/2013@13:00 | Future |

W AMB C&P PROV2 PA

Oct 2013

| TIME  | 8   | 9   | 10  | 11  | 12  | 1   | 2   | 3   | 4   |     |     |
|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| MO 21 | [0] | [0] | [0] | [0] | [1] | [1] | [1] | [0] | [0] | [0] | [0] |
| TU 22 | [1] | [1] | [1] | [1] | [1] | [1] | [1] | [1] | [1] | [1] | [1] |
| WE 23 | [1] | [1] | [0] | [0] | [0] | [0] | [0] |     |     |     |     |
| TH 24 | [1] | [1] | [1] | [1] | [1] | [1] | [1] | [1] | [1] | [1] | [1] |
| FR 25 | [0] | [1] | [0] | [0] | [0] | [0] | [0] | [0] | [1] | [1] |     |

|       |     |     |     |     |     |     |     |     |     |     |     |
|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| MO 28 | [1] | [1] | [1] | [1] | [1] | [1] | [1] | [1] | [1] | [1] | [1] |
| TU 29 | [1] | [1] | [1] | [1] | [1] | [1] | [1] | [1] | [1] | [1] | [1] |
| WE 30 | [1] | [1] | [1] | [1] | [1] | [1] | [1] | [1] | [1] | [1] | [1] |
| TH 31 | [1] | [1] | [1] | [1] | [1] | [1] | [1] | [1] | [1] | [1] | [1] |

Nov 2013

|       |     |     |     |     |     |     |     |     |     |     |     |
|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| MO 01 | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [0] |
| TU 02 | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [0] |
| WE 03 | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [0] |
| TH 04 | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [0] |

Brown, Keith W.

01-14-2947

From: Dean, Kimberly M.  
 Sent: Sunday, October 20, 2013 9:14 PM  
 To: Colon, Wanda M.; Brown, Keith W.; Beasley, William C.; Leblanc, Jonathan E.  
 Cc: Yonkey, Elizabeth R.  
 Subject: Move Up Patients

Importance: High

Please move up the below patients in Ms. Lucas' clinic she has earlier openings, let me know when complete, thank you.

22 [REDACTED] 11/01/2013@08:00 Future  
 23 [REDACTED] 11/01/2013@14:00 Future  
 26 [REDACTED] 11/05/2013@08:00 Future  
 27 [REDACTED]  
 [REDACTED] 11/06/2013@09:30 Future  
 28 [REDACTED] 11/07/2013@10:00 Future  
 29 [REDACTED] 11/07/2013@10:30 Future  
 30 [REDACTED] 11/07/2013@13:00 Future

T AMB C&P PROV2 NP

Oct 2013

| TIME  | 8   | 9   | 10  | 11  | 12  | 1   | 2   | 3   | 4   |
|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| DATE  |     |     |     |     |     |     |     |     |     |
| MO 21 | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [0] |
| TU 22 | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [0] |
| WE 23 | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [0] |
| TH 24 | [0] | [0] | [0] | [0] | [0] | [1] | [1] | [0] | [0] |
| FR 25 | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [0] |
| MO 28 | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [0] |
| TU 29 | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [1] | [1] |
| WE 30 | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [0] |
| TH 31 | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [0] |

Nov 2013

|       |     |     |     |     |     |     |     |     |     |
|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| FR 01 | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [0] |
| MO 04 | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [1] | [1] |
| TU 05 | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [0] |
| WE 06 | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [0] | [0] |

Rogers, Ceola

DI-14-2947

From: Dean, Kimberly M.  
 Sent: Monday, October 21, 2013 1:54 PM  
 To: Rogers, Ceola  
 Cc: Jones, Ella Sue  
 Subject: RE: Move Up Patients  
 Signed By: Kimberly.Dean2@va.gov

Can we still move to Camacho on these dates, I need two days in the Motaparathi's clinic for IDES, thank you. When calling patients ensure you do not tell them you are canceling for another patient, this is because we trying to get patients in earlier, thank you.

Kimberly Dean  
 Administrative Officer/C&P  
 Ambulatory Care Service  
 PPhone 254-743-1314  
 Fax 254-742-4681

Clinics were closed for vet & contracted out  
 of active duty soldiers placed in slots  
 result in turn around time short<sup>er</sup> for unit  
 due to active duty has to report when told to do so  
 This makes the unit numbers look good

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From: Rogers, Ceola  
 Sent: Monday, October 21, 2013 1:46 PM  
 To: Dean, Kimberly M.  
 Cc: Jones, Ella Sue  
 Subject: RE: Move Up Patients

Mansoor is Ella's, FH and Ms. Briseno is in training and won't be available until 10/29/13.

Ceola

From: Dean, Kimberly M.  
 Sent: Sunday, October 20, 2013 8:33 PM  
 To: Rogers, Ceola; Hjelmstad, Peter J.; Leblanc, Jonathan E.; Brown, Keith W.  
 Cc: Yonkey, Elizabeth R.  
 Subject: Move Up Patients  
 Importance: High

Please move the below patient's to Ms. Camacho's clinic, she can see them earlier, let me know when complete, thank you.

Dr. Motaparathi, P

|                    |        |
|--------------------|--------|
| 10/29/2013@08:00   | Future |
| n 10/29/2013@13:00 | Future |
| 10/29/2013@15:00   | Future |
| 10/30/2013@10:00   | Future |
| 10/30/2013@13:00   | Future |
| 10/30/2013@15:00   | Future |

W. AMB C&P PROV2 PA

Oct 2013

D1-14-2947

| TIME  | 8   | 9   | 10  | 11  | 12  | 1   | 2   | 3   | 4   |
|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| DATE  |     |     |     |     |     |     |     |     |     |
| MO 21 | [0] | [0] | [0] | [0] | [1] | [1] | [1] | [0] | [0] |
| TU 22 | [1] | [1] | [1] | [1] | [1] | [1] | [1] | [1] | [1] |
| WE 23 | [1] | [1] | [0] | [0] | [0] | [0] | [0] | [0] | [0] |
| TH 24 | [1] | [1] | [1] | [1] | [1] | [1] | [1] | [1] | [1] |

Yonkey, Elizabeth R.

D1-14-2947

From: Hjelmstad, Peter J.  
 Sent: Wednesday, October 30, 2013 10:46 AM  
 To: Dean, Kimberly M.; Holman, Joyce M.; Jones, Ella Sue; Colon, Wanda M.; Beasley, William C.; Rogers, Ceola; Leblanc, Jonathan E.; Brown, Keith W.; Maciel, Tony  
 Cc: Higginbotham, Sara B; Yonkey, Elizabeth R.; Davis, Sheletha M  
 Subject: RE: Eyes Going to Contract

will be sent out this afternoon when Lorena Camacho finishes her notes.

Pete

From: Dean, Kimberly M.  
 Sent: Wednesday, October 30, 2013 10:09 AM  
 To: Holman, Joyce M.; Jones, Ella Sue; Colon, Wanda M.; Beasley, William C.; Rogers, Ceola; Leblanc, Jonathan E.; Brown, Keith W.; Maciel, Tony; Hjelmstad, Peter J.  
 Cc: Higginbotham, Sara B; Yonkey, Elizabeth R.; Davis, Sheletha M  
 Subject: Eyes Going to Contract  
 Importance: High

*Taking vet out of slots & moving Active Duty soldiers in to use the contract money*

Please cancel the below eye exams, these are being sent to contracting, call the patient and let them know they will be rescheduled as soon as possible. Cfiles are needed for and only, let me know when complete. Suspense 2pm today. Thank you.

Clinic: T AMB C&P EYE OPHTH

Date range: 11/5/2013 to 11/5/2013 Total Appointment Profile

| Patient | Appt Date/Time   | Status          |
|---------|------------------|-----------------|
| 1 ✓     | 11/05/2013@08:00 | Future Ceola    |
| 2       | 11/05/2013@09:00 | Future          |
| 3 ✓     | 11/05/2013@10:00 | Future Ceola    |
| 4 ✓     | 11/05/2013@11:00 | Future Joyce ok |
| 5 ✓     | 11/05/2013@13:00 | Future          |
| 6 ✓     | 11/05/2013@14:00 | Future          |
| 7 ✓     | 11/05/2013@15:00 | Future Ceola    |



Rogers, Ceola

01-14-2947

From: Rogers, Ceola  
 Sent: Monday, August 12, 2013 11:23 AM  
 To: Yonkey, Elizabeth R.  
 Subject: FW: 1 year claim, past 9-15  
 Signed By: ceola.rogers@va.gov

Tracking: Recipient: Yonkey, Elizabeth R.  
 Delivery: Delivered: 8/12/2013 11:23 AM

 Liz,

This message was forwarded to me by Kimberly from Dr. Burke asking me to substitute less urgent exams to put Mr. [redacted] in. Based on the training I completed on Scheduling it stated that "you're not to cancel a patient to put another in". Is this request considered to be a lawful order?

Ceola

---

From: Dean, Kimberly M.  
 Sent: Friday, August 09, 2013 11:55 AM  
 To: Burke, Arlene L.; Rogers, Ceola  
 Cc: Yonkey, Elizabeth R.; Burns, Kristine J.; Davis, Sheletha M  
 Subject: RE: 1 year claim, past 9-15

Ceola, please let me know when complete, thank you.

---

From: Burke, Arlene L.  
 Sent: Friday, August 09, 2013 7:41 AM  
 To: Rogers, Ceola  
 Cc: Yonkey, Elizabeth R.; Fashina, Olawale O.; Dean, Kimberly M.; Burns, Kristine J.  
 Subject: FW: 1 year claim, past 9-15

 Ceola,  
 Try to substitute any of my less urgent exams for this one. Sorry, I do not work on Saturdays, which is Sabbath.  
 Dr. Burke

---

From: Burns, Kristine J.  
 Sent: Thursday, August 08, 2013 4:14 PM  
 To: Burke, Arlene L.  
 Subject: FW: 1 year claim, past 9-15

---

From: Dean, Kimberly M.  
 Sent: Thursday, August 08, 2013 4:02 PM  
 To: Rogers, Ceola  
 Cc: Burns, Kristine J.  
 Subject: RE: 1 year claim, past 9-15

A Saturday clinic is not available? We need to find an exam not over one year and replace it with this.

**Hardeman, Virgie**

DI-14-2947 154

**From:** Brown, Keith W.  
**Sent:** Friday, May 30, 2014 3:07 PM  
**To:** Hardeman, Virgie  
**Subject:** Document1  
**Attachments:** Document1.docx  
**Signed By:** keith.brown4@va.gov  
**Importance:** High

D14-2947

## Attachment 2

Correspondence with the Director and with Office of Special Counsel outlining the process and requesting review of evidence, and correspondence about the directive from Central Office which allegedly gave guidance for the actions of Dr. Olawale Fashina

DT 14-2947

**Kabrach, Charles**

**From:** McIver, Sandra on behalf of Houser-Hanfelder, Sallie A. (SES)  
**Sent:** Thursday, May 08, 2014 1:40 PM  
**To:** CTXUSERS  
**Subject:** ALL EMPLOYEES: A Message from the Director

**A Message to All CTVHCS Employees from the Director:**

For several weeks now, you have probably seen the local and national news reports filled with allegations involving our colleagues at the Phoenix VAMC. Most recently, you have probably also seen that Central Texas Veterans Health Care System (CTVHCS) is now under some of the same allegations at our Austin OPC.

First, let me encourage you to keep up the good work that you do each day to provide the best quality health care our Veterans deserve. Stay proud of the service you provide, because we must carry out our mission even when VA is under unfavorable attention.

Although it's hard not to become discouraged with the scrutiny this brings to all of us who work for VA, I want to reassure you that CTVHCS leadership is ensuring we provide Veterans with timely access to care and strengthening oversight for our care and scheduling practices. I encourage any employee who has concerns about the mechanisms we have in place to care for our Veterans to bring them forth so we may address them.

I want to share with you my statement to the press, because we must keep our focus on caring for our Veterans and providing them with the benefits they have earned.

*"Ms. Sallie A. Houser-Hanfelder, FACHE, Director of Central Texas Veterans Health Care System (CTVHCS) and her executive leadership are committed to providing Central Texas Veterans with the best care possible. This includes timely access as well as quality and courteous service. Ms. Houser-Hanfelder has made it clear she does not endorse hidden lists of any kind. To ensure the integrity of the health care system, she has directed each service chief to certify they have reviewed each of their sections and scheduling practices to ensure VA scheduling policies are being followed. All staff who schedule appointments have also been instructed to have refresher training to make sure policies are clear and being followed accurately. This training is scheduled routinely. The Director encourages Veterans who feel they are not receiving the proper care or attention to ask to see a supervisor or service chief to address their needs and concerns."*

If you are like me, friends and neighbors are probably asking you questions about the information being covered in the media and the level of service we are providing Veterans. Please feel free to share my statement above and some of the facts about the work we do at Central Texas Veterans Health Care System.

Thank you for all of the hard work you do every day in fulfilling our mission of service to Veterans with integrity and a commitment to excellence. If you are approached by media about these or other issues, please refer them to our Public Affairs Officer, Deborah Meyer, at extension 42376 or cell 254-534-0304.

/s/  
 Sallie A. Houser-Hanfelder, FACHE  
 Director

Broadcast message sent  
 one week prior to me sub-  
 mitting letter disclosing CTP  
 wrongdoing

DI-14-2947



AMERICAN FEDERATION of GOVERNMENT EMPLOYEES  
LOCAL 2109

P.O. Box 1860 TEMPLE, TEXAS 76604  
Tel: (254) 743-1260 Fax: (254) 743-0130  
Tel: 41260 Fax: 40130

DATE: May 15, 2014  
FROM: AFGE Local 2109  
TO: Sallie Houser-Handfelder, FACHE

SUBJ: Compensation and Pension appointments

Ms. Houser-Handfelder,

Labor has become aware from a source that wishes to remain anonymous that there were questionable actions taken by the Compensation and Pension Department of the VA to reduce the number of backlog cases during 2013. Schedulers were instructed to contact veterans with established appointments and offer them an earlier appointment, a day or two to a week out from the date of the call. If the Veteran was unable to make the appointment, unwilling to change the appointment, or if the veteran was not at home, the schedulers were informed to cancel out the appointment, close out the claim 2507, and send the veteran a form letter instructing them to reschedule through Regional Office.

The earlier appointment that was not taken by a veteran was then filled with IDES patients who are active duty ready to get out claims which are much faster and easier to process. The schedulers were instructed to not let the veteran know that their appointments were being filled by active duty soldiers. This practice occurred during the one year and two year initiatives to reduce the number of backlog claims, and was effective because they were able to claim credit for the active duty soldier, and for the veteran who's claim was closed because he was unable or unwilling to change appointment dates or just happened to not answer the phone when the call came.

Labor has not presented this matter to the Director because it is still in a fact finding stage. There was a strategic plan put out by the VBA in 2010-11 that discussed methods to reduce the backlog by 2015 by making three lanes, for core cases, fast track cases, and complicated cases. Labor has been seeking clarification on the strategic plan to determine if the actions taken by Comp and Pension were actual VBA directives or unethical practices from higher up.

If you have information to confirm that the practice of closing out active established veterans' appointments by offering them an earlier appointment time and if they are unable or

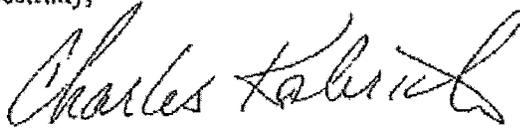
AMA 5/15/14

DI-14-2947

unwilling to accept the appointment offered or if they were not home to receive the call is an accepted practice, please share that information with Labor. Likewise if the practice of filling the new proposed appointment time refused by the veteran with IDES active duty soldiers is an accepted practice, please provide the guidance that this directive came from.

Labor fears that the practice was deceptive and implemented for the sake of "gaming" the numbers during a time when the Compensation and Disability backlog was of very high importance in the press. Compensation and Pension was awarded a bonus for their performance in reducing the backlog at our facility, and it appears that this was done by getting double credit by closing out established appointments and filling them with IDES patients. If you would like to discuss the matter in more depth, please contact Virgie Hardeman, VP Local 2109 AFGE, or Charles Kabrich Steward Local 2109 AFGE to schedule a time.

Respectfully,



Charles Kabrich,  
Steward Local 2109 AFGE

AMR 5/15/14

D1-14-2947

**Kabrich, Charles**

---

**From:** Kabrich, Charles  
**Sent:** Friday, September 04, 2015 3:49 PM  
**To:** Houser-Hanfelder, Sallie A.  
**Cc:** Hardeman, Virgie; 'leachd@afge.org'  
**Subject:** RE: Directive from central office

Ms. Houser-Hanfelder,

I first presented this issue to you on May 15, 2014, and received no response. The practice is presented as it was reported to me by the employees. It was presented again on July 25, 2015 in a Labor Management forum where Dr. Fashina stated that he acted on a Directive from Central Office that authorized the action. His claim that the action was based off of a directive from Central Office is the only response Labor has received in regards to the legitimacy of the practice.

Dr. Fashina claims that the Agency has previously responded to the concerns, but Virgie Hardeman and Myself are the exclusive stewards working on this matter and neither of us have received a response. He also states that he will not be responding further, implying that he is speaking for the Agency and I need to know if you concur with his decision. A formal information request was submitted on August 28, 2015 requesting the Directive from Central Office that he spoke about in that Labor/Management Forum which Mr. Apley, Mr. Lloyd, and Mr. Garcia heard him proclaim he acted on and that he could produce the Directive. I provided a five calendar day time line to the information request, and that too has received no response.

Dr. Fashina claims that the practice is being misrepresented, but offers no explanation as to how it is misrepresented. It is presented as it was reported and efforts have been made to resolve this at the facility level, but "no response" does not satisfy the concerns raised by Labor. Is the Agency going to comply with providing the Directive from Central Office which explains the practice as requested in email and through formal information request?

Respectfully,  
 Charles Kabrich  
 Steward Local 2109  
 AFGE

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**From:** Fashina, Olawale O  
**Sent:** Wednesday, August 26, 2015 2:18 PM  
**To:** Kabrich, Charles  
**Cc:** Lloyd, Russell E.; Hardeman, Virgie; Rias, Adrienne; 'leachd@afge.org'; Garcia, Andrew T.; Apley, James  
**Subject:** RE: Directive from central office

The practice is being misrepresented. I know we have previously responded to these concerns, and will not be responding further.

Olawale Fashina. MD, MHSA, CPE.  
 Chief of Staff  
 Central Texas Veterans Health Care System  
 Tel: (254)743 2323

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**From:** Kabrich, Charles  
**Sent:** Wednesday, August 26, 2015 2:11 PM  
**To:** Fashina, Olawale O  
**Cc:** Lloyd, Russell E.; Hardeman, Virgie; Rias, Adrienne; 'leachd@afge.org'; Garcia, Andrew T.; Apley, James  
**Subject:** Directive from central office

DI-14-2947

Dr. Fashina,

During the last Labor/Management forum, concerns were addressed by myself about a 2012-2013 practice of calling veterans and offering them an earlier appointment and if they were unwilling or unable to make the earlier appointment, their 2507 was cleared. The veteran received a form letter telling them that they needed to re-register at regional office. The slot that became available by the Veteran's inability or unwillingness to change appointment date was filled with an active duty soldier, thereby getting credit for two claims when only the active duty soldier was seen. Further the case managers were told to document when they were unable to reach a veteran via telephone. The veteran's appointment was cancelled, the 2507 was cleared, the form letter was sent to the veteran instructing them to re-register at regional office. The veteran's appointment was filled with an active duty soldier.

You stated there was a directive from Central Office instructing you to do this, and further stated that you could produce the Directive. It has been about a month, and to date, I have received no notification of the Directive that you spoke to which authorized the above action. Could you please produce the Directive from Central Office.

Respectfully,  
Charles Kabrich  
Steward Local 2109  
AFGE

DH-14-2947



AMERICAN FEDERATION of GOVERNMENT EMPLOYEES

LOCAL 2109

P.O. Box 1860 TEMPLE, TEXAS 76504

Tel: (254) 743-1260 Fax: (254) 743-0130

Tel: 41260 Fax: 40130

DATE: August 28, 2015

FROM: Charles Kabrich, AFGE Local 2109

TO: Dr. Fashina, Chief of Staff CTVHCS

SUBJ: Request for Information

In accordance with 5 U.S.C. 7114 (b) (4) & the VA/AFGE Master Agreement AFGE Local 2109 requested to be given the following information:

Pursuant to the provisions of 5 U.S.C. Section 7114(b) (4), the Privacy Act and applicable provisions of the Collective Bargaining Agreement. In your response to this request, please indicate to which of the below enumerate request, if any, your answer relates. Please provide the following:

Document means the original (or an identical copy when the original is not in the possession, custody, or control of the Agency, its agent, or representatives and each no identical (whether different from originals because of notes made on such copies or otherwise), of writings or other graphic material of every kind and description in your possession, custody, or control whether inscribed by hand or by mechanical, electronic, microfilm photographic or other means, as well as phonic (such as tape recordings) or visual reproductions or oral statement, conversations, records of conversation or events, and including, but not limited to, correspondence, messages, memoranda, notes, reports, summaries, tabulations, records, computer printouts, telex, fax, Teletype, returns, and receipts, and written, printed or reproduced material including all drafts, alterations, modifications, changes and amendments or corrections of any of the foregoing.

1. Provide a copy of the Directive from Central Office authorizing a practice of calling veterans and offering them an earlier appointment and if they were unwilling or unable to make the earlier appointment, their 2507 was cleared. The veteran received a form letter telling them that they needed to re-register at regional office. The slot that became available by the Veteran's inability or unwillingness to change appointment date was filled with an active duty soldier, thereby getting credit for two claims when only the active duty soldier was seen. Further the case managers were told to document when they were unable to reach a veteran via telephone. The veteran's appointment was cancelled, the 2507 was cleared, and the form letter was sent to the veteran instructing them to re-register at regional office. The veteran's appointment was filled with an active duty soldier. On July 24, 2015, during a Labor/Management Forum, Dr. Fashina stated there

DI-14-2947

*was a Directive from Central Office that authorized the action and that he could provide the document. Please provide a copy of the Directive from Central Office referenced by Dr. Fashina.*

If you have any questions, please don't hesitate to contact me. AFGE Local 2109 requires this information in order to comply with our statutory obligations as exclusive representatives of the Bargaining Unit Employees within CTVHCS in accordance with 5 U.S.C. Chapter 71. The information will be used to police AFGE's Master Agreement, regulations, past practice or even appropriate laws which may result in filing a grievance, ULP and/or other legal remedies required to protect the rights of Bargaining Unit Employees and or the Union. The information shall be utilized in such a fashion that the union will be able to make correct assessment concerning litigation in the matter. AFGE has an obligation and a right to ensure compliance with the collective bargaining agreement by the Agency. It will be used for the purpose of evaluating the merits of and preparing the union's representation for the affected bargain unit employee(s). The information is necessary and needed for the Union to have full and proper discussion, understanding, and negotiation of the subject within the scope of bargaining so defined herein.

Please provide this information earliest convenience, but not later than five (5) calendar days as Directives are published online and should be readily accessible. If you have any other questions or concerns about this request or if the agency denies the Union's request in whole or in part, please supply the name of the denying official(s) at 41260.

Respectfully submitted,



Charles Kabrich,  
Steward, AFGE Local 2109

8/28/15

2016 12:00 PM

No. 2433 P. 45  
DR-14-2447

**Department of  
Veterans Affairs**

**Memorandum**

Date: **OCT 08 2015**

From: Director

Subj: Request Dated August 28, 2015

To: Charles Kabrich, AFGE Local 2109

1. On Memorandum dated August 28, 2015, AFGE Local 2109 requested the following:

a. A copy of the Directive from Central Office that authorizes a practice of calling veterans and offering them an earlier appointment and if they were unwilling or unable to make the earlier appointment, their 2507 would be cleared.

**Response:** There isn't a Directive from Central Office Authorizing CTVHCS to cancel or clear veterans' claims, nor does Central Texas Veterans Health Care System (CTVHCS) have the authority to take such actions.

b. In response to the allegation that a veteran's appointment was filled with an active duty soldier, thereby getting credit for two claims when only the active duty soldier was seen.

**Response:** The Agency has no knowledge of such actions. However, this allegation directly makes an accusation of fraud. If you have any information in your possession that this indeed happened, then you have an obligation to bring this report forward for investigation.

  
Sallie A. Houser-Hanfelder, FACHE

01-14-2947

**Kabrich, Charles**

**From:** Kabrich, Charles  
**Sent:** Friday, October 16, 2015 3:14 PM  
**To:** Lloyd, Russell E.  
**Cc:** Hardeman, Virgie  
**Subject:** RE: copy of memorandum

Mr. Lloyd,

With all due respect, I believe that it is a conflict of interest for Dr. Fashina to be the hearing official. I will consult with our trustee who is an attorney in San Antonio to get direction on continuing the process of reporting the wrong doing. I am not ignoring my responsibility of reporting the action, it is something that I have persisted in attempting to report since May of 2014.

Respectfully,  
Charles Kabrich  
Steward Local 2109  
AFGE

-----Original Message-----

**From:** Lloyd, Russell E.  
**Sent:** Friday, October 16, 2015 2:50 PM  
**To:** Kabrich, Charles  
**Cc:** Hardeman, Virgie  
**Subject:** RE: copy of memorandum

The signature on the October 8 memorandum is mine as I was serving in the capacity of Acting Director in Ms. Hanfelder's absence on that date.

Dr. Fashina, as Central Texas' Chief of Staff, has line authority over the Compensation and Pension program. As such, he would be the appropriate official to hear any concerns you may have regarding C&P practices.

Russell E. Lloyd  
Acting Director  
Central Texas Veterans Health Care System

-----Original Message-----

**From:** Kabrich, Charles  
**Sent:** Friday, October 16, 2015 2:43 PM  
**To:** Lloyd, Russell E.  
**Cc:** Hardeman, Virgie  
**Subject:** copy of memorandum

Mr. Lloyd

Attached is the copy of the memorandum I was asking about yesterday. I am gathering the information and evidence we have to substantiate the charges. It is going to require a sit down meeting to present because of the

D1-14-2947

volume of evidence that is involved. Since Dr. Fashina is personally involved in the action, and because there is no directive from Central Office as he has said, I would not think that he could hear the information without bias. I am going on leave from the 1600 hrs today and will return October 28, 2015. If YOU would like to arrange a meeting to sit and hear the evidence please provide dates and times to meet after October 29, 2015.

The memorandum states that I have an obligation to bring the report forward for investigation. It also states that the agency has no knowledge of such actions. As you can see from the second attachment, there is a signed receipt copy of an inquiry I submitted to the Director dated May 15, 2014 that went unanswered sans Marlon Askew telling me that the Director told him to tell me that there are too many players in C&P for the game to be rigged. I want to address the issue, but time has not permitted that. Please provide dates and times to meet with you, and I will disclose the information substantiating the allegations.

Respectfully,  
Charles Kabrich

Steward Local 2109 AFGE

-----Original Message-----

From: [AFGE.ricoh@va.gov](mailto:AFGE.ricoh@va.gov) [mailto:[AFGE.ricoh@va.gov](mailto:AFGE.ricoh@va.gov)]

Sent: Friday, October 16, 2015 1:07 PM

To: Kabrich, Charles

Subject:

This E-mail was sent from "RNPE37527" (Aficio MP 5000).

Scan Date: 10.16.2015 14:06:31 (-0400)

Queries to: [AFGE.ricoh@va.gov](mailto:AFGE.ricoh@va.gov)