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VETERANS HEALTH ADMINISTRATION

Care in the Community Deficiencies and Ineffective VISN Oversight at the VA Maryland Health Care System in Baltimore

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Executive Summary

The VA Office of Inspector General (OIG) conducted a healthcare inspection to assess the impact of additional staffing on patient access to community care through the VA Maryland Health Care System (system) in Baltimore.

Although additional Care in the Community (CITC) staff were hired between January 2021 and February 2024, the OIG identified that high consult volume contributed to system staff's inability to schedule community care timely and consistently coordinate community care.[1] In addition, Veterans Integrated Service Network (VISN) leaders did not oversee implementation of system CITC consult management corrective actions and the system Deputy Chief of Staff (DCOS) neglected to ensure analysis of CITC Patient Advocate Tracking System (PATS) data for quality improvement.

Care in the Community Appointment Scheduling Timeliness

The OIG assessed CITC appointment scheduling timeliness for routine outpatient consults ordered between June 1, 2023, and May 31, 2024, and found 79 percent did not meet Veterans Health Administration's (VHA's) requirement for appointments to be scheduled within 7 days after a referring clinician submits a consult.[2] The system averaged 45 days to schedule an appointment, with a median of 29 days.[3]

In interviews with the OIG, VISN and system leaders acknowledged awareness of the 7-day appointment scheduling requirement. Despite this, due to the volume of work and multi-step scheduling process, VISN and system leaders' scheduling expectations varied, but all were longer than the national requirement. The VISN Director also reported that no VISN 5 facility was able to meet the requirement.

In early 2024, system staff scheduled up to 5,000 appointments per month. Leaders reported an increase of up to 1,000 per month and attributed the increased volume to system vacancies in dental, mammography, gastroenterology, cardiology, acupuncture, and optometry services. The

[1] The underlined terms are hyperlinks to a glossary. To return from the glossary, press and hold the "alt" and "left arrow" keys together.

[2] VHA Office of Community Care, "Clinical Review of Community Care Consults," chap. 2 in *Office of Integrated Veteran Care (IVC) Community Care Field Guidebook*, accessed March 10, 2025, https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001031/topic/554400000023649/0502-Chapter-2-Eligibility-Referral-and-Scheduling. (This site is not publicly accessible.) The guidebook is a continually updated process and information guide outlining specific functions for community care operations.

[3] The underlined terms are hyperlinks to a glossary. To return from the glossary, press and hold the "alt" and "left arrow" keys together.

OIG learned that system leaders were able to fill vacancies in optometry and mammography in the second half of 2024.[4]

System leaders also attributed appointment scheduling delays to CITC advanced medical support assistants (AMSAs) needing to place a high number of calls to schedule patient appointments and system referring clinicians not including information necessary for scheduling in the consults. Incomplete consults require a CITC nurse care coordinator to contact the referring clinician for clarification before consult approval and appointment scheduling.

The OIG concluded that despite system leaders hiring additional CITC AMSAs and working to improve AMSA efficiency, most appointments were not scheduled within VHA's 7-day scheduling requirement. Given VISN and system leaders' varying scheduling targets and the OIG's assessment that most appointments were not scheduled within 7 days, the OIG questions whether VHA's 7-day scheduling requirement is reasonably attainable.

Care in the Community Consult Completion

The OIG determined that the system did not meet timeliness requirements for consult completion. VHA guidance states, "consults must be completed within 90 calendar days from the [patient indicated date]," which is the date a clinician and patient agree is appropriate to receive care. Consults are considered complete after the community provider completes the requested service and system CITC AMSAs attempt to retrieve the related medical documentation.[5]

The OIG identified that 26,249 routine outpatient CITC consults ordered between June 1, 2023, and May 31, 2024, were open greater than 90 days. VISN AMSAs assisted the system in processing the consults and completed 16,458 consults between October 2, 2023, and May 31, 2024.[6]

VISN and system leaders told the OIG there would be additional system AMSA workload after VISN AMSA assistance ended in September 2024, but did not have a plan to address the impact of the additional workload.

Despite additional AMSA support from the VISN, the system did not meet timeliness requirements for consult completion. The OIG is concerned that consult completion delays will worsen now that VISN AMSA support has ended. Delays in scheduling and consult completion may adversely affect a patient's care.

[4] Six optometry residents began their assignments in June 2024. The system also hired a breast radiologist in November 2024.

[5] VHA Directive 1230, *Outpatient Scheduling Management*, June 1, 2022.

[6] The VISN AMSAs confirm a patient attended an appointment, request medical records, and scan those records into the patient's electronic health record. The VISN AMSA support ended in September 2024.

Ineffective VISN Oversight of Care in the Community

The OIG determined that VISN leaders did not ensure system leaders fully implemented corrective actions to improve and sustain consult management performance.

VHA holds VISN directors responsible for managing the quality of medical facilities within the VISN and implementing and evaluating VHA quality and performance measures.[7] VHA also requires that VISN directors apply corrective actions to address CITC consult performance.[8]

VHA's Office of Integrated Veteran Care is responsible for managing the Community Care Program at the national level.[9] The Office of Integrated Veteran Care and VISN site visit documents identified deficiencies in system consult management and scheduling oversight, but the OIG did not find evidence of corrective actions to address all deficiencies.[10]

The VISN chief business officer reported having conversations with the System Director and Chief of Staff to review deficiencies regarding CITC consult management and corrective action plans, and stated accountability for action plans was not as "formal … as it should be" but deferred to the System Director for any action that was not complete. The VISN Director indicated that the system continued to show improvement and was not considered a poor performer.

The OIG concluded that VISN leaders were well-versed in system consult management deficiencies but, beyond providing additional AMSA staff to assist with consult completion and conducting site visits, did not assist leaders in implementing actions to improve performance. Effective VISN oversight, including assisting system leaders with implementing actions to improve performance and holding leaders accountable for long-term improvement, is key to ensuring patients receive quality care.

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[7] VHA Directive 1217, *VHA Operating Units*, August 14, 2024.

[8] VHA Directive 1232(5), *Consult Process and Procedures*, August 23, 2016, amended December 5, 2022. This directive was rescinded and replaced by VHA Directive 1232, *Consult Management*, November 22, 2024. The two directives contain the same or similar language related to the VISN director's responsibility to address issues on consult performance.

[9] VHA Office of Community Care, "Introduction," chap. 1 in *Office of Integrated Veteran Care (IVC) Community Care Field Guidebook*, accessed September 19, 2024, https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001031/topic/554400000023648/0501-Chapter-1-Introduction. (This site is not publicly accessible.) The guidebook is a continually updated process and information guide outlining specific functions for community care operations. This specific chapter outlines an introduction to the community care network and delineates IVC's objective.

[10] IVC completed system site visits to assess CITC in 2023 and 2024. The VISN provided site visit reports for 2022 and 2024.

Failures in Care Coordination

The OIG determined that despite an increase of 17 CITC nurse care coordinators and two CITC nurse managers, the system did not consistently conduct care coordination according to VHA requirements.

VHA defines care coordination as the "organization of all [patient] care activities … to facilitate the appropriate delivery of health care services." VHA requires care coordination plan electronic health record notes for all consults designated as moderate or "complex/chronic" and ongoing care coordination activities must be documented as an addendum to the care coordination plan note.[11]

CITC nurse care coordinators did not consistently use care coordination plan notes to document gaps in care, align patients with needed resources, or communicate patient needs to other members of the care team.[12]

The CITC nurse manager reported that increasing consult volume, competing demands such as obtaining and documenting patient preferences, and education for system referring clinicians on CITC consult requirements limited the nurse care coordinators' ability to coordinate care and complete care coordination plan notes.[13]

Delayed Implementation of Referral Coordination Initiative

VHA's Referral Coordination Initiative (RCI) uses dedicated teams to streamline the process for patients referred to the community to enhance timeliness of appointment scheduling.[14] System leaders acknowledged awareness of the RCI and its potential benefits; however, the OIG identified the system had limited implementation of RCI.

VHA introduced the RCI in 2019 and required full implementation in 34 specialties by February 28, 2021.[15] The OIG reviewed documentation and found that the system implemented RCI in one specialty, neurology, in June 2023.

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[11] VHA Office of Community Care, "How to Perform Care Coordination," chap. 3 in *VHA Office of Integrated Veteran Care (IVC) Community Care Field Guidebook*, accessed July 15, 2024. https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001031/topic/554400000023650/0503-Chapter-3-Care-Coordination.

[12] VHA Office of Community Care, "How to Perform Care Coordination," chap. 3 in *VHA Office of Integrated Veteran Care (IVC) Community Care Field Guidebook*.

[13] During interviews, CITC nurse care coordinators reported that follow-up on incomplete consults included contacting patients to obtain appointment scheduling preferences.

[14] VHA, *Referral Coordination Initiative Implementation Guidebook*, updated March 10, 2021.

[15] RCI uses a dedicated team that provides patients with their full range of care options and streamlines scheduling and consult management with the goal of improving timeliness of appointment scheduling. VHA, *Referral Coordination Initiative Implementation Guidebook*.

In May 2024, VHA acknowledged RCI implementation challenges across VA and introduced an enhanced RCI designating that VISNs, "with support from the Office of [Integrated Veteran Care] … will be responsible for strategic deployment, enhanced implementation, and oversight of the [RCI]."[16] In August 2024, a part-time nurse manager and four nurses were detailed to the RCI team. In October, RCI had also been implemented in gastroenterology and cardiology.

The OIG concluded that, consistent with other facilities, the system struggled with RCI implementation.

Concern Regarding Patient Advocate Tracking System Analysis

The OIG found that while CITC patient complaints were collected within PATS and trended, the DCOS did not ensure CITC PATS data were analyzed for quality improvement as required by VHA.[17] The OIG concluded that the DCOS, responsible for supervision of CITC, did not direct the development, initiation, and implementation of action plans for quality or process improvements as required. Without PATS data analysis, the DCOS lacked an important resource to help identify improvement opportunities for CITC appointment scheduling and coordination of care.

The OIG made one recommendation to the Under Secretary for Health related to the 7-day appointment scheduling requirement for CITC consults and one recommendation to the VISN Director related to the system's completion of CITC performance action plans.[18] The OIG made five recommendations to the System Director related to education to address incomplete CITC consults, consult completion, care coordination, RCI, and PATS.

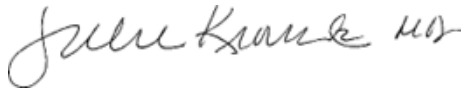
[16] Assistant Under Secretary for Health Office of Integrated Veteran Care (16), "VISN-Led Referral Coordination Initiative (RCI) Expansion," memorandum to Veterans Integrated Service Network Directors (10N1-23), Medical Center Directors (00), and VHA Senior Leaders, May 20, 2024.

[17] VHA Directive 1003.04, *VHA Patient Advocacy*, November 9, 2023.

[18] The recommendation addressed to the Under Secretary for Health is directed to anyone in an acting status or performing the delegable duties of the position.

VA Comments and OIG Response

During VHA's review of an OIG draft report, it is usual practice for VHA to submit comments for consideration and discussion.[19] For this report, VHA provided the OIG comments during the draft phase. The OIG considered and reviewed the comments. The Under Secretary for Health and the VISN and Facility Directors concurred with the recommendations and provided acceptable action plans (see appendixes A, B, and C). The OIG will follow up on the planned actions until they are completed.



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[19] VA OIG Directive 306, *Comments to Draft Reports*, April 10, 2024, amended April 24, 2019.

Contents

Abbreviations

AMSA	advanced medical support assistant
CBO	chief business officer
CCOC	Community Care Oversight Committee
CCP	care coordination plan
CITC	Care in the Community
COS	Chief of Staff
DCOS	Deputy Chief of Staff
IVC	Office of Integrated Veteran Care
OIG	Office of Inspector General
PATS	Patient Advocate Tracking System
RCI	Referral Coordination Initiative
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

Introduction

The VA Office of Inspector General (OIG) conducted a healthcare inspection to evaluate the impact of additional staffing on patient access to community care through the VA Maryland Health Care System (system) in Baltimore.[1] Although additional Care in the Community (CITC) staff were hired between January 2021 and February 2024, the OIG identified that high consult volume contributed to system staff's inability to schedule community care timely and consistently coordinate community care.[2] In addition, Veterans Integrated Service Network (VISN) leaders did not oversee system corrective actions of CITC consult management improvements and the system Deputy Chief of Staff (DCOS) neglected to ensure analysis of CITC Patient Advocate Tracking System (PATS) data for quality improvement.[3]

Background

The system, designated as a level 1b high complexity facility, is part of VISN 5, the VA Capitol Health Care Network.[4] The system includes the Baltimore, Loch Raven, and Perry Point VA Medical Centers and five outpatient clinics throughout Maryland, and provides primary care and a comprehensive range of specialty services. From October 1, 2022, through September 30, 2023, the system served 60,383 patients.

Veterans Health Administration Care in the Community Program

In 2018, the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act established the Veterans Health Administration's (VHA's) Veteran Community Care Program, which expanded eligibility criteria to increase patients' access to community care.[5] VHA's Office of Integrated Veteran Care (IVC) is responsible for managing the Community Care Program at the national level to "[meet] the needs of Veterans, their families,

[1] In an interview with the VISN CITC program manager the OIG learned in addition to hiring system staff for CITC, the system also requested, and received, temporary support from VISN advanced medical support assistants in 2021 and 2024.

[2] The underlined terms are hyperlinks to a glossary. To return from the glossary, press and hold the "alt" and "left arrow" keys together.

[3] PATS is a VHA tool used to document patient complaints. VHA Directive 1003.04, *VHA Patient Advocacy*, November 9, 2023.

[4] VHA Office of Productivity, Efficiency and Staffing (OPES), "Data Definitions: VHA Facility Complexity Model," October 1, 2023. The Facility Complexity Model classifies VHA facilities at levels 1a, 1b, 1c, 2, or 3, with level 1a being the most complex and level 3 being the least complex.

[5] VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018, Pub. L. No. 115-182, 132 Stat. 1393 (2018) § 505; VHA Office of Community Care, "Veteran Community Care Eligibility" (fact sheet), August 30, 2019.

community providers, and VA staff."[6] IVC's field guidebook outlines the program's requirements and processes related to CITC consults and care coordination.[7] Facilities are expected to coordinate community care consults at the local level.[8]

VHA Care in the Community Consult Process

CITC consults proceed through four stages (see figure 1).

[6] VHA Office of Community Care, "Introduction," chap. 1 in *Office of Integrated Veteran Care (IVC) Community Care Field Guidebook*, accessed March 17, 2025, https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001031/topic/554400000023648/0501-Chapter-1-Introduction. (This site is not publicly accessible.) The guidebook is a continually updated process and information guide outlining specific functions for community care operations. This specific chapter outlines an introduction to the community care network and delineates IVC's objective. The OIG refers to non-VA clinicians who give care to patients as community providers.

[7] VHA Office of Community Care, "Introduction," chap. 1 in *Office of Integrated Veteran Care (IVC) Community Care Field Guidebook*; VHA Office of Community Care, "Eligibility, Referral, and Scheduling," chap. 2 in *Office of Integrated Veteran Care (IVC) Community Care Field Guidebook*, accessed March 10, 2025, https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001031/topic/554400000023649/0502-Chapter-2-Eligibility-Referral-and-Scheduling; VHA Office of Community Care, "How to Perform Care Coordination," chap. 3 in *Office of Integrated Veteran Care (IVC) Community Care Field Guidebook*, accessed July 15, 2024, https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001031/topic/554400000023650/0503-Chapter-3-Care-Coordination. Chapter 3 outlines the care coordination model and specific processes for documenting moderate and complex care in the community and provides instructions for consistency across the VHA.

[8] VHA Office of Community Care, "How to Perform Care Coordination," chap. 3 in *Office of Integrated Veteran Care (IVC) Community Care Field Guidebook.*

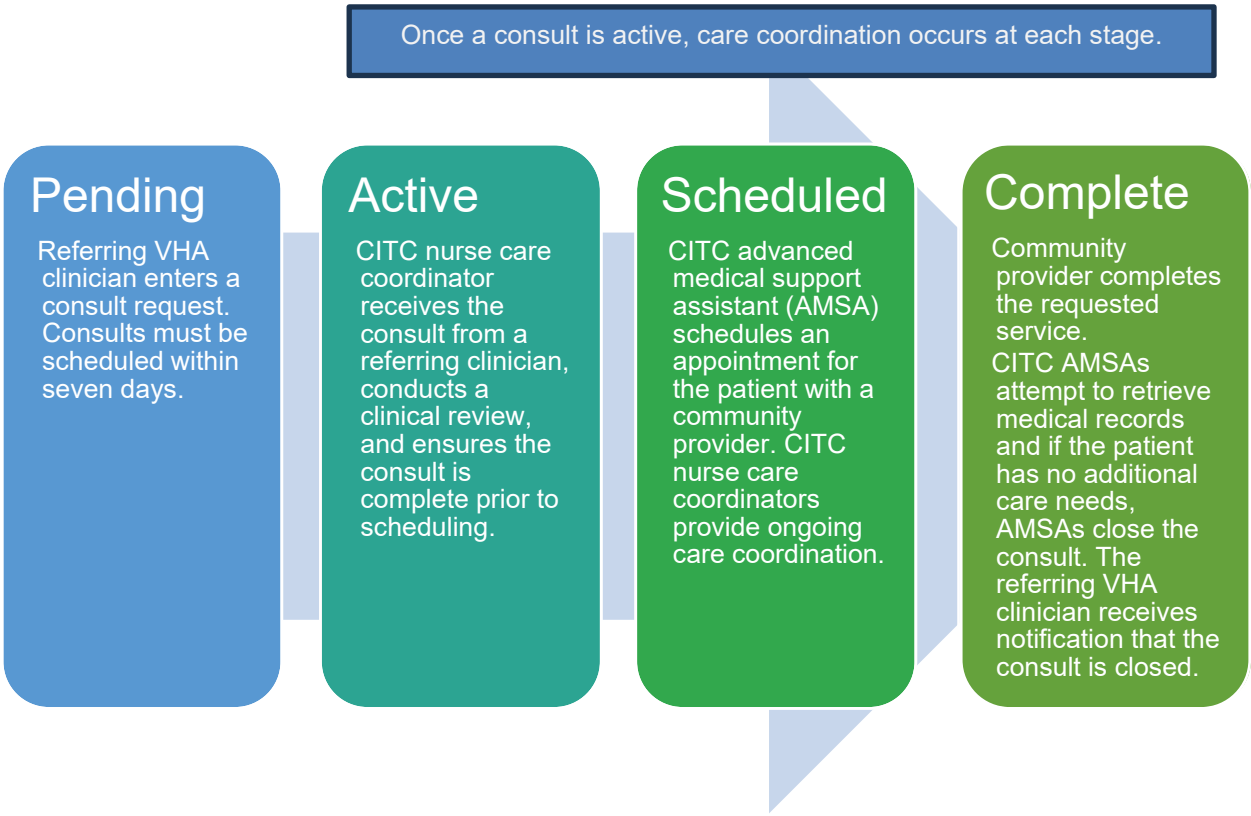

Figure 1. *Consult phase definitions and sequence.*
Source: OIG review of VHA Office of Community Care, Office of Integrated Veteran Care (IVC) Community Care Field Guidebook*; VHA Directive 1232(5),* Consult Process and Procedures*, August 23, 2016, amended December 5, 2022. This directive was rescinded and replaced by VHA Directive 1232,* Consult Management*, November 22, 2024. The two directives contain the same or similar language related to consult process stages. VHA Office of Integrated Veteran Care, "Consult Timeliness Standard Operating Procedure (SOP)," updated December 1, 2022.*

Prior OIG Reports

In October 2022, the OIG Office of Audits and Evaluations reported that no facilities nationwide were able to fully implement the referral coordination initiative (RCI) in all required areas.[9] The RCI uses dedicated teams to streamline the process for patients referred to the community to enhance timeliness of appointment scheduling.[10] Barriers to implementation included unreliable tools and data; and insufficient planning, staff, resources, training, and support from IVC, the program office responsible for overseeing the initiative. The initiative did not include a plan to accurately measure challenges or progress of implementation. IVC was unable to measure if the

[9] VA OIG, *Additional Actions Needed to Fully Implement and Assess the Impact of the Patient Referral Coordination Initiative*, Report No. 21-03924-234, October 27, 2022.
[10] VHA, *Referral Coordination Initiative Implementation Guidebook*, updated March 10, 2021.

RCI had (1) improved appointment scheduling timeliness, (2) resulted in vital information being provided to patients, or (3) increased the time providers spent with patients.

In the October 2022 report, the OIG made seven recommendations to the Under Secretary for Health that included assignment of specific roles and responsibilities to IVC, provision of training and tools for tracking and monitoring, and development of local processes for the implementation and sustainment of the RCI. Effective February 27, 2025, all recommendations—including IVC ensuring effective oversight of RCI—are closed.

Scope and Methodology

The OIG initiated the inspection on April 10, 2024, and conducted an on-site visit June 4 through 6, 2024. The OIG conducted additional virtual interviews from June through September 2024.

The OIG interviewed the VISN Director, VISN CITC program manager, VISN chief business officer (CBO), System Director, Chief of Staff (COS), DCOS, and former chief of consumer relations. The OIG also interviewed the system's CITC nurse manager, supervisory program specialist, nurse care coordinators, supervisory medical support assistant, and advanced medical support assistants (AMSAs). During an interview, the DCOS reported supervising the CITC department, as there was no system CITC chief position.

The OIG reviewed relevant VHA directives, the IVC field guidebook, Community Care Oversight Committee (CCOC) meeting minutes from August 2021 through May 2024, system CITC reports of staff gains and losses, and PATS entries from July 2021 through March 2024.[11]

The OIG identified all routine outpatient CITC consults ordered between June 1, 2023, and May 31, 2024, from VA administrative data sources and determined the timeliness of scheduling appointments and timeliness of closing routine outpatient CITC consults.

In the absence of current VA or VHA policy, the OIG considered previous guidance to be in effect until superseded by an updated or recertified directive, handbook, or other policy document on the same or similar issue(s).

Oversight authority to review the programs and operations of VA medical facilities is authorized by the Inspector General Act of 1978, as amended, 5 U.S.C. §§ 401–424. The OIG reviews available evidence within a specified scope and methodology and makes recommendations to VA leaders, if warranted. Findings and recommendations do not define a standard of care or establish legal liability.

[11] The CCOC is responsible for reviewing system performance and practices, and developing implementation plans for system challenges.

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

Inspection Results

During a 2023 cyclical OIG Comprehensive Healthcare Inspection, system leaders reported using a portion of the system's fiscal year 2022 annual budget increase to "recruit new [CITC] staff and retain existing staff."[12] Per the published report, "The [system] Director highlighted recruitment of nearly 100 personnel to schedule and coordinate community care for veterans."[13] The OIG opened the healthcare inspection discussed in this report to assess whether hiring the additional system staff affected CITC appointment scheduling, consult completion, and documentation of care coordination. The OIG examined additional concerns regarding delayed implementation of RCI, VISN leaders' oversight of CITC, and system leaders' analysis of PATS data for quality improvement.[14]

1. Care in the Community Challenges

Impact of Consult Volume on Appointment Scheduling

The OIG found the system did not meet VHA's requirement for CITC appointments to be scheduled within 7 days after a system referring clinician submits a consult and concluded that high consult volume contributed to appointment scheduling delays.[15] This deficiency occurred despite the hiring of system administrative and clinical CITC staff, implementation of a CITC AMSA phone team to address high CITC call volume, and use of VISN AMSA support to complete the consult closure process so AMSAs could focus their efforts on scheduling appointments.

Based on documentation outlining CITC administrative, clinical, and leadership assignments, the OIG found that as of May 2024, the system had 82 CITC staff: 2 nurse leaders; 25 nurse care coordinators; and 55 administrative staff, including 48 AMSAs, a data analyst, file clerks, and supervisors.[16]

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[12] VA OIG, *Comprehensive Healthcare Inspection of the VA Maryland Health Care System in Baltimore*, Report No. 23-00159-160, May 2, 2024.

[13] VA OIG, *Comprehensive Healthcare Inspection of the VA Maryland Health Care System in Baltimore*.

[14] VHA Directive 1003.04.

[15] VHA Office of Community Care, "Clinical Review of Community Care Consults," chap. 2 in *Office of Integrated Veteran Care (IVC) Community Care Field Guidebook*; VHA Office of Integrated Veteran Care, "Consult Timeliness Standard Operating Procedure (SOP)," December 1, 2022.

[16] The OIG received documentation that included CITC gains and losses but did not specify interdepartmental transfers or promotions.

The OIG assessed CITC appointment scheduling timeliness for routine outpatient consults ordered between June 1, 2023, and May 31, 2024, and found 24,402 of 31,072 consults (79 percent) did not meet the 7-day appointment scheduling requirement. The system averaged 45 days to schedule an appointment, with a median of 29 days. As of October 9, 2024, 187 appointments (1 percent) remained unscheduled.[17]

During interviews, the COS and DCOS reported staff scheduled between 4,000 to 5,000 appointments for CITC consults per month in early 2024. The COS and DCOS also reported an increase of up to 1,000 additional consults per month beginning in March 2024. System leaders attributed the increased volume to system vacancies in dental, mammography, gastroenterology, cardiology, acupuncture, and optometry services, which contributed to the delay in scheduling CITC appointments.

In interviews with the OIG, VISN and CITC leaders acknowledged awareness of the 7-day appointment scheduling requirement. VISN and system leaders' scheduling expectations varied, but all were longer than the national requirement. Both leaders reported that CITC clinical staff review consults and, based on a patient's clinical need, make sure those consults with a higher priority get addressed timely. The VISN Director acknowledged the system was not meeting the 7-day requirement and stated, "I get concerned if [appointments remain unscheduled beyond] 30 days," and added that delays were often related to CITC staff having to make multiple attempts to contact patients or schedule appointments. The VISN Director also reported that no VISN 5 facility was able to meet the requirement.

The DCOS told the OIG that CITC scheduling had improved from 50 days to 35 days with a system target of 14 days. The VISN CITC program manager expressed a belief that VHA's requirement was unattainable and considered consults scheduled between 14 and 21 days as "successful." The supervisory program specialist reported a consult should be scheduled within 21 days.

Given the varying scheduling targets, and the OIG's review indicating 79 percent of appointments were not scheduled within 7 days, the OIG questions whether the 7-day scheduling requirement is reasonably attainable.

When asked about efforts to reduce the CITC consult volume, system leaders focused on the optometry and mammography consults and shared that no optometry student graduates received residency assignments at the system during the 2023–2024 academic year, but that optometry residents would begin assignments the following academic year.[18]

[17] The OIG used VA data that is dynamic in nature. For consults ordered between June 1, 2023, and May 31, 2024, data was generated as of October 9, 2024, 129 days after May 31, 2024; this allowed time to evaluate consult scheduling timeliness.

[18] The 2023 academic year started in July 2023 and ended in June 2024. Residency assignments for the 2024–2025 academic year began in June 2024.

In follow-up email communication with the system, the OIG confirmed that six optometry residents began their assignments in mid-June 2024. The system contracted two breast radiologists (one began working in March 2024 and a second in September 2024) and hired a breast radiologist in November 2024.[19]

Other Factors Contributing to Appointment Scheduling Delays

In addition to an increase in consult volume and inadequate staffing, mainly in optometry, the COS told the OIG about CITC process inefficiencies due to the number of calls necessary for AMSAs to schedule a patient appointment. The COS reported that AMSAs

- call the patient to confirm preference for receiving CITC and identify the preferred location,
- contact the CITC provider to check appointment availability,
- call the patient again to schedule the appointment, and
- call the patient back to confirm scheduling.

In an interview with the OIG, the supervisory program specialist reported that eight or nine CITC AMSAs were scheduled daily to answer phone calls and resolve questions related to approval of community care and scheduling of patient appointments, with the system receiving 325 to 350 calls per day.[20] The OIG learned that CITC leaders, a supervisor, and a staff member developed an AMSA standardized workflow for daily duties to improve efficiency and an AMSA phone team to address high CITC call volume.

The OIG identified incomplete consult submissions as an additional contributing factor to appointment delays. CITC nursing staff explained that when system referring clinicians submit consults with missing information, CITC staff require additional time to review, correct, and triage before approving the consults and scheduling appointments. Consults with incorrect orders or unclear documentation also require a CITC nurse care coordinator to contact the referring clinician for clarification. The DCOS reported "nurse [coordinators] are spending a lot of time educating … [system clinicians] as to what is required … on a [CITC] consult." When asked about a plan for provider education, the DCOS responded "we would need to [develop] an education plan."

The OIG concluded that despite leaders hiring additional CITC AMSAs and working to improve AMSA efficiency to include rotating dedicated staff to answer phones, the system was unable to

[19] The system uses physician breast radiologists to read and interpret mammograms. A breast radiologist was contracted in March 2024 to read mammograms three days a month. Another breast radiologist was contracted in September 2024 through an academic affiliate to read mammograms one to two days per month.

[20] The supervisory program specialist reported that, on average, eight or nine AMSAs are scheduled to answer phones daily.

meet VHA's 7-day scheduling requirement. The OIG questions the attainability of this requirement. Further, the OIG would have expected system leaders to develop and implement an education plan to address incomplete CITC consult submissions. Difficulties with appointment scheduling may delay needed patient care.

Care in the Community Consult Completion

The OIG determined that the system is not meeting timeliness requirements for consult completion. Timely consult completion alerts staff to the status of requested services and the potential need for additional care.

VHA guidance states, "consults must be completed within 90 calendar days from the [patient indicated date]," which is the date a clinician and patient agree is appropriate to receive care.[21]

After a patient attends a community care appointment, CITC staff make efforts to request and receive the medical records from the community provider to determine whether the patient attended community care appointment(s) and the consult is complete or has additional care coordination needs.[22]

The OIG identified 32,554 routine outpatient CITC consults ordered between June 1, 2023, and May 31, 2024, and found that 81 percent of the consults were not completed within 90 days.[23]

During an interview with the OIG, the DCOS acknowledged a backlog of open consults and recalled requesting VISN assistance with consult completion. The VISN CITC program manager told the OIG that, following the DCOS's request for assistance, VISN AMSAs completed consults from June 2021 through August 2022 and assisted again beginning October 2023, with support ending in September 2024.[24] The OIG reviewed VISN AMSA consult productivity documentation and found that VISN AMSAs completed 16,458 consults between October 2, 2023, and May 31, 2024.

During an interview, the VISN CITC program manager reported that VISN AMSA assistance allows CITC AMSAs to focus on appointment scheduling while the VISN AMSAs complete consults. A VISN leader and CITC leaders told the OIG there would be additional CITC AMSA

[21] VHA Directive 1230, *Outpatient Scheduling Management*, June 1, 2022; VHA Office of Integrated Veteran Care, "Consult Timeliness Standard Operating Procedure (SOP)."

[22] Consults are complete after the patient attends the appointment, and medical documentation is received from the clinician and uploaded into the patient's electronic health record.

[23] VHA Office of Integrated Veteran Care, "Consult Business Rules and Uses of The Consult Package Standard Operating Procedure," September 23, 2024. Routine is defined as not immediate. The OIG used VA data that is dynamic in nature. For consults ordered between June 1, 2023, and May 31, 2024, data was generated as of October 9, 2024, which allowed for evaluation of consult closure timeliness.

[24] The VISN AMSAs confirm a patient attended an appointment, request medical records, and scan those records into the patient's electronic health record.

workload after VISN AMSA assistance ended but did not have a plan to address the impact of the additional workload.

The OIG determined that, despite increasing the number of CITC AMSAs and additional AMSA support from the VISN, the system was not meeting timeliness requirements for consult completion. The OIG is concerned that consult completion delays will worsen since VISN AMSA support has ended.

Failures in Care Coordination

The OIG determined that despite an increase of 17 CITC nurse care coordinators, a CITC nurse manager, and a CITC assistant nurse manager, the system did not consistently conduct care coordination according to VHA requirements.

VHA defines care coordination as the "organization of all [patient] care activities … to facilitate the appropriate delivery of health care services."[25] Care coordination includes a clinical review to determine a patient's care coordination level, identify needed care delivery, and close potential gaps in related clinical and nonclinical needs. The CITC nurse manager reported that system CITC nurse care coordinators determine and designate a care coordination level for each consult.[26] Levels are based on the intensity, frequency, duration, and type of care coordination activities required to meet each patient's needs.[27] As care complexity increases, so does the need for more intensive and frequent care coordination.

CITC nurse care coordinators use care coordination plan (CCP) notes, attached to consult appointments, to document gaps in care, align patients with needed resources, and provide a tool for communication of patient needs to other members of the system's clinical care team.[28] VHA policy requires CCP notes for all consults designated as moderate or "complex/chronic."[29]

The OIG identified the care coordination level assigned for each consult and whether care coordination notes and addenda were added for consults with moderate or "complex/chronic"

[25] VHA Office of Community Care, "How to Perform Care Coordination," chap. 3 in *VHA Office of Integrated Veteran Care (IVC) Community Care Field Guidebook*.

[26] The Screening and Triage Tool is an algorithm-based resource available in the VHA's Computerized Patient Record System that CITC staff use to determine a patient's care coordination needs. VHA Office of Integrated Veteran Care, "Community Care-Care Coordination Plan (CC-CCP) Note Standard Operating Procedure," June 2022.

[27] VHA Office of Integrated Veteran Care, "Community Care-Care Coordination Plan (CC-CCP) Note Standard Operating Procedure"; VHA Office of Community Care, "How to Perform Care Coordination," chap. 3 in *VHA Office of Integrated Veteran Care (IVC) Community Care Field Guidebook*.

[28] VHA Office of Community Care, "How to Perform Care Coordination," chap. 3 in *VHA Office of Integrated Veteran Care (IVC) Field Guidebook*.

[29] VHA Office of Community Care, "How to Perform Care Coordination," chap. 3 in *VHA Office of Integrated Veteran Care (IVC) Community Care Field Guidebook*.

level of care coordination between June 1, 2023, through May 31, 2024.[30] The OIG found that for consults designated as moderate or "complex/chronic," CITC nurse care coordinators documented

- a CCP note for 1,668 of 5,536 consults (30 percent) designated with a moderate care coordination level, and
- a CCP note for 639 of 1,692 consults (38 percent) designated with a "complex/chronic" care coordination level.

Continued care coordination, as defined by VHA, requires activities such as communicating with referring clinicians or healthcare team members, disease management, and case management, documented as an addendum to the CCP note.[31] VHA recommends nurse care coordinators initiate and document monthly-to-quarterly patient contact for moderate-level care coordination and weekly-to-monthly patient contact for "complex/chronic" level consults for continued care coordination.

The OIG found that a CCP addendum note was documented for 453 of the 2,307 CCP notes (20 percent) for consults designated with a moderate or "complex/chronic" care coordination level (1,668 notes for moderate and 639 notes for "complex/chronic"). The OIG would have expected to see addenda documenting continued care coordination activities for all consults designated with a moderate or "complex/chronic" care coordination level when continued care coordination occurred, based on VHA recommendations.

During an interview with the OIG, the CITC nurse manager explained that community care nurse coordinators' role is to "bridge the gap" between patients, the system, and community providers; align care resources; and follow up to ensure delivery of care. The CITC nurse manager reported that increasing consult volume, competing demands such as obtaining and documenting patient preferences, and education for referring clinicians on CITC consult requirements, limited the nurse care coordinators' ability to coordinate care.[32] The nurse manager acknowledged CITC nurse care coordinators were required to use or enter CCP notes when coordinating care for patients designated at moderate or "complex/chronic" care coordination levels, but did not complete CCP notes as required. The DCOS told the OIG that nurse care coordinators are

[30] Clinical care coordination level is assigned by the CITC nurse care coordinator for consults designated other than basic when the administrative screen is completed.

[31] VHA Office of Community Care, "Community Care Coordination Plan (CC-CCP) Note Overview"; VHA Office of Community Care, "How to Perform Care Coordination," chap. 3 in *VHA Office of Integrated Veteran Care (IVC) Community Care Field Guidebook*. The document's sample scenario states that an addendum will be created as a supplemental note for updates to initial notes.

[32] During interviews, CITC nurse care coordinators reported that follow-up on incomplete consults included contacting patients to obtain appointment scheduling preferences.

required to spend time coordinating care but have competing duties, including educating referring clinicians about consult processes.

Delayed Implementation of Referral Coordination Initiative

During the inspection, system leaders reported awareness of RCI and acknowledged its potential benefits; however, the OIG identified the system had limited implementation of RCI.

VHA introduced RCI in 2019 and required implementation in the high-volume specialties of cardiology, gastroenterology, pulmonary, and physical therapy, with full implementation in 34 specialties, including neurology, by February 28, 2021. In email documentation and interviews with the OIG, system leaders reported implementation of RCI in one specialty, neurology, in June 2023.

During interviews, the VISN CITC program manager and CITC nurse manager reported that delays in implementation of RCI were due to the lack of allocated staff at the system to support the initiative. When discussing the goal of RCI, the DCOS reported RCI could reduce the time to schedule appointments and decrease consult volume; this could be accomplished through educating patients about their care options and appointment wait times for care within the system and CITC. The DCOS also stated that RCI had not been implemented at the system beyond neurology due to higher priority nurse staffing needs in other clinical areas.

In May 2024, VHA acknowledged RCI implementation challenges across VA and introduced an enhanced RCI designating that "Veterans Integrated Service Networks (VISNs), with support from the Office of Integrated Veteran Care (IVC) … will be responsible for strategic deployment, enhanced implementation, and oversight of the [RCI]." VHA introduced an RCI VISN Implementation Planning Guide to "provide early guidance and resources to assist VISN planning and preparations" and is working on the development of additional resources to support implementation.[33] During interviews with the OIG, system leaders reported plans to expand RCI in July 2024 to cardiology, gastroenterology, and oncology. The system provided two updates to the OIG. In August 2024, a part-time nurse manager and four nurses were detailed to the RCI team. In October 2024, the system accreditation specialist told the OIG that in addition to neurology, RCI had been implemented in gastroenterology and cardiology. The OIG concluded that consistent with other facilities, the system struggled with RCI implementation due to insufficient staffing. The OIG expects the system to continue efforts in accordance with VHA's enhanced initiative requirements to improve the timeliness of appointment scheduling.

[33] Assistant Under Secretary for Health Office of Integrated Veteran Care (16), "VISN-Led Referral Coordination Initiative (RCI) Expansion," memorandum to Veterans Integrated Service Network Directors (10N1-23), Medical Center Directors (00), and VHA Senior Leaders, May 20, 2024.

2. Ineffective VISN Oversight of Care in the Community

During the inspection, the OIG identified a related concern that while VISN leaders acknowledged performance gaps in consult management, beyond providing additional AMSA staff to assist with consult completion to address open consults and conducting site visits, VISN leaders did not ensure system leaders fully implemented corrective actions to improve and sustain consult management performance.

VHA states that VISN directors are responsible for managing the quality of medical facilities within the VISN and implementing and evaluating VHA quality and performance measures.[34] VHA also requires that VISN directors apply corrective actions to address CITC consult performance when indicated.[35]

During interviews, the VISN Director and VISN CBO acknowledged that despite the addition of VISN AMSA support, the system was not meeting CITC performance requirements related to consult management. The VISN Director stated that the VISN CBO reports CITC performance information to the VISN Health Care Delivery Committee, which conducts "oversight of the clinical operations and quality at the [VISN] level." The VISN CBO stated the Health Care Delivery Committee provides monthly reports to the VISN Executive Leadership Board, chaired by the VISN Director.[36] The VISN Director also reported being aware of IVC site visit recommendations, but stated the system continued "to show improvement … so they actually were not on my radar as being a poor performer."[37] The VISN CBO and CITC program manager also stated that the system had shown incremental performance improvements in CITC consult scheduling and RCI implementation.[38]

The OIG reviewed IVC and VISN site visit documents, including action plans, and found IVC and the VISN conducted an assessment of system community care consult management. Although the documents identified deficiencies in consult management and scheduling oversight, the OIG did not find evidence of oversight and completion of corrective actions to address all deficiencies.[39]

During an interview, the VISN CBO reported having conversations with the System Director and COS to review deficiencies regarding CITC consult management and corrective action plans;

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[34] VHA Directive 1217, *VHA Operating Units*, August 14, 2024.

[35] VHA Directive 1232(5); VHA Directive 1232. The two directives contain the same or similar language related to the VISN director's responsibility to address issues on consult performance.

[36] The Executive Leadership Board "is the governing body to discuss and preside over organizational decisions." Facility SOP 00-111, "Governance Structure," January 26, 2024.

[37] IVC completed system site visits to assess CITC in 2023 and 2024.

[38] VISN leaders reported consult scheduling and RCI improvements including increased consult data reporting, AMSA standardized workflow, and use of required documentation for RCI in the electronic health record.

[39] The VISN provided site visit reports for 2022 and 2024.

however, discussions were "probably not as [regular] as [they should have been]." The VISN CBO stated accountability for action plans was not as "formal … as it should be" but deferred to the System Director for any action that was not complete.

The OIG concluded that VISN leaders were well-versed in system consult management deficiencies but beyond providing additional AMSA staff to assist with consult completion and conducting site visits did not assist leaders in implementing actions to improve performance. Effective VISN oversight, including holding the system accountable for long-term performance improvement, is key to ensuring patients receive quality care.

3. Concern Regarding Patient Advocate Tracking System Analysis

The OIG found that while CITC patient complaints were collected within PATS and trended, the DCOS did not ensure CITC PATS data were analyzed for quality improvement.

VHA policy states that a service chief is to ensure PATS data are collected, trended, and analyzed for use in service-level quality and process improvement.[40]

During interviews, CITC leaders reported that CITC received a high volume of patient complaints. The CITC nurse manager reported that CITC receives two to three patient complaints a day and the former chief of consumer relations reported a total of 793 PATS entries "for fiscal year 2024 to date."[41]

The OIG reviewed CITC PATS documentation entered between July 1, 2021, through March 31, 2024. The OIG found that of 1,703 PATS entries, 654 entries (38 percent) were related to scheduling and care coordination. Of those,

- 378 entries (22 percent) were related to scheduling concerns and 312 of the 378 (83 percent) noted excessive wait times to schedule an appointment; additionally,
- 276 entries (16 percent) included documented care coordination concerns, and 243 of the 276 entries (88 percent) were related to lack of coordination.

During OIG interviews, the system's former chief of consumer relations reported that consumer relations service staff collected and trended PATS data, but action plans to address concerns were the responsibility of each service. The DCOS and former chief of consumer relations stated that CITC PATS data is reported at the monthly CCOC meeting. When asked about CITC PATS action plans, the DCOS told the OIG that discussions occur outside the CCOC related to consult volume but did not describe actions or plans to address PATS complaints.

[40] VHA Directive 1003.04.

[41] Data reported by the former chief of consumer relations as of June 17, 2024, the date of the virtual interview.

The OIG reviewed CCOC meeting minutes from July 2021 through March 2024 and found CITC PATS data reports in 10 of the 32 minutes. The OIG did not find evidence of actions plans to address scheduling and care coordination PATS complaints for quality improvement.

The OIG concluded that while PATS data was collected and reported at some CCOC meetings, and the DCOS reported discussions about CITC concerns such as consult volume, the DCOS, who is responsible for supervision of CITC, did not direct the development, initiation, and implementation of action plans for quality or process improvements as required. Without PATS data analysis, the DCOS lacked an important resource to help identify opportunities for immediate and long-term improvements in processes related to CITC appointment scheduling and coordination of care.

Conclusion

The OIG identified that high consult volume contributed to system staff's inability to schedule community care consults timely and consistently coordinate community care activities. The OIG found that staff and system leaders took some actions to correct CITC appointment scheduling, consult completion timeliness, and care coordination deficiencies. Actions included adding administrative and clinical CITC staff, working to improve AMSA efficiency, and enlisting VISN support. The OIG's review indicated 79 percent of appointments were not scheduled within 7 days and the OIG questions whether the 7-day scheduling requirement is reasonably attainable. CITC care coordinators did not use CCP notes for every consult note or routinely document CCP note addenda as required by VHA.

Although VISN leaders were aware of challenges in CITC, they did not help system leaders improve and sustain consult management performance beyond providing temporary administrative staff assistance.

VHA required RCI implementation in specialty medicine areas by February 2021. The OIG found that the system implemented RCI in one specialty, neurology, in June 2023. The OIG determined that system leaders were aware of the potential benefits of RCI, but implementation was limited due to insufficient staffing. The OIG also learned that in May 2024, VHA acknowledged RCI implementation challenges across VA and introduced an enhanced RCI. Finally, while PATS data was collected and reported, the DCOS did not direct implementation of action plans for quality or process improvements.

Recommendations 1–7

1. The Under Secretary for Health assesses the feasibility of the 7-day appointment scheduling requirement for Care in the Community consults and considers stratifying the time frame requirement according to risk.[42]

2. The VA Maryland Health Care System Director develops and implements an education plan to address incomplete Care in the Community consult submissions and monitors efficacy of the plan.

3. The VA Maryland Health Care System Director implements Care in the Community consult management process improvements, focusing on consult completion.

4. The Veterans Integrated Service Network Director assists system leaders with completing corrective actions to improve Care in the Community performance.

5. The VA Maryland Health Care System Director ensures system Care in the Community staff create and use care coordination plan notes for documenting all care coordination activities for consults with an assigned level of care other than basic and monitors for compliance.

6. The VA Maryland Health Care System Director ensures full implementation of Veterans Health Administration's enhanced Referral Coordination Initiative as required and monitors for compliance.

7. The VA Maryland Health Care System Director ensures Care in the Community Patient Advocate Tracking System data is analyzed for use in service-level quality and process improvement and monitors for compliance.

[42] The recommendation addressed to the Under Secretary for Health is directed to anyone in an acting status or performing the delegable duties of the position.

Glossary

To go back, press "alt" and "left arrow" keys.

acupuncture. The practice of inserting fine needles through the skin at specific points to cure disease or relieve pain.[43]

cardiology. The study of the heart and its action and diseases.[44]

case management. "A health care process to help patients develop a plan that coordinates and integrates support services to optimize Veteran health and psychological outcomes. The process helps patients navigate through a complicated set of services and connects resources."[45]

consult. "A request for clinical services on behalf of a patient." In VHA, consult requests are completed through a note in the electronic health record documenting the start of service, status and, or results.[46]

disease management. "A system of coordinated healthcare interventions to optimize prevention based on evidence-based guidelines."[47]

gastroenterology. A branch of medicine concerned with the functions and diseases of the stomach and intestines.[48]

mammography. X-ray examination of the breasts for detection of cancer.[49]

median. Being in the middle or in an intermediate position.[50]

neurology. A branch of medicine concerned especially with the function, and diseases of the nervous system.[51]

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[43] *Merriam-Webster.com Dictionary*, "acupuncture," accessed September 9, 2024, https://www.merriam-webster.com/dictionary/acupuncture.

[44] *Merriam-Webster.com Dictionary*, "cardiology," accessed January 22, 2025, https://www.merriam-webster.com/dictionary/cardiology.

[45] VHA Office of Community Care, "How to Perform Care Coordination," chap. 3 in *Office of Integrated Veteran Care (IVC) Community Care Field Guidebook.*

[46] VHA Directive 1232(5). This directive was rescinded and replaced by VHA Directive 1232. The two directives contain the same or similar language related to the definition of a consult.

[47] VHA office of Community Care, "How to Perform Care Coordination," chap. 3 in *Office of Integrated Veteran Care (IVC) Community Care Field Guidebook.*

[48] *Merriam-Webster.com Dictionary*, "gastroenterology," accessed January 22, 2025, https://www.merriam-webster.com/dictionary/gastroenterology.

[49] *Merriam-Webster.com Dictionary*, "mammography," accessed January 22, 2025, https://www.merriam-webster.com/dictionary/mammography.

[50] *Merriam-Webster.com Dictionary*, "median," accessed November 6, 2024, https://www.merriam-webster.com/dictionary/median.

[51] *Merriam-Webster.com Dictionary*, "neurology," accessed January 22, 2025, https://www.merriam-webster.com/dictionary/neurology.

oncology. A branch of medicine concerned with the diagnosis and treatment of cancer.[52]

optometry. The branch of medicine concerned with examining the eye for defects and diagnosing diseases of the eye.[53]

physical therapy. Therapy that is used to preserve, enhance, or restore movement and physical function.[54]

pulmonary. Relating to, affecting, or occurring in the lungs.[55]

triage. The sorting of patients according to the urgency of their need for care.[56]

[52] *Merriam-Webster.com Dictionary*, "oncology," accessed January 22, 2025, https://www.merriam-webster.com/dictionary/oncology.

[53] *Merriam-Webster.com Dictionary*, "optometry," accessed January 22, 2025, https://www.merriam-webster.com/dictionary/optometry.

[54] *Merriam-Webster.com Dictionary*, "physical therapy," accessed September 23, 2024, https://www.merriam-webster.com/dictionary/physical therapy.

[55] *Merriam-Webster.com Dictionary*, "pulmonary," accessed September 23, 2024, https://www.merriam-webster.com/dictionary/pulmonary.

[56] *Merriam-Webster.com Dictionary*, "triage," accessed September 9, 2024, https://www.merriam-webster.com/dictionary/triage.

Appendix A: Office of the Under Secretary for Health Memorandum

Department of Veterans Affairs Memorandum

Date: May 16, 2025

From: Acting Under Secretary for Health (10)

Subj: Office of Inspector General Draft Report, Care in the Community Deficiencies and Ineffective VISN Oversight at the VA Maryland Health Care System in Baltimore

To: Assistant Inspector General for Healthcare Inspections (54)

1. Thank you for the opportunity to review and comment on the Office of Inspector General's (OIG) draft report. The Veterans Health Administration (VHA) concurs with recommendation 1 made to the Under Secretary for Health and provides an action plan in the attachment. The Veterans Integrated Services Network (VISN) 10 provides action plans in response to recommendation 4. The VA Maryland Health Care System Director provides action plans for recommendations 2, 3, 5, 6, and 7.

2. Comments regarding the contents of this memorandum may be directed to the Government Accountability Office OIG Accountability Liaison Office at vha10oicgoalaction@va.gov.

(Original signed by:)

Steven L. Lieberman, M.D., MBA, FACHE

[OIG comment: The OIG received the above memorandum from VHA on June 10, 2025.]

Office of the Under Secretary for Health Response

Recommendation 1

The Under Secretary for Health assesses the feasibility of the 7-day appointment scheduling requirement for [C]are in the [C]ommunity consults and considers stratifying the time frame requirement according to risk.

_X _Concur

____Nonconcur

Target date for completion: October 2025

Under Secretary for Health Comments

The Office of Integrated Veteran Care will assess the feasibility of the 7-day appointment scheduling requirement for [C]are in the [C]ommunity consults, to include a consideration of the advantages, challenges, and risks associated with stratifying the timeframe requirement according to risk. The results will be reported to the Office of Integrated Veteran Care leadership for final determination on feasibility.

Appendix B: VISN Director Memorandum

Department of Veterans Affairs Memorandum

Date: June 11, 2025

From: Director, Department of Veterans Affairs (VA) Capitol Health Care Network (10N5)

Subj: Office of Inspector General (OIG) Draft Report, Care in the Community Deficiencies and Ineffective VISN Oversight at the VA Maryland Health Care System in Baltimore

To: Acting Under Secretary for Health (10)
Director, Office of Healthcare Inspections (54HL09)
Chief, Office of Integrity and Compliance (10OIC)

1. I have reviewed and concur with the findings and recommendations in the Office of the Inspector General's draft report entitled Care in the Community Deficiencies and Insufficient VISN Oversight at the VA Maryland Health Care System in Baltimore.

2. Furthermore, I have reviewed and concur with the Director's, VA Maryland Health Care System, response and corrective actions to recommendations 2, 3, and 5. I concur with the request to close recommendations 6 and 7.

3. Recommendation 4 is assigned to the VA Capitol Health Care Network for corrective action and will remain open and in progress.

4. Recommendation 1 was assigned to the Veterans Health Administration for response.

5. Thank you for this opportunity to focus on continuous performance improvement. If you have any questions, please feel free to contact the VISN 5 Quality Management Officer.

(*Original signed by:*)

Robert M. Walton, FACHE

[OIG comment: The OIG received the above memorandum from VHA on June 11, 2025.]

VISN Director Response

Recommendation 4

The Veterans Integrated Service Network Director assists system leaders with completing corrective actions to improve Care in the Community performance.

_X _Concur

____Nonconcur

Target date for completion: October 2025

Director Comments

The VISN will work to create a more formal reporting process on the status of all relevant actions aimed at improving community care scheduling timeframes and quality of care processes. The VISN will combine all community care-related corrective actions from IVC, VISN, and other external visits into one location and provide updates on achievement of milestones to VA Maryland Health Care System Executive Leadership on an every-other-week cadence. Measurement of the timely updates and progress towards completion will be monitored by VISN leadership.

Appendix C: Facility Director Memorandum

Department of Veterans Affairs Memorandum

Date: June 11, 2025

From: Director, Department of Veterans Affairs (VA) Maryland Health Care System (512/00)

Subj: Office of Inspector General (OIG) Draft Report, Care in the Community Deficiencies and Ineffective VISN Oversight at the VA Maryland Health Care System in Baltimore

To: Director, VA Capitol Health Care Network (10N5)

1. The VA Maryland Health Care System submits an action plan to the recommendations associated with the OIG Draft Report, Care in the Community Deficiencies and Ineffective VISN Oversight at the VA Maryland Health Care System in Baltimore (OIG Project Number 2024-02031-HI-1448).
2. We are requesting closure of recommendations 6 and 7 based on the evidence provided. Recommendations 2, 3, and 5 remain open and in progress.
3. Please contact me if you have any questions.

(*Original signed by*:)

Jonathan R. Eckman, P.E.

[OIG comment: The OIG received the above memorandum from VHA on June 11, 2025.]

Facility Director Response

Recommendation 2

The VA Maryland Health Care System Director develops and implements an education plan to address incomplete Care in the Community consult submissions and monitors efficacy of the plan.

_X _Concur

____Nonconcur

Target date for completion: November 2025

Director Comments

The VA Maryland Health Care System is creating a Talent Management System (TMS) training that highlights the elements for Care in the Community (CITC) consult completion. This training will be assigned to all licensed providers. Compliance with the implementation of the education plan will be monitored through the completion of TMS training. Compliance will be monitored by the VA Maryland Health Care System Deputy Chief of Staff, Healthcare Business Operations (DCOS), until a benchmark of 90% compliance is met for the TMS CITC training. The DCOS or designee will report data quarterly during the Executive Quality and Patient Safety Committee (EQPSC).

Recommendation 3

The VA Maryland Health Care System Director implements Care in the Community consult management process improvements, focusing on consult completion.

_X _Concur

____Nonconcur

Target date for completion: April 2026

Director Comments

VA Maryland Health Care System leadership will implement process improvement based on the level of risk associated with the category of care. VA Maryland Health Care System leadership identified imaging, oncology/hematology, and radiation therapy as high-priority areas. The leadership put a process improvement plan in place with the guidance and direction of our Quality team for receiving and closing consults. This plan focuses on streamlining administrative processes and improving data collection and analysis to identify appropriate consult completion. Compliance will be determined by consult completion rate in alignment with the Integrated Veteran Care (IVC) consult closure timelines for high-priority areas. Compliance will be

monitored by the DCOS against a target of 90% compliance for no fewer than 6 consecutive months, and additional action taken as warranted. The DCOS or designee will report data quarterly during the EQPSC.

Recommendation 5

The VA Maryland Health Care System Director ensures system Care in the Community staff create and use care coordination plan notes for documenting all care coordination activities for consults with an assigned level of care other than basic and monitors for compliance.

_X _Concur

____Nonconcur

Target date for completion: April 2026

Director Comments

Using the CITC consult screening triage tool, a consult is assigned a care coordination level. All CITC registered nurse staff have been trained to use the care coordination note template for moderate and complex consults. The VA Maryland Health Care System CITC office will perform refresher training for all nursing staff regarding the use of the care coordination note. Additional targeted training will be provided, as needed, to staff identified as non-compliant with the care coordination note. The VA Maryland Health Care System CITC office will complete monthly chart reviews using a statistically significant sample to assess care coordination notes completed for moderate/complex consults. The results of this review will be monitored by the facility CITC Nurse Manager until compliance with current guidance demonstrates sustained improvement. The Nurse Manager, CITC/designee will report data quarterly during the EQPSC.

Recommendation 6

The VA Maryland Health Care System Director ensures full implementation of Veterans Health Administration's enhanced Referral Coordination Initiative as required and monitors for compliance.

_X _Concur

____Nonconcur

Target date for completion: April 2025

Director Comments

The VA Maryland Health Care System has continued implementation of the Referral Coordination Initiative (RCI) with VISN and IVC support for strategic deployment. Currently, the VA Maryland Health Care System has an established RCI team that serves Neurology,

Physical Therapy, Gastroenterology, and Cardiology. Although it was previously reported that Oncology would be the next service to deploy RCI, the VA Maryland Health Care System pivoted to establishing RCI with Optometry to start in April 2025. There are currently five nursing full-time equivalents assigned to the RCI team. The specialties benefiting from enhanced RCI, in coordination with the VISN and with support from IVC, are Cardiology, Gastroenterology, and Neurology.

We would like to request closure for this recommendation prior to publication based on supporting evidence provided to the OIG.

OIG Comments

The OIG considers this recommendation open to allow time for the submission of documentation to support closure.

Recommendation 7

The VA Maryland Health Care System Director ensures Care in the Community Patient Advocate Tracking System data is analyzed for use in service-level quality and process improvement and monitors for compliance.

_X _Concur

____Nonconcur

Target date for completion: April 2025

Director Comments

The DCOS reviewed the analysis of the Patient Advocate Tracking System (PATS) data from fiscal year (FY) 2024 and FY 2025. In FY 2024 and FY 2025, scheduling Veterans for community care continues to be a top priority for the VA Maryland Health Care System. We have continued to modify internal CITC processes to allow for more time for Advanced Medical Support Assistants to schedule appointments, we have continued to focus on scheduling high-priority consults and have implemented overtime activities for all scheduling actions. These efforts have led to a decrease in average days from file entry to first scheduled from a high of 57 days in January of FY 2024 to a low of 24.7 days in December of FY 2025. The file entry date to the first scheduled appointment has stayed below 30 days for 6 months, from September of FY 2024 through February of FY 2025, with a slight increase to 31.2 days in March of FY 2025. PATS CITC data are discussed in the CITC Oversight Council. The VA Maryland Health Care System feels this highlights the system's commitment to process improvement through hearing Veterans' concerns.

We would like to request closure for this recommendation prior to publication based on supporting evidence provided to OIG.

OIG Comments

The OIG considers this recommendation open to allow time for the submission of documentation to support closure.

OIG Contact and Staff Acknowledgments

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US House of Representatives: Sarah Elfreth, Andy Harris, Steny Hoyer, Glenn Ivey, April McClain Delaney, Kweisi Mfume, Johnny Olszewski, Jamie Raskin

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