



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

Office of Healthcare Inspections

Report No. 15-03942-392

Healthcare Inspection

Alleged Manipulation of Outpatient Appointments Central Alabama VA Health Care System Montgomery, Alabama

September 21, 2016

Washington, DC 20420

In addition to general privacy laws that govern release of medical information, disclosure of certain veteran health or other private information may be prohibited by various Federal statutes including, but not limited to, 38 U.S.C. §§ 5701, 5705, and 7332, absent an exemption or other specified circumstances. As mandated by law, OIG adheres to privacy and confidentiality laws and regulations protecting veteran health or other private information in this report.

**To Report Suspected Wrongdoing in VA Programs and Operations:
Telephone: 1-800-488-8244
E-Mail: vaoiqhotline@va.gov
Web site: www.va.gov/oig**

Executive Summary

The VA Office of Inspector General Office of Healthcare Inspections reviewed an allegation received in April 2015 that clinics cancelled appointments 30 minutes prior to the appointments, indicating manipulation of performance measures at Central Alabama VA Health Care System (CAVHCS), Montgomery, AL.

We did not substantiate the allegation that clinics cancelled appointments 30 minutes prior to the appointments in an attempt to manipulate performance measures. Our review of 276 electronic health records (EHRs) for patients with appointments cancelled by the clinics prior to appointment times during the 1st and 2nd quarters of fiscal year 2015 revealed that 2 appointments were cancelled within 30 minutes of the scheduled appointment times, and both patients had subsequent visits within 14 days of the appointment dates. We found that of 42 same-day clinic cancellations, 39 (93 percent) appointments were rescheduled; however, 26 (67 percent) appointments were not rescheduled within 14 days of the original appointment date. Although some appointments were not rescheduled “timely,” we found that 267 (97 percent) appointments were rescheduled and that 253 (95 percent) of the rescheduled appointments resulted in completed visits. We did not find indications in the EHRs we reviewed that the cancellations were suspicious.

We also did not identify suspicious patterns or trends in CAVHCS-wide data that could indicate non-compliance with Veterans Health Administration (VHA) scheduling guidelines. Further, as CAVHCS has consistently performed in the bottom 20 percent of all VHA facilities in access to care measures, it appears less plausible that staff participated in large-scale, coordinated efforts to manipulate appointment times.

We made no recommendations.

Comments

The Veterans Integrated Service Network and Central Alabama VA Health Care System Directors concurred with our report. (See Appendixes A and B, pages 6–7 for the Directors’ comments.)



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

Purpose

The VA Office of Inspector General (OIG) Office of Healthcare Inspections reviewed an allegation that clinic staff cancelled patient appointments 30 minutes prior to the appointment times in an attempt to manipulate performance measures at Central Alabama VA Health Care System (CAVHCS), Montgomery, AL. The purpose of the review was to determine whether the allegation had merit.

Background

CAVHCS is a two-division health care system located in Montgomery and Tuskegee, AL, that provides a broad range of inpatient and outpatient medical, surgical, mental health (MH), and long-term care services. Outpatient care is also provided at four community-based outpatient clinics located in Dothan, Wiregrass, and Monroeville, AL, and in Columbus, GA. CAVHCS is part of Veterans Integrated Service Network (VISN) 7 and serves a veteran population of about 153,000 in 27 central and southeastern Alabama counties and 13 western Georgia counties.

Outpatient Scheduling Policy

According to Veterans Health Administration (VHA) policy, when a clinic cancels a patient appointment, the responsible provider or surrogate should review the patient's electronic health record (EHR) to address urgent medical problems, renew necessary medications, and reschedule the appointment as soon as possible.¹ Per administrative staff, CAVHCS' practice had been for providers to give 45-day advance notice of planned leave to "block" the provider's schedule so that appointments were not scheduled during the leave period. When a provider had unplanned leave, patients who presented to the clinic should be given the option to reschedule their appointments or wait to see another provider in the clinic. Clinic staff were to attempt contacting and rescheduling patients who had not yet presented for their appointments. Staff further told us that "timely" reschedule meant that appointments were rescheduled within 5 to 7 business days. On June 19, 2015, CAVHCS implemented a new clinic cancellation policy stating that appointments cancelled by the clinic should be rescheduled within 14 days of the original appointment date.²

Allegation

In April 2015, the Office of Healthcare Inspections received a request from a VHA official to review clinic cancellation practices. The official was concerned that clinic staff cancelled patient appointments 30 minutes prior to the appointment times in an attempt to manipulate performance measures. The official was specifically concerned about MH

¹ VHA Directive 2010-027, *VHA Outpatient Scheduling Processes and Procedures*, June 9, 2010. This VHA Directive was current at the time of the events described in this report; it expired June 30, 2015, and has not yet been updated.

² Medical Center Memorandum 11-15-71, *Clinic Cancellations*, June 19, 2015.

clinics but requested our review to extend to all clinics.

Scope and Methodology

We conducted the review between May 18, 2015 and February 8, 2016. We reviewed relevant VHA and facility policies related to appointment scheduling and clinic cancellation, the VISN Business Office's preliminary findings report regarding the clinic cancellation process, Systems Redesign/Clinic Flow data and reports, and patient advocate reports related to clinic cancellations and patient complaints. We interviewed the Systems Redesign Coordinator, the Strategic Analytics for Improvement and Learning Coordinator, the administrative officers for various Service Lines, and the patient advocates.

We reviewed clinic cancellation data for all 29 clinics that had cancellations for the 1st and 2nd quarters of fiscal year (FY) 2015. We found that dental, geriatric Primary Care (PC), MH, and [medical] PC were among the highest in total clinic cancellations and narrowed the scope of the review to include only these clinics. We conducted reviews of 276 randomly selected EHRs to evaluate for evidence of scheduling manipulation and to determine whether appropriate actions and follow-up occurred after clinic cancellations. We completed some of the work via secure data exchange, email, and telephone. We determined that a site visit was not required.

In the absence of current VA/VHA policy, we considered previous guidance to be in effect until superseded by an updated or re-certified Directive, Handbook, or other policy document on the same or similar issue(s).

We **substantiate** allegations when the facts and findings support that the alleged events or actions took place. We **do not substantiate** allegations when the facts show the allegations are unfounded. We **cannot substantiate** allegations when there is no conclusive evidence to either sustain or refute the allegation.

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

For the 4 selected clinics, we retrieved a list of 10,474 appointments cancelled prior to the appointment times for the 1st and 2nd quarters FY 2015. We reviewed 276 randomly selected EHRs.

Appointment Cancellation within 30 Minutes of Scheduled Time

We did not substantiate that patient appointments were cancelled 30 minutes prior to the appointment times for the purpose of manipulating performance measures. We found two appointments that were cancelled by the respective clinics within 30 minutes of the scheduled appointment time. The cancelled appointments were a result of providers' unplanned leave, and both patients had subsequent visits within 14 days of the appointment dates. In general, appointments cancelled within 30 minutes of the scheduled times would have minimal impact on facility wait time measures for clinic access³ and would likely anger patients if such cancellations occurred frequently or for no apparent reason. During interviews, the patient advocates indicated that there had not been complaints regarding clinic cancellations 30 minutes prior to scheduled appointment times, which further confirmed our findings.

Appointment Cancellation within 24 Hours of Scheduled Time

We reviewed 42 same-day clinic cancellations,⁴ including MH (17) and PC (25) appointments.⁵ A vast majority of these cancellations were due to providers "calling out" on sick or emergency leave. While we identified one provider who called out five times during the review period, we otherwise did not identify any trends or patterns. We found 39 (93 percent) appointments were rescheduled; however, 26 (67 percent) of these appointments were not rescheduled within 14 days of the original appointment date.⁶ Cancelling and rescheduling an appointment for the same or a future date, which can change the patient's preferred appointment date, may reduce reported wait times and impact performance measures for access. We did not find any indication in the EHRs we reviewed that the cancellations were suspicious.

³ The performance measures calculate the percentage of new and established patient completed appointments within 30 days of the preferred date. In general, cancelling and rescheduling the appointments would extend the wait times, not decrease them. While there are opportunities to "game" by cancelling and rescheduling on the same day, we did not see evidence of this.

⁴ For this report, we defined same day clinic cancellations as appointments that were cancelled by the clinic within 24 hours of the appointment date and time.

⁵ The cancellations occurred in all MH and PC clinics.

⁶ Three appointments were not rescheduled. Two had no documentation of any further appointments, and one had unsuccessful call attempts after being a No Show (did not come and did not call to cancel) for another clinic.

Appointment Cancellation 24 Hours or More in Advance of Scheduled Time

We found that 232 appointments were cancelled 24 hours or more in advance of the scheduled appointment times. Of the 226 appointments that were rescheduled,⁷ 65 appointments were rescheduled for earlier dates, 18 appointments were rescheduled for the same dates, 63 appointments were rescheduled within 30 days, and the remaining 80 appointments were rescheduled greater than 30 days (ranging up to 355 days) after the original appointment dates.

Overall, we found that although some appointments were not rescheduled “timely,” 267 (97 percent) appointments were rescheduled, and 253 (95 percent) rescheduled appointments resulted in a completed visit.⁸

CAVHCS’ Scheduling and Access Measures

Because individual clinic appointment cancellations would generally not have an effect on a facility’s overall scheduling and access measures, it is useful to review broader facility data for patterns and trends that could indicate non-compliance with VHA scheduling guidelines.

VHA has established a Scheduling Trigger Tool designed to identify variances from approved scheduling practices for PC, specialty care, and MH clinics. The Data Compliance score identifies potentially erroneous scheduling practices used to increase performance and the Scheduling Compliance score indicates non-compliance with scheduling policies. As of the 2nd quarter FY 2015, CAVHCS scored in the bottom 20 percent of all VHA facilities in the data compliance measure but appeared to meet expectations on the scheduling compliance measure. In the 4th quarter FY 2015, CAVHCS’ composite scores for all clinics indicated compliance with scheduling practices and policies.⁹ We noted, however, that PC clinics appear to have difficulty maintaining compliance with these measures from quarter-to-quarter.¹⁰

VHA also measures access to MH, PC, and specialty care clinics for new and established patients. CAVHCS has consistently performed in the bottom 20 percent of all VHA facilities in access to care measures as reflected in 4th quarter FY 2012 through 4th quarter FY 2015 data. OIG previously reported that since FY 2012, CAVHCS has experienced an increase in outpatient workload, a relatively stagnant medical care budget, and a decrease in medical care full time equivalent employees (since 2013).¹¹

⁷ Six appointments were not rescheduled for patients; one was not an active patient, one patient relocated, and four patients were subsequently seen by other providers and engaged in care.

⁸ Of the 14 appointments that did not result in completed visits, 13 were rescheduled and documented as a No-Show or Cancelled by Patient and 1 appointment was Cancelled by Clinic a 2nd time.

⁹ Scheduling Trigger Tool reports are accessible for approved users through VHA Clinical Operations Data located on the VSSC intranet site, <http://vssc.med.va.gov/>. Accessed on February 2, 2016.

¹⁰ Facilities that fall within the bottom 20th percentile of composite scores for overall Data Compliance or Scheduling Compliance are identified as having potential access issues.

¹¹ VA OIG Report 14-04530-452, *Deficient Consult Management, Contract, and Administrative Practices, Central Alabama VA Health Care System, Montgomery, AL*, July 29, 2015.

These factors likely contribute to the ongoing access issues at CAVHCS. We noted that CAVHCS' continued poor access scores make it less plausible that staff participated in any large-scale, coordinated efforts to manipulate appointment times.

Conclusions

We did not substantiate the allegation that staff cancelled appointments 30 minutes prior to the appointment times during the 1st and 2nd quarters of FY 2015 in an attempt to manipulate performance measures.

A review of 276 randomly selected EHRs for patients with appointments cancelled by clinics prior to their appointment times revealed that 2 appointments were cancelled within 30 minutes of the scheduled appointment times, and both patients had subsequent visits within 14 days of the appointment dates. We found that of 42 same-day clinic cancellations, 39 (93 percent) appointments were rescheduled; however, 26 (67 percent) appointments were not rescheduled within 14 days of the original appointment dates. We found that 232 appointments were cancelled 24 hours or more in advance of the scheduled appointment times, and of those, 226 appointments were rescheduled. We did not find any indication in the EHRs we reviewed that the cancellations were suspicious.

We also did not identify suspicious patterns or trends in CAVHCS-wide data that could indicate non-compliance with VHA scheduling guidelines. Further, as CAVHCS has consistently performed in the bottom 20 percent of all VHA facilities in access to care measures, it appears less plausible that staff participated in any large-scale, coordinated efforts to manipulate appointment times.

We made no recommendations.

VISN Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: March 28, 2016
From: Director, VA Southeast Network (10N7)
Subj: Healthcare Inspection—Alleged Manipulation of Outpatient Appointments, CAVHCS, Montgomery, Alabama
To: Director, Atlanta Office of Healthcare Inspections (54AT)
Director, Management Review Service (VHA 10E1D MRS Action)

1. We have reviewed the Draft Report Healthcare Inspection — Alleged Manipulation of Outpatient Appointments, CAVHCS, Montgomery, Alabama and concur with the report.
2. Thank you for your support as we continue to improve the services and processes at CAVHCS for the best outcomes for our Veterans. If additional information or inquiries related to this report are needed, please contact Ms. Brenda Winston, Chief Quality Management at (334) 272- 4672 extension 6297 or Brenda.Winston@va.gov.



Robin E. Jackson, Ph.D., LCSW

Acting Director, Southeast Network

System Director Comments

**Department of
Veterans Affairs**

Memorandum

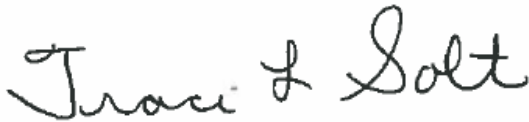
Date: March 17, 2016

From: Interim Director, CAVHCS (619/00)

Subj: Healthcare Inspection—Alleged Manipulation of Outpatient Appointments, CAVHCS, Montgomery, Alabama

To: Director, VA Southeast Network (10N7)

1. We have reviewed the Draft Report Healthcare Inspection — Alleged Manipulation of Outpatient Appointments, CAVHCS, Montgomery, Alabama and concur with the report.
2. Thank you for your support as we continue to improve the services and processes at CAVHCS for the best outcomes for our Veterans. If additional information or inquiries related to this report are needed, please contact Ms. Brenda Winston, Chief Quality Management at (334) 272- 4672 extension 6297 or Brenda.Winston@va.gov.



Traci Solt, MSN
Acting Director

OIG Contact and Staff Acknowledgments

Contact	For more information about this report, please contact the OIG at (202) 461-4720.
Contributors	LaFonda Henry, MSN, RN-BC, Team Leader Andrea Buck, MD, JD Lin Clegg, PhD Victoria Coates, LICSW, MBA Julie Kroviak, MD Tishanna McCutchen, ARNP, MSN Kevin Veatch, RN, MSN Joanne Wasko, LCSW Toni Woodard, BS

Report Distribution

VA Distribution

Office of the Secretary
Veterans Health Administration
Assistant Secretaries
General Counsel
Director, VA Southeast Health Care Network (10N7)
Director, Central Alabama Veterans Healthcare System, Montgomery, AL (619/00)

Non-VA Distribution

House Committee on Veterans' Affairs
House Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies
House Committee on Oversight and Government Reform
Senate Committee on Veterans' Affairs
Senate Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies
Senate Committee on Homeland Security and Governmental Affairs
National Veterans Service Organizations
Government Accountability Office
Office of Management and Budget
U.S. Senate: Johnny Isakson, David Perdue, Jeff Sessions, Richard Shelby
U.S. House of Representatives: Robert Aderholt, Sanford Bishop, Jr., Mo Brooks, Bradley Byrne, Gary Palmer, Martha Roby, Mike Rogers, Terri Sewell, Lynn A. Westmoreland

This report is available on our web site at www.va.gov/oig.