United States Government Accountability Office

Report to Congressional Addressees

June 2021

VETERANS COMMUNITY CARE PROGRAM

VA Took Action on Veterans' Access to Care, but COVID-19 Highlighted Continued Scheduling Challenges

Accessible Version

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GAO-21-476

GAO Highlights

Highlights of GAO-21-476, a report to congressional addressees

June 2021

VETERANS COMMUNITY CARE PROGRAM

VA Took Action on Veterans' Access to Care, but COVID-19 Highlighted Continued Scheduling Challenges

Why GAO Did This Study

In June 2019, VA implemented a new community care program—the VCCP—under which eligible veterans can receive care from community providers. GAO has previously reported on challenges VA has faced regarding oversight of its community care programs, including the VCCP. VA's ability to ensure veterans have timely access to care under the VCCP is especially important as VA continues to respond to the COVID-19 pandemic.

The CARES Act includes a provision for GAO to report on its ongoing monitoring and oversight efforts related to the COVID-19 pandemic. This report describes (1) VA's response to the COVID-19 pandemic as it relates to the VCCP and (2) challenges selected VA medical facilities experienced scheduling VCCP appointments.

GAO reviewed VA documentation, such as guidance for VCCP appointment scheduling, and reviewed VCCP referral and appointment data. GAO interviewed officials from VA and its two third-party administrators, and community care management and staff from six VA medical facilities, which were selected, in part, based on complexity, rurality, and location.

What GAO Recommends

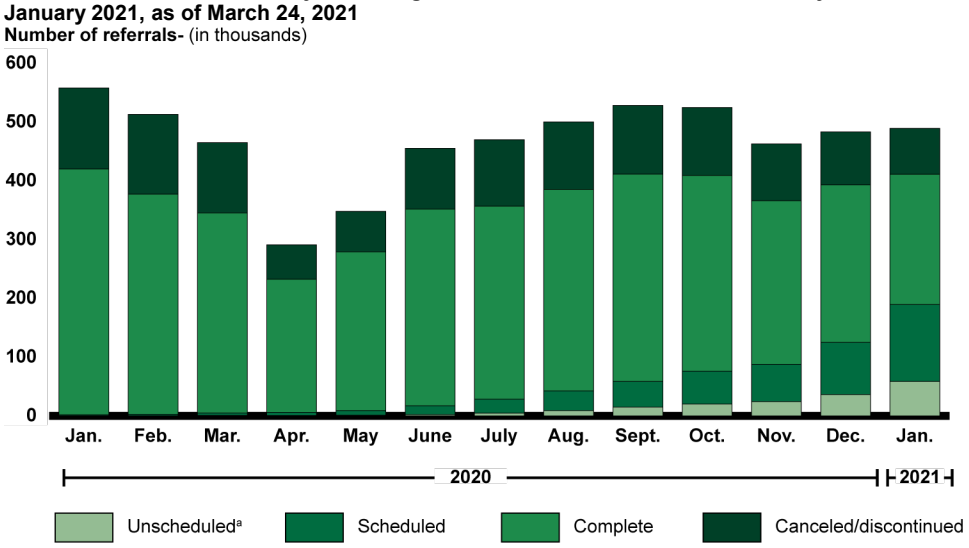
GAO is not making new recommendations in this report but reiterates its past recommendations (1) to Congress to require VA to implement a VCCP wait-time measure and (2) to VA directing medical facility leadership to assess their community care staffing needs. VA provided general and technical comments, which GAO incorporated as appropriate.

View GAO-21-476. For more information, contact Sharon M. Silas at (202) 512-7114 or silass@gao.gov.

What GAO Found

During the COVID-19 pandemic, the Department of Veterans Affairs (VA) took action regarding veterans' access to care through the Veterans Community Care Program (VCCP). For example, VA recommended that VA medical facility staff schedule telehealth appointments whenever possible in order to reduce veterans' risk of exposure to COVID-19. VA also directed facility staff to prioritize appointment scheduling and monitor referrals. Nevertheless, for referrals created between January 2020 and January 2021, GAO's analysis below shows that about 172,000 referrals (3 percent) remain unscheduled as of March 24, 2021.

Status of Veterans Community Care Program Referrals Created Between January 2020 and January 2021, as of March 24, 2021



Source: GAO analysis of Department of Veterans Affairs data. | GAO-21-476

Accessible Data for Status of Veterans Community Care Program Referrals Created Between January 2020 and January 2021, as of March 24, 2021

Month	Unscheduled	Scheduled	Complete	Canceled/Discontinued
Jan.	0.078	1.588	418.141	138.047
Feb.	0.205	2.503	374.552	135.606
Mar.	0.631	4.171	340.572	119.63
Apr.	0.544	5.36	226.43	58.561
May	0.867	8.078	269.937	69.011
June	1.975	14.954	334.917	103.183
July	4.61	23.575	328.511	113.155
Aug.	8.891	33.568	342.812	114.888
Sept.	14.754	43.648	352.877	116.829
Oct.	20.107	55.843	333.004	115.68
Nov.	24.277	63.324	278.351	96.779

Month	Unscheduled	Scheduled	Complete	Canceled/Discontinued
Dec.	36.04	88.881	267.944	90.251
Jan.	58.552	130.669	221.746	78.251

Note: A referral is complete after the veteran attends the appointment and VA staff receive medical documentation from the provider. A canceled referral is returned to the ordering VA provider. A discontinued referral is no longer wanted or needed. Referral data from one VA facility were not reported after October 2020.
[a]The number of unscheduled referrals created in January 2020 through May 2020 is too small to display in this figure.

Staff at six selected VA medical facilities told GAO they faced both new and previously identified challenges scheduling VCCP appointments during COVID-19. For example, staff from all six facilities stated that community care wait times increased during the pandemic. However, as VA lacks an overall wait-time measure for the VCCP, the effect of COVID-19 on appointment timeliness is unknown. GAO previously identified, and made recommendations to address, VA's lack of wait-time measures under its previous community care programs in 2013 and 2018. Given that VA had not implemented these recommendations over the prior 7 years, in 2020 GAO recommended congressional action to require VA to establish a VCCP wait-time measure.

Staff from all six facilities said they also faced challenges with understaffed community care offices and increased referral volume as veterans returned to seek care. GAO previously recommended in 2020 that VA direct its medical facilities to assess community care staffing needs. VA has taken some action to address these concerns but has not yet implemented this recommendation.

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Abbreviations

CCN	Community Care Network
COVID-19	Coronavirus Disease 2019
VA	Department of Veterans Affairs
VCCP	Veterans Community Care Program

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441 G St. N.W.
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June 28, 2021

Congressional Addressees

In addition to delivering health care services at its own medical facilities, the Department of Veterans Affairs (VA) allows eligible veterans to receive care from community providers through the Veterans Community Care Program (VCCP).[1] The VCCP, established by the VA MISSION Act of 2018 (VA MISSION Act) and implemented on June 6, 2019, is the most recent iteration of VA's long-standing practice of allowing veterans to receive care from community providers when they face challenges accessing care at VA medical facilities.[2] While veterans still receive most of their care in VA medical facilities, according to VA, the number of veterans who received community care increased 64 percent from approximately 1.1 million in 2014 to 1.8 million in 2020.

We and the VA Office of Inspector General have identified challenges VA faced in implementing and administering its community care programs.[3] For example, in 2020, we reported that under the VCCP, VA lacks an overall wait-time performance measure for veterans to receive community care. In addition, we found that few VA medical facilities' community care offices had the number of staff VA recommended to administer the program in the first region to implement the new community provider

[1]Under the VCCP, eligible veterans may choose to obtain health care services from community providers rather than from a VA provider when the veteran is enrolled in VA's health care system, or is not enrolled but otherwise entitled to care under 38 U.S.C. § 1705(c)(2), and receives VA's approval for community care based on certain criteria. See Pub. L. No. 115-182, tit. I, § 101, 132 Stat. 1393, 1395-1404 (2018), codified at 38 U.S.C. § 1703(d), (e), and implementing regulations at 38 C.F.R. §§ 17.4000 - 17.4040.

[2]Pub. L. No. 115-182, tit. I, § 101, 132 Stat. 1393, 1395 (2018) (codified as amended at 38 U.S.C. § 1703).

[3]For example, see GAO, *Veterans Community Care Program: Improvements Needed to Help Ensure Timely Access to Care,* GAO-20-643 (Washington, D.C.: Sept. 28, 2020) and *Veterans Choice Program: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of Its Community Care Programs,* GAO-18-281 (Washington, D.C.: June 4, 2018). See also VA Office of Inspector General, *Veterans Health Administration, Review of the Implementation of the Veterans Choice Program,* Report No. 15-04673-333 (Washington, D.C.: Jan. 30, 2017).

networks under the VCCP.[4] In 2018, we found that under VA's earlier iteration of its community care program, veterans still experienced lengthy wait times when using community care, and that VA had a limited ability to monitor the timeliness with which veterans access such care.[5] To address these issues, we made several recommendations to VA to improve its oversight of community care, including the VCCP—many of which remain unimplemented.[6] We describe some of these recommendations, and a related matter for congressional consideration regarding wait times, later in this report.

VA's ability to effectively oversee the VCCP, and ensure that veterans have timely access to care, is especially important during the Coronavirus Disease 2019 (COVID-19) pandemic.[7] COVID-19 began quickly spreading throughout the United States less than a year after VA implemented the VCCP, taking a severe toll on the health care sector and causing disruptions to care and services. During this time, many veterans

[4]See GAO-20-643. This report reviewed, among other things, community care staffing data from 40 VA medical centers, one type of VA medical facility.

[5]See GAO-18-281.

[6]In addition, due to concerns we have with VA's ability to provide timely, cost-effective, and quality care, VA health care continues to be on our High Risk List. GAO maintains a high-risk program to focus attention on government operations that it identifies as high risk due to their greater vulnerabilities to fraud, waste, abuse, and mismanagement or the need for transformation to address economy, efficiency, or effectiveness challenges. We added VA health care to the High Risk List in 2015. See GAO, *High-Risk Series: Dedicated Leadership Needed to Address Limited Progress in Most High-Risk Areas*, GAO-21-119SP (Washington, D.C.: Mar. 2, 2021).

[7]In December 2019, a new strain of coronavirus emerged and quickly spread around the globe. In response, in January 2020, the Secretary of Health and Human Services declared a public health emergency for the United States, and in March 2020, the World Health Organization characterized it as a pandemic. Subsequently, the President of the United States declared a national emergency in response to COVID-19 under the National Emergencies Act and a nationwide emergency under section 501(b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

chose to delay care to reduce unnecessary risks and potential exposure to COVID-19.[8]

The CARES Act includes a provision for GAO to monitor and oversee the authorities and funding provided to address the COVID-19 pandemic as well as the effect of the pandemic on the health, economy, and public and private institutions of the United States.[9] This report is part of our body of work in response to the CARES Act and focuses on the effects of COVID-19 on veterans' access to community care. Specifically, in this report, we describe

1. VA's response to the COVID-19 pandemic as it relates to the VCCP; and
2. challenges selected VA medical facilities experienced with VCCP appointment scheduling during the COVID-19 pandemic.

To describe VA's response to the COVID-19 pandemic as it relates to the VCCP, we reviewed applicable VA guidance for VCCP appointment scheduling released prior to and during the COVID-19 pandemic.[10] We also analyzed VA-provided data on VCCP referrals and appointments from June 2019—the month the VCCP was implemented—through February 2021—the most recent data at the time of our review. These data provide information on the number of VCCP referrals created, status of the referrals, the number of canceled appointments, the number of

[8]A September 2020 study published by the Centers for Disease Control and Prevention found that an estimated 41 percent of Americans had delayed or avoided medical care by June 30, 2020, because of concerns about COVID-19. See ME Czeisler, K Marynak, KE Clark, et al., "Delay or Avoidance of Medical Care Because of COVID-19-Related Concerns—United States, June 2020," *Morbidity and Mortality Weekly Report (MMWR)* 69, no. 36 (Sept. 11, 2020): 1250-1257, accessed Apr. 7, 2021, https://dx.doi.org/10.15585/mmwr.mm6936a4.

[9]Pub. L. No. 116-136, § 19010, 134 Stat. 281, 579-81 (2020). We regularly issue government-wide reports on the federal response to COVID-19. For the latest report, see GAO, *COVID-19: Sustained Federal Action Is Crucial as Pandemic Enters Its Second Year*, GAO-21-387 (Washington, D.C.: Mar. 31, 2021). Our next government-wide report will be issued in July 2021 and will be available on GAO's website at https://www.gao.gov/coronavirus.

[10]In this report, we use the term "guidance" to refer to VA memorandum and directives, *the VA Office of Community Care Field Guidebook* (which establishes facility staff responsibilities and describes actions staff must take to schedule and coordinate care through the VCCP), documentation of trainings VA provided to facility staff, and other written communication from VA to facility staff and community providers (for example, newsletters or email updates).

appointments conducted via telehealth, and the priority groupings VA used to schedule veterans' appointments during the COVID-19 pandemic.[11] We reviewed the data for completeness and to identify any obvious errors, and we interviewed VA officials about the data. On this basis, we determined these data were sufficiently reliable for the purpose of our objective.

In addition, we interviewed officials from VA's Office of Community Care and Office of Veterans Access to Care about VA's response to COVID-19, including how VA updated VCCP appointment scheduling and monitoring processes. We also interviewed community care management, scheduling, and clinical staff from six VA medical facilities about these updates to the VCCP scheduling and monitoring process between November 2020 and February 2021. We selected at least one facility from each of four regions of the VCCP network of community care providers and then selected facilities from those regions based on varying facility complexity, rurality, and number of veteran COVID-19 cases.[12] The facilities we selected were located in Fayetteville, North Carolina; St. Cloud, Minnesota; Marion, Illinois; Montgomery and Tuskegee, Alabama; Houston, Texas; and Sheridan, Wyoming.[13] We also interviewed officials from the two third-party administrators responsible for managing the VCCP network of community providers about VA's response to COVID-19 and actions the third-party administrators took to communicate with community providers during the pandemic. Last, we reviewed written

[11]A referral is an electronic request entered into VA's electronic health record system by a VA provider who is seeking an opinion, advice, or expertise regarding evaluation or management of a veteran's condition.

To aid facility staff in prioritizing appointment scheduling during the pandemic, VA established numerical priority groupings based on clinical urgency, which facility staff could assign to VCCP referrals.

We analyzed the number of VCCP appointment cancellations from March 2020 to February 2021, because VA officials said they did not collect this data in earlier months.

[12]The community provider network under the VCCP is divided into six regions that, as of June 2021, VA is in the process of implementing. We selected facilities in the four regions that were implemented at the time of our review. Specifically, we selected four facilities across region 1 (one facility), region 2 (two facilities), and region 3 (one facility), which are managed by the same third-party administrator, and two facilities in region 4, managed by a second third-party administrator.

[13]The VA medical facility we selected that is located in Alabama includes two campuses: one located in Montgomery and one in Tuskegee. VA medical facility community care staff we spoke with stated that the community care department that covers both campuses is located primarily on the Tuskegee campus.

responses from select Veterans Service Organizations, about their perspective on VA's response to COVID-19 as it relates to the VCCP.[14] The information we obtained from the selected VA medical facilities and Veterans Service Organizations cannot be generalized.

To describe challenges selected VA medical facilities experienced with VCCP appointment scheduling during the COVID-19 pandemic, we interviewed community care management, scheduling, and clinical staff from the six selected VA medical facilities to understand any challenges staff faced when scheduling VCCP appointments during the COVID-19 pandemic. We analyzed information from these interviews to identify common challenges, and identified whether those challenges were caused by the pandemic, or had existed prior to the onset of the pandemic. We reviewed open GAO recommendations that aligned with any identified challenges. We also reviewed written responses from select Veterans Service Organizations about the effects of COVID-19 on veterans' access to community care. Last, we interviewed VA and third-party administrator officials regarding any actions they've taken to address identified challenges, and actions VA has taken to implement our recommendations. The information we obtained from the selected VA medical facilities and Veterans Service Organizations cannot be generalized.

We conducted this performance audit from August 2020 to June 2021 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

[14]We received a written response from the American Legion and reviewed the response from the Disabled American Veterans from a related GAO engagement. In addition, we reviewed two written statements from Veteran Service Organizations for congressional testimonies: (1) a September 2020 joint statement to the House Committee on Veterans' Affairs, Subcommittee on Health, regarding community care wait times from the Disabled American Veterans, Paralyzed Veterans of America, and Veterans of Foreign Wars, and (2) an October 2020 statement to the Senate Committee on Veterans' Affairs regarding VA's implementation of the VA MISSION Act from the Disabled American Veterans.

Background

COVID-19

On January 31, 2020, the Secretary of Health and Human Services declared a public health emergency for the United States due to the rapidly spreading coronavirus. On March 13, 2020, the President declared the COVID-19 outbreak to be a national emergency under the National Emergencies Act and a nationwide emergency under section 501(b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 2 days after the World Health Organization declared COVID-19 to be a pandemic. COVID-19 took a severe toll on the nation's health care sector, including VA's health care system, not only in terms of the sharp rise in demand for services to care for COVID-19 patients, but also the disruption of care and services for non-COVID-19 patients due to social distancing guidelines. As a result, many health care entities, such as physician offices, curtailed their services.

In July 2020, the VA Office of Inspector General found that several VA medical facilities reported difficulties rescheduling VCCP appointments that had been canceled due to COVID-19 in certain categories of care, such as gastroenterology and dental, and reported additional challenges related to the community provider networks.[15] Additionally, in September 2020, the VA Office of Inspector General reported that VA faces a potentially large volume of VCCP referrals, as veterans return to seek care at VA facilities and as facility staff work to reschedule previously canceled appointments.[16]

[15]See VA Office of Inspector General, *Veterans Health Administration, Review of Veterans Health Administration's COVID-19 Response and Continued Pandemic Readiness,* Report No. 20-03076-217 (Washington, D.C.: July 16, 2020).

[16]The VA Office of Inspector General made three recommendations to VA regarding in-house appointment management during COVID-19, including that VA monitor VA medical facilities' progress with appointment cancellation follow-up. VA agreed with this recommendation, and stated in June 2020 that it developed a reporting tool and monitoring mechanism as part of its COVID-19 appointment and referral management initiative plan, which will track all canceled appointments and referrals, regardless of whether staff indicated COVID-19 was the reason for the cancellation. See VA Office of Inspector General, *Veterans Health Administration, Appointment Management During the COVID-19 Pandemic,* Report No. 20-02794-218 (Washington, D.C.: Sept. 1, 2020).

Veterans Community Care Program (VCCP)

On June 6, 2019, VA implemented the VCCP, a permanent community care program that consolidated many of VA's existing community care programs, in response to the enactment of the VA MISSION Act.[17] VA issued regulations to carry out the new program, including defining certain eligibility criteria.[18] For example, veterans may be eligible to receive care under the VCCP when services are not available at a VA medical facility or VA cannot furnish care within its designated access standards.[19]

VA's Office of Community Care manages the VCCP at the national level, while VA medical facility community care staff coordinate and schedule veterans' care with community providers at the local level. As described in VA guidance, the process for scheduling a VCCP appointment begins when a VA provider creates a referral for a veteran who needs additional care. Facility staff are responsible for reviewing the referral to determine the veteran's eligibility for community care and contacting the veteran to discuss available options for care, both at a VA medical facility and through the VCCP (if the veteran is eligible). If the veteran chooses to receive community care, the staff are responsible for forwarding the referral to the facility's community care office.[20]

Once received, facility community care staff are responsible for reviewing the referral and taking several actions to schedule the appointment. This includes identifying and contacting community providers to determine appointment availability; creating and sending the VCCP authorization

[17]Pub. L. No. 115-182, tit. I, § 101, 132 Stat. 1393, 1395 (2018) (codified as amended at 38 U.S.C. § 1703).

[18]38 C.F.R. §§ 17.4000 - 17.4040 (2020).

[19]See 38 C.F.R. § 17.4010 (2020) (veteran's eligibility). VA's designated access standards include when the veteran's average drive time to a VA provider is more than 30 minutes for primary care or more than 60 minutes for specialty care, or the next available appointment with a VA provider is not within 20 days for primary care or 28 days for specialty care of the date of request of care unless a later date has been agreed upon. 38 C.F.R. § 17.4040 (2020) (designated access standards). See also VA, Veterans Health Administration *Office of Community Care Field Guidebook* (May 21, 2020); Veterans Health Administration: *Referral Coordination Initiative Implementation Guidebook* (Jan. 10, 2020); and *Fact Sheet: Veteran Community Care Eligibility* (Aug. 30, 2019).

[20]If the veteran chooses to receive their care at a VA medical facility, facility staff schedule their appointment with a VA provider and communicates appointment details to the veteran.

and information about the veteran (such as medical documentation) to the community provider; scheduling the veteran's appointment with the community provider; and communicating appointment details to the veteran.[21] (See fig. 1.)

Figure 1: General Appointment Scheduling Steps for the Veterans Community Care Program (VCCP)

Source: GAO illustration based on analysis of Department of Veterans Affairs (VA) documentation. | GAO-21-476

Note: This figure illustrates general steps in the VCCP scheduling process for eligible veterans who are referred to the VCCP through routine referrals (non-emergent), and have VA facility staff—referral coordination staff and community care scheduling staff—schedule the appointments on their behalf.

As a referral moves through the appointment scheduling process, it can have one of the following statuses, according to VA guidance:[22]

- *Pending:* The referral has been sent to the VA medical facility community care office, but staff have not yet taken action to receive and review the referral.
- *Active:* The referral has been received and reviewed by facility staff and scheduling efforts are underway.
- *Scheduled:* Facility staff have scheduled an appointment with a community provider.

[21]Some veterans may choose to self-schedule their appointments with community providers.

[22]VA Directive 1232(2) *Consult Processes and Procedures* (June 28, 2019) *and Office of Community Care Field Guidebook* (as of Dec. 30, 2020).

We excluded other referral statuses from our analysis, such as "partial" which indicates a referral note requires a signature. These referrals accounted for less than 0.01 percent of VCCP referrals in the data we received from VA.

- *Completed:* The veteran has attended the appointment and medical documentation of the visit has been received by facility staff, or staff have documented at least two attempts at obtaining the documentation.[23]
- *Canceled:* The referral is returned to the ordering VA provider for review.
- *Discontinued:* The referral is no longer wanted or needed.

According to VA guidance at the time of our review, at least 90 percent of referrals should be in a scheduled status within 30 days of referral creation.[24] However, as we previously reported, VA has not established a wait-time performance measure for how long it should take for a veteran to receive care under the VCCP.[25]

VA purchases community care under the VCCP through regional contracts called Community Care Networks (CCN).[26] VA contracts with two third-party administrators to develop and administer the CCNs—specifically, the third-party administrators are responsible for recruiting and building networks of licensed health care community providers and paying community provider claims.[27] VA is implementing the CCN contracts in a phased approach by VA medical facility across six regions. Implementation began with CCN Region 1 in December 2019, and implementation of CCN Regions 2 through 5 continued through the COVID-19 pandemic. As of June 2021, VA has not awarded the contract for CCN Region 6. VA allowed facilities to continue using the previous community provider network for a designated time frame during the transition to the CCN while the third-party administrators worked to grow

[23]According to VA guidance, facility staff must make at least one attempt to collect medical documents from the community provider before closing the referral. Community providers are not required to submit medical documentation of the veteran's appointment to receive payment for authorized care, based on VA guidance.

[24]In June 2021, VA officials stated the department now monitors whether appointments are created within 21 days of referral creation.

[25]See GAO-20-643.

[26]VA also has the option to use direct agreements with community providers for care not included in those contracts, known as Veterans Care Agreements, and the option to refer veterans to other federal health care facilities with whom VA has an agreement, such as Department of Defense military treatment facilities.

[27]VA awarded the contracts for CCN Regions 1 through 3 to Optum Public Sector Solutions (Optum) in December 2018, and the contracts for CCN Regions 4 and 5 were awarded to TriWest Healthcare Alliance (TriWest) in August 2019 and October 2020, respectively.

each CCN to meet each facilities' provider network needs. See Appendix I for more information on the CCN regions and implementation time frames.

VA Expanded Telehealth Use and Directed Facility Community Care Staff to Prioritize Appointment Scheduling and Monitor Referrals During COVID-19

In its response to the COVID-19 pandemic, VA's Office of Community Care took action to expand the use of telehealth in the VCCP. VA also directed VA medical facility staff to prioritize appointment scheduling based on clinical urgency. Additionally, VA issued guidance for facility staff to monitor and review referrals during the pandemic.

VA Expanded Telehealth Use in the VCCP During COVID-19

Beginning in March 2020, VA limited in-person visits at its facilities and directed facility staff to consider scheduling telehealth appointments, both at VA facilities and with community providers, in order to reduce the risk of exposing veterans to COVID-19.[28] According to the *VA Office of Community Care Field Guidebook*, facility staff could schedule telehealth appointments with community providers if the veteran agreed to be seen via telehealth, and if the type and scope of services needed were appropriate for telehealth.[29] VA's Office of Community Care also sent

[28]See VA Memorandum, *Coronavirus 2019 (COVID-19) – Guidance for Elective Procedures* (Mar. 15, 2020); *Guidance on Access Standards in response to Coronavirus (COVID-19)* (Mar. 20, 2020); *Guidance on Access Standards in response to Coronavirus (COVID-19) Updated* (Mar. 30, 2020); and *Guidance to Avoid All Routine or Non-urgent Face to Face Visits* (Mar. 31, 2020).

[29]VA officials stated that having a telehealth appointment scheduled with a VA provider does not remove a veteran's eligibility for receiving care under the VCCP. However, a veteran's eligibility for the VCCP should not be used to determine whether a veteran should have a telehealth appointment with a VA provider, according to VA guidance. Rather, facility staff and the veteran should discuss available care options and determine the appropriate setting.

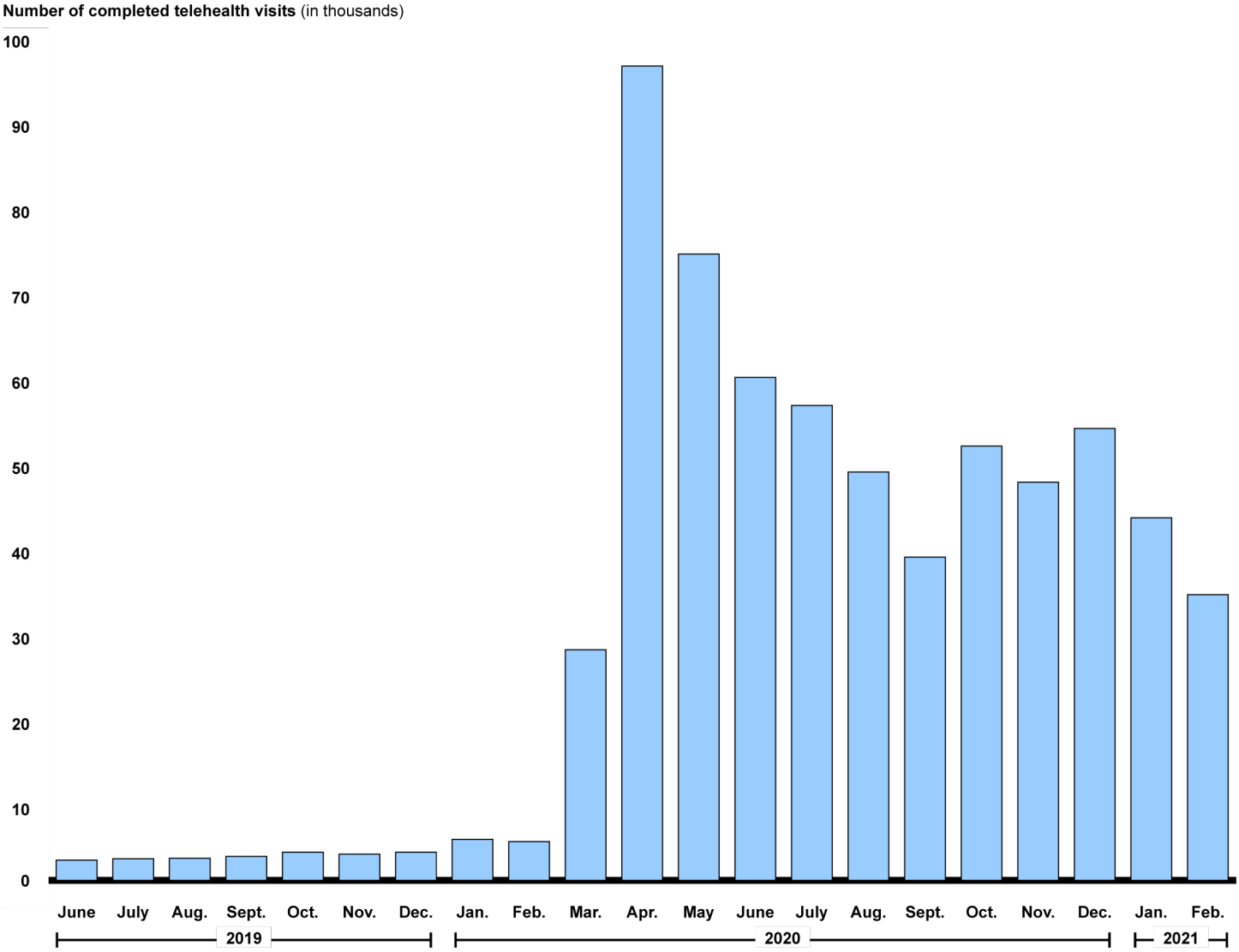
letter templates to facilities on April 1, 2020, that could be used to encourage community providers to convert veterans' appointments from in-person visits to telehealth whenever possible.

VA also waived certain telehealth requirements at that time in order to make telehealth more widely available in the VCCP. VA officials stated that, prior to the pandemic, telehealth usage in the VCCP was limited to follow-up appointments only. VA changed this policy to allow veterans and community providers to use telehealth for initial visits as well, according to Office of Community Care officials. Additionally, VA and the CCN third-party administrators informed community providers that they could use telehealth under the VCCP following certain Medicare telehealth waivers and flexibilities implemented by the Secretary of Health and Human Services in response to COVID-19. Among other things, these waivers and flexibilities allow Medicare telehealth services to be provided nationwide (rather than in mostly rural locations), from any setting (such as the provider's home), for additional types of services, by additional types of providers, and including by telephone only.

According to our analysis of VA-provided data, telehealth appointments with community providers increased from an average of 3,200 telehealth appointments per month prior to the pandemic to a high of 95,000 telehealth appointments in April 2020. Although the number of telehealth appointments completed each month is less than April 2020, telehealth use in the VCCP remains much higher than before the pandemic. VA officials said that the decrease in telehealth use in the VCCP since April 2020 likely occurred as veterans started to receive some care in-person again. (See fig. 2.)

We recently reported on telehealth use by VA providers, which also increased substantially during COVID-19. See GAO, *COVID-19: Critical Vaccine Distribution, Supply Chain, Program Integrity, and Other Challenges Require Focused Federal Attention,* GAO-21-265 (Washington, D.C.: Jan. 28, 2021).

Figure 2: Number of Completed Veterans Community Care Program Telehealth Appointments per Month, June 2019 to February 2021



Source: GAO analysis of Department of Veterans Affairs (VA) data. | GAO-21-476

Accessible Data for Figure 2: Number of Completed Veterans Community Care Program Telehealth Appointments per Month, June 2019 to February 2021

Month	Number of completed telehealth visits (in thousands)
June	2.372
July	2.532
Aug.	2.596
Sept.	2.82
Oct.	3.309
Nov.	3.07
Dec.	3.309
Jan.	4.816
Feb.	4.548
Mar.	27.041
Apr.	95.466
May	73.422
June	58.958
July	55.669
Aug.	47.88
Sept.	37.9
Oct.	50.917
Nov.	46.677
Dec.	52.968
Jan.	42.501
Feb.	33.504

Notes: According to VA officials, these data are based on community providers' claims, and there may be a lag in counting appointments between when an appointment takes place and the claim is paid. Telehealth appointments include live visual and audio visits (including telephone-only visits), as well as "store and forward" technologies where images or information are sent between a veteran and a provider in one direction at a time.

Community care staff from all six VA medical facilities we interviewed discussed telehealth in the VCCP. They emphasized that its use depended on community providers' telehealth capabilities, veterans' preferences, and the type of care the veteran needed. Facility staff stated that community providers' telehealth capabilities varied, and according to these VA staff, some providers who did not use telehealth prior to the pandemic developed the capability quickly. Although many veterans accessed care via telehealth during the pandemic, VA facility staff noted that some veterans preferred to wait until in-person appointments were

available.[30] Additionally, facility staff noted that some types of care, like dental services, cannot be provided via telehealth, while officials from VA and the two CCN third-party administrators, and staff from two facilities, noted that telehealth was used frequently for mental health care appointments.

VA Directed Facility Staff to Prioritize Appointment Scheduling Based on Clinical Urgency During COVID-19

Postponing routine care. Beginning in March 2020, VA directed facility staff to schedule in-person appointments with community providers on a case-by-case basis, based on whether the veteran's clinical need outweighed the risk of exposure to COVID-19.[31] According to VA guidance, this meant that routine care would likely need to be postponed. Additionally, if a veteran or community provider canceled or postponed an appointment due to concerns with COVID-19, VA instructed facility staff to not cancel the corresponding referral, and to instead, keep it active.[32]

[30]Additionally, officials from the American Legion told us some veterans reported issues accessing telehealth such as dropped calls during appointments, and an overall lack of internet access and connectivity, particularly in rural locations. We recently described actions VA took to improve veterans' access to telehealth provided by VA providers, such as distributing electronic tablets to veterans. See GAO-21-265.

[31]See VA Memorandum *Guidance on Access Standards in response to Coronavirus (COVID-19)* (Mar. 20, 2020), and *Guidance on Access Standards in response to Coronavirus (COVID-19) Updated* (Mar. 30, 2020). In its March 20, 2020, memorandum, VA indicated that, due to COVID-19, it would temporarily pause VCCP access standards, such as by providing VA telehealth for routine visits even if wait time or drive time eligibility for community care exists. In its March 30, 2020, memorandum, VA clarified that referrals would continue to be sent to facility community care offices and scheduled according to clinical need for eligible veterans.

According to the *VA Office of Community Care Field Guidebook*, a clinical review is performed to determine if the requested service is needed and clinically appropriate based on the veteran's diagnosis. The clinical review is completed by facility staff who have been given a delegation of authority by the facility's chief of staff to review services for clinical appropriateness, such as a nurse or physician. See *Veterans Health Administration Office of Community Care Field Guidebook* (As of May 21, 2020).

[32]See VA Memorandum, *Outpatient Clinic Appointment Scheduling Management in Response to COVID-19 Pandemic* (Mar. 22, 2020) and *Update to COVID-19 Scheduling Instructions* (Apr. 1, 2020); and *Veterans Health Administration Office of Community Care Field Guidebook* (As of May 21, 2020).

According to VA officials, facility staff could continue to cancel and discontinue referrals for reasons not related to COVID-19 as described in Directive 1232(2) *Consult Processes and Procedures* (June 28, 2019).

Facility staff were to enter "COVID-19" in the electronic notes for these referrals, so the referral could be tracked and the appointment could be scheduled (or rescheduled) at a later date.[33] According to our analysis of VA-provided data, veterans and community providers canceled approximately 500,000 VCCP appointments (out of 4.2 million scheduled) between March 2020 and February 2021.[34]

VA officials and facility staff we interviewed noted that community providers closed or postponed routine care early in the pandemic, and veterans themselves chose to postpone care due to concerns about exposure to COVID-19. According to our analysis of VA-provided data, the number of new VCCP referrals decreased by nearly half (48 percent) between January 2020 and April 2020 nationwide.[35] See Appendix II for more information on VCCP referral volume.

Scheduling appointments by priority group. In an effort to prioritize appointment scheduling during the pandemic, in April 2020, VA updated its electronic referral management system to allow facility staff to assign a priority group to referrals. VA encouraged facility staff to prioritize scheduling appointments based on clinical urgency, according to the following groups:[36]

- priority group 1 is care that should be scheduled despite COVID-19;

[33]VA extended existing VCCP authorizations for most care types to remain valid through September 30, 2020, to allow more time for appointments to be scheduled and completed. The extension did not apply to emergency, inpatient, adult day health, home health or in-home respite care.

[34]This includes only the first appointment scheduled for a VCCP referral. VA officials stated the number could be higher because facilities rely on veterans or community providers to report cancellations to facility staff. Facility staff we interviewed stated they also contacted community providers to determine if an appointment was cancelled, including when requesting medical documentation from the community provider after the appointment date has passed.

[35]VA officials stated that as some clinics at VA facilities temporarily closed or reduced services in response to COVID-19, VA providers saw fewer veterans, and in turn, created fewer referrals to community care.

[36]VA Office of Community Care provided this guidance to facility staff via "Office Hours" in April 2020. VA issued the memorandum detailing this guidance on May 18, 2020. See VA Memorandum, *National Deployment of Consult Toolbox 1.9.0063 and 1.9.0065– COVID-19 Upgrades (VIEWS# 02748457)* (May 18, 2020).

- priority group 2 is care that should be scheduled after clinical review, and based on local community provider availability; and
- priority groups 3 and 4 are optional groups that facilities may choose to define and use, typically for routine care.[37]

VA officials stated that they deployed this update to allow facility staff to use the priority groups to prioritize scheduling (or rescheduling) appointments, rather than rely on the "COVID-19" comment, because they felt the pandemic affected all referrals, whether they had a "COVID-19" comment or not.[38] Additionally, according to VA's guidance, the priority groups should help prioritize appointments for veterans with the most urgent needs.[39] Staff from all six facilities we interviewed discussed assigning priority groups to referrals, though which groups they used and which staff assigned the priority varied by facility. For example, staff from two facilities said they only used priority groups 1 and 2, while staff at the other four facilities used three or four priority groups. Additionally, staff said that either VA providers (two facilities), community care nurses (three facilities), or both VA providers and community care nurses (one facility) assign the priority group to a referral.

However, facility staff are not required to assign a priority group to a referral, according to VA Office of Community Care officials, because the department wanted the use of the priority groups to be a local facility decision. VA officials said some facility staff may choose to include priority information in the electronic referral notes instead of using the

[37]See VA Memorandum, *National Deployment of Consult Toolbox 1.9.0063 and 1.9.0065– COVID-19 Upgrades (VIEWS# 02748457)* (May 18, 2020). According to community care staff we interviewed, some facilities use group 2 for all routine care and do not use groups 3 and 4. This feature also automatically adds a "COVID-19" comment to a referral when facility staff assign a priority group, according to VA officials.

[38]A September 2020 report from the VA Office of Inspector General found that facility staff were not using the "COVID-19" comment consistently to track canceled appointments for care delivered at VA facilities, and recommended that facility staff not rely solely on the comment to reschedule appointments. VA stated the Office of Veterans Access to Care will provide oversight to ensure medical centers review all appointment cancellations and provide follow-up. See VA Office of Inspector General, *Veterans Health Administration, Appointment Management During the COVID-19 Pandemic,* Report No. 20-02794-218 (Washington, D.C.: Sept. 1, 2020).

[39]See VA Memorandum, *National Deployment of Consult Toolbox 1.9.0063 and 1.9.0065– COVID-19 Upgrades (VIEWS# 02748457)* (May 18, 2020).

priority groups.[40] According to our analysis of VA data, approximately 953,000 of 2.6 million referrals (37 percent) created between April 2020 and September 2020 were assigned a priority group, but very few referrals created in October 2020 and later had priority groups assigned. VA officials told us that as more VA clinics and community providers reopened, facility staff found the priority group designations less useful, and instead relied on the veteran's preferred appointment date.[41] In April 2021, VA officials stated that they have provided additional guidance that facility staff should continue to use the electronic referral management system to document priority group 1 and 2 referrals, and are planning on making updates to the system regarding that guidance.[42]

VA Directed Facility Staff to Monitor Referrals and Reviewed Referral Data

VA issued various guidance for VA medical facility staff to monitor and review referrals during COVID-19. In May 2020, VA recommended that facility staff monitor active referrals according to priority group, but as the pandemic continued, VA directed facility staff to attempt to schedule all active referrals in September 2020, regardless of priority group. In December 2020, VA required facilities to complete a review of canceled referrals. VA's Office of Community Care also monitored referral data at the national level throughout the pandemic.

[40]For example, VA officials stated that if the referral volume for a certain specialty is relatively low, staff may feel they can manage those referrals without using the priority groups. However, on September 15, 2020, VA notified facilities that staff must use the priority group feature when designating a referral in priority groups 1 and 2.

[41]Before VA established priority groups for scheduling appointments during COVID-19, VA policy stated that facility staff should schedule appointments according to the date an appointment is deemed clinically appropriate by the referring provider, or in the absence of a clinically indicated date, the veteran's preferred date. See VA Directive 1230(2) Outpatient Scheduling Processes and Procedures (July 15, 2016, amended July 12, 2019 and January 1, 2020.).

[42]VA's September 15, 2020, guidance stated that facility staff must use the priority group feature when designating a referral in priority groups 1 and 2. See VA Memorandum *Changes to Consult/Referral Management during COVID-19* (Sep. 15, 2020).

Reporting Tools to Monitor Referrals

VA's Office of Community Care also developed reporting tools that facilities can use to track Veterans Community Care Program referrals, and staff from all six facilities we interviewed stated that they use the reporting tools to monitor active referrals. Specifically, VA developed reports that allow facilities to track referrals with a COVID-19 comment or canceled appointment, and to monitor referrals based on priority group and how long the referral has been active. For example, facility staff said they use these reports to generate lists of active referrals by priority group to target scheduling efforts and to monitor whether staff are following time frames.

Source: GAO analysis of Department of Veterans Affairs (VA) documentation and interviews with VA officials and VA facility staff. | GAO-21-476

Monitoring active referrals by priority group. In May 2020, VA established recommended time frames within which facility staff should monitor active referrals according to the referral's priority group. According to VA guidance, this would help ensure that veterans with the most urgent needs are prioritized for appointment scheduling during the pandemic.[43] Specifically, the guidance stated that

- referrals in priority group 1 should be reviewed daily,
- referrals in priority group 2 should be reviewed at least every 14 days, and
- all other referrals should be reviewed at least every 30 days (including those without a priority group assigned, according to VA officials).[44]

[43]See VA Memorandum, *National Deployment of Consult Toolbox 1.9.0063 and 1.9.0065– COVID-19 Upgrades (VIEWS# 02748457)* (May 18, 2020).

[44]See VA Memorandum, *National Deployment of Consult Toolbox 1.9.0063 and 1.9.0065– COVID-19 Upgrades (VIEWS# 02748457)* (May 18, 2020). While the memorandum specifies priority groups 3 and 4 for review every 30 days, VA officials said that all referrals, including those without a priority group, should also be reviewed. Officials said they provided this guidance to facility staff through regular calls regarding referral management.

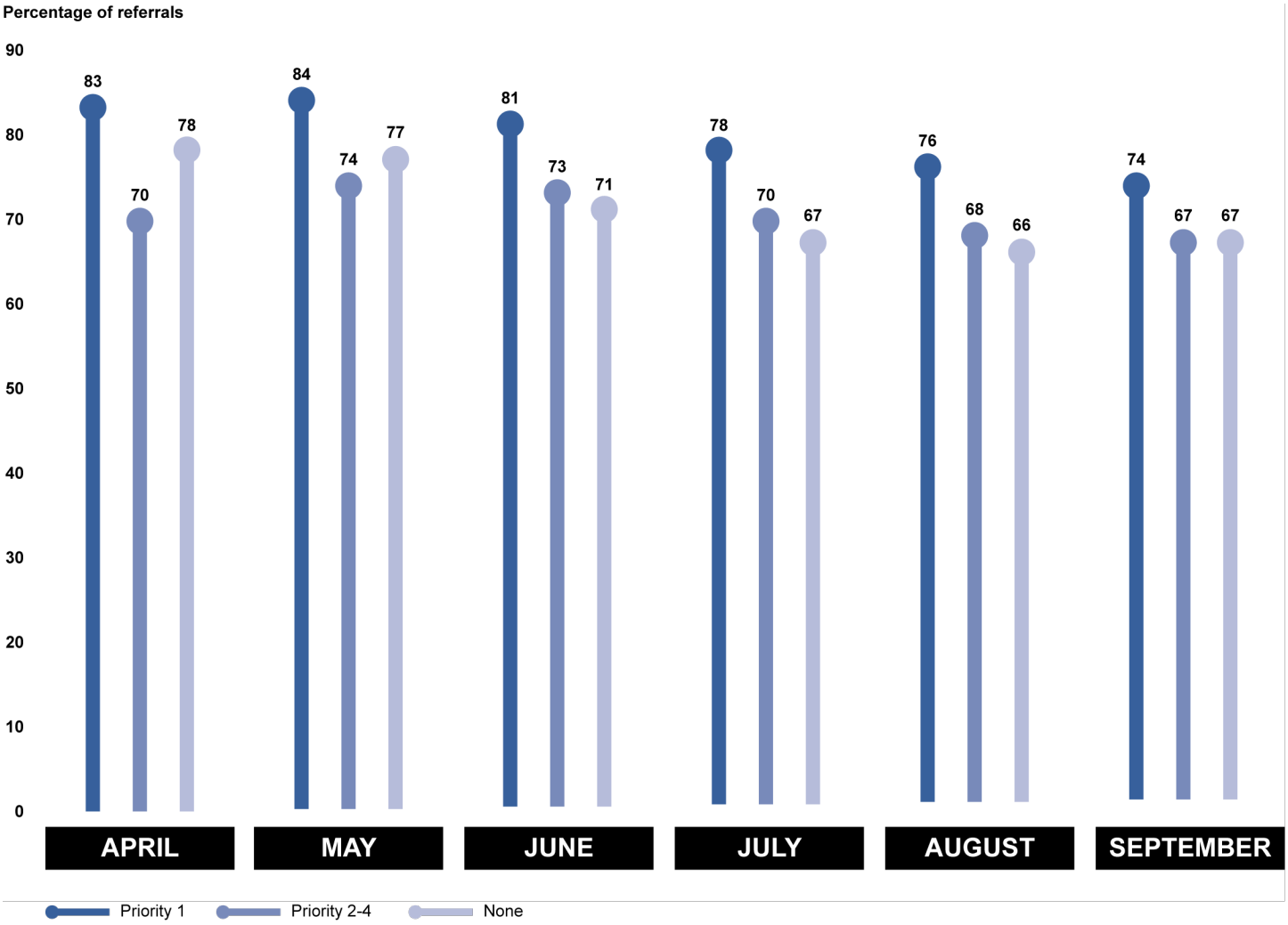
Staff from five of the six facilities we interviewed stated that they were following these or similar time frames to monitor referrals and follow up with veterans to schedule appointments.

According to our analysis of VA-provided data of VCCP referrals created between April 2020 and September 2020, a larger percent of priority 1 referrals were completed as of March 24, 2021—meaning the veteran had attended the appointment—as compared to other priority groups and referrals without a priority group.[45] Facility staff we interviewed noted that the type of care that that facilities designate as priority group 1 continued to be provided during the pandemic given its clinical urgency, while the other priority groups were generally routine care that could be postponed or that veterans or community providers chose to postpone. (See fig. 3.)

Prior to the release of this guidance, the VA *Office of Community Care Field Guidebook* stated that facility community care staff should schedule an appointment within 30 days, for at least 90 percent of the facility's VCCP referrals. Although VA's March 2020 guidance did not change these targets, it stated that referrals should be left active due to COVID-19 in order to schedule the appointment later. In June 2021, VA officials stated the department now monitors whether appointments are created within 21 days of referral creation.

[45]According to our analysis of VA data, 37 percent of referrals created between April 2020 and September 2020 had a priority group designation. The remainder of the referrals created in this time frame are counted in the no priority group category. According to VA guidance, facility staff are required to use the electronic referral management system to document referrals in priority groups 1 and 2.

Figure 3: Percent of Completed Veterans Community Care Program Referrals Created Between April 2020 and September 2020, as of March 24, 2021



Source: GAO analysis of Department of Veterans Affairs data. | GAO-21-476

Accessible Data for Figure 3: Percent of Completed Veterans Community Care Program Referrals Created Between April 2020 and September 2020, as of March 24, 2021

Month	Priority 1	Priority 2-4	None
Apr	83	70	78
May	84	74	77
June	81	73	71
July	78	70	67
Aug	76	68	66
Sept	74	67	67

Notes: Priority group 1 is used for care that should be scheduled despite COVID-19, while priority groups 2 through 4 are generally routine care that can be scheduled after clinical review and based on local conditions. A referral is complete after the veteran attends the appointment. This figure includes all Veterans Community Care Program referrals created between April 2020 and September 2020. Approximately 953,000 referrals created during this time frame were assigned a priority group, while the remaining 1.6 million referrals are counted in the "none" category.

Addressing active referrals. On September 15, 2020, VA directed facility staff to review and address all active referrals.[46] VA Office of Community Care officials said they issued this guidance because they did not want referrals to remain active indefinitely, and opportunities for veterans to receive care in a safe manner were available again.[47] Facility staff were to contact veterans that previously declined care due to concerns about COVID-19, and offer to schedule an appointment, either via telehealth or in-person at a community provider or at a VA facility. Additionally, VA officials stated this effort would include addressing referrals with canceled appointments—because when an appointment is canceled, its status changes from a scheduled appointment to an active referral—as well as referrals without a priority group. VA reminded facility staff to review and address active referrals again in December 2020,

[46]See VA Memorandum *Changes to Consult/Referral Management during COVID-19* (Sep. 15, 2020).

[47]VA officials also said that facilities received feedback from some veterans who felt that facility staff were contacting them too often when the veteran did not want to attend an appointment at the time. Additionally, VA officials said that as VA clinics and community providers reopened, facility staff found the priority groups less useful.

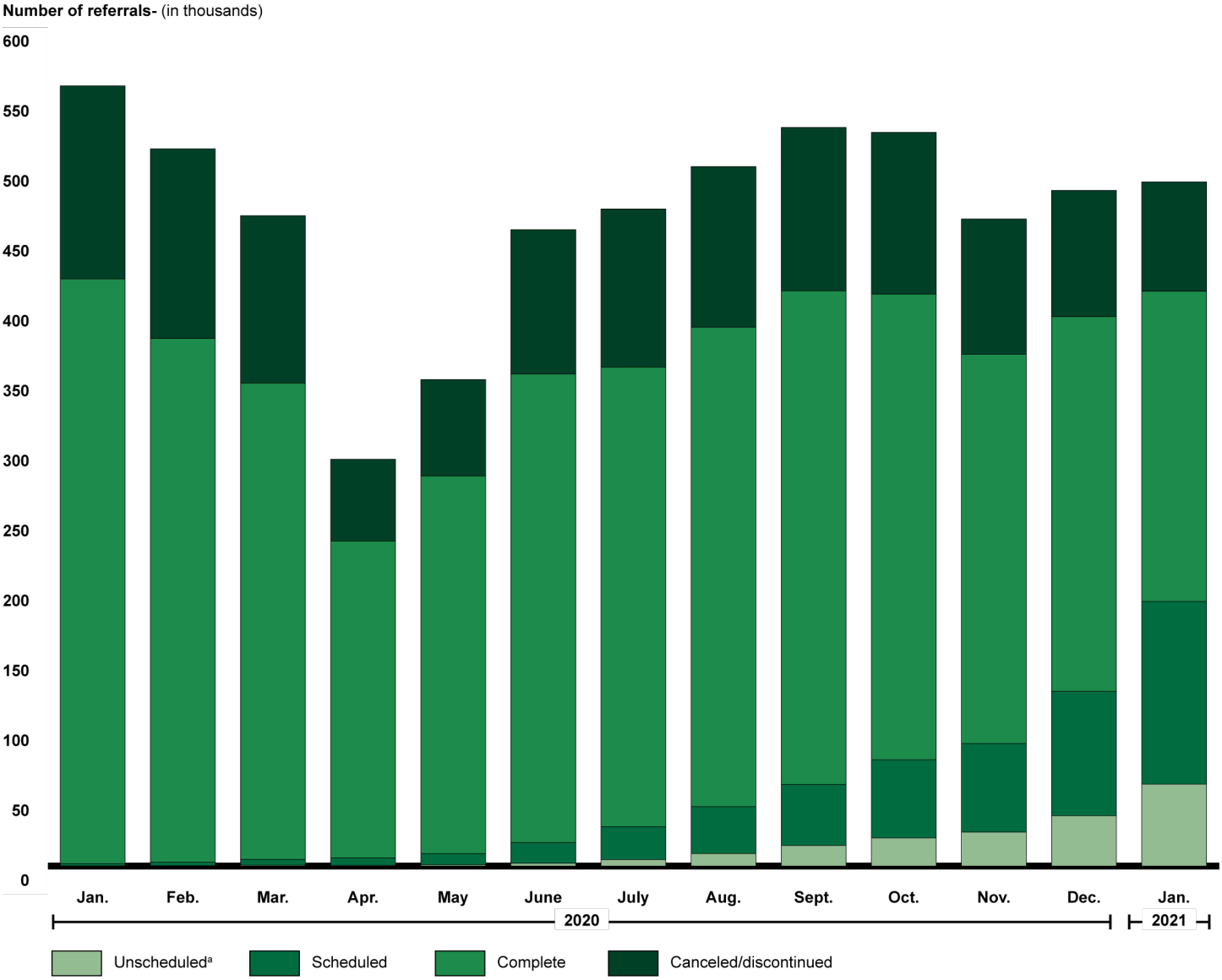
because, according to VA officials, there were still many active referrals at that time.[48]

Our analysis of VA-provided referral data shows the majority of referrals created between January 2020 and January 2021 (67 percent) have been completed as of March 24, 2021, meaning the veteran received care. However, approximately 172,000 (3 percent) of the 6.1 million referrals created between January 2020 and January 2021 were unscheduled as of March 24, 2021.[49] (See fig. 4.)

[48]VA Memorandum, *Department of Veterans Affairs (VA) Internal and Community Care Consult and Appointment Cancellation Management Initiatives (VIEWS 04061560)* (Dec. 14, 2020).

[49]Referrals from the Spokane VA facility were not included in the data we analyzed after October 2020.

Figure 4: Status of Veterans Community Care Program Referrals Created Between January 2020 and January 2021, as of March 24, 2021



Source: GAO analysis of Department of Veterans Affairs data. | GAO-21-476

Accessible Data for Figure 4: Status of Veterans Community Care Program Referrals Created Between January 2020 and January 2021, as of March 24, 2021

Month	Unscheduled	Scheduled	Complete	Canceled/Discontinued
Jan.	0.078	1.588	418.141	138.047
Feb.	0.205	2.503	374.552	135.606
Mar.	0.631	4.171	340.572	119.63
Apr.	0.544	5.36	226.43	58.561
May	0.867	8.078	269.937	69.011
June	1.975	14.954	334.917	103.183
July	4.61	23.575	328.511	113.155
Aug.	8.891	33.568	342.812	114.888
Sept.	14.754	43.648	352.877	116.829
Oct.	20.107	55.843	333.004	115.68
Nov.	24.277	63.324	278.351	96.779
Dec.	36.04	88.881	267.944	90.251
Jan.	58.552	130.669	221.746	78.251

Notes: A referral is “complete” after the veteran attends the appointment and VA staff receive medical documentation from the community provider or have made at least two attempts to obtain the documentation. A referral is “canceled” to return it to the ordering VA provider for review. A referral is “discontinued” when care is no longer wanted or needed. Referrals from the Spokane VA facility are not included after October 2020.

[a]The number of unscheduled referrals created in January 2020 through May 2020 is too small to display in this figure.

Of those 172,000 unscheduled referrals, approximately 33,000 (19 percent) were more than 6 months old as of March 24, 2021, while the remaining unscheduled referrals were 6 months old or less at that time. Approximately 59,000 (34 percent) of the unscheduled referrals were created in January 2021, and thus were 2 to 3 months old. VA’s December 2020 guidance stated that facility staff should prioritize scheduling older referrals, in addition to those that are more clinically urgent, and staff from five of the six facilities we interviewed said they were prioritizing scheduling older referrals. At the time of our interviews, between November 2020 and February 2021, staff from all six facilities said that the age of their oldest unscheduled referrals ranged, with some staff still working to schedule referrals from the beginning of the pandemic and others scheduling referrals from the previous month. However, staff from three facilities also noted that some veterans still did not want to be seen due to concerns about COVID-19. In April 2021, VA officials told us they began holding weekly meetings with Veterans Integrated Service Network officials and facility leadership in February 2021 to discuss

referral scheduling and timeliness, which they say contributed to increased completion of referrals, among other efforts.[50]

VA's September 2020 guidance also stated that facility staff could begin to cancel referrals if the veteran declines an appointment, changing the March 2020 guidance to leave these referrals active, though facility staff can leave a referral open if they or the VA provider think the care is still needed.[51] At the six selected facilities in our review, facility staff we interviewed had varying opinions on this update to the referral management process. For example, staff from one facility we interviewed expressed concern about the volume of referrals VA providers may have to review, while staff at another facility said they thought the VA provider review would help ensure a plan for care was in place for the veteran.[52] According to our analysis of VA-provided referral data, approximately 22 percent of referrals created between January 2020 and January 2021 were canceled or discontinued as of March 24, 2021.

Facility review of canceled and discontinued referrals. On December 14, 2020, VA directed VA medical facilities to review selected VCCP referrals that were canceled or discontinued earlier in the pandemic and determine whether any were canceled or discontinued in error or without proper documentation, in order to ensure veterans did not miss needed

[50]VA's health care system is divided into areas called Veterans Integrated Service Networks, each responsible for managing and overseeing the VA medical facilities within a defined geographic area.

[51]If the veteran declines, VA facility staff are to remind the veteran to follow up at a later date when they are ready to receive care. According to VA officials, when a referral is canceled, the ordering VA provider can review it and work with the veteran to potentially schedule an appointment within the VA, or resubmit the referral to community care, if the care is still needed.

[52]In March 2021, the VA Office of Inspector General reported that VA providers had not reviewed electronic alerts regarding patient test results at the Central Alabama Health Care System in 2019, which compromised patients and put others at risk of delayed diagnoses. Facility staff told the VA Office of Inspector General that the volume of alerts providers received was unmanageable. Additionally, the VA Office of Inspector General found that ordering providers did not consistently take appropriate actions to edit and resubmit canceled referrals as required. The VA Office of Inspector General made 11 recommendations, including that the director assess the alert management process and modify as needed, and conduct a review of discontinued community care referrals to ensure patients received follow-up care. See VA Office of Inspector General, *Veterans Health Administration: View Alert Process Failures and the Impact on Patient Care at the Central Alabama Veterans Health Care System in Montgomery Office. Report #20-00427-92.* (Washington, D.C: Mar. 11, 2021).

care.[53] Specifically, VA required facility community care offices to complete a documented review by March 12, 2021, of referrals that were

- canceled or discontinued between January 1, 2020, and July 21, 2020;
- assigned to priority groups 1 and 2, or that had no priority assigned; and
- high-volume or high-risk categories of care, such as mental health and oncology.[54]

VA officials said they provided facilities with a list of referrals to review that met these criteria and did not have a cancelation or discontinuation reason documented in the referral. As of April 2021, all VA facilities had completed the requested review and documented in VA's referral system the reason why each referral had been canceled or discontinued.[55] According to VA data, staff could not determine a cancelation or discontinuation reason for approximately 13,000 (12 percent) of the 111,000 referrals reviewed. VA officials said they directed Veterans Integrated Service Network managers in April 2021 to work with facilities to review those approximately 13,000 referrals and determine the reason they were canceled or discontinued. Officials said they are developing a spreadsheet and shared website for facility staff to use to submit documentation of these subsequent reviews to the Office of Community

[53]See VA Memorandum *Department of Veterans Affairs (VA) Internal and Community Care Consult and Appointment Cancellation Management Initiatives (VIEWS 04061560)* (Dec. 14, 2020). A canceled referral is returned to the ordering VA provider for review. A discontinued referral is no longer wanted or needed. Facility staff were not to cancel or discontinue a referral due to COVID-19, but could cancel or discontinue referrals for other reasons, according to VA officials.

[54]Facilities reviewed VCCP referrals for oncology, mental health, cardiology, gastroenterology, and pulmonology. Office of Community Care officials said in April 2021 that they do not plan to expand the review to include more referrals because they want facility staff to focus on scheduling active referrals.

[55]According to VA data, the largest share of referrals that were canceled or discontinued was because facility staff were unable to contact the veteran (approximately 28 percent). VA officials said they have begun efforts to improve communication with veterans based on these findings, such as through using text messaging. Other reasons staff indicated for canceling or discontinuing a referral included veterans declining appointments or duplicate referrals.

Care, and said they are requesting that facilities complete these reviews within 2 months.[56]

VA Office of Community Care oversight. VA Office of Community Care officials said that, although facility staff are primarily responsible for monitoring active referrals, they do monitor at a national level how many referrals are in an active status every 15 days. Additionally, officials said they can work with facilities as needed to provide guidance and training, best practices, or reports to monitor progress.

In addition to overseeing national-level data on active referrals, VA Office of Community Care officials said they reviewed historical, national-level data on canceled and discontinued referrals in April and May 2020 to determine whether staff were following the March guidance to leave referrals active when appointments were canceled or postponed due to COVID-19. According to VA-provided data, the number of canceled and discontinued referrals dropped nationwide by 34 percent from March 2020 to May 2020. VA officials said this drop suggests that facility staff were correctly following guidance. VA officials said they also examined the results of a review conducted by Veterans Integrated Service Network 8 (Florida and South Georgia) on VCCP referrals that were canceled or discontinued between January 1, 2020, and July 31, 2020, at one facility in that network. According to VA officials, this review found that staff were generally following guidance in that network.[57]

COVID-19 Highlighted New and Previously Identified Challenges with VCCP Appointment Scheduling at Selected VA Facilities

Community care staff we interviewed from six VA medical facilities identified certain challenges they faced scheduling VCCP appointments

[56]VA officials added that they plan to update the referral scheduling system to require facility staff to enter a reason when canceling or discontinuing a referral.

[57]According to VA officials, less than 1 percent of the referrals from that facility were canceled or discontinued without documentation that care was no longer needed. For those referrals, VA officials said that facility staff contacted veterans and created new referrals if care was still needed.

that stemmed from the COVID-19 pandemic.[58] First, while VA encouraged facility staff to schedule appointments via telehealth when possible during the pandemic, staff from all six facilities we interviewed noted limitations in the provider telehealth data in the systems that facility staff use to manage and schedule VCCP referrals. This included that the Provider Profile Management System—VA's master database of community providers, including CCN providers—did not always indicate whether community providers offered telehealth appointments as an option for care.[59] Instead of being able to use the system to understand community provider telehealth capabilities, staff from four facilities stated that during the appointment scheduling process, they generally had to contact community providers directly to understand if they were able to provide telehealth appointments to a veteran.

VA officials stated that the department updated the Provider Profile Management System in September 2020 to include a data field to display whether a community provider is able to provide care via telehealth. Although the submission of data on telehealth capabilities is not a required field in the data they submit to VA, according to VA officials, officials from one of the two third-party administrators stated in December 2020 that they report this information to VA for inclusion in the Provider

[58]We conducted interviews with community care management, scheduling, and clinical staff at VA medical facilities located in central Alabama (Montgomery and Tuskegee); Marion, Illinois; St. Cloud, Minnesota; Fayetteville, North Carolina; Houston, Texas; and Sheridan, Wyoming between November 2020 and February 2021.

[59]The Provider Profile Management System was deployed at the end of fiscal year 2018 and receives and stores information from multiple sources about each provider such as demographic information and the types of services the provider is authorized to deliver. Staff from three facilities also expressed other concerns about the accuracy of community provider information in the Provider Profile Management System, including incorrect demographic information like a provider being misnamed. VA officials acknowledged facility concerns about data quality, and stated that the provider information that populates the Provider Profile Management System is provided by the CCN third-party administrators, and that VA has a process to report any errors to them. In addition, VA officials stated there can be user errors when searching for providers in the system, and VA conducted additional trainings for facility staff on using the Provider Profile Management System. GAO has ongoing work reviewing the accuracy of the data in VA's Provider Profile Management System.

Profile Management System.[60] In April 2021, officials from the other third-party administrator stated that they began working to incorporate this information where available into the data they submit to VA in January 2021 after learning of VA's update to the system.

Second, staff from all six facilities noted other scheduling challenges stemming from the pandemic, including community providers requiring veterans to have COVID-19 testing completed prior to being seen, and community providers temporarily closing. VA has taken steps to address these issues.

- Regarding COVID-19 testing requirements, VA announced in July 2020 the primary ways in which testing could be conducted in the community, either under the veteran's current referral, at a VA medical facility, as part of an urgent care visit, or through a new VCCP referral.
- In regards to community provider closures, although VA officials stated they were unable to track provider closures nationally, VA created a section in its referral system for facility staff to document scheduling and network issues related to COVID-19.[61] Specifically, in September 2020, VA required facility staff to begin documenting if (1) no CCN providers were available, (2) CCN providers were identified but not scheduling routine care or were currently closed, or (3) CCN providers were available and open, but had a greater than 90-day wait

[60]The third-party administrators provide VA with the community provider data reported in the system. Required fields include data such as the provider's name, address, and medical license number. According to VA officials, the CCN third-party administrators are not required to report whether CCN providers are capable of conducting telehealth appointments to VA for inclusion in the Provider Profile Management System as this data field was not included in the original data reporting requirements in the CCN contracts, but the department worked with the third-party administrators to submit this information when known.

[61]We identified the need for this type of reporting in June 2018, and recommended that VA establish mechanisms to ensure the agency is collecting reliable data on the reasons that both VA medical facility and third-party administrator staff are unsuccessful in scheduling veterans' appointments through the VCCP, and demonstrate that it has corrected any identified deficiencies. In May 2021, VA confirmed it had also established a mechanism for the third-party administrators to document scheduling challenges. Based on these actions, we closed this recommendation in June 2021. See GAO-18-281.

for an available appointment.[62] VA officials stated that once scheduling challenges are identified, there is a process in place to work with the facility and the CCN third-party administrator to resolve the challenges on a case-by-case basis.

In addition to new challenges, facility staff at the six selected facilities in our review also discussed ongoing appointment scheduling concerns that existed prior to COVID-19 but were highlighted, or in some cases, worsened by the pandemic. These included challenges with (1) increasing wait times for appointments with community providers, (2) inadequacies with the CCN community provider networks, and (3) facility community care workload and staffing. We have previously reported on these scheduling concerns and made recommendations to VA to address some of these issues in 2018 and 2020 (see table 1). VA agreed with our recommendations, but as of June 2021, has not implemented them.

Table 1: GAO Recommendations and Implementation Status for Addressing Veterans' Access to Care under the Veterans Community Care Program (VCCP)

GAO recommendation	Implementation status as of June 2021
The Under Secretary for Health should establish an achievable wait-time goal for the VCCP that will permit VA to monitor whether veterans are receiving VA community care within time frames that are comparable to the amount of time they would otherwise wait to receive care at VA medical facilities.	**Not yet implemented.** VA agreed with our recommendation, but as of June 2021, does not have an overall wait-time performance measure for the VCCP. GAO continues to believe the development of an overall wait-time performance measure for the VCCP is important to allow VA to evaluate timely access and to identify any deficiencies in its appointment scheduling process or networks of community providers.
The Under Secretary of Health should direct VA medical center leadership to assess their community care staffing and resource needs, and develop a plan to address any identified risks to their ability to schedule appointments in a timely manner, including strategies to adjust staff levels and address recruitment and retention challenges as needed.	**Not yet implemented.** VA agreed with our recommendation, and in April 2021, stated that facility community care offices are utilizing a staffing tool to capture recommended administrative and clinical staffing levels. In addition, VA is in the process of implementing its Referral Coordination Initiative, collaborating across offices to develop robust staffing models for its Referral Coordination Teams, and expanding recruitment and retention efforts of facility scheduling staff. VA expects to implement this recommendation by June 2021.

Source: GAO-18-281 and GAO-20-643 and GAO analysis of Department of Veterans Affairs (VA) information. | GAO-21-476

Community care wait times. Staff from all six facilities stated concerns with increased wait times for appointments as some community providers

[62]See VA Memorandum *Changes to Consult/Referral Management during COVID-19* (Sep. 15, 2020). According to VA officials, less than 1 percent of referrals in November and December 2020 had a scheduling challenge noted. In addition to documenting scheduling challenges on the tab in VA's referral system, officials stated that facility staff can also enter in comments in the Provider Profile Management System regarding provider operating statuses that other staff can see—for example, if a provider is temporarily closed.

temporarily closed or operated at reduced capacities due to COVID-19 infection control procedures.[63] For example, in November 2020, staff from one facility stated that due to community providers' limited capacity, appointments that were usually accommodated within 2 to 3 weeks were instead being scheduled for 2 to 3 months out. VA officials stated that community care wait times have varied by geographic area and by specialty during the COVID-19 pandemic, but noted challenges in rural areas of the country.[64]

In addition to collecting data on scheduling challenges, VA officials stated they are working with the CCN third-party administrators on a monthly basis to address scheduling challenges at the facility level. VA officials also stated that at the time of scheduling an appointment, facility staff can use a software tool to review the average wait times for VA-based care as well as community care (when appointment data are available) in order to inform their discussion with the veteran on where needed care should be scheduled.[65]

However, as we previously reported in September 2020, VA has not established an overall wait-time performance measure specifying the maximum amount of time it should take veterans to receive care from community providers under the VCCP.[66] Without a performance measure in place, VA is unable to determine the extent to which COVID-19 has impacted the timeliness of veterans' access to community care. Based on

[63]Officials from the American Legion also noted longer wait times for appointments as a concern for veterans.

[64]VA officials stated in April 2021 that urgent referrals (those referrals that need to be scheduled and care provided within 24 hours) have been completed in less than 2 days during the pandemic.

[65]According to VA's *Office of Community Care Field Guidebook*, the community care wait times that schedulers review are not reflective of available appointments at any single community provider, but a 90-day rolling average of all community providers who offer the requested service to which that the VA medical facility can refer a veteran. VA officials explained that wait times are calculated based on appointments that have been scheduled with those providers, and wait times are not available for categories of care that have no appointments scheduled with community providers.

In addition, due to the reduced number of face-to-face appointments at VA facilities during the pandemic, wait times that staff review for appointments at VA facilities include pending or completed appointment information dating back to January 1, 2020. VA officials confirmed that the department does not publicly report community care wait times.

[66]See GAO-20-643.

our findings in 2013 and 2018 that VA lacked an overall wait-time measure and faced challenges measuring how long it takes for veterans to receive care under prior community care programs, we recommended in June 2018 that VA implement a wait-time goal as it developed and implemented what became the VCCP.[67] VA agreed with our recommendation for the new community care program, but never implemented it.

In September 2020, more than one year after the implementation of the VCCP, we reiterated our concerns with VA's lack of action over the prior 7 years in implementing achievable wait-time goals for its prior community care programs, and recommended Congress consider requiring VA to establish a wait-time performance measure for the VCCP.[68] Legislation was enacted in January 2021 requiring VA to establish a process for scheduling VCCP appointments that includes the maximum number of days allowed to complete each step of the process.[69] VA officials told us the department submitted a report to Congress that defines the maximum number of days in each step of the scheduling process, from the time a veteran requests care through the time the request is completed.[70] However, as of June 2021, VA does not have an overall wait-time performance measure for the VCCP. We continue to believe the development of an overall wait-time performance measure for the VCCP is important to allow VA to evaluate timely access and to identify any deficiencies in its appointment scheduling process or networks of community providers.

[67]See GAO, *VA Health Care: Management and Oversight of Fee Basis Care Need Improvement*, GAO-13-441 (Washington, D.C.: May 31, 2013) and GAO-18-281.

[68]See GAO-20-643. In addition, in May 2021 we reiterated the importance of this recommendation in our Priority Open Recommendations Letter for the Department of Veterans Affairs. See *GAO Priority Open Recommendations: Department of Veterans Affairs,* GAO-21-469PR (Washington, D.C.: May 10, 2021).

[69]Specifically, on January 5, 2021, the President signed into law the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020, which required, within 60 days of enactment, VA to establish a process and requirements for scheduling VCCP appointments that includes the maximum number of days allowed to complete each step of the process but does not require VA to establish an overall wait-time performance measure for veterans to receive care. Pub. L. No. 116-315, § 3101(a), 134 Stat. 4932, 4999-5000.

[70]VA officials also stated the department can track community care wait times through newly developed software and compare those wait times to the length of time it takes veterans to receive care at VA medical facilities.

Community provider network adequacy. Staff from all six selected facilities in our review expressed concerns with the CCN provider networks, including staff from some facilities noting that providers closed or reduced their operating capacity during the pandemic. These concerns varied by facility, and included gaps in the network for certain types of specialty care, community providers not knowing they were enrolled in the CCN, delays in adding providers to the CCN, and continuity of care concerns if a veteran's former community provider chose not to enroll in the CCN. However, in contrast with what facility staff told us about their challenges with the provider networks, officials from both CCN third-party administrators stated that community provider closures (both temporary and permanent) during the pandemic have not affected their ability to meet CCN network adequacy requirements.[71] We previously reported on concerns around the provider networks in September 2020, including facility staff believing that the CCN provider network was not adequate, and education issues with community providers not knowing they were enrolled in the CCN.[72]

VA officials described actions they have taken in response to concerns over CCN network inadequacy issues. These steps include extending access to the network of community providers from the previous community care program and expanding telehealth to increase care options with community providers.[73] In addition, VA officials said they will use the scheduling challenges data they started collecting in September 2020 to better monitor the networks at a local level.

[71]Network adequacy for the CCN is determined by specific categories of care utilizing two primary factors: (1) geographic accessibility to a provider based on drive times, and (2) appointment availability. The appointment availability standard reflects a 30-day maximum for routine care in urban, rural, and highly rural locations. In January 2021, VA officials stated when they reviewed the appointment availability data reported by the CCN third-party administrators during this time, in most case, appointments were being scheduled at most 10-15 days longer than the 30-day standard, and did not feel this was sufficient information to allow a deviation from the standard to relax the measures.

[72]See GAO-20-643. In that report, we spoke with VA facilities (specifically VA medical centers) located in White River Junction, Vermont; Philadelphia, Pennsylvania; Bronx, New York; Bath, New York; and Washington, D.C. between September 2019 and February 2020.

[73]According to VA documentation and officials, the extension for the use of the previous community provider network for new referrals ended on October 23, 2020, for CCN Regions 1 through 4. VA officials stated that CCN Regions 5 and 6 are still using the previous network until the CCN is fully deployed in those regions.

Workload and staffing. Staff we interviewed at the six selected facilities also identified referral workload and facility community care staffing challenges. According to staff from three facilities, as of November and December 2020, referral workload—the number of referrals—has increased as veterans started to seek care again. Staff from one facility discussed canceling a majority of appointments in March 2020, then having three times the amount of referrals to schedule a few months later that included both new referrals as well as the older referrals with canceled appointments that had to be rescheduled.

Staff from all six facilities discussed staffing challenges that resulted from COVID-19. Examples of these included challenges associated with VA adding additional steps to the referral process (such as continually following up on referrals to check if the veteran or community provider was ready to schedule an appointment), and challenges created when community care staff are reassigned to work in different parts of the facility. For example, staff from one facility stated that when the pandemic began, some nurses in the community care office were reassigned to assist with inpatient needs at the facility, which left the community care office with less staff available to handle the community care referral workload.

In addition, staff from all six facilities discussed a staffing challenge that we have previously reported. Specifically, staff stated that they believed their facility community care offices were understaffed, with some noting specific vacancies in scheduler and clinical positions. Understaffed community care offices may affect a facility's ability to handle veteran's community care referrals in a timely manner. We previously reported on VCCP referral workload and facility community care staffing concerns in September 2020. Specifically, in that report we noted that while VA developed a staffing tool to help facilities determine the number of staff they needed to manage community care, most facilities in CCN Region 1, as of February 2020, did not have the number of staff recommended by the tool and were not meeting timeliness metrics for appointment scheduling.[74] We recommended that VA direct VA medical facility leadership to assess their community care staffing and resource needs, and develop a plan to address any identified risks to their ability to

[74]See GAO-20-643. There are 40 VA medical centers in CCN Region 1. We did not review staffing in the other CCN regions in this report.

schedule appointments in a timely manner. VA agreed with the recommendation, but as of June 2021, has not implemented it.

VA officials acknowledged facility staffs' challenges with increasing VCCP referral workloads and understaffed facility community care offices. While officials stated that the initial drop in referrals in March and April 2020 allowed some facilities to work on referral backlogs from before the pandemic, they also noted that facility staff may require more time to schedule referrals during the pandemic. For example, officials stated that it may take facility staff longer to review and schedule older, active referrals with canceled appointments from earlier in the pandemic as that process can be time consuming.

In addition, VA officials stated that they updated the staffing tool to reflect current referral volume and scheduling tasks, and recently requested facilities update data in the staffing tool in March 2021. Officials found that a deficit of community care staff continues to exist for both administrative and clinical positions at VA medical facilities, and the department is now requiring facilities to update the staffing tool every 90 days to monitor progress toward addressing staffing deficits. VA officials stated the department is also using the optional task in the CCN contracts to have both third-party administrators provide scheduling assistance to select VA medical facilities.[75]

The COVID-19 pandemic hit the United States less than 1 year after VA implemented the VCCP and began its phased implementation of the program's new community provider networks. While the pandemic has presented unique challenges, VA medical facility staff continued to face several longstanding appointment scheduling problems that predated COVID-19, but were highlighted or even worsened by the pandemic. We made recommendations to VA to address concerns about community care wait times and staffing in 2018 and 2020, and recommended in 2020 that Congress consider requiring VA to take action regarding wait times. However, the recommendations we made to VA remain unimplemented. VA's ability to effectively administer the VCCP is vital to ensuring

[75]According to VA officials, at the time of the CCN contract awards, the agency anticipated VCCP appointment scheduling responsibilities would be completed by VA medical facility staff. However, officials said that COVID-19 escalated the need to use the two CCN third-party administrators for scheduling assistance. As of June 2021, 42 VA medical facilities are using third-party administrator support for VCCP appointment scheduling, according to VA officials. In April 2021, VA officials stated that the use of the third-party administrators for scheduling assistance has helped increase the number of VCCP referrals that have been scheduled and completed.

veterans receive timely access to health care through community providers. While some scheduling challenges that are specific to COVID-19 may subside when the pandemic is over, others will continue until VA takes action. Therefore, GAO reiterates the importance of its past recommendations related to the VCCP and urges VA to take swift action on them.

Agency Comments

We provided a draft of this product to VA for comment. In its comments, reproduced in appendix III, VA noted actions it took during the COVID-19 pandemic regarding veterans' access to care through VA's community provider networks, which were highlighted in this report. VA also provided technical comments, which we incorporated as appropriate.

We are sending copies of this report to the Secretary of Veterans Affairs, appropriate congressional committees, and other interested parties. This report is also available at no charge on the GAO Web site at http://www.gao.gov.

If you or your staff have any questions about this report, please contact me at (202) 512-7114 or silass@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs are on the last page of this report. GAO staff who made major contributions to this report are listed in appendix IV.

Sharon M. Silas
Director, Health Care

List of Addressees

The Honorable Patrick Leahy
Chairman
The Honorable Richard Shelby
Vice Chairman
Committee on Appropriations
United States Senate

The Honorable Ron Wyden
Chairman
The Honorable Mike Crapo
Ranking Member
Committee on Finance
United States Senate

The Honorable Patty Murray
Chair
The Honorable Richard Burr
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Committee on Health, Education, Labor, and Pensions
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The Honorable Gary C. Peters
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The Honorable Rosa L. DeLauro
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The Honorable Richard Neal
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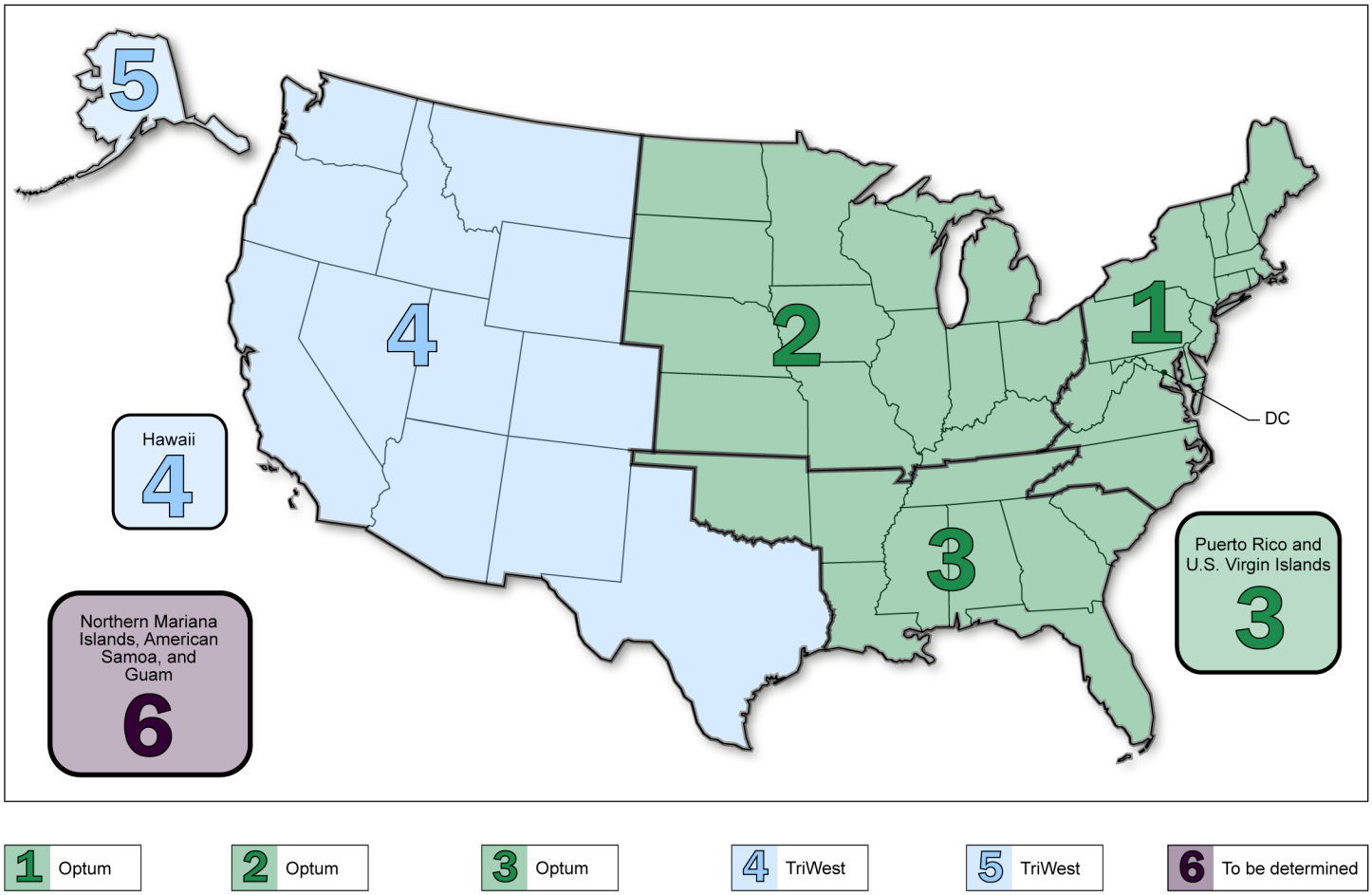
The Honorable Kevin Brady
Republican Leader
Committee on Ways and Means
House of Representatives

The Honorable Julia Brownley
Chairwoman
Subcommittee on Health
Committee on Veterans' Affairs
House of Representatives

Appendix I: Department of Veterans Affairs Community Care Networks Regional Map and Implementation Time Frames

The Department of Veterans Affairs (VA) purchases community care under its Veterans Community Care Program (VCCP) through regional contracts called Community Care Networks (CCN). VA has divided the United States and territories into six regions. VA awarded the contracts for CCN Regions 1 through 3 to Optum Public Sector Solutions (Optum) in December 2018, and the contracts for CCN Regions 4 and 5 were awarded to TriWest Healthcare Alliance (TriWest) in August 2019 and October 2020, respectively. As of June 2021, VA has not awarded a contract for CCN Region 6 and is using one of VA's previous community provider networks to provide VCCP care in the interim. (See fig. 5.)

Figure 5: Map of Community Care Networks and Awarded Third-Party Administrators for the Veterans Community Care Program, as of June 2021



Source: GAO analysis of Department of Veterans Affairs information (data); Map Resources (map). | GAO-21-476

Note: The awarded third-party administrators include Optum Public Sector Solutions (Optum) and TriWest Healthcare Alliance (TriWest).

The two third-party administrators are responsible for recruiting and building networks of licensed health care community providers and paying community provider claims. VA implemented the CCN contracts region-by-region in a phased approach by VA medical facility, beginning with VA medical facilities in CCN Region 1. Specifically:

- CCN Region 1 implementation began in July 2019 and was completed in December 2019;
- CCN Region 2 implementation began in October 2019 and was completed in March 2020;

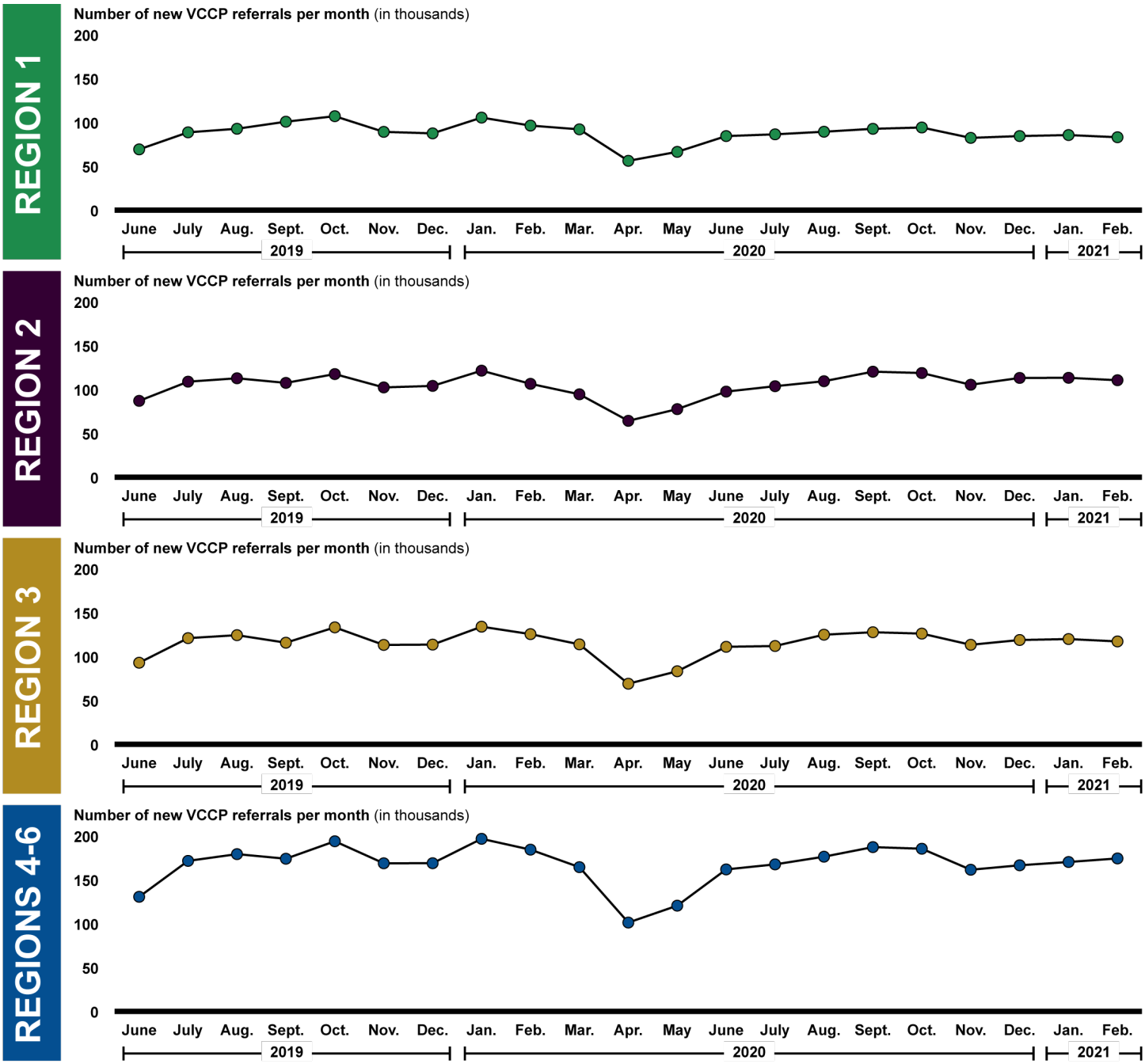
- CCN Region 3 implementation began in January 2020 and was completed in June 2020;
- CCN Region 4 implementation began in June 2020 and was completed in August 2020; and
- CCN Region 5 implementation began in April 2021 and is scheduled to be completed in June 2021.

Appendix II: Veterans Community Care Program Referral Volume

The Veterans Community Care Program (VCCP) allows veterans to receive care from community providers when they face certain challenges accessing care at Department of Veterans Affairs (VA) medical facilities, such as when VA cannot furnish care within its designated access standards, or a VA provider deems it is in the veteran's best medical interest. VA purchases community care through regional contracts called Community Care Networks (CCN). See Appendix I for more information on the CCN regions.

According to our analysis of VA-provided data, the number of new VCCP referrals decreased by nearly half (48 percent) between January 2020 and April 2020 across all CCN regions in light of the COVID-19 pandemic. However, VCCP referral volume has been increasing since May 2020, and returned to pre-pandemic levels by September 2020. (See fig. 6)

Figure 6. New Veterans Community Care Program (VCCP) Referrals per Month, June 2019 to February 2021



Source: GAO analysis of Department of Veterans Affairs (VA) data. | GAO-21-476

Accessible Data for Figure 6. New Veterans Community Care Program (VCCP) Referrals per Month, June 2019 to February 2021

Month	Region 1 numbers
June	69.283
July	88.71
Aug.	92.787
Sept.	100.84
Oct.	107.114
Nov.	89.251
Dec.	87.535
Jan.	105.526
Feb.	96.412
Mar.	92.124
Apr.	56.239
May	66.464
June	84.444
July	86.438
Aug.	89.403
Sept.	92.727
Oct.	94.237
Nov.	82.385
Dec.	84.468
Jan.	85.617
Feb.	83.123

Month	Region 2 numbers
June	87.056
July	108.941
Aug.	112.809
Sept.	107.547
Oct.	117.598
Nov.	102.392
Dec.	104.11
Jan.	121.495
Feb.	106.482
Mar.	94.537
Apr.	64.306
May	77.636
June	97.611
July	103.763
Aug.	109.462
Sept.	120.345
Oct.	118.79
Nov.	105.436
Dec.	113.206
Jan.	113.337
Feb.	110.589

Month	Region 3 numbers
June	93.003
July	121.043
Aug.	124.416
Sept.	115.839
Oct.	133.325
Nov.	113.312
Dec.	113.659
Jan.	134.099
Feb.	125.605
Mar.	113.937
Apr.	69.075
May	83.275
June	111.143
July	112.061
Aug.	124.959
Sept.	127.765
Oct.	126.201
Nov.	113.449
Dec.	118.916
Jan.	119.977
Feb.	117.292

Month	Region 4-6 numbers
June	130.616
July	171.574
Aug.	179.271
Sept.	174.031
Oct.	193.941
Nov.	168.832
Dec.	168.917
Jan.	196.735
Feb.	184.373
Mar.	164.409
Apr.	101.276
May	120.52
June	161.84
July	167.595
Aug.	176.346
Sept.	187.28
Oct.	185.419
Nov.	161.47
Dec.	166.54
Jan.	170.303
Feb.	174.366

Notes: Veterans Community Care Program (VCCP) referral data for Community Care Network (CCN) Regions 4, 5, and 6 are reported together. Region 5 (Alaska) has too few referrals (average of 6,955 per month) compared to other CCN Regions to display separately on this graph. VA reports Region 6 (Pacific Islands) referral data with Region 4.

Appendix III: Comments from the Department of Veterans Affairs

DEPARTMENT OF VETERANS AFFAIRS
WASHINGTON

June 10, 2021

Ms. Sharon Silas
Director
Health Care
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Ms. Silas:

The Department of Veterans Affairs (VA) has reviewed the Government Accountability Office (GAO) draft report: ***VETERANS COMMUNITY CARE PROGRAM: VA Took Action on Veterans' Access to Care but COVID-19 Highlighted Continued Scheduling Challenges*** (GAO-21-476).

The enclosure contains general and technical comments. VA appreciates the opportunity to comment on your draft report.

Sincerely,

Tanya Bradsher
Chief of Staff

Enclosure

Enclosure

Department of Veterans Affairs (VA) Comments to
Government Accountability Office (GAO) Draft Report
VETERANS COMMUNITY CARE PROGRAM: VA Took Action on Veterans' Access to Care but COVID-19 Highlighted Continued Scheduling Challenges
(GAO-21-476)

General Comments:

VA places Veterans' health care needs as its highest priority. This has remained the priority both prior to and throughout the Coronavirus Disease 2019 (COVID-19) pandemic. During the Nation's COVID-19 pandemic response, the Veterans Health Administration's (VHA) Office of Community Care (OCC) took proactive actions to enhance Veterans' access to care through VA's community provider networks. Many of these were highlighted in GAO's report.

Telehealth Expansion

To reduce Veterans' risk of exposure to COVID-19, VA significantly increased access to telehealth appointments with community providers to provide expanded access to care for Veterans, particularly when many community providers were not open to in-person visits. As a result, VA increased community care telehealth appointments from an average 3,200 appointments per month to a high of 95,000 in April 2020.

Referral Extensions

To help ensure that Veterans have access to care that may have been postponed early during the pandemic, VA extended Veteran referrals for care up to 6 months to allow Veterans to resume care with their providers once safely available.

Network Adequacy and Community Provider Support

VA took proactive actions to ensure network adequacy, including extending access to community providers from the previous community care program as well as using the Community Care Networks (CCN) to maximize availability of providers in areas that were heavily hit by surges in the COVID-19 pandemic.

Expanded Flu Shot Program

VA launched a new flu shot initiative during the COVID-19 emergency that was critical to promote the importance of Veterans receiving the vaccination to reduce their potential for contracting the virus. VA significantly expanded flu vaccine availability through more than 69,000 community retail pharmacies and urgent care locations to ensure Veterans had broad access during the COVID-19 emergency.

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Enclosure

Department of Veterans Affairs (VA) Comments to
Government Accountability Office (GAO) Draft Report
VETERANS COMMUNITY CARE PROGRAM: VA Took Action on Veterans' Access to Care but COVID-19 Highlighted Continued Scheduling Challenges
(GAO-21-476)

Improved Referral Management

To ensure that Veteran needs were met, starting with the most urgent, VA assigned priority designations to community care referrals allowing Veterans Affairs Medical Center (VAMC) community care staff to schedule appointments for Veterans with the greatest need based on clinical urgency during COVID-19.

As part of its COVID-19 appointment and referral management initiative plan, VHA OCC developed a reporting tool and monitoring mechanism that allowed VAMC community care staff to monitor and review referrals at least every 30 days and follow up with Veterans to schedule appointments.

OCC created a COVID-19 appointment referral management plan to track cancelled appointments/referrals due to COVID-19, to keep referrals open and reschedule Veterans' appointments. OCC reviewed 110,000 cancelled community consults to ensure care that was cancelled during the pandemic was appropriate.

Timely Appointments

VA is committed to ensuring that Veterans receive the routine/preventative care they need which may not have been safely available or a patient may not have felt comfortable to obtain during the COVID-19 emergency.

VA is in the advanced stages of implementing specialized Referral Coordination Teams at every VAMC across the country to streamline the process of Veteran referrals and provide an outstanding, Veteran-centric experience during the process.

As we emerge from the recent surges in the COVID-19 pandemic, VA has made substantial progress in coordinating care for Veterans. In March and April 2021 (the first two full months since the last national COVID-19 surge), VA has seen record growth in care coordinated both within the VA system and in the community, including more than 400,000 appointments scheduled in the community during each of these months.

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Accessible Text for Appendix III: Comments from the Department of Veterans Affairs

Page 1

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U.S. Government Accountability Office
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Washington, DC 20548

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Page 2

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Page 3

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Appendix IV: GAO Contact and Staff Acknowledgments

GAO Contact

Sharon M. Silas, (202) 512-7114 or silass@gao.gov

Staff Acknowledgments

In addition to the contact named above, Marcia A. Mann (Assistant Director), Erika Huber (Analyst-in-Charge), Keith Haddock, and Kate Tussey made key contributions to this report. Also contributing were Sam Amrhein, Vikki Porter, Jennifer Rudisill, and Jeffrey Tamburello.

GAO Related Products

Veterans Community Care Program: Immediate Actions Needed to Ensure Health Providers Associated with Poor Quality Care Are Excluded. GAO-21-71. Washington, D.C.: February 1, 2021.

Veterans Community Care Program: Improvements Needed to Help Ensure Timely Access to Care. GAO-20-721T. Washington, D.C.: September 30, 2020.

Veterans Community Care Program: Improvements Needed to Help Ensure Timely Access to Care. GAO-20-643. Washington, D.C.: September 28, 2020.

Veterans Health Care: Opportunities Remain to Improve Appointment Scheduling within VA and through Community Care. GAO-19-687T. Washington, D.C.: July 24, 2019.

Veterans Health Care: VA Needs to Address Challenges as It Implements the Veterans Community Care Program. GAO-19-507T. Washington, D.C.: April 10, 2019.

Veterans Choice Program: Further Improvements Needed to Help Ensure Timely Payments to Community Providers. GAO-18-671. Washington, D.C.: September 28, 2018.

Veterans Choice Program: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of Its Community Care Programs. GAO-18-281. Washington, D.C.: June 4, 2018.

VA Health Care: Management and Oversight of Fee Basis Care Need Improvement. GAO-13-441. Washington, D.C.: May 31, 2013.

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