



March 2024

VETERANS COMMUNITY CARE PROGRAM

Additional Information
on VA Statutory
Appointment
Timeliness
Measurements Is
Needed

GAO Highlights

Highlights of [GAO-24-105308](#), a report to congressional committees

Why GAO Did This Study

GAO and others have previously identified challenges VA has had in scheduling community care appointments in a timely manner. The Isakson-Roe Act included requirements for VA related to administering community care and to measuring appointment scheduling timeliness, from the date the veteran requires care to the date the community care appointment occurs. It also includes a provision for GAO to review VA's compliance with section 3103 of the act.

This report examines (1) VA's compliance with statutory requirements to review and report on community care staffing and training, (2) VA's compliance with statutory requirements to measure community care appointment scheduling timeliness, and (3) the reliability of the metrics VA used to inform the statutorily required timeliness measurements.

GAO reviewed community care program reports VA submitted to Congress on staffing, training, and appointment scheduling timeliness. GAO also analyzed the reliability of timeliness data (metrics) for nine VA medical facilities selected for geographic diversity.

What GAO Recommends

GAO is making two recommendations to VA regarding the Isakson-Roe Act requirements: (1) engage with Congress to discuss measurement limitations and determine any potential refinements, and (2) disclose to any users the quantity of referrals used to generate the biweekly updates. VA concurred with both recommendations.

View [GAO-24-105308](#). For more information, contact Sharon M. Silas at (202) 512-7114 or Silas@gao.gov

March 2024

VETERANS COMMUNITY CARE PROGRAM

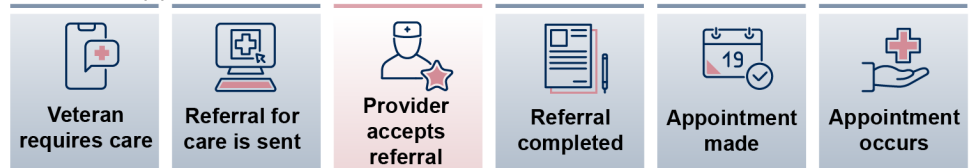
Additional Information on VA Statutory Appointment Timeliness Measurements Is Needed

What GAO Found

The Department of Veterans Affairs (VA) met some but not all of the statutory requirements related to the administration of the Veterans Community Care Program. This critical program allows eligible veterans to obtain health care from community providers under certain conditions. Specifically, VA met the statutory requirement to review and report on community care staffing and training at VA facilities, as required by the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (Isakson-Roe Act).

However, VA did not meet the statutorily required measurements on the timeliness of scheduling community care appointments because its approach prevents it from making certain measurements. Specifically, VA's approach cannot yield data on a certain time point—the date a provider accepts a referral for care—which is needed to calculate two required measurements. According to VA, staff are not required to collect referral acceptance dates. VA told GAO it monitors the scheduling process through other standard reports. While VA disclosed the limitation in its January 2022 report to Congress on the required measurements, it did not indicate how it planned to resolve it to comply with the statute, or if it sought legislative relief in light of changes in its scheduling process since the act was enacted. VA is continuing to internally update these timeliness measurements biweekly, as required by the statute. By engaging with Congress on the limitations it faces, VA could determine any refinements needed to address Congress's oversight needs, or seek legislative relief, as appropriate.

Community Care Appointment Scheduling Steps Required to Be Measured by Section 3103(b) of the Isakson-Roe Act



VA's approach for calculating the required measures will not provide the data needed for VA to compile, report on, and regularly update all measurements required in section 3103(b) of the Isakson-Roe Act.

Source: Section 3103 of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (information); MStyle/stock.adobe.com (icons). | GAO-24-105308

VA developed 15 metrics that measure periods of time within its community care scheduling process. It uses these to inform the broader timeliness measurements discussed above. However, GAO found four of the 15 metrics to be unreliable, as these metrics also require data on provider referral acceptance dates (described above) in order to be calculated. For example, GAO found that of the 20,463 referrals for community care completed at nine selected VA facilities from Aug. 16-31, 2023 (the most recent data available at the time of GAO's analysis), only 3 percent (673 referrals) were included in VA's calculations of the four metrics due to the incomplete data on referral acceptance dates. Since VA is continuing to internally update its timeliness data, ensuring that VA discloses to any users of the data the quantity of referrals used to generate the timeliness data would help ensure users understand what the data represent.

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Abbreviations

CPRS	Computerized Patient Record System
HSRM	Health Share Referral Manager
VA	Department of Veterans Affairs
VHA	Veterans Health Administration

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March 28, 2024

The Honorable Jon Tester
Chairman
The Honorable Jerry Moran
Ranking Member
Committee on Veterans' Affairs
United States Senate

The Honorable Mike Bost
Chairman
The Honorable Mark Takano
Ranking Member
Committee on Veterans' Affairs
House of Representatives

The Department of Veterans Affairs' (VA) Veterans Health Administration (VHA) operates the largest health care delivery system in the United States, providing health care to approximately 6 million veterans.¹ As we have previously reported, in the last decade, Congress has taken steps to improve veterans' access to care. This has included expanding the ability for eligible veterans to receive health care from non-VHA community providers when veterans face certain challenges accessing care at VHA medical facilities, such as long wait times or lengthy travel distances.²

VA implemented the Veterans Community Care Program on June 6, 2019, as required under the VA MISSION Act of 2018 to strengthen and

¹This includes veterans treated by VHA providers or whose treatment is reimbursed by VHA.

²In August 2014, after several well-publicized events highlighted serious and long-standing issues with veterans' access to care, Congress enacted the Veterans Access, Choice, and Accountability Act of 2014. Among other things, the law established a temporary program—called the Veterans Choice Program—and provided up to \$10 billion in funding for veterans to obtain health care services from community providers when they faced long wait times, lengthy travel distances, or other challenges accessing care at VHA facilities. Pub. L. No. 113-146, tit. I, § 101, tit. VIII, § 802(d), 128 Stat. 1754, 1755-1765, 1802-1803 (2014).

In 2019, the Veterans Community Care Program replaced the Veterans Choice Program and consolidated other existing community care programs. The VA MISSION Act of 2018 expanded veterans' eligibility to receive care from non-VHA community providers. Pub. L. No. 115-182, tit. I, §101, 132 Stat. 1393, 1395 (2018).

improve VA's health care system for veterans and their caregivers.³ According to VA, veterans had approximately 38 million appointments with non-VHA community providers through the Veterans Community Care Program in fiscal year 2022.⁴ Under the program, each VHA medical facility manages its own community care appointment scheduling process, and VHA medical facility staff are responsible for scheduling community care appointments.

In recent years, we and others have identified challenges VA has had in ensuring community care appointments are scheduled by VHA medical facilities' staff in a timely manner and in overseeing the appointment scheduling process.⁵ For example, in 2018, we found that VA lacked an overall wait-time performance measure for veterans to receive community care. In addition, as part of that review, we recommended that VA develop an appointment scheduling process for community care and establish a time frame within which veterans' appointments are to occur.⁶ These are among several reports we have issued on the Veterans

³Pub. L. No. 115-182, tit. I, §101, 132 Stat. at 1395.

⁴We refer to care provided by community providers through the Veterans Community Care Program as "community care."

⁵The VA Office of Inspector General has also reported on VHA's appointment scheduling challenges. For example, see Department of Veterans Affairs, Office of the Inspector General, *Veterans Health Administration, Audit of Community Care Consults During COVID-19*, Report No. 21-00497-46 (Washington, D.C.: Jan. 19, 2022) and *Veterans Health Administration, Improvements Are Needed in the Community Care Consult Process at VISN 8 Facilities*, Report No. 18-05121-36 (Washington, D.C.: Jan. 16, 2020).

⁶GAO, *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 agreed with our recommendation and has defined time frames for when a community care referral must be processed and scheduled but has not yet defined a timeliness standard for when a veteran's appointment should occur. The Consolidated Appropriations Act, 2023, enacted on December 29, 2022, requires VHA to establish a specific wait time measure (the number of days from the date of request for the appointment to the first next available appointment) for purposes of eligibility under the Veterans Community Care Program and ensure community care providers comply with this metric in providing services. In September 2023, VA officials stated that they continue to evaluate the technical, logistical, and financial implications of operationalizing these legislative requirements.

Community Care Program and VA's management of the program.⁷ (See Related GAO Products at the end of this report.)

In January 2021, Section 3103 of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 directed VA to certify the proper administration of community care and to measure the timeliness of scheduling appointments for each VHA medical facility.⁸ The Isakson-Roe Act further included a provision for us to review VA's compliance with the section 3103 requirements, including a review of the validity and reliability of data submitted by VA on the measurement of timeliness for each VHA medical facility.⁹

This report evaluates

1. VA's compliance with statutory requirements to review and report on staffing and training necessary to administer community care referrals as outlined in law,
2. VA's compliance with statutory requirements to measure facility appointment scheduling timeliness for community care, and
3. the reliability of the metrics VA used to inform the statutorily required timeliness measurements.

To determine compliance with statutory requirements to review and report on staffing and training necessary to administer community care, we

⁷VA health care was added to our High-Risk List in 2015 and has remained on it including the most recent publication in April 2023. 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. See GAO, *High-Risk Series: Efforts Made to Achieve Progress Need to Be Maintained and Expanded to Fully Address All Areas*, [GAO-23-106203](#) (Washington, D.C.: Apr. 20, 2023).

⁸Pub. L. No. 116-315, 134 Stat. 4932 (2021). In addition to the requirements outlined in section 3103, the Isakson-Roe Act included other provisions related to appointment scheduling. Section 3101 focused on the process and requirements for scheduling appointments, and section 3102 required VA to conduct facility-level audits of the scheduling of appointments and management of referrals for internal VHA and community care appointments. See Pub. L. No. 116-315, tit. III, §§ 3101- 3103, 134 Stat. at 4999-5005.

⁹Pub. L. No. 116-315, tit. III, § 3103(c), 134 Stat. at 5005. When rendering compliance determinations in an audit objective, we apply the relevant provisions of the law to the agency actions using our best judgment of what the law requires. We strive to produce thorough, well-researched, and well-reasoned conclusions, informed by agency explanation of pertinent facts. Determinations for compliance are based on complete compliance and not partial or substantial compliance with an act's provisions.

compared VA's reports to Congress to the statutory provisions outlined in section 3103(a) of the Isakson-Roe Act. Specifically, we reviewed the related reports VA submitted to Congress in June 2021, December 2021, June 2022, and January 2023, and examined whether the statutory requirements were present in each of the reports.¹⁰

To determine compliance with statutory requirements to measure facility appointment scheduling timeliness for community care, we compared the statutorily required report VA submitted to Congress presenting the data outlined in section 3103(b) of the Isakson-Roe Act. Specifically, we reviewed VA's January 2022 report to Congress to examine whether the statutory requirements were present.¹¹ We also reviewed VA's bi-weekly updates on these measurements that were compiled from September 2021 through January 2023, the most recent available at the time we conducted our analysis. We interviewed VA officials to discuss VA's approach for calculating the required measurements. We also evaluated VA's compliance efforts against the agency's guidance on matters related to Congressional relations.¹²

To assess the reliability of the metrics used to inform timeliness measurements submitted by VA, we analyzed the underlying data that VA used to calculate the 15 data points (metrics) to satisfy section 3103(b) of the Isakson-Roe Act. Specifically, we analyzed the underlying data for the August 16-31, 2023, bi-weekly update at nine VHA medical facilities.¹³ We selected these nine facilities to ensure diversity in geographic location and in whether the facility performed some of its scheduling using a third-

¹⁰Department of Veterans Affairs, *Report on the Administration of Non-Department of Veterans Affairs Health Care*. June 2021; Department of Veterans Affairs, *Congressionally Mandated Report: Report on the Administration of Non-Department of Veterans Affairs Health Care (B)*. December 2021; Department of Veterans Affairs, *Congressionally Mandated Report: Administration of Non-Department of Veterans Affairs Health Care*. June 2022; and Department of Veterans Affairs, *Congressionally Mandated Report: Administration of Non-Department of Veterans Affairs Health Care*. January 2023.

¹¹Department of Veterans Affairs, *Congressionally Mandated Report: Administration of Non-Department of Veterans Affairs Health Care – Measurement of Timeliness*. January 2022.

¹²Department of Veterans Affairs, *Guidance Relating to Congressional Relations Activities*, VA Directive 8100 (Washington, D.C.: May 7, 2018).

¹³We selected the August 16-31, 2023 time period because it was the next bi-weekly update that VA was preparing at the time of our analysis. However, we did not assess the reliability of the staffing and training data provided in VA's staffing and training reports because the Act did not require us to do so.

party administrator.¹⁴ We performed calculations for each of VA's 15 metrics for the nine facilities, and with one exception, were able to replicate VA's results.¹⁵ We determined that the underlying available data for the August 16-31, 2023 biweekly update were sufficiently reliable for our audit objectives, and could be used to assess the reliability of the metrics VA created for the statutorily required measurements. We also compared VA's created metrics against federal internal control standards for the use of quality information and communication with external or internal parties.¹⁶

We conducted this performance audit from June 2021 to March 2024 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.

Background

Veterans Community Care Program

The VA MISSION Act of 2018 established the Veterans Community Care Program, which replaced the temporary Veterans Choice Program. VA implemented the community care program in June 2019. The goal of this program is to allow eligible veterans to receive health care from community providers when providers at VHA medical facilities cannot

¹⁴We originally intended to replicate VA's August 16-31, 2023 biweekly update for 10 facilities located in; (1) Atlanta, Georgia; (2) Martinsburg, West Virginia; (3) Fayetteville, North Carolina; (4) Bay Pines, Florida; (5) Cleveland, Ohio; (6) Big Spring, Texas; (7) Salt Lake City, Utah; (8) Seattle, Washington; (9) Prescott, Arizona; and (10) Omaha, Nebraska. We did not receive complete data from VA for Atlanta, Georgia, so we removed Atlanta, Georgia from our analysis.

¹⁵The one exception was VA's measurement for the medical facility located in Omaha, Nebraska, of the date the referral for care is sent to a community provider to the date the referral was accepted by the provider. Because we were able to replicate the other measurements at Omaha, Nebraska, we concluded that the mismatch was due to GAO not receiving all of the available referrals with a date set to be accepted at this facility.

¹⁶Internal control is a process effected by an entity's oversight body, management, and other personnel that provides reasonable assurance that the objectives of an entity will be achieved. See GAO, *Standards for Internal Control in the Federal Government*, [GAO-14-704G](#) (Washington, D.C.: Sept. 10, 2014).

meet designated access standards, among other conditions.¹⁷ For example, eligible veterans may choose to receive care under the Veterans Community Care Program when services they need are not available at a VHA medical facility.

Each VHA medical facility manages its own community care appointment scheduling process with facility community care staff that coordinate veterans' care with community providers. VA providers may request care for eligible veterans through referrals made in the veterans' electronic health records. Those referrals are then processed by VHA medical facility staff to schedule an appointment for each veteran with a community provider. VHA medical facility staff use two systems—the Health Share Referral Manager (HSRM) and the Computerized Patient Record System (CPRS)—to process referrals for community care appointments for veterans.¹⁸

As described in VA guidance, when scheduling a veteran's community care appointment, VHA medical facility community care staff take several

¹⁷Pub. L. No. 115-182, tit. I, §101, 132 Stat.at 1395. The VA MISSION Act of 2018 required VA to establish access standards for the purposes of eligibility determinations to receive care in the community through the Veterans Community Care Program. VA issued implementing regulations defining VHA's designated access standards at 38 C.F.R § 17.4040 (2023). VHA's designated access standards include when the veteran's average drive time to a VHA provider is more than 30 minutes for primary care or more than 60 minutes for specialty care, or VA cannot schedule an appointment with a VHA provider within 20 days for primary care or 28 days for specialty care of the date of the request of care unless a later date has been agreed upon. If these standards cannot be met, then the veteran is eligible to receive care in the community. As of December 4, 2023, VA's regulations have not been updated to reflect the amendments in the Consolidated Appropriations Act, 2023 requiring VHA to establish a specific wait time measure (the number of days from the date of request for the appointment to the first next available appointment) for purposes of eligibility under the Veterans Community Care Program.

¹⁸HSRM was deployed at all VHA medical facilities as of June 24, 2019, for staff to use to manage Veterans Community Care Program referrals, including creating authorizations, searching for community providers, documenting appointments, and reviewing referral timeliness data. The system also allows medical facility staff and community providers to electronically share referrals and documentation with each other. For community providers, use of HSRM is optional.

According to VA, requests for community care are documented in CPRS, VHA's current electronic health record, and used as a means of communication from a VHA provider to a community care provider for the purpose of requesting evaluation and treatment of a specific clinician concern. Referrals are a request for community care submitted in CPRS and routed to HSRM. For each referral in HSRM, there is a corresponding consult in CPRS.

actions to review the veteran's referral for care and schedule the appointment. Generally, facility staff are to:

1. gather any veteran scheduling preferences,
2. identify and contact community providers listed in VA's database of community providers to determine appointment availability,
3. create and send the veteran's referral information to the community provider,
4. schedule the veteran's appointment with the provider,
5. communicate appointment details to the veteran,
6. perform care coordination to support the veteran throughout the episode of care,
7. follow up to confirm appointment attendance,
8. request and review medical documentation from community provider, and
9. review and process requests for additional services from community providers.

Isakson-Roe Act Statutory Requirements for VA on Administration and Scheduling of Community Care

Section 3103 of the Isakson-Roe Act included requirements for VA to certify the proper administration of community care and to measure the timeliness of scheduling appointments for each VHA medical facility.¹⁹

To certify the proper administration of community care, the Isakson-Roe Act required VA to

- assess the type of positions required to be staffed at each medical facility;
- provide the number of positions that are authorized, funded, filled, and the number of additional positions required to be authorized;
- submit reports every 180 days beginning no later than July 5, 2021; and
- certify that VA has established all staffing, training, and other requirements required to be reviewed.

¹⁹Pub. L. No. 116-315, tit. III, § 3103, 134 Stat. at 5004-05. The Isakson-Roe Act included requirements for VA to measure timeliness of parts of the community care appointment-setting process for each medical facility and required VA to report this information to Congress.

To measure the timeliness of parts of the community care appointment-setting process for each VHA medical facility, section 3103(b) of the Isakson-Roe Act required VA to report and regularly update the amount of time that elapses between each of the following five statutorily required measurements:

- the date a VHA clinician determines that a veteran requires care or a veteran requests care, and the date that the referral is sent to a community care provider.
- the date the referral is sent to a community care provider, and the date that a community care provider accepts the referral;
- the date a community care provider accepts the referral, and the date that the referral is completed;²⁰
- the date the referral is completed, and the date that an appointment with a community care provider is made; and
- the date an appointment with a community care provider is made, and the date that an appointment with a community care provider occurs.

Section 3103(b) also directed VA to measure any other period of time that VA determined was necessary to measure. Additionally, the Act required VA to (1) submit the measures to Congress by January 2022, and (2) to update the data not less frequently than biweekly.²¹

VA's Data Used to Inform the Statutorily Required Measurements

VA developed 15 data points (metrics) related to periods of time in its appointment scheduling process specifically to satisfy and inform the statutory requirement in section 3103(b) of the Isakson-Roe Act related to timeliness measurements. These metrics capture average times between key dates in the community care scheduling process. VA used data from two data systems—CPRS and HSRM—to develop the 15 time periods that informed the five statutorily required measurements, described above, by the Isakson-Roe Act. Thus, VA developed a new data set

²⁰According to VA policy, a referral in a complete status is completion of the requested service. See Department of Veterans Affairs, *Consult Processes and Procedures*, VHA Directive 1232(5) (Washington, D.C.: Aug. 24, 2016, amended Dec. 5, 2022).

VA officials told us that a referral is marked complete when either VA (1) receives the medical record documentation for the appointment from the community provider, or (2) performs an administrative completion process after the care has been received by the veteran.

²¹The Isakson-Roe Act required regular updating of the timeliness measurements data without clearly stating a reporting requirement for any updated information.

specifically to satisfy the statutory requirement in section 3103(b) by combining data from the two data systems. Some of the five statutory measurements VA is required to collect and report under section 3103(b) are not the standard community care appointment scheduling measures it regularly monitors internally or reports externally, according to VA. (See Appendix I for more on VA's calculations of the Isakson-Roe Act five statutorily required appointment timeliness measurements.)

VA Reviewed and Reported Community Care Staffing and Training Needs as Required in Law

VA complied with the statutory requirement to report the results of its review of staffing and training related to the community care program. As directed by section 3103(a), VA submitted community care staffing and training reports every 180 days beginning in June 2021 and continuing in December 2021, June 2022, and January 2023. Additionally, in these four reports, VA

- certified it had established all staffing, training, and other requirements necessary to administer community care;
- identified the number of clinical and administrative positions, at each VHA medical facility, necessary to administer community care; and
- reported the number of community care related training courses completed across VA.

VA stated in each of the four reports it submitted that the information presented a review and an estimate of the staffing requirements necessary to manage and administer the community care program. To determine staffing numbers for each of its medical facilities, VA used its Community Care Staffing Tool.²²

However, VA stated in all four reports that it compiled the staffing data with limited opportunities to conduct field observations due to COVID-19 pandemic protocols. Further, in July 2023, the VA Office of Inspector General reported that the mandatory semiannual reports to Congress

²²The staffing tool includes information entered by VA and VHA medical facility staff, such as the average time it takes medical facility staff to complete referral management tasks, community care referral volume from the previous fiscal year, and expected referral volume growth for the current year. Using these data, the staffing tool outputs a recommended number of administrative and clinical staff each VHA medical facility's community care office needs to meet timeliness metrics for processing community care referrals and scheduling appointments.

contained errors and that VHA did not have reliable data or sufficient tools to assess clinical and nonclinical community care staffing levels.²³

While VA has reviewed and reported on its staffing data, we continue to monitor VA's actions to address recommendations we identified in our prior reports. In September 2020, we reported and made recommendations to VA concerning the Community Care Staffing Tool used by VHA medical facilities.²⁴ VA developed the staffing tool in May 2017 to help VHA medical facilities determine the number of community care staff needed to operate VA's community care program.

In our 2020 report, we found that VA did not require its facilities to assess staffing and resource needs for community care appointment scheduling. While VA policy requires that VHA medical facility directors assess resource needs to ensure staff can adequately perform VHA medical facility appointment scheduling tasks to meet the needs of veterans, it did not require such assessments for facilities' community care departments. As a result of that work, we recommended that VA assess its staffing and resource needs and develop a plan to address any identified risks to its ability to schedule community care appointments in a timely manner, including strategies to adjust staff levels and address recruitment and retention challenges as needed, including through its staffing tool.

VA concurred with our recommendation and partially addressed it. In March 2022, VA updated its staffing tool to enable each VHA medical facility to quantify resource needs and identify the recommended number of administrative and clinical staff based on current workload data, systems, and processes. VA also stated in January 2023 that its medical facilities make quarterly updates to the staffing tool and that its staffing needs are expected to evolve over the next year as its medical facilities continue to recruit staff and implement new business processes. Although VA has made some progress in implementing this recommendation, we asked for more evidence in February 2023 to show how VA uses the tool to help its medical facilities develop plans to address any identified

²³See Department of Veterans Affairs Office of Inspector General, *Veterans Health Administration: Community Care Departments Need Reliable Staffing Data to Help Address Challenges in Recruiting and Retaining Staff*. 21-03544-111. July 19, 2023. VA's Office of Inspector General recommended, among other things, that VHA improve the usability of the staffing assessment tool by implementing policy to address the inconsistencies with staffing data entry and review the reported data for accuracy.

²⁴See GAO, *Veterans Community Care Program: Improvements Needed to Help Ensure Timely Access to Care*. [GAO-20-643](#). (Washington, D.C.: Sept. 28, 2020).

scheduling risks or to address recruitment and retention challenges. As of October 2023, VA had not provided a response to our request.

VA's Measurement of Community Care Timeliness Is Not Compliant with Statutory Requirements

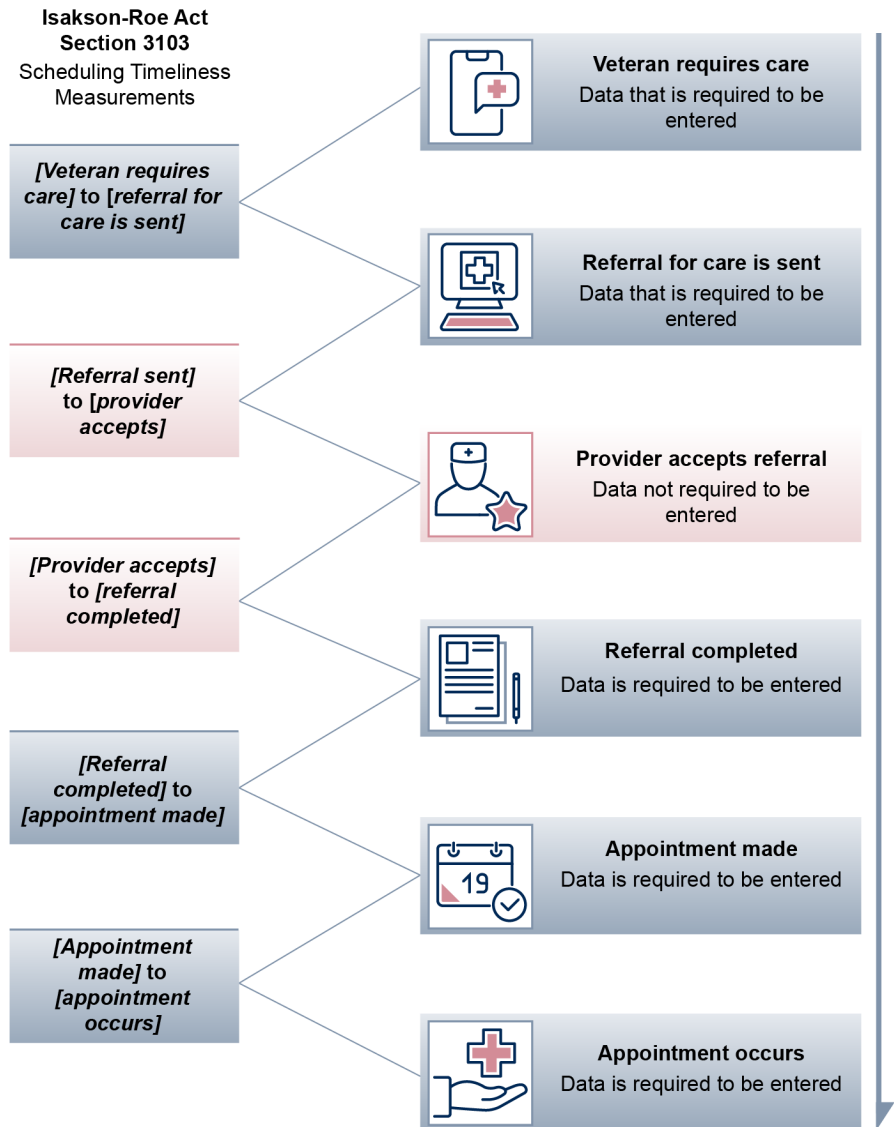
VA submitted a report to Congress in January 2022 containing measurements for the timeliness of scheduling appointments for community care as required in section 3103(b) of the Isakson-Roe Act.²⁵ However, the approach VA used to meet two of the five statutory requirements related to timeliness cannot meet the law's measurement requirements.²⁶ Specifically, section 3103(b)(1)(A)(ii) and (iii) require VA to measure the time between when a provider accepts a referral and another step in the appointment scheduling process.²⁷ However, VA does not require VHA medical facilities to record the date when the provider accepts the referral into a data system because acceptance of a referral is not a required step in its scheduling process. VA created an alternative way to measure the two time periods that need the provider's acceptance date but VA's approach will not provide the data needed for VA to compile, report on, and regularly update these requirements, and thus does not comply with section 3103(b) of the Isakson-Roe Act. Figure 1 lists the five statutorily required measurements under the Isakson-Roe Act.

²⁵Section 3103(b)(2) required VA to report the timeliness measurements within one year from the date of enactment of the Isakson-Roe Act. VA submitted its report within the statutory time frame.

²⁶As stated previously, determinations for compliance are based on complete compliance and not partial or substantial compliance with an act's provisions.

²⁷Section 3103(b)(1)(A)(ii) requires VA to measure the period of time between the date that the referral for care is sent to a non-Department health care provider and the date that a non-Department health care provider accepts the referral and 3103(b)(1)(A)(iii) measures the period of time between the date that a non-Department health care provider accepts the referral and the date that the referral to a non-Department health care provider is completed. Pub. L. No. 116-315, § 3103(b)(1)(A), 134 Stat. at 5004.

Figure 1: Isakson-Roe Act Section 3103 Required Community Care Scheduling Timeliness Measurements



VA's approach for calculating the required measurements will not provide the data needed for VA to compile, report on, and regularly update all measurements required in section 3103(b) of the Isakson-Roe Act.

Source: GAO analysis of Isakson-Roe Act Required VA Community Care Scheduling Timeliness Measurements (information); MStyle/stock.adobe.com (icons). | GAO-24-105308

VA acknowledged in its January 2022 statutorily mandated report to Congress on community care appointment scheduling timeliness measurements that it did not have data on provider acceptance of referrals. Specifically, VA stated that very few community providers record a date of acceptance of referrals. Community providers instead, upon receiving a referral, make the appointment for the veteran and either inform VA when the appointment is to occur or VA staff follow up to document when the appointment is scheduled to occur. VA stated in its January 2022 Isakson-Roe Act report to Congress that the department considered this limitation to be a data tracking challenge that did not negatively impact the actual scheduling of veterans' community care appointments.

The Isakson-Roe Act timeliness measurements, including the two VA is noncompliant with, are not the standard community care appointment scheduling measures VA regularly monitors internally or reports externally, according to VA.²⁸ Instead, according to VA officials, VHA monitors the effectiveness of the referral process through other standard VA reports that are not part of the measurements that VA created to meet section 3103(b) of the Isakson-Roe Act. For example, VA officials told us that they monitor the effectiveness of the referral process by using a Consult Activity Measures report, which allows VA to track the percentage of referrals at individual VHA medical facilities that are meeting certain time targets in scheduling, as well as examining timeliness of referrals based on the type of care.

While VA disclosed the data limitations related to the statutory requirements, it did not indicate in its January 2022 report how it planned to address the limitations, or whether it sought legislative relief in light of changes in its scheduling process since the Act was enacted. The Isakson-Roe Act called for monitoring key dates of the Veterans Community Care Program that could provide visibility into the timeliness of steps in VA's scheduling process—for example, which steps could be

²⁸In 2020, VHA updated its process for scheduling appointments internally with VHA providers and with community care providers by establishing a new procedure for reviewing referrals for specialty care, called the Referral Coordination Initiative. According to VHA documentation, the Referral Coordination Initiative transitioned specialty care referral review responsibilities for VHA medical facility and community care appointments from multiple employees to designated referral coordination teams at each VHA medical facility. The updated process was to address challenges with the scheduling process that had been in place at the time of the Veterans Community Care Program's implementation in June 2019 and is different than the steps outlined in the Isakson-Roe Act section 3103(b), which was enacted in January 2021.

causing any delays. Additionally, VA policy states that it is essential that the view and position of the department be presented to Congress clearly and consistently.²⁹ Further, federal internal control standards state that management should communicate the necessary quality information to achieve the entity's objectives—in this case VA's responsibility to address requirements in the law.

VA is continuing to update its measurements to comply with section 3103(b) of the Isakson-Roe Act. Specifically, in addition to requiring the January 2022 report to Congress, section 3103(b)(2) required VA to update this timeliness data not less frequently than biweekly. Based on our review, VA updated and is continuing to update the data internally on a biweekly basis. According to VA officials, Congress has not requested the updated data.³⁰

Because Congress has only received the January 2022 report, Congress may not be aware that VA is continuing to update data in a way that does not capture certain required time periods, or that the reporting time periods required by the Isakson-Roe Act may not reflect the key steps in VA's community care scheduling process as updated in 2019. Engaging Congress on VA's efforts to fully address requirements under the Isakson-Roe Act would enable VA to identify any refinements needed to address Congress's oversight needs or to seek legislative relief as appropriate.

²⁹See Department of Veterans Affairs, *Guidance Relating to Congressional Relations Activities*, VA Directive 8100 (Washington, D.C.: May 7, 2018).

³⁰The Isakson-Roe Act required regular updating of VA's timeliness measurements data without clearly stating a reporting requirement for any updated information. According to VA officials, the department interpreted this requirement to require VA to continue to collect and maintain the data, and to provide updates to Congress only upon request. VA officials also told us that, to date, they have not received a request for the updated data.

Most of the Metrics VA Uses to Inform the Statutorily Required Timeliness Measurements Are Reliable, but Some Are Not, Due to Incomplete Data

Separately from our determinations on compliance with section 3103 of the Isakson-Roe Act requirements, we analyzed the reliability of the data submitted by VA on its measurements of community care appointment scheduling timeliness. As described earlier, VA collects data on 15 metrics—average days between events—to inform its five timeliness measurements for community care appointment scheduling required by the Isakson-Roe Act. Of these 15 metrics, 11 were reliable. However, the remaining four metrics were not reliable because they were based on incomplete data. (See Appendix II for more information on these 15 metrics.)

Examples of the 11 metrics that we found to be reliable, include the average days between when VA determines care is required and when VA sends the referral to a community provider and the average days between when VA determines care is required to when the appointment is first scheduled.

We determined the following four metrics were not reliable:

1. Referral sent to a third-party administrator to referral accepted by a third-party administrator.
2. Referral sent to a community provider to referral accepted by a community provider.
3. Referral accepted by a third-party administrator to referral completed.
4. Referral accepted by a community care provider to referral completed.

Those four metrics were not reliable because the calculations of the average days between events are based on incomplete data. Specifically, VA does not collect full data on the date a referral is accepted by either a community provider or a third-party administrator, for the same reasons described earlier.³¹

For all 15 metrics, VA presents average times and provides no other underlying information, such as the number of referrals used to generate each metric. Without this underlying information, users of the metrics data might receive an incomplete or inaccurate assessment of the timeliness

³¹While these four metrics are used to inform the two timeliness measurements determined above to be noncompliant, the reason for the noncompliance is because VA's approach, as designed, cannot produce measurements for the time periods from when a provider accepts a referral as required by the Isakson-Roe Act and not because the data are unreliable.

of certain parts of the appointment scheduling process. For example, based on our analysis of data collected at nine selected VHA medical facilities, VA’s calculations of the average number of days from when a referral was accepted by a community care provider to when the referral is completed was based on incomplete data because VA included a small subset of referrals during this time period. Specifically, of the 20,463 referrals completed at nine selected VHA medical facilities from August 16-31, 2023, about 3 percent (673) had associated acceptance dates and thus were included in VA’s calculations (see table 1).

Table 1: Percentage of VA Community Care Referrals Where Certain Timeliness Data Were Used in Calculations at Nine Selected Facilities (August 16—31, 2023)

VHA medical facility location	Number of referrals completed	VA’s community care provider acceptance to referral completed timeliness calculations for Section 3103(b) of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020		
		Number of referrals not included in timeliness calculation due to missing data	Number of referrals included in timeliness calculation	Percent of referrals included in timeliness calculation
Bay Pines, FL	2,212	2,193	19	0.9
Big Spring, TX	2,051	2,003	48	2.3
Cleveland, OH	1,443	1,437	6	0.4
Fayetteville, NC	4,543	4,349	194	4.3
Martinsburg, WV	470	470	0	0
Omaha, NE	2,164	2,152	12	0.6
Prescott, AZ	3,348	3,288	60	1.8
Salt Lake City, UT	1,996	1,821	175	8.8
Seattle, WA	2,236	2,077	159	7.1
Totals	20,463	19,970	673	3.3

Source: GAO analysis of Department of Veterans Affairs’ (VA) Veterans Health Administration (VHA) data. | GAO-24-105308

Users of VA’s metrics may not know whether the metrics are based on limited data because VA only presents averages by VHA medical facility.

To illustrate, based on the statutory update for August 16-31, 2023, VA’s metric for the VHA medical facility located in Cleveland, Ohio showed that the average length of time it took from an appointment being accepted by a community provider until the appointment was completed, was about 50

days. However, based on our analysis of the underlying data used to generate the update, this metric was based on a total of six referrals—representing less than 1 percent (6 out of 1,443) of the referrals for which veterans had received care. Thus, VA’s metric was not representative of the timeliness of community care appointment scheduling at this facility.

As previously mentioned, VA submitted measurements of timeliness in a January 2022 report to Congress. Since this report, VA has continued to update the measurements internally on a biweekly basis, as required by statute. According to VA officials, VA can use these metrics to calculate and provide the updated Isakson-Roe Act measurements upon request. VA officials also told us that the metrics could be used within VA to provide visibility on certain aspects of community care. For example, the metrics could enable users to identify which facilities have shorter appointment scheduling times to identify best practices, or longer times to identify where to provide additional assistance, according to VA. Updates to VA’s metrics had not been frequently used internally, but were available upon request, VA officials told us.

As discussed earlier, by engaging with Congress on its efforts to address limitations regarding referral acceptance dates, VA could identify any refinements needed to address Congress’s oversight needs or seek legislative relief as appropriate. In the meantime, since VA is continuing to update the measurements as required by section 3103(b) of the Isakson-Roe Act, there is a risk that potential users of the data—either internal or external—will be unaware of the limitations due to the incompleteness of the data. Federal internal control standards state that quality information should be complete, and that management should communicate the necessary quality information to achieve the entity’s objectives.

Ensuring that VA discloses these limitations—such as providing additional details on how many referrals were used in the calculation—when providing Isakson-Roe Act appointment scheduling timeliness measurements internally or externally, would help ensure users understand these limitations.

Conclusions

Section 3103 of the Isakson-Roe Act required VA to take the important steps of reviewing the administration of community care at the facility level and measuring appointment scheduling timeliness. VA complied with the statutory requirement to report the results of its review of staffing and training related to the Veterans Community Care Program, but its timeliness measurements did not comply with the act’s reporting requirements. VA and congressional stakeholders could benefit from

engaging with each other on the limitations of certain appointment scheduling timeliness measurements required by the Isakson-Roe Act. Doing so would enable VA to clarify what data would best assist Congress in its oversight responsibilities in light of changes in VA scheduling processes since the law was enacted.

Further, the Isakson-Roe Act measurements are available upon request to congressional stakeholders. However, VA has not disclosed that incomplete information is used to calculate some of the measurements. Specifically, disclosing, to any users of the data, the quantity of referrals used to generate the calculations, could help ensure that potential users of this information understand the limitations of the data before deciding if the data are still appropriate for the intended use.

Recommendations for Executive Action

We are making the following two recommendations to VA:

The Secretary of VA should ensure VA engages with congressional oversight committees on its limitations in collecting data on referral acceptance dates to determine any potential refinements to the Isakson-Roe Act requirements or seek legislative relief as appropriate. (Recommendation 1)

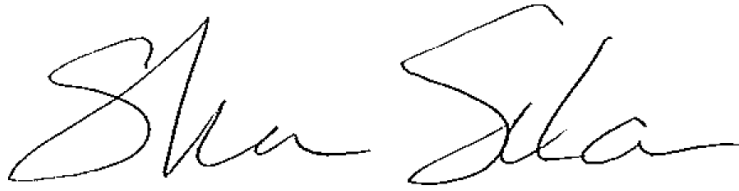
The Secretary of VA should ensure that VA disclose, to any users of its Isakson-Roe Act bi-weekly updates to the community care appointment scheduling timeliness measurements, the quantity of referrals used to generate each measurement. (Recommendation 2)

Agency Comments

We provided a draft of this report to VA for review and comment. VA provided written comments, which are reproduced in appendix III, and technical comments, which we incorporated as appropriate. In its written comments, VA concurred with our recommendations.

In concurring with our first recommendation, VA stated that it would engage with congressional oversight committees to discuss data methodology and limitations on referral acceptance dates and potential refinements to the statutory requirements. In concurring with our second recommendation, VA stated it would include the quantity of referrals used to generate each measurement in the bi-weekly updates it produces. VA estimated that both recommendations would be completed by June 2024.

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 Office of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix IV.

A handwritten signature in black ink, appearing to read "Sharon Silas". The signature is fluid and cursive, with the first name "Sharon" and the last name "Silas" clearly distinguishable.

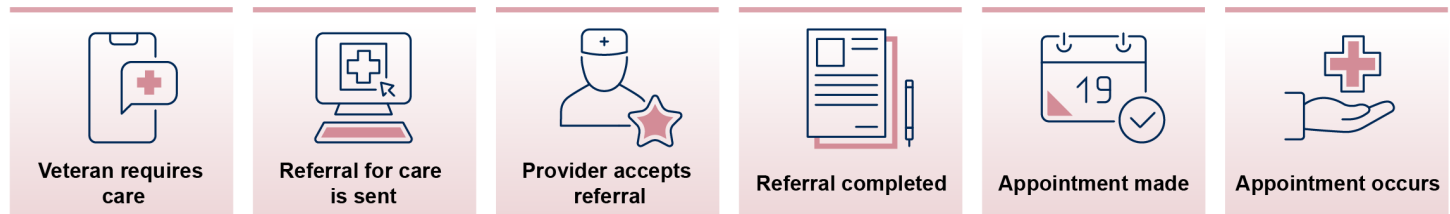
Sharon M. Silas
Director, Health Care

Appendix I: VA's Method of Calculating Measurements for Section 3103(b)

VA's Method of Calculating Measurements for Section 3103(b) Isakson-Roe Act Statutory Reports on Community Care Appointment Scheduling Timeliness

Section 3103(b) of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (Isakson-Roe Act) included requirements for the Department of Veterans Affairs (VA) to calculate for each medical facility, the periods of time between each of the following sets of time points in the community care scheduling process (see figure 2).

Figure 2: Isakson-Roe Act Section 3103(b) Required Community Care Scheduling Timeliness Measurements



Source: GAO analysis of Isakson-Roe Act Required VA Community Care Scheduling Timeliness Measurements (information); MStyle/stock.adobe.com (icons). | GAO-24-105308

According to VA, some of the measurements VA is required to report on for Section 3103(b) of the Isakson-Roe Act are not the standard community care appointment scheduling measurements it regularly monitors internally or reports externally. Thus, VA developed a new data set specifically to satisfy the statutory requirement in the Isakson-Roe Act by combining data from its Computerized Patient Record System (CPRS), VA's electronic health record, and a tool it uses to manage community care appointment scheduling, the Health Share Referral Manager (HSRM). VA's method for calculating the statutory measurements is based on specific data elements from both CPRS and HSRM (see Table 2).

**Appendix I: VA's Method of Calculating
Measurements for Section 3103(b)**

Table 2: VA Data Elements and Sources Used to Calculate Isakson-Roe Act Required Community Care Scheduling Timeliness Measurements

Isakson-Roe Act required community care scheduling data measurement	VA community care scheduling data measurement definition	VA data source(s) used to calculate community care scheduling data measurement
Date VA clinician determines veteran requires care	Date consult entered into VA's Computerized Patient Record System (CPRS).	CPRS File Entry Date
Date referral for care sent to community care provider	Date consult (now called a referral) is reviewed and assigned to a community care provider	Health Share Referral Manager (HSRM) Allocated Date
Date community care provider accepts referral	Date community care provider or third-party administrator accepts the referral.	HSRM Date Set to Accepted
Date referral to community care provider is complete	Date care received by veteran. (Defined by VA as care received and the referral complete when either VA (1) receives the medical record documenting the appointment from the community provider, or (2) performs an administrative completion process after the care has been received by the veteran.)	CPRS Completed Date
Date appointment with community care provider is made	Date documenting that an appointment was scheduled for the veteran.	HSRM Scheduled Date CPRS First Scheduled
Date appointment with community care provider occurs.	Actual date on which the veteran is expected to receive care.	HSRM Appointment Date CPRS Appointment Date

Source: GAO analysis of Department of Veterans Affairs (VA) information. | GAO-24-105308

VA's method for generating the required Isakson-Roe Act community care timeliness measurements was to (1) select referrals that have a date populated in the CPRS or HSRM data elements being used to calculate the measurement; (2) count the number of days between the data elements; and (3) then calculate the average for all referrals, with dates in both data elements, for the specific time period at each Veterans Health Administration (VHA) medical facility. If a referral did not have either data element, the referral would not be included in VA's calculation of the Isakson-Roe Act community care appointment scheduling timeliness measurements.

For example, to calculate the time period between when a referral for care is sent to a community care provider to when a community care provider accepts the referral for the month of August 2023, VA would

- select referrals from its dataset that had a date entered for when a community care provider accepts the referral (HSRM Date Set to Accepted) in August 2023 for the VHA medical facility;

**Appendix I: VA's Method of Calculating
Measurements for Section 3103(b)**

- count the number of days between when the referral was sent to the community care provider (HSRM Allocated Date) and was accepted by the provider for each referral with both dates entered by the medical facility; then
- from the number of August 2023 observations at the VHA medical facility with both dates entered, calculate the number of days on average between both referral dates.

Appendix II: GAO Replication of VA's Isakson-Roe Act Section 3103(b)

GAO Replication of VA's Isakson-Roe Act Section 3103(b) Community Care Appointment Scheduling Timeliness Measurement Updates (August 16-31, 2023)

Section 3103(b) of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (Isakson-Roe Act) required the Department of Veterans Affairs (VA) to measure for each medical facility, certain periods of time in the community care appointment process, and to update the measures biweekly. VA's bi-weekly updates consist of a total of 15 data points (metrics), some of which directly align with the statutory requirements, and others that VA added to provide additional details. For example, certain metrics focus on community care referrals that are scheduled by third-party administrators (which VA calls "Optional Task") while others focus on referrals that are scheduled by VA (which VA calls "Non Optional Task").

The Isakson-Roe Act also includes a provision for GAO to assess the validity and reliability of VA's appointment scheduling timeliness measurements data. To assess the reliability of the measurements, we analyzed the underlying data that VA used to create its biweekly update for August 16, 2023, through August 31, 2023, at nine selected Veterans Health Administration (VHA) medical facilities and compared the results against VA's biweekly update for that time period.

To assess the reliability of VA's metrics, we counted how many referrals were included in VA's calculations. As shown in table 3, we found four of VA's metrics—(1) referral sent to a third-party administrator to referral accepted by a third-party administrator; (2) VA sends referral to a community provider to community provider accepts the referral; (3) referral accepted by a third-party administrator in Health Share Referral Manager (HSRM) to referral completed in Computerized Patient Record System (CPRS); and (4) community care provider accepts referral in HSRM to referral completed in CPRS—to be unreliable. As stated in the report, the number of referrals for these metrics are limited because VA does not require its medical facility staff to mark when a provider accepts a referral. Accordingly, we determined that these four metrics were unreliable.

Appendix II: GAO Replication of VA's Isakson-Roe Act Section 3103(b)

Table 3: GAO Determination of Reliability of Metric Calculations at Nine VA Medical Facility Locations

VA metric counting average days between events	GAO assessment
VA determines care is required to when first scheduled in Computerized Patient Record System (CPRS)	Reliable
VA determines care is required to referral sent to a community provider or third-party administrator	Reliable
VA determines care is required to referral sent to a third-party administrator for scheduling	Reliable
VA determines care is required to when VA sends referral to a community provider	Reliable
Referral sent to a third-party administrator to referral accepted by a third-party administrator	Unreliable
VA sends referral to a community provider to community provider accepts the referral	Unreliable
Referral sent to a third-party administrator to referral marked scheduled in Health Share Referral Manager (HSRM)	Reliable
VA sends referral to a community provider to referral marked scheduled in HSRM	Reliable
Referral sent to a third-party administrator to referral marked scheduled in CPRS	Reliable
VA sends referral to referral marked scheduled in CPRS	Reliable
Referral accepted by a third-party administrator in HSRM to referral completed in CPRS	Unreliable
Community care provider accepts referral in HSRM to referral completed in CPRS	Unreliable
Appointment scheduled to occur in CPRS to appointment scheduled to occur in HSRM	Reliable
Referral sent to a third-party administrator to appointment date	Reliable
Referral managed by a third-party administrator is approved for scheduling in HSRM to the appointment date	Reliable

Source: GAO analysis of Department of Veterans Affairs (VA) data for Aug.16-31, 2023. | GAO-24-105308

See Tables 4 through 18 for our replication of VA's August 16-31, 2023 update across the 15 metrics. Generally, we were able to replicate VA's calculations. For certain metrics which use data from both CPRS and HSRM, our calculations were generally within one day of VA's calculations, which we attribute to rounding.¹

¹Specifically, CPRS data captures both a date and a time, while HSRM data captures a date. As a result, our CPRS calculations reflect a partial day.

Appendix II: GAO Replication of VA's Isakson-Roe Act Section 3103(b)

Table 4: Comparison of VA and GAO Calculations—Average Days from VA Determines Care is Required to First Scheduled in CPRS

VA information for Isakson-Roe Act			GAO calculations		
Medical facility location	VA's calculated average number of days ^a	Average number of days ^b	Number of referrals	Median number of days	Range (low to high, in number of days)
Bay Pines, FL	18.85	19.37	3,509	15.49	(0.37 to 222.39)
Big Spring, TX	13.40	13.91	2,099	8.52	(0.39 to 175.38)
Cleveland, OH	14.11	14.64	1,777	11.34	(0.39 to 128.35)
Fayetteville, NC	56.40	56.91	5,159	35.53	(0.38 to 332.59)
Martinsburg, WV	38.81	39.32	1,118	21.49	(0.36 to 269.38)
Omaha, NE	10.74	11.25	2,116	6.4	(0.34 to 212.56)
Prescott, AZ	9.98	10.49	3,535	7.64	(0.31 to 129.61)
Salt Lake City, UT	31.84	32.35	1,949	20.59	(0.36 to 327.57)
Seattle, WA	49.11	49.64	3,840	42.44	(0.3 to 313.68)

Source: GAO analysis of Department of Veterans Affairs (VA) data for Aug. 16-31, 2023. | GAO-24-105308

Notes: The data used to calculate this average comes from the Computerized Patient Record System (CPRS), which contain dates and times. Times are expressed as a fraction of a day. We followed VA's method for calculating this metric, which was to (1) only select referrals first scheduled between August 16-31, 2023; (2) counting the number of days between when VA determined that community care was required to when it was first scheduled; and (3) calculating an average for referrals with data at the facility.

^aVA did not report the number of referrals included in its calculations.

^bDifferences in GAO's calculated average versus VA's average are due to rounding, as the data fields from CPRS contain dates and times. For this metric, both data fields are from CPRS. All of the differences are within one day.

Appendix II: GAO Replication of VA's Isakson-Roe Act Section 3103(b)

Table 5: Comparison of VA and GAO Calculations—Average Days from VA Determines Care is Required to Referral Sent to a Community Provider or Third-Party Administrator

VA information for Isakson-Roe Act		GAO calculations			
Medical facility location	VA's calculated average number of days ^a	Average number of days	Number of referrals	Median number of days	Range (low to high, in number of days)
Bay Pines, FL	16.19	16.19	3,828	13	(0 to 320)
Big Spring, TX	5.50	5.50	2,338	2	(0 to 302)
Cleveland, OH	7.85	7.85	1,917	5	(0 to 175)
Fayetteville, NC	42.17	42.17	6,552	24	(0 to 330)
Martinsburg, WV	40.11	40.11	1,149	22	(0 to 269)
Omaha, NE	9.82	9.82	2,379	5	(0 to 316)
Prescott, AZ	5.08	5.08	3,980	3	(0 to 210)
Salt Lake City, UT	20.34	20.34	2,571	13	(0 to 279)
Seattle, WA	33.04	33.04	5,233	29	(0 to 312)

Source: GAO analysis of Department of Veterans Affairs (VA) data for Aug.16-31, 2023. | GAO-24-105308

Notes: The data used to calculate this average comes from the Computerized Patient Record System (CPRS), which contain dates and times, and the Health Share Referral Manager (HSRM), which contain dates. Times are expressed as a fraction of a day. We followed VA's method for calculating this metric, which was to (1) only select referrals sent to a community provider between August 16-31, 2023; (2) counting the number of days between when VA determined that community care was required to when it was sent to a community provider; and (3) calculating an average for referrals with data at the facility.

^aVA did not report the number of referrals included in its calculations.

Table 6: Comparison of VA and GAO Calculations—Average Days from VA Determines Care is Required to Referral Sent to a Third-Party Administrator for Scheduling

VA information for Isakson-Roe Act		GAO calculations			
Medical facility location	VA's calculated average number of days ^a	Average number of days	Number of referrals used in calculation	Median number of days	Range (low to high, in number of days)
Bay Pines, FL	26.37	26.37	436	23	(3 to 216)
Fayetteville, NC	52.38	52.38	2,543	31	(0 to 323)
Salt Lake City, UT	21.71	21.71	697	15	(1 to 279)
Seattle, WA	38.08	38.08	1,782	39	(0 to 191)

Source: GAO analysis of Department of Veterans Affairs (VA) data for Aug.16-31, 2023. | GAO-24-105308

Notes: The data used to calculate this average comes from the Computerized Patient Record System (CPRS), which contain dates and times, and the Health Share Referral Manager (HSRM), which contain dates. Times are expressed as a fraction of a day. We followed VA's method for calculating this metric, which was to (1) only select referrals scheduled by a third-party administrator (VA calls it Optional Task Scheduling) at the location with a date of the referral being sent between August 16-31, 2023; (2) counting the number of days between when VA determined that community care was required to when it was sent to a community provider; and (3) calculating an average for referrals with data at the facility.

Appendix II: GAO Replication of VA's Isakson-Roe Act Section 3103(b)

^aVA did not report the number of referrals included in its calculations.

Table 7: Comparison of VA and GAO Calculations—Average Days from VA Determines Care is Required to Referral Sent to a Community Provider

VA information for Isakson-Roe Act			GAO calculations		
Medical facility location	VA's calculated average number of days ^a	Average number of days	Number of referrals used in calculation	Median number of days	Range (low to high, in number of days)
Bay Pines, FL	14.88	14.88	3,392	12	(0 to 320)
Big Spring, TX	5.50	5.50	2,338	2	(0 to 302)
Cleveland, OH	7.85	7.85	1,917	5	(0 to 175)
Fayetteville, NC	35.69	35.69	4,009	15	(0 to 330)
Martinsburg, WV	40.11	40.11	1,149	22	(0 to 269)
Omaha, NE	9.82	9.82	2,379	5	(0 to 316)
Prescott, AZ	5.08	5.08	3,980	3	(0 to 210)
Salt Lake City, UT	19.83	19.83	1,874	12	(0 to 231)
Seattle, WA	30.44	30.44	3,451	20	(0 to 312)

Source: GAO analysis of Department of Veterans Affairs (VA) data for Aug.16-31, 2023. | GAO-24-105308

Notes: The data used to calculate this average comes from the Computerized Patient Record System (CPRS), which contain dates and times, and the Health Share Referral Manager (HSRM), which contain dates. Times are expressed as a fraction of a day. We followed VA's method for calculating this metric, which was to (1) only select referrals scheduled by VA (VA calls it Non-optional Task Scheduling) at the location with a date of the referral being sent between August 16-31, 2023; (2) counting the number of days between when VA determined that community care was required to when it was sent to a community provider; and (3) calculating an average for referrals with data at the facility.

^aVA did not report the number of referrals included in its calculations.

Appendix II: GAO Replication of VA's Isakson-Roe Act Section 3103(b)

Table 8: Comparison of VA and GAO Calculation—Average Days from Referral Sent to a Third-Party Administrator to Referral Accepted by a Third-Party Administrator

VA information for Isakson-Roe Act			GAO calculations			
Medical facility location	VA's calculated average number of days ^{a, b}	Average number of days	Number of referrals used in calculation	Median number of days	Range (low to high, in number of days) ^b	
Bay Pines, FL	1.30	1.30	10	0	(-1 to 15)	
Fayetteville, NC	1.84	1.84	132	0	(-15 to 86)	
Salt Lake City, UT	-0.58	-0.58	181	0	(-14 to 27)	
Seattle, WA	-0.30	-0.30	420	0	(-15 to 69)	

Source: GAO analysis of Department of Veterans Affairs (VA) data for Aug.16-31, 2023. | GAO-24-105308

Notes: The data used to calculate this average comes from the Health Share Referral Manager (HSRM), which contain dates. We followed VA's method for calculating this metric, which was to (1) only select referrals accepted by a third party administrator (VA calls it Optional Task Scheduling) at the location with a date of the referral being accepted between August 16-31, 2023; (2) counting the number of days between when the referral was sent to a third-party administrator to when it was accepted by the third party administrator; and (3) calculating an average for referrals with data at the facility.

^aVA did not report the number of referrals included in its calculations.

^bAccording to VA, negative numbers can occur when an action occurs out of sequence.

Table 9: Comparison of VA and GAO Calculations—Average Days from VA Sends Referral to a Community Provider to Community Provider Accepts the Referral

VA information for Isakson-Roe Act			GAO calculations			
Medical facility location	VA's calculated average number of days ^{a, b}	Average number of days	Number of referrals used in calculation	Median number of days	Range (low to high, in number of days) ^c	
Bay Pines, FL	0.82	0.82	11	0	(0 to 3)	
Big Spring, TX	2.38	2.38	53	1	(0 to 58)	
Cleveland, OH	3.86	3.86	7	2	(0 to 21)	
Fayetteville, NC	8.70	8.70	125	1	(-13 to 177)	
Martinsburg, WV	45.00	45.00	2	45	(0 to 90)	
Omaha, NE	16.75 ^b	1.30	20	0.5	(-13 to 15)	
Prescott, AZ	3.93	3.93	54	3	(-14 to 90)	
Salt Lake City, UT	10.33	10.33	15	2	(-3 to 30)	
Seattle, WA	9.03	9.03	63	4	(-10 to 196)	

Source: GAO analysis of Department of Veterans Affairs (VA) data for Aug.16-31, 2023. | GAO-24-105308

Notes: The data used to calculate this average comes from the Health Share Referral Manager (HSRM), which contain dates. We followed VA's method for calculating this metric, which was to (1) only select referrals accepted by a community provider (VA calls it Non-Optional Task Scheduling) at the location with a date of the referral being accepted between August 16-31, 2023; (2) counting the number of days between when the referral was sent to a community provider to when it was accepted by a community provider; and (3) calculating an average for referrals with data at the facility.

Appendix II: GAO Replication of VA's Isakson-Roe Act Section 3103(b)

^aVA did not report the number of referrals included in its calculations.

^bWe were unable to replicate VA's reported average for this VHA medical facility's metric. We believe the mismatch to be due to GAO not receiving all of the referrals with a date set to be accepted at this facility.

^cAccording to VA, negative numbers can occur when an action occurs out of sequence.

Table 10: Comparison of VA and GAO Calculations—Average Days from Referral Sent to a Third-Party Administrator to Referral Marked Scheduled in HSRM

VA information for Isakson-Roe Act		GAO calculations			
Medical facility location	VA calculated average number of days ^a	average number of days	Number of referrals used in calculation	Median number of days	Range (low to high, in number of days) ^b
Bay Pines, FL	1.71	1.71	417	0	(-13 to 34)
Fayetteville, NC	4.67	4.67	1,869	0	(-14 to 135)
Salt Lake City, UT	0.41	0.41	574	0	(-14 to 124)
Seattle, WA	0.14	0.14	1,380	0	(-15 to 127)

Source: GAO analysis of Department of Veterans Affairs (VA) data for Aug. 16-31, 2023. | GAO-24-105308

Notes: The data used to calculate this average comes from the Health Share Referral Manager (HSRM), which contain dates. We followed VA's method for calculating this metric, which was to (1) only select referrals scheduled by a third party administrator (VA calls it Optional Task Scheduling) at the location with a date of the referral being scheduled in HSRM between August 16-31, 2023; (2) counting the number of days between when the referral was sent to a third-party administrator to when it was scheduled by the third party administrator in HSRM; and (3) calculating an average for referrals with data at the facility.

^aVA did not report the number of referrals included in its calculations.

^bAccording to VA, negative numbers can occur when an action occurs out of sequence.

Appendix II: GAO Replication of VA's Isakson-Roe Act Section 3103(b)

Table 11: Comparison of VA and GAO Calculations—Average Days from VA Sends Referral to a Community provider to Referral Marked Scheduled in HSRM

VA information for Isakson-Roe Act			GAO calculations		
Medical facility location	VA calculated average number of days ^a	Average number of days	Number of referrals used in calculation	Median number of days	Range (low to high, in number of days) ^b
Bay Pines, FL	5.35	5.35	3,146	0	(-16 to 152)
Big Spring, TX	8.07	8.07	2,100	5	(-16 to 127)
Cleveland, OH	7.20	7.20	1,784	5	(-12 to 125)
Fayetteville, NC	23.43	23.43	3,329	8	(-14 to 294)
Martinsburg, WV	0.52	0.52	1,131	0	(-16 to 54)
Omaha, NE	2.50	2.50	2,125	0	(-11 to 98)
Prescott, AZ	5.95	5.95	3,542	4	(-15 to 126)
Salt Lake City, UT	15.96	15.96	1,515	4	(-14 to 287)
Seattle, WA	20.60	20.60	2,800	9	(-11 to 218)

Source: GAO analysis of Department of Veterans Affairs (VA) data for Aug.16-31, 2023. | GAO-24-105308

Notes: The data used to calculate this average comes from the Health Share Referral Manager (HSRM), which contain dates. We followed VA's method for calculating this metric, which was to (1) only select referrals scheduled by VA (VA calls it Non-optional Task Scheduling) at the location with a date of the referral being scheduled in HSRM between August 16-31, 2023; (2) counting the number of days between when the referral was sent to a community provider to when it was scheduled in HSRM; and (3) calculating an average for referrals with data at the facility.

^aVA did not report the number of referrals included in its calculations.

^bAccording to VA, negative numbers can occur when an action occurs out of sequence.

Table 12: Comparison of VA and GAO Calculations—Average Days from Referral Sent to a Third-Party Administrator to Referral Marked Scheduled in CPRS

VA information for Isakson-Roe Act			GAO calculations		
Medical facility location	VA calculation of average number of days ^a	average number of days ^b	Number of referrals used in calculation	Median number of days	Range (low to high, in number of days) ^c
Bay Pines, FL	3.85	4.38	417	2.33	(-11.6 to 34.4)
Fayetteville, NC	7.74	8.24	1,880	4.36	(-12.4 to 135.6)
Salt Lake City, UT	4.83	5.37	447	2.26	(-12.35 to 124.63)
Seattle, WA	3.59	4.19	1,031	3.40	(-8.68 to 127.38)

Source: GAO analysis of Department of Veterans Affairs (VA) data for Aug.16-31, 2023. | GAO-24-105308

Notes: The data used to calculate this average comes from the Computerized Patient Record System (CPRS), which contain dates and times, and the Health Share Referral Manager (HSRM), which contain dates. Times are expressed as a fraction of a day. We followed VA's method for calculating this metric, which was to (1) only select referrals scheduled by a third party administrator (VA calls it Optional Task Scheduling) at the location with a date of the referral being marked scheduled in CPRS

Appendix II: GAO Replication of VA's Isakson-Roe Act Section 3103(b)

between August 16-31, 2023; (2) counting the number of days between when the referral was sent to a third-party administrator to when it was scheduled by the third party administrator in CPRS; and (3) calculating an average for referrals with data at the facility.

^aVA did not report the number of referrals included in its calculations.

^bDifferences in GAO's calculated average versus VA's average are due to rounding, as the data fields from CPRS contain dates and times. All of the differences are within one day.

^cAccording to VA, negative numbers can occur when an action occurs out of sequence.

Table 13: Comparison of VA and GAO Calculations—Average Days from VA Sends Referral to Referral Marked Scheduled in CPRS

VA information for Isakson-Roe Act		GAO calculations			
Medical facility location	VA calculation of average number of days ^a	Average number of days ^b	Number of referrals used in calculation	Median number of days	Range (low to high, in number of days) ^c
Bay Pines, FL	5.44	5.97	3,077	0.65	(-15.35 to 152.63)
Big Spring, TX	8.49	9	2,099	5.58	(-15.56 to 127.58)
Cleveland, OH	7.25	7.77	1,776	5.44	(-13.35 to 125.35)
Fayetteville, NC	24.27	24.8	3,267	8.76	(-14.53 to 288.74)
Martinsburg, WV	0.60	1.11	1,116	0.5	(-15.39 to 54.66)
Omaha, NE	2.64	3.14	2,113	0.54	(-11.57 to 141.56)
Prescott, AZ	5.98	6.49	3,535	4.48	(-14.53 to 26.61)
Salt Lake City, UT	15.77	16.28	1,494	4.41	(-13.5 to 287.57)
Seattle, WA	21.13	21.63	2,802	10.37	(-10.38 to 218.65)

Source: GAO analysis of Department of Veterans Affairs (VA) data for Aug. 16-31, 2023. | GAO-24-105308

Notes: The data used to calculate this average comes from the Computerized Patient Record System (CPRS), which contain dates and times, and the Health Share Referral Manager (HSRM), which contain dates. Times are expressed as a fraction of a day. We followed VA's method for calculating this metric, which was to (1) only select referrals scheduled by VA (VA calls it Non-optional Task Scheduling) at the location with a date of the referral being marked scheduled in CPRS between August 16-31, 2023; (2) counting the number of days between when the referral was sent to a community provider in HSRM to when it was marked scheduled in CPRS; and (3) calculating an average for referrals with data at the facility.

^aVA did not report the number of referrals included in its calculations.

^bDifferences in GAO's calculated average versus VA's average are due to rounding, as the data fields from CPRS contain dates and times. All of the differences are within one day.

^cAccording to VA, negative numbers can occur when an action occurs out of sequence.

Appendix II: GAO Replication of VA's Isakson-Roe Act Section 3103(b)

Table 14: Comparison of VA and GAO Calculations—Average Days from Referral Accepted by a Third-Party Administrator in HSRM to Referral Completed in CPRS

VA information for Isakson-Roe Act			GAO calculations		
Medical facility location	VA calculation of average number of days ^a	Average number of days ^b	Number of referrals used in calculation	Median number of days	Range (low to high, in number of days)
Bay Pines, FL	107.71	108.21	17	106.29	(34.18 to 194.39)
Fayetteville, NC	72.77	73.32	111	71.56	(3.39 to 257.61)
Salt Lake City, UT	81.55	82.02	157	60.71	(1.53 to 292.69)
Seattle, WA	46.54	47.07	145	29.46	(3.46 to 278.31)

Source: GAO analysis of Department of Veterans Affairs (VA) data for Aug. 16-31, 2023. | GAO-24-105308

Notes: The data used to calculate this average comes from the Computerized Patient Record System (CPRS), which contain dates and times, and the Health Share Referral Manager (HSRM), which contain dates. Times are expressed as a fraction of a day. We followed VA's method for calculating this metric, which was to (1) only select referrals scheduled by a third party administrator (VA calls it Optional Task Scheduling) at the location with a date of the referral being completed in CPRS between August 16-31, 2023; (2) counting the number of days between when the referral was accepted by a third-party administrator in HSRM to when it was completed in CPRS; and (3) calculating an average for referrals with data at the facility.

^aVA did not report the number of referrals included in its calculations.

^bDifferences in GAO's calculated average versus VA's average are due to rounding, as the data fields from CPRS contain dates and times. All of the differences are within one day.

Table 15: Comparison of VA and GAO Calculations—Average Days from Community Care Provider Accepts Referral to Referral Completed in CPRS

VA information for Isakson-Roe Act			GAO calculations		
Medical facility location ^a	VA calculation of average number of days ^b	Average number of days ^c	Number of referrals used in calculation	Median number of days	Range (low to high, in number of days) ^d
Bay Pines, FL	38.50	38.68	2	38.68	(21 to 56.36)
Big Spring, TX	27.29	27.78	48	21.51	(1.62 to 112.48)
Cleveland, OH	49.67	50.21	6	55.99	(0.64 to 100.44)
Fayetteville, NC	69.92	70.45	83	63.61	(1.68 to 269.5)
Omaha, NE	93.58	94.07	12	105.66	(1.6 to 189.37)
Prescott, AZ	15.35	15.84	60	13.94	(-0.61 to 57.43)
Salt Lake City, UT	57.22	57.70	18	50.96	(9.32 to 126.38)
Seattle, WA	68.43	68.91	14	43.88	(0.41 to 186.8)

Source: GAO analysis of Department of Veterans Affairs (VA) data for Aug. 16-31, 2023. | GAO-24-105308

Notes: The data used to calculate this average comes from the Computerized Patient Record System (CPRS), which contain dates and times, and the Health Share Referral Manager (HSRM), which contain dates. Times are expressed as a fraction of a day. We followed VA's method for calculating this metric, which was to (1) only select referrals scheduled by VA (VA calls it Non-optional Task Scheduling) at the location with a date of the referral being completed in CPRS between August 16-31, 2023; (2) counting the number of days between when the referral was accepted by community

Appendix II: GAO Replication of VA's Isakson-Roe Act Section 3103(b)

provider in the HSRM system to when it was completed in CPRS; and (3) calculating an average for referrals with data at the facility.

^aBased on the data we received, one location (Martinsburg, WV) did not have any referrals that were completed between August 16-31, 2023.

^bVA did not report the number of referrals included in its calculations.

^cDifferences in GAO's calculated average versus VA's average are due to rounding, as the data fields from the CPRS contain dates and times. All of the differences are within one day.

^dAccording to VA, negative numbers can occur when an action occurs out of sequence.

Table 16: Comparison of VA and GAO Calculations – Average Days from Appointment is Scheduled to Occur in CPRS to Appointment is Scheduled to Occur in HSRM

VA information for Isakson-Roe Act			GAO calculations		
Medical facility location	VA calculated average number of days ^{a, b}	Average number of days ^c	Number of referrals used in calculation	Median number of days	Range (low to high, in number of days)
Bay Pines, FL	-0.39	-0.01	3,505	-0.54	(-13.42 to 170.39)
Big Spring, TX	-0.37	-0.60	2,052	-0.51	(-12.58 to 62.56)
Cleveland, OH	-0.03	-0.22	1,782	-0.50	(-8.45 to 97.36)
Fayetteville, NC	-1.79	0.85	4,913	-0.60	(-16.46 to 305.56)
Martinsburg, WV	-0.06	0.16	1,125	-0.50	(-0.69 to 151.62)
Omaha, NE	-0.08	-0.12	2,113	-0.49	(-11.72 to 151.38)
Prescott, AZ	-0.03	-0.52	3,532	-0.51	(-8.68 to 11.5)
Salt Lake City, UT	-1.13	-0.68	1,998	-0.57	(-17.36 to 138.39)
Seattle, WA	-1.46	-1.10	3,844	-0.58	(-14.51 to 182.53)

Source: GAO analysis of Department of Veterans Affairs (VA) data for Aug.16-31, 2023. | GAO-24-105308

Notes: The data used to calculate this average comes from the Computerized Patient Record System (CPRS), which contain dates and times, and the Health Share Referral Manager (HSRM), which contain dates. Times are expressed as a fraction of a day. We followed VA's method for calculating this metric, which was to (1) only select referrals at the location with a date of the referral being first scheduled in the CPRS between August 16-31, 2023; (2) counting the number of days between when the appointment date in CPRS and the appointment date in the HSRM system; and (3) calculating an average for referrals with data at the facility.

^aVA did not report the number of referrals included in its calculations.

^bAccording to VA, negative numbers in this metric represent times in which VA learned of appointment and documented the date after the appointment occurred. This often occurs when veterans self-schedule and VA learns of the appointment after it occurs.

^cDifferences in GAO's calculated average versus VA's average are due to rounding, as the data fields from CPRS contain dates and times.

Appendix II: GAO Replication of VA's Isakson-Roe Act Section 3103(b)

Table 17: Comparison of VA and GAO Calculations—Average Days from Referral Sent to a Third-Party Administrator to the Appointment Date

VA information for Isakson-Roe Act			GAO calculations		
Medical facility location	VA calculation of average number of days ^a	Average number of days	Number of referrals used in calculation	Median number of days	Range (low to high, in number of days) ^b
Bay Pines, FL	19.86	19.86	462	11	(-5 to 133)
Fayetteville, NC	32.96	32.96	1,810	20	(-8 to 301)
Salt Lake City, UT	18.75	18.75	782	11	(-13 to 236)
Seattle, WA	23.40	23.40	1,416	15	(-13 to 170)

Source: GAO analysis of Department of Veterans Affairs (VA) data for Aug.16-31, 2023. | GAO-24-105308

Notes: The data used to calculate this average comes from the Health Share Referral Manager (HSRM), which contain dates. We followed VA's method for calculating this metric, which was to (1) only select referrals at the location with an appointment date in HSRM between August 16-31, 2023; (2) counting the number of days between when the appointment date in HSRM and the date the referral was sent to a third-party administrator; and (3) calculating an average for referrals with data at the facility.

^aVA did not report the number of referrals included in its calculations.

^bAccording to VA, negative numbers can occur when an action occurs out of sequence.

Table 18: Comparison of VA and GAO Calculations—Average Days from Referral Managed by a Third-Party Administrator is Approved for Scheduling in HSRM to the Appointment Date

VA information for Isakson-Roe Act			GAO calculations		
Medical facility location	VA calculation of average number of days ^a	Average number of days	Number of referrals used in calculation	Median number of days	Range (low to high, in number of days)
Bay Pines, FL	36.71	36.71	462	30	(2 to 187)
Fayetteville, NC	75.24	75.24	1,810	58	(1 to 317)
Salt Lake City, UT	39.24	39.24	782	27	(0 to 295)
Seattle, WA	58.28	58.28	1,416	51.5	(1 to 252)

Source: GAO analysis of Department of Veterans Affairs (VA) data for Aug.16-31, 2023. | GAO-24-105308

Notes: The data used to calculate this average comes from the Health Share Referral Manager (HSRM), which contain dates. We followed VA's method for calculating this metric, which was to (1) only select referrals at the location scheduled by a third party administrator with an appointment date in HSRM between August 16-31, 2023; (2) counting the number of days between when the appointment date in HSRM and the date the referral was approved in HSRM; and (3) calculating an average for referrals with data at the facility.

^aVA did not report the number of referrals included in its calculations.

Appendix III: Comments from the Department of Veterans Affairs



DEPARTMENT OF VETERANS AFFAIRS
WASHINGTON

Ms. Sharon M. 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: Additional Information on VA Statutory Appointment Timeliness Measurements Is Needed*** (GAO-24-105308).

The enclosure contains technical comments and the action plan to address the draft report recommendations. VA appreciates the opportunity to comment on your draft report.

Sincerely,

A handwritten signature in black ink, appearing to read "Kimberly Jackson".

Kimberly Jackson
Chief of Staff

Enclosure

**Appendix III: Comments from the Department
of Veterans Affairs**

Enclosure

Department of Veterans Affairs (VA) Response to the
Government Accountability Office (GAO) Draft Report
***Veterans Community Care Program: Additional Information on VA Statutory
Appointment Timeliness Measurements Is Needed***
(GAO-24-105308)

Recommendation 1: The Secretary of VA should ensure VA engages with congressional oversight committees on its limitations in collecting data on referral acceptance dates to determine any potential refinements to the Isakson-Roe Act requirements or seek legislative relief as appropriate.

VA Response: Concur. The Veterans Health Administration (VHA) Office of Integrated Veteran Care (IVC) will engage with congressional oversight committees to discuss data methodology and limitations on referral acceptance dates and potential refinements to the statutory requirements.

Target Completion Date: June 2024

Recommendation 2: The Secretary of VA should ensure that VA disclose, to any users of its Isakson-Roe Act bi-weekly updates to the community care appointment scheduling timeliness measurements, the quantity of referrals used to generate each measurement.

VA Response: Concur. IVC will include the quantity of referrals used to generate each measurement in the bi-weekly updates it provides.

Target Completion Date: June 2024

Appendix IV: GAO Contact and Staff Acknowledgments

GAO Contact

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

Staff Acknowledgments

In addition to contact named above, Marcia A. Mann (Assistant Director), Jim Melton (Analyst-in-Charge), Jennie Apter, Kenisha R. Cantrell, Jacquelyn Hamilton, Cynthia Khan, Gloria Lee, Diona Martyn, and Roxanna Sun made key contributions to this report.

Related GAO Products

Veterans Health Care: VA Actions Needed to Ensure Timely Scheduling of Specialty Care Appointments. [GAO-23-105617](#). Washington, D.C.: Jan. 4, 2023.

Veterans Community Care Program: VA Needs to Strengthen Its Oversight and Improve Data on Its Community Care Network Providers. [GAO-23-105290](#). Washington, D.C.: Nov 10, 2022.

Veterans Community Care Program: VA Should Strengthen Its Ability to Identify Ineligible Health Care Providers. [GAO-22-103850](#). Reissued with revisions on Mar. 11, 2022.

Veterans Community Care Program: VA Took Action on Veterans' Access to Care, but COVID-19 Highlighted Continued Scheduling Challenges. [GAO-21-476](#). Washington, D.C.: June 28, 2021.

Veterans Community Care Program: Improvements Needed to Help Ensure Timely Access to Care. [GAO-20-643](#). Washington, D.C.: Sept. 28, 2020.

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.

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