Department of Veterans Affairs

Memorandum

Date: APR 26 2010

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

Subj: Inappropriate Scheduling Practices

To: Network Director (10N1-23)

1. The purpose of the memorandum is to call for immediate action within every VISN to review current scheduling practices to identify and eliminate all inappropriate practices including but not limited to the practice specified below.

2. It has come to my attention that in order to improve scores on assorted access measures, certain facilities have adopted use of inappropriate scheduling practices sometimes referred to as "gaming strategies." Example: as a way to combat Missed Opportunity rates some medical centers cancel appointments for patients not checked-in 10 or 15 minutes prior to their scheduled appointment time. Patients are informed that it is medical center policy that they must check in early and if they fail to do so, it is in the medical center's right to cancel that appointment. This is not patient centered care.

3. For your assistance, attached is a listing of the inappropriate scheduling practices identified by a multi-VISN workgroup charted by the Systems Redesign Office. Please be cautioned that since 2008, additional new or modified gaming strategies may have emerged, so do not consider this list a full description of all current possibilities of inappropriate scheduling practices that need to be addressed. These practices will not be tolerated.

4. For questions, please contact Michael Davies, MD, Director, VHA Systems Redesign (Michael.Davies@va.gov) or Karen Morris, MSW, Associate Director (Karen.Morris@va.gov)

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Attachment

ATTACHMENT

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

Introduction

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

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

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

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

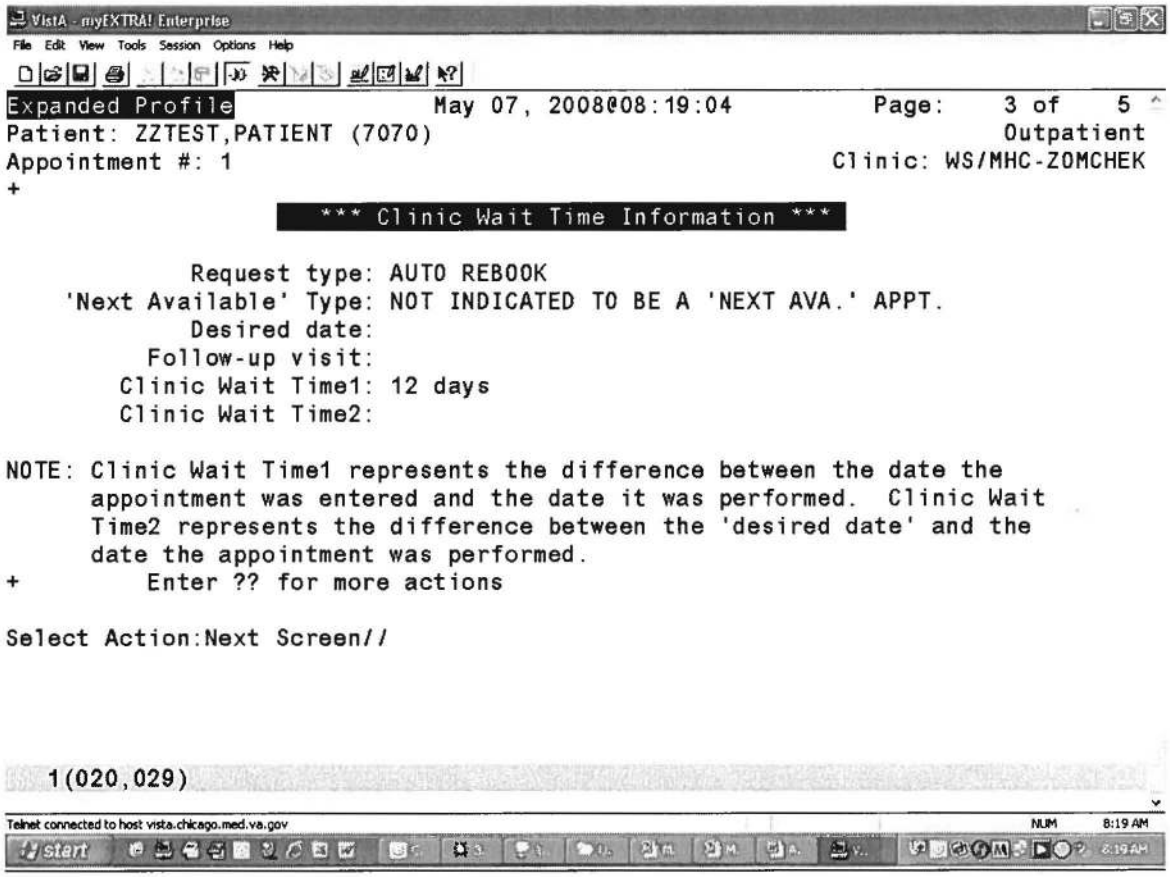
Systems Redesign principles provide us with the opportunity to improve not only access, but also quality, because without access there can be no quality; satisfaction, because waiting is a huge source of dissatisfaction; and cost of care because, delay creates waste and waste costs money. Please review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

Scheduling Practices to Avoid

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

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

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



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

- the patient does not show up 15 minutes before the appointment time.

This strategy inappropriately eliminates the patient from the Missed Opportunity measure and is misleading to patients who will show up for their appointments.

  - Evaluation Method: Interview schedulers to determine if this practice occurs. Clinics with unusually low Missed Opportunity rates should be investigated more closely.

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

Management to ensure they match. Also, witness schedulers making appointments, watching for this practice.

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

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

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

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

```
SORT TEMPLATE:
OUTPUT FROM WHAT FILE: REQUEST/CONSULTATION//
SORT BY: FILE ENTRY DATE// @'DATE OF REQUEST
START WITH DATE OF REQUEST: FIRST// T-7  (MAR 25, 2008)
GO TO DATE OF REQUEST: LAST// T  (APR 01, 2008)
WITHIN DATE OF REQUEST, SORT BY: (CPRS STATUS["ACTIVE")!(CPRS STATUS["PENDING")
WITHIN (CPRS STATUS["ACTIVE")!(CPRS STATUS["PENDNING"), SORT BY: TO SERVICE:
REQUEST SERVICES FIELD: ASSOCIATED STOP CODE    (multiple)
ASSOCIATED STOP CODE SUB-FIELD: ASSOCIATED STOP CODE:
CLINIC STOP FIELD: @AMIS REPORTING STOP CODE
    START WITH AMIS REPORTING STOP CODE: FIRST// 303
    GO TO AMIS REPORTING STOP CODE: LAST// 303
WITHIN AMIS REPORTING STOP CODE, SORT BY:
STORE IN 'SORT' TEMPLATE:    DE CONSULTS NOT ACTED ON
                              (Apr 01, 2008@07:47) User #673 File #123   SORT OUTPUT
FROM WHAT FILE:
SHOULD TEMPLATE USER BE ASKED 'FROM'-'TO' RANGE FOR 'DATE OF REQUEST'? NO// YES

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

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


OUTPUT:

PATIENT NAME                TO SERVICE            DATE OF REQUEST       CPRS STATUS
ASSOCIATED STOP CODE
-------------------------------------------------------------------------------------
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TEST     TEST           ECHOCARDIOGRAM - IRO       MAR 17,2008  12:12    PENDING
CARDIOLOGY
TEST     TEST           ECHOCARDIOGRAM - IRO       MAR 17,2008  14:34    PENDING
CARDIOLOGY
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- Not scheduling consults for Established patients within 30 days. Sites may schedule only New patients within 30 days, even if the Established patient is presenting with a new problem. This practice provides untimely care to Established patients simply because they have been seen within the past 2 years.
  - Evaluation Method:

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