

December 11, 2003

**PROCESS FOR MANAGING PATIENTS WHEN PATIENT DEMAND  
EXCEEDS CURRENT CLINICAL CAPACITY**

**1. PURPOSE.** This Veterans Health Administration (VHA) Directive clarifies the Department of Veterans Affairs' (VA) process for placing patients on wait lists and scheduling future appointments for patients when the services being sought by the patient are not available due to capacity constraints.

**2. BACKGROUND**

a. Public Law 104-262, the Veterans Health Care Eligibility Reform Act of 1996, mandated VA to establish and implement a national enrollment system to manage the delivery of health care services to veterans. This legislation led the way for the creation of a Medical Benefits Package to provide a standard health plan for all veterans. Enactment of this legislation has generated a significant increase in VA enrollees and patient users, and has precipitated serious problems with clinic waiting times. These delays have the potential to adversely affect clinical outcomes, patient satisfaction, and cost.

b. VA has a supply-constrained health care system. As a result, sites have employed a variety of methods to manage patient demand when this demand exceeds their current capacity to provide care. Variability across VHA in these differing methods has resulted in inconsistent access to care for the treatment of veterans.

c. There is a need to standardize the process for managing patient demand when it exceeds current supply constraints so that there is quality control over the process and accurate measurement of the unmet demand. This policy is intended to standardize the use of wait lists and scheduling practices, thereby producing consistency in the reporting of scheduling delays.

d. **Definitions.** For purposes of this policy, as it relates to wait lists, the following definitions are used:

(1) **Established Patient.** An established patient is a patient who has received care anywhere in the VA system within the past 2 years. **NOTE:** *This is not to be confused with the American Medical Association Current Procedural Terminology (CPT-4) reference to an established patient.*

(2) **New Patient.** A new patient is a patient who has not received care anywhere in the VA system within the past 2 years. **NOTE:** *This is not to be confused with the American Medical Association CPT-4 reference to a new patient.*

(3) **New Enrollee.** A new enrollee is a veteran who is enrolled, is seeking care from VA for the first time, and whose VA Form 10-10EZ, Application for Health Benefits, has been received.

**THIS VHA DIRECTIVE EXPIRES FEBRUARY 28, 2006**

## VHA DIRECTIVE 2003-068

December 11, 2003

(4) **Primary Care Provider (PCP).** A PCP is a single provider, supported by a team, who is assigned responsibility for managing the health care of a discrete population (panel) of patients. Nurse Practitioners and Physician Assistants may serve as PCPs when their scope-of-practice or locally established privileges encompass the skills and responsibilities required to provide primary care for these patients.

(5) **Urgent Care.** Urgent care is care for a condition for which there is a pressing need for treatment to prevent deterioration of the condition, or the impairment of the possibility for recovery. For example, urgent care includes the follow-up appointment for a patient discharged from a VA hospital if the discharging physician directs that the patient must return on a specified day for the appointment.

(6) **Emergent Care.** Emergent care is care for a condition for which immediate treatment is required to prevent the loss of life or limb, or is required to prevent the progression of a disease process that could lead to loss of life.

(7) **Open Primary Care Panel.** An Open Primary Care Panel is a panel that has not reached its maximum capacity threshold as defined by facility or Veterans Integrated Service Network (VISN) policy.

(8) **Closed Primary Care Panel.** A Closed Primary Care Panel is a panel that has reached its maximum capacity threshold as defined by facility or VISN policy.

(9) **Service Connection.** The term “service connected” (SC) means, that with respect to a condition or disability, VA has determined that the condition or disability was incurred in, or aggravated by, military service.

(10) **Preferred Facility.** The preferred facility is the VA facility in which the veteran expresses preference for care and in which the major portion of the veteran’s primary care is provided.

e. VHA’s goal is to schedule appointments within 30 days of the desired appointment date. Through the use of performance measures, VHA monitors the percent of next available appointments scheduled within 30 days for primary care and certain specialty clinics. VHA also surveys its new and established patients to determine if they received an appointment when they wanted one. Acceptable levels of performance are established each year in VHA’s performance plan. In all instances, every effort must be made to provide clinically appropriate care to every enrolled veteran. Care may be delivered directly; delivered via fee basis contract, if the veteran is eligible; by sharing agreement; or by referral to other VA health care centers.

**3. POLICY:** It is VHA policy to enroll veterans promptly and to provide care in a timely fashion by standardizing the use of wait lists and scheduling practices.

#### 4. ACTIONS

a. **VISN Director and Network Service Line Leader.** The VISN Director and Network Service Line Leader are responsible for the oversight of scheduling, processing, and wait lists for eligible veterans.

b. **Facility Director.** Each facility Director is responsible for ensuring that:

(1) **Implementation and Communication Occurs.** Key changes in the Advanced Clinic Access (ACA) initiative (see Att. B) must be communicated to appropriate staff, and implemented. *NOTE: Additional information on ACA may be found at the following web address: <http://vaww.vhacowebapps.cio.med.va.gov/waitingtimes/>*

(2) **All Patients are Scheduled for Care Using the Following Business Rules**

(a) **Urgent or Emergent Care.** Patients with emergent or urgent medical needs must be provided care or be scheduled to receive care as soon as practicable. This does not include patients who use the emergency room or urgent care settings simply for routine renewal of medication or patients seeking VA prescriptions for medications that have been prescribed by outside providers. *NOTE: It is the responsibility of each facility to implement a system whereby patients with urgent needs can be identified, and whereby instructions are given to patients on how to access care for emergent conditions.*

(b) **Priority Scheduling for Outpatient Medical Services and Inpatient Care for SC Veterans.** VHA Directive 2002-059 outlines VA's policy on providing priority access for care to veterans who are 50 percent or greater SC. Additionally, VHA Directive 2003-062 identifies the need to provide priority access for care to veterans who require care for a SC disability regardless of the percentage of SC rating. In addition, the following guidance applies:

1. All new enrollees and/or new patients who are 50 percent or greater SC veterans, or veterans less than 50 percent SC requiring care for a SC disability who request VA care, must be scheduled for a primary care evaluation within 30 days of desired date. If the outpatient appointment cannot be scheduled within this timeframe, arrangements must be made to have the patient seen at another VA health care facility, or must be made to obtain the services on fee-for-service basis (i.e., Fee Basis) or Department of Defense (DOD) sharing agreement facility at VA expense within the 30-day timeline.

2. Appointments for established patients (i.e., a patient who has received care anywhere in the VA system within the past 2 years) who are 50 percent or greater SC, or less than 50 percent requiring the appointment for a SC disability, must be scheduled within 30 days of the clinically appropriate appointment date based on the clinical need of the veteran as determined by the veteran's VA treating clinician. If an appointment cannot be scheduled within the 30-day timeframe, arrangements must be made to have the patient seen at another VA health care facility, or to obtain the services on a fee-for-service basis or DOD sharing agreement facility at VA expense.

## VHA DIRECTIVE 2003-068

December 11, 2003

3. Veterans rated less than 50 percent SC, who are on a wait list at the time of implementation of this Directive, must be provided priority access for care of their SC disabilities as outlined in subparagraphs 4b(4)(a) and 4b(4)(b).

### (c) Veterans Transferring Their Care

1. When a veteran who has been receiving ongoing care at a VA facility permanently changes the place of residence, the veteran needs to be provided treatment based on an established provider-patient relationship. **NOTE:** *VA has an obligation to ensure that it continues the care of these patients.*

2. Established patients wishing to transfer care to a more convenient location, but for whom VA care is currently accessible (e.g., transfer care from a VA facility to a closer Community-based Outpatient Clinic), may be subject to being placed on a wait list.

### (3) **New Enrollees Are Processed Following this Application Process**

(a) All applications for enrollment are to be processed as soon as administratively feasible, but no later than 7 business days from receipt of a signed application at the facility. **NOTE:** *Veterans are never to be discouraged from applying due to capacity constraints.*

(b) Upon acceptance of the veteran's enrollment, the Health Eligibility Center (HEC) mails the new enrollees a general welcome letter that provides information about the veteran's priority group, and instructions to contact their local VA health care facility if they desire an appointment.

(c) New Enrollees wishing to schedule an appointment must be processed as outlined under subparagraph 4b(4).

(4) **Scheduling Veterans for Clinical Care and the Use of Wait Lists is Appropriate.** All appointment requests must be acted on by the facility within 7 business days of the request, this includes consult requests to a specialist. Acting on the request involves either scheduling the requested service or placing the patient on a wait list.

### (a) Patients Needing Primary Care Panel Placement

1. The use of primary care panels is a fundamental principle in managing primary care capacity, in achieving advanced clinic access and in ensuring continuity of care. Panels establish a relationship between the patient and a PCP resulting in the improvement of the care that is delivered. **NOTE:** *It is expected that, if a primary care panel is sized properly, the patients on the panel should be able to receive an appointment when they want one.*

2. Patients seeking ongoing primary care from VA must be placed on an Open Primary Care Panel at their preferred facility. Sites have devised a variety of methods for determining if a patient will be seeking on-going primary care from VA. The important point is that panels should only be filled with patients who demonstrate a desire for continuing VA primary care.

Panels need to be regularly managed to remove inactive patients so that other patients can be placed on the panel.

(b) Use of Wait Lists When Primary Care Panels are Full. If a patient would like to receive ongoing primary care and the panels at the preferred location are full, the patient needs to be placed on a wait list for panel placement. If there is availability on a primary care panel at another proximal VA location, the patient should be offered this as an alternative care site. If the patient accepts this alternative site, the patient should still be placed on the wait list at the preferred facility, designated as a transfer patient in the wait list software and informed when a panel slot becomes available at their desired location.

(c) Scheduling Primary and Specialty Care Appointments. Appointments should not be scheduled more than 4 months beyond the desired appointment date. Appointments scheduled more than 4 months beyond the desired appointment date are subject to high cancellation rates resulting in the inefficient use of clinic resources.

(d) Use of Wait Lists when Appointments Cannot be Scheduled within 4 Months of the Desired Appointment Date. Patients seeking an appointment that cannot be scheduled within 4 months of the desired date must be placed on VA's electronic wait list. This applies to all clinics. Sites need to establish a system of managing the patients on the wait lists by reviewing them regularly and contacting patients prior to their desired appointment date to set up the appointment if it is available.

1. This 4-month scheduling-cut off establishes a boundary limit for scheduling and does not preclude sites from placing patients on the wait list before this 4-month time period for better management of clinic scheduling.

2. When patients, who are already on a primary care panel, must wait more than 4 months beyond their desired appointment date for a primary care appointment, a problem may exist in the management of the panel. Facility administration needs to assess the management of the panel to determine the source of the problem. Panels that are sized properly and managed using ACA techniques need to be able to provide paneled patients appointments when they are needed.

**(5) Patients are Removed from the Wait List, as Appropriate**

(a) If the condition of any patient on the wait list becomes urgent or emergent, as determined locally, this patient must take precedence over all other patients, must be provided appropriate care and follow-up, and must be removed from the wait list.

(b) Any veteran, who is 50 percent or greater service connected, or less than 50 percent service connected and requiring care for an SC disability, must be given priority when removing patients from the wait list.

(c) Veterans who have been receiving ongoing care at another VA facility and who have permanently changed their place of residence need to be treated as if they have an established patient-provider relationship at the new facility when removing patients from the wait list.

**VHA DIRECTIVE 2003-068**  
**December 11, 2003**

(d) All other patients need to be removed from the wait list on a first-on, first-off basis.

(e) Patients need to be removed from a facility's wait list when any of the following conditions occur:

1. The patient is no longer seeking care from that VA facility (e.g., the patient has died, or moved, or declined care at that site).

2. The patient has been seen for the requested care, or is scheduled an appointment within 4 months in the requested clinic.

3. The facility has not been able to contact the patient to schedule an appointment. Attempts to contact the patient must include at least three phone calls at least 5 days apart and a certified letter to the patient.

**(6) Veterans Are Notified of Their Placement on the Wait List**

(a) Veterans who are 50 percent or greater SC, or who are less than 50 percent SC, but are seeking care for a SC condition and who must wait more than 30 days beyond the desired appointment date, must be offered the options outlined in subparagraph 4b(4).

(b) When a NSC veteran on a wait list must wait more than 30 days beyond the desired appointment date, the veteran must be notified, in writing, by the facility of the following (see Att. A):

1. VA is not able to provide care within the time period desired by the patient.

2. The approximate expected waiting time.

3. Instruction on what to do in case of an emergency.

4. That the patient will be contacted when appointment slots become available.

**(7) Appropriate Mechanisms Are in Place.** Appropriate mechanisms are in place to monitor the following:

(a) Time in queue for patients awaiting first appointment in primary care.

(b) Time in queue for patients awaiting first specialty care appointment.

(c) Primary care panel size and capacity.

(d) Patients discharged from specialty care clinics.

(e) Specialty care clinic capacity.

(f) Number of patients on wait list for primary care.

(g) Number of patients on wait list for specialty care by specialty.

(h) Number of service connected veterans receiving fee-basis care due to appointment unavailability.

**(8) Functions that Occur in Discrete Areas of the Medical Center Are Coordinated.**

Functions that occur in discrete areas of the medical center must be coordinated to ensure adequate implementation of this Directive.

**5. REFERENCES**

a. Title 38 United States Code (U.S.C.) Sections 1710 and 1705.

b. Title 38 Code of Federal Regulations, Sections 17.36, 17.37, and 17.38.

c. Interim Final Rule, Priorities for Outpatient Medical Services and Inpatient Hospital Care, Volume 67, Federal Register, p. 58528: September 17, 2002.

d. VHA Directive 2001-006, Service Standards.

e. VHA Directive 2002-059, Priority for Outpatient Medical Services and Inpatient Hospital Care.

f. VHA Directive 2002-068, Implementation of Electronic Wait List National VistA Software.

**6. FOLLOWUP RESPONSIBILITIES.** The Deputy Under Secretary for Health for Operations and Management (10N) is responsible for the contents of this Directive. Questions may be directed to 202-273-5852.

**7. RESCISSIONS.** None. This VHA Directive Expires February 28, 2006

S/ Nevin M. Weaver for  
Robert H. Roswell, M.D.  
Under Secretary for Health

Attachments

DISTRIBUTION: CO: E-mailed 12/16/2002  
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**ATTACHMENT A**

**SAMPLE OF FACILITY WAIT LIST LETTER**

[NAME]  
[ADDRESS]  
[CITY, ST ZIP]

Dear [Mr./Ms.][name]:

Thank you for choosing **Anytown** Department of Veterans Affairs (VA) Medical Center as your health care provider.

The **Anytown** VA is currently experiencing a long delay in scheduling appointments. This is due to the increasing number of veterans seeking VA care for the first time. VA medical centers nationwide are experiencing similar delays. It may take some time to schedule your first appointment. Please be assured we will schedule you as quickly as possible, and we will notify you when an appointment slot becomes available. Currently, we anticipate that it will be XXX months before we will be able to schedule your appointment.

We at the **Anytown** VA are committed to serving veterans. We assure you that VA employees in **Anycity**, along with VA officials nationwide, are working hard to resolve this situation. In the meantime you may wish to continue receiving treatment from your private physician. Should an emergent medical need arise, you may seek care at the nearest VA medical facility or through local emergency care systems (911). If you have urgent medical needs, and feel that waiting for an appointment may not be safe, you should contact us at XXX-XXX-XXXX .

We apologize for any inconvenience this delay may cause you. We are hopeful that this situation will improve in the future.

Sincerely,

Signature Block of  
Medical Center Director

Enclosures

**ATTACHMENT B**

**STRATEGIES FOR ACHIEVING A SUSTAINABLE SYSTEM FOR PATIENT ACCESS  
(ADVANCED CLINIC ACCESS)**

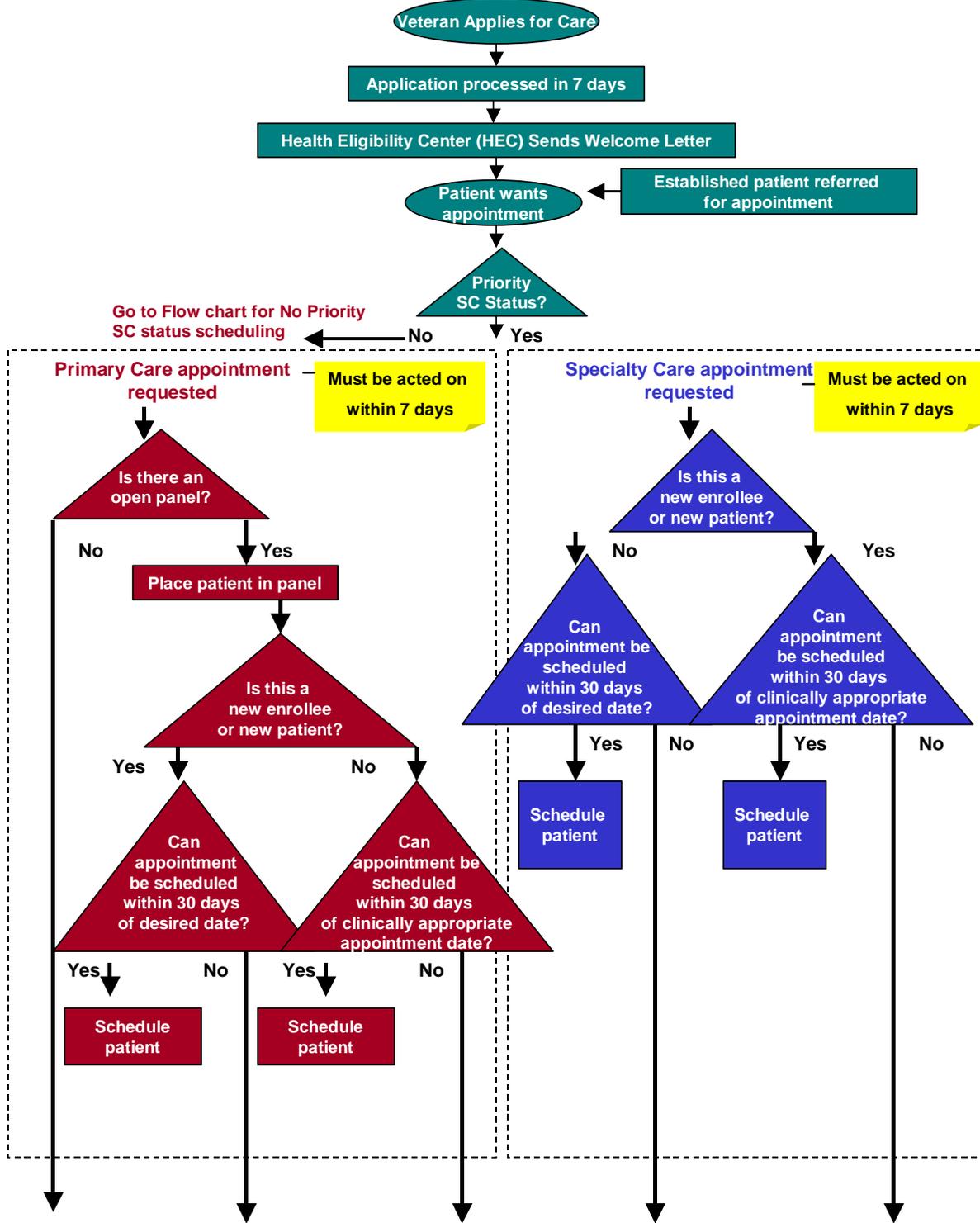
<b>Ten Key Changes</b>	<b>Thirty-three Specific Change Ideas for Advanced Clinic Access</b>
<b>1. Work down the backlog</b>	Gain immediate capacity.
	Temporarily add appointment slots.
<b>2. Reduce Demand</b>	Maximize activity at appointments (Primary).
	Extend intervals for return appointments.
	Create alternatives to traditional face-to-face interactions.
	Optimize patient involvement in care (Primary).
	Build service agreements between primary and specialty care (Specialty).
	Reduce demand for physician visits/optimize team roles (Specialty).
<b>3. Understand supply and demand</b>	Know your demand.
	Know your supply.
	Consider doing today's work today.
	Make panel size equitable based on clinical Full-time Equivalent (FTE) (Primary).
	Establish input equity for specialty clinics (Specialty).
<b>4. Reduce appointment types</b>	Use only a small number of appointment types.
	Standardize appointment lengths.
<b>5. Plan for contingencies</b>	Manage demand variation proactively.
	Develop flexible, multi-skilled staff.
	Anticipate unusual but expected events.
<b>6. Manage the constraint</b>	Identify the constraint.
	Drive unnecessary work away from the constraint.
<b>7. Optimize the Care Team</b>	Ensure all roles in practice are maximized to meet patient needs.
	Use standard protocols to optimize use of other providers.
	Separate responsibilities for phone triage, patient flow, and paper flow.
<b>8. Synchronize patient, provider, and information</b>	Start the first AM and PM appointment on time
	Do patient registration by phone when confirming patient appointment.
	Check the chart to make sure it is complete, accurate, and present for appointment.
	Use health prompts to anticipate full potential of today's need.
	Make sure rooming criteria include having patient ready.

**VHA DIRECTIVE 2003-068**  
**December 11, 2003**

<b>9. Predict and anticipate patient needs at time of appointment</b>	Use regular "huddles" to anticipate and plan for contingencies.
	Communicate among care delivery team throughout the day.
<b>10. Optimize rooms and equipment</b>	Use open rooming to maximize flexibility.
	Standardize supplies in exam rooms and keep them stocked at all times.

ATTACHMENT C

Scheduling Flow: Service Connected (SC) Veterans with Priority Scheduling Status



Arrange for the patient to be seen at another VA health care facility or obtain the services on fee for service basis (i.e., Fee Basis) or Department Of Defense sharing agreement facility at VA expense within the 30 day timeline

Scheduling Flow: Veterans with NO Priority Scheduling Status

