



April 2018

VETERANS HEALTH ADMINISTRATION

Opportunities Exist for Improving Veterans' Access to Health Care Services in the Pacific Islands

GAO Highlights

Highlights of [GAO-18-288](#), a report to congressional addresses

Why GAO Did This Study

Veterans' access to timely health care at VA medical facilities has been a long-standing problem identified by GAO and VA's Office of Inspector General. The remote nature of the Pacific Islands creates some unique challenges for VAPIHCS, which may affect its ability to provide the approximately 50,000 veterans it serves in American Samoa, Guam, Hawaii, and the Commonwealth of the Northern Mariana Islands with timely access to primary, mental health, and specialty care.

House Report 114-497 included a provision for GAO to review VHA's efforts to provide timely access to health care within VAPIHCS. Among other things, this report examines: the extent to which the VAPIHCS veterans received (1) timely primary and mental health care, and (2) timely specialty care; and (3) any challenges VAPIHCS faced in recruiting and retaining physicians, and strategies to resolve them. GAO reviewed relevant policy documents and a randomly selected, non-generalizable sample of 164 medical records, and interviewed VHA, VAPIHCS, and DOD officials.

What GAO Recommends

GAO makes four recommendations, including that VAPIHCS improve monitoring of referrals to one DOD facility and evaluate the effectiveness of physician recruitment and retention strategies. VA concurred with three recommendations and partially concurred with the fourth. GAO maintains that monitoring referrals to the DOD facility is needed, as discussed in the report.

View [GAO-18-288](#). For more information, contact Debra A. Draper at (202) 512-7114 or draperd@gao.gov.

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What GAO Found

For the sample of veterans' medical records that GAO reviewed, most veterans received primary and mental health care from the Department of Veterans Affairs (VA) Pacific Islands Health Care System (VAPIHCS) within timeliness goals set by VA's Veterans Health Administration (VHA). However, GAO also found that some of these veterans experienced delays related to the processing of their enrollment applications, contacting them to schedule appointments, and completing comprehensive mental health evaluations. These delays were similar to some GAO had identified in previous work pertaining to veterans' access to care nationwide.

For the sample of veterans' medical records that GAO reviewed, VAPIHCS referred nearly all specialty care to non-VA providers within VHA's timeliness goal, but the time taken to provide care was variable and sometimes lengthy. Specifically, VAPIHCS sent specialty care referrals to

- the Veterans Choice Program (Choice Program)—for veterans that GAO reviewed, the number of days to receive care from the Choice Program was, on average, 75 days.
- Department of Defense (DOD) military treatment facilities—for veterans that GAO reviewed, the number of days to receive care from the two DOD facilities for which VAPIHCS has agreements was, on average, 37 days from one facility and 47 days from the other.

GAO identified weaknesses in VAPIHCS' management of its referral process for sending veterans for specialty care services at one of the two military treatment facilities. GAO found VAPIHCS did not always manage referrals to the military treatment facility in a timely way and there was inconsistent guidance describing the roles and responsibilities of the VAPIHCS staff involved in the process. These weaknesses may have contributed to the amount of time it took for veterans to receive specialty care services.

GAO also found that VAPIHCS faces challenges recruiting and retaining physicians. As of October 2017, 17 of approximately 100 VAPIHCS physician positions were vacant, as were several other types of health care providers. Some of the challenges VAPIHCS faced are unique to the Pacific Islands, such as the availability of only one local medical school from which to recruit, along with travel burdens and a high cost of living that may discourage physicians from relocating there. Other challenges were similar to those GAO has previously identified as faced by VA medical centers across the country, such as differences in interpretation of hiring and recruiting policies. VAPIHCS officials said they use several strategies to help recruit and retain physicians, including VHA strategies used by other VA medical centers such as financial incentives and an educational debt reduction program. Although they described limits to the success of some of these strategies, they have not evaluated their effectiveness. Without completing an evaluation of its strategies, VAPIHCS may not be optimizing its resources to improve its hiring efforts and may continue to struggle with physician shortages.

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Abbreviations

DOD	Department of Defense
TAMC	Tripler Army Medical Center
NHG	U.S. Naval Hospital Guam
OIG	Office of Inspector General
VA	Department of Veterans Affairs
VAMC	Veterans Affairs medical center
VAPIHCS	VA Pacific Islands Health Care System
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

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April 12, 2018

Congressional Addressees

The Veterans Health Administration (VHA), within the Department of Veterans Affairs (VA), operates one of the nation's largest health care systems. In fiscal year 2016, VHA provided care to about 6.9 million veterans and obligated about \$65 billion for their care through 170 VA medical centers (VAMC) and 1,082 clinics nationwide. The VA Pacific Islands Health Care System (VAPIHCS) is part of Veterans Integrated Service Network (VISN) 21 and includes 1 of VHA's 170 VAMCs—the Spark M. Matsunaga VAMC, located in Honolulu, Hawaii—and 10 clinics located across the Pacific Islands.¹ VAPIHCS provides health care services to approximately 50,000 veterans that reside in the Pacific Islands of Hawaii, American Samoa, Guam, and the Commonwealth of the Northern Mariana Islands. While some outpatient specialty care is provided at the Spark M. Matsunaga VAMC and the 10 clinics, VAPIHCS primarily provides outpatient primary and mental health care services. Unlike most VAMCs, the Spark M. Matsunaga VAMC does not include an inpatient hospital. For most inpatient and other specialty care, veterans are referred to local military treatment facilities through joint venture and sharing agreements with the Department of Defense (DOD) or to non-VA providers in the community.² In particular, VAPIHCS partners with Tripler Army Medical Center (TAMC) through a joint venture in Hawaii and U.S. Naval Hospital Guam (NHG) through a sharing agreement, and also

¹VHA's health care system is divided into 18 health care networks, referred to as VISNs, which are responsible for managing and overseeing VAMCs within a defined geographic area. There were previously 21 VISNs, but VA consolidated some networks so that there were 18 VISNs by fiscal year 2018. VISN 21 was not renamed following the consolidation.

²VA and DOD must facilitate the mutually beneficial coordination, use, or exchange of use of the health care resources of the two departments. 38 U.S.C. 8111(a). VA and DOD collaborate through joint venture and sharing agreements to provide health care services to VA and DOD beneficiaries, reimbursing each other for the services provided. A joint venture involves the sharing of multiple health care services and sometimes facilities. A sharing agreement ranges in complexity and scope from sharing a single service to agreements that govern the sharing of multiple services.

Military treatment facilities include military hospitals, ambulatory care clinics, and dental clinics owned by DOD and staffed by the military services (Army, Navy and Air Force) under the command of the respective Surgeons General.

offers veterans access to non-VA providers in the community through the Veterans Choice Program (Choice Program).³

In recent years, we and the VA Office of the Inspector General (OIG) have expressed concerns about veterans' ability to access timely medical care and VHA's oversight of its appointment scheduling practices.⁴ VHA has timeliness goals outlined in policies that measure the amount of time it should take to schedule appointments, and for veterans to receive health care services. Additionally, we and the VA OIG have expressed concerns about whether VHA is able to ensure that it has the appropriate clinical workforce to meet the needs of veterans.⁵ The VA OIG also has found that VAPIHCS faces unique challenges in providing patient care given the geographic remoteness of the Pacific Islands, and identified concerns including about lengthy wait times for primary care.⁶

House report 114-497, which accompanied the Military Construction, Veterans Affairs, and Related Agencies Appropriations Bill, 2017,

³The Choice Program was enacted by the Veterans Access, Choice, and Accountability Act of 2014 to address longstanding challenges with veterans' access to care at VAMCs. Under the Choice Program, eligible veterans may receive care from non-VA health care providers when they experience long wait times, lengthy travel distances, or other challenges accessing VA care. The VA uses two contractors to administer the program. TriWest Healthcare Alliance Corp. (TriWest) is the contractor for VISN 21.

⁴See, for example, GAO, *VA Health Care: Reliability of Reported Outpatient Medical Appointment Wait Times and Scheduling Oversight Need Improvement*, [GAO-13-130](#) (Washington, D.C.: Dec. 21, 2012); *VA Mental Health: Clearer Guidance on Access Policies and Wait-Time Data Needed*, [GAO-16-24](#) (Washington, D.C.: Oct. 28, 2015); and *VA Health Care: Actions Needed to Improve Newly Enrolled Veterans' Access to Primary Care*, [GAO-16-328](#) (Washington, D.C.: Mar. 18, 2016). In addition, see, for example, Department of Veterans Affairs, Office of Inspector General, *Veterans Health Administration: Audit of Veteran Wait Time Data, Choice Access, and Consult Management in VISN 6*; Report No. 16-02618-424 (Washington, D.C.: Mar. 2, 2017), and *Veterans Health Administration: Review of Veterans' Access to Mental Health Care*, Report No. 12-00900-168 (Washington, D.C.: Apr. 23, 2012).

⁵See, for example, GAO, *Veterans Health Administration: Better Data and Evaluation Could Help Improve Physician Staffing, Recruitment, and Retention Strategies*, [GAO-18-124](#) (Washington, D.C.: Oct. 19, 2017), and *OIG Determination of Veterans Health Administration's Occupational Staffing Shortages*, Report No. 16-00351-453 (Sept. 28, 2016).

⁶See U.S. Department of Veterans Affairs Office of Inspector General, *Combined Assessment Program Review of the VA Pacific Islands Health Care System Honolulu, Hawaii*, Report No. 15-00626-28 (Nov. 10, 2015) and *Healthcare Inspection Summarization of Select Aspects of the VA Pacific Islands Health Care System Honolulu, Hawaii*, Report No. 15-04655-347 (Sept. 22, 2016).

included a provision for us to review the scheduling, staffing, outreach, and access management practices at VAPIHCS. This report examines:

1. the extent to which veterans in the Pacific Islands receive primary and mental health care from VA providers within VHA's timeliness goals;
2. the extent to which veterans in the Pacific Islands are referred to and receive specialty care from non-VA providers within VHA's timeliness goals;
3. the challenges, if any, in the recruitment and retention of physicians in the Pacific Islands, and the extent to which strategies are used to help resolve any such challenges; and
4. the challenges, if any, veterans in the Pacific Islands face in accessing care, and the strategies used to improve veterans' timely access to care.

To examine all four objectives, we focused our review on services provided to veterans in 3 of the 10 clinics—located on the islands of American Samoa, Guam and Maui—because they provided the most comparable types of primary and mental health care services across all clinics. We interviewed VAPIHCS officials, DOD officials, and a local representative of TriWest, the third-party administrator for the Choice Program in VISN 21, the program through which most veterans in the Pacific Islands receive non-VA care, and we conducted site visits to the VA and DOD facilities in Guam and Honolulu in April 2017.⁷ We interviewed VA and DOD officials, and the local TriWest representative about policies and guidance for scheduling veterans for outpatient primary, mental health, and specialty care; arranging for and providing specialty care at a DOD military treatment facility or with a non-VA provider in the community; physician recruitment and retention challenges; and challenges veterans have with accessing health care

⁷Veterans may also receive care from non-VA providers in the community through other programs, such as the Patient-Centered Community Care Programs or individual authorizations to community providers. The VA Budget and Choice Improvement Act, which was enacted on July 31, 2015, required VA to develop a plan for consolidating all of its community care programs into a new, single program to be known as the "Veterans Choice Program." VHA submitted this plan, which included proposed legislative changes, to Congress on Oct. 30, 2015, and according to this plan, the agency expects to implement a consolidated community care program in fiscal year 2018. See Department of Veterans Affairs, *Plan to Consolidate Programs of Department of Veterans Affairs to Improve Access to Care*, (Washington, D.C.: Oct. 30, 2015).

We did not travel to American Samoa and Maui, but spoke with clinic staff from these locations via teleconference while in Honolulu.

services in the Pacific Islands. In addition, we discussed access to care challenges with community stakeholders, including with members from a local advisory council that represents veterans on Guam.⁸

To examine the extent to which veterans accessed primary and mental health care from VA providers, and specialty care services from non-VA providers, within VHA's timeliness goals, we reviewed relevant VHA policies for veteran enrollment application processing and appointment scheduling within VA facilities, and for facilitation of health care services referred outside a VA facility.⁹ We also examined VAPIHCS' joint venture and sharing agreements with DOD and VA's Choice Program contract with TriWest. In addition, we compared the processes VAPIHCS followed to refer veterans to care outside a VA facility to appropriate federal internal control standards.¹⁰ Additionally, we interviewed officials from VHA's Office of Veteran Access to Care, Office of Mental Health Services, and Office of Community Care to obtain information on VHA's scheduling policies. To measure the timeliness of care provided by VA and non-VA providers, we reviewed a sample of 164 medical records of veterans enrolled at clinics on the islands of American Samoa, Guam, and Maui. The results from our review cannot be generalized to all veterans within VAPIHCS, or to other VAMCs, but provide insights into the extent to which veterans were able to receive timely access to health care services. Our sampling methodology for the 164 medical records included requesting and obtaining lists of veterans from VHA, unless otherwise noted, that satisfied the following criteria:

⁸We invited other veterans groups in Hawaii to participate in our discussions; however, these groups declined to participate or did not respond to our efforts to contact them. We were unable to identify an active local veterans' group in American Samoa.

⁹See U.S. Department of Veterans Affairs' Veterans Health Administration, VHA Directive 2012-001 *Time Requirements for Processing VA Forms 10-10EZ, Application for Health Benefits and 10-10EZR, Health Benefits Renewal Form* (Jan. 9, 2012); VHA Directive 1230 *Outpatient Scheduling Processes and Procedures* (July 15, 2016); VHA Handbook 1160.01 *Uniform Mental Health Services in VA Medical Centers and Clinics* (Sept. 11, 2008, amended Nov. 16, 2015); and VHA Directive 1232(1) *Consult Processes and Procedures* (Aug. 24, 2016, amended Sept. 23, 2016). In this report, when measuring VHA's timeliness goals, "days" refers to calendar days, unless otherwise indicated.

¹⁰See GAO, Standards for Internal Control in the Federal Government, [GAO-14-704G](#) (Washington, D.C.: Sept. 10, 2014). Internal 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.

Initial primary care appointments. Those veterans who applied for enrollment and were successfully enrolled in VHA health care benefits; requested on their enrollment applications that VA contact them to schedule medical appointments; and received their first primary care appointment from Oct. 1, 2016, through Mar. 31, 2017.

Initial mental health appointments. Those veterans that received their first appointment with a mental health care provider from Oct. 1, 2016, through Mar. 31, 2017.

Follow-up appointments. Those established veterans—veterans who were seen by a VA primary or mental health provider within the last 2 years—who saw a provider for a follow-up primary or mental health care appointment in March 2017.

Specialty care referrals. Those routine outpatient specialty care referrals that were created from Oct. 1, 2016, through Mar. 31, 2017, that VAPIHCS sent to either (1) DOD military treatment facilities working in partnership with VAPIHCS: TAMC and NHG, or (2) community providers through the Choice Program. The majority of veterans enrolled in VAPIHCS received non-VA care in fiscal year 2016 through the Choice Program.¹¹ From these lists, we selected a random sample that included referrals for orthopedics—a mission-critical physician specialty—as well as the specialty care service most frequently referred to TAMC, NHG, and the Choice Program from each of the three selected clinics in fiscal year 2016.¹² These referrals resulted in a face-to-face consultation with a specialty care provider. Additionally, we also reviewed a select sample of general surgery

¹¹For the purposes of this report, we refer to care, or consults, sent to non-VA providers as “referrals.” A consult is an electronic request entered into VA’s electronic health record by a VA provider who is seeking an opinion, advice, or expertise regarding evaluation or management of a veteran’s condition. A routine consult indicates that the veteran should be seen by a date indicated by that veteran’s provider.

Our review examined the scheduling actions of VAPIHCS staff when receiving, authorizing, and referring consults to the Choice Program to understand the length of time it took for veterans to receive care. We did not evaluate if veterans were eligible for the Choice Program, or if VAPIHCS correctly referred veterans to the Choice Program. Additionally, depending on their eligibility, some veterans can self-refer to a non-VA provider in the Choice Program. Veterans eligible to self-refer contact TriWest directly to request care through the Choice Program. This process does not involve VAPIHCS and we did not examine the veterans’ self-referral process to the Choice Program.

¹²VHA obtains data from its VISNs and VAMCs on which occupations are the highest priority for recruitment and retention based on known concerns, and uses this data to identify, among others, the nationwide top five mission-critical physician occupations. Orthopedic surgery was identified as one of these occupations in fiscal year 2016.

referrals sent to NHG that were subsequently canceled by VAPIHCS; we reviewed these referrals to further assess reasons for the cancelations.

See Table 1 for information on the number of medical records reviewed, by type of appointment and health care service, number of records sampled, and location of veteran.

Table 1: Information on the Sample of Medical Records GAO Reviewed from the Department of Veterans Affairs (VA) Pacific Islands Health Care System (VAPIHCS)

Provider	Appointment type	Number of records reviewed			Total
		American Samoa clinic	Guam clinic	Maui clinic	
VA	Initial primary care	7	8	15	30 ^a
VA	Initial mental health care	10	10	10	30
VA	Follow-up primary care	5	5	5	15
VA	Follow-up mental health care	5	5	5	15
Total records reviewed for primary care and mental health appointments					90
Tripler Army Medical Center (TAMC)	Orthopedic specialty care	5	5	5	15
TAMC	Urology specialty care	5	0	4 ^b	9
TAMC	Cardiology specialty care	0	5	0	5
U.S. Naval Hospital Guam (NHG)	Orthopedic specialty care	0	5	0	5
NHG	General surgery specialty care	0	5	0	5
Total records reviewed for Department of Defense appointment referrals					39
NHG	General surgery specialty care – cancelled	0	5	0	5
Total records reviewed for cancelled specialty care appointment referrals					5
Choice Program	Orthopedic specialty care	5	5	5	15
Choice Program	Ophthalmology specialty care	5	5	0	10
Choice Program	Dermatology specialty care	0	0	5	5
Total records reviewed for Choice Program appointment referrals					30
Total					164

Source: GAO. | GAO-18-288

^aOur review of initial primary care services included all new primary care patients from the American Samoa and Guam clinics, and 15 veterans randomly selected from among the 35 new primary care patients from the Maui clinic.

^bThere were only 4 veterans from the Maui clinic referred to TAMC during our review time frame who satisfied our selection criteria.

To identify any challenges in the recruitment and retention of physicians in the Pacific Islands, and the extent to which strategies have been used to help resolve such challenges, we reviewed key VHA documents related to physician recruitment and retention and workforce and succession planning; directives related to staffing and pay administration; and guidance regarding the composition of primary care and mental health providers within clinics. Additionally, we reviewed information on the current physician staffing and vacancy levels for each clinic within VAPIHCS. We assessed VAPIHCS' strategies to address challenges it faces to recruit and retain physicians within the context of federal standards for internal control.¹³ Finally, we interviewed VHA, VISN, and VAPIHCS officials involved in physician recruitment and retention, including from VHA's Office of Workforce Management and Consulting, VISN 21's Office of Human Resources, and VAPIHCS' Office of Human Resources.

To identify any challenges veterans in the Pacific Islands face in accessing care, and the strategies used to improve access, we reviewed VHA's handbook and guidance related to its beneficiary travel program. This program is intended to improve veterans' access to timely care by reimbursing certain travel costs to medical appointments. Additionally, we reviewed VAPIHCS materials used to inform veterans about their access options. We also collected and assessed information on the number of outreach efforts conducted by VAPIHCS to inform veterans about access to care. We also interviewed officials from VAPIHCS and VHA's Office of Rural Health and TriWest to obtain information about any access challenges for veterans they have identified and strategies used to address them.

We conducted this performance audit from January 2017 to April 2018 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.

¹³See [GAO-14-704G](#).

Background

VAPIHCS provides comprehensive health care to eligible veterans who reside in Hawaii and the three U.S. territories in the Pacific— American Samoa, Guam, and the Commonwealth of the Northern Mariana Islands. According to VAPIHCS officials, the geographic distances between the Pacific Islands and the use of multiple sources of health care to provide services to veterans in this region create complex care delivery and coordination challenges for VAPIHCS.

VAPIHCS and Primary and Mental Health Care Services

VAPIHCS generally provides outpatient primary and mental health care services to the veterans it serves. These services are provided through its ambulatory care clinic, housed at the Spark M. Matsunaga VAMC in Honolulu, Hawaii, on the island of Oahu, and 10 clinics located in other communities across the Pacific Islands.¹⁴ These 10 clinics include

- 7 in the state of Hawaii on the islands of Oahu (1 clinic); Hawaii (2 clinics); Maui (1 clinic); Lanai (1 clinic); Molokai (1 clinic); and Kauai (1 clinic);
- 1 in the territory of American Samoa;
- 1 in the territory of Guam; and
- 1 in the Commonwealth of the Northern Mariana Islands on the island of Saipan.¹⁵

VAPIHCS provides some outpatient specialty care services through the ambulatory care clinic and through traveling VAPIHCS specialty care

¹⁴Seven of the 10 clinics are community-based outpatient clinics, while the remaining three are outreach clinics. According to VA, a community-based outpatient clinic is completely staffed by VA; typically serves more than 2,500 veterans; and is required to provide a minimum, defined set of health care services, including primary and mental health care. An outreach clinic, by comparison, typically serves a smaller number of veterans and services are provided through partnered arrangements using other organizations' space and services.

¹⁵There are separate contractual agreements for the three outreach clinics in the Pacific Islands. In Molokai, VAPIHCS has a contractual agreement with Molokai General Hospital to use clinic space 30 hours per week to provide primary and mental health care services. In Lanai, VAPIHCS has a contractual agreement with a local health center to use clinic space once a month. The health center also provides a health technician to work during clinic hours and traveling VA primary and mental health care clinicians provide episodic care. In Saipan, care is provided by two contracted primary care providers and a VA mental health provider who travels there from Guam on a recurring basis.

providers.¹⁶ Table 2 shows the number of enrolled veterans and the number of veterans that have used outpatient services in fiscal year 2017 at each VAPIHCS facility.

Table 2: Number of Veterans Enrolled in and Using Outpatient Care from the Department of Veterans Affairs (VA) Pacific Islands Health Care System (VAPIHCS) in Fiscal Year 2017, by Clinic

Location	Enrolled veterans ^a	Number of outpatient encounters ^b
State of Hawaii		
Spark M. Matsunaga VA Medical Center ^c	34,747	289,783
Oahu clinic ^c	—	—
Hawaii clinic (Hilo)	4,128	18,676
Hawaii clinic (Kona)	2,445	11,824
Maui clinic ^d	3,517	16,796
Lanai clinic ^d	—	—
Molokai clinic ^d	—	—
Kauai clinic	2,170	12,503
Territory of American Samoa		
American Samoa clinic	937	7,977
Territory of Guam		
Guam clinic ^e	3,269	15,425

¹⁶Specialty care services available include: audiology, allergy, cardiology, dermatology, endocrinology, hematology, neurology, pulmonary, nephrology, gastroenterology, podiatry, rheumatology, optometry, orthopedics, and urology. In addition, VAPIHCS sends select specialty care providers, or traveling providers, to different islands using an established schedule. For those veterans who require health care services beyond those provided at their local clinics or from these travelling providers, VAPIHCS may provide benefits to eligible veterans to travel to other locations to receive care, such as to another VA or DOD facility.

Location	Enrolled veterans ^a	Number of outpatient encounters ^b
Commonwealth of the Northern Mariana Islands		
Saipan clinic ^e	—	—
Total	51,213	372,984

Source: VAPIHCS. | GAO-18-288

^aEnrolled veterans refers to the total number of veterans enrolled in a clinic in fiscal year 2017.

^bNumber of outpatient encounters refers to the number of contacts between a patient and a provider in fiscal year 2017.

^cThe number of veterans enrolled in and using the Spark M. Matsunaga VA Medical Center include those enrolled in and using the Oahu clinic. VAPIHCS did not separately report the Oahu clinic veterans from those enrolled in and using the Spark M. Matsunaga VA medical center in its data.

^dThe number of veterans enrolled in and using the Maui clinic include those located on the islands of Lanai and Molokai. VAPIHCS has two outreach clinics on these islands, but, at the time of our review, did not separately report the Molokai and Lanai veterans from the Maui veterans in its data. According to VAPIHCS, as of October 2017, workload data from the Lanai and Molokai clinics are now separated from the Maui clinic.

^eThe number of veterans enrolled in and using the Guam clinic include those located in Saipan within the Commonwealth of the Northern Mariana Islands. VAPIHCS has an outreach clinic on the island of Saipan, but, at the time of our review, did not separately report these veterans from the Guam veterans in its data. According to VAPIHCS, as of October 2017, workload data from the Saipan clinic are now separated from the Guam clinic.

VAPIHCS and Specialty Care and Inpatient Services

According to VAPIHCS officials, VAPIHCS provides most specialty care and inpatient services to veterans at military treatment facilities through joint venture and sharing agreements with DOD or through non-VA providers in the community.¹⁷ In fiscal year 2017, VAPIHCS sent 50,000 referrals outside of VA, mostly to DOD or through the Choice Program.

Military treatment facilities. Two military treatment facilities located in the Pacific Islands provide care for veterans through joint venture and sharing agreements with VAPIHCS: TAMC and NHG. According to VAPIHCS' data, VAPIHCS made more than 8,000 referrals to these facilities in fiscal year 2017.

VAPIHCS' joint venture with TAMC: VAPIHCS' joint venture agreement with TAMC—1 of 10 joint venture agreements in place between VA and DOD as of December 2017—states that VAPIHCS may refer veterans to TAMC providers for specialty care and inpatient services and, in return, for VAPIHCS to provide services for DOD

¹⁷A limited number of inpatient services are also provided by VAPIHCS providers through its (1) psychiatric unit embedded within TAMC (20 beds), (2) transitional rehabilitative medical care program (60 beds), and (3) Post Traumatic Stress Residential Rehabilitation Program (12 beds).

beneficiaries, such as psychiatric and post-traumatic stress disorder services.

VAPIHCS' sharing agreement with NHG: VAPIHCS' sharing agreement with NHG—1 of more than 200 active sharing agreements in place between VA and DOD as of December 2017—states that VAPIHCS may refer patients from the Saipan and Guam clinics to NHG for available specialty care, laboratory, emergency care, and inpatient services. NHG is located within a mile of the Guam clinic.

Choice Program. VAPIHCS may also refer veterans to a non-VA provider in the community when veterans need care that is not offered by VAPIHCS, or cannot obtain the needed care in a timely manner. In fiscal year 2017, 61 percent of VAPIHCS referrals sent to community providers were through the Choice Program. (See fig. 1 for the breakdown of the number and percent of referrals sent to care outside of VAPIHCS in fiscal year 2017.) Veterans may opt to obtain health care services from a network of community providers through the Choice Program if they meet certain criteria, including:

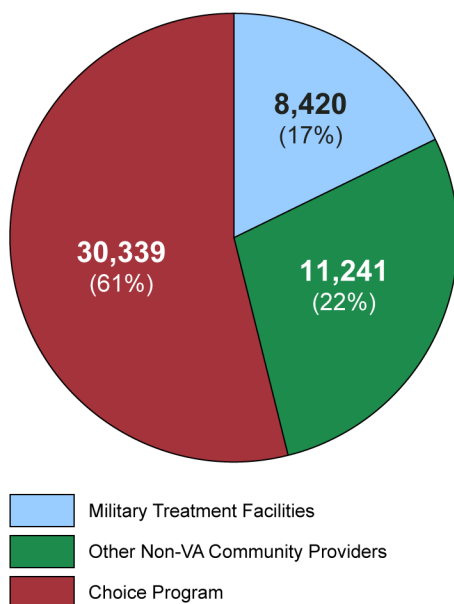
1. the next available medical appointment with a VHA clinician is more than 30 days from the veteran's preferred appointment date or the date the veteran's physician determines he or she should be seen;
2. the veteran lives more than 40 miles driving distance from the nearest VHA facility with a full-time primary care physician;
3. the veteran needs to travel by air, boat, or ferry to the VHA facility that is closest to his or her home;
4. the veteran faces an unusual or excessive burden in travelling to a VHA facility based on geographic challenges, environmental factors, or a medical condition;¹⁸
5. the veteran's specific health care needs, including the nature and frequency of care needed, warrants participation in the program;¹⁹ or
6. the veteran lives in a state or territory without a full-service VHA medical facility.²⁰

¹⁸A determination about whether the veteran meets this criterion is made in conjunction with staff at the veteran's local VHA medical facility.

¹⁹A determination about whether the veteran meets this criterion is made in conjunction with staff at the veteran's local VHA medical facility

²⁰See U.S. Department of Veterans Affairs, Veterans Health Administration, *Veterans Choice Program Eligibility Details* (Washington, D.C.: Dec. 1, 2015).

Figure 1: Number and Percent of Referrals the Department of Veterans Affairs (VA) Pacific Islands Health Care System (VAPIHCS) Sent to Non-VA Care in Fiscal Year 2017



Source: GAO analysis of Veterans Health Administration data. | GAO-18-288

Note: Other non-VA community providers include the Patient-Centered Community Care Program or instances where VA individually authorized care for veterans with specific community providers. The Veterans Choice Program (Choice Program) was enacted by the Veterans Access, Choice, and Accountability Act of 2014 to address longstanding challenges with veterans' access to care at VA medical centers. Under the Choice Program, eligible veterans may receive care from non-VA health care providers when they experience long wait times, lengthy travel distances, or other challenges accessing VA care. Additionally, the number of referrals sent to each source of non-VA care may not reflect the total number of encounters the veteran had with each non-VA provider; a referral may result in more than one encounter, such as a visit and diagnostic test.

As the third-party administrator of the Choice Program for VAPIHCS, TriWest is responsible for establishing networks of community providers, scheduling appointments with community providers for eligible veterans, and paying providers for their services. TriWest has contractual time frames in which to accept and schedule the appointment, or return the referral to VAPIHCS for further action.

Most Veterans in Our Review Received Primary and Mental Health Care from VA Providers within VHA's Timeliness Goals, although Some Faced Delays

Veterans in Our Review Faced Some Enrollment Delays, but Once Contacted, Most Received Initial Primary Care from VA Providers within VHA's Timeliness Goal

Our review of 30 medical records of newly enrolled veterans accessing initial primary care services at the American Samoa, Guam, or Maui clinic found some delays in processing of health care benefits enrollment applications and contacting of veterans to schedule appointments. Once contacted, however, most veterans in our sample received initial primary care within VHA's timeliness goal. These enrollment delays may have contributed to the time taken for veterans to see primary care providers, consistent with findings from our prior work.²¹

Timeliness of enrollment application processing. For the 30 veterans' medical records we reviewed, we found that VHA staff responsible for enrollment processing did not always process veterans' enrollment

²¹See GAO, *VA Health Care: Opportunities Exist for Improving Implementation and Oversight of Enrollment Processes for Veterans*, [GAO-17-709](#) (Washington, D.C.: Sept. 5, 2017). In this report we recommended, among other things, that VA develop procedures for collecting consistent and reliable data system-wide to track and evaluate timeliness of enrollment processes, and institute an oversight mechanism to ensure VAMC and Health Eligibility Center staff are appropriately following the procedures. VA agreed with this recommendation, and plans to define tracking mechanisms to accurately evaluate the timeliness of enrollment processes, among other actions. As of January 2018, this recommendation has not yet been implemented. See also [GAO-16-328](#), in which we recommended that VA review its processes for identifying and documenting newly enrolled veterans requesting appointments, and to revise as appropriate to ensure all veterans requesting appointments are contacted in a timely manner. VA agreed with this recommendation, and among other things, revised internal reports to enhance oversight of its process for identifying and scheduling newly enrolled veterans who requested primary care appointments.

Enrollment for VA Health Care Benefits

To receive VA health care benefits, a veteran may submit an enrollment application by mail, telephone, through VA's website, or by applying in person at a VA health care facility. Once a veteran submits an application, there are three key steps for processing the application: (1) intake of application, (2) verification of eligibility, and (3) enrollment determination. In fiscal year 2016, most enrollment applications were processed by VA medical center staff. According to Veterans Health Administration policy, staff are required to process applications within 5 business days of receipt.

Source: Department of Veterans Affairs (VA) and GAO. | GAO-18-288

applications within the timeliness goal set in VHA policy.²² For 27 of the 30 veterans in our sample, VHA staff recorded the date the application was received, which enabled us to assess the timeliness of enrollment processing for these veterans. We found that 22 of these 27 applications were processed within VHA's required 5 business days, with an average of 1 day for processing. (See table 3.) Five applications were not processed within the 5-day requirement; for four of these veterans, it took an average of 10 days to process the enrollment applications. For the fifth veteran, it took 627 days for VHA to process the application, and for which VAPIHCS staff could not explain the delay.

Table 3: Timeliness of Processing Enrollment Applications by the VA Pacific Islands Health Care System for a Sample of Newly Enrolled Veterans

Clinic	Number of veterans in sample	Number of veterans with recorded enrollment application dates	Number of enrollment applications processed within the required 5 business days
American Samoa	7	6	6
Guam	8	6	5
Maui	15	15	11
Total	30	27	22

Source: GAO analysis of Department of Veterans Affairs (VA) medical records. | GAO-18-288

Notes: We reviewed a sample of 30 medical records for newly enrolled veterans who requested on their enrollment applications that the VA contact them to schedule appointments and had completed their appointment from Oct. 1, 2016, through Mar. 31, 2017. This sample included all new primary care patients from the American Samoa clinic (7 veterans) and Guam clinic (8 veterans), and 15 veterans randomly selected from the 35 new primary care patients from the Maui clinic. Our findings cannot be generalized to all veterans at the Maui clinic in our review, or to other VA medical centers.

Timeliness of contact for appointment scheduling. For the 30 veterans' medical records we reviewed, VAPIHCS staff did not always initiate contact with newly enrolled veterans to schedule an appointment

²²See VHA Directives 2012-001 and 1230. After a veteran submits an enrollment application, a determination of eligibility for VA health care needs to be made. VHA's Health Eligibility Center is its central authority for eligibility and enrollment processing activities. VHA staff responsible for enrollment processing may work at a particular VAMC (in this case, VAPIHCS), or at the Health Eligibility Center. We did not determine whether VAPIHCS staff or VHA staff from VHA's Health Eligibility Center processed the enrollment applications for the veterans in our sample.

New Enrollee Appointments

Veterans can request on their enrollment applications that Department of Veterans Affairs (VA) staff contact them to schedule an initial outpatient appointment. After a veteran's enrollment application has been processed, VA staff are to initiate the scheduling of appointment requests within 7 days.

Source: Veterans Health Administration. | GAO-18-288.

within 7 days of their eligibility determination as required by VHA policy.²³ We found that 15 of the 30 veterans in our review had contact initiated within 7 days to schedule an appointment, with an average of 4 days. (See table 4.) Fifteen veterans did not have contact initiated within the 7 day requirement; for 14 of these veterans, it took an average of 20 days to initiate contact. For the 15th veteran, it took 183 days to initiate contact. According to clinic staff, gaps in communication between clinic and VAPIHCS staff responsible for veteran enrollment, as well as staffing shortages, may have contributed to delays in contacting newly enrolled veterans. Clinic staff reported differences in how they are notified that a veteran's enrollment application has been processed and that appointment scheduling should be initiated. In addition, staff from two clinics said there were staffing vacancies for primary care appointment schedulers in their clinics during the time of our medical record sample selection (October 2016 through March 2017), which may have caused delays in contacting veterans.

Timeliness of initial primary care services. For the 30 newly enrolled veterans' medical records we reviewed, we found that, once contacted, 27 veterans received initial primary care services within VHA's timeliness goal of 30 days of their preferred appointment dates (the date a veteran requests health care services), with an average wait time of 7 days.²⁴ (See table 4.) Three veterans did not receive initial primary care appointments at the Guam clinic within the 30-day requirement, and waited an average of 62 days. However, as we have previously reported, VHA's timeliness goal monitors only a portion of the overall time it takes newly enrolled veterans to access primary care, and does not account for the time it takes to process enrollment applications, to notify clinic staff of successful enrollments, or to contact veterans to schedule their appointments. In our March 2016 report, we recommended that VA monitor the full amount of time newly enrolled veterans wait to be seen by primary care providers, starting with the date veterans request they be

²³See VHA Directive 1230.

²⁴See VHA Directive 1230. Requests are made at the time VA contacts the veteran to schedule the appointment (and not the date that the veteran requests to be contacted to schedule the appointment).

We did not examine whether VAPIHCS met a goal it set by memorandum in April 2017 to schedule newly enrolled veteran appointments within 7 days of the veteran's preferred appointment date because this policy memorandum went into effect after the time frame of our medical record review. See Department of Veterans Affairs Pacific Islands Health Care Systems, *Outpatient Scheduling Processes and Procedures*, Facility Policy Memorandum 136-17-004 (Honolulu, Hawaii: Apr. 19, 2017).

contacted to schedule appointments.²⁵ When accounting for the time to process applications and contact veterans, we found 6 of the 30 veterans in our review waited more than 90 days to see a provider while 9 waited 30 days or less.

Table 4: Timeliness of Contacting and Receiving Initial Primary Care Appointments by the VA Pacific Islands Health Care System for a Sample of Newly Enrolled Veterans

Clinic	Number of veterans in sample	Number of veterans' contact initiated within the required 7 days	Number of veterans receiving care within the required 30 days
American Samoa	7	6	7
Guam	8	2	5
Maui	15	7	15
Total	30	15	27

Source: GAO analysis of Department of Veterans Affairs (VA) medical records. | GAO-18-288

Notes: We reviewed a sample of 30 medical records for newly enrolled veterans who requested on their enrollment applications that the VA contact them to schedule appointments and had completed their appointment from Oct. 1, 2016, through Mar. 31, 2017. This sample included all new primary care patients from the American Samoa clinic (7 veterans) and Guam clinic (8 veterans), and 15 veterans randomly selected from the 35 new primary care patients from the Maui clinic. Our findings cannot be generalized to all veterans at the Maui clinic, or to other VA medical centers.

²⁵See [GAO-16-328](#). VA agreed with our recommendation to monitor full wait times, and in June 2017, reported to us that it had taken actions to address this recommendation, including revising an internal report to help identify and document all newly enrolled veterans and monitor their appointment request status. However, VA indicated in its response that it does not have the data to capture application dates for all newly enrolled veterans, and as a result, this report cannot be used to consistently monitor the full amount of time these veterans wait to be seen by primary care providers. As of January 2018, this recommendation had not been implemented.

Most Veterans in Our Review Received Initial Mental Health Care from VA Providers within VHA's Timeliness Goal, but There Were Some Delays Completing Comprehensive Mental Health Evaluations

Mental Health Care Appointments

Veterans can either request mental health care services, or be referred for these services, such as by their primary care providers. Once care is requested for non-emergent mental health care needs, appointments are to be scheduled within 30 days of the referral's clinically indicated date, or in the absence of a clinically indicated date, the veteran's preferred date for their first mental health care appointment. In addition to scheduling the initial appointment, veterans are to receive a comprehensive mental health evaluation within 30 days of that initial referral's clinically indicated date, or in the absence of a clinically indicated date, the veteran's preferred date for their first mental health care appointment. This comprehensive mental health evaluation occurs during a mental health appointment, and includes a diagnosis and a plan for treatment. While this evaluation does not necessarily have to occur during the first mental health care appointment, it is expected to be completed within the timeliness goals as noted.

Source: Veterans Health Administration and GAO. | GAO-18-288

Our review of a randomly selected sample of 30 medical records for veterans who accessed mental health care services for the first time at one of the selected three clinics found that most veterans received initial mental health care within VHA's timeliness goal. Although most veterans in our sample received timely initial services, our review found that those veterans needing comprehensive mental health evaluations often experienced delays receiving them.²⁶

Timeliness of initial mental health care services. Our review found that 21 of the 30 veterans in our sample who needed mental health care received their initial mental health care appointments within VHA's timeliness goal of 30 days of their documented clinically indicated dates (the date an appointment is deemed clinically appropriate by the referring provider), or in the absence of clinically indicated dates, their preferred dates.²⁷ (See table 5.) These 21 veterans were seen by a mental health care provider within an average of 7 days of their clinically indicated date or preferred date. Nine veterans did not receive initial mental health care appointments within VHA's 30-day timeliness goal, and waited an average of 46 days to receive care from a mental health provider.²⁸

²⁶Throughout this report we will refer to the "comprehensive diagnostic and treatment planning evaluation" as the "comprehensive mental health evaluation."

²⁷See VHA Directive 1230.

²⁸VAPIHCS officials said that they provide same-day services for veterans with emergent mental health care needs.

Table 5: Timeliness of Receiving Initial Mental Health Care Appointments by the VA Pacific Islands Health Care System for a Sample of Veterans

Clinic	Number of veterans in sample	Number of veterans receiving care within the required 30 days
American Samoa	10	7
Guam	10 ^a	7
Maui	10 ^b	7
Total	30	21

Source: GAO analysis of Department of Veterans Affairs (VA) medical records. | GAO-18-288

Notes: We reviewed 10 randomly selected medical records from each of the three clinics in our review for a total sample of 30 veterans who needed mental health services and were seen for their first mental health appointments from Oct. 1, 2016, through Mar. 31, 2017. Our findings cannot be generalized to all veterans at the clinics in our review, or to other VA medical centers.

^aThis sample includes one veteran from Saipan who received telemental health services from the provider at the Guam clinic.

^bThis sample includes one veteran from Molokai who established mental health services with a provider from the Maui clinic.

Timeliness of comprehensive mental health evaluations. Although 21 of 30 veterans in our sample received initial mental health care appointments in a timely manner, our review found that most veterans needing comprehensive mental health evaluations experienced delays receiving them. Of the 30 veterans in our sample, 25 were identified as needing a comprehensive mental health evaluation, and only 9 received that evaluation within VHA's timeliness goal of 30 days of their clinically indicated date, or in the absence of a clinically indicated date, the veteran's preferred date.²⁹ (See table 6.) These 9 veterans received their evaluations within an average of 8 days. For the 16 veterans that did not receive a comprehensive mental health evaluation within the 30-day requirement, it took between 35 and 217 days (an average of 82 days) for 15 veterans to receive an evaluation from the initial referral's clinically

²⁹See VHA Handbook 1160.01. According to our discussions with VAPIHCS staff, not all veterans seeking mental health care services require the completion of such an evaluation. VHA also requires all new patients requesting or being referred for mental health services to receive an initial evaluation within 24 hours to identify those who need urgent or immediate access to mental health care. Because the initial 24-hour evaluation can be conducted in settings outside of VHA (for example, through a referring licensed independent provider), and not always documented in the veteran's medical record, we were unable to evaluate the timeliness of these initial evaluations for our sample of veterans.

indicated date or veteran's preferred appointment date. The remaining veteran had not completed an evaluation as of February 2018.³⁰

Table 6: Timeliness of Completing Comprehensive Mental Health Evaluations by the VA Pacific Islands Health Care System for a Sample of Veterans

Clinic	Number of veterans in sample	Number of veterans needing a comprehensive mental health evaluation	Number of comprehensive mental health evaluations completed within the required 30 days
American Samoa	10	8	2
Guam	10 ^a	10	6
Maui	10 ^b	7	1
Total	30	25	9

Source: GAO analysis of Department of Veteran Affairs (VA) medical records. | GAO-18-288

Notes: We reviewed 10 randomly selected medical records from each of the three clinics for a total sample of 30 veterans who were seen for their first mental health appointments from Oct. 1, 2016, through Mar. 31, 2017. Our findings cannot be generalized to all veterans at the clinics in our review, or to other VA medical centers. Staff from VA's Veterans Health Administration's Office of Mental Health told us that a VA provider has discretion to determine if a veteran in its care needs a comprehensive mental health evaluation. Of the 30 veterans, 25 veterans were determined to need comprehensive mental health evaluations by their providers.

^aThis sample includes one veteran from Saipan who received telemental health services from the provider at the Guam clinic.

^bThis sample includes one veteran from Molokai who established mental health services with a provider from the Maui clinic.

The process by which veterans received comprehensive mental health evaluations varied by clinic, and this sometimes resulted in the evaluations being completed outside of VHA's timeliness goal:

- American Samoa clinic staff stated that they provide veterans with a hard-copy comprehensive mental health evaluation at the veteran's first appointment. The veteran is instructed to complete the form at home, and return to the clinic at a later date to discuss with a provider.³¹ Staff stated that allowing veterans to fill out the form on their own saves time at the clinic, and allows veterans to be more thorough in their answers. A staff member stated that the

³⁰ The veteran who had not yet completed an evaluation was last seen by a Maui clinic provider in February 2017, at which time it was recommended that the veteran return for mental health services the following month. However, the veteran has not yet returned to the mental health clinic.

³¹ An official from VHA's Office of Mental Health Services stated that it is an acceptable practice to provide veterans with hardcopies of the comprehensive mental health evaluation to complete at home.

comprehensive mental health evaluation is just one piece of the diagnostic interview and that, presumably, the provider obtains sufficient information from the veteran to develop a treatment plan and initiate services for the veteran while waiting for the veteran to complete the form.

- Guam clinic staff said that they generally complete the comprehensive mental health evaluation during the veteran's first mental health care appointment, but do sometimes need to schedule a second appointment to complete the entire evaluation. Staff stated that the first priority is to treat and address what is clinically indicated, so they are sometimes delayed in completing all form requirements until a later time.
- Maui clinic staff stated that they typically schedule the first appointment with a veteran, and if it becomes clear that the veteran needs to continue receiving mental health services, they will schedule a comprehensive mental health evaluation at a future appointment.

Most Veterans in Our Review Received Follow-Up Primary and Mental Health Care from VA Providers within VHA's Timeliness Goal

Follow-Up Appointments

After a veteran is seen for an appointment at a Department of Veterans Affairs (VA) facility, the provider is to document in the veteran's medical record a clinically appropriate specific return date or interval (such as 2, 3, or 6 months), when the provider determines the veteran should return for care. This is also known as the clinically indicated date. The follow-up appointment should then be scheduled within 30 days of the clinically indicated date.

Source: Veterans Health Administration. | GAO-18-288

Our review of a randomly selected sample of medical records for 30 veterans in the Pacific Islands (15 veterans needing primary care and 15 veterans needing mental health care) who received follow-up appointments found that most of these veterans received care within VHA's timeliness goal. Specifically, we found that of the 30 veterans, 25 veterans received follow-up care within 30 days of the clinically indicated date determined by each veteran's provider, in accordance with VHA policy.³² (See table 7.) This included 10 veterans needing follow-up primary care (who received care an average of 6 days within the veteran's clinically indicated date), and all 15 veterans needing follow-up mental health care (who received care an average of 3 days within the veteran's clinically indicated date). The 5 veterans needing follow-up primary care that were not seen within the required 30 days were seen between 109 and 584 days (an average of 299 days) from their clinically indicated dates. Explanations for the length of time it took for these 5 veterans to receive care varied; for example, Guam clinic staff told us that one veteran's follow-up care was delayed due to clinical and scheduling staffing shortages.

³²See VHA Directive 1230.

Table 7: Timeliness of Receiving Follow-Up Primary Care and Mental Health Care Appointments by the VA Pacific Islands Health Care System for a Sample of Veterans

Clinic	Type of Care	Number of veterans in sample	Number of veterans receiving care within the required 30 days
American Samoa	Primary	5	3
	Mental Health	5	5
Guam	Primary	5	2
	Mental Health	5	5
Maui	Primary	5	5
	Mental Health	5	5
Total		30	25

Source: GAO analysis of Department of Veterans Affairs (VA) medical records. | GAO-18-288

Notes: We reviewed 10 randomly selected medical records from each of the three clinics in our review (5 for primary care, 5 for mental health care) for a total sample of 30 veterans who had documented clinically indicated dates in their medical records and were seen by providers for follow-up appointments in March 2017. Our findings cannot be generalized to all veterans at the clinics in our review, or to other VA medical centers.

VAPIHCS Referred Most Specialty Care to Non-VA Providers within VHA's Timeliness Goal, but Time Taken to Provide Care Was Variable and Sometimes Lengthy

VAPIHCS Met VHA's Timeliness Goal for Almost All Specialty Care Referrals in Our Sample Sent to Choice Program and DOD Providers

We found that VAPIHCS referred 67 of 69 randomly selected specialty care referrals in our sample to non-VA providers in the Choice Program or through DOD within 7 days, in accordance with the timeliness goal set in VHA policy.³³ Specifically, VAPIHCS met this goal for 28 of 30 specialty care referrals sent to Choice Program providers, and all 39 specialty care referrals sent to DOD providers at two military treatment facilities.³⁴

VAPIHCS staff took an average of 2 days to review and send referrals to VAPIHCS staff responsible for Choice Program referrals, and an average of 1 day to review and send specialty care referrals to TAMC and NHG. VAPIHCS staff responsible for Choice Program referrals also are responsible for uploading the referrals into TriWest's portal, the Choice

³³According to VHA Directive 1232(1), the receiving service has 7 days from when it receives a referral from a VA provider to review the referral and determine the appropriate source of non-VA care in which to send the referral. According to an official from VHA's Office of Community Care, VAPIHCS staff act as the receiving service in implementing VA's referral policy. We therefore evaluated VAPIHCS staff in meeting the 7-day timeliness goal. The referral processing requirements found in VHA Directive 1232(1) applied to the time frame of our medical record review. In June 2017, however, VHA released a memo updating their requirements, and now require referrals to be reviewed and authorized to the appropriate source of non-VA care within 2 business days of receipt.

³⁴We did not assess if VAPIHCS staff met the timeliness requirement for seeing if veterans want to utilize, or opt-in, to the Choice Program for the veterans in our sample.

Programs' third-party administrator within VAPIHCS.³⁵ Although VHA policy applies to referrals sent to in-house providers, a VHA official told us that VHA expects VAMCs to manage non-VA referrals as they would those referred in-house.³⁶ A VAPIHCS official confirmed that it holds staff to the 7-day requirement found in VHA policy.

Time Taken for Veterans in Our Review to Receive Specialty Care from Choice Program and DOD Providers Was Variable and Sometimes Lengthy

We found that once specialty care referrals in our review were sent to the Choice Program or one of the two DOD military treatment facilities—TAMC and NHG—the amount of time it took veterans to receive care from these non-VA providers varied, and sometimes was lengthy.

Time taken to receive care from a Choice Program provider. Once VAPIHCS staff reviews and uploads each referral into TriWest's portal, TriWest is required to meet VA's timeliness requirements for the Choice Program, which specify the amount of time TriWest has to (1) contact the veteran, (2) schedule the appointment, (3) and provide veterans with care.

- **We found that for all 30 referrals in our sample, TriWest first attempted to contact the veteran within the 4 business days required once TriWest received and accepted the referral from VAPIHCS.** However, we also found that TriWest did not follow the requirements for mailing letters for 3 of the referrals when it was unable to reach the veterans by phone. If TriWest is unable to reach a veteran after calling a minimum of three times over 4 business days, a letter is to be mailed to the veteran on the 7th business day after receiving the referral notifying them that they have 10 business days from the date of the letter to contact TriWest to schedule an

³⁵After reviewing Choice Program referrals, VHA does not have timeliness requirements for VAMCs to upload a referral into TriWest's portal. See GAO, *Veteran's Health Care: Preliminary Observations on Veterans' Access to Choice Program Care*, [GAO-17-397T](#) (Washington, D.C.: March, 7, 2017). Our review found that once the referrals were reviewed within VHA's 7 day timeliness goal, it took an average of 6 additional days to upload each referral into TriWest's portal. A VAPIHCS official stated that the length of time to upload referrals into the portal may reflect the time it takes staff to process the high volume of referrals. This official estimated that VAPIHCS staff process approximately 300 referrals per day, and it takes approximately 5 to 7 minutes to upload each referral into TriWest's portal.

³⁶VHA's Office of Community Care official stated that they are working with their DOD counterparts to develop a national policy, similar to VHA Directive 1232(1), to oversee and manage referrals that are sent from a VA facility to a military treatment facility. The process is currently being piloted at two sharing locations.

appointment. For these 3 referrals, TriWest mailed a letter, but did not do so until one day later than the required 7th business day after receiving and accepting the referral.³⁷

- **We found that after reaching the veteran, TriWest staff scheduled appointments for 17 of the 25 referrals within the 5 business days required for scheduling an appointment after the veteran opts in to the Choice Program.**³⁸ (See table 8.) We found varying reasons that may have delayed the scheduling of an appointment. For example, some records showed that TriWest staff did not begin to call a provider until 4 or more days after they reached the veteran and confirmed they wanted to utilize, or opt in to, the Choice Program to receive care. In addition, some providers required time to review the veteran's medical record before scheduling the appointment with TriWest.

³⁷According to TriWest officials, letters are mailed from their headquarters in Phoenix, Arizona, which may lead to long mail delivery times for letters that are mailed to the Pacific Islands. For example, according to VAPIHCS officials, there are only 2 flights a week that deliver mail to American Samoa from Hawaii.

³⁸Although our total sample was 30 referrals, 4 veterans scheduled their appointments directly with the provider, in which cases TriWest confirmed the appointment date with the provider, and one veteran's date was not documented, leaving a sample size of 25 veterans for which TriWest scheduled the veteran's appointment.

The appointment scheduling requirements found in TriWest's contract applied to the time frame of our medical record review. In June 2017, however, VHA temporarily relaxed this requirement and now allows TriWest 15 days to schedule a veteran's appointment after opting-in the veteran.

Table 8: Timeliness of Scheduling Select Specialty Care Appointments by TriWest for a Sample of Referrals Referred from the VA Pacific Islands Health Care System (VAPIHCS)

Clinic	Number of referrals in sample	Number of referrals in sample in which TriWest scheduled the appointment ^a	Number of appointments scheduled within 5 business days
American Samoa	10	7	5
Guam	10	10	5
Maui	10	8	7
Total	30	25	17

Source: GAO analysis of Department of Veterans Affairs (VA) and TriWest medical records. | GAO-18-288

Notes: We reviewed a sample of 30 randomly selected veterans' specialty care referrals sent to the Choice Program that were created from Oct. 1, 2016, and Mar. 31, 2017. Our findings cannot be generalized to all referrals from the clinics in our review, or to other VA medical centers. TriWest, the third-party administrator for the Choice Program within VAPIHCS, has 5 business days to schedule a veteran's appointment after reaching the veteran and confirming that the veteran wants to be scheduled for an appointment with a Choice Program provider.

^aDuring our review, we found that four veterans scheduled their appointments directly with the provider after VAPIHCS determined these veterans were time-eligible under the Choice Program, but without TriWest involvement. One veteran's date of appointment scheduling was not documented. Therefore, we were unable to determine if the appointments for these five veterans were scheduled within 5 business days of TriWest reaching the veteran.

- **We found that 20 of the 30 veterans referred to Choice Program providers received care within VHA's 30-day timeliness goal that VA used to evaluate TriWest's performance under its contract.** TriWest has an overall timeliness goal from VHA to provide veterans care through Choice Program providers, although the way this was calculated changed during our review due to changes in their practice

and modifications to the contract.³⁹ The 20 veterans that received care within the timeliness goal did so within an average of 14 days. The 10 veterans that did not receive care within the 30-day timeliness goal waited between 31 and 126 days (an average of 62 days). Veteran preferences and specific provider tendencies sometimes led to delays in scheduling, causing care to be completed outside VHA's timeliness goal. For example, our review of TriWest records found that two veterans in Guam noted that they preferred to stay on island for their ophthalmology referrals, rather than flying to Honolulu, and the non-VA Guam orthopedist sometimes took a week or more to review a veteran's file before scheduling the appointment with TriWest.

The 30-day timeliness goal that VA used to evaluate TriWest's performance captured a portion of the overall amount of time that it took for these veterans to receive care. We found that the number of days from the referral's creation to the date that veterans received care from Choice Program providers varied by clinic, and ranged from 19 to 239 days, with the average being 75 days. (See table 9.) This range and average includes circumstances outside of TriWest's control; for example,

- four veterans in our sample chose to reschedule their appointments for a later date. One veteran from American Samoa was originally scheduled for an appointment within 40 days of the referral's creation date; however, the veteran chose to reschedule the appointment and, in doing so, it took a total of 166 days for the veteran to be seen.

³⁹For those referrals that were uploaded to TriWest's portal between Oct. 1, 2016, and Mar. 22, 2017, regardless of whether clinically indicated dates passed, TriWest had a 30-day appointment completion time frame, from the clinically indicated date to the date the appointment was completed (the patient was seen by a provider), however VA was not implementing this contractual provision for purposes of evaluating TriWest's performance. Instead, VA measured the 30 day goal beginning with the date TriWest scheduled the appointment to the date the veteran received care. For those referrals that were uploaded between Mar. 23, 2017, and Mar. 31, 2017 (the end of our sample date range) after clinically indicated dates had passed, VA evaluated the 30-day appointment completion time frame beginning with the date TriWest created the authorization to when the appointment was completed. For both time frames, if the referral was uploaded to TriWest's portal before the clinically indicated date had passed, VA evaluated the timeliness of Choice Program appointment completion on the basis of whether the veteran's appointment occurred within 30 days of the clinically indicated date.

For the four veterans that scheduled their appointments directly with the provider, we used the date that TriWest confirmed with the provider that the veteran had scheduled an appointment as the date TriWest scheduled the appointment. For the one veteran whose date was not documented, the clinically indicated date had not passed by the time the referral was uploaded into TriWest's portal, so the 30-day appointment completion time frame remained the veteran's clinically indicated date to the appointment completion.

- three other veterans experienced delays in care after VAPIHCS initially sent their referrals to TAMC or NHG and later redirected the referrals to the Choice Program. VAPIHCS referred one veteran from Guam for specialty care at NHG. However, when VAPIHCS discovered that NHG could not provide care to the veteran, the veteran's referral was redirected to the Choice Program 88 days after the referral creation date. This veteran encountered additional delays because of the time it took the Choice Program provider to review medical records before scheduling the appointment. As a result, it took a total of 180 days for the veteran to be seen.

Table 9: Range and Average Number of Days to Receive Specialty Care from Choice Program Providers for a Sample of Referrals Sent from the VA Pacific Islands Health Care System (VAPIHCS)

Clinic	Number of referrals in sample	Range of days	Average number of days
American Samoa	10	26 to 166	73
Guam	10	33 to 239	105
Maui	10	19 to 185	48
Total	30	19 to 239	75

Source: GAO analysis of Department of Veterans Affairs (VA) and TriWest medical records. | GAO-18-288

Notes: We calculated the range and average number of days for a veteran to receive care through the Choice Program, beginning with the date the referral was created, to the date the veteran received care. We reviewed a sample of 30 randomly selected veterans' specialty care referrals sent to the Choice Program created from Oct. 1, 2016, and Mar. 31, 2017. Our findings cannot be generalized to all referrals at the clinics in our review, or to other VA medical centers. The range of days and average number of days between referral creation and the veteran being seen by a provider may reflect certain circumstances outside of TriWest's control (the third party administrator for the Choice Program for VAPIHCS), such as the amount of time VAPIHCS may take to redirect referrals to the Choice Program; Choice Program providers may take to review medical records before scheduling appointments; and it may take to accommodate veteran preferences for appointment dates and providers.

Time taken to receive care from a DOD provider. After referring a veteran to a DOD provider, VHA does not have any timeliness goals or requirements in place related to the scheduling of appointments, or when the veteran should receive care. Our review found wide ranges in the time it took for the 39 veterans in our sample to receive care at TAMC and NHG. (See table 10.)

- **TAMC:** It took up to 95 days for 29 veterans from the American Samoa, Guam, and Maui clinics referred to TAMC to receive specialty care, with an average of 37 days from the creation of the referral to receiving care. These time frames include some veterans that rescheduled their appointments for later dates. For example, one veteran from Maui did not show up to the originally scheduled appointment (which was scheduled for approximately a month after

the referral creation date), and the appointment was rescheduled for two months later.

- **NHG:** It took up to 107 days for 10 veterans from the Guam clinic referred to NHG to receive specialty care, with an average of 47 days from the creation of the referral to receiving care.

Table 10: Range and Average Number of Days to Receive Specialty Care from Military Treatment Facilities for a Sample of Referrals from the VA Pacific Islands Health Care System

Clinic	Number of referrals in sample	Range of days ^a	Average number of days ^b
Tripler Army Medical Center (TAMC)			
American Samoa	10	1 to 50	31
Guam	10	20 to 91	46
Maui	9	0 to 95	32
Total	29	0 to 95	37
U.S. Naval Hospital Guam (NHG)			
Guam	10	0 to 107	47

Source: GAO analysis of Department of Veterans Affairs (VA) medical records. | GAO-18-288

Notes: We reviewed a sample of 39 randomly selected veterans' specialty care referrals sent to TAMC and NHG that were created from Oct. 1, 2016, and Mar. 31, 2017. Our findings cannot be generalized to all referrals from the clinics in our review, or to other VA medical centers.

^aThe range of days is the total time elapsed from the referral's creation date to the date the veteran is seen by a provider at the military treatment facility. The range may include veterans who may have rescheduled their appointments, or extended their appointment preferred dates, which may result in the appearance of longer wait times.

^bThe average number of days is the average of the total time elapsed from the referral's creation date to the date the veteran is seen by a provider at the military treatment facility. The average may include veterans who may have rescheduled their appointments, or extended their appointment preferred dates, which may result in the appearance of longer wait times.

Weaknesses in VAPIHCS' Referral Process May Have Contributed to the Time Taken to Provide Care at One DOD Military Treatment Facility

Military Treatment Facility Referral Process

After the Department of Veterans Affairs (VA) Pacific Islands Health Care System (VAPIHCS) staff review a referral and decide care should be rendered at a military treatment facility, there are two different processes for sending the referral to Tripler Army Medical Center (TAMC) or Naval Hospital Guam (NHG). If it is determined that a veteran needs care at TAMC, VAPIHCS staff review and send the referral to TAMC's VA Referral Center. There, TAMC staff enters the referral information into DOD's electronic medical record system and completes the appointment scheduling process. If it is determined that a veteran needs care at NHG, VAPIHCS staff review and send the referral to designated staff on Guam who have access to enter the referral directly into NHG's electronic medical record. After the designated staff on Guam enter the referral into the system, NHG staff are then responsible for scheduling the veteran's appointment.

Source: GAO analysis of VAPIHCS documentation. | GAO-18-288.

When reviewing VAPIHCS' referrals to NHG, we found weaknesses with the VAPIHCS' referral process, including (1) incorrectly canceling referrals, (2) inconsistent guidance describing roles and responsibilities, and (3) untimely referral management.⁴⁰ These weaknesses may have contributed to the amount of time it took for veterans to receive care, or resulted in the veteran not receiving care.

Some referrals sent to NHG were incorrectly canceled by VAPIHCS staff. Specifically, in addition to the 10 completed referrals we reviewed, we also examined 5 referrals sent to NHG that were subsequently canceled by VAPIHCS staff responsible for referral management, but with no indication of appointments ever being scheduled. The reason for cancelations recorded in the veterans' medical records was that the referrals had been open for more than 90 days; however, this practice is not in alignment with VHA policy. According to VHA policy confirmed by a VHA official, canceling a referral is an action taken by the receiving service to alert the sending provider that additional information is needed, or to correct an obvious error in the referral; a referral should not be canceled due to the length of time the referral has been open without care being provided.⁴¹ VHA policy also states that canceled referrals older than 90 days are not to be resubmitted by the sending provider; instead, the sending provider must reassess the patient's needs, as the clinical circumstances may have changed, and create a new referral, as necessary.⁴² Based on our review, it is unclear why VAPIHCS staff

⁴⁰We also reviewed VAPIHCS' referral process to TAMC, and found that TAMC was scheduling appointments for veterans from the Commonwealth of the Northern Mariana Islands, Guam, and American Samoa without their input. This practice, also known as "blind scheduling," is inconsistent with VHA policy. At the time of our review, TAMC staff responsible for appointment scheduling were not required to obtain these veterans' scheduling preferences prior to creating the appointment per an agreement with VAPIHCS. Only after the appointment was scheduled, and the veteran notified of the appointment date, did the veteran have the choice to accept the appointment, or request the appointment be rescheduled. According to a TAMC memorandum, this scheduling practice was identified as inefficient, and contributed to appointment no-shows and veteran frustration. This practice was discontinued, and as of December 2017, TAMC staff now make three attempts to contact all veterans over the course of 3 days. If the veteran cannot be reached, the referral is returned to VAPIHCS for further action.

⁴¹See Directive 1232(1). In this case, the receiving service could include VAPIHCS staff that reviews the referral to determine what type of non-VA care to send the referral to, or the receiving service could be the non-VA provider—in this case, NHG.

⁴²See Directive 1232(1) and VHA Consult Standard Operating Procedure (February 15, 2017).

responsible for referral management were not following VHA policy for canceling referrals, whether it was because they did not understand the policy or for other reasons. Federal internal control standards require management to review processes in a timely manner to ensure that control activities are appropriately designed and implemented.⁴³ Because our review found that in some cases VAPIHCS staff were not following VHA's referral policy, it is important for VAPIHCS to determine why staff are not adhering to the policy and take needed steps to ensure compliance. Ultimately, in our review of the veterans' medical records, we did not find documentation that these veterans received the recommended care included in the canceled referrals. Additionally, we did not find evidence that four of the five referrals had been updated and resubmitted, or that any new referrals had been submitted in their place, which may have delayed needed care; or that the five affected veterans were contacted by VAPIHCS to understand why appointments had not been scheduled.⁴⁴

Inconsistent guidance exists describing the roles and responsibilities of VAPIHCS staff involved in the NHG referral process. We identified different VAPIHCS guidance that provided inconsistent descriptions of the referral process with NHG. For example, a VAPIHCS flowchart depicting the referral process states that, after review, the referral is to be sent to a VAPIHCS staff member embedded within NHG to enter the referral information into NHG's electronic medical record. However, language in the referral itself states that, after review, the referral is sent to Guam clinic staff to enter into NHG's record.⁴⁵ Federal internal control standards call for management to assign responsibility and delegate authority to achieve an agency's objectives.⁴⁶

⁴³See [GAO-14-704G](#).

⁴⁴A VAPIHCS official stated prior to canceling a referral, staff does attempt to contact the veteran. However, our review did not find any such contact attempts documented in the medical records.

⁴⁵The VAPIHCS staff member embedded within NHG was originally hired in November 2014 under a joint program between VA and DOD to oversee inpatient discharge planning and coordination of follow-up care for Guam veterans accessing NHG for services. Depending on the type of specialty care that is needed, the embedded VAPIHCS staff member may forward the veteran's contact information to the relevant NHG specialty care clinic's scheduling staff to contact the veteran instead to schedule the appointment. A VAPIHCS staff member told us that some NHG specialty clinics prefer to contact the veterans directly, while others prefer to be contacted by the veteran.

⁴⁶See [GAO-14-704G](#).

A VAPIHCS official stated that the embedded member within NHG entering in referrals in NHG's electronic medical record was an interim fix and that there are plans in place for those responsibilities to be transferred to NHG staff. Specifically, VAPIHCS and NHG officials reported that NHG plans to hire two staff members to manage the referral process, but as of December 2017, these 2 staff members had not yet been hired due to budgetary constraints. Whether or not NHG hires additional staff, it is important for VAPIHCS to clarify and document the roles and responsibilities of their staff for sending, managing, and monitoring referrals to NHG. Without such clarification, there is the risk for confusion about responsibilities for entering referrals into NHG's electronic medical record, which could potentially create delays in appointment scheduling and veterans' receiving care.

VAPIHCS did not always manage referrals to NHG in a timely way.

Our review found instances throughout the NHG referral process where lack of timely referral management by VAPIHCS staff may have contributed to delays in veterans receiving care. VHA policy states that the referral process should include appropriate staff to manage referral notification, disposition, scheduling and completion; and designate staff to run referral reports, which must be reviewed at least weekly to resolve issues.⁴⁷ In addition, federal internal control standards state that an organization should establish and operate monitoring activities to determine appropriate corrective actions on a timely basis.⁴⁸

One factor that contributed to the lack of timely referral management was that VAPIHCS does not effectively monitor the referrals sent to NHG.

- First, VAPIHCS staff did not always monitor the availability of services at NHG with the frequency necessary to ensure the timeliness of referral management. NHG is to provide VAPIHCS with a list of available outpatient services no less than quarterly so VAPIHCS can determine if a referral for a specific service can be made to NHG; we confirmed that NHG provided these lists quarterly during our review time frame. However, VAPIHCS staff did not monitor whether services remained available after sending referrals to NHG in a timely manner. For example, one veteran in our review was originally referred to NHG in late November 2016, but it was not until VAPIHCS staff followed up

⁴⁷See VHA Consult Standard Operating Procedure.

⁴⁸See [GAO-14-704G](#).

on the referral in early February 2017 that they were informed that NHG could not accommodate the veteran at that time and that they instead should refer the veteran to a non-VA provider. This may have contributed to delay in care for the veteran by more than 2 months.

- Second, VAPIHCS staff did not ensure that referrals were entered into NHG's electronic medical record system in a timely manner to begin the appointment scheduling process; under the process agreed to by VAPIHCS and NHG, it is the responsibility of designated VAPIHCS staff to enter referrals into the NHG electronic medical record system. For example, VAPIHCS staff referred one veteran for care to NHG in November 2016. However, it was not until December 2016—one month later—that VAPIHCS staff checked on the status of the referral. Finding no evidence of actions taken to schedule an appointment, staff added a reminder for the embedded VAPIHCS staff member at NHG to enter the referral into NHG's electronic medical record, to restart the appointment scheduling process.
- Third, VAPIHCS staff did not always manage referrals to ensure the timely disposition and scheduling of appointments. Among the five canceled referrals that we reviewed, we found VAPIHCS staff noticed appointments had not been scheduled only when they reviewed the referrals months later. For example, of the five referrals VAPIHCS sent to NHG,
 - one referral, sent in mid-November 2016, was canceled in early February 2017 after VAPIHCS staff found no evidence that an appointment had or would be scheduled.
 - another referral was sent in late November 2016. After VAPIHCS staff reviewed the referral and found no evidence that an appointment had or would be scheduled, they noted that the referral was 101 days old and canceled it in late January 2017.
 - VAPIHCS staff referred another veteran to NHG in mid-March 2017. After VAPIHCS staff reviewed the referral and found no evidence that an appointment had or would be scheduled, they noted that the referral was almost 4 months old and canceled it in June 2017.

VAPIHCS' lack of timely referral management was also due to poor communication between VAPIHCS staff and NHG. Federal internal control standards state that an organization should communicate with external bodies to receive the necessary quality information required to

achieve the entity's objectives.⁴⁹ A VAPIHCS official stated that VAPIHCS staff do not have the same level of communication with NHG as they do with TAMC, which has its own staff to schedule veteran appointments and communicate that information back to VAPIHCS on a weekly basis, including if they cannot schedule a veteran. Instead, the official stated that VAPIHCS staff have to independently monitor the status of referrals to NHG, or ask the embedded VAPIHCS staff member at NHG to complete referral research for them. In addition, our review of the referral notes for these veterans found no evidence of communication between VAPIHCS staff and NHG staff regarding NHG's efforts to schedule appointments for veterans before VAPIHCS staff canceled them. Furthermore, we also found no evidence of communication regarding outreach by NHG staff to VAPIHCS staff to discuss any scheduling difficulties, such as being unable to contact a veteran.

Because VAPIHCS relies on NHG to provide inpatient and specialty care services for veterans from Guam and the Commonwealth of the Northern Mariana Islands, it is essential that referrals sent to NHG are managed in a timely manner, including verifying the availability of services and ensuring referrals are entered into NHG's electronic medical record system, as well as communicating with NHG about the status of veterans' appointments. Without a more robust referral management process, VAPIHCS is unable to ensure that veterans receive needed care in a timely manner, if they receive care at all.

⁴⁹See [GAO-14-704G](#).

VAPIHCS Has Faced Physician Recruitment and Retention Challenges, but Has Not Evaluated the Strategies It Used to Help Resolve Them

VAPIHCS Has Faced Physician Recruitment and Retention Challenges, Including Those Unique to the Pacific Islands, and Others Common across VHA

We found that VAPIHCS has faced physician recruitment and retention challenges that are both unique to the Pacific Islands, such as the limited number of local physicians from which to recruit, and challenges that are common across VHA, such as the amount of time it takes to hire a new physician. Having an adequate physician workforce is key to ensuring veterans' timely access to health care. Overall, there were at least 17 physician vacancies out of approximately 100 positions across VAPIHCS as of October 2017, as well as several more vacancies for other types of health care providers, some of which have been unfilled for some time.⁵⁰ For example, Guam clinic staff told us that at one point between October 2016 and March 2017, the period of our medical record review, the clinic had 1.8 primary care physician full-time equivalents even though it was authorized for 4.⁵¹ VAPIHCS officials told us they are constantly trying to recruit physicians for their facilities.

Recruitment and Retention Challenges Unique to VAPIHCS. Through our review of relevant literature and interviews with VAPIHCS officials, we learned that physician recruitment is challenging for VAPIHCS in the following ways, particularly because of its geographic remoteness:

⁵⁰These vacancies included nurses, psychologists, and social workers.

⁵¹As of December 2017, VAPIHCS officials told us they had filled two of the vacant primary care physician slots in Guam. One physician started working at the clinic in November 2017, while the second candidate is expected to start in January 2018.

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- **There is one local medical school and limited local providers from which VAPIHCS recruits.** The University of Hawaii's John A. Burns School of Medicine is the only local medical school across Hawaii, Guam, and American Samoa from which VAPIHCS recruits physicians.⁵²
 - **The islands of American Samoa, Guam, and Hawaii all include counties, facilities, or populations designated as Health Professional Shortage Areas,** which indicate health care provider shortages in primary, dental, or mental health care.⁵³ These designations indicate a limited number of local physicians for VAPIHCS to target in the event of a vacancy. A 2015 University of Hawaii study further highlighted these shortages. It found that the Hawaiian Islands had a deficit of more than 600 physicians, with a projected shortage of between 800 and 1,500 physicians by 2020.⁵⁴ This requires VAPIHCS to focus its recruitment efforts on medical schools and physicians located on the mainland United States.
 - **Travel options for VAPIHCS staff and their families are limited.** Finding physicians that are willing to relocate to such remote locations is difficult, according to VAPIHCS officials. In prior work, we found that other VAMCs experienced challenges recruiting physicians who were reluctant to practice in rural or geographically remote areas.⁵⁵ This challenge is likely more pronounced for VAPIHCS, given the location of its clinics. Both American Samoa and Guam are thousands of miles from the mainland United States and travel to and from these islands requires significant time and money. For example, American Samoa only has two direct commercial flights a week (on Mondays and Fridays) and Guam has only a daily direct commercial flight to

⁵²Other schools across the islands offer training programs from which VAPIHCS can recruit other types of health care providers, including nurses and licensed clinical social workers.

⁵³Health Professional Shortage Areas are designated by the Health Resources & Services Administration within the U.S. Department of Health and Human Services as having shortages of primary care, dental care, or mental health providers. Designations may be specific to geography (a county or service area), population (e.g., low income or Medicaid eligible) or type of facility (e.g., federally qualified health centers, or state or federal prisons).

⁵⁴Kelley Withy, University of Hawaii, *Report to the 2016 Legislature: Annual Report on Findings from the Hawaii Physician Workforce Assessment Project* (December 2015).

⁵⁵See GAO, *Veterans Health Administration: Better Data and Evaluation Could Help Improve Physician Staffing, Recruitment, and Retention Strategies*, [GAO-18-124](#) (Washington, D.C.: Oct. 19, 2017).

Honolulu. While the Hawaiian Islands are more accessible to the mainland, they are still geographically isolated relative to the rest of the United States, and face some of the same travel challenges as American Samoa and Guam.

- **Residents face a high cost of living, limited community resources, and trade-offs associated with island living.** While other regions of the country face similar challenges, they may be more pronounced living on an island where alternatives are limited. The cost of living in Hawaii is higher than the nationwide average, and VAPIHCS officials told us that the real estate market in Hawaii is extremely expensive. These officials also said that physician candidates have raised concerns about the quality of the public school system in some areas of the islands, which could add a potential expense of sending their children to private schools and thus deter them from accepting employment. Other concerns include, for example, the lack of a veterinarian on American Samoa. According to an official, VAPIHCS lost a candidate who had agreed to relocate to the island until learning of the lack of veterinary services.
- **Technical issues due to locations.** One physician in American Samoa told us that it can take almost 1.5 hours to access the web-based program VHA offers for voice-activated dictation of medical notes, and thus, instead, he often uses services offline, although doing so means he has to enter his notes into VA's medical record at a later time. Guam clinic staff, including physicians, also face unique challenges due to working across the International Date Line from the Spark M. Matsunaga VAMC. Specifically, the Guam clinic information technology system operates off of a server located in Honolulu that is 20 hours, or almost a day, behind Guam. Veterans being treated in Guam are essentially being treated in the "future" according to VA's server in Honolulu, as the date of a health care appointment in Guam is always one day ahead of the server in Honolulu. For example, if a Guam physician sees a patient on Monday at 3:00 pm, it is 7:00 pm on Sunday in Honolulu. As a result, physicians must wait until the next day to retroactively complete clinical notes. Officials also said that physicians are frustrated working in a system that may require multiple days to complete clinical notes, and that this issue has impacted physician recruitment and retention. Guam clinic staff also said that, due to the time change, they only have about 16 business hours per week that the clinic is open that overlap with business hours of VAPIHCS officials working in Honolulu, which limits the amount of

time physicians at the Guam clinic can consult with other VAPIHCS physicians or administrators in Honolulu.⁵⁶

Recruitment and Retention Challenges across VHA. VAPIHCS has encountered some of the same physician recruitment and retention challenges that we have previously found are common across VHA, although some of these challenges may be compounded by the Pacific Islands' geographic remoteness. For example:

- **Differences in interpretation of recruiting and hiring policies may have contributed to lengthy recruiting times.** In prior work, we found that differences in VAMC officials' understanding of some of VHA's recruitment and hiring policies contributed to lengthy recruitment and hiring processes.⁵⁷ We also heard differences in policy interpretations during our discussions with VAPIHCS officials for this review. For example, some officials mentioned that a physician vacancy must be posted to USAJobs; however, VHA's hiring authorities allow facilities to hire physicians for positions without regard to civil service requirements, such as requiring public notice of the vacancy.⁵⁸ Some VAPIHCS officials also mentioned having to wait to post a position until after the predecessor had vacated it, while another official correctly noted that the recruitment process to replace a departing physician can begin before the position is vacated. Failure to understand VHA's hiring authorities and use an expeditious hiring process most suitable for a particular vacancy may contribute to the length of the recruitment process.
- **Lack of interoperable electronic medical record systems between VA and DOD.** We have reported for more than a decade that VA and DOD lack interoperable electronic medical record systems that permit the efficient electronic exchange of patient health information.⁵⁹ VA and DOD partly addressed the lack of interoperability by utilizing a web-based Joint Legacy Viewer to facilitate information-sharing for VA

⁵⁶VAPIHCS officials told us there is a clinical administrator in Honolulu on call 24 hours a day for staff from the Guam clinic to speak with if necessary.

⁵⁷See [GAO-18-124](#). We made five recommendations to VHA to improve information and processes surrounding physician recruitment and retention efforts, and to evaluate the effectiveness of its various recruitment and retention strategies. VHA concurred with four of our five recommendations and provided information on its plans to address them.

⁵⁸38 U.S.C. § 7403(a)(1).

⁵⁹See GAO, *High-Risk Series: An Update*, [GAO-15-290](#) (Washington, D.C.: February 2015).

and DOD patients, including those at VAPIHCS, NHG, and TAMC.⁶⁰ The Joint Legacy Viewer provides VAPIHCS physicians with access to clinical notes on a veteran being treated at a military treatment facility. However, VAPIHCS and DOD officials told us that there are challenges using the Joint Legacy Viewer, including the absence of robust information found in electronic medical records, the need for physicians to toggle between multiple applications to obtain a patient's full history, slow networks, and reduced worker productivity as a result of operating several different systems simultaneously. Retention of physicians may be difficult in an environment where the administrative burdens associated with information technology may take time away from providing patient care.

VAPIHCS Has Used, but Not Evaluated, VHA Strategies to Support Physician Recruitment and Retention

Primary responsibility for physician recruitment and retention rests with each Veterans Affairs medical center (VAMC)

While each Veterans Integrated Service Network has a Human Resources office responsible for overseeing the VAMC-level Human Resources offices within its network, individual VAMCs are responsible for managing their employee recruitment and retention programs. The Veterans Health Administration supports VAMCs in recruiting and retaining providers by providing system-wide strategies for their use.

Source: GAO. | GAO-18-288

VAPIHCS and VHA officials told us they have recruited and retained physicians to the Pacific Islands by promoting attributes of its location and by using VHA strategies, similar to other VAMCs nationwide. Locally, officials told us they have advertised the Pacific Islands' weather and scenery during their recruitment efforts. Officials also said they promoted VAPIHCS' unique relationship with DOD through its joint venture with TAMC in Honolulu as an incentive for moving to Hawaii. For example, some VAPIHCS physicians working in Honolulu have the opportunity to work alongside DOD physicians at TAMC—including the ability to consult face-to-face regarding care for a veteran referred to TAMC and provide care to DOD beneficiaries in certain settings.⁶¹

VAPIHCS also used many of the VHA strategies used at VAMCs nationwide to help with its physician recruitment and retention efforts. VAPIHCS officials discussed the use of the following VHA strategies, and noted limitations associated with some of them.

- **Financial incentives.** VAPIHCS officials reported that they sometimes used recruitment and retention bonuses and relocation

⁶⁰The Joint Legacy Viewer is a web-based, clinical application that provides an integrated, read-only display of health data from DOD, VA, and private sector partners in a common data viewer.

⁶¹VAPIHCS physicians provide care to DOD beneficiaries through VAPIHCS' psychiatric unit embedded in TAMC and Post-Traumatic Stress Disorder Residential Recovery Program, as well as from a select number of VAPIHCS physicians who are embedded in TAMC.

allowances for physicians.⁶² For example, in fiscal year 2017, VAPIHCS paid \$217,257 in recruitment incentives to three specialty care providers (for an average of \$72,419 per physician). VAPIHCS did not offer any other financial incentives that year.

- **Education Debt Reduction Program.** Through the Education Debt Reduction Program, VHA reimburses qualifying education loan debt for employees, including physicians, in hard-to-recruit positions.⁶³ In fiscal year 2017, three primary care physicians in VAPIHCS had applications approved for this program. Each recipient was awarded, on average, \$17,000. VAPIHCS officials said the program was generally considered a “great recruiting tool,” but that its success was inconsistent given uncertainties regarding the amount of funding that would be available to the facility in a given year. Funds for the Education Debt Reduction Program, which are centrally managed by VHA’s Healthcare Retention and Recruitment Office, are based on the availability of funds and demand each year. In instances where centralized funding is not available, VAPIHCS and other VAMCs are authorized to use local funds to support program offers, but VAPIHCS officials said they have not used any local funds to support the program in the last 5 years.
- **National Recruitment Program.** VHA’s National Healthcare Recruitment Service, a division of VHA’s Workforce Management and Consulting Office, operates the National Recruitment Program, which provides direct physician recruitment services to VAMCs for hard-to-recruit positions by using private-sector recruiting techniques, including representing VHA at medical conferences and screening resumes. As part of VISN 21, VAPIHCS may also use the services of the network’s one dedicated recruiter responsible for serving the nine

⁶²VHA may provide additional pay for prospective or current VHA employees, including physicians in hard-to-recruit or hard-to-retain positions. Generally, recruitment and relocation incentives may be up to 25 percent of annual base pay multiplied by the number of years in the employee’s service agreement. Generally, retention incentives may be up to 25 percent of annual base pay and are renewed annually.

⁶³Certain health care professionals, including physicians, in hard to recruit positions may be eligible to receive up to \$120,000 over a total of five years through the Education Debt Reduction Program, of which not more than \$24,000 may be received each year. However, VA may waive these limitations for a participant the VA determines serves in a position where there is a shortage by reason of the location or requirements of the position. The funds received through this program are used to repay loans acquired while pursuing the degree that led to qualification for the position in VA. See generally 38 U.S.C. Chapter 76.

facilities in the VISN.⁶⁴ In the almost 6 years since this recruiter has worked for VISN 21, he reported recruiting seven physicians and one social worker for VAPIHCS, and is in the process of recruiting a nephrologist.⁶⁵ The recruiter observed that with recent leadership changes, VAPIHCS officials have been more engaged with his office and the recruiting assistance he can provide. VAPIHCS officials shared these sentiments, echoing their interest in increasing utilization of the VISN recruiter.

- **Rural Health Training and Education Initiative.** According to VHA officials, VAPIHCS is one of five facilities to participate in VHA's Office of Rural Health's Rural Health Training and Education Initiative to enhance its physician recruitment efforts. This program works with academic affiliates to help place physicians in rural areas and enhance VAMCs' recruitment efforts and educate trainees about working within a VA rural health environment. According to VAPIHCS officials, 3 out of 16 physicians from this program who are eligible to be hired have taken positions at its clinics, including positions in Guam and Molokai.
- **Enhanced Physician Recruiting and Onboarding Model.** In 2015, VHA issued its Enhanced Physician Recruiting and Onboarding Model to standardize interpretation of its recruitment policy, strengthen overall physician recruitment at VAMCs, and shorten hiring processing time.⁶⁶ VAMCs were not required to implement the model, and in our prior work, we found that implementation has been limited due to, for example, the lack of resources to implement the recommendation for a dedicated VAMC-based physician recruiter.⁶⁷

⁶⁴According to officials, this program had 19 physician recruiters assigned to the different VISNs overseeing VHA's 170 VAMCs as of May 2017.

⁶⁵Specifically, the VISN recruiter recruited one psychiatrist for American Samoa; two primary care physicians, a dermatologist, a social worker, and an endocrinologist for Honolulu; a psychiatrist for Hilo; and a primary care physician for Guam.

⁶⁶See Department of Veterans Affairs, *Field Guide for the VA's Enhanced Physician Recruitment and Onboarding Model*. The model contained 30 best practices to improve physician recruitment and streamline hiring, including suggestions that VAMCs conduct some recruitment activities concurrently; use the flexibilities allowed under Title 38 of the United States Code; and employ a dedicated physician recruiter to work in tandem with VHA's national recruiters.

⁶⁷See [GAO-18-124](#). As of May 2017, 155 of VHA's 170 VAMCs did not have dedicated physician recruiters. According to VHA officials in that report, no additional funding was provided for implementing recommendations from the Enhanced Physician Recruitment and Onboarding Model and VAMC officials told us that VAMCs could not afford to hire dedicated physician recruiters.

VAPIHCS officials we spoke with said they were unaware of the Enhanced Physician Recruitment and Onboarding Model, but reported that they use 20 of the 30 best practices listed under the model, when asked about those practices. These best practices include, for example, leveraging increased pay rates when recruiting physicians, engaging with the VISN recruiter for hard-to-fill vacancies, and identifying interview questions and an interview panel before recruitment begins. VAPIHCS officials reported that they do not use other best practices such as utilizing VA's human resources program for tracking recruitment actions and having a dedicated physician recruiter because they already have an alternate practice in place or a practice does not match their needs, among other reasons. However, officials told us they plan to examine whether there are opportunities to leverage any of these remaining best practices.

As noted, in a prior report we recommended that VHA should conduct a comprehensive, system-wide evaluation of the physician recruitment and retention strategies used by VAMCs to determine their overall effectiveness, identify and implement improvements, ensure coordination across VHA offices, and establish an ongoing monitoring process.⁶⁸

However, because VAMCs are primarily responsible for managing their own employee recruitment and retention programs and given the unique and ongoing challenges VAPIHCS has experienced with recruiting and retaining physicians, it is also important for VAPIHCS to similarly evaluate whether the strategies it uses are effective. An evaluation conducted by VHA on system-wide recruitment and retention strategies would not preclude the need for VAPIHCS to evaluate the strategies it uses; rather, it would further help identify those specific strategies that are most effective for recruiting and retaining physicians in the Pacific Islands.

Federal standards for internal control related to monitoring calls for agencies to perform monitoring activities, including completing evaluations to monitor the design and effectiveness of the operations at a specific time. Agencies are to then evaluate the results of these activities and take corrective actions as needed.⁶⁹ Ensuring veterans have timely access to health care services is one of VA's objectives, which is dependent upon having an adequate number of physicians to provide the

⁶⁸See [GAO-18-124](#). VHA concurred with this recommendation and reported in September 2017 that VHA's Office of Workforce Management and Consulting was in the process of completing the evaluation, with a target completion date of September 2018.

⁶⁹See [GAO-14-704G](#).

care. VAPIHCS officials told us that as of December 2017 they have not conducted any type of evaluation of their current strategies for facilitating physician recruitment and retention due to recent changes in leadership positions. Without evaluating the strategies currently used to determine their effectiveness, or determining if additional strategies offered by VHA might be appropriate, VAPIHCS risks missing the opportunity to target its efforts to those strategies that have the greatest potential to ameliorate long-standing staffing shortages.

Veterans Face a Number of Challenges Accessing Health Care in the Pacific Islands, and VAPIHCS Uses Several Strategies to Improve Access

Lack of Certain Specialties on the Pacific Islands and Significant Travel Are among Challenges Veterans Face Accessing Health Care

According to VAPIHCS officials, veterans face challenges accessing health care services on the Pacific Islands due to the lack of certain specialty care providers on many of the islands, the significant travel that is required to obtain these services, and limitations associated with telehealth services.

Lack of certain specialty care providers. VAPIHCS officials told us that several Pacific Islands lack certain specialty care services entirely or significantly enough that there may be only one or a few of a certain provider type available to serve all residents, including veterans. Overall, VAPIHCS officials noted that the availability of different types of physicians across the islands is constantly in flux, but said that notable shortages are in gastroenterology, audiology, podiatry, rheumatology, dermatology, and neurology. For example, according to VAPIHCS officials,

- there is only one dermatologist on Guam practicing at NHG, and there is only one gastroenterologist in the community providing certain services;
- Kauai has a shortage of oncologists;

-
- Maui has a shortage of cardiologists; and
 - American Samoa has a shortage of almost all types of specialty care providers because it only has one hospital—the Lyndon B. Johnson Tropical Medical Center—to provide medical care to its approximate 55,000 residents. VAPIHCS officials said the hospital is lacking many specialty services. According to VA, it does not authorize non-VA care there because the hospital receives funding from other federal agencies to provide medical services. Additionally, the hospital is not accredited for safety and quality.⁷⁰ TriWest officials reiterated that there are virtually no specialty providers available on American Samoa for them to contract with; as of July 2017, there was only one Choice Program provider contracted on the island. As a result, essentially all eligible veterans must travel to Hawaii for specialty care services.

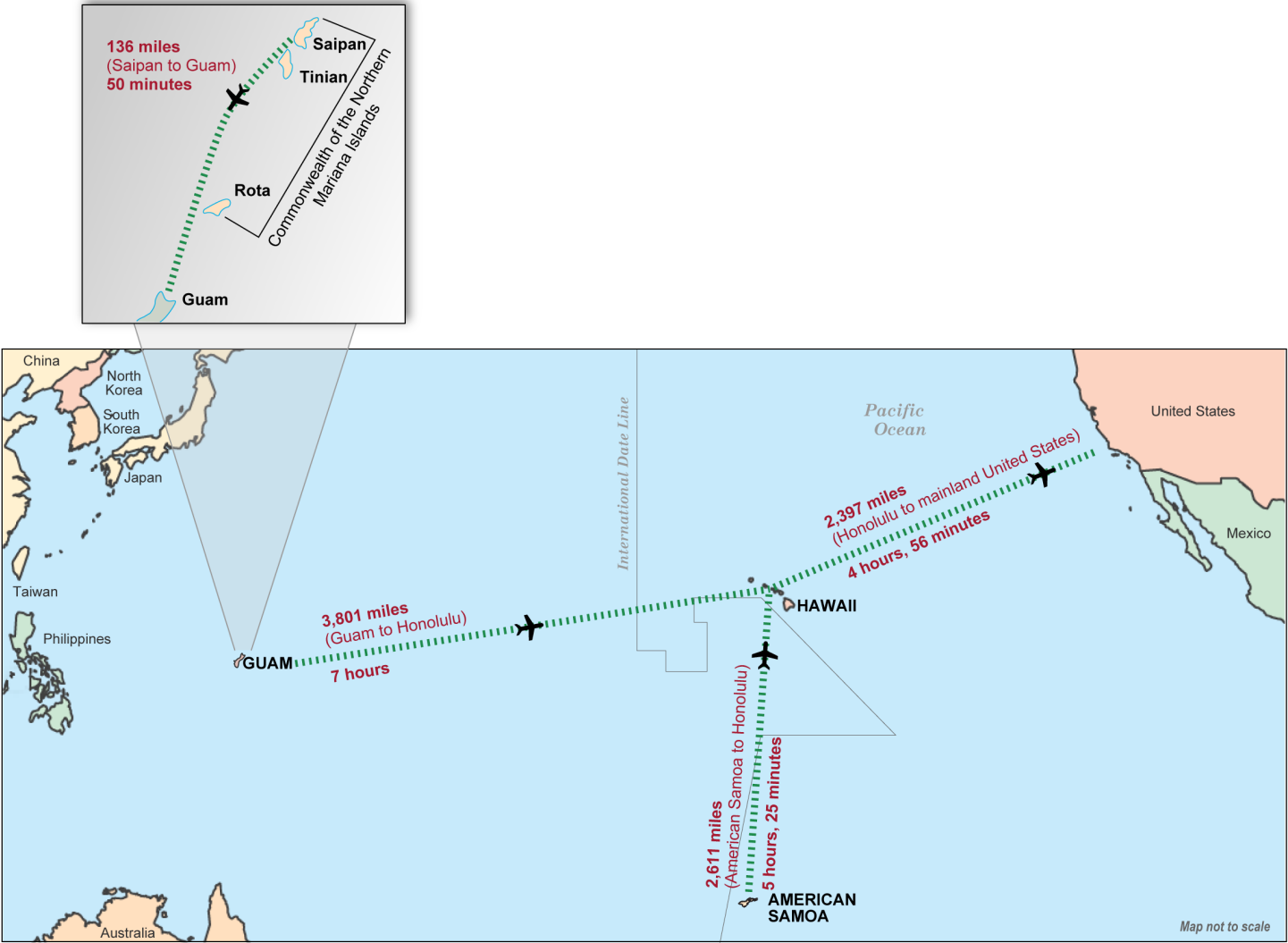
Significant travel required of veterans. Because many of the islands lack certain specialty providers, VAPIHCS officials said that veterans often must fly elsewhere to obtain care. While travelling such distances helps improve veterans' access to health care services, it also creates challenges. For example, such travel requires time away from their homes and families, which may be particularly difficult for veterans in poor health. The time and distance required for travel can also be quite significant—for example, veterans from American Samoa, Guam, and the Commonwealth of the Northern Mariana Islands must travel thousands of miles by plane to receive services in Honolulu.⁷¹ A Guam veterans group said that veterans were frustrated with having to fly 8 hours to Hawaii for health care services. In instances where the necessary services are beyond those available in Honolulu, veterans must fly to the mainland United States for care—a flight from Honolulu to California adds about 5 hours. The flight times are even longer for veterans travelling from American Samoa, the Commonwealth of the Northern Mariana Islands, and Guam. Figure 2 illustrates the locations of veterans enrolled in

⁷⁰VA requires that facilities through which veterans are provided services receive accreditation from The Joint Commission, an independent, not-for-profit organization that has accredited and certified nearly 21,000 health care organizations and programs in the United States. Organizations accredited by it have systems and processes in place to provide safe and quality-oriented health care. In July 2017, a congressional oversight hearing was held on assessing the current conditions and challenges at the Lyndon B. Johnson Tropical Medical Center. Accessed January 5, 2018. <https://naturalresources.house.gov/calendar/eventsingle.aspx?EventID=402562>.

⁷¹Veterans residing in other Hawaiian Islands may have to fly to Honolulu on the island of Oahu for health care services, typically a flight of less than an hour.

VAPIHCS and the distances and flight times they may need to travel to receive care.

Figure 2: Distances and Flight Times Veterans Enrolled in the Department of Veterans Affairs Pacific Islands Health Care System (VAPIHCS) May Need to Travel to Receive Care



Source: GAO; Map Resources (map). | GAO-18-288

Note: The flight paths illustrated here represent segments of or total trips some veterans may travel to receive health care services. For example, a veteran on Saipan may need to fly to Honolulu, Hawaii, for care, which would require a flight to Guam, then a second flight to Honolulu. A veteran in American Samoa, meanwhile, needing care on the mainland United States would need to fly first to Honolulu, then on to the West Coast of the United States. Additionally, veterans residing in other Hawaiian Islands may have to fly to Honolulu for health care services, typically a flight of less than an hour.

According to VAPIHCS data, most VAPIHCS veterans travelling for health care services over the years have received care in Honolulu, although some have had to travel to the mainland United States for subspecialty care or highly specialized care such as organ transplants. Eligible veterans are provided reimbursement for travel-related expenses under VHA's Beneficiary Travel Program.⁷² In fiscal year 2017, VAPIHCS provided beneficiary travel funds to 348 veterans from American Samoa and 92 veterans from Guam to travel to Honolulu for care, for a total of 678 trips.⁷³ During this same year, 15 veterans traveled to the mainland United States for care.⁷⁴ VAPIHCS reported that, overall, 830 VAPIHCS veterans used beneficiary travel benefits to travel to Honolulu or the mainland United States for care that year. This represents approximately 2 percent of the total number of veterans (51,213) who received some type of care through VAPIHCS in fiscal year 2017. Veterans are responsible for paying for travel if they are ineligible for travel benefits and travel is required to receive care. The significant costs associated with travel among the Pacific islands—flights, lodging, meals—could be cost prohibitive for these veterans and, as a result, they may be unable to access VA or non-VA health care services off island.

Limitations with telehealth services. Veterans face challenges accessing health care services due to limitations with telehealth services. For example, VAPIHCS officials told us there are limitations with the availability of internet services on the islands of Guam and American Samoa. This could lead to disruptions—or even cancellations—of veterans' telehealth appointments. For example, VAPIHCS officials shared that damaged cables in the Pacific Ocean due to natural disasters and equipment failure on the part of internet service providers on the islands have led to disrupted and cancelled appointments for veterans. In

⁷²VHA's Beneficiary Travel Program is designed to encourage eligible veterans to seek needed medical care by reimbursing them for certain travel expenses, such as mileage, meals, and lodging, associated with medical appointments for services not obtainable locally. Veterans must meet certain eligibility criteria to qualify for these benefits; some examples are veterans are eligible for travel reimbursement for any condition if they have 30 percent or more service-connected disability ratings; are receiving care related to their service-connected disability regardless of percent of disability; or have an annual income below an annual set rate.

⁷³These numbers do not include the number of caregivers who accompanied the veterans on their trips. Additionally, the number of trips exceeds the number of veterans travelling because a veteran may have had to travel more than once that year.

⁷⁴These numbers do not include those veterans who paid their own travel expenses.

March 2018, VAPIHCS reported that it had increased bandwidth and purchased new equipment to help support its telehealth efforts. Additionally, the extent to which a veteran can receive telehealth in his or her home versus the local clinic may depend upon the licensure of the provider delivering care. If a veteran is receiving telehealth services while he or she is physically located in a clinic, under federal law, the provider is not required to be licensed in the state in which the facility is located.⁷⁵ When the patient is receiving telehealth services at home, however, a state may require that the provider be licensed in the state in which the patient is located. An official said that this is currently hampering VAPIHCS' telehealth expansion efforts into the home.⁷⁶

VAPIHCS Uses Several Strategies to Improve Veterans Access to Health Care, including the Use of Travelling Providers and Increased Use of Telehealth

VAPIHCS has utilized a system of travelling VAPIHCS providers and is working to improve its use of telehealth services to better ensure veterans' timely access to care, among other strategies, according to VAPIHCS officials.

Use of travelling providers. VAPIHCS officials reported that travelling providers enable VAPIHCS to better ensure access for veterans who are not eligible for beneficiary travel, and reduce the travel burden on veterans who are. Furthermore, they noted that it can be more cost effective for VAPIHCS to send a travelling provider to an island on a set schedule than it is to fly veterans to Honolulu for care. These providers also help expand access by providing specialty care that is in short supply or missing entirely in some communities. For example, a VAPIHCS optometrist travels to American Samoa for one week each month, according to officials, because there is no board-certified optometrist on the island. In addition, the travelling providers offer veterans the opportunity to receive specialty care from a VA provider.

Officials said they adjust the travelling providers' schedules to reflect changes in service availability in the local communities. Table 11

⁷⁵Providers practicing in a VA facility must be licensed to practice medicine in a state, but do not need to be licensed to practice in the state in which the VA facility is located. See 38 U.S.C. § 7402(b).

⁷⁶On Oct. 2, 2017, VA proposed to amend its medical regulations by standardizing the delivery of care by VA health care providers through telehealth. The proposed rule would allow VA providers to treat patient in any state via telehealth, regardless of where the provider is licensed to practice. See Authority of Health Care Providers to Practice Telehealth, 82 Fed. Reg. 45756 (proposed Oct. 2, 2017)(to be codified at 38 C.F.R. pt. 17).

illustrates the types of VAPIHCS travelling providers and the frequency with which they visit different clinics, as of December 2017.

Table 11: Type of Care Provided by Travelling Department of Veterans Affairs Pacific Islands Health Care System (VAPIHCS) Providers and the Frequency of Their Visits, by Clinic, as of December 2017

Specialty	VAPIHCS Clinic						
	Hawaii (Hilo)	Hawaii (Kona)	Maui	Kauai	American Samoa	Guam	Saipan
Orthopedic	2 days / month	2 days / month	2 days / month	2 days / month	1 week / month		
Podiatry	1.5 weeks / every 2 months						
Optometry/ blind rehabilitation outpatient specialist / visual impairment services team					1 week / month		
Neurology	3 days / month	1 day / month	2 days / month	1 day / month			1 week / every 3 months
Nephrology		1 day every other month		1 day every other month			
Gastroenterology/ gastrointestinal endoscopy			3 days / month	2 days / month			
Cardiology	1 day / month	1 day / month	1 day / month	2 days / month			
Interventional pain	1 day / month		1 day / month	1 day / month			
Rheumatology	2 days / month	1 day every other month	1 day / month	2 days / month			
Endocrinology	2 days / month	1 day / month	2 days / month	1 day / month		3 days every 2 months	

Source: VAPIHCS | GAO-18-288.

Increased use of telehealth services. Even though internet service on the Pacific Islands is not always reliable as previously noted, VAPIHCS has been increasing its use of telehealth services to improve veterans' access to health care services. In fiscal year 2017, VAPIHCS reported that 3,046 VAPIHCS veterans utilized clinic-based telehealth services

compared to 1,299 veterans in fiscal year 2011, an increase of more than 134 percent.⁷⁷

VAPIHCS launched two new telehealth hubs in June 2017:⁷⁸

- According to VA officials, VAPIHCS was 1 of 8 VAMCs selected to establish a hub, or center for delivery of teleprimary care from the VAMC to distant clinics within its system. According to VAPIHCS officials, the teleprimary care hub in the Spark M. Matsunaga VAMC is currently providing services to veterans at the Guam clinic and is exploring opportunities to provide teleurgent care in partnership with VAPIHCS' call center. Officials further noted this would allow telehealth staff to provide veterans with "almost instant access" to health care services and, if successful, help improve veterans' timely access to care by increasing the number of appointments at the clinics that could be dedicated to more complex concerns. VAPIHCS officials also said that the teleprimary care hub would also be used for long-term coverage for clinics with provider vacancies.
- Similarly, VAPIHCS was one of 11 VAMCs selected to establish a telemental health hub. According to VAPIHCS officials, this hub is currently serving veterans at the Oahu, Guam, and Molokai clinics and one of the Hawaii clinics (Hilo), with plans to expand services to the Kauai clinic in the future.

Overall, officials said that feedback from veterans using these hubs has been "overwhelmingly positive," as veterans appreciate receiving care from VAPIHCS providers, the privacy afforded by telehealth, and not

⁷⁷These numbers only account for clinic-based telehealth encounters—that is, telehealth encounters that occurred while a veteran was in a clinic. There are other types of telehealth services available to veterans, including some that are offered to veterans when they are in their homes. As a result, the total number of telehealth users is likely higher. For example, according to VAPIHCS, in fiscal year 2016 approximately 9 percent of all VAPIHCS' veterans utilized some form of telehealth services, representing more than 5,000 telehealth encounters across 35 specialties.

⁷⁸According to VAPIHCS officials, the services available through the teleprimary care hub include team-based care consistent with VA's patient aligned care team model. This includes comprehensive primary care, shared medical appointments, telephone clinics, and other alternative visits. Services available through the telemental health hub, meanwhile, include evidence based therapies for conditions such as post-traumatic stress disorder, insomnia, and depression; psychopharmacology, support for substance use disorders and chronic disease management; and team-based care consistent with VA's Behavioral Health Interdisciplinary Program.

having to travel for their services. The number of telehealth users in VAPIHCS is likely to continue increasing as a result of these new hubs.

While feedback has been positive, VAPIHCS officials said they have experienced some challenges with the launch of these hubs, including the time and date difference between Guam and Honolulu where the staff for both hubs are located. Staff from the hubs had to adjust their schedules to support Guam's hours given that only 16 business hours per week overlap between the two islands. Having sufficient space in the clinics for telehealth services is another challenge. To address this, one official said they are encouraging veterans to hold video visits with their providers from their homes if clinical exams are not required during their appointments.

Improvements to clinical space. Because sufficient examination and treatment space is lacking in many of its clinics, VAPIHCS is in the process of building new or expanding existing clinics to increase the number and type of services available to veterans. According to a VAPIHCS official, as of August 2017, VAPIHCS has plans to replace six of its existing clinics and open one new clinic. These new clinics are expected to be open by fiscal year 2020. For example, the American Samoa clinic will be expanded to include additional space for mental health consultations and group meeting spaces, while the Guam clinic will be expanded to include additional primary and mental health care clinic space. This may help address a concern of the Guam veterans group we spoke with in Guam, who said the clinic was too small and did not offer sufficient patient privacy. According to VAPIHCS officials, VAPIHCS' new clinic, expected to open in 2020, is to be located on the island of Oahu and will be a multi-specialty outpatient clinic offering many different services, including primary care, mental health, telemedicine, women's care, dental care, a pain clinic, physical and occupational therapy, prosthetic, laboratory and pathology, pharmacy, and imaging services.

Improvements to the beneficiary travel process. VAPIHCS is in the process of updating its process for arranging beneficiary travel, which ultimately could improve veterans' access to care. Under the old process, officials told us that much of the responsibility for coordinating veterans' travel fell on nursing and administrative staff, creating stress and reducing the amount of time nurses could spend on providing patient care. As a result, VAPIHCS decided to centralize its beneficiary travel process in the Office of Beneficiary Travel in Honolulu. The goal, according to VAPIHCS officials, is to remove the clinic staff from the process—thereby increasing the amount of time dedicated to their clinical duties—and instead

encourage veterans to work directly with the staff in Honolulu to arrange their travel. As of September 2017, VAPIHCS was still in the process of implementing this new process. VAPIHCS also created a task force to improve the process for arranging travel for American Samoa veterans needing care off-island. As a result of their efforts, VAPIHCS officials reported in December 2017 that they had managed to reduce the time clinic staff in American Samoa dedicated each day to addressing travel issues from an average of 408 minutes to 64 minutes.

Communicating with veterans about VA and Non-VA services.

VAPIHCS uses a variety of mechanisms to communicate with veterans about access to VA and non-VA health care services. Veterans are introduced to these services through New Veteran Orientations that are offered at some of the clinics. VAPIHCS also gives newly enrolled veterans handbooks that are specific to the clinics where they enrolled.⁷⁹ VAPIHCS also communicates with veterans through town hall meetings, health forums, its Facebook page, television and radio shows, and community events. For example, staff from the American Samoa clinic told us that they partner with a local television station to host a 30-minute monthly segment to educate veterans about available VA services. VAPIHCS officials reported they had planned to conduct approximately 170 outreach events, spanning 9 islands and targeting about 6,000 veterans, for fiscal year 2017. VAPIHCS officials told us that they try to provide culturally appropriate communications with veterans of the different Pacific Islands. For example, they said they are planning to translate materials into Samoan for veterans from American Samoa. They also recognize that many veterans prefer face-to-face interactions with VA officials rather than receiving information electronically; for example, the Hawaiian tradition known as “talk story” focuses on informal conversations and sharing information with friends in the community.

Conclusions

VAPIHCS has generally provided primary and mental health care within VHA’s timeliness goals for most veterans reviewed, but there are weaknesses in the referral process for specialty care services. Because most specialty care services are provided to veterans outside of VA through DOD providers or through non-VA providers in the community, it

⁷⁹As of September 2017, VAPIHCS had updated its patient handbooks for the American Samoa, Guam, Oahu, Kona, Molokai, and Saipan clinics. According to officials, VAPIHCS was still in the process of updating its patient handbooks for the Maui, Hilo, and Kauai clinics.

is crucial that VAPIHCS improve its management of these referrals to ensure adherence to VHA policy. Without improvements to adherence to VHA policy in the referral process, inconsistent guidance on roles and responsibilities, and lack of timeliness of referral management, these weaknesses are likely to persist, and may add to the amount of time it takes for some veterans to receive care, or may result in some veterans not receiving care at all.

In addition, maintaining an adequate clinical workforce to meet the health care needs of veterans is necessary to ensuring veterans' timely access to care. Doing so is particularly important for VAPIHCS given the unique challenges it faces in recruiting and retaining physicians in the geographically remote Pacific Islands. It is therefore critical that VAPIHCS identify and use the most effective recruitment and retention strategies offered by VHA. However, VAPIHCS has not evaluated the strategies that it has used to determine if they are the most optimal or if other available strategies would be more effective. Without completing such an evaluation, VAPIHCS does not know if it is optimizing its resources to improve its hiring efforts and ameliorate long-standing physician shortages.

Recommendations for Executive Action

We are making the following four recommendations to VA:

1. The Secretary of VA should ensure that VAPIHCS review its referral process for referrals to DOD providers, including referral cancellation, to determine why VHA policy is not being adhered to and make changes as needed. (Recommendation 1)
2. The Secretary of VA should ensure that VAPIHCS clarify guidance to clearly define and document roles and responsibilities for VAPIHCS staff involved in the referral process with NHG. (Recommendation 2)
3. The Secretary of VA should ensure that VAPIHCS improves the monitoring of referrals and communication with NHG to ensure the timely management of referrals to NHG, including verifying the availability of services for veterans; ensuring referrals are entered into NHG's electronic medical record system; and obtaining information about the status of scheduling appointments for veterans. (Recommendation 3)
4. The Secretary of VA should ensure that VAPIHCS evaluates the effectiveness of strategies it currently uses to promote physician recruitment and retention, including how the strategies could be improved. The plan should also include an assessment of whether

additional strategies currently offered by VHA would be beneficial.
(Recommendation 4)

Agency Comments and Our Evaluation

We provided a draft of this report to VA and DOD for review and comment. VA provided written comments, which are reproduced in appendix I. In addition, both VA and DOD provided technical comments, which we have incorporated as appropriate.

In its written comments, VA concurred with three of our four recommendations and provided information on its plans to address them. VA partly concurred with our recommendation for VAPIHCS to improve the monitoring of referrals and communication with NHG to ensure the timely management of referrals to NHG. For this recommendation, VA agreed that it should improve its monitoring of referrals by verifying the availability of services at NHG for veterans and obtaining the status of their appointments to be scheduled, and noted that VAPIHCS is developing a standard operating procedure that includes, among other things, monitoring referrals weekly to resolve issues.

However, VA did not agree with ensuring referrals are entered into NHG's electronic medical record system as part of its monitoring efforts and stated that it does not have the authority to do so. During our review, we found that designated VAPIHCS staff on Guam have access to, and are responsible for entering referrals directly into, NHG's electronic medical record. Only after VAPIHCS staff enter referrals directly into NHG's electronic medical record did NHG staff assume responsibility for scheduling veterans' appointments. We confirmed this practice through interviews with VAPIHCS and DOD staff and through our review of a sample of referrals sent to NHG, which showed that VAPIHCS staff had entered the referrals. Furthermore, the sharing agreement between VAPIHCS and NHG documented the arrangement for VAPIHCS staff to be granted access to NHG's electronic medical record. As long as VAPIHCS staff continue to be responsible for entering referrals into NHG's electronic medical record system, we believe that it is also their responsibility to monitor the status of these referrals, including ensuring that referrals are entered correctly and timely. Because VAPIHCS relies on NHG to provide inpatient and specialty care services for veterans from Guam and the Commonwealth of the Northern Mariana Islands, it is important for VAPIHCS to monitor the entire referral management process to ensure that veterans receive needed care in a timely manner.

We are sending copies of this report to the appropriate congressional committees and the Secretaries of Veterans Affairs and Defense. In addition, the report will be available at no charge on the GAO website at <http://www.gao.gov>.

If you or your staffs have any questions about this report, please contact me at (202) 512-7114 or at DraperD@gao.gov. Contact points for our Offices 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 II.

A handwritten signature in black ink, appearing to read 'Debra A. Draper'.

Debra A. Draper
Director, Health Care

List of Congressional Addresses

The Honorable John Boozman
Chairman
The Honorable Brian Schatz
Ranking Member
Subcommittee on Military Construction,
Veterans' Affairs, and Related Agencies
Committee on Appropriations
United States Senate

The Honorable Charlie Dent
Chairman
The Honorable Debbie Wasserman Schultz
Ranking Member
Subcommittee on Military Construction,
Veterans' Affairs, and Related Agencies
Committee on Appropriations
House of Representatives

The Honorable Madeleine Z. Bordallo
House of Representatives

The Honorable Amata Radewagen
House of Representatives

Appendix I: Department of Veterans Affairs Comments



DEPARTMENT OF VETERANS AFFAIRS
WASHINGTON DC 20420

March 16, 2018

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


Dear Ms. Draper:

The Department of Veterans Affairs (VA) has reviewed the Government Accountability Office's (GAO) draft report, "**VETERANS HEALTH ADMINISTRATION: Opportunities Exist for Improving Veterans' Access to Health Care Services in the Pacific Islands**" (GAO-18-288).

The enclosure provides general and technical comments, and sets forth the actions to be taken to address the GAO draft report recommendations.

VA appreciates the opportunity to comment on your draft report.

Sincerely,


Jacquelyn Hayes-Byrd
Deputy Chief of Staff

Enclosure

Enclosure

Department of Veterans Affairs (VA) Comments to
Government Accountability Office (GAO) Draft Report
***"VETERANS HEALTH ADMINISTRATION: Opportunities Exist for Improving
Veterans' Access to Health Care Services in the Pacific Islands"***
(GAO-18-288)

General Comments:

The Department of Veterans Affairs Pacific Island Health Care System (VAPIHCS) would like to acknowledge the GAO team conducting this study, and specifically the collaboration formed between GAO and many VAPIHCS staff during the year-long study period. GAO was highly professional, well organized, highly communicative and conscientious in their responsibilities and conduct of the study. We appreciate their analysis of our healthcare system, and their recognition of the unique environment and challenges faced delivering care to Veterans across many islands in the Pacific. We appreciate their acknowledgement of our many actions and successes for improving access to Pacific Island Veterans.

Enclosure

Department of Veterans Affairs (VA) Comments to
Government Accountability Office (GAO) Draft Report
***"VETERANS HEALTH ADMINISTRATION: Opportunities Exist for Improving
Veterans' Access to Health Care Services in the Pacific Islands"***
(GAO-18-288)

Recommendation 1: The Secretary of VA should ensure that VAPIHCS review its referral process for referrals to DOD providers, including referral cancellation, to determine why VHA policy is not being adhered to and make changes as needed.

VA Comment: Concur. The Department of Veterans Affairs Pacific Island Health Care System (VAPIHCS) has reviewed its process to refer Veterans to the Department of Defense providers, and revised the procedure. Specifically, for the Tripler Army Medical Center (TAMC) the procedure was changed for scheduling attempts. TAMC now schedules all Veterans that are referred to TAMC. If TAMC is unable to contact the Veteran within 3 days of receipt of the consult, the consult will be returned to VAPIHCS for further action. To remedy inconsistencies in consult management practices, VAPIHCS Care in the Community (CITC) staff underwent refresher training on February 15, 2018. The training focused on appropriate reasons for cancelling consults, as well as which staff are authorized to cancel consults. Only registered nurses have the authority to cancel consults. Effective March 2018, the CITC Nurse Manager will conduct monthly audits of cancelled consults to ensure adherence. The audits will continue until VAPIHCS achieves a minimum of 90 percent adherence rate over 3 consecutive months. The status is in process with a target completion date of August 2018.

Recommendation 2: The Secretary of VA should ensure that VAPIHCS clarify guidance to clearly define and document roles and responsibilities for VAPIHCS staff involved in the referral process with NHG.

VA Comment: Concur. VAPIHCS has defined the roles and responsibilities for VAPIHCS staff involved in the referral process with the U.S Naval Hospital Guam (NHG). CITC staff is operating under the National Care Coordinator functional statements, which define their roles and responsibilities. VAPIHCS will develop a signed memorandum of understanding with NHG to clearly define the roles and responsibilities of all staff. These roles and responsibilities will also be incorporated into the new sharing agreement between VAPIHCS and NHG. The status is in process with a target completion date of May 2018.

Recommendation 3: The Secretary of VA should ensure that VAPIHCS improves the monitoring of referrals and communication with NHG to ensure the timely management of referrals to NHG, including verifying the availability of services for veterans; ensuring referrals are entered into NHG's electronic medical record system; and obtaining information about the status of scheduling appointments for veterans.

VA Comment: Partial concurrence. VAPIHCS agrees with improving the monitoring of referrals to NHG by verifying the availability of services for Veterans and obtaining the

Enclosure

Department of Veterans Affairs (VA) Comments to
Government Accountability Office (GAO) Draft Report
***“VETERANS HEALTH ADMINISTRATION: Opportunities Exist for Improving
Veterans’ Access to Health Care Services in the Pacific Islands”***
(GAO-18-288)

status of scheduling appointments for Veterans. VAPIHCS is developing standard operating procedures for referral notification, disposition, scheduling and completion, with monitoring of referrals weekly to resolve issues. VAPIHCS will collaborate with NHG to monitor the availability and status of services and appointments and follow-up on discrepancies.

VAPIHCS does not agree with ensuring referrals are entered into NHG’s electronic medical record system. VA does not have any authority to monitor NHG’s electronic medical record system and does not concur with this part of the recommendation. The status is in process with a target completion date of February 2019/monitor for 1 year data.

Recommendation 4: The Secretary of VA should ensure that VAPIHCS evaluates the effectiveness of strategies it currently uses to promote physician recruitment and retention, including how they could be improved. The plan should also include an assessment of whether additional strategies currently offered by VHA would be beneficial.

VA Comment: Concur. VAPIHCS is organizing a Systems Re-Design project that will bring together a multi-disciplinary group of staff and leadership to review our recruitment strategies, actions and outcomes. The facility will consult with VA Workforce Management to determine any further strategies that can be implemented. A lessons learned approach from this process will be adopted, reviewing best practices and developing specific actions.

Additionally, exit interviews involving departing VA providers will be scheduled to assist with identifying targeted actions to improve retention. The status is in process with a target completion date of June 2018.

Appendix II: GAO Contact and Staff Acknowledgments

GAO Contact

Debra A. Draper, (202) 512-7114 or draperd@gao.gov

Staff Acknowledgments

In addition to the contact named above, Ann Tynan, Assistant Director, Kaitlin Coffey (Analyst in Charge), Kate Tussey, Jennie Apter, and Jackie Hamilton made key contributions to this report. Also contributing were Emily Binek, Muriel Brown, Natalie Hagy, Alexis MacDonald, and Brienne Tierney.

Related GAO Products

Veterans Health Administration: Better Data and Evaluation Could Help Improve Physician Staffing, Recruitment, and Retention Strategies, [GAO-18-124](#). Washington, D.C.: October 19, 2017.

VA Health Care: Opportunities Exist for Improving Implementation and Oversight of Enrollment Processes for Veterans, [GAO-17-709](#). Washington, D.C.: September 5, 2017.

VA Health Care: Improvements Needed in Data and Monitoring of Clinical Productivity and Efficiency, [GAO-17-480](#). Washington, D.C.: May 24, 2017.

Veterans Health Care: Preliminary Observations on Veterans' Access to Choice Program Care, [GAO-17-397T](#). Washington, D.C.: March 7, 2017.

Veterans Health Administration: Management Attention Is Needed to Address Systemic, Long-standing Human Capital Challenges, [GAO-17-30](#). Washington, D.C., December 23, 2016.

Veterans Health Care: Improvements Needed in Operationalizing Strategic Goals and Objectives, [GAO-17-50](#). Washington, D.C.: October 21, 2016.

Veterans Health Administration: Personnel Data Show Losses Increased for Clinical Occupations from Fiscal Year 2011 through 2015, Driven by Voluntary Resignations and Retirements, [GAO-16-666R](#). Washington, D.C.: July 29, 2016.

VA Health Care: Actions Needed to Improve Newly Enrolled Veterans' Access to Primary Care, [GAO-16-328](#). Washington, D.C.: March 18, 2016.

VA Mental Health: Clearer Guidance on Access Policies and Wait-Time Data Needed, [GAO-16-24](#). Washington, D.C.: October 28, 2015.

VA Primary Care: Improved Oversight Needed to Better Ensure Timely Access and Efficient Delivery of Care. [GAO-16-83](#). Washington, D.C.: October 8, 2015.

VA Health Care: Oversight Improvements Needed for Nurse Recruitment and Retention Initiatives, [GAO-15-794](#). Washington, D.C.: September 30, 2015.

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