

CORD

Waiting Times for Veterans Health Care in Kansas

Item Type	House Minority Staff Report
Download date	2025-01-25 22:07:11
Link to Item	https://hdl.handle.net/20.500.14300/1446



Waiting Times for Veterans Health Care in Kansas

Prepared for Rep. Dennis Moore

**Minority Staff Report
Special Investigations Division
Committee on Government Reform
U.S. House of Representatives
www.house.gov/reform/min**

October 2002

Table of Contents

Executive Summary	i
I. Background	1
II. Purpose and Methodology	2
III. Findings	3
A. Thousands of Kansas Veterans Must Wait Over 30 Days for a Doctor’s Appointment	3
B. Average Waiting Time for “Next Available” Appointments	4
C. Waiting Time Trends	5
IV. The Reasons for Long Waiting Times for VA Care for Kansas Veterans	6
V. Conclusion	7
Appendix: July 2002 Waiting Times at Individual VA Facilities Serving Kansas Veterans	8

EXECUTIVE SUMMARY

Concerns over waiting times at clinics run by the Department of Veterans Affairs have been increasing for almost a decade. In response to these concerns, Congress passed legislation in 1996 requiring the VA to provide “timely” care to veterans, and the VA established a national goal of scheduling all nonurgent primary and specialty care appointments within 30 days. The VA pledged to meet this goal by 1998.

At the request of Rep. Dennis Moore, who represents the 3rd Congressional District in Kansas, this report investigates waiting times at VA primary and specialty care clinics in Kansas. This is the first report to analyze whether VA facilities in Kansas are complying with the requirement to schedule appointments for veterans within 30 days. The report reveals that long waiting times are a serious problem for Kansas veterans.

The report finds:

- **In 2002, an estimated 50,000 appointments in hospitals that serve Kansas veterans will be scheduled late.** In July 2002, there were 4,187 occasions where veterans requested the “next available” appointment but were not scheduled within 30 days. On an annual basis, this is equivalent to an estimated 50,000 appointments that will not be scheduled within 30 days.
- **In many cases, Kansas veterans must wait months for the “next available” appointments.** Data obtained from the VA indicate that Kansas veterans must often wait months to obtain appointments, even when they schedule the “next available” appointment. In July 2002, average waiting times for “next available” appointments in hospitals that serve Kansas veterans were 76.0 days for an orthopedic appointment, 58.3 days for a primary care appointment, and 49 days for an audiology appointment. In September 2002, over 2,300 veterans were required to wait more than six months for appointments at facilities that serve Kansas veterans.
- **VA clinics serving Kansas veterans fail to schedule a large percentage of appointments within 30 days.** An analysis of waiting times for all “next available” appointments in July 2002 shows that almost 70% of orthopedic clinic appointments were not made within 30 days; 60% of eye care clinic appointments were not made within 30 days; and 54% of audiology appointments were not made within 30 days. Almost half of the “next available” primary care appointments (45%) were not scheduled within 30 days. Table 1.

TABLE 1: VA Clinics Serving Kansas Veterans Are Unable To

Schedule Appointments Within 30 Days

Clinic Type	% of Appointments Not Scheduled Within 30 Days	Estimated Annual Number of Appointments Not Scheduled Within 30 Days
Orthopedics	68%	4,344
Eye Care	60%	3,252
Audiology	54%	4,872
Primary Care	45%	34,344
Urology	42%	1,800
Cardiology	40%	1,632

One of the primary causes of the long waiting times in Kansas is inadequate funding for VA care. Between 1996 and 2001, the number of veterans seeking health care from the VA has increased by 45%, while the VA budget increased only 32%. In the VA's "Heartland" region, which includes Kansas, Missouri, and Illinois, the number of veterans seeking care has increased by 24% in the last two years, while the VA budget for the region has increased by only 10%. On July 18, 2002, the VA issued a directive to the VA's regional health care directors acknowledging that the VA "is currently facing a growing crisis related to the continued demand for healthcare services that exceeds our resources." Because of the crisis, the VA directive instructed the regional health care directors "to ensure that no marketing activities to enroll new veterans occur."

Congress responded to this funding shortage by passing emergency spending legislation in August 2002 to increase funding for VA clinics by \$410 million. President Bush, however, announced that he will not release \$275 million in these emergency funds, including over \$12 million for the veterans health care network that includes Kansas and other states in the Heartland region. This \$12 million would provide funding for the care of approximately 2,400 veterans.

I. BACKGROUND

The Department of Veterans Affairs runs the nation's largest health care system, providing care to over four million veterans through a nationwide network of hospitals, nursing homes, and outpatient clinics. All veterans are eligible to obtain care from VA facilities, but priority is given to veterans who have service-connected illnesses or disabilities or who have low incomes.¹

The VA serves as a critical health care resource for tens of thousands of veterans in Kansas. In 2001, the VA provided care for almost 50,000 veterans in the state at major medical centers in Leavenworth, Topeka, and Wichita, and at 16 community-based primary care clinics located throughout the state.² Thousands more Kansas veterans receive care at the VA medical center in Kansas City, Missouri.

During the 1990s, long waiting times emerged as a significant concern at VA facilities. As early as 1993, the U.S. General Accounting Office reported that "veterans are too often experiencing lengthy service delays when they seek ambulatory care at VA facilities."³ In response to these findings and the increasing concern of veterans, Congress required in 1996 that the VA provide "timely" care to veterans,⁴ and the VA established a national goal of scheduling all nonurgent primary and specialty care appointments within 30 days of request. The VA pledged to meet this goal by 1998.⁵

In August 2001, the General Accounting Office found that the VA has yet to achieve this

¹The Veterans Health Care Reform Act of 1996 required that the VA establish seven categories for enrollment, with the highest priority being given to veterans who have service-related disabilities or low incomes. The lowest priority is given to veterans who do not have service-connected disabilities and have higher incomes. The veterans with the lowest priority are known as "Priority 7" veterans. Under the law, the VA is allowed to restrict enrollment if sufficient resources are not available to provide care, starting with the Priority 7 veterans. In 2002, the VA did not formally restrict access to the system for any veterans.

²These clinics were located in Dodge City, Hays, Liberal, Louisburg-Paola, Parson, Wyandotte County, Abilene, Chanute, Emporia, Garnet, Holton, Junction City, Lawrence, Russell, Ft. Scott, and Seneca.

³GAO, *VA Health Care: Restructuring Ambulatory Care System Would Improve Services to Veterans* (October 1993) (GAO/HRD-94-4).

⁴Veterans Health Care Eligibility Reform Act of 1996, P.L. 104-362, Sec. 104(b)(1).

⁵See GAO, *VA Health Care: More National Action Needed to Reduce Waiting Times, but Some Clinics Have Made Progress* (August 2001) (GAO-01-953).

goal, finding that although some progress had been made, both primary and specialty care clinics were not meeting the VA goal of providing appointments within 30 days of request.⁶ Recent increases in the enrollment of veterans for VA care appear to be making matters even worse. As a result, waiting times for veterans are again increasing, and the VA is, according to one analysis, being “overwhelmed with new patients.”⁷

II. PURPOSE AND METHODOLOGY

At the request of Rep. Dennis Moore, who represents Kansas’s 3rd Congressional District, this report analyzes waiting times for medical appointments at VA facilities in Kansas and compares these waiting times to the VA’s goal of scheduling all appointments within 30 days. The report is based upon waiting time data provided upon request by the Department of Veterans Affairs to the Special Investigations Division of the minority staff of the Committee on Government Reform. This is the first comprehensive analysis of waiting times for medical care experienced by Kansas’s veterans.

III. FINDINGS

A. Thousands of Kansas Veterans Must Wait Over 30 Days for a Doctor’s Appointment

The Department of Veterans Affairs has established a national goal of scheduling appointments for veterans within 30 days of request. Data obtained by the Special Investigations Division indicates that the Department is failing to meet this goal in facilities that serve Kansas veterans.

In July 2002 there were 6,373 primary care appointments requested for the “next available” time slot in at facilities that serve Kansas veterans. During this month, 45% of these appointments -- 2,862 appointments -- were not scheduled within the 30 day goal. At this rate over a full year, an estimated 34,344 primary care appointments would not be scheduled within 30 days.

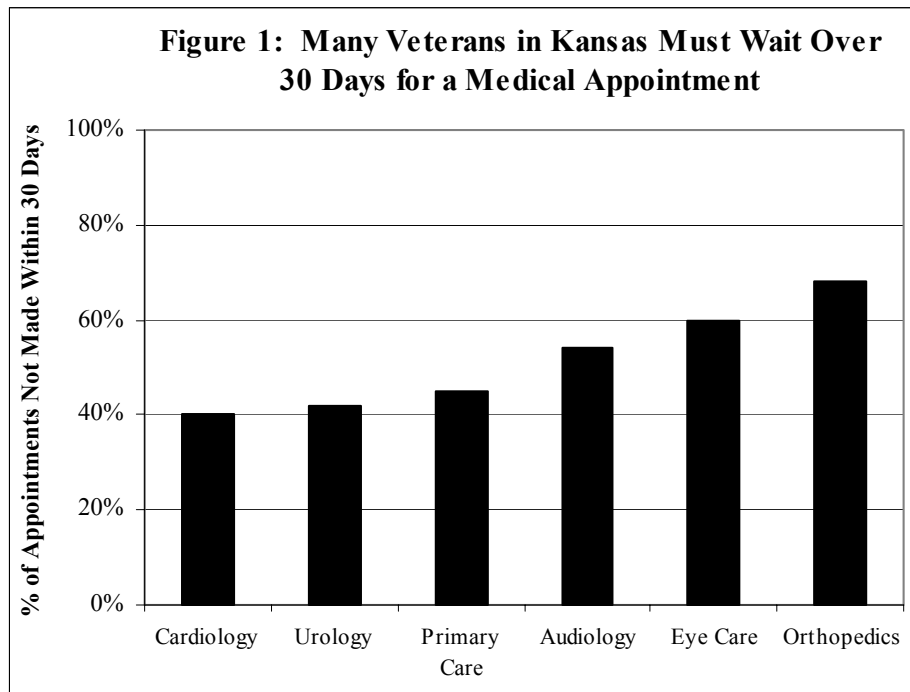
At specialty clinics -- audiology, cardiology, eye care, orthopedics, and urology -- veterans are even less likely to obtain the “next available” appointment within 30 days. The largest problems were at orthopedic clinics, where in July 2002 almost seventy percent of appointments (68%) were not scheduled within 30 days. Almost two-thirds of all “next available” appointments at eye care clinics (60%) were also not scheduled within 30 days as were 54% of “next available” eye care appointments. See Figure 1. In total there were 1,325 specialty care appointments that were not scheduled within 30 days in July 2002. At this rate

⁶*Id.*

⁷*Prognosis Grim: Aging Veterans Are Overwhelming VA*, Federal Times (Aug 19, 2002).

over a full year an estimated 15,900 specialty care appointments would not be scheduled within 30 days.

The data on waiting times for primary and specialty care can be combined to give an overall estimate of the number of appointments for veterans that will not be scheduled within 30 days in 2002. This calculation shows that an estimated 50,244 appointments in facilities that serve Kansas veterans will not be scheduled within 30 days in 2002.



B. Average Waiting Times for “Next Available” Appointments

Average waiting time data from the VA indicate that Kansas veterans seeking the “next available” primary care or specialist appointment must wait weeks or months to see a doctor. The longest average waiting times for “next available” appointments are for orthopedics appointments. In July 2002 facilities that serve Kansas veterans had an average wait of over 76 days -- two and a half months -- for the “next available” orthopedic appointment. Average waiting times in July 2002 for “next available” primary care appointments were approximately two months (58 days), while average waiting times for “next available” audiology and eye care appointments were well over one month (49 and 40 days respectively). Average “next available” waiting times for urology appointments were 29 days, as were average waiting times for cardiology appointments. See Table 2.

TABLE 2: In Many Cases, Veterans Must Wait Months for “Next Available” Appointments at Facilities That Serve Kansas Veterans

Appointment Type	Average Waiting Time for “Next Available” Appointment
Orthopedics	76 days
Primary Care	58 days
Audiology	49 days
Eye Care	40 days
Urology	29 days
Cardiology	29 days

In some cases, the wait for appointments can last for many months. According to data from the VA, as of September 2002 there were over 2,300 veterans who were forced to wait more than six months for a scheduled primary or specialty care visit at a VA facility that serves Kansas veterans.⁸

C. Waiting Time Trends

Data from the VA fail to show significant progress in reducing waiting times over the last year. The data indicates that between January 2002 and August 2002, some clinics serving Kansas veterans reported increases in waiting times, while others reported decreases.⁹

At the Kansas City facility, waiting times for primary care, cardiology, and orthopedics appointments decreased, while waiting times for eye care and urology appointments increased, and waiting times for audiology appointments remained the same. At the Topeka facility, waiting times for audiology, cardiology, orthopedics, and urology appointments decreased, while waiting times for primary care and eye care appointments increased. And at the Leavenworth facility, waiting times for cardiology and eye care appointments decreased, while waiting times for all other appointments increased. Although most outpatient primary care clinics in the state reported reduced waiting times, others reported increases.

⁸Department of Veterans Affairs, *Kansas and Kansas City Facilities Wait List* (September 2002). According to the VA, “the recorded numbers were derived primarily from data gathered manually from multiple primary care and specialty clinics at all VA facilities. The reported totals could therefore count veterans more than once if they sought enrollment at more than one site, or are patients currently being seen at one location and have sought enrollment at a site closer to their home, or are patients waiting for more than one specialty appointment.”

⁹Department of Veterans Affairs, *FY 2002 Year to Date Waiting Times, VISN 15: Kansas and Kansas City Facilities* (September 2002).

Moreover, in the two months between July and September 2002, the number of patients waiting six months or more for an appointment increased by approximately 15%, from 2,000 to over 2,300.¹⁰

IV. THE REASONS FOR LONG WAITING TIMES FOR VA CARE FOR KANSAS VETERANS

The primary reason for the long waiting times faced by the state's veterans is a lack of resources. In recent years, the number of veterans seeking care at VA facilities has increased significantly, and funding increases for the VA have not kept pace. Between 1996 and 2001, the number of veterans receiving VA healthcare increased by 45%, from 2.9 million to 4.2 million.¹¹ The VA healthcare budget failed to keep pace with the enrollment increase over this five-year period, growing by only 30%.¹² In the Heartland region, these differences are even more stark. In the last two years, the number of veterans seeking care has increased by 24%, while the region's VA medical budget has increased by only 10%.¹³

On July 18, 2002, the VA issued a directive to the VA's regional health care directors acknowledging that the VA "is currently facing a growing crisis related to the continued demand for healthcare services that exceeds our resources." Because of the crisis, the VA directive instructed the regional health care directors "to ensure that no marketing activities to enroll new veterans occur."¹⁴

Congress responded to this funding shortage by passing emergency spending legislation in August 2002 to increase funding for VA clinics by \$410 million.¹⁵ However, \$275 million of this funding was subject to approval by President Bush. On August 13, the President announced

¹⁰Department of Veterans Affairs, *Kansas and Kansas City Facilities Wait List* (July 2002).

¹¹Department of Veterans Affairs, *VA Health Care: Systemwide Workload, FY 1996-2001* (2002) (online at <http://www.va.gov/vetdata/ProgramStatics/index.htm>).

¹²Department of Veterans Affairs, *VA Health Care: Systemwide Obligations, FY 1996-2001* (2002) (online at <http://www.va.gov/vetdata/ProgramStatics/index.htm>).

¹³Department of Veterans Affairs, *VISN 15 General Purpose Allocation/Unique Patients by Fiscal Year* (September 2002).

¹⁴Department of Veterans Affairs, Memorandum from Deputy Under Secretary for Health for Operations and Management to Network Directors, *Status of VHA Enrollment and Associated Issues* (July 18, 2002).

¹⁵Public Law 107-206.

that he would not release any of this money.¹⁶ This \$275 million in funding would have included an estimated \$11 million for the Heartland veterans health care network that includes Kansas.¹⁷ This \$11 million would pay for the care of approximately 2,400 veterans in the region.¹⁸

V. CONCLUSION

Under VA policy, veterans in Kansas should be able to schedule medical appointments at VA facilities within 30 days. This policy, however, is not being achieved in Kansas. An estimated 50,000 appointments for veterans will not be scheduled within 30 days in Kansas this year, with hundreds of veterans waiting over six months for their appointments. The primary cause of these long waiting times is insufficient federal support for VA facilities.

¹⁶*Politics: Bush Rejects \$5.1 Billion in Security Spending*, Associated Press (Aug. 13, 2002).

¹⁷Approximately \$140 million of the \$410 million that was appropriated by Congress was received by the VA. VISN-15, the health care network that includes hospitals that serve Kansas veterans, received 3.9% of these funds, or \$5.6 million. The estimate of an additional \$11 million that would be received by VISN-15 assumes that VISN-15 would also receive 3.9% of the total of \$275 million in funding that was not released by President Bush.

¹⁸Data from the VA indicates that the average cost of care per patient in VISN-15 was \$4,512 annually. Thus, assuming they had the same average costs as current patients, the \$11 million could be used to pay for the care of approximately 2,400 new patients.

Appendix: July 2002 Waiting Times At Individual VA Facilities Serving Kansas Veterans

Table A1: July 2002 Waiting Time Data for the VA Kansas City Medical Center

Clinic Type	Number of “Next Available” Scheduled Appointments	% of Appointments Not Scheduled Within 30 Days	Average “Next Available” Wait Times (Days)	Average New Patient Wait Times (Days)
Audiology	503	53%	43.3	58.5
Cardiology	273	39%	27.1	25.2
Eye Care	140	74%	47.2	42.5
Orthopedics	250	63%	41.3	47.3
Primary Care	3130	42%	57.7	73.6
Urology	209	46%	27.3	41.0

Table A3: June 2002 Waiting Time Data for the VA Topeka Medical Center

Clinic Type	Number of “Next Available” Scheduled Appointments	% of Appointments Not Scheduled Within 30 Days	Average “Next Available” Wait Times (Days)	Average New Patient Wait Times (Days)
Audiology	276	33%	26.0	41.0
Cardiology	86	24%	17.2	19.7
Eye Care	614	100%	N/A	108.5
Orthopedics	104	32%	27.8	27.1
Primary Care	4051	30%	44.2	67.2
Urology	242	11%	25.6	19

Table A3: June 2002 Waiting Time Data for the VA Leavenworth Medical Center

Clinic Type	Number of “Next Available” Scheduled Appointments	% of Appointments Not Scheduled Within 30 Days	Average “Next Available” Wait Times (Days)	Average New Patient Wait Times (Days)
Audiology	157	69%	56.7	70.3
Cardiology	9	0%	11.7	11.9
Eye Care	529	10%	14.8	54.1
Orthopedics	126	47%	31.4	24.4
Primary Care	2339	48%	44.9	68.7
Urology	161	16%	22.4	84

Table A3: June 2002 Waiting Time Data for the VA Wichita Medical Center

Clinic Type	Number of “Next Available” Scheduled Appointments	% of Appointments Not Scheduled Within 30 Days	Average “Next Available” Wait Times (Days)	Average New Patient Wait Times (Days)
Audiology	351	74%	106.8	87.9
Cardiology	102	55%	46.3	41.6
Eye Care	795	82%	51.2	43.4
Orthopedics	524	89%	141.4	103.9
Primary Care	3654	53%	50.6	75.8
Urology	169	70%	45.5	49.8