



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

July 12, 2002

The Honorable Lane Evans
Ranking Democratic Member
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Congressman Evans:

Attached is a July 1 snapshot survey conducted by the Department of Veterans Affairs (VA) to determine the number of veterans who have enrolled with VA for healthcare and who are awaiting appointments that cannot be scheduled within six months. The numbers also include existing veteran patients who have necessary clinic appointments that are not scheduled within six months, including those scheduled more than six months in the future for clinically appropriate reasons.

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.

Conversely, the data may not include veterans who were unable to enroll and subsequently chose other healthcare options, or veterans who were removed from a wait list at their request after deciding they did not want to wait any longer for care. The data collected are only for primary care and five major specialty care areas, representing 80% of VA's workload. Data are not collected for other specialty care clinics.

Therefore, these data should be considered with caution. It must be emphasized that all veterans who require emergent care are given priority and receive the care they need. A substantial, but unknown, number of reported veterans are now receiving care from non-VA sources but have also sought VA care and pharmaceutical benefits.


2. The Honorable Lane Evans

Veterans Integrated Service Networks (VISNs) have submitted wait list reduction plans and are ready to implement them once the supplemental funds previously requested are appropriated and distributed. Prompt enactment of the fiscal year 2002 supplemental is critically important for VA to treat veterans now waiting for care.

In addition, VA's ability to respond to veterans waiting for care will be dramatically impaired if our authority to collect and retain pharmacy co-payments is not reauthorized prior to the current September 30, 2002 expiration date. This authority was enacted in 1990 and Congress recently authorized VA to retain these collections to fund veterans' healthcare. Without the \$600 million co-payment receipts from this co-payment, VA would be unable to fund 2.2 million outpatient visits. The adverse effect on our ability to treat current patients or to reduce waiting times would be severe. I strongly urge you to work for extension of our authority to collect and retain pharmacy co-payments.

Please feel free to contact me should you have questions or require further information.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Tony' or 'Anthony', written in a cursive style.

Anthony J. Principi

Enclosure

SURVEY CONDUCTED JULY 1, 2002

Data was gathered from multiple clinics at all VA facilities. The data sources included excel spreadsheets and manual lists as well as the scheduling package for those waiting 6 months or greater for an appointment. Because the survey was derived primarily from manual data collection, patients waiting at more than one site may be counted more than once; the data could also reflect the same patient waiting for multiple clinics at one specific site. Therefore, the data should be viewed as an indicator of an overall problem. We are working on automating the wait list to ensure more accurate reporting.

	A	B
Veterans Integrated Service Network	Number of New Enrollees waiting for first clinic appointment to be scheduled.	Number of Established Patients waiting to be scheduled for follow-up Primary Care or Specialty Care Clinic appointments AND new and established patients with appointments scheduled electronically, although the wait is 6 months or greater
1	9,891	12,130
2	460	1,844
3	82	2,448
4	18,535	8,061
5	0	217
6	0	29,124
7	4,662	3,299
8	31,469	22,474
9	11,093	7,887
10	13	1,239
11	1,172	2,562
12	8,922	9,424
15	1,283	6,616
16	5,490	8,126
17	1,874	17,444
18	0	4,741
19	8,230	9,342
20	8,891	15,702
21	1,013	5,015
22	0	3,810
23	19,198	6,471
Totals	132,278	177,976

Col A: Number of New Enrollees waiting for first appointment where an appointment has not been scheduled.

Represents a manual count of Veterans who have enrolled and requested an appointment but the Veteran's preferred site of care cannot schedule the appointment within six months. Therefore, the Veteran is placed on a wait list. An electronic wait list is being developed that will allow for more accurate data collection.

Col B: Number of Established Patients on a wait list or new and established patients scheduled for appointments requiring a wait of 6 months or more.

Includes: 1) a manual count of established patients (patients have been seen at least once) who are on a wait list (cannot be scheduled within 6 months) for follow-up care for a Primary Care Clinic or Specialty Care Clinic visit. (Examples would include veterans waiting for reassignment to a new Primary Care Provider, or patients waiting for consults in Specialty Care clinics) Also includes 2) a count of Veterans scheduled electronically for appointments, however the wait time meets or exceeds six months. (This also includes those patients who have either voluntarily canceled their appointments or had their appointment canceled by the VA.

Note: This data includes approximately 80% of VHA's workload. All Primary Care Clinics are included and 5 major Specialty Care clinics (eye care, urology, cardiology, orthopedics, audiology). The electronic wait list capability will allow for additional clinics to be included.