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OFFICE OF INSPECTOR GENERAL

Office of Audits and Evaluations

VETERANS HEALTH ADMINISTRATION

A Prohibited Default in the Clinically Indicated Date Field Limited Some Veterans' Eligibility for Community Care at the Omaha VA Medical Center in Nebraska

Review | **24-02356-58** | **April 10, 2025**

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Executive Summary

The VA Office of Inspector General (OIG) received two hotline complaints—one in March 2024 and one in April 2024—alleging Omaha VA Medical Center leaders manipulated the clinically indicated date for consults (the date a healthcare provider deemed care was clinically appropriate), thereby limiting veterans' access to community care.[1] The OIG conducted this review to assess the merits of these complaints and determine possible causes for any confirmed allegations.[2] Specifically, the review team considered the allegation in the context of VA's wait-time standards of 20 days for mental health, primary care, and extended care services and 28 days for specialty care services.[3]

When a VA healthcare provider determines a veteran needs to be referred to another provider for an opinion, advice, or expertise to evaluate or manage a specific health condition, a consult is created. This consult—or referral—plays an important role in community care eligibility for veterans. VA provides health care for eligible veterans at its nationwide medical facilities through the Veterans Health Administration (VHA). In certain situations, such as when VA medical facilities do not provide the requested services, VA can authorize veterans to receive care in the community (known as community care). For example, veterans are eligible for community care if they

- must drive at least 30 minutes to receive primary care or 60 minutes to receive specialty care, or

[1] During the review, VHA Directive 1232(5) *Consult Processes and Procedures* was updated on November 22, 2024. At that time, the term "clinically indicated date" was replaced by the term "patient indicated date" in the directive. Additionally, as of January 2025, the Office of Integrated Veteran Care (IVC) refers to the clinically indicated date as the patient indicated date. The OIG acknowledges this change in terminology but uses clinically indicated date throughout this report because it was the term used in the hotline complaints and by Omaha medical facility personnel during the review period. Furthermore, because the scope of the review was from June 2024 through January 2025 and included an analysis of consults from March through April 2024, all references to VHA Directive 1232(5) are to the December 5, 2022, amended version of the directive originally published on August 24, 2016, rather than the version amended in November 2024. The directive defines a consult as "a request for clinical services on behalf of a patient." In the Veterans Health Administration (VHA), consults are used to request care or seek an opinion, advice, or expertise from other VA or community care providers to evaluate patients or manage their care. Veterans may also be scheduled for care through "return to clinic orders," which are required to schedule follow-up appointments at VA medical facilities or clinics. Assistant under secretary for health for operations, "Return to Clinic Order Business Rules Implementation," memorandum to Veterans Integrated Service Network (VISN) directors and medical center directors, April 16, 2021.

[2] See appendix A for the review's scope and methodology.

[3] VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018, Pub. L. No. 115-182, 132 Stat. 1393; 38 U.S.C. § 1703(d); 38 C.F.R. § 17.4010 (2023); 38 C.F.R. § 17.4040 (2023).

- have to wait over 20 days for primary care or over 28 days for specialty care at a VA facility or clinic.[4]

A consult consists of three key dates: the file entry date, the clinically indicated date, and the appointment date. The file entry date (also called the consult request date) is the date a healthcare provider makes a request for a consult with another provider or makes a referral. The clinically indicated date is the date care is deemed clinically appropriate by the VA provider based on the needs of the patient; it should be the soonest appropriate date.[5] This date is established without regard to a VA medical facility's in-house clinical capacity and must be manually entered in VA's Computerized Patient Record System in the clinically indicated date field of the consult.[6] Finally, the appointment date is the date the appointment occurred or will occur.

As noted above, a veteran is eligible for community care if VA cannot schedule an appointment for the veteran within the specified number of days of the date the request for services was made (in other words, the file entry date) unless the veteran, in consultation with a VA healthcare provider, agrees to a later clinically indicated date.[7] The clinically indicated date is a requested date that not only determines *when* a veteran should receive care but can also affect *where* a veteran can receive care.

For example, if the clinically indicated date is outside the appropriate wait-time standard of 20 or 28 days, the veteran would not be wait-time eligible for community care. If the clinically indicated date is within the wait-time standard, the medical facility's scheduling staff must then determine whether a VA appointment can be scheduled within 20 or 28 days of the file entry date. If a VA appointment can be scheduled, the veteran is not eligible for community care based on wait time. If no VA appointment is available within the appropriate time frame, the veteran is eligible for community care and should be offered the options of waiting for the next available VA appointment or obtaining a community care appointment.

What the Review Found

The OIG substantiated the hotline allegations that the Omaha VA Medical Center manipulated the clinically indicated date field by implementing a default date in the electronic consult setup that providers use to make referrals. From March 7 through April 11, 2024, facility leaders implemented a prohibited 29-day default for the clinically indicated date field that applied to

[4] MISSION Act; 38 U.S.C. § 1703(d); 38 C.F.R. § 17.4010 (2023); 38 C.F.R. § 17.4040 (2023); VHA Office of Community Care, "Veteran Community Care Eligibility" (fact sheet), August 30, 2019.

[5] VHA Directive 1232(5), *Consult Processes and Procedures*, August 24, 2016, amended December 5, 2022.

[6] In VHA, consult requests are made through an electronic document in the Computerized Patient Record System, which communicates service requests and results.

[7] Under regulations published pursuant to the MISSION Act, effective June 2019, the standards are 20 days for primary care, certain mental healthcare services, and noninstitutional extended care services and 28 days for a specialty care appointment.

referrals for specialty care and for some primary and mental health care.[8] As a rationale for the 29-day default, the chief of staff and the medical facility director stated that providers were assigning clinically indicated dates for many specialty care consults that, in their opinion, were sooner than the patient's condition warranted. As a result of this practice, the chief of staff said consults were referred to community care when the VA facility would have had the in-house capacity to provide those veterans care if the clinically indicated date more appropriately reflected the needs of each veteran. The OIG found consults with a clinically indicated date of 29 days increased significantly at the facility because of the default, thereby making veterans ineligible to be considered for community care under wait-time standards, although they still could be eligible for community care under other criteria. Furthermore, the OIG found healthcare providers were not given training on how to customize the clinically indicated date to reflect the date of care agreed to by the provider and the veteran.

Email documentation shows that before implementing the default, both the medical facility director and the chief of staff were made aware by the Veterans Integrated Service Network (VISN) and the Office of Integrated Veteran Care (IVC) that there should not be a default set for the clinically indicated date according to VHA Directive 1232(5).[9] This directive implies the default is not allowed because the clinically indicated date is based on patient need and should be the earliest appropriate date, although a VISN official told the OIG team the directive could be improved to more clearly prohibit the use of a default.[10]

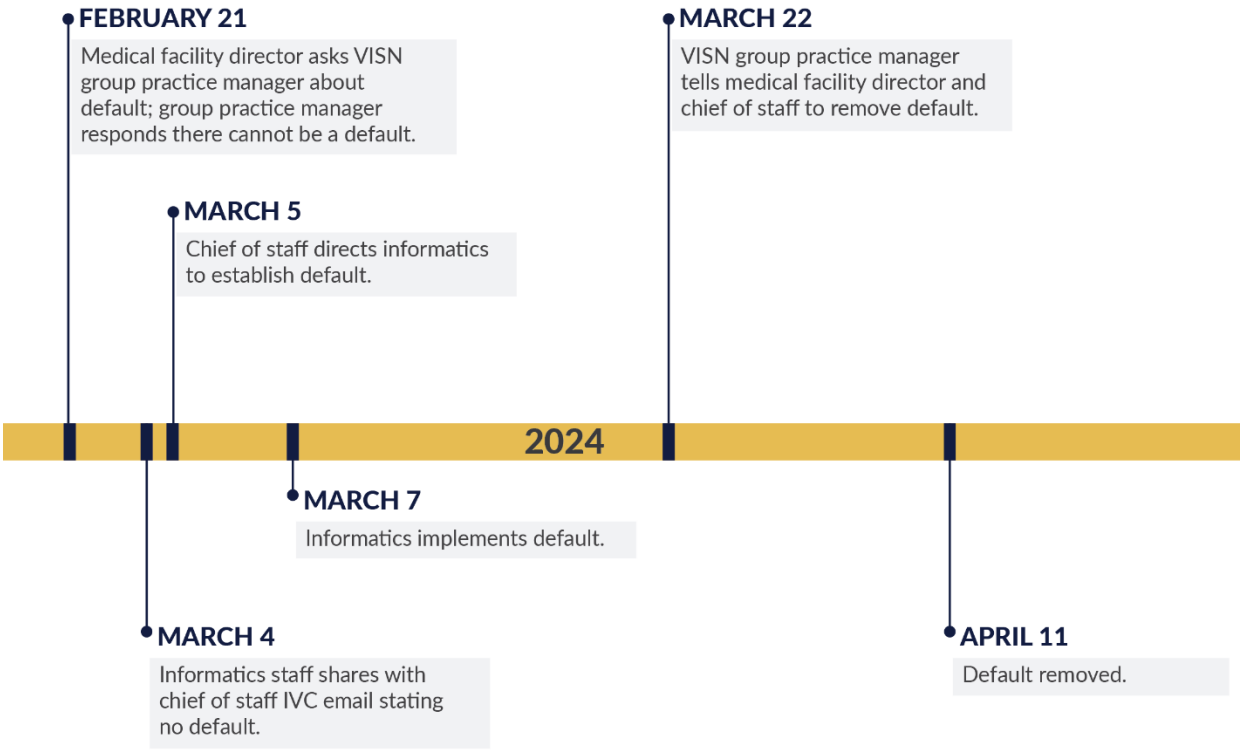
After becoming aware of the default, an Omaha VA Medical Center employee informed facility leaders—including the director, chief of staff, chief of primary care, and associate director for patient care—that a default was not allowed and should be removed. Additionally, facility employees notified the VISN of the default, which prompted the VISN group practice manager to direct facility leaders to remove it. But facility leaders did not immediately do so and, instead,

[8] On March 4, 2024, the chief of staff directed the associate chief of staff, informatics, via email to proceed with the default, stating, "Other than VA central office guidance in writing … I'd like to move ahead to a T+28 day standard for consults." The associate chief of staff, informatics, responded the same day, sharing information received from IVC that stated VHA Directive 1232(5) prohibits setting a default for the clinically indicated date, and asking whether to proceed with the default. On March 5, 2024, the chief of staff responded via email, directing the associate chief of staff, informatics, to proceed with the default. The associate chief of staff, informatics, on the same day directed informatics staff to begin implementing the default. Aside from email correspondence, there is no official documentation of the order to implement the default. Informatics staff informed the chief of staff which consults they would not apply the default to, including inpatient consults, telehealth, and prosthetics, among others. They did not specify which consults were specialty care or primary and mental health care.

[9] VHA divides the United States into 18 regional networks, known as VISNs, which are regional systems of care working together to meet local healthcare needs and provide greater access to care. IVC is the national program office that manages veterans' and beneficiaries' access to health care in both VA and community facilities.

[10] According to an IVC senior medical advisor, the only type of consult that is allowed to have a default date is for gastrointestinal services, specifically for certain colonoscopy referrals. Deputy under secretary for health for operations and management, "Standardization of Gastroenterology Clinical Activities," memorandum to VISN directors, February 21, 2020.

removed the default 19 days later. Summary figure 1 shows a timeline of when the default was implemented and removed; a full timeline is in appendix B.



Summary figure 1. *Timeline related to the default clinically indicated date field at Omaha VA Medical Center.*

Source: VA OIG analysis of email documentation.

In early November 2024, more than six months after the default was removed, the chief of staff notified the facility's medical and dental staff of mandatory training for all providers who order consults. The training, available in VA's Talent Management System (VA's online learning system) was due December 1, 2024. According to a Talent Management System compliance report provided by an Omaha VA Medical Center training instructor, approximately 94 percent of those who were assigned the training had completed it as of February 4, 2025.

What the OIG Recommended

To address the issues identified the OIG made four recommendations—one to the under secretary for health and three to the VISN 23 director.[11] Recommendation 1 is for the under secretary for health to issue a memorandum that clarifies that automatically prepopulating the clinically indicated date field is prohibited (barring officially recognized exceptions) and that the

[11] The recommendation addressed to the under secretary for health is directed to anyone in an acting status or performing the delegable duties of the position.

clinically indicated date should be entered manually. Recommendations 2 through 4 are for the VISN 23 director to take action to (2) determine whether any administrative action should be taken with respect to the conduct of the medical facility director and the chief of staff of the Omaha VA Medical Center; (3) direct the medical facility director to educate and train those involved with consults on the consult process, including how to customize the clinically indicated date to reflect the date of care agreed to by the provider and the veteran; and (4) assess the actions the medical facility has taken to review the consults that were potentially affected by the 29-day default clinically indicated date field and ensure veterans received the care they needed.

VA Management Comments and OIG Response

The acting under secretary for health concurred in principle with recommendation 1, detailed the action VHA took in response, and asked the OIG to close the recommendation.[12] On November 22, 2024, VHA clarified in an update to VHA Directive 1232, *Consult Management*, that prepopulating the clinically indicated date is prohibited and that this date should be entered by the referring clinician. The VISN 23 director concurred with recommendations 2 through 4 and provided an action plan to address them. The full text of the acting under secretary for health's response appears in appendix C. The full text of the VISN 23 director's comments and the VISN's action plan appear in appendix D.

The OIG considers VHA's action sufficient to close the first recommendation. The OIG also believes the VISN's action plan is responsive to the remaining recommendations and addresses the issues identified in the report. The OIG will close these recommendations when the VISN provides sufficient evidence showing completion of the planned actions.

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Assistant Inspector General
for Audits and Evaluation

[12] The OIG acknowledges the acting under secretary for health's response included a comment related to the report's use of the term "clinically indicated date." However, as previously noted, the OIG uses this term throughout the report because it was the term used in the hotline complaints and by Omaha VA Medical Center personnel during the review period.

Contents

Abbreviations

IVC	Office of Integrated Veteran Care
OIG	Office of Inspector General
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

Introduction

VA provides health care for eligible veterans at its nationwide medical facilities through the Veterans Health Administration (VHA). In certain situations, such as when VA medical facilities do not provide the requested services, VA can authorize veterans to receive care in the community (known as community care). Community care can also be used when veterans live in an area without a full-service VA medical facility; must drive at least 30 minutes to receive primary care or 60 minutes for specialty care; or must wait more than 20 days for primary care, mental health, and extended care services or 28 days for specialty care at a VA facility or clinic.[13] Community care eligibility is determined, in part, by a healthcare provider's request that a veteran receive additional care. When a VA healthcare provider determines a veteran needs to be referred to another provider for an opinion, advice, or expertise to evaluate or manage a specific health condition, a consult is created.[14] This consult—or referral—consists of three key dates:

- **File entry date.** The file entry date (also called the consult request date) is the date a provider makes an appointment request with another provider.
- **Clinically indicated date.** The clinically indicated date is the date care is deemed clinically appropriate by the VA provider.[15] The provider and veteran agree on the date for care, which is based on the needs of the patient and should be the soonest appropriate date. In the absence of a healthcare provider's input, it is the date the patient would like to be seen. This date is established without regard to a VA medical facility's in-house clinical capacity. The date is entered into the clinically indicated date field of the consult. This is not the date on which an appointment

[13] VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018, Pub. L. No. 115-182, 132 Stat. 1393; 38 U.S.C. § 1703(d); 38 C.F.R. § 17.4010 (2023); 38 C.F.R. § 17.4040 (2023); VHA Office of Community Care, "Veteran Community Care Eligibility" (fact sheet), August 30, 2019. VA spent approximately $36 billion on community care during fiscal year 2024.

[14] VHA Directive 1232(5), *Consult Processes and Procedures*, August 24, 2016, amended December 5, 2022. During the review, VHA Directive 1232(5) was updated on November 22, 2024. Because the scope of the review was from June 2024 through January 2025 and included an analysis of consults when the default date was in place from March through April 2024, all references to this directive in the report refer to the version amended December 5, 2022. The directive defines a consult as "a request for clinical services on behalf of a patient." In VHA, consults are used to request care or seek an opinion, advice, or expertise from other VA or community care providers to evaluate patients or manage their care. Veterans may also be scheduled for care through "return to clinic orders," which are required to schedule follow-up appointments at VA medical facilities or clinics. Assistant under secretary for health for operations, "Return to Clinic Order Business Rules Implementation," memorandum to Veterans Integrated Service Network (VISN) directors and medical center directors, April 16, 2021.

[15] The term "clinically indicated date" was replaced by the term "patient indicated date" in VHA Directive 1232(5), *Consult Processes and Procedures* on November 22, 2024. Additionally, as of January 2025, the IVC refers to the clinically indicated date as the patient indicated date. The VA Office of Inspector General (OIG) acknowledges this change in terminology but uses clinically indicated date throughout this report because it was the term used in the hotline complaints and by Omaha VA Medical Center personnel during the review period.

must be scheduled but is used to determine community care eligibility based on wait-time access standards.

- **Appointment date.** This date is when the appointment occurred or will occur.

As noted, a veteran is eligible for community care if VA cannot schedule an appointment for the veteran within the specified number of days of the date the request for services was made (VA uses the file entry date)—20 days for primary care, certain mental healthcare services, and noninstitutional extended care services and 28 days for specialty care services—unless the veteran, in consultation with the VA healthcare provider, agrees to a later clinically indicated date.[16] The clinically indicated date is a requested date that not only affects *when* a veteran should receive care but can also affect *where* a veteran can receive care.

For example, if the clinically indicated date is outside the wait-time standards of 20 or 28 days, the veteran is not wait-time eligible for community care, although the veteran may be eligible for community care on other criteria, such as the drive time standard. If the clinically indicated date is within these wait-time standards, the medical facility's scheduling staff must then determine whether a VA appointment can be scheduled within 20 or 28 days of the file entry date. If a VA appointment can be scheduled, the veteran is not eligible for community care based on wait time. If no VA appointment is available within the appropriate time frame, the veteran is eligible for community care and should be offered the options of waiting for the next available VA appointment or obtaining a community care appointment.

The VA Office of Inspector General (OIG) conducted this review to assess the merits of two hotline complaints alleging that leaders at the Omaha VA Medical Center implemented a default clinically indicated date that prepopulated the clinically indicated date field on consults. The complainants alleged that this limited some veterans' eligibility to be considered for community care. The OIG also sought to determine possible causes for any confirmed allegations. Specifically, the review team considered the allegations in the context of the wait-time standards of 20 days for mental health, primary care, and extended care services and 28 days for specialty care services.[17]

Consult Referral Process

When healthcare providers create a consult (a request for care), they must manually enter a clinically indicated date in VA's Computerized Patient Record System in the clinically indicated

[16] These wait-time standards are required by regulations published pursuant to the MISSION Act, effective June 2019.

[17] MISSION Act of 2018, Pub. L. No. 115-182, 132 Stat. 1393; 38 U.S.C. § 1703(d); 38 C.F.R. § 17.4010 (2023); 38 C.F.R. § 17.4040 (2023). The Omaha VA Medical Center spent approximately $259 million on community care costs during fiscal year 2024.

date field of the consult.[18] A consult cannot be requested in the system without a clinically indicated date. Once providers submit a consult for a veteran, the process to schedule the appointment starts. If the clinically indicated date falls within 20 days of the file entry date for primary care and some mental health care or 28 days for most other specialty care, the veteran would be eligible to be considered for community care if VA cannot provide an in-house appointment date to be seen within these wait-time standards.[19] VHA policy says the clinically indicated date is determined based on the needs of the patient and should be the soonest appropriate date.[20]

Figure 1 shows the consult referral process based on the wait-time eligibility standards.

[18] In VHA, consult requests are made through an electronic document in the Computerized Patient Record System, which communicates service requests and results.

[19] A veteran may still be eligible for community care based on other criteria under the MISSION Act. For example, community care can be used when veterans live in an area without a full-service VA medical facility or when veterans must drive at least 30 minutes to receive primary care or 60 minutes for specialty care.

[20] VHA Directive 1232(5).

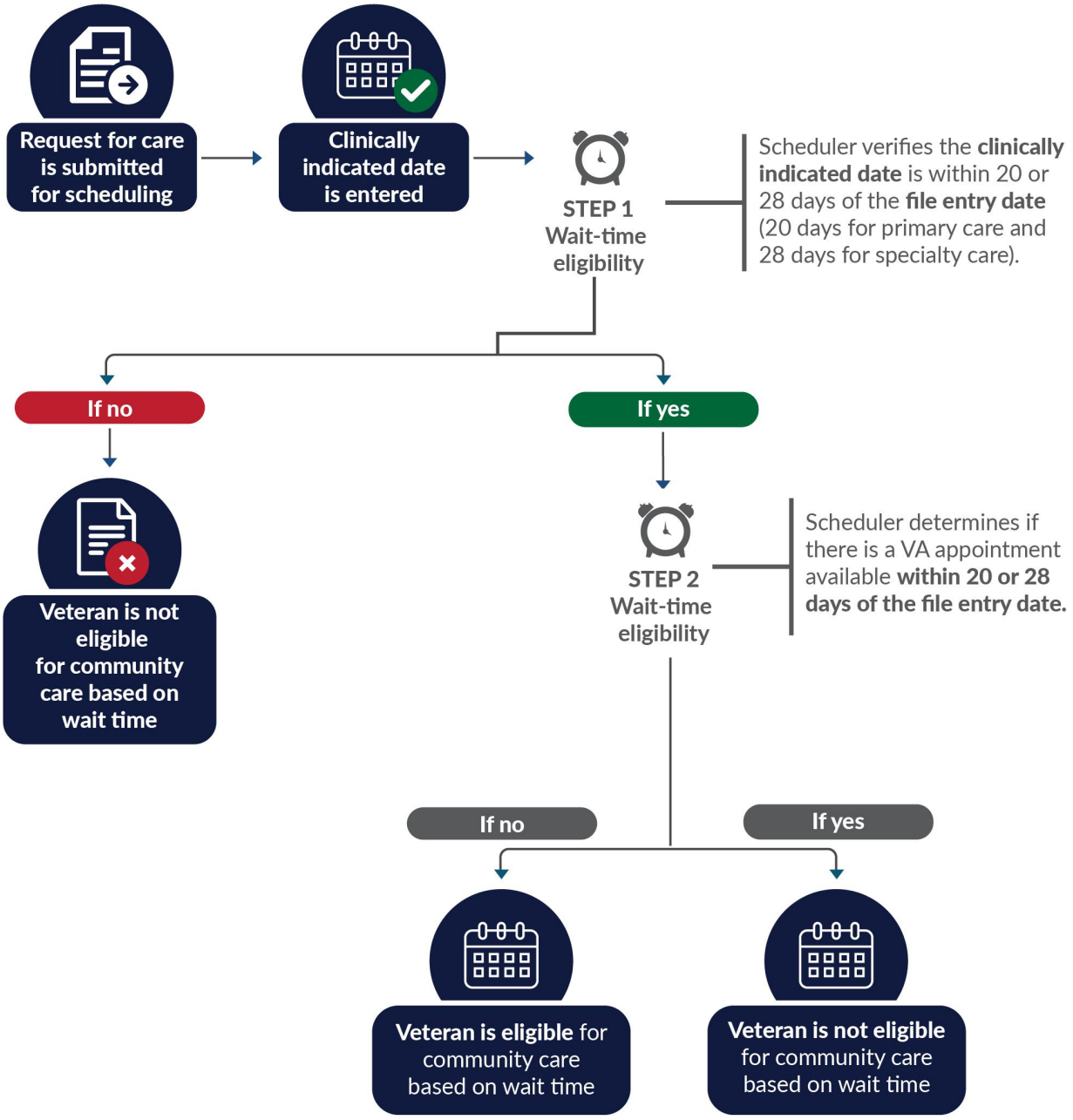

Figure 1. *Community care wait-time eligibility standards.*

Source: VA OIG interpretation of VHA Office of Integrated Veteran Care's Community Care Field Guidebook.

Governance and Oversight of Veterans Community Care Program

VHA's Office of Integrated Veteran Care (IVC) is the national program office that manages veterans' and beneficiaries' access to health care in both VA and community facilities.[21] IVC administers the Veterans Community Care Program and its Community Care Network. IVC responsibilities include allocating resources, developing training, and ensuring the development and implementation of legislative requirements through regulation, policies, guidance, or best practices, including appropriate use of clinically indicated dates.[22]

Each Veterans Integrated Service Network (VISN) director is responsible for overseeing policy implementation and performance management related to outpatient scheduling and consult management within the VISN.[23] This includes overseeing program and patient wait times to ensure timely access to care for eligible veterans. The network director is also responsible for implementing standard processes for consult management and reporting across the VISN, and the director should assign a VISN point of contact responsible for coordinating consult management and liaising with IVC.[24] The VISN group practice manager serves as this point of contact.

VA medical facilities and clinics are responsible for determining whether veterans are eligible for community care.[25] The medical facility director is responsible for overseeing facility consult policy, processes, and outcomes, in addition to ensuring community care is used in accordance with regulatory authority. The chief of staff is responsible for reviewing and improving facility consult performance and outcomes.[26] The Health Administration Service at each facility includes multiple administrative and clerical functions related to managing inpatient and outpatient care and includes staff from the Office of the Chief, Health Information Management, as well as the Office of Operations.[27] In addition, a facility should have a scheduling business owner—a position that may include a service line manager or facility group practice manager—responsible for overseeing the facility's schedulers and completion of initial and annual training.[28]

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[21] In 2022, VHA integrated its Offices of Veterans Access to Care and Community Care into one office called IVC to help VHA better coordinate care while also streamlining and simplifying processes.

[22] VHA Directive 1217, *VHA Operating Units*, August 14, 2024.

[23] VHA Directive 1232(5). VHA divides the United States into 18 regional networks, known as VISNs, which are regional systems of care working together to meet local healthcare needs and provide greater access to care.

[24] VHA Directive 1232(5).

[25] VHA Office of Integrated Veteran Care, "Eligibility, Referral, and Scheduling," chap. 2 in *Community Care Field Guidebook,* accessed December 18, 2024.

[26] VHA Directive 1232(5).

[27] "VA Office of Construction and Facilities Management Space Planning Criteria (PG-18-9)," chap. 246, Health Administration Service, accessed December 16, 2024, https://www.cfm.va.gov/til/space/spChapter246.pdf.

[28] VHA Directive 1230, *Outpatient Scheduling Management*, June 1, 2022.

Omaha VA Medical Center's Local Governance and Oversight

The Omaha VA Medical Center is part of the VA Nebraska–Western Iowa Health Care System in VISN 23 and provides urgent care, primary care, mental health, and specialty care services. The healthcare system provides services at nine locations in Nebraska and Iowa.

The VA Nebraska–Western Iowa Health Care System has a group practice manager, outpatient scheduling service managers, and a referral coordination team who assist with aspects of scheduling. The facility group practice manager is responsible for collaborating with facility leaders to monitor trends and provide recommendations to improve veterans' access to care; the group practice manager is also responsible for assisting the chief of staff with clinic scheduling oversight. VA healthcare providers are responsible for determining the clinically indicated date. The facility's outpatient scheduling service managers oversee medical support assistants, who are responsible for all scheduling processes, including scheduling appointments, checking in patients, tracking and reviewing consults, answering phones, and working with providers as needed.

According to the referral coordination team's nurse manager, the facility's referral coordination team provides consult scheduling support for 10 of 31 specialty clinics affiliated with the Omaha VA Medical Center.[29] When a provider refers a veteran to one of these specialties, the team first reviews these consults to make an initial determination for urgency, clinical appropriateness, and potential care options, including the veteran's eligibility for community care. In addition, the team is responsible for triaging and scheduling consults, educating veterans about eligible care options, collecting veterans' community care scheduling preferences, and scheduling internal VA appointments or forwarding the consult to the facility's community care office.[30] The team does not have the authority to make changes to the clinically indicated date on a consult once it has been submitted by a provider.[31] The referral coordination team's nurse manager reports to the primary care assistant chief nurse, who reports to the associate director for patient care.

Figure 2 shows the governance structure for the Omaha VA Medical Center, including the facility's relationship to the VISN.

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[29] In 2019, VHA began implementing the Referral Coordination Initiative at medical facilities across the country to support consult scheduling for specialty care within VHA facilities and in the community for eligible veterans. The intent of the initiative is to transition consult scheduling from multiple employees to a team comprising clinical and administrative staff.

[30] VHA, *Referral Coordination Initiative Guidebook*, November 2023.

[31] According to the "Minimum Scheduling Effort for Outpatient Appointments Standard Operating Procedure," "any consult in 'cancelled' status may be resubmitted by clinical or administrative staff. The following actions apply when a cancelled consult is resubmitted: (a) the original [clinically indicated date] is retained when a cancelled consult is resubmitted; (b) the date the consult is resubmitted is the new [clinically indicated date] when the original [clinically indicated date] has lapsed; (c) discontinued consults cannot be resubmitted and will require a new consult." IVC, "Minimum Scheduling Effort for Outpatient Appointments Standard Operating Procedure," July 28, 2022.

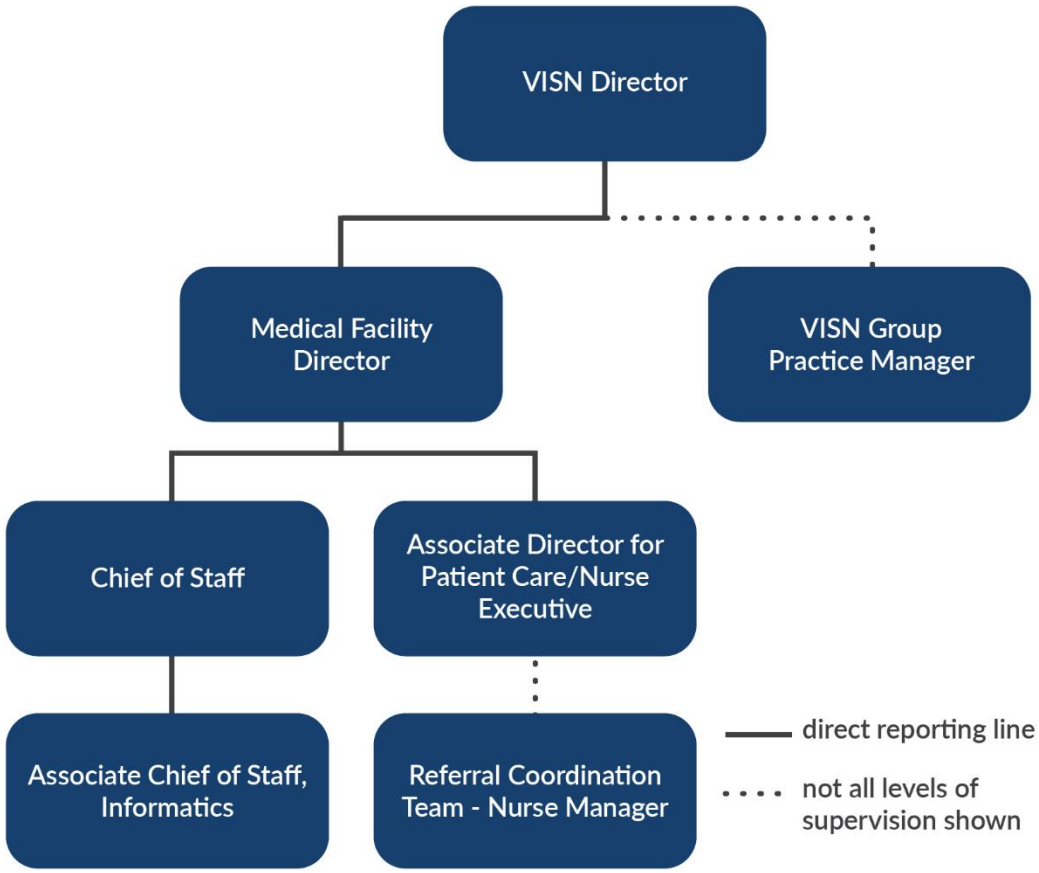

Figure 2. *Governance structure for Omaha VA Medical Center, including facility's relationship to VISN 23. Source: VA OIG analysis of VA human resources data.*

Results and Recommendations

Finding: Omaha VA Medical Center Leaders Instituted a Prohibited Default in the Clinically Indicated Date Field, Limiting Some Veterans' Eligibility for Community Care

The OIG substantiated the hotline allegations that the Omaha VA Medical Center had manipulated the clinically indicated date field by implementing a default date in the electronic consult setup that healthcare providers use to make specialty care referrals. Although VHA policy does not explicitly say the use of a default in the clinically indicated date field is prohibited, this is implied because healthcare providers are required to enter the earliest appropriate date based on patient need, rather than rely on a prepopulated date that is the same for all patients.[32]

On March 5, 2024, the chief of staff at Omaha VA Medical Center ordered the associate chief of staff, informatics, to change the clinically indicated date field to default to 29 days from the file entry date.[33] The default date was implemented on March 7, 2024, and was operational for 36 days. Email documentation shows the VISN group practice manager told the medical facility director on February 21, 2024, approximately two weeks prior to the implementation of the default date, that the clinically indicated date needs to be manually entered according to VHA Directive 1232(5), so there cannot be a default. Furthermore, as evidenced by a March 4, 2024, email from the associate chief of staff, informatics, the chief of staff was made aware that there should not be a default date because, according to the directive, the clinically indicated date is based on the needs of each patient and should be the soonest appropriate date.

As a result of the default in the clinically indicated date field, consults with a clinically indicated date of 29 days from the file entry date increased significantly at the facility, making veterans ineligible to be considered for community care under wait-time standards. When questioned by the OIG as to why a default date was added, the chief of staff and medical facility director reported providers were assigning clinically indicated dates for many specialty care consults that, in their opinion, were sooner than the patient's condition warranted. That is, these leaders

[32] VHA Directive 1232(5).

[33] On March 4, 2024, the chief of staff directed the associate chief of staff, informatics, via email to proceed with the default, stating, "Other than VA central office guidance in writing … I'd like to move ahead to a T+28 day standard for consults." The associate chief of staff, informatics responded the same day, sharing information received from IVC that stated VHA Directive 1232(5) prohibits setting a default clinically indicated date, and asking whether to proceed with the default. On March 5, 2024, the chief of staff responded via email, directing the associate chief of staff, informatics to proceed with the default. The associate chief of staff, informatics, on the same day, directed informatics staff to begin implementing the default. Aside from email correspondence, there is no official documentation of the order to implement the default. Informatics staff informed the chief of staff which consults they would not apply the default to, including inpatient consults, telehealth, and prosthetics, among others. They did not specify which consults were specialty care or primary and mental health care.

believed providers were selecting clinically indicated dates sooner than necessary, and as a result, the chief of staff said consults were referred to community care when the VA facility would have had the in-house capacity to provide the care.

Furthermore, the VISN director reported that he was unaware the medical facility had implemented a default date because no one informed him. The VISN group practice manager reportedly did not inform the director because the matter was being handled at the lower level. However, this approach diminished the VISN director's ability to take timely action to determine how the default date affected the care of 6,029 veterans.[34] At the OIG's recommendation, the facility started reviewing veterans' electronic health records associated with affected consults.[35] But the medical facility director still needs to address the concerns that precipitated the chief of staff's order to implement a default in the clinically indicated date field for consults. Specifically, those involved with consults should be given additional education to address the chief of staff's concerns that they were not selecting clinically indicated dates that appropriately reflected veterans' care needs.

This finding is based on the following determinations:

- A default date was implemented despite multiple notifications that doing so was prohibited.
- Facility leaders implemented a default date to address concerns that providers were assigning an urgency to clinically indicated dates sooner than the patient's condition warranted.
- The facility provided limited education to train healthcare providers on clinically indicated dates.
- The facility director and the chief of staff did not fully disclose how the default date could be changed.
- At the OIG's recommendation, the facility started to review affected consults.
- VISN communication could be improved, strengthening oversight.

[34] The OIG identified 8,517 consults that had a clinically indicated date of 29 days and represent 6,029 unique veterans potentially affected by the default date.

[35] According to the Omaha VA Medical Center program analyst who provided the team with consult data, it is difficult to determine exactly how many consults with a clinically indicated date of 29 days from March 7 through April 11, 2024, were the result of the default date or of providers' manually entering the date. That said, the OIG identified a sharp increase in consults with a clinically indicated date that was outside the wait-time standards between March and April 2024.

What the OIG Did

To assess the merits of the hotline allegations, the team reviewed MISSION Act criteria—specifically VHA wait-time standards of 20 days for primary care, mental health care, and noninstitutional extended care and 28 days for specialty care—as well as VHA directives and guidance related to consult processes.[36] The team conducted a site visit to interview relevant officials and reviewed consult data related to the default date of 29 days that was in place from March 7 through April 11, 2024. The team also reviewed Omaha VA Medical Center and VISN 23 governance structures, facility leaders' and some personnel's electronic correspondence from June 2023 through April 2024, and the facility's metrics for clinically indicated dates from January through May 2024. For more details on the review's scope and methodology, see appendix A.

A Default Date Was Implemented Despite Multiple Notifications That Doing So Was Prohibited

VHA Directive 1232(5) says the clinically indicated date is the earliest date care is deemed clinically appropriate by a VA healthcare provider, and its determination is made based on the needs of the patient and should be the soonest appropriate date.[37] Although the directive does not explicitly say the use of a default in the clinically indicated date field of a consult is prohibited, this is implied because the provider is required to enter the earliest appropriate date based on patient need, rather than rely on the system to prepopulate a date that is the same for each patient. In other words, a default clinically indicated date would not consider the unique needs of patients. Moreover, an IVC senior medical advisor informed the OIG team that a default clinically indicated date is not allowed according to this VHA directive, although the VISN chief business office manager told the OIG team that the directive could be clearer by explicitly stating a default is not allowed for the clinically indicated date.[38]

The OIG's first recommendation is for the under secretary for health to issue a memorandum that clarifies that automatically prepopulating the clinically indicated date field of a consult is prohibited (barring officially recognized exceptions) and that the clinically indicated date field should be entered manually.

[36] MISSION Act; VHA Directive 1232(5); VHA Directive 1230; VHA Directive 1217; VHA Office of Integrated Veteran Care, *Community Care Field Guidebook*.

[37] In September 2024, VHA officials informed the OIG that this directive was being updated to align with VHA Directive 1230, *Outpatient Scheduling Management*. The directive was published on November 22, 2024.

[38] According to the IVC senior medical advisor, the only type of consult that is allowed to have a default date is for gastrointestinal services, specifically for certain colonoscopy referrals. Deputy under secretary for health for operations and management, "Standardization of Gastroenterology Clinical Activities," memorandum to VISN directors, February 21, 2020.

In February 2024, executive facility leaders—including the medical facility director and the chief of staff—began discussing the use of a default date to address clinically indicated dates within short range of a file entry date for consults that, in their opinion, were sooner than the patient's condition warranted.[39] Emails show that on February 1, 2024, in response to the chief of staff's inquiry about default dates on consults, an informatics employee reported telling the medical facility director it would take about a week to implement the default, but this employee also cautioned the chief of staff that the facility would want to make sure such a change is supported by IVC's national consult team. This was important, according to the informatics employee, because the consult directive says clinically indicated dates must be manually entered.[40] On February 21, 2024, the medical facility director emailed the VISN group practice manager, inquiring whether setting a default clinically indicated date was permissible.

Figure 3 shows what the clinically indicated date field in the Computerized Patient Record System would look like before the clinically indicated default date was implemented.

[39] Email documentation that the team reviewed shows that on January 29, 2024, the medical facility director received a list of consults with clinically indicated dates provided by the referral coordination team. The medical director forwarded this list to the chief of staff on the same day, noting that none of the dates "look like emergencies." The chief of staff responded to the medical facility director the same day, commenting that the dates were "not consistent with the nature of the illness" noted in the referrals. Additionally, on January 30, 2024, the medical facility director emailed the referral coordination team manager, stating that the clinically indicated date issue is something "we need to address." Further, email documentation shows that on February 11, 2024, the chief of staff reviewed and notated a list of consults that the referral coordination team had identified as having clinically indicated dates that appeared too soon. In his comments, he either agreed or disagreed with the dates.

[40] VHA Directive 1232(5). This directive says the clinically indicated date "must either be manually entered into the consult order or generated through an order menu that includes the CID [clinically indicated date]." The Computerized Patient Record System allows providers to enter the date by typing it in or selecting a date using a calendar. According to the IVC senior medical advisor, the provider must enter the earliest appropriate date based on patient need.

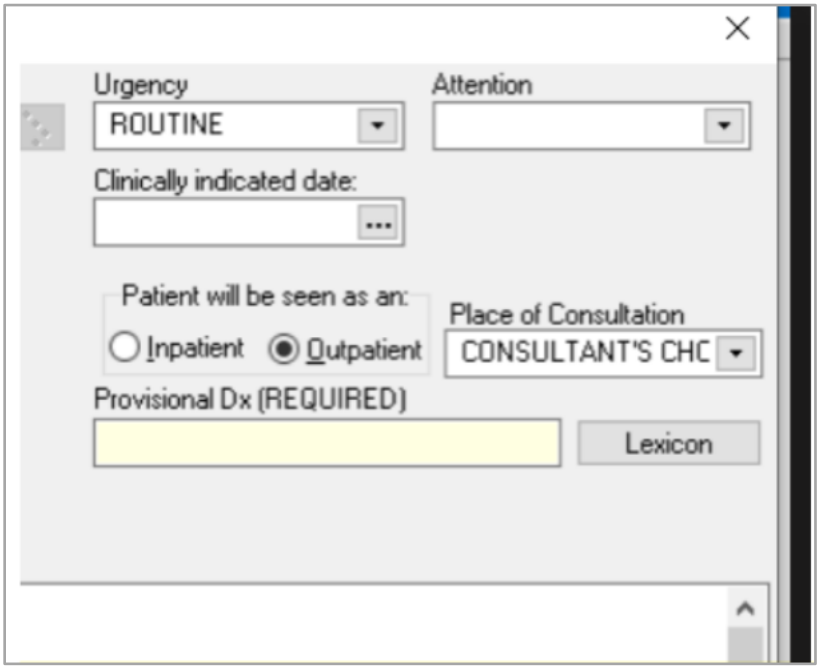

Figure 3. *Screenshot of Computerized Patient Record System without the default clinically indicated date.*

Source: Omaha VA Medical Center.

The VISN group practice manager responded the same day via email, saying the clinically indicated date must be manually entered and a default value was not allowed. The director then emailed back, acknowledging receipt of the group practice manager's response. But when the OIG team asked the director about this email, she reported she did not recall receiving the email before the default was implemented. The team also found no documentary or testimonial evidence to suggest the director had shared this information with the chief of staff.

That said, the team confirmed the chief of staff was made aware by the associate chief of staff, informatics, on March 4, 2024, that, per the directive, no default should be set for the clinically indicated date.[41] Despite both the medical facility director and the chief of staff being informed that a default was not permitted, they made the decision to use the default because healthcare providers were using clinically indicated dates that appeared to be sooner than needed.[42] Emails the team reviewed show the chief of staff directed the associate chief of staff, informatics, to

[41] The team reviewed email documentation and found that the associate chief of staff, informatics, received information from IVC stating that VHA Directive 1232(5) prohibits a default clinically indicated date. The associate chief of staff, informatics, forwarded this email to the chief of staff. According to the deputy under secretary for health for operations and management, the only exceptions are colonoscopy cleaning and surveillance. Deputy under secretary for health for operations and management, "Standardization of Gastroenterology Clinical Activities," memorandum to VISN directors, February 21, 2020.

[42] Informatics staff shared documentation from the Computerized Patient Record System manual that allows setting of defaults for the clinically indicated date field in consults. However, VHA Directive 1232(5) implies that a default clinically indicated date is prohibited.

establish a default date of 29 days on March 5, 2024, saying, "This one is on me." The review team confirmed with informatics staff that the default date was in place from March 7 through April 11.[43] The OIG concluded the medical facility director and the chief of staff intentionally disregarded both policy and direction from the VISN when the decision was made to proceed with implementing the default date.

The OIG's second recommendation is addressed to the VISN 23 director: determine whether any administrative action should be taken with respect to the conduct of the medical facility director and the chief of staff of the Omaha VA Medical Center.

Figure 4 shows how the clinically indicated date appeared after the default was implemented.

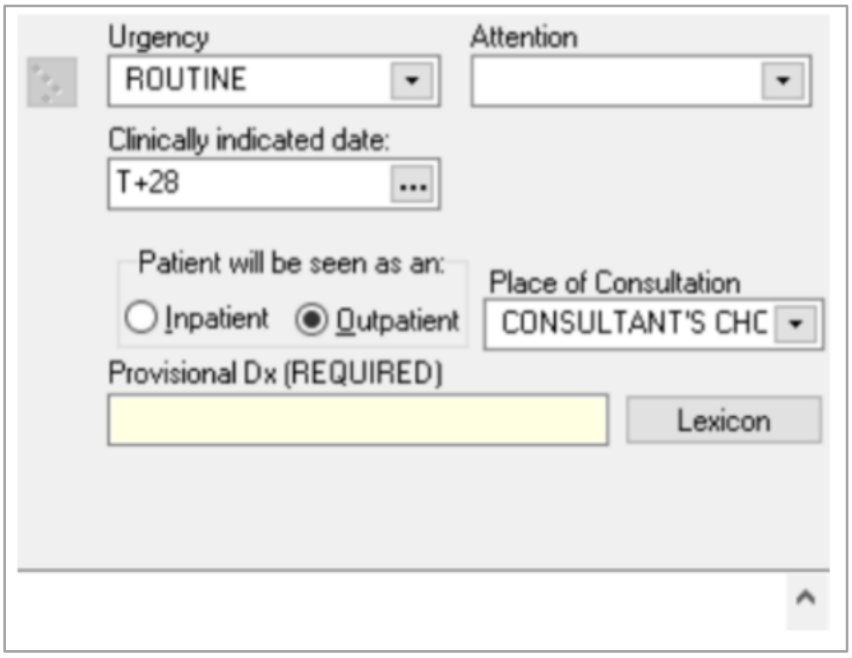

Figure 4. *Screenshot of Computerized Patient Record System with implementation of the clinically indicated default date.*

Source: Omaha VA Medical Center.

The default in the clinically indicated date field was for the day of consult entry (designated as T in the date field) plus 28 days (indicated as T+28 days), which automatically added 28 days to the consult request date (the file entry date). This process was automatic unless the healthcare provider changed the date manually, which was a possibility since, according to VHA directive 1232(5), the clinically indicated date is the date care is deemed clinically appropriate by the sending provider.[44] For example, based on VA's method to calculate wait-time eligibility for

[43] After analyzing consult data, the OIG team found this default applied not only to specialty care consults but also to some primary care and mental health consults.

[44] VHA Directive 1232(5). "T" in the T+28 days default refers to "today" or day 1; so, T+28 is the same as 1+28, which equals 29.

community care, a consult could be entered on April 1, and with the default, the clinically indicated date field would automatically populate to April 29 (April 1 plus 28 days), or 29 days later.[45] The default also meant providers did not have to manually enter a clinically indicated date for the consult to be processed. Veterans with consults for specialty care with clinically indicated dates of 29 or more days are scheduled for care based on the next available in-house appointment. Using a default date placed an artificial restriction on veterans' access to community care because it automatically fell outside VA's 20- and 28-day wait-time standards.[46]

Figure 5 shows the effect a default date has on community care wait-time eligibility.

[45] VHA Office of Integrated Veteran Care, "Eligibility, Referral, and Scheduling."

[46] 38 C.F.R. § 17.4040 (2019); Veterans Community Care Program, 84 Fed. Reg. 26,310 (June 5, 2019). A veteran is eligible for community care if VA cannot schedule a VA appointment within a certain number of days "of the date of request" for services (file entry date)—20 days for primary care, certain mental healthcare services, and noninstitutional extended care services, or 28 days for a specialty care appointment—unless a veteran and their healthcare provider have agreed to a later date. Veterans may still be eligible for community care under different criteria, such as distance or drive time.

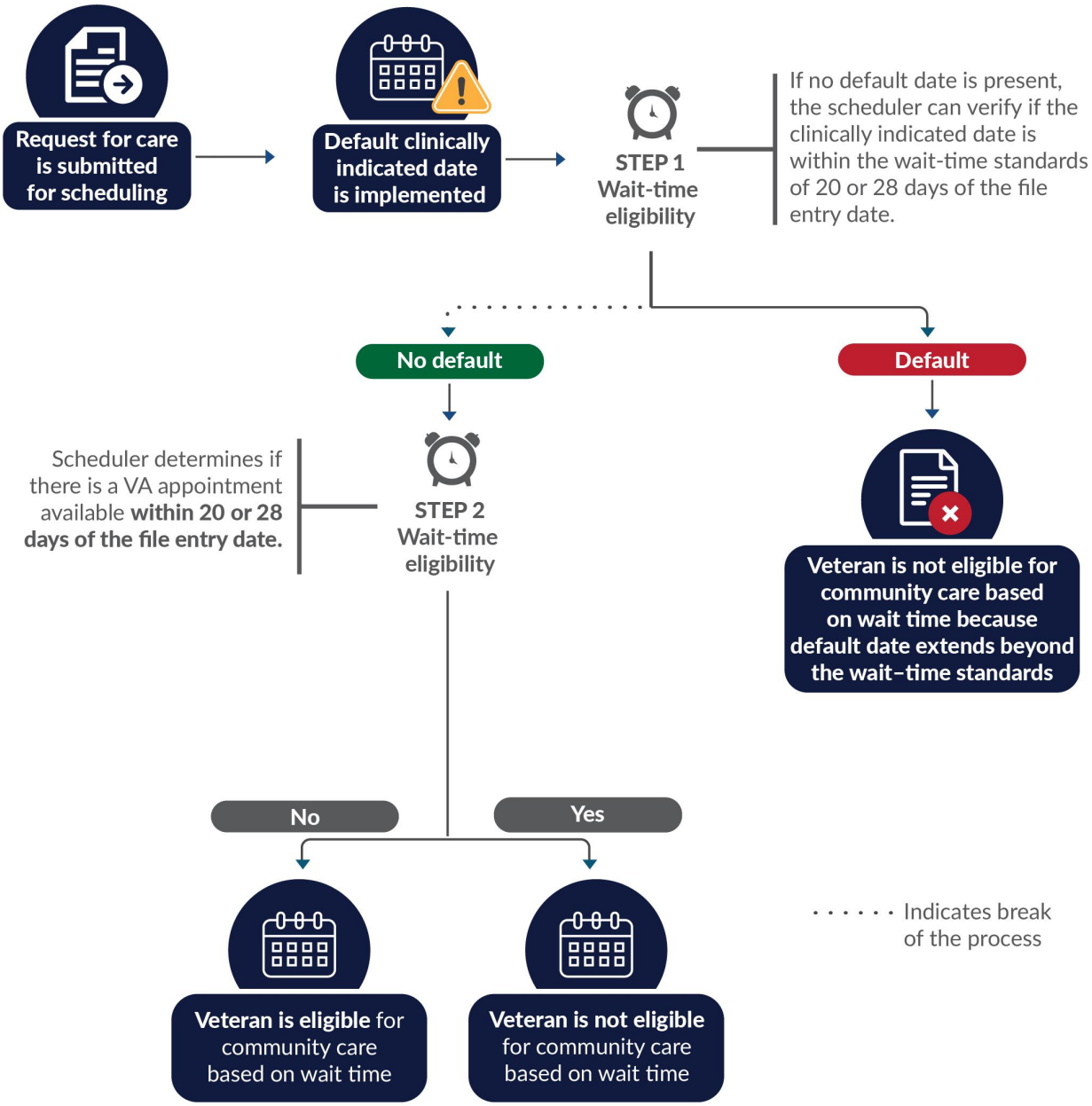

Figure 5. *Effect of default on community care wait-time eligibility standards.*

Source: VA OIG interpretation of VHA Office of Integrated Veteran Care's Community Care Field Guidebook *and effect of default use.*

Note: Step 2 would occur only if the scheduler verifies that the clinically indicated date is within wait-time standards in Step 1.

The default date was in place from March 7, 2024, through April 11, 2024. After an employee became aware of the default, they informed facility leaders, including the director, the chief of staff, the acting chief of primary care (at that time), and the associate director for patient care, that a default was not allowed and should be removed. In addition, after being informed about

the default by facility employees, on March 22, 2024, the VISN group practice manager told facility leaders to remove the default. The facility did not remove the default until 19 days later.

Facility Leaders Implemented a Default Date to Address Concerns Providers Were Assigning Clinically Indicated Dates Sooner Than the Patient's Condition Warranted

When the OIG team asked the chief of staff why the default date was implemented, he explained that healthcare providers appeared to be assigning unnecessary urgency to their consults. That is, the clinically indicated dates were, in his opinion, sooner than the patient's condition warranted for some consults. According to the chief of staff, assigning clinically indicated dates sooner than necessary would have made a veteran eligible for community care under wait-time standards despite the facility having the capacity to provide care in-house later. The chief of staff told the OIG team the facility was missing opportunities to leverage its internal capacity to care for veterans. In addition, the chief of staff said some schedulers wrongly believed the clinically indicated date was the date by which a veteran needed to receive care. For example, if a consult had a clinically indicated date of 10 days after the file entry date, some schedulers incorrectly believed the veteran needed to be scheduled within those 10 days, thus further contributing to the unwarranted urgency. A clinically indicated date that falls within 20 days (for primary care and mental health services) or 28 days (for specialty care services) of the file entry date would be considered eligible for community care if VA cannot provide an appointment date to be seen within those time frames. The medical facility director and chief of staff decided to use default dates based, in part, on information provided by the referral coordination team's nurse manager, who detailed specialty care consults with clinically indicated dates that were within short range of the file entry date. In January 2024, the director asked the nurse manager to provide her with examples of questionable clinically indicated dates "forcing [the] need for CC [community care]."

The referral coordination team's nurse manager started sending lists of these types of consults to the director on January 29, 2024. Examples of consults that they believed had clinically indicated dates that were "too soon" included

- podiatry for routine nail trimmings with a clinically indicated date the same day the consult was requested;
- dermatology for a routine skin check with a clinically indicated date eight days from the file entry date;
- ears, nose, and throat for chronic rhinitis with a clinically indicated date 15 days from the file entry date; and
- orthopedics for a nonurgent wrist/hand issue with a clinically indicated date of 21 days from the file entry date.

According to the referral coordination team's nurse manager, the referral coordination team hoped the information would be used to educate individual healthcare providers about entering clinically indicated dates that more accurately reflected when a veteran needed care. In addition, the nurse manager told the medical facility director that referral coordination team nurses are not authorized to change providers' clinically indicated dates on consults. Consequently, the nurse manager explained that educating providers and staff about why the clinically indicated date is important continues to be the best strategy to address providers' practice of referring veterans for specialty care with clinically indicated dates that do not—in the view of the referral coordination team—accurately reflect how soon a veteran should be seen. In fact, as previously noted, according to VHA directives, the clinically indicated date is the date the healthcare provider and a veteran agree on for care, and this date should be based on the needs of the patient; it should also be the soonest appropriate date.[47]

The OIG found these reasons do not sufficiently explain how a default date would have addressed concerns related to healthcare providers assigning clinically indicated dates that did not appropriately reflect the needs of a patient. Whether the clinically indicated date for specialty care is one day or 10 days, a veteran would still have been eligible for community care if the Omaha VA Medical Center could not provide the veteran with an in-house appointment because those dates are within the wait-time standards of 20 or 28 days.[48] In a March 20, 2024, email, the chief of staff expressed concern to primary care staff about some providers who were circumventing the default. These providers were manually entering clinically indicated dates that were sooner than the default and were continuing to do so even after the default date was set to 29 days for most consults, according to the chief of staff's email.

The chief of staff also reported to the review team that he thought the default of T+28 meant that the clinically indicated date would be within wait-time standards for specialty care because it would be 28 days from the file entry date. However, VA's method for calculating wait-time eligibility for community care counts the file entry date, or T, as day 1; therefore, adding 28 days results in a clinically indicated date of 29 days.[49] Therefore, this assumption was incorrect. Importantly, the OIG review team found no evidence to suggest the chief of staff confirmed his assumption with subject matter experts like the VISN group practice manager or IVC before implementing the default date to make sure it did not conflict with VA's access standards for wait time under the MISSION Act.

The chief of staff confirmed that consults for primary care and certain mental healthcare services that are measured by a 20-day access standard were included in the default 29-day clinically

[47] VHA Directive 1230; VHA Directive 1232(5).

[48] The wait-time standard for primary care, mental health, and extended care services is 20 days. Therefore, the default made consults for primary care, mental health care, and extended care services ineligible for community care because it exceeded 20 days.

[49] VHA Office of Integrated Veteran Care, "Eligibility, Referral, and Scheduling."

indicated date. The OIG review team determined from facility-provided consult data during the period the default was in place (March 7 through April 11, 2024) that 327 mental health consults, 124 extended care consults, and 85 primary care consults governed by the 20-day access standard had a clinically indicated date of 29 days—making them ineligible to be considered for community care. The review team analyzed the data to determine whether any colonoscopy consults had a 29-day clinically indicated date because these consults are permitted to have a default date of T+90 days.[50] The review team did not find any such consults in the data it analyzed.

The Facility Provided Limited Education to Train Healthcare Providers on Clinically Indicated Dates

The chief of staff told the OIG team that education related to the clinically indicated date is continual and that referral coordination team staff reach out to the facility's clinics or providers to ask questions related to consults they review and process. According to the chief of staff, training on the process for entering consults is provided at the clinical service line level and at professional staff meetings, which are held twice a year and include providers and physicians who can order consults. But the chief of staff reported he could not guarantee all providers understand the clinically indicated date, although his responsibilities include regularly reviewing and improving facility consult performance and outcomes and ensuring providers enter the clinically indicated date in the consult based on the needs of the veteran.[51]

The referral coordination team's nurse manager said they were unsure whether the facility's healthcare providers understand consult terminology. The nurse manager noted that anyone who enters consults should be trained on the importance of the clinically indicated date. In January 2024—before the default date was implemented—the nurse manager sent guidance from the VISN group practice manager regarding clinically indicated dates to the medical facility director and told the director that educating providers and staff about entering consults is the best strategy for changing the practice of making the dates too soon. The VISN group practice manager emailed this education to the medical facility director in February 2024. Several facility employees, including clinical staff, reported to the review team that providers needed more education on the consult process and how the clinically indicated date relates to VA's 20- and 28-day access standards.

Recommendation 3 is addressed to the VISN 23 director and recommends directing the medical facility director to educate and train those involved with consults on the process, including how to customize the clinically indicated date to reflect the date of care agreed to by the healthcare

[50] Deputy under secretary for health for operations and management, "Standardization of Gastroenterology Clinical Activities," memorandum to VISN directors, February 21, 2020.

[51] VHA Directive 1232(5); VHA Directive 1230.

provider and the veteran. The content of this training should comply with national policy, and the training should be mandatory, with its frequency determined by the medical facility.

At the conclusion of this review, the VISN notified the OIG that facility leaders implemented a mandatory training on the clinically indicated date for providers in early November 2024—more than six months after the default was removed. The facility chief of staff notified the facility's medical and dental staff that the mandatory training was available for all providers who order consults in VA's Talent Management System (VA's online learning system) and was due December 1, 2024.[52] According to a Talent Management System compliance report provided by an Omaha VA Medical Center training instructor, approximately 94 percent of those who were assigned the training had completed it as of February 4, 2025.

The Facility Director and the Chief of Staff Did Not Fully Disclose How the Default Date Could Be Changed

Before the default 29-day clinically indicated date, the facility's healthcare providers were required to manually enter a date in the consult's clinically indicated date field in VA's Computerized Patient Record System when referring a veteran for specialty care. As illustrated in figure 3 earlier in this report, the clinically indicated date field was automatically blank. To enter the clinically indicated date, providers needed to type or select a specific date from a calendar window. After choosing a date from the calendar, providers would then need to click "OK" to select the date.[53] According to the VISN group practice manager and as observed by the OIG review team, the clinically indicated date field in the consult set up must include a date or the consult cannot be submitted.[54] In a way, keeping the field blank serves as a reminder to providers to populate it intentionally. By setting a default in the field, providers did not need to enter a date. While some providers took action to override the default date, the OIG review team determined the medical facility director and the chief of staff did not adequately inform all providers that this default date could be changed.

According to the then acting chief of primary care, the chief of staff notified deputies about the default and instructed them to notify their respective providers. When the team requested documentation showing how providers were notified, the then acting chief reported that the default was announced at a primary care meeting but was not able to provide any documentation of this meeting or notification the default had been implemented. The chief of staff did provide the OIG team with a recording of a facility staff meeting on March 29, 2024, during which he announced the default would be removed; this recording was available to VA medical center

[52] The OIG did not review the training content for accuracy.

[53] According to VISN staff, the clinically indicated date could be entered as a specific date in the format of MM/DD/YY, T+# (which is today, or date of consult, plus a number), or a selected date from the calendar.

[54] Facility informatics staff demonstrated for the team that a consult cannot be submitted without entering a clinically indicated date.

staff if they could not attend the meeting. The acting chief of primary care at that time did not know if the facility notified all providers.

Other facility personnel (aside from informatics), including the facility group practice manager and the community care chief, said they were aware of a default in March 2024 but did not know when it was implemented or deactivated. Further, these employees could not provide information on how the facility notified providers about the default. A facility physical therapy employee told the OIG team that a provider said a default clinically indicated date "just showed up" on a consult.[55] In addition, the OIG review team determined that a provider alerted the referral coordination team nurse manager about the default on March 21, 2024. Subsequently, the nurse manager told the medical facility director and the chief of staff that there should not be a default. The medical facility director responded that a provider would have to be intentional with the clinically indicated date irrespective of a default. That is, healthcare providers could change the clinically indicated date to something they preferred rather than accept the default. The VISN group practice manager and the chief business office manager told the review team they became aware of the default on March 20, 2024, which was 13 days after the facility implemented the default. The OIG believes these examples demonstrate that the implementation, intent, and ability to override the clinically indicated date were not clearly communicated to personnel who had the authority to enter consults.

While a clinically indicated default date should not have been implemented in the first place, without clearly notifying staff and providers about the default and how to override it, the facility's director and the chief of staff put veterans at risk of not getting the care they needed at the appropriate time. This risk was heightened because providers or those entering consults, such as nurses, were not made fully aware of the default date or how to override it.

At the OIG's Recommendation, the Facility Started to Review Affected Consults

When the OIG team visited the Omaha VA Medical Center in June 2024, the medical facility director confirmed that the facility had not identified the number of veterans affected by the default. In short, the facility did not know the effect of the default date on veteran care. Given that the facility had not yet taken action to identify veterans and any associated impacts of the default date, the OIG team informed the facility director that it planned to recommend the facility complete a review of outstanding consults to determine whether veterans received necessary care in a timely manner and take corrective action as necessary. Corrective action could include

[55] This facility employee then asked a VISN health systems specialist whether the default was a national, VISN, or local change. When the VISN health systems specialist followed up with the facility, the associate chief of staff, informatics, responded (with the chief of staff included on the email) that the facility requested a change to a default date on most consults to assist with community care costs. Documentation shows that the VISN group practice manager notified the facility director on February 21, 2024, that there can be no default clinically indicated date.

identifying consults that were canceled or for which no referral appointment was scheduled or completed. The facility director reported taking action in response to the recommendation in July 2024, following the review team's site visit.

The facility provided the OIG review team with results of its analysis in July 2024. According to the chief of staff, no harm came to veterans due to the default date based on individual chart reviews for over 450 veterans with consults in mental health, urology, cardiology, and gastroenterology. However, according to the program analyst who helped develop the facility's analysis, the 29-day default may make it difficult to identify all consults that were intentionally entered by the clinician as 29 days versus those that defaulted to 29 days. Further, the analyst said reviewing all consults with a clinically indicated date of 29 days would be labor intensive. The OIG acknowledges the difficulty in determining whether the 29 days was entered intentionally or because of the default. But the review team did find an increase in consults of 29 days during this time frame. Specifically, the team independently analyzed consult data from before and after the default was in place and found a 27-percentage-point increase for consults with a clinically indicated date of 29 days—from 1.6 percent before March 7, 2024, to 28.7 percent from March 7 to April 11, 2024. The OIG believes the fact that definitive data are difficult to obtain makes the use of a default date even more problematic.

The OIG identified 8,517 consults that had a clinically indicated date of 29 days (or T+28) from March 7, 2024, through April 11, 2024—while the Omaha VA Medical Center identified 8,484 consults.[56] Because veterans can receive more than one consult, these consults represent 6,029 unique veterans potentially affected by the default date. Of these veterans, the review team identified 2,096 who would have been eligible for community care because of drive time or other criteria.[57] In other words, their access to community care was not affected by the default date. According to the chief of staff, there was little difference between consults with a default and other consults when comparing the time to schedule a veteran. For example, one of the metrics in the facility's analysis—average days from the consult request to the first scheduled appointment—simply shows how long it took for a veteran to be scheduled for an appointment. This metric does not indicate when a veteran received care. The facility later provided a metric that showed average time from file entry date to complete (or appointment) date. The team found this metric varied between the type of specialty care. Specifically, time to complete appeared to

[56] The OIG team was not able to replicate the number of consults that the Omaha VA Medical Center reported were potentially affected by the default clinically indicated date. The OIG's reported number is extracted from VA's Corporate Data Warehouse program. According to VA, the Corporate Data Warehouse program is used for business management, clinical and administrative research, and healthcare system innovation. According to a facility program analyst, the data the facility provided to the OIG was extracted from the Veteran Support Service Center.

[57] Under the MISSION Act, in addition to the wait-time and drive time standards discussed, a veteran may access care in the community if one of the following eligibility criteria are met: it is in the best medical interest of the veteran, VA does not offer the required care or services, VA does not have a full-service medical facility available, a veteran is grandfathered because of eligibility under the former Veterans Choice Program, or the VA facility's care or services do not meet VA quality standards.

take longer for some specialties when the default was in place, while other specialties showed shorter times to complete. As a result, the effect on veteran care remains unknown.

Recommendation 4 is directed to the VISN 23 director and recommends assessing the actions the medical facility has taken to review the consults that were potentially affected by the 29-day default in the clinically indicated date field and ensuring veterans received the care they needed.

VISN Communication Could Be Improved, Strengthening Oversight

According to VHA Directive 1232(5), each VISN director is responsible for reviewing and applying corrective measures to address data on consult quality outcomes, implementing standardized processes for consult management across the VISN, and assigning a VISN point of contact to coordinate within the VISN and serve as a liaison at the national level.[58] The VISN group practice manager was the VISN director's point of contact.

The director and the chief of staff at the Omaha VA Medical Center deviated from the standardized process for consult management by establishing a default in the clinically indicated date field of the consult even though the VISN group practice manager told the facility director that doing so was not permitted. The facility director and the chief of staff did not tell the VISN group practice manager when the default date was implemented on March 7, 2024. The OIG found that facility employees, rather than facility leaders, alerted the VISN group practice manager of the default on March 20, 2024. The VISN group practice manager notified the facility director, chief of staff, and associate chief of staff, informatics, to remove the default on March 22, 2024—at this point forwarding information from an IVC senior medical advisor that clearly stated setting a default of T+28 to consults was prohibited. But neither the facility director nor the chief of staff took immediate action to have the default date removed. In fact, the chief of staff instructed informatics on March 22, 2024, to "hold off" on removing the default date while the facility "wrestles" with the VISN on the issue because the facility wants to update the consults only once.

In talking with the OIG review team, the VISN group practice manager was not sure whether the facility director or the chief of staff acted to remove the default date immediately. But documentation shows a facility employee contacted the VISN group practice manager on April 1, 2024, noting that the default date had still not been removed. Informatics employees confirmed that the default was removed on April 11, 2024, 19 days after the VISN group practice manager instructed the facility to remove it. The VISN group practice manager reported reviewing a sample of the facility's consults around mid-April and confirming no default was in the clinically indicated date entry field. The VISN group practice manager should have independently verified in a timely manner that the default had been removed.

[58] VHA Directive 1232(5).

Figure 6 shows a timeline of when the default was implemented and removed; a full timeline of events is provided in appendix B.

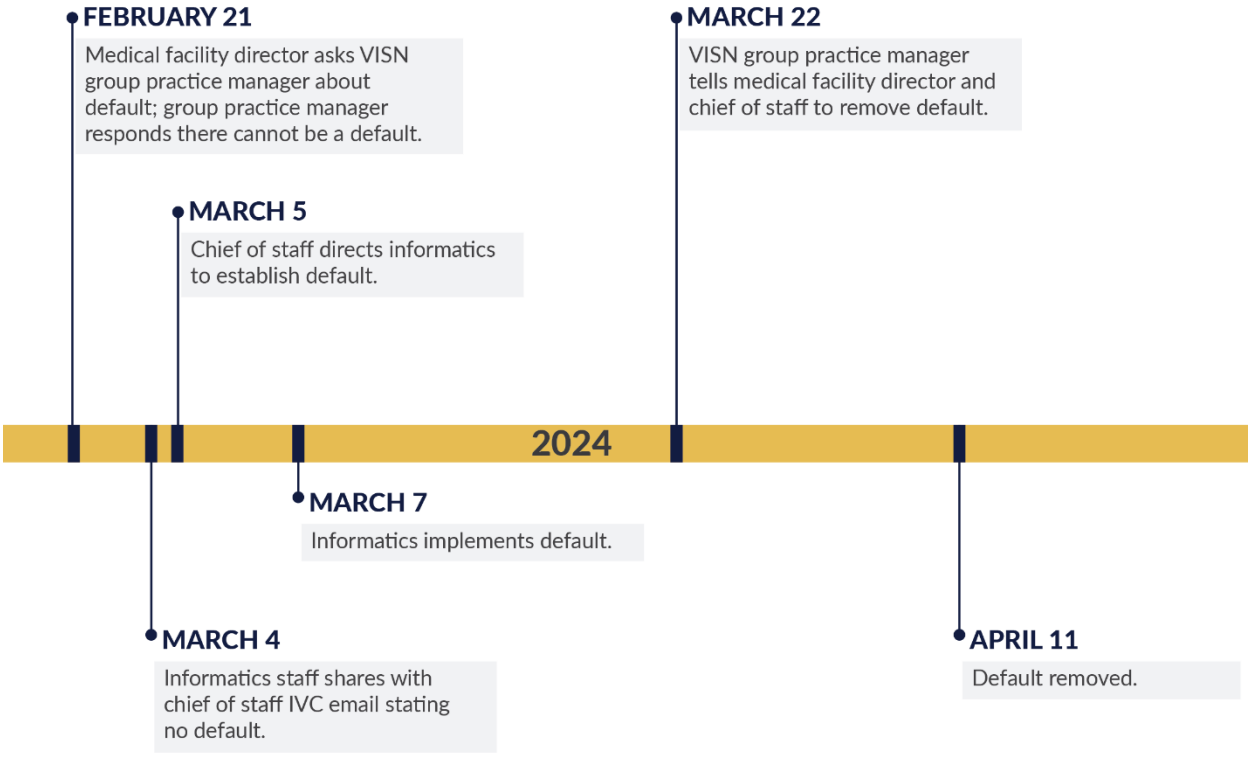

Figure 6. *Timeline related to the default clinically indicated date field at Omaha VA Medical Center.*
Source: VA OIG analysis of email documentation.

Additionally, the VISN group practice manager reported not notifying the VISN director about the default. According to the VISN director, he became aware of the facility's actions to implement a default date through the OIG and notified IVC, but he did not take any actions at that time because the OIG had already started this review.[59] Because the default date affected veterans' eligibility for community care and because the VISN director is responsible for applying corrective measures to address outcomes, the VISN group practice manager should have promptly notified the VISN director. This is important because the VISN director could have determined whether corrective measures were needed and whether veterans were harmed.

[59] The OIG provides noncase referrals for hotline allegations. OIG GM Directive 316, *Hotline Complaint Center*, October 19, 2011. The policy says the "OIG may refer certain matters directly to the appropriate VA or non-VA facility or office if the allegation appears to warrant administrative action on that facility's or office's part. For VA matters, noncase referrals are made for complaints that do not rise to the level of a case, but OIG believes some VA action appears necessary. OIG does not require a response from the facility after they have reviewed the case."

Conclusion

The OIG team substantiated the hotline allegations that Omaha VA Medical Center established a default date for consults, which affected community care eligibility for veterans based on wait time. The number of consults with a clinically indicated date of 29 days increased significantly when the default was in place. Default dates are inconsistent with the MISSION Act and prohibited by VA policy (barring officially recognized exceptions). The default did not consider the unique needs of patients and potentially eliminated a care option that veterans are entitled to under the MISSION Act. Both the medical facility director and the chief of staff were notified that default dates were not allowed, yet they intentionally disregarded both policy and direction from the VISN when they proceeded to implement the default date. Further, when the default was implemented, the medical center director and the chief of staff did not fully disclose the change to healthcare providers or educate them about the effect clinically indicated dates could have on community care eligibility. When made aware of the prohibited default, the VISN group practice manager directed facility leaders to remove the default. However, facility leaders did not immediately do so and, instead, removed the default 19 days later. The VISN group practice manager did not independently verify in a timely manner that the default had been removed or report the default to the VISN director to determine the effect on veterans.

Recommendations 1–4

The OIG made the following recommendation to the under secretary for health:[60]

1. Issue a memorandum that clarifies that automatically prepopulating the clinically indicated date field of a consult is prohibited (barring officially recognized exceptions) and that it should be entered manually.

The OIG made the following recommendations to the VISN 23 director:

2. Determine whether any administrative action should be taken with respect to the conduct of the medical facility director and the chief of staff of the Omaha VA Medical Center.
3. Direct the medical facility director to educate and train those involved with consults on the process, including how to customize the clinically indicated date to reflect the date of care agreed to by the provider and the veteran. The training should be mandatory, its contents should comply with national policy, and its frequency should be determined by the medical facility director.

[60] The recommendation addressed to the under secretary for health is directed to anyone in an acting status or performing the delegable duties of the position.

4. Assess the actions the medical facility has taken to review the consults that were potentially affected by the 29-day default in the clinically indicated date field and ensure veterans received the care they needed.

VA Management Comments

The acting under secretary for health concurred in principle with recommendation 1, provided details on how VHA has addressed the recommendation, and asked the OIG to consider closing the recommendation.[61]

Specifically, the acting under secretary explained VHA published an update to VHA Directive 1232, *Consult Management,* on November 22, 2024, that clarified prepopulating the clinically indicated date is prohibited. The updated language states the date entered in the clinically indicated date field is determined and must be input by the referring clinician and cannot be changed by the receiving clinician. This language further states the clinically indicated date field is initially blank. The full text of the acting under secretary for health's response is in appendix C.

The VISN 23 director concurred with recommendations 2 through 4 and provided an action plan to address them. In response to recommendation 2, the action plan notes that the VISN 23 director will determine the appropriate steps regarding administrative action.

For recommendation 3, the action plan states that approximately 94 percent of required facility personnel completed training with locally produced materials as of February 4, 2025. The plan further notes that as of February 8, 2025, training will be completed in alignment with VHA Directive 1232, *Consult Management*, published November 22, 2024. This training is required to be completed within 120 days of the directive's publication or 120 days from the start date for new employees.

Finally, in response to recommendation 4, the action plan states that the VISN initiated an independent review of the consults potentially affected by the default to ensure veterans received the care they needed. This review is ongoing. The full text of the VISN 23 director's comments and the VISN's action plan appear in appendix D.

[61] The OIG acknowledges the acting under secretary for health's response included a comment related to the report's use of the term "clinically indicated date." However, as previously noted, the OIG uses this term throughout the report because it was the term used in the hotline complaints and by Omaha VA Medical Center personnel during the review period.

OIG Response

VHA's action as detailed by the acting under secretary for health is responsive to recommendation 1 and addresses the issues identified in the report. Therefore, the OIG considers this action sufficient to close recommendation 1.

The VISN 23 action plan is responsive to recommendations 2 through 4 and addresses the issues identified in the report. The OIG will close these recommendations when the VISN provides sufficient evidence showing completion of the planned actions. The target completion dates listed for recommendations 2 and 4 are August 2025 and May 2025, respectively. Furthermore, while the OIG acknowledges the facility has undertaken training with locally produced materials, the OIG will close recommendation 3 once the VISN provides evidence that the medical facility complies with national training requirements detailed in VHA Directive 1232.

Appendix A: Scope and Methodology

Scope

The VA Office of Inspector General (OIG) review team conducted its work from June 2024 through January 2025 and focused on determining the merits of the allegation that Omaha VA Medical Center leaders manipulated the clinically indicated date field on consults to limit veterans' access to community care and determine possible causes for any confirmed allegations. Specifically, the review team considered the alleged default clinically indicated date within the context of the wait-time standards of 20 days for mental health, primary care, and extended care services and 28 days for specialty care services.[62]

Methodology

The team reviewed consult metrics from January 2024 through May 2024, which includes the time frame the default was in place. Further, the team reviewed the MISSION Act as well as United States Code and Code of Federal Regulations related to community care and wait-time standards.[63] In addition, the team identified and reviewed applicable VA directives and guidance related to consult processes, such as the Veterans Health Administration (VHA) Office of Integrated Veteran Care (IVC) *Community Care Field Guidebook*. The team interviewed officials from IVC and Veterans Integrated Services Network (VISN) 23. The team also interviewed Omaha VA Medical Center officials responsible for overseeing and scheduling consults, including the facility's leadership team and employees from informatics, community care, primary care, and the referral coordination team. Finally, the team reviewed emails and Teams correspondence for VA staff listed in the hotline complaints from June 2023 through April 2024.

Internal Controls

Although an internal control assessment was not required as part of this review, the team performed an initial review of internal control components and corresponding principles. The team considered the five internal control components: control environment, risk assessment, control activities, information and communication, and monitoring.[64] The team determined that internal controls relevant to the control environment, information and communication, and monitoring components were significant to this review. Based on work performed, the team

[62] VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018, Pub. L. No. 115-182, 132 Stat. 1393; 38 U.S.C. § 1703(d); 38 C.F.R. § 17.4010 (2023); 38 C.F.R. § 17.4040 (2023).

[63] MISSION Act; 38 U.S.C. § 1703(d); 38 C.F.R. § 17.4010 (2023); 38 C.F.R. § 17.4040 (2023).

[64] Government Accountability Office (GAO), *Standards for Internal Control in the Federal Government,* GAO-14-704G, September 2014.

identified a deficiency in the control environment in that Omaha VA Medical Center leaders implemented a default in the clinically indicated date field despite being told that a default was not permitted. The team further identified deficiencies related to the consistency of information disseminated to providers about the importance of clinically indicated dates in determining community care eligibility, the implementation and removal of the default clinically indicated date, and the ability for the default to be changed by providers when they entered consult information. Furthermore, Omaha VA Medical Center leaders did not communicate to the VISN that the facility implemented the default. When the VISN became aware of the default, the VISN group practice manager directed facility leaders to remove the default but did not independently verify in a timely manner that the default had been removed. The team identified six of the 17 control principles were also applicable to this review: demonstrating commitment to integrity and ethical values, using quality information, communicating necessary information internally, communicating necessary information externally, conducting monitoring activities, and remediating deficiencies.

Data Reliability

The OIG used computer-processed data from VHA's Corporate Data Warehouse to identify the number of consults potentially affected by the default in the clinically indicated date field. The team compared consult information recorded in the Corporate Data Warehouse with consult information entered by the Omaha VA Medical Center and found no discrepancies. The team concluded this dataset on the number of consults was sufficient, complete, and relevant to support the findings of this review.

Government Standards

The OIG conducted this review in accordance with the Council of the Inspectors General on Integrity and Efficiency's *Quality Standards for Inspection and Evaluation.*

Appendix B: Full Timeline of Events

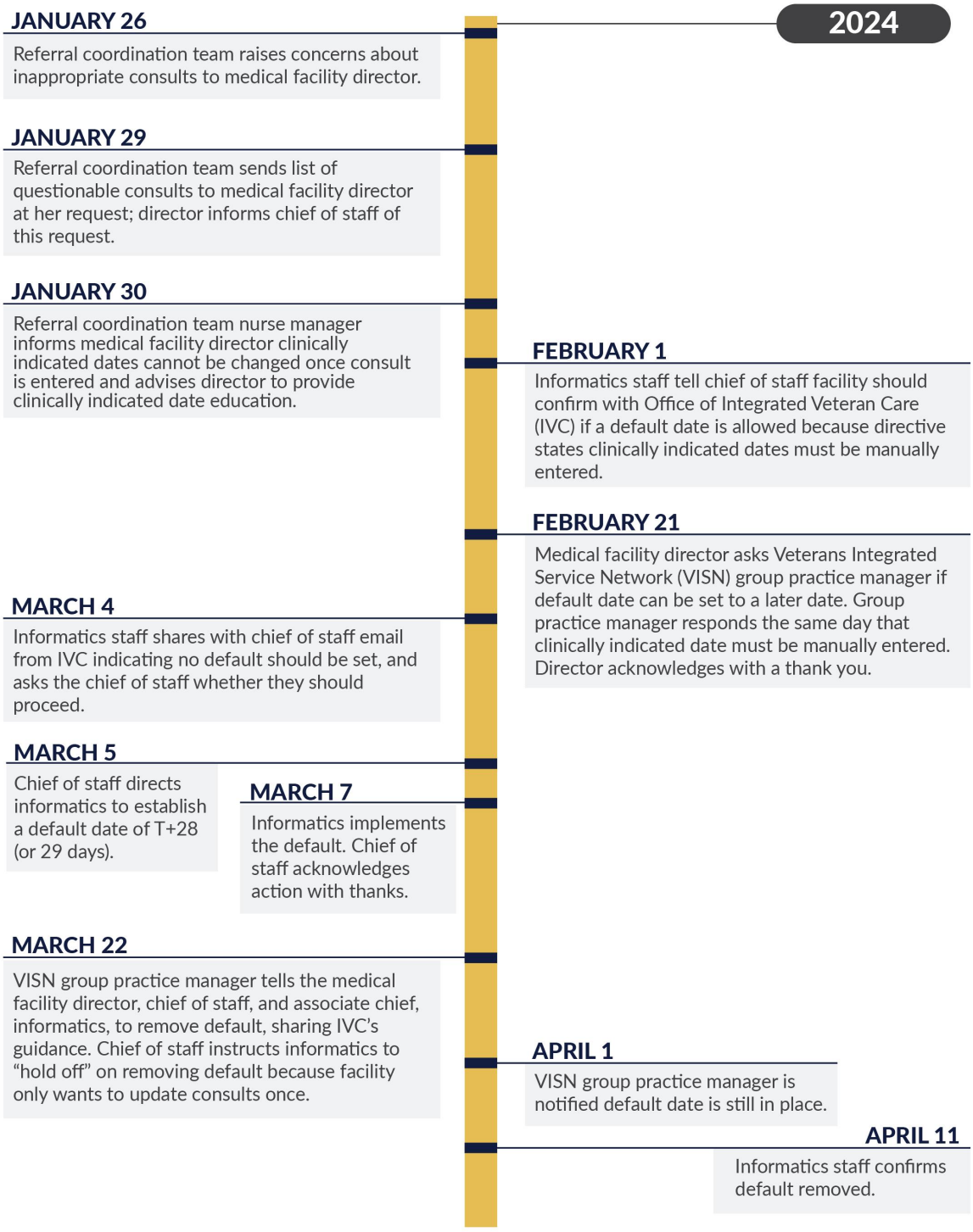

Figure B.1. *Full timeline of events.*

Source: VA OIG analysis of email documentation.

Appendix C: VA Management Comments, Under Secretary for Health

Department of Veterans Affairs Memorandum

Date: February 19, 2025

From: Acting Under Secretary for Health (10)

Subj: Office of Inspector General (OIG) Draft Report, Prohibited Default Clinically Indicated Date Limited Some Veterans' Eligibility for Community Care at the Omaha VA Medical Center in Nebraska (VIEWS 12779269)

To: Director, Assistant Inspector General for Audits and Evaluations (52)

1. Thank you for the opportunity to review and comment on OIG's draft report, Prohibited Default Clinically Indicated Date Limited Some Veterans' Eligibility for Community Care at the Omaha VA Medical Center in Nebraska. The Veterans Health Administration (VHA) concurs in principle with recommendation 1 made to the Under Secretary for Health and provides an action plan in the attachment. The Veterans Integrated Service Network 23 provides action plans in response to recommendations 2-4.

2. OIG uses the term, "Clinically Indicated Date (CID), throughout the report. The Veterans Health Administration (VHA) does not use this term and wishes to highlight the importance of using accurate terminology with respect to this topic. In June 2019, through dissemination of a memorandum, VHA notified the organization regarding a change in terminology from "CID" to "Patient Indicated Date (PID)." VHA Directive 1232, Consult Management, defines PID as, "… the date the health care provider and Veteran agree is clinically indicated for care. In the absence of health care provider input, the PID is the Veteran's preferred date. The PID cannot be changed due to capacity or access reasons. NOTE: The PID for a consult must be entered by the referring health care provider in the consult request "Clinically Indicated Date (CID)" field and cannot be changed by the receiving health care provider."

The OIG removed point of contact information prior to publication.

(Original signed by)

Steven L. Lieberman, M.D., MBA, FACHE

Attachment

Attachment

VETERANS HEALTH ADMINISTRATION (VHA)

Action Plan

OIG Draft Report – VA OIG Draft Report, Prohibited Default Clinically Indicated Date Limited Some Veterans' Eligibility for Community Care at the Omaha VA Medical Center in Nebraska

(2024-02356-AE-0089)

Recommendation 1: The Under Secretary issues a memorandum that clarifies that automatically prepopulating the clinically indicated date field of a consult is prohibited (barring officially recognized exceptions) and that it should be entered manually.

VHA Comments: Concur in Principle. On November 22, 2024, VHA published an update to VHA Directive 1232, *Consult Management*. This update addresses prepopulating the clinically indicated date. Specifically, Section 3 Definitions, r. Patient Indicated date of Directive 1232, was amended to include clarification that automatically prepopulating the clinically indicated date is prohibited and that this date should be entered manually. Excerpt from the Directive has been included in this narrative as evidence of full implementation.

> "r. Patient Indicated Date. The PID is the date the clinician and Veteran agree is clinically indicated for care. In the absence of clinician input, the PID is the Veteran's preferred date. The PID cannot be changed due to capacity or access reasons. NOTE: The PID for a consult must be entered by the VA medical facility consult referring clinician in the consult request "Clinically Indicated Date (CID)" field and cannot be changed by the VA medical facility consult receiving clinician. The referring clinician is required to determine the PID and enter that date in the initially blank CID/PID field. The date should represent the earliest appropriate timeframe for care. Please also refer to paragraph 5.j.(6)."

VHA fully implemented this action plan and requests OIG consider closure of the recommendation.

Completion Date: November 2024

For accessibility, the original format of this appendix has been modified to comply with Section 508 of the Rehabilitation Act of 1973, as amended.

Appendix D: VA Management Comments, Network Director, VISN 23

Department of Veterans Affairs Memorandum

Date: February 7, 2025

From: Director, VA Midwest Health Care Network (10N23)

Subj: Office of Inspector General (OIG) Draft Report, Prohibited Default Clinically Indicated Date Limited Some Veterans' Eligibility for Community Care at the Omaha VA Medical Center in Nebraska

To: Director, Office of Audit and Evaluations (52)
Executive Director, Office of Integrity and Compliance (10OIC)

1. Thank you for the opportunity to review and comment on OIG's draft report for Prohibited Default Clinically Indicated Date Limited Some Veterans' Eligibility for Community Care at the Omaha VA Medical Center in Nebraska.
2. I concur with the report findings and recommendations.

The OIG removed point of contact information prior to publication.

(Original signed by)

Robert P. McDivitt, FACHE
Executive Director
VA Midwest Health Care Network (VISN 23)

Attachment

Attachment

VETERANS HEALTH ADMINISTRATION (VHA)

Network Director Action Plan

OIG Draft Report – VA OIG Draft Report, Prohibited Default Clinically Indicated Date Limited Some Veterans' Eligibility for Community Care at the Omaha VA Medical Center in Nebraska

(2024-02356-AE-0089)

Recommendation 2: The VISN 23 Director determines whether any administrative action should be taken with respect to the conduct of the medical facility director and the chief of staff of the Omaha VA Medical Center.

VHA Comments: Concur. The Veterans Integrated Services Network (VISN 23) Director will determine next steps, as appropriate.

Target Completion Date: August 2025

Recommendation 3: The VISN 23 Director directs the medical facility director to educate and train those involved with consults on the process, including how to customize the clinically indicated date to reflect the date of care agreed to by the provider and the veteran. The content of this training should comply with national policy and be mandatory, and its frequency should be determined by the medical facility director.

VHA Comments: Concur. Patient Indicated Date mandatory training was provided with locally produced materials via Talent Management System (TMS) (local TMS # 4668274). On November 22, 2024, the Chief of Staff communicated to an email group that contains all medical and dental staff members with a deadline to complete the training by December 1, 2024. The TMS report is a compliance/deficiency report run by the Education Department and sent to the Quality Manager who reports compliance updates to the Chief of Staff and Medical Center Director. As of the February 4, 2025, report, 702 of 752 (94.28%) required staff have completed the training. The final date to complete the Nebraska Western Iowa Health Care System (NWIHCS) training was February 7, 2025. Starting February 8, 2025, NWIHCS transitioned to the National training.

Future training will be completed in alignment with VHA Directive 1232, Consult Management, published November 22, 2024.

- Course title: VHA Directive 1232, Consult Management Recertification Mandatory Training for LIPS
- Course ID # 4667068
- Required to be completed within 120 days of VHA Directive 1232 publication or 120 days from start date for new employees.
- Located VHA Directive 1232 Section 6, page 30 titled, "Training"

Completion Date: February 2025

Recommendation 4: The VISN 23 Director assesses the actions the medical facility has taken to review the consults that were potentially affected by the 29-day default in the clinically indicated date field and ensure veterans received the care they needed.

VHA Comments: Concur. The VISN 23 Director assessed the action the Omaha VA Medical Center (VAMC) has taken to review the consults that were potentially affected by the 29-day default.

The Omaha VAMC review focused on the groups with an increase of a "date to be seen" by four days or greater. The review was completed to determine if harm occurred related to the T+28-day default. Total number of Veterans reviewed was 489 (Gastroenterology – 58, Urology – 86, Cardiology -94, and Mental Health – 251). No harm related to delay in care was identified.

While 489 Veterans were reviewed by the Omaha VAMC and no harm was found, an independent review at the VISN-level is underway. VISN 23 contacted the Clinical Episode Review Team (CERT) to assist with guidance for the review. VHA Directive 1232, Consult Management, published November 22, 2024, was reviewed and the VISN 23 Managerial Cost Accounting & Analytics team was asked to pull data from March 7, 2024 – April 10, 2024. CERT issued an interim memorandum with focused review guidance. The review is currently underway.

Target Completion Date: May 2025

For accessibility, the original format of this appendix has been modified to comply with Section 508 of the Rehabilitation Act of 1973, as amended.

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