Partnered Evidence-Based Policy Resource Center

POLICY BRIEF

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VHA Recall Reminder Scheduling Protocol and Its Impact on Wait Times for New Patients

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New protocols often have positive and negative impacts on the populations they are created to serve. The rescission of those policies can also have unintended consequences. This policy brief will explain the history of the VHA Recall Reminder Scheduling Protocol, its rescission under Secretary McDonald, and the impact it had on access to care for new VHA patients.

Access to Care

Access to care is of significant interest to VHA leadership and researchers have been studying wait times for VHA appointments for years (Pizer and Prentice 2011). However, the issue of access escalated in 2014 when VHA wait times in Arizona made national headlines and led to the resignation of Secretary Shinseki (Shear and Oppel 2014; Griffin 2014). Secretary McDonald was nominated to replace Shinseki.

Implementation of the Recall Reminder Scheduling Protocol

In 2010, VHA implemented the Recall Reminder Scheduling Protocol nation-wide in response to concerns that many established patients would not come to their appointments (i.e. no-shows). However, because the appointments were never officially canceled, clinic schedules continued to appear full and new patients could not use vacant appointment slots.

VHA decided it may help to limit when return visits could be scheduled. Schedulers could no longer schedule follow-up appointments more than three months in advance. Established patients were put on "recall reminder" lists from which schedulers would call to schedule follow-up appointments once closer to the future appointment date. Secretary McDonald met with VHA scheduling staff after the 2014 access scandal to better understand how VHA's scheduling system affected access to care. Many schedulers argued that the Recall Reminder Scheduling Protocol hindered scheduling follow-up appointments because of administrative complexity (Peterson et al. 2015). Secretary McDonald then rescinded the policy in 2016 to increase access for established patients.

A Natural Experiment

The Partnered Evidence-based Policy Resource Center (PEPReC) took advantage of this natural experiment—one of policy implementation and subsequent rescission—to determine how the Recall Reminder Scheduling Protocol impacted access to care for new patients. Established patients were deemed "insiders" to the VHA system and new patients were considered "outsiders" (Lindbeck and Snower 2001).

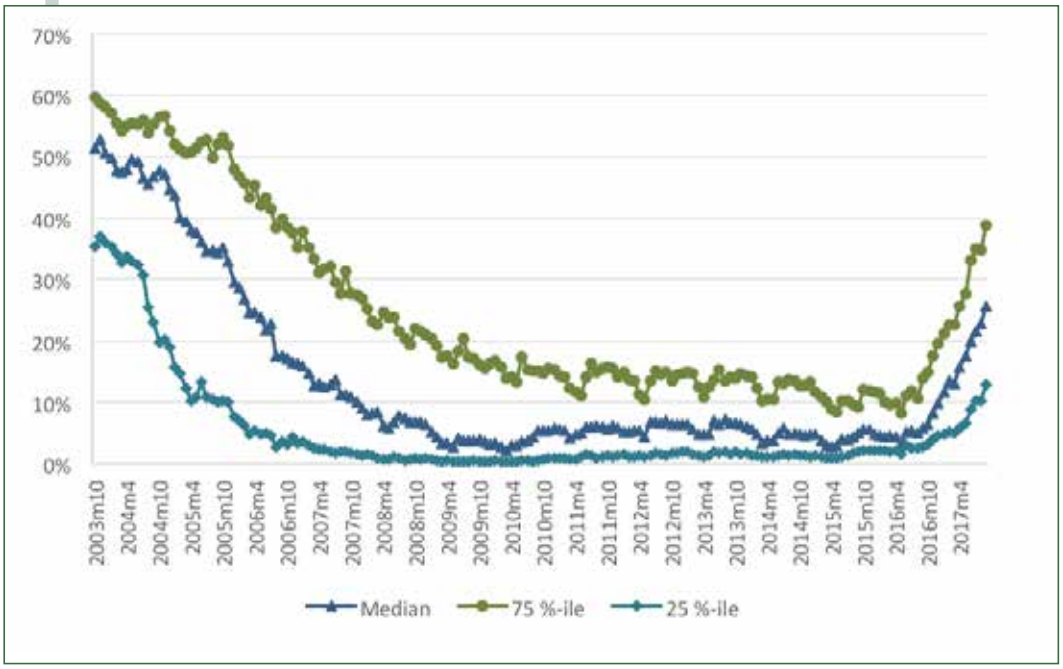

Figure 1. Percentage of established patient appointments made more than 90 days in advance, 2003-2017.

In a given month, a patient was considered an established patient if he had a primary care appointment within the past 24 months, i.e., he was a returning patient. New patients were those who did not have such an appointment. PEPReC used VHA data from 2003 to 2017. The Recall Reminder Scheduling Protocol was implemented nation-wide in September 2009. The policy was then rescinded in 2016.

PEPReC analyzed the change in percentage of established patient appointments booked more than 90 days in advance (see Figure 1). The percentage of returning patient appointments booked more than 90 days in advance declined between 2003 and 2010, prior to the national implementation of Recall Reminder Scheduling Protocol. (This may have been due to individual facilities adopting local versions.) Then, the percentage reached its lowest point between 2010 and 2016, coinciding with national policy implementation. The percentage immediately increased after 2016 when the policy was rescinded.

PEPReC also found strong evidence for differential treatment of established and new patients in scheduling, with established patients gaining access to care more quickly. New patient wait times increase as the percentage of established patient appointments made more than 90 days in advance increases (see Figure 2).

Figures 1 and 2 suggest that as the percentage of established patient appointments made more than 90 days in advance increased after the Recall Reminder Scheduling Protocol was rescinded in 2016, new patient wait times also increased, and thus, were longer than they would have been if the policy had been maintained. Analysis showed that with every one percent increase in established patient appointments made more than 90 days in advance, new patients saw a 0.42-day increase in wait times. Furthermore, if Recall Reminder were re-imposed, the percentage of established patient appointments made more than 90 days in advance would decline by approximately 30 percentage points, leading to a reduction in new patient wait times of about 12 days on average[1].

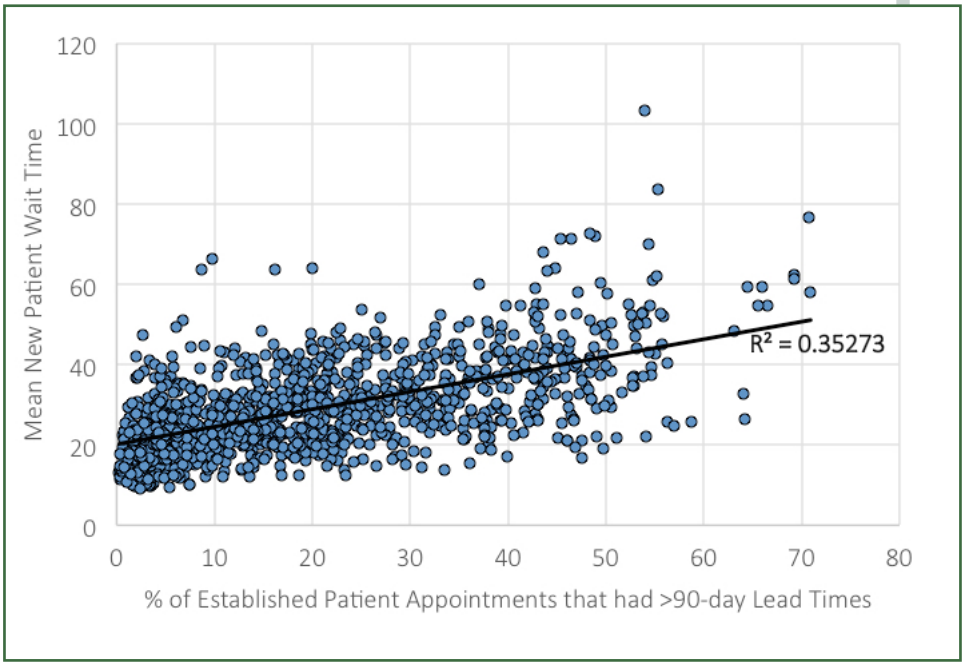

Figure 2. Relationship between percentage of established patient appointments made more than 90 days in advance and new patient wait times.

Conclusion

This study highlights the impact of VHA policy on access to care. It is possible to increase access to care for new patients by implementing policies that limit the natural scheduling advantage experienced by established patients. Reducing insider advantage will likely reduce outsider wait times. Intentional policy and management decisions can be more equitable if the needs of both established and new patients are explicitly acknowledged and addressed.

Endnotes

1. The study also analyzed the impact on the proportion of appointments that were no-shows or canceled. The evidence suggests that an increase in the proportion of established patient appointments made more than 90 days in advance had a very small impact on no-shows and a sizeable impact on cancellations. If given enough advance warning, schedulers can fill canceled appointments with new or established patients, depending on the schedulers' discretion and/or practice policies regarding triage.

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About PEPReC Policy Briefs

This evidence-based policy brief is written by the Partnered Evidence-based Policy Resource Center (PEPRec) staff to inform policymakers and VHA managers about the evidence regarding determinants of demand for VHA care within the broader health system and economy. PEPReC, the Partnered Evidence-based Policy Resource Center, is a QUERI-funded resource center that collaborates with operational partners to design and execute randomized evaluations of VHA initiatives, develops and refines performance metrics, and writes evidence-based policy briefs.

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