



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

April 30, 2025

The Honorable Jerry Moran
Chairman
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

In accordance with the requirements of section 134 of the Joseph Maxwell Cleland and Robert Joseph Dole Memorial Veterans Benefits and Health Care Improvement Act of 2022 (Cleland-Dole Act), P.L. 117-328, enclosed is the Department of Veterans Affairs' (VA) fourth report on the Pilot Program Establishing Community Care Appointment Self-Scheduling Technology.

This report reflects previous actions. VA is currently in the process of reviewing processes and procedures to put Veterans first. This will result in ongoing changes and adjustments that will streamline operations and improve outcomes. VA remains committed to honoring the Nation's Veterans by ensuring a safe and productive environment to deliver exceptional health care.

In addition, as required by 38 U.S.C § 116, an estimate of the cost to prepare the report is included. This report has been sent to the leaders of the House and Senate Committees on Veterans' Affairs.

Sincerely,

A handwritten signature in blue ink, appearing to be "D. Collins", with a long horizontal stroke extending to the right.

Douglas A. Collins

Enclosures

DEPARTMENT OF VETERANS AFFAIRS



Congressionally Mandated Report: Pilot Program Establishing Community Care Appointment Self-Scheduling Technology

April 2025

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Executive Summary

The Department of Veteran Affairs (VA) describes its approach for a pilot program to enable Veterans to self-schedule appointments with community providers in this report. VA is providing status updates and progress made in implementation of the pilot program during the past 180-day reporting period, as required by law. Additionally, VA has made significant strides with its External Provider Scheduling (EPS) platform, a key component in the development of self-scheduling capabilities for Veterans. The initial version of the software allows VA schedulers to see and quickly make appointments for Veterans in community provider schedules.

The scheduling of an appointment on the EPS platform is averaging under seven minutes, from start of a search to booking of the appointment, significantly streamlining the scheduling process between VA and community providers. On January 8, 2024, VA completed the phase 1 deployment of the EPS platform at eight facilities in seven Veterans Integrated Service Networks (VISN). More than 3000 providers across 51 specialties and 3,800 scheduling grids are now accessible through the EPS platform, enabling quick scheduling capabilities. In the first year of implementation, over 10,500 appointments have been scheduled using the EPS platform.

The planning for the patient self-scheduling capability continues to progress with the selection of initial pilot sites and types of care. While scheduling through the EPS platform is only available to VA staff, the planning for an interface between the EPS platform and the existing Veteran self-scheduling capability on VA.gov is underway.

To complete the development and integration of the interface, VA is targeting an estimated timeline of the third quarter of fiscal year (FY) 2025. Given the early status of these efforts, VA is continuing to defer on some required elements of the report until the Veteran self-scheduling pilot has further progressed or been implemented. Where appropriate, VA has provided anticipated or expected information and will respond to the other requirements in future reports.

Statutory Requirements

On December 29, 2022, President Joe Biden signed into law the Consolidated Appropriations Act of 2023, P.L. 117-328. Sections 131-134 of Division U of the bill, the Joseph Maxwell Cleland and Robert Joseph Dole Memorial Veterans Benefits and Health Care Improvement (Cleland-Dole) Act of 2022, define the requirements for the VA Community Care Self-Scheduling Pilot Program. Section 132 directs VA to commence a pilot program under which covered Veterans eligible for hospital care, medical services, or extended care services under 38 U.S.C. § 1703(d)(1) may use a patient self-scheduling technology that has the capabilities outlined in section 133(a) to schedule and confirm medical appointments with health care providers participating in the Veterans Community Care Program (VCCP). The program must be carried out in no fewer than 2 VISNs for a minimum of 18 months. In contracting for the expansion of the capabilities of an existing appointment self-scheduling technology or the purchase of a

new one, VA must award any such contract no later than 270 days after the date of enactment of the Cleland-Dole Act and comply with 41 U.S.C. § 3301.

Section 133 sets forth the capabilities for the appointment self-scheduling technology used in the pilot program. VA may expand the capabilities of an existing appointment self-scheduling technology or purchase new appointment self-scheduling technology. Section 134 sets forth the following reporting requirements:

SEC. 134. REPORT. Not later than 180 days after the date of the enactment of this Act, and every 180 days thereafter, the Secretary of Veterans Affairs shall submit to the appropriate Congressional committees a report that includes—

(1) an assessment by the Secretary of the pilot program during the 180-day period preceding the date of the report, including—

(A) the cost of the pilot program;

(B) the volume of usage of the appointment self-scheduling technology under the pilot program;

(C) the quality of the pilot program;

(D) patient satisfaction with the pilot program;

(E) benefits to Veterans of using the pilot program;

(F) the feasibility of allowing self-scheduling for different specialties under the pilot program;

(G) participation in the pilot program by health care providers under the Veterans Community Care Program; and

(H) such other findings and conclusions with respect to the pilot program as the Secretary considers appropriate; and

(2) such recommendations as the Secretary considers appropriate regarding—

(A) extension of the pilot program to other or all Veterans Integrated Service Networks of the Department of Veterans Affairs; and

(B) making the pilot program permanent.

Overview of VA's Approach

VA currently offers Veterans options to request certain types of community care through VA.gov and self-schedule with community care providers through the Community Care Veteran Self-Scheduling Process. However, there are limitations to the current

capabilities. VA aims to address these limitations and provide Veterans with online scheduling options through a VA EPS project. The VA EPS project is integral to Veteran self-scheduling with community providers because it will provide VA with clinic availability for community providers and permit VA staff to directly schedule into community provider time slots. This is a pre-requisite requirement to commence the pilot with online Veteran self-scheduling capabilities.

Current VA Veteran Self-Scheduling Capabilities

VA currently provides tools and capabilities for eligible Veterans to digitally self-schedule appointments in certain circumstances.

- **VA Medical Center (VAMC) Direct Care (care Veterans receive at a VA medical facility):** Using VA.gov, Veterans can digitally self-schedule or request VA primary care (PC), mental health care, and other select specialty care appointments (as configured by the facility) for in-person appointments at most facilities. Veterans can view appointments at VA (with some exceptions such as for phone clinics), cancel appointments, and join VA Video Connect telehealth appointments. VA has ongoing development activities occurring within the VA.gov platform to enhance Veteran scheduling capabilities for VA direct care.
- **Veteran Community Care Appointments (requesting through VA.gov):** If eligible for community care, Veterans can request, but not independently schedule, community appointments for PC and other specialties at this time within the VA.gov platform. This includes routine examinations for primary care (initial appointment if not assigned to a VA PC provider), audiology, nutrition, optometry, and podiatry.

External Provider Scheduling: VA Access to Community Provider Scheduling Systems and Information

As part of the efforts to implement an online Veteran self-scheduling pilot for appointments with community providers, VA established an Integrated Project Team (IPT) to integrate its current systems with new capabilities that provide access to community providers' scheduling systems and information. In support of this effort, VA acquired a Software as a Service (SaaS) platform through a contract award on September 22, 2023. The IPT was developed to deploy this capability across all VISNs within 2 fiscal years (2024 to 2025).

This platform includes insight into scheduling grids for availability and a system to schedule patients into open grids. The result of this acquisition is a scheduling capability tool utilized by VA staff to schedule Veterans for care in the community. The integration of this scheduling technology would include the VA scheduling systems; eligibility and referral systems; and billing and payment systems prior to being available for direct Veteran use and integration into an online self-scheduling platform.

Predating P.L. 117-328 as part of ongoing scheduling improvement effort, VA tested the EPS platform effort at Orlando, Florida, in December 2021, and at Columbia, South Carolina, in October 2022. The Orlando and Columbia efforts provided VA schedulers the ability to view and schedule directly into community care provider clinic grids. VA schedulers were able to connect to and display availability in one interface for various electronic medical systems – simplifying the VA staff workflow and improving capabilities in tracking Veteran appointment status in the community. This testing effort established a proof of concept for potential community care self-scheduling capability. Additionally, it directly informed the enterprise strategy and assisted in development of requirements to inform the SaaS acquisition.

With the initial testing site (Orlando and Columbia) success of EPS, the system is being rolled out across the enterprise, implemented in phases. During the first year, implementation occurred in 2 phases, covering 16 facilities, with 15 VISNs represented. The initial system rollout began with phase 1 on January 8, 2024, which included two original test sites with six new facilities under five new networks. Phase 2 implementation began on May 1, 2024, with eight new facilities under eight new networks. The following sites were included in the first two phases:

- **Phase 1 (January 8, 2024) sites:** Connecticut Healthcare System (West Haven, Connecticut, -- VISN 1); Hudson Valley Healthcare System (Montrose, New York – VISN 2); Columbia VAMC (Columbia, South Carolina -- VISN 7); Charleston VAMC (Charleston, South Carolina – VISN 7); Orlando VAMC (Orlando, Florida – VISN 8); Dallas VAMC (Dallas, Texas – VISN 17); Fort Harrison VAMC (Fort Harrison, Montana – VISN 19); and Greater Los Angeles Healthcare System (Los Angeles, California – VISN 22).
- **Phase 2 (May 1, 2024) sites:** Altoona VAMC (Altoona, Pennsylvania – VISN 4); Salisbury VAMC (Salisbury, North Carolina – VISN 6); Nashville VAMC (Nashville, Tennessee – VISN 9); Lieutenant Colonel Charles S. Kettles VAMC (Ann Arbor, Michigan – VISN 10); Oscar G. Johnson VAMC (Iron Mountain, Michigan – VISN 12); Robert J. Dole VAMC (Wichita, Kansas – VISN 15); Southeast Louisiana Veterans Healthcare System (New Orleans, Louisiana – VISN 16); and Mann-Grandstaff VAMC (Spokane, Washington – VISN 20).

VHA is shifting to a refocused regional approach for FY 2025. VHA is implementing at 5 VISNs (6, 7, 19, 20, 22) and 8 individual facilities where market conditions are favorable for onboarding community care providers. EPS will be available at more than 50 medical centers by end of FY 2025. Veteran access to care and timely appointment scheduling have seen meaningful, positive impacts from the EPS rollout. By leveraging the SaaS EPS platform, VA schedulers can work more efficiently, create appointments more quickly, and have better insight into scheduling options that can align with Veteran preferences. As of February 2025, 1,703 VA schedulers have been trained and activated on the EPS platform.

Future Pilot Program

VA is currently conducting planning and identifying longer-term requirements and dependent systems for implementing an online Veteran self-scheduling program for the VCCP appointments. These requirements will largely be driven by the community care scheduling solution and are part of a larger effort to improve VA scheduling capabilities and efficiencies. VHA's Office of Integrated Veteran Care (IVC) is working with the VA Office of Information and Technology (OIT) and the EPS vendor to move forward with Veteran community care online appointment self-scheduling capability.

The pilot program is expected to commence in the fourth quarter of FY 2025. While the commencement date of the pilot does not comply with the 1-year timeline in section 132(a), VHA has been working to establish the necessary framework to enable online Veteran self-scheduling, which included addressing the initial complexities, including getting access to community provider digital schedules through EPS. IVC and OIT also began devising the business and technical requirements to connect the existing Veteran-facing Veteran online appointment scheduling capability and EPS data points to provide Veterans an online view. Veterans will have a view of community care appointments they may book online based upon clinical appropriateness, timeliness, and their eligibility. VA began systems design and development work in FY 2024 and has identified a solution for the remaining key dependency for referral data sharing, along with the additional development requirements. VA's new projected date for completion of system development is the third quarter of FY 2025 and is dependent on resolving funding constraint for the referral data integration. The target for initiating the pilot at two sites remains for mid-late fourth quarter of FY 2025.

Pilot Program Assessment

IVC will review the Veteran experience and usage of the pilots as part of its assessment of the pilot program to determine the next stage by the end of the fourth quarter in FY 2025. VA's assessment will align with the specific reporting requirements of section 134 during the 180-day reporting period. Once the pilot program commences, VA will provide updates in future reports as information becomes available. For each of the following section 134 requirements, VA is providing the currently available information as well as its plans for future reporting when applicable:

- A. **Cost of the pilot program:** VA does not yet have a full estimate of the cost of the pilot program. Longer-term cost projections for an online Veteran self-scheduling pilot will be driven in part by the community care scheduling system costs and capabilities.
- B. **Volume of usage of the appointment self-scheduling technology under the pilot program:** VA will look to evaluate options to make future estimates based on the volume of VCCP appointments scheduled under the future pilot.

- C. **Quality of the pilot program:** VA does not yet have a quality assessment of the future online Veteran self-scheduling program for VCCP appointments. A quality assessment will occur after the launch of the online Veteran self-scheduling capability.
- D. **Patient satisfaction with the pilot program:** VA does not yet have patient satisfaction data for the pilot program. Patient satisfaction data and analysis will occur after the launch of the online Veteran self-scheduling capability.
- E. **Benefits to Veterans of using the pilot program:** While the pilot program has not commenced yet, it is expected that providing additional tools for Veterans to schedule, view, and cancel their own appointments online will have the following benefits for Veterans receiving care:
- Easier cancellation options and insight into appointment times can reduce the volume of no-shows or late cancellations, allowing other Veterans to potentially be scheduled in their place.
 - This change to the workflow reduces the workload of VA schedulers, allowing for faster response times to schedule and modify appointments.
 - Direct online scheduling allows Veterans to select appointment times that work best for them based on their availability and health care needs.
- F. **Feasibility of allowing self-scheduling for different specialties under the pilot program:** Part of VA's planning process is to identify what specialties and services are most appropriate for online Veteran self-scheduling for the future pilot program. This will be driven by community provider participation; data from VA's direct care Veteran self-scheduling efforts; and which specialties and services are in highest demand.
- G. **Participation in the pilot program by health care providers under the VCCP:** Future participation in both the community care scheduling pilot and the later online Veteran self-scheduling capability will be voluntary for community providers. All VCCP participants will be invited, including Community Care Network providers and providers with which VA has entered into Veterans care agreements, local contracts, and academic affiliate agreements. VA is in the process of identifying potential incentives to promote participation and is considering the best approach to promote the system to VCCP providers, while determining how both the vendor and third-party administrators could support implementation.
- H. **Such other findings and conclusions with respect to the pilot program as the Secretary considers appropriate:** VA will provide any additional findings and conclusions following an assessment after the launch of the online Veteran self-scheduling capability. VA will determine the extension of the pilot program to

additional sites or to all VISNs based on the assessment of the pilot program. Based on the assessment, VA will also determine whether the pilot program will be made permanent. Future recommendations for expanding the pilot or making it permanent will include assessments of the feasibility of incorporating the technologies and processes into VCCP contracts.

Conclusion

VA will continue to leverage current scheduling tools/technology and plan for integration with future technology (commercially acquired or through OIT development) to move closer towards an online Veteran self-scheduling capability to meet the requirements indicated in section 133 of the Cleland-Dole Act. VA will submit updates and information in future 180-day reports in accordance with the section 134 requirements.

**Department of Veterans Affairs
April 2025**