



Testimony

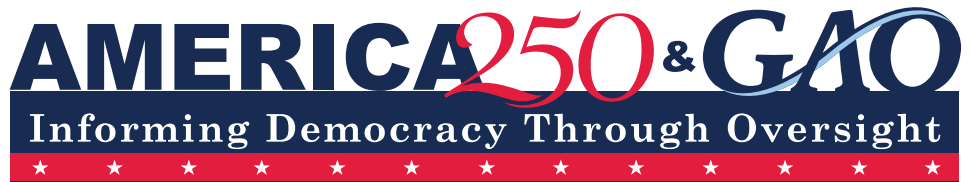
Before the Subcommittee on Technology
Modernization, Committee on Veterans'
Affairs, House of Representatives

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**VETERANS HEALTH
CARE**

**Scheduling Systems and
Related Challenges**

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Technology and Cybersecurity



A testimony before the Subcommittee on Technology Modernization, Committee on Veterans' Affairs, House of Representatives

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What GAO Found

The Department of Veterans Affairs (VA) uses dozens of systems to schedule appointments, manage referrals, and monitor wait times for veterans. The department is also in the process of replacing its primary health information system—the Veterans Health Information Systems and Technology Architecture (VistA)—by deploying a new electronic health record system with Oracle Health. However, the rollout of the new system has been delayed due to technical and performance issues. Some of those scheduling systems and tools are commonly used across the department by many VistA facilities. Schedulers at the handful of facilities that have the new Oracle Health system also have an additional set of scheduling systems and tools available. For example:

- **VistA facilities.** Almost all VA medical facilities use the VistA health information system, which is over 30 years old. These facilities use multiple VistA applications, in addition to other systems, for scheduling health care appointments and managing referrals for specialty care. Both schedulers and veterans must navigate a complex environment when using VA's systems to schedule appointments. VA facility staff are required to open multiple applications to schedule a single appointment. They must also run reports in different systems to identify veteran self-scheduled and self-canceled appointments and appointment requests.
- **Oracle Health facilities.** Due to difficulties in rollout, very few facilities have begun to use the new Oracle Health system. These facilities have another set of scheduling systems, as well as some of the same systems VistA facilities use for scheduling appointments and managing referrals.

In addition, veterans have experienced issues requesting an appointment online, getting confirmation once an appointment is scheduled, and receiving duplicative appointment reminders.

This complex systems environment presents challenges for VA and for veterans scheduling appointments. VA officials acknowledge that some challenges are the result of operating multiple platforms (VistA and Oracle Health) as well as having multiple versions of VistA. VA is taking steps to address these challenges.

VA initiated efforts to modernize its scheduling systems, which included several concurrent efforts to improve scheduling-related systems across VA's medical facilities. For example, one of these efforts is intended to allow provider-based scheduling, which is the ability for VA schedulers to see a provider's schedule across multiple modalities (in-person, telephone, telehealth) in a single scheduling application. According to VA officials, the department is also working to standardize veteran appointment self-scheduling at VistA and Oracle Health sites.

GAO has reported for many years on VA's challenges concerning its scheduling systems and their impact on delivering care to veterans. Although VA has generally agreed with GAO's recommendations, it has not yet fully implemented them. Doing so would aid VA's progress toward providing timely, quality care to veterans.

Why GAO Did This Study

The VA schedules tens of millions of health care appointments for veterans each year. To do so, it uses a patchwork of systems that have been developed in ways that make scheduling—with both Veterans Health Administration (VHA) and non-VHA providers—difficult for veterans and staff. In addition, VA has experienced information technology (IT) challenges related to the outdated, inefficient nature of systems and its efforts to modernize its health information system. VA health care was added to GAO's High Risk List in 2015, where it remains today.

GAO was asked to testify on its key prior work on VA scheduling and the systems involved, as well as the related challenges for VA providers, staff, and veterans, and how VA plans to address those challenges. GAO summarized the results of five prior reports.

What GAO Recommends

GAO has made a total of nine related recommendations in its prior reports for VA to improve its scheduling systems. This includes recommendations about improving the schedule and requirements management plan for its improvement efforts. The agency has fully implemented 3 of 9 recommendations.

Chairman Barrett, Ranking Member Budzinski, and Members of the Subcommittee:

I appreciate the opportunity to be here today to discuss the Department of Veterans Affairs' (VA) Veterans Health Administration's (VHA) efforts to ensure veterans have timely access to health care through its scheduling systems. The majority of veterans utilizing health care services delivered by VA still receive care in VHA-operated medical facilities. VHA provided about 42 million in-person appointments and more than 29 million telehealth and telephone appointments with VHA providers in fiscal year 2023 (for a total of 71 million appointments).¹ However, the number of veterans receiving care from non-VHA providers through the Veterans Community Care Program has increased in recent years, with approximately 47 million appointments with non-VHA providers through community care during that same time period, according to VA.²

VHA's systems and processes have been developed in ways that make scheduling—with both VHA and non-VHA providers—difficult for veterans and staff. Schedulers must navigate a complex system environment to schedule medical appointments. Over time, VHA has adopted multiple systems for scheduling, added more steps to processes, and introduced community care and virtual modalities. These factors have increased how long it takes to schedule appointments, exacerbating wait times for veterans. This has also led to the need for schedulers to view provider availability across various systems, which has increased scheduling errors and overbooking.

For nearly 25 years, we have reported on the challenges VA medical facilities have faced providing health care services in a timely manner. We have issued several reports recommending that VHA improve

¹Under the department's Veterans Community Care Program, veterans enrolled in VA's health care system or eligible for VA care without needing to enroll may choose to obtain health care services from community providers, rather than a VA provider if eligible, according to criteria. For example, veterans may choose to receive care under the program when VA cannot schedule an appointment with a VHA provider within 20 days for primary care, or 28 days for specialty care of the date of the request for care, unless a later date has been agreed upon. The VA MISSION Act of 2018 (VA MISSION Act) broadened veterans' eligibility to receive care outside of the VA health care system under this program. Pub. L. No. 115-182, tit. I, §101, 132 Stat. 1393, 1395 (2018) (38 U.S.C. § 1703).

²Telehealth is the use of telecommunications technologies to deliver health care remotely.

appointment scheduling.³ Due to issues in VA's ability to ensure consistent, timely access to health care, as well as its information technology (IT) challenges, we determined that VA health care is a High Risk area.⁴ The IT challenges are related to the outdated, inefficient nature of systems and VA's efforts to modernize its health information system. We added VA health care to our High-Risk List in 2015, where it remains today.⁵

My statement today will summarize information from five prior products on VA scheduling for VHA care and non-VHA community care and the systems involved, as well as the related challenges for VA providers, staff, and veterans, and how VA plans to address those challenges.⁶

More detailed information on the scope and methodology of our prior work can be found within the specific reports on which this statement is based. These reports are listed in the related products page at the end of this statement.

We conducted the work on which this statement is based in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate

³See Related Products appendix at end of this report.

⁴Regarding VA health care, we identified five areas of concern: (1) ambiguous policies and inconsistent processes, (2) inadequate oversight and accountability, (3) IT challenges, (4) inadequate training for VA staff, and (5) unclear resource needs and allocation priorities.

⁵This list focuses attention on government operations that are most vulnerable to fraud, waste, abuse, or mismanagement, or in need of transformation. To determine which federal government programs and functions should be designated "high risk," we consider factors such as whether the risk involves public health or safety. See GAO, *High-Risk Series: An Update*, [GAO-15-290](#) (Washington, D.C.: Feb. 11, 2015). For the most recent high-risk report, see GAO, *High-Risk Series: Heightened Attention Could Save Billions More and Improve Government Efficiency and Effectiveness*, [GAO-25-107743](#) (Washington, D.C. Feb. 25, 2025).

⁶GAO, *Veterans Health: Improvements Needed to Achieve Successful Appointment Scheduling Modernization*, [GAO-25-106851](#) (Washington, D.C.: May 22, 2025); *Veterans' Community Care: VA Needs Improved Oversight of Behavioral Health Medical Records and Provider Training*, [GAO-25-106910](#) (Washington, D.C.: May 5, 2025); *Veterans Health Care: Opportunities Exist to Improve Assessment of Network Adequacy for Mental Health*, [GAO-24-106410](#) (Washington, D.C.: June 3, 2024); *Veterans Health Care: VA Actions Needed to Ensure Timely Scheduling of Specialty Care Appointments*, [GAO-23-105617](#) (Washington, D.C.: Jan. 4, 2023); and *Veterans Community Care Program: Improvements Needed to Help Ensure Timely Access to Care*, [GAO-20-643](#) (Washington, D.C.: Sept. 8, 2020). We made a total of 9 recommendations related to scheduling systems in these reports. VA has implemented 3 of the recommendations.

evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

VHA operates one of the largest health care delivery systems in the nation, serving over 6 million veterans. VHA provides health care services at approximately 1,300 sites, including about 170 medical centers and over 700 outpatient facilities. The services are offered in-person, over the phone, or through video appointments as clinically appropriate. VHA also has a network of about 1.3 million community care providers across all 50 states and U.S. Territories.

VHA's Electronic Health Records System and Replacement

VA's primary health information system is the Veterans Health Information Systems and Technology Architecture (VistA). The system is more than 30 years old and technically complex. It is comprised of about 170 clinical, financial, and administrative applications—including the electronic health record and scheduling applications—that support health care delivery. There are approximately 130 versions of the system departmentwide.

VA is in the process of replacing VistA because it is costly to maintain and does not fully support VA's need to electronically exchange health records with other organizations, such as the Department of Defense. Toward this end, in 2018, VA established the Electronic Health Record Modernization program and contracted with Oracle Health to acquire a new electronic health record system.⁷ The department plans to deploy the Oracle Health system at all 170 locations across the country, but VA has experienced significant delays in deploying the new system.⁸ The system

⁷VA contracted with Cerner Government Services, Inc., for the department's new electronic health record system in May 2018. Subsequently, in June 2022, Cerner was acquired by Oracle Health Government Services, Inc. ("Oracle Health"). VA and DOD use the same Oracle Health system, called Millennium, with agency-specific configuration differences.

⁸VA deployed the new electronic health record system at six locations between October 2020 and June 2022. In April 2023, VA halted deployments to address technical and performance issues, including scheduling concerns, with the exception of a facility operated by both VA and the Department of Defense that deployed in March 2024. VA continued to assess veteran and clinician experiences and redirect resources to prioritize improvements at the sites where the new electronic health record system had been implemented. In December 2024, the department announced its plan to restart deployments including 13 sites in 2026.

includes scheduling applications that VA intends to use enterprise-wide to schedule veterans' appointments for medical care.

VHA Appointment Scheduling

Access to timely medical appointments is critical to ensuring that veterans obtain needed medical care. There are three ways to initiate a request for health care once a veteran is enrolled in VHA:

1. A veteran-initiated appointment request.
2. A provider request for a follow-up appointment with the veteran.
3. A provider referral of the veteran to a specialty care appointment.

For a veteran to receive a specialty care appointment, a VHA provider must initiate a request by submitting a referral.⁹ Clinical staff (e.g., providers and nurses) and administrative staff (e.g., schedulers) at the VHA facility review the referral and consider eligibility for community care. Then, depending on whether the veteran is eligible for community care and the veteran's scheduling preferences, facility staff will schedule an appointment either with a provider at a VHA medical facility or with a provider in the community.

Wait Time Monitoring

VHA is to measure wait times veterans experience when scheduling appointments relative to VHA's established standards.¹⁰ Specifically, VHA is to measure the time it takes VA medical centers to schedule an appointment with a VA provider from the time an appointment is requested, which is expected to be within 3 business days. In addition, VHA is to measure the time it takes for a veteran's appointment with a VA provider to occur from the time it is requested, which is expected to be within 20 days for primary and mental health care or 28 days for specialty care.

VHA is also to measure the time it takes to schedule an appointment with a community care provider. For community care, the time it takes to schedule an appointment from the time an appointment is requested is expected to be within 7 days. VHA is also to measure wait times to determine if a veteran is eligible to receive care from a community care

⁹VHA policy uses the terms "consult" and "referral" when describing requests placed by VHA providers. For the purposes of this testimony, we will use the term referral. For a limited number of outpatient specialty services, veterans can schedule an initial or follow-up appointment at VHA medical facilities without a referral from a provider. Veterans can use this option for audiology, optometry, and podiatry, among other services.

¹⁰This is required by VHA internal standard operating procedures.

provider. Specifically, as mentioned earlier, under the department's Veterans Community Care Program, veterans may choose to obtain health care services from community providers, if eligible, rather than a VA provider.¹¹ One of the eligibility criteria is that the next appointment with a VA provider is not available within 20 days for primary care and mental health or 28 days for specialty care of the date of the request for care, unless a later date has been agreed upon.

VA Uses Dozens of Systems to Schedule Appointments, Manage Referrals, and Monitor Wait Times

VA has an array of systems and tools that comprise the complex environment that supports scheduling appointments, managing referrals, and monitoring wait times.¹² Some of those systems and tools are commonly used by VistA facilities, which are the vast majority of VA's 170 medical facilities. In addition, schedulers at the handful of facilities that have the new Oracle Health system have an additional set of scheduling systems and tools available. VA also has several systems that veterans can use to interact with VA about medical appointments.

- **VistA facilities.** VA medical facilities with the VistA health information system use several VistA applications, in addition to other systems, for scheduling health care appointments and managing referrals for specialty care. Specifically, these facilities primarily use VistA Scheduling, also referred to as VistA Scheduling Enhancement Graphical User Interface, for scheduling appointments. These facilities may use other applications within VistA as well to support scheduling.¹³ For a description of each of the VistA applications, see table 1.

¹¹See 38 U.S.C. 1703 and implementing regulations at 38 C.F.R. §§ 17.4000 - 17.4040 (2024).

¹²[GAO-25-106851](#)

¹³Facilities use scheduling applications based on their locally determined needs. VA does not track the various software applications used by facilities.

Table 1: Veterans Health Information Systems and Technology Architecture (VistA) Applications Used by the Department of Veterans Affairs (VA) Medical Facilities for Scheduling Appointments and Supporting Scheduling Activities

| VistA Application | Description |
|--|---|
| Admission Discharge Transfer | Supports the administrative functions of patient registration, admission, discharge, transfer, and appointment scheduling. |
| Computerized Patient Record System | Serves as Veterans Health Administration's electronic medical record system. Enables clinicians to enter, review, and continuously update all order-related information connected with a patient. |
| Consult/Request Tracking | Used to order consultations and procedures from other providers or services within the hospital system, at their own facility, or another facility. Uses a patient's computerized patient record to store information about consult requests. |
| Radiology/Nuclear Medicine | Used for processing patients for imaging examinations. |
| Scheduling (also known as VistA Scheduling Enhancement Graphical User Interface) | Used to manage and schedule appointments with point-and-click user interface software. Also includes recall reminder software that serves as a queue or place to hold requests for appointment scheduling on a future date and time. |
| Surgery | Used to enter and display information on patients who have undergone, or are about to undergo, surgical procedures. Integrates booking, clinical, and patient data to provide a variety of administrative and clinical reports. |
| Text Integration Utility | Manages the capture, retention, retrieval, and processing of any document related to a patient visit. Supports discharge summaries, progress notes, and consult results. |

Source: GAO analysis of VA documentation | GAO-26-109213

VA facilities that use VistA Scheduling Enhancement Graphical User Interface as the primary means for appointment scheduling may also access nine additional systems in the process of scheduling appointments with VA medical providers. For example, initially, enrollment staff use the VHA Enrollment System to enroll veterans and determine their eligibility for VA health care and benefits. The VHA Support Service Center generates a report called the New Enrollee Appointment Service Request Report, which schedulers use to identify veterans who have requested an appointment when enrolling online. For a description of each of the systems that are used to support scheduling appointments with VA providers, see table 2.

Table 2: Systems and Tools that Support Appointment Scheduling at Department of Veteran Affairs (VA) Medical Facilities That Use Veterans Health Information Systems and Technology Architecture (VistA)

| Name | Description |
|--|--|
| Clinical Staff Viewer | Functions like a “rooming function” in commercial electronic health record software platforms where the patient is tracked while being seen at the appointment. |
| Customer Relationship Manager | Used by call center staff to track and report customer issues, capture updated demographic information for veterans, and ensure Veterans Health Administration (VHA) systems of record are kept up to date. Provides veterans with information about VA services and upcoming and past appointments; submits refills for existing prescriptions; and sends progress notes for medication renewal requests. |
| Provation | Used for procedure scheduling with an endoscopist, as well as gastroenterology scheduling. Inputs the images and report dictations into the patient medical record upon completion. |
| Light Electronic Action Framework Interfacility Transfer List Report | Used to list and track patients who requested a transfer of care to another health care provider or facility within the same organization and are waiting for an opening. |
| New Enrollee Appointment Request Report | Generated by the VHA Support Service Center to identify veterans who have requested an appointment when enrolling online. |
| Scheduling Enterprise Appointment System | Standardizes communications between VA scheduling applications and allows integrations with other medical technologies. |
| Telehealth Management Platform | Used for interfacility scheduling across the VA enterprise. Offers telehealth programs the ability to manage technical and clinical processes in one platform. Also supports communicating important information between providers, VA staff, and veterans. |
| Veterans Health Administration Enrollment System | Used to enroll veterans and determine their eligibility for VA healthcare and benefits. Serves as the authoritative source for the resulting data which are collected, processed, shared with other VA systems, and stored securely. |
| Virtual Care Manager | Used by VA providers to manage virtual appointments. Assists in managing VA Video Connect appointments either scheduled or on demand and is used as a backup system for schedulers. |

Source: GAO analysis of VA documentation | GAO-26-109213

Note: All systems might not be used by schedulers for each appointment.

In addition, VA operates five systems that are used by VA staff for managing referrals to VA and non-VA health care providers. For example, the HealthShare Referral Manager system is used to generate referrals for veterans receiving care in the community. For a description of each of the systems used for referrals, see table 3.

Table 3: Systems Used by the Department of Veterans Affairs (VA) for Scheduling Referrals to VA and Non-VA Health Care Providers

| Name | Description |
|---|---|
| Community Care – Customer Relationship Management | Allows end users access to all a veteran’s non-VA claims and medical information found in multiple systems across the enterprise. In addition, allows users to record inquiries related to non-VA medical care, claims status, and benefits. |
| Consult Toolbox | Standardizes the documentation process and workflow of VA staff managing referrals for internal care and community care. Includes the Decision Support Tool, which VA staff use to determine if a veteran meets certain eligibilities for community care in real-time. |
| Consult Tracking Manager Plus | Used to track and schedule consults and return-to-clinic orders. |
| HealthShare Referral Manager | Used by VA community care staff to generate referrals and authorizations for veterans receiving care in the community. |
| Provider Profile Management System | Serves as the authoritative source of non-VA providers for VA that offers a layer of validation of non-VA provider data and supports workflow management. Uses a provider locator to identify community care providers in a mapped proximity to a veteran’s location for scheduling care. |

Source: GAO analysis of VA documentation | GAO-26-109213

Note: All systems might not be used by schedulers for each appointment.

VA also maintains eight systems to engage with veterans about medical appointments through, for example, an online portal and texting. For example, veterans can use the Appointments portal on VA.gov to self-schedule appointments in certain cases, track the status of appointment requests, or request access to telehealth services. Another system, VEText, sends appointment reminders and allows veterans to confirm or cancel an upcoming appointment. For a description of each of these systems, see table 4.

Table 4: Systems Veterans and the Department of Veterans Affairs (VA) Use to Engage Regarding Appointments

| Name | Description |
|------------------------|---|
| Appointments on VA.gov | Allows veterans the ability to schedule their own appointments, track the status of an appointment request, and receive messages and notifications about appointments from VA via an online portal. Also allows veterans to determine and request access to community care and helps manage and schedule telehealth services. |
| Audiocare | Reminds veterans of appointments via an automatic phone system and provides veterans the capability to request to cancel or request to reschedule their appointments at the time of the phone call. |
| Kiosk System | Allows veterans to check in for appointments, and update demographics and insurance information, among other things. |
| MyHealthVet | Provides access to the Appointments on VA.gov portal for online scheduling and facilitates veteran interaction with health care providers. Also provides veterans access to VA benefits and web-based tools to increase their knowledge about health conditions and manage their health records. |

| Name | Description |
|--------------------------------------|--|
| My VA Health Portal | Allows veterans to schedule or request an appointment with a site that uses Oracle Health. |
| Patient Reminder Notification System | Sends appointment reminders and notifications to veterans. |
| VA Health Chat | Used by veterans to request, cancel, or reschedule an appointment via online chat, and for VA staff to interact with veterans by, for example, initiating a video visit. |
| VEText | Used to send appointment reminders to veterans and allows them to either confirm or cancel their appointment. |

Source: GAO analysis of VA documentation | GAO-26-109213

- Oracle Health facilities.** As of May 2025, few facilities were using Oracle Health. These facilities have another set of scheduling systems, as well as some of the same systems VistA facilities use for scheduling appointments and managing referrals. Sites that have transitioned from VistA use the Oracle Health scheduling system called Revenue Cycle for patient registration, admission, discharge, and appointment scheduling. For managing patient-visit documentation, they use Oracle Power Chart. In addition, these facilities use Oracle Referral Management and PowerForms for referral tracking, and Oracle Scheduling Appointment Book to schedule surgery or procedures requiring anesthesia. These sites also use the Telehealth Management Platform for a patient registered at an Oracle Health site but who is receiving care at a VistA site. For a description of the 14 systems used at VA facilities with Oracle Health, see table 5.

Table 5: Systems Used for Appointment Scheduling Activities at Department of Veterans Affairs (VA) Medical Centers That Use Oracle Health

| Name | Description |
|------------------------------------|---|
| Customer Relationship Manager | Used by call center staff to track and report customer issues, capture updated demographic information for veterans, and ensure Veterans Health Administration (VHA) systems of record are kept up to date. Provides veterans information about VA services and upcoming and past appointments; submits refills for existing prescriptions; and sends progress notes for medication renewal requests. |
| Healthshare Referral Manager | Used by community care staff to generate referrals and authorizations for veterans receiving care in the community. |
| My VA Health Portal | Allows a veteran to schedule or request an appointment with a site that uses Oracle Health. |
| Oracle Power Chart | Used to manage the capture and processing of patient-visit-oriented documents. Also supports discharge summaries, progress notes, and consult results. |
| Oracle RadNet | Used for processing patients for imaging examinations. |
| Oracle Referral Management | Used for ordering referrals and procedures from other providers or services. |
| Oracle Scheduling Appointment Book | Used to schedule appointments for any procedure or surgery that requires anesthesia. |

| Name | Description |
|------------------------------------|--|
| PowerForms | Enables the management of referrals. |
| Provider Profile Management System | Serves as the authoritative source of non-VA providers for VHA that offers a layer of validation of non-VA provider data and supports workflow management. Uses a provider locator to identify community care providers in a mapped proximity to a veteran's location for scheduling care. |
| Revenue Cycle | Supports administrative functions of patient registration, admission, discharge, transfer, and appointment scheduling. |
| Telehealth Management Platform | Used primarily for interfacility scheduling across the VA enterprise. Offers telehealth programs the ability to manage technical and clinical processes in one platform. Also supports communicating important information between providers, VA staff, and veterans. |
| TeleVox | Sends patients appointment reminders. |
| VEText | Used to send appointment reminders to veterans and allows them to either confirm or cancel their appointment. |
| Virtual Care Manager | Used by VA providers to manage virtual appointments. Assists in managing VA Video Connect appointments, either scheduled or on-demand. Also used as a backup system for schedulers. |

Source: GAO analysis of VA documentation | GAO-26-109213

In addition, VA has mechanisms used to calculate, report, and monitor wait times. Specifically, VA employs tools for monitoring scheduling timeliness, providing estimates of wait times on its public website, and determining a veteran's eligibility, based on wait time, for community care. In addition, VA staff use a decision support tool to inform veterans about expected wait times.¹⁴ We have made a number of recommendations related to VA's monitoring of wait times for community care, in particular. VA has taken actions to address some of these recommendations.¹⁵

VA Systems Present Challenges, and VA is Taking Steps to Address Them

Both schedulers and veterans have experienced challenges when using VA's systems to schedule appointments. Specifically, schedulers must navigate a complex environment when using VA's systems to schedule appointments.

According to VA documentation, VA facility staff are required to open multiple applications to schedule a single appointment. They must also

¹⁴The decision support tool is meant to help staff determine whether a patient is eligible for community care. The tool is intended to provide data such as drive time projections based on the veteran's home address, average wait times for the requested service at VHA facilities near the veteran's home, and average wait times for community care appointments.

¹⁵GAO, *Veterans Health Care: Opportunities to Improve Access to Care Through the Veterans Community Care Program* [GAO-25-108101](#) (Washington, D.C.: Feb. 12, 2025).

run reports in different systems to identify veteran self-scheduled and self-canceled appointments and appointment requests. Navigating this complexity may make schedulers inefficient or require workarounds that may vary across sites. VA officials explained that this challenge is the result of operating two different platforms (VistA and Oracle Health), as well as having multiple versions of VistA. According to officials, the department is working to standardize veteran appointment self-scheduling at VistA and Oracle Health sites. However, they said the department has not yet determined how the modernized and updated products used for scheduling will interface and be used to pull and combine the data into a comprehensive report.

Consequently, the result is a labor- and resource-intensive process for VA staff that has continued to evolve over time. We found in 2020 that improvements were needed to ensure sufficient staffing for managing community care referrals and appointment scheduling.¹⁶ In that report, we recommended that leadership assess community care staffing and resource needs and develop a plan to address any identified risks to their ability to schedule appointments in a timely manner. VHA concurred with the recommendation, but as of February 2026, the agency had not fully implemented it.

Veterans have also experienced challenges requesting an appointment online, getting confirmation once an appointment is scheduled, and receiving duplicative appointment reminders. Specifically, the veteran service organizations we spoke to for our prior work stated that veterans may experience a delay between submitting an appointment request online and hearing back from VA staff. Veterans may also receive redundant appointment reminders—letters, phone calls, emails, and text messages—due to multiple systems either at the facility or at the enterprise level sending duplicative messages. The department is working toward having one enterprise-wide solution to address these issues as well as updating the system that veterans use to adjust their notification preferences to allow more control for individuals.

Such challenges related to scheduling make it difficult for VA to ensure veterans receive quality care in a timely manner. For example, our prior work found that in fiscal year 2022, most VA facilities were unable to meet the standard VHA has established for scheduling community care

¹⁶GAO, *VA Health Care: Recommendations and Observations to Improve Community Care and Support for Caregivers Related to the Dole Act*, [GAO-26-108943](#) (Washington, D.C.: Mar. 2, 2026) and [GAO-20-643](#).

appointments.¹⁷ Specifically, less than 40 percent of facilities scheduled more than half of their community care appointments within the 7-calendar-day standard. Further, fewer than 10 percent of facilities scheduled more than 75 percent of appointments within the standard.

A related challenge that compounds the difficulty VA faces in ensuring that veterans are receiving timely quality care is related to the return of medical documentation when veterans obtain care through non-VA community care providers. When receiving community care, veterans rely on VA facility staff and community providers to coordinate and maintain continuity of care. To coordinate this care, community providers must send medical documentation (e.g., diagnoses, prescriptions, progress notes) to VA after the veteran's initial and final visits for each referral. According to VHA officials, this coordination is especially important so that all a veteran's providers can be well positioned to make sound decisions about the veteran's care. This is especially important when a veteran receives care from a community provider and then returns to the VHA facility to continue receiving care from a VA provider. In our May 2025 report, we found that VA does not monitor whether these medical record exchanges are completed across all VA facilities.¹⁸ We made three recommendations to address this issue, and VA concurred in principle with these recommendations. We continue to monitor the status of these recommendations, which remain open.

Further, among referrals we examined—specifically for behavioral health—we found that 33 percent (118,373 of 357,299) were missing records for initial visits, and no such data were available for final visits, so the extent to which those medical documentation exchanges occur is unknown. VHA officials told us that obtaining medical documentation from community providers is a key challenge because current medical documentation exchange processes are labor intensive and time-consuming for both VA facility staff and community providers. Specifically, they told us that VA facility staff often have to make repeated attempts to

¹⁷[GAO-23-105617](#) In this report, we recommended that VHA conduct a comprehensive analysis of appointment scheduling data from all VA facilities to determine whether the community care timeliness standards are achievable and revise them as necessary. Subsequently, documentation provided by VHA showed that the agency's analysis validated our findings that many facilities were not meeting the current timeliness standard. VHA officials considered modifying the 7-day standard but ultimately decided not to make the change. We closed this recommendation as implemented.

¹⁸We analyzed data from VA's Corporate Data Warehouse on all 357,299 behavioral health referrals from fiscal years 2021 through 2023. See [GAO-25-106910](#).

try to obtain documentation from community providers and may not ultimately be successful in retrieving it. Furthermore, VA facility staff often have to search multiple places when community providers do submit medical documentation because community providers vary in their submission methods (e.g., electronic fax, HealthShare Referral Manager, email).

One of VA's planned efforts to improve the process of medical documentation exchange is to increase use of the HealthShare Referral Manager among community care providers. VA facility staff told us they would prefer that these providers use the HealthShare Referral Manager because it keeps documentation in one place and prevents them from having to manage and track the use of multiple methods. Staff said they generally receive medical documentation more quickly from community providers who use this system compared to those who do not, requiring less follow-up by staff.

VA's Office of Information and Technology (OIT) and VHA have been collaborating to address systems challenges. They initiated a project to modernize VA's scheduling systems at sites with the VistA health information system.¹⁹ The initiative includes several concurrent efforts to improve scheduling-related systems across VA's medical facilities. For example, one of these efforts is intended to allow provider-based scheduling, which is the ability to see a provider's schedule across multiple modalities (in-person, telephone, telehealth) in a single scheduling application. An additional tool would also be integrated to allow schedulers to search, view, and schedule in-person and virtual appointments in one application. Another effort is intended to address provider-based scheduling requirements by providing a web-based application to modernize and improve the efficiency of a clinic's scheduling operations.

VA is also deploying a software solution, referred to as External Provider Scheduling. The department acquired this solution for VA schedulers to schedule veteran appointments directly online with community care providers. Deployment has been in progress since 2024. Eventually, this

¹⁹OIT is a centralized office within VA that is responsible for providing IT services across VA and managing the department's IT assets and resources. According to VA, OIT's mission is to collaborate with its business partners (such as VHA) and provide a seamless, unified veteran experience through the delivery of state-of-the-art technology.

software solution is expected to provide the capability for veterans to self-schedule community care appointments online.

In May 2025, we reported that while OIT and VHA had employed some key planning practices for the scheduling systems modernization effort, they had not fully employed others, such as including all IT work needed in the project schedule and fully developing a requirements management plan.²⁰ We made two recommendations to the department related to developing a comprehensive and credible project schedule and requirements management plan consistent with best practices for the scheduling systems modernization effort. VA concurred with our recommendations, and we are monitoring its progress in implementing them.

In conclusion, VHA's mission is to provide high quality health care for veterans. We have reported for many years on the department's challenges concerning its scheduling systems and their impact on delivering care to veterans. Our work has identified a number of actions that VHA can take to overcome these challenges. Fully implementing our recommendations would aid VA's progress toward providing timely, quality care to veterans.

Chairman Barrett, Ranking Member Budzinski, and Members of the Subcommittee, this concludes my statement. I would be pleased to respond to any questions you may have.

GAO Contacts and Acknowledgments

If you or your staff have any questions about this testimony, please contact Carol C. Harris at harriscc@gao.gov or Sharon M. Silas at silass@gao.gov. Contact points for our Offices of Congressional Relations and Media Relations may be found on the last page of this statement. GAO staff who made key contributions to this testimony are Jennifer Stavros-Turner (Assistant Director), Julie T. Stewart (Assistant Director), Kevin R. Smith (Analyst-in-Charge), Jonnie Genova, and Scott Pettis.

²⁰[GAO-25-106851](#)

Related GAO Products

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