

April 24, 2019

**MINIMUM SCHEDULING EFFORT REQUIRED FOR OUTPATIENT  
APPOINTMENTS: UPDATES TO VHA DIRECTIVE 1230 AND VHA  
DIRECTIVE 1232(1)**

1. The purpose of this Veterans Health Administration (VHA) notice is to update the processes for minimum scheduling efforts. This notice informs users of upcoming amendments to VHA Directive 1230, Outpatient Scheduling Processes and Procedures, dated July 15, 2016, and VHA Directive 1232(1), Consult Processes and Procedures, dated August 24, 2016.
2. This VHA notice updates the process when offering a patient an earlier appointment.
3. The steps outlined below are the minimum requirements that must be used in the scheduling and rescheduling of any non-mental health appointment and/or New Enrollee Appointment Request (NEAR). Facilities, services, or individual providers may determine that additional contact attempts are necessary based on clinical needs.
  - a. **Step One.** The scheduler must make a minimum of two documented contact attempts – one by telephone call and one by letter. The letter may be mailed the same day as the phone call is made. Email may not be used for this purpose.
  - b. **Step Two.** Schedulers must wait a minimum of 14-calendar days from mailing the contact letter before taking further action to allow the patient time to respond.
  - c. **Step Three.** The scheduler is permitted to discontinue contact attempts if the patient fails to respond within 14-calendar days of the letter being mailed.
  - d. **Step Four.** The scheduler is permitted to discontinue a consult without provider review if the associated appointment is cancelled by the patient one or more time and fails to respond to minimal re-scheduling efforts.
  - e. **Step Five.** The scheduler is permitted to discontinue a consult without provider review if the patient fails to report (“No-Show”) one or more times and does not respond to minimal re-scheduling efforts.
  - f. **Step Six.** Patients who fail to report (“No-Show”) in VHA-designated low-risk clinics do not require follow-up scheduling efforts. This includes both appointments associated with and without a consult request. **NOTE:** Refer to VHA Directive 1232(2) Consult Processes and Procedures, dated August 23, 2016, for the required procedure. Refer to Consult Management SOP at: <https://vaww.vha.vaco.portal.va.gov/sites/DUSHOM/10NA/ACAO/ConsultManagement/Policy/Consult%20Management%20SOP/VHA%20Consult%20SOP%2020180726.docx?web=1> for a list of these clinics. **NOTE:** This is an internal VA Web site that is not available to the public.

g. **Step Seven.** Non-mental health appointments cancelled by patients using VA Online Scheduling or VEText do not require the clinic to initiate contact with the patient to reschedule. To assist staff, the VSSC Patient Generated Cancellations report identifies appointments cancelled through these technologies. The report is located at the following link:

<https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fAccess%2fAppointment+-+Patient+Generated+Cancellations&rs:Command=Render>. **NOTE:**

*This is an internal VA Web site that is not available to the public.*

h. **Step Eight.** VA Online Scheduling (VAOS) appointment requests are permitted to be scheduled without calling the Veteran when the appointment date and time requested are available and the patient has indicated “No” to the prompt “VA to call regarding this request.” In all other instances, including but not limited to an Return to Clinic (RTC) Order, Consult, or Patient Centered Recall Reminder, a follow-up call to the Veteran must be made as outlined in Step One.

i. **Step Nine.** Scheduling efforts must be documented using the following process:

(1) In response to an RTC order, document contact attempts in Computer Patient Record system (CPRS) Admin Notes and discontinue the RTC order selecting the option “removed/no longer necessary” at the APPT/VETERAN Disposition prompt.

(2) In response to a consult, document contact attempts, and discontinue the consult using the consult toolbox standard text for “failed mandated scheduling effort” or enter the reason into the consult comments.

(3) In response to a patient centered care reminder, document as “failure to respond” at the PtCSch Disposition prompt.

(4) In response to a VA Online Scheduling (VAOS) appointment request, document as “cancelled – unable to reach Veteran/Servicemember” in Scheduling Manager at the cancel request prompt.

(5) In response to a New Enrollee Appointment Request, enter the status of the application as “In process.” Document all contact efforts in the comments field.

4. For mental health appointment, the minimal scheduling effort for scheduling/rescheduling totals of four attempts; three documented contact attempts by telephone on separate days, followed by a letter. The letter is permitted to be mailed the same day as the first call. VA medical facilities, services, or individual providers may determine that additional contact attempts are necessary based on clinical needs.

(a) The minimal scheduling effort and documentation process applies to all mental health appointments.

(b) Mental health appointments cancelled by patients using VAOS or VEText are rescheduled at the request of the patient and do not require the clinic to initiate contact to reschedule except for those Veterans with a High-Risk Flag (HRF) for suicide.

Veterans with a HRF for suicide require the clinic to follow the procedures outlined in paragraph 4.e. VA medical facilities, services, or clinics are permitted to require additional rescheduling efforts for selected self-canceling patients based on clinical needs.

(c) Staff must use contact methods appropriate to the specific situations such as homeless outreach or certified mail when it is not possible to reach the patient by telephone.

(d) The telephone attempts must be conducted by a staff member who has access to document in CPRS, to include but not limited to clerks, Licensed Practical Nurse, Peer Support Specialist, and health technician.

(e) Attempts to contact patients who have a CPRS category 1 High-Risk Flag (HRF) for suicide alert must be made by appropriately-trained staff who possess a scope of practice including evaluation and triage of high-risk behaviors.

(f) When applicable, VA medical facility's local standard operating procedures, must be followed in cases where further contact attempts or actions are required based on clinical needs.

**5.** Appointment requests discontinued by a VA medical facility after failed scheduling attempts or cancelled by the patient either online or by text may be rescheduled. The rescheduled appointment "Patient Indicated Date (PID)" is updated with the patient's requested date. **NOTE:** *Where possible, the rescheduled date should be made as close to the PID of the previous appointment request. Please follow appropriate business rules associated with VHA Directives 1230(1) and 1232(2).*

**6.** To offer a patient an earlier appointment due to available capacity or when the clinic cancels the appointment and offers the patient an earlier appointment:

a. Contact the patient to offer an earlier appointment.

b. If the patient accepts, the scheduler selects "Cancel by Clinic" for the original appointment and enter the text "earlier appointment." The rescheduled appointment will retain the original patient indicated date (PID).

c. If the patient declines the offer for an earlier appointment when called due to earlier capacity, no action is required.

d. If the patient declines the offer for an earlier appointment when called due to clinic cancellation, the appointment is rescheduled to a later date and retains the PID of the cancelled appointment.

**7.** Changes in the minimal scheduling requirements and the process when offering a patient an earlier appointment will be in effect 30 days from the date of this notice. 1-hour webinars on the policy changes will be offered on May 13, 2019, at 2 p.m. Eastern Time (ET) and will be repeated on May 15, 2019, at 11 a.m. ET, and May 16, 2019, at

3:30 p.m. ET. The webinar Web site link is the following: <http://va-eerc-ees.adobeconnect.com/minsched/>

**8. RESPONSIBLE OFFICE:** The VHA Office of Veterans Access to Care (10NG), is responsible for the content of this VHA notice. Questions may be addressed to Dawn Smith, Office of Veterans Access to Care at [Dawn.Smith4@va.gov](mailto:Dawn.Smith4@va.gov) or Natasha de Silva, Office of Veterans Access to Care at [Natasha.deSilva@va.gov](mailto:Natasha.deSilva@va.gov) or Clifford Smith, Office of Mental Health and Suicide Prevention at [Clifford.Smith2@va.gov](mailto:Clifford.Smith2@va.gov).

**9. RESCISSION:** This VHA notice will be archived as of April 30, 2020.

/s/ Richard A. Stone, M.D.  
Executive in Charge

**DISTRIBUTION:** Emailed to the VHA Publications Distribution List on April 24, 2019.

**NOTE:** *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*