



**Department of Veterans Affairs
Office of Inspector General**

Office of Healthcare Inspections

Report No. 11-01406-14

**Community Based Outpatient
Clinic Reviews
Bennington, VT and Littleton, NH
Jamestown and Lackawanna, NY
Hagerstown, MD and Petersburg, WV**

November 1, 2011

Washington, DC 20420

Why We Did This Review

The VA Office of Inspector General (OIG) is undertaking a systematic review of the Veterans Health Administration's (VHA's) community-based outpatient clinics (CBOCs) to assess whether CBOCs are operated in a manner that provides veterans with consistent, safe, high-quality health care.

The Veterans' Health Care Eligibility Reform Act of 1996 was enacted to equip VA with ways to provide veterans with medically needed care in a more equitable and cost-effective manner. As a result, VHA expanded the Ambulatory and Primary Care Services to include CBOCs located throughout the United States. CBOCs were established to provide more convenient access to care for currently enrolled users and to improve access opportunities within existing resources for eligible veterans not currently served.

Veterans are required to receive one standard of care at all VHA health care facilities. Care at CBOCs needs be consistent, safe, and of high quality, regardless of model (VA-staffed or contract). CBOCs are expected to comply with all relevant VA policies and procedures, including those related to quality, patient safety, and performance.

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Glossary

AED	automated external defibrillator
BI-RADS	Breast Imaging Reporting and Data System
BLS	Basic Life Support
C&P	credentialing and privileging
CBOC	community based outpatient clinic
COTR	Contracting Officer's Technical Representative
CPRS	Computerized Patient Record System
CT	Computerized Tomography
DX & TX Plan	Diagnosis & Treatment Plan
ECMS	Executive Committee of the Medical Staff
ED	emergency department
EKG	electrocardiogram
EOC	environment of care
FPPE	Focused Professional Practice Evaluation
FTE	full-time employee equivalents
FY	fiscal year
HCS	Health Care System
IT	information technology
JC	Joint Commission
LCSW	Licensed Clinical Social Worker
MedMgt	medication management
MH	mental health
MRI	Magnetic Resonance Imaging
MST	military sexual trauma
NP	nurse practitioner
PA	physician assistant
PCMM	Primary Care Management Module
PCP	primary care provider
PET	Positron Emission Tomography
PII	personally identifiable information
PTSD	Post-Traumatic Stress Disorder
Qtr	quarter
TX	treatment
VAMC	VA Medical Center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VistA	Veterans Health Information Systems and Technology Architecture

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Executive Summary

Purpose: We conducted an inspection of six CBOCs during the week of August 29, 2011. We evaluated select activities to assess whether the CBOCs operated in a manner that provides veterans with consistent, safe, high-quality health care. Table 1 lists the sites inspected.

VISN	Facility	CBOC
1	White River Junction VAMC	Bennington
		Littleton
2	VA Western New York HCS	Jamestown
		Lackawanna
5	Martinsburg VAMC	Hagerstown
		Petersburg

Table 1. Sites Inspected

Recommendations: The VISN and Facility Directors, in conjunction with the respective CBOC managers, should take appropriate actions to:

White River Junction VAMC

- Develop a plan for the Bennington CBOC that defines how MH emergencies that require a higher level of care are addressed.
- Identify at least one accessible VA or community-based ED where veterans at the Littleton CBOC are directed to seek emergent care when necessary.
- Develop a local policy for Short-Term Fee Basis consults at the White River Junction VAMC.
- Ensure that Short-Term Fee Basis consults at the Littleton CBOC are approved no later than 10 days from the date the consult was initiated.
- Ensure that Short-Term Fee Basis consults at the Bennington and Littleton CBOCs are approved by appropriate leadership or designee in accordance with VHA policy.
- Ensure that patients at the Bennington and Littleton CBOCs receive written notification when a Short-Term Fee Basis consult is approved.
- Ensure that the copies of Short-Term Fee Basis reports for the Bennington CBOC patients are filed or scanned into the medical record.
- Ensure that the ordering providers, or surrogate practitioners, at the Bennington CBOC communicate the Short-Term Fee Basis results to the patient within 14 days from the date the results are made available to the ordering provider.

- Establish a process at the Bennington and Littleton CBOCs to ensure effective oversight of the mammography program, as required by VHA policy.
- Ensure that all mammography results at the Bennington and Littleton CBOCs are documented using the BI-RADS code categories.
- Establish a process to ensure that patients at the Bennington and Littleton CBOCs are notified of mammogram results within the allotted timeframes and that notification is documented in the medical record.
- Ensure fee basis mammography results are filed or scanned into CPRS at the Bennington and Littleton CBOCs.
- Establish a process at the Bennington and Littleton CBOCs to ensure CPRS mammogram radiology orders are entered for all fee-basis mammograms and that all breast imaging and mammography results are linked to the appropriate radiology mammogram or breast study order.
- Ensure that the Bennington CBOC appoints a Women's Health Liaison and that collaboration occurs with the parent facility's Women Veterans Program Manager.
- Ensure that the Women's Health Liaison at the Littleton CBOC collaborates with the Women Veterans Program Manager.
- Require that the competency policy includes what actions are taken when staff cannot demonstrate competency at the Bennington and Littleton CBOCs.
- Ensure that core competencies for the ancillary clinical staff at Bennington and Littleton CBOCs are defined.
- Ensure that all patient care staff members at the Littleton CBOC are trained in BLS with the use of an AED.
- Ensure that initial and annual competencies at the Bennington CBOC are assessed and documented.
- Ensure that the PCMM data is accurate in accordance with the VHA directive and specifically includes FTE for contract PCPs and Associate Physicians at the Littleton CBOC.
- Require that the Contracting Officer ensures the contract is modified to clearly define the requirements for payment and specifically how the contractor is to be compensated when patients are disenrolled.
- Require that the Contracting Officer ensures all contracts include a detailed description of performance measures and monitoring procedures that will be utilized

to evaluate the contractor's performance and include enforcement provisions if those measures are not met.

- Strengthen the invoice validation process to ensure the accuracy of invoiced enrollees, using VA data as the basis for determining the payment due to the contractor.
- Determine, with the assistance of the Regional Counsel, the extent and collectability of the overpayments on the contract.

VA Western New York HCS

- Develop a plan for the Jamestown and Lackawanna CBOCs that defines how MH emergencies that require a higher level of care are addressed.
- Ensure that patients at the Lackawanna CBOC receive written notification when a Short-Term Fee Basis consult is approved.
- Ensure that ordering practitioners, or surrogate practitioners, at the Lackawanna CBOC communicate the Short-Term Fee Basis results to the patient within 14 days from the date the results are made available to the ordering provider.
- Establish a process at the Jamestown and Lackawanna CBOCs to ensure patients with normal mammograms are provided written notification of results within the allotted timeframe and that notification is documented in the medical record.
- Establish a process at the Lackawanna CBOC to ensure CPRS mammogram radiology orders are entered for all fee-basis mammograms and that all breast imaging and mammography results are linked to the appropriate radiology mammogram or breast study order.
- Ensure that FPPEs at the Jamestown and Lackawanna CBOCs have clearly defined timeframes and that results are reported to the ECMS, documented in the ECMS minutes, and placed in the provider profiles.
- Require that all LCSWs at the Lackawanna CBOC have scopes of practice that are facility, service, and provider-specific.
- Ensure that all patient care staff members at the Lackawanna CBOC are trained and assessed for BLS and phlebotomy competency on an annual basis as required by local policy.
- Ensure that clinical competencies at the Lackawanna CBOC are assessed by an individual who has the appropriate clinical background and a current assessment of clinical skills.
- Allocate handicap parking spaces at the Lackawanna CBOC.

- Ensure that the identified fire and life safety issues at the Lackawanna CBOC are corrected.
- Ensure that the invoice validation process for the Jamestown and Lackawanna CBOCs includes a review of the accuracy of contracted capitated rates presented on the invoices.
- Require that the Contracting Officer ensures the contract clearly states the requirements for payment and that all actionable terms are clearly defined for the Jamestown and Lackawanna CBOCs.

Martinsburg VAMC

- Develop a local policy for Short-Term Fee Basis consults at the Martinsburg VAMC.
- Ensure providers at the Hagerstown CBOC document a justification for the use of Short-Term Fee Basis care in the medical record.
- Ensure that Short-Term Fee Basis consults at the Hagerstown and Petersburg CBOCs are approved no later than 10 days from the date the consult was initiated.
- Ensure that Short-Term Fee Basis consults at the Hagerstown and Petersburg CBOCs are approved by appropriate leadership or designee in accordance with VHA policy.
- Ensure that patients at the Hagerstown and Petersburg CBOCs receive written notification when a Short-Term Fee Basis consult is approved.
- Ensure that the copies of Short-Term Fee Basis reports for Hagerstown CBOC patients are filed or scanned into the medical record.
- Ensure that ordering practitioners, or surrogate practitioners, at the Hagerstown CBOC review Short-Term Fee Basis reports within 14 days from the date on which the results are available.
- Ensure that ordering practitioners, or surrogate practitioners, at the Hagerstown CBOC communicate Short-Term Fee Basis results to patients within 14 days from the date the results are made available to the ordering provider.
- Ensure that all mammography results at the Hagerstown CBOC are documented using the BI-RADS code categories.
- Establish and monitor a process at the Hagerstown and Petersburg CBOCs to ensure timely notification of normal mammography results to patients.
- Ensure that the PSB grants privileges consistent with the services provided at the Hagerstown CBOC.

- Initiate FPPEs for all newly hired licensed independent practitioners at the Hagerstown CBOC.
- Ensure that non-licensed independent practitioners' scopes of practice accurately reflect their specialty practices at the Hagerstown CBOC.
- Ensure that the entrance door at the Petersburg CBOC is ADA accessible.
- Maintain the security of patients' PII at the Hagerstown and Petersburg CBOCs.
- Maintain auditory privacy during the check-in process at the Hagerstown CBOC.
- Ensure the Chief of OI&T evaluates the use of the IT closet at the Petersburg CBOC and implements appropriate measures in accordance with VA policy.
- Secure floor model sharps containers at the Hagerstown CBOC.
- Ensure an AED is available at the Petersburg CBOC.
- Ensure that the Contracting Officer considers utilizing a 12-month vesting criteria for future contracts to ensure a more effective use of VHA healthcare resources.
- Require that the Contracting Officer ensures pricing for all ancillary charges are identified in the contract.
- Require that the Contracting Officer ensures competition in the solicitation process by giving all bidders the opportunity to bid on the same requirements, specifically when changes are made after the solicitation has closed.

Comments

The VISN and facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A–F, pages 22–36 for the full text of the Directors' comments.) We will follow up on the planned actions until they are completed.



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Objectives and Scope

Objectives. The purposes of this review are to:

- Determine whether CBOCs comply with the standards according to VHA policy in the management of MH emergencies.¹
- Assess Short-Term Fee Basis authorization and follow up processes for outpatient radiology consults (CT, MRI, PET scan, and mammography) in an effort to ensure quality and timeliness of patient care in CBOCs.
- Determine whether CBOCs comply with selected VHA requirements regarding the provision of mammography services for women veterans.
- Determine whether CBOC providers are appropriately credentialed and privileged in accordance with VHA policy.²
- Determine whether CBOCs have well-developed competency assessment and validation programs in place for skill specific competencies.
- Determine whether CBOCs are in compliance with standards of operations according to VHA policy in the areas of environmental safety and emergency planning.³
- Determine whether the CBOC primary care and MH contracts were administered in accordance with contract terms and conditions.
- Determine whether primary care active panel management and reporting are in compliance with VHA policy.⁴

Scope. The topics discussed in this report include:

- MH Continuity of Care
- Short-Term Fee Basis Care
- Women's Health
- C&P
- Skills Competency
- Environment and Emergency Management

¹ VHA Handbook 1160.1, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008.

² VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.

³ VHA Handbook 1006.1, *Planning and Activating Community-Based Outpatient Clinics*, May 19, 2004.

⁴ VHA Handbook 1101.02, *Primary Care Management Module (PCMM)*, April 21, 2009.

- PCMM
- Contracts

For detailed information regarding the scope and methodology of the focused topic areas conducted during this inspection, please refer to Report No. 11-01406-177 *Informational Report Community Based Outpatient Clinics Cyclical Report FY 2011*, May 31, 2011. This report is available at <http://www.va.gov/oig/publications/reports-list.asp>.

We conducted the inspection in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of Inspectors General on Integrity and Efficiency.

CBOC Characteristics

We formulated a list of CBOC characteristics that includes identifiers and descriptive information. Table 2 displays the inspected CBOCs and specific characteristics.

	Bennington	Littleton	Jamestown	Lackawanna	Hagerstown	Petersburg
VISN	1	1	2	2	5	5
Parent Facility	White River Junction VAMC	White River Junction VAMC	VA Western New York HCS	VA Western New York HCS	Martinsburg VAMC	Martinsburg VAMC
Type of CBOC	VA	Contract	Contract	Contract	VA	Contract
Number of Uniques,⁵ FY 2010	1,802	2,659	1,711	2,712	4,644	944
Number of Visits, FY 2010	10,602	8,177	7,852	8,577	19,425	5,032
CBOC Size⁶	Mid-Size	Mid-Size	Mid-Size	Mid-Size	Mid-Size	Small
Locality	Rural	Rural	Rural	Urban	Urban	Rural
FTE PCP	1.84	*** ⁷	2.00	2.80	4.60	0.65
FTE MH	1.70	0.50	2.0	1.0	1.90	1.0
Types of Providers	PCP NP Psychiatrist LCSW	PCP NP	PCP NP LCSW	PCP NP PA LCSW	PCP NP PA	PCP PA LCSW
Specialty Care Services Onsite	Yes	No	No	No	Yes	Yes
Tele-Health Services	None	None	Tele-Retinal Tele-Nutrition Tele-Psychiatry	Tele-Retinal Tele-Nutrition Tele-Psychiatry	Tele-Retinal	None
Ancillary Services Provided Onsite	Laboratory EKG	Laboratory EKG	Laboratory EKG	Laboratory EKG	Laboratory EKG	Laboratory Pharmacy Radiology EKG

Table 2. CBOC Characteristics

⁵ <http://vaww.pssg.med.va.gov>

⁶ Based on the number of unique patients seen as defined by the VHA Handbook 1160.01, the size of the CBOC facility is categorized as very large (> 10,000), large (5,000-10,000), mid-size (1,500-5,000), or small (< 1,500).

⁷ The White River Junction VAMC did not track FTEs for contract PCPs.

Results and Recommendations

MH Continuity of Care

According to VHA policy, healthcare facilities need to have professional oversight of the delivery of MH care in associated CBOCs.⁸ Also, there must be methods and procedures for ensuring communication between the leadership of MH services and the associated CBOCs. This requirement for oversight and communication is intended to ensure the ability of the CBOCs to respond to patients' MH needs.

Required MH services vary according CBOC size, which is determined by the number of unique veterans the CBOC serves annually. Very large and large CBOCs are required to provide general and specialty MH services when these are needed. Large CBOCs must provide a substantial component of the MH services required by their patients either onsite or by tele-mental health, but they may supplement these services by referrals to geographically accessible VA facilities, through sharing agreements, contracts, or fee basis mechanisms. Mid-sized CBOCs must provide general MH services, if needed by their patients, utilizing tele-mental health as necessary. Specialty services must be available to those who require them by using on-site services, sharing agreements, contracts, or referrals, as well as tele-mental health or fee basis. Smaller CBOCs are to provide access to the full range of general and specialty MH services to those who require them through on-site services, referrals, contracts, or fee basis, as well as tele-mental health.

General MH services include diagnostic and treatment planning evaluations for the full range of MH problems, treatment services using evidence-based pharmacotherapy or evidence-based psychotherapy, patient education, family education, referrals as needed to inpatient and residential care programs, and consultations about special emphasis problems. Specialty MH services include consultation and treatment services for the full range of MH conditions, which include evidence-based psychotherapy; MH intensive case management; psychosocial rehabilitation services including family education, skills training, and peer support; compensated work therapy and supported employment; PTSD teams or specialists; MST special clinics; homeless programs; and specialty substance abuse treatment services. Table 3 displays the MH Characteristics for each CBOC reviewed.

⁸ VHA Handbook 1160.01.

Mental Health CBOC Characteristics						
	Bennington	Littleton	Jamestown	Lackawanna	Hagerstown	Petersburg
Provides MH Services	Yes	Yes	Yes	Yes	Yes	Yes
Number of MH Uniques, FY 2010	386	210	301	243	719	97
Number of MH Visits	3,036	2,044	1,351	1,602	2,339	658
General MH Services	Dx & TX Plan MedMgt Psychotherapy PTSD MST	MedMgt PTSD	Dx & TX Plan MedMgt Psychotherapy PTSD MST	Dx & TX Plan MedMgt Psychotherapy PTSD MST	Dx & TX Plan MedMgt Psychotherapy	Psychotherapy PTSD
Specialty MH Services	Consult & TX Psychotherapy Social Skills Peer Support PTSD Homeless Prgm Specialty Substance Abuse TX	N/A	Consult & TX Psychotherapy Social Skills	Consult & TX Psychotherapy Social Skills	Consult & TX	N/A
Tele-Mental Health	Yes	Yes	Yes	Yes	Yes	No
MH Referrals	Another VA Facility	Another VA Facility	Another VA Facility	Another VA Facility	Another VA Facility	Another VA Facility
Table 3. MH Characteristics for CBOCs						

Emergency Plan

Facilities must comply with VHA policy, which outlines specific requirements for MH care at CBOCs.⁹ All CBOCs and facilities without an ED or 24/7 urgent care must have predetermined plans for responding to MH emergencies during times of operation. Table 4 shows the areas reviewed for this topic.

Noncompliant	Areas Reviewed
Bennington Littleton Jamestown Lackawanna	The facility has identified in a pre-determined plan at least one accessible VA or community-based ED where veterans are directed to seek emergent care when necessary.
	The facility has developed contracts, sharing agreements, or other appropriate arrangements with the external organization for sharing information.
	The facility has developed financial arrangements for payment for authorized emergency services and necessary subsequent care.
	There is documentation in CPRS of the ED visit.
	There are recommendations documented for follow-up care in accordance with local policy.
	The recommendations were implemented and documented in the medical records in accordance with local policy.

Table 4. MH Continuity of Care

VISN 1, White River Junction VAMC – Bennington and Littleton

Emergency Plan. The Bennington CBOC did not have a plan identified in their local policy addressing how MH emergencies would be addressed during the hours of operations if the provider determined that the patient requires a higher level of care.

The MH emergency plan for the Littleton CBOC did not identify a VA or community-based ED where veterans are directed to seek care during the hours of operations if the provider determined that the patient requires a higher level of care.

VISN 2, VA Western New York HCS – Jamestown and Lackawanna

Emergency Plan. The Jamestown and Lackawanna CBOCs did not have a plan addressing how MH emergencies are to be addressed during the hours of operation if the provider determined that the patient requires a higher level of care.

Short-Term Fee Basis Care

The Fee Program assists veterans who cannot easily receive care at a VAMC. The program pays the medical care costs of eligible veterans who receive care from non-VA

⁹ VHA Handbook 1160.01.

providers when the VAMCs are unable to provide specific treatments or provide treatment economically because of their geographical inaccessibility. Fee Basis care may include dental services; outpatient, inpatient, and emergency care; and medical transportation.

We evaluated if VA providers appropriately ordered and followed up on outpatient radiology procedures (CT, MRI, PET scan, and mammography). Table 5 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
Bennington Littleton Hagerstown Petersburg	The facility has local policies and procedures regarding non-VA care and services purchased by authority that describe the request, approval, and authorization process for such services. ¹⁰
Hagerstown	The provider documented a justification for using Fee Basis status in lieu of providing staff treatment as required by VHA policy. ¹¹
Littleton Hagerstown Petersburg	The date the consult was approved does not exceed 10 days from the date the consult was initiated.
Bennington Littleton Hagerstown	The non-VA care referral requests for medical, dental, and ancillary services were approved by the Chief of Staff, Clinic Chief, Chief Medical Administration Services, or an authorized designee. ¹²
Bennington Littleton Lackawanna Hagerstown Petersburg	Patients were notified of consult approvals in writing as required by VHA policy. ¹³
Bennington Hagerstown	A copy of the imaging report is in CPRS according to VHA policy. ¹⁴
Hagerstown	There is evidence the ordering provider or surrogate practitioner reviewed the report within 14 days from the date on which the results are available to the ordering practitioner.

¹⁰ VHA Handbook 1160.01; VHA Chief Business Office Policy 1601F, Fee Services, <http://vaww1.va.gov/cbo/apps/policyguides/index.asp>; VHA Handbook 1907.01, *Health Information Management and Health Records*, August 25, 2006; and VHA Manual M-1, PART I, Chapter 18, *Outpatient Care – Fee*, July 20, 1995.

¹¹ VHA Handbook 1907.01.

¹² VHA Chief Business Office Policy 1601F.

¹³ VHA Manual M-1, PART I, Chapter 18.

¹⁴ VHA Handbook 1907.01.

Noncompliant	Areas Reviewed (continued)
Bennington Lackawanna Hagerstown	There is evidence the ordering provider or other licensed healthcare staff member informed the patient about the report within 14 days from the date on which the results are available to the ordering practitioner. ¹⁵
Table 5. Short-Term Fee Basis	

VISN 1, White River Junction VAMC – Bennington and Littleton

There were eight patients who received services through a Short-Term Fee Basis consult at the Bennington CBOC and one patient at the Littleton CBOC.

Policy. The White River Junction VAMC did not have a local policy for Short-Term Fee Basis consults.

Consult Approval Date. At the Littleton CBOC, the date the consult was approved exceeded 10 days from the date the consult was initiated.

Consult Approval Process. We found that the consults in seven of eight records at the Bennington CBOC and the one consult at the Littleton CBOC were not approved according to VHA policy.

Patient Consult Notifications. We found that five of eight patients at the Bennington CBOC and the patient at the Littleton CBOC were not notified in writing of consult approvals.

Medical Record. A copy of the Short-Term Fee Basis imaging report was not found in three of eight medical records at the Bennington CBOC.

Communication of Results. We found no evidence in the medical record that three of eight patients at the Bennington CBOC were informed about the results within 14 days from the date on which the results were available.

VISN 2, VA Western New York HCS – Jamestown and Lackawanna

There was one patient who received services through a Short-Term Fee Basis consult at the Lackawanna CBOC. No patients at the Jamestown CBOC met the criteria for this review.

Patient Consult Notifications. At the Lackawanna CBOC, we found that the patient had not been notified in writing of the approval of the Short-Term Fee Basis consult.

¹⁵ VHA Directive 2009-019, *Ordering and Reporting Test Results*, March 24, 2009.

Communication of Results. We found no evidence in the medical record that the patient at the Lackawanna CBOC was informed of the results within 14 days from the date the results were available.

VISN 5, Martinsburg VAMC – Hagerstown and Petersburg

There were 14 patients from the Hagerstown CBOC and 1 patient from the Petersburg CBOC who received services through a Short-Term Fee Basis consult.

Policy. The Martinsburg VAMC did not have a local policy for Short-Term Fee Basis consults.

Fee Basis Justification. The providers at the Hagerstown CBOC did not document a justification for the consult in CPRS in 7 of 14 records.

Consult Approval Date. We found that 9 of 14 consults at the Hagerstown CBOC and the 1 consult at the Petersburg CBOC were not approved within 10 days from the date the consult was initiated.

Consult Approval Process. We found that 9 of 14 consults at the Hagerstown CBOC were not approved in accordance with VHA policy.

Patient Consult Notifications. We found that the patients at the Hagerstown and Petersburg CBOCs who received services through Short Term Fee Basis consults did not receive written notification of the consult approval.

Report Review. We found no evidence in 5 of 14 medical records at the Hagerstown CBOC that the ordering provider or surrogate practitioner reviewed the report within 14 days from the date on which the results were available.

Communication of Results. We found no evidence in the medical record that 9 patients at the Hagerstown CBOC were informed about the results within 14 calendar days from the date on which the results were available.

Women's Health Review

Each VHA facility must ensure that eligible women veterans have access to comprehensive medical care, including care for gender-specific conditions and MH conditions, that is comparable to care provided for male veterans.¹⁶ All eligible and enrolled women veterans, irrespective of where they obtain care in VHA, must have access to all necessary services as clinically indicated.

¹⁶ VHA Handbook 1330.01, *Healthcare Services for Women Veterans*, May 21, 2010.

*Quality of Care Measures*¹⁷

Breast cancer is the second most common type of cancer among American women, with approximately 207,000 new cases reported each year.¹⁸ Timely screening, diagnosis, notification, interdisciplinary treatment planning, and treatment are essential to early detection, appropriate management, and optimal patient outcomes. Screening by mammography (an x-ray of the breast) has been shown to reduce mortality by 20–30 percent among women age 40 and older.

VHA has established gender-specific performance measures in the facility and CBOCs. Breast cancer screening for women ages 50–69 is an ongoing CBOC preventive care performance measure. Table 6 shows a comparative of the parent facilities' and the respective CBOCs' scores.

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 (%)</i>
<i>Mammography, 50-69 years old</i>	77%	405 White River Junction VAMC	25	32	71
		405GA Bennington CBOC	12	13	92
		405HC Littleton CBOC	13	17	76
		528 VA Western New York HCS	23	29	79
		528GB Jamestown CBOC	12	14	86
		528GQ Lackawanna CBOC	13	16	81
		613 Martinsburg VAMC	22	27	86
		613GB Hagerstown CBOC	20	23	87
		613GE Petersburg CBOC	5	5	100

Table 6. Mammography Screening FY 2011

Littleton CBOC. The White River Junction VAMC action plan for improving the mammogram performance measure included the chartering of a multidisciplinary prevention index team. The team completed a process map and developed and secured approval of their measures. They educated Primary Care and Patient Aligned Care Team members in the new process and are revising the facility's mammogram protocol.

Mammography Management

All enrolled women veterans need to receive comprehensive primary care from a designated women's health PCP who is interested and proficient in the delivery of comprehensive primary care to women, irrespective of where they are seen.

¹⁷ Parent facility scores were obtained from <http://vaww.pdw.med.va.gov/MeasureMaster/MMReport.asp> Note: Scores are weighted. The purpose of weighting is to correct for the over-representation of cases from small sites and the under-representation of cases from large sites. Weighting can alter the raw measure score (numerator/denominator). Sometimes the adjustment can be quite significant.

¹⁸ American Cancer Society, Cancer Facts & Figures 2009.

VHA policy maintains that the full scope of primary care is provided to all eligible veterans seeking ongoing health care.¹⁹ Therefore, regardless of the number of women veterans utilizing a particular facility, all sites that offer primary care services must offer comprehensive primary care to women veterans and all necessary gender specific services must be available at every facility and CBOC. Table 7 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
	Patients are referred to mammography facilities that have current Food and Drug Administration or State-approved certifications.
Bennington Littleton Hagerstown	Mammogram results are documented using the American College of Radiology's BI-RADS code categories. ²⁰
	The ordering VHA provider or surrogate was notified of abnormal or critical results within a defined timeframe.
Bennington	Patients with abnormal or critical results are notified within a defined timeframe.
Bennington Littleton Jamestown Lackawanna Hagerstown Petersburg	Patients receive written notice of normal mammogram results, and the notifications are documented in the patients' medical record as required by VHA policy. ²¹
Bennington Littleton	The facility has an established process for tracking results from mammograms performed off-site.
Bennington Littleton	Fee Basis mammography reports are scanned into VistA.
Bennington Littleton Lackawanna	All screening and diagnostic mammograms were initiated via an order placed into the VistA Radiology package. ²²
Bennington	Each CBOC has an appointed Women's Health Liaison.
Littleton	There is evidence that the Women's Health Liaison collaborates with the parent facility's Women Veterans Program Manager on women's health issues.
Table 7. Mammography	

¹⁹ VHA Handbook 1330.01.

²⁰ The American College of Radiology's Breast Imaging Reporting and Database System is a quality assurance guide designated to standardize breast imaging reporting and facilitate outcomes monitoring.

²¹ VHA Handbook 1330.01.

²² VHA Handbook 1330.01.

VISN 1, White River Junction VAMC – Bennington and Littleton

Monitoring of Mammography Services. The facility had not established an effective process for monitoring mammography services as required by VHA policy. Although the facility initiated a team to monitor mammography services, it was not using the most current VHA policies. The facility did not have contract sites for mammography and was unable to consistently track fee basis mammograms.

Documentation of Results. Mammogram results were not documented using the American College of Radiology's BI-RADS code categories in one of five records reviewed at the Bennington CBOC and one of three at the Littleton CBOC.

Patient Notification of Mammography Results. We reviewed medical records of patients who had normal mammography results and determined that two of four at the Bennington CBOC and one of three patients at the Littleton CBOC were not notified within the required timeframe of normal results. We also found that the patient with abnormal result at the Bennington CBOC was not notified within the required timeframe of 14 days.

Scanned Reports. We reviewed medical records at the Littleton CBOC of three patients who had mammograms performed at non-VA facilities under fee basis agreements. We determined that one of three patients' mammogram results were not scanned into VistA. At the Bennington CBOC, four of five patients' mammogram results were not scanned into VistA.

Mammography Orders and Access. In four of five records at the Bennington CBOC and one of three records at the Littleton CBOC, providers did not enter CPRS mammogram radiology orders for fee base mammograms. Fee basis or contract agreements must be electronically entered as a CPRS radiology order. All breast imaging and mammography results must be linked to the appropriate radiology mammogram or breast study order.

Appointment of Women's Health Liaison. There was no formal appointment of a Women's Health Liaison at the Bennington CBOC. At the Littleton CBOC, a liaison had been appointed; however, there was no evidence of collaboration with the Women Veterans Program Manager.

VISN 2, VA Western New York HCS – Jamestown and Lackawanna

Patient Notification of Mammography Results. We reviewed medical records of patients who had normal mammography results and determined that one of two patients at the Jamestown CBOC and two of four patients at the Lackawanna CBOC were not notified of normal results within the required timeframe.

Mammography Orders and Access. Providers at the Lackawanna CBOC did not enter CPRS mammogram radiology order for one of four patients. Fee basis or contract agreements must be electronically entered as a CPRS radiology order. All breast

imaging and mammography results must be linked to the appropriate radiology mammogram or breast study order.

VISN 5, Martinsburg VAMC – Hagerstown and Petersburg

BI-RADS Documentation. At the Hagerstown CBOC, one of eight mammogram results were not documented using the American College of Radiology’s BI-RADS code categories.

Patient Notification of Mammography Results. We reviewed medical records of patients who had normal mammography results and determined that six of eight patients at the Hagerstown CBOC and the one patient at the Petersburg CBOC were not notified within required timeframe.

C&P

We reviewed C&P folders to determine whether facilities had consistent processes to ensure that providers complied with applicable requirements as defined by VHA policy.²³ We reviewed nurse personnel files to ensure licensure and education were verified. Table 8 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
	There was evidence of primary source verification for each provider’s license.
	Each provider’s license was unrestricted.
	There were two efforts made to obtain verification of clinical privileges (currently or most recently held at other institutions) for new providers.
	FPPEs for new providers outlined the criteria to be monitored.
Hagerstown	New providers’ FPPEs were implemented on first clinical start day.
	There was evidence that the provider was educated about FPPE prior to its initiation.
Jamestown Lackawanna	FPPE results were reported to the medical staff’s Executive Committee.
	Prior to the start of a new privilege, criteria for the FPPE were developed.
	Service Chief, Credentialing Board, and/or Medical Staff’s Executive Committee list documents reviewed and the rationale for conclusions reached for granting licensed independent practitioner privileges.
Hagerstown	Privileges granted to providers are facility, service, and provider specific. ²⁴

²³ VHA Handbook 1100.19.

²⁴ VHA Handbook 1100.19.

Noncompliant	Areas Reviewed (continued)
	The determination to continue current privileges are based in part on results of Ongoing Professional Practice Evaluation activities.
	The Ongoing Professional Practice Evaluation and reappraisal process included consideration of such factors as clinical pertinence reviews and/or performance measure compliance.
	Relevant provider-specific data was compared to aggregated data of other providers holding the same or comparable privileges.
Jamestown Lackawanna Hagerstown	Scopes of practice are service and provider specific.
	There is documentation that the nurses' licenses were verified.
	There is evidence that the nurses' education was verified.
Table 8. C&P	

VISN 2, VA Western New York HCS – Jamestown and Lackawanna

FPPE. We reviewed the FPPEs of one newly hired physician at the Jamestown CBOC and two newly hired physicians at the Lackawanna CBOC and found they did not have clearly defined timeframes for the evaluation period. Further, we found no discussion of the results in the ECMS minutes or evidence of the FPPE results in the providers' profiles.

Scope of Practice. One LCSW at the Jamestown CBOC and one LCSW at the Lackawanna CBOC did not have a scope of practice. Scope of practice is a term used to describe activities that may be performed by health care workers. The scope of practice is specific to the individual and the facility involved.

VISN 5, Martinsburg VAMC – Hagerstown and Petersburg

Clinical Privileges. The Professional Standards Board granted clinical privileges for procedures that were not performed at the Hagerstown CBOC. A provider was granted Internal Medicine core privileges, which included lumbar punctures and paracentesis.

FPPE. A newly hired physician at the Hagerstown CBOC did not have a FPPE implemented on the first clinical start day.

Scope of Practice. We reviewed the files of two PAs at the Hagerstown CBOC and found that the scope of practice for one of the providers did not include the provider's MH specialty practices.

Skills Competency

The JC requires that organizations define and verify staff qualifications and ensure that staff are competent to perform their responsibilities. Table 9 shows the areas reviewed for this topic.

Noncompliant	Areas Reviewed
	There is a policy that defines the competencies of the staff that provide patient care, treatment, or services at the CBOC.
Lackawanna	The policy defines who is responsible for competency validation and what the process is for selection of qualified personnel to assess and validate competence.
Bennington Littleton	The CBOC has a policy or process describing actions taken when staff cannot demonstrate competency.
Bennington Littleton	The facility has identified skill competencies for the CBOC.
Bennington	Staff competency was initially assessed and documented as a part of the CBOC orientation.
Bennington Littleton Lackawanna	Patient care staff identified skill competencies were validated and documented.
Table 9. Skills Competency	

VISN 1, White River Junction VAMC –Bennington and Littleton

Policy. The local competency policy does not describe actions taken when staff cannot demonstrate competency.

Core Competencies. Ancillary clinical staff at the Bennington and Littleton CBOCs did not have defined core competencies.

BLS. We found that two patient care staff at the Littleton CBOC did not have BLS certification that included AED training. Local policy states that all clinical staff members will maintain BLS for Healthcare Providers training, which includes the use of an AED.

Staff Competency. The Bennington CBOC did not provide written documentation that staff competency was initially or annually assessed as required by local policy.

VISN 2, VA Western New York HCS – Lackawanna

Core Competencies. We found that three of the patient care staff members reviewed at the Lackawanna CBOC did not have current phlebotomy training, and one of four staff members did not have current BLS training. These skills were identified by the facility as core competencies for these staff members, and local policy requires competencies to be assessed on an annual basis.

Clinical Competency Assessment. We found that the assessment of clinical competencies was not consistently provided by qualified personnel. A non-clinical individual assessed staff members for clinical competencies. Additionally, a staff member who did not have a current phlebotomy competency assessed other staff members for their phlebotomy competency at the Lackawanna CBOC.

Environment and Emergency Management

EOC

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. Table 10 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
Lackawanna	There is handicap parking, which meets the ADA requirements.
	The CBOC entrance ramps meet ADA requirements.
Petersburg	The entrance door to the CBOC meets ADA requirements.
Lackawanna	The CBOC is well maintained (e.g., ceiling tiles clean and in good repair, walls without holes, etc.).
	The CBOC is clean (walls, floors, and equipment are clean).
Hagerstown	The patient care area is safe.
	Medical equipment is checked routinely (biomedicine tags when applicable).
	There is an alarm system or panic button installed in high-risk areas as identified by the vulnerability risk assessment.
Hagerstown	Privacy is maintained.
Petersburg	IT security rules are adhered to.
Lackawanna Hagerstown Petersburg	Patients' PII is secured and protected.
	There is alcohol hand wash or a soap dispenser and sink available in each examination room.
	The sharps containers are less than $\frac{3}{4}$ full.
	There is evidence of fire drills occurring at least annually.
	Fire extinguishers are easily identifiable.
	The CBOC collects, monitors, and analyzes hand hygiene data.
	Staff use two patient identifiers for blood drawing procedures.
	The CBOC is included in facility-wide EOC activities.
Table 10. EOC	

VISN 1, White River Junction VAMC – Bennington and Littleton

Due to Hurricane Irene and the damage inflicted in the surrounding community, the Bennington CBOC was closed and inaccessible for an on-site EOC inspection. We had no EOC findings at the Littleton CBOC.

VISN 2, VA Western New York HCS – Lackawanna

Parking. The Lackawanna CBOC had two parking lots; however, neither lot had designated handicap parking spaces. There were two handicap parking spaces on the street in front of the CBOC; however, the spaces were not the property of the CBOC.

Fire and Life Safety. The following fire hazards and safety issues were identified in the basement at the Lackawanna CBOC: (1) open ceilings, (2) standing water, (3) exposed hanging wires over medical records, and (4) multiple wall penetrations that included a firewall.

VISN 5, Martinsburg VAMC – Hagerstown and Petersburg

Physical Access. The door handle at the Petersburg CBOC required a tight grasp to open. The ADA requires that facility doors be equipped with handles that are easy to grasp with one hand and do not require tight grasping, pinching, or twisting of the wrist to operate.²⁵

PII. We found that the transportation of laboratory specimens was not secured at the Hagerstown and Petersburg CBOCs. CBOC staff placed the specimens in unsecured containers, and a VA driver transported the specimens to the parent facility for processing. The specimens disclosed the patients' names and social security numbers. The containers were unsecured; therefore, staff could not ensure the security of patients' PII.²⁶

Auditory Privacy. The auditory privacy was inadequate for patients during the check-in process at the Hagerstown CBOC. Check-in staff communicated with patients through a sliding glass window in close proximity to other patients in the waiting area. There was signage present and an indicator on the floor instructing other patients to wait behind the line; however, staff did not ensure a zone of privacy was maintained.

IT Security. At the Petersburg CBOC, we found the IT equipment was in a small closet that also contained a hot water heater. A risk assessment had not been conducted to determine if it was appropriate to have the water heater co-located with the IT equipment. According to VA policy, temperature and humidity within a computer room must be in a range compatible with the computer equipment specifications.²⁷

Sharps Containers. We found free standing sharps containers on the floor in the Hagerstown CBOC laboratory. The containers were not secured in a bracket, and the flip-top lids were open. This condition could result in a potential safety hazard if the containers were knocked over and spilled the contaminated needles and other contents.

²⁵ Americans with Disabilities Act.

²⁶ The Health Insurance Portability and Accountability Act (HIPAA), 1996.

²⁷ VHA Handbook 6500, *Information Security Program*, September 18, 2007.

Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical emergencies, including MH, are handled.²⁸ Table 11 shows the areas reviewed for this topic.

Noncompliant	Areas Reviewed
	There is a local medical emergency management plan for this CBOC.
	The staff can articulate the procedural steps of the medical emergency plan.
	The CBOC clinical staff are trained in cardiopulmonary resuscitation with the use of an AED.
Petersburg	The CBOC has an AED onsite for cardiac emergencies.
	There is a local MH emergency management plan for this CBOC.
	The staff can articulate the procedural steps of the MH emergency plan.

Table 11. Emergency Management

VISN 5, Martinsburg VAMC – Hagerstown and Petersburg

AED. An AED was not available at the Petersburg CBOC. The absence of an AED may lead to an undesirable clinical outcome in the event of an emergency.

PCMM

We conducted reviews of the PCMM administration to assess VHA's management of the primary care panels. VHA policy states that the PCMM Coordinator is responsible for ensuring that the information in the PCMM database is accurate and current.²⁹

Table 12 shows the areas reviewed for this topic. The CBOCs identified as noncompliant needed improvement. Details regarding the finding follow the table.

Noncompliant	Areas Reviewed
	A system is in place to ensure patients are not assigned to a panel prior to being seen for their first appointment.
	The facility assigns a new patient to a panel after it has been confirmed that the patient is not assigned to a provider at another facility.
	Patients are identified for removal from the PCMM panel on a monthly basis (at a minimum).
	Panel sizes are reasonable compared to the PCMM guide of 1,200 patients for a full-time PCP.

²⁸ VHA Handbook 1006.1.

²⁹ VHA Handbook 1101.02, *Primary Care Management Module*, April 21, 2009.

Noncompliant	Areas Reviewed (continued)
Littleton	PCPs have been kept current in PCMM
	The number of patients invoiced is comparable to the total number of patients assigned to the PCP panels.
Table 12. PCMM	

VISN 1, White River Junction VAMC – Littleton

We noted that the facility does not track each provider’s time, expressed as FTE in PCMM, as required in the VHA handbook. The facility assigns patients to the provider’s panel but does not report FTEs for their contract sites. Workload and management efficiencies are distorted when FTEs for contract physicians are not reported.

CBOC Contract

We conducted reviews of contracted primary care at the Littleton, Jamestown, Lackawanna, and Petersburg CBOCs to evaluate the effectiveness of VHA oversight and administration for selected contract provisions relating to quality of care and payment of services. VA professionals provide MH services at each of these CBOCs, either on-site or tele-mental health services. Each CBOC engagement included: (1) a review of the contract, (2) analysis of patient care encounter data, (3) corroboration of information with VHA data sources, (4) site visits, and (5) interviews with VHA and contractor staff. Our review focused on documents and records for the 1st Qtr, FY 2011.

Table 13 summarizes the areas we reviewed and identifies the CBOCs that were not compliant in those areas. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
	(1) Contract provisions relating to payment and quality of care:
Littleton Jamestown Lackawanna Petersburg	a. Requirements for payment.
	b. Rate and frequency of payment.
	c. Invoice format.
Littleton	d. Performance measures (including incentives/penalties).
	e. Billing the patient or any other third party.
Petersburg	(2) Technical review of contract modifications and extensions.
Littleton Jamestown Lackawanna	(3) Invoice validation process.
	(4) The COTR designation and training.
	(5) Contractor oversight provided by the COTR.
	(6) Timely access to care.
Table 13. Review of PC and MH Contract Compliance	

VISN 1, White River Junction VAMC – Littleton

Requirements for Payment. The contract has conflicting language regarding payment terms for disenrolled veterans. The contract states the contractor is to receive full payment for a patient during the month of disenrollment only if the contractor treated the patient during that month; otherwise, the payment is to be prorated. However, a subsequent contract provision states the contractor will be paid for the full monthly capitated rate in the month that a patient disenrolled.

Performance Measures. The contract does not contain a detailed description of performance measures or monitoring procedures used by White River Junction VAMC to ensure contract compliance, as required by VA Directive 1663.³⁰ The contract states “the contractor is required to meet VHA quality criteria and performance measures, which will be available upon request” without specifically defining the criteria. Additionally, the contract does not have any incentives or penalties if performance exceeds or does not meet standards.

Invoice Validation Process. The COTR validated approximately 10 percent of 2,000 enrollees that are billed each month, which does not provide adequate assurance of validation and reduce the risk of overpayment.

We found that the contractor had been overpaid for patients that did not meet eligibility criteria under the contract. Since VA relied on the contractor to remove ineligible patients and did not have an independent process to validate patient eligibility, the contractor was paid the monthly capitated rate for approximately 51 patients who in some cases never received care from the contractor. The overcharges of approximately \$12,000 were calculated from the contract award month of July 2009 to October 2010. These overcharges could have been avoided if VA had an adequate validation process that relied on VA data to determine eligibility for payment.

VISN 2, Western New York HCS – Jamestown

Invoice Validation Process. The COTR authorized payment of invoices that had an incorrect capitated rate, which resulted in underpayments of approximately \$5,000 to the contractor. The contractor invoices for the period November 2010 through January 2011 contained capitated rates which were applicable to the prior contract period.

Requirements for Payment. The contract does not clearly define the requirements for payment. The contract required that each patient have a qualifying visit every 12 months to remain billable but does not define the term “qualifying visit.”

³⁰ VA Directive 1663, *Health Care Resources Contracting – Buying*, Title 38 U.S.C. 8153, August 10, 2006.

VISN 2, Western New York HCS – Lackawanna

Invoice Validation Process. The COTR authorized payment of invoices that had an incorrect capitated rate, which resulted in underpayments of approximately \$18,000 to the contractor. Contractor invoices for the period November 2010 through June 2011 contained capitated rates which were applicable to the prior contract period.

Requirements for Payment. The contract does not clearly define the requirements for payment. The contract required that each patient have a qualifying visit every 12 months to remain billable but does not define the term “qualifying visit.”

VISN 5, Martinsburg VAMC – Petersburg

Requirements for Payment. The current contract payment terms for eligible enrollees results in excess contractor compensation. The terms for payment require that a patient receive a vesting visit at least once every 24 months to be eligible for the monthly capitated payment, while most CBOC contracts require a vesting visit at least once every 12 months. Requiring a vesting visit every 12 months instead of every 24 months would have saved VA as much as \$22,000 or approximately 5 percent per year.

The contract states the Contractor is to provide shingles vaccinations to all veterans and flu vaccinations to non-enrolled veterans at an additional cost, separate from the monthly capitated rate. However, the cost of these vaccinations is not stated in the contract.

Technical Review. A seven-page amendment was made to the solicitation after the due date for offers, which could have affected competition for the contract. The amendment had significant changes, including a 50 percent increase in the contract amount and the removal of penalties for substandard performance. The solicitation was not reissued, and there is no evidence that the due date for proposals was extended. These changes were significant, and the solicitation should have been reissued for competition. Additionally, by removing performance penalties, VHA has little recourse to enforce VHA standards of care for substandard performance short of terminating the contract.

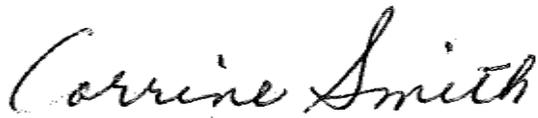
VISN 1 Director Comments

Department of
Veterans Affairs

Memorandum

Date: October 19, 2011
From: Director, VISN 1 (10N1)
Subject: **CBOC Reviews: Bennington, VT and Littleton, NH**
To: Director, 54F Healthcare Inspections Division (54F)
Director, Management Review Service (VHA 10A4A4)

I concur with the actions submitted to the Director of the Healthcare Inspection Division (54F) and the Director of Management Review Service regarding the CBOC reviews of the Bennington, VT and Littleton, NH CBOCs.



Michael Mayo-Smith, MD, MPH
Director, VISN 1



White River Junction VAMC Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: October 19, 2011

From: Director, White River Junction VAMC (405/00)

Subject: **CBOC Review: Bennington, VT and Littleton, NH**

To: Director, VISN 1 (10N1)

This confirms that I concur with the comments (dated 10/14/11) submitted in response to the Office of Inspector General's Report.

(original signed by Danielle Ocker, Associate Director for:)

Robert M. Walton
Director

Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendations to the Office of Inspector General's report:

OIG Recommendations

Recommendation 1. We recommended that a plan is developed to define how MH emergencies that require a higher level of care are addressed at the Bennington CBOC.

Concur

Target date for completion: December 31, 2011

The existing CBOC standard operating procedure (SOP) will be revised to reflect a more detailed referral process.

Recommendation 2. We recommended that at least one accessible VA or community-based ED is identified where veterans are directed to seek emergent care when necessary at the Littleton CBOC.

Concur

Target date for completion: January 31, 2012

The existing CBOC standard operating procedure (SOP) will be revised to reflect the following:

Procedures for managing Mental Health emergencies:

- WRJ VAMC will identify an accessible community-based Emergency Department where Veterans with emergent health care needs will be referred.
- WRJ VAMC will develop agreements and arrangements for sharing information and financial payment with the identified community-based facility.
- While action plan in progress: If patient is considered to be at imminent risk of harm to self or others, immediately contact local emergency services (911 or other). Patient will be taken to the nearest facility capable of providing an emergency mental health evaluation.

Recommendation 3. We recommended that the White River Junction VAMC develops a local policy for Short-Term Fee Basis consults.

Concur

Target date for completion: December 31, 2012

Policy is currently going through the concurrence process.

Recommendation 4. We recommended that the Short-Term Fee Basis consults are approved for the Littleton CBOC no later than 10 days from the date the consult was initiated.

Concur

Target date for completion: February 28, 2012

Having reinforced the requirements for timely consult approval immediately following survey, the facility Clinical Executive Board will review 1st Qtr FY12 performance data to ensure continued compliance.

Recommendation 5. We recommended that the Short-Term Fee Basis consults for the Bennington and Littleton CBOCs are approved by appropriate leadership or a designee in accordance with VHA policy.

Concur

Target date for completion: December 31, 2011

The delegation of approval memorandum will be revised to be in compliance with the VHA Policy.

Recommendation 6. We recommended that the veterans receive written notification when a Short-Term Fee Basis consult is approved at the Bennington and Littleton CBOCs.

Concur

Target date for completion: November 30, 2011

While WRJ Veterans were receiving written notification of fee service approval, the authorization details were not consistently documented in the medical record. Confirmation of authorization and date such authorization is sent to the Veteran will be documented directly in the fee consult as part of consult completion.

Recommendation 7. We recommended that the copies of Short-Term Fee Basis reports of the Bennington CBOC patients are filed or scanned into the medical record.

Concur

Target date for completion: December 31, 2011

Challenges surrounding the communication of paper results between VA and non-VA providers will be specifically addressed through an in-progress formal collaborative

“Improving Mammography Care” (Collaborative work to date was shared with the inspector as part of this survey). A process to ensure timely receipt of short term fee care results will be deployed at all CBOCs. Oversight to ensure appropriate and timely services will continue to be monitored at the facility Quality Management Board at least quarterly.

Recommendation 8. We recommended that the ordering practitioners, or surrogate practitioners, communicate the Short-Term Fee Basis results to the patients within 14 days from the date made available to the ordering practitioner at the Bennington CBOC.

Concur

Target date for completion: February 28, 2012

Having reinforced the requirements for timely notification of study results to all appropriate providers immediately following survey, the Clinical Executive Board will review 1st Qtr FY12 performance data to ensure continued compliance.

Recommendation 9. We recommended that managers at the Bennington and Littleton CBOCs establish a process to ensure effective oversight of the mammography program, as required by VHA policy.

Concur

Target date for completion: November 30, 2011

The VA requirements regarding mammography care have been communicated to the appropriate CBOC staff. In addition, the CBOCs are now specifically represented at the facility collaborative “Improving Mammography Care”. The CBOC mammography process will be specifically included in the oversight monitoring currently conducted through the facility Quality Management Board.

Recommendation 10. We recommended that the managers at the Bennington and Littleton CBOCs ensure that all mammogram results are documented using the BI-RADS code categories.

Concur

Target date for completion: December 31, 2011

Challenges surrounding the communication of documented results between VA and non-VA providers will be specifically addressed through an in-progress formal collaborative “Improving Mammography Care” (Collaborative work to date was shared with the inspector as part of this survey). A process to ensure timely receipt of short term fee care results, to include documented BI-RADS code categories will be deployed at all CBOCs. Oversight to ensure appropriate documentation will continue to be monitored at the facility Quality Management Board at least quarterly.

Recommendation 11. We recommended that managers establish a process to ensure that patients at the Bennington and Littleton CBOCs are notified of mammogram results within the allotted timeframe and that notification is documented in the medical record.

Concur

Target date for completion: February 28, 2012

Having reinforced the requirements for timely notification of study results (including results obtained for short term fee care) to all appropriate providers immediately following survey, the Clinical Executive Board will review 1st Qtr FY12 performance data to ensure continued compliance.

Recommendation 12. We recommended that managers ensure fee basis mammography results are received and scanned into CPRS at the Bennington and Littleton CBOCs.

Concur

Target date for completion: December 31, 2011

Timely receipt of mammography results and inclusion of those results in the medical record will be specifically addressed through an in-progress formal collaborative “Improving Mammography Care” (Collaborative work to date was shared with the inspector as part of this survey). A process to ensure timely receipt of, and timely medical record documentation of short term fee care will be deployed at all CBOCs. Oversight to ensure appropriate and timely services will continue to be monitored at the facility Quality Management Board at least quarterly.

Recommendation 13. We recommended that managers at the Bennington and Littleton CBOCs establish a process to ensure CPRS mammogram radiology orders are entered for all fee-basis mammograms and that all breast imaging and mammography results are linked to the appropriate radiology mammogram or breast study order.

Concur

Target date for completion: February 28, 2012

Having communicated this requirement to appropriate staff immediately following survey, a process to ensure orders for fee basis mammograms are entered and linked to the appropriate radiology order was deployed. The Quality Management Board will review performance data covering the 1st Qtr FY12 as part of the oversight of the “Improving Mammography Care” collaborative.

Recommendation 14. We recommended that the parent Facility Director appoints a Women’s Health Liaison for the Bennington CBOC and that collaboration occurs with the parent facility’s Women Veterans Program Manager.

Concur

Target date for completion: November 15, 2011

While a staff member had been identified and was functioning under the scope of this responsibility, a formal appointment from the Medical Center Director had not been issued. A formal appointment for the Women's Health Liaison for the Bennington CBOC will be issued.

Recommendation 15. We recommended that the Women's Health Liaison at the Littleton CBOC collaborates with the Women Veterans Program Manager.

Concur

Target date for completion: December 31, 2011

A Women's Health Liaison for the Littleton CBOC will be identified and officially appointed by the Medical Center Director.

Recommendation 16. We recommended that the policy includes what actions are taken when staff cannot demonstrate competency at the Bennington and Littleton CBOCs.

Concur

Target date for completion: January 31, 2012

While we have a competency verification policy and process in place, we recognize the need to clearly define actions when it is determined that an employee lacks the necessary competency. The facility policy will be revised to include specific actions to be taken by the supervisor when it has been determined the employee lacks the necessary competency for the specific task.

Recommendation 17. We recommended that core competencies for the ancillary clinical staff are defined at the Bennington and Littleton CBOCs.

Concur

Target date for completion: December 31, 2011

Appropriate supervisors will be notified and reminded that identified core competencies must be documented through the standardized competency verification checklist process maintained at the service level and used for ongoing competency assessment.

Recommendation 18. We recommended that managers ensure that all patient care staff members are trained in BLS with the use of an AED at the Littleton CBOC.

Concur

Target date for completion: December 31, 2011

While the facility has a policy outlining the requirements for BLS training, it was recently modified to include specific consequences should an employee fail to comply with the requirements. Monitoring to ensure compliance for privileged staff will continue to be part of the privileging and 24 month reprivileging activity which has oversight provided through the Professional Standards Board. In addition, for ancillary and other support staff, supervisors will be notified and reminded to include monitoring of these requirements as part of the standardized competency verification checklist process.

Recommendation 19. We recommended that initial and annual competencies are assessed and documented at the Bennington CBOC.

Concur

Target date for completion: December 31, 2011

Appropriate supervisors will be notified and reminded that initial and annual competencies must be assessed and documented through the standardized competency verification checklist process maintained at the service level and used for ongoing competency assessment.

Recommendation 20. We recommended that the Facility Director ensures that the PCMM data is accurate in accordance with the VHA directive and specifically includes FTEs for contract PCPs and Associate Physicians at the Littleton CBOC.

Concur

Target date for completion: January 31, 2012

The CBOC Coordinator, with the support of the Chief of Primary Care will ensure that PCMM data for the contract CBOC is accurate in accordance with VHA Policy and includes all contract provider information.

Recommendation 21. We recommended that the Facility Director and Contracting Officer ensure that the contract is modified to clearly define the requirements for payment and specifically how the contractor is to be compensated when patients are disenrolled.

Concur

Target date for completion: July 1, 2012

The CBOC Coordinator and the Chief Contracting Officer will ensure the contract clearly defines all requirements for payment and compensation specifically as it applies to patient's disenrollment. Contract review will be completed and contract modifications will be made as necessary.

Recommendation 22. We recommended that the Facility Director and Contracting Officer ensure that all contracts include a detailed description of performance measures and monitoring procedures that will be utilized to evaluate the contractor's performance and include enforcement provisions if those measures are not met.

Concur

Target date for completion: November 30, 2011

The facility, in conjunction with the Contracting Officer, will initiate a Quality Assurance Surveillance Plan (QUASP). This plan will include a detailed description of the monitoring procedures used by this facility to ensure contract compliance. Performance measure elements will be monitored at least monthly through the facility replicable process entitled "1st Friday Performance Review". This plan will be a living document and the facility will review and revise it at least annually. We will coordinate this plan with the contractor.

Recommendation 23. We recommended the Facility Director strengthens the invoice validation process to ensure the accuracy of invoiced enrollees, using VA data as the basis for determining the payment due to the contractor, which will reduce the risk of overpayments.

Concur

Target date for completion: January 31, 2012

The Littleton Contract CBOC COTR, working closely with the Chief Contract Officer, the Chief of the Business Office and the facility Compliance Officer will develop and deploy an invoice validation process which will include greater than 10 percent of enrollees billed each month. In addition, the new system will include an independent process to validate patient eligibility to reduce the risk of overcharges and overpayments. The new process will rely primarily on VA data to determine eligibility.

Recommendation 24. We recommended that the Facility Director determines, with the assistance of the Regional Counsel, the extent and collectability of the overpayments on the contract.

Concur

Target date for completion: January 31, 2012

The COTR, working closely with the Chief Contract Officer, the Chief of the Business Office and the facility Compliance Officer will review and determine any opportunity to recover overpayments made related to the Littleton contract CBOC. The COTR will seek Regional Counsel support as necessary.

VISN 2 Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: October 17, 2011
From: Network Director, VISN 2 (10N2)
Subject: **CBOC Reviews: Jamestown and Lackawanna, NY**
To: Director, 54F Healthcare Inspections Division (54F)
Director, Management Review Service (VHA 10A4A4)

Attached is Veterans Affairs Western New York Healthcare System (VAWNYHS) response to the draft report of the Jamestown and Lackawanna New York CBOCs. I have reviewed the draft report and concur with all the findings and recommendations.

(original signed by:)

David J. West, FACHE

VA Western New York HCS Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: October 14, 2011

From: Director, VA Western New York HCS (528/00)

Subject: **CBOC Reviews: Jamestown and Lackawanna, NY**

To: Director, VISN 2 (10N2)

1. Attached is Veterans Affairs Western New York Healthcare System (VAWNYHS) response to the draft report of the Jamestown and Lackawanna New York CBOCs. I have reviewed the draft report and concur with all the findings and recommendations.
2. If you have any questions please contact, Ms. Kathryn Varkonda, Performance Manager, at (716) 862-6380.

(original signed by:)

Jason C. Petti, MSHA, VHA-CM

Interim Medical Center Director

Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendations to the Office of Inspector General's report:

OIG Recommendations

Recommendation 25. We recommended that a plan is developed to define how MH emergencies are addressed at the Jamestown and Lackawanna CBOCs.

Concur

Target date for completion: October 17, 2011

A standard operating procedure for mental health emergencies at all VAWNYHS CBOCs has been developed, and is in place, and staff have been provided educated on its usage.

Recommendation 26. We recommended that patients receive written notification when a Short-Term Fee Basis consult is approved at the Lackawanna CBOC.

Concur

Target date for completion: November 18, 2011

The VISN 2 Non-VA Care Policy and process will be revised by November 18, 2011, to include storage within CPRS documentation of the electronic image of the short term fee basis approval letter and date it is sent to the Veteran.

Recommendation 27. We recommended that the ordering practitioners, or surrogate practitioners, communicate the Short-Term Fee Basis results to patients within 14 days from the date made available to the ordering practitioner at the Lackawanna CBOC.

Concur

Target date for completion: October 14, 2011

VAWNYHS has implemented a process by which practitioners communicate the results of Short Term Fee Basis results to patients within 14 days from the date results are made available to the ordering provider and documenting their provision in the medical record.

Recommendation 28. We recommended that the Jamestown and Lackawanna managers establish a process to ensure patients with normal mammograms are provided written notification of results within the allotted timeframe and that notification is documented in the medical record.

Concur

Target date for completion: October 17, 2011

VAWNYHS has implemented a process by which Veterans with normal mammograms at the Jamestown and Lackawanna CBOC will be mailed a copy of their normal mammograms within the allotted timeframe and documentation of the mailing of the results recorded in the Veteran's medical record.

Recommendation 29. We recommended that managers at the Lackawanna CBOC establish a process to ensure CPRS mammogram radiology orders are entered for all fee-basis mammograms and that all breast imaging and mammography results are linked to the appropriate radiology mammogram or breast study order.

Concur

Target date for completion: October 17, 2011

VAWNYHS has implemented a process in which fee basis mammograms will have a CPRS order to enable mammogram results to be linked to the study order. The VAWNYHS Radiology manager has trained all CBOC staff on the process and will monitor linkage of study results to orders on a quarterly basis.

Recommendation 30. We recommended that FPPEs at the Jamestown and Lackawanna CBOCs have clearly defined timeframes and that results are reported to the ECMS, documented in the ECMS minutes, and placed in the provider profiles.

Concur

Target date for completion: November 12, 2011

VAWNYHS has in place a process by which all provider FPPE timeframes and results are reported to ECMS, documented in the ECMS minutes, and placed in provider profiles. The Jamestown and Lackawanna CBOC providers FPPEs audited were conducted prior to VAWNYHS implementing this process. The Jamestown and Lackawanna CBOC provider FPPEs inclusive of required timeframes will be reported to the November 2011 ECMS, documented in the ECMS minutes, and placed in the provider profiles.

Recommendation 31. We recommended that all LCSWs at the Lackawanna CBOC have scopes of practice that are facility, service, and provider-specific.

Concur

Target date for completion: January 30, 2012

All VAWNYHS CBOC LCSW are in the process of having scopes of practice defined that are facility, service, and provider specific via the Credentialing and Privileging Process (C & P). Fifteen VAWNYHS CBOC LCSW have already had scopes of

practice defined via the facility C & P process and the remaining CBOC LCSWs will be have scopes of practice defined via C & P by January 30, 2012.

Recommendation 32. We recommended that the Lackawanna CBOC manager ensures that all patient care staff members are trained and assessed for BLS and phlebotomy on an annual basis as required by local policy.

Concur

Target date for completion: December 1, 2011

All Lackawanna CBOC patient care staff will be trained and assessed for BLS by an outside contractor and by VAWNYHS laboratory staff for phlebotomy. Both the outside contractor and VAWNYHS laboratory staff have clinical expertise in their respective areas. The VAWNYHS CBOC Contracting Officer Technical Representative (COTR) will monitor the completion of BLS and phlebotomy training of Lackawanna CBOC staff on an annual basis.

Recommendation 33. We recommended that clinical competencies at the Lackawanna CBOC are assessed by an individual who has the appropriate clinical background and a current assessment of clinical skills.

Concur

Target date for completion: October 14, 2011

All clinical competencies at the Lackawanna CBOC have been conducted and assessed by an individual who has the appropriate clinical background to assess the competency of the staff member. The VAWNYHS COTR will review staff competencies on an annual basis to ensure that they were conducted by an individual with the appropriate clinical background.

Recommendation 34. We recommended that the Lackawanna CBOC allocates handicap parking spaces as required by ADA.

Concur

Target date for completion: February 28, 2012

The Contracting Officer has notified the CBOC vendor via official letter that a clearly labeled, dedicated handicapped space adjacent to the building is required for the CBOC. A City of Buffalo variance will be required to enable the vendor to be in compliance with the changes outlined by the Contracting Officer.

Recommendation 35. We recommended that the identified fire and life safety issues at the Lackawanna CBOC are corrected.

Concur

Target date for completion: September 30, 2011

The identified fire and life safety issues at the Lackawanna CBOC have been corrected by the vendor. The VAWNYHS Life Safety Specialist physically verified and documented the correction of the fire and life safety issues at the Lackawanna CBOC.

Recommendation 36. We recommended that the Facility Director ensures that the invoice validation process includes a review of the accuracy of contracted capitated rates presented on the invoices for the Jamestown and Lackawanna CBOCs.

Concur

Target date for completion: September 30, 2011

The VAWNYHS CBOC COTR will review CBOC invoices on a monthly basis to ensure that invoices are being billed according to the defined criteria for calculation listed within the contract.

Recommendation 37. We recommended that the Contracting Officer ensures the contract clearly states the requirements for payment and that all actionable terms are clearly defined for the Jamestown and Lackawanna CBOCs.

Concur

Target date for completion: November 30, 2012

The Contracting Officer will modify the Jamestown and Lackawanna CBOC contracts to include language that clarifies requirements for payment and defines actionable terms.

VISN 5 Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: October 19, 2011
From: Director, VISN 5 (10N5)
Subject: **CBOC Reviews: Hagerstown, MD and Petersburg, WV**
To: Director, 54F Healthcare Inspections Division (54F)
Director, Management Review Service (VHA 10A4A4)

1. We appreciate the opportunity for this review as a continuing process to improve the care to our Veterans. The Office of Inspector General Community Based Outpatient Clinic Team was professional and consultative during the review.
2. I have reviewed the comments provided by the Medical Center Director, Martinsburg VA Medical Center and concur with the responses and proposed action plans to the recommendations outlined in the report.
3. If further information is required, please contact V. Denise O'Dell, RN, MSA, CPHQ, Chief Quality Management, Martinsburg VA Medical Center, at (304) 263-0811, extension 4035.

(original signed by Guy Richardson, Deputy Network Director for:)

Fernando O. Rivera, Network Director

Martinsburg VAMC Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: October 19, 2011
From: Director, Martinsburg VAMC (613/00)
Subject: **CBOC Reviews: Hagerstown, MD and Petersburg, WV**
To: Director, VISN 5 (10N5)

1. Thank you for allowing me to respond to this Community Based Outpatient Clinic (CBOC) Review of Hagerstown, MD and Petersburg, WV facilities. We found the review educational and helpful. We appreciate the professionalism demonstrated by the OIG CBOC Team.
2. Attached please find the Martinsburg responses and relevant action for the 22 recommendations from the Office of the Inspector General Community Based Outpatient Clinic review conducted 8/29-31, 2011.
3. If you have any questions regarding this report please contact V. Denise O'Dell, RN, MSA, CPHQ, Chief Quality Management, Martinsburg VAMC, at (304) 263-0811, extension 4035.

(original signed by:)

Ann R. Brown, FACHE, Medical Center Director

Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendations to the Office of Inspector General's report:

OIG Recommendations

Recommendation 38. We recommended that the facility develops a local policy for Short-Term Fee Basis consults.

Concur

Target date for completion: 12/15/2011

A local policy for Short-Term Fee Basis consults will be developed by Medical Administrative Service and approved by the Medical Center Director by December 15, 2011.

Recommendation 39. We recommended that the providers at the Hagerstown CBOC document a justification for the use of Short-Term Fee Basis care in the medical record.

Concur

Target date for completion: 12/15/2011

A local policy for Short-Term Fee Basis Consults will be developed by Medical Administrative and approved by the Medical Center Director by December 15, 2011. The policy will emphasize the requirement of the clinician to justify the decision to seek non-VA care on the consult. This will be made a field in the consult template for ordering.

Recommendation 40. We recommended that Short-Term Fee Basis consults are approved at the Hagerstown and Petersburg CBOCs no later than 10 days from the date the consult was initiated.

Concur

Target date for completion: 12/15/2011

The Martinsburg VAMC procedure for approval of Short-Term Fee Basis consults is to have approval within 10 days. The issue was in how this approval is documented (during the time of review this was not electronic) and to have it as part of the electronic consult template for reviewing in CPRS. This procedure will be outlined as part of the local policy to be developed and approved by December 15, 2011.

Recommendation 41. We recommended that the Short-Term Fee Basis consults at the Hagerstown and Petersburg CBOCs are approved by appropriate leadership or a designee in accordance with VHA policy.

Concur

Target date for completion: 12/15/2011

Short-Term Fee Basis consults at Martinsburg VAMC are approved by the appropriate leadership or designee in accordance with VHA directives; however, the process for designees (during absences, personnel in an acting capacity) was not clearly articulated as part of this process. The VAMC will enhance the Short-Term Fee Basis Consults policy to specifically include that designee/acting personnel can approve short-term fee basis consults. Medical Administrative Service will be notified (by Chief of Staff) when a designee/acting personnel has approving capacity. This will be reflected in the Short Term Fee Basis Consults policy.

Recommendation 42. We recommended that the patients receive written notification when a Short-Term Fee Basis consult is approved at the Hagerstown and Petersburg CBOCs.

Concur

Target date for completion: 12/15/2011

Although this was part of the process for Short-Term Fee Basis patients, it was not articulated in local policy or retrievable in the medical record documentation. This will be strengthened and included in the Short Term Fee Basis Consult policy by 12/15/2011. Providers will be notified of this strengthened practice by the Chief of Staff and designated Clinical Service Chiefs, as appropriate by 12/15/2011.

Recommendation 43. We recommended that the copies of Short-Term Fee Basis reports of Hagerstown CBOC patients are filed or scanned into the medical record.

Concur

Target date for completion: 12/15/2011

A local policy for Short-Term Fee Basis consults will be developed by Medical Administrative Service and approved by the Medical Center Director by December 15, 2011. The policy will request that non-VA care providers submit appropriate medical documentation with the claims form to the Fee Basis office. Fee Basis staff will be responsible for scanning the documents into DocManager and following up with non-VA care providers if documentation is lacking by 12/15/2011.

Recommendation 44. We recommended that the ordering providers, or surrogate practitioners, at the Hagerstown CBOC review Short-Term Fee Basis reports within 14 days from the date on which the results are available.

Concur

Target date for completion: 12/15/2011

Per our policy on Reporting Testing Results, the providers will be responsible for documenting review of Short-Term Fee Basis results into CPRS. Providers will be responsible for generating a test results letter to the patient upon receipt of View Alert that the exam results are in CPRS. This letter must be generated within 14 days of the viewable results being in CPRS. Providers will be notified of this strengthened practice by the Chief of Staff and designated Clinical Service Chiefs, as appropriate by 12/15/2011.

Recommendation 45. We recommended that the ordering providers, or surrogate practitioners, at the Hagerstown CBOC communicate the Short-Term Fee Basis results to the patient within 14 days from the date the results are made available to the ordering provider.

Concur

Target date for completion: 12/15/2011

Per our policy on Reporting Testing Results, the providers will be responsible for generating a test results letter to the patient upon receipt of View Alert that the exam results are in CPRS. This letter must be generated within 14 days from the date the results are made available to the ordering provider. Providers will be notified of this strengthened practice by the Chief of Staff and designated Clinical Service Chiefs, as appropriate by 12/15/2011.

Recommendation 46. We recommended that mammogram results at the Hagerstown CBOC are documented using BI-RADS categories.

Concur

Target date for completion: 11/1/2011

The standard operating procedure for the mammogram process was amended in the 4th QTR of FY 2011 with education and guidelines to our mammography imaging contractors. This includes entry of the mammography results with documented BI-RADS categories to be included into the report. This information is then forwarded to Martinsburg for scanning into CPRS. The Women Health Clinic also has begun tracking (October 1, 2011) all mammograms ordered by our facility for completeness with BI-RADS category.

Recommendation 47. We recommended that managers at the Hagerstown and Petersburg CBOCs establish and monitor a process to ensure timely notification of normal mammography results to patients.

Concur

Target date for completion: 12/15/2011

Per our policy on Reporting Testing Results, the providers will be responsible for generating a test results letter to the patient upon receipt of View Alert that the exam results are in CPRS. This letter must be generated within 14 days from the date the results are made available to the ordering provider. Providers will be notified of this strengthened practice by the Chief of Staff and designated Clinical Service Chiefs, as appropriate by 12/15/2011.

Recommendation 48. We recommended that the PSB grants privileges consistent with the services provided at the Hagerstown CBOC.

Concur

Target date for completion: 11/30/2011

The provider in question at the Hagerstown CBOC has been reviewed by Credentialing and Privileging staff and the appropriate changes in scope have been made and will be taken to PSB in November 2011.

Recommendation 49. We recommended that FPPEs are initiated for all licensed independent practitioners who have been newly hired at the Hagerstown CBOC.

Concur

Target date for completion: 11/1/2011

The Credentialing and Privileging process includes the initiation of FPPE's on all new hires at Martinsburg VAMC CBOCs. The Credentialing and Privileging staff will ensure that all FPPE's will be initiated at time of appointment to medical staff. A review of all new hires will be done on a quarterly basis by Credentialing and Privileging staff to ensure compliance.

Recommendation 50. We recommended that non- licensed independent practitioners' scopes of practice accurately reflect their specialty practices at the Hagerstown CBOC.

Concur

Target date for completion: 11/30/2011

The employee in question at the Hagerstown CBOC has been reviewed by Credentialing and Privileging staff and the appropriate changes in scope have been made and will be taken to PSB in November 2011.

Recommendation 51. We recommended that the entrance door at the Petersburg CBOC is ADA accessible.

Concur

Target date for completion: 1/31/2012

The entrance door handles meeting ADA requirements have been ordered and will be in place by 1/31/2012. Facility Management Service is working with Contracting Service to address these concerns. The project number for this correction is #613-12-303.

Recommendation 52. We recommended that the security of patient PII is maintained at the Hagerstown and Petersburg CBOCs.

Concur

Target date for completion: 12/31/2011

Plastic breakaway locks will be purchased to secure transfer containers used to transport laboratory specimens from CBOCs to the parent facility by 12/31/2011.

Recommendation 53. We recommended that auditory privacy is maintained during the check-in process at the Hagerstown CBOC.

Concur

Target date for completion: 12/1/2011

To ensure auditory privacy of PII at both Hagerstown and Petersburg CBOC's, signage has been posted at the check-in areas requesting patients to stand behind the stanchions while waiting to be called to the counter for assistance. All CBOC staff will be trained and educated to remind patients to respect privacy by providing space and distance. Staff will be instructed to speak to patients being served at the check-in counter in a volume appropriate to personal conversations. This training will be done by CBOC coordinators by 12/1/2011. This will also be added to CBOC Orientation checklist for new employees by 12/1/2011.

Recommendation 54. We recommended that the Chief of OI&T evaluates the use of the IT closet at the Petersburg CBOC and implements appropriate measures according to VA policy.

Concur

Target date for completion: 1/31/2012

Chief of OI&T will evaluate the use of the IT closet at the Petersburg CBOC and recommend any necessary changes to be made in the contract for that location.

Recommendation 55. We recommended that floor model sharps containers are secured at the Hagerstown CBOC.

Concur

Target date for completion: 10/21/2011

Floor model sharps containers at the Hagerstown CBOC will be secured no later than 10/21/2011. Platforms have been ordered by our Acquisition and Materials Management Service and will be delivered to clinic for install during week of October 17, 2011.

Recommendation 56. We recommended that managers ensure that an AED is available at the Petersburg CBOC.

Concur

Target date for completion: 10/31/2011

AED box has been installed on a wall of the clinic at Petersburg CBOC (September 30, 2011). The CBOC received the AED on 10/6/2011.

Recommendation 57. We recommended that the Facility Director and Contracting Officer consider utilizing a 12-month vesting criteria for future contracts to ensure a more effective use of VHA healthcare resources.

Concur

Target date for completion: 1/1/2012

Consideration will be given for establishing a 12-month vesting criteria for future contracts starting 1/1/2012.

Recommendation 58. We recommended that the Facility Director and Contracting Officer ensure pricing for all ancillary charges are identified in the contract.

Concur

Target date for completion: 3/31/2012

The existing Petersburg contract is based upon a fixed rate and will expire 9/30/13 (option year 4). A multidisciplinary team will be formed to develop the statement of work for the future contract and consideration will be given to identify all necessary services included within the scope as well as contractual terms that address ancillary charges.

Recommendation 59. We recommended that the Contracting Officer ensures competition in the solicitation process by giving all bidders the opportunity to bid on the same requirements, specifically when changes are made after the solicitation has closed.

Concur

Target date for completion: 1/31/2012

Future necessary changes to the existing contract will consider competitive quotes of suppliers and subcontractors, as available.

OIG Contact and Staff Acknowledgments

OIG Contact For more information about this report, please contact the Office of Inspector General at (202) 461-4720.

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