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Office of Healthcare Inspections

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Community Based Outpatient Clinic Reviews Springfield, MA Morehead City and Raleigh, NC Clarksville and Cookeville, TN Wichita Falls, TX Klamath Falls, OR

July 6, 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 to 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.

Glossary

A1c	glycated hemoglobin
C&P	credentialing and privileging
CBOC	community based outpatient clinic
COTR	Contracting Officer's Technical Representative
CPRS	Computerized Patient Record System
DM	Diabetes Mellitus
EKG	electrocardiogram
EOC	environment of care
FY	fiscal year
FTE	full-time employee equivalents
HCS	Health Care System
IC	infection control
LCSW	Licensed Clinical Social Worker
LPN	Licensed Practical Nurse
MH	mental health
MST	military sexual trauma
NP	nurse practitioner
OIG	Office of Inspector General
OPPE	Ongoing Professional Practice Evaluation
PA	physician assistant
PI	performance improvement
PCMM	Primary Care Management Module
PCP	primary care provider
PSB	Professional Standards Board
PTSD	Post-Traumatic Stress Disorder
Qtr	quarter
RN	registered nurse
SOP	standard operating procedure
SORCC	Southern Oregon Rehabilitation Center and Clinics
VAMC	VA Medical Center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VSSC	VHA Support Service Center

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Executive Summary

Purpose: We conducted the review of seven CBOCs during the week of March 7, 2011. CBOCs were reviewed in VISN 1 at Springfield, MA; in VISN 6 at Morehead City and Raleigh, NC; in VISN 9 at Clarksville and Cookeville, TN; in VISN 16 at Wichita Falls, TX; and, in VISN 20 at Klamath Falls, OR. The parent facilities of these CBOCs are Northampton VAMC, Durham VAMC, Tennessee Valley HCS, Oklahoma City VAMC, and Southern Oregon Rehabilitation Center and Clinics, respectively. The purpose was to evaluate selected activities, assessing whether the CBOCs are operated in a manner that provide veterans with consistent, safe, high-quality health care.

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

Northampton VAMC

- Ensure that the C&P Committee grants privileges appropriate for the services provided at the Springfield CBOC.
- Ensure that the C&P Committee documents adequate discussion of providers' PI data prior to reprivileging at the Springfield CBOC.
- Implement a plan to improve communication of normal test results to patients and monitor compliance at the Springfield CBOC.

Durham VAMC

We made no recommendations.

Tennessee Valley HCS

- Ensure that contract pre-award process is performed with adequate time to ensure award before expiration of current contract.
- Ensure that key contract terminology is clearly defined.
- Ensure that staff providing oversight of contracted medical care have a clear understanding of the performance and payment provisions in the contract.
- Reduce the number of patients assigned to more than one PCP in accordance with the VHA guidance.

Oklahoma City VAMC

- Ensure that adequate competency data is maintained in all providers' profiles at the Wichita Falls CBOC.

- Require that the ordering provider documents patient notification and follow-up actions in response to critical results at the Wichita Falls CBOC.

- Require that normal test results are consistently communicated to patients within the specified timeframe at the Wichita Falls CBOC.

- Ensure that reports of radiology exams and laboratory tests are consistently entered into CPRS at the Wichita Falls CBOC.

- Ensure that contract oversight includes the monitoring of performance measures and enforcement of incentives and penalties when applicable, as required per the contract.

- Ensure that contract requirements and modifications, including extensions, are appropriate and consistent with the federal acquisition requirements.

- Ensure the accuracy of reported PCMM data is in accordance with the VA Handbook.

SORCC

- Ensure that measurable performance data is maintained in all provider profiles to support physician reprivileging at the Klamath Falls CBOC.

- Ensure that normal test results are consistently communicated to patients within the specified timeframe at the Klamath Falls CBOC.

Comments

The VISN and facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A–J, pages 29–44 for the full text of the Directors' comments.) We will follow up on the planned actions until they are completed.

(original signed by:)

JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
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Part I. Objectives and Scope

Objectives. The purposes of this review are to:

- Determine whether CBOC performance measure scores are comparable to the parent VAMC or HCS outpatient clinics.
- Determine whether CBOC providers are appropriately credentialed and privileged in accordance to VHA Handbook 1100.19.[1]
- Determine whether appropriate notification and follow-up action are documented in the medical record when critical laboratory test results are generated.
- Determine the extent patients are notified of normal laboratory test results.
- Determine whether CBOCs are in compliance with standards of operations according to VHA Handbook 1006.1[2] in the areas of environmental safety and emergency planning.
- 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 Handbook 1101.02.[3]

Scope. The topics discussed in this report include:

- Quality of Care Measures
- C&P
- Management of Laboratory Results
- EOC and Emergency Management
- CBOC Contracts

We reviewed CBOC policies, performance documents, provider C&P files, and nurses' personnel records. For each CBOC, we evaluated the quality of care measures by reviewing 50 randomly selected patients with a diagnosis of DM and 30 female patients between the ages of 52 and 69 who had mammograms, unless fewer patients were available. We reviewed the medical records of these selected patients to determine compliance with VHA performance measures.

We also reviewed medical records for 10 patients who had critical laboratory results and

[1] VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.
[2] VHA Handbook 1006.1, *Planning and Activating Community-Based Outpatient Clinics*, May 19, 2004.
[3] VHA Handbook 1101.02, *Primary Care Management Module (PCMM)*, April 21, 2009.

10 patients with normal laboratory results or fewer if 10 were not available. We will use the term *critical value or result* as defined in VHA Directive 2009-019.[4] A critical test result is defined as those values or interpretations that, if left untreated, could be life threatening or place the patient at serious risk. All emergent test results and some abnormal test results constitute critical values or results. Although not defined in the directive, we will use the term *normal results* to describe test or procedure results that are neither emergent nor abnormal, or results that are within or marginally outside the expected or therapeutic range.

We conducted EOC inspections to determine the CBOCs' cleanliness and condition of the patient care areas, condition of equipment, adherence to clinical standards for IC and patient safety, and compliance with patient data security requirements. We evaluated whether the CBOCs had a local policy/guideline defining how health emergencies, including MH emergencies, are handled.

We evaluated whether the Cookeville and Wichita Falls CBOC contracts provided guidelines that the contractor needed to follow in order to address quality of care issues. We also verified that the number of enrollees or visits reported was supported by collaborating documentation.

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

[4] VHA Directive 2009-019, *Ordering and Reporting Test Results,* March 24, 2009.

Part II. Results and Recommendations

A. VISN 1, Northampton VAMC – Springfield

CBOC Characteristics

Table 1 shows the characteristics of the Springfield CBOC.

CBOC Characteristics	Springfield
Type of CBOC	VA Staffed
Number of Uniques, FY 2010	6,119
Number of Visits, FY 2010	42,274
CBOC Size[5]	Large
Locality	Urban
FTE Provider(s)	4.98
Type Providers Assigned	Internal Medicine Physician PCP PA NP Psychiatrists Psychologists LCSW Clinical Nurse Specialist
Ancillary Staff Assigned	RN LPN Pharmacist Social Worker Laboratory Technician Health Technician/Medical Assistant
Type of MH Providers	Psychiatrists Psychologist NP/Clinical Nurse Specialist LCSW Addiction Counselors
Provides MH Services	Yes
• **Evening Hours**	No
• **Weekends**	No
• **Plan for Emergencies Outside of Business Hours**	No
• **Provided Onsite**	General MH services Substance Use Disorder PTSD MST Homelessness
• **Referrals**	Another VA facility Fee-Basis or contract
• **Tele-Mental Health**	Yes

[5] Based on the number of unique patients seen as defined by the VHA Handbook 1160.01.

CBOC Characteristics (cont'd)	Springfield
Specialty Care Services Onsite	Yes
• **Type**	Neurology Women's Health Urology
• **Referrals**	Another VA facility Fee-Basis or contract
Ancillary Services Provided Onsite	Laboratory Onsite Pharmacy Physical Medicine EKG
Miles to Parent Facility	23

Table 1: CBOC Characteristics

Quality of Care Measures[6]

DM

Diabetes is the leading cause of new cases of blindness among adults age 20−74 and diabetic retinopathy causes 12,000 to 24,000 new cases of blindness each year. Detection and treatment of diabetic eye disease with laser therapy can reduce the development of severe vision loss by an estimated 50−60 percent. Table 2 displays the parent facility's and the Springfield CBOC's compliance in screening for retinopathy.

Measure	*Meets Target*	*Facility*	*Qtr 3 Numerator*	*Qtr 3 Denominator*	*Qtr 3 (%)*
DM – Retinal Eye Exam	70%	631 Northampton VAMC	41	51	**81**
		631BY Springfield CBOC	36	46	**78**

Table 2. Retinal Exam, FY 2010

A1c is a blood test that measures average blood glucose (sugar) levels. Research studies in the United States and abroad have found that improved glycemic control benefits people with either type I or type II diabetes. In general, for every 1 percent reduction in A1c, the relative risk of developing microvascular diabetic complications (eye, kidney, and nerve disease) is reduced by 40 percent. The American Diabetes Association recommends an A1c of less than 7 percent. Patients with poorly controlled diabetes (A1c greater than 9 percent) are at higher risk of developing diabetic complications. Measuring A1c assesses the effectiveness of therapy. For this indicator, low scores indicate better compliance. Table 3 displays the scores of the parent facility and the Springfield CBOC.

[6] 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. It corrects for the unequal number of available cases within each organizational level (i.e., CBOC, facility) and protects against the calculation of biased or inaccurate scores. Weighting can alter the raw measure score (numerator/denominator). Raw scores can go up or down depending on which cases pass or fail a measure. Sometimes the adjustment can be quite significant.

Measure	Meets Target	Facility	Qtr 3 Numerator	Qtr 3 Denominator	Qtr 3 (%)
DM –A1c > 9 or not done in past year	16%	631 Northampton VAMC	10	51	**23**
		631BY Springfield CBOC	7	46	**15**

Table 3. A1c Testing, FY 2010

Women's Health

Breast cancer is the second most common type of cancer among American women, with approximately 207,000 new cases reported each year.[7] It is most common in women over 50. Women whose breast cancer is detected early have more treatment choices and better chances for survival. Screening by mammography (an x-ray of the breast) has been shown to reduce mortality by 20–30 percent among women 40 and older. Comparison of the Springfield CBOC to the parent facility's breast cancer screening is listed in Table 4.

Measure	Meets Target	Facility	Qtr 3 Numerator	Qtr 3 Denominator	Qtr 3 (%)
Mammography, 50-69 years old	77%	631 Northampton VAMC	18	21	**86**
		631BY Springfield CBOC	27	30	**90**

Table 4. Women's Health, FY 2010

C&P

We reviewed the C&P files of five providers and the personnel folders of four nurses at the Springfield CBOC. All providers possessed full, active, current, and unrestricted licenses, and all required credentials were primary source verified. All nurses' license and education requirements were verified and documented. Service-specific criteria for OPPE had been developed and approved. We found sufficient performance data to meet current requirements. However, we found the following areas that required improvement.

Clinical Privileges

The C&P Committee[8] granted providers clinical privileges for procedures, including minor suturing and wound debridement, which were not performed at the Springfield CBOC. VHA policy requires that facility managers grant clinical privileges that are facility specific, setting specific, and provider specific.[9]

[7] American Cancer Society, Cancer Facts & Figures 2009.
[8] The facility's C&P Committee performs the same function as a PSB.
[9] VHA Handbook 1100.19.

C&P Committee Minutes

The C&P Committee meeting minutes did not reflect adequate discussion for any of the five providers' performance data prior to reprivileging. VHA policy requires that the C&P Committee consider professional performance data prior to reprivileging and that the minutes reflect the committee's discussions.[10]

Recommendation 1. We recommended that the C&P Committee grants privileges appropriate for the services provided at the Springfield CBOC.

Recommendation 2. We recommended that the C&P Committee documents adequate discussion of providers' PI data prior to reprivileging at the Springfield CBOC.

Management of Laboratory Results

VHA Directive 2009-019 requires critical test results to be communicated to the ordering provider or surrogate provider within a timeframe that allows for prompt attention and appropriate clinical action to be taken. VHA also requires that the ordering provider communicate test results to patients so that they may participate in health care decisions. Each parent facility is required to develop a written policy for communicating test results to providers and documenting communications in the medical record, to include a system for surrogate providers to receive results when the ordering provider is not available. In addition, ordering providers are required to communicate outpatient test results (those not requiring immediate attention) to patients no later than 14 calendar days from the date on which the results are available to the ordering provider.

We reviewed the parent facility's policies and procedures and the medical records of patients who had tests resulting in critical values and normal values. We found the following, with one process that needed improvement.

Critical Laboratory Results

We found that the Springfield CBOC had effective processes in place to communicate critical laboratory test results to ordering providers and patients. We reviewed the medical records of 10 patients who had critical laboratory results and found that 9 (90 percent) records contained documented evidence of patient notification and follow-up actions.

Normal Laboratory Results

We found that the medical records of 10 patients at the Springfield CBOC who had normal test results. We found documentation that the providers communicated the normal results to only one patient within 14 calendar days from the date the results were available to the ordering provider.

[10] VHA Handbook 1100.19.

Recommendation 3. We recommended that managers implement a plan to improve communication of normal test results to patients and monitor compliance at the Springfield CBOC.

Environment and Emergency Management

EOC

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, IC, and general maintenance. The CBOC met most standards, and the environment was generally clean and safe. We found that the IC program monitored data and appropriately reported that data to relevant committees. Safety guidelines were generally met, and risk assessments were in compliance with VHA standards.

Emergency Management

VHA Handbook 1006.1 requires each CBOC to have a local policy or SOP defining how medical emergencies, including MH, are handled. The CBOC had policies that outlined management of medical and MH emergencies, and staff at each facility articulated responses that accurately reflected the local emergency response guidelines.

B. VISN 6, Durham VAMC – Morehead City and Raleigh

CBOC Characteristics

Table 5 shows the characteristics of the Morehead City and Raleigh CBOCs.

CBOC Characteristics	Morehead City	Raleigh
Type of CBOC	VA Staffed	VA Staffed
Number of Uniques, FY 2010	4,083	8,769
Number of Visits, FY 2010	19,898	37,045
CBOC Size	Mid-Size	Large
Locality	Rural	Urban
FTE Provider(s)	3.50	8.30
Type Providers Assigned	Internal Medicine Physician PCP NP Psychologists Psychiatrists LCSW	Internal Medicine Physician NP PA Psychiatrists LCSW Family Practitioners
Ancillary Staff Assigned	RN LPN Technologists Health Technician/ Medical Assistant	RN LPN Pharmacist Social Worker
Type of MH Providers	Psychologists Psychiatrists LCSW	Psychiatrists LCSW PCP
Provides MH Services	Yes	Yes
• **Evening Hours**	No	No
• **Weekends**	No	No
• **Plan for Emergencies Outside of Business Hours**	Yes	No
• **Provided Onsite**	Substance Use Disorder PTSD MST Psychosocial Rehabilitation	PTSD
• **Referrals**	Another VA facility	Another VA facility
• **Tele-Mental Health**	Medication management Individual Therapy	No
Remote Services	None	None
Specialty Care Services Onsite	Yes	Yes
• **Type**	Dental Optometry Women's Health	Dermatology Women's Health
• **Referrals**	Another VA facility	Another VA facility Fee-basis or contract

CBOC Characteristics (cont'd)	Morehead City	Raleigh
Ancillary Services Provided Onsite	Laboratory EKG	Laboratory EKG
Miles to Parent Facility	170	35

Table 5: CBOC Characteristics

Quality of Care Measures

DM

Diabetes is the leading cause of new cases of blindness among adults age 20−74 and diabetic retinopathy causes 12,000 to 24,000 new cases of blindness each year. Detection and treatment of diabetic eye disease with laser therapy can reduce the development of severe vision loss by an estimated 50−60 percent. Table 6 displays the parent facility and the Morehead City and Raleigh CBOCs' compliance in screening for retinopathy.

Measure	*Meets Target*	*Facility*	*Qtr 3 Numerator*	*Qtr 3 Denominator*	*Qtr 3 (%)*
DM – Retinal Eye Exam	70%	558 Durham VAMC	58	63	**91**
		558GC Morehead City CBOC	43	44	**98**
		558GB Raleigh CBOC	43	43	**100**

Table 6. Retinal Exam, FY 2010

A1c is a blood test that measures average blood glucose (sugar) levels. Research studies in the United States and abroad have found that improved glycemic control benefits people with either type I or type II diabetes. In general, for every 1 percent reduction in A1c, the relative risk of developing microvascular diabetic complications (eye, kidney, and nerve disease) is reduced by 40 percent. The American Diabetes Association recommends an A1c of less than 7 percent. Patients with poorly controlled diabetes (A1c greater than 9 percent) are at higher risk of developing diabetic complications. Measuring A1c assesses the effectiveness of therapy. For this indicator, low scores indicate better compliance. Table 7 displays the scores of the parent facility and the Morehead City and Raleigh CBOCs.

Measure	*Meets Target*	*Facility*	*Qtr 3 Numerator*	*Qtr 3 Denominator*	*Qtr 3 (%)*
DM –A1c > 9 or not done in past year	22%	558 Durham VAMC	1,455	9,069	**16**
		558GC Morehead City CBOC	7	44	**16**
		558GB Raleigh CBOC	6	43	**14**

Table 7. A1c Testing, FY 2010

Women's Health

Breast cancer is the second most common type of cancer among American women, with approximately 207,000 new cases reported each year. It is most common in women over 50. Women whose breast cancer is detected early have more treatment choices and better chances for survival. Screening by mammography (an x-ray of the breast) has been shown to reduce mortality by 20–30 percent among women 40 and older. Comparisons of the Morehead City and Raleigh CBOCs to the parent facility's breast cancer screening are listed in Table 8.

Measure	*Meets Target*	*Facility*	*Qtr 3 Numerator*	*Qtr 3 Denominator*	*Qtr 3 (%)*
Mammography, 50-69 years old	77%	558 Durham VAMC	3,301	3,786	**88**
		558GC Morehead City CBOC	25	29	**86**
		558GB Raleigh CBOC	19	23	**83**

Table 8. Women's Health, FY 2010

C&P

We reviewed the C&P files of five providers and the personnel folders of five nurses at the Morehead City CBOC and five providers and five nurses at the Raleigh CBOC. All providers possessed a full, active, current, and unrestricted license; and privileges were appropriate for services rendered. All nurses' license and education requirements were verified and documented. Service-specific criteria for OPPE had been developed and approved. We found sufficient performance data to meet current requirements. OPPE included minimum competency criteria for privileges.

Management of Laboratory Results

VHA Directive 2009-019 requires critical test results to be communicated to the ordering provider or surrogate provider within a timeframe that allows for prompt attention and appropriate clinical action to be taken. VHA also requires that the ordering provider communicate test results to patients so that they may participate in health care decisions. Each parent facility is required to develop a written policy for communicating test results to providers and documenting communications in the medical record, to include a system for surrogate providers to receive results when the ordering provider is not available. In addition, ordering providers are required to communicate outpatient test results (those not requiring immediate attention) to patients no later than 14 calendar days from the date on which the results are available to the ordering provider.

We reviewed the parent facility's policies and procedures and the medical records of patients who had tests resulting in critical values and normal values. We determined that the facility had developed a written policy and had implemented an effective reporting process for test results.

Critical Laboratory Results

We found that the Morehead City and Raleigh CBOCs had effective processes in place to communicate critical laboratory test results to ordering providers and patients. We reviewed the medical records of 20 patients (10 at the Morehead City CBOC and 10 at the Raleigh CBOC) who had critical laboratory results and found that all records at the Morehead City CBOC and 9 records (90 percent) at the Raleigh CBOC contained documented evidence of patient notification and follow-up actions.

Normal Laboratory Results

We found that the Morehead City and Raleigh CBOCs had effective processes in place to communicate normal laboratory test results to patients. We reviewed the medical records of 20 patients (10 at the Morehead City CBOC and 10 at the Raleigh CBOC) who had normal laboratory results and found that all records at both CBOCs contained documented evidence of patient notification within 14 calendar days from the date the results were available to the ordering provider.

Environment and Emergency Management

EOC

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, IC, and general maintenance. Both CBOCs met most standards, and the environments were generally clean and safe. We found that the IC program monitored data and appropriately reported that data to relevant committees. Safety guidelines were generally met, and risk assessments were in compliance with VHA standards.

Emergency Management

VHA Handbook 1006.1 requires each CBOC to have a local policy or SOP defining how medical emergencies, including MH, are handled. Both CBOCs had policies that outlined management of medical and MH emergencies, and staff at each facility articulated responses that accurately reflected the local emergency response guidelines.

C. VISN 9, Tennessee Valley HCS – Clarksville and Cookeville

CBOC Characteristics

Table 9 shows the characteristics of the Clarksville and Cookeville CBOCs.

CBOC Characteristics	Clarksville	Cookeville
Type of CBOC	VA Staffed	Contract
Number of Uniques, FY 2010	4,121	4,240
Number of Visits, FY 2010	16,492	14,910
CBOC Size	Mid-Size	Mid-Size
Locality	Urban	Rural
FTE Provider(s)	3.4	3
Type Providers Assigned	PCP NP PA Psychiatrists LCSW	PCP NP Psychologists Psychiatrists
Ancillary Staff Assigned	RN LPN Pharmacist Social Worker Health Technician/ Medical Assistant	RN LPN Technologists Health Technician/ Medical Assistant
Type of MH Providers	Psychiatrists NP/Clinical Nurse Specialist LCSW PCP	Psychologists Psychiatrists
Provides MH Services	Yes	Yes
• **Evening Hours**	No	No
• **Weekends**	No	No
• **Plan for Emergencies Outside of Business Hours**	No	Yes
• **Provided Onsite**	Substance Use Disorder PTSD MST Homelessness Psychosocial Rehabilitation	PTSD Psychosocial Rehabilitation
• **Referrals**	Another VA facility	Another VA facility
• **Tele-Mental Health**	Medication Management	Consultation
Remote Services	Tele-Retinal	Tele-Medicine
Specialty Care Services Onsite	Yes	No
• **Type**	Audiology	NA
• **Referrals**	Another VA facility	Another VA facility Fee-basis or contract

CBOC Characteristics (cont'd)	Clarksville	Cookeville
Ancillary Services Provided Onsite	Laboratory EKG	Laboratory Radiology EKG
Miles to Parent Facility	49	75

Table 9: CBOC Characteristics

Quality of Care Measures

DM

Diabetes is the leading cause of new cases of blindness among adults age 20−74 and diabetic retinopathy causes 12,000 to 24,000 new cases of blindness each year. Detection and treatment of diabetic eye disease with laser therapy can reduce the development of severe vision loss by an estimated 50−60 percent. Table 10 displays the parent facility's and the Clarksville and Cookeville CBOCs' compliance in screening for retinopathy.

Measure	*Meets Target*	*Facility*	*Qtr 3 Numerator*	*Qtr 3 Denominator*	*Qtr 3 (%)*
DM – Retinal Eye Exam	70%	626 Tennessee Valley HCS	90	105	**89**
		626GE Clarksville CBOC	46	48	**96**
		626GH Cookeville CBOC	38	45	**84**

Table 10. Retinal Exam, FY 2010

A1c is a blood test that measures average blood glucose (sugar) levels. Research studies in the United States and abroad have found that improved glycemic control benefits people with either type I or type II diabetes. In general, for every 1 percent reduction in A1c, the relative risk of developing microvascular diabetic complications (eye, kidney, and nerve disease) is reduced by 40 percent. The American Diabetes Association recommends an A1c of less than 7 percent. Patients with poorly controlled diabetes (A1c greater than 9 percent) are at higher risk of developing diabetic complications. Measuring A1c assesses the effectiveness of therapy. For this indicator, low scores indicate better compliance. Table 11 displays the scores of the parent facility and the Clarksville and Cookeville CBOCs.

Measure	*Meets Target*	*Facility*	*Qtr 3 Numerator*	*Qtr 3 Denominator*	*Qtr 3 (%)*
DM –A1c > 9 or not done in past year	22%	626 Tennessee Valley HCS	11	106	**12**
		626GE Clarksville CBOC	5	48	**10**
		626GH Cookeville CBOC	4	45	**9**

Table 11. A1c Testing, FY 2010

Women's Health

Breast cancer is the second most common type of cancer among American women, with approximately 207,000 new cases reported each year. It is most common in women over 50. Women whose breast cancer is detected early have more treatment choices and better chances for survival. Screening by mammography (an x-ray of the breast) has been shown to reduce mortality by 20–30 percent among women 40 and older. Comparisons of the Clarksville and Cookeville CBOCs to the parent facility's breast cancer screening are listed in Table 12.

Measure	*Meets Target*	*Facility*	*Qtr 3 Numerator*	*Qtr 3 Denominator*	*Qtr 3 (%)*
Mammography, 50-69 years old	77%	626 Tennessee Valley HCS	49	57	**86**
		626GE Clarksville CBOC	29	30	**97**
		626GH Cookeville CBOC	26	29	**90**

Table 12. Women's Health, FY 2010

C&P

We reviewed the C&P files of five providers and the personnel folders of four nurses at the Clarksville CBOC and five providers and four nurses at the Cookeville CBOC. All providers possessed a full, active, current, and unrestricted license; and privileges were appropriate for services rendered. All nurses' license and education requirements were verified and documented. Service-specific criteria for OPPE had been developed and approved. We found sufficient performance data to meet current requirements. OPPE included minimum competency criteria for privileges.

Management of Laboratory Results

VHA Directive 2009-019 requires critical test results to be communicated to the ordering provider or surrogate provider within a timeframe that allows for prompt attention and appropriate clinical action to be taken. VHA also requires that the ordering provider communicate test results to patients so that they may participate in health care decisions. Each parent facility is required to develop a written policy for communicating test results to providers and documenting communications in the medical record, to include a system for surrogate providers to receive results when the ordering provider is not available. In addition, ordering providers are required to communicate outpatient test results (those not requiring immediate attention) to patients no later than 14 calendar days from the date on which the results are available to the ordering provider.

We reviewed the parent facility's CBOCs policies and procedures and the medical records of patients who had tests resulting in critical values and normal values. We determined that the facility and CBOC had developed a written policy and had implemented an effective reporting process for test results.

Critical Laboratory Results

We found that the Clarksville and Cookeville CBOCs had effective processes in place to communicate critical laboratory test results to ordering providers and patients. We reviewed the medical records of 20 patients (10 at the Clarksville CBOC and 10 at the Cookeville CBOC) who had critical laboratory results and found that all records contained documented evidence of patient notification and follow-up actions.

Normal Laboratory Results

We found that the Clarksville and Cookeville CBOCs had effective processes in place to communicate normal laboratory test results to patients. We reviewed the medical records of 20 patients (10 at the Clarksville CBOC and 10 at the Cookeville CBOC) and determined that the CBOCs had communicated normal results to 19 patients within 14 calendar days from the date the results were available to the ordering provider.

Environment and Emergency Management

EOC

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, IC, and general maintenance. Both CBOCs met most standards, and the environments were generally clean and safe. We found that the IC program monitored data and appropriately reported that data to relevant committees. Safety guidelines were generally met, and risk assessments were in compliance with VHA standards.

Emergency Management

VHA Handbook 1006.1 requires each CBOC to have a local policy or SOP defining how medical emergencies, including MH, are handled. Both CBOCs had policies that outlined management of medical and MH emergencies, and staff at each facility articulated responses that accurately reflected the local emergency response guidelines.

CBOC Contracts

Cookeville CBOC

The contract for the Cookeville CBOC is administered through the Tennessee Valley HCS, Alvin C. York Campus, for primary medical care and MH services for all eligible veterans in VISN 9. Contracted services with Valor Healthcare, Inc., began on August 1, 2007, with a base year ending July 31, 2008, and 2 option years extending the contract through July 31, 2010. The contract was extended for 6 months through January 31, 2011, pursuant to the provisions in the contract. At the time of our review, the CBOC was operating under a second contract extension that extended services through July 31, 2011.

Contracted primary care services are provided by 3.0 FTE PCPs, composed of one physician and two NPs. The contractor was compensated at a monthly capitated rate per enrollee. The CBOC had 4,240 unique primary medical care enrollees with 14,910 visits as reported on the FY 2010 CBOC Characteristics report (see Table 9).

Contracted MH services are provided by 2.0 FTE MH providers, a psychiatrist and psychologist. The contractor was compensated at a monthly capitated rate per enrollee. There were 934 MH encounters at the CBOC for individual and group therapy sessions in 3 rd Qtr, FY 2010.

We reviewed the contract to determine the contract payment terms, the services provided, the invoices submitted, and supporting information. We also performed inquiries of key Tennessee Valley HCS and contractor personnel. Our review focused on documents and records for the 3rd Qtr, FY 2010. We reviewed the methodology for tracking and reporting the number of enrollees in compliance with the terms of the contract. We reviewed paid capitation rates for compliance with the contract; form and substance of the contract invoices for ease of data analysis by the COTR; and duplicate, missing, or incomplete SSNs on the invoices.

The VA PCMM Coordinator is responsible for maintaining currency of information in the PCMM database. The Tennessee Valley HCS has approximately 69,000 active patients with approximately 4,100 active patients assigned to the Cookeville CBOC. We reviewed PCMM data reported by VSSC and the Tennessee Valley HCS for compliance with VHA policies. We made inquiries about the number of patients who were unassigned, assigned to more than one PCP, or potentially deceased.

Based on our review, we made the following observations, findings, and recommendations for the contract administration of primary care and MH, and the management of PCMM. Contract oversight responsibilities are divided between two people, a COTR for primary care services and a COTR for MH services. We commend the facility's oversight of primary care through weekly and monthly meetings with the contractor, monitoring of performance measures, and an effective invoice validation process. The invoice validation process utilized lessens the risk of contractor overpayments by using VA data to determine the number of billable patients. The COTR for MH services provides oversight through quarterly peer reviews and periodic site visits. MH invoices were reviewed and found satisfactory; however, we found that key people responsible for oversight were not familiar with MH contract provisions, which raises the risk that contract provisions will not be monitored.

We inquired about the large number of patients assigned to some of the primary care panels in PCMM, such as 1,600 assigned to one NP. We were told this has not resulted in reduced access to care and other performance measures.

We noted the following:

1. In the contract, an undefined phrase was used in the provision for payment that could lead to misinterpretation of a vesting visit. The contract states that each

billable patient must have at least one "detailed medical evaluation every 12 months," where "detailed medical evaluation" has not been defined.

2. Contracted services were improperly continued under a 6-month contract extension for the period February through July 2011. The contract had already been extended once for 6 months, and the contract stated that the base year and contract extensions cannot extend beyond January 31, 2011. The contract should have been extended under an interim contract authority.

3. The MH invoice validation process does not provide assurance that the payment amount is accurate. We did not identify discrepancies; however, the current process samples approximately 20-30 out of 900 billable patients to validate MH encounters. This level of sampling would not give assurance payment amounts are accurate. The invoice review process could be improved by relying on VHA and not contractor provided data when validating the accuracy of total number of patients billed monthly to the VHA.

4. We found that Tennessee Valley HCS PCMM panels had 2,661 patients with two or more PCPs assigned. VHA policy[11] states that each patient must have only one assigned PCP within the VA system with some exceptions with approval. Patients with two or more PCPs assigned inflate primary care panel sizes and increase medical care costs for contracted care. The PCMM Coordinator is aware of this issue and has staff working to reduce the number of patients with two or more PCP assignments.

Recommendation 4. We recommended that the VISN 9 Director ensures that contract pre-award process is performed with adequate time to ensure award before expiration of current contract.

Recommendation 5. We recommended that the VISN 9 Director ensures that key contract terminology is clearly defined.

Recommendation 6. We recommended the Tennessee Valley HCS Director ensures that staff providing oversight of contracted medical care have a clear understanding of the performance and payment provisions in the contract.

Recommendation 7. We recommended that the Tennessee Valley HCS Director complies with VHA directives to maintain the accuracy of PCMM data to include reducing the number of patients assigned to more than one PCP.

[11] VHA Handbook 1101.02.

D. VISN 16, Oklahoma City VAMC – Wichita Falls

CBOC Characteristics

Table 13 shows the characteristics of the Wichita Falls CBOC.

CBOC Characteristics	Wichita Falls
Type of CBOC	Contract
Number of Uniques, FY 2010	2,998
Number of Visits, FY 2010	11,508
CBOC Size	Mid-Size
Locality	Urban
FTE Provider(s)	1.50
Type Providers Assigned	PCP PA Psychologist LCSW
Ancillary Staff Assigned	RN LPN Social Worker Technician/Technologists
Type of MH Providers	Psychologists LCSW
Provides MH Services	Yes
• **Evening Hours**	No
• **Weekends**	No
• **Plan for Emergencies Outside of Business Hours**	Yes
• **Provided Onsite**	General MH services Substance Use Disorder PTSD MST
• **Referrals**	None
• **Tele-Mental Health**	Medication management
Remote Services	Tele-Retinal Imaging
Specialty Care Services Onsite	Yes
• **Type**	Women's Health
• **Referrals**	Another VA facility Fee-basis or contract
Ancillary Services Provided Onsite	Laboratory
Miles to Parent Facility	142

Table 13: CBOC Characteristics

Quality of Care Measures

DM

Diabetes is the leading cause of new cases of blindness among adults age 20−74 and diabetic retinopathy causes 12,000 to 24,000 new cases of blindness each year. Detection and treatment of diabetic eye disease with laser therapy can reduce the development of severe vision loss by an estimated 50−60 percent. Table 14 displays the parent facility's and the Wichita Falls CBOC's compliance in screening for retinopathy.

Measure	*Meets Target*	*Facility*	*Qtr 3 Numerator*	*Qtr 3 Denominator*	*Qtr 3 (%)*
DM – Retinal Eye Exam	70%	635 Oklahoma City VAMC	93	101	**94**
		635GB Wichita Falls CBOC	37	47	**79**

Table 14. Retinal Exam, FY 2010

A1c is a blood test that measures average blood glucose (sugar) levels. Research studies in the United States and abroad have found that improved glycemic control benefits people with either type I or type II diabetes. In general, for every 1 percent reduction in A1c, the relative risk of developing microvascular diabetic complications (eye, kidney, and nerve disease) is reduced by 40 percent. The American Diabetes Association recommends an A1c of less than 7 percent. Patients with poorly controlled diabetes (A1c greater than 9 percent) are at higher risk of developing diabetic complications. Measuring A1c assesses the effectiveness of therapy. For this indicator, low scores indicate better compliance. Table 15 displays the scores of the parent facility and the Wichita Falls CBOC.

Measure	*Meets Target*	*Facility*	*Qtr 3 Numerator*	*Qtr 3 Denominator*	*Qtr 3 (%)*
DM –A1c > 9 or not done in past year	29%	635 Oklahoma City VAMC	11	101	**12**
		635GB Wichita Falls CBOC	11	47	**23**

Table 15. A1c Testing, FY 2010

Women's Health

Breast cancer is the second most common type of cancer among American women, with approximately 207,000 new cases reported each year. It is most common in women over 50. Women whose breast cancer is detected early have more treatment choices and better chances for survival. Screening by mammography (an x-ray of the breast) has been shown to reduce mortality by 20–30 percent among women 40 and older. Comparison of the Wichita Falls CBOC to the parent facility's breast cancer screening is listed in Table 16.

Measure	*Meets Target*	*Facility*	*Qtr 3 Numerator*	*Qtr 3 Denominator*	*Qtr 3 (%)*
Mammography, 50-69 years old	77%	635 Oklahoma City VAMC	27	37	**71**
		635GB Wichita Falls CBOC	20	28	**71**

Table 16. Women's Health, FY 2010

The CBOC manager reported that most results were available through the contractor's computer system. Providers have access to the contractor's computer system at the CBOC; however, the mammogram reports were not available in CPRS. The CBOC manager reported that a fulltime employee was recently hired to manually enter results into CPRS.

C&P

We reviewed the C&P files of five providers and the personnel folders of three nurses at the Wichita Falls CBOC. All providers possessed a full, active, current, and unrestricted license. All nurses' license and education requirements were verified and documented. Service-specific criteria for OPPE had been developed and approved. However, we found the following area that needed improvement.

OPPE

We found that two of five provider profiles did not contain OPPE data. OPPEs allow the facility to identify professional practice trends that impact the quality of care and patient safety. OPPEs also serve as a mechanism for providers to assess their performance in relation to those with comparable privileges and seek avenues for improvement, if warranted.

Recommendation 8. We recommended that adequate competency data is maintained in all providers' profiles.

Management of Laboratory Results

VHA Directive 2009-019 requires critical test results to be communicated to the ordering provider or surrogate provider within a timeframe that allows for prompt attention and appropriate clinical action to be taken. VHA also requires that the ordering provider communicate test results to patients so that they may participate in health care decisions. Each parent facility is required to develop a written policy for communicating test results to providers and documenting communications in the medical record, to include a system for surrogate providers to receive results when the ordering provider is not available. In addition, ordering providers are required to communicate outpatient test results (those not requiring immediate attention) to patients no later than 14 calendar days from the date on which the results are available to the ordering provider.

We reviewed the parent facility's policies and procedures, and the medical records of patients who had tests resulting in critical values and normal values. We found the following areas that needed improvement.

Critical Laboratory Results

We found that the Wichita Falls CBOC did not have an effective process in place to communicate critical laboratory test results to patients. We reviewed the medical records of 10 patients who had critical laboratory results and found that 6 (60 percent) records contained documented evidence of patient notification and follow-up actions.

Recommendation 9. We recommended that the ordering provider document patient notification and follow-up actions in response to critical results at the Wichita Falls CBOC.

Normal Laboratory Results

We found that the Wichita Falls CBOC did not have an effective process in place to communicate normal laboratory test results to patients. We reviewed the medical records of 10 patients and determined that the CBOC had communicated normal results to only 1 (10 percent) patient within 14 calendar days from the date the result was available to the ordering provider.

Recommendation 10. We recommended that normal test results are consistently communicated to patients within the specified timeframe at the Wichita Falls CBOC.

Environment and Emergency Management

EOC

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, IC, and general maintenance. The Wichita Falls CBOC met most standards, and the environment was generally clean and safe. We found that the IC program monitored data and appropriately reported that data to relevant committees. Safety guidelines were generally met, and risk assessments were in compliance with VHA standards. We found one process that needed improvement.

Medical Records

We found that managers at the Wichita Falls CBOC did not ensure the report entry of radiology exams and laboratory tests into the CPRS. According to VHA policy,[12] CPRS is the primary electronic health record where patient information is documented. Further, the contract states that laboratory and radiology results must be entered into CPRS. Managers acknowledged this variance and reported that a fulltime employee was hired to manually enter results of laboratory and radiology services into CPRS.

[12] VHA Handbook 1907.01, *Health Management and Health Records*, August 25, 2006.

Recommendation 11. We recommended that reports of radiology exams and laboratory tests be consistently entered into CPRS at the Wichita Falls CBOC.

Emergency Management

VHA Handbook 1006.1 requires each CBOC to have a local policy or standard operating procedure(s) defining how medical emergencies, including MH, are handled. The Wichita Falls CBOC had policies that outlined management of medical and MH emergencies. Our interviews revealed staff articulated responses that accurately reflected the local emergency response guidelines.

CBOC Contracts

Wichita Falls CBOC

The contract for the Wichita Falls CBOC is administered through the Oklahoma City VAMC for primary medical and MH care for all eligible veterans in VISN 16 and was awarded competitively to United Regional Healthcare System for a base year that began on January 1, 2005, and ended December 31, 2005. With two 1-year option periods, the contract was to expire on December 31, 2007. However, it was modified on June 26, 2008, with an effective date of May 1, 2008, to add: 1) 2 additional option years with increased pricing; 2) 1.5 FTE for a MH staff to include a social worker and a program support administrative clerk; and 3) leased space for MH services. This modification extended the contract through December 31, 2009. The contract was modified again with an effective date of November 2, 2009, to extend the contract an additional 6 months to "allow time for bid preparation and award of new contract." The payment terms of the original contract included a monthly capitated rate per enrollee for primary care patients and an hourly rate for MH services. The CBOC had 2,998 unique primary medical care enrollees with 11,508 visits as reported on the FY 2010 CBOC Characteristics report (see Table 13).

MH services are provided onsite by a VA psychologist with the contractor providing support staff (social worker and program administrator). The VA psychologist also provides tele-mental health services to other CBOCs. When needed, Oklahoma City VAMC provides a psychiatrist for tele-mental health services for patients at the Wichita Falls CBOC. The VA leases the office space from the contractor to accommodate the MH services. There were 596 MH encounters at the CBOC during the 3rd Qtr, FY 2010.

We reviewed the contract to determine the payment terms, the services provided, the invoices submitted, and supporting information. We also performed inquiries of key Oklahoma City VAMC and contractor personnel. Our review focused on documents and records for the 3rd Qtr, FY 2010. We reviewed the methodology for tracking and reporting the number of enrollees in compliance with the terms of the contract. We reviewed paid capitation rates for compliance with the contract; form and substance of the contract invoices for ease of data analysis by the COTR; and duplicate, missing, or

incomplete SSNs on the invoices.

The VA PCMM Coordinator is responsible for maintaining currency of information in the PCMM database. The Oklahoma City VAMC has approximately 43,000 active patients with approximately 2,700 active patients assigned to the Wichita Falls CBOC. We reviewed PCMM data reported by VSSC and the Oklahoma City VAMC for compliance with VHA policies. We made inquiries with the PCMM Coordinator to determine the accuracy of the PCP panel sizes reported in the PCMM database.

We noted the following:

1. Performance measures and patient satisfaction are not being monitored to track eligibility for incentives or penalties as stated in the contract. We found that the contractor did not meet certain performance measures; therefore, penalties should have been enforced according to the contract**.** The amount of penalties for the 3rd Qtr, FY 2010 was about $7,200. The contractor did not meet these performance measures the entire fiscal year, which would have resulted in additional penalties estimated at $18,700.

2. There were two contract modifications that added new services and expenses, which were outside of the scope of the original contract. The new requirements included: 1) furnished leased space, 2) additional staff to be paid for by the VA, 3) additional IT equipment, and 4) an annual rate increase for both primary care and MH services during the extension periods. These requirements represent a cardinal change to the contract, which should have been re-competed and a new contract awarded.

3. The contract modification to extend the 3-year contract by adding 2 years was not appropriate. The contract contains Federal Acquisition Requirement clause 52.217-9, *Option to Extend the Term of the Contract,* allows the CO to exercise the awarded option years. However, it does not allow the CO to add new option years. The maximum term of this contract should have been 3 years.

4. There was a 4-month period between January 2008 and April 2008 where there was no contract in place. The original contract expired on December 31, 2007. An extension on the contract with an effective date of May 1, 2008, was signed on June 26, 2008.

5. The contract statement of work includes a provision for a waiting period of less than 30 minutes that conflicts with VHA directive which states "patients must be seen by a provider within 20 minutes of their scheduled appointment."[13]

6. The number of enrollees invoiced exceeded the maximum workload limitation of 2600 as required by the contract. The number of enrollees invoiced averaged more than 2,700 in the 3rd Qtr, FY 2010.

[13] VHA Directive 2006-041, *Veterans Health Care Service Standards*, June 27, 2006.

7. The number of the patients assigned to PCPs in PCMM was significantly less than the number invoiced. For the month of June 2010, the difference between the patients assigned (2,003) and patients invoiced (2,742) is 739 patients. This difference was due to one PCP and his assigned patients that were incorrectly coded to the parent facility in PCMM but should have been coded to the Wichita Falls CBOC.

8. There were 1,367 patients assigned to an Oklahoma City VAMC PCP in PCMM that were also assigned to an additional PCP at other facilities. The PCMM Handbook states that each patient must have only one assigned PCP within the VA system unless approval has been obtained for more than one provider.[14] The Oklahoma City VAMC had 48 patients that were approved to have more than one PCP.

Recommendation 12. We recommended that the Oklahoma City VAMC Director ensures that contract oversight includes the monitoring of performance measures and enforcement of incentives and penalties when applicable, as required per the contract.

Recommendation 13. We recommended that the VISN 16 Director ensures that contract requirements and modifications, including extensions, are appropriate and consistent with the federal acquisition requirements.

Recommendation 14. We recommended that the Oklahoma City VAMC Director take appropriate action to ensure the accuracy of reported PCMM data is in accordance with the PCMM Handbook.

[14] VHA Handbook 1101.02.

E. VISN 20, Southern Oregon Rehabilitation Center and Clinics – Klamath Falls

CBOC Characteristics

Table 17 shows the characteristics of the Klamath Falls CBOC.

CBOC Characteristics	Klamath Falls
Type of CBOC	VA Staffed
Number of Uniques, FY 2010	2,631
Number of Visits, FY 2010	15,788
CBOC Size	Mid-Size
Locality	Rural
FTE Provider(s)	2.33
Type Providers Assigned	PCP NP
Ancillary Staff Assigned	RN LPN Health Technician/Medical Assistant
Type of MH Providers	NP/Clinical Nurse Specialist
Provides MH Services	Yes
• **Evening Hours**	No
• **Weekends**	No
• **Plan for Emergencies Outside of Business Hours**	No
• **Provided Onsite**	Medication Management
• **Referrals**	None
• **Tele-Mental Health**	Medication Management Individual Therapy Group Therapy
Remote Services	Tele-medicine Tele-dermatology
Specialty Care Services Onsite	No
• **Type**	NA
• **Referrals**	Another VA facility Fee-basis or contract
Ancillary Services Provided Onsite	Laboratory EKG
Outreach Clinic	Lakeview Outreach Clinic
Miles to Parent Facility	90

Table 17: CBOC Characteristics

Quality of Care Measures

DM

Diabetes is the leading cause of new cases of blindness among adults age 20−74 and diabetic retinopathy causes 12,000 to 24,000 new cases of blindness each year. Detection and treatment of diabetic eye disease with laser therapy can reduce the

development of severe vision loss by an estimated 50−60 percent. Table 18 displays the parent facility and the Klamath Falls CBOC's compliance in screening for retinopathy.

Measure	Meets Target	Facility	Qtr 3 Numerator	Qtr 3 Denominator	Qtr 3 (%)
DM – Retinal Eye Exam	70%	692 SORCC	53	59	**93**
		692GA Klamath Falls CBOC	12	15	**80**

Table 18. Retinal Exam, FY 2010

A1c is a blood test that measures average blood glucose (sugar) levels. Research studies in the United States and abroad have found that improved glycemic control benefits people with either type I or type II diabetes. In general, for every 1 percent reduction in A1c, the relative risk of developing microvascular diabetic complications (eye, kidney, and nerve disease) is reduced by 40 percent. The American Diabetes Association recommends an A1c of less than 7 percent. Patients with poorly controlled diabetes (A1c greater than 9 percent) are at higher risk of developing diabetic complications. Measuring A1c assesses the effectiveness of therapy. For this indicator, low scores indicate better compliance. Table 19 displays the scores of the parent facility and the Klamath Falls CBOC.

Measure	Meets Target	Facility	Qtr 3 Numerator	Qtr 3 Denominator	Qtr 3 (%)
DM –A1c > 9 or not done in past year	20%	692 SORCC	7	59	**14**
		692GA Klamath Falls CBOC	1	15	**7**

Table 19. A1c Testing, FY 2010

Women's Health

Breast cancer is the second most common type of cancer among American women, with approximately 207,000 new cases reported each year. It is most common in women over 50. Women whose breast cancer is detected early have more treatment choices and better chances for survival. Screening by mammography (an x-ray of the breast) has been shown to reduce mortality by 20–30 percent among women 40 and older. The parent facility's breast cancer screening results are listed in Table 20. The Klamath Falls CBOC had no patients who met the criteria for our review; therefore, we were not able to compare the CBOC to the parent facility's score.

Measure	Meets Target	Facility	Qtr 3 Numerator	Qtr 3 Denominator	Qtr 3 (%)
Mammography, 50-69 years old	77%	692 SORCC	25	28	**89**
		692GA Klamath Falls CBOC	NA	NA	**NA**

Table 20. Women's Health, FY 2010

C&P

We reviewed the C&P files of four providers and the personnel folders of five nurses at the Klamath Falls CBOC. All providers possessed a full, active, current and unrestricted license. All nurses' license and education requirements were verified and documented. However, we found the following area that required improvement:

Performance Improvement Data

We did not find measurable performance data to support reprivileging in the four provider profiles reviewed. VHA policy requires specific competency criteria in OPPEs for all privileged physicians.[15]

Recommendation 15. We recommended that measurable performance data is maintained in all provider profiles to support physician reprivileging at the Klamath Falls CBOC.

Management of Laboratory Results

VHA Directive 2009-019 requires critical test results to be communicated to the ordering provider or surrogate provider within a timeframe that allows for prompt attention and appropriate clinical action to be taken. VHA also requires that the ordering provider communicate test results to patients so that they may participate in health care decisions. Each parent facility is required to develop a written policy for communicating test results to providers and documenting communications in the medical record, to include a system for surrogate providers to receive results when the ordering provider is not available. In addition, ordering providers are required to communicate outpatient test results (those not requiring immediate attention) to patients no later than 14 calendar days from the date on which the results are available to the ordering provider.

We reviewed the parent facility's policies and procedures and the medical records of patients who had tests resulting in critical values and normal values. We found the following, with one process that needed improvement.

Critical Laboratory Results

We found that the Klamath Falls CBOC had effective processes in place to communicate critical laboratory test results to ordering providers and patients. We reviewed the medical records of four patients who had critical laboratory results and found that all the records contained documented evidence of patient notification and follow-up actions.

[15] VHA Handbook 1100.19.

Normal Laboratory Results

We found that the Klamath Falls CBOC did not have processes in place to communicate normal laboratory test results to patients. We reviewed the medical records of 10 patients and determined that the Klamath Falls CBOC had communicated normal results to 7 (70 percent) patients within 14 calendar days from the date the results were available to the ordering provider.

Recommendation 16. We recommended that normal test results are consistently communicated to patients within the specified timeframe at the Klamath Falls CBOC.

Environment and Emergency Management

EOC

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, IC, and general maintenance. The clinic met standards, and the environments were generally clean and safe. We found that the IC program monitored data and appropriately reported that data to relevant committees. Safety guidelines were generally met, and risk assessments were in compliance with VHA standards.

Emergency Management

VHA Handbook 1006.1 requires each CBOC to have a local policy or SOP defining how medical emergencies, including MH, are handled. The CBOC had policies that outlined management of medical and MH emergencies. Our interviews revealed staff articulated responses that accurately reflected the local emergency response guidelines.

VISN 1 Director Comments

Department of Veterans Affairs **Memorandum**

Date: May 23, 2011

From: Director, VISN 1 (10N1)

Subject: CBOC Review: Springfield, MA

To: Director, Bedford Office of Healthcare Inspections (54BN)

Director, Management Review Services (VHA 10A4A4)

I have reviewed the findings and recommendations and concur. Our actions to the recommendations are attached.

Michael Mayo-Smith, MD, MPH

Network Director

Northampton VAMC Director Comments

Department of Veterans Affairs **Memorandum**

Date: May 23, 2011

From: Director, Northampton VAMC (631/00)

Subject: CBOC Review: Springfield, MA

To: Director, VISN 1 (10N1)

I have reviewed the draft report for the CBOC Review of the Springfield Outpatient Clinic conducted during the week of March 7, 2011. We concur with the recommendations and have already initiated corrective actions.

If you have any questions regarding our responses and actions to the recommendations in the draft report, please contact me at (413) 582-3000.

Roger Johnson

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 the C&P Committee grants privileges appropriate for the services provided at the Springfield CBOC.

Concur

Target date for completion: July 31, 2011

Effective immediately, the C&P Committee will ensure that all requests for privileges of providers practicing at the Springfield CBOC are appropriate for services provided at that site. To ensure full implementation of this process, all privilege request documents will be revised to include designation of setting specific privileges. Target date for full implementation is July 31, 2011.

Recommendation 2. We recommended that the C&P Committee documents adequate discussion of providers' PI data prior to reprivileging at the Springfield CBOC.

Concur

Target date for completion: August 5, 2011

The Credentialing and Privileging Committee minute process was revised to reflect discussion of performance data used to make privileging and re-privileging decisions. Quality Management will monitor minutes for compliance.

Recommendation 3. We recommended that managers implement a plan to improve communication of normal test results to patients and monitor compliance at the Springfield CBOC.

Concur

Target date for completion: September 1, 2011

A multi-disciplinary task group was formed to ensure patient notification of normal test results as defined in VHA Directive 2009-019 and to develop a monitoring process. Specific strategies in process include: review of sample of tests completed in March 2011 by service lines to establish baseline performance; identification of best practices used by other facilities; develop facility policy that is in compliance with VHA Directive 2009-019; staff education of requirements and service line roll out; initiate periodic monitoring of this process.

VISN 6 Director Comments

Department of Veterans Affairs **Memorandum**

Date: May 23, 2011

From: Network Director, VA Mid-Atlantic Health Care Network, VISN 6 (10N6)

Subject: CBOC Reviews: Morehead City and Raleigh, NC

To: Director, Washington DC Healthcare Inspections Division (54DC)

Director, Management Review Services (VHA 10A4A4)

1. This memo is to acknowledge receipt of the draft report for the review of the Morehead City and Raleigh, NC Community Based Outpatient Clinics.

2. If there are questions, please contact Ralph Gigliotti, Director, Durham VA Medical Center, at 919-286-6903.

/s Augustin A. Davila

for

DANIEL F. HOFFMANN, FACHE

Durham VAMC Director Comments

Department of Veterans Affairs **Memorandum**

Date: May 13, 2011

From: Director, Durham VAMC (558/00)

Subject: CBOC Reviews: Morehead City and Raleigh, NC

To: Director, VISN 6 (10N6)

This memo serves to acknowledge receipt and review of the draft report for the Morehead City and Raleigh, NC Community Based Outpatient Clinics. Thank you for reviewing these two facilities for the selected activities and validating that they are providing consistent, safe, high-quality health care, in accordance with VA policies. If you have any questions, please do not hesitate to contact Jane Penny, MSN, CPHQ, Chief of Quality Management at 919-286-0411 ext 6970

(Original signed)

Ralph T. Gigliotti, FACHE

VISN 9 Director Comments

Department of Veterans Affairs **Memorandum**

Date: May 20, 2011

From: Director, VISN 9 (10N9)

Subject: CBOC Reviews: Clarksville and Cookeville, TN

To: Director, Atlanta Office of Healthcare Inspections Division (54AT)

Director, Management Review Services (VHA 10A4A4)

1. I concur with the report and have no comments.

2. Should you need additional information, please contact Tammy Williams, VISN 9 Continuous Readiness Coordinator at (615) 695-2200.

original signed

John Dandridge, Jr.
Director, VA Mid South Healthcare Network (10N9)

Tennessee Valley HCS Director Comments

Department of Veterans Affairs **Memorandum**

Date: May 20, 2011

From: Director, Tennessee Valley HCS (626/00)

Subject: CBOC Reviews: Clarksville and Cookeville, TN

To: Director, VISN 9 (10N9)

I concur with the subject Office of Inspector General's inspection report and have no comments.

original signed

Juan A. Morales, RN, MSN
Director, Tennessee Valley Healthcare System (626/00)

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 4. We recommended that the VISN 9 Director ensures that contract pre-award process is performed with adequate time to ensure award before expiration of current contract.

Concur

Target date for completion: September 30, 2011

- Staffing is being increased due to shortage of personnel. This should prevent last minute extensions.
- The SAO (Service Area Office) Central has generated a template for more complex solicitations, including the CBOC requirements.
- The OIG suggestions will be forwarded to the SAO point of contact for consideration.

Recommendation 5. We recommended that the VISN 9 Director ensures that key contract terminology is clearly defined.

Concur

Target date for completion: Completed

- New Statements of Work have been revised defining specific level 3 codes and E&M vesting codes.

Recommendation 6. We recommended the Tennessee Valley HCS Director ensures that staff providing oversight of contracted medical care have a clear understanding of the performance and payment provisions in the contract.

Concur

Target date for completion: Completed

- The Contracting Officer Technical Representative (COTR) will complete all mandatory training and show evidence of competency to remain certified as a COTR.
- COTRs will work with the Contracting Officer on all contracting issues.
- The COTR will verify and certify all related invoices of services provided by the Contractor.

- The new CBOC contract verbiage has been re-vamped to avoid vague or unclear language concerning payments per enrollee or other critical features.

Recommendation 7. We recommended that the Tennessee Valley HCS Director complies with VHA directives to maintain the accuracy of PCMM data to include reducing the number of patients assigned to more than one PCP.

Concur

Target date for completion: Ongoing, due to fluid process and involvement of other VA entities.

- TVHS is currently in compliance with VHA Handbook 1101.02. TVHS has no dual PCP assignments within TVHS.
- An ongoing review process is actively being used to identify and address the number of patients dually assigned to our facility as well as another facility throughout the nation. The numbers of duplicates have continued to decrease each month. The current level number is: 2300 as of May 2011.
- Many of these dual assignments cannot be updated by our local PCMM Coordinator as they require manual clean-up actions by another facility within the VA. We continue to make contact and request these actions be completed.

VISN 16 Director Comments

Department of Veterans Affairs **Memorandum**

Date: May 24, 2011

From: Director, VISN 16 (10N16)

Subject: CBOC Review: Wichita Falls, TX

To: Director, Dallas Healthcare Inspections Division (54DA)

Director, Management Review Services (VHA 10A4A4)

1. The South Central VA Health Care Network (VISN 16) has reviewed the response from the Oklahoma City VA Medical Center and concurs with the response.

2. If you have any questions, please contact Adrienne Riesenbeck, Director, Office of Performance and Quality, at (405) 456-3146.

for George H. Gray, Jr.

Oklahoma City VAMC Director Comments

Department of Veterans Affairs **Memorandum**

Date: May 24, 2011

From: Director, Oklahoma City VAMC (635/00)

Subject: CBOC Review: Wichita Falls, TX

To: Director, VISN 16 (10N16)

1. We appreciate the opportunity to work with the Office of the Inspector General as we continuously strive to improve the quality of healthcare for America's Veterans.

2. I concur with the findings and recommendations of the OIG CBOC review team.

3. If you have any questions, please contact Adrienne Riesenbeck, Director, Office of Performance and Quality at (405)456-3146.

David Wood

David P. Wood, MHA, FACHE
Oklahoma City VAMC 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 8. We recommended that adequate competency data is maintained in all providers' profiles.

Concur

Target date for completion: June 30, 2011

OPPE criteria and data will be reviewed by the Credentialing Committee (PSB) to ensure adequate data is maintained in all physicians' profiles. The OPPE data will then be reviewed by the SPICE Committee with actions taken as appropriate.

Recommendation 9. We recommended that the ordering provider document patient notification and follow-up actions in response to critical results at the Wichita Falls CBOC.

Concur

Target date for completion: June 30, 2011

A task group was convened to address documentation of patient notification and treatment actions in response to critical results. Random chart reviews will be conducted to monitor compliance.

Recommendation 10. We recommended that normal test results are consistently communicated to patients within the specified timeframe at the Wichita Falls CBOC.

Concur

Target date for completion: June 30, 2011

A task group was convened to address the timely notification of normal test results in accordance with VA requirements. The notification will be documented in the medical record. Random chart reviews will be conducted to monitor compliance.

Recommendation 11. We recommended that reports of radiology exams and laboratory tests are consistently entered into CPRS at the Wichita Falls CBOC.

Concur

Target date for completion: Complete

Radiology exam reports are now scanned by the clinic into CPRS within 48 hours of receipt. A part-time Oklahoma City VAMC laboratory clerk is now assigned the duty of entering the lab results into CPRS within 7 days of receipt from United Regional Health Care System of Wichita Falls. Quarterly monitoring is now conducted to ensure compliance.

Recommendation 12. We recommended that the Oklahoma City VAMC Director ensures that contract oversight includes the monitoring of performance measures and enforcement of incentives and penalties when applicable, as required per the contract.

Concur

Target date for completion: Complete

Senior leadership at the Oklahoma City VAMC met with senior leadership of United Regional Health Care System of Wichita Falls to review current performance of the Wichita Falls CBOC. Specific plans were developed to enforce incentives and penalties when applicable, as required by the contract. Monthly reviews to ensure compliance with the contract in relation to performance measures are conducted, and issues with noncompliance are forwarded to the Contracting Officer for follow-up.

Recommendation 13. We recommended that the VISN 16 Director ensures that contract requirements and modifications, including extensions, are appropriate and consistent with the federal acquisition requirements.

Concur

Target date for completion: Complete

A semi-annual review of all contracts is conducted by the Acquisition and Contract Management Committee. The purpose of the review is to ensure all contracts and agreements meet established timelines for review and concurrence and to ensure all training requirements for the Contracting Officer Technical Representative (COTR) are completed within established timeframes. The SOARS guidelines are used by the committee to review contracts to ensure contract requirements and modifications, including extensions, are appropriate and consistent with federal acquisition requirements. The findings of the committee are submitted to the Medical Center Executive Board for review and concurrence.

Recommendation 14. We recommended that the Oklahoma City VAMC Director take appropriate action to ensure the accuracy of reported PCMM data is in accordance with the PCMM Handbook.

Concur

Target date for completion: Complete

The Wichita Falls CBOC panels were reviewed. Dually assigned patients were removed if Oklahoma City VAMC was not assigned as the parent facility. When Oklahoma City VAMC was assigned as the parent facility, the non-parent facility was notified to remove patients from their facility panels. Monthly monitoring of CBOC panels will be completed to ensure compliance. Findings during the OIG review indicate there were differences with Wichita Falls CBOC assigned patients being incorrectly coded to the parent facility (Oklahoma City VAMC) in PCMM. The report used to validate the assigned patients (Patient Aligned Care Teams-COMPASS) with the PCMM assignment was reviewed. Our findings indicate there is one provider that continues to be captured under the Oklahoma City VAMC report instead of the Wichita Fall CBOC. Although the provider was coded correctly in PCMM as a physician assistant to the Wichita Falls team, we identified the problem with the coding of his person class and have corrected that to indicate a Contractor/PA.

VISN 20 Director Comments

Department of Veterans Affairs **Memorandum**

Date: May 26, 2011

From: Director, VISN 20 (10N20)

Subject: CBOC Review: Klamath Falls, OR

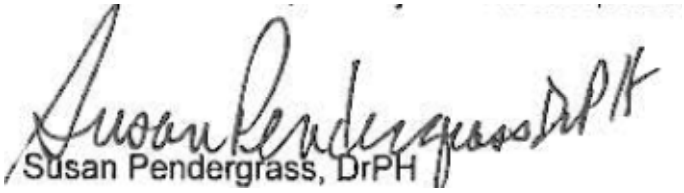
To: Director, Seattle Healthcare Inspections Division (54SE)

Director, Management Review Services (VHA 10A4A4)

1. Thank you for the opportunity to provide a status report on the draft findings from the Community Based Outpatient Clinic (CBOC) Review, Klamath Falls, Oregon.

2. Attached please find the facility concurrences and responses to each of the findings from the review.

3. If you have additional questions or need further information, please contact Susan Gilbert, Survey Coordinator, VISN 20 at (360) 567-4678.



Southern Oregon Rehabilitation Center and Clinics Director Comments

Department of Veterans Affairs **Memorandum**

Date: May 26, 2011

From: Acting Director, Southern Oregon Rehabilitation Center and Clinics (692/00)

Subject: CBOC Review: Klamath Falls, OR

To: Director, VISN 20 (10N20)

1. On behalf of the VA Community Based Outpatient Clinic (CBOC) in Klamath Falls, Oregon, I would like to express my appreciation to the Office of Inspector General (OIG) Survey Team for their professional and Comprehensive Assessment Program (CBOC) review conducted March 7-10, 2011.

2. The findings from the report we have reviewed and provided responses addressing each recommendation. The responses include actions that are in progress and those that have already been implemented.

3. We appreciate the opportunity for the review as a continuing process to improve the care we provide for our Veterans.

David Donnelly, MD

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 15. We recommended that measurable performance data is maintained in all provider profiles to support physician reprivileging at the Klamath Falls CBOC.

Concur

Target date for completion: Process was completed and implemented April 1, 2011.

Facility's response: During the OIG visit the new process for OPPEs had been developed but not implemented. Subsequently the process has been fully implemented. Risk Management does 10% spot checks per quarter for Dental and Pharmacy Services and bi-annual spot checks for Medicine and Psychiatry which includes the Klamath Falls CBOC. OPPE is reviewed prior to re-privileging.

Recommendation 16. We recommended that normal test results are consistently communicated to patients within the specified timeframe at the Klamath Falls CBOC.

Concur

Target date for completion: An Improvement Team is currently in progress. A system will be in place to report normal test results to patients who receive his/her care at the Klamath Falls (CBOC) by August 1, 2011 and the data collection and analyze [analysis] to be reported in the new fiscal year, starting Oct. 1, 2011.

Facility's response: A performance improvement work group consisting of stakeholders has been implemented to develop a means to communicate posted normal lab results within 14 days is extended to include normal results to the Klamath Falls CBOC. The processes this team develops will be implemented by August 1, 2011. In our facility quarterly medical record chart reviews will include audits to identify if these normal test results are consistently communicated and documented with the specified time frame. The data collected will be presented to Performance Enhancement Team (PET) quarterly beginning in the new fiscal year, October 1, 2011.

OIG Contact and Staff Acknowledgments

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