



# DEPARTMENT OF VETERANS AFFAIRS OFFICE OF INSPECTOR GENERAL

## VETERAN OVERSIGHT NOW PODCAST TRANSCRIPT

### AN INTERVIEW WITH THE SPECIAL AGENT IN CHARGE OF THE NEW VA OIG HEALTHCARE FRAUD DIVISION

January 2022

#### Baker, Fred (OIG)

Welcome back to another podcast episode of Veteran Oversight Now, the official podcast of the VA Office of Inspector General. I'm your host Fred Baker.

Each month, we'll bring you highlights of the VA OIG's recent oversight activities and interview key stakeholders in the office's critical work for veterans.

Today I'll be talking with Special Agent in Charge Latisha Cleveland. Latisha leads the VAIG's Office of Investigations health care fraud division.

Welcome Latisha.

#### Cleveland, Latisha (OIG)

Thank you for having me Fred. I'm excited to be a part of today's Veteran Oversight Now podcast.

#### Baker, Fred (OIG)

Right well, Latisha tell the listeners a little about who you are, where you came from, and just a little bit about your background.

#### Cleveland, Latisha (OIG)

Well, I am a native of Wichita, Kansas, but I consider Texas my second home as I spent the majority of my life both in Dallas and Houston. I actually attended college at Paul Quinn college here in Dallas, which is one of the few historically black colleges and universities in the state of Texas, and I was first introduced to the OIG community at Paul Quinn College through an opportunity to participate in their internship program that was offered through another OIG.

I was a criminal justice major. But initially had no aspirations to be a law enforcement officer. As a matter of fact, I had planned on attending law school and was pursuing that before I encountered the agents that visited my campus and were looking for an intern. I always had a vision of going back to school, taking advantage of the opportunity to be an agent and then going back. But here I am 20 years later, a little bit over 20 years later. I won't say how many much over because then I'll be dating myself.

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Truly found where I needed to be in the criminal justice arena. Fell in love with the mission of the IG's the work. We did the people that we work with, the community that we served, and have truly dedicated my entire career to that. Working at HHS OIG, responsible for investigating fraud waste and abuse, amongst all of the programs funded by HHS. As you're probably aware, Medicare is one of the most heavily funded, federally funded healthcare programs. And unfortunately, it's one of the most heavily defrauded. So, the bulk of my career with HHS OIG was dedicated to investigating healthcare fraud or Medicare fraud.

I mentioned Dallas and Houston, but I was also fortunate to be stationed in my hometown of Wichita, Kansas, for a bit and also spent some time at our headquarters. And ultimately advanced to the role of assistant special agent in charge with HHS OIG where I oversaw our investigative operations and all four judicial districts throughout the state of Texas.

Baker, Fred (OIG)

Alright, Latisha Let's talk about use a little bit as a person will get back to your position in just a minute tell us a little bit about who you are, and what you like to do.

Cleveland, Latisha (OIG)

Well, I am a military spouse and the mom to three children. My husband is actually a naval reservist. Together we have 2 daughters. One is an avid athlete. She is playing volleyball, basketball, and anticipating tracking the spring, and also in the school choir. So, she's keeping us very busy, but I'm glad to see her being able to do that, given that that wasn't the case on last year. And my older daughter is a sophomore in high school and a very accomplished violinist and excited about traveling with her orchestra for the first time since entering high school.

My bonus son is entering his last semester at UTA studying information technology and looking forward to getting out there in the workforce.

Outside of fighting crime. I truly enjoy the culinary arts as I'm an avid baker and dip treat maker. I actually spent the holiday break.

Baker, Fred (OIG)

Oh, what was it? Maker, baker of what?

Cleveland, Latisha (OIG)

Dipped treat maker. I like dipping.

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Baker, Fred (OIG)

Dipped treats it like a cake pop or something?

Cleveland, Latisha (OIG)

Cake pops, Oreos, I make Oreo truffles, chocolate covered pretzels. Anything that might taste good with chocolate on it, I can do it.

Baker, Fred (OIG)

Alright then.

What is the craziest thing you've dipped?

Cleveland, Latisha (OIG)

I may be not to most, but I would say the cake pops because they were very challenging for me. Getting them to stay together and stay on the stick was a little bit more daunting than I expected. But I've gotten pretty good with the Orioles and—oh cocoa bombs. That's another hot trend. I was able to master that over the winter break as well.

Baker, Fred (OIG)

Awesome. I'm sorry go ahead and finish up that I just wanted to clarify what a dipped treat was.

Cleveland, Latisha (OIG)

Sure, no problem.

I'll just add to that, jokingly my brother-in-law calls me Betty Crocker with a gun and it's been an inside joke in our family for years. Everybody enjoys my desserts, but thinks it's a little different, given my line of work, that's what I like to do. It's a good hobby, but a can add on some pounds if you're not careful.

Baker, Fred (OIG)

Sure, sure so let's get back to the work you were doing in HHS and just kind of sum that up and then how that led you to the VA OMG.

Cleveland, Latisha (OIG)

In my role with HHS OIG as an assistant special agent in charge, I really enjoyed developing investigative leads and doing that through a number of means including proactive data analysis, which I

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hope we'll get to get into a little bit later in the podcast. I also provided training for the agents in the community that I served at large in regard to health care fraud schemes and how to investigate those for the agents and protect yourself against those for the citizens.

All in efforts to protect the health care benefits of our seniors, our disabled, and the indigent. In my new role at the VA as the special agent in charge, or SAC, of the health care fraud division, it's allowing me to expand in those areas that I really enjoyed and became very proficient in. And it's allowing me to have a nationwide reach serving another very deserving population, our veterans and their family member beneficiaries.

Baker, Fred (OIG)

Sure, so you really over time have become a healthcare fraud expert.

Cleveland, Latisha (OIG)

I would say that. Sure.

Baker, Fred (OIG)

So tell us then, you're the head of this new special healthcare fraud division within the VA OIG. We haven't had one of these before. Tell us a little bit about that and talk about talk about, why we even needed that because, if I'm correct, we have healthcare fraud agents spread out who have experienced in healthcare fraud. But this division forms a more singular purpose.

Cleveland, Latisha (OIG)

Sure. The VA actually operates the largest integrated healthcare system in the country and through provisions under the Mission Act, we've recently expanded access for health care for our veterans by contracting with community-based providers in recent years. Unfortunately, that measure has made our program susceptible to fraud schemes that we commonly see with similarly structured programs like Medicare and Medicaid. And from my experience, data is and will continue to be a driver for healthcare fraud investigations. Data analytics and modeling allow us to identify fraud trends, outlier providers, and other aspects to warrant further investigations. The VA criminal investigators, as you mentioned, we have about 200 investigators across the country. They're experts at investigating fraud within the VA and most certainly within the complex and diverse healthcare system that we have here at the VA. But my division is tasked with specifically supporting them.

We're an investigative development division, and we do that by not only developing data driven investigative leads, but by also providing investigative tools and resources, facilitating training, leveraging relationships with other VA divisions and partnerships with other entities that have jurisdiction over healthcare fraud that's committed both against private and public players.

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Baker, Fred (OIG)

So when you say developing leads, data-driven development leads—correct me if I use the term wrong—what does that mean? What are you doing?

Cleveland, Latisha (OIG)

Well, we're looking at known fraud indicators Fred. We're analyzing our claims data and looking up—a good example would be outlier providers. And when I use that term. I mean providers that are billing outside of the normal patterns for their particular specialty or their particular part of the country. We're looking for other types of indicators, such as physicians that are billing for services with no prior patient-provider relationships. Those are just some examples of the types of data analytics we use to develop leads. In addition to relying on the data to show us some fraud indicators, we also gather intelligence from our partners within the healthcare fraud community.

We're a part of several national healthcare fraud working groups. As a matter of fact, we created one of our own to partner with other agencies, as well as part of public and private healthcare anti-fraud. associations such as the National Healthcare Anti-Fraud Association and the Healthcare Fraud Prevention Partnership.

By tapping into these organizations and using data analytics and intelligence from our partners we're able to strategically focus the VA's resources on specific provider types, types of services, and geographic areas where we may have a higher vulnerability for healthcare fraud.

Baker, Fred (OIG)

So this information helps you draw kind of a picture per se of where the OIG should focus its efforts with respect to healthcare fraud.

Cleveland, Latisha (OIG)

Exactly, and we want to focus on not only what's occurring within healthcare fraud right now, but what's emerging. So, we use data to track that as well, coupled with intelligence.

Baker, Fred (OIG)

Is that what you were talking about—proactive?

Cleveland, Latisha (OIG)

Yes.

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Baker, Fred (OIG)

So, give me an example of what that means.

Cleveland, Latisha (OIG)

An example would be receiving several complaints in regard to our veteran beneficiaries being solicited for a particular type of service and then subsequently not receiving that service. We would use that information to analyze our data for that particular type of service and see where we have similar claims submission patterns. And then from there, we would package that into an investigative lead and share that information with our investigators in the field to actually determine if it warrants further investigation. They're going to have the boots on the ground, if you will, to be able to investigate the leads.

Baker, Fred (OIG)

So let's talk emerging fraud trends. You know, is this data is you're using it to also to establish trends within the fraud community, for lack of a better word, and what does some of those look like?

Cleveland, Latisha (OIG)

Some of the emerging fraud trends, as you could imagine with us being in the pandemic and that limiting a lot of in-person services. One primary example would be the emergence of telemedicine, although that's something that we have been using for quite a while here at the VA, especially with a lot of our veterans residing in more rural areas in recent years. That is the particular area where we know we need to look at fraud related to telemedicine services, specifically in regard to upcoding for those services, making sure that what the providers are billing for, for example, they say they're billing for a 30-minute service that they're actually rendering 30 minutes' worth of service and not a lesser amount of time or service. And then subsequently solicitation through telemarketing is another area that's been an emerging trend, and then subsequent fraud schemes that stem from that, such as individuals being solicited for medically unnecessary orthotic braces, genetic tests, things of those nature So knowing that those two mechanisms are now in play in the healthcare arena, those are areas that we would need to look into as far as emerging trends, fraud connected to those things.

Baker, Fred (OIG)

So before we talk about the makeup of the division, you said you mentioned a little bit earlier, I believe, that data was kind of the future data.

What do you mean by that?

Cleveland, Latisha (OIG)

Well, it's not only the future, but it's the present. It's allowing us to be strategic in our work. We didn't have this technology available to us in the past. We relied on traditional law enforcement techniques, which are still very important, and very applicable, but this is allowing us to focus our efforts and use the data to drive our efforts.

Baker, Fred (OIG)

So does this translate to more bang for your buck?

Cleveland, Latisha (OIG)

Yes, by looking at the data and, as I mentioned before, identifying outlier providers, those are going to be the ones that are billing more than their counterparts. That's going to allow us to focus our efforts on those providers and potentially for those that maybe we have less exposure, look at alternative means given our resources. Or maybe partner with our other law enforcement agencies so that we can address the potential fraud activity amongst the providers. But it certainly will allow us to focus our resources and make the best use of them.

Baker, Fred (OIG)

Because we simply can't as an organization chase every lead, every time.

Cleveland, Latisha (OIG)

Correct. But by using the data, it's going to allow us to focus our efforts in, as you put it, get more bang for our Buck.

Baker, Fred (OIG)

More bang for the taxpayer bug.

Cleveland, Latisha (OIG)

Correct.

Baker, Fred (OIG)

Great. So, Latisha you wrote in an article, you called this new division a healthcare super group. What do you mean by that and can you just talk a little bit about the makeup of the organization?

## Cleveland, Latisha (OIG)

Sure. The current makeup of the healthcare fraud division is myself. I also have an assistant special agent in charge, a senior special agent, and an investigative analyst and a chief investigative counsel. Combined, we have over 30 years of experience investigating healthcare fraud among state and federally funded health care delivery programs, and we're in the process of adding additional members to our team, specifically to build up our data analytics team, as I've emphasized the importance of the role data analytics plays in the work that we do. We're planning to add a data scientist that will blend skills related to extracting data from the VA's data warehouse and data analysis, a nurse consultant that will be charged with reviewing claims histories and medical records and also utilizing data analysis techniques with clinical knowledge to detect irregularities and fraud among services provided to our veterans and our family member beneficiaries.

And once we're fully assembled, that's what I have dubbed health care fraud super group because we will be combining not only our years of experience, but our expertise and investigations legal support clinical experience and advanced data analytics that will be a benefit not only to just the VA, but also to our healthcare fraud investigations community as a whole as we're partnering with these other agencies and organizations.

## Baker, Fred (OIG)

Great, so what makes it a super group. How unique is this among other agencies?

## Cleveland, Latisha (OIG)

Well, I can say from my short tenure in this role, as you mentioned we started back in August, I'm starting to learn that we are one of the few agencies that have a dedicated—well, the only one that I'm aware of—that have a data dedicated healthcare fraud investigative development division. Some of the other agencies have an individual in that role, but we are unique in that we have an entire division. And I think that's what's going to set us apart and help us to be more impactful in that area, and it makes sense with us operating the largest integrated health care system in the country.

## Baker, Fred (OIG)

Great, and before we're going to move on to talk about some of these examples that we have of the recent health care fraud cases that the VA OIG has worked. But before we do let's talk a little bit about collaboration with other agencies. What does that look like? And kind of kind of tell me you know, or you know, are we always the lead? Sometimes somebody else, the lead and how does that help the veteran right? How does us working with Social Security Administration, or HHS or IG, how does that help the veteran?



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### Cleveland, Latisha (OIG)

Well, from my experience as both a field investigator and a supervisory investigator, it's always been advantageous to conduct joint investigations for a lot of the reasons we talked about. Resources for one. The VA spends over 21 billion on community-based healthcare services alone and that's what's estimated for fiscal year 22; just to be clear. As you could imagine, with only 200 agents across the country, that's a daunting task for us to adequately monitor that and also to investigate allegations of fraud within our programs. So, by joining with other agencies, we're able to become a force multiplier not only for our agency, but for healthcare fraud for federally funded programs as a whole. We're part of the DOJ's National Healthcare Fraud Strike Force, which was started back in 2007, dedicated to combining, similar to our group, data analytics with traditional law enforcement techniques to take on large-scale health care fraud schemes. We are actually partners with several of the other federal agencies that have the same focus. As you mentioned HHS OIG, also DCIS with the work that they do in preventing detecting and investigating fraud for TRICARE.

The office of Personnel Management OIG. Department of Labor, US Postal Service and, of course, the FBI, which has a healthcare fraud division. As I mentioned, by doing that, we are able to split the load, if you will, and be more impactful in that area.

### Baker, Fred (OIG)

Great. Thank you, Latisha. We've got a couple of examples we want to talk about just briefly, but one thing I want to point out, though, is we're talking about fairly big money, right? We're not talking about necessarily tens of thousands of dollars. So, in September 21st and September 2021, there was a defendant who was indicted there in the Northern District of Texas for conspiracy to commit healthcare fraud. It was one of a joint investigation we did with. I believe it was, who was it, DOD?

Yeah, Department of Labor, Department HHS, and yeah, the Defense Criminal Investigation Services. but there it was a \$4 million for unnecessary laboratory testing. Can you tell me just a little bit about that case?

### Cleveland, Latisha (OIG)

This case is an example of one of the emerging fraud schemes that we're facing within the healthcare fraud community, specifically in regard to unnecessary laboratory testing. I mentioned telemarketing and telemedicine. We're seeing that a lot of beneficiaries are being solicited for unnecessary laboratory testing. In light of COVID-19 we're seeing that quite a bit. This particular case is a prime example of us working in joint partnership with other agencies that have a vested interest in protecting healthcare benefits, as you mentioned DCIS. HHS OIG, the FBI, OPM.

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In this particular case, Fred, we talked about the high volume of funds that are extended for healthcare programs. It was estimated at over \$75 million were at exposure for this particular case. The loss to the VA was estimated at about 3 million for this particular case.

Baker, Fred (OIG)

Oh, that's a lot of money, so.

Cleveland, Latisha (OIG)

Yes, it is.

Baker, Fred (OIG)

So, another thing I'd like to point out with these fraud cases. They're at all levels of the organization. We have one other one in September 2021, where the founder and CEO and a CFO of a spinal device company were arrested and indicted in the District of Massachusetts on charges of violating the anti-kickback statute and conspiracy to violate it and conspiracy to commit money laundering. There's another joint, another joint of Investigation and, if I'm not mistaken, basically the defendants paid millions of dollars to kickbacks to these surgeons in exchange for the use of their surgical product products. This one in particular, I believe involved six, surgeons and four of those were at the VA Medical Center in Bronx, New York.

Can you talk just a little bit about these types of cases and the impacts that they have on veterans?

Cleveland, Latisha (OIG)

Yes, unfortunately, I talked about a lot of fraud schemes, but I failed to mention kickbacks. Kickbacks are persistent fraud scheme that we see within the healthcare community unfortunately. Be that payments to beneficiaries to receive services, payment to physicians to prescribe services, or payment to different entities to use specific devices like as is the case in this particular investigation that we're discussing. Unfortunately, when we have the engagement of kickbacks it ultimately results in unnecessary services because, I don't know about you, but I don't typically need to be paid to receive healthcare nor does my physician need to be paid to prescribe it When I need it and so when you introduce that to the delivery of healthcare programs, we oftentimes end up with criminal and civil investigations that ensued. just like the case we're discussing here.

Baker, Fred (OIG)

Latisha, you know with VA healthcare funding and all-time high, I'm sure that it brings out bad actors in novel opportunities for them to figure out how to steal taxpayer dollars and basically deprived veterans of the services they've deserved.

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Baker, Fred (OIG)

Is there anything else you'd like to discuss surrounding this health care fraud division?

Cleveland, Latisha (OIG)

Well, I'd just like to end by sharing with the veterans that the VA OIG has identified combating healthcare fraud is one of the highest priorities, hence the creation of my division back in August of 2021. As the brand new special agent in charge for this division, it's my vision to make our division a one-stop shop in order to bolster the VA's efforts in health care fraud investigations.

Baker, Fred (OIG)

Thanks, Latisha. It certainly sounds like with the creation of this healthcare fraud division that the VA OOIG is well positioned for the task at hand to help VA ensure that its funds are spent helping veterans and their family members as appropriate. We thank you for joining us today and we look forward to hearing from you again.

Cleveland, Latisha (OIG)

Thank you for having me.

Baker, Fred (OIG)

And now I'll turn it over to Adam Roy, who will give us the monthly highlights.

Adam Roy

Thanks Fred.

Here's the December 2021 highlights. The VA OIG closed out 2021 with success, publishing 20 reports in December. Ongoing investigative work also continued and I'll highlight a few cases now. Later, I briefly summarize several of our published reports. For information on all of VA OIG's activities in December, I encourage you to visit the website and click on monthly highlights. Here we go.

A VA OIG investigation revealed that from 2013 to 2021, a former purchasing agent for the VA community-based outpatient clinic in Fort McPherson, Georgia, used his government purchase card to make hundreds of unauthorized purchases of supplies. He then stole the supplies and resold them for profit. The defendant was sentenced in the Northern District of Georgia to 27 months' imprisonment as well as 36 months' supervised release and ordered to pay restitution of \$2 million.

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Another healthcare investigation found that a former shuttle driver at the VA Medical Center in Omaha, Nebraska, described to multiple VA medical officials a detailed plan to gather her weapons, including an Uzi and an AR15 rifle, and drive to the facility to shoot and kill two coworkers and her supervisor. The defendant, who was detained for 14 months prior to sentencing, previously pleaded guilty to influencing, impeding, or retaliating against a federal official by threats. The defendant was sentenced in the District of Nebraska to 12 months' imprisonment and three years' supervised release with conditions related to mental health treatment, substance abuse, and restricted weapons possession.

A VA OIG benefits investigation resulted in charges alleging that a veteran fraudulently led VA to believe he was blind. The defendant had been receiving 100 percent service-connected disability benefits since June 2011. It is alleged the defendant falsely stated to VA during a recorded phone call that he was unable to drive himself. The defendant also stated that he had someone drive for him and that he last drove approximately three blocks during daytime a few months prior to his conversation with investigators. It is further alleged that the defendant possessed a valid driver's license with a motorcycle endorsement and drove on a routine basis. The defendant was found guilty in the Middle District of Florida on charges of theft of government property and false statements. The loss to VA is nearly \$430,000.

In another benefits-related investigation, charges allege that from March 2009 to February 2020 a defendant used VA and Social Security Administration benefit funds intended for the care of elderly, mentally ill, disabled, and veteran beneficiaries for her own personal use. The defendant was arrested after being indicted in the District of Columbia on charges of mail fraud, wire fraud, theft of government property, aggravated identity theft, representative payee fraud, making a false statement, tampering with documents, and first-degree theft. The defendant was charged with stealing more than \$400,000 in government benefits from tenants of her rooming house. Of this amount, at least \$170,000 was VA funds. VA OIG, Social Security Administration OIG, and Special Inspector General for the Troubled Asset Relief Program conducted the investigation.

Another multiagency investigation resulted in charges alleging that a former federal contractor obtained federal contracts while he was debarred. It is also alleged that the defendant posed as a federal contracting officer in order to negotiate fraudulent contracts with victim companies to complete work on contracts the defendant had been awarded. The defendant was linked to multiple companies and individuals that fraudulently obtained approximately \$2.4 million in government contracts. Of this amount, approximately \$800,000 was awarded by VA. The defendant pleaded guilty in the Eastern District of Washington to wire fraud and aggravated identity theft. The investigation was conducted by VA OIG; Defense Criminal Investigative Service; Army Criminal Investigation Command Major Procurement Fraud Unit; Air Force Office of Special Investigations; Naval Criminal Investigative Service; and OIGs from General Services Administration, Department of Justice, and Department of State.

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Now to published reports.

The VA OIG examined whether the Veterans Health Administration implemented systems to report on COVID-19 vaccine supply to VA medical facilities and doses administered to VA employees and veterans enrolled in VA's healthcare system. The OIG determined that facility-level vaccine supply data, which are manually entered, were not verified and vaccination data in key systems contained inaccuracies due to inadequate validation and user error. The team also found that some VHA staff initially lacked system access to enter employee vaccination data and the VHA COVID-19 vaccine dashboard contained unvalidated data. Accurate data are needed to schedule COVID-19 vaccinations, report the percentages of vaccinated veterans and employees to the CDC, and help prevent COVID-19 vaccine theft. In the report, the OIG recommended verifying medical facility vaccine supply data, monitoring and minimizing data entry errors, and ensuring the dashboard data are reliable, accurate, and complete.

Another VA OIG report deals with the Veterans Benefits Administration. VBA provides monthly benefits to veterans with disabilities caused by diseases or injuries incurred or aggravated during active military service. Special monthly compensation pays additional benefits, such as housebound entitlement, for certain disabilities or a combination of disabilities. In September 2016, the OIG found that VBA incorrectly processed about 27 percent of high-risk housebound special monthly compensation cases. The OIG conducted a recent review to determine whether VBA implemented the OIG's 2016 recommendations. VBA continues to have the same estimated error rate, resulting in about \$165 million in improper payments. Without improving oversight, accountability, and monitoring, VBA risks wasting taxpayer dollars and potentially subjecting veterans to repay overpayments. The OIG made six recommendations.

The OIG examined whether VA has an effective governance structure for ensuring deceased veterans' unclaimed remains are interred with dignity. The review was initiated after reports of deceased veterans' unclaimed remains being stored in a funeral home for decades. The review revealed significant deficiencies. VA had insufficient outreach to likely custodians of unclaimed veterans' remains and failed to fully engage entities with databases that could help locate them. In addition, the financial structure does not support cross administration accounting—increasing the potential for fraud and duplicate benefit payments. No single office or executive was responsible for overseeing more than two dozen offices providing related benefits and services. As a result, VA does not have an accurate count of veterans whose remains are unclaimed. Remains that are unidentified could be placed in mass graves or stored for years unnoticed. The OIG made 11 recommendations to address the issues identified.

The VA MISSION Act of 2018 requires VA to conduct an inventory of its healthcare system's capacity, identify gaps in furnishing care to veterans, and make recommendations for modernizing or realigning VA facilities to fill those gaps. The OIG audited the accuracy of data measuring VA's specialty healthcare capacity. VHA will use the data to fulfill the requirements of the MISSION Act. The audit

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examined the accuracy of three data components: workload, wait times, and provider clinical time allocations. The OIG concluded that only the workload data inaccuracies were significant enough to affect potential management decisions. VHA's reported fiscal year 2019 workload for 12 specialties across all VA care providers was found to be overstated by 10.7 percent, or about 563 full-time equivalent physician positions. This overstatement could result in the waste of taxpayer dollars and diminish access to care for some veterans. The OIG recommended that the acting under secretary for health perform additional analyses to ensure materially accurate data are used for implementing recommendations regarding facility modernization.

During a healthcare inspection, the OIG assessed an allegation that the VA Southern Nevada Healthcare System in Las Vegas failed to diagnose and treat a patient's cancer. The OIG substantiated that providers failed to make a cancer diagnosis and treat the patient's cancer. Pulmonary staff did not follow up, and primary care providers did not ensure completion of annual lung cancer screening. Primary care providers did not follow up after a renal nodule had increased in size, and the patient did not have prostate cancer recurrence surveillance. One primary care provider delayed ordering an oncology consult, copied and pasted documentation, and did not document an assessment of the patient's lung nodules. Facility staff documented resolution of a family member's complaint despite not contacting the family. The OIG made five recommendations to the facility director related to lung cancer screening and follow-up care, abnormal radiology finding follow-up, patient surveillance after prostatectomy, documentation, and complaint responses.

The OIG conducts financial efficiency reviews to assess oversight and stewardship of funds at VA healthcare systems and to identify opportunities to achieve cost efficiencies. In one of the reports we published in December, the OIG assessed the oversight and stewardship of funds and identified opportunities for cost efficiency at the Eastern Oklahoma VA Health Care System. The team focused on four areas: (1) the system's review of open obligations for goods and services to determine whether they were still valid and necessary; (2) use of purchase cards, such as requirements for documenting transactions; (3) the number of administrative staff compared to similar facilities and the accurate recording of labor costs; and (4) efficiency in pharmacy operations, such as inventory management and the healthcare system's efforts to reduce costs. The OIG made nine recommendations for improving cost efficiency. The number of recommendations should not be used, however, to gauge the system's overall financial health. The intent is for system leaders to use these recommendations as a road map to improve financial operations in the areas reviewed.

The OIG also published Comprehensive Healthcare Inspection Program or CHIP reports for Fayetteville VA Coastal Health Care System in North Carolina and Hampton VA Medical Center in Virginia.

While the OIG selects and assesses specific areas of focus on a rotating basis each year for CHIP reports, the evaluation of VHA facility leadership performance and effectiveness is an ongoing review topic. The results of facility leadership evaluations are published in CHIP summary reports. The CHIP

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summary reports published this month evaluated women's health care as well as leadership and organizational risks in VHA facilities in Fiscal Year 2020.

Finally, we published two Vet Center Inspection Program reports that evaluated the quality of care delivered at vet centers. The first report focused on Continental District 4 Zone 1 and selected vet centers in Casper, Wyoming; Denver, Colorado; and El Paso and Midland, Texas. The second report focused on Pacific District 5 Zone 2 and selected vet centers in Fresno, High Desert, and Santa Cruz County in California and in Honolulu, Hawaii. The inspections focused on six review areas—leadership and organizational risks; quality reviews; COVID-19 response; suicide prevention; consultation, supervision, and training; and environment of care.

Well, that's it for December's highlights. Stay healthy. Stay safe. And keep listening. Until next time.

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*This has been an official podcast of the VA Office of Inspector General. Veteran Oversight Now is produced by the Office of Communications and Public Affairs and is available at VA dot GOV forward slash OIG. Tune in monthly to hear how the VA OIG serves veterans, their families, and caregivers, through meaningful independent oversight. Check out the website for more on the VA OIG oversight mission, read the current reports, and keep up to date on the latest criminal investigations. Report potential crimes related to VA; waste or mismanagement; potential violations of laws, rules, or regulations; or risks to patients, employees, or property to the OIG online or call the hotline at 1-800-488-8244. If you are a veteran in crisis or concerned about one, call the Veterans Crisis Line at 1-800-273-8255, press 1, and speak with a qualified responder now.*