



Department of Veterans Affairs

Office of Inspector General

Follow-up of the Veterans Health Administration's Part-Time Physician Time and Attendance Audit

The Veterans Health Administration's implementation of management controls continues to need improvement to ensure that part-time physicians meet their employment obligations.

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Memorandum to the Under Secretary for Health (10)

Follow-up of the Veterans Health Administration's Part-Time Physician Time and Attendance Audit

1. On August 12, 2003, the Office of Inspector General (OIG) conducted an unannounced follow-up at 15 Department of Veterans Affairs (VA) medical facilities to reassess time and attendance practices of part-time physicians. The purpose of the follow-up was to determine the effectiveness of management controls to ensure that part-time physicians were meeting their employment obligations, and to determine the implementation of selected corrective actions to address continued time and attendance problems at medical facilities. Additionally, we determined the medical facilities' compliance with Veterans Health Administration (VHA) Handbook 1660.3 [Conflict of Interest Aspects of Contracting for Scarce Medical Specialist Services, Enhanced Use Leases, Health Care Resource Sharing, Fee Basis and Intergovernmental Personnel Act Agreements (IPAS)] dated July 24, 2002.

2. Most part-time physicians were on duty as required. However, 58 of 729 part-time physicians (8 percent) scheduled for duty were not on duty, approved leave, or authorized absence and potentially not meeting their VA employment obligations. We found that 43 of 58 part-time physicians were not on duty. Specifically, 25 physicians claimed to be on non-emergency leave but there was no evidence that the leave was approved, and 18 physicians stated they had changed their scheduled tour of duty but had not requested and received prior written approval for the schedule changes. However, 15 of 58 part-time physicians were either located performing non-VA duties or could not be located at all on the day of our follow-up.

3. At the 15 medical facilities where we conducted our unannounced follow-ups, time and attendance controls were generally implemented as required by VHA Directive 2003-001 (Time and Attendance for Part-Time Physicians) dated January 3, 2003, with 2 exceptions. First, 7 of 15 medical facilities did not make sure that each part-time physician provided a written agreement, specific to the physician, acknowledging the physician's understanding of VA's employment expectations and employee responsibilities and which described the amount of time allotted for clinical, administrative, research, and educational activities. This occurred either because the medical facilities were waiting for guidance from their Veterans Integrated Service Network (VISN) or believed the requirement only applied to researchers. Second, VHA Directive 2003-001 required that medical facilities review each part-time physician's appointment and tour of duty by March 31, 2003, to determine if the appointment and tour of duty met VA needs. Although managers at each of the medical facilities stated they met the requirement and provided their VISN the results of their review, 5 of the 15 medical facilities did

not have adequate documentation to show they completed or acted on the results of their one-time review.

4. Conflict of interest controls were not established as required by VHA Handbook 1660.3. We reviewed a judgment sample of up to 20 supervisory physicians at each of the 15 medical facilities to evaluate conflict of interest controls. Only 120 of 215 (56 percent) supervisory physicians reviewed received a copy of VHA Handbook 1660.3 and only 77 of 215 (36 percent) supervisory physicians signed VA Form 10-21009 (NR), Acknowledgement Form. This occurred because facility managers were either unaware of the requirement or had not implemented the requirement.

5. To address these conditions, we recommended that you ensure part-time physicians receive advance approval before taking non-emergency leave and have tour of duty changes approved in writing; ensure part-time physicians fulfill their employment obligations to VA; ensure part-time physicians execute a written agreement acknowledging VA's employment expectations and employee responsibilities that is specific to the physician and describes the amount of time allotted for clinical, administrative, research, and educational activities; ensure periodic evaluations are conducted to determine whether physicians are appropriately utilized; and ensure physician supervisors and managers receive a copy of VHA Handbook 1660.3 and sign the acknowledgement form.

6. You agreed with the findings and recommendations and listed potential factors that would account for physicians that are absent during core hours. These factors underscore the importance of prioritizing and continually reassessing resource needs. We consider your implementation plans to be acceptable and will follow up until planned corrective actions are completed.

(original signed by:)
MICHAEL L. STALEY
Assistant Inspector General
for Auditing

Results and Recommendations

Part-Time Physician Time and Attendance

Most part-time physicians were on duty as required by their scheduled tours. However, 58 of 729 part-time physicians (8 percent) were not on duty, approved leave, or authorized absence. We found that:

- 25 physicians claimed to be on non-emergency leave. Although their supervisors stated they were aware of the physicians' leave, there was no evidence the leave was approved.
- 18 physicians stated they had changed their scheduled tour of duty hours from the tours of duty shown in VHA's time and attendance records. VHA Directive 2003-001, Time and Attendance for Part-Time Physicians, allows part-time physicians to modify their tours of duty before or during the pay period consistent with patient care requirements. However, modifications are to be approved by the employee's supervisor in advance (except in medical emergencies), and communicated to the unit timekeeper as soon as possible.
- 15 physicians were either located performing non-VA duties or could not be located at all on the day of our follow-up.

VA Medical Facility	Details Of 58 Part-Time Physicians Not On Duty			
	Total Part-Time Physicians	On Leave Without Leave Approval	Changed Hours Without Written Approval	Located But Performing Non-VA Duties Or Not Located
Ann Arbor	2	2	0	0
Atlanta	6	0	5	1
Baltimore	0	0	0	0
Cleveland	9	2	4	3
Durham	3	1	2	0
Hines	0	0	0	0
Milwaukee	7	3	4	0
Oklahoma City	10	4	0	6
Philadelphia	10	8	0	2
Richmond	1	0	1	0
Salt Lake City	2	1	0	1
San Antonio	1	1	0	0
San Diego	0	0	0	0
Tampa	1	0	1	0
West Haven	6	3	1	2
Total	58	25	18	15

We interviewed key medical facility staff responsible for supervising part-time physicians to determine what duties the 58 part-time physicians were scheduled to perform on August 12,

2003. Although we found no evidence that patient care was affected by the absence of the physicians, 9 of the 15 physicians were absent during their core hours.¹ We found the reasons that six of the nine physicians were absent during their core hours could be attributed to the physicians not following rules for leave and tour of duty changes. Five physicians did not receive written approval before taking leave, and one physician had changed his work hours without written approval. Two of the nine physicians were performing non-VA work and medical facility personnel could not locate the other physician. Specifically:

- One physician only works at the medical facility during the months of January and February to cover resident training programs. However, instead of hiring the physician as an intermittent employee, the medical facility hired the physician as a part-time employee who is scheduled and paid for 10 hours every pay period. On August 12, 2003, he was scheduled for 5 core hours – 8:00 AM to 1:00 PM.
- A second physician was scheduled for 10.5 core hours – 7:00 AM to 5:30 PM. He informed us that he had no scheduled surgeries at VA so he was supervising a general surgery resident on a non-VA cardiac case at the affiliated university on August 12, 2003.
- A third physician was scheduled for 10.5 core hours – 7:00 AM to 5:30 PM. Neither the OIG nor medical facility personnel could establish where the physician was at approximately 2:00 PM during his scheduled tour of duty on August 12, 2003.

Typically, physicians spend their core hours on patient care activities. If physicians can be absent from the VA medical facility during hours that should be dedicated to patient care activities, and there is no adverse affect on patient care, the need for these physicians should be evaluated. The Under Secretary for Health, in his response, informed us that this assumption overlooks the fact that patient requirements change, physicians provide services outside of core hours, and physicians' duties might have been addressed during alternative time periods through intervention by other clinicians whose coverage might not be documented. These factors underscore the need for managers to monitor and continually reassess physician resource needs.

Recommendation 1

To improve physician timekeeping, we recommended that the Under Secretary for Health require that VISN and medical facility Directors:

- a. Ensure part-time physicians request and receive written approval before taking leave.

Under Secretary for Health's Comments

Concur. All part-time physicians will be required to receive written approval before taking leave. This requirement will be incorporated in VA Handbook 5011 (Hours of Duty and Leave) scheduled to be published in March 2004.

¹ Core hours are the times in the biweekly pay period when the physician must be present unless granted an appropriate form of leave or excused absence.

- b. Ensure part-time physicians receive approval in writing before changing their tours of duty schedules.

Under Secretary for Health's Comments

Concur. In accordance with VHA Directive 2003-001, all facilities are required to establish oversight monitors to assure that appropriate timekeeping requirements are fully implemented. Although facilities are provided the flexibility to design management controls based on individual facility need, all medical facility Directors must provide supportive verification of oversight activity to the VISN Directors to include ensuring that all part-time physicians receive written approval before changing their tours of duty. By September 2004, 100 percent of facilities will have established oversight-monitoring processes, in full compliance with VHA Directive 2003-001.

- c. Implement oversight procedures detailed in VHA Directive 2003-001 to ensure part-time physicians fulfill their employment obligations to VA.

Under Secretary for Health's Comments

Concur. VHA's Management Support Office, in conjunction with the Offices of the Chief Academic Affiliations Officer and the Deputy Under Secretary for Health for Operations and Management, will continue to monitor on-going efforts to assure that facility managers are fully apprised of their obligations in complying with the established VHA Directive 2003-001, which addresses each of OIG's recommendations. VISN Directors will report on levels of compliance with the Directive as part of their quarterly performance reviews with the Deputy Under Secretary for Health for Operations and Management. Findings reported by the VISN Directors will be based on data generated by formal compliance oversight monitors implemented by all medical facilities to reflect specific policy requirements. Related findings from OIG's CAP reviews and from VHA's internal System-wide Ongoing Assessment & Review Strategy (SOARS) will also be utilized to gauge levels of systematic compliance with policies and procedures. By September 2004, 100 percent of facilities will have established oversight-monitoring processes, in full compliance with VHA Directive 2003-001.

Time and Attendance Controls

The Under Secretary for Health issued VHA Directive 2003-001 to address time and attendance recommendations we made in our Audit of the Veterans Health Administration's Part-Time Physician Time and Attendance (Report Number 02-01339-85, dated April 23, 2003). We selected 6 key time and attendance controls described in this directive for review at all 15 medical facilities:

1. Service chiefs, product line managers, and other managers are responsible for maintaining current written agreements with employees concerning VA's employment expectations and employee responsibilities, including, where appropriate, agreements on the expectations of time allotted to clinical, administrative, research, and educational activities.

2. By March 31, 2003, medical facility Directors, or designees, must review each physician's appointment and tour of duty to determine whether the appointment and tour of duty are consistent with VA patient care and other work requirements.
3. Service chiefs, product line managers, and other managers are responsible for ensuring that part-time physicians are advised of their responsibilities to VA during their orientation, including their responsibilities with respect to time and attendance.
4. Service chiefs, product line managers, and other managers are responsible for periodically reassessing whether employees are appropriately utilized. For example, numerous requests to modify work schedules or requests for leave could indicate the employee's work schedule or appointment should be modified.
5. Medical facility Directors and Chiefs of Staff are responsible for establishing policies and procedures to implement and monitor compliance with this directive.
6. Medical facility Directors and Chiefs of Staff are responsible for enlisting the cooperation of affiliated university officials in the implementation of VA time and attendance policies and procedures.

These time and attendance controls were generally established as required by VHA Directive 2003-001 at the 15 facilities, with 2 exceptions. First, 7 of 15 medical facilities did not ensure that each part-time physician signed a physician specific written agreement acknowledging VA's expectations and employee responsibilities and describing the allocation of time among clinical, administrative, research, and educational activities. Second, 5 of 15 medical facilities did not review part-time physicians' appointments and tours of duty by March 31, 2003, as required.

The results of our follow-up by medical facility are shown below:

VA Medical Facility	Were Controls Established At The Medical Facility?					
	Written Agreements With Specific Time Allocations	One-Time Review Of Appointments And Tours Of Duty	Advise Part-Time Physician ²	Periodic Assessments ²	Monitor Compliance ²	Cooperation Of Affiliate Officials ²
Ann Arbor	No	Yes	Yes	Yes	Yes	Yes
Atlanta	Yes	No	Yes	No	Yes	Yes
Baltimore	No	Yes	Yes	Yes	Yes	Yes
Cleveland	Yes	No	Yes	Yes	Yes	Yes
Durham	No	Yes	Yes	Yes	Yes	Yes
Hines	Yes	Yes	Yes	Yes	Yes	Yes
Milwaukee	No	Yes	Yes	Yes	Yes	Yes
Oklahoma City	Yes	Yes	Yes	Yes	Yes	Yes
Philadelphia	No	No	No	Yes	No	Yes
Richmond	Yes	Yes	Yes	Yes	Yes	Yes
Salt Lake City	Yes	Yes	Yes	Yes	Yes	Yes
San Antonio	No	Yes	Yes	Yes	Yes	Yes
San Diego	Yes	Yes	Yes	Yes	Yes	Yes
Tampa	Yes	No	Yes	No	Yes	No
West Haven	No	No	Yes	Yes	Yes	No

Written Agreements

We found written agreements for 1,484 of the 1,519 part-time physicians (98 percent) we reviewed at the 15 medical facilities. The agreements clearly outlined VA's employment expectations and the part-time physicians' responsibilities. However, only 230 physicians (15 percent) had agreements that specified the amount of time allotted for clinical, administrative, research, and educational activities. This occurred because the medical facilities were either waiting for further guidance from their VISN or believed the requirement only applied to researchers. Generally, the 230 agreements that contained specific allocations of time were separate memorandum of understandings required when a physician received Federal research funds.

² This time and attendance control was established at each medical facility with the exception of the medical facilities identified in the table. Because of the limited number of exceptions in this category, we have no recommendations related to this control.

Reviews of Appointments and Tours of Duty

Although all of the medical facilities stated they met the requirement and provided their VISNs the results of their review, 5 of the 15 medical facilities did not have adequate documentation to show they acted on the results of the one-time review. However, 13 of 15 medical facilities did have a basic procedure in place to periodically assess whether employees were appropriately utilized.

Recommendation 2

To improve the allocation of physician time to patient care, we recommended that the Under Secretary for Health require that VISN and medical facility Directors:

- a. Ensure all part-time physicians have a written agreement concerning VA's expectations and employee responsibilities that is specific to the physician and describes the amount of time allotted for clinical, administrative, research, and educational activities.

Under Secretary for Health's Comments

Concur. All part-time physicians will have a written agreement concerning expectations and responsibilities. Every effort will be made to reasonably specify allocated amounts of time for clinical, administrative, research, and educational activities in new and renewed agreements. VISN Directors will report on levels of compliance with VHA Directive 2003-001 as part of their quarterly performance reviews with the Deputy Under Secretary for Health for Operations and Management. Findings reported by the VISN Directors will be based on data generated by formal compliance oversight monitors implemented by all medical facilities to reflect specific policy requirements. Related findings from OIG's CAP reviews and from VHA's SOARS will also be utilized to gauge levels of systematic compliance with policies and procedures. By September 2004, 100 percent of facilities will have established oversight-monitoring processes, in full compliance with VHA Directive 2003-001.

- b. Continue to periodically reassess whether employees are appropriately utilized.

Under Secretary for Health's Comments

Concur. There will be periodic assessments to assure appropriate utilization of all part-time physicians. VISN Directors will report on levels of compliance with VHA Directive 2003-001 as part of their quarterly performance reviews with the Deputy Under Secretary for Health for Operations and Management. Findings reported by the VISN Directors will be based on data generated by formal compliance oversight monitors implemented by all medical facilities to reflect specific policy requirements. Related findings from OIG's CAP reviews and from VHA's SOARS will also be utilized to gauge levels of systematic compliance with policies and procedures. By September 2004, 100 percent of facilities will have established oversight-monitoring processes, in full compliance with VHA Directive 2003-001.

Conflict of Interest Controls

Conflict of interest controls were not established as required by VHA Handbook 1660.3. Specifically, VHA Handbook 1660.3 requires that medical facility Directors ensure that each Chief of Staff and each supervisory physician, clinician or allied health supervisor, or manager, receives a copy of VHA Handbook 1660.3, and signs a form acknowledging receipt and understanding of requirements. This occurred because facility management was either not aware of the requirement or had not given the requirement a high priority.

We selected up to 20 supervisory physicians at each medical facility for our review of conflict of interest controls. As shown below, only 120 of 215 (56 percent) supervisory physicians received a copy of VHA Handbook 1660.3 and only 77 of 215 (36 percent) supervisory physicians signed the acknowledgement form.

VA Medical Facility	Details Of Conflict Of Interest Controls		
	Number of Physicians Reviewed	Number Of Physicians Who Received A Copy Of VHA Handbook 1660.3	Number Of Physicians Who Signed VA Form 10-21009 (NR), Acknowledgement Form
Ann Arbor	14	0	0
Atlanta	10	10	10
Baltimore	16	15	15
Cleveland	13	0	0
Durham	17	16	16
Hines	6	6	6
Milwaukee	13	13	13
Oklahoma City	14	14	0
Philadelphia	20	0	0
Richmond	16	16	0
Salt Lake City	10	10	5
San Antonio	17	0	0
San Diego	20	20	12
Tampa	16	0	0
West Haven	13	0	0
Totals	215	120 (56 percent)	77 (36 percent)

Recommendation 3

We recommended that the Under Secretary for Health require that VISN and medical facility Directors ensure that each Chief of Staff and each supervisory physician, clinician or allied health supervisor, or manager receives a copy of VHA Handbook 1660.3 and signs the required acknowledgement form.

Under Secretary for Health's Comments

Concur. VISN and medical facility Directors will ensure that each Chief of Staff and each supervisory physician, clinician or allied health supervisor/manager receive a copy of sections of VHA Handbook 1660.3 dealing with conflict of interest issues and sign an acknowledgement form acknowledging receipt and understanding. After the Handbook is distributed and appropriate clinicians sign the acknowledgement form, medical facility Directors will verify such action to the VISN Directors, who will include this information as part of their quarterly performance review with the Deputy Under Secretary for Health for Operations and Management. The Handbook will be distributed by March 2004 and acknowledgement forms signed by June 2004.

Background

The Under Secretary for Health issued VHA Directive 2003-001 to reinforce the Under Secretary's commitment to managing the part-time physician time and attendance process more effectively.

Part-time physicians are physicians hired to work less than the normal 40-hour duty week. They are required to work for VA during their scheduled tours of duty, and timekeepers are required to ensure that timecards accurately reflect the hours physicians are present for duty. If part-time physicians work adjustable hours, they must designate at least 25 percent of their regular biweekly tours of duty as core hours. During core hours, they must be present at the VA facility unless granted leave or excused absence. The term "present" does not mean physicians must be physically present at the facility during such hours; however, they must be engaged in VA work (such as meetings at the affiliated university involving VA business or conducting VA research at approved alternate research sites).

Part-time physicians at VA medical facilities can hold dual appointments as faculty members at the affiliated medical school. These physicians are hired on VA appointments that pay them to work a specified number of hours on VA activities during a 2-week, 80-hour pay period. For example, a physician with a 4/8th time appointment would be required to work 40 hours per pay period on VA activities.

Part-time physicians who are employed by a contractor (such as an affiliated university) are considered to have a conflict of interest and therefore, are prohibited from participating personally and substantially on behalf of the Government through decision, approval, disapproval, recommendation, rendering of advice, certifying for payment, or otherwise in that contract.

Objectives, Scope, and Methodology

Objectives

The purpose of the follow-up was to assess the effectiveness of management controls to ensure that part-time physicians were meeting their employment obligations, and to assess the implementation of selected corrective actions directed by VHA in response to our Audit of the Veterans Health Administration's Part-Time Physician Time and Attendance (Report Number 02-01339-85, dated April 23, 2003). Additionally, we evaluated the medical facilities' compliance with VHA Handbook 1660.3.

Scope and Methodology

As of December 31, 2002, VA employed 5,038 physicians equating to 2,548 full time employee equivalents. For our follow-up, we selected 15 medical facilities in part based on the number of part-time physicians employed at the medical facility and if the medical facility was highly affiliated. As of August 12, 2003, these 15 medical facilities employed 1,519 part-time physicians; 729 of whom were scheduled to work at the VA medical facilities on August 12, 2003.

VA Medical Facility	Scope Of Follow-up	
	Number Of Part-Time Physicians Employed	Number Of Part-Time Physicians Reviewed
Ann Arbor	117	61
Atlanta	77	44
Baltimore	84	37
Cleveland	87	48
Durham	121	60
Hines	91	43
Milwaukee	112	51
Oklahoma City	96	35
Philadelphia	131	66
Richmond	67	22
Salt Lake City	102	32
San Antonio	104	65
San Diego	149	77
Tampa	94	41
West Haven	87	47
Totals	1,519	729

To answer the objectives at these facilities, we:

- Obtained employment information (such as station number, duty status, and physician name) maintained in VA's Personnel and Accounting Integrated Data System.
- Interviewed key staff at VA medical facilities responsible for supervising part-time physicians.
- Conducted a physical search for all part-time physicians in our judgment sample scheduled for duty on August 12, 2003.

The follow-up was performed in accordance with Generally Accepted Government Auditing Standards for staff qualifications, independence, and due professional care; field work standards for planning, supervision, and evidence; and reporting standards for performance audits.

Under Secretary for Health Comments

Department of
Veterans Affairs

Memorandum

Date: January 8, 2004

From: Under Secretary for Health (10/10B5)

Subj: OIG Draft Report: ***Follow-Up Review of the VHA's Part-Time Physician Time And Attendance*** (Project No. 2003-02520-R5-0143/EDMS 249617)

To: Assistant Inspector General for Auditing (52)

1. VHA program managers concur in the referenced report's findings and recommendations, and the attached action plan reflects a current status update of our ongoing efforts to improve part-time physician timekeeping.
2. We are pleased that your latest assessment supports our own conviction that progress is being made in this area, and that only 15, or 2 percent, of the 729 part-time physicians in your multi-facility audit were identified as being in clear non-conformance with service agreements. In addition, your finding that comprehensive written agreements were documented for 98 percent of these physicians reflects significant improvement. Naturally, we strive for full system wide application, but are nonetheless encouraged that our efforts have resulted in such a high level of compliance.
3. We continue to place a high priority on ensuring that all key administrators are knowledgeable about current time and attendance guidance, as outlined in VHA Directive 2003-001, *Time and Attendance for Part-Time Physicians*, and about the requirement that they establish facility-specific management controls to monitor compliance with the national guidance. Finalized revisions have also been approved for related national policies and procedures included in sections of VA Handbook 5011 that reflect concerns raised by OIG, such as need to relate employment decisions to relevant staffing guidelines, and to assure that part-time physicians are meeting appropriate patient care and other VA work requirements. Pending review and concurrence by the unions, the Handbook revisions will soon be distributed system wide. In addition, Network Directors and facility managers will again be advised of the requirement included in VA Handbook 1660.3, dealing with conflict of interest controls, that all involved supervisory clinicians sign forms acknowledging receipt of the Handbook and understanding of the rules. During their quarterly performance reviews, Network Directors will report on levels of facility compliance with these policies and procedures. We will also rely on the feedback provided by your Combined Assessment Program (CAP) reviews and our own internal System-wide Ongoing Assessment and Review Strategy (SOARS) process to ascertain compliance levels.

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4. We believe that one statement made on page two of the report, namely the assumption that a physician might not really be needed if no adverse effect on patient care is noted during that clinician's absence during core hours, should be clarified. The assumption overlooks the fact that patient requirements change, that physicians provide significant patient care services outside core hours, and that patient care needs might have been addressed during alternative time periods or through the intervention of other clinicians whose coverage might not be documented. Another related consideration not addressed by OIG is the valuable role that non-clinical part-time physicians play in contributing to the administrative and research needs of our veteran patients.

5. In summary, VHA continues to address the many complexities that are associated with accurately accounting for part-time physician productivity and workload challenges. While supporting written agreements outlining the expectations and responsibilities of our part-time physicians, we also recognize that the highly variable nature of clinical work might make such time-specific agreements seem overly restrictive, thereby limiting necessary participation in other core clinical, educational, administrative or research activities that are outside of the initial agreement. We will therefore make every effort to maintain flexibility and responsiveness to local facility needs.

6. Thank you for the opportunity to respond to this report, and for your ongoing assistance in helping us to appropriately address this challenging accountability issue. If additional information is required, please contact Margaret M. Seleski, Director, Management Review Service (10B5), at 273-8360.

(Original Signed by:)
Robert H. Roswell, M.D.

Attachment

Action Plan for *Follow-up Review of VHA's Part-Time Physician Time and Attendance, November 4, 2003*

Recommendation 1. To improve physician timekeeping, we recommend that the Under Secretary for Health require that VISN and medical facility Directors: a. ensure part-time physicians request and receive written approval before taking leave; b. ensure part-time physicians receive approval in writing before changing their tours of duty schedules; and c. implement oversight procedures detailed in VHA Directive 2003-001 to ensure part-time physicians fulfill their employment obligations to VA. **CONCUR**

Recommendation Metrics

Green/Yellow/Red dashboard status levels to be determined by program office*

GOAL	STRATEGY	MEASURE	TARGET	STATUS	ACTUAL	BENCHMARK	PRIOR FY
Improve management controls to ensure that part-time physicians meet their employment obligations.	<p>VHA's Management Support Office, in conjunction with the Offices of the Chief Academic Affiliations Officer and the Deputy Under Secretary for Health for Operations & Management, will continue to monitor on-going efforts to assure that facility managers are fully apprised of their obligations in complying with the established Directive 2003-001, which addresses each of OIG's recommendations.</p> <p>In accordance with the referenced Directive, all facilities are required to establish oversight monitors to assure that appropriate timekeeping requirements are fully implemented. Although facilities are provided with the flexibility to design management controls based on individual facility need, all medical center Directors must provide supportive verification of oversight activity to the</p>	<p>Network Directors will report on levels of compliance with the Directive as part of their quarterly performance reviews with the DUSHOM</p> <p>Findings reported by the Network Directors will be based on data generated by formal compliance oversight monitors implemented by all medical facilities to reflect specific policy requirements.</p> <p>Related findings from OIG's CAP reviews and from VHA's internal review process (SOARS) will also be utilized to gauge levels of systematic compliance with policies and procedures.</p> <p>TBD upon the publication of the Handbook,</p>	<p>100 percent of facilities have established oversight monitoring processes by September 2004, in full compliance with Directive 2003-001.</p> <p>TBD by March 2004</p>	<p>TBD</p> <p>TBD</p>	<p>Approximately 50 percent of facilities have implemented time and attendance oversight controls. Baseline percentage verification of compliance to be completed by March 2004, after which metric status intervals will be determined by program offices.</p> <p>Approximately 50 percent of facilities have implemented time and attendance oversight controls. Baseline percentage verification of compliance to be completed by March 2004, after which metric status intervals will be identified by program offices.</p>	N/A	N/A

Action Plan for *Follow-up Review of VHA's Part-Time Physician Time and Attendance, November 4, 2003*

Recommendation 1. To improve physician timekeeping, we recommend that the Under Secretary for Health require that VISN and medical facility Directors: a. ensure part-time physicians request and receive written approval before taking leave; b. ensure part-time physicians receive approval in writing before changing their tours of duty schedules; and c. implement oversight procedures detailed in VHA Directive 2003-001 to ensure part-time physicians fulfill their employment obligations to VA. CONCUR		Recommendation Metrics Green/Yellow/Red dashboard status levels to be determined by program office*					
GOAL	STRATEGY	MEASURE	TARGET	STATUS	ACTUAL	BENCHMARK	PRIOR FY
	<p>Network Directors.</p> <p>In particular, all part-time physicians will be required to receive written approval before taking leave and before changing tours of duty.</p> <p>In addition, VA will publish and distribute revisions to the time and attendance policies and procedures included in VA Handbook 5011, which also address OIG's recommended actions.</p>	<p>scheduled for March 2004</p> <p>Network Directors will report on levels of compliance with the Handbook as part of their quarterly performance reviews with the DUSHOM.</p>	TBD		<p>The Handbook revisions have been reviewed and approved by VHA and OIG. They are now being submitted to the unions for review and concurrence to assure compliance with union obligations.</p>		

Action Plan for *Follow-up Review of VHA's Part-Time Physician Time and Attendance, November 4, 2003*

Recommendation 2. To improve physician time to patient care, we recommend that the Under Secretary for Health require that VISN and medical facility Directors: a. ensure all part-time physicians have a written agreement concerning VA's expectations and employee responsibilities that is specific to the physician and describes the amount of time allotted for clinical, administrative, research, and educational activities, and b. continue to periodically reassess whether employees are appropriately utilized. **CONCUR**

Recommendation Metrics

Green/Yellow/Red dashboard status levels to be determined by program office*

GOAL	STRATEGY	MEASURE	TARGET	STATUS	ACTUAL	BENCHMARK	PRIOR FY
Improve the allocation of physician time to patient care	All part-time physicians will have a written agreement concerning expectations and responsibilities, and there will be periodic assessments to assure appropriate utilization of these clinicians. Every effort will be made to reasonably specify allocated amounts of time for clinical, administrative, research and educational activities in new and renewed agreements.	<p>Network Directors will report on levels of compliance with the Directive as part of their quarterly performance reviews with the DUSHOM</p> <p>Findings reported by the Network Directors will be based on data generated by formal compliance oversight monitors implemented by all medical facilities to reflect specific policy requirements. .</p> <p>Related findings from OIG's CAP reviews and from VHA's internal review process (SOARS) will also be utilized to gauge levels of systematic compliance with policies and procedures.</p>	<p>100 percent of facilities have established oversight monitoring processes by September 2004.</p> <p>TBD by March 2004</p>	<p>TBD</p> <p>TBD</p>	<p>Approximately 50 percent of facilities have implemented time and attendance oversight controls; Baseline percentage verification to be completed by March 2004, after which metric status intervals will be identified by program offices.</p> <p>Revisions to Handbook 5011 have been reviewed and approved by VHA and OIG. They are now being submitted to the unions for review and concurrence to assure compliance with union obligations.</p>		

Action Plan for *Follow-up Review of VHA's Part-Time Physician Time and Attendance, November 4, 2003*

Recommendation 3. To increase physician awareness over conflict of interest rules, we recommend that the Under Secretary for Health require that VISN and medical facility Directors ensure that each Chief of Staff and each supervisory physician, clinician or allied health supervisor, or manager receives a copy of VHA Handbook 1600.3 and sign the Acknowledgement Form. **CONCUR**

Recommendation Metrics

Green/Yellow/Red dashboard status levels to be determined by program office*

GOAL	STRATEGY	MEASURE	TARGET	STATUS	ACTUAL	BENCHMARK	PRIOR FY
Increase physician awareness of conflict of interest rules	VISN and medical center Directors will ensure that each Chief of Staff and each supervisory physician, clinician or allied health supervisor/manager receive a copy of sections of VHA Handbook 1660.3 dealing with conflict of interest issues and sign an acknowledgement form acknowledging receipt and understanding.	After the Handbook is distributed and appropriate clinicians sign the acknowledgement form, medical center directors will verify such action to the Network Directors, who will include this information as part of their quarterly performance review with the DUSHOM.	Handbook distributed March 2004; signed acknowledgement forms completed by June 2004.	TBD	Information about this requirement will be shared with network and field staff during a regularly scheduled weekly national teleconference call, the date of which has not yet been confirmed.		

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