Department of Veterans Affairs
Office of Inspector General

Healthcare Inspection

Community Based Outpatient Clinic Reviews
Payson and Sun City, AZ
Sidney, NE and Fort Collins, CO
Eureka and Ukiah, CA

Report No. 09-01446-132

April 21, 2010

VA Office of Inspector General
Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations:
Telephone: 1-800-488-8244
E-Mail: vaoighotline@va.gov
(Hotline Information: http://www.va.gov/oig/contacts/hotline.asp)

Contents

Executive Summary

Introduction

The VA OIG, Office of Healthcare Inspections conducted a review of six CBOCs during the week of February 16-19, 2010. The CBOCs reviewed in Veterans Integrated Service Network (VISN 18) were Payson and Sun City, AZ; in VISN 19, Sidney, NE and Fort Collins, CO; and, in VISN 21, Eureka and Ukiah, CA. The parent facilities of these CBOCs are Phoenix VA Health Care System (HCS), Cheyenne VA Medical Center (VAMC), and San Francisco VAMC, respectively. The purpose of the review was to assess whether CBOCs are operated in a manner that provides veterans with consistent, safe, high-quality health care.

Results and Recommendations

The CBOC review covered five topics. In our review, we noted several opportunities for improvement and made recommendations to address all of these issues. The Directors, VISN 18, 19, and 21, in conjunction with the respective facility managers, should take appropriate actions on the following recommendations:

- Ensure contract providers are privileged to meet the terms of the contract.
- Review privileges that have been granted to clinical staff and grant privileges that are consistent with CBOC providers' practices.
- Ensure staff are trained and evaluated, and that their competencies are documented.
- When reprivileging, compare practitioner data to aggregated data of those privileged practitioners who hold the same or comparable privileges.
- Ensure that the contract provisions for treatment and management of MH patients are followed.
- Require the CBOC contractor to collect and review quality data on a regular basis for any radiologist providing services under a subcontract.
- Enforce the contract requirement and have a panic alarm system installed.
- Ensure clean and dirty items are stored according to VHA policy.
- Ensure fire drills are conducted.
- Require safety and fire inspections.
- Meet safety criteria in all patient rooms.
- Maintain auditory privacy during the check-in process.

- Store and maintain medical supplies and equipment according to VHA policy.
- Provide contract oversight and enforcement in accordance with the terms and conditions as stated in the contract.
- Review the subcontract to ensure consistency with the statements of work.
- Monitor the patient billing lists monthly and remove those enrollees from the contractor's invoices who have transferred to other facilities or have not received any services in the prior 12 months.

Comments

The VISN and VAMC Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A–F, pages 26–39 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
Healthcare Inspections

Part I. Introduction

Purpose

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.

Background

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. For additional background information, see the *Informational Report for the Community Based Outpatient Clinic Cyclical Reports*, 08-00623-169, issued July 16, 2009.

Scope and Methodology

Objectives. The purpose of this review is to assess whether CBOCs are operated in a manner that provides veterans with consistent, safe, high-quality health care in accordance with VA policies and procedures. The objectives of the review are to:

- Determine whether CBOC performance measure scores are comparable to the parent VA medical center (VAMC) outpatient clinics.
- Determine whether CBOC providers are appropriately credentialed and privileged in accordance to VHA Handbook 1100.19.[1]
- Determine whether CBOCs maintain the same standard of care as their parent facility to address the Mental Health (MH) needs of Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) era veterans.

[1] VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.

- 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 the effect of CBOCs on veteran perception of care.
- Determine whether CBOC contracts are administered in accordance with contract terms and conditions.

Scope. We reviewed CBOC policies, performance documents, provider credentialing and privileging (C&P) files, and nurses' training records. For each CBOC, random samples of 50 patients with a diagnosis of diabetes mellitus (DM), 50 patients with a diagnosis of ischemic vascular disease, and 30 patients with a service separation date after September 11, 2001, without a diagnosis of post-traumatic stress disorder (PTSD), were selected, unless fewer patients were available. We reviewed the medical records of these selected patients to determine compliance with VHA performance measures.

We conducted environment of care (EOC) inspections to determine the CBOCs' cleanliness and conditions of the patient care areas; conditions of equipment, adherence to clinical standards for infection control and patient safety; and compliance with patient data security requirements.

We also reviewed FY 2008 Survey of Healthcare Experiences of Patients (SHEP) data to determine patients' perceptions of the care they received at the CBOCs.

We conducted the inspection in accordance with *Quality Standards for Inspections* published by the President's Council on Integrity and Efficiency.

In this report, we make recommendations for improvement.

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

Part II. CBOC Characteristics

Veterans Integrated Service Network (VISN) 18 has 6 VHA hospitals and 52 CBOCs, VISN 19 has 6 VHA hospitals and 38 CBOCs, and VISN 21 has 7 VHA hospitals and 30 CBOCs. As part of our review, we inspected 6 CBOCs (4 VA staffed and 2 with contracted staff). The CBOCs reviewed in VISN 18 were Payson and Sun City, AZ; in VISN 19, Sidney, NE and Fort Collins, CO; and, in VISN 21, Eureka and Ukiah, CA. The parent facilities of these CBOCs are Phoenix VA Health Care System (HCS), Cheyenne VA Medical Center (VAMC), and San Francisco VAMC, respectively.

We formulated a list of CBOC characteristics and developed an information request for data collection. The characteristics included identifiers and descriptive information for the CBOC evaluation.

In FY 2008, the average number of unique patients seen at the 4 VA-staffed CBOCs was 3,443 (range 169 to 6,670) and at the 2 contract CBOCs was 2,818 (range 610 to 5,026). Figure 1 shows characteristics of the 6 CBOCs we reviewed to include type of CBOC, rurality, number of full-time equivalent employees (FTE) primary care providers (PCPs), number of unique veterans enrolled in the CBOC, and number of veteran visits.

VISN Number	CBOC Name	Parent VAMC	CBOC Type	Urban/ Rural	Number of Clinical Providers (FTE)	Uniques	Visits
18	Payson, AZ	Phoenix VA HCS	Contract	Rural	0.63	610	1,036
18	Sun City, AZ	Phoenix VA HCS	VA Staffed	Urban	5.90	6,670	29,164
19	Sidney, NE	Cheyenne VAMC	VA Staffed	Rural	0.10	169	566
19	Fort Collins, CO	Cheyenne VAMC	VA Staffed	Urban	1.80	3,955	16,358
21	Eureka, CA	San Francisco VAMC	Contract	Rural	4.60	5,026	17,982
21	Ukiah, CA	San Francisco VAMC	VA Staffed	Rural	3.20	2,977	13,433

Figure 1 - CBOC Characteristics, FY 2008

Four of the six CBOCs provide specialty care services (Sun City, Fort Collins, Eureka, and Ukiah), while the other two CBOCs refer patients to the parent facility. Specialty services at the four CBOCs include rheumatology at Sun City; dermatology, occupational and physical therapy, podiatry, ophthalmology, and tele-retinal at Fort Collins; urology at Eureka; and tele-dermatology, tele-Parkinson's Disease Research, Education and Clinical Center (PADRECC), tele-traumatic brain injury (TBI), and tele-diabetes mellitus (DM) at Ukiah.

Onsite services include: (1) five CBOCs provide electrocardiograms (EKGs), (2) four have laboratory services, (3) Fort Collins and Ukiah provide basic urine tests, (4) Fort Collins provides basic blood analyses, (5) Eureka provides radiology services, and (6) Eureka and Ukiah have a pharmacy. Tele-services include: tele-medicine at the Eureka and Ukiah and tele-radiology at Eureka. Tele-mental health is also available at three CBOCs.

All CBOCs, with the exception of Payson, provide MH services onsite. The type of clinicians who provide MH services varied among the CBOCs to include PCPs, psychologists, psychiatrists, nurse practitioners (NPs), and social workers. Four CBOCs report that MH services are provided 5 days a week. The Sidney CBOC provides MH services 1 day a week. Additional CBOC characteristics are listed in Appendix G.

Part III. Overview of Review Topics

The review topics discussed in this report include:

- Quality of Care Measures.
- C&P.
- EOC and Emergency Management.
- Patient Satisfaction.
- CBOC Contracts.

The criteria used for these reviews are discussed in detail in the *Informational Report for the Community Based Outpatient Cyclical Reports*, 08-00623-169, issued July 16, 2009.

We evaluated the quality of care measures by reviewing 50 patients with a diagnosis of DM, 50 patients with a diagnosis of ischemic vascular disease, and 30 patients with a service separation date after September 11, 2001 (without a diagnosis of PTSD), unless fewer patients were available. We reviewed the medical records of these selected patients to determine compliance with first (1st) quarter (Qtr), FY 2009 VHA performance measures.

We conducted an overall review to assess whether the medical center's C&P process complied with VHA Handbook 1100.19. We reviewed CBOC providers' C&P files and nursing staff personnel folders. In addition, we reviewed the background checks for the CBOC clinical staff.

We conducted EOC inspections at each CBOC, evaluating cleanliness, adherence to clinical standards for infection control 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 reviewed and discussed SHEP data (FY 2008) with the senior leaders. If the SHEP scores did not meet VHA's target goal of 77, we interviewed the senior managers to assess whether they had analyzed the data and taken action to improve their scores.

We evaluated whether the two CBOC contracts (Payson and Eureka) 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.

Part IV. Results and Recommendations

A. VISN 18, Phoenix VA HCS – Payson and Sun City

Quality of Care Measures

The Payson and Sun City CBOCs met or exceeded the parent facility quality of care measures for hyperlipidemia screening and the DM retinal eye and visual foot inspection. Additionally, Sun City exceeded the parent facility quality of care measures for DM pedal pulse monitoring, foot sensory exam by monofilament, and full lipid panel. Payson scored lower than the parent facility for DM pedal pulse evaluation (74 percent), foot sensation by monofilament (58 percent), renal testing, and full lipid panel. We found documentation of the foot pulse and sensory exams were performed by a non-VA provider. VHA requires that CBOC providers perform these exams; therefore, Payson CBOC did not meet the performance measure in those cases. (See Appendix H.)

Credentialing and Privileging

We reviewed the C&P files of two providers and the personnel folder for one nurse at the Payson CBOC and reviewed the files of six providers and four nurses at the Sun City CBOC. All providers possess a full, active, current, and unrestricted license. All nurses' license and education requirements were verified and documented. However, we found the following areas that needed improvement:

Privileging

Privileging of Contract Providers

The Payson CBOC contract providers were both privileged for a 2-year period even though the contract was for 1 year. VHA Handbook 1100.19 states that clinical privileges granted to contractors may not extend beyond the contract period.

Clinical Privileges

Scope of Privileges. The Professional Standards Board granted clinical privileges for procedures that were not performed at either CBOC. The providers were granted Internal Medicine core privileges, which included admitting privileges and medical care of patients requiring intensive care observations. Additional special requests were made by the physicians for procedures not performed in either CBOC such as EKG interpretation, exercise tolerance testing, and lumbar puncture. All requests were granted. According to Handbook 1100.19, providers may only be granted privileges that are actually performed at the VA-specific location.

Mental Health Subspecialty**.** A practitioner at the Payson CBOC stated he provides MH care for some patients, to include prescribing medication and counseling. The contract authorizes the providers to screen and identify alcohol and substance abuse, military sexual trauma, and PTSD; however, the contract requires the providers to refer all VA MH patients to the parent facility for specialty care. Furthermore, according to the Phoenix VA HCS's ambulatory care delineation of privileges for internal medicine physicians, subspecialty treatment requires specialized training and/or experience. On review of the provider's credentials and privileges, we did not find documentation of specialized training or education in MH.

Radiology Quality Reviews

At the Payson CBOC, radiology services are subcontracted out to the local hospital. Radiographic images are read by the local radiologists. The Contractor was unable to provide quality data that evaluated the services provided by the subcontract radiologists; thus, the quality of radiology services was undetermined. The CBOC providers made patient diagnosis and treatment based on the subcontractor's printed reports. The CBOC managers could not assure the accuracy and quality of radiology reports. Without this information, the Contractor failed to provide proper oversight of radiological services provided to veterans.

Background Checks

We reviewed the background checks for 13 clinical staff at both CBOCs. The Physician Assistant (PA) at Sun City CBOC did not have a completed background check. Because the background check was re-initiated during our review, we did not make a recommendation.

Recommendation 1. We recommended that the VISN 18 Director ensure that the Phoenix VA HCS Director requires that contract providers are privileged to meet the terms of the contract at the Payson CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. All existing contract providers' privileges have been adjusted to coincide with the terms of their contracts. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 2. We recommended that the VISN 18 Director ensure that the Phoenix VA HCS Director requires that clinical managers review the privileges that have been granted to clinical staff and grant privileges that are consistent with providers' practices at the Payson and Sun City CBOCs.

The VISN and VAMC Directors concurred with our finding and recommendation. Approved privileges of all Payson and Sun City CBOC providers have been reviewed

and changed to include only those privileges that are consistent with their practice. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 3. We recommended that the VISN 18 Director ensure that the Phoenix VA HCS Director requires the Payson CBOC adhere to the provisions of the contract as it relates to treatment and management of MH patients.

The VISN and VAMC Directors concurred with our finding and recommendation. Psychiatrists are reviewing CBOC MH medical records to determine if appropriate management of MH diagnoses and referrals for specialty MH is actually occurring per the contract. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 4. We recommended that the VISN 18 Director ensure that the Phoenix VA HCS Director requires that the CBOC contractor collects and reviews quality data on a regular basis for any radiologist providing services under a subcontract for the Payson CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. A notice will be issued to the Contractor (Health Net) to address the lack of evidence of radiology inter-rater reliability (cross-reads). The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Environment and Emergency Management

Environment of Care

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. The clinics met most standards, and the environments were generally clean and safe. However, the following areas needed improvement:

Panic Alarms

The Payson CBOC did not have a panic alarm system. The Payson CBOC's contract with Health Net requires a panic alarm and overhead paging system. However, no action for the installation of a panic alarm system and overhead paging system had been implemented at the time of our inspection. The staff indicated that if they felt threatened and needed assistance, they would call out for help and leave the room.

Clean and Dirty Storage

The Sun City CBOC had one large storage room that housed sterile supplies, a medication refrigerator, electrical equipment, and full and empty oxygen cylinders.

There was no delineation of clean or dirty. The Joint Commission[3] (JC) requires proper storage of equipment and supplies to minimize infection. Additionally, VA Handbook 7176[4] requires physical separation of soiled from clean areas to include patient care supplies and equipment.

Recommendation 5. We recommended that the VISN 18 Director ensure that the Phoenix VA HCS Director enforces the contract requirement and have a panic alarm system installed at the Payson CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. A notice will be issued to Health Net regarding the lack of a panic alarm. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 6. We recommended that the VISN 18 Director ensure that the Phoenix VA HCS Director ensures that clean and dirty items at the Sun City CBOC are stored according to VHA policy.

The VISN and VAMC Directors concurred with our finding and recommendation. All dirty items, along with the patient lift and oxygen cylinders, will be stored in the dirty room. Clean supplies will remain in the Supply Process Distribution (SPD) cart in the secured clean room. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Emergency Management

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

Patient Satisfaction

The SHEP results for FY 2008 are displayed in Figures 2 and 3.

[3] The Joint Commission, Hospital Accreditation Program Manual 2009 Addition, Standard IC 02.02.01.

[4] VHA Handbook 7176, *Supply, Processing, and Distribution (SPD) Operational Requirements*, Washington, DC August 16, 2002.

Trip Pak Report - STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	**Station Number**	**Facility Name**	**Data Type**	**FY08 Qtr 4**	**FY08 Qtr 3**	**FY08 Qtr 2**	**VISN FY08, Qtr 4**	**National FY08, Qtr 4**
(Q56) - Outpatients (percent Very Good, Excellent)	644	Phoenix VA HCS	Mean Score	**81.4**	**72**	**79.4**	**79**	**78.5**
			N=	84	70	66	2,895	**54,400**
	644GD	Payson		**M**	**69.7**	**82**		
			N=	21	50	50		
	644GA	Sun City		**70.7**	**75.3**	**74.7**		
			N=	80	74	72		

Figure 2. Outpatient Overall Quality

Please note that M = Mean not reported because N (number) was less than 30.

Both the Payson and Sun City CBOCs' "overall quality" scores were lower than the parent facility in the 3rd Qtr and in the 2nd and 4th Qtrs, respectively. The facility equated poor patient satisfaction to patients' lack of access to care; thus, Saturday clinics were initiated at the parent facility. Patient satisfaction has overall improved during FY 2009.

Trip Pak Report - STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	**Station Number**	**Facility Name**	**Data Type**	**FY08 Qtr 4**	**FY08 Qtr 3**	**FY08 Qtr 2**	**VISN FY08, Qtr 4**	**National FY08, Qtr 4**
(Q6) - (percent less than/equal to 20 minutes)	644	Phoenix VA HCS	Mean Score	**68**	**71.1**	**77.5**	**77.2**	**77.3**
			N=	84	67	64	2,923	**55,407**
	644GD	Payson		**M**	**88.6**	**98**		
			N=	22	53	51		
	644GA	Sun City		**82.6**	**89.6**	**84.7**		
			N=	80	78	77		

Figure 3. Provider Wait Times

Please note that M = Mean not reported because N (number) was less than 30.

Both Payson and Sun City CBOCs' "provider wait times" scores were higher than the parent facility and far exceeded the VHA target score of 77.

CBOC Contract

Payson

The contract for the Payson CBOC is administered through the Phoenix VA HCS for delivery and management of primary and preventative medical care and continuity of care for all eligible veterans in VISN 18. Contracted services with Health Net began on May 1, 2007, for one base year plus 4 option years to extend the contract through March 31, 2012. The contract terms state that the Contractor shall provide personnel, through direct hire or subcontracting, in numbers and qualifications capable of fulfilling the requirements of this contract. Health Net subcontracted the primary care services to Preferred Health Consultants, LLC (PHC) on September 21, 2007. The PHC operates a private clinic at the same location. The VA patients cared for at the clinic make up approximately 25 percent of the clinic's patient workload. Contract PCPs may include licensed physicians in Internal Medicine or Family Practice as well as Advanced Practice Registered Nurses (APRN) and PAs practicing in accordance with state law. There were 0.63 FTE PCPs for the 1st Qtr, FY 2009. The contractor was compensated by the number of enrollees at a monthly capitated rate per enrollee. The CBOC had 610 unique primary medical care enrollees with 1,036 visits as reported on the FY 2008 CBOC Characteristics report (see Figure 1).

We reviewed the contract between VA and Health Net and the subcontract between Health Net and PHC to determine the contract type, the services provided, the invoices submitted, and supporting information. We also conducted interviews of key personnel of the Phoenix VA HCS, Health Net, and PHC. Our review focused on documents and records for the 1st Qtr, FY 2009. We reviewed the methodology for tracking and reporting the number of enrollees in compliance with the terms of the contract. We reviewed capitation rates for compliance with the contract; form and substance of the contract invoices for ease of data analysis by the Contracting Officer's Technical Representative (COTR); and duplicate, missing, or incomplete social security numbers (SSNs) on the invoices.

We noted the following regarding contract administration and oversight:

A. The contract contains cross out lines, ambiguous language and contradicting statements that are confusing. The example below from the contract section B.4.4.18.h.5 stipulates how often a patient should be seen for them to remain active.

> 5. ~~If~~ **The Phoenix VA HCS has determined that an assigned patient should be seen annually** and assigned patient has not been seen within the previous ~~13~~ 12 months from being assigned, the patient shall be inactivated at the CBOC. ~~No compensation shall be provided for inactivated patients~~ **If the patient has not been**

> **seen within 24 months from the time of last appointment, the patient shall be inactivated at the CBOC.**

B. Phoenix VA HCS had a process of disenrolling patients if the patient had not been seen at the clinic after 24 months instead of 12 months as required by the contract. The COTR stated that this was corrected in October 2009, resulting in 111 patients being removed from the October 2009 invoice. We reviewed the October 2009 invoice to confirm the adjustment. Previous invoices including the period for our review, October through December 2008, were not adjusted. For the 3-month period in our review, these overcharges totaled approximately $9,500.

Section B.4.4.18.h.4 of the contract states:

> The Phoenix VA HCS has determined that the patient must be seen annually, the qualifying visit must be coded at Current Procedural Technology (CPT) 99203 – 99205 for new patients or 99213 – 99215 for established patients. Medical record documentation must support these CPT codes. If a patient does not have a visit at the level of the qualifying codes he/she will be inactivated at the CBOC. No compensation shall be provided for inactivated patients.

C. The contract allows for the contractor to subcontract the services required as long as they meet the same qualifications specified in the contract; however, the contractor must obtain approval from the Contracting Officer and a subcontracting plan is required in accordance with Federal Acquisition Regulation 19. The Contracting Officer could not provide evidence that a subcontracting plan was provided. We identified several inconsistencies in the subcontract, which included a modified statement of work and the omission of several key sections such as women's health and MH services.

D. According to the performance data relating to patient access to timely appointments for 1st Qtr, FY 2009, wait times for routine examinations exceeded what was required under the contract. The contract states "The Contractor shall provide an established patient a routine schedule appointment with their primary care provider within seven (7) calendar days of patient's request." The performance data for 1st Qtr, FY 2009, shows that appointments averaged 23 days for an established patient. Recent complaints regarding access to care at the Payson CBOC have been received by Phoenix VA HCS. Our analysis showed that the clinic would see approximately 4-6 VA patients in a day, Monday through Thursday, with a reduced number on Friday. We also found that over 60 percent of the veteran population of 610 seen at the clinic had only one visit and over 80 percent were seen only twice. The average visit rate for Payson CBOC in FY 2008 was 1.7 visits per patient, much

lower than the VHA average for the same period of 4.8. The veteran population at the clinic is approximately 25 percent of the total population seen at the clinic. The clinic was not in compliance with the requirement to operate 40 hours per week and extend these hours into Saturday when necessary to meet requirements.

E. During our review the subcontractor asserted that enrolled VA patients were also being seen by the private practice side of the subcontractor's Payson CBOC and by other PCPs in the community, and charged third parties for the care. In some cases the subcontractor updated the electronic medical records with information about the care received from other PCPs. The extent of billing of third party insurance is not known at this time. Contract provision B.3.L. Reimbursement Models states that:

> Payment from the VA will be considered payment in full. Contractor shall not pursue any further collection activities from any source. Contractor shall not pursue any collections from patients or family members. It will be considered fraudulent for the Contractor to bill other third party insurance sources (including Medicare) for services rendered to veteran enrollees under this contract.

The same language was included in the subcontract; therefore, the subcontractor had notice that he was compensated in full for all primary care services provided to veterans enrolled. Neither Health Net nor its subcontractor thought that seeing enrolled veterans in the private practice setting was a problem.

Recommendation 7. We recommended that the VISN 18 Director ensure that the Phoenix VA HCS Director provides contract oversight and enforcement in accordance with the terms and conditions as stated in the contract for the Payson CBOC and other contract CBOCs.

The VISN and VAMC Directors concurred with our finding and recommendation. Quality meetings will be held to discuss contractual issues, and the newly appointed COTR will track and monitor quality data using a Quality Assurance Surveillance Plan. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 8. We recommended that the VISN 18 Director ensure that the Phoenix VA HCS Director have the contracting officer review the subcontract between Health Net and its subcontractors to ensure consistency with the statements of work.

The VISN and VAMC Directors concurred with our finding and recommendation. The contracting officer will review the contract and sub-contract to ensure consistency with the original statement of work. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

B. VISN 19, Cheyenne VAMC – Sidney and Fort Collins

Quality of Care Measures

The Sidney and Fort Collins CBOCs' quality measure scores equaled or exceeded the parent facility's quality measures scores with the exception of the following: hyperlipidemia screen, and DM pedal pulse, foot sensation by monofilament, retinal exam, and full lipid panel. The Sidney CBOC scored below the parent facility in the DM pedal pulse and full lipid panel. The Fort Collins CBOC scored lower than the parent facility on the hyperlipidemia screen and DM foot sensation by monofilament and retinal testing. (See Appendix I.)

Credentialing and Privileging

We reviewed the C&P file of one provider and the personnel folder for one nurse at the Sidney CBOC and reviewed the files of five providers and three nurses at Fort Collins, CBOC. All providers and nursing staff possess a full, active, current, and unrestricted license. However, we identified the following area that needed improvement:

Performance Improvement Data

According to VHA Handbook 1100.19:

> The reappraisal process needs to include consideration of such factors as the number of procedures performed or major diagnoses treated, rates of complications compared with those of others doing similar procedures, and adverse results indicating patterns or trends in a practitioner's clinical practice. Relevant practitioner-specific data needs to be compared to the aggregate data of those privileged practitioners that hold the same or comparable privileges.

We found variable evidence that the facility compared practitioner data either to those practitioners doing similar procedures or to aggregate data of those privileged practitioners with the same or comparable privileges. At the time of our visit, the facility presented new forms to collect practitioner data. These forms are scheduled to be initiated in April 2010. The new forms, if used as designed, will meet the intent of comparing aggregated data to similar practitioners.

Recommendation 9. We recommended that the VISN 19 Director ensure that the Cheyenne VAMC Director requires that when reprivileging, practitioner data be compared to others doing similar procedures and to aggregate data of those privileged practitioners that hold the same or comparable privileges at the Sidney and Fort Collins CBOCs.

The VISN and VAMC Directors concurred with our finding and recommendation. A mechanism will be implemented to incorporate the process as described above. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Environment and Emergency Management

Environment of Care

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. The clinics met most standards, and the environments were generally clean and safe. However, we identified the following areas that needed improvement.

Fire Drills

We found no documentation of fire drills at the Sidney and Fort Collins CBOCs. According to medical center policy,[5] the Safety and Fire Protection Officer is responsible for ensuring that fire drills will be conducted. Without documented evidence of fire drills/strategies, management is not able to determine whether staff is competent to carry out fire emergencies.

Safety and Fire Inspections

We found no documentation of safety and fire inspections at the Sidney and Fort Collins CBOCs. According to medical center policy,[6] the Safety Officer is responsible for ensuring that the inspections will be conducted. Without documented evidence of the inspections, management is not able to determine compliance with safety standards and facility safety rules and not able to identify unsafe practices and procedures.

Examining Room Mirrors

We found a mirror in one patient exam room and in the patient bathroom at the Sidney CBOC. The mirrors were not shatter resistant. The JC requires that patient care areas are safe, and VA's National Center for Patient Safety[7] recommends that mirrors are shatter resistant.

Recommendation 10. We recommended that the VISN 19 Director ensure that the Cheyenne VAMC Director requires that fire drills be conducted at the Sidney CBOC and Fort Collins CBOC.

[5] VA Medical Center, Cheyenne, Wyoming, *Fire and Safety Plan*, Center Directive 00S-08-4, April 23, 2008.
[6] Ibid.
[7] VA's National Center for Patient Safety's Patient Safety Assessment Tool (PSAT) supports VHA's patient safety program by identifying potential environmental safety issues.

The VISN and VAMC Directors concurred with our finding and recommendation. The Safety Department has begun coordinating fire drills at each CBOC. The fire drills have been added to the annual schedule. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 11. We recommended that the VISN 19 Director ensure that the Cheyenne VAMC Director requires that safety and fire inspections be conducted at the Sidney CBOC and Fort Collins CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. Specific safety and fire inspections will be conducted in addition to regular EOC records. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 12. We recommended that the VISN 19 Director ensure that the Cheyenne VAMC Director requires that all patient rooms meet safety criteria at the Sidney CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. The Safety Department and Facilities Management will ensure the patient rooms at the Sidney CBOC will meet safety criteria. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Emergency Management

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

Patient Satisfaction

SHEP results for FY 2008 are displayed in Figures 4 and 5.

Trip Pak Report - STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	**Station Number**	**Facility Name**	**Data Type**	**FY08 Qtr 4**	**FY08 Qtr 3**	**FY08 Qtr 2**	**VISN FY08, Qtr 4**	**National FY08, Qtr 4**
(Q56) - Outpatients (percent Very Good, Excellent)	442	Cheyenne VAMC	Mean Score	**91.3**	**81.9**	**91.5**	**85.5**	**78.5**
			N=	87	69	67	2,390	**54,400**
	442GB	Sidney		**M**	**M**	**M**		
			N=	13	14	12		
	442GC	Fort Collins		**85.8**	**85.5**	**81.2**		
			N=	65	78	67		

Figure 4. Outpatient Overall Quality

Please note that M = Mean not reported because N (number) was less than 30.

The Fort Collins CBOC exceeded the parent facility's "overall quality" scores for the 3rd quarter; and, although the CBOC scores were lower than the parent facility in the 2nd and 4th quarters, they far surpassed the VHA target score of 77.

Trip Pak Report - STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	**Station Number**	**Facility Name**	**Data Type**	**FY08 Qtr 4**	**FY08 Qtr 3**	**FY08 Qtr 2**	**VISN FY08, Qtr 4**	**National FY08, Qtr 4**
(Q6) - (percent less than/equal to 20 minutes)	442	Cheyenne VAMC	Mean Score	**85.5**	**78.4**	**88.7**	**86.5**	**77.3**
			N=	91	65	71	2,425	**55,407**
	442GB	Sidney		**M**	**M**	**M**		
			N=	14	16	15		
	442GC	Fort Collins		**90.4**	**80.4**	**93**		
			N=	68	78	72		

Figure 5. Provider Wait Times

Please note that M = Mean not reported because N (number) was less than 30.

The Fort Collins CBOC "provider waiting time" scores exceeded the performance of the parent facility in all three quarters.

C. VISN 21, San Francisco VAMC – Eureka and Ukiah

Quality of Care Measures

Both Eureka and Ukiah CBOCs quality measures scores equaled or exceeded the parent facility scores in all areas except DM eye exams (63 percent) and lipid profiles for the Eureka CBOC. (See Appendix J.) While onsite, we learned that many veterans cancel or fail to keep their eye appointments as the distance between Eureka and the parent facility is a deterrent. However, the Eureka CBOC now has a retinal imaging camera, and it is expected this will lead to an increase in eye exams.

Credentialing and Privileging

We reviewed the C&P files of five providers and four nurses at both the Eureka and Ukiah CBOCs. All providers possess a full, active, current, and unrestricted license. All nurses' license and education requirements were verified and documented. However, we identified the following area that needed improvement:

Privileging of Contract Providers

VHA Handbook 1100.19 states that clinical privileges granted to contractors may not extend beyond the contract period. Contract providers at the Eureka CBOC were privileged for a 2-year period while the contract was granted for a 1-year period.

Clinical Privileges

We found that one provider at the Ukiah CBOC had been granted privileges for procedures that are not performed at the CBOC. The PCP was granted privileges for arterial puncture, lumbar puncture, thoracentesis, and abdominal paracentesis. According to VHA policy, only privileges for procedures actually provided by the VA facility may be granted to a practitioner.

Staff Competency

At the Ukiah CBOC, we found no evidence of training and/or competency evaluation for individuals who assisted with refilling the cryogun[8] with liquid nitrogen. It is essential that staff know how to safely handle liquid nitrogen, as improper use may result in employee injuries such as burns. The establishment of competencies is the assurance that an individual has received the appropriate training and has demonstrated the skill level required to independently and appropriately perform an assigned task.

[8] A cryogun is an instrument filled with liquid nitrogen that is used for cryosurgery, which freezes and destroys abnormal tissue.

Recommendation 13. We recommended that the VISN 21 Director ensure that the San Francisco VAMC Director requires that contract providers are privileged to meet the term of the contract at the Eureka CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. The process for privileging of contract providers has been revised to ensure privileges are granted for only the length of the contract. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 14. We recommended that the VISN 21 Director ensure that the San Francisco VAMC Director requires that clinical managers review the privileges that have been granted to clinical staff and grant privileges that are consistent with providers' practices at the Ukiah CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. The privileges for the provider and clinical staff at the Ukiah CBOC have been revised to be consistent with the clinical practice performed at the CBOC. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 15. We recommended that the VISN 21 Director ensure that the San Francisco VAMC Director requires staff at the Ukiah CBOC are trained and annual competencies are documented.

The VISN and VAMC Directors concurred with our finding and recommendation. All staff that re-fill the cryogun will receive training and have competency documented. Competencies will be reviewed by the clinic directors on an annual basis. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Environment and Emergency Management

Environment of Care

To evaluate the EOC, we inspected patient care areas at both CBOCs for cleanliness, safety, infection control, and general maintenance. Both CBOCs met most standards, and the environments were generally clean and safe. However, we identified the following areas that needed improvement:

Auditory Privacy

According to Health Insurance Portability and Accountability Act (HIPAA)[9] regulations, control of the environment includes control of confidential patient information. We

[9] The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule protects of the privacy of individually identifiable health information.

found both CBOCs to be in compliance, with the exception for auditory privacy at the Ukiah CBOC. During the check-in process, patients communicate with staff through an open-glass window located in the waiting room. Due to the close proximity of other patients' chairs to this window, we found auditory privacy to be compromised.

Infection Control

At the Eureka CBOC, we noted that a garage area was utilized as permanent storage space for medical supplies, office equipment, and cleaning supplies, as well as waste bags filled with biohazardous material. We identified there were no environmental controls in place to monitor the temperature and/or humidity of the area. Sterile dressings were found to be damp and were identified as contaminated. We brought this to the attention of the Chief of Pathology and the Chief of Infection Control while we were onsite. We were told that appropriate arrangements would be made to dispose of these items. In addition, new storage space will be identified and environmental controls will be installed.

Recommendation 16. We recommended that the VISN 21 Director ensure that the San Francisco VAMC requires auditory privacy be maintained during the check-in process at the Ukiah CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. The waiting room has been reconfigured to ensure more auditory and visual privacy for patients checking in at the Ukiah CBOC. EOC rounds will monitor auditory privacy as part of the bi-annual rounds conducted at each CBOC. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 17. We recommended that the VISN 21 Director ensure that the San Francisco VAMC requires medical supplies and equipment to be stored and maintained according to VHA Handbook 7176 at the Eureka CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. All biohazardous materials are presently stored in an approved biohazardous waste container. All medical supplies/materials are now stored in a temperature controlled environment inside the Eureka CBOC. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Emergency Management

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

Patient Satisfaction

The SHEP results for FY 2008 are displayed in Figures 6 and 7.

Trip Pak Report - STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	**Station Number**	**Facility Name**	**Data Type**	**FY08 Qtr 4**	**FY08 Qtr 3**	**FY08 Qtr 2**	**VISN FY08, Qtr 4**	**National FY08, Qtr 4**
(Q56) - Outpatients (percent Very Good, Excellent)	662	San Francisco VAMC	Mean Score	**81.9**	**77.2**	**78.1**	**79.7**	**78.5**
			N=	64	60	66	2,264	**54,400**
	662GC	Eureka		**87.7**	**78.7**	**76**		
			N=	78	68	66		
	662GD	Ukiah		**76.1**	**81.9**	**91.4**		
			N=	62	72	68		

Figure 6. Outpatient Overall Quality

For "overall quality," the Eureka CBOC exceeded the parent facility's quality measure scores during the 3rd and 4th Qtrs, while the Ukiah CBOC exceeded during the 2nd and 3rd Qtrs. However, the Eureka CBOC and the Ukiah CBOC scored slightly below VHA's target score of 77 during the 2nd Qtr and 4th Qtr, respectively. Managers informed us that the below VHA target score was due to provider vacancies.

Trip Pak Report - STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	**Station Number**	**Facility Name**	**Data Type**	**FY08 Qtr 4**	**FY08 Qtr 3**	**FY08 Qtr 2**	**VISN FY08, Qtr 4**	**National FY08, Qtr 4**
(Q6) - (percent less than/equal to 20 minutes)	662	San Francisco VAMC	Mean Score	**84.9**	**77.8**	**71**	**81.9**	**77.3**
			N=	64	61	66	2274	**55,407**
	662GC	Eureka		**88.2**	**84.7**	**86**		
			N=	77	75	70		
	662GD	Ukiah		**91.3**	**83.6**	**93.4**		
			N=	65	74	74		

Figure 7. Provider Wait Times

Both the Eureka and Ukiah CBOCs exceeded the parent facility's quality measures scores and VHA's target score for "provider wait times" for all quarters.

CBOC Contract

Eureka CBOC

The contract for the Eureka CBOC is administered through the San Francisco VAMC for delivery and management of primary and preventative medical care and continuity of care for all eligible veterans in VISN 21. Contracted services with Humboldt Occupational and Environmental Medical Group, Inc. began on December 1, 2006, with option years extending through September 30, 2011. The contract terms state that the CBOC will have (1) a California-licensed physician to serve as medical director and (2) other PCPs to include PAs and NPs. There were 4.6 FTE PCPs for the 1st Qtr, FY 2009. The Contractor was compensated by the number of enrollees at a monthly capitated rate per enrollee. The CBOC had 5,026 unique primary medical care enrollees with 17,982 visits as reported on the FY 2008 CBOC Characteristics report (see Figure 1).

We reviewed the contract to determine the contract type, the services provided, the invoices submitted, and supporting information. We also performed inquiries of key San Francisco VAMC and contractor personnel. Our review focused on documents and records for the 1st Qtr, FY 2009. We reviewed the methodology for tracking and reporting the number of enrollees in compliance with the terms of the contract. We reviewed 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.

We noted the following regarding contract administration and oversight:

1. The San Francisco VAMC performed a review of the enrolled patient list once a year and not on a monthly basis causing overpayments for patients that had not received an annual qualified medical examination. The San Francisco VAMC performed an annual review of the patient list in October 2008 that resulted in identifying 418 patients who had not received services within the prior 12-month period. An analysis of the enrollees that had not been seen within the prior 12 months on the November and December 2008 bills determined that 172 and 204 enrollees, respectively, should have been removed from the invoices. This resulted in overpayments of approximately $14,700. The contract specifically states that the Contractor shall see an enrolled patient at least once a year for a qualified examination to satisfy the contract requirements and qualify for monthly payments under the contract. The enrolled list was also not being updated on a regular basis for enrollees that had moved out of the area.

   > Contract provision B 35 Capitated Rates and Payment (a) states that: The Contractor shall be paid the capitation rate for each enrolled patient who has received an annual qualified medical

> examination. The Contractor shall see each enrolled patient at least once per year for a qualified exam to satisfy the contract requirement and qualify for monthly payments under this contract.
>
> Contract provision B 35 Capitated Rates and Payment (f) states that: Determinations that patients have moved outside the Contractor's area, have expired, or who should otherwise be removed from the billing should be made through clinically determined patient follow-ups in accordance with the well patient model. Patients will not be removed from the Contractor's roles simply due to re-assignment in Primary Care Management Module (PCMM) at another VA facility. The San FranciscoVAMC shall review each invoice and notify the Contractor of any discrepancies

2. In an email dated December 3, 2009, the Contracting Officer and the contractor agreed upon a semi-annual review of the patient list (previously annual) to identify patients who had not received services within the prior 12 months. The contract had not been modified to reflect this agreement at the time of our review. By not reviewing this on a monthly basis, this agreement when implemented would still result in the San Francisco VAMC paying for inactive enrollees up to 18 months beyond their last date of service at the clinic.

Recommendation 18. We recommended that the VISN 21 Director ensure that the San Francisco VAMC Director provides contract oversight and enforcement in accordance with the terms and conditions as stated in the contract for the Eureka CBOC and other contract CBOCs.

The VISN and VAMC Directors concurred with our finding and recommendation. A monthly list will be generated of patients who have not received primary care services in the prior 12 months are the Eureka CBOC, and these patients will be removed from the list for which the contractor receives payment. The Eureka CBOC is broadening its quality improvement activities to include quarterly monitoring and report in key areas. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 19. We recommended that the VISN 21 Director ensure that the San Francisco VAMC Director ensure that the COTR monitor the patient billing lists monthly and remove those enrollees from the contractor's invoices who have transferred to other facilities or have not received any services in the prior 12 months.

The VISN and VAMC Directors concurred with our finding and recommendation. A new VA report is being developed that will identify patients who need to be dropped for no activity in 12 months. This report will also identify new patients and continuing active patients. Business Services will provide the report to the COTR. The

improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Appendix A

VISN 18 Director Comments

Department of Veterans Affairs **Memorandum**

Date: April 2, 2010

From: Director, Veterans Integrated Service Network 18 (10N18)

Subject: **Healthcare Inspection – CBOC Reviews: Payson and Sun City, AZ**

To: Director, CBOC/Vet Center Program Review, Office of Healthcare Inspections (54F)

I concur with the facility response to the recommendations contained in the Healthcare Inspection report. Please see Medical Center Director's comments for specific actions. For questions, please contact Sally Compton, Executive Assistant to the Network Director, VISN 18, at 602.222.2699.

(original signed by:)

Susan P. Bowers

Appendix B

Phoenix VA HCS Director Comments

Department of Veterans Affairs **Memorandum**

Date: April 1, 2010

From: Director, Phoenix VA Healthcare System (644/00)

Subject: **Healthcare Inspection – CBOC Reviews: Payson and Sun City, AZ**

To: Director, Veterans Integrated Service Network 18 (10N18)

1. The recommendations made during the Office of Inspector General Health Inspection CBOC Program Review (Sun City and Payson) conducted February 16-18, 2010 have been reviewed and implementation plans and subsequent actions are being completed.

2. We would like to thank the OIG Health Inspection Review Team that conducted our review. The team, led by Ms. Cathleen King including members Zhana Johnson, Jennifer Kubiak, was consultative and professional. They provided feedback to our staff. Ms. Marisa Casado, Director was present to conduct a pilot program.

3. If you have any questions, please contact me at 602.277.5551, Ext 7891 or Kathleen Shepard, Chief Quality Management, at Ext 7100.

(original signed by:)

GABRIEL PEREZ

Medical Center Director

Phoenix VA HCS Director's Comments to Office of Inspector General's Report

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

OIG Recommendations

Recommendation 1. We recommended that the VISN 18 Director ensure that the Phoenix VA HCS Director requires that contract providers are privileged to meet the terms of the contract at the Payson CBOC.

Concur **Target Completion Date: Completed**

The Phoenix VA HCS' Medical Staff Office has reviewed the Special Agency Check (SAC) Adjudication submitted by the Contracting Office and adjusted all existing contract providers' privileges to coincide with the terms of their contracts. All contract providers are now credentialed and privileged only until the end of their specific contract. These reviews will be conducted quarterly to ensure continued compliance with the requirement.

Recommendation 2. We recommended that the VISN 18 Director ensure that the Phoenix VA HCS Director requires that clinical managers review the privileges that have been granted to clinical staff and grant privileges that are consistent with providers' practices at the Payson and Sun City CBOCs.

Concur **Target Completion Date: Completed**

This recommendation has been implemented. Approved privileges of all Payson and Sun City providers, as well as other ambulatory care providers, were reviewed by the ACOS, Ambulatory Care Service and were changed to include only those privileges that are consistent with their practice.

Recommendation 3. We recommended that the VISN 18 Director ensure that the Phoenix VA HCS Director requires the Payson CBOC adhere to the provisions of the contract as it relates to treatment and management of MH patients.

Concur **Target Completion Date: 4/19/2010**

The contract authorizes providers to screen Veterans for various Mental Health (MH) conditions and requires that providers refer all VA MH patients that need a higher level of psychiatric care to the parent facility, i.e., no fee basis. Psychiatrists are currently reviewing 30 medical records (50% from 10/1/2008 to 11/30/2008 (study period) and 50% from current period) to determine if appropriate management of MH diagnoses and referral for specialty Mental Health is actually occurring per the contract. The data will be analyzed and shared via the Contracting Officer Technical Representative (COTR)/Contracting Office with Health Net to ensure compliance with the contract.

Recommendation 4. We recommended that the VISN 18 Director ensure that the Phoenix VA HCS Director requires that the CBOC contractor collects and reviews quality data on a regular basis for any radiologist providing services under a subcontract at the Payson CBOC.

Concur **Target Completion Date: 4/30/10**

To comply with the contract, a cure notice will be issued to Health Net to address the lack of evidence of Radiology inter-rater reliability (cross-reads).

Recommendation 5. We recommended that the VISN 18 Director ensure that the Phoenix VA HCS Director enforces the contract requirement and have a panic alarm system installed at the Payson CBOC.

Concur **Target Completion Date: 4/15/10**

To comply with the contract, a cure notice will be issued to Health Net regarding the lack of a panic alarm.

Recommendation 6. We recommended that the VISN 18 Director ensure that the Phoenix VA HCS Director ensures that clean and dirty items at the Sun City CBOC are stored according to VHA policy.

Concur **Target Completion Date: 4/19/10**

The Sun City CBOC will utilize a vacant office as a secured dirty room. All dirty items will be stored in this room including patient lift and oxygen. Clean supplies that are located on the Supply Process Distribution (SPD) cart will remain in the secured clean room and the medication refrigerator will be moved to the treatment room. The CBOC Nurse Manager will monitor, at least quarterly, to ensure compliance. The CBOC will move to new lease space in Surprise, AZ in September 2010.

Recommendation 7. We recommended that the VISN 18 Director ensure that the Phoenix VA HCS Director provides contract oversight and enforcement in accordance with the terms and conditions as stated in the contract for the Payson CBOC and other contract CBOCs.

Concur **Target Completion Date: 4/19/10**

Quarterly meetings will be held to discuss Performance Measures/SHEP, other quality data, and contractual issues. The newly appointed COTR (Ambulatory Care Administrative Officer) will track and monitor quality data using a Quality Assurance Surveillance Plan (QASP). The ACOS, Ambulatory Care performs Ongoing Professional Practice Evaluation (OPPE) for all physicians quarterly.

Recommendation 8. We recommended that the VISN 18 Director ensure that the Phoenix VA HCS Director have the contracting officer review the subcontract between Health Net and its subcontractors to ensure consistency with the statements of work.

Concur **Target Completion Date: 4/19/10**

The contracting officer will review the contract and sub-contract to ensure consistency with the original statement of work.

Appendix C

VISN 19 Director Comments

Department of Veterans Affairs **Memorandum**

Date: April 5, 2010

From: Director, Veterans Integrated Service Network 19 (10N19)

Subject: **Healthcare Inspection – CBOC Reviews: Sidney, NE and Fort Collins, CO**

To: Director, CBOC/Vet Center Program Review, Office of Healthcare Inspections (54F)

I have reviewed the response from the Cheyenne VAMC regarding the OIG's healthcare inspection of the Sidney, NE and Ft. Collins, CO CBOCs. I concur with the responses and action plans as submitted. If you have any further questions, please contact Ms. Susan Curtis, VISN 19 HSS, at (303) 639-6995.

(original signed by:)

Glen W. Grippen, FACHE

Appendix D

Cheyenne VAMC Director Comments

Department of Veterans Affairs **Memorandum**

Date: March 31, 2010

From: Director, Cheyenne VA Medical Center (442/00)

Subject: **Healthcare Inspection – CBOC Reviews: Sidney, NE and Fort Collins, CO**

To: Director, Veterans Integrated Service Network 19 (10N19)

1. Enclosed, for your review, is the Cheyenne, Wyoming VAMC's response to the draft report of the OIG's healthcare inspection of the Community Outpatient Clinics (CBOCs) of Sidney, Nebraska and Fort Collins, Colorado. The purpose of the OIG's healthcare inspection was to assess if our CBOCs are being operated in a manner that provides Veterans with consistent, safe, and high-quality healthcare, in accordance with VA policies and procedures.

2. I have reviewed the OIG's healthcare inspection report and concur with the findings. Action plans have been developed to address the recommendations. If you have any comments or need additional information, please contact Mrs. Debra Hirschman, Acting Medical Center Director, at phone number (307) 778-7550, ext. 7300, or e-mail at Debra.Hirschman@va.gov.

(original signed by:)

DEBRA L. HIRSCHMAN
Acting Medical Center Director

Cheyenne VAMC Director's Comments to Office of Inspector General's Report

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

OIG Recommendations

Recommendation 9. We recommended that the VISN 19 Director ensure that the Cheyenne VAMC Director requires that when reprivileging, practitioner data be compared to others doing similar procedures and to aggregate data of those privileged practitioners that hold the same or comparable privileges at the Sidney and Fort Collins CBOCs.

Concur **Target Completion Date: May 30, 2010**

Cheyenne VAMC concurs with the findings. A mechanism to incorporate the process as described above will be implemented as planned with a completion date of May 30, 2010.

Recommendation 10. We recommended that the VISN 19 Director ensure that the Cheyenne VAMC Director requires that fire drills be conducted at the Sidney CBOC and Fort Collins CBOC.

Concur **Target Completion Date: March 31, 2010**

Cheyenne VAMC concurs with the findings. The safety department, rather than the CBOC Manager, has begun coordinating fire drills at each outpatient facility. The fire drills have been added to the annual schedule. The initial drill coordinated by the safety department at the Ft Collins CBOC was completed on March 29, 2010. The initial drill coordinated by the safety department at the Sidney CBOC was completed on March 31, 2010.

Recommendation 11. We recommended that the VISN 19 Director ensure that the Cheyenne VAMC Director requires that safety and fire inspections be conducted at the Sidney CBOC and Fort Collins CBOC.

Concur **Target Completion Date: Immediately**

Cheyenne VAMC concurs with the findings. Specific Safety and Fire Inspections will be conducted in addition to regular Environment of Care Rounds.

Recommendation 12. We recommended that the VISN 19 Director ensure that the Cheyenne VAMC Director requires that all patient rooms meet safety criteria at the Sidney CBOC.

Concur **Target Completion Date: May 15, 2010**

Cheyenne VAMC concurs with the findings. The Safety Department and Facilities Management will ensure that the patient rooms at the Sidney CBOC will meet safety criteria in accordance with policy and guideline by May 15, 2010.

Appendix E

VISN 21 Director Comments

Department of Veterans Affairs **Memorandum**

Date: March 31, 2010

From: Director, Veterans Integrated Service Network 21 (10N21)

Subject: **Healthcare Inspection – CBOC Review: Eureka and Ukiah, CA**

To: Director, CBOC/Vet Center Program Review, Office of Healthcare Inspections (54F)

1. I appreciate the opportunity to provide comments to the draft report of the Community Based Outpatient Clinic (CBOC) review of the Eureka and Ukiah CBOC's. I concur with all of the conditions needing improvement and recommendations. The implementation plan showing specific corrective actions and timelines is provided as requested. You will note, several actions have already been completed and the remainder are well underway.

2. I am pleased that you noted how well the staff is prepared in the event of an emergency. The patient satisfaction scores are proof of the quality of care our veterans receive at rural clinic locations.

3. In closing, I would like to express my appreciation to the CBOC review team. The team members were thorough and professional.

(original signed by:)

Sheila M. Cullen

Appendix F

San Francisco VAMC Director Comments

Department of Veterans Affairs **Memorandum**

Date: March 31, 2010

From: Director, San Francisco VA Medical Center (662/00)

Subject: **Healthcare Inspection – CBOC Review: Eureka and Ukiah, CA**

To: Director, Veterans Integrated Service Network 21 (10N21)

1. I appreciate the opportunity to provide comments to the draft report of the Community Based Outpatient Clinic (CBOC) review of the Eureka and Ukiah CBOC's. I carefully reviewed the report, as well as notes from the exit briefings.

2. In brief, I concur with all of the findings and suggested improvement actions. As you will note, a number of the actions have already been completed. The remaining proposed remedies will be completed in the next few months.

3. I am pleased that both clinics did extremely well with regards to staff knowledge related to emergency management. This is extremely important to us considering the recent earthquake experienced in Eureka. Also of note was how well our patient satisfaction scores were for our veterans in these rural counties.

4. In closing, I would like to express my thanks to the CBOC review team. The team members were professional, comprehensive and focused. I appreciated that the survey team discussed issues. The collective interest and efforts of the CBOC review team have helped improve our clinical and business practices at VAMC San Francisco.

(original signed by:)

Lawrence H. Carroll

San Francisco VAMC Director's Comments to Office of Inspector General's Report

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

OIG Recommendations

Recommendation 13. We recommended that the VISN 21 Director ensure that the San Francisco VAMC Director requires that contract providers are privileged to meet the term of the contract at the Eureka CBOC.

Concur **Target Completion Date: 2/18/10**

Medical Staff Office has revised the process for privileging of contract providers to assure privileges are granted for the length of the contract only. All Eureka provider files were reviewed and do not exceed the contract end date 9/30/10. All future contract providers' privileges will only be granted for the term of the contract in accordance with the VA Directive. Privilege expiration dates for contracted providers will be monitored through receipt of the current medical service contracts report supplied to Quality Management on a monthly basis. The report shows the expiration dates for all medical service contracts.

Recommendation 14. We recommended that the VISN 21 Director ensure that the San Francisco VAMC Director requires that clinical managers review the privileges that have been granted to clinical staff and grant privileges that are consistent with providers' practices at the Ukiah CBOC.

Concur **Target Completion Date: 4/20/10**

Medical Staff Office revised the privileges of the provider at the Ukiah CBOC as mentioned above on 3/16/10 to reflect only clinical practice as performed at the Ukiah CBOC. Medical Staff Office has additionally reviewed the current privileges of the other Ukiah CBOC providers and verified that they are also consistent with Ukiah CBOC clinical practice. An updated privileging form for the remaining Ukiah CBOC providers will be approved 4/20/10 by the Professional Standards Board. Monitoring for all CBOC provider privileges will occur in the PSB meeting during re-privileging to ensure only privileges supported by the CBOC are granted.

Recommendation 15. We recommended that the VISN 21 Director ensure that the San Francisco VAMC Director requires staff at the Ukiah CBOC are trained and annual competencies are documented.

Concur **Target Completion Date: 4/30/10**

The ACNS/ Ambulatory Care and the facility Patient Safety Manager have developed competencies for refilling the cryogun with liquid nitrogen. All staff that re-fills the cryogun will receive training and have competency documented. Until the training and competencies are completed, use of liquid nitrogen at the Ukiah CBOC has been suspended. Competencies will be reviewed by the clinic directors on an annual basis to ensure required competencies are completed as required.

Recommendation 16. We recommended that the VISN 21 Director ensure that the San Francisco VAMC Director requires auditory privacy be maintained during the check-in process at the Ukiah CBOC.

Concur **Target Completion Date: 4/30/10**

- Immediate action was taken on 2/18/10 with a reconfiguration of the Ukiah CBOC's waiting room chairs. Chairs were moved further from the check-in windows, and those chairs closest to the check-in windows were faced away, ensuring both more auditory and visual privacy for patients checking in.
- To further enhance the privacy of the Ukiah check-in process, white noise generators as well as sign posts to demarcate a set-back line for patients waiting to check in are being purchased.
- Environment of Care rounds will monitor auditory privacy as part of the bi-annual rounds conducted at each CBOC. This will ensure the corrective actions are effective.

Recommendation 17. We recommended that the VISN 21 Director ensure that the San Francisco VAMC Director requires medical supplies and equipment to be stored and maintained according to VHA Handbook 7176 at the Eureka CBOC.

Concur **Target Completion Date: 2/18/10**

- Patient care supplies/ materials that were stored in the garage area and considered "contaminated" were disposed of according to the recommendation of Infection Control and Laboratory Medicine. All chemical agents were sent back to the SFVAMC Laboratory for disposal. Standard medical supplies and non-hazardous waste were disposed of in the general waste collection dumpster.
- All biohazardous materials are presently stored in an approved biohazardous waste container into which all biohazardous waste bags are placed. Biohazardous waste is collected by an approved company once weekly. No biohazardous waste is stored outside of the approved container. As the garage is considered a "dirty" area, the biohazardous waste will continue to be stored there, while awaiting weekly pickup.
- All medical supplies/ materials are now stored in a temperature controlled environment inside the Eureka Primary Care Clinic. This area has a temperature and humidity gauge which is monitored and recorded daily. Monitoring spreadsheet will be reviewed by the clinic director on a monthly basis. The clinic staff recording the temperature and humidity will notify the clinic director immediately for any temperatures or humidity indicators that fall outside acceptable parameters.

Recommendation 18. We recommended that the VISN 21 Director ensure that the San Francisco VAMC Director provides contract oversight and enforcement in accordance with the terms and conditions as stated in the contract for the Eureka CBOC and other contract CBOCs.

Concur **Target Completion Date: 4/30/10**

- A monthly list of patients who have not received primary care services at the Eureka CBOC in the prior 12 months will be generated, and these patients will be removed from the list of clinic patients for whom the contractor receives payment (please see further detail in response to Recommendation 19 below).

- The Eureka CBOC is broadening its quality improvement activities to include quarterly monitoring and reporting in key areas:
  - Given the VA's emphasis on the importance of access to clinical care, both New Patient and Established Patient Wait Times will be monitored for compliance with VA standards.

- Given the VA's emphasis on the importance of monitoring clinical performance measures, patients with ischemic heart disease and LDL <100 as well as patients with diabetes mellitus and a retinal exam in the past 2 years will be monitored for compliance with VA standards. These performance measures were selected based on a review of Eureka performance data which demonstrated a need for improvement in these areas.
- Given the VA's emphasis on the importance of veteran satisfaction with healthcare, quarterly monitoring of SHEP scores will be done.
- The ACOS/Ambulatory Care will monitor wait times and clinical performance measures on a monthly basis and report findings during scheduled V-tels with CBOCs. The SHEP data will be monitored on a quarterly basis and reported during the same weekly V-tel.

Recommendation 19. We recommended that the VISN 21 Director ensure that the San Francisco VAMC Director ensure that the COTR monitor the patient billing lists monthly and remove those enrollees from the contractor's invoices who have transferred to other facilities or have not received any services in the prior 12 months.

Concur **Target Completion Date: 4/30/10**

The contractor has begun providing monthly patient billing reports which are being validated against VA data of active patients monthly. A new VA report is being developed which will identify patients who need to be dropped for no activity in twelve months; this will also identify new patients and continuing active patients. Business Services will provide the report to the clinic COTR who will cross reference the patients on the list with CPRS to ensure the patient didn't show for the last 12 months on a monthly basis.

Appendix G

CBOC Characteristics

CBOC Station Number	CBOC Name	Parent VA	Specialty Care	Dermatology	Occupational Therapy	Physical Therapy	Rheumatology	Urology	Ophthalmology	Podiatry
644GD	Payson, AZ	Phoenix, AZ	No	No	No	No	No	No	No	No
644GA	Sun City, AZ	Phoenix, AZ	Yes	No	No	No	Yes	No	No	No
442GB	Sidney, NE	Cheyenne, WY	No	No	No	No	No	No	No	No
442GC	Fort Collins, CO	Cheyenne, WY	Yes	Yes	Yes	Yes	No	No	Yes	Yes
662GC	Eureka, CA	San Francisco, CA	Yes	No	No	No	No	Yes	No	No
662GD	Ukiah, CA	San Francisco, CA	Yes	No	No	No	No	No	No	No

Specialty Care Services

CBOC Station Number	CBOC Name	Parent VA	Tele-retinal	Tele-dermatology	Tele-PADRECC	Tele-TBI	Tele-DM	Tele-radiology	Tele-medicine
644GD	Payson, AZ	Phoenix, AZ	No	No	No	No	No	No	No
644GA	Sun City, AZ	Phoenix, AZ	No	No	No	No	No	No	No
442GB	Sidney, NE	Cheyenne, WY	No	No	No	No	No	No	No
442GC	Fort Collins, CO	Cheyenne, WY	Yes	No	No	No	No	No	No
662GC	Eureka, CA	San Francisco, CA	No	No	No	No	No	Yes	Yes
662GD	Ukiah, CA	San Francisco, CA	No	Yes	Yes	Yes	Yes	No	Yes

Other Specialty Care Services

CBOC Station Number	CBOC Name	Parent VA	Laboratory (draw blood)	Radiology	Onsite Pharmacy	EKG	Social Services	Dietary Services	Prosthetic Equipment
644GD	Payson, AZ	Phoenix, AZ	No	No	No	No	No	No	No
644GA	Sun City, AZ	Phoenix, AZ	Yes	No	No	Yes	Yes	Yes	No
442GB	Sidney, NE	Cheyenne, WY	No	No	No	Yes	No	No	No
442GC	Fort Collins, CO	Cheyenne, WY	Yes	No	No	Yes	Yes	Yes	No
662GC	Eureka, CA	San Francisco, CA	Yes	Yes	Yes	Yes	Yes	Yes	No
662GD	Ukiah, CA	San Francisco, CA	Yes	No	Yes	Yes	Yes	Yes	Yes

Onsite Services

CBOC Station Number	CBOC Name	Parent VA	Mental Health Care	Primary Care Physicians	Psychologist	Psychiatrist	Nurse Practitioner	Social Worker	Tele-mental health
644GD	Payson, AZ	Phoenix, AZ	No	No	No	No	No	No	No
644GA	Sun City, AZ	Phoenix, AZ	Yes	No	Yes	Yes	No	Yes	No
442GB	Sidney, NE	Cheyenne, WY	Yes	No	No	No	No	No	Yes
442GC	Fort Collins, CO	Cheyenne, WY	Yes	No	Yes	Yes	No	Yes	No
662GC	Eureka, CA	San Francisco, CA	Yes	No	Yes	Yes	Yes	Yes	Yes
662GD	Ukiah, CA	San Francisco, CA	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Mental Health Services

CBOC Station Number	CBOC Name	Internal Medicine Physician	Primary Care Physician	Nurse Practitioner	Physician Assistant	Registered Nurse	LPN	Psychologist	Pharmacist	Social Worker	Dietary	Technician/ Technologists	Administrative/ Clerical	Others
644GD	Payson, AZ	No	Yes	Yes	No	Yes	No	No	No	No	No	No	Yes	No
644GA	Sun City, AZ	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No
442GB	Sidney, NE	No	No	Yes	No	No	Yes	No	No	No	No	No	No	No
442GC	Fort Collins, CO	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
662GC	Eureka, CA	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
662GD	Ukiah, CA	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No

Disciplines Present at the CBOC

CBOC Station Number	CBOC Name	Parent VA	Urban/Rural	Miles to Parent Facility	Bus	Taxi	Voluntary services
644GD	Payson, AZ	Phoenix, AZ	Rural	91	No	No	No
644GA	Sun City, AZ	Phoenix, AZ	Urban	15	Yes	Yes	No
442GB	Sidney, NE	Cheyenne, WY	Rural	100	Yes	No	No
442GC	Fort Collins, CO	Cheyenne, WY	Urban	50	Yes	Yes	Yes
662GC	Eureka, CA	San Francisco, CA	Rural	270	Yes	Yes	Yes
662GD	Ukiah, CA	San Francisco, CA	Rural	120	Yes	Yes	Yes

Type of Location, Availability of Public Transportation, and Participation in Tele-medicine

Quality of Care Measures
Phoenix VA HCS[10] – Payson and Sun City

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
Hyperlipidemia Screen	**National**	**13,148**	**13,587**	**97**
	644 Phoenix	84	88	**95**
	644GD Payson	5	5	**100**
	644GA Sun City	49	49	**100**

Hyperlipidemia Screening, FY 2009

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – Outpatient Foot Inspection	**National**	**5,523**	**5,971**	**92**
	644 Phoenix	30	37	**81**
	644GD Payson	18	19	**93**
	644GA Sun City	40	41	**98**

DM Foot Inspection, FY 2009

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - Outpatient Foot Pedal Pulses	**National**	**5,395**	**5,971**	**90**
	644 Phoenix	30	37	**81**
	644GD Payson	14	19	**74**
	644GA Sun City	40	41	**98**

Foot Pedal Pulses, FY 2009

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr1 Percentage*
DM - Outpatient - Foot Sensory Exam Using Monofilament	**National**	**5,266**	**5,951**	**88**
	644 Phoenix	30	37	**81**
	644GD Payson	11	19	**58**
	644GA Sun City	39	41	**95**

Foot Sensory, FY 2009

[10] http://vaww.pdw.med.va.gov/MeasureMaster/MMReport.asp

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – Retinal Eye Exam	**88**	**National**	**4,599**	**5,258**	**87**
	88	644 Phoenix	25	32	**78**
		644GD Payson	16	19	**84**
		644GA Sun City	37	41	**92**

Retinal Exam, FY 2009

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - LDL-C	**95**	**National**	**4,990**	**5,209**	**96**
	95	644 Phoenix	30	32	**94**
		644GD Payson	17	19	**89**
		644GA Sun City	40	41	**98**

Lipid Profile, FY 2009

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - Renal Testing	**93**	**National**	**4,976**	**5,263**	**95**
	93	644 Phoenix	30	32	**94**
		644GD Payson	16	19	**84**
		644GA Sun City	38	41	**93**

Renal Testing, FY 2009

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
Patient Screen with PC-PTSD	**90**	**National**	**4,751**	**4,987**	**95**
	90	644 Phoenix	10	12	**83**
		644GD Payson	*	*	*
		644GA Sun City	10	10	**100**

PTSD Screening, FY 2009

Null values are represented by *, indicating no eligible cases

Appendix I

Quality of Care Measures
Cheyenne VAMC[11] – Sidney and Fort Collins

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
Hyperlipidemia Screen	**National**	**13,148**	**13,587**	**97**
	442 Cheyenne	87	91	**96**
	442GB Sidney	*	*	*****
	442GC Fort Collins	8	9	**89**

Hyperlipidemia Screening, FY 2009

Null values are represented by *, indicating no eligible cases

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – Outpatient Foot Inspection	**National**	**5,523**	**5,971**	**92**
	442 Cheyenne	39	39	**100**
	442GB Sidney	7	7	**100**
	442GC Fort Collins	49	49	**100**

DM Foot Inspection, FY 2009

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - Outpatient Foot pedal pulses	**National**	**5,395**	**5,971**	**90**
	442 Cheyenne	38	**39**	**97**
	442GB Sidney	5	**7**	**71**
	442GC Fort Collins	49	**49**	**100**

Foot Pedal Pulses, FY 2009

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr1 Percentage*
DM - Outpatient - Foot Sensory Exam Using Monofilament	**National**	**5,266**	**5,951**	**88**
	442 Cheyenne	38	39	**97**
	442GB Sidney	7	7	**100**
	442GC Fort Collins	47	49	**96**

Foot Sensory, FY 2009

[11] http://vaww.pdw.med.va.gov/MeasureMaster/MMReport.asp

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – Retinal Eye Exam	**88**	**National**	**4,599**	**5,258**	**87**
	88	442 Cheyenne	34	35	**97**
		442GB Sidney	7	7	**100**
		442GC Fort Collins	47	49	**96**

Retinal Exam, FY 2009

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - LDL-C	**95**		**4,990**	**5,209**	**96**
	95	442 Cheyenne	33	35	**94**
		442GB Sidney	6	7	**86**
		442GC Fort Collins	48	49	**98**

Lipid Profile, FY 2009

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - Renal Testing	**93**	**National**	**4,976**	**5,263**	**95**
	93	442 Cheyenne	31	35	**89**
		442GB Sidney	7	7	**100**
		442GC Fort Collins	49	49	**100**

Renal Testing, FY 2009

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
Patient Screen with PC-PTSD	**90**	**National**	**4,751**	**4,987**	**95**
	90	442 Cheyenne	59	59	**100**
		442GB Sidney	3	3	**100**
		442GC Fort Collins	9	9	**100**

PTSD Screening, FY 2009

Quality of Care Measures
San Francisco VAMC[12] – Eureka and Ukiah

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
Hyperlipidemia Screen	**National**	**13,148**	**13,587**	**97**
	662 San Francisco	93	103	**90**
	662GC Eureka	49	49	**100**
	662GD Ukiah	43	45	**96**

Hyperlipidemia Screening, FY 2009

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – Outpatient Foot Inspection	**National**	**5,523**	**5,971**	**92**
	662 San Francisco	25	34	**74**
	662GC Eureka	39	43	**91**
	662GD Ukiah	40	41	**98**

DM Foot Inspection, FY 2009

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - Outpatient Foot pedal pulses	**National**	**5,395**	**5,971**	**90**
	662 San Francisco	25	34	**74**
	662GC Eureka	35	43	**81**
	662GD Ukiah	39	41	**95**

Foot Pedal Pulses, FY 2009

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr1 Percentage*
DM - Outpatient - Foot Sensory Exam Using Monofilament	**National**	**5,266**	**5,951**	**88**
	662 San Francisco	25	34	**74**
	662GC Eureka	33	43	**77**
	662GD Ukiah	39	41	**95**

Foot Sensory, FY 2009

[12] http://vaww.pdw.med.va.gov/MeasureMaster/MMReport.asp

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – Retinal Eye Exam	**88**	**National**	**4,599**	**5,258**	**87**
	88	662 San Francisco	22	31	**71**
		662GC Eureka	27	43	**63**
		662GD Ukiah	38	41	**93**

Retinal Exam, FY 2009

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - LDL-C	**95**	**National**	**4,990**	**5,209**	**96**
	95	662 San Francisco	31	31	**100**
		662GC Eureka	42	43	**98**
		662GD Ukiah	41	41	**100**

Lipid Profile, FY 2009

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - Renal Testing	**93**	**National**	**4,976**	**5,263**	**95**
	93	662 San Francisco	28	31	**90**
		662GC Eureka	42	43	**98**
		662GD Ukiah	40	41	**98**

Renal Testing, FY 2009

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
Patient Screen with PC-PTSD	**90**	**National**	**4,751**	**4,987**	**95**
	90	662 San Francisco	65	68	**96**
		662GC Eureka	6	6	**100**
		662GD Ukiah	2	2	**100**

PTSD Screening, FY 2009

Appendix K

OIG Contact and Staff Acknowledgments

OIG Contact	Marisa Casado, Director CBOC/Vet Center Program Review (727) 395-2416
Acknowledgments	Wachita Haywood, Associate Director Annette Acosta, MN, RN Nancy Albaladejo, RN, MSA Shirley Carlile, BA Lin Clegg, Ph.D. Marnette Dhooghe, MS Zhana Johnson, CPA Cathleen King, BS, MHA, RN BC, CRRN Jennifer Kubiak, RN, BSN, MPH, CPHQ Anthony M. Leigh, CPA, CFE Annette Robinson, MSN, MBA, HCM Thomas J. Seluzicki, CPA, CFE Roberta J. Thompson, MSW Ann R. Ver Linden, RN, BSN Marilyn Stones, Lead Program Specialist

Appendix L

Report Distribution

VA Distribution

Office of the Secretary
Veterans Health Administration
Assistant Secretaries
General Counsel
Director, Veterans Integrated Service Network (10N18)
Director, Veterans Integrated Service Network (10N19)
Director, Veterans Integrated Service Network (10N21)
Director, Phoenix VA Health Care System (644/00)
Director, Cheyenne VA Medical Center (442/00)
Director, San Francisco VA Medical Center (662/00)

Non-VA Distribution

House Committee on Veterans' Affairs
House Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies
House Committee on Oversight and Government Reform
Senate Committee on Veterans' Affairs
Senate Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies
Senate Committee on Homeland Security and Governmental Affairs
National Veterans Service Organizations
Government Accountability Office
Office of Management and Budget
U.S. Senate: Michael F. Bennet, Barbara Boxer, Dianne Feinstein, Mike Johanns, Jon Kyl, John McCain, Ben Nelson, Mark Udall
U.S. House of Representatives: Trent Franks, Ann Kirkpatrick, Betsy Markey, Adrian Smith, Mike Thompson

This report is available at http://www.va.gov/oig/publications/reports-list.asp.