



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

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## **Healthcare Inspection**

### **Primary Care Services for Women Veterans: Accessibility and Acknowledgment of Test Results**

## **Executive Summary**

Ensuring that women veterans receive comprehensive primary care services is a fundamental goal for Veterans Health Administration (VHA). This review evaluated the accessibility and acknowledgment of results of gender-specific tests provided at VHA facilities or through fee basis arrangements.

We identified women veterans who had one of the following tests completed at VHA facilities: Pap smears, bone mineral densitometry, and mammography. We also identified women veterans who underwent mammography outside of VHA facilities through fee basis arrangements.

During October 1 – December 31, 2008, 19,893 women veterans had at least one outpatient visit at which one of the specified tests was performed. Medical records from each of the defined populations of tested patients were randomly selected for review.

We found that results for Pap smears and bone mineral density studies were readily accessible and abnormal results acknowledged in nearly 95 percent of cases. Abnormal results not acknowledged were limited to bone mineral density studies in patients with osteopenia or treated osteoporosis.

Mammography results were accessible and abnormal results acknowledged in 97 percent of cases when these tests were performed at VHA facilities. However, when mammograms were performed through fee basis arrangements, results were accessible in only 74 percent of cases.

We recommended that the Under Secretary for Health develop and implement a plan to ensure that results of mammography performed by fee basis providers are readily accessible to VHA clinicians in the electronic medical record.



**DEPARTMENT OF VETERANS AFFAIRS**  
**Office of Inspector General**  
**Washington, DC 20420**

**TO:** Under Secretary for Health

**SUBJECT:** Healthcare Inspection – Primary Care Services for Women Veterans:  
Accessibility and Acknowledgment of Test Results

## **Purpose**

Ensuring that women veterans receive comprehensive primary care services is a fundamental goal for Veterans Health Administration (VHA). This review evaluated the accessibility and acknowledgment of results of gender-specific tests provided at VHA facilities or through fee basis arrangements.

## **Background**

The proportion of active duty personnel who are women is increasing and a consequent 17 percent increase in the number of women veterans is projected to occur by 2033. That more than 40 percent of women veterans from recent conflicts have used VHA facilities and 86 percent of these veterans are under the age of 40 underscores the importance of planning for a population that will continue to grow for many years.<sup>1</sup>

VA has responded to the growing number of women veterans by targeting programs to meet their unique health care needs. A VHA office dedicated to women's health issues was created in 1988. Public Law 102-585, (*Veterans Health Care Act of 1992*), authorized new and expanded services for women veterans, including counseling for sexual trauma; and specific services such as Pap smears, mammograms, and general reproductive health care (including birth control and treatment of menopause). The Veteran's Health Care Eligibility Reform Act of 1996 expanded services further to include maternity and infertility benefits.

As part of VA's readiness for the influx of new women veterans, the Women Veterans Health program was elevated to a Strategic Health Care Group (WVHSHG) within the Office of Public Health and Environmental Hazards in 2007. Also, in 2007, the Women Veterans Program Manager (WVPM), an advocate for the needs of women veterans in

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<sup>1</sup> VA Healthcare Utilization Among OEF/OIF Veterans, 3<sup>rd</sup> Quarter, Fiscal Year 2008, Veterans Integrated Service Network Support Services Center, Women Veterans Health Workload Report, October 2008.

VA medical facilities, expanded to a full-time position,<sup>2</sup> and funding for equipment to help improve health care services for women veterans was provided.

WVHSHG is coordinating closely with Primary Care Services to redesign the delivery of primary care to women veterans to include gender-specific care at every VA site. When these services are not available onsite, fee basis arrangements with non-VA facilities are an option. This review evaluated the accessibility and acknowledgment of gender-specific test results for women veterans and if the availability and acknowledgment of fee based test results met the same standards as test results provided by VHA.

Women veterans require gender-specific services such as breast cancer screening (mammography), cervical cancer screening (Pap smears)<sup>3</sup> and menopause management (including bone density testing for osteoporosis). VHA Handbook 1330.1, (*VHA Services for Women Veterans*,) outlines the need for proper follow-up of gender-specific preventive and diagnostic assessments.

## Scope and Methodology

### Populations

We identified women veterans who received gender-specific outpatient care at VHA facilities during October 1 – December 31, 2008. Gender-specific care was defined as completion of the following diagnostic tests: Pap smears, bone mineral densitometry, and mammography. We also identified women veterans who underwent mammography outside of VHA facilities through fee basis arrangements. Four populations were thereby delineated:

- Pap smears.
- Bone mineral densitometry.
- Mammography – performed at VHA facilities.
- Mammography – performed at fee basis facilities.

### Medical Record Review

From each of the four defined populations, 200 patients were randomly selected and medical records reviewed according to an algorithm developed with a test sample. Reviewers experienced in the use of VHA's Computerized Patient Record System

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<sup>2</sup> VHA Handbook 1330.02, *Women Veterans Program Manager (WVPM) Position*, March 28, 2007.

<sup>3</sup> Pap (Papanicolaou) smears, also referred to as Pap tests, are used to detect premalignant and malignant cells in the cervix.

(CPRS)<sup>4</sup> evaluated medical records for the presence of target documentation. For tests conducted more than once during the review period, only the most recent results were evaluated.

Several assumptions guided the review strategy. First, for clinicians and patients to be informed of test results, those results must be readily accessible to clinicians in CPRS. For mammography and bone densitometry, we considered results to be “readily accessible” if tests were identified on lists in the Imaging or Procedures sections of CPRS and included actual results. For Pap smears, we considered results to be readily accessible if results were identified in the Pathology/Laboratory section of CPRS and included actual results. For all tests, an acceptable alternative were reports which referred or were linked to actual results in VistA Imaging, a related component of the electronic medical record. Examples of results not considered readily accessible include results within progress notes (including consultation notes) and results in VistA Imaging in the absence of a corresponding reference in the Imaging or Procedures sections of CPRS.

A second assumption was that normal results require no documentation of acknowledgment, whereas abnormal results require explicit acknowledgment by a licensed independent practitioner (physician or nurse practitioner). For this review, no evidence of action taken in response to results was required.

Mammography results were evaluated according to the American College of Radiology Breast Imaging Reporting and Data System (BI-RADS®).<sup>5</sup> Results designated as BI-RADS categories 0 and 3-6 were considered “abnormal.”

Pap smear results were considered “abnormal” unless designated “negative for intraepithelial lesion or malignancy” according to the Bethesda System.<sup>6</sup> Thus, tests with inadequate material for analysis were also considered abnormal for the purpose of this review. Bone mineral density results were considered abnormal if the interpretation by a radiologist was “osteopenia” or “osteoporosis.” Regardless of whether tests were considered abnormal by these specific criteria, any result for tests in this review was considered “abnormal” if action beyond routine care was recommended.

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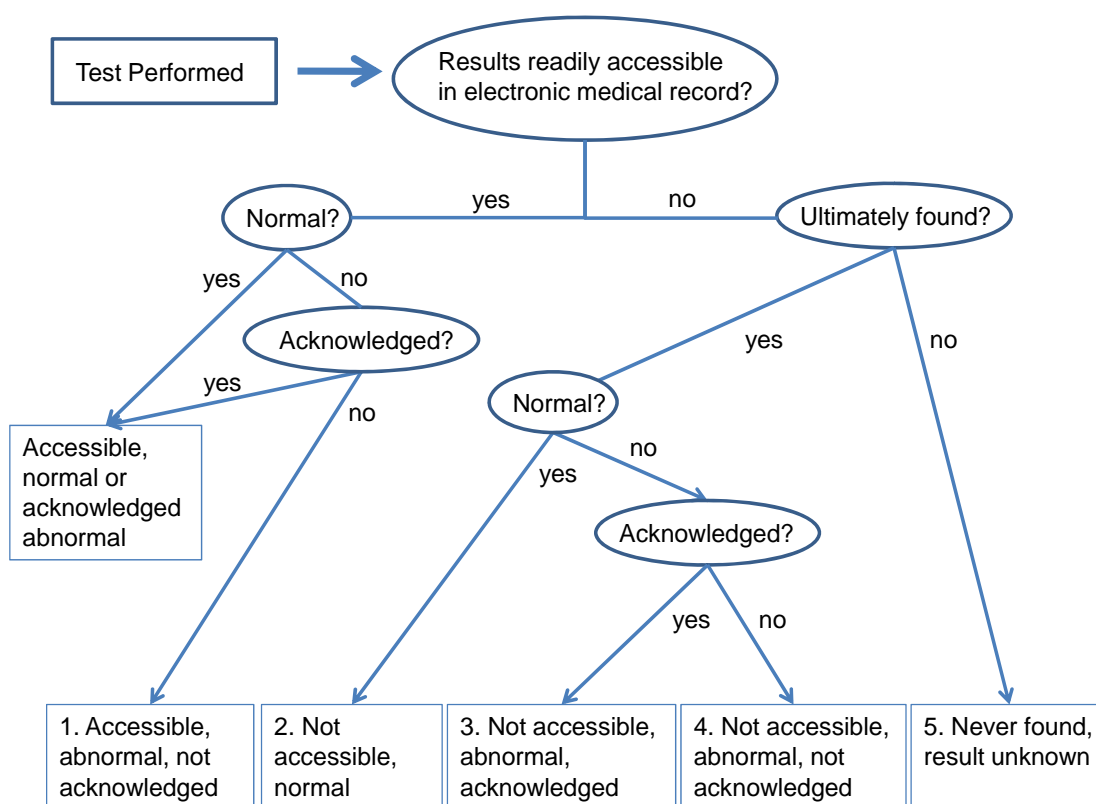
<sup>4</sup> CPRS is a graphical user interface for clinicians using VHA’s electronic medical record. CPRS integrates multiple applications supporting clinical decision making within VistA, the Veterans Health Information Systems and Technology Architecture. [http://www4.va.gov/vista\\_monograph/](http://www4.va.gov/vista_monograph/).

<sup>5</sup> American College of Radiology Breast Imaging Reporting and Data System Atlas. Reston, VA; 2003. [http://www.acr.org/SecondaryMainMenuCategories/quality\\_safety/BIRADSAtlas/BIRADSAtlasexcerptedtext/BIRADSMammographyFourthEdition/GuidanceChapterDoc6.aspx](http://www.acr.org/SecondaryMainMenuCategories/quality_safety/BIRADSAtlas/BIRADSAtlasexcerptedtext/BIRADSMammographyFourthEdition/GuidanceChapterDoc6.aspx). Accessed 15 Jan 2010.

<sup>6</sup> Joste N. Overview of the cytology laboratory: specimen processing through diagnosis. *Obstetric Gynecologic Clin N Am*. 2008; 35:549-563. Normal tests require the presence of normal squamous and endocervical cells lacking nuclear and cytoplasmic features of HPV infection.

Initial reviews were conducted using the Compensation and Pension Record Interchange (CAPRI).<sup>7</sup> For results not readily accessible, extensive efforts were undertaken to locate them. Searches began using VistAWeb, a portal accessible from CAPRI which allows system-wide access to medical records.<sup>8</sup> When results remained unknown after CAPRI and VistAWeb searches, we identified the facility from which tests were requested and obtained local access to CPRS and VistA Imaging. The Figure outlines the protocol used for assessment of accessibility of results and acknowledgment of abnormal findings.

Figure. Protocol for Assessment of Accessibility of Results and Acknowledgement of Abnormal Findings. Numbered Boxes Correspond to Numbered Rows in Tables.



<sup>7</sup> CAPRI was created to enhance the efficiency of benefits determinations. It facilitates access to most of the health care information available in CPRS. Notably, CAPRI does not currently allow access to VistA Imaging.

<sup>8</sup> [www4.va.gov/vdl/documents/Clinical/VistAWeb/webv\\_1\\_13\\_um.doc](http://www4.va.gov/vdl/documents/Clinical/VistAWeb/webv_1_13_um.doc).

## Results

During October 1 – December 31, 2008, 19,893 women veterans had a VHA outpatient visit at which at least one of three specified tests was performed. During this period, 7,523 Pap smears, 5,045 bone mineral densitometry tests, and 8,966 VHA mammograms were identified. After random selection of 200 medical records for each test and exclusion of tests not performed during the study period, 595 records were evaluated – 195 Pap smears, 200 bone mineral densitometry, and 200 VHA mammography.

During the study period, 13,734 fee basis mammograms were processed for payment. A random sample of 200 mammograms was selected for chart review. After excluding patients later identified as males, 188 fee-based mammograms were reviewed.

Among unique individuals in the entire study group, the median age was 53 (range, 22-104). Local electronic medical record access was required at 90 facilities.

Results for Pap smears and bone mineral density studies were readily accessible and abnormal results acknowledged in 374 (94.6 percent) of 395 reviewed cases. See Table 1. The 10 abnormal bone mineral density results not acknowledged included 9 patients with osteopenia and 1 patient with osteoporosis. Four of the patients with osteopenia and the one patient with osteoporosis were prescribed the anti-resorption medication alendronate. One patient with osteopenia had improved bone mineral density compared with a prior study.

For four patients with osteopenia, an assessment of risk factors for osteoporosis was warranted; no risk factor assessment was found. Two of the patients were documented to be cigarette smokers; although cigarette smoking is a risk factor for osteoporosis, the medical record indicated no smoking cessation efforts.

Mammography results were accessible and abnormal results acknowledged in 194 (97 percent) of 200 cases when these tests were performed at VHA facilities. Results when mammograms were performed through fee basis arrangements were accessible in 139 (74 percent) of 188 cases. See Table 2. In the two cases of unacknowledged abnormal mammography results, and for the 18 patients whose results were never found, subsequent follow-up care was confirmed.

Table 1. Accessibility of results and acknowledgement of abnormal findings for Pap smears and bone mineral densitometry tests.

Test Result Category		Pap smears (7,523 )	Bone Mineral Densitometry (5,045 )
		Number (percent)	Number (percent)
Randomly selected medical records		195 (100)	200 (100)
Compliant	Accessible, normal	170 (87.2)	82 (41)
	Accessible, abnormal, acknowledged	17 (8.7)	106 (53)
Non-Compliant	1. Accessible, abnormal, not acknowledged	0	10 (5)
	2. Not accessible, normal	5 (2.6)	1 (0.5)
	3. Not accessible, abnormal, acknowledged	3 (1.5)	0
	4. Not accessible, abnormal, not acknowledged	0	0
	5. Results not found	0	1 (0.5)



Table 2. Accessibility of results and acknowledgement of abnormal findings for VHA and fee-basis mammography.

Test Result Category		Mammography	
		VHA (8,966)	Fee-Basis (13,734)
		Number (percent)	Number (percent)
Randomly selected medical records		200 (100)	188 (100)
Compliant	Accessible, normal	158 (79.0)	126 (67.0)
	Accessible, abnormal, acknowledged	36 (18.0)	13 (6.9)
Non-Compliant	1. Accessible, abnormal, not acknowledged	0	2 (1.1)
	2. Not accessible, normal	4 (2.0)	26 (13.8)
	3. Not accessible, abnormal, acknowledged	2 (1.0)	3 (1.6)
	4. Not accessible, abnormal, not acknowledged	0	0
	5. Results not found	0	18 (9.6)

## Conclusions

We found that results for Pap smears and bone mineral density studies were readily accessible and abnormal results acknowledged in nearly 95 percent of cases. Abnormal results not acknowledged were limited to bone mineral density studies in patients with osteopenia or treated osteoporosis.

Mammography results were accessible and abnormal results acknowledged in 97 percent of cases when these tests were performed at VHA facilities. However, when mammograms were performed through fee basis arrangements, results were accessible in only 74 percent of cases.

## Recommendations

We recommended that the Under Secretary for Health develop and implement a plan to ensure that results of mammograms performed by fee basis providers are readily accessible to VHA clinicians in the electronic medical record.

*(original signed by:)*  
JOHN D. DAIGH, JR., M.D.  
Assistant Inspector General for  
Healthcare Inspections

## Under Secretary for Health Comments

**Department of  
Veterans Affairs**

### **Memorandum**

**Date:** May 4, 2010

**From:** Under Secretary for Health

**Subject: OIG Draft Report, Healthcare Inspection: Primary Care Services for Women Veterans: Accessibility and Acknowledgement of Test Results, (WebCIMS 451240)**

**To:** Assistant Inspector General for Healthcare (54)

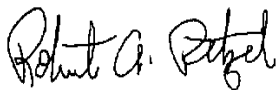
1. I have reviewed the draft report and concur with the findings and recommendations. I am pleased that the review found that results for Pap smears and bone mineral density studies were readily accessible, and abnormal results were acknowledged in nearly 95 percent of the cases reviewed. Also, that 97 percent of mammography results performed at Veterans Health Administration (VHA) facilities were accessible and that abnormal results were acknowledged.

2. Based on your report, we agree that improvement is needed for reporting results when gender-specific tests such as Pap smears and mammography results are completed through fee-basis arrangements. Timely access to test results is crucial to our delivery of high-quality care, and we must ensure our policy and execution supports this goal.

3. While we are making progress in developing and issuing policy for entering the results of mammography reports into Veterans Health Information and Technology Architecture (VistA), we must also ensure that a standardized workflow for reporting fee-based mammograms to VHA clinicians is implemented effectively. Accordingly, I am charging a taskforce consisting of representatives from Patient Care Services, the Office of Public Health and Environmental Hazards, the Chief Business Office, and the Deputy Under Secretary for Health for Operations and Management to develop the standardized workflow, issue appropriate requirements,

and monitor results to ensure implementation, including a process for tracking mammogram results.

4. Thank you for the opportunity to review the draft report. A complete action plan to address the report recommendations is attached. If you have any questions, please contact Linda H. Lutes, Director, Management Review Service (10B5) at (202) 461-7245.

A handwritten signature in black ink, appearing to read "Robert A. Petzel". The signature is written in a cursive, slightly slanted style.

Robert A. Petzel, M.D.

**VETERANS HEALTH ADMINISTRATION (VHA)  
Action Plan**

**OIG Draft Report, Healthcare Inspection: Primary Care Services for Women Veterans: Accessibility and Acknowledgment of Test Results  
(Report No., 2008-03299-HI-0217, WebCIMS 451240)**

**Date of Draft Report: February 25, 2010**

<b>Recommendations/ Actions</b>	<b>Status</b>	<b>Completion Date</b>
<p><b><u>Recommendation.</u></b> We recommend that the Under Secretary for Health develop and implement a plan to ensure that results of mammograms performed by fee basis providers are readily accessible to VHA clinicians in the electronic medical record.</p> <p><b><u>VHA Comments</u></b></p> <p>Concur</p> <p>Results from all fee-basis mammograms need to be correctly coded in the Radiology package in the Computerized Patient Record System (CPRS) and readily accessible to ordering providers in a timely fashion for appropriate follow-up care. Accordingly, the radiology package has been modified to require entry of the Breast Imaging Reporting and Data System (BI-RADS) code for each report, which supports tracking abnormalities that require follow-up care. However, the facilities must:</p> <ul style="list-style-type: none"> <li>• Receive reports consistently from fee basis providers; and</li> <li>• Results from all fee-basis mammograms need to be correctly coded in the Radiology package in the CPRS and be readily accessible to ordering providers in a timely fashion for appropriate follow-up care.</li> </ul> <p><b><u>Actions to be Taken to Improve Reporting of Results and Coding</u></b></p> <p>The Radiology package has been modified to require entry of the BI-RADS code for each report. This system supports tracking abnormalities that require follow-up care. Also, a revision to VHA Handbook 1330.01, VHA Services for Women Veterans, is in progress to require that all</p>		

mammogram requests and reports be entered in the radiology package. The Handbook is expected to be issued no later than (NLT) June 1, 2010.

In process

June 1, 2010

Although VHA Handbook 1104.1, Mammography Standards, requires all mammography reports to accompany any claim for payment of such services, reports from fee basis providers are currently not consistently received. Representatives from Patient Care Services (PCS), Office of Primary Care, will collaborate with PCS, Diagnostic Services; the Office of Public Health and Environmental Hazards (OPHEH), Women Veterans Health Strategic Healthcare Group (WVHSHG); the Chief Business Officer, and the Deputy Under Secretary for Health for Operations and Management (DUSHOM) to revise, standardize, and coordinate reporting for fee-basis mammograms, including the establishment and documentation of a process to track mammogram results. The report from the workgroup is to be finished NLT September 30, 2010. Results will include milestones and process to improve reporting of results.

In process

Initial report  
September 30, 2010

VHA Handbook 1330.01 will be revised as needed to reflect the new process. The handbook will be re-issued within nine months of a decision about the change in process. In the interim, the process will be communicated by conference calls and dissemination of statements of procedure.

Preparation of revision  
to begin after completion  
of the taskforce report.

Anticipated issuance  
NLT July 1, 2011

Veterans Health Administration  
May 2010

## OIG Contact and Staff Acknowledgments

OIG Contact	Gail Bozzelli, RN (202) 461-4672
Acknowledgments	Marilyn Barak Paula Chapman, CTRS Sandra Crawford Donna Giroux, RN Kathy Gudgell, RN Jerome E. Herbers, Jr., MD Cathleen King, RN Deanna Moczygemba Karen Moore, RN Kimberly Pugh, RN Prabu Selvam, MHS Judith Thomas, RN Rose Ugalde Cheryl Walker, RN

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