

VA Office of Inspector General

OFFICE OF AUDITS AND EVALUATIONS



Veterans Health Administration

*Follow-Up Audit of
Part-Time Physician
Time and Attendance*

September 30, 2011
11-00308-294

ACRONYMS AND ABBREVIATIONS

MSLE	Memorandum of Service Level Expectations
OIG	Office of Inspector General
VA	Veterans Affairs
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VistA	Veterans Health Information Systems and Technology Architecture

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Report Highlights: Follow-Up Audit of Part-Time Physician Time and Attendance

Why We Did This Audit

The VA Office of Inspector General (OIG) followed up to assess the effectiveness of implementation actions on two prior OIG audits that identified weaknesses in the Veterans Health Administration's (VHA) management of part-time physician time and attendance. The audit determined if controls ensured part-time physicians were on duty as scheduled. Given the significant salary costs associated with acquiring VA part-time physicians' services, it is important that VHA's controls over these resources provide accountability and ensure payments are supported by the services provided.

What We Found

VHA's diligence in implementing prior audit recommendations helped reduce the number of days where evidence indicated that part-time physicians might not be meeting their employment obligations. In response to prior audit findings, VHA augmented existing procedures by establishing performance monitors, requiring written agreements detailing the expectations of part-time physicians, and developing additional requirements for recording actual hours worked. As a result, the percentage of days with no evidence of VA activity decreased from 33 percent in 2003 to 11 percent in 2010. In addition, only 3 percent of part-time physicians were not on duty as required—an improvement from our 2003 and 2004 audits that reported 11 percent and 8 percent respectively.

However, written service agreements are no longer required for all part-time physicians and VA medical centers did not fully implement other controls. Those controls included monitoring part-time physicians' type of time, validating attendance according to standard operating procedures, and timely and accurately recording actual hours worked.

What We Recommend

We recommend the Under Secretary for Health reinstitute the requirement for written agreements with all part-time physicians. In addition, he needs to require VA medical center management to establish oversight procedures on time and attendance controls and clarify standard operating procedures for time and attendance monitors.

Agency Comments

The Under Secretary for Health agreed with our findings and recommendations and provided an acceptable implementation plan for the recommendations. Appendix B contains the full text of the Under Secretary's comments.

A handwritten signature in black ink, reading "Belinda J. Finn".

BELINDA J. FINN
Assistant Inspector General
for Audits and Evaluations

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INTRODUCTION

Objective

This Office of Inspector General (OIG) follow-up audit assessed the effectiveness of implementation actions on two prior OIG audits and determined if the Veterans Health Administration's (VHA) management controls ensured that part-time physicians were on duty as scheduled. Appendix A describes the scope and methodology used to answer the audit objective.

Part-Time Physicians

VA employs part-time physicians to perform duties on less than a full-time basis—a regularly scheduled tour of duty of less than 80 hours in a biweekly pay period. Timekeepers and supervisors are required to ensure timecards reflect actual time worked by the part-time physicians. Most part-time appointments include a regularly scheduled tour of duty that does not significantly change (fixed schedule). VA medical centers place part-time physicians on an adjustable work schedule if they have varying VA or non-VA patient care, research, or educational responsibilities that make adherence to the same scheduled tour of duty difficult. As of October 2010, VA employed over 6,250 part-time physicians. Given the significant salary costs (approximately \$660 million in FY 2010) associated with acquiring VA part-time physicians' services, it is important that VHA's controls over these resources provide accountability and ensure payments are supported by the services provided.

Prior OIG Audits

Two prior OIG audits identified weaknesses in VHA's management of part-time physician time and attendance. An audit requested by the Secretary of VA in 2003 reported that medical center managers did not ensure part-time physicians met employment obligations. VA medical centers lacked documented evidence of physicians' activity for 33 percent of their scheduled workdays. In addition, the audit identified 11 percent of part-time physicians were not on duty as required, including instances where the VA paid part-time physicians even though they were performing surgeries on non-veterans at the affiliated medical school during their scheduled tour of duty.

In a 2004 follow-up audit, we reported that 8 percent of part-time physicians scheduled for duty were not on duty, approved leave, or authorized absence. VA medical centers implemented many of the time and attendance controls in response to the 2003 audit recommendations. However, the OIG found that part-time physicians claimed to be on leave but the time and attendance system did not reflect their actual absences, changed work schedules with no prior written request or approval, and did not always have agreements that specified the amount of time allotted for clinical, administrative, research, and educational activities.

RESULTS AND RECOMMENDATIONS

Finding VHA Improved Controls, but Additional Accountability and Oversight is Still Needed

Since our initial audit in 2003, VHA's increased oversight of part-time physician time and attendance resulted in fewer days with no evidence of VA activity (patient care, research, education, or administrative) decreasing from 33 percent in 2003 to 11 percent in 2010. In addition, only 3 percent of part-time physicians could not be located, which is an improvement from our 2003 and 2004 audits that identified 11 percent and 8 percent respectively. However, VHA's policy no longer required written agreements for part-time physicians on fixed schedules. In addition, VA medical centers did not fully implement other controls to ensure that part-time physicians met employment obligations with VA. Specifically:

- VA medical center managers did not adequately monitor the time part-time physicians spent on their delineated VA activities, including patient care workload.
- VA medical center staff did not always follow standard operating procedures while performing monthly electronic reviews or semi-annual physical inspections to verify presence.
- Part-time physicians and/or timekeepers did not always accurately or timely record tours of duty, work hours, or leave hours in the time and attendance system.

Fully implemented controls can continue to enhance accountability for part-time physician time and attendance and strengthen assurances that all part-time physicians meet their employment obligations.

Review of Documented Activity

We found no documented evidence to support the accomplishment of any VA duties for 11 percent (323 of 3,038) of the days scheduled. While accountability is still needed to ensure part-time physicians meet their employment obligations, our audit results reflect a substantial improvement from 2003 when we questioned 33 percent of the work days scheduled. According to VA Handbook 5011/12, *Hours of Duty and Leave*, facility management and supervisory officials are responsible for ensuring proper documentation of time and attendance for part-time physicians. The methods used are to be sufficiently comprehensive to assure outside reviewers that the part-time physician performed the required VA duty.

Table 1

**Part-Time Physician Workdays
With No Documented Evidence of VA Duties Performed**

Description	San Antonio	Palo Alto	Tampa	Durham	Totals	2003 Audit
Part-Time Physicians Reviewed	30	30	30	30	120	382
Days Scheduled for VA Duty	1,017	743	682	596	3,038	2,185
Days With No Activity	211	20	68	24	323	730
Percent of Days With No Activity	21%	3%	10%	4%	11%	33%

Source: OIG Analysis

The 323 days (11 percent) with no activity occurred due to two time and attendance issues—no evidence of VA duty and timekeeping errors.

Table 2

Breakdown of Workdays With No Activity

Description	San Antonio	Palo Alto	Tampa	Durham	Totals
Days With No Evidence of VA Duty	129	16	59	4	208
Days With Timekeeping Errors	82	4	9	20	115
Total Days With No Activity	211	20	68	24	323

Source: OIG Analysis

For 208 days, there was no documented evidence to support that part-time physicians performed their required VA duty. We limited our analysis to days scheduled for at least 4 hours and accepted as little as one documented activity—such as one progress note or one outpatient encounter—as proof of attendance. In some cases when none of the part-time physicians' time could be accounted for, VA medical center staff could not provide an explanation. In other cases, staff told us that some VA activities did not always result in documented evidence of the work performed and cited grand rounds (discussing clinical cases of patients with residents or other physicians), inpatient continuing care, and resident supervision as examples.

For 115 days, timekeeping errors mistakenly reported that the physician was on duty. Generally, schedules were not kept current or the part-time physicians' leave was not entered in the time and attendance system. For example, a part-time physician scheduled for Mondays worked Tuesdays instead. Accurate schedules are necessary to provide sufficient oversight to ensure part-time physicians meet their employment and patient care obligations.

Locating Physicians

We located and accounted for 97 percent of 206 part-time physicians scheduled for VA duty that we reviewed. Only 3 percent of the part-time physicians (6 of 206) could not be located. This is an improvement over prior audit findings (11 percent in the 2003 audit and 8 percent in the 2004 audit).

Table 3 **Locating Part-Time Physicians**

Description	San Antonio	Palo Alto	Tampa	Durham	Totals	2004 Audit	2003 Audit
Part-Time Physicians Reviewed	76	36	37	57	206	729	448
Not Located	2	3	0	1	6	58	50
Percentage Not Located	3%	8%	0%	2%	3%	8%	11%

Source: OIG Analysis

Three of the six part-time physicians could not be located because their schedules were not accurate. The supervisor or part-time physician changed the biweekly schedule but they did not communicate the change to the timekeeper. In the other three cases, the part-time physician could not be located. Subsequently, two of the part-time physicians requested and received annual leave for the time in question. Staff did not know where the third part-time physician was located at the time of our review. After our site visit, VA medical center staff told us the physician was performing offsite research.

Service Agreement Controls Were Limited

In 2003, the OIG made recommendations to ensure VA part-time physicians are paid only for time and service actually provided. In response, VHA issued Directive 2003-001, *Time and Attendance for Part-Time Physicians*, which required VA medical center supervisors to establish, monitor, and communicate the allocation of part-time physician time. The Directive required written agreements concerning the employee's responsibilities, including agreements on the amount of time allotted for

clinical, administrative, research, and educational activities. In 2004, the OIG reported that most part-time physicians had written agreements, but many of the agreements did not specify the amount of time allotted for clinical, administrative, research, and educational activities. VHA agreed and stated that all part-time physicians will have a written agreement concerning expectations and specify the allotted time for the various activities.

VHA Directive 2003-001 expired on January 31, 2008, and since then, VA policy only required a Memorandum of Service Level Expectations (MSLE) for part-time physicians on adjustable schedules. VHA officials stated that part-time physicians on fixed schedules were like other staff on fixed schedules, and a written agreement was not necessary. However, the issue was not related to the type of schedule, but whether VHA has adequate accountability over part-time physicians providing various activities needed to meet VHA's needs. In response to the prior OIG audits, VHA initiated the annual written agreements for all part-time physicians to help determine staffing levels and ensure part-time physicians knew what was expected of them to meet their VA employment responsibilities.

Although VHA no longer requires written agreements for part-time physicians on fixed schedules, all four VA medical centers reviewed had written tour of duty memorandums for those part-time physicians. The tour of duty memorandum is similar to the MSLE, outlining total hours scheduled per pay period and allocation of time between activities—patient care, research, education, or administrative. Evidence of physician time and attendance has improved since we examined the effectiveness of controls in our 2003 audit. However, VHA should require service agreements for all part-time physicians in order to maintain progress and promote continued improvement.

***Physicians' Time
Not Monitored
Sufficiently***

VHA needs to improve the monitoring of written service agreements. According to VA policy, supervisors are to monitor the amount and type of time part-time physicians worked to ensure it is consistent with the approved MSLE. VA medical center managers stated they did not monitor how part-time physicians' spent their time throughout the year—just that they worked the hours they were paid for. Supervisors at the four VA medical centers stated they did not monitor the activities performed because they had no mechanism to do so. As a result, VHA has no assurance that part-time physicians performed the duties as outlined in their written agreements.

VHA management stated that the written agreements are not employment contracts with pay based on each activity, and it would be very difficult and time-consuming to track part-time physicians' activities. We agree that these agreements are not employment contracts—but a tool to help ensure appropriate utilization of resources. This control is needed to ensure that

non-clinical time is not increased at the expense of other activities such as patient care. For example, a part-time physician's written agreement allocated approximately 38 percent of time to research. Based on information from VA medical center staff, however, the part-time physician spent about 68 percent of his time on research. As a result, less time was devoted to other activities during that period.

In our view, VHA could use various methods to periodically monitor part-time physicians' activities, such as work calendars showing scheduled activities for part-time physicians' or VHA's monthly electronic monitor. This will help ensure VA medical centers receive the services agreed to with the part-time physicians or identify underutilized resources that they could apply to other activities.

**Monthly
Electronic
Reviews Not
Sufficient**

In 2003, the OIG recommended that VHA establish performance monitors to measure Veterans Integrated Service Network (VISN) and VA medical center enforcement of physician time and attendance. In response, VHA established a monthly review of electronic documentation of physician activity. However, VHA did not ensure VA medical centers followed prescribed procedures for conducting the monthly review.

In December 2007, the Deputy Under Secretary for Health for Operations and Management issued standard operating procedures for validating part-time physician time and attendance. The procedure required VA medical centers to determine appropriate baseline levels of expected patient care workload and monitor each part-time physician's activity in the electronic medical record for one complete pay period each month.

None of the four medical centers used baseline levels to validate time and attendance. Three of the four VA medical centers we visited did not establish baselines of expected patient care workload because they were unaware of the specific requirement. The fourth VA medical center used the number of provider encounters to establish a 2-week workload baseline; however, they did not use these baselines to evaluate part-time physicians' attendance. Instead, all four VA medical centers considered the part-time physician to be on duty as long as they identified at least one sign-on, progress note, or encounter during the 2-week pay period.

Based on these limited procedures, the four VA medical centers reported no attendance issues in August, September, and October 2010. However, these procedures did not provide reasonable assurance that part-time physicians met their employment obligations. For example:

- At one VA medical center, a written agreement showed the part-time physician was responsible for providing 18 clinical hours per pay period. Staff's monthly review of this part-time physician documented one

encounter during the reviewed period in October 2010, concluding the part-time physician met the employment obligation to the VA.

- At another VA medical center, one part-time physician's baseline for a 2-week period was a range of 27 to 33 patient encounters. The part-time physician had no encounters during August, September, and October 2010; however, the medical center counted the physician as present for the entire pay period reviewed each month based on one system logon.

As noted earlier, the four VA medical centers reported no attendance issues in August, September, and October 2010, while we identified 11 percent of days with no documented evidence of VA duties to validate the part-time physicians' time and attendance.

***Semi-Annual
Physical
Reviews Not
Sufficient***

VA medical centers conducted physical reviews—verifying and documenting the physical presence of each part-time physician at least twice a year—but staff did not always follow procedures, such as selecting a random time for the review or using visual verification when required. For example:

- Staff at two VA medical centers told us they pick days where part-time physicians would be easily located (in clinics, as opposed to administrative or research duties).
- Staff at one VA medical center considered part-time physicians as physically verified if seen within VA grounds even though they were not subjects of the physical inspection at that time.
- Staff at one VA medical center—instead of physically searching for the part-time physician—routinely made phone calls to the physician to verify their presence.

Standard operating procedures issued in December 2007 required VA medical centers to physically monitor each part-time physician, via a random, unannounced review at least twice a year. VA medical center staff at the four sites we visited did not always follow the procedure because they misinterpreted it or were not aware of it.

***Actual Hours
Not Properly
Recorded***

VA medical center staff did not ensure actual hours worked by part-time physicians were recorded accurately and timely. In 2003, the OIG recommended VHA apprise all part-time physicians of their responsibilities regarding VA timekeeping requirements. In 2004, the OIG recommended VA medical center directors ensure part-time physicians request and receive written approval before taking leave.

VHA implemented requirements that part-time physicians receive approval in writing before taking leave or changing tour schedules. However, based

on desk audits performed by VA medical centers and interviews with timekeepers and part-time physicians, VA medical center staff continued to make timekeeping errors. For example:

- A part-time physician failed to request leave in the time and attendance system for leave taken over 5 months earlier.
- A timekeeper posted a part-time physician's scheduled hours even though the physician had reported that his actual work hours differed from his scheduled hours.
- A supervisor certified that a part-time physician worked on Wednesday and Thursday even though they actually worked Monday and Tuesday.

In addition, part-time physicians on adjustable schedules did not always record their time and attendance daily as required, as shown in Table 4. One part-time physician told us that he did not record his time in the time and attendance system on days when he had no other reason to access the system. Another part-time physician stated that he was not yet familiar with the time and attendance system.

According to VA policy, part-time physicians on adjustable schedules are required to record their time and attendance on a daily basis in the Electronic Subsidiary Record. It also states that timekeeping documents shall reflect actual hours worked. We analyzed how often part-time physicians on an adjustable schedule were inputting their time daily in the Electronic Subsidiary Record. During our 10-week review period, part-time physicians on adjustable schedules self-reported a total of 593 days worked in the Electronic Subsidiary Record. Of those, 42 percent were not recorded the same or next day, as shown in Table 4.

Table 4

Timeliness of Recording in the Electronic Subsidiary Record

Description	San Antonio	Palo Alto	Tampa	Durham	Totals
Part-Time Physicians on Adjustable Schedules	5	1	8	2	16
Days Worked, as Recorded in Electronic Subsidiary Record	193	20	307	73	593
Days Not Recorded Timely	38	4	170	39	251
Percent of Days Not Recorded Timely	20%	20%	55%	53%	42%

Source: OIG Analysis

Conclusion

VHA increased their level of accountability over time and attendance of part-time physicians in comparison to previous audits. VHA initiated effective management controls, such as time and attendance performance monitors, written service agreements with part-time physicians, and requirements to record actual hours worked. As a result, part-time physicians' time and attendance improved. However, staff did not fully implement controls and VHA no longer required written service agreements for all part-time physicians. Fully implemented controls would help continue and enhance the improvements made by VHA in ensuring that all part-time physicians meet their employment obligations.

Recommendations

1. We recommend the Under Secretary for Health reinstitute the requirement that all part-time physicians (including those on fixed schedules) who have duties other than clinical activities complete a written agreement detailing the approximate amount of time that will be spent on VHA clinical, research, education, and administrative activities.
2. We recommend the Under Secretary for Health require VA medical center management to establish procedures to periodically monitor the activities of all part-time physicians to ensure consistency with written employment agreements.
3. We recommend the Under Secretary for Health clarify procedures requiring staff to establish and use baseline levels to monitor part-time physicians' activities for an entire pay period during the month.
4. We recommend the Under Secretary for Health clarify procedures including documentation requirements to ensure semi-annual physical reviews are random and reviewers make visual verification when the part-time physician is at VA.
5. We recommend the Under Secretary for Health require VA medical center management to establish oversight procedures to ensure staff follow the requirements in VA Handbook 5011/12 to maintain accurate schedules for part-time physicians.
6. We recommend the Under Secretary for Health require VA medical center management to establish oversight procedures to ensure staff follow the requirements in VA Handbook 5011/12 to promptly record actual hours worked and leave taken by part-time physicians.

**Management
Comments and
OIG Response**

The Under Secretary for Health agreed with our findings and recommendations and provided acceptable implementation plans to our recommendations. VHA plans to complete all corrective actions by March 31, 2012. We will monitor VHA's progress and follow up on their implementation until all proposed actions are completed. Appendix B contains the full text of the Under Secretary for Health's comments.

Appendix A Scope and Methodology

Scope and Methodology

We conducted our audit work from November 2010 through August 2011. The audit focused on part-time physicians' time and attendance controls for the period August 1, 2010, through March 31, 2011. We reviewed national policies and procedures, interviewed VHA and VISN management, and tested controls at four judgmentally selected VA medical centers—South Texas Veterans Health Care System (San Antonio, TX); Palo Alto Health Care System (Palo Alto, CA); James A. Haley Veterans Hospital (Tampa, FL); and Durham VA Medical Center (Durham, NC). At these four VA medical centers, we performed the following steps.

- Evaluated local policies and procedures related to part-time physicians' time and attendance.
- Interviewed chiefs of staff, part-time physicians, timekeepers, administrative officers, compliance personnel, fiscal personnel, and VA medical center management.
- Reviewed written agreements between part-time physicians and VA medical centers on expectations and time allotted for activities.
- Reviewed signed certifications of understanding regarding VHA time and attendance procedures.
- Determined if VA medical centers conducted performance monitors (such as monthly monitoring of electronic documentation of time and attendance, and semi-annual physical reviews) according to standard operating procedures.
- Discussed absences identified in our 10-week electronic workload analysis of 120 randomly selected part-time physicians with staff to identify reasons for absences and obtain further supporting evidence, if available.
- Physically searched for 206 part-time physicians.

Data Analysis

As of October 2010, VA employed over 6,250 part-time physicians. The salary costs associated with acquiring VA part-time physicians' services was approximately \$660 million in FY 2010. We reviewed a random sample of 120 out of the 465 part-time physicians employed at the four selected VA medical centers to determine if documented evidence validated part-time physicians' attendance. We analyzed VA workload over a 10-week period (August 1 through October 9, 2010), limiting our analysis to days in which the part-time physician worked 4 or more hours. We used VA's Personnel and Accounting Integrated Data system to identify part-time physicians employed at the VA medical centers. We obtained electronic workload information from Veterans Health Information Systems and Technology

Architecture (VistA). With the assistance of the OIG Data Analysis Division, we obtained the following data reports for the four VA medical centers.

- Time and Attendance (included schedules worked, authorized absences, and leave taken)
- Clinic Profile Report (identified clinics at each VA medical center and length per appointment)
- Anesthesia Provider Report (identified providers involved, date, and elapsed time)
- List of Operations (identified physicians involved, date, and operating time)
- Provider Encounter Counts (identified provider, date, clinic, and number of encounters per clinic, per day)
- Progress Notes (identified author, co-signer, and date)
- Doctor's Orders (identified provider, date, and orders written and entered)

We organized the data by VA medical center, part-time physician, and day. We used the time and attendance data to determine total minutes scheduled each day and reduced that by any leave or authorized absences. To identify workload, we applied data found in the anesthesia report, list of operations report, provider encounters report, provider progress notes report, and doctor's orders report for each part-time physician on the documented day. To obtain a more accurate representation of attendance, we excluded days scheduled for less than 4 hours. For those days part-time physicians were scheduled for 4 hours or more, we looked for at least one piece of documented evidence from the reports mentioned above.

The electronic data we obtained from VistA was limited to clinical activity and was not comprehensive. For days part-time physicians were scheduled 4 hours or more with no evidence of electronic workload, we followed up with VA medical center staff for further supporting documentation. In some instances, VA medical centers were able to provide sufficient supporting documentation from stand-alone computer programs that varied from site to site. We also requested additional sources of data or explanations for non-clinical activities from the VA medical centers.

***Reliability of
Computer-
Processed
Data***

To achieve the audit objective, we relied on computer-processed data contained in VistA. The OIG Data Analysis Division obtained computer-based data for time and attendance, progress notes, patient encounters, doctors' orders, the list of operations, and anesthesiology reports from VHA's VistA system.

Our review of system controls and the results of data tests showed an error rate that cast doubt on the data's validity. Although we found no indications the data was unreliable or erroneous, we did find evidence the data was incomplete. However, in addition to the data, we relied on other sources of information—such as data from stand-alone computer programs and clinic calendars—obtained from the VA medical centers to support the audit. When these data are viewed in context with other available evidence, we believe the opinions, conclusions, and recommendations in this report are valid.

**Compliance
With
Government
Audit
Standards**

Our assessment of internal controls focused on those controls relating to our audit objectives. We conducted this performance audit in accordance with generally accepted government auditing standards. These standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

Appendix B Under Secretary for Health Comments

Department of Veterans Affairs

Memorandum

Date: September 8, 2011

From: Under Secretary for Health (10)

Subj: OIG Draft Report, Follow-Up Audit of Part-Time Physician Time and Attendance

To: Assistant Inspector General for Audits and Evaluations (52)

1. I have reviewed the draft report and concur with the report findings and recommendations.
2. In its report, Office of Inspector General (OIG) auditors note that the Veterans Health Administration (VHA) has worked diligently to ensure part-time physicians meet their employment obligations to the Department of Veterans Affairs as well as implement the VHA action plan developed to respond to previous recommendations from the OIG. The success of these efforts is evidenced in the 97 percent compliance rate that the OIG confirmed with this audit.
3. Even with such a high compliance rate, VHA agrees that the findings in this new audit warrant additional study and consideration of both policy and procedure revisions. The attached action plan provides specifics on the actions planned to address the report recommendations.
4. Thank you for the opportunity to review the draft report. If you have any questions, please contact Linda H. Lutes, Director, Management Review Service (10A4A4) at (202) 461-7014.

(original signed by:)

Robert A. Petzel, M.D.

Attachment

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

OIG Draft Report, Follow-Up Audit of Part-Time Physician Time and Attendance (Project No. 2011-00308-R5-0008), (VAIQ 7144005)

Date of Draft Report: August 4, 2011

Recommendations/ Actions	Status	Completion Date
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Recommendation 1. We recommend that the Under Secretary for Health reinstitute the requirement that all part-time physicians (including those on fixed schedules) who have duties other than clinical activities complete a written agreement detailing the approximate amount of time that will be spent on VHA clinical, research, education, and administrative activities.

VHA Comments

Concur

The Veterans Health Administration's (VHA) Workforce Management and Consulting (WMC) Office will work with all stakeholders, including its Office of Academic Affiliations (OAA), the Office of the Assistant Deputy Under Secretary for Health for Clinical Operations, and representatives from the field to update VHA Directive 2003-001, Time and Attendance for Part-time Physicians, and ensure compliance with VA Handbook 5011, Hours of Duty and Leave. The update will address the different circumstances involving VHA part-time physicians on flex tours as well as part-time physicians on fixed tours. The update will also ensure appropriate and flexible written agreements are completed upon employment and updated periodically to identify how best to reflect the scope of duties and expectations of the position.

In Process

March 31, 2012

Recommendation 2. We recommend that the Under Secretary for Health require VA medical center management to establish procedures to periodically monitor the activities of all part-time physicians to ensure consistency with written employment agreements.

VHA Comments

Concur

The WMC, OAA, and the Office of the Assistant Deputy Under Secretary for Health for Clinical Operations will collaborate and include other representatives from the field, as needed, to review and update the existing Deputy Under Secretary for Health for Operations and Management (DUSHOM) Standard Operating Procedures (SOP), Validation of Part-Time Physicians' Attendance. Appropriate monitoring and oversight activities will be considered in deliberations

to revise the SOP. The revised SOP will become part of the revised VHA Directive 2003-001 as described in the response to Recommendation 1. Appropriate training and education of field personnel will also be planned and implemented.

In Process

March 31, 2012

Recommendation 3. Clarify procedures requiring staff to establish and use baseline levels to monitor part-time physicians' activities for an entire pay period during the month.

VHA Comments

Concur

The Office of the DUSHOM will provide a clarifying memorandum and SOP to Veterans Integrated Service Networks that will require VA medical centers to establish baseline levels to be used to validate time and attendance per the revised SOP.

In Process

March 31, 2012

Recommendation 4. We recommend that the Under Secretary for Health clarify procedures including documentation requirements to ensure semi-annual physical reviews are random and reviewers make visual verification when the part-time physician is at VA.

VHA Comments

Concur

Clarification of procedures and documentation requirements to ensure that semi-annual physical reviews are random and that reviewers make visual verification when the part-time physician is performing duties at VA will be addressed in the revision to the SOPs discussed in the response to Recommendation 2. Communication and education will be provided to the field when the SOP is distributed.

In Process

March 31, 2012

Recommendation 5. We recommend that the Under Secretary for Health require VA medical center management to establish oversight procedures to ensure staff follow the requirements in VA Handbook 5011/12 to maintain accurate schedules for part-time physicians.

VHA Comments

Concur

The WMC, OAA, the Office of the Assistant Deputy Under Secretary for Health for Clinical Operations, and representatives from the field will work collaboratively to revise VHA Directive 2003-001 to ensure compliance with VA Handbook 5011. Revisions to the directive will

address the establishment of oversight procedures to ensure schedules for part-time physicians are accurately maintained.

In Process

March 31, 2012

Recommendation 6. We recommend that the Under Secretary for Health require VA medical center management to establish oversight procedures to ensure staff follow the requirements in VA Handbook 5011/12 to promptly record actual hours worked and leave taken by part-time physicians.

VHA Comments

Concur

The WMC, OAA, the Office of the Assistant Deputy Under Secretary for Health for Clinical Operations, and representatives from the field will work collaboratively to update VHA Directive 2003-001 to ensure compliance with VA Handbook 5011. The update will include policy and process to ensure actual hours worked and leave taken by part-time physicians are properly recorded.

In Process

March 31, 2012

Veterans Health Administration
September 2011

Appendix C OIG Contact and Staff Acknowledgments

OIG Contact	For more information about this report, please contact the Office of Inspector General at (202) 461-4720.
Acknowledgments	Larry Reinkemeyer, Director Timothy Halpin Patricia Hudon Joe Janasz Daniel Morris Dao Pham Lynn Scheffner Oscar Williams

Appendix D Report Distribution

VA Distribution

Office of the Secretary
Veterans Health Administration
Veterans Benefits Administration
National Cemetery Administration
Assistant Secretaries
Office of General Counsel

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

This report will be available in the near future on the OIG's Web site at <http://www.va.gov/oig/publications/reports-list.asp>. This report will remain on the OIG Web site for at least 2 fiscal years.