Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 11-03653-104

Community Based Outpatient Clinic Reviews Florence, Rock Hill, and Sumter (Sumter County), SC

March 16, 2012

Washington, DC 20420

Why We Did This Review

The VA OIG is undertaking a systematic review of the VHA's CBOCs to assess whether CBOCs are operated in a manner that provides veterans with consistent, safe, high-quality health care.

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 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.

Glossary

ADA	Americans with Disabilities Act
C&P	credentialing and privileging
CBOC	community based outpatient clinic
COTR	Contracting Officer's Technical Representative
CPRS	Computerized Patient Record System
CT	Computerized Tomography
DM	Diabetes Mellitus
DX & TX Plan	Diagnosis & Treatment Plan
EKG	Electrocardiogram
EOC	environment of care
FPPE	Focused Professional Practice Evaluation
FTE	full-time employee equivalents
FY	fiscal year
HF	heart failure
IT	information technology
LCSW	licensed clinical social worker
MedMgt	medication management
MH	mental health
MRI	Magnetic Resonance Imaging
OIG	Office of Inspector General
OPPE	Ongoing Professional Practice Evaluation
PCP	primary care provider
PET	Positron Emission Tomography
PII	personally identifiable information
PTSD	Post-Traumatic Stress Disorder
Qtr	Quarter
STFB	Short–Term Fee Basis
TX	treatment
VAMC	VA Medical Center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VistA	Veterans Health Information Systems and Technology Architecture

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Executive Summary

Purpose: We conducted an inspection of three CBOCs during the week of November 14, 2011. We evaluated select activities to assess whether the CBOCs operated in a manner that provides veterans with consistent, safe, high-quality health care. Table 1 lists the sites inspected.

VISN	Facility	CBOC
7	William Jennings Bryan Dorn VAMC	Florence
		Rock Hill
		Sumter County

Table 1. Sites Inspected

Recommendations: The VISN and Facility Directors, in conjunction with the respective CBOC managers, should take appropriate actions to:

William Jennings Bryan Dorn VAMC

- Require that clinicians at the Florence, Rock Hill, and Sumter County CBOCs document foot care education provided to diabetic patients.
- Ensure that aggregated and comparison data is collected and utilized during the providers' reappraisal processes at the Florence, Rock Hill, and Sumter County CBOCs.
- Ensure that service-specific clinical triggers are established to evaluate the professional competency of providers at the Florence, Rock Hill, and Sumter County CBOCs in accordance with VHA policy.
- Implement climate control measures to ensure the IT room temperature meets VHA requirements for optimal network operations at the Florence and Sumter County CBOCs.
- Ensure that procedures are in place to ensure proper approvals are secured and the acquisition process is appropriately documented as required by VA Directives.
- Ensure that all disbursements are adequately validated and certified prior to payment, specifically in regard to charges under the MH contract.

Comments

The VISN and facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes B–C,

pages 15–19, for the full text of the Directors' comments.) We will follow up on the planned actions until they are completed.

JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

Objectives and Scope

Objectives. The purposes of this review are to:

- Evaluate the extent CBOCs have implemented the management of DM–Lower Limb Peripheral Vascular Disease in order to prevent lower limb amputation.
- Assess STFB authorization and follow-up processes for outpatient radiology consults including CT, MRI, and PET scans in an effort to ensure quality and timeliness of patient care in CBOCs.
- Evaluate whether CBOCs comply with selected VHA requirements regarding the provision of mammography services for women veterans.
- Evaluate the continuity of care for enrolled CBOC patients discharged from the parent facility in FY 2011 with a primary discharge diagnosis of HF.
- Determine whether CBOC providers are appropriately credentialed and privileged in accordance to VHA Handbook 1100.19.[1]
- Determine whether CBOCs are in compliance with standards of operations according to VHA policy in the areas of environmental safety and emergency planning.[2]
- Determine whether primary care and MH services provided at contracted CBOCs are in compliance with the contract provisions and evaluate the effectiveness of contract oversight provided by the VA.

Scope. The review topics discussed in this report include:

- Management of DM–Lower Limb Peripheral Vascular Disease
- STFB Care
- Women's Health
- HF Follow-up
- C&P
- Environment and Emergency Management
- Contracts

For detailed information regarding the scope and methodology of the focused topic areas conducted during this inspection, please refer to Report No. 11-03653-283, *Informational Report Community Based Outpatient Clinic Cyclical Report FY 2012*, September 20, 2011. This report is available at http://www.va.gov/oig/publications/reports-list.asp.

[1] VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.
[2] VHA Handbook 1006.1, *Planning and Activating Community-Based Outpatient Clinics*, May 19, 2004.

We conducted the inspection in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of Inspectors General on Integrity and Efficiency.

CBOC Characteristics

We formulated a list of CBOC characteristics that includes identifiers and descriptive information. Table 2 displays the inspected CBOCs and specific characteristics.

	Florence	Rock Hill	Sumter County
VISN	**7**	**7**	**7**
Parent Facility	**William Jennings Bryan Dorn VAMC**	**William Jennings Bryan Dorn VAMC**	**William Jennings Bryan Dorn VAMC**
Type of CBOC	**VA Staffed**	**Contract**	**VA Staffed**
Number of Uniques,[3] FY 2011	**5968**	**6475**	**3371**
Number of Visits, FY 2011	**32,703**	**37,585**	**17,165**
CBOC Size[4]	**Large**	**Large**	**Mid-size**
Locality	**Urban**	**Urban**	**Urban**
FTE PCP	**5**	**6**	**3**
FTE MH	**2**	**6.9**	**2**
Types of Providers	**PCP Psychiatrist Psychologist LCSW Nurse Practitioner Physician Assistant**	**PCP LCSW Psychiatrist**	**PCP LCSW**
Specialty Care Services Onsite	**Yes**	**No**	**Yes**
Tele-Health Services	**MH Dietetics**	**None**	**MH**
Ancillary Services Provided Onsite	**Laboratory EKG**	**Laboratory EKG Point-of-Care testing for anti-coagulation clinic**	**Laboratory EKG**

Table 2. CBOC Characteristics

[3] http://vaww.pssg.med.va.gov

[4] Based on the number of unique patients seen as defined by VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics,* September 11, 2008, the size of the CBOC facility is categorized as very large (> 10,000), large (5,000-10,000), mid-size (1,500-5,000), or small (< 1,500).

Mental Health CBOC Characteristics

Table 3 displays the MH Characteristics for each CBOC reviewed.

	Florence	Rock Hill	Sumter County
Provides MH Services	**Yes**	**Yes**	**Yes**
Number of MH Uniques, FY 2011	**1,595**	**2,035**	**873**
Number of MH Visits	**7,069**	**14,460**	**3,621**
General MH Services	**DX & TX Plan MedMgt Psychotherapy PTSD Military Sexual Trauma**	**DX & TX Plan MedMgt Psychotherapy PTSD Military Sexual Trauma**	**DX & TX Plan MedMgt Psychotherapy PTSD**
Specialty MH Services	**Consult & TX Psychotherapy PTSD Teams Substance Use Disorder**	**Consult & TX Psychotherapy PTSD Teams Substance Use Disorder**	**Consult & TX Psychotherapy PTSD Teams Substance Use Disorder**
Tele-Mental Health	**Yes**	**No**	**Yes**
MH Referrals	**Another VA Facility**	**Another VA Facility**	**Another VA Facility**

Table 3. MH Characteristics for CBOCs

Results and Recommendations

Management of DM–Lower Limb Peripheral Vascular Disease

VHA established its Preservation-Amputation Care and Treatment Program in 1993 to prevent and treat lower extremity complications that can lead to amputation. An important component of this program is the screening of at-risk populations, which includes veterans with diabetes. Table 4 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
	The parent facility has established a Preservation-Amputation Care and Treatment Program.[5]
	The CBOC has developed screening guidelines regarding universal foot checks.
	The CBOC has developed a tracking system to identify and follow up patients at risk for lower limb amputations.
	The CBOC has referral guidelines for at-risk patients.
Florence Rock Hill Sumter County	The CBOC documents education of foot care for patients with a diagnosis of DM.[6]
	There is documentation of foot screening in the patient's medical record.
	There is documentation of a foot risk score in the patient's medical record.
	There is documentation that patients with a risk assessment Level 2 or 3 received therapeutic footwear and/or orthotics.

Table 4. DM

VISN 7, William Jennings Bryan Dorn VAMC – Florence, Rock Hill, and Sumter County

Foot Care Education. We found that 3 of 27 medical records at the Florence CBOC, 11 of 26 medical records at the Rock Hill CBOC, and 8 of 26 medical records at the Sumter County CBOC did not contain documentation of education associated with diabetic foot care.

Recommendation 1. We recommended that the Florence, Rock Hill, and Sumter County CBOC clinicians document education of foot care provided to diabetic patients in CPRS.

[5] VHA Directive 2006-050, *Preservation Amputation Care and Treatment (PACT) Program*, September 14, 2006.
[6] VA/DoD Clinical Practice Guideline, *Management of Diabetes Mellitus (DM)*, August 2010.

STFB Care

The Fee Program assists veterans who cannot easily receive care at a VAMC. The program pays the medical care costs of eligible veterans who receive care from non-VA providers when the VAMCs are unable to provide specific treatments or provide treatment economically because of their geographical inaccessibility.

We evaluated if CBOC providers appropriately ordered and followed up on outpatient radiology procedures (CT, MRI, and PET scans). Table 5 shows the areas reviewed for this topic.

Noncompliant	Areas Reviewed
	The facility has local policies and procedures regarding non-VA care and services purchased by authority that describe the request, approval, and authorization process for such services.[7]
	The provider documented a justification for using Fee Basis status in lieu of providing staff treatment as required by VHA policy.[8]
	The date the consult was approved does not exceed 10 days from the date the consult was initiated.
	The non-VA care referral requests for medical, dental, and ancillary services were approved by the Chief of Staff, Clinic Chief, Chief Medical Administration Services, or an authorized designee.[9]
	Patients were notified of consult approvals in writing as required by VHA policy.[10]
	A copy of the imaging report is in CPRS according to VHA policy.[11]
	There is evidence the ordering provider or surrogate practitioner reviewed the report within 14 days from the date on which the results were available to the ordering practitioner.
	There is evidence the ordering provider or other licensed healthcare staff member informed the patient about the report within 14 days from the date on which the results were available to the ordering practitioner.[12]

Table 5. STFB

There were no patients identified that met criteria for this review.

[7] VHA Chief Business Office Policy 1601F. *Fee Service.* http://vaww1.va.gov/cbo/apps/policyguides/index.asp; VHA Handbook 1907.01, *Health Information Management and Health Records*, August 25, 2006; VHA Manual M-1, PART I, Chapter 18, *Outpatient Care – Fee*," July 20, 1995.
[8] VHA Handbook 1907.01.
[9] VHA Chief Business Office Policy 1601F.
[10] VHA Manual M-1, PART I, Chapter 18.
[11] VHA Handbook 1907.01.
[12] VHA Directive 2009-019, *Ordering and Reporting Test Results*, March 24, 2009.

Women's Health Review

Breast cancer is the second most common type of cancer among American women, with approximately 207,000 new cases reported each year.[13] Each VHA facility must ensure that eligible women veterans have access to comprehensive medical care, including care for gender-specific conditions.[14] Timely screening, diagnosis, notification, interdisciplinary treatment planning, and treatment are essential to early detection, appropriate management, and optimal patient outcomes. Table 6 shows the areas reviewed for this topic.

Noncompliant	Areas Reviewed
	Patients were referred to mammography facilities that have current Food and Drug Administration or State-approved certifications.
	Mammogram results are documented using the American College of Radiology's BI-RADS code categories.[15]
	The ordering VHA provider or surrogate was notified of results within a defined timeframe.
	Patients were notified of results within a defined timeframe.
	The facility has an established process for tracking results of mammograms performed off-site.
	Fee Basis mammography reports are scanned into VistA.
	All screening and diagnostic mammograms were initiated via an order placed into the VistA radiology package.[16]
	Each CBOC has an appointed Women's Health Liaison.
	There is evidence that the Women's Health Liaison collaborates with the parent facility's Women Veterans Program Manager on women's health issues.

Table 6. Mammography

All three CBOCs were compliant with the review areas; therefore, we made no recommendations.

C&P

We reviewed C&P folders to determine whether facilities had consistent processes to ensure that providers complied with applicable requirements as defined by VHA policy.[17] Table 7 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

[13] American Cancer Society, Cancer Facts & Figures 2009.
[14] VHA Handbook 1330.01, *Healthcare Services for Women Veterans*, May 21, 2010.
[15] The American College of Radiology's Breast Imaging Reporting and Database System is a quality assurance guide designed to standardize breast imaging reporting and facilitate outcomes monitoring.
[16] VHA Handbook 1330.01.
[17] VHA Handbook 1100.19.

Noncompliant	Areas Reviewed
	(1) There was evidence of primary source verification for each provider's license.
	(2) Each provider's license was unrestricted.
	(3) New Provider:
	a. Efforts were made to obtain verification of clinical privileges currently or most recently held at other institutions.
	b. FPPE was initiated.
	c. Timeframe for the FPPE was clearly documented.
	d. The FPPE outlined the criteria monitored.
	e. The FPPE was implemented on first clinical start day.
	f. The FPPE results were reported to the medical staff's Executive Committee.
	(4) Additional New Privilege:
	a. Prior to the start of a new privilege, criteria for the FPPE were developed.
	b. There was evidence that the provider was educated about FPPE prior to its initiation.
	c. FPPE results were reported to the medical staff's Executive Committee.
	(5) FPPE for Performance:
	a. The FPPE included criteria developed for evaluation of the practitioners when issues affecting the provision of safe, high-quality care were identified.
	b. A timeframe for the FPPE was clearly documented.
	c. There was evidence that the provider was educated about FPPE prior to its initiation.
	d. FPPE results were reported to the medical staff's Executive Committee.
	(6) The Service Chief, Credentialing Board, and/or medical staff's Executive Committee list documents reviewed and the rationale for conclusions reached for granting licensed independent practitioner privileges.
	(7) Privileges granted to providers were facility, service, and provider specific.[18]
	(8) The determination to continue current privileges were based in part on results of OPPE activities.
	(9) The OPPE and reappraisal process included consideration of such factors as clinical pertinence reviews and/or performance measure compliance.
Florence Rock Hill Sumter County	(10) Relevant provider-specific data was compared to aggregated data of other providers holding the same or comparable privileges.

[18] VHA Handbook 1100.19.

Noncompliant	Areas Reviewed (continued)
	(11) Scopes of practice were facility specific.
Table 7. C&P	

VISN 7, William Jennings Bryan Dorn VAMC – Florence, Rock Hill, and Sumter County

Aggregated Data. We found that the OPPE for providers at the Florence, Rock Hill, and Sumter County CBOCs did not include aggregated and comparison data; although, the providers had comparable privileges.

Clinical Triggers. We found that the facility had outlined OPPE topics in their local policy to be considered during providers' privileging cycles. However, the policy did not specify the clinical service-specific triggers for the Florence CBOC, Rock Hill CBOC, or Sumter County CBOC providers. Clinical triggers are a systematic method to evaluate a provider's competency and may indicate the need for an FFPE to be initiated to ensure patient safety.

Recommendation 2. We recommended that the Professional Standards Board ensure that aggregated and comparison data is collected and utilized during providers' reappraisal processes at the Florence, Rock Hill, and Sumter County CBOCs.

Recommendation 3. We recommended that the Professional Standards Board ensure that service-specific clinical triggers are established to evaluate the professional competency of providers at the Florence, Rock Hill, and Sumter County CBOCs in accordance with VHA policy.

Environment and Emergency Management

EOC. To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. Table 8 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
	There is handicap parking, which meets the ADA requirements.
	The CBOC entrance ramp meets ADA requirements.
	The entrance door to the CBOC meets ADA requirements.
	The CBOC restrooms meet ADA requirements.
	The CBOC is well maintained (e.g., ceiling tiles clean and in good repair, walls without holes, etc.).
	The CBOC is clean (walls, floors, and equipment are clean).
	The patient care area is safe.
	The CBOC has a process to identify expired medications.
	Medications are secured from unauthorized access.
	There is an alarm system or panic button installed in high-risk areas as identified by the vulnerability risk assessment.

Noncompliant	Areas Reviewed (continued)
	Privacy is maintained.
Florence Sumter County	IT security rules are adhered to.
	Patients' PII is secured and protected.
	There is alcohol hand wash or a soap dispenser and sink available in each examination room.
	The sharps containers are less than ¾ full.
	There is evidence of fire drills occurring at least annually.
	There is evidence of an annual fire and safety inspection.
	Fire extinguishers are easily identifiable.
	The CBOC collects, monitors, and analyzes hand hygiene data.
	Staff use two patient identifiers for blood drawing procedures.
	The CBOC is included in facility-wide EOC activities.

Table 8. EOC

VISN 7, William Jennings Bryan Dorn VAMC – Florence and Sumter County

Room Temperature. We found that the IT room's temperature exceeded VHA requirements for optimal network operations at the Florence and Sumter County CBOCs.[19]

Recommendation 4. We recommended that climate control measures are implemented to ensure optimal IT network operations at the Florence and Sumter County CBOCs.

Emergency Management. VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical emergencies, including MH, are handled.[20] Table 9 shows the areas reviewed for this topic.

Noncompliant	Areas Reviewed
	There is a local medical emergency management plan for this CBOC.
	The staff can articulate the procedural steps of the medical emergency plan.
	The CBOC has an automated external defibrillator onsite for cardiac emergencies.
	There is a local MH emergency management plan for this CBOC.
	The staff can articulate the procedural steps of the MH emergency plan.

Table 9. Emergency Management

[19] VHA Office of Information & Technology *Design Guide Plates, Standards, and Equipment List*, February 2011.
[20] VHA Handbook 1006.1.

All CBOCs were compliant with the review areas; therefore, we made no recommendations.

HF Follow Up

The VA provides care for over 212,000 patients with HF. Nearly 24,500 of these patients were hospitalized during a 12-month period during FYs 2010 and 2011. The purpose of this review is to evaluate the continuity of care for enrolled CBOC patients discharged from the parent facility in FY 2011 with a primary discharge diagnosis of HF. The results of this topic review are reported for informational purposes only. After the completion of the FY 2012 inspection cycle, a national report will be issued detailing cumulative and comparative results for all CBOCs inspected during FY 2012. The results of our review of the selected CBOCs discussed in this report are found in Appendix A.

CBOC Contract

We conducted reviews of primary care and contracted MH services performed at the Rock Hill CBOC to evaluate the effectiveness of VHA oversight and administration for selected contract provisions relating to quality of care and payment of services. MH services, including group and individual therapy sessions, are provided by the contractor. Our review included: (1) an evaluation of the contract, (2) analysis of patient care encounter data, (3) corroboration of information with VHA data sources, (4) site visits, and (5) interviews with VHA and contractor staff. Our review focused on documents and records for the 3rd Qtr, FY 2011.

Noncompliant	Areas Reviewed
	(1) Contract provisions relating to payment and quality of care:
	a. Requirements for payment.
	b. Rate and frequency of payment.
	c. Invoice format.
	d. Performance measures (including incentives/penalties).
	e. Billing the patient or any other third party.
Rock Hill	(2) Technical review of contract modifications and extensions.
Rock Hill	(3) Invoice validation process.
	(4) The COTR designation and training.
	(5) Contractor oversight provided by the COTR.
	(6) Timely access to care (including provisions for traveling veterans).
	a. Visiting patients are not assigned to a provider panel in the Primary Care Management Module.
	b. The facility uses VistA's "Register Once" to register patients who are enrolled at other facilities.
	c. Referral Case Manager assists with coordination of care for traveling veterans.

Table 10. Review of Primary Care and MH Contract Compliance

VISN 7, William Jennings Bryan Dorn VAMC – Rock Hill

Contract Modifications and Extensions

The Contracting Office did not have the required approvals to establish an interim contract for the period October 7, 2010, through September 30, 2011. The terms and renewals of interim contract authority are strictly limited and only approved for 180 days. Additional interim contract authority may be granted on an exception basis, not to exceed 1 year. The required approvals by the Medical Sharing were requested but were not provided as required by VA Directives. [21]

Invoice Validation Process- Mental Health

We found that the facility only verifies a sample of 3 to 5 percent of approximately 1,500 monthly billed MH encounters. The facility needs to ensure that all charges are valid on the contractor's invoice prior to certification for payment. Although we did not find any significant instances of overbilling, the current invoice validation process relies upon the internal controls of the contractor to ensure that the invoices are correct. The VAMC should have the controls and processes in place that rely on VA medical system records to ensure the appropriate payment is made.

Recommendation 5. We recommended that the Contracting Office ensures that procedures are in place to ensure proper approvals are secured and the acquisition process is appropriately documented as required by VA Directives.

Recommendation 6. We recommended that the Director ensures that all disbursements are adequately validated and certified prior to payment, specifically in regard to charges under the MH contract.

[21] VHA Directive 1663, *Health Care Resources Contracting – Buying, Title 38 U.S.C. 8153,* August 10, 2006.

HF Follow-Up Results

Areas Reviewed			
CBOC Processes			
Guidance	***Facility***	***Yes***	***No***
The CBOC monitors HF readmission rates.	**William Jennings Bryan Dorn VAMC**		
	Florence		**X**
	Rock Hill		**X**
	Sumter County		**X**
The CBOC has a process to identify enrolled patients who have been admitted to the parent facility with a HF diagnosis.	**William Jennings Bryan Dorn VAMC**		
	Florence	**X**	
	Rock Hill	**X**	
	Sumter County	**X**	
Medical Record Review Results			
Guidance	***Facility***	***Numerator***	***Denominator***
There is documentation in the patients' medical records that communication occurred between the inpatient and CBOC providers regarding the HF admission.	**William Jennings Bryan Dorn VAMC**		
	Florence	8	8
	Rock Hill	6	6
	Sumter County	0	4
A clinician documented a review of the patients' medications during the first follow-up primary care or cardiology visit.	**William Jennings Bryan Dorn VAMC**		
	Florence	8	8
	Rock Hill	6	6
	Sumter County	4	4
A clinician documented a review of the patients' weights during the first follow up primary care or cardiology visit.	**William Jennings Bryan Dorn VAMC**		
	Florence	8	8
	Rock Hill	6	6
	Sumter County	1	4

HF Follow-Up Results

Medical Record Review Results (continued)			
Guidance	***Facility***	***Numerator***	***Denominator***
A clinician documented a review of the patients' restricted sodium diet during the first follow-up primary care or cardiology visit.	**William Jennings Bryan Dorn VAMC**		
	Florence	8	8
	Rock Hill	6	6
	Sumter County	4	4
A clinician documented a review of the patients' fluid intakes during the first follow-up primary care or cardiology visit.	**William Jennings Bryan Dorn VAMC**		
	Florence	8	8
	Rock Hill	6	6
	Sumter County	0	4
A clinician educated the patients, during their first follow-up primary care or cardiology visit, on key components that would trigger the patients to notify their providers.	**William Jennings Bryan Dorn VAMC**		
	Florence	8	8
	Rock Hill	6	6
	Sumter County	0	4

VISN 7 Director Comments

Department of Veterans Affairs **Memorandum**

Date: February 14, 2012

From: Acting Director, VA Southeast Network VISN 7 (10N7)

Subject: **CBOC Reviews: Florence, Rock Hill, and Sumter (Sumter County), SC**

To: Director, 54AT Healthcare Inspections Division (54AT)

Director, Management Review Service (VHA 10A4A4)

I fully concur with the findings and recommendations from this report. We will continue to improve and provide the best care for our Veterans.

(original signed by:)
James A. Clark, MPA

William Jennings Bryan Dorn VAMC Director Comments

Department of Veterans Affairs **Memorandum**

Date: February 14, 2012

From: Director, William Jennings Bryan Dorn VAMC (544/00)

Subject: **CBOC Reviews: Florence, Rock Hill, and Sumter (Sumter County), SC**

To: Acting Director, VA Southeast Network (10N7)

1. We have reviewed the draft report of the Inspector General's report of the Florence, Rock Hill, and Sumter County, SC CBOCs. We concur with the findings and recommendations.

2. I appreciate the opportunity for this review as a continuing process to improve the care to our veterans.

(original signed by:)
Rebecca Wiley

Comments to Office of Inspector General's Report

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

OIG Recommendations

Recommendation 1. We recommended that the Florence, Rock Hill, and Sumter County CBOC clinicians document education of foot care provided to diabetic patients in CPRS.

Concur

Target date for completion: Completed

On October 20, 2011 the annual Diabetic Foot Exam Clinical Reminder was changed to ensure that foot education is documented. This change will not allow the reminder to be completed until the education is documented. This update to the reminder was implemented prior to the OIG site visit based on the initial findings from the chart reviews conducted by the OIG Team prior to the visit. The findings and updates have been communicated with clinical staff and are fully implemented.

Recommendation 2. We recommended that the Professional Standards Board ensure that aggregated and comparison data is collected and utilized during providers' reappraisal processes at the Florence, Rock Hill and Sumter County CBOCs.

Concur

Target date for completion: March 30, 2012

The Professional Standards Board is revising the reappraisal evaluation for the providers' OPPE at all CBOCs to include aggregated and comparison data for providers with comparable privileges. New triggers will be added to capture data driven outcomes and clearly defined measures of success.

Recommendation 3. We recommended that the Professional Standards Board ensure that service-specific clinical triggers are established to evaluate the professional competency of providers at the Florence, Rock Hill, and Sumter County CBOCs in accordance with VHA policy.

Concur

Target date for completion: March 30, 2012

The Professional Standards Board is revising the reappraisal evaluation for the providers' OPPE at all CBOCs to include clinical service-specific triggers for all CBOC

providers. The clinical triggers will include data driven outcomes to provide a systematic method to evaluate a provider's competency.

Recommendation 4. We recommended that climate control measures are implemented to ensure optimal IT network operations at the Florence and Sumter County CBOCs.

Concur

Target date for completion: September 2012

The Facilities Management Service Chief will work with Contracting to review the requirements and request that the landlord make provisions for compliance.

Recommendation 5. We recommended that the Contracting Office ensures that procedures are in place to ensure proper approvals are secured and the acquisition process is appropriately documented as required by VA Directives.

Concur

Target date for completion: Completed

The interim contract that was in place during this review lacks the written Medical Sharing Office (MSO) approval, as required by Directive 1663. This contract has now expired. Due to a protest, it was necessary to establish a new contract, under the authority of FAR 6.302 urgent and compelling, in order to maintain CBOC services. Contracting verifies that the acquisition processes were appropriately documented as required for this urgent contract, as well as the long term contract for these services.

Recommendation 6. We recommended that the Director ensures that all disbursements are adequately validated and certified prior to payment, specifically in regard to charges under the MH contract.

Concur

Target date for completion: July 1, 2012

The methodology currently used to determine payment for mental health care services utilizes the fee schedule rate method of payment in arrears. Payment is made to the Contractor at the per visit, per patient fee schedule rate specified in the contract for the applicable year. By the 5th of each month the Contractor submits an excel spreadsheet with the count of patients seen each day in the individual MH Provider clinics. The COTR runs a "Clinic Workload Report", by MH Provider clinic verifying the total patients seen by workload equals the numbers provided by the Contractor.

Under the new contract which takes effect on July 1, 2012, the methodology to determine payment for mental health care services will utilize the fee schedule rate method of payment in arrears.

The Contractor shall receive a full monthly capitation payment for each enrolled patient. Each enrolled patient must have a minimum of one visit per 13 month period. The contractor shall only be paid in arrears for the number of patients assigned in any month. For patients whose assignment is terminated, the contractor shall receive payment for the full month in which the date of termination occurred. Payments shall be made upon receipt of a properly prepared invoice for the total number of members enrolled in the previous period. The contractor shall review and submit finalized invoice no later than the 3rd week of the month for services provided in the previous calendar month. It is understood and agreed that the time discount, if any, shall date from the last day in the period or from the time of receipt of correct invoice, whichever is later.

The contractor will not be reimbursed for treating patients who are not enrolled in the VA. Invoices must have the following three separate categories:

- Total number of assigned patients from the previous month's invoice.
- New assigned patients since the previous month's invoice.
- Patients whose assignment was terminated or who were disenrolled since the previous month's invoice.

For newly assigned patients the Contractor(s) shall be paid in arrears on a capitated rate beginning with the month of the patient's initial visit (which must include a detailed medical evaluation for primary care patients, and completed annual Means Test) and subsequent months for patients enrolled to the CBOC until their assignment is discontinued. The Contractor(s) shall not pursue any further collection activities from any source. The newly assigned and terminated assignment categories shall list, alphabetically; each assigned patient's name followed with his/her personal identifier and date of first visit with a Detailed Medical Evaluation and current Means Test, and/or date of terminated assignment as appropriate. The COTR will validate the list for payment. VA shall review the invoice against its record. VA shall notify the contractor of invoice discrepancies. Upon the resolution of the discrepancies, VA shall approve the invoice and make payment to the contractor(s).

OIG Contact and Staff Acknowledgments

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