



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

**Office of Healthcare Inspections**

**Report No. 11-03653-106**

**Community Based Outpatient  
Clinic Reviews  
Durango, CO  
Raton and Silver City, NM  
Odessa, TX**

**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.

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## 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
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
HCS	Health Care System
HF	heart failure
LCSW	Licensed Clinical Social Worker
MEC	Medical Executive Committee
MedMgt	medication management
MH	mental health
MRI	Magnetic Resonance Imaging
MST	military sexual trauma
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
STFB	Short-Term Fee Basis
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 four CBOCs during the week of October 31, 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
18	New Mexico VA HCS	Durango, CO
		Raton, NM
		Silver City, NM
	West Texas VA HCS	Odessa, TX
<b>Table 1. Sites Inspected</b>		

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

### New Mexico VA HCS

- Establish a Preservation-Amputation Care and Treatment Team program in accordance with VHA policy.
- Require clinicians at the Durango, Raton, and Silver City CBOCs to document a risk assessment level for diabetic patients to determine appropriate care and/or referral.
- Ensure that clinicians at the Durango, Raton, and Silver City CBOCs provide education of foot care to all diabetic patients and document the education in CPRS.
- Ensure that providers at the Silver City CBOC document justifications for using STFB care in the medical record.
- Ensure that patients at the Durango CBOC are notified of mammogram results within the defined timeframe.
- Ensure that fee basis mammography results at the Durango and Raton CBOCs are scanned into the VistA radiology package.
- Ensure that radiology mammogram orders are entered into CPRS for all fee basis and contract mammograms and that all breast imaging and mammography results are linked to the appropriate radiology mammogram or breast study order at the Durango, Raton, and Silver City CBOCs.
- Ensure that newly hired providers at the Durango, Raton, and Silver City CBOCs have FPPEs that have defined criteria and are implemented on the first clinical start day.
- Ensure results of performance FPPEs are reported to the MEC.

- Ensure that aggregate data is collected, compared, and utilized during the provider re-privileging process at the Raton and Silver City CBOCs.
- Ensure access for disabled veterans at the Raton and Silver City CBOCs is re-evaluated and appropriate actions are taken.
- Ensure that accessibility issues related to the modular building at the Raton CBOC are re-evaluated and appropriate actions are taken.
- Ensure that the environmental conditions are corrected at the Raton CBOC.
- Maintain security of medications at the Durango CBOC.
- Maintain patient privacy at the Durango CBOC.
- Require that the Contracting Officer ensures the contract clearly states the requirements for payment and specifically defines a qualifying visit.

#### West Texas VA HCS

- Ensure that clinicians at the Odessa CBOC document a risk assessment level for diabetic patients to determine appropriate care and/or referral.
- Ensure that clinicians at the Odessa CBOC provide education of foot care to diabetic patients and document the education in CPRS.
- Ensure that patients receive written notification of STFB consult authorization.
- Ensure that ordering practitioners, or surrogate practitioners, communicate STFB results to patients within 14 calendar days from the date made available.
- Ensure that radiology mammogram orders are entered into CPRS for all fee basis and contract mammograms and that all breast imaging and mammography results are linked to the appropriate radiology mammogram or breast study order at the Odessa CBOC.
- Ensure that the Women's Health Liaison at the Odessa CBOC collaborates with the Women Veterans Program Manager.
- Ensure that the MEC reviews and documents discussions of provider OPPE data prior to re-privileging.
- Ensure that the Odessa CBOC complies with ADA requirements for door hardware.

## Comments

The VISN and facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes B–E, pages 19–30 for the full text of the Directors’ comments.) We will follow up on the planned actions until they are completed.



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## 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 scan 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.<sup>1</sup>
- Determine whether CBOCs are in compliance with standards of operations according to VHA policy in the areas of environmental safety and emergency planning.<sup>2</sup>
- 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

<sup>1</sup> VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.

<sup>2</sup> VHA Handbook 1006.1, *Planning and Activating Community-Based Outpatient Clinics*, May 19, 2004.



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 Clinics Cyclical Report FY 2012*, September 20, 2011. This report is available at <http://www.va.gov/oig/publications/reports-list.asp>.

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.

	Durango	Raton	Silver City	Odessa
VISN	18	18	18	18
Parent Facility	New Mexico VA HCS	New Mexico VA HCS	New Mexico VA HCS	West Texas VA HCS
Type of CBOC	Contract	VA	VA	VA
Number of Uniques, <sup>3</sup> FY 2011	1,927	1,035	1,579	3,415
Number of Visits, FY 2011	8,950	10,140	11,289	14,851
CBOC Size <sup>4</sup>	Mid-size	Small	Mid-size	Mid-size
Locality	Rural	Highly Rural	Rural	Urban
FTE PCP	2	2	2	4
FTE MH	2.1	1.3	1.7	2.5
Types of Providers	PCP Family Practice Nurse Practitioner Psychiatrist LCSW Psychologist	PCP Psychiatrist LCSW Clinical Nurse Specialist	PCP Psychiatrist LCSW	PCP Psychiatrist LCSW
Specialty Care Services Onsite	Yes	Yes	Yes	No
Tele-Health Services	Tele-Mental Health	Tele-Mental Health Tele-Retinal Tele-Neurology	Tele-Mental Health Tele-Retinal Tele-Neurology	Tele-Mental Health Tele-Retinal Tele-Pharmacy
Ancillary Services Provided Onsite	Laboratory EKG	Laboratory EKG	Laboratory EKG	Laboratory EKG

Table 2. CBOC Characteristics

<sup>3</sup> <http://vaww.pssg.med.va.gov/>

<sup>4</sup> 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.

	Durango	Raton	Silver City	Odessa
<b>Provides MH Services</b>	Yes	Yes	Yes	Yes
<b>Number of MH Uniques, FY 2010</b>	463	206	310	634
<b>Number of MH Visits</b>	1,831	613	1,453	2,992
<b>General MH Services</b>	Dx & TX Plan MedMgt Psychotherapy PTSD MST	Dx & TX Plan MedMgt Psychotherapy PTSD MST	Dx & TX Plan MedMgt Psychotherapy PTSD MST	Dx & TX Plan MedMgt Psychotherapy PTSD MST
<b>Specialty MH Services</b>	Consult & Treatment Psychotherapy PTSD Teams MST	Consult & Treatment Psychotherapy PTSD Teams MST	Consult & Treatment Psychotherapy PTSD Teams MST	Consult & Treatment Psychotherapy PTSD Teams MST
<b>Tele-Mental Health</b>	Yes	Yes	Yes	Yes
<b>MH Referrals</b>	Another VA Facility	Another VA Facility Fee Basis	Another VA Facility Fee Basis	Another VA Facility Fee Basis Contract

Table 3. MH CBOC Characteristics

## 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
Durango Raton Silver City	The parent facility has established a Preservation-Amputation Care and Treatment Program. <sup>5</sup>
	The CBOC has developed screening guidelines regarding universal foot checks.
	The CBOC has developed a tracking system to identify and follow patients at risk for lower limb amputations.
	The CBOC has referral guidelines for at-risk patients.
Durango Raton Silver City Odessa	The CBOC documents education of foot care for patients with a diagnosis of DM. <sup>6</sup>
	There is documentation of foot screening in the patient's medical record.
Durango Raton Silver City Odessa	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.
<b>Table 4. DM</b>	

### VISN 18, New Mexico VA HCS – Durango, Raton, and Silver City

Preservation-Amputation Care and Treatment Team Program. The New Mexico VA HCS did not have an established Preservation-Amputation Care and Treatment Team program.

Risk Assessment Level. We reviewed 89 medical records of patients with a diagnosis of DM; 29 at the Durango, 30 at the Raton, and 30 at the Silver City CBOCs. None of

<sup>5</sup> VHA Directive 2006-050, *Preservation Amputation Care and Treatment (PACT) Program*, September 14, 2006.

<sup>6</sup> VA/DoD Clinical Practice Guideline, *Management of Diabetes Mellitus (DM)*, August 2010.

the medical records had documentation of a risk assessment level to identify high-risk patients. VHA policy<sup>7</sup> requires identification of high-risk patients with a risk assessment level, based upon foot risk factors that would determine appropriate care and/or referral.

Foot Care Education Documentation. We found that clinicians did not document education of foot care for diabetic patients in 22 of 29 medical records at the Durango, 21 of 30 (70 percent) at the Raton, and 23 of 30 (77 percent) at the Silver City CBOCs.

**Recommendation 1.** We recommended that the New Mexico VA HCS establish a Preservation-Amputation Care and Treatment Team program in accordance with VHA policy.

**Recommendation 2.** We recommended that the clinicians at the Durango, Raton, and Silver City CBOCs document a risk assessment level for diabetic patients to determine appropriate care and/or referral.

**Recommendation 3.** We recommended that the clinicians at the Durango, Raton, and Silver City CBOCs provide education of foot care to all diabetic patients and document the education in CPRS.

### **VISN 18, West Texas VA HCS – Odessa**

Risk Assessment Level. We reviewed 24 medical records of patients with a diagnosis of DM at the Odessa CBOC, and no records had documentation of a risk assessment level. VHA policy<sup>8</sup> requires identification of high-risk patients with a risk assessment level, based upon foot risk factors that would determine appropriate care and/or referral.

Foot Care Education Documentation. We found that clinicians at the Odessa CBOC did not document education of foot care for diabetic patients in 24 medical records.

**Recommendation 4.** We recommended that the clinicians document a risk assessment level for diabetic patients to determine appropriate care and/or referral.

**Recommendation 5.** We recommended that the clinicians provide education of foot care to diabetic patients and document the education in CPRS.

### **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.

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<sup>7</sup> VHA Directive 2006-050.

<sup>8</sup> VHA Directive 2006-050.

We evaluated if CBOC providers appropriately ordered and followed up on outpatient radiology procedures (computerized tomography, MRI, and PET scan). Table 5 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 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. <sup>9</sup>
Silver City	The provider documented a justification for using Fee Basis status in lieu of providing staff treatment as required by VHA policy. <sup>10</sup>
	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. <sup>11</sup>
Odessa	Patients were notified of consult approvals in writing as required by VHA policy. <sup>12</sup>
	A copy of the imaging report is in CPRS according to VHA policy. <sup>13</sup>
	There is evidence the ordering provider or surrogate practitioner reviewed the report within 14 days from the date on which the results are available to the ordering practitioner.
Odessa	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 are available to the ordering practitioner. <sup>14</sup>
	Fee Basis payments to PCPs are in accordance with VA reimbursement policies.

Table 5. STFB Fee Basis

### VISN 18, New Mexico VA HCS – Durango, Raton, and Silver City

There were no patients who received services through a STFB consult at the Durango and Raton CBOCs. There was one patient who received services through a STFB consult at the Silver City CBOC.

Fee Basis Justification. We did not find evidence that the provider documented a justification for using fee basis in the medical record at the Silver City CBOC.

<sup>9</sup> 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.

<sup>10</sup> VHA Handbook 1907.01.

<sup>11</sup> VHA Chief Business Office Policy 1601F.

<sup>12</sup> VHA Manual M-1, PART I, Chapter 18.

<sup>13</sup> VHA Handbook 1907.01.

<sup>14</sup> VHA Directive 2009-019, *Ordering and Reporting Test Results*, March 24, 2009.

**Recommendation 6.** We recommended that providers at the Silver City CBOC document a justification for using STFB care in the medical record.

**VISN 18, West Texas VA HCS – Odessa**

There were three patients who received services through a STFB consult at the Odessa CBOC.

Patient Consult Notification. We did not find evidence that two of three patients received written notification of STFB consult approvals.

Communication of Results. We did not find evidence in the three medical records that patients were informed about the results within 14 calendar days from the date on which the results were available to the provider.

**Recommendation 7.** We recommended that patients are sent written notification when a STFB consult is approved.

**Recommendation 8.** We recommended that the ordering practitioners, or surrogate practitioners, communicate the STFB results to the patient within 14 calendar days from the date made available to the provider.

**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.<sup>15</sup> Each VHA facility must ensure that eligible women veterans have access to comprehensive medical care, including care for gender-specific conditions.<sup>16</sup> 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. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
	Patients are 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. <sup>17</sup>
	The ordering VHA provider or surrogate was notified of results within a defined timeframe.
Durango Silver City	Patients are notified of results within a defined timeframe.

<sup>15</sup> American Cancer Society, Cancer Facts & Figures 2009.

<sup>16</sup> VHA Handbook 1330.01, *Healthcare Services for Women Veterans*, May 21, 2010.

<sup>17</sup> The American College of Radiology’s Breast Imaging Reporting and Database System is a quality assurance guide designated to standardize breast imaging reporting and facilitate outcomes monitoring.

Noncompliant	Areas Reviewed (continued)
	The facility has an established process for tracking results from mammograms performed off-site.
Durango Raton	Fee basis mammography reports are scanned into VistA.
Durango Raton Silver City Odessa	All screening and diagnostic mammograms were initiated via an order placed into the VistA radiology package. <sup>18</sup>
	Each CBOC has an appointed Women's Health Liaison.
Odessa	There is evidence that the Women's Health Liaison collaborates with the parent facility's Women Veterans Program Manager on women's health issues.
<b>Table 6. Mammography</b>	

### VISN 18, New Mexico VA HCS – Durango, Raton, and Silver City

**Result Notification.** We determined that four of seven patients at the Durango CBOC and two of four patients at the Silver City CBOC did not receive notification of mammogram results within the defined timeframe.

**Scanned Reports.** We determined that four of seven patients at the Durango CBOC and two of five patients at the Raton CBOC did not have mammogram results scanned into the VistA radiology package.

**Mammography Orders and Access.** We reviewed nine medical records of patients who received mammograms through fee basis authorization (five at Durango, two at Raton, and two at the Silver City CBOC). We found that none of the respective providers entered CPRS radiology mammogram orders for fee basis mammograms performed after June 1, 2010. Requests for fee basis and contract mammograms must be electronically entered as a CPRS radiology order. All breast imaging and mammography results must be linked to the appropriate radiology mammogram or breast study order.

**Recommendation 9.** We recommended that patients at the Durango CBOC are notified of mammogram results within the defined timeframe.

**Recommendation 10.** We recommended that managers at the Durango and Raton CBOCs ensure that fee basis mammography results are scanned into the VistA radiology package.

**Recommendation 11.** We recommended that radiology mammogram orders are entered into CPRS for all fee basis and contract mammograms and that all breast imaging and mammography results are linked to the appropriate radiology mammogram

<sup>18</sup> VHA Handbook 1330.01.



or breast study order at the Durango, Raton, and Silver City CBOCs.

**VISN 18, West Texas VA HCS – Odessa**

Mammography Orders and Access. We reviewed seven medical records of patients who had a mammogram performed after June 1, 2010, and found that none of the providers entered a radiology mammogram order in CPRS. Requests for fee basis and contract mammograms must be electronically entered as a CPRS radiology order. All breast imaging and mammography results must be linked to the appropriate radiology mammogram or breast study order.<sup>19</sup>

Women’s Health Liaison. We found no evidence that the Women’s Health Liaison at the Odessa CBOC collaborated with the parent facility’s Women Veterans Program Manager.

**Recommendation 12.** We recommended that radiology mammogram orders are entered into CPRS for all fee basis and contract mammograms and that all breast imaging and mammography results are linked to the appropriate radiology mammogram or breast study order at the Odessa CBOC.

**Recommendation 13.** We recommended that the Women’s Health Liaison at the Odessa CBOC collaborates with the Women Veterans Program Manager.

**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.<sup>20</sup> Table 7 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 was evidence of primary source verification for each provider’s license.
	Each provider’s license was unrestricted.
	There were two efforts made to obtain verification of clinical privileges (currently or most recently held at other institutions) for new providers.
Raton Silver City Durango	FPPEs for new providers outlined the criteria to be monitored.
Raton Silver City Durango	New providers’ FPPEs were implemented on first clinical start day.

<sup>19</sup> VHA Handbook 1330.01.

<sup>20</sup> VHA Handbook 1100.19.

Noncompliant	Areas Reviewed (continued)
	There was evidence that the provider was educated about FPPE prior to its initiation.
Silver City	FPPE results were reported to the medical staff's Executive Committee.
	Prior to the start of a new privilege, criteria for the FPPE were developed.
Silver City	FPPEs are initiated for performance monitoring, which include criteria developed for evaluation of the practitioners when issues affecting the provision of safe, high-quality care are identified.
Odessa	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.
	Privileges granted to providers are facility, service, and provider specific. <sup>21</sup>
	The determination to continue current privileges are based in part on results of OPPE activities.
	The OPPE and reappraisal process included consideration of such factors as clinical pertinence reviews and/or performance measure compliance.
Raton Silver City	Relevant provider-specific data was compared to aggregate data of other providers holding the same or comparable privileges.
	Scopes of practice are facility specific.
<b>Table 7. C&amp;P</b>	

### VISN 18, New Mexico VA HCS – Durango, Raton, and Silver City

Initial FPPEs. We reviewed the initial FPPEs for one provider at the Durango CBOC, one at the Raton CBOC, and one at the Silver City CBOC. We found no documentation that criteria for initial FPPEs were developed and implemented on the first clinical start day.

FPPEs for Performance Monitoring. We found no evidence that the results of a performance FPPE were reported to the MEC prior to reprivileging for one provider at the Silver City CBOC. VHA policy<sup>22</sup> states that the results of the FPPE must be reported to the MEC.

Aggregate Data. The OPPE for one provider at the Raton CBOC and one at the Silver City CBOC did not include aggregated and comparison data; although, the providers had comparable privileges.

<sup>21</sup> VHA Handbook 1100.19.

<sup>22</sup> VHA Handbook 1100.19.

**Recommendation 14.** We recommended that newly hired providers at the Durango, Raton, and Silver City CBOCs have FPPEs that have defined criteria and are implemented on the first clinical start day.

**Recommendation 15.** We recommended that results of FPPEs for performance monitoring are reported to the MEC.

**Recommendation 16.** We recommended that aggregate data is collected, compared, and utilized during the re-privileging process at the Raton and Silver City CBOCs.

**VISN 18, West Texas VA HCS – Odessa**

OPPE. We reviewed four provider profiles and found no documentation in the MEC minutes that providers’ data for re-privileging was discussed. VHA policy<sup>23</sup> requires that OPPE data be presented to the MEC for review, and the recommendations documented in the minutes.

**Recommendation 17.** We recommended that OPPE data is reviewed and discussions of the MEC are documented prior to re-privileging providers at the Odessa CBOC.

**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.
Raton	The entrance door to the CBOC meets ADA requirements.
Raton Silver City Odessa	The CBOC restrooms meet ADA requirements.
Raton	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.
Durango	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.

<sup>23</sup>VHA Handbook 1100.19.

Noncompliant	Areas Reviewed (continued)
Durango	Privacy is maintained.
	Information Technology 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 uses two patient identifiers for blood drawing procedures.
	The CBOC is included in facility-wide EOC activities.
<b>Table 8. EOC</b>	

### VISN 18, New Mexico VA HCS – Durango, Raton, and Silver City

Physical Access. We found that the entrance door of the Raton CBOC required more than 5 pounds of force to open. The ADA<sup>24</sup> requires less than a 5-pound force to push or pull open doors.

At the Raton and Silver City CBOCs, we found that the patient restrooms did not have adequate space for wheelchair accessibility. We also found that sink faucet handles in patient restrooms and all interior doors required tight grasping, pinching, or twisting of the wrist to operate. The ADA<sup>25</sup> requires that restrooms have adequate clear floor space to allow for wheelchair approach to the toilet. The ADA<sup>26</sup> also requires that faucet handles and door hardware are easy to grasp with one hand and do not require tight grasping, pinching, or twisting of the wrist to operate.

Located directly behind the Raton CBOC was a modular building, which could be accessed from two rear doors of the clinic. We determined that patients utilizing wheelchairs would have difficulty accessing the modular building due to high rear door thresholds, uneven ground surface leading to the modular building, and a ramp that did not meet ADA requirements. These conditions had been identified prior to our site visit, but had not been addressed.

Clinic Maintenance. At the Raton CBOC, we found the following conditions: (a) torn carpet in the waiting area patched with duct tape, (b) metal threshold in examination room doorway affixed to the floor with tape, (c) six quarter-size holes in the wall of an examination room, (d) improperly fitted ceiling tiles, (e) stained flooring, and (f) uneven paint application throughout the clinic.

<sup>24</sup> Americans with Disabilities Act.

<sup>25</sup> Americans with Disabilities Act.

<sup>26</sup> Americans with Disabilities Act.

Medication Security. We found an unsecured medication refrigerator in an unlocked room at the Durango CBOC.

Patient Privacy. None of the four examination rooms at the Durango CBOC had privacy curtains, and three of the four examination tables were placed with the foot facing the door. VHA policy<sup>27</sup> details specific requirements to ensure patient privacy for all veterans, particularly women veterans.

**Recommendation 18.** We recommended that access for disabled veterans be re-evaluated and appropriate action taken at the Raton and Silver City CBOCs.

**Recommendation 19.** We recommended that accessibility issues related to the modular building at the Raton CBOC are re-evaluated and appropriate action taken.

**Recommendation 20.** We recommended that the environmental conditions are corrected at the Raton CBOC.

**Recommendation 21.** We recommended that medications are secured from unauthorized access at the Durango CBOC.

**Recommendation 22.** We recommended that patient privacy is maintained at the Durango CBOC.

### **VISN 18, West Texas VA HCS – Odessa**

Physical Access. The Odessa CBOC patient restroom door hardware required a tight grasp to open. The ADA<sup>28</sup> requires that facility doors be equipped with handles that are easy to grasp with one hand and do not require tight grasping, pinching, or twisting of the wrist to operate.

**Recommendation 23.** We recommended that the Odessa CBOC comply with ADA requirements for door hardware.

### Emergency Management

VHA policy<sup>29</sup> requires each CBOC to have a local policy or standard operating procedure defining how medical emergencies, including MH, are handled. Table 9 shows the areas reviewed for this topic.

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<sup>27</sup> VHA Handbook 1330.01, Healthcare Services for Women Veterans, May 21, 2010.

<sup>28</sup> Americans with Disabilities Act.

<sup>29</sup> VHA Handbook 1006.1.

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.
<b>Table 9. Emergency Management</b>	

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 a review of primary care at the Durango CBOC to evaluate the effectiveness of VHA oversight and administration for selected contract provisions relating to quality of care and payment of services. VA professionals provide MH services at the CBOC and through tele-mental health services. The CBOC engagement included: 1) a review 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 3<sup>rd</sup> Quarter, FY 2011.

Noncompliant	Areas Reviewed
	(1) Contract provisions relating to payment and quality of care:
Durango	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.
	(2) Technical review of contract modifications and extensions.

Noncompliant	Areas Reviewed (continued)
	(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 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.
<b>Table 10. Review of PC and MH Contract Compliance</b>	

**VISN 18, New Mexico VA HCS – Durango**

Requirements for Payment. The contract states that the contractor will be paid for qualifying examinations without defining a qualifying examination. The requirements for payment should be clearly defined in the contract to preclude any confusion.

**Recommendation 24.** We recommended that the Contracting Officer ensures the contract clearly states the requirements for payment and specifically defines a qualifying visit.

## Heart Failure Follow-Up Results

Areas Reviewed			
CBOC Processes			
<i>Guidance</i>	<i>Facility</i>	<i>Yes</i>	<i>No</i>
<b>The CBOC monitors HF readmission rates.</b>	<b>New Mexico VA HCS</b>		
	Raton		<b>X</b>
	Silver City		<b>X</b>
	Durango		<b>X</b>
	<b>West Texas VA HCS</b>		
	Odessa	<b>X</b>	
<b>The CBOC has a process to identify enrolled patients that have been admitted to the parent facility with a HF diagnosis.</b>	<b>New Mexico VA HCS</b>		
	Raton		<b>X</b>
	Silver City		<b>X</b>
	Durango		<b>X</b>
	<b>West Texas VA HCS</b>		
	Odessa	<b>X</b>	
Medical Record Review Results			
<i>Guidance</i>	<i>Facility</i>	<i>Numerator</i>	<i>Denominator</i>
<b>There is documentation in the patients' medical records that communication occurred between the inpatient and CBOC provider regarding the HF admission.</b>	<b>New Mexico VA HCS</b>		
	Raton	<b>1</b>	<b>1</b>
	Silver City	<b>1</b>	<b>2</b>
	Durango	<b>NA*</b>	<b>NA</b>
	<b>West Texas VA HCS</b>		
	Odessa	<b>1</b>	<b>6</b>
<b>A clinician documented a review of the patient's medications during the first follow-up primary care or cardiology visit.</b>	<b>New Mexico VA HCS</b>		
	Raton	<b>1</b>	<b>1</b>
	Silver City	<b>1</b>	<b>1</b>
	Durango	<b>NA*</b>	<b>NA</b>
	<b>West Texas VA HCS</b>		
	Odessa	<b>5</b>	<b>5</b>
<b>A clinician documented a review of the patient's weight during the first follow-up primary care or cardiology visit.</b>	<b>New Mexico VA HCS</b>		
	Raton	<b>0</b>	<b>1</b>
	Silver City	<b>1</b>	<b>1</b>
	Durango	<b>NA*</b>	<b>NA</b>
	<b>West Texas VA HCS</b>		
	Odessa	<b>5</b>	<b>5</b>



## Heart Failure Follow-Up Results

Medical Record Review Results (continued)			
<i>Guidance</i>	<i>Facility</i>	<i>Numerator</i>	<i>Denominator</i>
<b>A clinician documented a review of the patient’s restricted sodium diet during the first follow-up primary care or cardiology visit.</b>	<b>New Mexico VA HCS</b>		
	Raton	0	1
	Silver City	0	1
	Durango	NA*	NA
	<b>West Texas VA HCS</b>		
	Odessa	1	5
<b>A clinician documented a review of the patient’s fluid intake during the first follow-up primary care or cardiology visit.</b>	<b>New Mexico VA HCS</b>		
	Raton	0	1
	Silver City	0	1
	Durango	NA*	NA
	<b>West Texas VA HCS</b>		
	Odessa	0	5
<b>A clinician educated the patient, during the first follow-up primary care or cardiology visit, on key components that would trigger the patients to notify the provider.</b>	<b>New Mexico VA HCS</b>		
	Raton	0	1
	Silver City	0	1
	Durango	NA*	NA
	<b>West Texas VA HCS</b>		
	Odessa	0	5

\*There were no patients at the Durango CBOC who were discharged with a primary discharge diagnosis of HF.

## VISN 18 Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** February 21, 2012

**From:** Director, VISN 18 (10N18)

**Subject:** **CBOC Reviews: Durango, CO; Raton and Silver City, NM; and Odessa, TX**

**To:** Director, 54F Healthcare Inspections Division (54F)  
Director, Management Review Service (VHA 10A4A4)

1. Thank you for the opportunity to review the draft OIG CBOC report for the Durango, Raton, Silver City, and Odessa CBOC Review visit that occurred during the week of October 31, 2011 at the New Mexico VA Health Care System and West Texas VA Health Care System. I concur with the recommendations on the attached plan.
2. If you have any questions regarding the attached response or action for the recommendations, please contact Ms. Jennifer Kubiak, VISN 18 Quality Management Officer at (602) 222-2798.

*(original signed by:)*  
Susan P. Bowers

## New Mexico VA HCS Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** February 23, 2012  
**From:** Director, New Mexico VA HCS (501/00)  
**Subject:** **CBOC Reviews: Durango, CO; and Raton and Silver City, NM**  
**To:** Director, VISN 18 (10N18)

1. New Mexico Health Care System submits the Durango CBOC and the Raton and Silver City CBOCs' Office of Inspector General after action report for your review and submission to the Office of Inspector General.
2. If you have any questions, please contact the Chief of Staff Office at (505) 265-1711 (ext) 2702.

*(original signed by:)*  
George Marnell  
Director

## 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 New Mexico VA HCS establish a Preservation-Amputation Care and Treatment Team program in accordance with VHA policy.

Concur

Target date for completion: March 15, 2012

Facility Response:

The Acting Associate Chief of Staff for Ambulatory Care Services will coordinate the development and implementation of clinical reminder and education/training for the New Mexico VA HCS Preservation-Amputation Care and Treatment Team program.

**Recommendation 2.** We recommended that the clinicians at the Durango, Raton, and Silver City CBOCs document a risk assessment level for diabetic patients to determine appropriate care and/or referral.

Concur

Target date for completion: March 15, 2012

Facility Response:

The Acting Associate Chief of Staff for Ambulatory Care Services will coordinate the development and implementation for appropriate documentation of a risk assessment level for diabetic patients for the determination of the appropriate care and/or referral.

**Recommendation 3.** We recommended that the clinicians at the Durango, Raton, and Silver City CBOCs provide education of foot care to all diabetic patients and document the education in CPRS.

Concur

Target date for completion: March 15, 2012

Facility Response:

The Acting Associate Chief of Staff for Ambulatory Care Services will coordinate the implementation of documentation of the clinical reminder and education/training for education of foot care to all diabetic patients.

**Recommendation 6.** We recommended that providers at the Silver City CBOC document a justification for using STFB care in the medical record.

Concur

Target date for completion: January 31, 2012

Facility Response:

The Clinical Providers at the Silver CBOC already document the medical need for the Short-Term Fee Basis consult. However, fields will be added to the local consult template that explicitly includes language about providing the service locally in lieu of providing staff treatment. The Chief, Health Administration Service is adding these justification fields to the existing CPRS template.

**Recommendation 9.** We recommended that patients at the Durango CBOC are notified of mammogram results within the defined timeframe.

Concur

Target date for completion: September 30, 2011

Facility Response:

The Durango CBOC had begun the implementation of a change in Standard Operating Procedures in July 2011 to assure Veterans are notified of mammogram results within the defined timeframes. Training and implementation of the Standard Operation Procedures was completed by September 2011. Records reviewed for this report included dates prior to this change.

**Recommendation 10.** We recommended that managers at the Durango and Raton CBOCs ensure that fee basis mammography results are scanned into the VistA radiology package.

Concur

Target date for completion: November 1, 2011

Facility Response:

The Standard Operating Procedure for the mammogram process was amended July 8, 2011 to also specify the entry of orders in the radiology package of CPRS, with the notation of services to be provided locally if applicable. Training on this process change was provided to the CBOC staff on July 19, 2011. Records reviewed for this report included dates prior to this change.

**Recommendation 11.** We recommended that radiology mammogram orders are entered into CPRS for all fee basis and contract mammograms and that all breast imaging and mammography results are linked to the appropriate radiology mammogram or breast study order at the Durango, Raton, and Silver City CBOCs.

Concur

Target date for completion: March 31, 2012

Facility Response:

The Standard Operating Procedure for the mammogram process was amended July 8, 2011 to also specify the entry of orders in the radiology package of CPRS, with the notation of services to be provided locally if applicable. Training on this process change was provided to the CBOC staff on July 19, 2011. It has been determined that the CBOCs do not have the capability with CPRS to link the results to the order since the results are scanned in from the fee basis and contract providers. The NM VA HCS will evaluate opportunities to improve this process to achieve a linkage of orders and results.

**Recommendation 14.** We recommended that newly hired providers at the Durango, Raton, and Silver City CBOCs have FPPEs that have defined criteria and are implemented on the first clinical start day.

Concur

Target date for completion: February 17, 2012

Facility Response:

All newly hired providers now have FPPEs that contain defined evaluation criteria. These forms are now part of the initial credentialing packet for all new providers.

**Recommendation 15.** We recommended that results of FPPEs for performance monitoring are reported to the MEC.

Concur

Target date for completion: May 1, 2012

Facility Response:

Results of FPPEs for performance monitoring will be reported to the CEB and documented as such in the meeting minutes.

**Recommendation 16.** We recommended that aggregate data is collected, compared, and utilized during the re-privileging process at the Raton and Silver City CBOCs.

Concur

Target date for completion: January 13, 2012

Facility Response:

Aggregate data is now collected, compared, and utilized during the re-privileging process for all clinical providers.

**Recommendation 18.** We recommended that access for disabled veterans be re-evaluated and appropriate action taken at the Raton and Silver City CBOCs.

Concur

Target date for completion: September 30, 2012

Facility Response:

The NMVAHCS has developed a new Statement of Work and is in the process of contracting for new facilities in Raton and Silver City that will meet all ADA – ABA – ADAAG – ABAAS. The rural location of these communities has presented unique challenges in the past with finding existing facilities within the communities that meet all requirements. To modify the current locations to meet the ADA requirements would cause "undue burden" to the landlord. "Undue burden" means significant difficulty or expense since the facility cannot be modified within physical size of the building's footprint to accommodate the ADA restrooms without taking from the other patient care areas.

- The target date for the new Raton clinic - late FY13.
- The target date for the new Silver City clinic - by the end of early FY13
- All patient care access door handles will be replaced with ADA compliant handles by February 15, 2012.
- (Completed)The entrance door to the Raton CBOC has been adjusted to open with 5 pounds or less to meet the ADA requirements. It should be noted that the proposed new clinic will have automatic doors when activated.
- Contracting will process a request for the landlord to replace faucet handles hardware that can be grasped easily with one hand, and do not require tight grasping, pinching, or twisting of the wrist to operate.

**Recommendation 19.** We recommended that accessibility issues related to the modular building at the Raton CBOC are re-evaluated and appropriate action taken.

Concur

Target date for completion: September 30, 2012

Facility Response:

Current standard operating procedures are that Veterans are escorted by staff to patient care areas, including the modular building for their safety and security. Based upon the evaluation results, appropriate action will be taken.

**Recommendation 20.** We recommended that the environmental conditions are corrected at the Raton CBOC.

Concur

Target date for completion: September 30, 2012

Facility Response:

The NMVAHCS has developed a new Statement of Work and is in the process of contracting for new facilities in Raton. Contracting will process a request for the landlord to improve the environmental conditions. The target date for the new Raton clinic is late FY13.

**Recommendation 21.** We recommended that medications are secured from unauthorized access at the Durango CBOC.

Concur

Target date for completion: November 1, 2011

Facility Response:

The one occurrence observed during the visit was immediately addressed. Staff training on medication security occurred on November 1, 2011.

**Recommendation 22.** We recommended that patient privacy is maintained at the Durango CBOC.

Concur

Target date for completion: March 1, 2012



Facility Response:

Veteran's privacy will be maintained at the Durango CBOC. The Contractor for the Durango CBOC has ordered privacy curtains. Upon receipt, the curtains will be installed.

**Recommendation 24.** We recommended that the Contracting Officer ensures the contract clearly states the requirements for payment and specifically defines a qualifying visit.

Concur

Target date for completion: February 1, 2012

Facility Response:

As identified in the OIG report, discrepancies in the invoicing process were not found as the Contractor does understand the requirements for payment and the requirements of a qualifying visit. A Contract amendment will be processed to include the definition of a qualifying visit.

## West Texas VA HCS Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** February 21, 2012  
**From:** Director, West Texas VA HCS (519/00)  
**Subject:** **CBOC Review: Odessa, TX**  
**To:** Director, VISN 18 (10N18)

1. West Texas VA Health Care System submits the Odessa, TX Community Based Outpatient Clinic Office of Inspector General after action report for your review and submission to the Office of Inspector General.
2. If you have any questions, please contact the Quality Manager at (432) 264-4832.

*(original signed by:)*

Daniel L. Marsh  
Director

## 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 4.** We recommended that the clinicians document a risk assessment level for diabetic patients to determine appropriate care and/or referral.

Concur

Target date for completion: Recommend closure since an updated assessment tool was put in place December 5, 2011.

Facility Response:

A risk assessment level for diabetic patients to determine appropriate care and/or referral was added to the assessment tool and is in use.

**Recommendation 5.** We recommended that the clinicians provide education of foot care to diabetic patients and document the education in CPRS.

Concur

Target date for completion: January 17, 2012

Facility Response:

Providers were educated on the importance of charting all education given to patients. A template was implemented to prompt providers to provide education of foot care to diabetic patients and to document the education.

**Recommendation 7.** We recommended that patients are sent written notification when a STFB consult is approved.

Concur

Target date for completion: March 1, 2012

Facility Response:

A process will be finalized and implemented to provide patients a written notification when a STFB consult is approved.

**Recommendation 8.** We recommended that the ordering practitioners, or surrogate practitioners, communicate the STFB results to the patient within 14 calendar days from the date made available to the provider.

Concur

Target date for completion: March 15, 2012

Facility Response:

A process will be finalized and implemented to provide patients a written notification when a STFB consult is approved.

**Recommendation 12.** We recommended that radiology mammogram orders are entered into CPRS for all fee basis and contract mammograms and that all breast imaging and mammography results are linked to the appropriate radiology mammogram or breast study order at the Odessa CBOC.

Concur

Target date for completion: May 1, 2012

Facility Response:

A process will be finalized and implemented to ensure radiology mammogram orders are entered into CPRS for all fee basis and contract mammograms and that all breast imaging and mammography results are linked to the appropriate radiology mammogram or breast study order at the Odessa CBOC.

**Recommendation 13.** We recommended that the Women's Health Liaison at the Odessa CBOC collaborates with the Women Veterans Program Manager.

Concur

Target date for completion: May 1, 2012

Facility Response:

The Women's Health Liaison at the Odessa CBOC will more actively collaborate with the Women Veterans Program Manager.

**Recommendation 17.** We recommended that OPPE data is reviewed and discussions of the MEC are documented prior to re-privileging providers at the Odessa CBOC.

Concur

Target date for completion: Recommend closure since MEC minutes now reflect PSC submitted actions and recommendations for MEC review and decision as a standing agenda item since December, 2011.

Facility Response:

Professional Standards Committee (PSC) submits recommendations for privileging and re-privileging of providers to the Medical Executive Committee (MEC) prior to Director approval. MEC minutes now reflect PSC submitted actions and recommendations for MEC review and decision as a standing agenda item.

**Recommendation 23.** We recommended that the Odessa CBOC comply with ADA requirements for door hardware.

Concur

Target date for completion: February 15, 2012

Facility Response:

The Odessa CBOC COTR is coordinating with contracting to ensure compliance with ADA requirements for door hardware.

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## OIG Contact and Staff Acknowledgments

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<b>OIG Contact</b>	For more information about this report, please contact the Office of Inspector General at (202) 461-4720.
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