



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

Office of Healthcare Inspections

Report No. 11-03655-198

**Community Based Outpatient
Clinic Reviews
Yale, MI
La Crosse, Wausau, and
Wisconsin Rapids, WI**

June 18, 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.

To Report Suspected Wrongdoing in VA Programs and Operations

Telephone: 1-800-488-8244

E-Mail: vaoighotline@va.gov

(Hotline Information: <http://www.va.gov/oig/contacts/hotline.asp>)

Glossary

ADA	Americans with Disabilities Act
C&P	credentialing and privileging
CBOC	community based outpatient clinic
CPRS	Computerized Patient Record System
DM	Diabetes Mellitus
DX & TX Plan	Diagnosis & Treatment Plan
EOC	environment of care
FPPE	Focused Professional Practice Evaluation
FTE	full-time employee equivalents
FY	fiscal year
HF	heart failure
LIP	Licensed Independent Practitioner
Med Mgt	medication management
MH	mental health
NP	nurse practitioner
OIG	Office of Inspector General
PA	physician assistant
PCP	primary care provider
PSB	Professional Standards Board
PTSD	Post-Traumatic Stress Disorder
TX	treatment
VAMC	VA Medical Center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VistA	Veterans Health Information Systems and Technology Architecture

Table of Contents

	Page
Executive Summary	i
Objectives and Scope	1
Objectives	1
Scope	1
CBOC Characteristics	2
MH Characteristics	3
Results and Recommendations	4
Management of DM–Lower Limb Peripheral Vascular Disease	4
Women’s Health	6
C&P	7
Environment and Emergency Management	9
HF Follow-Up	10
CBOC Contract	11
Appendixes	
A. HF Follow-Up Results	13
B. VISN 11 Director Comments	15
C. John D. Dingell VAMC Director Comments	16
D. VISN 12 Director Comments	20
E. Tomah VAMC Director Comments	21
F. OIG Contact and Staff Acknowledgments	25
G. Report Distribution	26

Executive Summary

Purpose: We conducted an inspection of four CBOCs during the weeks of March 12 and 19, 2012. 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
11	John D. Dingell VAMC	Yale
12	Tomah VAMC	La Crosse
		Wausau
		Wisconsin Rapids
Table 1. Sites Inspected		

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

John D. Dingell VAMC

- Ensure that the Yale CBOC clinical managers establish patient referral guidelines based on foot risk factors in accordance VHA policy.
- Ensure that the Yale CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.
- Ensure that the Yale CBOC clinicians document education of foot care to diabetic patients in CPRS.
- Ensure that the PSB grants privileges consistent with the services provided at the Yale CBOC.
- Ensure that the Facility Director considers adding a minimum qualifying requirement to the annual visit for future primary care contracts in order to more efficiently use VA resources.
- Ensure that the Facility Director confirms that the provisions of the contract are enforced, specifically requiring the described invoice format.
- Ensure that the Facility Director determines the total amount of overpayments to the contractor during the contract period and, with the assistance of Regional Counsel, assess the collectability of the overpayment.
- Ensure that the Facility Director considers strengthening the invoice validation process by relying on VA data to prepare the billable roster that provides adequate assurance that the correct invoice amount is paid.

Tomah VAMC

- Ensure that the clinicians at the La Crosse, Wausau, and Wisconsin Rapids CBOCs document a risk level for diabetic patients in CPRS in accordance with VHA policy.
- Ensure that the clinicians at the La Crosse, Wausau, and Wisconsin Rapids CBOCs document education of foot care to diabetic patients in CPRS.
- Ensure that clinicians at the La Crosse and Wausau CBOCs document a complete foot screening for diabetic patients in CPRS.
- Ensure that the Wausau CBOC clinical managers establish a process to ensure that patients with normal mammogram results are notified of results within the allotted timeframe and that notification is documented in the medical record.
- Ensure that the PSB grants privileges that are consistent with the services provided at the La Crosse, Wausau, and Wisconsin Rapids CBOCs.
- Ensure that the PSB approves scopes of practice consistent with the services provided at the La Crosse, Wausau, and Wisconsin Rapids CBOCs.

Comments

The VISN and Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes B–E, pages 15-24 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.
- 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
- 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>.

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

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.

CBOC Characteristics

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

	Yale	La Crosse	Wausau	Wisconsin Rapids
VISN	11	12	12	12
Parent Facility	John R. Dingell VAMC	Tomah VAMC	Tomah VAMC	Tomah VAMC
Type of CBOC	Contract	VA	VA	VA
Number of Uniques,³ FY 2011	3,681	5,094	4,368	4,658
Number of Visits, FY 2011	11,969	15,702	14,928	14,543
CBOC Size⁴	Mid-size	Large	Mid-size	Mid-size
Locality	Rural	Urban	Urban	Rural
Full-time employee equivalents PCP	3.6	4.4	4	3
Full-time employee equivalents MH	1.1	2.9	4	2
Types of Providers	NP PA PCP	Licensed Clinical Social Worker NP PA PCP Psychiatrist Psychologist	Licensed Clinical Social Worker NP PA PCP	NP PA PCP Psychologist
Specialty Care Services Onsite	No	Yes	Yes	Yes
Tele-Health Services	Tele-Mental Health Tele-Retinal Imaging	Tele-MOVE	Tele-Mental Health	Tele-Mental Health Tele-MOVE
Ancillary Services Provided Onsite	Electrocardiogram Laboratory Pharmacy Radiology	Laboratory Physical Medicine	Laboratory Physical Medicine	Electrocardiogram Laboratory Physical Medicine

Table 2. CBOC Characteristics

³ <http://vawww.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.

	Yale	La Crosse	Wausau	Wisconsin Rapids
Provides MH Services	Yes	Yes	Yes	Yes
Number of MH Uniques, FY 2011	317	841	803	442
Number of MH Visits	1,094	6,297	5,969	1,601
General MH Services	DX & TX Plan Med Mgt	DX & TX Plan Med Mgt Psychotherapy PTSD Military Sexual Trauma	DX & TX Plan Med Mgt Psychotherapy PTSD Military Sexual Trauma	DX & TX Plan Med Mgt Psychotherapy PTSD
Specialty MH Services	None	Consult & TX Psychotherapy Mental Health Intensive Case Management Peer Support Substance Use Disorder	Consult & TX Psychotherapy	Consult & TX Psychotherapy
Tele-Mental Health	Yes	No	Yes	Yes
MH Referrals	Another VA Facility Fee-Basis	Another VA Facility	Another VA Facility Fee-Basis	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 patients at risk for lower limb amputations.
Yale	The CBOC has referral guidelines for at-risk patients.
Yale La Crosse Wausau Wisconsin Rapids	The CBOC documents education of foot care for patients with a diagnosis of DM. ⁶
La Crosse Wausau	There is documentation of foot screening in the patient's medical record.
Yale La Crosse Wausau Wisconsin Rapids	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 11, John D. Dingell VAMC – Yale

Referral Guidelines. The Yale CBOC clinical managers did not establish referral guidelines based on risk factors that would determine appropriate care and/or referral for patients seen at the Yale CBOC. VHA policy⁷ requires timely and a ppropriate referral and ongoing follow-up of patients based on an algorithm.

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.

⁷ VHA Directive 2006-050.

Risk Level Assessment. The Yale CBOC clinicians did not document a risk level for 30 of 30 diabetic patients in CPRS. VHA policy⁸ requires identification of high-risk patients with a risk level, based upon foot risk factors that would determine appropriate care and/or referral.

Foot Care Education Documentation. The Yale CBOC clinicians did not document education of foot care for 19 of 30 diabetic patients in CPRS.

Recommendation 1. We recommended that the Yale CBOC clinical managers establish patient referral guidelines based on foot risk factors in accordance with VHA policy.

Recommendation 2. We recommended that the Yale CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.

Recommendation 3. We recommended that the Yale CBOC clinicians document education of foot care to diabetic patients in CPRS.

VISN 12, Tomah VAMC – La Crosse, Wausau, and Wisconsin Rapids

Risk Level Assessment. The La Crosse CBOC clinicians did not document a risk level for all 28 diabetic patients in CPRS. The Wausau CBOC clinicians did not document a risk level for all 28 diabetic patients in CPRS. The Wisconsin Rapids CBOC clinicians did not document a risk level for all 29 diabetic patients in CPRS. VHA policy⁹ requires identification of high-risk patients with a risk level, based upon foot risk factors that would determine appropriate care and/or referral.

Foot Care Education. The La Crosse CBOC clinicians did not document foot care education for 19 of 28 diabetic patients in CPRS. The Wausau CBOC clinicians did not document foot care education for 22 of 28 diabetic patients in CPRS. The Wisconsin Rapid CBOC clinicians did not document foot care education for 27 of 29 diabetic patients in CPRS.

Foot Care Screening. We did not find a complete foot screening (foot inspection, circulation check, and sensory testing) for 5 of 28 diabetic patients at the La Crosse CBOC and for 7 of 28 diabetic patients at the Wausau CBOC.

Recommendation 4. We recommended that the clinicians at the La Crosse, Wausau, and Wisconsin Rapids CBOCs document a risk level for diabetic patients in CPRS in accordance with VHA policy.

Recommendation 5. We recommended that the clinicians at the La Crosse, Wausau, and Wisconsin Rapids CBOCs document education of foot care to diabetic patients in CPRS.

⁸ VHA Directive 2006-050.

⁹ VHA Directive 2006-050.

Recommendation 6. We recommended that the clinicians at the La Crosse and Wausau CBOCs document a complete foot screening for diabetic patients in CPRS.

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.¹⁰ Each VHA facility must ensure that eligible women veterans have access to comprehensive medical care, including care for gender-specific conditions.¹¹ Timely screening, diagnosis, notification, interdisciplinary treatment planning, and treatment are essential to early detection, appropriate management, and optimal patient outcomes. Table 5 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the finding follow the table.

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. ¹²
	The ordering VHA provider or surrogate was notified of results within a defined timeframe.
Wausau	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. ¹³
	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 5. Mammography	

There were a total of 29 patients who had mammograms on or after June 1, 2010. There were 3 Yale CBOC patients, 9 La Crosse CBOC patients, 7 Wausau CBOC patients, and 10 Wisconsin Rapids CBOC patients who received mammograms.

VISN 12, Tomah VAMC – Wausau

Patient Notification of Normal Mammography Results. We reviewed the medical records of patients at the Wausau CBOC who had normal mammography results and

¹⁰ American Cancer Society, Cancer Facts & Figures 2009.

¹¹ VHA Handbook 1330.01, *Healthcare Services for Women Veterans*, May 21, 2010.

¹² 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.

¹³ VHA Handbook 1330.01.

determined that one of the seven patients was not notified within the required timeframe of 14 days.¹⁴

Recommendation 7. We recommended that the Wausau CBOC clinical managers establish a process to ensure that patients with normal mammogram results are notified of results within the allotted timeframe and that notification is documented in the medical record.

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.¹⁵ 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
	(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.

¹⁴ VHA Directive 2009-019, Ordering and Reporting Test Results, March 24, 2009.

¹⁵ VHA Handbook 1100.19.

Noncompliant	Areas Reviewed (continued)
	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 LIP privileges.
Yale La Crosse Wausau Wisconsin Rapids	(7) Privileges granted to providers were facility, service, and provider specific. ¹⁶
	(8) The determination to continue current privileges were based in part on results of the Ongoing Professional Practice Evaluation activities.
	(9) The Ongoing Professional Practice Evaluation and reappraisal process included consideration of such factors as clinical pertinence reviews and/or performance measure compliance.
	(10) Relevant provider-specific data was compared to aggregated data of other providers holding the same or comparable privileges.
La Crosse Wausau Wisconsin Rapids	(11) Scopes of practice were facility specific.
Table 6. C&P	

VISN 11, John D. Dingell VAMC – Yale

Clinical Privileges. The PSB granted clinical privileges for two of four providers for procedures that were not performed at the Yale CBOC. The providers were granted privileges that included treating patients with severe strokes and comatose patients. VHA policy¹⁷ requires that setting-specific privileges are granted based on services that can be performed or provided within the proposed setting.

Recommendation 8. We recommended that the PSB grants privileges consistent with the services provided at the Yale CBOC.

VISN 12, Tomah VAMC – La Crosse, Wausau, and Wisconsin Rapids

Clinical Privileges. We found that the PSB granted clinical privileges for procedures that were not performed at the La Crosse, Wausau, and Wisconsin Rapids CBOCs. We reviewed the privileging files of seven providers. We found that all three providers at

¹⁶ VHA Handbook 1100.19.

¹⁷ VHA Handbook 1100.19.

the La Crosse CBOC, both providers at the Wausau CBOC, and one of two providers at the Wisconsin Rapids CBOC were granted privileges which included admitting patients for inpatient care, treating comatose patients, and treating patients with hemorrhaging (bleeding) esophageal varices.¹⁸ VHA policy¹⁹ requires that setting-specific privileges are granted based on services that can be performed or provided within the proposed setting.

Scopes of Practice. We reviewed the files of two providers at the La Crosse CBOC, three providers at the Wausau CBOC, and three providers at the Wisconsin Rapids CBOC and found that all of the scopes of practice were not facility-specific. All providers' scopes of practice included writing admission orders, completing discharge summaries, and providing ongoing inpatient care.

Recommendation 9. We recommended that the PSB grants privileges that are consistent with the services provided at the La Crosse, Wausau, and Wisconsin Rapids CBOCs.

Recommendation 10. We recommended that the PSB approves scopes of practice consistent with the services provided at the La Crosse, Wausau, and Wisconsin Rapids CBOCs.

Environment and Emergency Management

EOC

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. Table 7 shows the areas reviewed for this topic.

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.
	Privacy is maintained.

¹⁸ Esophageal varices are swollen veins in the lining of the lower esophagus. Emergency treatment for bleeding esophageal varices begins with blood and fluids given intravenously (into a vein) to compensate for blood loss.

¹⁹ VHA Handbook 1100.19.

Noncompliant	Areas Reviewed (continued)
	IT security rules are adhered to.
	Patients' personally identifiable information 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 $\frac{3}{4}$ 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 7. EOC	

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

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 8 shows the areas reviewed for this topic.

Noncompliant	Areas Reviewed
	There is a local medical emergency management plan for this CBOC.
	The staff articulated 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 articulated the procedural steps of the MH emergency plan.
Table 8. Emergency Management	

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

²⁰ VHA Handbook 1006.1.

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 Yale CBOC to evaluate the effectiveness of VHA oversight and administration for selected contract provisions relating to quality of care and payment of services. VHA provides MH services via tele-mental health at the Yale CBOC. 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 visit, and (5) interviews with VHA and contractor staff. Our review focused on documents and records for 3rd Quarter, FY 2011. Table 9 shows the areas reviewed for this topic.

Noncompliant	Areas Reviewed
	(1) Contract provisions relating to payment and quality of care:
Yale	a. Requirements for payment.
	b. Rate and frequency of payment.
Yale	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.
Yale	(3) Invoice validation process.
	(4) The Contracting Officer's Technical Representative designation and training.
	(5) Contractor oversight provided by the Contracting Officer's Technical Representative
	(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 9. Review of Primary Care and MH Contract Compliance	

VISN 11, John D. Dingell VAMC – Yale

Requirements for Payment. The contract does not have a minimum qualifying visit requirement to receive the capitation rate payment. Having a minimum qualifying visit

of at least one comprehensive examination per year by their PCP would preclude payment of an annual amount for a patient who just visited once for a flu shot. VHA could save at this clinic approximately \$3,000 quarterly with annualized savings of about \$12,000 by including the requirement for a minimum qualifying visit.

Invoice Format. The invoices for payment are not in the format described in the contract, which requires at a minimum, a description, quantity, unit of measure, unit price, and extended price of the items delivered. Additionally, the contract requires that invoices contain supporting data for the following three categories: (1) all enrolled patients who were on the previous month's invoice, (2) new patients enrolled since previous month's invoice, and (3) disenrolled patients since previous month's invoice. This format enables a more efficient invoice validation and can serve as a monthly reconciliation. The invoice submitted by the contractor only included a description of services and total amount (extended price).

Invoice Validation. The facility uses a manual invoice validation process that does not ensure that the list of patients invoiced met the requirements for payment. The facility reviews the list of patients removed from the previous month who are now inactive due to death or have transferred to a new facility; however, no validation is done for the majority of patients on the invoice. Overpayments were made of about \$700 during the 3-month review period due to duplicate patients submitted on the bill. VHA identified the duplicate issue prior to our site visit and now check for duplicates; however, additional improvements that rely on VA data to determine the billable roster would help to improve the accuracy of the validation process.

Recommendation 11. We recommended that the Facility Director considers adding a minimum qualifying requirement to the annual visit for future primary care contracts in order to more efficiently use VA resources.

Recommendation 12. We recommended that the Facility Director ensure that the provisions of the contract are enforced, and specifically requiring the described invoice format.

Recommendation 13. We recommended that the Facility Director determines the total amount of overpayments to the contractor during the contract period and, with the assistance of Regional Counsel, assess the collectability of the overpayment.

Recommendation 14. We recommended that the Facility Director considers strengthening the invoice validation process by relying on VA data to prepare the billable roster that provides adequate assurance that the correct invoice amount is paid.

HF Follow-Up Results

Areas Reviewed			
CBOC Processes			
Guidance	Facility	Yes	No
The CBOC monitors HF readmission rates.	John D. Dingell VAMC		
	Yale		X
	Tomah VAMC		
	La Crosse		X
	Wausau		X
	Wisconsin Rapids		X
The CBOC has a process to identify enrolled patients that have been admitted to the parent facility with a HF diagnosis.	John D. Dingell VAMC		
	Yale		X
	Tomah VAMC		
	La Crosse		X
	Wausau		X
	Wisconsin Rapids		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.	John D. Dingell VAMC		
	Yale	1	1
	Tomah VAMC		
	La Crosse	*NA	NA
	Wausau	2	4
	Wisconsin Rapids	*NA	NA
A clinician documented a review of the patients' medications during the first follow-up primary care or cardiology visit.	John D. Dingell VAMC		
	Yale	0	1
	Tomah VAMC		
	La Crosse	NA	NA
	Wausau	1	3
	Wisconsin Rapids	NA	NA
A clinician documented a review of the patients' weights during the first follow-up primary care or cardiology visit.	John D. Dingell VAMC		
	Yale	0	1
	Tomah VAMC		
	La Crosse	NA	NA
	Wausau	0	3
	Wisconsin Rapids	NA	NA

HF Follow-Up Results

Medical Record Review Results (continued)			
<i>Guidance</i>	<i>Facility</i>	<i>Numerator</i>	<i>Denominator</i>
A clinician documented a review of the patients' restricted sodium diet during the first follow-up primary care or cardiology visit.	John D. Dingell VAMC		
	Yale	0	1
	Tomah VAMC		
	La Crosse	NA	NA
	Wausau	0	3
	Wisconsin Rapids	NA	NA
A clinician documented a review of the patients' fluid intakes during the first follow-up primary care or cardiology visit.	John D. Dingell VAMC		
	Yale	0	1
	Tomah VAMC		
	La Crosse	NA	NA
	Wausau	0	3
	Wisconsin Rapids	NA	NA
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 their providers.	John D. Dingell VAMC		
	Yale	0	1
	Tomah VAMC		
	La Crosse	NA	NA
	Wausau	0	3
	Wisconsin Rapids	NA	NA

*There were no patients at the La Crosse and Wisconsin Rapids CBOCs that met the criteria for this informational topic review.

VISN 11 Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: May 22, 2012

From: Director, Veterans In Partnership 11 (10N11)

Subject: **CBOC Review: Yale, MI**

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

Per your request, attached is the response from Detroit VAMC. If you have any questions, please contact Kelley Sermak, VISN 11 QMO, at (734) 222-4302.



Michael S. Finegan

John D. Dingell VAMC Director Comments

Department of
Veterans Affairs

Memorandum

Date: May 24, 2012
From: Director, John D. Dingell VAMC (553/00)
Subject: **CBOC Reviews: Yale, MI**
To: Director, Veterans In Partnership 11 (10N11)

Per your request, attached is the response from Detroit. If you have any questions, please contact Susan Muscat, Chief of Quality Management, at 313-576-4398.



Pamela Reeves, M.D.

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 Yale CBOC clinical managers establish patient referral guidelines based on foot risk factors in accordance with VHA policy.

Concur:

Target date for completion: Closed

The diabetic foot exam clinical reminder was modified on April 27, 2012, to include the required elements (diabetic foot care education, PACT risk level, and foot risk factors). The reminder is active as of April 29, 2012. The reminder is active for Detroit VAMC and affiliated CBOCs (Pontiac and Yale). This is a hardwire fix to our CPRS template, it cannot be bypassed, prompting a 100% completion rate.

Recommendation 2. We recommended that the Yale CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.

Concur:

Target date for completion: Closed

The diabetic foot exam clinical reminder was modified on April 27, 2012, to include the required elements (diabetic foot care education, PACT risk level, and foot risk factors). The reminder is active as of April 29, 2012. The reminder is active for Detroit VAMC and affiliated CBOCs (Pontiac and Yale). This is a hardwire fix to our CPRS template, it cannot be bypassed, prompting a 100% completion rate.

Recommendation 3. We recommended that the Yale CBOC clinicians document education of foot care to diabetic patients in CPRS.

Concur:

Target date for completion: Closed

The diabetic foot exam clinical reminder was modified on April 27, 2012, to include the required elements (diabetic foot care education, PACT risk level, and foot risk factors). The reminder is active as of April 29, 2012. The reminder is active for Detroit VAMC and affiliated CBOCs (Pontiac and Yale). This is a hardwire fix to our CPRS template, it cannot be bypassed, prompting a 100% completion rate.

Recommendation 8. We recommended that the PSB grants privileges consistent with the services provided at the Yale CBOC.

Concur:

Target date for completion: June 29, 2012

The clinical privileges forms for primary care providers (physicians, NPs, and PAs) were modified to include core privileges and procedures with site-specific settings. The forms were completed on May 21, 2012, and will be presented to PSB on June 11, 2012.

Recommendation 11. We recommended that the Facility Director considers adding a minimum qualifying requirement to the annual visit for future primary care contracts in order to more efficiently use VA resources.

Concur:

Target date for completion: Closed

An annual qualifying vesting visit will be required annually. This requirement will be added to the Yale CBOC contract on May 17, 2012, during the VISN contract meeting. This contract modification will be carried out by the primary care administrative officer, and the quality management coordinator.

Recommendation 12. We recommended that the Facility Director ensure that the provisions of the contract are enforced, and specifically requiring the described invoice format.

Concur:

Target date for completion: Closed

Yale CBOC invoice will include required elements (active enrollees, dis-enrollees, and current census). The invoice will be validated by the Yale CBOC coordinator, and then signed and approved by the Port Huron Hospital Financial Office. The approved document will be submitted to Detroit VAMC as a formal invoice. This process was finalized in April 2012, and will be active for the May 2012 invoice statement.

Recommendation 13. We recommended that the Facility Director determines the total amount of overpayments to the contractor during the contract period and, with the assistance of Regional Counsel, assess the collectability of the overpayment.

Concur:

Target date for completion: August 2012

Due to a manual validation process, the OIG discovered overpayments during the 2nd quarter FY 2011. A bill of collections was placed for overpayment during the

2nd quarter FY 2011, this bill was paid by Port Huron Hospital on March 3, 2012. Thus correcting the overpayment. Due to this finding the COTR was prompted to review the contract terms payment schedule to investigate overpayment occurrences. The monthly statements and list of uniques will be reviewed for similar occurrences for the FY 2011 and FY 2012 contract term, and bills of collection will be placed if overpayment is detected. This will be completed by July 2012.

Recommendation 14. We recommended that the Facility Director considers strengthening the invoice validation process by relying on V A data to prepare the billable roster that provides adequate assurance that the correct invoice amount is paid.

Concur:

Target date for completion: Closed

Yale CBOC COTR acquires Yale CBOC patients list from the Yale CBOC Coordinator. A second list is acquired from the VA PCMM coordinator for the active Yale CBOC patients. The two lists are compared electronically for validity and verification of payment. The process was implemented for the April 2012 invoice. Due to the inability of PCMM to verify qualifying visits, Detroit VAMC managers will investigate the use of VISTA routines to validate data. Managers will contact other VAMC managers to inquire how this process is utilized and can be implemented at the Detroit VAMC. The intent is to ensure we are receiving full payment of qualifying visits to maintain actively enrolled uniques at the Yale CBOC.

VISN 12 Director Comments

Department of
Veterans Affairs

Memorandum

Date: May 14, 2012

From: Director, Veterans Great Lakes Health Care System 12 (10N12)

Subject: **CBOC Reviews: La Crosse, Wausau, and Wisconsin Rapids, WI**

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

Thank you for the opportunity to review the draft report on the Healthcare Inspection-Outpatient Clinic Reviews: La Crosse, Wausau, and Wisconsin Rapids. I have reviewed the document and concur with the recommendations.

Corrective action plans have been established with planned completion dates, as detailed in the attached report. If additional information is needed please contact the Tomah VAMC Director's office at 608-372-1777.



For and in the absence of:
Jeffrey A. Murawsky, M.D.

Tomah VAMC Director Comments

Department of
Veterans Affairs

Memorandum

Date: May 14, 2012

From: Director, Tomah VAMC (676/00)

Subject: **CBOC Reviews: La Crosse, Wausau, and Wisconsin Rapids, WI**

To: Director, Veterans Great Lakes Health Care System 12 (10N12)

Thank you for the opportunity to review the draft report on the Healthcare Inspection-Outpatient Clinic Reviews: La Crosse, Wausau, and Wisconsin Rapids. I have reviewed the document and concur with the recommendations.

Corrective action plans have been established with planned completion dates, as detailed in the attached report. If additional information is needed, please contact my office at 608-372-1777.



Mario V. DeSanctis, FACHE

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 at the La Crosse, Wausau, and Wisconsin Rapids CBOCs document a risk level for diabetic patients in CPRS in accordance with VHA policy.

Concur:

Target date for completion: September 28, 2012

A System Redesign team has been chartered to address risk level documentation deficiencies identified with the care of diabetic patients, in accordance with the Veterans Healthcare Administration (VHA) Preventing Amputation in Veteran Everywhere (PAVE) Directive. The team has completed flow maps to identify the future state process and revisions have been made to the clinical reminder. The new process to assess and document the risk level for diabetic patients is currently implemented in a pilot phase. The outcome measure is 90% of all diabetic patients presenting to the outpatient clinic will have a documented risk level in the electronic medical record. Data is being collected on a monthly basis until the target is achieved and sustained. Results will be reported monthly to the facility Patient Safety/Regulatory Compliance Committee (PS/RCC) beginning June 2012. When the target has been met for three consecutive months, reporting to the Patient Safety/Regulatory Compliance Committee will be decreased to quarterly.

Recommendation 5. We recommended that the clinicians at the La Crosse, Wausau, and Wisconsin Rapids CBOCs document education of foot care to diabetic patients in CPRS.

Concur:

Target date for completion: September 28, 2012

A System Redesign team has been chartered to address education of foot care documentation deficiencies identified with the care of diabetic patients in Computerized Patient Record System (CPRS). The team has completed flow maps to identify the future state process and revisions have been made to the clinical reminder. The new process to document foot care to diabetic patients is currently implemented in a pilot phase. The outcome measure is 90% of all diabetic patients presenting to the outpatient clinic will have a documented education of foot care in the electronic medical record. Data is being collected on a monthly basis until the target is achieved and sustained. Results will be reported monthly to the facility Patient Safety/Regulatory Compliance Committee (PS/RCC) beginning June 2012. When the target is met for

three consecutive months, reporting to the Patient Safety/Regulatory Compliance Committee will be decreased to quarterly.

Recommendation 6. We recommended that the clinicians at the La Crosse and Wausau CBOCs document a complete foot screening for diabetic patients in CPRS.

Concur:

Target date for completion: September 28, 2012

A System Redesign team has been chartered to address complete foot screening documentation deficiencies identified with the care of diabetic patients in CPRS. The team has completed flow maps to identify the future state process and revisions have been made to the clinical reminder. The new process to document a complete foot screening for diabetic patients is currently implemented in a pilot phase. The outcome measure is 90% of all diabetic patients presenting to the outpatient clinic will have a documented foot screening in the electronic medical record. Data is being collected on a monthly basis until the target is achieved and sustained. Results will be reported monthly to the facility Patient Safety/Regulatory Compliance Committee (PS/RCC) beginning June 2012.

Recommendation 7. We recommended that the Wausau CBOC clinical managers establish a process to ensure that patients with normal mammogram results are notified of results within the allotted timeframe and that notification is documented in the medical record.

Concur:

Target date for completion: September 28, 2012

Effective May 1, 2012, the contract for mammography services ended. Tomah has assumed all mammography services through negotiated agreements with local facilities. A detailed tracking process was started that will assure that all mammography results will be tracked, and available to the providers in a timely manner, with notification documentation in the medical record. A standard operating procedure has been developed that outlines the process. The Consult Tracking Clerk will maintain a spreadsheet of all patients referred for mammogram. After the mammogram is completed, documentation is to be sent back to the Consult Clerk at Tomah VAMC within 7-10 days. The Consult Clerk will scan the results into CPRS and enter a progress note titled "Outside Medical Records Fee Basis" identifying the ordering provider/ Primary Care Provider (PCP) and the team nurse as an additional signer. A process for tracking patient notification of mammography results is being developed, with a target date of June 11, 2012. Data will be collected monthly and reported to the Medical Staff Executive Committee, with the Women's Health Report. The outcome measure will be all mammography results are communicated to the Veteran within the established time frame. Recommended that when the target is met for three consecutive months, reporting is decreased to quarterly.

Recommendation 9. We recommended that the PSB grants privileges that are consistent with the services provided at the La Crosse, Wausau, and Wisconsin Rapids CBOCs.

Concur:

Target date for completion: Closed

The Medical Staff Executive Committee (MSEC) approved a revised C&P form. Approval of the revised form is reflected in the May 2, 2012, MSEC minutes. Effective on May 7, 2012, information packets with the newly revised form was sent to new providers and providers for reprivileging. The revised C&P form has been instituted for physicians and psychologists.

Recommendation 10. We recommended that the PSB approves scopes of practice consistent with the services provided at the La Crosse, Wausau, and Wisconsin Rapids CBOCs.

Concur:

Target date for completion: September 28, 2012

Medicine Services and Mental Health Services will review and revise current forms for scopes of practice with the goal of approval by Medical Staff Executive Committee by July 18, 2012. Once approved, revised scopes of practice will be implemented for all medicine service providers in the outpatient clinics.

OIG Contact and Staff Acknowledgments

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

Contributors Debra Boyd-Seale, RN
Judy Brown, Program Support Assistant
Shirley Carlile, BA
Lin Clegg, PhD
Sheila Cooley, RN
Marnette Dhooghe, MS
Wachita Haywood, RN
Zhana Johnson, CPA
David Persaud, RN
Laura Spottiswood, RN
Ann Ver Linden, RN

Report Distribution

VA Distribution

Office of the Secretary
Veterans Health Administration
Assistant Secretaries
General Counsel
Director, Veterans In Partnership 11 (10N11)
Director, John D. Dingell VAMC (553/00)
Director, Veterans Great Lakes Health Care System 12 (10N12)
Director, Tomah VAMC (676/00)

Non-VA Distribution

House Committee on Veterans' Affairs
House Appropriations Subcommittee on Military Construction, Veterans Affairs, and
Related Agencies
House Committee on Oversight and Government Reform
Senate Committee on Veterans' Affairs
Senate Appropriations Subcommittee on Military Construction, Veterans Affairs, and
Related Agencies
Senate Committee on Homeland Security and Governmental Affairs
National Veterans Service Organizations
Government Accountability Office
Office of Management and Budget
U.S. Senate: Ron Johnson, Herb Kohl, Carl Levin, Debbie Stabenow
U.S. House of Representatives: Sean P. Duffy, Ron Kind, Candice S. Miller

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