Department of Veterans Affairs
Office of Inspector General

Combined Assessment Program Summary Report

Evaluation of Colorectal Cancer Screening and Follow-Up in Veterans Health Administration Facilities

Report No. 13-01741-215 **June 12, 2013**

VA Office of Inspector General
Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations:
Telephone: 1-800-488-8244
E-Mail: vaoighotline@va.gov
(Hotline Information: www.va.gov/oig/hotline)

Executive Summary

The VA Office of Inspector General Office of Healthcare Inspections completed an evaluation of colorectal cancer (CRC) screening and follow-up activities in Veterans Health Administration facilities. The purpose of the evaluation was to follow up on the Office of Inspector General's report *Healthcare Inspection – Colorectal Cancer Detection and Management in Veterans Health Administration Facilities* (Report No. 05-00784-76, February 2, 2006) and to assess the effectiveness of the Veterans Health Administration's CRC screening program.

Inspectors evaluated CRC screening, follow-up diagnostic testing, and patient results notification at 53 facilities during Combined Assessment Program reviews conducted from October 1, 2011, through September 30, 2012.

We identified four areas that needed improvement. We recommended that the Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility senior managers, ensures that clinicians:

- Communicate positive CRC screening test, diagnostic test, and biopsy results to patients within 14 days and document notification in the electronic health record.
- Document follow-up plans or document that no follow-up is warranted within 14 days of positive CRC screening results.
- Discuss diagnostic testing options with patients and ensure desired testing is performed within 60 days of the positive CRC screening results.
- Complete general or surgical evaluations within 30 days of positive CRC pathology.

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

TO: Under Secretary for Health (10)

SUBJECT: Combined Assessment Program Summary Report – Evaluation of Colorectal Cancer Screening and Follow-Up in Veterans Health Administration Facilities

Purpose

The VA Office of Inspector General (OIG) Office of Healthcare Inspections evaluated colorectal cancer (CRC) screening and follow-up activities in Veterans Health Administration (VHA) facilities. The purpose of the evaluation was to follow up on OIG's report *Healthcare Inspection – Colorectal Cancer Detection and Management in Veterans Health Administration Facilities* (Report No. 05-00784-76, February 2, 2006) and to assess the effectiveness of VHA's CRC screening program.

Background

In 2006, the OIG recommended that the Under Secretary for Health establish appropriate metrics to evaluate and improve timeliness of CRC diagnosis; implement prioritization processes to ensure high-priority patients receive diagnostic colonoscopies according to their clinical needs; and implement a consistent notification requirement for patients undergoing CRC testing, including timeliness and documentation. In response, VHA updated the CRC Information Letter. On January 12, 2007, VHA issued a CRC screening directive,[1] which included specific requirements for patient notification of CRC screening results, including timelines and documentation standards.

CRC is the third most common cancer and the second leading cause of cancer deaths in the United States. In 2010, the Centers for Disease Control and Prevention reported that more than 22 million Americans remain unscreened for CRC despite the availability of effective screening tests. CRC affects both men and women, and 93 percent of cases occur in people age 50 and older. Mortality from CRC can be reduced through early detection and treatment.

[1] VHA Directive 2007-004, *Colorectal Cancer Screening*, January 12, 2007 (corrected copy).

CRC screening is one of VHA's performance measures. The indicator measures the percent of patients receiving CRC screening according to defined testing intervals. Each month, a random sample of patient records from each medical facility is reviewed, and data are aggregated at the Veterans Integrated Service Network (VISN) and national levels.

VHA requires all eligible veterans at average or high risk[2] for CRC to be offered CRC screening. Unless the primary screening method is colonoscopy, any positive screening tests (including fecal occult blood tests (FOBTs), fecal immunochemical tests (FITs), sigmoidoscopy, and DNA stool tests) must be followed up with a full colonoscopy if not contraindicated.

Clinicians are required to inform patients of different options and may recommend one of the screening tests. However, patients have the option of rejecting the recommended method and choosing an alternative method or the option not to be screened. Patients (at any age) who present with signs or symptoms of CRC, polyps, or other gastrointestinal diseases must be immediately offered an appropriate diagnostic evaluation. (Screening does not apply in these cases.)

Scope and Methodology

Inspectors evaluated CRC screening and follow-up at 53 facilities during Combined Assessment Program (CAP) reviews conducted from October 1, 2011, through September 30, 2012. These facilities were a stratified random sample of all VHA facilities. The facilities reviewed represented a mix of size, affiliation, geographic location, and VISNs. We reviewed facility policies related to CRC screening, follow-up, and patient notification of test results and 1,036 electronic health records (EHRs) of patients who had CRC screening (634 FOBTs, 259 FITs, and 143 colonoscopies). Additionally, we conducted interviews with key personnel.

We generated an individual CAP report for each facility. For this report, we summarized the data collected from the individual facility CAP reviews. For each of the 53 facilities, we reviewed a sample of patients' EHRs. The patient sample within each facility was not a probability sample, and thus does not represent the entire patient population of that facility. Therefore, the summary results presented in this report are not generalizable to the entire VHA.

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

[2] Those with a family history of CRC in first-degree relatives and those with a personal history of adenomatous polyps or inflammatory bowel disease.

Inspection Results

Issue 1: CRC Screening Results Notification

VHA requires that all test results be communicated to patients no later than 14 calendar days from the date on which the results are available to the ordering practitioner.[3] Communication with patients can occur in person, by telephone, or in writing, and practitioners must document that the communication was received and understood. Positive screening results must be conveyed to the patient in writing or verbally within 14 calendar days from day of laboratory receipt.[4]

Of the 893 patients who had positive FOBT and FIT screening results, 63 EHRs (7 percent) contained no documented evidence that the patients were notified of their results. These cases were discussed with facility managers with the expectation that notification would occur. Of the remaining 830 patients who were notified, 107 EHRs (13 percent) did not contain documented evidence that the patients were notified of their positive results within 14 days.

We recommended that clinicians communicate positive CRC screening test results to patients within 14 days and document notification in the EHR.

Issue 2: Provider Follow-Up in Response to CRC Screening Results

VHA requires that for any positive screening test, the provider responsible for initiating follow-up must develop a follow-up plan or must document that no follow-up is indicated within 14 calendar days of the screening test.

For the 893 patients who had positive FOBT and FIT results, 126 EHRs (14 percent) did not contain documented evidence that providers developed a follow-up plan within 14 days or documented that no follow-up was warranted.

We recommended that clinicians document follow-up plans or document that no follow-up is warranted within 14 days of positive CRC screening results.

Issue 3: Diagnostic Testing and Results Notification

VHA requires that if a diagnostic colonoscopy is indicated, it must be performed within 60 calendar days of the positive screening test.[5] If the patient desires colonoscopy more than 60 calendar days after positive screening, this must be documented in the EHR, and the colonoscopy must be scheduled within 14 calendar days of the patient's requested date.

[3] VHA Directive 2009-019, *Ordering and Reporting Test Results,* March 24, 2009.
[4] VHA Directive 2007-004.
[5] VHA Directive 2007-004.

Of the 893 patients who had positive FOBT and FIT results, 323 (36 percent) did not receive further diagnostic testing. Patient refusal was the most frequently documented reason for lack of diagnostic testing.

For the 570 patients who had a diagnostic test initiated, 121 of the tests (21 percent) were not conducted within the required timeframe. Of the 121 tests performed outside the 60-day timeframe, 102 patients (18 percent) received testing at the VHA facility, and 19 patients received testing at a non-VHA/fee facility. In general, delays were not caused by extenuating factors such as patient date preferences and clearances from other services (such as cardiology). Rather, facilities did not schedule and complete the testing or arrange for timely completion of non-VHA/fee basis diagnostic testing.

VHA requires that initial findings of a colonoscopy be conveyed to the patient verbally at the time of testing.[6] If a biopsy is performed, the result must be conveyed to the patient in writing or verbally within 14 calendar days of the confirmed pathology. Written reports of verbally transmitted colonoscopy or biopsy test results must be sent to the patient within 14 calendar days of the colonoscopy or confirmed biopsy pathology.

Five of the 570 patients who had diagnostic testing initiated did not have the test fully completed because of medical issues or inadequate preparation. An additional five patients had testing completed in the private sector, and results and/or notifications were not documented in their EHRs. Of the remaining 560 patients, 124 (22 percent) either had no notification documented in their EHRs or were not notified within the required 14 days.

We reviewed the EHRs of 458 patients who had a biopsy during their diagnostic or screening colonoscopy. Of these, 120 EHRs (26 percent) did not contain documented evidence that the patients were notified of the biopsy results within 14 days of the confirmed pathology.

We recommended that clinicians discuss diagnostic testing options with patients and that desired testing is performed within 60 days of the positive CRC screening results. We also recommended that clinicians communicate diagnostic test and biopsy results to patients within 14 days and document notification in the EHR.

Issue 4: Follow-Up After Confirmed CRC

VHA requires that after CRC is discovered (e.g., positive pathology result), the patient should be seen in a general or CRC surgery clinic within 30 days.[7]

[6] VHA Directive 2007-004.
[7] VHA Directive 2007-004.

We reviewed the EHRs of 49 patients with confirmed CRC pathology results. Further general or CRC surgical evaluations were not performed timely for 11 (22 percent) patients.

We recommended that clinicians complete general or surgical evaluations within 30 days of positive CRC pathology.

Conclusions

Generally, VHA facilities had written procedures or guidelines for CRC management, including screening and follow-up. Facilities used educational materials to explain CRC screening and diagnostic tests. Facilities also offered classes for patients undergoing colonoscopy.

In our 2006 report, we noted that VHA had not established requirements related to documentation, patient notification, and diagnostic testing and patient evaluation timeliness. Although VHA has made significant progress, we identified improvement opportunities in these areas. We found that facilities did not consistently comply with VHA timeliness requirements for patient results notification, development of follow-up plans (or documentation that no follow-up is warranted), diagnostic testing, and general or surgical evaluation after positive CRC pathology.

Recommendations

Recommendation 1. We recommended that the Under Secretary for Health, in conjunction with VISN and facility senior managers, ensures that clinicians communicate positive CRC screening test, diagnostic test, and biopsy results to patients within 14 days and document notification in the EHR.

Recommendation 2. We recommended that the Under Secretary for Health, in conjunction with VISN and facility senior managers, ensures that clinicians document follow-up plans or document that no follow-up is warranted within 14 days of positive CRC screening results.

Recommendation 3. We recommended that the Under Secretary for Health, in conjunction with VISN and facility senior managers, ensures that clinicians discuss diagnostic testing options with patients and that desired testing is performed within 60 days of the positive CRC screening results.

Recommendation 4. We recommended that the Under Secretary for Health, in conjunction with VISN and facility senior managers, ensures that clinicians complete general or surgical evaluations within 30 days of positive CRC pathology.

Comments

The Under Secretary for Health concurred with the findings and recommendations. The implementation plan is acceptable, and we will follow up until all actions are completed.

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

Appendix A

Under Secretary for Health Comments

Department of Veterans Affairs **Memorandum**

Date: May 3, 2013

From: Under Secretary for Health (10)

Subject: **CAP Summary Report – Evaluation of CRC Screening and Follow-Up in VHA Facilities (2013-01741-HI-0398) (VAIQ 7348125)**

To: Assistant Inspector General for Healthcare Inspections (54)

1. I have reviewed the draft report and concur with the report's recommendations. Attached are corrective action plans.

2. Should you have additional questions, please contact Karen Rasmussen, M.D., Director, Management Review Service, at (202) 461-6643, or by e-mail at karen.rasmussen@va.gov.

Robert A. Petzel, M.D.

Attachment

VHA Action Plan

OIG, Draft Report, CAP Summary Report – Evaluation of CRC Screening and Follow-Up in VHA Facilities (VAIQ 7348125)

Date of Draft Report: March 18, 2013

Recommendations/ Actions	Status	Completion Date

Recommendation 1. We recommended that the Under Secretary for Health, in conjunction with VISN and facility senior managers, ensures that clinicians communicate positive CRC screening test, diagnostic test, and biopsy results to patients within 14 days and document notification in the EHR.

VHA Comments

Concur

VHA will develop and implement a series of educational sessions to key leaders and clinicians reinforcing expectations for patient tests result notification. FOBT result communication will be included in national monitoring of communication of test results.

In progress July 2013

Recommendation 2. We recommended that the Under Secretary for Health, in conjunction with VISN and facility senior managers, ensures that clinicians document follow-up plans or document that no follow-up is warranted within 14 days of positive CRC screening results.

VHA Comments

Concur

VHA will develop and implement a series of educational sessions to key leaders and clinicians reinforcing expectations for documentation of care required. A random audit of medical records will be conducted by Primary Care Operations (10NC3) to monitor compliance following these sessions. In addition, any revision of CRC screening policy will specify facility

responsibility to monitor the documentation and communication of the plan.

In progress July 2013

Recommendation 3. We recommended that the Under Secretary for Health, in conjunction with VISN and facility senior managers, ensures that clinicians discuss diagnostic testing options with patients and that desired testing is performed within 60 days of the positive CRC screening results.

VHA Comments

Concur

VHA will develop and implement a series of educational sessions to key leaders and clinicians reinforcing expectations that clinicians will counsel patient to proceed with diagnostic testing within a 60 day timeline of a positive CRC screening result.

In progress July 2013

Facilities will be provided with tools to assist in identifying and tracking Veterans with FOBT positive results and determining the proportion that undergo desired diagnostic testing within 60 days of that positive result.

In progress Dec 2013

VHA Patient Care Services will collaborate with Office of Informatics Analytics in the development of a quarterly report identifying those Veterans with a positive FOBT screening with those whom have undergone a colonoscopy within 60 days of a positive screen.

In progress Feb 2014

Recommendation 4. We recommended that the Under Secretary for Health, in conjunction with VISN and facility senior managers, ensures that clinicians complete general or surgical evaluations within 30 days of positive CRC pathology.

VHA Comments

Concur

The VHA acknowledges the importance of timely care and treatment of a Veteran with a biopsy proven diagnosis of CRC with the established CRC policy. This OIG report confirms the VHA's commitment in this regard,

identifying that 78 percent of patients identified with an established diagnosis of CRC through CRC screening were seen by a General Surgeon or CRC surgeon within 30 days of the biopsy. One hundred percent compliance is not expected, because any single Veteran may elect to receive a second opinion in or outside the VHA, or the clinical picture may dictate medical oncology rather than surgical care as the next most appropriate plan of treatment. The Assistant Deputy Under Secretary for Health for Operations and Management, Clinical Operations will issue a memorandum reinforcing the following: the VHA CRC policy emphasizing that timely care and treatment of the Veteran with a biopsy-proven diagnosis of CRC is a priority; and the VHA Ordering and Reporting Test Results policy requirement for documentation of treatment actions in response to a positive CRC biopsy result in the patient's electronic medical record.

In progress June 2013

Appendix B

OIG Contact and Staff Acknowledgments

OIG Contact	For more information about this report, please contact the OIG at (202) 461-4720
Contributors	Daisy Arugay, MT, Project Coordinator Annette Acosta, MN, RN Josephine Andrion, MHA, RN Margie Chapin, RT, JD Paula Chapman, CTRS Jennifer Christensen, DPM Darlene Conde-Nadeau, MSN, ARNP Dorothy Duncan, RN Donna Giroux, RN Wachita Haywood, RN Gayle Karamanos, MS, PA-C Frank Keslof, EMT, MHA Karen McGoff-Yost, MSW, LCSW Jeanne Martin, PharmD Cindy Niemack-Brown, CMSW, LMHP Melanie Oppat, MEd, LDN Larry Ross, Jr., MS Kathleen Shimoda, RN, BSN Laura Spottiswood, RN, MPH Susan Tostenrude, MS Ann Ver Linden, RN, MBA Cheryl Walker, ARNP, MBA Joanne Wasko, LCSW

Appendix C

Report Distribution

VA Distribution

Office of the Secretary
VHA
Assistant Secretaries
National Center for Patient Safety
Office of General Counsel
Office of the Medical Inspector
VISN Directors (1–23)

Non-VA Distribution

House Committee on Veterans' Affairs
House Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies
House Committee on Oversight and Government Reform
Senate Committee on Veterans' Affairs
Senate Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies
Senate Committee on Homeland Security and Governmental Affairs
National Veterans Service Organizations
Government Accountability Office
Office of Management and Budget

This report is available at www.va.gov/oig.