Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 13-00026-317

Community Based Outpatient Clinic Reviews at Fargo VA Health Care System Fargo, ND

September 16, 2013

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 to be consistent, safe, and of high quality, regardless of model (VA-staffed or contract). CBOCs are expected to comply with all relevant VA policies and procedures, including those related to quality, patient safety, and performance.

Glossary

C&P	credentialing and privileging
CBOC	community based outpatient clinic
CDC	Centers for Disease Control and Prevention
EHR	electronic health record
EOC	environment of care
FPPE	Focused Professional Practice Evaluation
FY	fiscal year
HCS	Health Care System
IT	information technology
MH	mental health
NC	noncompliant
NCP	National Center for Health Promotion and Disease Prevention
OIG	Office of Inspector General
OI&T	Office of Information & Technology
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WH	women's health

Table of Contents

	Page
Executive Summary	i
Objectives and Scope	1
Objectives	1
Scope and Methodology	1
CBOC Profiles	3
WH and Vaccination EHR Reviews – Results and Recommendations	4
WH	4
Vaccinations	5
Onsite Reviews – Results and Recommendations	7
CBOC Characteristics	7
C&P	8
EOC and Emergency Management	9
Appendixes	
A. VISN 23 Director Comments	12
B. Fargo VA HCS Director Comments	13
C. OIG Contact and Staff Acknowledgments	17
D. Report Distribution	18

Executive Summary

Purpose: We evaluated select activities to assess whether the CBOCs operated in a manner that provides veterans with consistent, safe, high-quality health care.

We conducted an onsite inspection of the CBOCs during the week of July 22, 2013.

The review covered the following topic areas:

- WH
- Vaccinations
- C&P
- EOC
- Emergency Management

For the WH and vaccinations topics, EHR reviews were performed for patients who were randomly selected from all CBOCs assigned to the respective parent facilities. The C&P, EOC, and emergency management onsite inspections were only conducted at the randomly selected CBOCs (see Table 1).

VISN	Facility	CBOC Name	Location
23	Fargo VA HCS	Bemidji	Bemidji, MN
		Fergus Falls	Fergus Falls, MN

Table 1. Sites Inspected

Review Results: We made recommendations in four review areas.

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

- Ensure that patients with normal cervical cancer screening results are notified of results within the required timeframe and that notification is documented in the EHR.
- Ensure that clinicians administer pneumococcal vaccines when indicated.
- Ensure that clinicians document all required tetanus vaccine administration elements and that compliance is monitored.
- Ensure that auditory privacy is maintained during the check-in process at the Bemidji and Fergus Falls CBOCs.
- Ensure that the Chief of OI&T implements required measures at the Bemidji and Fergus Falls CBOCs.

- Ensure that managers develop a local policy for MH emergencies that reflects the current risk, practice, and capability at the Bemidji CBOC.

Comments

The VISN and Facility Director concurred with our recommendations and provided acceptable improvement plans. (See Appendixes A and B, pages 12–16, for 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

- Evaluate whether CBOCs comply with selected VHA requirements regarding the provision of cervical cancer screening, results reporting, and WH liaisons.
- Evaluate whether CBOCs properly provided selected vaccinations to veterans according to CDC guidelines and VHA recommendations.
- Determine whether CBOC providers are appropriately credentialed and privileged in accordance with 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]

Scope and Methodology

Scope

We reviewed selected clinical and administrative activities to evaluate compliance with requirements related to patient care quality and the EOC. In performing the reviews, we assessed clinical and administrative records as well as completed onsite inspections at randomly selected sites. Additionally, we interviewed managers and employees. The review covered the following five activities:

- WH
- Vaccinations
- C&P
- EOC
- Emergency Management

Methodology

To evaluate the quality of care provided to veterans at CBOCs, we conducted EHR reviews for the WH and vaccinations topic areas. For WH, the EHR reviews consisted of a random sample of 50 women veterans (23–64 years of age). For vaccinations, the EHR reviews consisted of random samples of 75 veterans (all ages) and 75 additional veterans (65 and older), unless fewer patients were available, for the tetanus and

[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.

pneumococcal reviews, respectively. The study populations consisted of patients from all CBOCs assigned to the parent facility.[3]

The C&P, EOC, and emergency management onsite inspections were only conducted at the randomly selected CBOCs. Two CBOCs were randomly selected from the 56 sampled parent facilities, with sampling probabilities proportional to the numbers of CBOCs eligible to be inspected within each of the parent facilities.[4]

In this report, we make recommendations for improvement. Recommendations pertain to issues that are significant enough to be monitored by the OIG until corrective actions are implemented.

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

[3] Includes all CBOCs in operation before October 1, 2011.
[4] Includes 96 CBOCs in operation before October 1, 2011, that had 500 or more unique enrollees.

CBOC Profiles

To evaluate the quality of care provided to veterans at CBOCs, we designed reviews with an EHR component to capture data for patients enrolled at all of the CBOCs under the parent facility's oversight.[5] The table below provides information relative to each of the CBOCs under the oversight of the respective parent facility.

VISN	Parent Facility	CBOC Name	Locality[6]	Uniques FY 2012[7]	Visits FY 2012[7]	CBOC Size[8]
23	Fargo VA HCS	Bemidji (Bemidji, MN)	Rural	2,675	11,595	Mid-Size
		Bismarck (Bismarck, ND)	Urban	3,621	13,857	Mid-Size
		Fergus Falls (Fergus Falls, MN)	Rural	1,563	6,074	Mid-Size
		Grafton (Grafton, ND)	Rural	950	3,296	Small
		Grand Forks (Grand Forks, ND)	Rural	2,825	10,091	Mid-Size
		Minot (Minot, ND)	Rural	2,415	10,289	Mid-Size
		Williston (Williston, ND)	Rural	1,007	2,940	Small

Table 2. Profiles

[5] Includes all CBOCs in operation before October 1, 2011.
[6] http://vaww.pssg.med.va.gov/
[7] http://vssc.med.va.gov
[8] 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).

WH and Vaccination EHR Reviews Results and Recommendations

WH

Cervical cancer is the second most common cancer in women worldwide.[9] Each year, approximately 12,000 women in the United States are diagnosed with cervical cancer.[10] The first step of care is screening women for cervical cancer with the Papanicolaou test or "Pap" test. With timely screening, diagnosis, notification, and treatment, the cancer is highly preventable and associated with long survival and good quality of life.

VHA policy outlines specific requirements that must be met by facilities that provide services for women veterans.[11] We reviewed EHRs, meeting minutes and other relevant documents, and interviewed key WH employees. Table 3 shows the areas reviewed for this topic. The review element marked as NC needed improvement. Details regarding the finding follow the table.

NC	Areas Reviewed
	Cervical cancer screening results were entered into the patient's EHR.
	The ordering VHA provider or surrogate was notified of results within the defined timeframe.
X	Patients were notified of results within the defined timeframe.
	Each CBOC has an appointed WH Liaison.
	There is evidence that the CBOC has processes in place to ensure that WH care needs are addressed.

Table 3. WH

There were 22 patients who received a cervical cancer screening at the Fargo VA HCS's CBOCs.

Patient Notification of Normal Cervical Cancer Screening Results. VHA requires that normal cervical cancer screening results must be communicated to the patient in terms easily understood by a layperson within 14 days from the date of the pathology report becoming available. We reviewed 22 EHRs of patients who had normal cervical cancer screening results and determined that 3 patients were not notified within the required 14 days from the date the pathology report became available.

[9] World Health Organization, *Comprehensive Cervical Cancer Prevention and Control: A Healthier Future for Girls and Women*, Retrieved (4/25/2013): http://www.who.int/reproductivehealth/topics/cancers/en/index.html.
[10] U.S. Cancer Statistics Working Group, United States Cancer Statistics: 1999-2008 Incidence and Mortality Web-based report.
[11] VHA Handbook 1330.01, *Health Care Services for Women Veterans*, May 21, 2010.

Recommendation

1. We recommended that managers ensure that patients with normal cervical cancer screening results are notified of results within the required timeframe and that notification is documented in the EHR.

Vaccinations

The VHA NCP was established in 1995. The NCP establishes and monitors the clinical preventive services offered to veterans, which includes the administration of vaccines.[12] The NCP provides best practices guidance on the administration of vaccines for veterans. The CDC states that although vaccine-preventable disease levels are at or near record lows, many adults are under-immunized, missing opportunities to protect themselves against tetanus and pneumococcal diseases.

Adults should receive a tetanus vaccine every 10 years. At the age of 65, individuals who have never had a pneumococcal vaccination should receive one. For individuals 65 and older who have received a prior pneumococcal vaccination, one-time revaccination is recommended if they were vaccinated 5 or more years previously and were less than 65 years of age at the time of the first vaccination.

We reviewed documentation of selected vaccine administrations and interviewed key personnel. Table 4 shows the areas reviewed for this topic. The review elements marked as NC needed improvement. Details regarding the findings follow the table.

NC	Areas Reviewed
	Staff screened patients for the tetanus vaccination.
	Staff administered the tetanus vaccine when indicated.
	Staff screened patients for the pneumococcal vaccination.
X	Staff administered the pneumococcal vaccine when indicated.
X	Staff properly documented vaccine administration.
	Managers developed a prioritization plan for the potential occurrence of vaccine shortages.

Table 4. Vaccinations

Pneumococcal Vaccination Administration for Patients with Pre-Existing Conditions. The CDC recommends that at the age of 65, individuals who have never had a pneumococcal vaccination should receive one.[13] For individuals 65 and older who have received a prior pneumococcal vaccination, a one-time revaccination is recommended if they were vaccinated 5 or more years previously and were less than 65 years of age at the time of the first vaccination. We reviewed the EHRs of four patients with pre-existing conditions who received their first vaccine prior to the age of 65. We did not find documentation in any of the EHRs indicating that their second vaccination had been administered.

[12] VHA Handbook 1120.05, *Coordination and Development of Clinical Preventive Services*, October 13, 2009.
[13] Centers for Disease Control and Prevention, http://www.cdc.gov/vaccines/vpd-vac/.

Documentation of Tetanus Vaccination. Federal Law requires that documentation for administered vaccines include specific elements, such as the vaccine manufacturer and lot number of the vaccine used.[14] We reviewed the EHRs of 10 patients who received a tetanus vaccine administration at the parent facility or its associated CBOCs and did not find documentation of all the required information related to tetanus vaccine administration in 2 of the EHRs.

Recommendations

2. We recommended that managers ensure that clinicians administer pneumococcal vaccines when indicated.

3. We recommended that managers ensure that clinicians document all required tetanus vaccine administration elements and that compliance is monitored.

[14] Childhood Vaccine Injury Act of 1986 (PL 99 660) sub part C, November 16, 2010.

Onsite Reviews
Results and Recommendations

CBOC Characteristics

We formulated a list of CBOC characteristics that includes identifiers and descriptive information for the randomly selected CBOCs (see Table 5).

	Bemidji	Fergus Falls
VISN	23	23
Parent Facility	Fargo VA HCS	Fargo VA HCS
Types of Providers	Licensed Clinical Social Worker Nurse Practitioner Pharmacist Physician Assistant	Licensed Clinical Social Worker Nurse Practitioner Physician Assistant
Number of MH Uniques, FY 2012	346	247
Number of MH Visits, FY 2012	2,222	1,211
MH Services Onsite	Yes	Yes
Specialty Care Services Onsite	None	None
Ancillary Services Provided Onsite	Electrocardiogram Laboratory	Electrocardiogram Laboratory
Tele-Health Services	Endocrinology MH MOVE[15] Neurology Rheumatology	Endocrinology MH MOVE Neurology Primary Care Rheumatology

Table 5. Characteristics

[15] VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.

C&P

We reviewed C&P folders, scopes of practice, meeting minutes, and VetPro information and interviewed senior managers to determine whether facilities had consistent processes to ensure that providers complied with applicable requirements as defined by VHA policy.[16] Table 6 shows the areas reviewed for this topic.

NC	Areas Reviewed
	Each provider's license was unrestricted.
New Provider	
	Efforts were made to obtain verification of clinical privileges currently or most recently held at other institutions.
	FPPE was initiated.
	Timeframe for the FPPE was clearly documented.
	The FPPE outlined the criteria monitored.
	The FPPE was implemented on first clinical start day.
	The FPPE results were reported to the medical staff's Executive Committee.
Additional New Privilege	
	Prior to the start of a new privilege, criteria for the FPPE were developed.
	There was evidence that the provider was educated about FPPE prior to its initiation.
	FPPE results were reported to the medical staff's Executive Committee.
FPPE for Performance	
	The FPPE included criteria developed for evaluation of the practitioners when issues affecting the provision of safe, high-quality care were identified.
	A timeframe for the FPPE was clearly documented.
	There was evidence that the provider was educated about FPPE prior to its initiation.
	FPPE results were reported to the medical staff's Executive Committee.
Privileges and Scopes of Practice	
	The Service Chief, Credentialing Board, and/or medical staff's Executive Committee list documents reviewed and the rationale for conclusions reached for granting licensed independent practitioner privileges.
	Privileges granted to providers were setting, service, and provider specific.

[16] VHA Handbook 1100.19.

NC	Areas Reviewed (continued)
	The determination to continue current privileges was based in part on results of Ongoing Professional Practice Evaluation activities.

Table 6. C&P

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

EOC and Emergency Management

EOC

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. We reviewed relevant documents and interviewed key employees and managers. Table 7 shows the areas reviewed for this topic. The CBOC identified as NC needed improvement. Details regarding the findings follow the table.

NC	Areas Reviewed
	The CBOC was Americans with Disabilities Act-compliant, including: parking, ramps, door widths, door hardware, restrooms, and counters.
	The CBOC was well maintained (e.g., ceiling tiles clean and in good repair, walls without holes, etc.).
	The CBOC was clean (walls, floors, and equipment are clean).
	Material safety data sheets were readily available to staff.
	The patient care area was safe.
	Access to fire alarms and fire extinguishers was unobstructed.
	Fire extinguishers were visually inspected monthly.
	Exit signs were visible from any direction.
	There was evidence of fire drills occurring at least annually.
	Fire extinguishers were easily identifiable.
	There was evidence of an annual fire and safety inspection.
	There was an alarm system or panic button installed in high-risk areas as identified by the vulnerability risk assessment.
	The CBOC had a process to identify expired medications.
	Medications were secured from unauthorized access.
Bemidji Fergus Falls	Privacy was maintained.
	Patients' personally identifiable information was secured and protected.
	Laboratory specimens were transported securely to prevent unauthorized access.
	Staff used two patient identifiers for blood drawing procedures.

NC	Areas Reviewed (continued)
Bemidji Fergus Falls	IT security rules were adhered to.
	There was alcohol hand wash or a soap dispenser and sink available in each examination room.
	Sharps containers were less than 3/4 full.
	Safety needle devices were available for staff use (e.g., lancets, injection needles, phlebotomy needles).
	The CBOC was included in facility-wide EOC activities.

Table 7. EOC

Auditory Privacy. Auditory privacy was inadequate for patients during the check-in process at the Bemidji and Fergus Falls CBOCs. Patients communicated with staff at open counters located in the waiting areas. The check-in stations permitted two clerks to simultaneously assist patients. Patients are asked to provide personal information including their name, date of birth, and last four of their social security number. Communication between the patients and clerks could be easily heard by other patients and visitors.

IT Security. According to VA, this locked location must contain equipment or information critical to the information infrastructure.[17] Also, an access log must be maintained that includes name and organization of the person visiting, signature of the visitor, form of identification, date of access, time of entry and departure, purpose of visit, and name and organization of person visited. Lack of oversight for IT space access and sharing of allocated IT space could lead to potential loss of secure information. All staff had unrestricted access to the key to the Bemidji CBOC IT closet. We inspected this IT closet and found other supplies (such as excess chairs) stored in the closet. Additionally, access logs to the IT closets were not maintained at the Bemidji and Fergus Falls CBOCs.

Recommendations

4. We recommended that auditory privacy is maintained during the check-in process at the Bemidji and Fergus Falls CBOCs.

5. We recommended that the Chief of OI&T implements required measures at the Bemidji and Fergus Falls CBOCs.

Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical and MH emergencies are handled.[18] Table 8 shows the areas reviewed for this topic. The CBOC identified as NC needed improvement. Details regarding the finding follow the table.

[17] VA Handbook 6500, *Information Security Program*, September 18, 2007.
[18] VHA Handbook 1006.1.

NC	Areas Reviewed
	There was a local medical emergency management plan for this CBOC.
	The staff articulated the procedural steps of the medical emergency plan.
	The CBOC had an automated external defibrillator onsite for cardiac emergencies.
	There was a local MH emergency management plan for this CBOC.
Bemidji	The staff articulated the procedural steps of the MH emergency plan.

Table 8. Emergency Management

Local SOP. At the Bemidji CBOC, staff reported leaving exam room doors open and the use of police standby for potentially disruptive patients as part of their MH emergency plan however; local policy does not include these steps.

Recommendation

6. We recommended that managers develop a local policy for MH emergencies that reflects the current risk, practice, and capability at the Bemidji CBOC.

VISN 23 Director Comments

Department of Veterans Affairs **Memorandum**

Date: August 29, 2013

From: Director, VISN 23 (10N23)

Subject: **CBOC Reviews at Fargo VA HCS**

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

Acting Director, Management Review Service (VHA 10AR MRS OIG CAP CBOC)

The purpose of this Memorandum is to submit the Director's comments to Office of Inspector General's Draft Report of CBOC Review of the Fargo VA Health Care System, Fargo, ND.

(original signed by)
Janet P. Murphy, MBA

Fargo VA HCS Director Comments

Department of Veterans Affairs **Memorandum**

Date: August 29, 2013

From: Director, Fargo VA HCS (437/00)

Subject: **CBOC Reviews at Fargo VA HCS**

To: Director, VISN 23 (10N23)

1. The purpose of this Memorandum is to submit the Director's comments to the Office of Inspector General's Draft Report of CBOC Review at the Fargo VA Health Care System, Fargo, ND.

2. If you have any questions or would like to discuss this response, please contact me at 701-239-3701.

(original signed by)
DALE P. DEKREY, MS
Acting Medical Center Director

Comments to OIG's Report

The following Director's comments are submitted in response to the recommendations in the OIG report:

OIG Recommendations

1. We recommended that managers ensure that patients with normal cervical cancer screening results are notified of results within the required timeframe and that notification is documented in the EHR.

Concur

Target date for completion: December 12, 2013

Facility Response: The process for timely (within 14 days) patient notification of cervical cancer screen results will be enhanced to include:

Implementation of a standardized "Women's Health Letter" to inform patients of cervical screening and mammogram results.

PACT teams have created a tracking tool that focuses on cervical cancer and mammogram results to ensure that results are communicated to the patients. This tool will be put in place for all CBOC's.

Monthly audits will be conducted to assess that the timeliness of cervical cancer screen results are getting to patients within the 14 day timeframe, with the expectation that 90% compliance is achieved for 3 consecutive months. Results will be reported to the Organizational Performance Council (OPC).

2. We recommended that managers ensure that clinicians administer pneumococcal vaccines when indicated.

Concur

Target date for completion: April 16, 2014

Facility Response: Develop and implement clinical reminder to reflect the current CDC recommendations for pneumovax vaccination and revaccination.

Monthly audits will be conducted to assess administration of vaccine when indicated, with the expectation that 90% compliance is achieved for 3 consecutive months. Results will be reported to the Organizational Performance Council (OPC).

3. We recommended that managers ensure that clinicians document all required tetanus vaccine administration elements and that compliance is monitored.

Concur

Target date for completion: November 15, 2013

Facility Response: Staff training will be conducted on the documentation requirements for the tetanus vaccine, to include the mandatory elements.

Monthly audits will be conducted to assess compliance of required documentation, with the expectation that 90% compliance is achieved for 3 consecutive months. Results will be reported to the Organizational Performance Council (OPC).

4. We recommended that auditory privacy is maintained during the check-in process at the Bemidji and Fergus Falls CBOCs.

Concur

Target date for completion: August 15, 2014

Facility Response: A remodel/construction project for Bemidji will add a third check in desk to the current reception area which will enhance patient privacy.

Due to the limited size of the Fergus Falls clinic, remodeling is not an option. Education will be conducted to make staff more aware of auditory privacy concerns and strategies to utilize to protect privacy.

5. We recommended that the Chief of OI&T implements required measures at the Bemidji and Fergus Falls CBOCs.

Concur

Target date for completion: December 15, 2013

Facility Response: A sign in log will be developed and will be placed inside the IT closets at all CBOC facilities. IT policies for physical security control will be located inside each IT closet for reference.

Staff education will be conducted on the process of accessing IT closets.

Cameras will be utilized to monitor motion within the IT closets; IT will assess each camera unit for proper operation and will repair or replace units if not working properly.

A select and limited number of staff will be identified at both CBOC's who will have access to the IT keys per the guidelines.

The process will be monitored by way of quarterly on-site reviews, conducted by the IT staff; sign sheets will be reviewed to assess access by appropriate staff/visitors.

6. We recommended that managers develop a local policy for MH emergencies that reflects the current risk, practice, and capability at the Bemidji CBOC.

Concur

Target date for completion: December 16, 2013

Facility Response: Based on the police security risk assessment, plans are in place to install panic buttons in every patient room.

A Standard Operating Procedure (SOP) will be developed for Bemidji CBOC to address the current risk and response plan for MH emergencies.

100% of the MH emergencies will be reported and reviewed by the Disruptive Behavior Committee (DBC). Recommendations will be discussed with the Bemidji CBOC.

OIG Contact and Staff Acknowledgments

Contact	For more information about this report, please contact the OIG at (202) 461-4720.
Onsite Contributors	Susan Tostenrude, MS, Team Leader Sarah Lutter, RN, JD
Other Contributors	Shirley Carlile, BA Lin Clegg, PhD Marnette Dhooghe, MS Matt Frazier, MPH Marc Lainhart, BS Sami O'Neill, MA Jennifer Reed, RN, MSHI Victor Rhee, MHS Patrick Smith, M. Stat Marilyn Stones, BS Mary Toy, RN, MSN Jarvis Yu, MS

Report Distribution

VA Distribution

Office of the Secretary
Veterans Health Administration
Assistant Secretaries
General Counsel
Director, VISN 23 (10N23)
Director, Fargo VA HCS (437/00)

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: Al Franken, Heidi Heitkamp, John Hoeven, Amy Klobuchar
U.S. House of Representatives: Kevin Kramer, Collin C. Peterson

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