Department of Veterans Affairs
Office of Inspector General

| Office of Healthcare Inspections |

Report No. 13-04331-63

Community Based Outpatient Clinic and Primary Care Clinic Reviews at Boise VA Medical Center Boise, Idaho

February 13, 2014

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)

Glossary

AUD	alcohol use disorder
CBOC	community based outpatient clinic
DWHP	designated women's health provider
EHR	electronic health record
FY	fiscal year
MH	mental health
MI	motivational interviewing
MM	medication management
NIAAA	National Institute of Alcohol Abuse and Addiction
NM	not met
OIG	Office of Inspector General
PACT	Patient Aligned Care Teams
PCC	primary care clinic
RN	registered nurse
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WH	women's health

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Executive Summary

Review Purpose: The purpose of the review was to evaluate selected patient care activities to determine whether the community based outpatient clinics (CBOCs) and primary care clinics (PCCs) provide safe, consistent, and high-quality health care for our veterans. We conducted EHR reviews during the week of December 2, 2013, for the CBOCs and PCCs under the oversight of the Boise VA Medical Center and Veterans Integrated Service Network 20.

Review Results: We conducted three focused reviews and made no recommendations in the Designated Women's Health Provider Proficiency review. We made recommendations in the following two review areas:

Alcohol Use Disorder. Ensure that CBOC/PCC:

- Staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

- Staff provide education and counseling for patients with a positive alcohol screen and drinking levels above National Institute of Alcohol Abuse and Addiction limits.

- Staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.

- Staff document a plan to monitor the alcohol use of patients who decline referral to specialty care.

- RN Care Managers receive motivational interviewing and health coaching training within 12 months of appointment to the Patient Aligned Care Team.

Medication Management. Ensure that CBOC/PCC staff:

- Document that medication reconciliation was completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.

- Provide medication counseling/education that includes the fluoroquinolone.

- Document the evaluation of patient's level of understanding for the medication education.

Comments

The VISN and Facility Directors agreed with the CBOC and PCC review findings and recommendations and provided acceptable improvement plans. (See Appendixes C and D, pages 13-18, 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, Scope, and Methodology

Objectives

The CBOC and PCC reviews are an element of the OIG's efforts to ensure that our Nation's veterans receive high-quality VA health care services. As such, the CBOC and PCC reviews are recurring evaluations of selected primary care operations that focus on patient care quality. In general, our objectives are to:

- Determine whether CBOCs/PCCs are compliant with VHA requirements in the care of patients with AUD.

- Determine compliance with requirements for the clinical oversight and patient education of fluoroquinolones for outpatients.

- Evaluate if processes are in place for DWHPs to maintain proficiency in WH.

Scope

To evaluate for compliance with requirements related to patient care quality, we reviewed clinical and administrative records and discussed processes and validated findings with managers and employees. The review covered the following three activities:

- AUD

- MM

- DWHP Proficiency

The scope of this review is limited to the established objectives. Issues and concerns that come to our attention that are outside the scope of this standardized inspection will be reviewed and referred accordingly.

Methodology

Details of the targeted study populations for the AUD, MM, and DWHP Proficiency focused reviews are noted in Table 1.

Table 1. CBOC/PCC Focused Reviews and Study Populations

Review Topic	Study Population
AUD	All CBOC and PCC patients screened within the study period of July 1, 2012, through June 30, 2013, and who had a positive AUDIT-C score[a] and all providers and RN Care Managers assigned to PACT prior to October 1, 2012.
MM	All outpatients with an original prescription ordered for one of the three selected fluoroquinolones from July 1, 2012, through June 30, 2013.
DWHP Proficiencies	All WH PCPs designated as DWHPs as of October 1, 2012, and who remained as DWHPs until September 30, 2013.

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.

The review was done in accordance with OIG standard operating procedures for CBOC and PCC reviews.

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[a] The AUDIT-C is a brief alcohol screen that reliably identifies patients who are hazardous drinkers or have active alcohol use disorders. Scores range from 0-12.

Results and Recommendations

AUD

The purpose of this review was to determine whether the facility's CBOCs and PCC complied with selected alcohol use screening and treatment requirements.[1]

We reviewed relevant documents. We also reviewed 38 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 2. AUD

NM	Areas Reviewed	Findings
	Alcohol use screenings are completed during new patient encounters, and at least annually.	
X	Diagnostic assessments are completed for patients with a positive alcohol screen.	Staff did not complete diagnostic assessments for 8 of 38 (21 percent) patients who had positive alcohol use screens.
X	Education and counseling about drinking levels and adverse consequences of heavy drinking are provided for patients with positive alcohol screens and drinking levels above NIAAA guidelines.	Staff did not provide education and counseling for 6 of 24 patients who had positive alcohol use screens and drinking levels above NIAAA guidelines.
X	Documentation reflects the offer of further treatment for patients diagnosed with alcohol dependence.	We did not find documentation of the offer of further treatment for 3 of 7 patients diagnosed with alcohol dependence.
X	For patients with AUD who decline referral to specialty care, CBOC/PCC staff monitored them and their alcohol use.	CBOC/PCC staff did not monitor the alcohol use of two of three patients who declined referral to specialty care.
	Counseling, education, and brief treatments for AUD are provided within 2 weeks of positive screening.	
X	CBOC/PCC RN Care Managers have received MI training within 12 months of appointment to PACT.	We found that 6 of 25 RN Care Managers did not receive MI training within 12 months of appointment to PACT.
X	CBOC/PCC RN Care Managers have received National Center for Health Promotion and Disease Prevention approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.	We found that 12 of 25 RN Care Managers did not receive health coaching training within 12 months of appointment to PACT.

NM	Areas Reviewed (continued)	Findings
	The facility complied with any additional elements required by VHA or local policy.	

1. We recommended that CBOC/PCC staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

2. We recommended that CBOC/PCC staff provide education and counseling for patients with a positive alcohol screen and drinking levels above NIAAA limits.

3. We recommended that CBOC/PCC staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.

4. We recommended that CBOC/PCC staff document a plan to monitor the alcohol use of patients who decline referral to specialty care.

5. We recommended that CBOC/PCC RN Care Managers receive MI interviewing and health coaching training within 12 months of appointment to PACT.

MM

Clinical Oversight and Patient Education: Fluoroquinolones

The purpose of this review was to determine whether appropriate clinical oversight and education were provided to outpatients prescribed oral fluoroquinolone antibiotics.[2]

We reviewed relevant documents. We also reviewed 38 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 3. Fluoroquinolones

NM	Areas Reviewed	Findings
X	Clinicians documented the medication reconciliation process that included the fluoroquinolone.	We did not find documentation that medication reconciliation included the newly prescribed fluoroquinolones in 13 of 38 (34 percent) patient EHRs.
	Written information on the patient's prescribed medications was provided at the end of the outpatient encounter.	
X	Medication counseling/education for the fluoroquinolone was documented in the patients' EHRs.	We did not find documentation of medication counseling that included the fluoroquinolone in 10 of 38 (26 percent) patient EHRs.
X	Clinicians documented the evaluation of each patient's level of understanding for the education provided.	Clinicians did not document the level of understanding for 8 of 28 patients.
	The facility complied with local policy.	

6. We recommended that staff document that medication reconciliation was completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.

7. We recommended that staff provide medication counseling/education that includes the fluoroquinolone.

8. We recommended that staff document the evaluation of each patient's level of understanding for the medication education.

DWHP Proficiency

The purpose of this review was to determine whether the facility's CBOCs and PCCs complied with selected DWHP proficiency requirements.[3]

We reviewed the facility self-assessment, VHA and local policies, Primary Care Management Module data, and supporting documentation for DWHPs' proficiencies. The table below shows the areas reviewed for this topic. The facility generally met requirements. We made no recommendations.

Table 4. DWHP Proficiency

NM	Areas Reviewed	Findings
	CBOC and PCC DWHPs maintained proficiency requirements.	
	CBOC and PCC DWHPs were designated with the WH indicator in the Primary Care Management Model.	

CBOC Profiles

This review evaluates the quality of care provided to veterans at all of the CBOCs under the parent facility's oversight.[b] The table below provides information relative to each of the CBOCs.

Location	State	Station #	Locality[d]	CBOC Size[e]	Uniques[c]				Encounters[c]			
					MH[f]	PC[g]	Other[h]	All	MH[f]	PC[g]	Other[h]	All
Canyon County	ID	531GG	Urban	Mid-Size	673	3,520	2,005	3,860	5,100	9,328	4,922	19,350
Twin Falls	ID	531GE	Rural	Mid-Size	365	2,991	1,105	3,106	3,392	9,144	2,265	14,801

[b] Includes all CBOCs in operation before March 31, 2013.

[c] Unique patients and Total Encounters – Source: MedSAS outpatient files; completed outpatient appointments indicated by a valid stop code during the July 1, 2012, through June 30, 2013, timeframe at the specified CBOC.

[d] http://vaww.pssg.med.va.gov/PSSG/DVDC/FY2013_Q1_VAST.xlsx

[e] 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).

[f] Mental Health includes stop codes in the 500 series, excluding 531 and 563, in the primary position.

[g] Primary Care includes the stop code list in the primary position: 323 – Primary Care; 322 – Women's Clinic; 348 – Primary Care Group; 350 – Geriatric Primary Care; 531 – MH Primary Care Team-Individual; 563 – MH Primary care Team-Group; 170 – Home Based Primary Care (HBPC) Physician.

[h] All other non-Primary Care and non-MH stop codes in the primary position.

CBOC Services Provided

In addition to primary care integrated with WH and Mental Health care, the CBOCs provide various specialty care, ancillary, and tele-health services. The following table lists the services provided at each CBOC.[i]

CBOC	Specialty Care Services[j]	Ancillary Services[k]	Tele-Health Services[l]
Canyon County	Dermatology Podiatry	MOVE! Program[m] Diabetic Retinal Screening Sleep Medicine	Tele Primary Care
Twin Falls	Dermatology Podiatry	MOVE! Program Diabetic Retinal Screening Nutrition	Tele Primary Care

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[i] Source: MedSAS outpatient files; the denoted Specialty Care and Ancillary Services are limited to Primary Clinic Stops with a count ≥ 100 encounters during the July 1, 2012, through June 30, 2013, timeframe at the specified CBOC.

[j] Specialty Care Services refer to non-Primary Care and non-Mental Health services provided by a physician.

[k] Ancillary Services refer to non-Primary Care and non-Mental Health services that are not provided by a physician.

[l] Tele-Health Services refer to services provided under the VA Telehealth program (http://www.telehealth.va.gov/)

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

PACT Compass Metrics

FY 2013 Average 3rd Next Available in PC Clinics
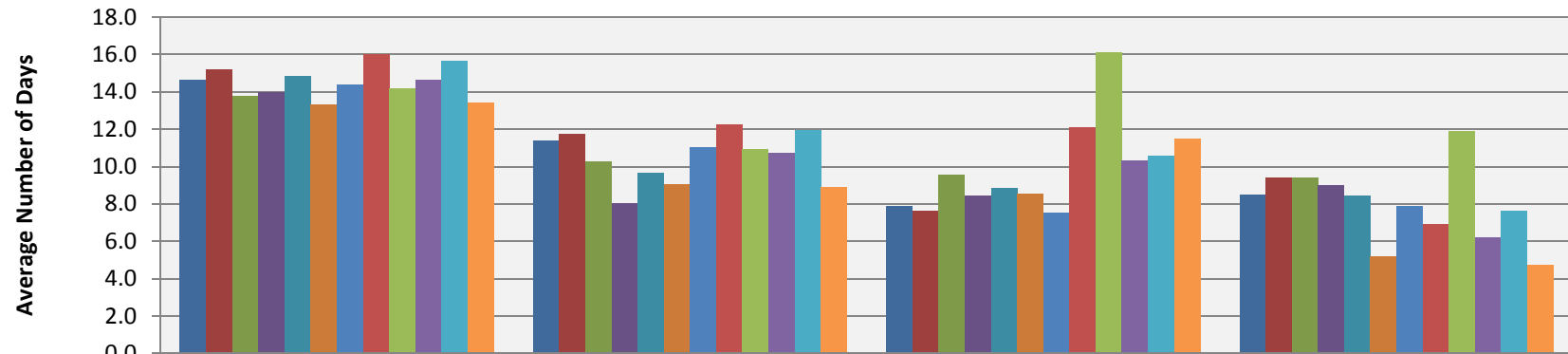
	VHA Total	Boise (531)	Twin Falls (531GE)	Canyon County (531GG)
OCT FY13	14.6	11.4	7.9	8.5
NOV FY13	15.2	11.8	7.6	9.4
DEC FY13	13.8	10.3	9.6	9.4
JAN FY13	14.0	8.0	8.5	9.0
FEB FY13	14.8	9.7	8.9	8.4
MAR FY13	13.3	9.1	8.5	5.2
APR FY13	14.4	11.0	7.5	7.9
MAY FY13	16.0	12.2	12.1	6.9
JUN FY13	14.2	10.9	16.1	11.9
JUL FY13	14.6	10.7	10.3	6.2
AUG FY13	15.7	12.0	10.6	7.6
SEP FY13	13.4	8.9	11.5	4.7

Data Definition.[4] The average waiting time in days until the next third open appointment slot for completed primary care appointments in stop code 350. Completed appointments in stop code 350 for this metric include completed appointments where a 350 stop code is in the primary position on the appointment or one of the telephone stop codes is in the primary position, and 350 stop code is in the secondary position. The data is averaged from the national to the division level.

FY 2013 Established PC Prospective Wait Times 7 Days
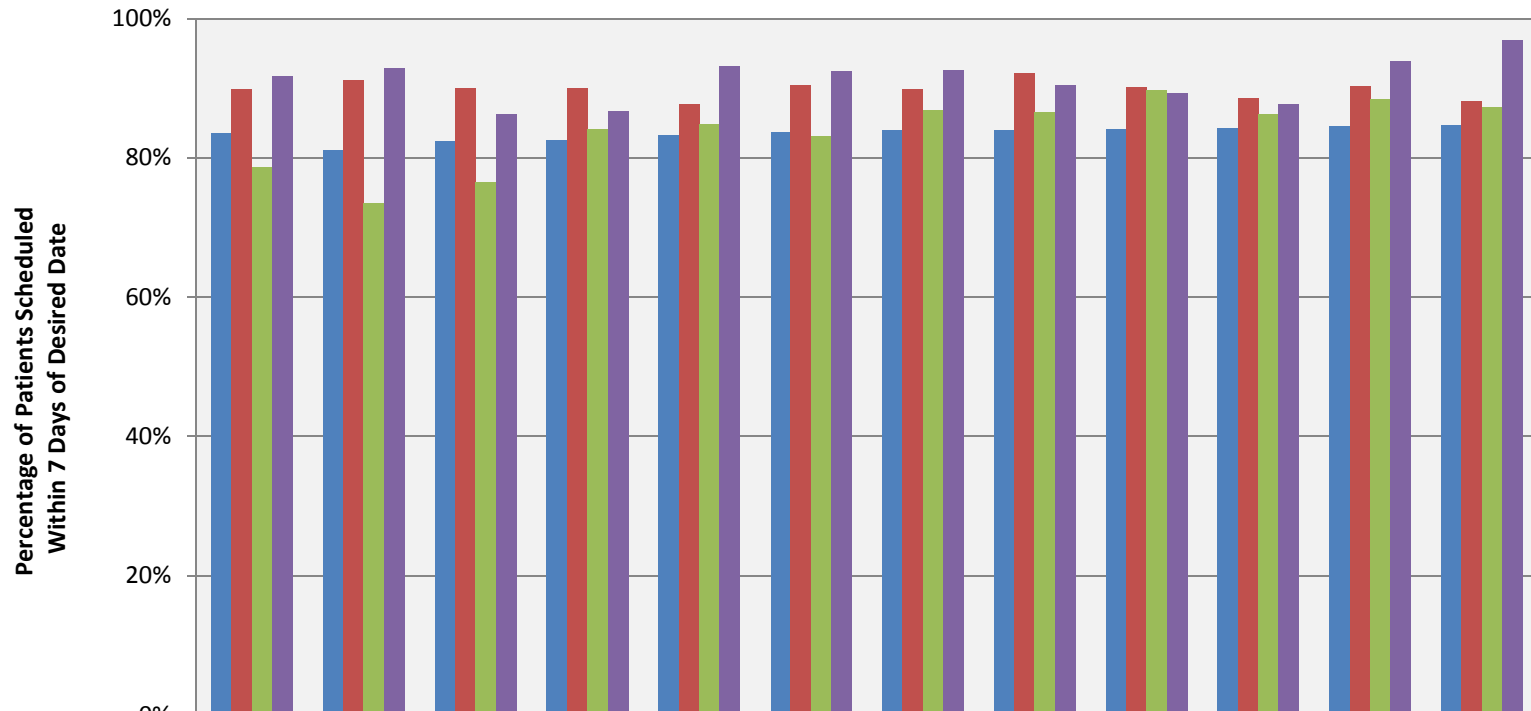
Percentage of Patients Scheduled Within 7 Days of Desired Date

	OCT FY13	NOV FY13	DEC FY13	JAN FY13	FEB FY13	MAR FY13	APR FY13	MAY FY13	JUN FY13	JUL FY13	AUG FY13	SEP FY13
■ VHA Total	83.5%	81.1%	82.4%	82.6%	83.2%	83.6%	84.0%	84.0%	84.1%	84.3%	84.5%	84.7%
■ Boise (531)	89.9%	91.1%	89.9%	90.0%	87.7%	90.5%	89.9%	92.1%	90.1%	88.6%	90.2%	88.1%
■ Twin Falls (531GE)	78.7%	73.5%	76.4%	84.1%	84.8%	83.1%	86.9%	86.6%	89.7%	86.2%	88.4%	87.3%
■ Canyon County (531GG)	91.8%	92.9%	86.2%	86.7%	93.2%	92.4%	92.6%	90.4%	89.3%	87.8%	93.8%	96.9%

Data Definition.[4] The percent of patients scheduled within 7 days of the desired date. Data source is the Wait Times Prospective Wait Times measures. The total number of scheduled appointments for primary care-assigned patients in primary care clinics 322, 323 and 350. Data is collected twice a month on the 1st and the 15th. Data reported is for the data pulled on the 15th of the month. There is no FY to date score for this measure.

FY 2013 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)
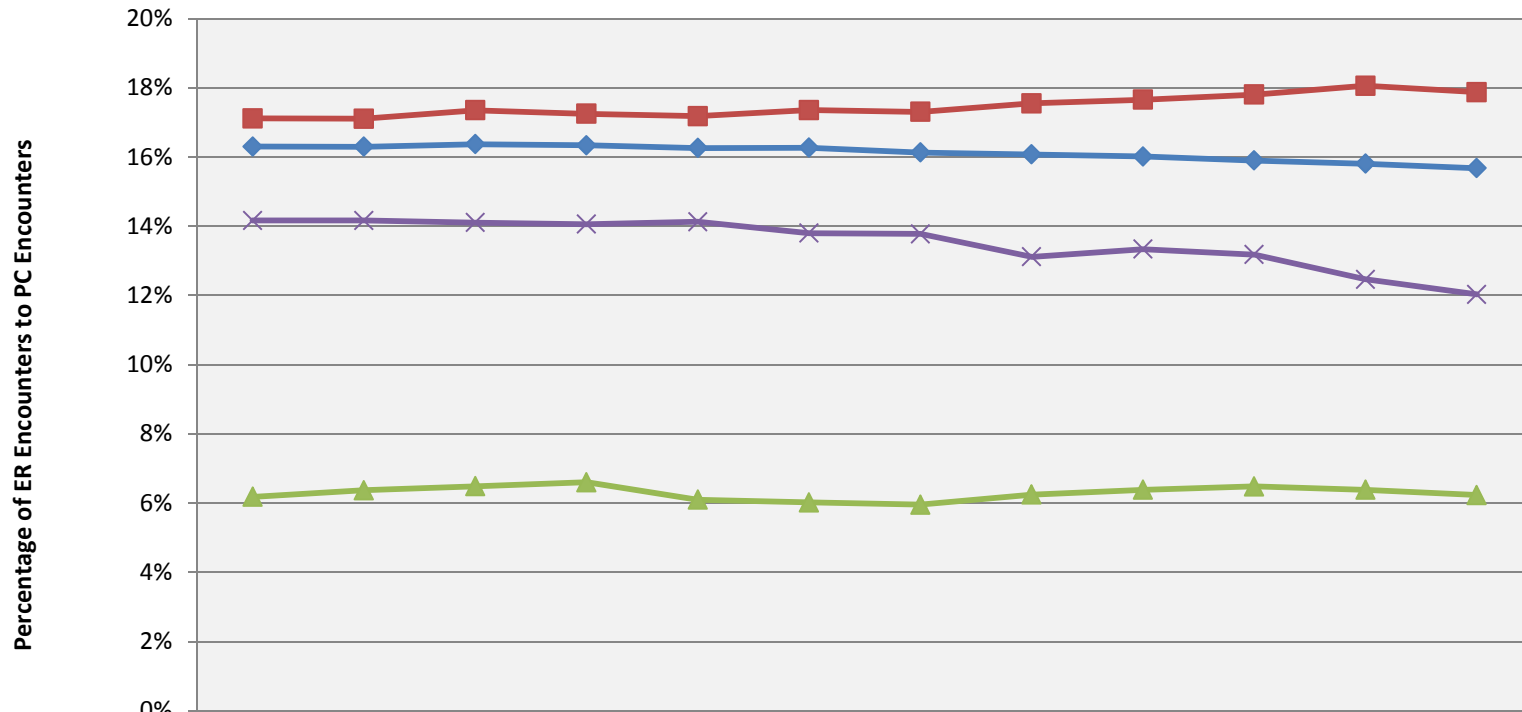
Percentage of ER Encounters to PC Encounters

	OCT FY13	NOV FY13	DEC FY13	JAN FY13	FEB FY13	MAR FY13	APR FY13	MAY FY13	JUN FY13	JUL FY13	AUG FY13	SEP FY13
VHA Total	16.3%	16.3%	16.4%	16.3%	16.3%	16.3%	16.1%	16.1%	16.0%	15.9%	15.8%	15.7%
Boise (531)	17.1%	17.1%	17.4%	17.2%	17.2%	17.4%	17.3%	17.6%	17.7%	17.8%	18.1%	17.9%
Twin Falls (531GE)	6.2%	6.4%	6.5%	6.6%	6.1%	6.0%	5.9%	6.2%	6.4%	6.5%	6.4%	6.2%
Canyon County (531GG)	14.2%	14.2%	14.1%	14.1%	14.1%	13.8%	13.8%	13.1%	13.3%	13.2%	12.5%	12.0%

Data Definition.[4] This is a measure of where the patient receives his or her primary care and by whom. A low percentage is better. The formula is the total VHA ER/Urgent Care/FEE ER Encounters WOP (including FEE ER visits) *divided by* the number of primary care encounters WOP with the patient's assigned primary care (or associate) provider plus the total VHA ER/Urgent Care/FEE ER Encounters (including FEE ER visits) WOP plus the number of primary care encounters WOP with a provider other than the patient's PCP/AP.

FY 2013 2-Day Contact Post Discharge Ratio
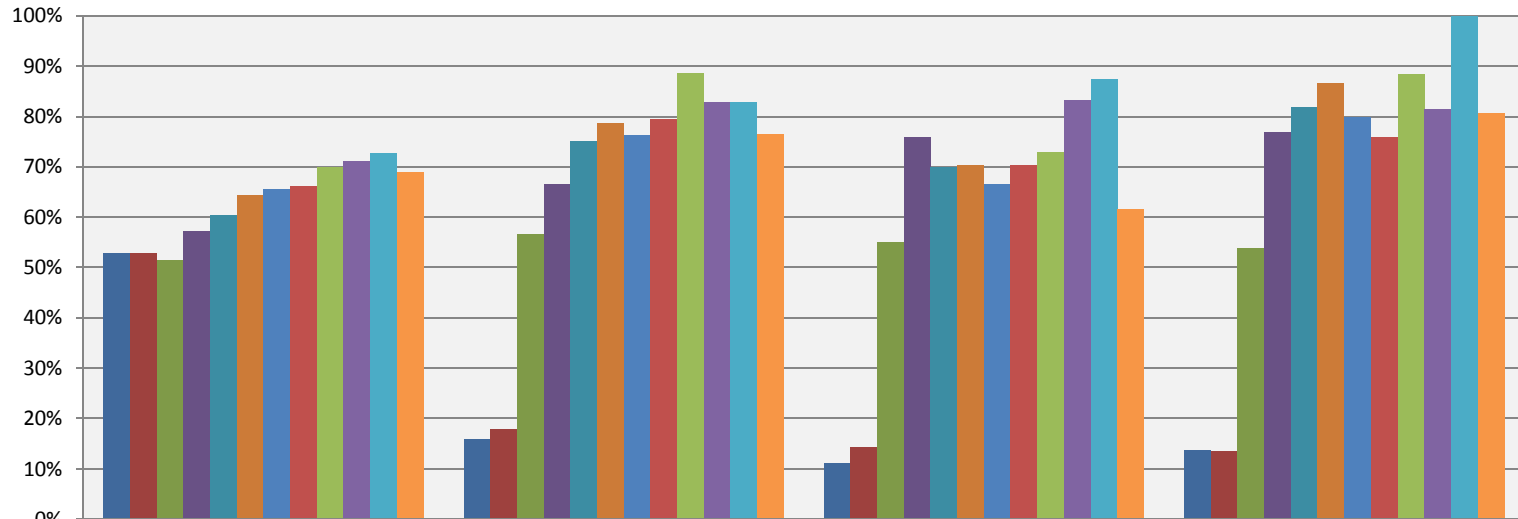
	VHA Total	Boise (531)	Twin Falls (531GE)	Canyon County (531GG)
■ OCT FY13	52.8%	16.0%	11.1%	13.6%
■ NOV FY13	52.9%	17.9%	14.3%	13.5%
■ DEC FY13	51.5%	56.7%	55.0%	53.8%
■ JAN FY13	57.2%	66.7%	76.0%	76.9%
■ FEB FY13	60.4%	75.2%	70.0%	81.8%
■ MAR FY13	64.4%	78.7%	70.4%	86.7%
■ APR FY13	65.5%	76.4%	66.7%	80.0%
■ MAY FY13	66.1%	79.5%	70.4%	75.9%
■ JUN FY13	70.1%	88.6%	73.1%	88.5%
■ JUL FY13	71.1%	82.9%	83.3%	81.5%
■ AUG FY13	72.7%	83.0%	87.5%	100.0%
■ SEP FY13	68.9%	76.6%	61.5%	80.8%

Data Definition.[4] Total Discharges Included in 2-day Contact Post Discharge Ratio: The total VHA and FEE Inpatient Discharges for assigned primary care patients for the reporting timeframe. Discharges resulting in death and discharges where a patient is readmitted within 2 days of discharge are excluded from this metric.

VISN Director Comments

**Department of
Veterans Affairs**   **Memorandum**

Date: January 16, 2014

From: Director, VISN 20 (10N20)

Subject: **CBOC and PCC Reviews of the Boise VA Medical Center, Boise, ID**

To: Director, Seattle Office of Healthcare Inspections (54SE)

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

1. Thank you for the opportunity to respond to the proposed recommendations from the Community Based Outpatient Clinic and Primary Care Clinic Reviews at the Boise VA Medical Center, Boise, Idaho.

2. Attached please find the facility concurrences and responses to each of the findings from the review.

3. If you have additional questions or need further information, please contact Susan Gilbert, Survey Coordinator, VISN 20 at (360) 567-4678.

(original signed by:)

Lawrence H. Carroll

Facility Director Comments

**Department of
Veterans Affairs**   **Memorandum**

Date: January 14, 2014

From: Director, Boise VA Medical Center (531/00)

Subject: **CBOC and PCC Reviews of the Boise VA Medical
Center, Boise, ID**

To: Director, VISN 20 (10N20)

1. Thank you for the opportunity to review the report on the Office of Inspector General Community Based Outpatient Clinic and Primary Care Clinic Reviews at the Boise VA Medical Center during the week of December 2, 2013. We concur with the findings and recommendations and will ensure that actions to correct them are completed as described.

2. Please find attached our facility responses to each recommendation, including the status of the corrective action plans.

3. If you have any additional questions or need further information, please contact Dr. Jean Anderson, Chief, Quality and Performance Improvement at 208-422-1105.

(original signed by:)

David Wood, MHA, FACHE
Director, Boise VA Medical Center

Comments to OIG's Report

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

OIG Recommendations

Recommendation 1. We recommended that CBOC/PCC staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

Concur

Target date for completion: June 30, 2014

Facility response: A CBOC/PCC alcohol screening and treatment Standard Operating Procedure (SOP), clarifying roles and responsibilities of professional staff for alcohol use screening and further diagnostic assessments for patients with a positive alcohol screen, will be developed and implemented. The clinical reminder to ensure that patients with a positive alcohol screen receive further diagnostic assessments will be updated and implemented. Applicable CBOC/PCC staff will be educated on the new SOP and updated clinical reminder template.

Compliance with completion of diagnostic assessments for patients with a positive alcohol screen will be monitored monthly. Monthly auditing results will be reported to the Clinical Executive Board.

Recommendation 2. We recommended that CBOC/PCC staff provide education and counseling for patients with a positive alcohol screen and drinking levels above NIAAA limits.

Concur

Target date for completion: June 30, 2014

Facility response: A CBOC/PCC alcohol screening and treatment Standard Operating Procedure (SOP), clarifying professional staff roles and responsibilities for providing and documenting education and counseling for patients with a positive alcohol screen and drinking levels about NIAAA limits, will be developed and implemented. Applicable CBOC/PCC staff will be educated on the new SOP.

Compliance with documenting patient education and counseling provided for patients with a positive alcohol screen and drinking levels above NIAAA limits will be monitored monthly. Monthly auditing results will be reported to the Clinical Executive Board.

Recommendation 3. We recommended that CBOC/PCC staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.

Concur

Target date for completion: June 30, 2014

Facility response: The clinical reminder to ensure that staff offer and document further treatment to patients diagnosed with alcohol dependence will be updated and implemented. Applicable CBOC/PCC staff will be educated on the updated clinical reminder template.

Compliance with documenting the offer of further treatment to patients diagnosed with alcohol dependence will be monitored monthly. Monthly auditing results will be reported to the Clinical Executive Board.

Recommendation 4. We recommended that CBOC/PCC staff document a plan to monitor the alcohol use of patients who decline referral to specialty care.

Concur

Target date for completion: June 30, 2014

Facility response: A CBOC/PCC alcohol screening and treatment Standard Operating Procedure (SOP), clarifying roles and responsibilities of professional staff for monitoring alcohol use of patients who decline referral to specialty care will be developed and implemented. The clinical reminder to ensure monitoring of alcohol use of these patients will be updated and implemented. Applicable CBOC/PCC staff will be educated on the new SOP and updated clinical reminder template.

Compliance with documenting a plan to monitor the alcohol use of patients who decline referral to specialty care will be monitored monthly. Monthly auditing results will be reported to the Clinical Executive Board.

Recommendation 5. We recommended that CBOC/PCC RN Care Managers receive MI interviewing and health coaching training within 12 months of appointment to PACT.

Concur

Target date for completion: June 30, 2014

Facility response: All current CBOC/PCC RN Care Managers who have not received prior Motivational Interviewing (MI) and health coaching (TEACH) training have been scheduled to begin training in January 2014. Training will be confirmed and tracked in TMS. A process was developed to ensure that newly hired CBOC/PCC RN Care Managers receive TMS and in-person MI and health coaching (TEACH) training within 90 days of assignment to PACT. The chief nurse executive or designee is responsible for assuring these changes are implemented and sustained.

Compliance for ensuring that all CBOC/PCC RN Care Managers have completed MI and health coaching training will be monitored monthly and reported to the Nurse Executive Committee and the Clinical Executive Board.

Recommendation 6. We recommended that staff document that medication reconciliation was completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.

Concur

Target date for completion: June 30, 2014

Facility response: All providers caring for outpatients will be educated regarding the need to complete medication reconciliation at each episode of care where a newly prescribed fluoroquinolone was administered, prescribed, or modified. The Medication Reconciliation Reminder template will be updated to include documentation of patient counseling and education about newly prescribed medications. All providers caring for outpatients will be educated about the updated clinical reminder template.

Compliance with documenting that medication reconciliation was completed at each episode of care where the newly prescribed medication was administered, prescribed, or modified will be monitored monthly. Monthly auditing results will be reported to the Clinical Executive Board.

Recommendation 7. We recommended that staff provide medication counseling/education that includes the fluoroquinolone.

Concur

Target date for completion: June 30, 2014

Facility response: All providers caring for outpatients will be educated regarding the need for medication counseling and education, including fluoroquinolone prescriptions. The Medication Reconciliation Reminder template will be updated to include documentation of patient counseling and education about newly prescribed medications. All providers caring for outpatients will be educated about the updated reminder template.

Compliance with documenting patient medication counseling and education that includes fluoroquinolones will be monitored monthly. Monthly auditing results will be reported to the Clinical Executive Board.

Recommendation 8. We recommended that staff document the evaluation of each patient's level of understanding for the medication education.

Concur

Target date for completion: June 30, 2014

Facility response: All providers caring for outpatients will be educated regarding the need to evaluate and document the patient's and/or their caregivers' understanding of medication education. The Medication Reconciliation Reminder template will be updated to include documentation of patient and/or caregiver understanding of counseling and education about newly prescribed medications. All providers caring for outpatients will be educated on the updated reminder template.

Compliance with documenting patient and/or caregiver understanding of medication education will be monitored monthly. Monthly auditing results will be reported to the Clinical Executive Board.

OIG Contact and Staff Acknowledgments

Contact	For more information about this report, please contact the OIG at (202) 461-4720.
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This report is available at www.va.gov/oig.

Endnotes

[1] References used for the AUD review included:
- National Center for Health Promotion and Disease Prevention (NCP) and Office of Veteran Health Education and Information (NVEI), *Patient Education: TEACH for Success*, 2010. Retrieved from http://www.prevention.va.gov/HealthPOWER_Prevention_News_Summer_2010_VHEI.asp on January 17, 2014.
- VHA Handbook 1120.02, *Health Promotion Disease Prevention (HPDP) Program*, July 5, 2012.
- VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics,* September 11, 2008.

[2] References used for the Medication Management review included:
- VHA Directive 2011-012, *Medication Reconciliation,* March 9, 2011.
- VHA Directive 2012-011, *Primary Care Standards*, April 11, 2012.
- VHA Handbook 1108.05, *Outpatient Pharmacy Services*, May 30, 2006.
- VHA Handbook 1108.07, *Pharmacy General Requirements*, April 17, 2008.
- Joint Commission, *Joint Commission Comprehensive Accreditation and Certification Manua*l, July 1, 2013.

[3] References used for the DWHP review included:
- VHA Deputy Under Secretary for Health for Operations and Management, Memorandum: *Health Care Services for Women Veterans*, Veterans Health Administration (VHA) Handbook 1330.01; Women's Health (WH) Primary Care Provider (PCP) Proficiency, July 8, 2013.
- VHA Handbook 1330.01 *Health Care Services for Women Veterans*, May 21, 2010.
- VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.

[4] Reference used for PACT Compass data graphs:
- Department of Veterans' Affairs, *Patient Aligned Care Teams Compass Data Definitions*, August 29, 2013.