



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

**Office of Healthcare Inspections**

**Report No. 14-00612-167**

## **Healthcare Inspection**

# **Gastroenterology Fellowship Program Issues New Mexico VA Health Care System Albuquerque, New Mexico**

**May 23, 2014**

**Washington, DC 20420**

**To Report Suspected Wrongdoing in VA Programs and Operations:**  
**Telephone: 1-800-488-8244**  
**E-Mail: [vaoighotline@va.gov](mailto:vaoighotline@va.gov)**  
**Web site: [www.va.gov/oig](http://www.va.gov/oig)**

## Executive Summary

The VA Office of Inspector General Office of Healthcare Inspections conducted an inspection in response to complaints about the supervision of fellows in the Gastroenterology (GI) Department at the New Mexico VA Health Care System (facility), Albuquerque, NM. The complainant alleged that:

- The Accreditation Council of Graduate Medical Education (ACGME) requires GI attending physicians to see patients in person within 24 hours of a fellow seeing a patient, and this is not being done in the facility GI Department.
- The Chief of GI was co-signing GI Fellow consult notes with “in lieu of” for University of New Mexico (UNM) GI attending physicians who were not seeing patients.
- UNM GI attending physicians who see VA patients are not credentialed at the facility.
- Senior leadership was either unwilling or unable to take corrective action.

We did not substantiate the allegation that the ACGME requires that patients seen by fellows must also be seen in person within 24 hours by a credentialed attending physician, and this is not being done in the facility GI Department. ACGME and VHA require that each patient must have an identifiable, appropriately credentialed and privileged attending physician who is ultimately responsible for that patient’s care. Although VHA requires a supervising practitioner (from the admitting medical service) to physically meet, examine, and evaluate a patient within 24 hours of an inpatient admission, it is not required for inpatient or outpatient consultations for specialty services.

We did not substantiate the allegation that the Chief of GI was co-signing GI Fellow consult notes with “in lieu of” for UNM GI attending physicians who were not seeing patients. We found that UNM GI fellows appropriately documented that patients were discussed with their UNM GI supervising practitioner, or alternatively, we found an addendum to the original GI consult note was entered by the UNM GI supervising practitioner. We also found that the Chief of GI was adding an addendum to the GI consult note and signing for administrative purposes to authenticate and complete the GI consult notes so they would be accessible by other clinical staff. We did not substantiate the allegation that UNM GI attending physicians were not credentialed at the facility. We found that all four without compensation UNM GI attending physicians who provided coverage at the facility were appropriately credentialed and privileged.

We did not substantiate the allegation that senior leadership was unwilling or unable to take corrective action. We found that facility leadership was aware of the allegations, had determined that they were unfounded, and had initiated appropriate follow-up prior to our site visit. We made no recommendations.

The Veterans Integrated Service Network and System Directors concurred with the report. (See Appendixes A and B, pages 8–9, for the Directors' comments.) No further action is required.

A handwritten signature in black ink, reading "John D. Daigh, Jr., M.D." in a cursive script.

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

## Purpose

The VA Office of Inspector General (OIG) Office of Healthcare Inspections conducted an inspection to assess the merit of allegations made by an anonymous complainant regarding the supervision of fellows in the Gastroenterology (GI) Department at the New Mexico VA Health Care System (the facility), in Albuquerque, NM.

## Background

The facility is part of Veterans Integrated Service Network (VISN) 18 and is a tertiary care facility that delivers comprehensive medical care for veterans throughout New Mexico and southwest Colorado. The facility has 310 beds, 184 of which are acute hospital beds, and provides inpatient services for medicine, surgery, rehabilitation, mental health, and spinal cord injury. The facility is affiliated with the University of New Mexico School of Medicine (UNM).

### Gastroenterology–Brief Overview

GI refers to the specialty of medicine devoted to the study, diagnosis, and treatment of disorders of the digestive system.

The American Board of Internal Medicine (ABIM) is the primary certifying organization in internal medicine and one of its 20 subspecialties is gastroenterology.<sup>1</sup> ABIM is one of 24 medical specialty boards that make up the American Board of Medical Specialties, a not-for profit organization.<sup>2</sup> Through American Board of Medical Specialties, the boards work together to establish common standards for physicians to achieve and maintain board certification. Thus, ABIM sets educational standards to evaluate the competence of physicians in gastroenterology. While ABIM sets standards and administers specialty board certification tests to prospective specialists in gastroenterology, the Accreditation Council for Graduate Medical Education (ACGME) is responsible for the actual accreditation of residency<sup>3</sup> training programs in the U.S., including those in gastroenterology.<sup>4</sup>

VHA policy<sup>5</sup> requires that residency training programs be accredited by ACGME or other accrediting or certifying bodies. ACGME is a private professional organization that establishes national standards for graduate medical education (GME) in the U.S. ACGME accreditation is widely recognized in the medical community for ensuring consistency and quality in GME and providing independent oversight of residency training programs. Furthermore, the completion of ACGME-accredited residency

---

<sup>1</sup> See <http://www.abim.org/about/default.aspx>. Accessed February 24, 2014.

<sup>2</sup> See <http://www.abms.org/>. Accessed February 24, 2014.

<sup>3</sup> The term “resident” includes individuals in their first year of training after completing medical school, who are sometimes referred to as “interns,” and individuals in approved subspecialty graduate medical education programs, who are also referred to as “fellows.” Fellows have already completed their residency training and are continuing further training in a subspecialty program such as gastroenterology, which is a subspecialty of internal medicine.

<sup>4</sup> See <http://www.acgme.org/acWebsite/home/home.asp>. Accessed February 24, 2014.

<sup>5</sup> VHA Handbook 1400.01, Resident Supervision, December 19, 2012

training programs is a standard requirement for obtaining state medical licenses as well as specialty and subspecialty board certifications. For example, to become certified in the subspecialty of gastroenterology, physicians must be previously certified in internal medicine by ABIM, complete subspecialty fellowship training in gastroenterology, and pass the gastroenterology certification exam.

## **Gastroenterology–Fellowship Program**

At the time of our onsite review, 13 physicians were enrolled in the UNM GI Fellowship Program. The university fully operates and manages the school of medicine and its associated residency programs and assumes the overall responsibility for its educational programs.

Staff at the facility’s GI clinic oversee the UNM GI Fellowship Program. The facility GI clinic was staffed by a full-time Chief and one full-time and one part-time staff physician. The clinic operates Monday through Friday, from 8:00 a.m. to 4:30 p.m. On-call staff were available during regular work hours, after-hours, and holidays. Additionally, four without compensation (WOC)<sup>6</sup> appointed UNM GI attending physicians were available for after-hours coverage. After-hours staff covered GI patients at the facility and UNM.

## **Allegations**

In October 2013, an anonymous complainant contacted OIG’s Hotline Division and made allegations concerning the supervision of fellows in the GI Department at the facility. Specifically, the complainant alleged that:

- The ACGME requires GI attending physicians to see patients in person within 24 hours of a fellow seeing a patient, and this is not being done in the facility GI Department.
- The Chief of GI is co-signing GI Fellow consult notes with “in lieu of” for UNM GI attending physicians who were not seeing patients.
- UNM GI attending physicians that see VA patients are not credentialed at the facility.
- Senior leadership was either unwilling or unable to take corrective action.

## **Scope and Methodology**

We conducted a site visit December 2–4, 2013. To address the complainant’s allegations, we interviewed facility managers, credentialing and privileging coordinators, staff physicians, and fellows in the GI Department. We reviewed relevant Veterans Health Administration (VHA) policies; facility policies and procedures; the public access websites for ACGME, ABIM, and American Board of Medical Specialties; credentialing

---

<sup>6</sup> A without compensation appointment is a personnel appointment by which an individual contributes efforts to VA activities but receives no monetary compensation from the VA.

and privileging profiles, committee meeting minutes, and quality management documents. In addition, we reviewed all inpatient GI consult notes that were entered into the electronic health records (EHRs) from June 5 through December 2, 2013. We also reviewed 12 months of provider profiles located in VetPro<sup>7</sup> and the Medical Education Affiliation Agreement between the facility and UNM.

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.

---

<sup>7</sup> VetPro is an internet enabled data bank for the credentialing of VHA health care providers that facilitates completion of a uniform, accurate, and complete credentials file.

## Inspection Results

### Issue 1: ACGME Program Requirements in GI

We did not substantiate the allegation that the ACGME requires that patients seen by fellows must also be seen in person within 24 hours by a credentialed attending physician and this is not being done in the facility GI Department.

ACGME Program Requirements for GME in GI<sup>8</sup> address levels of supervision that may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member, where other portions of care provided by the fellow can be adequately supervised by the immediate availability of the supervising faculty member, either in the institution or by means of telephonic and/or electronic modalities. ACGME also requires that each patient must have an identifiable, appropriately credentialed and privileged attending physician who is ultimately responsible for that patient's care.

VHA policy supports the principle that as part of their training programs, residents earn progressive responsibility for the care of the patient. The determination of a resident's ability to provide care to patients without a supervising practitioner present, or to act in a teaching capacity, is based on documented evaluation of the resident's clinical experience, judgment, knowledge, and technical skill. Ultimately, it is the decision of the supervising practitioner as to which activities the resident will be allowed to perform within the context of the assigned levels of responsibility.<sup>9</sup>

VHA policy requires that for a patient admitted to an inpatient service of the medical facility, the supervising practitioner (from the admitting medical service) must physically meet, examine, and evaluate the patient within 24 hours of admission, including weekends and holidays. However, this is not required for inpatient or outpatient consultations for specialty services.<sup>10</sup>

### Issue 2: Co-Signing GI Consult Notes

We did not substantiate the allegation that the Chief of GI is co-signing GI Fellow consult notes with "in lieu of" for UNM GI attending physicians who were not seeing patients.

VHA policy requires that for inpatient consultations, a supervising practitioner is responsible for each specialty service. When residents are involved in consultation services, the consultant supervising practitioner is responsible for supervision of these residents. Additionally, the policy requires that documentation of the supervision must be entered into the patient's EHR by the supervising practitioner or reflected in the

---

<sup>8</sup> See [https://www.acgme.org/acgmeweb/Portals/0/PFAssets/2013-PR-FAQ-PIF/144\\_gastroenterology\\_int\\_med\\_07132013.pdf](https://www.acgme.org/acgmeweb/Portals/0/PFAssets/2013-PR-FAQ-PIF/144_gastroenterology_int_med_07132013.pdf). Accessed October 25, 2013.

<sup>9</sup> VHA Handbook 1400.01.

<sup>10</sup> VHA Handbook 1400.01.



resident progress note or other appropriate entries in the EHR (procedure reports, consultations, discharge summaries).

Types of allowable documentation include any of the following:

- Progress note or other entry into the EHR by the supervising practitioner
- Addendum to the resident admission or progress note by the supervising practitioner
- Co-signature of the progress note or other EHR entry by the supervising practitioner
- A resident progress note or other medical record entry documenting the name of the supervising practitioner with whom the case was discussed, a summary of the discussion, and a statement of the supervising practitioner's oversight responsibility with respect to the assessment or diagnosis and/or the plan for evaluation and/or treatment. (For example, statements such as, "I have seen and discussed the patient with my supervising practitioner, Dr. 'X' and Dr. 'X' agrees with my assessment and plan" and "The supervising practitioner of record for this patient care encounter is Dr. 'X',"<sup>11</sup> meet documentation requirements.)

VHA policy also requires that entries into the EHR by residents, or non-physicians, require a countersignature and authentication (time, date, signature or initials, and the professional designation) by the supervising practitioner, service chief, or designee. Without a countersignature, the EHR entry is not viewable by other clinical staff and the entry is considered incomplete.<sup>12</sup>

We reviewed all 43 inpatient GI consult notes from June 5 through December 2, 2013. We found that UNM GI fellows appropriately documented that patients were discussed with their UNM GI supervising practitioners who agreed with their assessments and plans, or alternatively, we found addendums to the original consult notes were entered by the UNM GI supervising practitioners.

We also found that the facility's Chief of GI wrote an addendum on each UNM GI Fellow consult note indicating, "This patient was presented to the UNM on-call attending physician. I did not participate in the care of this patient. This note is signed by me administratively only." The Chief of GI indicated to us that this process was implemented to ensure that all GI consult notes were authenticated and completed to make them accessible by other clinical staff. Additionally, we were provided with a memorandum that on April 20, 2011, the Chief of GI discussed this process with Regional Counsel who concurred that this action was medically and legally desirable, consistent with federal laws and regulations and VA and local policies, and provided one more level of review.

---

<sup>11</sup> VHA Handbook 1400.01.

<sup>12</sup> VHA Handbook 1907.01, *Health Information Management and Health Records*, August 25, 2006.

### **Issue 3: Credentialing and Privileging**

We did not substantiate the allegation that UNM attending physicians were not credentialed at the VA.

VHA policy requires that all VHA health care professionals who are permitted by law and the facility to provide patient care services independently must be credentialed and privileged. This includes health care professionals who are licensed independent practitioners assigned or utilized on a full-time, part-time, or WOC basis.<sup>13</sup>

We reviewed the credentialing and privileging and the VetPro provider profiles for all four WOC appointed UNM GI attending physicians and found that all were appropriately credentialed and privileged at the facility.

### **Issue 4: Senior Leadership**

We did not substantiate the allegation that senior leadership was unwilling or unable to take corrective action.

Senior leadership was aware that the GI consult notes were being signed administratively by the Chief of GI for the purposes of authenticating and completing the GI consult notes to make them accessible by other clinical staff. Leadership was also aware that this process was discussed with Regional Counsel and it was determined to be consistent with federal laws and regulations and VA and facility policies.

## **Conclusions**

We did not substantiate the allegation that the ACGME requires that patients seen by fellows must also be seen in person within 24 hours by a credentialed attending physician, and this is not being done in the facility GI Department. Although VHA requires a supervising practitioner to physically meet, examine, and evaluate a patient within 24 hours of an inpatient admission, it is not required for inpatient or outpatient consultations in a specialty service.

We did not substantiate the allegation that the Chief of GI is co-signing GI Fellow consult notes with “in lieu of” for UNM GI attending physicians who were not seeing patients. We found that UNM GI fellows appropriately documented that patients were discussed with their UNM GI supervising practitioner, or alternatively, we found an addendum to the original consult note was entered by the UNM GI supervising practitioner. We also found that the Chief of GI was adding an addendum to the consult notes and signing for administrative purposes to authenticate and complete the GI consult notes to make them accessible by other clinical staff. We did not substantiate the allegation that UNM attending physicians were not credentialed at the facility. We found that all four WOC appointed UNM GI attending physicians who provided coverage at the facility were appropriately credentialed and privileged.

---

<sup>13</sup> VHA Handbook 1100.19, *Credentialing and Privileging*, October 15, 2012.

We did not substantiate the allegation that senior leadership was unwilling or unable to take corrective action. We found that facility leadership was aware of the complaint and had initiated appropriate follow-up prior to our site visit.

## **Recommendations**

We made no recommendations.

## VISN Director Comments

Department of  
Veterans Affairs

### Memorandum

**Date:** April 23, 2014  
**From:** Director, VA Southwest Health Care Network (10N18)  
**Subject:** **Healthcare Inspection**—GI Fellowship Program Issues, New Mexico VA Health Care System, Albuquerque, New Mexico  
**To:** Director, San Diego Regional Office of Healthcare Inspections (54SD)  
**Thru:** Director, Management Review Service (VHA 10AR MRS OIG Hotline)

1. I concur with the attached facility response to this report from the OIG who following their visit from December 2–4, 2013, had no findings to substantiate the allegations.
2. If you have additional questions or concerns, please contact Robert Baum, VISN 18 Executive Officer to the Network Director, at (480) 397-2777.



Susan P. Bowers  
Network Director

## System Director Comments

Department of  
Veterans Affairs

### Memorandum

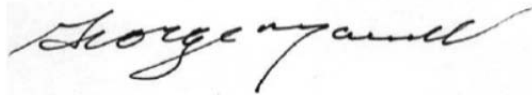
**Date:** April 22, 2014

**From:** Director, New Mexico VA Health Care System (501/00)

**Subject:** **Healthcare Inspection**—GI Fellowship Program Issues, New Mexico VA Health Care System, Albuquerque, New Mexico

**To:** Director, VA Southwest Health Care Network (10N18)

1. The VA Office of Inspector General (OIG) Office of Healthcare Inspections conducted an inspection to assess the merit of allegations made by an anonymous complainant regarding the supervision of fellows in the Gastroenterology (GI) Service at the New Mexico VA Health Care System (NMVAHCS), in Albuquerque, NM.
2. I concur with the conclusions of the OIG who following their visit from December 2-4, 2013, had no findings to substantiate the allegations.



George Marnell  
Director

## OIG Contact and Staff Acknowledgments

---

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

---

<b>Contributors</b>	Katrina Young, RN,BSN, MSHL Team Leader Judy Montano, MS Glen Pickens, RN, BSN, MHSM Michael Shepherd, MD Derrick Hudson, Program Support Assistant
---------------------	---

## Report Distribution

### VA Distribution

Office of the Secretary  
Veterans Health Administration  
Assistant Secretaries  
General Counsel  
Director, VA Southwest Health Care Network (10N18)  
Director, New Mexico VA Health Care System (501/00)

### 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: Martin Heinrich, Tom Udall  
U.S. House of Representatives: Michelle Lujan Grisham, Ben R. Lujan, Steve Pearce

This report is available on our web site at [www.va.gov/oig](http://www.va.gov/oig)