Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 14-04378-97

Review of Community Based Outpatient Clinics and Other Outpatient Clinics of VA Hudson Valley Health Care System Montrose, New York

February 5, 2015

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)

Glossary

AUD	alcohol use disorder
CBOC	community based outpatient clinic
EHR	electronic health record
EOC	environment of care
FY	fiscal year
HIV	human immunodeficiency virus
NA	not applicable
NM	not met
OIG	Office of Inspector General
OOC	other outpatient clinic
PACT	Patient Aligned Care Teams
RN	registered nurse
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

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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 other outpatient clinics under the oversight of the VA Hudson Valley Health Care System and Veterans Integrated Service Network 3 provide safe, consistent, and high-quality health care. The review evaluated the clinics' compliance with selected requirements for alcohol use disorder, human immunodeficiency virus screening, and outpatient documentation. We also randomly selected the Carmel, NY, CBOC as a representative site and evaluated the environment of care on November 17, 2014.

Review Results: We conducted four focused reviews and had no findings for the Outpatient Documentation review. However, we made recommendations for improvement in the following three review areas:

Environment of Care: Ensure that:

- Staff protect patient-identifiable information on laboratory specimens during transport from the Carmel CBOC to the parent facility.

Alcohol Use Disorder: Ensure that:

- Clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.
- Clinic staff provide education and counseling for patients with positive alcohol screens and drinking alcohol above National Institute on Alcohol Abuse and Alcoholism limits.
- Clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
- Patients with excessive persistent alcohol use receive brief treatment or are evaluated by a specialty provider within 2 weeks of the screening.
- Registered Nurse Care Managers receive motivational interviewing and health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Human Immunodeficiency Virus Screening: Ensure that:

- Clinicians provide human immunodeficiency virus testing as part of routine medical care for patients.

Comments

The VISN and Facility Directors agreed with the CBOC and OOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes C

and D, pages 14–18, for the full text of the Directors' comments.) We will follow up on the planned actions for the open recommendations until they are completed.

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

Objectives, Scope, and Methodology

Objectives

The CBOC and OOC 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 OOC reviews are recurring evaluations of selected outpatient care activities that focus on patient care quality and the EOC. In general, our objectives are to determine whether:

- The selected CBOC is compliant with EOC requirements.
- The CBOCs/OOCs are compliant with selected VHA requirements for AUD care.
- The CBOCs/OOCs are compliant with selected VHA requirements for HIV Screening.
- Healthcare practitioners at the CBOCs/OOCs comply with the requirements for outpatient documentation.

Scope

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

- EOC
- AUD
- HIV Screening
- Outpatient Documentation

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

Methodology

The onsite EOC inspection was only conducted at a randomly selected outpatient site of care that had not been previously inspected.[1] Details of the targeted study populations

[1] Each outpatient site selected for physical inspection was randomized from all primary care CBOCs, multi-specialty CBOCs, and heath care centers reporting to the parent facility and was operational and classified as such in VA's Site Tracking Database by October 1, 2014.

for the AUD, HIV Screening, and Outpatient Documentation focused reviews are noted in Table 1.

Table 1. CBOC/OOC Focused Reviews and Study Populations

Review Topic	Study Population
AUD	All CBOC and OOC patients screened within the study period of July 1, 2013, through June 30, 2014, and who had a positive AUDIT-C score;[2] and all licensed independent providers, RN Care Managers, and clinical associates assigned to PACT prior to October 1, 2013.
HIV Screening	All outpatients who had a visit in FY 2012 and had at least one visit at the parent facility's CBOCs and/or OOCs within a 12-month period during April 1, 2013, through March 31, 2014.
Outpatient Documentation	All patients new to VHA who had at least three outpatient encounters (face-to-face visits, telephonic/telehealth care, and telephonic communications) during April 1, 2013, through March 31, 2014.

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 performed in accordance with OIG standard operating procedures for CBOC and OOC reviews.

[2] 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

EOC

The purpose of this review was to evaluate whether CBOC managers have established and maintained a safe and clean EOC, as required.[a]

We reviewed relevant documents and conducted a physical inspection of the Carmel CBOC. The table below shows the areas reviewed for this topic. The area marked as NM did not meet applicable requirements and needed improvement. Any items that did not apply to this facility are marked NA.

Table 2. EOC

NM	Areas Reviewed	Finding	Recommendation
	The furnishings are clean and in good repair.		
	The CBOC is clean (walls, floors, and equipment are clean).		
	The CBOC's inventory of hazardous materials was reviewed for accuracy twice within the prior 12 months.		
	The CBOC's safety data sheets for chemicals are readily available to staff.		
NA	If safety data sheets are in electronic form, the staff can demonstrate ability to access the electronic version without coaching.		
	Employees received training on the new chemical label elements and safety data sheet format.		
	Clinic managers ensure that safety inspections of CBOC medical equipment are performed in accordance with Joint Commission standards.		
	Hand hygiene is monitored for compliance.		
	Personal protective equipment is readily available.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	Sterile commercial supplies are not expired.		
	The CBOC staff members minimize the risk of infection when storing and disposing of medical (infectious) waste.		
	The CBOC has procedures to disinfect non-critical reusable medical equipment between patients.		
	There is evidence of fire drills occurring at least every 12 months.		
	Means of egress from the building are unobstructed.		
	Access to fire extinguishers is unobstructed.		
	Fire extinguishers are located in large rooms or are obscured from view, and the CBOC has signs identifying the locations of the fire extinguishers.		
	Exit signs are visible from any direction.		
	Multi-dose medication vials are not expired.		
	All medications are secured from unauthorized access.		
X	The staff protects patient-identifiable information on laboratory specimens during transport.	At the Carmel CBOC, staff did not protect patient-identifiable information on laboratory specimens during transport.	**1.** We recommended that clinic staff protect patient-identifiable information on laboratory specimens during transport from the Carmel CBOC to the parent facility.
	Documents containing patient-identifiable information are not visible or unsecured.		
	Adequate privacy is provided at all times.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	The women veterans' exam room is equipped with either an electronic or manual door lock.		
	The information technology network room/server closet is locked.		
	Access to the information technology network room/server closet is restricted to personnel authorized by Office of Information and Technology.		
	Access to the information technology network room/server closet is documented.		
	All computer screens are locked when not in use.		
	Information is not viewable on monitors in public areas.		
	The CBOC has an automated external defibrillator.		
	There is an alarm system and/or panic buttons installed and tested in high-risk areas (e.g., mental health clinic), and the testing is documented.		
	CBOC staff receives regular information/updates on their responsibilities in emergency response operations.		
	The staff participates in scheduled emergency management training and exercises.		

AUD

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

We reviewed relevant documents and 37 EHRs. We also 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. AUD

NM	Areas Reviewed	Findings	Recommendations
X	Diagnostic assessments are completed for patients with a positive alcohol screen.	Staff did not complete diagnostic assessments for 14 of 37 patients (38 percent) who had positive alcohol use screens.	**2.** We recommended that clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.
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 National Institute on Alcohol Abuse and Alcoholism guidelines.	Staff did not provide education and counseling within 2 weeks for 4 of 22 patients who had positive alcohol use screens.	**3.** We recommended that clinic staff provide education and counseling for patients with positive alcohol screens and drinking alcohol above National Institute on Alcohol Abuse and Alcoholism limits.
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 15 patients diagnosed with alcohol dependence.	**4.** We recommended that clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
	For patients with AUD who decline referral to specialty care, clinic staff monitored them and their alcohol use.		
X	Counseling, education, and brief treatments for AUD are provided within 2 weeks of positive screening.	Treatment was not provided within 2 weeks of positive screening for 2 of 20 patients with excessive persistent alcohol use and an AUDIT-C score equal to or greater than 8.	**5.** We recommended that managers ensure that patients with excessive persistent alcohol use receive brief treatment or are evaluated by a specialty provider within 2 weeks of the screening.

NM	Areas Reviewed (continued)	Findings	Recommendations
X	Clinic RN Care Managers have received motivational interviewing training within 12 months of appointment to PACT.	We found that 4 of 11 RN Care Managers did not receive motivational interviewing training within 12 months of appointment to PACT.	**6.** We recommended that Clinic Registered Nurse Care Managers receive motivational interviewing and health coaching training within 12 months of appointment to Patient Aligned Care Teams.
X	Clinic RN Care Managers have received VHA 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 4 of 11 RN Care Managers did not receive health coaching training within 12 months of appointment to PACT.	
	Providers in the outpatient clinics have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.		
	Clinical associates in the outpatient clinics have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.		
	The facility complied with any additional elements required by VHA or local policy.		

HIV Screening

The purpose of this review was to determine whether CBOCs/OOCs are compliant with selected VHA requirements for HIV Screening.[c]

We reviewed the facility's self-assessment, VHA and local policies, and guidelines to assess administrative controls over the HIV screening process. We also reviewed 38 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The area marked as NM did not meet applicable requirements and needed improvement.

Table 4. HIV Screening

NM	Areas Reviewed	Finding	Recommendation
	The facility has a HIV Lead Clinician to carry out responsibilities as required.		
	The facility has policies and procedures to facilitate HIV testing.		
	The facility had developed policies and procedures that include requirements for the communication of HIV test results.		
	Written patient educational materials utilized prior to or at the time of consent for HIV testing include all required elements.		
X	Clinicians provided HIV testing as part of routine medical care for patients.	Clinicians did not provide HIV testing to 8 of 38 patients (21 percent).	**7.** We recommended that clinicians provide human immunodeficiency virus testing as part of routine medical care for patients and that compliance is monitored.
	When HIV testing occurred, clinicians consistently documented informed consent.		
	The facility complied with additional elements as required by local policy.		

Outpatient Documentation

The purpose of this review was to determine whether healthcare practitioners at the CBOCs/OOCs comply with selected requirements for outpatient documentation.[d]

We reviewed relevant documents and 41 EHRs. We also validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The facility generally met requirements. We made no recommendations.

Table 5. Outpatient Documentation

NM	Areas Reviewed	Findings	Recommendations
	A relevant history of the illness or injury and physical findings are documented when the patient is first admitted for VA medical care on an outpatient level.		
	Randomly selected progress notes contain the required documentation components in the EHR.		

Clinic Profiles

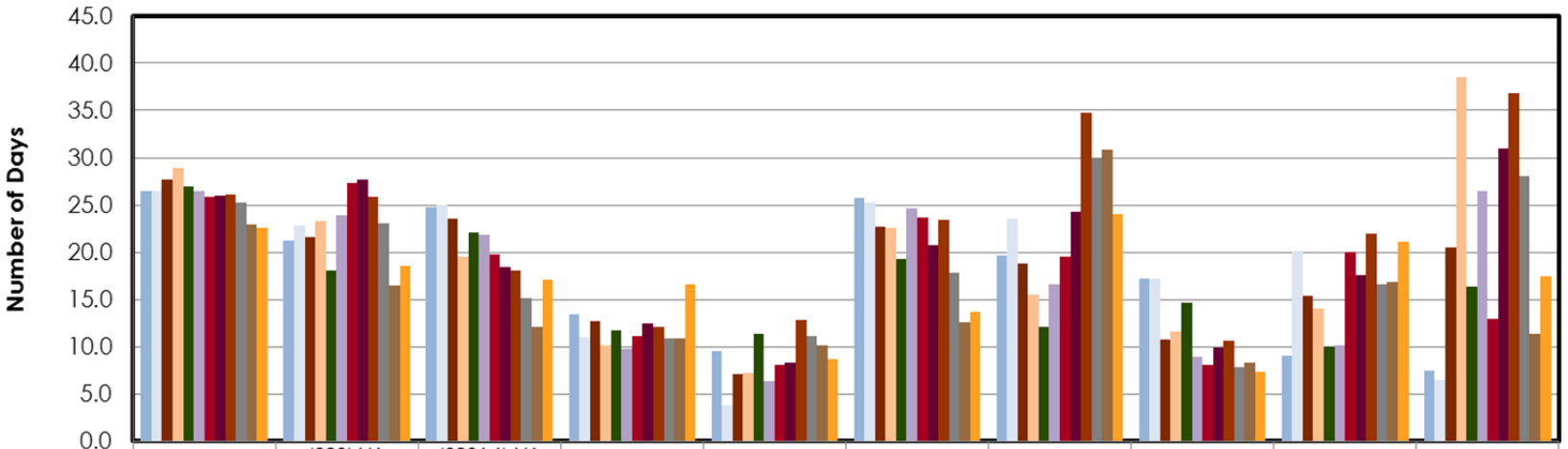
The CBOC/OOC review evaluates the quality of care provided to veterans at all of the outpatient clinics under the parent facility's oversight.[3] In addition to primary care integrated with women's health, mental health, and tele-health services, the CBOCs provide various specialty care and ancillary services. The following table provides information relative to each of the outpatient clinics and lists the additional specialty care and ancillary services provided at each location.

			Outpatient Workload / Encounters[4]			Services Provided[5]		
Location	**Station #**	**Rurality[6]**	**PC**	**MH**	**Specialty Clinics[7]**	**Specialty Care[8]**	**Ancillary Services[9]**	
New City, NY	620GA	Urban	5,584	3,553	4,767	Optometry Podiatry	Electrocardiography MOVE! Program[10] Nutrition	Pharmacy Rehabilitation Services
Carmel, NY	620GB	Urban	3,294	1,501	2,182	Optometry Podiatry	Electrocardiography MOVE! Program	Nutrition Social Work
Goshen, NY	620GD	Urban	4,712	3,648	3,257	Optometry Podiatry	Electrocardiography Nutrition	Pharmacy
Port Jervis, NY	620GE	Rural	4,251	1,848	3,049	Optometry Podiatry	MOVE! Program Nutrition	Pharmacy Social Work
Monticello, NY	620GF	Rural	2,785	383	1,461	Optometry Podiatry	Pharmacy	Social Work
Poughkeepsie, NY	620GG	Urban	2,965	595	1,560	Optometry Podiatry	Pharmacy	Social Work
Pine Plains, NY	620GH	Rural	880	89	547	Optometry Podiatry	Pharmacy	Social Work

[3] Includes all CBOCs in operation before April 1, 2014.
[4] An encounter is a professional contact between a patient and a practitioner vested with responsibility for diagnosing, evaluating, and treating the patient's condition. Encounters occur in both the outpatient and inpatient setting.
[5] The denoted Specialty Care and Ancillary Services are limited to Primary Clinic Stops with a count ≥ 100 encounters during the October 1, 2013, through September 30, 2014, timeframe at the specified CBOC.
[6] http://vssc.med.va.gov/
[7] The total number of encounters for the services provided in the "Specialty Care" column.
[8] Specialty Care Services refer to non-Primary Care and non-Mental Health services provided by a physician.
[9] Ancillary Services refer to non-Primary Care and non-Mental Health services that are not provided by a physician.
[10] VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.

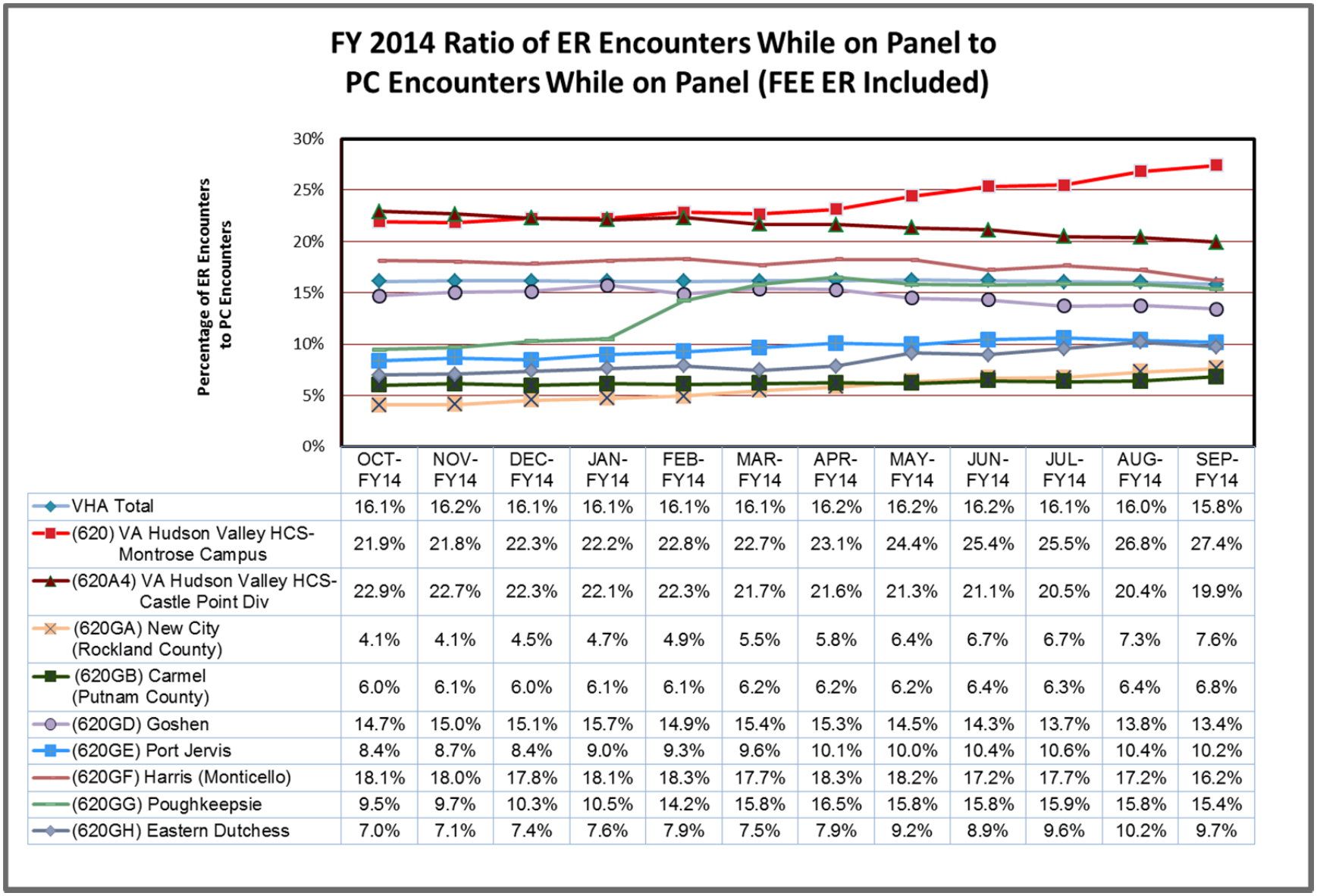
PACT Compass Metrics

FY 2014 New Primary Care Patient Average Wait Time in Days



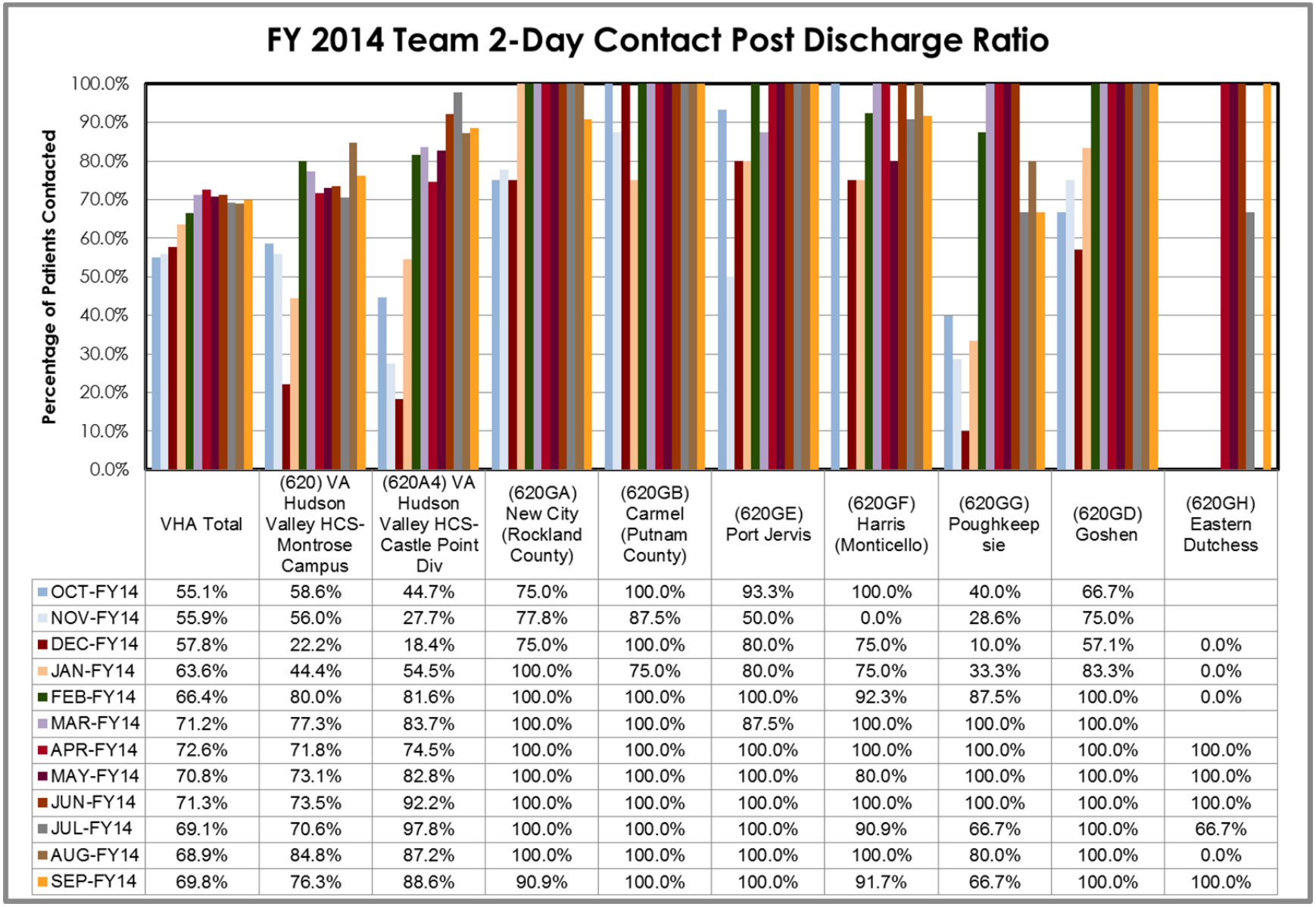
	VHA Total	(620) VA Hudson Valley HCS Montrose Campus	(620A4) VA Hudson Valley HCS-Castle Point Div	(620GA) New City (Rockland County)	(620GB) Carmel (Putnam County)	(620GD) Goshen	(620GE) Port Jervis	(620GF) Harris (Monticello)	(620GG) Poughkeepsie	(620GH) Eastern Dutchess
OCT-FY14	26.5	21.2	24.8	13.4	9.6	25.7	19.6	17.2	9.0	7.5
NOV-FY14	26.5	22.8	25.0	11.0	3.9	25.3	23.5	17.2	20.1	6.5
DEC-FY14	27.7	21.6	23.5	12.7	7.1	22.7	18.8	10.8	15.4	20.5
JAN-FY14	28.9	23.3	19.5	10.2	7.2	22.6	15.5	11.6	14.0	38.5
FEB-FY14	26.9	18.0	22.1	11.8	11.4	19.3	12.1	14.7	10.0	16.4
MAR-FY14	26.4	24.0	21.8	9.8	6.4	24.7	16.6	8.9	10.1	26.5
APR-FY14	25.9	27.3	19.8	11.2	8.0	23.7	19.6	8.1	20.1	13.0
MAY-FY14	26.0	27.7	18.4	12.5	8.4	20.8	24.3	9.9	17.6	31.0
JUN-FY14	26.1	25.9	18.1	12.1	12.9	23.4	34.7	10.6	22.0	36.9
JUL-FY14	25.3	23.0	15.2	10.8	11.1	17.8	29.8	7.9	16.6	28.0
AUG-FY14	23.0	16.4	12.1	10.9	10.1	12.6	30.8	8.3	16.9	11.3
SEP-FY14	22.6	18.5	17.1	16.6	8.7	13.7	24.0	7.3	21.1	17.5

Data Definition.[e] The average number of calendar days between a new patient's Primary Care appointment (clinic stops 322, 323, and 350), excluding compensation and pension appointments, and the earliest creation date.



	OCT-FY14	NOV-FY14	DEC-FY14	JAN-FY14	FEB-FY14	MAR-FY14	APR-FY14	MAY-FY14	JUN-FY14	JUL-FY14	AUG-FY14	SEP-FY14
VHA Total	16.1%	16.2%	16.1%	16.1%	16.1%	16.1%	16.2%	16.2%	16.2%	16.1%	16.0%	15.8%
(620) VA Hudson Valley HCS-Montrose Campus	21.9%	21.8%	22.3%	22.2%	22.8%	22.7%	23.1%	24.4%	25.4%	25.5%	26.8%	27.4%
(620A4) VA Hudson Valley HCS-Castle Point Div	22.9%	22.7%	22.3%	22.1%	22.3%	21.7%	21.6%	21.3%	21.1%	20.5%	20.4%	19.9%
(620GA) New City (Rockland County)	4.1%	4.1%	4.5%	4.7%	4.9%	5.5%	5.8%	6.4%	6.7%	6.7%	7.3%	7.6%
(620GB) Carmel (Putnam County)	6.0%	6.1%	6.0%	6.1%	6.1%	6.2%	6.2%	6.2%	6.4%	6.3%	6.4%	6.8%
(620GD) Goshen	14.7%	15.0%	15.1%	15.7%	14.9%	15.4%	15.3%	14.5%	14.3%	13.7%	13.8%	13.4%
(620GE) Port Jervis	8.4%	8.7%	8.4%	9.0%	9.3%	9.6%	10.1%	10.0%	10.4%	10.6%	10.4%	10.2%
(620GF) Harris (Monticello)	18.1%	18.0%	17.8%	18.1%	18.3%	17.7%	18.3%	18.2%	17.2%	17.7%	17.2%	16.2%
(620GG) Poughkeepsie	9.5%	9.7%	10.3%	10.5%	14.2%	15.8%	16.5%	15.8%	15.8%	15.9%	15.8%	15.4%
(620GH) Eastern Dutchess	7.0%	7.1%	7.4%	7.6%	7.9%	7.5%	7.9%	9.2%	8.9%	9.6%	10.2%	9.7%

Data Definition.[e] This is a measure of where the patient receives his primary care and by whom. A low percentage is better. The formula is the total VHA ER/Urgent Care/FEE ER encounters while on panel (including FEE ER visits) divided by the number of Primary Care encounters while on panel with the patient's assigned primary care (or associate) provider plus the total VHA ER/Urgent Care/FEE ER encounters (including FEE ER visits) while on panel plus the number of Primary Care encounters while on panel with a provider other than the patient's Primary Care Provider/Associate Provider.



	VHA Total	(620) VA Hudson Valley HCS-Montrose Campus	(620A4) VA Hudson Valley HCS-Castle Point Div	(620GA) New City (Rockland County)	(620GB) Carmel (Putnam County)	(620GE) Port Jervis	(620GF) Harris (Monticello)	(620GG) Poughkeepsie	(620GD) Goshen	(620GH) Eastern Dutchess
OCT-FY14	55.1%	58.6%	44.7%	75.0%	100.0%	93.3%	100.0%	40.0%	66.7%	
NOV-FY14	55.9%	56.0%	27.7%	77.8%	87.5%	50.0%	0.0%	28.6%	75.0%	
DEC-FY14	57.8%	22.2%	18.4%	75.0%	100.0%	80.0%	75.0%	10.0%	57.1%	0.0%
JAN-FY14	63.6%	44.4%	54.5%	100.0%	75.0%	80.0%	75.0%	33.3%	83.3%	0.0%
FEB-FY14	66.4%	80.0%	81.6%	100.0%	100.0%	100.0%	92.3%	87.5%	100.0%	0.0%
MAR-FY14	71.2%	77.3%	83.7%	100.0%	100.0%	87.5%	100.0%	100.0%	100.0%	
APR-FY14	72.6%	71.8%	74.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
MAY-FY14	70.8%	73.1%	82.8%	100.0%	100.0%	100.0%	80.0%	100.0%	100.0%	100.0%
JUN-FY14	71.3%	73.5%	92.2%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
JUL-FY14	69.1%	70.6%	97.8%	100.0%	100.0%	100.0%	90.9%	66.7%	100.0%	66.7%
AUG-FY14	68.9%	84.8%	87.2%	100.0%	100.0%	100.0%	100.0%	80.0%	100.0%	0.0%
SEP-FY14	69.8%	76.3%	88.6%	90.9%	100.0%	100.0%	91.7%	66.7%	100.0%	100.0%

Data Definition.[e] The percent of discharges (VHA inpatient discharges) for the reporting timeframe for assigned Primary Care patients where the patient was contacted by a member of the Patient Aligned Care Team the patient is assigned to within 2 business days post discharge. Discharges resulting in death and discharges where a patient is readmitted within 2 days of discharge are excluded from this metric. Blank cells indicate the absence of reported data.

VISN Director Comments

Department of Veterans Affairs

Memorandum

Date: December 24, 2014

From: Director, VA NY/NJ Veterans Healthcare Network (10N3)

Subject: **Review of Carmel CBOC and OOCs of VA Hudson Valley Health Care System, Montrose, New York**

To: Director**,** Baltimore Office of Healthcare Inspections (54BA)

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

1. I have reviewed and concur with the Carmel CBOC and OOCs Reviews and the VA Hudson Valley Health Care System response. Thank you for this opportunity to review our processes to ensure that we continue to provide exceptional care to our Veterans.

2. If you have any questions regarding the information provided, please contact Pam Wright, RN, MSN Quality Management Officer at (718) 741-4143.

Mara Davis
Acting Network Director

Facility Director Comments

Department of Veterans Affairs

Memorandum

Date: December 24, 2014

From: Director, VA Hudson Valley Health Care System, Montrose, NY (620/00)

Subject: **Review of CBOCs and OOCs of VA Hudson Valley Health Care System, Montrose, New York**

To: Director, VA NY/NJ Veterans Healthcare Network (10N3)

I want to express my gratitude to the Office of Inspector General (OIG) Survey Team for their professional and comprehensive review of our Community Based Outpatient Clinic(s) and Other Outpatient Clinic(s) conducted on November 17, 2014.

I have reviewed the findings in the Draft Report for the VA Hudson Valley Health Care System and concur with the findings and recommendations.

I appreciate the opportunity for this review as an important part of the continuing process to improve the care to our Veterans.

Margaret B. Caplan
Medical Center Director
VA Hudson Valley Health Care System

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 clinic staff protect patient-identifiable information on laboratory specimens during transport from the Carmel CBOC to the parent facility.

Concur: Yes

Target date for completion: Ordering of lock boxes: December 31, 2014
Full compliance: April 30, 2015

Facility response: The lab will order lock boxes to transport specimens between the Carmel CBOC and the laboratory at the Castle Point campus. All non-locked containers will be removed. Staff will be educated to the change in process. Receipt of containers in locked boxes by the Castle Point laboratory will be monitored during the 2nd quarter.

Recommendation 2. We recommended that clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

Concur: Yes

Target date for completion: April 30, 2015

Facility response: Clinical Applications Coordinators (CACs) will revise Clinical Reminder to include a diagnostic assessment if Audit C is 5 or above.

Recommendation 3. We recommended that clinic staff provide education and counseling for patients with positive alcohol screens and drinking alcohol above National Institute on Alcohol Abuse and Alcoholism limits.

Concur: Yes

Target date for completion: July 31, 2015

Facility response: An additional AUD assessment will be developed and will automatically open up on patients with a positive screen of 5 or greater. This assessment will incorporate questions for the clinic staff to further assess for problematic drinking behaviors. Patients who are assessed to be drinking above NIAAA guidelines will be provided education and brief counseling by clinic staff utilizing Motivational Interviewing techniques and offered further counseling and referral to a substance abuse specialist.

Recommendation 4. We recommended that clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.

Concur: Yes

Target date for completion: July 31, 2015

Facility response: Patients who are diagnosed with alcohol dependence will be offered a referral to a substance abuse specialist, and the offer will be documented in the patient's medical record. If the patient refuses the referral, clinic staff will enter the patient into the PACT nursing care reminder in CPRS which will prompt clinic staff to call patients every quarter and offer patients further treatment and document appropriately. These patients will be identified and discussed in daily huddle to determine which team member will call and document.

Recommendation 5. We recommended that managers ensure that patients with excessive persistent alcohol use receive brief treatment or are evaluated by a specialty provider within 2 weeks of the screening.

Concur: Yes

Target date for completion: July 31, 2015

Facility response: To ensure all Veterans who are identified with persistent excessive alcohol use receive brief alcohol counseling or are referred to specialty provider within two-weeks, our existing AUD brief counseling reminder is being revised to incorporate the use motivational interviewing principles and to streamline the process for referring to the substance abuse specialty provider. Both our Primary Care Program Provider and nurse managers will monitor compliance with the revised AUD reminders.

Recommendation 6. We recommended that Clinic Registered Nurse Care Managers receive motivational interviewing and health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Concur: Yes

Target date for completion: May 31, 2015

Facility response: Three additional PACT RN Care Managers have completed the required health coaching and MI trainings. One RN Care Manager will be trained by May 31, 2015. Motivational Interviewing and health coaching trainings will be offered at least biannually to ensure new PACT hires complete the required trainings. Training compliance will be tracked through the PACT Steering Committee.

Recommendation 7. We recommended that clinicians provide human immunodeficiency virus testing as part of routine medical care for patients and that compliance is monitored.

Concur: Yes

Target date for completion: May 31, 2015

Facility response: Infectious Disease Physician will educate Primary Care and Specialty Providers about routine HIV Testing. Compliance will be monitored and reported to Infection Control Committee.

Office of Inspector General
Contact and Staff Acknowledgments

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Endnotes

[a] References used for the EOC review included:
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[b] References used for the AUD review included:
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[c] References used for the HIV Screening review included:
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- VHA Handbook 1004.01, *Informed Consent for Clinical Treatments and Procedures*, August 14, 2009.
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[d] References used for the Outpatient Documentation review included:
- VHA Handbook 1907.01, *Health Information Management and Health Records,* September 19, 2012.
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[e] Reference used for PACT Compass data graphs:
- Department of Veterans' Affairs, *Patient Aligned Care Teams Compass Data Definitions*, June 24, 2014.