



Administrative Closure
Alleged Quality of Care Issues
North Florida/South Georgia Veterans Health System
Gainesville, Florida
MCI# 2014-00299-HI-0354

The VA Office of Inspector General Office of Healthcare Inspections received allegations from an anonymous complainant regarding inadequate care and mismanagement of the Non-VA Care Program for gastroenterology services at the North Florida/South Georgia Veterans Health System, Gainesville, FL.

On September 4, 2013, we received a request to evaluate the complainant's allegations that since January 1, 2011:

1. Gastroenterology patients referred to (b)(6), (b)(6) through (b)(6) experienced delays in care or poor quality of care due to bad bowel preparations.
2. VA wastes tax dollars by paying (b)(6) for multiple repeat procedures for bad bowel preparations.
3. Facility leaders ignored complaints about (b)(6)'s poor quality of care and continued to send referrals to preferred providers.
4. Fee basis referrals are directed to a preferred provider, (b)(6).
5. A surgeon, (b)(6), is not qualified to perform capsule endoscopies and does not read the results.

We contacted the anonymous complainant via email and conducted a phone interview on October 28, 2013. The complainant provided few additional details and no supporting documents or specific cases for us to review. On December 9, 2013, we requested clarification on the specifics of the allegations as a follow-up, but received no response.

We conducted a site visit at Gainesville on December 11-12, 2013, and interviewed the Chief of Non-VA Care, Chief of Gastroenterology, Chief of Patient Services, and staff knowledgeable of Non-VA Fee care. We reviewed electronic health records (EHRs) of patients seen by (b)(6), billing data,¹ fee authorizations, patient complaints and other relevant data. We also reviewed Non-VA Medical Care Coordination (NVCC) Process and Manager's guides, consult policies, and local NVCC policies.

We did not find evidence to substantiate that (b)(6) gastroenterology patients received poor care, delays in care, or that taxpayer dollars were wasted for multiple repeat procedures. The procedures in question included colonoscopies, endoscopies, and polyp removal. We

¹ Source- Fee Basis Claims System - (b)(6) transactions posted January 2011-November 2013

analyzed billing data from January 2011 to November 2013 to identify veteran patients who received multiple repeat procedures potentially indicating poor quality of care or waste of taxpayer funds. We identified 546 patients that received services from (b)(6). Of that population, we identified 123 patients that had received more than one procedure from (b)(6).


Healthcare inspectors reviewed 40 EHRs of the identified 123 patients and found no evidence that (b)(6) patients received poor care. Although patients had received multiple procedures, they were for follow-ups or additional procedures that were authorized by the facility. Analysis comparing treatment dates to time periods established in the authorizations did not reveal a pattern of delays in treatment.

We did not substantiate that facility leaders received or ignored complaints regarding poor quality of care provided by (b)(6). In our interviews with the Chief of Non-VA Care, Chief of Gastroenterology, Chief of Patient Services and other staff, no one recalled specific complaints about services provided by (b)(6). A review of complaints recorded in the Patient Advocate Tracking System for Non-VA providers revealed no complaints alleging poor care or delays in care against (b)(6).

We did not find evidence that NVCC referrals were inappropriately directed to (b)(6). A supervisor in Non-VA care claims stated that patients are offered the choice to see a preferred provider; if a preferred provider is not selected, NVCC clerks process authorizations in the Fee Basis system, which assigns a vendor based on the closest geographic location to the patient.

We did not substantiate that (b)(6) was not qualified to perform capsule endoscopies and/or failed to read the test results. We reviewed (b)(6)'s profile listed on the State of Florida's Department of Health website and determined that he is certified by the American Board of Colon & Rectal Surgery and American Board of Surgery, is licensed to practice medicine through January 31, 2016, and has not been disciplined by any regulatory authority within the last 10 years. Additionally, we determined that (b)(6) performed three capsule endoscopies between January 2011 and November 2013 and based upon a review of the three patients' EHRs who underwent the exam, (b)(6) read the test results.

We concluded that the complainant's allegations regarding inadequate care and mismanagement of the Non-VA Care Program for gastroenterology services were without merit and I am administratively closing this case.


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5/20/14