Administrative Closure
Colorectal Cancer Screening in 2010
VA Texas Valley Coastal Bend Health Care System (740/00)
Harlingen, TX
MCI #2014-03180-HI-0501

The VA Office of Inspector General Office of Healthcare Inspections evaluated an allegation about care at the VA Texas Valley Coastal Bend Health Care System, Harlingen, TX (system) that was published in a (b)(6) article. The article stated that a policy was implemented in 2010 "that colonoscopies would only be approved if the patient tested positive in three successive screenings for bloody stools." The system was a part of South Texas Veterans Health Care System until it became an independent system on October 1, 2010.

National guidelines for the prevention of colon cancer specify that screening can be conducted in several ways, each of which is acceptable. One approach is for patients to submit three fecal occult blood test (FOBT) cards annually; if any of the cards indicate the presence of blood, colonoscopy is performed. (Recent advances in test technology now allow for a single card to be submitted annually.) An alternative approach is for patients to undergo colonoscopy every 10 years, more frequently in certain circumstances. VHA policy directs that patients, in consultation with their providers, be given the option of choosing between these approaches.

The assertion made in the (b)(6) article could be interpreted to mean that colonoscopies were performed only if FOBT testing was conducted and:

- all three cards in a given set tested positive for blood, or
- more than one set of cards tested positive for blood

We conducted an offsite review May 20–27, 2014. We interviewed the Chief of Staff (COS) and the current system Director and reviewed pertinent policies and procedures related to the allegation. We attempted to interview the physician identified in the (b)(6) article, but were unable because, on the advice of his attorney, he would not speak to us without being provided a list of questions in advance. On the advice of IG Counsel, we did not provide a list of questions in advance, as this is not our usual practice and it would not allow us to explore areas outside of the questions should we need further clarification based on his answers. As we were unable to clarify the allegation with the physician identified in the article, we reviewed electronic health records for system patients referred for a colonoscopy during calendar year (CY) 2010.

We did not substantiate that patients were required to test positive in three FOBTs (whether all three cards in one set or more than one set) prior to approval for a colonoscopy.

During our interviews, we found that neither the system Director nor the COS were aware of any policy requiring patients to test positive for three successive FOBTs prior to approval for a colonoscopy. Although using FOBT was consistent with national professional guidelines, it was not in keeping with VHA policy. We found no evidence to suggest that a colonoscopy was not performed for patients who had a single positive FOBT.

The COS stated that the system followed the clinical practice guidelines set by VHA for colorectal cancer screening and that providers were told they should discuss the options for screening with their patients. According to the COS, he discovered that this was not happening in 2012 when he noticed many patients were not using their approved colonoscopy fee vouchers. According to the COS, when patients were asked why they were not using their vouchers, they stated they were not willing to have a colonoscopy and would prefer to have the annual FOBTs. The patients stated their providers had not discussed the options available with them. The COS held a meeting with the providers and instructed them to discuss colorectal cancer screening options with patients to ensure that patients were willing to have a colonoscopy prior to submitting consults for the procedure. The COS stated he never instructed providers to use FOBT in place of colonoscopy for colorectal cancer screening and that one positive FOBT was enough to refer a patient for a colonoscopy.

Additionally, in February 2012, at the direction of the Deputy Undersecretary for Health for Operations and Management, a fact finding team conducted a site visit at the system to investigate complaints reported to the Office of Special Counsel by the physician identified in the (b)(6) article as a whistleblower. One of the reported complaints investigated by the team alleged that the system "stopped sending patients for colonoscopies in 2010 because they could not afford non-VA providers and elected to use the FOBTs instead of colonoscopies." Upon review of historical data for screening colonoscopy referrals, VHA guidance on colorectal cancer screening, system policy, and staff interviews, the fact finding team did not substantiate the allegation.

During our electronic health record reviews, we did not find that system patients were required to test positive in three successive FOBTs prior to approval for a colonoscopy. We identified 731 gastroenterology (GI) consults submitted for system patients in CY 2010. We excluded 590 consults because they were for surveillance colonoscopies or for clinical indications that would not require a colonoscopy (such as consults to the liver clinic or consults for Barrett's esophagus). We reviewed the electronic health records for the remaining 141 identified patients, and we found that 49 were submitted for colorectal cancer screening and 92 were submitted for GI complaints that might require a colonoscopy for diagnostic purposes.

Of the 49 colorectal cancer screening consults submitted, 20 patients did not have serial FOBTs obtained prior to a consult submission and 29 had at least 1 set of serial FOBTs prior to consult submission. However, one provider (who retired in April of 2010) did discontinue 3 of the 20 consults requesting colonoscopies for colorectal cancer screening on April 1, 2010, stating that FOBT should be obtained for colorectal cancer screening. No consults prior or subsequent to April 1, 2010, were discontinued for this reason. The system also discontinued the consult for one patient who had three of three (3/3) positive results because the patient was a Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) patient, and subspecialties in the system do not provide CHAMPVA services. However, the patient was referred timely to CHAMPVA services in the community.

Of the 92 patients referred for GI complaints that might require a diagnostic colonoscopy, 63 patients did not have FOBTs obtained prior to consult submission, and of the remaining 29 patients, at least 1 set of serial FOBTs was obtained prior to consult submission. Of the 29 patients, there were 12 who had no positive FOBT results, 11 had 1/3 positive results,

4 had 2/3 positive results, and 2 had 3/3 positive results. One of the two patients who had three sets of three cards completed had the third set done at his request prior to consenting to a colonoscopy consult even though his second set of FOBTs had a positive result; the other patient had a colonoscopy 1.5 years earlier, and a consult was sent requesting a GI clinic appointment. None of the consults for GI complaints were discontinued for not having three positive FOBTs.

Based on our review, I am administratively closing this case.

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

7/1/14