Administrative Closure
Scheduling Practice and Fee Basis Review
Central Texas Veterans Health Care System (674/00)
Temple, TX
MCI # 2012-03148-CR-0060

At the request of Congressman John Carter's office, the VA Office of Inspector General (OIG) Office of Healthcare Inspections conducted an offsite review to determine the validity of allegations regarding scheduling practices and fee-basis care management at the Central Texas Veterans Health Care System (facility), Temple, TX.

A complainant alleged that a gastroenterology (GI) patient was not scheduled for a clinic appointment as requested by a facility GI physician, and that fee-basis consults remain a problem at the facility. We interviewed the complainant and the GI physician, conducted an electronic health record review for the identified patient, and reviewed relevant facility documents.

The patient has a history of [redacted] and multiple admissions for [redacted]. The patient was admitted to South Texas Veterans Health Care System (STVHCS) in February 2012 with follow-up in [redacted]. The plan was to return the patient to his PCP for follow-up. However, on [redacted], the patient transferred his care from STVHCS to the facility, and his new primary care provider placed a consult to GI for evaluation of the [redacted] that was concerning for possible [redacted] was confirmed by a fee-basis. [redacted]. The patient continues to receive [redacted]

We did not substantiate the complainant's allegation that the facility GI physician requested a GI appointment for the patient "within 2 weeks" and that the patient was not scheduled as requested. The GI physician did not remember asking for an appointment within 2 weeks and did not know of any reason why the secretary would schedule a patient any different from how he would write on the consult request. The GI physician told us the appointment was for routine follow-up and, therefore, did not need to be scheduled within 2 weeks. During their review, the facility identified the need to electronically record GI physicians' consult recommendations. Previously, GI physicians would review printed copies of consult requests, write their recommendations on the paper copy, and return the paper copy to the Program Support Assistant for appointment scheduling. The process of electronically entering the physicians' scheduling recommendations and comments into the electronic health record is currently being implemented.

In a January 2012 report,[1] OIG recommended that the facility ensure patients referred for fee-basis care are tracked from initial referral to timely receipt of results to providers and patients. We found that the facility has implemented various processes to improve fee-basis care management. These include implementation of a real-time tracking tool, use of DocuManager® for paperless faxing and scanning of results, and increased reporting of compliance to facility and VISN leadership. We found that, as of May 21, 2012, 48 (20 percent) of the 244 fiscal year (FY) 2010 fee-basis consults previously found in a scheduled status remain in a scheduled status, including 10 (6 percent) of 163 GI fee-basis consults. For FY 2011, 405 (16 percent) of 2578 fee-basis consults remain in a scheduled status and for the first quarter of FY 2012, only 5 (1 percent) of 401 fee-basis consults remain in a scheduled status.

John D. Daigh, JR., M.D.
Assistant Inspector General
for Healthcare Inspections

7/23/12

[1] *Healthcare Inspection – Select Patient Care Delays and Reusable Medical Equipment Review, Central Texas Health Care System, Temple, TX*, Report No. 11-03941-61, January 6, 2012.