



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

**Office of Healthcare Inspections**

**Report No. 15-00911-362**

## **Healthcare Inspection**

# **Review of Solo Physicians' Professional Practice Evaluations in Veterans Health Administration Facilities**

**June 3, 2015**

**Washington, DC 20420**

**To Report Suspected Wrongdoing in VA Programs and Operations:**

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## Executive Summary

### Introduction

The purpose of this review was to assess whether Veterans Health Administration facilities with a solo physician in four selected specialties used specialty specific information for professional practice evaluation and had a physician with comparable privileges generate and/or review the professional practice information. The four selected specialties were gastroenterology, pathology, nuclear medicine, and radiation oncology.

### Results and Recommendations

We found good compliance with facilities completing general focused and ongoing professional practice evaluation forms. However, each facility is able to select the criteria or monitors they use for professional practice evaluations, and a majority of the information was generic. Information was more specialty specific in the three specialties that had issued clear guidance and expectations (pathology, nuclear medicine, and radiation oncology).

Two program offices (pathology and radiation oncology) had issued clear guidance about how to obtain input from a physician in the same specialty when the facility has a solo physician in that specialty, and the facilities reviewed with solo physicians in those specialties had elected to follow the guidance.

We recommended that the Interim Under Secretary for Health:

- Ensure that gastroenterology, pathology, nuclear medicine, and radiation oncology program offices define specialty specific criteria or monitors for use in Focused and Ongoing Professional Practice Evaluations and require consistent application across the Veterans Health Administration and that program offices monitor compliance.
- Require a process to obtain input for evaluating professional practice from another physician in the same specialty when a physician is the only one of any specialty at a facility and require each Veterans Integrated Service Network to monitor compliance.

## Comments

The Interim Under Secretary for Health concurred with the findings and recommendations. (See Appendix B, pages 8–10, for the full text of the comments.) The implementation plans are acceptable, and we will follow up until all actions are completed.



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

## Introduction

### Purpose

The purpose of this review was to assess whether Veterans Health Administration (VHA) facilities with a solo physician in four selected specialties used specialty specific information for professional practice evaluation and had a physician with comparable privileges generate and/or review the professional practice information. The four selected specialties were gastroenterology, pathology, nuclear medicine, and radiation oncology.

### Background

In 2007, Jonathan D. Ketcham and others studied the relationships between physician practice size and patient care and found that solo physicians were less likely to follow guidelines that affected patient health outcomes.<sup>1</sup> They concluded that the reason was most likely the lack of information sharing and consultation and suggested increased guideline adherence as a solution.

VHA has not defined specialty specific criteria or monitors for required use in professional practice evaluations. Since 2008, the medical staff program office has provided guidance about the type of information that facilities should use for evaluating physician competence. It defined general competencies with examples of indicators and metrics that facilities may consider using in professional practice evaluation and provided a template form. Following the guidance and using the form is voluntary. Individual facilities may selectively apply the guidance and are encouraged to modify it to address the services for which they privilege physicians.

VHA has not defined a process for facilities to follow when evaluating a solo physician's practice. Some VHA facilities with a solo physician in a specialty do not have specialty specific criteria for professional practice evaluation and do not obtain input from other physicians in the same specialty to generate and/or review professional practice evaluation information. This has contributed to situations involving the need for extensive patient record reviews for possible harm and resulted in challenged personnel actions due to lack of relevant performance information.

VHA has provided the following guidance:

Professional Practice Evaluation.<sup>2</sup> Focused Professional Practice Evaluation (FPPE) is a process whereby the facility evaluates the competence of either a newly hired physician or a physician who has requested new privileges. FPPE is a time-limited period during which medical staff leadership evaluates and determines the physician's professional performance. Facilities may also use FPPE when a question arises

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<sup>1</sup> <http://content.healthaffairs.org/content/26/1/195.full>. Accessed January 5, 2015.

<sup>2</sup> VHA Handbook 1100.19, *Credentialing and Privileging*, October 15, 2012, pp.43–44.

regarding a currently privileged physician's ability to provide safe, high-quality patient care.

Medical staff leadership is to define the information for the FPPE process in advance, using objective and relevant criteria. The process may include periodic chart review, direct observation, monitoring of diagnostic and treatment techniques, or discussion with other individuals involved in the care of patients.

Ongoing Professional Practice Evaluation (OPPE) allows the facility to identify professional practice trends that impact the quality of care and patient safety. Each service chief should consider what standards, activities, and data are available to provide this information. Facilities can incorporate activities such as direct observation, clinical discussions, and clinical pertinence reviews into OPPE. Data must be physician specific, reliable, easily retrievable, timely, justifiable, comparable, and risk adjusted where appropriate.

#### VHA Clinical Program Offices' Guidance.

**Gastroenterology:** The program office has not issued guidance or expectations for accomplishing overall gastroenterology FPPE/OPPE. In December 2014, the program office issued a directive that included colonoscopy monitors that facilities should use for OPPE.<sup>3</sup> Currently, VHA lacks good tools to track the quality of colonoscopy and other gastroenterology procedures, and the program office has been working toward tool development.

**Nuclear Medicine:** The program office has developed an optional OPPE form intended to assist facilities in standardizing the review process for nuclear medicine physicians. Guidance states that a peer physician should monitor each nuclear medicine physician's interpretation proficiency, generally through review by a second nuclear medicine physician. Ideally, more than 60 studies should be peer reviewed per year. Other options for proficiency review are to participate in the American College of Radiology peer review program or to interpret a set of standard cases.

**Pathology:** The program office stated that facility Chiefs of Pathology and Laboratory Medicine Service should ensure that a peer pathologist performs a diagnostic review on a quarterly basis for at least 10 percent of all surgical pathology or cytology diagnostic cases. VHA facilities with a solo pathologist must obtain a documented, signed second opinion on at least 10 percent of all surgical pathology or cytology diagnostic cases.<sup>4</sup> Facilities must obtain the second opinion through one or a combination of the following:

- a. Local consultants
- b. Another VA medical facility with two or more pathologists on its staff
- c. The Armed Forces Institute of Pathology through the memorandum of agreement

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<sup>3</sup> VHA Directive 1015, *Colorectal Cancer Screening*, December 30, 2014.

<sup>4</sup> VHA Handbook 1106.01, *Pathology and Laboratory Medicine Service Procedures*, October 6, 2008.

**Radiation Oncology:** The program office stated that the American College of Radiology accredits VHA's radiation oncology programs and requires examination of physician practice every 3 years. Accreditation requires a 100 percent review of all cases prospectively by a peer radiation oncologist. If the facility is unable to do so, as in the case of a solo radiation oncologist, each oncologist should have at least 10 percent of all cases peer reviewed retrospectively every 6 months by another radiation oncologist. Facilities can accomplish this through contract or other prospective arrangement with another facility.

In 2010, we reported that VHA could strengthen privileging practices if facilities more clearly defined and met the parameters for FPPE and OPPE.<sup>5</sup>

## Scope and Methodology

We reviewed fiscal year (FY) 2014 FPPE/OPPE information and data from facilities with a solo physician in one or more of the following specialties: (1) gastroenterology, (2) pathology,<sup>6</sup> (3) nuclear medicine, and (4) radiation oncology. We also reviewed VHA directives and handbooks. Additionally, we communicated with VHA program managers regarding expectations and requirements related to FPPE/OPPE.

The Director of VHA's Office of Productivity, Efficiency, and Staffing provided the initial number of facility solo physician full-time employee equivalents. Because physician additions and separations occur continuously, we validated the numbers with program and Veterans Integrated Service Network offices. A total of 18 facilities validated that they had a solo physician in one or more of the four specialties during FY 2014 for a total of 21 physicians. This review covers all affected facilities; therefore, we did not need to sample.

We conducted the review in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of the Inspectors General on Integrity and Efficiency.

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<sup>5</sup> *Healthcare Inspection – Evaluation of Physician Credentialing and Privileging in VHA Facilities*, Report No. 10-02381-185, July 6, 2010.

<sup>6</sup> VHA pathologists may perform either laboratory oversight or anatomic pathology services, such as surgical pathology cases, or both. We limited our review to solo pathologists who performed anatomic pathology services.



## Results and Conclusions

### Specialty Specific Professional Practice Evaluation

As stated previously, VHA has not defined specialty specific criteria for required use in professional practice evaluations. Facilities provided FPPE/OPPE information for all physicians reviewed. However, most of it was generic information derived from a small number of patient electronic health record reviews. For 10 of the 21 physicians (47.6 percent), facilities did not have specialty specific information for use in professional practice evaluations. Gastroenterologists were the largest number of solo specialists, and facilities did not have gastroenterology specific information for 75 percent of them. (See Table A below for more detailed information.)

**Table A. The 21 physicians in the four specialties and whether facilities used specialty specific information for FPPE/OPPE.**

	<b>Gastro- enterology</b>	<b>Pathology</b>	<b>Radiation Oncology</b>	<b>Nuclear Medicine</b>	<b>Total</b>
Number of solo physicians during FY 2014	12	2	2	5	21
Number of solo physicians where FPPE/OPPE information used in FY 2014 was not specialty specific	9 (75 percent)	0	0	1 (20 percent)	10 (47.6 percent)

In 2008, the Commonwealth Fund reported that significant variation exists in the quality of health care services across the United States. Decreasing variation through monitoring programs will encourage quality and efficiency throughout the United States health care system.<sup>7</sup>

All of the FPPE/OPPE forms provided for our review were different, even within the same specialty. While physicians within a specialty do not necessarily do the exact same work, there are enough similarities to define a minimum set of criteria or monitors that can be applied to the majority of physicians working in the same specialty. Some of the forms we reviewed appropriately included the type and volume of work the physician performed for the time period and several general and specific criteria or monitors.

Several facilities used some data elements, primarily to provide workload information. Although VHA has vast electronic systems, relevant data can be challenging to obtain. All facilities need to have access to data that will support specialty specific criteria or monitors. We suggest that all VHA program offices define minimum data elements that will support the criteria for each specialty.

<sup>7</sup> [http://www.nbch.org/index.asp?bid=410#\\_ftn5](http://www.nbch.org/index.asp?bid=410#_ftn5). Accessed January 29, 2015.

Within VHA, some physician specialties, such as cardiology and surgery, have national VHA reporting systems with data repositories and quality improvement programs. These systems are intended for quality improvement, and therefore, the data are protected. However, VHA could define specific data for use in FPPE/OPPE prior to its use for quality improvement.<sup>8</sup>

We recommended that these four clinical programs define a minimum set of specialty specific criteria or monitors and require consistent application across the system and that the program offices monitor compliance.

### Peer Physicians Generated and/or Reviewed Professional Practice Evaluation Information

As mentioned previously, VHA has not defined a process for facilities to follow when evaluating a solo physician's practice. For 15 of the 21 physicians (71.4 percent), facilities did not have a physician in the same specialty generate or review the information. (See Table B below for more detailed information.)

**Table B. The 21 physicians in the four specialties and whether a physician in the same specialty generated and/or reviewed the FPPE/OPPE information.**

	<b>Gastro- enterology</b>	<b>Pathology</b>	<b>Radiation Oncology</b>	<b>Nuclear Medicine</b>	<b>Total</b>
Number of solo physicians during FY 2014	12	2	2	5	21
Number of solo physicians where a physician in same specialty did not generate and/or review the FPPE/OPPE information	11 (91.7 percent)	0	0	4 (80 percent)	15 (71.4 percent)

For nine of the 21 physicians (42.9 percent), both the information was not specialty specific, and a physician in the same specialty did not generate or review the information. These are the most vulnerable to practice problems that may either remain unidentified or cannot be addressed due to lack of relevant practice information. The pathology and radiation oncology program offices had issued clear guidance about how to obtain input from a physician in the same specialty when the facility has a solo physician, and we found that the reviewed facilities with solo physicians in those specialties had elected to follow the guidance.

<sup>8</sup> VHA Directive 2008-077, *Quality Management and Patient Safety Activities That Can Generate Confidential Documents*, November 7, 2008.

We recommended that VHA specify required processes to obtain input from a physician in the same specialty when the facility has a solo physician in the specialty and that each Veterans Integrated Service Network monitor compliance. This recommendation is not limited to the four selected specialties.

## **Conclusions**

Facilities complied with requirements to complete general FPPE/OPPE forms. Each facility selected the criteria or monitors they used for FPPE/OPPE, but most of the information was generic. Information was more specialty specific in the three specialties that had issued clear guidance and expectations (pathology, nuclear medicine, and radiation oncology). However, required criteria that are monitored across the system will ensure that medical staff leaders at all facilities use consistent information about professional practice within specialties.

Two program offices had issued clear guidance about how to obtain input from a physician in the same specialty when the facility has a solo physician in a specialty (pathology and radiation oncology), and we found that the facilities reviewed with solo physicians in those specialties had elected to follow the guidance. For consistency, VHA needs to require processes to obtain input from a physician in the same specialty when the facility has a solo physician in any specialty.

## **Recommendations**

1. We recommended that the Interim Under Secretary for Health ensure that gastroenterology, pathology, nuclear medicine, and radiation oncology program offices define specialty specific criteria or monitors for use in Focused and Ongoing Professional Practice Evaluations and require consistent application across the Veterans Health Administration and that program offices monitor compliance.
2. We recommended that the Interim Under Secretary for Health require a process to obtain input for evaluating professional practice from another physician in the same specialty when a physician is the only one of any specialty at a facility and require each Veterans Integrated Service Network to monitor compliance.

## Veterans Health Administration Facilities Reviewed

Main Facility City, State	Station Number	Veterans Integrated Service Network
Wilmington, DE	460	4
Erie, PA	562	4
Fayetteville, NC	565	6
Hampton, VA	590	6
Dublin, GA	557	7
Miami, FL	546	8
Memphis, TN	614	9
Mountain Home, TN	621	9
Chillicothe, OH	538	10
Danville, IL	550	11
Marion/Ft. Wayne, IN	610	11
Columbia, MO	589A4	15
Wichita, KS	589A7	15
Poplar Bluff, MO	657A4	15
Muskogee, OK	623	16
El Paso, TX	756	18
Roseburg, OR	653	20
Spokane, WA	668	20

## Interim Under Secretary for Health Comments

**Department of  
Veterans Affairs**

# Memorandum

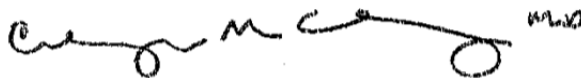
**Date:** May 5, 2015

**From:** Interim Under Secretary for Health (10)

**Subject: Draft Report: OIG Healthcare Inspection – Review of Solo Physicians' Professional Practice Evaluations in VHA Facilities (VAIQ 7582557)**

**To:** Assistant Inspector General for Healthcare Inspections (54)

1. Thank you for the opportunity to review the draft report. The Veterans Health Administration (VHA) concurs with both the conclusions and the recommendation of this OIG draft report titled, "OIG Healthcare Inspection – Review of Solo Physicians' Professional Practice Evaluation in Veterans Health Administration Facilities."
2. VHA agrees that the development of specialty specific criteria and focused ongoing professional practice evaluation (FPPE/OPPE) forms with consistent application of criteria across the system will prove beneficial in ensuring that solo physicians in the four selected specialties will be evaluated effectively.
3. VHA further agrees that establishing a process for professional practice evaluation from another physician in the same specialty, and the development of a method to monitor compliance, will ensure competence and professional practice for the provision of care to Veterans.
4. If you have any questions, please contact Karen Rasmussen, M.D., Director, Management Review Service (10AR) at VHA10ARMRS2@va.gov.



Carolyn M. Clancy, MD

Attachment

## VETERANS HEALTH ADMINISTRATION (VHA)

### Action Plan

#### OIG Draft Report, Healthcare Inspection – Review of Solo Physicians' Professional Practice Evaluations in VHA Facilities VAIQ 7582557

Date of Draft Report: February 20, 2015

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Recommendations/ Actions	Status	Completion Date
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#### OIG Recommendations

**Recommendation 1.** We recommended that the Interim Under Secretary for Health ensure that gastroenterology, pathology, nuclear medicine, and radiation oncology program offices define specialty specific criteria or monitors for use in Focused and Ongoing Professional Practice Evaluations and require consistent application across the Veterans Health Administration and that program offices monitor compliance.

#### VHA Comments

Concur

VHA will provide guidance through a Deputy Under Secretary for Health Operations (DUSHOM) memorandum that delineates the required specialty specific criteria and reporting requirements of FPPE/OPPE for the following subspecialties: gastroenterology, pathology, nuclear medicine and radiation. The memorandum will include definitions, application standards, and monitoring requirements. The specialty program offices will distribute subspecialty specific standardized FPPE/OPPE forms that contain required elements for physician review.

VHA establishes that each facility must reach 85 percent compliance for two consecutive quarters with FPPE/OPPE reviews in each of the four identified sub-specialties. Eighty-five percent compliance means 85 percent of the FPPE/OPPE reviews in each of the four identified sub-specialties at the facility used the standardized form, and were performed according to the criteria delineated in the memorandum. Those facilities that do not meet compliance of 85 percent or greater for two consecutive quarters must submit a corrective action plan to the VISN (Veterans Integrated Service Network) Director and be followed until they achieve compliance.

Facilities must report compliance rates for each of the four subspecialties to the VISN Director, or designee. VISN Directors, or designees, must report compliance rates for all facilities in their VISN to each subspecialty program office at headquarters.

To complete actions on this recommendation, VHA will provide the following documentation:

1. The DUSHOM memorandum;
2. The standardized FPPE/OPPE forms for each of the four sub-specialties;
3. Compliance rates for each of the four subspecialties, and if applicable, corrective action plans.

Status:  
In Progress

Target Completion Date:  
February 2016

**Recommendation 2.** We recommended that the Interim Under Secretary for Health require a process to obtain input for evaluating professional practice from another physician in the same specialty when a physician is the only one of any specialty at a facility and require each Veterans Integrated Service Network to monitor compliance.

VHA Comments

Concur

VHA will provide guidance through a Deputy Under Secretary for Health for Operations Management memorandum that delineates the requirement to assign a practitioner in the same discipline for every FPPE/OPPE interval when reviewing solo physician practice in any specialty. The memorandum will require VISNs to provide guidance to each facility. The memorandum will also require that Chief Medical Officers (CMO) assess compliance with this requirement as a “mandatory” review element during the annual credentialing review. The memorandum will include definitions, application standards, and monitoring requirements.

VHA requires that during the CMO credentialing review, 100 percent of the FPPE/OPPE records for solo practitioners will be reviewed. Where input from a same specialty practitioner was not documented, the CMO will require an action plan from the facility to achieve compliance.

To complete actions on this recommendation, VHA will provide the following documentation:

1. DUSHOM memorandum
2. Each VISN CMO will attest that 100 percent of the solo practitioner FPPE/OPPE folders were reviewed from the 12 months subsequent to publication of this report for input from same specialty practitioners. Where input from a practitioner in the same specialty was not incorporated, the CMO will require corrective action.

Status:  
In Progress

Target Completion Date:  
May 2016

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## Office of Inspector General Contact and Staff Acknowledgments

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<b>Contact</b>	For more information about this report, please contact the OIG at (202) 461-4720.
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<b>Acknowledgments</b>	Julie Watrous, RN, MS, Project Leader Elizabeth Bullock Simonette Reyes, RN
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## **Report Distribution**

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