ADMINISTRATIVE SUMMARY OF INVESTIGATION BY THE VA OFFICE OF INSPECTOR GENERAL IN RESPONSE TO ALLEGATIONS REGARDING PATIENT WAIT TIMES

VA Medical Center in Mountain Home, TN
May 5, 2016

1. Summary of Why the Investigation Was Initiated

The investigation was initiated pursuant to information received from a confidential source who alleged that patient consults with the Non-VA Care Coordination (NVCC) program at the James H. Quillen Veterans Affairs Medical Center (VAMC), Mountain Home, TN, were being moved from "pending" status to "active" status without doing clinical reviews or checking eligibility of the patient. The confidential source further alleged that numerous patient consults in the NVCC Program were being marked as "complete" after the patient's first treatment even though the patient required follow-up care. The confidential source alleged that these practices made it very difficult to track patients and pay bills.

2. Description of the Conduct of the Investigation

- **Interviews Conducted:** Department of Veterans Affairs (VA) Office of Inspector General (OIG) interviewed the complainant and 12 additional employees, including the VAMC Director, and the director and deputy director, Veterans Integrated Services Network (VISN) 9.

- **Records Reviewed:** VA OIG reviewed records of consults changed from pending status to active status and analyzed them with assistance from VA OIG Office of Healthcare Inspections (OHI).

3. Summary of the Evidence Obtained From the Investigation

Interviews Conducted

- The confidential source said NVCC typically received one or two consults a week before the "Phoenix[1] scandal" hit the news. The confidential source alleged that once a patient was seen by a doctor, the patient's consult was closed in the system, even if the patient required additional care and follow-up appointments. This made it very difficult to track the patient. When asked if this was being done in a particular department, the confidential source said it was being done "across the board." The confidential source provided a patient list and highlighted in yellow the names of patients whose file had been "closed" even though they still needed treatment.

  When re-interviewed, the confidential source said in mid-2014, a supervisor and service chief told their subordinates they should move patient consultations within the NVCC Program from pending status to active status, whether or not the consult was ready to be

[1] Any reference to Phoenix in this summary refers to wait time allegations that surfaced at VAMC Phoenix in early 2014.

moved. According to the confidential source's research and understanding of VA policy, consults should have stayed in pending status until the administrative and clinical reviews were completed. The confidential source also said that consults were being moved to completed status before the care process was completed. The confidential source explained that consults were being completed by the Health Information Management Section (HIMS) as soon as they received the first note from an outside provider, whether the patient's care was complete or not. The confidential source further explained that this process made it difficult to track patient appointments once the consult has been marked "completed," specifically for those patients who were still receiving follow-up care. The confidential source provided two VA documents: NVCC, Appointment Management, dated December 9, 2011, and NVCC, Non-VA Care Referral Review Process, dated August 10, 2011, and explained that the two documents delineate the Standard Operating Procedures for Non-VA Care.

- A Fee Basis supervisor was questioned about changing the status of veterans from pending to active, even if nothing had been done other than verify their eligibility. He stated this started in approximately June 2014 when the service chief instructed that this should be done. The Fee Basis supervisor stated that veterans should not have been moved from pending to active until something had been done with the consult, and the way the service chief was directing it to be done was incorrect. He stated that veterans could get lost in the system and not get the required care if their status was changed to active before anything was scheduled. He also stated that changing the status from pending to active increased the workload on the schedulers, requiring them to find their own way of keeping track of which veterans were actually active and had appointments, and which veterans still required appointments or other work on their consults.

- The service chief was questioned specifically about the progression of consults from pending status through to complete status. He explained that once the consult was received, it should have been moved from pending status to active status. When shown the NVCC policy that contradicted his stance on when consults should be moved from pending to active, he stated that he gave the order to his schedulers to move consults from pending to active status upon receipt of the consult. He maintained that moving consults from pending to active status upon initial receipt was the normal process.

- A manager in the Business Office was asked about changing consults from pending to active. She described the process as documented in NVCC policy. When advised that schedulers had been instructed by the service chief, since June 2014, to move consults from pending to active once a veteran's eligibility was confirmed and without taking any additional steps, the manager in the Business Office stated that this was not the way the NVCC consults were supposed to be handled, and she was unaware the service chief had ordered the schedulers to do this.

- Fee Basis Clerk 1 (FBC1) advised that she handled a variety of consults to include Cardiology, Urology, and "new" surgery. She noted that consults were previously changed from pending to active after something had been done with the consult, such as approval from an official and contact with the patient or provider was made regarding the appointment. She noted that the service chief, who was her supervisor, changed how this

was handled on June 4, 2014, by telling the schedulers to change it from pending to active whether it was approved or not. She noted that on July 16, 2014, the schedulers had a meeting with the James H. Quillen VAMC Director and discussed the instructions they were given to move consults from pending to active after verification of eligibility. She stated the director had told the schedulers that upper management in Washington D.C. was watching the facility's numbers, and she would talk to the senior leader in the Business Office regarding their concerns.

- FBC2 advised that until approximately June 2014, the VA schedulers would check to see if the veterans were approved and eligible for care. If they were, then the schedulers would contact the patient or provider to start scheduling care. Starting around June 2014, they were instructed by the service chief to put the patients in active status immediately after eligibility had been determined, even if nothing else had been done with the consult. FBC2 stated that this was contrary to NVCC policy and what they had previously been trained to do. He stated that managing the consults this way created extra work for the schedulers and made it very confusing.

- FBC3 explained the way schedulers used to handle consults changed right after the VA Phoenix scandal broke in the news. Previously, for a consult to move from pending to active, something had to be done with it, such as a scheduled visit or some other type of activity. After the VA Phoenix scandal broke, the service chief instructed the Fee Basis supervisor to have the schedulers move consults into active status as soon as they came in. FBC3 noted the schedulers fought against this change because it caused numerous problems for the schedulers and misrepresented where the consults were in the process. He expressed concern that veterans would get lost in the system because the schedulers would not know who was actually active and who was listed as active but was actually pending and needed an appointment scheduled. As a result, the schedulers were forced to keep separate lists of which veterans were actually pending even though they had been marked as active so the schedulers would know that additional work needed to be done. He noted that the schedulers expressed their concerns regarding the changes to the process to the service chief and the Fee Basis supervisor, as well as to a manager and a senior leader in the Business Office. The schedulers also had a meeting with the James H. Quillen VAMC Director during which they discussed their concerns about premature movement of consults from pending to active status.

- FBC4 stated the schedulers were told by the service chief that once a consult was received, it needed to be switched from pending status to active status. She said switching consults from pending to active made it difficult to track, along with making it difficult to differentiate which consults are truly active. She expressed frustration in how consults were closed and noted that once a document was received following a patient's visit, the consult moved to a completed status. This made it difficult to track patients who needed follow-up care.

- The director confirmed she had a meeting with the schedulers from the Business Office in July 2014. She said that the schedulers presented her with a number of issues ranging from their pay, job description, lack of office equipment, workload, and consult management. She further said that the schedulers brought up issues with the lack of

clinical reviews that were not taking place for consults entering into Fee Basis. She said she relayed the schedulers' concerns to the service chief's supervisor.

- A Health Systems Specialist trainee recalled that during a meeting involving the director, the schedulers raised a number of issues, including how the standard operating procedure for handling certain matters had changed and was not in line with guidance from the Central Business Office.

- The service chief's supervisor said that, as a result of the Phoenix issues in early 2014, the number of patients referred for Non-VA Care had quadrupled. He said he had a meeting with the service chief during which he told him that these consults were to be made a priority. He denied giving instruction or guidance to the service chief that was contrary to how the consult process should progress from pending status to completed status. The supervisor agreed that moving consults prematurely from pending status to active status would make it difficult for the schedulers to track the consults.

- The director and deputy director, VISN 9, Nashville, TN, both stated they had no knowledge that the service chief had given orders contrary to NVCC policy regarding consult management, specifically, the issues of moving consults from pending status to active status prematurely. The deputy director explained that there were no metrics or emphasis placed on consults to be moved from pending to active status. The emphasis was placed on getting the veteran scheduled so the veteran could receive care in a timely manner. The deputy director further said that at some facilities, pending consults and active consults were grouped together. Both said that the service chief unexpectedly retired in January 2015.

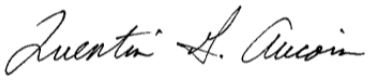
Records Reviewed

- An analysis for patient consults within the NVCC Program at the James H. Quillen VAMC was prepared by OHI. The analysis included a review of data for 986 NVCC consults that were initiated from June 1, 2014, through September 30, 2014. The team randomized the list and identified 30 records for a more focused record review. The analysis showed that 29 of 30 patient records (97 percent) revealed that care was rendered. The team concluded that NVCC consults were not lost by being moved from pending to active status prematurely or from being marked completed when follow-up care was still needed. Furthermore, since timely care was provided in 97 percent of the cases, no further reviews were initiated.

4. Conclusion

The investigation substantiated that the service chief gave instructions to the Fee Basis clerks to immediately move all consults from pending status to active status upon initial receipt of patient consults, which was inconsistent with NVCC policy. A review of NVCC patient consults by OHI determined that patient care was not adversely affected because of consults being prematurely moved from pending status to active status or being closed even if follow-up care was needed.

The OIG referred the Report of Investigation to VA's Office of Accountability Review on February 27, 2016.



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