VA Office of Inspector General

OFFICE OF AUDITS AND EVALUATIONS

Veterans Health Administration

Independent Review of VA's FY 2017 Performance Summary Report to the Office of National Drug Control Policy

March 26, 2018
18-00835-146

ACRONYMS

BAM	Brief Addiction Monitor
FY	Fiscal Year
OIG	Office of Inspector General
ONDCP	Office of National Drug Control Policy
ORD	Office of Research and Development
SUD	Substance Use Disorder
VA	Department of Veterans Affairs
VHA	Veterans Health Administration

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Department of Veterans Affairs

Memorandum

Date: March 26, 2018

From: Assistant Inspector General for Audits and Evaluations (52)

Subj: Final Report: *Independent Review of VA's Fiscal Year 2017 Performance Summary Report to the Office of National Drug Control Policy*

To: Deputy Under Secretary for Health for Organizational Excellence (10E)

1. The Office of Inspector General is required to review the Department of Veterans Affairs' Fiscal Year 2017 Performance Summary Report to the Director, Office of National Drug Control Policy (ONDCP), pursuant to ONDCP Circular: *Accounting of Drug Control Funding and Performance Summary (*Circular), dated January 18, 2013, and as authorized by 21 U.S.C. § 1703(d)(7).[1] The Performance Summary Report is the responsibility of VA's management and is included in this report as Attachment A (*Patient Reported Abstinence*) and Attachment B (*Research and Development*).

2. We reviewed, according to the Circular's criteria and requirements, whether VA has a system to capture performance information accurately and whether that system was properly applied to generate the performance data reported in the Performance Summary Report. We also reviewed whether VA offered a reasonable explanation for failing to meet a performance target and for any recommendations concerning plans and schedules for meeting future targets or for revising or eliminating performance targets. Furthermore, we reviewed whether the methodology described in the Performance Summary Report and used to establish performance targets for the current year is reasonable, given past performance and available resources; and whether VA established at least one acceptable performance measure for each Drug Control Decision Unit, as defined by the Circular, for which a significant amount of obligations were incurred.

3. We conducted our review in accordance with attestation standards established by the American Institute of Certified Public Accountants and the applicable *Government Auditing Standards*, issued by the Comptroller General of the United States. An attestation review is substantially narrower in scope than an examination. Specifically, the objective of an examination is the expression of an opinion on the assertions in the Performance Summary Report. Accordingly, we do not express such an opinion on the assertions in the Performance Summary Report.

[1] To view the circular, please visit https://obamawhitehouse.archives.gov/sites/default/files/docs/2013_circular-accounting_of_drug_control_funding_and_performance_summary.pdf.

4. Based upon our review and the Circular's criteria:

- Nothing came to our attention that caused us to believe VA lacked a system to capture performance information accurately or that the system was not properly applied to generate the performance data in the Performance Summary Report.

- VA did not meet its FY 2017 target for the Patient Reported Abstinence performance measure. VA reported that the performance target was set with an expectation that performance would improve in FY 2017 from the levels observed in FY 2015 and FY 2016; however, there was not a compelling benchmark to use as the basis for the increased target. VA reported that FY 2017 performance was derived from a convenience sample rather than a representative sample of the full patient population. The decline in FY 2017 performance may reflect differences over time in the addiction severity of patients sampled. VA reported that samples are expected to be more representative once measurement-based care is implemented routinely, and more appropriate target levels will continue to be refined. VA reported that targets are set to promote performance improvement while considering changes in the healthcare delivery system and the effect on case mix in Substance Use Disorder specialty care. Based on consideration of all these factors, VA reported the FY 2018 target for patient-reported abstinence will remain at the same level as the FY 2017 target.

- Nothing came to our attention that caused us to believe VA did not meet its FY 2017 Research and Development target for the substance use disorder ongoing studies performance measure. As a result, VA is not required to offer an explanation for failing to meet a performance target, for recommendations concerning plans and schedules for meeting future targets, or for revising or eliminating performance targets for this measure.

- Nothing came to our attention that caused us to believe the methodology described in the Performance Summary Report establishing performance targets for the current year is not reasonable, given past performance and available resources.

- Nothing came to our attention that caused us to believe VA did not establish at least one acceptable performance measure for each Drug Control Decision Unit, as defined by the Circular, for which a significant amount of obligations were incurred in the previous fiscal year.

5. This report is intended for the information and use of the ONDCP in meeting its statutory obligation to provide the U.S. Congress an accounting of VA's FY 2017 Performance Summary Report. As a result, this report is not intended to be used for any other purpose

6. We provided the Veterans Health Administration our draft report for comment. The Acting Chief of Staff concurred with our report without further comments.

LARRY M. REINKEMEYER

Attachments

VA's Management Representation Letter

Department of Veterans Affairs Memorandum

Date: January 18, 2018

From: Acting Deputy Under Secretary for Health for Organizational Excellence

Subj: Management Representation Letter for the Independent Review of the VA's FY 2017 Performance Summary Report to the Office of National Drug Control Policy (Project Number 2018-00835-BA-0030)

To: Assistant Inspector General for Audits and Evaluations (52)

1. We are providing this letter in connection with your attestation review of our Performance Summary Report to the Director, Office of National Drug Control Policy (ONDCP). We confirm, to the best of our knowledge and belief that the following representations made to you during your attestation review are accurate and pertain to the fiscal year (FY) ended September 30, 2017.

2. We confirm that we are responsible for and have made available to you the following:

   a. The Performance Summary Report for FY 2017 required by the Circular.
   b. All supporting records and related information and data relevant to the performance measures within the FY 2017 Performance Summary Report; and
   c. Communications, if any, from the ONDCP and other oversight bodies concerning the FY 2017 Performance Summary Report and information therein.

3. We confirm that the FY 2017 Performance Summary Report was prepared in accordance with the requirements and criteria of the Office of National Drug Control Policy (ONDCP) Circular, Drug Control Accounting, January 18, 2013.

4. We understand your review was conducted in accordance with the attestation standards established by the American Institute of Certified Public Accountants, and the applicable standards contained in Government Auditing Standards, issued by the Comptroller General of the United States. An attestation review is substantially less in scope than an examination and accordingly, you will not express an opinion on the Performance Summary Report and related disclosures.

5. No events have occurred subsequent to September 30, 2017, that would have an effect on the Performance Summary Report and the information therein.

(original signed by:)

Gerard R. Cox, MD, MHA

For accessibility, the format of the original document in this attachment has been modified to fit in this document.

Attachment A Patient Reported Abstinence

Department of Veterans Affairs
Veterans Health Administration
FY 2017 Performance Summary Report

I. PERFORMANCE INFORMATION

Decision Unit 1: Veterans Health Administration

Measure 1: Patient Reported Abstinence

FY 2014 Actual	FY2015 Target	FY 2015 Actual	FY2016 Target	FY2016 Actual	FY2017 Target	FY 2017 Actual	FY 2018 Target
85%	88%	83%	88%	81%	88%	80%	88%

(a) This measure was established at the request of the Office of National Drug Control Policy to reflect patient reported outcomes of recent abstinence rather than the previously reported process measure on continuity of care. It applies to patients diagnosed with drug use disorders entering specialty outpatient treatment for Substance Use Disorder (SUD). During FY 2017, VHA continued implementation of clinical symptom monitoring using the Brief Addiction Monitor (BAM) that transmits responses to the national data base with over 7,555 Veterans assessed at the beginning of a new episode of SUD specialty care during the 4th quarter of FY 2017. The BAM is designed to assist SUD specialty care clinicians in initial treatment planning, as well as in monitoring the progress of patients while they are receiving care for a SUD, and serves as a basis for providing patient feedback to enhance motivation for change, and for informing clinical decisions such as the intensity of care required for the patient. In addition to items addressing risk and protective factors for recovery, the BAM assesses self-reported substance use in the prior 30 days, including an item inquiring as to days of any use of illicit or non-prescribed drugs, as well as items on use of specific substances.

Indicator: Percent of patients beginning a new episode of treatment for SUD who report abstinence from drug use at follow-up assessment.

Numerator: Veterans with a drug use disorder diagnosis who reported not using any illegal/street drugs or abuse of any prescription medications in the past 30 days when reassessed 30-90 days after their first encounter in outpatient SUD specialty care.

Denominator: Veterans who remain engaged for at least 30 days in a new episode of care in an outpatient specialty care program with a diagnosis of drug use disorder.

(b) During the first three quarters of FY 2017 (allowing time for follow-up assessment during Quarter 4), VHA substance use disorder specialty outpatient programs assessed self-reported abstinence from drug use at follow-up among 2,620 Veterans with drug use disorder diagnoses documented at admission. Among the Veterans who remained engaged in care and were reassessed 30–90 days after admission, 80 percent reported abstinence from drugs during the previous 30 days.

(c) In FY 2017, VHA continued implementation of clinical symptom monitoring using the Brief Addiction Monitor (BAM), which transmits responses to the national data base with an average of approximately 2500 administrations per month to patients beginning new episodes of SUD specialty care. VHA specialty care programs are now able to use BAM as part of software that integrates the assessment process with our electronic health record; however, VA does not yet have the capability to incorporate patient generated data directly into the electronic health record (e.g., using waiting room computer tablets or

remote web-based data entry), and this limits clinical feasibility for efficient collection and entry of these patient reported outcomes during treatment. Higher rates across programs of initial assessment and re-assessment during treatment may provide more representative estimates of self-reported recovery during early abstinence than the estimates based on the selected samples collected from programs that have begun implementation to date. As implementation continues, VA will monitor assessment rates and self-reported abstinence to inform future performance targets that do not provide disincentives for retaining in care Veterans with conditions that may take longer to respond to treatment interventions. The BAM is designed to assist SUD specialty care clinicians in monitoring the progress of patients while they are receiving care for a SUD, serving as a basis for providing patient feedback to enhance motivation for change, and for informing clinical decisions such as the intensity of care required for the patient. Consultation regarding implementation of measurement based care continues to be offered through national resources, including the two Centers of Excellence in Substance Abuse Treatment and Education.

(d) Performance Measures are maintained by the VHA Office of Reporting, Analytics, Performance, Improvement & Deployment. In the case of the SUD measure, patient reported outcomes are collected by clinical staff, entered into the electronic health record using VistA software, and transmitted to the Corporate Data Warehouse from which they are extracted for aggregate analyses. The extraction methodology uses the appropriate DSS identifier codes (stop codes) and diagnostic codes to select the patients who meet the criteria for inclusion in the measure.

II. MANAGEMENT'S ASSERTIONS

(1) **Performance reporting systems appropriate and applied**. Performance Measures are maintained by the VHA Office of Reporting, Analytics, Performance, Improvement & Deployment. In the case of the SUD measure, workload data generated at the facility is transmitted to the VHA Austin Data Center. The extraction methodology uses the appropriate DSS identifier codes (stop codes) and diagnosis codes to select the patients who meet the criteria for inclusion in the measure. The patient data is then extracted from the Corporate Data Warehouse for aggregate analysis. The system was properly applied to generate the performance data.

(2) **Explanations for not meeting performance targets are reasonable.** In FY 2017 the performance target was set at 88% with an expectation that performance would improve from the 81% level observed in FY2016; however there was not a compelling benchmark to use as the basis for the target. The 88% target was originally set in FY2015 and has been continued year after year without a compelling justification for doing so. As in previous years, the resulting FY2017 performance of 80% was derived from a sample that is assessed at intake and reassessed early in recovery and thus constitutes a convenience sample rather than a systematically derived sample that is representative of the full patient population. Comparison of samples across years is thus subject to sampling bias. The apparent decline in performance from FY 2015 may also reflect differences over time in the addiction severity of patients sampled as well as improvement in guideline recommended efforts to retain patients in treatment despite early relapse. In FY2017, VA developed and tested a quality improvement initiative to increase use of the BAM which will be implemented in FY2018. Once measurement based care using the BAM is implemented routinely throughout the healthcare system, the representativeness of samples is expected to improve and appropriate target levels will be refined.

(3) **Methodology to establish performance targets is reasonable and applied.** In consultation with the program office in Patient Care Services and the Office of Reporting, Analytics, Performance, Improvement & Deployment, targets are set to promote performance improvement while considering changes in the healthcare delivery system and the impact on case mix in SUD specialty care. Based on consideration of all these factors, VA has identified for FY 2018, a target of 88 percent patient reported abstinence from drugs during early recovery among patients with drug use disorders engaged in a new episode of SUD specialty treatment.

(4) **Adequate performance measures exist for all significant drug control activities** VHA is measuring outcomes related to treatment of Veterans with SUD.

Performance

This section on FY 2017 performance is based on agency Government Performance and Results Act (GPRA) documents, an OMB assessment, and other agency information. VHA reports performance for two separate drug-related initiatives:

(1) health care and (2) research and development. VHA's health care performance measure for ONDCP reporting purposes is "patient reported abstinence" (i.e., percent of patients with drug use disorders remain engaged for at least 30 days in a new episode of care in an outpatient specialty care program, and who report abstinence from drug use at follow-up assessment).

The dollars expended in VHA research help to acquire new knowledge to improve the prevention, diagnosis, and treatment of disease. These funds also generate new knowledge to improve the effectiveness, efficiency, accessibility, and quality of veterans' health care.

Discussion of Current Program

In FY 2017, VHA provided services by mental health clinicians in a variety of outpatient settings to 199,903 patients with any diagnosis of a drug use disorder. Of these, 32 percent used cocaine, 30 percent used opioids, and 49 percent used cannabis. Nearly 88 percent had co-existing psychiatric diagnoses. (These categories are not mutually exclusive.)

VA provides two types of 24-hour-a-day care to patients having particularly severe substance use disorders. VA offers 24-hour care in residential rehabilitation treatment programs for substance use disorders. Additionally, 24-hour care is provided for detoxification in numerous inpatient medical and general mental health units throughout the VA system. Outpatient detoxification is available for patients who are medically stable and who have sufficient social support systems to monitor their status. Most Veterans with substance use disorders are treated in outpatient programs. Intensive substance use disorder outpatient programs provide at least three hours of service per day to each patient, and patients attend them three or more days per week. Standard outpatient programs typically treat patients for an hour or two per treatment day and patients attend one or two days a week.

VHA is steadily expanding the availability of medication assisted treatment for veterans with opioid use disorder (OUD). VA monitors the percentage of patients with OUD who receive medication-assisted treatment (35 percent during FY 2017) as part of the Psychotropic Drug Safety Initiative (PDSI). PDSI is a nationwide psychopharmacology quality improvement (QI) program that supports facility-level QI through: quarterly quality metrics, clinical decision support tools, technical assistance for QI strategic implementation, and a virtual learning collaborative. Compared to FY 2016, during FY 2017, 11 percent more unique Veterans received treatment with buprenorphine (total of 14,660) and the number of prescribers increased by 12 percent (to 1,150). In FY 2017, evidence-based medication assisted treatment for opioid use disorder, including office-based treatment with buprenorphine, was provided to patients at 100 percent of VA Medical Centers. Including Community-Based Outpatient Clinics separate from the medical centers, over 500 total sites of service provided at least some buprenorphine. VA operates federally regulated Opioid Treatment Programs that can provide methadone maintenance on-site at 32 larger urban locations, and at a growing number of VHA facilities that maintain contractual arrangements or arrange non-VA care for providing these services through community-based licensed Opioid Treatment Programs.

In light of the frequent co-occurrence of substance use disorders with post-traumatic stress disorder, VHA has also assigned a substance use disorder specialist to each of its hospital-level post-traumatic stress disorder services or teams. The staff person is an integral member of the post-traumatic stress disorder clinical services team and works to integrate substance use disorder care with all other aspects of post-traumatic stress disorder-related care. Among the specialists' responsibilities are identification and treatment of veterans with co-occurring substance use disorder and post-traumatic stress disorder. Specialists also promote preventive services for veterans with post-traumatic stress disorder who are at risk for developing a substance use disorder.

VA continues to pursue a comprehensive strategy to promote safe prescribing of opioids when indicated for effective pain management. The purpose of the Opioid Safety Initiative is to ensure pain management is addressed thoughtfully, compassionately and safely. Based on comparisons of national data between the quarter beginning in July 2012 and the quarter ending in September 2017, several aspects of the Opioid Safety Initiative have begun to show positive results. Despite an increase of 157,923 veterans who were dispensed any medication from a VA pharmacy, 192,742 fewer veterans were on long-term opioids, and 82,285 fewer veterans received opioid and benzodiazepine medications together. There has been an increase in the percentage of veterans on opioid therapy who have had at least one urine drug screen from 37 percent to 88 percent. The average dose of selected opioids has continued to decline as 33,565 fewer patients were receiving daily doses greater than or equal to 100 milligrams of morphine equivalent, demonstrating that prescribing and consumption behaviors are changing. Programs to end Homelessness among veterans have SUD specialists to support the Department of Housing and Urban Development – VA Supportive Housing (HUD-VASH) program. In addition, there are SUD Specialists working in Health Care for Homeless Veterans (HCHV) programs. These specialists emphasize early identification of SUD as a risk for maintaining permanent housing, promote engagement or re-engagement in SUD specialty care programs, and serve as links between Homeless and SUD programs.

For accessibility, the format of the original document in this attachment has been modified to fit in this document.

Attachment B Research and Development

Office of Research and Development,

Department of Veterans Affairs

Fiscal Year 2017 Performance Summary Report

To the Office of National Drug Control Policy

1. Performance Information

Performance Measure: Each fiscal year the Office of Research and Development (ORD) will have at least 10 ongoing studies directly related to substance abuse disorder: 5 ongoing studies related to alcohol abuse and 5 ongoing studies related to other substance abuse.

How the measure is used in the program: Most ORD-funded studies are investigator-initiated. Many clinicians who treat patients also perform research, so their research is targeted at diseases and disorders that they treat. Investigators will be encouraged to undertake research in this important area.

Performance results for the previous fiscal years: In fiscal year (FY) 2008, ORD funded 17 studies related to substance abuse disorder, 38 related to alcohol abuse, and 14 that were related to both substance abuse disorder and alcohol abuse. In FY 2009, ORD funded 20 studies related to substance abuse disorder, 45 related to alcohol abuse, and 10 related to both. In FY 2010, ORD funded 21 studies related to substance abuse disorder, 46 related to alcohol abuse, and 14 related to both. In FY 2011, ORD funded 37 studies related to substance abuse disorder, 51 related to alcohol abuse, and 8 related to both. In FY 2012, ORD funded 32 studies related to substance abuse disorder, 56 related to alcohol abuse, and 10 related to both. In FY 2013, ORD funded 30 studies related to substance abuse disorder, 59 related to alcohol abuse, and 17 related to both. In FY 2014, ORD funded 32 studies related to substance abuse disorder, 67 related to alcohol abuse, and 25 related to both. In FY 2015, ORD funded 31 studies related to substance abuse disorder, 67 related to alcohol abuse, and 22 related to both. In FY 2016, ORD funded 23 studies related to substance abuse disorder, 54 related to alcohol abuse, and 20 related to both. In FY 2017, ORD funded 19 studies related to substance abuse disorder, 52 related to alcohol abuse, and 15 related to both.

Comparison of the most recent fiscal year to its target: The targets for FY 2017 were exceeded. See Table 1.

Target for the current fiscal year: Although the actual values (number of studies) exceeded the target for FY 2017, we have not increased the target for FY 2018. This is because there is wide variation in the amount of funding per project. The more expensive studies are usually multisite clinical trials. Leaving the target at its present level would allow flexibility in the types of studies that are funded.

Procedures used to ensure that the performance data is accurate, complete, and unbiased. The data is obtained from the Office of Research and Development's (ORD's) database that lists all of its funded projects. A report is produced that lists all funds sent to the VA medical centers for projects on drug and alcohol dependence for the four ORD services for a given fiscal year. The number of projects in the list is counted.

Table 1

Measure	FY 2012 Actual	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Target	FY 2017 Actual
Number of ongoing research studies related to substance abuse disorder	32	30	32	31	23	5	19
Number of ongoing research studies related to alcohol abuse	56	59	67	67	54	5	52
Number of ongoing research studies related to both substance abuse disorder and alcohol abuse	10	17	25	22	20	N/A*	15

*Targets have not been established.

2. Management Assertions

Performance reporting system is appropriate and applied.

The VA Office of Research and Development (ORD) consists of four main divisions:

Biomedical Laboratory: Supports preclinical research to understand life processes from the molecular, genomic, and physiological level in regard to diseases affecting Veterans.

Clinical Science: Administers investigations, including human subject research, to determine feasibility or effectiveness of new treatments (e.g., drugs, therapy, or devices) in small clinical trials or multi-center cooperative studies, aimed at learning more about the causes of disease and developing more effective clinical care.

The Cooperative Studies Program (CSP) is a major division within Clinical Science R&D that specializes in designing, conducting, and managing national and international multi-site clinical trials and epidemiological research.

Health Services: Supports studies to identify and promote effective and efficient strategies to improve the organization, cost-effectiveness, and delivery of quality healthcare to Veterans.

Rehabilitation: Develops novel approaches to restore Veterans with traumatic amputation, central nervous system injuries, loss of sight and/or hearing, or other physical and cognitive impairments to full and productive lives.

In order for funds to be allocated to a project, they must be entered into the Research Analysis Forecasting Tool (RAFT) database.

Starting in FY 2009, all Merit Review proposals (our major funding mechanism) were submitted electronically via the eRA Commons system, and projects that were approved for funding were identified. Funding data for these projects were transferred electronically to RAFT. A few Career Development proposals are included in the list of projects. The capability to submit Career Development proposals electronically via eRA Commons was in place near the end of FY 2010.

Preparation of the list of projects.

The ORD Operations Management Analyst extracted all funded projects for the fiscal year from RAFT and exported the data into an Excel spreadsheet. The alcohol and drug abuse projects were identified by reviewing the title. Any questionable projects were verified as relevant or not relevant upon review of the abstract. In some cases, the title listed was the type of investigator award. For those, the title was obtained from the abstract. Project start and end dates were included in the spreadsheet. If there were multiple researchers or a researcher with multiple funds for the same project (e.g., salary award plus Merit Review award), then the earliest start date and latest end date were used. Although great care is taken to provide an inclusive list of projects, our database management system does not have robust reporting capabilities, so some projects may have been omitted.

Explanations for not meeting performance targets are reasonable.

Not applicable. The targets were met.

Methodology to establish performance targets is reasonable and applied.

VA Research and Development focuses on research on the special healthcare needs of Veterans and strives to balance the discovery of new knowledge and the application of these discoveries to Veterans' healthcare. VA Research and Development's mission is to "discover knowledge and create innovations that advance the health and care of Veterans and the Nation." ORD supports preclinical, clinical, health services, and rehabilitation research. This research ranges from studies relevant to our aging Veterans (e.g., cancer, heart disease, Alzheimer's disease) to those relevant to younger Veterans returning from the most recent conflicts (e.g., PTSD, traumatic brain injury, spinal cord injury). The targets were set at that level to allow flexibility in the projects funded in terms of both subject (e.g., cancer, addiction, heart disease) and type (e.g., preclinical, clinical trials).

Adequate performance measures exist for all significant drug control activities.

Since many of the projects do not involve direct interaction with patients, the measure looks at the number of projects rather than specific activities.

For accessibility, the format of the original document in this attachment has been modified to fit in this document.

Appendix A OIG Contact and Staff Acknowledgments

Contact	For more information about this report, please contact the Office of Inspector General at (202) 461-4720.
Acknowledgments	Murray Leigh, Director Zachary Beres D. Stephen Nose

Appendix B Report Distribution

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