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# VA HEALTH CARE

# Patient Safety Could be Enhanced by Improvements in Employment Screening and Physician Privileging Practices

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Highlights

Highlights of GAO-06-760T, a testimony before the Subcommittee on Oversight and Investigations, Committee on Veterans' Affairs, House of Representatives

## Why GAO Did This Study

In its March 2004 report, *VA Health Care: Improved Screening of Practitioners Would Reduce Risk to Veterans*, GAO-04-566, GAO made recommendations to improve VA's employment screening of practitioners. GAO was asked to testify today on steps VA has taken to improve its employment screening requirements and VA's physician credentialing and privileging processes because of their importance to patient safety. This testimony is based on two GAO reports released today that determined the extent to which (1) VA has taken steps to improve employment screening for practitioners by implementing GAO's 2004 recommendations, (2) VA facilities are in compliance with selected credentialing and privileging requirements for physicians, and (3) VA has internal controls to help ensure the accuracy of privileging information.

## What GAO Recommends

In its reports released today, GAO recommends that VA expand its employment screening oversight program to include all practitioners, provide guidance on collecting physician performance information, enforce the time frame to submit information on paid VA malpractice claims involving VA practitioners, and instruct facilities to establish internal controls for physician privileging information. VA agreed with the findings and conclusions and concurred with the recommendations in both reports.

www.gao.gov/cgi-bin/getrpt?GAO-06-760T.

To view the full product, including the scope and methodology, click on the link above. For more information, contact Laurie E. Ekstrand at (202) 512-7101 or ekstrandl@gao.gov.

## What GAO Found

In its report released today, *VA Health Care: Steps Taken to Improve Practitioner Screening, but Facility Compliance with Screening Requirements Is Poor*, GAO-06-544, GAO found that VA has taken steps to improve employment screening for practitioners, such as physicians, nurses, and pharmacists, by partially implementing each of four recommendations GAO made in March 2004. However, gaps still remain in VA's requirements. For example, for the recommendation that VA check all state licenses and national certificates held by all practitioners, such as nurses and pharmacists, VA implemented the recommendation for practitioners it intends to hire, but has not expanded this screening requirement to include those currently employed by VA. In addition, VA's implementation of another recommendation—to conduct oversight to help facilities comply with employment screening requirements—did not include all screening requirements, as recommended by GAO.

In another report released today, *VA Health Care: Selected Credentialing Requirements at Seven Medical Facilities Met, but an Aspect of Privileging Process Needs Improvement*, GAO-06-648, GAO found at seven VA facilities it visited compliance with almost all selected credentialing and privileging requirements for physicians. Credentialing is verifying that a physician's credentials are valid. Privileging is determining which health care services—clinical privileges—a physician is allowed to provide. Clinical privileges must be renewed at least every 2 years. One privileging requirement—to use information on a physician's performance in making privileging decisions—was problematic because officials used performance information when renewing clinical privileges, but collected all or most of this information through their facility's quality assurance program. This is prohibited under VA policy. Further, three of the seven facilities did not submit medical malpractice claim information to VA's Office of Medical-Legal Affairs within 60 days after being notified that a claim was paid, as required by VA. This office uses such information to determine whether VA practitioners have delivered substandard care and provides these determinations to facility officials. When VA medical facilities do not submit all relevant information in a timely manner, facility officials make privileging decisions without the advantage of such determinations.

VA has not required its facilities to establish internal controls to help ensure that physician privileging information managed by medical staff specialists—employees who are responsible for obtaining and verifying information used in credentialing and privileging—is accurate. One facility GAO visited did not identify 106 physicians whose privileging processes had not been completed by facility officials for at least 2 years because of inaccurate information provided by the facility's medical staff specialist. As a result, these physicians were practicing at the facility without current clinical privileges.