



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

Office of Healthcare Inspections

Report No. 12-00576-264

**Community Based Outpatient
Clinic Reviews
Chippewa Valley and
Hayward, WI
St. James (South Central) and
Montevideo, MN**

September 14, 2012

Washington, DC 20420

Why We Did This Review

The VA OIG is undertaking a systematic review of the VHA's CBOCs to assess whether CBOCs are operated in a manner that provides veterans with consistent, safe, high-quality health care.

The Veterans' Health Care Eligibility Reform Act of 1996 was enacted to equip VA with ways to provide veterans with medically needed care in a more equitable and cost-effective manner. As a result, VHA expanded the Ambulatory and Primary Care Services to include CBOCs located throughout the United States. CBOCs were established to provide more convenient access to care for currently enrolled users and to improve access opportunities within existing resources for eligible veterans not currently served.

Veterans are required to receive one standard of care at all VHA health care facilities. Care at CBOCs needs to be consistent, safe, and of high quality, regardless of model (VA-staffed or contract). CBOCs are expected to comply with all relevant VA policies and procedures, including those related to quality, patient safety, and performance.

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Glossary

ADA	Americans with Disabilities Act
C&P	credentialing and privileging
CBOC	community based outpatient clinic
COTR	Contracting Officer's Technical Representative
CPRS	Computerized Patient Record System
DM	Diabetes Mellitus
DX & TX Plan	Diagnosis & Treatment Plan
EKG	electrocardiogram
EOC	environment of care
FPPE	Focused Professional Practice Evaluation
FTE	full-time employee equivalents
FY	fiscal year
HCS	Health Care System
HF	heart failure
LCSW	licensed clinical social worker
MedMgt	medication management
MH	mental health
MST	military sexual trauma
NP	nurse practitioner
OIG	Office of Inspector General
OPPE	Ongoing Professional Practice Evaluation
PCP	primary care provider
PTSD	Post-Traumatic Stress Disorder
Qtr	quarter
TX	treatment
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VistA	Veterans Health Information Systems and Technology Architecture

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Executive Summary

Purpose: We conducted an inspection of four CBOCs and two satellite clinics during the weeks of June 4 and 18, 2012. We evaluated select activities to assess whether the CBOCs operated in a manner that provides veterans with consistent, safe, high-quality health care. Table 1 lists the sites inspected.

VISN	Facility	CBOC
23	Minneapolis VA HCS	Chippewa Valley
		Hayward (Rice Lake Satellite Clinic)
		South Central [hereafter St. James] (Mankato Satellite Clinic)
	St. Cloud VA HCS	Montevideo
Table 1. Sites Inspected		

Recommendations: The VISN and Facility Directors, in conjunction with the respective CBOC managers, should take appropriate actions to:

Minneapolis VA HCS

- Ensure that the PACT Program is managed in accordance with VHA policy.
- Ensure that clinicians at the Chippewa Valley, Hayward, and St. James CBOCs document education of foot care to diabetic patients in CPRS.
- Ensure clinicians at the St. James CBOC document a complete foot screening for diabetic patients.
- Ensure clinicians at the St. James CBOC document a risk assessment level for diabetic patients in CPRS in accordance with VHA policy.
- Ensure clinicians at the Chippewa Valley, Hayward, and St. James CBOCs document in CPRS that therapeutic footwear or orthotics were prescribed to diabetic patients identified at high risk for extremity ulcers and amputation.
- Ensure Chippewa Valley and Hayward CBOC patients with normal mammography results are notified of results within the allotted timeframe and that notification is documented in the medical record.
- Ensure CPRS mammogram radiology orders are entered for all fee-basis and/or contract mammograms and that all breast imaging and mammography results are linked to the appropriate radiology mammogram or breast study order at the Chippewa Valley, Hayward, and St. James CBOCs.
- Maintain auditory privacy during the check-in process at the Rice Lake Satellite Clinic.
- Install an eyewash station in the Hayward CBOC laboratory.

- Ensure justifications for contract pricing are appropriately documented in compliance with VHA Directives.
- Determine the extent of any overpayments and seek the advice of regional counsel to determine collectability.
- Ensure that proper approvals are obtained including registering the CBOC in the VA site tracking with a facility identification number in compliance with VA Directives.
- Ensure that the billable roster list is properly verified and provided to the contractor for billing purposes in compliance with contract requirements.

St. Cloud VA HCS

- Ensure clinicians at the Montevideo CBOC document education of foot care to diabetic patients in CPRS.
- Ensure clinicians at the Montevideo CBOC document a risk assessment level for diabetic patients in CPRS in accordance with VHA policy.
- Ensure the service chief's documentation in VetPro reflects documents reviewed and the rationale for privileging or re-privileging at the Montevideo CBOC.

Comments

The VISN and Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes B–D, pages 16-24, for the full text of the Directors' comments.) We will follow up on the planned actions until they are completed.



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Objectives and Scope

Objectives. The purposes of this review are to:

- Evaluate the extent CBOCs have implemented the management of DM–Lower Limb Peripheral Vascular Disease in order to prevent lower limb amputation.
- Evaluate whether CBOCs comply with selected VHA requirements regarding the provision of mammography services for women veterans.
- Evaluate the continuity of care for enrolled CBOC patients discharged from the parent facility in FY 2011 with a primary discharge diagnosis of HF.
- Determine whether CBOC providers are appropriately credentialed and privileged in accordance with VHA Handbook 1100.19.¹
- Determine whether CBOCs are in compliance with standards of operations according to VHA policy in the areas of environmental safety and emergency planning.²
- Determine whether primary care and MH services provided at contracted CBOCs are in compliance with the contract provisions and evaluate the effectiveness of contract oversight provided by the VA.

Scope. The review topics discussed in this report include:

- Management of DM–Lower Limb Peripheral Vascular Disease
- Women's Health
- HF Follow-up
- C&P
- Environment and Emergency Management
- Contracts

For detailed information regarding the scope and methodology of the focused topic areas conducted during this inspection, please refer to Report No. 11-03653-283 *Informational Report Community Based Outpatient Clinic Cyclical Report FY 2012*, September 20, 2011. This report is available at <http://www.va.gov/oig/publications/reports-list.asp>.

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

¹ VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.

² VHA Handbook 1006.1, *Planning and Activating Community-Based Outpatient Clinics*, May 19, 2004.

CBOC Characteristics

We formulated a list of CBOC characteristics that includes identifiers and descriptive information. Table 2 displays the inspected CBOCs and specific characteristics.

	Chippewa	Hayward	St. James	Montevideo
VISN	23	23	23	23
Parent Facility	Minneapolis VA HCS	Minneapolis VA HCS	Minneapolis VA HCS	St. Cloud VA HCS
Type of CBOC	VA	VA	Contract	VA
Number of Uniques, ³ FY 2011	3,648	2,889	2,472	2,550
Number of Visits, FY 2011	11,021	11,002	7,726	13,108
CBOC Size ⁴	Mid-size	Mid-size	Mid-size	Mid-size
Locality ⁵	Urban	Rural	Rural	Rural
FTE PCP	3.62	3.47	2.8	1.91
FTE MH	2.55	1.3	2.29	1.1
Types of Providers	LCSW Physician Assistant PCP Psychiatrist Psychologist	NP Physician Assistant PCP Psychiatrist Psychologist	NP PCP	LCSW NP PCP
Specialty Care Services Onsite	Yes	Yes	Yes	Yes
Tele-Health Services	Tele-MOVE	Tele-Mental Health Tele-MOVE	Tele-Mental Health	Tele-Cardiology Tele-Endocrine Tele-Mental Health Tele-MOVE Tele-Pharmacy Tele-Spinal Cord Injury Tele-Surgery Care Coordination Home Tele-Health
Ancillary Services Provided Onsite	EKG Laboratory	EKG Laboratory	EKG Laboratory Radiology	EKG Laboratory Holter Monitor Pulmonary Function Tests

Table 2. CBOC Characteristics

³ <http://vssc.med.va.gov>

⁴ Based on the number of unique patients seen as defined by VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008, the size of the CBOC facility is categorized as very large (> 10,000), large (5,000-10,000), mid-size (1,500-5,000), or small (< 1,500).

⁵ <http://vaww.pssg.med.va.gov/>

Mental Health CBOC Characteristics

Table 3 displays the MH Characteristics for each CBOC reviewed.

	Chippewa	Hayward	St. James	Montevideo
Provides MH Services	Yes	Yes	Yes	Yes
Number of MH Uniques, FY 2011	580	333	399	231
Number of MH Visits	4,391	1,709	1,659	1,186
General MH Services	DX & TX Plan MedMgt Psychotherapy PTSD MST	DX & TX Plan MedMgt Psychotherapy PTSD MST	DX & TX Plan MedMgt Psychotherapy PTSD MST	DX & TX Plan MedMgt Psychotherapy PTSD MST
Specialty MH Services	Consult & TX Psychotherapy PTSD Teams	Consult & TX Psychotherapy PTSD Teams	Consult & TX Psychotherapy PTSD Teams Homeless Program	Consult & TX Psychotherapy PTSD Teams Homeless Program Substance Use Disorder
Tele-Mental Health	No	Yes	Yes	Yes
MH Referrals	Another VA Facility	Another VA Facility	Another VA Facility Fee-Basis	Another VA Facility

Table 3. MH Characteristics for CBOCs

Results and Recommendations

Management of DM—Lower Limb Peripheral Vascular Disease

VHA established its Preservation-Amputation Care and Treatment Program in 1993 to prevent and treat lower extremity complications that can lead to amputation. An important component of this program is the screening of at-risk populations, which includes veterans with diabetes. Table 4 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
	The parent facility has established a Preservation-Amputation Care and Treatment Program. ⁶
Chippewa Valley Hayward St. James	The CBOC has developed screening guidelines regarding universal foot checks.
Chippewa Valley Hayward St. James	The CBOC has developed a tracking system to identify and follow patients at risk for lower limb amputations.
Chippewa Valley Hayward St. James	The CBOC has referral guidelines for at-risk patients.
Chippewa Valley Hayward St. James Montevideo	The CBOC documents education of foot care for patients with a diagnosis of DM. ⁷
St. James	There is documentation of foot screening in the patient's medical record.
St. James Montevideo	There is documentation of a foot risk score in the patient's medical record.
Chippewa Valley Hayward St. James	There is documentation that patients with a risk assessment Level 2 or 3 received therapeutic footwear and/or orthotics.
Table 4. DM	

VISN 23, Minneapolis VA HCS – Chippewa Valley, Hayward, and St. James

PACT Program. Although the facility had a PACT program, specific elements of the program had not been implemented, as required by VHA policy.

⁶ VHA Directive 2006-050, *Preservation Amputation Care and Treatment (PACT) Program*, September 14, 2006.

⁷ VA/DoD Clinical Practice Guideline, *Management of Diabetes Mellitus (DM)*, August 2010.

Screening Guidelines

Clinicians at the Chippewa Valley, Hayward, and St. James CBOCs did not follow the established screening guidelines regarding universal foot checks. VHA policy⁸ requires screening guidelines regarding universal foot checks and screenings are developed and utilized by all clinicians providing principal care to patients at risk for amputation.

Tracking

The Chippewa Valley, Hayward, and St. James CBOCs did not have a system to identify and track patients at risk for lower limb amputation. VHA policy⁹ requires identification of high-risk patients with a risk level, based upon foot factors that would determine appropriate care and/or referral.

Referral Guidelines

Clinical managers did not establish referral guidelines based on foot risk factors that would determine appropriate care and/or referral for patients seen at the Chippewa Valley, Hayward, and St. James CBOCs. VHA policy¹⁰ requires timely and appropriate referral and ongoing follow-up of patients based on an algorithm.

Foot Care Education. The Chippewa Valley CBOC clinicians did not document foot care education for 25 of 30 diabetic patients in CPRS. The Hayward CBOC clinicians did not document foot care education for 24 of 26 diabetic patients in CPRS. The St. James CBOC clinicians did not document foot care education for 27 of 27 diabetic patients in CPRS.

Foot Screening. We did not find a complete foot screening (foot inspection, circulation check, and sensory testing) for 6 of 27 diabetic patients at the St. James CBOC.

Risk Level Assessment. The St. James CBOC clinicians did not document a risk level in CPRS for 10 of 27 diabetic patients. VHA policy¹¹ requires identification of high-risk patients with a risk level, based upon foot risk factors that would determine appropriate care and/or referral.

Therapeutic Footwear/Orthotics. We found that seven of seven medical records at the Chippewa Valley CBOC, seven of seven at the Hayward CBOC, and two of four at the St. James CBOC did not contain documentation that therapeutic footwear or orthotics were prescribed to diabetic patients identified at high risk (Level 2 and 3) for extremity ulcers and amputation.

⁸ VHA Directive 2006-050.

⁹ VHA Directive 2006-050.

¹⁰ VA/DoD Clinical Practice Guideline, *Management of Diabetes Mellitus (DM)*, August 2010.

¹¹ VHA Directive 2006-050.

Recommendation 1. We recommended that the facility ensures the PACT Program is managed in accordance with VHA policy.

Recommendation 2. We recommended that the Chippewa Valley, Hayward, and St. James CBOC clinicians document education of foot care to diabetic patients in CPRS.

Recommendation 3. We recommended that the St. James CBOC clinicians document complete foot screenings for diabetic patients in CPRS.

Recommendation 4. We recommended that the St. James CBOC clinicians document in CPRS a risk level for diabetic patients in accordance with VHA policy.

Recommendation 5. We recommended that the Chippewa Valley, Hayward, and St. James CBOC clinicians document in CPRS that therapeutic footwear or orthotics were prescribed to diabetic patients identified at high risk for extremity ulcers and amputation.

VISN 23, St. Cloud VA HCS – Montevideo

Foot Care Education. The Montevideo CBOC clinicians did not document foot care education for 26 of 27 diabetic patients in CPRS.

Risk Level Assessment. The Montevideo clinicians did not document a risk level for 27 of 27 diabetic patients in CPRS. VHA policy¹² requires identification of high-risk patients with a risk level, based upon foot risk factors that would determine appropriate care and/or referral.

Recommendation 6. We recommended that the Montevideo CBOC clinicians document education of foot care to diabetic patients in CPRS.

Recommendation 7. We recommended that the Montevideo CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.

Women's Health Review

Breast cancer is the second most common type of cancer among American women, with approximately 207,000 new cases reported each year.¹³ Each VHA facility must ensure that eligible women veterans have access to comprehensive medical care, including care for gender-specific conditions.¹⁴ Timely screening, diagnosis, notification, interdisciplinary treatment planning, and treatment are essential to early detection, appropriate management, and optimal patient outcomes. Table 5 shows the areas reviewed for this topic.

¹² VHA Directive 2006-050.

¹³ American Cancer Society, Cancer Facts & Figures 2009.

¹⁴ VHA Handbook 1330.01, *Healthcare Services for Women Veterans*, May 21, 2010.

Noncompliant	Areas Reviewed
	Patients were referred to mammography facilities that have current Food and Drug Administration or State-approved certifications.
	Mammogram results are documented using the American College of Radiology's BI-RADS code categories. ¹⁵
	The ordering VHA provider or surrogate was notified of results within a defined timeframe.
Chippewa Valley Hayward	Patients were notified of results within a defined timeframe.
	The facility has an established process for tracking results of mammograms performed off-site.
	Fee Basis mammography reports are scanned into VistA.
Chippewa Valley Hayward St. James	All screening and diagnostic mammograms were initiated via an order placed into the VistA radiology package. ¹⁶
	Each CBOC has an appointed Women's Health Liaison.
	There is evidence that the Women's Health Liaison collaborates with the parent facility's Women Veterans Program Manager on women's health issues.
Table 5. Mammography	

We reviewed the medical records of six patients at the Chippewa Valley CBOC, seven patients at the Hayward CBOC, one patient at the St. James CBOC, and seven patients at the Montevideo CBOC who had mammograms done on or after June 1, 2010.

VISN 23, Minneapolis VA HCS – Chippewa Valley, Hayward, and St. James

Patient Notification of Normal Mammography Results. Two Chippewa Valley CBOC patients and three Hayward CBOC patients who had normal mammography results were not notified within the required timeframe of 14 days.

Mammography Orders and Access. Providers at the Chippewa Valley, Hayward, and St. James CBOCs did not enter CPRS mammogram radiology orders for any of the 14 patients sampled. Fee basis or contract agreements must be electronically entered as a CPRS radiology order. All breast imaging and radiology results must be linked to the appropriate radiology mammogram or breast study order. In October, 2011, facility managers took steps to correct this issue. The CBOC providers now enter CPRS

¹⁵ The American College of Radiology's Breast Imaging Reporting and Database System is a quality assurance guide designated to standardize breast imaging reporting and facilitate outcomes monitoring.

¹⁶ VHA Handbook 1330.01.

mammogram radiology orders, and all breast imaging and radiology results are linked to the radiology mammogram or breast study order.

Recommendation 8. We recommended that providers at the Chippewa Valley and Hayward CBOCs notify patients with normal mammogram results within the allotted timeframe and that notification is documented in the medical record.

Recommendation 9. We recommended that the Chippewa Valley, Hayward, and St. James CBOC providers continue to ensure CPRS mammogram radiology orders are entered for all fee-basis and/or contract mammograms and that all breast imaging and mammography results are linked to the appropriate radiology mammogram or breast study order.

C&P

We reviewed C&P folders to determine whether facilities had consistent processes to ensure that providers complied with applicable requirements as defined by VHA policy.¹⁷ Table 6 shows the areas reviewed for this topic.

Noncompliant	Areas Reviewed
	(1) There was evidence of primary source verification for each provider's license.
	(2) Each provider's license was unrestricted.
	(3) New Provider:
	a. Efforts were made to obtain verification of clinical privileges currently or most recently held at other institutions.
	b. FPPE was initiated.
	c. Timeframe for the FPPE was clearly documented.
	d. The FPPE outlined the criteria monitored.
	e. The FPPE was implemented on first clinical start day.
	f. The FPPE results were reported to the medical staff's Executive Committee.
	(4) Additional New Privilege:
	a. Prior to the start of a new privilege, criteria for the FPPE were developed.
	b. There was evidence that the provider was educated about FPPE prior to its initiation.
	c. FPPE results were reported to the medical staff's Executive Committee.
	(5) FPPE for Performance:
	a. The FPPE included criteria developed for evaluation of the practitioners when issues affecting the provision of safe, high-quality care were identified.

¹⁷ VHA Handbook 1100.19.

Noncompliant	Areas Reviewed (continued)
	b. A timeframe for the FPPE was clearly documented.
	c. There was evidence that the provider was educated about FPPE prior to its initiation.
	d. FPPE results were reported to the medical staff's Executive Committee.
Montevideo	(6) The Service Chief, Credentialing Board, and/or medical staff's Executive Committee list documents reviewed and the rationale for conclusions reached for granting licensed independent practitioner privileges.
	(7) Privileges granted to providers were facility, service, and provider specific. ¹⁸
	(8) The determination to continue current privileges were based in part on results of OPPE activities.
	(9) The OPPE and reappraisal process included consideration of such factors as clinical pertinence reviews and/or performance measure compliance.
	(10) Relevant provider-specific data was compared to aggregated data of other providers holding the same or comparable privileges.
	(11) Scopes of practice were facility specific.
Table 6. C&P	

VISN 23, St. Cloud VA HCS – Montevideo

Documentation of Privileging Decisions. We did not find documentation in the service chief's comments in VetPro that reflected the documents utilized to arrive at the decision to grant clinical privileges to the licensed independent practitioner at the Montevideo CBOC. According to VHA policy, the list of documents reviewed and the rationale for conclusions reached by the service chief must be documented.¹⁹

Recommendation 10. We recommended that the service chief's documentation in VetPro reflects documents reviewed and the rationale for privileging or re-privileging at the Montevideo CBOC.

Environment and Emergency Management

EOC

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. Table 7 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

¹⁸ VHA Handbook 1100.19.

¹⁹ VHA Handbook 1100.19.

Noncompliant	Areas Reviewed
	There is handicap parking, which meets the ADA requirements.
	The CBOC entrance ramp meets ADA requirements.
	The entrance door to the CBOC meets ADA requirements.
	The CBOC restrooms meet ADA requirements.
	The CBOC is well maintained (e.g., ceiling tiles clean and in good repair, walls without holes, etc.).
	The CBOC is clean (walls, floors, and equipment are clean).
	The patient care area is safe.
	The CBOC has a process to identify expired medications.
	Medications are secured from unauthorized access.
	There is an alarm system or panic button installed in high-risk areas as identified by the vulnerability risk assessment.
Hayward (Rice Lake Satellite)	Privacy is maintained.
Hayward	Eyewash stations are available as required.
	Information Technology security rules are adhered to.
	Patients' personally identifiable information is secured and protected.
	There is alcohol hand wash or a soap dispenser and sink available in each examination room.
	The sharps containers are less than ¾ full.
	There is evidence of fire drills occurring at least annually.
	There is evidence of an annual fire and safety inspection.
	Fire extinguishers are easily identifiable.
	The CBOC collects, monitors, and analyzes hand hygiene data.
	Staff use two patient identifiers for blood drawing procedures.
	The CBOC is included in facility-wide EOC activities.
Table 7. EOC	

VISN 23, Minneapolis VA HCS – Hayward

Auditory Privacy. We found auditory privacy was not maintained during the check-in process at the Rice Lake Satellite Clinic.

Eyewash Station. We found that the Hayward CBOC had conducted an assessment of the laboratory area and had determined an eyewash station was warranted. However, the eyewash station had not yet been installed.

Recommendation 11. We recommended that the auditory privacy is maintained during check-in process at the Rice Lake Satellite Clinic.

Recommendation 12. We recommended that a laboratory eyewash station is installed at the Hayward CBOC.

Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical emergencies, including MH, are handled.²⁰ Table 8 shows the areas reviewed for this topic.

Noncompliant	Areas Reviewed
	There is a local medical emergency management plan for this CBOC.
	The staff articulated the procedural steps of the medical emergency plan.
	The CBOC has an automated external defibrillator onsite for cardiac emergencies.
	There is a local MH emergency management plan for this CBOC.
	The staff articulated the procedural steps of the MH emergency plan.
Table 8. Emergency Management	

All CBOCs were compliant with the review areas; therefore, we made no recommendations.

HF Follow Up

The VA provides care for over 212,000 patients with HF. Nearly 24,500 of these patients were hospitalized during a 12-month period during FYs 2010 and 2011. The purpose of this review is to evaluate the continuity of care for enrolled CBOC patients discharged from the parent facility in FY 2011 with a primary discharge diagnosis of HF. The results of this topic review are reported for informational purposes only. After the completion of the FY 2012 inspection cycle, a national report will be issued detailing cumulative and comparative results for all CBOCs inspected during FY 2012. The results of our review of the selected CBOCs discussed in this report are found in Appendix A.

CBOC Contract

We conducted reviews of primary care at the South Central CBOCs to evaluate the effectiveness of VHA oversight and administration for selected contract provisions relating to quality of care and payment of services. Under one contract, South Central is comprised of two locations, Mankato, MN and St. James, MN. VA professionals provide MH services at each of these CBOCs through on-site and telemental health services. St. James is a 45-minute drive away from Mankato and open 3 days per week.

²⁰ VHA Handbook 1006.1.

Each CBOC engagement included: (1) a review of the contract, (2) analysis of patient care encounter data, (3) corroboration of information with VHA data sources, (4) site visits, and (5) interviews with VHA and contractor staff. Our review focused on documents and records for 3rd Qtr, FY 2011.

Noncompliant	Areas Reviewed
	(1) Contract provisions relating to payment and quality of care:
	a. Requirements for payment.
	b. Rate and frequency of payment.
	c. Invoice format.
St. James	d. Performance measures (including incentives/penalties).
	e. Billing the patient or any other third party.
St. James	(2) Technical review of contract modifications and extensions.
St. James	(3) Invoice validation process.
	(4) The COTR designation and training.
	(5) Contractor oversight provided by the COTR.
	(6) Timely access to care (including provisions for traveling veterans).
	a. Visiting patients are not assigned to a provider panel in the Primary Care Management Module.
	b. The facility uses VistA's "Register Once" to register patients who are enrolled at other facilities.
	c. Referral Case Manager assists with coordination of care for traveling veterans.
Table 9. Review of Primary Care and MH Contract Compliance	

VISN 23, Minneapolis VA HCS – St. James

Performance Measures. The contract does not contain any penalties if the contracted medical care does not meet VHA standards. The facility was monitoring quality of care performance measures but had no means to enforce VHA standards, short of terminating the contract. The VA contract template will be used for future contracts, which includes these provisions. Therefore, we made no recommendations.

Technical Review. No supporting documentation was available to explain why the contracted capitation rate at St. James was significantly higher than at the Mankato Satellite Clinic. The contract provided for two locations, Mankato and St. James. The technical evaluation memo contained a general explanation that the pricing was in line with previous awards but did not discuss or justify the significantly higher capitation rate at the St. James clinic. St. James clinic has a very small (<200) patient population that could have been served through other options. The COTR at the time of the award is no longer with the VA; therefore, further explanation of the justification for the higher pricing was not possible.

The VA facility site tracking system only had the St. James clinic listed; however, the St. James CBOC and Mankato Satellite Clinic are combined under the same facility code, 618GA, which conflicts with VHA Directives for CBOC activation and approvals.²¹ By operating under the same facility code, it is difficult to determine which clinic provided the care. Due to the different capitation rates between the clinics, this has contributed to billing discrepancies.

Invoice Validation Process. The period of our review coincided with the start of the contract. The VA overpaid by approximately \$34,000 for the first 3 months because the list provided to the contractor by the VA contained inactive patients that did not meet the billable criteria under the contract.

The VA overpaid for a total of 40 duplicate patients over 3 months on the 2 invoices for St. James CBOC and Mankato Satellite Clinic. Due to the proximity of the clinics, some of the patients had visited both clinics; but, the VA should only been billed one capitation rate per patient.

The contractor maintained a separate database for the billing. This is contrary to the contract and makes the validation process very difficult for the VA to ensure accuracy of the billable roster list. The contract required the VA to provide the billable roster to the contractor on a monthly basis. This occurred on the first month; but, subsequently, that roster was not used by the contractor to prepare the monthly invoices.

Recommendation 13. We recommended that the Contracting Officer, in collaboration with the COTR, ensures that justifications for contract pricing are appropriately documented in compliance with VHA Directives.²²

Recommendation 14. We recommended that the Minneapolis VA HCS Director determines the extent of any overpayments and seek the advice of regional counsel to determine collectability.

Recommendation 15. We recommended that the Minneapolis VA HCS Director ensures that proper approvals are obtained including registering the CBOC in the VA site tracking with a facility identification number in compliance with VA Directives.²³

Recommendation 16. We recommended that the Minneapolis VA HCS Director ensures that the billable roster list is properly verified and provided to the contractor for billing purposes in compliance with contract requirements.

²¹ VHA Handbook 1006.1.

²² VHA Directive 1663, Health Care Resources Contracting – Buying, Title 38 U.S.C. 8153, August 10, 2006.

²³VHA Handbook 1006.1.

HF Follow-Up Results

Areas Reviewed			
CBOC Processes			
<i>Guidance</i>	<i>Facility</i>	<i>Yes</i>	<i>No</i>
The CBOC monitors HF readmission rates.	Minneapolis VA HCS		
	Chippewa Valley		X
	Hayward		X
	St. James		X
	St. Cloud VA HCS*		
	Montevideo	NA	NA
The CBOC has a process to identify enrolled patients that have been admitted to the parent facility with a HF diagnosis.	Minneapolis VA HCS		
	Chippewa Valley	X	
	Hayward	X	
	St. James	X	
	St. Cloud VA HCS		
	Montevideo	NA	NA
Medical Record Review Results			
<i>Guidance</i>	<i>Facility</i>	<i>Numerator</i>	<i>Denominator</i>
There is documentation in the patients' medical records that communication occurred between the inpatient and CBOC providers regarding the HF admission.	Minneapolis VA HCS		
	Chippewa Valley	0	1
	Hayward**	NA	NA
	St. James	0	3
	St. Cloud VA HCS		
	Montevideo	NA	NA
A clinician documented a review of the patients' medications during the first follow-up primary care or cardiology visit.	Minneapolis VA HCS		
	Chippewa Valley	1	1
	Hayward	NA	NA
	St. James	3	3
	St. Cloud VA HCS		
	Montevideo	NA	NA
A clinician documented a review of the patients' weights during the first follow-up primary care or cardiology visit.	Minneapolis VA HCS		
	Chippewa Valley	1	1
	Hayward	NA	NA
	St. James	3	3
	St. Cloud VA HCS		
	Montevideo	NA	NA

HF Follow-Up Results

Medical Record Review Results (continued)			
<i>Guidance</i>	<i>Facility</i>	<i>Numerator</i>	<i>Denominator</i>
A clinician documented a review of the patients' restricted sodium diet during the first follow-up primary care or cardiology visit.	Minneapolis VA HCS		
	Chippewa Valley	1	1
	Hayward	NA	NA
	St. James	2	3
	St. Cloud VA HCS		
	Montevideo	NA	NA
	A clinician documented a review of the patients' fluid intakes during the first follow-up primary care or cardiology visit.	Minneapolis VA HCS	
Chippewa Valley		1	1
Hayward		NA	NA
St. James		2	3
St. Cloud VA HCS			
Montevideo		NA	NA
A clinician educated the patient, during the first follow-up primary care or cardiology visit, on key components that would trigger the patients to notify their providers.		Minneapolis VA HCS	
	Chippewa Valley	1	1
	Hayward	NA	NA
	St. James	1	3
	St. Cloud HCS		
	Montevideo	NA	NA

*The St. Cloud HCS did not meet criteria for this informational review because the HCS does not provide inpatient care to medical or surgical patients.

**There were no patients at the Hayward CBOC that met the criteria for this informational topic review.

VISN 23 Director Comments

Department of
Veterans Affairs

Memorandum

Date: August 15, 2012

From: Director, VA Midwest Health Care Network (10N23)

Subject: **CBOC Reviews: Chippewa Valley and Hayward, WI; and St. James and Montevideo, MN**

To: Director, Denver Office of Healthcare Inspections (54DV)
Director, Management Review Service (VHA 10A4A4)

I have reviewed the **CBOC Reviews: Chippewa Valley and Hayward, WI; and St. James and Montevideo, MN** findings, in addition to the Minneapolis VA Healthcare System response and action plans. I concur with the plan and target dates as set forth by the facility.

(original signed by:)

JANET P. MURPHY, MBA
Network Director

Minneapolis VA HCS Director Comments

Department of
Veterans Affairs

Memorandum

Date: August 15, 2012
From: Acting Director, Minneapolis VA HCS (618/00)
Subject: **CBOC Reviews: Chippewa Valley and Hayward, WI; and St. James, MN**
To: Director, VA Midwest Health Care Network (10N23)

1. I have reviewed and concur with the **CBOC Reviews: Chippewa Valley and Hayward WI; South Central (St. James) and Montevideo, MN** report. I concur with the action plans and submitted documentation. Thank you for considering our requests.
2. If you have any questions regarding our responses and action plans to the recommendations in this report, please contact the Director at (612) 725-2101.

(original signed by:)

Barry D. Sharp
Acting Director

Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendations to the Office of Inspector General's report:

OIG Recommendations

Recommendation 1. We recommended that the facility ensures the PACT Program is managed in accordance with VHA policy.

Concur

Target date for completion: September 1, 2012

The Minneapolis multidisciplinary Preservation-Amputation Care and Treatment (PACT) team has been established, and recurring program meetings are in place. The Minneapolis PACT policy will be revised to reflect enhanced PACT program management in accordance with VHA policy by 9/1/12. The Minneapolis PACT program will utilize a CPRS clinical reminder that was implemented on 6/11/12 to facilitate screening, clinical decision making, and data tracking for high risk patients across all service areas.

Recommendation 2. We recommended that the Chippewa Valley, Hayward, and St. James CBOC clinicians document education of foot care to diabetic patients in CPRS.

Concur

Target date for completion: October 1, 2012

An annual clinical reminder was implemented on June 11, 2012 which includes a template for documenting education about foot care given to diabetic patients. Medical record audits will be conducted to ensure that the reminder is completed.

Recommendation 3. We recommended that the St. James CBOC clinicians document complete foot screenings for diabetic patients in CPRS.

Concur

Target date for completion: October 1, 2012

An annual clinical reminder was implemented on June 11, 2012 which includes a template for documenting foot screenings of diabetic patients. Medical record audits will be conducted to ensure that the reminder is completed.

Recommendation 4. We recommended that the St. James CBOC clinicians document in CPRS a risk level for diabetic patients in accordance with VHA policy.

Concur

Target date for completion: October 1, 2012

An annual clinical reminder was implemented on June 11, 2012 which includes a template for documenting the vascular/amputation risk level for diabetic patients. Medical record audits will be conducted to ensure that the reminder is completed.

Recommendation 5. We recommended that the Chippewa Valley, Hayward, and St. James CBOC clinician's document in CPRS that therapeutic footwear or orthotics were prescribed to diabetic patients identified at high risk for extremity ulcers and amputation.

Concur

Target date for completion: October 1, 2012

An annual clinical reminder was implemented on June 11, 2012 which includes a template for documenting when therapeutic footwear/orthotics were prescribed for diabetic patients at high risk for extremity ulcers and amputation. Medical record audits will be conducted to ensure that the reminder is completed and that therapeutic footwear is prescribed when indicated.

Recommendation 8. We recommended that providers at the Chippewa Valley and Hayward CBOCs notify patients with normal mammogram results within the allotted timeframe and that notification is documented in the medical record.

Concur

Target date for completion: October 1, 2012

The medical center policy was written and published on September 19, 2011. It was then revised and re-issued on May 12, 2012, and staff were educated about the policy. An audit of records will be completed monthly to ensure that results for normal mammograms were shared with Veterans within 14 days per VHA policy, and are documented in CPRS. This audit will be ongoing, and corrective actions will be taken as needed in order to ensure compliance.

Recommendation 9. We recommended that the Chippewa Valley, Hayward, and St. James CBOC providers continue to ensure CPRS mammogram radiology orders are entered for all fee-basis and/or contract mammograms and that all breast imaging and mammography results are linked to the appropriate radiology mammogram or breast study order.

Concur

Target date for completion: November 1, 2012

The process for ordering mammograms in CPRS was changed and requires an order in the Radiology package prior to Fee Basis approval. This was completed with the revised policy on May 12, 2012. Audits will be completed to ensure that the order and results are appropriately entered in CPRS Radiology package.

Recommendation 11. We recommended that the auditory privacy is maintained during check-in process at the Rice Lake Satellite Clinic.

Concur

Target date for completion: February 1, 2013

The check-in process was changed on June 11, 2012 to have the patient show his Veterans Identification Card or driver's license card instead of stating his name and social security number. Patients who have concerns to discuss are brought to an interview room and no longer have the discussion at the front desk. Plans have been submitted to remodel the front desk area to improve privacy and incorporate a place for a check in kiosk, with a tentative completion date of February 1, 2013.

Recommendation 12. We recommended that a laboratory eyewash station is installed at the Hayward CBOC.

Concur

Target date for completion: June 29, 2012

An eye wash station was installed in the Hayward CBOC, completed on June 29, 2012.

Recommendation 13. We recommended that the Contracting Officer, in collaboration with the COTR, ensures that justifications for contract pricing are appropriately documented in compliance with VHA Directives.

Concur

Target date for completion: January 31, 2013

The Veterans Health Administration (VHA) Office of the Assistant Deputy Under Secretary for Health (ADUSH) for Administrative Operations has established a workgroup consisting of field, program office, and procurement staff to assess preferred contract models for contract Community-based outpatient Clinics (CBOC). This workgroup is expected to complete analysis and recommendations by November 30, 2012. After submission of alternatives analysis, the VHA Procurement and Logistics Office will provide instruction and guidance to its field-based Medical Services product teams and Office of the DUSH for Operations and Management will distribute guidance to Veterans Integrated Service Network and Department of Veterans Affairs Medical Center (VAMC) staff.

Recommendation 14. We recommended that the Minneapolis VA HCS Director determines the extent of any overpayments and seek the advice of regional counsel to determine collectability.

Concur

Target date for completion: October 1, 2012

The bills for patient care services provided during FY 2012 will be reviewed to determine the extent of any overpayments, and the advice of Regional Counsel for follow up actions will be sought.

Recommendation 15. We recommended that the Minneapolis VA HCS Director ensures that proper approvals are obtained including registering the CBOC in the VA site tracking with a facility identification number in compliance with VA Directives.

Concur

Target date for completion: April 1, 2013

The Minneapolis VAHCS Director will review the approvals that were obtained for the St. James contract CBOC and dialogue with VA Central Office about the need for registering the CBOC in the VA site tracking with a facility identification number in compliance with VA Directives.

Recommendation 16. We recommended that the Minneapolis VA HCS Director ensures that the billable roster list is properly verified and provided to the contractor for billing purposes in compliance with contract requirements.

Concur

Target date for completion: October 1, 2012

The Minneapolis VA HCS Director will ensure that the billable roster list is properly verified and provided to the contractor for billing purposes in compliance with contract requirements.

St. Cloud VA HCS Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: July 20, 2012
From: Director, St. Cloud VA HCS (656/00)
Subject: **CBOC Reviews: Montevideo, MN**
To: Director, VA Midwest Health Care Network (10N23)

I have reviewed the findings within the Office of Inspector General review report of the Montevideo Community Based Outpatient Clinic. I am in agreement with the findings.

Corrective action plans have been established as outlined in this report.

(original signed by:)

BARRY BAHL

Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendations to the Office of Inspector General's report:

OIG Recommendations

Recommendation 6. We recommended that the Montevideo CBOC clinicians document education of foot care to diabetic patients in CPRS.

Concur

Target date for completion: October 1, 2012

Prior to the OIG Survey, it was recognized that the VISN 23 Diabetic Foot Exam clinical reminder did not include documentation of diabetic foot care education as outlined in VHA Directive 2006-05, Preservation-Amputation Care and Treatment (PACT) Program. A Health Care System Memorandum (HCSM) Center Director (CD) 11-112 Preservation-Amputation Care and Treatment Program (PACT) was developed and is in the final approval process. The Medical Executive Board approved changes to the VISN 23 Diabetic Foot Exam clinical reminder, providers were educated, and on May 10, 2012 the Diabetic Foot Exam clinical reminder was modified to include a mandatory field for patient education. The study interval for the OIG review was April 1, 2010 to June 30, 2011.

We will continue to monitor Diabetic Foot Exam clinical reminder compliance through the Primary and Specialty Medicine Performance Improvement Plan, which is reported quarterly to the Quality Leadership Council and the Medical Executive Board.

Recommendation 7. We recommended that the Montevideo CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.

Concur

Target date for completion: October 1, 2012

Prior to the OIG Survey, it was recognized that the VISN 23 Diabetic Foot Exam clinical reminder did not include documentation of a risk assessment level as outlined in VHA Directive 2006-05, Preservation-Amputation Care and Treatment (PACT) Program. A Health Care System Memorandum (HCSM) Center Director (CD) 11-112 Preservation-Amputation Care and Treatment Program (PACT) was developed and is in the final approval process. The Medical Executive Board approved changes to the VISN 23 Diabetic Foot Exam clinical reminder, providers were educated, and on May 10, 2012 the Diabetic Foot Exam clinical reminder was modified to include a mandatory field for a risk assessment level. The study interval for the OIG review was April 1, 2010 to June 30, 2011.

We will continue to monitor Diabetic Foot Exam clinical reminder compliance through the PSM PI Plan, which is reported quarterly to the Quality Leadership Council and the Medical Executive Board.

Recommendation 10. We recommended that the service chief's documentation in VetPro reflects documents reviewed and the rationale for privileging or re-privileging at the Montevideo CBOC.

Concur

Target date for completion: July 15, 2012

The service chief's comments at the time of re-appointment/re-privileging will reflect the review of pertinent OPPE data that supports the competency of the provider to perform the requested privileges. The Credentialing Coordinator will provide guidance on an ongoing basis for verbiage to be used by each Service Line Medical Director, which will include the specific areas being monitored within the Service Line. The Credentialing Coordinator will review service chiefs' comments and share with the Chief of staff as necessary.

OIG Contact and Staff Acknowledgments

OIG Contact	For more information about this report, please contact the Office of Inspector General at (202) 461-4720.
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