



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

Office of Healthcare Inspections

Report No. 12-00580-50

**Community Based Outpatient
Clinic Reviews
Franklin, WV
Stephens City, VA
Greenbelt, MD
Southeast Washington, DC**

November 30, 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.

To Report Suspected Wrongdoing in VA Programs and Operations

Telephone: 1-800-488-8244

E-Mail: vaoighotline@va.gov

(Hotline Information: <http://www.va.gov/oig/contacts/hotline.asp>)

Glossary

ADA	Americans with Disabilities Act
BI-RADS	Breast Imaging and Database System
C&P	credentialing and privileging
CBOC	community based outpatient clinic
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
FY	fiscal year
HF	heart failure
JC	The Joint Commission
LCSW	licensed clinical social worker
MH	mental health
MST	military sexual trauma
NFPA	National Fire Protection Association
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
VAMC	VA Medical Center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VistA	Veterans Health Information Systems and Technology Architecture

Table of Contents

	Page
Executive Summary	i
Objectives and Scope	1
Objectives	1
Scope	1
CBOC Characteristics	2
MH Characteristics	3
Results and Recommendations	4
Management of DM–Lower Limb Peripheral Vascular Disease	4
Women’s Health	5
C&P	7
Environment and Emergency Management	9
HF Follow-Up	11
CBOC Contract	12
Appendixes	
A. HF Follow-Up Results	14
B. VISN 5 Director Comments	16
C. Martinsburg VAMC Director Comments	17
D. Washington DC VAMC Director Comments	22
E. OIG Contact and Staff Acknowledgments	25
F. Report Distribution	26

Executive Summary

Purpose: We conducted an inspection of four CBOCs during the week of July 9, 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
5	Martinsburg VAMC	Franklin
		Stephens City
	Washington DC VAMC	Greenbelt
		Southeast Washington
Table 1. Sites Inspected		

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

Martinsburg VAMC

- Ensure that the Franklin and Stephens City CBOC clinicians document education of foot care to diabetic patients in CPRS.
- Ensure that the Franklin and Stephens City CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.
- Establish a process to ensure that patients with normal mammograms are notified of results within the allotted timeframe and that notification is documented in the medical record at the Stephens City CBOC.
- Ensure that privileges are consistent with the services provided at the Franklin and Stephens City CBOCs.
- Establish a process to ensure that privacy is maintained at all times during a patient physical examination at the Franklin CBOC.
- Ensure that that signage is installed at the Franklin CBOC to clearly identify the location of fire extinguishers.
- Ensure that fire extinguishers are inspected at the Franklin CBOC and that maintenance and inspection dates are documented in accordance with NFPA Life Safety Code.
- Ensure that biohazardous waste containers at the Franklin CBOC are stored appropriately and that clean and dirty items are stored separately.
- Ensure that the electrical closet is free of hazardous chemicals at the Stephens City CBOC.

- With the assistance of the Regional Counsel, determine the extent and collectability of the overpayments at the Franklin CBOC.
- Ensure that the Franklin CBOC contractor provides the invoice in the prescribed format.
- Ensure all the performance-reporting provisions of the contract are completed and monitored at the Franklin CBOC.
- Consider adding controls in the invoice validation process, such as preparing a monthly billable roster with VA data at the Franklin CBOC.

Washington DC VAMC

- Ensure that the Southeast Washington CBOC clinicians document complete foot screenings for diabetic patients in CPRS.
- Ensure that the Greenbelt and Southeast Washington CBOC clinicians document education of foot care to diabetic patients in CPRS.
- Ensure that the Greenbelt and Southeast Washington CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.
- Ensure that all mammogram results are documented using the BI-RADS code categories at the Greenbelt and Southeast Washington CBOCs.
- Ensure that fee-basis mammography results are received and scanned into CPRS for the Greenbelt and Southeast Washington CBOCs.
- Ensure that privileges granted to psychologists are provider specific and consistent with the services provided at the Greenbelt CBOC.
- Ensure that fire drills and fire safety inspections are conducted annually at the Greenbelt CBOC.

Comments

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



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

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. 12-00580-0311 *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.

	Franklin	Stephens City	Greenbelt	Southeast Washington
VISN	5	5	5	5
Parent Facility	Martinsburg VAMC	Martinsburg VAMC	Washington DC VAMC	Washington DC VAMC
Type of CBOC	VA	VA	VA	VA
Number of Uniques, ³ FY 2011	220	3,674	1,564	617
Number of Visits, FY 2011	1,303	16,627	6,227	2,919
CBOC Size ⁴	Small	Mid-size	Mid-size	Small
Locality	Rural	Rural	Urban	Urban
Full-time employee equivalents PCP	1.17	3.2	1	.6
Full-time employee equivalents MH	.5	1	1	1
Types of Providers	PCP LCSW	PCP LCSW NP Pharmacist	PCP Psychiatrist Psychologist NP	PCP Psychiatrist
Specialty Care Services Onsite	Yes	Yes	Yes	No
Tele-Health Services	None	Tele-MH Tele-Retinal Imaging Tele-Podiatry	Tele-MH	None
Ancillary Services Provided Onsite	Laboratory EKG Radiology	Laboratory EKG Pharmacy Physical Medicine	Laboratory EKG	Laboratory EKG

Table 2. CBOC Characteristics

³ <http://vaww.pssg.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).

Mental Health CBOC Characteristics

Table 3 displays the MH Characteristics for each CBOC reviewed.

	Franklin	Stephens City	Greenbelt	Southeast Washington
Provides MH Services	Yes	Yes	Yes	Yes
Number of MH Uniques, FY 2011	106	426	172	201
Number of MH Visits	421	1,566	443	759
General MH Services	DX & TX Plan MedMgt Psychotherapy PTSD MST	DX & TX Plan Psychotherapy PTSD MST	DX & TX Plan Medication Management Psychotherapy PTSD MST	DX & TX Plan Medication Management Psychotherapy
Specialty MH Services	None	None	Consult & TX Psychotherapy MH Intensive Case Management PTSD Teams MST Clinics Substance Use Disorder	Consult & TX Psychotherapy MH Intensive Case Management Substance Use Disorder
Tele-MH	No	Yes	Yes	No
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. ⁵
	The CBOC has developed screening guidelines regarding universal foot checks.
	The CBOC has developed a tracking system to identify and follow patients at risk for lower limb amputations.
	The CBOC has referral guidelines for at-risk patients.
Franklin Stephens City Greenbelt Southeast Washington	The CBOC documents education of foot care for patients with a diagnosis of DM. ⁶
Southeast Washington	There is documentation of foot screening in the patient's medical record.
Franklin Stephens City Greenbelt Southeast Washington	There is documentation of a foot risk score in the patient's medical record.
	There is documentation that patients with a risk assessment Level 2 or 3 received therapeutic footwear and/or orthotics.
Table 4. DM	

VISN 5, Martinsburg VAMC – Franklin and Stephens City

Foot Care Education. We did not find documentation of preventative foot care education in CPRS for 14 of 28 diabetic patients at the Franklin CBOC and 7 of 28 diabetic patients at the Stephens City CBOC.

⁵ VHA Directive 2006-050, *Preservation Amputation Care and Treatment (PACT) Program*, September 14, 2006.

⁶ VA/DoD Clinical Practice Guideline, *Management of Diabetes Mellitus (DM)*, August 2010.

Risk Level Assessment. We did not find documentation of a risk level in CPRS for all 28 diabetic patients at the Franklin CBOC and all 28 diabetic patients at the Stephens City CBOC. VHA policy⁷ requires identification of high-risk patients with a risk level, based upon foot risk factors that would determine appropriate care and/or referral.

Recommendation 1. We recommended that the Franklin and Stephens City CBOC clinicians document education of foot care to diabetic patients in CPRS.

Recommendation 2. We recommended that the Franklin and Stephens City CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.

VISN 5, Washington DC VAMC – Greenbelt and Southeast Washington

Foot Screenings. We did not find a complete foot screening (foot inspection, circulation check, and sensory testing) for 9 of 27 diabetic patients at the Southeast Washington CBOC.

Foot Care Education. We did not find documentation of preventative foot care education in CPRS for 24 of 28 diabetic patients at the Greenbelt CBOC and for 18 of 27 diabetic patients at the Southeast Washington CBOC.

Risk Level Assessment. We did not find documentation of a risk level in CPRS for 27 of 28 diabetic patients at the Greenbelt CBOC and for 27 of 27 diabetic patients at the Southeast Washington CBOC. VHA policy⁸ requires identification of high-risk patients with a risk level, based upon foot risk factors that would determine appropriate care and/or referral.

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

Recommendation 4. We recommended that the Greenbelt and Southeast Washington CBOC clinicians document education of foot care to diabetic patients in CPRS.

Recommendation 5. We recommended that the Greenbelt and Southeast Washington 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.⁹ Each VHA facility must ensure that eligible women veterans have access to comprehensive medical care,

⁷ VHA Directive 2006-050.

⁸ VHA Directive 2006-050.

⁹ American Cancer Society, Cancer Facts & Figures 2009.

including care for gender-specific conditions.¹⁰ 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. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
	Patients were referred to mammography facilities that have current Food and Drug Administration or State-approved certifications.
Greenbelt Southeast Washington	Mammogram results are documented using the American College of Radiology's BI-RADS code categories. ¹¹
	The ordering VHA provider or surrogate was notified of results within a defined timeframe.
Stephens City	Patients were notified of results within a defined timeframe.
	The facility has an established process for tracking results of mammograms performed off-site.
Greenbelt Southeast Washington	Fee Basis mammography reports are scanned into VistA.
	All screening and diagnostic mammograms were initiated via an order placed into the VistA radiology package. ¹²
	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	

There were a total of 41 patients who had mammograms done on or after June 1, 2010. There were 13 patients who received mammograms at the Stephens City CBOC, 4 patients at the Greenbelt CBOC, and 9 patients at the Southeast Washington CBOC. There were no patients who met the criteria at the Franklin CBOC.

VISN 5, Martinsburg VAMC – Stephens City

Patient Notification of Normal Mammography Results. We determined that 3 of 13 patients who had normal mammography results at the Stephens City CBOC were not notified of results within the required 14-day timeframe.

Recommendation 6. We recommended that the Stephens City CBOC establish a process to ensure that patients with normal mammograms are notified of results within the allotted timeframe and that notification is documented in the medical record.

¹⁰ VHA Handbook 1330.01, *Healthcare Services for Women Veterans*, May 21, 2010.

¹¹ 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.

¹² VHA Handbook 1330.01.

VISN 5, Washington DC VAMC – Greenbelt and Southeast Washington

Documentation of Results. Mammogram results were not documented using the American College of Radiology’s BI-RADS code categories in all four medical records at the Greenbelt CBOC and six of nine medical records at the Southeast Washington CBOC.

Scanned Reports. We determined that 4 of 8 patients at the Greenbelt CBOC and 9 of 10 patients at the Southeast Washington CBOC did not have fee basis mammography results scanned into the radiology package of CPRS.

Recommendation 7. We recommended that the managers at the Greenbelt and Southeast Washington CBOCs ensure that all mammogram results are documented using the BI-RADS code categories.

Recommendation 8. We recommended that the Women’s Health Program Manager at the Washington DC VAMC ensure that the Greenbelt and Southeast Washington CBOC fee-basis mammography results are received and scanned into CPRS.

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.¹³ Table 6 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

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.

¹³ VHA Handbook 1100.19. *Credentialing and Privileging*, November 14, 2008.

Noncompliant	Areas Reviewed (continued)
	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.
	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.
	(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.
Franklin Stephens City Greenbelt	(7) Privileges granted to providers were facility, service, and provider specific. ¹⁴
	(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 5, Martinsburg VAMC – Franklin and Stephens City

Clinical Privileges. One provider at the Franklin CBOC and one provider at the Stephens City CBOC provided gynecological exams without the required approval for that privilege. The facility took corrective actions while we were onsite to ensure that both providers were granted the appropriate privileges.

Recommendation 9. We recommended that the Executive Committee of the Medical Staff, Credentialing Committee, grant privileges consistent with the services provided at the Franklin and Stephens City CBOCs.

¹⁴ VHA Handbook 1100.19.

VISN 5, Washington DC VAMC – Greenbelt

Privileges. We reviewed the privileging documentation for a psychologist at the Greenbelt CBOC and found that the provider and the service chief signed the back page of the local policy, *Clinical Privileges for Psychologists*, as the request for privileges. We did not find a request for privileges, as required by VHA policy. VHA policy requires that privileges granted to a provider be setting and provider specific.

Recommendation 10. We recommended that the process is strengthened to ensure that privileges granted to psychologists are provider specific and consistent with the setting in which the services are provided at the Greenbelt 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.

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).
Franklin Stephens City	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.
Franklin	Privacy is maintained.
	Information Technology security rules are adhered to.
	Patients' PII 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 $\frac{3}{4}$ full.
Greenbelt	There is evidence of fire drills occurring at least annually.
Franklin Greenbelt	There is evidence of an annual fire and safety inspection.
Franklin	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 5, Martinsburg VAMC – Franklin and Stephens City

Patient Privacy. The Franklin CBOC examination rooms had a small screen, instead of a privacy curtain, at the end of the exam table, leaving the patient visible when the door to the room was opened. VHA policy requires that patient dignity and privacy must be maintained at all times during the course of a physical examination.

Fire Extinguishers. One of the fire extinguishers at the Franklin CBOC was recessed in a wall and obscured from view. There was no signage indentifying the location of this fire extinguisher. The NFPA Life Safety Code requires identification of fire extinguisher locations when they are obscured from view.¹⁵

Additionally, there was no documentation to indicate when the fire extinguishers were last inspected. The JC requires that fire safety equipment be maintained and inspected in order to identify conditions that do not meet the NFPA Life Safety Code.¹⁶

Infection Control. The Franklin CBOC had full biohazardous waste containers stored with office and medical supplies in a laboratory closet. In addition, there were clean linen supplies in the Dirty Utility Room. The JC requires proper storage of equipment and supplies to minimize infection.¹⁷

Patient Safety. The Stephens City CBOC had buckets of paint and bags of chemical meltaway stored in the electrical closet. The JC requires that organizations minimize risks when storing hazardous chemicals.¹⁸

Recommendation 11. We recommended that privacy is maintained at all times during a patient physical examination at the Franklin CBOC.

Recommendation 12. We recommended that signage is installed at the Franklin CBOC to clearly identify the location of fire extinguishers.

Recommendation 13. We recommended that fire extinguishers are inspected at the Franklin CBOC and that maintenance and inspection dates are documented in accordance with NFPA Life Safety Code.

Recommendation 14. We recommended that biohazardous waste containers are stored appropriately and that clean and dirty items are stored in separate locations at the Franklin CBOC.

Recommendation 15. We recommended that the electrical closet is free of hazardous chemicals at the Stephens City CBOC.

¹⁵ National Fire Protection Association, Standard for Portable Fire Extinguishers, 10 6.1.3.3.1.

¹⁶ Joint Commission Standard EC 02.03.05.

¹⁷ Joint Commission Standard IC 02.02.01.

¹⁸ Joint Commission Standard EC 02.02.01.

VISN 5, Washington DC VAMC – Greenbelt

Life Safety. We did not find evidence of an annual fire drill or annual fire and safety inspection at the Greenbelt CBOC for 2011. The JC requires that fire safety equipment and building features are maintained and inspected in order to identify conditions that do not meet the NFPA Life Safety Code.¹⁹

Recommendation 16. We recommended that fire drills and fire safety inspections are conducted annually at the Greenbelt 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.

¹⁹ Joint Commission Standard EC 02.03.05

²⁰ VHA Handbook 1006.1.

CBOC Contract

We conducted reviews of primary care at the Franklin CBOC to evaluate the effectiveness of VHA oversight and administration for selected contract provisions relating to quality of care and payment of services. MH services are provided by contractors 2 days per week with access to care provided at another geographically accessible CBOC the other 3 days per week.

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.
Franklin	b. Rate and frequency of payment.
Franklin	c. Invoice format.
Franklin	d. Performance measures (including incentives/penalties).
	e. Billing the patient or any other third party.
	(2) Technical review of contract, modifications, and extensions.
Franklin	(3) Invoice validation process.
	(4) The Contracting Officer's Technical Representative designation and training.
	(5) Contractor oversight provided by the Contracting Officer's Technical Representative.
	(6) Timely access to care (including provisions for traveling veterans).
	a. Visiting patients are not assigned to a provider panel in Primary Care Management Module.
	b. The facility uses Veterans Health Information Systems and Technology Architecture's (VistA) "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 5, Martinsburg VAMC – Franklin CBOC

Rate and Frequency of Payment. The VA overpaid the contractor by approximately \$4,500 for unsupported charges for MH services for the period April through June 2011. The contract specifies that the contractor may invoice up to 16 hours per week provided that the supporting documentation shows that the contractor has seen at least one patient per hour for the hours billed. Based upon our review of supporting documentation for the 3-month period, the contractor should have billed 110 hours instead of the 202.5 hours billed.

Invoice Format. The invoice and supporting data are not in the format required by the contract. Supporting data for the monthly invoices should be listed in the following three categories: (1) all enrolled patients who were on the previous month's invoice, (2) new patients enrolled since previous month's invoice, and (3) disenrolled patients since previous month's invoice. This format facilitates invoice validation and a month-to-month reconciliation.

Performance Measures. The facility did not ensure and was not reviewing contractually required monthly performance measure reports, such as performance improvement, clinical pertinence, and point-of-care reports.

Invoice Validation. There are inadequate controls in place to ensure the accuracy of the monthly invoice. The facility receives from the contractor a patient list on paper from which only 10–15 percent of the enrollees are verified before payment authorization. Although we did not find any overpayments, the validation process can be improved by using VA data to generate the billable roster of eligible patients as a basis for determining the amount to be paid.

Recommendation 17. We recommended that the Facility Director determines, with the assistance of the Regional Counsel, the extent and collectability of the overpayments at the Franklin CBOC.

Recommendation 18. We recommended that the Facility Director ensures that the contractor provide the invoice in the prescribed format at the Franklin CBOC.

Recommendation 19. We recommended that the Facility Director ensures that all the performance-reporting provisions of the contract are completed and monitored at the Franklin CBOC.

Recommendation 20. We recommended that the Facility Director considers adding controls in the invoice validation process, such as preparing a monthly billable roster with VA data at the Franklin CBOC.

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.	Martinsburg VAMC		
	Franklin		X
	Stephens City		X
	Washington DC VAMC		
	Greenbelt	X	
	Southeast Washington	X	
The CBOC has a process to identify enrolled patients that have been admitted to the parent facility with a HF diagnosis.	Martinsburg VAMC		
	Franklin	X	
	Stephens City	X	
	Washington DC VAMC		
	Greenbelt	X	
	Southeast Washington	X	
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.	Martinsburg VAMC		
	Franklin	0*	0
	Stephens City	3	12
	Washington DC VAMC		
	Greenbelt	5	5
	Southeast Washington	4	4
A clinician documented a review of the patients' medications during the first follow-up primary care or cardiology visit.	Martinsburg VAMC		
	Franklin	0	0
	Stephens City	8	8
	Washington DC VAMC		
	Greenbelt	5	5
	Southeast Washington	3	4
A clinician documented a review of the patients' weights during the first follow-up primary care or cardiology visit.	Martinsburg VAMC		
	Franklin	0	0
	Stephens City	8	8
	Washington DC VAMC		
	Greenbelt	5	15
	Southeast Washington	2	4

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.	Martinsburg VAMC		
	Franklin	0	0
	Stephens City	7	8
	Washington DC VAMC		
	Greenbelt	5	5
	Southeast Washington	1	4
A clinician documented a review of the patients' fluid intakes during the first follow-up primary care or cardiology visit.	Martinsburg VAMC		
	Franklin	0	0
	Stephens City	0	8
	Washington DC VAMC		
	Greenbelt	5	5
	Southeast Washington	0	4
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.	Martinsburg VAMC		
	Franklin	0	0
	Stephens City	8	8
	Washington DC		
	Greenbelt	5	5
	Southeast Washington	3	4

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

VISN 5 Director Comments

Department of
Veterans Affairs

Memorandum

Date: November 1, 2012

From: Director, VISN 5 (10N5)

Subject: **CBOC Reviews: Franklin, WV; Stephens City, VA;
Greenbelt, MD; and Southeast Washington, DC**

To: Director, Washington DC Regional Office of Healthcare
Inspections (54DC)

Director, Management Review Service (VHA 10AR MRS
OIG CAP CBOC)

1. Thank you for the opportunity to provide a status report on the draft findings from the CBOC Reviews of Franklin, WV; Stephens City, VA; Greenbelt, MD; and Southeast Washington, DC.
2. Attached please find the facility concurrences and responses to each of the findings from the review.
3. If you have questions or need further information, please contact Jeffrey Lee, QMO, VISN 5 at (410)-691-7616.

(original signed by:)

Fernando O. Rivera, FACHE
Director, VA Capitol Health Care Network VISN 5

Martinsburg VAMC Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: October 18, 2012
From: Director, Martinsburg VAMC (613/00)
Subject: **CBOC Reviews: Franklin, WV; and Stephens City, VA**
To: Director, VISN 5 (10N5)

1. I would like to express our appreciation to the Office of Inspector General (OIG) Survey Team for their professional and consultative manner during the review.
2. Attached please find our concurrences and responses to each of the findings from the review.
3. If you have additional questions or need further information, please contact V. Denise O'Dell, Chief Quality Management at (304)-263-0811 ext. 4035.

(original signed by:)

Ann R. Brown, FACHE

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 Franklin and Stephens City CBOC clinicians document education of foot care to diabetic patients in CPRS.

Concur

Target date for completion: 11/30/12

Facility Response: Primary Care Service Chief instructed the Primary Care providers of these requirements electronically via Outlook e-mail on 10/19/12. This will be a topic at the 11/15/12 Primary Care staff meeting of which will be reflected in the minutes. A template reminder will be utilized beginning November 2012 that will indicate education as well as the foot risk score.

Recommendation 2. We recommended that the Franklin and Stephens City CBOC clinicians document a risk level for diabetic patients in CPRS, in accordance with VHA policy.

Concur

Target date for completion: 11/30/12

Facility Response: Primary Care Service Chief instructed the Primary Care providers of these requirements electronically via Outlook e-mail on 10/19/12. This will be a topic at the 11/15/12 Primary Care staff meeting of which will be reflected in the minutes. A template reminder will be utilized beginning November 2012 that will indicate education as well as the foot risk score.

Recommendation 6. We recommended that the Stephens City CBOC establish a process to ensure that patients with normal mammograms are notified of results within the allotted timeframe and that notification is documented in the medical record.

Concur

Target date for completion: 11/30/12

Facility Response: Mammography results are being sent by the Fee Basis Vendor directly to the ordering provider to review and document in the medical record. The RN will be added as a co-signer who will then notify the patient of the results within required timeframes. The results are then faxed to Radiology who scans the results into the patient record and removes them from the pending consult list. In addition, each PACT

team will be developing a tracking spreadsheet on mammogram consults placed by that team's providers as a follow-up tool to completion.

Recommendation 9. We recommended that the Executive Committee of the Medical Staff, Credentialing Committee, grant privileges consistent with the services provided at the Franklin and Stephens City CBOCs.

Concur

Target date for completion: 11/30/12

Facility Response: The Stephens City CBOC Well Women provider list of privileges was remedied on July 10, 2012 and now includes Women's Health: Pelvic Exams/Pap Smears, Breast Exams. Franklin CBOC Well Women provider privileges will also be updated to include Women's Health.

Recommendation 11. We recommended that privacy is maintained at all times during a patient physical examination at the Franklin CBOC.

Concur

Target date for completion: 8/1/12

Facility Response: Curtains are now installed in the exam rooms at the Franklin CBOC.

Recommendation 12. We recommended that signage is installed at the Franklin CBOC to clearly identify the location of fire extinguishers.

Concur

Target date for completion:10/31/12

Facility Response: Franklin CBOC fire extinguisher signage will be installed indicating location of fire extinguishers.

Recommendation 13. We recommended that fire extinguishers are inspected at the Franklin CBOC and that maintenance and inspection dates are documented in accordance with NFPA Life Safety Code.

Concur

Target date for completion: 10/26/12

Facility Response: Fire extinguishers at the contracted Franklin CBOC have been inspected and tagged. Our Fire Department conducts an inspection at this CBOC twice a year to ensure compliance.

Recommendation 14. We recommended that biohazardous waste containers are stored appropriately and that clean and dirty items are stored in separate locations at the Franklin CBOC.

Concur

Target date for completion: 8/1/12

Facility Response: At the Franklin CBOC, all biohazardous waste are stored appropriately in the closet. All other supplies and linens have been removed.

Recommendation 15. We recommended that the electrical closet is free of hazardous chemicals at the Stephens City CBOC.

Concur

Target date for completion: 7/12/12

Facility Response: All hazardous chemicals have been removed from the electrical closet at the Stephens City CBOC.

Recommendation 17. We recommended that the Facility Director determine, with the assistance of the Regional Counsel, the extent and collectability of the overpayments at the Franklin CBOC.

Concur

Target date for completion: 11/30/12

Facility Response: Primary Care has contacted the Contracting Officer to engage Counsel and determine next steps concerning the extent and collectability of overpayments at the Franklin CBOC.

Recommendation 18. We recommended that the Facility Director ensures that the contractor provide the invoice in the prescribed format at the Franklin CBOC.

Concur

Target date for completion: 10/25/12

Facility Response: A report format for electronic submission has been developed for the Franklin CBOC which will be utilized for the next monthly billing cycle.

Recommendation 19. We recommended that the Facility Director ensures that all the performance-reporting provisions of the contract are completed and monitored at the Franklin CBOC.

Concur

Target date for completion: 10/31/12

Facility Response: A report format for monitoring quality management performance improvement measures has been developed. This report will be submitted on a quarterly basis.

Recommendation 20. We recommended that the Facility Director considers adding controls in the invoice validation process, such as preparing a monthly billable roster with VA data at the Franklin CBOC.

Concur

Target date for completion: 10/25/12

Facility Response: A report format for electronic invoice submission was developed for the Franklin CBOC which will be utilized for the next monthly billing cycle.

Washington DC VAMC Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: November 1, 2012
From: Director, Washington DC VAMC (688/00)
Subject: **CBOC Reviews: Greenbelt, MD; and Southeast Washington, DC**
To: Director, VISN 5 (10N5)

I have reviewed and concur with the CBOC Reviews assessment conducted at the Greenbelt, MD; and Southeast Washington, DC, community based outpatient clinics. Action plans have been developed to address these recommendations with anticipated completion dates.

Should you require additional information, please contact Geraldene E. Adams, Acting Chief, Quality Management via telephone at 202-745-8000 ext 8517 or via email at Geraldene.Adams@va.gov.

(original signed by:)

Brian A. Hawkins, MHA
Director, Washington DC VA Medical Center (688/00)

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 3. We recommended that the Southeast Washington CBOC clinicians document complete foot screenings for diabetic patients in CPRS.

Concur

Target date for completion: January 1, 2013

Facility Response: A clinical reminder will be developed prior to December 2012 to include a template for documenting foot screenings of diabetic patients. Audits will be conducted to ensure that patients are being properly screened.

Recommendation 4. We recommended that the Greenbelt and Southeast Washington CBOC clinicians document education of foot care to diabetic patients in CPRS.

Concur

Target date for completion: January 1, 2013

Facility Response: A clinical reminder will be developed prior to December 2012 to include a template for documenting education about foot care given to diabetic patients. Audits will be conducted to ensure that patients are being properly screened.

Recommendation 5. We recommended that the Greenbelt and Southeast Washington CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.

Concur

Target date for completion: January 1, 2013

Facility Response: A clinical reminder will be developed prior to December 2012 to include a template for documenting risk level for diabetic patients. Audits will be conducted to ensure that patients are being properly screened.

Recommendation 7. We recommended that the managers at the Greenbelt and Southeast Washington CBOCs ensure that all mammogram results are documented using the BI-RADS code categories.

Concur

Target date for completion: July 2012

Facility Response: The DC VAMC Women's Health Coordinator indicated the coding process for BI-RADS for mammograms during the OIG CBOC site visit in July 2012. The process is on-going and will continuously be monitored to ensure each are properly documented.

Recommendation 8. We recommended that the Women's Health Program Manager at the Washington DC VAMC ensure that the Greenbelt and Southeast Washington CBOC fee-basis mammography results are received and scanned into CPRS.

Concur

Target date for completion: Completed.

Facility Response: The DC VAMC did concur with the OIG findings at the time of their visit, however we have instituted a new process that the CBOC providers funnel all mammography request through the Woman's Health Program Manager for scheduling, tracking, uploading documentation and sending notifications to the veterans. Currently all mammograms are provided through fee-basis, and the Women's Health Program Manager ensures consistency and that all documentation is completed and scanned in CPRS.

Recommendation 10. We recommended that the process is strengthened to ensure that privileges granted to psychologists are provider specific and consistent with the setting in which services are provided at the Greenbelt CBOC.

Concur

Target date for completion: January 1, 2013

Facility Response: A revised Clinical Privileging policy and procedure for Psychology was prepared in July 2012 and is currently in the review process in Credentialing and Privileging. The revised policy will be submitted for approval by the Medical Executive Committee during their November or December meeting.

Recommendation 16. We recommended that fire drills and fire safety inspections are conducted annually at the Greenbelt CBOC.

Concur

Target date for completion: November 1, 2012

Facility Response: The DC VAMC's Safety Office in conjunction with CBOC Operation Manager has incorporated fire drill evacuations and fire safety trainings to be conducted during the Quarterly CBOC environmental of care rounds.

OIG Contact and Staff Acknowledgments

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

Contributors	Donna Giroux, RN, Project Leader Bruce Barnes, Team Leader Myra Conway RN, Team Leader Lisa Barnes , MSW Katharine Foster, RN Tom Seluzicki, CPA Natalie Sadow-Colón, MBA, Program Support Assistant Shirley Carlile, BA Lin Clegg, PhD Marnette Dhooghe, MS
---------------------	---

Report Distribution

VA Distribution

Office of the Secretary
Veterans Health Administration
Assistant Secretaries
General Counsel
Director, VISN 5 (10N5)
Director, Martinsburg VAMC (613/00)
Director, Washington DC VAMC (688/00)

Non-VA Distribution

House Committee on Veterans' Affairs
House Appropriations Subcommittee on Military Construction, Veterans Affairs, and
Related Agencies
House Committee on Oversight and Government Reform
Senate Committee on Veterans' Affairs
Senate Appropriations Subcommittee on Military Construction, Veterans Affairs, and
Related Agencies
Senate Committee on Homeland Security and Governmental Affairs
National Veterans Service Organizations
Government Accountability Office
Office of Management and Budget
U.S. Senate: Joe Manchin III, John D. Rockefeller, IV, Mark Warner, Jim Webb
U.S. House of Representatives: Shelly Moore-Capito, Eleanor Holmes-Norton

This report is available at <http://www.va.gov/oig/publications/default.asp>