



US DEPARTMENT OF VETERANS AFFAIRS OFFICE OF INSPECTOR GENERAL

Office of Healthcare Inspections

VETERANS HEALTH ADMINISTRATION

Veterans Health Administration Initiated Toxic Exposure Screening as Required by the Promise to Address Comprehensive Toxics (PACT) Act but Improvements Needed in the Training Process

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Executive Summary

The VA Office of Inspector General (OIG) conducted a review to evaluate the implementation of the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act (PACT Act) of 2022 mandated toxic exposure screenings for veterans and related required training for clinical staff in Veterans Health Administration (VHA) facilities nationwide.¹

Expanding Care and Benefits Through the PACT Act

The PACT Act significantly expands VA health care and benefits for veterans who experienced toxic exposures during the Vietnam, Gulf War, and Post-9/11 eras.² The PACT Act adds to the list of service-related conditions, including certain cancers, respiratory, and other illnesses that VA presumptively considers connected to military-related toxic exposures.³ The PACT Act requires VHA to address several issues specific to veterans who may have experienced toxic exposures during military service, including implementing a toxic exposure screening process, and providing toxic exposure-related training for VA healthcare staff and claims processors.⁴

PACT Act Section 603 mandated VHA incorporate and implement a health screen within 90 days of the date of enactment to identify potential toxic exposures during military service. VHA must ensure veterans are screened “not less frequently than once every five years” using questions developed with input from medical professionals. Additionally, PACT Act Section 604 requires VHA provide healthcare employees with training and education to “treat, and assess the impact on veterans of illnesses related to toxic exposures and inform such personnel of how to ask for additional information from veterans regarding different toxic exposures.”⁵

¹ Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act of 2022, Pub. L. No. 117-168, 136 Stat. 1759 (2022); The White House, “President Biden Signs the PACT Act and Delivers on His Promise to America’s Veterans” (fact sheet), August 10, 2022, <https://www.whitehouse.gov/briefing-room/statements-releases/2022/08/10/fact-sheet-president-biden-signs-the-pact-act-and-delivers-on-his-promise-to-americas-veterans/>. The law is named after an Ohio National Guardsman who died after being diagnosed with a rare form of lung cancer. The Guardsman was exposed to toxic substances in burn pits while serving in the military.

² The White House, “President Biden Signs the PACT Act and Delivers on His Promise to America’s Veterans.”

³ “The PACT Act and your VA Benefits,” VA, accessed February 9, 2024, <https://www.va.gov/resources/the-pact-act-and-your-va-benefits/>. VHA considers presumptive conditions to be illnesses or health problems connected to military service based on timing and location of service.

⁴ “2022 PACT Act: Understanding Health Care Eligibility and Benefits,” VA, accessed August 3, 2023, <https://www.va.gov/files/2022-12/PACT-Act-Understanding-Health-Care-and-Benefits.pdf>.

⁵ PACT Act § 603, 136 Stat. at 1793. PACT Act § 604, 136 Stat. at 1794. The enactment date was August 10, 2022.

The OIG focused this review on VHA's implementation of PACT Act Section 603, clinical training requirements, and further explored VHA leaders' overall perspective of toxic exposure screening implementation and future plans.⁶

Development and Implementation of Toxic Exposure Screening

The OIG found that VHA complied with PACT Act Section 603 requirements to initiate a method of screening enrolled veterans for possible military-related toxic exposures within 90 days of enactment.⁷ Further, the total number of veterans screened met VHA benchmarks for the for the first year of implementation from November 8, 2022, through November 7, 2023.

During interviews, VHA leaders identified the Office of Primary Care as having principal responsibility for the implementation of toxic exposure screening beginning around August 2022.⁸ VHA developed the Toxic Exposure Screening Clinical Reminder ([clinical reminder](#)) as the designated tool within the electronic health record (EHR) system to ensure VHA met the legislative requirement to screen veterans at least once every five years for possible military-related toxic exposures.⁹ The clinical reminder was fully deployed across all VHA medical centers November 8, 2022.

The toxic exposure screen is a two-stage screen in the [Computerized Patient Record System](#), the EHR system, which allows initial screening questions to be completed by clinical staff, such as providers, nurses, and social workers; the follow-up portion is completed by authorized closers who can enter diagnoses in veterans' EHRs.¹⁰ For those facilities using the [Oracle Cerner EHR](#) system, the toxic exposure screen is a one-stage process that can only be completed by authorized closers.¹¹

The Office of Primary Care implemented toxic exposure screening in three phases. In Phase 1, primary care staff conducted the screenings for veterans during primary care provider appointments. Toxic exposure screening navigators were available to complete toxic exposure

⁶ "An Overview of Key Elements" (fact sheet), August 2022. The PACT Act has 53 separate sections that spread requirements across VA, including VHA and the Veterans Benefits Administration.

⁷ PACT Act § 603, 136 Stat. at 1793.

⁸ VA, *2021 Functional Organization Manual*, Version 7, September 30, 2021. The Office of Primary Care "is responsible for the oversight of program and policy development for Primary Care" services throughout VHA.

⁹ The underlined terms are hyperlinks to a glossary. To return from the glossary, press and hold the "alt" and "left arrow" keys together.

¹⁰ Authorized closers include privileged clinical staff such as medical doctors, doctors of osteopathic medicine, advanced practice registered nurses, or physician assistants as well as registered nurses who are permitted to enter consults and add a diagnosis to the veteran's problem list in the EHR.

¹¹ VA EHR Modernization, "VA Signs Contract with Cerner for an Electronic Health Record System," news release, May 17, 2018, [VA Signs Contract with Cerner for an Electronic Health Record System - VA EHR Modernization](#). In May 2024, the project manager told the OIG that a change from a one-stage to a two-stage screen in Oracle Cerner EHR screen was planned but not yet implemented.

screenings and enter diagnosis codes in problem lists for veterans not assigned to a primary care provider or when veterans walked in or called to request screening outside of a scheduled appointment.¹² Phase 2 expanded toxic exposure screening to additional clinical areas outside of primary care to include specialty care areas, inpatient medicine, and mental health. VHA leaders implemented Phase 3 in September 2023 and focused on expanded outreach to enrolled veterans not screened during the previous phases; veterans limited by distance, technology, or socioeconomic factors; and those who do not routinely access VHA health care.

OIG Analysis of Toxic Exposure Screening Data

The OIG found that as of November 30, 2023, VHA had screened over 4 million of the 9 million veterans enrolled in the VA healthcare system.¹³ Additionally, the OIG retrieved VHA Support Service Center (VSSC) toxic exposure screening data from November 8, 2022, through November 7, 2023, and found

- the majority of veterans were screened in primary care;
- 43 percent of the total number of veterans screened endorsed one or more exposure; and
- less than 1 percent of screenings for veterans who required follow-up remained unresolved for greater than 30 days.

Further OIG analysis revealed that of the veterans claiming exposures, the top three exposures that occurred were related to Burn Pit, [Agent Orange](#), and Gulf War. Veterans reported over 2.5 million exposures.¹⁴

During an interview, the Senior Advisor to the Deputy Under Secretary for Health confirmed that the Office of Primary Care leaders used the *PACT Act of 2022 VHA Executive Summary Dashboard* to monitor and report the total number of completed screens, total individual veterans endorsing at least one exposure concern, and the total number of unresolved follow-up reminders

¹² The navigators also serve as the subject matter experts to coordinate local facility rollout, address veteran concerns, and report data to PACT Act leaders.

¹³ “PACT Act VSSC Toxic Exposure Screening Reporting,” VHA Support Service Center (VSSC), accessed February 26, 2024, <https://app.powerbigov.us/groups/me/apps/004745c9-bb90-42a7-aba4-673ee60f371d/reports/2696d8a7-f6bd-438d-90c3-711596d92630?ctid=e95f1b23-abaf-45ee-821d-b7ab251ab3bf>. (This website is not publicly accessible.); National Center for Veterans Analysis and Statistics, “VA Benefits & Health Care Utilization” (fact sheet), October 30, 2023, accessed on February 21, 2024, https://www.va.gov/VETDATA/docs/pocketcards/fy2023q4_alteration.pdf. The number of total enrollees in VA Health Care System for fiscal year 2022 was 9.07 million.

¹⁴ “PACT Act VSSC Toxic Exposure Screening Reporting,” VSSC.

across all VA facilities.¹⁵ The OIG learned that Office of Primary Care leaders used this information to monitor screening performance and when connecting with facility leaders to provide guidance or additional training to improve screening numbers.

The OIG expects that the Office of Primary Care will continue to monitor the ongoing efforts of toxic exposure screening at the Veterans Integrated Service Network (VISN) and facility levels to identify barriers and implement corrective actions to ensure screening is initiated and completed according to PACT Act and VHA requirements.

Training Requirements and Compliance

The OIG found that VHA met the training requirements established by Section 604 of the PACT Act. The Chief Consultant for Health Outcomes Military Exposures (HOME) reported over 95 percent of assigned staff completed the required training, which was developed by VA War Related Illness and Injury Study Center (WRIISC).¹⁶

The OIG further found that VHA leaders required additional training on screening using the clinical reminder. However, VHA leaders did not actively monitor toxic exposure screening training data to ensure VHA clinical staff completed training prior to screening veterans, when required.

The OIG found that VHA issued three memorandums to VISN and facility directors to address toxic exposure screening training requirements for VHA clinical staff.¹⁷

In a memorandum issued September 14, 2022, the Under Secretary for Health directed VHA clinical staff who “see or screen” veterans for toxic exposure to complete mandatory training but

¹⁵ “PACT Act VSSC Toxic Exposure Screening Reporting,” VSSC. The PACT Act of 2022 VHA Dashboard was developed to track toxic exposure screening progress. This dashboard displays the total number of veterans screened, the number of veterans endorsing exposures, veteran demographic and unresolved toxic exposure screening, and veterans requiring follow-up.

¹⁶ “War Related Illness and Injury Study Center” (web page), VA, accessed October 11, 2024, <https://www.warrelatedillness.va.gov/WARRELATEDILLNESS/index.asp>. The War Related Illness and Injury Study Center “. . . is a national program dedicated to Veterans’ post-deployment health concerns and unique health care needs” that develops and provides “post-deployment health expertise to Veterans and their health care providers through clinical care, research, education, and risk communication.”; “WRIISC Provider Available Education Collections,” VA, accessed October 11, 2024, https://www.warrelatedillness.va.gov/WARRELATEDILLNESS/docs/WRIISC_ProviderEducationResources.pdf.

¹⁷ VHA Deputy Under Secretary for Health, “Veterans Health Administration (VHA) Letter of Instruction Regarding Education for Toxic Exposure Screening of Environmental Hazards for VHA Clinicians including Physicians, Registered Nurses, Advanced Practice Nurses, Psychologists and Social Workers,” memorandum to VISN Directors and VHA Medical Center Directors, September 14, 2022; VHA Under Secretary for Health, “Veterans Health Administration (VHA) Memorandum of Instruction Regarding Education for Staff who will be Screening Veterans for Toxic Exposures,” memorandum to VISN Directors and VHA Medical Center Directors, January 10, 2023; VHA Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer, “PACT Act Section 603, Toxic Exposure Screening Training for all Veterans Health Administration (VHA) Providers,” memorandum to VISN Directors, September 27, 2023.

did not include explicit language requiring clinical staff to complete training *prior to* administering screening. In the second memorandum issued January 10, 2023, VHA reiterated that staff must complete training in VHA’s Talent Management System (TMS) and clarified that training be completed “prior to any screening activities.”¹⁸

The OIG reviewed TMS data and found that 21.4 percent of VHA clinical staff completed screening training prior to performing a screening during the period November 8, 2022, through January 9, 2023.¹⁹ Although training compliance increased after VHA issued guidance clarifying training requirements in January 2023, the OIG is concerned that low training compliance numbers indicates many of these veterans were likely screened by clinical staff who had not completed training.

The OIG also found that toxic exposure screening navigators trained VHA clinical staff, but training was not accurately recorded in TMS, which may adversely affect VHA’s assessment of training compliance. In a September 27, 2023, memorandum, VHA introduced Instructor-Led Live training, led by a trained toxic exposure screening navigator. VHA identified this new modality as the preferred option for toxic exposure screening training.²⁰ Although VHA introduced Instructor-Led Live training in the September 2023 training memorandum, trained toxic exposure screening navigators began providing this training option in May 2023. The OIG reviewed TMS training records from November 8, 2022, through October 31, 2023, and found 533 VHA clinical staff identified as trained using the Instructor-Led Live option *before* toxic exposure screening navigators reported providing this option in May 2023. The OIG could not determine the reasons for this discrepancy but expects VHA to begin accurately tracking training.

Additionally, the OIG found that VHA’s Office of Primary Care staff were not actively monitoring toxic exposure screening training data to ensure VHA clinical staff completed training prior to screening veterans. The OIG learned that PACT Act-related training numbers are displayed in a data dashboard at national level meetings. However, the OIG did not find documentation that showed Office of Primary Care staff actively tracked and communicated with facilities and VISNs about training completion to ensure VHA clinical staff completed training

¹⁸ VHA Under Secretary for Health, “Veterans Health Administration (VHA) Memorandum of Instruction Regarding Education for Staff who will be Screening Veterans for Toxic Exposures,” memorandum. VHA titled the TMS training modules “Completing the Toxic Exposure Screening (TES) Reminder in CPRS” and “Completing the Toxic Exposure Screening (TES) Recommendation in Oracle.” VA Directive 0004, *Education and Learning Delivery System*, April 20, 2012. TMS is VHA’s official education system and training record.

¹⁹ VA Directive 0006, *Talent Management System (TMS) E-Learning Section 508*, September 18, 2012. TMS is a web-based application that records training and education for VA employees. The OIG chose January 9, 2023, as the data start date to correspond with the Under Secretary for Health’s January 10, 2023, memorandum.

²⁰ VHA Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer, “PACT Act Section 603, Toxic Exposure Screening Training for all Veterans Health Administration (VHA) Providers,” memorandum. Staff members could complete either on-demand training in TMS or Instructor-Led Live training to meet VHA’s training requirement.

prior to initiating toxic exposure screening. Failure to ensure training at the national level increases the possibility that staff members screened veterans for toxic exposures without sufficient education and skills, putting veterans at risk of receiving inaccurate or inadequate information on toxic exposures.

VHA Leaders' Perspective on Implementation and Future Plans

The OIG found that VHA leaders involved in toxic exposure screening implementation were positive overall about the progress made in screening veterans and considered the toxic exposure screening program a transformational change resulting in the integration of exposure-informed care into veteran health care.

The OIG gained insight from VHA leaders into challenges encountered while implementing toxic exposure screening, including

- a lack of facility leader support for toxic exposure screening implementation as a factor that contributed to a high number of unresolved follow-up screens at some VHA facilities in early Phase 1;
- consistent messaging regarding toxic exposure screening so that staff are “on the same page when providing care for veterans who have concerns about exposures;”
- specialty clinic staff’s lack of familiarity with using clinical reminders;
- potential difficulties reaching veterans who may be enrolled in the system but are not receiving care from VHA providers; and
- difficulties with tracking screening of veterans who receive healthcare services at multiple VHA facilities, triggering repeat screening.

VHA leaders acknowledged toxic exposure screening adds to primary care staff workload but had not evaluated nor considered mitigating efforts for the additional burden screening may add to primary care staff workload.²¹ The OIG learned that VHA leaders have plans to further expand toxic exposure screening and reach additional veterans not yet screened, including those veterans who may be difficult to contact or are part of vulnerable populations.

The OIG made two recommendations to the Under Secretary for Health related to assessing training noncompliance and evaluating the impact of toxic exposure screening on primary care and taking action as warranted.

²¹ For this review, the OIG did not interview frontline clinical staff who perform the screenings.

VA Comments and OIG Response

The Under Secretary for Health concurred with the recommendations and provided acceptable action plans (see appendixes A). The OIG will follow up on the planned actions until they are completed.



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Abbreviations

CPRS	Computerized Patient Record System
EHR	electronic health record
HOME	Health Outcomes Military Exposures
OIG	Office of Inspector General
PACT	Promise to Address Comprehensive Toxics Act
TMS	Talent Management System
VBA	Veterans Benefits Administration
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VSSC	VHA Support Service Center
WRIISC	War Related Illness and Injury Study Center



Introduction

The VA Office of Inspector General (OIG) conducted a review to evaluate the implementation of the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act (PACT Act) of 2022 mandated toxic exposure screenings and related required training for clinical staff in Veterans Health Administration (VHA) facilities nationwide.¹

Expanding Care and Benefits Through the PACT Act

Since being signed into law in August 2022, the PACT Act represents the “most significant expansion of VA Health Care in 30 years” for veterans who experienced toxic exposures during the Vietnam, Gulf War, and Post-9/11 eras.² Veterans are eligible for VA health care if they meet specific service requirements, such as the amount of time spent in active duty or service in a specific location.³ The PACT Act authorizes VA to expand eligibility to veteran groups previously not eligible for VA health care or benefits.⁴ The PACT Act expands the list of service-related, presumptive conditions with more than 20 conditions, including certain cancers, respiratory, and other illnesses that VA automatically considers connected to military-related toxic exposures.⁵ Furthermore, the PACT Act allows VA to offer services to veterans presumed to have experienced toxic exposures on active duty, active duty for training, and inactive duty training in certain areas and during specific periods of time with known toxic exposure risks.⁶

¹ Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act of 2022, Pub. L. No. 117-168, 136 Stat. 1759 (2022); The White House, “President Biden Signs the PACT Act and Delivers on His Promise to America’s Veterans” (fact sheet), August 10, 2022, <https://www.whitehouse.gov/briefing-room/statements-releases/2022/08/10/fact-sheet-president-biden-signs-the-pact-act-and-delivers-on-his-promise-to-americas-veterans/>. The law is named after an Ohio National Guardsman who died after being diagnosed with a rare form of lung cancer. The Guardsman was exposed to toxic substances in burn pits while serving in the military.

² The White House, “President Biden Signs the PACT Act and Delivers on His Promise to America’s Veterans.”

³ “Eligibility for VA health care,” VA, accessed February 15, 2024, <https://www.va.gov/health-care/eligibility/>.

⁴ “2022 PACT Act: Understanding Health Care Eligibility and Benefits,” VA, accessed August 3, 2023, <https://www.va.gov/files/2022-12/PACT-Act-Understanding-Health-Care-and-Benefits.pdf>. Family members or dependents of deceased veterans who meet eligibility requirements may also be qualified for VA benefits and services under the PACT Act.

⁵ “The PACT Act and your VA Benefits,” VA, accessed February 9, 2024, <https://www.va.gov/resources/the-pact-act-and-your-va-benefits/>. VHA considers presumptive conditions to be illnesses or health problems connected to military service based on timing and location of service.

⁶ “2022 PACT Act: Understanding Health Care Eligibility and Benefits,” VA; VA, “Combat Veteran Eligibility” (fact sheet), December 2011. This includes veterans who served in certain areas in a theater of combat or during periods of combat operations against hostile forces. Veterans are considered to have served in a theater of combat or combat operations if they have (1) military service documentation of service in a combat theater; (2) received combat service medals; and/or (3) received imminent danger or hostile fire pay or tax benefits.

Requirements outlined in the PACT Act address several issues specific to veterans who may have experienced toxic exposures during their military service including⁷

- improving VA’s “decision-making process” for determining the status of presumptive conditions;
- providing toxic exposure-related training for VA healthcare staff and claims processors;
- requiring research studies on veteran mortality, including health trends and cancer rates;
- building a “stronger, more skilled workforce” to address the increased demand for benefits and services; and
- authorizing the creation of 31 new VA facilities across the country.

PACT Act Section 603 mandated VHA incorporate and implement a health screen to “help determine potential toxic exposures during active military, naval, air, or space service” within 90-days of the date of enactment.⁸ VHA must ensure veterans are screened for toxic exposures “not less frequently than once every five years” using questions developed with input from medical professionals that ask about the potential exposure of the veteran to an open burn pit or other toxic exposures commonly associated with military service.⁹ Additionally, PACT Act Section 604 requires VHA provide healthcare employees with training and education to “treat, and assess the impact on veterans of illnesses related to toxic exposures and inform such personnel of how to ask for additional information from veterans regarding different toxic exposures.”¹⁰

All veterans enrolled in VA health care may receive a toxic exposure screening during scheduled appointments or by contacting toxic exposure screeners at a VA facility. Veterans not currently enrolled in VA health care but who meet eligibility requirements have an opportunity to enroll and receive screening.¹¹ Since the enactment of the PACT Act, staff at VA facilities across the United States have held several events to assist veterans with enrolling in VA health care so that veterans may receive screenings for toxic exposures and apply for PACT Act-related benefits.¹²

⁷ “2022 PACT Act: Understanding Health Care Eligibility and Benefits,” VA.

⁸ PACT Act § 603, 136 Stat. at 1793. The enactment date was August 10, 2022.

⁹ PACT Act § 603, 136 Stat. at 1793.

¹⁰ PACT Act § 604, 136 Stat. at 1794.

¹¹ “The PACT Act and your VA Benefits,” VA. For the purpose of this report, the OIG did not evaluate VA health care enrollment and eligibility processes related to toxic exposure screenings for unenrolled veterans or review whether previously unenrolled veterans have received toxic exposure screens.

¹² VA, “VA launches national PACT Act Summer VetFest to encourage Veterans and survivors to apply for new health care and benefits,” news release, June 27, 2023, <https://news.va.gov/press-room/va-launches-national-pact-act-summer-vetfest-to-encourage-veterans-and-survivors-to-apply-for-new-health-care-and-benefits/>.

Separate from PACT Act mandated toxic exposures screening, VHA provides six environmental health registry programs that offer focused medical evaluations to “track and monitor the health of specific groups of [v]eterans.”¹³

Toxic Exposures in the Military

Some veterans may have concerns about toxic exposures experienced during military service and may ascribe health symptoms to these exposures.¹⁴ Exposures to toxic substances are not limited to deployment environments as military members and their families have been exposed to contaminants in water supplies and other chemicals on US military bases.¹⁵

Military service-related toxic exposures are diverse and can include

- air pollutants such as burn pit smoke and fumes, oil well fires, sulfur burning, combustion waste burning, and sand and other airborne particles;
- chemicals such as [Agent Orange](#) and other herbicides or pesticides and heavy metals;
- radiation from nuclear weapons handling or testing, x-rays, or [depleted uranium](#) used in tank armor and some bullets;
- contaminated water, such as the tap water at Camp Lejeune, North Carolina, polluted by industrial chemicals;
- warfare agents such as nerve agents, biological toxins, infectious agents, and gases;
- occupational exposures such as asbestos, industrial solvents used to clean, [polychlorinated biphenyl](#) used for coolant and insulation, [perfluoroalkyl and polyfluoroalkyl](#) substances used in fire-fighting foam and other products, and fuels; and
- other exposures such as vaccines, medications, infectious diseases, and rabies.¹⁶

¹³ VA War Related Illness and Injury Study Center, “VA Environmental Health Registry Programs” (fact sheet), March 15, 2023. <https://www.warrelatedillness.va.gov/education/factsheets/va-environmental-health-registry-for-providers.pdf>.

¹⁴ “2022 PACT ACT: Understanding Health Care Eligibility and Benefits,” VA, accessed August 3, 2023 <https://www.va.gov/files/2022-12/PACT-Act-Understanding-Health-Care-and-Benefits.pdf>. Toxic exposures are defined as “hazards Veterans may have experienced during military service.”

¹⁵ Cashmere Miller, “Military Environmental Exposures,” *American Journal of Nursing* 123, no. 11 (November 2023): 47-52, <https://doi.org/10.1097/01.NAJ.0000995364.07542.c5>.

¹⁶ The underlined terms are hyperlinks to a glossary. To return from the glossary, press and hold the “alt” and “left arrow” keys together.

Exposure-Informed Care

Exposure-informed care is an educated, all-inclusive approach to veteran health care, including symptoms and illnesses related to contact with chemicals and other hazardous materials during military service. The intention of exposure-informed care is to improve patient care and enhance clinical knowledge among VHA’s providers, leaders, and staff about the potential impact of exposures on veteran health.¹⁷

The VHA War Related Illness and Injury Study Center provides guidance to clinical providers for addressing veterans’ exposure concerns during clinical visits and assessing the relationship between exposures, symptoms, and health outcomes through establishing a two-way dialogue with the veteran. Clinical providers are expected to acknowledge and understand the veteran’s exposure concerns and opinions. While providing exposure-informed care, clinical providers focus on managing and treating veterans’ symptoms and health conditions to improve the health and quality of life of the veteran, despite the unknown effects of exposures. The providers should deliver education and information regarding health conditions and specific exposures as well as explain to veterans that, for some exposure concerns, the effects on health may not be fully understood at this time.¹⁸ The focus on exposure-informed care aims to support veterans’ health through engaging the veteran, connecting veterans with resources, and helping optimize veterans’ health by improving disease management and risk mitigation of the long-term impacts of possible exposures.¹⁹

Focus of this OIG Review

The OIG focused this review on VHA’s implementation of PACT Act Section 603, clinical training requirements, and VHA leaders’ overall perspective of toxic exposure screening implementation, and future screening plans.²⁰

¹⁷ VA, “VHA’s Journey from Toxic Exposure Screening to Exposure-Informed Care” (presentation), September 20, 2023.

¹⁸ VA War Related Illness and Injury Study Center, “Evaluating Veterans with Environmental Exposure Concerns: The Basics” (fact sheet), April 26, 2023.

¹⁹ VA, “VHA’s Journey from Toxic Exposure Screening to Exposure-Informed Care” (presentation), September 20, 2023.

²⁰ “An Overview of Key Elements” (fact sheet), August 2022. The PACT Act has 53 separate sections that spread requirements across VA, including the VHA and Veterans Benefits Administration. In this report, the OIG did not explore the experience of VISN and facility staff who conduct screening to assess whether the addition of toxic exposure screening within clinical encounters increased VISN and facility staff workload.

Prior OIG Reports

In a January 11, 2024 report, the OIG examined initial toxic exposure fund appropriation allocated to the Veterans Benefits Administration (VBA), the Office of Information and Technology, and VHA. The OIG made no specific recommendations related to the review.²¹

The OIG published *Veterans Prematurely Denied Compensation for Conditions That Could Be Associated with Burn Pit Exposure*, on July 21, 2022. The OIG found that VBA staff properly granted compensation for conditions identified as related to burn pit exposures in nearly all instances.²² However, the OIG found that VBA staff prematurely denied most burn pit exposure claims and may have prevented some veterans from receiving the benefits for which they were eligible.²³ The OIG made seven recommendations to the Under Secretary for Benefits to address errors related to the processing of burn pit exposure claims.²⁴ Two of the seven recommendations remain open as of May 7, 2024.

On July 21, 2022, the OIG published *Airborne Hazards and Open Burn Pit Registry Exam Process Needs Improvement*, finding that “an ineffective exam request process and inaccurate registry data resulted in most interested veterans not receiving airborne hazards and open burn pit registry exams.”²⁵ The OIG found that most veterans who expressed an interest had not received a registry exam and that VHA failed to ensure the registry questionnaire and exam scheduling process were “clear and veteran-centric.”²⁶ The OIG made seven recommendations to the Under Secretary for Health related to revising the registry questionnaire, implementing processes and metrics to ensure exams are completed, development of guidance for staff responsible for review of registry data, and enhancement of registry information systems.²⁷ As of March 5, 2024, all seven recommendations are closed.

The OIG published the report, *Improved Processing Needed for Veterans’ Claims of Contaminated Water Exposure at Camp Lejeune* on August 25, 2022. The OIG found that VBA incorrectly processed more than one-third of veterans’ claims related to contaminated water

²¹ VA OIG, [VA’s Allocation of Initial PACT Act Funding for the Toxic Exposures Fund](#), Report No. 23-02377-35, January 11, 2024.

²² VA OIG, [Veterans Prematurely Denied Compensation for Conditions That Could Be Associated with Burn Pit Exposure](#), Report No. 21-02704-135, July 21, 2022.

²³ VA OIG, *Veterans Prematurely Denied Compensation for Conditions That Could Be Associated with Burn Pit Exposure*.

²⁴ VA OIG, *Veterans Prematurely Denied Compensation for Conditions That Could Be Associated with Burn Pit Exposure*.

²⁵ VA OIG, [Airborne Hazards and Open Burn Pit Registry Exam Process Needs Improvement](#), Report No. 21-02732-153, July 21, 2022.

²⁶ VA OIG, *Airborne Hazards and Open Burn Pit Registry Exam Process Needs Improvement*.

²⁷ VA OIG, *Airborne Hazards and Open Burn Pit Registry Exam Process Needs Improvement*.

exposure at Camp Lejeune.²⁸ The OIG determined that VBA staff denied claims before notifying veterans of the specific evidence needed to document exposures and that VBA staff did not assign granted claims accurate dates of entitlement for compensation benefits.²⁹ The OIG made two recommendations to the Under Secretary for Benefits addressing Camp Lejeune-related claims processing errors and conducting quality reviews of claims from all regional offices processing Camp Lejeune-related claims.³⁰ As of March 5, 2024, both the recommendations are closed.

Scope and Methodology

The OIG initiated the review on October 26, 2023, and conducted virtual interviews from November 16, 2023, through January 25, 2024. The OIG interviewed VHA leaders such as the Senior Advisor, Office of the Deputy Under Secretary for Health; Chief Consultant for Health Outcomes Military Exposures (HOME); Director of Office of Primary Care Operations; Office of Primary Care Physician Lead; Project Manager for Office of Primary Care Legislative Action Team; Data Analyst for Office of Primary Care; Clinical Nurse Advisor for Office of Primary Care Legislative Action Team; and five staff from the Office of Healthcare Transformation involved in toxic exposure screening implementation.

The OIG examined the implementation of PACT Act Section 603 mandated toxic exposure screenings and Section 604 required screening training from April 1, 2022, through November 8, 2023. The OIG chose this time frame to review the evolution of VHA's implementation of toxic exposure screening prior to the signing of the PACT Act in August 2022 through the end of the first year post-implementation. The OIG also reviewed relevant VHA policies and procedures, toxic exposure screening implementation planning documents, committee charters, and organizational charts.³¹

The OIG examined data related to toxic exposure screening, including screening encounters and VHA clinical staff training, retrieved from the VHA Support Service Center (VSSC), the Corporate Data Warehouse, and the VA Talent Management System (TMS).³² The OIG

²⁸ VA OIG, *Improved Processing Needed for Veterans' Claims of Contaminated Water Exposure at Camp Lejeune*, Report No. 21-03061-209, August 25, 2022.

²⁹ VA OIG, *Improved Processing Needed for Veterans' Claims of Contaminated Water Exposure at Camp Lejeune*.

³⁰ VA OIG, *Improved Processing Needed for Veterans' Claims of Contaminated Water Exposure at Camp Lejeune*.

³¹ The OIG did not review VISN or facility policies or interview VISN or facility staff for this review.

³² "VSSC Web Reports," VHA Data Portal, accessed July 15, 2024, <https://vaww.vhadataportal.med.va.gov/Data-Sources/VSSC-Web-Reports>. (This website is not publicly accessible.) VSSC is a web-based tool that provides "informatics tools, reports, data resources, analytics support and services" to VHA staff. "Corporate Data Warehouse," VA Health Systems Research, accessed on February 20, 2024, https://www.hsrd.research.va.gov/for_researchers/cdw.cfm. The Corporate Data Warehouse is a large-scale data warehouse that collects near real-time health care data from VHA's electronic health record system. VA Directive 0006, *Talent Management System (TMS) E-Learning Section 508*, September 18, 2012. VA Talent Management System (TMS) is a web-based application that records training and education for VA employees.

reviewed data related to select toxic screening performance measures for the period from November 8, 2022, through November 7, 2023, to assess early implementation and review VHA's compliance with required screening.³³ The OIG did not independently verify VHA data for accuracy or completeness.

In the absence of current VA or VHA policy, the OIG considered previous guidance to be in effect until superseded by an updated or recertified directive, handbook, or other policy document on the same or similar issue(s).

Oversight authority to review the programs and operations of VA medical facilities is authorized by the Inspector General Act of 1978, as amended, 5 U.S.C. §§ 401–424. The OIG reviews available evidence within a specified scope and methodology and makes recommendations to VA leaders, if warranted. Findings and recommendations do not define a standard of care or establish legal liability.

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

³³ VHA initiated a pilot screening program at seven VHA facilities prior to full implementation. The new toxic exposure screen was tested from September 6, 2022, through September 16, 2022. For the purpose of this review, the OIG did not include toxic exposure screens that occurred prior to the November 8, 2022, nationwide launch.

Review Results

1. VHA's Implementation of Toxic Exposure Screening Requirements

The OIG found that VHA complied with PACT Act Section 603 requirements to initiate a method of screening enrolled veterans for possible military-related toxic exposures within 90 days of enactment.³⁴ VHA met this goal by working collaboratively across program offices to develop and deploy a new toxic exposure screening tool using a phased process in both VA electronic health records (EHR) utilized in the healthcare system.³⁵

Early Planning Efforts for Toxic Exposure Screening Implementation

During interviews, VHA leaders identified the Office of Primary Care as having principal responsibility for the implementation of toxic exposure screening within VHA beginning around August 2022.³⁶ Before the Office of Primary Care took the lead, planning efforts for implementing toxic exposure screening within VHA was a collaborative effort between multiple VA and VHA program offices, including

- VBA,
- VHA's Office of Disability and Medical Assessment,
- VHA's HOME program, and
- VHA's Office of Healthcare Transformation.³⁷

The OIG reviewed VHA guidance and other PACT Act-related documents and learned that development of a tool for screening veterans for military-related toxic exposures began in early 2022, in conjunction with actions taken by Congress prior to the passage of the PACT Act and before responsibility transitioned to the Office of Primary Care. The Chief Consultant for HOME

³⁴ PACT Act § 603, 136 Stat. at 1793. The PACT Act required VHA to begin screening veterans for potential toxic exposures no later than 90 days after the enactment of this Act.

³⁵ "VA EHR Modernization Frequently Asked Questions," VA, accessed April 17, 2024, <https://digital.va.gov/ehr-modernization/resources/frequently-asked-question/>. EHRs are a digital versions of veteran medical records used by VA staff to access veteran medical data. VA is implementing a new EHR nationwide over the course of several years. During this transition, VA staff may use different EHRs depending on the VA facility location.

³⁶ VA, *2021 Functional Organization Manual, Version 7*, September 30, 2021. The Office of Primary Care "is responsible for the oversight of program and policy development for Primary Care" services throughout VHA.

³⁷ VA, *2021 Functional Organization Manual, Version 7*. The Office of Disability and Medical Assessment is responsible for oversight of VHA's disability programs, including Compensation and Pension Examinations. Health Outcomes Military Exposure manages surveillance programs and research related to environmental and occupational exposure of veterans during military service; "Office of Healthcare Transformation," VA, accessed July 9, 2024, <https://vaww.pdush.med.va.gov/programs/oht/ohtDefault.aspx>. (This website is not publicly accessible.) The Office of Healthcare Transformation supports VHA organizational priorities though "planning, engineering, and implementing enterprise-wide, veteran-driven solutions."

told the OIG that in early 2022, HOME staff began working in response to the developments in Congress to develop a toxic exposure screening tool and toxic exposure training modules to provide VHA healthcare personnel with a “general overview of military environmental exposures.” The Chief Consultant further explained that an existing training module developed by the VA War Related Illness and Injury Study Center (WRIISC), entitled “Module 1 Assessing Deployment Related Environmental Exposures” met the requirement for training required by PACT Act Section 604.³⁸ The Chief Consultant for HOME reported developing a screening tool knowing it would not remain the “specific responsibility” of the HOME program and noted understanding that “in all likelihood” the Office of Primary Care would take over implementation of the screening process.

The OIG learned, in an interview, that the Office of Healthcare Transformation, Legislative Implementation Team staff initiated PACT Act implementation in early 2022 and began building teams to develop planning efforts and implement screening requirements.³⁹ In July 2022, staff from the Office of Healthcare Transformation and leaders from the Office of Primary Care began meeting to discuss screening tool options. During an interview, a Senior Advisor to the Under Secretary for Health reported the group decided the Toxic Exposure Screening Clinical Reminder ([clinical reminder](#)) was the most feasible solution to deploy the toxic exposure screen and meet the legislative requirement to screen veterans at least once every five years.

From August 17 through August 19, 2022, the Office of Primary Care along with other program offices met and formed project teams to begin developing the screening process. The Director of Primary Care Operations told the OIG that the project teams were divided into four subgroups to

- develop toxic exposure screening content and associated training based on input from medical professionals,
- design screening-related printed materials,
- identify veteran cohorts,
- develop toxic exposure rollout and monitoring plans, and
- create a toxic exposure screening tool.

³⁸ “War Related Illness and Injury Study Center” (web page), VA, accessed October 11, 2024, <https://www.warrelatedillness.va.gov/WARRELATEDILLNESS/index.asp>. “The [VA] War Related Illness and Injury Study Center (WRIISC) . . . is a national program dedicated to Veterans’ post-deployment health concerns and unique health care needs. We develop and provide post-deployment health expertise to Veterans and their health care providers through clinical care, research, education, and risk communication.”

³⁹ Office of Healthcare Transformation staff reported that the Legislative Implementation Team was established by the Deputy Under Secretary for Health to ensure VHA legislation is implemented enterprise-wide.

Development of Toxic Exposure Screening

The OIG found that VHA met the requirements identified in Section 603 of the PACT Act for beginning toxic exposure screenings on November 8, 2022. VHA accomplished this task through the creation and incorporation of a clinical reminder to prompt VHA clinical staff to screen veterans for possible military-related toxic exposure.

Prior to implementation across the VHA healthcare system, seven VHA medical centers piloted the use of the clinical reminder from September 6 through September 16, 2022. The goal of the pilot was to have one to two VHA clinical staff in primary care, women's health, mental health, specialty care, emergency medicine, surgery, geriatrics and extended care, and residential rehabilitation treatment programs, and other clinical areas complete the screen and obtain feedback from various sites and users. The project manager for the Office of Primary Care's Legislative Action Team (project manager) told the OIG the Office of Primary Care made revisions to the clinical reminder based on feedback from the pilot.

VHA clinical staff use one of two EHR systems, either [Computerized Patient Record System \(CPRS\)](#) or [Oracle Cerner](#), to administer the toxic exposure screen to veterans and document exposures. The OIG learned during an interview with Office of Healthcare Transformation staff that the toxic exposure screen was originally designed as a one-stage process, which consisted of asking the veteran initial screening questions and completing a follow-up portion based on answers to the initial questions.⁴⁰ However, the project manager told the OIG that prior to the November 2022 launch, the CPRS design of the toxic exposure screen changed to a two-stage screen, which allows initial screening questions to be completed by clinical staff, such as providers, nurses, and social workers, and the follow-up portion to be completed by authorized closers who are providers with privileges and nurses who can enter diagnoses in veterans' EHRs.⁴¹ The project manager told the OIG the decision to change the screen from a one-stage process to a two-stage process occurred after submission of the clinical reminder design to Oracle Cerner. The Oracle Cerner toxic exposure screen remained a one-stage process that can only be completed by authorized closers. In May 2024, the project manager told the OIG that a change from a one-stage to a two-stage screen in the Oracle Cerner EHR system was planned but not yet implemented.⁴²

Regardless of the type of EHR system used to complete the screening, veterans are asked the same questions and receive the same information. The clinical reminder was fully deployed across all VHA medical centers by November 8, 2022.

⁴⁰ VHA clinical staff use one of two EHR systems, either CPRS or VA's Oracle Cerner, to administer the toxic exposure screen to veterans and document exposures.

⁴¹ Authorized closers include privileged clinical staff such as medical doctors, doctors of osteopathic medicine, advanced practice registered nurses, or physician assistants as well as registered nurses who are permitted to enter consults and add a diagnosis to the veteran's problem list in the EHR.

⁴² This was confirmed by a communication from an Oracle Cerner subject matter expert.

Toxic Exposure Screening Process

To ensure veterans get the care they need, every VHA-enrolled veteran must receive a toxic exposure screening at least every five years.⁴³ The clinical reminder contains initial screening and follow-up portions. The initial screening portion consists of three questions that can be completed within approximately 5 to 10 minutes. (see figure 1). Although the PACT Act mandates screening at least every five years, the clinical reminder may prompt repeat screening at either one year or five years, depending on a veteran's responses to the initial screen.

Question 1: Do you believe you experienced any toxic exposures, such as Open Burn Pits/Airborne Hazards, Gulf War related exposures, Agent Orange, radiation, contaminated water at Camp Lejeune, or other such exposures while serving in the Armed Forces?

- Yes
- No
- Don't Know
- Declines Screening

Question 2: If Yes, do you believe you were exposed to any of the following while serving in the Armed Forces?

- Open Burn Pits/Airborne Hazards
- Gulf War-related exposures
- Agent Orange
- Radiation
- Contaminated water at Camp Lejeune
- Other exposures

Question 3: Does the veteran or caregiver have follow-up questions?

- Health/Medical Questions
- Benefits/Claims Questions
- VA Health Care Enrollment and Eligibility Questions
- Registry Questions
- No questions at this time

Figure 1. The toxic exposure screening includes initial questions to identify veterans with potential toxic exposures.

Source: OIG analysis of toxic exposure screening training documents.

For CPRS users, clinical staff who have received training may complete initial screening questions. VHA recommends clinical staff only complete initial screening questions if the facility has a dedicated process to immediately complete the follow-up portion of the screen.⁴⁴ For Oracle Cerner users, only an authorized closer may complete the screening.

⁴³ PACT Act § 603, 136 Stat. at 1793. The Secretary of the Department of Veterans Affairs incorporated toxic exposure screening of enrolled veterans to occur at least every five years.

⁴⁴ "Toxic Exposure Screening Frequently Asked Questions," VHA War Related Illness and Injury Study Center, accessed October 26, 2023, <https://dvagov.sharepoint.com/sites/vawriisc/SitePages/Toxic%20Exposure%20Screening%20FAQ.aspx>. (This site is not publicly accessible.) Veterans may request to be screened outside regularly scheduled appointments through walk-ins and call-ins.

The follow-up portion of the screening is based on responses to the initial screening questions and may only be completed by authorized users, regardless of the type of EHR system being used. During follow-up, authorized closers screen veterans for presumptive conditions, provide toxic exposure screening informational handouts, and enter consults to assist with connections to VBA, registry exams, or clinical resources. The follow-up questions prompt authorized closers to review and further explore veterans' concerns and potential health conditions related to toxic exposures. Authorized closers are responsible for addressing any health concerns and exposure-related questions, submitting referrals, and completing the disposition section of the screen.

Toxic Exposure Screening Navigators

The OIG learned the Office of Primary Care established the toxic exposure screening navigator role to assist VHA medical facilities with coordination of toxic exposure screening implementation, training efforts, and ongoing screening at the facility level.

On October 31, 2022, VHA provided initial guidance to Veterans Integrated Service Network (VISN) Directors recommending that “a minimum of two” toxic exposure screening navigators be identified at each VA medical center no later than November 3, 2022.⁴⁵ Toxic exposure screening navigators must be VHA clinical staff with the ability to enter a diagnosis in the veterans' EHR and at least one of the identified navigators must be designated as an authorized closer.

Toxic exposure screening navigators serve as subject matter experts to coordinate local facility rollout, address veterans' concerns, and report data to PACT Act leaders. Navigators are instrumental in prioritizing exposure-informed care and ensuring no enrolled veteran requesting a screen is turned away. Toxic exposure screening navigators are available to complete toxic exposure screenings and enter diagnosis codes in problem lists for veterans not assigned to a primary care provider or when veterans call or walk in requesting screening outside of a scheduled appointment. Based on responses obtained during the screening process, toxic exposure screening navigators collaborate with social workers, VBA, and [Veterans Service Organizations](#) as additional resources to ensure veterans' concerns related to toxic exposure are addressed and to answer questions related to claims and benefits, eligibility concerns, presumptive conditions, or exposure concerns.

According to Office of Primary Care leaders, staffing allocations for toxic exposure screening navigators are determined at the facility level. Consequently, staffing for toxic exposure screening navigators is variable across VHA with some navigators maintaining a full-time position while others are allocated a few hours a week with additional duties. A variety of VHA clinical staff serve as navigators and a list of toxic exposure screening navigators is electronically

⁴⁵ Assistant Under Secretary for Health for Operations, “Toxic Exposure Screening Installation and Identification of Facility Navigators” memorandum to VISN Directors, October 31, 2022. VHA guidance allowed the toxic exposure screening navigator role to be added as ancillary duty for each VA medical center.

maintained and monitored by Office of Primary Care staff to ensure each VHA facility maintains at least two navigators.

The OIG reviewed the toxic exposure screening navigator facility staffing list and determined that on the November 8, 2022, launch date, thirteen VHA facilities had at least one assigned navigator. The OIG reviewed the facility staffing list one year after screening implementation on November 7, 2023, and determined that six facilities did not meet the recommendation of two navigators. The OIG opined that not having the recommended number of navigators puts the facility at risk of insufficient toxic exposure screening subject matter expertise, not providing same day walk-in or call-in screening for veterans, and not providing follow-up screening within 30 days. However, the OIG also understood that certain locations may not need two full-time navigators, given size and veteran population, and would expect VHA to perform a thorough needs assessment as the program develops.

Phased Implementation of Toxic Exposure Screening

The OIG found the Office of Primary Care implemented toxic exposure screening in three phases (see figure 2).

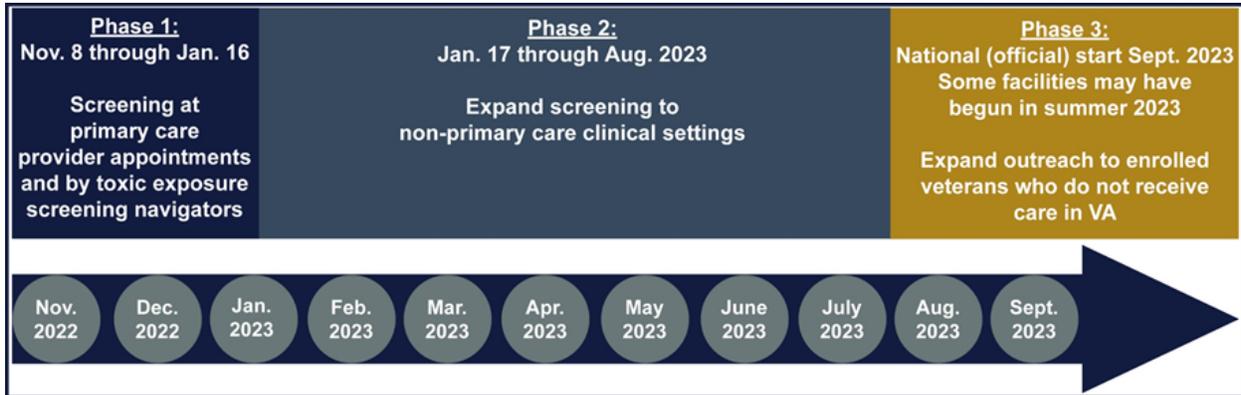


Figure 2. Toxic exposure screening phased implementation.

Source: OIG analysis and interpretation of VHA-provided toxic exposure screening implementation documents and an interview with a VHA leader.

Phase 1

On November 8, 2022, VHA implemented Phase 1 at all VA medical facilities. The focus of Phase 1 was to reach the veteran cohort with a primary care appointment scheduled in the next six months or any veterans desiring a screen outside of a scheduled appointment. Most of the screens were to be completed by VHA clinical staff in primary care clinics with toxic exposure screening navigators focusing on unassigned veterans and walk-ins. The Director of Primary Care Operations told the OIG that primary care was “target rich” and selected due to the large number of veterans assigned to primary care and clinician familiarity with completion of “clinical reminders and requirements for education.”

Phase 2

On January 17, 2023, all VHA medical centers and clinics transitioned to Phase 2, expanding screening outside of primary care to include specialty care areas, inpatient medicine, and mental health. The expansion to other clinical areas and disciplines outside of primary care was to optimize screening opportunities, distribute the workload, and capture veterans unassigned to primary care. In Phase 2, medical doctors, doctors of osteopathic medicine, advanced practice registered nurses, and physician assistants in non-primary care settings could conduct both initial and follow-up toxic exposure screening during scheduled appointments, and connect any veterans screened with clinical concerns outside the completing staff's specialty to a primary care provider or toxic exposure screening navigators. The OIG learned through document reviews that facilities were given discretion of choosing where to expand screening activities and the rate of expansion. The Director of Primary Care Operations told the OIG, "that the facilities were not homogeneous in this, that some were rapid adopters, had additional resources to throw at [toxic exposure screening], and some weren't. So, Phase 2 kind of occurred at the pace of the facility." Documents provided to the OIG by the Office of Primary Care noted that facilities were asked to prioritize clinics serving terminally ill veterans and mental health populations to maximize the potential benefits for veterans and families.⁴⁶

Phase 3

During an interview, the Director of Primary Care Operations reported that VHA planned to implement Phase 3 once the total number of veterans screened for toxic exposures decreased to less than 250,000 screens per month for two consecutive months, which occurred in September 2023. Phase 3 focused on expanded outreach to enrolled veterans not screened during the previous phases; veterans limited by distance, technology, or socioeconomic; or those who do not routinely access VHA health care (homeless veterans, community care patients, state veteran home residents). The Office of Primary Care collaborated with staff at other VA programs to plan outreach and develop process workflows to engage vulnerable veterans and reach the remaining veterans who had not been screened.

OIG Analysis of Toxic Exposure Screening Data

Toxic exposure screening is essential to raise awareness, provide better understanding, and address the exposure-related healthcare needs of veterans.⁴⁷ As of November 30, 2023, the VHA

⁴⁶ The focus on terminally ill veterans was grounded in the VHA goal of "making sure our most acute Veterans and their families have ample support." VHA guidance also recommended targeting other "high use areas," including mental health.

⁴⁷ [Reviewing VA's Implementation of the PACT Act Hearing](#), Before the Subcommittee on Disability Assistance and Memorial Affairs, House Committee on Veterans' Affairs, 118th Cong. (May 16, 2023).

had screened over four million enrolled veterans.⁴⁸ Since the implementation of toxic exposure screening, VHA has trained clinicians to perform screening and assess for exposure-related conditions.⁴⁹ The OIG reviewed toxic exposure screening data to determine whether VHA clinical staff completed toxic exposure screening as required by PACT Act Section 603.⁵⁰

VHA Established Screening Goals

The OIG found that VHA executive leaders established goals to measure and track the progress of veteran screening for the first year of toxic exposure screening implementation based on the total number of veterans enrolled in VHA nationwide.

At the end of September 2022, over 9 million veterans were enrolled in the VA healthcare system.⁵¹ VHA executive leaders established a goal to screen at least 44 percent of enrolled veterans by November 30, 2023. Nationally, VHA set three progressive benchmarks for screening veterans using toxic exposure screening:

- 1.4 million enrolled veterans by January 31, 2023
- 2.2 million enrolled veterans by April 30, 2023
- 4 million enrolled veterans by November 30, 2023

The OIG retrieved data from VSSC and analyzed toxic exposure screening data for the period November 8, 2022, through November 7, 2023, and found VHA surpassed each established screening benchmark and screened over 4 million enrolled veterans in the first year (see figure 3).⁵²

⁴⁸ “PACT Act VSSC Toxic Exposure Screening Reporting,” VSSC, accessed February 29, 2024, <https://app.powerbigov.us/groups/me/apps/004745c9-bb90-42a7-aba4-673ee60f371d/reports/2696d8a7-f6bd-438d-90c3-711596d92630?ctid=e95f1b23-abaf-45ec-821d-b7ab251ab3bf>. (This website is not publicly accessible.)

⁴⁹ Sherrod Brown, “Brown Presses VA on PACT Act Implementation,” press release, February 26, 2024, <https://www.brown.senate.gov/newsroom/press/release/sherrod-brown-presses-va-pact-act-implementation>.

⁵⁰ PACT Act § 603, 136 Stat. at 1793.

⁵¹ National Center for Veterans Analysis and Statistics, “VA Benefits & Health Care Utilization” (fact sheet), October 30, 2023, accessed on February 21, 2024, https://www.va.gov/VETDATA/docs/pocketcards/fy2023q4_alteration.pdf. The number of total enrollees in VA Health Care System for fiscal year 2022 was 9.07 million.

⁵² “PACT Act VSSC Toxic Exposure Screening Reporting,” VSSC.

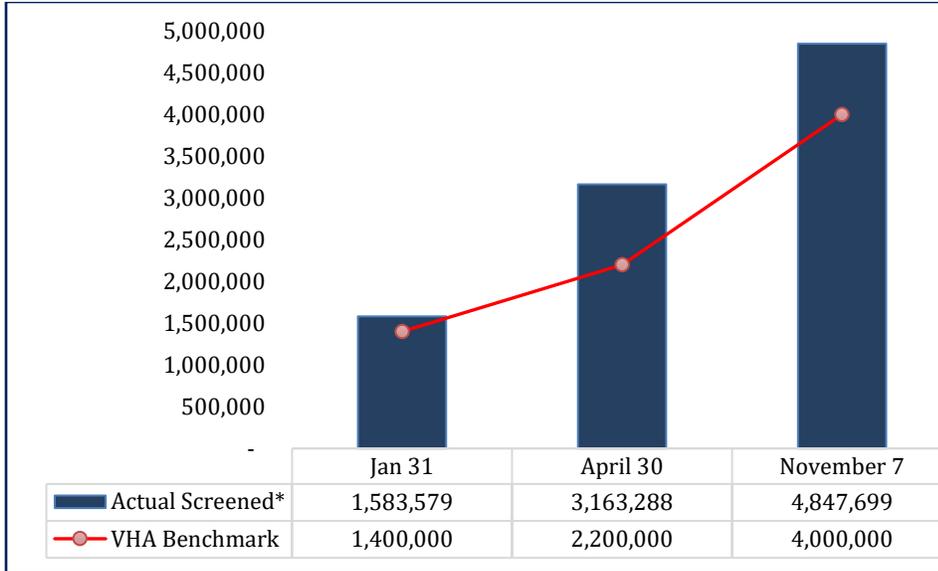


Figure 3. Total number of enrolled veterans who had toxic exposure screening from November 8, 2022, through November 7, 2023.

Source: OIG analysis and interpretation of VSSC toxic exposure screening data.

Note: Although the OIG reviewed data through November 7, 2023, the third benchmark set by VHA was a target of 4 million veterans screened by November 30, 2023.

* “Actual Screened” identifies the number of veterans who received a screen.

Toxic Exposure Screening Locations

The OIG retrieved toxic exposure screening data from VSSC for the period November 8, 2022, through November 7, 2023, and found that during the first 12 months of screening, the majority of veterans were screened in primary care while other veterans were screened in specialty care, mental health, and other clinical areas.⁵³

⁵³ “PACT Act VSSC Toxic Exposure Screening Reporting,” VSSC.

Table 1. Toxic Exposure Screening Clinic Locations

Clinical Area	Phase 1	Phase 2	Phase 3
Primary Care	1,093,923	2,797,797	450,537
Specialty Care	2,103	8,898	785
Mental Health	14,406	40,630	4,927

Source: OIG analysis and interpretation of VSSC toxic exposure screening data from November 8, 2022, through November 7, 2023.

Note: The total number of veterans screened in this table does not equal the total number of veterans screened identified in Figure 3 because only screens from designated clinical areas are included in this table.

Endorsed Exposures

The OIG retrieved VSSC toxic exposure screening data from November 8, 2022, through November 7, 2023, and learned that 2,078,900 veterans, or 43 percent of the total number of veterans screened, endorsed one or more exposure when asked what type of exposures the veteran believed occurred while serving in the military. Further OIG analysis revealed that of the veterans claiming exposures, the top three exposures that occurred while serving in the military were Burn Pit, Agent Orange, and Gulf War (figure 4). Veterans reported over 2.5 million exposures.⁵⁴

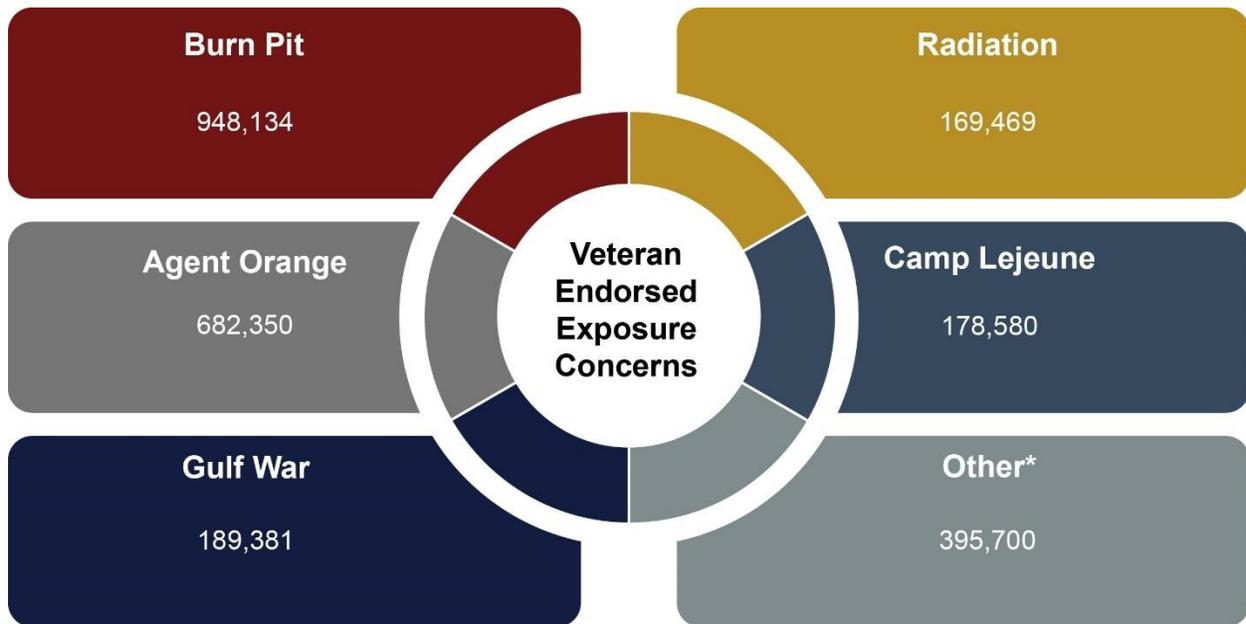


Figure 4. Number of veteran exposure concerns endorsed during toxic exposure screening.

Source: OIG analysis and interpretation of VSSC toxic exposure screening data.

Note: “A veteran can report multiple exposure concerns. The volume of exposure concern areas may be more than the total of unique veterans reporting exposure.”

*“Other” includes exposure reports by veterans who endorsed toxic exposures other than those listed in choices included in the toxic exposure screen.

⁵⁴ “PACT Act VSSC Toxic Exposure Screening Reporting,” VSSC.

Unresolved Follow-Up Toxic Exposure Screens

The Director of Primary Care Operations told the OIG that VHA leaders monitor the percentage of unresolved toxic exposure screening follow-up screens to ensure veterans receive consults and address exposure-related questions and concerns. An unresolved reminder occurs when an initial screen has been completed in CPRS but the follow-up screen with an authorized closer has not yet been completed.

The Director of Primary Care Operations told the OIG that facility staff must make two independent attempts by different modalities to contact a veteran and complete the screen within the required time frames. Further, the Director of Primary Care Operations reported that individual facility staff have had problems completing screens within the required time frames, such as when contacting homeless veterans who do not have a mailing address or phone number.

When asked about a national benchmark for unresolved follow-up screens, the Director of Primary Care Operations told the OIG “there is no benchmark” but acknowledged that Office of Primary Care staff monitor the total unresolved follow-up screens, share toxic exposure screening data “broadly,” and work with facilities with a higher rate of unresolved follow-up screens to identify improvement opportunities. The OIG reviewed toxic exposure screening follow-up progress report data for the period November 8, 2022, through November 7, 2023, and found that 0.01 percent of screenings for veterans who required follow-up remained unresolved for greater than 30 days.⁵⁵

Oversight of Toxic Exposure Screening Implementation

The OIG found that VHA leaders conducted ongoing monitoring efforts throughout the toxic exposure screening implementation process to ensure project teams completed assigned duties during each implementation phase. The OIG learned through document review that the Office of Primary Care held biweekly calls to review process workflows, discuss tasks associated with each milestone, outline next steps, and review the timeline to track progress. During post-implementation meetings held November 29, through November 30, 2022, the Office of Primary Care reviewed feedback from facility staff to incorporate changes to decisions, process, and training prior to implementing phase 2.

The OIG reviewed committee meeting minutes and agendas and determined Office of Primary Care staff attended Health Operations Center meetings to provide updates to senior VA leaders, VA Central Office staff, and field stakeholders.⁵⁶ During an interview, the Senior Advisor to the

⁵⁵ The percentage reflected approximately 24,800 veterans who required follow-up but for whom this was not completed within 30 days.

⁵⁶ “Healthcare Operations Center,” VHA, accessed February 29, 2024, <https://dvagov.sharepoint.com/sites/VACOVHADUSHOM/HOC/SitePages/Home.aspx>. (This website is not publicly accessible.) The Healthcare Operations Center links operational performance data and real time information for senior VA leadership to operationalize and improve access and efficiency.

Deputy Under Secretary for Health reported using the *PACT Act of 2022 Executive Summary Dashboard* during these meetings to report screening data to monitor and report the total number of completed screens, total individual veterans endorsing at least one exposure concern, and total number of unresolved follow-up reminders across all VA facilities.⁵⁷ The OIG learned that Office of Primary Care leaders used this information to monitor screening performance and when connecting with facility leaders to provide guidance or additional training to improve screening numbers.

The OIG reviewed documents and found that Office of Primary Care staff held sessions with facility teams that were performing well and those that were struggling with implementation to share best practices, and dedicated weekly office hours to provide additional training and support to ensure completion of screens. The Office of Assistant Under Secretary for Health for Operations worked with Office of Primary Care staff to request action plans from facilities with high numbers of unresolved toxic exposure screens. In addition, VISN and facility toxic exposure screening targets were added to Network Directors' and Facility Directors' fiscal year 2023 performance plans.⁵⁸

The OIG expects that the Office of Primary Care will continue to monitor the ongoing efforts of toxic exposure screening at the VISN and facility levels to identify barriers and implement corrective actions to ensure screening is initiated and completed according to PACT Act and VHA requirements.

2. VHA's Compliance with Toxic Exposure Training Requirements

The PACT Act Section 604 requires VA to provide healthcare employees "education and training to identify, treat, and assess the impact on veterans of illnesses related to toxic exposures and inform such personnel of how to ask for additional information from veterans regarding different toxic exposures."⁵⁹ VHA policy requires VISN and facility directors to ensure compliance with all required training; further, the Under Secretary for Health holds the ultimate responsibility to ensure staff members complete required training.⁶⁰

⁵⁷ "PACT Act VSSC Toxic Exposure Screening Reporting," VSSC. The PACT Act of 2022 VHA Dashboard was developed to track toxic exposure screening progress. This dashboard displays various information including the total number of veterans screened, veteran demographics, number of unresolved toxic exposure screens, and veterans requiring secondary screens.

⁵⁸ VISN leaders were tasked with setting VISN network area goals for enrolled veterans receiving toxic exposure screening in fiscal year 2023.

⁵⁹ PACT Act § 604, 136 Stat. at 1794. The Act is not specific as to timing or frequency of training for VHA clinical staff.

⁶⁰ VHA Directive 1052, *Appropriate and Effective Use of VHA Employee Mandatory and Required Training*, June 29, 2018.

The OIG learned that VHA’s requirements for toxic exposure screening training and compliance evolved over the course of implementation and that VHA communicated updated training requirements and training modalities through memorandums to VISN and facility directors.

The OIG found that VHA met the training requirements established by Section 604 and reported over 95 percent of assigned staff completed the required WRIISC Module 1 by December 2022.

The OIG further found that VHA leaders also required additional training on screening using the clinical reminder. However, VHA leaders did not actively monitor the additional training data to ensure clinical staff completion prior to screening veterans.⁶¹

Training For Screeners—Requirements Timeline

The OIG found that VHA issued three memorandums to VISN and facility directors to address toxic exposure screening training requirements for VHA clinical staff, including toxic exposure screening navigators (See figure 5).⁶²

⁶¹ The screening training is a separate training requirement from the WRIISC training.

⁶² VHA Deputy Under Secretary for Health, “Veterans Health Administration (VHA) Letter of Instruction Regarding Education for Toxic Exposure Screening of Environmental Hazards for VHA Clinicians including Physicians, Registered Nurses, Advanced Practice Nurses, Psychologists and Social Workers,” memorandum to VISN Directors and VHA Medical Center Directors, September 14, 2022; VHA Under Secretary for Health, “Veterans Health Administration (VHA) Memorandum of Instruction Regarding Education for Staff who will be Screening Veterans for Toxic Exposures,” memorandum to VISN Directors and VHA Medical Center Directors, January 10, 2023; VHA Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer, “PACT Act Section 603, Toxic Exposure Screening Training for all Veterans Health Administration (VHA) Providers,” memorandum to VISN Directors, September 27, 2023.

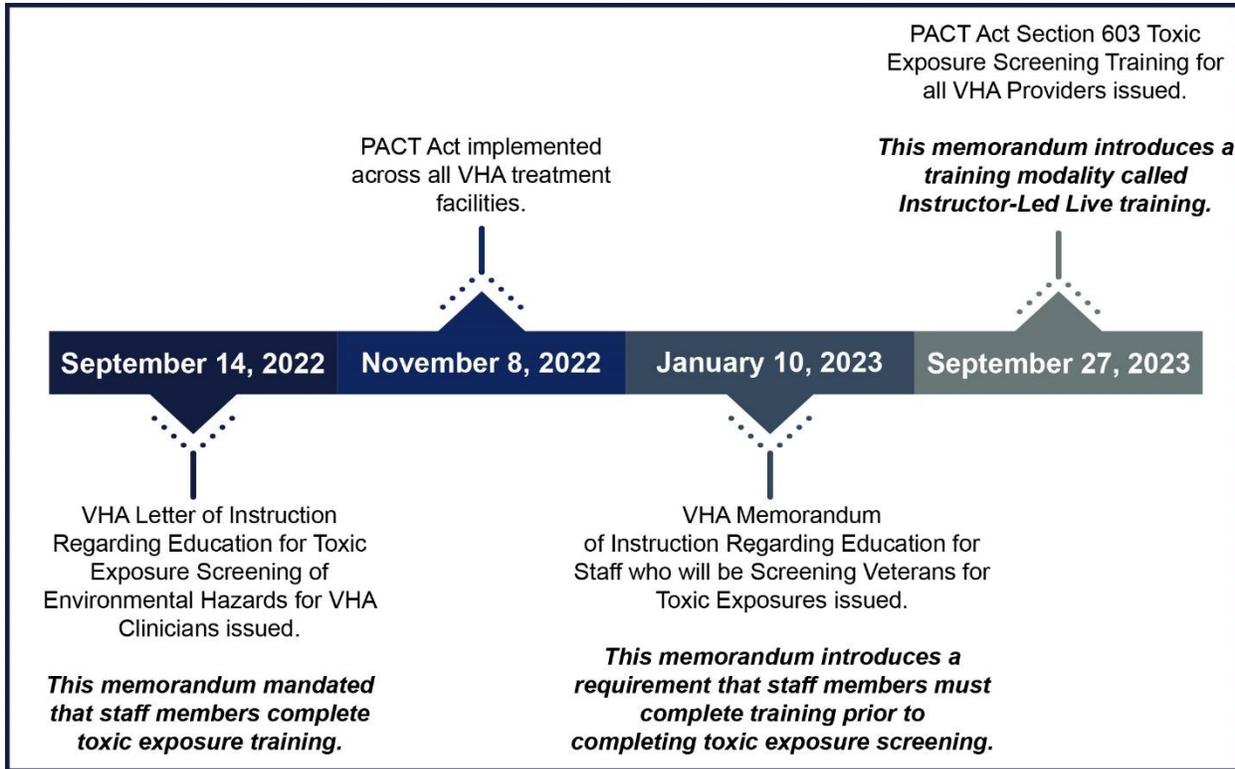


Figure 5. Timeline of VHA-issued memorandums detailing toxic exposure screening training requirements for VHA clinical staff completing screening.

Source: *OIG analysis of VHA issued training memorandums.*

In the first memorandum issued September 14, 2022, VHA directed VHA clinical staff who “see or screen” veterans for toxic exposure to complete mandatory training and directed new VHA clinical staff to complete training within 90 days of hire.⁶³ During review of the September 2022 memorandum, the OIG determined that VHA did not include explicit language requiring existing or recently hired VHA clinical staff to complete training *prior to* administering screening.

In the second memorandum issued January 10, 2023, VHA reiterated that staff members “who may see or screen [v]eterans for toxic exposure” must complete training in VHA’s Talent Management System (TMS). The memorandum included language requiring existing or recently hired VHA clinical staff to complete training “prior to any screening activities.” The memorandum also identified facility directors as responsible for ensuring “that any [v]eteran

⁶³ VHA Deputy Under Secretary for Health, “Veterans Health Administration (VHA) Letter of Instruction Regarding Education for Toxic Exposure Screening of Environmental Hazards for VHA Clinicians including Physicians, Registered Nurses, Advanced Practice Nurses, Psychologists and Social Workers,” memorandum. VHA titled the training “Toxic Exposure Screening (TES) with Veterans” and required current and new VHA clinical staff complete the training as a “one-time requirement.”

receiving toxic exposure screening is screened by a staff member who is trained prior to any screening activities.”⁶⁴

In a September 27, 2023, memorandum, VHA introduced Instructor-Led Live training, led by a trained toxic exposure screening navigator. Staff can take this live training in lieu of on-demand TMS training.⁶⁵ VHA identified this new modality as the preferred option for toxic exposure screening training.⁶⁶

Toxic Exposure Screening Training Content

The OIG reviewed training documents available in TMS and learned that toxic exposure screening training provides staff members with a wide range of information related to toxic exposures such as

- the toxic exposure screening workflow and step-by-step instructions for toxic exposure screening documentation in the EHR,
- the VHA clinical staff occupations that can complete a screen,
- PACT Act background information and the law’s requirement to screen enrolled veterans for toxic exposures,
- examples of potential exposures in the military,
- VHA’s three phases of screening implementation,
- the role and duties of a toxic exposure screening navigator,
- the requirement to have printed educational materials available for veterans related to presumptive conditions,
- information and resources about presumptive conditions for staff members, and
- potential referral options to connect veterans with additional VA services.

⁶⁴ VHA Under Secretary for Health, “Veterans Health Administration (VHA) Memorandum of Instruction Regarding Education for Staff who will be Screening Veterans for Toxic Exposures,” memorandum. VHA titled the TMS training modules “Completing the Toxic Exposure Screening (TES) Reminder in CPRS” and “Completing the Toxic Exposure Screening (TES) Recommendation in Oracle.”; VA Directive 0004, *Education and Learning Delivery System*, April 20, 2012. TMS is VHA’s official education system and training record.

⁶⁵ VHA Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer, “PACT Act Section 603, Toxic Exposure Screening Training for all Veterans Health Administration (VHA) Providers,” memorandum. Staff members could complete either on-demand training in TMS or Instructor-Led Live training to meet VHA’s training requirement.

⁶⁶ VHA Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer, “PACT Act Section 603, Toxic Exposure Screening Training for all Veterans Health Administration (VHA) Providers,” memorandum.

During interviews with the OIG, VHA leaders described toxic exposure screening training as

- supporting “clinicians’ understanding [of] toxic exposure screening”;
- “reminding people that what we’re doing here is not simply screening all enrolled veterans . . . we are transforming the VA into a . . . healthcare system that does . . . exposure-informed care. . . it’s so important that we understand that the VA system of care. . . is veteran-centric”; and
- increasing “the levels of understanding of toxic exposure.”

The OIG learned that Office of Primary Care master trainers led courses for toxic exposure screening navigators prior to navigators leading the TMS Instructor-Led Live version. Although VHA introduced Instructor-Led Live training in the September 2023 training memorandum, the project manager provided documentation that Office of Primary Care staff held the first train-the-trainer course for toxic exposure screening navigators on May 16, 2023. Trained toxic exposure screening navigators in attendance could begin providing this training option to facility staff in May 2023.

The project manager provided documentation to the OIG that explained VHA established the Instructor-Led Live version of training after facility staff reported screening being “buoyed by closer connection with, and individualized training by, [toxic exposure screening navigators]” and the resulting ability of toxic exposure screening navigators to include “site specific” processes related to toxic exposure screening. Further, the Director of Primary Care Operations told the OIG that navigators are “an excellent resource for training, for serving as a subject matter expert.”

OIG Analysis of Toxic Exposure Screening Training Compliance

The OIG retrieved and reviewed data from TMS and found that 21.4 percent of VHA clinical staff completed training prior to performing a screening on a veteran during the period November 8, 2022, through January 9, 2023.⁶⁷ The OIG is concerned that because VHA screened over 1 million veterans from the issuance of the first memorandum through the second memorandum, the majority of staff members completed toxic exposure screening without first completing training.

When VHA clinical staff members completed screenings without undergoing training, veterans may have been put at risk for improperly completed toxic exposure screens and screening staff may have had insufficient education to answer veterans’ questions.

To determine if training compliance improved after the January 2023 memorandum required training prior to screening, the OIG reviewed TMS data from January 10, 2023, through

⁶⁷ The OIG chose January 9, 2023, as the data start date to correspond with the Under Secretary for Health’s January 10, 2023, memorandum.

October 31, 2023, and found that the percentage of VHA clinical staff who completed training prior to performing toxic exposure screening with veterans increased to 44.0 percent. During this period, 3,808,155 veterans were screened. Due to low training compliance, many of these veterans were likely screened by VHA clinical staff who had not completed required training.⁶⁸

Training Records in TMS May Not Be Accurate

The OIG learned that toxic exposure screening navigators trained VHA clinical staff, but the navigators or local TMS administrators did not accurately record the training in TMS, which may adversely affect VHA's assessment of training compliance.

VHA requires all training to be recorded, including Instructor-Led Live training in TMS.⁶⁹ Slides from the Instructor-Led Live training provided by the Office of Primary Care instruct VHA clinical staff to document course completion in TMS.

The OIG reviewed TMS training records from November 8, 2022, through October 31, 2023, and found 851 VHA clinical staff had a recorded completion using the Instructor-Led Live modality. This number included 533 VHA clinical staff identified as trained using the Instructor-Led Live option *before* toxic exposure screening navigators reported providing this option in May 2023. The OIG could not determine the reasons for this discrepancy but expects VHA to begin accurately tracking training. The OIG is concerned that, given VHA's established preference for training using the Instructor-Led Live option, the low number of staff identified overall as receiving training via this modality may indicate that VHA clinical staff are not accurately recording training in TMS, as required.

The OIG concluded that, without training, VHA clinical staff may lack the appropriate knowledge and skills to accomplish the intended purpose of robust screening of veterans for toxic exposures. Further, without VHA accurately recording training in TMS, facility directors are not able to account for training compliance and provide accurate information to VISN leaders and the Under Secretary for Health.

Oversight of Training

The OIG found that VHA's Office of Primary Care staff were not actively monitoring toxic exposure screening training data to ensure VHA clinical staff completed training prior to screening veterans. Failure to ensure training at the national level increases the possibility that staff members screened veterans for toxic exposures without sufficient education and skills, putting veterans at risk of receiving inaccurate or inadequate information on toxic exposures.

⁶⁸ "PACT Act VSSC Toxic Exposure Screening Reporting," VSSC.

⁶⁹ VHA Directive 0004, *Education and Learning Delivery System*, April 20, 2012.

VHA policy states that the Under Secretary for Health is responsible for the oversight of all required training.⁷⁰ In September 2022, VHA designated the Office of Primary Care as responsible for implementation of training related to the PACT Act, including toxic exposure screening training. In the January 10, 2023, training memorandum, VHA required facility directors to ensure staff members complete training prior to administering a screen for a veteran.⁷¹

Through interviews and review of VHA documents, the OIG learned that PACT Act-related training numbers are included in data reviewed at national level meetings. However, the OIG did not find documentation that showed Office of Primary Care staff were communicating with facilities and VISNs about training completion to ensure VHA clinical staff completed training prior to initiating toxic exposure screening. During an interview with the OIG, a Senior Advisor to the Under Secretary for Health told the OIG that VHA utilized the internal PACT Act Executive Summary Dashboard, which displayed PACT Act-related training, but VHA did not track numbers at a national level and training compliance was tracked by the Office of Primary Care.⁷² However, Office of Primary Care leaders told the OIG in interviews that facilities track toxic exposure screening training compliance, and that the Office of Primary Care would “reinforce the need that [training] is supposed to happen.” When asked if there were concerns about employees completing toxic exposure screening prior to training, VHA leaders identified potential knowledge gaps in exposure-related symptoms, the claim or registry process, and entering accurate diagnosis codes in the EHR.

According to the Senior Advisor to the Under Secretary for Health, around July 2024, VHA plans to retire the internal PACT Act Executive Summary Dashboard. VHA will utilize a publicly accessible PACT Act Performance Dashboard.⁷³ The publicly accessible dashboard has been in place since March 3, 2023, and shows PACT Act metrics and data, such as the number of total screens completed, the number of veterans who endorsed a potential exposure, and number of new enrollees. Although VHA will use information from the public dashboard to assess PACT Act implementation metrics, the dashboard does not display toxic exposure screening training compliance numbers or percentages.⁷⁴

The OIG concluded that as VHA requires facility directors to “ensure” staff members are “trained prior to any screening activities,” the Office of Primary Care, at a national level, should

⁷⁰ VHA Directive 1052, *Appropriate and Effective Use of VHA Employee Mandatory and Required Training*, June 29, 2018.

⁷¹ VHA Under Secretary for Health, “Veterans Health Administration (VHA) Memorandum of Instruction Regarding Education for Staff who will be Screening Veterans for Toxic Exposures,” memorandum.

⁷² The PACT Act Executive Summary Dashboard displayed three TMS training modules: HOME WRIISC Module 1, PACT Act 101, and Toxic Exposure Clinical Reminder Training.

⁷³ “PACT Act Performance Dashboard,” VA, accessed January 23, 2024, <https://department.va.gov/pactdata/>.

⁷⁴ “PACT Act Performance Dashboard,” VA, March 3, 2023, accessed February 26, 2024, <https://department.va.gov/pactdata/>.

monitor and communicate required toxic exposure screening compliance to VHA national and VISN leaders.⁷⁵ Lack of oversight at VISN and national levels fails to ensure that facility directors are ensuring staff members who screen veterans have completed the required training. Ultimately, VHA's failure to ensure staff members complete training requirements may prevent veterans from receiving a robust toxic exposure screening as required by the PACT Act.

3. VHA Leaders' Perspective on Implementation

In September 2022, VA Under Secretary for Health Dr. Shereef Elnahal announced VA's six health care priorities, which included ensuring veterans receive the benefits and health care needed to address illnesses resulting from military-related toxic exposures, further highlighting the importance of screening veterans for military-related toxic exposures.⁷⁶ Dr. Elnahal later described the importance of this priority and noted that "[VHA] must be laser focused on treating illness resulting from exposure to toxins in different theaters of deployment."⁷⁷

The OIG interviewed VHA leaders at the national program office level and reviewed toxic exposure screening implementation-related documents to gain insight into their perspectives and further examine the integration and future expansion of screening. The OIG also explored VHA leader perspectives on potential impacts of toxic exposure screening on primary care staff workload.

Implementation Successes

The OIG found that VHA leaders involved in toxic exposure screening implementation were positive overall about the progress made in screening enterprise wide and considered the program a transformational change resulting in the integration of exposure-informed care into veteran health care.

To date [January 11, 2024], VA has also screened over five million [v]eterans enrolled in VA health care for toxic exposures . . . [t]his marks significant progress toward our goal.⁷⁸

VA Under Secretary for Health Dr. Shereef Elnahal

⁷⁵ VHA Under Secretary for Health, "Veterans Health Administration (VHA) Memorandum of Instruction Regarding Education for Staff who will be Screening Veterans for Toxic Exposures," memorandum.

⁷⁶ "VA Health Care Priorities," VA, accessed February 19, 2024, <https://www.va.gov/health/priorities/index.asp>. VA's health care priorities are "top-level strategic and operational advancements of the greatest importance that must be achieved by VA." The priorities serve as key areas for VA to focus "resources, time and attention going forward for the next couple of years."

⁷⁷ "Veterans Health Administration Priorities & Strategic Enablers," VA, accessed February 12, 2024, https://www.va.gov/HEALTH/docs/Veterans_Health_Administration_Priorities_and_Strategic_Enablers.pdf.

⁷⁸ *Hearing on Rural Access: Is VA Meeting All Veterans Where They Live, Before the House Committee on Veterans' Affairs*, 118th Cong. (January 11, 2024) (statement of Dr. Shereef Elnahal, Under Secretary for Health and Mr. Joshua D. Jacobs, Under Secretary for Benefits, VA).

VHA leaders were encouraged by the number of screens completed by clinical staff and identified the success of meeting screening benchmarks in a short period of time. When interviewed in January 2024, the Chief Consultant for HOME stated that screening had “gone exceedingly well” and described the screening of over 5 million veterans as “phenomenal.” During OIG interviews, VHA leaders highlighted the accomplishment:

- “I’m actually really proud of the work that we’ve done and screening 5 million veterans in 13 months is incredible.”
- “We had five million conversations with veterans who came into our medical centers.”

During interviews, VHA leaders described toxic exposure screening as a tool of change and cultural transformation that incorporated screening into veteran healthcare:⁷⁹

- “What we’re doing here is not simply screening all enrolled veterans . . . we are transforming the VA.”
- “It’s changed [clinicians’] mindset . . . it’s changed our culture actually.”
- “You’ve got a massive culture shift and it’s a good thing for veterans.”
- “It’s a shift in how we provide care . . . but it is a part of what we do.”

The OIG learned that VHA considers toxic exposure screening as an approach to provide veterans exposure-informed care that includes veteran toxic exposure concerns as a “cornerstone” of care across a veteran’s lifetime. During an interview, the Office of Primary Care Physician Lead described toxic exposure screening as an opportunity to discuss exposures with every enrolled veteran and noted it was “incredible” to have the clinical time provided by the screening process to discuss and educate veterans on toxic exposures. The Director of Primary Care Operations told the OIG that the Office of Primary Care was focused on providing evidence-based care and sound clinical medicine to veterans “to the extent possible within the law.” Additionally, VHA leaders elaborated on the importance of toxic exposure screening as a tool to inform conversations regarding exposure-informed care with veterans:

- “[Screening] is a phenomenal tool in beginning a conversation for our veterans that I don’t believe we’ve ever had.”

⁷⁹ “3 steps to transformational change in your health organization,” American Medical Association, accessed February 19, 2024, <https://www.ama-assn.org/practice-management/sustainability/3-steps-transformational-change-your-health-organization#:~:text=Transformational%20change%20%E2%80%9Cis%20a%20radical,AMA%27s%20director%20of%20organizational%20transformation>. The American Medical Association describes transformational change as “a radical shift from one state of being to another state of being so significant that it requires a shift in mindset, behavior and culture to implement successfully and sustain over time.”

- “I think it’s good in that the real purpose of this tool is to start a conversation . . . and this conversation can go [anywhere] that the veteran needs.”
- “It’s an icebreaker in some ways to let the provider say, ‘hey, tell me about your service’ for something that they might not have had a conversation with [the veteran] before.”
- “We decided early on that [the screen] . . . would have what we consider to be the most veteran-centric approach, which was asking veterans if they had concerns and if the veteran said they did have concerns, then asking what their concerns were.”
- “We’ve identified that [the screening] means we can say . . .if you haven’t already applied for benefits, [the veteran] should consider going to VBA for any one of these presumptive illnesses.”

Implementation Barriers

While VHA leaders were positive overall, the OIG gained some insight into the challenges encountered while implementing toxic exposure screening.

The Office of Primary Care Physician Lead shared with the OIG that “one of the biggest challenges” was ensuring consistent messaging regarding toxic exposure screening so that staff are “on the same page when providing care for veterans who have concerns about exposures.”

The Physician Lead also noted that VHA clinical staff in specialty clinic areas may not be familiar with using the clinical reminder to complete screening and reported that the screen should be a “meaningful connection, not just checking the box.” To address this potential barrier in specialty clinic settings, the Physician Lead acknowledged the need of having toxic exposure screening navigators as an authorized closer and as a resource for specialty clinic staff to contact with questions. The Physician Lead also told the OIG that VHA has offered “extensive” education and training to navigators and staff involved in screening and noted the importance of training to ensure healthcare providers properly evaluate veteran concerns related to toxic exposures.

VHA leaders recognized potential difficulties reaching veterans who may be enrolled in the system but are not receiving care from VHA providers during Phase 3 of toxic exposure screening implementation. The Director of Primary Care Operations reported that the Office of Primary Care is working to develop strategies to provide alternative methods to reach this category of veterans and ensure that no veteran requesting a toxic exposure screening is missed.

Although the number of unresolved follow-up screens remains low nationally, the OIG learned from the project manager that a lack of facility leader support for toxic exposure screening implementation was a factor that contributed to a high number of unresolved follow-up screens at some VHA facilities in early Phase 1. During an interview, the project manager described identifying the issue of unresolved screens approximately six weeks into screening

implementation. The project manager reported that facility leader engagement was a predominant concern during meetings with VHA staff from facilities identified with a high number of unresolved follow-up screens. The project manager reported the numbers of unresolved screens improved after working to ensure facility leaders understood screening and afforded staff time for training.

VHA leaders also identified challenges with tracking screening of veterans who receive healthcare services at multiple VHA facilities that use CPRS. The project manager reported because the CPRS system does not populate across sites, when a veteran is screened at one VHA facility and presents to a different VHA facility, the EHR may trigger a clinical reminder for a new screen and lead to a veteran receiving more than one screen. The project manager told the OIG that a fix has been requested but may take “a couple of years.”

The OIG concluded that VHA leaders recognized the significant number of veterans screened in the first year of implementation. Additionally, VHA leaders noted the implementation of toxic exposure screening met tight legislative timelines and appreciated the utility of screening as a tool to facilitate a conversation with veterans regarding possible military-related toxic exposures. Although some challenges were identified during implementation, VHA leaders overall felt toxic exposure screening was a successful method to further integrate exposure-informed care.

Potential Impact to Primary Care

While the OIG did not assess whether the addition of toxic exposure screening within the primary care encounter increased VHA primary care staff workload as a part of this review, interviews with VHA leaders provided some insight into perceptions regarding the implementation of screening within primary care.⁸⁰

As noted earlier in the report, the OIG reviewed toxic exposure screening data and found that although Phase 2 of screening implementation expanded screening to non-primary care settings beginning January 17, 2023, the majority of screens conducted by VHA staff after Phase 2 initiation continued to occur in primary care.

The Director of Primary Care Operations told the OIG that the screen takes roughly 5 to 10 minutes for completion but noted that depending on whether the veteran reports an exposure, has further questions, or requests additional services, the toxic exposure screening could take longer. The OIG learned that primary care staff are provided no additional time to complete screens during a veteran’s appointment. VHA leaders acknowledged toxic exposure screening adds to primary care staff workload but had not evaluated nor considered mitigating efforts for the additional burden screening may add to primary care staff workload.

The Chief Consultant for HOME told the OIG that “every screen takes time” and that primary care staff “have a limited amount of time” to work with a veteran. The Clinical Nurse Advisor

⁸⁰ For this review, the OIG did not interview frontline clinical staff who perform the screenings.

for Office of Primary Care Legislative Action Team noted that toxic exposure screening is an additional clinical reminder that adds to primary care staff workload but recognized the importance of the screen in providing veterans care for potential exposures. The OIG did not question VHA leaders regarding the need for additional staffing to support completion of the toxic exposure screenings. However, the PACT Act provided VA with resources to ensure the timely delivery and access to services for eligible veterans.⁸¹

The OIG acknowledges that toxic exposure screening implementation is ongoing and its influence on primary care staff workload remains uncertain. The OIG expects that the Office of Primary Care will continue to monitor the potential effects of additional tasks added by exposure screening and take action to mitigate factors that may affect primary care staff workload.

4. Outreach Efforts and Future Plans

The OIG learned that VHA leaders have plans to further expand toxic exposure screening and reach additional veterans not yet screened, including those veterans who may be difficult to contact or are part of vulnerable populations.

Phase 3 of toxic exposure screening implementation expands outreach to enrolled veterans not regularly receiving VHA healthcare services. The expanded outreach focuses on vulnerable veteran populations, including veterans who are

- experiencing homelessness,
- not assigned to VHA primary care providers,
- infrequent users of VHA health care,
- residents in community nursing homes and state veteran homes,
- recently discharged from active duty military service,
- recently released from incarceration,
- American Indian or Alaska natives, and
- receiving care at military hospitals or clinics.

⁸¹ PACT Act § 805(a), 136 Stat. at 1804, codified at 38 U.S.C. § 324(c); The White House, “President Biden Signs the PACT Act and Delivers on His Promise to America’s Veterans.”

According to documents reviewed by the OIG, future outreach initiatives focus on connecting veterans at a high risk of not being screened to needed healthcare services and benefits. VHA is developing strategies to engage these veterans through the use of alternative technologies, such as self-screening. While these alternative modalities are still in development, VHA has created interim screening strategies for outreach to veterans not yet screened by

- working with VHA homeless and geriatrics and extended care programs to target vulnerable veterans;
- working with primary care and specialty care clinics to identify targets and maximize screening;
- hosting outreach events where veterans can get screened across VA medical facilities and in the community; and
- collaborating with non-VA partners, including state departments of veterans' affairs, veterans service organizations, and the Department of Defense.

During an interview, the Director of Primary Care Operations noted that the opportunity to reach unscreened veterans is outside of primary care and future toxic exposure screening plans will focus on specialty care and outreach, “so we can continue to chip away” and “reach as many veterans as possible.” Additionally, the Director of Primary Care Operations identified self-screening using an electronic screening as an option to ensure continued future toxic exposure screening for veterans. The OIG learned from VHA leaders that self-screening pilots were underway at several VA medical centers to access difficult to reach veterans. The Director of Primary Care Operations also reported that other outreach efforts are ongoing, including working with VA facilities and toxic exposure screening navigators to ensure toxic exposure screening-related follow-ups are appropriate and that resources are in place for veterans to receive needed care.

Conclusion

The OIG found VHA complied with PACT Act Section 603 requirements. VHA initiated toxic exposure screening for enrolled veterans for possible military-related toxic exposures within 90 days of enactment. VHA worked collaboratively across program offices to develop and deploy a screening tool using a phased process across the enterprise and subsequently screened over 4 million veterans within the first year. Additionally, VHA developed mandatory training for clinical staff who screen veterans for toxic exposure. Using on-demand and instructor-led modalities, staff were provided with a wide range of information related to exposure screening and exposure-informed care.

The OIG found that VHA trained healthcare staff as mandated in PACT Act Section 604, specifically to treat and assess veterans regarding toxic exposure. The OIG further identified that VHA required additional training on screening veterans and that clinical staff may have screened

veterans for toxic exposures without first completing the required clinical reminder training. Just over 20 percent of VHA clinical staff who screened veterans from November 8, 2022, through January 10, 2023, had recorded training prior to screening veterans. Although training compliance increased after VHA issued guidance clarifying training requirements in January 2023, the OIG is concerned that low training compliance numbers indicates many of these veterans were likely screened by clinical staff who had not completed required training. Further, recordation of training completion may not have been accurate, affecting the interpretation of training compliance.

The OIG learned in interviews that VHA leaders involved in toxic exposure screening implementation were positive about progress and encouraged by the large number of screens completed by clinical staff. The OIG also learned of barriers to implementation, including challenges ensuring completion of screenings in areas outside primary care, difficulties reaching veterans who may be enrolled in the system but are not receiving care from VHA providers, and potential inaccuracies tracking screening of veterans who receive services at multiple VHA facilities using CPRS.

The OIG found that the majority of screens conducted by VHA clinical staff occurred in primary care. While noting the importance of the screen in exposure-informed veterans care, VHA leaders acknowledged toxic exposure screening adds to primary care staff workload but had not evaluated nor considered mitigating efforts for the additional burden screening may add to primary care staff workload.

Recommendations 1–2

1. The Under Secretary for Health ensures Veterans Health Administration leaders assess reasons for noncompliance with training requirements and takes action as warranted.
2. The Under Secretary for Health evaluates whether toxic exposure screening is negatively affecting primary care workload and takes action to mitigate as needed.

Appendix A: Office of the Under Secretary for Health Memorandum

Department of Veterans Affairs Memorandum

Date: September 5, 2024

From: Under Secretary for Health (10)

Subj: Office of Inspector General (OIG) Draft Report, Veterans Health Administration (VHA) Initiated Toxic Exposure Screening as Required by the Promise to Address Comprehensive Toxics (PACT) Act but Improvements Needed in the Training Process (VIEWS 12124195)

To: Assistant Inspector General for Healthcare Inspections (54)

1. Thank you for the opportunity to review and comment on OIG's draft report on toxic exposure screening (TES). VHA concurs with recommendations 1-2 and provides action plans in the attachment.
2. TES was built to be locally customized so that screeners are presented with accessible resources that meet the expressed needs of Veterans. In addition, multiple strategies have been undertaken to preserve provider time to address Veterans' most pressing medical needs. One such strategy is the implementation of TES Navigators who have been trained to aid in facility's TES processes, including screening Veterans who call or walk in requesting a screening.
3. As of August 20, 2024, 5,723,059 screenings have been documented in the electronic health record for unique enrolled Veterans, creating the opportunity to provide exposure-informed care while offering resources to connect Veterans to benefits and registry programs, as appropriate. In pursuit of screening all enrolled Veterans, VHA developed targeted outreach through VHA program offices serving vulnerable and difficult to reach populations such as geriatrics Veterans, homeless Veterans, Veterans in rural areas, American Indian and Alaska Native Veterans, Veterans living abroad, and other Veterans who do not routinely utilize VA for care.
4. Additionally, VA successfully trained over 95% of VA Registered Nurses, Social Workers, Psychologists, Medical Doctors, Doctor of Osteopathic Medicine, Advance Practice Registered Nurses and Physicians Assistants on comprehensive clinical information they need to evaluate, treat and serve Veterans with toxic exposures through the PACT Act, Section 604 training.
5. Comments regarding the contents of this memorandum may be directed to the GAO OIG Accountability Liaison Office at vha10oicgoalaction@va.gov.

(Original signed by:)

Shereef Elnahal M.D., MBA

[OIG comment: The OIG received the above memorandum from VHA on September 12, 2024.]

Office of the Under Secretary for Health Response

VETERANS HEALTH ADMINISTRATION (VHA) Action Plan

OIG Draft Report, Veterans Health Administration Initiated Toxic Exposure Screening as Required by the Promise to Address Comprehensive Toxics (PACT) Act but Improvements Needed in the Training Process (OIG Project Number 2023-02692-HI-1378)

Recommendation 1: The Under Secretary for Health ensures Veterans Health Administration leaders assess reasons for noncompliance with training requirements and takes action as warranted.

VHA Comments: Concur. Since completion of this review, the Office of Primary Care (OPC) has reviewed training completion rates. Based on the reviews, OPC determined that facilities will be mandated to assign training to the clinical staff who will be completing the toxic exposure screening. Collaboration with key stakeholders will occur in support of this action. Monitoring of training will continue on a national level.

Target Completion Date: March 2025

Recommendation 2: The Under Secretary for Health evaluates whether toxic exposure screening is negatively affecting primary care workload and takes action to mitigate as needed.

VHA Comments: Concur. OPC recognized that primary care workload may be negatively affected by completing toxic exposure screenings. Mitigation plans were developed. The impact of Toxic Exposure Screening on primary care workload will be evaluated, and existing mitigation strategies may be enhanced in response to the results of the evaluation. OPC will also consider the development of new mitigation strategies if warranted. The status of evaluation and impact of mitigation strategies will be included in established VHA leadership oversight reporting.

Target Completion Date: July 2025

Glossary

To go back, press “alt” and “left arrow” keys.

Agent Orange. Tactical herbicides used by the military for control of vegetation during the Vietnam War.⁸²

clinical reminder. A tool within VHA’s EHR used by VA clinicians to focus on preventative health care and manage chronic conditions to ensure timely interventions are initiated.⁸³

Computerized Patient Record System (CPRS). An electronic application that enables VA staff to enter, review, and continuously update patient information.⁸⁴

depleted uranium. Byproducts of the uranium enrichment process that are depleted of about 40 percent of radioactivity and continue to be toxic and suitable for use in nuclear reactors.⁸⁵

Oracle Cerner. EHR selected by the VA in May 2018 to replace the department’s existing EHR. The Oracle Cerner EHR is currently in use at five VHA facilities including Spokane, Washington; Walla Walla, Washington; Columbus, Ohio; Roseburg, Oregon; and White City, Oregon.⁸⁶

perfluoroalkyl and polyfluoroalkyl. Synthetic chemicals that do not break down in the environment found in clothing, carpets, furniture fabric, adhesives, paper packaging for food, heat resistant cookware, and fire-fighting foams.⁸⁷

polychlorinated biphenyls. Manufactured organic chemicals that ‘may remain in the air, water, and soil for long periods of time.’⁸⁸

veterans service organizations. Advocate for and assist veterans with benefits applications and appeals administered by VA.⁸⁹

⁸² VA Public Health, “Agent Orange,” accessed April 1, 2024, <https://www.publichealth.va.gov/exposures/agentorange/index.asp>.

⁸³ VA, *Clinical Reminders Managers Manual*, March 2005, revised September 2022.

⁸⁴ VA, *Computerized Patient Record System (CPRS), Setup and Configuration Guide*, October 2022.

⁸⁵ VA Public Health, “Depleted Uranium,” accessed April 1, 2024, https://www.publichealth.va.gov/exposures/depleted_uranium/resources_materials.asp. (This web page is no longer accessible.)

⁸⁶ VHA EHR Modernization, “VA Signs Contract with Cerner for an Electronic Health Record System,” news release; VA Office of Information and Technology, “FEHRM Releases Talking Points on Oracle Cerner Acquisition,” June 15, 2022.

⁸⁷ VA Public Health, “PFAS - Perfluoroalkyl and polyfluoroalkyl,” accessed on April 1, 2024, <https://www.publichealth.va.gov/exposures/pfas.asp>.

⁸⁸ VA Public Health, “Polychlorinated biphenyls (PCBs),” accessed on April 1, 2024, <https://www.publichealth.va.gov/exposures/pcb/index.asp>.

⁸⁹ “Veteran Service Organizations” (web page), U.S. Department of Defense, accessed February 29, 2024, <https://www.defense.gov/Contact/Help-Center/Article/Article/2746174/veteran-service-organizations/>.

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