Introduction (Adam Roy)

The Veterans Affairs Office of Inspector General recently collaborated with other inspector general offices as part of the federal government’s response to the ongoing pandemic. Listen in as team members from our Office of Healthcare Inspections discuss their experiences working with several other federal organizations on a report detailing COVID-19 testing by federal agencies during the early months of the pandemic.

Dr. Julie Kroviak

Hello, I’m Dr. Julie Kroviak, the deputy assistant inspector general for healthcare inspections at the Department of Veterans Affairs Office of Inspector General. Joining me today are Dr. Patrice Marcarelli and Dr. Jennifer Baptiste, also from VA OIG’s Office of Healthcare Inspections. We’re going to discuss our recent experiences working with the Pandemic Response Accountability Committee’s healthcare subgroup on a recent and relevant report titled, Federal COVID-19 Testing Report: Data Insights from Six Federal Health Care Programs. This report is available on the Pandemic Response Accountability Committee’s or PRAC’s website, www.pandemicoversight.gov. Before we get into a discussion on our experiences and the report, Jennifer, can you tell us more about the PRAC and its Healthcare Subgroup?

Dr. Jennifer Baptiste

Absolutely Julie. Thank you for organizing this opportunity. The PRAC came out of the Coronavirus Aid, Relief, and Economic Security or CARES Act, which was signed in March 2020. The PRAC promotes transparency and supports the coordinated oversight of the federal government's coronavirus response; its mission is to prevent and detect fraud, waste, abuse, and mismanagement, and to mitigate major risks that cross program and agency boundaries. Comprised of 22 offices of Inspectors General, the PRAC oversees a combined $5 trillion dollars and looks for cross-cutting risks, trends, and issues that transcend agency boundaries.

The PRAC’s Health Care Subgroup is comprised of IGs that oversee agencies providing or affected by the provision of healthcare services. Members include IGs from Departments of Defense, Education, Labor, Justice, Health and Human Services, Office of Personnel Management, and VA. The subgroup has identified major risks areas, like COVID-19 testing, that are critical to the federal government's pandemic response efforts. Dr. Julie Kroviak

Thank you, Jennifer. Patrice, why did the subgroup pursue the topic of COVID-19 testing?
Dr. Patrice Marcarelli
The subgroup was eager to provide decisionmakers, policy makers, and other stakeholders like universities, hospitals, and state health agencies with timely data that would assist ongoing relief and response efforts.

The goal was to obtain and capture information on COVID-19 testing over the first seven months of the pandemic.

Dr. Julie Kroviak
What were the key topics the group wanted to review?

Dr. Patrice Marcarelli
Great question.

We evaluated testing availability, accessibility, and cost.

We researched the total number of tests provided during this period.

Data showed that the number of tests provided by federal health care programs largely mirrored national testing trends during the same time period.

We also looked at demographics such as gender, race, and age, and factors like testing turnaround time and geographic location of testing.

The report results also identified that the majority of tests administered or paid for by federal health care programs were viral tests, which are tests that help determine whether or not someone is currently infected.

The VA’s Fourth Mission, is to improve the Nation’s preparedness for response to national emergencies. Reviewing COVID-19 testing as part of VA’s Fourth Mission and the testing of veterans and VA employees were both important report outcomes for us here at the VA OIG.

Dr. Julie Kroviak
Thank you, Patrice. Jennifer, this report set a baseline for examining COVID-19 testing by six federal organizations. Can you share the report’s overall findings?

Dr. Jennifer Baptiste
Sure. From February 2020 through August 2020, six federal health care programs paid for or administered 10.7 million tests, which represented approximately 13 percent of tests performed in the United States during this time period. Federal health care programs were slow to ramp up testing in the
first several months of the pandemic due to the limited supply of available tests. This mirrored the number of tests completed elsewhere in the United States.

Dr. Julie Kroviak

Thank you, Jennifer. Patrice, what does VA OIG, and in particular our Office of Healthcare Inspections, have to offer to the inspector general community and the PRAC healthcare subgroup?

Dr. Patrice Marcarelli

The PRAC healthcare subgroup members bring tremendous knowledge and talent with expertise in the areas of inspection and audit processes.

On the other hand, our office’s physicians and health care specialists bring medical knowledge and experience in evaluating healthcare quality. We were able to add a different perspective to the project.

This collaboration brought clarity and accuracy to the medical technology and practices discussed in the report.

I believe our involvement helped ensure the accuracy of medical information and interpretation of data in the report.

Dr. Julie Kroviak

Jennifer, can you describe some of the benefits of your experience working with the subgroup?

Dr. Jennifer Baptiste

Julie, the PRAC is a new organization and it was extremely valuable for VA OIG and our office to participate in this collaboration. We learned a great deal by participating beyond that of COVID-19 testing. Perhaps one of the greatest benefits was working and establishing relationships with members of other OIGs. We were able to share challenges and successes and found common solutions to issues that came up in data collection, analysis, and report writing. I particularly enjoyed contributing to the development of the subgroup charter.

Dr. Julie Kroviak

Patrice, do you have similar reflections?

Dr. Patrice Marcarelli

Yes. We were able to continue to serve veterans and collaborate with other agencies that also serve veterans such as the Departments of Defense, Justice and Health and Human Services.
We brainstormed and developed ideas for future projects.

During the project, we also worked with staff from VA OIG’s data modeling group to learn how to ask relevant questions to obtain the needed data.

This was great on-the-job training that not only benefited our organization but other PRAC subgroup members.

Dr. Julie Kroviak

Jennifer, what can you share about lessons learned?

Dr. Jennifer Baptiste

By nature, physicians are control freaks. We were not the lead agency in this project. Instead were collaborators, and therefore, had to quickly adjust and learn how to convey critical information to the project leads at HHS OIG. We learned how to adapt to other OIG writing, editing, and referencing styles. We also learned the importance of early and frequent communication with the writing and editing team. We count ourselves fortunate to have worked with a group that was receptive to our ideas and input. They were readily available to schedule meetings and discuss concerns throughout the project.

Dr. Julie Kroviak

Would you like to add anything Patrice?

Dr. Patrice Marcarelli

As Jennifer mentioned, we had to be flexible as the project evolved as data was obtained and analyzed.

For example, we were able to contribute background medical information, which contributed to the development of an insights section in the report. This section added clarity to the findings presented in the data brief.

Further, it was important to appreciate the priorities of other OIGs and recognize the interests of their stakeholders. For example, cost and billing were relevant to the perspective of Health and Humans Services while, we at VA OIG, felt it was important to tell the story of VA’s testing of VA employees.

For this project, we used CIGIE Blue Book standards, but we learned that other agencies were more familiar with other CIGIE inspection standards in their work. Collectively, the group evaluated and decided on the most appropriate standard to follow for this project.
PODCAST: VA OIG TEAM REFLECTS ON PRAC HEALTHCARE SUBGROUP WORK

Dr. Julie Kroviak

What were some of the challenges you faced during this project?

Dr. Patrice Marcarelli

Understanding what data was needed and how to obtain that required information was a learning experience and definitely a challenge.

Having a VA OIG statistician participate at the onset of the project could have made the data collection easier and more straightforward.

A director of VA OIG’s Data Modeling Division was essential in writing the data collection methodology for the report.

Also, data sharing can be a challenge. In this project, we uploaded data and draft documents to an external SharePoint site maintained by another OIG. This required approval from our leadership to ensure that the process was safe and appropriate.

Dr. Julie Kroviak

Jennifer, do you want to share any challenges?

Dr. Jennifer Baptiste

While the project’s editing team was excellent, we learned it was important for us to review data and graphics multiple times throughout the project to verify that our data remained unchanged during the editing process. We worked with the editing team to ensure that the messages regarding VA’s testing of veterans and VA employees, as well as VA’s Fourth Mission, were conveyed in the final report. Also, given the fast-moving nature of the pandemic, the timeline for this project was aggressive. The timeline changed as new sections were added and edited. We had to balance our workload with the PRAC’s needs to ensure timely delivery of this report.

Dr. Julie Kroviak

Patrice, the VA OIG’s Office of Healthcare Inspections works frequently with other IG offices. How did your experiences working on this PRAC report compare to working on other projects with IGs?

Dr. Patrice Marcarelli

We found many similarities in our work on the PRAC report and VA OIG projects with other IGs. Our medical expertise has proven valuable to other IG’s such as the Peace Corp and Department of Defense.
Understanding other OIG processes was critical to our projects’ success. Frequent, open communication was essential to being able to obtain data for a complete review and to ensure understanding of the priorities and issues of the other IG’s.

Anytime the OIG community works together, one must be mindful of data sharing, specifically what is allowed or not allowed to be shared. In these instances, we relied on the support from our legal counsel team.

Ultimately, working with other IG’s enriches our experiences and provides an opportunity for the IG community to better serve our stakeholders; in VA OIG’s case—veterans, their families, congress, and the taxpayer.

Dr. Julie Kroviak

Jennifer and Patrice, thank you so much for your time today. This has been an informative discussion. I encourage listeners to visit the PRAC website to review the full report. Also visit, the VA OIG website for more podcasts and information on our oversight mission of VA.

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