



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

Office of Healthcare Inspections

Report No. 11-03653-71

**Community Based Outpatient
Clinic Reviews
Catskill, Clifton Park,
Glens Falls, and Schenectady, NY**

February 17, 2012

Washington, DC 20420

Why We Did This Review

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

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

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

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Glossary

| | |
|---------|---|
| ADA | Americans with Disabilities Act |
| C&P | credentialing and privileging |
| CBOC | community based outpatient clinic |
| DM | Diabetes Mellitus |
| DX & TX | Diagnosis & Treatment |
| EKG | electrocardiogram |
| EOC | environment of care |
| FPPE | Focused Professional Practice Evaluation |
| FTE | full time employee equivalents |
| FY | fiscal year |
| HF | heart failure |
| IT | information technology |
| MH | mental health |
| OIG | Office of Inspector General |
| PCP | primary care provider |
| STFB | Short-Term Fee Basis |
| TX | Treatment |
| VAMC | VA Medical Center |
| VHA | Veterans Health Administration |
| VISN | Veterans Integrated Service Network |
| VistA | Veterans Health Information Systems and Technology Architecture |

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Executive Summary

Purpose: We conducted inspections of four CBOCs during the week of October 3, 2011. We evaluated select activities to assess whether the CBOCs operated in a manner that provides veterans with consistent, safe, high-quality health care. Table 1 lists the sites inspected.

| VISN | Facility | CBOC |
|---------------------------------|-------------------------|--------------|
| 2 | Samuel S. Stratton VAMC | Catskill |
| | | Clifton Park |
| | | Glens Falls |
| | | Schenectady |
| Table 1. Sites Inspected | | |

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

Samuel S. Stratton VAMC

- Establish a Preservation-Amputation Care and Treatment program in accordance with VHA policy.
- Initiate FPPEs for all newly hired physicians at the Clifton Park CBOC.
- Consider requiring an annual qualifying visit for future primary care contracts in order to more efficiently use VA resources.
- Modify the contract to include language that the patient must be seen annually.

Comments

The VISN and facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes B–C, pages 14–16 for the full text of the Directors’ comments.) We will follow up on the planned actions until they are completed.



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

Objectives and Scope

Objectives. The purposes of the reviews are to:

- Evaluate the extent CBOCs have implemented the management of DM-Lower Limb Peripheral Vascular Disease in order to prevent lower limb amputation.
- Assess STFB authorization and follow-up processes for outpatient radiology consults including CT, MRI, and PET scan in an effort to ensure quality and timeliness of patient care in CBOCs.
- Evaluate whether CBOCs comply with selected VHA requirements regarding the provision of mammography services for women veterans.
- Evaluate the continuity of care for enrolled CBOC patients discharged from the parent facility in FY 2011 with a primary discharge diagnosis of HF.
- Determine whether CBOC providers are appropriately credentialed and privileged in accordance to VHA Handbook 1100.19.¹
- Determine whether CBOCs are in compliance with standards of operations according to VHA policy in the areas of environmental safety and emergency planning.²
- Determine whether primary care and MH services provided at contracted CBOCs are in compliance with the contract provisions and evaluate the effectiveness of contract oversight provided by VHA.

Scope. The review topics discussed in this report include:

- Management of DM-Lower Limb Peripheral Vascular Disease
- STFB Care
- Women's Health
- C&P
- Environment and Emergency Management
- HF Follow-Up
- CBOC Contract

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

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

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

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

CBOC Characteristics

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

| | Catskill | Clifton Park | Glens Falls | Schenectady |
|---|--|------------------------------------|--|-------------------------|
| VISN | 2 | 2 | 2 | 2 |
| Parent Facility | Samuel S. Stratton VAMC | Samuel S. Stratton VAMC | Samuel S. Stratton VAMC | Samuel S. Stratton VAMC |
| Type of CBOC | VA | VA | Contract | Contract |
| Number of Uniques, ³ FY 2011 | 1,168 | 1,834 | 2,844 | 1,873 |
| Number of Visits, FY 2011 | 3,708 | 7,962 | 7,070 | 4,476 |
| CBOC Size ⁴ | Small | Mid-size | Mid-size | Mid-size |
| Locality | Rural | Urban | Urban | Urban |
| Full-time Employee Equivalents PCP | 1 | 1.6 | 2 | 1.8 |
| Full-Time Employee Equivalents MH Providers | 0.5 | 0.5 | 1 | 0.5 |
| Types of Providers | PCP Psychologist | PCP Psychologist | PCP Licensed Clinical Social Worker | PCP Psychologist |
| Specialty Care Services Onsite | No | No | No | No |
| Tele-Health Services | Tele-Mental Health Tele-Retinal Imaging | Tele-Mental Health | Tele-Mental Health Tele-Retinal Imaging | Tele-Mental Health |
| Ancillary Services Provided Onsite | Laboratory EKG Bladder scans | Laboratory EKG Bladder scans | Laboratory EKG | Laboratory EKG |

Table 2. CBOC Characteristics

³ <http://vawww.pssg.med.va.gov/>

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

Mental Health CBOC Characteristics

Table 3 displays the MH characteristics for each CBOC reviewed.

| | Catskill | Clifton Park | Glens Falls | Schenectady |
|--------------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Provides MH Services | Yes | Yes | Yes | Yes |
| Number of MH Uniques, FY 2011 | 181 | 257 | 472 | 211 |
| Number of MH Visits | 314 | 464 | 1,468 | 492 |
| General MH Services | Dx & TX Plan Psychotherapy |
| Specialty MH Services | Consult & TX Psychotherapy | Consult & TX Psychotherapy | Consult & TX Psychotherapy | Consult & TX Psychotherapy |
| Tele-Mental Health | Yes | Yes | Yes | Yes |
| MH Referrals | Another VA Facility | Another VA Facility | Another VA Facility | Another VA Facility |

Table 3. MH Characteristics for CBOCs

Results and Recommendations

Management of DM-Lower Limb Peripheral Vascular Disease

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

| Noncompliant | Areas Reviewed |
|--|--|
| Catskill Clifton Park Glens Falls Schenectady | The parent facility has established a Preservation-Amputation Care and Treatment Program. ⁵ |
| | The CBOC has developed screening guidelines regarding universal foot checks. |
| | The CBOC has developed a tracking system to identify and follow patients at risk for lower limb amputations. |
| | The CBOC has referral guidelines for at-risk patients. |
| | The CBOC documents education of foot care for patients with a diagnosis of DM. ⁶ |
| | There is documentation of foot screening in the patient's medical record. |
| | There is documentation of a foot risk score in the patient's medical record. |
| | There is documentation that patients with a risk assessment Level 2 or 3 received therapeutic footwear and/or orthotics. |
| Table 4. DM | |

VISN 2, Samuel S. Stratton VAMC – Catskill, Clifton Park, Glens Falls, and Schenectady CBOCs

Preservation-Amputation Care and Treatment Program. The Samuel S. Stratton VAMC did not have an established Preservation-Amputation Care and Treatment program.

Recommendation 1. We recommended that facility managers establish a Preservation-Amputation Care and Treatment program in accordance with VHA policy.

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

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

STFB Care

The Fee Program assists veterans who cannot easily receive care at a VAMC. The program pays the medical care costs of eligible veterans who receive care from non-VA providers when the VAMCs are unable to provide specific treatments or provide treatment economically because of their geographical inaccessibility.

We evaluated if CBOC providers appropriately ordered and followed up on outpatient radiology procedures (CT, MRI, and PET scan). Table 5 shows the areas reviewed for this topic.

| Noncompliant | Areas Reviewed |
|----------------------|---|
| | The facility has local policies and procedures regarding non-VA care and services purchased by authority that describe the request, approval, and authorization process for such services. ⁷ |
| | The provider documented a justification for using Fee Basis status in lieu of providing staff treatment as required by VHA policy. ⁸ |
| | The date the consult was approved does not exceed 10 days from the date the consult was initiated. |
| | The non-VA care referral requests for medical, dental, and ancillary services were approved by the Chief of Staff, Clinic Chief, Chief Medical Administration Services, or an authorized designee. ⁹ |
| | Patients were notified of consult approvals in writing as required by VHA policy. ¹⁰ |
| | A copy of the imaging report is in CPRS according to VHA policy. ¹¹ |
| | There is evidence the ordering provider or surrogate practitioner reviewed the report within 14 days from the date on which the results are available to the ordering practitioner. |
| | There is evidence the ordering provider or other licensed healthcare staff member informed the patient about the report within 14 days from the date on which the results are available to the ordering practitioner. ¹² |
| | Fee basis payments to PCPs are in accordance with VA reimbursement policies. |
| Table 5. STFB | |

We were unable to conduct this review because CBOC-specific fee basis data was not available for this facility.

⁷ VHA Chief Business Office Policy 1601F. *Fee Service*. <http://vaww1.va.gov/cbo/apps/policyguides/index.asp>; VHA Handbook 1907.01, *Health Information Management and Health Records*, August 25, 2006; VHA Manual M-1, PART I, Chapter 18, *Outpatient Care – Fee*, July 20, 1995.

⁸ VHA Handbook 1907.01.

⁹ VHA Chief Business Office Policy 1601F.

¹⁰ VHA Manual M-1, PART I, Chapter 18.

¹¹ VHA Handbook 1907.01.

¹² VHA Directive 2009-019, *Ordering and Reporting Test Results*, March 24, 2009.

Women's Health

Breast cancer is the second most common type of cancer among American women, with approximately 207,000 new cases reported each year.¹³ Each VHA facility must ensure that eligible women veterans have access to comprehensive medical care, including care for gender-specific conditions.¹⁴ Timely screening, diagnosis, notification, interdisciplinary treatment planning, and treatment are essential to early detection, appropriate management, and optimal patient outcomes. Table 6 shows the areas reviewed for this topic.

| Noncompliant | Areas Reviewed |
|-----------------------------|--|
| | Patients are referred to mammography facilities that have current Food and Drug Administration or State-approved certifications. |
| | Mammogram results are documented using the American College of Radiology's BI-RADS code categories. ¹⁵ |
| | The ordering VHA provider or surrogate was notified of results within a defined timeframe. |
| | Patients are notified of results within a defined timeframe. |
| | The facility has an established process for tracking results from mammograms performed off-site. |
| | Fee Basis mammography reports are scanned into VistA. |
| | All screening and diagnostic mammograms were initiated via an order placed into the VistA radiology package. ¹⁶ |
| | Each CBOC has an appointed Women's Health Liaison. |
| | There is evidence that the Women's Health Liaison collaborates with the parent facility's Women Veterans Program Manager on women's health issues. |
| Table 6. Mammography | |

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

C&P

We reviewed C&P folders to determine whether facilities had consistent processes to ensure that providers complied with applicable requirements as defined by VHA policy.¹⁷ Table 7 shows the areas reviewed for this topic. The facility identified as noncompliant needed improvement. Details regarding the finding follow the table.

¹³ American Cancer Society, Cancer Facts & Figures 2009.

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

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

¹⁶ VHA Handbook 1330.01.

¹⁷ VHA Handbook 1100.19.

| Noncompliant | Areas Reviewed |
|-------------------------|---|
| | There was evidence of primary source verification for each provider's license. |
| | Each provider's license was unrestricted. |
| | There were two efforts made to obtain verification of clinical privileges (currently or most recently held at other institutions) for new providers. |
| | FPPEs for new providers outlined the criteria to be monitored. |
| Clifton Park | New providers' FPPEs were implemented on first clinical start day. |
| | There was evidence that the provider was educated about FPPE prior to its initiation. |
| | FPPE results were reported to the medical staff's Executive Committee. |
| | Prior to the start of a new privilege, criteria for the FPPE were developed. |
| | FPPEs are initiated for performance monitoring, which include criteria developed for evaluation of the practitioners when issues affecting the provision of safe, high-quality care are identified. |
| | Service Chief, Credentialing Board, and/or Medical Staff's Executive Committee list documents reviewed and the rationale for conclusions reached for granting licensed independent practitioner privileges. |
| | Privileges granted to providers are facility, service, and provider specific. ¹⁸ |
| | The determination to continue current privileges are based in part on results of Ongoing Professional Practice Evaluation activities. |
| | The Ongoing Professional Practice Evaluation and reappraisal process included consideration of such factors as clinical pertinence reviews and/or performance measure compliance. |
| | Relevant provider-specific data was compared to aggregated data of other providers holding the same or comparable privileges. |
| | Scopes of practice are facility specific. |
| Table 7. C&P | |

VISN 2, Samuel S. Stratton VAMC – Clifton Park CBOC

FPPE. One newly hired physician at the Clifton Park CBOC did not have an FPPE implemented. VHA policy¹⁹ requires that an FPPE be initiated for all newly hired physicians.

Recommendation 2. We recommended that managers initiate FPPEs for all newly hired physicians at the Clifton Park CBOC.

¹⁸ VHA Handbook 1100.19.

¹⁹ VHA Handbook 1100.19.

Environment and Emergency Management

EOC. To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. Table 8 shows the areas reviewed for this topic.

| Noncompliant | Areas Reviewed |
|---------------------|---|
| | There is handicap parking, which meets the ADA requirements. |
| | The CBOC entrance ramp meets ADA requirements. |
| | The entrance door to the CBOC meets ADA requirements. |
| | The CBOC restrooms meet ADA requirements. |
| | The CBOC is well maintained (for example, ceiling tiles clean and in good repair or walls without holes). |
| | The CBOC is clean (walls, floors, and equipment). |
| | The patient care area is safe. |
| | The CBOC has a process to identify expired medications. |
| | Medications are secured from authorized access. |
| | There is an alarm system or panic button installed in high-risk areas as identified by the vulnerability risk assessment. |
| | Privacy is maintained. |
| | IT security rules are adhered to. |
| | Patients' personally identifiable information is secured and protected. |
| | There is alcohol hand wash or a soap dispenser and sink available in each examination room. |
| | The sharps containers are less than $\frac{3}{4}$ full. |
| | There is evidence of fire drills occurring at least annually. |
| | There is evidence of an annual fire and safety inspection. |
| | Fire extinguishers are easily identifiable. |
| | The CBOC collects, monitors, and analyzes hand hygiene data. |
| | Staff use two patient identifiers for blood drawing procedures. |
| | The CBOC is included in facility-wide EOC activities. |
| Table 8. EOC | |

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

Emergency Management. VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical emergencies, including MH, are handled.²⁰ Table 9 shows the areas reviewed for this topic.

²⁰ VHA Handbook 1006.1.

| Noncompliant | Areas Reviewed |
|--------------------------------------|--|
| | There is a local medical emergency management plan for this CBOC. |
| | The staff can articulate the procedural steps of the medical emergency plan. |
| | The CBOC has an automated external defibrillator onsite for cardiac emergencies. |
| | There is a local MH emergency management plan for this CBOC. |
| | The staff can articulate the procedural steps of the MH emergency plan. |
| Table 9. Emergency Management | |

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

HF Follow-Up

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

CBOC Contract

We conducted reviews of primary care at the Glens Falls and Schenectady CBOCs to evaluate the effectiveness of VHA oversight and administration for selected contract provisions relating to quality of care and payment of services. VHA professionals provide MH services at each of these CBOCs through tele-mental health services. Glens Falls also had a Licensed Clinical Social Worker providing services 5 days per week. Each CBOC engagement included: (1) a review of the contract, (2) analysis of patient care encounter data, (3) corroboration of information with VHA data sources, (4) site visits, and (5) interviews with VHA and contractor staff. Our review focused on documents and records for 3rd Quarter, FY 2011. Table 10 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

| Noncompliant | Areas Reviewed |
|----------------------------|--|
| | (1) Contract provisions relating to payment and quality of care: |
| Glens Falls Schenectady | a. Requirements for payment |
| | b. Rate and frequency of payment |
| | c. Invoice format |

| Noncompliant | Areas Reviewed (continued) |
|--|---|
| | d. Performance measures (including incentives/penalties). |
| | e. Billing the patient or any other third party |
| Glens Falls | (2) Technical review of contract, modifications and extensions |
| | (3) Invoice validation process |
| | (4) The Contracting Officer’s Technical Representative designation and training |
| | (5) Contractor oversight provided by the Contracting Officer’s Technical Representative |
| | (6) Timely access to care (including provisions for traveling veterans): |
| | a. Visiting patients are not assigned to a provider panel in Primary Care Management Module. |
| | b. The facility uses VistA “Register Once” to register patients who are enrolled at other facilities. |
| | c. Referral Case Manager assists with coordination of care for traveling veterans. |
| Table 10. Review of Primary Care and MH Contract Compliance | |

VISN 2, Samuel S. Stratton VAMC – Glens Falls CBOC

Requirements for Payment. The requirements for payment in the contract were modified to increase the qualifying visit requirement from once a year to every 2 years. The original contract had an annual payment with an annual qualifying visit requirement. Modification number 6 went into effect 2 years later and changed that requirement to a qualifying visit once every 2 years. Our analysis shows that this modification increased VA costs by approximately 16 percent or \$220,000 per year with no apparent benefit.

Recommendation 3. We recommended that the Medical Center Director consider requiring an annual qualifying visit for future primary care contracts in order to more efficiently use VA resources.

VISN 2, Samuel S. Stratton VAMC – Schenectady CBOC

Requirements for Payment. The contract does not define the frequency of medical care visits for a patient to remain billable. Typically, the contract will state that a patient must be seen annually.

The VA and the contractor had a verbal agreement of an annual requirement. The contractor’s invoices were consistent with the annual requirement.

Recommendation 4. We recommended that the Contracting Officer modify the contract to include language that the patient must be seen annually.

HF Follow-Up Results

| Areas Reviewed | | | |
|---|--------------------------------|------------------|--------------------|
| CBOC Processes | | | |
| <i>Guidance</i> | <i>Facility</i> | <i>Yes</i> | <i>No</i> |
| The CBOC monitors HF readmission rates. | Samuel S. Stratton VAMC | | |
| | | | |
| | Clifton Park | X | |
| | Glens Falls | X | |
| | Schenectady | X | |
| The CBOC has a process to identify enrolled patients who have been admitted to the parent facility with a HF diagnosis. | Samuel S. Stratton VAMC | | |
| | Catskill | X | |
| | Clifton Park | X | |
| | Glens Falls | X | |
| | Schenectady | X | |
| Medical Record Review Results | | | |
| <i>Guidance</i> | <i>Facility</i> | <i>Numerator</i> | <i>Denominator</i> |
| There is documentation in the patients' medical records that communication occurred between the inpatient and CBOC provider regarding the HF admission. | Samuel S. Stratton VAMC | | |
| | Catskill | 2 | 2 |
| | Clifton Park | 1 | 1 |
| | Glens Falls | 2 | 2 |
| | Schenectady | 1 | 1 |
| A clinician documented a review of the patients' medications during the first follow-up primary care or cardiology visit. | Samuel S. Stratton VAMC | | |
| | Catskill | 2 | 2 |
| | Clifton Park | 0 | 0 |
| | Glens Falls | 2 | 2 |
| | Schenectady | 1 | 1 |
| A clinician documented a review of the patients' weight during the first follow-up primary care or cardiology visit. | Samuel S. Stratton VAMC | | |
| | Catskill | 2 | 2 |
| | Clifton Park | 0 | 0 |
| | Glens Falls | 1 | 2 |
| | Schenectady | 1 | 1 |

HF Follow-Up Results

| Medical Record Review Results (continued) | | | |
|---|--------------------------------|------------------|--------------------|
| <i>Guidance</i> | <i>Facility</i> | <i>Numerator</i> | <i>Denominator</i> |
| A clinician documented a review of the patients' restricted sodium diet during the first follow-up primary care or cardiology visit. | Samuel S. Stratton VAMC | | |
| | Catskill | 0 | 2 |
| | Clifton Park | 0 | 0 |
| | Glens Falls | 0 | 2 |
| | Schenectady | 0 | 1 |
| A clinician documented a review of the patients' fluid intake during the first follow-up primary care or cardiology visit. | Samuel S. Stratton VAMC | | |
| | Catskill | 1 | 2 |
| | Clifton Park | 0 | 0 |
| | Glens Falls | 0 | 2 |
| | Schenectady | 0 | 1 |
| A clinician educated the patient, during the first follow-up primary care or cardiology visit, on key components that would trigger the patients to notify the provider. | Samuel S. Stratton VAMC | | |
| | Catskill | 1 | 2 |
| | Clifton Park | 0 | 0 |
| | Glens Falls | 0 | 2 |
| | Schenectady | 0 | 1 |

VISN 2 Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: January 9, 2012

From: Director, VA Health Care Upstate New York (10N2)

Subj: **CBOC Reviews: Catskill, Clifton Park, Glens Falls, and
Schenectady, NY**

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

I concur with the recommendations listed in the Office of
Inspector General's report, CBOC Reviews for Catskill, Clifton Park,
Glens Falls and Schenectady, NY.

(original signed by:)

David J. West, FACHE

Samuel S. Stratton VAMC Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: January 5, 2012

From: Director, Samuel S. Stratton VAMC (528A8/00)

Subj: **CBOC Reviews: Catskill, Clifton Park, Glens Falls, and
Schenectady, NY**

To: Director, VA Health Care Upstate New York (10N2)

I concur with the recommendations listed in the Office of
Inspector General's report, CBOC Reviews: Catskill, Clifton Park,
Glens Falls and Schenectady, NY.

(original signed by:)

LINDA W. WEISS, MS, FACHE

Comments to Office of Inspector General's Report

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

OIG Recommendations

Recommendation 1. We recommended that facility managers establish a Preservation-Amputation Care and Treatment program in accordance with VHA policy.

Concur

Target date for completion: November 30, 2011

The Preservation-Amputation Care and Treatment (PACT) Program was re-established in November 2011, and a facility PACT Coordinator appointed on November 29, 2011.

Recommendation 2. We recommended that managers initiate FPPEs for all newly hired physicians at the Clifton Park CBOC.

Concur

Target date for completion: October 15, 2011

All newly hired providers (physicians, midlevels) will receive a FPPE at time of hire. This process has been in place since FY10. All providers at Clifton Park have had FPPEs initiated.

Recommendation 3. We recommended that the Medical Center Director consider requiring an annual qualifying visit for future primary care contracts in order to more efficiently use VA resources.

Concur

Target date for completion: Spring 2012

The Glens Falls CBOC contract expires March 31, 2012. The new contract solicitation and award will require annual qualifying visits.

Recommendation 4. We recommended that the Contracting Officer modify the contract to include language that the patient must be seen annually.

Concur

Target date for completion: Spring 2012

The Schenectady CBOC contract expires March 31, 2012. The new contract solicitation and award will require annual qualifying visits.

OIG Contact and Staff Acknowledgments

| | |
|---------------------|--|
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