



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

**Office of Healthcare Inspections**

**Report No. 14-00918-204**

**Community Based Outpatient Clinic  
and Primary Care Clinic Reviews  
at  
Grand Junction VA Medical Center  
Grand Junction, Colorado**

**July 16, 2014**

**Washington, DC 20420**

**To Report Suspected Wrongdoing in VA Programs and Operations**

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## Glossary

AUD	alcohol use disorder
CBOC	community based outpatient clinic
DWHP	designated women's health provider
EHR	electronic health record
FY	fiscal year
MH	mental health
MM	medication management
NM	not met
OIG	Office of Inspector General
PACT	Patient Aligned Care Teams
PCC	primary care clinic
PCP	primary care provider
RN	registered nurse
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WH	women's health

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## Executive Summary

**Review Purpose:** The purpose of the review was to evaluate selected patient care activities to determine whether the community based outpatient clinics (CBOCs) and primary care clinics (PCCs) provide safe, consistent, and high-quality health care for our veterans. We conducted electronic health record reviews during the week of April 28, 2014, for the CBOCs and PCCs under the oversight of the Grand Junction VA Medical Center and Veterans Integrated Service Network 19.

**Review Results:** We conducted three focused reviews and had no findings for the Designated Women's Health Provider Proficiency review. However, we made recommendations in the following two review areas:

Alcohol Use Disorder. Ensure that CBOC/PCC:

- Registered Nurse Care Managers receive motivational interviewing training within 12 months of appointment to Patient Aligned Care Teams.

Medication Management. Ensure that CBOC/PCC staff:

- Document that medication reconciliation was completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.
- Provide written medication information that includes the fluoroquinolone.
- Document the evaluation of patient's level of understanding for the medication education.

### Comments

The VISN and Facility Directors agreed with the CBOC and PCC review findings and recommendations and provided acceptable improvement plans. (See Appendixes C and D, pages 13–16, for the full text of the Directors' comments.) We will follow up on the planned actions for the open recommendations until they are completed.



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

## **Objectives, Scope, and Methodology**

### **Objectives**

The CBOC and PCC reviews are an element of the OIG's efforts to ensure that our Nation's veterans receive high-quality VA health care services. As such, the CBOC and PCC reviews are recurring evaluations of selected primary care operations that focus on patient care quality. In general, our objectives are to:

- Determine whether CBOCs/PCCs are compliant with VHA requirements in the care of patients with AUD.
- Determine compliance with requirements for the clinical oversight and patient education of fluoroquinolones for outpatients.
- Evaluate if processes are in place for DWHPs to maintain proficiency in WH.

### **Scope**

To evaluate for compliance with requirements related to patient care quality, we reviewed clinical and administrative records and discussed processes and validated findings with managers and employees. The review covered the following three activities:

- AUD
- MM
- DWHP Proficiency

The scope of this review is limited to the established objectives. Issues and concerns that come to our attention that are outside the scope of this standardized inspection will be reviewed and referred accordingly.

### **Methodology**

Details of the targeted study populations for the AUD, MM, and DWHP Proficiency focused reviews are noted in Table 1.

**Table 1. CBOC/PCC Focused Reviews and Study Populations**

Review Topic	Study Population
AUD	All CBOC and PCC patients screened within the study period of July 1, 2012, through June 30, 2013, and who had a positive AUDIT-C score <sup>1</sup> and all providers and RN Care Managers assigned to PACT prior to October 1, 2012.
MM	All outpatients with an original prescription ordered for one of the three selected fluoroquinolones from July 1, 2012, through June 30, 2013.
DWHP Proficiencies	All WH PCPs designated as DWHPs as of October 1, 2012, and who remained as DWHPs until September 30, 2013.

In this report, we make recommendations for improvement. Recommendations pertain to issues that are significant enough to be monitored by the OIG until corrective actions are implemented.

The review was done in accordance with OIG standard operating procedures for CBOC and PCC reviews.

<sup>1</sup> The AUDIT-C is a brief alcohol screen that reliably identifies patients who are hazardous drinkers or have active alcohol use disorders. Scores range from 0–12.

## Results and Recommendations

### AUD

The purpose of this review was to determine whether the facility's CBOCs and PCCs complied with selected alcohol use screening and treatment requirements.<sup>1</sup>

We reviewed relevant documents. We also reviewed 36 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The area marked as NM did not meet applicable requirements and needed improvement.

**Table 2. AUD**

NM	Areas Reviewed	Findings
	Alcohol use screenings are completed during new patient encounters, and at least annually.	
	Diagnostic assessments are completed for patients with a positive alcohol screen.	
	Education and counseling about drinking levels and adverse consequences of heavy drinking are provided for patients with positive alcohol screens and drinking levels above National Institute on Alcohol Abuse and Alcoholism guidelines.	
	Documentation reflects the offer of further treatment for patients diagnosed with alcohol dependence.	
	For patients with AUD who decline referral to specialty care, CBOC/PCC staff monitored them and their alcohol use.	
	Counseling, education, and brief treatments for AUD are provided within 2 weeks of positive screening.	
X	CBOC/PCC RN Care Managers have received motivational interviewing training within 12 months of appointment to PACT.	We found that 5 of 10 RN Care Managers did not receive motivational interviewing training within 12 months of appointment to PACT.
	CBOC/PCC RN Care Managers have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.	
	The facility complied with any additional elements required by VHA or local policy.	

## **Recommendation**

1. We recommended that CBOC/Primary Care Clinic Registered Nurse Care Managers receive motivational interviewing training within 12 months of appointment to Patient Aligned Care Teams.

**MM**

The purpose of this review was to determine whether appropriate clinical oversight and education were provided to outpatients prescribed oral fluoroquinolone antibiotics.<sup>2</sup>

We reviewed relevant documents. We also reviewed 40 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

**Table 3. Fluoroquinolones**

<b>NM</b>	<b>Areas Reviewed</b>	<b>Findings</b>
X	Clinicians documented the medication reconciliation process that included the fluoroquinolone.	We did not find documentation that medication reconciliation included the newly prescribed fluoroquinolone in 11 (28 percent) of 40 patient EHRs.
X	Written information on the patient's prescribed medications was provided at the end of the outpatient encounter.	We did not find documentation that 29 (73 percent) of 40 patients received written information that included the fluoroquinolone.
	Medication counseling/education for the fluoroquinolone was documented in the patients' EHRs.	
X	Clinicians documented the evaluation of each patient's level of understanding for the education provided.	Clinicians did not document the level of understanding for 24 (60 percent) of 40 patients.
	The facility complied with local policy.	

**Recommendations**

2. We recommended that staff document that medication reconciliation was completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.
3. We recommended that staff consistently provide written medication information that includes the fluoroquinolone.
4. We recommended that staff document the evaluation of patient's level of understanding for the medication education.

## DWHP Proficiency

The purpose of this review was to determine whether the facility’s CBOCs and PCCs complied with selected DWHP proficiency requirements.<sup>3</sup>

We reviewed the facility self-assessment, VHA and local policies, Primary Care Management Module data, and supporting documentation for DWHPs’ proficiencies. The table below shows the areas reviewed for this topic. The facility generally met requirements. We made no recommendations.

**Table 4. DWHP Proficiency**

NM	Areas Reviewed	Findings
	CBOC and PCC DWHPs maintained proficiency requirements.	
	CBOC and PCC DWHPs were designated with the WH indicator in the Primary Care Management Module.	

## CBOC Profiles

This review evaluates the quality of care provided to veterans at all of the CBOCs under the parent facility's oversight.<sup>2</sup> The table below provides information relative to each of the CBOCs.

Location	State	Station #	Locality <sup>4</sup>	CBOC Size <sup>5</sup>	Uniques <sup>3</sup>				Encounters <sup>3</sup>			
					MH <sup>6</sup>	PC <sup>7</sup>	Other <sup>8</sup>	All	MH <sup>6</sup>	PC <sup>7</sup>	Other <sup>8</sup>	All
Montrose	CO	575GA	Rural	Mid-Size	121	1,510	1,025	1,822	251	3,872	3,659	7,782

<sup>2</sup> Includes all CBOCs in operation before March 31, 2013.

<sup>3</sup> Unique patients and Total Encounters – Source: MedSAS outpatient files; completed outpatient appointments indicated by a valid stop code during the October 1, 2012, through September 30, 2013, timeframe at the specified CBOC.

<sup>4</sup> [http://vaww.pssg.med.va.gov/PSSG/DVDC/FY2013\\_Q1\\_VAST.xlsx](http://vaww.pssg.med.va.gov/PSSG/DVDC/FY2013_Q1_VAST.xlsx)

<sup>5</sup> 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).

<sup>6</sup> Mental Health includes stop codes in the 500 series, excluding 531 and 563, in the primary position.

<sup>7</sup> Primary Care includes the stop code list in the primary position: 323 – Primary Care; 322 – Women's Clinic; 348 – Primary Care Group; 350 – Geriatric Primary Care; 531 – MH Primary Care Team-Individual; 563 – MH Primary Care Team-Group; 170 – Home Based Primary Care (HBPC) Physician.

<sup>8</sup> All other non-Primary Care and non-MH stop codes in the primary position.

## CBOC Services Provided

In addition to primary care integrated with WH and MH care, the CBOCs provide various specialty care, ancillary, and tele-health services. The following table lists the services provided at each CBOC.<sup>9</sup>

CBOC	Specialty Care Services <sup>10</sup>	Ancillary Services <sup>11</sup>	Tele-Health Services <sup>12</sup>
Montrose	Podiatry	Audiology Nutrition MOVE! Program <sup>13</sup> Diabetic Retinal Screening	Tele Primary Care

<sup>9</sup> Source: MedSAS outpatient files; the denoted Specialty Care and Ancillary Services are limited to Primary Clinic Stops with a count  $\geq 100$  encounters during the October 1, 2012, through September 30, 2013, timeframe at the specified CBOC.

<sup>10</sup> Specialty Care Services refer to non-Primary Care and non-MH services provided by a physician.

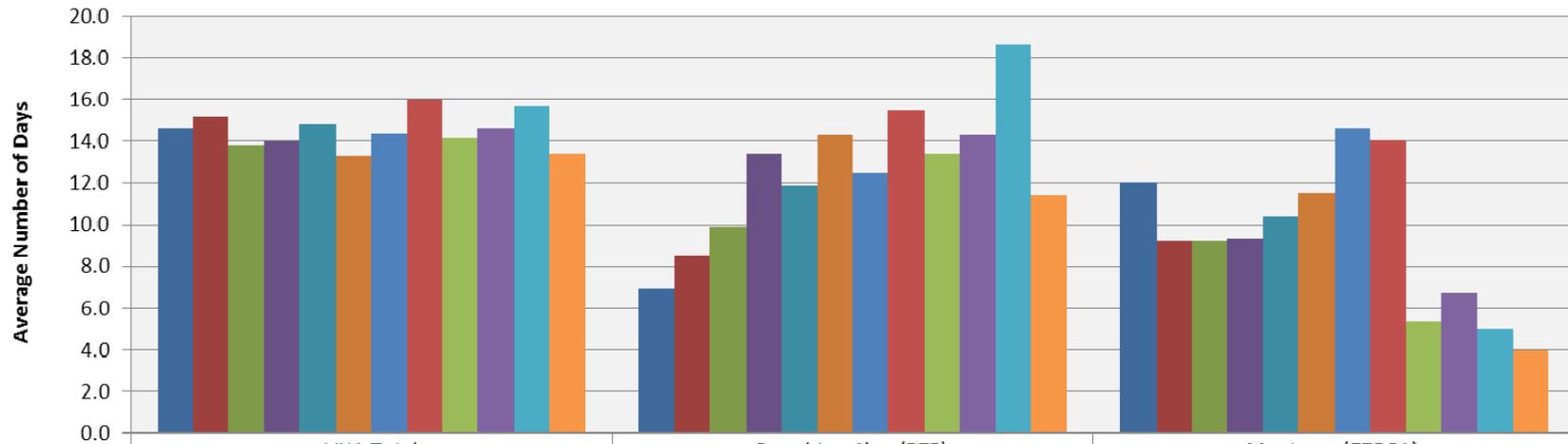
<sup>11</sup> Ancillary Services refer to non-Primary Care and non-MH services that are not provided by a physician.

<sup>12</sup> Tele-Health Services refer to services provided under the VA Telehealth program (<http://www.telehealth.va.gov/>)

<sup>13</sup> VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.

## PACT Compass Metrics

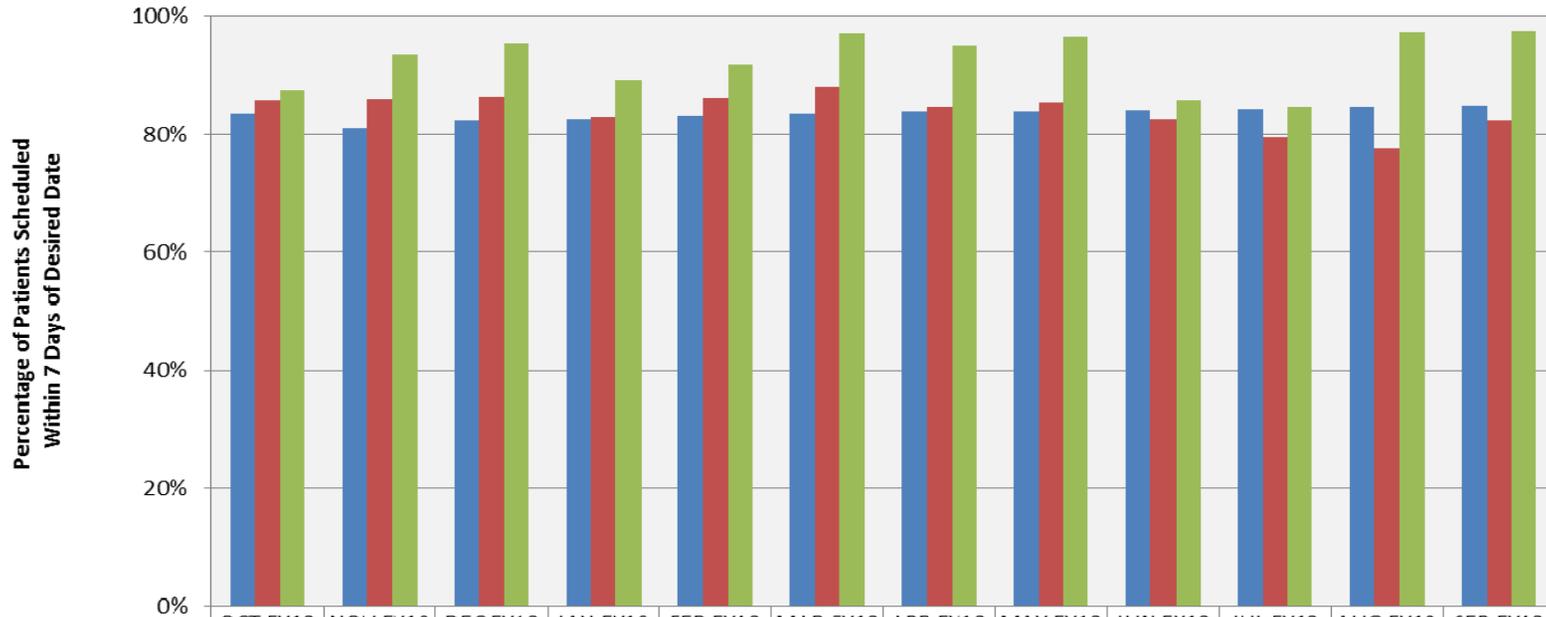
### FY 2013 Average 3rd Next Available in PC Clinics



	VHA Total	Grand Junction (575)	Montrose (575GA)
■ OCT FY13	14.6	6.9	12.0
■ NOV FY13	15.2	8.5	9.2
■ DEC FY13	13.8	9.9	9.2
■ JAN FY13	14.0	13.4	9.3
■ FEB FY13	14.8	11.9	10.4
■ MAR FY13	13.3	14.3	11.5
■ APR FY13	14.4	12.5	14.6
■ MAY FY13	16.0	15.5	14.1
■ JUN FY13	14.2	13.4	5.4
■ JUL FY13	14.6	14.3	6.7
■ AUG FY13	15.7	18.6	5.0
■ SEP FY13	13.4	11.4	4.0

**Data Definition.**<sup>4</sup> The average waiting time in days until the next third open appointment slot for completed primary care appointments in stop code 350. Completed appointments in stop code 350 for this metric include completed appointments where a 350 stop code is in the primary position on the appointment or one of the telephone stop codes is in the primary position, and 350 stop code is in the secondary position. The data is averaged from the national to the division level.

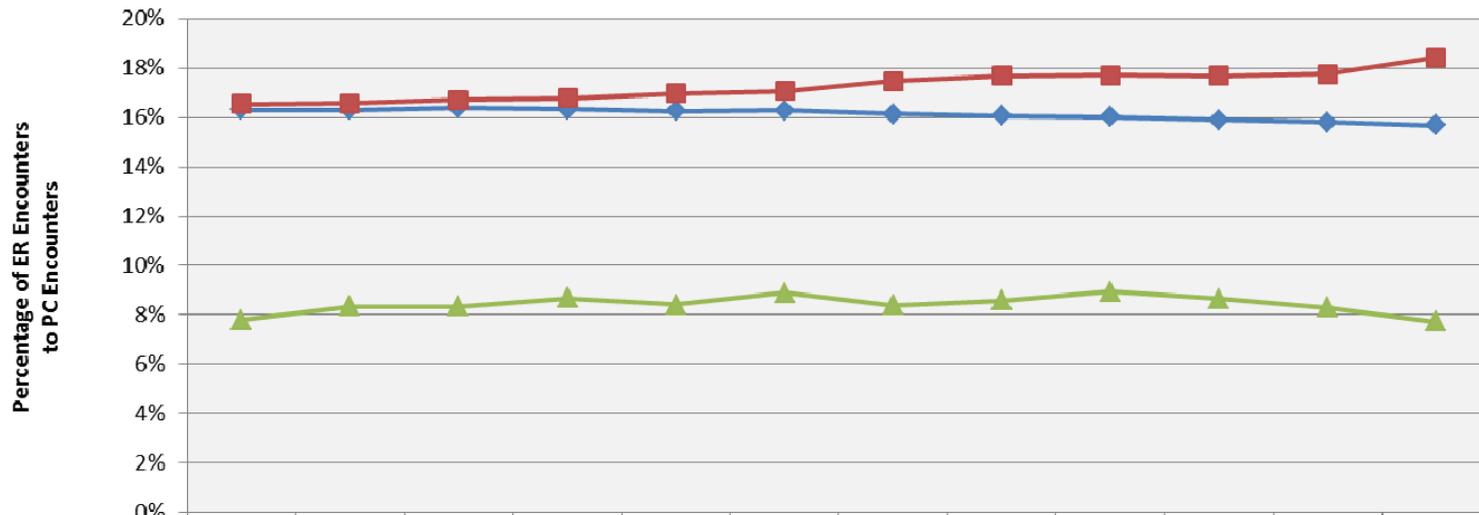
### FY 2013 Established PC Prospective Wait Times 7 Days



	OCT FY13	NOV FY13	DEC FY13	JAN FY13	FEB FY13	MAR FY13	APR FY13	MAY FY13	JUN FY13	JUL FY13	AUG FY13	SEP FY13
VHA Total	83.5%	81.1%	82.4%	82.6%	83.2%	83.6%	84.0%	84.0%	84.1%	84.3%	84.5%	84.7%
Grand Junction (575)	85.6%	85.8%	86.2%	82.9%	86.1%	88.0%	84.6%	85.3%	82.6%	79.6%	77.6%	82.3%
Montrose (575GA)	87.4%	93.5%	95.3%	89.2%	91.9%	97.2%	95.0%	96.5%	85.7%	84.5%	97.3%	97.6%

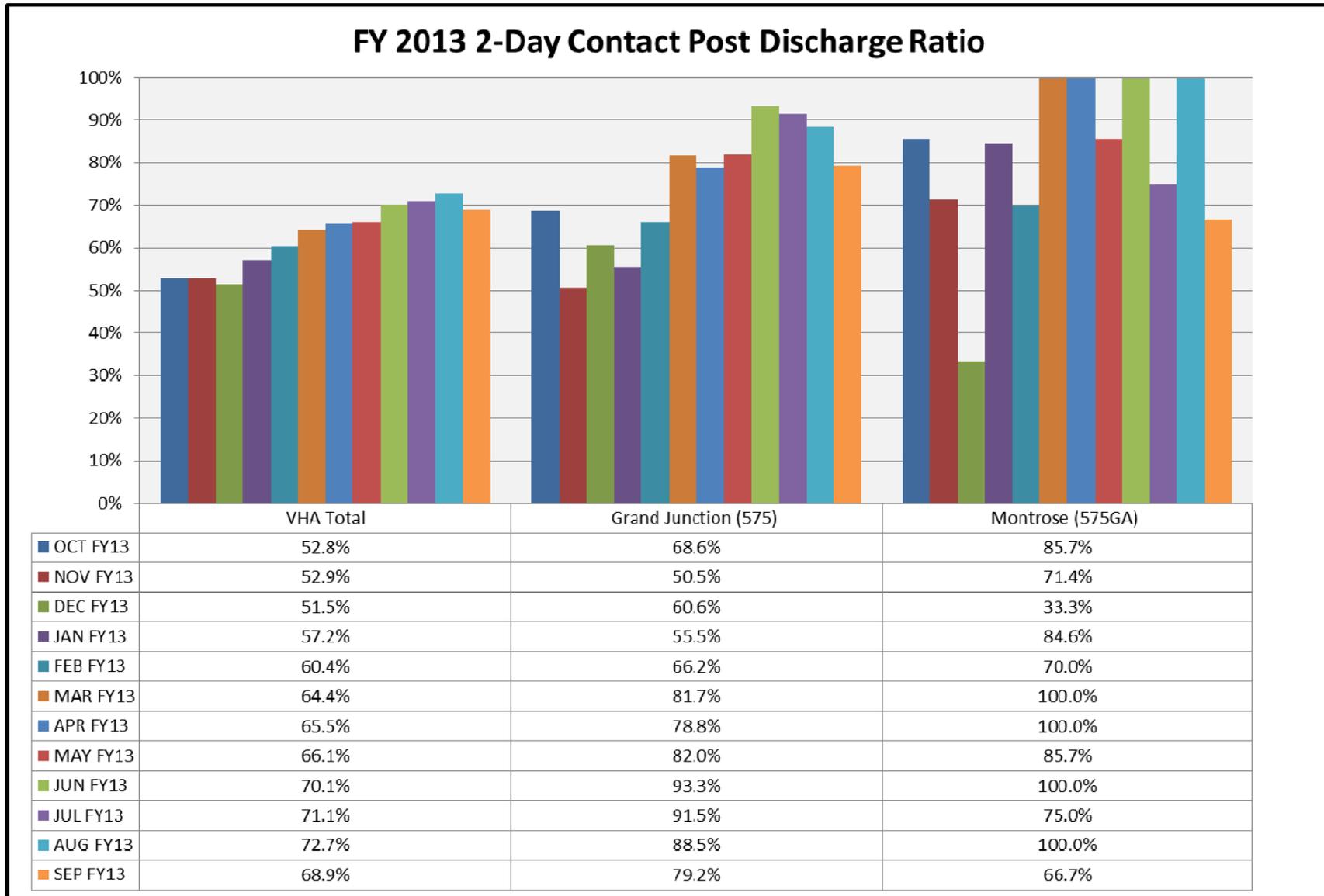
**Data Definition.**<sup>c</sup> The percent of patients scheduled within 7 days of the desired date. Data source is the Wait Times Prospective Wait Times measures. The total number of scheduled appointments for primary care-assigned patients in primary care clinics 322, 323 and 350. Data is collected twice a month on the 1st and the 15th. Data reported is for the data pulled on the 15th of the month. There is no FY to date score for this measure.

### FY 2013 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



	OCT FY13	NOV FY13	DEC FY13	JAN FY13	FEB FY13	MAR FY13	APR FY13	MAY FY13	JUN FY13	JUL FY13	AUG FY13	SEP FY13
◆ VHA Total	16.3%	16.3%	16.4%	16.3%	16.3%	16.3%	16.1%	16.1%	16.0%	15.9%	15.8%	15.7%
■ Grand Junction (575)	16.6%	16.6%	16.7%	16.8%	17.0%	17.1%	17.5%	17.7%	17.7%	17.7%	17.8%	18.4%
▲ Montrose (575GA)	7.8%	8.3%	8.3%	8.7%	8.4%	8.9%	8.4%	8.6%	8.9%	8.6%	8.3%	7.7%

**Data Definition.<sup>e</sup>** This is a measure of where the patient receives his or her primary care and by whom. A low percentage is better. The formula is the total VHA ER/Urgent Care/FEE ER Encounters WOP (including FEE ER visits) *divided by* the number of primary care encounters WOP with the patient’s assigned primary care (or associate) provider plus the total VHA ER/Urgent Care/FEE ER Encounters (including FEE ER visits) WOP plus the number of primary care encounters WOP with a provider other than the patient’s PCP/AP.



**Data Definition.**<sup>e</sup> Total Discharges Included in 2-day Contact Post Discharge Ratio: The total VHA and FEE Inpatient Discharges for assigned primary care patients for the reporting timeframe. Discharges resulting in death and discharges where a patient is readmitted within 2 days of discharge are excluded from this metric.

## VISN Director Comments

Department of  
Veterans Affairs

Memorandum

**Date:** June 18, 2014

**From:** Director, VA Rocky Mountain Network (10N19)

**Subject:** **CBOC and PCC Reviews of the Grand Junction VA Medical Center, Grand Junction, CO**

**To:** Director, San Diego Office of Healthcare Inspections (54SD)  
Director, Management Review Service (VHA 10AR MRS  
OIG CAP CBOC)

1. I concur with the attached facility response to this draft report from the OIG following their visit during the week of April 28, 2014.
2. If you have additional questions or concerns, please contact Ms. Susan Curtis, Executive Officer to the VISN 19 Chief Medical Officer VISN, at (303) 639-6995.

  
Ralph T. Gigliotti, FACHE  
Network Director, VISN 19

## Facility Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** June 16, 2014

**From:** Acting Director, Grand Junction VA Medical Center (575/00)

**Subject:** **CBOC and PCC Reviews of the Grand Junction VA  
Medical Center, Grand Junction, CO**

**To:** Director, VA Rocky Mountain Network (10N19)

1. Thank you for the opportunity to submit responses to the proposed recommendations for the Grand Junction VA Medical Center, Grand Junction, Colorado.
2. I have reviewed and concur with the findings and recommendations in the report of the Office of Inspector General conducted the week of April 28, 2014.
3. Corrective action plans have been established and target completion dates have been set for the remaining items as detailed in the attached report.
4. If you have additional questions or need further information, please contact Michelle Erzen, Chief, Quality Management, at (970) 242-0731, ext. 2873.



Patricia A. Hitt  
Acting Medical Center Director

## Comments to OIG's Report

The following Director's comments are submitted in response to the recommendations in the OIG report:

### **OIG Recommendations**

**Recommendation 1.** We recommended that CBOC/Primary Care Clinic Registered Nurse Care Managers receive motivational interviewing training within 12 months of appointment to Patient Aligned Care Teams.

Concur

Target date for completion: Completed

Facility response: All nurses identified as current PACT RNs have received motivational interviewing and health coaching training. To ensure RN Care Managers and providers meet the requirement, quarterly Motivational Interviewing classes will be offered. New RN Care Managers and providers will be scheduled for the next Motivational Interviewing classes as part of their new staff orientation schedule. Successful and timely training completion will be monitored by their supervisor and the care line.

**Recommendation 2.** We recommended that staff document that medication reconciliation was completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.

Concur

Target date for completion: June 30, 2014

Facility response: Pharmacy and Patient Safety will educate all providers on medication reconciliation expectations and requirements. This education will be documented in the medicine, surgery, and psychiatry staff meeting minutes along with provider attendance. Pharmacy will audit 100% of all Fluoroquinolones ordered on a monthly basis for 6 months and report results to the Quality, Safety, and Value Board.

**Recommendation 3.** We recommended that staff consistently provide written medication information that includes the fluoroquinolone.

Concur

Target date for completion: July 15, 2014

Facility response: A Fluoroquinolone handout will be developed and the Education Note will reference the education provided. Staff will be educated regarding the need and reasons for completing an education note regarding medications. Pharmacy will continue to provide the manufacturer's written information for all Fluoroquinolones prescriptions filled. The Veteran Health Education Committee will audit 100% of all Fluoroquinolones ordered on a monthly basis for 6 months and randomly thereafter. Results will be reported to the Quality, Safety, and Value Board.

**Recommendation 4.** We recommended that staff document the evaluation of patient's level of understanding for the medication education.

Concur

Target date for completion: July 15, 2014

Facility response: The Education Note will be utilized to document Fluoroquinolone and medication education. This will clearly document a verification of learning utilizing either Ask Me 3 or Teach Back methods. Staff will be educated on the use of the Education note for documenting Veteran's level of understanding. The Veteran Health Education Committee will audit 100% of all Fluoroquinolones ordered on a monthly basis for 6 months and randomly thereafter. Results will be reported to the Quality, Safety, and Value Board.

## OIG Contact and Staff Acknowledgments

<b>Contact</b>	For more information about this report, please contact the OIG at (202) 461-4720.
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## Endnotes

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<sup>1</sup> References used for the AUD review included:

- National Center for Health Promotion and Disease Prevention (NCP), Veteran Health Education and Information (NVEI) Program, *Patient Education: TEACH for Success*. Retrieved from [http://www.prevention.va.gov/Publications/Newsletters/2013/HealthPOWER\\_Prevention\\_News\\_Winter\\_2012\\_2013\\_FY12\\_TEACH\\_MI\\_Facilitator\\_Training.asp](http://www.prevention.va.gov/Publications/Newsletters/2013/HealthPOWER_Prevention_News_Winter_2012_2013_FY12_TEACH_MI_Facilitator_Training.asp) on January 17, 2014.
- VHA Handbook 1120.02, *Health Promotion Disease Prevention (HPDP) Program*, July 5, 2012.
- VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008.

<sup>2</sup> References used for the Medication Management review included:

- VHA Directive 2011-012, *Medication Reconciliation*, March 9, 2011.
- VHA Directive 2012-011, *Primary Care Standards*, April 11, 2012.
- VHA Handbook 1108.05, *Outpatient Pharmacy Services*, May 30, 2006.
- VHA Handbook 1108.07, *Pharmacy General Requirements*, April 17, 2008.
- Joint Commission, *Joint Commission Comprehensive Accreditation and Certification Manual*, July 1, 2013.

<sup>3</sup> References used for the DWHP review included:

- VHA Deputy Under Secretary for Health for Operations and Management, Memorandum: *Health Care Services for Women Veterans*, Veterans Health Administration (VHA) Handbook 1330.01; Women's Health (WH) Primary Care Provider (PCP) Proficiency, July 8, 2013.
- VHA Handbook 1330.01 *Health Care Services for Women Veterans*, May 21, 2010.
- VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.

<sup>4</sup> Reference used for PACT Compass data graphs:

- Department of Veterans' Affairs, *Patient Aligned Care Teams Compass Data Definitions*, August 29, 2013.