



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

Office of Healthcare Inspections

Report No. 14-00919-228

**Community Based Outpatient Clinic
and Primary Care Clinic Reviews
at
New Mexico VA Health Care System
Albuquerque, New Mexico**

August 1, 2014

Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations

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(Hotline Information: www.va.gov/oig/hotline)

Glossary

AUD	alcohol use disorder
CBOC	community based outpatient clinic
DWHP	designated women's health provider
EHR	electronic health record
EOC	environment of care
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
PCMM	Primary Care Management Module
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 site visits during the week of June 2, 2014, at the following CBOCs which are under the oversight of the New Mexico VA Health Care System and Veterans Integrated Service Network 18:

- Northwest Metro CBOC, Rio Rancho, NM
- Truth or Consequences CBOC, Truth or Consequences, NM

Review Results: We conducted four focused reviews and made recommendations in all of the review areas:

Environment of Care.

- Ensure that patients' personally identifiable information is protected and secured at the Truth or Consequences CBOC.

Alcohol Use Disorder.

- Ensure that CBOC/PCC Registered Nurse Care Managers receive motivational interviewing and health coaching 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.
- Consistently provide written medication information that includes the fluoroquinolone.
- Provide medication counseling/education that includes the fluoroquinolone.
- Document the evaluation of patient's level of understanding for the medication education.

Designated Women's Health Providers' Proficiency. Ensure that all Designated Women's Health Providers:

- Maintain proficiency as required for the provision of women's health care.

- Are designated with the women's health indicator in the Primary Care Management Module.

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 14–18, for the full text of the Directors' comments.) We consider recommendation 1 closed. 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 and the EOC. In general, our objectives are to:

- Determine whether the CBOCs are compliant with EOC requirements.
- 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 and the EOC, we conducted onsite inspections, reviewed clinical and administrative records, and discussed processes and validated findings with managers and employees. The review covered the following four activities:

- EOC
- 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

The onsite EOC inspections were only conducted at randomly selected CBOCs that had not been previously inspected.¹ Details of the targeted study populations for the AUD, MM, and DWHP Proficiency focused reviews are noted in Table 1.

¹ Includes 93 CBOCs in operation before March 31, 2013.

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 ² 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.

² 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

EOC

The purpose of this review was to evaluate whether CBOC managers have established and maintained a safe and clean EOC as required.^a

We reviewed relevant documents and conducted physical inspections of the Northwest Metro and Truth or Consequences CBOCs. 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. EOC

NM	Areas Reviewed	Findings
	The CBOC's location is clearly identifiable from the street as a VA CBOC.	
	The CBOC has interior signage available that clearly identifies the route to and location of the clinic entrance.	
	The CBOC is Americans with Disabilities Act accessible.	
	The furnishings are clean and in good repair.	
	The CBOC is clean.	
	The CBOC maintains a written, current inventory of hazardous materials and waste that it uses, stores, or generates.	
	An alarm system and/or panic buttons are installed and tested in high-risk areas (e.g., MH clinic).	
	Alcohol hand wash or soap dispenser and sink are available in the examination rooms.	
	Sharps containers are secured.	
	Safety needle devices are available.	
	The CBOC has a separate storage room for storing medical (infectious) waste.	
	The CBOC conducts fire drills at least every 12 months.	
	Means of egress from the building are unobstructed.	
	Access to fire alarm pull stations is unobstructed.	
	Access to fire extinguishers is unobstructed.	
	The CBOC has signs identifying the locations of fire extinguishers.	
	Exit signs are visible from any direction.	
	No expired medications were noted during the onsite visit.	

NM	Areas Reviewed (continued)	Findings
	All medications are secured from unauthorized access.	
	Personally identifiable information is protected on laboratory specimens during transport so that patient privacy is maintained.	
	Adequate privacy is provided to patients in examination rooms.	
X	Documents containing patient-identifiable information are not laying around, visible, or unsecured.	Documents (X-ray radiographic films) containing patient-identifiable information were left visible or unsecured at the Truth or Consequences CBOC.
	Window coverings provide privacy.	
	The CBOC has a designated examination room for women veterans.	
	Adequate privacy is provided to women veterans in the examination room.	
	The information technology network room/server closet is locked.	
	All computer screens are locked when not in use.	
	Staff use privacy screens on monitors to prevent unauthorized viewing in high-traffic areas.	
	EOC rounds are conducted semi-annually (at least twice in a 12-month period) and deficiencies are reported to and tracked by the EOC Committee until resolution.	
	The CBOC has an automated external defibrillator.	
	Safety inspections are performed on the CBOC medical equipment in accordance with Joint Commission standards.	
	The parent facility includes the CBOC in required education, training, planning, and participation leading up to the annual disaster exercise.	
	The parent facility's Emergency Management Committee evaluates CBOC emergency preparedness activities, participation in annual disaster exercise, and staff training/education relating to emergency preparedness requirements.	

Recommendation

1. We recommended that patients' personally identifiable information is protected and secured at the Truth or Consequences CBOC.

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.^b

We reviewed relevant documents. We also reviewed 37 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 3. 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 NIAAA 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 28 (52 percent) of 54 RN Care Managers did not receive motivational interviewing training within 12 months of appointment to PACT.
X	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.	We found that 18 (33 percent) of 54 RN Care Managers did not receive health coaching training within 12 months of appointment to PACT.
	The facility complied with any additional elements required by VHA or local policy.	

Recommendation

2. We recommended that CBOC/PCC Registered Nurse Care Managers receive motivational interviewing and health coaching 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.^c

We reviewed relevant documents. We also reviewed 39 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 4. Fluoroquinolones

NM	Areas Reviewed	Findings
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 39 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 23 (59 percent) of 39 patients received written information that included the fluoroquinolone.
X	Medication counseling/education for the fluoroquinolone was documented in the patients' EHRs.	We did not find documentation of medication counseling that included the fluoroquinolone in 28 (72 percent) of 39 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 12 (31 percent) of 39 patients.
	The facility complied with local policy.	

Recommendations

3. 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.
4. We recommended that staff consistently provide written medication information that includes the fluoroquinolone.
5. We recommended that staff provide medication counseling/education as required.
6. 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.^d

We reviewed the facility self-assessment, VHA and local policies, PCMM data, and supporting documentation for DWHPs' proficiencies. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 5. DWHP Proficiency

NM	Areas Reviewed	Findings
X	CBOC and PCC DWHPs maintained proficiency requirements.	We found that 7 of 21 DWHPs with panels comprised of less than 10 percent women veterans at the CBOC and/or PCCs did not have evidence of implementation of alternative plans to ensure ongoing proficiency in WH care.
X	CBOC and PCC DWHPs were designated with the WH indicator in the PCMM.	We found that 19 of 21 DWHPs were not designated with the WH indicator in the PCMM.

Recommendations

7. We recommended that clinical executive/primary care leaders ensure that CBOC/PCC Designated Women's Health Providers maintain proficiency as required for the provision of women's health care.

8. We recommended that the chief of staff consistently ensure that all Designated Women's Health Providers are designated with the women's health 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 oversight³. The table below provides information relative to each of the CBOCs.

Location	State	Station #	Locality ⁵	CBOC Size ⁶	Uniques ⁴				Encounters ⁴			
					MH ⁷	PC ⁸	Other ⁹	All	MH ⁷	PC ⁸	Other ⁹	All
Northwest Metro	NM	501GM	Urban	Mid-Size	688	2,436	1,780	3,071	3,640	6,842	4,726	15,208
Santa Fe	NM	501GK	Urban	Mid-Size	833	2,224	1,363	2,532	3,152	7,102	3,606	13,860
Farmington	NM	501GB	Urban	Mid-Size	723	2,000	1,352	2,243	2,788	8,064	3,014	13,866
Artesia	NM	501GA	Rural	Mid-Size	414	1,932	957	1,997	1,530	7,017	3,052	11,599
Las Vegas	NM	501G2	Highly Rural	Mid-Size	531	1,786	1,261	1,928	2,339	6,151	4,309	12,799
Durango	CO	501GJ	Rural	Mid-Size	584	1,856	704	1,912	1,801	4,506	1,646	7,953
Alamogordo	NM	501GI	Rural	Mid-Size	121	1,562	292	1,598	523	5,464	494	6,481
Gallup	NM	501GD	Rural	Mid-Size	536	1,324	772	1,538	2,737	4,449	2,247	9,433
Silver City	NM	501GC	Rural	Small	340	1,441	736	1,479	1,683	6,320	2,454	10,457
Raton	NM	501HB	Highly Rural	Small	249	945	818	996	1,102	6,504	4,041	11,647
Espanola	NM	501GE	Rural	Small	277	897	577	964	842	3,211	2,062	6,115
Truth or Consequences	NM	501GH	Highly Rural	Small	51	709	98	713	362	3,567	119	4,048

³ Includes all CBOCs in operation before March 31, 2013.

⁴ 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.

⁵ http://vaww.pssg.med.va.gov/PSSG/DVDC/FY2013_Q1_VAST.xlsx

⁶ 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).

⁷ Mental Health includes stop codes in the 500 series, excluding 531 and 563, in the primary position.

⁸ 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.

⁹ 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.¹⁰

CBOC	Specialty Care Services ¹¹	Ancillary Services ¹²	Tele-Health Services ¹³
Northwest Metro	Dental Optometry	Pharmacy Diabetic Retinal Screening MOVE! Program ¹⁴	Tele Primary Care
Santa Fe	---	Social Work	Tele Primary Care Tele Case Management
Farmington	---	Social Work MOVE! Program	Tele Primary Care
Artesia	---	Social Work	Tele Primary Care
Las Vegas	---	Social Work Nutrition MOVE! Program	Tele Primary Care
Durango	---	---	Tele Primary Care Tele Case Management
Alamogordo	---	Diabetic Retinal Screening	Tele Primary Care
Gallup	---	Social Work	Tele Primary Care
Silver City	---	Social Work	Tele Primary Care
Raton	---	Social Work	Tele Primary Care
Espanola	---	---	Tele Primary Care
Truth or Consequences	---	---	

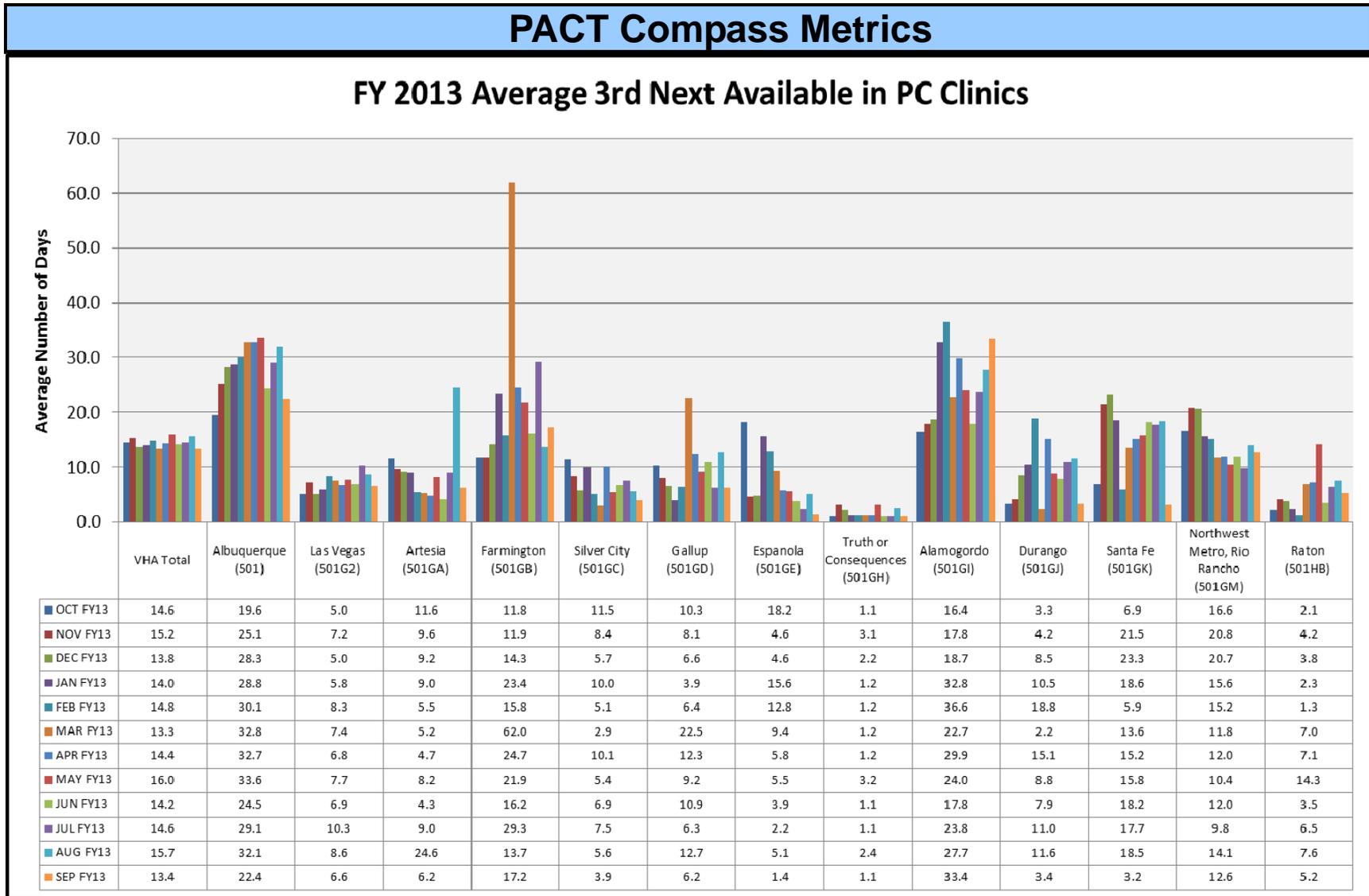
¹⁰ Source: MedSAS outpatient files; the denoted Specialty Care and Ancillary Services are limited to Primary Clinic Stops with a count ≥ 100 encounters during the October 1, 2012, through September 30, 2013, timeframe at the specified CBOC.

¹¹ Specialty Care Services refer to non-Primary Care and non-MH services provided by a physician.

¹² Ancillary Services refer to non-Primary Care and non-MH services that are not provided by a physician.

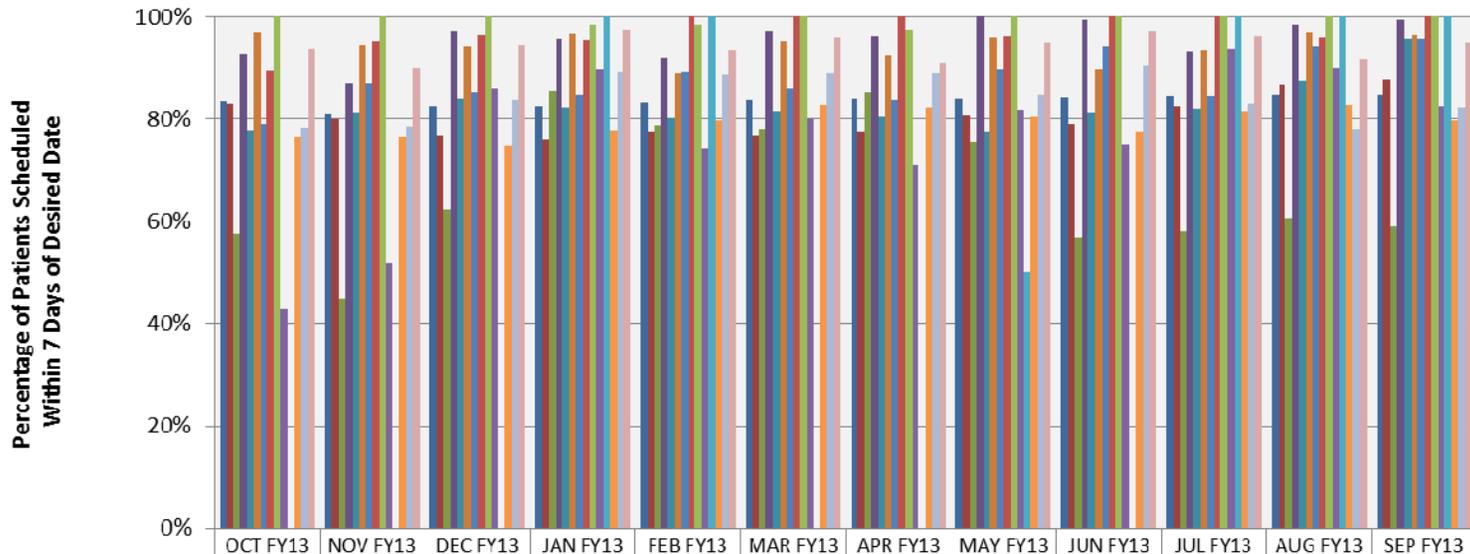
¹³ Tele-Health Services refer to services provided under the VA Telehealth program (<http://www.telehealth.va.gov/>)

¹⁴ VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.



Data Definition.^e 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.

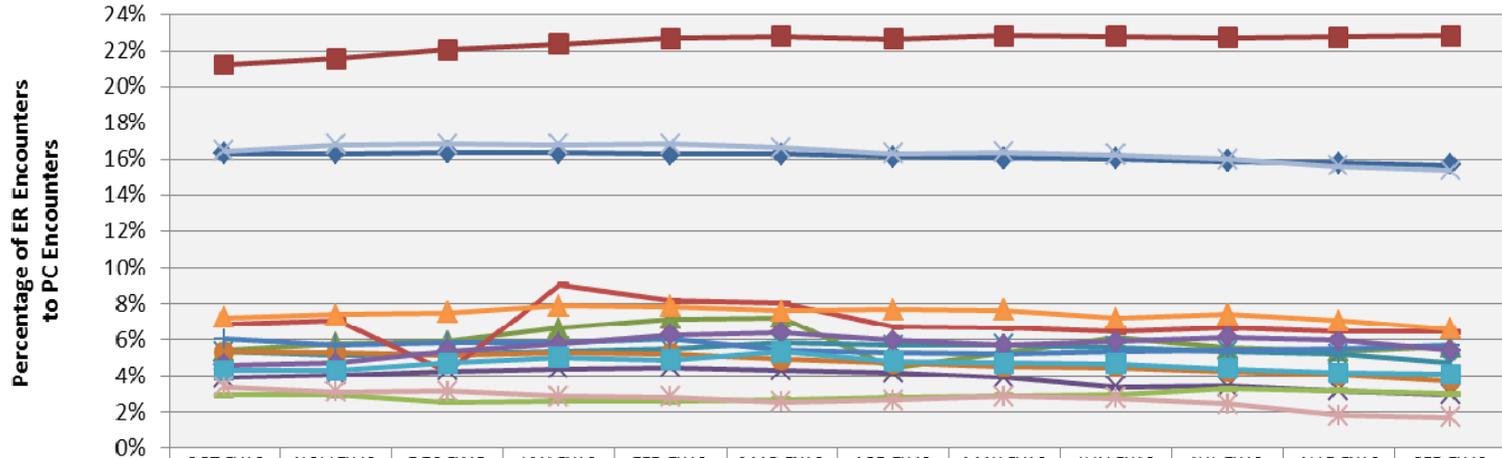
FY 2013 Established PC Prospective Wait Times 7 Days



	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%
■ (501) Albuquerque	83.0%	80.0%	76.8%	76.0%	77.5%	76.9%	77.6%	80.7%	79.0%	82.4%	86.7%	87.8%
■ (501G2) Las Vegas	57.7%	45.0%	62.3%	85.5%	78.6%	78.0%	85.3%	75.4%	56.9%	58.0%	60.6%	59.1%
■ (501GA) Artesia	92.7%	87.0%	97.1%	95.7%	92.0%	96.9%	96.2%	100.0%	99.3%	93.2%	98.6%	99.3%
■ (501GB) Farmington	77.9%	81.4%	83.9%	82.4%	80.1%	81.6%	80.5%	77.5%	81.3%	82.0%	87.3%	95.6%
■ (501GC) Silver City	96.8%	94.5%	94.3%	96.6%	89.2%	95.2%	92.4%	95.9%	89.8%	93.5%	96.9%	96.3%
■ (501GD) Gallup	78.9%	86.9%	85.3%	84.5%	89.1%	86.1%	83.8%	89.8%	94.3%	84.1%	94.3%	95.7%
■ (501GE) Espanola	89.5%	95.2%	96.3%	95.5%	100.0%	100.0%	100.0%	96.0%	100.0%	100.0%	95.8%	100.0%
■ (501GH) Truth or Consequences	100.0%	100.0%	100.0%	98.5%	98.5%	100.0%	97.5%	100.0%	100.0%	100.0%	100.0%	100.0%
■ (501GI) Alamogordo	42.8%	51.7%	85.9%	89.8%	74.2%	80.0%	71.0%	81.8%	75.0%	93.8%	90.0%	82.5%
■ (501GJ) Durango				100.0%	100.0%			50.0%		100.0%	100.0%	100.0%
■ (501GK) Santa Fe	76.6%	76.3%	74.6%	77.8%	79.7%	82.7%	82.3%	80.5%	77.7%	81.5%	82.7%	79.7%
■ (501GM) Northwest Metro, Rio Rancho	78.2%	78.5%	83.7%	89.3%	88.6%	88.9%	89.0%	84.5%	90.5%	83.1%	78.0%	82.2%
■ (501HB) Raton	93.8%	90.1%	94.4%	97.5%	93.6%	95.8%	91.0%	95.0%	97.1%	96.1%	91.7%	94.9%

Data Definition.^e 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. Blank cells indicate the absence of reported data.

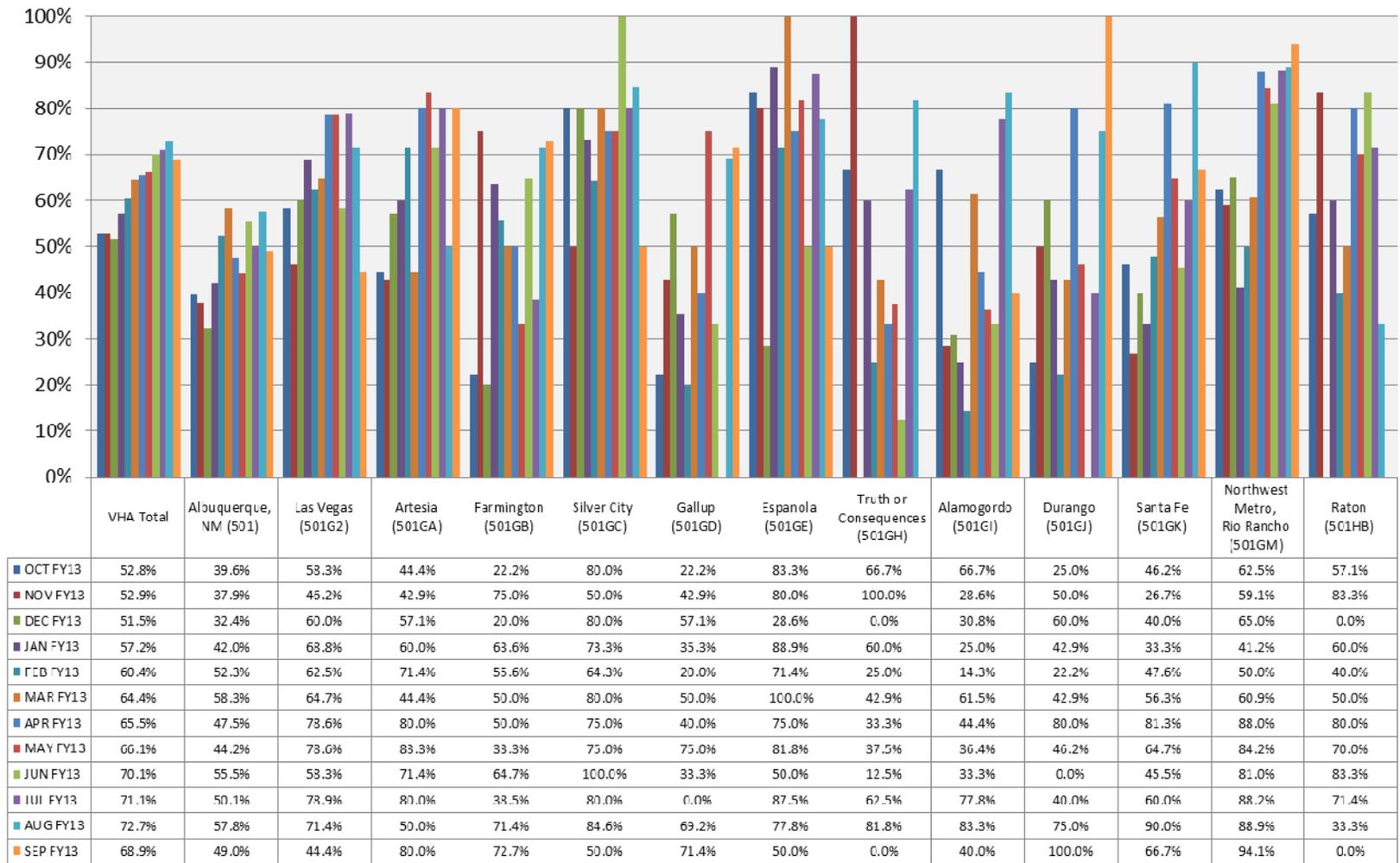
FY 2013 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



	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%
Albuquerque (501)	21.2%	21.6%	22.0%	22.4%	22.7%	22.8%	22.6%	22.8%	22.8%	22.7%	22.7%	22.8%
Las Vegas (501G2)	5.4%	5.8%	5.9%	6.6%	7.1%	7.2%	4.5%	5.3%	6.1%	5.5%	5.3%	5.6%
Artesia (501GA)	3.9%	4.1%	4.3%	4.4%	4.5%	4.3%	4.2%	3.9%	3.4%	3.4%	3.2%	2.9%
Farmington (501GB)	5.3%	5.1%	5.2%	5.3%	5.5%	5.8%	5.7%	5.7%	5.6%	5.4%	5.2%	4.7%
Silver City (501GC)	5.3%	5.3%	5.2%	5.2%	5.2%	4.9%	4.7%	4.5%	4.5%	4.2%	4.0%	3.7%
Gallup (501GD)	6.0%	5.7%	5.8%	5.8%	6.0%	5.4%	5.3%	5.2%	5.3%	5.4%	5.5%	5.7%
Espanola (501GE)	6.9%	7.1%	4.2%	9.0%	8.1%	8.0%	6.7%	6.6%	6.4%	6.6%	6.5%	6.4%
Truth or Consequences (501GH)	2.9%	2.9%	2.5%	2.6%	2.6%	2.7%	2.8%	2.9%	2.9%	3.3%	3.2%	3.0%
Alamogordo (501GI)	4.6%	4.7%	5.3%	5.7%	6.3%	6.4%	6.0%	5.7%	5.9%	6.1%	5.9%	5.4%
Durango (501GJ)	4.3%	4.3%	4.7%	5.0%	4.9%	5.3%	4.8%	4.7%	4.7%	4.4%	4.2%	4.1%
Santa Fe (501GK)	7.2%	7.4%	7.5%	7.9%	7.8%	7.6%	7.7%	7.6%	7.2%	7.4%	7.0%	6.6%
Northwest Metro, Rio Rancho (501GM)	16.5%	16.8%	16.8%	16.8%	16.8%	16.6%	16.3%	16.4%	16.2%	16.0%	15.6%	15.4%
Raton (501HB)	3.4%	3.1%	3.1%	2.9%	2.8%	2.5%	2.6%	2.9%	2.7%	2.4%	1.8%	1.7%

Data Definition.^e 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.

FY 2013 2-Day Contact Post Discharge Ratio



Data Definition.⁶ 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: July 10, 2014

From: Director, VA Southwest Health Care Network (10N18)

Subject: **CBOC and PCC Reviews of the New Mexico VA Health Care System, Albuquerque, NM**

To: Director, Denver Office of Healthcare Inspections (54DV)
Director, Management Review Service (VHA 10AR MRS
OIG CAP CBOC)

1. I concur with the attached facility responses and action plans detailed in this draft report of the Community Based Outpatient Clinic and Primary Care Clinic Reviews of the New Mexico VA Health Care System, Albuquerque, NM.
2. If you have additional questions or concerns, please contact Robert Baum, VISN 18 Executive Officer to the Network Director, at (480) 397-2777.

(original signed by:)
Elizabeth Joyce Freeman
Acting Network Director

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: July 7, 2014

From: Interim Director, New Mexico VA Health Care System,
(501/00)

Subject: **CBOC and PCC Reviews of the New Mexico VA Health
Care System, Albuquerque, NM**

To: Director, VA Southwest Health Care Network (10N18)

1. I have reviewed and concur with the findings and recommendations in the draft report of the Office of Inspector General Community Based Outpatient Clinic and Primary Care Clinic Reviews conducted the week of June 2, 2014.
2. Corrective action plans have been established, with some being already implemented, and target completion dates have been set for the remaining items as detailed in the attached report.

(original signed by:)
James L. Robbins, MD
Interim 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 patients' personally identifiable information is protected and secured at the Truth or Consequences CBOC.

Concur

Target date for completion: June 5, 2014

Facility response: The Ben Archer Health Center contract CBOC Staff secured the room in which the patient (X-rays) were located on the day of the visit. The next day the patient identifiable material (X-rays) were moved to the patient file room at the Ben Archer Health Center contract CBOC and a key pad lock was installed.

Recommendation 2. We recommended that CBOC/PCC Registered Nurse Care Managers receive motivational interviewing and health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Concur

Target date for completion: September 30, 2014

Facility response: Motivational interviewing and health coaching training will be provided for all existing CBOC/PCC Registered Nurse Care Managers without documentation of receiving this training within 12 months of appointment to Patient Aligned Care Teams. The list of CBOC/PCC Registered Nurse Care Managers will be updated to include the date MI and TEACH training was completed. Training will be documented in the Talent Management System.

Recommendation 3. 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: January 15, 2015

Facility response: A click box will be added to the Medication Reconciliation Note template completed at the end of each visit. The click box will document if the patient is prescribed a fluoroquinolone and the provider will be provided an opportunity to document verbal counseling and written education. Use of the templated medication

reconciliation note and click box will permit monthly compliance monitoring by Pharmacy.

Recommendation 4. We recommended that staff consistently provide written medication information that includes the fluoroquinolone.

Concur

Target date for completion: January 15, 2015

Facility response: At the end of each encounter patients are provided a copy of the medication reconciliation note. A new click box will document if the patient is prescribed a fluoroquinolone. Use of the templated medication reconciliation note and click box will permit monthly compliance monitoring by Pharmacy.

Recommendation 5. We recommended that staff provide medication counseling/education as required.

Concur

Target date for completion: January 15, 2015

Facility response: In addition to existing methods to provide the fluoroquinolone medication guides to CBOC/contract CBOC patients (by the local contracted filling pharmacy or with the prescription if mailed) patients will be provided a copy of the revised medication reconciliation note which will be modified to include documentation of patient education and counseling on the newly prescribed fluoroquinolone. Use of the templated medication reconciliation note will permit monthly compliance monitoring by Pharmacy.

Recommendation 6. We recommended that staff document the evaluation of patient's level of understanding for the medication education.

Concur

Target date for completion: January 15, 2015

Facility response: Documentation of understanding will be added at the end of the medication reconciliation note using a click box. The provider can click the box indicating acknowledged understanding or if the patient/caregiver does not understand the provider will be prompted to document more information on what is needed to overcome barriers to learning. Use of the templated medication reconciliation note with click boxes will permit monthly compliance monitoring by Pharmacy.

Recommendation 7. We recommended that clinical executive/primary care leaders ensure that CBOC/Primary Care Clinic Designated Women's Health Providers maintain proficiency as required for the provision of women's health care.

Concur

Target date for completion: December 31, 2014

Facility response: The seven providers who require alternate plans (panel <10% women) to ensure ongoing proficiency as a women's health care provider will be required to attend either a Women's Health Mini-Residency or attend a Women's Health CME training (approx. 20 hrs) before the end of the calendar year 2014.

Recommendation 8. We recommended that the chief of staff consistently ensure that all Designated Women's Health Providers are designated with the women's health indicator in the Primary Care Management Module.

Concur

Target date for completion: July 31, 2014

Facility response: Designations in the Primary Care Management Module will be updated to identify all CBOC providers as Women's Health providers.

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This report is available at www.va.gov/oig.

Endnotes

^a References used for the EOC review included:

- US Access Board, *Americans with Disabilities Act Accessibility Guidelines (ADAAG)*, September 2, 2002.
- US Department of Health and Human Services, Health Insurance Portability and Accountability Act, *The Privacy Rule*, August 14, 2002.
- US Department of Labor, Occupational Safety and Health Administration, *Laws and Regulations*.
- US Department of Labor, Occupational Safety and Health Administration, *Guidelines for Preventing Workplace Violence*, 2004.
- Joint Commission, *Joint Commission Comprehensive Accreditation and Certification Manual*, July 1, 2013.
- VA Directive 0324, *Test, Training, Exercise, and Evaluation Program*, April 5, 2012.
- VA Directive 0059, *VA Chemicals Management and Pollution Prevention*, May 25, 2012.
- VA Handbook 6500, *Risk Management Framework for VA Information System*, September 20, 2012.
- VHA Center for Engineering, Occupational Safety, and Health, *Emergency Management Program Guidebook*, March 2011.
- VHA Center for Engineering, Occupational Safety, and Health, *Online National Fire Protection Association Codes, Standards, Handbooks, and Annotated Editions of Select Codes and Standards*, July 9, 2013.
- VHA Deputy Under Secretary for Health for Operations and Management, Memorandum: *Environmental Rounds*, March 5, 2007.
- VHA Directive 2011-007, *Required Hand Hygiene Practices*, February 16, 2011.
- VHA Directive 2012-026, *Sexual Assaults & Other Defined Public Safety Incidents in VHA Facilities*, September 27, 2012.
- VHA Handbook 1006.1, *Planning and Activating Community-Based Outpatient Clinics*, May 19, 2004.
- VHA Handbook 1330.01, *Health Care Services for Women Veterans*, May 21, 2010.
- VHA Handbook 1850.05, *Interior Design Operations and Signage*, July 1, 2011.

^b 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 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.

^c 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.

^d 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.
- **Error! Hyperlink reference not valid.**

^e Reference used for PACT Compass data graphs:

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