Healthcare Inspection

Review of Veterans Health Administration’s “Our Doctors” Website Accuracy

June 23, 2017
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Executive Summary

The VA Office of Inspector General conducted a healthcare review in response to a letter dated January 5, 2016, from 10 current or former members of Congress requesting investigation of inaccurate information that was posted on the Veterans Health Administration’s (VHA) “Our Doctors” public website. The website lists VA physicians’ licenses and board certifications (if any). Specifically, the letter requested that we consider the following questions:

1. When did VA find out about the misinformation on its website?
2. Which VA medical centers have posted inaccurate information about their doctors?
3. How many VA physicians and other health care providers have been inaccurately identified as properly licensed or certified? Were they aware of this public misinformation?
4. What actions were taken when VA was made aware of this?
5. Have patients been notified about their physicians’ license denials or other inaccurate information regarding their certifications?
6. Was patient care impacted at VA facilities as a result of a physician’s license denial or lack of updated certification?
7. Has there been a review of other current health care providers at the VA and their licenses and certifications?
8. What is VA’s current practice to ensure that all health care providers are up to date with license and certification requirements, and is the practice working?
9. Were any healthcare providers who were inaccurately listed as licensed or certified on VA’s website granted additional compensation based on the inaccurate information listed?

We focused our review on questions 1, 4, 5, 6, 8, and 9. We are addressing questions 2, 3, and 7 during fiscal year 2017 Clinical Assessment Program reviews.

Results and Recommendations

VHA had not clearly defined the processes involved in uploading credentialing information to the website, had not required adequate validation prior to posting such information to the website, and had not defined a frequency of updates that would identify normal changes occurring in providers’ credentials over time. The website entries vary from facility to facility, and VHA has not defined what information needs to be included. Although VHA issued some clarification and two disclaimers, further definition and clarification are needed. Oversight processes need to be implemented at facility, network, and national levels.

We found inaccurate information on the “Our Doctors” website. Of the providers reviewed, we did not find any who were working without a current state license or who listed a license or board certification they never obtained. Display of time-limited information, such as licensure or certification, which is known to change frequently has a high likelihood of inaccuracy. The most common inaccurate information displayed on
facilities’ websites was board certifications that had expired since the update of the website. Board certifications are time-limited credentials, and there is no requirement for VHA providers to maintain them. Physicians may choose to maintain these credentials or allow them to lapse. This does not impact their qualifications to remain privileged at a VHA facility. Physicians’ board certifications may expire at any time during the 2-year privileging timeframe, but facilities are only required to check them at the time of reprivileging. The reasons facility Chiefs of Staff gave us for providers allowing their board certifications to expire included the costs and the continuing education requirements for renewal. Because these providers had completed the training, education, and/or testing to obtain the board certifications, there is low risk that any patient harm would result from care they rendered, and notifying patients of these physicians’ expired board certifications might cause unnecessary alarm. Chiefs of Staff told us that the VHA pay determination structure does not allow additional pay for board certifications.

For a small number of providers, the website displayed board certifications these providers had never held. These providers made errors such as entering training certificates in the board certification field and entering board certifications when they had completed only the written part of the board but not the entire board, or they made minor data entry errors. Facility managers told us that the website extracted information that providers entered incorrectly as well as outdated information, and facilities did not consistently have the ability to correct it. When brought to their attention, facility managers reviewed the information and initiated corrective action plans. These issues will need to be addressed to ensure accurate website information.

We recommended that the Acting Under Secretary for Health ensure that VHA:

- Develops and implements a policy defining the purpose, responsibilities, and requirements for ensuring current credentials information on the “Our Doctors” website.

- Develops and implements an oversight process for accuracy of the information posted on the “Our Doctors” website.

**Comments**

The Acting Under Secretary for Health concurred with the report. (See Appendix B, pages 11–13, for the full text of the comments.) The implementation plans are acceptable, and we will follow up until all actions are completed.

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

The VA Office of Inspector General (OIG) conducted a healthcare review in response to a letter dated January 5, 2016, from 10 current or former members of Congress requesting investigation of inaccurate information that was posted on the Veterans Health Administration’s (VHA) “Our Doctors” website.

The purpose of this review was to assess how inaccurate information became publicly available on VHA’s “Our Doctors” website and whether controls are currently in place to ensure accurate information.

Background

Several media reports from November 2015 through February 2016 noted inaccurate physician credentials posted to VHA's publicly available “Our Doctors” website. The inaccurate postings involved physicians and nurse practitioners affiliated with VHA facilities located in Buffalo, Tomah, Denver, Minneapolis, St. Cloud, and Fargo. The inaccuracies cited in the media included improper or out-of-date licenses and board certifications.

On January 5, 2016, the VA OIG Office of Healthcare Inspections received a letter from 10 current or former members of Congress requesting investigation of inaccurate information that was posted on VHA’s “Our Doctors” website. Specifically, the letter requested that we consider the following questions:

1. When did VA find out about the misinformation on its website?
2. Which VA medical centers have posted inaccurate information about their doctors?
3. How many VA physicians and other health care providers have been inaccurately identified as properly licensed or certified? Were they aware of this public misinformation?
4. What actions were taken when VA was made aware of this?
5. Have patients been notified about their physicians’ license denials or other inaccurate information regarding their certifications?
6. Was patient care impacted at VA facilities as a result of a physician’s license denial or lack of updated certification?
7. Has there been a review of other current health care providers at the VA and their licenses and certifications?
8. What is VA’s current practice to ensure that all health care providers are up to date with license and certification requirements, and is the practice working?
9. Were any healthcare providers who were inaccurately listed as licensed or certified on VA’s website granted additional compensation based on the inaccurate information listed?

We focused our review on questions 1, 4, 5, 6, 8, and 9. We are addressing questions 2, 3, and 7 during fiscal year 2017 Clinical Assessment Program reviews.
Credentialing.¹ Credentialing is the process of screening and evaluating a healthcare provider’s qualifications, including licensure, required education, relevant training and experience, and current competence and health status. Physicians and other licensed providers supply their credentials upon application for employment in VHA. VHA facility credentialing employees have the responsibility to verify providers’ credentials, including professional education, licensure, and board certification, prior to hire. If a provider supplies multiple state medical licenses, a facility’s credentialing employee must contact all the state medical boards to verify that the licenses are current and in good standing.

Clinical Privileging.² Clinical privileging is the process by which a provider is permitted by law and the facility to provide specified medical or other patient care services within the scope of the individual’s license based on the individual’s clinical competence as determined by peer references, professional experience, health status, education, training, and licensure. Properly credentialed providers request a set of clinical privileges that are reviewed and approved by the Facility Director.

Specialty Board Certification.³ Specialty board certification is the process of examining and certifying the qualifications of a physician or other professional by a board of specialists in the field. Board certifications are not required for a provider to practice in VHA, and providers may choose to not renew board certifications that expire.

Reprivileging.⁴ Every 2 years, providers undergo reprivileging, at which time credentials are checked for any negative information or changes. Since providers are only required to have one valid state medical license to practice anywhere in VHA but may hold one or more state licenses, they may allow all but one state license to expire. Providers are responsible for renewing medical licenses so that they always have one current state license. Providers’ board certifications may expire at any time during the 2-year privileging timeframe, but facilities are only required to check them at the time of reprivileging.

VetPro.⁵ VetPro is an internet enabled data bank that VHA and facility credentialing employees use to review providers’ submitted credentials.

VHA’s “Our Doctors” Website. “Our Doctors” is a national, publicly available website with VHA provider credentials information. We were unable to find a VHA directive requiring implementation of the website; however, it appears to have started around 2010 as a result of a 2008 request from the VA Under Secretary for Health.

Since 2010, the VHA Media Management office has requested credentials information from the VHA Medical Staff Affairs program office several times each year. The Medical Staff Affairs program office has provided spreadsheets from VetPro with facility-level

² VHA Handbook 1100.19.
⁴ VHA Handbook 1100.19.
provider information. The Media Management office requested that facility credentialing staff verify the information on the spreadsheets when updates were made, but reported varied attention to the requests and lack of authority or policy to require compliance. The Media Management office hired a contractor to upload the spreadsheet information to the website. In February 2016, the contract expired, and Media Management no longer supports this task or the current “Our Doctors” website.

The Veterans Access, Choice, and Accountability Act of 2014 (Choice Act) required VHA to provide the public with access to the “Our Doctors” database that includes the location of each physician’s residency training and whether the physician is currently in residency.

Scope and Methodology

We initiated our review January 11, 2016, and completed our work October 18, 2016. We reviewed documents and interviewed VHA program managers with knowledge about the expectations and processes related to information posted on the “Our Doctors” website. We reviewed the credentials of two groups of providers and compared credentials maintained in VetPro with the credentials listed on the “Our Doctors” website. We discussed our findings with facility Chiefs of Staff and credentialing staff.

- For one group, we obtained and reviewed the provider lists from Buffalo, Tomah, Denver, Minneapolis, and Fargo that the media identified as inaccurate. For Minneapolis, we reviewed a sample of providers in addition to those identified by the media. We performed these reviews in April 2016; current postings may not contain the same information as facilities may have modified their postings. The media may have also issued other reports since April 2016.

- For the second group, we reviewed a random sample of providers on June 1, 2016, at each of four additional facilities—164 out of 462 at Oklahoma City, 109 out of 192 at Muskogee, 172 out of 539 at Cincinnati, and 126 out of 249 at Tucson. For each of these four facilities, we analyzed whether providers’ current credentials were listed on the “Our Doctors” website based on the sample. For each selected item, we estimated the percentage of compliance as well as the 95 percent confidence intervals (CI) for the true facility compliance percentage. A CI gives an estimated range of values (calculated from a given set of sample data) that is likely to include the unknown true compliance value. The 95 percent CI indicates that among all possible samples we could have selected of the same size and design, 95 percent of the time the true compliance percentage would have been included in the computed intervals.

Percentages can only take non-negative values from 0 to 100, but their logits can have unrestricted ranges so that the normal approximation can be used. Thus, we calculated the CIs for percentages on the logit scale and then transformed them back to the original scale to ensure that the calculated CIs contained only the proper range of 0 to
100 percent. We used finite population correction in the estimation to take into account our random sampling from the finite (facility provider) population without replacement.

All data analyses were performed using SAS statistical software, version 9.4 (TS1M3), SAS Institute, Inc. (Cary, NC). We performed these reviews in June 2016, and facilities may have changed their postings since then.

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

Issue 1: Lack of Policy Defining Requirements for Ensuring the Accuracy of Physicians’ Credentials

Prior to October 2015, VHA had not established a policy defining the purpose, responsibilities, or requirements for credentials information on the “Our Doctors” website. The website entries vary from facility to facility, and VHA has not defined what information needs to be included. Display of time-limited information known to change frequently, such as licensure and certifications, has a high likelihood of inaccuracy.

In October 2015, VHA’s Deputy Under Secretary for Health for Operations and Management issued guidance to 16 facilities to validate credentials information on the “Our Doctors” website by the end of October. While this guidance was clear, it appeared to be a single issuance to a limited number of sites. We were told these were the facilities VHA identified as not having updated their websites.

In October 2015, VHA added a disclaimer to the “Our Doctors” website that stated:

The information in this directory comes from a variety of sources, including self-reported information from practitioners. The accuracy of this information on the website depends upon whether the self-reported information is correct and whether we receive it in a timely manner. Information received from other sources, such as accreditation organizations or from our databases, is updated as new information becomes available, and its accuracy is subject to the timing of web site updates. The composition of our provider network is subject to change without notice.

On October 3, 2016, VHA updated the disclaimer:

The Veterans Health Administration wants to provide helpful information to our Veterans and their caregivers. The last regular update to the information on this website was April 2015. For current information on physicians, we encourage you to use the “DocInfo” service offered by the Federation of State Medical Boards (FSMB) at http://www.docinfo.org. The FSMB website is updated monthly and is a public website to provide information related to any physician who is licensed in any US state, territory, or district.

We look forward to sharing a new website in the near future that we are developing which will be easier for you to use with current information. Please be aware that practitioners’ current license(s) and board certification(s) are time-limited and may have changed since the last regular update in April 2015. If you have a concern about a provider to whom you have been referred, please speak with your health care team. If you have a question about care you have already received, please contact the Patient Advocate at your facility.

We recommended that VHA develop and implement a policy defining the purpose, responsibilities, and requirements for credentials information on the “Our Doctors” website.
Issue 2: Provider Inaccuracies on the “Our Doctors” Website

We found inaccurate information on the “Our Doctors” website. Of the providers reviewed, we did not find any who were working without a current state license or who listed a license or board certification they never obtained.

Facilities in the Media. Media reports from November 2015 through February 2016 identified six VHA facilities with provider inaccuracies regarding board certifications and state licenses on the “Our Doctors” website. We reviewed the displayed credentials of the 44 identified providers plus an additional 109 providers against the data in VetPro. Of the 153 providers, 126 providers’ credentials (82 percent) appeared correct on the website at the time of our review. The most common inaccurate information displayed on facilities’ websites was board certifications that providers held but allowed to expire (7.9 percent). See Appendix A, Table 1 for details.

Internal reviews completed by these facilities in response to the media reports acknowledged the inaccuracies, and the facilities implemented action plans to correct the information on the “Our Doctors” website.

Additional Facilities. To obtain a more robust overview of potential conditions impacting the accuracy of the information on the website, we reviewed the credentials of 571 randomly selected providers out of 1,442 providers at 4 additional sites. Among active providers with current licenses, high estimated percentages of all providers at the four facilities had current board certifications listed on the website. Similar to the providers identified by the media, the most common inaccurate information displayed on these facilities’ websites was board certifications that providers had held but allowed to expire. Additionally, we identified providers who had separated from the facilities but still appeared on the website. The facilities’ employees should have removed them from the website upon separation. All of these providers had current licenses, and most had current board certifications at the time they left the facility. See Appendix A, Table 2 for details.

We contacted the Chiefs of Staff at these four facilities to discuss the findings. They reviewed the specific findings and submitted plans to correct the inaccuracies. However, a full review of all providers at all VHA facilities will need to be done to make all the necessary corrections.

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For a small number of providers in both groups, the website displayed board certifications these providers never held. These providers made errors such as entering training certificates in the board certification field and entering board certifications when they had completed only the written part of the board but not the entire board, or they made minor data entry errors. See Appendix A, Table 3 for details.

Facilities in the Media and Additional Facilities. The reasons Chiefs of Staff gave us for providers allowing their board certifications to expire included the costs and the extensive maintenance and continuing education requirements for renewal. Because these providers completed the training, education, and/or testing to obtain the board certifications, there is low risk that any patient harm would result from care they rendered, and notifying patients of these physicians’ expired board certifications might cause unnecessary alarm. Chiefs of Staff told us that the VHA pay determination structure does not allow additional pay for board certifications. Additionally, VHA does not require providers to be board certified. As noted above, for the providers reviewed, we did not find any who were working without a current state license or who listed a license or board certification they never obtained.

Facility managers told us that the website extracted information that providers entered incorrectly in VetPro as well as outdated information, and facilities did not consistently have the ability to correct it. These issues will need to be addressed to ensure accurate website information.

No oversight process has been defined for validation of provider credentials on the “Our Doctors” website at facility, network, or national levels. VHA will need to define a process for validation and audits at the network and national levels for confirmation. We recommended that VHA develop and implement an oversight process for accuracy of the information posted on the “Our Doctors” website.

**Conclusions**

VHA had not clearly defined the processes involved in uploads of information to the “Our Doctors” website, had not required adequate validation prior to posting information to the website, and had not defined a frequency of updates that would identify normal changes occurring in providers’ credentials over time. In addition, processes did not allow for facility-level corrections. The result was some inaccurate information posted on the “Our Doctors” website. When brought to their attention, facilities reviewed the information and initiated corrective action plans.

Although VHA has issued some clarification and a disclaimer, further definitions and clarification are needed. Oversight processes need to be implemented at facility, network, and national levels.
Recommendations

1. We recommended that the Acting Under Secretary for Health ensure that the Veterans Health Administration develops and implements a policy defining the purpose, responsibilities, and requirements for credentials information on the “Our Doctors” website.

2. We recommended that the Acting Under Secretary for Health ensure that the Veterans Health Administration develops and implements an oversight process for accuracy of the information posted on the “Our Doctors” website.
# Project Data

## Table 1. Providers in Media Reports

<table>
<thead>
<tr>
<th>Facility Location</th>
<th>Number of Providers Mentioned in Media Reports</th>
<th>Total Providers Reviewed</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buffalo</td>
<td>28</td>
<td>27</td>
<td>Media reports mentioned 26 providers, but 2 additional providers came to our attention. One provider mentioned in media reports was not displayed on the website and was not entered in the VetPro database.</td>
</tr>
<tr>
<td>Tomah</td>
<td>3</td>
<td>3</td>
<td>We reviewed a sample of providers in addition to the one identified by the media.</td>
</tr>
<tr>
<td>Denver</td>
<td>6</td>
<td>6</td>
<td>Although the media reported six providers with inaccurate board certification information displayed, only one was a physician. Two providers were physician assistants.</td>
</tr>
<tr>
<td>Minneapolis</td>
<td>1</td>
<td>114</td>
<td>Although mentioned in a news story as a facility with misleading information on the website, the media report did not mention any specific providers.</td>
</tr>
</tbody>
</table>

*Source: VA OIG Comparison of Data on Facility VetPro with Facility Website, February – June 2016*

## Table 2. Statistically Randomly Sampled Providers by Facility

<table>
<thead>
<tr>
<th></th>
<th>Oklahoma City</th>
<th>Muskogee</th>
<th>Cincinnati</th>
<th>Tucson</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated Percent Displayed Correctly Among Active Providers with Current Licenses</td>
<td>92.4</td>
<td>92.8</td>
<td>86.3</td>
<td>94.4</td>
</tr>
<tr>
<td><strong>95 Percent CI</strong></td>
<td>87.85–95.37</td>
<td>88.05–95.72</td>
<td>80.57–90.48</td>
<td>90.35–96.80</td>
</tr>
<tr>
<td>Estimated Percent Displayed Current Board Certification at Time of Separation</td>
<td>95.8</td>
<td>100.0</td>
<td>100.0</td>
<td>86.7</td>
</tr>
<tr>
<td><strong>95 Percent CI</strong></td>
<td>81.91–99.15</td>
<td>NA</td>
<td>NA</td>
<td>69.23–94.94</td>
</tr>
</tbody>
</table>

*Source: VA OIG Comparison of Data on Facility VetPro with Facility Website, February – June 2016*
### Table 3. Specific Displayed Inaccuracies

<table>
<thead>
<tr>
<th>Facility Location</th>
<th>Number Displayed Correctly</th>
<th>Number with Expired Board Certification Displayed</th>
<th>Number with Board Certification Displayed in Error</th>
<th>Number with Expired State Medical Licenses Displayed</th>
<th>Physician Assistants Not Applicable</th>
<th>Total Providers Reviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buffalo</td>
<td>25</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>27</td>
<td>27</td>
</tr>
<tr>
<td>Tomah</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Denver</td>
<td>4</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Minneapolis*</td>
<td>93</td>
<td>8</td>
<td>7</td>
<td>7</td>
<td>114</td>
<td>114</td>
</tr>
<tr>
<td>Fargo</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Oklahoma City</td>
<td>145</td>
<td>9</td>
<td>2</td>
<td>0</td>
<td>8</td>
<td>164</td>
</tr>
<tr>
<td>Muskogee</td>
<td>96</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>109</td>
</tr>
<tr>
<td>Cincinnati</td>
<td>151</td>
<td>18</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>172</td>
</tr>
<tr>
<td>Tucson</td>
<td>114</td>
<td>8</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>126</td>
</tr>
</tbody>
</table>

*Source: VA OIG Comparison of Data on Facility VetPro with Facility Website, February – June 2016*

*Totals will not sum as one provider had both an expired board certification and an expired state medical license displayed.

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7 Two providers retired in 2015 and were not displayed on the website.
8 These providers had held state licenses but allowed them to expire (while having another license that was current in another state).
9 Two providers completed credentialing but never started work at the facility.
Acting Under Secretary for Health Comments

Memorandum

Date: April 14, 2017

From: Acting Under Secretary for Health (10)

Subject: OIG Draft Report, Healthcare Inspection, Review of Veterans Health Administration’s “Our Doctors” Website Accuracy (Project No. 2016-01436-HI-0641) (VAIQ 7783713)

To: Assistant Inspector General for Healthcare Inspections (54)

1. Thank you for the opportunity to review the Office of Inspector General draft report, Review of Veterans Health Administration’s (VHA) “Our Doctors” Website Accuracy.

2. I concur in principle with recommendation 1, concur with recommendation 2, and provide the attached action plan to address these recommendations.

3. VHA is developing a new system, “Our Providers,” that will replace the “Our Doctors” website. This system will utilize new technology that is intuitive, interactive, and more user-friendly. Once the new prototype has been completed, VHA will define the purpose, responsibilities, and requirements for credentials information in writing and will distribute this information.

4. If you have any questions, please email Karen Rasmussen, M.D., Director, Management Review Service at VHA10E1DMRSAAction@va.gov.

Poonam Alaigh, M.D.

Attachment
VETERANS HEALTH ADMINISTRATION (VHA)
Action Plan

OIG Draft Report: Healthcare Inspection, Review of Veterans Health Administration’s “Our Doctors” Website Accuracy

Date of Draft Report: March 7, 2017

<table>
<thead>
<tr>
<th>Recommendations/ Actions</th>
<th>Status</th>
<th>Completion Date</th>
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</thead>
</table>

**OIG Recommendations**

**Recommendation 1.** We recommended that the Acting Under Secretary for Health ensure that the Veterans Health Administration develops and implements a policy defining the purpose, responsibilities, and requirements for credentials information on the “Our Doctors” website.

**VHA Comments:** VHA concurs in principle because we will not be updating the “Our Doctors” website, rather VHA will replace it with a new website called “Our Providers.” This recommendation is not related to a GAO High Risk Area.

VHA conducted a system review of the “Our Doctors” website and identified vulnerabilities in the outdated system that would require more resources to revise than it would to establish a new and improved website. VHA has already designed a prototype for the new “Our Providers” website and is moving into the final stages of completion. The new website eliminates some vulnerabilities for data inaccuracies due to human error. It uploads information directly from the provider’s credentialing record. Monthly updates to the credentialing record automatically overwrite the previous display to ensure the most current information is displayed.

Once the new prototype has been completed, the Office of Quality, Safety, and Value (QSV) will define the purpose, responsibilities, and requirements for credentials information in writing and will distribute this information to relevant end users and administrators of the website. QSV will determine the optimal form of documentation of the purpose, responsibilities, and requirements, and is not obligated to develop new or revised directives or handbooks for this purpose.

At completion, the Office Quality, Safety, and Value will provide:
1. A sample weblink for the “Our Provider’s” system.
2. Written guidance defining the purpose, responsibilities, and requirements for credentials information.

<table>
<thead>
<tr>
<th>Status</th>
<th>Target Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>In process</td>
<td>September 29, 2017</td>
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Recommendation 2. We recommended that the Acting Under Secretary for Health ensure that the Veterans Health Administration develops and implements an oversight process for accuracy of the information posted on the “Our Doctors” website.

VHA Comments: Concur. This recommendation related to GAO High Risk Area 2 (Inadequate oversight and accountability).

The new “Our Providers” system eliminates a “middle tier,” which was a vulnerability in the previous “Our Doctors” system. The information will be uploaded directly from information in the provider’s credentialing record and monthly updates will overwrite the previous display to ensure the most current information is displayed. The Office of Quality, Safety, and Value/Office of Medical Staff Affairs will be responsible for the upload of information on a monthly basis from the credentialing system, VetPro. Each facility will be held responsible for ensuring information displayed is accurate and will be required to attest to the accuracy of each update. If there is an error, it will be due to an error recorded in the credentialing file and the facility must make the correction in the official file. When the system is updated, the correct information will be displayed after the next monthly upload of information.

The VHA Office of Medical Staff Affairs will have a quality assurance oversight program. On a quarterly basis, staff will review randomly selected files from each facility to compare what is displayed on “Our Providers” to the primary source verification recorded in the electronic credentialing system. On a quarterly basis, staff will provide a report summarizing results of the file review and compliance of facility attestation to the Deputy Under Secretary for Health for Organizational Excellence (DUSHOE).

At completion, the Office Quality, Safety, and Value will provide:
1. System for attestation by each facility that information posted is accurate at the time of each update.
2. A copy of the quarterly report to the DUSHOE.

<table>
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<th>Status</th>
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<tbody>
<tr>
<td>In process</td>
<td>December 1, 2017</td>
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## OIG Contact and Staff Acknowledgments

<table>
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<tr>
<th>Contact</th>
<th>For more information about this report, please contact OIG at (202) 461-4720.</th>
</tr>
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<tbody>
<tr>
<td>Acknowledgments</td>
<td>Donna Giroux, RN, Project Leader</td>
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<td></td>
<td>Elizabeth Bullock</td>
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<td>Lin Clegg, PhD</td>
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<td>Nathan McClafferty, MS</td>
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<td>Randall Snow, JD</td>
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<td>Julie Watrous, RN, MS</td>
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<td>Robert Yang, MD</td>
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<td>Jarvis Yu, MS</td>
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