

VA Office of Inspector General

OFFICE OF AUDITS AND EVALUATIONS



Veterans Health Administration

*Review of
Alleged Mismanagement of
Radiologists Interpretations
at Central Arkansas
Veterans Healthcare System*

April 30, 2015
14-04493-198

ACRONYMS

CAVHS	Central Arkansas Veterans Healthcare System
CPRS	Computerized Patient Record System
CSPO	Clinical Systems Program Office
OIG	Office of Inspector General
RVU	Relative Value Unit
TRC	TeleRadiology Reading Center
VA	Department of Veterans Affairs
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VistA	Veterans Health Information System and Technology Architecture

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Report Highlights: Review of Alleged Mismanagement of Radiologists Interpretations at VHA's Central Arkansas Veterans Healthcare System

Why We Did This Review

We performed this review to determine the merits of an allegation made to the Office of Inspector General (OIG) in June 2014. The complainant alleged Central Arkansas Veterans Healthcare System (CAVHS) radiologists stopped reading exams for CAVHS patients when they had reached their minimum Relative Value Unit (RVU) level and then performed fee-basis interpretations for other VA facilities during their tours of duty under a Teleradiology Reading Center (TRC) agreement.

What We Found

We did not substantiate the allegation that CAVHS radiologists inappropriately performed fee-basis interpretations for other Veterans Integrated Service Network (VISN) 16 medical facilities during their scheduled duty hours. Our review of 7,657 interpretations from January 1, 2014, and June 30, 2014, determined that CAVHS radiologists conducted their TRC interpretations during non-duty hours. We did not find that radiologists stopped performing radiology interpretations for CAVHS patients when they had reached their minimum production level.

However, we found VISN 16 could improve their controls to add more reliability to their determinations that radiologists performed TRC interpretations during non-duty hours. Of 7,657 interpretations, we identified 384 interpretations that appeared to have been started or accessed by radiologists during duty hours. We used data not

accessed by VISN staff and identified the actual time radiologists dictated their interpretation. We determined radiologists made all 384 interpretations during non-duty hours. We also found that CAVHS radiologists timecards did not accurately show their official weekend tour of duty and VISN 16 had not reviewed the TRC agreement in the past 5 years.

What We Recommended

We recommended the Interim VISN 16 Director review the time interpretations started and ended to ensure radiologists perform TRC interpretations during their non-duty hours, establish policy on an official tour of duty for weekend duty, and require annual justification and certification of the TRC agreement.

Agency Comments

The Interim VISN 16 Director concurred with our recommendations and provided plans for corrective action. We consider the actions acceptable and will follow up on their implementation.

A handwritten signature in black ink that reads "Linda A. Halliday".

LINDA A. HALLIDAY
Assistant Inspector General
for Audits and Evaluations

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INTRODUCTION

Purpose of the Review

On June 10, 2014, the Office of Inspector General (OIG) received an anonymous allegation that radiologists at the Central Arkansas Veterans Healthcare System (CAVHS) John L. McClellan Memorial Veterans Hospital in Little Rock, AR, were performing fee-basis interpretations for other VA facilities during their CAVHS tours of duty. The allegation stated radiologists at CAVHS monitored the amount of Relative Value Units (RVU) they completed and would stop performing radiology interpretations for CAVHS patients once they had achieved their minimum required RVUs. At that point, during duty hours, the radiologists would start performing fee-basis radiology interpretations for other Veterans Integrated Service Network (VISN) 16 facilities.

An RVU is a value assigned to a service (such as a medical procedure) that establishes work relative to the value assigned to another service. For example, a service with an RVU of “2” accounts for twice as much physician work as a service with an RVU of “1.” It is determined by assigning weight to factors such as the:

- Time required to perform the service
- Technical skill and physical effort
- Mental effort and judgment
- Psychological stress associated with the service and risk to patient

VISN 16 TeleRadiology Reading Center

In March 2009, the CAVHS Director requested, and the VISN 16 Director approved, the establishment of a Teleradiology Reading Center (TRC). The TRC would provide short-term teleradiology services for understaffed medical facilities within VISN 16. They justified the TRC by stating radiology services were essential to the healthcare needs of the patient and there were no qualified individuals in the specialty available locally.

The Executive Decision Memorandum establishing the TRC stated that participating CAVHS staff must first meet their RVU requirements at CAVHS before they engage in any after-duty hours interpretations for other VISN 16 facilities. Each facility reimburses the participating provider on a per study basis under a fee-basis arrangement. The VISN 16 Clinical Systems Program Office (CSPO) is responsible for monitoring workload, clinical assignments, and time and attendance, to ensure each radiologist completed RVU levels at or above the required minimum amount.

Other Information

- Appendix A discusses the details on our scope and methodology.
- Appendix B provides the Interim VISN 16 Director comments.

RESULTS AND RECOMMENDATIONS

Allegation **CAVHS Radiologists Performed Fee-Basis Interpretations During Their CAVHS Tour Of Duty**

Assessment

We did not substantiate the specific allegation that CAVHS radiologists inappropriately performed fee-basis interpretations for other VISN 16 medical facilities during their scheduled duty hours. Our review of 7,657 interpretations made between January 1, 2014, and June 30, 2014, determined that CAVHS radiologists conducted their TRC interpretations during non-duty hours. In addition, radiologists exceeded VA productivity requirements, allowing them to participate in non-duty hours interpretations for other VISN 16 facilities. We did not find that radiologists stopped performing radiology interpretations for CAVHS patients when they had reached their minimum production level.

However, we found the VISN 16 Clinical Systems Program Office (CSPO) could improve their controls to add more reliability to their determinations that radiologists performed TRC interpretations during non-duty hours. Specifically, staff needed access to data to determine more accurately when radiologists dictated their TRC interpretations. In addition, CAVHS did not establish an official tour of duty for radiologists' weekend work, which hampered CSPO staff in providing effective oversight.

VISN 16 approved the justification to establish the TRC in March 2009, more than 5 years ago. While there is no requirement that VISN 16 periodically review the Executive Decision Memorandum, the VISN lacks current information to know whether these conditions still exist, or whether there are still no qualified non-VA radiologists that can provide services locally.

Criteria

Title 5 Code of Federal Regulations 2635 prevents employees from engaging in outside employment or activities that conflict with official Government duties and responsibilities. However, multiple statutes and regulations permit dual appointments and allow facility directors to appoint employees from other VA facilities, provided there is no violation of dual compensation statutes or VA policies.

VA Handbook 5005 requires management officials at both facilities to agree that the arrangement permits them to meet staffing needs. In December 2008, a VA Office of General Counsel attorney reviewed the proposal to establish the TRC and opined that it does not violate dual compensation statutes, as long as the total compensation does not exceed the annual maximum salary of \$400,000.

The VISN Director's Executive Decision Memorandum, establishing the TRC, stated that participating CAVHS staff must first meet their RVU

requirements at CAVHS before they engage in any after-duty hours interpretations for other VISN 16 facilities. Each facility reimburses the participating provider on a per study basis under a fee-basis arrangement. The VISN 16 CSPO is responsible for monitoring workload, clinical assignments, and time and attendance, to ensure each radiologist completed RVU levels at or above the required minimum amount. The following are the TRC application and monitoring process:

- Any radiologists wanting to participate in the TRC must apply for an appointment with the TRC.
- To receive an appointment to the TRC, the radiologist must have surpassed the RVU minimum standard for the previous year.
- After being appointed to TRC, the radiologists must remain on pace to meet their current year RVU standard.
- VISN CSPO staff monitor RVU levels and send a report to the Chief of Radiology at CAVHS and the TRC Medical Liaison quarterly, which provides the projected yearly RVU total for each radiologist.
- Any radiologist identified as falling behind pace will not be eligible to participate in the TRC program until they bring their projected RVU level back above the minimum standard.

What We Did

To assess the merits of the allegation, we obtained and reviewed workload data maintained by Veterans Health Administration's (VHA) Office of Productivity, Efficiency, and Staffing. We also reviewed time and attendance records and work schedules for TRC radiologists, and examined electronic records of over 7,500 cases interpreted by TRC radiologists between January 1, 2014, and June 30, 2014.

Productivity

To participate in the TRC, the CAVHS radiologists are required to remain on pace to meet the annual national standard of at least 5,000 RVUs, prorated based on the percentage of time the radiologist is required to spend in the clinic. Facilities adjust this goal based on the radiologist's full-time or part-time status as well as time allotted for clinical time. For example, a full-time radiologist should achieve 1,250 RVUs per quarter (5,000/4). CAVHS radiologists participating in the program not only met but also exceeded their FY 2014 5,000 RVU minimum, adjusted for clinical time. Therefore, they were authorized to participate in non-duty hours interpretations for other VISN 16 facilities. Furthermore, we did not find that radiologists stopped performing radiology interpretations for CAVHS patients when they had reached their minimum RVU level.

The FY 2014 RVU levels for radiologists ranged from 16 percent to 56 percent above the required minimum. We adjusted the target RVU level for each radiologist by determining the portion of their time assigned for clinical duties. For example, if a full time radiologist performs clinical duties

50 percent of the time and spends the rest of their time performing administrative, research, or training duties; their adjusted target would be 2,500 RVUs. The table compares adjusted annual RVU targets to FY 2014 RVU totals for each radiologist who performed interpretations for the TRC.

Table. FY 2014 Adjusted RVU Totals

Radiologist Number	Percentage of Time Allotted for Clinical Care	FY 2014 RVU Target (Adjusted for Clinical Time)	FY 2014 RVU Total	Percentage Over Target
1	30%	1,500	2,026	35%
2	85%	4,250	4,937	16%
3	84%	4,200	5,407	29%
4	54%	2,700	3,168	17%
5	84%	4,200	5,199	24%
6	43%	2,150	2,973	38%
7	36%	1,800	2,814	56%
8	93%	4,650	6,422	38%

Source: VA OIG analysis of VHA Physician Productivity data. Numbers rounded for report presentation.

We did not determine if the national standard of 5,000 RVUs was appropriate because it was beyond the scope of this hotline. We only determined if the radiologists met the established annual goal of 5,000 RVUs prorated based on the percentage of clinical time.

Interpretations Made During Non-duty Hours

We reviewed Computerized Patient Record System (CPRS) data that CSPO used in their assessment of cases interpreted between January 1, 2014, and June 30, 2014. We also obtained “TalkStation”¹ data for the same period. Of the 7,657 interpreted, we identified 384 (about 5 percent) cases that were questionable because it appeared the radiologist started or accessed the interpretation during duty hours. Once we were able to review all available documentation, we determined radiologists conducted the 384 interpretations during non-duty hours.

CAVHS radiologists dictate their fee-basis interpretations into TalkStation when performing radiology interpretations. TalkStation converts radiologists’ dictation to text, which then automatically populates CPRS and

¹ TalkStation Radiology is a commercial product that allows radiologists to easily dictate, edit, code, and sign reports.

captures the date and time this occurs. However, there were occasional delays in the transfer of data from TalkStation to the Veterans Health Information System and Technology Architecture (VistA). This resulted in inaccurate date and time data in CPRS. According to CSPO staff they did not have access to the TalkStation data, therefore they only reviewed the date and time in CPRS to determine when radiologists dictated their TRC interpretations. Because TalkStation data is more accurate, VISN 16 CSPO should obtain and review TalkStation data to determine the time interpretations started and ended to ensure radiologists perform TRC interpretations during their non-duty hours.

***Inaccurate
Timecards***

We also found that CAVHS did not establish an official tour of duty for radiologists' weekend work, which hampered CSPO staff to provide effective oversight. Of the 384 cases that were questionable, we questioned 180 interpretations completed on the same weekend radiologists had weekend duty and 142 interpretations completed when radiologists' time cards incorrectly showed them on duty. As reported above, we did determine these interpretations were made during non-duty hours.

We identified two radiologists who performed TRC interpretations the same weekend they were assigned weekend duty at CAVHS. Because radiologists' timecards did not accurately reflect their weekend tour of duty, the CSPO staff could not compare TRC workload to the radiologist's weekend tour of duty.

According to the Radiology Department Administrative Officer, weekend duty requires radiologists to work a total of 8 hours and be present both Saturday and Sunday. She also explained that radiologists on weekend duty review "plain film", such as X-rays, so they do not get a backlog.² However, CAVHS nor their Radiology Department have guidelines or policy that establish how many hours radiologists were required to work each Saturday or Sunday. For example, a radiologist could work 4 hours Saturday and Sunday or 7 hours on Saturday and 1 hour on Sunday. CAVHS needs to establish an official tour of duty for weekend work to ensure CSPO staff have the ability to provide effective oversight.

***TRC
Agreement***

In March 2009, the VISN 16 Director signed the Executive Decision Memorandum establishing the TRC to provide short-term teleradiology services for understaffed facilities within their network. This was justified by stating services were essential to the healthcare needs of the patient and there were no equally qualified radiologists available locally. However, this agreement is now more than 5 years old. While there is no requirement that VISN 16 review the need for continuing the TRC, there is no indication that these conditions continue to exist or that facility directors have reviewed whether there are still no qualified non-VA radiologists available locally. At

² A contractor provides emergency interpretations on weekends.

a minimum, VISN 16 should provide a written annual certification that the services remain needed and qualified non-VA radiologists are not available locally, and document what other business options they have considered for obtaining the services.

Conclusion

We did not substantiate the specific allegation that CAVHS radiologists inappropriately performed fee-basis interpretations for other VISN 16 medical facilities during their scheduled duty hours. However, VISN 16 could add more reliability to their determinations that radiologists perform TRC interpretations during non-duty hours by providing CSPO access to TalkStation data and establishing an official tour of duty for radiologists' weekend work. It also makes sound business sense to certify annually that the services remain needed and that other business options have been considered for obtaining the services.

Recommendations

1. We recommended the Interim Veterans Integrated Service Network 16 Director review TalkStation data showing the time interpretations started and ended to ensure radiologists perform Teleradiology Reading Center interpretations during their non-duty hours.
2. We recommended the Interim Veterans Integrated Service Network 16 Director require the Central Arkansas Veterans Healthcare System to establish policy on an official tour of duty for weekends to ensure radiologists perform Teleradiology Reading Center interpretations during their non-duty hours.
3. We recommended the Interim Veterans Integrated Service Network 16 Director annually review the Teleradiology Reading Center agreement and certify that services are still needed, qualified individuals in the specialty are not available locally, and other business options have been considered for obtaining services.

**Management
Comments
and OIG
Response**

The Interim VISN Director concurred with our recommendations and provided plans for corrective actions. We consider Recommendation 2 closed based on the CAVHS policy on time and attendance for radiologists covering weekend duty dated March 2015. We consider the actions for Recommendation 1 and 3 acceptable. We will monitor implementation of these actions and will close the recommendations when we receive sufficient evidence demonstrating VISN 16 has addressed the identified issues. Appendix B contains the for the full text of the Interim VISN Director's comments.

Appendix A Scope and Methodology

We conducted our review from August 2014 through March 2015. Our focus was on CAVHS radiologists participating in VISN 16's TRC program during FY 2014. We conducted site visits to CAVHS in August and December 2014. The review process included the following:

- Reviewing applicable laws, regulations, policies, procedures, handbooks, and guidance from VHA, VISN 16, and CAVHS
- Interviewing CAVHS and VHA staff members such as radiologists, residents, the Chief of Radiology, the Chief of Staff, Information Technology specialists, and other staff members with relevant knowledge or insight
- Comparing productivity data for CAVHS radiologists to local guidance on minimum productivity expectations
- Obtaining and reviewing CPRS and TalkStation interpretation data for radiologists participating in VISN 16's TRC program
- Examining time and attendance records for TRC participants to identify individual tour of duty information, as well as periods of leave and approved absence
- Identifying the clinical time each TRC participant and adjusting their RVU targets for the clinical portion of their schedule

Data Reliability

We used computer-processed data obtained from multiple sources, including productivity data from VHA Service Support Center's Physician Productivity Cube, as well as CPRS and TalkStation data provided by site representatives.

To assess the reliability of Physician Productivity Cube data, we compared RVUs from the cube to CPRS interpretation data to ensure radiologists receiving RVU credit had completed interpretations. We also ensured that all completed interpretations had RVUs credited to a radiologist. Although we identified one instance where a radiologist completed interpretations but was not receiving RVU credit in the cube, we determined that this was a data entry error related to a single radiologist and did not significantly affect our ability to rely on data from the Physician Productivity Cube.

To test the reliability of CPRS and TalkStation data obtained from site representatives, we compared the two data sets to each other based on case number to identify potential discrepancies. Using this test, we discovered that the provided TalkStation data was missing information for some interpretations due to a recent system upgrade. However, we

determined that we were able to review enough completed interpretations to rely upon the CPRS and TalkStation data for our conclusions.

**Government
Standards**

We conducted this review in accordance with the Council of Inspectors General on Integrity and Efficiency's *Quality Standards for Inspection and Evaluation*. We planned and performed the review to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our review objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our review objectives.

Appendix B Interim VISN 16 Director Comments

Department of Veterans Affairs

Memorandum

Date: March 16, 2015
From: Interim Network Director, South Central VA Health Care Network (10N16)
Subj: Review of an Allegation That Central Arkansas Veterans Healthcare System Radiologists Performed Fee-Basis Interpretations During Duty Hours
To: Assistant Inspector General for Audits and Evaluations (52)

1. The South Central VA Health Care Network (VISN 16) has reviewed and concurs with the draft report regarding the allegation that Central Arkansas Veterans Healthcare System Radiologists performed fee-basis interpretations during duty hours.
2. If you have questions regarding the information submitted, please contact Reba T. Moore, VISN16 Accreditation Specialist at 601-206-7022.

(original signed by:)

Gregg Parker, M.D., MHA
Interim Network Director
South Central VA Health Care Network (10N16)

Attachment

Recommendations

1. We recommended the Interim Veterans Integrated Service Network 16 Director review TalkStation data showing the time interpretations started and ended to ensure radiologists perform Teleradiology Reading Center interpretations during their non-duty hours.

Concur

Target date for completion: May 1, 2015

Facility response: The Little Rock VA Medical Center (VAMC) is strengthening Teleradiology Reading Center (TRC) oversight processes by providing TalkStation dictation start/stop time data to VISN 16 Clinical Systems Program Office (CSPO) staff to increase reliability to their determinations that Central Arkansas Veterans Healthcare System (CAVHS) radiologists perform Fee-Basis interpretations during non-duty hours. The current summary of compliance oversight monitors will be expanded to include TalkStation data and presented monthly for Network Director review and signature.

2. We recommended the Interim Veterans Integrated Service Network 16 Director require the Central Arkansas Veterans Healthcare System to establish policy on an official tour of duty for weekends to ensure radiologists perform Teleradiology Reading Center interpretations during their non-duty hours.

Concur

Target date for completion: May 1, 2015

Facility response: The CAVHS Director strengthened time and attendance oversight processes through a service level policy establishing official weekend tours for radiologists, which facilitates reliable weekend monitors to ensure that TRC providers are performing interpretations during non-duty hours.

3. We recommended the Interim Veterans Integrated Service Network 16 Director annually review the Teleradiology Reading Center agreement and certify that services are still needed, qualified individuals in the specialty are not available locally, and other business options have been considered for obtaining services.

Concur

Target date for completion: September 30, 2015

Facility response: The VISN 16 Director will annually review the TRC agreement and certify the services are needed until the CAVHS transitions to a newly established VISN 16 Teleradiology Reading Center staffed by VA hired Radiologists. The CAVHS Chief of Staff, Chief of Radiology, CSPO Manager performed a business analysis of VISN wide radiology workload and staffing needs for Fiscal Years 2010-2014 and presented a proposal to transition to a 24/7 staffed CAVHS Teleradiology service for VISN 16. This analysis confirmed the need for ongoing radiologist support within VISN 16, showing progressively increasing workload that is projected to further increase with the addition of lung cancer screening enhancements. The proposal to eliminate the VISN 16 volunteer Fee-Basis TRC and transition to a CAVHS 24/7 staffed TRC was presented to the VISN 16 Joint Leadership Council and approved by the Network Director in November of 2014. Recruitment processes to hire additional CAVHS radiologists are currently underway. The target for full transition is September 30, 2015.

Appendix C Office of Inspector General Contact and Staff Acknowledgments

OIG Contact	For more information about this report, please contact the Office of Inspector General at (202) 461-4720
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Acknowledgments	Larry Reinkemeyer, Director Josh Belew Timothy Halpin Ken Myers Eric Sanford
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