

VA Office of Inspector General

OFFICE OF AUDITS AND EVALUATIONS



# Department of Veterans Affairs

*Independent Review of  
the FY 2014 Performance  
Summary Report to  
the Office of National Drug  
Control Policy*

March 5, 2015  
15-00875-129

# ACRONYMS

BAM	Brief Addiction Monitor
CSP	Cooperative Studies Program
DAPS	Drug and Alcohol Program Survey
DSS	Decision Support System
FY	Fiscal Year
GPRA	Government Performance and Results Act
HCHV	Health Care for Homeless Veterans Programs
HUD-VASH	Department of Housing and Urban Development – VA Supportive Housing
OIG	Office of Inspector General
ONDCP	Office of National Drug Control Policy
ORD	Office of Research and Development
RAFT	Research Analysis Forecasting Tool database
SUD	Substance Use Disorder
VA	Department of Veterans Affairs
VHA	Veterans Health Administration
VJO	Veterans Justice Outreach specialist

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## EXECUTIVE SUMMARY

The Office of Inspector General is required to review the Department of Veterans Affairs' (VA) Fiscal Year (FY) 2014 Performance Summary Report to the Director, Office of National Drug Control Policy (ONDCP), pursuant to ONDCP Circular: Accounting of Drug Control Funding and Performance Summary (Circular), dated January 18, 2013, and as authorized by 21 U.S.C. § 1703(d)(7). The Performance Summary Report is the responsibility of VA's management and is included in this report as Attachment A (Patient Reported Abstinence) and Attachment B (Research and Development).

We reviewed, according to the Circular's criteria and requirements, whether VA has a system to capture performance information accurately and whether that system was properly applied to generate the performance data reported in the Performance Summary Report. We also reviewed whether VA offered a reasonable explanation for failing to meet a performance target and for any recommendations concerning plans and schedules for meeting future targets or for revising or eliminating performance targets. Furthermore, we reviewed whether the methodology described in the Performance Summary Report and used to establish performance targets for the current year is reasonable given past performance and available resources; and whether VA established at least one acceptable performance measure for each Drug Control Decision Unit, as defined by the Circular, for which a significant amount of obligations were incurred.

We conducted our review in accordance with attestation standards established by the American Institute of Certified Public Accountants, and the applicable *Government Auditing Standards*, issued by the Comptroller General of the United States. An attestation review is substantially less in scope than an examination, the objective of which is the expression of an opinion on the matters described in paragraph two. Accordingly, we do not express such an opinion.

Based upon our review and the Circular's criteria:

- Nothing came to our attention that caused us to believe VA does not have a system to capture performance information accurately or the system was not properly applied to generate the performance data reported in the Performance Summary Report.
- VA continued implementation of a measure for Patient Reported Abstinence for FY 2014 at ONDCP's request. This performance measure reflects patient reported outcomes of recent abstinence rather than the previously reported process measure on Continuity of Care. While VA did not set an FY 2014 performance target for Patient Reported Abstinence, it did report actual performance for the fiscal year, and set an FY 2015 target for Patient Reported Abstinence.
- Nothing came to our attention that caused us to believe VA did not meet its FY 2014 Research and Development target for the substance abuse disorder on-going studies performance measure. As a result, VA is not required to offer an explanation for failing to meet a performance target, for recommendations concerning plans and schedules for meeting future targets, or for revising or eliminating performance targets for this measure.

- Nothing came to our attention that caused us to believe the methodology described in the Performance Summary Report establishing performance targets for the current year is not reasonable given past performance and available resources.
- Nothing came to our attention that caused us to believe VA did not establish at least one acceptable performance measure for each Drug Control Decision Unit, as defined by the Circular, for which a significant amount of obligations were incurred in the previous fiscal year.

The Department concurred with our report without further comments.

A handwritten signature in black ink, appearing to read "Nick Dahl". The signature is written in a cursive, slightly slanted style.

NICK DAHL  
Director  
Bedford Audit Division

## VA's Management Representation Letter

### Department of Veterans Affairs

### Memorandum

**Date:** January 6, 2015

**From:** Acting Principal Deputy Under Secretary for Health (10A)

**Subj:** Management Representation Letter for the Independent Review of the VA's FY 2014 Performance Summary Report to the Office of National Drug Control Policy (Project Number 2015-00875-R1-0048) (VAIQ 7562433)

**To:** Assistant Inspector General for Audits and Evaluations (52)

1. We are providing this letter in connection with your attestation review of our Performance Summary Report to the Director, Office of National Drug Control Policy (ONDCP). We confirm, to the best of our knowledge and belief that the following representations made to you during your attestation review are accurate and pertain to the fiscal year (FY) ended September 30, 2014.
2. We confirm that we are responsible for and have made available to you the following:
  - a. The Performance Summary Report for FY 2014 required by the Circular.
  - b. All supporting records and related information and data relevant to the performance measures within the FY 2014 Performance Summary Report; and
  - c. Communications, if any, from the ONDCP and other oversight bodies concerning the FY 2014 Performance Summary Report and information therein.
3. We confirm that the FY 2014 Performance Summary Report was prepared in accordance with the requirements and criteria of the Office of National Drug Control Policy (ONDCP) Circular, Drug Control Accounting, January 18, 2013.
4. We understand your review was conducted in accordance with the attestation standards established by the American Institute of Certified Public Accountants, and the applicable standards contained in Government Auditing Standards, issued by the Comptroller General of the United States. An attestation review is substantially less in scope than an examination and accordingly, you will not express an opinion on the Performance Summary Report and related disclosures.

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Management Representation Letter for the Independent Review of the VA's FY 2014 Performance Summary Report to the Office of National Drug Control Policy (Project Number 2015-00875-R1-0048)

5. No events have occurred subsequent to September 30, 2014, that would have an effect on the Performance Summary Report and the information therein.

  
James Tuchs Schmidt, MD

## Attachment A Patient Reported Abstinence

**Department of Veterans Affairs  
Veterans Health Administration  
FY 2014 Performance Summary Report**

### I. PERFORMANCE INFORMATION

#### Decision Unit 1: Veterans Health Administration

#### Measure 1: Patient Reported Abstinence

FY 2013 Baseline	FY 2014 Target	FY 2014 Actual	FY 2015 Target
87%	N/A%	85%	88%

(a) This measure was established at the request of the Office of National Drug Control Policy to reflect patient reported outcomes of recent abstinence rather than the previously reported process measure on continuity of care. It applies to patients diagnosed with drug use disorders entering specialty outpatient treatment for Substance Use Disorder (SUD). During FY 2014, VHA continued implementation of clinical symptom monitoring using the Brief Addiction Monitor (BAM) that transmits responses to the national data base with over 7,700 Veterans assessed at the beginning of a new episode of SUD specialty care during the 4th quarter of FY 2014. The BAM is designed to assist SUD specialty care clinicians in initial treatment planning, as well as in monitoring the progress of patients while they are receiving care for a SUD, and serves as a basis for providing patient feedback to enhance motivation for change, and for informing clinical decisions such as the intensity of care required for the patient. In addition to items addressing risk and protective factors for recovery, the BAM assesses self-reported substance use in the prior 30 days, including an item inquiring as to days of any use of illicit or non-prescribed drugs, as well as items on use of specific substances.

**Indicator:** Percent of patients beginning a new episode of treatment for SUD who report abstinence from drug use at follow-up assessment.

**Numerator:** Veterans with a drug use disorder diagnosis who reported not using any illegal/street drugs or abuse of any prescription medications in the past 30 days when reassessed 30-90 days after their first encounter in outpatient SUD specialty care.

**Denominator:** Veterans who remain engaged for at least 30 days in a new episode of care in an outpatient specialty care program with a diagnosis of drug use disorder.

(b) During the first three quarters of FY 2014 (allowing time for follow-up assessment during Quarter 4), VHA substance use disorder specialty outpatient programs assessed self-reported abstinence from drug use at follow-up among 3,219 Veterans with drug use disorder diagnoses documented at admission. Among the Veterans who remained engaged in care and were reassessed 30–90 days after admission, 85 percent reported abstinence from drugs during the previous 30 days.

(c) In FY14, VHA continued implementation of clinical symptom monitoring using the Brief Addiction Monitor (BAM), which transmits responses to the national data base with an average of approximately 2,500 administrations per month to patients beginning new episodes of SUD specialty care. VHA specialty care programs are now able to use BAM as part of software that integrates the assessment process with our electronic health record; however, VA does not yet have the capability to incorporate patient generated data directly into the electronic health record (e.g., using waiting room computer tablets or remote web-based data entry), and this limits clinical feasibility for efficient collection and entry of these patient reported outcomes during treatment. Higher rates across programs of initial assessment and re-assessment during treatment may provide more representative estimates of self-reported recovery during early abstinence than the estimates based on the selected samples collected from programs that have begun implementation to date. As implementation continues, VA will monitor assessment rates and self-reported abstinence to inform future performance targets that do not provide disincentives for retaining in care Veterans with conditions that may take longer to respond to treatment interventions. The BAM is designed to assist SUD specialty care clinicians in monitoring the progress of patients while they are receiving care for a SUD, serving as a basis for providing patient feedback to enhance motivation for change, and for informing clinical decisions such as the intensity of care required for the patient. Consultation regarding implementation of measurement based care continues to be offered through national resources, including the Substance Use Disorder Quality Enhancement Research Initiative and the two Centers of Excellence in Substance Abuse Treatment and Education.

(d) Performance Measures are maintained by the VHA Office of Analytics and Business Intelligence. In the case of the SUD measure, patient reported outcomes are collected by clinical staff, entered into the electronic health record using VistA software, and transmitted to the Corporate Data Warehouse from which they are extracted for aggregate analyses. The extraction methodology uses the appropriate DSS identifier codes (stop codes) and diagnostic codes to select the patients who meet the criteria for inclusion in the measure.

## II. MANAGEMENT'S ASSERTIONS

(1) **Performance reporting systems appropriate and applied.** Performance Measures are maintained by the VHA Office of Analytics and Business Intelligence. In the case of the SUD measure, workload data generated at the facility is transmitted to the VHA Austin Data Center. The extraction methodology uses the appropriate DSS identifier codes (stop codes) and diagnosis codes to select the patients who meet the criteria for inclusion in the measure. The patient data is then extracted from the Corporate Data Warehouse for aggregate analysis. The system was properly applied to generate the performance data.

(2) **Explanations for not meeting performance targets are reasonable.** In FY 2014 there was no target established for this new measure.

(3) **Methodology to establish performance targets is reasonable and applied.** In consultation with the program office in Patient Care Services and the Office of Analytics and Business Intelligence, targets are set to promote performance improvement while considering changes in the healthcare delivery system and the impact on case mix in SUD specialty care. Based on careful consideration of all these factors, VA has identified for FY 2015, a target of 88 percent patient reported abstinence from drugs during early recovery among patients with drug use disorders engaged in a new episode of SUD specialty treatment.

(4) **Adequate performance measures exist for all significant drug control activities.** VHA is measuring outcomes related to treatment of Veterans with SUD.

### Performance

This section on FY 2014 performance is based on agency Government Performance and Results Act (GPRA) documents, an OMB assessment, and other agency information. VHA reports performance for two separate drug-related initiatives (1) health care and (2) research and development. VHA's health care performance measure for ONDCP reporting purposes is "patient reported abstinence" (i.e., percent of patients with drug use disorders remain engaged for at least 30 days in a new episode of care in an outpatient specialty care program, and who report abstinence from drug use at follow-up assessment).

The dollars expended in VHA research help to acquire new knowledge to improve the prevention, diagnosis, and treatment of disease. These funds also generate new knowledge to improve the effectiveness, efficiency, accessibility, and quality of veterans' health care.

### **Discussion of Current Program**

In FY 2014, VHA provided services to 131,915 patients with a primary drug use disorder diagnosis. Of patients with any confirmed drug use disorder diagnosis (i.e., diagnosed at two or more outpatient visits or one inpatient discharge), 33 percent used cocaine, 25 percent used opioids and 37 percent used cannabis. Eighty percent had co-existing psychiatric diagnoses. (These categories are not mutually exclusive.)

According to the 2012 *Drug and Alcohol Program Survey* (DAPS; the most recent survey results available pending re-administration in early 2015), at the start of FY 2013, 56 percent of VA facilities were able to offer 24-hour Substance Use Disorder (SUD) care on-site, 41 percent of facilities offered intensive outpatient services as their highest intensity of SUD care, and 82 facilities (59 percent) reported offering stand-alone intensive outpatient treatment that was not a component of a 24-hour care program. In FY12, 97 percent of facilities offered either 24-hour care or intensive outpatient programming on site. All VA facilities currently provide SUD services within a specialty setting, as well as in general mental health settings.

VA provides two types of 24-hour-a-day care to patients having particularly severe substance use disorders. VA offers 24-hour care in residential rehabilitation treatment programs for substance use disorders. Additionally, 24-hour care is provided for detoxification in numerous inpatient medical and general mental health units throughout the VA system. Outpatient detoxification is available for patients who are medically stable and who have sufficient social support systems to monitor their status. Most Veterans with substance use disorders are treated in outpatient programs. Intensive substance use disorder outpatient programs provide at least three hours of service per day to each patient, and patients attend them three or more days per week. Standard outpatient programs typically treat patients for an hour or two per treatment day and patients attend one or two days a week.

VHA is steadily expanding the availability of opioid agonist treatment for opioid-dependent Veterans. In FY 2014, evidence-based medication assisted treatment for opioid dependence, including office-based treatment with buprenorphine, was provided to patients at all but 7 VA Medical Centers (over 95 percent of the total). Over 300 total sites of service provided at least some buprenorphine, including Community-Based Outpatient Clinics separate from the medical centers. VA operates federally regulated

Opioid Treatment Programs that can provide methadone maintenance on-site at 31 larger urban locations, and at a growing number of VHA facilities that maintain contractual arrangements or arrange non-VA care for providing these services through community-based licensed Opioid Treatment Programs. VHA has also expanded access to other SUD treatment services with continued special purpose funding for 406 SUD staff assigned to work in large community based outpatient clinics, mental health residential rehabilitation programs, intensive SUD outpatient programs and posttraumatic stress disorder (PTSD) teams. Active monitoring is ongoing for replacing any positions that become vacant.

Consistent with principles of recovery, VA is setting the standard for a new and emerging health care profession, known as "Peer Specialists." As of September, 2014, VHA had hired 870 Peer Specialists and Peer Apprentices, exceeding the hiring goal set in President Obama's August 31, 2012, Executive Order aimed at improving access to mental health services for Veterans, service members, and military families. Through the development of position descriptions that clearly outline the job duties of both Peer Specialists and Peer Support Assistants, certification of training requirements for both positions and consistently-defined, job-specific competencies, Peer Specialists and Peer Support Assistants are poised to provide a unique set of services to Veterans seeking care for mental health and substance use disorders.

VA continues to pursue a comprehensive strategy to promote safe prescribing of opioids when indicated for effective pain management. The purpose of the Opioid Safety Initiative is to ensure pain management is addressed thoughtfully, compassionately and safely. Based on comparisons of national data between the quarter beginning in July 2012 and the quarter ending in September 2014, several aspects of the Opioid Safety Initiative have begun to show positive results. Despite an increase in the number of Veterans who were dispensed any medication from a VA pharmacy, 50,896 fewer Veterans received an opioid prescription (including short and long-term use) from VA, 38,408 fewer Veterans were on long-term opioids, and 20,533 fewer Veterans received opioid and benzodiazepine medications. There has been an increase in the number of Veterans (by 63,962) on long term opioid therapy who have had at least one urine drug screen. The average dose of selected opioids has begun to decline slightly in VA, demonstrating that prescribing and consumption behaviors are changing.

Programs to end Homelessness among Veterans have SUD specialists to support the Department of Housing and Urban Development – VA Supportive Housing (HUD-VASH) program. In addition, there are SUD Specialists working in Health Care for Homeless Veterans (HCHV) programs. These specialists emphasize early identification of SUD as a risk for maintaining permanent housing, promote engagement or re-engagement in SUD specialty care programs, and serve as links between Homeless and SUD programs. All VA medical centers have at least one designated Veterans Justice Outreach (VJO) Specialist (172 total full-time); most of these are centrally-funded positions, dedicated to serving justice-involved Veterans on a full-time basis.

During FY14, VHA continued implementation of clinical symptom monitoring using the BAM that transmits responses to the national data base with over 7,700 Veterans with alcohol or drug use disorders assessed at the beginning of a new episode of SUD specialty care during the 4<sup>th</sup> quarter of FY2014. The BAM is designed to assist SUD specialty care clinicians in initial treatment planning and in monitoring the progress of patients while they are receiving care for a substance use disorder, and serves as a basis for providing patient feedback to enhance motivation for change, and for informing clinical decisions such as the intensity of care required for the patient. In addition to items addressing risk and protective factors for recovery, the BAM assesses self-reported substance use in the prior 30 days, including an item inquiring as to days of any use of illicit or non-prescribed drugs, as well as items on use of specific substances.

## Attachment B Research and Development

### Office of Research and Development, Department of Veterans Affairs Fiscal Year 2014 Performance Summary Report To the Office of National Drug Control Policy

#### 1. Performance Information

**Performance Measure:** Each fiscal year the Office of Research and Development (ORD) will have at least 10 ongoing studies directly related to substance abuse disorder: 5 ongoing studies related to alcohol abuse and 5 ongoing studies related to other substance abuse.

**How the measure is used in the program:** Most ORD-funded studies are investigator-initiated. Many clinicians who treat patients also perform research, so their research is targeted at diseases and disorders that they treat. Investigators will be encouraged to undertake research in this important area.

**Performance results for the previous fiscal years:** In fiscal year (FY) 2008, ORD funded 17 studies related to substance abuse disorder, 38 related to alcohol abuse, and 14 that were related to both substance abuse disorder and alcohol abuse. In FY 2009, ORD funded 20 studies related to substance abuse disorder, 45 related to alcohol abuse, and 10 related to both. In FY 2010, ORD funded 21 studies related to substance abuse disorder, 46 related to alcohol abuse, and 14 related to both. In FY 2011, ORD funded 37 studies related to substance abuse disorder, 51 related to alcohol abuse, and 8 related to both. In FY 2012, ORD funded 32 studies related to substance abuse disorder, 56 related to alcohol abuse, and 10 related to both. In FY 2013, ORD funded 30 studies related to substance abuse disorder, 59 related to alcohol abuse, and 17 related to both.

**Comparison of the most recent fiscal year to its target:** The targets for FY 2014 were exceeded. See Table 1.

**Target for the current fiscal year:** Although the actual values (number of studies) exceeded the target for FY 2014, we have not increased the target for FY 2015. This is because there is wide variation in the amount of funding per project. The more expensive studies are usually multisite clinical trials. Leaving the target at its present level would allow flexibility in the types of studies that are funded.

**Procedures used to ensure that the performance data is accurate, complete, and unbiased.** The data is obtained from the Office of Research and Development's (ORD's) database that lists all of its funded projects. A report is produced that lists all funds sent to the VA medical centers

for projects on drug and alcohol dependence for the four ORD services for a given fiscal year. The number of projects in the list is counted.

Table 1

Measure	FY 2010 Actual	FY 2011 Actual	FY 2012 Actual	FY 2013 Actual	FY 2014 Target	FY 2014 Actual	FY 2015 Target
Number of ongoing research studies related to substance abuse disorder	21	37	32	30	5	32	5
Number of ongoing research studies related to alcohol abuse	46	51	56	59	5	67	5
Number of ongoing research studies related to both substance abuse disorder and alcohol abuse	14	8	10	17	N/A*	25	N/A*

\*Targets have not been established.

## 2. Management Assertions

### Performance reporting system is appropriate and applied.

The VA Office of Research and Development (ORD) consists of four main divisions:

**Biomedical Laboratory:** Supports preclinical research to understand life processes from the molecular, genomic, and physiological level in regard to diseases affecting Veterans.

**Clinical Science:** Administers investigations, including human subject research, to determine feasibility or effectiveness of new treatments (e.g., drugs, therapy, or devices) in small clinical trials or multi-center cooperative studies, aimed at learning more about the causes of disease and developing more effective clinical care.

The Cooperative Studies Program (CSP) is a major division within Clinical Science R&D that specializes in designing, conducting, and managing national and international multi-site clinical trials and epidemiological research.

**Health Services:** Supports studies to identify and promote effective and efficient strategies to improve the organization, cost-effectiveness, and delivery of quality healthcare to Veterans.

**Rehabilitation:** Develops novel approaches to restore Veterans with traumatic amputation, central nervous system injuries, loss of sight and/or hearing, or other physical and cognitive impairments to full and productive lives.

**In order for funds to be allocated to a project, they must be entered into the Research Analysis Forecasting Tool (RAFT) database.**

Starting in FY2009, all Merit Review proposals (our major funding mechanism) were submitted electronically via the eRA Commons system, and projects that were approved for funding were identified. Funding data for these projects were transferred electronically to RAFT. A few Career Development proposals are included in the list of projects. The capability to submit Career Development proposals electronically via eRA Commons was in place near the end of FY 2010.

**Preparation of the list of projects.**

The BLR&D/CSR&D administrative officer extracted all funded projects for the fiscal year from RAFT and exported the data into an Excel spreadsheet. The alcohol and drug abuse projects were identified by reviewing the title. Any questionable projects were verified as relevant or not relevant upon review of the abstract. In some cases, the title listed was the type of investigator award. For those, the title was obtained from the abstract. Project start and end dates were included in the spreadsheet. If there were multiple researchers or a researcher with multiple funds for the same project (e.g., salary award plus Merit Review award), then the earliest start date and latest end date were used. Although great care is taken to provide an inclusive list of projects, our database management system does not have robust reporting capabilities, so some projects may have been omitted.

**Explanations for not meeting performance targets are reasonable.**

Not applicable. The targets were met.

**Methodology to establish performance targets is reasonable and applied.**

VA Research and Development focuses on research on the special healthcare needs of Veterans and strives to balance the discovery of new knowledge and the application of these discoveries to Veterans' healthcare. VA Research and Development's mission is to "discover knowledge and create innovations that advance the health and care of Veterans and the Nation." ORD supports preclinical, clinical, health services, and rehabilitation research. This research ranges from studies relevant to our aging Veterans (e.g., cancer, heart disease, Alzheimer's disease) to those

relevant to younger Veterans returning from the current conflicts (e.g., PTSD, traumatic brain injury, spinal cord injury). The targets were set at that level to allow flexibility in the projects funded in terms of both subject (e.g., cancer, addiction, heart disease) and type (e.g., preclinical, clinical trials).

**Adequate performance measures exist for all significant drug control activities.** Since many of the projects do not involve direct interaction with patients, the measure looks at the number of projects rather than specific activities.

## **Appendix A Office of Inspector General Contact and Staff Acknowledgments**

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OIG Contact	For more information about this report, please contact the Office of Inspector General at (202) 461-4720.
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Acknowledgments	Nick Dahl, Director Irene J. Barnett Karen Hatch Jennifer Leonard
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## **Appendix B Report Distribution**

### **VA Distribution**

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