



DEPARTMENT OF VETERANS AFFAIRS
OFFICE OF INSPECTOR GENERAL

Office of Healthcare Inspections

VETERANS HEALTH ADMINISTRATION

Delays in Urological Care
and Alleged Lack of Non-VA
Care Funding at the Beckley
VA Medical Center

West Virginia



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Executive Summary

The VA Office of Inspector General (OIG) conducted a healthcare inspection at the Beckley VA Medical Center (Beckley), West Virginia, to determine the validity of a complainant's allegations that delays in urological care, including kidney surgery, and an increase in the size of a kidney lesion occurred that resulted in an adverse clinical impact¹ to a patient's urological health. The OIG further evaluated if other Beckley patients experienced delays in urological care that resulted in adverse clinical impacts, and if Beckley lacked funding for its non-VA care programs.

The OIG substantiated that the patient experienced delays in urological care, including kidney surgery, and that the kidney lesion increased in size from 1.5 centimeters (cm) in spring 2017 to 2.4 cm x 2.0 cm in summer 2017. However, although the lesion increased in size, it was not within the range that necessitated immediate surgery or intervention.^{2,3} In addition, OIG staff found that the patient's care was monitored by different providers who performed diagnostic tests to measure the lesion size and discussed the patient's symptoms with the patient and other providers. The OIG did not find that the delays caused an adverse clinical impact to the patient's urological health.

To determine if other Beckley patients experienced delays in urological care, OIG staff reviewed fiscal year (FY) 2017 Beckley and non-VA care urology consults. The OIG found delays in scheduling urology consults for the non-VA care programs and the Beckley Outpatient Urology Clinic. In FY 2017, Beckley providers completed 873 Urology consults with 260 patients (29.8 percent) who received care beyond 30 days from the patients' clinically indicated or preferred date. The OIG determined that none of the reviewed patients experienced an adverse clinical impact to their urological health due to a delay in the consult process.

Although a Beckley non-VA care staff member informed the patient that Beckley lacked funding for referrals to non-VA care, the OIG found that the staff member made this statement in error and that senior leaders addressed and corrected the error once notified. In FY 2017, Beckley had sufficient funding to refer patients for non-VA care. Beckley providers routinely referred patients in need of care to other VA medical centers and non-VA care programs. To determine if other patients received incorrect information about non-VA care funding, OIG staff reviewed the 10 electronic health records of non-VA care urology patients who could have had contact with

¹ Adverse clinical impact is defined as death or hospitalization related to a patient's urological disease or a significant change in the status of a patient's urological metastatic disease.

² Stephen Campbell, MD, Robert G. Uzzo, et al., *Renal Mass and Localized Renal Cancer: American Urological Association Guideline*, April 2017.

³ According to American Urologic Association Guidelines, surveillance for lesions less than 4 cm generally includes urological evaluation and testing every three to six months for a minimum of two years.

the staff member in FY 2017. The OIG did not find that other patients received incorrect information about the lack of funding for non-VA care.

The OIG made one recommendation to the Beckley VA Medical Center Director to review consult management practices and ensure consult timeliness.

Comments

The Veterans Integrated Service Network and Beckley VA Medical Center Directors concurred with the recommendation and provided an acceptable action plan. (See Appendixes A and B, pages 14–17 for the Directors’ comments.) Based on the information received from the Beckley VA Medical Center, the OIG team considers the recommendation closed.



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Abbreviations

Choice	Veterans Choice Program
CID	clinically indicated date
cm	centimeters
CT	Computed tomography
EHR	electronic health record
FY	fiscal year
IFC	inter-facility consultation
OCM	Operative Complexity Matrix
OIG	Office of Inspector General
NP	nurse practitioner
NVCC	Non-VA Care Coordination
PA	physician assistant
PD	patient preferred date
PIM	Procedure Infrastructure Matrix
US	ultrasound
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network



Introduction

Purpose

The VA Office of Inspector General (OIG) conducted a healthcare inspection at the Beckley VA Medical Center (Beckley), West Virginia, to determine the validity of a complainant's allegations that delays in urological care, including kidney surgery, and an increase in the size of a kidney lesion⁴ occurred that resulted in an adverse clinical impact to a patient's urological health.⁵ The OIG further evaluated if other Beckley patients experienced delays in urological care that resulted in adverse clinical impacts, and if Beckley lacked funding for non-VA care programs.

Background

Beckley provides care to more than 38,000 veterans living in an 11-county area of southern West Virginia. Services offered at Beckley include medical, surgical, primary care, mental health, home care, and nursing home care. Beckley operates 80 beds, including 30 inpatient beds and 50 community living center beds.

Surgical Complexity

In October 2008, the Under Secretary for Health established the Procedure Infrastructure Matrix (PIM) and the Operative Complexity Matrix (OCM). The PIM documents the infrastructure requirements for Veterans Health Administration (VHA) facilities with an inpatient surgical program to be designated as standard, intermediate, or complex. The OCM establishes a complexity assignment of standard, intermediate, and complex to all surgical procedures using Current Procedure Terminology codes.⁶

According to the PIM and the OCM, Beckley's surgery service is designated as a "standard" operative complexity level and performs standard surgical procedures including general surgery; orthopedics; ear, nose, and throat; endoscopy; and urology.

⁴ A kidney lesion (also called a tumor or mass), is an abnormal growth in the kidney, which may be benign (non-cancerous) or malignant (cancerous).

⁵ For the purposes of this report, the OIG defines adverse clinical impact as death or hospitalization related to a patient's urological disease or a significant change in the status of a patient's urological metastatic disease.

⁶ VHA Directive 2010-018, *Facility Infrastructure Requirements to Perform Standard, Intermediate, or Complex Surgical Procedures*, May 6, 2010. This VHA directive expired May 31, 2015 and has not yet been updated.

Urology

Urology is a branch of medicine that focuses on the male and female urinary tract and male reproductive genital tract.⁷ The urinary tract system includes the kidneys, ureters, (which are tubes draining urine from the kidney to the bladder), and the urethra.⁸ Common symptoms of kidney problems include lower back or flank pain, pain in urinating, and blood in the urine.

Urologists are physicians who provide diagnostic testing and interpretation as well as medical and surgical interventions for patients with issues involving the urinary tract. Urologists generally rely on radiological findings to diagnose and treat kidney problems, such as cancers or malignancies, because blood and urine laboratory tests may not definitively diagnose kidney malignancies.⁹

Computed tomography (CT)¹⁰ scans and diagnostic ultrasound (US) studies¹¹ are radiological tests that are used to identify kidney lesions.¹² A radiologist¹³ interprets the scans/test results. Based on the radiologist's interpretations, the provider discusses treatment options with the patient, which range from ongoing or active monitoring to surgical interventions, such as a nephrectomy.¹⁴ Generally, urologists use ongoing monitoring, sometimes called active surveillance,¹⁵ when patients have localized kidney lesions or masses that are equal to or less than 4 centimeters (cm). Active surveillance is considered evaluation and testing. An urologist

⁷ D. Venes, ed., *Taber's Cyclopedic Medical Dictionary, 22nd edition*. (Philadelphia: F.A. Davis Company 2016), Urology.

⁸ The urethra is a tube that connects the bladder to the outside of a person's body and allows urine to flow out of the body.

⁹ Stephen Campbell, MD, Robert G. Uzzo, et al., *Renal Mass and Localized Renal Cancer: American Urologic Association Guideline*, April 2017.

¹⁰ A CT is a computerized scan that combines a series of x-ray images taken from different angles and uses computer processing to create cross-sectional images, or slices, of the bones, blood vessels, and soft tissues inside the body. CT scanned images provide more detailed information than plain x-rays. <https://www.mayoclinic.org/tests-procedures/ct-scan/about/pac-20393675>. (The website was accessed on September 7, 2017.)

¹¹ A diagnostic US is an imaging method that uses high-frequency sound waves to produce images of structures within a body. The images can provide valuable information for diagnosing and treating a variety of diseases and conditions. <https://www.mayoclinic.org/tests-procedures/ultrasound/about/pac-20395177>. (The website was accessed on September 7, 2017.)

¹² American Cancer Society Tests for Kidney Cancer. <https://www.cancer.org/cancer/kidney-cancer/detection-diagnosis-staging/how-diagnosed.html>. (The website was accessed on November 28, 2017.)

¹³ A radiologist is a physician who has special training in creating and interpreting x-rays, CT scans, and US.

¹⁴ A nephrectomy is the partial or complete removal of a kidney.

¹⁵ Active surveillance is defined as having an initial evaluation that includes laboratory tests and a radiological chest imaging; and patients are evaluated every three to six months for two years and extended intervals beyond if necessary to determine if the size of the lesion increases with cancer progression. Stephen Campbell, MD, Robert G. Uzzo, et al., page 12.

also reviews and considers other patient issues such as increased surgical risk from obesity, diseases, and/or the age of the patient when evaluating whether to perform a nephrectomy.¹⁶

Beckley's urologist is board certified and performs urological surgical procedures, such as cystoscopies¹⁷ and transurethral prostate resections,¹⁸ to diagnose and treat bladder and prostate conditions. However, Beckley's urologist does not perform surgical procedures such as nephrectomies.¹⁹

Urological Treatment

A number of strategies exist for the urological management of localized kidney lesions that providers consider suspicious for kidney cancer. Treatment options for localized kidney lesions include surgical resection, thermal ablation,²⁰ or active surveillance. The consideration of treatment includes patient characteristics, such as medical comorbidities and age, along with the radiological findings such as the size of the lesion.²¹

Consults

According to VHA, a consult is a request by a provider for a consultant's opinion, advice, or expertise regarding evaluation or management of a specific patient problem.²² The consult process allows a two-way communication between the requesting provider and the responding consultant, on behalf of the patient, and includes an automatic electronic health record (EHR) notification feature (an alert) to notify the requesting provider of any actions or changes made to the consult.²³

Providers enter a request for outpatient, inpatient, or inter-facility consultation (IFC). Outpatient consultation is a request for clinical evaluation with the sending provider and receiving consultant in the same facility, and the receiving consultant treats the patient in an outpatient setting. Inpatient consultation is a request for consultative services with the expectation that it will be completed during the patient's inpatient admission. An IFC is a request for service or

¹⁶ Stephen Campbell, MD, Robert G. Uzzo, et al., pages 2–3.

¹⁷ A cystoscopy is a procedure where the bladder and urethra are examined using a cystoscope.

¹⁸ Transurethral prostate resection is a surgical procedure to remove tissue from the prostate using an instrument inserted through the urethra.

¹⁹ Patients in need of a nephrectomy or other surgical interventions not performed at Beckley are referred to other VA medical centers.

²⁰ Thermal ablation is a procedure to remove a tumor using heat.

²¹ Stephen Campbell, MD, Robert G. Uzzo, et al., pages 1–4.

²² VHA Directive 1232(1), *Consult Processes and Procedures*, August 24, 2016, amended September 23, 2016.

²³ VHA Office of Information and Technology Product Development, *Consult/Request Tracking User Manual Version 3.0*, February 2016.

consultation between different VA facilities.²⁴ The results of the request must be returned to the requesting site and entered into the patient's EHR.²⁵

When a VA facility is unable to schedule care within 30 days of the clinically indicated date (CID) or patient preferred date (PD), the patient may be referred to another VA facility or to non-VA care.²⁶

Non-VA Care

Non-VA care refers to community-based patient care purchased by VHA and coordinated through VHA or a third party to eligible^{27,28} veterans when VA facilities cannot provide care and services; when a patient cannot safely travel due to medical reasons; when care cannot be provided in a timely manner; or when care cannot be provided due to geographic inaccessibility.²⁹ Non-VA care includes Non-VA Care Coordination (NVCC)³⁰ and the Veterans Choice Program (Choice).³¹

According to Beckley NVCC staff, for a patient to access non-VA care, the requesting Beckley provider submits a non-VA care consult. NVCC staff review the consult to determine administrative eligibility³² and clinical appropriateness, including the completion of any prerequisite requirements or testing. A designated clinical leader reviews and approves the consult, and then NVCC staff work with the patient to determine if care will be provided through NVCC³³ or Choice.³⁴ After the patient completes the appointment, the non-VA care provider

²⁴ VHA Directive 1232(1).

²⁵ VHA Office of Information and Technology Product Development, *Consult/Request Tracking User Manual Version 3.0*, February 2016.

²⁶ VHA Directive 1230, *Outpatient Scheduling Processes and Procedures*, July 15, 2016.

²⁷ Eligible veterans, in this context, means veterans who have been approved by VHA (using military and other records) and enrolled for care at the VHA (who generally have a provider who is able to order a consult or other services).

²⁸ VHA Directive 1601A.02, *Eligibility Determination*, April 3, 2015, changed from a VHA handbook to a directive on June 7, 2017 (updated July 27, 2017).

²⁹ VHA Directive 1232(1).

³⁰ VHA Directive 1232(1).

³¹ Choice is the Access, Choice, and Accountability Act of 2014. It is a law that expands the number of options patients (veterans) have for receiving care to ensure timely access to high-quality care. The Choice program provides patients the ability to receive medical care in the community if VA cannot schedule an appointment within 30 days of the patient's CID or PD, if the patient resides more than 40 miles from a VA facility, or if the patient faces one of several excessive travel burdens.

³² Review for administrative eligibility includes confirming the patient is eligible for VA care and that the requested care or service is not reasonably available-in terms of time or distance-within the facility or via inter-facility consult to another VHA facility.

³³ For care provided under NVCC, non-VA care staff work directly with the patients and the non-VA providers in scheduling appointments and obtaining the results and documentation from the appointments.

sends the consultation results and further recommendations back to Beckley, and Beckley staff scan the documentation into the patient's EHR. The requesting provider uses the scanned information to determine the patient's needs for further care and treatment.

Allegations and Concerns

In July 2017, the OIG received allegations from a confidential complainant that a patient experienced multiple delays in obtaining kidney surgery after being diagnosed with a suspicious kidney lesion, and because of the delays in the patient's urological care, a kidney lesion increased in size.

During the review, OIG staff found EHR documentation that a staff member advised the patient that a referral could not be made for non-VA urological care due to a lack of funding. The OIG requested that Beckley leaders review and respond to the identified case. In August 2017, Beckley leaders reported that they reviewed the case, entered an NVCC consult, and educated the provider about non-VA care funding. After reviewing Beckley's response, the OIG decided to conduct a healthcare inspection to determine if other patients experienced delays in urological care or were improperly advised of a lack of non-VA care funding.

Specifically, the OIG reviewed the allegations that the patient experienced delays in urological care, including kidney surgery, and an increase in the size of a kidney lesion occurred that resulted in an adverse clinical impact to the patient. The OIG examined additional EHRs to determine if other Beckley patients experienced delays in urological care, if delays resulted in patients' adverse clinical impacts, and if Beckley lacked non-VA care funding that may have contributed to delays in care.

³⁴ For care provided under Choice, non-VA care staff upload the consult and supporting documentation to the third party administrator, who then works with the patient and the community provider in scheduling appointments and obtaining the results and documentation from the appointments. The third party administrator provides the results and documentation to the non-VA care staff, who then upload the information into the patient's EHR.

Scope and Methodology

The OIG initiated a healthcare review in September 2017 and conducted a site visit from September 25 through September 27, 2017.

The OIG interviewed Beckley leaders, Acting Chief of Surgery, Acting Chief of Staff, Emergency Department Director, the Beckley urologist, a radiologist, Tumor Board members, and staff from the Business Office and Patient Advocate. The OIG also interviewed relevant staff from the Hunter Holmes McGuire VA Medical Center (Richmond) in Virginia and the Lexington VA Medical Center (Lexington) in Kentucky.

The OIG reviewed VHA and Beckley consult policies and Beckley's Patient Advocate Tracking System. The OIG reviewed the identified patient's EHR. To determine if delayed care occurred with other urology consult patients, OIG staff reviewed the EHRs of patients with urological consults completed³⁵ during fiscal year (FY) 2017. The OIG reviewed patients' EHRs to determine compliance with timeliness of care and if these patients experienced adverse clinical impacts due to delays in their care.

In the absence of current VA or VHA policy, the OIG considered previous guidance to be in effect until superseded by an updated or recertified directive, handbook, or other policy document on the same or similar issue(s).

The OIG substantiates an allegation when the available evidence indicates that the alleged event or action more likely than not took place. The OIG does not substantiate an allegation when the available evidence indicates that the alleged event or action more likely than not did not take place. The OIG is unable to substantiate or not substantiate an allegation when the available evidence is insufficient to determine whether or not an alleged event or action took place.

The OIG conducted the inspection in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of the Inspectors General on Integrity and Efficiency.

³⁵ A consult is considered completed when the patient has been seen by the responding provider, the consultation or evaluation has been documented in the EHR, and the consult is administratively closed.

Case Summary

The patient was fiftyish with a medical history of chronic low back pain, kidney stones, left-sided kidney cysts, fibromyalgia,³⁶ sleep apnea,³⁷ obesity, and hypertension (high blood pressure). In spring 2017, the patient had a routine primary care provider (PCP 1) appointment for follow-up care. During this appointment, the patient complained of having right flank pain when on amitriptyline, but the pain resolved when the medication was stopped. PCP 1 noted a moveable dermal cyst³⁸ on the patient's mid-back and hematuria but no evidence of a urinary tract infection.³⁹ The patient declined a urology consult, but consented to a CT scan. The CT scan, completed 17 days later, noted bilateral kidney cysts with the possibility of a slow growing malignancy. PCP 1 reviewed the results the next day and documented that the radiologist recommended a US study of the kidneys, and PCP 1 submitted an NVCC consult. The NVCC consult was approved the same day, and the appointment was scheduled for about a month later. A nurse called the patient to review the CT results and recommendations, and the patient agreed to a Urology Service consult and an US.

In mid spring, a second provider (PCP 2) met with the patient for an acute illness. During that visit, PCP 2 ordered a urology consult for evaluation of the kidney lesion noted on the CT scan. Six days later, the consulting urologist reviewed the patient's EHR and recommended a consult referral to Richmond for consideration of a surgical kidney exploration. PCP 2 entered an IFC five days later.

Three days later, a Richmond physician assistant (PA) reviewed the consult from PCP 2 and Beckley's urologist. The PA responded in the consult (back to PCP 2 and Beckley's urologist) that it was reasonable to observe the lesion for six months, because it was "quite small." Beckley's urologist noted (in response to Richmond's PA) that the reason for the consult request was due to the patient's relatively young age. The patient met with a Richmond urology nurse practitioner (NP) approximately three weeks later. During this visit, the NP discussed the patient's condition and treatment options that included monitoring, partial nephrectomy, and

³⁶ Fibromyalgia is a condition that causes pain all over the body, sleep problems, fatigue, and often emotional and mental distress. <https://www.cdc.gov/arthritis/basics/fibromyalgia.htm>. (The website was accessed on November 20, 2017.)

³⁷ Sleep apnea is a condition in which a person characteristically makes periodic gasping or "snorting" noises, during which the person's sleep is momentarily interrupted; it can be a sign of underlying diseases or conditions. https://www.cdc.gov/sleep/about_sleep/key_disorders.html. (The website was accessed on November 20, 2017.)

³⁸ Moveable dermal cysts, also referred to as an epidermoid cyst, are noncancerous small bumps beneath the skin. Dermal cysts can appear anywhere on the skin, but are most common on the face, neck, and trunk. These cysts are slow growing and often painless, so it rarely causes problems or needs treatment. <https://www.mayoclinic.org/diseases-conditions/sebaceous-cysts/symptoms-causes/syc-20352701>. (The website was accessed on November 22, 2017.)

³⁹ Hematuria is blood in the urine.

lesion ablation.⁴⁰ The patient decided on a surgical option, and the planned procedure was a robotic left partial nephrectomy. The patient also met with a Richmond anesthesiology PA for a pre-operative assessment.

In early summer, during a pre-operative physical exam with PCP 1, the patient requested a second opinion regarding the need for a partial nephrectomy. He expressed concern that the mass may be benign, based upon the opinion of a non-VA provider who performed the earlier US. PCP 1 entered an IFC to the Huntington VA Medical Center (Huntington) in West Virginia for a second opinion. Seven days after the pre-operative physical exam, the patient received a follow-up CT scan, and PCP 1 documented that the patient requested the provider's help to determine the need for a nephrectomy. A Beckley radiologist noted an enlargement of the left kidney lesion from 1.5 cm to 2.4 cm x 2.0 cm. PCP 1 informed the patient of these findings in a letter.

The patient's surgery at Richmond was originally scheduled for mid-summer; but, because of scheduling conflicts, it was rescheduled to a week later. Due to emergent issues, which affected Richmond's sterile processing area, the patient's surgery was among those that were canceled. A Richmond surgical resident notified the patient that the surgery was canceled and Richmond staff documented that they would not be able to reschedule within 30 days. A Richmond surgeon requested an NVCC consult, but four days later noted that, because the patient's home VA was Beckley, the consult would need to go through them. The same day, PCP 1 noted that the patient had not had the second opinion appointment requested in the earlier IFC. However, Huntington was an option for the patient's consult, and the consult appointment was scheduled for late summer.

As scheduled, a Huntington urologist evaluated the patient. This urologist reviewed the same options offered by the Richmond urologist, ordered an US study of the kidneys to compare with previous studies, and referred the patient to Lexington if surgery was indicated. The US study noted a solid lesion of 1.7 cm; however, the radiologist stated that CT images would be more reliable than US images because of the patient's obesity. The next day, the Huntington urologist entered an IFC to Lexington. The initial appointment for 17 days later was changed to add two more days due to a patient scheduling conflict. The Lexington urologist reviewed the same options at this visit, and again, the patient opted for a robotic assisted partial nephrectomy. Surgery was planned for early fall, but when the patient was contacted, he requested a date that was about six weeks later.

In addition to the consult referrals, in late summer, a covering Beckley PCP (PCP 3) entered a non-VA care consult to evaluate the patient's need for a robotic partial left nephrectomy. Fifteen days later, the patient saw a non-VA urologist who planned for a non-VA partial nephrectomy. In mid-fall, the patient underwent a non-VA robotic assisted left partial nephrectomy. The pathology report stated that the patient's resected lesion was benign.

⁴⁰ Ablation is the removal of a body part, a pathway, or a function; for example removal by chemical or physical destruction, or by surgery. D Venes, ed., *Taber's Cyclopedic Medical Dictionary, 22nd edition*, (Philadelphia: F.A. Davis Company), 2013.

Inspection Results

Issue 1: Delays in Urological Care

The OIG substantiated that the patient experienced delays in urological care, including kidney surgery, and that the patient's kidney lesion increased in size from 1.5 cm in spring 2017 to 2.4 cm x 2.0 cm in summer 2017. However, although the lesion grew in size, it was not within the range that necessitated immediate surgery or intervention.⁴¹ In addition, the OIG found that the patient was monitored (active surveillance) through different providers who performed diagnostic tests to measure the lesion size and discussed the patient's symptoms with the patient and other providers. The OIG did not find that the urological care delays caused an adverse clinical impact to the patient's urological health.

Consult Delays

VHA policy requires VA facilities to provide patients with timely and clinically appropriate care through a standardized and managed consultation process.⁴² VA's goal is to schedule appointments within 30 calendar days of the CID or PD.⁴³ While waiting to visit with the patient, the consultant (specialty service) may review the patient's EHR, order additional tests, and communicate with the ordering provider. VA facilities use the electronic consultation package to enter, approve, schedule, and document information on a variety of consults including inpatient, outpatient, IFC, and non-VA care.⁴⁴ During the consult referral process, delays may occur depending on the availability of the consultant, provider to consultant communications, and the patient's wishes.

Although 208 days elapsed between when PCP 1 first noted the patient's issue (spring) and when the patient underwent kidney surgery (fall), the OIG determined that the involved facilities' staff generally complied with consult and scheduling timeliness guidelines, the patient received care and active surveillance throughout this time, and the patient was not lost to follow-up.⁴⁵ The OIG found that

- 27 days elapsed between when PCP 1 entered a non-VA care consult (beginning of the consult process) and when the non-VA provider performed an US;

⁴¹ According to American Urologic Association Guidelines, surveillance for lesions less than 4 cm generally includes urological evaluation and testing every three to six months for a minimum of two years.

⁴² VHA Directive 1232(1).

⁴³ VHA Directive 1230.

⁴⁴ VHA Directive 1232(1).

⁴⁵ OIG staff found that 51 days elapsed from when Beckley staff entered an IFC consult and when Huntington consultants saw the patient.

- 6 days elapsed between when PCP 2 entered the urology consult and when Beckley's urologist responded to and completed the consult;
- 24 days elapsed between when PCP 2 entered an IFC for Richmond Urology and when Richmond's NP evaluated the patient and provided treatment options;
- 51 days elapsed between when PCP 1 entered the IFC for Huntington Urology and when the Huntington's urologist evaluated the patient for a second opinion; and
- 19 days elapsed between when the Huntington's urologist entered the IFC for Lexington Urology and when a Lexington Urologist evaluated the patient for a partial nephrectomy.

The OIG also determined that the patient had consults from two different Beckley PCPs for a non-VA urology consult and a separate consult for Beckley's urologist (two weeks later). These consults were concurrent and for the same issue found on a CT scan. In addition, the patient's care involved another Beckley PCP and consults to three other VA facilities as well as another non-VA consult referral.

The OIG determined that the patient's consults generally complied with VHA requirements for consult timeliness; however, the consult process lacked coordination between all providers, consultants, and the patient.

Increased Size of Kidney Lesion

Although the patient's kidney lesion increased in size from 1.5 cm in spring 2017 to 2.4 cm x 2.0 cm in summer 2017, the lesion size was below 4 cm, and the patient received active surveillance and testing by Beckley's and Richmond's PCPs and urologists. According to American Urologic Association Guidelines, surveillance for lesions less than 4 cm generally includes urological evaluation and testing every three to six months for a minimum of two years.⁴⁶

The patient's lesion was initially noted and sized in spring 2017, after having a visit with PCP 1 and an earlier CT scan (interpretation by a radiologist). The patient was again evaluated four weeks later and at that time had a non-VA consult for an US and a Beckley urology consult. A Richmond urology staff member evaluated the patient's US about two weeks later, and a plan was sent to Beckley's urologist to observe the lesion for six months. The patient was seen about three weeks later and surgical options were discussed. The patient decided to have a partial nephrectomy, which was scheduled for the next month. The patient's surgery was rescheduled several times due to issues at the hospital and the patient's requests, and the patient received another CT scan to measure and assess the lesion. Due to emergent issues, Richmond could not

⁴⁶ Stephen Campbell, MD, Robert G. Uzzo, et al., April 2017.

perform the surgery within 30 days. Therefore, a Beckley physician entered a non-VA consult for evaluation and surgery.

In late summer 2017, the patient saw a Huntington urologist for a second opinion, because the patient had concerns whether surgery was needed (based on an earlier US). Twenty days after the Huntington urologist's second opinion, a Lexington urologist evaluated the patient for the partial nephrectomy (after the second opinion, the patient decided to proceed with the surgery).

The patient and providers maintained contact with calls in between visits, and the patient was apprised of the lesion's size in early spring and summer 2017. The surgeon made a request to schedule surgery in early fall; however, a note in the patient's EHR stated that the patient wanted to wait a month. The patient underwent a partial nephrectomy through a non-VA provider. The biopsy of the kidney lesion revealed that the tumor was benign.

Although the patient received care from several providers, surveillance was active and reflected current guidelines while waiting to have surgery. The OIG determined that, based upon the surveillance activity and benign results, there was not an adverse clinical impact to the patient's urological health.

Issue 2: Delays in Urology Consults

The OIG identified consult scheduling delays that did not meet VHA requirements in Beckley's Choice and NVCC programs and the outpatient urology clinic.

To evaluate consult timeliness, the OIG reviewed completed urology consults that were initiated at Beckley in FY 2017. If a patient did not receive a completed consult within the VHA timeframe requirement, the OIG further reviewed the EHR to determine if the patient experienced an adverse clinical impact due to the delay in the consult process.

In FY 2017, Beckley providers entered 1,084 urology consults.⁴⁷ Of those consults, the OIG found 873 completed consults with 260 patients (29.8 percent) who received care beyond 30 days from the patients' CID or PD.^{48,49} Beckley's urologist told OIG staff that when delays were greater than 30 days, Beckley providers tried to refer patients to non-VA providers. The OIG found that none of the patients the OIG reviewed experienced an adverse clinical impact due to a delay in the consult process.

Issue 3: Alleged Lack of Non-VA Care Funding

During the healthcare review, OIG staff identified an issue with non-VA care funding. Although a staff member, who was covering for the usual Beckley NVCC consult approver, informed the

⁴⁷ The total number of consults included 20 Choice, 122 NVCC, and 942 outpatient consults.

⁴⁸ The OIG did not review the 140 discontinued consults or the 10 canceled consults. The OIG also did not review the 54 scheduled consults, six pending consults, or the one active consult.

⁴⁹ The OIG determined that a patient received care if documentation included the date the patient received care.

patient that Beckley lacked funding to refer the patient for non-VA care, the OIG determined that funding was available, and that, once notified, Beckley's senior leaders addressed and corrected the staff member's error.

In late summer 2017, the patient spoke with the covering NVCC staff member about the plan of care following the cancellation of surgery at Richmond. The covering staff member told the patient that Beckley could not authorize non-VA care at this time due to a lack of funding.

Upon preliminary review of these concerns, the OIG referred the case to Beckley's leaders. Once notified, Beckley's Director contacted the covering staff member and corrected the funding misunderstanding.

According to interviews with Beckley's Chief of Health Administration Services, Chief of Non-VA Care Consults/Choice Champion, and Director; Beckley did not lack non-VA care funding in FY 2017. The Chief of Health Administration Services provided communications from Veterans Integrated Service Network (VISN) 5 leaders regarding NVCC and Choice funding. Beckley providers routinely referred patients, as needed, to other VA or non-VA facilities.

To determine if other patients received incorrect information about the non-VA care funding, the OIG reviewed the 10 EHRs of non-VA care urology patients who may have had contact with the covering staff member in FY 2017. The OIG did not find documentation that other patients received incorrect information about non-VA care funding.

Conclusion

The OIG substantiated that the patient experienced delays in urological care, including kidney surgery, and that a kidney lesion increased in size from 1.5 cm to 2.4 cm x 2.0 cm over a three-month period; however, although the lesion grew in size, it was not within the size range that necessitated immediate surgery. In addition, the OIG found that the patient's care was actively surveilled by providers who performed diagnostic tests to measure the lesion's size and discussed the patient's symptoms with the patient and other providers. The OIG did not find that the patient's consult and urological care delays resulted in an adverse clinical impact to the patient.

The OIG found delays in scheduling urology consults for the non-VA care programs and the outpatient urology clinic. In FY 2017, Beckley providers completed 873 Urology consults with 260 patients (29.8 percent) receiving care beyond 30 days from the patients CID or PD. The OIG determined that none of the patients reviewed experienced an adverse clinical impact due to a delay in the consult process.

Although a staff member for non-VA care informed a patient that Beckley lacked funding for a referral to non-VA care, the OIG found that this staff member made this statement in error and that senior leaders addressed and corrected the error once notified. In FY 2017, Beckley had sufficient funding to refer patients for non-VA care. Beckley providers routinely referred patients in need of care to other VA medical centers and non-VA care programs. To determine if other

patients received incorrect information about non-VA care funding, the OIG reviewed the 10 EHRs of non-VA care urology patients who may have had contact with the covering staff member in FY 2017. The OIG did not find documentation that these patients received incorrect information about the funding for non-VA care.

Recommendation 1

1. The Beckley VA Medical Center Director reviews consult management practices and ensures consult timeliness.

Appendix A: VISN Director Comments

Department of Veterans Affairs Memorandum

Date: June 1, 2018

From: Acting Director, VA Capitol Health Care Network (10N5)

Subj: Healthcare Inspection—Delays in Urological Care and Alleged Lack of Non-VA Care Funding at the Beckley VA Medical Center, West Virginia

To: Director, Bedford Office of Healthcare Inspections (54BN)
Director, Management Review Service (VHA 10E1D MRS Action)

1. I have reviewed the comments provided by the Medical Center Director, Beckley VA Medical Center, and concur with the responses and actions to the recommendations outlined in the report.
2. Should you require any additional information, please contact the VA Capitol Health Care Network (VISN) 5 office at 410-691-1131.

(Original signed by:)

Raymond Chung, M.D.

Director, VA Capitol Health Care Network

Appendix B: Beckley VA Medical Center Director Comments

Department of Veterans Affairs Memorandum

Date: May 31, 2018

From: Director, Beckley VA Medical Center (517/00)

Subj: Healthcare Inspection— Delays in Urological Care and Alleged Lack of Non-VA Care Funding at the Beckley VA Medical Center, West Virginia

To: Director, VA Capitol Health Care Network (10N5)

1. I would like to express my appreciation to the Office of Inspector General (OIG) Healthcare Inspection Team for their professional and comprehensive review of the Beckley VA Medical Center's quality and access to specialty care; consult processes and timeliness, and administrative operations conducted in review of the above referenced allegations.
2. I have reviewed the draft report for the VA Medical Center, Beckley, WV, and concur with the report, conclusions rendered, and the recommendation.
3. Please express my thanks to the team for their professionalism and assistance to us in our continuing efforts to improve the care we provide to our veterans.

(Original signed by:)

Stacy J. Vasquez

Director, Beckley VA Medical Center

Comments to OIG's Report

Recommendation 1

The Beckley VA Medical Center Director reviews consult management practices and ensures consult timeliness.

Concur.

Target date for completion: Completed December 31, 2017

Director Comments

Since the 2017 incident described in the OIG report, Beckley VAMC has taken the following actions:

1. Schedulers are required to pull Active and Pending consult reports twice daily out of VISTA and address all reports that require action (scheduling appointments, contacting patients, etc.)
2. Service Line Chiefs and Scheduling Supervisors are required to perform random spot checks to ensure schedulers are performing the required action and feedback is provided to the scheduling leads and Health Administration.
3. Training on consult management was conducted with the providers and schedulers in the 4th Quarter FY 17 and in the 1st Quarter FY 2018. Scheduling staff received refresher training on May 8 and May 10, 2018.
4. The consult alert staff listing has been verified and corrected in VISTA ensuring the appropriate clinical staff receive the alerts in CPRS when consults are placed.
5. The Consult Tool Box was implemented in August 2017 to ensure standardized comments are added to all consults which communicates the status of the consult to the end user.
6. To ensure compliance with VHA Directive 1232(1) Consult Processes and Procedures, dated August 24, 2016, amended September 23, 2016, Medical Center Memorandum 517-2017-11-26, Consultation Specialty Care Referral Policy was revised to clearly define and standardize the Beckley VA Medical Center's consult and referral process. The MCM was approved and implemented on August 9, 2017.
7. The Director is briefed daily on the number of pending consults by each service in Morning Report.
8. Once a week the Group Practice Manager (GPM) reviews consult numbers based on the Consult Trigger Tool Metrics to identify areas of concern. He

brings overdue consults immediately to the attention of the appropriate supervisor.

The medical center's performance regarding the average days from appointment to completion for all clinical consults and Urology consults from August 2017–May 2018 is reflective of the outcome of the actions completed to effectively manage consults.

OIG Comments

Based on information received from the Beckley VA Medical Center, the OIG considers this recommendation closed.

OIG Contact and Staff Acknowledgements

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