



Report to the Chairman, Committee on
Veterans' Affairs, House of
Representatives

May 2006

VA HEALTH CARE

Steps Taken to Improve Practitioner Screening, but Facility Compliance with Screening Requirements Is Poor



G A O

Accountability * Integrity * Reliability



Highlights of [GAO-06-544](#), a report to the Chairman, Committee on Veterans' Affairs, House of Representatives

Why GAO Did This Study

In March 2004, GAO reported on gaps in VA's requirements for screening the professional credentials and personal backgrounds of health care practitioners ([GAO-04-566](#)). GAO found that VA's requirements did not ensure thorough screening of VA practitioners. VA concurred with four recommendations GAO made to improve practitioner screening.

GAO was asked to determine the extent to which (1) VA has taken steps to improve practitioner screening by implementing GAO's recommendations and (2) VA facilities are in compliance with VA's practitioner screening requirements. GAO reviewed VA's current practitioner screening policies to determine if gaps remain, interviewed VA officials, and sampled about 60 practitioner files at each of seven VA facilities selected based on size and geographic location.

What GAO Recommends

GAO recommends that VA expand its oversight program to include a review of VA screening requirements for all types of health care practitioners and that VA standardize a method for documenting the review of fingerprint-only investigation results. VA agreed with GAO's findings and concurred with the recommendations. VA further stated that it will provide an action plan on how it will implement the recommendations at a later date.

www.gao.gov/cgi-bin/getrpt?GAO-06-544.

To view the full product, including the scope and methodology, click on the link above. For more information, contact Laurie E. Ekstrand at (202) 512-7101 or ekstrandl@gao.gov.

VA HEALTH CARE

Steps Taken to Improve Practitioner Screening, but Facility Compliance with Screening Requirements Is Poor

What GAO Found

VA has taken steps to improve health care practitioner screening by partially implementing each of four recommendations made in GAO's March 2004 report; however, gaps still remain in VA's practitioner screening requirements. In response to two of GAO's recommendations, VA expanded its screening requirements for all VA applicants to include a verification of all state licenses and national certificates and requires facility officials to query the Healthcare Integrity and Protection Data Bank (HIPDB), which contains information on individuals involved in health care-related civil judgments and criminal convictions and licensing and certification actions. VA, however, has not yet expanded these screening requirements to apply to all health care practitioners currently employed at VA facilities, as GAO recommended. In response to the third GAO recommendation, VA issued a policy in August 2005 that requires individuals who previously were exempt from receiving any level of background investigation to have, at a minimum, their fingerprints screened against a criminal history database. As of October 19, 2005, 37 VA medical facilities had not fully implemented this new requirement because they had not obtained or installed the necessary electronic fingerprint equipment. Since then VA has made progress; as of February 1, 2006, 2 medical facilities had not installed the equipment. Finally, VA has partially implemented GAO's fourth recommendation to conduct oversight of its facilities' compliance with VA practitioner screening requirements; however, GAO found the oversight does not address all of the facility compliance issues GAO previously identified.

GAO found poor compliance with four of the five selected VA practitioner screening requirements at the seven VA facilities visited in 2005. None of the seven facilities had a compliance rate of 90 percent or more for all five screening requirements GAO reviewed. Two facilities that had implemented VA's fingerprint-only background investigations—a relatively new form of background investigation—did not comply with VA's requirement to document that the results of the fingerprint check against a criminal history database had been reviewed and used to make a decision on the individual's suitability to work at a VA medical facility.

Facilities' Rates of Compliance with Select VA Screening Requirements for Health Care Practitioners (2005)

Screening requirements	Facility compliance with screening requirements						
	A	B	C	D	E	F	G
Conducting background investigations	○	○	○	○	●	○	○
Position risk level determined (VA Form 2280)	○	○	○	●	●	○	○
Querying HIPDB	○	○	○	●	●	○	○
Completing employment checklist	○	○	○	○	○	○	○
Verifying license, certification, or both	●	●	●	●	○	●	○

○ Indicates a compliance rate of less than 90 percent

● Indicates a compliance rate of 90 percent or greater

Source: GAO analysis of VA facility files.

Contents

Letter		1
	Results in Brief	4
	Background	6
	VA Has Taken Steps to Improve Health Care Practitioner Screening Requirements, but Gaps Remain	12
	VA Facilities Did Not Comply with Health Care Practitioner Screening Requirements	16
	Conclusions	21
	Recommendations for Executive Action	22
	Agency Comments	22
Appendix I	Scope and Methodology	24
Appendix II	Results of Our Compliance Reviews at Seven VA Facilities	30
Appendix III	Comments from the Department of Veterans Affairs	34
Appendix IV	GAO Contact and Staff Acknowledgments	35
Tables		
	Table 1: State Licensure and National Certification Requirements for the 43 VA Occupations	26
	Table 2: Health Care Practitioners Included in Our Review of Select VA Screening Requirements and the Documentation Required to Demonstrate Compliance	28
	Table 3: VA Facility Compliance with Screening Requirements for Salaried Health Care Practitioners—Background Investigations (2005)	30
	Table 4: VA Facility Compliance with Screening Requirements for Fee Basis and WOC Health Care Practitioners—Background Investigations (2005)	31

Table 5: VA Facility Compliance with Screening Requirements for Salaried Health Care Practitioners—HIPDB Query and State License and National Certificate Verification (2005)	32
Table 6: VA Facility Compliance with Screening Requirements for Salaried Health Care Practitioners—Employment Checklist Completed and Position Risk Level Determined (2005)	33

Figures

Figure 1: Gaps Identified in VA's Process for Verifying Health Care Practitioner Credentials with State Licensing Boards and National Certifying Organizations, March 2004	11
Figure 2: Facilities' Rates of Compliance with Select VA Screening Requirements for Salaried Health Care Practitioners (2005)	18
Figure 3: Background Investigation Compliance Rates for Salaried Health Care Practitioners at Revisited VA Medical Facilities (2005)	19
Figure 4: VA Facility Compliance with Background Investigation Screening Requirements for Fee Basis and WOC Health Care Practitioners (2005)	20

Abbreviations

HHS	Department of Health and Human Services
HIPDB	Healthcare Integrity and Protection Data Bank
HRM	Office of Human Resource Management
OPM	Office of Personnel Management
SLB	state licensing board
VA	Department of Veterans Affairs
WOC	without compensation

This is a work of the U.S. government and is not subject to copyright protection in the United States. It may be reproduced and distributed in its entirety without further permission from GAO. However, because this work may contain copyrighted images or other material, permission from the copyright holder may be necessary if you wish to reproduce this material separately.



United States Government Accountability Office
Washington, DC 20548

May 25, 2006

The Honorable Steve Buyer
Chairman
Committee on Veterans' Affairs
House of Representatives

Dear Mr. Chairman:

The Department of Veterans Affairs (VA) is responsible for ensuring that its health care practitioners are qualified to provide care to their patients. VA employs more than 193,000 individuals at its medical facilities, including physicians, nurses, pharmacists, and therapists. In addition, VA supplements these salaried health care practitioners with nonsalaried health care practitioners obtained through contracts and fee-for-service arrangements (fee basis),¹ as well as nonsalaried practitioners working without direct compensation from VA (without compensation or WOC). To help ensure that VA's salaried and nonsalaried health care practitioners hold the necessary professional credentials to provide care,² VA has screening requirements that VA medical facility officials must follow in verifying these credentials and checking practitioners' personal backgrounds for evidence of incompetence or criminal behavior.

In March 2004, we reported and testified on gaps in VA's screening requirements.³ We found that VA did not require that all of its health care practitioners with access to patients be thoroughly screened. In addition, we found mixed compliance with existing VA screening requirements at each of the four VA medical facilities we visited. We concluded that the gaps in and mixed compliance with VA's screening requirements created

¹VA medical facilities may contract with local or national companies in order to obtain certain types of health care practitioners, such as nurses, physicians, or respiratory therapists, who may have access to and provide care to patients.

²Professional credentials held by health care practitioners may include medical licenses, registrations, and certifications. We refer to these credentials as state licenses and national certificates.

³GAO, *VA Health Care: Improved Screening of Practitioners Would Reduce Risk to Veterans*, [GAO-04-566](#) (Washington, D.C.: Mar. 31, 2004), and *VA Health Care: Veterans at Risk from Inconsistent Screening of Practitioners*, [GAO-04-625T](#) (Washington, D.C.: Mar. 31, 2004).

vulnerabilities that could allow VA to employ health care practitioners who could either place patients at risk of receiving poor care or cause them intentional harm. In our 2004 report, we made four recommendations to address the gaps we identified in VA's screening requirements and the noncompliance we found at the four VA medical facilities we visited.

VA concurred with our recommendations to

- expand verification of all state licenses and national certificates by contacting the appropriate licensing boards and national certifying organizations for all VA health care practitioners,
- expand query of the Healthcare Integrity and Protection Data Bank (HIPDB)⁴ to include all licensed health care practitioners at VA facilities,
- conduct fingerprint-only background investigations for all VA health care practitioners with direct patient care access,⁵ and
- conduct oversight of medical facilities to ensure compliance with all of VA's key screening requirements.

You asked us to determine the status of VA's implementation of these recommendations to strengthen its health care practitioner screening requirements. In this report, we determined the extent to which (1) VA has taken steps to improve health care practitioner screening by implementing the four recommendations made in our March 2004 report and (2) VA medical facilities are in compliance with VA's health care practitioner screening requirements.

To determine the extent to which VA has taken steps to improve health care practitioner screening by implementing the four recommendations made in our March 2004 report, we interviewed VA headquarters and facility officials and reviewed VA's policies and procedures that contain current health care practitioner screening requirements to see if the gaps

⁴HIPDB is a national data bank that contains information on health care practitioners involved in health care-related civil judgments and criminal convictions as well as practitioners who have had disciplinary actions taken against their licenses or national certificates.

⁵Fingerprint-only background investigations verify an individual's criminal history, based on a fingerprint check, against criminal history databases. In contrast, traditional background investigations verify an individual's criminal history based on a fingerprint check and also include a more extensive investigation of an individual's professional and personal history.

we identified in 2004 were closed. We also reviewed the report of a task force VA formed to improve its health care practitioner screening procedures following the issuance of our 2004 report.

To determine the extent to which VA medical facilities complied with VA health care practitioner screening requirements, we selected seven VA medical facilities to visit. These facilities varied in terms of size and geographic location. Two of the seven facilities we visited were sites from our previous review. We visited facilities located in Fargo, North Dakota; Kansas City, Missouri; Miami, Florida; New Orleans, Louisiana; Salt Lake City, Utah; San Antonio, Texas; and the District of Columbia.⁶ For each facility, VA provided from its automated pay system a list of salaried health care practitioners in the 43 occupations we included in our previous report. At each facility we reviewed a random sample of personnel files to determine whether the files included documentation demonstrating that the facility's health care practitioners had their professional credentials verified and backgrounds checked in compliance with VA's screening requirements. At each of the facilities, our sample of personnel files consisted of about 50 personnel files for salaried health care practitioners who were hired prior to October 1, 2004, and 10 to 12 personnel files for salaried health practitioners who were hired on or after October 1, 2004.⁷ In addition to the random sample of salaried health care practitioners, we also reviewed at each facility 20 personnel files for nonsalaried health care practitioners paid by VA on a fee basis and all of the files for the facility's WOC health care practitioners who work in a clinical area at the facility.⁸ In collecting information on the screening requirements from personnel files at each facility, we employed standard data collection techniques to ensure the accuracy and reliability of the data used in this report. At each facility we also reviewed about five contracts that the facility used to supplement its health care practitioner staffing in order to determine how facility officials screen the personal backgrounds and professional credentials of these nonsalaried health care practitioners. Finally, at each

⁶We visited the New Orleans VA medical facility in July 2005, prior to the facility being closed as a result of Hurricane Katrina.

⁷We selected these additional salaried health care practitioners in order to determine if new screening requirements VA established on July 13, 2004, and September 2, 2004, had been implemented by facility officials.

⁸WOC health care practitioners include individuals working in patient care or research areas that are paid by a source other than VA. For example, researchers and research assistants assigned to work at the VA medical facility but paid by the affiliated university would be considered WOC health care practitioners.

facility we also interviewed the officials responsible for coordinating volunteer activities to determine how volunteers are screened prior to beginning work at the facility.⁹

To measure the seven facilities' compliance with VA's health care practitioner screening requirements, we selected five requirements for our review. Although VA has multiple employment screening requirements,¹⁰ we selected five that pertain to safeguarding veterans receiving health care in VA facilities. The screening requirements we selected for salaried health care practitioners are (1) completing VA Form 2280, which medical facility officials must do in order to determine the appropriate type of background investigation needed for each health care practitioner job category; (2) performing a background investigation; (3) querying HIPDB; (4) completing an employment checklist, which VA officials are to use to document the completion of VA screening requirements for those salaried health care practitioners VA intends to hire; and (5) verifying the status of state licenses and national certificates. In addition, we measured facility compliance with one of these screening requirements, performing a background investigation, for VA nonsalaried fee basis and WOC health care practitioners. To show the variability in the level of compliance among the seven VA facilities we visited, we distinguished between facilities that had a compliance rate of at least 90 percent of the personnel files we reviewed for each of the five screening requirements and facilities that did not. VA requires a compliance rate of 100 percent. Our findings for the screening requirements cannot be generalized to other VA facilities.

For a complete description of our scope and methodology, see appendix I. Our work was conducted from April 2005 through April 2006 in accordance with generally accepted government auditing standards.

Results in Brief

Although VA has taken steps to improve health care practitioner screening by partially implementing each of the four recommendations made in our March 2004 report, gaps still remain in VA's health care practitioner screening requirements. For all health care practitioners applying for VA employment, VA expanded its screening requirements to require

⁹VA's volunteer program is the largest in the federal government, providing volunteers to assist veterans by augmenting staff in such settings as hospitals and nursing homes.

¹⁰Employment refers to all health care practitioners, salaried and nonsalaried, working in VA facilities.

verification of all the state licenses and national certificates these practitioners hold and require facility officials to query HIPDB before the practitioners are hired. However, VA has not expanded these screening requirements so that they apply to all health care practitioners currently employed at VA medical facilities.¹¹ We reviewed a draft VA policy that when issued will fully address our recommendation to require medical facility officials to verify all state licenses and national certificates of currently employed health care practitioners with the relevant issuing boards or organizations. In response to our recommendation to expand the use of fingerprint-only background investigations for those previously exempt from receiving any kind of background investigation, VA issued a policy in August 2005 requiring these individuals to have, at a minimum, a fingerprint-only background investigation, in which fingerprints are screened against a criminal history database. However, as of October 19, 2005, 37 VA medical facilities had not begun to implement this new requirement because they had not obtained or installed the necessary electronic fingerprint equipment. Since then, VA has made progress; as of February 1, 2006, 2 VA medical facilities had not implemented VA's new requirement. Finally, VA has partially implemented our recommendation to conduct oversight of its facilities' compliance with VA health care practitioner screening requirements. We found that VA's oversight does not address all of the medical facility compliance issues we identified in our 2004 report.

At the seven VA facilities we visited, we found poor compliance with four of the five selected VA health care practitioner screening requirements. None of the seven facilities had a compliance rate of 90 percent or more for all five screening requirements we reviewed, and VA policy requires 100 percent compliance with these requirements. For the screening requirement to perform background investigations, at six of seven VA facilities we were unable to find documentation—in at least 90 percent of the health care practitioners' personnel files we reviewed—that a background investigation was either scheduled or completed for these salaried practitioners. We also found that facilities' rates of compliance were lower in performing background investigations on fee basis, contract, and WOC health care practitioners than in performing background investigations for salaried health care practitioners. Further,

¹¹In this report, we use "applicant" to describe health care practitioners who VA facility officials plan to hire, and we use "currently employed" to describe health care practitioners who already work at VA facilities.

while reviewing three facilities' implementation of VA's fingerprint-only background investigations—a relatively new form of background investigation—we found that two of the facilities did not document that the results of the fingerprint-only background investigation had been reviewed and a decision made on the individual's suitability to work at the VA facility.

To better ensure the safety of veterans receiving health care at VA medical facilities, we recommend that VA expand its human resource management oversight program to include a review of VA facilities' compliance with screening requirements for all types of salaried and nonsalaried health care practitioners. In addition, we recommend that VA standardize a method for documenting facility officials' review of fingerprint-only background investigation results and decisions regarding suitability to work in the VA medical facility. In commenting on a draft of this report, VA agreed with our findings and conclusions and concurred with our recommendations. VA also stated that it will provide an action plan for implementing these recommendations after issuance of this report.

Background

VA operates the largest integrated health care system in the United States, providing care to nearly 5 million veterans per year through hospitals, ambulatory clinics, nursing homes, residential rehabilitation treatment programs, and readjustment counseling centers. VA also utilizes national and local medical professional services contracts to supplement its health care practitioner staffing. In addition to providing medical care, VA is the largest educator of health care professionals, training more than 28,000 medical residents annually, as well as other types of health care professionals.

Depending on the employment requirements of their positions, health care practitioners who work at VA facilities are required to hold either valid—meaning current and unrestricted—state medical licenses or national certificates. State licenses are issued by state licensing boards, which generally establish state licensing requirements governing their licensed health care practitioners.¹² Current and unrestricted licenses are those in good standing in the states that issued them, and licensed health care practitioners may hold licenses from more than one state. To keep a

¹²State licenses are issued by offices in states, territories, commonwealths, or the District of Columbia, collectively referred to as state licensing boards.

license current, health care practitioners must renew their licenses before they expire and meet renewal requirements established by state licensing boards, such as continuing education. Renewal procedures and requirements vary by state and occupation. When licensing boards discover violations of licensing practices, such as the abuse of prescription drugs or the provision of substandard care that results in adverse health effects, they may place restrictions on licenses or revoke them. Restrictions from a state licensing board can limit or prohibit a health care practitioner from practicing in that state.¹³ Some, but not all, issued state licenses are marked to indicate that the licenses have had restrictions placed on them. Generally, state licensing boards maintain a database of information on restrictions, which employers can often obtain at no cost either by accessing the information on a board's Web site or by contacting the board directly.

National certificates are issued by national certifying organizations, which are separate and independent from state licensing boards.¹⁴ These organizations establish professional standards that are national in scope for certain occupations, such as respiratory and occupational therapists. Health care practitioners who are required to have valid national certificates to practice in VA may renew these credentials periodically by paying a fee and verifying that they obtained required educational credit hours. National certifying organizations can place restrictions on a certification or revoke certification for violations of the organization's professional standards. Like state licensing boards, national certifying organizations maintain databases of information on disciplinary actions taken against health care practitioners with national certificates, and many can be accessed at no cost.

VA policy requires officials at its medical facilities to screen applicants for positions at VA to determine whether each applicant possesses at least one current and unrestricted state license or an appropriate national certificate, whichever is applicable for the position sought by the applicant. VA also requires officials at its medical facilities to periodically verify licenses or national certificates held by health care practitioners already employed at VA (employed health care practitioners). The

¹³A state licensing board may limit a health care practitioner's ability to perform certain activities, for example, a health care practitioner may not be allowed to prescribe or administer certain types of medications.

¹⁴Some health care practitioners may hold both national certificates and state licenses.

frequency of when health care practitioners' credentials must be checked depends on their occupations and the renewal requirements of the state or national organizations that issued the credentials.

In general, for both applicants and employed health care practitioners, VA's screening process proceeds in two stages. First, applicants and employed health care practitioners are required to disclose to VA, if applicable, their state licenses and national certificates. Applicants disclose their credentials to VA during the application process, and employed health care practitioners disclose credentials to VA as they expire and are renewed with the state licensing board or certifying organization. Second, VA facility officials are required to verify whether the disclosed credentials are valid.

In addition to holding valid professional credentials, upon hiring, health care practitioners are required to undergo background investigations that verify their personal and professional histories.¹⁵ Depending on the position in question, the extent of the background investigations for health care practitioners may vary. For example, background investigations in VA may vary from a traditional background investigation covering a health care practitioner's personal and professional background for up to 10 years to the minimum of a fingerprint-only background investigation. VA facility officials are required to complete VA Form 2280, which documents the level of risk posed by a particular position and determines the level of background investigation required for employment.

The traditional background investigation is the most common type of background investigation conducted by VA on its health care practitioners. A traditional background investigation verifies, for instance, an individual's history of employment, education, and residence. It also includes a fingerprint check that searches for evidence of criminal activity by comparing fingerprints against a database of criminal records. The Office of Personnel Management (OPM) conducts background investigations for VA and reports its results to the facility that requested

¹⁵Executive Order 10450, April 27, 1953, requires all persons employed by federal departments and agencies to undergo background investigations to ensure that their employment is consistent with national security interests.

the investigation.¹⁶ VA facilities are required to review background investigation results, determine employment suitability, and report their decisions to OPM within 90 days.

In 2001 OPM began to offer a new type of background investigation for use by federal agencies, a fingerprint-only background investigation. Compared to traditional background investigations, which verify personal, professional, and criminal histories and typically take several months to complete, fingerprint-only background investigations verify criminal histories only and can be completed within 3 weeks or less and cost less than \$25, about a quarter of the cost of a traditional background investigation.

In March 2004, we reported on VA's screening policies and the gaps we found in VA's requirement for screening applicants that may result in VA health care practitioners' personal backgrounds and professional credentials not being thoroughly screened. For example, for health care practitioners who were required to have national certificates to work in VA, facility officials were required to physically inspect each applicant's national certificate. However, we found a gap wherein officials were not required to contact the organization issuing the certificate, even though restrictions may have been placed on the certificate after it was issued. In contrast, we found that for state licenses VA's policy required officials at its medical facilities to screen applicants to determine whether they possessed at least one current and unrestricted state license. Applicants were required to disclose to VA any state licenses they held. To verify a state license, VA officials were required to contact the issuing state licensing board to determine if the license was current and unrestricted. Officials were also required to document that they verified the status of the license.

As part of our 2004 report, we also found gaps in VA's screening requirements for health care practitioners currently employed at its medical facilities. For example, not all VA currently employed health care practitioners with licenses were required to disclose all of their current licenses. Some currently employed health care practitioners, such as nurses and pharmacists, were required to disclose only one license, even if

¹⁶ OPM was created and given the authority to administer background investigations by Executive Order 12107 (Dec. 28, 1978). OPM has issued regulations addressing the determination of an individual's suitability for federal employment, based on character, conduct, knowledge, and ability, as part 732 of title 5 of the Code of Federal Regulations.

they possess multiple licenses, and facility officials were not required to contact the issuing state board to determine if the license is current and unrestricted. Instead, facility officials were required to physically inspect the one state license, even though some licenses are not marked to indicate restrictions. See figure 1 for the health care practitioner screening gaps we identified for both VA's applicants and currently employed health care practitioners.

Figure 1: Gaps Identified in VA's Process for Verifying Health Care Practitioner Credentials with State Licensing Boards and National Certifying Organizations, March 2004

Practitioner categories

Physician Dentist Optometrist Podiatrist Physician assistant ^a Nurse anesthetist Nurse practitioner	Registered nurse Licensed practical/ vocational nurse Physical therapist Pharmacist Dental hygienist Psychologist Social worker	Occupational therapist Respiratory therapist Diagnostic radiologic technician/technologist Therapeutic radiologic technician/technologist Dietitian Dental assistant
--	--	---

Applicants

Must disclose all state licenses	Must disclose all state licenses	Must disclose national certificates and all state licenses GAP: VA does not require checking any state licenses held by the health care practitioner
VA determines if all state licenses are current and unrestricted by contacting the appropriate state licensing boards (SLB)	VA determines if all state licenses are current and unrestricted by contacting the appropriate SLBs	VA determines if national certificate is current and unrestricted by physically inspecting the certificate GAP: VA does not require contacting the national certifying organization

Currently employed practitioners

Must disclose all state licenses listed as current	Must disclose one state license GAP: VA does not require checking all licenses held by the health care practitioner	Must disclose national certificates
VA determines if all state licenses are current and unrestricted by contacting the appropriate SLB	VA determines if the one state license is current and unrestricted by physically inspecting the license GAP: VA does not require contacting the SLB	VA determines if national certificate is current and unrestricted by physically inspecting the certificate GAP: VA does not require contacting the national certifying organization

Source: GAO analysis of Department of Veterans Affairs, *VA Handbook 5005* (Washington, D.C.: 2002).

^aPhysician assistants are not required to have licenses to work in VA, but their credentials are verified using a process that is similar to that for other health care practitioners in this category.

In our March 31, 2004, report, we also found that VA did not query HIPDB for all health care practitioners. Additionally, VA required some health care practitioners with direct access to patients to undergo background investigations that verify their personal and professional histories, but did not require this of others, such as medical residents.

In response to a draft of our report, VA's Under Secretary for Health commissioned a task force on March 30, 2004, to review the screening requirements for all VA health care occupations, including applicants, those currently employed, and health care trainees. The task force was to identify the needed improvements to VA's screening processes and to make recommendations to VA's National Leadership Board.¹⁷

VA Has Taken Steps to Improve Health Care Practitioner Screening Requirements, but Gaps Remain

VA has taken steps to improve health care practitioner screening by partially implementing each of the four recommendations made in our March 2004 report; however, gaps still remain in VA's health care practitioner screening requirements. These gaps are found in the requirements for verifying professional credentials and querying HIPDB for currently employed practitioners. In addition, VA has not yet implemented fingerprint-only background investigations at two medical facilities. Finally, while VA has formalized an oversight program within its Office of Human Resource Management (HRM), the program does not address all of the compliance issues we identified in our earlier report.

VA Has Partially Implemented Our Recommendation to Expand Verification of Health Care Practitioners' Professional Credentials

VA has partially implemented our recommendation that VA facility officials contact state licensing boards and national certifying organizations to verify all state licenses and national certificates held by all VA health care practitioners. To address our recommendation, VA expanded the verification requirement to include licenses and certificates of all applicants VA intends to hire. In addition, VA issued a memorandum on September 2, 2004, directing VA facility officials to establish a formal procedure for conducting and then documenting the screening of professional credentials for applicants. As part of the memorandum, VA provided its medical facilities with an employment checklist that officials are required to use to document the completion of VA's screening requirements for applicants for salaried and nonsalaried positions,

¹⁷The National Leadership Board serves in an advisory capacity to VA's Under Secretary for Health on matters pertaining to policy, planning, and performance.

including fee basis and WOC health care practitioners.¹⁸ Facility officials are permitted to modify the format of the employment checklist as long as the modified checklist includes all the screening requirements contained in the original checklist.

VA has proposed a policy change that will require the consistent screening of credentials for both health care practitioners applying to work at VA medical facilities and those currently employed. This screening would apply to both salaried and nonsalaried health care practitioners. Once VA issues its proposed policy for screening credentials, VA facility officials will be required—in addition to using the employment checklist—to document the verification of all health care practitioners' state licenses and national certificates in the computerized database of practitioners' credentials that VA facility officials maintain, VetPro. VA currently requires facility officials to use VetPro to document the verification of some health care practitioners' credentials, including physicians, dentists, and nurse practitioners. VA is in the process of expanding the database so it can store documentation of all of VA's licensed and certified health care practitioners. Once the proposed policy for screening credentials is approved and the database is expanded, VA facility officials will have 2 years to enter all licensed and certified health care practitioners into this database and will be able to electronically document the verification of all health care practitioners' licenses and certificates in one centralized location.

While VA has expanded its requirements for verifying the professional credentials of applicants, the department has not, as we recommended, required its medical facilities to verify all state licenses or national certificates held by all employed health care practitioners by contacting the appropriate state licensing boards or national certifying organizations. For example, for certain currently employed health care practitioners, such as nurses and pharmacists, VA facility officials are still not required to contact state licensing boards to verify whether the practitioner holds a valid and unrestricted license. Instead, facility officials are only required to physically inspect the original license. As we reported in 2004, one cannot determine with certainty that a license is valid and unrestricted unless the state licensing board is contacted directly. In addition, VA has not, as we recommended, required facility officials to verify all of the licenses held by these same health care practitioners instead of physically inspecting one

¹⁸VA requires the completed employment checklist to be filed in the personnel folder.

license of the practitioner's choosing.¹⁹ As a result, a currently employed health care practitioner could have a restricted license in one state but offer VA officials an unrestricted license from another state. We reviewed a draft of VA's policy that when issued will fully address our recommendation to require medical facility officials to verify all state licenses and national certificates of currently employed health care practitioners with the relevant issuing boards or organizations. According to a VA official, this policy is expected to be issued in June 2006.

VA Partially Implemented Our Recommendation to Require Medical Facilities to Query HIPDB

VA has partially implemented our recommendation to expand the query of HIPDB to include all licensed health care practitioners that VA intends to hire and to periodically query HIPDB for those already employed at VA. To respond to our recommendation, VA issued a memorandum on July 13, 2004, that requires officials at all of its medical facilities to query HIPDB for all applicants for VA employment. In addition to VA applicants, VA's memorandum requires that facility officials query HIPDB for most volunteers before offering them volunteer assignments.²⁰ VA's requirement that its medical facilities query HIPDB for all applicants as well as new volunteers goes beyond our recommendation to query applicants who hold licenses; however, VA's requirement does not, as we recommended, require VA facilities to periodically query HIPDB for health care practitioners who are currently employed by VA.

VA officials told us that VA is working with the Department of Health and Human Services (HHS) to develop a process whereby VA can electronically query HHS data banks, including HIPDB, for VA employees. Once this process is in place and VA is using it to periodically query HIPDB for those currently employed at VA, the department will have fully implemented our recommendation. However, VA did not provide a time frame for implementing this electronic query of HIPDB.

¹⁹VA Handbook 5005, pt. II, ch. 3, para. 17a (1).

²⁰Volunteers who are high school students, those who will work at a facility for a short time, or those who will not provide services directly to patients are exempt from the HIPDB query requirement.

VA Policy on Fingerprint-Only Background Investigations Addressed Our Recommendation, but Was Not Fully Implemented

In August 2005, VA issued a policy that when implemented across VA will address our recommendation to expand the use of fingerprint-only background investigations for practitioners previously exempt from background investigations who have direct access to patients. VA's policy requires, at a minimum, that all newly hired health care practitioners' fingerprints be checked against a criminal history database.²¹ The requirement applies to nonsalaried health care practitioners working through a fee basis arrangement, WOC and contract health care practitioners, and some volunteers. It also includes trainees, such as medical residents, who previously were exempt from any type of background investigation. For traditional and fingerprint-only background investigations, VA's policy requires facility officials to review the results of the background investigation and within 5 days of receiving the results determine the practitioner's suitability to work at a VA medical facility.²² Facility officials are required by VA to document the results of their background investigation reviews in personnel files. VA's policy requires the use of electronic fingerprinting, in lieu of paper-based fingerprinting, at all VA medical facilities.

While VA's policy addresses our recommendation, not all of VA's medical facilities had implemented the policy as of February 1, 2006. The August 2005 policy requires that all VA medical facilities purchase and begin using electronic fingerprint machines by September 1, 2005. During our review, we found that VA did not know which facilities had purchased and begun to use the electronic fingerprint equipment in the course of implementing VA's fingerprinting policy. In response to our inquiry, VA surveyed its facilities and found that as of October 19, 2005, 37 facilities did not have electronic fingerprint machines operational by September 1, 2005. Since then VA has made progress; as of February 1, 2006, 2 VA medical facilities had not implemented this new requirement.

VA Partially Implemented Our Recommendation to Conduct Oversight of Facilities' Compliance with Screening Requirements

VA has partially implemented our recommendation to conduct oversight to help ensure that facilities comply with select screening requirements for applicants and employed health care practitioners. To address our recommendation, in April 2004 VA formalized a program within HRM, which oversees VA medical facility compliance with human resource functions. The program is responsible for overseeing VA's facility human

²¹VHA Directive 0710, Personnel Suitability and Security Program, August 19, 2005.

²²VHA Directive 0710.

resource functions, which include conducting background investigations and verifying the professional credentials of applicants and current employees. Officials from HRM's oversight program conduct site visits to VA facilities, interview facility officials, and review a random sample of personnel files to determine whether VA facilities are performing background investigations in a timely manner and verifying the professional credentials of health care practitioners.

While this oversight program helps ensure that facilities are conducting background investigations and verifying professional credentials for some categories of health care practitioners, it does not ensure that facilities are complying with all of VA's key screening requirements, as we recommended in 2004. For example, officials from the oversight program are not required to review personnel files for fee basis health care practitioners, even though these practitioners also have direct access to patients. Further, oversight officials' guidelines do not include requirements to check personnel files to ensure that facility officials query HIPDB and verify all health care practitioners' licenses and certifications with the relevant issuing organizations.

In May 2005, we observed an oversight review conducted by HRM officials, during which officials reviewed some of VA's health care practitioner screening requirements as applied to salaried health care practitioners and some types of nonsalaried health care practitioners. Although HRM officials discussed the results of their personnel file reviews with VA officials at the facility they visited, HRM officials did not document the number of files they reviewed and found in compliance.

VA Facilities Did Not Comply with Health Care Practitioner Screening Requirements

Across the seven VA facilities we visited, we found poor compliance with four of the five selected screening requirements we reviewed for salaried health care practitioners as well as the one screening requirement we selected for nonsalaried health care practitioners. The five screening requirements we selected include two implemented by VA in response to our recommendations—querying HIPDB and completing an employment checklist to document completion of VA's screening requirements—and three others that were in place at the time of our 2004 review. The latter require VA facilities to verify health care practitioners' state licenses and national certificates; complete VA Form 2280, which is used to determine the appropriate type of background investigation needed for each health care practitioner job category; and conduct background investigations. We measured facilities' compliance with all these requirements as they pertain to their salaried health care practitioners, and we also measured facilities'

compliance with the background investigation requirement as it pertains to VA's nonsalaried health care practitioners—that is, practitioners paid by VA on a fee basis, WOC practitioners, and practitioners hired through contracts.

At the seven facilities we visited, we found that none of these facilities complied with all five screening requirements we reviewed for their salaried health care practitioners. In order to show the variability in the level of compliance among the seven VA facilities, we measured their performance against a compliance rate of at least 90 percent for each of the five VA screening requirements,²³ even though VA policy requires 100 percent compliance with these requirements. None of the seven facilities had a compliance rate of 90 percent or more for all five screening requirements we reviewed. Figure 2 summarizes the rate of compliance among the seven facilities we visited for salaried health care practitioners. For the screening requirement to perform background investigations, at six of seven VA facilities we were unable to find documentation—in at least 90 percent of the health care practitioners' personnel files we reviewed—that background investigations were either scheduled or completed for these salaried practitioners. (For detailed information about our analysis and documentation requirements to demonstrate compliance, see app. I, and for information regarding the extent of each facility's compliance with a particular requirement, see app. II.)

²³A 90 percent compliance rate means that 90 percent of the health care practitioner files we examined provided documentation that the screening requirement had been met in accordance with VA policy.

Figure 2: Facilities' Rates of Compliance with Select VA Screening Requirements for Salaried Health Care Practitioners (2005)

Screening requirements	Facility compliance with screening requirements ^a						
	Facility A	Facility B	Facility C	Facility D	Facility E	Facility F	Facility G
Conducting background investigations	○	○	○	○	●	○	○
Position risk level determined (VA Form 2280)	○	○	○	●	●	○	○
Querying HIPDB ^b	○	○	○	●	●	○	○
Completing employment checklist ^c	○	○	○	○	○	○	○
Verifying license, certification, or both	●	●	●	●	○	●	○

○ Indicates a compliance rate of less than 90 percent

● Indicates a compliance rate of 90 percent or greater

Source: GAO analysis of VA facility files.

Notes: It is important to note that our review of the different practitioner screening requirements includes different subsets of salaried health care practitioners. That is, all health care practitioners are required to have a background investigation regardless of when they were hired, while only those health care practitioners hired after October 1, 2004, are also required to have a completed employment checklist in their personnel files. Facilities were found to be in compliance if they were able to provide documentation not available in the personnel file. Site visits to these seven VA facilities were conducted from April 2005 through August 2005.

^aTested for significance at the 95 percent confidence level.

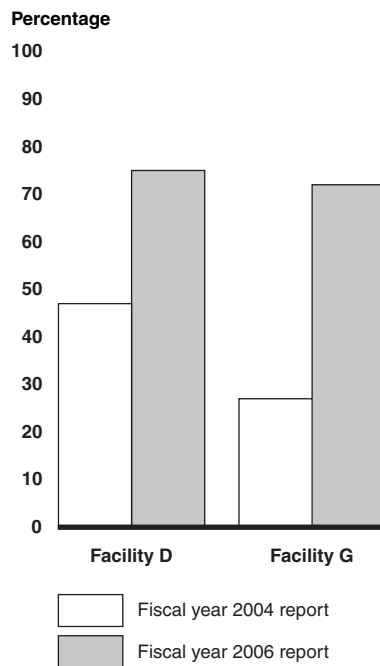
^bApplies to all health care practitioners hired on or after October 1, 2004, and certain health care practitioners hired prior to this date, such as physicians and dentists. Findings for this screening requirement cannot be generalized to the facility being reviewed because of the sample size.

^cApplies to all health care practitioners hired on or after October 1, 2004. Findings for this screening requirement cannot be generalized to the facility being reviewed because of the sample size.

As shown in figure 2, facilities did not uniformly comply with the two screening requirements VA implemented to address our recommendations. We found that for health care practitioners hired since October 1, 2004, only two facilities were querying HIPDB as required, and none of the seven facilities consistently completed the required employment checklist to document the completion of screening requirements for applicants VA intends to hire. While two facilities performed HIPDB queries on applicants, one of these facilities completed the queries immediately prior to our visit. During our site visits, we also found that two facilities had created their own employment checklists. While facilities are permitted to modify the format of the checklist as long as the modification includes all of the screening requirements contained in the original checklist issued in September 2004, we found that the checklists used by these two facilities did not include all of the screening requirements.

Two of the seven facilities we visited were also included in our March 2004 report. Since our last site visit, these two facilities improved their performance in conducting background investigations for salaried health care practitioners to compliance rates of 75 and 72 percent, as shown in figure 3. However, both facilities were still well below our compliance rate of 90 percent.

Figure 3: Background Investigation Compliance Rates for Salaried Health Care Practitioners at Revisited VA Medical Facilities (2005)



Source: GAO analysis of VA facility files.

Note: Site visits to these two VA facilities were conducted from April 2005 through August 2005.

As part of our review, we also measured facilities' compliance with VA's background investigation requirement for health care practitioners other than those salaried by VA. We found that all seven of the facilities we visited did not meet VA's background investigation requirements for fee basis and WOC health care practitioners. For example, although one facility conducted background investigations on WOC health care practitioners at a rate of 90 percent or better, no facility met the requirement for both groups of health care practitioners. Furthermore, at four of the seven facilities we visited, facility human resource management staff could not produce a comprehensive list of all WOC health care

practitioners working at the facility because human resource management staff were not screening all WOC health care practitioners prior to their beginning work at the VA facility. Figure 4 summarizes the seven facilities' rate of compliance with VA's background investigation requirement as applied to fee basis and WOC health care practitioners. (For detailed information about each facility's compliance with this requirement, see app. II.)

Figure 4: VA Facility Compliance with Background Investigation Screening Requirements for Fee Basis and WOC Health Care Practitioners (2005)

Screening requirement	Facility compliance with screening requirement						
	Facility A	Facility B	Facility C	Facility D	Facility E	Facility F	Facility G
Background investigations							
Fee basis health care practitioners	○	○	○	○	○	○	○
Without compensation health care practitioners	○	○	○	○	●	○	○

- Indicates a compliance rate of less than 90 percent
● Indicates a compliance rate of 90 percent or greater

Source: GAO analysis of VA facility files.

Notes: Three facilities did not perform background investigations on fee basis health care practitioners, and four facilities did not perform background investigations on WOC health care practitioners. Contract health care practitioners were excluded from this figure because facilities did not maintain personnel files. Site visits to these seven VA facilities were conducted from April 2005 through August 2005.

Like their efforts conducting background investigations for fee basis and WOC health care practitioners, the efforts of most VA facilities we visited did not meet this requirement for health care practitioners obtained through contracts. Specifically, we found that one of seven medical facilities was conducting and documenting background investigations for contract health care practitioners, as VA requires. The other six facilities were not in compliance with this requirement.

In March 2005, a VA headquarters official announced that facility officials should implement fingerprint-only background investigations for volunteers, as soon as the facilities' electronic fingerprint equipment was operational or no later than September 1, 2005. Of the seven facilities we visited prior to September 1, 2005, we found that four facilities had the equipment needed to begin performing fingerprint-only background investigations. Three of the four facilities were fingerprinting volunteers, and the fourth facility had not begun to fingerprint volunteers, even though the equipment was operational. However, for the three facilities fingerprinting volunteers, we found documentation at only one facility to

indicate that officials were reviewing the fingerprint results from OPM and determining whether volunteers were suitable to work in the VA medical facility, as required by VA policy. We also found that VA does not have a standardized method for facility officials to document their review of fingerprint-only background investigation results, as it has for other types of background investigations. For example, traditional background investigation results are reported in a format that includes designated space for facility officials to document that the results of the investigation have been reviewed and a decision made regarding suitability to work in the medical facility. At two facilities we found background investigation results for volunteers that showed criminal histories, such as aggravated assault and drug-related convictions. However, while officials at the two facilities assured us that the results of fingerprint-only investigations were being reviewed, we did not find documentation of this review.

Conclusions

Although VA concurred with all of our March 2004 recommendations to close the gaps in its health care practitioner screening processes, none of the four were fully implemented as of March 2006. VA's screening requirements are intended to ensure the safety of veterans receiving care in VA facilities by identifying health care practitioners with restricted or fraudulent credentials, criminal backgrounds, or questionable work histories. As we found in our previous report, VA continues to apply different screening requirements to its licensed and certified health care practitioners. For example, we found that VA requires medical facilities to verify with the appropriate state licensing boards or national certifying organizations all state licenses or national certificates held by some health care practitioners, such as physicians and applicants for VA employment, but not for other health care practitioners, such as nurses currently employed by VA. In the interim, while VA is developing a policy that would apply screening requirements consistently across all licensed and certified health care practitioners and satisfy one of our recommendations, it has established two requirements that apply to new health care practitioners entering VA's health care system. As a result of the continuing gaps in VA's health care practitioner screening process, practitioners may continue to have access to patients without thorough screening of their professional credentials and personal backgrounds.

Furthermore, although VA agreed with our 2004 recommendation to oversee its facilities to ensure their compliance with key screening requirements, VA's limited oversight has not ensured facility compliance. As a result, VA may not know whether its facilities are in compliance with its screening requirements. This raises concerns because we found that

none of the VA medical facilities we visited were in compliance with all of the new or existing VA screening requirements we reviewed for salaried or nonsalaried health care practitioners. We found that the extent to which facilities complied with four of the five selected VA screening requirements was poor at the VA facilities we visited. For example, while there was improvement at the two facilities we revisited, these facilities did not meet our 90 percent compliance rate for conducting background investigations on salaried health care practitioners. Moreover, we found that all seven medical facilities did poorly in conducting background investigations on fee basis and WOC health care practitioners as required by VA even though these practitioners have the same access to patients and their information as other VA health care practitioners. Further, two of the three facilities that were conducting VA's new fingerprint-only background investigation did not have documentation that the results were being reviewed by officials as required. This lack of compliance with current screening requirements continues to place veterans at risk.

Recommendations for Executive Action

To better ensure the safety of veterans receiving health care at VA medical facilities, we recommend that the Secretary of Veterans Affairs take the following two actions:

- expand the HRM oversight program to include a review of VA facilities' compliance with screening requirements for all types of salaried and nonsalaried health care practitioners and
- standardize a method for documenting facility officials' review of fingerprint-only background investigation results and decisions regarding suitability to work in VA medical facilities.

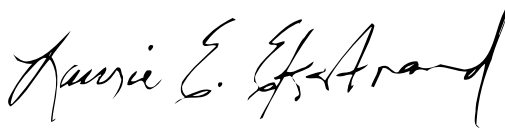
Agency Comments

In commenting on a draft of this report, VA agreed with our findings and conclusions and concurred with our recommendations. VA agreed that expanded program oversight and standardizing a method for documenting fingerprint-only background investigation results would be useful. VA stated that while it believes that most facilities continue to improve their practitioner screening effectiveness, VA also recognizes that there is variability and lack of standardization across its health care system. VA stated that it would provide an action plan for implementing our recommendations after issuance of this report.

As agreed with your office, unless you publicly announce its contents earlier, we plan no further distribution of this report until 30 days after its date. We will then send copies of this report to the Secretary of Veterans Affairs and other interested parties. We also will make copies available to others upon request. In addition, the report will be available at no charge at the GAO Web Site at <http://www.gao.gov>.

If you or your staff members have any questions, please contact me at (202) 512- 7101 or ekstrandl@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff members who made major contributions to this report are listed in appendix IV.

Sincerely yours,

A handwritten signature in black ink, reading "Laurie E. Ekstrand". The signature is fluid and cursive, with the first name "Laurie" and last name "Ekstrand" clearly legible.

Laurie E. Ekstrand
Director, Health Care

Appendix I: Scope and Methodology

We examined the Department of Veterans Affairs (VA) policies and practices to determine if VA had implemented the recommendations we made in March 2004 to strengthen its screening of applicants' and employed health care practitioners' professional credentials and personal backgrounds. Specifically, we determined the extent to which (1) VA has taken steps to improve health care practitioner screening by implementing the four recommendations made in our March 2004 report and (2) VA medical facilities are in compliance with VA's health care practitioner screening requirements.

To determine the extent to which VA has taken steps to improve health care practitioner screening by implementing the four recommendations made in our March 2004 report, we reviewed VA employment screening policies and interviewed VA headquarters and facility officials. Based on our review of VA documents and interviews with officials, we determined what steps VA has taken to ensure that gaps we identified in its verification of state licenses and national certificates and background investigation requirements have been closed. We also reviewed the report of a task force VA formed to respond to our recommendations to improve VA's screening of professional credentials and personal backgrounds. We interviewed officials at VA's Office of Security and Law Enforcement in Little Rock, Arkansas, and VA's National Acquisition Center in Hines, Illinois, to review how VA screens the professional credentials and personal backgrounds of health care practitioners working in VA medical facilities through a contract.

To determine how VA conducts oversight of its facilities' compliance with screening of applicants and current employees, we interviewed officials responsible for implementing VA's Office of Human Resource Management (HRM) evaluation and accountability program. We also observed an oversight review site visit conducted by VA's HRM at the VA medical facility in Providence, Rhode Island, and attended a VA training class that provided facility human resource managers with the knowledge necessary to review the results of background investigations.

To determine the extent to which selected VA medical facilities we visited are in compliance with VA's health care practitioner screening requirements, we chose a judgmental sample of seven VA medical facilities that varied in geographic location to assess the extent to which these selected facilities complied with the screening requirements included in our review. The seven facilities were located in Fargo, North Dakota; Kansas City, Missouri; Miami, Florida; New Orleans, Louisiana; Salt Lake City, Utah; San Antonio, Texas; and the District of Columbia. Two of the

seven facilities we visited were sites from our previous review. Of the seven facilities we visited, six were large facilities located in major metropolitan areas and the remaining facility is of a smaller size.

For each facility, VA provided from its automated pay system a list of salaried health care practitioners in the 43 occupations we included in our previous review. See table 1 for a list of the 43 occupations included in our review. Because we used VA's automated pay system, our sample does not include those health care practitioners providing care through a contract or fee-for-service agreement or without compensation (WOC) from VA.

Table 1: State Licensure and National Certification Requirements for the 43 VA Occupations

Occupation code	Occupation title	Occupations that require a state license to work in VA	Occupations that require a national certificate to work in VA	Occupations that do not require a state license or a national certificate to work in VA
101	Social science			X
102	Social science aide and technician			X
180	Psychology	X		
181	Psychology aide and technician			X
185	Social work	X		
186	Social services aide and assistant			X
187	Social services			X
189	Recreation aide and assistant			X
413	Physiology			X
601	General health science			X
602	Medical officer (physician)	X		
603	Physician's assistant		X	
605	Nurse anesthetist	X	X	
610	Registered nurse ^a	X		
620	Practical nurse	X		
621	Nursing assistant			X
622	Medical supply aide/technician			X
630	Dietitian and nutritionist		X	
631	Occupational therapist		X	
633	Physical therapist	X		
635	Corrective therapist			X
636	Rehabilitation therapy assistant			X
638	Recreation/creative arts therapist			X
640	Health aide and technician			X
644	Medical technologist			X
645	Medical technician			X
646	Pathology technician			X
647	Diagnostic radiologic technologist		X	
648	Therapeutic radiologic technologist		X	
649	Medical instrument technician			X
651	Respiratory therapist		X	
660	Pharmacist	X		
661	Pharmacy technician			X

Occupation code	Occupation title	Occupations that require a state license to work in VA	Occupations that require a national certificate to work in VA	Occupations that do not require a state license or a national certificate to work in VA
662	Optometrist	X		
665	Speech pathology and audiology			X
667	Orthotist and prosthetist			X
668	Podiatrist	X		
672	Prosthetic representative			X
680	Dental officer (dentist)	X		
681	Dental assistant		X	
682	Dental hygiene	X		
1320	Chemistry			X
1715	Vocational rehabilitation			X

Source: VA Handbook 5005, April 15, 2002.

"Registered nurse" includes nurse practitioners and clinical nurse specialists.

For each of the seven facilities we selected a random sample of about 50 salaried health care practitioners who were hired prior to October 1, 2004, from VA's list of salaried employees. In addition, we selected 10 to 12 files of salaried health care practitioners who were hired on or after October 1, 2004, to determine if new VA requirements for health care practitioner screening had been implemented by the facility. In addition to the random sample of salaried employees we reviewed at each facility, we also requested 20 personnel files for health care practitioners paid by VA through a fee-for-service arrangement (fee basis) and all health care practitioners who work in a clinical area at the VA facility but receive compensation from a source other than VA (WOC).

We reviewed each selected health care practitioner's personnel file to determine whether the facility had documented evidence that it complied with the following VA screening requirements:

- determine the position risk level by completing VA Form 2280;
- ensure completion of background investigations;
- query the Healthcare Integrity and Protection Data Bank (HIPDB) for all applicants after October 1, 2004;
- complete an employment checklist for those hired after October 1, 2004; and
- verify state licenses and national certificates for applicants and employed health care practitioners.

For each screening requirement, we reviewed practitioners' personnel files to determine whether the files contained documented evidence that the screening requirement had been completed. See table 2 for the documents required to demonstrate evidence of facility compliance. Compliance could also be demonstrated if facilities were able to provide additional documentation not available in the personnel files we reviewed. Using a standard data collection instrument, we collected information on each facility's compliance with the five screening requirements from a sample of personnel files. To ensure the reliability of the data collected, the information collected at each facility was double-checked for a sample of files. The data from all data collection instruments were entered into an electronic database, and 100 percent of the electronic files were verified against the completed data collection instrument.

Table 2: Health Care Practitioners Included in Our Review of Select VA Screening Requirements and the Documentation Required to Demonstrate Compliance

Screening requirements	Health care practitioners included in our review	Documentation required to demonstrate compliance
Conducting background investigations	<ul style="list-style-type: none"> • VA salaried • Fee basis • WOC 	<ul style="list-style-type: none"> • Notice of scheduled or completed background investigation from the Office of Personnel Management (OPM)
Completing VA Form 2280 for each job category	<ul style="list-style-type: none"> • VA salaried 	<ul style="list-style-type: none"> • Completed VA Form 2280
Querying HIPDB	<ul style="list-style-type: none"> • VA salaried health care practitioners hired on or after October 1, 2004 • Certain health care practitioners hired prior to this date, such as physicians and dentists 	<ul style="list-style-type: none"> • HIPDB query printout • National Practitioner Data Bank query printout, which includes a query of HIPDB
Completing employment checklist	<ul style="list-style-type: none"> • VA salaried health care practitioners hired on or after October 1, 2004 	<ul style="list-style-type: none"> • Completed employment checklist which met VA requirements
Verifying license, certification, or both	<ul style="list-style-type: none"> • VA salaried health care practitioners required to have a state license or national certificate to work in VA 	<ul style="list-style-type: none"> • Printouts, letters, and telephone contact reports from state licensing boards and national certification organizations • VA Form 4862, indicating that the original license or certificate had been visually inspected by a VA facility official

Source: GAO.

In addition to the personnel files, we reviewed about five contracts at each of the seven medical facilities that the facilities use to supplement health care practitioner staffing to determine how these nonsalaried health care practitioners' professional credentials and personal backgrounds are screened. We also interviewed VA officials about the process the facilities use to screen trainees, including medical residents, and volunteers who work in patient care areas.

In order to show the variability in the level of compliance among the seven VA facilities we visited, we distinguished between facilities that had a compliance rate of at least 90 percent for each of the five screening requirements that we reviewed and those that did not. For each facility and screening requirement included in our review, we compared the percentage of personnel files found in compliance to an acceptance level of 90 percent. In order to confirm that a requirement had a compliance rate less than 90 percent, we performed a one-sided significance test at the 95 percent confidence level. See appendix II for detailed information on the seven VA facilities' compliance with each VA screening requirement in our review. Our findings from these seven facilities cannot be generalized to other VA facilities.

Our work was conducted from April 2005 through April 2006 in accordance with generally accepted government auditing standards.

Appendix II: Results of Our Compliance Reviews at Seven VA Facilities

Tables 3 and 4 show the sample counts used to measure compliance and the results of our review for the background investigation screening requirement. Tables 5 and 6 show the sample counts used to measure compliance with the remaining health care practitioner screening requirements that we included in our review.

Table 3: VA Facility Compliance with Screening Requirements for Salaried Health Care Practitioners—Background Investigations (2005)

Facility	Number in sample	Number with completed or requested background investigations
Facility A	61	52
Facility B	59	50
Facility C	62	54
Facility D	60	45
Facility E	60	57
Facility F	63	55
Facility G	60	43

Source: GAO analysis of VA facility files.

Note: Site visits to these seven VA facilities were conducted from April 2005 through August 2005.

Table 4: VA Facility Compliance with Screening Requirements for Fee Basis and WOC Health Care Practitioners—Background Investigations (2005)

Facility	Fee basis health care practitioners		WOC health care practitioners	
	Number in sample	Number with completed or requested background investigations	Number in sample	Number with completed or requested background investigations
Facility A	20	7	^a	^a
Facility B	21	0	26	0
Facility C	20	17	52	21
Facility D	20	7	^a	^a
Facility E	20	16	40	26
Facility F	^a	^a	21	20
Facility G	20	0	54	0

Source: GAO analysis of VA facility files.

Note: Site visits to these seven VA facilities were conducted from April 2005 through August 2005.

^aFacility officials stated that they do not conduct background investigations as required for these categories of nonsalaried health care practitioners.

Table 5: VA Facility Compliance with Screening Requirements for Salaried Health Care Practitioners—HIPDB Query and State License and National Certificate Verification (2005)

Facility	HIPDB query		State license and national certificate verification	
	Number in sample	Number queried prior to hire	Number in sample	Number where verification followed VA policy
Facility A	17	13	46	44
Facility B	21	14	45	44
Facility C	18	0	44	41
Facility D	19	19	45	42
Facility E	22	20	48	37
Facility F	24	13	45	44
Facility G	17	10	38	24

Source: GAO analysis of VA facility files.

Notes: The number of health care practitioners in the sample may be less than the number of practitioner files reviewed at each facility because the requirement may not apply to all VA applicants or employed health care practitioners. Site visits to these seven VA facilities were conducted from April 2005 through August 2005.

Table 6: VA Facility Compliance with Screening Requirements for Salaried Health Care Practitioners—Employment Checklist Completed and Position Risk Level Determined (2005)

Facility	Employment checklist completed		Position risk level determined (VA Form 2280)	
	Number in sample	Number with completed employment checklists	Number in sample	Number with position risk level determined and documented on VA Form 2280
Facility A	10	8	61	34
Facility B	10	0	59	0
Facility C	10	5	62	0
Facility D	10	0	60	58
Facility E	10	4	60	59
Facility F	12	1	63	8
Facility G	10	0	60	0

Source: GAO analysis of VA facility files.

Notes: The number of health care practitioners in the sample may be less than the number of practitioner files reviewed at each facility because the requirement may not apply to all VA applicants or employed health care practitioners. Site visits to these seven VA facilities were conducted from April 2005 through August 2005.

Appendix III: Comments from the Department of Veterans Affairs



THE DEPUTY SECRETARY OF VETERANS AFFAIRS
WASHINGTON

May 17, 2006



Commemorating 75 Years of Service

Ms. Laurie Ekstrand
Director
Health Care Team
U. S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Ms. Ekstrand:

The Department of Veterans Affairs (VA) has reviewed your draft report, ***VA HEALTH CARE: Steps Taken to Improve Practitioner Screening, but Facility Compliance with Screening Requirements is Poor*** (GAO-06-544) and agrees with your findings and conclusions and concurs with your recommendations. VA agrees that expanded program oversight as well as a standardized method for documenting fingerprinting-only background investigation results, would be very useful.

While I believe that most facilities continue to improve their practitioner screening effectiveness, I also recognize that there is variability and lack of standardization throughout the system. At times, roles and responsibilities for policy implementation among various program elements are unclear. The Veterans Health Administration (VHA) will consider two key challenges: developing standardized operating procedures that all facilities must apply in various stages of their screening processes, and creating systematic oversight and reporting mechanisms at each organizational level to assure that facilities are, in fact, appropriately complying with screening requirements.

VHA is exploring options to achieve these goals. VA will provide an action plan to implement the Government Accountability Office's recommendations when responding to your final report.

Thank you for the opportunity to comment on your draft report.

Sincerely yours,

Gordon H. Mansfield

Appendix IV: GAO Contact and Staff Acknowledgments

GAO Contact

Laurie E. Ekstrand (202) 512-7101 or ekstrandl@gao.gov

Acknowledgments

In addition to the contact named above, Marcia A. Mann, Assistant Director; Linda Diggs; Alison Farley; Martha A. Fisher; Krister Friday; and Marion M. Slachta made key contributions to this report.

GAO's Mission

The Government Accountability Office, the audit, evaluation and investigative arm of Congress, exists to support Congress in meeting its constitutional responsibilities and to help improve the performance and accountability of the federal government for the American people. GAO examines the use of public funds; evaluates federal programs and policies; and provides analyses, recommendations, and other assistance to help Congress make informed oversight, policy, and funding decisions. GAO's commitment to good government is reflected in its core values of accountability, integrity, and reliability.

Obtaining Copies of GAO Reports and Testimony

The fastest and easiest way to obtain copies of GAO documents at no cost is through GAO's Web site (www.gao.gov). Each weekday, GAO posts newly released reports, testimony, and correspondence on its Web site. To have GAO e-mail you a list of newly posted products every afternoon, go to www.gao.gov and select "Subscribe to Updates."

Order by Mail or Phone

The first copy of each printed report is free. Additional copies are \$2 each. A check or money order should be made out to the Superintendent of Documents. GAO also accepts VISA and Mastercard. Orders for 100 or more copies mailed to a single address are discounted 25 percent. Orders should be sent to:

U.S. Government Accountability Office
441 G Street NW, Room LM
Washington, D.C. 20548

To order by Phone: Voice: (202) 512-6000
TDD: (202) 512-2537
Fax: (202) 512-6061

To Report Fraud, Waste, and Abuse in Federal Programs

Contact:

Web site: www.gao.gov/fraudnet/fraudnet.htm

E-mail: fraudnet@gao.gov

Automated answering system: (800) 424-5454 or (202) 512-7470

Congressional Relations

Gloria Jarmon, Managing Director, JarmonG@gao.gov (202) 512-4400
U.S. Government Accountability Office, 441 G Street NW, Room 7125
Washington, D.C. 20548

Public Affairs

Paul Anderson, Managing Director, AndersonP1@gao.gov (202) 512-4800
U.S. Government Accountability Office, 441 G Street NW, Room 7149
Washington, D.C. 20548